



# Roadmap

*to a Healthier Douglas County*



2013-2018 Douglas County Community Health Plan



## Introduction

All of us want to live in a healthy community. We all want the things – a good education, a good job, wholesome food, safe places to recreate, access to medical care – that make us happy and healthy.

### How healthy is our community?

The twentieth century witnessed remarkable improvements in health. Improved sanitation, improved control of infectious diseases, a decrease in unhealthy behaviors such as smoking, and access to increasingly sophisticated health care services have all contributed to longer human lifespans. Today, despite past progress, we continue to face significant health challenges as a society. There has been a sharp rise in the prevalence of chronic diseases such as cardiovascular diseases (heart disease and stroke), cancer and diabetes. In almost every corner of the United States, obesity is on the rise, due in large part to alarming trends in patterns of physical activity and nutrition. Douglas County is not immune to these trends.

Wanting to better understand the specific challenges in our community, in 2011 a community-wide initiative was spearheaded by seven area organizations<sup>1</sup>, whose representatives served on the project Steering Committee, to engage the community in identifying ways to improve the health of Douglas County resident (Figure 1). The first step of the initiative was a community health assessment<sup>2</sup> (CHA) to create a deeper understanding of important community health issues, the community's key health priorities, and community resources to address these priorities. From December 2011 through June 2012, members of the community were engaged in this assessment to identify issues impacting the health of Douglas County residents. Multiple methods were used to gather information, with a goal of optimizing opportunities to hear from diverse voices across the community, including typically underrepresented voices. Overall, more than 1,500 people participated in the community health assessment of Douglas County. To identify



Figure 1. A model for improving community health

those issues that reflect the priorities of Douglas County residents, findings for each of the methods used in the community health assessment were examined to identify common themes. Thirteen community issues were identified through multiple methods used in the assessment. A series of community health forums were convened in May 2012 to provide input on the results by identifying root causes of identified issues.

### How can we improve the health of our community?

Recognizing the need to focus on a manageable set of issues, community leaders were invited to participate in a priority-setting exercise, with the goal to choose a more narrow set of issues that would become the primary focus of the community health plan. Through this process a set of five "priority issues" were chosen to become part of this plan:

- Access to healthy foods
- Access to health services
- Mental health
- Physical activity
- Poverty and jobs

Once these priority issues were chosen, residents, community leaders and experts were assembled as five work groups to develop specific goals, objectives and strategies around the five issues. Their recommendations were used as the basis for developing this Community Health Plan. Their recommendations are meant to identify opportunities for action that can help affect the health and well-being of Douglas County residents.

### How will this plan help us improve community health?

A plan itself will not create lasting change in the community, but even in developing a plan we believe we have planted seeds of change. Through the process of creating the plan we've begun a community dialogue designed to:

- Create a shared vision for a healthier Douglas County,
- Adopt ways to measure and report progress,
- and Promote collaboration among key stakeholders to create meaningful change.

## The Douglas County Community Health Plan

A broad array of community partners met between September 2012 and April 2013 to develop the Lawrence-Douglas County Health Plan. The Community Health Assessment and Planning Steering Committee (please see Appendix A for a list of members) worked to develop a vision and mission to guide the overall plan, while work groups (please see Appendix B for a list of members by work group) dedicated to each of the five priority issues developed goals, objectives, strategies, and opportunities for community action for each of the issues.

### Vision

The vision - our dream for our community - of the overall plan is "*a healthier Douglas County.*" The vision articulated for the Lawrence Douglas County Community Health Plan reminds us to consider the definition of health provided by the World Health Organization: "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."<sup>1</sup>

### Mission

The mission of the overall plan is "to collectively improve health for all through environmental and policy change that is responsive and accountable to the community."

Many things influence our health including who we are (our sex, age, genes, etc.), how we behave (eat, exercise, smoke, etc.) and where and how we live, work and play. The focus of this plan is how we can affect change at the environmental and policy level so that we can influence the health of the entire community. Environmental interventions involve physical or material change to the social, economic or physical environment. Incorporating sidewalks, parks, and other recreation facilities into community design is an example of an environmental intervention. Policy interventions are usually changes in rules or laws

<sup>1</sup> World Health Organization (1946). Preamble to the Constitution of the World Health Organization

---

(governmental or organizational) to promote a desired outcome. An example of a policy change would be the adoption by an organization of policies regarding nutrition standards in food services (for example, a company adopting a policy requiring that only healthy foods will be available in vending machines on company property).

### **Goals, Objectives, Strategies, and Opportunities for Community Action**

The following are the goals, objectives, strategies, and opportunities for community action identified by the work groups. Each section is devoted to one of the five topic areas. For more detailed information about objectives and the measures used to evaluate progress on each priority area, please see Appendix C.

---

## Douglas County Community Health Plan

**Vision: A healthier Douglas County**

**Mission: To collectively improve health for all through environmental and policy change that is responsive and accountable to the community**

Work Group	Goal	Strategies
<b>Access to Healthy Foods</b>	To create environments where healthy food consumption is easier & more likely.	Improve the nutrition environment for children birth to age 18 (including schools, child care settings and before/after-school programs) Assure opportunities for healthy eating at work Improve food and beverage environments at public venues Enhance access to healthy food for low-income families
<b>Access to Health Services</b>	To assure a health care system in Douglas County effectively & efficiently offers preventive & primary care services that are timely, accessible, & affordable for all residents of the county.	Increase awareness of available services Improve utilization of basic preventive care Enhance navigation supports/services and skills Increase the number of primary care providers taking Medicaid, Medicare, and uninsured Assure services are provided at times that allow people to utilize services
<b>Mental Health</b>	To create a community which values positive mental & behavioral health (MBH) & encourages everyone to seek help when they need it by promoting prevention & responding to mental health needs.	Improve awareness of available of services Improve integration of primary care & MBH Reduce Stigma related to a) having mental illness & b) seeking care for mental illness Reduce or prevent inappropriate incarceration of people with mental health issues
<b>Physical Activity</b>	To create an environment and culture, through policy & systems change, that makes physical activity easier & more rewarding for people of all ages and abilities.	Make it easier for residents to walk, bike, and wheel to everyday destinations Encourage active living at work Adopt policies to ensure opportunities for physical activity in schools, before/ after school programs, and licensed child care providers
<b>Poverty and Jobs</b>	All people have equal opportunity for employment & resources that meet their family's needs	Enhance partnerships for schools/community colleges to prepare people for good-paying trades/industrial jobs Assure that families' economic needs are met by developing sustainable employment opportunities Enhance employer and community supports for those services necessary to obtain & retain jobs Communicate information about what contributes to poverty and how it can be addressed

