

On Common Ground for Health Expanded Plan

Our Coordinated Efforts to Prevent and Manage Chronic Disease in Missouri

2014 - 2018

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

FY 15 Status Report

Plan Summary

The CHCDP program staff worked on action steps to move the section toward the goals set forth in this integrated strategic plan to prevent and manage chronic disease in Missouri. During year two, many accomplishments have occurred with efforts continuing into fiscal year (FY) 2016. This report also features statements, ideas and activities to enhance communication, integration, plan refinement and measures. Team leaders will use these statements, ideas and activities as discussion points with their teams and report decisions back to CHCDP. These discussions may result in modification of the plan action items, team makeup, and plan measures that will be noted in future reports. The coordinated and collaborative nature of the teams will continue and program integration efforts will strengthen. Both attributes will lead CHCDP to achieving the goals and objectives set forth in this plan.

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

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

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

STRATEGY AREA #2: Environmental Factors

GOAL

Environmental and social factors support individuals engaging in healthy living.



Objective 1:

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

YEAR ONE ACTION PLAN

Action	Measures	Status-FY15 As of 6/30/2015
Conduct survey to determine baseline	Number of surveys conducted	<p>FY15:</p> <ul style="list-style-type: none"> • Legislation (SB 135) to amend 302.020 RSMO (Motorcycle Helmet Law) for operators with first-party insurance coverage and distinctive license plates was defeated during the 2014 legislative session <p>Future Plan Discussion Points:</p> <ul style="list-style-type: none"> • Rewrite action to better focus assessment efforts related to environmental and social support for healthy living within communities • Determine which measures to utilize and develop a plan to complete a baseline assessment, i.e., nursing homes, childcare centers, etc. • Determine process for assessing elementary/secondary public schools tobacco policies • Determine baseline of community mental health and substance abuse facilities with smokefree or tobacco-free policies • Determine baseline of public housing authorities with smokefree or tobacco-free policies • Determine what other rules, policies, and ordinances to assesses within communities if funding becomes available • Establish baseline of elementary/secondary public school that have tobacco-free policies

<p>Work with communities to assess their environment</p>	<p>Baselines determined</p> <p>Number of communities conducting assessments (the focus, at a minimum, is: tobacco, walkable communities, child care centers, physical activity, nutrition, unintentional injury prevention, and asthma)</p>	<p>FY15:</p> <ul style="list-style-type: none"> • Section Administrator clarified measure focus and added physical activity, nutrition, unintentional injury prevention and asthma • Livable Streets contractor to work with 3 communities to conduct key informant interviews with community leaders to gather insight for passing a complete streets policy <p>Future Plan Discussion Points:</p> <ul style="list-style-type: none"> • Establish a work team of staff and partners, at a minimum consider the following individuals/organizations: <ul style="list-style-type: none"> ○ Brenda Maley, ○ Jeannie Ruth, ○ Tiffany Tuua, ○ CLPHS Representative ○ Missouri Foundation for Health Representative • Consider assigning an Intern as team lead • Determine number of communities currently receiving assistance to assess their environments and what tools are being utilized as a baseline • Develop a list of community assessment tools communities can utilize to effectively assess their environment • Determine what measures will be utilized to measure progress • Determine how community assessment tools will be promoted and utilization tracked • Seek resources to support community assessment tool promotion and utilization • Seek resources to Assess usage of community assessment tools • Assess what community rules, polices or ordinances were put in place using the assessment data • Review MCH assessment required every three years to determine if components of that assessment help measure progress toward objectives • CLPHS may have data on assessment
<p>Support coalition development and action</p>	<p>Number of communities implementing changes</p> <p>Number of community coalitions working on policy changes</p>	<p>FY15:</p> <ul style="list-style-type: none"> • Provided sustainability planning training for 28 community coalition contractors/LPHAs • Continue HEAL and CDPP contracts <p>FY16 Plan:</p> <ul style="list-style-type: none"> • Establish a work team of staff and partners, at a minimum consider the following individuals/organizations: <ul style="list-style-type: none"> ○ Brenda Maley, ○ Jeannie Ruth, ○ Sandy Hentges, ○ Melissa Hope,

- CLPHS Representative, and
- Missouri Foundation for Health Representative
- Consider assigning an Intern as team lead
- Determine what actions by local coalitions will be measured
- Continue to fund LPHAs through HEAL and CDPP. Expand the strategies from which they can choose to address

Future Plan Discussion Points:

- Seek resources to support local coalition efforts
- Develop a reporting mechanism for use by local coalitions to monitor progress
- Determine:
 - What funding will support coalition work
 - If central office work team or others staff will get the regional staff current on issues, chronic disease needs and risk factors
 - The target communities/counties and/or LPHAs
 - If re-alignment of assigned areas is necessary

<p>Support schools in School Health Index (SHI) assessment</p>	<p>Number of health promoting policies or practices changed</p> <p>Number of new health promoting policies</p>	<p>FY15:</p> <ul style="list-style-type: none"> • 44 schools complete the SHI and develop an action plan to improve their health related policies and practices • Section Administrator has added Peggy Gaddy and Lesha Peterson to the work team <p>FY16 Plan:</p> <ul style="list-style-type: none"> • Change lead to Alma Hopkins to work with the following team: <ul style="list-style-type: none"> ○ Marjorie Cole ○ Jeannie Ruth ○ Lesha Peterson ○ Peggy Gaddy • The SHI to be completed by an additional 12-15 public schools <p>Future Plan Discussion Points:</p> <ul style="list-style-type: none"> • Educate the statewide Comprehensive Tobacco Control team on the SHI • Report number of schools that have completed the SHI and changes made as a result • Report number of schools that enacted policy change based upon the results of the SHI assessment • Determine how to incorporate Comprehensive Tobacco Control program efforts into the SHI and vice versa • Train the Comprehensive Tobacco Control team about SHI • Determine how to involve Comprehensive Tobacco Control youth teams at the local level • Develop at least one success story about impact of completing the SHI and how it will be shared
<p>Provide training and technical assistance to partners (existing and potential)</p>	<p>Number of programs offering technical assistance</p>	<p>FY15:</p> <ul style="list-style-type: none"> • Provided a two-day HEAL contractor training for 28 HEAL contractors on December 9-10, 2014. Training included sessions on sustainability, evaluation, implementation of strategies and available resources • Through the HEAL contracts, LPHAs educated 465 decision makers about policy and environmental changes to support healthy weight • 14 <i>I am Moving, I am Learning</i> trainings conducted reaching 314 providers • Train 700 childcare providers how to adopt policy and environmental changes to their physical activity and nutrition environments within their centers • Host quarterly conference calls for 10 CDPP contractors to review barriers for implementation of contract deliverables and network with other agencies <p>FY16 Plan:</p>

