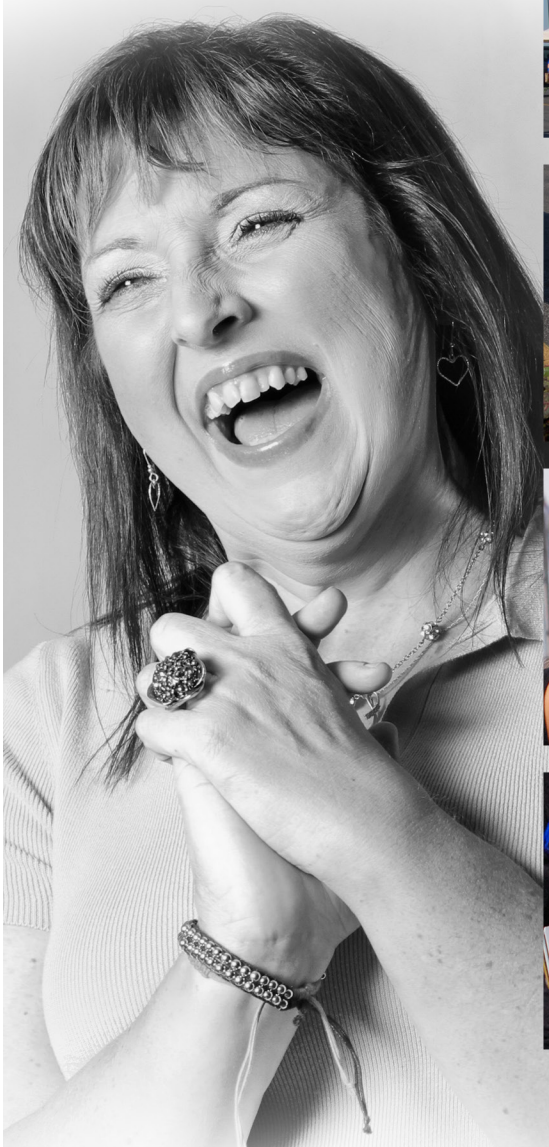
CHNA Implementation Strategy

COMMUNITY HEALTH NEEDS ASSESSMENT

September, 2013

Prepared by CoxHealth Marketing & Planning



CoxHealth

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Introduction

In 2012, CoxHealth consisted of CoxHealth Springfield and Cox Monett. CoxHealth Springfield is a locally-owned, community hospital that includes several hospital facilities under the same license in Springfield, Missouri. Cox Monett is a critical access hospital that operates under a separate hospital license in Monett, Missouri. Monett is located within the service area of CoxHealth Springfield. Since Cox Monett's service area is a subset of counties located within the Cox Springfield service area, Cox Monett will adopt Cox Springfield service area and assessment, and is partnering with Cox Springfield on this implementation strategy. Since the beginning of the Community Health Needs Assessment process Cox Medical Center Branson, which is also located within the CoxHealth Springfield service area, became a part of CoxHealth. Due to timing of requirements, this assessment and strategy reflects only the partnership of CoxHealth Springfield and Cox Monett.

The Planning department of CoxHealth has systematically integrated an annual evaluation process of the community it serves with a formal assessment report as part of its strategic planning process since 2006. The Community Health Needs Assessment (CHNA) is consistent with the assessment that already takes place, and has been incorporated in the strategic planning process.

In 2010, the Patient Protection and Affordable Care Act (PPACA) was signed into law establishing the formal assessment process CoxHealth has engaged in as a requirement reported in Schedule H of the Internal Revenue Service (IRS) 990 forms.

CoxHealth places great importance on the health of the community served, as executive leadership has been involved throughout the assessment and implementation stages of this strategic process. In 2013, CoxHealth executive leadership specifically developed and integrated the community pillar along with the existing four pillars (Business, Quality, Service, and People) that guide strategic planning.

Assessment Process

The CHNA began with the definition of the "community" that CoxHealth serves. CoxHealth serves a 22-county service area that includes twenty counties located in southwest Missouri and two counties located in northwest Arkansas. This service area includes the counties of origin of approximately 95 percent of the inpatients that seek care in at CoxHealth in Springfield, Missouri. The CoxHealth 22-county service area was chosen as the definition of the community served for the purpose of the CHNA. The following counties are included in the definition of the community CoxHealth serves:

- Barry, MO
- Christian, MO
- Greene, MO
- Lawrence, MO
- Stone, MO
- Taney, MO
- Webster, MO
- Wright, MO
- Baxter, AR
- Boone, AR
- Cedar, MO
- Dade, MO
- Dallas, MO
- Douglas, MO
- Hickory, MO
- Howell, MO
- Jasper, MO
- Laclede, MO
- Ozark, MO
- Polk, MO
- Pulaski, MO
- Texas, MO

Demographics for aggregate service area, as well as individual counties, were included in the assessment and evaluated. Total population volume and growth projections, average age, male-to-female ratio, women age 15-44, households, average household income, per capita income, and the education

attainment of the population were assessed. Race and ethnic background were also part of the demographic evaluation.

This examination revealed a growing total population. Seniors are the fastest growing population segment. The female segment between the ages of 15 and 44 is actually projected to decline 0.5 percent between 2011 and 2016, although total volume is expected to grow 2.1 percent. Per capita income is expected to grow about 3 percent between 2011 and 2016, while average household income growth is projected to be 2.9 percent. Educational attainment for the over 25 population is mixed with 36 percent having a high school diploma or equivalent and just over 15 percent never completing high school. Racial and ethnic diversity is nearly nonexistent in this service area, as almost 93 percent of the 22-county service area population is "white alone" and almost 2 percent of the population is "black or African American alone". Those who claim Hispanic or Latino ethnicity make up approximately 3.5 percent of the 22-county service area population in 2011.

Review of the economic conditions of the service area included income, employment trends, home foreclosures, and inpatient health expenditure payer data. Unemployment rates have been in decline over the year throughout 2011 to 7.15 percent as of November 2011. Home foreclosures declined dramatically in 2011 after having risen through 2009 and 2010. Almost 32% of the all households are slightly above or below what is considered the poverty level for a four-person household. Uninsured and Medicare paid inpatient care has grown while Medicaid and commercially paid care has declined between 2008 and 2011.

