

Community Health Improvement Plan (CHIP)

Annual Review

January 2026

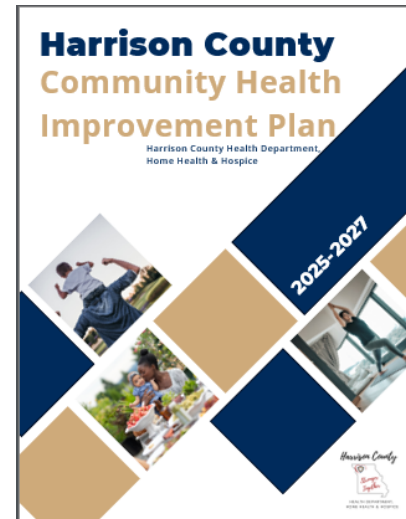


CHIP Overview

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.

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.

Harrison County Health Department Community Health Improvement Plan available at:



CHIP Development

The Community Health Improvement Plan (CHIP) was developed through a collaborative, data-driven, and community-centered process designed to ensure that the priorities reflect the real needs of our community. The process began with a review of local data, including the Community Health Assessment (CHA), public health indicators, and other relevant reports. This data helped identify key health trends, disparities, and areas of opportunity.

As part of this process, three CHIP planning meetings were held with community partners. Each meeting focused on one of the identified priority areas: Drug and Alcohol Misuse, Mental and Behavioral Health, and Chronic Disease. These targeted meetings allowed partners to engage in focused discussion, share expertise, and collaboratively identify goals, strategies, and action steps specific to each priority area.

Finally, goals, strategies, and measurable objectives were developed collaboratively to address each priority area. The result is a CHIP that reflects shared responsibility, leverages community strengths, and provides a roadmap for improving health and well-being over the coming years.



Annual CHIP Review

The purpose of the one-year annual review of the Community Health Improvement Plan (CHIP) is to assess progress, ensure accountability, and make timely adjustments to better meet community needs. Specifically, the annual review:

- **Evaluates progress** toward CHIP goals, objectives, and strategies by reviewing performance measures and activities completed over the past year.
- **Identifies successes and challenges**, highlighting what is working well and where barriers or gaps exist.
- **Allows for course correction**, enabling partners to adjust strategies, timelines, or responsibilities based on new data, changing conditions, or lessons learned.
- **Reinforces partner engagement and accountability** by bringing stakeholders together to review shared commitments and roles.
- **Ensures the CHIP remains relevant and responsive** to emerging health trends, community priorities, and available resources.
- **Supports transparency and communication** by providing updates to community members, leadership, and funders.

Overall, the one-year annual review helps keep the CHIP active, actionable, and aligned with the community's evolving health needs rather than a static plan on a shelf.

Harrison County Health Department CHIP Priority Areas

Alcohol 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.
- Goal Statement: Through education and enforcement, Harrison County residents will decrease the use of drugs and alcohol.

Mental/Behavioral Health

- Problem Statement: Harrison County residents face barriers to mental/behavioral health including prevention strategies, access, and follow up care.
- Goal Statement: Ensure resources and access to mental health services are available to Harrison County residents.

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.
- Goal Statement: Reduce the rate of chronic disease in Harrison County.

Review and Feedback

Please take a moment to review the following slides, each of which presents a single CHIP activity. As you go through them, we invite you to provide feedback on the clarity of the instructions, relevance to your work or audience, feasibility of implementation, and overall effectiveness of each activity, as well as any suggestions for improvement. Once you have completed your review, please submit your feedback and acknowledge completion of the review by filling out the provided Google Form.

The Review Feedback form is available at: <https://forms.gle/dHvn6HdpYAvxejr67>

Reading the Slide

Priority Area Topic-listed at the top of the slide

Drug and Alcohol Abuse

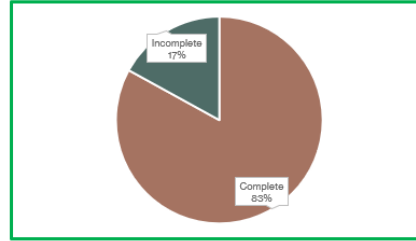
Goal 1: Decrease the rate of alcohol abuse by Harrison County residents.

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

KPI: The rate of binge drinking for those 18 and older will fall below 25.35%.

Strategy: Increase use of existing resources.

Activity 1: From March 1, 2025, through December 31, 2027, implement a social media campaign that informs the community about the SAMSHA's National Helpline, which includes a monthly social media post regarding hotline information.



Year 1: Completed at 100%. 10 social media posts reached 1,081 individuals with 3 interactions.

Below the brown line you will find notes that outline some of the details about the Activity.

Goal/Objective/Key Performance Indication

The Goal number, objective and KPI can be found in the box. The Goal, Objective and KPI may have several strategies and activities under it.

Pie Chart: Completion Percentage

The Pie graph will identify how much of an Activity has been completed and how much remains. It is labeled, but the colors of the pie graph and box will also help you see where we are in reference to completing the goal.

Brown section-Complete Percentage

Green section-Incomplete Percentage

The box color will also indicate:

Green-On track to complete the Activity on time.

Red-Behind schedule to complete the Activity.

Black-Activity is 100% complete.

Strategy-just that, what strategy can we use to meet this Goal/Objective?

Activity

The actual action being taken, to attempt to meet the Goal/Objective, and change the data that will meet the KPI.

Drug and Alcohol Abuse

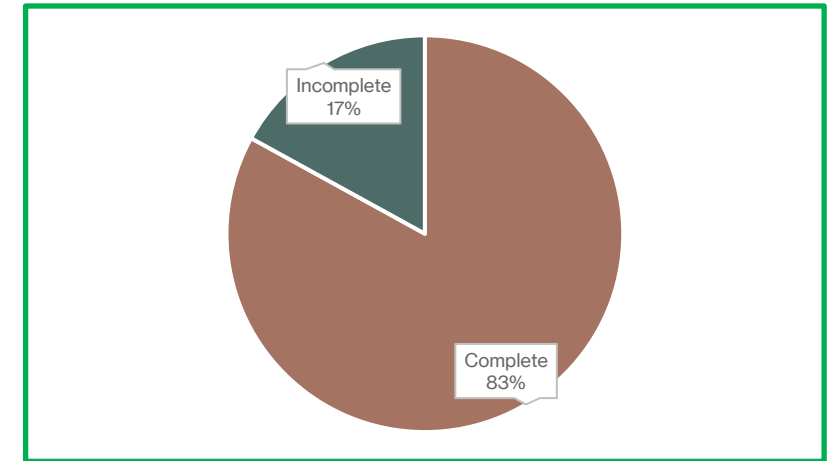
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Drug and Alcohol Abuse

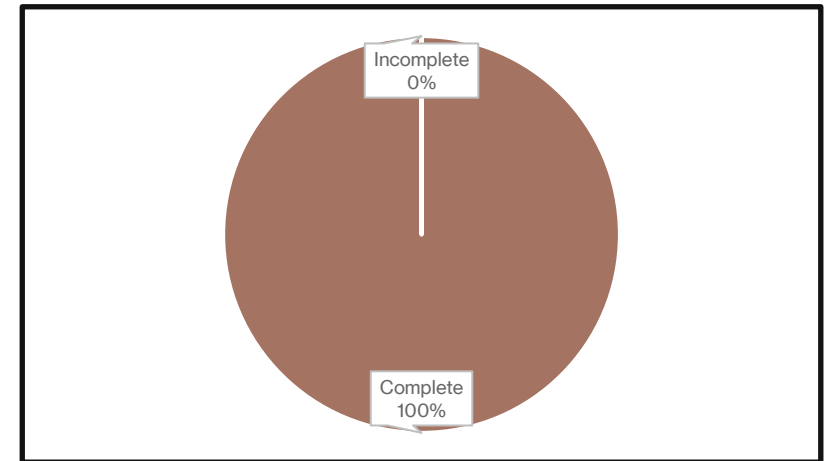
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Strategy: Increase use of existing resources.

Activity 2: 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.



In October of 2025, a direct mailer, with drug and alcohol resources, was sent to 4,850 Harrison County households.

Drug and Alcohol Abuse

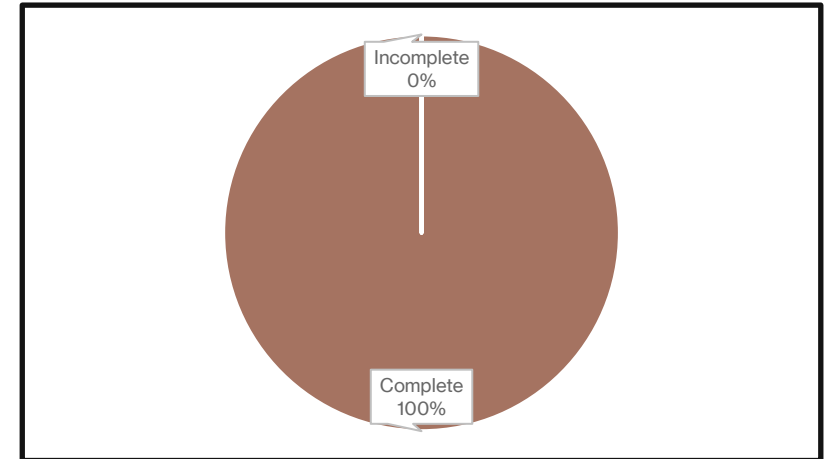
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KPI: The rate of binge drinking for those 18 and older will fall below 25.35%.

Strategy: Implement a community-based referral process.

Activity 3: 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.



At the time this activity was written, a similar project was being implemented. Local law enforcement agencies participated in training from local mental health center. Health Department staff are coordinating with local fire responders, providing resource cards to first responders to use in the field when they encounter someone in need of alcohol/drug resources.

Drug and Alcohol Abuse

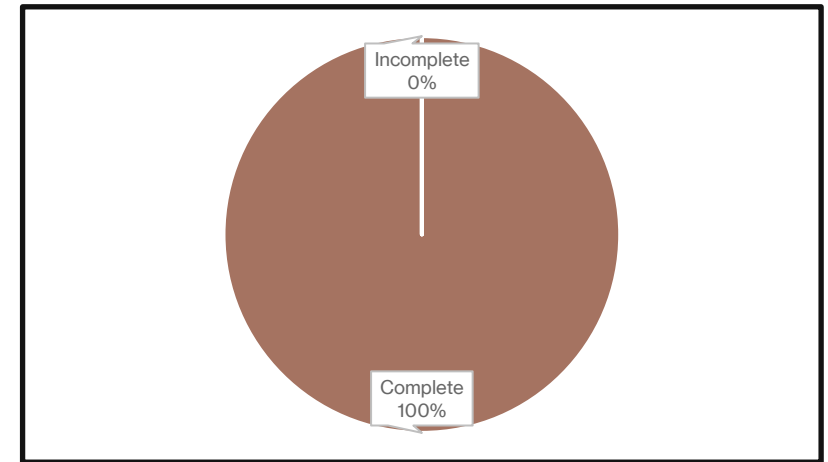
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KPI: The rate of binge drinking for those 18 and older will fall below 25.35%.

