



# Community Themes and Strengths Assessment

Boone County, Missouri

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# Executive Summary

The Community Themes and Strengths Assessment (CTSA) is one of four assessments in Phase Three of the MAPP Process. The CTSA focused on gathering the thoughts, opinions, and perceptions of the community members in order to understand which issues are important to the community.

The CTSA was conducted between May 2013 and July 2013 by a diverse group of community public health stakeholders. These stakeholders formed as a subcommittee of the larger CHAMP group. CHAMP, which stands for Community Health Assessment Mobilization Partnership, consists of leaders from throughout the local public health system who shared their knowledge and expertise to guide the creation of county-wide health priorities and goals. The CTSA used two methods of data collection to gather community input: community survey and focus groups. A community survey was distributed from June 1 to June 30 with 1,653 surveys completed. Subcommittee members facilitated eight focus groups, which were held between June 24th and July 17th. A total of 72 Boone county residents participated in focus groups. Upon completion of data collection, a presentation of preliminary results were provided to members of CHAMP, along with a summary page of initial results. The subcommittee process was evaluated with an online survey. Preliminary results were also shared with focus group participants.



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# Community Health Survey

Surveys are a traditional approach to gathering community input. They are a useful method for reaching large numbers of people and capturing measurable data. The survey methodology has some limitations. Surveys do not allow for in-depth feedback on issues and hard-to-reach populations often do not respond. Survey formats can include written, telephone, or in-person. For the purposes of this assessment, the community health survey was available in written format, both electronically and on paper.

## Process

The Community Themes and Strengths subcommittee reviewed community health surveys from other communities and drafted a five question survey tailored for residents of Boone County. The survey was administered to 5-10 individuals for pretest purposes and adjustments were made based upon feedback provided. The survey questions were as follows:

1. What do you think are the **five** most important factors for a “Healthy Community?” (i.e. Those factors which most improve the quality of life in a community.)
2. **Among adults**, which **five** health conditions or behaviors have the greatest impact on overall community health?
3. **Among youth** (age 0-18), which **five** health conditions or behaviors have the greatest impact on overall community health?
4. How satisfied are you with the health of Boone County adults?
5. How satisfied are you with the health of Boone County Youth (age 0-18)?

Eight optional demographic questions were also asked: zip code, age, gender, ethnic group, marital status, education, household income, and health care coverage.

A copy of the survey is included in the Appendix.

The Boone County Community Health Survey was distributed in June 2013. Paper copies were made available to community partners for distribution. The survey was available electronically on SurveyMonkey.com. Community partners shared the electronic survey link with their email contact lists and constituents. Key community locations were provided paper surveys and collection envelopes in an effort to expand survey distribution. A gift card drawing was used as an incentive for survey participants. Two survey participants received one gift card, \$25 in value. Paper surveys included a removable piece of paper for capturing name, phone number, address, and email address. This information was completed by those who wished to be included in the gift card drawing.

The survey was widely distributed for a 30-day period. Participants who, based on their zip code, were not a Boone County resident were discarded prior to survey analysis. After out-of-county surveys were removed, 1,653 surveys remained.

### SURVEY FOR BOONE COUNTY RESIDENTS

FOR A NOMINAL FEE, THE ELECTRONIC SURVEY WAS INCLUDED IN A MASS EMAIL SENT TO UNIVERSITY OF MISSOURI CAMPUS EMPLOYEES AND STUDENTS. THIS MASS EMAIL REACHED OVER 10,000 POTENTIAL RESPONDENTS:

Share your opinion about community health issues in Boone County by taking less than five minutes to complete our survey here:

<https://www.surveymonkey.com/s/CPW8K6N>

You will have the chance to win a \$25 Wal-Mart gift card. The Boone County Community Health Assessment Mobilization Partnership (CHAMP) wants to know your opinion about community health issues and will use the results of this survey and other information to identify the most pressing issues facing our community which can be addressed through community action.

If you have questions or would like more information about this community project, please contact Rebecca Roesslet at Columbia/Boone County Public Health & Human Services ([champ@gocolumbiamo.com](mailto:champ@gocolumbiamo.com)) Thank you!

*Announcement sponsored by Institute of Public Policy*

## Overall Survey Results

### QUESTION 1: THE TOP FIVE MOST IMPORTANT FACTORS FOR A HEALTHY COMMUNITY:

LOW CRIME/SAFE NEIGHBORHOODS	70.5%
ACCESS TO HEALTH CARE	66.7%
GOOD SCHOOLS	60.3%
GOOD JOBS/HEALTHY ECONOMY	60.3%
SAFE AND AFFORDABLE HOUSING	39.9%

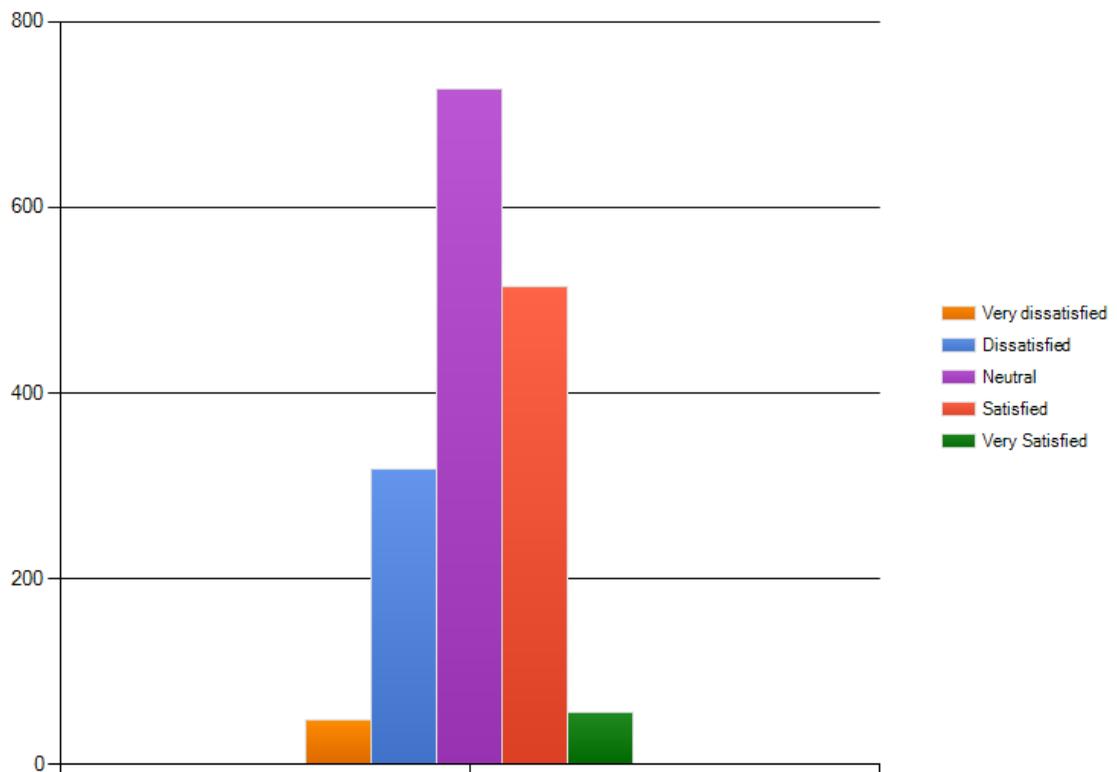
### QUESTION 2: AMONG ADULTS, WHICH FIVE HEALTH CONDITIONS OR BEHAVIORS HAVE THE GREATEST IMPACT ON OVERALL COMMUNITY HEALTH? THE TOP FIVE RESPONSES WERE:

OBESITY	43.6%
DRUG ABUSE	42.4%
MENTAL HEALTH	42.4%
ALCOHOL ABUSE	36.1%
POOR EATING HABITS/CHOICES	29.6%

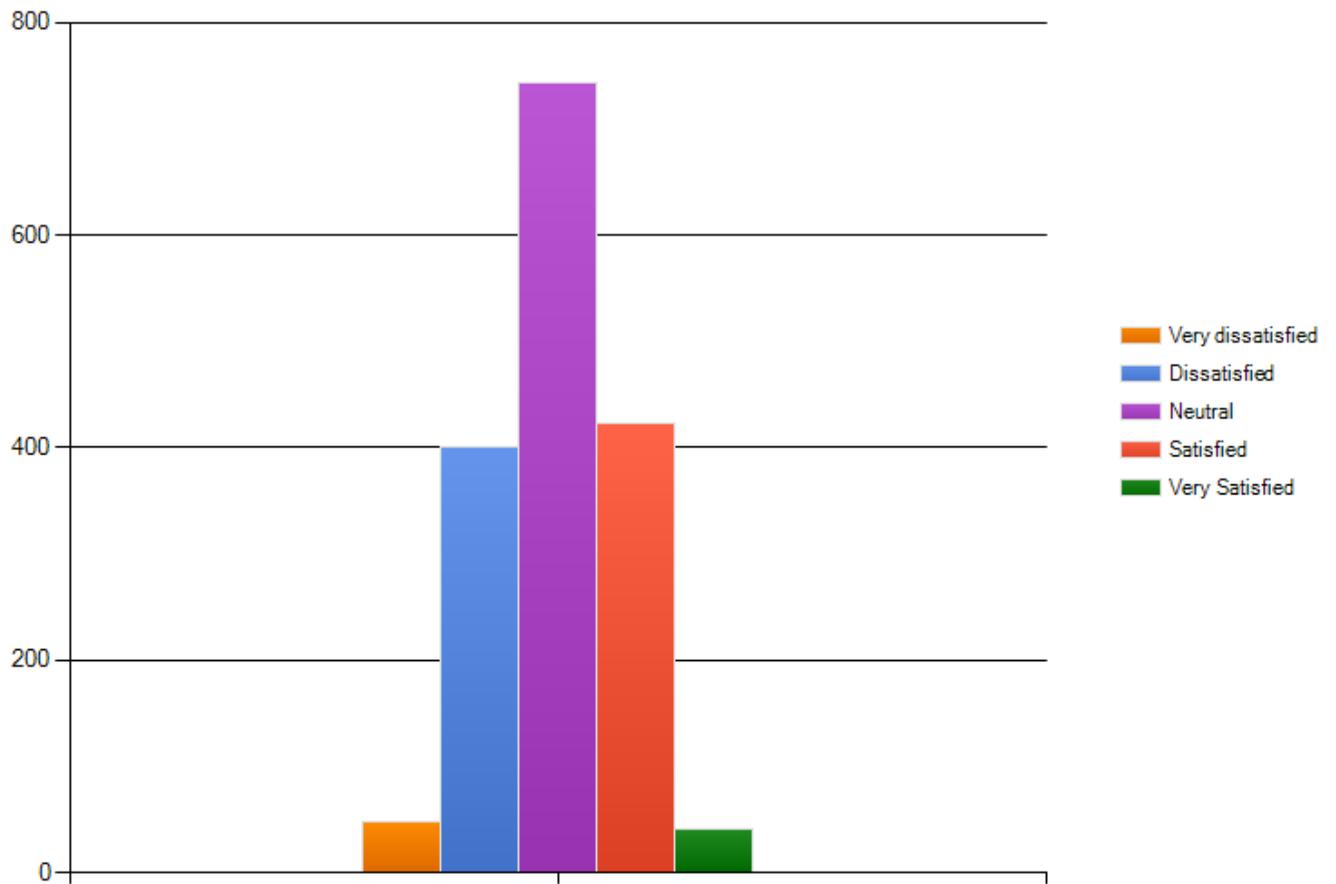
### QUESTION 3: AMONG YOUTH (AGE 0-18 YEARS), WHICH FIVE HEALTH CONDITIONS OR BEHAVIORS HAVE THE GREATEST IMPACT ON OVERALL COMMUNITY HEALTH? THE TOP FIVE RESPONSES WERE:

DRUG ABUSE	39.6%
BULLYING	36.3%
DROPPING OUT OF SCHOOL	35.0%
OBESITY	35.0%
MENTAL HEALTH	34.4%

### QUESTION 4: HOW SATISFIED ARE YOU WITH THE HEALTH OF BOONE COUNTY ADULTS?



QUESTION 5: HOW SATISFIED ARE YOU WITH THE HEALTH OF BOONE COUNTY YOUTH (AGE 0-18)?

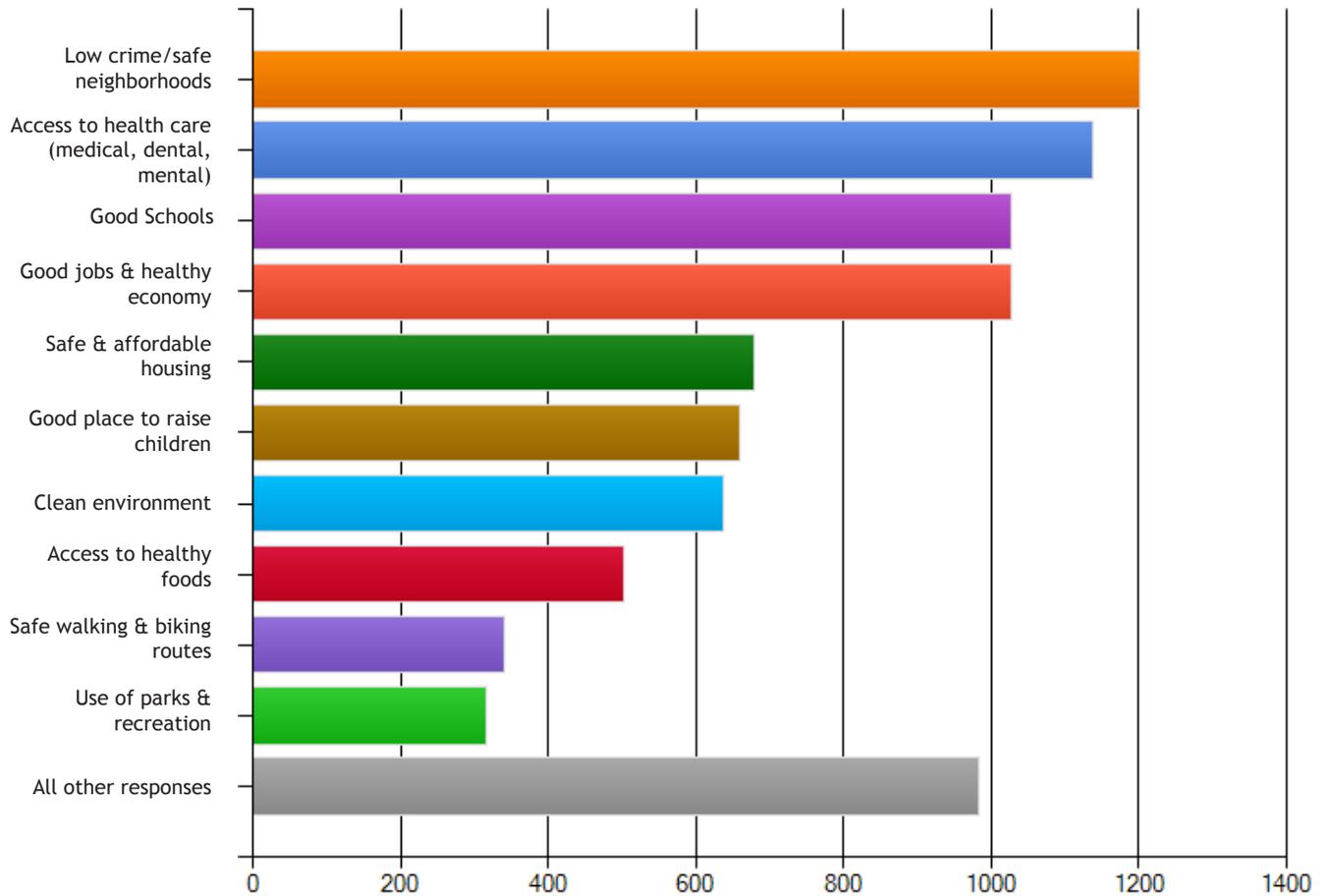


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## Comprehensive Results for Questions 1-3

