

MOPHIMS User Group Newsletter

December 2021- Issue #26

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In this issue, we will focus on data trends from last year and how you can learn more about ongoing health concerns in Missouri, such as COVID-19. We also highlight lead poisoning in children and what the state is doing to prevent it. Did you know that November was National Diabetes Month? Go through the exercise in this issue to learn more about diabetes data and awareness in Missouri.



Top 10 Leading Causes of Death for 2020

The year 2020 was one for the record books. The entire world was affected by the COVID-19 pandemic and life as we knew it quickly changed. Now that the 2020 Vital Statistics Death File has been finalized, the top 10 leading causes of death in Missouri can be determined. Compared to previous years, the list remains relatively consistent, but as imagined, COVID-19 has made its way into the top three leading causes. The final list outlining the top 10 leading causes of death for Missouri in 2020 can be seen below:

Top 10 Leading Causes of Death: Missouri 2020

1. Heart Disease
2. Cancer
3. COVID-19
4. Accidents/Unintentional Injuries
5. Chronic Lower Respiratory Diseases
6. Stroke
7. Alzheimer's Disease
8. Diabetes
9. Kidney Disease (Nephritis, Nephrotic Syndrome, and Nephrosis)
10. Influenza and Pneumonia

As with previous years, heart disease and cancer remained the top two leading causes of death for Missouri. In 2020, almost 16,000 Missourians died from heart disease, while nearly 13,000 died of cancer. The main difference between this past year's leading causes of death when compared to other years would be the influence of the COVID-19 pandemic. COVID-19 ended up ranking third out of the top 10 list. In March of 2020, Missouri experienced its first confirmed case of COVID-19, and between March and December, nearly 7,130 Missourians died of COVID-19. The majority of these deaths (86%)

were in people aged 65 and older. Furthermore, over half of COVID-19 deaths were to persons 80 and above.

Ranking fourth in this most recent list is the category of accidents/unintentional injuries. These causes of death resulted in nearly 4,500 deaths in the year 2020. Within this category, drug overdose/poisoning accounts for the greatest amount of accidental deaths, followed closely by motor vehicle accidents and falls. Drug overdose/poisoning and motor vehicle accidents were most commonly seen between the ages of 25 to 34, while falls were most prominent in those 65 years and older.

Other than the inclusion of COVID-19, the leading causes of death for 2020 remain virtually identical to the previous year, with the exception of influenza and pneumonia slightly outranking suicide. Suicide was the 11th leading cause of death for 2020 with 1,125 deaths.

This information on the leading causes of death is very important in evaluating Missouri’s critical needs, as well as determining where public health programs may be most needed. Prevention methods and sharing data are two good ways to spread helpful information that could lead to potential decreases in these categories in the future.



Missouri’s COVID-19 Dashboard

In early 2021, DHSS took ownership of the state COVID-19 dashboards. Initial versions of the dashboard showcased only confirmed cases and deaths. Since then, the dashboard has evolved to display a comprehensive list of COVID-19 cases, hospitalizations, deaths, and vaccinations. The initial page shows metrics of Missouri at a glance. Each metric is over a period of seven days and is updated daily. Users can quickly see vaccine doses, cases, deaths, tests, and hospitalizations within the most recent week.

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Public Health

[DHSS Home](#) » [Healthy Living](#) » [Health Conditions & Diseases](#) » [Communicable Diseases](#) » [COVID-19](#) » [Data](#) » [public-health](#)

HOLIDAY SCHEDULE: The dashboard will not be updated on Nov. 25 - Nov. 28 for Thanksgiving Break.

These Dashboards are a cross-government effort to bring you data about COVID-19 in Missouri. Have questions? [Send us an email.](#)

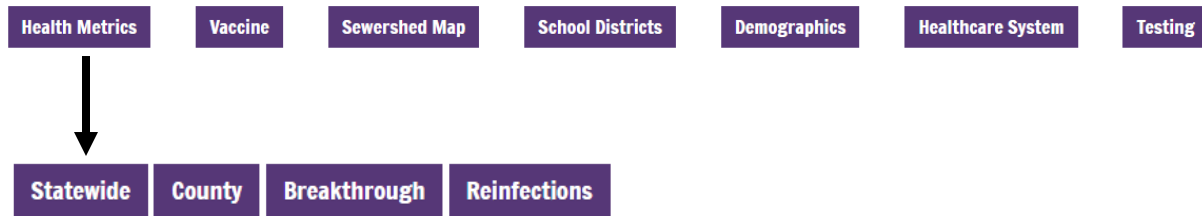
Details About Metrics
Download Data

COVID-19 in Missouri at a Glance

Last updated on 11/22/2021. The 7-day range reflects 11/15/2021 through 11/19/2021. A delay allows daily data to be accurate and complete. See FAQ for details. Note: Rates based on low numbers are statistically unstable, please use discretion when comparing rates.

Vaccinations	Vaccine Doses Administered in the Past 7 Days 132,761	Average of 20,710 per day	The number of vaccine doses administered in the past week. The Pfizer and Moderna vaccines both require two doses per person. See our new vaccine dashboard and the new vaccine website for more information (links below).
Confirmed Cases	New Confirmed Cases in the Past 7 Days 7,345	Average of 1,049 per day 120 Confirmed cases per 100K residents	The number of total people with a positive PCR COVID-19 test or a positive genomic sequencing test in the past week. If a person has both a positive PCR/genomic sequence and Antigen test, they are only counted as a confirmed case.
Probable Cases	New Antigen Cases in the Past 7 Days 2,333	Average of 333 per day 38 Antigen cases per 100K residents	The number of total people with either a positive Antigen COVID-19 test, an epidemiological linkage or confirmation via vital records in the past week. If a person has both a positive PCR/genomic sequence and one of the three probable causes listed above, then they are only counted as a confirmed case.

