Community Health Improvement Plan 2019-2021

Jasper and Newton Counties
Community Health Collaborative

Introduction

In 2017, a variety of organizations across the Ozarks reconvened under the umbrella of the Ozarks Health Commission to assess the health needs of our region. Building upon the success of the 2016 Regional Health Assessment, partners again sought to better understand the health status, behaviors and needs of the populations they serve, which includes 29 counties, 4 states, and 3 hospital systems.

This 2019 Assessment combines more than 140 hospital and community data indicators as well as feedback from stakeholders and the broader community. This process resulted in three priorities: lung disease, cardiovascular disease, and mental health. Weaving among the issues identified were five common threads: access to health care, mental health, physical activity, social determinants of health, and tobacco use. Additionally, the health status of populations of interest—such as people in poverty, minorities and the elderly--were also analyzed.

For the purposes of this Assessment, the Joplin Community is made up of Barton, Cherokee, Crawford, Jasper, Labette, McDonald, Newton, Ottawa, and Vernon counties.

Findings

Methodology

For the 2019 assessment, the Ozarks Health Commission (OHC) built on the methodology developed for the 2016 assessment. The approach combines secondary data, hospital data, and community feedback on several levels to guide the prioritization process. The core data in the assessment is secondary community health indicators, which are available across various publicly available datasets. In addition to the secondary data, the hospital systems pulled data from their emergency departments and clinical quality measures to provide a more in-depth and timely examination of the Assessed Health Issues (AHI). The OHC then gathered community input and feedback by conducting a survey and hosting community key partner meetings to provide additional perspectives on the AHI.

Throughout the primary and secondary data collection, the OHC steering committee provided direction, feedback, and guidance; detailed research and analysis efforts took place within several subcommittees. The subcommittees completed work on secondary indicators, survey development, hospital data, and health issues and prioritization. The majority of the work completed by the subcommittees happened concurrently, between October 2017 and December 2018.

Secondary Data Process

A subcommittee on community health secondary data indicators was formed to identify indicators, collect and compile relevant data, and conduct a review of the findings. The subcommittee was comprised of public health partners from the steering committee. The subcommittee began their work in the fall of 2017 and completed work in June 2018. The subcommittee focused on the primary collection point of data that was used for the first assessment, which was Community Commons, through the Community Health Needs Assessment portion of the website. A Community Health Needs Assessment report was run for each Community and the OHC Region in October 2017 and May 2018. Additional data was also collected from the 2016 Missouri Student Survey County Reports, 2016 Arkansas Prevention Needs Assessment Survey, and the Department of Health and Senior Services--MOPHIMS, Cancer Incidence MICA.

As the secondary data was collected and compiled, it was aggregated into the OHC Communities and placed into comparison charts to allow for a side-by-side examination of the data between Communities, the OHC Region, and the nation. The subcommittee first reviewed the key indicators that were identified through the 2016 assessment. Then the subcommittee reviewed all other indicators that performed more poorly than the nation and examined the relevance and significance to determine if any key indicators should be added. The indicators were then grouped into related indicators. These produced the same set of AHI and Common Threads as were identified in 2016. After the data was reviewed, the subcommittee provided their findings to the steering committee.

Identifying Health Issues

A subcommittee was formed to review, update, and finalize the process of identifying and prioritizing the health issues for the OHC Region and Communities. This subcommittee included representation from public health. The secondary data key findings revealed that the OHC Region is under-performing in 37 indicators.

During the 2019 assessment, the under-performing indicators were examined and placed into similar groupings to create health issues. This process identified seven groupings that the OHC Region considered AHI, and two additional groups for social determinants of health and access to care. Then the subommittee identified associated indicators and placed them into their group. For example, high blood pressure and cholesterol, as well as other heath issues related to the cardiovascular system, were collapsed into "cardiovascular disease'. If relevant, an indicator was used in multiple groupings.

The seven AHI were: Cancer, Cardiovascular Disease, Lung Disease, Oral Health, Mental Health, Maternal and Child Health, and Diabetes. During this process, the subcommittee decided to remove the Maternal and Child Health grouping and place this category under population of interest.

The subommittee concluded the process by reviewing the AHI scoring process. The scoring matrix includes key data points from secondary data, hospital data, and community perspective, providing a more thorough examination of the AHI. The scoring system was presented to the Jasper and Newton Counties Community Health Collaborative (CHC) members in September 2018.

To begin the process, the Stakeholder Survey was sent to the CHC membership. This survey was designed by the Ozarks Health Commission to receive input from stakeholders in each community in the Region to establish the prioritization of the six AHI. Questions asked in the survey were designed to assist communities in determining the community's readiness and feasibility to change concerning each AHI.

Survey data was received and compiled by staff at Springfield-Greene County Health Department and results were sent to the Community Health Collaborative leadership to present at the Joplin Community prioritization meeting.

Survey results were presented to CHC members. Conversation was held around the responses for each question, and whether or not the results reflected the thoughts of the membership in attendance. After thorough discussion, it was decided that the weighted average scores from each question most accurately portrayed the thoughts of the survey respondents and those in attendance. The weighted average scores were then calculated in the prioritization matrix to determine the final score of each AHI. The group then voted to choose the top 3 scoring indicators as priorities. Those three indicators in order are: lung disease, mental health, and heart disease.