		<ul style="list-style-type: none"> • Determine if the <i>Coalition Self-Assessment Checklist</i> tool will be used by all programs within the section. If not, determine what tool or tools will be utilized • Continue to offer training and technical assistance to child care providers through Team Nutrition and MAP • Offer a one-day LPHA contractor training for HEAL • Continue quarterly calls for CDPP contractors <p>Future Plan Discussion Points:</p> <ul style="list-style-type: none"> • Train all Section staff on the use of the (tool names) assessment tool(s) • Programs design a plan on how they will incorporate the identified tool(s) at the local level • Determine how to fund the collection and compilation of results • Determine how results will be submitted and compiled • Determine who or what agency will be responsible for collecting and compiling results • Develop a proposal to identify gaps in physical activity and nutrition licensing rules within Childcare facilities • Seek funding opportunities to identify gaps in physical activity and nutrition licensing rules • Secure funding to identify physical activity and nutrition licensing rule gaps
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FUTURE ACTION ITEMS

Action	Measures	Status-FY15 As of 6/30/2015
Identify gaps in policy		<p>FY15:</p> <ul style="list-style-type: none"> • Assigned Coordinating Council the responsibility to: <ul style="list-style-type: none"> ○ Identify focus areas (chronic disease, risk factor(s) and programs) ○ Make recommendations for policy development • Report physical activity and nutrition licensing rule gaps within childcare facilities • Report gaps for CTF policies in school districts and CTF or smokefree in other facilities (community mental health and substance abuse, local public housing) <p>Future Plan Discussion Points:</p> <ul style="list-style-type: none"> • Determine focus areas in which to identify gaps in policy • Identify other health related policies in which to focus

Develop model policies as determined by gaps		<p>FY15:</p> <ul style="list-style-type: none"> • Report results of Pioneering Healthy Communities survey on shared use agreements • Adopt (policy name) existing model policy for comprehensive smokefree community ordinances • Adopt (policy name) for comprehensive tobacco control policies within public schools • Work with Missouri School Boards Association to strengthen model shared use agreement policy for school districts • Develop a community toolkit that includes model policies
Disseminate model policies to assist communities with policy change		<p>FY15:</p> <ul style="list-style-type: none"> • Distribute to communities the following model policies for Smoke free/Tobacco-free Policies/Ordinances <ul style="list-style-type: none"> ○ Fundamentals of Smokefree Workplace Laws (http://www.no-smoke.org/pdf/CIA_Fundamentals.pdf) ○ Model Policy for a Tobacco-Free College/University (http://no-smoke.org/pdf/modeluniversitytobaccofreepolicy.pdf) ○ School Tobacco Policy Index (http://cphss.wustl.edu/Products/ProductsDocuments/CPW_SchoolTobaccoPolicyIndex.pdf#SchoolTobaccoPolicyIndex,2005) • Model policies for complete/livable streets are available on the Missouri Livable Streets website (http://livablestreets.missouri.edu/) • Developed the <i>Missouri Breastfeeding Friendly Child Care Toolkit</i>, which includes a model policy on supporting breastfeeding for childcare providers • Completed draft of the <i>Missouri Food Service Guidelines</i> for public service venues • Continue to promote Eat Smart in Parks for state and local parks



Objective 2:

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

YEAR ONE ACTION PLAN

Action	Measures	Status-FY15 As of 6/30/2015
<p>Inform DHSS legislative liaison on state laws and regulations that promote healthy lifestyle environments</p>	<p>Number of grand rounds to which Department management is invited</p> <p>Number of subject matter briefs provided at grand rounds</p>	<p>FY15:</p> <ul style="list-style-type: none"> • Released policy recommendations for childhood obesity prevention and treatment in December 2014 <ul style="list-style-type: none"> ○ Developed by the Children’s Services Commission’s Subcommittee on Childhood Obesity <p>FY16 Plan:</p> <ul style="list-style-type: none"> • Assign team lead replacement, Belinda Heimericks retiring • Secure funding for research/evaluation of existing Missouri laws, regulations or policies that can impact a healthy lifestyle • Assign a person, employee/partner team, or an intern to research/evaluate all existing Missouri laws and regulations that can impact a healthy lifestyle, by topic <ul style="list-style-type: none"> ○ Develop topic list ○ Prioritize topic list ○ Implement research/evaluation • Report findings from state law and regulation evaluation process to <ul style="list-style-type: none"> ○ Community Health and Chronic Disease Prevention program managers ○ Section administrators within the Division of Community and Public Health ○ Department Legislative Liaison <p>Future Plan Discussion Points:</p> <ul style="list-style-type: none"> • Determine which programs within the Department will collaborate and focus on this objective <ul style="list-style-type: none"> ○ Recruit individuals from those programs to be on the collaborative team • Incorporate healthy lifestyles law, regulation and policy review into Department grand rounds