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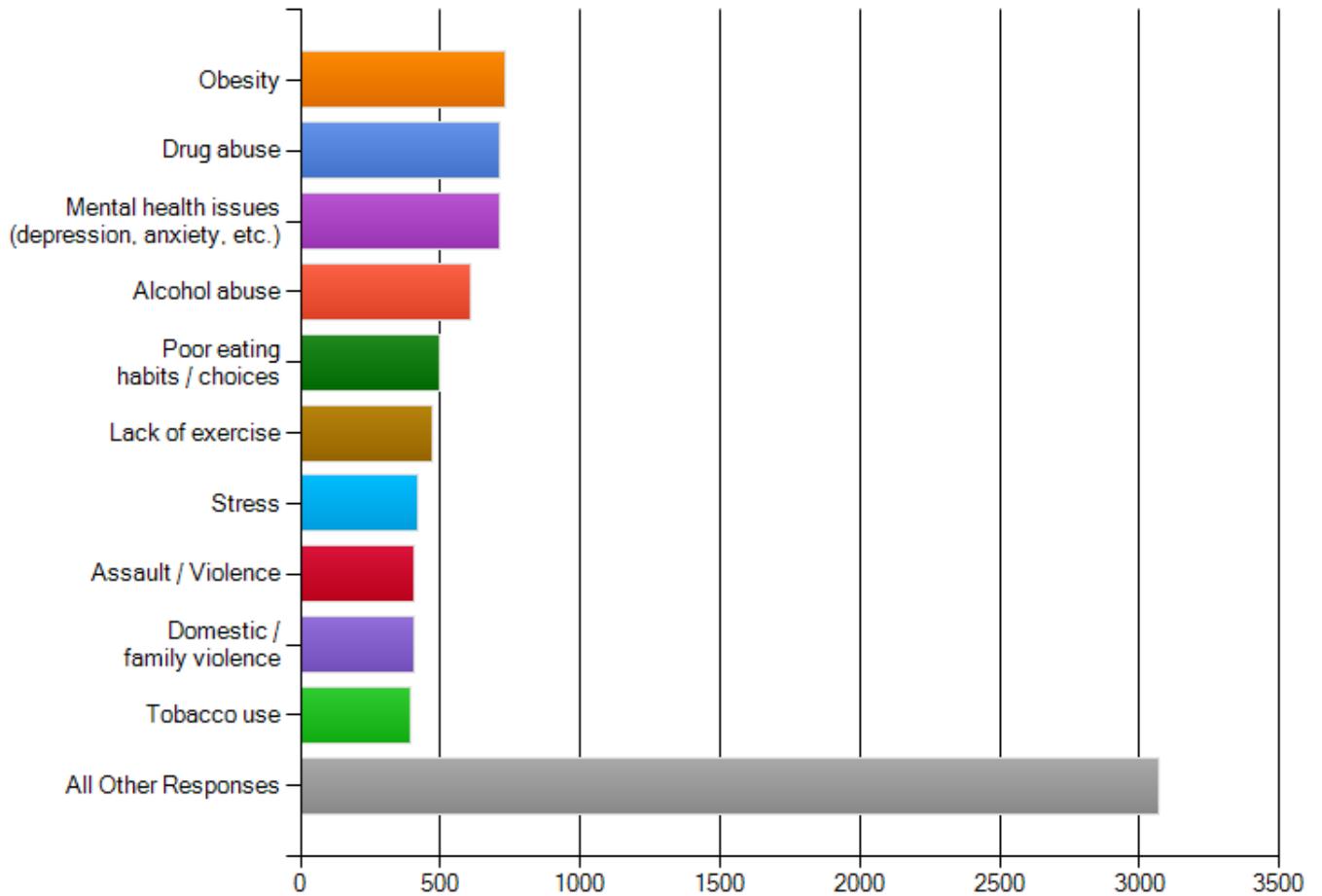
QUESTION 1: WHAT DO YOU THINK ARE THE FIVE MOST IMPORTANT FACTORS FOR A “HEALTHY COMMUNITY?” THOSE FACTORS WHICH MOST IMPROVE THE QUALITY OF LIFE IN A COMMUNITY. (CHECK FIVE)



ANSWER OPTIONS	RESPONSE PERCENT	RESPONSE COUNT
Good place to raise children	38.7%	660
<b>Low crime/safe neighborhoods</b>	<b>70.5%</b>	<b>1201</b>
Low level of child abuse	10.2%	173
<b>Good schools</b>	<b>60.3%</b>	<b>1028</b>
<b>Access to health care (e.g., medical, mental, dental)</b>	<b>66.7%</b>	<b>1137</b>
Use of parks and recreation	18.6%	317
Clean environment	37.4%	637
<b>Safe and affordable housing</b>	<b>39.9%</b>	<b>680</b>
Community and cultural events	10.4%	177
Excellent race relations	7.5%	128
<b>Good jobs and healthy economy</b>	<b>60.3%</b>	<b>1027</b>
Public transportation	12.8%	218
Access to healthy foods	29.5%	503
Religious or spiritual values	14.6%	249
Safe walking and biking routes	20.0%	341
Other	2.2%	37
Other (please specify)	2.8%	48
	<i>answered question</i>	1704
	<i>skipped question</i>	1

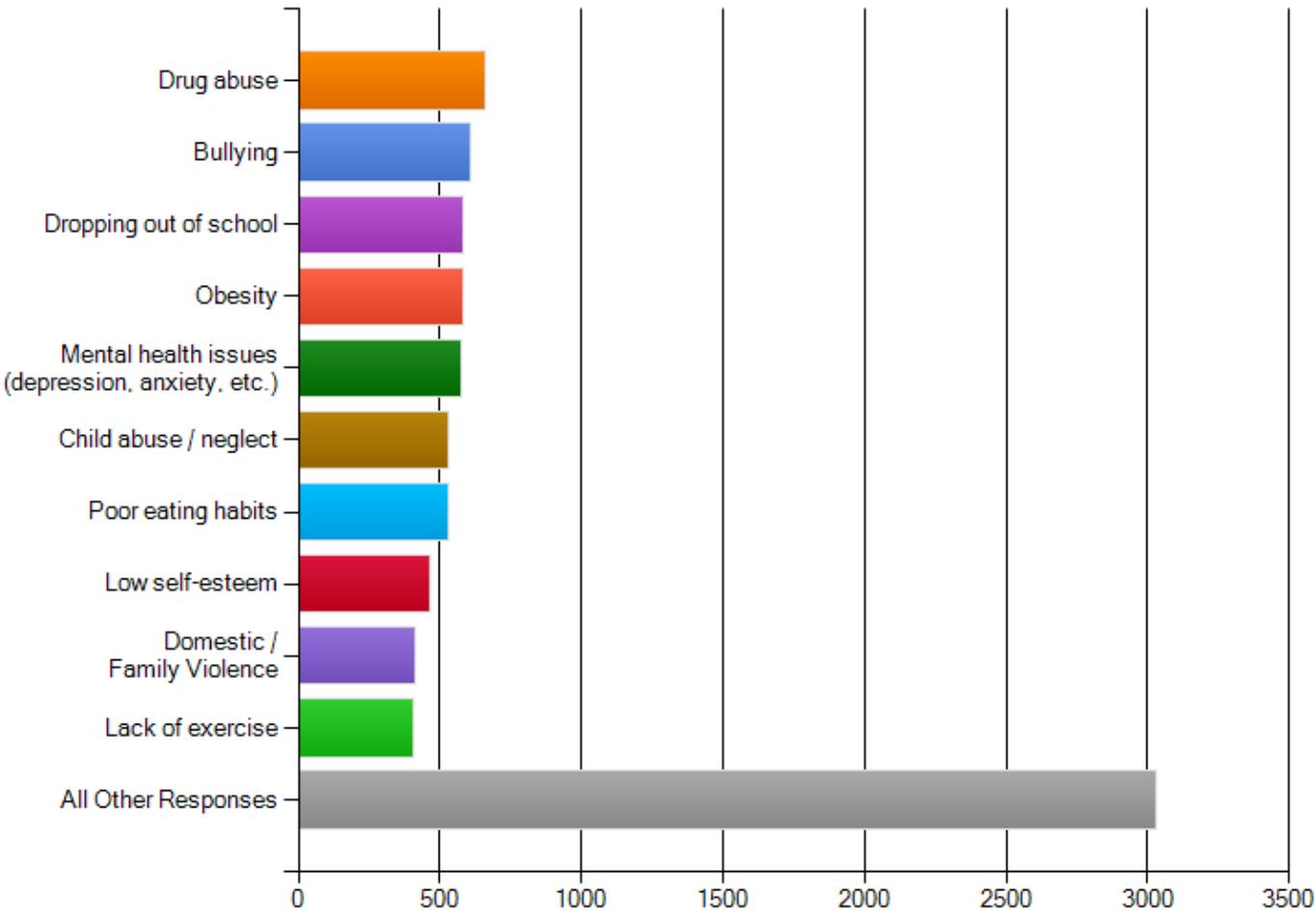
\*The top five choices are noted in bold

QUESTION 2: AMONG ADULTS, WHICH FIVE HEALTH CONDITIONS OR BEHAVIORS HAVE THE GREATEST IMPACT ON OVERALL COMMUNITY HEALTH? (CHECK FIVE)



ANSWER OPTIONS	RESPONSE PERCENT	RESPONSE COUNT
Arthritis	1.9%	32
Hearing and visioning impairments or loss	2.1%	36
Cancers	21.0%	353
Dental problems	7.2%	122
Diabetes	20.3%	341
Heart disease and stroke	19.5%	328
High blood pressure	10.8%	181
Lung disease (COPD, emphysema)	2.3%	39
<b>Mental health issues (depression, anxiety, etc.)</b>	<b>42.2%</b>	<b>710</b>
Stress	25.0%	420
<b>Obesity</b>	<b>43.6%</b>	<b>734</b>
Self-harm (cutting)	0.8%	14
Anorexia/Bulimia	0.4%	7
<b>Alcohol abuse</b>	<b>36.1%</b>	<b>607</b>
<b>Drug abuse</b>	<b>42.4%</b>	<b>713</b>
Sexually Transmitted Disease (STDs)	9.0%	151
HIV/AIDS	3.9%	65
Suicide	3.7%	63
Homicide	13.0%	218
Assault/violence	24.2%	408
Domestic/family violence	23.9%	403
Adult abuse/neglect	3.8%	64
Rape/sexual assault	12.4%	208
Senior falls (falling at home)	1.7%	28
Worksite injuries	1.1%	18
Motor vehicle crash injuries (including motorcycles and ATVs)	6.6%	111
Lack of exercise	27.9%	470
<b>Poor eating habits/choices</b>	<b>29.6%</b>	<b>498</b>
Homelessness	15.3%	257
Regular check-ups and shots/vaccinations	10.6%	178
Racism/discrimination	11.3%	191
Tobacco use	23.5%	395
Not using seat belts	2.4%	41
Other	1.5%	26
Other (please specify)	1.8%	30
	<i>answered question</i>	1683
	<i>skipped question</i>	22

QUESTION 3: AMONG YOUTH (AGE 0-18), WHICH FIVE HEALTH CONDITIONS OR BEHAVIORS HAVE THE GREATEST IMPACT ON OVERALL COMMUNITY HEALTH? (CHECK FIVE)

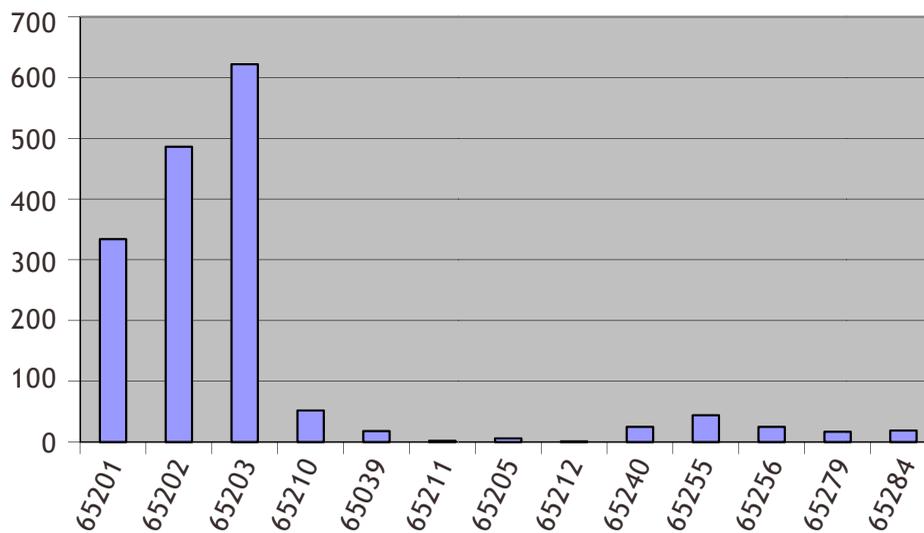


ANSWER OPTIONS	RESPONSE PERCENT	RESPONSE COUNT
Cancers	2.8%	46
Dental problems	6.1%	102
Diabetes	4.0%	67
Asthma	5.0%	83
<b>Obesity</b>	<b>35.0%</b>	<b>583</b>
<b>Mental health issues (depression, anxiety, etc.)</b>	<b>34.4%</b>	<b>573</b>
Autism	4.2%	70
ADD/ADHD	7.7%	128
Stress	11.2%	187
Low self-esteem	27.9%	465
Alcohol abuse	23.5%	392
Self-harm (cutting)	4.0%	67
Anorexia/Bulimia	3.8%	64
<b>Drug abuse</b>	<b>39.6%</b>	<b>660</b>
Sexually Transmitted Diseases (STDs)	13.6%	226
HIV/AIDS	3.4%	56
Suicide	9.8%	163
Homicide	3.5%	59
Assault/violence	12.2%	204
Domestic/family violence	24.9%	415
Child abuse/neglect	31.7%	529
Rape/sexual assault	9.0%	150
Fighting	7.4%	124
<b>Bullying</b>	<b>36.3%</b>	<b>605</b>
<b>Dropping out of school</b>	<b>35.0%</b>	<b>584</b>
Motor vehicle crash injuries (including motorcycles and ATVs)	7.1%	118
Lack of exercise	24.4%	407
Poor eating habits	31.7%	529
Homelessness	7.0%	117
Regular check-ups and shots/vaccinations	11.2%	186
Racism/discrimination	6.1%	102
Tobacco use	12.0%	200
Not using seat belts/child safety seats	4.9%	82
Other	2.2%	37
Other (please specify)	2.5%	41
	<i>answered question</i>	1667
	<i>skipped question</i>	38

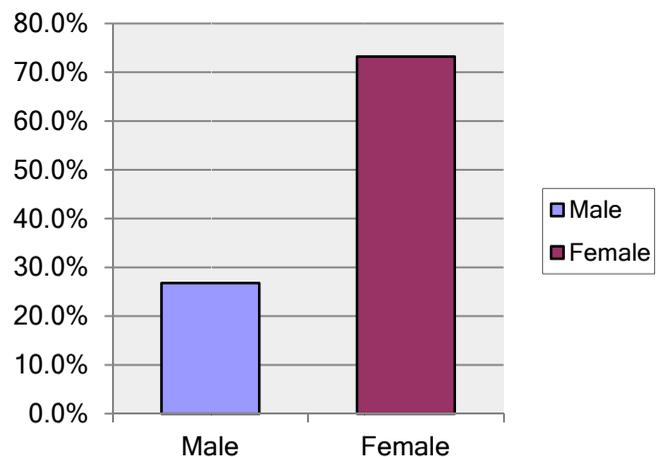
## Demographic Analysis of Survey Participants

The majority of the survey respondents were: residents of the 65203 zip code, females, married/cohabitating/partnered, aged 26-39, white/Caucasian, college degree or higher, and privately insured with a household income between \$30,000 and \$59,999. Our survey sample is a representative sample for Boone County based on ethnicity. We are below our county demographics in male, youth and senior respondents. According to 2011 U.S. Census data, the average household income in Boone County was \$46,769. We are unable to compare the income data from survey respondents to County level data for reasons stated in the Discussion section of this report. Some demographic information is incomplete due to respondents exiting the survey before answering all demographic questions, which can explain the discrepancies between the response totals listed in the Process section and those represented in the tables and graphs. The final tally of responses noted in the Process section, was ultimately impacted by those who exited the survey before answering all questions, as well as those who skipped questions.

