LIVE WELL ★ EAT WELL

HEALTH COALITION

OF WICHITA COUNTY

WORK WELL ★ PLAY WELL

# Community Health Improvement Plan

## Wichita County, Texas

# 2016 - 2018

HEALTH COALITION OF WICHITA COUNTY

# Health Coalition Members

## Executive Committee

**Co-Chairs:** Robin Moreno, *Board of Health* • Chermaine Tyler, PhD, *Wichita County Medical Alliance*

Alisa Echols, *Hospice of Wichita Falls* • Ahmed A. Mattar, MD, *Family Health Center*
James Smith, *North Texas State Hospital* • Amy Fagan, *Wichita Falls – Wichita County Public Health District*

---

**Clinics of North Texas**
*Jeanna Berry, Chief Operating Officer*
*Michael Agyepong, MD*
*Gary Ozier, MD*

**Community Health Care Center of Wichita Falls**
*Allen Patterson, Chief Executive Officer*

**Community Representative**
*Mike Bullitt*

**Dietitian / Diabetes Educator**
*Jill King, RD, LD, CDE*

**Electra Memorial Hospital**
*Rebecca McCain, Chief Executive Officer*

**Family Health Center**
*Ahmed A. Mattar, MD*
*Jonathan W. Williams, MD, BCFP, BCHPM*

**Head and Neck Surgical Associates**
*Jed Grisel, MD*

**HealthSouth Rehabilitation Hospital**
*Robbi Hudson, Chief Executive Officer*

**Helen Farabee Centers**
*Roddy Atkins, M. Ed. - Executive Director*
*Gianna Harris, LCSW - Associate Executive Director*

**Hospice of Wichita Falls**
*Alisa Echols, Chief Executive Officer*

**Kell West Regional Hospital**
*Diane Stewart RN, MSN, Chief Nursing Officer*

**Midwestern State University**
*Dr. Howard Farrell, Vice President*
*Keith Williamson, MD, Medical Director*
*Karen Polvado, DNP, RN, FNP-BC*

**North Texas Area United Way**
*Matt Yell, President & Chief Executive Officer*

**North Texas State Hospital**
*James E. (Jim) Smith, LCSW, DCSW, Superintendent*

**Periodontics and Dental Implants**
*William Neale, DDS*

**Red River Hospital**
*Jack Warburton, Chief Executive Officer*

**Sheppard Air Force Base**
*Lt Col Salah Masry, MD, Chief, Medical Staff*

**Texoma Independent Physicians**
*Susan Strate, MD*

**United Regional Health Care System**
*Phyllis Cowling, President & Chief Executive Officer*
*Nancy Townley, Sr. Vice President / Chief Operating Officer*
*Brian Hull, DO, United Regional Physician Group*

**Wichita County**
*Woody Gossom, County Judge*
*Tonya Gideon, Office Supervisor, Indigent Health Care Program*

**Wichita County Medical Alliance**
*Chermaine Tyler, PhD*
*Martha Picado-Seegers*

**Wichita County Medical Society**
*Arti Patel, MD*

**Wichita County Sheriff's Office**
*Derek Meador, Chief Deputy*

**Wichita Falls Area Community Foundation**
*Teresa Pontius Caves, President*

**Wichita Falls Area Food Bank**
*Jessica Bachman, MS, RD, LD, Nutrition Services Director*

**Wichita Falls Independent School District**
*Michael S. Kuhrt, Superintendent*
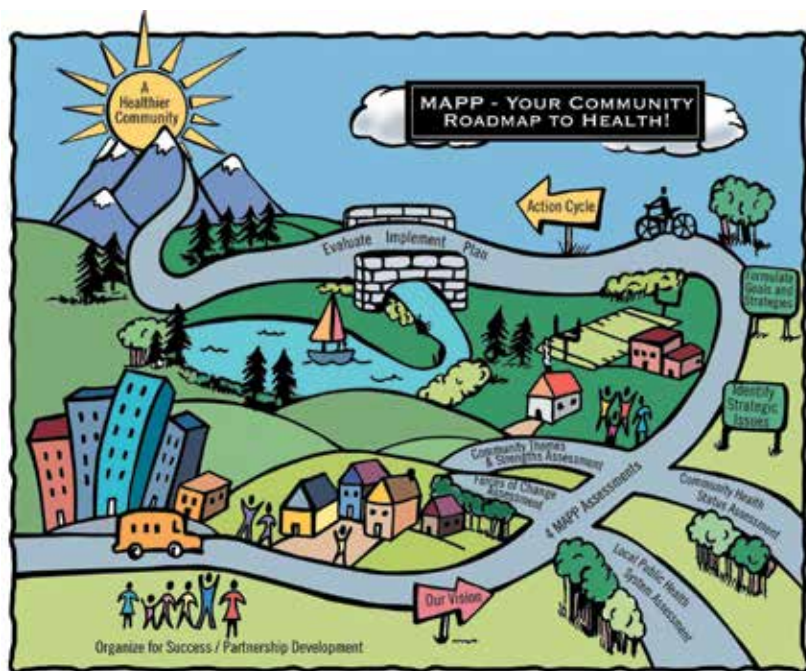*Debi Mills, RN, Health Care Coordinator*