<p>Provide training and technical assistance to coalitions and partners to educate and advocate for environments that support a healthy lifestyle</p>	<p>Number of trainings conducted and technical assistance appointments provided for partners and coalitions</p>	<p>FY15:</p> <ul style="list-style-type: none"> • MOCAN developed and released a series of infographics for partners <ul style="list-style-type: none"> ○ Infographics by topic: <ul style="list-style-type: none"> ▪ MOCAN Overview ▪ Health Consequences of Childhood Obesity ▪ Supporting Healthy Places to Live, Work and Play ▪ Supporting an Affordable, Healthy Food System ▪ Costs of Obesity ○ Available on the web: http://extension.missouri.edu/mocan/infographics/ • MOCAN hosted statewide conference on childhood obesity on April 21-22, 2015. Over 200 people attended. Conference highlighted CSC recommendations and defined next steps • Presented a workshop at the Center for Local Public Health Services meeting on implementing the Healthy Lifestyle Framework • Established a group of partners to work on statewide implementation of the Healthy Lifestyle Framework • 1 training conducted at annual Tobacco Free Missouri Annual Meeting (November 6, 2014) to expand capacity to develop a more coordinated approach <ul style="list-style-type: none"> ○ Comprehensive Tobacco Control in relationship to coalition building • Provide a one-day training at Cancer Summit 2105 to promote a smokefree Missouri, teach about comprehensive smokefree ordinances, and expand core competency in coalition building for policy change and working with city and county officials <ul style="list-style-type: none"> ○ Scheduled for April/May 2015 ○ Report number of participants • Host statewide obesity conference during April 2015 <p>FY16 Plan:</p> <ul style="list-style-type: none"> • Partner with Midwest Dairy Council to support the national <i>Fuel Up to Play 60</i> program, which teaches youth to become advocates for physical activity and good nutrition in their communities <ul style="list-style-type: none"> ○ Target reach: 10 public schools <p>Future Plan Discussion Points:</p> <ul style="list-style-type: none"> • Develop cross-sectional team • Identify sources of training • Secure funding for training • Develop plan to disseminate training opportunities among partners, LPHAs, etc.
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Evaluate and support improvement of existing laws to promote healthy lifestyle environments	Number of laws evaluated	<p>FY15:</p> <ul style="list-style-type: none"> • Key informant interviews conducted with 21 stakeholders that have passed Complete/Livable Streets policies <ul style="list-style-type: none"> ○ Conducted by Health Communication Research Center at the University of Missouri • Developed a report that identified factors that enhance, and barriers for passing, a community policy
Coordinate advocacy with partners	<p>Number of partners attending policy training</p> <p>Number of efforts to coordinate with partners</p>	<p>FY15:</p> <ul style="list-style-type: none"> • 25 tobacco control policy advocacy efforts (24 local and 1 statewide) coordinated with partners (partners regularly take the lead) • Establish legislative priorities to provide consistent messaging and support for physical activity and nutrition issues <ul style="list-style-type: none"> ○ 4 partner agencies are collaborating on this effort (MOCAN, MCP, PHC and DHSS)

 **Objective 3:**

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

YEAR ONE ACTION PLAN

Action	Measures	Status-FY15 As of 6/30/2015
Determine number of messages/campaigns	Baseline determined	<p>FY15:</p> <p>The work team modified the action as indicated.</p> <ul style="list-style-type: none"> • Melissa Hope appointed as lead in January 2015 • Team assigned to assist lead <ul style="list-style-type: none"> ○ Glenn Studebaker, ○ Brenda Maley, and ○ Tiffany Tuua • Diabetes: Radio Campaign for Prediabetes Awareness and the National Diabetes Prevention Program. (Evaluation? no; Gaps identified? no) • Heart Disease: Posted monthly Million Hearts messages to Missouri Million Hearts website -

www.heart.org/momillionhearts. (Evaluation? no; Gaps identified? no)

- **Cancer:** The Comprehensive Cancer Control Program (CCCP) partnered with WISEWOMAN and Show Me Healthy Women (SMHW) programs to conduct a radio campaign to increase the number of Missourians screened for breast and cervical cancer in counties with the lowest rates of screening and highest rates of mortality due to breast cancer. Supplemental activities included: coordinating social-media messages and website postings with the DHSS Office of Public Information; sharing advertising locations with MCC partners, contractors, chronic disease field staff, local public health agencies and local providers in target counties to encourage coordinated activities; and sharing breast and cervical screening reminder resources to encourage increased provider activity. (Evaluation? yes ; Gaps identified? no); five MOCAN Infographics developed and distributed to partners
- **Tobacco:** The Comprehensive Tobacco Control Program (CTCP) partnered with CCCP for a Multi-media campaign from December 2014 through June 2015, using the market-tested “Tips from Former Smokers” campaign from Centers for Disease Control & Prevention to promote the Quitline
 - Three messages were used:
 - Cessation Tips – 3 individuals giving tips on what helped them when they were quitting smoking
 - Bill’s Tips – Bill has diabetes and discussed how smoking affected his diabetes; Bill died after the production of this message
 - Nathan’s Tips – Nathan has chronic lung disease and discussed how exposure to secondhand smoke at work caused his lung disease; Nathan died after the production of this message
 - Two venues were used – TV and web banners
 - Coordinating Facebook and Twitter messages were also used
 - (Evaluation? yes; Gaps identified? yes)
- **Organ and Tissue Donor Program:**
 - Radio ad produced by HRSA targeting individuals 50 years of age and older was aired in Missouri (April 2015) to inform and encourage individuals 50 years of age and older to register as potential organ, eye and tissue donors. (Evaluation? yes; Gaps identified? yes)
 - The program utilized messages created by Donate Life America in DHSS employee newsletter
- **Live Like Your Life Depends On It** Menu planning tip card added to the Live Like Your Life Depends On It website; distributed Live Like Your Life Depends On It jar openers and lapel pins; printed two large Live Like Your Life Depends On It posters for a Callaway Co Event; Miscellaneous Facebook posts and tweets. (Evaluation? No; Gaps identified? No)

		<p>FY15:</p> <p>The work team modified the action item and measure to the following:</p> <p>Action Item: Identify challenges and barriers to effective health messaging</p> <p>Measure: Challenges and barriers identified</p> <p>Team efforts resulted in:</p> <ul style="list-style-type: none"> • Program staff identifying the following needs for increasing coordinated, targeted, market-tested campaigns/messages promoting healthy lifestyles that are delivered by the state: <ul style="list-style-type: none"> ○ A dedicated funding source independent of federal grants ○ Professional support for developing engaging media messages, implementation plans, market testing and evaluation ○ Administrative support specific to the development and implementation of multi-media messaging campaigns • Contracting and administrative barriers • Knowledge barriers - most program staff are not media experts
		<p>FY15: The work team eliminated this action item (Identify gaps in effective messaging.)</p>
		<p>FY15:</p> <p>The work team modified the action item and measure to the following:</p> <p>Original action item eliminated at end of FY15 (Promote existing effective DHSS messages).</p> <p>Action Item: Identify departmental and state resources commonly used to create and/or disseminate health messages</p> <p>Measure: Resources commonly used</p> <p>The results of these efforts are:</p> <ul style="list-style-type: none"> • DHSS online resources <ul style="list-style-type: none"> ○ DHSS website <ul style="list-style-type: none"> ▪ Website banners ○ DHSS Facebook page ○ DHSS Twitter account ○ Periscope – live video stream

