Northland Health Alliance 2023-2025 CHIP – Copy
December 7, 2022

Contents

Plan Overview
Executive Summary

The 2023-2025 Northland Community Health Improvement Plan (CHIP) is built on data and insights gathered through a 2022 Community Health Assessment (CHA) conducted by the Northland Health Alliance (NHA). Analysis of CHA data led the NHA board of directors to select three priorities to be the focus of the Northland's Community Health Improvement Plan: Improving Mental and Behavioral Health, Improving Access to Transportation, and Improving Access to Healthy Foods. The Mental/Behavioral Health and Access to Healthy Foods Priorities are carried over from the 2020-2022 CHIP to continue the work and progress being made in these areas.

NHA launched the Community Health Improvement planning process in June 2022 by convening more than 30 community stakeholders including representatives from local hospitals, nonprofit service organizations and public health departments. In keeping with practices established during COVID, participants were able to attend live or via Zoom. Members of NHA's Data Task Force began the meeting with an overview of the data that led to the selection of the three CHIP Priorities. Following a Q&A, attendees were invited to move to one of three breakout rooms, organized around each of the Priorities, to begin work on writing the Priority statement, defining the Goals to pursue, and beginning initial conversation about potential measures for tracking progress/performance. Attendees in each breakout room were invited to sign up to participate in the Task Force for that Priority dedicated to CHIP plan development and implementation. All Task Force participants were asked to complete a commitment form, outlining anticipated time requirements and expectations for engagement

The three Priority Task Forces, supported by facilitators from iBossWell, Inc., met three to four times in July and August to build out the operational tactics to guide implementation of their section of the plan. The NHA board

reviewed a draft plan at their September meeting and committed to presenting the CHIP plan to the Northland community through two special events: one for community organizations held at NNI on October 21, and one for the general community held on November 3 at the Northland YMCA. Participants at both events received an overview of Community Health Assessment data, learned about the efforts NHA will undertake to address the three Priorities defined in the plan, and were invited to "sign up" to join a Task Force and/or to receive invitations to future updates about plan progress.

While the Priority Task Forces continued to meet to refine accountabilities in the plan (time frames for implementation, responsible parties) through November, work on the plan has already begun. The Task Forces will assess and report on plan progress twice a year to the NHA board of directors. NHA has also committed to sharing results via its website and through community briefings.

CHIP Vision

Every person has the same opportunity to make choices that allow them to live a long and healthy life.

NHA Mission

The Northland Health Alliance (NHA) is dedicated to empowering the Northland public health system to improve the health status and health outcomes of all residents in the Northland.

Core Values

The Values that Guide Us

Equity: We value diversity and inclusion. We include all individuals and populations and seek to address inequities and racism in the places where people are born, grow, live, work, learn and age.
Listening: We value voice. Every part of every community has an equal opportunity for their voices to be heard and considered with dignity and respect in conversations about health.
Effectiveness: We value impact. We design and implement sustainable, collaborative, data-informed strategies to create a healthy community.

Priorities

Mission Driven Initiatives
1. Access to Mental/Behavioral Health: Increase/improve equitable access to mental and behavioral health services including substance use, for socially vulnerable populations.
2. Access to Healthy Food: Ensure easy and equitable access to healthy food for socially vulnerable populations experiencing financial, transportation, or geographic barriers to access.
3. Access to Transportation: Enhance transportation options for socially vulnerable individuals living in the Northland who do not have equitable access to reliable transportation for their health and livelihoods.

Northland Health Alliance 2023-2025 CHIP

Strategic Plan Summary

Mission Driven Initiatives

Priority
1 Access to Mental/Behavioral Health: Increase/improve equitable access to mental and behavioral health services including substance use, for socially vulnerable populations.

Goal	Key Performance Indicators
1.1 Increase Access for Socially Vulnerable and Under or Uninsured Community Members: Increase mental/behavioral health services for socially vulnerable populations. Based on the Social Vulnerability Index and the CDC's PLACES data, those areas are around Excelsior Springs, Gladstone, Oak View, Oakwood, Oaks, Highland Gardens, Avondale, Chouteau Estates, Cooley Highlands, Chaumiere, River Forest, Colonial Square, Winnwood, Crestview, Riverview, Riverside, Northmoor, Breen Hills, Platte City, and Platte Woods.	• Number of certified Mental Health First Aid Trainers increases. (Baseline in 2022 - per National Council Mental Well-Being) • Number of people completing Mental Health First Aid training increases. (Baseline in 2022) • Number of patients on "wait list" for ongoing provider decreases (on average annually) with top area providers including Tri-County MH/Synergy, SUR, Signature, The Family Conservancy) (Baseline YE 2022) • Reduce the percentage of persons eligible for Medicaid but not enrolled. (DHSS baseline 2022=X) • Reduce the percentage of people who are referred to complete Medicaid enrollment applications in the Northland
Goal 1.2 Reduce Suicide Attempts: Reduce suicide attempts and deaths in the Northland through coordinated trauma-informed and evidence-based prevention initiatives	Key Performance Indicators • Suicide rates in highest incidence group (teenagers, young adults, 45-65 yrs) decreases (2022 baseline=X) • Suicide rates due to firearms decreases (2022 baseline= X) • Suicide attempts decrease as measured by ESSENCE/syndromic surveillance data (2022 baseline=X) • 988 call response metrics (related to this Goal) are defined and tracking begins by January 2023. • Missouri Student Survey
Goal 1.3 Reduce Substance Use/Deaths: Significantly reduce substance use and overdose deaths in socially vulnerable Northland populations, through trauma-informed and evidence-based prevention initiatives.	*Key Performance Indicators* • Number of overdose deaths due to opioids decreases (2022 baseline=X) • Number of Naloxone kits distributed increases (2020 baseline=141) • Increase in number of MAT/Suboxone authorized prescribers

Priority
2 Access to Healthy Food: Ensure easy and equitable access to healthy food for socially vulnerable populations experiencing financial, transportation, or geographic barriers to access.

