

Clay County Missouri 2013-2015 Community Health Improvement Plan



11/8/2012
Clay County Public Health Center
Patricia Dixon, Chair, Board of Trustees
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Table of Contents

Executive Summary	3
Community Planning In Clay County - The Role of Vision North.....	4
The Challenges Ahead.....	8
“Connecting the Dots” – The Prevention Leading to Wellness Strategy.....	10
The Path Ahead – CHIP Goals.....	12
References.....	14
Appendix.....	15

Executive Summary

We are excited to present our **2012 Community Health Improvement Plan for Clay County, Missouri**. This plan is a result of the combination of major efforts completed by stakeholders across Clay County. They include the Clay County Public Health Center(CCPHC), the larger number of stakeholders who participated in a community strategic planning effort called **VISION NORTH 2010-2015**, and The Kansas City Missouri Health Department and the stakeholders that participated in their Community Health Improvement Plan (CHIP).

Development and implementation of a coordinated approach to community wellness that focused on reducing chronic disease rates in Clay County was identified as a major goal. After a comprehensive review of the county wide health data sets, the following 5 priorities were selected based upon their current demonstrated ability of having the most impact on the morbidity & mortality of Clay County residents:

- Diabetes
- Heart Disease
- Cancer
- Accidents/ Non-Intentional Injuries
- Chronic Obstructive Pulmonary Disease (COPD)

The complexity and diversity of the communities in Clay County offer unique challenges and therefore an opportunity to utilize a different approach to empower the people in our communities to lead healthier lives. Although the identified health issues are broad in scope, we recognized that success will vary in each community based upon their specific identified health needs, the level of community engagement, and the local public health system resources that exist in their area. Rather than attempt to create a very broad plan for 222,000 people, a decision was made to drill down deeper and develop targeted plans that are specific to each individual community profile. We are calling them “Mini CHIPS”. Our goal is to empower each community to create an individualized Community Health Improvement Plan (CHIP). Each CHIP will incorporate the available local public health system resources and those collaborative partnerships necessary to be successful in improving health outcomes community by community! Simply put...“Empowering all people in Clay County to lead healthier lives!”



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



Gary E. Zaborac, Director of Public Health
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COMMUNITY PLANNING IN CLAY COUNTY

Clay County Public Health Center has a well documented history of working together with community stakeholders to create conditions in which people can be healthy. These partnerships have lead to dynamic programs and services which empower the people in Clay County to live healthy lives. Capitalizing on existing relationships and collaborative partnerships is critical in shaping a Community Health Improvement Plan for Clay County. One such partnership is Vision North.

VISION NORTH

In 1999, the Northland Community Foundation, Northland United Way Services, and Harvest Ball undertook a comprehensive study of social service needs and challenges in Clay and Platte counties. This “Vision North 2000” assessment identified four priority areas for the Northland—Child Care, Dental Services, Transportation Services and Youth Programming. A task force was established to address these areas, and five years later, the partner organizations produced the Vision North 2005 report to analyze how successfully the community had addressed those four challenge areas.

Considerable progress was made in those four areas, but new challenge and focus areas were Identified; namely Affordable Housing, Health Care, The Arts and Recreation. The report also noted some emerging themes, including the connection between the arts, recreation and human services and the quality of life; the importance of revitalizing older areas of the Northland; the recognition that the fortunes of the Northland were inextricably tied to the Metro region as a whole; and the need to support, advocate and build on existing strategies such as neighborhood revitalization and transportation plans.

In the summer of 2010, a new Vision North steering committee engaged the National Civic League to facilitate a new strategic planning process to assess current needs and challenges for the Northland and develop strategies and action agendas for making a measurable impact on the Northland’s critical areas of need. In the fall of 2010, the steering committee enlisted two co-chairs, identified and invited 650 key “stakeholders” and designed a process and a calendar by which to move forward. Stakeholders included a cross representation of local and state elected officials, mayors and staff from local municipalities, healthcare organizations, faith based organizations, education leaders from school districts and colleges, social service organizations, and private citizens. Between January and July of 2011, the stakeholders devoted hundreds of hours to the process, developing an ideal vision of the future, assessing the Northland’s civic infrastructure, data sets, and then identifying “key performance areas” (KPAs) to address in order to make that future a reality.

The KPAs identified were: **Community Wellness; Economic Development; Education; Transportation and Infrastructure; and Quality of Life**. The stakeholders developed goals for each KPA along with strategies and action items for implementing those goals. The stakeholders also developed mini-visions for each of the KPAs. In the future, Vision North will provide more opportunities for community members to get involved. A modified Coordinating Committee will continue to meet, monitor progress and find partners to implement the strategies identified in this strategic planning process. To learn more please visit: <http://visionnorth.org/>

With the **VISION NORTH 2010-2015** KPA Goals now defined, the Community Wellness KPA determined that a “champion” was needed to lead the process and ensure the desired community outcomes were achieved. The Clay County Public Health Center saw this as an opportunity to strengthen our local public health system using the **National Public Health Performance Standards Program - Model Standards** and the principles in NACCHO’s **The Operational Definition of a Functional Health Department** as our guide. More specifically it relates to the Ten Essential Public Health Services of: **Essential Service #3** - Inform, educate, and empower people about health issues, **Essential Service #4** - Mobilize community partnerships and action to identify and solve health problems, and **Essential Service #5** - Develop policies and plans that support individual and community health.

Therefore, the Clay County Public Health Center has embraced the framework established by the **Vision North 2010-2015 Community Wellness KPA** and has agreed to champion those efforts specific to Clay County.

The **Community Wellness KPA** Vision and Goals from Vision North 2010-2015 are as follows:

Community Wellness: *Vision: The Northland is an integrated health community that ensures quality, affordable, accessible, and comprehensive health services at all stages of life focusing on prevention and wellness.*

Goal 1: Prevention Leading to Wellness

Rationale for Goal: Prevention is the key to wellness. Wellness is less expensive than illness.

Note: The Community Wellness team agreed that the following issues should be considered:

- Coordinated and consistent message to the public
- Nutrition, Physical Activity, Mental Health, Oral Health, Vision, and Accidents/Injuries
- Utilize collaborative partnerships to achieve goals
- Develop and implement a coordinated approach to community wellness that is focused on the goal of reducing chronic disease rates in Clay County

Goal 2: Education with an Emphasis on Communication

Rationale for Goal: Change from a reaction based health system to a prevention-based health system. A significant number of agencies exist but are unknown to the community.

Goal 3: Access in the form of transportation; number of providers; affordability and timeliness of service

Rationale for Goal: Improved quality of life; Access to services not equal in our diverse population as a whole.

Note: The Community Wellness team agreed that the Champion should strongly consider the following issues:

- Coordinated and consistent message of the services available to the public
- Transportation
- Number of providers
- Affordability and timeliness of service
- Non-emergency after hours medical care

GOING FORWARD

The completion of **Vision North 2010-2015** was the beginning action step towards creating healthy communities in Clay County. Clay County has a unique and diverse demographic makeup which includes urban, suburban, and rural environments; small, medium, and large communities; and a metropolitan environment which includes Kansas City, Missouri. The diversity of our demographic make-up is a major strength however it also presents challenges.

All residents of Clay County, approximately 222,000 people, receive services from the Clay County Public Health Center. It is important to note that as a part of the demographics of our metropolitan area, approximately fifty percent (50 %) of the residents in Clay County also live in Kansas City. Those residents receive services from both the Clay County Public Health Center and The Kansas City Missouri Health Department.

Both agencies continue to work together to address the identified needs in our communities. Kansas City Missouri Health Department staff had a leadership role in **Vision North 2010-2015** as did Clay County Public Health Center staff. The Kansas City Missouri Health Department has also completed and is currently implementing its 2011-2016 CHIP for Kansas City, Missouri. Clay County Public Health Center staff was an active stakeholder in the development of their CHIP. Therefore it made sense that the Clay County Public Health Center Board of Trustees embrace the KCMO CHIP as part of our comprehensive CHIP for Clay County. We are currently in discussions for both agencies to share office space and collaborate in providing services to Clay County residents in Kansas City Missouri.

THE CHALLENGES AHEAD

The **Vision North 2010-2015** effort was a community assessment of the “Northland” which is the term used to collectively describe the communities that comprise the population of both Clay and Platte Counties. Northland stakeholders looked at cross cutting issues that affect the health of our “Northland” community; Namely, Community Wellness, Economic Development, Education, Transportation and Infrastructure, and Quality of Life. One of the data sets used in the Vision North Community Wellness KPA assessment came from the annual County Health Rankings ¹ produced by the collaborative efforts of the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. As stated by Risa Lavizzo-Mourey, M.D., M.B.A., president and CEO of the Robert Wood Johnson Foundation. “These rankings demonstrate that health happens where we live, learn, work and play. And much of what influences how healthy we are and how long we live happens outside the doctor’s office. People, no matter where they live, should have the best possible opportunity to be healthy.”² This connectivity regarding how community health issues are not isolated exclusively to health care alone was a central discussion theme for the group.

The theme of “where you live matters to your health” became the cornerstone in the development of community health improvement plan strategies for Clay County. Understanding the social determinants of health specific to each community was viewed as mission critical. Review of the most recent community health data sets suggested a variety of Chronic Diseases were ultimately having the greatest impact on the morbidity and mortality of Clay County residents. An obvious pathway to improving health outcomes in a population of 222,000 people is to develop partnerships so that subsequent programs / services provided to the community will make a difference. However the challenge of developing overarching impact strategies for such a large number of people seemed overwhelming in terms of coordination, collaboration, and resource allocation. How could the needle be moved on chronic diseases in a positive way that would measurably impact the health of people in Clay County?

Several major challenges are recognized by the Clay County Public Health Center as affecting the ability to measurably impact chronic disease outcomes in our communities. The first is the impact of local, state, and national resources having been significantly reduced over the last 12 years. **Reallocation of limited health center resources must be done in a way that will enable the center to not only continue the progress made in communicable disease control over the last 60 years but also to develop the capacity to create opportunities for success in chronic disease control.** How we respond is critical if we are to move forward without compromising our mission.