		<ul style="list-style-type: none"> • <i>Note: Programs submit messages (template) to be released through DHSS' Facebook and Twitter accounts on a monthly basis</i> • Other in-house resources <ul style="list-style-type: none"> ○ DHSS On-hold messages ○ Email listserves or specific emails lists– various units ○ Newsletters (Friday Facts, LTC provider newsletter, OEM, etc.) ○ Webinars ○ YouTube • Advertising and media placement (DHSS contracts exist to get this accomplished) <ul style="list-style-type: none"> ○ TV and Radio (Mo Broadcasters Association; Learfield) ○ Social Media advertising – Pandora, Facebook, Twitter, Web ads, etc. (Elasticity, LLC) ○ Outdoor advertising – billboards, pump toppers, etc. ○ Newspaper ads (statewide) ○ Rural Missouri Magazine ads ○ Retail banners or window stickers, etc. ○ Movie theatre advertising ○ Transit bus: St. Louis, Kansas City, Columbia, Springfield.... ○ Print media: posters, fliers, etc. • DHSS Office of Public Information – design, writing, advertising coordination • State printer
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FUTURE ACTION ITEMS

<p>Explore the feasibility of a comprehensive communication plan for all CHCDP programs including funding, goals, strategies, evaluation methods and tools</p>		
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Encourage collaboration between programs and partners (local and regional)		
Determine total dollar amount (funding + match) of campaigns/message to create baseline		

STRATEGY AREA #3—Community/Clinical Linkages

GOAL

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



Objective 1:

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

YEAR ONE ACTION PLAN

Action	Measures	Status-FY15 As of 6/30/2015
Clarify the role of the seven regional health resource centers (HRC) and how they will work with and be accountable to the communities they serve	Scope of work written	FY15: <ul style="list-style-type: none"> • No action since still in current Regional Arthritis Center contract cycle • The activity is not feasible at this time. Eliminate from the plan

Seek funding for the HRCs	Amount of funding secured/allocated	FY15: <ul style="list-style-type: none"> The activity is not feasible at this time. Eliminate from the plan
Identify technical assistance needs of the HRCs	Technical assistance needs identified	FY15: <ul style="list-style-type: none"> The activity is not feasible at this time. Eliminate from the plan
Develop a technical assistance plan for the HRCs	Plan written	FY15: <ul style="list-style-type: none"> The activity is not feasible at this time. Eliminate from the plan
Provide technical assistance to HRCs	Number of technical assistance sessions provided	FY15: <ul style="list-style-type: none"> The activity is not feasible at this time. Eliminate from the plan
Establish contract for HRCs to facilitate integration of evidence-based interventions into the health-care systems	Contract established and implemented	FY15: <ul style="list-style-type: none"> The activity is not feasible at this time. Eliminate from the plan



Objective 2:

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

YEAR ONE ACTION PLAN

Action	Measures	Status-FY15 As of 6/30/2015
Maintain contract with seven regional HRCs	Contract established (ongoing)	<ul style="list-style-type: none"> The activity is not feasible at this time. Eliminate from the plan

Expand collaborations with current coalitions on evidenced-based interventions to support optimal health	Number of coalitions merged with current efforts	<p>FY15:</p> <ul style="list-style-type: none"> • Hosted a statewide CHW forum in December 2014 to <ul style="list-style-type: none"> ○ Further explored CHW roles, ○ Solicited ideas for capacity development for agencies that have CHW programs, ○ Determined educational components necessary for CHW training for reduction of high blood pressure, and ○ Explored avenues for future sustainability • Collaborate with MARC in Kansas City to explore current CHW initiatives. Information will inform efforts to develop a scope of practice standard for CHWs
Develop a plan for utilizing community health workers to assist the public in accessing community and/or clinical resources	Plan developed	<p>FY15:</p> <ul style="list-style-type: none"> • Contracts are in process for Ozark Technical Community College and St. Louis Community College to provide tuition reimbursement for 40 individuals (20 individuals at each institution) enrolled in the CHW curriculum (hypertension module) • A contract is in process with Metro Community College to develop a diabetes module to be included within the CHW curriculum and to provide tuition reimbursement for up to 20 individuals enrolled in the CHW curriculum • The Statewide CHW Advisory Committee will develop curriculum standards, scope of practice and minimum standards for CHWs • MAP staff will continue to participate on the MARC CHW Council • Continue to assist Department of Social Services with inclusion of CHWs in health homes
Develop a plan to map community assets of evidence-based interventions	<p>Plan written</p> <p>Web-based program established</p>	<p>FY15:</p> <ul style="list-style-type: none"> • Investigate venues for highlighting evidence-based intervention information <ul style="list-style-type: none"> ○ Establish a hub for evidence-based interventions on the Community Commons and Community Tool Box websites which contains a database of best practices <p>FY16 Plan:</p> <ul style="list-style-type: none"> • Complete Mapping of Community Assets plan • Include Missouri Kidney Program’s free and unbiased educational classes for chronic kidney disease patients and families. Topics include Intro to Kidney Disease; Dietary Issues; Financial and Coping Issues; and all the CKD treatment options, including organ transplant