Strategy: Education among youth regarding the dangers of alcohol and drug abuse as they approach adulthood.

Activity 4: By May 31, 2026, host a speaker (or speaker panel) for students during 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.



A panel presentation with speakers (community member impacted by drunk driving, local law enforcement, probation and parole, and community alcohol treatment resources) was held at South Harrison High School on November 19, 2025. Students were also provided a pre/post speaker knowledge check. Knowledge increased on five of out five questions.

Drug and Alcohol Abuse

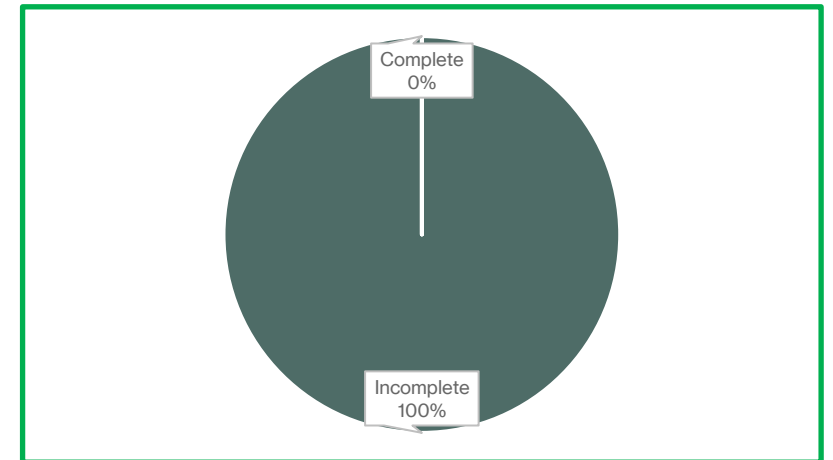
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Strategy: Implement policy that will target early intervention in healthcare settings.

Activity 5: By December 31, 2026, seek a policy within healthcare settings that will increase intervention through the use of Screening, Brief Intervention (SBI) for all adult routine visits.



Harrison County Health Department will collaborate with Harrison County Community Hospice on this activity in 2026.

Drug and Alcohol Abuse

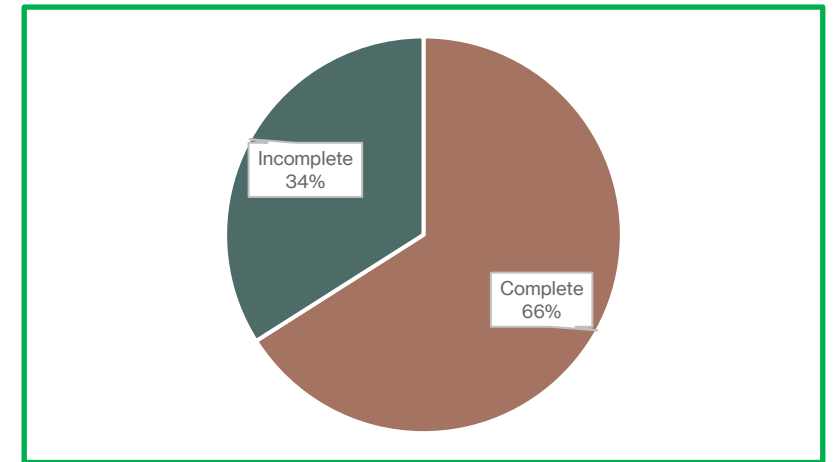
Goal 2: Provide parents with resources needed to address alcohol and drug use, fostering early intervention in the home.

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

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

Strategy: Provide tools to parents for in-home intervention.

Activity 1: From August 1, 2025-May 31, 2026, implement SAMHSA's "Talk. They Hear You." Media campaign, for the 2025-2026 school year, in all five county schools.



Talk, They Hear You! Messages have been provided to each school district in the county September-December. Messages are being send to school office staff, who have offered to send the message to parents through their routine messages systems.

Drug and Alcohol Abuse

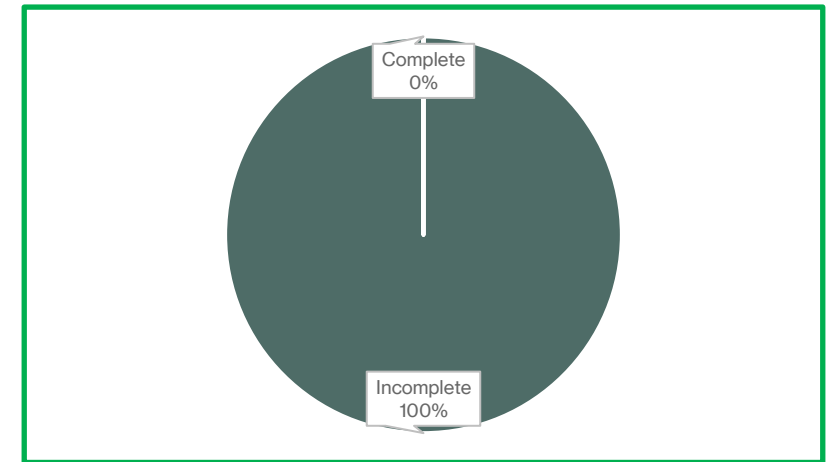
Goal 3: Enhance the data related to Harrison County youth and engagement in drug and alcohol use

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%.

KPI: More than 114 Harrison County students will complete the 2026 Missouri Student Survey

Strategy: Gain insight into the youth use of drugs and alcohol.

Activity 1: By June 1, 2026, seek administration policy for completing the Missouri Student Survey as a district, withing grades 6-12, in all five county school districts.



Activity is due June 2026. This activity will be a focus this spring.

Drug and Alcohol Abuse

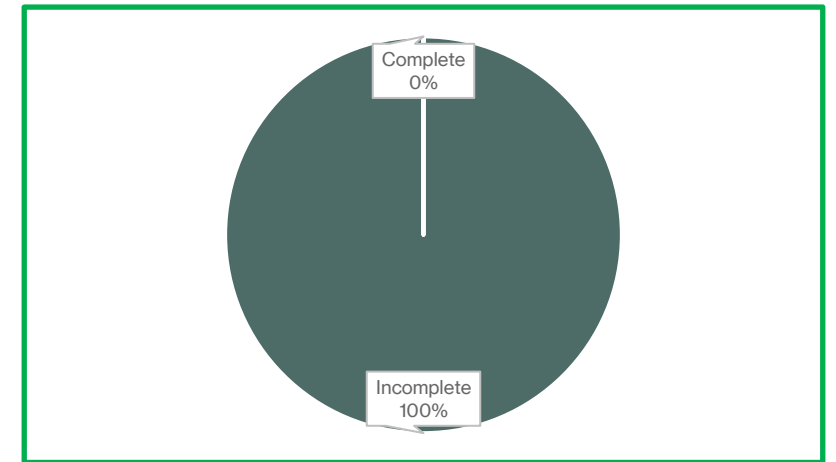
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KPI: More than 114 Harrison County students will complete the 2026 Missouri Student Survey

Strategy: Gain insight into the youth use of drugs and alcohol.

Activity 1: By June 1, 2026, prepare one informational flier that will communicate the impact of the data received through the Missouri Student Survey.



Activity is due June 2026. This activity will be a focus this spring.

Mental/Behavioral Health

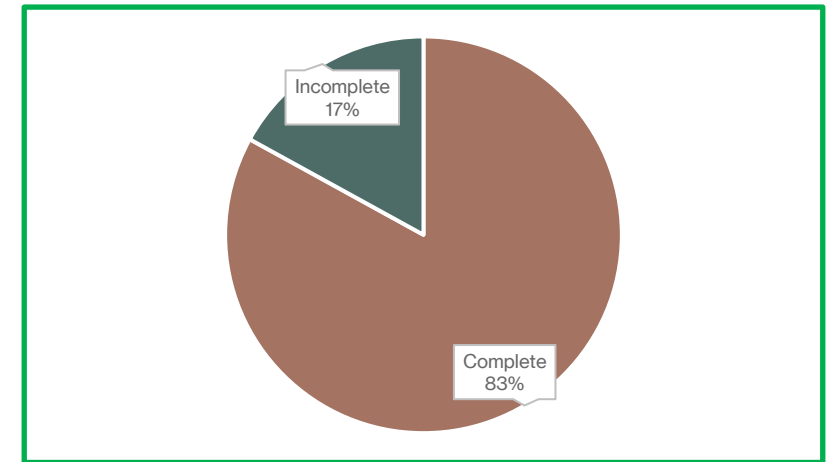
Goal 1: Improve the mental health of Harrison County residents.

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.

KPI: The number of respondents who experience 14 or more poor mental health days will decrease

Strategy: Enhance Family/Life resilience skills.

Activity 1: By December 31, 2025, research family group programs in the community that can engage families in skill development.



Several family group programs were identified in Harrison County including local faith-based organizations (youth programs, activities for men and women also), school districts offer a variety of programs (including Parents as Teachers-early childhood development and family engagement, Head Start, Harrison County 4-H program, Park and Recreation programs; Recommendations include: faith based organizations may collaborate with other programs to ensure families have multiple opportunities to engage with a variety of programs, Chamber of Commerce magazine might include a section of family based programs and activities

Mental/Behavioral Health

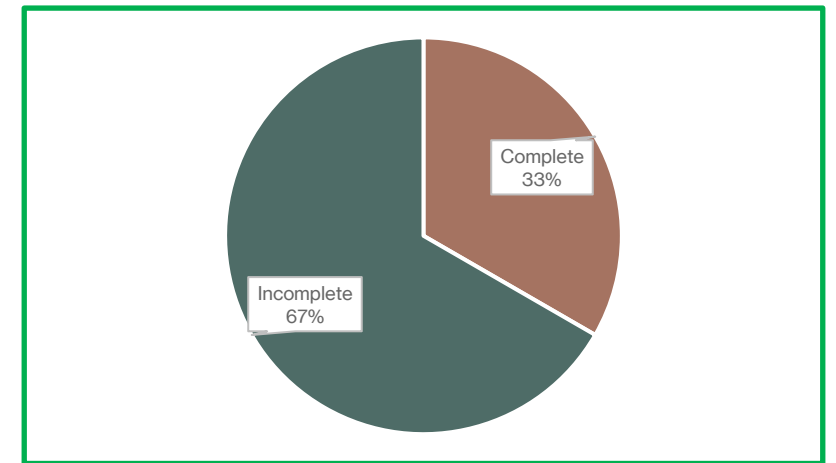
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Strategy: Promote a healthy lifestyle

Activity 2: By June 1, 2025, implement the 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 message to encourage walking/tips to walk/etc.



Year 1: Completed at 100%. Four activities included: Spring walking challenge, Walk in the Park, Walk to School Day, and Walk with Ease held at the community gym.

