



# Northland Health Alliance

## Community Health Improvement Plan

### 2020-2022 Evaluation Report

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. The Northland Health Alliance completed a Community Health Assessment (CHA) in 2018. While conducting the CHA, 11 organizations made up the NHA, working as a team to achieve community health goals. The NHA used a community survey as one source of primary data. This survey was developed by the Data Task Force to gather input from people who live in, work in, or visit Clay and/or Platte County. Community forums were also used as a primary data source. These forums sought to collect insight from those members of the community who were unreached in the survey. Secondary data was collected and analyzed to complete the data sources. Hospitals in the NHA submitted reports of data they regularly collect which was then analyzed. Data was gathered on nationally recognized health indicators such as demographics, Social Determinants of Health, behavioral risk factors, behavioral and mental health, maternal and child health, and health resource availability/access to care. A thorough explanation of the findings of the CHA has been published and made available to the public [here](#).

Following this CHA, a Community Health Improvement Plan (CHIP) was developed. Three priority themes were drawn from the CHA to inform action planning: access to care with focus in access to behavioral health care, behavioral health with a focus in youth suicide prevention, and chronic disease with a focus in access to healthy foods. Additional community partners joined in our efforts to improve community health in these priority areas. Strategies and action plans were established to commence the CHIP at the start of 2020.

Each task force followed data submission guides when reporting to ensure the intended populations were reached. The Access to Care Task Force reported on people with low access to behavioral health care, including geographical and income barriers as their intended population. Metrics for screenings, positive screenings, referrals, encounters, and implementation were all defined within their guide. The Behavioral Health Task Force reported on youth (less than age 19) as their priority population. Metrics for number of program days, participants, classes, social

media post engagement, and implementation processes for the programs were all defined within their guide. The Chronic Disease Task Force reported on several populations: low-income, low access to grocery stores, and low vehicle access. USDA indicators helped define these populations. Metrics for participants, classes, number of program days, pounds of food, meals, and implementation processes for the programs were all defined within their guide. Reporting partners submitted their data quarterly according to these guides. The purpose of the data guides was to provide a composite scoring method across multiple organizations who were completing similar activities. The Data Task Force aggregated the submissions to evaluate overall progress for a collective impact.

Just two short months into the implementation of the CHIP, the Covid-19 virus emerged in the Midwest. The global pandemic stunted the trajectory of the CHIP. Healthcare services were redirected to address the pandemic. The NHA also adjusted its focus to better help the community with this new health threat. Some CHIP activities continued as planned, but many were put on hold due to the pandemic. In the tables below, green data outcome boxes signify that the activity was completed as planned throughout the entire CHIP cycle and the data collection is complete. Yellow data outcome boxes signify that the activity was started, but the activity was interrupted, or data collection was unavailable for some period in the CHIP cycle. Red data outcome boxes signify that the activity was put on hold due to the pandemic, or no data was collected during the CHIP cycle. Many lessons were learned during this challenging time; the NHA is seeking to apply these lessons to the next CHIP starting in 2023. The effort to better understand our community and the challenges to living a healthy life has influenced our focus in the planning phase of the upcoming CHIP cycle.

The purpose of this 2020-2022 CHIP Evaluation Report is to document the collective work achieved by the NHA partners over the course of the 2020-2022 CHIP. The NHA uses this information to address areas for improvement and emerging health issues. The NHA is always seeking to empower the Northland public health system to improve the health status and health outcomes of all residents in the Northland. The NHA aims to make living a healthy life possible for all community members.

