



2023 Bollinger County

**COMMUNITY
HEALTH
IMPROVEMENT
PLAN**

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Members of the Community MAPP Team

Amber Mock	Juanita Welker
Ashley Imhoff	Julie Elfrink
Bethany Friese	Kathy Venneman
Betsy VanGennip	Katie Lindsey
Cortney Cox	Kevin Cooper
Emily McCormick	Lucy Welker
Erin Cook	Masey Hengst
Jessica Peters	Stephanie Wall

Funding for this assessment was made possible through funds from the Missouri Department of Health and Senior Services (DHSS). DHSS received funding from the Centers for Disease Control and Prevention (CDC) National Initiative to Address COVID-19 Health Disparities Among populations and Rural Communities. The project is titled the Statewide Health Disparities Initiative. The local title of the project is the Health and Wellness Community Project. The timeline for the project is from May 2022 to May 2023.

Executive Summary

The Bollinger County Community Health Improvement Plan (CHIP) was designed by the Community MAPP Team from March 2022 to May 2023. The team worked through six phases including organizing, visioning, assessment, strategic initiatives, goals and objectives, and action planning. On April 25, 2023, the team reviewed all data collected during MAPP and selected Strategic 1 Behavioral Health, Strategic Issue 2 Emergency Preparedness, and Strategic Issue 3 Livability and Health Promotion. The Behavioral Health initiative includes the interventions of an assessment designed to assess, reflect, and take action on school climate and a speaker supporting the message that “mental health is health”, a campaign, “Talk. They hear you” with a parent mobile app, Screen 4 Success app, and the 5 Conversation Goals between parents and children will be implemented. The Emergency Preparedness and Communication initiative includes an electronic education/awareness/skills campaign for youth on family emergency readiness, an education presentation to youth about readiness and communication, an emergency toolkit selected for businesses to increase their disaster readiness capacity. Another intervention will be the selection of a new technology designed to send emergency mass communication quickly and reliably to the public before, during, and after a disaster. The Livability and Health Promotion initiative includes the construction of a Storybook Trail in the community, which will be planned and developed for residents to walk, read, and connect with others. The trail will be about a mile long and include twelve posts with pages of an approved book for reading as walkers travel along the trail. The CHIPIT will also plan a Wellness Fair for the community and include information, screenings, and activities. The Community MAPP Team becomes the Bollinger County CHIP Implementation Team (CHIPIT). CHIPIT includes the Bollinger County Health Center (BCHC) and the partners engaged during MAPP. The CHIPIT is responsible for implementing the CHIP. BCHC will provide oversight and assure the CHIP is implemented and evaluated. There is a planning phase from June 2023 to December 2023. The implementation and evaluation phases are from January 2024 to December 2028.

In Context

The COVID-19 Pandemic

On December 31, 2019, the world was thrown into peril with the identification of a new virus, COVID-19 (Corona Virus 2019). Life changed as we knew it. The virus officially entered pandemic status on March 11, 2020 by the World Health Organization. ¹ The public health system worked tirelessly on the front lines to prevent and treat this pandemic. Data by geographic region is presented below:

World: To date,² 764,474,387 people across the world have contracted the virus and 6,915,286 have died from the virus. ³

United States: There have been 103,081,453 cases and 1,121,819 deaths.

Missouri: There have been 1,777,380 cumulative cases and 22,870 deaths.

Bollinger County:⁴ There have been 3,260 confirmed cases and 48 deaths. ⁵

The April 5, 2023 Tornado in Bollinger County, Missouri

In the last days of the pandemic, on April 5, 2023, at 3:30 a.m., Bollinger County was in the path of an F2 and F3 tornado. The FEMA safe room at Bollinger County Health Center was opened to provide shelter for residents when the tornado warning was issued for Marble Hill. The villages of Grassy and Glenallen, and Scopus, Missouri in the central portion of Bollinger County, were the hardest hit. Five residents from one family lost their lives; five others were injured. Emergency management and first responders were on the frontlines for search and rescue and to assess the damage. In the aftermath of the devastation, volunteers served food, and provided water and other essentials to those affected. BCHC provided resources for residents, such as birth certificates, immunization records, WIC food replacement, and emergency supplies. The Multi-Agency Resource Center (MARC) was held at the safe room one week after the tornado to provide assistance for tornado victims from more than 20 agencies. Within three weeks after the tornado on April 25, 2023, staff and partners of the MAPP process convened to review data, prioritize strategic directions and prepare to craft the Community Health Improvement Plan. Currently, the Bollinger County Health Department and partners are developing a long-term recovery plan for this disaster.

¹ Centers for Disease Control and Prevention. (2023). *CDC museum COVID-19 timeline*. <https://www.cdc.gov/museum/timeline/covid19.html>

² April 29, 2023

³ World Health Organization . (2023). *WHO coronavirus (COVID-19) Dashboard*. <https://covid19.who.int/>

⁴ March 10, 2023

⁵ Johns Hopkins University. (2023). *COVID-19 status report: Bollinger, Missouri*. <https://bao.arcgis.com/covid-19/jhu/county/29017.html>

Part 1. About Bollinger County, Missouri

Bollinger County is located in the Midwest of the United States (Figure 3) and as shown in Figure 1, in southeast Missouri (TUBS, 2011).

Bollinger county gets its name from George Frederick Bollinger who settled in the area in 1800 (Eaton, 1916). The United States took ownership from France in 1803, known as the Louisiana Purchase. Bollinger County was established March 1, 1851. The county has a total area of 621 square miles of which 3.3 square miles is water. The county borders other counties: Perry, Cape Girardeau, Stoddard, Wayne and Madison. The geography of Bollinger County ranges from flatlands in the south to hills in the north (U.S. Census Bureau, 2012).

The major cities within the County are Marble Hill. The county seat is Marble Hill. Villages include Glen Allen, Sedgewickville, and Zalma. There are about 29 unincorporated communities.

The total population in Bollinger County is 10,567 (U.S. Census Bureau, 2021a). The Rural-Urban Continuum Code is 3, which is a metro defined as counties of fewer than 250,000 population (U.S. Department of Agriculture, 2022a). Demographically, the gender ratio is 50% male and 50% female (U.S. Census Bureau, 2022c).



Figure 1

Bollinger County is known as being the home to the “Missouri Dinosaur”, a duck-billed hadrosaur.

Part 2. Phases of the MAPP

The MAPP or Mobilizing for Action in Planning and Partnerships was used as the framework to determine strategic initiatives and improve community health. The MAPP was initiated in May 2022 in Bollinger County. The MAPP (Mobilizing for Action with Planning and Partnerships) engages community partners from a variety of sectors, such as health care, emergency management, education, law enforcement, business, academic and other important community members.

MAPP is a way of bringing everyone’s collective wisdom together. By gathering all of the assets and resources within the community, the community is able to determine how best to use all of the wisdom to create a healthier community. Such a paradigm shift means that MAPP is a new way of doing business. MAPP is illustrated in Figure 2. Note the processes of organizing for success, developing a partnership, visioning, identifying strategic issues, formulating goals and strategies, and action are surrounded by the very important features of data through a community health assessment, forces of change assessment, community themes and strengths assessment, and a local public health system assessment.



Figure 2

MAPP is a paradigm shift in how we think about public health planning. It is a shift from operational to strategic planning; from a focus on the agency to a focus on the community and the entire public health system; from needs assessment to an emphasis on assets and resources; from a medically or service oriented model to a model that encompasses a broad definition of health; and from an “agency knows all” perspective to the belief that “everyone knows something.”

Bollinger County Health Center will provide overall leadership for the project from first meeting to implementation and evaluation of the community health improvement plan (CHIP). We commissioned Dr. Beverly Triana-Tremain, President and Owner of Public Health Consulting, to provide consultation to this process. She facilitated all meetings,

organized data collection methods, analyzed data, and provided organization, templates, and direction for Community MAPP Team and subsequent writing of the Community Health Improvement Plan (CHIP).

The MAPP has six phases that begin with organizing, partnership development, visioning, assessments, identification of strategic issues, goals, strategies, objectives, and action. Note the entire process is informed by assessments (arrows surrounding the phases).

Our Community MAPP Team used a series of virtual calls, emails, and in-person meetings to complete the phases. Figure 3 shows the timeline and major milestones of our MAPP Team.

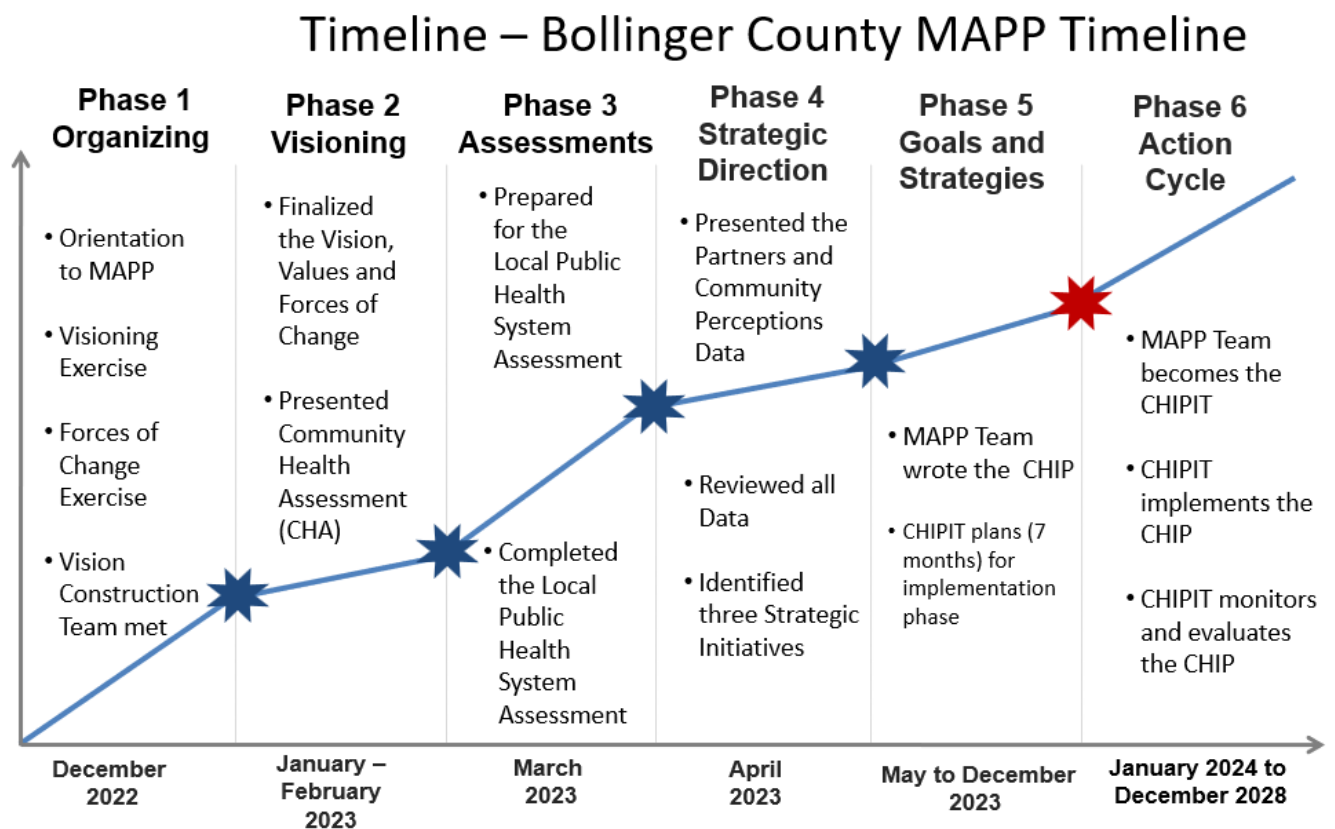


Figure 3

Phase 1 Organize for Success

The first phase of MAPP involves two critical and interrelated activities: organizing the planning process and developing the planning partnership. The purpose of this phase is to structure a planning process that builds commitment, engages participants as active partners, uses participants' time well, and results in a plan that can be realistically implemented. Partners are recruited from the community and join together to become a MAPP Team and commit to community change.

