Community Health Improvement Plan 2017

JASPER AND NEWTON COUNTIES COMMUNITY HEALTH COLLABORATIVE
Introduction

In early 2015, a variety of organizations across the Ozarks came together to better understand and improve the health status, behaviors, and needs of the populations they serve. Under the umbrella of the local Ozarks Health Commission (OHC), this first-time collaboration is the largest in the region spanning four states—Missouri, Oklahoma, Arkansas, and Kansas—51 counties and four hospital systems. The working group saw the value of using a systematic, data-driven assessment to inform decisions and guide efforts to improve community health and wellness on a regional level. The larger, concerted approach leverages common strengths and strategies to move in the same direction on significant health concerns. The Regional Health Assessment, as well as resulting action plans, will allow decision-makers to have a more holistic approach to strategically address community health concerns in their own jurisdictions.

Key participants in Ozarks Health Commission from the Joplin Community include: Joplin City Health Department, Jasper County Health Department, Mercy, Freeman Health System, and Community Health Collaborative (CHC) members.

The priorities for each community emerged as a result of data and feedback collection from a variety of sources including:

- a survey open to members of the public and partner agencies in all jurisdictions;
- secondary data collected from CommunityCommons.org and other sources;
- focus groups targeting underserved, chronically ill, and low-populations in each community; and
- emergency department (ED) data from hospital partners.
These sources were combined and compared to develop community priorities which weighed morbidity, mortality, and a variety of other factors. More on the results of the survey, focus group, data analysis, and priority ranking can be found in the Methodology section of the Regional Health Assessment report.

The Joplin Community includes Barton, Cherokee, Crawford, Jasper, Labette, Newton, Ottawa, and Vernon Counties.

Findings

Health Priorities Identified

In the OHC Region, 34 indicators were examined and categorized into groupings of health issues referred to as the assessment’s Assessed Health Issues (AHI). This process identified seven Assessed Health Issues and several other groups of social determinants of health.

The committee then identified associated indicators and grouped them within the AHI.

For example, high blood pressure and cholesterol, as well as other health issues related to the cardiovascular system, were collapsed into “Cardiovascular Disease”. If relevant, an indicator was used in multiple groupings. For instance, tobacco use was used in both Lung Disease and Cancer. In addition, the list of poor-performing indicators for each Community was examined to identify other potential health issues. This process did not present any additional health issues. The AHI identified were:

- Cardiovascular Disease
- Lung Disease
- Mental Health
- Diabetes
- Cancer
The committee then developed an objective process for scoring the AHI. The scoring system included both key data points and community perspective, providing a more thorough examination of AHI. The scoring system was presented to Jasper and Newton Counties Community Health Collaborative (CHC) members in February 2016. As a group, the CHC pushed each AHI through the scoring system. The decision was made to consider the top five AHI that scored the highest, or are the most pressing issues for the Joplin Community, resulting in these rankings:

- Cardiovascular Disease
- Lung Disease
- Mental Health
- Diabetes
- Cancer
Throughout the assessment, common threads emerged that seemed to be factors affecting multiple health priority issues. These common threads were not explicitly included in the ranking process; however, strategies have been developed to address these issues with the understanding that by influencing these commonalities, multiple health priority issues will be addressed simultaneously. The Socioecological Model provides a framework justifying this approach. The Socioecological Model recognizes a wide range of factors work together to impact health. These factors exist at the individual, interpersonal, organizational, community, and policy levels.
Strategy to Improve Health Priority Issues

Joplin Community Process for Determining Initiatives

In order to address Cardiovascular Disease, Lung Disease, Mental Health, Diabetes, and Cancer, OHC partners sought to develop a comprehensive approach. The logic model outlined in the assessment provides guidance to the process and approach to improve the health priority issues.

The activities within the model is where there is a confluence of healthcare, public health, and community partners to create both upstream and downstream strategies. Upstream strategies that are implemented by the community are more wide-reaching and focus on the common threads. These strategies will address the policy, community, and organizational levels of the Socioecological Model. These strategies will be coordinated by a community coalition, which includes both healthcare and public health. The downstream strategies, implemented by hospitals, focus on specific health issues in an effort to leverage and maximize existing hospital resources and programming. These strategies will address the organization, interpersonal, and individual levels of the Socioecological Model. This structure provides a holistic approach to addressing the health priority issues and a more efficient means to improving the health priority issues.