Goal	*Key Performance Indicators*
2.1 Education & Access: Develop and support an environment where accessing and preparing healthy food is the easy choice.	• # of food access points and/or hours of operation for these access points in underserved census tracts increase. (Baseline and target set in 2023) • WIC/SNAP enrollment in underserved zip codes increases. (Baseline and target set 2023)

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	• # of community partners conducting food insecurity screening/sharing data about those screenings increases (Baseline and target set in 2023) • # of community partnerships/engagements grows annually. (Baseline set 2022) • Respondents to community SDOH survey are representative of the demographics of the Northland. (Baseline set 2022) • Meals provided per person in need in underserved census tracts increases (Baseline set in 2023)
Goal 2.2 Access to Culturally Diverse Foods: Work with community organizations to promote and enable access to culturally diverse and nutritious foods.	*Key Performance Indicators* • Culturally Responsive food lists created/shared with the community by 2023 • Amount of culturally responsive food distributed at pantries/food distribution sites increases Baseline in 2024 (demonstrated by survey questions) • Number of community food sources providing/supporting culturally responsive food choices increases

Priority
3 Access to Transportation: Enhance transportation options for socially vulnerable individuals living in the Northland who do not have equitable access to reliable transportation for their health and livelihoods.

Goal 3.1 Address Disjointed Public Transportation System: Address the root causes of a disjointed public transportation system across the Northland to improve health outcomes for communities reliant on these transportation methods.	*Key Performance Indicators* • Establish commute time baseline by end of 2025. Use to set commute time reduction targets for 2026 and beyond. • NHA representation on at least 5 transportation decision-making policy organizations by the end of the plan • Influence or inform the implementation of at least one transportation policy adopted by policy organizations on which NHA is represented.
Goal 3.2 Improve Third Party Transportation Options: Enhance, introduce, or improve third party transportation options for individuals without reliable transportation.	*Key Performance Indicators* • # of rides provided to patients/individuals thru NHA partners increases (Baseline set 2023) • # of rural partners engaged in providing transportation increases (Baseline set 2023) • # of rides provided to individuals living in rural communities increases by the end of 2025 • # of 3rd party providers offering service to underserved zip code increases (Baseline set 2023)
Goal 3.3 Transportation Information Hub: Create and maintain a Transportation Resource Hub for the Northland.	*Key Performance Indicators* • Resource hub established by December 2023 • # of visits to Transportation Resource Hub increase (Baseline set in 2024) • Additional targets identified based on usage/gaps identified

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Implementation Worksheets

Mission Driven Initiatives

Priority
1 Access to Mental/Behavioral Health: Increase/improve equitable access to mental and behavioral health services including substance use, for socially vulnerable populations.

Goal	*Key Performance Indicators*
1.1 Increase Access for Socially Vulnerable and Under or Uninsured Community Members: Increase mental/behavioral health services for socially vulnerable populations. Based on the Social Vulnerability Index and the CDC's PLACES data, those areas are around Excelsior Springs, Gladstone, Oak View, Oakwood, Oaks, Highland Gardens, Avondale, Chouteau Estates, Cooley Highlands, Chaumiere, River Forest, Colonial Square, Winnwood, Crestview, Riverview, Riverside, Northmoor, Breen Hills, Platte City, and Platte Woods.	• Number of certified Mental Health First Aid Trainers increases. *(Baseline in 2022 - per National Council Mental Well-Being)* • Number of people completing Mental Health First Aid training increases. *(Baseline in 2022)* • Number of patients on "wait list" for ongoing provider decreases (on average annually) with top area providers including Tri-County MH/Synergy, SUR, Signature, The Family Conservancy) *(Baseline YE 2022)* • Reduce the percentage of persons eligible for Medicaid but not enrolled. (DHSS baseline 2022=X) • Reduce the percentage of people who are referred to complete Medicaid enrollment applications in the Northland

Strategy	*Actions*	*Responsible Party*	*Date Range*	*Resources*
1.1.1 Upstream: Mental Health First-Aid Training: Increase the access of Mental Health First-aid training across the Northland. Resource: National Council on Mental Well-Being | Mental Health First Aid | County Health Rankings & Roadmaps	1.1.1.1 Certification Training: Work with National Council on Mental Well-Being to conduct initial certification training. Target: 10 people trained in the first year with 3 trainings each. 1.1.1.2 Increase Number of Trainings: Increase the number of Mental Health First-Aid trainings available in the Northland *(TriCounty, Liberty Hosp both provide training)*	*Strategy* MH/BH Task Force *Actions* 1. MH/BH Task Force +CCPHC +KCHD +LH +NKCH +Synergy +TCMHS 2. MH/BH Task Force	*Strategy* 1/01/23 - 12/31/25 *Actions* 1.1/01/23 - 6/30/23 2.7/01/23 - 12/31/25 3.1/01/23 - 12/31/25	*Strategy* *Actions* 1. $18,500

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	1.1.1.3 Expand Promotion: Develop and implement a communications plan to promote the availability of these trainings.	3. MH/BH Task Force		
Strategy 1.1.2 Mid-Stream: Medicaid Access: Increase efforts to enroll eligible individuals into Medicaid. Resource: (Tri-County, Liberty Hosp., SUR,) Health insurance enrollment outreach & support | County Health Rankings & Roadmaps	*Actions* 1.1.2.1 Social Media Communications Plan: Develop a Communications plan for social media to reach potential enrollees. 1.1.2.2 Providers Campaign: Develop a campaign for Providers re: Medicaid Expansion opportunities for them. 1.1.2.3 Events for Potential Enrollees: Conduct more events where potential enrollees can be reached and complete enrollment form/process.	*Responsible Party* *Strategy* MH/BH Task Force *Actions* 1. MH/BH Task Force +MKTG 2. MH/BH Task Force +SURHC 3. MH/BH Task Force +SURHC	*Date Range* *Strategy* 1/01/23 - 12/31/25 *Actions* 1.1/01/23 - 12/31/23 2.1/01/24 - 12/31/25 -Ongoing 3.1/01/24 - 12/31/25 -Ongoing	*Resources* *Strategy* $10,000 *Actions*