Utilize map of community assets to promote lifestyle changes	To be determined	<p>FY15:</p> <ul style="list-style-type: none"> • No action <p>FY16 Plan:</p> <ul style="list-style-type: none"> • Develop and report measures to CHCDP staff • Consider a web-based map currently used by the SMHW program
Survey health systems to ascertain pertinent navigation tools	Survey completed and results published	<p>FY15:</p> <ul style="list-style-type: none"> • Report number of established regional patient resource groups <p>FY16 Plan:</p> <ul style="list-style-type: none"> • Assign new program lead with the departure of Mindy Laughlin • Develop a formal survey • Identify healthcare systems to complete survey • Seek assistance from OOE staff to develop and design the survey
Develop monitoring system to determine the number of people that access information to help control their chronic disease and/or risk factors	Monitoring system developed	<p>FY15:</p> <ul style="list-style-type: none"> • Develop monitoring system – No action, a system has not been developed • The Missouri Arthritis Program collects participant data for the Arthritis and Chronic Disease Self-Management Courses <ul style="list-style-type: none"> ◦ 3,471 individuals participated in the arthritis and chronic disease s self-Management Course <p>Future Plan Discussion Points:</p> <ul style="list-style-type: none"> • Develop monitoring system • Determine how to expand system to monitor more than just the chronic disease self-management course and the arthritis self-management course • Collaborate and report the Missouri Kidney Program client served information since these individuals are seeking and enrolling in educational programs to help them control their chronic kidney disease • Expand measures • Review and incorporate future action items

FUTURE ACTION ITEMS

Implement monitoring system	<p>Number of HRC referrals</p> <p>Number of people accessing information by intervention or program</p>	
Include chronic disease referrals to evidence-based interventions into the monitoring system	Number of people accessing evidence-based interventions	
Establish community resources that support healthy habits		
Implement plan for utilizing community health workers		



Objective 3:

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

YEAR ONE ACTION PLAN

Action	Measures	Status-FY15 As of 6/30/2015
Identify baseline	Baseline established	FY15: <ul style="list-style-type: none"> • No action Future Plan Discussion Points: <ul style="list-style-type: none"> • Define operational plan <ul style="list-style-type: none"> ○ A facilitated discussion in 2013 defined the overall purpose, no matter the term used, should define how community partners will operationalize interventions/activities within their communities to address chronic disease prevention and management • Establish baseline • Develop a team to assist the lead with this action item
Identify gaps in partners	Gaps identified	FY15: <ul style="list-style-type: none"> • No action Future Plan Discussion Points: <ul style="list-style-type: none"> • Once operational plan is defined and a baseline established, convene a work group to identify partner gaps that can assist community partners to incorporate chronic disease prevention and management interventions into existing community operational plans or develop a new operational plan

Educate communities and partnerships about the importance of chronic disease operational planning	Number of coalitions and partners	<p>FY15:</p> <ul style="list-style-type: none"> Posted February 2015, the Organ and Tissue Donor Program strategic plan, <i>Saving and Enhancing Lives Through Organ, Eye and Tissue Donate; A Strategic Approach for Missouri</i> (http://www.health.mo.gov/living/organdonor/publications.php) Notified all existing partners (February 19, 2015) of the strategic plan location and encouraged incorporating components of the plan into their existing organizational plans <p>FY16 Plan:</p> <ul style="list-style-type: none"> Once operational plan is defined and a baseline established, develop a plan of action to inform communities and partners about the importance of chronic disease prevention and management operational planning Develop training component for partners so they can learn how to develop an operational plan
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FUTURE ACTION ITEMS

Train new partners on how to develop an operational plan			Number of written plans developed	
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STRATEGY AREA #4—Health System Interventions

GOAL

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



Objective 1:

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

YEAR ONE ACTION PLAN

Action	Measures	Status-FY15 As of 6/30/2015
Develop a plan for recruitment of partners	Recruitment plan completed	FY15: <ul style="list-style-type: none"> • The Arthritis program utilizing the (<i>Health System Marketing Kit for CDSME</i>) to recruit health systems as either a referral or program delivery partner FY16 Plan: <ul style="list-style-type: none"> • Develop a comprehensive partner recruitment plan that all programs can utilize to recruit partners to help increase the number of health care delivery systems promoting continuous quality improvement for chronic disease care and management
Educate partners on the continuous quality improvement process	Number of partners educated	FY15: <ul style="list-style-type: none"> • No report
Monitor the number of providers that receive patient centered medical home status	Number of providers with patient centered medical home status	FY15: <ul style="list-style-type: none"> • No report

FUTURE ACTION ITEMS

Recruit and maintain an adequate number of delivery systems in order to reach patients with chronic disease through evidence-based interventions		
Identify gaps in training		
Identify professional development partners that can provide training which fills identified training gaps		
Promote available professional development trainings		<p>FY15:</p> <ul style="list-style-type: none"> • Cancer Summit 2015, April 30-May 2, provides RNs, LPNs, Mammography Technicians, Dieticians, and ASRT professional development opportunities for CEU credits • All CCDC programs promoted the Cancer Summit 2015 through their distribution groups (March and April 2015) • The MAPCP will serve as a content expert and partner with the University of Missouri Higher Education and the School of Medicine to provide training in the form of Grand Rounds for Community Health Centers and all other interested partners through the recently funded ECHO project between July 1 2015 and June 30, 2015



Objective 2:

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

YEAR ONE ACTION PLAN

Action	Measures	Status-FY15 As of 6/30/2015
Identify existing data sources	Data sources identified	FY15: <ul style="list-style-type: none"> • Future Plan Discussion Points: <ul style="list-style-type: none"> • Determine how other programs and data sources will be identified and how those sources will help reach or expand current standards of care for individuals with a chronic disease <ul style="list-style-type: none"> ○ Needs to be a cooperative effort between all program leads ○ Set timeframe for obtaining data source information ○ Share information with all programs
Utilize existing data sources to determine if standards of care are being met	Number of providers using standards of care	FY15: <ul style="list-style-type: none"> • No report

FUTURE ACTION ITEMS

Identify gaps in training	Training gaps identified	FY15: <ul style="list-style-type: none"> • No plan has been developed to identify who is being surveyed for training gaps.
Identify new data sources	New data sources identified	FY15: <ul style="list-style-type: none"> • Working through a partnership with the UMC School of Medicine, who works with OSEDA, to analyze Mo Health Net Claims Data to determine cost savings with the implementation of the evidence-based program

