



Missouri Effective Practice Project Programs and Interventions



1. **Title of Idea** A Heart Healthy Coalition: An Ecological Approach to Community Health
2. **Knowledge Domain** Community Health
3. **Essential Service** Diagnose and investigate health problems and health hazards in the community
4. **Operational Definition** Monitor health status and understand health issues facing the community.
5. **Rationale**

Chronic diseases remain a major threat to health in rural Missouri. The solution must contain both individual health messages and education and a supportive environment and policy changes. Without an environmental support, change will not happen and we will just keep doing the same thing.

“Our residents live more than 30 minutes from any fitness center/trail area, so providing access to a low-cost, safe environments for physical activity for the whole family has proven to be popular and effective in our attempts to meet Healthy People 2010 guidelines.” ---*something like this...didn't really like the first quote, tweak however you need to.*

This program was done in 2003 and funding was received from the Missouri Foundation for Health for 3 years. Counties included were Shelby, Knox, Scotland, and Clark.
6. **Needs Assessment - Describe: (a) how need for program was determined and source of program (new data, existing data, focus group, census data, surveys, patient records, reports, etc.; (b) cost of needs assessment; (c) challenges to the needs assessments; (d) top three findings from the needs assessments.**

We had a goal of collecting 50% of the worksite inventories. About 73% of the worksites returned them. This allowed us to determine the environmental changes needing to change and understand the context in which the employees worked. Results included policy and environmental needs regarding tobacco use, physical activity and nutrition.

Screenings were conducted in each county during fall 2004 and spring. Screenings were conducted again in the fall of 2005.

 - 61% of those screened had never used tobacco products; 4% used products regularly on a daily basis and did not intend to quit; 10% used product regularly but had been thinking of quitting; none used replacement therapy at the time of the screening, 2% had quit fewer than 6 months ago and 21% had quit greater than six months ago.
 - 28% had elevated fasting blood sugars.
 - 11% of those screened report that they do not consume the suggested 5 servings of fruits and vegetables a day on a regular basis, and don't intend to start.
 - 400 people had high values for cholesterol. The prevalence was much higher than other reports by the state.
7. **Program Design**

We decided that individual education and environmental change was needed and for 2 years conducted lunch and learns nutrition education, supported farmer's markets, changed vending machines, encouraged changes at worksites for exercise and nutrition. We sat in grocery stores and educated people about food choices and worked with the grocery stores to have the foods available. Individual choice is not enough; you must have opportunity for action. We also put a walking trail in our town. This was a benchmark activity. This may not be a big deal for larger cities, but in rural northeast Missouri, it causes cultural change.

7. Impact and Outcome Evaluation - Describe: (a) type of study conducted (e. g., pre and post study, non-random design, or randomized design); (b) details about study design (e.g., instruments used, statistics and analysis used, methods of data collection, number of clients/subjects, variables; (c) cost of evaluation; (d) additional information.

- Increased the participant stage of readiness for meeting the Surgeon General's recommendations for physical activity
- For nutrition the 25% goal was met and exceeded at 37% for fruits and vegetable consumption
- Tobacco consumption goals were not (3%). –check this idea, I am sure the level of tobacco use and second hand smoke exposure was already very low, and so not addressed in this project--as Project Smokebusters was operating in the same counties.

Some of the outcomes were supported by the following:

- Look for faces in the community who aren't professional. Citizens will just think "that's there job to do these things." If a citizen joins your group, it has much more impact.
- One of the major barriers is that funders believe county health is "controlled" and completely funded by the State. That isn't the case. We are independent operators. We do get funding, but it's not total operational expenses.

"Northeast Missouri is the only region without a district health office through the state, so we as local health administrators meet monthly to support one another. In addition, funds are tight so we avoid "replicating the wheel, if projects are effective and have positive outcomes, we share that information with our neighbors and often projects are replicated.....our lpha network is cohesive and productive...."

8. Name of LHD and contact information

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