



Building Communities
for Better Health

Chronic Disease Prevention Plan

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HARRISON COUNTY HEALTH DEPARTMENT
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Background

Harrison County is a county located in the northwest portion of the state of Missouri. Its county seat is Bethany. Bethany's population as of 2016 was 3122 which is approximately 37% of the county population. Instead of taking on a county wide approach, we made a decision based on population, location and reach ability to focus on the town of Bethany. Knowing that the majority of the population eats, works, shops and plays in Bethany, we felt our efforts would not only serve this one community but it would have a domino effect on the smaller surrounding communities as they utilize this community for the majority of their needs. About 97% of the land area in the state of Missouri is classified as rural. Rural residents currently represent 37% of the state's population, a figure that has not changed since 2010 Census. This population distribution presents unique public health challenges when attempting to determine priorities because of the differences in needs of people living in rural areas and people living in more dense populations. Ranking the cause of death is the most popular method of presenting mortality statistics. Leading cause of death data have been published since 1952. According to the National Vital Statistics Reports, the top four leading causes of death in the United States are diseases of the heart, malignant neoplasms, cerebrovascular diseases and chronic lower respiratory diseases. The same four causes of death hold true for Missouri and for Harrison County. Many of these are directly linked to behaviors that affect their personal health. Engaging in risky behaviors, such as smoking can directly impact the health of individuals in many ways. Counties with the highest burden of chronic disease indicators were selected to participate in the Building Communities for Better Health program and based on county level data, Harrison County ranks above the Missouri average in most burdens of chronic diseases and conditions to include current smoking rate(25%), no leisure time physical activity(32%), those individuals that are overweight(34%) and those eating less than 5 fruits and vegetables per day(88%).

Improving the health of a community is a collaborative effort. The effort may begin with public health workers and health care providers, but to achieve impact it must also engage a diversity of community partners. The Health and Wellness Coalition of Bethany was created to work on the 3 risk factors of chronic disease to include increasing physical activity, increasing healthy eating and to reduce tobacco use and exposure to second hand smoke. The coalition members are vested community members, business owners, retirees, healthcare workers, government officials and others that have come together for a common goal - to improve the health of the community through systematic changes that will be sustainable. Most importantly, the process of identifying community health issues and priorities, and determining how best to address them, includes the active participation of the broader community, the people who live, work and play there every day. This process is the foundation for improving and promoting the health of community members through identification of the factors that affect the health of Bethany residents and determining the availability of resources to adequately address health issues. A number of factors affect a person's ability to eat a healthful diet, stay physically active, and achieve or maintain a healthy weight. The built environment has a critical impact on lifestyle behaviors that

influence health. These environmental factors are compounded by social and individual factors—gender, age, race and ethnicity, education level, socioeconomic status, and disability status—that influence nutrition, physical activity, and obesity. In some communities, there may be limited access to affordable, fresh fruit and vegetables or safe areas to be active or play. A sedentary lifestyle also contributes to many health problems. Harrison County is well below the state for average household income. In households with income inadequate to meet basic needs, inevitable concessions often lead to poor health, inadequate diet, and inadequate cognitive and emotional development of children. The socio-economic status of Harrison County is significant.

Process

We utilized both the Community Readiness tool and the CHANGE tool to provide information when working on the Chronic Disease Prevention Plan. According to findings from our readiness tool, the community is in the Vague Awareness stage of community readiness to change for healthy eating. There are a few in the community that recognize that there is a local problem related to unhealthy lifestyle choices but most are more concerned with access to food in general. Strategies in the coalition's comprehensive plan should include reducing stigma, increase community support, and increasing awareness of available services to promote healthy lifestyles. With Physical Activity, the readiness tool showed that the community is in the Preplanning stage of community readiness to change. There are a few in the community that recognize there is a local problem related to the community as a whole being conscious of the access to physical activity. Strategies in the coalition's comprehensive plan should address increasing awareness of the access to physical activity, increasing participation, and increase support. With tobacco and exposure efforts, the community is in the Vague Awareness stage of community readiness to change. There are those that recognize there is a local problem related to tobacco use but most feel like it is not up to them to address the problem. Strategies in the coalition's comprehensive plan should address increasing awareness of the effects of tobacco use, and increase tobacco cessation support, such as classes and education. At our July coalition meeting, data and information was shared that showed the communities areas of strengths. From this, the coalition began filling in the gaps by identifying areas of need within the 3 risk factors. The coalition then did 3 work groups to work individually on the 3 risk factors of physical inactivity, poor nutrition and tobacco use and exposure. Coalition members were encouraged to chose the area/s that they had some expertise in. During the work sessions, coalition members were presented with county wide data from several different sources in order for them to see what the data says and at what level the community was ready to move forward. The coalition also looked at the needs list generated from the July coalition meeting to see if needs were aligning with the data. From there, the teams worked backwards with their objectives and began generating a list of activities that were feasible and measurable based on each risk factor to create sustainable change. The teams then worked on the SMART objectives for each risk factor and then assigned coalition members to work on each activity to achieve these strategies. At the following coalition meeting in August, the teams summarized their findings, presented the Chronic Disease Prevention Work Plan, and made adjustments based on all members decisions of the coalition who were present.

