MISSOURI STATE HEALTH IMPROVEMENT PLAN

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

2024

OUR VISION IS

OPTIMAL HEALTH AND SAFETY

FOR ALL MISSOURIANS, IN ALL COMMUNITIES, FOR LIFE.

Our mission is to promote health and safety through prevention, collaboration, education, innovation and response.

MISSOURI DEPARTMENT OF

HEALTH & SENIOR SERVICES

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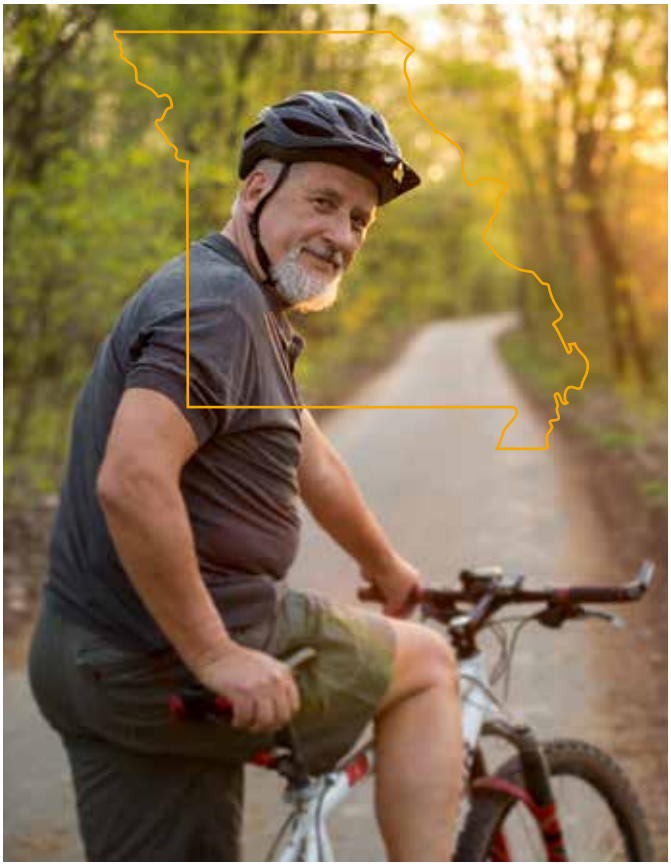
Executive Summary

The Missouri Department of Health and Senior Services (DHSS) is devoted to achieving its vision of optimal health and safety for all Missourians, in all communities, for life. DHSS will achieve that vision by carrying out its mission of promoting health and safety through prevention, collaboration, education, innovation and response.

DHSS developed this State Health Improvement Plan (SHIP) document, assembled as part of the Department reaccreditation process through the Public Health Accreditation Board (PHAB), in tandem with the Missouri State Health Assessment (SHA).

The SHA combines a variety of analyzed health indicators with qualitative feedback gathered during listening sessions conducted in communities across the State of Missouri to identify leading health issues facing Missourians. The listening sessions provide an opportunity for DHSS to incorporate qualitative information such as the lived experience of specific communities and unique challenges experienced at the local level, working in concert with the quantitative data utilized by DHSS to understand state health needs. The SHA also pinpoints resources and informs the development of priorities included in the SHIP. The SHIP is a five-year systematic plan to address issues identified in the SHA. Based on the SHA, the SHIP describes how the state health department, stakeholders and the communities served can work together to improve the health of the population, signaling opportunities for partnership within state public health systems.

As part of the process, and to ensure that a diverse set of stakeholder voices were heard, a group of local public health agencies, academic institutions, non-profits and other state agencies was assembled. This State Health Partner Group (SHPG) offered their time and expertise through a number of assessments, surveys, conversations and digital meetings to develop the SHIP. Another group of stakeholders was assembled in 2023 to review and revise the SHIP to better align the plan with shifting public health needs and priorities.



Summary of Outcomes

In the wake of the COVID-19 pandemic, an unprecedented level of investment in the transformation of the public health system is taking place nationwide. The public health system in the State of Missouri is no exception. Many areas of Missouri's health system have seen improvements at the state and local levels since the last SHA completed in 2016.

However, despite the work of the system as a whole, some Missouri residents still do not have the same opportunities for health. Disparities and inequity continue to be a concern reflected in health indicators and across jurisdictions in the State of Missouri. The Southeast Region of the state continues to experience the poorest health outcomes with the highest mortality rate and lowest life expectancy of any other region.

Like many other peer states, Missouri is dedicating teams, funding and pioneering work to the transformation of the public health system. DHSS strategic priorities focusing on innovation, workforce concerns, building partnerships and transparency, access to services and diversity reflect the importance of building the public health system at every level. This investment in transformational work begins with the vital planning around improving the health of the state included in the SHA and SHIP.

Key Issues

The Missouri SHA documents in detail both the qualitative and quantitative analysis of the issues facing Missourians in terms of their health. Throughout 2023, the SHA team traveled the State of Missouri and conducted nineteen listening sessions to capture candid feedback about the lived experience of Missourians. These listening sessions were designed to hear from geographically, socioeconomically and demographically diverse audiences. Asking open-ended questions, the SHA team carefully recorded notes and led discussion around the factors that influence the health of Missourians. Combined with the analysis of primary and secondary health data, the SHA provides a comprehensive picture of the state of health in Missouri.

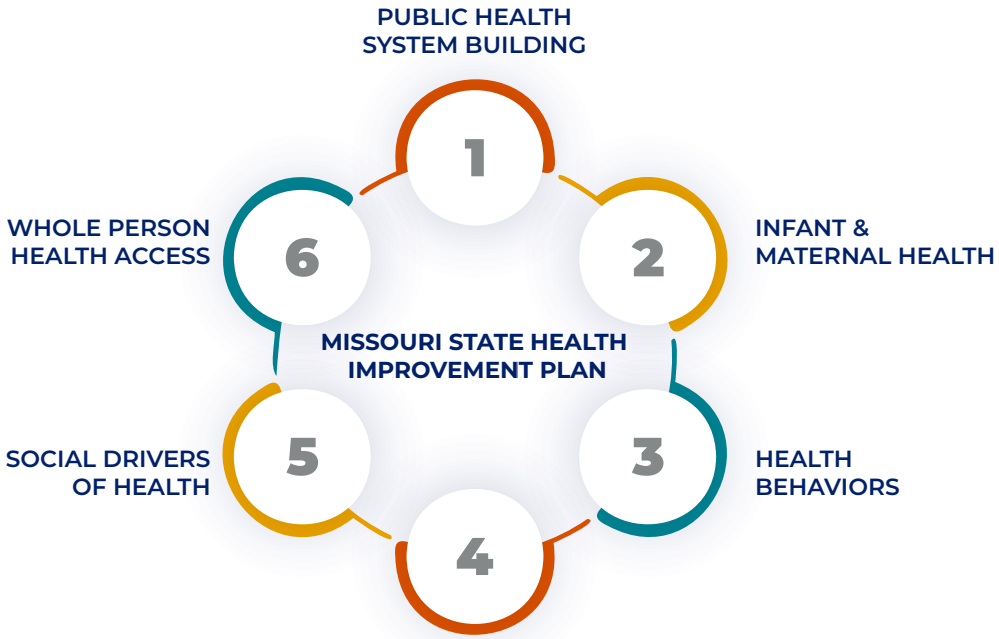
As the SHA details the challenges facing citizens, the SHIP focuses on the work the public health system must do to address these challenges to improve health outcomes in the State of Missouri. The qualitative and quantitative analysis in the SHA directly informs the development of the six SPIs that form the core of the SHIP.

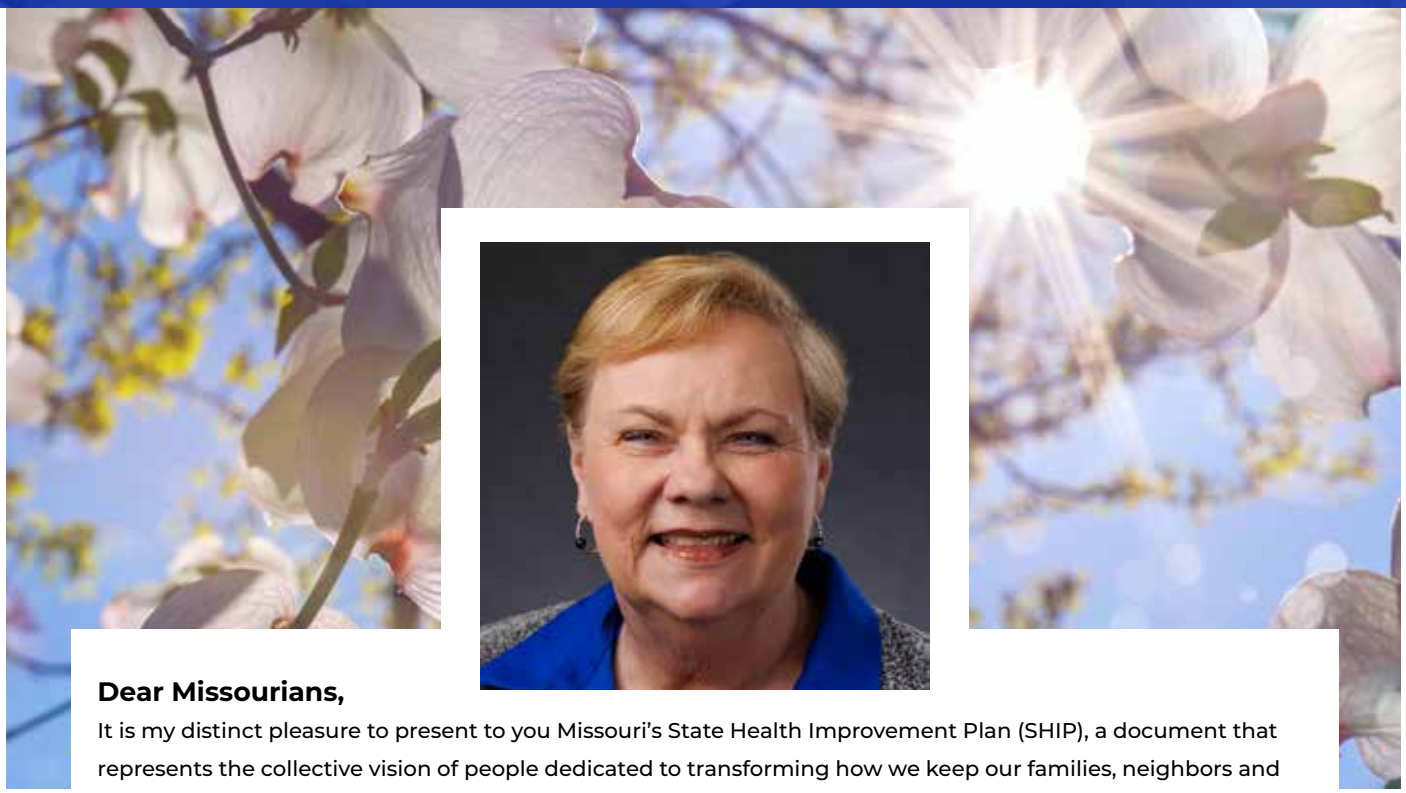
For the purposes of this SHIP document, the following terms are used within each SHIP priority issue (SPI) with the following definition:

- SHIP Priority Issue: broad themes that influence the health of Missourians
- Goal: wide-ranging targets that may be long-term and require collaborative work from all levels of the public health system
- Objective: narrowly defined targets, timebound and specific enough to begin taking action
- Activity: the specific work required to drive progress towards achieving the associated objective and goal
- Metric: measurable elements of either an objective or activity, tracked and reported by the DHSS performance management system

Priority Issues

The State Health Partner Group (SHPG) organized issues identified in the SHA into six SHIP priority issues and assembled teams around each theme. The strategic priority issues identified represent areas that require concerted focus and energy from every level of the public health system. These are large-scale concerns that affect the State of Missouri as a whole. These SHIP priority issues force the public health system to innovate and integrate collaborative action steps from partners at the state and local levels.





Dear Missourians,

It is my distinct pleasure to present to you Missouri's State Health Improvement Plan (SHIP), a document that represents the collective vision of people dedicated to transforming how we keep our families, neighbors and communities healthy and safe. In 2023, the Missouri Department of Health and Senior Services assembled a group of partners across the public health and healthcare systems to revise the existing SHIP. This revised document reflects the robust activities this partnership will prioritize to address the extraordinary challenges and opportunities the public health system faces in the wake of COVID-19.

Amid the pandemic, it was a privilege to witness firsthand the commitment and selflessness of the people who compose the public health, healthcare and behavioral health workforces as they served their communities and saved lives. We also must recognize the underlying causes of poor health that drove disparate outcomes of disease during the pandemic. With our strengths revealed and our shortcomings laid bare, it is the responsibility of the public health system to use this information and seize this opportunity to build a system that better serves Missourians.

The revised SHIP draws from those lessons learned and the State Health Assessment's (SHA) key health indicators to focus the entire public health system's efforts over the next five years. The SHIP first identifies six SHIP Priority Issues (SPIs) that need to be met by the public health system, with goals and specific objectives designed to address them. The six SPIs from the existing SHIP are maintained in this edition, with the goals and objectives modified to align with new opportunities and innovative efforts. The SHIP will continue as a living document, subject to future changes as the public health landscape continues to shift and demand new strategies and ideas.

Implementation of the SHIP will demand focused coordination throughout Missouri and across the public health and health sectors. The Department expresses our deep appreciation for the partners who contributed to this plan and who will continue to work towards a healthier Missouri. We look forward to the work ahead!

Paula F. Nickelson
Director

Introduction

The COVID-19 pandemic changed the face and the function of public health worldwide. Through years of unparalleled challenges, the public health workforce found new ways to continue to serve the citizens of the State of Missouri. As COVID-19 became an endemic condition, DHSS took the opportunity to bring teams together to re-brand, re-focus and re-center around what is most important in our charge as Missouri's public health authority. These transformative efforts included a new brand identity, a new mission, vision, values and strategic plan, as well as a renewed focus on addressing universal challenges facing the public health system.