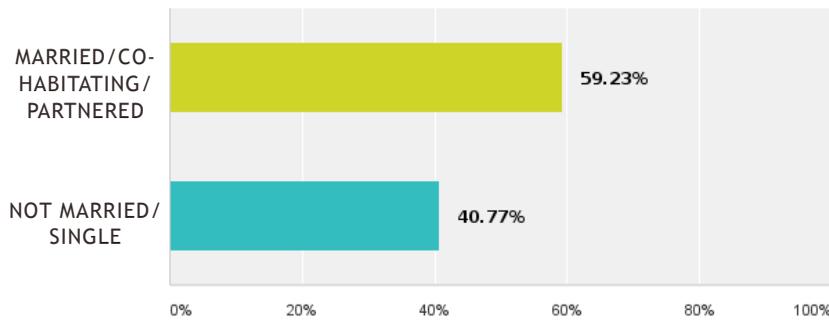
### NUMBER OF PARTICIPANTS BY ZIP CODE



GENDER	RESPONSE PERCENT	RESPONSE COUNT
Males	26.8%	433
Females	73.2%	1185

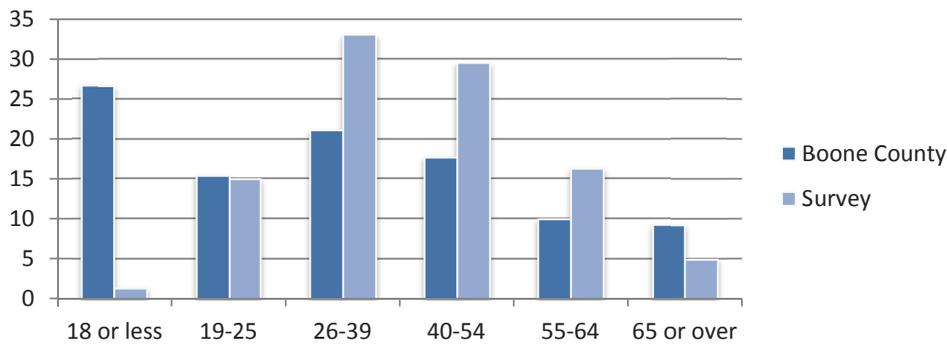


## MARITAL STATUS

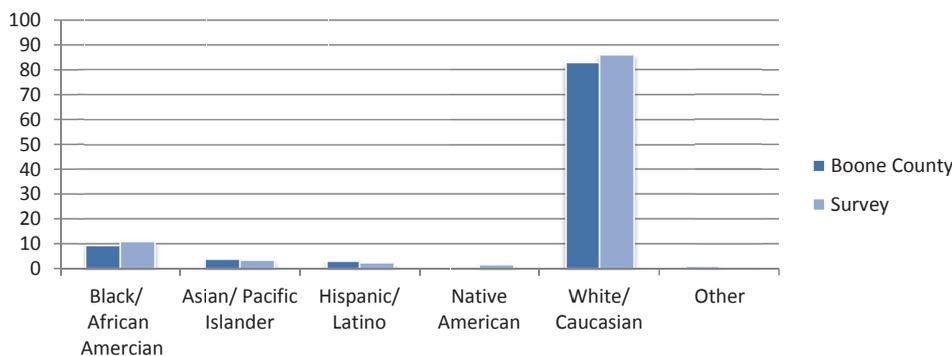


	RESPONSE PERCENT	RESPONSE COUNT
Married/Co-Habiting/Partnered	59.2%	972
Not married/Single	40.8%	669

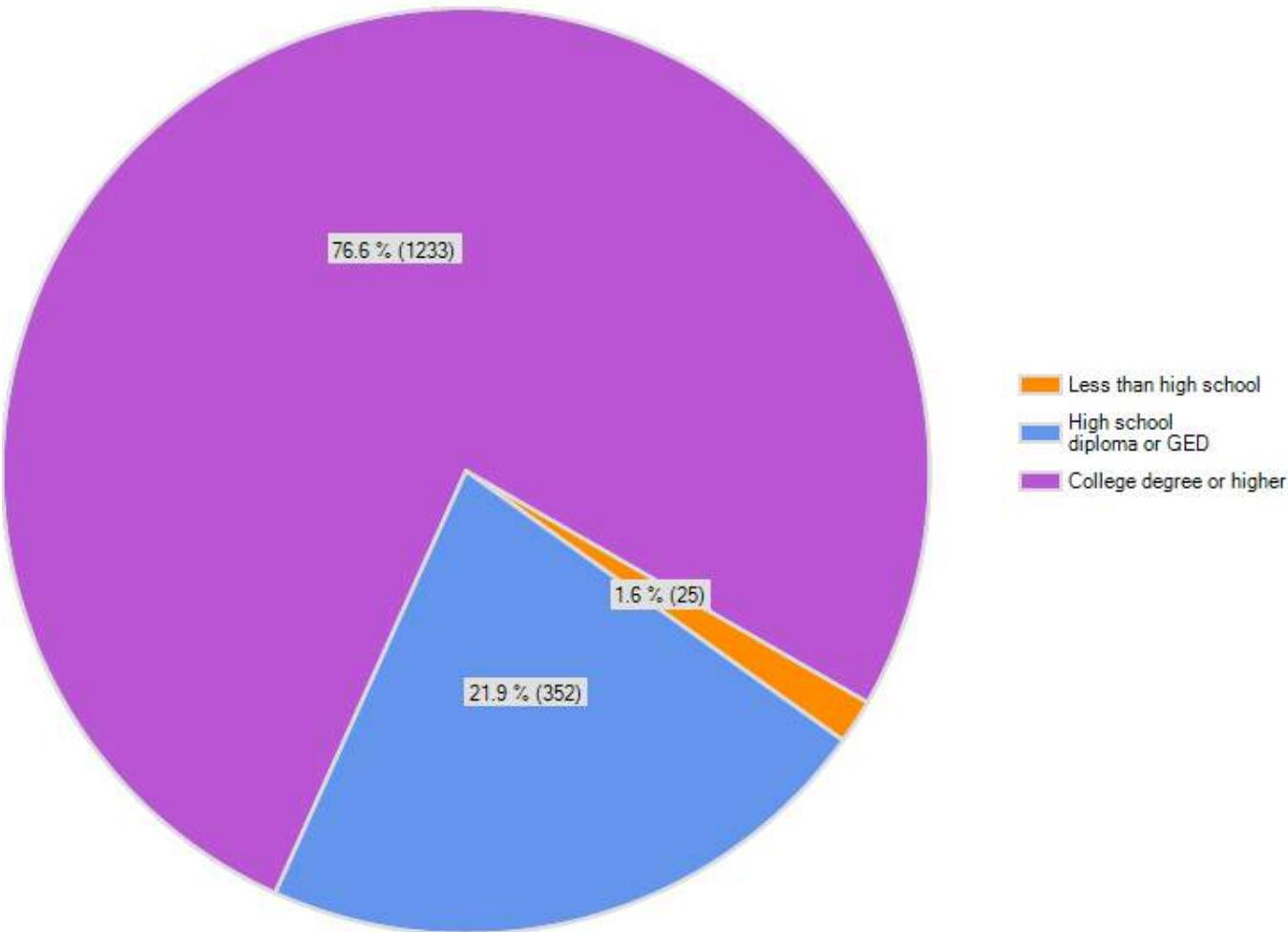
## AGE: SURVEY VS BOONE COUNTY (%)



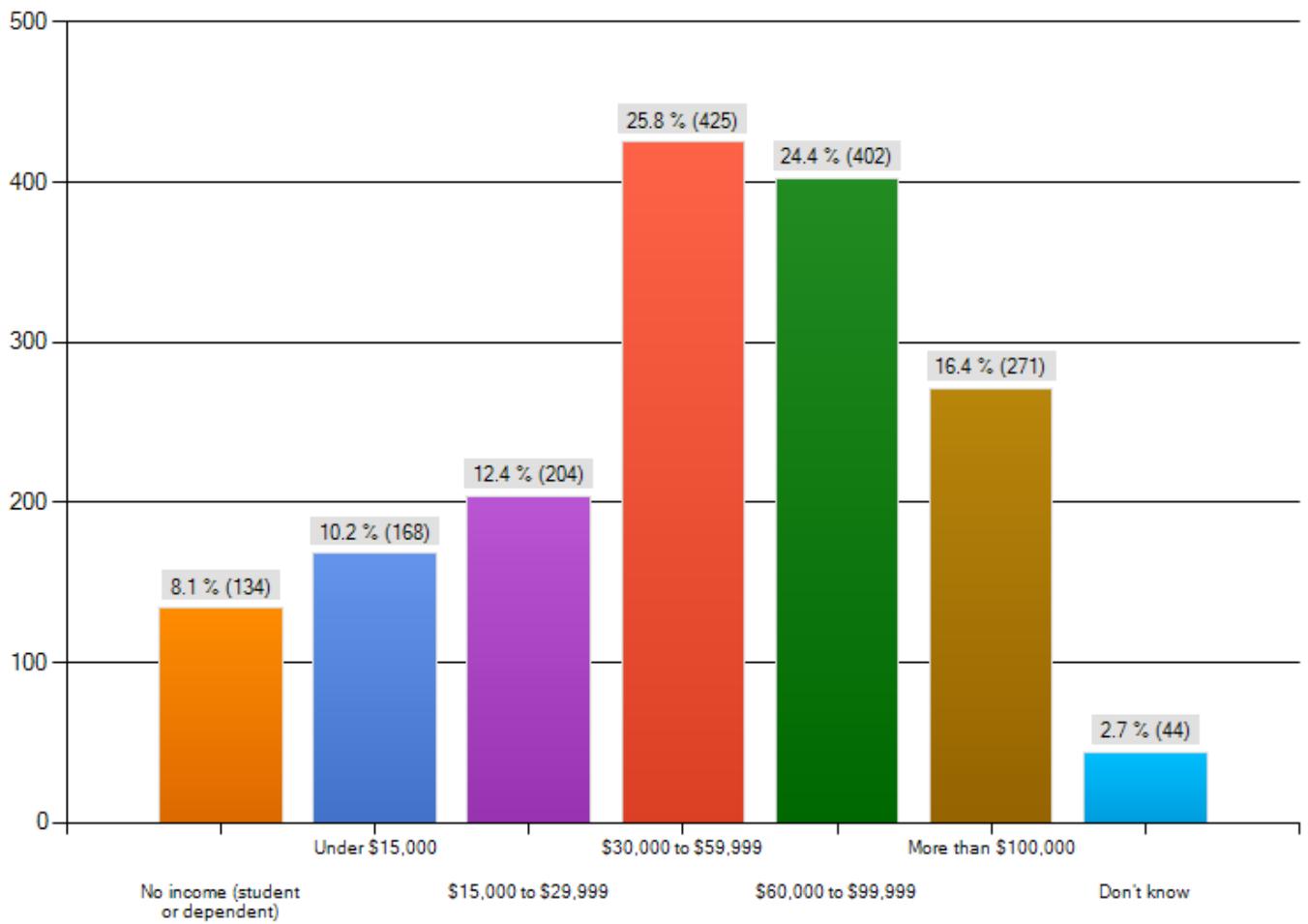
## ETHNICITIES: SURVEY VS BOONE COUNTY (%)



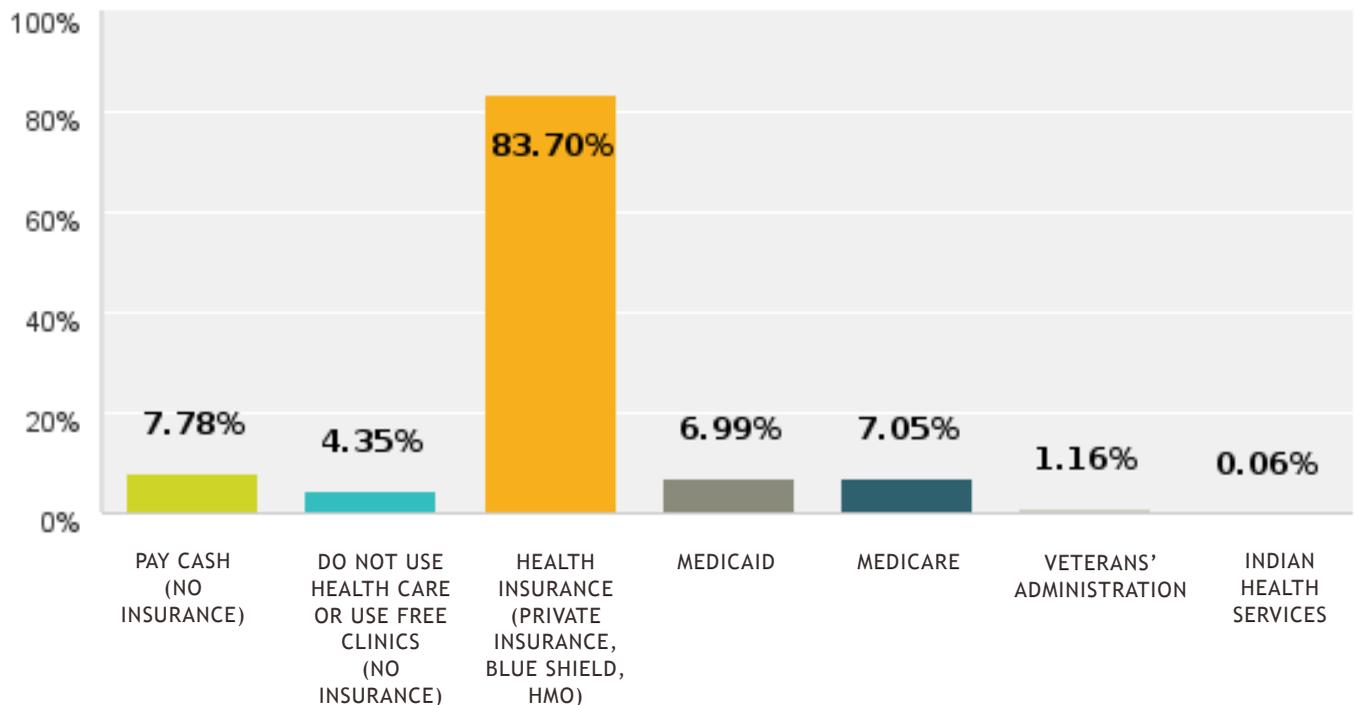
EDUCATION



## HOUSEHOLD INCOME



## HOW DO YOU PAY FOR HEALTH CARE? (CHECK ALL THAT APPLY)



## DEMOGRAPHIC PRIORITIES

Survey question #1, "What do you think are the five most important factors for a 'Healthy Community'?" was further analyzed by the demographic categories of age, income, education level, gender, and ethnicity. Overall, there were more similarities than differences among different populations.

