



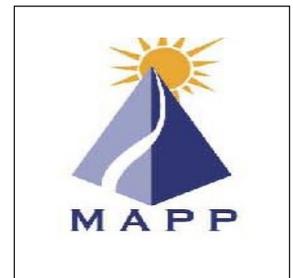
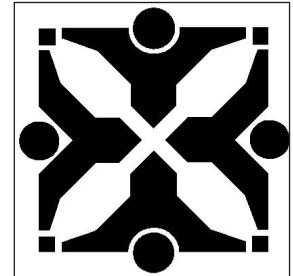
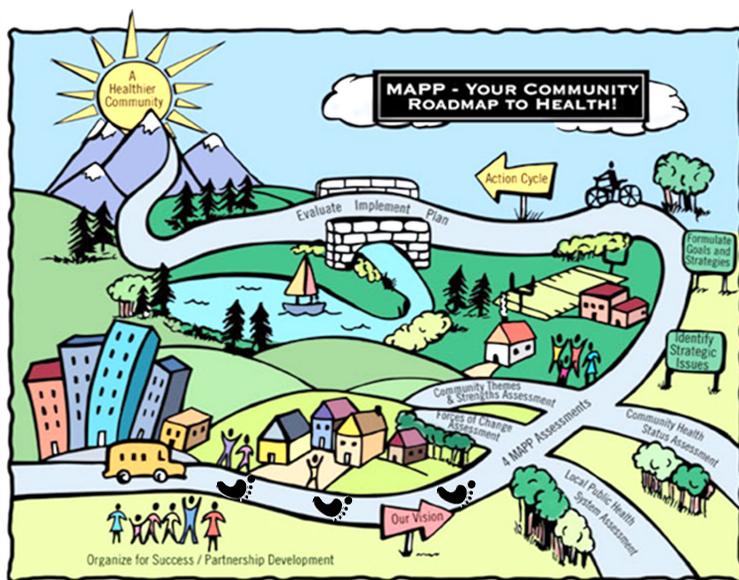
Phase Two: Visioning



This page left intentionally blank

Executive SUMMARY

Phase Two: Visioning, included the development of a community-wide vision and a set of community values. This phase provided an opportunity to increase community awareness and engagement in the MAPP Process. Residents gathered to create a common understanding of what a healthy community looks like. This achievement is known as the community's vision. The vision provides a picture of the long-range results of the MAPP planning process and what will be accomplished when the strategies are implemented. A community's values are its guiding principles and behaviors. These values help a community obtain their vision. The development of a community vision and seven community values completed Phase Two.



Our PROCESS

Visioning began with the April 3, 2013 Steering Committee meeting. Members of the Steering Committee served as the primary support for this phase, branded the phase “Picturing Our Future”, and outlined the process. Due to the large geographic area of Boone County, the Steering Committee decided to hold three Picturing Our Future community visioning sessions, one in each region of Boone County (northern, central, and southern).

During the April 24, 2013 CHAMP meeting, attendees were asked to provide contact information for community members to invite to a Picturing Our Future community visioning session. Broad community participation was essential in this part of the process. Using the information provided, the MAPP Core Team and Steering Committee members created diverse and representative groups for each region, seeking demographic diversity as well as representation in the following sectors: business, civic, disabled/disability, education, faith, general community member, government, LGBT, low-income, medical, military connection, minority, philanthropy, retired, senior citizen, young adult, and youth. Invitations were sent via mail and email (Appendix). Follow-up phone calls were made to approximately 80 community members per region.

The Picturing Our Future visioning sessions were facilitated and recorded by members of the Steering Committee. Members volunteered to serve in this role during the May 9, 2013 Steering Committee meeting. Those volunteers were provided formal group facilitation and recorder training by the external contractor for the MAPP Process.

The three Picturing Our Future community visioning sessions took place on weeknights during June 2013. Sessions were held in centrally located, well-known locations with ADA accessibility and ample parking. Free childcare was also provided. Each session began with a complimentary dinner followed by a two-hour work session. The work sessions included an overview of the MAPP process, public health informational video, and vision and values brainstorming (Appendix). Participants were divided into small groups of 3-5 people led by a facilitator. They were given three questions related to a community vision and two questions related to community values. Participants reflected on the questions individually and then reported their responses to the members of their small group.