Vision

Healthy Bethany. Cultivating a community of change for a healthier tomorrow.

Mission

To inspire hope and implement sustainable programs without barriers so all community members have the same opportunities to improve their health. Through healthy eating, increasing physical activity, increasing tobacco cessation and eliminating exposure to second hand smoke we can make systematic changes while building partnerships that will multiply the efforts of our work.

Goals and Objectives

1. Long Term Goal: Increase Access to Healthy Foods.

The coalition determined the objective for this risk factor is to increase access to healthy food in 3 venues which will provide opportunities for the community to improve access to healthy foods and decrease any barriers that community members currently experience. Activities would include a pre and post survey to measure our performance, system changes to expand knowledge of what healthy foods are through education, classes, & different media; environmental changes through working with the city, schools, and community in establishing a more central, accessible community garden and farmer's market; working with the parks department and schools in practice/policy change for healthy options at concessions; offering assistance to group homes in developing gardens at their homes; practice/policy change that involves offering businesses mini grants to work in development of healthy food option practices or system changes. Evaluation of activities will occur by completing a pre survey and post survey to measure progress of efforts. Pre survey will be baseline data. Coalition will evaluate progress at meetings and at a minimum, every year and adjustments will be made accordingly if little or no progress is noted.

2. Long Term Goal: Increase Access to Opportunities for Physical Activity.

The coalition determined the objective for this risk factor will be to create a plan to connect local schools, businesses, and parks through trails so our community can be physically active outdoors and to encourage non-motorized transportation. Expected changes to occur will be policy, system and potentially environmental depending how quickly the coalition works through each stage of the plan. Activities would include education about why we should be physically active and benefits of a connected trail within the community;; bringing community members, government, businesses and organizations together to create the plan, hold town meetings to increase knowledge of plan and current efforts; offer bike share program, wellness competitions, provide signage to highlight current available walking routes and offer mini grants to businesses to encourage policy change with wellness programs. Coalition will evaluate progress at meetings and at a minimum, every year and adjustments will be made accordingly if little or no progress is noted. Success of plan can be measured by how the coalition progresses through each stage of the plan and make adjustments according

3. Long Term Goal: Decreased Use of, Access or Exposure to Tobacco.

The coalition determined the objective for this risk factor will be to establish an outdoor smoke free policy for city owned parks and recreational facilities. Expected changes to occur will be policy, system and environmental. Activities would include assessing current policies and procedures for parks and recreation to understand the process of policy change; educating all community on dangers of second hand smoke through media campaigns, billboard, flyers, town hall meetings, etc...; Coalition building to work on support of local school smoke buster program; assess business and organizations tobacco policies; policy development with businesses, organizations, churches etc... ready for tobacco policies; champion the areas' businesses that currently support indoor smoke free policies; educate and provide resources to those businesses that allow smoking indoors to educate about benefits of going smoke free; create messaging for signage for those areas that have comprehensive tobacco free campus policies in place to improve compliance; provide financial resource to those that have smoke free indoor policies and those that have comprehensive tobacco free policies through different grant opportunities to move towards change . Success of plan can be measured by the coalition through the number of new policy changes and developments that occur over the next 2 years.

Definitions/Instructions

Background: *Provide a summary of BCBH and efforts to date. Background should include:*

- Information on the BCBH Program, how the county was selected and why, including data regarding the prevalence and consequences of chronic disease within the county.
 - Resources: [Explore Health Rankings](#), [DHSS Data and Statistics](#), and [exploreMOhealth](#)
- Coalition formation efforts, as well as an overview of the members/partners (*attach a list of coalition members and their contact information with the plan*).
 - Resources: [Work Together](#) and [Partner Center](#)

Process: *Describe the process taken to address the selected county/community(ies) chronic disease risk factors including tobacco use and exposure, physical inactivity and poor nutrition utilizing a population-based approach. The process should include the following components and drive the development of the chronic disease prevention plan for the selected county/community(ies):*

- Needs Assessment
Describe the community's (ies') strengths/assets, resources, needs, gaps and readiness to address each of the three risk factors that helped determine where and how to focus their efforts.
 - Resource: [Assess Needs and Resources](#)
- Priorities
Describe the process the community used to prioritize which needs/gaps and root causes were selected to help focus their efforts and resources on the most important issues to achieve the greatest impact on health.
 - Resources: [Focus on What's Important](#) and [Developing and Using Criteria and Processes to Set Priorities](#)
- Strategy Selection
Describe how the community selected evidence-informed policy, system and environmental change strategies to address their priority issues.
 - Resource: [Choose Effective Policies and Programs](#)