Strategy for Implementation

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 nine counties in three different states would be unreasonable for a single coalition to address. 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.

Discussion of CHIP development began in June 2019. At the bi-monthly CHC meeting, members brainstormed initiaitve ideas related to the top three health priorities selected for the community: Lung Disease, Mental Health, and Cardiovascular Disease.

As initiatives were evaluated, attention was given to those that would have the greatest impact in the community. For example, in looking to target a large portion of the population, policy change (like passing an ordinance) would be more effective than initiatives that impact only a small portion of the population or individuals. Further consideration of "Common Threads" were considered as changes to any of these can impact multiple health conditions (ex: decreasing tobacco use can effect lung disease, cardiovascular disease, and mental health). Initiatives were seperated into three categories: Safe and Healthy Environments, Tobacco, and Mental Health.

Health Initiatives

Safe & Healthy Environments	Tobacco	Mental Health
· Community Walking Initiative · Complete Streets · Healthy Homes	· Tobacco 21 Ordinance	· Generation Rx · Safe Syringe

Safe and Healthy Environments

Community Walking Initiative

Lead Organization(s)	Community Health Collaborative, One Joplin, Jasper County and Joplin City Health Departments
Initiative 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[1]. The accountability that a buddy system walking group could provide to someone might be enough to change an individuals' 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	[1] https://www.thecommunityguide.org/sites/default/files/assets/What-Works-PA-factsheet-andinsert.pdf [2] https://www.thecommunityguide.org/topic/physical-activity [3] https://www.thecommunityguide.org/findings/physical-activity-social-support-interventionscommunity-settings [4] http://publichealth.lacounty.gov/ivpp/Toolkit%20KF%206_25%20BW.pdf [5] http://www.gethealthywashoe.com/fb_files/Walking%20Toolkit%202011.pdf [6] http://www.capitalareahealthalliance.org/docs/WalkingGroupToolkit_030116_FullPacket.pdf

Complete/Livable Streets

Lead Organization(s)	One Joplin Transportation Committee, JATSO MOCAN, DHSS, University of Missouri Extension, Community Health Collaborative
Initiative 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.
Best Practice	[1]http://livablestreets.missouri.edu/ [2]http://livablestreets.missouri.edu/advocate/tools/

Healthy Homes

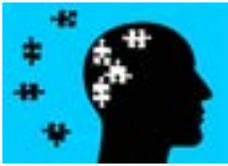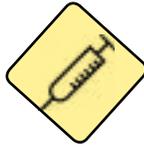| Lead Organization(s)	One Joplin
Initiative Summary	Many studies show that safe and healthy housing plays an important role in public safety, the health of local residents, and the economic development of a community.
Objective	Advocate for improved quality of housing and safe neighborhoods. · Promote, develop, and implement cross-disciplinary activities to address the problem of unhealthy and unsafe housing through surveillance, code enforcement, and comprehensive prevention programs. · Facilitate the collection of local data including a registry of rental property and monitor progress toward reducing or eliminating housing deficiencies and hazards. · Develop guidelines to assess, reduce, and eliminate health and safety risks within the community and implement proactive rental inspections.
Best Practice	https://nchh.org/

Tobacco

Tobacco 21

Lead Organization(s)	Vision 2022, One Joplin Health and Wellness Team, Community Health Collaborative
Initiative Summary	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.
Objective	Adoption of an ordinance that would raise the minimum purchase age of tobacco to 21 years old.
Best Practice	[1] http://tobacco21.org/http://tobacco21.org/ [2] http://www.no-smoke.org/goingsmokefree.php?id=499

Mental Health

Safe Syringe

Lead Organization(s)	One Joplin Health and Wellness Team
Initiative Summary	Numerous scientific studies demonstrate that syringe exchange programs (SEPs) can play an important role in public safety, reducing infections, reducing health care costs, and improving intravenous drug users (IUDs) entry into treatment. As awareness of this public health issue has increased, many states have amended their laws to remove barriers to access to sterile syringes. Currently, Missouri does not allow SEPs to operate.
Objective	Advocate for Safe Syringe programs at the state level.
Best Practice	[1] https://www.cdc.gov/ssp/determination-of-need-for-ssp.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhiv%-2Frisk%2Fssps.html

Generation Rx

Lead Organization(s)	One Joplin Health and Wellness Team
Initiative Summary	The mission of Generation Rx is to educate people of all ages about the potential dangers of misusing prescription medications. In doing so, we strive to enhance medication safety among our youth, college students, other adults in our communities, and older adults. Prescription medications can help us live longer and healthier lives, but any medication has the potential to do harm--especially when misused.
Objective	Share this resource throughout the community to various age groups, and to increase the knowledge of how to safely dispose of presciption medication.
Best Practice	https://www.generationrx.org/about/mission/

Fall/Winter 2019
Groups continued walking. More organizations and neighborhoods were approached about starting a group.

Ongoing

May/June 2019
Five walking hubs began walkind groups.

April 2020
Large kick-off event scheduled at George Washington Carver National Monument.

Ongoing:
Advocate at every opportunity.

Ongoing

Winter 2019
Ordinance was passed by City Council.

Ongoing:
Implementation and enforcement.

Summer 2019
A workgroup was formed.

January 2019
Ordinance goes into effect.

Ongoing:
Identifying federal impact.

Ongoing

Ongoing

Identifying partners that can incorporate this program into services they provide.