Year 2 is started with a wellness challenge, connected to the American Public Health Association. Other events are currently being planned.

Mental/Behavioral Health

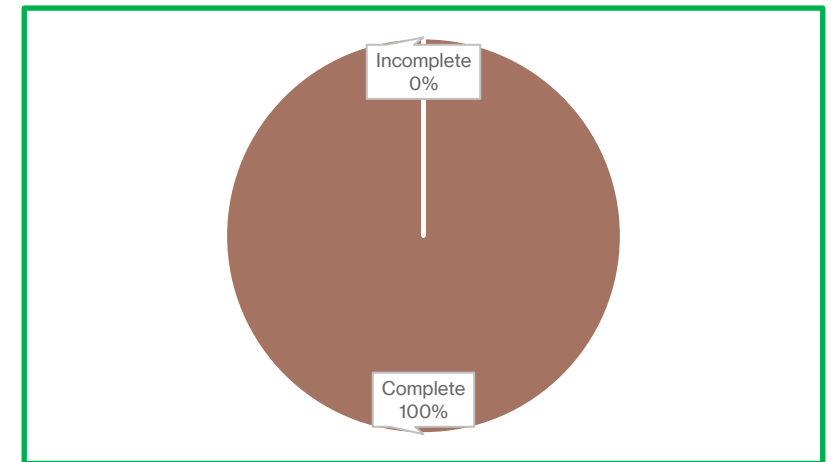
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Strategy: Promote a healthy lifestyle

Activity 3: By June 1, 2025, implement a walking incentive program to encourage community members to attend the four community walking events, to include people that attend 3 out of 4 walking event will receive a tool (device) that will track health indicators.



Due to state funding regulations, this activity had to be changed to offer incentives to people at each walking event. Participants were offered an incentive, with those who completed the challenge being entered in a drawing for prizes.

Mental/Behavioral Health

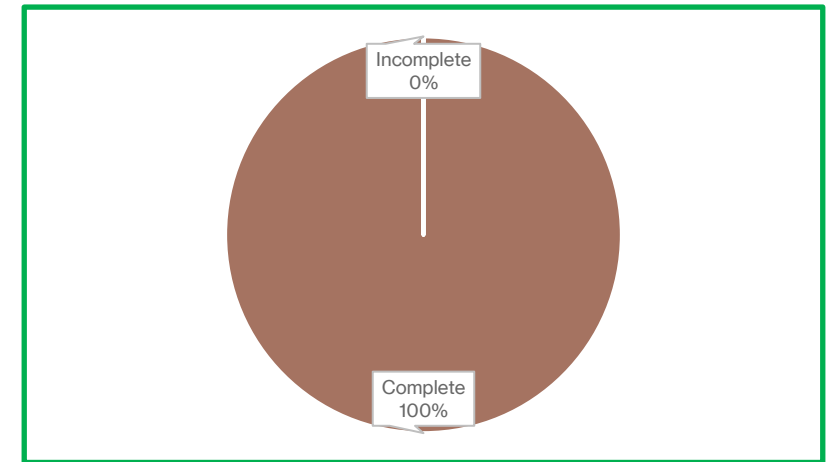
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KPI: The number of respondents who experience 14 or more poor mental health days will decrease

Strategy: Promote a healthy lifestyle

Activity 4: By November 31, 2025, seek a policy that will increase 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.



This policy has been proposed to the City Park and Recreation department. We are waiting to hear a final decision. We will continue to work to finalize this Activity in 2026

Mental/Behavioral Health

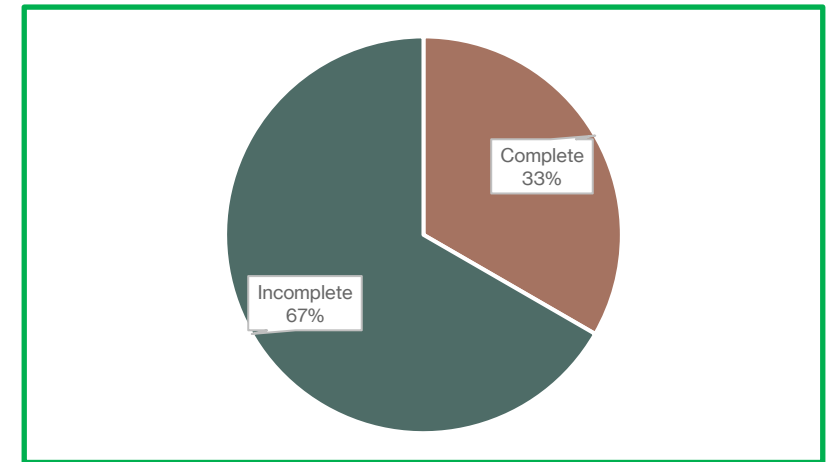
Goal 2: Increase early identification of mental health issues in youth and adults

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

KPI: The ER Visit rate for mental disorders will decrease below 15.60.

Strategy: Enhance the use of intervention resources

Activity 1: Beginning in the fall of 2025 school year, and ever fall thereafter, host Mental Health First Aid for Youth, in which three members from each school district will attend.



Year 1: Mental Health First Aid for Youth was offered to all five school districts in the fall of 2025. 29 elementary teachers completed the training in the first year.

2026: Mental Health First Aid for Youth will be coordinated with all five county school districts again during the fall, as staff begin to return to school.

Mental/Behavioral Health

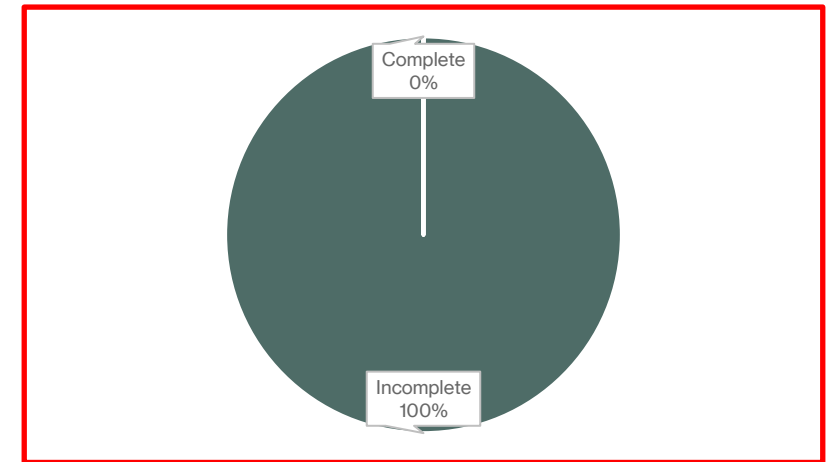
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KPI: The ER Visit rate for mental disorders will decrease below 15.60.

Strategy: Enhance the use of intervention resources

Activity 1: By December 31, 2025, host an annual mental health screening day at the Senior Center, in collaboration with the Community Mental Health Agency.



Due to the government shut down, the Senior Center could not commit to any events.

*Proposal: Move this activity to 2026.

Mental/Behavioral Health

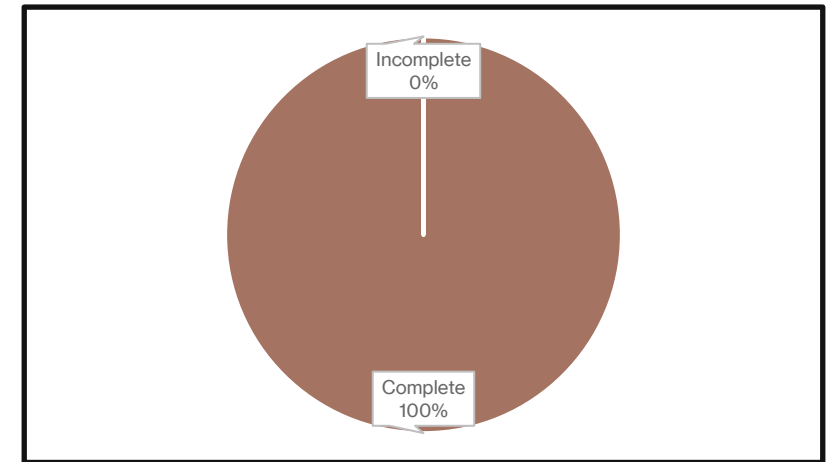
Goal 3: Educate the community on existing community resources

Objective 1: Increase the number of people accessing treatment across the community behavioral health providers by 3% by December 31, 2027.

KPI: the number of residents seeking treatment will increase to 142 people

Strategy: Educate the community on existing community resources

Activity 1: 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.



In October of 2025, a direct mailer, with mental health resources, was sent to 4,850 Harrison County households.

Mental/Behavioral Health

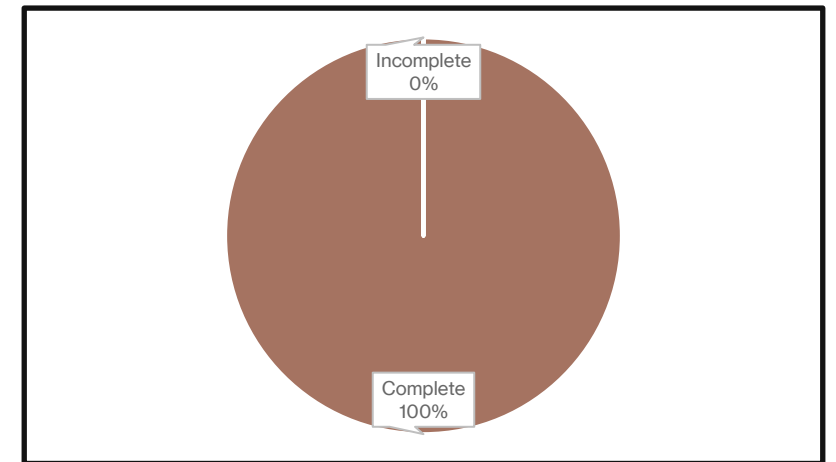
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Strategy: Educate the community on existing community resources

Activity 2: 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.



A Mental Health Resource Fair Committee was formed. This committee, collaborating with Harrison County Community Hospital, hosted a Mental Health Resource Fair during the HCCH Health Fair on May 3, 2025. Mental Health Resources were also made available during the Harrison County Health Department Safety Fair on July 30, 2026. Following this even, the committee connect with the Suicide Prevention Coalition to continue to offer mental health resources opportunities.