Much of the service area is considered medically underserved with Health Provider Shortage Area designation. Seventeen of the 22 counties have rural health status. Health care organizations were listed throughout the service area.

Primary data was collected through surveys. The 2012 CoxHealth Public Health Survey was sent to public health departments, local community agencies, public schools, CoxHealth Regional Service clinics, and behavioral health agencies in the service area. Other separate surveys included a phone survey of 876 area households, a survey of CoxHealth Board of Directors, and a Facebook and Twitter survey. Priorities were assessed and compiled.

Secondary health behaviors and outcomes were collected from two sources: the Missouri Hospital Association (MHA), and County Health Rankings and Roadmaps. The MHA's Assessing the Health of the Communities reports incidence or prevalence by county of obesity, physical inactivity, diabetic prevalence and screenings, high blood pressure, high cholesterol, poor or fair health and poor physical health days, low weight, teen birth rates, adult smoking, and primary care provider rate. Finally, County Health Rankings as reported by countyhealthrankings.org were evaluated showing consistent behaviors and outcomes with the Missouri Hospital Association's reports.

Prioritization Process

Upon completion of the assessment process, the CHNA was shared with over 30 CoxHealth leaders on March 27, 2012, in a routine strategy meeting. The priorities were listed and related issues were evident. The related issues were grouped and a vote of priorities identified five key priorities: obesity, access to primary care, mental health, asthma, and tobacco use.

The next step in the prioritization process was on July 10, 2012. The CoxHealth planning oversight committee was presented the grouped and prioritized issues at their March 2012 meeting. CoxHealth is

dedicated to addressing each of the issues tactically in some fashion. Obesity lies at the root of some of the selected issues and impacts all of the others. Therefore, the committee selected obesity to be the primary strategic focus.

Implementation Strategy Committee

In the July 10, 2012, the planning oversight committee directed the establishment of the CHNA implementation strategy committee that would develop and report back the strategy to be presented to the CoxHealth Board of Directors. A committee charter was created and the committee began meeting August 7, 2012. The CHNA Implementation Committee charter included the following:

Purpose: To develop a CoxHealth enterprise-wide strategy for slowing the increase of the obese population in the 22-county service area and CoxHealth workforce. This includes action plans to consider human and financial resources for Springfield and Monett facilities. The enterprise-wide strategy will be presented to the Planning Oversight Committee (POC) for approval.

Chair:	Dr. Dan Sontheimer, MD, MBA	Chief Medical Officer
Members:	Chris Breite, FACHE, MHA, BS	Health Care Planner
	Glenda Miller	Collaborative Care Coordinator
	John Hursh	Vice President of Human Resources
	Chris Flouer	Director Cox Fitness Centers
	Gaylynn Crosby	Corporate Wellness Coordinator
	Jason Bauer, RD/LD, MHA	Manager Corporate Wellness
	Jennifer Gardner	Outpatient Dietitian
	Jeff Bond	President/CEO Cox HealthPlans
	David Dade, RD/LD	Wellness and Sports Nutritionist
	Beth Keith, MS, CHES	Healthcare Education & Outreach Director
	Lauren Holland	Children's Exercise Specialist & Wellness Educator, Cox Monett
	Nancy Ridgely, LD	Director Cox Monett Wellness Center and Certified Diabetes Educator
	Melissa Robbins, RN	Staff Educator, Cox Monett
	Laurie Duff	Vice President Corporate Communications
	Yvette Williams	Director Corporate Communications
	Heather Swearengin	Director of Sales & Business Development
	Katie Towns-Jeter	Director of Corporate and Community Health
	PRN Members	
	Ashley French	District Director of Operations, YMCA
	Ben Hunt	Assessment Coordinator, Healthy Living Alliance
	Ashly Stelling	Member Services Manager, Cox Fitness Centers

Background: CoxHealth leadership has established, through the strategic planning process, customer stakeholder engagement as a priority for the enterprise. "Develop a Community Engagement Plan" is the CoxHealth key strategic initiative in which the Community Health Needs Assessment (CHNA) implementation strategy for obesity is an action plan. This action plan will include timelines and goals with progress reported to the POC.

Since the passage of the 2010 Patient Protection and Affordable Care Act (PPACA), the requirement for hospitals to complete a Community Health Needs Assessment (CHNA) and Implementation Strategy has been federally mandated. The enforcement responsibility of this PPACA requirement has been delegated to the Internal Revenue Service (IRS) through schedule H of the IRS 990 form.

On March 27, 2012, the top issues identified in the CHNA were presented to CoxHealth's administrative team. During the discussion those issues were grouped and prioritized into five key priorities. On July 10, 2012, POC and invited leaders selected a single priority for CoxHealth to address: Obesity.

The IRS deadline for the CoxHealth's completion of the assessment and adoption of an implementation plan is September 30, 2013. According to the requirements by the IRS, the CHNA will be made public, and the implementation strategy will be included with the 2012 990 IRS form. The assessment has been completed and this committee has been convened to develop the structure for the implementation strategy to be adopted for the customer stakeholder engagement priority of CoxHealth.

Obesity Research and News

STATISTICS

Obesity has been a growing problem for the last 20 years. Missouri is among the worst states in the nation for obesity. One of the reasons for the high prevalence of obesity in the population is the high rate of Missouri residents who are inactive.

Metabolic syndrome is a combination of three or more poor health conditions that include obesity, and the approximately 35 percent who have metabolic syndrome are at increased risk of deadly chronic diseases.

