

# MOPHIMS User Group Newsletter

August 2020- Issue #24

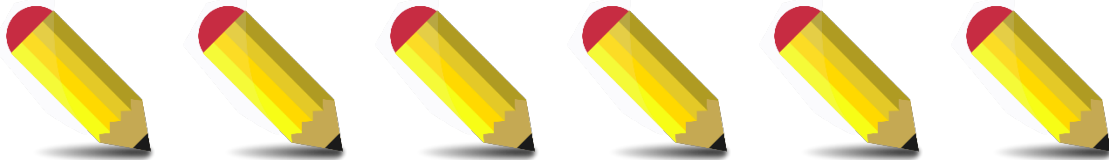
## IN THIS ISSUE:

- + Article 1: Fireworks
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- + Training Updates
- + Practice Exercise

- + Guest Article
- + Data Updates
- + Q & A

## WE'VE GOT YOUR BACK

To our awesome User Group—We know the past few months have been tough and we recognize the amazing, groundbreaking, and constant work you are doing to respond to the COVID-19 crisis, in addition to your more regular duties. All of our lives, personal and professional, have been interrupted and will likely continue to operate outside the norm for the foreseeable future. We're thinking about you, lifting you up, and hope to be a respite from your daily grind. To that end, this issue of the MOPHIMS User Group newsletter will not have a COVID focus, beyond a training update. Instead, this issue will explore some of the public health-related concerns associated with late summer activities and back-to-school (whatever that looks like for the 2021 school year). Hopefully you'll be able to utilize these data resources and other relevant pieces of information to benefit your students and larger communities. Sending all our best!



## BOOM! Annual Fireworks Injury Data

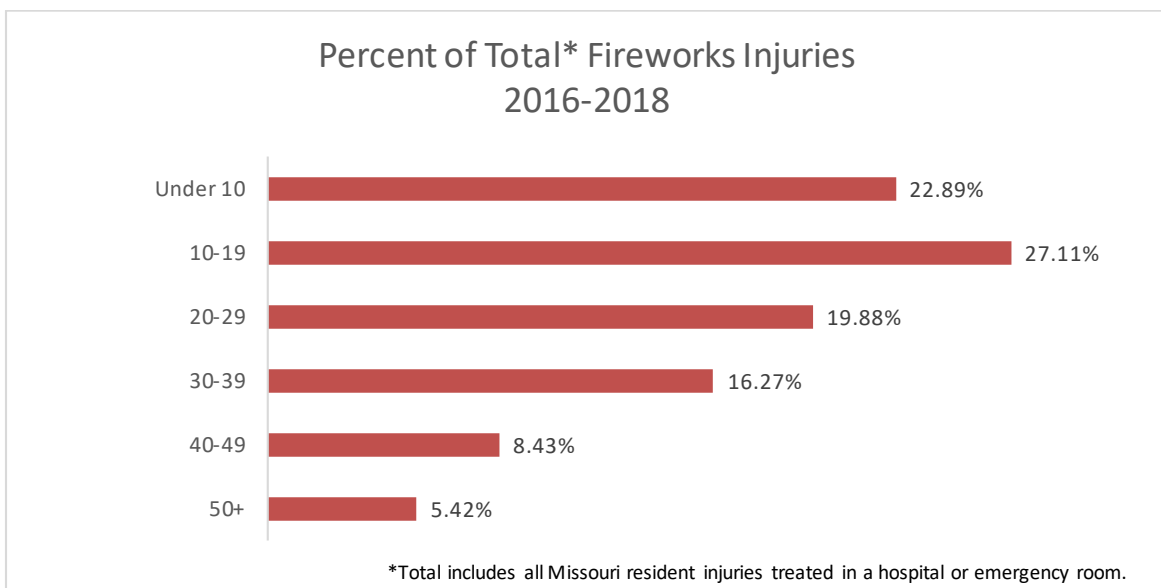
We here at the Missouri Department of Health and Senior Services are proud to offer a wide selection of data to the users of [MOPHIMS](#). We offer over 20 Community Data Profiles for you to browse data tables, and also nearly 20 MICAs for you to query data. Within those MICAs, you can drill down by selecting categories of information. For example, in the [Emergency Room MICA](#) there are 19 major diagnosis categories to choose from, and within those major categories there are dozens of smaller categories and unique diagnoses to choose from.

But what happens if you need data that is not listed anywhere in the MICAs or the Profiles? Well, I'm happy to inform you that we do offer special data request services for you at DHSS. There are restrictions and rules that apply to special data requests, and you can review those policies at the [DHSS Data Release Policies, Procedures, & Guidelines website](#). But if you are looking for unique data and statistics, a specialized data request will almost surely fit your needs.