Priorities by age group had some differing answers. Responders aged 18 and under and between 26-39 listed "good place to raise children" as a priority. Those aged 25 and under prioritized a clean environment. Respondents aged 40 and older valued safe and affordable housing. All age categories were in agreement with low crime/safe neighborhoods, good schools, and good jobs/healthy economy as important factors for a healthy community. Males and females were in agreement on four of the five categories. They diverged on the issue of clean environment for males and safe and affordable housing for females.

Some minor differences among ethnic groups exist. The majority group, White/Caucasian, were the only ethnicity which had safe and affordable housing in their top five choices. A clean environment was within the top five choices for Asian/Pacific Islander, Native American, and Other. Black/African-American, Asian/Pacific Islander, and Hispanic/Latino respondents listed "good place to raise children" as an important

factor. Participants were able to self-identify with multiple ethnic categories, as well as leave the ethnicity question blank, which may have an impact when analyzing data by ethnicity.

There is only one difference when looking at the five most important factors by respondent education level. Those with the highest level of education (the highest respondents category) listed “safe and affordable housing” whereas the remaining respondents listed “good place to raise children.”

There were seven options for income level on the survey. The top five choices were largely consistent among all income levels with a few exceptions. Those without income and unknown income chose a “clean environment” over “safe and affordable housing.” Those with income at both extremes, under \$15,000 and over \$100,000, placed emphasis on a “good place to raise children” over “safe and affordable housing.”

MOST FREQUENT PRIORITIES BY GENDER				
ANSWER OPTIONS	MALE	FEMALE	TOTAL RESPONSE PERCENT	TOTAL RESPONSE COUNT
Good place to raise children	163	465	38.8%	628
Low crime/safe neighborhoods	309	833	70.6%	1142
Low level of child abuse	29	127	9.6%	156
Good schools	291	694	60.9%	985
Access to health care (e.g., medical, mental, dental)	257	825	66.9%	1082
Use of parks and recreation	94	206	18.5%	300
Clean environment	169	435	37.3%	604
Safe and affordable housing	150	495	39.9%	645
Community and cultural events	44	128	10.6%	172
Excellent race relations	38	82	7.4%	120
Good jobs and healthy economy	280	702	60.7%	982
Public transportation	48	158	12.7%	206
Access to healthy foods	98	381	29.6%	479
Religious or spiritual values	77	159	14.6%	236
Safe walking and biking routes	90	230	19.8%	320
Other	14	21	2.2%	35
<b>TOTAL</b>	<b>433</b>	<b>1185</b>		
			<i>answered question</i>	<b>1618</b>
			<i>skipped question</i>	<b>0</b>

TOP FIVE PRIORITIES BY ETHNICITY

	AFRICAN-AMERICAN / BLACK	ASIAN / PACIFIC ISLANDER	HISPANIC / LATINO	NATIVE AMERICAN	WHITE / CAUCASIAN	OTHER	TOTAL RESPONSES
Access to health care (e.g., medical, mental, dental)	63.69% 114	64.29% 36	67.50% 27	38.46% 10	67.35% 953	65.22% 15	13% 1114
Access to healthy foods	21.23% 38	23.21% 13	32.50% 13	30.77% 8	30.39% 430	21.74% 5	6% 491
Clean environment	30.17% 54	50.00% 28	37.50% 15	46.15% 12	37.74% 534	39.13% 9	7% 623
Community and cultural events	6.70% 12	3.57% 2	20.00% 8	11.54% 3	10.95% 83	8.70% 6	2% 128
Excellent race relations	18.44% 33	12.50% 7	17.50% 7	11.54% 3	5.87% 83	26.09% 6	2% 128
Good jobs and healthy economy	57.54% 103	46.43% 26	50.00% 20	46.15% 12	61.48% 870	56.52% 13	12% 1009
Good place to raise children	53.07% 95	46.43% 26	45.00% 18	30.77% 8	36.82% 521	34.78% 8	8% 651
Good schools	60.34% 108	76.79% 43	52.50% 21	61.54% 16	60.28% 853	52.17% 12	12% 1012
Low crime/safe neighborhoods	66.48% 119	80.36% 45	75.00% 30	69.23% 18	70.53% 998	73.91% 17	14% 1175
Low level of child abuse	14.53% 26	8.93% 5	15.00% 6	19.23% 5	9.33% 132	17.39% 4	2% 169
Other	0.56% 1	1.79% 1	0.00% 0	11.54% 3	2.40% 34	8.70% 2	0% 37
Public transportation	19.55% 35	14.29% 8	17.50% 7	19.23% 5	11.94% 169	8.70% 2	3% 214
Religious and/or spiritual values	18.44% 33	16.07% 9	15.00% 6	26.92% 7	14.35% 203	21.74% 5	3% 245
Safe and affordable housing	50.84% 91	33.93% 19	30.00% 12	34.62% 9	39.51% 559	30.43% 7	8% 669
Safe walking and biking routes	8.38% 15	16.07% 9	15.00% 6	30.77% 8	20.99% 297	34.78% 8	4% 333
Use of parks and recreation	12.29% 22	7.14% 4	15.00% 6	11.54% 3	19.72% 279	13.04% 3	4% 309
<b>TOTAL RESPONDENTS</b>	<b>179</b>	<b>56</b>	<b>40</b>	<b>26</b>	<b>1415</b>	<b>23</b>	<b>1739</b>

skipped question

58



TOP PRIORITIES BY EDUCATION LEVEL

ANSWER OPTIONS	LESS THAN HIGH SCHOOL DIPLOMA	HIGH SCHOOL DIPLOMA OR GED	COLLEGE DEGREE OR HIGHER	TOTAL RESPONSE PERCENT	TOTAL RESPONSE COUNT
Good place to raise children	19	159	440	38.4%	628
Low crime/safe neighborhoods	19	258	855	70.3%	1132
Low level of child abuse	7	58	89	9.6%	154
Good schools	23	226	728	60.7%	977
Access to health care (e.g., medical, mental, dental)	13	233	835	67.1%	1081
Use of parks and recreation	2	58	240	18.6%	300
Clean environment	10	121	470	37.3%	601
Safe and affordable housing	9	153	482	40.0%	644
Community and cultural events	0	22	147	10.5%	169
Excellent race relations	2	22	95	7.4%	119
Good jobs and healthy economy	12	214	748	60.5%	974
Public transportation	3	33	172	12.9%	208
Access to healthy foods	7	82	388	29.6%	477
Religious or spiritual values	1	59	172	14.4%	232
Safe walking and biking routes	1	49	271	19.9%	321
Other	0	5	28	2.0%	33
<i>answered question</i>					<b>1610</b>
<i>skipped question</i>					<b>0</b>



**TOP PRIORITIES BY HOUSEHOLD INCOME**

ANSWER OPTIONS	DON'T KNOW	NO INCOME-STUDENT OR DEPENDENT	UNDER \$15,000	\$15,000 TO \$29,999	\$30,000 TO \$59,999	\$60,000 TO \$99,999	MORE THAN \$100,000	TOTAL RESPONSE PERCENT	TOTAL RESPONSE COUNT
Good place to raise children	19	51	92	71	159	150	102	7.8%	644
Low crime/safe neighborhoods	33	92	112	135	310	287	189	14.1%	1158
Low level of child abuse	4	20	27	24	45	33	13	2.0%	166
Good schools	30	84	104	107	239	253	183	12.1%	1000
Access to health care (e.g., medical, mental, dental)	27	76	102	145	288	267	196	13.4%	1101
Use of parks and recreation	11	20	27	44	76	79	49	3.7%	306
Clean environment	21	64	74	76	146	135	97	7.4%	613
Safe and affordable housing	14	46	69	107	181	157	85	8.0%	659
Community and cultural events	3	16	11	22	50	40	31	2.1%	173
Excellent race relations	4	9	14	22	34	27	12	1.5%	122
Good jobs and healthy economy	23	71	83	106	264	160	189	12.1%	996
Public transportation	7	20	24	38	52	42	29	2.6%	212
Access to healthy foods	8	39	53	66	126	122	72	5.9%	486
Religious or spiritual values	8	20	19	16	70	60	48	2.9%	241
Safe walking and biking routes	4	41	28	35	80	84	51	3.9%	323
Other	3	1	2	4	6	9	9	0.4%	34

									<b>8234</b>
									<b>1648</b>
									<b>0</b>
									<i>answered question</i>
									<i>skipped question</i>

TOP PRIORITIES BY AGE

ANSWER OPTIONS	18 OR LESS	19-25	26-39	40-54	55-64	65 OR OVER	TOTAL RESPONSE PERCENT	TOTAL RESPONSE COUNT
Good place to raise children	13	93	231	191	88	25	7.8%	641
Low crime/safe neighborhoods	18	163	399	347	184	48	14.1%	1159
Low level of child abuse	6	34	61	32	22	10	2.0%	165
Good schools	15	152	334	291	157	51	12.2%	1000
Access to health care (e.g., medical, mental, dental)	8	140	346	343	199	63	13.4%	1099
Use of parks and recreation	5	48	118	69	48	16	3.7%	304
Clean environment	10	125	195	16	76	30	7.4%	612
Safe and affordable housing	4	91	198	214	117	34	8.0%	658
Community and cultural events	1	29	57	43	34	9	2.1%	173
Excellent race relations	2	14	24	40	30	12	1.5%	122
Good jobs and healthy economy	10	124	315	324	170	53	12.1%	996
Public transportation	2	35	63	57	39	15	2.6%	211
Access to healthy foods	6	87	188	138	51	16	5.9%	486
Religious or spiritual values	0	26	78	70	57	9	2.9%	240
Safe walking and biking routes	5	70	117	76	45	11	3.9%	324
Other	1	1	5	12	9	6	0.4%	34
								8224
							answered question	1646
							skipped question	0

# Focus Groups

A focus group is a small group of participants, usually 8-10, that responds to a set number of questions. Questions are open ended, leading to group discussion around topics of importance. Participants react to ideas together and can build off of each other's comments. Only a small number of people can participate in focus groups. There is a risk of the group atmosphere hindering honest opinions. This methodology is a good complement to the data acquired from the community survey.

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## Process

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At the request of the MAPP Steering Committee, focus groups were organized geographically. Eight groups were planned, one in Northern Boone, one in Southern Boone, and one in each of Columbia's six political wards. Subcommittee members volunteered to find suitable locations to host the focus groups and facilitate the discussion. A staff liaison provided logistical support for each of the focus groups.

Facilitator training was provided by the external consultant. The training was video recorded for facilitators who were unable to attend. Electronic facilitator training evaluations were emailed to training participants shortly after the training was held.

Whenever possible, focus groups were held in public locations with ample parking, close to public transportation, ADA accessible, and had appropriate space for children. Focus group participants were provided child care, dinner, and a \$20 gift card to a local grocery store. Potential participants were identified by members of the CHAMP group. Invitations were sent to participants via email and mail (Appendix). Approximately twenty individuals were invited to each focus group with the goal of eight to twelve participants per group. In order to plan for child care and dietary needs, participants were asked to RSVP. Focus groups were scheduled in the evening with 30 minutes for the meal and 90 minutes for discussion. Each focus group was opened with an introduction from a PHHS staff member and an explanation of the MAPP Process. Ground rules were agreed upon for each session and posted in the room for participants to reference.

Each question was presented to the group, followed by three minutes of "brain writing" and 17 minutes of discussion. Each focus group had a staff liaison/student intern who served as a recorder. The role of the recorder was to write down the discussion answers on a flip chart. The flip chart pages were posted around the room for participants to review. At the focus group conclusion, participants completed a focus group evaluation and a demographic questionnaire (Appendix). Participants' contact information was collected, allowing for future communications to occur.

**THREE QUESTIONS WERE POSED TO EACH FOCUS GROUP. THE QUESTIONS WERE DEVELOPED BY THE MAPP CORE TEAM.**

**THE QUESTIONS WERE:**

1. When thinking about health, what are the greatest strengths in our community?
2. What are the most important health related issues in our community?
3. What would help us achieve optimum physical, mental, cultural, social, spiritual, and economic health?

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## Data Analysis

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Comments captured on the flip chart were entered into a spreadsheet and coded categorically. The categories were formed around similar subjects, such as parks, health education, vulnerable populations, obesity, substance use, and transportation. The complete list of categories is included in the Appendix. Focus group questions were analyzed independently of one another. After the qualitative data was categorized, the frequency of each category was counted. The categories with the greatest frequency were then listed as the priority categories from the focus groups. Limitations to the data analysis are explored in the Discussion section.

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## Overall Results:

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Results were analyzed by each focus group and also combined for an overall analysis. Focus group participants expressed an interest in developing a community feel to their environment, revitalizing neighborhood associations, safety, good nutrition and a strong economy. An advantage to hosting the focus groups based upon geography was the place-specific needs and wants that came from each location. Those issues are not necessarily significant to the community as a whole, and, therefore, are not always identified as a priority in the data analysis. Geographic Focus Group responses (pages 26-33) highlight the interest of each location.

