

# Harrison County Community Health Improvement Plan

Harrison County Health Department,  
Home Health & Hospice

2025-2027



*Harrison County*



HEALTH DEPARTMENT,  
HOME HEALTH & HOSPICE

# Table of Contents

---

<b>Acronyms .....</b>	<b>4</b>
<b>Executive Summary .....</b>	<b>6</b>
<b>Harrison County Health Department .....</b>	<b>7</b>
Mission.....	7
Vision .....	7
Values .....	7
<b>Harrison County, Missouri.....</b>	<b>8</b>
Location and History.....	8
Population.....	8
Race.....	9
Housing .....	9
Education .....	9
Income and Poverty.....	9
<b>Community Health Assessment Overview .....</b>	<b>10</b>
<b>What is a CHIP?.....</b>	<b>12</b>
Community Health Improvement Plan .....	12
Essential Services of Public Health .....	12
<b>Social Determinants of Health .....</b>	<b>13</b>
Key Harrison County Social Determinants of Health Data Points.....	14
<b>Community &amp; Partner Engagement .....</b>	<b>18</b>
<b>CHIP Development .....</b>	<b>19</b>
Mobilizing for Action Through Planning & Partnerships (MAPP 2.0) .....	19
CHIP Meetings .....	19
CHIP Development Gant Chart.....	20
CHIP Process and Methods.....	20
<b>Prioritized and Selecting Priority Issues.....</b>	<b>23</b>
Priority Review .....	23
<b>Priority Issue #1: Alcohol and Drug Abuse.....</b>	<b>25</b>
Alchol And Drug Abuse Problem Statement .....	26

Alcohol And Drug Abuse Goal Statement .....	26
Lead Agency.....	26
Collaborating Agencies.....	26
SWOT Analysis .....	27
Goal 1: Decrease the rate of Alcohol Abuse in Harrison County Residents.....	27
Goal 2: Provide parents with resources needed to Address Alcohol and Drug Use, fostering early interventions in the home .....	28
Goal 3: Enhance the data related to Harrison County Youth and engagement in drug and alcohol use.....	29
<b>Priority Issue #2: Mental/Behavioral Health.....</b>	<b>30</b>
Mental/Behavrioral Health problem Statement.....	31
Mental/Behavioral Health Goal Statement.....	31
Lead Agency.....	31
Collaborating Agencies.....	31
SWOT Analysis .....	31
Goal 1: Improve the Mental Health of Harrison County Residents.....	32
Goal 2: Increase Early Identification of Mental Health Issues in Youth and Adults .....	33
Goal 3: Enhance The use of Existing Resources.....	33
Goal 4: Assess The Availability of Existing Mental Health REsources.....	34
<b>Priority Issue #3: Chronic Disease.....</b>	<b>35</b>
Chronic Disease Problem Statement .....	36
Chronic Disease Goal Statement .....	36
Lead Agency.....	36
Collaborating Agencies.....	36
SWOT Analysis .....	36
Goal 1: Increase Access to Healthy Foods .....	37
Goal 2: Increase Opportunities for Physical Activity.....	38
Goal 3: Increase Diabetes Education.....	39
Goal 4: Increase Routine Screenings .....	40
Goal 5: Improve Individual Management of Chronic Disease Conditions.....	41
<b>CHIP Implementation Plan.....</b>	<b>43</b>
Implementation Objectives .....	43

Implementation Process .....43

Implementation Plan .....45

CHIP Implementation Gant Chart .....45

**Continuous Quality Improvement .....46**

    Methods .....46

**Summary .....47**

**References .....49**

# Acronyms

---

**CDC: Centers for Disease Control and Prevention**

**CHA: Community Health Assessment**

**CHIP: Community Health Improvement Plan**

**COVID: Coronavirus Disease**

**CHR: County Health Rankings**

**DHSS: Missouri Department of Health and Senior Services**

**ER: Emergency Room**

**FOBT: Fecal Occult Blood Test**

**HCCH: Harrison County Community Hospital**

**HCHD: Harrison County Health Department, Home Health & Hospice**

**KPI: Key Performance Indicator**

**MAPP: Mobilizing for Action through Planning and Partnerships**

**MO: Missouri**

**MOPHIMS: Missouri Public Health Information Management System**

**NACCHO: National Association of County and City Health Officials**

**PDSA: Plan-Do-Study-Act**

**PK: Pre-Kindergarten**

**QI: Quality Improvement**

**SAMHSA: Substance Abuse and Mental Health Services Administration**

**SBI: Screening, Brief Intervention**

**SDOH: Social Determinants of Health**

**SWOT: Strengths, Weaknesses, Opportunities, Threats (Analysis)**

**USA: United States of America**

**VMSG: Vision, Mission, Services, Goals (Performance Management System.**

**WIC: Women, Infants, and Children (Program)**

# Executive Summary

---

The 2025-2027 Harrison County Health Department Community Health Improvement Plan (CHIP) serves as a roadmap for improving the overall health and well-being of Harrison County residents. It is a strategic, collaborative effort that brings together local health professionals, community leaders, organizations, and residents to review health needs, set goals, and implement programs designed to address those needs. The CHIP is intended to guide the community toward a healthier future by focusing on both individual and collective actions that can improve health outcomes over the long term.

MAPP. 2.0

The CHIP process, as outlined in this plan, includes:

- Reviewing data from the 2022 Community Health Assessment (CHA).
- Reviewing the three priority issues identified in the CHA: Alcohol and Drug Abuse, Mental/Behavioral Health, and Chronic Disease.
- Identifying problem and goal statements
- Completing a Root-Cause Analysis for each priority issue
- Developing Goals, Strategies and Activities that would target the root cause of the issue and reach the established goals.
- Utilize evidence-based practices within the strategies.

The 2025-2027 Harrison County Health Department Community Health Improvement Plan will be available to the community on the Harrison County Health Department website ([www.harrisoncountyhealthdept.org](http://www.harrisoncountyhealthdept.org)). Regular updates, as outlined in this CHIP will also be made available to the community.

The Community Health Improvement Plan represents a collective effort to improve the health and quality of life of Harrison County community members. By addressing priority health areas, setting actionable goals, and implementing sustainable strategies, the CHIP seeks to create a healthier community for all. Collaboration, community engagement, and commitment to health equity will be central to its success. Through this plan, we aim to build a community that fosters well-being, resilience, and opportunity for all of Harrison County.

We thank those who have engaged in this process and invite all community members to join us in the delivery of the outline strategies in the 2025-2027 CHIP.

# Harrison County Health Department

---

Harrison County



HEALTH DEPARTMENT,  
HOME HEALTH & HOSPICE

## MISSION

We help communities, through quality education and services, fulfill the highest quality of life.

## VISION

With an unbounded commitment to funding and inclusivity, we strive to eliminate health disparities, enhance the quality of life for all, and inspire well-being for generations to come.

## VALUES

**Quality-** We are committed to the highest quality of services that include evidence-based practices, goals and knowledge staff.

**Integrity-** We are honest, fair, and respectful of the community we serve, the work we do, and the resources we have been given.

**Collaborative-** We strive for strong partnerships in our community, through communication, teamwork, and flexibility.

**Equity-** We believe in fair opportunities for all.

**Compassion-** We respond, care for and support our community, our work, and each other.

**Innovative-** We are committed to creativity, growth, and solutions which improve the quality of health for our community.



# Harrison County, Missouri

## LOCATION AND HISTORY

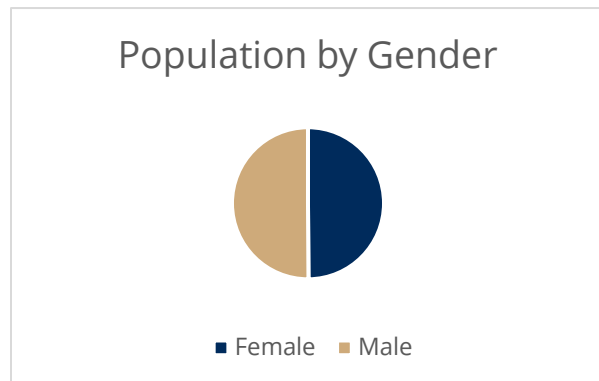
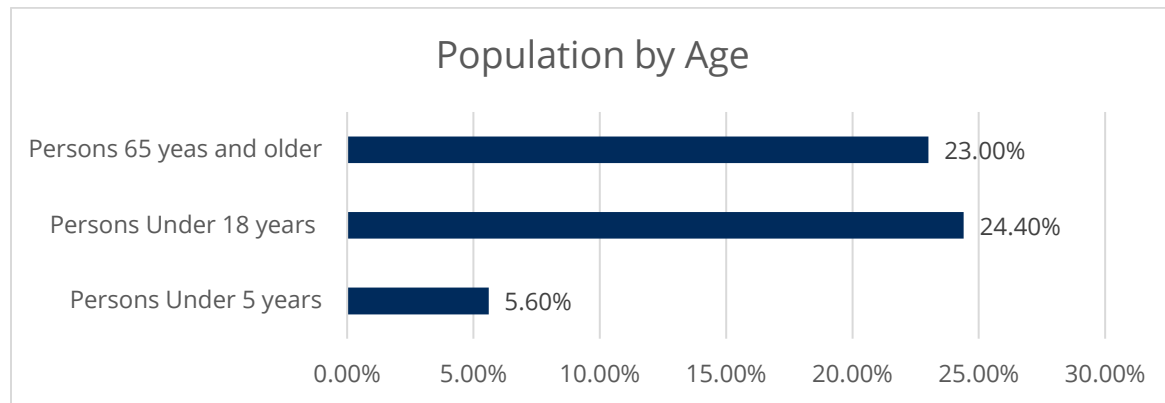
Harrison County, Missouri is a rural jurisdiction, located in the northcentral part of Missouri, boarding Iowa to the north. Harrison County is roughly 726 square miles, comprised of mostly farm land and several small towns. Bethany is the largest town in Harrison County and serves as the county seat. Other towns include Gilman City, Cainsville, Eagleville, and Ridgeway.