**Wichita Falls - Wichita County Public Health District**
*Lou Kreidler, RN, BSN, Director of Health*
*Amy Fagan, MPA, Assistant Director of Health*
*Edwin Holland, MHCM, HQA, Accreditation Specialist*

**YMCA of Wichita Falls**
*Brandon Brown, President & Chief Executive Officer*

The health of our community is a shared responsibility, not only for health care providers and public health officials, but also for community residents. Our Community Health Improvement Plan (CHIP) sets out the goals and strategies of the Health Coalition of Wichita County to help create a healthier community. Our CHIP provides a framework for our community to use to come together to improve its health, wellbeing, and quality of life.

The Mobilizing for Action through Planning and Partnerships (MAPP) process, a widely used framework for public health planning, was used as a guide for the development of this CHIP. The first iteration of the MAPP process started in 2009, and the second iteration started in 2015. As the illustration above shows, the process includes four assessments: The four assessments that are part of the MAPP process include: 1) Community Themes and Strengths Assessment; 2) Local Public Health System Assessment; 3) Community Health Status Assessment; and 4) Forces of Change Assessment. These assessments are used to identify strategic issues for which goals and strategies are then identified. This entire process is detailed in a Community Health Improvement Plan (CHIP).

**WICHITA COUNTY**

The first CHIP for Wichita County, Texas, was published in 2013, setting forth goals, objectives and strategies for 2013-2015. Many of the objectives set forth have been accomplished, including passage of a comprehensive smoke-free ordinance in Wichita Falls (June 2014), and in Burkburnett (May 2015). Strides have been made toward improving the early identification and treatment of individuals with mental health issues by training a cadre of instructors and individuals in Mental Health First Aid. Programs regarding healthy eating and active living have commenced, to include diabetes prevention and self-management education, Por Vida!, a healthy eating at restaurants initiative, and 5-2-1-0=8 programs for adults and children, which is a daily reminder to make healthy choices. Success was found in partnership and collaboration by bringing together individuals to make a collective effort to improve the health of our community.

In this, the second CHIP for Wichita County, we provide goals, objectives, and strategies for 2016-2018. This CHIP not only incorporates the accomplishments and lessons learned from the first iteration, but takes a new look at Wichita County.

## The Participants

Preparation of the CHIP involved many different participants. The Health Coalition of Wichita County (Coalition) was formed in 2012. It continues today with many of the same participants, as well as new organizations and members that have been added over time. The Coalition structure also has evolved. It is now a hub surrounded by working sub-groups focused on specific interest areas tied to the goals and objectives of the former and this CHIP. The sub-groups include members of the Coalition and other community members who are interested. This hub and spoke structure has greatly expanded the involvement of members of the community, and must continue to evolve to achieve the goals. Led by co-chairs and the Assistant Director of the Wichita Falls – Wichita County Public Health District, an Executive Committee was established in 2014 as a way to ensure continuity and collaboration.

Coalition and working-group members participated in many aspects of the four assessments, which were used to determine how to best move forward. Improving the health and quality of life of our community requires pooling our community's resources so we can target areas with the most need as a united force. Everyone in our community possesses unique expertise and resources to fill a specific need, and we all complement each other in meeting the goals of the Health Coalition of Wichita County.