Dashboard Tabs



There are quite a few tabs to the dashboard, but this article will highlight the most popular tabs: the health metrics and vaccine tabs. The statewide page (under the health metrics tab) gives insight into Missouri over time with cumulative numbers of cases, tests, and deaths to date as well as the past seven days. Below those metrics are a set of colored maps based on jurisdiction, and the user is able to see jurisdictions with the highest and lowest cases, positivity rates, tests administered, and deaths. At the bottom of the page, users can view how Missouri is doing compared to other states in terms of cases and deaths. The county tab functions essentially the same, but it allows the user to choose a jurisdiction to view metrics. The remaining two pages under the health metrics tab give users an overview of breakthrough and reinfection metrics for the state.

The vaccine tab presents dosage details and allows users to see vaccine metrics by age grouping. Users can get a sense of who has initiated and completed vaccination by age group, sex, race, and ethnicity. When looking at total vaccine doses administered over time, users can move the slider bar to desired dates or start from December of 2020 up until the present day.

Downloadable Data

All data is downloadable into a .csv file. The four metrics at the top of the page have their own button that automatically downloads the data. Those include key metrics statewide and by county, tests and cases based on date reported, deaths based on date they occurred, and tests and cases based on test date. Metrics can be viewed and downloaded by a number of measures as well, both public health and vaccine based. Below the initial buttons, there are multiple metrics that will show as a preview on the site before downloading, including demographics, test dates by county, and dates of death.

Updates and Reliability

Most metrics on the dashboard are updated on a daily basis. All COVID-19 metrics reflect all reported data available and are subject to a three day delay. Vaccine dose administration is updated daily, but there are also often delays in reporting, which results in incomplete data for the most recent days. Demographic rates for vaccination also could be higher than reported, as the rates exclude records with no reported sex, race, or ethnicity.

What's the Takeaway?

We hope that those who access the dashboard are able to gain a clear picture of how their community is handling the COVID-19 virus, and how the state as a whole is progressing. It is important that the public has access to transparent COVID-19 related numbers, and DHSS strives to provide timely and up-to-date information in order to guide communities in making decisions that benefit the health of Missourians.

The dashboard can be found from the [DHSS website](#) or from covidvaccine.mo.gov.



Environmental Health's Efforts in Lead Poisoning Prevention

Over the past 40 years, a lot has been done at the local, state, and national levels to reduce childhood lead exposures. This includes testing homes and schools for lead, education and outreach, and environmental cleanup. In the late 1970s, the average blood lead level (BLL) in children aged 1–5 years in the United States was 15 micrograms per deciliter ($\mu\text{g}/\text{dL}$). In 2019, 95% of confirmed BLLs in children aged 0-5 years in Missouri were $\leq 5 \mu\text{g}/\text{dL}$ (see EPHT Blood Lead Levels in [MOPHIMS](#)). Despite the notable achievements, lead continues to be a health hazard for many children. We wanted to share signs of success in some of our ongoing efforts to mitigate lead exposures in Missouri.

Cleanup of Lead Mining and Smelting Areas

Lead mining, milling, and smelting have been an integral part of Missouri history. With some of the largest lead deposits in the world located in Missouri, lead mining in the state dates back to the early 1700s. This history of lead mining and production has left many parts of the state contaminated with lead and other metal contaminants. Sixty counties in Missouri have been identified as having potential lead impacts from mining activities. State and federal agencies have been working to address the health and environmental risks from lead mining sites and associated contaminated lands for many years. Significant cleanup has already occurred at thousands of properties over the years, and many more are planned for cleanup.

From 1850 to 1970, the TriState Mining District, covering approximately 2,500 square miles of southwest Missouri, southeast Kansas and northeast Oklahoma, was one of the world's leading lead mining areas. In southwest Missouri, mine waste (tailings and chat) were used in driveway, road, and railroad construction; smelter emissions contributed to surrounding environmental contamination; and flooded abandoned mine shafts contaminated groundwater.

In the 1990s, the U.S. Environmental Protection Agency (EPA) worked to clean up areas designated as the Oronogo-Duenweg Mining Belt (Jasper County Superfund Site) in southwest Missouri. DHSS in partnership with the Agency for Toxic Substances and Disease Registry (ATSDR) conducted exposure studies at the site to evaluate the effectiveness of educational and environmental interventions during that time. In October 1990, an initial study established a baseline mean BLL in children prior to remediation work in the area ($6.24 \pm 4.86 \mu\text{g}/\text{dL}$ in children aged <6 years). In 2000, a comparison study indicated BLLs had declined by $2.42 \mu\text{g}/\text{dL}$ on average to a mean BLL of $3.82 \pm 2.29 \mu\text{g}/\text{dL}$. The percentage of children with BLLs greater than or equal to $10 \mu\text{g}/\text{dL}$ was 14% in the 1991 study and 2% in the 2000 study. The DHSS Bureau of Environmental Epidemiology (BEE) in partnership with ATSDR and EPA are currently planning another exposure investigation in southwest Missouri, as EPA continues to conduct cleanup actions at the site.