Mental/Behavioral Health

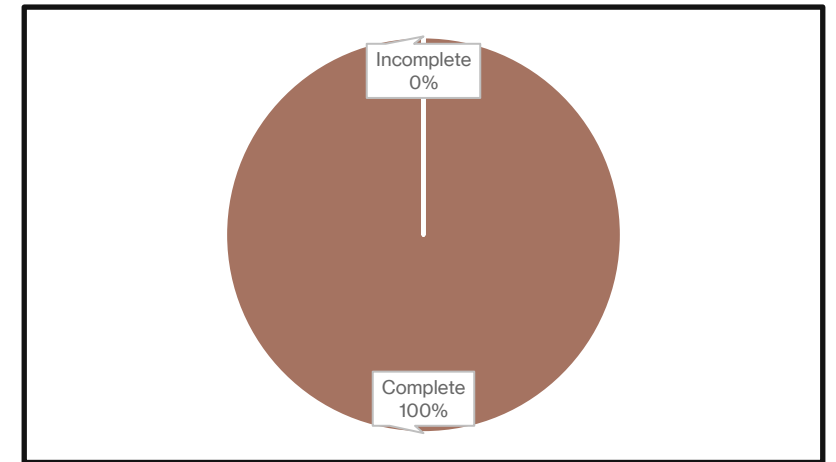
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KPI: the number of residents seeking treatment will increase to 142 people

Strategy: Research ability to enhance mental health resources with addition of Peer Support Specialist

Activity 3: By December 31, 2025, research the use of Peer Support Specialist in Harrison County.



Harrison County Health Department completed research on use of Peer Support Specialist in Harrison County. Several organizations in Harrison County utilize Peer Support Specialist: Northwest Health Services (provide services to students through a RCORP grant, services for youth and adults), North Central Missouri Mental Health (seeking to hire two additional specialist) Recommendation include: strengthen the capacity of existing Peer Support Specialist while expanding community education and outreach efforts to increase awareness, understanding, and acceptance of Peer Support Specialist services.

Mental/Behavioral Health

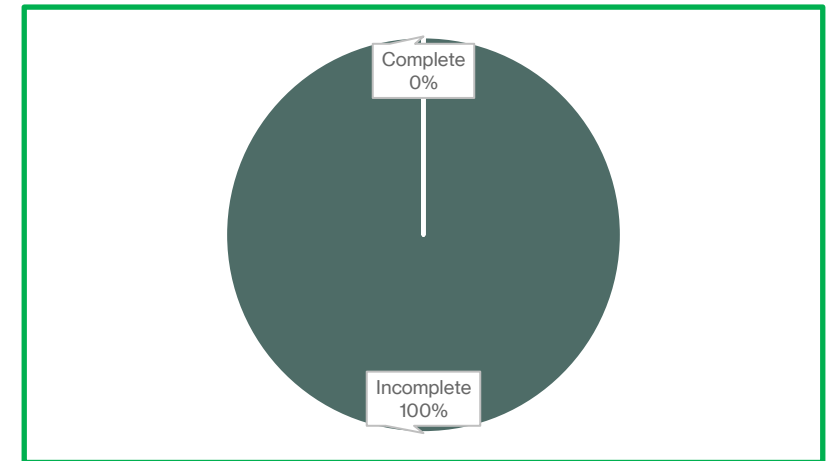
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KPI: the number of residents seeking treatment will increase to 142 people

Strategy: Research ability to enhance mental health resources with addition of Peer Support Specialist

Activity 4: By December 31, 2026, collaborate with local community agencies to host a Peer Support Specialist recruitment event.



A team will begin working on a Peer Support Specialist recruitment event for 2026

Mental/Behavioral Health

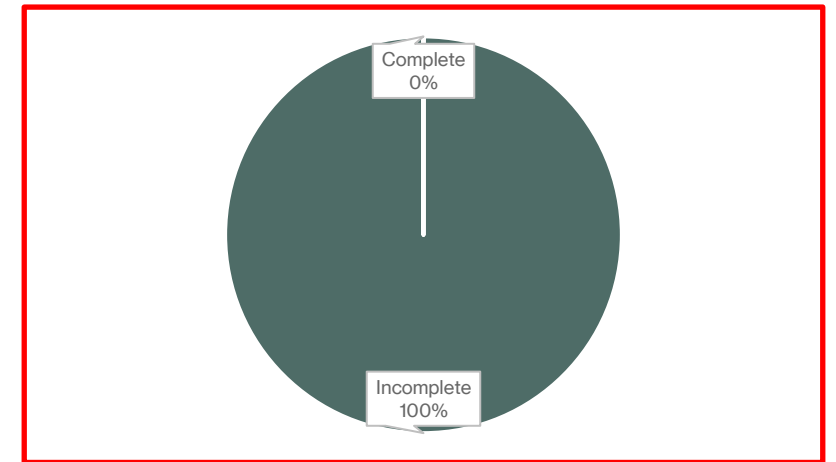
Goal 4: Survey area health care providers to assess mental health services available

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.

KPI: the number of residents seeking treatment will increase to 142 people

Strategy: Research ability to enhance mental health resources with addition of Peer Support Specialist

Activity 1: By December 31, 2025, develop an Access to Mental Health Services Assessment Team to lead an assessment process including survey development and data analysis.



Some of this information may have been completed in the Suicide Prevention Coalition survey. We are currently connecting with that group to determine what additional information may need to be collected.

*Proposal: move this Activity to 2026

Chronic Disease

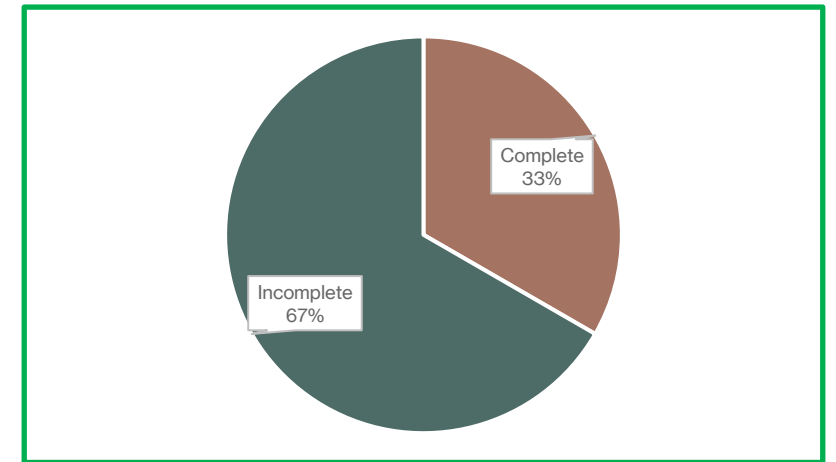
Goal 1: Increase access to healthy foods

Objective 1: By December 2027, decrease food insecurity from 17.4% by 3%.

KPI: The food insecurity rate will decrease to 14.4%

Strategy: Support Community Gardens

Activity 1: From February 1, 2025, through December 31, 2027, increase community gardens by one each year, through 2027, in high needs areas.



Year 1: Completed at 100%

Chronic Disease

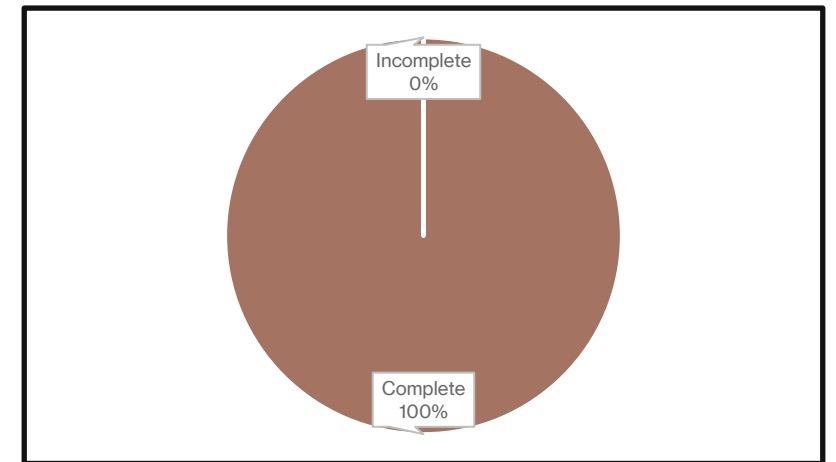
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Objective 1: By December 2027, decrease food insecurity from 17.4% by 3%.

KPI: The food insecurity rate will decrease to 14.4%

Strategy: Partner with the Farmers Market to increase participation

Activity 2: By May 1, 2025, develop and implement one public education campaign on the community farmers market, to increase participation among vendors and community members.



Public media campaign was implemented for the 2025 Farmers Market. The campaign reached 436 people and included interactions with 6 people.

It is uncertain who will organize the 2026 season at this time, therefore planning for any continued media campaign has not been considered.

Chronic Disease

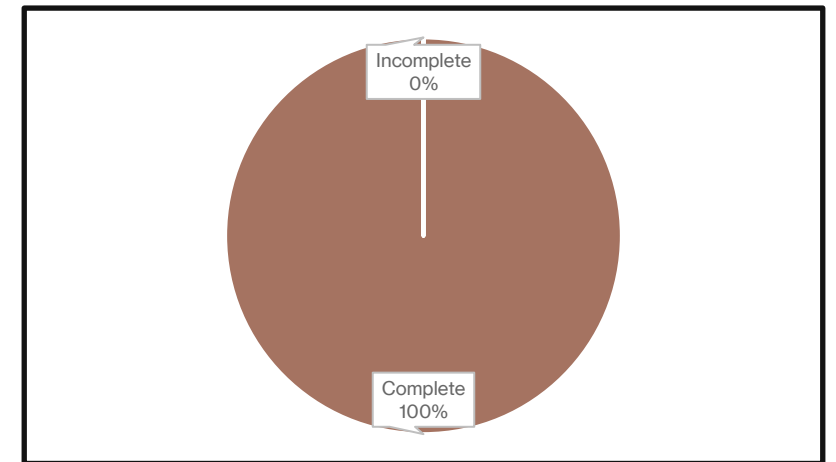
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KPI: The food insecurity rate will decrease to 14.4%

Strategy: Partner with the Farmers Market to increase participation

Activity 3: By May 1, 2025, increase signage for the local farmers market, designating the location and hours of operation, with three community signs.



Three signs were developed and provided during the Farmers Market 2025 season.

It is uncertain who will organize the 2026 season at this time, therefore planning for any additional signage has not been considered.

Chronic Disease

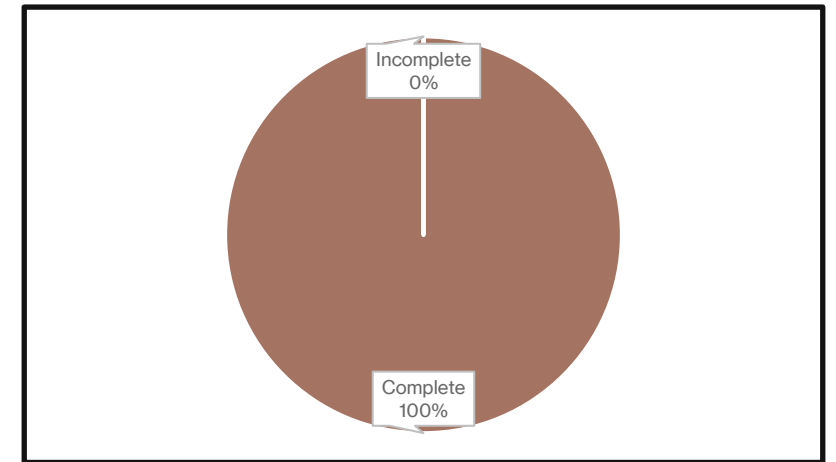
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Objective 1: By December 2027, decrease food insecurity from 17.4% by 3%.