## Our Vision and Our Community

One of the lessons learned as the 2013-15 CHIP was implemented was the importance of creating a culture of health in our community. This resulted in revisions of our vision statement and our view of the characteristics of a healthy community. The Vision Statement describes our long-term aspirations, and the Characteristics Statement provides a description of the attributes we want for our community

### Vision

*Wichita County will be a healthy community with an excellent quality of life, healthy people, and a culture that supports and encourages health and wellbeing.*

### Characteristics of a Healthy Community

*Wichita County is a community in which citizens enjoy a good quality of life, and are physically, orally, and mentally healthy. It is a community that Community members implement and maintain a healthy lifestyle that involves being active; having access to, and seeking preventative care; being well informed; and able to access and utilize resources such as health services, public transportation, and healthy foods. It is a community with a culture of health, in which a healthy and active life is valued, and there is shared commitment to a safe and healthy community among citizens.*

# Summary of Assessments

The results of the four assessments that are conducted as part of the MAPP process are summarized in this section. These results make up the information that informs the development of the goals, objectives, and strategies presented in the CHIP. More detailed reports for each of the assessments are available at the Wichita Falls – Wichita County Public Health District.

## Community Health Assessment (CHA)

The purpose of a Community Health Assessment (CHA) is to identify the health needs and issues of a community. A detailed CHA for Wichita County was completed in 2011 and updated in 2012. A new CHA was conducted in late 2015 and early 2016. The completion of a CHA involves gathering information about the health status and quality of life of the residents of Wichita County. Information on disease and injury morbidity and mortality, health behaviors, and social and economic wellbeing is examined to develop a health status and quality of life profile of Wichita County.

A summary of the results of the CHA are presented in Figure 1. The first two boxes are areas of strength and weakness that may affect health outcomes. It is possible for an item to be both a strength and a weakness. For example, it is a weakness that the current number of uninsured is high in Wichita County, but a strength that the number of uninsured is decreasing. The box labeled "Health Status and Outcomes Problem Areas" includes those areas of most concern. In most, but not all instances, these were included based on numbers affected and severity. The fourth box, "Population Risk Issues," lists some of the factors and related population subgroups that may be experiencing greater risk of poor health outcomes and status.

The results in Figure 1 provide general guidelines for action. Wichita County's excess mortality is high indicating the need to improve overall community health. The weaknesses listed in the figure suggest efforts are merited to increase the number of people who engage in healthy and active lifestyles. The results also indicate actions to reduce teenage pregnancy and Sexually Transmitted Infections (STI) are merited. Finally, steps to reduce the prevalence of tobacco use in Wichita County should be sustained.

The results also indicate several health risk issues. Males have higher health risk than females in many of the disease and injury categories. Wichita County's Black population has higher risk than either Whites or Hispanics for a variety of health-related problems. There also are broad policy issues that go well beyond the purview of the county including Wichita County's uninsured population, poverty rate, and low household income. Nonetheless, local attention can be directed to ensuring access to affordable care for those with lower incomes and with insurance. In addition, health prevention strategies can be better tailored for lower-income individuals.

## FIGURE 1

# Forces Positively and Negatively Affecting Health Status

### Factors Positively Affecting Community Health

- High rate of high school graduation
- Low rate of unemployment
- Gradual decline in tobacco use
- Leveling off of obesity rates
- Leveling off or gradual decline in diabetes prevalence
- Excellent availability of and access to many health services
- Decreasing number of uninsured

### Factors Negatively Affecting Community Health

- High birth rate to women under 18
- High obesity rates
- High proportion of physically inactive adults
- High proportion of uninsured
- Low median household income
- High proportion of children living in poverty
- High tobacco use rate
- High incidence of sexually transmitted infections

### Health Status and Outcomes Problem Areas

- High excess mortality across most disease and injury categories
- High cardiovascular disease morbidity and mortality rates
- High cancer morbidity and mortality rates
- High infant mortality rates
- High low-birth weight rates
- High prevalence of depressive disorders
- Emerging morbidity and mortality associated with an increasing population over age 65 including Alzheimer's disease

### Population Risk Issues

- Higher risk of morbidity and mortality in most diseases among men
- Higher morbidity and mortality among those with lower incomes
- Higher rates of obesity, cigarette use, and inactivity among those with lower incomes
- Higher low birth weight births among Blacks and Hispanics
- Higher infant mortality rates among Blacks
- Higher overall mortality among Blacks ages 4 or less and 25 or older

Note:  The items in the sections above should be viewed as equal and are not ranked.

