On Common Ground for Health Expanded Plan

Our Coordinated Efforts to Prevent and Manage Chronic Disease in Missouri

2014 - 2018

Developed by the multi-stakeholder Chronic Disease State Plan Workgroup, *On Common Ground for Health* describes recommended strategies to coordinate the prevention and management of common chronic conditions in Missouri.

FY 14 Status Report

Plan Summary

The CHCDP program staff worked on action steps to move the section toward the goals set forth in this integrated strategic plan to prevent and manage chronic disease in Missouri. During year one many accomplishments have occurred with efforts continuing into fiscal year (FY) 2015. This report also features statements, ideas and activities to enhance communication, integration, plan refinement and measures. Team leaders will use these statements, ideas and activities as discussion points with their teams and report decisions back to CHCDP. These discussions may result in modification of the plan action items, team makeup, and plan measures that will be noted in future reports. The coordinated and collaborative nature of the teams will continue and program integration efforts will strengthen. Both attributes will lead CHCDP to achieving the goals and objectives set forth in this plan.

For this strategic plan and report, an operational plan converts the components of the strategic plan (vision, mission, goals, objectives, etc.) into short-term workable statements with measureable milestones. The plan contains a comprehensive set of integrated, carefully orchestrated actions that put objectives and strategies into operation for the fiscal year. The plan needs to also define the interrelationship between all of the necessary actions to achieve milestones, including those actions of internal and external partners. To aid in reading the report, utilize the following acronym list.

ABCS	Aspirin (when indicated), Blood Pressure, Cholesterol, Smoking Cessation		GODAC	Governor's Organ Donation Advisory Committee		PCHH	Primary Care Health Home
CDPP	Chronic Disease Prevention Program		HEAL	Healthy Eating Active Living Program		PCP	Primary Care Provider
CHC	Community Health Center		HRC	Health Resource Center		PHC	Pioneering Healthier Communities
CHW	Community Health Worker		HRSA	The U.S. Department of Health and Human Services, **H**ealth **R**esources and **S**ervices **A**dministration		PHHS	Public Health and Health Services Block Grant
CLPHS	Center for Local Public Health Services		LPHA	Local Public Health Agency		PSA	Public Service Announcement Public Service Announcement
CLS	County Level Survey		MAPCP	Missouri Asthma Prevention and Control Program		ROI	Return On Investment
CSC	Children Services Commission		MAPP	Mobilizing for Action through Planning and Partnerships		SHI	School Health Index

CSF	Comprehensive Smokefree		MARC	Mid-America Regional Council		TGA	The Guideline Advantage
CTF	Comprehensive Tobacco-Free		MCP	Missouri Convergence Partnership		WIC	Women's Infant and Children's
DRS	Donor Registry System		MoQuIN	Missouri Quality Improvement Network			
DRVS	Data Repository Visualization System (by Azara)						
EMR	Electronic Medical Record						

STRATEGY AREA #2: Environmental Factors

GOAL

Environmental and social factors support individuals engaging in healthy living.

Objective 1:

Through 2018 increase community policies, rules, or ordinances that are proven to effectively promote healthy lifestyle environments for Missourians.

YEAR ONE ACTION PLAN

Action	Measures	Status-FY14 As of 6/30/2014
Conduct survey to determine baseline	Number of surveys conducted	FY14: Survey of program managers resulted in the following: • 26 communities have comprehensive smokefree (CSF) polices (baseline) • 7 communities trained in Walkable Community standards • Legislation (SB 596, SB 604, HB 1655, and HB 1879) to repeal 302.020 RSMO (Motorcycle Helmet Law) was defeated during the 2014 legislative session • Tanning Bed law 577.665.1 RSMo (HB 1411) passed during the 2014 legislative session (http://www.moga.mo.gov/mostatutes/stathtml/57700006651.html?&me=tanning) • Tanning Bed legislation passed in (2014). Administrative rules developed and published (http://www.sos.mo.gov/adrules/csr/current/19csr/19c20-12.pdf) by DHSS. The Department also developed the tanning consent form (http://www.health.mo.gov/living/healthcondiseases/chronic/chronicdisease/TanningConsentForm.pdf). FY15 Plan: • Legislation (SB 135) to amend 302.020 RSMO (Motorcycle Helmet Law) for operators with first-party insurance coverage and distinctive license plates was defeated during the 2014 legislative session Future Plan Discussion Points: • Rewrite action to better focus assessment efforts related to environmental and social support for healthy living within communities • Determine which measures to utilize and develop a plan to complete a baseline assessment, i.e., nursing

		homes, childcare centers, etc. • Determine process for assessing elementary/secondary public schools tobacco polices • Determine baseline of community mental health and substance abuse facilities with smokefree or tobacco-free polices • Determine baseline of public housing authorities with smokefree or tobacco-free policies • Determine what other rules, policies, and ordinances to assesses within communities if funding becomes available • Establish baseline of elementary/secondary public school that have tobacco-free policies
Work with communities to assess their environment	Baselines determined Number of communities conducting assessments (the focus, at a minimum, is: tobacco, walkable communities, child care centers, physical activity, nutrition, unintentional injury prevention, and asthma)	FY14: • CLPHS provided MAPP training to 21 local public health agencies. Assessment training included the following components o Organizing for Success, o Visioning, o Community Health Status Assessment, o Community Themes and Strengths Assessment, o Local Public Health System Assessment, o Forces of Change Assessment, o Identifying Strategic Issues, o Formulating Goals and Strategies, and o Action Cycle related to the objective as part of the Department's accreditation process for assessment protocols. • 34 LPHAs completed assessments of tobacco/smoke-related environments. • Center for Local Public Health Services completed assessment of obesity, injury prevention, and tobacco-related priority health issues. Results are: o 49 counties selected prevent and reduce obesity (baseline) o 49 counties selected prevent and reduce intentional and unintentional injuries (baseline) o 9 counties selected prevent and reduce tobacco use and secondhand smoke exposure (baseline) FY15: • Section Administrator clarified measure focus and added physical activity, nutrition, unintentional injury prevention and asthma. • Livable Streets contractor to work with 3 communities to conduct key informant interviews with community leaders to gather insight for passing a complete streets policy. Future Plan Discussion Points: • Establish a work team of staff and partners, at a minimum consider the following individuals/organizations:

		○ Brenda Maley, ○ Jeannie Ruth, ○ Tiffany Tuua, ○ CLPHS Representative ○ Missouri Foundation for Health Representative • Consider assigning an Intern as team lead • Determine number of communities currently receiving assistance to assess their environments and what tools are being utilized as a baseline • Develop a list of community assessment tools communities can utilize to effectively assess their environment • Determine what measures will be utilized to measure progress • Determine how community assessment tools will be promoted and utilization tracked • Seek resources to support community assessment tool promotion and utilization • Seek resources to Assess usage of community assessment tools • Assess what community rules, polices or ordinances were put in place using the assessment data • Review MCH assessment required every three years to determine if components of that assessment help measure progress toward objectives • CLPHS may have data on assessment
Support coalition development and action	Number of communities implementing changes Number of community coalitions working on policy changes	FY14: • Funded 34 LPHAs to develop coalitions and action plans, including youth connections for smoke free policy initiatives ○ 34 coalitions developed ○ 34 of action plans completed • 32 HEAL and CDPP funded counties worked with 32 local coalitions to identify gaps and priorities in the areas of access to healthy food and safe places to be physically active, prevention and reduction of tobacco use, and exposure to second hand smoke ○ The following gaps were identified: ▪ Lack of policies around access to healthy foods ▪ Lack of implementation of shared use agreements ▪ Lack of access to affordable recreation facilities ▪ Lack of implementation of tobacco free policies for school campuses ▪ Lack of comprehensive tobacco free ordinances in some areas ▪ Lack of support for worksite wellness programs ○ The following priorities and strategies were identified: ▪ Increase the number of employers recognized as a Missouri Breastfeeding Friendly Worksite or Breastfeeding Friendly Child Care. ▪ Increase the number of small retail venues that offer healthy foods.