Organizations:

- Clay County Public Health Center (CCPHC)
- Platte County Health Department (PCHD)
- North Kansas City Hospital (NKCH)
- Excelsior Springs Hospital (ESH)
- Liberty Hospital (LH)
- Tri-County Mental Health Services (TCMHS)
- Samuel U. Rogers Health Center (SURHC)
- Saint Luke's Hospital (SL)
- Northland Health Care Access (NHCA)
- Children's Mercy Hospital (CMH)
- Signature Psychiatric Hospital (SPH)
- Alive and Well KC (AWKC)
- Gladstone Public Safety (GPS)
- Synergy Services (SS)
- American Heart Association (AHA)
- Clay County Senior Services (CCSS)
- NKC YMCA
- Northland Shepherd's Center (NSC)
- University of Missouri Extension (MU Ext)

Priority 1: Access to Care

Goal: Identify Northland residents with behavioral health care needs and link them to the appropriate level of care in a timely manner.

Objective 1.1: Integration of Care: In order to address a shortage in behavioral health care providers in the Northland, increase number of behavioral health encounters through integration with primary care by X% annually after gathering baseline in Year 1.\*

Strategy	Action	Responsible Party	Data
Integration of care for vulnerable populations: Integration of primary care and behavioral health care for vulnerable populations.	Screening: Screen patients with PHQ2 and PHQ9 and refer for services.	CCPHC, PCHD, SURHC	2020: 1,858 screenings 2021: 379 screenings
	Referrals: As PCPs visit with patients, referrals are made to the Behavioral Health Clinicians.	CCPHC, PCHD, SURHC	2020: 128 referrals 2021: 19 referrals
	Crisis Intake: Patients in crisis receive an immediate intake and face to face (or telehealth) meeting with clinicians.	NHCA, CCPHC, PCHD, SURHC, TCMHS	2020: 15 intakes 2021: 186 intakes
	Counseling: Patients receive face to face (or telehealth) counseling and as needed, are referred to Tri County office for additional diagnoses and RX dispensing.	NHCA, CCPHC, PCHD, SURHC, TCMHS	2020: no data 2021: 41 patients
	Reporting: Track number of behavioral health encounters monthly and report.	NHCA, CCPHC, PCHD, SURHC, TCMHS	2020: no data 2021: 325 encounters
Establish services at SURHC North Oak location: Integration of primary care and behavioral health care for vulnerable populations by establishing Rodger's Health behavioral	Establish: Establish Services at Samuel Rodgers - Move to new/additional space location early 2020.	SURHC	

Green = Complete Data

Yellow = Incomplete Data

Red = No Data/Program on Hold

health services at North Oak location.			
	Staffing: Determine staffing at new SURHC location and ramp up.	SURHC	
	Reporting: Report monthly behavioral health care visits for each location.	SURHC	
	Marketing: Ensure listing of services are on provider directory and level of care on NHA website.	SURHC	
Integration with LCSW: Integration of primary care and behavioral health care by staffing primary care offices with LCSWs.	Screening: Screen patients with PHQ2 and PHQ9 and refer for services.	NKCH	2021: 113,094 screenings 2022: 89,689 screenings
	Referrals: As PCPs visit with patients, referrals are made to the Behavioral Health Clinicians.	NKCH	2021: 2,349 referrals 2022: 2,383 referrals
	Reporting: Track number of behavioral health encounters monthly.	NKCH	2021: 4,964 encounters 2022: 3,874 encounters
Integration with Mental Health clinician: Integration of primary care and behavioral health care by staffing mental health clinician embedded in primary care clinics.	Screening: Screen patients with PHQ2 and PHQ9 and refer for services.	LH	
	Referrals: As PCPs visit with patients, referrals are made to the Mental health clinician.	LH	
	Reporting: Track number of behavioral health encounters monthly.	LH	2020: 1,581 encounters 2021: 1,993 encounters

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Objective 1.3: Trainings: To streamline a regional response to a shortage in behavioral health care providers, assess health care providers in the Northland (including primary care, urgent care, EMS, school nurses, large employers with EAP/Health Facilities, etc.) for their interest in trainings to use behavioral health screening tools and how many staff would need to be trained. Complete assessment of training needs and develop a plan to address these needs by June 2021.