A second challenge is **creating and implementing programs that have a measurable impact on chronic disease must be approached from the long term perspective.** For example, the challenge is not to eliminate cancer or other chronic diseases in Clay County. Rather the strategies should focus on reducing the incidence of disease, delaying the onset of disease and disability, alleviating the severity of disease, and improving the health related quality and duration of the individual's life (Doll 1985).³

Third, prevention and control of chronic disease is a daunting task that requires a multi-pronged approach. Understanding the **interrelationship among various chronic diseases, modifiable risk factors, and the social determinants of health** is critical in the development of successful impact strategies. Additionally mental illnesses — most specifically, depressive disorders — were associated with increased prevalence of chronic diseases.⁴ A review of the chronic diseases adversely affecting the health of Northland residents share recognized common risk factors such as tobacco use, unhealthy diet, lack of physical inactivity, alcohol/substance abuse, and overweight/obesity.⁵

Finally it is also important to note that although the data identified the specific chronic diseases affecting the Northland population, it was clear that **community specific and not county wide strategies were necessary** in order to improve health outcomes of the entire county. This was especially evident during the review of the cancer health data for Clay and Platte Counties which occurred at the Vision North meetings. It was discovered that although cancer was a leading cause of death for men in both counties, pancreatic cancer was the number two cause of death for men in Clay County while prostate cancer was the number two cause of death for men in Platte County. This particular discovery was a defining moment in shaping our decision on what approach we should use to develop strategies that would give us the optimal chances for success in terms of improving health outcomes for Clay County residents.

“Connecting the Dots”

The Prevention Leading to Wellness Strategy

The decision was made to engage each community, one by one, to address the top five identified chronic conditions effecting Clay County: Cancer, Heart Disease, COPD, Diabetes, and Accidents/ Non-Intentional injuries. Our plan targets the seven largest communities in Clay County which comprise forty – nine percent (49%) of the county’s population. However it is important to note that the rural unincorporated areas surrounding each community are also included so that one hundred percent (100%) of the population is recognized in our action plans. Community specific profiles will be developed for each community in Clay County. We call the individualized plans to address each community’s identified needs “Mini CHIPS”. Our goal is to empower each community to create an individualized Community Health Improvement Plan which will incorporate the available local public health system resources necessary to be successful in improving health outcomes community by community!

Success is clearly dependent upon the local public health system infrastructure that exists for each Clay County community. The local public health system is the cumulative resources and relationships necessary to carry out the important processes of public health. Its structural capacity includes the following elements: information resources, organizational resources, physical resources, human resources, and fiscal resources.⁶ It includes our local public health departments, health care organizations, mental health and other health care providers. It also includes public-sector agencies such as schools, social service organizations, as well as private-sector organizations whose actions have significant consequences for the health of the public⁷.

The following resources and relationships are available in Clay County. The Clay County Public Health Center and The Kansas City Missouri Health Department; Five hospitals providing services to our residents which also serve as a resource for the 7 county, bi-state Kansas City Metropolitan Service area. There are an estimated 450 physicians, approximately 155 social service providers, 6 school districts, 7 municipal governments, 160 faith based organizations, 4751 small and large businesses, and many other private and community service organizations.

This diversity, which led to the decision to create community specific CHIP's, is a strength of our local public health system and will be relied upon heavily in the implementation of each Community Health Improvement Plan or "Mini CHIP". Each plan will specifically address the five chronic disease priorities of:

- Cancer
- Heart Disease
- COPD
- Diabetes
- Accidents/ Non-Intentional Injuries

We will strive to develop and implement a coordinated approach to community wellness that is focused on reducing chronic disease rates in Clay County. This will be accomplished by addressing the identified priorities of each community. Strategies developed as a part of a community's plan will utilize Evidenced Based Public Health Decision Making and will incorporate the ***Guide to Community Preventive Services***⁸ and other recognized best practices that promote health and prevent disease. Our strategies will attempt to 1) positively impact modifiable risk factors, 2) recognize health equity & social determinants of health, and 3) move identified community baselines towards relevant Healthy People 2020 goals. This approach will include ensuring quality, affordable, accessible, and comprehensive health services at all stages of life focusing on prevention and wellness.

The following Goals will be implemented:

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.

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 30, 2015.

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

Objective 3.1: Engage the stakeholders in the 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.

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

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 from **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.

References

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3. Chronic Disease Epidemiology and Control, 3rd Ed, pg 7
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7. Moulton, A. D., Halverson, P. K., Honore, P. A., & Berkowitz, B. (2004). Public Health Finance: A Conceptual Framework. *Journal of Public Health Management and Practice*, 377-382.
8. The Guide to Community Preventive Services – What works to Promote Health., 2005

Appendix

- 1) Table 2 from CCPHC “Top 10 Causes of Morbidity and Mortality in Clay County and its Major Cities”
- 2) Vision North 2010-2015 Executive Summary
- 3) 2011-2016 Kansas City Missouri CHIP

Table 2**Clay County's top ten leading causes of death. 2005-2009**

	Cancer	Heart Disease	CLRD*	Cerebrovascular disease (Stroke)	Alzheimer's disease	All other accidents and adverse effects	Pneumonia and influenza	Diabetes	Kidney disease (nephritis/nephrotic syndrome/nephrosis)	Motor Vehicle Accidents
2005	Cancer	Heart Disease	CLRD	Cerebrovascular disease (Stroke)	Alzheimer's disease	All other accidents and adverse effects	Diabetes	Suicide	Pneumonia and influenza	Motor Vehicle Accidents
2006	Cancer	Heart Disease	CLRD	Cerebrovascular disease (Stroke)	Alzheimer's disease	All other accidents and adverse effects	Kidney disease (nephritis/nephrotic syndrome/nephrosis)	Pneumonia and influenza	Diabetes	Suicide
2007	Cancer	Heart Disease	CLRD	Cerebrovascular disease (Stroke)	All other accidents and adverse effects	Alzheimer's disease	Pneumonia and influenza	Diabetes	Suicide	
2008	Cancer	Heart Disease	CLRD	Cerebrovascular disease (Stroke)	All other accidents and adverse effects	Alzheimer's disease	Diabetes	Kidney disease (nephritis/nephrotic syndrome/nephrosis)	Motor Vehicle Accidents	Suicide
2009	Cancer	Heart Disease	CLRD	Alzheimer's disease	Cerebrovascular disease (Stroke)	All other accidents and adverse effects	Diabetes	Suicide	Kidney disease (nephritis/nephrotic syndrome/nephrosis)	Pneumonia and influenza
Ranking	1	2	3	4	5	6	7	8	9	10

*CLRD – Chronic Lower Respiratory Disease

Source: Death MICA;Top Ten Causes of Mortality in Clay County and its Major Cities - Clay County Public Health Center



Vision North 2010-2015 Executive Summary



VISION NORTH

Framing the Future of
Clay and Platte Counties

"The Northland is a bi-county region that addresses the diverse interests of its individual citizens while collaborating to create a livable, workable community that is desirable for people of all ages and in all stages of life."

VISION STATEMENT

Letter from the Vision North Chairs	3
History of Vision North	4
Community Wellness	5
Economic Development.....	6
Education.....	8
Transportation and Infrastructure	9
Quality of Life	11
Acknowledgements.....	13
Vision North 2010-2015 Stakeholders	14

Letter from the Vision North Chairs

3

It has been an honor to serve as co-chairs of the *Vision North 2010-2015* strategic planning process. We began this process with the charge of helping shape the future of the Northland through a community strategic planning effort within Clay and Platte counties. We were to identify emerging needs and engage community stakeholders in addressing these priorities in an effective and measurable way. Our goal: to continue to improve the quality of life for all who live and work in the Northland.

Through this process, we have identified opportunities for improvement in the Northland and have developed a plan to maintain our competitive advantage in city, regional, state, national, and international issues. In essence, we have painted a picture of our future with the Northland as our canvas. The Northland community worked collaboratively while representing the diversity of our citizens through Key Performance Areas which include Community Wellness, Economic Development, Education, Transportation and Infrastructure, and Quality of Life. We have identified goals, strategies, and action steps to make the Northland an even better place to live and work each day.

Numerous participants devoted countless hours to updating the vision for the Northland and educated themselves and other stakeholders on the current status of our community. Participants used the gathered information to determine the issues that are impacting, or will impact, our community during the next five years. Our original Coordinating Committee went above and beyond to provide the foundation for this process to occur. Their visionary leadership provided the impetus for the creation of this positive, community-wide effort.

We would also like to thank Derek Okubo of the National Civic League, who kept this very large group on task and motivated. He provided us with the guidance to transform a variety of individual perspectives into a shared vision for the Northland. We also thank our sponsors for their support. Their contributions helped make our time together more comfortable and enjoyable. Their commitment to the success of the Northland is recognized and appreciated.

With *Vision North 2010-2015*, we are representing a population of over 300,000 in the Northland. This process has reaffirmed the dynamic spirit of cooperation among our diverse citizens, businesses, organizations, educational systems, and governments. This spirit will continue through the deployment of *Vision North 2010-2015*, community planning, and regional collaboration. The Northland thrives because of the involvement of our citizens, and we encourage every citizen's ongoing efforts to enhance the future of the Northland.

Mark Miles



Karla Martinez



History of Vision North

4



In 1999, the Northland Community Foundation, Northland United Way Services, and Harvest Ball undertook a comprehensive study of social service needs and challenges in Clay and Platte counties. This “Vision North 2000” assessment identified four priority areas for the Northland—Child Care, Dental Services, Transportation Services and Youth Programming. A task force was established to address these areas, and five years later, the partner organizations produced the Vision North 2005 report to analyze how successfully the community had addressed those four challenge areas.

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Community Wellness

5



Vision: The Northland is an integrated health community that ensures quality, affordable, accessible, and comprehensive health services at all stages of life focusing on prevention and wellness.

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Economic Development

6



With a combined population of over 311,000 in Clay and Platte counties, the Northland experienced a population growth of more than 20 percent between 2000 and 2010 over its 816 square miles. In 2009 the median household income for Clay County was \$57,983, which was \$12,834 more than the Missouri rate. The median household income for Platte County was \$65,877, which was \$20,728 more than the Missouri rate. In 2009, both Clay and Platte counties were well under the Missouri rate of 14.6 percent for persons below poverty level with rates of 7.9 percent and 6.5 percent, respectively. However the everyday challenges of living below the poverty level still affect nearly 23,500 people who live in the Northland.

