

# Reno County Community Health Improvement Plan

## 2022

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## Executive Summary

In 2022, Reno County conducted its third Community Health Needs Assessment (CHNA) and started planning the Community Health Improvement Plan following its publication in 2022. Two of the primary concerns in the community identified through the CHNA survey were substance misuse and mental health, which will be the core focus of community improvement over the next three years.

Five goals were created to alleviate substance misuse issues in the community revolving by focusing on education, treatment and recovery, healthcare providers, data collection and analysis, and the impact of opioids. Under mental health, the goal is to support and encourage mental health awareness/care by working with community partners, reducing stigma, and improving access to mental health resources.

Work toward these goals will be monitored and reported to the Reno County Health Department, and an annual update will be provided to the community by May over the next three years.

## Background Information

### History of the Process

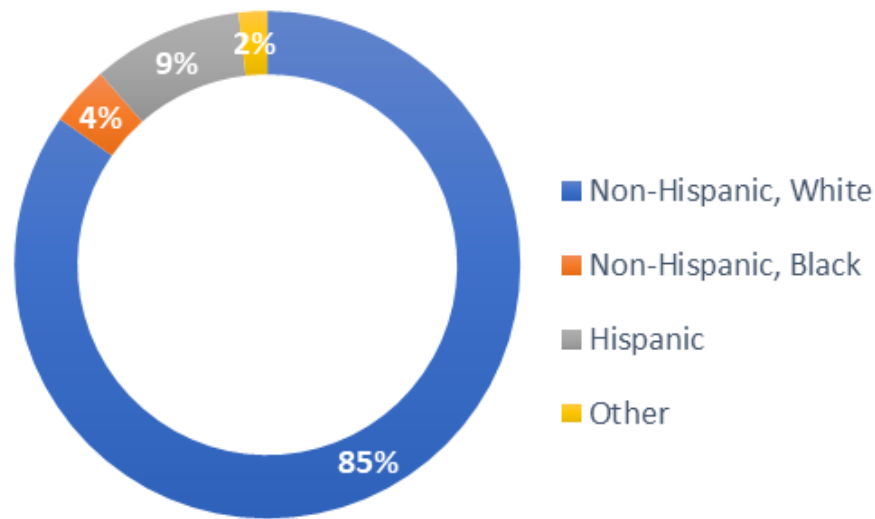
In 2012 a collaborative group of individuals came together to initiate the Community Health Assessment (CHA) for Reno County. With the information and data collected from the CHA, the Community Health Improvement Plan (CHIP) was born. This plan included three top community health priorities—Obesity, Physical Activity, and Mental Health—that citizens of our community felt were important for our community to address. The original CHIP was adopted in 2013. With community groups ebbing and flowing, the HealthCare Access Taskforce (HAT) was formed to ensure a consistent forum for healthcare personnel in leadership positions to connect and openly discuss community health topics. This group felt their work and discussions valuable and wanted to ensure that the CHIP was conducted, addressed, and followed up regularly.

Based on requirements from state and regulatory agencies, a CHA assessment is required to be conducted every five years for Public Health and every three years for Hutchinson Regional Medical Center, the local hospital entity. With this, the HAT group adopted the work of the CHA/CHIP as part of their work for the community. Each entity included in the HAT's plan has a role in the process, with the Health Department taking the lead in helping to plan, organize, and hold the data for the CHA/CHIP and the HAT group. As this group navigated their first lead of the CHA/CHIP in 2019, they wanted to ensure that the process utilized could give a good sampling of all socioeconomic classes and all facets of the community. As you peruse through this document, you will find the model that HAT adopted and carried out. The CHIP was developed with intentions to be a living document where work is followed up quarterly.

### Demographics

Reno County is one of the geographically largest counties in Kansas (1,255 square miles) with a total population of 62,856. It is home to Hutchinson—the county seat—with a population of 40,512 and several small surrounding communities. Reno County is the 9<sup>th</sup> most populated county in the state of Kansas out of 105 counties. The median household income for Reno County is \$48,577 and for Hutchinson \$44,397, both of which are below the state's rate of \$56,331.

Figure 1: Race/Ethnicity in Reno County<sup>1</sup>



Rural Reno County is home to a significant number of Amish families who are traditionally fairly dependent upon agriculture and value a minimalist lifestyle. In 1992, there were three Amish settlements in Kansas with an estimated total population of 675.<sup>2</sup> As of 2019, there are ten settlements with a population of 1,850.<sup>3</sup>

Hutchinson has three state prison facilities (minimum, medium, and maximum security) that provide steady employment for many but draw several transient families to the area who need a variety of social services. Additionally, an estimated 94 manufacturing businesses operate within Reno County, employing 3,252 persons. The combination of shift work and vigorous activities needed in the manufacturing industries has the potential to take a harsh toll on employees' health if not managed properly.

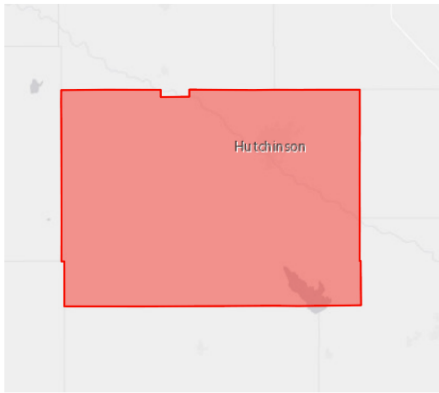
<sup>1</sup> Kansas Information for Communities, "Population Estimates," 2018, [http://kic.kdheks.gov/poplneth\\_str.php](http://kic.kdheks.gov/poplneth_str.php)

<sup>2</sup> "Amish Population Change 1992-2013, Top Ten States," *Young Center for Anabaptist and Pietist Studies*, Elizabethtown College, [https://groups.etown.edu/amishstudies/files/2015/08/Population\\_Change\\_1992-2013.pdf](https://groups.etown.edu/amishstudies/files/2015/08/Population_Change_1992-2013.pdf)

<sup>3</sup> "Amish Population, 2019," *Young Center for Anabaptist and Pietist Studies*, Elizabethtown College, <http://groups.etown.edu/amishstudies/statistics/population-2019/>

*Figure 2: Demographics & Trends in Reno County*

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# DEMOGRAPHICS & TRENDS

Reno County, KS

<b>62,856</b>	<b>25,198</b>	<b>2.37</b>	<b>40.6</b>	<b>\$48,577</b>	<b>\$104,648</b>	<b>71</b>	<b>196</b>	<b>35</b>
Population	Households	Avg Size Household	Median Age	Median Household Income	Median Home Value	Wealth Index	Housing Affordability	Diversity Index

## MORTGAGE INDICATORS



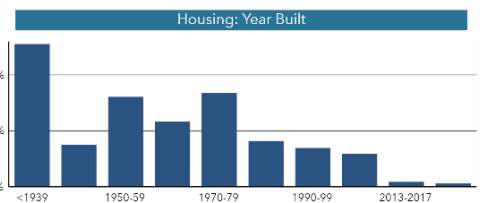
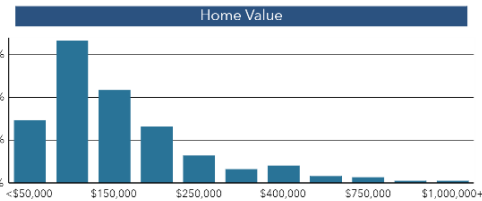
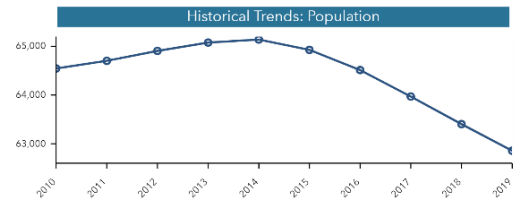
**\$7,371**