Harrison County was formed in February of 1845, named for U.S Representative Albert G. Harrison (MO).

## POPULATION

The population of Harrison County in 2024 was 8,220. (44)



Women make up 49.9% of the population in Harrison County. (44)

## RACE

Harrison County is comprised of predominantly white people, with a small number of Hispanic, American Indians/Alaska Native, Black and Asian residents. (44)

Race	Percentage
White	96.6%
Hispanic or Latino	2.7%
American Indian and Alaska Native	0.6%
Black	0.5%
Asian	0.5%
Native Hawaiian or Pacific Islander	0.1%
Two or more races	1.7%

## HOUSING

There are an estimated 4,007 housing units in Harrison County. The median monthly cost of a mortgage is \$1,173.00. The median monthly cost of rent is \$456.00. (44)

In 2023, there were an estimated 3,064 households, with an average of 2.62 persons per household. (13 POP).

## EDUCATION

Harrison County has five public schools, PK-12, with student populations ranging from 74 students in the small district to 855 students in the largest district.

90.7%

• High school graduate or higher, persons 25 years and older

17.6%

• Bachelor's degree or higher, persons 25 years and older

## INCOME AND POVERTY

	Harrison County	Missouri	United States
Median Household Income (2023)	\$53,364	\$68,920	\$78,538
Persons in Poverty	16.2%	12.0%	11.1%

(44)

# Community Health Assessment Overview

---

Harrison County Health Department, Home Health & Hospice completed a Community Health Assessment (CHA) in December 2022. The CHA is a foundational process for identifying and understanding health needs, challenges, assets, and partnerships within our community. By gathering and analyzing data from a variety of sources, the CHA will help guide decision-making and prioritizing health issues that require targeted interventions to improve the health and well-being of Harrison County residents.

The purpose of the Harrison County CHA is to

- Provide an accurate picture of the health of Harrison County residents
- Identify key health disparities and at-risk populations
- Understand the social, economic, and environmental health priorities that will drive actionable, community-wide improvement
- Engage community stakeholders in identifying needs, setting priorities, and planning interventions.

## Methodology

Convenience sampling was the primary sampling method for the CHA. The use of a survey, both through electronic and hard copy participation, was collected during the summer of 2022. Focus Groups, using a semi-structured interview, were convened throughout the county.

Both the quantitative and qualitative data were analyzed, organized into cluster/theme tables, and word clouds to visually display the data and help identify themes.

Additionally, secondary data was obtained from the State of Missouri, Department of Health and Senior Services, Missouri Public Health Information Management System (MOPHIMS), Missouri Kids, USA Facts, The United States Census Bureau and the American Community Survey.

## Results

The final process of the CHA included an in-depth review of data collected related to health priorities. The results of the data analysis indicated the top health priorities for Harrison County are:

1. Drug Abuse
2. Mental/Behavior Health
3. Alcohol Abuse.

Social Determinants of Health section will discuss more primary and secondary data points reviewed through the CHA and CHIP process.

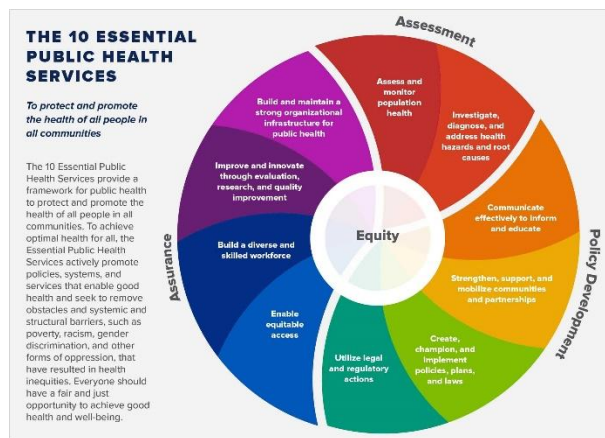
# What is a CHIP?

## COMMUNITY HEALTH IMPROVEMENT PLAN

A Community Health Improvement Plan (CHIP) is a long-term collaborative effort to address public health issues in the community, based on information collected from the Community Health Assessment (CHA). This three-year plan will engage community partners to analyze and address health issues, identify priorities, develop measurable objectives and outline key performance indicators. The process includes an inventory of current assets or resources, the development of coordinated strategies and helps give ownership to health in our community. (7)

## ESSENTIAL SERVICES OF PUBLIC HEALTH

The Harrison County Health Department, Home Health & Hospice CHIP will serve as a guide to address three prioritized areas of health identified from the CHA. It serves as a road map to improve the health and well-being of Harrison County residents. The CHIP will include strategies that follow the Essential Services of Public Health. The Essential Services for Public Health Model uses a cycle of Assessment, Policy Development, and Assurance to achieve optimal health for all. Strategies will work together to promote health specific policies, remove barriers to services that can impact health outcomes, and increase education so that all residents have a fair and equitable opportunity to achieve good health.



# Social Determinants of Health

Social determinants of health (SDOH) refer to the nonmedical factors that will influence health outcomes, including where a person is born, grows, works, lives, and plays. These factors significantly impact a person's health outcomes and contribute to health disparities across different populations. Addressing SDOH is crucial to improving public health of a community, reducing inequalities, and creating healthier communities. (11)

## Social Determinants of Health



The social determinants of health include five domains, which were considered prior to each CHIP meeting. The CHIP Committee discussed each domain with examples prior to reviewing the key data sheet. (11)

Social Determinants of Health  
Copyright-free

Healthy People 2030

**Economic Stability:** income, employment opportunities and resources, expenses, and poverty level (11)

**Educational Access and Quality:** educational opportunities, influence health literacy (11)

**Healthcare Access and Quality:** available healthcare services, quality of services, barriers to treatment resulting in preventable diseases and increasing mortality rates (11)

**Neighborhood and Built Environment:** physical environment, housing, transportation challenges, access to healthy food (11)

**Social and Community Context:** social connections, community engagement (11)

## KEY HARRISON COUNTY SOCIAL DETERMINANTS OF HEALTH DATA POINTS

The CHIP Committee reviewed data specific to each identified priority area. The CHIP committee also reviewed data points specific to social determinants of health related to the priority area.

### Education Access and Quality

Education impacts not only knowledge and skills but also economic stability, health literacy, and long-term wellness. Higher levels of education are often associated with improved health outcomes, while disparities in access to quality education can lead to health inequities.

- 90.7% of Harrison County residents age 25 and older have a high school diploma or higher. (44)
- 17.6% of Harrison County residents age 25 and older have earned a bachelor's degree or higher, lower than the state rate of 33.2%. (43, 44)
- There are five public school districts in Harrison County, of various sizes. The largest district includes 855 students K-12 and the smallest district includes 74 students. (20)
- The student to teacher ratio varies from 3.22:1 to 8.22:1. The county average is 6.32:1. (20)
- Four of five of the county school districts are Accredited. One school is in Provisional Accreditation. (19)
- The total 2024-2025 school age population in Harrison County is 1366, or roughly 16.62% of the county population. (20)
- Graduation rates vary by district, with a county average of 94.1%, without data from one school. (19)
- Secondary education is not available in Harrison County. There are three secondary education institutions in the region to include North Central Missouri College (2-year programs) in Trenton, Missouri Western State University (4-year programs) in St. Joseph, and Northwest Missouri State University (4-year programs) in Maryville.
- Vocational institutions are also available in Bethany, through a variety of agencies, and in the region.
- 86% of Harrison County homes have a computer. (44)
- 81.3% of Harrison County homes have a subscription to broadband internet. (44)

### HealthCare Access and Quality

Access to healthcare and quality of healthcare is a critical SDOH that significantly affects an individual's health outcomes. This domain includes not only availability and affordability of health services but the quality of those services.

- 13.63% of Harrison County residents are without healthcare coverage, which is comparable to the state rate of 13.81%.

- Harrison County has a disabled population rate of 20.7%, higher than the state rate of 15.0%. (43)
- Harrison County Community Hospital (HCCH), a 16-bed Critical Access Hospital, with clinic services and outreach in the community include a large variety of specialist.
- HCCH, Senior Life Solutions is an outpatient group counseling program for Medicare-age individuals, providing three days of therapy and care. The program can support twenty individuals.
- HCCH, Chronic Disease program includes follow up and care services for those eligible for case management services related to chronic disease. Roughly eighty individuals are participating in that program.
- HCCH is currently building a new facility in Bethany.
- Northwest Health Services, a federally qualified health clinic, provides clinic services to Harrison County residents.
- Cameron Regional Medical Center, a hospital in a neighboring county provides clinic services in Bethany.
- Harrison County Health Department, Home Health and Hospice provides public health services include immunizations, WIC, environmental health, health education, communicable disease, and more. Additionally, home health and hospice services are also available.
- Mental health services are available from community mental health centers that provide satellite services to Harrison County in Bethany.
- MU Extension provides a number of health education programs.
- Nearly 18% of Harrison County residents report that they have not had a routine physical checkup in the past two years, as compared to the state rate of 16.26%. (22)
- Rates of participate in screening programs vary. (22)

	Harrison	Missouri
No test for high blood pressure or diabetes within the past three years among adults age >=45	24.39%	28.26%
No mammogram within the past two years among women age >=40	37.46%	30.90%
No mammogram within the past two years among women age >=50	33.73%	28.90%
No mammogram within the past two years among women age 50-74	29.57%	26.25%
No Pap test in the past three years-among women age 18 and older	35.09%	27.01%
Never had a sigmoidoscopy or colonoscopy-among men and women age 50 and older	38.52%	30.47%
No colonoscopy with the last ten years or sigmoidoscopy within the last five years among adults age .>=50	44.82%	36.08%



## Neighborhood and Built Environment

The built environment refers to the human-made surroundings that provide the physical setting for daily activities, that include housing and buildings, roads, parks, access to healthy foods, and transportation systems. The built environment can influence health outcomes associated with physical activity, mental health, transportation to services, and overall well-being.