Vision: To be recognized as a region that strives to support efforts to improve the business sector by promoting, enhancing, and growing economic development for the benefit of the economic environment and quality of life in the Northland region.

Goal 1: As a region that strives to enhance economic development, the Northland will foster business innovation.

Rationale for Goal: Encourage entrepreneurs, grow the economy of tomorrow, be forward and cutting edge, evolve and transform region's competitiveness.

Strategy: Encourage idea generation, entrepreneurship and innovation

Goal 2: In order to support economic development, the Northland will maintain wage growth that exceeds state average by 20 percent.

Rationale for Goal: Positive wages spur investment and spending, Strong purchasing power, increased discretionary income, strong tax revenue, higher standard of living.

Strategy:

1. Develop targeted industry sectors – IT, Bioscience, Health, Manufacturing, Energy, Animal Sciences
2. Partner with Education to support workforce development

Goal 3: In order to support economic development, the Northland will sustain high employment numbers, keeping unemployment 20 percent below the state average.

Rationale for Goal: Low unemployment reduces the need for government services, Increases economic multiplier impact and improves the quality of life in the region.

Strategy:

1. Business recruitment and retention
2. Proactive development & redevelopment
3. Partnership with Education

Goal 4: In order for businesses to thrive, the Northland will build a world-class workforce.

Rationale for Goal: A thriving region will continually need to attract, retain, and expand the numbers of quality employees. An adaptive workforce is required to remain competitive and enables business resiliency.

Strategy:

1. Strengthen alliance between employers and educators
2. Increase high school graduation rates as well as percentage of people with degree diversity

Goal 5: To thrive as a region, the Northland needs to enhance the economic impact of the businesses in the region.

Rationale for Goal: A thriving business community attracts residents, grows the tax base, encourages growth of new business, increases household income.

Strategy: Successful completion of Goals 1 through 4 enables the Northland to be a model region for recruitment, retention and ongoing development



Education

8



Both Clay and Platte counties have a well educated 25 years old and older population. From 2005-2009, Clay County experienced a population of high school graduates of 91 percent and those with a Bachelor's degree or higher at 29.4 percent. Platte County experienced a population of high school graduates of 93.8 percent and those with a Bachelor's degree or higher at 36.3 percent. Both were significantly higher than the Missouri average of 85.6 percent for high school graduates and 24.6 percent for those with a Bachelor's degree or higher.

Vision: Northland educational organizations actively collaborate with our communities to provide high quality, lifelong learning opportunities. Through our partnerships, we maximize resources to produce highly skilled, productive, socially engaged individuals who in turn strengthen our community.

Goal 1: Increase collaboration between all learning institutions, pre-k through higher education, regarding staff, resources and educational initiatives.

Rationale for Goal: With cuts to state funding, decreasing property values and high community expectations, educators need to share and support each other in managing this ever-changing playing field.

Strategy: Develop a Northland Education Council comprised of senior level educators to act as a collaborative force to identify shared opportunities to enhance education effectiveness.

Goal 2: Create a community communication plan.

Rationale for Goal: Community members are overwhelmed with the amount of information they receive causing much of it to be missed or ignored.

Strategy: Use target marketing to develop specialized communications focused on the audience of choice. "One size fits all" doesn't always work.

Goal 3: Increase community involvement and support of education in the Northland.

Rationale for Goal: The effects of low voter turnout, anti-tax sentiment, and an increased population that is disconnected from school systems are being felt in a variety of areas in the field of education. This must be overcome.

Strategy: Create a broad-based consortium to include community participation in the planning and implementation of Northland educational endeavors

Transportation and Infrastructure

9



Vision: Northland Communities through the united voice support the improvement and maintenance of regional/infrastructure networks. This unified voice will focus on funding and implementation of short and long-term initiative for managed sustainable growth.

Goal 1: Promote sustainable expansion and maintenance associated with infrastructure utilities (water, sewer, solid waste, power, communication, and wireless access).

Rationale for Goal: Current lack of awareness of critical need and importance of infrastructure systems; issue impacts health and wellness; failure to address can result in economic failure; and the age of existing infrastructure system.

Strategy:

1. Increase awareness and education to create buy-in at all levels (mass media, websites, small local newspaper, social media)
2. Develop support to promote
3. Identify funding opportunities and coordination between stakeholders to minimize cost and reduce redundancy.
4. Coordination between stakeholders to minimize cost and reduce redundancy

Goal 2: Increase awareness of existing public transportation opportunities connecting the Northland (north to south and east to west) such as transit, bicycle, trails, roads, etc.

Rationale for Goal: Overall lack of awareness and knowledge; make use of what we have; understand what we need and where we're going; and create economic growth opportunities.

Strategy:

1. Educate and communicate
2. Identify existing resources
3. Identify future needs and communicate them.

(Continued)

Goal 3: Increase/expand public transit opportunities connecting the Northland and the region.

Rationale for Goal: To get people to work, play, services, and retail; accommodate aging and diverse population; and affordability

Strategy:

1. Identify sustainable funding sources
2. Identify & quantify options
3. Develop long term comprehensive plan
4. Unite community leaders
5. Identify public private partnerships
6. Develop coordinated Land Use Plans and Development Codes
7. Create a consensus of the needs

Goal 4: Identify a comprehensive roadway master plan in the Northland.

Rationale for Goal: Limited resources; help prioritize funding; avoid duplication of efforts; improve air quality, lack of communication between entities.

Strategy:

1. Expand municipal/local and state government coordination
2. Develop and coordinate land use plans and development codes
3. Identify partnerships both public and private for funding opportunities



Quality of Life

11



Vision: The Northland is a vibrant, diverse, involved collection of communities that works to provide affordable housing in safe communities that attracts engaged and informed citizens. It is a growing region that strives to provide quality indoor and outdoor recreation, arts, theatre, faith-based activities, retail venues and other attractions that make it a destination for tourists and residents alike. The values of the Northland region and its acceptance of and service to all, ensure a stable community.

Goal 1: Create a diverse living and working environment that fosters quality jobs, mixed use zoning, preserved green space, public transportation and maximizes existing development with a livable walk-able focus.

Rationale for Goal: Ongoing investment, retention and attraction in a region's overall quality of life are essential for thriving communities.

Strategy:

1. Develop uniform Zoning Codes in the Northland
2. Develop a Northland Master Plan to create a thriving region
3. Create and promote a culture of partnerships among cities and groups for the purpose of implementing the Vision North strategic plan and other collaborative opportunities that will emerge.

Goal 2: Establish effective means of communicating with Northland residents and marketing services, events and news to the Greater Kansas City Community and visitors

Rationale for Goal: Effective communication in a variety of forms engages the community, expands awareness and keeps people informed.

Strategy:

1. Develop a coordinated intercommunity communications plan
2. Develop a coordinated Northland marketing plan

(Continued)

Goal 3: Offer a variety of compelling recreational and cultural activities for all ages

Rationale for Goal: Compelling activities that are attractive for all ages and lifestyles promotes physical health of community, retains Northland residents, provides entertainment opportunities, revenue opportunities, alternative activities for teens and enrichment for all.

Strategy:

1. Assess what we currently have and survey what the community desires
2. Market the variety of Northland recreational and cultural activities in the marketing guide created in goal 2, strategy 2.
3. Develop the means to coordinate activities and special events across Northland communities in order to maximize offerings, integrate efforts where appropriate and support of each other's events.
4. Research offerings outside the Northland for the purpose of creating opportunities unique to the Northland region
5. Create new opportunities as identified in goal 3, strategy 4 and where feasible

Goal 4: Sustain and provide exceptional services that meet human needs

Rationale for Goal: High quality services impacts everyone, addresses aging population, ensures safety, quality housing attracts a sustainable population, impacts employment, "feels good" and is a role model for youth.

Strategy:

1. Assess what we have and survey what needs are being met
2. Increase volunteer opportunities and awareness
3. Increase services for underserved population
4. Expand bus service and transportation for all citizens
5. Improve communication between groups providing services



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13

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North Kansas City Hospital
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Northland Health Care Access
Platte County Health Department
Platte Valley Bank

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14

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VISION NORTH

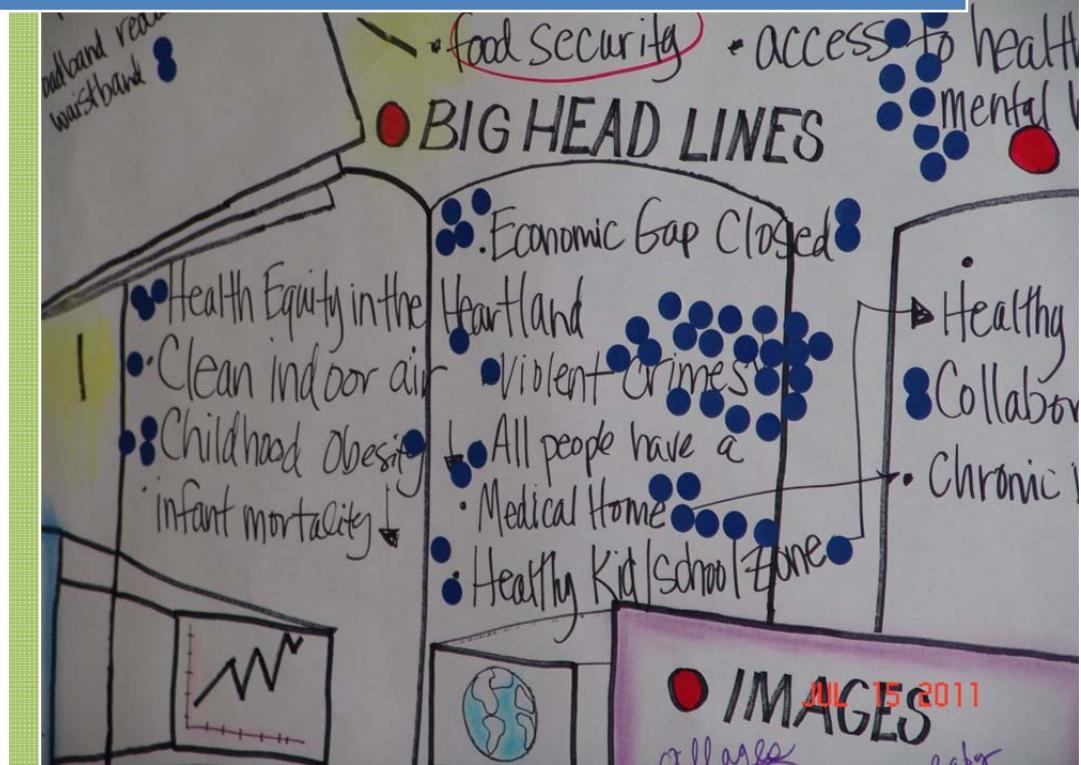
Framing the Future of
Clay and Platte Counties



Public Health
Prevent. Promote. Protect.