Strategy	Action	Responsible Party	Data
Assess training needs: Survey health care providers to see if they are already using behavioral health screening tools, if they need training (including online trainings) to use these tools, and how many staff they would train.	Identify needs: Work with Behavioral Health Task Force to identify training needs in community.	ATCTF, TCMHS	
	Compile resources: Compile a list of behavioral health screening options and resources/training materials to assist with completing these screenings.	ATCTF, TCMHS	
	Create survey: Create a survey to ask health care providers about current use of behavioral health screening tools and training needs regarding behavioral health screening tools.	ATCTF, TCMHS	
	Distribution list: Identify Northland health care providers to survey.	ATCTF, TCMHS	
	Send survey: Send survey to Northland health care providers.	ATCTF, TCMHS	
	Analyze results: Analyze survey results. Identify training needs based on these results.	ATCTF, TCMHS	
	Create new strategies: Using survey results, work with	ATCTF, TCMHS	

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	Behavioral Health Task Force to create additional strategies to address training needs in the Northland.		
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Objective 1.4: Crisis Line and Intake Utilization: Increase utilization of intakes at clinics and crisis lines by X% annually after gathering baseline in Year 1.\*

Strategy	Action	Responsible Party	Data
Walk-in Services: Educate community about Open Access Walk-in Services at TCMHS.	Website Promotion: Ensure listing on Provider Directory and level of care on NHA website.	ATCTF, Marketing, TCMHS	
	Track Intakes and Referral Source: Track number of people who intake and where referral is coming from. Create a baseline for 2021.	ATCTF, Marketing, TCMHS, SPH	2020: 12,905 intakes, 7,213 screenings, 3,764 admitted inpatient/PHP/IOP 2021: 1,455 intakes
Crisis Line: Educate community about Crisis Line Services at TCMHS	Website Promotion: Ensure listing on Provider Directory and level of care on NHA website.	TCMHS, ATCTF, Marketing	
	Track Calls: Track number of crisis line calls monthly. Create a baseline for 2021	TCMHS, ATCTF, Marketing	2020: 2,030 crisis calls 2021: 1,701 crisis calls

Objective 1.5: Access to Care in Areas with Geographic Barriers: Increase utilization of behavioral health services provided within communities of populations affected by geographic barriers by X% annually after gathering baseline in Year 1.\*

Strategy	Action	Responsible Party	Data
ED Telehealth: Utilize behavioral health telehealth services in ED visits.	Establish Contract: Contracting in place with HCA for telehealth services available through the ED.	ESH	

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	Tracking: Track number of ED visits using telehealth services monthly.	ESH	
Psychiatric Services: Establish access to behavioral health/psychiatric services for clinic visits.	Telehealth Psychiatric Services: Access to behavioral health/psychiatrist services available for set timeframes – for clinic visits through telehealth.	ESH	
	Establish Contracts: Contracting for IP services/weekly clinic for onsite psychiatry services.	ESH	
	Provider Partnerships: Explore opportunities to develop/partner with IP Behavioral Health providers – using recently vacated independent living center area.	ESH	
	Track Visits: Track clinic visits using behavioral health services monthly.	ESH	

Objective 1.6: COVID-19 Response: Establish mental health services for residents impacted by COVID-19.

Strategy	Action	Responsible Party	Data
Crisis Counseling Program Disaster Response: Expand Crisis Counseling programming efforts to address trauma associated with COVID-19 pandemic.	Launch Program: Launch Crisis Counseling disaster response program.	TCMHS, CCPHC	
	Support Northland Residents: Partner with health care providers to offer services to residents of the Northland.	ATCTF	2020: 614 encounters 2021: 1,231 encounters

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	Vulnerable Populations: Increase outreach to vulnerable COVID-19 populations (older adults, children, families).	ATCTF	
COVID-19 Resources: Connect Northland residents to various resources that support mental wellness during COVID-19 pandemic and pandemic recovery period.	Compile Resource List: Work with Alive and Well KC and the United Way to identify mental wellness resources in the Northland.	AWKC, ATCTF, BHTF	
	Publish Resource List: Publish mental health resource list.	AWKC, ATCTF, BHTF	
	Promote Resource List: Promote resource list so that all Northland residents can access and utilize list.	AWKC, ATCTF, BHTF	

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Priority 2: Behavioral Health

Goal: Eliminate youth suicide deaths in the Northland through coordinated trauma-informed and evidence-based prevention initiatives.

