

**CITY OF SPRINGFIELD STRATEGIC PLAN
PUBLIC HEALTH CHAPTER
REVISED DRAFT: NOVEMBER 2, 2010**

TEMPLATE A – VISION, THEMES, INPUTS, AND INTER-RELATIONSHIPS

VISION

The public health planning committee’s vision for the Springfield metropolitan community in the year 2030 is to develop and sustain a “healthy community where everyone can thrive.”

By 2030, the community will exhibit a commitment to personal, family, and employee health and wellness. All citizens, regardless of age, disability or neighborhood will have access to affordable, fresh, and healthy foods and all neighborhoods will be connected through a comprehensive network of complete streets and Greenway trails. The community will exercise sound preventive health and chronic disease management measures, which will result in a decrease of the chronic disease burden, a decrease in youth and adult obesity, and an increase in our community’s overall health status and quality of life.

The community will not only be healthier, but children will be better prepared for education and adults will be better prepared for work. Ultimately, this will result in a decrease in student and employee absenteeism and an increase in school graduation rates and employee productivity, which will positively impact the community’s economic development.

A healthy community and strong public health system functions through seamless public-private partnerships leveraging resources, educating the community, encouraging local ownership of local issues, and decreasing competitiveness between community agencies. The community will be positioned to proactively respond to identified community health needs through ongoing assessments, seeking new financial avenues, and evenly dividing resources to meet strategic goals among all citizens, particularly children, the elderly, and those at lower income levels.

Therefore, the vision for public health is a community where:

- **Active living environments** are safe and provide a greater opportunity for citizens to routinely engage in physical activity.
- **Citizens** consider themselves part of a cohesive regional community
 - Working across political, jurisdictional, ethnic, and racial boundaries,
 - Caring for those who are least able to afford and physically access quality health care.
- **Citizens** utilize a reliable public transportation system, thereby improving
 - Air quality,
 - Access to jobs, health care, and recreational activities.
- **Community health** is accomplished through partnerships that
 - Raise awareness of resources,
 - Increase access to quality, affordable, culturally competent, preventive, emergent, urgent, and ongoing health care.
- **Community leaders** understand and base decisions on the interrelationships of the environment, transportation, land use and public health.

- **Economic development** opportunities provide a high quality of life, a healthy place to live and work, and attract diverse citizenry.
- **Education** is a priority and test results are improved to ensure that all children are equally educated.
- **Effective preventive care and health education** programs are innovatively delivered.
- **Partnerships** are based on values of achieving a healthy community
 - Through disseminating data,
 - Celebrating success, and
 - Holding each other accountable for the health of the community.
- **We empower our youth** to make better health choices, thereby reducing
 - Obesity,
 - Substance abuse, and
 - Unwanted pregnancies.

THEMES

- **Regionalism** – Consider how the committee’s recommendations support a regional focus; how the Springfield metropolitan area can be a better “citizen of the region” by working with Greene County, surrounding cities, and southwest Missouri.

The only effective way to improve the community’s health and sustain strong public health functions is to work globally and understand there are minimal limitations, if any, to geographic boundaries in improving population health. Essentially everything the committee is recommending has at minimum a regional focus in that all responsible parties serve the greater region and beyond and that outcomes will be measurably evident throughout the region. The committee’s recommendations will serve to align public health goals to ensure a regional effort is coordinated, measurable, and effective.

- **Sustainability** – Consider how the committee’s recommendations support energy efficiency, recycling, low-impact construction, and other measures of sustainability.

Public health will help the Springfield metropolitan area improve the population’s overall health and quality of life, which will in turn improve local and regional standards of living. A core function of public health is environmental awareness, which focuses not only on environmental health issues, but also on the efficiencies and responsibilities of citizens in building a sustainable and healthy community.

- **Minimize Poverty** – Consider how the committee’s recommendations address our community’s poverty problem.

Research has empirically proven that the underserved not only struggle with access to health care, but have far poorer health care outcomes. Research has also suggested that low socioeconomic status individuals tend to live close to other low socioeconomic individuals, developing neighborhood pockets that have higher rates of infectious and chronic diseases and overall poorer health outcomes. The committee has considered socioeconomic variances in all of its goals and strategies in an effort to provide access to public health and health care services as well as ongoing health education, which will not only sustain a healthy population, but level the population’s health, reducing vulnerable sub-population outlying neighborhoods.

- **Civic Engagement** – Consider how the committee’s recommendations increase the level and breadth of civic engagement within the community.

Public health will be the most effective when two underlying factors are in place: (a) all health related organizations work in collaboration with shared resources and responsibility and (b) all citizens take personal responsibility for their health. The committee’s recommendations therefore require civic engagement not only in implementing the suggested goals and strategies, but also in sustaining all public health efforts. One of the greatest measures of civic engagement is social capital in the community, and the recommendations outlined in this chapter will enrich the community’s social capital by creating a healthier community and stronger economy.

INPUTS

- **Access to Health** – Access to health care education and services as well as access to a lifestyle of health and wellness.
- **Chronic Disease** – Disease that lasts three months or longer and cannot be prevented by vaccines or cured by medication. Focus is on chronic disease prevention, education, support and management in an effort to have a positive impact on chronic disease and the community’s health.
- **Healthy Lifestyles** – Healthy lifestyle choices that ensure a sustainable and livable community.

INTER-RELATIONSHIPS

The committee most strongly inter-relates with the following chapters: Growth Management and Land Use, Natural Environment, Recreation and Leisure, and Transportation. Research indicates that there is a strong link between transportation, community design, and planning to increased physical activity and overall well-being.