Centers for Disease Control and Prevention

"During the past 20 years, there has been a dramatic increase in obesity in the United States and rates remain high. More than one-third of U.S. adults (35.7%) and approximately 17% (or 12.5 million) of children and adolescents aged 2-19 years are obese."

http://www.cdc.gov/obesity/data/facts.html

St. Louis Post-Dispatch

"Missouri has nearly doubled its obesity rate in the last 15 years, when the state was seventh fattest. The combined rate of overweight and obese adults in Missouri is now 66 percent, with the obesity rate alone at 30 percent."

http://www.stltoday.com/lifestyles/health-med-fit/health/health-matters/new-obesity-rankings-put-missouri-th-illinois-rd-fattest-states/article_534e20a6-a8bc-11e0-888e-0019bb30f31a.html

Robert Wood Johnson

Missouri was ranked as the tenth highest state for adult physical inactivity in the Trust for America's Health report, "F as in Fat: How Obesity Threatens America's Future 2011".

http://www.rwjf.org/content/dam/farm/reports/reports/2011/rwjf70609

American Heart Association
"Metabolic syndrome is a serious health condition that affects about 35 percent of adults and places them at higher risk of cardiovascular disease, diabetes, stroke and diseases related to fatty buildups in artery walls. The underlying causes of metabolic syndrome are obesity, being overweight, physical inactivity and genetic factors.

Metabolic syndrome occurs when a person has three or more of the following measurements:

- Abdominal obesity
- Triglyceride level of 150 milligrams per deciliter of blood (mg/dL) or greater
- HDL cholesterol of less than 40 mg/dL in men or less than 50 mg/dL in women
- Systolic blood pressure (top number) of 130 millimeters of mercury (mm Hg) or greater
- Diastolic blood pressure (bottom number) of 85 mm Hg or greater
- Fasting glucose of 100 mg/dL or greater
- Insulin resistance or glucose intolerance (the body can't properly use insulin or blood sugar)"

http://www.heart.org/HEARTORG/Conditions/More/MetabolicSyndrome/About-Metabolic-Syndrome_UCM_301920_Article.jsp

The Advisory Board Company
A study published in the Journal of Rural Health indicates that rural Americans have about 20 percent greater chance of being obese than people living in urban areas. The study also pointed out that obesity is more of a problem in the segment of the rural population that is between the ages of 20 and 39.
The Daily Briefing, September 18, 2012. The Advisory Board Company. "STUDY: Rural Americans are More Likely to be Obese than City Dwellers."

Population Health Metrics
"Over the next 40 years, the prevalence of total diabetes (diagnosed and undiagnosed) in the United States will increase from its current level of about 1 in 10 adults to between 1 in 5 and 1 in 3 adults in 2050. The increase in diabetes prevalence projected here are largely attributed to a combination of three key demographic factors, including aging of the US population, increasing size of higher-risk minority populations, and declining mortality among people with diabetes."

http://www.pophealthmetrics.com/content/pdf/1478-7954-8-29.pdf

The Advisory Board Company
"More than three-quarters of parents with overweight or obese children misclassify them as underweight or normal weight kids, according to a survey commissioned by Children's Healthcare of Atlanta (CHA).
The Daily Briefing, September 10, 2012. The Advisory Board Company. "Parents Live in Denial about Kids' Obesity Problems."

IMPLICATIONS
Obesity may be associated with many chronic diseases and can be a predictor of heart disease. The earlier in a person's life that obesity is prevented or delayed decreases the chances of plaque build-up or hardening of the arteries as a middle age adult. The risk of different types of cancer increases with the presence of obesity, and only small reductions in body weight can positively impact future health. Some believe that connections between mental health and obesity also exist, although more research is still needed. Cognitive decline has been observed to occur at a faster rate in those who are obese and have other metabolic problems.

JAMA
"Longer duration of overall and abdominal obesity was associated with subclinical coronary heart disease and its progression through midlife independent of the degree of adiposity. Preventing or at

least delaying the onset of obesity in young adulthood may lower the risk of developing atherosclerosis through middle age."

http://jama.jamanetwork.com/article.aspx?articleid=1713590

American Heart Association
"Long-term longitudinal studies, however, indicate that obesity as such not only relates to but independently predicts coronary atherosclerosis. This relation appears to exist for both men and women with minimal increases in BMI. In a 14-year prospective study, middle-aged women with a BMI >23 but <25 had a 50% increase in risk of nonfatal or fatal coronary heart disease, and men aged 40 to 65 years with a BMI >25 but <29 had a 72% increased risk."

http://circ.ahajournals.org/content/96/9/3248.full

National Cancer Institute
"Obesity is associated with increased risks of the following cancer types, and possibly others as well:

- Esophagus
- Pancreas
- Colon and rectum
- Breast (after menopause)
- Endometrium (lining of the uterus)
- Kidney
- Thyroid
- Gallbladder

A projection of the future health and economic burden of obesity in 2030 estimated that continuation of existing trends in obesity will lead to about 500,000 additional cases of cancer in the United States by 2030. This analysis also found that if every adult reduced their BMI by 1 percent, which would be equivalent to a weight loss of roughly 1 kg (or 2.2 lbs) for an adult of average weight, this would prevent the increase in the number of cancer cases and actually result in the *avoidance* of about 100,000 new cases of cancer."

http://www.cancer.gov/cancertopics/factsheet/Risk/obesity

Center for Disease Control and Prevention
"Mental illness is an important public health problem in itself—about 25% of U.S. adults have a mental illness—but also because it is associated with chronic medical diseases such as cardiovascular disease, diabetes, and obesity."

http://www.cdc.gov/mentalhealthsurveillance/

Neurology/Wall Street Journal
"People who are obese in middle age and who have high blood pressure and other so-called metabolic risk factors have a speedier cognitive decline as they get older than people of normal weight, according to … the journal Neurology."

http://online.wsj.com/article/SB10000872396390443989204577601343061867240.html
http://neurology.org/content/79/8/755.short?sid=0c31d06b-fd62-4d68-8e53-d4488a3c7b58

The Advisory Board Company
"Results from a small clinical trial found that teens with metabolic syndrome – a precursor to Type 2 diabetes, brought on by obesity – suffer structural abnormalities in their brains and score lower on cognitive function tests than their healthier peers. "The findings undercut previous beliefs that the bad things that can happen among kids with metabolic syndrome are 20 years in the future," Convit says. This work demonstrates that these health issues are having a deleterious impact on a kid's brain now."