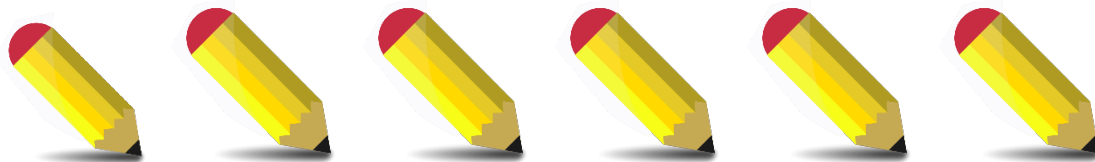
For example, we have recently celebrated the Fourth of July, and that holiday is notorious for fireworks injuries. If you wanted to know the numbers of fireworks hospitalizations and emergency room visits in the past to prepare for future events, you could not get that number from MOPHIMS because "injuries from fireworks" is not one of the diagnoses available to select in either the [Emergency Room MICA](#) or the [Inpatient Hospitalization MICA](#). But data related to fireworks injuries is something we can gather for you through a specialized data request. To show what I mean, I generated the following table, which shows the combined number of Missouri resident emergency room visits and inpatient hospitalizations due to fireworks injuries for 2016-2018 time span.

Fireworks Injury ER and Inpatient, 2016 -2018		
Age	Count	% of Total
Under 10 years	38	22.89
10 to 19 years	45	27.11
20 to 29 years	33	19.88
30 to 39 years	27	16.27
40 to 49 years	14	8.43
50 years or more	9	5.42

As you can see, we can separate demographic categories such as age and even create graphs, similar to what you can do in the MICAs. With this level of detail it is apparent that firework injuries predominantly affect those under the age of 20. This could be a powerful tool for prevention—when launching a fireworks safety campaign you can target the at-risk demographic by using specific social media platforms which are more popular among younger users.



If you are interested in learning more about special data requests, feel free to [email us](#) to learn about what options are available to you. We would love to help you get access to the information that you need.



### Environmental Public Health in Your Community

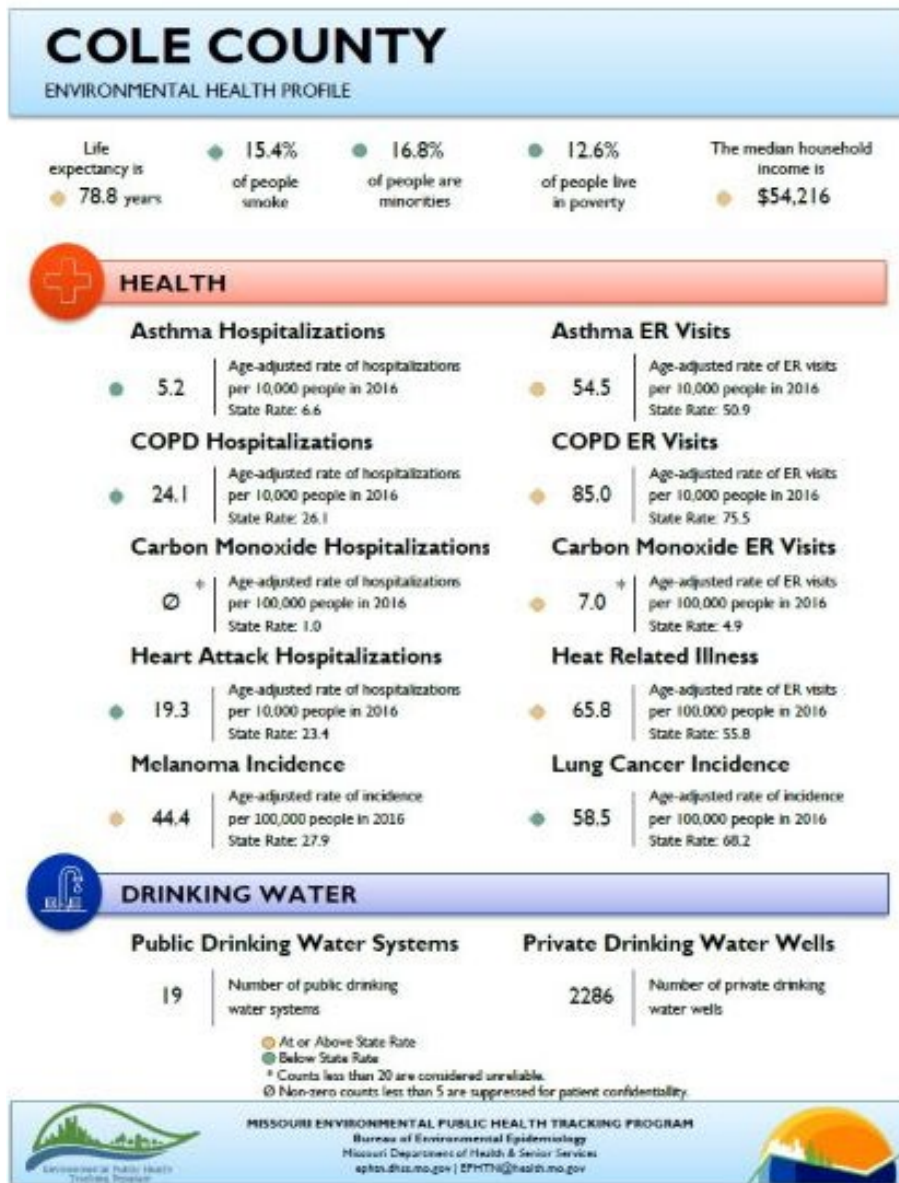
Guest article by Elizabeth Semkiw.