Statewide Outreach Efforts

EPHT and the DHSS Childhood Lead Poisoning Prevention Program (CLPPP) continue to strive to educate Missouri citizen's on the dangers of lead. Multiple factors increase childhood lead poisoning risk, although lead paint in pre-1980s housing continues to be a primary culprit. Every year, CLPPP chooses eight high-risk counties in the state (using risk maps displayed in EPHT's [Lead Exposure Risk Tool](#)) and conducts door-to-door outreach to 250 homes and local public health agencies (LPHAs) in those counties. CLPPP also partners with LPHAs to conduct blood lead testing at Head Starts and preschools. In 2020, DHSS-BEE in partnership with LPHAs implemented the [Water Infrastructure Improvements for the Nation](#) (WIIN) program with the goal of testing drinking water in high risk childcares, preschools, and elementary schools throughout Missouri. WIIN has mailed outreach packets to over 2,900 facilities in 63 counties identified as having elevated childhood lead exposure risks, including counties with a total risk score of three or more in EPHT's Lead Exposure Risk Tool. Currently, over 90 participating facilities in 30 counties, including 24 counties with high childhood lead exposure risks, are going through the WIIN process. So far, drinking water at 18 facilities have been tested for lead. In these early stages of the WIIN program, three faucet replacements at one school have protected 86 children from potential exposure to lead in drinking water. Interest in participation in the WIIN program continues to grow.

For more information check out the following sites:

<https://www.cdc.gov/nceh/lead/about/30th-anniversary.html>

<https://www.jstor.org/stable/44533662>

<https://cumulis.epa.gov/supercpad/cursites/csitinfo.cfm?id=0701290>

<https://www.atsdr.cdc.gov/HAC/pha/Newton%20County%20Mine%20Tailings/NewtonCountyMineTailingsPHA010406.pdf>

Recent Environmental Health Updates

In October, the Centers for Disease Control and Prevention (CDC) updated its blood lead reference value (BLRV) from 5 µg/dL to 3.5 µg/dL in response to a Lead Exposure and Prevention Advisory Committee (LEPAC) recommendation. As DHSS programs consider ways of adjusting to this new BLRV and encourage continued decline in childhood BLLs, EPHT will be looking at updating our MOPHIMS data query and Lead Exposure Risk Tool. Stay tuned for more information.

The Environmental Public Health Tracking (EPHT) program is in the DHSS Bureau of Environmental Epidemiology (BEE). EPHT can be contacted by phone (573) 751-6102 or email EPHTN@health.mo.gov. Feel free to share your data and data visualization needs with us. You can also submit feedback on their feedback form at: https://ephtn.dhss.mo.gov/EPHTN_Data_Portal/feedback.php.

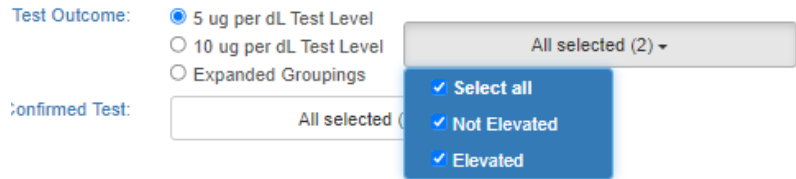


Blood Lead Levels Demonstration

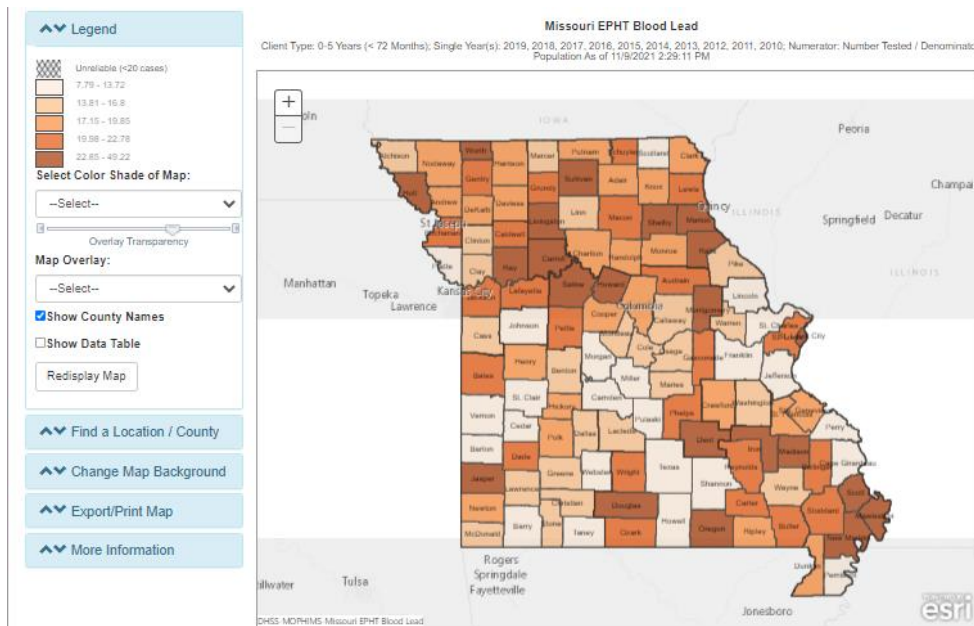
Environmental Public Health Tracking (EPHT) data can be accessed in the EPHT MOPHIMS tool from the MOPHIMS home page. The EPHT tool functions similarly to the MICA tools, and shows data regarding water and air quality, birth defects, blood lead levels, and more. Let's take a look at the **Blood Lead** tool.

