

SUCCESS



MAP Community Policy & Environmental Change Strategies



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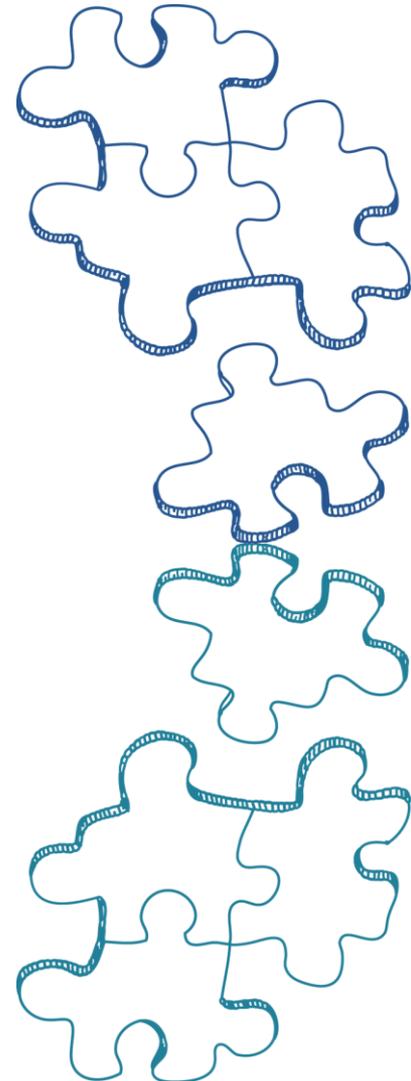
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Putting the Pieces Together...



Strategies

Nutrition

- Healthy Food Retail
- Food Service Guidelines
- Worksite Support for Breastfeeding

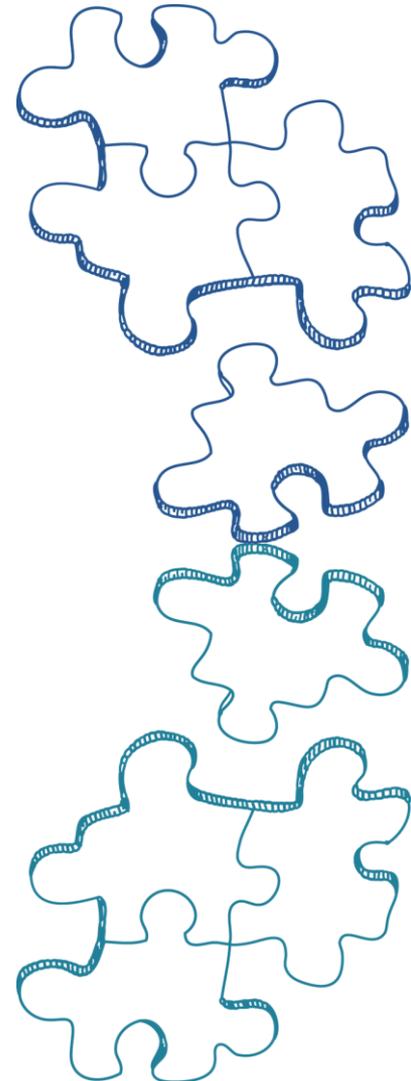
PA

- PA in Early Care and Education (ECE)
- Livable Streets

Schools

- Nutrition and Physical Activity
- Chronic Disease Management

Putting the Pieces Together...



Healthy Food Retail



Stock Healthy Shop Healthy

Key Partners

- University of Missouri Extension, LPHAs

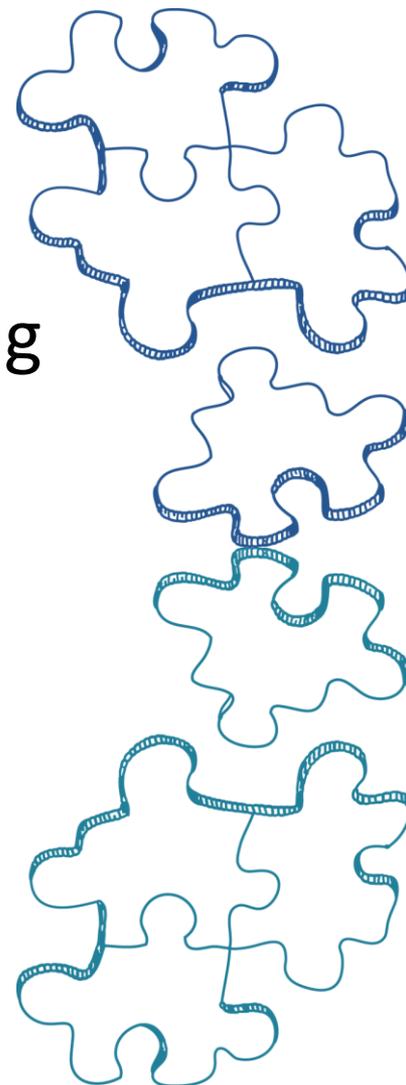
Intervention

- Training, materials for stores and ongoing TA including site visits and evaluation

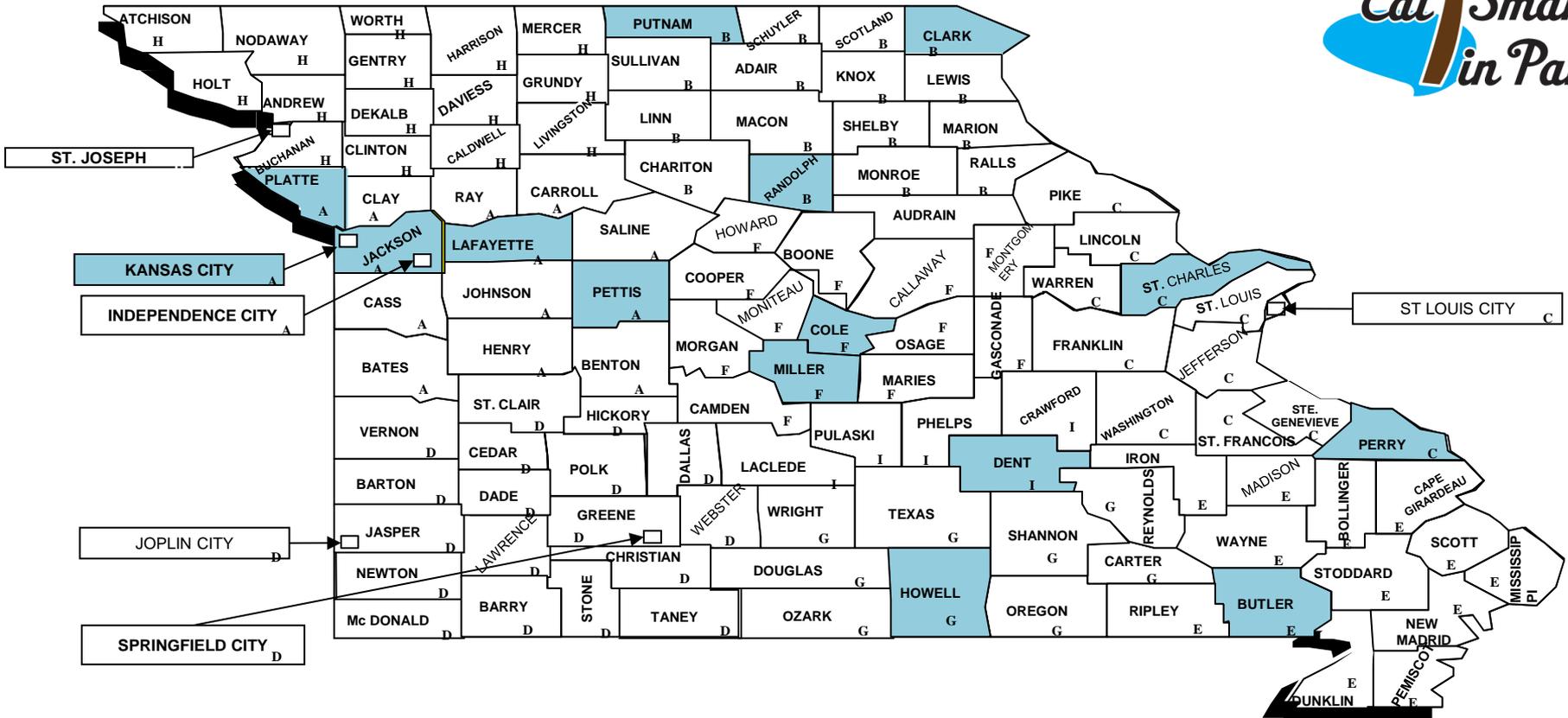
Successes

- Increase % of shelf space for healthy foods
- Environmental changes in stores
- Development of community networks

Putting the Pieces Together...