- Harrison County has one known farmers market, hosted in the main town, Bethany. While the participation is unknown, there is room for growth of vendors and community participation. It is also common to see individuals selling fresh produce roadside throughout the summer months.
- Two community gardens are currently in operation in Harrison County.
- The majority of food access is found in Bethany, the largest city in Harrison County. Travel times from the very rural sections of the county is nearly thirty minutes. There are food access points in neighboring counties that would be closer than the drive to Bethany.
- The Harrison County food insecurity rate is 17.4%. (16)
- Harrison County residents report a high use of smokeless tobacco use, at 13.71% as compared to the state rate of 5.03%. (22)
- Harrison County has 4,007 housing units (2023). The owner-occupied housing rate is 73.1%. The monthly owner cost with a mortgage in 1919-2023 was \$1,173.00 while the median gross rent during the same period was \$666. (44)
- Most communities in Harrison County have a housing complex.
- There is no public transportation system in Harrison County. Walkability in the community does not include walking or biking lanes on most streets.
- The average travel time to work in Harrison County is 23.6 minutes. 80.4% of people drive alone, 8.3% of people carpool, 7.9% of people work from home, and 1.2% of people walk to work. (43)
- Bethany has a Park and Recreation department that includes maintenance of a city park and recreation facility in Bethany.
- Harrison County residents express a low interest in supporting having roads and streets with shoulders or marked lanes for bicycles in their communities, or having sidewalks in neighborhoods. (22)

## Social and Community Context

Social and community context encompasses the relationships, social networks, community engagement, and cultural context in which individuals live. Strong supporting communities contribute positively to physical, mental, and emotional health. Lack of community support, social isolation, and discrimination can lead to negative outcomes.

- Harrison County includes a variety of faith-based organizations, throughout the county, providing likely one of the largest social connections in the community.
- 51.43% of Harrison County residents participate in the 2022 election. (29)

- Harrison County includes five public school districts, engaging community members social context.
- There are a number of civic organizations in Harrison County.

### Economic Stability

An individual's financial situation impacts access to quality healthcare and overall well-being. Economic instability can contribute to poor physical and mental health outcomes, while economic security can enable individuals to live healthier lives.

- Harrison County average meal cost is \$3.88. And 58% of Harrison County residents are below the SNAP threshold of 130%. (15)
- The median household income for Harrison County is \$53,364, far below the state median of \$68,545. (43)
- The poverty rate in Harrison County is 16.2%. (43)
- The employment rate in Harrison County is 52.6%. (43)
- There are 182 employers established in Harrison County. (44)

# Community & Partner Engagement

---

Effective community and partner engagement is the cornerstone of the Community Health Improvement Plan (CHIP). Engaging the community and key stakeholders throughout the process ensures the plan is grounded in the needs and priorities of those we serve, builds collaboration, and ensures that interventions are sustainable, tailored to the community, and not a duplication of services or resources.

Community partners completed the MAPP 2.0 Community Partner Assessment in 2023, as an addendum to the Community Health Assessment. This process allowed partners to critically evaluate their systems, processes, and capabilities, and identify the capacity of a network of partners to address inequities. This assessment group formed the list of community partners to engage in the CHIP process.

Participating Agencies in the CHIP Process:

Harrison County Health Department, Home Health & Hospice	Harrison County Community Hospital	Preferred Family Healthcare
City of Bethany	First United Methodist Church-Ministerial Alliance	South Harrison School District
Republican Clipper	Harrison County Community Hospital-Senior Life Solutions	Harrison County Community Hospital-Chronic Disease Program
Harrison County Health Department Board of Directors	MU Extension	Crestview Home

Harrison County Health Department, Home Health & Hospice would like to thank all those involved in the CHIP process. The contribution and commitment to a healthier Harrison County is unwavering.

# CHIP Development

---

## MOBILIZING FOR ACTION THROUGH PLANNING & PARTNERSHIPS (MAPP 2.0)

HCHD utilized MAPP 2.0 as a framework for developing the CHIP. This tool provides a structure for assessing population health issues and aligning resources from within the community for action. This tool emphasizes partnership engagement, the need for change in the areas of policy, system, and environment, and development of a shared goal. A publication of the National Association of County and City Health Officials, MAPP 2.0 provides flexibility in collaborating with other community partners, who share like interests in improving the quality and well-being of the community.

A structured CHIP meeting is essential to ensure focused and organized discussions, align key stakeholders, and make effective decisions to drive health improvements within the community. The meetings followed a clear structure to facilitate action planning, track progress, and ensure the including of diverse perspectives.

## CHIP MEETINGS

The CHIP requires expertise, interest, time and commitment to be successful. Therefore meetings were scheduled according to priority area. The CHIP Committee was informed of the meeting schedule, with a structured meeting agenda.

- CHA Key Findings
- Social Determinates of Health
- Key Data Review
- SWOT Analysis
- Problem Statement
- Root Cause Analysis
- Goal Statement
- Strategies Development: Goals, Objectives, Strategies, Activities

## CHIP DEVELOPMENT GANT CHART

Activity	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025
Develop CHIP Committee	█				
Develop Meeting Structure	█				
Priority Area 1: Drug/Alcohol Abuse Meeting		█			
Priority Area 2: Mental/Behavioral Health Meeting		█			
Priority Area 3: Chronic Disease Meeting			█		
CHIP Draft Complete				█	█
CHIP Committee Draft Review				█	█
Published Harrison County Health Department CHIP					█

## CHIP PROCESS AND METHODS

Each CHIP meeting followed the same process and method to ensure consistency in the process. Each step was vital to maintaining a collaborative effort among stakeholders and provided the foundation for the next step.

### Community Health Assessment Key Findings review.

Each CHIP meeting started with a review of the community health assessment Key findings. This process outlined the data collection process, community input and the identified health issues.

### Social Determinates of Health (SDOH)

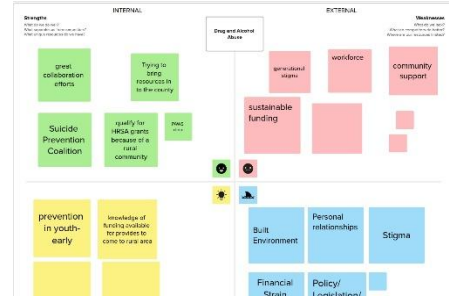
The SDOH were introduced during each CHIP meeting, to include a discussion and examples of each domain of SDOH. Strategy teams (discussed below) were prompted to consider the SDOH when brainstorming during group work.

### Key Data Review

So that CHIP committee members understand the current health status of Harrison County, the CHIP Committee spent significant time reviewing current data on the specific topic. Members were encouraged to share standout data points, additional data they may have from their agency, and any areas that are surprising to them. Data points would be utilized during the objective session of strategy teamwork, as a means for measuring progress toward the overall goal. Data point review will be an important progress tracking tool through the quality improvement process.

## SWOT Analysis

The committee completed a SWOT analysis of the topic area, utilizing brainstorming, and captured ideas on a mural board. This process helped the committee identify internal and external factors that could influence the success of the CHIP strategies. The SWOT analysis helped to inform decision making, develop strategies, and identify risks.



## Problem Statement

The development of an issue problem statement is a critical step in planning, as it helps clearly define and focus the efforts of the improvement activities. Committee members broke up into small groups to brainstorm overall problem statements. Problem statements were reviewed as a committee and a single problem statement was developed.

## Root Cause Analysis (5 Whys and Fishbone)

The committee spent significant time conducting a root cause analysis, a problem-solving method used to identify the underlying causes of the problem, rather than just addressing its symptoms. Committee members were asked to consider the cause of the issue using the 5 Why's. Each why was captured on a single sticky note after going through 5 Why's. Following the 5 Why's, ideas were grouped in themes on a fishbone diagram. The fishbone diagram was used to visually represent the causes of the issue. Small groups were then formed by cause. The small groups would be asked to brainstorm intervention strategies for that cause.



## Goal Statement

Before beginning the strategies group work, each small group was asked to draft a goal statement. This statement would be a broad, overarching health goal that the community aims to achieve through the CHIP. The goal statement sets the direction for the entire plan and provides clarity on the desired outcomes. Groups shared their goal statement and one goal statement was created or chosen based on ideas shared.

## Strategies Development: Goals, Objectives, Strategies and Activities

Small groups identify strategies to address the identified health issues and work toward the broad goal. The strategies are the backbone of the CHIP and guide how the community will improve overall health, reduce disparities and enhance well-being. The strategies were based on evidence-based practices that could impact data collected about the health need or priority area. Strategies often include health education and promotion, policy development and advocacy, access to services, community engagement and empowerment, environmental or structural changes, collaboration and partnerships, behavioral or lifestyle changes, data collection or surveillance, and health equity and SDOH.

The strategy group identified measurable objectives, that were SMARTIE in nature. Meaning the objective was specific, measurable, achievable, relevant, time bound inclusive, and equitable.

“A state in which every person has the opportunity to attain their highest level of health,” is the Center for Disease Control and Prevention (CDC) definition of equity. Strategies were identified with an equity lens, ensuring strategies are designed and implemented that are specifically tailored to reduce disparities and ensure that all populations- particularly those most vulnerable or underserved- have the opportunity to achieve optimal health.



### **Equity**

Means “including an element of fairness or justice to address systemic injustice, inequity or oppression.”<sup>1</sup>

And finally, strategies included activities, or the specific actions that are implemented to achieve the objective set in the CHIP. These are the practical steps that directly accomplish the strategy. Within the Implementation Plan, discussion later in this plan, each activity includes a list of tasks, timeline for completion, agency responsible, and resources available to accomplish the task.