Our PROCESS

The community vision and community values questions were developed by members of the MAPP Core Team.

COMMUNITY VISION

- What are important characteristics of a healthy community?
- The year is 2023. What does a healthy Boone County ideally look like?
- Who is responsible for making and keeping Boone County healthy?

COMMUNITY VALUES

- What community values promote a healthy community?
- (Optional) In the next 5-10 years, what behaviors will the local public health system partners, community members, and others need to engage in for the community to achieve the general vision your group has discussed?

All responses were recorded on flip charts and shared between groups. Participants were asked to self-report their demographics by completing the optional demographic survey (Appendix).

After the three Picturing Our Future community visioning sessions were completed, seven participants from the sessions volunteered to attend an additional work session to write the final vision and values. The work session was facilitated by the external contractor. The qualitative information from each of the three sessions was compiled into one document (Appendix) for the purposes of this work session. The group reviewed responses from each of the three sessions and vision statements from other communities. Using this information, the group compiled a vision statement and values, and distributed the work session results to the MAPP Core Team.

The MAPP Core Team members made minor adjustments and defined community values based on the discussion held in the work session. These adjustments were shared with the participants of the work session. After the adjustments were approved by the participants, they were formally adopted by the CHAMP members during the August 7, 2013 CHAMP meeting.



Our PROCESS

RESULTS

The Community vision and values are listed below. This vision has been incorporated into many aspects of the process. It is listed as a header for meeting materials and was used for branding MAPP promotional material.

VISION STATEMENT

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

COMMUNITY VALUES

- **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.



Our PROCESS

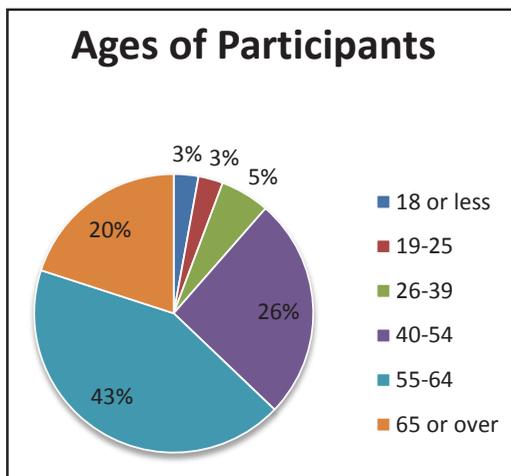
DISSEMINATION OF PHASE TWO RESULTS

The final vision and values were shared via email with all community members involved in the process. The vision and values were shared with CHAMP members during the August 7, 2013 CHAMP meeting. The vision and values were also shared with the participants of the eight community focus groups held during the Community Themes and Strengths Assessment in Phase Three.

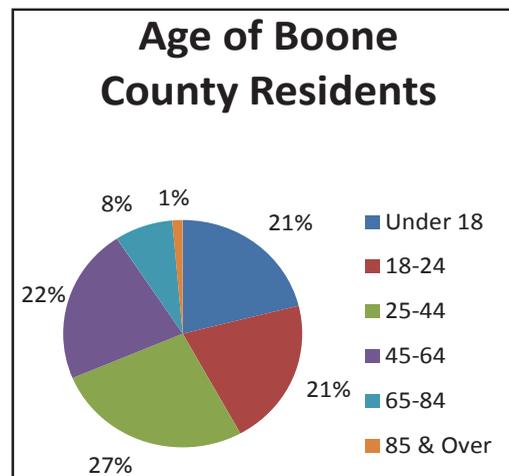
DEMOGRAPHIC RESULTS

The optional demographic survey was distributed to the participants at the end of the Picturing Our Future community visioning sessions (Appendix) and reported the large majority of the participants were white/Caucasian. In addition, approximately 75% reported having a college degree or higher. Most geographic areas within Boone County were represented. Graph 1 shows the age of the participants compared to the age of Boone County residents, Graph 2. The age group 55-64 was overrepresented while the two youngest age groups (under 18 and 18-24) were largely underrepresented. The breakdown between the age categories does not match between the two graphs. This is explained further in the limitations section.