Objective 2.1: Trainings: Increase number of people educated about youth suicide prevention in the Northland by 10% annually after gathering baseline in Year 1.

Strategy	Action	Responsible Party	Data
Early Childhood Education Mental Health Staff Training: Create and implement state approved Early Childhood Education Mental Health staff training for childcare providers and home providers.	Identify Training Sites: Identify a minimum of 3 childcare centers willing to receive training.	PCHD	2020: 4 childcare centers scheduled and received "Taking Care of Ourselves During Challenging Times" training 2021: 1 childcare center scheduled and trained 2022: Began implementing a new training
	Finalize Curriculum: Finalize training curriculum and get approval from State of MO.	PCHD	2020: PCHD finalized and submitted "Taking Care of Ourselves During Challenging Times" in April. Approved in May.
	Become a Licensed Home Site: Become Licensed Home Site through State of MO.	PCHD	2020: PCHD became a licensed home site for Behavior Checker
	Implement Trainings: Implement trainings at a minimum of 3 early childhood centers.	PCHD	2020: 314 providers trained 2021: 64 providers trained
	Submit Training Implementation Report to State: Submit a report over training implementation to State of MO to undergo comprehensive evaluation and receive evidence-based practice designation.	PCHD	

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SOS Program: Continue to implement Signs of Suicide (SOS) Program annually in Northland schools and sustain school participation levels.	Implement Refresher Training: Launch annual SOS refresher training for Northland schools.	TCMHS	2020: 18 classes, 32 participants 2021: 15 classes, 5,166 participants
	Sustain School Participation: Sustain annual school participation in SOS Program.	TCMHS	
QPR Training: Implement 1-hour Question, Persuade, and Refer (QPR) trainings across the Northland.	Train the Trainer: Train all Youth Crisis Team members in facilitating QPR by the end of 2020.	TCMHS	
	Implement QPR: Conduct a minimum of 3 QPR trainings across the Northland annually (starting in 2021) with a focus of adults who work with at-risk youth (i.e., grand families, foster families, etc.)	TCMHS	2020: 3 classes, 90 participants 2021: 5 classes, 133 participants
Law Enforcement Youth CIT Training: Train law enforcement officers in Youth CIT.	Identify Training Dates: Identify Youth CIT training opportunities in the area.	GSPD, TCMHS	
	Train Gladstone PD: Train all Gladstone Police Department officers in Youth CIT by end of 2020.	GSPD, TCMHS	2020: no data 2021: 1 class, 35 participants
	Maintain: Ensure all new officer are trained within a year of being hired to GSPD.	GSPD, TCMHS	
Community Youth Mental Health First Aid Training: Conduct at least 4 Youth Mental Health First Aid Trainings across the Northland annually.	Identify Locations to Host Trainings: Identify at least 4 locations across the Northland to host Youth Mental Health First Aid trainings.	TCMHS	Held online due to Covid

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	Implement Trainings: Implement at least 4 Youth Mental Health First Aid trainings.	TCMHS	2020: 2 classes, 29 participants 2021: 7 classes, 131 participants
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Objective 2.2: New Programming/Pilot Projects: Launch 50% of new planned programs annually.