This approach also recognizes that hospitals cannot address complex health issues independently of community support and resources. By collaborating with community agencies and coalitions to create systems and policy change focused on prevention, hospital-based population health strategies become more sustainable and health inequities are reduced. A strong, coordinated community response reduces inefficiencies and increases the likelihood of long-term success in improving health outcomes.

Evaluation

Evaluation includes both measuring progress in achieving the strategies outlined in the CHIP and tracking community progress towards improving the health priority issues. The CHC and One Joplin Health & Wellness Team will maintain tracking of the CHIP strategies and report
those regularly to the community partners. Metrics used in the prioritization process of the assessment will be used to track community progress towards improving cardiovascular disease, lung disease, mental health, diabetes, and cancer. These metrics are listed below.

**Metrics to track Cardiovascular Disease include:**
- Heart disease morbidity
- Heart disease mortality

**Metrics to track Lung Disease include:**
- Asthma prevalence
- Lung disease mortality

**Metrics to track Mental Health include:**
- PHQ-2 implementation
- PDMP Ordinance implementation

**Metrics to track Cancer include:**
- Cancer incidence
- Cancer mortality

**Metrics to track Diabetes include:**
- Diabetes prevalence

**Strategy for Implementation**
“A caring community that embraces healthy lifestyles, supports total well-being, and collaborates for a healthy future.”

Building from the results of the larger Regional Health Assessment, this Community Health Improvement Plan will be two-county focused (Jasper County and Newton County), as the scope of eight counties in three different states would be unreasonable for a single coalition to tackle. In the Joplin Community, the Jasper and Newton Counties Community Health Collaborative (CHC) will coordinate the programming and implementation of the CHIP. The CHC is comprised of partners from local health organizations and entities: George Washington Carver National Monument, The Alliance of Southwest Missouri, Newton County Health Department, Joplin Community Clinic, Freeman Health System, Lafayette House, Jasper County Health Department, Joplin City Health Department, Ozark Center, Missouri Southern State University, Joplin Early Head Start, United Way, Community Support Services, Missouri Healthcare for All, KCU of Medicine and Biosciences, Mercy Hospital, Joplin Family YMCA, One Joplin, Missouri Department of Health and Senior Services, Joplin School District, University of Missouri Extension, Economic Security, Legal Aid of Western Missouri, NAMI Joplin, and others.

Planning to develop the CHIP began in August 2016. At the monthly CHC meeting, members brainstormed initiative ideas related to the top five health priorities selected for the community: Cardiovascular Disease, Lung Disease, Mental Health, Diabetes, and Cancer. In an effort to address
these health issues effectively, initiative ideas were only discussed around the priorities affecting Cardiovascular Disease, Lung Disease, and Mental Health. However, it is believed that these programs can impact behaviors in relation to Diabetes and Cancer as well. Subcommittees of CHC members were then formed to begin further discussion of initiative ideas. These included: Active Living & Healthy Eating, Tobacco, and Mental Health.

<table>
<thead>
<tr>
<th>Active Living &amp; Healthy Eating</th>
<th>Tobacco</th>
<th>Mental Health</th>
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<tbody>
<tr>
<td>Community Walking Group Initiative</td>
<td>Clean Indoor Air Ordinance</td>
<td>Prescription Drug Monitoring Program Ordinance</td>
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<tr>
<td>Eat Smart in Parks</td>
<td>Tobacco 21 Ordinance</td>
<td>PHQ-2 Resource</td>
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<td>Worksite Wellness</td>
<td></td>
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<tr>
<td>Livable Streets/Complete Streets</td>
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</table>
### Community Walking Group Initiative

#### Lead Organizations
- Parks & Rec Department, Trail Coalition, Dogwood Trailblazers, YMCA, School Systems, Health Departments, Chambers of Commerce, National Park Services

#### Summary
Research shows that getting regular physical activity leads to improved health. However, most adults do not get the recommended daily amounts of physical activity. To promote and encourage change of behavior, it is recommended to provide social support networks to help motivate people to exercise more often. The accountability that a buddy system walking group could provide to someone might be enough to change an individual's physical activity habits in a positive way. This walking group could be offered community-wide; maybe a once a month trail walk or encouraging walking groups at worksites during breaks. Building those relationships with others promotes comradery and accountability.

#### Objective
To motivate residents to become more active via walking as a form of exercise. Additionally, to provide an opportunity for community members to offer support to one another as they increase personal physical activity.