Food Service Guidelines



Communities Received Intensive Support

Food Service Guidelines



Key Partners

- University of Missouri (Extension and HCRC), Missouri Parks and Rec Association, LPHAs

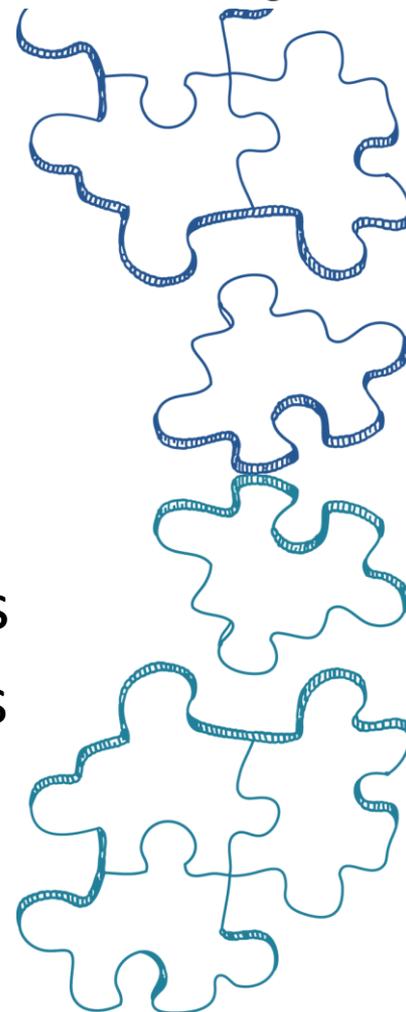
Intervention

- Assessment support, materials, ongoing TA including site visits

Successes

- Increase # of MO parks serving healthy foods
- Collaboration with other statewide programs

Putting the Pieces Together...



Taste Tests and Data Collection



Marketing Materials





CONCESSIONS

FOOD

Cheeseburger	\$3.75		
Hamburger	\$3.50	Pretzel	\$2.25
Hot Dog	\$2.75	Tornados	\$1.50
Nachos	\$3.50	(Southwest Chicken or Egg, Sausage & Cheese)	
(with cheese or salsa)		add cheese or salsa	\$.50
Pizza Slice	\$3.50		
(pepperoni or cheese)			

SNACKS

Candy Bars	\$1.00			
Hershey's • KitKat • M&M's Reese's Peanut Butter Cups Skittles • Snickers • Twix				
Air Heads	\$.25	<div style="text-align: center;"> <p style="font-size: small;">lighter ^{THE} side</p> </div>		
Cookie (chocolate chip or snicker doodle)	\$2.00		Applesauce	\$.50
Doritos (Nacho Cheese)	\$1.00		Fruit Cup	\$1.00
Lays Classic Chips	\$1.00		Granola Bar	\$.50
Muffin (chocolate chip or banana nut)	\$1.50		Peanuts	\$1.00
Popcorn	\$1.00	String Cheese	\$.50	
Ring Pop	\$.50	Sunflower Seeds	\$1.00	
Slim Jim	\$1.00	Yogurt	\$.50	
Super Rope Licorice	\$1.00			

DRINKS

Soda	\$2.50		
Dr. Pepper • Diet Dr. Pepper Pepsi • Diet Pepsi Mountain Dew • Diet Mountain Dew Sierra Mist			

FROZEN TREATS

Bomb Pop	\$1.00	Bottled Water	\$2.00
Flavor Ice Pop	\$1.00	Cup of Ice Water	\$.50
Frosty Malt	\$2.00	Gatorade	\$2.50
Ice Cream Sandwich	\$1.00	Hot Chocolate or	\$1.00
Lemon Freeze	\$2.00	Coffee	

Marketing Banners



Worksite Support for Breastfeeding

Key Partners

- LPHAs, WIC, MO Breastfeeding Coalition

Intervention

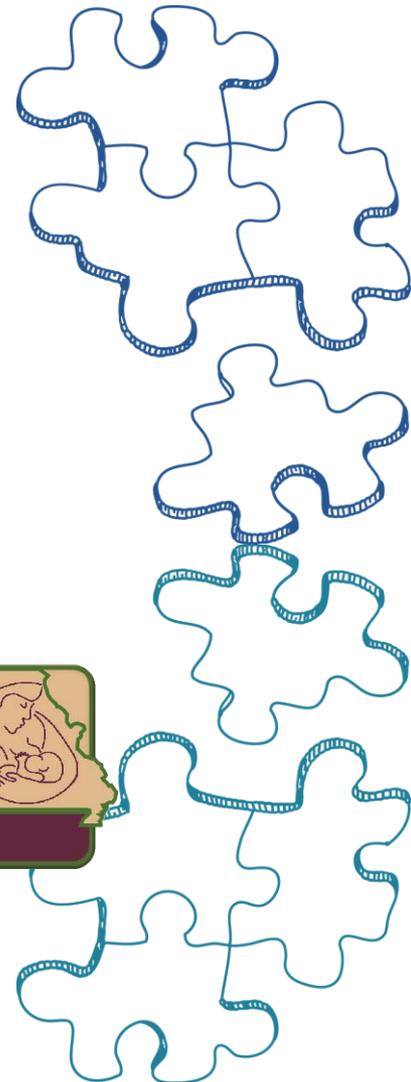
- 96 employers received up to \$500 stipend for changes to support lactating employees
- Outreach materials developed for local partners
- Recognition for meeting standards

Successes

246 employers recognized
114,000 Employees impacted
112 employers at Gold Level



Putting the Pieces Together...



Resources Available to Employers

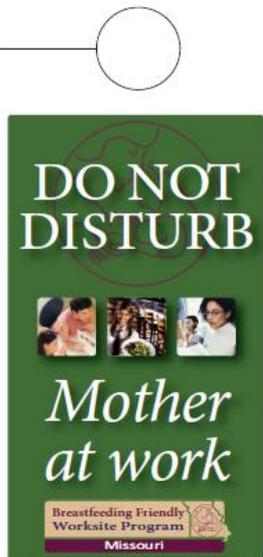
Certificate of Recognition



BREASTFEEDING WELCOME HERE



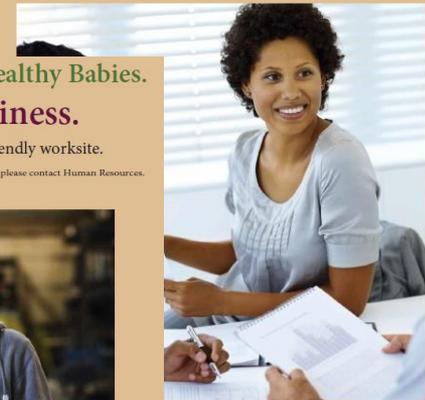
Window Cling



Missouri Department of Health and Senior Services
health.mo.gov/breastfeeding/workplacesupport

Doorknob Signs

Healthy Employees. Healthy Babies.
Healthy Business.
You are in a breastfeeding friendly worksite.
For more information and a copy of our lactation policy please contact Human Resources.