GRAPH 1



GRAPH 2



Our PROCESS

LIMITATIONS

The Steering Committee members anticipated the number of participants per Picturing Our Future community visioning session would be 25-35, however, each session averaged 11 participants. The small number of participants reflected the difficulty of this recruitment process and may have impacted the results of this visioning process. Visioning sessions were held during the summer months, a time when college students are not typically available and family commitments can impede participation in community efforts.

Picturing Our Future participants were asked to self-report their age. The age categories do not directly correlate with categories from comparison data sources; therefore we are unable to compare our sample to Boone County age data. In future data collection, staff will ensure questions are asked in a manner that supports comparison (i.e. age categories in the survey will match age categories defined by the U.S. Census).

Recommendations for future community visioning sessions include: identifying local champions for the process, increasing the time allotted for invitations and follow-up; preparing for other ways to gather community input; hosting sessions during regularly scheduled community meetings; and personalizing invitations when possible.

EVALUATION

Steering Committee members who served as facilitators and/or recorders evaluated the training provided to them by the external contractor. Picturing Our Future community visioning session participants completed a participant evaluation at the conclusion of the work session (Appendix). Evaluation results were shared with the MAPP Core Team for planning purposes.



Appendices

Picturing Our Future Invitations

PLEASE JOIN COLUMBIA/BOONE COUNTY PUBLIC HEALTH AND HUMAN SERVICES FOR



**TUESDAY,
JUNE 4TH**



DINNER SERVED AT

5:30 P.M.

MEETING FROM

6-8:00 P.M.



SOUTHERN BOONE

COUNTY PUBLIC

LIBRARY,

109 N MAIN ST,

ASHLAND

The Picturing Our Future event is your opportunity to help create the future you wish to see for Boone County. Please join us to share your thoughts and help develop a shared focus, purpose and direction for the health, safety and well-being of our citizens.

Free childcare provided by interns from the Columbia/Boone County Department of Public Health and Human Services. Please respond with your availability by May 31st to Michelle Riefe at 573-874-6331 or meriefe@GoColumbiaMo.com



Public Health
Prevent. Promote. Protect.

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

Vision and Values Brainstorming Exercise

Sample Community Values

1. **Knowledge-Sharing:** Our residents should be equipped with the knowledge, education, and means to adopt healthy behaviors and lifestyles.
2. **Personal Responsibility:** As we reach adulthood, we should all take ultimate responsibility for maintaining our own physical, mental, emotional, and spiritual health.
3. **Resource Stewardship:** All residents value partnerships and collaborative efforts that maximize community resources in promoting and assuring community health.
4. **Environmental Justice:** Our community supports the principle of environmental justice – the belief that no population should be forced to shoulder a disproportionate burden of the negative health and environmental impacts of pollution or other environmental hazards.
5. **Equal Access:** Everyone in our community should have access to quality, affordable health care.
6. **Continuous Improvement:** We value and strive for continuous improvement through assessment, planning, learning, and innovative practices, and regularly seek the input of our residents in these processes.

This page left intentionally blank

Demographic Survey

Please answer the following questions so we can see which different groups of people are represented at the Picturing Our Future sessions

1. What is your Zip code? _____
2. Age: ___ 18 or less
 ___ 19 - 25
 ___ 26 - 39
 ___ 40 - 54
 ___ 55 - 64
 ___ 65 or over
3. Gender: ___ Male ___ Female
4. Ethnic group you most identify with:
 ___ African American / Black
 ___ Asian / Pacific Islander
 ___ Hispanic / Latino
 ___ Native American
 ___ White / Caucasian
 ___ Other _____
5. Marital Status:
 ___ Married / co-habiting
 ___ Not married / Single
6. Education
 ___ Less than high school
 ___ High school diploma or GED
 ___ College degree or higher
 ___ Other _____
7. Household income
 ___ Under \$15,000
 ___ \$15,000 to \$29,999
 ___ \$30,000 to \$59,999
 ___ \$60,000 to \$99,999
 ___ More than \$100,000
 ___ Don't know
 ___ No income (student or dependent)
8. How do you pay for your health care? (check all that apply)
 ___ Pay cash (no insurance)
 ___ Do not use health care or use free clinics (no insurance)
 ___ Health insurance (e.g., private insurance, Blue Shield, HMO)
 ___ Medicaid
 ___ Medicare
 ___ Veterans' Administration
 ___ Indian Health Services
 ___ Other _____
9. Which sector of the community do you belong to? (Check all that apply)
 ___ Education
 ___ General Community Member
 ___ Medical
 ___ Civic
 ___ Law
 ___ Faith
 ___ Government
 ___ Business
 ___ Philanthropy
 ___ Low-income
 ___ Youth
 ___ Minority
 ___ LGBT
 ___ Young Adult
 ___ Senior citizen
 ___ Military (connection)
 ___ Retired
 ___ Disabled/Disability