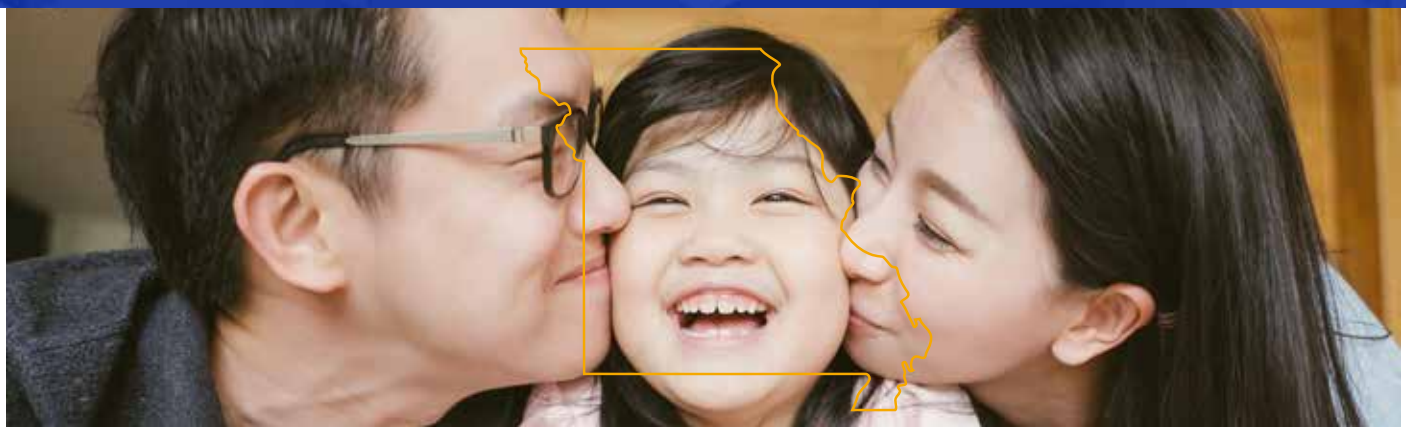
DHSS brought this transformative attitude to each activity as we worked towards reaccreditation. Focusing on the future of public health and Missouri's role as a leader on the national stage framed the collaborative and innovative approach used to develop both the SHA and SHIP. The work of public health never stops, and the goal of this rigorous planning process, is to be prepared for the next challenge the public health system faces.

Public Health Accreditation

The Public Health Accreditation Board (PHAB) is a non-profit entity that provides oversight for a voluntary accreditation process for state, local and tribal public health agencies. With their mission to advance and transform public health practice by championing performance improvement, strong infrastructure and innovation, PHAB accreditation represents a standard of excellence recognized nationwide. DHSS attained initial accreditation in 2016 and has provided annual reports each year to PHAB. The reaccreditation process occurs every five years and requires the department to show how it has continued to utilize the capacity indicated in the initial accreditation, as well as focusing on continuous quality improvement. While there are many components to reaccreditation, two that are vital to ensuring DHSS receives accreditation are the SHA and SHIP. The first document describes the current view of Missouri's health system, its capacity and the overall health of Missourians. Additionally, it names the Key Health Issues affecting the state. This companion document, the SHIP, groups the identified Key Health Issues into SHIP Priority Issues. The aim of the SHIP is to provide actionable work designed to address the key issues over the next five years, with measurable targets and accountability measures built in to ensure progress towards the goals and objectives.

State Health Partner Group

To ensure that the plans laid out in the SHIP are truly reflective of the work necessary to meet our goals and meaningful to those working towards those goals, external stakeholders from across the Missouri health system have gathered to revisit, revise and design new goals and objectives. Through an in-person kickoff meeting, multiple virtual working sessions, and asynchronous information gathering, this diverse group of stakeholders ensured that each dimension of the State of Missouri is represented in this overarching health improvement plan.



The Missouri State Health Partner Group includes representation from the following associations, academic institutions, local public health agencies and community action organizations:

Adair County Health Department
Atchison County Health Center
Audrain County Health Department
Barton County Health Department
Bollinger County Health Center
Brown School At Washington University | St. Louis
Butler County Health Center
Caldwell County Health Department
Camden County Health Department
Cape Girardeau County Public Health Center
Carter County Health Center
Cedar County Health Department
Center For Environmental Analysis | Southeast Missouri State University
City Of Kansas City Health Department
Clark County Health Department
Clay County Public Health Center
Clinton County Health Department
Cole County Health Department
Columbia/Boone County Public Health & Human Services
Cooper County Public Health
Dunklin County Health Center
Franklin County Health Department
Grundy County Health Department
Health Literacy Media
HealthierMO
Henry County Health Center
Jackson County Health Department
Jasper County Health Department
Jefferson County Health Department
Joplin Health Department
Lafayette County Health Department
Lawrence County Health Department
Lincoln County Health Department
Livingston County Health Center
Macon County Health Department
Madison County Health Department
Marion County Health Department
Mercer County Health Department
Miller County Health Center
Mission Missouri
Missouri Alliance - Home Care
Missouri Assisted Living Association
Missouri Association of Area Agencies on Aging
Missouri Association of Local Public Health Agencies
Missouri Association of Nursing Home Administrators
Missouri Center For Public Health Excellence
Missouri Coalition Against Domestic and Sexual Violence
Missouri Coalition for Oral Health
Missouri Council for Activity and Nutrition
Missouri Council for In-Home Services
Missouri Dental Association
Missouri Department of Corrections
Missouri Department of Elementary & Secondary Education
Missouri Department of Health And Senior Services
Missouri Department of Higher Education & Workforce Development
Missouri Department of Mental Health
Missouri Department of Social Services | Technical Assistance Team
Missouri Department of Social Services | MO HealthNet Division
Missouri Developmental Disabilities Council
Missouri Family Health Council
Missouri Foundation for Health
Missouri Health Care Association
Missouri Hospital Association
Missouri Institute for Community Health
Missouri League for Nursing
Missouri Primary Care Association
Missouri Public Health Association
Morgan County Health Center
New Madrid County Health Department
Newton County Health Department
Nodaway County Health Center
Ozark County Health Department
Ozarks Public Health Institute | Missouri State University
Perry County Health Department
Pettis County Health Center
Putnam County Health Department
Ralls County Health Department
Randolph County Health Department
Reynolds County Health Center
Ripley County Health Center
Saline County Health Department
Shelby County Health Department
Saint Louis University College for Public Health And Social Justice
Springfield-Greene County Health Department
St. Joseph Health Department
St. Louis City Department of Health
St. Charles County Department of Public Health
St. Charles County Department of Public Health
St. Francois County Health Center
Ste. Genevieve County Health Department
Stone County Health Department
Sullivan County Health Department
Taney County Health Department
University of Missouri - Kansas City Institute for Human Development
University of Missouri - Kansas City School Of Medicine
Vernon County Health Department
Warren County Health Department
Webster County Health Unit
Wright County Health Department

The State Health Improvement Plan Review Team included:

Bootheel Perinatal Network
Butler County Health Department
Cole County Health Department
Columbia/Boone County Public Health & Human Services
Community Asset Builders
Council for Public Health Nursing
Delta Dental
Generate Health St. Louis
Health Forward Foundation
HealthierMO
Kansas City Health Department
Lincoln University - Paula J. Carter Center for Minority Health
Missouri Academy of Family Physicians
Missouri Area Health Education Center
Missouri Bootheel Regional Consortium
Missouri Cancer Consortium
Missouri Center for Public Health Excellence
Missouri Coalition for Oral Health
Missouri Community Action Network
Missouri Council for Activity and Nutrition
Missouri Dental Association
Missouri Dental Hygiene Association
Missouri Department of Health and Senior Services
Missouri Department of Mental Health
Missouri Department of Social Services
Missouri Foundation for Health
Missouri Hospital Association
Missouri Primary Care Association
Missouri State University
Missourians for Responsible Transportation
MU School of Health Professions
Nurture KC
Ozark Public Health Institute
Polk County Health Center
Southeast Hospital
SSM Health - St. Mary's Hospital
St. Louis City Department of Health
St. Louis County Department of Health
St. Louis University
State Emergency Management Agency
Tobacco Free Missouri
University of Missouri
University of Missouri Center for Health Policy
University of Missouri Interdisciplinary Center for Food Security
Uzazi Village
Washington County Ambulance District

SHIP Priority Issues

The State Health Partner Group (SHPG) organized issues identified in the SHA into six SHIP priority issues and assembled teams around each theme. These teams consisted of members of the SHPG, internal and external stakeholders, and subject matter experts. Each team explored the key health issues from the SHA that contributed to their assigned strategic priority issue and identified the overarching goals, objectives and activities designed to address those issues.

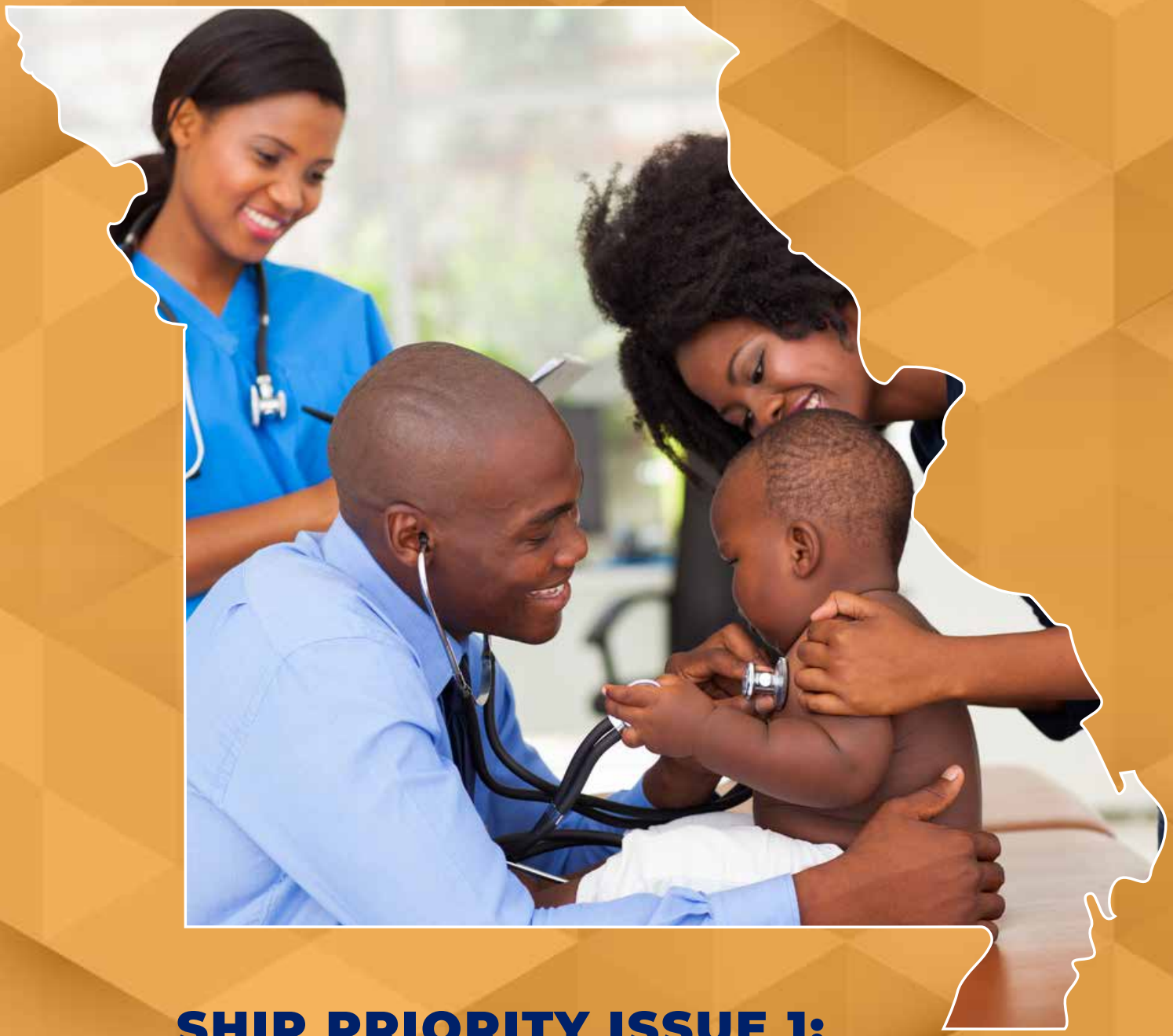
These priority issues differ from the key health issues named in the SHA in a number of ways. Firstly, the SHA's indicators are just that: indicators of the general health of Missouri's citizens and health system.

The strategic priority issues identified represent areas that require concerted focus and energy from every level of the public health system. These are large-scale concerns that affect the State of Missouri as a whole. These SHIP priority issues force the public health system to innovate and integrate collaborative action steps from partners at the state and local levels.

The SHIP priority issue teams came together to kick off a review of the SHIP on June 16, 2023. Each team then met virtually over the next three months to review and revise the existing goals and objectives in the 2021 version of Missouri's SHIP. The goals listed in this document represent the "big ideas" under each priority and are divided into more targeted objectives designed to drive progress towards their associated goals. Lastly, specific activities and potential resources were identified as the best methods to achieve those objectives. The State Health Partner Group seized this opportunity to review the 2021 version of the SHIP through the lens of a post-pandemic public health world. This 2023 edition of the SHIP represents the renewed focus on systems-level thinking.

To best serve its purpose as the core structure of the public health system's planning efforts to improve health outcomes in the State of Missouri, the SHIP is a living document. Annual reviews and check-ins on progress around the goals and objectives outlined in the SHIP present the opportunity to revise specific language, determine areas of need and redirect resources to priority areas lagging behind in progress. The DHSS Office of Performance Management coordinates health planning activities and assures accountability for goals set in these plans, including the SHIP.

The goals and objectives listed under each SHIP priority area are set on a five-year project scale. Work around each priority will be ongoing throughout the five-year timespan; however, each specific action item lists a target date to create a phased approach to the improvement strategies.



SHIP PRIORITY ISSUE 1:
Public Health System Building

SHIP PRIORITY ISSUE 1

Public Health System Building

According to the Centers for Disease Control and Prevention (CDC), "Public health systems are commonly defined as 'all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.'" The priority issue regarding the overall public health system grew out of an identification of concerns around the Missouri public health workforce and its capacity to collaboratively affect change. The following goals and objectives are focused on creating a sustainable high-performing public health system.

Key Health Issues targeted

- Workforce Development & Training
- Collaboration & Collective Impact
- Foundational Local Services

Goal 1: Integrate the Missouri Foundational Public Health Services (FPHS) model throughout the Missouri public health system

The integration of the FPHS throughout the Missouri health system will help address many of the larger concerns about the system as a whole. This includes, but is not limited to, issues of workforce development, evidence based decision-making, equity and inclusion built into the system and strategic thinking.

Learn more on 14-15

Goal 2: Strengthen Missouri's public health system by increasing the number of accredited local public health agencies in Missouri

Accreditation within public health can lead to many benefits for the agencies who undergo the process as well as for their constituents. The Public Health Accreditation Board survey data shows that quality improvement, transparency, accountability and the team's capacity to provide high quality services all increase, among other benefits.

Learn more on 16

Goal 3: Improve the Missouri public health data landscape

Data is foundational to all public health decision making. To that end, this goal seeks to increase both the capacity and effectiveness of the overall public health data system.