#### Best Practice
2. [https://www.thecommunityguide.org/topic/physical-activity](https://www.thecommunityguide.org/topic/physical-activity)

### Schedule

<table>
<thead>
<tr>
<th>Period</th>
<th>Activity</th>
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<tbody>
<tr>
<td>July-August 2017</td>
<td>Begin planning with CHC members.</td>
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<tr>
<td>September-November 2017</td>
<td>CHC begins discussions with community partners to develop initiative.</td>
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<tr>
<td>Early Spring 2018</td>
<td>Implementation.</td>
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<td>-----------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Summary</td>
<td>During 2016-17, JFAN will introduce ESIP to three communities: Joplin, Webb City, and Carl Junction.</td>
</tr>
<tr>
<td>Objective</td>
<td>Build community capacity by championing individual, organizational, and municipal policy change supportive of health snacks and beverages at parks and community spaces where children play.</td>
</tr>
</tbody>
</table>
| Best Practice       | Eat Smart in Parks (ESIP) is a best practice program developed by the Missouri Dept. of Health & Senior Services (DHSS), Missouri Council on Activity & Nutrition (MOCAN), and the University of Missouri Extension Program. [http://extension.missouri.edu/mocan/eatsmartinparks/](http://extension.missouri.edu/mocan/eatsmartinparks/)  
[1](http://extension.missouri.edu/mocan/eatsmartinparks/ESIPtoolkit_2016.pdf)  |

**Winter 2016**
- Planning

**Spring 2017**
- Organizing & engaging community partners

**Summer 2017**
- Implementing the ESIP plan as outlined in toolkit.

**Fall 2017**
- Learning & Reflecting.
<table>
<thead>
<tr>
<th>Worksite Wellness</th>
<th>Lead Organizations</th>
<th>MOCAN, DHSS, the University of Missouri Extension, Kris Drake, Lindsey Stevenson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>Many companies have corporate wellness efforts, but there is still perception that wellness is not commonplace in workplaces. Additionally, many of the solutions that are implemented are programs or practices not evidence-based. The WorkWell Missouri Toolkit is designed to help your organization assess and improve the wellness policies and practices in your workplace.</td>
<td></td>
</tr>
<tr>
<td>Objective</td>
<td>To provide a worksite wellness resource to businesses that want to improve the health and overall wellbeing of their employees.</td>
<td></td>
</tr>
</tbody>
</table>

### Timeline

- **July 2016-January 2017**  
  Pilot the revised toolkit.
- **February-April 2017**  
  Collect feedback from pilot sites.
- **Spring 2017**  
  Create advertisement of the Toolkit.
- **Summer 2017**  
  Promote Toolkit to partner agencies.
- **Summer-Winter 2017**  
  Hold trainings on the Toolkit.
- **Spring 2017**  
  Keep resources up to date and find new resources.
- **Summer 2018**  
  Share best practices of businesses' worksite wellness successes.
Livable Streets/Complete Streets

Lead Organizations
MOCAN, DHSS, the University of Missouri Extension, JATSO, TAC, Transportation Committee (One Joplin), Neighborhood Organizations, Trail Coalition, Biking Group, Walking Groups, CHC Members, Health Departments

Summary
Promoting the efforts to create an environment that allows for community members to have greater access to schools, businesses, and work, and provide more opportunities to be physically active. This can be achieved by, for example: adding bike lanes, adding and/or fixing existing sidewalks, planting trees or shrubs, add green space, etc.

Objective
Advocate for making Joplin, and the surrounding communities in the two-county area, more walkable and bikeable through policy change at the local level using Complete Streets/Livable Streets as the guiding principle. In Joplin, CHC would advocate for these principles in the update of the Bike and Pedestrian Trail Plan.

Best Practice
1.http://livablestreets.missouri.edu/
2.http://livablestreets.missouri.edu/advocate/tools/

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**Summer 2017**
Contractor employed for plan update.

**Summer-Fall 2017**
Public engagement for input into plan. Opportunity for CHC advocacy.

**December 2017**
Update recommendations for plan.
### Clean Indoor Air Ordinance

**Lead Organizations**
One Joplin Health Team, Economic Security Corporation, the University of Missouri Extension, Freeman Health System, CHC Members

**Summary**
There is no safe level of exposure to secondhand smoke. Implementation of smokefree indoor air ordinances will reduce public and employee exposure to secondhand smoke, it may help improve the health of workers and the public, and increase cessation and reduce smoking prevalence among workers and the public. Through public education and advocacy, this initiative will increase community knowledge of the harms of secondhand smoke and increase community support for the adoption of a city-wide comprehensive smokefree indoor air ordinance.