2011-2016

Kansas City Community Health Improvement Plan: A Framework for Community Partnerships



Kansas City Missouri Health Commission

City of Kansas City

2011-2016

Strategic Issue:	How do we ensure access to clinical preventive services, illness care, and public health services & interventions?					
Goals	Strategies	Objective	Target Date	Action Plan	Who	By When
1. Align messaging and communications to inform/educate all metro residents about healthy lifestyles and health services.	<ul style="list-style-type: none"> Assess status and need of community 	<ul style="list-style-type: none"> By February 2012 assess all available information about high risk areas, including those in geographic areas of the city (zip code), among various ethnic groups, etc., taking into consideration income levels and other indicators of high risk health behaviors 	2012	<ul style="list-style-type: none"> Review available data that identifies high risk health areas in Kansas City by zip code. Identify data gaps and seek out entities that may have access to data needed to provide full picture of Kansas City Contact various community agencies to gather additional data Analyze and share health data with community Review health needs of each high risk area and identify the most important and helpful health messages that should be heard by all citizens 	Health Department Staff & Commission Health Planning Committee Health Commission Health Planning Committee KCMO Health Department & Health Commission Health Planning Committee Health Commission Health Planning Committee	January 2012 January 2012 February 2012 March 2012
	<ul style="list-style-type: none"> Identify and prioritize the “Top Ten Health Messages Everyone Should Hear”. 	<ul style="list-style-type: none"> By May 2012, The KCMO Health Commission will identify the “Top Ten Health Messages Everyone Should Hear.” 	2012	<ul style="list-style-type: none"> Review and prioritize proposed health messages to create a “Top 10” list of Health messages every citizen in Kansas City should hear 	Health Commission Health Planning Committee	April 2012
	<ul style="list-style-type: none"> Encourage, develop, and support partnerships among public, private, and non-profit entities to build and support infrastructure to develop and disseminate important health information and resource guides (NSSAHE p. 108) 	<ul style="list-style-type: none"> By March 2012 Identify and develop a minimum of 2 partnerships among public, private, and non-profit entities to build and support infrastructure to develop and disseminate important health information and resource guides (NSSAHE p 108) 	2012	<ul style="list-style-type: none"> Partner with a local university marketing or journalism program to assist in the development and dissemination of the “Top 10” Health Messages Develop a strategy and materials to recruit community agencies and businesses to partner with the Health Commission in disseminating information to keep Kansas City Metro families healthy 	Health Commission Health Planning Committee Health Commission Health Planning Committee	January 2012 March 2012

Strategic Issue:	How do we ensure access to clinical preventive services, illness care, and public health services & interventions?					
Goals	Strategies	Objective	Target Date	Action Plan	Who	By When
				<ul style="list-style-type: none"> Work with high risk persons from each high risk area to develop messages and activities that will improve health outcomes in high risk areas. 	Health Commission Health Planning Committee	May 2012
		<ul style="list-style-type: none"> By August 2012, 100 "Champions" will have been identified to assist in the dissemination of the Top Ten Health messages in their community/geographic area 	2012	<ul style="list-style-type: none"> Develop criteria and action plan for recruiting influential community "Champions" with partners such as the Health Ministry Coalition, CCO, & MORE Square 	Health Commission Health Planning Committee	August 2012
	<ul style="list-style-type: none"> Develop health education materials in primary languages spoken by communities to communicate important health messages and improve availability of information on how to access services (NSSAHE/p.124) 	<ul style="list-style-type: none"> By August 2012, Top Ten, health education materials will be developed in a minimum of four primary languages to communicate important health messages 	2012	<ul style="list-style-type: none"> Identify social service agencies and business partners willing to translate materials for publication in multiple formats. 	Health Commission Health Planning Committee	October 2012
	<ul style="list-style-type: none"> Leverage local, regional, and national media outlets using traditional and new media approaches as well as information technology to reach a multitier audience—including racial and ethnic minority communities, youth, young adults, older persons, persons with disabilities, LGBT groups, and geographically isolated individuals—to encourage action and accountability (NSSAHE p 108) 	<ul style="list-style-type: none"> By December 2012, the Top Ten Messages will be disseminated to 2 or more target groups utilizing a minimum three different media approaches 	2012	<ul style="list-style-type: none"> Collaborate with City Communication Office, media outlets, and non-profit agencies to identify outlets and approaches to utilize to disseminate the identified health messages. Include faith-based newsletters, neighborhood newsletters, etc.) 	Health Commission Health Planning Committee	December 2012
2. Increase capacity for the delivery of clinical preventive services, illness care, and public	<ul style="list-style-type: none"> Evaluate and prioritize community wide HEDIS measures that need improvement 	By December 2012, the KCMO Health Commission will publish/post a quality improvement plan to improve KC's community HEDIS measures	2012	<ul style="list-style-type: none"> Compile and review HEDIS data for KC 	Health Commission Budget & Contract Committee	June 2012
				<ul style="list-style-type: none"> Convene providers to develop plan for improvement 	Health Commission Budget & Contract Committee	August 2012

Strategic Issue:	How do we ensure access to clinical preventive services, illness care, and public health services & interventions?					
Goals	Strategies	Objective	Target Date	Action Plan	Who	By When
health services, as well as the capacity to serve uninsured and underinsured persons.				<ul style="list-style-type: none"> Safety-Net providers will develop improvement plan 	Health Commission Budget & Contract Committee	November 2012
	<ul style="list-style-type: none"> Expand hours of operation for clinical and preventive services. NPS/20 	<ul style="list-style-type: none"> By 2013, participating clinics in the "After hours Clinical Care project" will have provided an additional 10,000 encounters during evening and weekend after hour clinics. 	2013	<ul style="list-style-type: none"> Evaluate available project data to identify steps/plan necessary to achieve goal. Implement plan and evaluate results 	Safety-Net Coalition	December 2013
	<ul style="list-style-type: none"> Expand the use of community health workers and home visiting programs NPS/20 	<ul style="list-style-type: none"> By 2013 Increase the number of training programs to certify additional community health workers. 	2013	<ul style="list-style-type: none"> Develop action steps for this objective in January of 2013 	Health Commission Health Planning Committee	December 2013
	<ul style="list-style-type: none"> Increase availability of nurses in Kansas City by increasing the number of available clinical education sites for local nursing students 	<ul style="list-style-type: none"> By 2013, establish two or more additional clinical education sites for local nursing students 	2013	<ul style="list-style-type: none"> Work with local Schools of Nursing and other community partners to identify new clinical education sites (UMKC) 	Health Commission Health Planning Committee	December 2013
	<ul style="list-style-type: none"> Increase the use of patient-centered care coordination models (e.g., medical homes, community health teams, which are supported by the Affordable Care Act (NPS/20) 	<ul style="list-style-type: none"> By 2014, in conjunction with one or more community partners communicate the expectations and benefits of a health home to a minimum of two different racial and ethnic groups, underserved populations, and health professional community 	2014	<ul style="list-style-type: none"> Develop action steps for this objective in January of 2014 	Health Commission Health Planning Committee	December 2014
	<ul style="list-style-type: none"> Reduce transportation service gaps in high need areas 	<ul style="list-style-type: none"> By 2014, reduce the proportion of residents who identify transportation as a barrier to access to health care services by 3% 	2014	<ul style="list-style-type: none"> Identify location of available clinics within those areas and gaps in transportation services that can be utilized to access health services. 	Health Commission Budget & Contract Committee	December 2014
				<ul style="list-style-type: none"> Increase awareness of current transportation services 	Health Commission Budget & Contract Committee	December 2014
				<ul style="list-style-type: none"> Coordinate transportation amongst safety-net providers 	Health Commission Budget & Contract Committee	December 2014
				<ul style="list-style-type: none"> Explore alternative methods to provide transportation and/or subsidize both public 	Health Commission Budget & Contract	December

Strategic Issue:	How do we ensure access to clinical preventive services, illness care, and public health services & interventions?					
Goals	Strategies	Objective	Target Date	Action Plan	Who	By When
				<p>and private transportation options/services</p> <ul style="list-style-type: none"> • Increase funding to support and sustain community transportation programs • Increase funding to support and sustain community transportation programs 	Committee	2014
				<ul style="list-style-type: none"> • Increase funding to support and sustain community transportation programs 	Health Commission Budget & Contract Committee	December 2014
				<ul style="list-style-type: none"> • Increase funding to support and sustain community transportation programs 	Health Commission Budget & Contract Committee	December 2014
2. Increase capacity for the delivery of clinical preventive services, illness care, and public health services, as well as the capacity to serve uninsured and underinsured persons.	<ul style="list-style-type: none"> • Support health center service delivery sites in medically underserved areas and place clinics/primary care providers in geographic areas with shortages NPS/p.27 • Increase the proportion of residents with access to health insurance HP2020 AHS-1.1 	<ul style="list-style-type: none"> • By 2016, Increase by four, the number of service delivery sites either by creating or expanding primary care providers/clinics in underserved areas. • By 2016, increase the proportion of citizens with access to health insurance by 2%. 	2016	<ul style="list-style-type: none"> • Health Department will work with community partners and safety-net providers to identify creative ways to create or expand the number of service delivery sites by leveraging shared resources. • Petition the City's Legislative Committee to include the ACA and early development of an insurance exchange in the City's State and Federal Legislative Priorities for 2012 • Work with Blue Cross and Blue Shield of Kansas City to develop innovative options to provide access to basic health coverage for at risk populations • Work with local and state partners to gain support for presumptive eligibility for children 	Kansas City Missouri Health Department	December 2016
					Health Commission	October 2011
					Health Department	December 2014
					CCO Health Care Organizing Committee	December 2016
3. Remove barriers and increase appropriate access and	<ul style="list-style-type: none"> • Identify strategies for acknowledgement and care for the undocumented community on a legal basis 	<ul style="list-style-type: none"> • By 2013 educate and encourage elected leaders to take formal action to clarify and give status so legal resources can be used to protect the community's health 	2013	<ul style="list-style-type: none"> • Develop action steps for this objective in April of 2013 • Identify how health care is currently being provided, the magnitude of the issue, the need and inherent risk of not taking action 	Health Commission Health Planning Committee	December 2013