Strategy	Action	Responsible Party	Data
Wellness Wednesdays: Bring youth suicide prevention resources to North Kansas City Hospital Wellness Corner at least once a year at each of the 3 locations (North Kansa City YMCA, Gladstone Community Center, and Zona Rosa) on Wellness Wednesdays.	TCMHS Partnership: NKCH will establish partnership with TCMHS to provide resources for event.	NKCH, TCMHS	
	Signature Psychiatric Partnership: NKCH will establish partnership with Signature Psychiatric Hospital to provide resources for event.	NKCH, SPH	
	Schedule Events: Schedule at least 1 youth suicide prevention event at each of the 3 NKCH Wellness Corner locations in 2020.	NKCH, SPH, TCMHS	
	Implement Events: Implement youth suicide prevention events at all 3 NKCH Wellness Corner locations in 2020.	NKCH, SPH, TCMHS	
Northland CAPS Training: Provide youth suicide prevention training to Northland CAPS students placed at NKCH during	TCMHS Partnership: NKCH will establish partnership with TCMHS to provide resources for NCAPS training.	NKCH, TCMHS	

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Professional Development Mondays 2 times per school year.			
	Curriculum Approval: Get curriculum approved by NCAPS leadership.	NKCH, TCMHS	
	Schedule Trainings: Schedule at least 2 youth suicide prevention trainings each school year for NCAPS students.	NKCH, TCMHS	
	Implement Trainings: Implement at least 2 youth suicide prevention trainings each school year for NCAPS students.	NKCH, TCMHS	2020: 4 sessions, 20 participants 2021: 12 sessions, 9 participants
Synergy Services ESCA Staff Training: Roll out Health Forward Foundation Enhanced Suicide Care Academy (ESCA) suicide prevention training among all Synergy Services staff.	Adjust Curriculum: Work with Health Forward Foundation staff and 5 Synergy staff who already ESCA trained to adjust the curriculum and training process so that all Synergy staff (both clinical and non-clinical) can complete training.	SS	
	Train Staff: Train all Synergy Services staff in ESCA.	SS	2020: 78 staff trained 2021: 20 staff trained
	Change Procedure: Modify assessment tools.	SS	
Hope Squad: Assess ability to implement Hope Squad school-based, peer-to-peer suicide prevention program in Northland schools.	Assess Feasibility: Meet with TCMHS and school district to assess feasibility of Hope Squad program.	TCMHS	Completed in 2021 with North Kansas City Schools
	Identify Pilot Schools: Identify schools to pilot Hope Squad.	TCMHS	Completed in 2021 with North Kansas City Schools

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	Conduct Train the Trainer: Conduct adult train the trainer at TCMHS.	TCMHS	Completed in 2021
	Launch Program: Launch Hope Squad programming.	TCMHS	Completed in 2021
Clay County SOS Analysis Project: Conduct data analysis of Signs of Suicide (SOS) program in Clay County to contribute to overall understanding of suicide in the Northland.	Identify Schools: Identify all Clay County schools participating in the SOS Program.	CCPHC	
	Request Data: Request data from 2019-2020 SOS Program implementation.	CCPHC	
	Analyze Data: Analyze 2019-2020 Clay County SOS data.	CCPHC	

Objective 2.3: Community Building: Work to create a social network map of organizations and their partners collaborating on youth suicide prevention initiatives to identify strengths and gaps in Year 1.

Strategy	Responsible Party	Data
Coalition Work: Continue to integrate NHA members into community groups and coalitions to help build and maintain good working relationships partners working on youth suicide prevention initiatives.	TCMHS, CCPHC, PCHD	2020: 32 coalition partnerships/meetings attended 2021: 3 coalition meetings attended
Health Equity Community Groups: Increase involvement of NHA members in community groups that focus on health equity, social determinants of health, addressing trauma, or at-risk social groups (i.e., Trauma Informed Northland, Northland Homelessness Assistance Coalition, etc.).	CCPHC, PCHD	2020: involvement in 3 community groups 2021: no data

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Objective 2.4: Social Media: Establish baseline for social media engagements on youth suicide prevention content in Year 1. Increase by 10% annually after baseline.