Avg Spent on Mortgage & Basics

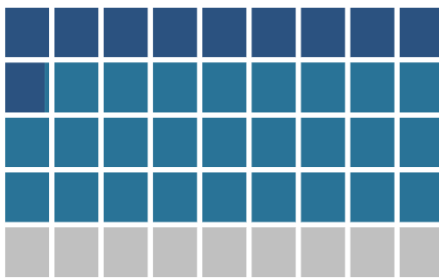


**10.5%**

Percent of Income for Mortgage

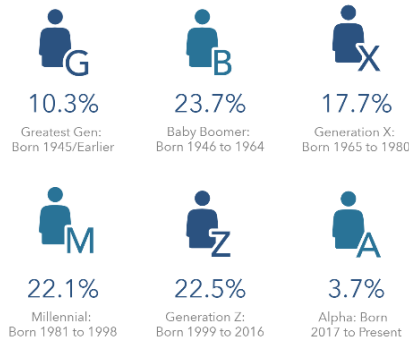


## POPULATION BY AGE



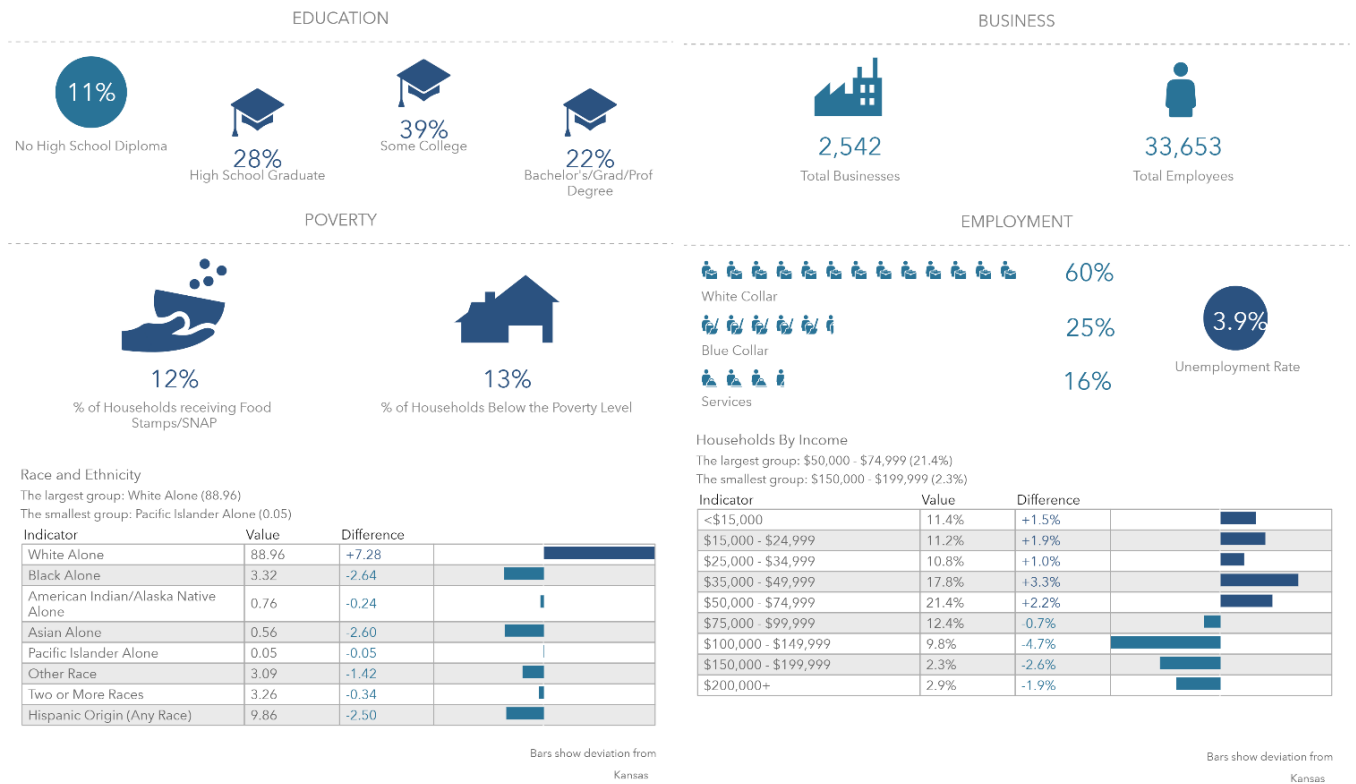
■ Under 18 (22%) ■ Ages 18 to 64 (58%) ■ Aged 65+ (20%)

## POPULATION BY GENERATION



This infographic contains data provided by American Community Survey (ACS), Esri, Esri and Bureau of Labor Statistics. The vintage of the data is 2014-2016, 2019, 2024. © 2020 Esri



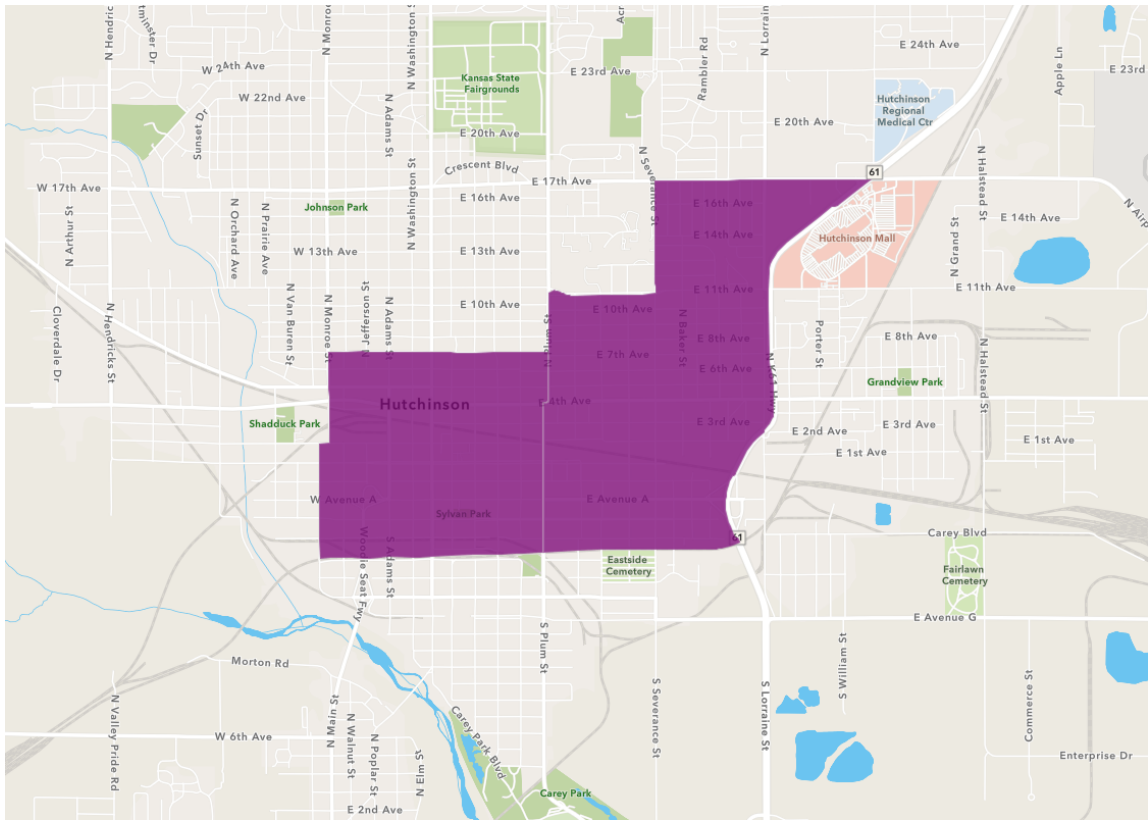


## Socioeconomic Factors and Vulnerable Populations

The Center for Applied Research and Engagement Systems identifies vulnerable populations as areas where 20 percent or more of the inhabitants are living in poverty and/or 25 percent of the population age 25 or older hold less than a high school diploma. In 2019, the federal poverty level for a family of four was \$25,750. Higher poverty rates are often attributed to poor economic conditions or lack of economic opportunity. The estimated 2019 poverty level in Reno County is slightly higher than the Kansas average—each at 13 and 12 percent, respectively.

There are two census tract areas located in south-central Hutchinson, where more than 20 percent of all households are living below the federal poverty line.

Figure 3: Census Tracts - 20 Percent or More of Households Living in Poverty



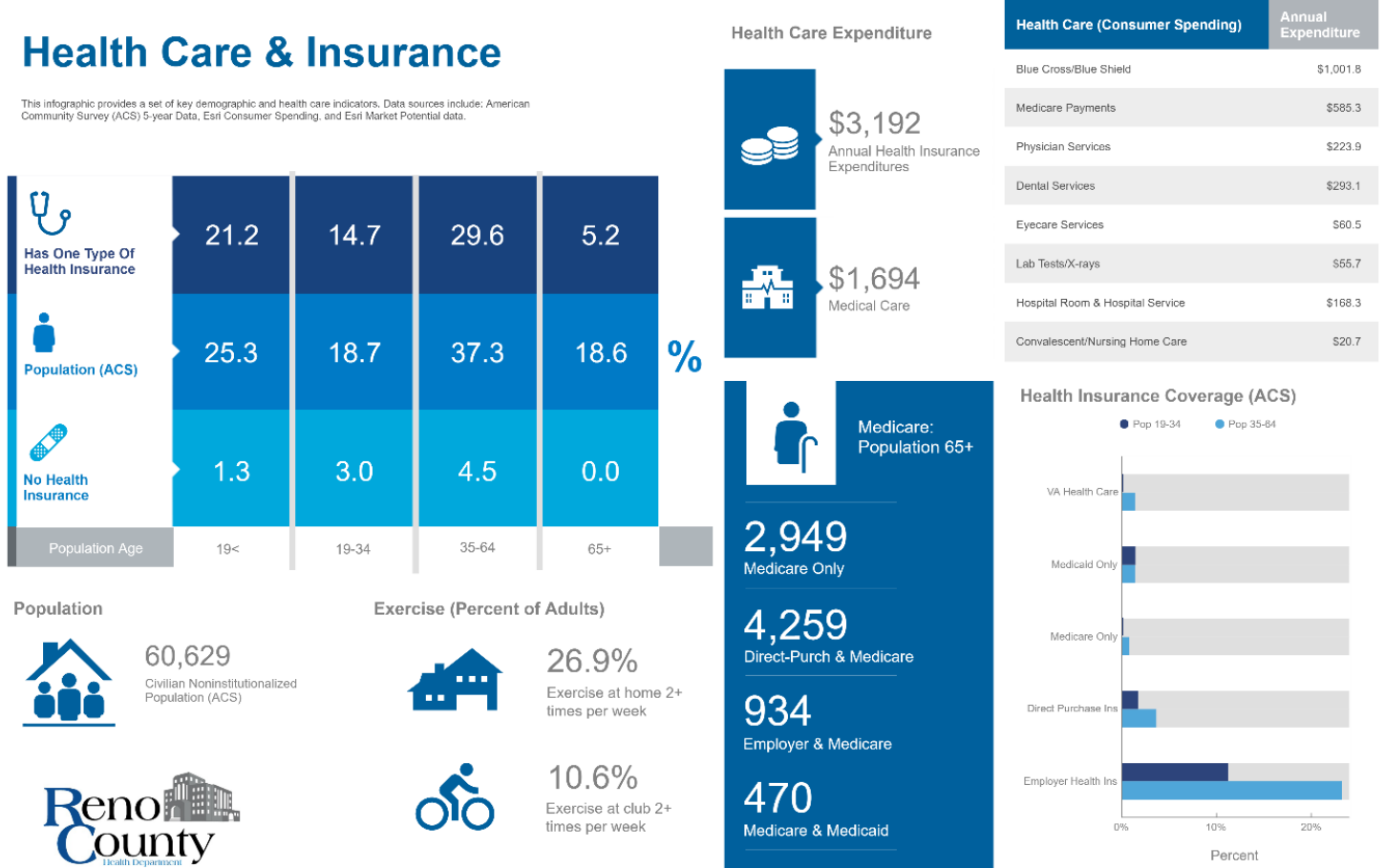
There are three census tracts where more than 25 percent of the population have less than a high school diploma. One census tract in Hutchinson meets both thresholds. In total, four census tracts within Hutchinson are identified as socially vulnerable populations.