Learn more on 17-18

Goal 1: Integrate the Missouri Foundational Public Health Services (FPHS) model throughout the Missouri public health system

Overview

The integration of the FPHS Model throughout the Missouri health system will help address many of the larger concerns about the system as a whole. This includes, but is not limited to, issues of workforce development, evidence based decision-making, equity and inclusion built into the system and strategic thinking.

Objectives

- Create a unified culture that fully supports the implementation of the Missouri FPHS model in order to strengthen relationships, operations and coordination across the public health system.
- Compare ongoing self-reported local public health capacity with #HealthierMO LPHA Capacity Assessment Report.
- Operationalize the Missouri FPHS Model using an action plan.

Objective 1: Create a unified culture that fully supports the implementation of the Missouri FPHS model in order to strengthen relationships, operations and coordination across the public health system by December 31, 2026.

Activities:

- Create and implement a communication plan to define the purpose, value and impact of public health system building efforts.
- Establish standard language to align system building efforts.
- Share best practices from across the public health system.
- Leverage existing resources from partners to ensure consistency and reduce duplication.
- Promote shared learning opportunities.

Metrics:

- Percentage of LPHAs that self-report adequate service delivery within their jurisdiction for each FPHS area of expertise and capability.
  - Emergency Preparedness and Response
  - Policy Development and Support
  - Communications
  - Community Partnership Development
  - Organizational Administrative Competencies
  - Accountability and Performance Management
  - Assessment and Surveillance
  - Communicable Disease Control
  - Chronic Disease Prevention
  - Linkage to Medical, Behavioral and Community Resources
  - Injury Prevention
  - Maternal, Child and Family Health
  - Environmental Public Health
- Response rate by LPHAs to annual capacity assessment surveys

Collaborators and Responsible Organizations:

- DHSS
- #HealthierMO
- Local Public Health Agencies
- University of Missouri

Goal 1: Integrate the Missouri Foundational Public Health Services (FPHS) model throughout the Missouri public health system

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- Compare ongoing self-reported local public health capacity with #HealthierMO LPHA Capacity Assessment Report.
- Operationalize the Missouri FPHS Model using an action plan.

Objective 2: Train the public health workforce on the Missouri FPHS model by December 2025.

Activities:

- Leverage existing meetings, events, online resources and learning management systems to repeat the training message around the Missouri FPHS model.
- Partner with MOCPHE and #HealthierMO to develop new and enhance existing training materials, establish standard definitions and a training plan.
- Support hands-on practicum learning experiences with an emphasis on the scalability of the Missouri FPHS model.
- Connect the Missouri FPHS model with existing leadership and workforce development initiatives, including the 8 core competencies of public health professionals.

Metrics:

- Percentage of state and local public health workforce trained
- Number of training activities performed by #HealthierMO and/or MOCPHE

Collaborators and Responsible Organizations:

- #HealthierMO
- MOCPHE
- DHSS

Objective 3: Operationalize the Missouri FPHS Model using an action plan by FY 2027.

Activities:

- Encourage the inclusion of the Missouri FPHS model in public health agency strategic plans.
- Tailor training materials and approach to address any identified knowledge gaps.
- Integrate the goals of the Missouri FPHS costing project to streamline the work.
- Create focused learning opportunities and communities around individual components of the Missouri FPHS model to enable deeper understanding.

Metrics:

- Proportion of state funding secured to operationalize FPHS Model relative to cost gap identified through costing project

Collaborators and Responsible Organizations:

- DHSS
- #HealthierMO
- MOCPHE
- MPHA
- University of Missouri

Goal 2: Strengthen Missouri's public health system by increasing the number of accredited local public health agencies in Missouri

Overview

Accreditation within public health can lead to many benefits for the agencies who undergo the process as well as for their constituents. The Public Health Accreditation Board survey data shows that quality improvement, transparency, accountability and the team's capacity to provide high quality services all increase, among other benefits.

Objectives

- Create an infrastructure to support LPHA progress towards accreditation activities.

Objective 1: Create an infrastructure to support LPHA progress towards accreditation activities by November 20, 2027.

Activities:

- Create communities of practice for LPHAs actively engaged in the accreditation process.
  - Assure the community of practice remains agnostic to the accrediting body of the LPHA's choice.
- Create a central location for guidance documents and resources for the community of practice, including templates and links to organizations.
- Integrate the goals of DHSS' Public Health Infrastructure Grant activities supporting LPHA accreditation:
  - Accreditation cost reimbursement.
  - LPHA accreditation and governing body education incentives.
- Financial support for steps towards accreditation (readiness assessments, PHAB Pathways program)

Metrics:

- Percentage of LPHAs pursuing accreditation or reaccreditation

Collaborators and Responsible Organizations:

- DHSS
- MOCPHE
- PHAB
- MICH

Goal 3: Improve the Missouri public health data landscape

Overview

Data is foundational to all public health decision making. To that end, this goal seeks to increase both the capacity and effectiveness of the overall public health data system.

Objectives

- Map the current public health data landscape.
- Establish data governance and sharing guidelines.

Objective 1: Map the current public health data landscape by December 2025.

Activities:

- Determine which data points are needed, who needs the data, how timely the data must be shared, and how the data should be shared.
- Identify experts in data who can analyze the public health data system and guide changes.
- Document and prioritize the steps needed to strengthen the public health data landscape.
- Create a partnership to discuss ongoing data needs with LPHAs, DHSS, academic partners and associations.

Metrics:

- Number of data points assessed
- Number of systems assessed

Collaborators and Responsible Organizations:

- DHSS
- LPHAs
- MOCPHE
- MU
- MSU/OPHI
- MHA

Objective 2: Establish data governance and sharing guidelines by December 2025.

Activities:

- Create a data governance workgroup or committee to draft guidelines.
    - Ensure legal representation is present at workgroup sessions for LPHAs, DHSS, academic partners and associations.

Metrics:

- Participation rate of data governance workgroup or committee
- Number of organizations that adopt and implement guideline data governance and sharing guidelines

Collaborators and Responsible Organizations:

- DHSS
- LPHAs
- MOCPHE
- MU
- MSU/OPHI
- MHA
- MPHA

Goal 3: Improve the Missouri public health data landscape

Overview

Data is foundational to all public health decision making. To that end, this goal seeks to increase both the capacity and effectiveness of the overall public health data system.

Objectives

- Map the current public health data landscape.
- Establish data governance and sharing guidelines.

Objective 3: Create and Implement the Missouri Master Public Health Data Modernization Plan by June 2026.

Activities:

- Ensure representation from LPHAs, DHSS, academic partners and associations during drafting sessions.
- Integrate project goals with the DHSS strategic planning objective for the Data Modernization Plan.
- Work with partners to implement the Missouri Master Public Health Data Modernization Plan.
- Evaluate the outcomes of the Missouri Master Public Health Data Modernization Plan based on the public health data landscape map.

Metrics:

- Participation rate of representation during drafting sessions
- Number of priorities implemented from Missouri Master Public Health Data Modernization Plan
- Web analytics for Modernization Plan website

Collaborators and Responsible Organizations:

- DHSS
- LPHAs
- MOCPHE
- MU
- MSU/OPHI
- MHA
- MPHA

SHIP PRIORITY ISSUE 2:
Infant & Maternal Health

SHIP PRIORITY ISSUE 2

Infant & Maternal Health

Infant Mortality is an internationally regarded measure of a population's health, providing insight into a country or state's ability to care for the health and well-being of its citizens and ensure the safety of future generations. Infant mortality refers to the death of an infant before the first birthday. The infant mortality rate is defined as the number of deaths among all live births in one year. Rates of infant deaths have been decreasing since 2013 for Black or African American infants, while the rate for white infants increased slightly.

Key Health Issues targeted

- Infant & Maternal Mortality

Goal 1: Advance equitable infant health to decrease infant mortality and improve overall infant health

A number of different factors contribute to infant mortality and this goal seeks to address the leading causes. One of the biggest ways to reduce infant mortality is to ensure the mother receives adequate prenatal care.

Learn more on **21-23**

Goal 2: Advance/ensure equitable health during the childbearing continuum to improve health outcomes of childbearing people

Infant and maternal health are intrinsically linked and both must be addressed.

Learn more on **24-27**

Goal 1: Advance equitable infant health to decrease infant mortality and improve overall infant health

Overview

A number of different factors contribute to infant mortality, and this goal seeks to address the leading causes. One of the biggest ways to reduce infant mortality is to ensure the mother receives adequate prenatal care.

Objectives

- Reduce the rate of Non-Hispanic black/ African American infant deaths (birth to 12 months) by 15 percent from 12.3 deaths per 1,000 black live births (2018-2022) to a rate of 10.5 by Dec. 31, 2027.
- Increase the percent of 12 month olds who are up to date on all vaccinations 10% from baseline by Dec. 31, 2027.

Objective 1: Reduce the rate of Non-Hispanic black/ African American infant deaths (birth to 12 months) by 15 percent from 12.3 deaths per 1,000 black live births (2018-2022) to a rate of 10.5 by Dec. 31, 2027.

Activities:

- Promote optimal and equitable perinatal health through the Perinatal Quality Collaborative (PQC).
- Promote optimal and equitable perinatal health through implementation of the Maternal Mortality Prevention Plan.
- Implement a statewide FIMR network with 10 regional FIMR teams.
- Analyze PRAMS data on topics that include timing of prenatal care, barriers to receiving prenatal care, experiencing stressful life events, attending postpartum visits, experiencing postpartum depression, breastfeeding and bedsharing. Use PRAMS data to help inform efforts to reduce black infant mortality.
- Analyze birth and death certificate data to identify leading causes of infant death and risk factors.
- Partner with DSS MO HealthNet and traditional maternal care providers, such as doulas, midwives, CHWs, etc., to increase access to and utilization of community-based maternal care services, especially for black families.
- Development of a MCH specialty curriculum for CHWs, with a focus on perinatal health.
- Creation of a website directory of car safety trainings and child seat provision.
- Encourage safe sleep certification of hospitals.
- Use CFRP data to inform efforts to reduce accidental infant death.
- Develop and coordinate a network of home visiting programs throughout the state to assess access to perinatal home visiting in high-risk communities.
- Strategies from MCH State Action Plan:
  - Distribute information and education about sleep-related infant deaths.
  - Support programs that provide cribs for low-income families.
  - Collaborate with partners to distribute safe sleep resources to low-income families.
  - Assess baseline and post-intervention safe sleep practices among program participants and families.
  - Partner with community service providers and other agencies to conduct trainings on infant safe sleep that target parents, child care providers, grandparents, home health care professionals, staff of obstetric and pediatric clinics, retailers and faith-based organizations.
  - Facilitate partnerships with other state agencies, hospitals, nonprofits, media and other stakeholders to develop innovative programs and policies that promote safe infant sleep, reduce infant mortality, encourage smoking cessation and promote breastfeeding, immunizations and prenatal care.
- Promote inclusion of community-based programs and resources, including home visiting programs, as part of existing digitized resource and referral networks (i.e., Unite Us platform, Uplift Connection, etc.)
- Encourage collaborating agencies/organizations to partner with multi-sectored local partners and include local partner efforts and accomplishments in reporting to SHIP IMH Priority Group.

Goal 1: Advance equitable infant health to decrease infant mortality and improve overall infant health

Overview

A number of different factors contribute to infant mortality, and this goal seeks to address the leading causes. One of the biggest ways to reduce infant mortality is to ensure the mother receives adequate prenatal care.

Objectives

- Reduce the rate of Non-Hispanic black/ African American infant deaths (birth to 12 months) by 15 percent from 12.3 deaths per 1,000 black live births (2018-2022) to a rate of 10.5 by Dec. 31, 2027.
- Increase the percent of 12 month olds who are up to date on all vaccinations 10% from baseline by Dec. 31, 2027.

Metrics:

- Black infant mortality rate
- Preterm birth rate of black infants (2019-2021: 15.3%; 15% reduction = 13.0%)
- Rate of low birthweight black infants (2019-2021: 15.6%; 15% reduction = 13.2%)
- Accidental death rate (per 100k live births) (2018-2022: 8.3 per 10,000 for all MO infants; 19.5 for Black infants
- 15% reduction = 7.1 for all infants and 16.6 for Black infants)

Collaborators and Responsible Organizations:

- MCH Title V Program
- Missouri Safe Sleep Coalition
- DSS MO HealthNet
- DSS Child Fatality Review Program (CFRP)
- Children's Trust Fund
- MHA (MO PQC/MC-LAN)
- DESE Office of Childhood
- MO Community Doula Council (Uzazi Village, Jamaa Birth Village, Mid-Missouri Black Doula Collective, MBRC)
- MBRC Community Doula Services
- Healthy Start grantees (MBRC & Nurture KC)
- The Doula Foundation
- St. Louis Doula Project
- Doulas of Greater St. Louis
- Nurture KC
- Missouri Foundation for Health
- MOAIMH-EC
- Faith Based Partners/Organizations
- Injury Prevention Program
- MIVPAC
- Safe Kids Coalitions

Goal 1: Advance equitable infant health to decrease infant mortality and improve overall infant health

Overview

A number of different factors contribute to infant mortality, and this goal seeks to address the leading causes. One of the biggest ways to reduce infant mortality is to ensure the mother receives adequate prenatal care.

Objectives

- Reduce the rate of Non-Hispanic black/ African American infant deaths (birth to 12 months) by 15 percent from 12.3 deaths per 1,000 black live births (2018-2022) to a rate of 10.5 by Dec. 31, 2027.
- Increase the percent of 12 month olds who are up to date on all vaccinations 10% from baseline by Dec. 31, 2027.

Objective 2: Increase the percent of 12 month olds who are up to date on all vaccinations 10% from baseline by Dec. 31, 2027.

Activities:

- Encourage well child visits.
- Creation of a user-friendly reminder of vaccination timing for parents.
- Patient outreach and follow-up.
- Engagement of Community Health Workers, Doula, home visitors and other community-based maternal/infant health care providers.
- Promote child, adolescent and adult immunizations, especially for those communicable diseases significantly impacting infant health, such as Pertussis, Measles, Pneumococcal disease, Influenza, etc.
- Encourage collaborating agencies/organizations to partner with multi-sectored local partners and include local partner efforts and accomplishments in reporting to SHIP IMH Priority Group.

Metrics:

- Percent of 12 month olds up-to-date on vaccines (ShowMeVax)

Collaborators and Responsible Organizations:

- MCH Title V Program
- DHSS
- Missouri Immunization Coalition
- LPHAs

Goal 2: Advance/ensure equitable health during the childbearing continuum to improve health outcomes of childbearing people

Overview

Infant and maternal health are intrinsically linked, and both must be addressed.

Objectives

- Increase the percent of women of childbearing age who have received selected women/maternal preventive health services as determined by DHSS by Dec. 31, 2027.
- Increase the percent of women of childbearing age who self-report having received "respectful care" 10% from baseline by Dec. 31, 2027.
- Reduce the percent of preventable maternal deaths with underlying mental health issues including SUD by 10% annually by Dec. 31, 2027.