To assess differences in blood lead levels and blood lead testing between counties for the past 10 years in children under six years old, we can create maps. To easily see any discrepancies between areas of elevated blood lead levels and testing, we can use the side-by-side comparison tool.

After navigating to the EPHT page from the MOPHIMS home page, click on **'Tables, Charts, & Maps'** under **Blood Lead Levels**. To create a map showing the number of tests as a percent of the county population, in **Choose your Data**, select the years of interest (here we will use 2010-2019), the geography as 'County', client type as '0-5 years', and test outcome '5ug per dL Test Level.' In order to show the total number of children tested, make sure all options are selected in the drop-down next to Test Outcome.



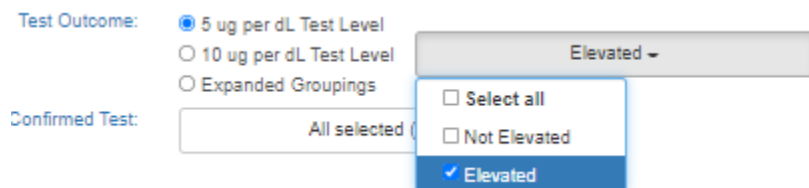
Next in **Build Your Results**, we will select **'Make a Map'** and show the statistics as 'Percent of Population' in quintiles. The quintile option will rank Missouri's counties into five levels of blood lead testing. Once we click **'Generate Map'** this map will appear below, with the legend on the left side:



In the left window we can change many map options, but in order to easily compare blood lead testing to blood lead levels, we can select the green 'Send Map to Side by Side' button towards the bottom of the page.

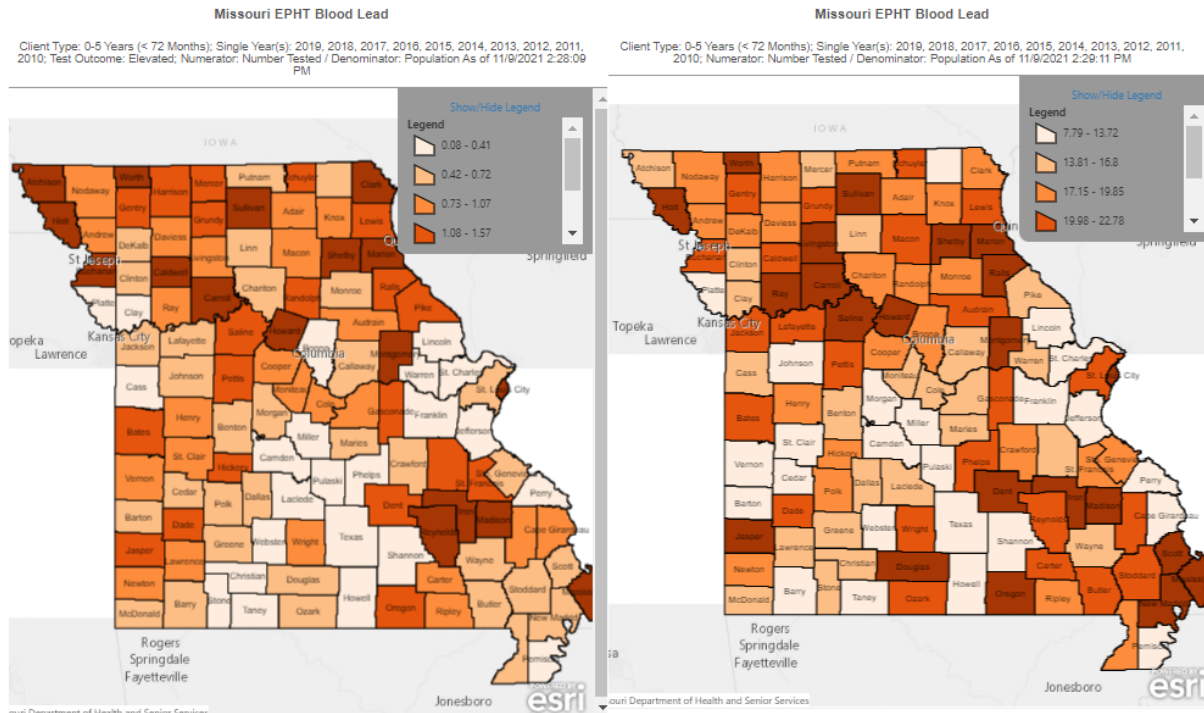
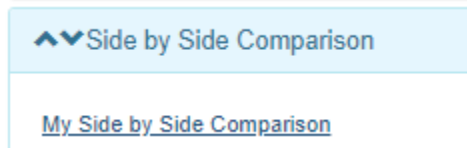
Send Map to Side by Side

Then, to create the map showing elevated blood lead levels, we will go back to **Choose Your Data** and make sure only 'Elevated' is selected in the **Test Outcome** drop-down. Once **'Generate Map'** is pressed, the map



showing elevated blood lead at the 5ug level will appear. We can send this map to side by side also using the green button.