Nearly 9 percent of Reno County residents do not have health insurance with the average household expenses on health insurance at \$3,192. In comparison, the state averages a 9 percent uninsured population rate, with \$3,684 spent on annual health insurance expenditures. Overall, Reno County residents visit a doctor less frequently than the Kansas average and spend roughly \$800 less on total health care costs. The average household in Reno County also spends close to \$320 on prescription drugs compared to the Kansas average of \$357.

*Figure 5: Population on Medication for Select Medical Issues*

Medical Issue	Reno County - % on Medication	Kansas - % on Medication
Diabetes – Insulin Dependent	2.7%	2.5%
Diabetes – Non-Insulin Dependent	5.3%	4.7%
High Blood Pressure	14.3%	13.5%
Anxiety	5.8%	5.9%
Depression	6.8%	6.4%

Figure 6: Health Care & Insurance Statistics



## Food Environment

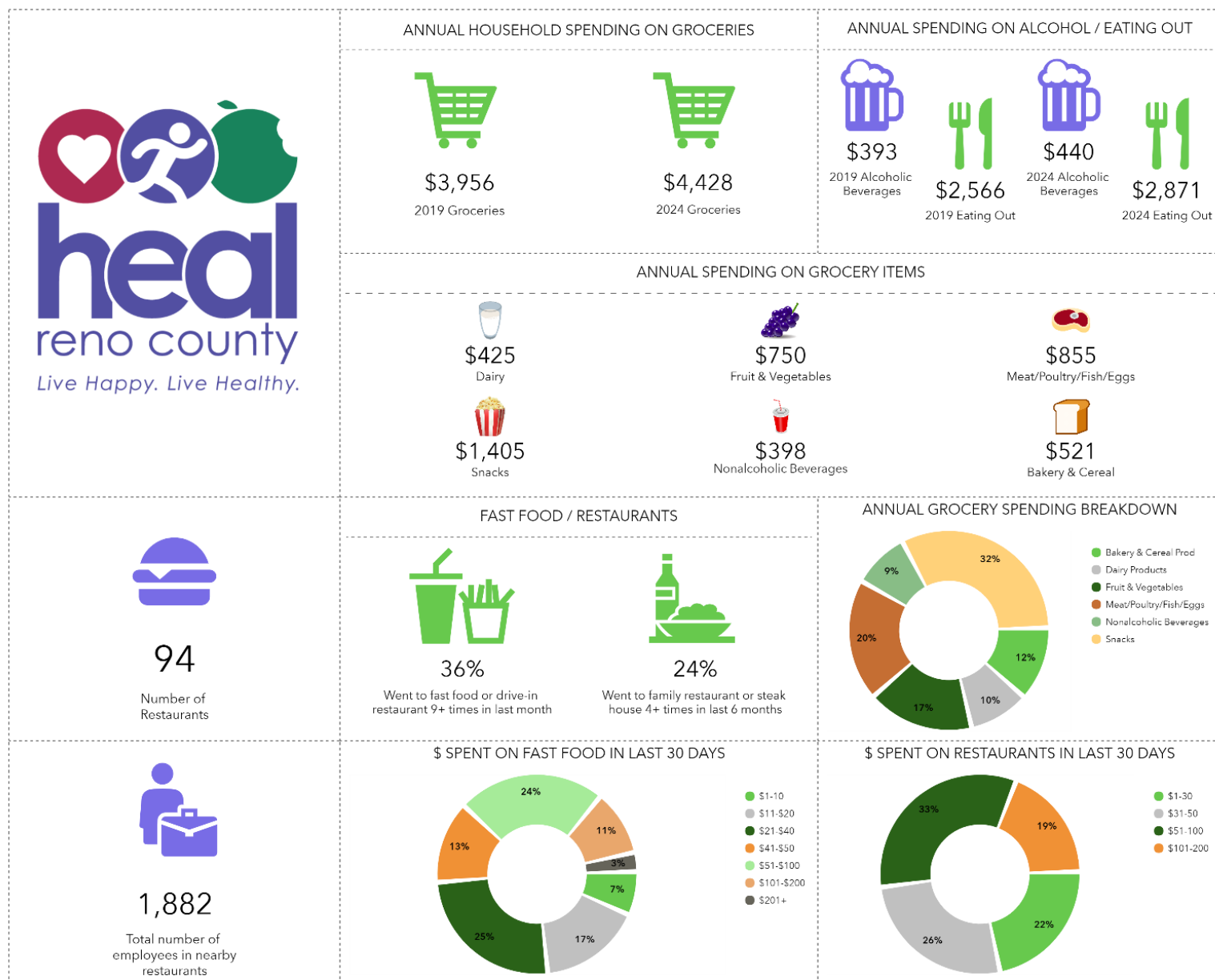
A healthy diet is known to reduce the risk of chronic diseases, such as obesity. At the same time, nationally, less than 10 percent of the population meets the recommendations for the intake of fruits and vegetables.<sup>4</sup> Access to healthy food sources is a common barrier within the Reno County community. The Reno County Food Policy Advisory Board is working on improving food access by promoting SNAP at local farmers' markets and ensuring food sources are accessible by walking, biking, or transit. Ongoing research from the Food Policy Advisory Board on issues of food insecurity continually takes place to foster innovative ideas and recommendations in support of the local community.

The average household in Reno County spends about \$1,669 on groceries per person each year. Data from Esri and GfK MRI in Figure 7 illustrates average annual household spending on grocery items, where the single largest purchasing category (32 percent) are snacks. Additionally, nearly 36 percent of Reno County residents went to a fast-food restaurant more than nine times within 30 days. While the recommended calorie intake can range anywhere from 1,600 to 3,000 calories based on factors such as

<sup>4</sup> Centers for Disease Control and Prevention, 2020, "Poor Nutrition," <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/nutrition.htm>

age and sex, one trip to a fast-food restaurant can account for more than half of the daily recommended calorie intake. These lifestyle behaviors contribute to higher rates of obesity and other preventable chronic diseases such as cardiovascular disease and type 2 diabetes. In Reno County, nearly 32 percent of Reno County residents are obese.<sup>5</sup>

Figure 7: Food & Grocery Spending



Source: This infographic contains data provided by Esri and Bureau of Labor Statistics, Esri and GfK MRI. The vintage of the data is 2019, 2024.

<sup>5</sup> Kansas Health Matters, 2017, "Percent of Adults who are Obese,"  
<https://www.kansashealthmatters.org/indicators/index/view?indicatorId=2269&localeTypeId=2>

## Addressing Social Determinants of Health

Health outcomes are often driven by elements outside of healthcare, such as social and environmental factors.<sup>6</sup> Social determinants of health are considered “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”<sup>7</sup> When creating goals and strategies for the community, special consideration is given to ensuring the proposed interventions address social determinants of health as well as health behaviors and outcomes.

Figure 8: Social Determinants of Health



Adapted from: Healthy People 2020

Examples of social determinants of health include:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options

<sup>6</sup> Artiga, Samantha and Elizabeth Hinton, “Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity,” *Kaiser Family Foundation*, May 2018, <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

<sup>7</sup> HealthyPeople.gov, n.d., “Social Determinants of Health,” <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Culture

## Overview of the 2019 Community Health Needs Assessment

In 2019, a Community Health Needs Assessment (CHNA) was conducted within 29 census blocks in Reno County, gathering information from a total of 183 interviews. The local priority-setting scores ascertained in the CHNA show the top social/behavioral issues facing Reno County include substance misuse, economy, community/physical environment, access to care, physical activity, mental health, and nutrition. Results from the survey indicate drug use represented a significant portion of neighborhood and community concerns. Where Reno County residents do not feel safe, it is often attributed to drug-related activity (Figure 9 and Figure 10).