### COLLECTIVE FOCUS GROUP RESPONSES:

1. WHEN THINKING ABOUT HEALTH, WHAT ARE THE GREATEST STRENGTHS IN OUR COMMUNITY?

**Health Care:** Many medical providers, hospitals, clinics, options for uninsured

**Community:** People care for one another, friendly, involved

**Food and Nutrition:** Community gardens, farmers markets, "Buddy Packs"

**Infrastructure:** Walkable/bikeable community

2. WHAT ARE THE MOST IMPORTANT HEALTH RELATED ISSUES IN OUR COMMUNITY?

**Public Safety:** bicyclist safety, increasing violence, gun violence, unsafe driving habits

**Substance Use:** Excessive alcohol consumption, youth drug use

**Vulnerable Populations:** Aging populations, homeless, veterans, disabled

**Economy:** Increasing unemployment for minorities, high cost of living, "fast cash" stores, growing poverty, reduction in funding for programs

3. WHAT WOULD HELP US ACHIEVE OPTIMUM PHYSICAL, MENTAL, CULTURAL, SOCIAL, SPIRITUAL, AND ECONOMIC HEALTH?

**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

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## Geographic Focus Group Responses

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### NORTHERN BOONE COUNTY

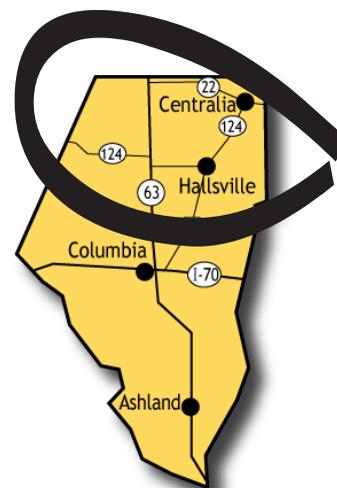
#### WHEN THINKING ABOUT HEALTH, WHAT ARE THE GREATEST STRENGTHS IN OUR COMMUNITY?

**Physical Activity-** activities for the kids, physical fitness in the schools, Harrisburg has a strong athletic program, residents can walk on the school track for exercise, many families participate in children's athletics

**Community-** this community has a strong history in Boone County, residents help each other, there is a small community feel, community members help one another to solve problems, high quality of living, multigenerational community, active Optimist Club, sorority, and historical society

**Health Care-** medical clinic, University Health clinic, and hospitals provide quality medical care

**Public Safety-** first responder system with the fire district, CERT team, and local police department ensure public safety



Northern Boone County

#### WHAT ARE THE MOST IMPORTANT HEALTH RELATED ISSUES IN OUR COMMUNITY?

**Physical Health-** inadequate dental care for the uninsured, medical field is understaffed, no local clinic, low-income residents don't have health benefits, lack of affordable health care

**Vulnerable Populations-** not enough social activity for seniors, residents are aging, no senior housing in Harrisburg, rural residents are physically isolated with little to no supports

**Public Safety-** ambulance response time is lengthy, faster to drive a patient to the hospital, ambulance has difficulty finding homes in an emergency, no storm shelter in Harrisburg

#### WHAT WOULD HELP US ACHIEVE OPTIMUM PHYSICAL, MENTAL, CULTURAL, SOCIAL, SPIRITUAL, AND ECONOMIC HEALTH?

**Communication-** participants want a way for information about community events and community concerns to be shared

**Community-** participants want a central location in each town for adults/seniors to gather and socialize and a focus on pulling the small towns together to centralize resources and put resources to work in order to accomplish goals

**Public Safety-** participants want funding for a storm shelter in Harrisburg and improvements made to the rural GPS systems to improve emergency response times

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## Geographic Focus Group Responses (continued)

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### SOUTHERN BOONE COUNTY

#### WHEN THINKING ABOUT HEALTH, WHAT ARE THE GREATEST STRENGTHS IN OUR COMMUNITY?

**Community-** strong sense of community, people take care of one another, friendly area where it is easy to get to know one another, many volunteers and local experts in the community, towns in Southern Boone connect to one another

**Health Care-** excellent health care in close proximity, local ambulance, local pharmacy that delivers, many options for health care

**Health Education-** Optimist Club and Southern Boone Learning Garden improve health and wellness in kids, locals advocate for health improvement and try to influence young people to lead a healthy lifestyle



Southern Boone County

#### WHAT ARE THE MOST IMPORTANT HEALTH RELATED ISSUES IN OUR COMMUNITY?

**Substance Use-** excessive alcohol consumption is a cultural norm that is socially acceptable, drug use among the youth is a concern, youth have “bowl parties” where multiple drugs are placed in a bowl and everyone chooses one, parental drug use is influencing the youth

**Physical Activity-** there is a lack of recreational and after school programs outside of organized athletic teams, no adult recreation classes, exercise is viewed as a chore

**Food and Nutrition-** no slow food options but multiple fast food options, fast food and fattening food is more affordable, cooking in the home is harder if you are only one person or if you are cooking just for children, planning for healthy meals is a challenge, cultural norm to eat a “farm-hand” meal

#### WHAT WOULD HELP US ACHIEVE OPTIMUM PHYSICAL, MENTAL, CULTURAL, SOCIAL, SPIRITUAL, AND ECONOMIC HEALTH?

**Community-** participants want to get seniors more involved, coordinate community efforts with city offices and Chamber, improve resources in area for seniors and low-income residents, help homebound residents with personal errands, have a community calendar of events and resources

**Education-** participants want educational opportunities beyond schools, adult education is needed in all areas from recreation to mental health awareness, parents need guided education on healthy meal preparation and talking to their children about substance use

**Transportation-** participants want public transportation to allow lower income residents opportunities to get to outside resources, weekly bus to travel outside rural area, increasing access to health care and shopping in Jefferson City and Columbia

**Food and Nutrition-** Residents want access to healthy food, more healthy restaurants, more healthy food offered at community events

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## Geographic Focus Group Responses (continued)

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### CITY OF COLUMBIA, WARD 1

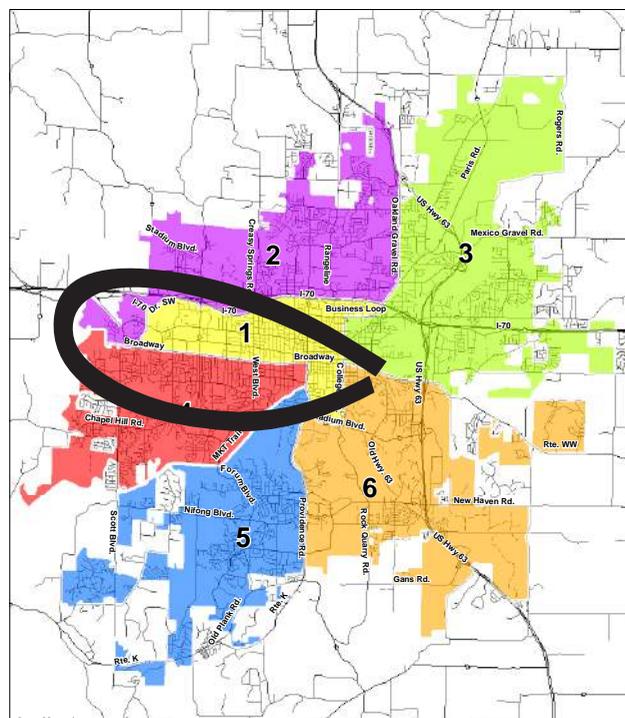
#### WHEN THINKING ABOUT HEALTH, WHAT ARE THE GREATEST STRENGTHS IN OUR COMMUNITY?

**Health Care**- many resources for health care: public health department, Family Health Center, Boone Convenience Clinic, MedZou, teaching hospital gives the community access to new medical procedures; neighborhood pharmacy delivers to the homebound

**Food and Nutrition**- many access points for food: Ward 1 has highest number of community gardens, urban farms, multiple farmers markets, WIC program, Buddy Packs at school

**Infrastructure**- walkable/ bikeable area, PedNet walking path with foot prints on sidewalk, bike lanes

**Mental Health**- many access points for mental health: Family Counseling Center, New Horizons, Burrell Behavioral Health



#### WHAT ARE THE MOST IMPORTANT HEALTH RELATED ISSUES IN OUR COMMUNITY?

**Food and Nutrition**- nutrition deficiencies in school children, poor quality of food, increasing hunger and food insecurity, malnutrition, paradox of supporting programs that harm instead of increase health, food supplemental programs for low-income are providing high calorie/ low nutrient foods

**Economy**- increasing unemployment of minorities, high cost of living, high number of “fast cash” stores in area, growing poverty

**Public Safety**- bicyclists are uneducated about bike safety and traffic rules, violence is increasing, gun violence

**Substance Use**- availability of illegal drugs and alcohol, drug use increasing and visible, high number of liquor stores in area

#### WHAT WOULD HELP US ACHIEVE OPTIMUM PHYSICAL, MENTAL, CULTURAL, SOCIAL, SPIRITUAL, AND ECONOMIC HEALTH?

**Community**- participants have a responsibility to ensuring that their voices are heard, addressing issues together as they are all connected, residents need to get to know one another and be friendly with neighbors, treat each other with respect, support your community, revitalize neighborhood associations, hold community-based events at Douglass and other parks, this is a team effort with respect from the top down, respect diverse groups

**Economy**- participants desire more economic opportunities, living wages, and funding to address the issues

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## Geographic Focus Group Responses (continued)

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### CITY OF COLUMBIA, WARD 2

#### WHEN THINKING ABOUT HEALTH, WHAT ARE THE GREATEST STRENGTHS IN OUR COMMUNITY?

**Health Care**- public health department addresses issues such as sewage and restaurant inspections, immunizations, school-based flu clinics, preventive health, lots of doctors, dental clinic, urgent care, more hospital beds than other communities

**Environment**- clean industry, non-polluting workplaces, healthy workplaces

**Infrastructure**- walking trails, bike lanes, Walking School Bus program, bike friendly community

#### WHAT ARE THE MOST IMPORTANT HEALTH RELATED ISSUES IN OUR COMMUNITY?

**Vulnerable Populations**- veterans issues, working poor, homeless population, disabled, youth, aging population, many unable to afford services, people come here for health care and burden the system

**Economy**- growing gap between rich and poor, reduction of funding causes diminishing resources, poverty, not enough affordable housing

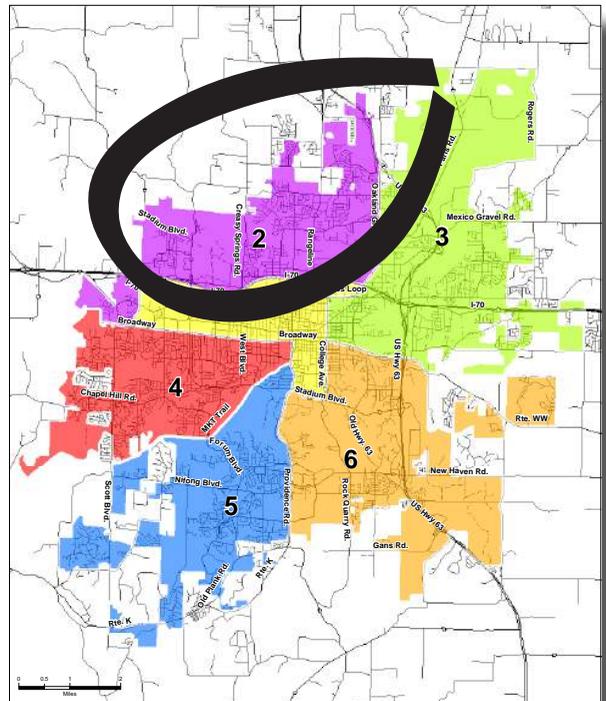
**Transportation**- no public transportation to the county, schools, on Sunday, or different parts of the city

#### WHAT WOULD HELP US ACHIEVE OPTIMUM PHYSICAL, MENTAL, CULTURAL, SOCIAL, SPIRITUAL, AND ECONOMIC HEALTH?

**Economy**- participants want small businesses and non-profits to work together, small employers pool funds and group together to buy insurance, increase small business and help the middle class, jobs for those without advanced degrees, more full-time employment, benefits for good employers, more housing, financial education opportunities

**Health Education**- participants recommend educating children on healthy food choices, starting young with good health, nutrition information made available at restaurants

**Community**- better race relations, increased feeling of safety, stay engaged, increase number of neighborhood associations



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## Geographic Focus Group Responses (continued)

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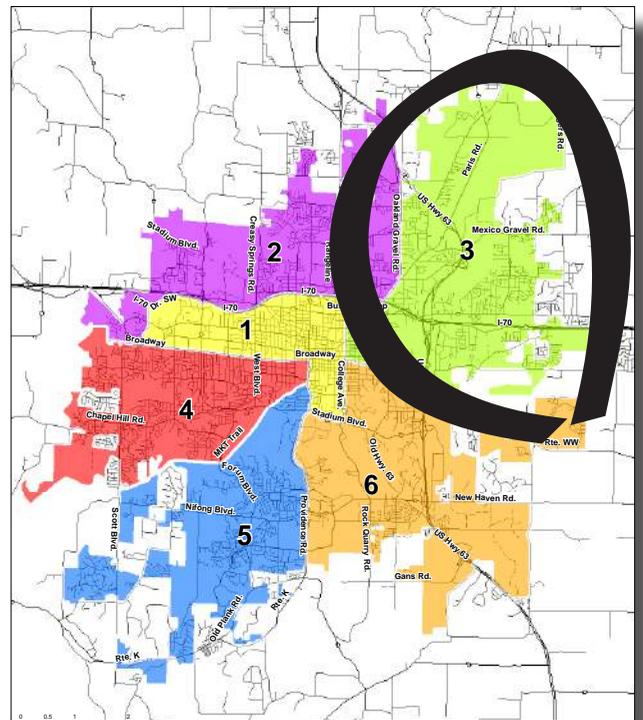
### CITY OF COLUMBIA, WARD 3

#### WHEN THINKING ABOUT HEALTH, WHAT ARE THE GREATEST STRENGTHS IN OUR COMMUNITY?

**Health Care**- variety of medical facilities, support for alternative medical care, access is greater and easier due to the small geographic area to cover, more doctors per capita, the draw of the teaching hospital, care provided by the Family Health Center and community support for the clinic

**Community**- progressive Columbia mentality, community is involved

**Vulnerable Populations**- disabled, retirement facilities and services



#### WHAT ARE THE MOST IMPORTANT HEALTH RELATED ISSUES IN OUR COMMUNITY?

**Vulnerable Populations**- aging population and need for more supportive services such as aging in place, adult day care services, home health and respite

**Physical Health**- turnover in medical/lower level staff, lack of affordable dental care, disconnect between dental health and the rest of the body

**Economy**- cuts in funding for youth oriented programs, Meals on Wheels funding reduced, funding decrease overall

#### WHAT WOULD HELP US ACHIEVE OPTIMUM PHYSICAL, MENTAL, CULTURAL, SOCIAL, SPIRITUAL, AND ECONOMIC HEALTH?

**Health Education**- education and communication, health messages are not getting to the people who need it, address the cultural barriers of communication, early education about health and active lifestyles, eliminate negative image of public health services/stigma, meet people where they are, keep putting out the message

**Community**- more meeting rooms in neighborhoods, more quiet spaces and places, neighborhood connectivity and involvement, networking to increase contacts with other people