The Daily Briefing, September 6, 2012. The Advisory Board Company. "Obesity May Impair Teens' Brains and Cognitive Function."

KNOWLEDGE AND ACTION ARE THE KEY

American Academy of Pediatrics

"People are finally starting to see the light and realize the serious effects of being overweight on our young population. This awareness will hopefully make a difference in their future. Children are getting risk factors for heart disease, fatty deposits in their blood vessels, high levels of cholesterol, and dramatic increases in type 2 diabetes—which used to be called adult-onset diabetes because it was not seen in kids. Well, no longer are those health problems reserved for adults. Another issue is the effect on self-esteem and the psychological well-being of the child. And the longer a child stays overweight, the greater the chance he will remain that way as an adult. Once he becomes an overweight parent, he often starts a similar cycle with his own children. It is important for us all to try to help break that unhealthy cycle.

The American Academy of Pediatrics, a major child advocate organization made up of more than 60,000 pediatricians across the country, has made reducing the problem of overweight children one of its top priorities. Unfortunately, just as the number of overweight youngsters is rising, the opportunities for PE classes in public schools are declining. Many schools have dropped PE classes because of financial problems, while others just do not have the staff available. Some schools have quit requiring PE for graduation. Even the schools that do have such classes may not be optimal situations because many of the kids spend a large part of class time getting changed, waiting in line for their turn, and getting dressed again. We must all do our part to stop the insanity and help our children as well as ourselves get some form of exercise. Thankfully, there is growing research and a rising number of programs available to help form some guidance to solving the nationwide weight problem. Some school programs and PE teachers are making great headway by focusing their classes more on fitness-related activities than just playing games and are finding ways to creatively increase the time your kids are actually active."

http://www.healthychildren.org/English/health-issues/conditions/obesity/Pages/Emphasis-on-Exercise.aspx

Mayo Clinic

"Whether you're at risk of becoming obese, currently overweight or at a healthy weight, you can take steps to prevent unhealthy weight gain and related health problems. Not surprisingly, the steps to prevent weight gain are the same as the steps to lose weight: daily exercise, a healthy diet, and a long-term commitment to watch what you eat and drink."

http://www.mayoclinic.com/health/obesity/DS00314/DSECTION=prevention

American Dietetic Association

"If you have a chronic condition, a carefully planned diet can make a difference. With certain diseases, what you eat may reduce symptoms. In other cases, diet can improve health. For example, eating a heart-healthy diet can help lower high blood pressure; this reduces the risk of both heart attack and stroke. Even if someone does not have high blood pressure, eating a heart-healthy diet may reduce the risk of heart disease in the future." A heart healthy diet includes fruits, vegetables, whole grains, fat-free and low-fat dairy products, and seafood, but less sodium, saturated fats, trans fats, cholesterol, added sugar, and refined grains. Weight management is a balance act between the calories eaten and the physical activity performed.

http://www.eatright.org/Public/landing.aspx?TaxID=6442451993

Tulsa World

"Many commonly donated foods [to food pantries] are high in salt, sugar or calories, making them poor choices for people with high blood pressure, diabetes and other diet-related health problems. With more people turning to food banks and for longer periods of time, agency officials say they need

donations but they'd like to see people give the kind of healthy and nutritious items they'd serve to their own families.

The simplest - and most appreciated - donation is cash. Pantry officials can use the money - cash or grocery gift cards - to buy whatever healthy staples are in low supply. Also, because they purchase in bulk, they get more for the money than the average grocery shopper does."
http://www.tulsaworld.com/article.aspx/Healthy_choices_on_wish_list_for_food_pantries/20111127_43_d4_cutlin673926

CoxHealth Strategy to Reduce Obesity in the Community

Early committee work produced an inventory of CoxHealth community-focused initiatives. Reflection on current activity reinforced the idea that CoxHealth actively encourages healthy living through many different initiatives, both internally for employees and externally for the community. The obesity-related activities were identified and closely examined for the ability to be fully deployed throughout the service area with a systematic approach that results in high impact to targeted populations through integration with community partners. Three specific strategies targeting children, the middle-age, and the low income and chronically ill were selected for service area deployment. A single person will be named to coordinate the implementation of the three strategies that follow. The coordinator will report progress on each of the three strategies routinely to the CHNA Strategy Committee.

Strategy 1: CoxHealth CARDIAC Kids Program

CARDIAC (Coronary Artery Risk Detection in Area Children) Kids is a cardiovascular screening program aimed at identifying both children and parents who have abnormal cholesterol levels, as well as other cardiovascular disease or diabetes risk factors. It includes a family history plus blood pressure, height, weight and diabetes screenings. All participants are also eligible for a blood cholesterol test. The program is offered at no cost to participants.

Early identification of children with risk factors for heart disease helps families take steps early toward heart healthy lifestyles. Healthier childhoods may lead to fewer cases of chronic disease in the future.

Elevated cholesterol is a serious risk factor for heart disease. Diet and genetic factors both contribute to elevated cholesterol levels. Because elevated cholesterol is a partially inherited disorder, anyone with a family history of heart disease is at risk and should be tested.

CARDIAC Kids includes:

A **school assembly** for the students prior to the screening event is an opportunity for students to learn more about the project and how to keep a healthy heart. The assembly also covers what to expect from the screening event that includes a blood draw.

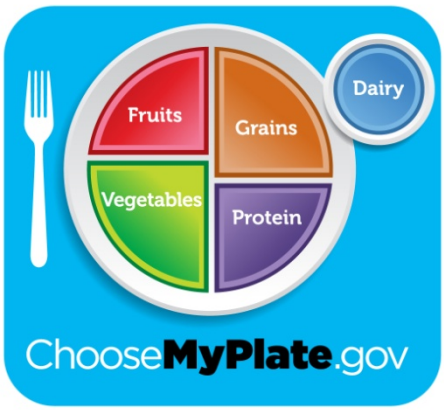
Optional **screenings** include blood pressure, body mass index, cholesterol, triglycerides, HDL cholesterol, LDL cholesterol, and acanthosis nigricans. "Reverse" cholesterol screenings of parents of at-risk children are also offered free of charge to make them aware of any adverse risk factors.