## Access to Healthy Foods

*“There’s not much healthy food available and it’s not within our price range.”*

-Comment from focus group participant

We all know that having a nutritious diet, one that focuses on foods and beverages that help maintain a healthy weight, promotes health and prevents disease. It is well known that a healthy eating plan should include:

- Plenty of fruits, vegetables, and whole grains
- Fat-free or low-fat milk and milk products
- Lean meats, poultry, fish, beans, eggs, and nuts
- Limited saturated fats, *trans* fats, cholesterol, salt (sodium), and added sugars



Evidence suggests, however, that very few Douglas County residents are able to eat as healthy as is optimal<sup>2</sup>. Less than one in five county residents is reported to regularly consume the recommended five servings of fruits and vegetables daily, and differences are found within the county’s population<sup>3</sup>. Teens participating in the community health assessment were concerned about diet, indicating that the low cost, ease and appeal of fast food competes with making healthy choices. Among residents of all ages, the availability of healthy, affordable foods was identified as a top problem in the community concerns survey.

The Access to Healthy Foods work group focused on three key areas: healthy foods for children (ages 0-18 years of age), healthy foods in worksites and public spaces, and healthy foods for low-income populations. The goals and objectives developed by this work group, as well as opportunities for community action, are described in detail below.

Goal: To create environments where healthy food consumption is easier and more likely.

### Anticipated Outcomes

- By 2018, increase by 5% the percentage of adults who consume 5 or more servings of fruits and vegetables.
- By 2018, increase by 5% the percentage of children who consume 5 or more servings of fruits and vegetables.
- By 2018, increase by 5% the proportion of children and youth who are a healthy weight.
- By 2018, increase by 5% the proportion of adults who are at a healthy weight.
- By 2018, increase by 5% the percentage of households scored as food secure.

<sup>2</sup> Douglas County Health Assessment Report (2012).

<sup>3</sup> Behavioral Risk Factor Surveillance System, Kansas Department of Health and Environment (2009)

### Strategy 1 : Improve the nutrition environment for children birth to age 18 (including schools, child care settings and before/ after-school programs)

#### Opportunities for Community Action

1. Assure implementation of strong wellness policies and practices in Douglas County schools, before and after-school programs, child care homes and centers, which will include:
  - a. Oversight by a wellness “council” or “committee” with representation by key community/ school district stakeholders
  - b. Policies and practices that include criteria for the nutritional quality of snacks, vending options, school stores, concessions, and food at special events & fundraisers
  - c. Assure that all nutrition education curricula meet a minimum standard
2. Increase enrollment and participation in meal programs (including breakfast, free and reduced meals, afterschool, and summer food programs) for school-age youth in Douglas County
3. Advocate for continued implementation of the Healthy, Hunger-Free Kids Act
4. Create (or maintain) school gardens across Douglas County
5. Establish practices that result in greater use of fruits/ vegetables from school gardens in district schools

### Strategy 2: Assure opportunities for healthy eating at work

#### Opportunities for Community Action

1. Develop and implement a communications strategy to promote workplace wellness as economic development and to build community buy-in
2. Develop a public recognition program for employers who promote healthy eating at work
3. Recruit employee champions to advocate for implementation of worksite policies promoting healthy food/ beverages options and opportunities for physical activity
4. Implement policies and practices in Douglas County worksites supporting healthy eating and physical activity (e.g., implementing best practices, creating flex time, sponsorship of local physical activity events, limiting unhealthy options in vending machines, catering, and cafeterias)



### Strategy 3: Improve food and beverage environments at public venues

#### Opportunities for Community Action

1. Assure public/ government institutions, non-profit organizations, and health-care facilities adopt policies to assure that healthy foods/ beverages are provided/sold (including healthy options in vending machines, catering, cafeterias, etc.)

**Strategy 4: Enhance access to healthy food for low-income families****Opportunities for Community Action**

1. Establish waste minimizing practices and policies with supermarkets, restaurants, cafeterias, schools, hospitals and any other large feeding institutions, restaurants and stores by supplying excess to food banks serving Douglas County (for low-income families)
2. Implement a choice-based system with whole foods incentivized in local food banks/ pantries and assure availability of healthy food choices
3. Establish satellite food pantry locations to provide access to whole foods for low-income families
4. Establish a system that engages low-income families as food growers and small business operators
5. Enhance the capacity of the food system to handle large-scale donations (e.g., storage, transportation)
6. Establish new opportunities to purchase fresh produce in North Lawrence and other parts of Douglas County with limited options, including farmer's markets, integration into existing retail options, or opening corner stores.
7. Implement environmental changes (e.g., moving bus stops closer) that make access to local food banks/ pantries and farmers' markets easier
8. Establish case management and outreach enrollment at local food pantries and schools that links and enrolls people to SNAP and food stamps programs

## Access to Health Services

- “The low income who don’t qualify for services... those on the edge — really suffer.”*  
 - Comment from a focus group participant regarding the lack of access to health services.

According to Healthy People 2020, a set of national benchmarks for the health of the country, access to health services has a deep impact on quality of life. Yet, timely access to quality health services is something that eludes many Douglas County residents. The top two concerns indicated by concerns survey respondents were that health insurance and health care are not available to all<sup>4</sup>. Additionally, we know that more than one-third (35%) of Douglas County residents have not been seen for a routine visit to a doctor in the past year, and one in five residents do not have a single identified primary care provider<sup>5</sup>. Further, preventive care services, such as screenings, are underutilized.

Addressing access to health services is challenging due to the complex nature of the issue. Members of the work group examined the personal and environmental factors that contribute to the problem, and specifically chose to address five factors that make substantive contribution to the problem and are changeable. These factors are: (1) a lack of awareness of existing services; (2) under-utilization of preventive care services; (3) a lack of supports and skills for navigating the system; (4) a limited number of providers accepting new patients who have Medicaid/ Medicare or are uninsured; and (5) the presence of barriers to use of existing services. The following are the goals, objectives, strategies, and opportunities for community action identified by the work group.