Phase 2 Visioning

Visioning, the second phase of MAPP, guides the community through a collaborative, creative process that leads to a shared community vision and common values. Visioning offers a useful mechanism for convening the community and building enthusiasm for the process, setting the stage for planning, and providing a common framework throughout subsequent phases. Partners determine what they want their community to look like going forward in time by asking these questions:

1. What does a healthy community mean to you?
2. What are important characteristics of communities for all who live, work, and play here?
3. How do you envision the local public health system in the next five or 10 years?
4. What are the key behaviors that will be required of the local public health system partners, the community, and others in the next five to 10 years to achieve the vision?
5. What type of working environment or climate is necessary to support participants in performing the above behaviors and in achieving the vision?

Bollinger County MAPP Team approved the vision and values, in Figures 4 and 5, on January 12, 2023. These statements provide direction and guidance for the Community MAPP Team as they work toward setting strategic initiatives.

Our Vision for Bollinger County, Missouri is

- 1 A unified approach to providing accessibility to public health services and resources while maintaining kindness and respect for all clients.
- 2 The highest degree of integrity, professionalism, and collaboration with all staff, partner agencies, and citizens.
- 3 An emphasis on the value of education for all community members.
- 4 A community where resources, services, and information are available, and people know how and where to obtain them to improve their well-being.
- 5 Each individual values personal health and the opportunities provided in their community to reach optimum health and wellness.

Figure 4



Figure 5

Phase 3 The Four Assessments

Each assessment will yield important information for improving community health, but the value of the four MAPP Assessments is multiplied by considering the findings as a whole. A description of the four MAPP Assessments—the third phase of MAPP—the questions they ask and the issues they surface are provided in Figure 6. Data collection and identification for the assessments are performed by the Internal MAPP Team (Bollinger County Health Center and Consultant). The Community MAPP Team only reviews the data provided to them.

1	Community Health Assessment (CHA) How healthy are our residents? What does the health status of our community look like?
2	Community Themes and Strengths Assessment (CTSA) What is important to our community? How is quality of life perceived in our community? What assets do we have that can be used to improve community health?
3	Forces of Change Assessment (FCA) What is occurring or might occur that affects the health of our community or the local public health system? What specific threats or opportunities are generated by these occurrences?
4	Local Public Health System Assessment (LPHSA) What are the components, activities, competencies, and capacities of our local public health system? How are the Essential Services being provided to our community?

Figure 6

1. Community Health Assessment

The community health assessment (CHA) is an intensive identification of data related to specific indicators in the county. Our framework is illustrated below (Figure 7) and serves to organize the data findings. Results of the CHA are provided in the Bollinger County Community Health Assessment 2023 document.

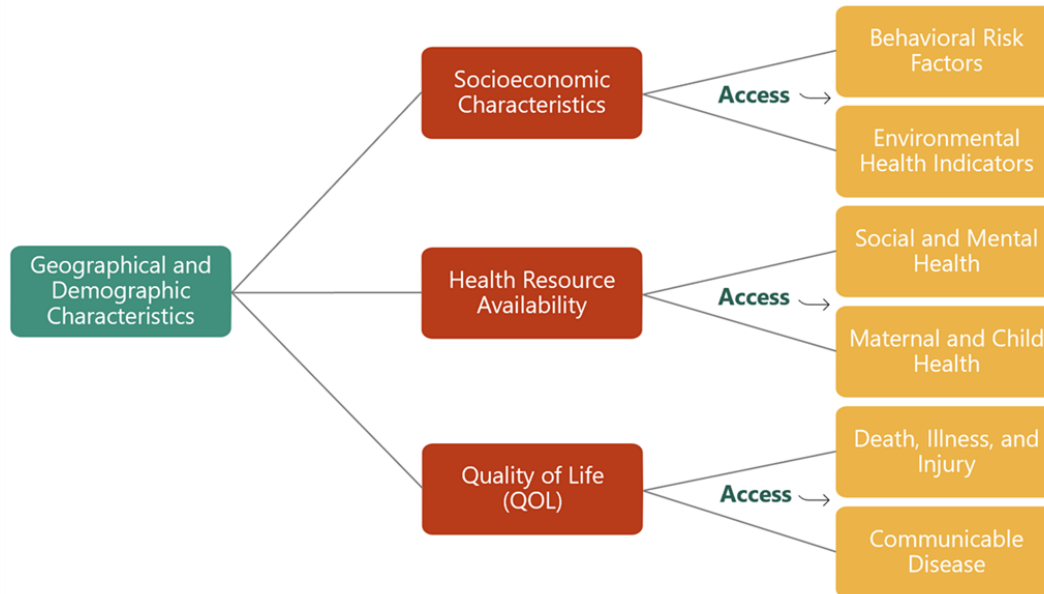


Figure 7

2. Community Themes and Strengths Assessment (CSTA)

The Community Themes and Strength's Assessment (CSTA) focuses on the quality of life in a community and how people perceive their community. Two surveys were with community residents and partners of the public health system. Community residents (N = 90) were asked what three conditions they experienced in 2022. Figure 8 shows that mental health disorders were experienced by almost 25% of the sample. The respondents were asked to rate various conditions in their life in the last year (Table 1). There was more of a spread of responses on the lower thumbs up for social connections (higher thumbs up means better experience).

Mental Health Disorders and COVID-19 are Ranked Highest for Issues Experienced in 2022 (N = 90)

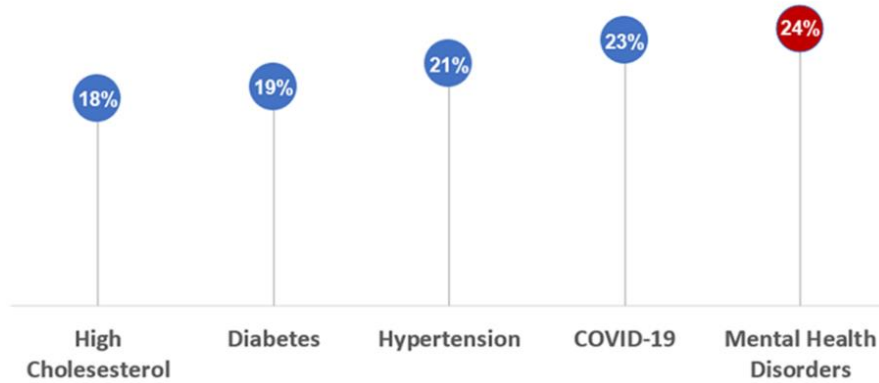


Figure 8

Table 1. Quality of Life Reported by Bollinger County Residents

How would you rate your quality of life in...

Quality of Life Category	1 (Thumbs Up)	2 (Thumbs Up)	3 (Thumbs Up)	4 (Thumbs Up)	5 (Thumbs Up)
A. Material and Physical Well-being (e.g., material well-being and enough income, personally felt safe)	27%	33%	33%		
B. Relationships with other People (e.g., parents, siblings, other relatives, spouse or significant other, friends; having and raising children)	18%	32%	42%		
C. Social, Community, and Civic Activities (e.g., joined activities to help others in my community; involved in local and national government)	27%	11%	27%	21%	12%
D. Personal Development and Fulfillment (e.g., tried to learn new things; tried to learn more about myself; have a rewarding job where I am valued and able to contribute; ability to express myself creatively)	6%	14%	24%	21%	32%
E. Recreation (e.g., spending time with others having fun; participating or watching sports, games, activities)	13%	11%	24%	19%	30%

Additionally, the same community residents were asked to rate the quality of their life in specific areas using the thumbs up. The more thumbs up, the better perceived quality of life. Important areas to note are the low quality of life reported for social, community, and civic activities (e.g., 27% of respondents indicated only one thumbs up) and personal development and fulfillment (e.g., 20% of respondents collectively indicated one and two thumbs up for personal development). In 2022, the nation was still experiencing the COVID-19 pandemic.

Another survey was sent to partners of the public health system. These were individuals in Bollinger County who worked in an organization, such as a school, government office, university, or business. The sample of 165 partners identified substance misuse (42%), mental health (39%), and parenting (24%) as significant issues that need to be addressed in the next 3 to 5 years through interventions (Figure 9).

Partners Rank Substance Misuse and Mental Health Top Issues (N = 165)

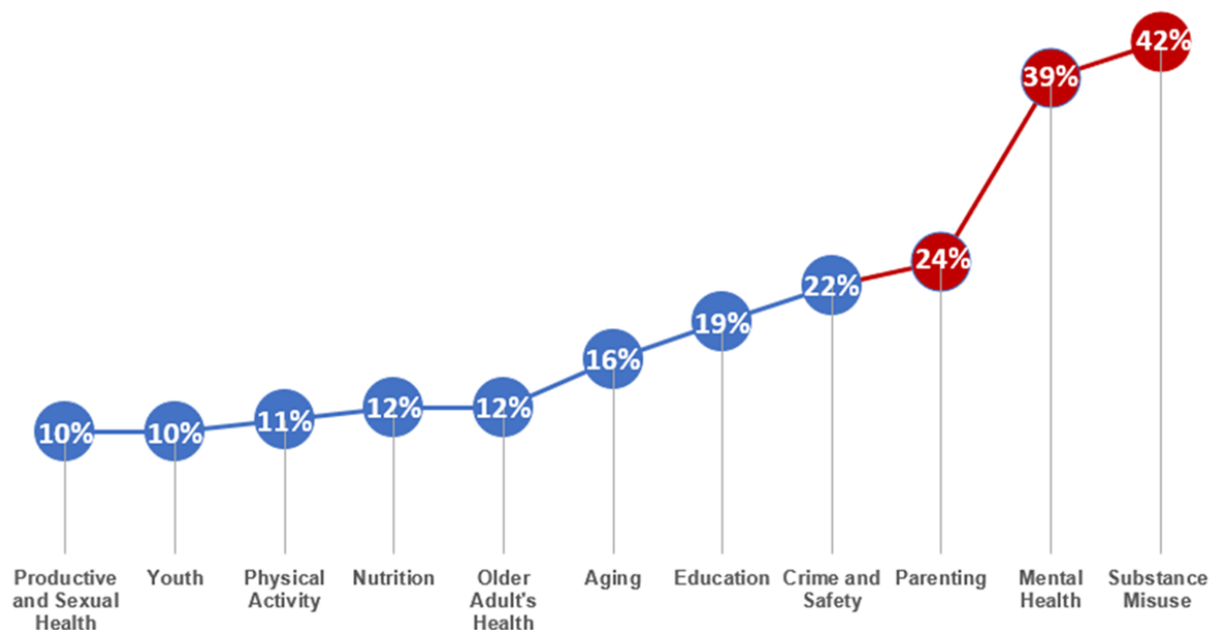


Figure 9

3. Forces of Change Assessment

The Forces of Change Assessment was conducted with the MAPP Community Team. Members were asked what is the county experiencing right now that could affect the health or quality of life of our community. What threats exist that could affect the local public health system or community health? A thematic analysis was conducted on all comments and in Figure 10, the top themes are provided.