		<p>“Teaming Up for Asthma Control for self-management education for pediatric asthma patients and their families” and other evidence-based interventions</p> <ul style="list-style-type: none"> • A panel report is under development to identify high-risk Mo HealthNet children through analysis of claims data by physician in CCHCs
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Objective 3:

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

YEAR ONE ACTION PLAN

Action	Measures	Status-FY15 As of 6/30/2015
Determine baseline for percent of patients	Baseline established	<p>FY15:</p> <ul style="list-style-type: none"> • Utilize PCHH and TGA system reports to report population reach <p>FY16 Plan:</p> <ul style="list-style-type: none"> • Determine ways to expand reach to encompass other programs within the Section • Determine a way to count users of a system that uses one or more of Missouri’s standards of care of care guidelines • Determine how to enhance system reports so that use of various standards of care or care guidelines can be monitored
Promote available trainings on standards of care for aspirin, A1c, blood pressure, cholesterol, sodium and smoking (ABCS)	Number of trainings promoted	<p>FY15:</p> <ul style="list-style-type: none"> • The Missouri <i>Million Hearts</i>® partnership made up of the Department of Health and Senior Services, the American Heart Association, Primaris, and the Missouri Primary Care Association are incorporating the ABCS into trainings for health care providers with whom they work <ul style="list-style-type: none"> ○ A full day training was promoted and provided with the assistance of NACDD (August 2014) was promoted by these agencies ○ Approximately 50 people attended the August 2104 training ○ A template to capture data associated with activities delineated in the 2015/2016 Strategic Doing Action Plan was developed and emphasizes blood pressure only; not the entire ABCS

		<ul style="list-style-type: none"> Continue to provide information to participants through the Missouri <i>Million Hearts</i>® and MoQuIN <p>Future Plan Discussion Points:</p> <ul style="list-style-type: none"> Include exposure to secondhand smoke as part of the ABCS it has a definite impact on several chronic diseases (e.g., heart disease, stroke, COPD). The <i>Million Hearts</i>® partnership has accepted exposure to secondhand smoke in the ABCS and is encouraging screening for exposure and that health systems become a part of the CSF communities' movement
Promote tools for measuring progress toward chronic disease risk factor control	<p>Number of inquiries about available tools</p> <p>Number of times tools promoted</p>	<p>FY15:</p> <ul style="list-style-type: none"> Promote the DRVS tool as a means to measure chronic disease risk factor control and ABCS outcomes <p>FY16 Plan:</p> <ul style="list-style-type: none"> Team will evaluate this measures to determine if they are still appropriate or if other measures are better suited for the activity <p>Future Discussion:</p> <ul style="list-style-type: none"> Discover other tools being promoted and/or used to help assure patients with a chronic disease are receiving appropriate standards of care, SMHW, WISEWOMAN, etc.
Determine success indicators for use of tools	Success indicators identified	<p>FY15:</p> <ul style="list-style-type: none"> The following success indicators have been identified Diabetes Measures Goals <ol style="list-style-type: none"> Number and percentage of diabetes patients with A1C >9.0 (Poor control) 16% Number and percentage of diabetes patients with Blood Pressure <140/90 (Controlled) 65% Number and percentage of diabetic patients with LDL <100 mg/dL 36% Number and percentage of diabetic patients with annual dilated eye exam 60% Number and percentage of diabetic patients with annual foot exam 80% Number and percentage of diabetic patients with annual Nephropathy Assessment 80% Combined Measures Goals <ol style="list-style-type: none"> Number and percentage of patients with tobacco use screening and cessation 95% Number and percentage of children who had evidence of BMI percentile documentation 60% Number and percentage of children who had counseling for nutrition 15% Number and percentage of children who had counseling for physical activity 9% Number and percentage of patients with BMI screening and follow-up > or = 65 years 54% Number and percentage of patients with BMI screening and follow-up 18-64 years 54%

		<ul style="list-style-type: none"> Cardiovascular (CVD) Measures <p>13. Number and percentage of patients with a diagnosis of hypertension with blood pressure <140/90</p> <p>14. Number and percentage of patients with a diagnosis of CAD with a complete lipid profile</p> <p>15. Number and percentage of patients with a diagnosis of CAD with LDL cholesterol < 100 mg/dL (controlled)</p> <p>16. Number and percentage of patients with a diagnosis of IVD used aspirin or another antithrombotic</p>	<p>Goals</p> <p>65%</p> <p>80%</p> <p>40%</p> <p>50%</p>
Provide technical assistance to health care systems to increase compliance with standards of care	Number of providers receiving technical assistance	<p>FY15:</p> <ul style="list-style-type: none"> Expand technical assistance through Practice Facilitation to additional participating health care providers utilizing population health tools like TGA or DRVS <ul style="list-style-type: none"> Dependent on the contract bid process The MAPCP and statewide partners are working with MoHealthNet to develop a standard for MoHealthNet providers to provide self-management education and home assessments, and be reimbursed for these services through Mo HealthNet and the managed care contracts 	
Expand <i>Million Hearts</i> ® Initiative model to promote standards of care in prevention, early detection and treatment of chronic diseases	Number of health care providers utilizing the <i>Million Hearts</i> ® Initiative model	<p>FY15:</p> <ul style="list-style-type: none"> Saint Luke’s Kansas City launched <i>Million Hearts</i>® campaign Phase 1 among their Plaza campus employees (February 2014). As a self-insured organization, hypertension contributes to one of the top five health care costs in their health system <ul style="list-style-type: none"> The pilot design and focus is to provide tools to transition ownership of blood pressure control to the consumer (their employees) Approximately 1,500 employees engaged in activities to start this transition Approximately 3,000 Saint Luke’s employees completed an educational survey related to blood pressure and sodium to evaluate knowledge levels. Data will be used to begin tailoring educational messages A custom built blood pressure kiosk with basic education and messaging was placed outside the cafeteria to encourage staff and visitors to check their blood pressure An internal walking trail called the <i>Heart & Sole Walking Course</i> encourages employees and guests to walk their 10,000 steps daily Hospital system’s Nutritional Services department initiated the following changes <ul style="list-style-type: none"> Implemented the “Eat Well, Be Well” program that provides meals, snacks and side items that meet government calorie, salt and fat guidelines to assist employees make healthier food choices Removed saltshakers from cafeteria tables with Mrs. Dash offered as a substitute Displayed education materials about salt to show employee’s how to read labels and make 	