**Goal:** To assure the health care system in Douglas County effectively and efficiently offers preventive and primary care services that are timely, accessible, and affordable for all residents of the county

### Anticipated Outcomes

- A. By 2018, increase by 10% the percentage of adults who have seen a provider in the past year for a routine checkup.
- B. By 2018, reduce ER utilization for primary care issues by 10%.
- C. By 2018, increase the percentage of adults who have had their cholesterol checked in the past 3 years by 10%.
- D. By 2018, increase the percentage of adults who have had a test for high blood sugar/ diabetes within the previous 3 years by 10%.
- E. By 2018, increase by 10% the percentage of adults who have their blood pressure under control.
- F. By 2018, increase the percentage of adults with diabetes who have blood glucose at recommended levels (as measured by hemoglobin A1c).
- G. By 2018, decrease by 2% the percentage of adults who have had a heart attack or stroke or were diagnosed with coronary heart disease or angina.
- H. By 2018, increase by 10% the percentage of adults who have quit smoking.
- I. By 2018, increase by 5% the proportion of adults who are at a healthy weight

### Strategy 1: Increase awareness of available services

#### Opportunities for Community Action

1. Establish collaborations to reduce duplication of services
2. Establish and maintain a central database of community wellness resources for wellness to be utilized by

<sup>4</sup> Douglas County Community Health Assessment Report, 2012

<sup>5</sup> Behavioral Risk Factor Surveillance System, Kansas Department of Health and Environment, 2009

providers and the general public

3. Create and implement effective marketing campaign(s) for behavior change around seeking primary care services

### Strategy 2: Improve utilization of basic preventive care

#### Opportunities for Community Action

1. Encourage adoption of health literacy screening tools by primary care providers to determine those patients who require appropriate "low literacy" intervention
2. Train providers and community health workers to use methods such as "teach back" and minimize of medical jargon to ensure that parents and children understand what is spoken to them
3. Develop health literacy campaigns for children in community settings other than schools such as churches, early childhood education programs, etc.
4. Use systems of text message and email prompts to encourage patients to adhere to treatment regimens and engage in appropriate healthy behaviors
5. Establish a cadre of trained peer support advisors to provide social supports to promote utilization of preventive health services
6. Establish screenings at worksites and other non-traditional sites



### Strategy 3: Enhance navigation supports/services and skills

#### Opportunities for Community Action

1. Establish a community health worker program that engages individuals in providing health coaching and navigation services to be implemented across sites
2. Establish care coordinators for high-utilizers of health care resources (hot-spotters)

### Strategy 4: Increase the number of primary care providers taking new patients with Medicaid, Medicare, or uninsured

#### Opportunities for Community Action

1. Increase use of existing loan repayment/ scholarship programs for health professions graduates to practice in Douglas County and accept new Medicaid/Medicare
2. Create a centralized service to provide administrative support (such as billing of third party insurers including public insurance) offered to all primary care physicians in the community (to reduce administrative hassle)
3. Advocate for increasing reimbursement rates for primary care services to incentivize providers taking Medicaid/ Medicare patients
4. Promote use of sliding fee schedules and other fiscal incentives by primary care providers community-

wide to make care more affordable for those without insurance

5. Develop a system to catalogue uncompensated care provided by the community's primary care providers
6. Create incentives or recognition of providers who accept new Medicaid/Medicare patients and/ or who provide free or reduced-fee care to uninsured patients

### Strategy 5: Reduce barriers that prevent people from obtaining services

#### **Opportunities for Community Action**

1. Create incentives (such as free promotion) for providers who are open beyond standard business hours
2. Establish a system that provides interpreter services for non-English speaking residents
3. Provide free or reduced cost public or private transportation for medical appointments

## Mental Health

*“One of my concerns is the lack of mental health care. We have had 3-4 suicides in the last few years – people of all of the ages. I’m not sure that people are willing to ask for or reach out for that kind of help.” –*  
Comment from a focus group participant

Since the late 1990’s there has been increasing recognition that mental and behavioral health (MBH) plays an important role in a community’s health and, subsequently, efforts have been made to integrate MBH into communities’ public health agendas<sup>6</sup>. It is estimated that 1 in 4 adults will experience a diagnosable mental disorder in their lifetime, and in Douglas County it is known that one-third of residents report having one or more days in the past 30 in which their mental health was not good<sup>7</sup>. Beyond this, it is critical to note that mental illness often co-occurs with other health issues that are of importance to Douglas County residents, including diabetes, cardiovascular disease, cancer, and intentional and unintentional injuries.

The strategies and opportunities for community action were identified as part of an effort to develop a public health response to mental and behavioral health.

Goal: To create a community which values positive mental & behavioral health (MBH) & encourages everyone to seek help when they need it by promoting prevention & responding to mental health needs.

### Anticipated Outcomes

- A. *By 2018, decrease by 10% the percentage of people receiving mental health services who report they delayed treatment.*
- B. *By 2018, reduce by 10% the average number of days Douglas County residents report poor mental health.*

### Strategy 1: Improve awareness of available services

#### Opportunities for Community Action

1. Identify and advocate for less restrictive requirements for access to health insurance and mental/behavioral health coverage
2. Educate Care Managers about available services
3. Establish collaborations and communication between physicians and mental/behavioral health care providers to assure appropriate care is received
4. Create and disseminate a central message to be communicated about MBH that promotes awareness of mental health issues and services



<sup>6</sup> Centers for Disease Control (2011). Public health action plan to integrate mental health promotion and mental illness prevention with chronic disease prevention, 2011-2015.