Figure 9: CHNA - Biggest Concerns Facing Reno County

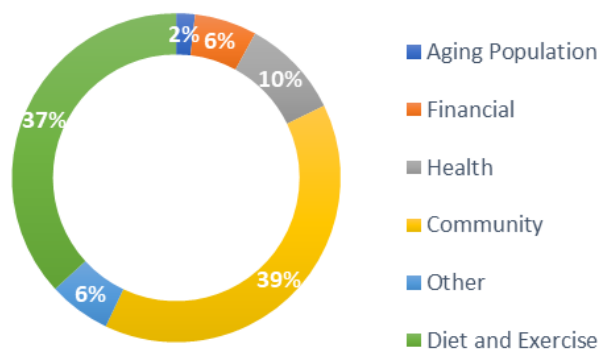
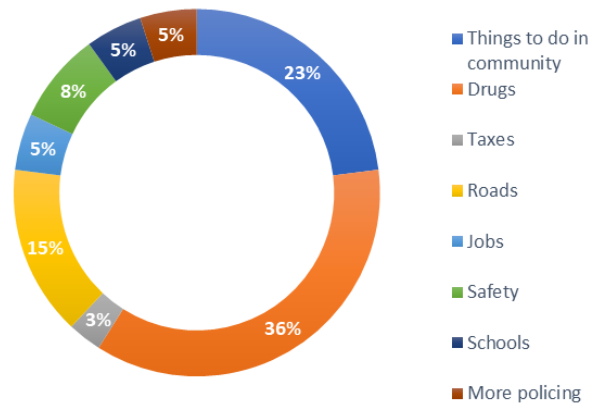


Figure 10: CHNA - Concerns Facing the Reno County Community



The CHNA results also reveal a strong relationship between households where a family member struggles with mental health and whether the respondent feels the home is thriving (Figure 11 and Figure 12).

Figure 11: CHNA - Household Struggles with Mental Health

### Does anyone in the household struggle with mental health

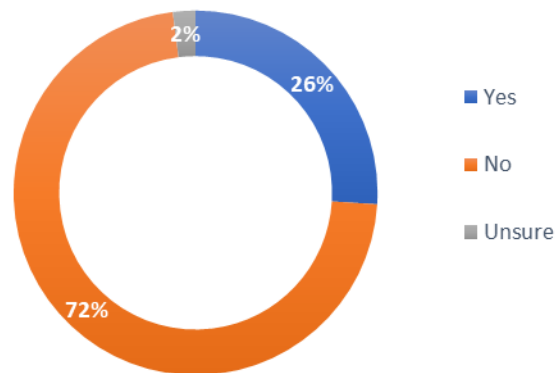
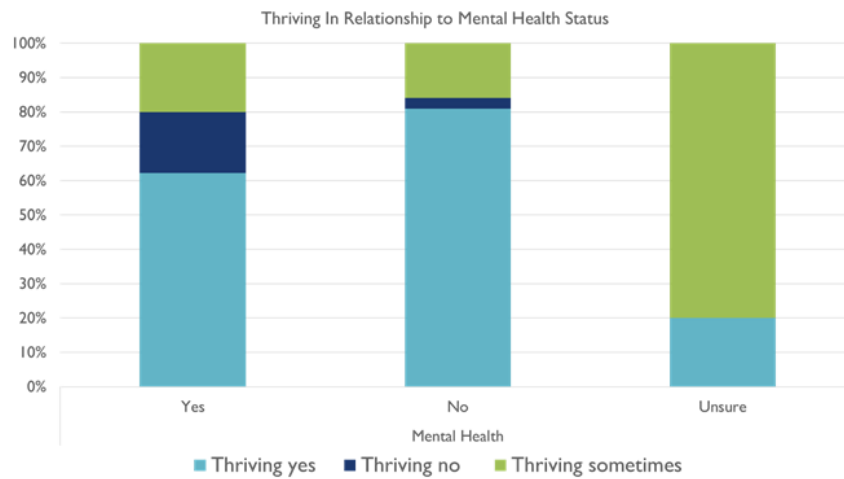




Figure 12: CHNA - Thriving in Relationship to Mental Health Status



### Transitioning from Assessment to Planning

The next steps in this process were to identify the goals and objectives Reno County seeks to reach in the areas of Substance Misuse and Mental Health over the next three years. The Drug Impact Task Force, Mental Health Task Force, and Healthcare Access Task Force all met over several months to discuss their strategic plans. These documents were adopted and transformed into the CHIP. Each task force continues to meet at set intervals to discuss the items outlined in the subsequent sections.

## Priority Areas and Strategies

Priority Area 1 of this edition of the Community Health Improvement Plan focuses on issues surrounding Substance Misuse. In 2019, Reno County released the Opioid Needs Assessment to address some of the Substance Misuse concerns. According to the Centers for Disease Control and Prevention, “studies have reported an association between opioid prescribing and nonmedical use.” Between 2006 and 2017, the average yearly prescription rate in Reno County was 104.7 prescriptions per 100 residents (Figure 13).<sup>8</sup> In 2016, opioid claims made up nearly 5% of all prescription claims (Figure 14).<sup>9</sup>

Figure 13: Average Opioid Prescription Rate per 100 People by County (2006-2017)

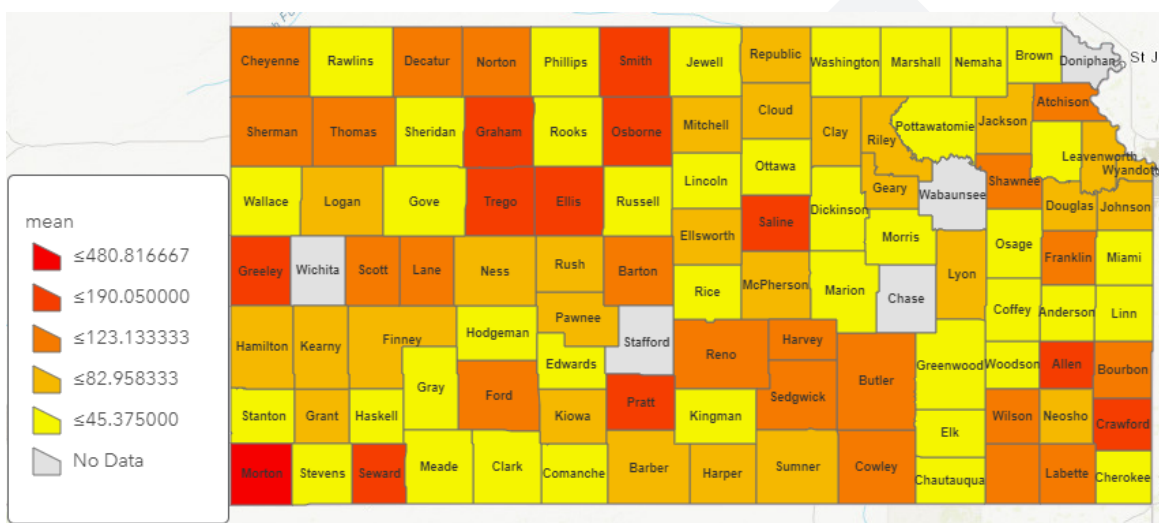
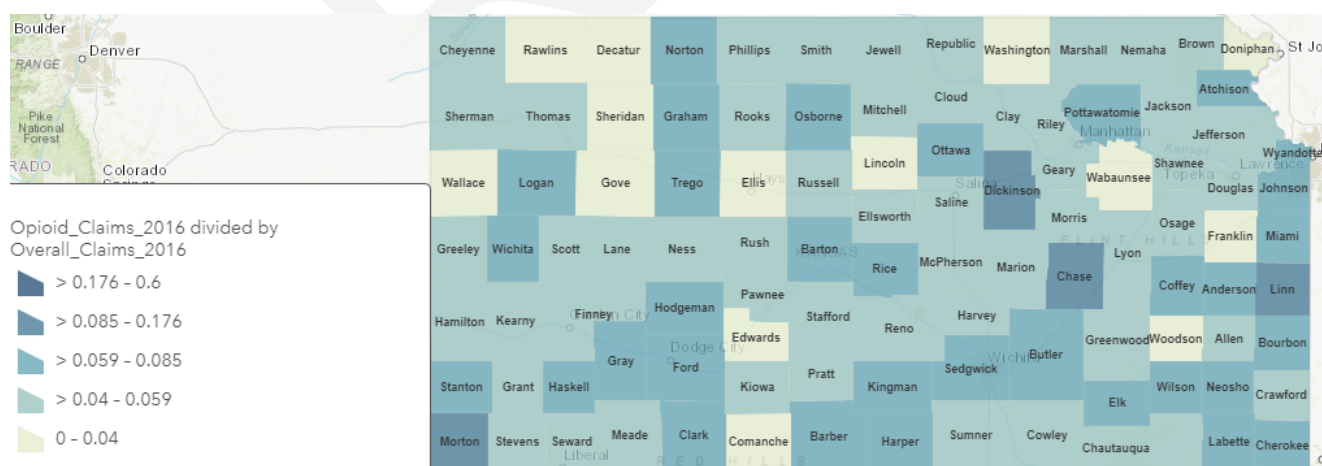


Figure 14: Percentage of Opioid Claims versus All Claims by County (2016)



<sup>8</sup> Centers for Disease Control and Prevention, “U.S. Opioid Prescribing Rate Maps,” March 2020, <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>

<sup>9</sup> Centers for Medicare & Medicaid Services, “CMS Opioid Prescribing,” May 2019, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap>

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In 2016 and 2017, opioid prescription rates are more than doubled the next highest number of prescriptions for a controlled substance (Figure 15).<sup>10</sup> Benzodiazepines affect the central nervous system and are used for conditions related to anxiety, sleep disorders, muscle relaxation, etc. The third highest prescription rate is among zolpidem tartrates, used as sedatives or sleep aids. Between 2016 and 2018, approximately 1.6 per 10,000 Reno County residents were hospitalized due to drug poisoning events.<sup>11</sup>

Figure 15: Reno County Prescription Indicator by Drug Type (2016-2017)