Strategy	Action	Responsible Party	Data
Youth Suicide Prevention Social Media Campaign: Develop youth suicide prevention social media campaign targeted at parents.	Develop Content: Develop content for social media campaign.	TCMHS	
	Launch Campaign: Launch campaign during September 2020 National Suicide Prevention Month.	TCMHS	2020: 4 campaign days reaching 25,000+ people 2021: 96 campaign days reaching 2,727+ people
Social Media Management: Post youth suicide prevention educational and awareness content on all participating NHA organization social media accounts annually during the months of May and September.	May - Mental Health Month: Each NHA BHTF organization posts at least 4 youth suicide prevention posts every May during Mental Health Month.	BHTF	2020: 1 campaign, 7 posts, unknown post reach 2021: 32,320 post reach
	September - Suicide Prevention Month: Each NHA BHTF organization posts at least 4 youth suicide prevention posts every September during Suicide Prevention Month.	BHTF	Not de-aggregated from above post reach
NHA Youth Suicide Prevention Campaign: Work with NHA Marketing Committee to develop NHA Youth Suicide Prevention Social Marketing Campaign	Meet with Marketing Campaign: Meet with NHA Marketing Committee to pitch ideas and develop timeline.	BHTF, Marketing	
	Develop Content: Develop content for NHA branded youth suicide prevention campaign.	BHTF, Marketing	

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	Develop Landing Page: Develop landing page for social media campaign.	BHTF, Marketing	
	Launch Campaign: Launch campaign during September 2021 National Suicide Prevention Month.	BHTF, Marketing	

Objective 2.5: Policy: Research youth suicide prevention policies to champion/advocate for and publish at least 1 white paper annually.

Strategy	Action	Responsible Party	Data
National, State and Local: Track national, state, and local youth suicide prevention policies and monitor compliance if passed.	Track and Report: Track national, state, and local youth suicide prevention policy and report out at quarterly Behavioral Health Task Force meetings.	CCPHC, PCHD, TCMHS	2020: 2 policies tracked 2021: 1 policy tracked
	Compliance: IF APPLICABLE: Help ensure implementation of passed policies.	CCPHC, PCHD, TCMHS	
	Policy Brief: IF APPLICABLE: Write a white paper or policy brief about policy and publish to NHA website.	CCPHC, PCHD, TCMHS	
Missouri Hospital Association: Track MHA's policy agenda and monitor compliance if any polices are passed.	Track and Report: Track MHA's policy agenda related to youth suicide prevention legislative and clinical policy and report out at quarterly Behavioral Health Task Force meetings.	NKCH	
	Compliance: IF APPLICABLE: Help ensure implementation of passed policies.	NKCH	
	Policy Brief: IF APPLICABLE: Write a white paper or policy brief	NKCH	

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	about policy and publish to NHA website.		
Community Behavioral Health Association: Track CBHA's policy agenda and monitor compliance if any polices are passed.	Track and Report: Track CBHA's policy agenda related to youth suicide prevention legislative and clinical policy and report out at quarterly Behavioral Health Task Force meetings.	TCMHS	2020: participated in 2 state initiatives 2021: 1 bill tracked
	Compliance: IF APPLICABLE: Help ensure implementation of passed policies.	TCMHS	
	Policy Brief: IF APPLICABLE: Write a white paper or policy brief about policy and publish to NHA website.	TCMHS	
Ballot Initiatives: Track ballot initiates that can health to prevent youth suicide and monitor compliance if passed.	Track and Report: Track ballot initiates related to youth suicide prevention and report out at quarterly Behavioral Health Task Force meetings.	BHTF	
	Compliance: IF APPLICABLE: Help ensure implementation of passed policies.	BHTF	
	Policy Brief: IF APPLICABLE: Write a white paper or policy brief about policy and publish to NHA website.	BHTF	

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Objective 2.6: COVID-19 Response: Address the mental health fallout of the COVID-19 pandemic by providing resources to prevent youth suicide.