Healthy Employees. Healthy Babies.
Healthy Business.
You are in a breastfeeding friendly worksite.
For more information and a copy of our lactation policy please contact Human Resources.



health.mo.gov/breastfeeding/workplacesupport



Posters

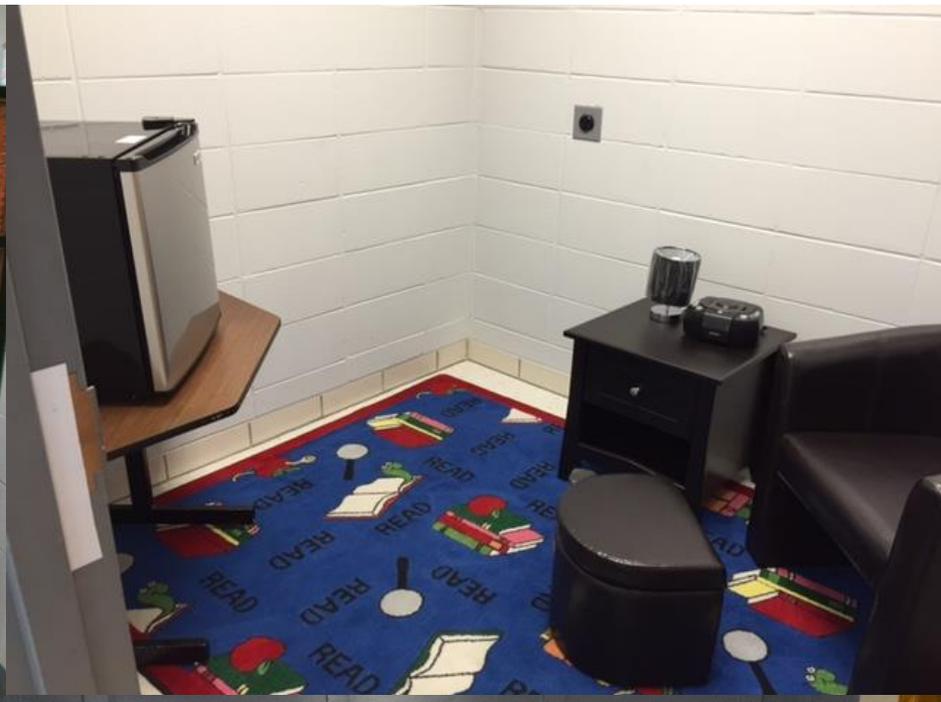
Local Support

Breastfeeding Friendly
Worksite Program



Missouri





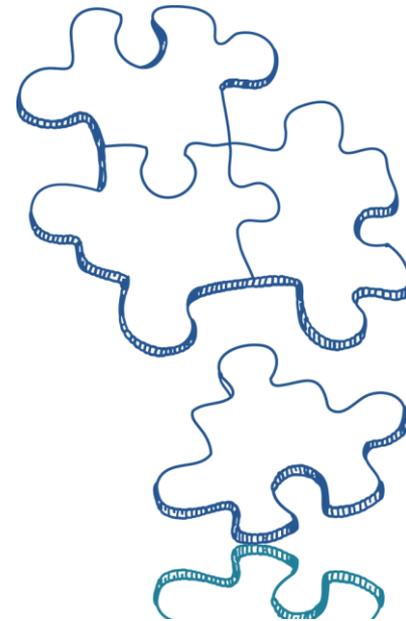
PA in Early Care & Education (ECE)

Key Partners

- Extension, Child Care Aware, CACFP

Intervention

- 20 trainings provided
- 62 centers received intensive coaching services
- Materials and resources



Putting the Pieces Together...

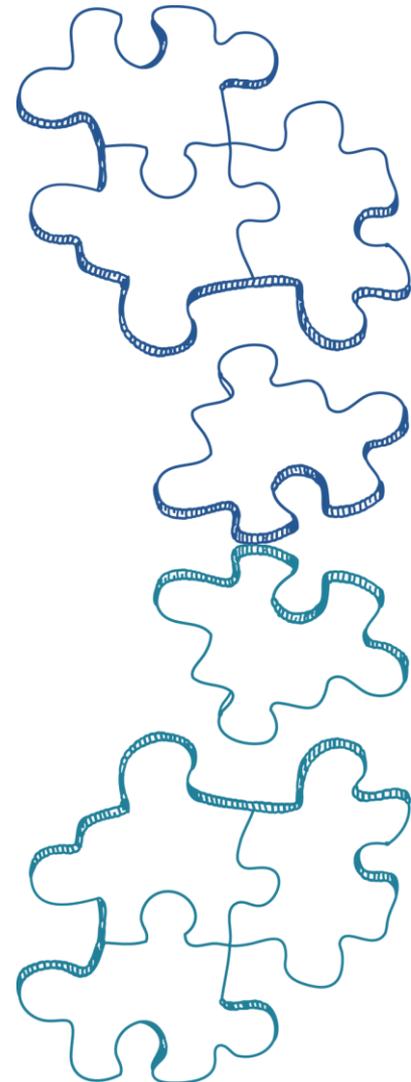


PA in Early Care & Education (ECE)

Successes

- Coached centers (20 hours over 4 mths) saw significant improvements in indicators
- Facilitators identified—onsite staff training, small equipment, self-assessment, coaching
- Barriers—coaching, time, staff resistance, space

Putting the Pieces Together...





Livable Streets



Key Partners

- PedNet, Trailnet, LS Advisory Group, MOCAN, MU-HCRC

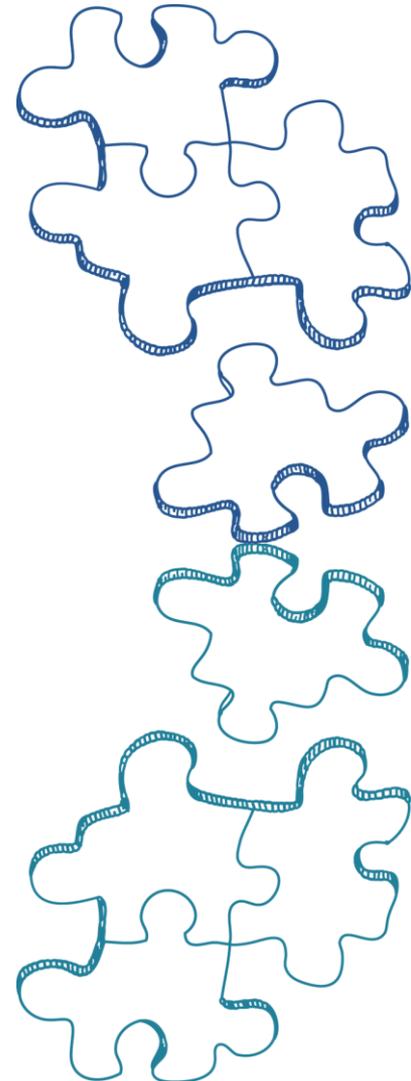
Intervention

- Training, technical assistance

Successes

- Livable Streets resolutions passed

Putting the Pieces Together...