<sup>7</sup> Behavioral Risk Factor Surveillance System, Kansas Department of Health and Environment (2009)

## Strategy 2: Improve integration of primary care & MBH

### Opportunities for Community Action

1. Develop and/or replicate care coordination/integration of MBH/primary care models that are already established in sites throughout Douglas County
2. Create a consultation network for primary care physicians to use when conducting screenings or diagnosing MBH issues
3. Create and implement incentives for primary care physicians to adopt systematic screening for depression and other mental/ behavioral health issues in adults
4. Promote availability of MBH consultations for Medicaid recipients under new managed care plan

## Strategy 3: Reduce Stigma related to a) having mental illness & b) seeking care for mental illness

### Opportunities for Community Action

1. Implement Mental Health First Aid among staff of primary care providers, educators, college educators, faith organizations, human resource managers, and emergency services
2. Assure the health curriculum in all area schools includes information on mental and behavioral health that is up-to-date and fact-based
3. Create and implement a marketing campaign (including speakers' bureau) around champions for MBH (i.e., prominent Douglas County residents who have personally experienced MBH)



## Strategy 4: Reduce or prevent inappropriate incarceration of people with mental health issues

### Opportunities for Community Action

1. Implement evidence-based strategies to prevent people with mental illness who commit crime (or who are at risk of committing crimes) from unnecessarily entering or unnecessarily remaining in the criminal justice system
2. Create policies that require law enforcement employees to complete training (CIT) about MBH issues
3. Support continued implementation of the Re-Entry Case Management Program

## Physical Activity

*“There are no sidewalks in most places [in Baldwin City]; no sidewalks to get to school (kids have to cross the highway!)”*

*“[Lecompton does] have a nice little park, but we don’t have a place for people to go out and walk that’s really safe.”*

*“I’d love to see a walking trail or a biking trail around [Eudora]. That takes money and infrastructure.”*

*“Our [Lawrence] community rec centers are not up to date with things that people like to work out with.”*

-Comments from focus group participants

Engaging in physical activity is a critical factor for the health and well-being of Douglas County residents. Only 51% of adults in Douglas County and an estimated one-quarter of children and youth engagement in physical activity suggest that only one-quarter get recommended amounts of activity<sup>8</sup>. Regular physical activity has been shown to decrease risk of chronic diseases, such as diabetes and cardiovascular disease, while enhancing a better sense of wellness. The Centers for Disease Control and Prevention (CDC) recommends that adults get either 150 minutes of moderate physical activity (i.e., activities that raise your heartbeat and make you sweat) or 75 minutes of vigorous physical activity (i.e., activities that make you breath hard and raise your heart beat) as well as doing muscle strengthening activities twice a week. For children, the CDC recommends that children get at least 60 minutes every day of the week, and that this should include muscle and bone strengthening activities three days a week.

The following Opportunities for Community Action represent several options for making it more likely that all Douglas County residents have community resources and supports for engaging in physical activity.

**Goal: To create an environment and culture, through policy and systems change, that makes physical activity easier and more rewarding for people of all ages and abilities.**

### Anticipated Outcomes

- A. By 2018, increase the proportion of adults who get recommended amounts of physical activity by 5%.
- B. By 2018, increase the proportion of children and youth who get recommended amounts of physical activity by 10%.
- C. By 2018 increase the proportion of children and youth who are at a healthy weight by 5%.
- D. By 2018, increase the proportion of adults who are at a healthy weight by 5%.

<sup>8</sup> Behavioral Risk Factors Surveillance System (2009) and Youth Risk Behavior Surveillance System (2011) Data regarding youth engagement in physical activity is not available at the county level, only at the state level. It may be that Douglas County has different rates of activity, but no data is available to indicate the actual rate.

## Strategy 1: Make it easier for residents to walk, bike, and wheel to everyday destinations

### Opportunities for Community Action

1. Create a new (or modify existing) advisory committees to make recommendations to local governing bodies regarding issues that affect pedestrians, including those using assistive devices)
2. Expand and promote increased availability and use of active transportation networks, including development of safe routes for biking and walking to school and other destinations
3. Create/improve sidewalks and trail infrastructure
4. Assure public recreation facilities are ADA compliant
5. Establish policies and practices that increase mixed-use development/ community design
6. Increase the variety of physical activity opportunities, including indoor opportunities, parks, and open spaces, and provide additional information about these opportunities in a community-wide campaign



## Strategy 2: Encourage active living at work

### Opportunities for Community Action

1. Develop and implement a communications strategy to promote workplace wellness as economic development and to build community buy-in
2. Develop a public recognition program for employers who promote active living at work
3. Recruit employee champions to advocate for implementation of worksite policies promoting healthy food/ beverages options and opportunities for physical activity
4. Implement policies and practices in Douglas County worksites supporting healthy eating and physical activity (e.g., implementing best practices, creating flex time, sponsorship of local PA events, limiting unhealthy options in vending machines, catering, and cafeterias)

### Strategy 3: Adopt policies to ensure opportunities for physical activity in schools, before- and after-school programs, and licensed child care providers

#### Opportunities for Community Action

1. Cultivate school wellness champions within schools (including PE teachers) and the community
2. Increase school participation in Let's Move in Kansas Schools or programs designed to promote movement in the classroom
3. Assure implementation of strong wellness policies and practices in Douglas County schools, before- and after-school programs, child care homes and centers which will include oversight by a wellness "council" or "committee"
4. Establish systems and environmental changes that ensure that all students in grades K-12 have adequate opportunities to engage in at least 60 minutes of physical activity per day, including active transport to school programs, intramural sports and activity programs, active recess, classroom breaks, after-school physical activity programming, and integration of physical activity into curricula lesson plans
5. Establish requirements for child care and early childhood education programs to improve physical activity standards. Encourage each licensed child care site to adopt policies to provide opportunities for physical activity, including free play and outdoor play for at least 60-90 minutes for toddlers and 90-120 minutes for preschoolers per 8-hour day



## Poverty and Jobs

*“There is a substantial level of poverty in Douglas County that is somewhat hidden from most of the community. The poverty rate and rate of uninsured in Douglas County exceed the state average.”*

- Comment from key informant interview participant

Despite the fact that the United States spends more on medical care than any country on earth, by many measures -- including how long we live -- the U.S. is well behind many countries. It is well-established that factors other than medical care -- things like having a good job and an adequate income -- have a strong influence on health. Unfortunately, median household income (one way to look at an area's economic prosperity) is lower on average in Douglas County than in the state of Kansas<sup>9</sup>. There are some areas in the county where the number of people living in poverty is higher than 20%, sometimes as high as 30%. Multiple responses to the concerns survey indicated alarm about poverty and local access to education and skills training needed for local people to find and retain good jobs.

The work group on Poverty and Jobs met in the spring of 2013 to develop goals and strategies to guide efforts to improve education and training opportunities in the community. While the group centered on developing education and training opportunities to prepare people for good-paying jobs, the group also talked about the kind of employer and community supports needed to support individuals looking for -- and retaining -- employment, including quality childcare, safe and affordable housing, and policy/supports in the workplace that benefit working families. Specific goals and objectives developed by this work group, as well as opportunities for community action, are highlighted here.