Goal 1.2 Reduce Suicide Attempts: Reduce suicide attempts and deaths in the Northland through coordinated trauma-informed and evidence-based prevention initiatives	*Key Performance Indicators* • Suicide rates in highest incidence group (teenagers, young adults, 45-65 yrs) decreases (2022 baseline=X) • Suicide rates due to firearms decreases (2022 baseline= X) • Suicide attempts decrease as measured by ESSENCE/syndromic surveillance data (2022 baseline=X) • 988 call response metrics (related to this Goal) are defined and tracking begins by January 2023. • Missouri Student Survey			
Strategy 1.2.1 Downstream: Support 988 System: Collaborate with CommCare to advance the 988 initiative with our focus on socially vulnerable populations.	*Actions* 1.2.1.1 Recruit CommCare Participation: Engage key CommCare leader(s) to MH/BH Priority Task Force	*Responsible Party* *Strategy* MH/BH Task Force +CommCare	*Date Range* *Strategy* 1/01/23 - 12/31/25 -Ongoing	*Resources* *Strategy* *Actions*

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		Actions	Actions	
Resource: Crisis lines | County Health Rankings & Roadmaps	1.2.1.2 Action Plan: Create/Implement Action Plan 1.2.1.3 Data Collection: Work with CommCare to design data collection that can support our data needs	1. MH/BH Task Force 2. MH/BH Task Force 3. MH/BH Task Force +CommCare+DTF	1.1/01/23 - 12/31/25 2.1/01/23 - 12/31/25 3.1/01/23 - 12/31/25	
Strategy 1.2.2 Upstream: Access to Firearms: Continue to advance approaches to limiting inappropriate access to firearms. Resources: Firearm licensing laws | County Health Rankings & Roadmaps Universal firearm background checks | County Health Rankings & Roadmaps	*Actions* 1.2.2.1 Personal Gun Safety/Access Programs: Continue to offer/promote programs/trainings that promote personal gun safety/access. (e.g. TriCounty CALM trainings) 1.2.2.2 Advancing Public Policy: Support NHA leadership in developing and advancing an effort to influence public policy around firearms, e.g., whitepaper development, policy analysis, licensing laws, background checks. *(Dependent upon NHA having their own staff)* 1.2.2.3 Gun Locks: Promote the availability of gun locks. (Will require coordination with PD) 1.2.2.4 Gun Safety Campaign: Work with Marketing Committee to educate the public on gun safety.	*Responsible Party* *Strategy* MH/BH Task Force *Actions* 1. MH/BH Task Force +NKCH +TCMHS 2. MH/BH Task Force +CCPHC +Clay Co Sheriff +CMH +ESH +KCHD +NKCH +TCMHS 3. MH/BH Task Force +Clay Co Sheriff 4. MH/BH Task Force +MKTG	*Date Range* *Strategy* 1/01/23 - 12/31/25 -Ongoing *Actions* 1.1/01/23 - 12/31/25 2.1/01/24 - 12/31/25 3.1/01/23 - 12/31/25 -Ongoing 4.1/01/23 - 12/31/25 -Ongoing	*Resources* *Strategy* *Actions* 3. 1.00 FTE

Goal	Key Performance Indicators
1.3 Reduce Substance Use/Deaths: Significantly reduce substance use and overdose deaths in socially vulnerable Northland populations, through trauma-informed and evidence-based prevention initiatives.	• Number of overdose deaths due to opioids decreases (2022 baseline=X) • Number of Naloxone kits distributed increases (2020 baseline=141) • Increase in number of MAT/Suboxone authorized prescribers

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Strategy	Actions	Responsible Party	Date Range	Resources
1.3.1 Downstream: Naloxone Education & Distribution: Ensure NHA takes a comprehensive approach to the education and distribution of Naloxone. Resource: Naloxone education & distribution programs | County Health Rankings & Roadmaps	1.3.1.1 Naloxone Distribution & Data Tracking: Develop an overarching tracking system for Naloxone distribution and data tracking. Work in collaboration with state Harm Reduction Coordinator. Secure participation from state on MH/BH Priority Task Force. Track school districts, police departments. 1.3.1.2 Naloxone Distribution: Support expansion of Naloxone distribution to increase accessibility in the community. 1.3.1.3 Promote Training/Materials: Post Naloxone training opportunities and materials on the NHA website and update regularly 1.3.1.4 Actively Engage NHA Partners: Seek opportunities to support delivery of Naloxone training through NHA partners, e.g., Community Forums. Check MORE training.	Strategy MH/BH Task Force Actions 1. MH/BH Task Force +CCPHC 2. MH/BH Task Force +Clay Co Sheriff +CommCare +NKCH +School Districts +TCMHS 3. MH/BH Task Force +MKTG 4. MH/BH Task Force	Strategy 1/01/23 - 12/31/25 -Ongoing Actions 1.1/01/23 - 12/31/25 2.1/01/23 - 12/31/25 3.1/01/23 - 12/31/25 4.1/01/23 - 12/31/25	Strategy Actions
1.3.2 Upstream: Promote Disposal Programs: Support efforts to expand awareness of availability to accessible locations for drop-off of substances. Resource: Proper drug disposal programs | County Health Rankings & Roadmaps	1.3.2.1 Communication Effort: Develop and implement a broader communication/promotional effort. 1.3.2.2 Public Policy: Explore potential for NHA to influence public policy around making opioid overdose reportable by county	Strategy MH/BH Task Force +ES Safe +KCHD +Local Police Depts +PCHD +TCMHS Actions 1. MH/BH Task Force +CCPHC +KCHD +MKTG	Strategy 1/01/23 - 12/31/25 -Ongoing Actions 1.1/01/23 - 12/31/25 2.1/01/23 - 12/31/25	Strategy Actions