Healthy Schools = Better Learners

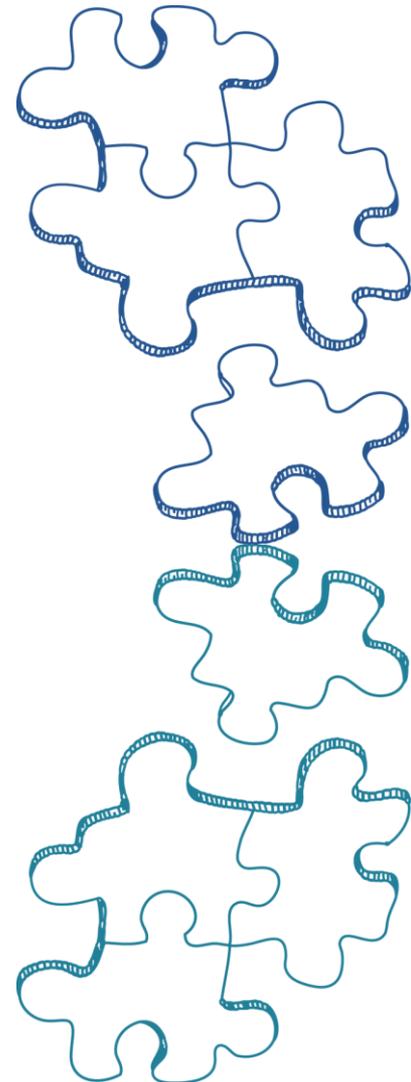
Key Partners

Target LEAs

Recruited 8 target districts based on:

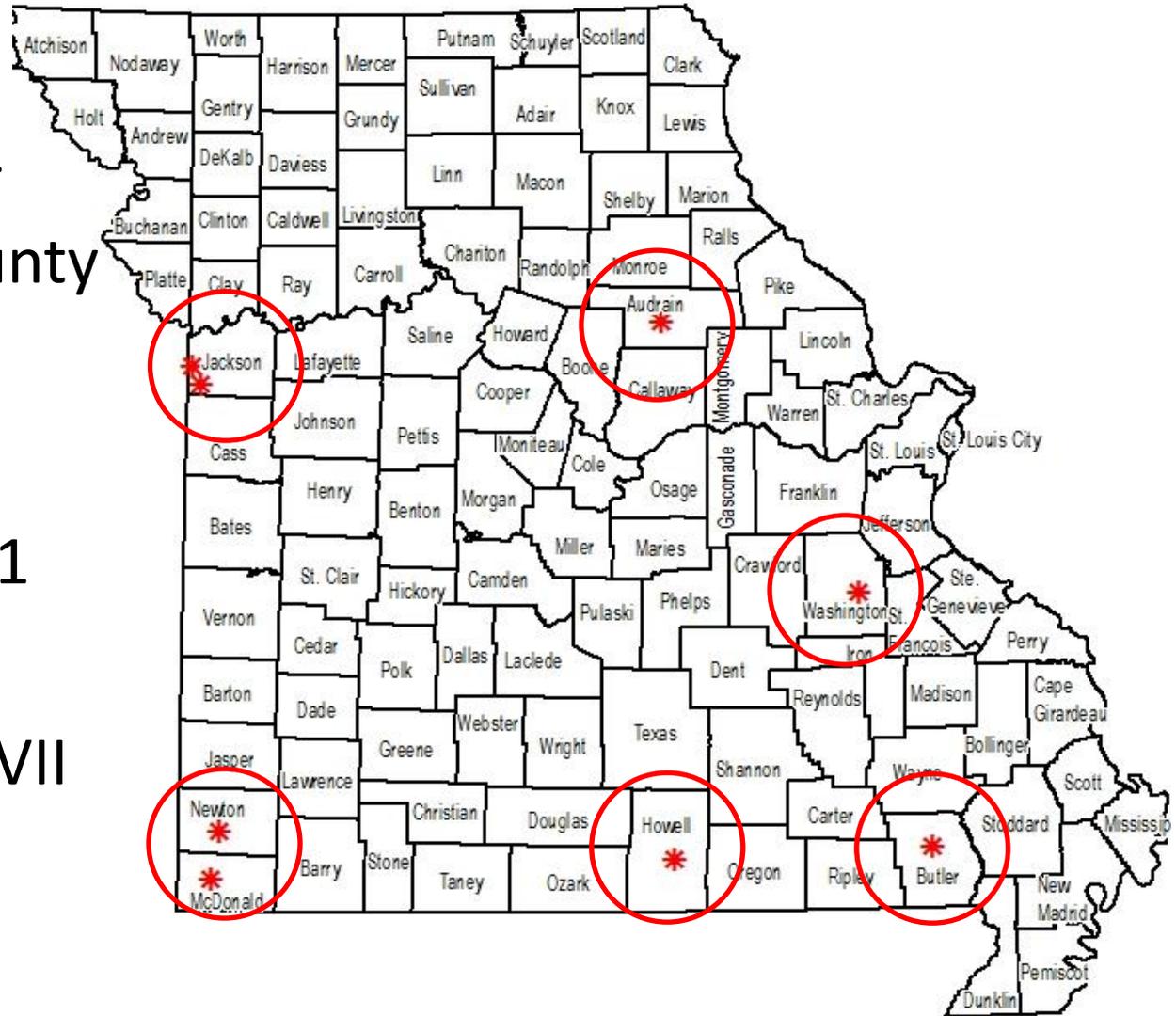
- Poverty— $\geq 60\%$ free/reduced
- District size
- Chronic disease prevalence
- Nursing staff capacity
- Feedback from MSBA, MARE and DESE

Putting the Pieces Together...



Target Districts

- Center 58
- Grandview C-4
- McDonald County
- Mexico 59
- Neosho R-V
- Poplar Bluff R-1
- Potosi R-III
- West Plains R-VII

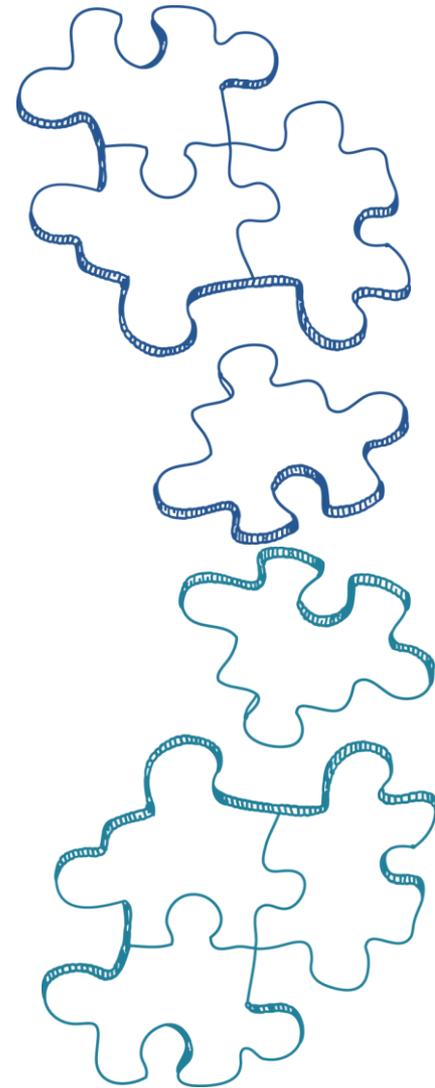


Healthy Students = Better Learners

Intervention

- Complete School Health Index
- Develop action plans
- Implement plans
- Chronic Disease Management
- Provide training and TA

Putting the Pieces Together...