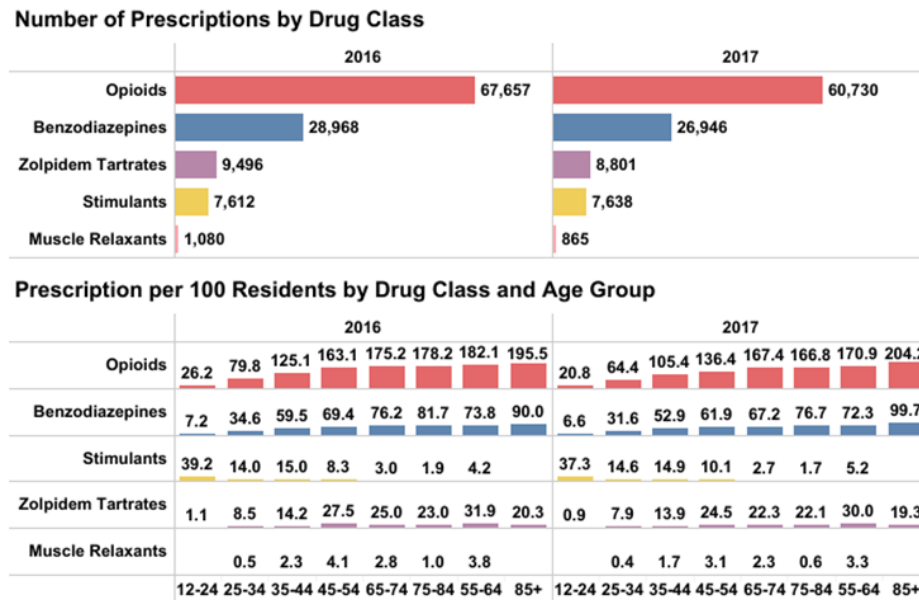
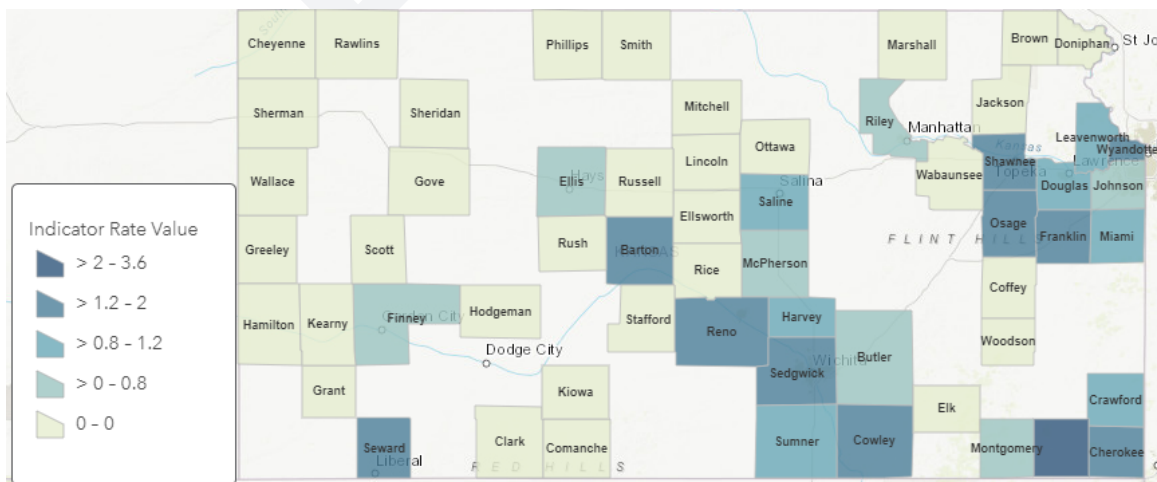


Figure 16: Drug Poisoning Hospital Admission Rates per 10,000 People (2016-2018)



<sup>10</sup> Kansas Department of Health & Environment, "Kansas Epidemiological Data Dashboard," accessed August 2020, [http://www.preventoverdoseks.org/ktracs\\_data.htm](http://www.preventoverdoseks.org/ktracs_data.htm)

<sup>11</sup> Kansas Health Matters, "Poisoning (Drugs) Hospital Admission Rate," January 2020, <https://www.kansashealthmatters.org/indicators/index/view?indicatorId=6777&localeId=1017>

Figure 17: County Health Rankings (2019) - Poor Mental Health Days

Poor mental health days (per past 30 days)

- > 3.5 - 3.78
- > 3.36 - 3.5
- > 3.267 - 3.36
- > 3.199 - 3.267
- > 3.104 - 3.199
- 2.7 - 3.104

- <sup>12</sup> Kansas Department of Health & Environment, “2017 Kansas Behavioral Risk Factor Surveillance System Local Data,” [https://www.kdheks.gov/brfss/HRSReports/2017/County/reno\\_2017chrs.pdf](https://www.kdheks.gov/brfss/HRSReports/2017/County/reno_2017chrs.pdf)
- <sup>13</sup> Kansas Health Matters, “Percent of Adults Who Were Ever Diagnosed with a Depressive Disorder,” January 2019, <https://www.kansashealthmatters.org/indicators/index/view?indicatorId=2278&localeId=1017>
- <sup>14</sup> Kansas Health Matters, “Mental Behavior Hospital Admissions Rate,” January 2020, <https://www.kansashealthmatters.org/indicators/index/view?indicatorId=6791&localeId=1017>
- <sup>15</sup> Chow, Wing et al., 2019, “Economic Burden Among Patients with Major Depressive Disorder: An Analysis of Healthcare Resource Use, Work Productivity, and Direct and Indirect Costs by Depression Severity,” *The American Journal of Managed Care*, <https://cdn.sanity.io/files/0vv8moc6/ajmc/00b6df5f89156e2f418a8a70ad29cbc7e3698d81.pdf>

Figure 18: Percent of Adults Who Were Ever Diagnosed with a Depressive Disorder (2011-2017)

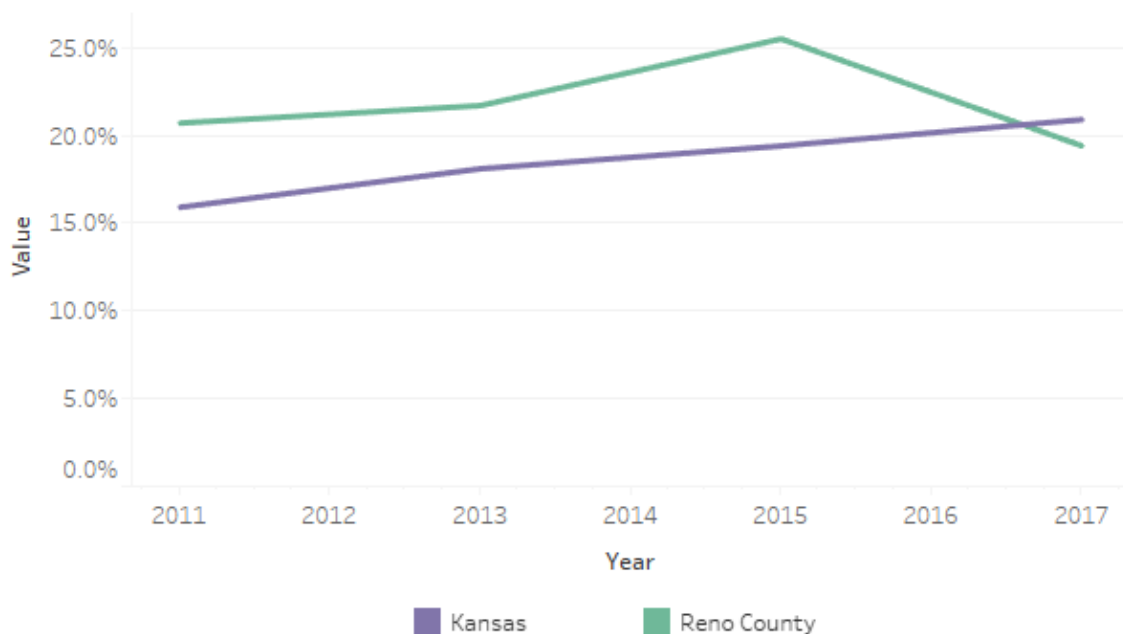
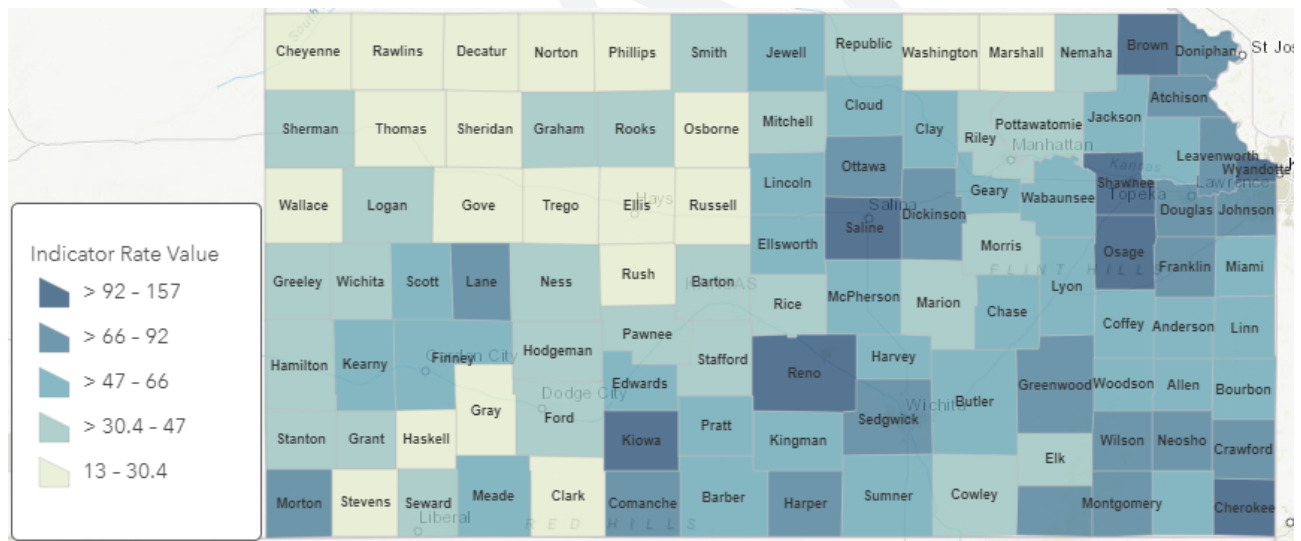