Once both maps are added to the Side by Side Comparison section, click 'My Side by Side Comparison' in the **Side by Side Comparison** section and a new window will be generated, where you can select one map on Side 1 and the other map on Side 2. Here we put the elevated blood lead map on the left and the total testing map on the right, as can be seen in the headers of each map.



Now we can see that Atchison County in northwest Missouri is in the highest quintile for elevated blood levels as a percent of the population, but in the second lowest quintile for blood lead testing. Similar patterns of high percentages of elevated blood lead levels and relatively lower blood lead testing may be seen in Clark, Mercer, Pike, and Washington counties. Higher blood lead levels over the past 10 years seem to be more common in the northern portion of the state, with just five counties below the Missouri River in the highest quintile for elevated blood lead levels.



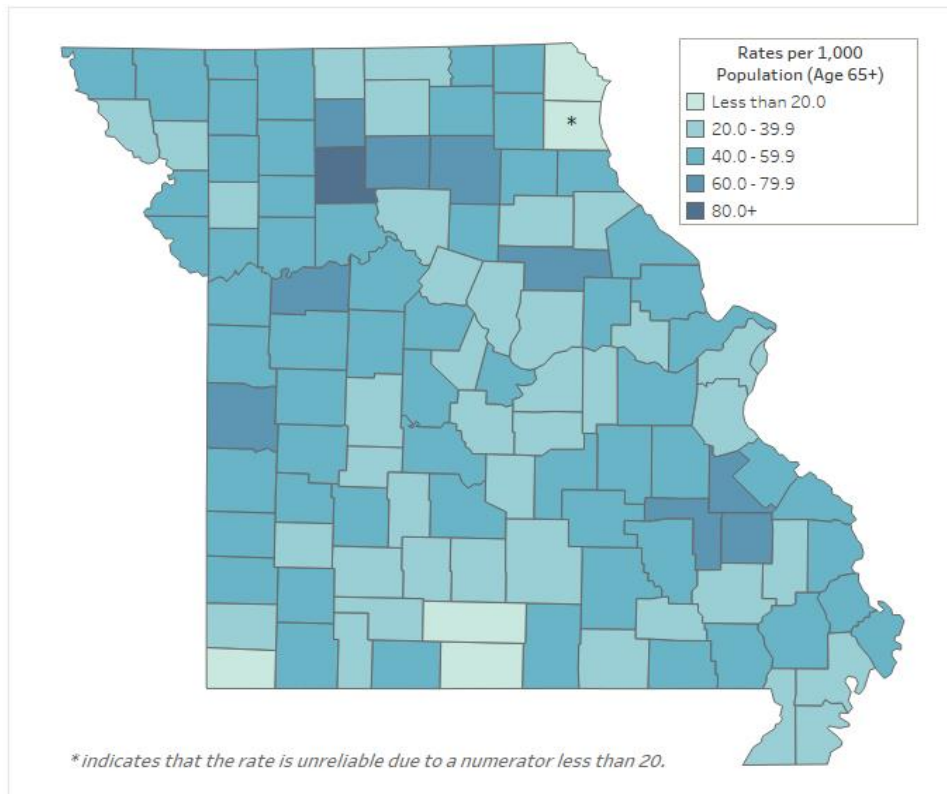
Fall Prevention

Unintentional fall injuries can happen at any time and at any place. Falls are a major public health problem in Missouri. It is important to be aware of this major public health concern and know how you can prevent fall related issues from occurring. One in four elderly adults fall each year making this a

growing problem (CDC, 2017), especially in Missouri where the aging Baby Boom population make up a relatively high percentage of the population. MOPHIMS provides important data regarding unintentional falls. We will specifically look at the fall data pertaining to injuries, deaths, and emergency room visits. Unintentional injuries are one of the top three causes of death in Missouri between the years 2009-2019. There was a total of 36,686 unintentional deaths between 2009-2019, with 7,983 of those deaths being caused by unintentional falls. Falls rank third behind motor vehicle accidents and poisoning by drugs/alcohol in the unintentional death category rankings.

Falls were also the number one cause of unintentional injury emergency room visits between the years 2005-2015 in the state of Missouri, and older residents are at most risk (MODHSS, 2019). Between 2018-2019 there were 83,695 emergency room visits as a result of fall injuries for Missouri residents 65 and older. In 2019, Livingston County had the highest rate of fall related emergency visits for ages 65 and older. Other counties with high rates include Bates, Reynolds, Iron, Madison, Lafayette, Audrain, Grundy, Linn, St. Francois, and Macon Counties.