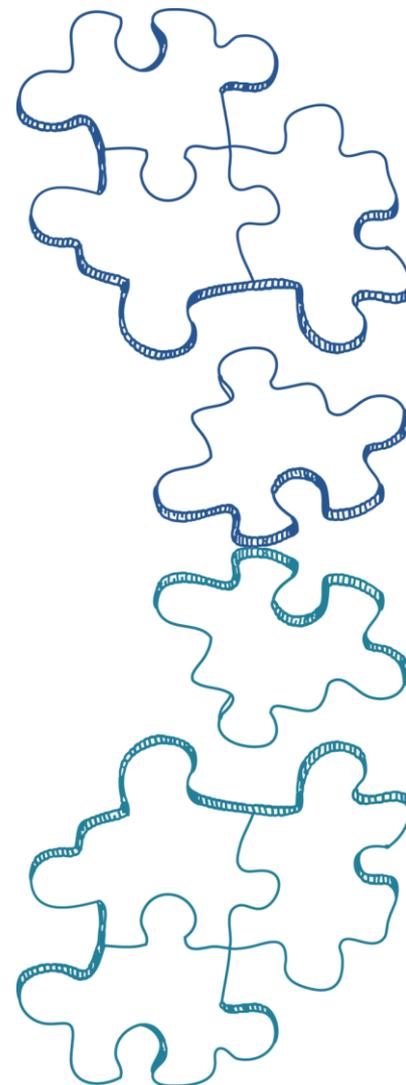


Healthy Schools = Better Learners

Successes

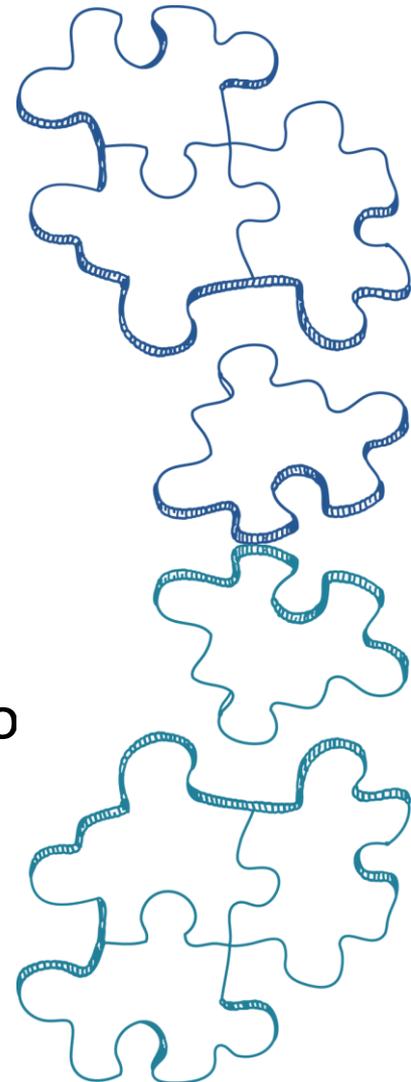
- Professional development opportunities for staff
- Environmental changes such as adding salad bars, water dispensers
- Increased PA opportunities for staff and students (PA in classrooms, walking clubs, workout rooms, etc.)
- Small “p” policy changes

Putting the Pieces Together...



Implement, Policies, Processes and Protocols to Meet the Needs of Children with Chronic Conditions

- Identify and track students with chronic conditions that may require daily or emergency management
- 27,115 students in 8 Target LEAs
 - 562 students
 - 430 with life threatening allergies
 - 81 with Diabetes Mellitus Type 1
 - 51 with Diabetes Mellitus Type 2
 - 516 Emergency Action Plans developed
 - 4,457 staff trained
- Toolkits and professional development related to diabetes, food allergies, epilepsy and motivational interviewing

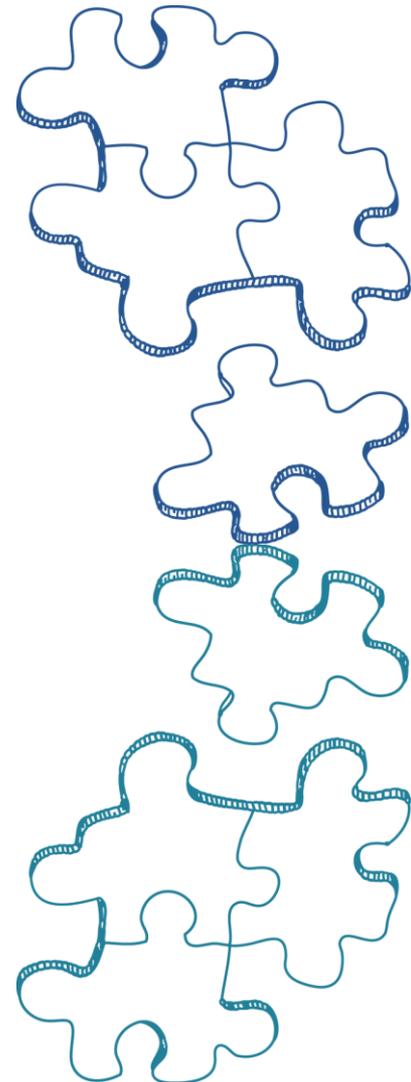


Putting the Pieces Together...

Implement, Policies, Processes and Protocols to Meet the Needs of Children with Chronic Conditions

- Develop protocols that ensure students identified with a chronic condition are enrolled in private or federally funded insurance programs, if eligible
 - 518 with insurance
 - 50 without insurance
 - 8 referral completions

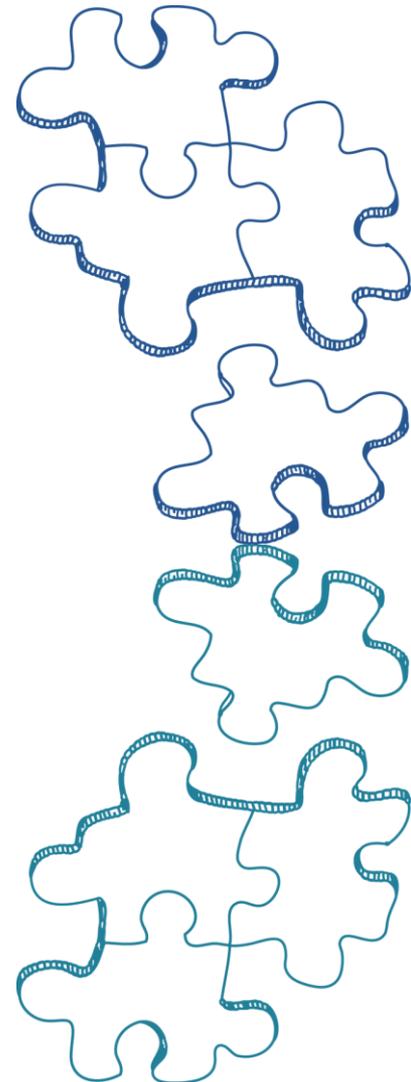
Putting the Pieces Together...



Implement, Policies, Processes and Protocols to Meet the Needs of Children with Chronic Conditions

- Provide assessment, counseling and referrals to community based medical care providers for students on activity, diet and weight related chronic conditions
 - 306 (out of 562) students have medical home as evidenced by CDC definition
 - skilled and knowledgeable HCP working with parent to continuously monitor the child's health status
 - HCP and IHP or other health related plan such as DMMT, AAP or Food Allergy Plan may serve as proxy for medical home

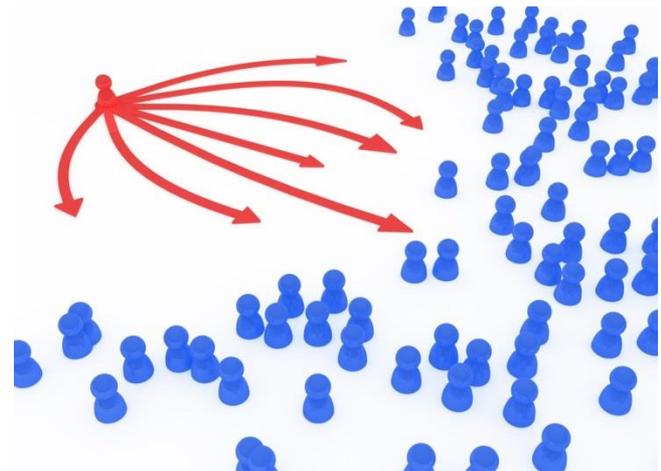
Putting the Pieces Together...