Objective 1: Increase the percent of women of childbearing age who have received selected women/ maternal preventive health services as determined by DHSS by Dec. 31, 2027.

Activities:

- Engagement of Community Health Workers, Doulas and other community-based maternal health care providers.
- Partner with community-based organizations to provide prenatal care.
- Strategies from MCH State Action Plan:
  - Implement community-based health promotion efforts.
  - Communicate the value of and collaborate with partners in maternal health initiatives.
  - Raise awareness of the importance of reproductive life planning.
  - Educate women on the importance of immunizations.
  - Promote comprehensive health care for pregnant women, postpartum women and women of childbearing age.
  - Support activities and facilitate partnerships to create environments that support healthy eating and active living.
  - Partner with tobacco control programs and community-based partners to assure delivery of effective tobacco cessation services.
  - Participate in maternal and women's health partnerships by convening public health and advocacy partners for strategic thinking and action, engaging clinicians as partners and engaging collaboratives to improve maternal health and health care equity.
  - Address underlying social drivers of health.
- Encourage collaborating agencies/organizations to partner with multi-sectored local partners and include local partner efforts and accomplishments in reporting to SHIP IMH Priority Group.

Metrics:

- Percent of women, ages 18 through 44, with a preventive medical visit in the past year (BRFSS)
- Oral health visits by women during pregnancy as measured by PRAMS

Collaborators and Responsible Organizations:

- MCH Title V Program
- American College of Obstetricians and Gynecologists
- Missouri Immunization Coalition
- DHSS Office of Dental Health
- Women's preventative services initiative
- MMHLA perinatal mental health screening recommendations
- Maternal Health Multisector Action Network

Goal 2: Advance/ensure equitable health during the childbearing continuum to improve health outcomes of childbearing people

Overview

Infant and maternal health are intrinsically linked, and both must be addressed.

Objectives

- Increase the percent of women of childbearing age who have received selected women/maternal preventive health services as determined by DHSS by Dec. 31, 2027.
- Increase the percent of women of childbearing age who self-report having received "respectful care" 10% from baseline by Dec. 31, 2027.
- Reduce the percent of preventable maternal deaths with underlying mental health issues including SUD by 10% annually by Dec. 31, 2027.

Objective 2: Increase the percent of women of childbearing age who self-report having received "respectful care" 10% from baseline by Dec. 31, 2027.

Activities:

- Education to providers on the 12 domains of respectful care: being free from harm and mistreatment; maintaining privacy and confidentiality; preserving women's dignity; prospective provision of information and seeking of informed consent; ensuring continuous access to family and community support; enhancing quality of physical environment and resources; providing equitable maternity care; engaging with effective communication; respecting women's choices that strengthen their capabilities to give birth; availability of competent and motivated human resources; provision of efficient and effective care; and continuity of care. (NIH)
- Partner with academic institutions to include respectful care into the education curriculum for all health care professionals (physicians, nurses, social workers, APRNs, nutritionists, health care administrators, etc., including facility-related issues such as women's perception of incompetence or disrespect of professionals attending delivery, unhygienic facilities and unavailability of basic supplies.
- Qualitative phenomenological study with focus group discussions (FGDs) with primipara and multipara women using a semi-structured discussion guide to elicit discussion and audio recording and transcribing interviews verbatim.
- Analyze data using thematic analysis approach to describe the prevalence of various categories of mistreatment during admission, labor and delivery and postpartum care (losing self-control, being overlooked, being informed of bad news without proper preparation, repeated examination without being properly communicated/informed, disallow companions and left unattended during labor).
- Encourage collaborating agencies/organizations to partner with multi-sectored local partners and include local partner efforts and accomplishments in reporting to SHIP IMH Priority Group.

Metrics:

- Number of Phase 9 PRAMS question added to survey
- Percent of women of childbearing age who self-report having received "respectful care"

Collaborators and Responsible Organizations:

- MCH Title V Program
- MHA
- MO PQC/MC-LAN
- American College of Obstetricians and Gynecologists
- MPCA
- Maternal Health Multisector Action Network

Goal 2: Advance/ensure equitable health during the childbearing continuum to improve health outcomes of childbearing people

Overview

Infant and maternal health are intrinsically linked, and both must be addressed.

Objectives

- Increase the percent of women of childbearing age who have received selected women/maternal preventive health services as determined by DHSS by Dec. 31, 2027.
- Increase the percent of women of childbearing age who self-report having received "respectful care" 10% from baseline by Dec. 31, 2027.
- Reduce the percent of preventable maternal deaths with underlying mental health issues including SUD by 10% annually by Dec. 31, 2027.

Objective 3: Reduce the percent of preventable maternal deaths with underlying mental health issues including SUD by 10% annually by Dec. 31, 2027.

Activities:

- Implement Domain 2 of the Maternal Mortality Prevention Plan: establish a Perinatal Health Access Project.
- PAMR Recommendations:
  - Use of validated screenings of mental health conditions and substance use disorder to be conducted at multiple intervals during pregnancy and the postpartum period;
  - Increased community outreach; and
  - Increased knowledge of how to treat mental health conditions during pregnancy.
- Strategies from MCH State Action Plan:
  - Create supportive environments that promote healthy and empowered individuals, families and communities.
  - Foster positive public dialogue; counter shame, prejudice and silence; and build public support for suicide prevention.
  - Address the needs of vulnerable groups, tailoring strategies to match the cultural and situational contexts in which they are offered, and seek to eliminate disparities.
  - Coordinate and integrate existing efforts addressing…behavioral health to ensure continuity of care.
  - Promote changes in systems, policies and environments that will support and facilitate the prevention of suicide and related problems.
  - Collaborate with behavioral health agencies/partners to implement the Strengthening Families Protective Factors Framework.
  - Promote efforts to reduce access to lethal means among individuals with identified suicide risks.
  - Apply the most up-to-date knowledge base for suicide prevention. Implement and spread evidence-based suicide and self-harm prevention strategies and programs.
  - Strengthen collaboration across agencies, develop new tools and capacity, and implement evidence-based change in suicide and self-harm prevention strategies.
  - Implement and spread evidence-based prevention and emergency mental health programs.
- Encourage collaborating agencies/organizations to partner with multi-sectored local partners and include local partner efforts and accomplishments in reporting to SHIP IMH Priority Group.

Metrics:

- Percent of preventable pregnancy-related deaths due to underlying mental health issues, including SUD.

Goal 2: Advance/ensure equitable health during the childbearing continuum to improve health outcomes of childbearing people

Overview

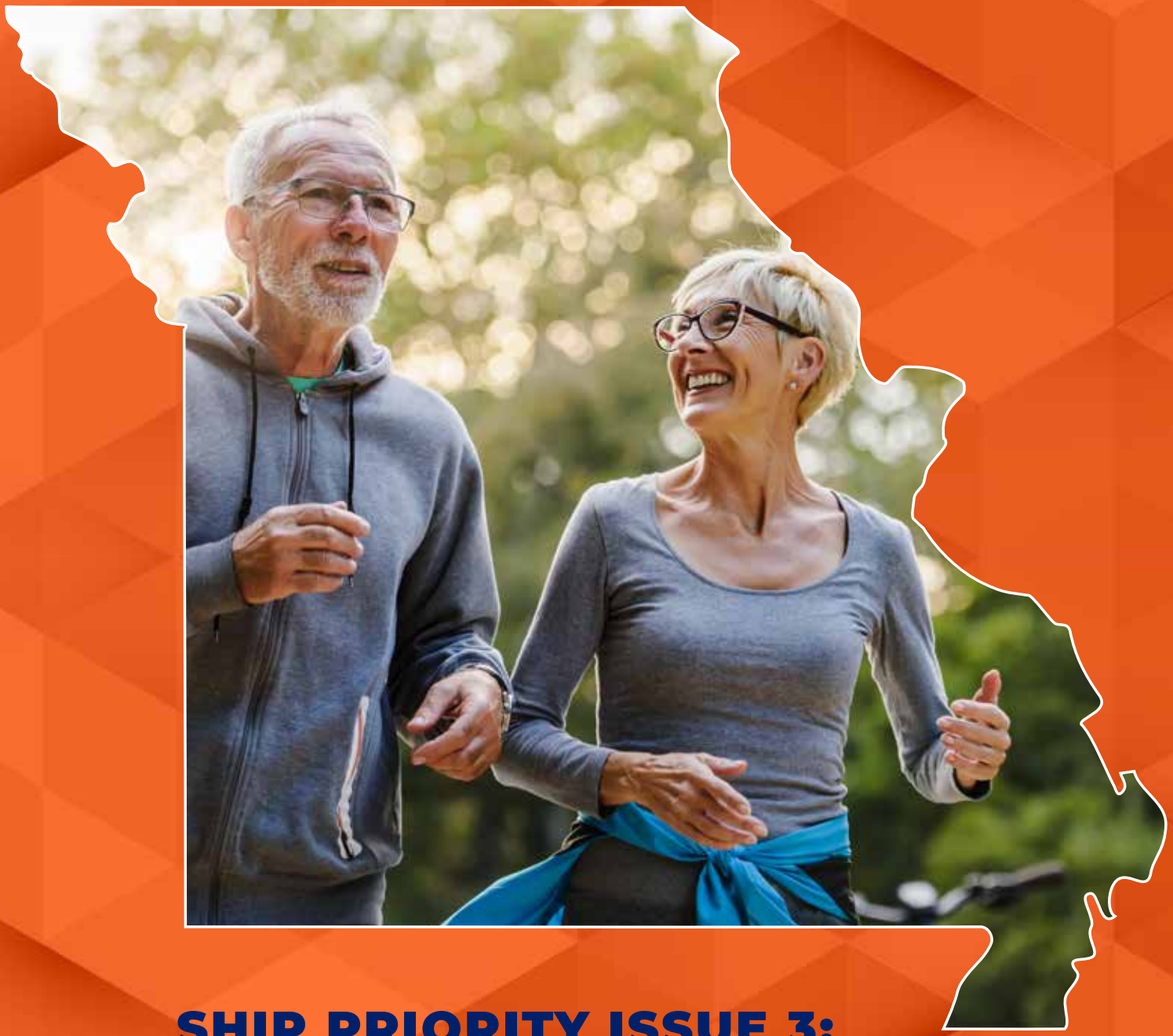
Infant and maternal health are intrinsically linked, and both must be addressed.

Objectives

- Increase the percent of women of childbearing age who have received selected women/maternal preventive health services as determined by DHSS by Dec. 31, 2027.
- Increase the percent of women of childbearing age who self-report having received "respectful care" 10% from baseline by Dec. 31, 2027.
- Reduce the percent of preventable maternal deaths with underlying mental health issues including SUD by 10% annually by Dec. 31, 2027.

Collaborators and Responsible Organizations:

- MCH Title V Program
- MO PAMR
- Department of Mental Health
- Maternal Health Multisector Action Network
- MHA
- MO PQC/MC-LAN
- MU Telehealth Network (Perinatal Access Project)
- Faith Based Partners/Organizations
- Injury Prevention Program



SHIP PRIORITY ISSUE 3:
Health Behavior

STRATEGIC PRIORITY ISSUE NO. 3

Health Behavior

This priority issue is focused on helping Missourians with foundational health behaviors. People are a product of their environment, and this ripples throughout the three goals contained in this issue. The SHIP proposes a two-pronged approach to dealing with these goals—addressing both the individual behavior, and the environments, policies and systems that have led to the behavior's prevalence.

Key Health Issues targeted

- Obesity
- Heart Disease
- Smoking and Tobacco Use
- Diabetes

Goal 1: Reduce the inequities in chronic disease rates and support optimal health by increasing access to healthy foods that enable consuming a diet consistent with the Dietary Guidelines for Americans.

The Dietary Guidelines for Americans are research-based guidelines that outline what people should eat and drink to meet nutritional needs, prevent or manage disease and achieve optimal health. Some people do not have the information they need to choose healthy foods. Others do not have access to enough affordable healthy food. Strategies that focus on helping everyone get healthy foods are key to reducing food insecurity and improving health.

Learn more on **31-33**

Goal 2: Reduce inequities in disease, disability and injury to improve health outcomes by increasing access to safe places to be physically active.

Lack of physical activity is correlated to many negative health outcomes, including diabetes, heart disease, obesity, as well as accidental injury and disability. Regular physical activity is critical for achieving and maintaining good health. Being physically active at least 150 minutes per week is associated with reduced risk for chronic diseases including cardiovascular disease, hypertension, diabetes and certain cancers. Not all communities have the same opportunities for physical activity for reasons including higher rates of crime; lack of green space, recreational facilities and infrastructure such as bike lanes and sidewalks; and lack of resources to create this infrastructure.

Learn more on **34-36**

STRATEGIC PRIORITY ISSUE NO. 3

Health Behavior

This priority issue is focused on helping Missourians with foundational health behaviors. People are a product of their environment, and this ripples throughout the three goals contained in this issue. The SHIP proposes a two-pronged approach to dealing with these goals—addressing both the individual behavior, and the environments, policies and systems that have led to the behavior's prevalence.

Key Health Issues targeted

- Obesity
- Heart Disease
- Smoking and Tobacco Use
- Diabetes

Goal 3: Prevent tobacco-related illness and death by decreasing commercial tobacco product use and related inequities and disparities.

Tobacco use, including the use of all tobacco products including e-cigarettes, in Missouri continues to be a priority health concern. This goal seeks to reduce the percentage of current users, and prevent initiation of tobacco use among youth and young adults.

Learn more on **37-39**

Goal 1: Reduce the inequities in chronic disease rates and support optimal health by increasing access to healthy foods that enable consuming a diet consistent with the Dietary Guidelines for Americans

Overview

The Dietary Guidelines for Americans are research-based guidelines that outline what people should eat and drink to meet nutritional needs, prevent or manage disease, and achieve optimal health. Some people do not have the information they need to choose healthy foods. Others do not have access to enough affordable healthy food. Strategies that focus on helping everyone get healthy foods are key to reducing food insecurity and improving health.

Objectives

- Increase Missourians eating fruit 1+ times per day from 56.6% to 59.4% (2021 to 2027) (5%) and increase Missourians eating vegetables 1+ times per day from 80.5% to 84.5% (2021 to 2027).