		▪ Increase the number of Missouri Live Well Restaurants. ▪ Increase the number of community gardens/amount of produce distributed from the garden. ▪ Increase the number of public places (city buildings and parks) that have adopted and implemented nutrition standards for vending/concessions on government property-using Eat Smart in Parks where appropriate. ▪ Increase the number of early childhood education facilities recognized as Missouri Eat Smart Centers. ▪ Increase the number of shared use agreements and use of these facilities. ▪ Increase the number of Livable Streets policies. ▪ Increase the number of worksites promoting physical activities. ▪ Increase the number of early childhood education (ECE) facilities recognized as Missouri MOve Smart Centers. FY15 Plan: • Provided sustainability planning training for 28 community coalition contractors/LPHAs • Continue HEAL and CDPP contracts FY16 Plan: • Establish a work team of staff and partners, at a minimum consider the following individuals/organizations: o Brenda Maley, o Jeannie Ruth, o Sandy Hentges, o Melissa Hope, o CLPHS Representative, and o Missouri Foundation for Health Representative • Consider assigning an Intern as team lead • Determine what actions by local coalitions will be measured • Continue to fund LPHAs through HEAL and CDPP. Expand the strategies from which they can choose to address Future Plan Discussion Points: • Seek resources to support local coalition efforts • Develop a reporting mechanism for use by local coalitions to monitor progress • Determine: o What funding will support coalition work o If central office work team or others staff will get the regional staff current on issues, chronic disease needs and risk factors o The target communities/counties and/or LPHAs

		○ If re-alignment of assigned areas is necessary
Support schools in School Health Index (SHI) assessment	Number of health promoting policies or practices changed Number of new health promoting policies	FY14: • 21 primary and secondary public schools have completed the SHI FY15 Plan: • 44 schools complete the SHI and develop an action plan to improve their health related policies and practices • Section Administrator has added Peggy Gaddy and Lesha Peterson to the work team FY16 Plan: • Change lead to Alma Hopkins to work with the following team: ○ Marjorie Cole ○ Jeannie Ruth ○ Lesha Peterson ○ Peggy Gaddy • The SHI to be completed by an additional 12-15 public schools Future Plan Discussion Points: • Educate the statewide Comprehensive Tobacco Control team on the SHI • Report number of schools that have completed the SHI and changes made as a result • Report number of schools that enacted policy change based upon the results of the SHI assessment • Determine how to incorporate Comprehensive Tobacco Control program efforts into the SHI and vice versa • Train the Comprehensive Tobacco Control team about SHI • Determine how to involve Comprehensive Tobacco Control youth teams at the local level • Develop at least one success story about impact of completing the SHI and how it will be shared
Provide training and technical assistance to partners (existing and potential)	Number of programs offering technical assistance	FY14: • Tobacco control advocacy training provided annually at the Tobacco Free Missouri Annual Meeting (November 2014) ○ 21 individuals trained from local coalitions ○ 17 local coalitions represented at the training • Coalition building technical assistance provided annually at the Tobacco Free Missouri Annual Meeting (November 2014) ○ 21 individuals trained from local coalitions ○ 17 local coalitions represented at the training

		• Childcare Facility Training related to adoption of physical activity and nutrition policy changes provided by Team Nutrition (ongoing)
		  o Trained over 700 trained childcare providers (FY14)
		  o Technical assistance provided to 6 HEAL contractors related to Eat Smart in Parks, worksite physical activity, active living communities and creating environments supportive of breastfeeding. Technical assistance provided by Department staff and contractors; University Extension, PedNet and Trailnet
		
		FY15 Plan:
		
		• Provided a two-day HEAL contractor training for 28 HEAL contractors on December 9-10, 2014. Training included sessions on sustainability, evaluation, implementation of strategies and available resources
		• Through the HEAL contracts, LPHAs educated 465 decision makers about policy and environmental changes to support healthy weight
		• 14 *I am Moving, I am Learning* trainings conducted reaching 314 providers
		• Train 700 childcare providers how to adopt policy and environmental changes to their physical activity and nutrition environments within their centers
		• Host quarterly conference calls for 10 CDPP contractors to review barriers for implementation of contract deliverables and network with other agencies
		
		FY16 Plan:
		
		• Determine if the *Coalition Self-Assessment Checklist* tool will be used by all programs within the section. If not, determine what tool or tools will be utilized
		• Continue to offer training and technical assistance to child care providers through Team Nutrition and MAP
		• Offer a one-day LPHA contractor training for HEAL
		• Continue quarterly calls for CDPP contractors
		
		Future Plan Discussion Points:
		
		• Train all Section staff on the use of the (tool names) assessment tool(s)
		• Programs design a plan on how they will incorporate the identified tool(s) at the local level
		• Determine how to fund the collection and compilation of results
		• Determine how results will be submitted and compiled
		• Determine who or what agency will be responsible for collecting and compiling results
		• Develop a proposal to identify gaps in physical activity and nutrition licensing rules within Childcare facilities
		• Seek funding opportunities to identify gaps in physical activity and nutrition licensing rules
		• Secure funding to identify physical activity and nutrition licensing rule gaps

FUTURE ACTION ITEMS

Action	Measures	Status-FY14 As of 6/30/2014
Identify gaps in policy		FY14: • Worked to identify gaps for comprehensive tobacco-free (CTF) policies in the following settings: o Public School Districts (Victoria) o Colleges and Universities • MOCAN Childcare Workgroup developed a proposal to look at gaps in physical activity and nutrition licensing rules within childcare facilities • Established the Coordinating Council FY15 Plan: • Assigned Coordinating Council the responsibility to: o Identify focus areas (chronic disease, risk factor(s) and programs) o Make recommendations for policy development • Report physical activity and nutrition licensing rule gaps within childcare facilities • Report gaps for CTF policies in school districts and CTF or smokefree in other facilities (community mental health and substance abuse, local public housing) Future Plan Discussion Points: • Determine focus areas in which to identify gaps in policy • Identify other health related policies in which to focus
Develop model policies as determined by gaps		FY14: • Pioneering Healthy Communities is conducting a survey about shared use agreements between communities and public school facilities that provide physical activity opportunities, i.e., playgrounds, gymnasiums, ball fields, etc. FY15 Plan: • Report results of Pioneering Healthy Communities survey on shared use agreements • Adopt (policy name) existing model policy for comprehensive smokefree community ordinances • Adopt (policy name) for comprehensive tobacco control policies within public schools • Work with Missouri School Boards Association to strengthen model shared use agreement policy for school districts • Develop a community toolkit that includes model policies

Disseminate model policies to assist communities with policy change		FY15 Plan: • Distribute to communities the following model policies for Smoke free/Tobacco-free Policies/Ordinances o Fundamentals of Smokefree Workplace Laws (http://www.no-smoke.org/pdf/CIA_Fundamentals.pdf) o Model Policy for a Tobacco-Free College/University (http://no-smoke.org/pdf/modeluniversitytobaccofreepolicy.pdf) o School Tobacco Policy Index (http://cphss.wustl.edu/Products/ProductsDocuments/CPPW_SchoolTobaccoPolicyIndex.pdf#SchoolTobaccoPolicyIndex,2005) • Model policies for complete/livable streets are available on the Missouri Livable Streets website (http://livablestreets.missouri.edu/) • Developed the *Missouri Breastfeeding Friendly Child Care Toolkit*, which includes a model policy on supporting breastfeeding for childcare providers • Completed draft of the *Missouri Food Service Guidelines* for public service venues • Continue to promote Eat Smart in Parks for state and local parks

Objective 2:

Through 2018 maintain existing and increase state laws and regulations that are proven to effectively promote healthy lifestyle environments for Missourians.