Goal: All people have equal opportunity for employment and resources that meet their family's needs

### Anticipated Outcomes

- A. By 2018, decrease by 1% the percentage of families with income below the poverty level.
- B. By 2018, increase by 10% the percentage of individuals from low income families who have received a high school diploma or GED.
- C. By 2018, increase the percentage of adults who have an industry-recognized credential by 5%.

### Strategy 1: Enhance partnerships for schools/community colleges to prepare people for good-paying trades/industrial jobs

#### Opportunities for Community Action

1. Adopt school district policies that provide high school credits for participating in job experiences before leaving high school
2. Adopt school district policies assuring that life skills are integrated into curricula
3. Establish and maintain programs that prepare people for the technical and job skills required to enter the workforce (e.g., computer skills, career and technical education)
4. Adopt a school district policy assuring that life skills are a part of the school curriculum

<sup>9</sup> United States Census Bureau American Fact Finder (2010).

**Strategy 2: Assure that families' economic needs are met by developing sustainable employment opportunities****Opportunities for Community Action**

1. Attract a full range of job opportunities for community members with diverse skill sets
2. Establish incentives through public policy to increase the number of jobs that pay enough to sustain a family
3. Increase financial supports and career counseling to allow low-income students/residents get access to job training and education

**Strategy 3: Enhance employer and community supports (including access to safe, affordable housing and adequate living conditions) for those services necessary to obtain and retain jobs****Opportunities for Community Action**

1. Ensure proactive systems of code enforcement are in place to assure the safety of rental housing
2. Preserve safe and adequate temporary shelter for those who need it
3. Improve public transit accessibility to major employers
4. Establish and maintain financial literacy programs (e.g., budgeting, financial counseling)
5. Enhance understanding of the need for employment supports for low- and moderate-income families (e.g. flex-time policy, child care, etc.)

**Strategy 4: Communicate information about what contributes to poverty and how it can be addressed****Opportunities for Community Action**

1. Establish a community wide campaign to educate the public on the community benefit of collaborative efforts to reduce poverty

## Call to Action

Throughout the planning process community members have been actively involved, and our goal is for that to continue! As you think about what you have read here, please think about ways YOU can contribute to building an even healthier Douglas County. Here are some things you might consider:

### Adopt the plan or advocate for its adoption in your organization

It is our goal that organizations from all sectors of the community – schools, health care providers, local government, faith organizations, service providers, and others – will formally adopt or endorse this community health plan. We ask organizations to publicly declare support for the community health plan, announce actions they hope to take, and make a commitment to be part of a process to measure and report progress to the community. A “Declaration of Commitment” will be made available for organizations to declare formally the form of support to which they will commit. The Lawrence-Douglas County Health Department will provide assistance to organizations that choose to declare support, and that will advance the principles and concepts espoused in this plan. Information on how the health department can help your organization can be found on the Community Health Plan webpage under the “Information” tab on the Lawrence-Douglas County Health Department website at [www.ldchealth.org](http://www.ldchealth.org). You can also email [info@ldchealth.org](mailto:info@ldchealth.org) or call (785) 843-3060 and ask for “Community Health.”

### Advocate for the plan’s adoption in other parts of the community

In our daily lives we touch other’s lives throughout our community. Think about the specific opportunities for community action listed in this plan. How could some of these actions be supported in the places where you learn, work, and play? How can you personally help advocate change? Would it be possible for your child’s school to develop a walking school bus to help kids be more active? Could your church adopt a policy to provide healthy foods during events to help people eat well? Could members of your social organization sign up for Mental Health First Aid to help those around you who might need a supportive friend or colleague as they try to cope with challenges? Advocating for changes like this across all sectors of our community is important if we want to see true change.

### Stay involved with groups working to implement the plan

Within the community there are already coalitions and work groups that are active in efforts to improve community health. Some of these groups have a formal connection to the community health plan through the Lawrence-Douglas County Health Department. Please visit the Community Health Plan page on the Lawrence-Douglas County website ([www.ldchealth.org](http://www.ldchealth.org)), or contact the health department by email ([info@ldchealth.org](mailto:info@ldchealth.org)) or by phone (785-843-3060) if you would like information on formal work groups, including information about getting involved. There will also be public forums at least twice a year to report on progress to the community. Look for information on these events on the health department web page, Facebook page, or through the health department’s Twitter account.

### Share what you are doing to implement the plan

We are committed to sharing information about ways that organizations and individuals in the community are contributing to the health of the community. We invite you to share your stories with us through our website, Facebook page or via email.

**Through our collective efforts to implement elements this plan we can achieve our vision of “a healthier Douglas County.”**

## Appendix A. List of Community Health Assessment and Planning Steering Committee

Pat Roach Smith  
*Bert Nash Community Mental Health Center*

Chip Blaser, Marilyn Hull  
*Douglas County Community Foundation*

Janelle Martin  
*Douglas County CHIP (Community Health Improvement Partnership)*

Jon Stewart  
*Heartland Community Health Center*

Susan Johnson  
*Kansas State Research and Extension*

Charlotte Marthaler, Dan Partridge  
*Lawrence-Douglas County Health Department*

Ann Marie Boncella, Sheryle D'Amico, Janice Early, Gene Meyer  
*Lawrence Memorial Hospital*

Erika Dvorske  
*United Way of Douglas County*

Vicki Collie-Akers, Christina Holt  
*Work Group for Community Health and Development, University of Kansas*