Strategic Issue:	How do we ensure access to clinical preventive services, illness care, and public health services & interventions?					
Goals	Strategies	Objective	Target Date	Action Plan	Who	By When
utilization to health and wellness services for uninsured and underinsured residents and those with undocumented status	<ul style="list-style-type: none"> • Educate those with undocumented status on health and wellness services utilizing social service agencies and community health workers 	<ul style="list-style-type: none"> • By 2013, develop two or more culturally and linguistically appropriate approaches to credibly communicate available services to a minimum of two hard to reach target populations 	2013	<ul style="list-style-type: none"> • Develop action steps for this objective in April of 2013 	Health Commission Health Planning Committee Safety-net collaborative	December 2013

Strategic Issue:	How do we improve health equity and social determinants of health?						
Goals	Strategies	Objectives	Target Date	Action Steps		Who	By When
1. Align messaging & communications to encourage the reduction of health disparities and the improvement of social determinants of health	<ul style="list-style-type: none"> Identify and prioritize three to five messages to be incorporated in the “Top Ten Health Messages Everyone Should Hear.” 	<ul style="list-style-type: none"> By March 2012, identify 3-5 messages to be incorporated in the “Top Ten Health Messages Everyone Should Hear” 	2012	<ul style="list-style-type: none"> Review health needs of each high risk area and identify the most important and helpful health messages that citizens should hear and submit recommendations to the Health commission Health Planning Committee 		Health Commission Health Equity Committee	March 2012
2. Support and implement policies that create social, environmental, and economic conditions required to realize safe and healthy outcomes (NSSAHE-p. 108)	<ul style="list-style-type: none"> Reduce or end predatory lending in our community. CCO/1f 	<ul style="list-style-type: none"> By November 2012 reduce the interest rate for small dollar loans from 445% APR to a maximum of 36% APR 	2013	<ul style="list-style-type: none"> Petition the City’s Legislative Committee to include predatory lending in the City’s State and Federal Legislative Priorities for 2012 		Health Commission	October 2011
				<ul style="list-style-type: none"> Conduct three ballot initiative petition circulation training to teach community/interested citizens how to collect the signatures necessary to put the cap rate on the ballot 		CCO	November 2012
				<ul style="list-style-type: none"> Increase access and promote financial literacy education 		Kansas City United Way / Jason Wood	January 2012
	<ul style="list-style-type: none"> Reduce risk of foreclosure on KC residents. CCO/1a 	<ul style="list-style-type: none"> By 2015 reduce the foreclosure rate in Kansas City by a minimum of 5% 	2015	<ul style="list-style-type: none"> Petition the City’s Legislative Committee to include mandatory mediation to reduce the foreclosure rate in the City’s State and Federal Legislative Priorities for 2012 		Health Commission	October 2011
				<ul style="list-style-type: none"> Conduct a civic engagement workshop for KC metro residents to learn how to talk to others about supporting an issue agenda of opportunity. 		CCO	January 2012
	<ul style="list-style-type: none"> Increase availability of small loans at reasonable interest rates for metro families CCO/1e 	<ul style="list-style-type: none"> By 2015 increase by 100% the number of banking institutions that provide small loans at a reasonable interest rate to metro families 	2015	<ul style="list-style-type: none"> Observe the benefits and success of the newly established small loan program initiated in September 2011. 		CCO	January 2013
				<ul style="list-style-type: none"> If small loan program is successful, encourage and support CCO in the establishment of a second small loan lending program for metro families in April of 2013 		CCO	April 2015

Strategic Issue:	How do we improve health equity and social determinants of health?						
Goals	Strategies	Objectives	Target Date	Action Steps	Who	By When	
	<ul style="list-style-type: none"> • Ensure ending health disparities is a priority for decision making in Kansas City 	<ul style="list-style-type: none"> • By 2016 Develop an equity impact review tool, to assess whether City policies and programs spread benefits fairly and help address historic patterns of institutionalized discrimination. 	2016	<ul style="list-style-type: none"> • Identify and develop relationships with non-partisan think tanks and other policy centers to advance and disseminate model policies that address determinants of health, reduce health disparities, and work to achieve health equity across the lifespan (NSSAHE/p.111) 	Health Commission Health Equity Committee	March 2013	
				<ul style="list-style-type: none"> • Develop partnerships among foundations, local businesses, non-profit organizations, educational institutions, and community leaders to advocate for local policies and actions to create and sustain conditions for good health (NSSAHE/p.111) 	Health Commission Health Equity Committee	December 2014	
				<ul style="list-style-type: none"> • Propose a template or model for City government to consider to assess whether newly proposed policies and or programs spread benefits fairly and are socially just 	Health Commission Health Equity Committee	December 2015	
3. Increase awareness of significance of health disparities, their impact on Kansas City, and the actions necessary to improve health outcomes for minority, ethnic, and underserved populations (NSSAHE p111)	<ul style="list-style-type: none"> • Improve access to minority health information/data by standardizing and collecting local data to better identify and address health disparities (NPS) 	<ul style="list-style-type: none"> • By 2013, identify a standardized dataset to monitor health disparities and social determinants of health at the local level. 	2013	<ul style="list-style-type: none"> • Kansas City Health Commission will develop and evaluate a local dataset to monitor health disparities and social determinants of health 	Health Commission Health Equity Committee	December 2012	
				<ul style="list-style-type: none"> • Develop a framework for information management and sharing among system partners on the collection, reporting, and use of race/ethnic health disparities and health equity-related data 	Health Commission Health Equity Committee	December 2013	
				<ul style="list-style-type: none"> • Begin collecting data to monitor health disparities, disseminating data to community partners on an annual basis 	KCMO Health Department	December 2013	
	<ul style="list-style-type: none"> • Ensure that ending health disparities is a priority at the local, regional, and state level. 	<ul style="list-style-type: none"> • By 2015 increase the number of local policy actions taken to improve the determinants of health based on information & advocacy through translational research efforts. 	2015	<ul style="list-style-type: none"> • Support the Greater Kansas City Chamber of Commerce in their effort to create a Regional Translational Research Institute to make KC a nationally recognized center for translational research. Partner other entities such as UMKC School of Nursing and Calvary Temple to promote translational research efforts. 	Health Commission Liaison	November 2013-2015	

Strategic Issue:	How do we improve health equity and social determinants of health?						
Goals	Strategies	Objectives	Target Date	Action Steps	Who	By When	
				<ul style="list-style-type: none"> • Ensure that translational research addresses health disparities and social determinants of health 	Health Commission Liaison	November 2013-2015	
4. Improve and understand individual and community systems to increase access to quality care and resources	<ul style="list-style-type: none"> • Increase access to health insurance 	<ul style="list-style-type: none"> • By 2014, increase the percent the proportion of citizens with access to health insurance (HP 2020 AHS-1.1) 	2014	<ul style="list-style-type: none"> • Petition the City's Legislative Committee to include support for the Affordable Care Act in the City's State and Federal Legislative Priorities for 2012 	Health Commission	October 2011	
				<ul style="list-style-type: none"> • Initiate a community based Healthcare Organizing Committee to address the cost of healthcare in Kansas City 	CCO	November 2011	
				<ul style="list-style-type: none"> • Work with community stakeholders to reduce hospital and emergency room visits and improve health care affordability 	CCO Healthcare Organizing Committee	November 2011	
				<ul style="list-style-type: none"> • Develop additional steps for this objective in April of 2013 	Health Commission	April 2013	
				<ul style="list-style-type: none"> • Pilot NACCHO's, "Roots of Health Inequities" Program with LHD staff. Based on results encourage other health providers to utilize program 	Health Department	April 2013	
5. Improve education and enhance lifelong learning, including job training	<ul style="list-style-type: none"> • Increase the capacity of health care and prevention workforce to identify and address health disparities in a culturally appropriate manner 	<ul style="list-style-type: none"> • By 2014, Develop and disseminate a bulletin highlighting best practices used by public health agencies and health organizations to promote cultural and linguistic competency training and continuing education for health care providers (NSSAHE p.129). 	2014	<ul style="list-style-type: none"> • Develop additional action steps for objective in April of 2013 	Health Commission Health Equity Committee	April 2013	
				<ul style="list-style-type: none"> • Research and identify best practices to reduce academic gaps among disparate populations 	Health Commission Health Equity Committee	December 2014	
				<ul style="list-style-type: none"> • Identify funding to test and replicate best practice in KCMO 	Health Commission Health Equity Committee	December 2013	
				<ul style="list-style-type: none"> • Engage with KCMO parents, schools, businesses, and faith-based entities to identify accountabilities and hold self and others accountable. 	Health Commission Health Equity Committee	December 2013	