KPI: The food insecurity rate will decrease to 14.4%

Strategy: Increase WIC participation

Activity 4: By July 1, 2025, collaboration with all five county schools to incorporate WIC enrollment information in the back-to-school information, to increase WIC participation by 5% by December 2027.



While not included in the back-to-school information, WIC flyers were sent home with students in all five county schools. 606 flyers in total: South Harrison Elementary-237, North Harrison-150, Ridgeway-75, Cainsville-40, Gilman City-104. This was completed in September and October of 2025. Follow up is provided each quarter to see if additional flyers are needed.

Chronic Disease

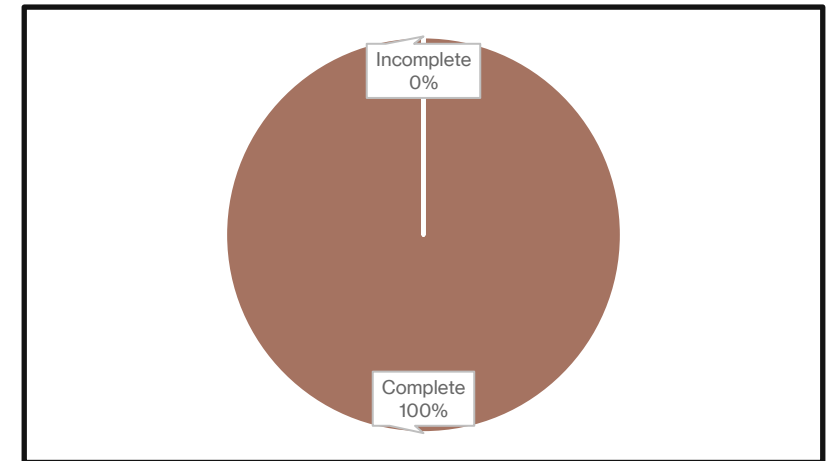
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Objective 1: By December 2027, decrease food insecurity from 17.4% by 3%.

KPI: The food insecurity rate will decrease to 14.4%

Strategy: Increase WIC participation

Activity 5: By July 1, 2025, collaboration with county licensed daycares to incorporate WIC enrollment information in their registration information, to increase WIC participation by 5% by December 2027



WIC packets are provided to county licensed day cares. Follow up is provided each quarter to see if additional flyers are needed.

Chronic Disease

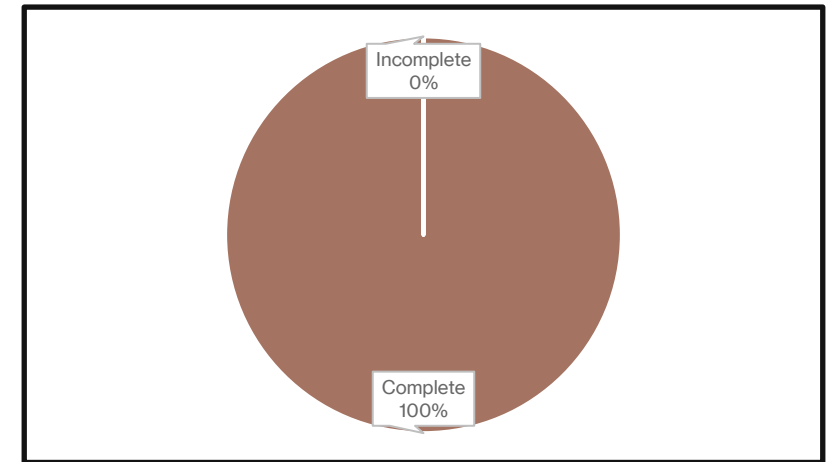
Goal 2: Increase opportunity for physical activity

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

KPI: A reduction in the respondents who report having no leisure time that includes physical activity.

Strategy: Increase infrastructure for active movement

Activity 1: By May 1, 2025, develop one trail committee that will assist in the development of a trail and outdoor workout area around the Mike O'Neal community garden.



The Harrison County Health & Wellness Coalition helped form a trail committee to develop a proposed trail and outdoor workout area. This location will not support the development of trail or outdoor workout equipment. Additional locations are now being considered. The committee will continue to be asked for development support as location possibilities are considered.

Chronic Disease

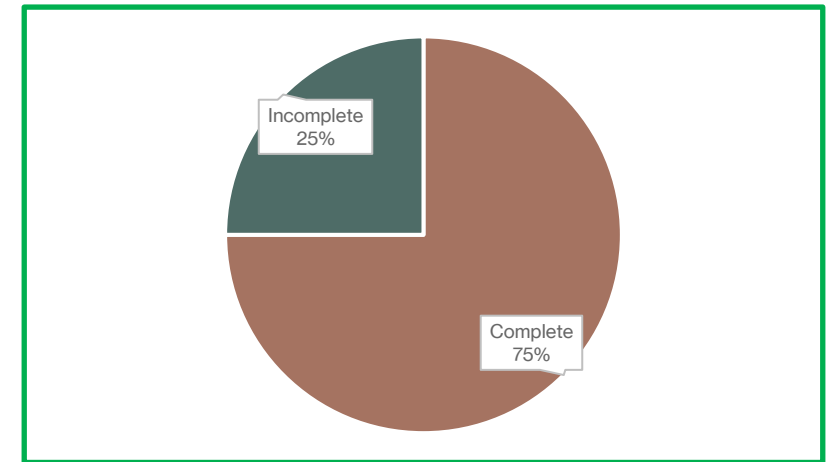
Goal 2: Increase opportunity for physical activity

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

KPI: A reduction in the respondents who report having no leisure time that includes physical activity.

Strategy: Support workplace wellness programs

Activity 2: By December 31, 2025, implement a Workplace Wellness Policy and working Wellness Committee at Harrison County Health Department, Home Health & Hospice.



The final implementation step is a Wellness Committee meeting set for January 31, 2026. This process will be used to support other workplace wellness programs in the county.

Chronic Disease

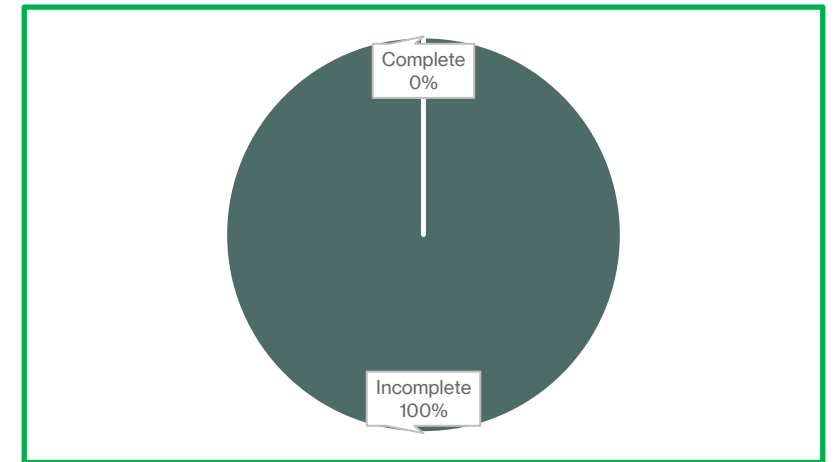
Goal 2: Increase opportunity for physical activity

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

KPI: A reduction in the respondents who report having no leisure time that includes physical activity.

Strategy: Support workplace wellness programs

Activity 3: By May 1, 2026, survey ten employers to gather information on employee wellness programs that incorporate physical activity for employees, and if they currently have an employee wellness policy.



Due May 2026

Chronic Disease

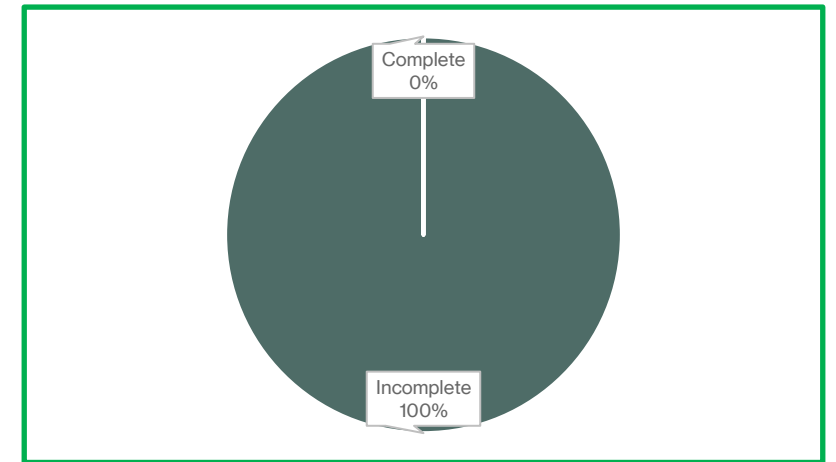
Goal 2: Increase opportunity for physical activity

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

KPI: A reduction in the respondents who report having no leisure time that includes physical activity.

Strategy: Support workplace wellness programs

Activity 4: By December 31, 2026, provide ten, surveyed employers, with Workwell Missouri Toolkit, from MU Extension.



Due May 2026

Chronic Disease

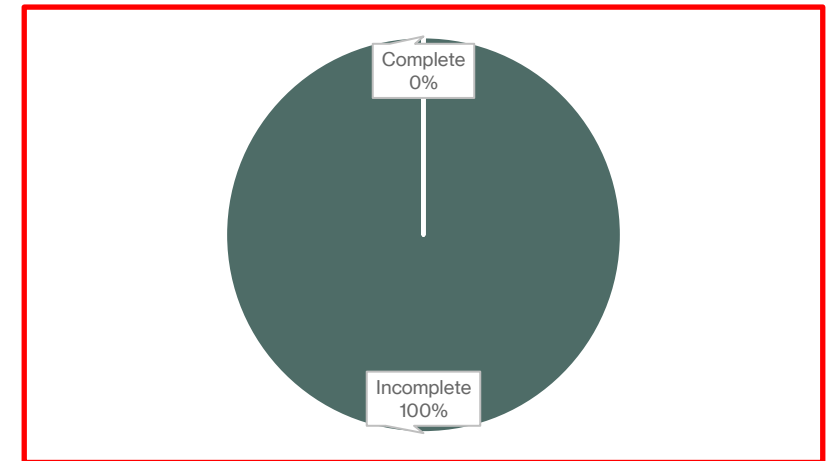
Goal 2: Increase opportunity for physical activity

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

KPI: A reduction in the respondents who report having no leisure time that includes physical activity.