Have you wondered how you might use MOPHIMS-EPHT data? The Environmental Public Health Tracking (EPHT) program at the Missouri Department of Health and Senior Services (MODHSS) is a part of the national EPHT network developed to assist environmental and public health practitioners, healthcare providers, community members, policy makers, and others answer fundamental questions about the relationships between environmental exposures and

health effects. The program’s goal is to provide data, information, and expertise that assist actions and changes that improve community health.

The newly created community profiles might prove useful in getting started with EPHT. These are snapshots of environmental health data and include links to our data sources – such as MOPHIMS-EPHT, MICA, and other DHSS and state agency webpages. Check out the profiles here:

[https://ephtn.dhss.mo.gov/EPHTN\\_Data\\_Portal/profiles/index.php](https://ephtn.dhss.mo.gov/EPHTN_Data_Portal/profiles/index.php).

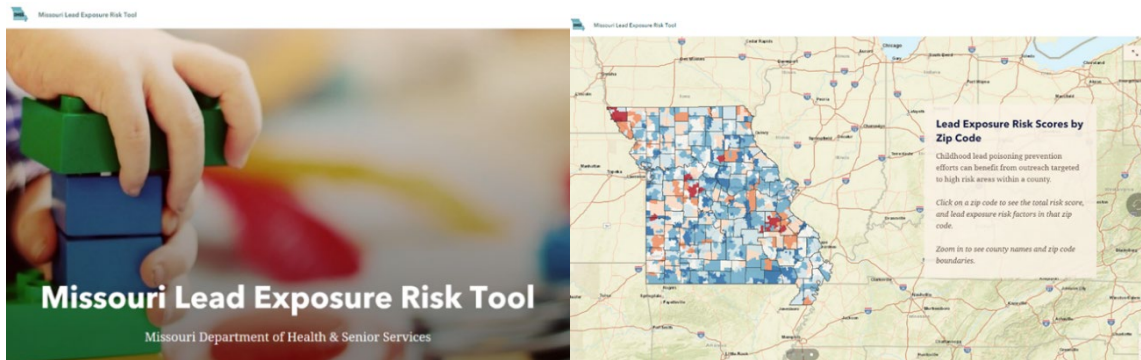


You’ll find data on health issues like asthma and COPD that can be aggravated by environmental exposures. You’ll also find information on lead exposure risk and other environmental hazards. The city profiles include maps on walkability and other factors related to community design, such as access to parks and supermarkets. Profiles are available for all counties and the 15 largest cities in Missouri.

The EPHT team is always working on expanding the environmental health content on the EPHT portal and have recently added COPD, air quality, and water quality data queries to MOPHIMS-EPHT. Be sure to stop by the EPHT homepage and webpages frequently to see what those resources have to offer:

[https://ephtn.dhss.mo.gov/EPHTN\\_Data\\_Portal/index.php](https://ephtn.dhss.mo.gov/EPHTN_Data_Portal/index.php)

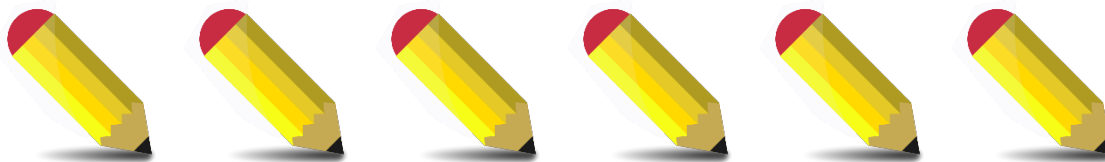
Last year, 2018 blood lead data were added to the MOPHIMS-EPHT data query. Recently, those data and other relevant information was used to identify high risk areas in the state for childhood lead poisoning. Based on those risk results, the DHSS Childhood Lead Poisoning Prevention Program (CLPPP) conducted a pilot project to increase blood lead testing. CLPPP staff distributed educational materials and gave presentations to health care providers and other staff in targeted high risk areas and, within months, saw blood lead testing rates increase.



EPHT has even created a Lead Exposure Risk Tool to help facilitate targeted childhood lead poisoning education and outreach: ([https://ephtn.dhss.mo.gov/EPHTN\\_Data\\_Portal/lead/index.php](https://ephtn.dhss.mo.gov/EPHTN_Data_Portal/lead/index.php)).

This new tool contains a series of interactive maps that provide visualization of county and zip code level data on childhood lead exposure risks. It explores six lead exposure risk factors: childhood elevated blood lead rate, childhood blood lead testing rate, elevated blood lead confirmation rate, rate of pre-1980s housing, the presence of lead mining sites, and adult elevated blood lead rate. It also contains informational videos on lead exposure.