Strategic Issue:	How do we improve health equity and social determinants of health?						
Goals	Strategies	Objectives	Target Date	Action Steps	Who	By When	
	opportunity for higher education or career-oriented alternative programs (NSSAHE/p. 125)			<ul style="list-style-type: none"> Work with school district to create policies schools/parents to implement healthy behaviors in schools (smoking, soda, etc.) 	Health Commission Health Equity Committee	December 2013	
	<ul style="list-style-type: none"> Improve health literacy by ensuring that clinical, community, and workplace prevention efforts consider language, culture, age, preferred and accessible communication channels, and match health literacy skills when communicating to increase peoples' trust and use of information and adoption of healthy behaviors (NPS) 	<ul style="list-style-type: none"> By 2014, Develop and disseminate educational information highlighting best practices used by public health agencies and health organizations to promote cultural and linguistic competency training and continuing education for health care providers (NSSAHE p.129). 	2014	<ul style="list-style-type: none"> Develop action steps for objective in April of 2013 	Health Commission Health Planning Committee	April 2013	
Cont. 5. Improve education and enhance lifelong learning, including job training	<ul style="list-style-type: none"> Expand the use of community health workers and home visiting programs (NPS/p.20) to support parents and other caregivers in addressing psychological and environmental factors that impact the lives of children and older/other adults (NSSAHE/p.125) 	<ul style="list-style-type: none"> By 2015 increase the number of accessible home and community-based provider and caregiver training programs. (NSSAHE p. 123) 	2015	<ul style="list-style-type: none"> Develop action steps for objective in April of 2014 	TBD	April 2014	

Strategic Issue:	How do we ensure every child has a healthy start?					
Goals	Strategies	Objectives	Target Date	Action Steps	Who	By When
1. Every woman and child has timely access and appropriate use of health care services that support mental, physical, and social well-being of the family	<ul style="list-style-type: none"> • Ensure women have access to early prenatal care 	<ul style="list-style-type: none"> • By December 2012, implement at least 3 new initiatives to refer women who are pregnant or likely to become pregnant into care and/or support systems before pregnancy occurs or within 30 days of pregnancy confirmation 	December 2012	<ul style="list-style-type: none"> • Identify community resources that offer free or low cost pregnancy tests 	Health Commission WICH Committee MCH Coalition	September 2011
				<ul style="list-style-type: none"> • Disseminate pregnancy testing and prenatal care information in, "Mother Baby Guide" and "Our Health Matters" publications 	WICH Committee and community partners such as the MCH Coalition	October 2011
				<ul style="list-style-type: none"> • Disseminate Tips for health pregnancy via radio and TV 	MCH Coalition	October 2011
	<ul style="list-style-type: none"> • Review EPSDT screening data to identify what percent of eligible children are receiving the screening as well as the percent of children referred for treatment, who receive treatment 	<ul style="list-style-type: none"> • By 2013, the KCMO Health Commission will publish/post a quality improvement plan to improve KC's community HEDIS measures 	2013	<ul style="list-style-type: none"> • Compile and review EPSDT data for KC by working with State Medicaid, Children's Mercy Hospital/Darryl Linch, Steve Rolland, Alice Kitchen, Dr. Pinky 	Health Commission Health Planning	April 2012
				<ul style="list-style-type: none"> • Convene EPSDT providers to develop plan for improvement 	Health Commission Health Planning	August 2012
				<ul style="list-style-type: none"> • EPSDT providers will develop improvement plan 	Health Commission Health Planning	October 2012
	<ul style="list-style-type: none"> • Support the dissemination of medically accurate, developmentally appropriate, and evidence-based sexual health education to provide citizens with the skills and resources to help make informed and responsible decisions (NPS p. 46) 	<ul style="list-style-type: none"> • By 2014, propose policies and strategies to social service agencies to ensure culturally competent and confidential reproductive and sexual health services are accessible to young adults. (NPS p.43) 	2014	<ul style="list-style-type: none"> • Provide students with confidential, affordable reproductive and sexual health information and services consistent with Federal, state, and local regulations and laws. 	Health Commission WICH Committee	December 2013
				<ul style="list-style-type: none"> • Support health professionals serving youth to include sexual health risk assessments as a part of routine care, help patients identify ways to reduce risk for unintended pregnancy, HIV and other STIs, and provide recommended testing and treatment for HIV and other STIs to patients and their partners when appropriate.(NPS p.46) 	Health Commission WICH Committee	December 2014

Strategic Issue:	How do we ensure every child has a healthy start?					
Goals	Strategies	Objectives	Target Date	Action Steps	Who	By When
1. Every woman and child has timely access and appropriate use of health care services that support mental, physical, and social well-being of the family	<ul style="list-style-type: none"> Increase the proportion of children and women of child bearing age with access to health insurance (HP2020 AHS-1.1) 	<ul style="list-style-type: none"> By 2016, the proportion of women and children with access to health insurance will increase by 2%. 	2016	<ul style="list-style-type: none"> Continued support for legislative and/or administrative actions at the state level that would expand/maintain MO HealthNet eligibility and/or enrollment including, but not limited to, use of pre-populated MO HealthNet renewal applications, "Express Lane Eligibility", and accepting federal funding to raise the eligibility levels for MO HealthNet. 	Health Commission	October 2011
				<ul style="list-style-type: none"> Encouraging local school districts to voluntarily use the Free and Reduced Lunch Program (FRLP) form for sharing information with CHIP/Medicaid. This approach is desirable because both CHIP/Medicaid and the FRLP request similar data. In addition, most districts work to have all families complete the FRLP application. The sharing of information from the FRLP application with MO HealthNet has the potential to identify eligible children and families who would otherwise be missed by Medicaid outreach efforts. 	CCO	December 2014
	<ul style="list-style-type: none"> Increase use of preconception and prenatal care. 	<ul style="list-style-type: none"> By 2016 increase the percent of women receiving adequate number of prenatal visits from 70% to 75% based on the APNCU index 	2016	<ul style="list-style-type: none"> Conduct literature review to identify best practices and evidence based approaches to connecting women to preconception care and pregnant women to prenatal care; 	Health Commission WICH Committee	December 2014
				<ul style="list-style-type: none"> Request changes to MO Behavioral Risk Factor Surveillance System survey to provide trackable data for engagement in care; 	Health Commission WICH Committee	December 2014
				<ul style="list-style-type: none"> Implement and evaluate the an evidence based practice to increase women of childbearing age, understanding and knowledge about the need and benefits of early, prenatal care 	Health Commission WICH Committee	December 2015

Strategic Issue:	How do we ensure every child has a healthy start?					
Goals	Strategies	Objectives	Target Date	Action Steps	Who	By When
	<ul style="list-style-type: none"> • Partner with health care networks to secure extended care for mothers after childbirth 	<ul style="list-style-type: none"> • By 2016 partner with one or more health care networks to extend care for mothers after childbirth 	2016	<ul style="list-style-type: none"> • Conduct literature review to identify best practices and evidence based approaches to providing extended care to mothers after childbirth • Develop white paper for use in approaching and recruiting one or more networks of care to pilot an extend care for mothers after childbirth program. • Evaluate the impact of the extended care pilot program and use results to seek additional funding 	Health Commission WICH Committee	December 2014
	<ul style="list-style-type: none"> • Improve access to high-quality mental health services and facilitate integration of mental health services into a range of clinical and community settings (e.g., Federally Qualified Health Centers, Bureau of Prisons, Department of Defense, and Veterans Affairs facilities). 	<ul style="list-style-type: none"> • By 2016, increase the number of health care providers in Health Districts one and two that provide integrated mental and physical health services. 	2016	<ul style="list-style-type: none"> • Evaluate models of integrated mental and physical health in primary care, with particular attention to underserved populations and areas • Research policies and programs that enhance mental and emotional well-being, especially for potentially vulnerable populations. • Support programs to ensure that employees have tools and resources needed to balance work and personal life and provide support and training to help them recognize co-workers in distress and respond accordingly. • Include safe shared spaces for people to interact (e.g., parks, community centers) in community development plans which can foster healthy relationships and positive mental health among community residents. 	Health Commission Health Planning Committee	May 2014
					Health Commission Health Planning Committee	December 2014
					Health Commission Health Planning Committee	January 2015
					Health Commission Health Planning Committee And City of KCMO	December 2016

Strategic Issue:	How do we ensure every child has a healthy start?					
Goals	Strategies	Objectives	Target Date	Action Steps	Who	By When
		<ul style="list-style-type: none"> • By December 2014, increase by at least 10% entry into and continued use of the Women, Infant, and Children Program (WIC) for eligible Medicaid prenatal clients. 	2014	<ul style="list-style-type: none"> • Conduct reviews of current methods for promoting awareness of WIC services among Medicaid clients; • Review WIC information from Mother and Child Health Coalition Community Resource Guide and survey current WIC providers to assess barriers to utilization. • Based on reviews of current methods, and client level data regarding barriers to utilization develop and implement a pilot program to increase WIC utilization • Evaluate effectiveness of program to increase WIC utilization. Based on data encourage replication of model in additional WIC sites 	Health Commission WICH Committee	February 2013 April 2013 June 2013 December 2014
2. Reduce Infant mortality	<ul style="list-style-type: none"> • Reducing infant mortality in the 10% FIMR zip codes. 	<ul style="list-style-type: none"> • By 2013, review and make recommendations for reducing infant mortality in the ten FIMR zip codes and the rest of the City utilizing infant mortality data from the 2010 Community Health Assessment 	2013	<ul style="list-style-type: none"> • Utilize WICH committee to review FIRM data. As a committee make recommendations for each of the FIMR zip code areas. Establish implementation plan and incorporate action steps into the WICH Committees annual work plan. 	Health Commission WICH Committee	February 2013
	<ul style="list-style-type: none"> • Increase the percent of women who enter prenatal care in the first trimester 	<ul style="list-style-type: none"> • By December 2013, increase by 4% the percent of births in the FIMR zip codes where prenatal care began in the first trimester. 	2014	<ul style="list-style-type: none"> • For 10 FIMR zip codes review percent of births where prenatal care began in 2nd trimester using • Identify and implement strategies to address findings in April of 2013 • Provide students with confidential, affordable reproductive and sexual health information and services consistent with Federal, state, and local regulations and laws. 	Health Commission WICH Committee	January 2013 April 2013 April 2014