Strategy: Enhance community-based fitness programs

Activity 5: By December 31, 2025, collaborate with Bethany City Park and Recreation department to develop one comprehensive guide on physical activity opportunities in the community.



We are collaborating with Bethany Parks and Recreation department to collecting needed information for one comprehensive guide

*Proposal: Continue this activity in 2026.

Chronic Disease

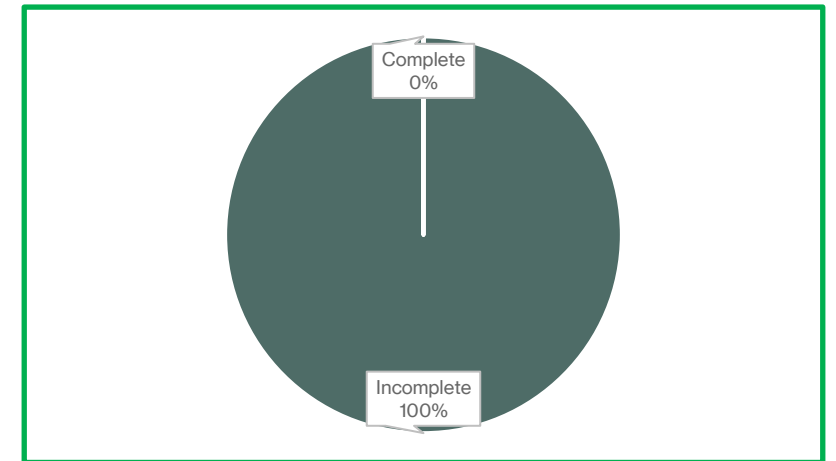
Goal 2: Increase opportunity for physical activity

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

KPI: A reduction in the respondents who report having no leisure time that includes physical activity.

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

Activity 6: 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.



Due December 2026

Chronic Disease

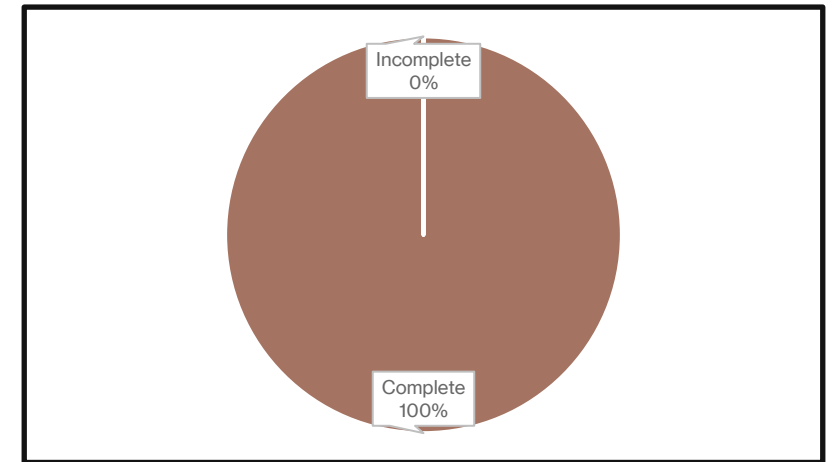
Goal 2: Increase opportunity for physical activity

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

KPI: A reduction in the respondents who report having no leisure time that includes physical activity.

Strategy: Increase funding that supports physical activities

Activity 7: By December 31, 2026, apply for one funding opportunity that would support the trail and workout project.



Harrison County Health Department applied for a state grant to support trail and an outdoor workout project. That grant was not awarded to Harrison County Health Department. We will continue to pursue a location for trail and outdoor workout project and reapply for this grant, as appropriate.

Chronic Disease

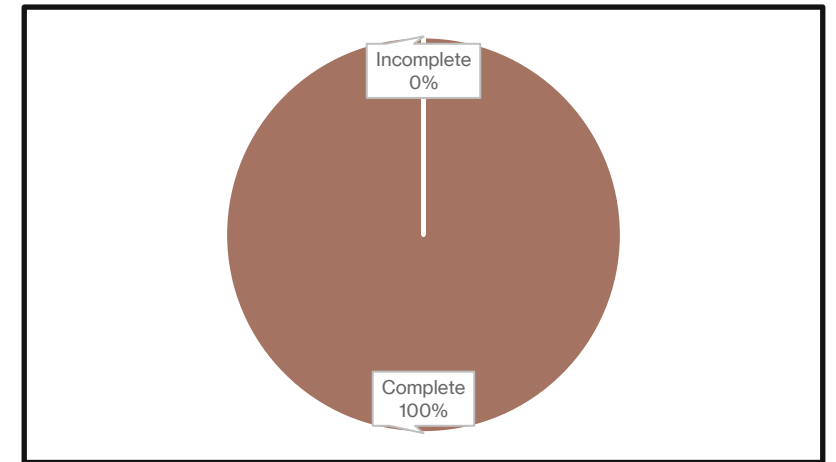
Goal 2: Increase opportunity for physical activity

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

KPI: A reduction in the respondents who report having no leisure time that includes physical activity.

Strategy: Increase funding that supports physical activities

Activity 8: 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.



Harrison County Health Department was awarded the Regional Arthritis Grant, providing the fall Walk With Ease program held at the Bethany Community Gym.

Chronic Disease

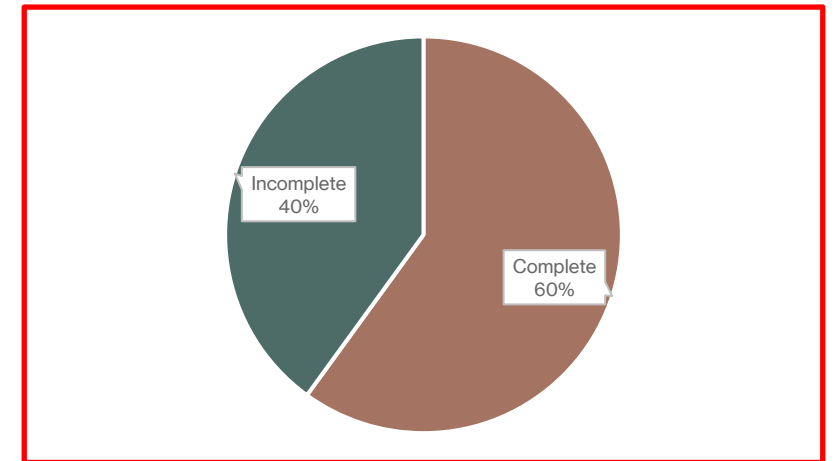
Goal 3: Increase diabetes education

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

KPI: a decrease in the rate of ER visits related to diabetes to lower than 1.96%

Strategy: Enhance current programs that support diabetes education.

Activity 1: By October 1, 2025, develop one new diabetes diagnosis resource packet that local providers can provide to individuals newly diagnosed with diabetes.



A Diabetes Education packet has been developed and sent to local providers at HCCH to review. Once we receive feedback, we will finish the activity with distribution to all local providers.

Chronic Disease

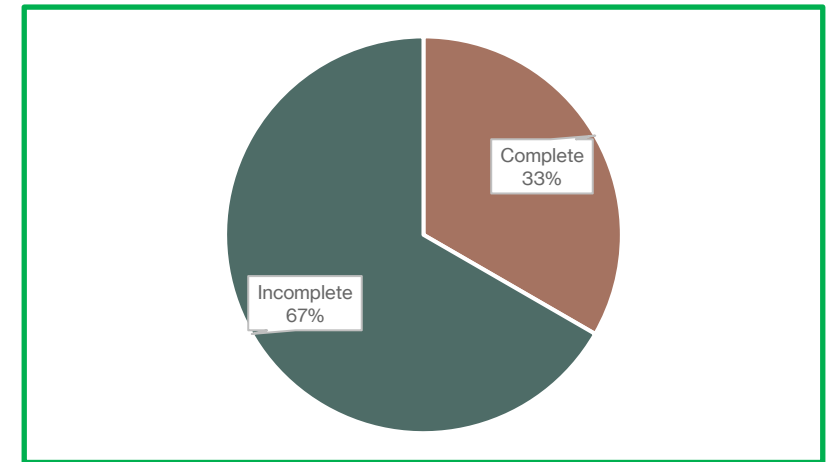
Goal 3: Increase diabetes education

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

KPI: a decrease in the rate of ER visits related to diabetes to lower than 1.96%

Strategy: Enhance current programs that support diabetes education.

Activity 2: 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.



Year 1: Complete at 100%. Harrison County Health Department co-hosted Dining with Diabetes course in 2025.

Chronic Disease

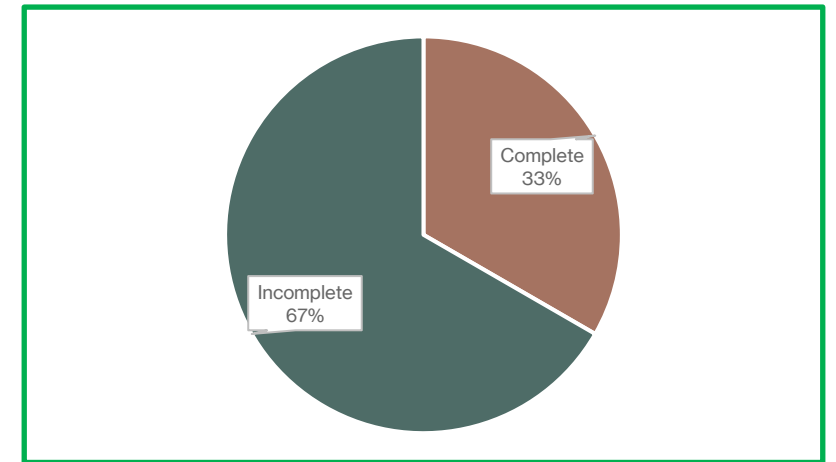
Goal 3: Increase diabetes education

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

KPI: a decrease in the rate of ER visits related to diabetes to lower than 1.96%

Strategy: Enhance current programs that support diabetes education.

Activity 3: 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.



Year 1: Complete at 100%. Harrison County Health Department co-hosted Diabetes Self Management course in 2025.

Chronic Disease

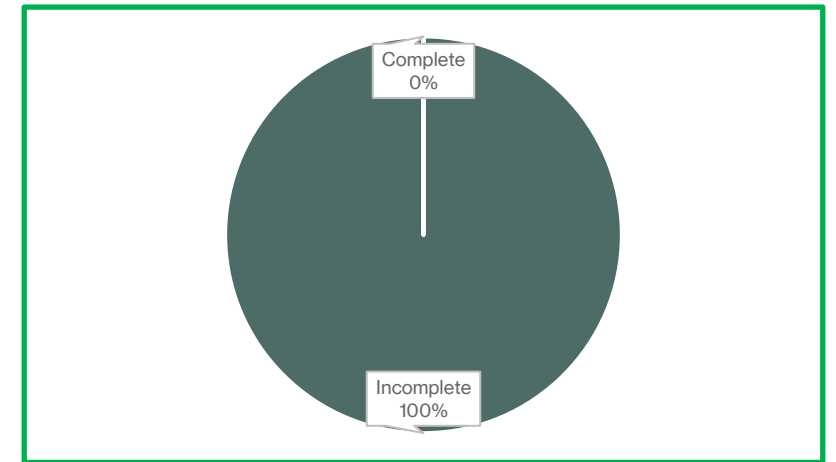
Goal 3: Increase diabetes education

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

KPI: a decrease in the rate of ER visits related to diabetes to lower than 1.96%

Strategy: Increase funding to support diabetes education.