Bollinger County, Missouri MAPP Forces of Change

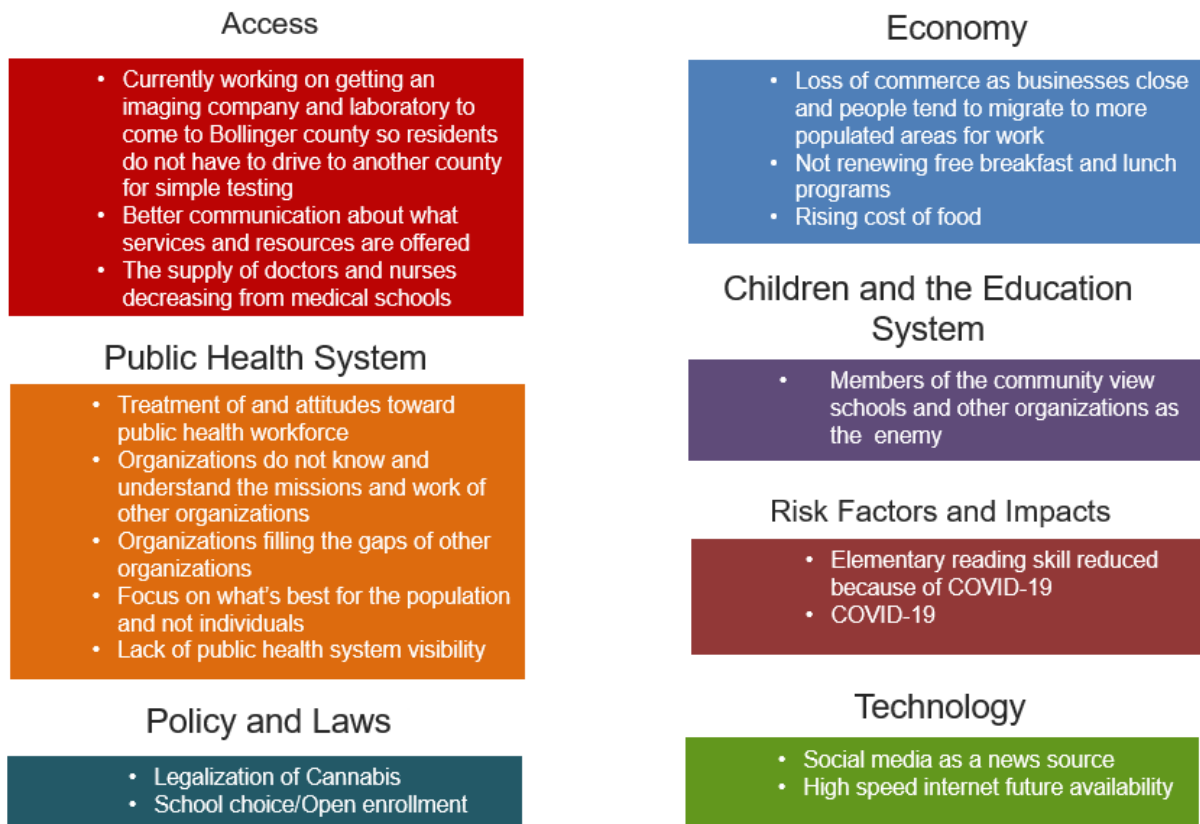


Figure 10

4. Local Public Health System Assessment

On March 30, 2023, the MAPP Community Team participated in a Local Public Health System Assessment (LPHSA). MAPP members selected the essential services they felt the most knowledgeable about professionally in an earlier meeting. Members were divided into three groups by Essential Service (Figure 11):

Group A covered Essential Services 1, 2, 3 and 7

Group B covered Essential Services 4, 5, 6

Group C covered Essential Services 8, 9, and 10

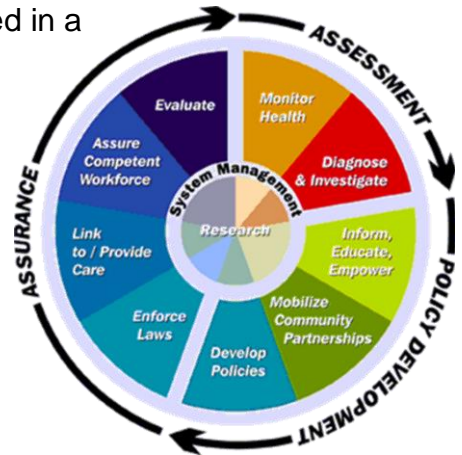


Figure 11

Each group was assigned a Co-Facilitator and a scribe. The Co-Facilitator managed the group and kept them on task. The scribe typed notes from the discussion questions as seen in Attachment A. A vote was taken to reach consensus on each performance measure. Votes are shown in Figure 12 and range from no activity to optimal activity. Members must have reached a consensus and agree on the level of activity. A final vote was taken and recorded.

Optimal Activity (76–100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51–75%)	Greater than 50% but no more than 75% of the activity described within the question is met.
Moderate Activity (26–50%)	Greater than 25% but no more than 50% of the activity described within the question is met.
Minimal Activity (1–25%)	Greater than zero but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Figure 12

A report was generated at the end of the assessment and is shown in Figure 13. Scores indicate Essential Service strengths are Diagnose and Investigate and Link to Health Services. The more challenging Essential Services are mobilizing partnerships, developing policies/plans, and research and innovations by Groups A, B, and C. In Attachment B, the performance measures receiving a 0, 25, 50, 75 or 100 are provided.

This listing can be used in the future to emphasize where weakness and challenges exist in the local public health system and where celebrations can occur with those performance measures receiving a 75 or 100.

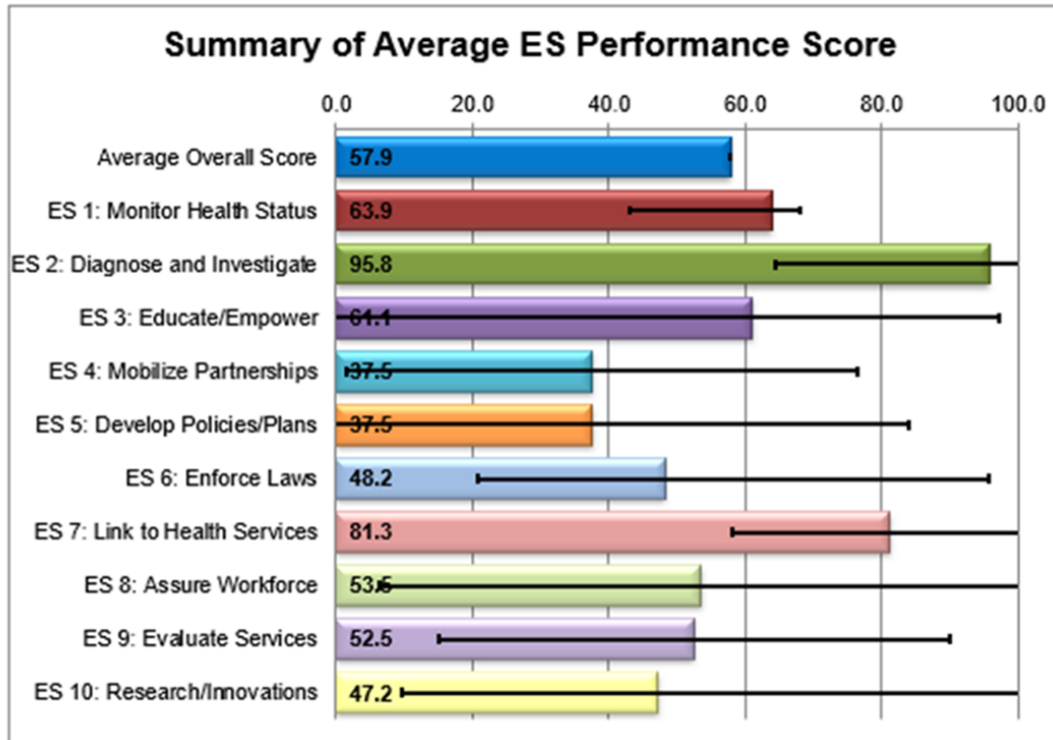


Figure 13

The four assessments (Figure 14) lead directly into the selection of the strategic issues. Strategic issues must be based on the data found in the four assessments. Data-Driven Decision Making (DDD) is an important feature of the MAPP. Making decisions about future interventions and strategies should be based on what needs to change and what is going well.

During this phase of the MAPP process, participants develop an ordered list of the most important issues facing the community. Strategic issues are identified by exploring the convergence



Figure 14

of the results of the four MAPP Assessments and determining how those issues affect the achievement of the shared vision.

During a meeting on April 25, 2023, MAPP members reviewed all data sources from the assessments and made a list of the top issues individually. These issues were placed on post-it paper for the group to review.

Phase 4 Strategic Initiatives

On April 25, 2023, the MAPP Team was asked, “In a review of the data, what is rising to the top for you?” Table 2 provides the first list of potential strategic initiatives generated by the Community MAPP Team.

Table 2. List of Potential Strategic Initiatives from Community MAPP Team

- | | | | |
|---|---|------------------------------|--|
| • Health resource availability | • Gaps in program and service delivery | • Education | • Mental health |
| • Mental health disorders | • Reproductive and sexual health education and resources | • Mental health/homelessness | • Community alliance |
| • Behavioral risk factors | • Shared vision and community, public health, and collaboration | • Activities/exercise | • Jobs |
| • Mental health education and resources | • County teen birth rate | • Mental health | • Ease of access to healthcare |
| • Improve program and service delivery | • Crime/drugs | • Substance abuse | • Reproductive and sexual health |
| • Social activity | • Environmental health | • Health care access | • Social and physical activity |
| • Obesity | • Mental health | • Substance misuse | • Physical activity |
| • Education | • Emergency preparedness | • Mental/physical health | • Low ranking at social, community, and civic factors |
| • Recreation/physical activity | • Social connections | • Countywide communication | • Resources for rapid emergency communication response |
| • Health education | • Materials and physical well-being | • Mental health | • Follow established processes |
| • Emergency communications/access for emergency funds | • Drugs/alcohol/substance use | • Mental health | • Healthcare |
| • Mental health | • Education | • Teen birth rate | • Behavioral health risk factors |
| • Environmental score and airborne risk factors | | | |

The resulting three strategic initiatives are presented in Figure 15. They are behavioral health, emergency preparedness and communication, and livability and health promotion.