# Prioritized and Selecting Priority Issues

---

The Harrison County Community Health Assessment identified the following priority issues through collection of qualitative and quantitative data:

1. Drug Abuse
2. Mental/Behavior Health
3. Alcohol Abuse.

## PRIORITY REVIEW

As part of the CHA, Addendum in the fall of 2024, the CHIP Steering Committee was created. The CHIP Steering Committee reviewed priorities established through the CHA process, as the final process of the CHA included an in-depth review of data collected related to health priorities. The results of the data analysis indicated the top health priorities for Harrison County. The CHIP committee discussed the top three priority issues, as well as other issues that were discussed in the CHA, as other health issues were identified with primary and secondary data.

### Review of Data

The CHIP committee reviewed primary and secondary data points. The CHA provided survey data and focus group details direct from community members on what they perceive as the most pressing health needs. A review of existing resources, found in the Community Partner Assessment, from MAPP 2.0, was beneficial for awareness of collaborating partners, gaps where services are insufficient, and dedication of community partners.

### Engaging Stakeholders

The selection of priorities also included a review of stakeholders that would not only provide brainstorming of strategies and activities, but would also support the implementation of the activities with resources. Collaborations with sectors, such as education, social services, healthcare providers, city and county officials, community service groups, and others would be vital to selecting the priority areas.

### Consensus Building

Finally, consensus building was used to adjust the final three priority areas. The group was asked to weight the data, stakeholders, and resources of several priority areas. As a group, it was decided



that two top areas could be combined into one priority area, allowing for the final priority area to be addressed in the CHIP.

This 2025-2027 Community Health Improvement Plan will include the following priority areas:

1. Drug and Alcohol Abuse
2. Mental/Behavioral Health
3. Chronic Disease

The Committee identified agencies, partners, community members, and organizations that would be important to engage in the CHIP process.

Each CHIP priority data sheet included details on the risk factors in the community as well as the protective factors.

The following section will outline each priority issue, the background information related to that priority area, primary and secondary data points, and input from the CHIP Committee members, and a SWOT analysis related to the priority area. Data points related to the priority area were provided to the committee, and specific data point related to Social Determinants of Health can be found in that section of the CHIP.

# Priority Issue #1: Alcohol and Drug Abuse

---

Alcohol and drug abuse is not a new public health issue, dating back decades with the development of the National Institute on Alcohol Abuse and Alcoholism, within the U.S. Department of Health & Human Services. (37) The Center for Disease Control and Prevention (CDC) defines alcohol abuse as binge drinking, or consuming five or more drinks for a man on a single setting and four or more drinks for a woman in the sing setting, fifteen or more drink s for a man in a week and eight or more drinks for woman in a week; any amount of alcohol consumed by a person younger than 21 years old, or any amount of alcohol consumed by a pregnant woman. (3)

While facing different challenges, drug abuse also has a long history in public health. In 2020, 14.5% of the United State population, age 12 and older, reportedly had a substance use issue in the past year. That is 40.3 million people. (12)

Adults are not the only people with increased substance use. Harrison County has experienced a rise in substance use in youth from 2020 to 2022, in the forms of electronic cigarettes and alcohol. Harrison County youth increased use of e-cigarettes by 6.9% from 2020 to 2022 and a 3.9% increase is the use of alcohol between the same time period. During the next survey period, 2022 to 2024, e-cigarette use decreased by 2.4% while alcohol use again increased by 2.6%. (28)

Harrison County has a number of protective factors when it comes to substance abuse. Five public school districts provide services to youth, with high school graduation rates near state and national rates (43). Residents have access to employment, with an unemployment rate remaining low near 2.4-4.8%, comparable to the state and national rate. (25) And there are community-based programs for substance abuse treatment with North Central Missouri Mental Health and Preferred Family Healthcare.

The CHIP Committee noted the following additional statistics impacting Harrison County residents:

- When comparing Harrison County to the State of Missouri for substance use for those 18 and older, alcohol use was higher at 56.00% (state 53.35%), binge drinking at 28.35% (state 26.66%), cigarette use was 23.63% (state 22.59%), and marijuana\* 9.22% (state 8.44%). (17)

## **ALCHOL AND DRUG ABUSE PROBLEM STATEMENT**

**Harrison County residents have an increased availability of drugs and alcohol, leading to an increase in use in younger populations.**

## **ALCOHOL AND DRUG ABUSE GOAL STATEMENT**

**Through education and enforcement, Harrison County residents will decrease the use of drugs and alcohol.**

## **LEAD AGENCY**

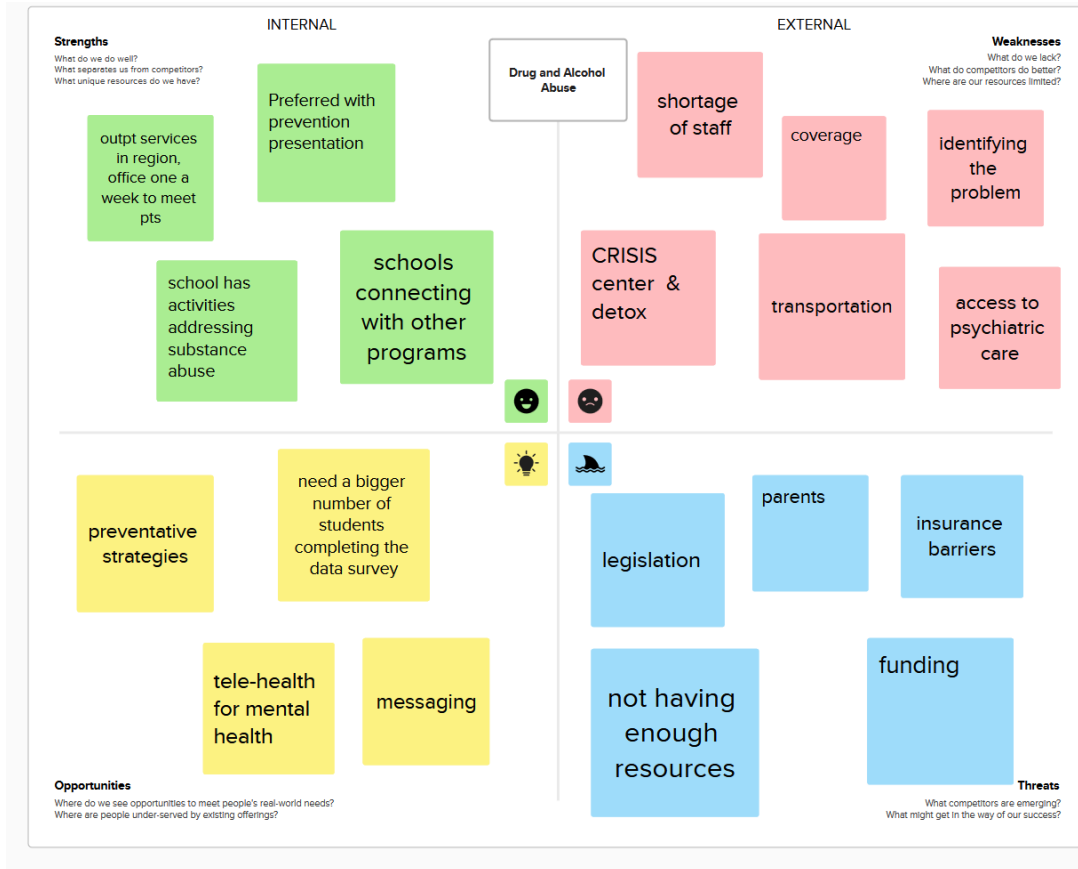
Harrison County Health Department, Home Health & Hospice will serve as the leading agency for this priority issues.

## **COLLABORATING AGENCIES**

Harrison County Health Department, Home Health & Hospice	Harrison County Community Hospital	Preferred Family Healthcare
City of Bethany	Bethany Methodist Church-Ministerial Alliance	South Harrison School District
Republican Clipper	Bethany Police Department	Harrison County Sheriff's Department
NTA Ambulance District	Cainsville R-I	Gilman City R-IV
Horth Harrison R-III	Ridgeway R-V	South Harrison Co R-II
Harrison County Prosecuting Attorney	Probation and Parole	Circuit Court
Northwest Health Services	Bethany Medical Clinic	

# SWOT ANALYSIS

The SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats) is a strategic planning tool used by the CHIP Committee to assess the current position in relation to the challenges faced. The SWOT analysis provides a comprehensive understanding of internal and external factors that can influence decision-making and help formulate strategies.



## GOAL 1: DECREASE THE RATE OF ALCOHOL ABUSE IN HARRISON COUNTY RESIDENTS

Objective 1: By December 31, 2027, decrease the rate of binge drinking for those 18 years and older by 3%.

Key Performance Indicators (KPI): The rate of those 18 years and older, who binge drink will be lower than 25.35%.

Strategies and Activities:

#### Increase use of existing resources

- From March 1, 2025 through December 31, 2027, implement a social media campaign that informs the community about the SAMHSA's National Helpline, which includes a monthly social media post regarding helpline information. (27)
- By December 31, 2025, deploy one media campaign on intervention resources, with a direct mailer to every household in Harrison County that includes a list of alcohol and drug resources in the Resource Guide. (27)

#### Implement community-based referral process

- By December 31, 2026, implement the SAMHSA program "Connecting Communities to Substance Use Services: Practical Tools for First Responders, with local first responder agencies to ensure community-based referrals are available when appropriate. (39)

#### Education among youth regarding the dangers of alcohol and drug abuse as they approach adulthood

- By May 31, 2026, host a speaker (or speaker panel) for students in their Junior and senior years, to discuss the legal ramifications of alcohol/drug use as they approach adulthood, that will include participation from all five county schools.

#### Implement policy that will target early intervention in healthcare settings

- By December 31, 2026, seek a policy within healthcare setting that will increase intervention through use of a Screening, Brief Intervention (SBI) for all adult routine visits. (4, 8, 9)

---

## **GOAL 2: PROVIDE PARENTS WITH RESOURCES NEEDED TO ADDRESS ALCOHOL AND DRUG USE, FOSTERING EARLY INTERVENTIONS IN THE HOME**

Objective 1: By December 31, 2027, decrease the rate of alcohol use in youth, grades 6-12 by 5% and the rate of marijuana use by 5%.