Thank you for your response!

Compiled Picturing Our Future Discussions

Values 1: What community Values Promote a Healthy Community?

- **Sustainability (5):** Development intentionally focused on endurance – a generational approach that incorporates good health long term (sidewalks, bike paths, etc.); prevent before a major downfall or destruction of self or community. Ex: gardening and all the health benefits related – walking to the garden, growing/eating healthy foods, communities grow; adaptability to changing conditions; vision for the future – where do we want to be? Shared values lead to shared vision; Commitment – not just talk – work together to reduce barriers, take risks;
- **Youth (2):** Preparing for the future – mentoring, inviting, learning from, and listening to youth and young people; knowledge sharing; if it's good for the kids, it's good for everybody;
- **Caring (5):** Caring for those who are most vulnerable (children, elderly); caring about the welfare of neighbors, even at the micro level; feeling of belonging; caring and concern; kindness/compassion
- **Excellence (11):** Commitment to truth, excellence, and progress; knowledge sharing; acknowledgement that there is always room for improvement in the community; maximizing our human potential and valuing the common good; stand up – not by, lead – not follow; Honest, collaborative initiatives where trust is built; valuing what works – knowledge; innovation; fact-driven decision making; lead by example; leadership – it takes a strong person to keep things going in a small town;
- **Social Justice (11):** speaking for and including the disenfranchised; active concern for others; don't hate, appreciate; no person left behind; respect/value diversity – allow people to be who/where they belong; recognizing and accepting diversity (inclusive, accepting, openness); respect different opinions coming together; value all people – rich, poor, young, old – equal access; sensitivity to all people – all residents, regardless of age, race, how long they've lived somewhere; personal responsibility balanced with a sense of common good/community; respect for people
- **Education (4):** education; college, technical, vocational
- **Employment (2):** Stable household income; meaningful employment;
- **Environment (2):** Respect for natural environment; respect for others and environment;
- **Infrastructure (11):** Responsive governance that reflects community values; developing infrastructure for involvement/activities beyond sports, i.e. community theater; equity in access to healthcare; healthcare; access to what “lights you up”; mutually supportive; cross-sector collaboration (employers, providers, environmental groups); responsible partnerships; protection of health resources, health systems, healthy environment; accessibility of health care – local or via transportation; collaborative with other communities – share resources;

- **Family (4):** God, family, country; family values – starting kids off right – be good examples; promoting and developing (inclusive) family unit cohesion; family support system – not just biological, all manifestations
- **Community (9):** Inviting community which understands the value of community returns; participatory; community involvement; sense of community; leadership to grassroots and support – buy-in at the top, not necessarily money but access to other resources; sense of heritage – develop and maintain; it takes a village - emphasis on community responsibility; honoring past – history and people; working together, volunteering, servant hood
- **Overall Health (5):** Healthy lifestyle; values health as a positive state to aspire to; easy access to effort driven rewards, “you feel better because you did something”, “this is your brain on carrots, not drugs”; hard work, hard play; marketing and promoting healthy actions – quit smoking, deal with addiction;
- **Spiritual (2):** churches/religion; faith communities in mission together

Values 2: Values to Help Achieve Vision in the next 5-10 Years

- Move beyond politics
- Make a commitment to be part of the solution
- Partnerships