YEAR ONE ACTION PLAN

Action	Measures	Status-FY14 As of 6/30/2014
Inform DHSS legislative liaison on state laws and regulations that promote healthy lifestyle environments	Number of grand rounds to which Department management is invited Number of subject matter briefs provided at grand rounds	FY14: • Passed HB 1320 that supports breastfeeding mothers by adding nursing mother to the list of individuals entitled to be excused from jury service; Amended 191.918 and 494.430 RSMo • Passed SB 680 during 2014 legislative session to establish a pilot project for "double bucks" SNAP benefits 208.018 RSMo) o Administered by Department of Social Services o Access to fresh fruit and vegetables at farmer's markets o Unfunded mandate (subject to appropriations) • Passed SB 701, amending 262.960 RSMo during 2014 legislative session that created the "Farm to School Program" within the Department of Agriculture to provide support to schools for using locally grown

		agricultural products for school meals and snacks and created the Farm to School Task Force o Missouri Foundation for Health provided funding for one year to support the program coordinator position • MOCAN, MCP and the PHC group are working to determine future legislative priorities to o Provide consistent messaging for physical activity and nutrition issues o MOCAN, MCP and the PHC groups are working together to set future legislative priorities and to provide consistent messaging related to physical activity and nutrition issues FY15 Plan: • Released policy recommendations for childhood obesity prevention and treatment in December 2014 o Developed by the Children's Services Commission's Subcommittee on Childhood Obesity FY16 Plan: • Assign team lead replacement, Belinda Heimericks retiring • Secure funding for research/evaluation of existing Missouri laws, regulations or policies that can impact a healthy lifestyle • Assign a person, employee/partner team, or an intern to research/evaluate all existing Missouri laws and regulations that can impact a healthy lifestyle, by topic o Develop topic list o Prioritize topic list o Implement research/evaluation • Report findings from state law and regulation evaluation process to o Community Health and Chronic Disease Prevention program managers o Section administrators within the Division of Community and Public Health o Department Legislative Liaison Future Plan Discussion Points: • Determine which programs within the Department will collaborate and focus on this objective o Recruit individuals from those programs to be on the collaborative team • Incorporate healthy lifestyles law, regulation and policy review into Department grand rounds
Provide training and technical assistance to coalitions and partners to educate and advocate for environments that support a healthy	Number of trainings conducted and technical assistance appointments provided for partners and coalitions	FY14: • Provided technical assistance to local coalitions and contractors to support local policy changes for increasing access to healthy foods and safe places to be physically active) FY15 Plan: • MOCAN developed and released a series of infographics for partners o Infographics by topic:

lifestyle		▪ MOCAN Overview ▪ Health Consequences of Childhood Obesity ▪ Supporting Healthy Places to Live, Work and Play ▪ Supporting an Affordable, Healthy Food System ▪ Costs of Obesity o Available on the web: http://extension.missouri.edu/mocan/infographics/ • MOCAN hosted statewide conference on childhood obesity on April 21-22, 2015. Over 200 people attended. Conference highlighted CSC recommendations and defined next steps. • Presented a workshop at the Center for Local Public Health Services meeting on implementing the Healthy Lifestyle Framework. • Established a group of partners to work on statewide implementation of the Healthy Lifestyle Framework • 1 training conducted at annual Tobacco Free Missouri Annual Meeting (November 6, 2014) to expand capacity to develop a more coordinated approach o Comprehensive Tobacco Control in relationship to coalition building • Provide a one-day training at Cancer Summit 2105 to promote a smokefree Missouri, teach about comprehensive smokefree ordinances, and expand core competency in coalition building for policy change and working with city and county officials o Scheduled for April/May 2015 o Report number of participants • Host statewide obesity conference during April 2015 FY16 Plan: • Partner with Midwest Dairy Council to support the national *Fuel Up to Play 60* program, which teaches youth to become advocates for physical activity and good nutrition in their communities o Target reach: 10 public schools Future Plan Discussion Points: • Develop cross-sectional team • Identify sources of training • Secure funding for training • Develop plan to disseminate training opportunities among partners, LPHAs, etc.
Evaluate and support improvement of existing laws to promote healthy lifestyle environments	Number of laws evaluated	FY14: • 3 tobacco-related laws reviewed and recommended changes pitched through Department legislative process o Program to develop and maintain a list of reviewed laws for tracking and reporting purposes • No tobacco-related law change recommendations initiated through the Department legislative process • No tobacco-related law changes recommended submitted to the Missouri General Assembly

		FY15 Plan: • Key informant interviews conducted with 21 stakeholders that have passed *Complete/Livable Streets* policies o Conducted by Health Communication Research Center at the University of Missouri • Developed a report that identified factors that enhance, and barriers for passing, a community policy
Coordinate advocacy with partners	Number of partners attending policy training Number of efforts to coordinate with partners	FY14: • XX tobacco control policy advocacy efforts coordinated with partners (partners regularly take the lead) • Establish legislative priorities to provide consistent messaging and support for physical activity and nutrition issues o 4 partner agencies are collaborating on this effort (MOCAN, MCP, PHC and DHSS)

Objective 3:

Through 2018 increase from baseline the number of coordinated, targeted, market-tested messages promoting healthy lifestyles that are delivered by the state.

YEAR ONE ACTION PLAN

Action	Measures	Status-FY14 As of 6/30/2014
Determine baseline of existing messages	Baseline determined	FY14: • Encouraged partners to download and utilize *Live Like Your Life Depends On It* materials • Conducted targeted radio campaign using the CDC "Tips From Former Smokers" (Tips) campaign PSA in Southeast Missouri, Central Missouri and St. Louis area. The Tips campaign profiles real people who are living with serious long-term health effects from smoking and secondhand smoke exposure. FY15 Plan: • Appoint a new team lead due to retirement of Dennis Spurling o Melissa Hope appointed as lead in January 2015 • Team assigned to assist lead o Glenn Studebaker, o Brenda Maley, and

		o Tiffany Tuua • 5 MOCAN Infographics developed and distributed to partners (see above) • The WIC program promoted the *12345 Fit-tastic* campaign in 68 WIC clinics across the state • Established a group of internal and external partners to formulate a statewide plan for implementing the *12345 Fit-Tastic* campaign and Healthy Lifestyles Framework • Established a learning collaborative of LPHAs implementing *12345 Fit-tastic* to determine the needed resources and supports for successful implementation • Organ and Tissue Donor Program utilized messages created by Donate Life America in DHSS employee newsletter. Also shared messages and encouraged partners to share those messages with their distribution groups • Conduct targeted radio campaign across Missouri using HRSA's radio PSA directed at individuals 50 years of age and older that encourages registering the decision to be an organ, eye and tissue donor FY16 Plan: • Repeat targeted radio campaign across Missouri using HRSA's radio PSA directed at individuals 50 years of age and older that encourages registering the decision to be an organ, eye and tissue donor • Continue the *12345 Fit-tastic* Learning Collaborative and start a second cohort Future Plan Discussion Points: • Define existing messages • Define dissemination • Determine which existing messages are still viable and current • Establish a baseline for existing messages • Conduct targeted radio campaign that encourages registering the decision to be an organ, eye and tissue donor • Utilize messages created and published by Donate Life America, United Network of Organ Sharing, organ and procurement organizations, and program messages related to state law vetted by legal counsel
Review existing messages to determine if effectiveness evaluation is needed	Number of messages reviewed	FY14: • Program staff have identified the following needs for organ and tissue donation, Donor Registry as well as physical activity and nutrition messaging: o Administrative support o Funding o Message effectiveness evaluation tools that are practical, effective and not time-consuming FY15 Plan: • Appoint a new team lead due to retirement of Dennis Spurling

		o Melissa Hope appointed as lead (1/2015) • Team assigned to assist lead: o Glenn Studebaker, o Brenda Maley, and o Tiffany Tuua FY 16 Plan: • Determine evaluation criteria • Pool funding, at a minimum, from grants to fund evaluation by the Nutrition and Chronic Disease Epi Team o Assure evaluation is for all programs within CHCDP Future Plan Discussion Points: • Develop a comprehensive communication plan for all CHCDP programs o Include goals, strategies, evaluation methods and tools and potential funding sources • Identify additional funding sources • Establish evaluation team
Identify gaps in effective messaging	Gaps identified	FY14: • Effective messaging gaps identified o Messages developed by other agencies and not documented as best practice or as evidence-based for organ/tissue donation o Comprehensive list of evidence-based and/or best practice messages that include population target, geographic location (testing), effectiveness among various populations/cultures, etc. FY15 Plan: • Appoint a new team lead due to retirement of Dennis Spurling o Melissa Hope appointed as lead (1/2015) • Team assigned to assist lead o Glenn Studebaker, o Brenda Maley, and o Tiffany Tuua Future Plan Discussion Points: • Develop process for identifying gaps in messaging that all programs can use • Define criteria for evidenced-based and best-practice messaging • Determine criteria for target population within Missouri that are marketable