Evaluation: PA in Early Care and Education (ECE)

Reach

- 142 trained
- 62 coached
- 6,199 children indirectly reached in training
- 20 training sessions



Evaluation:

PA in Early Care and Education (ECE)

Key Activities

- Onsite training of staff for two hours
- Completing a self-assessment of physical activity practices
- Writing an action plan



Key Resources

- Kit with balls, beanbags, scarves, and hula hoop
- \$500 reimbursement for PA equipment
- Laminated set of physical activity cards and the MOve Smart workbook

Evaluation: PA in Early Care and Education (ECE)

- **Barriers**

- Not enough coaching
- Poor experience with coaches
- Staff resistance to change
- Lack of necessary equipment and resources
- Facility and space issues
- Difficulty getting follow-up surveys from trained centers (8 of 142)



- **Facilitators**

- Amount of coaching just right
- Great experience with coaches



Evaluation: PA in Early Care and Education (ECE)

- **Overcoming Barriers**

- leadership providing ideas
- writing physical activity policies
- repetition of the new standards
- inadequate facilities improved with \$500 reimbursement
- educating staff through refresher courses.



- **Top areas for improvement**

- More follow-up, refreshers, and continued support from coaches and trainers
- In-depth training and coaching
- Examples and demonstrations

Evaluation: School Health

Reach

- 9 training sessions
- 85% schools trained
- Over 100 school staff members trained
- Over 27,000 students indirectly reached
- 90% confident in using School Health Index (SHI)
- 7 of 8 lead nurses agreed that training and resources helped to write their SHI plans
- 67% schools wrote SHI plans
- 50% schools with plans addressed nutrition environment in 7 of 8 LEAs
- 6 of 8 LEAs had adopted standards on competitive foods available during school day, including on sodium



Evaluation: School Health

Nutrition Environment Changes

- Nutrition environment changes identified and implemented in schools in 7 of 8 LEAs
- Vending machines removed or unhealthy options replaced
- Non-food rewards
- Salad bars installed
- Water consumption, use of water bottles, drinking fountains retrofitted
- DHSS Culinary Skills Institute
- Nutritional newsletters
- Student taste-testing for cafeteria options
- Basic cooking knowledge in PE



Evaluation: School Health



Physical Activity Changes

- Purchasing exercise equipment for students and staff, including for intramurals
- Walking trails and bike lanes
- Middle school PE class daily with emphasis on true exercise
- Instituting brain breaks in classrooms incorporating PA
- Incorporating PA before the start of school day
- Pedometers, civic center passes, and health education curriculum

Evaluation: School Health

Facilitators

- Monetary resources
- 7 of 8 found training materials helpful
- MAP staff training and TA
- School staff participation including lead nurses
- Varieties of foods in school meals
- Clean and bright cafeterias
- Offering both lunch and breakfast
- Allowing adequate time for eating meals
- Carbonated sugary beverages removed from many vending machines



Evaluation: School Health



Barriers

- Allotting adequate time to make nutritional changes
- Lack of sites outside cafeterias offering healthy choices
- No free filtered water in some sites
- Little collaboration with nutrition services and vendors
- Food traditions like birthday cake hard to overcome
- “Replacing chips with oranges” healthier but costlier
- Fundraising food restrictions tough to implement
- Staff unclear on roles
- Some teachers resistant to non-food rewards

Evaluation: School Health

Overcoming Barriers

- Staff, students, and parents involved to make healthy changes
- Active School Health Advisory Committees in the districts
- Making available food options healthier
- Other schools' plans and examples for SHI



Community Health Center - Pharmacist Integration (CHC-PI)

Background

- Partnering with MPCA, MPA, CMT and CHCs
- Adds pharmacist to patient care teams in primary care settings at participating CHCs
- Six Year 2 CHC participants



Community Health Center - Pharmacist Integration (CHC-PI)

Year 3

- 5 participating CHCs
- Potential growth in self-management of high blood pressure among patient participants



Community Health Center - Pharmacist Integration (CHC-PI)

Results

- Defining *medication adherence*
- Patients in adherence with HBP medication
- Patients in adherence with diabetes medication
- Patients with blood sugar level above 9
- Patients with blood pressure under control



Community Health Center - Pharmacist Integration (CHC-PI)

Facilitators

- partnerships with pharmacies
- controlled A1c levels
- fewer ER visits
- fewer monthly trips to the pharmacy
- carrying medication synchronization outside the pilot scope
- EHR streamlining
- internal support within CHCs



Community Health Center - Pharmacist Integration (CHC-PI)

Barriers

- pharmacists as primary care team members
- competing priorities
- establishing pharmacy partnerships
- inadequate time, staffing levels, and/or facility space
- patients wanting to talk about other concerns
- geographic separation of clinics
- mistakes reporting A1c levels to patients
- noncompliance in home monitoring

Community Health Center - Pharmacist Integration (CHC-PI)

Lessons Learned

- MPCA overcame inability to collect patients' HTN and diabetes data electronically by having the pharmacist document patients' medical records in EHRs, and ensured confidentiality compliance

Pharmacist Services Expansion (PSE)

PSE in Years 2 and 3



National Diabetes Prevention Program (NDPP)

Background

- Years 1 and 2
- Media Campaigns



National Diabetes Prevention Program (NDPP)

Recent Progress

- Collaborating with HCRC to promote virtual resources and five NDPP sites through media campaign
- Contract finalized with HCRC
- MAP produced logic model, intervention description, and tentative evaluation



National Diabetes Prevention Program (NDPP)

Activities and Outputs

- Develop strategic communication plan
- Resources for providers and public
- Physician champions
- Conducting strategic communication
- Evaluation



National Diabetes Prevention Program (NDPP)

Outcomes

- Increasing awareness
- Changing behavior of 3 groups: providers, at-risk population, and general public
- Decreased incidence of diabetes
- Decreased prevalence of prediabetes



National Diabetes Prevention Program (NDPP)

Moving Forward

- HCRC strategic communication plan
- Provider education to produce referrals
- Reimbursement and coverage for small local governments and employers
- Mini grants



COMMUNITY HEALTH WORKERS ACTIVITIES

MISSOURI ACTIONS TO PREVENT CHRONIC DISEASE
AND CONTROL RISK FACTORS



ACTIVITIES

- Year 1
 - Needs Assessment
 - Community Health Worker Forum
 - Research Existing Projects

ACTIVITIES

- Year 2
 - Position Paper Approved
 - Hypertension Module
 - Tuition Reimbursement
 - Statewide Community Health Worker Advisory Committee
 - MO HealthNet Pilot Project

ACTIVITIES

- Year 3
 - Expand Tuition Reimbursement
 - Identify Core Competencies
 - Diabetes Module
 - Needs Assessment

ACTIVITIES

- Future
 - Expand Tuition Reimbursement
 - CHWs Part of Health Teams

EVALUATION

Pre-Intervention Status of CHWs

- 7 existing CHW-employing organizations statewide: clinics, non-profits, hospitals, and local health departments
- Top Roles and Services Played by CHWs:
 - 1) Connecting people with medical and non-medical services and programs,
 - 2) Providing health education to groups and individuals,
 - 3) Providing direct health services within their limits (e.g. taking vital signs).
- Sources of Training for CHWs:
 - Hypertension training
 - Diabetes training

EVALUATION

Increasing CHW skills through training

- Why are you interested in taking the CHW course?
 - To increase or refresh knowledge level
 - To add to current job skills
 - To help others in the community
- How will you apply what you learned in the CHW course?
 - To identify community resources for those in need
 - To add to current job skills
 - To help others in the community
- Currently working CHWs
- Currently volunteering CHWs
- Level of education

EVALUATION

Facilitators in promoting CHWs

- 5 CHW employers in KC area
- Participation in MARC CHW Advisory Committee
- Partnering with MO HealthNet, Dept. of Mental Health, health home partners
- MO HealthNet to include 14 CHWs in PCHH program
- Interested community colleges coming to the table

EVALUATION

Barriers in promoting CHWs

- Time and funding
- Sustainability of the CHW project without reimbursement
- Some on Advisory Committee unclear on purpose
- Red tape in state government
- Distances for face-to-face meetings
- Differing needs of populations served