# Local Public Health System Assessment



The purpose of the Local Public Health System Assessment (LPHSA) is to assess the extent to which the public health system is meeting standards associated with the 10 Essential Public Health Services (EPHS). The public health system includes "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction."[1] The results of the LPHSA help to identify strengths and weaknesses in the public health system, providing information to promote continuous improvement of the system.

An LPHSA was completed in 2009 and again in 2015. The results from both years were examined to identify areas of strength and weakness (See Table 1). Four areas of strength were identified based on the information from the two years. The first three items were identified as strengths in both years, and the fourth item was a new strength that was tied to the implementation of the 2013-15 CHIP.

Three of the EPHS were categorized as neither strengths nor weaknesses. The first two items had ratings that fell in the middle on both assessments. The three areas of weakness were areas of weakness in both years.

| TABLE 1 | Results of Local Public Health System Assessments |
|---|---|
| **AREAS OF STRENGTH** ||
| Enforce laws and regulations that protect health and ensure safety. ||
| Inform, educate, and empower people about health issues. ||
| Diagnose and investigate health problems and health hazards in the community. ||
| Mobilize community partnerships and action to identify and solve health problems. ||
| **AREAS OF NEITHER STRENGTH NOR WEAKNESS** ||
| Develop policies and plans that support individual and community health efforts. ||
| Assure competent public and personal health care workforce. ||
| Link people to needed personal health services and assure the provision of health care when otherwise unavailable. ||
| **AREAS OF WEAKNESS** ||
| Monitor health status to identify and solve community health problems. ||
| Evaluate effectiveness, accessibility, and quality of personal and population-based health services. ||
| Research for new insights and innovative solutions to health problems. ||

Like the results of the CHA, the results of the LPHSA are inputs that inform decisions about the goals, objectives, and strategies in the CHIP.

[1]See: Centers for Disease Control and Prevention, http://www.cdc.gov/nphpsp/essentialservices.html

# Community Themes and Strengths Assessment

A Community Themes and Strengths Assessment (CTSA) is conducted to gain an understanding of community members' perceptions of health and quality of life in the community. It is an ongoing assessment used to survey people directly; the data for this CHIP is a summary from 2015, in which 500 participants were surveyed.

Participants were asked about their perceptions of their health, the overall health of the community, how they could improve their health, what resources were available, and how they would know when they were living in a healthy community. The primary results of the CTSA included:

- 78% considered themselves "Very Healthy" or "Somewhat Healthy," but only 62% considered the community as "Very Healthy" or "Somewhat Healthy."
- The most frequent responses to the statement, "I could be healthier if . . .," were a better diet and more exercise.
- The most frequent reasons given for not exercising more were time related, including not having enough time and working too much.
- 82% indicated they had access to preventive health services including PAP smears, mammograms, blood tests, and annual physicals. 31% indicated that they had access because of health insurance coverage.
- Only 21% considered themselves "Very Prepared" for a disaster. 23% cited financial or personal constraints as limiting their preparedness.

# Forces of Change Assessment

The purpose of the Forces of Change Assessment (FOCA) is to identify influences on health in the community, and to identify those influences that may contribute to a healthy community and those that may inhibit community health. The most recent FOCA was completed in early 2016. Members of the Health Coalition of Wichita County and community members of the Coalition subgroups were asked through an online survey to identify influences in seven categories: Demographic, Social/Cultural, Economic, Political/Legal, Scientific/Technological, Environmental, and Ethical.

The results from the online survey were compiled to identify a list of influences. The influences that were identified were then used to compile a list of opportunities and threats associated with community health and quality of life. A general list of opportunities and threats is presented in Table 2.

