



#HealthierMO

Transforming the Future of Public Health in Missouri

Stakeholder Convening Summary

On March 1, 2018 a Stakeholder Convening session was held in Columbia, Missouri. Invitations were extended to key public health stakeholders across the state. The event was attended by 124 stakeholders, of which approximately half were local public health agency representatives.

The primary goals for the Convening were to:

- Generate support for the case and urgency for change
- Unify structure for transformation of public health system
- Build stakeholder confidence in success
- Set expectations for inclusive, grassroots culture and open process
- Describe the approach to transformation
- Set criteria for selecting Advisory Council members
- Offer options for engagement and call to action for participants

Themes emerged during the Convening from a variety of discussions and interactive exercises.

- There is a general **lack of understanding about the value of public health**. The clear identity of public health should be addressed with consistent messages demonstrating the reach of public health efforts and activities.
- The initiative must **clearly define the return on investment (ROI)** for public health funding, and timely, accurate data collection is necessary to do so.
- **Fragmentation in the public health system** must be addressed to close gaps in funding and improve workforce retention, efficient service delivery and outcome consistency.
- **Clear, effective, timely communication to policymakers** at the state level is vital to establish what public health is, why it is vital, and how roles differ between state and local levels.


In a crowdsourcing activity designed to generate “**big ideas**,” participants suggested integrating basic public health education in every high school, having a more clear voice to promote the value and reach of public health, and consolidating local public health agencies for more efficient service delivery.

They also identified **topics that need further exploration** as:

- identifying foundational services,
- workforce recruitment, retention and development,
- identifying a statewide public health funding stream, such as a tax,
- determining if the public would support transformation, and
- finding a media “champion” to promote the effort publicly.

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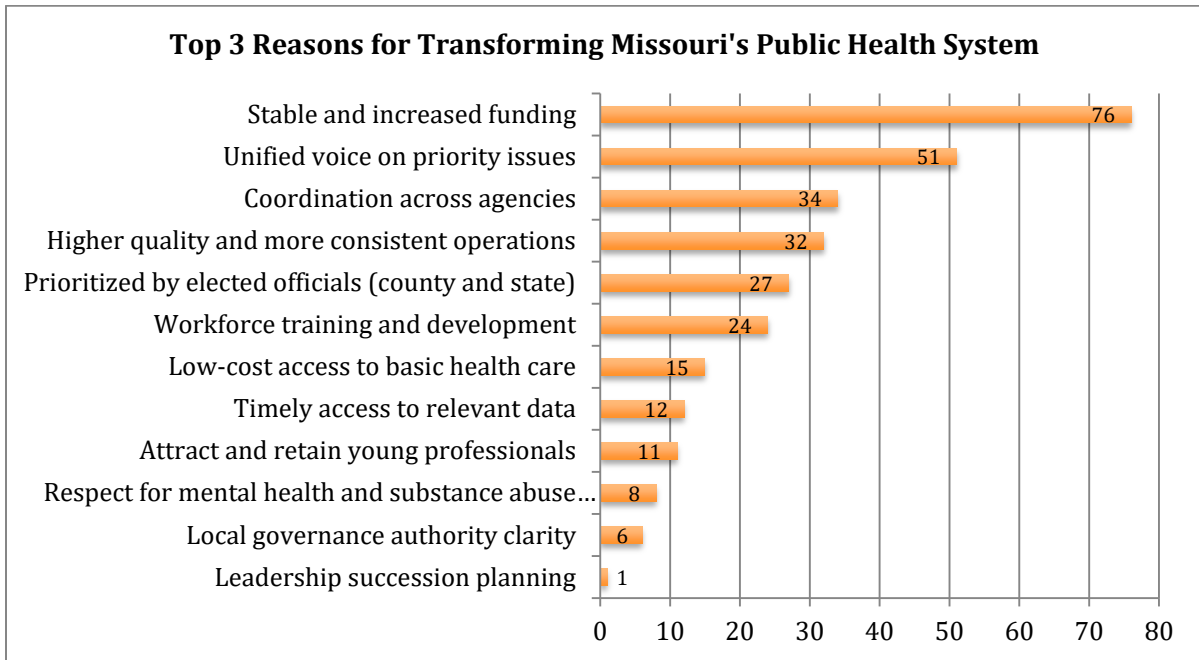
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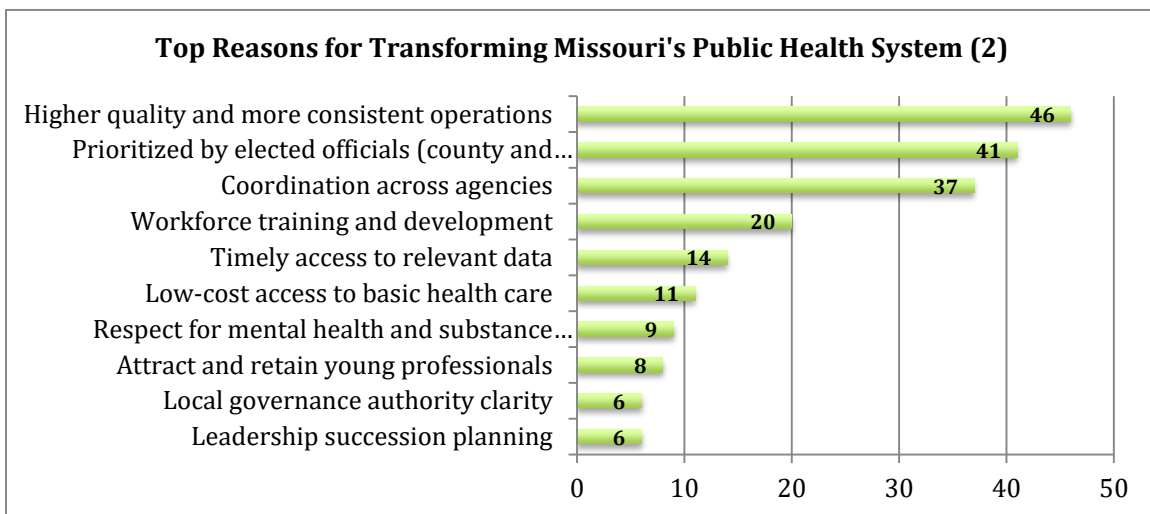
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The **top reasons for transformation** were identified through advance surveys and in a series of discussions during the Convening. Real time polls conducted at the Convening and completed by 85 participants, identified the top two reasons for transformation as *stable and increased funding* (76%) and *unified voice focused on priority issues* (51%).




With those two items removed, participants voted in a second round and chose *higher quality and more consistent operations* (46%) as the third top reason for transformation.



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Participants were also asked “What is needed to **rebuild, modernize, and fund** a 21st century public health system?” Their responses included:

- funding for modern technology for a “tele-presence”
- funding stability through a proactive versus a reactive model
- government funding
- finding funding by partnering with health systems
- prevention reimbursement structure
- metrics for good targeting
- baseline metrics that allow “apples to apples” comparison
- common numbers or message
- need to involve more disciplines within structure of public health
- education

A post-Convening survey sent to 124 participants was completed by 56 persons and was analyzed by the initiative’s evaluation team. Results of the survey showed that participants “are largely engaged, enthusiastic, and optimistic.” They “generally believe that the #HealthierMO initiative holds promise; however, they are less optimistic that the initiative can lead to changes in public policy. . .” Of those who completed the survey, 90% said the benefits of participating in the initiative exceeded or greatly exceeded the drawbacks, and 10% said the benefits and drawbacks were equal.

Most respondents (85%) said they were completely or mostly satisfied with how well partners are working together on the initiative. They were only slightly less satisfied with their level of influence in the initiative (73%) and their role in the project (70%). The evaluators theorize the lower level of satisfaction with influence and role may stem from participants wanting to be more involved in the initiative, but not yet having found an active role to play.

On 56 questionnaires completed about the initiative’s communication strategies 28 persons said **initiative progress updates** are the information they most wanted to receive. They also asked for information on strategies, decisions, opportunities for input, action steps, and shareable content.


Participants said their organization would be willing to help advance the initiative as follows:

- Share information with our stakeholders through organizational newsletters (40)
- Share initiative updates during our organizational meetings (39)
- Participate in initiative materials and/or message testing (33)
- Share initiative information through our social media channels (32)
- Allow initiative staff presentation time during our organizational meetings (30)

Feedback and input continue to be integrated into the initiative’s strategies moving forward.

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#HealthierMO Stakeholder Convening Session Organizations in Attendance

March 1, 2018

A.T. Still University	Missouri Developmental Disabilities Council
American Heart Association	Missouri Family Health Council
Bollinger County Health Department	Missouri Foundation for Health
Butler County Health Department	Missouri Genetic Advisory Committee
Cape Girardeau County Public Health Center	Missouri Hospital Association
Clay County Public Health Center	Missouri Institute for Community Health
Cole County Health Department	Missouri Nurses Association
Columbia/Boone County Health Department	Missouri Public Health Association
Cooper County Public Health Center	Missouri State University, Ozarks Public Health Institute
Darr Family Foundation	Ozark County Health Department
Dent County Health Center	Ozarks Public Health Institute
DHSS, Bureau of Special Health Care Needs	Phelps/Maries County Health Department
DHSS, Division of Community and Public Health	Platte County Health Department
Dunklin County Health Department	Polk County Health Center
Empower Missouri	Pulaski County Health Department
Hickory County Health Department	Putnam County Health Department
Health Care Foundation of Greater Kansas City	Randolph County Health Department
Health Resources and Services Administration	Reynolds County Health Center
Institute of Public Policy	Shelby County Health Department
Jackson County Health Department	Southeast Missouri State University, Biology Department
Jasper County Health Department	Springfield-Greene County Health Department
Jefferson County Health Department	St. Charles County Public Health
Joplin City Health Department	St. Louis Regional Health Council
Kansas City Health Department	St. Louis University
Laclede County Health Department	Taney County Health Department
Lincoln County Health Department	Tobacco Free Missouri
Macon County Health Department	Truman State University
McDonald County Health Department	University of Missouri
Miller County Health Department	University of Missouri Extension, MOCAN
Missouri Association of Local Public Health Agencies	University of Missouri, CARES
Missouri Association of Nursing Home Administrators	University of Missouri, HMI
Missouri Association of School Nurses	University of Missouri, MPH Program
Missouri Budget Project	Visiting Nurses Association of Greater St. Louis
Missouri Center for Nursing	Washington University in St. Louis
Missouri Department of Natural Resources	

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