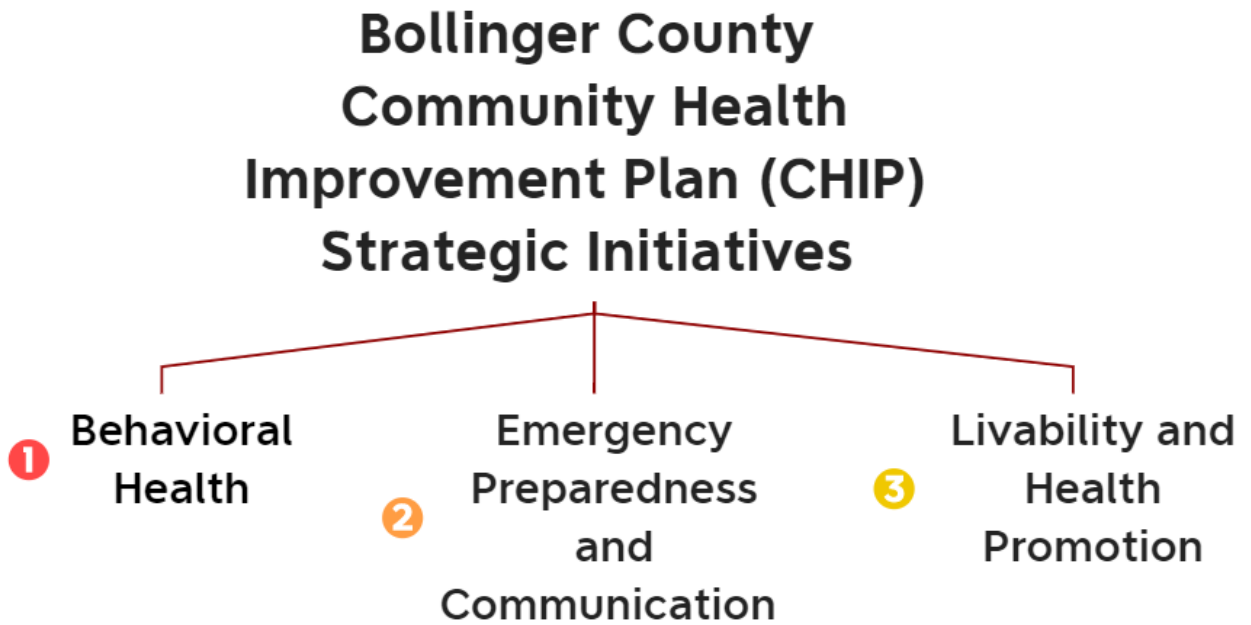


Figure 15

Part 3

The Community Health Improvement Plan (CHIP)

Phase 5 (Goals and Objectives) and Phase 6 (Action Plan)

Phase 4 of the MAPP involved setting the strategic initiatives based on the data collected. The CHIP is the conclusion of the MAPP with the setting of goals and objectives and action. The Action Cycle links three activities—Planning, Implementation, and Evaluation. Each of these activities builds upon the others in a continuous and interactive manner. During the Action Cycle, the efforts of the previous phases begin to produce results, as the local public health system develops and implements an action plan for addressing priority goals and objectives. This is also one of the most challenging phases, as it may be difficult to sustain the process and continue implementation.

Monitoring and evaluation is an essential part of the CHIP. This allows staff and partners to understand the processes they took and the outcomes achieved and lessons learned for the next CHIP cycle. A dashboard has been created for MAPP Team members to monitor and evaluate the CHIP for the next 3 to 5 years.

On May 23, 2023, the Community MAPP Team met to design the Community Health Improvement Plan (CHIP) Phase 5 (Goals and Objectives) and Phase 6 (Action Plans) based on the strategic initiatives in Phase 4. The MAPP Team brainstormed about how to use the data and design interventions for each. Part 3 provides the descriptive elements designed by the Community MAPP Team, starting with goals and objectives and ending with action plans. Typically the CHIP lasts from 3 to 5 years. Implementation of the CHIP will be carried out by the Bollinger County CHIP Implementation Team (CHIPIT).

The Bollinger County CHIP Implementation Team (CHIPIT). This team includes the Bollinger County Health Center (BCHC) and all other partners who were part of the MAPP. Representatives from this group will play a lead role in one or more of the strategic initiatives. BCHC will take the lead for all strategic initiative in assuring the CHIP is planned, implemented, and evaluated and work with partners to engage in the activities.

The Descriptive Elements of the CHIP. The Strategic Issues in MAPP Phase 4 are based on the data and selected by the community MAPP Team. The CHIP is a plan that provides detail about the why, what, who, how, and when of each project (Figure 16).

Descriptive Elements of the Community Health Improvement Plan

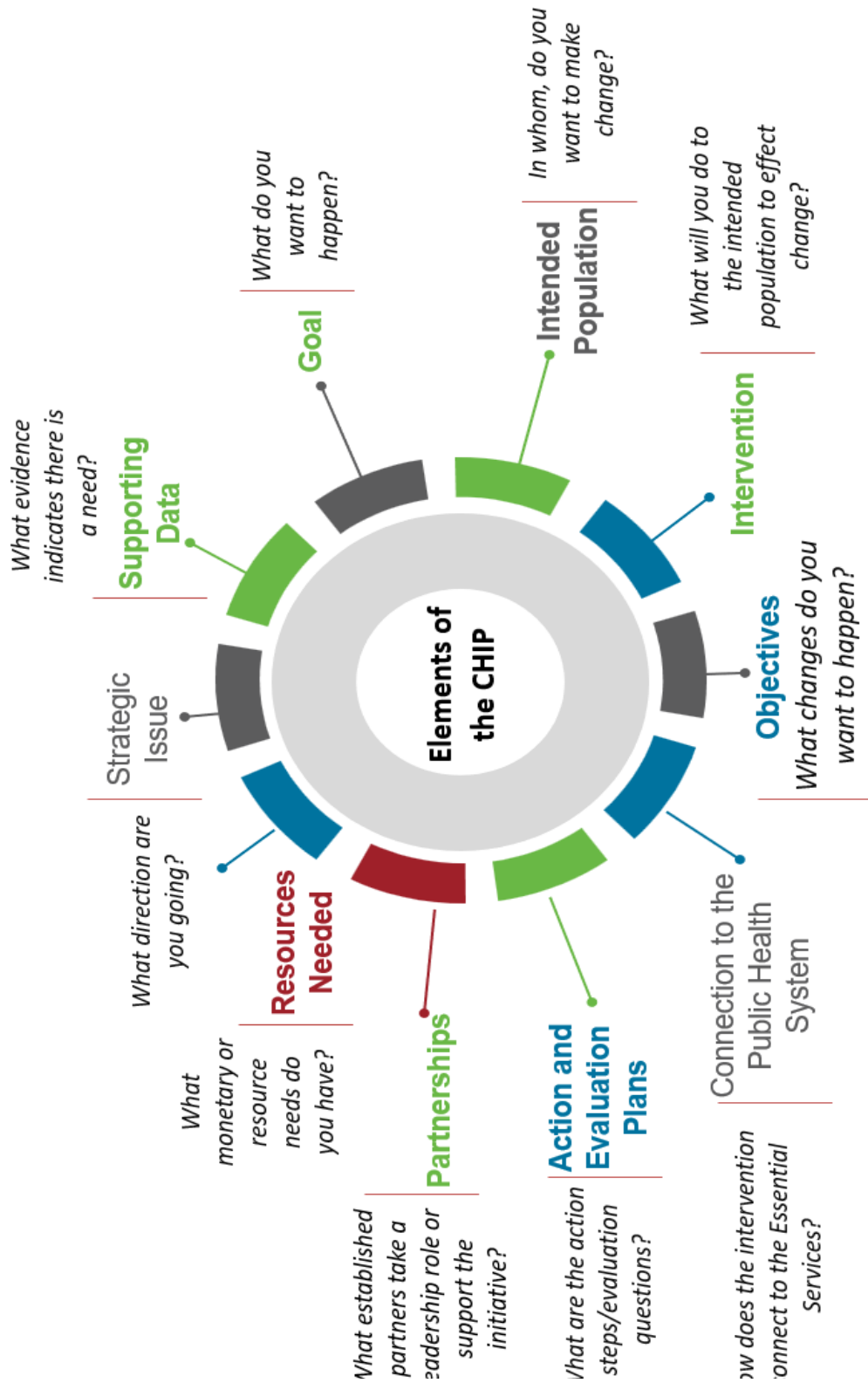


Figure 16

The CHIP Timeline. The overall CHIP timeline begins with the planning phase and ends with the implementation and evaluation phases (Table 3).

- **Planning Phase** – June 2023 to December 2023
- **Implementation and Evaluation Phases** - January to December in the years 2024, 2025, 2026, 2027, 2028 (Table 3). Evaluation occurs continuously throughout the 5-year plan at the project and CHIP level.

Note strategic initiatives are planned through 2023, 2024, 2025, 2026. The CHIPIT will implement and evaluate the strategic initiatives conducted during these years, refine the interventions, and then in the remaining two years (2027 and 2028) of the CHIP, continue to implement the interventions with modification in the following areas: different populations or ages, genders, grade levels; geographic areas (rural, urban); additional schools, for example (Table 3).

Strategic Initiative Evaluation and Monitoring Dashboard. An Evaluation and Monitoring Dashboard has been developed for each of these strategic initiatives. The Dashboard contains areas for completion and experience with all action steps, expected and obtained objectives data entry. Also included are places for the CHIPIT to record notes, lessons learned, and observations about each action step. The BCHC will oversee completion of the dashboard. From the dashboard, the CHIPIT will have the data and information to write quarterly and yearly evaluation reports.

Table 3. Timeline for the Planning, Implementation, and Evaluation Phases

Phase, Year, and Quarter	Months	Year
Planning Phase	June to December	2023
Implementation and Evaluation Phases		
Year 1		
Quarter 1	January, February, March	2024
Quarter 2	April, May, June	2024
Quarter 3	July, August, September	2024
Quarter 4	October, November, December	2024
Year 2		
Quarter 1	January, February, March	2025
Quarter 2	April, May, June	2025
Quarter 3	July, August, September	2025
Quarter 4	October, November, December	2025
Year 3		
Quarter 1	January, February, March	2026
Quarter 2	April, May, June	2026
Quarter 3	July, August, September	2026
Quarter 4	October, November, December	2026
Year 4		
Quarter 1	January, February, March	2027
Quarter 2	April, May, June	2027
Quarter 3	July, August, September	2027
Quarter 4	October, November, December	2027
Year 5		
Quarter 1	January, February, March	2028
Quarter 2	April, May, June	2028
Quarter 3	July, August, September	2028
Quarter 4	October, November, December	2028

The Community Health Improvement Plans

Strategic Initiative 1 – Behavioral Health

Background

Making the assumption that someone believes things about you because you have mental health challenges or are diagnosed with anxiety or depression is stigmatizing. It can keep you from seeking care and can predispose you to your condition worsening. Those of us who stigmatize others who have these struggles are wrong and this behavior keeps others from reaching their potential and living their best life. An important part of eliminating stigma is increasing mental health literacy of our youth. The term mental health literacy was first introduced in 1997. There are several components including (a) the ability to recognize specific disorders or types of psychological distress; (b) knowledge and beliefs about risk factors and causes; (c) knowledge and beliefs about self-help interventions; (d) knowledge and beliefs about professional help available; (e) attitudes which facilitate recognition and appropriate help-seeking; and (f) knowledge of how to seek mental health information. Becoming more mental health literate will help friends, family and coworkers talk about poor mental health outcomes in a productive way. Strategic Initiative 1 is illustrated with the goals and interventions (Figure 17).