| TABLE 2 | Opportunities and Threats Identified through the Forces of Change Assessment |
|---|---|

| **OPPORTUNITIES** |
|---|
| Improved collaboration within the public health system providing opportunities to improve prevention, quality of care, and innovate |
| Limited population growth reducing the need to expand services and enabling a focus on quality improvement |
| An increasing proportion of the population engaging in healthy behaviors improving community health status, reducing service demands, and freeing resources |
| Technological developments increasing opportunities to disseminate information, improve access to services, monitor health, improve efficiency and coordination, and improve quality |
| Scientific developments providing opportunities to improve prevention and treatment outcomes |
| Social connectivity increasing the opportunity to reduce social isolation |
| An increasing number of individuals with health insurance coverage improving access to health services creating the opportunity to reduce total public health system costs and add additional resources to the public health system |

| **THREATS** |
|---|
| Economic pressure on the public health system as a result of a number of factors including slow economic growth, an increasing proportion of the population over age 64, and slow wage growth |
| A lack of adequate capacity to meet health needs of segments of the community as a result of increased demand from larger population over age 65, constrained resources resulting from economic and political factors, and increases in the prevalence of chronic diseases tied to an aging population |
| Increases in chronic and acute health problems that may arise as a result of reduced purchasing power (stagnant or slow family income growth and higher costs including food, health care, and insurance) higher rates of obesity, inactivity, and deferral of health treatments due to cost |
| Increased risk of environmental problems including hazardous weather, water quality concerns, and water shortages |
| Increasing complexity in the public health system leading to diversion of resources to operational and administrative functions |
| A sizable segment of the population of Wichita County will continue to engage in unhealthy behaviors including inactivity, poor quality diet, tobacco use, and alcohol abuse |
| Increases in behavioral health problems associated with aging, social isolation, and income insecurity |

The opportunities and threats help to shape priorities and surface factors that may aid or hinder implementation of the strategies in the CHIP.

# Public Health System Strategic Goals

The four assessments provided us with invaluable data and a thorough understanding of our community. In addition, the accomplishments and ongoing efforts of the Coalition and the subgroups comprised of Coalition and community members played a significant role in shaping our strategic goals. It is the time and resources of the Coalition and its subgroups that drive the changes in those areas deemed most crucial to improving the overall health and quality of life of our community

The identification of the strategic goals involved both the Health Coalition and the Coalition subgroups. The process involved numerous meetings and discussions among members of the Health Coalition and the Health Coalition subgroups regarding the community's needs. Three strategic goals were identified through the process:

**Goal 1** — Create a culture in the community that supports and encourages healthy behaviors, positive attitudes towards preventive health, and access to resources needed for health and wellbeing.

**Goal 2** — Increase early identification and treatment of individuals with behavioral/mental health issues, to include substance abuse.

**Goal 3** — Strengthen the health service delivery system to better meet community needs.

# Objectives, Strategies, and Impact Measures

The three goals were framed broadly to reflect the broad scope of needs for our community. More specific objectives and strategies for meeting the three goals are presented in this section. The development of the objectives and strategies was rooted in the work of the Health Coalition subgroups. There are many different considerations that went into the decisions regarding the objectives and strategies. These included:

- What strategies should be continued that were initiated as part of the 2013-2015 CHIP?
- What new initiatives should be implemented to address community needs?
- What refinements should be made to past strategies to improve effective implementation?
- What scope of activity is feasible given human and financial resources?

The objectives and strategies for each goal are presented in the pages that follow. The objectives and strategies reflect continuation of many of the initiatives that arose from the 2013-2015 CHIP. They also include new strategies to carry the community forward.

In addition to the objectives and goals, this section includes selected impact measures. Broad measures are presented for each goal. These measures are of two types. Population measures are measures of community health status and quality of life such as disease morbidity and mortality. System level measures are measures of changes in the local public health system.

More specific measures are provided for the objectives and strategies. These measures are of two forms, effect measures and activity measures. Effect measures include assessments of changes in behavior, knowledge, satisfaction, and attitudes related to the objective and its strategies. Activity measures are counts of activities such as the number of programs offered or the number of participants in a program.

It is beyond the scope of the CHIP to provide a comprehensive list of measures. The measures that are included are the primary measures. In addition, only the general measures are listed and not the methods or analyses for determining changes in the measures. Finally, the availability of measurement data changes, so it is possible that measures may change over time.

| GOAL 1 | Create a culture in the community that supports and encourages healthy behavior, positive attitudes towards preventive health, and access to resources needed for health and well being. |
| --- | --- |



**GOAL 1 IMPACT MEASURES**
- Disease and injury morbidity and mortality rates
- Community surveys of perceived quality of life and attitudes toward health including data from the Behavioral Risk Factor Surveillance System (BRFSS), as well as surveys conducted locally
- Assessments of health resource access including measures of the insured population, censuses of health service providers and facilities, availability of healthy food
- Data on fitness among children from school districts