Vision 1: Characteristics of a Healthy Community

- **Infrastructure (9):** safer neighborhoods – protect our residents; good business policies regarding health; good civic policy – local government is important; good infrastructure – fire, ambulance, water, sewer, etc.; multisystem for safety and protection; low crime; not afraid to go outside/enjoy neighborhood; nearly crime free; infrastructure – fire, police, medical, parks/green space;
- **Respect (1):** Value of all citizens (respect of community, environment, nature, self); tolerance of difference/diversity;
- **Employment (7):** Good jobs; low unemployment and good economy – means to be prosperous; thriving entrepreneurial environment; employment opportunities other than white collar; low unemployment; living wage jobs; thriving community with full employment;
- **Education (3):** Strong education system; education system with focus on health; quality education;
- **Seniors (5):** Access to nursing home and adult care, senior housing in rural areas; affordable services that encourage aging in home – nursing, meals on wheels,

transportation; senior citizen center in Hallsville; care for elders; elders who continue to contribute;

- **Lifestyle (2):** lifestyles to promote health and variety of community lifestyles to promote them; start at young age and learn healthy lifestyles;
- **Substance Abuse (3):** resources for a drug-free community; less young adults with/doing substances; less deaths from substances and guns
- **Resources**
 - **Health (2):** Information about health resources readily available; availability of educational resources – school, informational and programs, healthy lifestyles;
 - **Environment (2):** Clean water, air, sewage, sidewalks; clean air and water
 - Sharing of resources and information
 - Educated citizenship beyond schools – workshops (i.e. seniors and STDS), what programs are available
 - Community re-entry programs
 - Emergency resources, broadly defined and all kinds, disaster
 - Knowledge
 - Disabled housing (ADA) access
 - Equity, efficiency, environment
- **Access**
 - Available, affordable, and the community is aware of it
 - **Healthy Food (7):** access to fresh/healthy foods; affordable and healthy food – less junk food; everyone has access to healthy food; food security/low rates of malnutrition; connecting rural and urban community with adequate access to farmer’s markets (affordable food that’s natural/not processed); availability of food for all people – no one is hungry; healthy food system – heritage livestock and poultry;
 - **Healthcare (8):** Timely access to quality healthcare; access to healthcare and mental healthcare; everyone has place to receive healthcare; access to resources for medical care; easy access to good public health services in Columbia; access to healthcare for everyone; care for mental, emotional, and spiritual health in addition to physical health; available/affordable mental and medical substance abuse and health services;
 - **Transportation (2):** Access to transportation; ability to carpool and co-commute to work;
 - **Housing (1):** Access to safe and affordable housing

- **Recreation (10):** Access to green space; access to recreation programs and availability of natural parks; more positive activities for teens; opportunities for physical activity; local access to proximal and affordable recreation facilities; exercise program for the community; highly “walkable” communities; Trail system for walking, riding, jogging, fitness trails; exercise
- **Social Support and Involvement (13):** social support; organizations to create a sense of belonging; lowering incidence of heart disease, diabetes, obesity – socially active; community programs – education, childhood activity, keeping people active and socially connected; advocacy for healthy regulation of health issues; youth and young adult engagement; engaged community and empowered population; good health role models for children; social cohesion – cross class interactions; collaborative efforts to implement what works to create/maintain health; emphasis on positive adaptation and recognition or that as a learned phenomenon; care for the weakest – young and old; safe and healthy children
- **Services open at convenient times (1)**
- **Idea of an existing healthy community:** Boulder, Colorado

Vision 2: Boone County in 2023

- **Overall Health (7):** Excellent health indicators for all; no illness – everyone has what they need – basic needs and services; general health; no overweight people; decrease in rates of obesity in children and adults; healthy populace; life giving opportunities for all
- **Healthcare (11):** Affordable and available treatment programs and medical and mental health services; lots of healthcare facilities; open access (acceptance) to alternative medicines and therapies; expanded Medicaid coverage; fully funded clinic, used allied health professionals; access to healthcare education programming; total access – health insurance and sufficient healthcare without politics; easy to navigate medical system; access to better mental health services - currently a growing need; universal access to health and social services; continued stellar medical community; wide public access to physical and mental health resources and mentoring to assist/direct
- **Prevention (4):** invest in prevention; routine screenings for physical/mental health and know where to send them; early intervention; systems in place to provide education on positive adaptation
- **Quality of life/Lifestyle (17):** Slow down your schedule; spending money on what we value; happy; life-giving opportunities for all; making the choice to be healthy the easier choice – incentives; balanced work, play, and social interaction; convinced children to