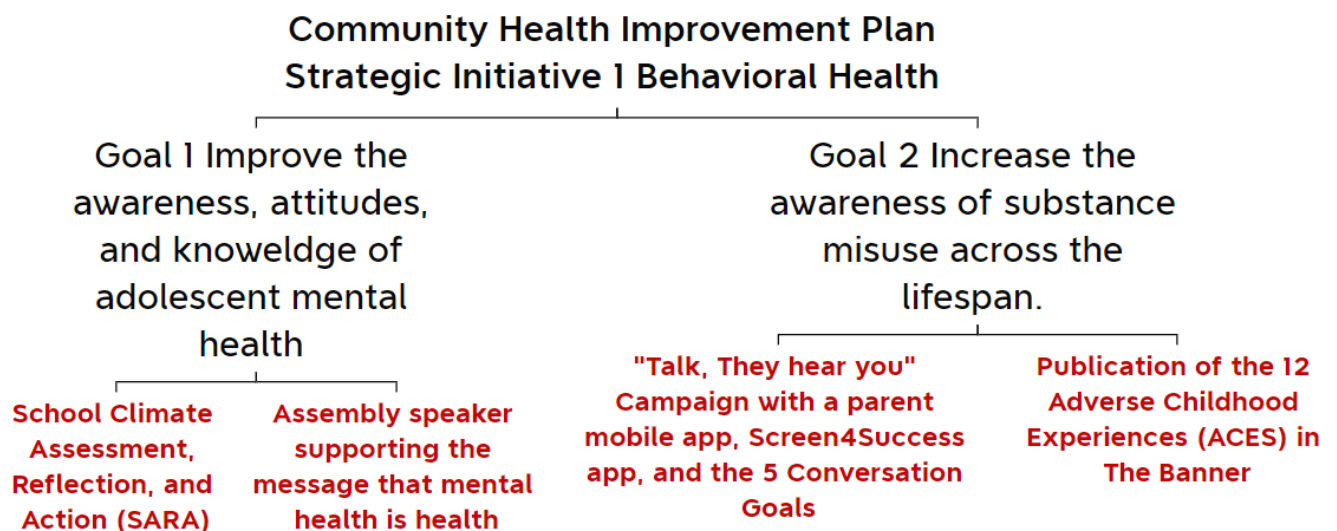


Figure 17

Strategic Issue 1

Behavioral Health

Goal 1 Improve the awareness, attitudes, and knowledge of adolescent mental health

Supporting Data

- 25 of the 35 community residents surveyed indicated that mental health needed to be addressed in the next 3 to 5 years.
- National data indicate a crisis for youth during and after the pandemic. Studies show that adolescents experience many challenges including disruption in schedule, wearing a mask all day, isolation, anxiety, and disconnectedness.⁶

Intended Population

Adolescents 10 to 19 years

Intervention

A collection of mental health media and awareness/skill building activities will be implemented in the county. The complete intervention will include:

1. a **School Climate Assessment, Reflection, and Action (SARA)** project presented as an opportunity to school leadership.⁷
2. Media campaigns that include a yearlong social media introduction to mental health messages, strategies, resources for youth. These products include (a) **12 mental health messages shared on BCHC media accounts** and school websites that include content from the Missouri Prevention Resource Center about mental health strategies (Be That Caring Adult, Be Under your Own Influence)⁸, (b) purchased or donated space in **The Banner for messages about**

⁶ Centers for Disease Control and Prevention. (2022). *New CDC data illuminate youth mental health threats during the COVID-19 pandemic*. <https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html>

⁷ Welcoming Schools. *School climate assessment*. https://assets2.hrc.org/welcoming-schools/documents/Welcoming-Schools-_School_Climate_Assessment.pdf

⁸ Missouri Prevention Resource Center. *Campaigns*. <https://www.missouriprevention.com/campaigns>

Developmental Assets that youth need at home, in school, in their environment to grow into healthy adults.

Missouri Prevention Resource Center has emails, icons/artwork, and scheduled posts based on the developmental assets.⁹

3. **an infographic for parents** that provides all organizations, services, resources in the county for youth mental health.
4. **an assembly presentation by a mental health professional** from the Missouri Prevention Resource Center (MPRC)¹⁰ to all schools focusing on knowledge/awareness increases, skills to increase resilience with mental health, and a foundational message that **“mental health is health.”**¹¹

Objectives

1. By Quarter 4, 2023, we will gain participation of school’s leadership in four schools with adolescents 10 to 19 and request their voluntary participation in The School Climate Assessment, Reflection, and Action project.
2. By Quarter 4, 2024, launch 12 media blasts about mental health resilience posted on BCHC website, partners websites, school website, business websites and others who wish to engage in the project.
3. By Quarter 4, 2024, view media messages/content related to the developmental assets in The Banner that provides information for parents and community leaders on the assets needed by youth to live healthy lives.
4. By Quarter 4, 2024, produce an infographic product for parents that provides all resources in the county for youth mental health.
5. By Quarter 2, 2025 and 2026, complete a presentation at all schools in the county by the Missouri Prevention Center.

⁹ Missouri Prevention. (2023). *Instant assets*. <https://www.missouriprevention.com/campaigns>

¹⁰ Prevention Resource Center. (2023). <https://www.missouriprevention.com/>

¹¹ Mental Health is Health. (2023). *We all have mental health*. <https://www.mentalhealthishealth.us/>

**Connection to
the Public
Health System**

Essential Public Health Service 3 Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

Essential Public Health Service 4 Strengthen, support, and mobilize communities and partnerships to improve health

Essential Public Health Service 5 Assure an effective system that enables equitable access to the individual services and care needed to be healthy

Essential Public Health Service 7 Assure an effective system that enables equitable access to the individual services and care needed to be healthy

Essential Public Health Service 9 Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

Partnerships

School counselors, Prevention Resource Center, Community Counseling Center, Green Bear, Cross Trails Medical Center Social Worker, Sikeston School Resource Officer, Southeast Behavioral Health

**Resources
Needed**

None

Phase 6 Action Plan
Strategic Initiative 1 – Behavioral Health
Goal 1 Improve the awareness, attitudes, and knowledge of adolescents about mental health issues

Action Step	Action	Output	Timeline	Owner
School Assessment, Reflection and Action activity (SARA)				
1	Finalize and update dashboard to monitor and evaluate CHIP Behavioral Health project.	Dashboard complete and presented to the team during training on input of evaluation data.	Quarter 3 2023	Bev/CHIPIT
2	Determined staff lead on this goal and project.	Acceptance of assignment	Quarter 3 2023	CHIPIT
3	Link community CHIP members to a shared folder.	Acceptance of invite.	Quarter 3 2023	Bev
4	Begin and continue to work on evaluation activities, data collection activities, and reporting mechanisms for Behavioral Health project.	Completed framework except results.	Ongoing	CHIPIT/Bev
5	Establish the CHIP Implementation Team (CHIPIT)	Hold the first meeting with minutes.	Quarter 3 2023	CHIPIT
6	Identify all schools in the county who have adolescents 10 to 19 years.	Select schools with an existing relationship	Quarter 3; Quarter 4 2023	CHIPIT
7	Write a draft letter and guidebook to recruit school administrators to participate in the four intervention activities.	Hold meetings with schools who accept participation in intervention. Send a draft letter and guidebook to CHIP Team for feedback and finalize letter and guidebook.	Q3 to Q4 2023;	Bev/CHIPIT
8	Write follow-up email to continue recruitment for schools. Make follow-up phone calls to continue recruitment.	Send email. Finalize list of participating schools.	Quarter 3 to 4 2023	CHIPIT
9	Check school completion of SARA.	Monitor survey responses.	Quarter 1 2024	CHIPIT

10	Close SARA survey and analyze data.	Send a report to schools.	Quarter 4 2024	Bev
Content in The Banner and other medium (12 total) promoting mental health resilience and the Developmental Assets				
1	Engage with The Banner to determine options for using space to promote the Developmental Assets.	Agreement on how much space and how many times content can be published in paper.	Quarter 3 and Quarter 4 2024	Bev/CHIPIT
2	Provide content to The Banner with timeline/schedule of publication.	Verify content was published in paper.	Ongoing in Quarter 3 and 4 2024	CHIPIT
Infographic or other medium for County Mental Health Resources				
1	Identify all resources for youth mental health for parents.	Bev receives content and begins working on infographic or other medium.	Quarter 3 2023	CHIPIT/Bev
2	Create infographic medium.	Send to CHIPIT for review. Make edits. Send the final product to CHIPIT.	Quarter 4 2023	Bev/CHIPIT
3	Provide schools and other organizations with product for distribution.	Gather data on number print copies distributed, downloads, emails were sent out with infographic.	Quarter 4 2024	CHIPIT
Presenter to Student Body on Mental Health Resilience and that Mental Health is Health				
1	Engage with the Missouri Prevention Resource Center about capacity to provide a presenter. Identify the scope of the presentation to the students. What do you want them to learn? What skills could they learn? What is the take away for students? How long is the presentation, setting, purpose, strategies for engaging the attention of students..	Agreement with presenter	Quarter 1 2025	CHIPIT
2	Engage with schools about participating in the presentation.			

3	Identify the timeline for the presenter to cover all schools in county.	Timeline sent to presenter and schools and agreed.	Quarter 1 2025	CHIPIT
4	Implement the presentations. Identify staff at schools who could provide feedback on the benefits, strengths, challenges of the presentation for their students.	Conduct an interview or send an email asking for feedback about the presentation.	Quarter 2 2025, 2026	CHIPIT

Strategic Issue 1

Behavioral Health

Goal 2

Increase the awareness of substance misuse across the lifespan

Supporting Data

Forty-two percent of the community partners surveyed indicated that substance misuse needed to be addressed in the next 3 to 5 years.

Intended Population

Children, youth, adults, older adults

Intervention

An educational intervention will be implemented as follows:

1. Implementation of the “Talk. They Hear You.” Campaign¹² with promotion of the (a) mobile app for parents to prevent underage drinking¹³, (b) Screen4Success app, and (c) the 5 Conversation Goals.¹⁴
2. Publication of 12 Adverse Childhood Experiences (ACES) articles or graphics in The Banner promoting the understanding of negative childhood experiences increasing the likelihood of substance misuse/mental health challenges.¹⁵

Objectives

- a. By Quarter 2, 2025, implement the “Talk. They Hear you” campaign parts in all schools.
- b. By Quarter 4, 2025, write and publish at least 12 articles/infographics on Adverse Childhood Experiences (ACES) in The Banner Press Newspaper.