**Objective 1.1** — Ensure that all members of the community have knowledge of healthy lifestyle choices.

**Strategy 1.1.1** — Develop and implement a campaign that informs community members about healthy lifestyle choices.

**Effect and Activity Measures 1.1.1**
- Data from the BRFSS on dietary choices
- Surveys of community members on exposure to information and impact of information
- Utilization data from Wichita County Wellness Resources (wcresources.org) and PorVida! (eatwellwichitacounty.com) websites

**Objective 1.2** — Increase Wichita County community members' intake of healthy food.

**Strategy 1.2.1** — Continue the 5-2-1-0 = 8 program.
**Strategy 1.2.2** — Continue the PorVida! Program.
**Strategy 1.2.3** — Improve access to healthy foods.

**Effect and Activity Measures 1.2.1**
- Dietary choice data from the BRFSS
- Food insecurity by county data from Feeding America
- USDA information on food access
- Sales data from restaurants participating in the PorVida! Program specific to select menu items
- Pre- and post-assessments related to strategies to examine changes in knowledge of healthy lifestyle choices, attitudes toward healthy lifestyle choices, and behavior including food intake and exercise

**Objective 1.3** — Increase Wichita County community members' physical activities that improve health.

**Strategy 1.3.1** — Continue the 5-2-1-0 = 8 program.
**Strategy 1.3.2** — Ensure the resources and infrastructure are available for people to engage in active living.
**Strategy 1.3.3** — Continue to engage the community by identified sectors in the implementation of the Active Living Plan.

**Effect and Activity Measures 1.3.1**
- Data from the BRFSS on physical activity
- Local data on wellness efforts among employers
- Availability and use of resources for active living including exercise facilities, hike and bike trails, and other recreational activities, to include use of the circle trail app
- Activity and fitness data from local school districts

**Objective 1.4** — Implement programs designed to prevent and control diabetes.

**Strategy 1.4.1** — Implement the Diabetes Prevention Program (DPP).
**Strategy 1.4.2** — Implement the Diabetes Empowerment Education Program (DEEP).
**Strategy 1.4.3** — Improve collaboration and communication across the continuum of care for individuals identified as having pre-diabetes or diabetes.

**Effect and Activity Measures 1.4.1**
- Dietary choice data from the BRFSS
- Prevalence of diabetes based on data from the BRFSS or other sources of data on diabetes prevalence
- Diabetes mortality and morbidity rates based on data from Texas Department of State Health Services
- Pre- and post-assessments related to strategies to examine changes in knowledge of healthy lifestyle, attitudes toward healthy lifestyles, and behavior including food intake/exercise

**C D E P**
COMMUNITY DIABETES EDUCATION PROGRAM
WICHITA COUNTY

**Objective 1.5** — Engage in activities designed to prevent the initiation of the use of tobacco among youth.

**Strategy 1.5.1** — Continue implementing the Teens Against Tobacco Use (TATU) Program with youth groups in Wichita County.
**Strategy 1.5.2** — Enhance the media campaign to effectively target youth.
**Strategy 1.5.3** — Work with local law enforcement organizations to strengthen enforcement of current laws regulating the sale of tobacco products.
**Strategy 1.5.4** — Begin implementation of Project EX in school districts within Wichita County.

**Effect and Activity Measures 1.5.1**
- Youth tobacco use as measured by the Youth Tobacco Survey (YTS)
- Pre- and post-assessments related to strategies to examine changes in knowledge of the risks of tobacco use, attitudes towards tobacco use, and behavior including use of tobacco products
- Sales of tobacco products to under age individuals
- The proportion of youth indicating that tobacco products are difficult to obtain as measured by the YTS

**TPCC**
TOBACCO PREVENTION & CONTROL COALITION
WICHITA COUNTY

**Objective 1.6** — Reduce the prevalence of tobacco use in the community.

**Strategy 1.6.1** — Continue implementing the FreshStart smoking cessation program with community members.

**Effect and Activity Measures 1.6.1**
- Estimated number of current users of tobacco based on the BRFSS survey
- The proportion of youth indicating use of tobacco based on the YTS
- Tobacco use cessation rates based on follow-up surveys of participants in cessation programs

**Objective 1.7** — Reduce exposure to second-hand smoke.

**Strategy 1.7.1** — Increase the number of merchants, restaurants, worksites and public buildings that are smoke-free, to include e-cigarettes.
**Strategy 1.7.2** — Inform community members of the risks of second-hand smoke in motor vehicles.