**Physical Health**- accessible health care for all, expand access to Medicaid, visibility of health services and professionals

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## Geographic Focus Group Responses (continued)

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### CITY OF COLUMBIA, WARD 4

#### WHEN THINKING ABOUT HEALTH, WHAT ARE THE GREATEST STRENGTHS IN OUR COMMUNITY?

**Food and Nutrition**- farmers market, urban farm movement, community gardens, chicken ordinance, easy to feel safe and eat healthy food downtown, careful regulations of food establishments, move toward healthier vending machine options, school lunches are healthier and more appealing, school-based gardens

**Health Care**- University clinics, engaged public health department, wellness resources at the University

**Physical Activity**- great access to gyms, emphasis on cycling, overall encouragement of kids to be healthier

#### WHAT ARE THE MOST IMPORTANT HEALTH RELATED ISSUES IN OUR COMMUNITY?

**Public Safety**- violence, personal safety, drop-out rates, domestic violence, decrease in partnerships with public services (fire and police), motorists have unsafe driving habits, no one stops at crosswalks

**Vulnerable Populations**- homeless, kids with no resources, accessible housing for disabled, mobility among the poor

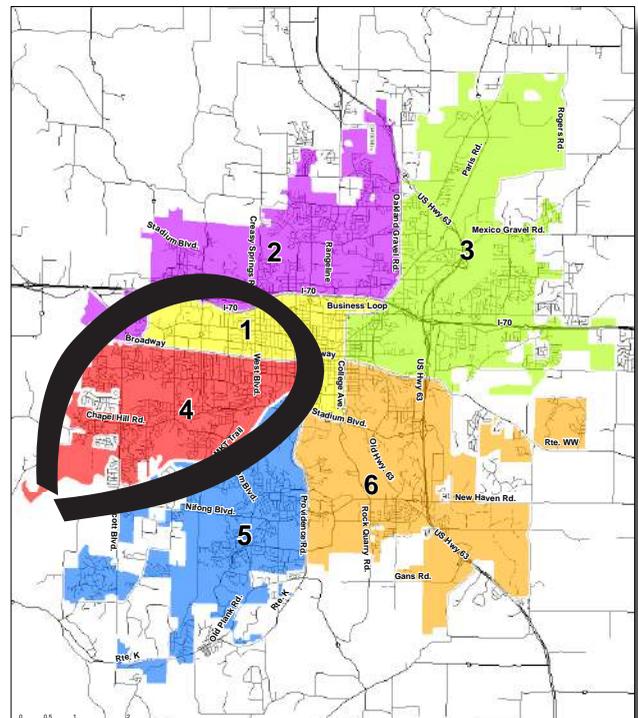
**Transportation**- transit should go to more areas, expand distance covered, reduce cost of ridership

#### WHAT WOULD HELP US ACHIEVE OPTIMUM PHYSICAL, MENTAL, CULTURAL, SOCIAL, SPIRITUAL, AND ECONOMIC HEALTH?

**Infrastructure**- provide infrastructure so outreach can happen, stoplight at Ash/Fairview to make cycling safer, built environment doesn't support activity, we build trails that we must drive to, must take a car to the food bank, can't have a neighborhood restaurant or small grocery store in an area zoned residential

**Education**- outreach and education to allow for accessing resources, emphasis on adaptive coping mechanisms, strengthen public schools, awareness and acceptance of problems so they can be addressed

**Government**- changes need to be made at the macro/policy level, zoning changes could prevent tobacco and alcohol from being sold near schools, educate policy makers, more Health Impact Assessments (HIA)



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## Geographic Focus Group Responses (continued)

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### CITY OF COLUMBIA, WARD 5

#### WHEN THINKING ABOUT HEALTH, WHAT ARE THE GREATEST STRENGTHS IN OUR COMMUNITY?

**Food and Nutrition**- food pantry, variety of restaurants, positive changes to the types of food available in school and in school vending machines, access to farmers markets and locally grown food, Buddy Packs, summer food programs

**Health Care**- availability of health care, hospitals, public health department immunization program

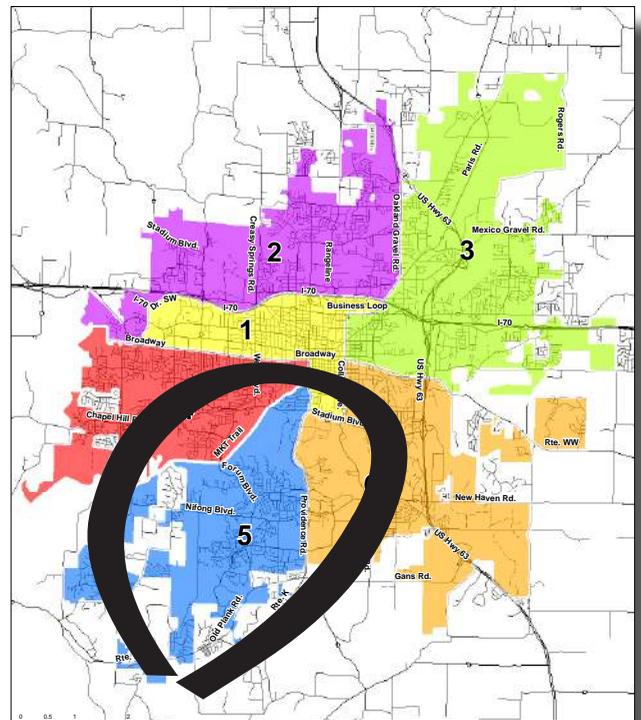
**Environment**- clean air, Cleanup Columbia

#### WHAT ARE THE MOST IMPORTANT HEALTH RELATED ISSUES IN OUR COMMUNITY?

**Substance Use**- drug abuse, rampant drug culture in high schools, high school students dealing cocaine, high school students don't have drug-related education or places to go for help

**Economy**- lack of middle-of-the-road housing, increasing rent, rental properties, disparities in neighborhoods

**Public Safety**- appearance of rising crime rate, safety in neighborhoods, burglaries



#### WHAT WOULD HELP US ACHIEVE OPTIMUM PHYSICAL, MENTAL, CULTURAL, SOCIAL, SPIRITUAL, AND ECONOMIC HEALTH?

**Communication**- joint meetings and activities, keep community aware of problems, bringing information to the neighborhoods, public health department communication with people who need the services

**Community**- encourage parents to stay active in school, highlight issues to bring people together

**Public Safety**- stay aware of large city issues, strengthen neighborhood watch programs, reduce gang activity and drug use

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## Geographic Focus Group Responses (continued)

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### CITY OF COLUMBIA, WARD 6

#### WHEN THINKING ABOUT HEALTH, WHAT ARE THE GREATEST STRENGTHS IN OUR COMMUNITY?

**Health Care**- health centers, University research and outreach, vaccination programs, medical facilities, number of doctors and hospitals, nurses, public health department, availability of health care

**Infrastructure**- easy to get around, sidewalks are safe to use, bike lanes, recreational walking, walk-able/bike-able community

**Physical Activity**- the ARC, workout machines on the trails and at Stephens Lake Park, focus on healthy lifestyle, networks for healthy activities

#### WHAT ARE THE MOST IMPORTANT HEALTH RELATED ISSUES IN OUR COMMUNITY?

**Physical Health**- poor access to dental care, uninsured/underinsured, conservative medical community, lack of extended care beds, insurance companies dictate service, preventive care, failure to expand Medicaid, lack of affordable health care

**Substance Use**-drug use problems have been going on for a long time, drug use among youth, alcohol abuse

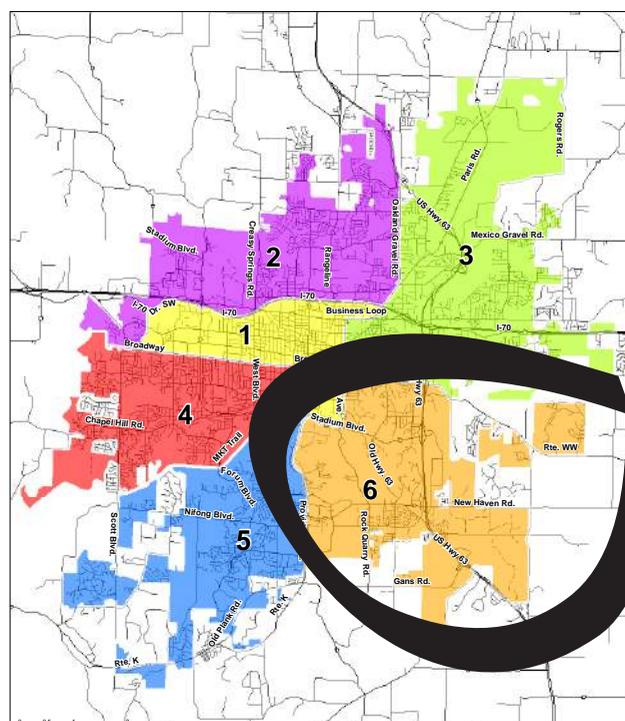
**Mental Health**- eating disorders among youth and college age, lack of support for long-term mental health services

#### WHAT WOULD HELP US ACHIEVE OPTIMUM PHYSICAL, MENTAL, CULTURAL, SOCIAL, SPIRITUAL, AND ECONOMIC HEALTH?

**Economy**- good jobs, healthy jobs, living wage jobs, balanced use of resources, money distribution tied to best practices/research-based, maximize money that people have at their disposal by developing affordable housing

**Personal Health**- unfunded medical services cost the community, provide uninsured access to preventive and primary care, universal health care, encourage preventive care, provide affordable and free services, expand Medicaid, collaboration of medical services with students and schools

**Food and Nutrition**- money to buy healthy foods, healthy and local food mobiles, hot lunch program for kids, eating a plant-based diet, farm policy that supports healthful food (non-commodity food)



## Demographics

Focus group participants were asked to complete a demographic information sheet. This was a self-reporting form. Compiled results from all focus groups are listed below. Results from each geographic location are in the Appendix.

The majority of the participants had a college degree or higher (80.6%) and income at or above \$60,000 (61%). Our survey sample is a representative sample for Boone County based on ethnicity. We are below our County demographics in male and youth participants. According to 2011 U.S. Census data, the average household income in Boone County was \$46,769. We are unable to compare the income data from survey respondents to county level data for reasons stated in the Discussion section of this report.

FOCUS GROUP LOCATION	NUMBER ATTENDING	PERCENT OF TOTAL
Ward 1	9	12.5%
Ward 2	6	8.0%
Ward 3	9	12.5%
Ward 4	15	21.0%
Ward 5	7	10.0%
Ward 6	10	14.0%
Northern Boone	10	14.0%
Southern Boone	6	8.0%
<b>Total</b>	<b>72</b>	<b>100%</b>

AGE	NUMBER	PERCENT
18 or younger	4	5.6%
19-25	5	6.9%
26-39	10	13.9%
40-54	16	22.2%
55-64	25	34.7%
65 or older	9	12.5%
Unknown	3	4.2%
<b>Total</b>	<b>72</b>	<b>100%</b>

RACE	NUMBER	PERCENT
White	62	86.1%
Black/AA	7	9.7%
Asian	2	2.8%
Black, Hispanic	1	1.4%
<b>Total</b>	<b>72</b>	<b>100%</b>

GENDER	NUMBER	PERCENT
Female	51	70.8%
Male	21	29.2%
<b>Total</b>	<b>72</b>	<b>100%</b>

EDUCATION	NUMBER	PERCENT
College or Higher	58	80.6%
High School Diploma or GED	7	9.7%
Less than High School Diploma	5	6.9%
Unknown	2	2.8%
<b>Total</b>	<b>72</b>	<b>100%</b>

ANNUAL INCOME	NUMBER	PERCENT
Under \$15,000	4	5.6%
\$15,000-\$29,999	8	11.0%
\$30,000-\$59,999	11	15.3%
\$60,000-\$99,999	37	51.4%
Over \$100,000	7	9.7%
No Income	3	4.2%
Don't Know	2	2.8%
<b>Total</b>	<b>72</b>	<b>100%</b>

MARITAL STATUS	NUMBER	PERCENT
Married/ Cohabiting	44	61.1%
Single	28	38.9%
<b>Total</b>	<b>72</b>	<b>100%</b>



HEALTH CARE	NUMBER	PERCENT
Health insurance	50	69.4%
Medicare	4	5.6%
Health insurance/Medicare	3	4.2%
VA	3	4.2%
Health insurance/VA	1	1.4%
Insurance/Medicare	1	1.4%
Medicaid	1	1.4%
Medicare/pay cash	1	1.4%
Medicare/Medicaid	1	1.4%
My parents	1	1.4%
Parents pay	1	1.4%
Pay cash	1	1.4%
Pay cash/Do not use insurance or use free clinic	1	1.4%
Pay cash/Medicaid	1	1.4%
Retired military	1	1.4%
VA/Pay cash	1	1.4%
<b>Total</b>	<b>72</b>	<b>100%</b>

## Discussion

### Overarching Themes and Strengths

We look to the Community Themes and Strengths Assessment to help identify: What are our community issues? What are our strengths? What needs to happen to help us reach our community vision?

Mental health, crime and safety, obesity, substance use and health care access were common issues from both the survey and focus groups. Our community strengths include our infrastructure, community gardens, and vast healthcare structure. A strong community and prosperous economy are needed to reach our community vision. Focus group questions and responses centered around community health, with a focus on community assets and prevention. In contrast, survey responses were focused on the concerns our community members have about individual health, such as: mental health, obesity, and substance use.

### Assessment Limitations

Both focus group and survey participants were asked to self-report household income. The income categories do not directly correlate with categories from comparison data sources, therefore, we are unable to compare our sample to Boone County income data. We also did not ask for the number of members in the household and, as a result, are unable

to measure poverty level data for participants. Survey respondents were not given the option to leave an email address in order to receive future communication. This was a lost opportunity to share the MAPP Process with a large number of community members. Future surveys will include the voluntary collection of email addresses. In addition, some of the demographic information gathered was incomplete, which can explain the discrepancies between the response totals listed in the Process section and those represented in the tables and graphs. The final tally of responses noted in the Process section, was ultimately impacted by those who exited the survey before answering all questions, as well as those who skipped questions. Future surveys will consider providing more than one option for gender selection.

Securing focus group participants proved to be challenging. Participants were recruited by members of CHAMP. This method of sampling can lead to limitations. Focus groups were hosted during the summer months, a time when college students are not typically available and family commitments can impede participation in community efforts. Focus group discussion answers were recorded on paper flip charts and analyzed based on the frequency of responses. Sessions were not video or voice recorded. As a result, we must consider that the frequency of some responses may not have been captured accurately and, therefore, the data analysis can be impacted. Future focus group responses should either be weighted by participants or voice recorded to ensure accuracy.

The survey and focus groups have minimal representation from youth. It is worth noting that a CHAMP partner agency, Central Missouri Community Action Agency, completed a PhotoVoice project with low-income youth just prior to the CTSA assessment. For this project, CMCA gave cameras to nine youth between the ages of 11-15 and asked them to take pictures of their community from their point of view. These young photographers captured images that reinforce some of the common themes from this Community Themes and Strengths Assessment including, but not limited to community, healthy eating, and bullying. The photos from this project are included in the Appendix. Future efforts to capture community input should include PhotoVoice as a method of reaching the youth population.