## Appendix B. List of work group members

### Access to Healthy Foods

Susan Johnson (chair), K-State Research and Extension – Douglas County

Debbie Carter, Lawrence Memorial Hospital

Carolyn Crawford, WorkWell Lawrence

Aron Cromwell, Lawrence City Commission

Rick Doll, Lawrence Public Schools

Jeremy Farmer, Just Food

Mike Gaughan, Douglas County Commission

Emily Hampton, Douglas County Child Development Association

Julie Henry, Baldwin City Public Schools

Kenton Holder, Boys and Girls Club of Lawrence

Eileen Horn, Douglas County/City of Lawrence

Marilyn Hull, Douglas County Community Foundation

Shannon Jones, Simple Solutions

Bob Lominska, Hoyland Farm/Rolling Prairie

Rick Martin, Eudora-DeSoto Technical Education Center

Amy Miller, Lawrence-Douglas County Planning and Development Services

Paula Murrish, Lawrence Public Schools

Bob Nugent, Lawrence Transit System

Nancy O'Connor, The Merc – Community Market & Deli

Bruce Passman, Community Mercantile Education Foundation

Dan Phelps, MAD Farm/Growing Food, Growing Health

Brett Ramey, Department of Family Medicine, University of Kansas Medical Center

Vanessa Sanburn, Lawrence Board of Education

Verdell Taylor, Christian Psychological Services/St. Luke's AME Church

Colby Wilson, Boys and Girls Club of Lawrence

### **Access to Health Services**

Sheryle D'Amico (chair), Lawrence Memorial Hospital

Kim Ens, Lawrence-Douglas County Health Department

Karen Evans, DO, Mount Oread Family Practice

Mike Gaughan, Douglas County Commission

David Goering, MD, Lawrence Memorial Hospital

Lori Johns, United Way of Douglas County

Cynthia Lewis, Visiting Nurses

Carla Phipps, MD, Lawrence Family Practice Center

Patricia Roach Smith, Bert Nash Community Mental Health Center

Jon Stewart, Heartland Community Health Center

---

Lori Winfrey, Health Care Access

**Mental Health**

Patricia Roach Smith (chair), Bert Nash Community Mental Health Center

Sandra Dixon, DCCCA Center

David Johnson, Bert Nash Community Mental Health Center

Dan Partridge, Lawrence Douglas County Health Department

Elizabeth Sheils, Community Volunteer and Advocate

Rick Spano, University of Kansas, School of Social Welfare

Ric Steele, University of Kansas, Clinical Child Psychology Program

Sherri Vaughn, MD, Lawrence Memorial Hospital and Mt. Oread Family Practice

**Physical Activity**

Marilyn Hull (chair), Douglas County Community Foundation

Aynsley Anderson, Lawrence Memorial Hospital

Cris Anderson, Kennedy Elementary School

Hugh Carter, Lawrence City Commission

Rebecca Clancy, Douglas County Senior Services

Laurie Comstock, KU Endowment

Carolyn Crawford, WorkWell Lawrence

Scott Criqui, Trinity In-Home Care

Liz Dobbins, Kansas University Health & Exercise Science

Kirsten Evans, MD, PhD, Lawrence Pediatrics

Rick Henry, Lawrence Public Schools

Cindy Johnson, TherapyWorks

Susan Johnson, K-State Research and Extension – Douglas County

Steve Lane, Lawrence Central Rotary

Chris Lempa, Douglas County Housing, Inc.

Jamie Lloyd Simpson, Kansas University Accessibility and ADA Education

Vicki Lysen, City of Lawrence Parks and Recreation

---

Janelle Martin, Douglas County Health Improvement Partnership

Scott McCullough, Lawrence-Douglas County Planning and Development Services

Mike Myers, Hernly Associates, Inc.

Dot Nary, Kansas University Research and Training Center on Independent Living

Ryan Neuhofel, DO, MPH, NeuCare Family Medicine

Wayne Osness, LiveWell Lawrence Steering Committee

Jennifer Smith, K-State Research and Extension – Douglas County

Roger Steinbrock, City of Lawrence Parks and Recreation

Philip Struble, Landplan Engineering

Cyndi Treaster, Lecompton Pride Coalition

John Wilson, Alliance for a Healthier Generation and Kansas House of Representatives (10<sup>th</sup> District)

### **Poverty and Jobs**

Erika Dvorske (chair), United Way of Douglas County

Chip Blaser, Douglas County Community Foundation

Nickie Daneke, Catholic Charities

Jeremy Farmer, Just Food

Mike Gaughan, Douglas County Commission

Rick Henry, Lawrence Public Schools

Carrie Lindsey, Lawrence-Douglas County Housing Authority

Peter Luckey, Plymouth Congregational Church

Christina Mann, Eudora Public Schools

Bob Nugent, City of Lawrence Transit System

Shirley Martin-Smith, ADECCO

Keith Meyers, Kansas Department of Commerce

Dan Partridge, Lawrence-Douglas County Health Department

Gayle Sigurdson, Lawrence-Douglas County Housing Authority

Ranita Wilks, Independence, Inc.

John Wilson, Alliance for a Healthier Generation and Kansas State House of Representatives (10<sup>th</sup> District)

---

**Plan support came from:**

Charlie Bryan, Lawrence-Douglas County Health Department

Vicki Collie-Akers, KU Workgroup on Community Health and Development

Stephen Fawcett, KU Workgroup on Community Health and Development

Ithar Hassaballa, KU Workgroup on Community Health and Development

Colleen Hill, Lawrence-Douglas County Health Department

Christina Holt, KU Workgroup on Community Health and Development

Vince Romero, Lawrence-Douglas County Health Department

Chuck Sepers, KU Workgroup on Community Health and Development

Anitha Subramanian, Lawrence-Douglas County Health Department

Chris Tilden, Lawrence-Douglas County Health Department

---

Appendix C. Measuring Implementation of the Plan

Access to Healthy Foods		
Anticipated Outcomes		Measure/ Indicator (source of data)
<p>A. By 2018, increase by 5% the percentage of adults who consume 5 or more servings of fruits and vegetables.</p> <p>B. By 2018, increase by 5% the percentage of children who consume 5 or more servings of fruits and vegetables.</p> <p>C. By 2018, increase by 5% the proportion of children and youth who are a healthy weight.</p> <p>D. By 2018, increase by 5% the proportion of adults who are at a healthy weight.</p> <p>E. By 2018, increase by 5% the percentage of households scored as food secure.</p>		<p>-Percentage of children and adults consuming 5 or more servings of fruits/ vegetables (BRFSS/ YRBS)</p> <p>-Percentage of children and youth who are at a normal weight (YRBS/ School Fit Meter Measures)</p> <p>-Percentage of adults who are at a normal weight (BRFSS)</p> <p>-Percentage of households that are scored as food secure (CPS; USDA Food Atlas)</p>
Strategy	Outcome/ Objective	Measure/ Indicator (source of data)
Strategy 1: Improve the nutrition environment for children birth to age 18 (including schools, child care settings and before/ after-school programs)	Objective 1 By 2018, improve the nutritional quality of school-based snacks, vending options, concessions, & food offered at special events by 20% as measured by proportion of total items observed as healthy.	<p>-Proportion of total items available in schools through snacks, vending options, concessions, and special event food offerings (Environmental Observation)</p> <p>-Number of programs and policies regarding nutritional quality of snacks, vending options, concessions, and special event food offerings (Documented in ODSS)</p>
Strategy 2: Assure opportunities for healthy eating at work	<p>Objective 2a. By 2018, increase access to healthy foods options at worksites by 20%</p> <p>Objective 2b. By 2018, increase by 20% the proportion of Douglas County employees that work in worksites with health and wellness policies/ programs addressing healthy food consumption</p>	<p>-Number (or proportion) of healthy food options available among Douglas County's 10 largest employers (Survey)</p> <p>-Proportion of Douglas County employers with health and wellness policies or programs that include healthy food consumption (Survey)</p>
Strategy 3: Improve food and beverage environments at public venues	Objective 3. By 2018, increase by 10% sales of healthy food and beverage options available through public/ government sites	-Total number of sales transactions that include health food and beverage options available through public and government sites