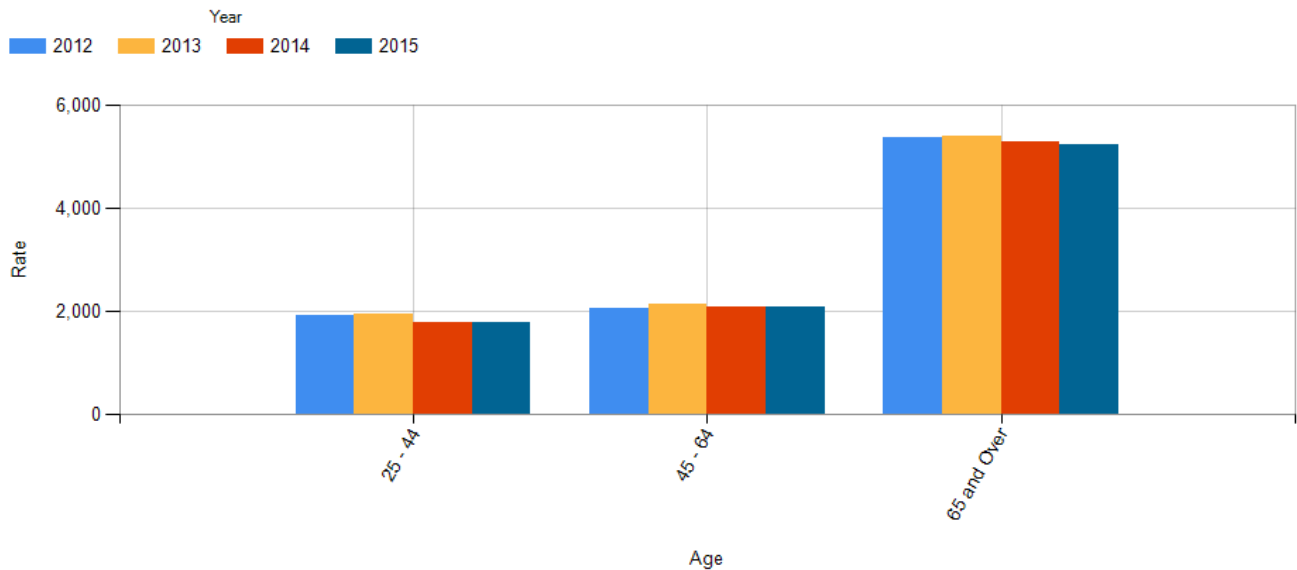
Emergency Room Visits for Fall Injuries Age 65+ (2019)



Age is one of the leading risk factors for falls. Adults greater than 65 years of age suffer the greatest number of fatal falls (WHO, 2019). The graph below shows how Missouri individuals greater than 65 years of age have higher rates of falls compared to individuals below 65 years of age. Most falls are due to a combination of risk factors. The more risk factors, the higher the chance of falling. Falls threaten the senior's safety and independence, which can cause economic and personal costs (WHO, 2021). This risk level may be attributed to many factors such as physical, cognitive, and sensory changes that are associated with advanced aging (WHO, 2021). This makes it vital to impart appropriate preventive strategies for falls in this vulnerable age group.

Missouri Resident Injuries

Data selected: Mechanism: Fall/Jump;



There are many preventive strategies that could be implemented in order to reduce the risk of falls. Adults 65 and older should create a safer home environment, talk to their doctor about fall risk evaluation, engage in strength and balance exercises, get their vision checked annually, and review important information about their medications (CDC, 2017). Physical activity can improve strength and balance to prevent falls from happening. Removing hazards around the house and having a clear line of path for walking can help prevent accidental falls. It is vital to have your home well lit to avoid tripping over objects that are hard to see. Elderly adults may need assistive devices, such as canes and walkers, grab bars, railings, or lift chairs. These devices may not only prevent falls, but can also greatly increase senior independence in the home. In case falls do occur, devices like life alert could save lives in serious situations for those who live alone. Education and awareness are imperative to address the public health issue of fall-related injuries and deaths.

References

Centers for Disease Control and Prevention. (2017). Home and Recreational Safety: Important Factors about fall. Retrieved November 4, 2021 from <https://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>

MODHSS (Missouri Department of Health and Senior Services) (2019). *Community Data Profiles: Unintentional Injury*. Retrieved November 4, 2021 from <https://healthapps.dhss.mo.gov/MoPhims/ProfileHome>

World Health Organization. (2021). Fact Sheets: Falls. Retrieved November 4, 2021 from <https://who.int/news-room/fact-sheets/detail/falls>



Rural Health Report

Every two years, the Bureau of Health Care Analysis and Data Dissemination works together with the Office of Rural Health and Primary Care to complete a *Health in Rural Missouri Biennial Report*. By state statute the report must be posted on or before November 15th of odd-numbered years, and has just been published for the 2020-2021 time period. It covers health trends of the past decade (2009-2019), as well as features key COVID-19 statistics for the 2020 calendar year. This report highlights Missouri's 99 rural counties and demonstrates where certain health disparities exist in rural Missouri. Certain topics are included such as key demographics of the rural and urban populations, the impact of Social Determinants of Health on rural Missourians, the top ten leading causes of death for urban and rural Missouri, health care in rural Missouri, among other things.

Andy assisted in presenting the data portion of this report at the Missouri Rural Health Day Celebration on November 18th, 2021, hosted by the Office of Rural Health and Primary Care. This was only our second chance to present data to a live audience since the pandemic began in March of 2020. We are very grateful to have had the opportunity to help with another *Health in Rural Missouri Biennial Report*, and look forward to the positive impacts that it may create for the rural communities of Missouri.

For more information, and to view the most recent *Health in Missouri Biennial Report*, visit the [DHSS website](#).





Practice Exercise

November was National Diabetes Month! The past couple of years have brought many challenges to our families and communities, and we've come to recognize the importance of taking care of both our mental and physical health. Having good health impacts everything we do and the life we love.

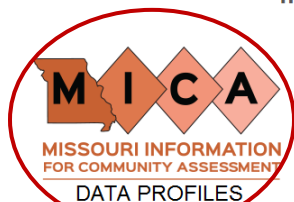
According to the Centers for Disease Control and Prevention (CDC), 88 million US adults have prediabetes, meaning they have higher blood sugar levels than normal, but not enough to be diagnosed as type 2 diabetes. More than 8 in 10 of those with prediabetes do not know they have it. Prediabetes can lead to type 2 diabetes, but can be preventable with lifestyle changes. Type 2 diabetes can put limits on what you enjoy most –having the health and energy for family, work, and hobbies that make life meaningful. It can also increase your risk for other serious health conditions such as heart attack, stroke, or kidney failure. Type 2 diabetes isn't reversible, but the good news is that prediabetes is!

Every November, we recognize National Diabetes Month as a chance to share the risks of prediabetes and type 2 diabetes and to let you know about a proven program that can help you reverse prediabetes and prevent type 2 diabetes. The National Diabetes Prevention Program offers a lifestyle change program to help adults with prediabetes add healthy habits into their everyday lives. The Diabetes Self-Management Program offers classes on ways to manage diabetes and maintain quality of life. For information on Diabetes Prevention and Diabetes Self-Management programs in Missouri, please go to <https://health.mo.gov/living/healthcondiseases/chronic/diabetes/relatedlinks.php>.

On MOPHIMS there are several Data Profiles that contain pre-diabetes and/or diabetes statistics for Missouri. These further can be broken out by several demographic groups. Let's take a look at some of these statistics and features available on the **County Level Study** profile. This profile uses data from the 2016 Missouri County-level Study (CLS), a random sample of approximately 52,000 Missouri adults. Now we will walk through how to access this profile.

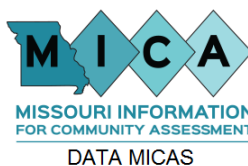


The Missouri Public Health Information Management System (MOPHIMS) provides a common means for users to access public health related data to assist in defining the health status and needs of Missourians.



Community Data Profiles are available on various subject areas and provide data on 15-30 indicators for each geography selected.

- Maternal, Infant and Child Health Profiles
- Chronic Disease Profiles
- Injury Profiles
- Death Profile
- Hospital and Emergency Room Visit Profiles
- Special Demographic Profiles
- County-Level Study Profiles



The Missouri Information for Community Assessment (MICA) allows users to summarize data, calculate rates, and prepare information in a graphic format.

- Maternal, Infant and Child Health MICAs
- Chronic Disease MICAs
- Injury MICA
- Death MICA
- Hospital and Emergency Room Visit MICAs
- Population MICA
- Medicaid/TANF MICAs



The Missouri Environment Public Health Tracking (EPHT) program was developed to assist the public, communities, policymakers, and scientists, answer fundamental questions about the relationships between environmental exposures and health effects. Data on this site also include hazard and disease surveillance.

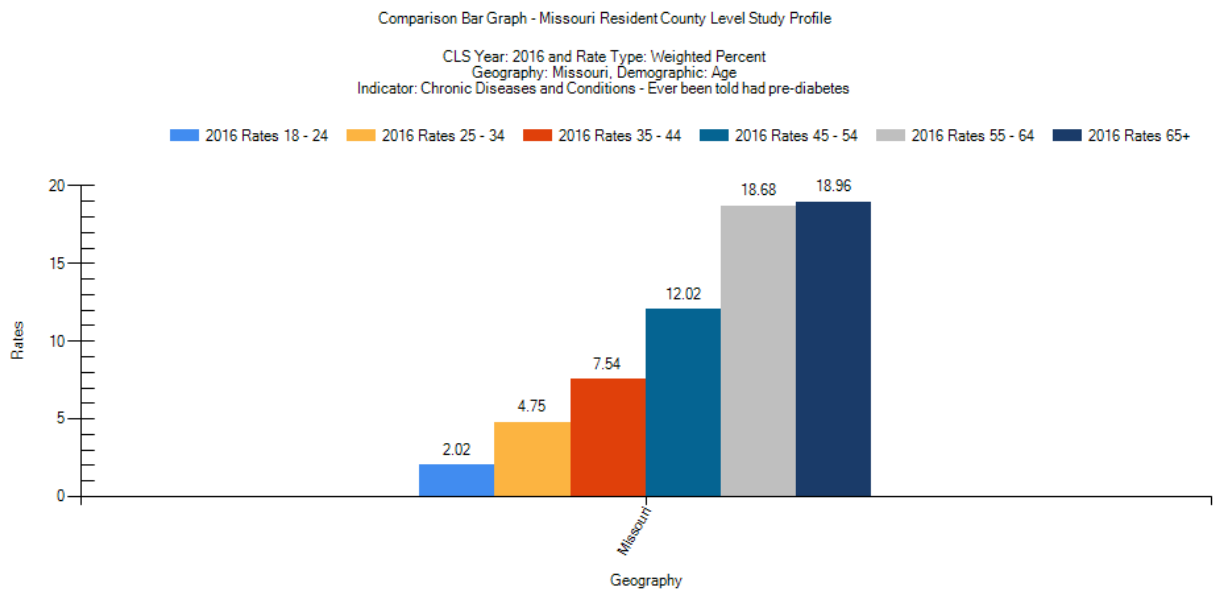
- Health Data
 - Blood Lead Levels
 - Asthma
 - Birth Defects
 - Myocardial Infarction
 - Carbon Monoxide Poisoning
- Environmental Data
 - Agriculture
 - Air Quality
 - Water Quality
- Community Data
- National Data



County-Level Study Profiles

- County Level Study
- County Level Study Comparisons

In the County Level Study profile, select Age from the 'demographic dropdown' menu in **Choose Your Profile Data**. Click the blue submit button. In the **Health, Risk Factors, and Preventative Practices Indicators** section, scroll down under Indicator until you find the **Chronic Diseases and Conditions** portion. Eighth down in the indicators list is the indicator '**Ever been told had pre-diabetes**'. Scroll all the way over to the right and click on the Graphics link for this indicator. Click on the 'Full Version' button. Following those steps will produce the chart below.



