Transforming the Future of Public Health in Missouri (#HealthierMO)  
**Key Points for LPHAs**

**What is the transformation project?**

#HealthierMO – Transforming the Future of Public Health in Missouri is a statewide grassroots initiative to transform the broad public health system into a stronger, **more sustainable system** that is culturally relevant and responsive to the challenges of Missouri’s diverse communities, so that every Missouri resident has the opportunity for a healthier life.

**Why is transformation needed?**

Missouri currently **ranks 40th in the nation on key public health indicators**, and things are getting worse. Since United Health Foundation published their first America’s Health Rankings Annual Report in 1990 to their latest report in 2017, Missouri has dropped in rank from 24th to 40th. Change is needed NOW!

Missouri ranks in the **lowest 10 states in the nation in health indicators** like adult smoking, violent crime, cancer deaths, cardiovascular deaths, and child and adolescent immunizations.1 In just one year (2016 – 2017), Missouri dropped three ranks from 37th to 40th.

Missouri has **great diversity from county to county** in access to care, health insurance status, food environments, and opportunities for physical exercise2, such that a person’s **zip code is often a stronger indicator of their health status** than their genetics or family history.3 (Enter zip codes in your county and neighboring counties to demonstrate differences.)

Missouri ranks in the **bottom 10 states on overall health system performance**.4

Compared to all states and the District of Columbia, **Missouri ranks 44th on specific areas:**

- Prevention and Treatment
- Avoidable Hospital Use and Cost

**Missouri ranks last (51st) in Disparity**, ranking among the lowest 12 states on several indicators:4

- Children age 19 – 35 months without all recommended vaccines
- Children without a medical and dental preventive care visit
- Children without a medical home
- Hospital admissions for pediatric asthma
- Adults who went without care because of cost
- Adults without a dental visit
- Adults who have lost six or more teeth
- Adults who smoke
- Adults without all recommended cancer screenings
- Adults without all recommended vaccines
- Adults who report fair/poor health
- Medicare beneficiaries who received a high-risk drug
Missouri ranks 49th in per capita public health funding, allocating only $5.88 per person out of general revenue for public health programs and services. Only Nevada allocates less at $4.23 per person.\(^5\)

Missouri spends nearly $7,000 per person in health care costs each year, exceeding more than half of the other states' spending on health care costs.\(^6\)

### Funding for public health varies from county to county

- Local per capita public health funding varies dramatically from county to county, ranging from $8.15 to $175.60 per county resident each year. \((Localize\ to\ your\ county\ and\ compare\ what\ is\ spent\ on\ public\ health\ to\ things\ people\ spend\ on\ without\ even\ thinking,\ like\ a\ cell\ phone\ bill,\ gas\ for\ the\ car,\ or\ a\ dinner\ out.)\)
  - The majority of Missouri's local public health agencies are formed under a Board of Trustees and are funded by a local mil tax.
    - Mil tax rates range across the state from 0.0444 to 0.3883 on $1,000 of assessed property value.
    - Depending which county they live in, a person with a $100,000 home pays between $4.44 to $38.83 a year for public health services that protect the entire community. That compares to the cost of a cup of coffee and a donut, up to a half a tank of gas. \((Localize\ this\ to\ your\ county.)\)
    - From 2004—2016, the average mil tax only increased from 0.1351 to 0.1413. Some counties haven’t had an increase in years. \((Localize\ this\ to\ your\ county.)\)
  - County health departments formed under a County Commission are funded through a line item in their county’s budget.

For every dollar Missouri spent on tobacco prevention in FY2018, the tobacco companies spent $6,849.50 to promote their products in Missouri. In fiscal year 2018 Missouri only spent $48,500 on tobacco cessation and prevention programs, ranking 49th in the nation.\(^7\)

### How will the #HealthierMO initiative transform public health?

Every Missouri resident deserves to have access to foundational public health services. The initiative is working to build a stronger, more culturally relevant and collaborative public health system where every LPHA is able to provide fundamental services that positively impact health outcomes for their residents.
The initiative recognizes that needs are different from county to county, and that one-size-fits-all solutions will not fit Missouri.