Strategy	Action	Responsible Party	Data
Community Groups Supporting COVID-19 Response and Recovery: Participate in community groups working to address the mental health fallout of the COVID-19 pandemic and prevent youth suicide.		BHTF	
COVID-19 Policy Supporting Youth Suicide Prevention: Track local, state, and national policy and budget allocations related to COVID-19 and mental health and monitor compliance if any polices are passed.	Track and Report: Track national, state, and local youth suicide prevention policy in response to COVID-19 and report out at quarterly Behavioral Health Task Force meetings.	BHTF, TCMHS	The Roots of Resilience campaign and Parent UP encouraged adults to support youth mental health during hard times. The messages went out on radio and mailer. We hosted a month-long social media giveaway campaign that promoted our website and resources. 6,348 mailers sent 525,800 radio impressions targeting adults ages 21-60 on 101 The Fox, 94.9 The Point, and Spotify
	Compliance: IF APPLICABLE: Help ensure implementation of passed policies.	BHTF	
	Policy Brief: IF APPLICABLE: Write a white paper or policy brief about policy and publish to NHA website.	BHTF	
COVID Trauma Training for Caretakers: Promote KC	Identify Organizations: Identify organizations in the Northland	BHTF	Completed through the support of Northland Strong

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Northland Strong's "Taking Care of Ourselves During Challenging Times" training to Northland organizations who address youth suicide to ensure our youth suicide prevention workforce is well enough to work.	who would benefit from training opportunity.		
	Connect Organizations to Training Opportunity: Refer organizations to training.	BHTF	Completed through the support of Northland Strong
	Identify Organizations: Identify organizations in the Northland who would benefit from training opportunity.	BHTF	Completed through the support of Northland Strong
	Connect Organizations to Training Opportunity: Refer organizations to training.	BHTF	Completed through the support of Northland Strong

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Priority 3: Chronic Disease

Goal: Increase food access and nutritious food choices through prioritizing populations struggling with income, unstable transportation and/or geography as barriers to healthy food.

Objective 3.1: Food distribution: Establish baseline in Year 1 in the amount of food provided.\*

Strategy	Action	Responsible Party	Data
Distribute food in low-income census tracts	Form partnerships: Partner with organizations to provide resources/funding for mobile food pantry programs.	HARV, CCSS, NKCH	2020: 4,677,312 meals 2021: 4,614,074 meals 2022: 4,011,023 meals
	Implement programs: Provide food pantries and Meals on Wheels programs at locations.	NSC, CCPHC, YMCA	2020: 2,105 meals 2021: 614 meals 2022: no data
Distribute food in low-vehicle access census tracts	Form partnerships: Partner with organizations to provide resources/funding for mobile food pantry programs.	HARV, CCSS, NKCH	
	Implement programs: Provide food pantries and Meals on Wheels programs at locations.	NSC, CCPHC, YMCA	2020: 38,770 meals 2021: 35,534 meals 2022: 37,946 meals
	Provide transportation: Provide transportation services to groceries or food pantry.	NSC	
Distribute food in low-food access census tracts	Form partnerships: Partner with organizations to provide resources/funding for mobile food pantry programs.	HARV, CCSS, NKCH	Not de-aggregated from low-income census tracts
	Implement programs: Provide food pantries and Meals on Wheels programs at locations.	NSC, CCPHC, YMCA	Not de-aggregated from low-income census tracts

The above metrics follow the composite scoring methodology to combine total meals provided by multiple organizations.