Promote existing effective DHSS messages	Number of department messages promoted by CHCDP programs	FY14:
		• Any message released and requested by the Department to be shared were forwarded to
		  o the GODAC),
		  o GODAC Ad-Hoc Committee,
		  o Mid-America Transplant Services,
		  o Midwest Transplant Network,
		  o Gift of Life, and
		  o Missouri Kidney Program
		FY15 Plan:
		• Appoint a new team lead due to retirement of Dennis Spurling
		  o Melissa Hope appointed as lead (1/2015)
		• Team assigned to assist lead
		  o Glenn Studebaker,
		  o Brenda Maley, and
		  o Tiffany Tuua
		• Consider adding Jackie Jung to the team
		• Submit messages to be released through DHSS' Facebook and Twitter accounts on a monthly basis. Process began January 2105
		  o Record number of messages submitted
		  o Record number of messages released
		  o Request posting information at time of message submission
		FY16 Plan:
		• Refine plan for promoting existing messages
		• Submit messages to be released through DHSS' Facebook and Twitter accounts on a monthly basis
		  o Record number of messages submitted
		  o Record number of messages released (request posting information as part of evaluation method)

FUTURE ACTION ITEMS

Increase funding to develop new messages that promote healthy lifestyles		FY15 Plan: • Explore how to use existing materials, like *Fit-tastic* for a wider audience • Nutrition and physical activity program staff do not plan on developing any new messages • Fund dissemination costs for Organ and Tissue Donor Program messages developed by HRSA Future Plan Discussion Points: • Consider rewriting this objective to "Increase funding to launch developed messages that promote healthy lifestyles"
Coordinate dissemination of messages with partners		FY14: • Current practice of the Organ and Tissue Donor Program is to develop materials with input from partners and coordinate dissemination with partners o Developed and released the DOR Info Card that informs the public about organ and tissue donation and the registry FY15 Plan: • Updated and disseminated *Donate Life License Plate* flyer in collaboration with partners (Released March 2015) • Initiated development of a new informational poster for local driver license offices in collaboration with partners
Develop targeted messages based on gaps identified		FY14: • No action taken because gaps have not been identified

STRATEGY AREA #3—Community/Clinical Linkages

GOAL

Linkages to evidence-based community resources are available to support efforts to reach optimal health.

Objective 1:

Through 2018 seven regional health resource centers are providing evidence-based community resources that support optimal health across the life-span.

YEAR ONE ACTION PLAN

Action	Measures	Status-FY14 As of 6/30/2014
Clarify the role of the seven regional health resource centers (HRC) and how they will work with and be accountable to the communities they serve	Scope of work written	FY14: • General discussions among CHCDP staff held about what the HRC's will do • The current Regional Arthritis Center scope of work will serve as a model to start development of an HRS scope of work • Adolescent Health offered to provide free training and technical support for HRCs wanting evidence-based youth development and teen pregnancy programs as part of their service FY15 Plan: • No action since still in current Regional Arthritis Center contract cycle FY16 Plan: • Utilizing the existing Regional Arthritis Center scope of work, expand the scope of work to become the HRC scope of work by the next Regional Arthritis Center contract cycle • Prepare for transition from Regional Arthritis Centers to Health Resource Centers • Issue new HRC scope of work through the state bidding process
Seek funding for the HRCs	Amount of funding secured/allocated	FY14-15 Plan: • No action since still in current Regional Arthritis Center contract cycle
Identify technical assistance needs of the HRCs	Technical assistance needs identified	FY14-15 Plan: • No action since still in current Regional Arthritis Center contract cycle

Develop a technical assistance plan for the HRCs	Plan written	FY14-15 Plan: • No action since still in current Regional Arthritis Center contract cycle
Provide technical assistance to HRCs	Number of technical assistance sessions provided	FY14-15 Plan: • No action since still in current Regional Arthritis Center contract cycle
Establish contract for HRCs to facilitate integration of evidence-based interventions into the health-care systems	Contract established and implemented	FY14: • No action since still in current Regional Arthritis Center contract cycle FY15 Plan: • The activity is not feasible at this time. Eliminate from the plan.

Objective 2:

Through 2018 expand the number of evidence-based interventions and best practices implemented at the community level that support optimal health across the lifespan.

YEAR ONE ACTION PLAN

Action	Measures	Status-FY14 As of 6/30/2014
Maintain contract with seven regional HRCs	Contract established (ongoing)	FY14: • No action since still in current Regional Arthritis Center contract cycle FY15 Plan: • The activity is not feasible at this time. Eliminate from the plan.
Expand collaborations with current coalitions on evidenced-based interventions to	Number of coalitions merged with current efforts	FY14: • Enhanced collaborative efforts through existing partnerships to implement evidence-based interventions designed to support optimal health o Funded by 1305 MAP grant

support optimal health		• Partnered with Midwest Dairy Council to enhance the support available to programs implementing *Fuel Up to Play 60*
		• MAP grant staff serving on the Coordinating Council
		• Worked at expanding *Million Hearts*® initiative partnerships and provider champions that will promote interventions for blood pressure self-monitoring and development of ABCS patient engagement tools
		• Developed an approved Department position statement that will serves as the foundation for further development of a standardized scope of practice for CHWs
		
		FY15 Plan:
		
		• Hosted a statewide CHW forum in December 2014 to
		  o Further explored CHW roles,
		  o Solicited ideas for capacity development for agencies that have CHW programs,
		  o Determined educational components necessary for CHW training for reduction of high blood pressure, and
		  o Explored avenues for future sustainability
		• Collaborate with MARC in Kansas City to explore current CHW initiatives. Information will inform efforts to develop a scope of practice standard for CHWs

Develop a plan for utilizing community health workers to assist the public in accessing community and/or clinical resources	Plan developed	FY14:
		
		• Community Health Worker Forum held on December 8, 2014
		• Statewide Community Health Worker Advisory Committee convened; first meeting held May 4, 2015
		• Assisted DSS with funding applications for implementing CHWs in Patient Centered Health Homes with the Missouri Foundation for Health and Health Care Foundation of Greater Kansas City; funds awarded with a start date of July 1, 2015. CHWs will be included in identified health homes integrated teams
		• Contracted with Metro Community College for the development of a hypertension module to be included within the CHW curriculum
		  o As of May 28, 2015, 18 individuals have completed the hypertension module
		  o A total of five sessions will be held to provide the hypertension module
		  o Future CHW curriculum sessions will include the hypertension module
		• MAP staff participate on the Mid America Regional Council's (MARC) CHW Council, which meets monthly
		
		FY15 Plan:
		
		• Contracts are in process for Ozark Technical Community College and St. Louis Community College to provide tuition reimbursement for 40 individuals (20 individuals at each institution) enrolled in the CHW curriculum (hypertension module)
		• A contract is in process with Metro Community College to develop a diabetes module to be included

		within the CHW curriculum and to provide tuition reimbursement for up to 20 individuals enrolled in the CHW curriculum • The Statewide CHW Advisory Committee will develop curriculum standards, scope of practice and minimum standards for CHWs • MAP staff will continue to participate on the MARC CHW Council • Continue to assist Department of Social Services with inclusion of CHWS in health homes
Develop a plan to map community assets of evidence-based interventions	Plan written Web-based program established	FY14: • No action FY15 Plan: • Investigate venues for highlighting evidence-based intervention information o Establish a hub for evidence-based interventions on the Community Commons and Community Tool Box websites which contains a database of best practices FY16 Plan: • Complete Mapping of Community Assets plan • Include Missouri Kidney Program's free and unbiased educational classes for chronic kidney disease patients and families. Topics include Intro to Kidney Disease; Dietary Issues; Financial and Coping Issues; and all the CKD treatment options, including organ transplant
Utilize map of community assets to promote lifestyle changes	To be determined	FY14: • No action FY16 Plan: • Develop and report measures to CHCDP staff • Consider a web-based map currently used by the SMHW program
Survey health systems to ascertain pertinent navigation tools	Survey completed and results published	FY14: • The SMHW program worked with various partners and providers across the state to establish regional patient resource groups o Assist clients navigating health care systems and services for breast and/or cervical cancer care FY15 Plan: • Report number of established regional patient resource groups FY16 Plan:

		• Assign new program lead with the departure of Mindy Laughlin • Develop A formal survey • Identify healthcare systems to complete survey • Seek assistance from OOE staff to develop and design the survey
Develop monitoring system to determine the number of people that access information to help control their chronic disease and/or risk factors	Monitoring system developed	FY14: • Develop monitoring system – No action, a system has not been developed • The Missouri Arthritis Program collects participant data for the Arthritis and Chronic Disease Self-Management Courses o Provided 139 Arthritis Self-Management Courses o 837 individuals completed the Arthritis self-Management Course Future Plan Discussion Points: • Develop monitoring system • Determine how to expand system to monitor more than just the chronic disease self-management course and the arthritis self-management course • Collaborate and report the Missouri Kidney Program client served information since these individuals are seeking and enrolling in educational programs to help them control their chronic kidney disease • Expand measures • Review and incorporate future action items

FUTURE ACTION ITEMS

Implement monitoring system	Number of HRC referrals Number of people accessing information by intervention or program	

Include chronic disease referrals to evidence-based interventions into the monitoring system	Number of people accessing evidence-based interventions	
Establish community resources that support healthy habits		
Implement plan for utilizing community health workers		

Objective 3:

Through 2018 increase from baseline the number of community partnerships with an operational plan for chronic disease prevention and management.

YEAR ONE ACTION PLAN

Action	Measures	Status
Identify baseline	Baseline established	FY14: • No action FY15 Plan: • No action Future Plan Discussion Points: • Define operational plan

		○ A facilitated discussion in 2013 defined the overall purpose, no matter the term used, should define how community partners will operationalize interventions/activities within their communities to address chronic disease prevention and management • Establish baseline • Develop a team to assist the lead with this action item
Identify gaps in partners	Gaps identified	FY14: • No action FY15 Plan: • No action Future Plan Discussion Points: • Once operational plan is defined and a baseline established, convene a work group to identify partner gaps that can assist community partners incorporate chronic disease prevention and management interventions into existing community operational plans or develop a new operational plan
Educate communities and partnerships about the importance of chronic disease operational planning	Number of coalitions and partners	FY14: • 7 partners, consisting of the Arthritis Program, advisory group, partners (Regional Arthritis Center, Southeast Regional Arthritis Center, Southwest Regional Arthritis Center, Central Regional Arthritis Center, Kansas City Regional Arthritis Center, Northwest Regional Arthritis Center, Northeast Regional Arthritis Center) and contractor, developed a sustainability plan (*Sustainability Toolkit: Self-Management Education Programs for People with Chronic Conditions*) for the arthritis program • # partners, same group as previous bullet, developed and began using (*System Marketing Kit for CDSME*); a business plan used as a recruiting tool to approach health systems about implementing arthritis and chronic disease self-management programs • The Organ and Tissue Donor Program and 3 partners began drafting a strategic plan with components that can be adopted by current and future partners as well as individual advocates ○ GODAC subcommittee ○ Mid-America Transplant Services ○ Midwest Transplant Network FY15 Plan: • Posted February 2015, the Organ and Tissue Donor Program strategic plan, *Saving and Enhancing Lives Through Organ, Eye and Tissue Donate; A Strategic Approach for Missouri* (http://www.health.mo.gov/living/organdonor/publications.php) • Notified all existing partners (February 19, 2015) of the strategic plan location and encouraged incorporating

		components of the plan into their existing organizational plans FY16 Plan: • Once operational plan is defined and a baseline established, develop a plan of action to inform communities and partners about the importance of chronic disease prevention and management operational planning • Develop training component for partners so they can learn how to develop an operational plan

FUTURE ACTION ITEMS

Train new partners on how to develop an operational plan			Number of written plans developed	

STRATEGY AREA #4—Health System Interventions

GOAL

Health care systems deliver evidence-based, coordinated, proactive and equitable services to prevent, detect or control chronic disease.

Objective 1:

Through 2018 increase from baseline the number of health care delivery system partnerships promoting continuous quality improvement for chronic disease care and management.

YEAR ONE ACTION PLAN

Action	Measures	Status-FY14 As of 6/30/2014
Develop a plan for recruitment of partners	Recruitment plan completed	FY14: • The arthritis developed (*Health System Marketing Kit for CDSME*); a business plan used as a recruiting tool to approach health systems about implementing arthritis and chronic disease self-management programs o As of June 30, 2014, met with 105 systems to recruit them to serve as either a referral or program delivery partner. Of the 105, there were 70 delivery partners and 35 referral partners. FY15 Plan: • The Arthritis program plans to continue utilizing the (*Health* System *Marketing Kit for CDSME*) to recruit health systems as either a referral or program delivery partner FY16 Plan: • Develop a comprehensive partner recruitment plan that all programs can utilize to recruit partners to help increase the number of health care delivery systems promoting continuous quality improvement for chronic disease care and management
Educate partners on the continuous quality improvement process	Number of partners educated	FY14: • Glenn Studebaker participated in the MoQuIN workgroup related to electronic health records in primary care clinics and Federally Qualified Health Centers. The workgroup discusses quality improvement projects around care for chronic conditions and provides technical assistance for the service providers so they can improve the care with chronic conditions

		• Partnered with Primaris to train 27 primary care clinics in the Mercy Health System and 28 FQHCs on the importance and use of the Guidelines Advantage (TGA), a continuous quality improvement process related to improving the ABCs of Heart Disease and Diabetes
Monitor the number of providers that receive patient centered medical home status	Number of providers with patient centered medical home status	FY14: • 23 community health centers have received patient care medical home status through the MoQuIN project

FUTURE ACTION ITEMS

Recruit and maintain an adequate number of delivery systems in order to reach patients with chronic disease through evidence-based interventions		FY14: • The arthritis developed (*Health System Marketing Kit for CDSME*); a business plan used as a recruiting tool to approach health systems about implementing arthritis and chronic disease self-management programs o As of June 30, 2014, met with 27 systems to recruit them to serve as either a referral or program delivery partner ▪ Data collection system changed and ability to record if the system chose referral or program delivery is not possible at this time
Identify gaps in training		
Identify professional development partners that can provide training which fills identified training gaps		
Promote available professional development		FY14: • Comprehensive Cancer Control Program issued “Hold the Date” cards for the Cancer Summit 2015

trainings		FY15 Plan: • Cancer Summit 2015, April 30-May 2, provides RNs, LPNs, Mammography Technicians, Dieticians, and ASRT professional development opportunities for CEU credits • All CCDC programs promoted the Cancer Summit 2015 through their distribution groups (March and April 2015) • The MAPCP will serve as a content expert and partner with the University of Missouri Higher Education and the School of Medicine to provide training in the form of Grand Rounds for Community Health Centers and all other interested partners through the recently funded ECHO project between July 1 2015 and June 30, 2015

Objective 2:

Through 2018 increase health system partnership to identify providers compliant with standards of care in the prevention and management of chronic disease.