CONTACT INFORMATION

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The Missouri Million Hearts Initiative

A partnership with the following members:
Missouri Department of Health and Senior Services
American Heart Association
Primaris
Missouri Primary Care Association
Missouri State Medical Association
Missouri Nurses Association
Pfizer Pharmaceuticals
Individual Organizations and Members



What the National Initiative Means in Missouri

If successful over five years, it will mean *Million Hearts* will have saved the lives of ***approximately 20,000 Missourians*** enough people to fill up the Scottrade Center in St. Louis or the Sprint Center in Kansas City



Million Hearts[®] - A National Effort

<http://millionhearts.hhs.gov/>

Co-led by the Centers for Disease Control and Prevention (CDC) and Centers for Medicaid & Medicare Services (CMS) with Dept. of Human and Health Services; Public and Private organizations including the AHA

National Goal: Prevent 1 million heart attacks and strokes by 2017

Missouri Million Hearts[®]

http://www.heart.org/HEARTORG/Affiliate/Missouri-Million-Hearts_UCM_458809_SubHomePage.jsp

Missouri Department of Health and Senior Services, AHA, Primaris, Missouri Primary Care Association, Missouri State Medical Association, Missouri Nurses Association, Pfizer Pharmaceuticals, Individual Organizations and Members

State Goal: Prevent 20,000 heart attacks and strokes by 2017



American Heart Association | American Stroke Association[®]

life is why™

Multi-pronged Initiative



Million Hearts® Targets

Changing the Environment

Reduce smoking



By 2017...

The number of American smokers has declined from 26% to 24%

Reduce sodium intake



Americans consume less than 2,900 milligrams of sodium each day

Eliminate trans fat intake



Americans do not consume any artificial trans fat

Stay Connected



http://millionhearts.hhs.gov/be_one_mh.html



[facebook.com/MillionHearts](https://www.facebook.com/MillionHearts)



[twitter.com/@MillionHeartsUS](https://twitter.com/MillionHeartsUS)



millionhearts@cdc.gov

Optimizing Care in the Clinical Setting

Focus on the ABCS



Use health tools and technology



Innovate in care delivery



Aspirin use when appropriate

Of the people who have had a heart attack or stroke, 70% are taking aspirin

Blood pressure control

Of the people who have hypertension, 70% have adequately controlled blood pressure

Cholesterol management

Of the people who have high levels of bad cholesterol, 70% are managing it effectively

Smoking cessation treatment

Of current smokers, 70% get counseling and/or medications to help them quit

Million Hearts® promotes clinical and population-wide targets for the ABCS. The 70% values shown here are clinical targets for people engaged in the health care system. For the U.S. population as a whole, the target is 65% for the ABCS.

Source: millionhearts.hhs.gov

Status of the ABCs in the US

A spirin	People at increased risk of cardiovascular disease who are taking aspirin	47%
B lood pressure (BP)	People with hypertension who have adequately controlled blood pressure	46%
C holesterol	People with high cholesterol who are effectively managed	33%
S moking	People trying to quit smoking who get help	23%

Source: MMWR: Million Hearts: Strategies to Reduce the Prevalence of Leading Cardiovascular Disease Risk Factors --- United States, 2011, Early Release, Vol. 60



Missouri's Urgency for Changing the System

- **Cardiovascular Disease Burden:**

Heart Disease continues to be the leading cause of death in Missouri (14,210 in 2014 ; Heart Attack is 27.1% of all Heart Disease Deaths). Heart Disease is the leading cause of death in US. Stroke is the fifth cause of death in Missouri (3,010 in 2014). Prevalence of Hypertension in Missouri is 32.0% in the general population and 39.8% in the African-American population. (2013)

- **Behavioral Risk Factor Surveillance System (BRFSS)**

Data:

Missouri's prevalence of smoking, physical inactivity, inadequate fruit and vegetable consumption, obesity, hypertension, high cholesterol and diabetes are all higher than the U.S. average.



Missouri's Urgency for Changing the System

- **Dr. Shumei Yun, Chronic Disease Epidemiologist, Missouri Department of Health and Senior Services:**

“ The medical costs for treating chronic diseases are a burden on the state’s economy and will increase as the population ages. Prevention and control of chronic diseases is essential to the physical and economic health of Missourians.”

The Burden of Chronic Diseases in Missouri: Progress and Challenges Missouri Medicine | November/December 2013 | 110:6 | 505



Prevalence of Heart Disease Risk Factors, Missouri, 2011-2014

Year	Current Smoker	BP	HCL	Heart Attack	Stroke
2011	25.0	34.3	40.4	4.7	3.6
2012	23.9	32.8	38.8	5.0	3.5
2013	22.1	32.0	38.8	5.4	3.2
2014	20.6	32.0	38.8	5.4	3.7

Note: Since the weighting methodology changed beginning with the 2011 BRFSS data you cannot compare prevalence estimates of prior years (2010, 2009, etc.) with 2011 onward.



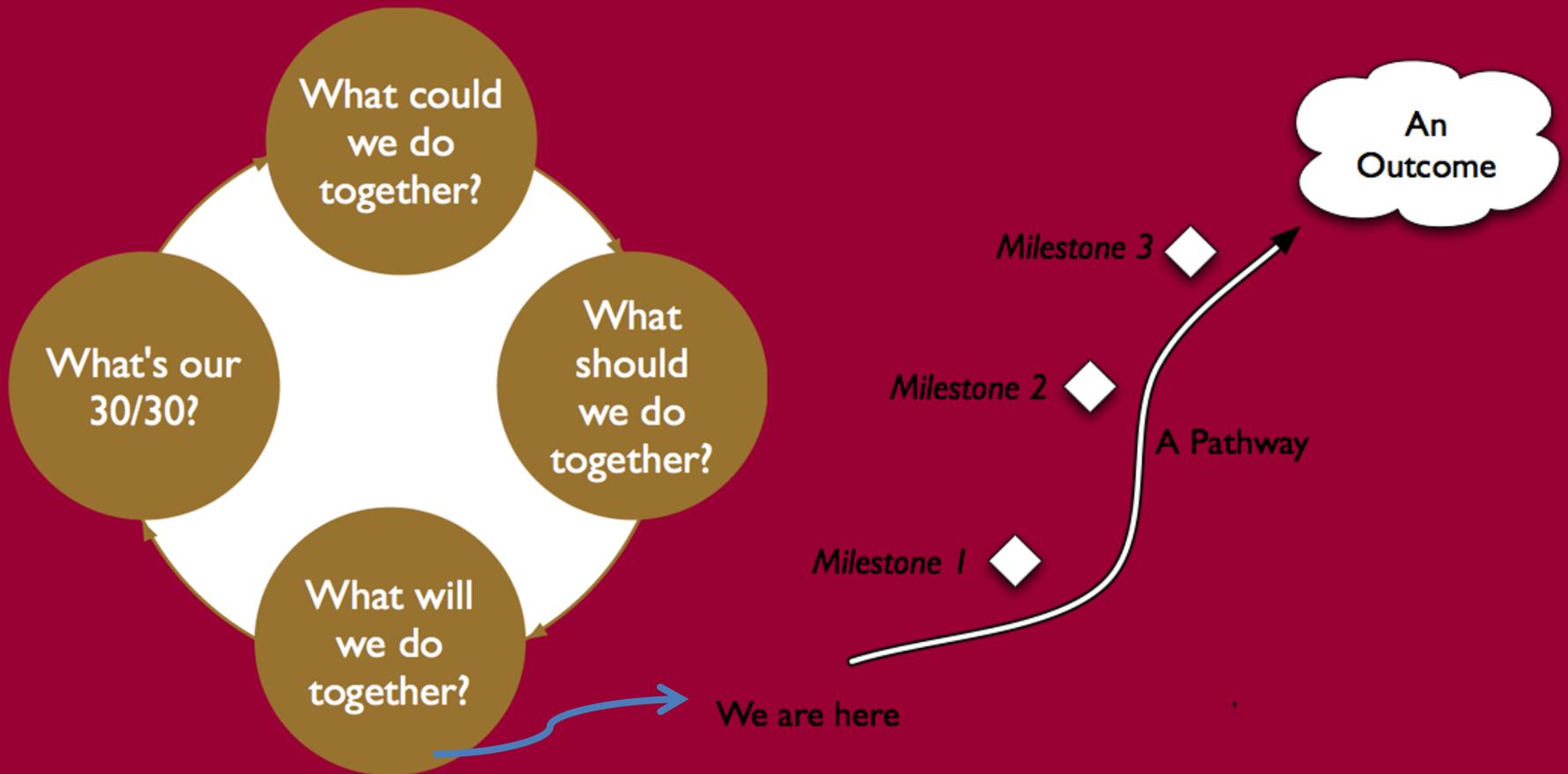
Missouri Million Hearts Partnership- A Collective Impact Approach