Objective 1: Increase Missourians eating fruit 1+ times per day from 56.6% to 59.4% (2021 to 2027) (5%) and increase Missourians eating vegetables 1+ times per day from 80.5% to 84.5% (2021 to 2027)

Activities:

- Monitor trends in food insecurity data and identify disparate populations for focused work.
- Utilize resources such as the Missouri Hunger Atlas, Map the Meal Gap and others.
- Use data to engage local communities in conversations about how best to meet local food access needs.
- Support efforts (HOP, SPAN, REACH) to increase nutrition guidelines in food assistance programs (food banks, etc.).
    - Disseminate policy and program resources to communities working to increase access to healthy foods (Federal Food Service Guidelines, Healthy Eating Research Guidelines, Eat Smart in Parks).
- Build local and state capacity to address the needs of populations at higher risk of food insecurity, embed food insecurity strategies in larger efforts.
    - Incorporate trauma-informed strategies to build capacity to address complex/intersecting needs.
- Build understanding among community stakeholders and decision makers of the barriers for enrollment of food assistance programs.
- Center work with input from with people with lived experience.
- Increase collaboration with MOCAN workgroups:
    - Food Systems Workgroup to create/expand network of stakeholders working to address food insecurity and partner with food policy coalitions to explore opportunities for supporting regional/local food systems that are responsive to the needs of their communities.
    - Health Care Workgroup to explore ways to work with health care providers to support access to healthy foods and assess patients' food access needs.
- Partner with regional food banks to increase mobile pantry stops in local communities/neighborhoods so that the pantry comes to people.
- Partner with public transit and active transportation agencies and organizations to reduce barriers to accessing healthy foods in both urban and rural communities.
- Collaborate with statewide partners to connect food insecure households to SNAP and other resources. i.e., online citizen portal—no wrong door approach.
- Collaborate with state and local partners, such as MDA, University of Missouri Extension (UME), community-based organizations (CBOs) and the charitable food system, to increase access to produce through community gardens, farmers' markets, Eat Smart in Parks and Supporting Wellness in Pantries Programs.
- Collaborate with state and local partners to support increased affordability of produce through voucher programs, such as WIC/WIC Farmers' Market, Double Up Food Bucks and the Senior Farmer's Market Program.
- Share successes and lessons learned from communities engaging in this work.
- Help communities learn more about racial inequities, food insecurity and policy environment.

Goal 1: Reduce the inequities in chronic disease rates and support optimal health by increasing access to healthy foods that enable consuming a diet consistent with the Dietary Guidelines for Americans

Overview

The Dietary Guidelines for Americans are research-based guidelines that outline what people should eat and drink to meet nutritional needs, prevent or manage disease, and achieve optimal health. Some people do not have the information they need to choose healthy foods. Others do not have access to enough affordable healthy food. Strategies that focus on helping everyone get healthy foods are key to reducing food insecurity and improving health.

Objectives

- Increase Missourians eating fruit 1+ times per day from 56.6% to 59.4% (2021 to 2027) (5%) and increase Missourians eating vegetables 1+ times per day from 80.5% to 84.5% (2021 to 2027).

Metrics:

- Percent of Missourians eating fruit and vegetables

Collaborators and Responsible Organizations:

- Missouri Physical Activity and Nutrition Program (MPAN)
- Bureau of Community Food and Nutrition Assistance (CFNA)
- DSS
- MU Interdisciplinary Center for Food Security
- MU Extension—SNAP-Ed, Missouri Council for Activity and Nutrition (MOCAN)
- Feeding Missouri
- Operation Food Search
- Regional food banks
- Missouri Foundation for Health
- CCDC
- MDA
- Missouri Transportation Task Force

Goal 1: Reduce the inequities in chronic disease rates and support optimal health by increasing access to healthy foods that enable consuming a diet consistent with the Dietary Guidelines for Americans

Overview

The Dietary Guidelines for Americans are research-based guidelines that outline what people should eat and drink to meet nutritional needs, prevent or manage disease, and achieve optimal health. Some people do not have the information they need to choose healthy foods. Others do not have access to enough affordable healthy food. Strategies that focus on helping everyone get healthy foods are key to reducing food insecurity and improving health.

Objectives

- Increase Missourians eating fruit 1+ times per day from 56.6% to 59.4% (2021 to 2027) (5%) and increase Missourians eating vegetables 1+ times per day from 80.5% to 84.5% (2021 to 2027).

Objective 2: Decrease Missouri youth not eating vegetables from 10% (2021) to 9.5% by 2027.

Activities:

- Develop a report on status of youth nutrition behaviors and environments.
- Disseminate policy and program resources to communities working to increase access to healthy foods (Go NAPSACC, farm to school/preschool, Healthy Eating Research Guidelines, Eat Smart in Parks).
- Engage teens/youth in designing solutions.
- Partner with the MOCAN Schools Workgroup.
- Partner with DESE/DHSS/MDA/Extension to expand farm to school/preschool programs in Missouri.
- Share successes and lessons learned from communities engaging in this work.

Metrics:

- Percent of Missourians eating fruit and vegetables

Collaborators and Responsible Organizations:

- MPAN
- Bureau of Community Food and Nutrition Assistance (CFNA), WIC
- DESE—Missouri Healthy Schools, Food and Nutrition Services
- MOCAN
- MDA

Goal 2: Reduce inequities in disease, disability and injury to improve health outcomes by increasing access to safe places to be physically active

Overview

Lack of physical activity is correlated to many negative health outcomes, including diabetes, heart disease, obesity, as well as accidental injury and disability. Regular physical activity is critical for achieving and maintaining good health. Being physically active at least 150 minutes per week is associated with reduced risk for chronic diseases including cardiovascular disease, hypertension, diabetes and certain cancers. Not all communities have the same opportunities for physical activity for reasons including higher rates of crime; lack of green space, recreational facilities and infrastructure like bike lanes and sidewalks; and lack of resources to create this infrastructure.

Objectives

- Decrease percentage of adults who reported no physical activity or exercise outside of work in the past 30 days from 25.3 (2021) to 22.8% by Jan. 1, 2027.
- Increase from 28% (2021) to 30.8% the percent of high school students with 60 minutes of moderate to vigorous physical activity per day.

Objective 1: Decrease percentage of adults who reported no physical activity or exercise outside of work in the past 30 days from 25.3 (2021) to 22.8% by Jan. 1, 2027.

Activities:

- Identify key indicators for physical activity to monitor, and monitor implementation of public health approaches to promoting active lifestyles (evaluation).
- Support safe, affordable and accessible public transportation systems and encourage the inclusion of multi-modal accommodations.
    - Support implementation of community-based initiatives to promote and support active living.
- Develop and maintain a workforce with competence and expertise in physical activity and health.
- Engage in policy development and advocacy to elevate the priority of physical activity in public health practice, policy and research.
    - Participate in development of a statewide active transportation plan.
    - Support local communities to develop local active transportation plans and/or adopt/implement complete streets policies.
- Disseminate tools and resources important to promoting physical activity, including resources that address the burden of disease due to inactivity, the implementation of evidence-based interventions, and funding opportunities for physical activity initiatives.
    - Focus on strategies related to early care and education settings, workplace wellness, complete streets, safe routes to school and built environment.
- Focus on disparate populations. People aged 65+ are significantly less likely to exercise (66% vs 80% under 65). People with disabilities also significantly less likely to exercise (49% vs. 80%).
- Create, maintain and leverage cross-sectoral partnerships and coalitions that implement evidence-based strategies to promote PA.
    - Support the Missouri Complete Streets Advisory Committee to collaborate with statewide partners to increase opportunities for safe, affordable and accessible active transportation that connects to everyday destinations.
    - Support the MOCAN Physical Activity workgroup to create partnerships with state and local agencies and organizations to support access to affordable and accessible outdoor/indoor PA opportunities.
    - Integrate physical activity messages/campaigns throughout MOCAN work groups.
- Partner with health care and community physical activity providers to establish and maintain physical activity prescription programs.
- Align work with strategies supported through HOP grant (2023-2028) (implemented in 10 counties in SE MO), State PA and Nutrition grant (2023-2028), and REACH grant(s).
- Share success stories.
- Share opportunities for physical activity across organizations.

Goal 2: Reduce inequities in disease, disability and injury to improve health outcomes by increasing access to safe places to be physically active

Overview

Lack of physical activity is correlated to many negative health outcomes, including diabetes, heart disease, obesity, as well as accidental injury and disability. Regular physical activity is critical for achieving and maintaining good health. Being physically active at least 150 minutes per week is associated with reduced risk for chronic diseases including cardiovascular disease, hypertension, diabetes and certain cancers. Not all communities have the same opportunities for physical activity for reasons including higher rates of crime; lack of green space, recreational facilities and infrastructure like bike lanes and sidewalks; and lack of resources to create this infrastructure.

Objectives

- Decrease percentage of adults who reported no physical activity or exercise outside of work in the past 30 days from 25.3 (2021) to 22.8% by Jan. 1, 2027.
- Increase from 28% (2021) to 30.8% the percent of high school students with 60 minutes of moderate to vigorous physical activity per day.

Metrics:

- Percent of adults with reported physical activity

Collaborators and Responsible Organizations:

- DHSS—MCH Title V, MPAN
- UME—HOP, MOCAN
- Missouri Complete Streets Advisory Committee
- MODOT
- Missourians for Responsible Transportation
- YMCAs/State Alliance of YMCAs
- Missouri Disability and Health Program
- AARP
- Area Agencies on Aging
- Alzheimer's Association
- Missouri Association for Councils of Governments
- Missouri Rural Health Association

Goal 2: Reduce inequities in disease, disability and injury to improve health outcomes by increasing access to safe places to be physically active

Overview

Lack of physical activity is correlated to many negative health outcomes, including diabetes, heart disease, obesity, as well as accidental injury and disability. Regular physical activity is critical for achieving and maintaining good health. Being physically active at least 150 minutes per week is associated with reduced risk for chronic diseases including cardiovascular disease, hypertension, diabetes and certain cancers. Not all communities have the same opportunities for physical activity for reasons including higher rates of crime; lack of green space, recreational facilities and infrastructure like bike lanes and sidewalks; and lack of resources to create this infrastructure.

Objectives

- Decrease percentage of adults who reported no physical activity or exercise outside of work in the past 30 days from 25.3 (2021) to 22.8% by Jan. 1, 2027.
- Increase from 28% (2021) to 30.8% the percent of high school students with 60 minutes of moderate to vigorous physical activity per day.

Objective 2: Increase from 28% (2021) to 30.8% (by 2027) the percent of high school students with 60 minutes of moderate to vigorous physical activity per day.

Activities:

- Identify key indicators and monitor trends in data related to objective and increase stakeholder awareness of the status of PA behaviors and environments for Missouri youth.
- Continue to track implementation of strategies that promote physical activity for MO kids.
- Encourage the inclusion of daily K-12 physical education in school accreditation standards and local education agency (LEA) curricula.
- Link LEAs to resources that enable them to implement safe routes to schools programs.
- Promote and support LEAs to complete the School Health Index assessment and planning process.
- Support school districts in implementation of comprehensive school physical activity programs (CSPAPs).
- Create, maintain and leverage cross-sectoral partnerships and coalitions that implement evidence-based strategies to promote PA.
    - Support the MOCAN PA and Schools Workgroups to collaborate with statewide partners to develop and implement strategies to increase opportunities for CSPAP in schools.
    - Support the MO Coordinated School Health Coalition (MCSHC) to create partnerships with state and local agencies and organizations to support PA opportunities for youth.
    - Build partnerships to focus on access to parks, green spaces and gym opportunities (shared-use agreements).
- Collaborate with the Department of Elementary and Secondary Education (DESE)—Missouri Healthy Schools (MHS) Program to support LEAs and schools with improving quality health education, physical education and physical activity through CSPAP by providing technical assistance, professional development and training.
- Provide consistent content across departmental communication channels (i.e., webpages, resources).
- Use existing communication channels (i.e., coalition and professional associations) to promote resources.

Metrics:

- Percent of children with 60 minutes of moderate to vigorous physical activity per day (Youth Risk Behavior Surveillance System)

Collaborators and Responsible Organizations:

- DHSS MPAN, School Health Program, MCH Title V
- DESE—MHS
- LEAs
- MO Coordinated School Health Coalition
- MOCAN Schools Workgroup
- Missourians for Responsible Transportation
- Missouri Park and Recreation Association

Goal 3: Prevent tobacco-related illness and death by decreasing commercial tobacco product use and related inequities and disparities

Overview

Tobacco use, including the use of all tobacco products including e-cigarettes, in Missouri continues to be a priority health concern. This goal seeks to reduce the percentage of current users and prevent initiation of tobacco use among youth and young adults.

Objectives

- Decrease the prevalence of youth grades 9-12 who currently use nicotine products [cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco and pipe tobacco] from 21.91% to 19% from 2021 baseline.
- Decrease the prevalence of adults who currently use nicotine products [cigarettes, electronic smokeless tobacco) from 25.75% to 23% from 2022 baseline.
- Increase the percentage of Missourians protected from secondhand smoke by a comprehensive community or state smoke-free law from 28.7% to 35.0%.
- Decrease prevalence of cigarette smoking among adults receiving Medicaid from 35.9% to 28%.

Objective 1: By 2027, decrease the prevalence of youth grades 9-12 who currently use nicotine products [cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco and pipe tobacco] from 21.91% to 19% from 2021 baseline.

Activities:

- Support policies to raise minimum legal sales age of tobacco products to at least 21, including tobacco retail licensing requirements.
- Develop and implement a plan to educate state and local stakeholders on the evidence for minimum legal sales age laws (e.g., T21) for the purchase of tobacco products.
- Identify, collect and analyze data needed to frame the problem (e.g., via tobacco retail assessments and youth decoy checks).
- Partner with Missouri Chapter of American Academy of Pediatrics and other professional associations to train pediatricians and other health care providers working with adolescents.
- Increase access to cessation services for adolescents.
- Provide audience-specific training to adults working with youth about harms of tobacco/nicotine use, cessation and cessation resources.
- Support schools in implementation of comprehensive tobacco-free campus policies, including support for cessation.

Metrics:

- Percent of teens who report having smoked cigarettes in the last month (YRBS)
- Percent of teens who report having used e-cigarettes in the last month (YRBS)
- Percent of teens who report having used smokeless tobacco products in the last month (YRBS)
- Percent of teens who report having ever used e-cigarettes (YRBS)

Collaborators and Responsible Organizations:

- DHSS Tobacco Prevention and Control Program and Missouri Tobacco Prevention and Control Strategic Plan workgroup
- Missouri Telehealth Network
- Missouri Prevention Resource Centers
- DESE
- Rescue Agency
- Community-based organizations

Goal 3: Prevent tobacco-related illness and death by decreasing commercial tobacco product use and related inequities and disparities

Overview

Tobacco use, including the use of all tobacco products including e-cigarettes, in Missouri continues to be a priority health concern. This goal seeks to reduce the percentage of current users and prevent initiation of tobacco use among youth and young adults.