- lower sodium choices while grocery shopping
- *Million Hearts*® Data Group provided community data utilizing the 2011 CLS for benchmark mapping for the Missouri counties in the Saint Luke's service area
- Dr. Keith Ratcliff, Mercy Health System (Washington, Mo. and the Adult Quality, Safety, Value (QSV) committees in Washington and St Louis team), implemented in July 2103 accurate blood pressure measurement as a standard of care within the Mercy Health System East
- Mercy Health System, Washington, Mo., created and published (September 2014) a blood pressure training video and integrated it into Mercy Health Systems' learning management system in October 2014. The video became available on YouTube in February 2015 at: <https://www.youtube.com/watch?v=i5GeivO.Jd5Q&feature=youtu.be>
 - The Adult Quality, Safety, Value Committees produced a training video to standardized and make easily available training and retraining for their staff
 - Required training for new employees
 - Annual training for current employees
 - Training is online and accessible through Mercy Health System's intranet site (Baggot Street) and every employee has an account with training courses to be completed throughout the year
 - Employees are reminded about training via email
 - Course completion documented in the employee's record
- Mercy Health System, Washington, Mo., is working to improve communication methodology so that it is seamless between specialty and urgent care colleagues and the PCPs when a patient's blood pressure is elevated during a specialty or urgent care encounter
 - The communication tool is within the EMR so that specialty and urgent care colleagues will refer the patient back to their PCP for any needed medication adjustment

FY16 Plan:

- *Million Hearts*® Saint Luke's will plan their next employee engagement steps for the Plaza campus
- Saint Luke's *Million Hearts*® deployment planning to other campuses
- *Million Hearts*® Data Group will provide any additional community data requests to support the implementation of new phases of Saint Luke's campaign
- Mercy's Information Technology group will conduct a data analysts to identify patients who have had two or more encounters within Mercy Health System where the patient's blood pressure has been elevated and a hypertension (HTN) diagnosis has not been made
 - A June 2015 Primary Care Provider Meeting is planned at which the *Million Hearts*®, Dr. Keith Ratcliff, will distribute list of patients, by individual PCP, of patients seen in the last two years anywhere within Mercy whose blood pressure was elevated but for whom there was no prior diagnosis of HTN on the problem list



Objective 4:

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

YEAR ONE ACTION PLAN

Action	Measures	Status-FY15 As of 6/30/2015
Establish baseline of health system partnerships with chronic disease prevention and management in an operational plan	Number of plans identified (baseline) Number of plans modified to include evidence-based interventions	FY15: <ul style="list-style-type: none"> No action
Provide education and technical assistance to health care providers regarding evidence-based intervention programs	Number of education sessions provided Number of technical assistance sessions provided	FY15: <ul style="list-style-type: none"> Working with MPCA and Mo HealthNet to submit a Medicaid State Plan amendment making Pediatric Asthma as stand-alone for the Medical Home
Establish a contract with regional HRCs to facilitate integration of evidence-based interventions into health care systems	Contract established	FY15: <ul style="list-style-type: none"> The activity is not feasible at this time. Eliminate from the plan FY16 Plan: <ul style="list-style-type: none"> Not applicable



Objective 5:

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

YEAR ONE ACTION PLAN

Action	Measures	Status-FY15 As of 6/30/2015
Identify under-served populations	Under-served population identified	FY15: <ul style="list-style-type: none"> • Status unchanged
Provide education and technical assistance to partners regarding health equity	Number of educational sessions provided Number of technical assistance sessions provided	FY15: <ul style="list-style-type: none"> • No action FY16 Plan: <ul style="list-style-type: none"> • Meet with the Missouri Health Equity Collaborative in September 2015 to initiate the process of inventorying available tools which integrate health equity into planning processes from: NACDD Health Equity Forum; Center for Health Policy at University of Missouri; and the DHSS Office of Minority Health

FUTURE ACTION ITEMS

Assist partners in developing plans that include health equity	Number of plans written addressing health equity	<ul style="list-style-type: none"> • Develop a basic methodology for ensuring health equity is included in existing and future partner plans <ul style="list-style-type: none"> ○ Invite the participation of the Center for Health Policy and the DHSS Office of Minority Health ○ Develop a technical assistance plan to assist partners • The CTC grant includes addressing several issues of health equity. Work with CTC partners to include health equity into their plans
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Assist partners with incorporating health equity strategies in their chronic disease plans	To be determined	
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STRATEGY AREA #5—Epidemiology and Surveillance

GOAL

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



Objective 1:

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

YEAR ONE ACTION PLAN

Action	Measures	Status-FY15 As of 6/30/2015
Determine what data and evaluation sources are currently available	Number of programs sharing data	FY15: <ul style="list-style-type: none"> • The Department and MO HealthNet are negotiating a data sharing agreement for the Medicaid data <ul style="list-style-type: none"> ○ The Department of Health and Senior Services is working with the Department of Social Services to draft a data sharing agreement
Identify internal and external data and evaluation gaps	Gaps identified	FY15: <ul style="list-style-type: none"> • Potential external data sources identified by program staff: <ul style="list-style-type: none"> ○ In Progress: Missouri Kidney Program currently implementing trial that will includes multiple data collection strategies including: <ul style="list-style-type: none"> ▪ Survey of dialysis center staff related to Standards of Care in Missouri (care and education for the individual with chronic kidney disease about dialysis and other treatment options) ▪ Focus groups of health care professionals and their views about low-income individuals' desire for education ▪ Evaluation of education delivered to low-income clients using different delivery

		<p>methods</p> <ul style="list-style-type: none"> ○ Missouri Annual Blind/Visually Impaired Literacy Study (https://dese.mo.gov/special-education/blindness-literacy-reports)
Develop plan to address data and evaluation gaps identified	Gap plan developed	<p>FY15:</p> <ul style="list-style-type: none"> •