Key Performance Indicators (KPI): The rate youth, grades 6-12, who report using alcohol will decrease below 15.9%, and the rate of marijuana use will decrease below 15%.

#### Strategies and Activities:

Provide tools to parents for in-home interventions

- From August 1, 2025- May 31, 2026, implement the SAMHSA, “Talk. They Hear You.” Media campaign during the 2025-2026 school year in all five county schools. (41)

---

### **GOAL 3: ENHANCE THE DATA RELATED TO HARRISON COUNTY YOUTH AND ENGAGEMENT IN DRUG AND ALCOHOL USE**

Objective 1: By 2026, increase the number of Harrison County students who complete the Missouri Student Survey, through the Missouri Department of Mental Health, by 50%

Key Performance Indicators (KPI): More than 114 Harrison County students will complete the 2026 Missouri Student Survey.

Strategies and Activities:

Gain insight into youth use of drugs and alcohol

- By June 1, 2026, seek administrative support for completing the Missouri Student survey as a district, within grades 6-12, in all five school districts. (26)
- By June 1, 2025, prepare one informational flier that will communicate the impact of the data received through the Missouri Student Survey. (26)

# Priority Issue #2:

## Mental/Behavioral Health

---

Mental health refers to a person's emotional, psychological, and social well-being. It affects how individuals think, feel, and behave, as well as how they address stress, build and maintain relationships with others, how we relate to others, and even how we make choices. (40) Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Mental health is a strong component of overall health and is correlated with physical health. For example, someone experience a high level of depression is at increased risk of many types of physical (chronic) conditions such as heart disease. And likewise, someone who experience one or more chronic disease is at risk of developing a mental health condition, such as depression. (2)

Many things can influence mental health including community, society, family members and the individual (2). Lack of housing, healthcare, education opportunities, lack of employment, and access to alcohol and drugs, identified Social Determinants of Health (SDOH), increase the risk of being impacted by mental health conditions, as do personal drivers such as adverse childhood experiences.

Harrison County does include a number or protective factors within the community including healthcare through Harrison County Community Hospital, North Central Missouri Mental Health, and Preferred Family Healthcare, public education, and several large employers (2).

In a 2020 study, 183 Harrison County residents sought mental health treatment through the community mental health service provider. Of that group, 15.7%, age 18 and older, reported not having good mental health for two weeks. (17)

The CHIP Committee noted the following additional statistics impacting Harrison County residents:

- Harrison County residents have a high rate of ER visits due to Mental Disorders, with includes a primary diagnosis of a mental disorder, including psychoses, neurotic disorders, personality disorders, other non-psychotic mental disorders, and mental retardation at 19.36, compared to the state rate of 15.60. (7)
- The number of Missourians reporting poor mental health increased from 11.7% in 2014 to 17.3% in 2022. (6)

## **MENTAL/BEHAVIORAL HEALTH PROBLEM STATEMENT**

**Harrison County residents face barriers to mental/behavioral health including prevention strategies, access, and follow up care.**

## **MENTAL/BEHAVIORAL HEALTH GOAL STATEMENT**

**Ensure resources and access to mental health services are available to Harrison County residents.**

## **LEAD AGENCY**

Harrison County Health Department, Home Health & Hospice will serve as the leading agency for this priority issues.

## **COLLABORATING AGENCIES**

Harrison County Health Department, Home Health & Hospice (HCHD)

Harrison County Community Hospital (HCCH)

MU Extension

Senior Life Solutions (HCCH) MU Extension

Crestview Home City of Bethany Park and Recreation Department Referred Family Healthcare

City of Bethany Ministerial Alliance-Faith Based Organizations North Central Missouri Mental Health

Community Services

Senior Center North Harrison R-III

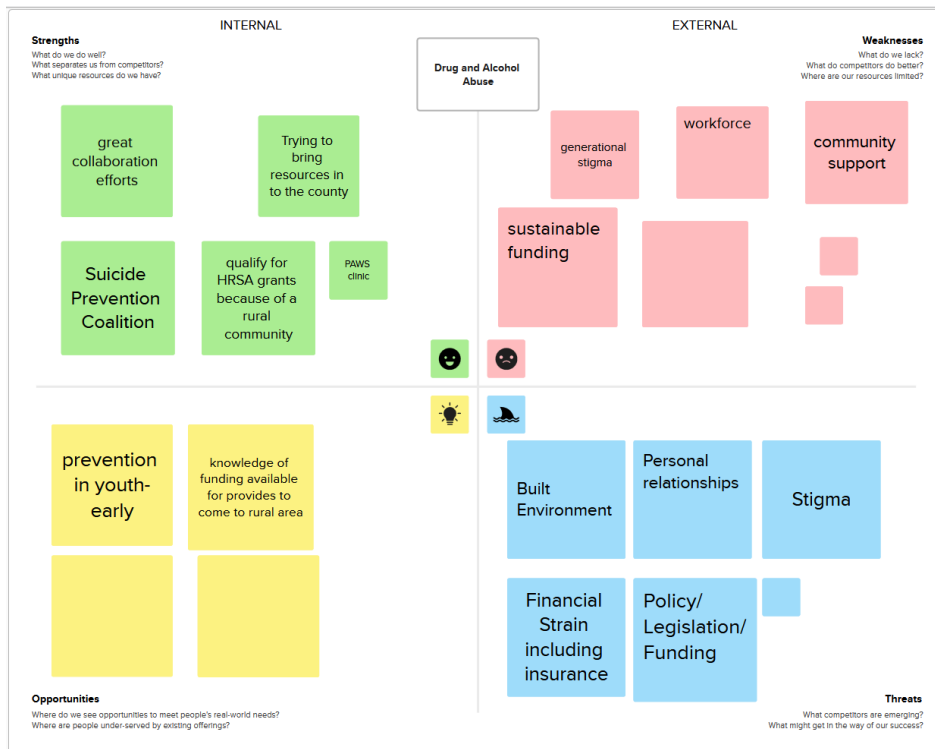
Cainsville R-I Ridgeway R-V

Gilman City R-IV South Harrison Co R-II

## **SWOT ANALYSIS**

The SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats) is a strategic planning tool used by the CHIP Committee to assess the current position in relation to the to the challenges faced. The SWOT analysis provides a comprehensive understanding of internal and extern factors that can influence decision-making and help formulate strategies.





## GOAL 1: IMPROVE THE MENTAL HEALTH OF HARRISON COUNTY RESIDENTS

Objective 1: Reduce the number of respondents who report experiencing 14 or more poor mental health days in a month by 5% by December 31, 2027.

Key Performance Indicators (KPI): the number of respondents who experience 14 or more poor mental health days will decrease

Strategies and Activities:

### Enhance Family/Life Resilience Skills

- By December 31, 2025, research family group programs in the community that can engaged families in skill development.

### Promote A Healthy Lifestyles

- By June 1, 2025, implement a walking program (based on Walk with Ease) that will include four walking events throughout the year, to encourage developing a healthy lifestyle and coping skills, and monthly social media messages to encourage walking, tips to walk, etc. (31)

- By June 1, 2025, implement a walking incentive program to encourage community members to attend the four walking events, to include people that attend three out of four events will receive a tool (device) that will track health indicators.
- By November 31, 2025, seek a policy that increases opportunities for physical activity at the community gym during the winter months, to include two days a week of free open gym for all community members.

---

## **GOAL 2: INCREASE EARLY IDENTIFICATION OF MENTAL HEALTH ISSUES IN YOUTH AND ADULTS**

Objective 1: Decrease the rate of ER visits due to mental disorders from 19.36 to equal to or lower than 15.60 by December 31, 2027.

Key Performance Indicators (KPI): The ER visit rate due to mental disorders will decrease lower than 15.60

Strategies and Activities:

Enhance the use of intervention resources.

- Beginning with the fall 2025 school year and every fall thereafter, host Mental Health First Aid for Youth, in which three members from each school district will attend. (MU Extension)
- By December 31, 2025, host an annual mental health screening day at the Senior Center, in collaboration with the Community Mental Health Agency.

---

## **GOAL 3: ENHANCE THE USE OF EXISTING RESOURCES**

Objective 1: Increase the number of people accessing treatment across the community behavioral health providers by 3% by 2028.

Key Performance Indicators (KPI): the number of residents seeking treatment will increase by 142 people

Strategies and Activities:

Educate the community on existing community resources

- By December 31, 2025, deploy one media campaign on intervention resources, with a direct mailer to every household in Harrison County that includes mental health resources in the Resource Guide. (46)
- By December 31, 2025, host an annual resource fair that will educate the public about mental health issue, connect community members with available mental health services and resources, and reduce barriers to accessing services.

Research ability to enhance mental health services with the addition of Peer Support Specialist

- By December 31, 2025, research the use of Peer Support Specialist in Harrison County. (Missouri Department of Mental Health)
- By December 31, 2026, collaborate with local community agencies to host a Peer Support Specialist recruitment event.

## **GOAL 4: ASSESS THE AVAILABILITY OF EXISTING MENTAL HEALTH RESOURCES**

Objective 1: By December 31, 2025, complete an assessment of the availability to mental health services, to determine the full scope of mental health services provided in Harrison County and the barriers to accessing those services.

Key Performance Indicators (KPI): one assessment of access to mental health services will be completed

Strategies and Activities:

Survey area health care providers to assess mental health services available

- By December 31, 2025, develop Access to Mental Health Services Assessment team to lead the assessment process including survey development and data analysis.