Objectives

- Decrease the prevalence of youth grades 9-12 who currently use nicotine products [cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco and pipe tobacco] from 21.91% to 19% from 2021 baseline.
- Decrease the prevalence of adults who currently use nicotine products [cigarettes, electronic smokeless tobacco) from 25.75% to 23% from 2022 baseline.
- Increase the percentage of Missourians protected from secondhand smoke by a comprehensive community or state smoke-free law from 28.7% to 35.0%.
- Decrease prevalence of cigarette smoking among adults receiving Medicaid from 35.9% to 28%.

Objective 2: Decrease the prevalence of adults who currently use nicotine products [cigarettes, electronic smokeless tobacco) from 25.75% to 23% from 2022 baseline by 2027.

Activities:

- Promote health systems changes that support screening for and treatment of tobacco use and dependence.
- Support and promote lung cancer screening for longer-term tobacco users.
- Expand tobacco use screening and delivery of tobacco treatment for youth and young adults, including for use of e-cigarettes.
- Educate all types of health care providers (HCPs), including health care extenders, on evidence based cessation options (including pharmacists, pediatricians, PCPs, social workers, community support workers, etc.).

Metrics:

- Percent of adults who are current tobacco/vaping users

Collaborators and Responsible Organizations:

- DHSS Tobacco Prevention and Control Program and Missouri Tobacco Prevention and Control Strategic Plan workgroup

Objective 3: Increase the percentage of Missourians protected from secondhand smoke by a comprehensive community or state smoke-free law from 28.7% to 35.0% by 2027.

Activities:

- Strengthen the Missouri State Clean Indoor Air Law.
- Support implementation of comprehensive tobacco-free policies in public places at the local level.
- Provide training and technical assistance to stakeholders to implement policies to reduce exposure to secondhand smoke in public places (e.g., parks, restaurants, bars, workplaces).
- Train and engage youth to educate and advocate for smoke-free protection.

Metrics:

- Percent of people exposed to secondhand smoke

Collaborators and Responsible Organizations:

- DHSS Tobacco Prevention and Control Program and Missouri Tobacco Prevention and Control Strategic Plan workgroup

Goal 3: Prevent tobacco-related illness and death by decreasing commercial tobacco product use and related inequities and disparities

Overview

Tobacco use, including the use of all tobacco products including e-cigarettes, in Missouri continues to be a priority health concern. This goal seeks to reduce the percentage of current users and prevent initiation of tobacco use among youth and young adults.

Objectives

- Decrease the prevalence of youth grades 9-12 who currently use nicotine products [cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco and pipe tobacco] from 21.91% to 19% from 2021 baseline.
- Decrease the prevalence of adults who currently use nicotine products [cigarettes, electronic smokeless tobacco) from 25.75% to 23% from 2022 baseline.
- Increase the percentage of Missourians protected from secondhand smoke by a comprehensive community or state smoke-free law from 28.7% to 35.0%.
- Decrease prevalence of cigarette smoking among adults receiving Medicaid from 35.9% to 28%.

Objective 4: Decrease prevalence of cigarette smoking among adults receiving Medicaid from 35.9% to 28% by 2027.

Activities:

- Build partnerships with organizations serving priority populations to meet populations where they are.
- Determine how to connect tobacco control to organizations' priorities, and partner on program efforts that impacts overlapping populations in an intentional, planned way that facilitates collective impact.
- Conduct listening sessions with priority populations and serving organizations to identify needs, concerns and solutions.
- Continue hosting Tobacco Prevention and Control Strategic Plan Disparities workgroup.

Metrics:

- Percent of adults who are current tobacco/vaping users
- Percent of adults on Medicaid

Collaborators and Responsible Organizations:

- DHSS Tobacco Prevention and Control Program and Missouri Tobacco Prevention and Control Strategic Plan workgroup
- DSS MO HealthNet
- MO Primary Care Association

SHIP PRIORITY ISSUE 4:
Emerging Public Health Threats Preparedness

STRATEGIC PRIORITY ISSUE NO. 4

Emerging Public Health Threats Preparedness

Being prepared to respond to, mitigate and recover from unexpected public health threats means having standard operating procedures in place and the ability to adapt those procedures according to any type of hazard. Being prepared also requires trained state and local staff and partners to effectively identify and address the public health impact of a disaster or threat. The goals relevant to this issue will ensure that systems are in place to identify public health threats and provide the resources needed to restore health and safety to Missouri citizens.

Key Health Issues targeted

- Emerging Public Health Threats
- Opioid Use

Goal 1: Improve the effectiveness and efficiency of the Missouri public health data systems to allow for early identification of emerging public health threats through better epidemiological and syndromic surveillance

This goal focuses on the public health system's capacity for early detection of emerging public health threats. Syndromic surveillance and epidemiological investigation are Missouri's first line of defense against disease outbreaks.

Learn more on 43

Goal 2: Mitigate emerging public health threats by helping build community resilience

Community resilience is the capacity of a community to endure, respond to and overcome a variety of tribulations. This can be especially helpful when discussing emerging public health threats and disaster recovery. The objectives under this goal focus on education and training in addition to building self-sufficiency.

Learn more on 44-45

STRATEGIC PRIORITY ISSUE NO. 4

Emerging Public Health Threats Preparedness

Being prepared to respond to, mitigate and recover from unexpected public health threats means having standard operating procedures in place and the ability to adapt those procedures according to any type of hazard. Being prepared also requires trained state and local staff and partners to effectively identify and address the public health impact of a disaster or threat. The goals relevant to this issue will ensure that systems are in place to identify public health threats and provide the resources needed to restore health and safety to Missouri citizens.

Key Health Issues targeted

- Emerging Public Health Threats
- Opioid Use

Goal 3: Improve the effectiveness of Missouri's response to public health emergencies and crises

While the previous goals focus specifically on data and community resilience, Goal 3 is about the overall effectiveness of Missouri's response to crisis.

Learnmore on **46-47**

Goal 1: Improve the effectiveness and efficiency of the Missouri public health data systems to allow for early identification of emerging public health threats through better epidemiological and syndromic surveillance

Overview

This goal focuses on the public health system's capacity for early detection of emerging public health threats. Syndromic surveillance and epidemiological investigation are Missouri's first line of defense against disease outbreaks.

Objectives

- Create a system/portal that is intuitive, user friendly and promotes an attitude of cooperation, by which communicable disease data collection and/or hospitalizations, including but not limited to ER/Urgent Care visits, can be systemically and uniformly accessed by every local public health agency (LPHA) and healthcare partners by Jan. 1, 2027.

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Activities:

- Seek input/feasibility on the commitment to create a common system. If not achievable, outline the barriers.
- Perform a gap analysis of current data systems.
- Receive ongoing informational updates/workgroup outcomes from internal data workgroups. Including:
  - Show-Me World Care (current project that includes bringing together WebSurv, EpiTrax and Envsurv systems).
  - ESSENCE (Syndromic Surveillance) data integration.
  - Sewershed data.
  - Data Modernization Advisory group in conjunction with the Public Health Infrastructure Grant (PHIG).
- Seek funding for hospital/healthcare information portal.

Metrics:

- Percentage of LPHAs onboarded onto new system/portal

Collaborators and Responsible Organizations:

- DHSS Data Specialists
- Local Public Health Agencies (LPHAs)
- Centers for Disease Prevention and Control (CDC) Public Health Emergency Preparedness (PHEP) Program
- Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program
- Missouri Hospital Association (MHA)
- Healthcare Coalitions
- Missouri Healthcare Association (MHCA)
- Missouri Primary Care Association (MPCA)

Goal 2: Mitigate emerging public health threats by helping build community resilience

Overview

Community resilience is the capacity of a community to endure, respond to and overcome a variety of tribulations. This can be especially helpful when discussing emerging public health threats and disaster recovery. The objectives under this goal focus on education and training in addition to building self-sufficiency.

Objectives

- Design and begin implementing a training for communities around emergency preparedness and recovery that promotes their self-sufficiency, by June 1, 2025.
- Develop a multimedia campaign to better inform the public about public health in general, as well as public health threats, in order to foster a trusting relationship and to achieve the top of the mind status, so that the LPHAs and DHSS become the first and foremost purveyor of health information, by Jan. 1, 2027.

Objective 1: Design and begin implementing a training for communities around emergency preparedness and recovery that promotes their self-sufficiency, by June 1, 2025.

Activities:

- Identify organizations/stakeholders to work with for preparedness and recovery programs in order outline what information to include and to design an appropriate training.
- Analyze for gaps in information needed for implementation.
- Work with existing DHSS partners, community programs and community organizers for distribution of training information.

Metrics:

- Number of trainings offered
- Number of participants in the trainings.

Collaborators and Responsible Organizations:

- CDC PHEP Program
- State Emergency Management Agency (SEMA)
- Healthcare Coalitions
- Organizations/Stakeholders Identified in Activity

Goal 2: Mitigate emerging public health threats by helping build community resilience

Overview

Community resilience is the capacity of a community to endure, respond to and overcome a variety of tribulations. This can be especially helpful when discussing emerging public health threats and disaster recovery. The objectives under this goal focus on education and training in addition to building self-sufficiency.

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Objective 2: Develop a multimedia campaign to better inform the public about public health in general, as well as public health threats, in order to foster a trusting relationship and to achieve the top of the mind status, so that the LPHAs and DHSS become the first and foremost purveyor of health information, by Jan. 1, 2027.

Activities:

- Design new DHSS Webpage with cohesive look for LPHA websites.
- Launch public health multimedia campaign with a focus on leading cause of disease/death.
- Create availability of Linked In Learning for LPHAs (metrics trackable).
- Outline a communication strategy within the Public Health Infrastructure Grant contract for educating the LPHAs and the public:
  - Partnerships with other healthcare organizations.
  - Partnerships with academia and DESE for inclusion of science education through the Public Health Infrastructure Grant (PHIG).
  - Wording for creating trust among the public.

Metrics:

- Number of organizations participating in the campaign
- Number of LPHAs utilizing Linked In Learning
- Number of people reached by campaign (social media, webpage, digital ads, broadcast)

Collaborators and Responsible Organizations:

- DHSS Office of Public Information
- Community leaders
- Academia and Department of Elementary and Secondary Education (DESE)
- CDC PHEP Program
- ASPR Hospital Preparedness Program
- Healthcare Coalitions
- LPHAs

Goal 3: Improve the effectiveness of Missouri's response to public health emergencies and crises

Overview

While the previous goals focus specifically on data and community resilience, Goal 3 is about the overall effectiveness of Missouri's response to crisis.

Objectives

- Expand and improve system for providing support and resources to organizations, which integrate continuous improvement into their response to public health emergencies and crises, by Jan. 1, 2027.
- Analyze existing communication channels for key public health emergency stakeholders and develop recommendations to streamline the information pathways, by Jan. 1, 2027.
- Coordinate state response actions with regional and local agencies and organizations.

Objective 1: Expand and improve system for providing support and resources to organizations, which integrate continuous improvement into their response to public health emergencies and crises, by Jan. 1, 2027.

Activities:

- Determine a framework for continuous improvement so there is clear guidance and baseline criteria identified.
- Work toward quality control around after action reports. Including tracking/ follow up around improvement plans.
- Provide public recognition for organizations integrating continuous improvement into their crisis response.
- Identify/provide where local organizations can go for support.

Metrics:

- Number of improvement plan tasks completed
- Number of participants in improvement planning guidance sessions

Collaborators and Responsible Organizations:

- Office of Performance Management (OPM)
- SEMA
- CDC PHEP Program
- ASPR Hospital Preparedness Program

Objective 2: Analyze existing communication channels for key public health emergency stakeholders and develop recommendations to streamline the information pathways, by Jan. 1, 2027.

Activities:

- Identify and analyze existing communication channels in collaboration with LPHA and other emergency response organizations (what works and what does not).
- Create process for streamlining updates to local stakeholders. Process to define consistency of information to be sent through each communication channels.

Metrics:

- Engagement rate for emergency public health communications

Collaborators and Responsible Organizations:

- OPM
- Missouri Institute for Community Health (MICH)
- CDC PHEP Program
- ASPR Hospital Preparedness Program
- LPHAs
- Healthcare Coalitions

Goal 3: Improve the effectiveness of Missouri's response to public health emergencies and crises

Overview

While the previous goals focus specifically on data and community resilience, Goal 3 is about the overall effectiveness of Missouri's response to crisis.

Objectives

- Expand and improve system for providing support and resources to organizations, which integrate continuous improvement into their response to public health emergencies and crises, by Jan. 1, 2027.
- Analyze existing communication channels for key public health emergency stakeholders and develop recommendations to streamline the information pathways, by Jan. 1, 2027.
- Coordinate state response actions with regional and local agencies and organizations.

Objective 3: Coordinate state response actions with regional and local agencies and organizations through 2027.

Activities:

- Strengthen and socialize current response partner coordination structure.
- Integrate ICS and emergency management principles into coordination methods.

Metrics:

- Number of entities receiving the coordination structure framework
- Number of after action reports that include successful integration of ICS principles

Collaborators and Responsible Organizations:

- DHSS Office of Emergency Coordination
- SEMA
- Healthcare Coalitions
- LPHAs
- Local Emergency Management

SHIP PRIORITY ISSUE 5:
Social Drivers of Health

STRATEGIC PRIORITY ISSUE NO. 5

Social Drivers of Health

The Centers for Disease Control and Prevention (CDC) defines Social Drivers of Health (SDoH) as "conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes." For the context of this section, we will use "Social Drivers of Health". SDoH include factors like socioeconomic status, education, neighborhood and physical environment, employment, social supports and access to quality health care.

Key Health Issues targeted

- Health Equity
- Built Environment/Neighborhood
- Economics
- Health Literacy
- Violent Crime/Intentional Injury

Goal 1: Advance health equity in Missouri by creating and promoting a set of actionable resources that address the social drivers of health

The Missouri Health Equity Stakeholder Committee operational definition for health equity is "Every human has a fair and just opportunity to be as healthy as possible."

Learn more on 50

Goal 2: Improve health equity by building and leveraging collaborative public health efforts

Effective partnerships are essential for community-based solutions to make health equity a shared vision and value, increase the community's capacity to shape outcomes, and foster multi-sector collaboration.

Learn more on 51

Goal 1: Advance health equity in Missouri by creating and promoting a set of actionable resources that address the social drivers of health

Overview

The Missouri Health Equity Stakeholder Committee operational definition for health equity is "Every human has a fair and just opportunity to be as healthy as possible." Healthy People defines health equity as "the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. Health is influenced by many factors, which may generally be organized into five broad and interconnected categories known as drivers of health: genetics, behavior, environmental and physical influences, medical care and social factors. Social drivers of health encompass economic and social conditions that are shaped by socioeconomic and political factors (e.g., policies, culture and societal values) and influence the health and well-being of people and the communities with which they interact.

Objectives

- Conduct an assessment of existing health equity tools and assessments to address the drivers of health by June 1, 2024.
- Share Health Equity Toolkit Recommendations by December 31, 2024.