Activity 4: By December 31, 2026, apply for one funding opportunity to support the delivery of MU Extension courses, making the course free of charge for Harrison County residents.



Due December 2026.

One grant funding source has been identified. Applications are due in February 2026.

Chronic Disease

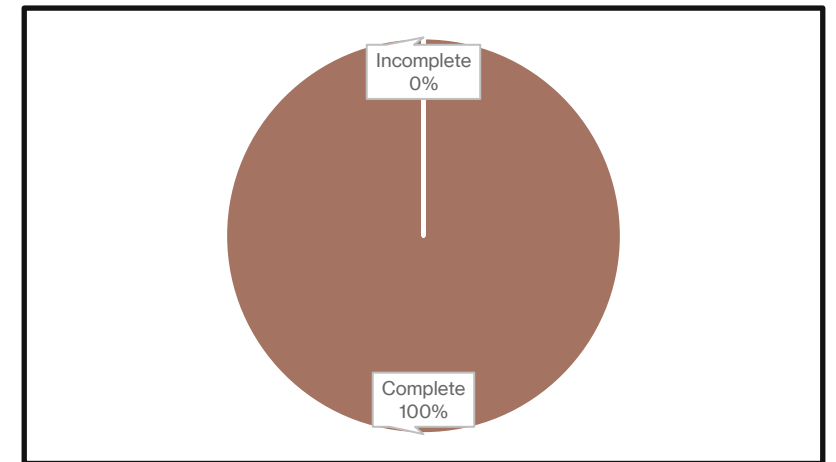
Goal 3: Increase diabetes education

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

KPI: a decrease in the rate of ER visits related to diabetes to lower than 1.96%

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

Activity 5: 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.



Harrison County Health Department completed surveys for several months. Information was shared with HCCH Chronic Disease program. Surveys are not being collected any longer.

Chronic Disease

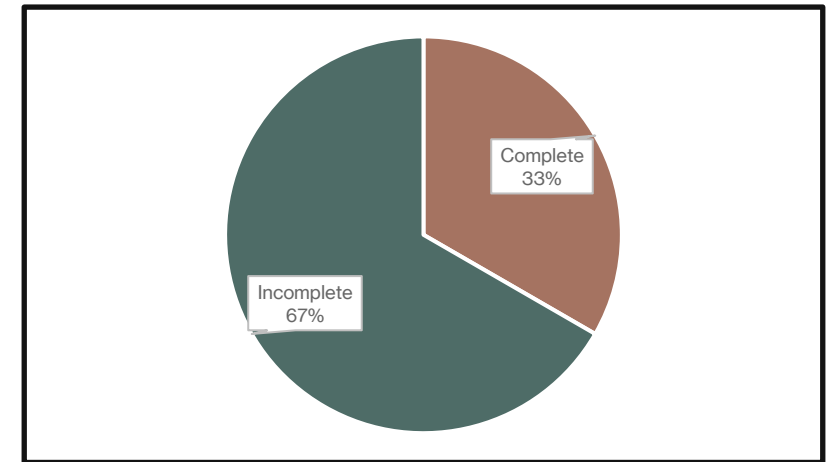
Goal 4: Increase routine screenings

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%).

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

Strategy: Increase awareness of blood pressure screening and resources

Activity 1: From March 1, 2025, through December 31, 2027, implement one public education campaign on blood pressure screening benefits and outreach clinics offered by the Health Department, with at least two posts each month.



Year 1: Completed at 100%. Media campaign produced 20 public messages with the following analysis: Reach-2718 and Interactions-20

Chronic Disease

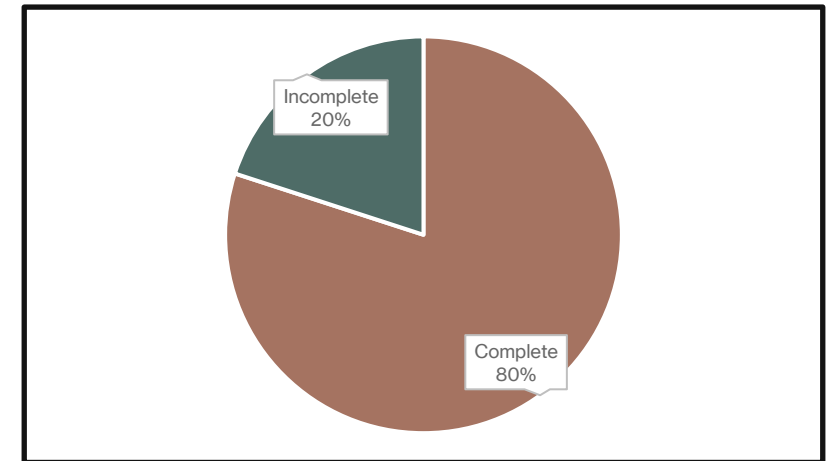
Goal 4: Increase routine screenings

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%).

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

Strategy: Implement a policy to complete a blood pressure screening during public health visits

Activity 2: By April 1, 2025, implement a policy at Harrison County Health Department, Home Health & Hospice, to complete a blood pressure screening for 100% of residents who come for public health visits.



A program evaluation (SWOT Analysis) will be completed in January.

Chronic Disease

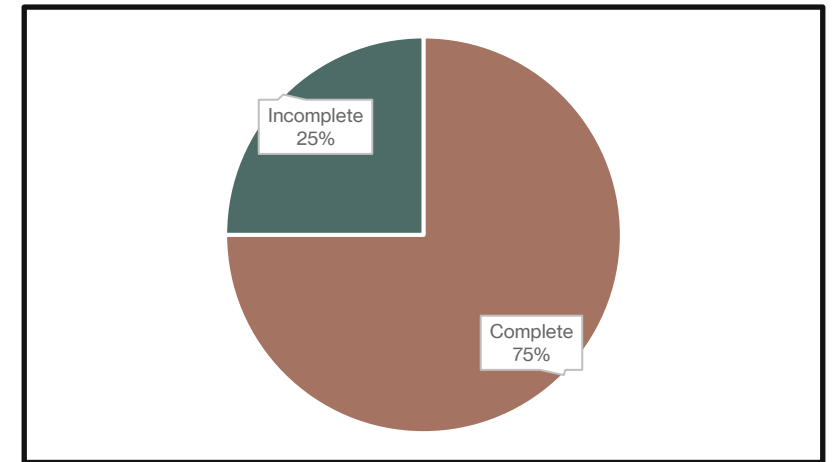
Goal 4: Increase routine screenings

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%).

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

Strategy: Increase opportunities for blood pressure screenings in high traffic areas of the county

Activity 3: 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.



A program evaluation (SWOT Analysis) will be completed in January.

Three blood pressure kiosks have been placed in high traffic areas in Harrison County.

Chronic Disease

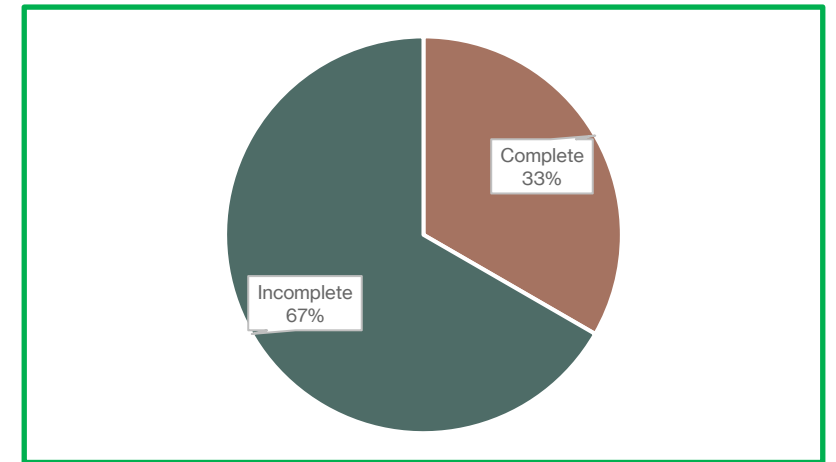
Goal 4: Increase routine screenings

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%).

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%

Strategy: Increase education on the importance of breast cancer screening

Activity 4: 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.



Year 1: Completed at 100%

Chronic Disease

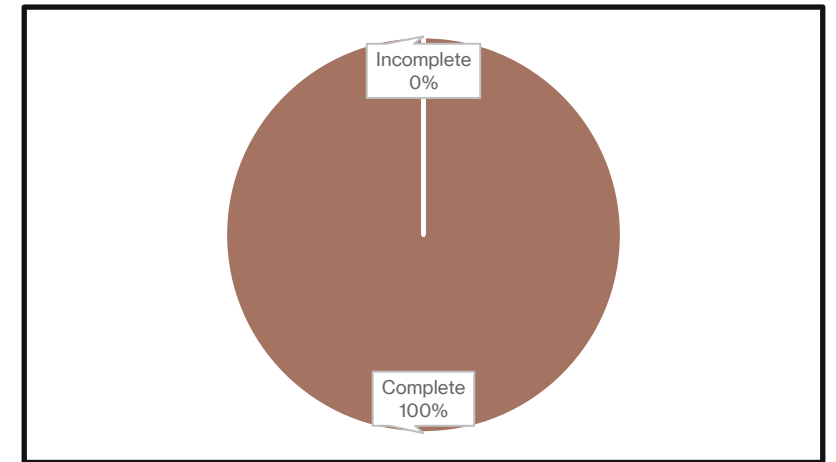
Goal 4: Increase routine screenings

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%).

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%

Strategy: Increase use of existing resources

Activity 5: 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.



A cancer event was held on October 10, 2025. Resources were shared with community members in attendance.

Chronic Disease

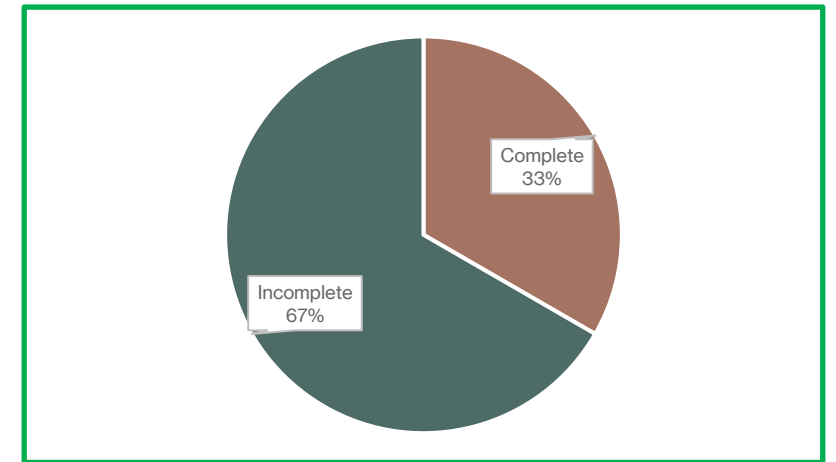
Goal 4: Increase routine screenings

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%).