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## Assessment Data Dissemination

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CHAMP members were presented with preliminary data findings at a CHAMP meeting in August 2013. A fact sheet summary (Appendix) was also distributed during that time and posted on the City of Columbia website, <http://www.gocolumbiamo.com/Health/MAPP.php>. The fact sheet summary was also shared with focus group participants via email.

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## Acknowledgements

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

Thank you to all of the people that helped and participated in the Community Themes and Strengths Assessment.

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## Appendices

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## Boone County Community Health Survey

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## Boone County Community Health Survey

Please take 5 minutes to complete the survey. The purpose of this survey is to get your opinions about community health issues in Boone County. The Boone County Community Health Assessment Mobilization Partnership (CHAMP) will use the results of this survey and other information to identify the most pressing issues which can be addressed through community action. Your opinion is important and we value your input. Thank you!

1. 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).

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Good place to raise children                          | <input type="checkbox"/> Use of parks and recreation   | <input type="checkbox"/> Public Transportation          |
| <input type="checkbox"/> Low crime / safe neighborhoods                        | <input type="checkbox"/> Clean environment             | <input type="checkbox"/> Access to healthy foods        |
| <input type="checkbox"/> Low level of child abuse                              | <input type="checkbox"/> Safe and affordable housing   | <input type="checkbox"/> Religious or spiritual values  |
| <input type="checkbox"/> Good schools  | <input type="checkbox"/> Community and cultural events | <input type="checkbox"/> Safe walking and biking routes |
| <input type="checkbox"/> Access to health care (e.g., medical, mental, dental) | <input type="checkbox"/> Excellent race relations      | <input type="checkbox"/> Other _____                    |
|  | <input type="checkbox"/> Good jobs and healthy economy |   |

2. **Among adults**, which 5 health conditions or behaviors have the greatest impact on overall community health. (Check 5)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Arthritis  | <input type="checkbox"/> Self-harm (cutting)                  | <input type="checkbox"/> Senior falls (falling at home)                                 |
| <input type="checkbox"/> Hearing and visioning impairments or loss        | <input type="checkbox"/> Anorexia / Bulimia                   | <input type="checkbox"/> Worksite injuries  |
| <input type="checkbox"/> Cancers  | <input type="checkbox"/> Alcohol abuse                        | <input type="checkbox"/> Motor vehicle crash injuries (including motorcycles and ATV’s) |
| <input type="checkbox"/> Dental problems                                  | <input type="checkbox"/> Drug abuse                           | <input type="checkbox"/> Lack of exercise   |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Sexually Transmitted Diseases (STDs) | <input type="checkbox"/> Poor eating habits / choices                                   |
| <input type="checkbox"/> Heart disease and stroke                         | <input type="checkbox"/> HIV / AIDS                           | <input type="checkbox"/> Homelessness   |
| <input type="checkbox"/> High blood pressure                              | <input type="checkbox"/> Suicide                              | <input type="checkbox"/> Regular check-ups and shots / vaccinations                     |
| <input type="checkbox"/> Lung disease (COPD, emphysema)                   | <input type="checkbox"/> Homicide                             | <input type="checkbox"/> Racism / discrimination  |
| <input type="checkbox"/> Mental health issues (depression, anxiety, etc.) | <input type="checkbox"/> Assault / Violence                   | <input type="checkbox"/> Tobacco use  |
| <input type="checkbox"/> Stress   | <input type="checkbox"/> Domestic / family violence           | <input type="checkbox"/> Not using seat belts   |
| <input type="checkbox"/> Obesity  | <input type="checkbox"/> Adult abuse / neglect                | <input type="checkbox"/> Other _____  |
|   | <input type="checkbox"/> Rape / sexual assault                |   |

3. **Among youth (age 0-18)**, which 5 health conditions or behaviors have the greatest impact on overall community health. (Check 5).

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cancers  | <input type="checkbox"/> Self-harm (cutting)                  | <input type="checkbox"/> Bullying   |
| <input type="checkbox"/> Dental problems                                  | <input type="checkbox"/> Anorexia / Bulimia                   | <input type="checkbox"/> Dropping out of school   |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Drug abuse                           | <input type="checkbox"/> Motor vehicle crash injuries (including motorcycles and ATV’s) |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Sexually Transmitted Diseases (STDs) | <input type="checkbox"/> Lack of exercise   |
| <input type="checkbox"/> Obesity  | <input type="checkbox"/> HIV / AIDS                           | <input type="checkbox"/> Poor eating habits   |
| <input type="checkbox"/> Mental health issues (depression, anxiety, etc.) | <input type="checkbox"/> Suicide                              | <input type="checkbox"/> Homelessness   |
| <input type="checkbox"/> Autism   | <input type="checkbox"/> Homicide                             | <input type="checkbox"/> Regular check-ups and shots / vaccinations                     |
| <input type="checkbox"/> ADD / ADHD                                       | <input type="checkbox"/> Assault / Violence                   | <input type="checkbox"/> Racism / Discrimination  |
| <input type="checkbox"/> Stress   | <input type="checkbox"/> Domestic / Family Violence           | <input type="checkbox"/> Tobacco use  |
| <input type="checkbox"/> Low self-esteem                                  | <input type="checkbox"/> Child abuse / neglect                | <input type="checkbox"/> Not using seat belts / child safety seats                      |
| <input type="checkbox"/> Alcohol abuse                                    | <input type="checkbox"/> Rape / sexual assault                | <input type="checkbox"/> Other _____  |
|   | <input type="checkbox"/> Fighting                             |   |

**Turn Over**

4. How satisfied are you with the health of Boone County Adults?

Very dissatisfied       Dissatisfied       Neutral       Satisfied       Very Satisfied

5. How satisfied are you with the health of Boone County Youth (age 0-18)?

Very dissatisfied       Dissatisfied       Neutral       Satisfied       Very Satisfied

**Please answer questions #6-14 so we can see how different types of people feel about local health issues.**

6. What is your Zip code? \_\_\_\_\_

7. Age:  18 or less  
 19 - 25  
 26 - 39  
 40 - 54  
 55 - 64  
 65 or over

8. Gender:  Male  Female

9. Ethnic group (Check all that apply):  
 African American / Black  
 Asian / Pacific Islander  
 Hispanic / Latino  
 Native American  
 White / Caucasian  
 Other \_\_\_\_\_

10. Marital Status:

Married / co-habiting / partnered  
 Not married / Single

11. Education

Less than high school  
 High school diploma or GED  
 College degree or higher  
 Other \_\_\_\_\_

12. Household income

No income (student or dependent)  
 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

13. 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 \_\_\_\_\_

Thank you for your response!

If you have questions or would like more information, please contact:

Rebecca Roesslet

Columbia/Boone County Public Health and Human Services

1005 W Worley St.

Columbia, MO 65203

[champ@gocolumbiamo.com](mailto:champ@gocolumbiamo.com)

573-874-7490

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## Example Focus Group Invitation

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let **YOUR VOICE** be heard!

**THURSDAY, JULY 11<sup>TH</sup>**

**DINNER • 5:30 P.M.**

**FOCUS GROUP • 6-7:30 P.M.**

The Food Bank for Central & Northeast MO

2101 Vandiver Drive

We are looking for 12 residents from Ward 2 who would like to share their opinions about health in Boone County. If you are interested, please call or email:

*Michelle Riefe*

*573-874-6331 or [champ@gocolumbiamo.com](mailto:champ@gocolumbiamo.com)*

Seats are limited to 12 participants so please RSVP today to reserve your spot in this focus group.

All focus group attendees will receive a \$20 gift card.

Dinner and childcare provided.



Our department is working on an updated Community Health Assessment and Community Health Improvement Plan. We believe the best way to identify and improve health issues in our community is with input from community members. By attending this focus group, you have the opportunity to help shape what a healthy Boone County looks like. We appreciate your time and value your opinions.

Columbia/Boone County Public Health & Human Services 1005 W Worley 573-874-7355 [www.gocolumbiamo.com/Health](http://www.gocolumbiamo.com/Health)



**Public Health**  
Prevent. Promote. Protect.

Columbia/Boone County  
Public Health & Human Services

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## Categorical Topics from Focus Groups

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PK	PARKS
AW	ANIMAL WELFARE
C	COMMUNITY
PA	PHYSICAL ACTIVITY
O	OBESITY
SA	SUBSTANCE ABUSE
TT	TRANSPORTATION
MH	MENTAL HEALTH
HC	HEALTH CARE
SS	SOCIAL SERVICES
IF	INFRASTRUCTURE/WALKING AND BIKING PATHS
FOOD	FOOD
ED	EDUCATION
HE	HEALTH EDUCATION
PS	PUBLIC SAFETY
FAITH	FAITH
CD	CHRONIC DISEASE
TOB	TOBACCO
SH	SEXUAL HEALTH
GOVT	GOVERNMENT
PR	PERSONAL RESPONSIBILITY
EG	GREEN/ENVIRONMENT
SPEAK	COMMUNICATION
AH	AFFORDABLE HOUSING
PE	PUBLIC ENGAGEMENT
EV	ENVIRONMENT
VP	VULNERABLE POPULATIONS
OT	OTHER
ECON	ECONOMY

## Focus Group Demographics by Location

### SOUTHERN BOONE DEMOGRAPHICS

EDUCATION	NUMBER	PERCENT
College or higher	6	100.0%
<b>TOTAL</b>	<b>6</b>	<b>100%</b>

INCOME	NUMBER	PERCENT
Under \$15,000	1	16.7%
\$30,000-\$59,999	1	16.7%
\$60,000-\$99,999	4	66.7%
<b>TOTAL</b>	<b>6</b>	<b>100%</b>

HEALTH CARE	NUMBER	PERCENT
Health insurance	3	50.0%
Medicare	1	16.7%
Pay cash	1	16.7%
Retired military	1	16.7%
<b>TOTAL</b>	<b>6</b>	<b>100%</b>

AGE	NUMBER	PERCENT
40-54	2	33.3%
55-64	4	66.7%
<b>TOTAL</b>	<b>6</b>	<b>100%</b>

GENDER	NUMBER	PERCENT
Female	5	83.3%
Male	1	16.7%
<b>TOTAL</b>	<b>6</b>	<b>100%</b>

MARITAL STATUS	NUMBER	PERCENT
Married/ Cohabiting	4	66.7%
Single	2	33.3%
<b>TOTAL</b>	<b>6</b>	<b>100%</b>

RACE	NUMBER	PERCENT
White	6	100.0%
<b>TOTAL</b>	<b>6</b>	<b>100%</b>

## NORTHERN BOONE DEMOGRAPHICS

EDUCATION	NUMBER	PERCENT
Less than a high school diploma	1	10.0%
High school diploma or GED	4	40.0%
College or higher	5	50.0%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>

INCOME	NUMBER	PERCENT
\$15,000-\$29,999	1	10.0%
\$30,000-\$59,999	3	30.0%
\$60,000-\$99,999	3	30.0%
More than \$100,000	2	20.0%
Don't know	1	10.0%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>

HEALTH CARE	NUMBER	PERCENT
Health insurance	5	50.0%
Health insurance/Medicare	2	20.0%
Medicare	1	10.0%
Medicare/Medicaid	1	10.0%
VA	1	10.0%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>

AGE	NUMBER	PERCENT
40-54	2	20.0%
55-64	5	50.0%
65 or over	3	30.0%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>

GENDER	NUMBER	PERCENT
Female	9	90.0%
Male	1	10.0%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>

MARITAL STATUS	NUMBER	PERCENT
Married/ Cohabiting	5	50.0%
Single	5	50.0%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>

RACE	NUMBER	PERCENT
White	10	100.0%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>

## WARD 1 DEMOGRAPHICS

EDUCATION	NUMBER	PERCENT
High school diploma or GED	2	22.2%
College or higher	7	77.8%
<b>TOTAL</b>	<b>9</b>	<b>100%</b>

INCOME	NUMBER	PERCENT
Under \$15,000	2	22.2%
\$15,000-\$29,999	2	22.2%
\$30,000-\$59,999	2	22.2%
\$60,000-\$99,999	3	33.4%
<b>TOTAL</b>	<b>9</b>	<b>100%</b>

HEALTH CARE	NUMBER	PERCENT
Health insurance	7	77.8%
Pay cash/do not use health insurance or use free clinic	1	11.1%
Pay cash/Medicaid	1	11.1%
<b>TOTAL</b>	<b>9</b>	<b>100%</b>

AGE	NUMBER	PERCENT
19-25	2	22.3%
26-39	3	33.3%
40-54	3	33.3%
55-64	1	11.1%
<b>TOTAL</b>	<b>9</b>	<b>100%</b>

GENDER	NUMBER	PERCENT
Female	7	77.8%
Male	2	22.2%
<b>TOTAL</b>	<b>9</b>	<b>100%</b>

MARITAL STATUS	NUMBER	PERCENT
Married/ Cohabiting	5	50.6%
Single	4	44.4%
<b>TOTAL</b>	<b>9</b>	<b>95%</b>

RACE	NUMBER	PERCENT
Black/ African- American	5	55.6%
White	4	44.4%
<b>TOTAL</b>	<b>9</b>	<b>100%</b>

## WARD 2 DEMOGRAPHICS

EDUCATION	NUMBER	PERCENT
High school diploma or GED	1	16.7%
College or higher	5	83.3%
<b>TOTAL</b>	<b>6</b>	<b>100%</b>

INCOME	NUMBER	PERCENT
\$15,000-\$29,999	1	16.7%
\$60,000-\$99,999	5	83.3%
<b>TOTAL</b>	<b>6</b>	<b>100%</b>

HEALTH CARE	NUMBER	PERCENT
Health insurance	4	66.7%
Health insurance/Medicare	1	16.7%
Insurance/Medicare	1	16.7%
<b>TOTAL</b>	<b>6</b>	<b>100%</b>

AGE	NUMBER	PERCENT
26-39	1	16.7%
40-54	1	16.7%
55-64	3	50.0%
65 or over	1	16.7%
<b>TOTAL</b>	<b>6</b>	<b>100%</b>

GENDER	NUMBER	PERCENT
Female	5	83.3%
Male	1	16.7%
<b>TOTAL</b>	<b>6</b>	<b>100%</b>

MARITAL STATUS	NUMBER	PERCENT
Married/ Cohabiting	3	50.0%
Single	3	50.0%
<b>TOTAL</b>	<b>6</b>	<b>100%</b>

RACE	NUMBER	PERCENT
White	6	100.0%
<b>TOTAL</b>	<b>6</b>	<b>100%</b>

## WARD 3 DEMOGRAPHICS

EDUCATION	NUMBER	PERCENT
College or higher	8	88.9%
Unknown	1	11.1%
<b>TOTAL</b>	<b>9</b>	<b>100%</b>

INCOME	NUMBER	PERCENT
\$15,000-\$29,999	3	33.3%
\$30,000-\$59,999	1	11.1%
\$60,000-\$99,999	4	44.4%
\$100,000 or more	1	11.1%
<b>TOTAL</b>	<b>9</b>	<b>100%</b>