- The initiative seeks to engage stakeholders at every level in open dialogue with transparency in order to build trust and consensus toward a shared vision for developing a stronger public health system in Missouri.
- It cares about our local issues, our concerns, our values, and our ideas.
- It will be responsive to our feedback, incorporating our ideas and reflecting our values.

The initiative will draw on a strong collaborative effort from key stakeholders across Missouri that influence or are impacted by public health.

- This will result in a stronger, more unified voice for public health.
- This group will change and grow over time, but will continue to move toward a shared vision.

In Phase I (through Aug 2018), the initiative has two main goals:

**Goal 1: Identify Public Health System Stakeholders, Leaders, and Vision**

**Objective 1.1:** Convene a Transformation of the Public Health System (#HealthierMO) in Missouri Stakeholders meeting to identify sectors to include in the TFPH Advisory Council membership.

Action: This was completed March 1. Input from that meeting is being integrated on an ongoing basis.

**Objective 1.2:** Conduct two sessions with the TFPH Advisory Council and three meetings with the TFPH Executive Committee to develop the vision for action planning for the project.

Action: The Advisory Council was named April 27, 2018 and is set to meet May 11 and June 14, 2018.

**Objective 1.3:** Establish a plan for Phase 2’s comprehensive system review.

Action: This will be based on Advisory Council discussion and recommendations.

**Objective 1.4:** Develop a proposal for “Phase 2: Design and Prepare for Implementation”.

Action: This will be based on Advisory Council recommendations and work from committees and initiative staff.

**Objective 1.5:** Develop and implement a communication strategy for the TFPH project.

Action: The initiative has a webpage www.HealthierMO.org and is on Facebook @HealthierMO and Twitter @aHealthierMO. It also sends out a weekly e-mail update called #HealthierMO Today on Friday mornings. Subscriptions are open to anyone at www.HealthierMO.org.
Goal 2: Public Health Professional Organization Alignment

Objective 2.1: Develop a plan of action for the reorganization of Missouri’s professional public health organizations.

Action: The group has met four times in the first year of the project, vocally confirming their commitment to the initiative, and to considering an alignment of their organizations for the purposes of creating a stronger voice for public health and supporting transformation efforts. They developed a mission and a vision statement and are defining goals around their four mission areas: collaboration, communication, workforce development, and advocacy.

How will #HealthierMO build on previous efforts to improve the public health system?

More than 120 public health stakeholders from across Missouri attended the March 1 Stakeholder Convening Session, including approximately 60 LPHA representatives.

- Evaluation data showed participants are largely engaged, enthusiastic, and optimistic, generally believing that the #HealthierMO initiative holds promise.
- About half of attendees (56) completed a post-event survey, and 100% of those who completed the survey said the benefits of participating in the initiative exceeded or greatly exceeded the drawbacks (90%), or that the benefits and drawbacks were equal (10%).
- Most respondents (85%) said they were completely or mostly satisfied with how well partners are working together on the initiative.

The initiative has the support of Missouri’s leading professional organizations focused on public health.

- They have met four times in this first year of the project, continually reaffirming long-term commitment to collaboration.
- They developed a mission and vision statement, and are developing goals for Phase II focused around their four mission areas: collaboration, communication, workforce development, and advocacy.
- They have already begun working together to support the initiative and improve public health in Missouri.

The initiative is committed to long-term, systematic change, rather than a quick fix.

- It has formed an Advisory Council to form recommendations for moving forward.
- It has received strong support from Missouri’s leading foundations for continued funding.

*Disparity does not include racial or ethnic disparity. It measures performance differences associated with individuals’ income level, comparing the state’s low-income population (generally under 200% of the federal poverty level) and higher-income population (generally over 400% of the federal poverty level). Ranking are based on the relative magnitude of the resulting disparities in performance under 19 indicators.*
#HealthierMO Key Points for LPHAs

Sources:

   [https://www.americashealthrankings.org/learn/reports/2017-annual-report](https://www.americashealthrankings.org/learn/reports/2017-annual-report)

2. Missouri Foundation for Health and MHA Health Institute, ExploreMOHealth database
   [https://exploremohealth.org/](https://exploremohealth.org/)
   (explore local health data by county or zip code, build a local community health assessment)


   (Overall performance, pg 30 – 31; Disparity, pg 51 – 52; Disparity detail by indicator, pg 53 – 55)