Healthy Hearts web-based instruction module for students is used by classroom teachers to supplement their current health curriculum. The module helps teachers meet a number of national standards in the subject areas of health, physical education, science, language arts and technology.

Healthy Hearts specifically is designed to impact health behaviors related to proper nutrition, physical activity and tobacco avoidance. It assists intermediate grade children (10-12 year olds) in acquiring the knowledge, attitudes and behaviors that lead to wise decisions and healthy lifestyles. Because the module is delivered via the Internet, as opposed to a traditional classroom, students are provided with a plethora of engaging and interactive learning experiences, regardless of their teacher's health training.

They participate in interactive tasks, take quizzes that provide instant feedback, ask and obtain answers to questions from experts, and record and receive feedback about their daily physical activity and diet intake using an online form.

CARDIAC Family Fun is a one-week evening program for children and their parents that focuses on healthy food preparation and physical activity participation. This is offered at the school in a FACS room or a place where there is an accessible kitchen for kids to use. Children and their parents have actual hands-on food preparation activities instructed by a registered dietitian or health professional. Nutrition education is provided during the 2-hour session emphasizing the MyPlate, portion control, heart healthy foods and decreasing fat and sugar consumption. The other portion of the session focuses on physical activity education, what physical activity is, how long activity should last, overcoming excuses for inactivity, and participation in physical activity.



The program began in Monett area schools and has expanded to Springfield area schools in 2012. In addition to area public schools, the CARDIAC Kids program held a screening at the Ozark Empire Fair in 2013. The CARDIAC Kids program will be expanded to the Nixa area in 2014.

Strategy 2: Community in Motion Development

Community in Motion is a community engagement project with the goal of encouraging healthy living for all ages and socioeconomic backgrounds. This project will require the partnership of media, business, municipalities, health care, fitness and wellness. At the heart of the project is a simple structure for making physical activity and wise nutritional decisions a part of everyday life in the form of an annual 12-week challenge and monthly motivation and education newsletter.

Year 1: Name community fitness coordinator and begin contacting partners and form resource/education committee. Create a Community in Motion website. Coordinate exercise, weight and nutrition tracking website/apps. Examples: www.mapmyfitness.com or www.myfitnesspal.com

Year 2: Finalize partners, prizes and education. Begin marketing campaign. Contact fitness centers, schools, public health departments, and business community. Continue creation of education to be used throughout the challenge and the ensuing monthly newsletter. Finalize 12-week calendar. Identify all Community in Motion participating facilities as weigh-in locations. Provide marketing material (art, logos, or flyers) to be created by the participating facility.

Year 3: Run first challenge in the spring (2016). Begin contacting partners for prizes and education. Continue education monthly until the following spring (2017). Evaluate process and make improvements for 2017.

Structure: Year-long education (community newsletter like Healthy Living) building to a 12-week challenge.

- 12-week weight loss challenge
- Individual and team challenge
    - Prizes for first, second, and third male and female individual accomplishments
    - Prizes for first, second, and third team accomplishments
- Weekly e-blast of education, motivation, and news of fitness and dietary events.
- Post challenge – monthly newsletter leading up to the next challenge. Cross-market all three implementation strategies.

Strategy 3: Healthy Food Pantry Collaborative Development

Healthy Food Pantry Collaborative (HFPC) has been formed to spark community interest while supporting a change in food quality within pantries. The partnership will also be uniting local pantries during a regional meeting to share ideas and encourage implementation of this model health initiative. The HFPC includes CoxHealth, University of Missouri-Extension, Crosslines, Victory Mission, WellSpring, Council of Churches, Central Assembly, Ozarks Regional Food Policy Council, MSU and Ozarks Food Harvest. The collaborative is addressing food access, overall health of pantry clientele, and basic needs across the community.

The Healthy Food Pantry Collaborative was formed to promote healthful resources for pantries and change the quality of donations and food offered to pantry clients. We are working on strategies to provide low-income individuals, especially those with heart failure or diabetes, with quality, nutrient-rich food instead of the current high sodium, low nutrient foods offered. Many healthful changes are already in place. A "Healthy Choices" area has been established at Crosslines and Central Assembly Food Pantry, two of our local pantries. This designated area offers low-sodium, low sugar and high-fiber food choices, including healthy snacks. Another important step in providing low-income families with quality food involves implementing a "client-choice" model within our local pantries. This model presents each family with more independence in shopping and lets them choose foods that meet their specific needs. Both Crosslines and Central Assembly Church Pantries use this model and find it beneficial to pantry clients.

Many participants of food banks have health challenges, with specific dietary requirements and needs. In an effort to address dwindling healthy food reserves, CoxHealth in Springfield and Monett partnered with Crosslines and Central Assembly Food Pantry during the month of November 2012 to collect foods low in sodium, sugar, fat and high in fiber. The goal was to have these options available for selection by participants needing them. 1,864 pounds of food was collected and shared by the two pantries. CoxHealth will continue to work with the food pantries on increasing donations of healthy foods.

HFPC Strategy goals:

- Improve access to fresh fruits and vegetables
- Improve consumption of fresh fruits and vegetables

HFPC Tactical strategies:

- Develop collaboration among the food pantries and develop marketing and messaging.
    - Healthy food pantry model
    - Collaborative meetings
    - Newsletter
    - Website
    - Wish List
    - Member pantry assessment completed by personal visit or phone interview
        - Client choice
        - Nutrition education
        - Designated health food area
        - Fresh produce option
        - Diabetic information collected
        - Cardiac information collected
        - Health agencies involvement
        - Family/Individuals served