Figure 19: Mental Behavior Hospital Admissions Rate per 10,000 people (2016-2018)



In the Clinical CHIP section, one priority area focuses on chronic illnesses in Reno County. Nationally, the most expensive chronic diseases are heart disease/stroke, cancer, diabetes, obesity, arthritis, Alzheimer's disease, epilepsy, and tooth decay with the primary risk factors including cigarette smoking, lack of physical activity, and excessive alcohol use.<sup>16</sup> Chronic diseases in Reno County and the state of Kansas make up the majority of the leading causes of death in 2018 (Figure 20). Associations exist between mental health and chronic illnesses and substance misuse and chronic illnesses. For example, depression

<sup>16</sup> Centers for Disease Control and Prevention, "Health and Economic Costs of Chronic Diseases," September 2020, <https://www.cdc.gov/chronicdisease/about/costs/index.htm>

co-occurs in approximately 23 percent of cerebrovascular patients, 27 percent of diabetes patients, and 42 percent of individuals with cancer.<sup>17</sup>

Figure 20: Leading Causes of Death (2018)

<i>Cause of Death</i>	<i>Reno County</i>	<i>Cause of Death</i>	<i>State of Kansas</i>
1. Cancer	134	1. Heart Disease	5,744
1. Heart Disease	134	2. Cancer	5,513
3. Chronic Lower Respiratory Diseases	60	3. Chronic Lower Respiratory Diseases	1,826
4. Alzheimer's Disease	32	4. Cerebrovascular Disease (Stroke)	1,277
5. Cardiovascular Disease	30	5. Alzheimer's Disease	887
6. Pneumonia and Influenza	26	6. Diabetes	796
7. Accident - Falls	24	7. Digestive Disease	699
8. Digestive Disease	23	8. Pneumonia and Influenza	626
9. Diabetes	21	9. Suicide	555
10. Kidney Disease	14	10. Kidney Disease	547

<sup>17</sup> Centers for Disease Control and Prevention, "Mental Health and Chronic Diseases," October 2012, <https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/issue-brief-no-2-mental-health-and-chronic-disease.pdf>

## Priority Area 1: Substance Misuse

Goal 1: Provide Reno County residents, businesses, and community organizations with educational materials and programs to reduce substance misuse.

Objective 1.1: Conduct a campaign that educates teens, parents, adults, employers, seniors, and caregivers.

Strategy	Timeframe	Responsibility	Potential Partners
<p>Strategy 1.1.1: Implement a marketing campaign designed by a consultant to include:</p> <ul style="list-style-type: none"> <li>• Website</li> <li>• Facebook/Instagram/Thunderclap</li> <li>• Press Release</li> <li>• Poster/Handouts</li> <li>• Digital Billboards</li> <li>• Radio/Newspaper ads</li> <li>• Google (Banners, YouTube pre-roll)</li> <li>• Hutchinson News Story Series</li> </ul>	August 2020-December 2022	<p>Health Promotions Supervisor Substance Misuse Educator Community Impact Coordinator Rise Up Reno Prevention Coordinator</p>	<p>United Way of Reno County Reno County Health Department Rise Up Reno</p>
<b>Progress:</b>			
Strategy 1.1.2: Coordinate with the Mental Health Council to support their marketing campaign by identifying ways to share information about the link between substance misuse and mental health.	August 2020 – December 2022	Community Impact Coordinator	United Way of Reno County
<b>Progress:</b>			
Strategy 1.1.3: Launch and advertise the Reno Recovery Portal to encourage consumers struggling with substance misuse to seek out care and engage in rehabilitation services.	December 2020	<p>Health Promotions Supervisor Substance Misuse Educator Rise Up Reno Prevention Coordinator Director of Substance Use Treatment</p>	<p>United Way of Reno County Reno County Health Department Horizon's Mental Health Center</p>



**Progress:**

Objective 1.2: Get employers to commit to retaining/hiring employees with a substance misuse disorder/history.

Strategy	Timeframe	Responsibility	Potential Partners
Strategy 1.2.1: Identify employers who are interested in working as a partner in the reduction of substance misuse among their employees.	August 2020 – December 2020	Substance Misuse Educator	USD 308 Reno County Health Department
<b>Progress:</b>			
Strategy 1.2.2: Research what employers in other communities are doing and identify best practices consistent with education resources for employers, which will include information about warning signs for employers.	August 2020 – December 2020	Public Health Analyst	Reno County Health Department
<b>Progress:</b>			
Strategy 1.2.3: Provide recommendations to businesses on employing, training, and retaining employees with a history of substance misuse.	December 2021	Public Health Analyst Substance Misuse Educator Health Promotions Supervisor	Reno County Health Department United Way of Reno County Rise Up Reno Oxford House
<b>Progress:</b>			

Goal 2: Decrease substance misuse in Reno County by providing effective treatment and recovery options

Objective 2.1: Develop a data collection and analysis process to share information and coordinate prevention and recovery response.

Strategy	Timeframe	Responsibility	Potential Partners
Strategy 2.1.1: Meet with all local stakeholders about current practices for data collection and data sharing.	November 2020-March 2021	Public Health Analyst Outpatient Therapist Substance Misuse Educator	Horizon's Mental Health Center SACK New Beginnings Oxford House Summit Reno County Health Department
<b>Progress:</b>			
Strategy 2.1.2: Sign data sharing agreements and develop a new process for extracting data from local stakeholders, transforming received data, and loading into a single database for use by all stakeholders.	December 2021	Public Health Analyst	Horizon's Mental Health Center SACK New Beginnings Oxford House Summit Reno County Health Department
<b>Progress:</b>			

Objective 2.2: Develop a response team to divert persons in crisis from co-occurring mental health and substance misuse disorders from incarceration to community treatment services.

Strategy	Timeframe	Responsibility	Potential Partners
Strategy 2.2.1: Cross-train staff on law enforcement protocols and community mental health organizational protocols.	July 2021	Chief of Police, Hutchinson Police Dept. Director of Same Day Access	Hutchinson PD Horizon's Mental Health Center
<b>Progress:</b>			

Strategy 2.2.2: Develop a process for follow-up to connect diverted consumers to treatment.	December 2021	Chief of Police, Hutchinson Police Dept. Director of Same Day Access	Hutchinson PD Horizon's Mental Health Center
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**Progress:**

Goal 3: Provide a uniform standard of care to decrease opioid use and increase the availability of services to patients seeking treatment for dependency.

Objective 3.1: Increase the number of providers consulting KTRACs before prescribing/dispensing opioid medications (25% in 9-12 months; 50% in 3 years; 100% in 5 years).

Strategy	Timeframe	Responsibility	Potential Partners
Strategy 3.1.1: Assess how many physicians are currently enrolled in KTRACs, identify providers enrolled in KTRACs, and develop a list of providers with a DEA # practicing in Reno County.	June 2021	Epidemiologist	Reno County Health Department

**Progress:**

Strategy 3.1.2: Healthcare Professional Group develop a policy for KTRACs in place for practitioners and consult with practitioners to update policies if necessary.	December 2022		Hutchinson Clinic Prairie Star Hutchinson Hospital Dental clinics Veterinarians
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**Progress:**

Goal 4: Have the backbone organization facilitate outreach and education of

ODMAP for tracking drug overdose data and trends

Objective 4.1: Educate all stakeholders about ODMAP and its purpose and onboard stakeholders interested in participating in the program

Strategy	Timeframe	Responsibility	Potential Partners
Strategy 4.1.1: Onboard Hutchinson Police Department, Reno County Sheriff's Office, and Reno County Health Department to ODMAP.	August 2020-June 2021	Substance Misuse Educator Public Health Analyst Chief of Police, Hutchinson Police Dept. Reno County Sheriff Director of Kansas Police Chiefs Association	Reno County Sheriff's Office Hutchinson PD Reno County Health Department
<b>Progress:</b>			
Strategy 4.1.2: Educate potential stakeholders (i.e., EMS and Hutchinson Regional Medical Center) on the use and benefits of ODMAP.	August 2020-December 2022	Substance Misuse Educator Public Health Analyst Chief of Police, Hutchinson Police Dept. Reno County Sheriff Director of Kansas Police Chiefs Association	Hutchinson Regional Medical Center Reno County EMS Hutchinson Fire Dept.
<b>Progress:</b>			

Goal 5: Reduce the opioid impact on Reno County

Objective 5.1: Decrease the opioid prescribing rate by 20%

Strategy	Timeframe	Responsibility	Potential Partners
Strategy 5.1.1: Develop data collection methods to monitor opioid prescribing	August 2020 – December 2020	Clinical CHIP	HRMC Hutch Clinic