Vision: *Describe the coalition's vision.*

Definition: The vision communicates what your coalition believes are the ideal conditions for your community – how things would look if the issue important to them were perfectly addressed. *Please use the following criteria when developing the coalition's vision:*

- Understood and shared by members of the community.
- Broad enough to encompass a variety of local perspectives.
- Inspiring and uplifting to everyone involved in your effort.
- Easy to communicate - for example, they should be short enough to fit on a T-shirt.

- Resources: [Developing Vision and Mission Statements](#) and [Work Together Activity 6](#)

Mission (the what and why): *Describe the coalition's mission.*

Definition: The mission statement describes *what* the coalition is going to do, and *why* it's going to do it. *Please use the following guiding principles when developing the coalition's mission:*

- *Concise.* Although not as short a phrase as a vision statement, a mission statement should still get its point across in one sentence.
- *Outcome-oriented.* Mission statements explain the overarching outcomes your coalition is working to achieve.
- *Inclusive.* While mission statements do make statements about your group's overarching goals, it's very important that they do so very broadly. Good mission statements are not limiting in the strategies or sectors of the community that may become involved in the project.
- Resources: [Work Together Activity 6](#) and [Developing Vision and Mission Statements](#)

Plan Worksheet

Community Name: *Include name(s) of participating community(ies) for which the plan targets.*

Risk Factor: *check the risk factors addressed for the goal and objectives (one or more depending on the objective).*

Long Term Goal: *Include the goal the work plan addresses. Work plan goals can be accomplished within the funding timeline.*

Definition: the result or achievement toward which effort is directed.

Objective: *Include a SMART objective for each of the plan goals. * All plans must include an objective regarding building the [capacity of the coalition\(s\)](#) to address your long-term goals.*

Definition: Objectives are the specific measurable results of the goal. They specify *how much* of *what* will be accomplished by *when*. Please use the following criteria when developing your objectives:

Objectives should be **S.M.A.R.T. + C.:**

- *Specific.* They specify *how much* (e.g., 10%) of *what* is to be achieved (e.g., what behavior of whom or what outcome) *by when* (e.g., by 2021 – within contract timeframe)?
- *Measurable.* Information concerning the objective can be collected, detected, or obtained.
- *Achievable.* It is feasible to accomplish.
- *Relevant* to the mission. Your coalition has a clear understanding of how these objectives fit in with the overall vision and mission of the group.

- *Timed.* Your coalition has developed a timeline (a portion of which is made clear in the objectives) by which they will be achieved.
 - *Challenging.* They stretch the group to set its aims on significant improvements that are important to members of the community.
- Resource: [Creating Objectives](#)

Type of Change: *Identify whether the objective contributes to a policy, system or environmental change.*

Strategy: *Provide a brief description of the strategy. Please use the content of the CHANGE/CHII sector assessment questions and the [“What Works for Health”](#) as guides for selecting activities based on the coalition’s prioritization of the needs identified through the results of the CHANGE/CHII, community readiness assessments, and other data analyzed through the plan development process. Resources: [Action Plan Template Example](#), [Intervention Planning Matrix Guide](#), [Intervention Planning Matrix: Considering the Impact of Strategies](#), [Partner Center](#), and [Activity to Support Learning](#).*

Type of Activity: *Select the activity type: community engagement; program or event; awareness (education, promotion, media), policy, system or environmental (PSE). PSEs can be both the type of change, as well as the type of activity, depending on the activity, (e.g. healthcare providers assessing all patients for tobacco use at all visits would be a system change, a worksite adopting a healthy vending machine policy would be a policy change).*

Priority Population: *To ensure equity within the community, identify the priority population targeted by the activity and/or the specific community targeted. For example, an activity may only target migrant workers as the priority population, while a countywide coalition working with multiple communities may have activities that target only certain communities within the county based on the assessed level of readiness or other factors.*

- Resources: [Health Gaps](#) and [Equity and Empowerment Lens](#), [Assess Needs & Resources](#)

By Whom: *Responsible person/party(ies)*

Technical Assistance/ Resources Needed: *Identify any technical assistance, training or resources needed to help implement the activity including funding, partners, etc.*

- Resources: [Act on What’s Important – Activity 3: Develop a Resource Plan](#)

Sector: *Select which sector the activity targets: community-at-large, school, worksite, organization or healthcare.*

Performance Measure: *Identify how you will know if your efforts were successful.*

- Resource: [Evaluate Actions Activities 5 & 6](#)