# Priority Issue #3: Chronic Disease

---

The Center for Disease Control and Prevention (CDC) defines chronic diseases as a persistent condition, lasting at least one year that requires routine medical care and can limit activities of daily living. Examples include heart disease, diabetes, cancer, arthritis, and other conditions. Often slow to develop and progress, chronic disease may not be immediately noticeable but can have serious impacts on a person's overall health and quality of life. Chronic diseases are often caused by risk factors that include poor nutrition, lack of physical activity, smoking, or alcohol misuse. (1)

Social determinations of health (SDOH) make some groups at an increased risk of chronic diseases because of where they live and work. For example, some SDOH limit opportunities for making choices that improve health, such as access to fresh fruits and vegetables, participation in physical fitness, or having access to care needed. The CDC reports that six of every ten Americans have one chronic disease, while four in ten have more than one chronic disease.

In 2020, the leading cause of death for Harrison County residents was heart disease, with cancer being the second cause, followed by COVID-19 being the third leading cause. (17) In a county level study in 2016, 382 respondents reported having no leisure time that includes physical activity, and 370 respondents reported consuming five or less fruits or vegetables in a day (17).

The CHIP Committee noted the following additional statistics impacting Harrison County residents:

- Harrison County residents have been told of a cancer diagnosis at a rate of 11.2%, compared to the state rate of 9.59%. (21)
- Harrison County's heart disease death rate is 233.86, which is significantly higher than the state rate of 193.54; with hospitalization rates of 125.40 for Harrison County compared to 109.46 for Missouri; and ER Visits rate of 23.26 in Harrison County compared to 15.12 for Missouri. (21)
- Harrison County has a new diabetes diagnoses rate of 11.4 per 1000 people, making them more vulnerable than 82.46% of the counties in Missouri. (13)
- Nearly one third (31.92%) of Harrison County residents report having no leisure time physical activity. The state rate is 25.86%. (22)
- Nearly 9 in 10 (87.8%) Harrison County residents consume less than 5 fruits and vegetables per day. (22)
- Almost 17% of Harrison County residents live in poverty. The Missouri state rate is 12%. (44)

## CHRONIC DISEASE PROBLEM STATEMENT

Harrison County residents are at high risk of chronic disease due to financial constraints, access to healthy food due to social determinants of health, lack of motivation for physical activity, and lack of prioritizing health.

## CHRONIC DISEASE GOAL STATEMENT

Reduce the rate of chronic disease in Harrison County.

## LEAD AGENCY

Harrison County Health Department, Home Health & Hospice will serve as the leading agency for this priority issues.

## COLLABORATING AGENCIES

Harrison County Health  
Department, Home Health  
& Hospice (HCHD)  
Harrison County  
Community Hospital

Northwest Health Services

Large Employers

Senior Center

Cainsville R-I  
Ridgeway R-V

MU Extension

Harrison County  
Community Hospital,  
Chronic Disease Program  
City of Bethany Park and  
Recreation Department

Harrison County Health and  
Wellness Coalition  
Daycare providers

Gilman City R-IV  
South Harrison Co R-II

Bethany Methodist Church-  
Ministerial Alliance

Cameron Regional Medical  
Center

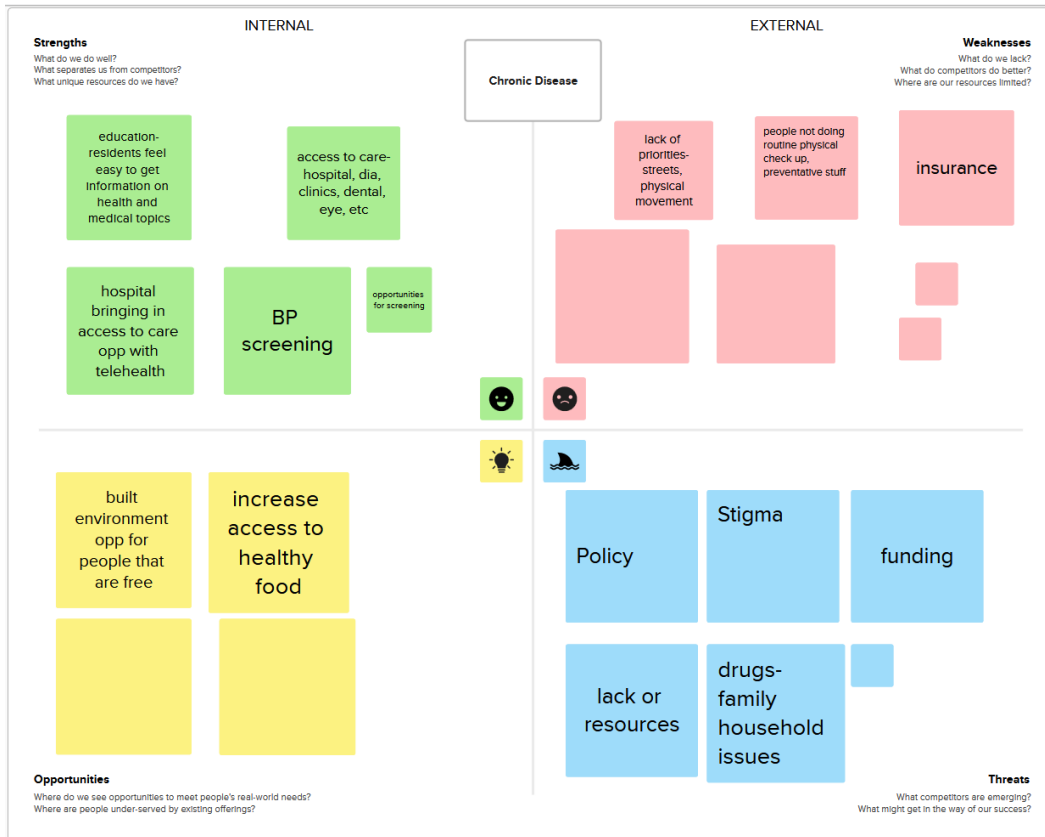
Farmers Market Planning  
Team

Cainsville Medical Clinic

Missouri Department of  
Health and Senior Services  
North Harrison R-III

## SWOT ANALYSIS

The SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats) is a strategic planning tool used by the CHIP Committee to assess the current position in relation to the to the challenges faced. The SWOT analysis provides a comprehensive understanding of internal and extern factors that can influence decision-making and help formulate strategies.



## GOAL 1: INCREASE ACCESS TO HEALTHY FOODS

Objective 1: By December 31, 2027, decrease the food insecurity rate by 3% (to 14.4%).

Key Performance Indicators (KPI): the food insecurity rate for Harrison County will decrease to below 14.4%

Strategies and Activities:

Support Community Gardens

- From February 1, 2025-December 31, 2027, increase community gardens by one each year through 2027, in high need areas. (MU Extension)

Partner with local farmers markets to increase participation

- By May 1, 2025, develop and implement one public education campaign on the community farmers market, to increase participation among venders and community members. (46)

- By May 1, 2025, increase signage for the local farmer’s market, designated the location and hours of operations, with three community signs.

Increase WIC participation

- By July 1, 2025, collaborate with all five county school districts to incorporate WIC enrollment information in the back-to-school information, to increase WIC participation by 5% by December 2027. (DHSS)
- By July 1, 2025, collaborate with county licensed day care providers to incorporate WIC enrollment information in their registration information to increase WIC participation by 5% by December 2027.

## GOAL 2: INCREASE OPPORTUNITIES FOR PHYSICAL ACTIVITY

Objective 1: By December 31, 2027, decrease the number of respondents who report having no leisure time that included physical activity by 5% (to 26.92%).

Key Performance Indicators (KPI): a decrease in the number of respondents who report having no leisure time that includes physical activity.

Strategies and Activities:

Improve infrastructure for active movement

- By May 1, 2025, develop one trail committee that will assist in the development of a trail and outdoor workout area around the Harrison County Health Department, Home Health & Hospice Community Garden.

Support Workplace Wellness Programs

- By December 31, 2025, implement a Workplace Wellness Policy and working Wellness Committee at Harrison County Health Department, Home Health & Hospice.
- By May 1, 2026, survey ten employers to gather information on employee wellness programs that would incorporate physical activity for employees.
- By December 31, 2026, provide ten, surveyed employers, with Workwell Missouri Toolkit, from MU Extension. (30)

Enhance Community-Based Fitness Programs

- By December 31, 2025, collaborate with Bethany City Park and Recreation department to develop one comprehensive guide on physical activity opportunities in the community.

Increase policies that offer physical activity opportunities in communities throughout Harrison County

- By December 31, 2026, seek a policy within each county school district (5) that will increase opportunities for physical activity in the school building/gym during the winter months, to include two days a week of free open gym for all community members.

Increase funding that supports physical activities

- By December 31, 2026, apply for one funding opportunity that would support the trail and workout project.
- By March 1, 2025, apply for the Regional Arthritis Grant, through the Bureau of Cancer and Chronic Disease Control, Missouri Department of Health and Senior Services. (DHSS)

## GOAL 3: INCREASE DIABETES EDUCATION

Objective 1: By December 31, 2027, decrease the rate of ER visits related to diabetes to equal to or lower than 1.96%.

Key Performance Indicators (KPI): the ER visit rate related to diabetes will decrease

Strategies and Activities:

Enhance current programs that support diabetes education

- By October 1, 2025, develop one new diabetes diagnosis resource packet that local providers can provide to individuals newly diagnosed with diabetes.
- From February 1, 2025 through December 31, 2027, collaborate with MU Extension to host one Dining with Diabetes course each year in 2025, 2026, and 2027. (MU Extension)
- From February 1, 2025 through December 31, 2027, collaborate with MU Extension to host one Diabetes Self-Management course each year in 2025, 2026, and 2027. (MU Extension)

Increase funding to support diabetes education

- By December 31, 2026, apply for one funding opportunity to support delivery of MU extension courses, making the course free of charge for Harrison County residents.

Enhance data to show participation or need for further chronic disease programs

- By April 31, 2025, collaborate with Harrison County Community Hospital, Chronic Disease program to collect data on how many additional people might benefit from chronic disease program, through surveying of people who have public health appointments and might be eligible to participate in the Chronic disease program.



## GOAL 4: INCREASE ROUTINE SCREENINGS

Objective 1: By December 2027, decrease the rate of Harrison County residents who have not completed routine screenings for blood pressure by 5% (from 24.39% to 19.39%).