¹² Substance Abuse and Mental Health Administration. (2023). *Talk. They hear you*. <https://www.samhsa.gov/talk-they-hear-you>

¹³ Substance Abuse and Mental Health Administration. (2023). *About the talk. They hear you. App*. <https://www.samhsa.gov/talk-they-hear-you/mobile-application>

¹⁴ Substance Abuse and Mental Health Administration. (2023). <https://www.samhsa.gov/sites/default/files/TTHY-Mini-Broch-Bleed-2020.pdf>

¹⁵ Centers for Disease Control and Prevention. (2023). *Adverse childhood experiences (ACES)*. <https://www.cdc.gov/violenceprevention/aces/index.html>

**Connection to the
Public Health
System**

Essential Public Health Service 3 Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

Essential Public Health Service 4 Strengthen, support, and mobilize communities and partnerships to improve health

Essential Public Health Service 5 Assure an effective system that enables equitable access to the individual services and care needed to be healthy

Essential Public Health Service 7 Assure an effective system that enables equitable access to the individual services and care needed to be healthy

Partnerships

School counselors, Prevention Resource Center, Community Counseling Center, Green Bear, Cross Trails Medical Center Social Worker, Sikeston School Resource Officer, Southeast Behavioral Health, law enforcement, SAMSA, Gibson Center, Teen Challenge, Faith based addiction recovery agencies

**Resources
Needed**

Fee for printing bookmarks, potential fee for publishing two articles

Phase 6 Action Plan
Strategic Initiative – Health Education
Goal 2 Increase the awareness of substance misuse across the
lifespan

Action Step	Action	Output	Timeline	Owner
1	Finalize and update dashboard to monitor and evaluate CHIP Behavioral Health project Goal 2.	Dashboard complete and presented to team during training on input of evaluation data.	Quarter 1 2025	Bev/CHIPIT ¹⁶
2	Determine staff lead on this goal and project.	Acceptance of assignment	Quarter 1 2025	CHIPIT leadership
3	Link community CHIP members to a shared folder.	Acceptance of invite.	Quarter 1 2025	Bev
4	Begin and continue to work on evaluation activities, data collection activities, and reporting mechanisms for Behavioral Health project.	Completed framework except results.	Ongoing	CHIPIT/Bev
5	Establish the CHIP Implementation Team.	Hold the first meeting with minutes.	Quarter 1 2025	CHIPIT
“Talk. They hear you” Campaign				
1`	Engage with school partners and other partners to participate in the implementation of the “Talk.They Hear You” Campaign.	Receive agreements they will participate.	Quarter 1 2025	CHIPIT/Bev
2	Post all tools of the campaign on the Campaign on the BCHC website. Send tools in a guidance sheet on how to use and promote within a school setting.	Tools posted and traffic to site monitored.	Quarter 2 2025	CHIPIT/Bev
3	Identify the methods of disseminating the tools (e.g., underage <i>drinking app</i> , <i>Screen4Success app</i> , and the <i>5 Conversation goals</i> . Methods could be school counselors, school	Complete list of implementation settings to promote the tools. Write letter/email to each of the partners with guidance	Quarter 2 2025	Bev/CHIPIT

	orientation, BCHC website, business websites, school websites. Make a special effort to promote the tools to users of the BCHC clinic.	on how to use the tools and disseminate them to their students or employees.		
4	Create an evaluation tool to assess the use and benefits of the three tools with clients in the clinic.	Complete evaluation and analyze data. Report findings on use of tools.	Quarter 2 2025	CHIPIT/Bev
Adverse Childhood Experiences articles in The Banner				
1	Finalize use of The Banner as distribution channel.	Contact The Banner and request space for 12 short articles about Adverse Childhood Experiences (ACES). Receive agreement.	Quarter 4 2025	CHIPIT
2	Write all 12 content articles on ACES.	Send to CHIPIT for review. Make edits. Finalize articles.	Quarter 4 2025	Bev
3	Send content to The Banner by publication deadline.	Publication observed.	Quarter 4 2025	CHIPIT
4	Evaluate the articles with clients at BCHC.	Implement evaluation tool/ipad in waiting room asking clients about use and effectiveness of the articles. Analyze data, write and submit report. Update dashboard.	Quarter 4 2025	CHIPIT

Strategic Initiative 2 – Emergency Preparedness and Communication

Background

Readiness. Disasters, natural and manmade, are a phenomenon that kill 60,000 people every year and cost taxpayers and businesses billions of dollars (Statista, 2023). Man made disasters are crime, arson, civil disorder, terrorism war, biological/chemical threat, and cyber-attack. Natural disaster types are floods, tornadoes/storms, earthquakes, extreme temperature, landslides, drought, wildfire, and volcanic activity. Rural areas can strengthen their recovery response by planning and preparing for individuals, families, businesses, and the entire community to be ready. The Rural Health Information Hub states that “Rural residents, communities, local governments, and others involved in emergency preparedness and response face challenges that can include necessary equipment and supplies, training, and infrastructure, access to healthcare for higher levels of care, remoteness and geography, low population density, and communication issues.”¹⁷

Emergency Communication. In an emergency, such as a tornado, best practices are to communicate early, try to reach as many people as possible, and tell those you reach what to do (Greene, 2023). Public health agencies need to keep in contact with those they serve. Texting to relay these emergency messages can help save lives. Strategic Initiative 2 is illustrated with the goals and interventions (Figure 18).

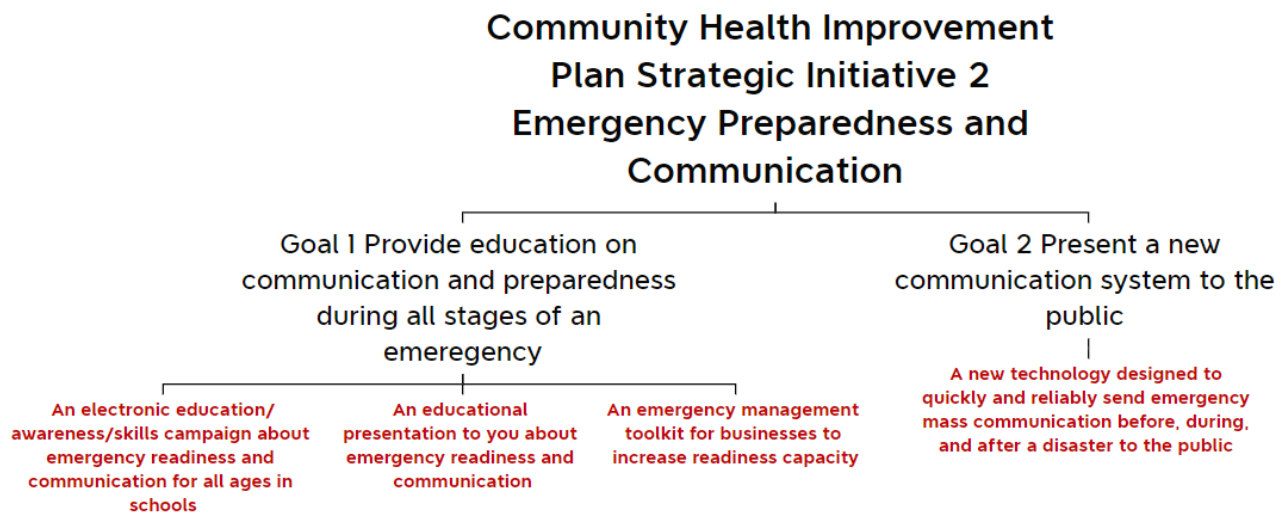


Figure 18

¹⁷ Rural Health Information Hub. (2022), Rural emergency preparedness and response. <https://www.ruralhealthinfo.org/topics/emergency-preparedness-and-response>

Strategic Initiative 2

Emergency Preparedness and Communication

Goal 1

Provide education on communication and preparedness during all stages of an emergency.

Supporting Data

The Local Public Health System Assessment (LPHSA) revealed a low score (minimal activity) on making sure resources are available for a rapid emergency communication response and developing an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information (moderate activity).

Intended Population

Entire lifespan in schools and businesses

Intervention

Activities that include

- (a) an in-person educational presentation to youth about emergency readiness and communication
- (b) an electronic educational/awareness/skills campaign about emergency readiness and communication for all ages in schools
- (c) an emergency management toolkit for businesses to increase readiness capacity

Objectives

- a. By Quarter 1 to Quarter 2 2024 engage and receive an intention to cooperate with at least five organizations (e.g., schools and businesses) on participation in the campaign.
- b. By Quarter 1 2024 hold a presentation by a county emergency official in at least four schools on the importance of personal and family emergency planning.
- c. By Quarter 2 of 2024, distribute electronic readiness materials (e.g., family, business) to five organizations. ¹⁸,

¹⁸ U.S. Department of Homeland Security. (2023). Student tools for emergency planning (STEP). <https://www.ready.gov/kids/student-tools-emergency-planning-step>

- d. By Quarter 4 of 2024 increase public awareness of programs related to emergency communication and preparedness in 50% of those BCHC clients surveyed.

Connection to the Public Health System

Essential Public Health Service 2 Diagnose and investigate health problems and health hazards in the community.

Essential Public Health Service 3 Inform, Educate, & Empower Individuals & Communities about Health Issues

Essential Public Health Service 5 Assure an effective system that enables equitable access to the individual services and care needed to be healthy

Partnerships

School Leadership, County Leadership, Local Law Enforcement, Emergency Management, Cross Trails Medical Center, Prevention Resource Center

Resources Needed

Materials from Student Tools for Emergency Planning (STEP) Teen CERT, and Ready Business; emergency communications expert to speak at student assembly

¹⁹ U.S. Department of Homeland Security. (2023). Teen CERT. <https://www.ready.gov/kids/student-tools-emergency-planning-step> <https://www.ready.gov/kids/teen-cert>

²⁰ Federal Emergency Management Administration. (2023). Ready business: severe wind tornado toolkit. https://www.ready.gov/sites/default/files/2020-04/ready_business_severe-wind-tornado-toolkit.pdf

Phase 6 Action Plan

Strategic Initiative 2

Table #. Action Plan for Strategic Initiative 2 (Goal 1) – Emergency Preparedness and Communication

Action Step	Action	Output	Timeline	Owner
1	Finalize and update dashboard to monitor and evaluate CHIP Behavioral Health project.	Dashboard complete and presented to team during training on input of evaluation data.	Quarter 3 2023	Bev/CHIPIT ²¹
2	Link community CHIP members to a shared folder.	Acceptance of invite.	Quarter 3 2023	Bev
3	Begin and continue to work on evaluation activities, data collection activities, and entry and reporting mechanisms for Emergency Preparedness and Communication project.	Completed framework except results.	Ongoing	CHIPIT/Bev
4	Download all materials from STEP, Teen CERT, and Business Ready	Saved on local drive.	Quarter 3 2023	CHIPIT
5	Obtain contact information for schools to participate in the in-person presentation.	Final list of contacts and delegation of person contacting the schools.	Quarter 3 2023	CHIPIT
6	Write draft letter, guidebook for organizations to participate in the campaign.	Send draft letter and guidebook to CHIPIT for feedback and finalize letter and guidebook.	Quarter 4 2023	Bev/CHIPIT
7	Write a follow-up email to continue recruitment of schools. Make follow-up phone call to continue recruitment.	Send an email. Finalize list of participating organizations after receiving intent to participate email.	Quarter 4 2023	CHIPIT
8	Locate an emergency readiness expert who can present to youth.	Write a scope of work for the presenter on the topics to talk about and communication about readiness. Secure an intent to participate email from the presenter.	Quarter 3 and 4 2023	CHIPIT
9	Hold assembly in schools.	Evaluate the presentation/assembly. Send email to principal on the outcomes of the presentation	Quarter 1 2024	CHIPIT
10	Send email to existing partner schools with educational materials.	Educational materials (STEP, Teen CERT) sent to parents.	Quarter 2 2024	CHIPIT

²¹ CHIPIT = Bollinger County CHIP Implementation Team.