YEAR ONE ACTION PLAN

Action	Measures	Status-FY14 As of 6/30/2014
Identify existing data sources	Data sources identified	FY14: • The DRVS is used by CHCs to collect chronic disease performance measures from EHR data • The PCHH and TGA data systems are used to identify measures for Heart Disease and Diabetes programs • Potential data source for programs identified by the Organ and Tissue Donor Program o Missouri Kidney Program implementing research study/trial that will include multiple data collection strategies ▪ Survey of dialysis center staff related to Standards of Care in Missouri (care and education for the individual with chronic kidney disease centered around dialysis and other treatment options ▪ Focus groups of health care professionals and their views about low-income individuals' desire for education ▪ Evaluation of education delivered to low-income clients using different delivery methods o Missouri Annual Blind/Visually Impaired Literacy Study (https://dese.mo.gov/special-

		education/blindness-literacy-reports) Future Plan Discussion Points: • Determine how other programs and data sources will be identified and how those sources will help reach or expand current standards of care for individuals with a chronic disease o Needs to be a cooperative effort between all program leads o Set timeframe for obtaining data source information o Share information with all programs
Utilize existing data sources to determine if standards of care are being met	Number of providers using standards of care	FY14: • 22 of CHCs have attained standards of care for informing patient visit planning • The 35 PCHH utilize care managers to help assure various standards of care are met. • Primaris is training local private practices

FUTURE ACTION ITEMS

Identify gaps in training	Training gaps identified	FY14: • Training gap identified is medical practices that do not have a population-based tool like DRVS, TGA or Cyber Access • Comprehensive tobacco is developing tobacco cessation trainings with Mo HealthNet for healthcare providers
Identify new data sources	New data sources identified	FY14: • Data sources identified to help measure if health care providers are compliant with Standards of Care in the prevention and treatment of chronic diseases o Information from Revised Chronic Disease Indicators Report: ▪ Disability 1 Disability among adults aged ≥ 65 years (New) ACS13 1-Year Estimates ▪ Diabetes 8 Visits to dentist or dental clinic among adults aged ≥18 years with diabetes (New) BRFSS ▪ Diabetes 11.1 Prevalence of high cholesterol among adults aged ≥18 years with Diabetes (New) BRFSS ▪ Diabetes 11.2 Prevalence of high blood pressure among adults aged ≥18 years with diabetes (New) BRFSS ▪ Diabetes 11.3 Prevalence of depressive disorders among adults aged ≥18 years with diabetes (New) BRFSS

		• Potential data sources
		  o Missouri Kidney Program implementing research study/trial that will include multiple data collection strategies
		  ▪ Survey of dialysis center staff related to Standards of Care in Missouri (care and education for the individual with chronic kidney disease centered around dialysis and other treatment options
		  ▪ Focus groups of health care professionals and their views about low-income individuals' desire for education
		  ▪ Evaluation of education delivered to low-income clients using different delivery methods
		  o Missouri Annual Blind/Visually Impaired Literacy Study (https://dese.mo.gov/special-education/blindness-literacy-reports)
		
		FY 15
		
		• Working through a partnership with the UMC School of Medicine, who works with OSEDA, to analyze Mo Health Net Claims Data to determine cost savings with the implementation of the evidence-based program "Teaming Up for Asthma Control for self-management education for pediatric asthma patients and their families" and other evidence-based interventions.
		• A panel report is under development to identify high-risk Mo HealthNet children through analysis of claims data by physician in CCHCs.

Objective 3:

Through 2018 increase the percentage of patients with a chronic disease who receive care utilizing standards of care.

YEAR ONE ACTION PLAN

Action	Measures	Status-FY14 As of 6/30/2014
Determine baseline for percent of patients	Baseline established	FY14: • The CHCs saw about 7.4% (baseline) of Missouri's total state population. MPCA supports the State of Missouri's different guidelines for Diabetes, Heart Disease and Stroke, Tobacco Control and Asthma through the EHRs FY15 Plan:

		• Utilize PCHH and TGA system reports to report population reach FY16 Plan: • Determine ways to expand reach to encompass other programs within the Section • Determine a way to count users of a system that uses one or more of Missouri's standards of care of care guidelines • Determine how to enhance system reports so that use of various standards of care or care guidelines can be monitored
Promote available trainings on standards of care for aspirin, A1c, blood pressure, cholesterol, sodium and smoking (ABCS)	Number of trainings promoted	FY14: • The CHCs reported 6,692 patients referred to Missouri Tobacco Quitline. • The CHCs reported 33,311 patients referred to CHCs self-management programs, e.g., for blood pressure control, blood glucose control, etc. FY15 Plan: • The Missouri *Million Hearts*® partnership made up of the Department of Health and Senior Services, the American Heart Association, Primaris, and the Missouri Primary Care Association are incorporating the ABCS into trainings for health care providers with whom they work o A full day training was promoted and provided with the assistance of NACDD (August 2014) was promoted by these agencies o Approximately 50 people attended the August 2104 training o A template to capture data associated with activities delineated in the 2015/2016 Strategic Doing Action Plan was developed and emphasizes blood pressure only; not the entire ABCS. • Continue to provide information to participants through the Missouri *Million Hearts*® and MoQuIN Future Plan Discussion Points: • Include exposure to secondhand smoke as part of the ABCS it has a definite impact on several chronic diseases (e.g., heart disease, stroke, COPD). The *Million Hearts*® partnership has accepted exposure to secondhand smoke in the ABCS and is encouraging screening for exposure and that health systems become a part of the CSF communities' movement
Promote tools for measuring progress toward chronic disease risk factor control	Number of inquiries about available tools Number of times tools promoted	FY14: • The DRVS tool is used by the CHCs to promote measurements of chronic disease risk factor control as well as the ABCS outcomes. The Department currently contracts with them to follow diabetes, heart disease and stroke, asthma, tobacco cessation and BMI measurement and counseling. In addition, DRVS is being used to track projects for increasing pap smears and immunization measures. • TGA is a population health based registry tool developed by the American Diabetes Association, American

		Heart Association and the American Cancer Society to help local practices manage their chronic disease related measures. • The Physician Quality Reporting System (PQRS) is a quality reporting program that encourages individual professionals and group practices to report information on the quality of care to Medicare. PQRS gives participating professionals and group practices the opportunity to assess the quality of care they provide to their patients, helping to ensure that patients get the right care at the right time. By reporting on PQRS quality measures, individual EPs and group practices can also quantify how often they are meeting a particular quality metric. • DRVS does not track the number of inquiries at this time o Inquiry data not being collected. Need to re-evaluate measures. o Promoted 3 times FY15 Plan: • Promote the DRVS tool as a means to measure chronic disease risk factor control and ABCS outcomes FY16 Plan: • Team will evaluate this measures to determine if they are still appropriate or if other measures are better suited for the activity Future Discussion: • Discover other tools being promoted and/or used to help assure patients with a chronic disease are receiving appropriate standards of care, SMHW, WISEWOMAN, etc.
Determine success indicators for use of tools	Success indicators identified	FY14: • The following success indicators have been identified • Diabetes Measures Goals 1. Number and percentage of diabetes patients with A1C >9.0 (Poor control) 16% 2. Number and percentage of diabetes patients with Blood Pressure <140/90 (Controlled) 65% 3. Number and percentage of diabetic patients with LDL <100 mg/dL 36% 4. Number and percentage of diabetic patients with annual dilated eye exam 60% 5. Number and percentage of diabetic patients with annual foot exam 80% 6. Number and percentage of diabetic patients with annual Nephropathy Assessment 80% • Combined Measures Goals 7. Number and percentage of patients with tobacco use screening and cessation 95% 8. Number and percentage of children who had evidence of BMI percentile documentation 60% 9. Number and percentage of children who had counseling for nutrition 15% 10. Number and percentage of children who had counseling for physical activity 9% 11. Number and percentage of patients with BMI screening and follow-up > or = 65 years 54%

		12. Number and percentage of patients with BMI screening and follow-up 18-64 years 54% • Cardiovascular (CVD) Measures Goals 13. Number and percentage of patients with a diagnosis of hypertension with blood pressure <140/90 65% 14. Number and percentage of patients with a diagnosis of CAD with a complete lipid profile 80% 15. Number and percentage of patients with a diagnosis of CAD with LDL cholesterol < 100 mg/dL (controlled) 40% 16. Number and percentage of patients with a diagnosis of IVD used aspirin or another antithrombotic 50%
Provide technical assistance to health care systems to increase compliance with standards of care	Number of providers receiving technical assistance	FY14: • 28 CHCs (baseline) utilizing MoQuIN received technical assistance to increase compliance with standards of care o Standards of care technical assistance is not specific and applies to a variety of tools o Only MoQuIN activity is being tracked FY15 Plan: • Expand technical assistance through Practice Facilitation to additional participating health care providers utilizing population health tools like TGA or DRVS. o Dependent on the contract bid process • The MAPCP and statewide partners are working with MoHealthNet to develop a standard for MoHealthNet providers to provide self-management education and home assessments, and be reimbursed for these services through Mo HealthNet and the managed care contracts.
Expand *Million Hearts*® Initiative model to promote standards of care in prevention, early detection and treatment of chronic diseases	Number of health care providers utilizing the *Million Hearts*® Initiative model	FY14: • Mercy Health System, Washington, Mo., identified Dr. Keith Ratcliff as a *Million Hearts*® champion FY15 Plan: • Saint Luke's Kansas City launched *Million Hearts*® campaign Phase 1 among their Plaza campus employees (February 2014). As a self-insured organization, hypertension contributes to one of the top five health care costs in their health system. o The pilot design and focus is to provide tools to transition ownership of blood pressure control to the consumer (their employees). o Approximately 1,500 employees engaged in activities to start this transition o Approximately 3,000 Saint Luke's employees completed an educational survey related to blood pressure and sodium to evaluate knowledge levels. Data will be used to begin tailoring educational messages o A custom built blood pressure kiosk with basic education and messaging was placed outside the