Strategic Issue:	How do we ensure every child has a healthy start?					
Goals	Strategies	Objectives	Target Date	Action Steps	Who	By When
3. Every high risk, first time expectant family, has access and utilizes an evidenced-based home visitation care model such as the Nurse Family Partnership program	<ul style="list-style-type: none"> Increase the provision of ongoing home visits from trained professionals to provide low-income, first-time moms the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. 	<ul style="list-style-type: none"> By 2013, increase available funding for home visitation programs for low-income, first-time moms. 	2013	<ul style="list-style-type: none"> Petition the City's Legislative Committee to continue to support the MCH Block Grant Funding to address and prevent disparities in infant mortality and increase funding for The Maternal, Infant, and Early Childhood Home Visiting Program as part of the City's State and Federal Legislative Priorities for 2012 	Health Commission	October 2011
		<ul style="list-style-type: none"> By 2013, increase the number of home visitation programs providing services to low-income, first time moms by 20 percent 	2013	<ul style="list-style-type: none"> Increase awareness about the need and benefits for home visitation programs for first time moms, partner with community agencies to identify existing home visitation programs and gaps in low-income service areas. Create and disseminate listing of available home visitation programs to community service providers and partners. Recruit additional providers to offer and/or expand current home visitation program. 	Health Commission Health Planning Committee	December 2013
4. Every pregnant woman and her partner will be given researched-based education and support from her care providers about breastfeeding	<ul style="list-style-type: none"> Promote policy and environment changes that will support women who choose to breastfeed their babies. 	<ul style="list-style-type: none"> By 2013, increase the number of businesses in the greater Kansas City area that have addressed their policies and practices with regard to breastfeeding in the workplace. 	2013	<ul style="list-style-type: none"> The primary strategy for this effort will be to collaborate with the Mother and Child Health Coalition to encourage use of <i>The Business Case for Breastfeeding</i> toolkit and develop plans to approach businesses in the greater Kansas City area to address their policies and practices with regard to breastfeeding in the workplace. 	Health Commission WICH Committee	December 2013

Strategic Issue:	How do we ensure every child has a healthy start?					
Goals	Strategies	Objectives	Target Date	Action Steps	Who	By When
	<ul style="list-style-type: none"> Increase the number of hospitals, birth centers and Home birth services designated as "mother-friendly" or "Baby-Friendly." 	<ul style="list-style-type: none"> By 2015, five hospitals, birth centers, in the Kansas City metropolitan area will have met the criteria to be designated as either "Mother-Friendly" (CIMS) or "Baby-friendly" (Baby-Friendly USA, Inc.) 	2015	<ul style="list-style-type: none"> Provide presentations on the "Mother-Friendly" criteria to interested hospitals, birth centers and home birth services. Partner with Medicaid to disseminate 	Health Commission WICH Committee	December 2015
5. Align messaging and communications to strengthen support for every child within our region to have a healthy start.	<ul style="list-style-type: none"> Develop 3-5 priority messages to be incorporated into the "Top Ten Health Messages Everyone Should Hear." 	<ul style="list-style-type: none"> By March 2012, identify 3-5 messages to be incorporated in the "Top Ten Health Messages Everyone Should Hear" 	2012	<ul style="list-style-type: none"> Review health needs of each high risk area and identify the most important and helpful health messages that citizens should hear and submit recommendations to the Health commission Health Planning Committee 	Health Commission WICH Committee	March 2012

Strategic Issue:	How do we ensure a safe and healthy community environment						
Goals	Strategies	Objectives	Target Date	Action Steps	Who	By When	
1. Reduce violent crime in Kansas City	<ul style="list-style-type: none"> • Develop an action plan to reduce violent crime in Kansas City 	<ul style="list-style-type: none"> • By October 2012, the Health Commission will submit feedback to the Mayor's Violent Crime Task Force regarding their proposed strategy and recommendations to reduce crime in Kansas City 	2012	<ul style="list-style-type: none"> • A subcommittee of the Health Commission will review and comment on the Mayor's Violent Crime Task Force proposed strategy, and if applicable provide recommendations to address gaps. 	Health Commission subcommittee	October 2012	
				<ul style="list-style-type: none"> • Comments and recommendations on the plan will be presented to the Health commission 	Health Commission subcommittee	November 2012	
				<ul style="list-style-type: none"> • Health Commission will submit comments and recommendations to the Mayor's Task Force 	Health Commission	December 2012	
		<ul style="list-style-type: none"> • By December 2012, the Health Commission will submit feedback on the strategies and recommendations to reduce crime and violence, developed by the Greater Kansas City Chamber of Commerce's, Urban Core Neighborhood Initiative 		<ul style="list-style-type: none"> • A subcommittee of the Health Commission will prepare and submit feedback on the strategies and recommendations to reduce crime and violence, developed by the Greater Kansas City Chamber of Commerce's, Urban Core Neighborhood Initiative. 	Health Commission subcommittee	October 2012	
				<ul style="list-style-type: none"> • Comments and recommendations on the plan will be presented to the Health commission. 	Health Commission subcommittee	October 2012	
				<ul style="list-style-type: none"> • Health Commission will submit comments and recommendations to the Mayor's Task Force 	Health Commission	December 2012	
	<ul style="list-style-type: none"> • Identify funding for evidence- based public health practices to reduce violent crime in our community 	<ul style="list-style-type: none"> • By 2013, Identify one additional funding source, for evidence- based public health practices to reduce violent crime in our community 	2013	<ul style="list-style-type: none"> • Champion the city's federal legislative priorities, the movement to create and pass a categorical grant supporting violence prevention initiatives at the local level, similar to the funding allocation structure of the Ryan White Emergency Relief grants or Community Policing Services Grants 	Health Commission & Community Partners such as CCO	October 2011	
				<ul style="list-style-type: none"> • Submit or assist community agencies in submitting a minimum of two grant proposals to support evidence-based public health initiatives to reduce violent crime by December 2013. 	Applicable Community Partners	December 2013	

Strategic Issue:	How do we ensure a safe and healthy community environment					
Goals	Strategies	Objectives	Target Date	Action Steps	Who	By When
				<ul style="list-style-type: none"> Identify grant opportunities that support evidence based violence reduction activities. 	Health Commission & Community Partners	
				<ul style="list-style-type: none"> Include Aim4Peace in the city's state and federal legislative priorities proposal to expand and replicate the model in the high-needs areas of the city affected by high rates of retaliatory violence 	Health Commission & Community Partners	October 2011
	<ul style="list-style-type: none"> Ensure the provision of needed services for at-risk youth. 	<ul style="list-style-type: none"> By 2014, secure a minimum of one, community partner to coordinate the development and implementation of a youth behavioral health risk factor survey to increase understanding of the root cause of violent crime in high risk groups in Kansas City By 2016 Establish a process to build the capacity of adults to engage and support youth of different gender, race/ethnicity, sexual orientation, disabilities and socioeconomic status, as equal partners in decision-making about programmatic and funding priorities and in the design and implementation of community assessments and initiatives (NSSAHE p.118) 	2014	<ul style="list-style-type: none"> Work with community partners, HHS and DHSS to identify entities conducting or able to conduct a youth behavior risk factor survey 	Health Commission Health Planning	2014
			2016	<ul style="list-style-type: none"> Develop coalitions and partnerships to reach adults, parents , neighborhood associations, churches and social service agencies interested in addressing social and health needs of youth in Kansas City Implement programs that assist juveniles and adults who are re-entering their communities following incarceration that support their returning to school, securing employment, and leading healthy lifestyles. (NPS p.43) 	T/B/D	2016

Strategic Issue:	How do we ensure a safe and healthy community environment					
Goals	Strategies	Objectives	Target Date	Action Steps	Who	By When
				<ul style="list-style-type: none"> • Encourage coalition to consider: <ul style="list-style-type: none"> • Identify and promote free recreational opportunities for youth in Kansas City • Promote and increase enrollment in skill development programs for youth • Promote and increase enrollment in children and youth peacemaking programs. • utilize communication strategies that will reach those who are part of the issue thereby reaching those who are unemployed or not affiliated with religious institutions • Explore Urban Networks to Increase Thriving Youth (UNITY) to promote effective, sustainable efforts to prevent violence before it occurs, UNITY cities and communities emphasize collaboration across multiple sectors and disciplines, including justice, education, labor, social services, public health and safety, and youth-serving organizations.(NPS p.43/Best Practice) 	T/B/D	2016
2. Reduce premature death and disability at all stages of life	<ul style="list-style-type: none"> • Address safety issues applicable to each life-stage through communication strategies 	<ul style="list-style-type: none"> • By 2014, increase the number of neighborhood associations, churches and other entities, disseminating safety messages across the lifespan. 	2014	<ul style="list-style-type: none"> • Build public awareness about preventing falls, promote fall prevention programs in home and community settings, and educate older adults on how to prevent falls. • Refrain from driving while under the influence of alcohol or drugs or while drowsy or distracted (e.g., texting). • Use age appropriate and properly fitting protective sports gear. • Encourage youth to use seat belts, bicycle helmets, and motorcycle helmets, and not drive while distracted or under the influence of alcohol or drugs. • Provide citizens with home and personal safety tips to protect themselves and those they care about (NPS p. 43) 	KCMO Health Department PIO's	2014
					KCMO Health Department PIO's	2014
					KCMO Health Department PIO's	2014
					KCMO Health Department PIO's	2014
					KCMO Health Department PIO's	2014

Strategic Issue:	How do we ensure a safe and healthy community environment					
Goals	Strategies	Objectives	Target Date	Action Steps	Who	By When
3. Identified at session 5, with small group not based on data presentation	<ul style="list-style-type: none"> Increase awareness of environmental health issues impacting citizen health 	<ul style="list-style-type: none"> By 2015, propose two or more policies and practices that promote healthy and safe environments (e.g., improving indoor air quality; addressing mold problems; reducing exposure to pesticides and lead; ensuring that drinking water sources are free from bacteria and other toxins; implementing and enforcing tobacco free policies). 	2015	<ul style="list-style-type: none"> Conduct environmental health assessment for Kansas City using MPH students from local schools of public health Based on results of environmental health assessment identify, prioritize and develop an action plan to address two policies that promote health and safety 	KCMO Health Department Environmental Health Program	2015