*Elizabeth Semkiw is an epidemiologist in the Bureau of Environmental Epidemiology. If you would like to see other data or content not yet on the portal, have questions, or would like to partner or share the ways you've used EPHT data, the EPHT team would love to hear from you! They can be contacted by phone (573) 751-6102 or email [EPHTN@health.mo.gov](mailto:EPHTN@health.mo.gov). You can also provide the program with feedback by using the feedback form at: [https://ephtn.dhss.mo.gov/EPHTN\\_Data\\_Portal/feedback.php](https://ephtn.dhss.mo.gov/EPHTN_Data_Portal/feedback.php).*



### Using the Youth Behavior Risk Factor Surveillance System

As we continue our trek into the second half of 2020, many of our state's children are adjusting to distance learning. This can be a tricky transition for kids as well as their families. Along with not seeing their friends and being asked to attend classes online, we expect another issue to arise: a potential decrease in daily exercise. With the status of fall/winter sports still in question, it may be more difficult for students to find ways to be active while social distancing. This section will include data and resources relating to physical activity in youth from a variety of sources, including the Youth Risk Behavior Surveillance System (YRBSS). Feel free to explore these resources for more detailed information about staying active, as well as many other health measures we track both locally and nationally.

For more information on physical activity in children, you can visit [the CDC's Healthy Youth page](#) or explore the [Missouri YRBSS](#) located on the DHSS' website. The Missouri YRBSS is a great way to get data on health-risk

behaviors. It pulls data from national and state surveys of middle and high school students. These surveys gather information on a variety of subjects, including: behaviors that contribute to unintentional injuries and violence, sexual behaviors that contribute to unintended pregnancy and STDs, alcohol and other drug use, tobacco use, unhealthy dietary behaviors, and inadequate physical activity. The YRBSS also measures the prevalence of asthma and obesity among high school students. Finding this informative tool is easy through the DHSS website. Simply go to [health.mo.gov](http://health.mo.gov) and navigate over to the data & statistics tab:

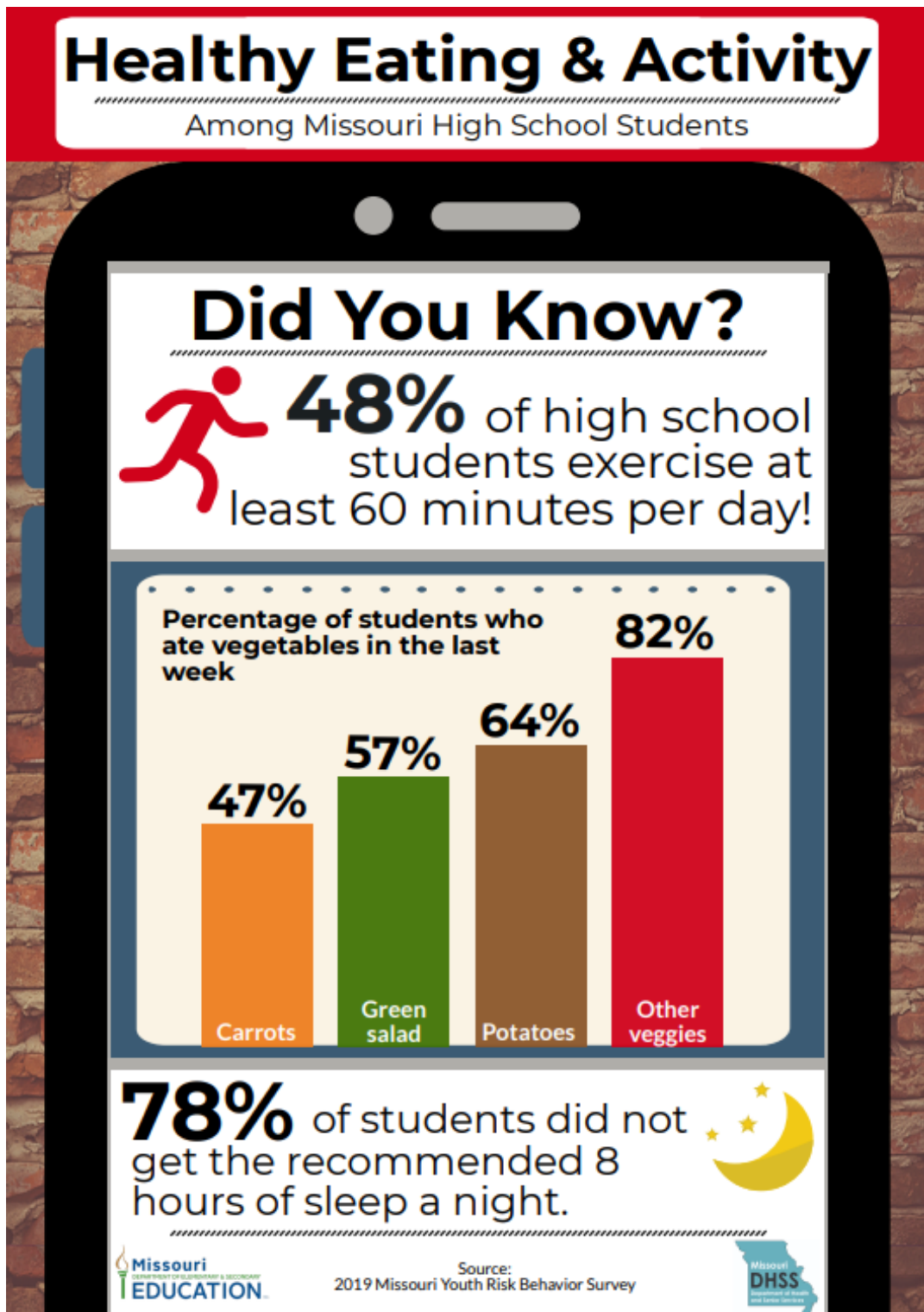


Click on the “Youth Risk Behavior Surveillance System” under the “Data and Surveillance Systems”:

## Data and Surveillance Systems

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <ul style="list-style-type: none"> <li>Abortions</li> <li>Adult Blood Lead Epidemiology and Surveillance (ABLES)</li> <li>Bioterrorism Sentinel Surveillance</li> <li>Birth Certificate Data</li> <li>Birth Defects Registry</li> <li>Behavioral Risk Factor Surveillance System (BRFSS)</li> <li>Carbon Monoxide Poisoning Surveillance</li> <li>Childhood Lead</li> <li>Communicable Disease</li> <li>County-level Study</li> <li>Deaths</li> <li>Divorces (Dissolutions of Marriages)</li> <li>Emergency Room Visits</li> <li>Environmental Public Health Tracking</li> <li>ESSENCE</li> <li>Fetal Deaths</li> <li>Geocodes for Missouri Cities</li> <li>Geographic Information Systems (GIS)</li> <li>Head &amp; Spinal Cord Injury</li> <li>HIV/STD/AIDS Surveillance</li> <li>Hospitalizations</li> <li>Hospital Compare – Centers for Medicare &amp; Medicaid <b>NEW!</b></li> <li>Hyperthermia</li> <li>Hypothermia</li> <li>Influenza</li> <li>Lead Poisoning</li> <li>Live Births</li> </ul> | <ul style="list-style-type: none"> <li>Managed Care Data and Consumer Guides</li> <li>Marriages</li> <li>Missouri Cancer Registry <a href="#">@</a></li> <li>Health Care-Associated Infection Reporting (HAI)</li> <li>Missouri Child Health Assessment Program Survey (MoCHAPS)</li> <li>Missouri Hazardous Material Incident Surveillance (MHMIS)</li> <li>Missouri Health Care-Associated Infection Reporting System (MHIRS)</li> <li>Missouri School Health Profiles</li> <li>Office of Surveillance</li> <li>Diseases/Conditions Annual Reports</li> <li>Patient Abstract System</li> <li>Pediatric Nutrition Surveillance System (PedNSS)</li> <li>Pregnancy Associated and Maternal Mortality Review (PAMR)</li> <li>Pregnancy Nutrition Surveillance System (PNSS)</li> <li>Pregnancy Risk Assessment Monitoring System (PRAMS)</li> <li>Population Estimates</li> <li>Rabies</li> <li>Sexually Transmitted Diseases (STDs)</li> <li>Tuberculosis Disease and Infection</li> <li>Vital Records</li> <li>Vital Statistics</li> <li><b>Youth Risk Behavior Surveillance System</b></li> <li>Youth Tobacco Survey (YTS)</li> </ul> |
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This will bring you to the main YRBSS page where you can find detailed information on the methodology of the YRBSS, specific questionnaires filled out by students, infographics, and more detailed reports about 2015 and 2017 data.



As shown by this 'Healthy Eating & Activity' infographic, per the 2019 Missouri Youth Behavior Risk Survey (YBRSS), 48% of MO high school students get the recommended 60 minutes of daily exercise. While this number is up from 46% in 2017, we still have room for improvement. However, because of the current

situation, maintaining this rate will be difficult. Here are a few easy ways to encourage your kids or students to be as active they can when they are learning from home:

### 1. A Reward System

Positive reinforcement can be a great motivator! Rewards could range from a certain amount of minutes per day, a number of days in a row, or completing a certain activity.

### 2. Schedule It

Incorporating activity into your daily schedule can be an easy way to stay active without having to think about it. Maybe try a morning walk, or “outside time” during lunch breaks.

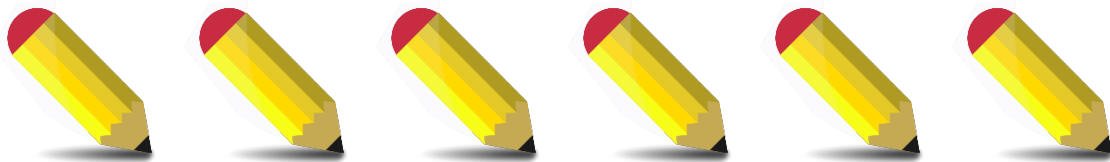
### 3. Make it a Family Event

It’s not just kids that can benefit from being active! Something as simple as walking around the block as a family or walking the dog can be a great gateway into staying active for everyone.

### 4. Try Limiting Screentime During Free Time

This one may be more difficult—we all know how kids like their phones and games. However, reducing screen time may inversely increase their amount of physical activity.

For even more information about the YRBSS and all the data available through it, you can also visit [the CDC website](#). Their page parallels what the DHSS website provides while also offering national and statewide comparisons. Lastly, if you’re in search for the most recent 2019 data – no worries that will be out soon! In the meantime, feel free to contact [Katie.Long@health.mo.gov](mailto:Katie.Long@health.mo.gov) with any data requests.