- Strong Supporting Organization
- Common Agenda - Utilized Strategic Doing Action Planning: Designed for Voluntary Networks Comprised of Volunteers
- Mutually Supportive Activities: Implementation Teams
 - Community Engagement
 - Patient Engagement Team
 - Communications (Messaging and Advocacy)
 - Community/Regional MO Million Hearts Chapters
 - MO Million Hearts Data Group
 - Evaluation
- Continuous Communication

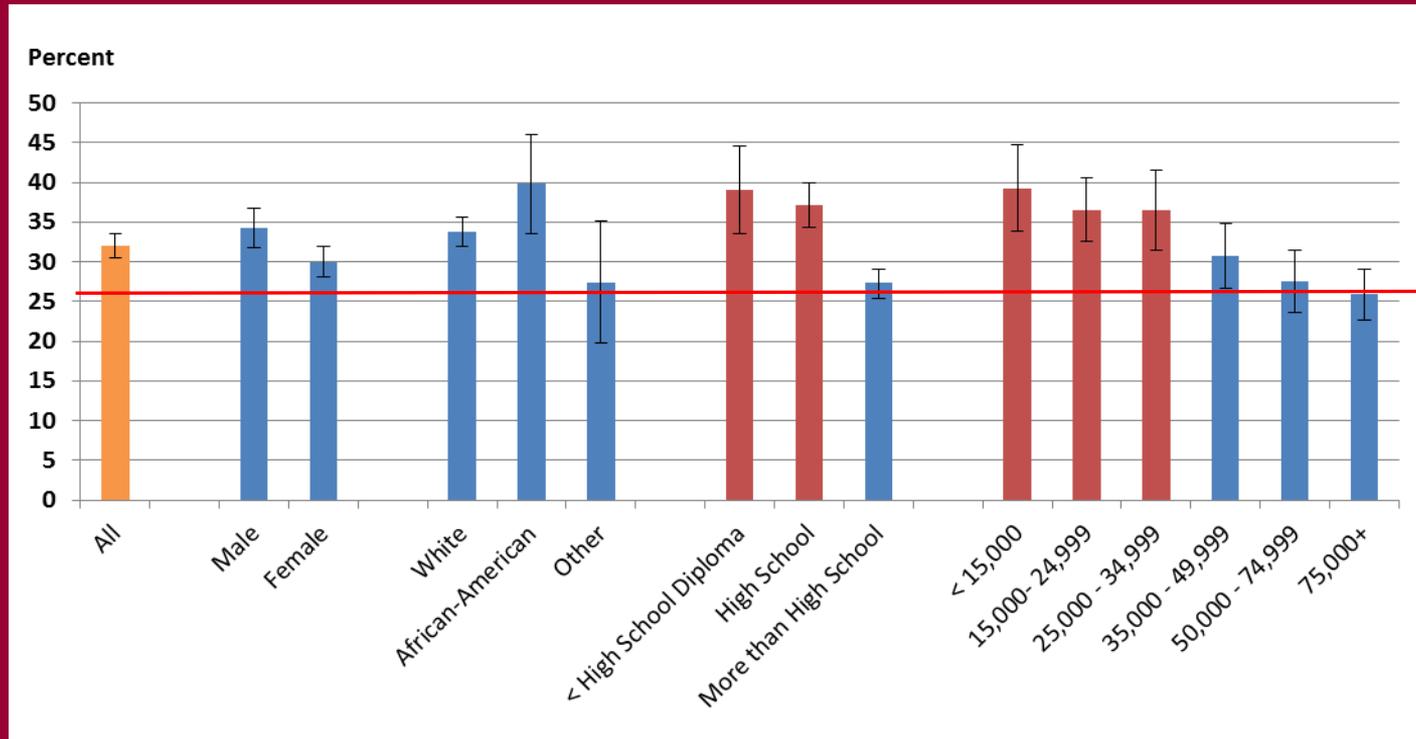


STRATEGIC DOING ACTION PLANNING:

Defines a clear pathway with initiatives and action plans



Prevalence of High Blood Pressure by Demographic Characteristics, Missouri, 2013



Red line is Healthy People 2020 Target

Red bars indicate HBP prevalence is significantly higher than one or more groups



Missouri Million Hearts[®] Implementation Teams

Strategic Focus for 2015/2016: Blood Pressure Awareness and Control

Provider Engagement	<ul style="list-style-type: none">• Provider Champions• Standardized protocol and training to measure BP
Patient Engagement	<ul style="list-style-type: none">• Develop plain-language and culturally-relevant materials to improve patient engagement
Community Engagement: Check. Change. Control	<ul style="list-style-type: none">• Promote health equity and address disparities in access to medical services
Communications (Messaging and Advocacy)	<ul style="list-style-type: none">• Develop communication and messaging kits
<i>Million Hearts Data Group, Evaluation</i>	<ul style="list-style-type: none">• Monitor progress towards milestones
Regional Million Hearts	<ul style="list-style-type: none">• To help promote and coordinate activities at the local level

Source: 2015/2016 MO Million Hearts Strategic Doing Action Plan

Missouri Million Hearts Partnership- A Collective Impact Approach

- Community Engagement



The purpose is to improve control of high blood pressure and other related chronic diseases (diabetes for example), and reduce the burden of health disparities among African-Americans, to help achieve the goal of improving cardiovascular health by 20%, while reducing cardiovascular mortality by 20% by 2020 (AHA 2020 Impact Goal)



Missouri Million Hearts Partnership- A Collective Impact Approach

- Patient Engagement: Guiding Principles
 - Health Literacy
 - Shared Decision-Making
 - Quality Improvement



- The goal is to develop plain-language and culturally-relevant educational and informational materials to improve patient engagement in the management of high blood pressure.

Missouri Million Hearts Partnership- A Collective Impact Approach

- Barriers to Partnership Effectiveness:
 - Public and Stakeholder Awareness
 - Communications Infrastructure
 - Provider Engagement/Utilization of the ABCS of heart disease and stroke prevention
 - Community Engagement
 - Health System Participation
 - Sustained Funding
 - Evaluation



Missouri Million Hearts Partnership- A Collective Impact Approach

- Strategies for Enhancing Partnership Effectiveness:
 - Building Website
www.heart.org/momillionhearts
 - Stakeholder Workshop
 - Flyer for Community/Stakeholder Engagement
 - CME Program on Self-Managed Blood Pressure with Clinical Support



Missouri Million Hearts Partnership- A Collective Impact Approach

- Strategies for Enhancing Partnership Effectiveness:
 - Development/Support of Provider Champions
 - Development of Community/Regional Million Hearts Chapters
 - Targeted promotion to Hospitals and Health Systems Facing Penalties for Readmissions
 - Linking and Leveraging Resources from Insurance Companies and Foundations



Thank You for Your Attention! Questions?

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