        - Collection of food
        - Commodities offered
- Increase healthy food donations to participating pantries
    - Food drives
    - Cash drives
- Teach food preparation of pantry foods
    - Food demonstrations at food pantries
        - Portable kitchens
        - Encourage healthier selections
        - Reduce food waste
    - Educators
        - MU Extension
        - CoxHealth
        - MSU Dietetics
        - Hy-Vee
- Establish and Educate Health Ambassadors
    - Develop ambassador 101 curriculum
        - Collaborative and the need/reason for ambassadors
        - Chronic disease – heart failure and diabetes
        - Food groups
        - Pantry tour
        - Handouts appropriate for pantry clientele
        - Offered to pantry volunteers/workers
        - Nutrition professional as instructors
        - 2-hour course offered twice per semester

HFPC Successes

- HFPC Matrix – continually updating

Healthy Food Pantry Collaborative

#	Collaborative Partner	Contribution	Contact Person	Contact Info
1	CoxHealth-Center Director	Assist food pantries to eliminate barriers to providing healthy food choices and work to increase donations	Glenda Miller	Glenda.Miller@coxhealth.com
2	Clinical Dietitian	Connect local pantries, facilitate pantry meetings, & promote healthy steps within pantries by providing resources and successful ideas already in progress	Tylane Garrett	tgarrett234@gmail.com
3	Cox Health Grant Writer	Identify funding for project and research potential strategies based on current needs and opportunties	Keith Moris	Keith.Morris@coxhealth.com
4	MSU Dietetics Representative- Dietitian	education (wherever needed), volunteering, recruiting volunteers for food drives/pantry assistance/ect.	Sarah Murray	SarahMurray@MissouriState.edu
5	Cox Asst Director Nutrition Services-Dietitian	Provide nutrition education resources, student intern volunteers	Cindy Fluekiger	Cindy.Fluekiger@coxhealth.com
6	Cox Clinical Dietitian	Provide nutrition education resources and offer nutrition classes	Donna Webb	Donna.Webb@coxhealth.com
7	University of Missouri-Extension	Nutrition education resources, handouts, recipes, and financial resources for clients. Also offer a demo person for the mobile kitchen project	Pam Duitsman	duitsmanp@missouri.edu
8	Ozarks Regional Food Policy Council	Nutrition policy change and networks	Angela Jenkins	foodlady9525@sbcglobal.net
9	Ozarks Food Harvest		Mary Zumwalt	mzumwalt@ozarksfoodharvest.org
10	Victory Mission	Pantry Involved in many low income community organizations and working closely with the Collaborative to initiate healthful changes	Mark Hay	mhay@victorymission.com
11	Central Assembly	Pantry involved in many low income community organizations and working closely with the Collaborative to initiate healthful changes. The pantry also has a health food section for clients to choose from	David Jayne	djayne@centralassembly.org
12	Cox Marketing Department	Provides finished print products- Wish List Donation Sheet and Quarterly Newsletter. Also worked on website to promote healthy donations	Rosemary Lewis	Rosemary.Lewis@coxhealth.com
13	Well Spring -Human Resources Mgr	Unsure at this time what my contribution will be.	Judith Miller	Judith.Miller@bcbsmo.com
15	Council of Churches	Assist with messaging to churches and the community to increase healthy food donations	Lesa Nelson	lnelson@ccozarks.org
16	Crosslines Pantry	Pantry Involved in many low income community organizations and working closely with the Collaborative to initiate healthful changes. The pantry also has a health food section for clients to choose from	Tom Faulkner	tfaulkner@ccozarks.org
17	The Kitchen Inc.	Connected with many low income community resources and will provide contacts	Rorie Orgeron	ROrgeron@thekitcheninc.org

- Wish List donation sheet development and adoption
    - To be promoted within connected organization
    - To be shared with donors
    - To be available on the website
    - To guide pantries interested in using and stocking the “Healthy Choices” area
- Newsletter development, “The Pantry Buzz”
    - To be a quarterly publication
    - To highlight local pantries
    - To focus on food insecurity issues
    - To be made available on the website
- Facilitation of pantry collaborative meetings
- Facilitation of healthy food drives/cash drives
    - Example November 2012 and nearly 2000 lbs. of healthy food collected

- Creation of a HFPC website
    - http://www.coxhealth.com/body.cfm?id=5957

Data collected from food pantry assessment of pantries interviewed to date:

- 25 percent offer client choice, another 41 percent offer limited choices
- 58 percent offer some nutrition education
- 16 percent have a designated healthy choice area
    - Limited space
    - Limited food options
- 75 percent offer some fresh produce
- 42 percent collect diabetic data, 25 percent collect cardiac data
    - Another 25 percent tailor for health needs if known
- Most common partners
    - Ozark Food Harvest
    - Missouri Extension Program

Local Area Food Pantries

Name	Address	Contact Name	City	State	Zip
Broadway United Methodist	545 South Broadway	Mark Hansche	Springfield	MO	65806-1739
Center City Christian Outreach- Well of Life Resource Center	418 S. Kimbrough	Gail Smart (co-director)	Springfield	MO	65806
Central Assembly of God	1301 N. Boonville	Pastor David Jayne	Springfield	MO	65802-1803
Crosslines of Springfield	1710 East Chestnut Expressway	Tom Faulkner	Springfield	MO	65802-2165
Day Springs Worship Center - Hand Extended	2157 N. Prospect	Kay Mark	Springfield	MO	65803-4054
Destiny World Church Outreach	526 E. Harrison	Sarah Doke	Republic	MO	65738-1353
East Sunshine Church of Christ	3721 East Sunshine	Jay Baker	Springfield	MO	65809-2824
Grand Oaks Baptist Mission	2854 West Grand	Dinah Ensor	Springfield	MO	65802-5076
Grant Avenue Baptist Mission	1033 N. Grant	Mary Ellen Gilbert	Springfield	MO	65802-3913
Harbor House	636 Boonville	Diana Lewis	Springfield	MO	65806-1006
Heart of the Ozarks/Hand Extended Pantry	2158 N. Ramsey Ave	Phil Wilson (president)	Springfield	MO	65803
Hillcrest Presbyterian Church	818 East Norton	Regina Ice	Springfield	MO	65803-3646
Immaculate Conseption Church	3555 South Fremont	Sharon Weidelman	Springfield	MO	65804-4237
Inner City Outreach - ICO Embassy of Hope	P.O. Box 1486	David Sims	Springfield	MO	65801-1486
James River Food Pantry- One Heart	6100 N. 19th Street	Chuck Greenaway	Springfield	MO	65721
New Life Evangelstic Center	806 N. Jefferson	Joe Batson	Springfield	MO	65802- 3710
Ozarks Food Harvest	2810 N. Cedarbrook	Bart Brown	Springfield	MO	65803-5052
Parenting Life Skills	600 S. Jefferson	Thomas Carroll	Springfield	MO	65806-3108
People Helping People	P.O. Box 505	Kathy Kelly	Republic	MO	65738-0505
Rare Breed	301 N. Main Street	Rorie Orgeron	Springfield	MO	65806
Salvation Army	1707 West Chestnut Expressway	Jeff Smith	Springfield	MO	65802-4279
Schweitzer United Methodist Church	2701 East Sunshine	Paula O'Donnell	Springfield	MO	65804-2046
Southwest MO Indian Center	543 S. Scenic	Ken Estes	Springfield	MO	65802-4759
St Joseph Catholic Church	1115 North Campbell	David Scott	Springfield	MO	65802-3826
Victory Mission, The	P.O. Box 2884	James Harriger	Springfield	MO	65801-2884
Victory Mission, The Family Ministry	1715 N. Boonville	Laura Rush/ Mark Hay	Springfield	MO	65803-2754
Walnut Christian Church	2201 W. Walnut	John Wylie	Springfield	MO	65806-1517