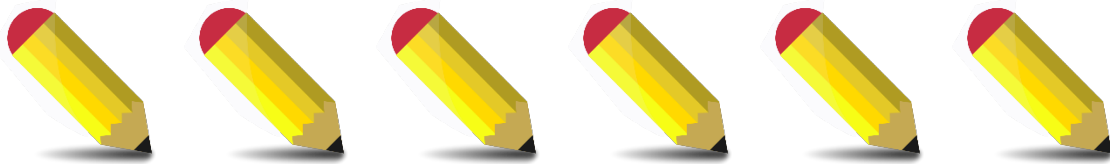


### Data Updates

Nearly all of our MICAs and Profiles have been updated with the most recent data available. Just a reminder that while the hospital-based datasets aren’t being updated online yet, we do have data through 2018 available upon request. The same is true of 2018 BRFSS survey data. Just reach out and we’ll get you the info that you need!

MICA	Most Recent Data Year Available	MICA	Most Recent Data Year Available
<a href="#">Birth MICA</a>	2018	<a href="#">Population MICA</a>	2018
<a href="#">Cancer Incidence MICA</a>	2016	<a href="#">Pregnancy MICA</a>	2018
<a href="#">Chronic Disease Death MICA</a>	2018	<a href="#">Preventable Hospitalization MICA</a>	2015

MICA	Most Recent Data Year Available	MICA	Most Recent Data Year Available
<a href="#">Chronic Disease Emergency Room MICA</a>	2015	<a href="#">Procedures MICA</a>	2015
<a href="#">Chronic Disease Inpatient Hospitalization MICA</a>	2015	<a href="#">WIC Prenatal MICA</a>	2018
<a href="#">Death MICA</a>	2018	<a href="#">WIC Postpartum MICA</a>	2018
<a href="#">Emergency Room MICA</a>	2015	<a href="#">WIC Linked Prenatal – Postpartum MICA</a>	2018
<a href="#">Fertility and Pregnancy Rate MICA</a>	2018	<a href="#">WIC Infant MICA</a>	2018
<a href="#">Injury MICA</a>	2015	<a href="#">WIC Child MICA</a>	2018
<a href="#">Inpatient Hospitalizations MICA</a>	2015		



## Training Updates

Hi, folks. Whitney here. I know I said we were going to try to keep this newsletter COVID-free, but it is important that I share some news about how the pandemic is going to affect our regular summer/fall MOPHIMS health data training schedule. Because of the uncertainties with the safety of public meetings and the (many) additional responsibilities being shouldered by our core participants, we will not be hosting in-person MOPHIMS trainings in 2020.

In lieu of these trainings, we are working to develop short e-learning vignettes that cover much of the same material. Instead of 12 hours of in-person instruction, we're hoping to put together a dozen or more of these short 5- to 15-minute modules. Each will focus on a tool, concept, or project that we highlight in the MOPHIMS trainings. Below, you can see a few snippets of a training about the [Child Health Profile](#).

**Missouri DHSS**  
Department of Health and Senior Services

USING THE MOPHIMS

# CHILD HEALTH PROFILE

FOR COMMUNITY HEALTH ASSESSMENT

**MOPHIMS**  
Missouri Dept. of Health and Senior Services, Bureau of Health Care Analysis and Data Dissemination

## Knowledge Check

Per the Child Health Profile,

Warren County falls in the 4th quintile for child lead testing and has a rate that is significantly lower than the state rate. What would be the most appropriate statement for health officials to include in a potential funding opportunity?

- 1 Warren County's child lead testing rate is better than 92 Missouri counties, as shown by its ranking in the 4th quintile. In this case, a lower rate is preferable.
- 2 There is no meaningful difference between the state rate and Warren County's lead testing rate, but because the county rate is lower funding for increased testing capacity should be prioritized.
- 3 Increased funding for child lead testing in Warren County is necessary, as the county has a significantly lower testing rate than the state average. In fact, Warren County's testing rate is lower than 60% of Missouri counties.

Below is a list of some of the other e-learning modules that are in various stages of production. They will live on the [MOPHIMS Health Data Training](#) webpage, along with our updated MOPHIMS health data training handbook, and should



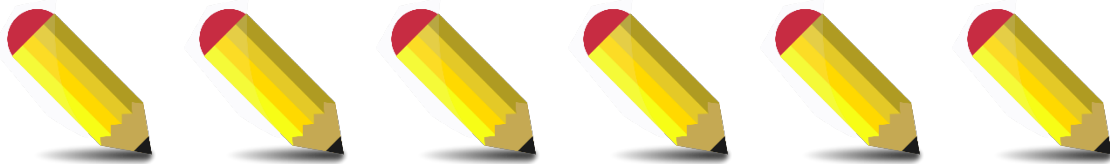
be available beginning in September. So, even though you won't get to see us in person and hear our goofy stories this year, all of the materials we use for training (plus some new things!) will be available for you to utilize. As always, our team is only a phone call away if you have any health data related questions or need a tutorial on how to use the MOPHIMS system. Coming up:

- MOPHIMSTools: Chronic Disease Profile
- MOPHIMSTools: Population MICA
- Statistical Concepts: Rate Stability
- Statistical Concepts: Percentage Change & Percentage Difference
- MOPHIMS Data to Action: The Health in Rural Missouri Report, 2019

What other topics would you like to see? What would be most useful for the work you're doing in your community? Send us an [email](#) with your ideas and requests. Be well, my friends. Keep on keepin' on!