Objective 1: Conduct a landscape assessment of existing health equity tools to address social drivers of health by June 1, 2024.

Activities:

- Research existing Health Equity Tools, e.g. evidence-based.
- Survey partners in health equity.
- Review results and make recommendations of Health Equity Tools to be utilized in Missouri.
- Share recommendations with the Health Equity Stakeholder Committee.

Metrics:

- Number of existing and innovative health equity tools identified and reported to the Health Equity Stakeholder Committee

Collaborators and Responsible Organizations:

- Health Equity Stakeholder Committee
- DHSS

Objective 2: Share Health Equity Toolkit Recommendations by December 31, 2024.

Activities:

- Make recommendations derived from the landscape assessment available on the DHSS website.
- Share/send to partners, e.g. local public health agencies, hospitals, federally qualified health centers, community based organizations etc.

Metrics:

- Number of visits to equity toolkit website

Collaborators and Responsible Organizations:

- Health Equity Stakeholder Committee
- DHSS

Goal 2: Improve health equity by building and leveraging collaborative public health efforts

Overview

Effective partnerships are essential for community-based solutions to make health equity a shared vision and value, increase the community's capacity to shape outcomes, and foster multi-sector collaboration. Partners are able to deploy unique skills and access resources to serve a variety of roles in community-based solutions for health equity. Systems functioning in silos may increase efficiency, expertise and logistical flow, but improved outcomes will require innovative ways of defining the challenges and brainstorming how cross-sector partners can come together, leverage work from other fields, and work effectively as a team. Cross-sector public sector and public–private partnership approaches address challenges to the well-being of local communities by including a social justice and equity lens in all policies and collaborating to change the local conditions for health.

Objectives

- Organize a cross sector Health Equity Stakeholder Committee by Dec. 31, 2023, to empower state and local leaders to advance health equity system-wide.
- DHSS, with the assistance of the Health Equity Stakeholder Committee, will work to integrate health equity principles into all DHSS policies and programs by Jan. 1, 2027, and create a template that state and local leaders could use for their communities.

Objective 1: Organize a cross sector Health Equity Stakeholder Committee by Dec. 31, 2023 to empower state and local leaders to advance health equity system-wide.

Activities:

- Conduct meetings with internal DHSS programs to evaluate how they are currently addressing health equity.
- Contract with an external facilitator in the creation of a strategic plan for the Health Equity Stakeholder Committee.
- Determine committee chairs (one DHSS staff and one non-DHSS staff).

Metrics:

- Attendance rate of Health Equity Stakeholder Committee members

Collaborators and Responsible Organizations:

- DHSS
- External health equity partners, community members and community based organizations

Objective 2: DHSS, with the assistance of the Health Equity Stakeholder Committee, will work to integrate health equity principles into all DHSS policies and programs by Jan. 1, 2027, and create a template that state and local leaders could use for their communities.

Activities:

- Health Equity Action Team (Goal 2, Objective 1).
- External stakeholder participation in the review process and template creation.
- Senior leadership sponsor.
- Connection with Health Equity Toolkit (Goal 1, Objective 2).

Metrics:

- Percent of DHSS policies reviewed

Collaborators and Responsible Organizations:

- DHSS
- External health equity partners, community members and community based organizations

SHIP PRIORITY ISSUE 6:
Whole Person Health Access

STRATEGIC PRIORITY ISSUE NO. 6

Whole Person Health Access

Whole person health access means having access to all needed medical, dental and behavioral health systems and information about healthy lifestyle choices to address the needs of the entire person. Each of the goals in this priority issue aim to increase overall health outcomes by ensuring that Missourians have the knowledge and access that they need to remain healthy and safe.

Key Health Issues targeted

- Health Access & Cost
- Mental Health Access/Suicide Prevention
- Dental Care

Goal 1: Improve the health of Missourians by increasing equitable access to medical, dental, maternal and mental health services

Missouri has many areas of the state that lack sufficient providers to provide medical, dental, maternal and behavioral health services. The overall goal is to collaboratively work together to address recruitment, but also address barriers that impact provider coverage.

Learn more on **54-59**

Goal 1: Improve the health of Missourians by increasing equitable access to medical, dental, maternal and mental health services

Overview

Missouri has many areas of the state that lack sufficient providers to provide medical, dental, maternal and behavioral health services. The overall goal is to collaboratively work together to address recruitment, but also address barriers that impact provider coverage.

Objectives

- Strengthen the healthcare workforce and enhance healthcare delivery to meet the evolving needs of the population.
- Establish an integrated healthcare system that enhances care quality and efficiency, improves health outcomes and provides individuals with comprehensive and seamless access to medical, dental and mental health services.
- Ensure individuals have affordable and timely access to necessary healthcare services, promote and expand equitable healthcare delivery and drive continuous improvement in an integrated healthcare system.
- Empower individuals with health knowledge, promote health literacy and provide targeted education and resources to all populations.

Objective 1: By 2027, strengthen the healthcare workforce and enhance healthcare delivery to meet the evolving needs of the population.

Activities:

- Health Education and Promotion
  - Enhance health education programs and initiatives to attract, train and retain a diverse pool of health professionals, auxiliary team members and support staff.
  - Promote awareness of health careers among students, encouraging them to pursue health education and training.
- Innovative Person-Centered Models of Care
  - Explore and support the implementation of innovative person-centered care delivery models, such as but not limited to, telehealth, mobile clinics and programs that utilize trusted messengers and caregivers such as but not limited to community health workers, doulas and peer support specialists, in order to increase access to health services in underserved areas.
  - Foster inclusion of and collaboration between all members of the diverse health team to deliver comprehensive and coordinated care.
- Innovative Recruitment and Retention Strategies
  - Develop and implement innovative strategies to improve healthcare workforce recruitment and retention, such as but not limited to, mentorship programs, in-state training, career advancement opportunities and work-life balance initiatives.
  - Explore, analyze and evaluate emerging and best practices to identify effective recruitment and retention strategies and adapt them to the local healthcare context.
- Workforce Optimization
  - Support initiatives to encourage healthcare professionals to work in underserved areas or areas with health workforce shortages; eg by offering financial incentives, loan repayment programs and professional development opportunities.
  - Collaborate with educational institutions and healthcare organizations to create/maximize/implement targeted programs that attract and retain healthcare professionals to high-need areas.
- License Portability
  - Educate and support the adoption of a license portability compact(s) or similar framework to facilitate the mobility of health professionals across state lines.
  - Explore options to facilitate international health license portability.
  - Engage in discussions with relevant stakeholders, such as professional associations, regulatory bodies and state policymakers, to establish a streamlined process for license portability while ensuring patient safety and maintaining regulatory standards.

Metrics:

- Percentage increase in employee retention rates within the healthcare workforce

Goal 1: Improve the health of Missourians by increasing equitable access to medical, dental, maternal and mental health services

Overview

Missouri has many areas of the state that lack sufficient providers to provide medical, dental, maternal and behavioral health services. The overall goal is to collaboratively work together to address recruitment, but also address barriers that impact provider coverage.

Objectives

- Strengthen the healthcare workforce and enhance healthcare delivery to meet the evolving needs of the population.
- Establish an integrated healthcare system that enhances care quality and efficiency, improves health outcomes and provides individuals with comprehensive and seamless access to medical, dental and mental health services.
- Ensure individuals have affordable and timely access to necessary healthcare services, promote and expand equitable healthcare delivery and drive continuous improvement in an integrated healthcare system.
- Empower individuals with health knowledge, promote health literacy and provide targeted education and resources to all populations.

Collaborators and Responsible Organizations:

- Department of Health and Senior Services
- Department of Mental Health
- Department of Elementary and Secondary Education
- Missouri Dental Association
- Missouri Dental Hygiene Association
- Missouri Primary Care Association
- Missouri dental & medical schools
- Missouri Hospital Association
- Mobile Integrated Health Network

Objective 2: By 2027, establish an integrated healthcare system that enhances care quality and efficiency, improves health outcomes and provides individuals with comprehensive and seamless access to medical, dental and mental health services.

Activities:

- Whole Person Care and Outcomes
  - Develop and implement comprehensive care models that address the physical, dental and mental health needs of individuals, considering their overall well-being and social drivers of health.
  - Define outcome measures that capture the holistic impact of integrated care, including improvements in health outcomes, patient satisfaction and quality of life indicators.
- Data Collection and Utilization
  - Establish robust systems for collecting, analyzing and utilizing data across medical, dental and mental health domains to inform care decisions, identify gaps in services and evaluate outcomes.
  - Encourage interoperable electronic health records (EHR) systems that enable seamless sharing of patient information among healthcare providers, ensuring continuity and coordination of care.
- Inter-professional Collaboration
  - Foster collaboration and communication among healthcare professionals from diverse disciplines, including physicians, dentists, mental health providers and other allied healthcare professionals.
  - Encourage the use of platforms or forums for regular inter-professional meetings, case conferences and shared decision-making, promoting a team-based approach to patient care.
- Care Coordination
  - Provide assistance with development of and support for care coordination strategies that facilitate the seamless transition of patients between medical, dental and mental health services.
  - Encourage the establishment of care teams or care navigators who work collaboratively across disciplines to ensure coordinated and continuous care for individuals.

Goal 1: Improve the health of Missourians by increasing equitable access to medical, dental, maternal and mental health services

Overview

Missouri has many areas of the state that lack sufficient providers to provide medical, dental, maternal and behavioral health services. The overall goal is to collaboratively work together to address recruitment, but also address barriers that impact provider coverage.

Objectives

- Strengthen the healthcare workforce and enhance healthcare delivery to meet the evolving needs of the population.
- Establish an integrated healthcare system that enhances care quality and efficiency, improves health outcomes and provides individuals with comprehensive and seamless access to medical, dental and mental health services.
- Ensure individuals have affordable and timely access to necessary healthcare services, promote and expand equitable healthcare delivery and drive continuous improvement in an integrated healthcare system.
- Empower individuals with health knowledge, promote health literacy and provide targeted education and resources to all populations.

- Leveraging Resources across Disciplines
  - Explore opportunities across state entities for collaboration, resource-sharing and expertise.
  - Identify opportunities for shared resources, infrastructure and expertise across medical, dental and mental health domains to optimize service delivery and resource allocation.
  - Encourage cross-training and skill-sharing among healthcare professionals to enhance the capacity and efficiency of establishing systems of integrated care, (eg, fluoride varnish application by pediatricians, pharmacy technicians being trained as community health workers and chronic disease screening across the healthcare spectrum).
- Standardized Measures
  - Establish and implement standardized measures and quality indicators to assess the effectiveness and performance of integrated care systems.
  - Regularly monitor and evaluate outcomes based on established measures to drive continuous improvement, innovation and initiatives that are grounded in best practices.
- Leveraging Stakeholders
  - Engage key stakeholders, including healthcare organizations, professional associations, patient advocacy groups, policymakers and others in the design, implementation and evaluation of integrated care systems.
  - Foster partnerships and collaborations to leverage the expertise, resources and support of stakeholders to enhance the delivery of medical, dental and mental health services.
- Coordinated Care for Medical, Dental and Mental Health Services
  - Encourage health care entities to coordinate medical, dental and mental health services to provide comprehensive and complementary care to individuals.
  - Explore referral systems and protocols that facilitate seamless transitions between different care settings within integrated healthcare systems.

Metrics:

- Improved health outcomes and disease management indicators, such as reduced hospitalization rates

Collaborators and Responsible Organizations:

- Department of Health and Senior Services
- Department of Mental Health
- Department of Elementary and Secondary Education
- Missouri Dental Association
- Missouri Dental Hygiene Association
- Missouri Primary Care Association
- Missouri dental & medical schools
- Missouri Hospital Association
- Mobile Integrated Health Network
- Individuals/groups representing persons with lived experiences.

Goal 1: Improve the health of Missourians by increasing equitable access to medical, dental, maternal and mental health services

Overview

Missouri has many areas of the state that lack sufficient providers to provide medical, dental, maternal and behavioral health services. The overall goal is to collaboratively work together to address recruitment, but also address barriers that impact provider coverage.

Objectives

- Strengthen the healthcare workforce and enhance healthcare delivery to meet the evolving needs of the population.
- Establish an integrated healthcare system that enhances care quality and efficiency, improves health outcomes and provides individuals with comprehensive and seamless access to medical, dental and mental health services.
- Ensure individuals have affordable and timely access to necessary healthcare services, promote and expand equitable healthcare delivery and drive continuous improvement in an integrated healthcare system.
- Empower individuals with health knowledge, promote health literacy and provide targeted education and resources to all populations.

Objective 3: By 2027, ensure individuals have affordable and timely access to necessary healthcare services, promote and expand equitable healthcare delivery and drive continuous improvement in an integrated healthcare system.

Activities:

- Decreasing Payment Barriers
  - Identify payment barriers that hinder access to care, such as high out-of-pocket costs, deductibles and copayments and explore policy strategies that could ameliorate barriers to care.
  - Develop strategies to reduce financial burdens on individuals, exploring options such as but not limited to income-based sliding fee scales, payment assistance programs or subsidies.
- Value-Based Care
  - Encourage the adoption of healthcare delivery towards value-based care models that prioritize quality, outcomes and patient satisfaction.
- Medicaid Managed Care
  - Collaborate with Medicaid managed care organizations to enhance access to care and ensure comprehensive coverage, timely access to services and appropriate provider networks.
- Alternative Payment Models
  - Investigate or assess alternative payment models for efficient and cost-effective care delivery.
  - Monitor the impact of alternative payment models on access, quality and cost of care.
  - Survey healthcare providers to determine the use of alternative payment models.
- Affordability Initiatives
  - Partner with other stakeholders to address affordability of healthcare services, including prescription drugs, preventive care and essential treatments.
- Health Insurance
  - Enhance outreach and education efforts to increase awareness and enrollment in available health insurance plans.
  - Collaborate with groups such as community health workers and community organizations to provide assistance and guidance during the enrollment process.
- Technology and Telehealth
  - Educate healthcare providers regarding telehealth solutions that may expand access to care, particularly in rural or underserved areas.
- Continuous Evaluation and Improvement
  - Engage in data sharing and collaboration to assess the impact of initiatives on access to care, affordability and healthcare utilization.

Metrics:

- Percentage increase in the utilization of preventive care services due to improved affordability
- Monitor adoption rates of value-based payment arrangements by healthcare providers and payers

Goal 1: Improve the health of Missourians by increasing equitable access to medical, dental, maternal and mental health services

Overview

Missouri has many areas of the state that lack sufficient providers to provide medical, dental, maternal and behavioral health services. The overall goal is to collaboratively work together to address recruitment, but also address barriers that impact provider coverage.