Strategic Issue:	How do we encourage active living and healthy eating?						
Goals	Strategies	Objectives	Target Date	Action Plan (include direct services)	Who	By When	
1. Advance policy, environmental, and system changes promoting healthy eating and active living in our communities.	A.1 Promote livable streets that are designed and operated to enable the safe and convenient travel of all users of the roadway, including pedestrians, bicyclists, public transit users, motorists, children, the elderly, and people with disabilities	By June 2013 Kansas City Health Commission will adopt or improve policies related to Livable Streets	2012	<ul style="list-style-type: none"> Petition the City's Legislative Committee to include support for Livable Streets in the City's State and Federal Legislative Priorities for 2012 Provide Livable Streets toolkit for general education. Conduct education campaigns with government, public health, and other "influencers" to increase advocacy efforts. 	Health Commission	October 2011	
	A.2 Access local codes and policy that support active living in Kansas City	By June 2012 conduct an assessment of the build environment in Kansas City		<ul style="list-style-type: none"> Work with City departments to conduct a review of city codes to identify supports and barriers 	Active Living KC	June 2012	
	1.1 Support creation and/or enhancement of places for physical activity (e.g., joint use, parks, playgrounds, and walking/biking trails)	By March 2012 Partner with Faith Based Committee to conduct advocacy and fund development activities for target BHH neighborhoods.		<ul style="list-style-type: none"> Conduct community training on Joint Use agreements. 	Building a Healthier Heartland Coalition	December 2012	
	1.2 Improve availability of affordable healthier food options throughout the community using activities such as farmers markets, urban agriculture, and other efforts to promote and enhance access to fresh fruits and vegetables	By July 2012, increase the availability of affordable healthier food options using farmers markets, urban agriculture, and other activities to promote and enhance	2012	<ul style="list-style-type: none"> Coordinate and establish farmers markets in neighborhoods targeted as "food deserts" Develop and encourage neighborhood agriculture through neighborhood-run gardens 	Building a Healthier Heartland Coalition	December 2012	
	1.3 Identify and mobilize community resources to increase availability of supermarkets in underserved areas	By March 2012 convene collaborative sessions with key stakeholders to overcome (real or perceived) barriers in identified neighborhoods. By October 2012, increase education and advocacy efforts to increase demand for supermarkets.		<ul style="list-style-type: none"> Conduct community training on strategies to increase healthy corner stores, and increase healthy options in existing stores. 	Building a Healthier Heartland Coalition	December 2012	

Strategic Issue:	How do we encourage active living and healthy eating?						
Goals	Strategies	Objectives	Target Date	Action Plan (include direct services)	Who	By When	
2. Advance policy, environmental, and system changes promoting healthy eating and active living in our organizations.	2.1 Work with employers to implement policies and practices that promote access to healthy foods and beverages and opportunities for physical activity	By January 2013, increase the number of worksites with activities in place to support use of built environment.	2013	Develop "Healthy Eating" Policy Resource Guide to demonstrate local successes and evidence based practices regarding vending, cafeteria, healthy meeting foods, and strategies to increase fruits and vegetables (CSA programs, Farmers' Markets, etc.)	Building a Healthier Heartland Coalition	December 2013	
	Support employers in refining RFP language / Vendor Negotiations to improve healthy food procurement	Building a Healthier Heartland Coalition		December 2013			
	2.2 Work with faith-based agencies to implement policies and practices that promote access to healthy foods and beverages and opportunities for physical activity	By December 2012, develop and align inspirational messages around healthy eating / active living with BHH Communications Strategy, and promote to at least 35 congregations.	2012	Conduct at least one advocacy training and promote resources such as a "How To" guide for advocacy.	Building a Healthier Heartland Coalition	December 2012	
	Participate in comprehensive activities to bring supermarkets to underserved areas.	Building a Healthier Heartland Coalition	December 2012				
	2.3 Work with schools to implement policies and practices that promote access to healthy foods and beverages and opportunities for physical activity	By August 2013, increase the number of schools that meet the Healthier US School standards (at any level).	2013	Develop consistent message materials on food, fitness, and actions being taken to help schools.	Building a Healthier Heartland Coalition	December 2013	
	Conduct activities to develop network map of resources available to schools.	Building a Healthier Heartland Coalition		December 2013			

Strategic Issue:	Tobacco Free Living			
Goals	Strategies	Objectives	Target Date	Action Plan (include direct services)
1. Expand use of evidence-based tobacco cessation services (NPS p.29)	<ul style="list-style-type: none"> Develop and communicate cessation services and options available for residents in the Kansas City Metropolitan Area. 	<ul style="list-style-type: none"> By June 2012, update and maintain a list of cessation services and options available in the Kansas City Metropolitan Area and provide information to the Public on-line. 	2012	<ul style="list-style-type: none"> Update list of key organizations, businesses and health plans providing or utilizing cessation services available/provided to Kansas City Metro residents/enrollees Increase the number of health websites willing to link to cessation services Update additional cessation service options and education needs for providers and distribute via website. Work with one of our partners to assist in a training for youth cessation
2. Increase funding for tobacco prevention education in the Kansas City metro area	<ul style="list-style-type: none"> Increase tobacco prevention education of policy makers and/or elected officials and identify additional potential funding opportunities 	<ul style="list-style-type: none"> By December 2014, educate 5 policy makers and/or elected officials on the need for more tobacco prevention education in the Kansas City Metro Area and identify 2 avenues to continue funding tobacco prevention activities. 		<ul style="list-style-type: none"> Provide technical and educational support to state and federal lawmakers on tobacco prevention policy through direct educational methods and offers for assistance – Ongoing
3. Support comprehensive tobacco free and other evidence-based tobacco control policies (NPS p. 28)	<ul style="list-style-type: none"> Adopt additional clean air policies that have been demonstrated as best practices 	<ul style="list-style-type: none"> By 2015, propose two or more policies and practices that improve indoor air quality and or environment 	2015	<ul style="list-style-type: none"> Meet with at least 2 KCMO council representative about a change in the existing ordinance to remove the exemption of casino gaming floors and discuss smokefree parks by 2012 Create a workgroup or taskforce to work on smoke free gaming floors by 2012
	<ul style="list-style-type: none"> Adopt clean in-door air ordinances in remaining Kansas City metro communities through development of a statewide indoor air workplace law 	<ul style="list-style-type: none"> By December 2016, support a petition initiative to support a statewide clean indoor air workplace law 	2016	<ul style="list-style-type: none"> Identify jurisdictions that have not adopted a comprehensive clean air ordinance, and explore additional opportunities for increasing tobacco cessation education. - Ongoing Provide testimony and/or technical support as requested by advocates. - Ongoing

Menorah Legacy Foundation2011 CHIP Participating Organizations for All Sessions

1. Aim 4 Peace
2. American Heart Association-Midwest Affiliate
3. Area Health Education Center
4. Black Health Care Coalition
5. Bloch School of Management at UMKC
6. Blue Cross Blue Shield Kansas City
7. Camp Fire USA
8. Carondelet Health
9. Catholic Charities
10. Center for Childhood Safety/ Children's Mercy Hospital
11. Children's Mercy Hospital
12. Church Health Ministry Coalition
13. City of Kansas City Mayor's Office
14. Clay County Public Health Center
15. Communities Creating Opportunity
16. Community Assistance Council, Inc.
17. Community Volunteer
18. Crittenton Children's Center
19. Department of Health and Human Services/Building a Healthier Heartland
20. Department of Health and Human Services /Centers for Medicare & Medicaid Services
21. Department of Health and Senior Services/Office of Minority Health
22. Eastwood Hills Community Assoc.
23. First Call Alcohol and Drug Prevention and Recovery
24. Head Start Health/ MARC
25. Health Care Foundation of Greater Kansas City
26. Health Commission
27. Heithoff Health Inc.
28. HEMACS, Inc. /Mercy & Truth Medical Missions Board
29. Hope Family Care Center
30. Ivanhoe Healthy Kids Initiative /Ivanhoe Neighborhood Council
31. Jackson County Courthouse
32. Jackson County Health Department
33. K.C. Medicine Cabinet
34. Kansas City Healthy Start
35. Kansas City Area Transportation Authority
36. Kansas City Free Health Clinic
37. Kansas City Metropolitan Community Colleges
38. Kansas City Metropolitan Health Council
39. Kansas City Missouri City Council
40. Kansas City Missouri School District / Nursing Services
41. Kansas City Rescue Mission
42. KC Free Health Clinic
43. KC Quest /UMKC
44. KCMO Health Department
45. KCMO Housing Authority
46. KCMO Water Services
47. KC's Childhood Obesity Collaborative-Weighing In
48. KU Medical Center School of Public Health
49. Legal Aid of Western Missouri / St. Luke's
50. Lifeguard Youth Development
51. Longfellow Community Association
52. MACHC
53. Maincor/Brookside Morningside
54. MARC
55. Mattie Rhodes Center
56. Menorah Legacy Foundation
57. Mid-America Coalition on Health Care
58. Missouri Board of Probation and Parole
59. Missouri Department of Health and Senior Services
60. MO Chapter, American College of Physicians
61. Mother & Child Health Coalition
62. Mound Neighborhood Association
63. Northland Health Care Access
64. Northland Neighborhoods, Inc.
65. Operation Breakthrough
66. Partnership for Children
67. President/ Indian Mound Neighborhood Assoc.

- 68. Reconciliation Services
- 69. Resource Development Institute
- 70. Rockhurst University
- 71. Rosebrook
- 72. Saint Luke's Health System
- 73. Samuel U. Rodgers Health Center
- 74. Score 1 for Health/KCUMB
- 75. Senior Director of Public Affairs, Saint Luke's Health System
- 76. Shadow Buddies Foundation
- 77. Sickle Cell Disease Association
- 78. SM Consulting
- 79. South Plaza Neighborhood Assoc.
- 80. SPENA
- 81. Spofford
- 82. State of MO Probation & Parole
- 83. The REACH Healthcare Foundation
- 84. Truman Medical Center
- 85. U.S. Department of Health & Human Service
- 86. UMKC Dental School
- 87. UMKC Institute for Human Development (UCEDD)
- 88. UMKC School of Medicine
- 89. UMKC School of Nursing
- 90. Unicare Health Plan
- 91. United Way of Greater Kansas City
- 92. University of Kansas Medical Center
- 93. University of Kansas School of Medicine
- 94. University of Missouri Columbia
- 95. University of Missouri Kansas City