--Whitney

PS: If you're curious, the best answer to the Child Health Profile Knowledge Check is #3. 😊



## Q & A

*I'm a school nurse for McDonald County R-1 School District (the only district in McDonald County) and I'm interested in finding out how many of our incoming Kindergarten students are participating in the WIC program and what information I might be able to use to prioritize resources and goals for the upcoming school year. I think there might be a way to do this in the MOPHIMS system, but I'm just not sure.*

You are correct, there is a way to do this using the MOPHIMS system. This information can be found using the Child Health Profile and the WIC Child MICA. Let's walk through how to get the numbers you are looking for. First, let's look at the Child Health Profile, which is within the Community Data Profiles portion of MOPHIMS.

### Community Data Profiles

Community Data Profiles are available on various subject areas such as cause of death. This table provides data on 15-30 indicators for each geography selected. Information provided is compared to the state, quintile ranking (for counties) and the state rate.



#### Maternal, Infant and Child Health Profiles

- Child Health
- Delivery
- Infant Health
- Prenatal



#### Injury Profiles

- Assault Injury
- Self-Inflicted Injury
- Unintentional Injury

From here select our desired geography of County and McDonald, then hit submit. Below, we can see that McDonald County has a rate of 39.6 (per 100) for WIC participation of children aged 12 to 59 months, meaning that 2 in 5 of children in this age range are WIC participants in McDonald County. This is nearly double the state rate of 21.4 and indicates that data based on WIC participants would be fairly representative of that age group in the county.

Missouri Resident Child Health Profile Print Profile













Choose Your Profile Data

Geography: COUNTY County: McDonald Demographic: All

Submit

County: McDonald

Child Health

	Data Years	Count	Rate	State Rate	Significantly Different	Ranking Quintile	Graphics Link	Download Data
Population Estimates								
Ages 1 - 4	2018	1,347	5.84	4.89	H	1	Graphics	 
Ages 5 - 14	2018	3,208	13.90	12.57	H	1	Graphics	 
Ages 15 - 17	2018	1,032	4.47	3.82	H	1	Graphics	 
Ages 18 - 19	2018	577	2.50	2.57	N/S	1	Graphics	 
WIC								
WIC Participation: Ages 12 to 59 months - Inclusive	2018	534	39.64	21.42	H	1	Graphics	 
WIC Children Ages 24 to 59 Months Obese (BMI)	2018	71	20.88	14.74	H	5	Graphics	 

Let's compare McDonald County's WIC participation to the surrounding counties. Change the geography to BRFS Region and the Region to Southwest. We now see that the Southwest region has a WIC participation rate of 28.7, compared to McDonald County's rate of 39.6.

Based on this data we found, we can say that McDonald County has a bit higher WIC participation compared to other counties in the area. The data suggests that around 40% of your incoming students will be WIC participants.

There is another MOPHIMS data source that can give us even more information: the WIC Child MICA. This can be found within the Data MICAs side of MOPHIMS within the Maternal, Infant and Child Health MICAs section.

### MICA

The Missouri Information for Community Assessment (MICA) is an interactive system that format. It allows users to summarize data, calculate rates, and prepare information in a gr associated topics. Users can choose from among the many conditions, generate data tab obtain age-adjusted rates. Data MICAs also allow users to create charts and maps. All for



#### Maternal, Infant and Child Health MICAs

- Birth
- Fertility and Pregnancy Rate
- Pregnancy
- WIC Child
- WIC Infant
- WIC Prenatal
- WIC Postpartum
- WIC Linked Prenatal-Postpartum

Now we need to select the dataset we want. The Year can stay on Single Year and 2018 unless you would like to look for information further back. Otherwise, 2018 is the most recent data we have available for this MICA. For Geography select County and McDonald. If you would like to compare the data to other counties, you may select them as well. For Age, select 4 Years. The indicator should be set to "All WIC children certified in given year" by default, which is what we want. Click Submit.

The resulting table should look like that shown below. We can see that, in 2018, McDonald County had a total of 76 children at age 4 that were participating in WIC. Now let's expand our selection to see if we can find some more information about this population. First, for Indicator dropdown unselect All WIC children certified in given year, then select the following indicators: Less than high school diploma (mother), Weight – overweight, Daily vegetable consumption – less than two times, Daily sweetened beverage consumption – two or more times, and Daily screen time exceeds recommendation for age. Next, switch the Main Column to Indicator within the Build Your Results section. Click Submit Query below.