Objectives

- Strengthen the healthcare workforce and enhance healthcare delivery to meet the evolving needs of the population.
- Establish an integrated healthcare system that enhances care quality and efficiency, improves health outcomes and provides individuals with comprehensive and seamless access to medical, dental and mental health services.
- Ensure individuals have affordable and timely access to necessary healthcare services, promote and expand equitable healthcare delivery and drive continuous improvement in an integrated healthcare system.
- Empower individuals with health knowledge, promote health literacy and provide targeted education and resources to all populations.

Collaborators and Responsible Organizations:

- Department of Health and Senior Services
- Department of Mental Health
- Department of Elementary and Secondary Education
- Missouri Dental Association
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- Missouri dental & medical schools
- Missouri Hospital Association
- Mobile Integrated Health Network
- Individuals/groups representing persons with lived experiences.
- MoHealthNet

Objective 4: By 2027, empower individuals with health knowledge, promote health literacy and provide targeted education and resources to all populations.

Activities:

- Education and Outreach
  - Develop and implement community health education programs targeting underserved populations and communities with limited access to care.
  - Increase awareness about the importance of preventive care, early detection and timely healthcare utilization through workshops, seminars and public campaigns.
- Health Literacy
  - Improve health literacy by providing easily understandable health information and resources to empower individuals in making informed healthcare decisions, including translated materials.
  - Collaborate with community organizations, schools and healthcare providers to integrate health literacy initiatives into existing programs.
- Access to Information
  - Establish and maintain centralized platforms, websites or hotlines that provide up-to-date information on healthcare services, resources and eligibility criteria.
  - Promote the use of digital health tools and mobile applications to facilitate access to healthcare information and appointment scheduling.
- Targeted Initiatives
  - Identify specific health issues prevalent in Missouri communities, such as chronic diseases, mental health or substance abuse and develop targeted educational campaigns and interventions to address these issues.
  - Collaborate with local healthcare providers and organizations to offer screenings, health fairs and community-based interventions focused on identified health priorities.

Goal 1: Improve the health of Missourians by increasing equitable access to medical, dental, maternal and mental health services.

Overview

Missouri has many areas of the state that lack sufficient providers to provide medical, dental, maternal and behavioral health services. The overall goal is to collaboratively work together to address recruitment, but also address barriers that impact provider coverage.

Objectives

- Strengthen the healthcare workforce and enhance healthcare delivery to meet the evolving needs of the population.
- Establish an integrated healthcare system that enhances care quality and efficiency, improves health outcomes and provides individuals with comprehensive and seamless access to medical, dental and mental health services.
- Ensure individuals have affordable and timely access to necessary healthcare services, promote and expand equitable healthcare delivery and drive continuous improvement in an integrated healthcare system.
- Empower individuals with health knowledge, promote health literacy and provide targeted education and resources to all populations.

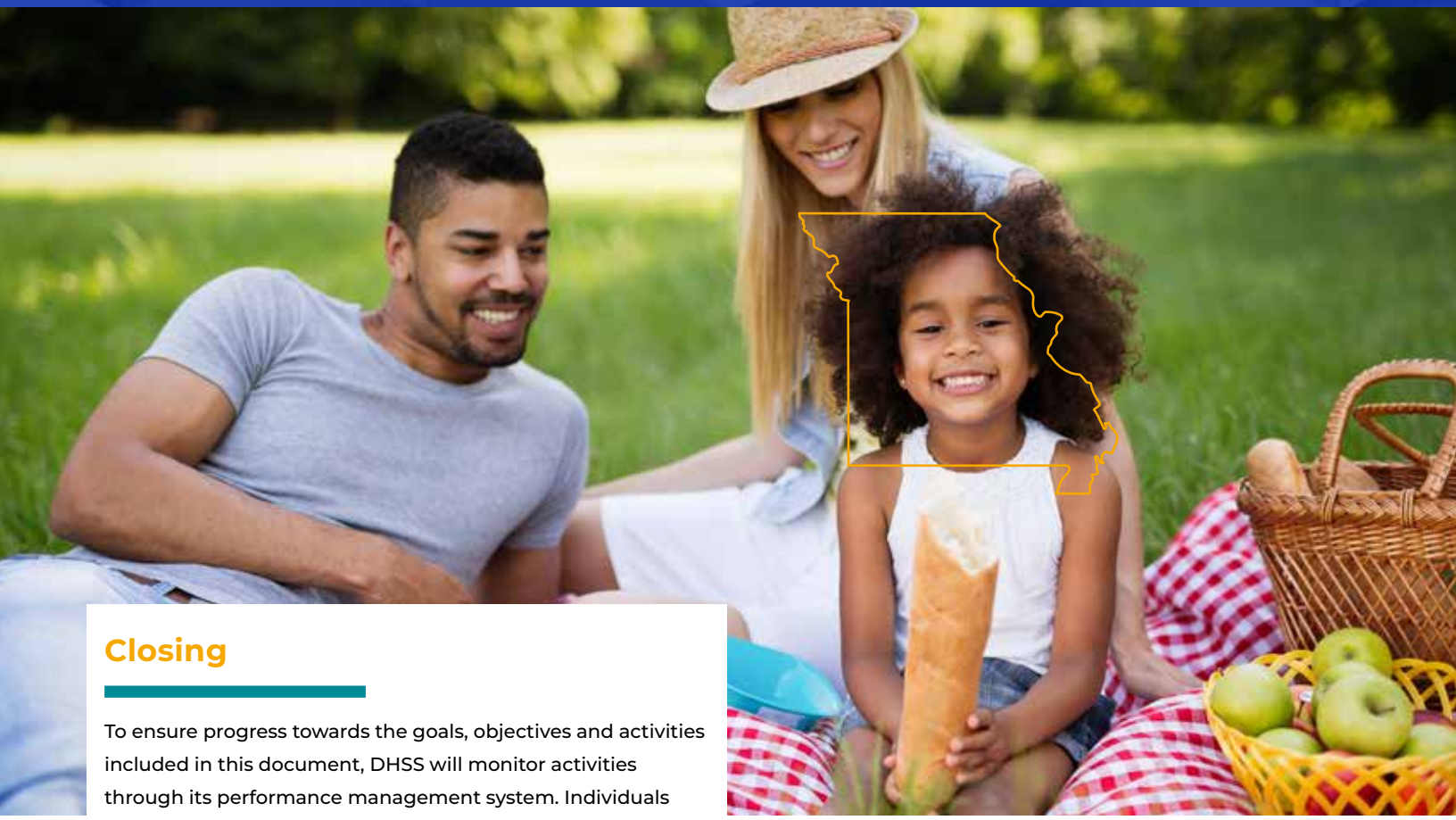
- Collaboration with Stakeholders
  - Engage community leaders, healthcare professionals, schools, faith-based organizations, community based organizations and local government agencies to foster partnerships and collaborate on community health education initiatives.
  - Leverage existing networks and resources to expand the reach and impact of community health programs.
- Measuring Impact
  - Establish measurable goals and objectives for community health education programs, such as the number of individuals reached, knowledge gained and behavior change observed ensuring equity, diversity and inclusion of everyone.
  - Conduct periodic evaluations and assessments to measure the effectiveness and impact of community health education initiatives on access to care and health outcomes.

Metrics:

- Usage metrics of centralized platforms, websites or hotlines providing healthcare information, such as website visits, hotline calls or downloads of educational materials

Collaborators and Responsible Organizations:

- Department of Health and Senior Services
- Department of Mental Health
- Department of Elementary and Secondary Education
- Missouri Dental Association
- Missouri Dental Hygiene Association
- Missouri Primary Care Association
- Missouri dental & medical schools
- Missouri Hospital Association
- Mobile Integrated Health Network
- Individuals/groups representing persons with lived experiences.
- MoHealthNet

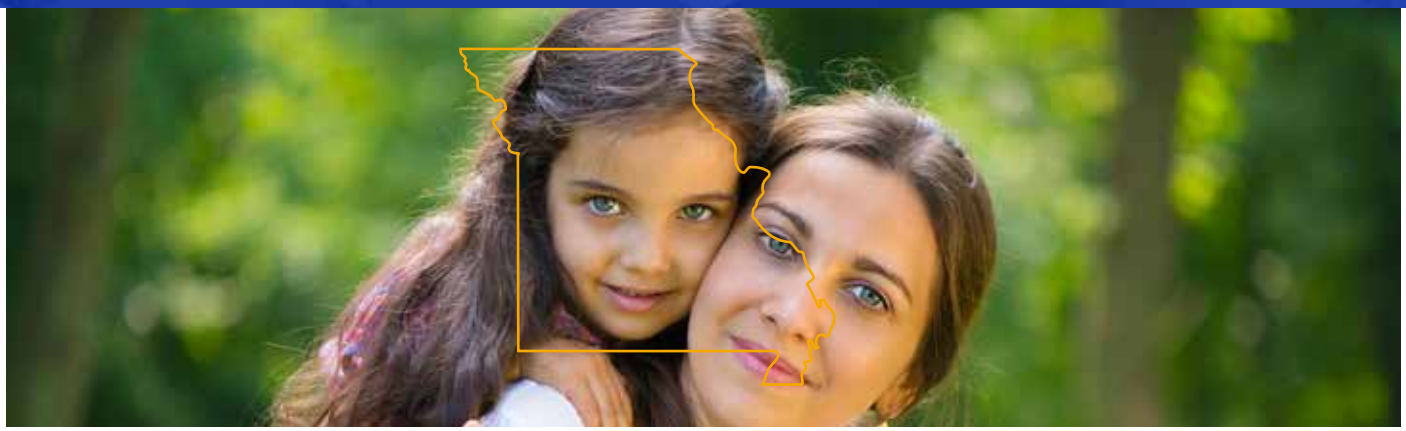


Closing

To ensure progress towards the goals, objectives and activities included in this document, DHSS will monitor activities through its performance management system. Individuals identified by collaborators and responsible organizations within each SPI are responsible for providing regular updates to the data provided for each metric. These activity owners are granted a user license to the AchieveIt performance management system in use by DHSS, which allows them to update data points and create reports for their SPI.
The DHSS Office of Performance Management administers the performance management system and conducts accountability activities to ensure progress towards goals outlined in various health plans. A formal accountability plan will follow the launch of the SHIP and includes a detailed structure for annual reviews of the SHA, SHIP and the DHSS Strategic Plan.

Through annual reviews, the SHIP remains a living document that reflects the current state of health in Missouri and the activities undertaken by the State Health Partner Group to continually improve the health and safety of Missourians. DHSS would like to acknowledge the extensive and exhaustive work from the State Health Partner Group that touches every aspect of the public health system in Missouri. Without this vital partnership, DHSS would not be able to achieve its vision of optimal health and safety for all Missourians, in all communities, for life. Thank you.

Term	Definition
AARP	American Association of Retired Persons
ASPR	Assistant Secretary for Preparedness and Response
BRFSS	Behavioral Risk Factor Surveillance System
CBOs	Community-based Organizations
CCDC	Cancer and Chronic Disease Control
CDC	Center for Disease Control and Prevention
CFNA	Bureau of Community Food and Nutrition Assistance
CFRP	Child Fatality Review Program
CHW	Community Health Worker
CSPAPs	Comprehensive school physical activity programs
DESE	MO Department of Elementary and Secondary Education
DHSS	MO Department of Health and Senior Services
DSS	MO Department of Social Services
EPHTP	Emerging Public Health Threats Preparedness
FGDs	Focus Group Discussions
FIMR	Fetal and Infant Mortality Review
FPHS	Foundational Public Health Services
HB	Health Behavior
HCPs	Health Care Providers
HOP	Housing and Opportunity Grant Program
ICS	Incident Command System
IMH	Infant and Maternal Health
LEA	Local Education Agency
LPHA	Local Public Health Agency
MBRC	Missouri Bootheel Regional Consortium
MCH	Maternal and Child Health
MCSHC	MO Coordinated School Health Coalition
MDA	Missouri Department of Agriculture
MHA	Missouri Hospital Association
MHCA	Missouri Healthcare Association
MHS	Missouri Healthy Schools Program
MICH	Missouri Institute for Community Health
MIVPAC	Missouri Injury and Violence Prevention Advisory Committee



Term	Definition
MMHLA	Maternal Mental Health Leadership Alliance
MC-LAN	Maternal-Child Learning and Action Network
MOAIMH-EC	Missouri Association for Infant and Early Childhood Mental Health
MOCAN	Missouri Council for Activity and Nutrition
MOCPHE	Missouri Center for Public Health Excellence
MODOT	Missouri Department of Transportation
MPAN	Missouri Physical Activity and Nutrition Program
MPCA	Missouri Primary Care Association
MPHA	Missouri Public Health Association
MSU/OPHI	Missouri State University/Ozarks Public Health Institute
MU	University of Missouri
NACCHO	Nation Association of City and County Health Officials'
NIH	National Institute of Health
NPAP PH Strategy	National Physical Activity Plan Public Health Strategy
OPM	Office of Performance Management
PA	Physical activity
PHAB	Public Health Accreditation Board
PHEP	Public Health Emergency Preparedness
PHIG	Public Health Infrastructure Grant
PHSB	Public Health System Building
PQC	Perinatal Quality Collaborative
PRAMS	Pregnancy Risk Assessment Monitoring System
REACH	Racial and Ethnic Approaches to Community Health
SDoH	Social Drivers of Health
SEMA	State Emergency Management Agency
SHA	MO State Health Assessment
SHIP	State Health Improvement Plan
SHPG	State Health Partner Group
SNAP	Supplemental Nutrition Assistance Program
SPAN	State Physical Activity and Nutrition
SUD	Substance Use Disorder
UME	University of Missouri Extension
WIC	Women, Infants and Children
YRBS	Youth Risk Behavior Surveillance System

MISSOURI DEPARTMENT OF
HEALTH & SENIOR SERVICES

5-Year Priorities

- Invest in innovation to modernize infrastructure
- Re-envision and strengthen the workforce
- Build and strengthen partnerships
- Use clear and consistent communication to educate and build trust
- Expand access to services
- Include diversity and inclusion in all practices, programs and services
- Plan for the increase in the aging population

Mission:

Promote health and safety through prevention, collaboration, education, innovation and response.

Vision:

Optimal health and safety for all Missourians, in all communities, for life.

Our Values

Excellence

We strive to empower our team members to deliver quality services and exceed the needs of Missourians

Collaboration

We engage and communicate openly with a diverse group of partners to improve health for all Missourians

Access

We deliver services to Missourians in a manner that is sensitive to their unique needs and circumstances while reflecting our rich, diverse community

Integrity

We conduct services with a consistency of character in a highly principled manner by honoring our commitments and maintaining our ethics

Accountability

We embrace responsibility for our work and ensure Missourians view us as a trusted source of information

MISSOURI DEPARTMENT OF
HEALTH &
SENIOR SERVICES

(573) 751-6400 Health.Mo.Gov info@health.mo.gov