



JOHNSON COUNTY
KANSAS
Health & Environment

DATE: 4.26.16

CHAP

Agenda item	Discussion
	<ul style="list-style-type: none"> • Welcome and Introductions
<p>Brief Review of Community Health Assessment Data</p>	<ul style="list-style-type: none"> • Reviewed the data from the Johnson County Community Health Needs Assessment Data Summary and the County Health Rankings and Roadmaps for Johnson County.
<p>Group Information</p>	<ul style="list-style-type: none"> • Three groups were formed for small group discussion on priority setting. Groups were instructed to remember that the CHIP time frame is three years and to look at the issues from a public health lens. • Groups were charged with coming up with their top five priorities and reporting them back to the larger group. • Specific strategies addressing priorities will be discussed at another meeting. • Group Discussion Reports: <ul style="list-style-type: none"> Group 1 – <ul style="list-style-type: none"> <u>1) Mental Health/Substance Abuse</u> Suicide Lifestyle and chronic disease Painkillers Stress/Isolation <u>2) Access</u> <ul style="list-style-type: none"> Mental Dental – screening and access Insurance cost and literacy Rx costs <u>3) Chronic Disease/Winnable Battles</u> <ul style="list-style-type: none"> Obesity Nutrition/Exercise Immunizations General prevention and healthy lifestyle Dental/Diabetes/Other <u>4) Transportation</u> <u>5) Stress</u>

Group Information

Group 2 – Over-arching issues: Poverty – Access to Care

1) Primary Care

Number of people seeking regular care at ER

Knowledge of access points

Parent knowledge and skills about when/where to seek care

School nurse as primary care and mental health for adults and kids

2) Mental Health

Navigating system, process, triage

Use of ER for care

Stigma (even with \$)

Care continuum

Suicide – 40-60 year old adults

Binge drinking – kids – parent acceptance of teen drinking

“Grey area” between mild conditions and crisis

Chronic stress- child abuse - parents need help – no coping skills, no parenting skills

3) Dental Care/Health

Access – to providers - financing

4) Access to Healthy Food

Cost (40% can't afford)

Low # of grocery stores

High # of fast foods

Low access to food – poor/rural

Snacks @ school nurse

Obesity

Food availability after breakfast, lunch at school

5) Physical Activity

Obesity reduction: Increase # of people who get some/are motivated and know about resources

Cost of rec facilities – JCPRD scholarships for access to rec/programs

Built environment – free fitness parks (Heritage), Rural access coming (Big Bull Creek)

<p>Group Information</p>	<p>Group 3 –</p> <p><u>1) Access to Mental Health in a timely fashion</u> Access to youth Suicide prevention</p> <p><u>2) Nutrition</u> Time to prepare \$ too expensive Lack of grocery stores “Food Council” addressing</p> <p><u>3) Teen Pregnancy in Hispanics</u> ? Difference between 16-17 years olds and 18-19 year olds Different interventions for each group</p> <p><u>4) Access to Healthcare</u> Targeted Populations Health Equity Safety net clinics - decrease ER visits, increase Primary providers</p> <p><u>5) Transportation</u> Improved Healthcare Access Partner (changes with KCATA) Expand vouchers</p>
<p>Choosing Priorities</p>	<ul style="list-style-type: none"> • Everyone was given three stickers with which to vote • The summarized priorities and results of the voting process: <ol style="list-style-type: none"> 1. Access to Healthy Food - 0 2. Primary Care – use of ER still a problem - 8 3. Mental Health – managing the system, suicide prevention - 22 4. Dental Health Care – Adult - 3 5. Physical Fitness/Activity - 4 6. Access to Care for populations who are not eligible for benefits, health equity, being more health literate, how to get help paying for health costs -18 7. Transportation – good time to partner with KC ATA expanding - 4 8. Teen Pregnancy in Hispanics - 2 9. Stress – suicide, isolation, chronic disease, lifestyle, binge drinking, painkillers - 3 10. Substance Abuse - 2 11. Chronic Disease Prevention and Health Promotion - 17 <p>The top three priorities chosen:</p> <ol style="list-style-type: none"> 1. Mental Health 2. Access to Care 3. Chronic Disease and Health Promotion
<p>Next Steps</p>	<ul style="list-style-type: none"> • Next meeting date June 7, 2016 – this meeting date was added so the CHIP planning process can begin.