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%

Strategy: Increase use of existing resources

Activity 6: 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.



Year 1: Completed at 100%. Social media posts for Show Me Health Women produced the following analytics: Reach-1683 and Interactions-14

Chronic Disease

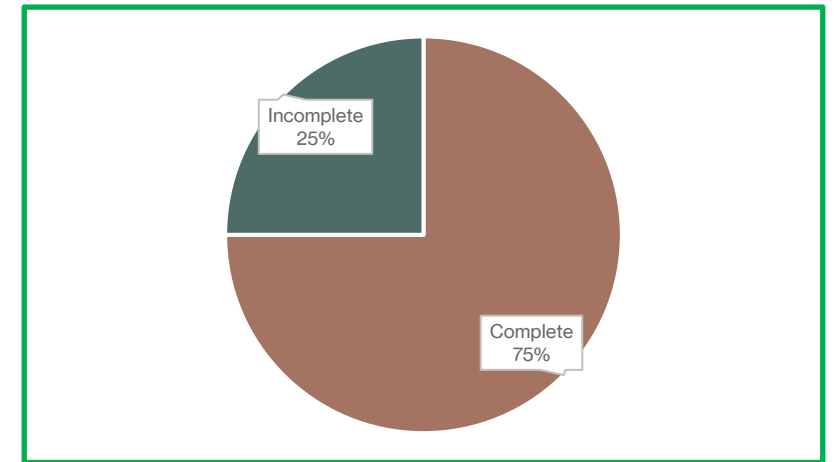
Goal 4: Increase routine screenings

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%).

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%

Strategy: Increase use of existing resources

Activity 7: By June 1, 2025, develop one protocol to refer eligible women to the Show-Me Healthy Women Program.



The referral process was defined in an office SOP (Standard Operating Procedure). Staff have been trained on the referral process.

A program evaluation (SWOT Analysis) will be completed in January.

Chronic Disease

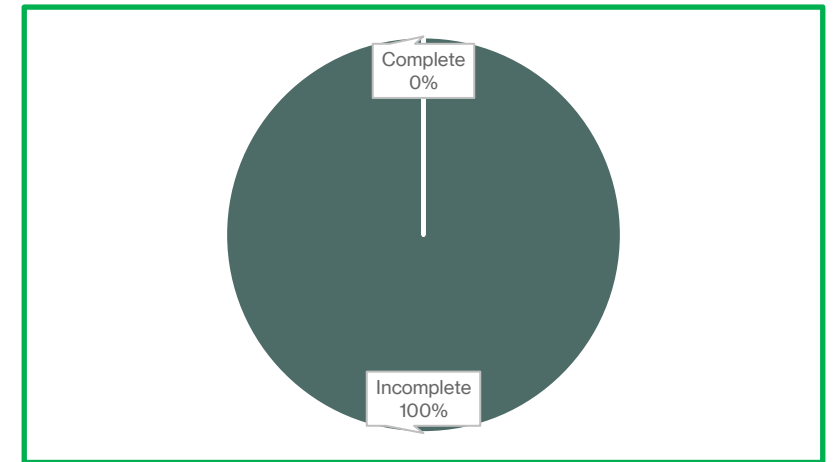
Goal 4: Increase routine screenings

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%).

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

Strategy: Increase education on the importance of cervical cancer screening

Activity 8: 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.



Due January 2026 and 2027

Chronic Disease

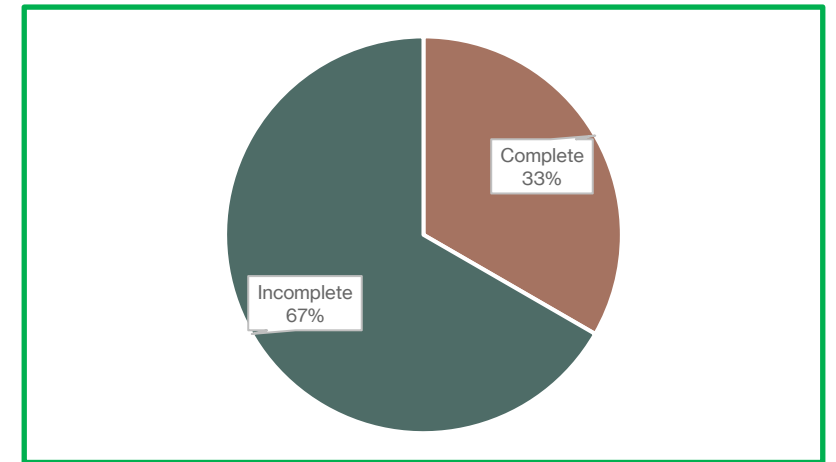
Goal 4: Increase routine screenings

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%).

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

Strategy: Increase use of existing resources

Activity 9: 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.



Year 1: Completed at 100%. Social media posts for Show Me Health Women produced the following analytics: Reach-1683 and Interactions-14

Chronic Disease

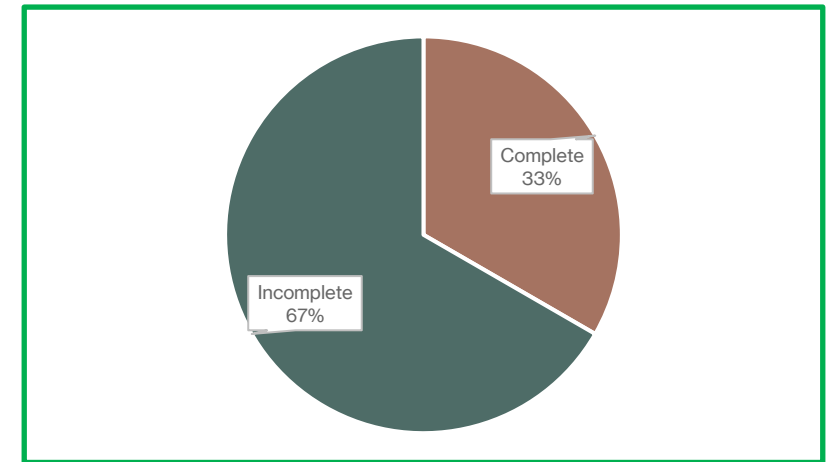
Goal 4: Increase routine screenings

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%).

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%.

Strategy: Increase awareness of colon cancer screenings and resources

Activity 10: 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.



Year 1: Completed at 100%.

Chronic Disease

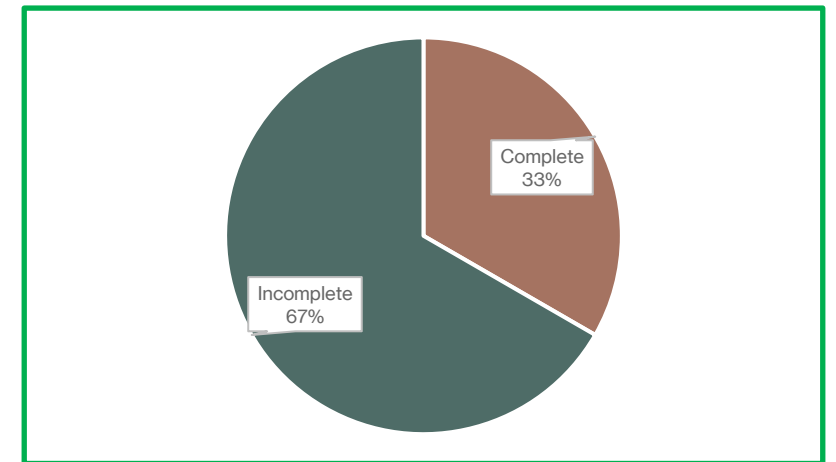
Goal 4: Increase routine screenings

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%).

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%.

Strategy: Increase awareness of colon cancer screenings and resources

Activity 11: 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.



Year 1: Completed at 100% The CHIP was approved in the middle of March, meaning implementation of this activity had to be adjusted a little for year 1. FOBT kits were made available during public health walk in clinic hours and to Home Health & Hospice patient families. In year two, we will be able to provide FOBT kits at the monthly blood pressure clinics.

Chronic Disease

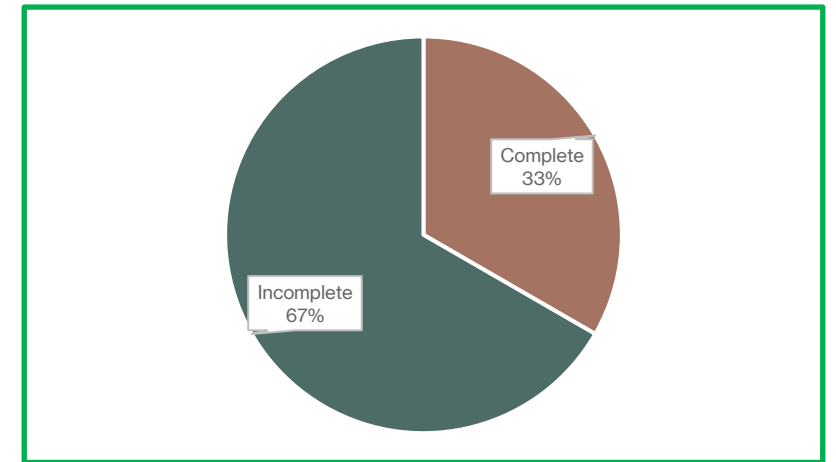
Goal 5: Improve individual management of chronic disease conditions

Objective 4: By December 2027, decrease the death rate of Harrison County residents due to heart disease by 10%, to lower than 223.86.

KPI: Harrison County death rate due to heart disease will be lower than 223.86

Strategy: Provide chronic disease management education

Activity 1: 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.



Year 1: Complete at 100%. Harrison County Health Department co-hosted Diabetes Self Management course in 2025.

Feedback and Thank you!!

Thank you for your time. Your insights and thoughtful input are greatly appreciated and play an important role in strengthening the Harrison County Community Health Improvement Plan. We value your contribution and support in this important work.

Once you have completed your review, please submit feedback and acknowledge completion of the review by filling out the provided Google Form. Even if you don't have any feedback on any Activities, please complete the form to show participation in the review process.

Feedback and Acknowledgement Form: <https://forms.gle/dHvn6HdpYAvxejr67>

If you have any other feedback or comments, please reach out to Courtney Cross, Administrator at Courtney.Cross@lpha.mo.gov or 660-425-6324.