Additional information

- http://chroniccaremissouri.org/programs/coxhealth-2/an-update-the-healthy-food-pantry-collaborative/

The Pantry Buzz

Vol. 1 Issue 1

Partners Working Together

A newly formed Healthy Food Pantry Collaborative (HFPC) has been working diligently to spark community interest while supporting a change in food quality within pantries. The partnership will also be uniting local pantries during a regional meeting to share ideas and encourage implementation of this health initiative. The HFPC includes Cox Health, University of Missouri-Extension, Crosslines, Victory Mission, WellSpring, Council of Churches, Central Assembly, Ozarks Regional Food Policy Council, Harvest on Wheels, SOS, and Ozarks Food Harvest. The collaborative will be addressing food access, overall health of pantry clientele, and basic needs across the community.

Supporting the Initiative- Healthy Donations

Many participants of food banks have health challenges, with specific dietary requirements and needs. CoxHealth partnered with Crosslines and Central Assembly Food Pantry during the month of November to collect foods low in sodium, sugar, fat and high in fiber. The goal was to have these options available for selection by participants needing them. 1,864 pounds of food was collected and shared by the two pantries. CoxHealth will continue to work with the food pantries on increasing donations of healthy foods.

Related Resources

Find low budget recipes browsed by how much you want to spend on the meal, menu items, audiences, cooking equipment available and many other search categories. *http://recipefinder.nal.usda.gov/*

Are you interested in local food pantry data, food drives, distribution or the programs currently in place to fight hunger? Check out Ozarks Food Harvest's website. *http://www.ozarksfoodharvest.org*

Healthful Donations Make An Impact

This year local pantries have taken the next step by becoming a place for families to collect healthy supplemental foods and gather nutrition information. Food pantry clients, many living in poor neighborhoods, are at highest risk for inadequate intake of fruits and vegetables as emergency food assistance often do not include a supply of fresh produce. Research implies food from pantries lack calcium, vitamin A, vitamin C and fiber. Creative efforts are necessary for pantries to have the capability to provide more nutrient-rich foods.

Providing nutritious food for families and individuals in need will alter a much lacking food system. Many low-income individuals live in concentrated areas short on access to healthy food – fresh produce and meat – even while convenience stores and fast-food outlets flourish. These communities often paradoxically experience both obesity and poverty.

Our local pantries have begun offering nutrition education, food demos, and other beneficial resources focused on helping clientele make better choices within their local pantry.

Many of these agencies are working together to form collaborative impact. The goal is improved quality of food received, not simply poundage collected. Pantries collaborating and sharing ideas that work will benefit the greater cause-adequate nutrition.

References:
http://www.whyhunger.org
http://www.ozarksfoodharvest.org
http://movethefood.org

Coming Fall 2013

Nutrition 101 Training

The Healthy Food Pantry Collaborative is working to enhance the resources available to local food pantries. One of the newest offerings is a Nutrition 101 course for the staff and volunteers helping in local pantries. This interactive course will allow for participants to become familiar with a "healthy plate" and information they can share with the individuals they come in contact with at the local food pantries. Each course will be conducted by a nutrition professional who can also help answer questions based on the specific nutrition-related needs of each pantry.

In this course, participants will learn:

- Common nutrition-related diseases and how diet can impact quality of life.
- How to choose foods from the pantry shelves that will benefit the client's health.
- Identifying foods low in sodium and extra sugar
- How to choose foods high in fiber and vitamins/ minerals.

Healthy Food Pantry Collaborative

For more information contact:
Sarah Murray, MS, RD/LD
Missouri State University
(417)836-4509
SarahMurray@MissouriState.edu

A Healthy Food Pantry Wish List

Fruits

Canned fruits in light syrups or in own juices
No sugar added applesauce
Fruit snacks (100% juice)
Fruit Cups (100% fruit)
Juice – Canned and boxed (100% fruit)

Vegetables

Low-sodium or "no salt added" canned vegetables
Low-sodium canned tomato products
Reduced sodium spaghetti sauce
Low-sodium V-8 juice
Tomato paste
Reduced sodium vegetable soups

Grains, Cereal, Rice and Pasta

Brown Rice
Whole wheat/bran cereal (>5 grams of fiber)
Whole grain crackers (>2 grams of fiber)
Plain oatmeal
Granola bars/Shredded wheat (>2 grams of fiber)
Hot cereal mixes – cream of wheat, cream of rice
Whole wheat pasta
Egg noodles
Corn tortillas

Poultry, Fish, Beans and Nuts

Canned chicken
Canned salmon or low-sodium tuna in water
Dried beans
Low-sodium canned beans – all varieties
Unsalted nuts
Reduced sodium peanut butter

Milk and Cheese

Powdered milk
Shelf-stable milk, soy or almond milk (in a box)
Cheddar, mozzarella or feta cheese

Fats and Oils

Canola, coconut or olive oil
Low-sodium salad dressing – Italian, vinaigrette
Popcorn – lower sodium, low-fat

2013

Implementation Strategy Partnering Hospitals

CoxHealth in Springfield and Monett serve some of the same population, and because of the consistency of need and service area Cox Monett will adopt the service area and CHNA of CoxHealth Springfield. CoxHealth Springfield and Cox Monett have worked together to develop and will also adopt the same CHNA implementation strategy.