		cafeteria to encourage staff and visitors to check their blood pressure o An internal walking trail called the *Heart & Sole Walking Course* encourages employees and guests to walk their 10,000 steps daily o Hospital system's Nutritional Services department initiated the following changes ▪ Implemented the "Eat Well, Be Well" program that provides meals, snacks and side items that meet government calorie, salt and fat guidelines to assist employees make healthier food choices ▪ Removed saltshakers from cafeteria tables with Mrs. Dash offered as a substitute ▪ Displayed education materials about salt to show employee's how to read labels and make lower sodium choices while grocery shopping o *Million Hearts*® Data Group provided community data utilizing the 2011 CLS for benchmark mapping for the Missouri counties in the Saint Luke's service area • Dr. Keith Ratcliff, Mercy Health System (Washington, Mo. and the Adult Quality, Safety, Value (QSV) committees in Washington and St Louis team), implemented in July 2103 accurate blood pressure measurement as a standard of care within the Mercy Health System East • Mercy Health System, Washington, Mo., created and published (September 2014) a blood pressure training video and integrated it into Mercy Health Systems' learning management system in October 2014. The video became available on YouTube in February 2015 at: https://www.youtube.com/watch?v=i5GeivOJd5Q&feature=youtu.be. o The Adult Quality, Safety, Value Committees produced a training video to standardized and make easily available training and retraining for their staff ▪ Required training for new employees ▪ Annual training for current employees ▪ Training is online and accessible through Mercy Health System's intranet site (Baggot Street) and every employee has an account with training courses to be completed throughout the year ▪ Employees are reminded about training via email ▪ Course completion documented in the employee's record • Mercy Health System, Washington, Mo., is working to improve communication methodology so that it is seamless between specialty and urgent care colleagues and the PCPs when a patient's blood pressure is elevated during a specialty or urgent care encounter o The communication tool is within the EMR so that specialty and urgent care colleagues will refer the patient back to their PCP for any needed medication adjustment FY16 Plan: • *Million Hearts*® Saint Luke's will plan their next employee engagement steps for the Plaza campus • Saint Luke's *Million Hearts*® deployment planning to other campuses • *Million Hearts*® Data Group will provide any additional community data requests to support the implementation of new phases of Saint Luke's campaign

		• Mercy's Information Technology group will conduct a data analysts to identify patients who have had two or more encounters within Mercy Health System where the patient's blood pressure has been elevated and a hypertension (HTN) diagnosis has not been made o A June 2015 Primary Care Provider Meeting is planned at which the *Million Hearts*®, Dr. Keith Ratcliff, will distribute list of patients, by individual PCP, of patients seen in the last two years anywhere within Mercy whose blood pressure was elevated but for whom there was no prior diagnosis of HTN on the problem list

Objective 4:

Through 2018 increase from baseline the number of health system partnerships with chronic disease prevention and management operational plans embedding evidence-based interventions into those plans.

YEAR ONE ACTION PLAN

Action	Measures	Status-FY14 As of 6/30/2014
Establish baseline of health system partnerships with chronic disease prevention and management in an operational plan	Number of plans identified (baseline) Number of plans modified to include evidence-based interventions	FY14: • No action
Provide education and technical assistance to health care providers regarding evidence-based intervention programs	Number of education sessions provided Number of technical assistance sessions provided	FY14: • No action FY15: • Working with MAPCP and MoHealthNet to submit a Medicaid State Plan amendment making Pediatric Asthma as stand-alone for the Medical Home.

Establish a contract with regional HRCs to facilitate integration of evidence-based interventions into health care systems	Contract established	FY14: • No action FY16 Plan: • Utilizing the existing Regional Arthritis Center scope of work, expand the scope of work to become the HRC scope of work by the next Regional Arthritis Center contract cycle • Prepare for transition from Regional Arthritis Centers to Health Resource Centers • Issue new HRC scope of work through the state bidding process

Objective 5:

Through 2018 partner with health systems statewide to address health equity in under-served populations with chronic disease.

YEAR ONE ACTION PLAN

Action	Measures	Status-FY14 As of 6/30/2014
Identify under-served populations	Under-served population identified	FY14: • Under-served populations identified as needed by programs and grants. The priority populations identified are o minorities and o People of lower socio-economic status
Provide education and technical assistance to partners regarding health equity	Number of educational sessions provided Number of technical assistance sessions provided	FY14: • No action FY16 Plan: • Meet with the Missouri Health Equity Collaborative in September 2015 to initiate the process of inventorying available tools which integrate health equity into planning processes from: NACDD Health Equity Forum; Center for Health Policy at University of Missouri; and the DHSS Office of Minority Health

FUTURE ACTION ITEMS

Assist partners in developing plans that include health equity	Number of plans written addressing health equity	• Develop a basic methodology for ensuring health equity is included in existing and future partner plans
		  o Invite with the participation of the Center for Health Policy and the DHSS Office of Minority Health to participate
		  o Develop a technical assistance plan to assist partners
		• The CTC grant includes addressing several issues of health equity. Work with CTC partners to include health equity into their plans

Assist partners with incorporating health equity strategies in their chronic disease plans	To be determined	

STRATEGY AREA #5—Epidemiology and Surveillance

GOAL

Linkages to evidence-based community resources are available to support efforts to reach optimal health.

Objective 1:

Through 2018 maintain existing, identify available, and develop new surveillance systems to guide future public health efforts to reduce chronic disease.

YEAR ONE ACTION PLAN

Action	Measures	Status-FY14 As of 6/30/2014
Determine what data and evaluation sources are currently available	Number of programs sharing data	FY14: • The Department and MO HealthNet are negotiating a data sharing agreement for the Medicaid data o Report progress regularly to the programs; program managers meeting might be an opportune time
Identify internal and external data and evaluation gaps	Gaps identified	FY14: • Data gaps identified by program staff o County-level study and all-payer data are needed in Missouri o Nutrition, physical activity, and body mass index in children between 5 and 13 o ROI evaluation for Section programs FY15 Plan: • Potential external data sources identified by program staff: o In Progress: Missouri Kidney Program currently implementing trial that will includes multiple data collection strategies including: ▪ Survey of dialysis center staff related to Standards of Care in Missouri (care and education for the individual with chronic kidney disease about dialysis and other treatment options) ▪ Focus groups of health care professionals and their views about low-income individuals' desire for education ▪ Evaluation of education delivered to low-income clients using different delivery methods

		o Missouri Annual Blind/Visually Impaired Literacy Study (https://dese.mo.gov/special-education/blindness-literacy-reports)
Develop plan to address data and evaluation gaps identified	Gap plan developed	FY14: • In progress. Working with upper management to develop the plan

FUTURE ACTION ITEMS

Explore being a part of the statewide data warehouse for meaningful use		
Identify new data elements to incorporate into existing data sets		Future Plan Discussion Points: • Include exposure to secondhand smoke due to the link to multiple chronic diseases • Include ROI evaluation and data so that programs can make better decisions and better utilize resources
Strive to conduct county level survey every five years		Future Plan Discussion Points: • The County Level Survey (CLS) was conducted in 2011 and will be conducted again in 2016
Investigate how Medicaid and Medicare data will be incorporated into the data warehouse		Future Plan Discussion Points: • Consider inviting the State Epidemiologist to be the team lead for the Department with CCDC programs as the pilot o At a minimum, assign to the Epidemiology and Evaluation teams ▪ Make an on-going process ▪ Report progress regularly to program managers

Objective 2:

Through 2018 increase from baseline the number of evaluation plans measuring program process, impact and outcome.