11	Determine potential organizations/businesses for recruitment	Final list of businesses and contact information with intent to participate. .	Quarter 2 2024	CHIPIT
12	Send email to identified organizations with business ready toolkit.	Organizations receive email.	Quarter 3 2024	CHIPIT
13	Follow-up with organizations to determine participation and use of toolkit.	Organizations complete short evaluation instrument through email about participation in the business ready toolkit.	Quarter 4 2024	CHIPIT

Strategic Issue 2 **Emergency Preparedness and Communication**

Goal 2 Present a new communication system to the public

Supporting Data

Intended Population Lifespan

Intervention A new technology designed to quickly and reliably send emergency mass communication before, during, and after a disaster to the public

- Objectives**
- a. By Quarter 3, 2025, Identify gaps in current communications within the current emergency management system
 - b. By Quarter 3, 2025, identify funding for emergency management communication technology
 - c. By Quarter 3, 2025, 25% of county population will sign up for the technology app.

Connection to the Public Health System

Essential Public Health Service 2 Diagnose and investigate health problems and health hazards in the community.

Essential Public Health Service 3 Inform, Educate, & Empower Individuals & Communities about Health Issues

Essential Public Health Service 5 Assure an effective system that enables equitable access to the individual services and care needed to be healthy

Partnerships School Leadership, County Leadership, Local Law Enforcement, Emergency Management, Cross Trails Medical Center, Prevention Resource Center

Phase 6 Action Plan
Strategic Initiative 2
Goal 2 Present a new communication system to the public

Table #. Action Plan for Strategic Initiative 2 Goal 2 – Emergency Preparedness and Communication

Action Step	Action	Output	Timeline	Owner
1	Finalize and update dashboard to monitor and evaluate CHIP Behavioral Health project.	Dashboard complete and presented to team during training on input of evaluation data.	Quarter 3 2023	Bev/CHIPIT ²²
2	Link community CHIP members to a shared folder.	Acceptance of invite.	Quarter 3 2023	Bev
3	Begin and continue to work on evaluation activities, data collection activities, and entry and reporting mechanisms for Emergency Preparedness and Communication project.	Completed framework except results.	Ongoing	CHIPIT/Bev
4	Gather data on the public needs before, during, and after an emergency.	Research literature, conduct key informant interviews, focus groups.	Quarter 1 2025	CHIPIT
5	Conduct a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis of the current emergency communications operations.	Complete SWOT infographic distributed to partners.	Quarter 1 2025	CHIPIT
6	Identify the potential solutions to weaknesses and threats, opportunities available and methods for building on strengths.	Complete action plan for solving gaps.	Quarter 1 2025	CHIPIT
7	Research the available technologies for communication with the public during emergencies.	Matrix with strengths and drawbacks of each technology vendor. ²³	Quarter 1 2025	Bev/CHIPIT
8	Research funding sources for technology.	Download funding application and assign roles for completion.	Quarter 1 2025	CHIPIT
9	Submit funding proposal.	Receive award notice.	Quarter 2-3 2025	CHIPIT
10	Purchase technology.	Product received and training completed.	Quarter 3 2025	CHIPIT
11	Plan marketing campaign to alert county residents to new technology. Provide an infographic introducing new	Created list of 50 partners (media, business, organizations,	Quarter 3 2025	CHIPIT

²² CHIPIT = Bollinger County CHIP Implementation Team.

²³ Examples of vendors for emergency communication are Regroup Mass Notification, RAVE Mobile Safety, Contact Monkey, Alert Media, Text-Em-All, Single Wire, Pocketstop, Everbridge.

	technology and details for downloading.	churches) to distribute information about new technology to other partners.		
12	Pilot test emergency communication with new technology	Pilot test is successful, test message received.	Quarter 4 2025	CHIPIT
13	Disseminate request for resident sign-up on new technology.		Quarter 4 2025	

Strategic Initiative 3 – Livability and Health Promotion

Background

Livability and Health Promotion was chosen as the focus for Strategic Initiative 3. Livability is defined as “the sum of the factors that add up to a community’s quality of life-including built and natural environmental, economic prosperity, social stability, equity, educational opportunity, and cultural, entertainment and recreation possibilities” (p. 8).²⁴ Chronic disease and opportunities for social exchange were of concern in our county population, as well. Health promotion includes strategies that identify environmental conditions that may inhibit, for example, walkability and social connections. Figure 19 illustrates Strategic Initiative 3, goals, and the interventions.



Figure 19

²⁴ Partners for Livable Communities. (2023). *What is livability?* <http://livable.nonprofitsoapbox.com/about-us/what-is-livability#:~:text=Livability%20is%20the%20sum%20of,cultural%2C%20entertainment%20and%20recreation%20possibilities.>

Strategic Initiative 3

Livability and Health Promotion

Goal 1

Provide an environment conducive to outdoor activity and reading opportunities.

Supporting Data

- 39% of the partners indicated that mental health should be addressed
- 48% of residents responding to the quality of life survey indicated they did not participate well in recreational activities and spending time with others.
- 65% of the residents responding to the quality of life survey indicated they did not participate well in social, community, and civic activities.
- Mental health disorders (24%), hypertension (23%), diabetes (19%), and high cholesterol (18%) were conditions experienced by residents in the last year.
- Low rankings were received on social, community, and civic factors.

Intended Population

Lifespan

Intervention

A Storybook Trail will be planned and developed for residents to participate in walking, reading, and social connectedness. The trail will be about a mile long and include twelve posts with pages of an approved book for reading as walkers travel along the trail.

Objectives

- a. By Quarter 1, 2026, engage and receive an intention to cooperate with at least five organizations (e.g., schools and businesses) on participation in the Storybook Trail project.
- b. By Quarter 1, 2026, produce an illustration/mockup of the Storybook Trail with features, posts, and other elements.
- c. By Quarter 3 and 4 2026, complete the first Storybook Trail in Marble Hill, Missouri.

Connection to the Public Health System

Essential Public Health Service 3 Inform, Educate, & Empower Individuals & Communities about Health Issues

Essential Public Health Service 4 Engage with the community to identify and address health problems

Partnerships

Bollinger County Library, businesses who would adopt a post, the Mayor, City Administrator/Alderman, the BoCo Beautification group, construction companies

Resources Needed

Grant funding for Storybook Trails

In Figure 20, a post is pictured that holds one of the laminated pages of the selected book that is read by the walkers. In Figure 21, an ariel of the potential land for the first Storybook Trail.



Figure 20



Figure 21

Phase 6 Action Plan
Strategic Initiative 3

Goal 1 Provide an environment conducive to outdoor activity and reading opportunities.

Table #. Action Plan for Strategic Initiative 3 (Goal 1) – Livability and Health Promotion

Action Step	Action	Output	Timeline	Owner
1	Finalize and update dashboard to monitor and evaluate CHIP Behavioral Health project.	Dashboard complete and presented to team during training on input of evaluation data.	Quarter 3 2023	Bev/CHIPIT ²⁵
2	Link CHIPIT members to a shared folder.	Acceptance of invite.	Quarter 3 2023	Bev
3	Identify a person to document the planning, implementation and evaluation of the trail.	Produce a handbook on how to develop a Storybook Trail.	Quarter 3 2023	
4	Review funding opportunities for the project.	Note deadlines. Identify a grant writing team.	Quarter 3 2023	CHIPIT
5	Begin and continue to work on evaluation activities, data collection activities, and entry and reporting mechanisms for the Livability and Health Promotion project.	Completed framework except results.	Ongoing	CHIPIT/Bev
6	Write grant.	Receive funding.	Quarter 1-4 2025	CHIPIT
7	Identify community partners who share the goal of improving livability in the county.	Complete list of partners and their role on the project (e.g., marketing, permits, communication, building).	Quarter 1 2026	CHIPIT
8	Conduct a study to determine public input about the trail.	Findings analyzed and reported to partners.	Quarter 1 2026	CHIPIT
9	Identify other organizations across the state who have implemented a Storybook Trail and gather lessons learned and advice.	Report back to other partners about findings.	Quarter 1 2026	CHIPIT
10	Download resources/toolkits for how to plan a storybook trail. ^{26, 27}		Quarter 1 2026	CHIPIT

²⁵ CHIPIT = Bollinger County CHIP Implementation Team.

²⁶ Governor’s Early Literacy Foundation. (2022). *Becoming a storybook trailblazer*. <https://gelf.app.box.com/s/6j832mtiv7r4134ztq4kctnjvzvbkb26>

²⁷ Finger Lakes Library System. (2013). What is a storywalk? <http://www.flls.org/wp-content/uploads/2013/03/Storywalk-Kit-Resources.pdf>

11	Identify locations (private/public lands) suitable for a storybook trail across the county. Conduct a feasibility study on each of the locations in each city (e.g., Marble Hill, Zalma, Sedgewick Ville, Leopold, Grassy).	Walk the potential trail(s) and note advantages/disadvantages of location.	Quarter 1 2026	CHIPIT
12	Create a mock-up illustration of the path and its components.	Mock-up is printed, reviewed, and approved.	Quarter 1 2026	CHIPIT
13	Identify contractors needed to construct the trail.	Contractors agreement signed and began construction. Monitor contracts.	Quarter 1 2026	CHIPIT
14	Work with library staff to select book for trail. Consider vendors who have published signage/materials for posts. ²⁸	Books are selected for the year.	Quarter 2 2026	CHIPIT
15	Construct the trail.	Trail is completed.	Quarter 3 and 4 2026	CHIPIT
16	Hold a grand opening. Invite media to visit trail and produce dissemination messages in local sources of news.	Media stories appear in a variety of news outlets.	Quarter 4 2026	CHIPIT
17	Evaluate the use of the trail through observation of use. Conduct a short survey about the trail and residents use of the trail, experiences, and ways to improve.	Write evaluation report and make changes based on evaluation.	Quarter 4 2026	CHIPIT
18	Consider other potential locations for the trails and replicate model.	Create list of locations based on feasibility.	Quarter1 2027	CHIPIT

²⁸ Evergreen Creations, LLC. <http://www.evergreencreationsllc.com/story-trail-signage.html>

Strategic Initiative 3
Goal 2

Livability and Health Promotion

Provide access to resources and information in a social, family-focused event.

- Supporting Data**
- 39% of the partners indicated that mental health should be addressed
 - 48% of residents responding to the quality of life survey indicated they did not participate well in recreational activities and spending time with others.
 - 65% of the residents responding to the quality of life survey did not fully engage in social, community, and civic activities.
 - Mental health disorders (24%), hypertension (23%), diabetes (19%), and high cholesterol (18%) were conditions experienced by residents in the last year.
 - Low rankings were received on social, community, and civic factors.