Rates are considered unreliable when based on less than 50 events. Please check corresponding event counts before interpreting the rates shown here.

Source: DHSS-MOPHIMS Community Data Profiles - Health and Preventive Practices

In Missouri, 11.22% of those sampled were ever told that they had pre-diabetes. According to this graphic, over 18% of participants of the study age 65 and higher had ever been told they had pre-diabetes. This is over seven percentage points higher than the state survey population pre-diabetes rate. This tells us that the older population in Missouri has been diagnosed with pre-diabetes more than the adult population overall.

1. Now let's go back to the main page and look at what the CLS tells us about diabetes around the state. How does the diabetes rate in your county compare to the state rate?

2. Use the Graphics feature to visualize the difference in diabetes rates by race in Missouri according to the CLS. Which race category has the highest rate of diabetes?

3. We've learned that healthy habits can decrease ones risk of developing diabetes and can reverse pre-diabetes. What other indicators from the CLS are important when it comes to living a healthy and diabetes free life?
-



Data Updates

We are excited to announce that new Cancer Incidence data has been uploaded to the site! We have been busy preparing and finalizing other files, and hope to have new years of data available for the Chronic Disease Death, Death, Fertility and Pregnancy Rate, Population, Pregnancy, and WIC MICAs in the early months of 2022. Until then, do not hesitate to reach out if more current data is needed, and we will make our best efforts to complete requests as they are received. Just a reminder that while the hospital-based datasets aren't being updated online yet, we do have data through 2019 available upon request. The same is true of 2020 BRFSS survey data and 2020 birth/death data.

Training Updates

We miss you all! COVID-19 has unfortunately delayed in-person MICA trainings. That is why we would like to give you access to a virtual training session on January 26, 2022. This brief overview of the MICA system would be a great refresher for anyone who has not used the site in a while or new staff who are unfamiliar with it. We will send out a more official notice later, but for now use our contact information below to get more information. We hope to see you virtually!



About the MOPHIMS User Newsletter Group

The MOPHIMS User Group Newsletter was created in response to user requests for communication on updates to the MICA system, descriptions of new features, additional practice exercises, announcements of training opportunities, and any other new information about data that might help them perform their jobs more efficiently.

Newsletters will be published on a semi-annual basis. If you have ideas for content, please send them to Andrew.Hunter@health.mo.gov or Chelsea.Fife@health.mo.gov. We would especially like to feature stories describing your success at completing projects or obtaining grants using the MICA tools as well as interviews with public health professionals about your duties and how you use MICA to accomplish them.

Past issues are available at <http://health.mo.gov/data/mica/MICA/newsletters.html>.

Contributors: Chelsea Fife, LeighAnna Hentges, Sunil Patel, Elizabeth Semkiw, Haley Stuckmeyer, Tiffany Tuua, and Madison Wiseman.

How to Sign Up or Opt Out

If you have enjoyed this newsletter, please feel free to share it with your colleagues and community partners. We encourage them to sign up for the MICA User Group by sending an email to MOPHIMSUserGroup@health.mo.gov with the subject line MOPHIMS User Group. This will let us know to send newsletters to them directly so they do not miss any information. Also, we may occasionally distribute time-sensitive information on topics such as training opportunities via e-mail if the newsletter is not scheduled for publication prior to a registration deadline. Finally, the MOPHIMS User Group list helps us track the types of organizations using the tools, which is one of our performance measures.

If you would like to opt out of the MOPHIMS User Group, please send an e-mail with Unsubscribe in the subject line to MOPHIMSUserGroup@health.mo.gov. PLEASE NOTE: Depending on your position title, you may still receive other types of e-mail messages from us. For example, we are requested to send training information to all LPHA Administrators, even if they have unsubscribed from the MOPHIMS User Group.

Final Thoughts

As mentioned in the opening section, the COVID pandemic has impacted all manners of life and one area that has particularly been impacted is the workforce. BHCADD has not been immune to those developments as several staff have departed for a variety of reasons. The most noteworthy as it relates to MOPHIMS is that in June, Whitney Coffey bid farewell to BHCADD. As many of you know, Whitney has been an integral part of the MOPHIMS team serving in a variety of roles over the past 7 years. She is staying in public health as she transitioned into a role with the Springfield/Greene County Public Health Department focusing on community assessment. While Whitney is greatly missed here in BHCADD, her efforts in transitioning from the original MICA platform to MOPHIMS will not be forgotten.

We are also happy to announce that Chelsea Fife has accepted a promotion and has moved into the role of Data Dissemination lead for MOPHIMS/BHCADD. Chelsea has been a Research Analyst for the past 4 years in BHCADD working with opioid overdose abstraction and more recently as the lead death analyst.

Contact Information

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