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Objective 3.2: Nutrition education: Establish baseline in Year 1 in the number of people served in nutrition classes/demos.\*

Strategy	Action	Responsible Party	Data
Provide nutrition classes in low-income census tracts	Form partnerships: Partner with organizations and host nutrition classes at community locations.	MU Ext, AHA, HARV	
	Deliver nutrition education: Host nutrition classes/demos at locations.	MU Ext, CCPHC, NKCH, SL	2020: 216 sessions, 7,643 participants, 14 videos, 24,200 views, 818 post engagements 2021: 145 sessions, 1,718 participants, 3 videos, 482 views, 44 post engagements 2022: 213 sessions, 1,987 participants
Provide nutrition classes in low-vehicle access census tracts	Form partnerships: Partner with organizations and host nutrition classes at community locations.	MU Ext, AHA, HARV	
	Deliver nutrition education: Host nutrition classes/demos at locations.	MU Ext, CCPHC, NKCH, SL	Not de-aggregated from low-income census tracts
Provide nutrition classes in low-food access census tracts	Form partnerships: Partner with organizations and host nutrition classes at community locations.	MU Ext, AHA, HARV	
	Deliver nutrition education: Host nutrition classes/demos at locations.	MU Ext, CCPHC, NKCH, SL	Not de-aggregated from low-income census tracts

Objective 3.3: Program enrollment: Establish baseline in Year 1 in WIC and SNAP enrollment.\*

Strategy	Action	Responsible Party	Data
Food insecurity screenings: Conduct screenings for food insecurity, focusing on areas that are low-income, low-vehicle	Resource line: Use a resource line to screen clients for food insecurity and refer to resources	NCHA	2020: 20 screenings 2021: 43 screenings 2022: 6 screenings

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access, and low-food access census tracts			
	Screen patients: Screen patients for food access/security during primary care appointments and refer to resources	SL	2020: 3,860 screenings 2021: 11,309 screenings 2022: 30,774 screenings
Program applications: 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	SNAP applications: Assist clients with SNAP applications	HARV, NHCA, NSC	2020: 146 applications 2021: 193 applications 2022: 179 applications
	WIC applications: Assist clients with WIC applications	CCPHC, NHCA, PCHD	2020: 10,410 applications 2021: 9,102 applications 2022: 8,859 applications
	Other applications: Assist clients with applications for other food assistance programs (food pantries, food stamps)	NHCA, NSC	2020: 37 applications 2021: 9 applications 2022: 0 applications

Objective 3.4: Collaborative interventions: By the end of the CHIP cycle, launch # of collaborative community-level intervention.\*

Strategy	Action	Responsible Party	Data
Prescriptive food pantries: Provide prescriptive pantries in partnership with healthcare organizations	Explore partnerships: Explore opportunities for prescriptive pantries with partners	HARV	
	Implement programs: Implement prescriptive pantries	HARV	
Advocacy and awareness: In partnership with organizations, conduct advocacy and awareness campaigns/initiatives	Form partnerships: Partner with organizations to assess policies around procurement and distribution	AHA	

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	Conduct campaigns: Conduct advocacy/awareness campaigns around food insecurity	AHA	
Design and establish urban farm: Design and establish an urban farm	Establish infrastructure: Establish infrastructure (tunnels, greenhouse)	YMCA	
	Create educational curricula: Establish educational sessions around urban farming and farm-to-table foods	YMCA	
Convenience stores: In partnerships with convenience stores, provide healthy food options	Explore options: Explore options for partnerships	CCPHC	
Stock healthy, shop healthy: Implement Stock Healthy, Shop Healthy program	Explore options: Explore options for implementation	MU Ext	
Chronic disease management program: Implement Chronic Disease Management Program	Form partnerships: Form partnerships with communities to implement program	CCSS	
	Implement classes: Implement 14 classes	MU Ext, CCSS, NKCH	2020: 7 classes, 56 participants 2021: 6 classes, 32 participants 2022: 3 classes, 16 participants

\*Due to pandemic interruptions, task forces were unable to convene to establish targets for 2021-2022 nor able to meet implementation of new programming goals.

Green = Complete Data

Yellow = Incomplete Data

Red = No Data/Program on Hold