**Effect and Activity Measures 1.7.1**
- Passage of local comprehensive smoke-free ordinances in those cities without such regulation
- Reductions in the proportion of students reporting exposure to second hand smoke in cars as measured by the YTS
- Increases in the proportion of students reporting they favor tobacco-free buildings as reported in the YTS

| GOAL 2 | Increase early identification and treatment of individuals with behavioral / mental health issues , to include substance abuse. |
| --- | --- |



**GOAL 2 IMPACT MEASURES**
- Alcohol-involved traffic accidents
- Proportion of individuals reporting 14 or more poor mental health days in a month in the BRFSS survey
- The number of organizations and individuals involved in early identification and treatment of individuals with behavioral/mental health issues

**Objective 2.1** — Improve the attitudes toward and receptivity to treatment of behavioral/mental health issues among community members.

**Strategy 2.2.1** — Implement a community campaign to inform community members about the value of assistance for behavioral / mental health issues.

**Effect and Activity Measures 2.1.1**
- The proportion of people who view mental health treatment as useful as reported in the BRFSS
- Number of people exposed to campaign information

**Objective 2.2** — Create a cadre of individuals within the community who are prepared to identify and assist individuals who are in a crisis.

**Strategy 2.2.1** — Continue implementing the Mental Health First Aid Program.
**Strategy 2.2.2** — Ensure that up-to-date information is available that identifies resources available for behavioral / mental health issues.

**Effect and Activity Measures 2.2.1**
- The number of people and organizations prepared to identify and assist individuals who are in a crisis
- Readily accessible information that can assist in finding resources to address behavioral / mental health issues

**Objective 2.3** — Improve the integration and coordination of behavioral/mental health and physical health services.

**Strategy 2.3.1** — Identify and inform providers of behavioral/mental health and physical health services of potential areas in which collaboration and coordination is beneficial.

**Strategy 2.3.2** — Work with providers of behavioral/mental health and physical health services to identify ways in which collaboration and coordination among them may be strengthened.

**Impact measures 2.3.1**
- The number of behavioral/mental health and physical health service providers reporting collaborating and coordinating on aspects of patient care
- Patient satisfaction with coordination as reported on patient satisfaction surveys

| GOAL 3 | Strengthen the health service delivery system to better meet community needs. |
|---|---|



**GOAL 3 IMPACT MEASURES**
- A mix of health service providers that are available in a timely fashion and provide the scope of health services to meet defined areas of need
- The number of health service providers reporting collaborating and coordinating on aspects of patient care
- Participation rates of providers and health service organizations in Health Information Exchanges (HIEs) available within Wichita County
- The number of preventable hospitalization among Wichita County residents

**Objective 3.1** — Enhance current recruitment and retention activities to meet the needs of the community.

**Strategy 3.1.1** — Bring together groups of people who represent diverse sectors of the community to identify and carry out efforts to enhance recruitment and retention.

**Effect and Activity Measures 3.1.1**
- Successful recruitment and retention of health service providers to address defined areas of need

**Objective 3.2** — Strengthen the collaboration and coordination among organizations and individuals that influence the community's health and wellbeing.

**Strategy 3.2.1** — Identify and compile health resources and services in the community, to include determining if there are areas where the needs of the community may not be met.

**Strategy 3.2.2** — Compile and share information about health resources and services with individuals and organizations in the public health system.

**Strategy 3.2.3** — Compile and share information about health resources and services with members of the community so that they are better able to navigate the healthcare system and the financial aspects of it.

**Strategy 3.2.4** — Provide information to improve health literacy among community members.

**Effect and Activity Measures 3.2.1**
- Accurate information on the health resources in the community and identified areas where there are gaps in resources that should be addressed
- Self-reported satisfaction of organizations and individuals who are part of the public health system with the quality and availability of health resource information
- Easily accessible and understandable information available to community members that provides information to improve health literacy

### Thank You to the following agencies and organizations for their participation in this endeavor!

LIVE WELL, EAT WELL, WORK WELL, PLAY WELL