YEAR ONE ACTION PLAN

Action	Measures	Status-FY14 As of 6/30/2014
Establish baseline	Baseline established	FY14: • Baselines established for the following programs: o MAP o Show Me Healthy Women o Asthma o Comprehensive Cancer o WISEWOMAN o Arthritis o Tobacco • Adolescent Health has evaluation methods in place for evidence-based pregnancy prevention program FY15 Plan: • Establish baselines for any remaining programs in the section as needed
Allocate funding and resources for evaluation for every program	Number of programs with funding allocated for evaluation	FY14: • Three programs allocated resources for program evaluation o Allocated PHHS funds to conduct evaluation of the HEAL program activities o Allocated PHHS funds to provide training to HEAL contractors on evaluation planning o Allocated Tobacco Control Program funding to support Epidemiology and Evaluation Team staff o Allocated MAP funding to evaluate performance measures FY15 Plan: • Assign team lead replacement, Belinda Heimericks retired (April 2015) • Allocate Tobacco Control Program funds to support a contract to evaluate youth initiatives • Allocate MAP funding to continue evaluation of MAP performance measures

FUTURE ACTION ITEMS

Develop a comprehensive evaluation plan for all programs, initiatives and strategic plan	CHCDP has a comprehensive evaluation plan written	FY14:
		• No action toward a comprehensive evaluation plan
		• Individual program evaluation plans completed for the following
		  o MAP program plan completed and approved by CDC
		  o WISEWOMAN
		  o Tobacco
		  o Comprehensive Cancer Control
		FY15 Plan:
		• The MAP evaluation position filled (February 2015)
		• Incorporate the MAP evaluation plan into the comprehensive plan
		• Complete a comprehensive evaluation plan that includes all programs within the Section
		• Inform program managers how to access the comprehensive evaluation plan
		Future Plan Discussion Points:
		• Assure the comprehensive evaluation plan includes the following programs
		  o Injury/Violence Prevention Program
		  o Abstinence Program
		  o Adolescent Health Program
		  o Chronic Disease Primary Prevention Program
		  o Obesity Prevention Program
		  o Safe Kids Program
		  o School Health Program
		  o Team Nutrition Program
		  o Organ and Tissue Donor Program

Annually implement evaluation plans (ongoing)		FY14: • The Organ and Tissue Donor Program monitored Registry enrollments and secured data from United Network of Organ Sharing to report basic statistics for Missouri • The MAP program completed preliminary evaluation design and identified evaluation measures • The MAP program developed a preliminary evaluation plan approved by CDC o Plan shared with the External MAP Evaluation Group. The group is made up of representatives from The Diabetes Advisory Council, Heart Disease and Stroke Partnership, and Millions Hearts group

		FY15 Plan: • Obtain feedback from partners on the preliminary evaluation plan (January 2015) • Monitor Registry enrollments and secure organ and tissue donation data from United Network of Organ Sharing
Continually monitor evaluation findings and refine program processes and direction (ongoing)		FY14: • The Department, as part of a cross-departmental work team, transitioned from a single DRS question to two on May 19, 2014 o New questions separate consent to Registry participation and the printed symbol on the driver/nondriver license. Change made to better facilitate the intent of the individual and his or her decision about the DRS • The Organ and Tissue Donor Program staff o Reviewed the DRS removal processes after implementation of a two-part registry question to determine if changes required o The Organ and Tissue Donor Program staff solicited and received feedback from procurement agencies about the DRS profile document. Changes needed for clarity. Changes submitted through ITSD process o Surveyed organ and tissue procurement agencies and partners about the DRS reporting features to determine what is relevant, irrelevant or needed o Reviewed DRS administrative function issues and identified several needed fixes and/or enhancements o Collaborated with members of GODAC, Mid-America Transplant Services and Midwest Transplant Network to develop a strategic plan framework FY15 Plan: • Modify the DRS profile document utilized by organ and tissue procurement agencies. Changes submitted through ITSD process (September 2014) • Submitted DRS modification for reporting features and Spanish-language updates through ITSD process (October 2014) • Modified the DRS paper removal process to assure that individuals wanting to be removed are processed after all potential enrollment information has been received from the Department of Revenue (November 2014) • Submitted needed name and logo changes to DRS through the ITSD process (January 2015) • Released the statewide Organ and Tissue Donation strategic plan entitled *Saving and Enhancing Lives* (January 2015) available at http://www.health.mo.gov/living/organdonor/pdf/saving-enhancing-lives-strategic-plan.pdf • Modified the DRS enrollment and removal forms for clarity (March 2015)

		• Collaborated with Mid-America Transplant Services to update DRS paper enrollment confirmation letter approved by the Department and submitted through the ITSD process (April 2015) • Modify state specific MAP evaluation strategies for projects as follows: o The Community Health Worker Project (Domain 4), o The Pharmacy Project (Domain 3), and o Lead Education Agency (LEA) project that encompasses nutrition and physical activity in school settings as well as physical activity in early childcare facilities FY16 Plan: • Submit additional DRS modification that will enhance administrative functions and make those same functions more efficient

Objective 3:

Through 2018 increase reporting venues from baseline that disseminate data from surveillance and evaluation for reporting burden, impact and outcomes to funders, decision makers, partners, stakeholders and the public.

YEAR ONE ACTION PLAN

Action	Measures	Status-FY14 As of 6/30/2014
Establish baseline of reporting venues	Baseline established	FY14: • Baseline established
Share evaluation and surveillance data	Number of venues in which evaluation data has been shared	FY14: • Evaluation data shared o *The Burden of Chronic Disease in Missouri: Progress and Challenges* on Department website ▪ Report: http://www.health.mo.gov/atoz/pdf/burdenofchronicdiseasesinmissouri.pdf ▪ Article: http://www.health.mo.gov/atoz/pdf/burdenofchronicdiseasesinmissouriarticle.pdf o Missouri Medicine (peer review journal) ▪ *Evaluation of Missouri Public Health, Community and Primary Care Linkage Pilot*

		Project ▪ *The Burden of Chronic Disease in Missouri: Progress and Challenges* o Shared through Shumei Yun's Linked-in site: *The Chronic Disease Burden Report* o Shared through Shumei Yun's Facebook Page: *The Chronic Disease Burden Report* o Shared with Department and the CDC through CDC's grant reporting system ▪ *Evaluation of Missouri Public Health, Community and Primary Care Linkage Pilot Project* ▪ *The Burden of Chronic Disease in Missouri: Progress and Challenges* Future Plan Discussion Points: • What about getting out to partners and the public. The new CTC grant expects this, as well as using the data to inform and educate decision-makers. It is called "engaged data" – which involves more than just posting on "the usual" sites and sharing in "the usual" places and with "the usual" people. • Consider developing one-page data info-graphics for each program within the Section and update every two years o Share with legislators during the legislative session o Share with partners and encourage distribution o Share with media o Link from individual program pages to infographics on web page o Consider sharing program infographics with libraries, churches during related health months, coalitions, etc. o Determine what other venues are available to share evaluation data so that partners and Missourians can make informed decisions and plan appropriately

FUTURE ACTION ITEMS

Develop surveillance communication system that alerts programs of data and data reports identified and created	Surveillance communication system developed	FY14: • Office of Epidemiology utilizes company email as the community system. When data and reports are available, Janet Wilson and Shumei Yun alert programs of data reports created via email. Managers and/or the Section Administrator are responsible for sharing the report(s). Future Plan Discussion Points: • Alert all programs about available data and data reports and where and how that information can be viewed so that program staff can share it with their partners and constituents that may have an interest though not directly related to the program for which the data was released

		• Email to select program staff does not seem like a communication system that reaches outside of internal connections
Disseminate data through surveillance communication system		FY14: • Data disseminated through the email communication system o Behavior Risk Factor Surveillance System (BRFSS) Key Finding Report o BRFSS Annual Report o Chronic Disease Burden Report

On Common Ground for Health
Expanded Plan

FY 14 Status Report