- The way we design, build, maintain, and protect our communities and resources affects our overall well-being.
- Transportation impacts health directly – it affects air quality, injury risk, physical activity levels, and access to necessities such as grocery stores and health care providers. Transportation decision making must address the impact that our infrastructure has on public health and equity.
- Connectivity also increases access to grocery stores and farmers markets that sell affordable fruits and vegetables. This will result in citizens improved diets, a reduction in the burden of chronic disease, and will contribute to the community’s economic development.

TEMPLATE B – GOALS, PERFORMANCE MEASURES AND BUDGETS

Major Goal 1: Prevent obesity and related chronic disease, particularly among persons of low socioeconomic status by increasing access to healthy foods and supports for physical activity.

Assumptions:

- Improved access to healthy food choices in close proximity to neighborhoods will improve dietary behaviors.
- Increased opportunities for citizens of all ages to participate in physical activity will result in citizens that will be more physically active.
- Increased infrastructure, increased access to quality programs and facilities and increased social support will result in greater participation by all people in physical activity and healthy food choices.
- Having access to and participating in physical activity opportunities and improved nutrition will help reduce obesity and reduce the burden of chronic disease in the community.

Objective 1.1: Increase the percent of school districts with environments and policies that support healthy eating.

Performance Measure 1.1.1. Percent of school districts achieving exemplary-level rating on the nutritional grading system according to the Missouri Eat Smart Guidelines.

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 1.1.2. Percent of schools with policies for healthy food choices in vending machines.

Baseline, 2011: _____%

Measure, 2016: _____%

Responsible Parties: Regional school districts.

Objective 1.2: Increase the availability of healthy foods at community events.

Performance Measure 1.2.1. Percent of adults reporting that local community events “always or almost always” offer healthy food choices, such as fresh fruits and vegetables, low-fat dairy products, etc.

Baseline, 2011: _____%

Measure, 2016: _____%

Responsible Parties: City of Springfield, County of Greene, area public and private businesses and organizations.

Objective 1.3: Increase the percent of schools with environments and policies that support daily physical activity.

Performance Measure 1.3.1. Percent of public and private schools that require daily physical education.

Baseline, 2011: _____% Measure, 2016: _____%

Performance Measure 1.3.2. Percent of public and private elementary schools that provide at least 30 minutes of daily recess.

Baseline, 2011: _____% Measure, 2016: _____%

Responsible Parties: Regional school districts.

Objective 1.4: Increase supports for physical activity spaces and facilities in low-income neighborhoods.

Performance Measure 1.4.1. Number of outdoor recreation spaces and facilities (i.e., playgrounds, sport facilities, trailheads, etc.) in low-income neighborhoods.

Baseline, 2011: _____ Total # Measure, 2016: _____ Total #

Performance Measure 1.4.2. Percent of schools in low-income neighborhoods that allow children and adults to use outdoor physical activity facilities without being in a supervised program.

Baseline, 2011: _____% Measure, 2016: _____%

Performance Measure 1.4.3. Percent of schools in low-income neighborhoods that allow children to use indoor physical activity facilities without being in a supervised program.

Baseline, 2011: _____% Measure, 2016: _____%

Performance Measure 1.4.4. Percent increase in funding dedicated to improving and expanding bike lanes, sidewalks, bike paths and trails in low-income neighborhoods.

Baseline, 2011: _____ Total Funding Measure, 2016: _____% Increase

Performance Measure 1.4.5. Percent increase in number of low-income neighborhoods designed for healthy living including those existing and redesigned for healthy living according to the Healthy Living Index.

Baseline, 2011: _____ Total Funding Measure, 2016: _____% Increase

Responsible Parties: City of Springfield, County of Greene, Springfield-Greene County Parks Department, Ozark Greenway Trails, regional school districts, area public and private businesses and organizations.

Objective 1.5: Increase the number of worksites with environments and policies that support healthy food choices, breastfeeding, and physical activity.

Performance Measure 1.5.1. Percent increase in number of worksites that offer healthy food options and healthy beverages through their vending machines.

Baseline, 2011: _____ Total Funding Measure, 2016: _____% Increase

Performance Measure 1.5.2. Percent increase in number of worksites that have policies or guidelines encouraging healthy foods to be served in staff meetings and company sponsored events.

Baseline, 2011: _____ Total Funding Measure, 2016: _____% Increase

Performance Measure 1.5.3. Percent increase in number of worksites that offer private rooms and/or other environmental supports for breastfeeding mothers.

Baseline, 2011: _____ Total Funding Measure, 2016: _____% Increase

Performance Measure 1.5.4. Percent increase in number of worksites that have policies and/or incentives in place that support physical activity among employees (i.e., flextime, special breaks, improved benefit allowances, etc.).

Baseline, 2011: _____ Total Funding Measure, 2016: _____% Increase

Performance Measure 1.5.5. Percent increase in number of worksites that offer on-site fitness facilities or provide employees with subsidized or reduced rate memberships to health clubs or community recreation centers.

Baseline, 2011: _____ Total Funding Measure, 2016: _____% Increase

Responsible Parties: City of Springfield, County of Greene, Springfield-Greene County Parks Department, Ozark Greenway Trails, regional school districts, area public and private businesses and organizations.

Objective 1.6: Implement a tax incentive for grocery stores that expand, improve, or open in low-income neighborhoods and provide access to fresh and whole foods

Performance Measure 1.6.1. Implementation of tax incentive.

Baseline, 2011: _____ Measure, 2016: _____

Responsible Parties: City of Springfield, County of Greene, community at-large.

Objective 1.7: Implement age and culturally appropriate mass media campaigns designed to educate and motivate youth and adults to be active and eat healthy.

Performance Measure 1.7.1. Implementation of messages and materials directed toward children.

Baseline, 2011: _____ Measure, 2016: _____

Performance Measure 1.7.2. Implementation of messages and materials directed toward adolescents.

Baseline, 2011: _____

Measure, 2016: _____

Performance Measure 1.7.3. Implementation of messages and materials directed toward adults.

Baseline, 2011: _____

Measure, 2016: _____

Responsible Parties: Springfield-Greene County Health Department, area health care organizations and providers, regional school districts, regional employers.

Objective 1.8: Increase access to grocery stores in northwest Springfield.

Performance Measure: Increased number of grocery stores in northwest Springfield.

Baseline, 2011: _____

Measure, 2016: _____

Responsible Parties: Springfield Planning and Zoning, Well Fed Neighbor Alliance, Ozarks Empire Grocers Association, City Council.

Estimated Cost to Achieve Goal:	\$550,000.000
One-Time Cost:	\$50,000.00
Ongoing Cost:	\$500,000.00

Proposed Funding Source(s): Department of Education grants, Department of Health and Human Services grants, minor grants, public education dollars. The ongoing cost of \$500,000.00 is to manage the cost of a mass media campaign (objective 1.7), which can be significantly reduced if a local advertising agency subsidizes the cost or provides in-kind services.

Major Goal 2: Prevent and reduce the burden of obesity and related chronic diseases through increase physical activity.

Assumptions:

- Increased opportunities for citizens of all ages to participate in physical activity will result in citizens that will be more physically active.
- Increased infrastructure, increased access to quality programs and facilities and increased social support will result in greater participation by all people in physical activity.
- Having access to and participating in physical activity opportunities will help reduce obesity and reduce the burden of chronic disease in the community.

Objective 2.1: Increase the proportion of children who engage in regular physical activity.

Performance Measure 2.1.1. Percent of pre-school aged children who engage in physical activity for at least 60 minutes each day.

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 2.1.2. Percent of elementary school students who engage in physical activity for at least 60 minutes each day.

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 2.1.3. Percent of elementary school students who participate in daily physical education.

Baseline, 2011: _____%

Measure, 2016: _____%

Responsible Parties: Regional school districts, Springfield-Greene County Park Board, Springfield-Greene County Health Department, community at-large.

Objective 2.2: Increase the proportion of adolescents who engage in regular physical activity.

Performance Measure 2.2.1. Percent of middle school students who engage in moderate physical activity for 30 minutes or more on 5 or more days per week and/or vigorous physical activity for 20 minutes or more for 3 or more days per week.

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 2.2.2. Percent of high school students who engage in moderate physical activity for 30 minutes or more on 5 or more days per week and/or vigorous physical activity for 20 minutes or more for 3 or more days per week.

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 2.2.3. Percent of middle school students who participate in daily physical education.

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 2.2.4. Percent of high school students who participate in daily physical education.

Baseline, 2011: _____%

Measure, 2016: _____%

Responsible Parties: Regional school districts, Springfield-Greene County Park Board, Springfield-Greene County Health Department, community at-large.

Objective 2.3: Increase the proportion of children and adolescents who view television, videos, play video games, or use computers outside of school (for non-school work) for no more than 2 hours per day.

Performance Measure 2.3.1. Percent of pre-school aged children who view television, videos, play video games, or use a computer outside of school (for non-school work) for no more than 2 hours per day.

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 2.3.2. Percent of middle school students who view television, videos, play video games, or use a computer outside of school (for non-school work) for no more than 2 hours per day.

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 2.3.3. Percent of high school students who view television, videos, play video games, or use a computer outside of school (for non-school work) for no more than 2 hours per day.

Baseline, 2011: _____%

Measure, 2016: _____%

Responsible Parties: Regional school districts, all community members.

Objective 2.4: Increase the proportion of adults who engage in regular physical activity.

Performance Measure 2.4.1. Percent of adults ages 18 years and over who engage in regular leisure-time physical activity.

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 2.4.2. Percent of adults aged 18 years and over who engage in moderate physical activity for 30 or more minutes on 5 or more days per week and/or vigorous physical activity (for 20 or more minutes, 3 or more days per week).

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 2.4.2. Percent of adults ages 18 and over who engage in moderate physical activity for 30 or more minutes on 5 or more days per week and/or vigorous physical activity for 20 minutes on 3 or more days per week.

Baseline, 2011: _____

Measure, 2016: _____%

Responsible Parties: All community members, Springfield-Greene County Parks Department.

Estimated Cost to Achieve Goal:	\$15,000.00
One-Time Cost:	\$0.00
Ongoing Cost:	\$15,000.00

Proposed Funding Source(s): Minor grants, public education dollars, Springfield-Greene County Park Board and Health Department efforts.

Major Goal 3: Prevent and reduce the burden of obesity and related chronic diseases through healthy weight management.

Assumptions:

- Achieving a healthier weight will reduce overweight and obesity resulting in reduced need for medical care and medication, improved quality of life, improved economies and a more healthy and active community.
- Achieving a healthier weight will reduce the burden of chronic diseases by reducing complications associated with chronic disease, reduced need for medical care and medication, improved quality of life, improved economies and a more healthy and active community.
- Healthier weights in children promote improved performance, improved self image and help foster a healthier community for future generations.

Objective 3.1: Increase the proportion of youth who are at a healthy body weight.

Performance Measure 3.1.1. Percent of pre-kindergarten children with a body mass index (BMI) of ≥ 18.5 but < 25.0 .

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 3.1.2. Percent of elementary school students with a BMI of ≥ 18.5 but < 25.0 .

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 3.1.3. Percent of middle school students with a BMI of ≥ 18.5 but < 25.0 .

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 3.1.4. Percent of high school students with a BMI of ≥ 18.5 but < 25.0 .

Baseline, 2011: _____%

Measure, 2016: _____%

Responsible Parties: Springfield-Greene County Health Department, Springfield-Greene County Park Board, regional school districts, area health care organizations and providers, community at-large.

Objective 3.2: Decrease the proportion of youth who are overweight.

Performance Measure 3.2.1. Percent of pre-kindergarten aged children with a BMI of ≥ 25.0 but < 30.0 .

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 3.2.2. Percent of elementary school students with a BMI of \geq 25.0 but < 30.0.

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 3.2.3. Percent of middle school students with a BMI of \geq 25.0 but < 30.0.

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 3.2.4. Percent of high school students with a BMI of \geq 25.0 but < 30.0.

Baseline, 2011: _____%

Measure, 2016: _____%

Responsible Parties: Springfield-Greene County Health Department, Springfield-Greene County Park Board, regional school districts, area health care organizations and providers, community at-large.

Objective 3.3: Decrease the proportion of youth who are obese.

Performance Measure 3.3.1. Percent of pre-kindergarten aged children with a BMI of < 30.0.

Baseline, 2010: _____%

Measure, 2016: _____%

Performance Measure 3.3.2. Percent of elementary school students with a BMI of < 30.0.

Baseline, 2010: _____%

Measure, 2016: _____%

Performance Measure 3.3.3 Percent of middle school students with a BMI of < 30.0.

Baseline, 2010: _____%

Measure, 2016: _____%

Performance Measure 3.3.4. Percent of high school students with a BMI of < 30.0.

Baseline, 2010: _____%

Measure, 2016: _____%

Responsible Parties: Springfield-Greene County Health Department, Springfield-Greene County Park Board, regional school districts, area health care organizations and providers, community at-large.

Objective 3.4: Increase the proportion of adults who are at a healthy body weight.

Performance Measure 3.4.1. Percent of adults ages 18 years and over with a BMI of \geq 18.5 and $<$ 25.0.

Baseline, 2011: _____%

Measure, 2016: _____%

Responsible Parties: Springfield-Greene County Health Department, Springfield-Greene County Park Board, regional school districts, area health care organizations and providers, community at-large.

Objective 3.5: Decrease the proportion of adults who are overweight.

Performance Measure 3.5.1. Percent of adults ages 18 years and over with a BMI of \geq 25.0 and $<$ 30.0.

Baseline, 2011: _____%

Measure, 2016: _____%

Responsible Parties: Springfield-Greene County Health Department, Springfield-Greene County Park Board, regional school districts, area health care organizations and providers, community at-large.

Objective 3.6: Decrease the proportion of adults who are obese.

Performance Measure 3.6.1. Percent of adults ages 18 years and over with a BMI of \leq 30.0

Baseline, 2011: _____%

Measure, 2016: _____%

Responsible Parties: Springfield-Greene County Health Department, Springfield-Greene County Park Board, regional school districts, area health care organizations and providers, community at-large.

Estimated Cost to Achieve Goal:	\$15,000.00
One-Time Cost:	\$0.00
Ongoing Cost:	\$15,000.00

Proposed Funding Source(s): Springfield-Greene County Health Department, Springfield-Greene County Park Board, area health care organizations and providers, regional school districts (as costs will be for the time to do smaller scale health risk assessments (HRAs) to determine measures for each objective).

Major Goal 4: Foster an environment that encourages the process and distribution of locally grown food and support sustainable agricultural development initiatives and practices.

Assumptions:

- Improved access to healthy food choices in close proximity to neighborhoods will improve dietary behaviors.
- Increases in locally-grown food will create more supply, making healthy food choices more affordable for the community.

Estimated Cost to Achieve Goal:	\$100,000.00
One-Time Cost:	\$0.00
Ongoing Cost:	\$100,000.00

Proposed Funding Source(s): Regional school districts, grants from the Department of Health and Human Services, Department of Agriculture, minor grants focused on local and whole food production.

Major Goal 5: Develop and ensure safe and healthy environments both indoors and outdoors.

Assumptions:

- Reduced environmental barriers in the community will lead to healthy behaviors.
- Restriction of access to tobacco use in public venues will reduce tobacco use rates.
- Restriction of access to tobacco use in public venues will reduce chronic disease associated with tobacco use.
- A healthier environment will reduce the community’s exposure to unsafe environmental contaminants.

Objective 5.1: Develop a “complete streets” policy to assure all new construction and reconstruction roadway projects accommodate all users—including pedestrians of all ages and abilities, bicyclists, transit users, and motorists.

Performance Measure 5.1.1. Complete streets policy implemented.

Baseline, 2011: _____ Measure, 2016: _____

Performance Measure 5.1.2. Miles of on-street bicycle routes created.

Baseline, 2011: _____ Measure, 2016: _____

Performance Measure 5.1.3. New linear feet of pedestrian accommodations.

Baseline, 2011: _____ Measure, 2016: _____

Performance Measure 5.1.4. Percent increase in the number of people using public transportation.

Baseline, 2011: _____ Measure, 2016: _____

Responsible Parties: Springfield Planning and Zoning, City Council, Springfield Public Works, Springfield-Greene County Health Department, City Utilities, Springfield-Greene County Parks and Recreation, Ozarks Greenway, Missouri Department of Transportation, Greene County, building developers and contractors, Missouri Grocers Association, Springfield Area Chamber of Commerce, local citizens and all other regional jurisdictions.

Objective 5.2: Promote and encourage connectivity between parks, trails, bus routes, residential and commercial areas.

Performance Measure 5.2.1. Percent increase in the number of connections between parks, trails, bus routes, residential and commercial areas

Baseline, 2011: _____

Measure, 2016: _____ Total #

Responsible Parties: Ozarks Transportation Organization (OTO), Bicycle-Pedestrian Advisory Committee, Springfield Public Works, Missouri Department of Transportation (MODOT), Ozarks Greenways, Springfield-Greene County Parks and Recreation, City Utilities.

Objective 5.3: Ensure a clean and sustainable water supply.

Performance Measure 5.3.1. Develop measurement metrics for evaluating current residential and commercial water conservation programs and corresponding water protocols.

Performance Measure 5.3.2. Reduce wastewater by ensuring that all sewers are cleaned in five years and that 50% of clay sewers are lined.

Performance Measure 5.3.3. Decrease water pollution by supporting the proposed ban on the use and scale of coal tar sealants.

Responsible Parties: Watershed Committee, City Utilities, Springfield Public Works, Springfield-Greene County Health Department, Greene County, City Council.

Objective 5.6: Develop ordinances that ban indoor and outdoor tobacco.

Performance Measure 5.6.1. Implementation of an indoor and outdoor smoking ban, to include smoking near entrances or exits to buildings.

Responsible Parties: City Council, One Air Alliance, Breathe Easy Springfield, Springfield-Greene County Health Department, Ozarks Clean Air Alliance, Environmental Protection Agency (EPA), citizens, voluntary health and health care organizations, voluntary restaurants and bars, voluntary local businesses.

Estimated Cost to Achieve Goal:	\$100,000.00
One-Time Cost:	\$0.00
Ongoing Cost:	\$100,000.00

Proposed Funding Source(s): Public Works Department, City Utilities, area advocacy Parties, Springfield-Greene County Parks Board, minor grants to support programmatic improvements.

Major Goal 6: Public health promotion and protection, disease prevention and emergency preparedness: prevent and control disease and illness across the lifespan, and protect the public from infectious, environmental and bioterrorist hazards.

Assumptions:

- Mitigation of and preparation for public health hazards will significantly reduce the burden of public health hazards.
- Non-hazardous environmental threats need to be mitigated in an ongoing basis so as to reduce the influence of potentially harmful population health outcomes.
- Organized response plans will ensure that when non-hazardous or hazardous public health emergencies occur, our community's health will be restored in a cost-effective, timely, and safe manner.

Objective 6.1: Prevent the spread of infectious diseases.

Performance Measure 6.1.1. Ongoing surveillance of infectious diseases.

Responsible Parties: Springfield-Greene County Health Department, area health care organizations and providers.

Objective 6.2: Protect the public against environmental threats.

Performance Measure 6.2.1. Ongoing surveillance and efforts to measure and mitigate all environmental threats.

Responsible Parties: Springfield-Greene County Health Department, area health care organizations and providers, area environmental agencies, Office of Emergency Management, Police, and Fire.

Objective 6.3: Promote and encourage preventive health care, including lifelong healthy behaviors and recovery.

Performance Measure 6.3.1. Overall community health outcomes and number of health education services and programs offered to the community.

Responsible Parties: Springfield-Greene County Health Department, area health organizations and providers, area advocacy organizations.

Objective 6.4: Prepare for and respond to natural and man-made disasters.

Performance Measure 6.4.1. Development of adequate inventories, resources, protocols and procedures that establish best practices for preparation of and response to all hazards.

Responsible Parties: Springfield-Greene County Health Department in conjunction with the Office of Emergency Management (and OEM partners).

Objective 6.5: Review and update a disaster plan annually that identifies probable public health risks to the Springfield metropolitan service area posed by potential disasters, as well as effective steps for health agencies to use to mitigate, prepare for, respond to and recover from those disasters.

Performance Measure 6.5.1. Annual chapter completion of City approved plan.

Responsible Parties: Springfield-Greene County Health Department in conjunction with the Office of Emergency Management (and OEM partners).

Objective 6.6: Establish formal cooperative agreements at the County and regional levels to provide mutual assistance in the form of medical/public health surge capacity, emergency response, and health-related utility repair.

Performance Measure 6.6.1. Number of contiguous counties with which there are formal agreements.

Responsible Parties: Springfield-Greene County Health Department in conjunction with the Office of Emergency Management (and OEM partners).

Objective 6.7: Develop and seek funding for a formal and reliable emergency communication system using redundant, alternate technologies to ensure effective cooperation between public health, health care, and government agencies during disruption caused by disaster.

Performance Measure 6.7.1. Number of local government agencies with access to a redundant, standardized emergency communication system.

Responsible Parties: Springfield-Greene County Health Department in conjunction with the Office of Emergency Management (and OEM partners).

Objective 6.8: Using Red Cross standards identify and evaluate enough public buildings to provide at least 3 days of emergency shelter to 1% of the Springfield metropolitan service area population, with functional accommodations for vulnerable populations such as the aged, disabled, and high-risk individuals.

Performance Measure 6.8.1. Number of person and days available in local emergency shelters.

Responsible Parties: Springfield-Greene County Health Department in conjunction with the Office of Emergency Management (and OEM partners).

Objective 6.9: Establish points-of-distribution (PODs) to use during epidemics and/or pandemics for the distribution of emergency medicines and vaccines.

Performance Measure 6.9.1. Number of public and private pods established and evaluated.

Responsible Parties: Springfield-Greene County Health Department in conjunction with the Office of Emergency Management (and OEM partners).

Estimated Cost to Achieve Goal:	\$30,000.00
One-Time Cost:	\$15,000.00
Ongoing Cost:	\$15,000.00

Proposed Funding Source(s): Federal dollars via Springfield-Greene County Health Department, minor bio-terrorism grant dollars.

Major Goal 7: Improve the community's health by increasing access to health care services for all populations.

Assumptions:

- Improving access to services will create a more informed, healthier population.
- Increasing the number of healthcare providers in the community will improve access to needed services.
- Connecting individuals with a Patient Centered Medical Home will help ensure they are connected with a healthcare team and issues with their health and taking steps to improve health.

Objective 7.1: Identify and annually update public health and all other health care resources currently available for all populations in the Springfield metropolitan statistical area.

Performance Measure 7.1.1. Development of public resource list.

Responsible Parties: Springfield-Greene County Health Department, The Health Commission, area health organizations and providers.

Objective 7.2: Determine whether capacity of public health and all other health care services is sufficient for all populations served. If capacity is insufficient, develop strategies to increase or appropriately address capacity issues. If capacity is sufficient, develop strategies to sustain capacity as the population changes over time.

Performance Measure 7.2.1. Annual capacity measurements and reports to the community and larger health care system.

Responsible Parties: Springfield-Greene County Health Department, The Health Commission, area health organizations and providers.

Objective 7.3: Integrate public and private resources to develop a strong primary health care system for all populations, including low-income populations.

Performance Measure 7.3.1. Development of a strong continuum of care where access, education, medication and all other necessary health care resources are available to the community at-large; increased access points for the underserved (uninsured and MO HealthNet populations).

Responsible Parties: Springfield-Greene County Health Department, The Health Commission, area health organizations and providers.

Objective 7.4: Develop a strategy to promote collaborations among community based clinics, private providers, hospitals, and public health departments to develop innovative and efficient strategies for serving all populations.

Performance Measure 7.4.1. Development of a cross-organizational effort that identifies all health care needs and provides a platform for responding to such for all populations.

Responsible Parties: Springfield-Greene County Health Department, The Health Commission, area health organizations and providers.

Objective 7.5: Facilitate the expansion of primary care services through a network of community based clinics, private providers, hospitals, and public health departments.

Performance Measure 7.5.1. Percent increase in primary care providers and services.

Responsible Parties: Springfield-Greene County Health Department, The Health Commission, area health organizations and providers.

Objective 7.6: Support the development of a panel of patient navigators that will assist all populations navigating public health and all other health care services in the Springfield metropolitan statistical area.

Performance Measure 7.6.1. Development of a panel of patient navigators for use by all citizens and health care organizations and providers.

Responsible Parties: Springfield-Greene County Health Department, The Health Commission, area health organizations and providers.

Objective 7.7: Encourage among all community based clinics, private providers, hospitals, and public health departments an environment of shared learning, collaboration, and best practices in areas of improved access, efficiency, and the delivery of planned care.

Performance Measure 7.7.1. Development of an agreed upon platform of best practices that address all aspects of health and health care.

Responsible Parties: Springfield-Greene County Health Department, The Health Commission, area health organizations and providers.

Objective 7.8: Develop and integrate programs that engage Springfield metropolitan statistical area residents in improving their own health and preventing complications of disease.

Performance Measure 7.8.1. Development of innovative programs that compliment objectives 7.1 to 7.8. These programs should include measures that predict citizen engagement in population health, support by area health organizations and providers, and overall community health outcomes.

Responsible Parties: Springfield-Greene County Health Department, The Health Commission, area health organizations and providers.

Objective 7.9: Develop a research infrastructure to attract academic partners and health care leaders to foster innovative approaches that reduce health disparities.

Performance Measure 7.9.1. Established strategic affiliations and/or partnerships with the academic community; overall measures of health literacy and disparities and approaches to measure improvements.

Responsible Parties: Area academic institutions, Springfield-Greene County Health Department, The Health Commission, area health organizations and providers.

Estimated Cost to Achieve Goal:	\$50,000.00
One-Time Cost:	\$0.00
Ongoing Cost:	\$50,000.00

Proposed Funding Source(s): The Health Commission, minor grants, in-kind dollars.

Major goal 8: Strengthen the Health Department’s capacity to conduct ongoing assessments, expand core public health services and programs, and serve as a model for prevention.

Assumptions:

- Ongoing public health measurements enable local public health agencies to appropriately and adequately respond to high priority areas with public health services, education, and programs.
- The general population is uncertain of the role of public health and the proven need for prevention.
- Increased public health infrastructure, increased access to quality programs and facilities and increased social support will result in greater participation by all people in prevention and overall improved community health outcomes.
- Improved assessment and communication will provide direction to community leaders on what issues to focus.
- Having organization of efforts, through a board will result in more comprehensive fulfillment of the plan.

Objective 8.1: Develop annual comprehensive community health assessments to include core public health measures as set forth in the City of Springfield’s strategic plan as well as state and national comparisons for all reported indicators. Assessment report is to be published online for public access and review.

Performance Measure 8.1.1. Completion of a comprehensive annual community health assessment, online access to completed assessment, and end of year health impact assessment report card.

Responsible Parties: Springfield-Greene County Health Department.

Objective 8.2: Create and implement an ongoing public health awareness and prevention campaign with annual focus areas significant to the outcomes of the most recent annual community health assessment.

Performance Measure 8.2.1. Implementation of a public health awareness and prevention campaign.

Responsible Parties: Springfield-Greene County Health Department and partnering agencies.

Objective 8.3: Thorough implementation of core public health “assessment” functions: (a) monitor health status of the Springfield metropolitan statistical area to identify community health problems; (b) diagnose and investigate health problems and hazards in the community; (c) evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Performance Measure 8.3.1. Development and sustenance of all essential core public health services and programs under administration, community health and epidemiology, environmental, fiscal administration, and public health planning as reflected in a comprehensive annual community health assessment.

Responsible Parties: Springfield-Greene County Health Department.

Objective 8.4: Thorough implementation of core public health “policy development” functions: (a) development of policies and plans that support individual community health efforts; (b) enforcement of laws and regulations that protect health and ensure safety; (c) research for new insights and innovative solutions to health problems.

Performance Measure 8.4.1. Development and sustenance of all essential core public health services and programs under administration, community health and epidemiology, environmental, fiscal administration, and public health planning as reflected in a comprehensive annual community health assessment.

Responsible Parties: Springfield-Greene County Health Department.

Objective 8.5.1. Thorough implementation of core public health “assurance” functions: (a) connection of people to needed personal health services and assure the provision of health care when otherwise available; (b) assure a competent public health and personal health care workforce; (c) inform, educate, and empower people about health issues; (d) mobilize community partnerships to identify and solve health problems.

Performance Measure: Development and sustenance of all essential core public health services and programs under administration, community health and epidemiology, environmental, fiscal administration, and public health planning as reflected in a comprehensive annual community health assessment.

Responsible Parties: Springfield-Greene County Health Department.

Estimated Cost to Achieve Goal:	\$100,000.00
One-Time Cost:	\$50,000.00
Ongoing Cost:	\$50,000.00

Proposed Funding Source(s): Springfield-Greene County Health Department, Department of Health and Human Services grants, Missouri Foundation for Health grants, in-kind dollars, minor grants.

Major Goal 9: Improve the community’s health through the prevention, early detection and management of chronic diseases.

Assumptions:

- Early detection of chronic diseases and obesity will result in more management treatment plans and reduced complications associated with the conditions.
- Properly managing conditions will reduce the burden of obesity and chronic diseases, as well as reduce possible complications.
- Improved health literacy will create a more communicative environment where individuals better understand their health and how to make improvements in their health.
- Creating a unified voice in the community on issues and programs will create a more effective and seamless point of access for healthy opportunities for citizens.

Objective 9.1: Increase the number of community wellness programs and activities (e.g., health fairs) offered in the community.

Performance Measure 9.1.1. Percent increase in number of programs and activities offered.

Baseline, 2011: _____ Total #

Measure, 2016: _____ Total #

Responsible Parties: United Way’s 2-1-1, Community Partnership of the Ozarks, Springfield-Greene County Health Department, The Health Commission, regional health care provider organizations, regional school districts, secondary departments of Health and Human Services, Springfield Area Chamber of Commerce.

Objective 9.2: Increase health literacy programs into the community so residents can understand and act upon their own health and health care issues.

Performance Measure 9.2.1. Percent increase in number of health literacy programs.

Baseline, 2011: _____%

Measure, 2016: _____%

Responsible Parties: Springfield-Greene County Health Department, community service organizations, Women, Infants and Children Program, regional health care provider organizations, Community Partnership of the Ozarks, regional school districts, Springfield-Greene County Parks and Recreation.

Objective 9.3: Increase the proportion of adults who receive appropriate cancer screenings.

Performance Measure 9.3.1. Proportion of women aged 18 years and older who receive a cervical cancer screening based on the most recent guidelines

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 9.3.2. Proportion of adults who receive a colorectal cancer screening based on the most recent guidelines

Baseline, 2011: _____ Total #

Measure, 2016: _____ Total #

Performance Measure 9.3.3. Proportion of women aged 40 years and older who have received a breast cancer screening based on the most recent guidelines

Baseline, 2011: _____ Total #

Measure, 2016: _____ Total #

Performance Measure 9.3.4. Proportion of men who have discussed with their health care provider whether or not to have a prostate-specific antigen (PSA) test to screen for prostate cancer.

Responsible Parties: Springfield-Greene County Health Department, community service organizations, Women, Infants and Children Program, regional health care provider organizations, Community Partnership of the Ozarks, regional school districts, Springfield-Greene County Parks and Recreation.

Objective 9.4: Increase the proportion of adults with arthritis who receive health care provider counseling.

Performance Measure 9.4.1. percent of adults with diagnosed arthritis who receive counseling.

Baseline, 2011: _____ %

Measure, 2016: _____ %

Responsible Parties: Springfield-Greene County Health Department, community service organizations, Women, Infants and Children Program, regional health care provider organizations, Community Partnership of the Ozarks, regional school districts, Springfield-Greene County Parks and Recreation.

Objective 9.5: Increase the proportion of persons with diabetes who receive formal diabetes education and annual diabetes-related examinations.

Performance Measure 9.5.1. Percent of persons with diabetes who receive formal diabetes education.

Baseline, 2011: _____ %

Measure, 2016: _____ %

Performance Measure 9.5.2. Percent of persons with diabetes who receive annual urinary microalbumin measurement.

Baseline, 2011: _____ %

Measure, 2016: _____ %

Performance Measure 9.5.3. Percent of persons with diabetes who have an annual dilated eye examination.

Baseline, 2011: ____ %

Measure, 2016: ____%

Performance Measure 9.5.4. Percent of persons with diabetes who have an annual foot examination.

Baseline, 2011: ____ %

Measure, 2016: ____%

Performance Measure 9.5.6. Percent of persons with diabetes who have at least an annual dental examination.

Baseline, 2011: ____ %

Measure, 2016: ____%

Responsible Parties: See Objective 9.4.

Objective 9.6: Increase the proportion of adults who have appropriate blood pressure and blood cholesterol level screenings.

Performance Measure 9.6.1. Percent of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high

Baseline, 2011: ____%

Measure, 2016: ____%

Performance Measure 9.6.2. Percent of adults who have had their blood cholesterol checked within the preceding 5 years

Baseline, 2011: ____%

Measure, 2016: ____%

Responsible Parties: Springfield-Greene County Health Department, American Heart Association, community service organizations, Women, Infants and Children Program, regional health care provider organizations.