			Prairie Star Summit
<b>Progress:</b>			
Strategy 5.1.2: Develop methods to assess KTRACs prior to each opioid script that is written	August 2020 – December 2020	Clinical CHIP	HRMC Hutch Clinic Prairie Star Summit
<b>Progress:</b>			
Strategy 5.1.3: Provide education to providers on alternatives for pain management	August 2020 – June 2021	Clinical CHIP	HRMC Hutch Clinic Prairie Star Summit
<b>Progress:</b>			
Strategy 5.1.4: Provide education and medication management to Community Care patients following discharge from HRMC and develop standardized opioid education materials in the Community Care program.	August 2020 – June 2021	Community Care Clinical Liaison	HRMC HHHoRC
<b>Progress:</b>			
Strategy 5.1.5: Grant for writing the program to extract opioid data from the Cerner EMR at the hospital to improve the monitoring of opioid impact to the patient population served at HRMC.	August 2020 – December 2020	Director of Patient Service Excellence	HRMC
<b>Progress:</b>			

<b>Outcomes &amp; Measures</b>
<i>Process Indicators</i>

- # of interactions with KTRACS
- # of physicians and providers enrolled in KTRACS
- # of practitioners in attendance for education programs
- Develop an opioid dashboard for HRMC
- # of naloxone deployments
- Average # of naloxone deployments per overdose
- # of Reno County entities using ODMAP
- # of organizations participating in the Drug Impact Task Force
- Drug poisoning hospital admission rate
- # of opioid meds on the home med list
- # of opioid meds on the discharge med list

#### *Outcome Indicators*

- Decrease opioid prescribing rates in healthcare facilities
- # of Community Care patients whose opioid risk is assessed
- Decrease # of drug overdoses
- Decrease # of drug overdose deaths
- Increase # of healthcare professionals who know where to refer someone for substance misuse treatment
- Get at least three employers to commit to retaining employees struggling with substance misuse
- % of opioid scripts that have a KTRAC review prior to giving to the patient
- % of decrease in opioid meds between home and discharge med list

## Priority Area 2: Mental Health

Goal 1: Support and encourage mental health awareness/care by working with community partners, reducing stigma, and improving access to mental health resources.

Objective 1.1: Improve school resources related to mental health issues.

Strategy	Timeframe	Responsibility	Potential Partners
Strategy 1.1.1: Identify and build relationships with key local school staff and engage in strategic outreach toward those staff members	August 2020-December 2020	Community Mental Health Council	All School Districts <ul style="list-style-type: none"> <li>- Principals</li> <li>- Social Workers</li> <li>- Counselors</li> </ul>
<b>Progress:</b>			
Strategy 1.1.2: Increase school representation on the Mental Health Group Team.	August 2020-December 2020	Community Mental Health Council	Principal of Lincoln Elementary
<b>Progress:</b>			
Strategy 1.1.3: Be a resource of education for all local school staff by: <ul style="list-style-type: none"> <li>• Identifying best practices</li> <li>• Being a resource for Social Connectivity</li> <li>• Building a culture of mental Wellness in Schools</li> <li>• Research and influence local school policy</li> <li>• Increasing collaboration between essential resources and local schools</li> </ul>	August 2020-May 2022	Community Mental Health Council Horizon's Mental Health Center	All School Districts <ul style="list-style-type: none"> <li>- Principals</li> <li>- Social Workers</li> <li>- Counselors</li> </ul>
<b>Progress:</b>			

Objective 1.2: Reduce the stigma of mental health issues within the Reno County community

Strategy	Timeframe	Responsibility	Potential Partners
Strategy 1.2.1: Increase the awareness of individuals/organizations in mental health learning, provide resources to these individuals/organizations, and create productive connecting points between these individuals/organizations and those who struggle with mental health.	August 2020-August 2022	Mental Health Community Council	Hutchinson PD Reno County Sheriff's Office Schools Businesses
<b>Progress:</b>			
Strategy 1.2.2: Increase connections and support of groups affected by mental health.	August 2020-August 2022	Horizon's Mental Health Center Milestone Clubhouse	Prairie Star Hutch Clinic
<b>Progress:</b>			
Strategy 1.2.3: Increase connections and support of individuals (consumers) affected by mental health by creating a local version of Deconstructing Stigma, connecting with strategic consumers, and promoting all levels of conversation that increases the inclusion of those who struggle with mental illness.	August 2020-August 2022	Mental Health Community Council	BowerComm Hutchinson Regional Marketing Team
<b>Progress:</b>			

Objective 1.3: Strengthen the partnership between law enforcement and mental health providers/organizations to facilitate training and programs to redirect persons with mental illnesses from the criminal justice system to the mental health treatment system.

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Strategy	Timeframe	Responsibility	Potential Partners
Strategy 1.3.1: Provide training and education for local law enforcement about mental health, including Mental Health First Aid training and support for Crisis Intervention Team (CIT).	January 2020-December 2021	Horizon's Mental Health Center	Hutchinson PD Reno County Sheriff's Office
<b>Progress:</b>			
Strategy 1.3.2: Advocate with the Justice System/Law Enforcement with: <ul style="list-style-type: none"> <li>• Co-Responder program</li> <li>• Re-entry case manager in the Jail</li> <li>• State-level Assisted Outpatient Treatment (AOT) support.</li> <li>• Stepping Up Council's work and support.</li> </ul>	January 2020-January 2022	Mental Health Community Coalition Stepping Up Council	Reno County Commissioners City Councils
<b>Progress:</b>			
Strategy 1.3.3: Create a transitional housing place for those coming out of jail, create a crisis intervention place, and create a data system that everyone can use.	August 2020-December 2022	Mental Health Community Coalition	New Beginnings Keya House in Nebraska Hutchinson PD
<b>Progress:</b>			
Strategy 1.4.3: Explore a diversion court for mental health consumers in trouble with the law.	January 2020-December 2020	Stepping Up Council	Judges District Attorney's Office
<b>Progress:</b>			

<b>Outcomes &amp; Measures</b>
<i>Process Indicators</i>
<ul style="list-style-type: none"> <li>• # of trainings on adult and youth mental health services</li> <li>• % of adults diagnosed with a Depressive Disorder</li> </ul>

- Mental behavior hospital admission rate
- % of adults sleeping less than 7 hours per day
- % of adults who are sedentary
- % of change in employment

#### *Outcome Indicators*

- Decrease in average # of mentally unhealthy days reported in the past 30 days

## Clinical Community Health Improvement Plan

Hutchinson Regional Medical Center conducts its own CHIP separate from the two priority areas discussed in the preceding sections. One agenda item focused on opioid response; therefore, it is included in Priority Area 1 of this document under Goal 5.

### Chronic Illness

**Goal 1: Improve the quality of life for residents of Reno County that are living with a Chronic illness.**

**Objective 1.1: Provide education to residents with Chronic Illness.**

Strategy	Timeframe	Responsibility	Potential Partners
Strategy 1.1.1: Provide chronic illness education via brochures, telephone support, classes	March 2020 – March 2021 PHASE 1 – Congestive Heart Failure (CHF)	Director of CSPA	HRMC various depts Hutchinson Clinic Hospice and Home Health of Reno County (HHHoRC) Prairie Star
<b>Progress:</b>			
Strategy 1.1.2: Provide post-discharge education to chronic illness patients that are un-insured via Community Care Program	July 2020 – June 2021 PHASE 1 – CHF	Community Care Clinical Liaison	HHHoRC HRMC - Care Management Sound Physicians HRMC - Cardiac Rehab and Pulmonology
<b>Progress:</b>			
Strategy 1.1.3: Develop methods to track patients that are admitted to the hospital with chronic illnesses	July 2020 – March 2021 PHASE 1 – CHF	Director of CSPA IS Department	HHHoRC Care Management Dept Sound Physicians Hutchinson Clinic Prairie Star
<b>Progress:</b>			

Strategy 1.1.4: Develop work flow to provide follow-up calls to chronically ill patients on discharge day 1 and 3 to evaluate education needs and discharge plan of care.	July 2020 – June 2021 PHASE 1 – CHF	Director of Care Management	HHHoRC Care Management Dept Hutchinson Clinic Prairie Star
<b>Progress:</b>			

Objective 1.2: Increase the proportion of chronically ill residents receiving the appropriate vaccinations.

Strategy	Timeframe	Responsibility	Potential Partners
Strategy 1.2.1: Participate in the state-wide initiative on tracking all vaccinations through WebIZ that are provided by the Clinical CHIP organizations.	March 2020 – March 2021	Clinical CHIP members	HRMC Hutch Clinic Prairie Star Summit RCHD Long Term Care Facilities
<b>Progress:</b>			
Strategy 1.2.2: Develop infrastructure to feed and retrieve information from WebIZ.	March 2020 – March 2021	Clinical CHIP members	HRMC Hutch Clinic Prairie Star Summit RCHD Long Term Care Facilities
<b>Progress:</b>			
Strategy 1.2.3: Provide, track, and trend patients with a chronic illness the	2021	Clinical CHIP	HRMC Hutch Clinic

appropriate vaccinations, i.e., Influenza, Pneumo Vac, Prevenar.			Prairie Star Summit RCHD Long Term Care Facilities
<b>Progress:</b>			

<b>Outcomes &amp; Measures</b>
<i>Process Indicators</i>
<ul style="list-style-type: none"> <li>• # of Clinical CHIP members that can submit and retrieve information from WebIZ</li> <li>• # of Long-Term Care facilities that can submit and retrieve information from WebIZ</li> <li>• # of patients with CHF diagnosis</li> <li>• # of community members provided education by at least one format for a chronic disease</li> <li>• # of patients with CHF referred to Community Care</li> <li>• # of patients with CHF in Community Care program with no readmission in first 30 days</li> <li>• % of CHF patients dismissal from hospital that received a post-discharge call</li> <li>• % of CHF patients referred to the Community Care program</li> <li>• % of Community Care program patients that did not readmit in first 30 days.</li> <li>• # of CHF patients dismissed from hospital</li> <li>• # of CHF patients accepted in the Community Care program</li> </ul>
<i>Outcome Indicators</i>
<ul style="list-style-type: none"> <li>• Increase % of chronically ill residents receiving appropriate vaccinations</li> </ul>