**Strategy 4: Enhance access to healthy food for low-income families**

Objective 4a. By 2018, increase by 10% the availability of fruits and vegetables in food deserts through retail, gardens, and food banks  
 Objective 4b. By 2018, increase by 5% participation in SNAP/ food stamps

- Number of opportunities to purchase or obtain fruits and vegetables (*Environmental Observation*)
- Number of people participating in SNAP/ food stamps (*USDA Food and Nutrition Resources*)

## Access to Health Services

Anticipated Outcomes		Measure/ Indicator (source of data)
<p>A. By 2018, increase by 10% the percentage of adults who have seen a provider in the past year for a routine checkup.</p> <p>B. By 2018, reduce ER utilization for primary care issues by 10%.</p> <p>C. By 2018, increase the percentage of adults by 10% who have had their cholesterol checked in the past 3 years.</p> <p>D. By 2018, increase the percentage of adults who have had a test for high blood sugar/ diabetes within previous 3 years by 10%.</p> <p>E. By 2018, increase by 10% the percentage of adults who have their blood pressure under control.</p> <p>F. By 2018, increase the percentage of adults with diabetes who have blood glucose at recommended levels (as measured by hemoglobin A1c).</p> <p>G. By 2018, decrease by 2% the percentage of adults who have had a heart attack or stroke or were diagnosed with coronary heart disease or angina.</p> <p>H. By 2018, increase by 10% the percentage of adults who have quit smoking.</p> <p>I. By 2018, increase by 5% the proportion of adults who are at a healthy weight.</p>		<p>-Percentage of adults who have seen a provider in the past year (BRFSS)</p> <p>-Rates of ER utilization for primary care causes (Reported by Lawrence Memorial Hospital)</p> <p>-Percentage of adults who have had their cholesterol checked in previous 3 years (BRFSS)</p> <p>-Percentage of adults who have had a blood sugar test in previous 3 years (BRFSS)</p> <p>-Percentage of adults who have their blood pressure in goal (Record review)</p> <p>-Percentage of adults with diabetes who are at their a1c goal level (Record review)</p> <p>-Percentage of adults who have had a heart attack, stroke, coronary heart disease, or angina (BRFSS)</p> <p>-Percentage of adults who are at normal weight (BRFSS)</p>
Strategy	Outcome/ Objective	Measure/ Indicator (source of data)
Strategy 1: Increase awareness of available services	<p>Objective 1a: By 2018, increase knowledge among Dg Co residents of available community resources by 10%.</p> <p>Objective 1b: By 2018, increase knowledge among Dg Co providers of available community resources available by 10%.</p>	<p>-Proportion of residents reporting knowledge of available services (Survey)</p> <p>-Proportion of providers reporting knowledge of available services (Survey)</p>
Strategy 2: Improve utilization of basic preventive care	<p>Objective 2a: By 2018, increase the percentage of adolescents and teens who report it is easy to understand what their doctor tells them by 10%</p> <p>Objective 2b: By 2018, increase the percentage of adolescents and teens who report they do what their doctor tells them by 10%.</p>	<p>-Percentage of adolescents/ teens reporting it is easy to understand what their doctor tells them (Survey)</p> <p>-Percentage of adolescents/ teens reporting they do what their doctor tells them (Survey)</p>
Strategy 3: Enhance navigation supports/services and skills	Objective 3a: By 2018, increase by 10% the number of referrals to KanQuit.	<p>-Number of referrals to KanQuit (Record review)</p> <p>-Number of people participating</p>

	Objective 3b: By 2018, increase by 10% the number of people participating in Kansas Optimizing Health Program (KHOP).	in KHOP ( <i>Record review</i> )
Strategy 4: Increase the number of primary care providers taking Medicaid, Medicare, and uninsured	Objective 4a: By 2018, increase by 25% the number of PCPs practicing in DG Co. Objective 4b: By 2018, increase by 25% the number of practicing primary care providers who accept new Medicaid, Medicare, and uninsured.	-Number of practicing primary care providers ( <i>Record review</i> ) -Number of practicing primary care provider who accept Medicaid, Medicare, and the uninsured ( <i>Survey</i> )
Strategy 5: Reduce barriers that prevent people from obtaining services	Objective 5: increase by 10% the proportion of practices that provide services outside standard business hours and weekdays (e.g., schedules weekday appts before 7:30 am and/or 6:00pm or later, and for at least 3 hours on the weekend)	-Proportion of primary care practices that operate outside standard business hours ( <i>Survey</i> )

## Mental Health

Anticipated Outcomes		Measure/ Indicator <i>(source)</i>
<p>A. By 2018, decrease by 10% the percentage of people receiving mental health services who report they delayed treatment.</p> <p>B. By 2018, reduce by 10% the average number of days Douglas County residents report poor mental health.</p>		<p>-Percentage of people receiving mental health services who report they delayed treatment <i>(Survey)</i></p> <p>-Average number of days Douglas County Residents report as poor mental health days. <i>(BRFSS)</i></p>
Strategy	Outcome/ Objective	Measure/ Indicator <i>(source)</i>
Strategy 1: Improve awareness of available of services.	<p>Objective 1a. By 2018, increase by 10% the number of Douglas County Residents who are aware of services available for mental health promotion &amp; treatment.</p> <p>Objective 1b. By 2018, increase by 10% consumer knowledge about how to access services that will get paid for.</p>	<p>-Percentage of Douglas County residents who are aware of available mental health services <i>(Survey)</i></p> <p>-Percentage of Douglas County residents who have knowledge about how to access services for which payment is available <i>(Survey)</i></p>
Strategy 2: Improve integration of primary care & MBH	<p>Objective 2a. By 2018, increase by 10% the percentage of referrals to specialized treatment for mental health from primary care facilities.</p> <p>Objective 2b. By 2018, increase the proportion of primary care providers that are aware of appropriate screening tools for alcohol or other drug use concerns by 10%.</p>	<p>-Number of referrals to specialized treatment for mental and behavioral health from primary care facilities <i>(Record review)</i></p> <p>-Proportion of primary care providers that are aware of appropriate screening tools for alcohol and other drug use <i>(Survey)</i></p>
Strategy 3: Reduce Stigma related to a) having mental illness & b) seeking care for mental illness	Objective 3. By 2018, increase by 15% mental health literacy among Douglas County residents.	-Percentage of Douglas County residents rated as mental health literate <i>(Survey)</i>
Strategy 4: Reduce or prevent inappropriate incarceration of people with mental health issues	Objective 4. By 2018, reduce recidivism among people previously jailed with mental health issues by 5%.	-Percentage of currently jailed individuals with mental health issues who have been jailed previously <i>(Record review)</i>

## Physical Activity

Anticipated Outcomes		Measure/ Indicator (source)
<p>A. By 2018, increase the proportion of adults who get recommended amounts of physical activity among adults by 5%.</p> <p>B. By 2018, increase the proportion of children and youth who get recommended amounts of physical activity by 10%.</p> <p>C. By 2018 increase the proportion of children and youth who are at a healthy weight by 5%.</p> <p>D. By 2018, increase the proportion of adults who are at a healthy weight by 5%.</p>		<p>-Percentage of adults and children engaging in recommended amounts of physical activity (<i>BRFSS/ YRBS</i>)</p> <p>-Percentage of children and youth who are at a healthy weight (<i>YRBS</i>)</p> <p>-Percentage of adults who are at a normal weight (<i>BRFSS</i>)</p>
Strategy	Outcome/ Objective	Measure/ Indicator (source)
Strategy 1: Make it easier for residents to walk, bike, and wheel to everyday destinations	<p>Objective 1a. By 2018, increase the amount of accessible sidewalks and trails by 10%.</p> <p>Objective 1b. By 2018, increase the use of walking/ biking routes by 15%.</p> <p>Objective 1c. By 2018, increase by 15% access to indoor recreation/ physical activity facilities for people of all ages and abilities</p>	<p>-Linear feet of sidewalks and trails in Douglas County (<i>Environmental Observation</i>)</p> <p>-Frequency of use of walking and biking routes (<i>Environmental Observation</i>)</p> <p>-Number of square feet of indoor public recreation space (<i>Environmental Observation</i>)</p>
Strategy 2: Encourage active living at work	Objective 2a. By 2018, increase by 20% the number of Douglas County worksites that have adopted policies supporting physical activity.	-Number of Douglas County worksites with existing policies that support engagement in physical activity. ( <i>Survey</i> )
Strategy 3: Adopt policies to ensure opportunities for physical activity in schools, before- and after-school programs, and licensed child care providers	<p>Objective 3a. By 2018, increase by 30% the number of schools participating in the Let's Move Initiative</p> <p>Objective 3b. By 2018, increase by 20% the number of physical activity opportunities available to children throughout the day.</p>	<p>-Number of schools participating in the Let's Move Initiative (or other program) (<i>Documentation</i>)</p> <p>-Average number of physical activity opportunities available to children throughout the school day (<i>Survey</i>)</p>

## Poverty and Jobs

Anticipated Outcomes		Measure/ Indicator (source)
<p>A. By 2018, decrease by 1% the percentage of families with income below the poverty level.</p> <p>B. By 2018, increase by 10% the percentage of individuals from low income families who have received a high school diploma or GED.</p> <p>C. By 2018, increase the percentage of adults who have an industry-recognized credential by 5%.</p>		<p>- Percentage of individuals from low-income families who have received a high school diploma or GED (<i>Record review</i>)</p> <p>-Percentage of adults who have an industry recognized credential (<i>Bureau of Labor Statistics</i>)</p>
Strategy	Outcome/ Objective	Measure/ Indicator (source)
<p><b>Strategy 1: Enhance partnerships for schools/community colleges to prepare people for good-paying trades/industrial jobs.</b></p>	<p>Objective 1a: By 2018, increase by 20% the percentage of high school students who participated in job preparedness programs or curricula.</p> <p>Objective 1b: By 2018, increase the proportion of high school students who report having workplace experience at time of high school graduation by 20%.</p>	<p>-Percentage of high school students participating in job preparedness programs or curricula (<i>Record review</i>)</p> <p>-Proportion of high school students who have had workplace experience (<i>Survey</i>)</p>
<p><b>Strategy 2: Assure that families' economic needs are met by developing sustainable employment opportunities.</b></p>	<p>Objective 2a: By 2018, decrease by 1% the percentage of children living in poverty.</p> <p>Objective 2b: Average wage per job</p>	<p>- Percentage of related children ages 5 to 17 in families in poverty (<i>Census Bureau</i>)</p> <p>- Average wage (U.S. Dept of Census Bureau of Economic Analysis)</p>
<p><b>Strategy 3: Enhance employer and community supports (including access to safe, affordable housing and adequate living conditions) for those services necessary to obtain and retain jobs.</b></p>	<p>Objective 3a: By 2018 local governments will have systematic, proactive systems of code enforcement in place for rental housing.</p> <p>Objective 3b: By 2018, increase by 20% use of public fixed transit routes.</p> <p>Objective 3c: By 2018 increase participation in financial literacy programs by 10%.</p>	<p>-Percentage of local governments with proactive systems of code enforcement</p> <p>-Annual transit ridership (<i>Lawrence Transit</i>)</p> <p>-Numbers of adults participating in financial literacy programs</p>
<p><b>Strategy 4: Communicate information about what contributes to poverty and how it can be addressed.</b></p>	<p>Objective 4: By 2018, increase the proportion of Douglas County residents exposed to community-wide campaign regarding poverty reduction.</p>	<p>-Proportion of adults exposed to campaign materials (<i>Record review or survey</i>)</p>