Objective 9.7: Decrease the proportion of adults who have hypertension and/or high blood cholesterol levels.

Performance Measure 9.7.1. Percent of adults with hypertension.

Baseline, 2011: ____%

Measure, 2016: ____%

Performance Measure 9.7.2. Percent of adults with high total blood cholesterol levels.

Baseline, 2011: ____%

Measure, 2016: ____%

Responsible Parties: See Objective 9.6.

Objective 9.8: Increase the proportion of persons with current asthma who receive formal patient education and appropriate asthma care.

Performance Measure 9.8.1. Percent of persons with current asthma who receive formal patient education.

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 9.8.2. Percent of persons with current asthma who receive asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines

Baseline, 2011: _____%

Measure, 2016: _____%

Performance Measure 9.8.3. Number of hospital emergency department visits for asthma .

Baseline, 2011: _____ Total #

Measure, 2016: _____ Total #

Responsible Parties: Springfield-Greene County Health Department, American Lung Association, community service organizations, Women, Infants and Children Program, regional health care provider organizations.

Estimated Cost to Achieve Goal:	\$100,000.00
One-Time Cost:	\$50,000.00
Ongoing Cost:	\$50,000.00

Proposed Funding Source(s): Springfield-Greene County Health Department, Department of Health and Human Services grants, Missouri Foundation for Health grants, in-kind dollars, minor grants.

Major Goal 10: Establishment of the Public Health and Wellness Advisory Council [or “Prevention, Health Promotion, and Public Health Council” – modeled after the national Council] in order to bring prevention and wellness to the forefront of greater Springfield’s efforts to improve health.

Assumptions:

- Having organization of efforts, through an official council will result in more comprehensive fulfillment of the City’s strategic plan.
- Public health convenes a variety of providers and stakeholders that need to meet in an organized and ongoing manner in order to efficiently develop, implement, and evaluate strategies that address the community’s health.

Objective 10.1: Develop a slate of nominees and council documents for approval by the City Manager of Springfield and Director of Health for Springfield-Greene County.

Performance Measure 10.1.1. Completed founding documents and approval of Council members.

Responsible Parties: Director of Health, City Manager.

Objective 10.2: Develop, after obtaining input from relevant stakeholders, prevention, health promotion, public health, and integrative health care strategies that incorporates the most effective and achievable means of improving the health status of the population and reducing the incidence of preventable illness.

Performance Measure 10.2.1. Completed annual status reports measuring success of strategic plan.

Responsible Parties: Public Health and Wellness Advisory Council.

Objective 10.3: Provide recommendations to Council Chairman concerning the most pressing health issues confronting the Springfield metropolitan area and needed changes in policy to achieve wellness, health promotion, and public health goals.

Performance Measure 10.3.1. Quarterly status updates presented to Director of Health and City Manager concerning the most pressing health issues.

Responsible Parties: Public Health and Wellness Advisory Council.

Objective 10.4: Consider and propose evidence-based models, policies, and innovative approaches for the promotion of transformative models of prevention, integrative health, and public health on individual and community levels.

Performance Measure 10.4.1. See Performance Measure 10.2.1.

Responsible Parties: Public Health and Wellness Advisory Council.

Objective 10.5: Establish processes for continual public input, including from State, regional, and local leadership communities and other relevant stakeholders regarding all public health issues.

Performance Measure 10.5.1. See Performance Measure 10.2.1.

Responsible Parties: Public Health and Wellness Advisory Council

Estimated Cost to Achieve Goal:	\$25,000.00
One-Time Cost:	\$0.00
Ongoing Cost:	\$25,000.00

Proposed Funding Source(s): Springfield-Greene County Health Department, Department of Health and Human Services grants, Missouri Foundation for Health grants, in-kind dollars, minor grants.

TEMPLATE C – INTER-RELATIONSHIPS, THEMES, AND VOLUNTEER HOURS

- **Arts, Culture, and Tourism:** A healthy community will embrace arts, culture, and attract tourism, which will support and sustain activities that allow citizens to live and play.
- **Early Childhood Development:** Healthy children will be more engaged in their education and reap the benefits of their education. Healthy parents will be better equipped to also be engaged

in their children's early education and development. Years 0-10 are crucial for the development of healthy behaviors and attitudes, which not only positively influence one's academic success, but also influences the future of our community's health.

- **Education and Workforce Development:** Improved and sustained community health creates a productive workforce and stronger economy.
- **Economic Development:** Chapter has not been presented.
- **Global Perspectives and Diversity:** A healthy community embraces all diverse populations, educating and serving each according to their personal and health care needs. When embraced, all populations are positively reinforced to take responsibility for their health, therefore improving the community's health at-large.
- **Growth Management and Land Use:** With efficient growth management and land use, community's can develop walking paths, bike paths, parks for recreation and leisure, among other efforts that encourage ongoing physical activity and community inter-connectedness.
- **Housing:** All populations need a place to reside, rest, find safety, and store their medications. Housing supports public health by providing safeguards that keep people healthy.
- **Internal Organization:** N/A
- **Natural Environment:** All environmental and public health factors require a strong understanding and monitoring of the community's natural environment – to preserve healthy services and to mitigate all hazards.
- **Public Safety:** All populations need to ensure their public safety in order to live a healthy, happy, and productive life.
- **Recreation and Leisure:** Healthy communities engage in physical activity, which is often provided through parks and other public areas for leisure.
- **Transportation:** For community's to maintain their health and improve their health outcomes. Transportation must be available to and from grocery stores, farmer's markets, health care providers, and other health related organizations.

Total estimated committee hours: 230