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		2. MH/BH Task Force		
Strategy 1.3.3 Provider Suboxone Prescribing Programs: Continue to support programs being offered to advance prescribing of controlled substances. Resource: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/medication-assisted-treatment-access-enhancement-initiatives	*Actions* 1.3.3.1 Provider Education: Provide education to potential prescribers regarding benefits of doing this (getting DEA waiver). Engage Opioid Task Force. 1.3.3.2 Public Education: Provide education to public re: access to MAT providers. Baseline 7 registered prescriber in Clay, 1 registered prescriber in Platte. (Source: SAMSA)	*Responsible Party* *Strategy* MH/BH Task Force *Actions* 1. MH/BH Task Force +Opioid TF 2. MH/BH Task Force +MKTG	*Date Range* *Strategy* 1/01/23 - 12/31/25 -Ongoing *Actions* 1.1/01/23 - 12/31/25 2.1/01/23 - 12/31/25	*Resources* *Strategy* *Actions*

Priority
2 Access to Healthy Food: Ensure easy and equitable access to healthy food for socially vulnerable populations experiencing financial, transportation, or geographic barriers to access.

Goal	Key Performance Indicators
2.1 Education & Access: Develop and support an environment where accessing and preparing healthy food is the easy choice.	• # of food access points and/or hours of operation for these access points in underserved census tracts increase. (Baseline and target set in 2023) • WIC/SNAP enrollment in underserved zip codes increases. (Baseline and target set 2023) • # of community partners conducting food insecurity screening/sharing data about those screenings increases (Baseline and target set in 2023) • # of community partnerships/engagements grows annually. (Baseline set 2022) • Respondents to community SDOH survey are representative of the demographics of the Northland. (Baseline set 2022) • Meals provided per person in need in underserved census tracts increases (Baseline set in 2023)

Strategy	Actions	Responsible Party	Date Range	Resources
2.1.1 Quantify & Track Need: Identify socially vulnerable census tracts, develop and implement a method for tracking data related to food access. Based on the SVI and the USDA Atlas, the focus areas are Excelsior Springs, Gladstone, Oakview, Oakwood, Oaks, Antioch Acres, Winnwood, Winnwood Gardens, Winnetonka, Hill Haven, Chouteau Estates, Cooley Highlands, Avondale, River Forest, River View, North Kansas City, Briarcliff-Claymont, Briarcliff West, Riverside, Northmoor, Lakeview Terrace, Line Creek-Northern Heights, and Breen Hills.	2.1.1.1 Define Food Access Points for Tracking: Define food access points to be tracked, e.g., which retailers/providers will be measured across the CHIP to support trend analysis. 2.1.1.2 Food Insecurity Screening/Tracking: Work with food providers to secure zip code level information about the people served. 2.1.1.3 Food Insecurity Screening: Work with the NHA Data Task Force to identify a list of food insecurity screening questions and promote use to all NHA partners/collaborators to support quantification of size and type of need. Examine Hunger Vital Signs and other assessment tools as resource for questions. Develop questions and begin tracking in 2023. Work with the NHA Data Task Force to develop process for analyzing data submitted by	Strategy Healthy Food TF Actions 1. Healthy Food TF +HARV +KCHD 2. Healthy Food TF +ESH +HARV +LH +NKCH +SL 3. Healthy Food TF +CCPHC +DTF	Strategy 1/01/23 - 12/31/25 -Ongoing Actions 1.1/01/23 - 12/31/25 -Ongoing 2.1/01/23 - 12/31/25 3.1/01/23 - 12/31/25 4.1/01/23 - 12/31/25 5.1/01/23 - 12/31/23	Strategy Actions

	NHA partners/collaborators. Q1 2023: determine questionnaire (collect currently used questionnaires) Q2 2023: adopt questionnaire Q3 2023: implement Q4 2023: collect data 2.1.1.4 Data Gathering Through Community Health Forums: Seek opportunities to gather food insecurity and other data regarding Social Determinants of Health through community health forums and other screenings conducted by all NHA partners. 2.1.1.5 Interim SDOH Assessment: Conduct an interim assessment/survey focused on Social Determinants of Health to assess need and support evaluation of CHIP efforts. Work with the NHA Data Task Force to create an assessment/survey tool and on analysis/reporting of results.	+ESH +HARV +LH +NKCH +SL 4. Healthy Food TF +CCPHC +KCHD +PCHD 5. Healthy Food TF		
Strategy 2.1.2 Identify/Promote Food Resources: Identify and promote healthy food resources.	*Actions* 2.1.2.1 Food Distribution Mapping: Develop and regularly update map/list of supportive food resources/programs available by zip code. Identify which groups accept WIC and SNAP benefits. Add to NHA website and/or in NHA My Sidewalk dashboard. Include Food distribution sites/pantries, Farmer's Markets, Community Gardens, CSAs, grocery stores. Map developed/published online in 2023. Review/update at least annually. (Resource: Harvesters Agency Locator tool:	*Responsible Party* *Strategy* Healthy Food TF *Actions* 1. Healthy Food TF +DTF +HARV 2. Healthy Food TF +MKTG 3. Healthy Food TF	*Date Range* *Strategy* 1/01/23 - 12/31/25 *Actions* 1.1/01/23 - 12/31/25 2.10/01/23 - 3/31/24 3.1/01/24 - 12/31/25 4.1/01/24 - 12/31/25	*Resources* *Strategy* *Actions*