Identified needs not specifically addressed by this strategy

There are many needs in a service area the size of 22-counties as the CHNA illustrates. CoxHealth does in some way address many of the important issues that were suggested through the assessment stage of the CHNA. Some issues unfortunately cannot be addressed because of limited resources and others are being addressed or are better suited for other organizations. One of the reasons obesity was chosen as the single priority is that there are many issues identified in the CHNA that are either directly or indirectly related to obesity. The following table shows the identified needs and a brief reason for prioritization.

Prioritization Key

1. Identified priority for entire service area
2. Important issue being addressed by CoxHealth in some way, but does not rise to the level of a top priority
3. Limited resources
4. Direct or indirect relationship to identified priority
5. Unclear, ambiguous, or issue addressed by others

Identified Issue	Sub-grouping	Public Health Survey	Board of Directors Survey	Survey of Area Heads of Household	Facebook/Twitter	Health Behaviors and Outcomes	2012 County Health Rankings	Prioritization March, 2012	Prioritization July, 2012	Reason for Implementation Strategy Prioritization
Obesity	N/A	x	x			x	x	1	1	1
Healthy Diet/Nutrition	N/A	x					x			4
Immunizations	N/A	x								2
Physical inactivity	N/A	x				x	x			4
Wellness program	N/A	x								4
Tobacco use	N/A	x				x	x	5		2
Drug abuse	N/A	x								2
Teen pregnancies	N/A	x					x			2
Alcohol abuse	N/A	x					x			2
Prenatal care	N/A	x								2
Low birth weights	N/A	x				x	x			2
Recreation and rehabilitation	N/A	x					x			4
Poor or Fair Health	N/A					x	x			2
Environmental factors	N/A						x			3
Diabetes	N/A	x				x	x			4
Asthma	N/A	x						4		2
ADHD	N/A	x								2
Heart Disease/blood pressure/cholesterol	N/A	x				x				4
Decreasing communicable disease	N/A	x								2
COPD	N/A	x								2
Cancer	Cancer (not specified) Breast cancer Childhood leukemia Gynecologic cancers	x								2
Autism	N/A	x								2
STDs: Gonorrhea & Chlamydia	N/A	x					x			2
HIV/AIDS	N/A	x								2
Chronic physical and cognitive disabilities secondary to brain injury, secondary to injury or illness	N/A	x								2
Alzheimer's disease & related dementias	N/A	x								2
Any life-threatening medical condition affecting children between ages 2.5 -18 years old	N/A	x								2
Dual diagnosis	N/A	x								2
Medically fragile disability	N/A	x								2
Premature death	N/A						x			2
Access to primary care	N/A	x	x	x	x	x	x	2		2
Access to primary care: Medicare patients	N/A	x								2
Access to specialty care:	dermatology neurology psychiatry general surgery oncology pediatrics OB/GYN birth & postpartum doulas cardiology child abuse evaluations endo ENT GI individuals with disability Medicare and Medicaid NICU pain management ophthalmology rheumatology urology infertility/IVF services Senior	x	x	x	x					2

Mental health services	N/A	x		x			x	3		2
Urgent care/after hours care	N/A	x	x	x						2
Emergency response	N/A	x								2
Dental	N/A	x	x	x						2
Medical homes	N/A	x								2
Access to home care	N/A	x								2
Respite	N/A	x								5
Provide whole health care management for individuals with mental health and physical health concerns	N/A	x								2
Children's behavioral issues	N/A	x								2
Skilled and residential nursing home care	N/A	x								3
Access to palliative care for those who are not yet hospice appropriate	N/A	x								2
Bilingual information & services	N/A	x								2
Increase in screening rates (colon and breast)	N/A	x					x			2
Screening capability: mammograms	N/A	x								2
Christian County expansion	N/A		x							2
Rural health	N/A		x							2
Preventable hospital stays	N/A						x			2
Medically uninsured and under insured	N/A	x		x	x		x			2
Medicaid registration process	N/A	x								2
Keeping Medicare intact	N/A	x								2
Child abuse	N/A	x								2
Decreasing unintentional injuries in children	N/A	x								5
Motor vehicle accidents	N/A						x			5
Elder abuse	N/A	x								3
Repetitive use injuries	N/A	x								2
Decreasing injury to family members	N/A	x								5
Domestic violence	N/A	x								5
Violent crimes	N/A	x					x			5
Sexual assult/rape	N/A	x								5
Reduce sick days	N/A	x								2
Regional economic sustainability	N/A	x								2
Poverty, diversity, and inclusion	N/A	x		x			x			5
Affordable healthcare member connectivity	N/A	x								2
Social Support	N/A						x			2
Affordable prescription drugs	N/A	x								2
Following prescribed drug use	N/A	x		x						2
Education regarding normal progression of recovery	N/A	x		x						2
Increased awareness of lifestyle factors that contribute to cognitive and overall health decline	N/A	x								2
Parenting classes (low cost) for low income families	N/A	x								5
Prevention education & priorities	N/A	x								5
Educational Attainment	N/A						x			5

CoxHealth Board of Director Approval

CoxHealth Board of Directors approved the CoxHealth Implementation Strategy during the September 19, 2013, Board of Directors meeting.

Cox Monett Board of Director Approval

Cox Monett Board of Directors adopted the CoxHealth Community Health Needs Assessment and approved the CoxHealth CHNA Implementation Strategy during the September 18, 2013, Board of Directors meeting.