## Smoking Cessation

Goal 1: Increase awareness of Smoking Cessation opportunities to the residents of Reno County			
Objective 1.1: Provide a consistent message on smoking cessation			
Strategy	Timeframe	Responsibility	Potential Partners
Strategy 1.1.1: Determine the options for smoking cessation.	April 2020 – March 2021	Clinical CHIP members	KAN-Quit RCHD HRHS Hutch Clinic Prairie Star Summit
<b>Progress:</b>			
Strategy 1.1.2: Develop an education tool for smoking cessation that meets the needs of the Clinical CHIP members	April 2020 – March 2021	Clinical CHIP members	KAN-Quit RCHD HRHS Hutch Clinic Prairie Star Summit
<b>Progress:</b>			
Strategy 1.1.3: Re-survey Clinical CHIP members regarding compliance with providing smoking cessation education to every smoker treated in their facilities	April 2021	Clinical CHIP members	KAN-Quit RCHD HRHS Hutch Clinic Prairie Star Summit
<b>Progress:</b>			
Objective 1.2: Increase attendance at smoking cessation classes for residents of Reno County			

Strategy	Timeframe	Responsibility	Potential Partners
Strategy 1.2.1: Review the KAN-Quit program and other smoking cessation classes offered in Reno County	March 2020 – September 2020	Clinical CHIP members	KAN-Quit RCHD HRHS Hutch Clinic Prairie Star Summit
<b>Progress:</b>			
Strategy 1.2.3: Conduct pilot KAN-Quit classes using employee groups from Clinical CHIP members	March 2020 - December 2020	Clinical CHIP members	KAN-Quit RCHD HRHS Hutch Clinic Prairie Star Summit RCHD
<b>Progress:</b>			
Strategy 1.2.4: Conduct four KAN-Quit classes in different areas of Reno County	2021	Clinical CHIP members	KAN-Quit RCHD HRHS Hutch Clinic Prairie Star Summit RCHD
<b>Progress:</b>			

Objective 1.3: Develop a program that provides smoking cessation medication free or reduced cost to low income / marginalized insured residents of Reno County

Strategy	Timeframe	Responsibility	Potential Partners
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Strategy 1.3.1: Research grants for the program.	March 2020 – April 2021	Clinical CHIP members	KAN-Quit RCHD HRHS Hutch Clinic Prairie Star Summit
<b>Progress:</b>			
Strategy 1.3.2: Develop the program to utilized smoking cessation classes supplemented by the use of medication.	2021	Clinical CHIP members	KAN-Quit RCHD HRHS Hutch Clinic Prairie Star Summit RCHD
<b>Progress:</b>			

<b>Outcomes &amp; Measures</b>
<i>Process Indicators</i>
<ul style="list-style-type: none"> <li>• # of people reported having smoked a cigarette within the previous 12 months</li> <li>• # of people reported having used an e-cigarette in the previous 12 months</li> <li>• # of residents enrolled in the Kan-Quit program</li> <li>• # of residents that completed the Kan-Quit program</li> <li>• % of patients enrolled in the Kan-Quit program at HRMC</li> <li>• # of patients admitted to HRMC that smoke</li> <li>• # of residents with CRD hospitalized at HRMC</li> <li>• % of HRMC, Hutch Clinic, and Prairie Star patients that smoke that received smoking cessation education</li> <li>• Develop methods to track number of patients with chronic respiratory disease that are hospitalized</li> <li>• \$ received from grants to establish program assisting with tobacco cessation</li> </ul>
<i>Outcome Indicators</i>
<ul style="list-style-type: none"> <li>• Increase # of patients served through Clinical CHIP member agencies that received smoking cessation education brochure</li> <li>• Increase # of patients referred to the KAN-Quit program</li> <li>• Increase % of practitioners reporting they provide smoking cessation to patients they cared for, via survey</li> <li>• Increase completion rate of the KAN-Quit program</li> </ul>



- Increase # of prescriptions to help with tobacco cessation

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## Monitoring and Evaluation

The Community Health Improvement Plan is a living document owned by the community. Progress toward the specific activities will be recorded in the above section plans as they occur.

Reno County Health Department will collect quarterly progress toward activities, strategies, and goals as work is completed and will inform the community, healthcare access taskforce, and workgroups of progress both formally and informally.

To keep the work flowing and the direction in mind, there will be a status report generated and published by the end of May each year the CHIP is active. During this time, there will be a progress evaluation and feedback opportunity for the community and stakeholders.

## Summary and Next Steps

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## References

- Artiga, Samantha, and Elizabeth Hinton. 2018. *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity*. Kaiser Family Foundation.  
<https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>.
- Center for Applied Research and Engagement Systems. 2020. "Vulnerable Populations Footprint Demographic Report." Accessed April 2020.  
[https://engagementnetwork.org/wp-content/plugins/cares-data-tools/public/views/map/tool-report.php?{%22key%22:%22footprint%22,%22ext%22:\[%22-98.150083%22,%2237.942932%22,%22-97.706166%22,%2238.149766%22\],%22def%22:%22{\%2217807\%22:\%22POV\\_TOTALP%3E=20%20.](https://engagementnetwork.org/wp-content/plugins/cares-data-tools/public/views/map/tool-report.php?{%22key%22:%22footprint%22,%22ext%22:[%22-98.150083%22,%2237.942932%22,%22-97.706166%22,%2238.149766%22],%22def%22:%22{\%2217807\%22:\%22POV_TOTALP%3E=20%20.)
- Centers for Disease Control and Prevention. 2020. *Health and Economic Costs of Chronic Diseases*. September 6. Accessed September 2020.  
<https://www.cdc.gov/chronicdisease/about/costs/index.htm>.
- . 2012. *Mental Health and Chronic Diseases*. October. Accessed September 2020.  
<https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/issue-brief-no-2-mental-health-and-chronic-disease.pdf>.
- . 2020. *Poor Nutrition*. August 24. Accessed August 2020.  
<https://www.cdc.gov/chronicdisease/resources/publications/factsheets/nutrition.htm>.
- . 2020. *U.S. Opioid Prescribing Rate Maps*. March 5. Accessed May 2020.  
<https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>.
- Centers for Medicare and Medicaid. 2019. *CMS Opioid Prescribing*. May 1. Accessed July 2020.  
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap>.
- Chow, Wing, Michael J. Doane, Jack Sheehan, Larry Alphas, and Hoa Le. 2019. "Economic Burden Among Patients with Major Depressive Disorder: An Analysis of Healthcare Resource Use, Work Productivity, and Direct and Indirect Costs by Depression Severity." *The American Journal of Managed Care*.  
<https://cdn.sanity.io/files/0vv8moc6/ajmc/00b6df5f89156e2f418a8a70ad29cbc7e3698d81.pdf>.
- Esri Inc. 2020. *Community Analyst (Version 8.2)*. Redlands, CA.
- HealthyPeople.gov. n.d. *Social Determinants of Health*. Accessed April 2020.  
<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.
- Kansas Department of Health & Environment. 2019. "2017 Kansas Behavioral Risk Factor Surveillance System Local Data." Topeka. Accessed July 2020.  
[https://www.kdheks.gov/brfss/HRSReports/2017/County/reno\\_2017chrs.pdf](https://www.kdheks.gov/brfss/HRSReports/2017/County/reno_2017chrs.pdf).
- . n.d. *Kansas Epidemiological Dashboard*. Accessed July 2020.  
[http://www.preventoverdoseks.org/ktracs\\_data.htm](http://www.preventoverdoseks.org/ktracs_data.htm).

- Kansas Health Matters. 2020. *Mental Behavior Hospital Admission Rate*. January. Accessed June 2020.  
<https://www.kansashealthmatters.org/indicators/index/view?indicatorId=6791&localeId=1017>.
- . 2019. *Percent of Adults Who are Obese*. January. Accessed April 2020.  
<https://www.kansashealthmatters.org/indicators/index/view?indicatorId=2269&localeTypeId=2>.
- . 2019. *Percent of Adults Who Were Ever Diagnosed with a Depressive Disorder*. January. Accessed June 2020.  
<https://www.kansashealthmatters.org/indicators/index/view?indicatorId=2278&localeId=1017>.
- . 2020. *Poisoning (Drugs) Hospital Admission Rate*. January. Accessed July 2020.  
<https://www.kansashealthmatters.org/indicators/index/view?indicatorId=6777&localeId=1017>.
- Kansas Information for Communities. 2018. *Population Estimates*. Accessed April 2020.  
[http://kic.kdheks.gov/poplneth\\_str.php](http://kic.kdheks.gov/poplneth_str.php).
- Reno County Health Department. 2019. "Community Health Needs Assessment."  
<https://www.renogov.org/DocumentCenter/View/7276/CHNA-Data-Book-2019-final>.
- Young Center for Anabaptist and Pietist Studies. 2014. *Amish Population Change 1992-2013, Top Ten States*. Elizabethtown College.  
[https://groups.etown.edu/amishstudies/files/2015/08/Population\\_Change\\_1992-2013.pdf](https://groups.etown.edu/amishstudies/files/2015/08/Population_Change_1992-2013.pdf).
- Young Center for Anabaptist and Pietist Studies. 2020. *Amish Populations, 2019*. Elizabethtown College.  
<http://groups.etown.edu/amishstudies/statistics/population-2019/>.