play outside; active, happy adults and families part of a safe and welcoming community; Healthy Boone County is community based health and wellness; positivity; loving and accepting – not putting each other down; people want to live in Columbia; highly desirable place to live; personal responsibility for own health; family, faith, friend oriented; family provides a means of community; social freedom to be who we are; continued community involvement in improving services

- **Transportation (5):** people commuting to work together (reducing carbon emissions); more public transit; transportation that crosses community and outer communities – public transit, walking to public transit; less cars; mass transit to Jefferson City and Columbia;
- **Employment (4):** full employment at a livable wage; business opportunities; job opportunities for living wage jobs; unemployment eliminated
- **Recreation (11):** community and rural trail systems; walking trails and parks; exercise program; preserved green spaces being used; physical activity; accessible recreation – don't drive a car to the trail to exercise; children and families playing outside; green space/gathering places; pet parks; expansion of the arts; community rec center in Ashland
- **Infrastructure (13):** low poverty rates; low crime (also, reduction in abuse by others – elderly, domestic, children, sexual); poverty and homelessness eliminated; thoughtful development; spending money on what we value; safe- low crime rate, quality of water, food, and air, safety at work and in community; drug free; dispersed local energy production and control; Wifi everywhere; food pantry in Hallsville and life necessities; clean air and water; responsive governing bodies; clean
- **Healthy Food (6):** healthy, natural food affordability and availability; more fresh food; we eat a lot of good, healthy, locally grown foods – healthy diets; producing our own county food and easier access to it (especially fruits and vegetables); living wages for farmers, “farm to table”; education in healthy shopping and food preparation; gardens
- **Seniors (1):** Access to safe, appropriate housing to living and aging in place – maintain independence

Vision 3: Who is responsible for making and keeping Boone County healthy?

- **Everyone (14):** Residents/citizens through informed, supported, health choices and individual habits; All citizens are responsible; older generation is a role model for the younger generation; everyone has a role; we are responsible for ourselves as individuals plus the community; Collaborative effort of all; everyone; people of Boone County; we all are; “ME!”; shared - general public; citizenry/everybody

- **Education (5):** teach populace how to stay healthy, PSAs, packaging, taxes on “bad” products; schools – drug and alcohol prevention; teachers; daycare workers
- **Government/Leadership (7):** Government in the county – involve everyone and help fund agencies that do the work; Responsible leadership - government, community groups, etc; City, county, state, & federal government; county government; leadership; small communities need assistance with building trails/parks. Resources from each level of government and ensure tax money is used at all levels; city planners – help with streets/sidewalks
- **Health care (2):** Funding for healthcare professionals – psychiatrists, quality geriatric care (staff), Hallsville clinic; doctors
- **Community (2):** Grassroots democracy is essential for a healthy community; County communities
- Health Department to provide leadership (1)
- Private Sectors/Partnerships (1)
- Parents/Grandparents (1)
- Young people need to get involved – apprenticeship programs (1)
- Help from others – social/community motivation, knowledge, and social (1)

This page left intentionally blank

Participant Evaluation Form

Picturing Our Future



Participant Evaluation

Please circle the answer that best fits your experience.

1. Participating in today's visioning process was a good use of my time.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

2. My small group facilitator created a safe environment for sharing my ideas.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

3. My small group facilitator ensured all voices were heard.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

4. I believe this three-session community-based process will result in a shared vision statement reflecting the desired future state of Boone County residents.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

5. I believe the completed vision statement will reflect an ideal picture of health in my community.

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

6. I understand how information collected during today's event will be used.

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

7. The visioning process was well organized.

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

8. What did you like most about today's event?

9. What do you think could have been improved?

10. Are you interested in participating in future MAPP events? Y/N

11. Additional comments: