live well

BOONE COUNTY

Seeking a vibrant, diverse, and caring community in which all individuals can achieve their optimum physical, mental, cultural, social, spiritual, and economic health.

2014 COLUMBIA/BOONE COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

Acknowledgments

The Columbia/Boone County Department of Public Health and Human Services would like to thank the following individuals for participating in the planning sessions that led to the community health priorities outlined in this report:

Steering Committee

Geni Alexander
Rachel Bacon
Leigh Britt
Stephanie Browning
Barbara Buffaloe
Karen Cade
Amy Camp
Scott Clardy
Gloria Crull
Erin Harris
Steve Hollis
Sarah Klaassen
Sarah Rainey
Tom Reddin
Stacia Reilly
Michelle Riefe
Rebecca Roesslet
Trina Teacutter
Andrea Waner
Jason Wilcox
Carmen G. Williams

Stakeholders

Elinor Arendt
Mary Beck
Deb Beste
Ann Bromstedt
Ken Burton
Tyree Byndom
Steve Calloway
Kim Dude
Rick Gaines
Dionne George
Tanya Hann
Tim Harlan
Sharon Horton
Peggy Kirkpatrick
Katie Jansen Larson
Kyle Lisenby
Jill Lucht
Jane McElroy
Tim Rich
Sosunmolu Shoyinka
Craig Valone
Dan Vinson
Lyn Woolford
Jeff Zimmerman

Work Groups and Action Teams

Julie Aber
Dean Anderson
Deb Beste
Mary Pat Boatfield
Leigh Britt
Stephanie Browning
Barbara Buck
Melvin Buckner
Barbara Buffaloe
Mike Burden
Karen Cade
Steve Calloway
Amy Camp
Shannon Canfield
Bill Cantin
Erin Carrillo
Scott Clardy
Erika Coffman
Gabe Dobbins
Colin Duggan
Kevin Everett
Claycie Gerlt
Jenny Grabner
Tim Harlan
Traci Harr-Kennedy
Steve Hollis
Debra Howenstine
Stan Hudson
Sarah Klaassen
Steve Kuntz
Kelsey Lammy
Rebecca Leach
Lindsey Lehman
Kyle Lisenby
Gina Long
Kelly Lucero
Sally Beth Lyon
Becky Markt
Vera Massey
Jane McElroy
Jessica Park
Cheryl Price
Sarah Rainey
Tom Reddin
Stacia Reilly
Michelle Riefe
Rebecca Roesslet
Jacqueline Schumacher
Lawrence Simonson

Mahree Skala
Jan Swaney
Trina Teacutter
Ellen Thomas
Janet Thompson
Carol Toliver
Dan Vinson
Kelly Wallis
Jason Wilcox
Carmen Williams
Lyn Woolford
Ryan Worley
Jeff Zimmerman

MAPP Core Team

Geni Alexander
Kim Becking
Stephanie Browning
Scott Clardy
Sarah Rainey
Rebecca Roesslet
Carolyn Sullivan
Andrea Waner
Jason Wilcox

Action Team Leadership Committee

Leigh Britt
Stephanie Browning
Barbara Buck
Steve Calloway
Scott Clardy
Steve Hollis
Sarah Klaassen
Becky Markt
Cheryl Price
Sarah Rainey
Michelle Riefe
Rebecca Roesslet
Trina Teacutter
Andrea Waner
Jason Wilcox

Executive Summary

In January 2013, the Columbia/Boone County Department of Public Health and Human Services (PHHS) facilitated a community-wide strategic planning process for improving public health. As PHHS is a city/county local public health agency, Columbia/Boone County was the target jurisdiction for this effort. A six-phase model called Mobilizing for Action through Planning and Partnerships (MAPP), created by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) Public Health Program Practice Office, was selected for this process. Phases One through Four gather community information and data which then become the backbone of the Community Health Assessment (CHA). This document is the Community Health Improvement Plan (CHIP), which is finalized by the completion of Phases Five and Six of the MAPP Process. The Community Health Improvement Plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This community-owned plan for our local public health system outlines actions to be taken to improve the health of Boone County in five strategic issue areas:

- Safe and Healthy Neighborhoods
- Healthy Lifestyles
- Access to Health Care
- Disparities
- Behavioral Health

Overview of Boone County

Located in the center of Missouri, split in two by Interstate 70 and bordering the Missouri River, Boone County is home to 162,642 residents (2010 US Census). The county has consistently grown by approximately 20% every 10 years since 1990. Columbia, the county seat, and most populous community with over 108,500 residents (2010 US Census), is home to a large state university and several colleges. The presence of the various academic institutions contributes to the median Boone County resident age of 29.5 years as compared to the median Missouri resident age of 37.9 years. The other eight Boone County communities: Ashland, Centralia, Hallsville, Harrisburg, Hartsburg, Pierpont, Rocheport, and Sturgeon, range in population from less than 1,000 to over 4,000 residents. Boone County has a healthy economy with a consistently low unemployment rate. Health care, education, accommodation and food services, and retail trade are the largest employers.

Process Overview

The Columbia/Boone County Department of Public Health and Human Services (PHHS) selected the MAPP process for community planning because of its strong focus on community input and collaboration with partners in the public health system.

MAPP is a six-phase process which includes a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP). In February 2013, the Community Health Assessment and Mobilization Partners (CHAMP) were brought together by members of the MAPP Core Team (PHHS staff) to initiate the community health assessment and planning process. The CHAMP members are representative of a larger public health system, with participants from hospitals, faith institutions, law enforcement, veterinarians, and governing bodies, to name a few. A Steering Committee was formed out of the CHAMP membership group. The Steering Committee, comprised of 21 members, was responsible for organizing the MAPP Process and giving it direction. Many of the partnerships have continued well into the Action Cycle (Phase Six). The development of the CHAMP group, Steering Committee, and MAPP Core Team led to the completion of MAPP Phase One: Organize for Success and Partnership Development.

Phase Two: Visioning, included the development of a community-wide vision and a set of community values. Picturing Our Future community visioning sessions provided the platform for community members to share their views on the health of Boone County. This input was used in the development of our community vision:

<div align="center">

Vision Statement
A vibrant, diverse, and caring community in which all individuals can achieve their optimum physical, mental, cultural, spiritual, and economic health

</div>

After reviewing the feedback from the visioning sessions, participants were asked to consider what community values promote a healthy community. Participants from the Picturing Our Future visioning sessions, in conjunction with the MAPP Core Team, identified seven community values for Boone County:

<div align="center">

Community Values

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- **Access:** Our residents will have equal access to the opportunities which support their achievement of optimum health.
- **Caring:** Our community will value respect, diversity, and service to others.
- **Excellence:** Our residents will strive for individual excellence in a community that maximizes resources and provides opportunities to succeed.
- **Knowledge-Sharing**: Our residents will be equipped with the knowledge, education, and means to change their behaviors, adopt healthy lifestyles, and maintain optimum health.
- **Preparedness:** Our community will be prepared to address health challenges due to unexpected events.
- **Shared Responsibility:** Our residents will take responsibility for their physical, mental, cultural, social, spiritual, and economic health in a community which works together to provide and maintain a support system.
- **Wellness:** Our community will promote healthy behaviors which will reduce and prevent disease and improve the overall health of our residents.

Process Overview

Phase Three: the four MAPP assessments allowed for the collection of qualitative and quantitative data. These data offered critical insights into the challenges and opportunities throughout Boone County. Phase Three was conducted from May through August 2013. The comprehensive results from the four assessments, can be found in the 2013 Columbia/ Boone County Community Health Assessment, available online http://www.gocolumbiamo.com/Health/2013CommunityHealthAssessment.php.

The Forces of Change Assessment (FOCA) identified the trends, factors, and events that were likely to influence community health and quality of life, or impact the work of the local public health system. The CHAMP team members worked together to complete the Forces of Change Assessment. CHAMP used a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis to develop a more comprehensive picture of Boone County in addition to identifying the forces of change.

The Local Public Health System Assessment (LPHSA) helped to answer questions such as: "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the 10 Essential Public Health Services being provided in our system?" To complete this assessment, members of CHAMP, staff from PHHS, and community members met on two occasions to answer questions regarding the standards of one or two of the 10 Essential Services.

The Community Health Status Assessment (CHSA) provided quantitative information on the community's health and answered questions such as: "How healthy are our residents?" and "What does the health status of our community look like?" To complete this assessment, a subcommittee was formed to focus on identifying and analyzing key issues from a broad set of core indicators.

The Community Themes and Strengths Assessment (CTSA) focused on gathering the thoughts, opinions, and perceptions of community members in order to understand which issues are important to the community. This assessment helped to answer questions such as, "What are the most important health related issues in our community?", "When thinking about health, what are the greatest strengths in our community?", and "What would help us achieve optimum physical, mental, cultural, social, spiritual, and economic health?" Two methods of data collection were utilized: a community survey and focus groups.

Process Overview

Phase Four: Identifying Strategic Issues identifies critical challenges to be addressed, as well as significant opportunities to be leveraged, in order for a community to achieve its vision. Phase Four was conducted between August and November 2013. Members of the Steering Committee met on multiple occasions to review data and identify overarching strategic issues. The Steering Committee determined that each of the five strategic issues were necessary to achieve our community's vision and, therefore, did not prioritize any one issue over another. The five strategic issues were shared with, and approved by, the larger CHAMP group. The final five strategic issue areas are:

- **Safe and Healthy Neighborhoods:** How do we prevent crime and promote safe and healthy neighborhoods where people live, work, and play?
- **Healthy Lifestyles:** How do we create a community and environment which provides access, opportunities, and encouragement for healthy lifestyles?
- **Access to Health Care:** How can we increase access to and utilization of comprehensive health services?
- **Disparities:** How do we address the root causes of health disparities to ensure health equity?
- **Behavioral Health:** How do we reduce risky behaviors and the stigma associated with behavioral health?

The comprehensive results from MAPP Phases One through Four, including the four assessments, can be found in the 2013 Columbia/Boone County Community Health Assessment, available online http://www.gocolumbiamo.com/Health/2013CommunityHealthAssessment.php.

Phase Five: Formulating Goals and Strategies, involved the community and the local public health system partners forming goal statements related to each of the five strategic issues and identifying strategies for achieving each goal. Evidenced-based and promising practice strategies from the National Prevention Strategy and Healthy People 2020 were used as resources during strategy development. Phase Five was conducted between November 2013 and March 2014. Additional community input was collected by conducting stakeholder interviews and hosting a community forum in January 2014. Work groups formed for each of the five strategic issues. These work groups reviewed the data collected in the previous MAPP Phases, as well as the new community input, when drafting the goals and strategies.

Phase Six: Action Cycle, answers questions such as, "What will be done to realize the community's vision?", "Who will do it?", "How will it be done?", and "How will we know we have made improvements?" Phase Six was implemented in March 2014 and will continue until the end of 2017. Action Teams were formed for each of the five strategic issues. When appropriate, the Action Team members edited and prioritized the strategies identified in the previous phase. The Action Team members selected and prioritized measurable objectives, identified activities necessary to reach the objectives, and identified performance measures to evaluate success.

Strategic Issues

Strategic Issue 1: How do we prevent crime and promote safe and healthy neighborhoods where people live, work, and play?

Safe and Healthy Neighborhoods

Where we live, work, and play can have a profound impact on our personal health. Residents walk more in areas which are more interconnected, with more street intersections and shorter blocks (Doyle, Kelly-Schwartz, Schlossberg, & Stockard, 2006). The health of the neighborhood can be impacted not only by physical surroundings, such as biking trails and neighborhood green space, but also by the connections neighbors make with one another. The relationships among people in a neighborhood can have a positive effect on neighborhood safety. These perceptions of safety within a neighborhood can impact physical activity (Doyle, Kelly-Schwartz, Schlossberg, & Stockard, 2006). Having relationships with our neighbors gives us a feeling of responsibility to look out for one another and the knowledge to know when someone or something is out of place (Triplett & Gainey, 2007). Residents of well-connected neighborhoods are more likely to work together towards a common goal and maintain informal social controls which help to discourage crime (Cubbin, Pedregon, Egerter, & Braveman, 2008). Having safe and healthy neighborhoods where people live, work and play can have a positive effect on the health of all of Boone County.

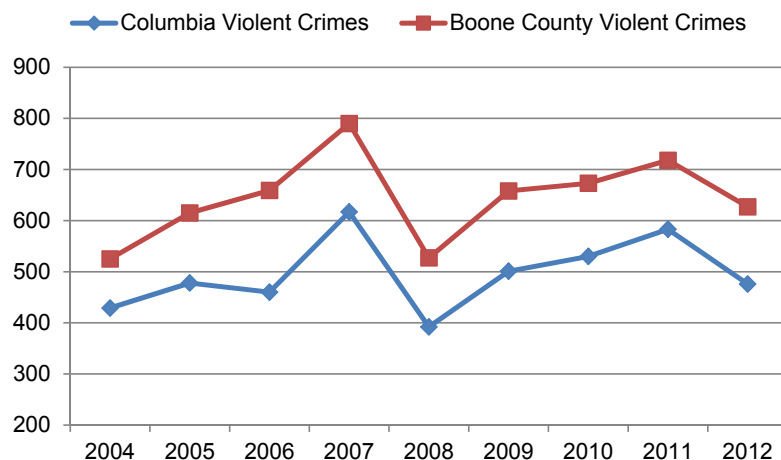| Goal	Strategies
Strengthen neighborhood relationships and invest in a well-connected infrastructure and public safety	- Support neighborhoods through resources, communication, and programs - Advocate for increased funding for a well-connected infrastructure - Reduce crime by implementing progressive crime prevention and intervention strategies

Strategic Issues

Statement of Need

The desire for safe and healthy neighborhoods was apparent at several points during the MAPP process. Participants in the Picturing our Future visioning session discussed the importance of safe neighborhoods with good public safety infrastructure, access to safe and affordable housing, and "walkable" communities with connected trail systems.
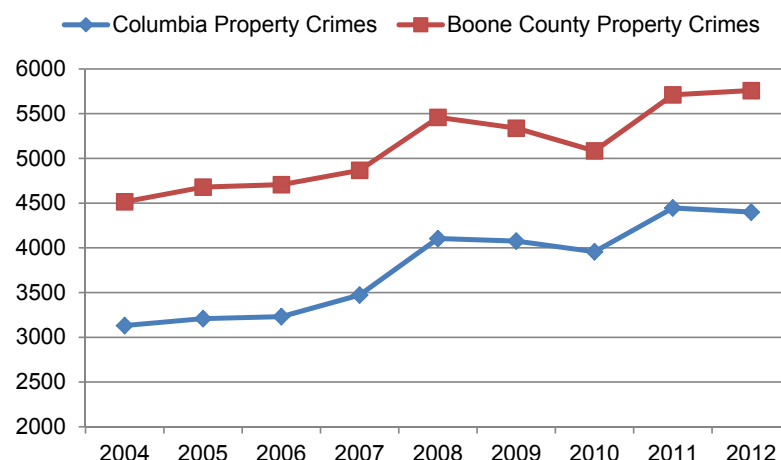
From the 2013 Boone County Community Health Survey (Columbia/Boone County Department of Public Health and Human Services, 2013), with 1,653 respondents, "low crime/safe neighborhoods" was the most important factor for a healthy community. Focus group participants in Columbia stressed the desire for social connectivity within neighborhoods, knowing your neighbor, and having an active Neighborhood Watch and neighborhood association. The graphs below provide 2004-2012 crime information for Columbia and Boone County.

VIOLENT CRIME COUNT BY YEAR, COLUMBIA, BOONE COUNTY, 2004-2012

(Missouri Highway Patrol Statistical Analysis Center)

PROPERTY CRIME COUNT BY YEAR, COLUMBIA, BOONE COUNTY 2004-2012

(Missouri Highway Patrol Statistical Analysis Center)

Strategic Issues

Strategic Issue 1: Community Assets and Resources

The City of Columbia Mayor's Task Force on Community Violence studies the history, trends, and current status of violent crimes in Columbia and provides recommendations on what can be done to decrease violent crime within the community. The City of Columbia's 2012-2015 Strategic Plan identifies health, safety, and well-being as a strategic priority.

In Columbia there are 3,040 city-owned acres of parks and green space and 50.03 miles of trails. The community has seen an increase in recent years of over 125 miles of new bikeways, pedways and sidewalks. The City of Columbia Office of Neighborhood Services works to build a sense of community by offering valuable volunteer opportunities and providing resources for neighborhood leaders to solve issues independently.

Strategic Issue 1: Objectives & Activities

Goal Statement: Strengthen neighborhood relationships and invest in a well-connected infrastructure and public safety						
Strategy: Support neighborhoods through resources, communication, and programs						
Objective(s)	**Performance Measure**	**Baseline**	**Target**	**Activities**	**Activity Completion Date**	**Lead Partner(s)**
Increase the number of active neighborhood associations	Number of active neighborhood associations	22	27	Develop marketing plan for existing neighborhood resources	Third quarter, 2014	Office of Neighborhood Services
				Assess current number of neighborhood association	Third quarter, 2014	Office of Neighborhood Services
				Map crime data and neighborhood association boundaries	Third quarter, 2014	Columbia Police Department staff
				Establish new and/or revive existing neighborhood associations	Ongoing	Action Team

Objectives & Activities

Goal Statement:
Strengthen neighborhood relationships and invest in a well-connected infrastructure and public safety

Strategy: Support neighborhoods through resources, communication, and programs

Objective(s)	Performance Measure	Baseline	Target	Activities	Activity Completion Date	Lead Partner(s)
Increase the number of trained neighborhood watch members	Number of neighborhood watch members	87	150	Map crime data and neighborhood watch groups	Third quarter, 2014	Columbia Police Department staff
				Assess current number of neighborhood watch members	Ongoing	Action Team members
				Establish new and/or revive existing neighborhood watch groups by providing training	Ongoing	Action Team members
				Pursue funding for public safety programs	Ongoing	Action Team members
Increase utilization of, and dedicate full-time staff persons to, neighborhood-based programs	Utilization of available neighborhood funding	$1,308	$13,000	Establish baseline funding for neighborhood-based programs	Second quarter, 2014	Office of Neighborhood Services staff
	Number of neighborhoods utilizing resources	10	15			
	Dedicated full-time staff person	0	.5 FTE	Determine feasibility for dedicated full-time staff person	Second quarter, 2015	Office of Neighborhood Services staff

Objectives & Activities

Goal Statement:						
Strengthen neighborhood relationships and invest in a well-connected infrastructure and public safety						
Strategy: Advocate for the increased support of a well-connected infrastructure						
Objective(s)	**Performance Measure**	**Baseline**	**Target**	**Activities**	**Activity Completion Date**	**Lead Partner(s)**
Increase funding for a well-connected infrastructure	Funding for a well-connected infrastructure	FY2014 CIP general fund budget requests $15,491,726 for 10 street projects, $2,398,593 for 9 sidewalk projects, Major maintenance $751,000 for 3 projects, $1,092,000 for 12 parks projects, $100,000 for Greenbelt/trail	Maintain current funding level	Establish baseline funding for well-connected infrastructure	Fourth quarter, 2014	Action Team members
Increase neighborhood walk-throughs with policy makers	Number of neighborhood walk-throughs	0	12	Incorporate walk-throughs into City Ward check-in process	Ongoing	Office of Sustainability, PHHS Staff
Increase the use of Health Impact Assessments (HIA) in infrastructure planning and development	Number of completed HIAs	0	1	Complete requested HIA and make recommendations for infrastructure planning and development	Third quarter, 2015	PHHS Staff

Objectives & Activities

Goal Statement: Strengthen neighborhood relationships and invest in a well-connected infrastructure and public safety						
Strategy: Advocate for the increased support of a well-connected infrastructure						
Objective(s)	**Performance Measure**	**Baseline**	**Target**	**Activities**	**Activity Completion Date**	**Lead Partner(s)**
Increase the number of community champions who advocate for infrastructure funding	Number of funding advocates	130 individuals/ households (representing 286 people) 4 clubs/ organizations (representing 1,185 people) 13 businesses (representing 2,344 people) 147 total memberships	162	Identify and support community champions	Ongoing	Action Team members

Goal Statement: Strengthen neighborhood relationships and invest in a well-connected infrastructure and public safety						
Strategy: Reduce crime by implementing progressive crime prevention and intervention strategies						
Objective(s)	**Performance Measure**	**Baseline**	**Target**	**Activities**	**Activity Completion Date**	**Lead Partner(s)**
Increase the frequency of positive interaction between public safety agencies and the community	Number of outreach events with positive public safety interactions	2013- 78 2014-73 year to date (September 2014) *These figures do not include neighborhood watch interactions*	5% increase of 2014 numbers	Increase the number of public relation events with neighborhoods and public safety officers	Fourth quarter, 2015	Action Team members

Objectives & Activities

Strategic Issue 1: Recommended Policy Change

Adopt local policies requiring the completion of a Health Impact Assessment (HIA) in all proposed pedestrian improvements which exceed pre-determined financial threshold.

Strategic Issues

Strategic Issue 2: How do we create a community and environment which provides access, opportunities, and encouragement for healthy lifestyles?

Healthy Lifestyles

The World Health Organization has identified diet and physical activity as a public health priority. Unhealthy diets and physical inactivity are major risk factors for diseases such as cancer, diabetes, and cardiovascular disease (World Health Organization, 2014). The United Health Foundation's 2013 County Health Rankings reported 1.1 million adults in Missouri are physically inactive and more than 1.3 million adults are obese (United Health Foundation, 2013). The 2013 State Indicator Report on Fruits and Vegetables stated adults in Missouri consume fruit about 1.0 times per day and vegetables about 1.5 times per day (Centers for Disease Control and Prevention, 2013). Tobacco use is the single most preventable cause of disease, disability, and death in the United States (National Center for Chronic Disease Prevention and Health Promotion, 2012). It is estimated that 1.1 million adults in Missouri smoke (United Health Foundation, 2013).

These three behaviors (diet, physical activity, and tobacco use) can have a profound impact on one's health. Improvement in these areas can lead to a reduction in chronic disease and an improved quality of life for Boone County residents.
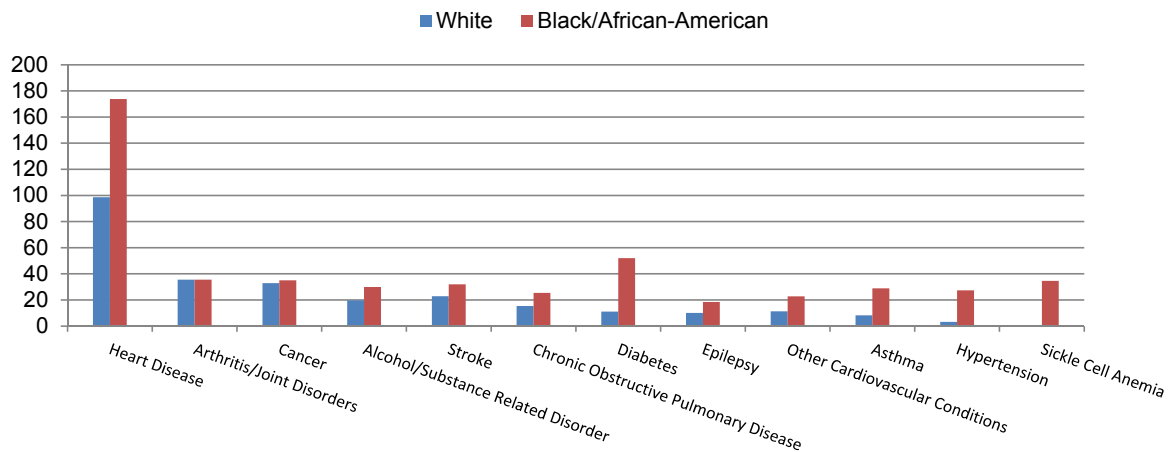
Goal	Strategies
Empower all residents to eat a healthful diet, be physically active, and live tobacco free	- Support efforts to adopt and enforce policies leading to tobacco free environments - Support efforts to promote tobacco cessation - Support programs, environments, and polices to ensure residents can make healthy food choices in their daily lives - Support programs, environments, and policies to ensure that residents can safely and easily engage in physical activity, both in their daily lives and recreationally

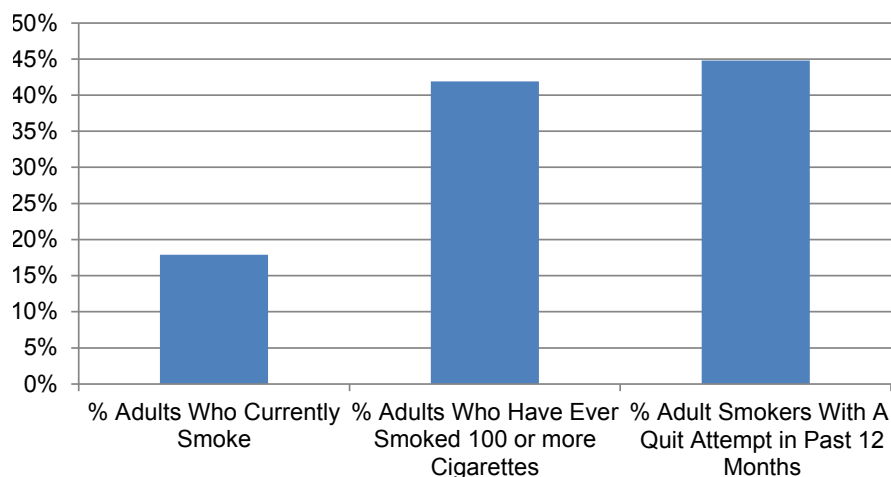## Strategic Issue 2: Statement of Need

In the 2013 Boone County Community Health Survey, respondents were asked to choose the top five health conditions or behaviors in adults that have the greatest impact on overall community health. Of the 1,653 Boone County residents who responded, obesity was the most frequent response. Among youth, obesity was the fourth most frequent response. Focus group participants were concerned about the quality of food available to low income residents. Health education for children and access to recreational opportunities were highly valued. The Forces of Change Assessment in Phase Three identified lack of physical activity, high obesity rates, high density of fast food restaurants, and the difficulty in making healthy choices easier as areas of weakness. Tobacco use, physical inactivity, and poor eating habits are related to several chronic diseases, including heart disease, diabetes, and hypertension. The graphs below illustrate Boone County's chronic disease hospitalizations, many of which may be impacted by diet and physical inactivity, along with Boone County tobacco use rates.

CHRONIC DISEASE HOSPITALIZATION RATES PER 10,000 BY RACE, BOONE COUNTY, 2007-2011

(Missouri Department of Health and Senior Services, 2013)

TOBACCO USE, BOONE COUNTY, 2005-2011

(Community Commons, 2013)

Strategic Issue 2: Community Assets and Resources

Boone County has an active farming community. There are multiple farmers markets in our county, one of which participates in the Supplemental Nutrition Assistance Program (SNAP). Focus group participants noted the high number of community gardens in Columbia. The Food Bank for Central and Northeast Missouri partners with elementary schools to provide Buddy Packs, backpacks filled with food for the child to take home over the weekend. In Ashland, the Southern Boone Learning Garden provides outdoor classroom space and resources, encouraging youth to grow and eat healthy, local foods.

In 2007, the City of Columbia enacted a smoking ordinance, restricting smoking in areas open to the public or serving as a place of work. On July 1, 2013, Boone County's largest employer, the University of Missouri, became a smoke-free campus.

In 2010, Columbia voters passed Proposition 1, extending a one-eighth of one percent sales tax for the purpose of providing funding for local parks for a period of five years. Both Columbia and Centralia have city-owned and operated community recreation centers. The KATY Trail, which extends over 200 miles through Missouri, runs through the county. The MKT Nature and Fitness Trail connects to the KATY Trail near McBaine, MO and links to over four miles of trails in Columbia.

Goal Statement: Empower all residents to eat a healthful diet, be physically active, and live tobacco free						
Strategy: Support efforts to adopt and enforce policies leading to tobacco-free environments						
Objective(s)	**Performance Measure**	**Baseline**	**Target**	**Activities**	**Activity Completion Date**	**Lead Partner(s)**
Increase the number of smoke-free policies	Number of new smoke-free policies	0	1	Assess existing smoke free policies and ordinances and propose improvements	Second quarter, 2014	Action Team, Tobacco Free Missouri
				Build capacity within Columbia to strengthen smoke-free ordinances	Third quarter, 2014	Action Team, Tobacco Free Missouri
				Advocate for making streets through public secondary institutions smoke-free	First quarter, 2015	Action Team, Tobacco Free Missouri
				Work with youth in the County to identify areas for policy change in rural areas	Second quarter, 2015	Action Team, PHHS Staff
				Assess the readiness of all municipalities in the County to adopt smoke-free policies	Third quarter, 2015	Tobacco Free Missouri
				Build capacity within rural communities who are seeking or strengthening smoke-free ordinances for their municipality	Fourth quarter, 2015	Tobacco Free Missouri
				Advocate for policy change in County areas	Fourth quarter, 2016	To be determined

Objectives & Activities

Goal Statement: Empower all residents to eat a healthful diet, be physically active, and live tobacco free						
Strategy: Support efforts to adopt and enforce policies leading to tobacco-free environments						
Objective(s)	**Performance Measure**	**Baseline**	**Target**	**Activities**	**Activity Completion Date**	**Lead Partner(s)**
Strengthen existing municipal smoke-free ordinances	Number of actions taken to strengthen existing smoke-free policies	0	2	Advocate for adding e-cigs to Columbia's smoke-free policy	Second quarter, 2014	Action Team, Tobacco Free Missouri
				Advocate for increasing age to purchase tobacco products in Columbia to 21	First quarter, 2015	Tobacco Free Columbia
				Build capacity within communities who are seeking or strengthening smoke-free ordinances for their municipality	Fourth quarter, 2015	Tobacco Free Missouri
Goal Statement: Empower all residents to eat a healthful diet, be physically active, and live tobacco free						
Strategy: Support efforts to reduce tobacco use						
Objective(s)	**Performance Measure**	**Baseline**	**Target**	**Activities**	**Activity Completion Date**	**Lead Partner(s)**
Increase the number of prevention efforts in the community	Number of new prevention efforts	0	2	Partner with Youth Community Coalition to reduce youth smoking rate with targeted TV ads	Fourth quarter, 2014	Tobacco Free Columbia, Youth Community Coalition
Increase the number of cessation efforts in the community	Number of new cessation efforts	0	1	Youth prevention activities - training youth to become advocates	Third quarter, 2015	Teen Outreach Prevention Program (TOP), Helping our Peers Everywhere (HOPE)
Reduce youth smoking and e-cigarette use	Youth smoking rates (ever smoked in life)	34.7%	Decrease by 5%			
	Youth e-cigarette use	22.1%	0% change	Increase employer-based cessation efforts	Fourth quarter, 2015	PHHS staff
	Adult smoking rate	18.2%	Decrease by 5%			

Objectives & Activities

Goal Statement:
Empower all residents to eat a healthful diet, be physically active, and live tobacco free

Strategy: Support programs, environments, and policies to ensure residents can make healthy food choices in their daily lives

Objective(s)	Performance Measure	Baseline	Target	Activities	Activity Completion Date	Lead Partner(s)
Increase daily consumption of fruits and vegetables	Number of people eating five servings or more of fruits and vegetables	22.4%	24%	Develop and implement healthy eating social marketing campaign	Third quarter, 2017	PHHS Staff
				Implement healthy weight loss plans for WIC participants	Fourth quarter, 2017	PHHS Staff
				Increase access to fruits and vegetables for low-income residents	Fourth quarter, 2017	PHHS Staff
Increase the number of practices and policies which encourage healthy eating	Number of new policies and practices adopted	0	2	Develop baseline data on the number of farm to school/ institution programs	Fourth quarter, 2014	Action Team
				Increase community gardens in Columbia's census tracts 9 and 21	Fourth quarter, 2015	Action Team
				Increase number of Live Well Restaurants in Columbia's census tracts 9 and 21	Fourth quarter, 2015	Action Team
				Expand farm to school/ institution programs	Fourth quarter, 2016	Action Team

Objectives & Activities

Goal Statement:
Empower all residents to eat a healthful diet, be physically active, and live tobacco free

Strategy: Support programs, environments, and policies to ensure that residents can safely and easily engage in physical activity, both in their daily lives and recreationally

Objective(s)	Performance Measure	Baseline	Target	Activities	Activity Completion Date	Lead Partner(s)
Increase physical activity	Percent of adults reporting no leisure-time physical activity	23%	21%	Support park sales tax	First - Fourth quarter, 2015	Action Team
				Increase paved trails	Fourth quarter, 2017	Action Team
				Increase programming for adults	Fourth quarter, 2017	Action Team
				Encourage kids to walk and bike to school	Fourth quarter, 2017	Action Team
				Develop county-wide active living and social marketing campaign	Fourth quarter, 2014 - Fourth quarter, 2017	PHHS Staff
				Develop new recreation program offerings based on market needs	Fourth quarter, 2015	Columbia Parks and Recreation, City of Ashland, Southern Boone YMCA
				Continue and expand activities for residents age 55 and older	Fourth quarter, 2015	Columbia Parks and Recreation, Southern Boone YMCA
				Support recreation program and facility needs of low-income households	Forth quarter, 2015	Columbia Parks and Recreation, Southern Boone YMCA
				Implement Missouri MOve Smart program in child care centers in Columbia's census tracts 9 and 21	Fourth quarter, 2015	PHHS Staff
				Add bus shelter in Columbia's census tract 9 or 21	Fourth quarter, 2015	PHHS Staff

Strategic Issue 2: Recommended Policy Change

Multiple policy changes are recommended to reduce the use of tobacco products. Policies include: making streets through public secondary educational institutions smoke-free, including e-cigarettes in Columbia's smoke-free ordinance, and adopting a Columbia ordinance to increase the age to purchase tobacco products from 18 to 21.

Strategic Issues

Strategic Issue 3: How can we increase access to and utilization of comprehensive health services?

Access to Health Care

The 2012 National Health Interview Survey, produced by the Centers for Disease Control and Prevention, reported 45.5 million Americans (14.7 % of the population) were without health insurance coverage (Centers for Disease Control and Prevention, 2013). This same report noted that 6.2% of the population failed to obtain needed medical care due to cost at some time in the past 12 months. Access to health care services can also be impacted by non-financial barriers. These barriers include: accommodation- busy with work or other commitments, availability- couldn't get appointment soon enough, accessibility- took too long to get to the doctor's office or clinic, and acceptability- doctor or hospital wouldn't accept health insurance (Kullgren, McLaughlin, Mitra, & Armstrong, 2011). Uninsured adults are more than twice as likely to report being in fair or poor health as those with private insurance (The Henry J. Kaiser Family Foundation, 2011). Increasing the number of residents with health insurance, and increasing the utilization of regular care, has the potential to improve the overall health of Boone County.

Goal	Strategy
Improve our community's ability to access and utilize comprehensive health services	• Empower people to use the medical resources available to them

Strategic Issue 3: Statement of Need

From the 2013 Boone County Community Health Survey, access to health care was ranked the second most important factor for a healthy community. Focus group participants and the Forces of Change Assessment noted the impact of not expanding Medicaid in Missouri. Transportation to health care has been identified as a barrier and there is a need for senior care in rural areas. In Boone County, residents age 18-39 are most likely to lack health care coverage with males more likely than females to be uninsured. The graph below provides demographic information on the uninsured in Boone County. In July, 2013, HRSA (Health Resources and Services Administration) classified the low-income population in Boone County as having a shortage of access to health care. In Boone County, a notable gap is found in the ability of uninsured and Medicaid eligible residents to receive dental services. There are 94 licensed dentists in the county, or one dentist for every 1,832 Boone County residents. While this is above what is found in Missouri, it is still below the national benchmark of one dentist for every 1,516 residents.

UNINSURED STATUS, BOONE COUNTY, 2012

(American Community Survey, 2012)

Strategic Issues

Strategic Issue 3: Community Assets and Resources

Boone County has a few resources for those who are uninsured. Family Health Center, the only Federally Qualified Health Center (FQHC) in the area serves multiple counties, providing physical, dental, and behavioral health services. MedZOU, a volunteer student-operated medical clinic, provides free primary health care. Focus group participants identified our hospitals, medical specialty providers, and primary care providers as an asset to our community. According to the 2013 County Health Rankings & Roadmaps, for every 949 Boone County residents, there is one primary care physician, which is well above the Missouri ratio of one primary care provider for every 1,495 Missouri residents, and above the national benchmark of 1,067:1. The charts below illustrate hospital capacity and ratio of primary care providers in Boone County.

LICENSED PRIMARY CARE PROVIDERS, BOONE COUNTY, 2012

	NUMBER OF PRIMARY CARE PROVIDERS	RATIO OF POPULATION TO PRIMARY CARE PROVIDERS
Boone County	172	949:1
Missouri	x	1,495:1

(County Health Rankings and Roadmaps, 2013)

SELECTED HOSPITAL UTILIZATION STATISTICS, BOONE COUNTY, 2012

	UNIVERSITY OF MISSOURI HEALTH CARE	BOONE HOSPITAL CENTER	HARRY S. TRUMAN VETERANS	RUSK REHABILITATION SERVICES	LAND-MARK
Licensed beds	478*	400	123	60	42
Inpatient days	108,035	72,882	30,395	16,794	11,208
Discharges	21,872	17,209	3,790	1,053	437
Average length of stay	4.9	4.2	8.0	15.9	25.6
Occupancy	62.8 % (2010)	49.9 %	72 %	76.7 %	73.1 %

(Missouri Department of Health and Senior Services, 2013)   **Does not include beds at the Missouri Psychiatric Center*

Strategic Issue 3:
Objectives & Activities

Goal Statement: Improve our community's ability to access and utilize comprehensive health services						
Strategy: Empower people to use the medical resources available to them						
Objective(s)	**Performance Measure**	**Baseline**	**Target**	**Activities**	**Activity Completion Date**	**Lead Partner(s)**
Increase the number of insured	Percent of insured	85%	100%	Support Medicaid expansion	Ongoing	Action Team
				Explore community health worker models	First quarter, 2015	PHHS Staff, Action Team
				Explore community models for health care access center	First quarter, 2015	Action Team
				Identify and convene stakeholders to determine the model for and assist in the development of a health care access center	Second quarter, 2015	Action Team
Decrease the number of preventable hospitalizations	Preventable hospital stays	50 (per 1,000)	43 (per 1,000)	Support Medicaid expansion	Ongoing	Action Team
				Explore community health worker models	First quarter, 2015	PHHS Staff, Action Team
				Explore community-wide health care events in other cities	First quarter, 2015	Action Team

Objectives & Activities

Goal Statement: Improve our community's ability to access and utilize comprehensive health services						
Strategy: Empower people to use the medical resources available to them						
Objective(s)	**Performance Measure**	**Baseline**	**Target**	**Activities**	**Activity Completion Date**	**Lead Partner(s)**
Decrease the number of consumer with unmet health care needs	Percent of people who could not get needed medical care in the past 12 months	7.9%	0%	Support Medicaid expansion	Ongoing	Action Team
				Collect baseline on safety net care provided	First quarter, 2015	PHHS Staff, Action Team
				Explore community-wide health care events in other cities	First quarter, 2015	Action Team
				Explore community health worker models	First quarter, 2015	PHHS Staff, Action Team
				Identify and convene stakeholders to determine the model for and assist in the development of a health care access center	Second quarter, 2015	Action Team
Increase percent of adults with a regular doctor/medical provider	Percent of adults with a regular doctor/medical provider	75.2%	82.7%	Support Medicaid expansion	Ongoing	Action Team
				Explore community health worker models	First quarter, 2015	PHHS Staff, Action Team
				Explore community models for a health care access center	First quarter, 2015	Action Team
				Identify and convene stakeholders to determine the model for and assist in the development of a health care access center	Second quarter, 2015	Action Team

Objectives & Activities

Strategic Issue 3: Recommended Policy Change

The expansion of Missouri Medicaid to include persons with incomes below 133% of the Federal Poverty Level would increase the number of insured in Boone County.

Strategic Issues

Strategic Issue 4: How do we address the root causes of health disparities to ensure health equity?

Disparities

Identifying and addressing the root causes of disparities is vital to improving the health of any disparate population. Low educational attainment is associated with increased morbidity and mortality from a number of causes, many attributable to increased blood pressure, obesity, and use of tobacco (West, 2009). A good paying job makes it easier to live in a healthier neighborhood and buy healthier food. Steady employment can provide the income, benefits, and stability necessary for good health (Robert Wood Johnson Foundation, 2013). These are just two examples of the root causes of health disparities. The impact of disparities on our local community are explored in the statement of need section below.

Goal	Strategies
Support and expand cross-sector collaboration to enhance access to high quality education, jobs, economic opportunity and opportunities for healthy lifestyles	• Mobilize leadership to align policies and resources to achieve health equity • Empower members of underserved communities to achieve health equity

Strategic Issues
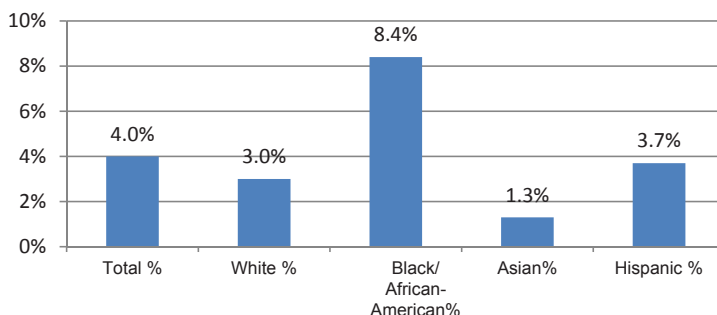
Strategic Issue 4: Statement of Need

Focus group participants discussed the disparities in achievement, earnings, and health, along with the need for low skill jobs, as important issues in Boone County. The Community Health Status Assessment identified multiple areas of disparity. The gap in income between white households and black/African-American households is wider in Boone County than Missouri as a whole. According to the 2007-2011 American Community Survey, for every $1.00 earned by a white household in Boone County, a black household earns 54 cents. The first graph below compares median income by race at a county, state, and national level. In 2013, black/African-American students in Columbia schools were more than twice as likely as any other race to not graduate. The second graph below illustrates the 2013 dropout rate in Columbia by race/ethnicity. On the following page, the first graph shows the 2013 graduation rates by race in Columbia. Disparities in health were also noted and are illustrated in the second chart on the following page. Heart disease is the leading cause of hospitalization due to chronic disease, with blacks being hospitalized over one and a half times more often than whites. Blacks had higher chronic disease death rates than whites in all but one category (Alzheimer's disease), with higher rates for cancer, heart disease, COPD, stroke, diabetes, and kidney disease. There is also a significant difference in the pregnancy rate between black and white adolescents in Boone County, 41.9% compared to 11.4%, as highlighted in the final graph on the following page.

MEDIAN HOUSEHOLD INCOME WITH COMPARISON BY RACE, BOONE COUNTY, MISSOURI UNITED STATES
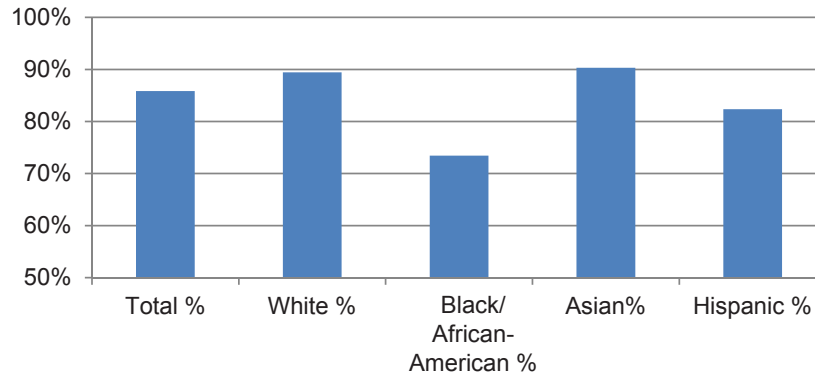

(American Community Survey)

DROPOUT RATE BY RACE/ETHNICITY, COLUMBIA, 2013

(Missouri Department of Elementary and Secondary Education)

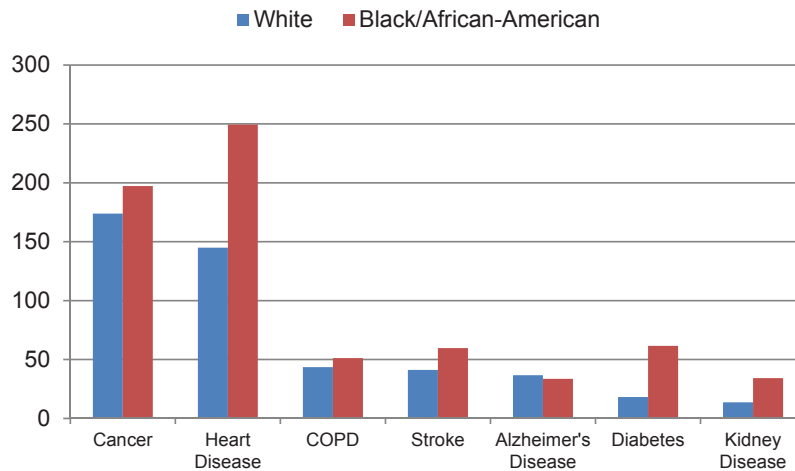# Strategic Issues

FOUR YEAR GRADUATION RATES BY RACE, COLUMBIA SCHOOL DISTRICT, 2013
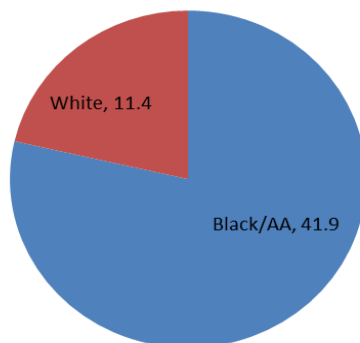

(Missouri Department of Elementary and Secondary Education)

CHRONIC DISEASE DEATH RATES PER 100,000 BY RACE, BOONE COUNTY, 2007-2011

(Missouri Department of Health and Senior Services, 2013)

ADOLESCENT PREGNANCY RATE PER 1,000, BOONE COUNTY, 2002-2010

White, 11.4

Black/AA, 41.9

(Missouri Department of Health and Senior Services, 2013)

Strategic Issues

Strategic Issue 4: Community Assets and Resources

Participants at the January 2014 Community Forum identified numerous community resources, including non-profits, faith groups, and programs for at-risk youth. The Minority Men's Network is a group of committed men in Columbia/Boone County who work to improve the lives of ethnic minorities in the community through leadership and service. The Minority Men's Network envisions a Columbia/ Boone County where all ethnic minorities are entitled to, and equitably participate in, all aspects of the community. Health equity is addressed at a policy level by the Missouri Health Equity Collaborative (MOHEC). MOHEC is the result of a partnership between the Centers for Health Policy at the University of Missouri-Columbia and Washington University. Central Missouri Community Action supports low-income families, offers a wide array of services, and is the only national network dedicated to ending poverty. Cradle to Career of Columbia and Boone County is a coalition of community leaders working to measurably improve student success from cradle to career and to reduce the academic disparities facing our low-income and minority students. This is achieved by helping community organizations and schools work more closely together and using local and national data to identify best practices.

Strategic Issue 4:
Objectives & Activities

Goal Statement:						
Support and expand cross-sector collaboration to enhance access to high quality education, jobs, economic opportunity, and opportunities for healthy lifestyles						
Strategy: Mobilize leadership to align policies and resources to achieve health equity						
Objective(s)	Performance Measure	Baseline	Target	Activities	Activity Completion Date	Lead Partner(s)
Increase the number of community partnerships and coalitions whose activities are addressing health disparities	Number of community coalitions considering health disparities in their work	2	4 (2015) 6 (2016) 8 (2017)	Publish annual community health equity report	Second quarter, 2015	PHHS Staff
				Develop and deploy a strategic communications plan to increase awareness of the benefits of health equity	Second quarter, 2015	Action Team, in partnership with MU School of Journalism
				Develop a health equity and social justice training plan that includes content, leadership, audiences, training resources, and timelines	Fourth quarter, 2014	Training Subcommittee
				Provide a forum for communication about and coordination of activities/actions related to health disparities	Second quarter, 2015	Action Team

Objectives & Activities

Goal Statement:						
Support and expand cross-sector collaboration to enhance access to high quality education, jobs, economic opportunity, and opportunities for healthy lifestyles						
Strategy: Mobilize leadership to align policies and resources to achieve health equity						
Objective(s)	**Performance Measure**	**Baseline**	**Target**	**Activities**	**Activity Completion Date**	**Lead Partner(s)**
Increase common understanding of the determinants of health and health equity and the extent and consequences of systems of oppression	Pre- and post-test score	To be established	To be established	Develop pre- and post-test training tools to measure understanding	Second quarter, 2015	Action Team
				Identify businesses, churches, medical groups, etc. who work with disparate groups	Fourth quarter, 2014	Community Resource Subcommittee
				Identify and map high need areas that experience health disparities	Fourth quarter, 2014	Community Resource Subcommittee
				Publish annual community health equity report	Second quarter, 2015	PHHS Staff
				Develop and deploy a strategic communications plan to increase awareness of the benefits of health equity	Second quarter, 2015	Action Team, in partnership with MU School of Journalism
				Expand current poverty simulation offerings to decision-makers, strategic partners, and other key stakeholders	Ongoing	Training Subcommittee
				Develop a health equity and social justice training plan that includes content, leadership, audiences, training resources and timelines	Fourth quarter, 2014	Training Subcommittee

Objectives & Activities

Goal Statement:						
Support and expand cross-sector collaboration to enhance access to high quality education, jobs, economic opportunity, and opportunities for healthy lifestyles						
Strategy: Mobilize leadership to align policies and resources to achieve health equity						
Objective(s)	Performance Measure	Baseline	Target	Activities	Activity Completion Date	Lead Partner(s)
Provide training on health equity/ social justice and poverty simulations for strategic partners and key stakeholders	Number of trainings provided to strategic partners and key stakeholders	9	11	Identify businesses, churches, medical groups, etc. who work with disparate groups	Fourth quarter, 2014	Community Resources Subcommittee
				Develop and deploy a strategic communications plan to increase awareness of the benefits of health equity	Second quarter, 2015	Action Team, in partnership with MU School of Journalism
				Expand current poverty simulation offerings to decision-makers, strategic parters, and other key stakeholders	Ongoing	Training Subcommittee
Increase funding and community resources for health equity	Amount of new funding received	0	$10,000	Seek and apply for external funding	Ongoing	Action Team, PHHS Staff
Modify or implement two policies that broadly impact health disparities	Number of new policies	0	2	Research and identify two public policies that broadly impact health disparities	Second quarter, 2016	Action Team
				Collect baseline on existing policies, programs, and funding opportunities that focus on health equity	Fourth quarter, 2014	Action Team
				Modify or implement policies that broadly impact health disparities	Fourth quarter, 2016	Action Team

Objectives & Activities

Goal Statement:						
Support and expand cross-sector collaboration to enhance access to high quality education, jobs, economic opportunity, and opportunities for healthy lifestyles						
Strategy: Empower members of underserved communities to achieve health equity						
Objective(s)	**Performance Measure**	**Baseline**	**Target**	**Activities**	**Activity Completion Date**	**Lead Partner(s)**
Implement a community health worker program (CHW)	Adoption of a new community health advocate program	0	1	Identify the disparities to be addressed	Third quarter, 2014	Data Subcommittee
				Establish partnerships for CHW program implementation	Second quarter, 2015	Action Team
				Pursue funding for CHW program implementation	Third quarter, 2015	To be determined
				Implement CHW program	Fourth quarter, 2015	To be determined
				Evaluate CHW program outcomes	Fourth quarter, 2016	To be determined
Increase community-led prevention efforts to eliminate root causes of health disparities	Number of community-led prevention efforts focused on eliminating root causes of health disparities	0	1	Identify disparities to be addressed	Third quarter, 2014	Data Subcommittee
				Identify and map high need areas that experience health disparities	Fourth quarter, 2014	Community Resource Subcommittee
				Identify businesses, churches, medical groups, etc. who work with disparate groups	Fourth quarter, 2014	Community Resource Subcommittee

Objectives & Activities

Goal Statement:						
Support and expand cross-sector collaboration to enhance access to high quality education, jobs, economic opportunity, and opportunities for healthy lifestyles						
Strategy: Empower members of underserved communities to achieve health equity						
Objective(s)	**Performance Measure**	**Baseline**	**Target**	**Activities**	**Activity Completion Date**	**Lead Partner(s)**
Increase community-led prevention efforts to improve the health of members of underserved communities	Number of community-led prevention efforts focused on improving the health of members of underserved communities	0	2	Identify disparities to be addressed	Third quarter, 2014	Data Subcommittee
				Identify and map high need areas that experience health disparities	Fourth quarter, 2014	Community Resource Subcommittee
				Identify businesses, churches, medical groups, etc. who work with disparate groups	Forth quarter, 2014	Community Resource Subcommittee

Strategic Issue 4: Recommended Policy Change

Adopt local policies that focus on health equity.

Strategic Issue 5: How do we reduce risky behaviors and the stigma associated with behavioral health?

Behavioral Health

Many individuals receiving care for behavioral health conditions also have physical health conditions that require medical attention; likewise, those with physical health conditions might also have behavioral health conditions that require care (Nardone, Snyder, & Paradise, 2014). Integrating these two types of care can have a positive effect on one's overall health. One of the primary barriers to receiving care is the stigma, real and perceived, associated with behavioral health. As a result, many people who would benefit from mental health services opt not to pursue them, or do not fully participate in treatment once they have begun (Corrigan, 2004). Reducing this stigma can lead to more successful treatment of behavioral health conditions.

Risky behaviors, such as excessive alcohol consumption, tobacco use, misuse of prescription drugs, and use of illegal drugs can have a negative impact on health. According to the 2012 National Survey on Drug Use and Health, about 9.3 million Americans between ages 12-20 report current alcohol consumption (Foundation for Advancing Alcohol Responsibly, n.d.). Prescription drug abuse and illicit drug use are significant problems in the United States. In 2012, an estimated 23.9 million Americans aged 12 or older, 9.2% of the population, had used an illicit drug (most commonly marijuana) or abused a psychotherapeutic medication in the past month (National Institute on Drug Abuse, 2014). A reduction in any or all of these risky behaviors can have a profound effect on the behavioral health of Boone County residents.

Goal	Strategies
Increase understanding that behavioral health is essential to overall health	• Develop and implement a media campaign to reduce stigma, educate the public about signs/symptoms, and encourage individuals to seek help • Normalize the utilization of behavioral health screenings
Reduce and prevent hazardous drinking, underage drinking, tobacco use, misuse of prescription drugs, and use of illegal drugs	• Advocate for changes in policy and practices related to alcohol, tobacco, and substance use and abuse

Strategic Issues

Strategic Issue 5: Statement of Need

The importance of behavioral health was evident in our input from the community. In the 2013 Boone County Community Health Survey, drug abuse, mental health, and alcohol abuse where in the top five health conditions or behaviors among adults to have the greatest impact on our overall community health. Among youth, drug abuse was number one and mental health was number five. Focus group participants noted the community's acceptance of excessive alcohol consumption, a high concentration of liquor stores in certain areas, easy access to illegal drugs, and a lack of support for long-term mental health services as community concerns.

The Community Health Status Assessment provided additional information about the need for behavioral health in our community. In 2012, 1,798 Boone County residents received treatment for serious mental illness at publicly-funded facilities. In the 2013 Behavioral Health Profile, the Missouri Department of Mental Health asked students (6th-12th grade) in the county about their mental health. Over 9% had considered suicide in the last year, 7.6% made a plan, and 1.3% actually attempted suicide, resulting in injury. In 2011, Boone county residents had a total of 315 alcohol-related and 253 drug-related hospitalizations. In addition, there were 601 alcohol-related and 494 drug-related ER visits that did not include a hospital stay. In 2012, 1,007 Boone County residents were admitted to substance abuse treatment at publicly-funded facilities. Of this number, 477 had alcohol listed as their primary substance of abuse and 264 listed marijuana. Additional drug and alcohol data is listed in the two charts below.

HOSPITAL AND EMERGENCY ROOM VISITS RELATED TO DRUGS AND ALCOHOL, BOONE COUNTY, 2008-2010

	2008	2009	2010
Alcohol-related hospitalizations and ER visits TOTAL	**1,130**	**1,218**	**1,534**
Emergency room outpatient visits	542	526	641
Direct hospitalizations	292	298	361
Hospitalizations from the ER	296	394	532
Drug-related hospitalizations and ER visits TOTAL	**687**	**791**	**1,188**
Emergency room outpatient visits	274	259	465
Direct hospitalizations	257	245	278
Hospitalizations from the ER	156	287	445

(Status Report on Missouri's Substance Abuse and Mental Health Problems, 2012)

POLICE REPORTS RELATED TO DRUGS AND ALCOHOL, BOONE COUNTY, 2008-2010

	2008	2009	2010
DUI arrests	1,132	1,207	1,639
Liquor law arrests	708	1,035	898
Drug arrests	1,083	1,115	1,135
Methamphetamine lab incidents	1	29	15
Juvenile alcohol offenses	38	26	27
Juvenile drug offenses	66	69	86

(Status Report on Missouri's Substance Abuse and Mental Health Problems, 2012)

Strategic Issue 5: Community Assets and Resources

In 2012, Boone County citizens passed County of Boone Proposition 1, creating a Children's Services Fund which provides services for children and youth nineteen years of age or less in Boone County. This fund can be used for services such as: counseling, family intervention programs, and outpatient chemical dependency, to name a few. Boone County is home to several mental health providers, some of which provide services on a sliding fee scale. The Missouri Psychiatric Center, a 57-bed facility that offers short-term, intensive treatment services for all ages, is located in Columbia.

Strategic Issue 5:
Objectives & Activities

Goal Statement: Increase understanding that behavioral health is essential to overall health						
Strategy: Develop and implement a media campaign to reduce stigma, educate the public about signs/symptoms, and encourage individuals to seek help						
Objective(s)	**Performance Measure**	**Baseline**	**Target**	**Activities**	**Activity Completion Date**	**Lead Partner(s)**
Increase the number of people receiving messages about behavioral health	Number of people receiving local messages about behavioral health	0	25% of Boone County residents	Define the media message	Fourth quarter, 2015	Action Team
	Number of local messages about behavioral health	0	Three new local messages	Work with a media consultant to identify campaign	Second quarter, 2015	Action Team
				Seek funding source for campaign	Ongoing	Action Team
				Define target audience(s) for campaign	Second quarter, 2015	Action Team
				Develop strategic media schedule	Second quarter, 2015	Action Team
				Partner with community member(s) for "stories"	Second quarter, 2015	Action Team
				Define the outcomes for the end of media campaign	Second quarter, 2015	Action Team

Objectives & Activities

Goal Statement: Increase understanding that behavioral health is essential to overall health						
Strategy: Normalize the utilization of behavioral health screenings						
Objective(s)	**Performance Measure**	**Baseline**	**Target**	**Activities**	**Activity Completion Date**	**Lead Partner(s)**
Increase the capacity of non-medical access points to recognize behavioral health symptoms and refer for screening	The number of additional non-medical access points receiving Mental Health First Aid training	0	100	Define non-medical access points to target	Fourth quarter, 2014	Action Team
				Identify champions who could assist with the effort	Fourth quarter, 2014	Action Team
				Increase capacity for and access to Mental Health First Aid training	Fourth quarter, 2014	Action Team
				Identify or develop fact sheets tailored to non-medical providers by sector	First quarter, 2015	Action Team
				Provide ongoing education to non-medical providers on the health and cost benefits of mental health screenings	Second quarter, 2015 - ongoing	To be determined
Increase the number of medical access points that screen their patients for behavior health	Number of additional medical access points that screen patients for behavioral health	0	12	Identify medical provider(s) who could assist with the effort	Fourth quarter, 2014	Action Team
				Assess which medical providers screen for behavioral health	First quarter, 2015	Action Team
				Develop messages	Second quarter, 2015	Action Team
				Message providers	Fourth quarter, 2015	To be determined

Objectives & Activities

Goal Statement:
Reduce and prevent hazardous drinking, underage drinking, tobacco use, misuse of prescription drugs, and all use of illegal drugs

Strategy: Advocate for changes in policy and practices related to alcohol, tobacco, and substance use and abuse

Objective(s)	Performance Measure	Baseline	Target	Activities	Activity Completion Date	Lead Partner(s)
Develop a sustainable coalition to achieve the goal	Coalition developed	0	1	Identify and invite existing coalitions/groups working on the goal	Third quarter, 2014	Action Team
				Identify and invite stakeholders to the coalition	Fourth quarter, 2014	Action Team
				Define mission for the coalition and develop a plan for the group	Fourth quarter, 2014	Action Team
				Gap analysis of populations not served by existing coalitions	First quarter, 2015	Action Team
				Find funding for person to staff the coalition	First quarter, 2015	Action Team
				Research successful coalitions in other communities as best practices	Second quarter, 2015	Action Team

Strategic Issue 5: Recommended Policy Change

Advocating for changes in policy and practices related to alcohol, tobacco, and substance use and abuse are necessary to achieve the goal.

Strategic Issues

Alignment with State and National Priorities

The charts below demonstrate the alignment of the 2014 Columbia/Boone County Community Health Improvement Plan strategies with state and national priorities.

Safe and Healthy Neighborhoods			
How do we prevent crime and promote safe and healthy neighborhoods where people live, work, and play?			
Goal: Strengthen neighborhood relationships and invest in a well-connected infrastructure and public safety			
Alignment with State and National Priorities	**Missouri Health Improvement Plan**	**Healthy People 2020**	**National Prevention Strategy**
Strategy #1 Support neighborhoods through resources, communication, and programs			X
Strategy #2 Advocate for the increased support of a well-connected infrastructure	X	X	X
Strategy #3 Reduce crime by implementing progressive crime prevention and intervention strategies		X	X

Healthy Lifestyles			
How do we create a community and environment which provides access, opportunities, and encouragement for healthy lifestyles?			
Goal: Empower all residents to eat a healthful diet, be physically active, and live tobacco free			
Alignment with State and National Priorities	**Missouri Health Improvement Plan**	**Healthy People 2020**	**National Prevention Strategy**
Strategy #1 Support efforts to adopt and enforce policies leading to tobacco free environments	X	X	X
Strategy #2 Support efforts to reduce tobacco use	X	X	X
Strategy #3 Support programs, environments, and policies to ensure residents can make healthy food choices in their daily lives	X	X	X
Strategy #4 Support programs, environments, and policies to ensure that residents can safely and easily engage in physical activity, both in their daily lives and recreationally	X	X	X

Strategic Issues

Access to Health Care How can we increase access to and utilization of comprehensive health services?			
Goal: Improve our community's capacity to provide comprehensive health services			
Alignment with State and National Priorities	**Missouri Health Improvement Plan**	**Healthy People 2020**	**National Prevention Strategy**
Strategy #1 Empower people to use the medical resources available to them	X	X	X

Disparities How do we address the root causes of health disparities to ensure health equity?			
Goal: Support and expand cross-sector collaboration to enhance access to high quality education, jobs, economic opportunities, and opportunities for healthy lifestyles			
Alignment with State and National Priorities	**Missouri Health Improvement Plan**	**Healthy People 2020**	**National Prevention Strategy**
Strategy #1Mobilize leadership to align policies and resources to achieve health equity			X
Strategy #2 Empower members of underserved communities to achieve health equity		X	X

Behavioral Health How do we reduce risky behaviors and the stigma associated with behavioral health?			
Goal: Increase understanding that behavioral health is essential to overall health			
Alignment with State and National Priorities	**Missouri Health Improvement Plan**	**Healthy People 2020**	**National Prevention Strategy**
Strategy #1.1 Develop and implement a media campaign to reduce stigma, educate the public about signs/ symptoms, and encourage individuals to seek help		X	X
Strategy #1.2 Normalize the utilization of behavioral health screenings		X	X
Goal: Reduce and prevent hazardous drinking, underage drinking, tobacco use, misuse of prescription drugs, and use of illegal drugs			
Strategy #2 Advocate for changes in policy and practices related to alcohol, tobacco, and substance use and abuse	X		X

Summary

This Community Health Improvement Plan is the product of 18 months of collaboration with our local public health partners and the community we serve. The action plans outlined in this document are only the beginning stages to improving the health of our community. The health of our community is ever changing, as are the priorities of our residents. In response to the changing needs of our community, the action plans will be updated as needed to meet current needs and trends. We will produce an annual report, beginning in 2015, to share any successes or challenges we have encountered. Community engagement is the most critical component of the MAPP process. We will make this Community Health Improvement Plan available to the general public electronically and provide hard copies for public use to libraries in Boone County. We are thankful to our Boone County residents and local public health partners who shared their time by attending a Picturing Our Future visioning session, a focus group, the community forum, a stakeholder interview, or completing the Boone County Community Health Survey. If you or your organization would like to become involved, please contact the Columbia/Boone County Department of Public Health and Human Services. We look forward to working with you.

Public Health
Prevent. Promote. Protect.
Columbia/Boone County Department of
Public Health and Human Services

This document was prepared by:
Sarah Rainey - Epi, Planning and Evaluation Supervisor
Rebecca Roesslet, MPH - Senior Planner
Jason Wilcox, MPH - Senior Planner

Columbia/Boone County Department of Public Health and Human Services
health@gocolumbiamo.com | www.gocolumbiamo.com/Health | 573-874-7355
www.facebook.com/CoMoHealthDept | Twitter @CoMo_HealthDept

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Phase Five:
Formulating Goals and Strategies

Seeking a vibrant, diverse, and caring community in which all individuals can achieve their optimum physical, mental, cultural, social, spiritual, and economic health.

Public Health
Prevent. Promote. Protect.

**Columbia/Boone County
Public Health & Human Services**

Executive Summary

Formulating goals and strategies is the fifth phase of the MAPP process. During this phase, the community and the local public health system partners formed goal statements related to each of the five strategic issues and identified strategies for achieving each goal. Phase Five was conducted between November 2013 and March 2014, during which time stakeholders were interviewed, a community forum was hosted, and work groups formed for each of the five strategic issues. Work group members presented the preliminary goals and strategies to CHAMP in March 2014. CHAMP provided suggested edits, which were reviewed by the work groups. Phase Five work groups became Phase Six Action Teams. Within the work of the Action Teams, goals and strategies were further refined. This document explains the process used to formulate the goals and strategies.

Process

Phase Five began at the November 2013 CHAMP meeting. Members of the Steering Committee presented each of the five strategic issues to the group, along with the supporting data. Engaging the community is a fundamental component of the MAPP process. In preparation for formulating goals and strategies, the Steering Committee interviewed community stakeholders to find out what work is currently underway, what resources might be available, and what potential barriers might exist for each of the strategic issues. Following the presentations, CHAMP members were asked to identify community stakeholders for each strategic issue. Stakeholders were defined as members of the community who are subject matter experts or closely involved with a particular strategic issue. Stakeholder contact information was collected at the meeting's conclusion. Members of CHAMP volunteered to conduct the interviews and/or participate on a strategic issue work group.

Steering Committee members reviewed the comprehensive list of suggested stakeholders. The stakeholder list was reduced to 35 persons using the following criteria: voice has been under-represented by the process to this point; including this person validates the process; this person is able to give quality answers to the questions; Northern and Southern Boone County are represented; this person is a decision maker; this person is in a position to dedicate resources to the issue, either with staff, programs, or financial support. Members of the Steering Committee matched stakeholders with CHAMP members who agreed to conduct the interviews.

Interviewer training was provided by an external contractor. The process for conducting the interviews was outlined (appendix). CHAMP members had four weeks to complete the stakeholder interviews. Stakeholders were provided packets of information containing the fact sheets from the four assessments, an overview of the MAPP process, a list of CHAMP members, and an invitation to the community forum (appendix). The fact sheets provided each stakeholder with data collected in the Community Health Assessment. Stakeholders were invited to join CHAMP and/or a working group as appropriate. Each stakeholder was asked five questions about one or more strategic issue:
- What current work is focused on the issue, if any?
- What resources are currently available to address the issue, if any?
- Who in the community would support work on the issue?
- What potential barriers are there to addressing the issue?
- What are your initial thoughts about goals or strategies that may be developed around this strategic issue?

Process

Twenty-five stakeholders were successfully interviewed during this time frame. In order to provide some anonymity, stakeholder responses were not connected to the stakeholder by name. A comprehensive list of stakeholders was collected (appendix), as opposed to identifying the stakeholder by their responses. Stakeholder interview results were compiled and shared with the strategic issue work groups (appendix).

At the December 2013 Steering Committee meeting, members reviewed the results from the stakeholder interviews. Work group membership was discussed and additional members suggested. The plan for Phase Five was reviewed and approved. Committee members were encouraged to recruit attendees for the Community Forum in January.

In an effort to further engage our community in the process, we hosted a community forum in January 2014. The goal of the forum was to share the five strategic issues, along with the data from the four assessments, which led to the development of the issues. Strategic issues were posted on presentation boards. Members of the CHAMP group were stationed throughout the room to answer questions about the MAPP process. To encourage feedback, each participant was given comment cards, one for each strategic issue, with the following questions:
- In your opinion, what resources are currently available to address the issues, if any?
- In your opinion, what could stop us from achieving this strategic issue?

More than 100 community members attended the forum. Comment cards were collected as the participants exited the forum. A comprehensive list of attendee comments are included in the Appendix.

The stakeholder interviews and the community forum feedback provided opportunities to identify issues and themes relevant to the strategic issues, and the community process as a whole. The responses assisted in the identification of community assets and resources as well as potential barriers.

The five strategic issue work groups convened in January 2014. Meeting facilitation was provided by the external contractor, ensuring a consistent output from each work group and adding a layer of neutrality to the process. Data from the Community Health Assessment: Phases One through Four, were assembled into a usable format for the work groups (appendix). The data from Forces of Change, Community Themes and Strengths, and the Community Health Status Assessment served as a reference to the work groups when developing goals and strategies.

Strategic issue work groups held three meetings from January to March 2014. The primary objectives for the work groups were to formulate goal statement(s) for the group's strategic issue and identify strategies for achieving each goal statement. At the initial meeting, the group reviewed the roles and responsibilities of the work groups and reviewed the process for Phase Five. The results of the stakeholder interviews were shared. Group members identified the highlights from the stakeholder interviews. The strategic issue work group members are stakeholders as well, and as such they were encouraged to add any additional information to the results. Work group leadership was addressed by identifying a chair for each group. Work groups that convened in early January spent time identifying community members to personally invite to the community forum.

In the second meeting, work groups reviewed the data collected in the Community Health Assessment

Process

and the input received during the community forum. Additional themes from the community forum and stakeholder interviews were identified. Possible goals were identified. The work groups completed a brainstorming exercise, answering "What changes or outcomes would we see in this area if we achieved our vision?" This exercise led to the drafting of data-driven goal statements.

In the third and final meeting, members reviewed goal statements from all five strategic issue work groups and offered feedback to be shared. Work group members referenced the stakeholder interviews and community forum attendee comments for potential strategies. Strategies were drafted following a brainstorming session. Each of the strategies were analyzed for feasibility using the Propriety, Economics, Acceptability, Resources, and Legality (PEARL) test (appendix), and potential barriers to be mindful of were discussed.

Results

Goal statements and strategies were in draft form at the conclusion of Phase Five. These draft goals and strategies were further refined by the Action Teams in Phase Six.

Safe and Healthy Neighborhoods

Goal Statement: Strengthen neighborhood relationships, invest in infrastructure and public services, and promote safe, affordable, and healthy housing for all

Strategies:
- Increase support to neighborhoods through resources, communication, and programs
- Educate policy makers and the community on the impacts of a well-connected infrastructure
- Advocate for increased funding for infrastructure and public services
- Develop a partnership to offer landlord training, homeowner and tenant education, and to improve health, safety, and efficiency of all homes

Results

Healthy Lifestyles

Goal Statement: Empower residents to eat a healthful diet, to be physically active, and to live tobacco-free

Strategies:
- Increase access to fruits and vegetables by supporting local farmers, farmers markets, community gardens, home gardens, and school gardens
- Educate and support residents in adopting and maintaining healthy eating habits throughout their lifespan
- Develop, promote, and support the implementation of active living, healthy food, and breastfeeding policies in churches, schools, worksites, public places, and events
- Adopt shared practices that incorporate health into decision-making across sectors and policy areas
- Develop and implement policies to ensure that all residents can safely and easily engage in physical activity, both in their daily lives and recreationally
- Encourage all school districts to adopt comprehensive tobacco-free policies
- Review and update smoke-free workplace tobacco policies
- Support organizations in providing tobacco-related cessation programs
- Maximize local authority to limit marketing, advertising, and selling of tobacco products

Access to Health Care

Goal Statement: Improve public knowledge about available health insurance and other health resources

Strategies:
- Partner with public/private agencies whose mission is to educate consumers
- Provide education and materials to consumers through health providers and non-traditional channels

Goal Statement: Improve coordination of services and support a health system that is easy to navigate

Strategies:
- Develop a centralized system to provide health resource information and referral to available services
- Provide education to health care providers regarding barriers in access to services
- Establish a patient advocate network

Goal Statement: Support and enhance our community's capacity to provide safety net services

Strategies:
- Expand patient care capacity of the Federally Qualified Health Center (FQHC)
- Increase utilization of available transportation services

Results

Disparities

Goal Statement: Empower members of underserved communities to choose and achieve their optimal health

Strategies:
- Facilitate community-based actions by fostering and partnering with champions who educate their community
- Empower groups and individuals to choose health goals and forge their own path to achieve those goals
- Identify people-centered, trust-based leaders that are currently within the communities and help them develop relationships to obtain optimal health for those who are most underserved

Goal Statement: Strengthen the way the education, economic, and health systems work together to improve the health of underserved communities

Strategies:
- Raise awareness of disparities with a focus on community leaders
- Develop a health equity leadership coalition to develop framework for improvements in multiple sectors: common goals, shared accountability, data collection/common metrics, awareness/ education, policy (health in all policies)
- Implement and monitor health action plans established by health equity coalition

Behavioral Health

Goal Statement: Increase understanding that mental, emotional, and behavioral health are essential to overall health

Strategies:
- Encourage the integration of substance use, behavioral health, and physical health services
- Advocate for policy to include behavioral health curriculum in schools
- Develop and implement a media campaign to reduce stigma, educate the public about signs/ symptoms, and encourage individuals to seek help

Goal Statement: Reduce and prevent hazardous drinking, underage drinking, tobacco use, misuse of prescription drugs, and use of illegal drugs

Strategies:
- Advocate for changes in policy and practices related to alcohol, tobacco, and substance use and abuse
- Implement maternal depression screenings in WIC
- Identify and encourage collaboration among community entities working on alcohol and substance abuse prevention

Dissemination of Phase Five Results

Each of the five work groups shared their goals and strategies at the March 2014 CHAMP meeting. After each work group presentation, CHAMP members were asked to consider these questions:
- Does the goal(s) answer the strategic question?
- Do the strategies pass the PEARL test?
- Are the goals and strategies leading us towards the vision?

Group discussion followed the questions. CHAMP members suggested edits to the goals and strategies presented.

Limitations

There were several challenges to completing the stakeholder interviews. A considerable amount of Steering Committee time was spent narrowing the suggested list of stakeholders to a manageable size. Group members were unable to contact everyone who was recommended as a stakeholder. The length of time to complete the interviews was very limited and during a holiday season. We were unsuccessful in finding adequate county representation and minority representation in our stakeholders list. Stakeholder information packets were provided to them at the time of their interview. Mailing the packets in advance of the interview would have given the stakeholder an opportunity to review the data and MAPP process in advance, allowing for more engaging conversation.

The community forum was held during January, a time when our three college campuses were on winter break. This limited young adult participation at the forum. Forum attendees were asked to sign in with their name and email address. We did not ask their location of residency and are, therefore, unable to determine if our county residents were represented. The feedback received required 20 hours of staff time to compile. Future events will necessitate a more efficient way to capture feedback, such as video interview or electronic vote.

The time frame for Phase Five was limited to three months. The work groups had many data sources to be mindful of in their work: data from the Community Health Assessment, stakeholder interviews, and community forum feedback. This proved to be challenging as some groups needed more time to review the data and identify a goal statement. CHAMP members expressed an interest in having more time to discuss the goals and strategies as a group as opposed to making suggested edits and sending the work back to the work groups for final revisions.

Evaluation

Phase Five was evaluated with an online survey of work group members. Survey questions focused on the process used to identify the goals and strategies. Evaluation results were shared with the MAPP Core Team for planning purposes.

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Appendices

MAPP Stakeholder Interview Process

Stakeholder Interview Objectives

- Increase buy-in to strategic issues and CHIP
- Increase turnout for January Community Forum
- Recruit CHAMP members knowledgeable about strategic issues
- Gather planning intelligence from subject matter experts
- Determine level of interest in involvement with MAPP process moving forward

Stakeholder Interview Dates, Deadlines, and Details

- Interview teams comprised of a CHAMP member and a Steering Committee member
- Stakeholder interviews to occur: November 21 – December 13, 2013
- Rebecca will be sending you the link to a Google doc to track interviews. Please add in details once your interview is scheduled.
- Meetings should be held in person if possible.
- Post-Meeting Follow-up:
  - Thank you note will be sent by Rebecca. (You may also send a personal thank you note.)
  - Meeting summary should be provided to Rebecca no later than three days after your interview.
  - Please use the template we have provided. It is preferred that you type your meeting summary and send to Rebecca for efficiency.
- Community Meeting: January 14, 2014 – 5:00-7:00 pm

Basic Outline of Interview with Stakeholder

1. If s/he is unfamiliar with MAPP, provide overview of process (including purpose)
2. Introduce strategic issues (ground them in assessment data)
3. Ask five questions about the strategic issue
   - What current work is focused on the issue, if any?
   - What resources are currently available to address the issue, if any?
   - Who in the community would support work on the issue?
   - What potential barriers are there to addressing the issue?
   - What are your initial thoughts about goals or strategies that may be developed around this strategic issue?
4. Extend invitation to January Community Meeting and ask if they would be willing to help us spread the word through their organization/contacts
5. Ask them if they'd like any additional information about MAPP
6. Ask if they would like to be involved in the MAPP Action Cycle/Process moving forward.
7. Gauge their level of interest and if they seem interested, can ask them to join CHAMP (We have provided you a summary of CHAMP roles/responsibilities as well as Strategic Issues Working Groups roles/responsibilities.)
8. Thank them for their time

FORCES OF CHANGE ASSESSMENT

PROCESS

The purpose of the Forces of Change assessment is to identify the trends, factors and events that are likely to influence community health and quality of life, or impact the work of the local public health system in Boone County.

In June of 2013, thirty-one members of the Community Health Assessment and Mobilization Partners (CHAMP) committee convened to conduct the Forces of Change assessment. Members included representatives of the local public health system.

The CHAMP team members used SWOT analysis to develop a more comprehensive picture of Boone County in addition to identifying the forces of change. SWOT analysis is a planning tool which identified the strengths, weaknesses, opportunities, and threats to the health of Boone County. The assessment was designed with a Forces of Change brainstorming session followed by a SWOT exercise. The Forces of Change brainstorming session focused on the following questions:

- What has occurred recently that may affect our local public health system or the health of our community?
- Are there trends occurring that will have an impact? Describe.
- What forces are occurring locally? Regionally? Nationally? Globally?
- What may occur in the foreseeable future that may affect our public health system or the health of our community?

Participants were placed in six groups and discussed the above questions. Answers were gathered, recorded within each group and then categorized into opportunities or threats. The strengths and weaknesses were identified using a large group process. The following prompts were provided:

- What does our public health system do well that helps us to positively influence the health of our community?
- Where must our public health system improve in order to more positively influence the health of our community?

RESULTS

Following the CHAMP meeting, the strengths, weaknesses, opportunities and threats were categorized into general themes. The Core team members reviewed all the forces of change and identified forces which were particularly significant in Boone County. These forces were mentioned many times from different groups throughout the assessment:

- Affordable Care Act
- Crime and Safety
- Disparities in achievement, earnings, and health
- Drug use and disposal
- Extensive health care services
- Funding
- Housing availability and development
- Increase in aging population and new retirees
- Medicaid Expansion
- Rising number of students
- Social Media
- Transportation

ACKNOWLEDGEMENTS

Subcommittee Members: Michelle Riefe, Emma Hosman and Alexis Wilbers- Columbia/Boone County Public Health and Human Services

Additional thanks to everyone who participated in the assessment.

August 2013

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

PROCESS

- The Local Public Health System Assessment helps to answer questions such as, "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the 10 Essential Services being provided in our system?"

- To complete this assessment, a subcommittee was formed. Subcommittee members assigned CHAMP members, staff from the Columbia/Boone County Department of Public Health and Human Services (CBCDPHHS), and community members to each of the 10 Essential Services that they or their organization best represented. The subcommittee chose to combine similar essential services and their respective participants. Therefore, each group of participants would participate in answering the standards of one or two essential services.

- The process to complete the 10 sections of the assessment consisted of two meetings on two days in which the larger group initially met for an introductory session, then broke into separate small groups to address two Essential Services per group (except for Essential Services 7 and 10). A total of 44 individuals participated in the assessment: 23 on day 1 and 21 on day 2. Each Essential Service took approximately two hours to complete.

- Sectors represented at the LPHSA:
    - The local governmental public health agency
    - The local governing entity
    - Other governmental entities
    - Neighborhood Organizations
    - Hospitals
    - Primary care clinics and physicians
    - Educational Institutions
    - Public safety and emergency response organizations
    - Environmental and occupational organizations
    - Home health care

- When asked what participants liked best about the assessment, responses included:

"Interesting to meet with other participants and hear about their experience and expertise."

"A great way to quickly gather data."

"Learning more about public health and everything it's involved in."

"Networking with public health professionals."

"Good interaction and discussion with community partners."

"Great sharing of perspectives from people involved in diverse areas of our community."

"I learned about the strengths and weaknesses of our local public health system."

RESULTS

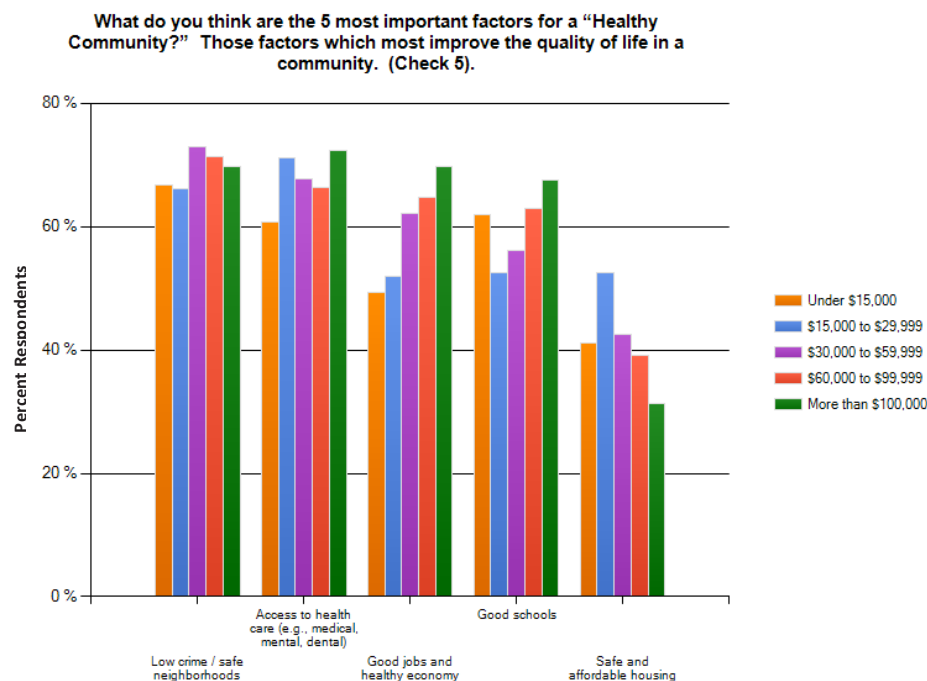| A summary of assessment response options:	
Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Summary of Average Essential Service Performance Score

ACKNOWLEDGEMENTS

August 2013

COMMUNITY THEMES & STRENGTHS ASSESSMENT

PROCESS

The Community Themes and Strengths Assessment is a vital part of our community health improvement process. During this phase, community thoughts, opinions, concerns and solutions are gathered. Feedback about the quality of life in our community and community assets are also gathered. The result of this phase is a strong understanding of community concerns, perceptions about quality of life, and a map of community assets. Community input was gathered by holding focus groups as well as developing and distributing a community survey. A representative sample of Boone County was targeted for input in both measures.

RESULTS

COMMUNITY HEALTH SURVEY: The Community Health Survey was distributed during the month of June with 1,653 surveys completed. Five survey questions were developed by the Community Themes and Strengths subcommittee. Results are as follows:

What do you think are the five most important factors for a "Healthy Community?"		Among adults, which five health conditions or behaviors have the greatest impact on overall community health?		Among youth (age 0-18), which five health conditions or behaviors have the greatest impact on overall community health?	
Low crime/safe neighborhood	70.5%	Obesity	43.6%	Drug abuse	39.6%
Access to health care	66.7%	Drug abuse	42.4%	Bullying	36.3%
Good schools	60.3%	Mental health	42.4%	Dropping out HS	35.0%
Good jobs/healthy economy	60.3%	Alcohol abuse	36.1%	Obesity	35.0%
Safe and affordable housing	39.9%	Poor eating habits/choices	29.6%	Mental health	34.4%

What do you think are the 5 most important factors for a "Healthy Community?" Those factors which most improve the quality of life in a community. (Check 5).

The top five most important factors for a healthy community were consistent among all household incomes.

Additionally, when asked to rate their satisfaction with the health of adults in Boone County, 34.3% of respondents said either satisfied or very satisfied while 21.9% were either dissatisfied or very dissatisfied. The remaining 43.8% were neutral.

When asked about the health of Boone County youth (age 0-18), 28% were either satisfied or very satisfied, while 27.1% were either dissatisfied or very dissatisfied. The remaining 44.9% were neutral.

COMMUNITY FOCUS GROUPS: CHAMP members facilitated eight focus groups, which were held between June 24th and July 17th. Focus groups were planned around geographic boundaries: Northern Boone, Southern Boone and the six City of Columbia Wards. A total of 72 Boone county residents participated in focus groups. Three questions were developed by the MAPP Core + team and asked at each focus group. Results are as follows:

When thinking about health, what are the greatest strengths in our community?	What are the most important health related issues in our community?	What would help us achieve optimum physical, mental, cultural, social, spiritual, and economic health?
Health Care: many medical providers, hospitals, clinics, options for un-insured; **Community**: people care for one another, friendly, involved; **Food and Nutrition**: community gardens, farmers markets, "Buddy Packs"; **Infrastructure**: walk-able/bike-able community	**Public Safety**: bicyclist safety, increasing violence, gun violence, unsafe driving habits; **Substance Use**: excessive alcohol consumption, youth drug use; **Vulnerable Populations**: aging population, homeless, veterans, disabled; **Economy**: increasing unemployment for minorities, high cost of living, "fast cash" stores, growing poverty, reduction in funding for programs	**Community**: More engaged community, community-based events, get to know your neighbor, revitalize neighborhood associations; **Economy**: More economic opportunities, living wage jobs, funding to address issues, financial education

Each focus group had concerns specific to their geographic area:	
Ward 1	fewer "fast cash" and liquor stores, better food from supplemental programs
Ward 2	jobs that don't require advanced degree, nutrition information in restaurants
Ward 3	a sidewalk for wheelchairs, a neighborhood park
Ward 4	policies to influence health and healthy behavior, focus efforts on young children
Ward 5	healthy and local food mobiles, funding distribution tied to best practices/research
Ward 6	changes to policy and the built environment, more tax initiatives for vulnerable populations/services
Northern Boone	storm shelter in Harrisburg, improved GPS for ambulance response
Southern Boone	a recreation center in Ashland, a method for sharing community information

CONCLUSION

The Community Themes and Strengths assessment gives our community members a voice in this process. Focus group responses highlight an upstream approach to community health, with an emphasis on health care, nutrition, public safety and a strong community while the survey responses highlight the downstream impacts of poor health, such as obesity, mental health, and substance use. The information gathered during the community themes and strengths assessment will be used in conjunction with the other assessments to identify our strategic issues and reach our community vision of optimum physical, mental, cultural, social, spiritual and economic health.

ACKNOWLEDGEMENTS

Subcommittee Members: Leigh Britt- City of Columbia, Jessica Macy- Boone County Council on Aging, Sarah Klaassen- Central Missouri Community Action, Jackie Herzberg- MedZOU, Barbara Buffaloe- City of Columbia, Rev. Carmen G. Williams- Russell Chapel Christian Methodist Episcopal Church, Eduardo Crespi- Centro Latino de Salud, Ryan Worley- YC2, Rebecca Roesslet- Columbia/Boone County Public Health and Human Services, Jenny Grabner- Southern Boone Learning Garden, Steve Kuntz- Mid-Missouri Legal Services, Scott Olsen- Boone County Fire Protection District, Valorie Livingston- Boys and Girls Club, Nick Foster- Voluntary Action Center, Brittney Vigna- YC2 and Kelsey Lammy- YC2

Additional thanks to everyone who participated in the focus groups and completed the survey.

COMMUNITY HEALTH STATUS ASSESSMENT

PROCESS

The Community Health Status Assessment (CHSA) subcommittee was formed to answer the question of "How healthy are our residents?" and "What does the health status of our community look like?" The group focused on the identifying and analyzing key issues from a broad set of core indicators. Due to the short time frame and the voluntary efforts of the subcommittee, data from existing sources was used when appropriate. The subcommittee was careful to only select and approve data from credible sources.

COMMUNITY CHARACTARISTICS

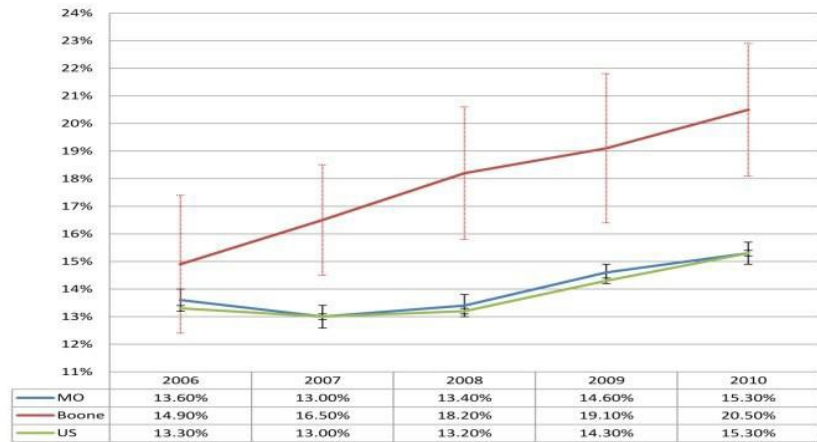| **Disparities in Boone County:**	With a population of 162,642, Boone County is the 7th most populous county in Missouri and enjoys a fairly young population, with a median age of 29.7, compared to Missouri's 37.9.
✓ 17.76% of children under 18 live in poverty	*Growth* • Boone County saw a 20.07% increase in population between the 2000 census and 2010 census • The 18-24 age group is the fastest-growing age group • The over-65 age group saw a slight increase (0.7%) from the 2000 census to 2010 census

Racial and ethnic groups are disproportionately affected by poverty.
 	
✓ 38.8% of AA/Black live in poverty
 	
✓ 27.3% of Hispanic live in poverty
 	
✓ 16.3% of White live in poverty
	Aging
	• Columbia was ranked 4th Best Small City to Age In according to the 2010 Milken Institutes' *Best Cities for Successful Aging*
	• Boone County has the 4th longest life expectancy in Missouri
	• Boone County seniors, age 65-69, tend to be more active in the labor force than those of the same age in Missouri and the U.S.
	• In 2010, approximately 2,428 (16%) of Boone County seniors (65 and over) relied on friends, family or public transit for their transportation needs
	
	Diversity
	• Boone County (2010 Census)
	  o 82.5% White
	  o 8.9% AA/Black
	  o 8.6% Other races
	    ▪ 79% of Columbia's population is White
	    ▪ Other Boone County communities range from 91.2-96.8% White
	• 6.1% in Boone County are foreign born compared to the Missouri rate of 3.8%
	• 3% of the population are Hispanic
	• 2.1% of the Boone County residents are linguistically isolated, meaning no one over the age of 14 within the household speak English. (Missouri rate 1.33% and U.S. rate is 5%)

Disparities in Boone County:

✓ 9.5% of families live in poverty

✓ 35.6% of Boone County children are eligible for free/reduced lunch

✓ Between 2006-2010, Median household income for Black-only families is almost 53% less than White-only families

✓ 53.5% of renters in Boone County are cost burdened

✓ 13.6% of homeowners with mortgages are cost burdened

✓ Median annual housing costs have risen 12.2% in Boone County from 2005-2011

✓ The number of individuals on the waiting list for Section 8 Public Housing increased 21.5% from 2010 to 2012

✓ The number of WIC participants increased almost 10% between 2008 and 2010

Poverty
- The poverty rate for Boone County in 2010 was 20.5% (American Community Survey 1 year estimate)
- The poverty trend line for Boone County sits well above the almost identical U.S. and Missouri poverty rates

	2006	2007	2008	2009	2010
MO	13.60%	13.00%	13.40%	14.60%	15.30%
Boone	14.90%	16.50%	18.20%	19.10%	20.50%
US	13.30%	13.00%	13.20%	14.30%	15.30%

Source: American Community Survey's one-year estimates

Income/Poverty
While the median income in Boone County is slightly above the Missouri median income, it remains below the U.S. median income.
- 2011 median household income in Boone County was $46,596
- White-only median household income $49,856/year between 2006 and 2010
- Black-only median household income $26,402/year between 2006 and 2010
- 12.8% of Boone County residents receive SNAP benefits, which is lower than both Missouri and U.S.

Housing
- Boone County housing costs have risen 12.2 % from 2005-2011, but remain lower than average compared to Missouri and the U.S.
- Boone County consistently has more cost burdened renters (those who spend 30% or more of their income on renting costs) than the state or the nation. This may be explained by the student sub-population along with the increase in the poverty level and unemployment rates

Homeless
- Homeless counts between July 2008 and July 2012 revealed 48% more homeless individuals in Boone County, compared to the state increase of 22%
- The largest sub-populations of homeless in Boone County are Veterans and the severely mentally ill
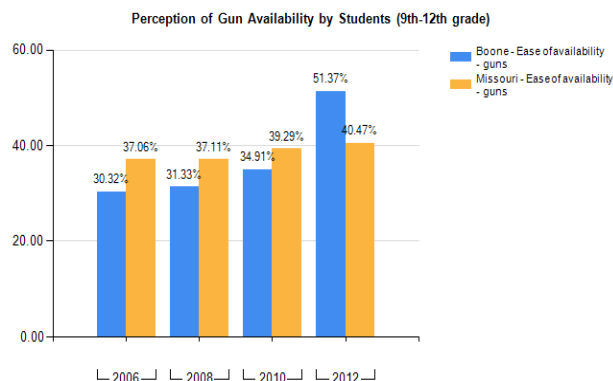
Disparities in Boone County:

✓ From 2005 to 2010, the unemployment rate in Boone County nearly doubled, reflecting the nationwide impact of the Recession, but have recently decreased

✓ While unemployment numbers are improving, they still represent a strong demand for the county's social services

✓ Although unemployment statistics on gender, age and ethnicity are not collected at the county level, Black/African Americans, Latinos, and youth and adults with less than a high school diploma were more likely to be unemployed in 2011

✓ A Hispanic or AA/Black is 3 times more likely to not have graduated from high school compared to a white individual

✓ From 2006 to 2012, 338 individuals have been turned away from True North, the Domestic Violence Shelter, due to lack of overnight beds

✓ In 2010, True North turned away 202 women and children due to full shelter

Employment and Education
- April 2013 unemployment rates:
  o Columbia – 4.2%
  o Boone County – 4.4%
  o Missouri – 6.6%
- The overall graduation rate in 2012 for Boone County schools was 91.5%. This is above the Missouri 2012 rate of 88.2%
  o Centralia 95.3%
  o Harrisburg 94.7%
  o Sturgeon 93.5%
  o Southern Boone 90.4%
  o Hallsville 88.8%
  o Columbia 86.5%
  o Missouri 88.2%
- 52% of Boone County residents 25 years and older have an Associate's Degree or higher (Mo rate 32%, U.S. Rate 36%)
- 7.61% of the population age 25+ have no high school diploma

Quality of Life
- According to the FBI's Uniform Crime Report (UCR),Boone County has traditionally had low crime rates, especially for violent crimes
- Between 2005 and 2011 the number of domestic violence incidents rose from 95.2 to 103.96 per 10,000
- Since 2001, there have been no domestic violence related fatalities in Boone County
- Of the reported domestic violence incidences reported, the victims are usually female, White, and between 18-40 years old
- Since 2006, there have been 25 shelter beds at the True North Domestic Violence Shelter, the primary shelter for this county
- True North serves multiple counties
- Between 2006 and 2012, high schooler's perception of gun access as "easy" or "somewhat easy to obtain" increased by 21.05% in Boone County. Missouri saw just a 3.41% increase during this same time period

Perception of Gun Availability by Students (9th-12th grade)

COMMUNITY HEALTHCARE AND RESOURCES

Disparities in Boone County:

✓ Low income population in Boone county are classified by HRSA (Health Resources and Services Administration) in July 2013 as having a shortage of access to health professionals

✓ While Boone County has a high rate of providers per population, it is unknown how many accept MO HealthNet

✓ 14% of residents in Boone County are uninsured

✓ Very few clinics offer a no-fee or reduced fee health service, making it difficult for those without any insurance or resources to access health care

✓ Only 7 of the 21 LTC/ALF facilities in Boone County have Alzheimer's Units

Boone County is rich in health care resources, including the number of hospitals and providers. This provides many jobs and contributes to the lower unemployment rate for the county.

Hospitals
- Boone County is home to 5 hospitals with 1100 acute care beds and 226 intensive care beds
- The medical and hospital services in Boone County are utilized by the entire Mid-Missouri population
- Boone County is home to the only Level 1 trauma center in Mid-Missouri, and a technologically advanced Newborn ICU

Resources
- Boone County is home to multiple clinics, providers, one Federal Qualified Health Center, and one volunteer clinic serving only indigent population
- There are 172 primary care providers in Boone County.
  o The ratio of population to providers is 949:1
  o The Missouri ratio is 1495:1
- While several providers accept MO HealthNet, the overall participation may be inadequate to meet growing demand

Health Insurance Coverage
- Residents of Boone County are slightly more likely to have health insurance than Missouri residents
- In 2013, there were 19,518 Boone County residents eligible for MO HealthNet
- The largest percentage of eligible residents was in the 5-14 age group

Long-Term Care (LTC) & Assisted Living Facilities (ALF)
- Boone County has 21 LTC and ALF facilities with a total of 1493 beds
- LTC & ALF occupancy rates are relatively high

COMMUNICABLE DISEASE

Disparities in Boone County:

✓ Boone County ranks 3rd in Missouri for Chlamydia rates

✓ Boone County ranks 10th in Missouri for Gonorrhea rates

✓ Chlamydia rates for AA/Black residents are at least seven times higher than for White residents

✓ In Boone County, the chlamydia rate for a female is twice as high as for a male

Although communicable disease rates, for the most part, are similar to or lower than state and national rates, they remain a significant cause of illness and disability. In some cases, as with tuberculosis, a single case may represent many hours of investigation and case management.

Tuberculosis (TB)
- Approximately 75% of TB cases reported in Boone County between 2008 and 2012 have been individuals born in another country
- The TB incidence rate has remained relatively stable for the last several years, with some years slightly above the state rate, and others slightly below

Sexually Transmitted Diseases
- In 2012, there were 1106 cases of Chlamydia and 207 cases of Gonorrhea reported in Boone County
- Based on 2011 Boone County population estimates, this means 667.8/100,000 have been diagnosed with Chlamydia and 125.0/100,000 with Gonorrhea
- By gender:
  o Chlamydia –
    ▪ 750 female cases reported
    ▪ 356 male cases reported
  o Gonorrhea –
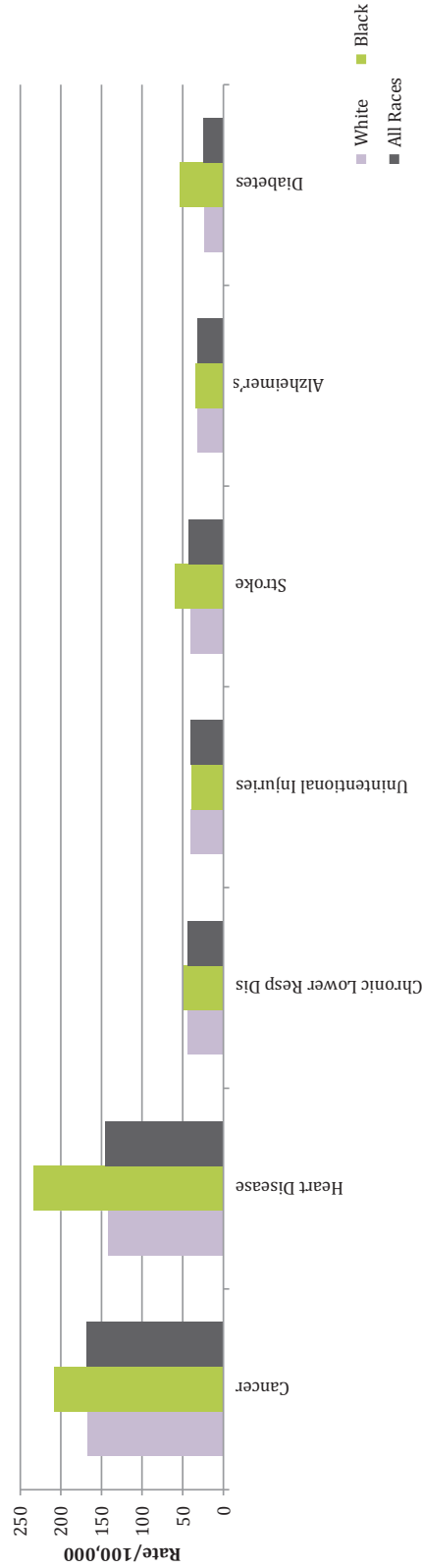   ▪ 127 female cases reported
    ▪ 80 male cases reported

CAUSES OF DEATH AND CHRONIC DISEASE

The Leading Causes of Death in the Boone County: All Races, Rate per 100,000 (2010, 2011)

# 1 CANCER	# 2 HEART DISEASE	# 3 CHRONIC LOWER RESPIRATORY	# 4 STROKE	# 5 UNINTENTIONAL INJURY	# 6 ALZHEIMER'S	# 7 DIABETES

- Physical Activity and Tobacco Use are preventable factors in 4 of the 5 leading causes of death in Boone County
- Poor Nutrition and Obesity are preventable factors in 3 of the 5 leading causes of death in Boone County

Top 7 Causes of Death in Boone County
By Race 2010-2011
Rates/100,000

Rate/100,000

Cancer, Heart Disease, Chronic Lower Resp Dis, Unintentional Injuries, Stroke, Alzheimer's, Diabetes

White, Black, All Races

Chronic Lower Respiratory Disease refers to a group of diseases that cause breathing-related problems and airflow blockage that is not fully reversible. It includes emphysema, chronic bronchitis, and in some cases asthma.

CAUSES OF DEATH AND CHRONIC DISEASE (*continued*)

Disparities in Boone County:	Risk Factors for Premature Death and Chronic Disease in Boone County

✓ The death rate for AA/Blacks is almost twice as high as Whites for heart disease and stroke, and even greater for diabetes
 	
✓ 2011 Years of Life Lost
   ○ White = 5035
      ○ AA/Black = 8704
	• 21% report no leisure time physical activity
	• 28% obesity
	• 20.7% of adults smoke
	• 27.7% have high blood pressure
	• 45.1% of adults > 35 have elevated cholesterol
	• 7.5% diagnosed with diabetes
	• 86.8% eat less than 5 fruits and vegetables a day

NUTRITION, FOOD AND PHYSICAL ACTIVITY

Disparities in Boone County:	
✓ In Boone County in 2011, 4.35% of total household expenditures were for fruit/vegetable consumption versus 5.22% for soda consumption	Diet and Exercise barriers may increase risk for diabetes, high blood pressure and elevated cholesterol. ***Food and Nutrition*** • 12.3% of households were food uncertain in 2010 • 19.1% of households with children were food uncertain in 2010 • 4.6 % of food uncertain with hunger in 2010 • 77.6% have inadequate fruit/vegetable consumption (2005-2009 BRFSS) • Boone County hosts at least 5 Farmer's Markets • SNAP benefits are doubled at one of Columbia Farmer's Market • In 2011, 81.5% strongly agree or agree that it is easy to purchase healthy food in their neighborhood • 12% report being low income and not living close to a grocery store • 110 children are fed daily during the summer at Douglass Park with the Lunch In The Park program ***Physical Activity*** • 58.1% of Boone County residents use walking trails and parks • 59.1% have sidewalks in their neighborhood • 81.9% consider their neighborhood to be safe • With Columbia's 3040 city-owned acres of parks and green space and 50.03 miles of trails, the ratio of developed open space/1000 is above The National Park Association's recommendation

MATERNAL AND CHILD HEALTH

Disparities in Boone County:

✓ The AA/Black low birth rate for Boone County, 2009-2010, is over double the White rate (14.0 versus 6.8)

✓ For 2008-2010, the AA/Black very low birth rate of 2.7 per 100 live births is over double the White rate of 1.2

✓ More Whites than AA/Blacks receive prenatal care in the first trimester in Boone County

✓ Infant mortality rates for whites are below the Missouri rate, but the rates for black infants are above the Missouri rate

Babies born weighing less than 5 pounds, 8 ounces are considered low birth weight (LBW). Babies considered very low birth rate (VLBW) are born weighing less than 3 pounds, 4 ounces. Both LBW and VLBW pose serious health risks to newborns and can lead to long-term disabilities. The health care costs for these children are high.

Low Birth Weight and Very Low Birth Weight in Boone County:
- The low birth rate for Boone County in 2008-2010 is 8.1 per 100 live births
- The 2008-2010 Boone County rate of very low birth weight is 1.4 per 100 live births

Teenage Pregnancy and Births
2.29% of all live births in Boone County are born to moms between the ages of 10-17, which is below the Missouri rate of 3.26%

Maternal/Child Health
- In Boone County, 70.8% of WIC mothers initiate breastfeeding and 20% of those mothers are still breastfeeding at 6 months compared to 63.5% and 14.7% respectively for Missouri
- 93.4% of pregnant women enrolled in WIC in Boone County seek prenatal care in the first trimester of pregnancy

DISABILITIES

Disparities in Boone County:

✓ Between 2008 & 2010, people with a disability in Boone County make an average of 37% less than those without a disability

✓ Between 2005 & 2010, 26% of Boone County residents aged 18-64, who were disabled, lived in poverty versus 13% of disabled seniors (≥65+)

- In 2011, there were an estimated 16,512 individuals with disabilities living in Boone County. This represents 10% of our population.
- Of Boone County residents:
  o 3% of children 5-17 years have a disability
  o 9.4% of adults 18-64 have a disability
  o 32.6% of adults over 65 have a disability
- Of all adults 18-64 years old, the most prevalent disabilities are cognitive (4.6%), ambulatory (4.1%) independent living difficulty (3.4%) and hearing difficulties (2.1%)
- Of seniors (≥65), the most prevalent disabilities are hearing difficulties (18.9%) ambulatory difficulties (18.5%) and independent living difficulties (14.7%)

BEHAVIORIAL HEALTH AND SUBSTANCE ABUSE

Disparities in Boone County:

✓ Rates for self-inflicted injuries are 3 times higher for whites than blacks in 2011

✓ Alcohol usage and binge drinking reported in 2012 for 6-12th graders in Boone County is higher than the Missouri average

✓ In 2012, the over 18 alcohol use and binge drinking in Boone County is higher than in Missouri

- Both the number of hospital discharges and days of care for mental disorders has almost doubled from 2007-2011
- One quarter of all Boone County hospitalizations with mental health diagnoses are attributed to alcohol and substance abuse
- Half of all Boone County admissions to treatment report alcohol as the primary substance of abuse
- In 2011, Boone County residents had a total of 315 alcohol and 253 drug related hospitalizations
- In 2011, there were 601 alcohol related and 494 drug related ER visits that did not include a hospital stay
- 21.3% of 6-12 graders in Boone County report having used alcohol for 30 days or more
- 10.8 % report binge drinking
- 7.1% report marijuana usage
- 10.6% report cigarette use
- 54.7% of those over 18 report alcohol usage and 26.8% report binge drinking
- In 2011, there were over 235 retail outlets with "on premise" drink licenses, and 110 alcohol "package carry out" licenses

ACKNOWLEDGEMENTS

August 2013

MAPP Process

Mobilizing for Action through Planning and Partnerships (MAPP) was implemented in early 2013. MAPP is a six-phase community driven process which includes a community health assessment and a community health improvement plan.

The assembly of the Community Health Action Mobilization Partnership (CHAMP) group completed the **first phase**. CHAMP is comprised of more than one hundred members of the public health system, representing a variety of community-based organizations. The CHAMP group will continue to provide input throughout all phases of the MAPP process.

The **second phase** was the development of a community-wide Vision. The visioning process was a community-based process where we engaged residents from all areas of Boone County. Focus groups were held in Northern Boone, Southern Boone and Columbia. Our community vision:

A vibrant, diverse, and caring community in which all individuals can achieve their optimum physical, mental, cultural, social, spiritual, and economic health

The **third phase** consisted of four assessments:
- The Community Health Status Assessment (CHSA) provided quantitative information on community health conditions
- The Community Themes and Strengths Assessment (CTSA) identified assets in the community and issues that were important to community members
- The Local Public Health System Assessment (LPHSA) measured how well different local public health system partners worked together to deliver the Essential Public Health Services
- The Forces of Change (FoC) Assessment identified forces that may affect a community as well as opportunities and threats associated with those forces (MAPP User Handbook, NAACHO, 2013)

Residents of Boone County were invited to discuss the health of Boone County during phase three. A community survey was distributed during June 2013. The survey was made available in paper form and electronically. Of those surveyed, 1,653 identified as Boone County residents. From June 2013 to July 2013, eight focus groups were held in various Boone County locations. Seventy-two residents participated in focus groups.

Where We Are, Where We're Going

Phase four of the MAPP process, Identifying Strategic Issues, concluded in November, 2013. Strategic issues are fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision. Data from all four assessments is used to develop strategic issues. Five strategic issues have been identified by CHAMP.

1. How do we prevent crime and promote safe and healthy neighborhoods where people live, work, and play?
2. How do we create a community and environment which provides access, opportunities, and encouragement for healthy lifestyles?
3. How can we increase access to and utilization of comprehensive health services?
4. How do we address the root causes of health disparities to ensure health equity?
5. How do we reduce risky behaviors and the stigma associated with behavioral health?

Phase Five: Formulate Goals and Strategies, currently underway
Phase Six: Action Cycle, beginning March 2014

Community Health Assessment Mobilization Partnership (CHAMP) Members

Boone County Commission
Karen Miller
Boone County Community Services Advisory Commission & MU Health Care
Amy Camp
Boone County Council on Aging
Jessica Macy
Boone County Fire Protection District
Josh Creamer
Scott Olsen
Boone County Sheriff's Department
Dwayne Carey
Tom Reddin
Boone Hospital
Angy Littrell
Jessica Park
Boys & Girls Club
Valorie Livingston
Central Missouri Community Action
Darin Preis
Sarah Klaassen
Jackie Rivera
Central Missouri Humane Society
Julie Aber
Mary Pat Boatfield
Centralia Public Schools, Chance Elementary
Tanya Hann
Centro Latino de Salud
Eduardo Crespi
City of Columbia, City Manager's Office
Tony St. Romaine
City of Columbia, Commission on Human Rights
Scott Dean
City of Columbia, Community Development
Rachel Bacon
City of Columbia, Disabilities Commission
Homer Page
City of Columbia, Fire Department
Chuck Witt
City of Columbia, Office of Neighborhood Services
Leigh Britt
City of Columbia Office of Sustainability
Barbara Buffaloe
City of Columbia, Parks and Recreation
Erika Coffman

City of Columbia, Police Department
Ken Burton
City of Columbia, Transit
Drew Brooks
Columbia/Boone County Board of Health
Michael Szewczyk
Columbia/Boone County Public Health & Human Services
Geni Alexander
Stephanie Browning
Scott Clardy
Linda Cooperstock
Erin Harris
Steve Hollis
Debra Howenstine
Sarah Rainey
Stacia Reilly
Michelle Riefe
Rebecca Roesslet
Lara Salveter
Trina Teacutter
Andrea Waner
Jason Wilcox
Columbia Chamber of Commerce
Kristi Ray
Columbia Daily Tribune
Jodie Jackson
Columbia Housing Authority
Becky Markt
Phil Steinhaus
Columbia Public Schools
Patty Cornell
Laina Fullum
Christi Hopper
Maria McMahon
Lori Osborne
Peter Stiepleman
Daniel Boone Regional Library
Melissa Carr
Family Counseling Center
Karen Cade
Family Health Center
Gloria Crull

Community Health Assessment Mobilization Partnership (CHAMP) Members

Hamilton, Mathis and Hamilton Dental Office
Andrew Hamilton
Harry S. Truman Memorial Veterans' Hospital
Virgina Law
Health Literacy Missouri
Pamela Kelly
Lutheran Family & Children's Services
Christine Corcoran
Kathryn Wright
MBS Textbook Exchange
Jerome Rader
MedZou
Matthew Benage
Jackie Herzberg
Mid-Missouri Legal Services
Steve Kuntz
Missouri Association of Local Public Health Agencies (MOALPHA)
Mahree Skala
Missouri Department of Health & Senior Services
Cherri Baysinger
Andrew Hunter
Missouri Restaurant Association
John LaRocca
Missouri Veterans Commission
Eugene O'Loughlin
MU Center for Applied Research & Environmental Systems (CARES)
Erin Barbaro
MU Center for Health Policy
Stan Hudson
MU Department of Family Medicine
Kevin Everett
MU Extension
Kent Shannon
Vera Massey
MU Health System
Karen Edison
Marty McCormick
Bridget Myers
Kevin Myers
Carol Toliver
MU Institute of Public Policy
Bridget Kevin-Myers
Emily Johnson
Jacqueline Schumacher

MU Master of Public Health Program
Jessica Hosey
Lise Saffran
MU Masters of Public Health Program & Veterinary Biomedical Sciences
Chada Reddy
MU Office of Service Learning
Mike Burden
MU School of Nursing
Mary Fete
MU Student Health Center
Susan Even
Office of Social and Economic Data Analysis
Tracy Greever-Rice
Parents as Teachers
Belinda Masters
Phoenix Home Care
Gina Ridgeway Long
Phoenix Programs Inc.
Heather Harlan
Providence Urgent Care
Scott Schultz
Rain-Central Missouri, Inc.
Cale Mitchell
Refugee and Immigration Services
Phil Stroessner
Russell Chapel Christian Methodist Episcopal Church
Carmen G. Williams
Second Baptist Church
Phyliss Golden
Southern Boone Elementary
Robin Bullard
Southern Boone Learning Garden
Jenny Grabner
The PedNet Coalition
Annette Triplett
Tiger Pediatrics
Ellen Thomas
Trail to a Cure
Kevin Clohessy
Voluntary Action Center
Nick Foster
Youth Community Coalition -YC2
Ryan Worley

ACHIEVING OUR VISION COMMUNITY FORUM

Please join a community-wide coalition of public health partners and help us achieve our collective vision for Boone County:

A vibrant, diverse, and caring community in which all individuals can achieve their optimum physical, mental, cultural, social, spiritual, and economic health

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TUESDAY, JANUARY 14ᵀᴴ

■ ■ ■

ANYTIME BETWEEN 5 & 7 P.M.

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ACTIVITY & RECREATION CENTER (ARC)
1701 W. ASH STREET | COLUMBIA, MISSOURI

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This will be an open house format. Refreshments will be served.

We hope to see you on January 14th!
Your voice is important to us.

Sponsored by:

Questions? Contact us at: 573.817.6403
or champ@gocolumbiamo.com

Public Health
Prevent. Promote. Protect.
Columbia/Boone County
Public Health & Human Services

Stakeholders Interviewed

Lyn Woolford	City of Ashland Police Department
Ken Burton	City of Columbia Police Department
Dionne George	MU Off-Campus Student Services
Elinor Arendt	Action Realty
Tyree Byndom	Byndom Stanton & Associates
Kim Dude	MU Wellness Resource Center
Peggy Kirkpatrick	The Food Bank for Central and Northeast Missouri
Tanya Hahn	Centralia R-VI School District
Jill Lucht	MU Center for Health Policy
Tim Rich	The Heart of Missouri United Way
Jeff Zimmerman	Wellaware - Boone Hospital Center
Jane McElroy	MU Family and Community Medicine
Mary Beck	Boone Hospital Center
Dr. Shoyinka	Missouri Psychiatric Center
Dr. Lisenby	Plaza Dental Group
Ann Bromstedt	Kilgore's Medical Pharmacy
Steve Calloway	Minority Men's Network
Dr. Vinson	MU Family and Community Medicine
Deb Beste	Phoenix Health Programs
Tim Harlan	Harlan, Harlan & Still
Craig Valone	Burrell Behavioral Health
Stephanie Horton	Southern Boone School District
Rick Gaines	Juvenile Justice Center

Safe & Healthy Neighborhoods Stakeholder Interviews

Safe Neighborhoods: How do we prevent crime and promote safe and healthy neighborhoods where people live, work, and play?

1. **What current work is focused on the issue, if any?**

   - A pilot project has been done on youth and health with the health department and the Surgeon General's office
   - The Youth Council
   - Committed citizens working on finding longstanding solutions to address community violence
   - REDI has worked on a project to increase the number of minority owned businesses
   - Columbia Public Schools worked on a process to address minority student drop outs
   - Casenet is being used by landlords
   - Some apartment complexes are holding meetings
   - Patrol Focus covering neighborhoods while people are at work
   - Community education messages to lock car doors, shut garage doors and lock your home
   - Neighborhood watch programs
   - Promotion of neighborhood policing – using crime analysis to find hot spots. Can then focus efforts on those areas
   - Use of crime data analysis to anticipate needed efforts do to trends, both geographical and seasonal
   - Use of crime prevention public videos
   - Taking a proactive approach to anticipated problems (fireworks) with visits in advance and warnings
   - Monitoring of social media

2. **What resources are currently available to address the issue, if any?**

   - There are 81 neighborhood associations in town and each focuses on their own culture.
   - The Office of Neighborhood Services has staff dedicated to support neighborhood associations
   - Faith based model – Homefront Pioneers. This group helps make changes within a community
   - Previous Unite For Healthy Neighborhoods work on healthy neighborhoods provides potential issues to be considered
   - Casenet is a free resource available to landlords and the public.
   - Signal 88 – trained ex-military and police are available to be hired to walk neighborhoods and protect buildings
   - Law enforcement
   - PHHS
   - Protective Inspection
   - Other community members who watch out for each other
   - Personnel
   - Data Systems

3. Who in the community would support work on the issue?

- Faith community
- Businesses
- Community members
- Civic organization
- Chamber of Commerce
- Law enforcement
- Bureau of Alcohol, Tobacco, Firearms and Explosives
- FBI
- Attorney General Office
- Crisis Intervention Training

4. What potential barriers are there to addressing the issue?

- Neighborhood watch programs need to be updated
- News can scare some residents (elders) and keep them from going out of their houses, answering the door, and keep them from giving numbers out.
- Youth can't find employment because jobs are taken by college students (fast food, retail, administrative, grocery store, housekeeping)
- There are sometimes two sides of a community: those who care and become involved and those who just live there
- Youth need to see that the disparities in the community are being addressed
- Not a lot of optimum health available for minorities.
- There's no minority clubs, cultural life places, etc.
- There is minimal or no budget and resources available to increase neighborhood associations
- Some communities can be hard to break in to. Trust needs to be built. One example of the difficulties building relationships can be found in the following description of a neighborhood
  1. Old Gangsters - old gangsters who got in trouble and have changed. Now want to be positive forces in the community
  2. Debo (like Ice Cube in Friday) the big guys that are feared and they police themselves
  3. Respected Elders - when they hear about a fight they go and try to stop it - "the interrupters"
- Youth that arm themselves to protect their community from the outsiders that come to bully this community (the outsiders are in exodus from other communities and want to take over here)
- Those who provide service and work with compliance are often good but do not always have support. However, the integrity of some can be brought into question.
- Incorrect assumptions can lead to incorrect beliefs
- Landlords prefer to rent to college students. Problems with them can be resolved through parents
- Not every community member thinks there is a problem, especially in the smaller communities in the county
- Not enough law enforcement personnel

- Need more school resource officers
- Language lines need to be used more often
- Better juvenile record laws in Missouri
- Drug and alcohol abuse education needs to be revised

5. What are your initial thoughts about goals or strategies that may be developed around this strategic issue?

- Counseling that addresses the discrimination issue
- Many safe neighborhood issues are because of drugs
- Many feel they can get rich from selling drugs, and they have others that believe them
- Tough on crime
- Training landlords on best practices
- People lack basic independent living skills (budgeting, checkbook, taking care of property)
- Community involvement is essential
- Need sidewalks in our communities and neighborhoods that do not have them. It is hard for kids to walk and for adults too. There is a great risk of injury
- Coffee with a cop idea where you can ask the chief or officer anything

Healthy Lifestyles Stakeholder Interviews

Strategic Issue: How do we create a community and promote safe and healthy neighborhoods where people live, work, and play?

1. **What current work is focused on the issue, if any?**

   - Office of Neighborhood Services works with different organizations and groups within Columbia.
   - The University of Missouri has several programs and departments that focus on healthy lifestyles such as MUVE (MU Values Exercise and Eating Well), the Wellness Resource Center (Off-campus housing, campus farmers market, health/wellness resources for students),the Center for Health Policy (health literacy), the Interdisciplinary Center on Aging (Project LOLA).
   - Public school systems in the county are focusing on youth programs that incorporate health. Centralia schools add time for physical activity in classrooms and send information home with students regarding dental care, vision screenings, and hygiene. Columbia Public Schools has a Division of Health Services that provides information on child immunizations, accidents, screenings, medications, and nutrition services.
   - Boone County has numerous community gardens and farmers markets. The Columbia Center for Urban Agriculture, Columbia Garden Coalition, Sustainable Farms and Communities, and the Southern Boone Learning Garden are some of the many organizations providing outreach and education regarding healthy, local food systems.
   - Boone Hospital Wellaware has a mobile health unit that focuses on reaching rural areas of Boone and other surrounding counties to engage community members and provide free health screenings. Health materials that are available are health literate, simple, and easy to understand.

2. **What resources are currently available to address the issue, if any?**

   - Off-campus housing consultations and other projects at MU (example: Show Me Respect, One MIZZOU, health and wellness programs designed to reach students).
   - The numerous recreation centers, parks, and trails throughout the county as well as running, biking groups
   - Funding opportunities via local organizations and the Missouri Foundation for Health.
   - Numerous philanthropic and non-profit organizations and coalitions such as the Heart of Missouri United Way, the PedNet Coalition, Columbia Garden Coalition, Central Missouri Area Agency on Aging, and Habitat for Humanity.
   - Programs and services provided by Boone and University Hospitals: wellness exams, cancer screening, preventive services, vaccinations, educational programs focused on making healthy lifestyle choices. The hospitals also engage community partners to market the programs and services.

3. **Who in the community would support work on this issue?**

   - Office of Neighborhood Services, property managers, apartment complex managers
   - Public school systems
   - Local businesses and chambers of commerce
   - City of Columbia
   - County of Boone
   - Non-profit and philanthropic groups

4. What potential barriers are there to addressing the issue?

- Getting messages and information regarding health and wellness out to the thousands of students at MU, Stephens College, and Columbia College, and having the traditional 18-22 year old "invincible" student make healthy lifestyle choices.
- Financial barriers
- Cultural barriers
- Livable wage
- Tunnel vision and duplication of programs/services/resources
- Communication
- Transportation

5. What are your initial thoughts about goals or strategies that may be developed around this strategic issue?

- Bystander intervention education
- Opportunities for year-round physical activity
- Invest in more, or further current community gardens and farmers markets
- Mobilize the faith community
- Promote healthy lifestyles as the "in thing" – make healthy choices the default
- Make opportunities for physical fitness more affordable
- Livable wage
- Fix current infrastructure and expand it where possible
- Encourage employers to embrace wellness and other health related programs
- Engage the community
- Make discussions about health a regular City Council agenda item
- Coordinate services and add a health component to existing services
- Have an organized list of all area services/resources/programs/opportunities that relate to health and well-being
- Look at communities that are similar to Columbia and see what they have done – What worked? What didn't?

Notes from other stakeholder interviews:
- Boone Hospital is starting a lung cancer screening program
- Boone Hospital is putting together a skin cancer screening program for the community
- There are multiple community outreach programs through Wellaware to promote healthy lifestyles
- Need more mobile units for screenings-will benefit access to care and healthy lifestyles

Access to Health Care Stakeholder Interviews

Strategic Issue: How can we increase access to and utilization of comprehensive health services?

1. What current work is focused on the issue, if any?

- Boone Hospital completed their CHNA and has identified five priority areas: Cancer, Obesity, Access to Care, Mental Health and Reproductive Health.
- BHC has started a new lung cancer screening program.
- BHC has two nurses certified to perform skin cancer screenings with the goal of doing targeted community screenings.
- BHC sponsors Kids on Track running program, Head to Toe exercise program for both parents and kids, and does outreach in the community with the Know Your Numbers mobile unit, Heart Fairs in February. Cancer Awareness fairs will begin soon.
- BHC offers access to Wellaware free to employees, and at a reduced cost to dependents.
- BHC offers free smoking cessation classes for staff. They have a smoke-free campus and screen all new applicants for nicotine. A positive test will exclude them from eligibility. In 2015, current employees who use nicotine will pay higher health insurance premiums.
- BHC does not turn anyone away who presents at the ED and needs care. They have social service staff that provides eligibility screenings for assistance programs.
- Mobilize faith community
- Building a Healthier Heartland which is a collaborative of community organizing groups, public health experts and health foundations which are focusing on life expectancy based on zip codes.
- Special Smiles sponsored by the Missouri Dental Association. This is a dental screening event held in May which is specifically for special needs children.
- Give Kids a Smile is another dental event but it is held only in KC and St. Louis
- Some communities offer "Healthy Kids Days" at YMCA's
- Missouri Mission of Mercy for kids and adults will be held in Columbia in the Fall of 2015; St. Louis is the site for 2014
- Missouri Dental Association has other programs which can be found on their website, www. modental.org.
- King's Daughters works with Columbia Public Schools to transport students in need of dental treatment to a participating dentist office. The participating dentist charges a sliding scale fee.

2. What resources are currently available to address the issue, if any?

- Wellaware
- Boone Hospital staff resources
- County Health Funding
- There are two healthcare providers in the southern Boone County area
- Many local dentists are interested in participating in the dental programs mentioned in question 1. Appointments made and not kept can sometimes create a problem and cause frustration.
- The support of the Missouri Dental Association with the organizing of events brings credibility and increases the participation of the dentists.
- A new dental school in Kirksville should bring more dentists to the area.

3. Who in the community would support work on the issue?

- Many large employers are offering wellness programs to improve the health of their employees.
- King's Daughters and the Assistance League would possibly support community efforts.
- Kilgore's in Ashland
- Southern Boone County Schools
- Optimist in Southern Boone
- Local dentists, dental supply companies

4. What potential barriers are there to addressing the issue?

- Social/Cultural barriers may prevent healthy lifestyles
- Lack of access to healthcare may be a barrier for patient referrals from health screenings (ex: positive cancer screening that results in a recommended follow-up but the person has no insurance)
- Generational differences
- Remoteness in some areas of Boone County
- Two camps: (1) old school that want no changes and (2) new and progressive
- Dental care events require a lot of supplies and can be costly.
- Medicaid reimbursement rates do not cover dental overhead costs, which are high.
- Cost of dental care is a major barrier. Many do not return after seeking treatment and finding out the cost.
- Many new practicing dentists take insurance only
- Many established practicing dentists take only private pay patients

5. What are your initial thoughts about goals or strategies that may be developed around this strategic issue?

- Good nutrition is important for a healthy lifestyle
- Urgent care in Southern Boone
- Mobile units for screenings
- Education and outreach through the library in Southern Boone
- Conducting a Health Impact Assessment (HIA) if residents are engaged in directing and carrying out the HIA
- Focus on power for a person: power to make decisions which have a positive impact on your health
- Access to health insurance
- Reducing stress
- For dental care, build on existing primary prevention efforts
- For special dental programs, involve dentists on costs of supplies
- Explore having pediatricians apply fluoride varnish during well child visits. It is a billable service for pediatricians

Disparities Stakeholder Interviews

Strategic Issue: How do we address the root causes of health disparities to ensure health equity?

1. **What current work is focused on the issue, if any?**

   • HHS website and plan, specifically appendix A

2. **What resources are currently available to address the issue, if any?**

   • Need to make full use of resources available through the ACA
   • Mayor's Task Force on Violence
   • Minority Men's Network

3. **Who in the community would support work on the issue?**

   • Trust is an issue
   • Need the right people at the table encouraging two-way communication and planning
   • Need to be in the schools
   • Need to work with clergy and individual faith organizations even though it can sometimes be challenging to get congregations to work with other congregations/denominations

4. **What potential barriers are there to addressing the issue?**

   • Lack of cultural sensitivity in service provision and care coordination
   • Lack of diversity in professionals providing care and non-representation of people "who look like me"
   • Not enough diversity in educational opportunities to create diverse workforce

5. **What are your initial thoughts about goals or strategies that may be developed around this strategic issue?**

   • Be optimistic
   • Addressing the issue begins with improving access to the underserved within their communities, including education efforts
   • Important to establish a new pipeline toward health resources and healthy practices and away from unhealthy practices and disengagement from the health system
   • Partner with faith-based organization, and groups like Minority Men's Network
   • Need to provide opportunities for a racially and ethnically diverse workforce through job-shadowing, internships, high school exposure to health fields, etc.
   • Address issues using a performance improvement-based methodology and established best practices
   • The community will need to see true, on-going commitment from the city and local health system to planned actions toward goals
   • Disparities are especially related to affordable housing capacity in some wards (Ward 2)

Notes from other stakeholder interviews:

- If a referral is needed as a result of a community health screening, it is often difficult to get those without insurance or those without funding to go. It is also sometimes difficult to find a provider to take those without money or insurance.
- For dental access, once an assessment is done, a patient may not return when they find out the cost, even if it is a reduced cost.
- It is difficult to get those without resources in to the mental health system, including alcohol and drug programs.
- Lack of family resources can be a barrier to parents getting help for troubled kids. The result often becomes the kid eventually gets in trouble and becomes a part of the juvenile justice system.
- Young men without other resources for income (no degree, no high school diploma, no job) may look toward selling drugs as a get rich option
- Young single moms and families in need may have limited resources for safe neighborhoods, and may end up living in an area that exposes the family to drugs and violence. This may impact the lifestyle of the family and the kids.

Behavioral Health Stakeholder Interviews

Strategic Issue: How do we reduce risky behaviors and the stigma associated with behavioral health?

1. What current work is focused on the issue, if any?

- Crisis Intervention Team trained law enforcement and the work with the hospitals
- Boone County School crisis counselors
- MU After Dark- 100's of students participate in alcohol free activities
- YC2 activities
- Work of other social service agencies
- Disability attorneys work with clients on disability claims
- Columbia Public Library and the Housing Authority often work with mentally ill clients
- Anger management and grief groups in the schools
- Children's mental health tax
- Dr. Brooks-resiliency in children, open to the public
- MSW school
- Children's mental health day event at Stephens Lake
- NA/AA community still very strong
- University Hospital has a grant from SAMHSA.gov to train physicians to talk with patients about drugs and alcohol
- The UMCHC has worked with CERNER to develop a screen that guides the health care provider with the appropriate questions concerning drug/alcohol abuse
- A curriculum has been developed to train health care providers and other professionals on discussing and recognizing drug and alcohol abuse and can be shared

2. What resources are currently available to address the issue, if any?

- NAMI
- The faith community
- MU Wellness Resource Center
- Social service agencies
- YC2 local coalition
- UMC Wellness Center activities,
- Public School Leadership
- Crisis Intervention Teams
- Missouri Psychiatric Hospital with limited capacity (20 beds)
- Sometimes an attorney can help get those with a mental illness into a support network
- Columbia Housing Authority staff is trained to recognize mental illness
- Mental Health First Aid trainings
- Phoenix
- Boone County Schools
- Children's mental health tax
- Burrell has staff at Oak and Paquin and partner with Columbia Housing Authority
- Coordination of care among all health professionals, health homes
- Mental Health Court

- Crisis hotline
- The online curriculum on for training professionals on talking with clients concerning drug and alcohol abuse
- Posters for clinics that say "because drug and alcohol problems are common and serious, we ask everyone"
- Starting January 2014 CMS will require every patient admitted to a psych unit be screened for alcohol and drug problems
- A LCSW placed in some Family Medicine clinics

3. Who in the community would support work on the issue?

- The treatment community
- The health care community
- Columbia Public Schools
- Boone County Schools
- Law enforcement
- UMC Wellness Center
- Phoenix
- Mental Health Court
- Libraries in several Boone County communities
- Lutheran Family Services
- Burrell
- New Horizons
- Services for Independent Living
- Bruce Horowitz (Psychiatrist at UMC)
- Dr. Lauriello (UMC)
- First Baptist Church in Ashland is community-oriented and offers space
- Putting Kids First
- Boys and Girls Club
- Project Launch (Dr. Lane Young-Walker)
- NAMI
- Family Counseling Center
- True North
- Rainbow House

4. What potential barriers are there to addressing the issue?

- The culture of acceptance of alcohol abuse in Columbia
- Traditions involving alcohol use including returning students and alumni
- Missouri tax policy for alcohol and tobacco
- Chronic homelessness
- Stigma attached to mental illness
- Stigma attached to drug/alcohol abuse
- Bar owners
- Financial resources

Behavioral Health Stakeholder Interviews

- Easy access to alcohol
- No programs available for college and high school students in recovery
- Recognizing that someone has a mental health problem
- Recognizing early warning signs
- Duplication of resources
- Lack of health peer role models
- Getting those who need help to participate (resistance to change)
- Lack of confidentiality in some communities may keep some from participating in meetings and groups
- People knowing how to access treatment, especially when the available beds at hospitals are full
- Tremendous need for pediatric mental health treatment including diagnosing and treatment facilities
- No place to go for treatment for those uninsured
- Budget cuts at the Department of Mental Health
- Lack of available treatment for mental health and for abuse problems
- Lack of local treatment resources
- Many physicians do not recognize/diagnose alcoholism
- Many health care providers are hesitant to approach the topic of drug/alcohol abuse
- Lack of available treatment for geriatric mental health issues
- Most services have to be addressed outside of many of the Boone County communities, and travel to the appointment can sometimes be a problem (money, access)
- Not a good way to catch at-risk kids before they begin engaging in risky behavior
- Need to identify kids earlier (grades 1-5) and provide services that families can access
- For kids, families often can't access services without first going through the juvenile justice system.
- Drivers of juvenile crime include school performance, peers, and situations at home
- Low income families aren't able to access resources due to income and eligibility requirements
- Geographic location in Mid-Missouri- this is not a priority
- We need to do a better job of "connecting the dots" for kids and parents seeking help
- There needs to be a central resource area for people

5. **What are your initial thoughts about goals or strategies that may be developed around this strategic issue?**

- Early identification and crisis intervention with employers, faith community, schools and youth service organizations
- Small support groups for school staff
- Use OneRead to reduce stigma
- Drop-In centers
- Tobacco use among youth leads to risk factor for mental illness and addiction which leads to accessible intervention options including mental health screenings
- Being supportive
- More groups of professionals trained with Mental Health First Aid training
- Presentations to service organization regarding stigma issues

- More counseling time in the community
- Groups for kids with parents in prison
- Alcohol, drug and abuse groups
- Work with schools to create a safety or catch net to identify at-risk children at an early age by providing referrals and resources to the family
- Partnerships
- Look at time and resources that are wasted by duplication
- Promote healthy peer role models
- Need to highlight prominent persons with mental illness
- On-going, long term community planning to keep mental health in focus
- Better press and regular editorials
- Better coordination of care to fast-track someone from one agency to another
- Apply what is known
- Change in culture in health care systems and in reimbursement systems

Community Forum Attendee Comments

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Safe and Healthy Neighborhoods

In your opinion, what resources are currently available to address the issues, if any?

Common Themes
> Neighborhood Associations
> Neighborhood Watch
> Law Enforcement
> Youth programs

Complete list of responses
- Neighborhood watch programs
- Encourage neighbors to regularly interact
- Sidewalk and neighborhood parks
- Community organizations like Scouts, Optimist, parent organizations
- This county wide initiative to increase well-being
- ARC
- Neighborhood associations
- Community organizations
- Faith based groups working with youth
- Neighborhood Watch Program- but needs more resources!
- Money to fix/upgrade sidewalks and roads
- Police Force we have is excellent, but terribly underfunded
- Boone Co. Sheriff's Dept.
- Most Neighborhood Associations are totally inactive or simply don't exist
- Increase street lighting
- Traffic curbing/slowing through our neighborhoods- more
- We have to de-stigmatize the "snitch" rule so police can solve crimes and get those delinquents out of the neighborhoods
- Better job with Section 8 monitoring who lives in a home. Person A signs up with their 3 kids. Then invites others in from wherever which can often create issues
- Keep patrol cars patrolling the neighborhoods
- More job opportunities for teens so they care not in the street. Instead being functional members of society
- Promote the family as the most important factor. Support family strengths- employment, schools and communication
- Neighborhood Associations can be a vital link. They must be engaged, involved, knowledgeable, and care about the "health" of their neighbors
- Neighbor taking care of neighbors
- Neighborhood policing- on foot or bicycle- police who know and are known, need more of this
- Parks based recreational programs, need more of this

- Encourage landlords to adopt and enforce crime-free leases and evict tenants for criminal activity
- Stronger police presence

Community Forum Attendee Comments

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- After-school programs
- Cradle to Career programs
- People's Visioning
- All law enforcement agencies in Boone County
- All shelters including True North and Sol House
- Education, particularly early childhood education
- Encourage witness participation in the criminal justice process
- Encourage good parenting
- Mentorship programs
- Bus routes, community youth programs, farmers markets
- Active neighborhood watch programs
- Community policing AND lets involve the fire dept. and EMS providers
- Sidewalks
- Get rid of vacant, poorly maintained properties
- Neighborhood watch
- Newspaper shows crime areas
- Crime watch tip lines
- Neighborhood associations
- Recovery programs
- Churches
- Office of Neighborhood Services
- In think the next question I would ask is: what theme exists among those committing crimes? Is this a program that goes back to the strength of the family? I think a good step forward would be working with at risk youth providing a family environment.
- Have a $10 minimum wage in the Boone County area
- Parks where adolescents, children, and adults can engage in outdoor activities, sports
- The ARC as a location where residents can be involved in safe activities. Neighborhood coalition/ watch groups. After school activities for youth, Big Brothers/Big Sisters
- Needs- incorporate the Mayor's Task Force info into system- be sure plans from that committee have a statistician involved in plans, increase employment opportunities- along with education form employment, support entrepreneurs with small amount of funding and support
- Community groups/neighborhood associations
- Police/sheriff/public schools
- City and county governments
- City parks next to most schools
- City schools available for community use
- Street lights
- Ensuring safe walking spaces to parked vehicles and to and from work (surveillance cameras)
- Make sure felons have good economic opportunities (training/jobs) when reintegrating into community
- Job Point (and others) that offer training
- Change the way we police marijuana so that fewer young (males) are heading to prison
- Transit expansion
- Neighborhood associations

Community Forum Attendee Comments

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- Neighborhood parks
- Walkable neighborhoods- people being out can reduce crime
- Neighborhood/on-foot and bike policing
- Office of Neighborhood Services
- Prevent crime- neighborhood watch organizations; neighborhood organizations; citizens who can identify the issues
- Promote safe and healthy neighborhoods- city channel, can you get it without cable?
- Community gardens; vast park system
- Youth church programs
- After school activities at ARC
- Work towards drug decriminalization- most violence ins drug or gang related, which is directly proportional to the amount of money that can be made from (illegal) drugs. Make them legal, solve the problem
- Great police
- Great city offices that help neighborhoods
- Neighborhood associations
- Neighborhood watches
- CPD
- MUPD
- Well lit homes and lamp posts
- Neighborhood watch
- Various schools within the University of Missouri may have a wide range of untapped resources that could prove valuable in this area
- Educate police and fire on community building and resources
- Presentation in schools
- Meetings are being held in neighborhoods to discuss what can be done to be proactive
- Officers are trying to make them more visible
- Job placements/opportunities
- Funds for mental health screening in schools- and referral system
- We discussed the skewed perceptions of the true prevalence of violence based on media reports
- Role models early on in high school to help prevent violence
- Raise minimum wage to live-able wage
- The parts are there- but getting the parts to communicate is the issue
- Provide affordable recreation for youth. City does provide scholarships, but you must live within the city limits to receive it. A growing amount of low income children reside in the county and do not qualify. Therefore, they hang out on streets with friends until parents get off work
- Encouraging youth to attend after-school programs could help
- People don't trust the police to protect them and rather than cooperate with them will take matters into their own hands as a family or group. Police don't always want to find out what really happened, but close a case. I have heard of people getting away with things many times with another person being punished.
- Public school teachers, counselors, home-school communicators who care; multi-cultural, multi-ethnic professionals in schools, police, healthcare; who make children and families feel safe
- Non-profits who provide childcare, character development, programs for all income levels

Community Forum Attendee Comments

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- Neighborhood associations exist in a few areas and are missing in others. Funding for neighborhood outreach would be helpful
- Police departments: MUPD, Columbia PD, Highway Patrol
- Responsive juvenile office and police force
- SROs in school
- Community involvement of officers to reduce fear of police (by kids)
- Many active neighborhood associations
- Columbia Housing Authority
- There are already a lot of small parks, recreation spaces throughout the county. Columbia is pedestrian/bike friendly but other areas are not
- Know our neighbors; supervise our children; lock our doors; care for our property and home
- Prohibit guns in the city
- Well-lit streets
- Safe zones across the community
- Public transportation (improved coverage and hours would encourage more use)
- Neighborhood associations
- We have homeowners in downtown neighborhood who work hard to create neighborhoods that are safe for trick or treating. We could use more help with city policies that encourage home ownership over rezoning and redevelopment
- More connectedness within neighborhoods
- Perhaps in more virtual ways- promote community organizers and have neighborhoods own their own neighborhood health
- On the ground counselors for youth in troubled homes. Increased police presence
- PedNet support for alternate transportation
- Fabulous trail system marketed as "road ways"
- People in each community who have a connection to it. Imparting that sense of ownership with others and encouraging involvement in community growth
- Safer the better...
- More education and resources known to public
- More patrol in all areas of Columbia as it appears lately there is no real area affected- all are trouble. North, South, East, West and Central. Shooting at 44 Stone and Pizza Pub. It is crazy what is developing.
- Neighborhood watch group
- Police department
- Neighborhood crime watch
- There needs to be more emphasis on adult education, job training, help finding jobs for adults, especially people who have prior criminal convictions. It is very hard for those people to find jobs. I would support public employment of them, working in parks, on roads, on fixing up old neighborhoods, etc.
- Promote neighborhood organizations, neighborhood policing- people will take care of self and people they know/recognize as one of them
- Sidewalks; good lighting
- Neighbors talking and getting to know each other through gardening, parks, public spaces
- Community activities for people to get together

Community Forum Attendee Comments

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- Jobs and employers who hire full time at a living wage
- More programs for youth involvement after school and during summer
- Neighborhood watch
- Police department
- Neighborhood watch committees; increase presence of police
- Encourage inactive neighborhood associations to become active and more engaged in their own neighborhoods and the larger community
- Improve public spaces in neighborhoods: add sidewalks/parks; adopt a spot program; slow down traffic
- Strengthen/empower neighborhood associations- more NA wish grants
- On policy level, promote more mixed-use in neighborhoods, mixed-income housing
- Expand public transit
- I realize the police department is making efforts to improve public relations, etc. in the first ward; however, the actions suggested by that community have not been heeded. The city installed cameras which, ostensibly, prevent crime. However, it seems these measures are more applicable to prosecution than prevention. Promote health with fitness trails, equipment, etc.
- Well maintained and safe sidewalks for people to get around, encourage walking, etc.
- Neighborhood associations
- Churches
- Schools
- Local government planning to address neighborhood landscapes
- After school programs- esp. BGC, but also Moving Ahead, Intersection- need more Youth Empowerment Zone- need to grow it too. Job Corp- not sure if we have that here. Neighborhood association- need to continue to beef those up. Community gardens- neighbors out more. Think some of the Children's Mental Health tax might go to expand these programs. Also, I'm hoping the Violence Task Force comes up with some new ideas. More community policing. Also, what about the young adults that already have risk behaviors and criminal activity that move here that we haven't had opportunity to influence
- Neighborhood watch
- Police department
- PedNet
- Parks and Rec
- More neighborhood policing
- Additional mandatory training on diversity for Columbia police and other governmental employees interacting with the public
- Work with community groups (i.e. churches, social organizations, etc.) to improve community relationships with police
- Maintain high educational levels of police recruits
- Citizens don't see their own role in prevention- see it as "someone else's job" NIMBY
- In S. Boone/Ashland police department actively engaged in community and school; that's about it...except for the small town, close community atmosphere- neighbors helping neighbors, etc.

Community Forum Attendee Comments

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- Other than what is already available through the juvenile and adult justice systems, counseling, and other institutions and their facilities, I don't know of anything extra that could or is being funded in some way. Project Launch is an early intervention program that was awarded for Boone County due to Dr. Young Walker's (Psychiatrist at MidMo Adolescent Unit) efforts. It endeavors to address some of the challenges families with poor educational background, physical, and/or mental health face when raising children and/or if children's issues are not recognized early enough for appropriate, early preventive and/or remedial (if at all possible and necessary) interventions.

In your opinion, what could stop us from achieving this strategic issue?

Common Themes
> Citizen fear of retaliation if cooperate with police
> Apathy
> Limited funding
> Not enough neighborhood policing

Complete list of responses
- Have law enforcement more connected to neighborhoods. Encourage neighborhood watch programs. Encourage safe outdoor places for people to walk and play in. Discourage high density housing
- S. Boone/Ashland: if nothing changes for people's day-to-day lives (no policy or program initiatives; no assistance for those neighborhoods struggling with safety issues)…people will lose interest and trust in the effort
- Health Dept.
- CPD
- Youth groups- Scouting and faith group
- Poor community support/relationships with citizens
- Poor knowledge of resources available and lack of resources for health care for those with low or reduced incomes (working poor) i.e. access to dental care, early detection of diagnoses that are life-threatening, access to medication for some
- Reduced services that could keep people in their homes rather than nursing homes
- Employment for youth/others: increase household incomes
- Old school policing methods; negative attitudes of public towards poor and ethnic diversity; racism is rampant in white community
- Apathy by the community- that this crime isn't a problem, denial
- Lack of funding, esp. for community policing
- Poor direction by leaders of various initiatives
- Since this seems like the #1 priority; getting sidetracked and not staying focused that is the #1 priority so needs evidenced based strategies and funding to address the issues
- Neighborhood associations need to be empowered by local institutions
- More money will be necessary
- More jobs, job training, educational support needed

Community Forum Attendee Comments

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- Lack of a good vocational training program that is accessible
- Foot patrols of officers in the first ward (preferably AA) who have a "beat" and get to know both the people and the problems, inherent to those areas. Initiate a gun buy-back program or something similar i.e.: trade in a gun for a year's membership to the ARC
- Further separation of demographic types by neighborhood
- Allowing low-income neighborhoods to deteriorate
- Apathy
- Not involving all stakeholders
- No community members stepping up
- More funding for more police officers
- Educate public on safety
- Cameras everywhere
- Neighborhood "watch" where people police each other. Watching your neighbors creates a fear based community, knowing them creates a stable, safe community with a social safety net.
- Lots of jobby jobs that only hire part-time at $7.35 an hour
- Medicaid not being expanded
- Isolation, fear, sense of others being different and therefore risky
- Funding
- Lack of community support
- Not enough money in the city budget for police patrol, education in schools about safety and crime
- A citywide campaign that says "This is your home. You belong here. Protect it. Nurture it. Hold your neighbor in the highest regards. Be healthy" I think this would be the attitude with which to start.
- Hopefully a more streamline bus system
- Money for sidewalks
- Cultural difficulties
- Lack of understanding of the goal: increase community connectedness and increase collective accountability
- Lack of sidewalks and clearly marked bike lanes and shared roadways
- State gun laws are very lax
- High incidence of meth labs in the state
- NRA
- Illness/disability
- Apathy
- Lack of social skills
- Inability to create new sidewalks/bike lanes- private property rights/cost
- Responsible landlords
- Affordable housing
- Law enforcement- adequate staffing to serve the county
- Drugs in Boone County
- Jobs that do not provide adequate income to allow people to meet their basic needs
- Poverty/low SES
- Distrust of police

Community Forum Attendee Comments

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- Culture of not coming forward with info to assist police
- Using money/tax $ for other reasons besides safety
- Gangs
- Curfew
- The balkanization of neighborhoods with crosswalk free intersections and lack of sidewalks
- Lack of funding for: schools, non-profits, unemployed
- Lack of living wage jobs
- Lack of training for high tech jobs
- Lack of trust of police among low income and non-white citizens
- Sate and US elected officials who only want to cut key funding
- Lack of communication opportunities
- Overwhelming poverty- influence of culture of drugs/violence
- Lack of opportunities for minority youth
- If we don't put funds to increase police forces in variety of areas then people don't feel safe
- More emphasis on coping strategies
- Resilience and adaptive living
- Lack of state and local government funding
- Not using electrical resources to light neighborhoods at night
- No introduction/volunteers to greet new members
- Lack of enforcement
- Lack of community unity, not enough crosswalks and sidewalks
- Not enough activities for youth, lack of caring adults in kids' lives, not enough opportunity for youth to serve others, lack of education
- Budget
- City council and leaders that put too much emphasis on business and growth instead of building services
- Short sighted federal laws
- Drugs
- Landlords that don't monitor crime
- More support from community for the law enforcement agencies. Need more structured after school activities (other than sports) such as arts, music, dance for ages 9-14 to encourage use of time in a more productive way instead of just hanging out with friends.
- Increased levels of violent crime
- Cost
- Lack of buy-in
- Lack of transit financing
- Inequality-homogeneity of income/housing types
- Crime/perception of crime
- Guns
- Political will
- Making issues seem isolated to certain areas (or demographics), 'not in my backyard' attitudes
- Moving working class and poor populations to fringes (neighborhood improvements tend to raise rents)
- See needs on other side- not including the people who need these programs in the community

Community Forum Attendee Comments

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- Poor street lighting
- Lack of supervision/oversight in parks
- Pass policy for $10 minimum wage in Boone County- by creating a real living wage we will promote all of the above
- Landlords who don't take care of properties, don't screen tenants, charge too much rent and buy too much property
- Lack of commitment to real community policing
- Inadequate treescaping and traffic planning makes neighborhoods less livable
- Community generated jobs
- Local currency to help resources meet needs
- Do more crime watch/neighborhood watch programs
- Build more YMCA or YWCA in this town. They have daycares, gymnastics, rock climbing walls, ball courts, indoor tennis, etc. We have more facilities like Gold's and Wilson's for with and ARC, but ARC is still pricey and you can't go to the others in other towns like you can Y's. For a city this size, we could keep youth occupied better in good things and decrease obesity and crime
- Resident mistrust
- More grocery stores and less convenience store in low-income areas. Nutrition programs for kids in school. More tax $ to youth and education
- The economy- lack of resources
- Even if the $ exists, reluctance to spend for crime prevention programs
- Lack of long term vision, especially regarding early childhood education
- Landlords failing to adopt or enforce crime-free leases
- Lack of funding for prevention programs
- I think the Chief of Police has started to try to change the climate and environment of his dept. by creating a more professional atmosphere. We need more and open communication amongst our city/county/court leaders that reach more citizens
- Costs involved, particularly for more direct and personal police presence
- Resources to "connect" NAs together, to provide assistance and guidance when needed. Not just a city problem. County wide
- Lack of an effective, patient educational process to bring people along to accept the challenges that will be
- The neighborhoods not supporting the officers that come through
- Not enough funding to pay for the extra patrolling of police
- Youth increasing drug and alcohol use
- Youth increase guns
- Gangs
- Not catching CPD up to resources needed
- Not graduating from high school
- Unemployment
- Accessibility of "good" places to "hang out"
- Affordable, universally designed accessible housing
- Lack of public transit with long hours
- Perception of very high crime
- Discrimination

Community Forum Attendee Comments

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- Resources and other priorities for them
- Apathy of some
- Feeling can't make a difference or change the way it is. Funding crunches in communities
- Disparities in opportunities
- Perception of high crime, beyond the reality, makes people stay inside
- Punitive, after-the-fact policing- need more community-based methods
- Even in areas with sidewalks and bike lanes, they aren't used much-need something to get people out-organized clubs or contests?
- Organized events are especially important in actual high-crime areas
- The war on drugs continues to create an underground drug economy- young me can make more than they could any other way
- Focusing on punishment/restriction rather than empowerment
- Lack of diverse community in neighborhoods
- Forced reliance on cars yet lack of available parking downtown
- Lack of communication
- To not raise our children with a sense of personal responsibility, the guidelines of good rules, good habits, a reasonable, implemented work ethic, goals, honesty, an appreciation for positive physical and mental health habits practiced as a life style, daily, a sense for achievement and a need for striving to succeed in whatever these children are able (or that child is able) to accomplish in his/her/their areas of abilities and interests. Furthermore, my opinion is that children need to be raised with feeling and knowing what happiness and unhappiness feel like. They need to know about and have positive support for making good choices as soon as they are able to be trained (which is just about from birth on). And, there is lots more to be said about this; however, I feel strongly that a healthy life style is raised into an individual from early on. It's much more difficult (not impossible) to achieve it later. If these values need to be achieved with a population of persons who are not raised with good values, there must be a re-education phase which supports positive reinforcement and incentives for appropriate choices, and sanctions for negatives. I can't get away from that there have to be uncomfortable consequences for persons who (especially might consistently) make negative choices which ruin other persons' lives by endangering their own and others' safety and well-being. endangering their own and others' safety and well-being.

Community Forum Attendee Comments

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Healthy Lifestyles

In your opinion, what resources are currently available to address the issues, if any?

Common Themes
> ARC
> Farmers Market
> Community gardens
> Urban agriculture
> Parks
> Trails
> Make healthy foods more affordable
> Transportation

Complete list of responses
- Community non-profits
- Community gardens
- Some bike lanes and walkable areas
- Farmers Market accepting SNAP
- We have wonderful parks, trails, bike lanes, sidewalks in many places
- Urban agriculture movement, community gardening, farmers market
- Many fitness facilities, good public pools, ARC
- New model for bus services may encourage more to use it and thus get more exercise
- Provider of health care- Boone county lucky to have so many and all types "whole" food/organic food available
- Great local growers/farmers
- Trails and parks
- ARC
- Private gyms
- The ARC
- Fitness programs promoted at school and in children's after school programs
- Lots of 5Ks available
- Learning garden type programs
- Farmers markets make access to healthy food easier
- There is some trend towards being healthier
- School system has the greatest potential to change risky behavior/lifestyles. Community funded health department campaigns may be another source of information
- Health resources for many are limited (who most need them). Family Health Center can help if given more support- increasing # of physicians- then ER expensive visits with no continuity of care could be curtailed . Support from hospitals for these physicians could come from realizing the decrease costs to hospital admissions. Refer to 2009-10 visioning statements (not followed by civic organization).
- Creating greater awareness and the dangers of unhealthy habits: media, City Channel, publications

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- ARC and its programs
- Great park system
- Awesome trail system
- Community health programs
- MU health programs
- KOPN health programming
- Community athletic events- 5K runs, etc.
- School lunch program
- Increase education in early school-aged children and then make the connection with parents of those early school-aged kids.
- Advertisement impacts and encourages bad habits
- Trails, parks, community transit options
- Safe neighborhoods encourage outdoor physical activity
- Rec. centers
- Community events
- People's Visioning
- Trails are great
- The ARC is great
- School gyms could remain open as much as possible for recreational activities for school age children
- Encourage churches to provide opportunities to children for recreation
- Bike racks on bus routes
- MU athletics could be big help "selling" healthy
- More support for local growers/producers
- Good parks but some need transportation to get to them
- Bike share groups, some have tried this
- Dietitians at local Hy-Vee stores
- Moser's has a great produce department and is very accessible
- Neighborhoods that are walkable to University and Central Business district
- Actively recruit companies like Luck's, which sources much produce from local farmers
- Pass policies like clean indoor air that promotes healthier lifestyle
- Clean indoor air policy need strengthening to include ban on e-cigarettes
- Bike lane
- Buses that can carry bikes
- Farmers market
- PedNet
- Community interest in activities
- Examples of other communities (America on the Move, Colorado on the Move)
- Smoke free Columbia
- Start with the schools- complete overhaul of cafeteria/food offerings; promote recess (require?)
- Parks, trails, extensive facilities
- Community gardens
- Health Department
- Hospitals and community outreach

Community Forum Attendee Comments

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- University/ College wellness programs
- Farmers market/local businesses
- ARC
- Public schools: STDs/smoking
- Trails
- Rec Centers
- Create community walks and call upon sedentary citizens to join in; that will introduce them to the available walkways/trails and spaces that can be used and are available to move towards incorporating a more active/healthy lifestyle. Demonstrate routes of mass transport available to the community members.
- Sustainable/urban farm networks and non-profits
- Opportunities to reduce intake of high sugar foods and drinks (soft drinks and sports drinks)
- Food growing resources: CCUA, CGC, extension
- PedNet- would be great if Walking School bus/bike classes were promoted better
- Parks, trails- need to expand trail network
- Smoking ordinance
- ARC
- Sidewalks
- Parks
- Nice downtown- vibrant
- ARC
- The University of MO
- Literature available from Dept. of Heath; but, there should be more "open" classes for teaching differences between processed and fresh food
- Parks with walking trails
- Dietitians in Hy-Vee grocery stores
- ARC/Armory events
- Start by making kids walk to school. Cold and rain won't kill you. Obesity related disease will
- Great trails
- Great ARC
- Boone County Health Dept.
- ARC
- MU Wellness Resource Center
- Get About Columbia
- PedNet
- Parks and trails
- Healthy nutritional information/statistics in schools, clubs, grocery stores
- MU programs
- Local advertisements
- Partnerships with health oriented restaurants, stores, and workout facilities
- Less emphasis on "path centrism" i.e. what is working with everyone. De-labeling
- The ARC
- Lots of hospitals and doctors
- Farmers market

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- Education from Health Department
- Grocery stores provide nutritional information to families
- Education for families on healthy lifestyle
- Strong policies to promote healthy choices- ex: safe streets for alternate transportation like biking. Walking School Bus, affordable accessible healthy food, etc. So healthy choice is default choice. (Also- PE policies in school!!)
- Farmers markets
- Extensive service
- Keep parks safe, by having it patrolled more and adding cameras
- Figure out how to make healthier food more affordable. Maybe offer subsidies to low income citizens towards fruits/vegetables.
- Provide lots of opportunities for general public to try healthy food- "food tasting" in parks
- Subsidize access to fresh fruits and vegetables
- Food stamps at farmers market
- The local food movement with emphasis on home gardening and farmers markets. The access to health food program at Columbia Farmers Market is a resource which encourages people receiving food assistance to use locally-grown, unprocessed foods, to improve their diet and redirect their attitudes towards raw food
- School lunches-promote healthy options
- Farmers market
- Many outdoor activities
- Parks and Rec
- Trails
- City events
- Incredible health care resources in Como
- Farmers markets
- Community gardens
- Educational programs/opportunities for youth and adults
- ARC and keeping fees on sliding scale so all can benefit if choose to join
- Safe/walkable areas- streets/neighborhoods parks
- Katy Trail
- Health care
- ARC
- A responsive local government- attentive law officers (safe walking); available, quality resources at the ARC
- Chamber of Commerce
- Large sustainable farming community and several community gardens
- Farmers market which accepts SNAP. What about produce carts around town???
- Several parks in town (but could we link them together better with bike paths and trails)
- MKT trail and proximity to Katy trail bring cycling events
- Experts and educators in public schools and university
- High literacy among population: post nutritional information at eateries; suggested exercise at parks
- I don't know. As a citizen I give hundreds of hours to community and neighborhood work and

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decisions at the top of the food chain don't serve me and my neighbors. The city now calls us customers. The customers with the most "buying" power get their needs met first. Maybe I should view customer language as absolute honesty, that the model of serving ordinary citizens is not the model of our city management.

- Trail system
- Organizational support (PedNet, Columbia Multisport, Youth Sports)
- More physical education in schools, focused on how to maintain a healthy lifestyle. Ensure longevity and expansion of city parks and trails. Promote health and active lifestyles through the media.
- Smoking ban and expansion
- Food stamps at farmers market
- Good bike lanes on roads
- We have beautiful parks, paths, ponds, pools, and places such as the ARC
- There are hospitals, clinics, and the health department
- Organization abound that promote good living such as Urban Ag Coalition, Meals on Wheels, community gardens, Bee Keepers association, as well as healthy churches
- It seems in the past three years that there has been a huge push on health and healthy environments. We need to continue this trend. Bringing in more healthy venues like Lucky's market, Farmers market pavilion, more parks like Stephens in all communities. Smaller towns surrounding Columbia need more/better parks available to citizens.
- Health department
- Several non-profit groups
- Farmers market
- PedNet
- Health department
- Arc
- PedNet
- Wellaware Boone Hospital
- Family Health Center
- Centro Latino
- Fit for Life MU Hospital
- Sidewalks, good lighting, lots of pocket parks where kids can plan free form while close to home = safety
- More gardening space! Access to a certified kitchen, access to groceries and activity areas in parks, etc.
- Identify community leaders of color and hire them as a healthy lifestyle coach to help mentor and coach people on activity for healthy living
- Farmers markets
- Natural health markets
- WIC
- Educate
- More mentors- more info available at all times in schools, health dept., treatment centers
- Make activities affordable for all citizens (income-based fees)
- CUA is valuable resource for healthy food

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- CoMO Connect/pressure to expand transit is an asset that can be leveraged
- Get the walking school bus going again
- Health Department provides great services; there are also a variety of liaison groups. We have many lovely FREE public parks and fitness trails.
- Nutritional education in the grade schools is FANTASTIC! Kids who otherwise might not are exposed to a variety of fruits and vegetables
- Having bus routes that allow regular and easy access to grocery stores. Schedules currently are inconvenient time wise and neglect certain areas of Columbia.
- Food bank
- ARC
- Schools
- Access to health care
- Farmers market
- Medical professionals
- Consistent, repeated messaging about most important health behaviors
- Better transportation system so folks can get to all the places that help with having a healthy lifestyle
- More opportunities for lower income people to have physical activity opportunities like the rest of us have- maybe joint use agreement with schools
- Need more than just programs. Need policies in place- vending machines that are healthy, nutritional info at fast foods and other restaurants
- More low cost healthy food for lower income folks
- Grants out there for obesity
- Doctors can now get paid with ACA for talking to patients about lifestyle behavior
- Love, INC
- Trails
- Parks and Rec
- Whole food and slow food movements
- Urban gardens
- Farmers market
- Increased education of the community to the resources already available through community groups and organizations
- Use of the public and private school systems as well as colleges, universities, and technical schools as resources to share information
- Public schools
- Colleges and higher education
- Vocational education
- Scholarships- aid
- Awareness programs in community S. Boone/Ashland
- Lots of small and big resources...no coordination among or between currently S. Boone/Ashland

Community Forum Attendee Comments

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In your opinion, what could stop us from achieving this strategic issue?

Common Themes

> Community physical layout creates dependence upon autos
> Higher costs for healthy foods
> Not all parks are safe
> Public transportation limitations
> Unwillingness to change behaviors
> High number of fast food/convenience food options
> YMCA/YWCA needed

Complete list of responses

- Outlying areas are not served by neighborhood parks- even within city limits
- Some parks (esp. Indian Hills) are well-kept secrets even in surrounding neighborhoods
- My neighborhood has its own small park and is three blocks from a major park, but few people use them. Too far out to walk or bike to anywhere. How to encourage park use?
- Lack of accessibility of parks (trails) are mostly accessible for people without disability, (PWD) no parks though
- Affordability of healthiest food
- Access to healthy food
- Lack of public transit to get to "healthiest places"
- Increase in fast food (we must encourage people to cook at home, both for sake of health and family)
- Decrease in nutrition info on individual foods, restaurant food, fast food
- An overall "healthy" environment
- Low-income families often can't afford a gym membership
- The middle class family often can't afford membership as well. They often don't meet the guidelines for assistance so they do without.
- I would like to see a bike trade program. I have kids who have grown out of their current size bike but I can't afford new ones so now they just don't ride them equaling less exercise
- Adults who don't want to change their behaviors
- Changing behavior takes attentive effort
- Everything costs money, whether it is the provision of healthy lifestyle facilities- parks, ARC, sidewalks- or campaigns promoting healthy activities and the staff to move campaigns forward/ care for facilities. Hence this issue competes with others which are also funded with citizens' dollars. A matter of priority.
- Lack of dialogue with hospital hierarchy and failure of recognition of the need to foster continuity of care, prevention, and cost savings
- "Big Money" advertising from national chains is always a problem. However, I think that even their marking tends to be more focused on "healthy choices".
- Dollar costs
- Opposition to taxes
- Failure to address crime in neighborhoods
- Lack of equal access to health and fitness programs and activities

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- Video games
- Fast food restaurants
- Disincentive from the business community
- Get dietitian for city so all have access
- Take cruddy, unfit junk food out of the ARC and their snack bar. Build more YMCA or YWCA in town. They could use more places for people with modest incomes. There are daycares in them. Kids need stuff in their neighborhoods. We have Gold's, Wilson's, etc. but need affordable places. Other towns have, why not here. ARC is too full at times. Seniors need safe places to go in all types of weather. They have rock walls, paddle ball courts, tennis, pools, etc. Put soccer field in more neighborhoods instead of all at Cosmo. Put signs or little pamphlets out to tell mileage when walking around downtown. Put more community garden spots in neighborhoods.
- Summer festivals and lack of enforcement of noise ordinance make neighborhoods less live-able
- Low wages. It's expensive to eat healthy.
- Inability to think outside of the box. We need to do things differently, treadmills at our desks, walking meetings, calorie counts on all foods in restaurants.
- Update/rehab current facilities
- Too much emphasis on middle class/luxury options (gourmet farmers markets, slow food events). These are great for our community but have limited impact on those most affected.
- Politics/ fear of politics re: sex ed/STD prevention (what is the current curriculum?)
- Support entrepreneurial ideas for issues
- Lack of political will
- Continuing to build for auto dependence
- Planning failures- new neighborhoods need to make healthy living easy to choose
- Rural areas terribly underserved for recreational opportunities
- Poor transportation systems
- Cost
- Lack of federal/state funding
- Lack of safety due to crime
- Lack of funding for staff and supplies
- Higher cost of healthy foods
- Overprotective parents
- Not enough fun, affordable things that are alcohol/drug free for youth
- Lack of health education, especially in schools, lack of healthy food in schools, lack of affordable healthy food in Columbia; lack of physical education in schools; lack of time/ resources for adults
- Broad definition of health: "healthy" lettuce = spinach vs iceberg; "healthy" exercise = walk 10 minutes vs run 10 minutes
- Lack of funding
- Cost of fresh foods
- Understanding where to go for help
- Need to provide more recreational facilities for lower income- YMCA- also provide walking areas that are safe
- Opposition to policies
- Misunderstanding of the role of policy in health
- Lots of education needed

Community Forum Attendee Comments

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- Transportation
- Education about healthy choices
- Cigarettes
- Availability of healthy choices
- Cheap fast food
- Cooking "healthy" is out of style
- Fresh fruits and vegetables are expensive
- Lack of funding for food programs
- Lack of walkable neighborhoods
- Lack of practical home economic and food prep classes in our public schools
- More and more fast food
- Some believe that it is okay not to have a job
- Transportation issues for families
- Poverty
- Access to healthy foods because people's income is not adequate
- Not taking advantage of viable areas within the city for food production
- Not addressing safe, walkable areas throughout the city
- More fresh produce at farmers markets that limited and moderate resource families can afford
- Northern Boone county does not have as easy access to trails and fitness center or health care
- Lack of formal nutrition and sex education in school system
- Limited funding/advertising for programs that provide services and make a healthy lifestyle accessible-even if a program gets funding, the targeted population needs to be informed and feel motivate to take advantage of such services
- Failure to be involved
- City regulations
- We need cluster housing for seniors-promote sociability and caring for each other
- Too many fast food and chain restaurants
- Lay out of town (proximity of supermarkets to residential areas) encourages driving
- Busy, wide roads separate sections of town making walking/biking difficult
- High gym membership fees (no YMCA or similar association to subsidize these costs)
- Coupon books advertise unhealthy eating options
- The city's policies could be more in-line with findings of reports and studies it already has-affordable housing task force, the design chortle, Metro 2020, all community comprehensive events/reports that are clear statements of protecting the affordable housing we already have especially affordable home ownership. That phrase "your actions are so loud I can't hear what you are saying" comes to mind.
- Need more event space for youth/organized sport. Other communities our size have more courts, pools, rinks, etc., both to serve our community and bring in events
- Availability of accessible, free chlamydia testing and political support for STD and family planning
- Lack of communication with the people whose life would change for the best if they had awareness
- Money
- Local gov't/ city council not allowing the growth of city/public parks. The more the better.
- Lack of funding and community support

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- Not providing access: bad public transit such as non-peak hours or long transfers or no access to it (no sidewalks or pedestrian cross walks)
- More affordable health food
- Educate more nutritionist for low income
- Not enough willing volunteers
- Preconceived notions about what stakeholders need, and about why they will/will not become engaged
- Policies that make it too easy, cheap, convenient to drive, instead of walking, biking or transit
- Availability of unhealthy food in schools and other institutions
- We still find ourselves in a situation where fresh produce is unobtainable to those on a very low income as they are cost prohibitive. I do not know if the local farmers market accept EBT but is seems like a program including this idea would be a win win! Junk food is so much cheaper than good food and that hurts our population and our local farmers
- Lack of education about healthy lifestyle
- Lack of bike safety in traffic
- Damaged bike lanes
- Lack of enforcement of bike safety (for bikes and drivers)
- Lack of access to healthy foods
- Lack of affordable recreation space, why no YMCA or scholarships to ARC for low income individuals
- Lack of fruits/vegetables in food banks
- Focus on big box stores in downtown rather than green grocers
- Support, endorse, empower local efforts to solve problems and develop collaborations
- United Way agencies- do these organizations collaborate with non-UW agencies?
- Lack of collaboration among food-related organizations- who can convene?
- Lack of incentives to change eating behaviors
- No one "driving the bus" especially on the obesity issue
- Turf issues
- Marketing should always include and target non-traditional uses of these resources- low income and people of color using farmers market
- Ongoing educational programs that talk about healthy eating
- Encourage Boone Hospital and University to work together to do these programs, do screening together, have free clinics together, do educational programs together
- No coordination of efforts to share information on community resources
- Competing groups for reduced funding
- Continued development of safe parks in neighborhoods (policing, recreational staff available to work with families)
- Continued lack of awareness of opportunities; attitudes holding entire community back
- Lack of coordination, cohesiveness for local, regional efforts
- Lack of understanding and sensitivity to social, cultural, and demographic factors that encourage unhealthy behaviors
- Opposition by interest groups

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- Tenuous land tenure (most gardens are leased on a year to year basis, with no long term commitment from the land owner), access to water (installation of a dedicated hydrant can be expensive in some cases), recruitment and retention of volunteer leaders
- To not raise our children with an appreciation for balanced meals, the roles of fruits and vegetables in a diet, proper nutrition, regular exercise, rest, good boundaries when eating, feeling best when appropriate physical weight is maintained.
- If education has to be done later, then it has to be, and that entails making sure that all persons would be educated and supported in/with feeling best when exercising moderation and balance in their life styles.
- One could provide education, transportation to facilities that would help persons who need exercise, education about healthy life styles. Groups could be formed, people could 'buddy- up' for support if necessary. It could be made fun, contests could be held, competitions for those who are competitive. Convenience would be helpful (accommodating work schedules) and family involvement for all families, including single, working parents and their children need to be included. Again, early training is very important here to raise a next generation where excesses would be much in the minority percentage of the population than it is today.

Community Forum Attendee Comments

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Access to Health Care

In your opinion, what resources are currently available to address the issues, if any?

Common Themes
> Healthcare infrastructure (hospitals, non-profits, Family Health Center, etc.)
> Affordable Care Act

Complete list of responses
- By promoting citizens who are un or under-insured to sign up for the ACA. Fund city/ county provided health care and allow any citizen access on a sliding cost system. In this way those who can pay help fund those who cannot
- A lot of medical resources are available
- It's a pretty progressive community with variety of options
- Not able to get access to the physician in a timely manner
- University/colleges
- Planned parenthood
- Community non-profits taking a focus on health- new United Way Community Impact plan
- We do have alternatives for the uninsured (but limited services for those paying their own way)
- Many health providers/facilities in Columbia
- ACA should help decrease the number of uninsured
- Numerous non-profits that know and understand the laws to guide people (Medicare, Medicaid, ACA)
- Lot of info available
- Access to area PCP, family medicine and internists that are not available in most rural areas
- Good volunteer base
- Family Health Center- but long wait to get in
- No low income dental besides Family Dental, which is not taking new patients
- The University now charges a $50 fee for self-pay patients. If they don't have the $ they go to the ER where they won't be charged up-front fee
- Family Health Center!- needing more staff and resources
- Significant health expertise exists but a cooperative attitude among all health resources is important
- Free or income based health clinics and dental care
- A variety of services are available. Some are better known than others. Access them can be a problem for those who need them most: understanding paperwork and requirements, getting transportation, etc. It might be possible to advertise the available services and arrange access to them thru churches, etc.
- More access to dental should be a priority for young children and to provide an avenue for parents to access dental treatment. Low-income families are not able to access comprehensive healthcare. Again, education is key to break the barriers.
- Health Department
- Family Health Center
- Community Agencies

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- ACA
- Medicaid Expansion
- People's Visioning
- Medicaid expansion would probably help a lot
- Transportation issues maybe could be addressed
- I am very concerned that many children, especially from toddler to about 6 years old, are not receiving adequate healthcare due to parental neglect
- Increased funding for social work, behavioral health in primary care setting with availability for home visits
- We need to expand Medicaid
- Encourage providers
- Family Health Center
- Family Dental Clinic
- Phoenix Programs
- Pass expanded Medicaid on state level
- Family Health Center
- MedZou
- Navigators for Exchanges
- We need: comprehensive referral services for community resources. Care right now is like band aids being placed on hemorrhages. Until we get a new health care system we can improve access by helping residents learn about resources that are available to them (ACA resources, local resources, medications, exercise facilities)
- Increase clinic places and hours of availability
- Look at repayment plants for dental education to place in areas of need
- Work with dental schools/professionals to encourage group practice- both dental groups and placing dentist into traditional health care groups
- Health care system
- Health Dept.
- Family Health Center
- Centro Latino de Salud
- MedZou
- Hospitals: University, Boone, VA
- Columbia Public Schools: are school nurses available, able to connect to resources for students
- Public transportation access to health care facilities
- Increasing awareness and knowledge amongst providers about the barriers of insurance/ transportations/costs to the patients that are barriers to adequate and appropriate utilization of the health care services
- Support Medicaid expansion
- Very few dental resources for children/adults but there are some
- University, BHC, non-profits like FHC
- Medicaid expansion
- School/University health
- Family Health Clinic
- City/County Health Center

Community Forum Attendee Comments

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- Educated population that can train others and volunteer
- Columbia is a hub for health care and research about health care
- Columbia Dept. of Health
- Four hospitals
- Specialization in all areas of health care
- Retail clinics opening soon in each Hy-Vee
- Universal access to health care should theoretically solve this
- We have great social services
- All our hospitals and care centers
- Hotlines/staff to assist with the ACA
- Partnership with local non-profits and free health care providers
- Flu clinics
- Variety of medical providers
- That's a tough one! A lot to be settled under Affordable Care Act. Policy issues-modernize nurse practice act so NPs can provide primary care. Programs to prevent over use of ERs- improved health literacy- more emphasis on prevention so we don't need health care to begin with. Start with worksites and schools
- Increase education
- Increase transportation
- Increase awareness on part of health care providers of cultural differences that might lead to lack of understanding of need/access to health care services
- Most of us can't afford health care. The "reasonable" costs that gov't says we should be able to afford just confirm how out of touch they are with us "regular" folks.
- Charging a fine for not being able to afford insurance is basically legal extortion. Insurance companies should be fined for not keeping fees down instead
- Community groups that are promoting Affordable Care Act
- Great healthcare facilities
- We have our doctors, dentists, hospitals, clinics and pharmacies
- School based flu clinics
- Many medical providers
- Expanded public transit; clinics/facilities are increasingly located in far reaches of the city
- Family Health Center for limited resource families
- Affordable Care Act can provide insurance options now for many who have not been insured
- Columbia has many health care facilities
- City leaders, interested citizens and convenient public transportation
- We need visiting or parish nursed to go to the seniors with transportation issues
- Money from mental health tax
- Experts, educators and students to disseminate health info at schools and universities
- Planned Parenthood centrally located
- Free condoms at Peace Nook downtown
- High number of hospitals and health clinics per capita
- We are resource rich
- Increase public awareness of clinics and urgent care
- Dental chairs available for children- reallocated some

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- Public TV channel
- Educating/centralizing information to one avenue. Too many people don't know where to start to gain access or what to do if not in that field, etc. We need more focus on streamlining processes to simplify to scope of access information and where to go for specific assistance with regards to our health
- Transportation during day
- Centralized health clinics
- Health Department
- Family Health Center
- Urgent Care- MU Hospital
- Convenience Clinic
- MedZou
- Dr. Marvin Mack
- Centro Latino health promoters
- Nurses and para-professionals health providers need to know and promote Obama Care/ ACA. The info isn't getting thru to them, so they are not promoting participation as they could
- Medicaid
- Affordable health care
- DFS
- Health Department
- More low-income clinics
- Health Department
- Hospitals
- Agencies
- Media
- ACA education and signup
- Medicaid expansion is available if state legislature would allow it
- Family Health Center
- Health Department; public health information provided on campus and by local organization
- Insurance issues/confusion seem to be a big issue
- Medical community
- Schools
- ACA- get people signed up!
- Why are there so few free clinics in Boone County?
- Affordable Care Act
- Family Health Center
- Health Department
- Referral agencies- like VAC
- Lucky to have med school- more exposure of med students to the array of health issues and work to break down divide between mental and physical health
- Again, through coordinated and organized efforts of health agencies and organizations rather than individually repeating the same services
- Continuous networking with health organization to work together
- Additional insurance – Obama Care

Community Forum Attendee Comments

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- Proliferation of low-cost care
- ERs
- School health nurses
- ACA

In your opinion, what could stop us from achieving this strategic issue?

Common Themes
> Transportation
> Cost of health care
> Coordination among services
> Failure to expand Medicaid
> Awareness of available resources

Complete list of responses
- Encourage all health care providers in area to monitor and do screenings and educational programs. Do these projects in areas where public transportation can take people
- Lack of education (youth and adult) on the issue, what local resources are
- Failure to do effective social marketing to combat negative attitudes towards ACA
- Lack of identification of underserved rural populations
- Not enough focus on prevention- i.e. folks go to ER because they couldn't afford an earlier intervention
- Conservative propaganda lowering expectations for Obama Care
- Competition for scarce resources/funding
- Problems with Affordable Care Act and folks falling thru the crack
- No Medicaid expansion
- $, $, $
- Lack of/inability to navigate insurance and RX assistance programs.
- Cultural mistrust of organized medicine
- Perhaps a free "course" or consultation with experts at the local library could alleviate some of these issues
- Lack of knowledge/ understanding about ACA
- High level political opinion that health insurance is a consumer product to be purchased (if you can afford it) rather than a universally available government service
- More funding/grants
- More education/resources
- More low income facilities
- Not having the money or having affordable health care
- Not-my-problem thinking
- Funding
- Too many choices, yet not enough specific resources
- Education/knowledge
- Health insurance availability to ALL citizens

Community Forum Attendee Comments

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- Money
- Politics of family planning
- No expansion of Medicaid
- Absence of focus on serving the underserved: clinic location, hours, quality, maintenance of treatment
- People who earn enough can purchase them for their family. I have lived here 15 years and the gap of opportunity keeps growing wider. It's exhausting to live here.
- MO position towards universal health care
- High health costs and culture of suing doctors for malpractice
- Controversy surrounding health care insurance
- Apathy
- Those stuck working but not on assistance, making minimum wage with children
- Limited enrollment in health care marketplace for those without insurance
- Lack of Medicaid expansion
- Not enough mental health counseling opportunities for individuals with limited incomes.
- Too long a wait to access mental health care
- Transportation
- Uninsured residents
- Fear of seeking health care
- Smoking/drug use
- Money
- False information for Affordable Care Act
- Failure of Missouri to expand Medicaid
- Failure of MO to set up state insurance program
- So much of our health care system is tied up in politics and market economy
- Support Medicaid expansion
- Low-income families need to be educated on health care available. Need to know what services are available
- Transportation to apt
- Understanding of importance of preventive care
- Understanding insurance and Medicaid expansion
- Lack of funding
- Lack of awareness/physical accessibility of resources and staff
- Lack of resources
- Lack of affordable resources
- Lack of awareness of resources
- Transportation issues
- Insurance issues
- Funding
- Profit-focused insurance companies
- Transportation
- Costs/fees
- Small capacity of Public Health Center: long wait, services only provided at certain times
- Transportation is poor

Community Forum Attendee Comments

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- Stigma of using some services
- Some persons don't see it as important
- Transportation- both city and county
- MO state legislature
- Lack of dental services for poor
- Failure to expand Medicaid at state level. Need to ADVOCATE for this!!
- Find a way to improved adult dental access independent of Medicaid
- A lack of partnerships, especially between hospitals and other programs. We duplicate efforts in some areas of need while providing very little in others
- Schools have typically had less money for a nurse's office to be open during the week
- Not getting info to target groups of the availability
- Not collaborating with health providers across the community
- Legislative issues- lack of Medicaid expansion. Bipartisan bickering. We need a single payer system. Our fractured health care system utilizes immense resources and time for what it offers in regards to access and comprehensive provision of services
- Not passing expanded Medicaid
- Long waiting lists for dental care
- Crazy legislators!
- Limited resources, overworked providers
- Lack of understanding of behavioral health services
- Failure to pass Medicaid expansion
- Parents refusing to adequately provide for their children
- Funding
- Crazy Republicans
- Cost of insurance, co-pays, etc.
- The busy-ness of life, esp. for single parents
- Lack of understanding of importance of personal health maintenance
- Decreased funding at the federal and state level
- Lack of meaningful dialogue with key players
- Lack of built-in follow-up in the home by social and nursing workers
- People view Family Health Center for poor people, thus equating it to subpar health care.
- They can't afford anything else so they don't seek medical care. FHC needs imagining/branding change.
- No Medicaid expansion!
- No increase in funding for public transit
- Necessary docs (PCP, family practice, internists) retiring and/or leaving
- Underinsured
- State and federal government
- Money or lack of it
- Isolation
- Lack of knowledge of options
- Non-participation in the ACA
- Increase of costs of medical care over and above inflation rate
- MO position with universal healthcare coverage

Community Forum Attendee Comments

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- Lack of access to health care facilities
- Not enough low fee/free health clinics
- Lack of specialized clinics
- Lack of public understanding/utilization of preventive care vs. acute care
- Lack of Medicaid expansion leaves many of the most vulnerable still uninsured
- Too hard to get into providers, too easy to go to ER if uninsured (or even insured)
- Need evening and weekend access to primary care- esp. for working poor
- Encourage providers to have free health care days and take turn staffing, dental or medical clinics
- See if low income parents with kids with cancer have transportation to hospitals
- Make people realize if they can fix a body, then minds could be fixed also so there is more mental health services- ones that aren't tracked by governments so people don't feel tracked. People probably won't use if all tracked so much or so don't feel people will see them using them in small communities
- What would stop us from achieving this strategic issue is to not involve neighborhood groups in mental and physical health fairs organized with all the extra monies lying around (I'm being facetious). Don't involve church and community groups and educate them on how to stay healthy and when and where to get help if necessary. Healthy life styles clubs could be formed and funded in neighborhoods, professionals could educate persons how to recognize normalcy and illness better. Transportation could be provided to facilities. Or provision of items like the buses some communities have been able to provide where professionals go to underserved sectors of the community to help provide services such as check-ups, hearing tests, dental assistance, etc. Needs assessments in different neighborhoods that are seem to contain a preponderance of underserved persons could be performed and then a plan could be put in place to address those needs.

Community Forum Attendee Comments

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Disparities

In your opinion, what resources are currently available to address the issues, if any?

Common Themes
> Education
> Health education
> Access to care
> Socio-economic
> Community services
> Non-profits/ faith groups

Complete list of responses
- Columbia has lots of service agencies
- Many engaged community groups, churches, etc.
- Vocal spokespersons and active media outlet to reach minority populations (but not youth?)
- Some strong role models, though not very focused on health (coaches, ministers, etc.)
- Many not-for-profits that do great work with very limited funds (CMCA, Food Bank, etc.)
- Education, including at least graduating from high school
- Home and community-based services are on a definite increase
- More resources on the issues for the affected race
- Literature in uncommon places like grocery stores, bus stations, libraries, etc.
- Health requires individual responsibility and can't be given. Education is important and provided health care must be incentive to partner in good health. Severe health needs and disability status will be supported when the majority of healthy do their part to maintain health
- Reaching out to disaffected populations and creating more awareness of the available programs with a focus on addressing the issues faced by these populations- i.e. heart disease, alcoholism, etc.
- The root causes are legion. They include entrenched cultural patterns as well as a for-profit health care system. Economic, family structure, educational factors all play a role. I think education is a basic key to health care empowerment. We should be teaching teenagers the importance of developing healthy habits, etc.
- We have to be able to come up with sustained ideas and action plans. We have to have organizational leaders willing to commit to change. This is really an issue of practice
- Education and outreach programs
- Inclusive events
- Enlist help of groups at all levels
- People's visioning
- Education! Education through whatever means- newspaper, magazine, TV, internet, billboards, etc.
- Medicaid/Medicare
- Transportation
- Prescription assistance
- School flu clinics

Community Forum Attendee Comments

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- Lots of hospitals here
- Neighborhood associations
- Family health center
- Family dental center
- Community action agencies
- Help at-risk youth
- Decrease high school drop out by reinvent trade schools and apprenticeship
- Lack income parity- pass a $10 hour minimum wage
- Have expanded Medicaid
- We need to address unconscious bias on the part of health care providers and others in the community. We need to track health and medical outcomes based on race and ethnicity. Encourage health care institutions to collect data based on race and ethnicity-done elsewhere in the country. See the Health Disparities Solution Center in Massachusetts
- Community groups, involving people in groups that need help. Use federal and state funds/ ideas. Start with very young and move thru age groups incorporate their ideas/needs
- Empower the audience/target groups to make them aware of their rights and resources to the available services
- Faith-based groups
- Non-profits
- Public schools
- Daniel Boone Regional Library
- This requires policy change (ACA, transit)
- Using HIAs
- Churches
- Schools
- University
- Good education in a competitive environment
- Youth empowerment zone
- University hospital
- Obama care
- MAC (Minority Achievement Committee)
- Better access to normal functions of daily society (computers, printers, fax)
- News outlets
- Free educational/technological classes
- Provide better access to healthy foods and exercise opportunities to low income populations
- We have huge race and class and income diversion in Columbia
- Neighborhood building-getting people to check on each other
- Diverse spiritual groups
- Start with students- more need immersion experiences, more partnerships with the community. Medzou is a good start but need more to foster cultural humility. We don't need just a diverse workforce-we need cultural competency in the work force we have!

- There are many groups in BoCoMo addressing some of the issues but it seems as though many are not connected/replication of services but no uniform portal/access to services

Community Forum Attendee Comments

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- We need jobs! Govt. should stop giving tax credits to companies that move/maintain factories out of the county. They should actually be taxed more for it. Also, it is too expensive to go to school/ train for jobs. When you do get out of school, you are faced with a lot of loans. I personally have to pay loans instead of health insurance because loans increase with forbearance.
- Root causes! Poverty, lack of opportunity to go to college for poor kids
- We have the infrastructure
- Social services available
- Church groups
- School focuses on this issue to a great degree, Dr. Belcher's world cafes!
- Encouragement for those who need it
- Good health care options for the uninsured
- Interested and involved citizens
- Personal responsibility
- Support the family health center
- We need dental care for seniors
- Columbia career center open to everyone
- Housing authority and investigations into equal housing opportunities
- We spend $1 million on city/county social services. If we add it to United Way funding, all the not-for-profit budgets, all the dollars spent on charity, and factor in all the administrative costs of providing supervision and services- and INSTEAD had a community of living wages where people can provide for themselves, that would address the root causes. Columbia gives lip service and little else to encourage employers to pay fair wages.
- Education
- Access
- Target certain demographics and address their specific issues
- Education
- Health department human rights commission
- MOHEC (Missouri Health Equity Collaborative)
- More available resources for low-income population, such as another dental center
- Take the message to the people who need it most
- Hire a diverse workforce to address disparities
- I am not aware of any. In order to address these disparities you must ensure that health care/ information are available to the communities with the most risk. Ex: low-income, uninsured, impoverished
- Remove the fear of punitive action with regards to prenatal care...ex: automatically drug testing babies born to poor black women discourages prenatal care
- There are often issue with language barriers. Finding a way to provide reliable translators in medical settings could be helpful for the Spanish speaking community
- What are the "root causes"? Money. Education.
- Medical community
- Need a comprehensive tracking system to keep people from falling through gaps
- No jobs + no insurance + no $ = health disparities
- Great education is paramount
- Early childhood programs

Community Forum Attendee Comments

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- Breakdown socio-economic barriers to health care
- Encourage use of the affordable care program for health insurance
- Development of more non-profit health groups to provide health services for people who do not meet the eligibility criteria for Medicaid or Medicare
- Hire more minority employees in health agencies to reflect the diversity in our community
- MO Foundation for Health
- School nurses
- Lots nationally, very little locally or regionally (esp. for rural communities)
- Education. Hardly anyone starves in our community but poor, unhealthy food choices are much more common among the lower income residents. There appears to be as much their choice more so than it is their only option. Education is the key to change.
- I am familiar with only a few resources to address these deep and core issues. I would say some of the stuff CMCA does, along with GRO, get at some of these issues. Maybe the neighborhood associations in some cases. The issues are quite large and many of them need to be addressed by political advocacy, policy, and a major culture shift. In my opinion, when you look across the service landscape, there are many organizations offering services in the community, but most focus on symptoms or the short term needs of people. Perhaps area churches could be included in so far as they provide a spiritual center, community, and structure for people to tap into to overcome some of these core challenges. What about job training and adult education programs? They don't really address the core issues but rather give people some tools to hopefully overcome the challenges.

In your opinion, what could stop us from achieving this strategic issue?

Common Themes
> Lack of employment opportunities
> Lack of health education
> Financial barriers to healthy food
> Lack of public transportation
> Cultural norms and barriers
> Racism

Complete list of responses
- Southern Boone/Ashland- failure to engage disadvantaged populations in the efforts (social marketing and implementation)
- Expecting schools to do too much
- Over focus on what works in other places. We need to follow our own issues
- Fear, prejudice, discrimination
- Prejudice
- Lack of informed citizenry

- Ignorance of health repercussions of poor choices in food and lifestyle. Changes must come in the next generation

Community Forum Attendee Comments

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- Possible racism
- Them vs us- rich vs poor and those who don't care
- $, $, $
- Access-free clinics frequently held
- Lack of collaboration with MU- nursing and med schools
- Cultural distrust harbored by both poor and African American communities with regards to health care policies and the actions of professionals
- Insurance= either lack of or misunderstanding of policy
- Ignoring the issue
- Not enough focus and money put into schools and school programs
- Housing opportunities for minority and integration of housing
- Churches (need to leverage)
- Schools (need to leverage)
- Include full dental health with healthcare. If you don't have all your teeth, it's nearly impossible to find well-paying work
- We really don't have mental health parity, we need both mental health parity and dental health parity
- Cultural norms and perception, prejudices
- Segregated neighborhoods led to unequal access to resources and disparities in public school opportunities and quality (listen to This American Life podcast on "House Rules"- great background)
- Racist attitudes die hard
- Dentists
- Pay all workings a living wage
- Publicize available sources of health care
- Advertise flu vaccine and other immunizations widely and often
- Inability to reach the rural poor, motivating health care professionals to practice outside of the bigger cities
- Desire to achieve- may feel defeated
- Lack of planning for more safe/affordable rent and owning of home options
- Too many low paying jobs
- Transportation issues are huge
- Belief that broken homes are okay
- Racial tensions
- Money
- No jobs
- No education on what health is at early years
- Ingrained cultural biases and extreme general misunderstanding of poverty. Economic disparity on a more widespread scale. Some specifics to work on – less teen pregnancy and more jobs – job training
- Improve the access to health professional
- Some don't have the transportation and can't afford public transportation
- If we didn't provide a no fee or reduced fee clinic for those who don't have resources to health care

Community Forum Attendee Comments

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- There is a lack of open conversation
- Lack of funding
- Resources not easily attainable (equally as easy as the alternative)
- Lack of access
- Lack of awareness for resources
- Lack of funding for resources
- Lack of awareness of ACA
- Entrenched welfare and entitlement system
- Language
- Possible lack of professionals who speak the language
- Few role models
- Cost of nutritious food
- Worsening economic inequality
- Cultural barriers
- Education
- Prevention of teenage pregnancy
- Political will
- It would help to provide training on topics of equity and social justice in order to equip people to dismantle systems of oppression and promote social justice
- Politicization of this issue. Disparities are usually so entrenched, they risk appearing "natural" to some. The right person calling something "P.C." can be a setback.
- Failure to ask the right questions/look in the right areas. Ex: where do we see our first drop outs, what do they have in common?
- This is also just a complex issue connected to everything else
- Not going to area where people of need are
- Stop listening to their wants
- Lack of willingness to realize we all need to be part of the solution. Community education needed. Approach health from big picture- work on broader causes- poverty, lack of employment, impaired access to education
- Not creating more income parity- higher wages, better insurance
- Not having expanded Medicaid
- We need more clinics
- Want healthier people? Make it cheaper to buy fresh fruits and veggies instead of mac and cheese boxes. Put in more community garden spots all around town and encourage kids at school to learn how to grow and take parents. Make them close to all. Build more YMCA or YWCA all around town so there are year round spots to exercise with child care and places like those that have gymnastics, paddle ball, pools, and tennis – not private clubs- in local neighborhoods. Other cities have but Columbia clubs and city seem to keep them out. Put healthier foods in ARC machines and snack bars (like in schools) Put markers out downtown and at rolling bus stops to tell mileage for walkers.
- Lack of culturally competent care providers
- Further health education
- Increase access to services
- Lack of education

Community Forum Attendee Comments

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- Cultural barrier
- Lack of education and funding
- A for profit health care system. A for profit food production system, neither of which, ultimately, are primarily concerned with health. How to solve that one???
- Culture is a difficult thing to change. Need more vocal advocates representative of and respected by these affected communities who will help to drive the message and create an awareness and plan to change
- Providing care without responsible partnership to maintain health
- Lack of funding to support education or educational materials
- Unemployment
- Lack of affordable and accessible housing
- SAFE housing
- Lack of public transit
- Discrimination
- Must change cultural traditions-very hard
- Lack of strong health role models for youth
- Economic stressors are big part of the problem-need more jobs and/or long term strategies to make youth employable
- Segregated neighborhoods
- Building "affordable housing" for outside downtown
- Lack of dual recovery programs
- Lack of cold weather shelters
- $ again
- Lack of or low funding to service agencies
- Lack of awareness of the benefits associate with these behaviors
- The barriers include an economic system that creates winners and losers, policy makers that fail to put safeguards in place to protect good jobs or workers at the lower end of the pay scale, and the burden of racism, classism, and sexism that is still very prevalent. Tough stuff.
- The root causes of health disparities to ensure health equity, again, in my opinion, rest on early education regarding one's personal responsibility for taking good care of oneself and treasuring one's health, treating oneself well enough to remain as healthy as possible even when faced with a genetic predisposition to a certain illness. People need to realize that it takes effort to maintain oneself and that he/she/they are expected to do that since it's not someone else's responsibility to keep them from overeating and/or abusing themselves in some way.
- Training early, learning self-discipline, growing up with good habits, parents' valuing such good habits enough to implement them judiciously with themselves (setting a good example) and teaching their children, goes a long way towards preventing overriding issues. After that, it would be helpful to provide early intervention to those at risk (being able to identify them and get them to cooperate will also be helpful). Having learned to discipline oneself to do that which is uncomfortable to be and stay healthy also helps.

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Behavioral Health

In your opinion, what resources are currently available to address the issues, if any?

Common Themes
    Education
    Youth substance abuse
    Children's Mental Health Tax
    Community agencies and programs

Complete list of responses
- Some local providers (better than many places)
- New MH tax for children's services
- Special courts
- Really great non-profits that specialize in behavioral health (Phoenix House, New Horizons, etc.)
- Dedicated professionals and volunteers
- High schools need more discussion about risk. Not that it's bad, don't do it. But educating kids about alcohol poisoning- when should you take a friend for help?
- Teaching how the liver metabolizes alcohol…time it takes to process one drink. Just because you feel fine to drive now, you may be more drunk an hour from now as your body finishes processing all of the alcohol you had.
- Side effects of alcohol use- sexual dysfunction etc. They listen then!
- Try to establish and support people who are role models in education, sports, church, and faith communities. Support the family. Establish a perpetual education fund to allow affordable mobility-tuition paid but recipient would pay back to allow the next to follow.
- School resources to focus on the dangers of drinking, smoking, etc.
- Making underage drinking more difficult- training restaurant/bar staff
- More monitoring convenience stores and other places where access to alcohol is relatively easy
- Education programs, esp. for teens and college students
- Mental health is a real need for a lot of citizens. However, many citizens are over diagnosed with a mental disease. We should have better screening and assessments that eliminate those who do not need such services.
- Access to treatment for mental health
- Media promotion of healthy choices regarding substance use (anti-tobacco campaign), etc.
- Promote value of mental health services and reduce stigma
- Awareness
- Enlist family support
- People's Visioning
- Education- through whatever means- TV, newspaper, internet, radio, etc..
- Educate and encourage providers to collaborate effectively with behavioral health providers, increase communication, so providers can refer easily
- Health department
- Recovery programs
- Treatment programs

Community Forum Attendee Comments

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- Ability to educate the community: radio spots, newspapers, movies- education about mental health
- Frank educational discussion with adolescents about health, STDs, pregnancy prevention, putting off until later
- Utilize research as to how to lower above
- Use multi-media approach to info
- I see more community partners joining in concern over the need for mental health services- there is not just a demand, but interest in working to address the issue
- Health curriculum in the schools
- Boone County Children's Mental Health tax
- Develop "medical neighborhood" that is a collaborative and coordinating network of inpatient, outpatient, and community health providers
- Behavioral health providers becoming integrated into primary care (Medicaid)
- Public schools
- Kids First tax
- Parents as Teachers
- (maybe) reduce criminal penalties for marijuana
- Parks
- Churches
- City channel
- Dept. of Mental Health provides some outpatient care; but, there is a real need for more in the rural areas
- MUPC/Fulton/Burrell
- Free birth control and morning after pills available at all schools
- We have good social service agencies
- Tons of social service agencies, YC2, Wellness Resource Center, Compass prevention, etc.
- Putting kids first
- Awareness/advocacy of peer pressure: it isn't just someone literally pressuring, but the need to fit in
- I would encourage more alcohol, drug, and sexual behavior awareness programs. Knowing of and education concerning the effects of these behaviors
- Increase access
- Increase providers
- Increase coverage
- Monies for the children through the mental health tax
- More counselors going into the school systems
- Make the healthy choice the default choice thru policy- then the stigma is not an issue. More PE and healthy lunch options then less obesity in kids-less stigma as an example
- Children's services fund will be huge
- Increase awareness of drug disposal access/drop box at Police Dept.
- Change society perception of mental health. People don't seek help because of "how it looks"
- There is a lot of misinformation out there about mental illness
- Not enough info on this
- Health institutions and media

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- Safe disposal of prescription drugs
- Alcoholic/drug users being able to seek help-maybe in community, if not can find help online
- Mental health tax available for use in Boone County schools (CS Board to start the process of allocating funds for mental health services)
- Lots of community agencies
- Putting Kids first
- Great after-school programs for youth development (ex: 4-H/Big Brothers/Adventure Club/ etc.)
- Enlist public school personnel-include these issues on health curriculum
- Continue to monitor oppositional or depressed students closely
- Many community events, meetings and centers that bring diverse people together leads to increased understanding
- Community events, parks and gardens encourage healthy behavior and productive use of time
- Using a TIF to build an inpatient mental health facility- why do we fund stuff that already has a responsible party i.e. the developer yet we don't fund what is truly needed. This passes the "but for" test.
- Living wage jobs, first by the publicly funded entities would go a long way for giving people something to do with their minds. Boredom has to be a factor, along how people feel about themselves when they can't earn enough to provide for themselves and their family
- Need more treatment facilities
- Provide better treatment in schools
- New funding and focus
- New energy in addressing mental health (gun control)
- Columbia has a goodly amount of social, behavioral, and mental health professionals
- A lot of discussion in the various support organizations that nurture a healthy look at mental and spiritual health
- Mental health tune-up workshops
- Mental health is a huge issue in all areas of our community. Many struggle with the everyday stresses and changing environment much more than community and then there is the specific and direct mental imbalance. We are hit from all directions and many folks can't handle the everyday stresses. Many people these days are on antidepressants. Mental health needs lots of help. Educating kids and families in schools that it is good to discuss issues. Start early!
- Need more education
- Several behavioral/drug/alcohol support groups and facility
- Health department
- Family Health Center
- Burrell Behavioral Health
- There needs to be more publicity of what resources are currently available for alcohol, drug abuse, and mental health care. People who need these services don't know how to find and access them, especially if they have no money
- Role models
- Rehab facilities
- Educate in schools
- Educate children in school about risky behavior
- The University and 2 local colleges train a number of students majoring in areas of behavioral

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> health. Mobilize these programs to require services (practica, etc.) as part of their curricula. What exists now is cursory at best.

- We have many wonderful mental health advocates and organizations. Continuing issues in these areas are, to some degree, inevitable. Stigma alone takes 2-3 generations to obliterate.
- Mid-Missouri Crisis Line and text line are important resources often unadvertised.
- What are the alternatives? Are these attractive/affordable?
- There are a wide variety of social service agencies and non-profits which help address these issues. Schools-especially middle and Jr Hi also play a major role
- The strengths of the non-profits in Columbia- i.e. Great Circle are valuable resources to address
- Using children's service fund focused on this issue
- Children's fund
- Real interest and good coalition behind the Putting Kids First initiative
- National Alliance for Mentally Ill- reduces stigma
- Support groups- AA- Alanon- NA
- Burrell, NH, FCC, EAP's, MUPC
- YC2
- Crisis Intervention Trained Police Officers
- Health Department
- University participation in health programs for students
- City health programs
- Exposure/education to groups, organizations drilling down to churches, etc. directly to people-must often go to them rather than waiting for them to come to you. Speakers Bureau to talk to people. Use of volunteers to provide information to groups. Information often reduces the stigma
- Downtown streets- public attitude about what is acceptable behavior and what is problematic
- Trained police- CIT
- Southern Boone/Ashland: I'm not aware of any local efforts currently to reduce: smoking, riding bikes/ATVs/horses without helmets, mental health. Schools have drug/alcohol awareness efforts through school resource officer; some drivers ed. Local AA chapters, Namaste has addiction services

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In your opinion, what could stop us from achieving this strategic issue?

Common Themes

> Services are limited (fragmented, need exceeds capacity)
> Stigma
> Funding
> Cultural acceptance of alcohol consumption
> Lack of access to appropriate care and treatment

Complete list of responses

- I, for one just cannot get away from the early interventions and prevention parts of what it takes to achieve these strategic issues, especially also behavioral health. What stops us are those people who don't know (I'm giving them a break) what the proper behaviors are supposed to be, and/ or, they know (usually they do) and think they don't have to behave properly, or they have gotten away with misbehavior often enough that they know they can get away with it (I was Clinical Director of the Mid Missouri region for four Treatment Centers for Missouri's Department of Corrections for a while). Nobody is perfect, however, we all need to have a sense of right and/or wrong, something that is trained into a person early. To not do that would stop us from achieving this strategic issue.
- It's like I get on a soap box – my Ph.D. is in Psychology – and I believe in good self-discipline, good personal habits, empathy (I believe a good part of that latter ability is taught) good interpersonal and intrapersonal boundaries (respecting oneself and others) implemented, taught early and consistently reinforced positively. Even a 1-year old is already making choices and responds to environmental influences to its behavior(s).
- Stigma – forgiveness for repeated negative behavior(s) is difficult for sociopathic and/ or otherwise afflicted individuals who prey on persons who are not so inclined. If there is a mistake or two, I can certainly understand that. Change in behaviors is desirable and certainly needs to be supported with appreciation and rewards. I hope that is what you want to know. People with felonies have a difficult time, there is an organization in Tulsa, Oklahoma where I lived before I came to Columbia, where they train newly released female prisoners to work in a remunerative capacity and help them get on their feet. I also served a pre Master's practicum with pre-delinquent youth, one with behavior disordered teens at a Children's Hospital and one at the then John 316 Mission for prisoners on work release and at Tulsa Psychiatric Center. All good practical work exposure on what issues prevail for persons who have difficulties fitting into more average societal norms. Again, education of the general population (a mental health course in High School) with an overview of those populations may be helpful.
- We have very few mental health care providers in Columbia area. City as a whole needs to attempt to attract professionals in this area.
- Public health professionals- MU and private health care providers all need to meet and work on a regular basis
- In Southern Boone, we really need programming to address: safe driving, ATV/bike/horse safety, smoking cessation, healthy and active living programs, health services for women, men and LGBT. Failure to get community members and groups engaged will mean failure to see change

Community Forum Attendee Comments

Because all comments were included; thoughts/themes may be repeated throughout. Additionally, comments were transcribed exactly as shared by attendees and were not edited for clarity, grammar, or punctuation.

- Separate MU from the solution. Without partnership in problem solving with MU we don't address this as a community
- Lack of enlightened agencies/providers when interacting with prospective patients to provide BH services
- Resistance to alcohol education- lax attitudes about aids
- Not working together
- Poor start for the Boone C. Children's Fund initiative, sometime things that are brand new take a long time
- Denial
- Funding
- Peer pressure
- Dogma
- Hard-core, Bible-thumping conservatism
- Limited resources for addiction treatment for women. Many women seeking treatment need inpatient rehab and, pathetically enough, we have none to offer. These same women are typically low income, no insurance, possibly a parent…our inability to provide anything besides McCambridge House and 12 step AA modeled recovery is just unacceptable…it is also the third leg in this triad of poverty, crime, poor health. Outlying communities would also send women to such a facility in the same proportion that they utilize our hospitals, shopping, etc.
- Lack of consolidated focus across disciplines (Behavioral Health is not restricted to one discipline)
- Need to focus as much (or more so) on "health" not just "illness".
- Train (via competence) all who interface with young people, teachers, counselors, etc. on at-risk behaviors, and intervention
- Too heavy a focus on the diagnosis, not enough on what's next
- Education
- Lack of resources
- Funding
- Lack of community support
- Not enough money to specifically devote to programs. Each state should allot more dollars in this area for all communities
- Closed channels of communication
- Lack of psych services/beds
- Lack of public awareness/stigma
- Our own pride
- Columbia is a stressful place to live if you are low income. Despite completing my education, being well spoken and well written, there are fewer jobs that pay enough to own even a modest home in a modest neighborhood. All of this is exhausting and I'm ready to give up. If I am ready to give up- I get why hundreds if not thousands of people give up every day. City policy favors people with far greater economic means and rest of us are pushed aside. Why, in a city as affluent as Columbia, do jobs for ordinary people pay less than the person who held it immediately prior? This is creating a wide gap among those who have and those who do not.
- Number of uninsured cannot cover mental health or drug rehabilitative costs
- Tailgating culture that the university brings in

Community Forum Attendee Comments

Because all comments were included; thoughts/themes may be repeated throughout. Additionally, comments were transcribed exactly as shared by attendees and were not edited for clarity, grammar, or punctuation.

- Low taxes on cigarettes and liquor licenses compared with rest of county
- Have more trained psychiatrists and counselors
- Again, apathy and too much less important paper work/busy work
- Stigma
- Lack of affordable access
- Lack of awareness of resources
- Lack of education in school systems that might normalize or de-stigmatize mental health care
- Have not seen beneficial results form services available; contracts with behavior services based on numbers not results
- Limit businesses that contribute to many health problems (alcohol/fast food restaurants) in areas that are primarily limited resource families
- I'm concerned that services may be fragmented if the coordination is not addressed. Don't want to relive Caring Communities
- People afraid to seek help
- Failure to acknowledge that there is an issue because society/media sometimes plays it off that the use of drugs and alcohol is fine
- Access to media an funding for services
- Just keep doing what we are doing- or not doing
- Some of this is the cultural stigma; some is economic. Education is key
- Don't focus on behaviors- focus on policy. See previous notes regarding policies. It's too much to compel already stressed out people to agonize over a one dollar cheese burger vs a seven dollar salad.
- When people know their medical history is tracked they don't want to have others know they have a mental illness-still a stigma!
- More emphasis on coping strategies that apply to everyone
- Lack of funding
- Opposition from local groups and businesses
- Under-representation of peer pressure
- Create an anti-stigma campaign, increase knowledge of available resources
- American prudish mentality
- Need more resources to identify in public schools
- Change in media coverage
- Lack of financial resources for people who live one a fixed income and don't qualify for federal assistance
- Lack of peer support
- Lack of some services to elderly
- Lack of capacity for some services (waiting list)
- Severe shortage of child psychiatry
- Ongoing stigma associated with mental health
- High dropout rate/not able to meet needs of all kinds of kids
- Funding from a diverse set of resources
- Education in public schools and faith based groups
- A vague blanket approach, especially starting out
- Make/have professionals not available in small community schools

Community Forum Attendee Comments

Because all comments were included; thoughts/themes may be repeated throughout. Additionally, comments were transcribed exactly as shared by attendees and were not edited for clarity, grammar, or punctuation.

- Professionals not incorporating themselves into fabric of community
- No change in reimbursement rate
- Prejudice. Lack of willingness to call each other. Lack of financial resources to allow individuals with mental health issues to live as independently as possible. Funding for medications. Problem: when patients with mental illness are incarcerated they often are not able to continue psychiatric meds in jail (too costly) and lose Medicaid, then have to reapply. Huge problem
- Lack of employment
- People have to wait for days to get in the MU Psychiatric Health then they let people back out on the street after a couple days without follow up. We need extended stay mental health institutions.
- Lack of funding, more research of effective behavioral health needed as well
- Lack of education- education needs to be adequately funded. Education in all respects must always be encouraged
- Lack of understanding, stigma
- Failure to discuss openly
- Lack of effective treatment-long term
- Losing focus
- Program "DARE" not being funded adequately
- Not enough SROs in schools
- Stop the behavior in all levels of society. Don't give recognition to those who are negative role players: sports, business community, leaders, etc.
- Continue to ask about patients alcohol and drug use at each visit. Once it becomes the norm, it will become norm to discuss. This could stop because physicians are often only concerned about the complaint of the day
- Discussing counseling isn't just for "mental" problems. Better description of what counselors do and why you may go to one
- More "counselors" to address parenting concerns/behavioral issues
- More support groups for special needs kids- ADHD, Autism, Educationally delayed
- Education
- Money
- Too much drug and alcohol abuse (esp. among youth)
- Access to appropriate medical care
- Increase in gang activity
- We have to think about having several (all loosely trained) well-trained and educated "mental health cops"
- Increased homelessness
- Unemployment
- U. Culture of alcohol abuse permeates the community
- Lack of access to inpatient services
- Public role models lacking
- Lack of DRP programming
- Stigma for homeless
- Punitive approach to helping solve problems with youth and other divergent populations
- Lack of appropriate assistance for parents

Community Forum Attendee Comments

Because all comments were included; thoughts/themes may be repeated throughout. Additionally, comments were transcribed exactly as shared by attendees and were not edited for clarity, grammar, or punctuation.

- Safe neighborhoods
- So little affordable mental health care
- Norms among groups that encourage risky behavior
- Start running ads that show young adults that doing 21 shots when they turn 21 how much is can damage judgment. Put posters on campus.
- Make mental health be on par with physical health like if you can fix a body, then why not a mind- so fund same, provide hospital care same, etc. Teach kids it's okay to say "no" to others or strategies on how to get out of situation that are dangerous. Give them excuses to use or ways to leave. Many kids go along because they don't know way to leave easily. Provide sex education in school setting if parents provide written consent for class. Some parent clueless so better learn safe way.

Safe and Healthy Neighborhoods

DATA FROM THE COMMUNITY HEALTH ASSESSMENT: PHASES ONE THROUGH FOUR

How do we prevent crime and promote safe and healthy neighborhoods where people live, work, and play?

Picturing Our Future Visioning Session comments
- Safer neighborhoods- protect our residents
- Good infrastructure- fire, ambulance, water, sewer, etc.
- Parks/green space
- Not afraid to go outside/enjoy neighborhood
- Clean water and air
- Access to safe and affordable housing
- Availability of natural parks
- Highly "walkable" communities
- Trail system for walking, riding, jogging, fitness trails
- Pet parks
- Safety at work and in the community
- Drug free
- Gardening

Forces of Change Assessment
- Crime and safety
- Housing availability and development
- Park facilities per capita
- Student housing

Community Themes and Strengths Assessment- Community Survey results
- Low Crime/Safe Neighborhoods was the most important factor for a healthy community
- Safe and Affordable Housing was the fifth most important factor for a healthy community

Community Themes and Strengths Assessment- Focus Group comments
- Infrastructure- walkable/bike-able community
- Bicyclists safety
- Increasing violence
- Unsafe driving habits
- Gun violence
- Get to know your neighbor
- Revitalize neighborhood associations
- Community gardens

Steering Committee- development of strategic issue
- Low crime
- Safe neighborhoods

Healthy Lifestyles

DATA FROM THE COMMUNITY HEALTH ASSESSMENT: PHASES ONE THROUGH FOUR

How do we create a community and environment which provides access, opportunities, and encouragement for healthy lifestyles?

Picturing Our Future Visioning Session comments
- Sidewalks and bike paths
- Value health as a positive state to aspire to
- Lifestyles to promote health
- Start at a young age to learn healthy lifestyle
- Access to fresh/healthy food
- Affordability of healthy food
- Farmers markets
- Access to green space and recreation programs
- Walk-able community
- Trail systems
- Pet parks
- Farm to Table movement

Forces of Change Assessment
- Active farming community
- Price of healthy food vs unhealthy food
- Lack of access to healthy food
- High density of fast food in Columbia
- Hungry kids
- Little focus on physical activity in outlying areas of the city and county
- Lack of physical activity
- High rate of obesity in our community
- Difficult to make healthy choices easy
- Growing awareness of obesity

Community Themes and Strengths Assessment- Community Survey results
- Obesity was the #1 ranked health condition or behavior among adults to have the greatest impact on our overall community health
- Among youth, obesity was ranked #4

Community Themes and Strengths Assessment- Focus Group comments
- Walk-able/bike-able community
- Many access points for food
- Community gardens
- Farmers market
- Buddy Pack program at schools
- Poor food quality
- Food supplemental programs provide high calorie/low nutrient foods

Healthy Lifestyles

- Walking School Bus program
- Health education for children
- Starting young with good health
- Nutrition information in restaurants
- Urban farm movement
- Move toward healthier vending machine options
- Great access to gyms
- Revitalize neighborhood associations
- Community gardens

Steering Committee- development of strategic issue
- Obesity
- Access to nutritious food
- Healthy lifestyle
- Lack of public policies to support health

Access to Health Care

DATA FROM THE COMMUNITY HEALTH ASSESSMENT: PHASES ONE THROUGH FOUR

How can we increase access to and utilization of comprehensive health services?

Picturing Our Future Visioning Session comments
- Access to nursing home and adult care
- Senior care in rural areas
- Information about health resources readily available
- Timely access to quality health care
- Care for mental, emotional, and spiritual health in addition to physical
- Open access to alternative medicines and therapies
- Access to health care education
- Easy to navigate medical system
- Invest in prevention
- Routine screenings for physical/mental health and know where to send them

Forces of Change Assessment
- Lack of transportation access
- Affordable Care Act
- Lack of Medicaid expansion
- Availability of medical specialists
- Coordination of care among various providers
- Good network for disease surveillance
- Low health literacy
- Changing roles of health care provider expectations and expectations of patients

Community Themes and Strengths Assessment- Community Survey results
- Access to health care was the second most important factor for a healthy community

Community Themes and Strengths Assessment- Focus Group comments
- Many medical providers, hospitals, specialty clinics
- Local ambulance
- Local pharmacy that delivers
- Family Health Center
- MedZou
- Public Health Department
- Wellness resources at the University

Steering Committee- development of strategic issue
- Transportation
- Assure workforce
- Link to health services
- Access to health care
- ACA/ Medicaid expansion
- Care coordination

Disparities

DATA FROM THE COMMUNITY HEALTH ASSESSMENT: PHASES ONE THROUGH FOUR

How do we address the root causes of health disparities to ensure health equity?

Picturing Our Future Visioning Session comments
- Social justice
- Stable income and employment
- Value of all citizens
- Good jobs, low unemployment

Forces of Change Assessment
- Disparities in achievement, earnings, and health
- Income disparities
- Status of jobs in Ward One
- Lack of minority representation in public health system

Community Themes and Strengths Assessment- Focus Group comments
- Lower income
- Education
- Unemployment
- High cost of living
- Racism, classism, ageism
- Growing gap between rich and poor
- Public apathy
- Rural economic development
- Need for low skill jobs, employment that doesn't require college degree

Steering Committee- development of strategic issue
- Good jobs/healthy economy
- Dropping out of school
- Income/poverty
- Educate/empower
- Awareness of the issue; policy makers need to be mindful of disparities
- Addressing the social, economic and political systems involved

Behavioral Health

DATA FROM THE COMMUNITY HEALTH ASSESSMENT: PHASES ONE THROUGH FOUR

How do we reduce risky behaviors and the stigma associated with behavioral health?

Picturing Our Future Visioning Session comments
- Resources for a drug-free community
- Less youth adults with/doing substances
- Fewer deaths from substance and guns

Forces of Change Assessment
- Drug use and disposal
- Safe drug take back program
- Low alcohol tax
- High density of liquor stores in Columbia
- Misuse of prescription drugs among youth
- Culture that glamorizes drugs

Community Themes and Strengths Assessment- Community Survey results
- Drug abuse, mental health, and alcohol abuse where in the top four health conditions or behaviors among adults to have the greatest impact on our overall community health (obesity was number one)
- Among youth, drug abuse was number one, mental health was number five

Community Themes and Strengths Assessment- Focus Group comments
- Excessive alcohol consumption is a cultural norm that is socially acceptable
- Drug use among youth is a concern
- Parental drug use is influencing the youth
- Youth have "bowl parties" where multiple drugs are placed in a bowl and everyone chooses one
- Availability of illegal drugs and alcohol
- Drug use in increasing and visible
- High number of liquor stores
- Schools don't have drug related education or places to go for help
- Lack of support for long-term mental health services

Steering Committee- development of strategic issue
- Drug/substance use
- Safe drug disposal
- Stigma/education

Do Our Strategies Measure Up: The PEARL Test[1]

<div align="right"><u>Circle Yes or No</u></div>

Directions: Answer each of the following questions yes or no.

PEARL stands for:

P: Propriety

    Is the strategy consistent with the 10 essential services and public health principles?

<div align="right">**Y / N**</div>

E: Economics

    Is the strategy financially feasible?   (Does funding exist or it is likely
    to be available to implement this strategy?)

<div align="right">**Y / N**</div>

A: Acceptability

    Will the stakeholders and community accept the strategy?   **Y / N**

R: Resources

    Do we have the resources to implement the strategy? (Human, time, physical)

<div align="right">**Y / N**</div>

    Are community partners likely to contribute resources to enable implementation?

<div align="right">**Y / N**</div>

L: Legality

    Do current laws allow the strategy to be implemented?   **Y / N**

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[1] Adapted from MAPP: A User's Handout

Phase Six:
The Action Cycle

Seeking a vibrant, diverse, and caring community in which all individuals can achieve their optimum physical, mental, cultural, social, spiritual, and economic health.

Public Health
Prevent. Promote. Protect.

Columbia/Boone County
Public Health & Human Services

Executive Summary

The action cycle is the sixth and final phase of the MAPP process. During this phase, the Action Teams used goals and strategies identified in the previous phase to develop a Community Health Improvement Plan (CHIP), comprised of one work plan for each of the five strategic issues. Phase Six was implemented in March 2014 and will continue until the end of 2017. An annual implementation progress report will begin in 2015. Each work plan contains measurable objectives, activities and performance measures. The work plans will answer the following questions:

1. What will be done to realize the community's vision?
2. Who will do it?
3. How will it be done?
4. How will we know we have made improvements?

The completed action plans are included in the Community Health Improvement Plan. This document explains the process used to complete the action plans.

Process

Phase Six began with the March 2014 CHAMP meeting. At the conclusion of the meeting, CHAMP members were asked to move the process forward by joining an Action Team. Five Action Teams, one for each strategic issue, were formed. The five Action Teams began meeting in March 2014. Meeting facilitation was provided by the external contractor, ensuring a consistent output from each work group and adding a layer of neutrality to the process.

The Action Teams held three meetings from March to May 2014. The primary objectives for the Action Teams were: formulate outcome objectives for each strategic issue, translate outcome objectives into specific action plans to pave the way for implementation, and develop the process for implementation of the plans and monitoring of the Community Health Improvement Plan. At the initial meeting, the facilitator provided an overview of the MAPP process for the benefit of new Action Team members. The Action Team reviewed the suggestions from the March CHAMP meeting and made edits to the goals and strategies as appropriate. Objectives for each strategic issue were identified, along with potential activities. Action Team membership was reviewed and recommendations for new team members made. Action Team leadership was addressed by identifying a chair for each team.

The second and third meetings focused on further revision of the action plan, including editing the goals, strategies, objectives, performance measures, and activities. Several performance measures will begin with the collection of baseline data. Each Action Team was assigned a Columbia/Boone County Department of Public Health and Human Services staff liaison to provide on-going staff support to the Action Teams. Goals and strategies were prioritized during the final meeting. A team charter (example located in appendix) was introduced as a tool for moving forward in the implementation period.

Process

Each Action Team continued to meet monthly until the action plans were finalized in September 2014. Moving forward, teams will continue to meet regularly to carry out the activities of the actions plans, measure progress, and re-evaluate the needs of the community. The Action Team Leadership Committee, comprised of the Action Team chairs, staff liaisons, and MAPP Core Team, will meet biannually to monitor progress of the five groups and seek opportunities for collaboration. The initial meeting of the Action Team Leadership Committee was held in September 2014. At that meeting, all final action plans were reviewed and the committee adopted "Live Well Boone County" as the name for the Community Health Improvement Plan effort.

Results

Action plans were developed for each of the five strategic issues. Action plans are listed in the Community Health Improvement Plan.

Dissemination of Phase Six Results

Action plans from all five strategic groups were shared with the Action Teams during Phase Six. The Community Health Improvement Plan will be released to CHAMP members, stakeholders, and the community. The Community Health Improvement Plan will also be made publicly available on the City of Columbia's website. Paper copies will also be available at public libraries in Boone County.

Limitations

The initial plan for Phase Six included two, four-hour meetings per Action Team. This was not enough time for the Action Teams to complete their action plan. An additional two hour meeting was added to the schedule to accommodate. As the meetings unfolded, the goals and strategies continued to be edited by the Action Team members. In order to finalize the action plans, each team continued to meet monthly until September 2014.

Evaluation

Phase Six was evaluated with an online survey of Action Team members. Survey questions focused on the process used to complete the action plans. Evaluation results were shared with the MAPP Core Team for planning purposes.

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Appendix

MAPP Action Team Charter: Safe and Healthy Neighborhoods

Multiple reasons exist for preparing Action Team charters. One is to document each Action Team's purpose and clearly define individual roles, responsibilities, and operating rules. Another is to establish procedures for the teams and others for communicating, reporting, and decision-making procedures. This charter is intended to lay out a blueprint for how each Action Team conducts business and works in an empowered manner, including setting out responsibility and authority.

The charter includes the following sections:

1. **Purpose**

   The Safe and Healthy Neighborhoods Action Team has been formed to implement an Action Plan designed to answer the following strategic question:

   How do we prevent crime and promote safe and healthy neighborhoods where people live, work, and play?

2. **Scope**

   Pursuant to the Safe and Healthy Neighborhoods Action Team's Action Plan, the goal is as follows: *Strengthen neighborhood relationships, invest in a well-connected infrastructure, and public safety*

3. **Team Composition**

   This team is comprised of the following individuals:

Leigh Britt, Co-Chair	**lcnutter@gocolumbiamo.com**	**City of Columbia - Neighborhood Services**
Barbara Buck, Co-Chair	**babuck@gocolumbiamo.com**	**City of Columbia - Police**
Becky Markt	bmarkt@columbiaha.com	Columbia Housing Authority
Barbara Buffaloe	babuffal@gocolumbiamo.com	City of Columbia - Sustainability
Michelle Riefe	mariefe@gocolumbiamo.com	PHHS
Rachel Bacon	ribacon@gocolumbiamo.com	City of Columbia - CATSO
Erin Friesz	erin@yc2.org	Youth Community Coalition
Kelly Lucero	kelley-lucero@showmeaction.org	Central Missouri Community Action
Bill Cantin	bpcantin@gocolumbiamo.com	City of Columbia - Neighborhood Services
Melvin Buckner	mebuckne@gocolumbiamo.com	City of Columbia - Police
Lawrence Simonson	lawrence@pednet.org	PedNet
Mary Pat Boatfield	marypatboatfield@cmhspets.org	Central MO Humane Society

4. Membership Roles

Action Team Chairs: Leigh Britt and Barbara Buck

Action Team Staff Liaison: Jason Wilcox

MAPP Project Manager: Rebecca Roesslet

5. Team Empowerment

(Define the authority the team currently possesses by virtue of the MAPP process structure, additional authority needed to fully perform as envisioned by the team objectives, and level of empowerment requested.)
To be determined for all Action Teams by the Action Team Leadership Committee .

6. Team Operations

Action Team Meetings: The Safe and Healthy Neighborhoods Action Team shall meet monthly. The team will meet the third Tuesday of every month at 10:00 a.m for one hour at the office of the Columbia/Boone County Health and Human Services Department or another agreed-upon location. Notice of the meeting shall be distributed via email no later than three days in advance of the meeting. The meetings shall be facilitated by a member of the Action Team designated by the Chair. Minutes of the meeting shall be taken and distributed by the Staff Liaison no later than one week following the meeting.

Accountability: The Action Team shall be accountable to CHAMP, the Action Team Leadership Committee, and the community at large for its results. Progress shall be reported to the Action Team Leadership Committee via the Chair on a quarterly basis. A meeting of all CHAMP members shall be convened on an annual basis to provide members of the Action Team an opportunity to report progress to CHAMP and for CHAMP to make inquiry. Staff Liaison shall also regularly include designated progress in an e-newsletter distributed to CHAMP members.
Information shall regularly be pushed out to the general public about the progress of the Action Teams through such means as articles in City Source, press releases, and reports to City Council.

7. Team Performance Assessment

See performance measures and targets outlined in Action Plan.

Action Team Leadership Committee is a committee of the Chairs and Staff Liaison of all the Action Teams as well as the MAPP Core team.