Key Performance Indicators (KPI): rate of Harrison County residents who have not completed a blood pressure screening will be below 19.39%.

Strategies and Activities:

Increase awareness of blood pressure screenings and resources

- From March 1, 2025 through December 31, 2027, implement one public education campaign on blood pressure screening benefits and outreach clinics offered by Harrison County Health Department, Home Health & Hospice, with at least two posts each month. (46)

Implement blood pressures screenings during public health visits

- By April 1, 2025, implement blood pressure screening for 100% of residents who come for public health visits.

Increase opportunities for blood pressure screenings.

- By December 31, 2025, develop and implement a plan to locate two or three blood pressure kiosks in high traffic areas, throughout Harrison County, provided by an American Heart Association grant.

Objective 2: By December 2027, decrease the rate of Harrison County residents, age 40 years and older, who have not had a mammogram in the past two years by 5% (from 37.46% to 32.46%).

Key Performance Indicators (KPI): the rate of women age 40 and older who have not had a mammogram in the past two years will decrease to below 32.46%

Strategies and Activities:

Increase education on the importance of breast cancer screenings

- During October (2025, 2025 and 2027) implement one media campaign during Breast Cancer Awareness Month, to provide education regarding the importance of screening, types of screening, recommendations for screening, etc. (5, 33, 46)

Increase use of existing resources

- By October 31, 2025, collaborate with Harrison County Community Hospital and South Harrison School District to host a breast cancer awareness event at a home football game, providing information on home screening and the reduced mammogram screening cost at Harrison County Community Hospital during October Breast Cancer awareness events. (5, 33)
- From April 1, 2025 through December 31, 2027, promote Show-Me Health Women Program (for free breast screenings) with monthly social media messages related to program details, eligibility, and contacts. (24)

- By June 1, 2025, develop one protocol to refer eligible women to the Show-Me Healthy Women Program. (24)

Objective 3: By December 2027, decrease the rate of Harrison County women 18 years and older, who have not had a pap test in the past three years by 5% (from 35.09% to 30.09%).

Key Performance Indicators (KPI): the rate of Harrison County women 18 years and older, who have not had a pap test will decrease to below 30.09%

Strategies and Activities:

Increase education on the importance of cervical cancer screenings

- During January (2026 and 2027) implement one media campaign during Cervical Cancer Awareness Month, to provide education regarding the importance of screening, types of screening, recommendations for screening, etc. (6, 34, 46)
- From April 1, 2025, through December 31, 2027, promote Show-Me Health Women Program (for free cervical screenings) with monthly social media messages related to program details, eligibility, and contacts. (24)

Objective 4: By December 2027, decrease the rate of Harrison County residents who have never had a sigmoidoscopy or colonoscopy among persons 50 years and older by 5%, (from 38.52% to 33.52%).

Key Performance Indicators (KPI): the number of Harrison County residents who have never had a sigmoidoscopy or colonoscopy among persons 50 years and older will decrease to below 33.52%.

Strategies and Activities:

Increase awareness of colon cancer screenings and resources

- During March (2025, 2025 and 2027) implement one media campaign during Colorectal Cancer Month, to provide education regarding the importance of screening, types of screening, recommendations for screening, etc. (10, 15, 46)
- During March (2025, 2026, and 2027) provide FOBT test as a screen tool, during Colorectal Cancer Month (March) by providing FOBT screening test at the monthly blood pressure clinics, walk-in in public health clinic hours, to Home Health & Hospice patient family members, and advertised for public pick up. (10, 14, 15)

## GOAL 5: IMPROVE INDIVIDUAL MANAGEMENT OF CHRONIC DISEASE CONDITIONS

Objective 1: By December 31, 2027, decrease the death rate of Harrison County residents due to heart disease by 10%, to lower than 223.86.

Key Performance Indicators (KPI): Harrison County death rate due to heart disease will be lower than 223.86

Strategies and Activities:

Provide chronic disease management education.

- From February 1, 2025, through December 31, 2027, collaborate with MU Extension to host one Chronic Disease Self-Management course each year in 2025, 2026, and 2027.

# CHIP Implementation Plan

---

The HCHD CHIP Implementation Plan will ensure the strategies and activities outlined in the CHIP are effectively executed. The Implementation Plan will include the process to put the activities in motion, update the status of the activities, outline who is responsible for activities, and know when goals are being met.

## IMPLEMENTATION OBJECTIVES

- Ensure that all strategies outlined in the CHIP are put into action according to the specified timeline
- Engage key community stakeholders, organizations, and individuals in carrying out activities that will improve health outcomes
- Ensure that resources are allocated effectively, and that the implementation process is sustainable
- Monitor and evaluate the progress of CHIP activities to ensure accountability and make adjustments as necessary

## IMPLEMENTATION PROCESS

### Leadership and Coordination

**Lead Organization:** Harrison County Health Department, Home Health & Hospice will serve as the lead organization, overseeing and coordinating the implementation of all activities.

**Implementation Team:** The CHIP Committee members and identified partner organizations will serve as the implementation team. Representatives will coordinate delivery of specific activities, as outlined in the Implementation Plan.

**Roles and Responsibilities:** Each partner will have a clearly defined role in the execution of activities, as outlined in the Implementation Plan.

### Timeline

The CHIP will be implemented over the following three years, 2025 through 2027, with milestones captured annually.

Some strategies require multi-year activities, meaning offering certain programs a certain number of times each year, over more than one year. While other large-scale projects are to be completed over a three-year period, with milestones throughout the project.

## Resources

**Human Resources:** Staffing for activities will be addressed by utilizing existing staff and utilizing volunteers when available. The agency who is responsible for the activity will address human resources issues and rely on the implementation team for additional options.

**Material Resources:** Necessary materials (e.g. educational materials) will be procured through agency allocations, community partnerships, and state agencies when appropriate.

**Financial Resources:** Partner agency and collaborations will be used to secure financial funding for many activities. Additional funding sources may include grants (federal and state), community trusts, and from private organizations.

## Partnerships and Collaboration

Successful implementation requires strong collaborations among local agencies. Harrison County has a strong history of collaborative work among healthcare agencies, schools, faith-based organizations, community organizations, non-profit organizations, and more. Collaborating agencies are listed on the Implementation Plan.

## Monitoring and Evaluations

**Quarterly Monitoring of Progress:** The Harrison County Health Department, Home Health & Hospice Administrator and Accreditation Coordinator will conduct quarterly monitoring of the Implementation Plan. Follow up communication with partner agencies will be completed so updates are provided in a timely manner.

**Performance Management System:** Harrison County Health Department, Home Health & Hospice will track performance management in VMSG, a software system that will allow for tracking, updating and sharing progress.

**Annual Performance Evaluation:** The CHIP Committee will be engaged in an annual performance evaluation of the Implementation Plan. Each strategy will be reviewed, assessing each metric of activities, as well as data points that are included in the Objectives.

## Sustainability

Sustainability of the CHIP will be the responsibility of the Harrison County Health Department and the many stakeholders engaged in initiatives. Additional funding sources will be sought to support larger, multi-year projects. Many strategies are integrated into current resources in the community, ensuring sustainability. Further community engagement will strengthen initiatives, ensuring continuation beyond the life span of the program and CHIP.

## IMPLEMENTATION PLAN

The Implementation Plan is included as Attachment 1 to this document. This plan will outline the strategies and activities for each goal. Further, each activity will include specific tasks that include a timeline for completion, responsible agencies, and resources available to assist with that task.

### CHIP IMPLEMENTATION GANT CHART

2025

Activity	Jan-Mar 2025	April-June 2025	July-Sept 2025	Oct-Dec 2025
Complete CHIP Draft				
CHIP Committee Review CHIP				
Board of Directors Approve CHIP				
Implementation of CHIP				
Quarterly Review				
Annual Review				
Annual Evaluation, Report and Adjustments				

2026

Activity	Jan-Mar 2026	April-June 2026	July-Sept 2026	Oct-Dec 2026
Annual Community Update				
Quarterly Review				
Annual Review				
Annual Evaluation, Report and Adjustments				

2027

Activity	Jan-Mar 2027	April-June 2027	July-Sept 2027	Oct-Dec 2027
Annual Community Update				
Quarterly Review				
Annual Review				
Annual Evaluation				
CHIP Completion Review, Report, and Adjustments				

# Continuous Quality Improvement

---

The 2025-2027 Harrison County Community Health Improvement Plan (CHIP) is committed to continuous quality improvement (QI) as a cornerstone of its success. We recognize that health systems and interventions must evolve and adapt in response to changing community needs, emerging health trends, and available resources. Our QI strategy aims to enhance the effectiveness, efficiency, and equity of health programs and services, ensuring that all residents have access to the highest standards of care and support.

Quality Improvement ensures that the CHIP health initiatives are not only effective but continuously improving to meet the needs of the community.

## METHODS

**Plan-Do-Study-Act (PDSA) Cycle:** The CHIP implementation team will apply the PDSA cycle to test and refine interventions in real time, allowing for adjusting strategies as needed based on community feedback and outcomes.

**Continuous Monitoring and Reporting:** Regular evaluation through health data, surveys, and community input will help track progress and identify areas for improvement. Quarterly and annual reports will be published to ensure transparency and accountability.

**Annual Review:** The CHIP Committee will engage in an annual review process to ensure that health goals, strategies and activities are achieved in the most efficient and sustainable way.

As part of our commitment to reducing health disparities, QI efforts will prioritize health equity. This includes addressing gaps in care for underserved populations, improving access to resources, and ensuring that all interventions are inclusive and culturally sensitive.

By embedding quality improvement into every phase of the CHIP process—from planning and implementation to evaluation and sustainability—aiming to create a responsive, adaptable health system that consistently meets the evolving needs of Harrison County.