FUTURE ACTION ITEMS

Explore being a part of the statewide data warehouse for meaningful use		
Identify new data elements to incorporate into existing data sets		<p>Future Plan Discussion Points:</p> <ul style="list-style-type: none"> • Include exposure to secondhand smoke due to the link to multiple chronic diseases • Include ROI evaluation and data so that programs can make better decisions and better utilize resources
Strive to conduct county level survey every five years		<p>Future Plan Discussion Points:</p> <ul style="list-style-type: none"> • The County Level Survey (CLS) was conducted in 2011 and will be conducted again in 2016
Investigate how Medicaid and Medicare data will be incorporated into the data warehouse		<p>Future Plan Discussion Points:</p> <ul style="list-style-type: none"> • Consider inviting the State Epidemiologist to be the team lead for the Department with CCDC programs as the pilot <ul style="list-style-type: none"> ○ At a minimum, assign to the Epidemiology and Evaluation teams <ul style="list-style-type: none"> ▪ Make an on-going process ▪ Report progress regularly to program managers



Objective 2:

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

YEAR ONE ACTION PLAN

Action	Measures	Status-FY15 As of 6/30/2015
Establish baseline	Baseline established	FY15: <ul style="list-style-type: none"> • Establish baselines for any remaining programs in the section as needed
Allocate funding and resources for evaluation for every program	Number of programs with funding allocated for evaluation	FY15: <ul style="list-style-type: none"> • Assign team lead replacement, Belinda Heimericks retired (April 2015) • Allocate Tobacco Control Program funds to support a contract to evaluate youth initiatives • Allocate MAP funding to continue evaluation of MAP performance measures

FUTURE ACTION ITEMS

Develop a comprehensive evaluation plan for all programs, initiatives and strategic plan	CHCDP has a comprehensive evaluation plan written	FY15: <ul style="list-style-type: none"> • The MAP evaluation position filled (February 2015) • Incorporate the MAP evaluation plan into the comprehensive plan • Complete a comprehensive evaluation plan that includes all programs within the Section • Inform program managers how to access the comprehensive evaluation plan Future Plan Discussion Points: <ul style="list-style-type: none"> • Assure the comprehensive evaluation plan includes the following programs <ul style="list-style-type: none"> ○ Injury/Violence Prevention Program ○ Abstinence Program ○ Adolescent Health Program ○ Chronic Disease Primary Prevention Program ○ Obesity Prevention Program
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		<ul style="list-style-type: none"> ○ Safe Kids Program ○ School Health Program ○ Team Nutrition Program ○ Organ and Tissue Donor Program
Annually implement evaluation plans (ongoing)		<p>FY15:</p> <ul style="list-style-type: none"> ● Obtain feedback from partners on the preliminary evaluation plan (January 2015) ● Monitor Registry enrollments and secure organ and tissue donation data from United Network of Organ Sharing
Continually monitor evaluation findings and refine program processes and direction (ongoing)		<p>FY15:</p> <ul style="list-style-type: none"> ● Modify the DRS profile document utilized by organ and tissue procurement agencies. Changes submitted through ITSD process (September 2014) ● Submitted DRS modification for reporting features and Spanish-language updates through ITSD process (October 2014) ● Modified the DRS paper removal process to assure that individuals wanting to be removed are processed after all potential enrollment information has been received from the Department of Revenue (November 2014) ● Submitted needed name and logo changes to DRS through the ITSD process (January 2015) ● Released the statewide Organ and Tissue Donation strategic plan entitled <i>Saving and Enhancing Lives</i> (January 2015) available at http://www.health.mo.gov/living/organdonor/pdf/saving-enhancing-lives-strategic-plan.pdf ● Modified the DRS enrollment and removal forms for clarity (March 2015) ● Collaborated with Mid-America Transplant Services to update DRS paper enrollment confirmation letter approved by the Department and submitted through the ITSD process (April 2015) ● Modify state specific MAP evaluation strategies for projects as follows: <ul style="list-style-type: none"> ○ The Community Health Worker Project (Domain 4), ○ The Pharmacy Project (Domain 3), and ○ Lead Education Agency (LEA) project that encompasses nutrition and physical activity in school settings as well as physical activity in early childcare facilities <p>FY16 Plan:</p> <ul style="list-style-type: none"> ● Submit additional DRS modification that will enhance administrative functions and make those same functions more efficient



Objective 3:

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

YEAR ONE ACTION PLAN

Action	Measures	Status-FY15 As of 6/30/2015
Establish baseline of reporting venues	Baseline established	FY15: <ul style="list-style-type: none"> • Completed in FY14, modify action to track progress against baseline
Share evaluation and surveillance data	Number of venues in which evaluation data has been shared	FY15: FY16: <ul style="list-style-type: none"> • 2 Venues <ul style="list-style-type: none"> ○ Journal of Personalized Medicine; Article: Breast Cancer Survivorship Care: Targeting a Colorectal Cancer Education Intervention; Submitted in FY15 to journal and expected to be published in FY16 ○ Reference to above article included in the Department’s August 14, 2015 Friday Facts Future Plan Discussion Points: <ul style="list-style-type: none"> • The new CTC grant funding organization expects data to be published that informs and educates the public and decision makers. The funding organization expects data to be shared with partners and the public beyond the typical methods of internal department communication and posting to the departmental web site • Consider developing one-page data info-graphics for each program within the Section and update every two years <ul style="list-style-type: none"> ○ Share with legislators during the legislative session ○ Share with partners and encourage distribution ○ Share with media ○ Link from individual program pages to infographics on web page ○ Consider sharing program infographics with libraries, churches during related health months, coalitions, etc.

		<ul style="list-style-type: none"> ○ Determine what other venues are available to share evaluation data so that partners and Missourians can make informed decisions and plan appropriately
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FUTURE ACTION ITEMS

Develop surveillance communication system that alerts programs of data and data reports identified and created	Surveillance communication system developed	<p>FY15:</p> <ul style="list-style-type: none"> • <p>Future Plan Discussion Points:</p> <ul style="list-style-type: none"> • Alert all programs about available data and data reports and where and how that information can be viewed so that program staff can share it with their partners and constituents that may have an interest
Disseminate data through surveillance communication system		



**On Common Ground for Health
Expanded Plan**

FY 15 Status Report