**Objective**
Adoption of a comprehensive indoor smokefree air ordinance.

**Best Practice**
1. [https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/improve_health/](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/improve_health/)
2. [https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/reduce_smoking/](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/reduce_smoking/)

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**Spring 2017**
CHC members participate in Healthy Living Alliance Tobacco Collaborative initial meeting.

**Late Summer 2017**
CHC members attend second Healthy Living Alliance Tobacco Collaborative meeting.

**Fall 2017**
Continue research on ordinance implementation process.

**Winter 2017-2018**
Continue education on ordinance implementation process.

**Goal**
Provide model ordinance to area city councils by Summer 2018.
<table>
<thead>
<tr>
<th>Tobacco 21 Ordinance</th>
<th>Lead Organizations</th>
<th>One Joplin Health Team, Economic Security Corporation, the University of Missouri Extension, Freeman Health System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>Ninety percent of cigarette smokers begin smoking before the age of 18, therefore, prevention of tobacco use among youth is an essential and effective way to curb the adult smoking rate(^1). This initiative will reduce underage access to tobacco products by increasing community knowledge of the benefits of tobacco use prevention and by increasing support for the adoption of an ordinance to raise the minimum purchase age of tobacco to 21.</td>
<td></td>
</tr>
<tr>
<td>Objective</td>
<td>Adoption of an ordinance that would raise the minimum purchase age of tobacco to 21 years old.</td>
<td></td>
</tr>
</tbody>
</table>
\(^2\)http://www.nosmoke.org/goingsmokefree.php?id=499 |

| Spring 2017 | CHC members participate in Healthy Living Alliance Tobacco Collaborative initial meeting. |
| Late Summer 2017 | CHC members attend second Healthy Living Alliance Tobacco Collaborative meeting. |
| Fall 2017 | Continue research on ordinance implementation process. |
| Winter 2017-2018 | Continue education on ordinance implementation process. |
| Goal | Provide model ordinance to area city councils by Summer 2018. |
# Mental Health

## Prescription Drug Monitoring Program Ordinance

<table>
<thead>
<tr>
<th>Lead Organizations</th>
<th>One Joplin Health Team, CHC Members, City of Joplin, Jasper &amp; Newton Counties</th>
</tr>
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<tbody>
<tr>
<td>Summary</td>
<td>A prescription drug monitoring program will help prevent prescription drug abuse and opioid addiction in the state of Missouri. A PDMP would reduce “doctor shopping” as it would allow pharmacists and doctors access to patient prescription history.</td>
</tr>
<tr>
<td>Objective</td>
<td>In the absence of a state law, develop and adopt local ordinance that will implement PDMP at a local level, i.e. cities and counties in our area.</td>
</tr>
<tr>
<td>Best Practice</td>
<td>PDMP is considered first step in addressing doctor shopping of the opioid epidemic.</td>
</tr>
</tbody>
</table>

### Timeline
- **Spring 2017**: CHC and One Joplin will advocate for state ordinance.
- **Summer 2017**: In absence of state PDMP, begin discussions with local counties and cities for local ordinance.
- **Late Summer-Fall 2017**: Develop ordinance for submission to local cities/counties for adoption.
GOAL: decrease poor mental health days to state average by December 31, 2020

<table>
<thead>
<tr>
<th>PHQ-2 Resource</th>
<th>Lead Organizations</th>
<th>Summary</th>
<th>Objective</th>
<th>Best Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>One Joplin Health Team, CHC</td>
<td>Poor mental health days are higher in Jasper County (4.7 days) than the state average (3.8) days in the past 30 days.</td>
<td>Equip Primary Care Physicians in the Joplin area with community mental health resource lists so upon the usage of PHQ-2 they can refer to appropriate resources by December 31, 2017</td>
<td>PHQ-2 is a validated instrument that Medicare has added to annual medical exams.</td>
</tr>
</tbody>
</table>

**Spring 2017**
Begin discussions on development of tool.

**Early Summer 2017**
Continue development.

**Late Summer 2017**
Introduce and implement in area physician offices.