The Quality Improvement Process in a Community Health Improvement Plan (CHIP) ensures that health initiatives remain responsive, effective, and adaptable. By using data, engaging stakeholders, and continuously refining strategies, Harrison County can improve the health of their residents in a sustainable and impactful way.

# Summary

---

This 2025-2027 Community Health Improvement Plan will serve as a blueprint for creating a healthier Harrison County. This framework focuses on evidence-based practices, policy suggestions, collaborative actions among agencies, and targeted interventions aimed to address health disparities, improve health outcomes, and ensure that all community members have the opportunity to lead healthy, fulfilling lives.

Alcohol and drug abuse have far-reaching effects on individuals, families, and communities. The overall goal of addressing this abuse in the CHIP is to decrease the abuse of drugs and alcohol in Harrison County, through increasing access to treatment and services, providing families with resources needed to address alcohol and substance use in the home, and engage community partners to address these challenges together, in community-based strategies. Addressing drug and alcohol abuse issues can make communities safer and provide healthier environments for the entire community.

Mental health is a critical component of overall community health, and addressing mental health challenges is a priority during this improvement cycle. The interventions will focus on improving overall mental health by creating resilience skills and promoting a healthy lifestyle. Early identification of mental health issues in youth and adults will include training and screening interventions. Educating the community about current community resources and enhancing existing resources will be key strategies through this cycle. And finally, gaining insight into access to mental health services will help create future strategies and interventions. Addressing mental health challenges in this CHIP involved a multifaceted approach that increases access to services, reduces stigma, provides community education, and created a supporting environment for individuals affected by mental health.



Chronic diseases are among the leading causes of morbidity and mortality in many communities. Addressing chronic disease is vital for improving the overall public health, reducing healthcare costs, and enhancing quality of life. The goal of addressing chronic disease is to promote prevention strategies, increase routine screenings, and improve management of disease. The goal is to reduce the burden of chronic disease in the community, leading to a healthier population, fewer healthcare disparities, and outstanding quality of life.



Collaboration plays a pivotal role in the success of the Community Health Improvement Plan in Harrison County. Effective community health improvement requires the combined efforts of various stakeholders working together toward a common goal. Collaboration ensures that resources, expertise, and diverse perspectives are integrated into the plan, enhancing its effectiveness and sustainability. Harrison County Health Department values the partnerships in the community, all seeking solutions to complex health challenges.

# References

---

1. Center for Disease Control and Prevention. (2024). About Chronic Disease. [About Chronic Diseases | Chronic Disease | CDC](#)
2. Center for Disease Control and Prevention. (2024). About Mental Health. [About Mental Health | Mental Health | CDC](#)
3. Center for Disease Control and Prevention. (2024). Addressing Excessive Alcohol Use: State Fact Sheets. [Addressing Excessive Alcohol Use: State Fact Sheets](#)
4. Center for Disease Control and Prevention. (2024). Alcohol Screening and Brief Intervention (SBI). [Alcohol Screening and Brief Intervention \(SBI\) | Alcohol and Pregnancy | CDC](#)
5. Center for Disease Control and Prevention. Breast Cancer. [Breast Cancer | Breast Cancer | CDC](#)
6. Center for Disease Control and Prevention. Cervical Cancer. [Cervical Cancer | Cervical Cancer | CDC](#)
7. Center for Disease Control and Prevention. (2024). Community Planning for Health Assessments: CHA & CHIP. [Community Planning for Health Assessment: CHA & CHIP | Public Health Gateway | CDC](#)
8. Center for Disease Control and Prevention. (2024). Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use. [Planning and implementing screening and brief intervention for risky alcohol use: a step-by-step guide for primary care practices](#)
9. Center for Control and Prevention. (2024). Putting Alcohol SMI into Practice. [Putting Alcohol SBI into Practice | Alcohol and Pregnancy | CDC](#)
10. Center for Control and Prevention. (2024). Screening for Colorectal Cancer. [Screening for Colorectal Cancer | Colorectal Cancer | CDC](#)
11. Center for Disease Control and Prevention (2024). Social Determinants of Health (SDOH). [Social Determinants of Health \(SDOH\) | About CDC | CDC](#)
12. Center for Disease Control and Prevention (2024). Substance Use and Substance Use Disorders. [Substance Use & Substance Use Disorders | CDC Yellow Book 2024](#)
13. Center for Disease Control and Prevention. United States Diabetes Surveillance System. <https://gis.cdc.gov/grasp/diabetes/diabetesatlas-sdoh.html#>

14. Colorectal Cancer Alliance. (2025). Guaiac fecal occult blood test (FOBT). [Guaiac Fecal Occult Blood Test | Colorectal Cancer Alliance](#)
15. Colorectal Cancer Alliance. (2025). When should I start getting screened for colorectal cancer? [Screening for Colorectal Cancer | Colorectal Cancer | CDC](#)
16. Feeding American. Food Insecurity among the Overall Population in Harrison County. <https://map.feedingamerica.org/county/2022/overall/missouri>
17. Harrison County Health Department. (2022). 2022 Harrison County Health Department Community Health Assessment. <http://harrisoncountyhealthdept.org/>
18. Massachusetts Department of Public Health Bureau of Substance Abuse Services. SBIRT: A Step-By-Step Guide. [SA3522.pdf](#)
19. Missouri Department of Elementary and Secondary Education. Missouri Comprehensive Data System. <https://apps.dese.mo.gov/MCDS/home.aspx>
20. Missouri Department of Elementary and Secondary Education. School Directory. <https://dese.mo.gov/directory>
21. Missouri Department of Health and Senior Services. Missouri Resident Chronic Disease Comparisons Profile. [MOPHIMS - Profile Builder](#)
22. Missouri Department of Health and Senior Services. Missouri Resident County-Level Study Profile. [MOPHIMS - Profile Builder](#)
23. Missouri Department of Health and Senior Services. Missouri State Health Assessment. [Missouri State Health Assessment 2024](#)
24. Missouri Department of Health and Senior Services. Show-Me Healthy Women. [Show Me Healthy Women | Health & Senior Services](#)
25. Missouri Department of Labor. Unemployment Benefits by County. [Department of Labor](#)
26. Missouri Department of Mental Health. Missouri Student Survey. [Missouri Student Survey | dmh.mo.gov](#)
27. Missouri Student Survey [2024 Missouri Student Survey Harrison County | dmh.mo.gov](#)
28. Missouri Department of Mental Health. 2024 Missouri Student Survey Harrison County. [2024 Missouri Student Survey Harrison County | dmh.mo.gov](#)
29. Missouri Secretary of State. (2022). Voter Turnout Report State of Missouri General Election. <https://www.sos.mo.gov/CMSImages/ElectionResultsStatistics/Nov2022OfficialVoterTurnout.pdf>

30. MU Extension. (2023). WorkWell Missouri Toolkit. [WorkWell Missouri Toolkit | MU Extension](#)
31. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. Communities in Action: Pathways to Health Equity. Washington (DC): National Academies Press (US); 2017 Jan 11. 2, The State of Health Disparities in the United States. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK425844/>
32. National Association of County and City Health Officials. (2025). Mobilizing for Action through Planning and Partnerships (MAPP). [Mobilizing for Action through Planning and Partnerships \(MAPP\) - NACCHO](#)
33. National Breast Cancer Foundation, Inc. Three Steps to Early Detection Guide. [3 Steps to Early Detection - Breast Cancer Detection Guide](#)
34. National Cervical Cancer Coalition. Make Your Voice Heard. [Get Involved — How You Can Be An Advocate for Cervical Cancer Prevention – NCCC](#)
35. National Institute on Drug Abuse. (2023). Screening and Assessment Tools Chart. [Screening and Assessment Tools Chart | National Institute on Drug Abuse \(NIDA\)](#)
36. National Institute on Drug Abuse. TAPS Tobacco, Alcohol, Prescription medication and other substance use Tool. [Tobacco, Alcohol, Prescription medication, and other Substance use \(TAPS\) Tool](#)
37. National Institutes of Health. (2024). National Institute on Alcohol Abuse and Alcoholism (NIAAA). <https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-alcohol-abuse-alcoholism-niaaa>
38. Osteoarthritis Action Alliance. Walk with Ease Toolkit. [WWE Toolkit - Osteoarthritis Action Alliance](#)
39. Substance Abuse and Mental Health Service Administration. (2023). Connecting Communities to Substance Use Services: Practical Tools for First Responders. [Connecting Communities to Substance Use Services: Practical Tools for First Responders | SAMHSA](#)
40. Substance Abuse and Mental Health Services Administration. (2024). Mental Health. [Mental Health - Causes, Symptoms, Treatment & Help | SAMHSA](#)
41. Substance Abuse and Mental Health Service Administration. (2024). “Talk. They hear you.” Underage Drinking Campaign. [Talk. They Hear You: Underage Drinking Awareness Campaign | SAMHSA](#)
42. Tansil, Kristin A.;Esser, Marissa B.;Sandhu, Paramjit;Reynolds, Jeffrey A.;Elder, Randy W.;Williamson, Rebecca S.;Chattopadhyay, Sajal K.;Bohm, Michele K.;Brewer, Robert

- D.;McKnight-Eily, Lela R.;Hungerford, Daniel W.;Toomey, Traci L.;Hingson, Ralph W.;Fielding, Jonathan E.; (2016). Alcohol Electronic Screening and Brief Intervention: A Community Guide Systematic Review. <https://stacks.cdc.gov/view/cdc/42296>
43. United States Census Bureau. Harrison County, Missouri. [Harrison County, Missouri - Census Bureau Profile](#)
44. United States Census Bureau. Quick Facts: Harrison County, Missouri. <https://www.census.gov/quickfacts/fact/table/harrisoncountymissouri/SBO020217>
45. United States Department of Health and Human Services. Healthy People 2030: Social Determinants of Health. [Social Determinants of Health - Healthy People 2030 | odphp.health.gov](#)
46. Wakefield, M.A., Loken, B, Hornik, R.C. (2014). Use of mass media campaigns to change health behavior. *National Institute of Health*. October 2010.