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	https://www.harvesters.org/get-food-assistance/food-locator) 2.1.2.2 Share Map Link: Provide Food Distribution Mapping link to social service/health care organizations, etc. to support them in following up with individuals who screen positive for food insecurity. 2.1.2.3 Marketing Campaign: Develop and implement a marketing "campaign" and materials to promote awareness of Food Distribution Mapping link 2.1.2.4 Promote Ongoing Participation: Encourage organizations to share their information on the Food Distribution Map; invite them to join/engage with the Healthy Food Task Force/NHA. 2.1.2.5 Searchable Map: Seek funding to support creation an interactive, searchable map that enables people to identify food resources in their zip code. WIC Clinics and Retailers in Missouri (arcgis.com) Food Locator - Harvesters Incorporate ethnic food stores on list for cultural responsiveness	+MKTG 4. Healthy Food TF +CCPHC +ESH +HARV +KCHD +LH +MKTG +NKCH +PCHD 5. Healthy Food TF +DTF	5.1/01/25 - 12/31/25 -Ongoing	
Strategy 2.1.3 Nutrition/Healthy Eating Education: Work with community partners to identify and share ideas/tools with community organizations to support their education efforts on nutrition/healthy	*Actions* 2.1.3.1 Ideas/Topics to Consider: How to read a food label, nutrition "nudges," community kitchens-education on how to prepare, cook healthy food; fruit and vegetable taste-tests; Farm to School food programs-incorporate locally grown foods into school meals and snacks,	*Responsible Party* *Strategy* Healthy Food TF *Actions* 1. Healthy Food TF	*Date Range* *Strategy* 1/01/23 - 12/31/25 -Ongoing *Actions* 1.1/01/23 - 12/31/25	*Resources* *Strategy* *Actions*

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eating. Engage MU Extension. (Get contact from Harvesters)	visits from food producers, nutrition and cooking classes, school gardens.	+CCPHC +HARV		
Strategy 2.1.4 Program Applications: Promote supportive food programs and assist participants with applications for SNAP, WIC, food stamps and other food access programs, focusing on areas that are low-income, low-vehicle access, and low-food access census tracts Consider whether/how to engage MARC.	*Actions* 2.1.4.1 Share WIC/SNAP Information/ Messages: Share WIC/SNAP enrollment information/messages through NHA and encourage partners to do so. 2.1.4.2 Policy Advocacy: Support NHA in engaging in policy advocacy to promote WIC acceptance at more Northland retailers.	*Responsible Party* *Strategy* Healthy Food TF *Actions* 1. Healthy Food TF +CCPHC +ESH +HARV +PCHD 2. Healthy Food TF +CCPHC	*Date Range* *Strategy* 1/01/23 - 12/31/25 *Actions* 1.1/01/23 - 12/31/25 2.1/01/23 - 12/31/25	*Resources* *Strategy* *Actions* 2. 1.00 FTE
Strategy 2.1.5 Engage New Community Partners: Identify and engage additional community partners in the work defined in this plan and expand outreach into under-represented communities.	*Actions* 2.1.5.1 Relationship Building: Continue relationship building with Mexican Consulate, YMCA NKC-New American Welcome Center, Islamic Mosque in Clay Co., MU Extension, MARC.	*Responsible Party* *Strategy* Healthy Food TF *Actions* 1. Healthy Food TF +CCPHC +HARV +PCHD	*Date Range* *Strategy* 1/01/23 - 12/31/25 -Ongoing *Actions* 1.1/01/23 - 12/31/25	*Resources* *Strategy* *Actions*

Goal 2.2 Access to Culturally Diverse Foods: Work with community organizations to promote and enable access to culturally diverse and nutritious foods.	*Key Performance Indicators* • Culturally Responsive food lists created/shared with the community by 2023 • Amount of culturally responsive food distributed at pantries/food distribution sites increases Baseline in 2024 (demonstrated by survey questions) • Number of community food sources providing/supporting culturally responsive food choices increases			
Strategy 2.2.1 Culturally Responsive Food Initiative: Launch a culturally responsive food initiative to seek to	*Actions* 2.2.1.1 Food Lists/Food Sourcing: Engage people/partners from different cultures in the community in the development of customized	*Responsible Party* *Strategy* Healthy Food TF	*Date Range* *Strategy* 1/01/23 - 12/31/25	*Resources* *Strategy*

		Actions	Actions	Actions
overcome barriers to food access experienced by individuals from different cultural backgrounds. https://www.foodbankrockies.org/about/programs/culturally-responsive-food-initiative/	food preference lists. Engage current partners, Mexican Consulate, YMCA NKC-New American Welcome Center, Islamic Mosque in Clay County as a first step. (Food lists: https://49bfkv3cr9u47rl8x1hwdp9u-wpengine.netdna-ssl.com/wp-content/uploads/2021/05/Food-Preference-by-Culture-5.17.21.pdf) 2.2.1.2 Food Preference Toolkit: Create and promote a toolkit including food preference suggestions by culture. 2.2.1.3 Convene Community Partners: Convene community partners and work collaboratively to identify and promote best practices and training around cultural awareness and cultural competence in working with diverse people. 2.2.1.4 Engage Additional Community Partners: Continuously seek to identify, recruit, and mobilize partners in the co-design and delivery of efforts to support availability of culturally responsive food. 2.2.1.5 Survey: Partner with Harvesters and/or other providers to survey food distribution sites/pantries re: culturally responsive food distributed (e.g., amount, location, satisfaction data) initial survey questions. Survey questions added and tracked beginning in 2024.	1. Healthy Food TF +CCPHC +HARV +PCHD 2. Healthy Food TF +HARV 3. Healthy Food TF +CCPHC +HARV 4. Healthy Food TF +CCPHC +HARV 5. Healthy Food TF +DTF +HARV	1.1/01/23 - 12/31/23 2.1/01/23 - 12/31/23 3.1/01/23 - 12/31/25 4.1/01/23 - 12/31/25 5.1/01/24 - 12/31/25	

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Priority
3 Access to Transportation: Enhance transportation options for socially vulnerable individuals living in the Northland who do not have equitable access to reliable transportation for their health and livelihoods.

Goal	Key Performance Indicators
3.1 Address Disjointed Public Transportation System: Address the root causes of a disjointed public transportation system across the Northland to improve health outcomes for communities reliant on these transportation methods.	• Establish commute time baseline by end of 2025. Use to set commute time reduction targets for 2026 and beyond. • NHA representation on at least 5 transportation decision-making policy organizations by the end of the plan • Influence or inform the implementation of at least one transportation policy adopted by policy organizations on which NHA is represented.

Strategy	Actions	Responsible Party	Date Range	Resources
3.1.1 Develop/Influence Transportation Policy: Adopt a Health in all Policies approach to influence the development/implementation of policies and allocation of resources that support transportation improvements in the Northland.	3.1.1.1 Policy Assessment: Assess current local/regional policies to identify enablers/gaps/barriers to transportation access 3.1.1.2 Develop List of Priorities: Develop list of priorities. Example: Accessibility of transportation is considered in planning for new mixed-use development in the Northland Resource: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mixed-use-development 3.1.1.3 Convene Partners Interested in Transportation: Identify Northland entities interested in transportation, then convene/support convening these groups/individuals to share assessment results, discuss priorities identified, build consensus around key efforts/approaches to advance.	*Strategy* Transportation TF *Actions* 1. Transportation TF +CCPHC 2. Transportation TF +CCPHC +SURHC 3. Transportation TF +CCPHC +NHCA +SURHC 4. Transportation TF +CCPHC +NHCA 5. Transportation TF	*Strategy* 1/01/23 - 12/31/25 *Actions* 1.1/01/23 - 12/31/25 2.1/01/23 - 12/31/25 3.1/01/23 - 12/31/25 4.1/01/23 - 12/31/25 5.1/01/23 - 12/31/25 6.1/01/23 - 12/31/25 -Ongoing 7.1/01/23 - 12/31/25	*Strategy* *Actions*

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	(Example groups to engage: Northland Regional and City Chambers, MARC, Economic Development Councils, Northland Neighborhoods, Inc., Senior Services Councils.)	+CCPHC +NHCA	
	3.1.1.4 Transpiration & Health Strategy: Create comprehensive transportation and health strategy for presenting to local policy leaders/city development to include a health lens when development projects are discussed	6. Transportation TF +NHCA +SURHC 7. Transportation TF	
	3.1.1.5 Develop/Share Model Policies/Procedures: Identify model policy and procedures for city transportation systems and work with local leaders on updating policies as needed, e.g. Chambers, NNI,		
	3.1.1.6 Actively Engage in Transportation Discussions/Committees: Actively participate in transportation committees/discussion. E.g. MARC MARC Regional Transit Coordinating Council, Chambers of Commerce, KCATA, REACH, Health Forward Foundation, etc.		
	3.1.1.7 Establish Commute Time Baseline: Develop a commute time baseline by 2025. For the following CHIP, reduce commute time for socially vulnerable populations. Set target in 2026.		

Goal	Key Performance Indicators
3.2 Improve Third Party Transportation Options: Enhance, introduce, or improve third party transportation options for individuals without reliable transportation.	• # of rides provided to patients/individuals thru NHA partners increases (Baseline set 2023) • # of rural partners engaged in providing transportation increases (Baseline set 2023) • # of rides provided to individuals living in rural communities increases by the end of 2025 • # of 3rd party providers offering service to underserved zip code increases (Baseline set 2023)

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Strategy	Actions	Responsible Party	Date Range	Resources
3.2.1 Address Need in Rural Communities: Identify, convene and engage partners in rural communities to explore options to expand rural transportation (e.g., publicly funded transportation, flexible pick-up/drop off, dial a ride, volunteer ridesharing, 3rd party services) Resource: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/rural-transportation-services	3.2.1.1 Quantify Need: Work with social service and health care orgs in rural communities to determine # of rides provided. 3.2.1.2 Develop Data Gathering Process: Work with NHA DTF to develop a process for gathering data re: rides provided to individuals in rural areas 3.2.1.3 Van Pools: Explore opportunities to expand availability of Van Pools in rural communities.	*Strategy* Transportation TF *Actions* 1. Transportation TF +Clay Co Sr Srvcs +CMH +DTF +ESH +LH +NKCH +Northland Shep Cntr +Platte Co Sr Srvcs +SL +SURHC 2. Transportation TF +DTF 3. Transportation TF +CCPHC +PCHD	*Strategy* 1/01/23 - 12/31/25 *Actions* 1.1/01/23 - 12/31/25 2.1/01/23 - 12/31/25 3.1/01/23 - 12/31/25	*Strategy* $0 $0 *Actions* 3. $0
3.2.2 3rd Party Transportation: Explore partnerships with private 3rd party transportation organizations to support increased transportation access in urban and suburban communities	3.2.2.1 NHA Partner Programs: Examine transportation programs offered by NHA partners and other community organizations to inform this process.	*Strategy* Transportation TF *Actions* 1. Transportation TF +CCPHC +CMH +DTF +ESH +LH +NKCH +Northland Shep Cntr +SL +SURHC	*Strategy* 1/01/23 - 12/31/25 *Actions* 1.1/01/23 - 12/31/25	*Resources* *Strategy* *Actions*
3.2.3 Data Tracking & Sharing: Work with community partners to define data currently being tracked, create processes for data-sharing		*Responsible Party* *Strategy* *Actions*	*Date Range* *Strategy* 1/01/23 - 12/31/25	*Resources* *Strategy* *Actions*

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			Actions	
and to identify gaps in information to address.				

Goal	Key Performance Indicators
3.3 Transportation Information Hub: Create and maintain a Transportation Resource Hub for the Northland.	• Resource hub established by December 2023 • # of visits to Transportation Resource Hub increase (Baseline set in 2024) • Additional targets identified based on usage/gaps identified

Strategy	Actions	Responsible Party	Date Range	Resources
3.3.1 Develop Hub: Work in partnership with community organizations/agencies to establish an easily accessible, updated, transportation resources list/hub. Determine schedule for updating regularly.	3.3.1.1 Research/Develop: Research, learn, gather resources and use to develop online hub 3.3.1.2 Funding & Partners: Identify funding sources and partners to support development 3.3.1.3 NCSC Partnership: Possibly partner with NCSC (Northland Community Services Coalition) 3.3.1.4 Evaluation Process/Tool: Develop process/tool for assessing effectiveness of/satisfaction with Resource Hub. Survey Community Health Workers, care coordinators, social workers. 3.3.1.5 Develop Awareness: Develop awareness of hub and resources.	Strategy Transportation TF Actions 1. Transportation TF 2. Transportation TF 3. Transportation TF +NHCA 4. Transportation TF +DTF 5. Transportation TF +MKTG	Strategy 1/01/23 - 12/31/25 Actions 1.1/01/23 - 12/31/25 2.1/01/23 - 12/31/25 -Ongoing 3.1/01/23 - 12/31/25 4.1/01/23 - 12/31/25 5.1/01/23 - 12/31/25	Strategy $0 Actions 1. $0

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Northland Health Alliance 2023-2025 CHIP

Resource Planning Calendar

	Strategies / Actions	Responsible Parties	Start	End	Resource Value	Resource Type	Resource Comments
1.1.1.1	Certification Training	MH/BH Task Force +CCPHC +KCHD +LH +NKCH +Synergy +TCMHS	1/01/23	6/30/23	18,500	Dollars	$1850/person certified x 10 participants. Grant funding from Liberty Hospital Foundation
1.1.2	Mid-Stream: Medicaid Access	MH/BH Task Force	1/01/23	12/31/25	10,000	Dollars	Marketing campaign budget=$5,000-$10,000; NOTE: Compare to CCPHC COVID campaign;
1.2.2.3	Gun Locks	MH/BH Task Force +Clay Co Sheriff	1/01/23	12/31/25	1.00	FTE	Ability to pursue this effort will be dependent on NHA having an Executive Director
2.1.4.2	Policy Advocacy	Healthy Food TF +CCPHC	1/01/23	12/31/25	1.00	FTE	
3.2.1	Address Need in Rural Communities	Transportation TF	1/01/23	12/31/25		Dollars	
3.2.1	Address Need in Rural Communities	Transportation TF	1/01/23	12/31/25		Dollars	
3.2.1.3	Van Pools	Transportation TF +CCPHC +PCHD	1/01/23	12/31/25		Dollars	
3.3.1	Develop Hub	Transportation TF	1/01/23	12/31/25		Dollars	funding to support hub development, hiring contractor
3.3.1.1	Research/Develop	Transportation TF	1/01/23	12/31/25		Dollars	Funding to support development and maintenance of online hub

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Northland Health Alliance 2023-2025 CHIP

Planning Calendar

	Strategies / Actions	2023	2024	2025	Responsible Parties	(Period / Yr)	Progress Comments
1.1.1	Upstream: Mental Health First-Aid Training	✔	✔	✔	MH/BH Task Force		
1.1.1.1	Certification Training	✔			MH/BH Task Force +CCPHC +KCHD +LH +NKCH +Synergy +TCMHS		
1.1.1.2	Increase Number of Trainings	✔	✔	✔	MH/BH Task Force		
1.1.1.3	Expand Promotion	✔	✔	✔	MH/BH Task Force		
1.1.2	Mid-Stream: Medicaid Access	✔	✔	✔	MH/BH Task Force		
1.1.2.1	Social Media Communications Plan	✔			MH/BH Task Force +MKTG		
1.1.2.2	Providers Campaign		✔	✔	MH/BH Task Force +SURHC		
1.1.2.3	Events for Potential Enrollees		✔	✔	MH/BH Task Force +SURHC		
1.2.1	Downstream: Support 988 System	✔	✔	✔	MH/BH Task Force +CommCare		
1.2.1.1	Recruit CommCare Participation	✔	✔	✔	MH/BH Task Force		
1.2.1.2	Action Plan	✔	✔	✔	MH/BH Task Force		

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		-	-				
1.2.1.3	Data Collection	✔	✔	✔	MH/BH Task Force +CommCare +DTF		
1.2.2	Upstream: Access to Firearms	✔	✔	✔	MH/BH Task Force		
1.2.2.1	Personal Gun Safety/Access Programs	✔	✔	✔	MH/BH Task Force +NKCH +TCMHS		
1.2.2.2	Advancing Public Policy		✔	✔	MH/BH Task Force +CCPHC +Clay Co Sheriff +CMH +ESH +KCHD +NKCH +TCMHS		
1.2.2.3	Gun Locks	✔	✔	✔	MH/BH Task Force +Clay Co Sheriff		
1.2.2.4	Gun Safety Campaign	✔	✔	✔	MH/BH Task Force +MKTG		
1.3.1	Downstream: Naloxone Education & Distribution	✔	✔	✔	MH/BH Task Force		
1.3.1.1	Naloxone Distribution & Data Tracking	✔	✔	✔	MH/BH Task Force +CCPHC		
1.3.1.2	Naloxone Distribution	✔	✔	✔	MH/BH Task Force +Clay Co Sheriff +CommCare +NKCH +School Districts +TCMHS		
1.3.1.3	Promote Training/Materials	✔	✔	✔	MH/BH Task Force +MKTG		
1.3.1.4	Actively Engage NHA Partners	✔	✔	✔	MH/BH Task Force		

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1.3.2	Upstream: Promote Disposal Programs	✔	✔	✔	MH/BH Task Force +ES Safe +KCHD +Local Police Depts +PCHD +TCMHS		
1.3.2.1	Communication Effort	✔	✔	✔	MH/BH Task Force +CCPHC +KCHD +MKTG		
1.3.2.2	Public Policy	✔	✔	✔	MH/BH Task Force		
1.3.3	Provider Suboxone Prescribing Programs	✔	✔	✔	MH/BH Task Force		
1.3.3.1	Provider Education	✔	✔	✔	MH/BH Task Force +Opioid TF		
1.3.3.2	Public Education	✔	✔	✔	MH/BH Task Force +MKTG		
2.1.1	Quantify & Track Need	✔	✔	✔	Healthy Food TF		
2.1.1.1	Define Food Access Points for Tracking	✔	✔	✔	Healthy Food TF +HARV +KCHD		
2.1.1.2	Food Insecurity Screening/Tracking	✔	✔	✔	Healthy Food TF +ESH +HARV +LH +NKCH +SL		
2.1.1.3	Food Insecurity Screening	✔	✔	✔	Healthy Food TF +CCPHC +DTF +ESH +HARV +LH +NKCH +SL		
2.1.1.4	Data Gathering Through Community Health Forums	✔	✔	✔	Healthy Food TF +CCPHC		

					+KCHD +PCHD		
2.1.1.5	Interim SDOH Assessment	✔			Healthy Food TF		
2.1.2	Identify/Promote Food Resources	✔	✔	✔	Healthy Food TF		
2.1.2.1	Food Distribution Mapping	✔	✔	✔	Healthy Food TF +DTF +HARV		
2.1.2.2	Share Map Link	✔	✔		Healthy Food TF +MKTG		
2.1.2.3	Marketing Campaign		✔	✔	Healthy Food TF +MKTG		
2.1.2.4	Promote Ongoing Participation		✔	✔	Healthy Food TF +CCPHC +ESH +HARV +KCHD +LH +MKTG +NKCH +PCHD		
2.1.2.5	Searchable Map			✔	Healthy Food TF +DTF		
2.1.3	Nutrition/Healthy Eating Education	✔	✔	✔	Healthy Food TF		
2.1.3.1	Ideas/Topics to Consider	✔	✔	✔	Healthy Food TF +CCPHC +HARV		
2.1.4	Program Applications	✔	✔	✔	Healthy Food TF		
2.1.4.1	Share WIC/SNAP Information/Messages	✔	✔	✔	Healthy Food TF +CCPHC +ESH +HARV +PCHD		

2.1.4.2	Policy Advocacy	✔	✔	✔	Healthy Food TF +CCPHC	
2.1.5	Engage New Community Partners	✔	✔	✔	Healthy Food TF	
2.1.5.1	Relationship Building	✔	✔	✔	Healthy Food TF +CCPHC +HARV +PCHD	
2.2.1	Culturally Responsive Food Initiative	✔	✔	✔	Healthy Food TF	
2.2.1.1	Food Lists/Food Sourcing	✔			Healthy Food TF +CCPHC +HARV +PCHD	
2.2.1.2	Food Preference Toolkit	✔			Healthy Food TF +HARV	
2.2.1.3	Convene Community Partners	✔	✔	✔	Healthy Food TF +CCPHC +HARV	
2.2.1.4	Engage Additional Community Partners	✔	✔	✔	Healthy Food TF +CCPHC +HARV	
2.2.1.5	Survey		✔	✔	Healthy Food TF +DTF +HARV	
3.1.1	Develop/Influence Transportation Policy	✔	✔	✔	Transportation TF	
3.1.1.1	Policy Assessment	✔	✔	✔	Transportation TF +CCPHC	
3.1.1.2	Develop List of Priorities	✔	✔	✔	Transportation TF +CCPHC +SURHC	
3.1.1.3	Convene Partners Interested in Transportation	✔	✔	✔	Transportation TF +CCPHC +NHCA +SURHC	

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3.1.1.4	Transpiration & Health Strategy	✔	✔	✔	Transportation TF +CCPHC +NHCA	
3.1.1.5	Develop/Share Model Policies/Procedures	✔	✔	✔	Transportation TF +CCPHC +NHCA	
3.1.1.6	Actively Engage in Transportation Discussions/Committees	✔	✔	✔	Transportation TF +NHCA +SURHC	
3.1.1.7	Establish Commute Time Baseline	✔	✔	✔	Transportation TF	
3.2.1	Address Need in Rural Communities	✔	✔	✔	Transportation TF	
3.2.1.1	Quantify Need	✔	✔	✔	Transportation TF +Clay Co Sr Srvcs +CMH +DTF +ESH +LH +NKCH +Northland Shep Cntr +Platte Co Sr Srvcs +SL +SURHC	
3.2.1.2	Develop Data Gathering Process	✔	✔	✔	Transportation TF +DTF	
3.2.1.3	Van Pools	✔	✔	✔	Transportation TF +CCPHC +PCHD	
3.2.2	3rd Party Transportation	✔	✔	✔	Transportation TF	
3.2.2.1	NHA Partner Programs	✔	✔	✔	Transportation TF +CCPHC +CMH +DTF +ESH +LH +NKCH +Northland Shep Cntr	

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					+SL +SURHC		
3.2.3	Data Tracking & Sharing	✔	✔	✔			
3.3.1	Develop Hub	✔	✔	✔	Transportation TF		
3.3.1.1	Research/Develop	✔	✔	✔	Transportation TF		
3.3.1.2	Funding & Partners	✔	✔	✔	Transportation TF		
3.3.1.3	NCSC Partnership	✔	✔	✔	Transportation TF +NHCA		
3.3.1.4	Evaluation Process/Tool	✔	✔	✔	Transportation TF +DTF		
3.3.1.5	Develop Awareness	✔	✔	✔	Transportation TF +MKTG		

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