Table Results

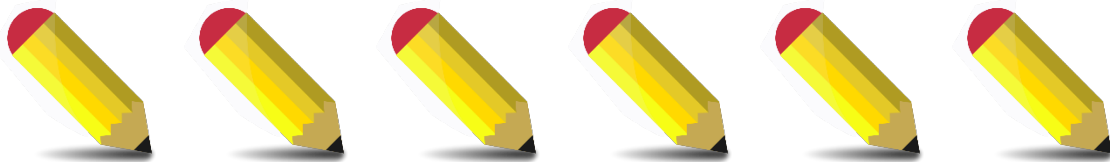
Rates are not available unless an indicator other than All WIC children c

Save Table As - Send Table to Side by Side

<b>Title:</b> Missouri Resident WIC Child Participants	
<b>Data selected in addition to rows and columns below:</b>	Indicator: All WIC children certified in given year; Age: 4 years;
<b>Year:</b>	2018
<b>Statistics:</b>	Count
<b>County</b>	
McDonald	76
Missouri	9,954
<b>Source:</b> DHSS - MOPHIMS - WIC Child MICA	
<b>Generated On:</b> 7/14/2020 2:00:05 PM	

With this new table, we can see that McDonald County is not doing as well as the state as a whole in some areas. According to this data, about 37% of mothers do not have a high school diploma, a quarter of Pre-K children are considered overweight, and about half of them do not get at least 2 servings of vegetables a day. Hopefully this information gives you better insight into the children coming into Pre-K this year.

<b>Title:</b> Missouri Resident WIC Child Participants											
<b>Data selected in addition to rows and columns below:</b> Single Year(s): 2018; Age: 4 years;											
<b>Indicator:</b>	Less than high school diploma (mother)	Less than high school diploma (mother)	Weight - Overweight	Weight - Overweight	Daily vegetable consumption - less than two times	Daily vegetable consumption - less than two times	Daily sweetened beverage consumption - two or more times	Daily sweetened beverage consumption - two or more times	Daily screen time exceeds recommendation for age	Daily screen time exceeds recommendation for age	
<b>Statistics:</b>	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	
<b>County</b>											
McDonald	28	37.33	20	26.67	36	48.00	41	54.67	22	30.14	
Missouri	2,051	20.92	1,775	18.44	3,075	33.33	4,640	50.30	2,301	25.19	



**Practice Exercise**

Unfortunately, suicide rates among youths in Missouri have seen an uptick in the past 10 years. As we work to prevent these occurrences, it is important to use data to support and evaluate the strategies put in place. We are in the process of finalizing mortality data for 2019 and hope to have it on MOPHIMS soon. In the meantime, use 2018 for the most recent year of data available. Using the [Death MICA](#) answer the questions below, as you would if you were beginning an evidence-based prevention strategy. (Hint: The MOPHIMS charting tools allow for a maximum of 14 data points.)

1. Statewide, what year (2009-2018) had the highest youth suicide rate? \_\_\_\_\_ The lowest? \_\_\_\_\_

2. Are any of the year-to-year increases or decreases significantly higher or lower than the previous year? How do you know?

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3. Are there any outliers in the statewide data? If so, how would you explain this to a stakeholder?

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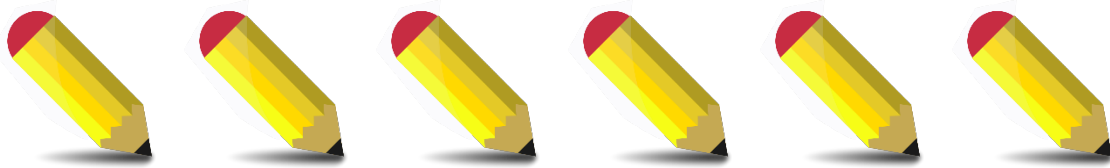
4. a. Use the last five years of available data (2014-2018) and the 'Create a Chart' tab to visualize the frequency of youth suicide in Missouri. What do you notice?

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b. Now create a chart visualizing the difference in suicide mortality among males and females. Is there a disparity? (Hint: two important changes must be made to your chart for accuracy.)

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The answer key is available at the link below. Remember, there are many ways to generate similar data in MOPHIMS, so your choices might be different than what is shown. <https://health.mo.gov/data/mica/MICA/doc/solutions>



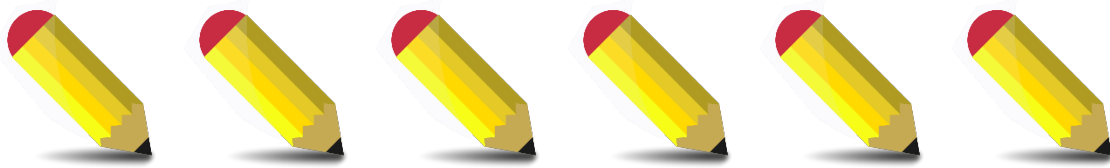
## About the MOPHIMS User Newsletter Group

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

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

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

Contributors: Andy Hunter, Whitney Coffey, Jeremy Rowles, Chase Schlesselman, Sarah Finley, James Owen, and Elizabeth Semkiw



## How to Sign Up or Opt Out

If you have enjoyed this newsletter, please feel free to share it with your colleagues and community partners. We encourage them to sign up for the MICA User Group by sending an email to [MOPHIMSUserGroup@health.mo.gov](mailto:MOPHIMSUserGroup@health.mo.gov) with the subject line MOPHIMS User Group. This will let us know to send newsletters to them directly so they do not miss any information. Also, we may occasionally distribute time-sensitive information on topics such as training opportunities via

e-mail if the newsletter is not scheduled for publication prior to a registration deadline. Finally, the MOPHIMS User Group list helps us track the types of organizations using the tools, which is one of our performance measures.

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

**Contact Information**

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