Intended Population

Lifespan

Intervention

A wellness fair will be planned and evaluated to help residents understand the resources available to them in the county and strategies for good health.

Objectives

By Quarter 3, 2024, plan, implement and evaluate a wellness fair.

Connection to the Public Health System

Essential Public Health Service 3 Inform, Educate, & Empower Individuals & Communities about Health Issues

Essential Public Health Service 4 Engage with the community to identify and address health problems

Partnerships

Cross Trails Medical Center (Medical and Dental), Beussink Family Dentistry, Community Counseling Center, Twin City Pharmacy, Aging Matters, Southeast Prevention Resource Center, Woodland Chiropractic, Marble Hill Food Pantry, SEMO Food Bank, Stone Bridge Senior Living, Green Bear, Tracie VanGennip-Holden, Personal Trainers (Dallon Stotts), Podiatrist, Birthright, STMS, Select Physical Therapy, an Audiologist, Dietician, Marble Hill Fitness, SFMC-Women's Health/Cape Radiology

Resources Needed

Physical facility to hold the fair, sponsors, prizes, incentives

Phase 6 Action Plan Strategic Initiative 3

Goal 2 Plan and implement a wellness fair for Bollinger County residents.

Table #. Action Plan for Strategic Initiative 3 (Goal 2) – Livability and Health Promotion

Action Step	Action	Output	Timeline	Owner
1	Determine a planning framework (i.e., guidance steps) for the wellness fair. ²⁹	Dashboard complete and presented to team during training on input of evaluation data.	Quarter 3 2023	CHIPIT ³⁰
2	Develop Planning Committee Determine what is a successful fair. What are unanticipated events/outcomes.	Committee meets first time and agenda set; minutes taken. Roles determined. Committee discusses the goals (e.g., learn about resources, receive health checks, find information) and theme (e.g., family wellness) of the fair.	Quarter 3 2023	Planning Committee
3	Create a timeline Seek approval to hold fair, determine dates of fair.	Timeline created, posted and approved.	Quarter 3 2023	Planning Committee
4	Determine a budget	Budget written and approved. Funds secured.	Quarter 3 2023	Planning Committee
5	Choose a theme (e.g., Healthy BoCo!, wellness, families, youth, lifespan)	Theme selected and approved.	Quarter 4 2023	Planning Committee
6	Identify the structure of the fair, types of activities (screenings, information, services, food trucks, bathroom facilities, pathways, entry/exit, trash removal)	Illustrate what the fair looks like from above. Create a mock-up of the promotional flier/infographic that explains the fair.	Quarter 4 2023	Planning Committee
7	Recruit vendors ³¹ Work for a varied representation of vendors that support	Vendors contacted and agreements to participate signed.	Quarter 1 2024	Planning Committee

²⁹ Providence Health Plan. (n.d.). Health fair planning toolkit. https://www.providencehealthplan.com/-/media/providence/website/pdfs/employers/employer-resources-and-toolkits/health_fair_planning_guide.pdf

³⁰ CHIPIT = Bollinger County CHIP Implementation Team.

³¹ Recognize the need to invite all vendors associated with a particular sector of the community. For example, if you invite one hospital or clinic, invite all of them.

	your theme. Be creative and innovative. Everything relates to health			
8	Offer rewards Approach community businesses to offer door prizes.	List of rewards available, rules, and other information.	Quarter 1 2024	Planning Committee
9	Manage logistics. Understand needs of vendors and screening, giveaways, passports, emergency needs, event flow and signage, Wi-Fi.	Visual map of the health fair and flow of the attendees.	Quarter 1 2024	Planning Committee
10	Develop communications. What are the methods for communicating (email, media, postcards, Facebook, organizations, churches, newspaper)	Communications plan written and approved.	Quarter 1 and 2 2024	Planning Committee
11	Implement the Wellness Fair	Fair is set up the day before and logistics checked. Double check vendors for attendance. Monitor the number of attendees and popularity of activities	Quarter 3 2024	Planning Committee
12	Close down wellness fair.	Send evaluation form through email to vendors and other partners to determine how well the fair was planned and implemented. Hold a debrief meeting for planning committee to document what went well, challenges, and ideas for next fair.	Quarter 3 2024	Planning Committee

Attachment A

Structure of the Local Public Health System Discussion Questions and Voting

Essential Service 1

Model Standard 1.1: Population-Based Community Health Assessment

The LPHS completes a detailed community health assessment (CHA) to allow an overall look at the community's health. A CHA identifies and describes factors that affect the health of a population and pinpoints factors that determine the availability of resources within the community to adequately address health concerns. This provides the foundation for improving and promoting the health of the community and should be completed at least every three years. Data included in the CHA are accurate, reliable, and interpreted according to the evidence base for public health practice. CHA data and information are shared, displayed, and updated continually according to the needs of the community.

By completing a CHA, a community receives an in-depth picture or understanding of its health. From the CHA, the community can identify the most vulnerable populations and related health inequities, prioritize health issues, identify best practices to address health issues, allocate resources where they are most needed, and provide a basis for collaborative efforts to promote the public's health. The CHA also tracks the health of a community over time and compares local measures to other local, state, and national benchmarks.

To accomplish this, members of the LPHS work together to:

- Assess the health of the community regularly.
- Continuously update the CHA with current information.
- Promote the use of the CHA among community members and partners.

Discussion Questions for Model Standard 1.1	
<p>Awareness</p> <p>(a) Was everyone aware of the assessment?</p> <p>(b) Does everyone have access to the CHA?</p> <p>Involvement</p> <p>(a) How many of you have participated in the assessment?</p> <p>Frequency</p> <p>(a) How often is the CHA completed?</p> <p>(b) How often do updates to the CHA occur?</p>	<p>Quality and Comprehensiveness</p> <p>(a) Which data sets are included in the CHA?</p> <p>(b) How is the CHA used to monitor progress toward:</p> <ul style="list-style-type: none"> • Local health priorities? • State health priorities? • <i>Healthy People 2020</i> national objectives? <p>(c) How well does the CHA examine data over time to track trends?</p> <p>(d) How are the data helping identify health inequities?</p> <p>Usability</p> <p>(a) How accessible to the general public are the CHA results?</p> <p>(b) How is the CHA distributed to the community?</p> <p>(c) How is the CHA used to inform health policy and planning decisions?</p>

Performance Measures for Model Standard 1.1

At what level does the LPHS...

1.1.1 Conduct regular CHAs?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1.1.2 Update the CHA with current information continuously?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1.1.3 Promote the use of the CHA among community members and partners?

No Activity	Minimal	Moderate	Significant	Optimal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Discussion Notes for Model Standard 1.1			
Strengths	Weaknesses	Short-Term Improvement Opportunities	Long-Term Improvement Opportunities

Attachment B

Scores Received for Each Performance Measure

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- 1.1.2 Continuously update the community health assessment with current information
- 10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies
- 4.2.2 Establish a broad-based community health improvement committee
- 5.1.3 Assure that the local health department has enough resources to do its part in providing essential public health services
- 5.2.2 Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies
- 5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps
- 8.1.2 Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce
- 8.1.3 Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning

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- 1.2.3 Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)
- 10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work
- 10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that do research
- 10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results

- 10.2.2 Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research
- 10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice
- 3.3.2 Make sure resources are available for a rapid emergency communication response
- 4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns
- 4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health
- 5.1.1 Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided
- 5.1.2 See that the local health department is accredited through the national voluntary accreditation program
- 5.2.3 Review existing policies at least every three to five years
- 5.3.3 Connect organizational strategic plans with the Community Health Improvement Plan
- 6.2.2 Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health
- 6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances
- 6.3.2 Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies
- 8.3.4 Create and support collaborations between organizations within the public health system for training and education
- 8.3.5 Continually train the public health workforce to deliver services in a culturally competent manner and understand social determinants of health
- 8.4.2 Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together
- 8.4.4 Provide opportunities for the development of leaders representative of the diversity within the community
- 9.1.2 Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury

- 9.1.3 Identify gaps in the provision of population-based health services
- 9.1.4 Use evaluation findings to improve plans and services
- 9.2.5 Use evaluation findings to improve services and program delivery
- 9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services
- 9.3.3 Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services
- 9.3.4 Use results from the evaluation process to improve the LPHS

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- 1.1.3 Promote the use of the community health assessment among community members and partners
- 1.2.2 Analyze health data, including geographic information, to see where health problems exist
- 10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources
- 10.3.3 Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc
- 3.1.3 Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities
- 3.2.3 Identify and train spokespersons on public health issues
- 3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information
- 3.3.3 Provide risk communication training for employees and volunteers
- 4.1.1 Maintain a complete and current directory of community organizations
- 4.1.4 Create forums for communication of public health issues
- 4.2.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community
- 5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process

- 5.3.1 Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members
- 5.4.2 Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed
- 6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances
- 6.1.3 Review existing public health laws, regulations, and ordinances at least once every five years
- 6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances
- 6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances
- 6.3.3 Assure that all enforcement activities related to public health codes are done within the law
- 6.3.5 Evaluate how well local organizations comply with public health laws
- 7.1.2 Identify all personal health service needs and unmet needs throughout the community
- 8.1.1 Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector
- 8.3.2 Provide ways for workers to develop core skills related to essential public health services
- 8.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels
- 8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources
- 9.2.3 Measure satisfaction with personal health services

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- 1.1.1 Conduct regular community health assessments
- 1.2.1 Use the best available technology and methods to display data on the public's health

- 10.2.3 Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education
- 2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines
- 2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies
- 2.2.6 Evaluate incidents for effectiveness and opportunities for improvement
- 3.1.2 Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels
- 3.2.1 Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations
- 3.2.2 Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience
- 4.1.3 Encourage constituents to participate in activities to improve community health
- 5.4.1 Support a workgroup to develop and maintain preparedness and response plans
- 6.1.2 Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels
- 6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances
- 6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances
- 7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services
- 7.1.3 Defines partner roles and responsibilities to respond to the unmet needs of the community
- 7.2.3 Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)
- 7.2.4 Coordinate the delivery of personal health and social services so that everyone has access to the care they need
- 9.2.4 Use technology, like the internet or electronic health records, to improve quality of care

1.3.1 Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards

1.3.2 Use information from population health registries in community health assessments or other analyses

10.1.3 Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health

10.2.1 Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together

2.1.1 Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats

2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)

2.1.3 Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise

2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment

2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters

2.2.3 Designate a jurisdictional Emergency Response Coordinator

2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring

2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards

2.3.3 Use only licensed or credentialed laboratories

2.3.4 Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results

- 3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies
- 5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years
- 7.1.4 Understand the reasons that people do not get the care they need
- 7.2.1 Connect (or link) people to organizations that can provide the personal health services they may need
- 7.2.2 Help people access personal health services, in a way that takes into account the unique needs of different populations
- 8.2.1 Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law
- 8.2.2 Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services
- 8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies
- 8.3.1 Identify education and training needs and encourage the workforce to participate in available education and training
- 8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases
- 9.1.1 Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved
- 9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services
- 9.2.2 Compare the quality of personal health services to established guidelines
- 9.3.1 Identify all public, private, and voluntary organizations that provide essential public health services