HEALTH CARE	NUMBER	PERCENT
Health insurance	5	55.6%
Medicare	1	11.1%
Medicare/pay cash	1	11.1%
VA	1	11.1%
VA/pay cash	1	11.1%
<b>TOTAL</b>	<b>9</b>	<b>100%</b>

AGE	NUMBER	PERCENT
26-39	2	22.2%
55-64	4	44.4%
65 or over	3	33.3%
<b>TOTAL</b>	<b>9</b>	<b>100%</b>

GENDER	NUMBER	PERCENT
Female	5	56.6%
Male	4	44.4%
<b>TOTAL</b>	<b>9</b>	<b>100%</b>

MARITAL STATUS	NUMBER	PERCENT
Married/ Cohabiting	8	88.9%
Single	1	11.1%
<b>TOTAL</b>	<b>9</b>	<b>100%</b>

RACE	NUMBER	PERCENT
African- American/ Black	1	11.1%
White	7	77.8%
Black, His- panic	1	11.1%
<b>TOTAL</b>	<b>9</b>	<b>100%</b>



## WARD 4 DEMOGRAPHICS

EDUCATION	NUMBER	PERCENT
Less than a high school diploma	4	73.3%
College or higher	11	26.7%
<b>TOTAL</b>	<b>15</b>	<b>100%</b>

INCOME	NUMBER	PERCENT
Under \$15,000	1	6.7%
\$15,000-\$29,999	1	6.7%
\$60,000-\$99,999	9	60.0%
\$100,000 or more	1	6.7%
No income	2	13.3%
Don't know	1	6.7%
<b>TOTAL</b>	<b>15</b>	<b>100%</b>

HEALTH CARE	NUMBER	PERCENT
Health insurance	10	66.7%
Health insurance/VA	1	6.7%
Medicaid	1	6.7%
Parents	2	13.3%
VA	1	6.7%
<b>TOTAL</b>	<b>15</b>	<b>100%</b>

AGE	NUMBER	PERCENT
18 or less	4	26.7%
19-25	1	6.7%
26-39	2	13.3%
40-54	3	20.0%
55-64	2	13.3%
65 or over	1	6.7%
Unknown	2	13.3%
<b>TOTAL</b>	<b>15</b>	<b>100%</b>

GENDER	NUMBER	PERCENT
Female	10	66.5%
Male	5	33.4%
<b>TOTAL</b>	<b>15</b>	<b>100%</b>

MARITAL STATUS	NUMBER	PERCENT
Married/ Cohabiting	4	26.7%
Single	11	73.3%
<b>TOTAL</b>	<b>15</b>	<b>100%</b>

RACE	NUMBER	PERCENT
White	14	93.3%
Asian	1	6.7%
<b>TOTAL</b>	<b>15</b>	<b>100%</b>



## WARD 5 DEMOGRAPHICS

EDUCATION	NUMBER	PERCENT
College or higher	7	100.0%
<b>TOTAL</b>	<b>7</b>	<b>100%</b>

INCOME	NUMBER	PERCENT
\$30,000-\$59,999	3	42.9%
\$60,000-\$99,999	3	42.9%
No income	1	14.3%
<b>TOTAL</b>	<b>7</b>	<b>100%</b>

HEALTH CARE	NUMBER	PERCENT
Health insurance	6	85.7%
Medicare	1	14.3%
<b>TOTAL</b>	<b>7</b>	<b>100%</b>

AGE	NUMBER	PERCENT
19-25	1	14.3%
40-54	3	42.9%
55-64	1	14.3%
65 or over	1	14.3%
Unknown	1	14.3%
<b>TOTAL</b>	<b>7</b>	<b>100%</b>

GENDER	NUMBER	PERCENT
Female	3	42.9%
Male	4	57.1%
<b>TOTAL</b>	<b>7</b>	<b>100%</b>

MARITAL STATUS	NUMBER	PERCENT
Married/ Cohabiting	6	85.7%
Single	1	14.3%
<b>TOTAL</b>	<b>7</b>	<b>100%</b>

RACE	NUMBER	PERCENT
White	7	100.0%
<b>TOTAL</b>	<b>7</b>	<b>100%</b>



## WARD 6 DEMOGRAPHICS

EDUCATION	NUMBER	PERCENT
College or higher	9	90.0%
Unknown	1	10.0%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>

INCOME	NUMBER	PERCENT
\$30,000-\$59,999	1	10.0%
\$60,000-\$99,999	6	60.0%
\$100,000 or more	3	30.0%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>

HEALTH CARE	NUMBER	PERCENT
Health insurance	10	100.0%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>

AGE	NUMBER	PERCENT
19-25	1	10.0%
26-39	2	20.0%
40-54	2	20.0%
55-64	5	50.0%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>

GENDER	NUMBER	PERCENT
Female	7	70.0%
Male	3	30.0%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>

MARITAL STATUS	NUMBER	PERCENT
Married/ Cohabiting	9	90.0%
Single	1	10.0%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>

RACE	NUMBER	PERCENT
White	8	80.0%
African- American/ Black	1	10.0%
Asian	1	10.0%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>



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Focus Group Facilitator's Agenda

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# Community Themes & Strengths Assessment Focus Group



## Facilitator's Agenda

- I. Welcome- (5 min)
  - a. Facilitator will welcome the group after the 30 minute dinner period is over
  - b. Introduce support staff
- II. Mobilizing for Action Through Planning and Partnership (MAPP): Process Overview (5 min)
  - a. Health Dept. support staff will give a brief overview of the MAPP process, where are we now in the cycle. Attendees have the handout at their table
  - b. Public health system-explain the *Missouri Public Health System at a Glance* display in the room
- III. Community Themes & Strengths Assessment Focus Group: Purpose, Process (5 min), Support staff will cover this
- IV. Introductions (5 min)
  - a. Participant introductions
  - b. Ground rules
- V. Discussion Questions: three questions (60 minutes)
  - a. Brainwriting for each question-3 min
  - b. Discussion for each question-17 min
- VI. Next Steps (5min)

Focus group results and survey results will be used to develop overarching themes and strengths for Boone County

Final report will be made available the end of this year, can be emailed a copy if requested
- VII. Evaluation and Close (5 min)

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## Focus Group Participant Evaluation Form

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## PhotoVoice - Central Missouri Community Action

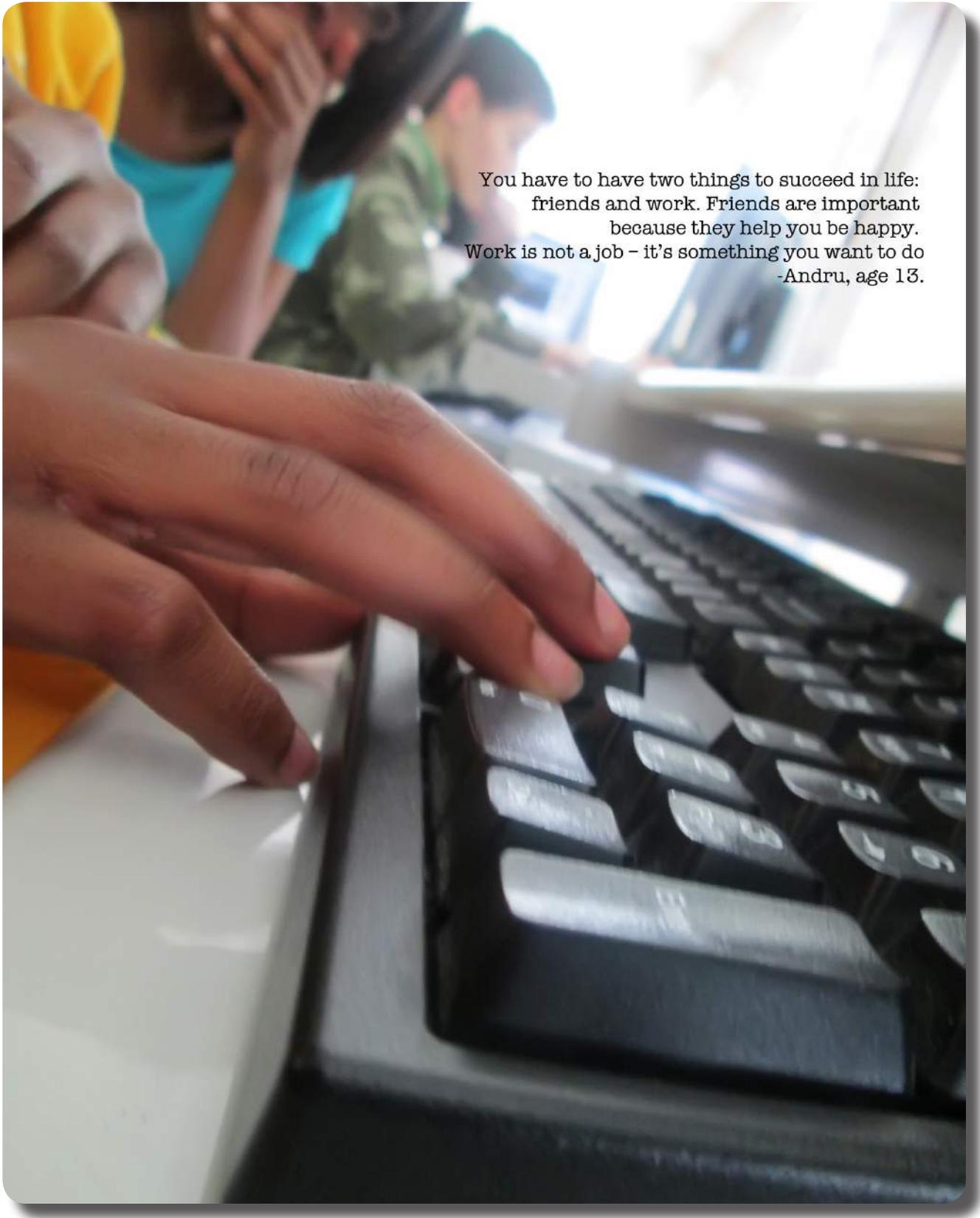
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Central Missouri Community Action gave cameras to nine youth between the ages of 11-15 and asked them to take pictures of their community from their point of view. During the seven week project, the youth discussed topics such as basic needs, lifelong learning, relationships, and advocacy. These young photographers captured images that reinforce some of the common themes from the Community Themes and Strengths Assessment including but not limited to community, healthy eating, and bullying.



Parent will keep learning new thing about the world to teach to their kids so their kids can be better than them.

-Andru, Age 13



You have to have two things to succeed in life:  
friends and work. Friends are important  
because they help you be happy.  
Work is not a job - it's something you want to do  
-Andru, age 13.



The bus is a place for you to make new friends and meet different people and also provides transportation to school. -Damisha, age 15



Book keep us calm and not angry and sometime keep us away from the real world -Andru, age 13.



Church opens up your eyes and teaches you things you should know in life. -Damisha, age 15

Fruit provides people with nutrients and helps to give more energy and reduces the obesity in the U.S.  
I enjoy eating healthy foods because they're delicious, sweet, and healthy for you  
and propel you to do more in activities. -Damisha, age 15

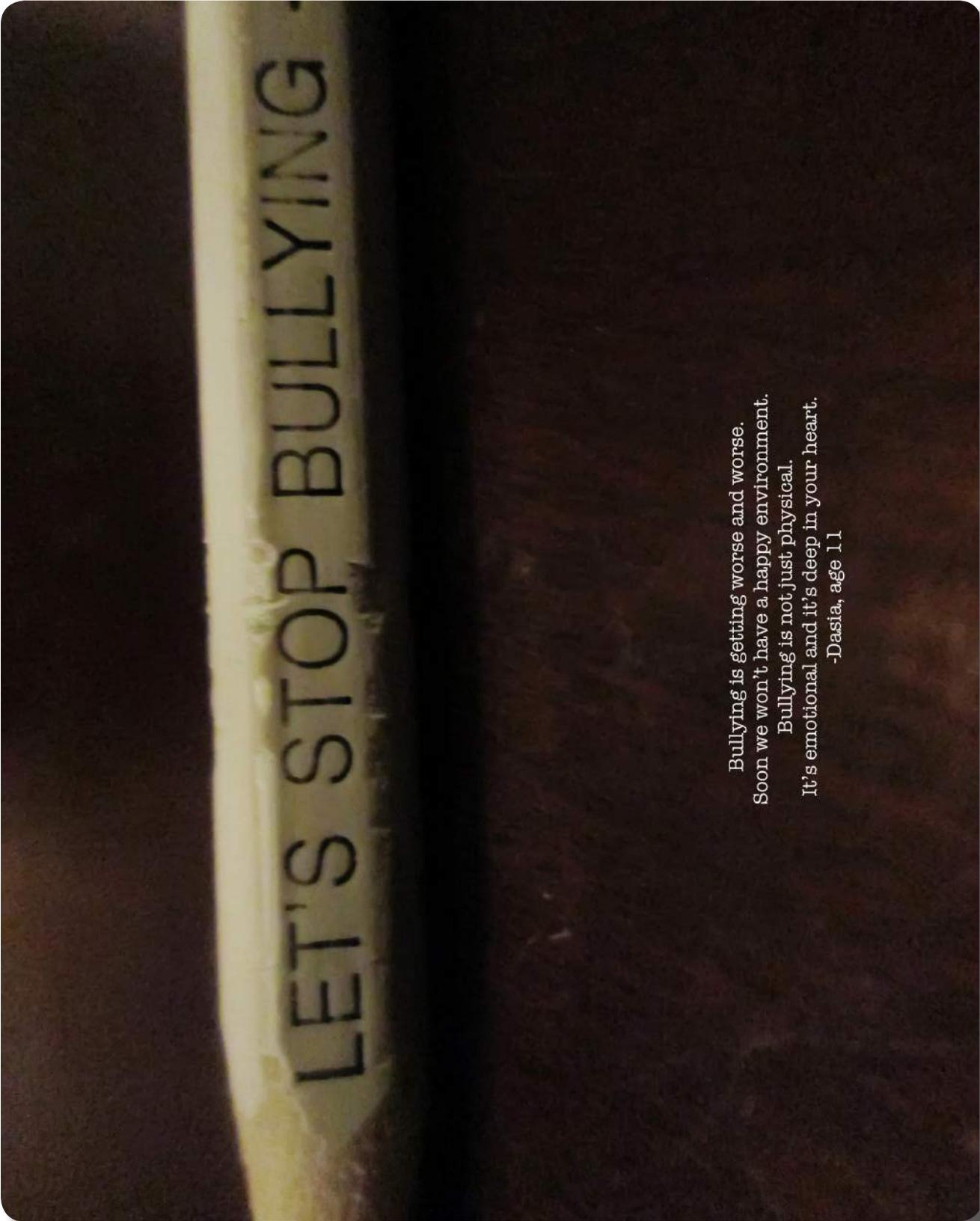


Everyone needs grandmas so you can have someone to talk to and listen to how it was when they were younger.  
-Dasia, age 11



We need to learn when we're young  
so we can have good skills when we're older.  
Math is important because when you're older  
you need to learn how to budget and get a good job.  
-Dasia, age 11



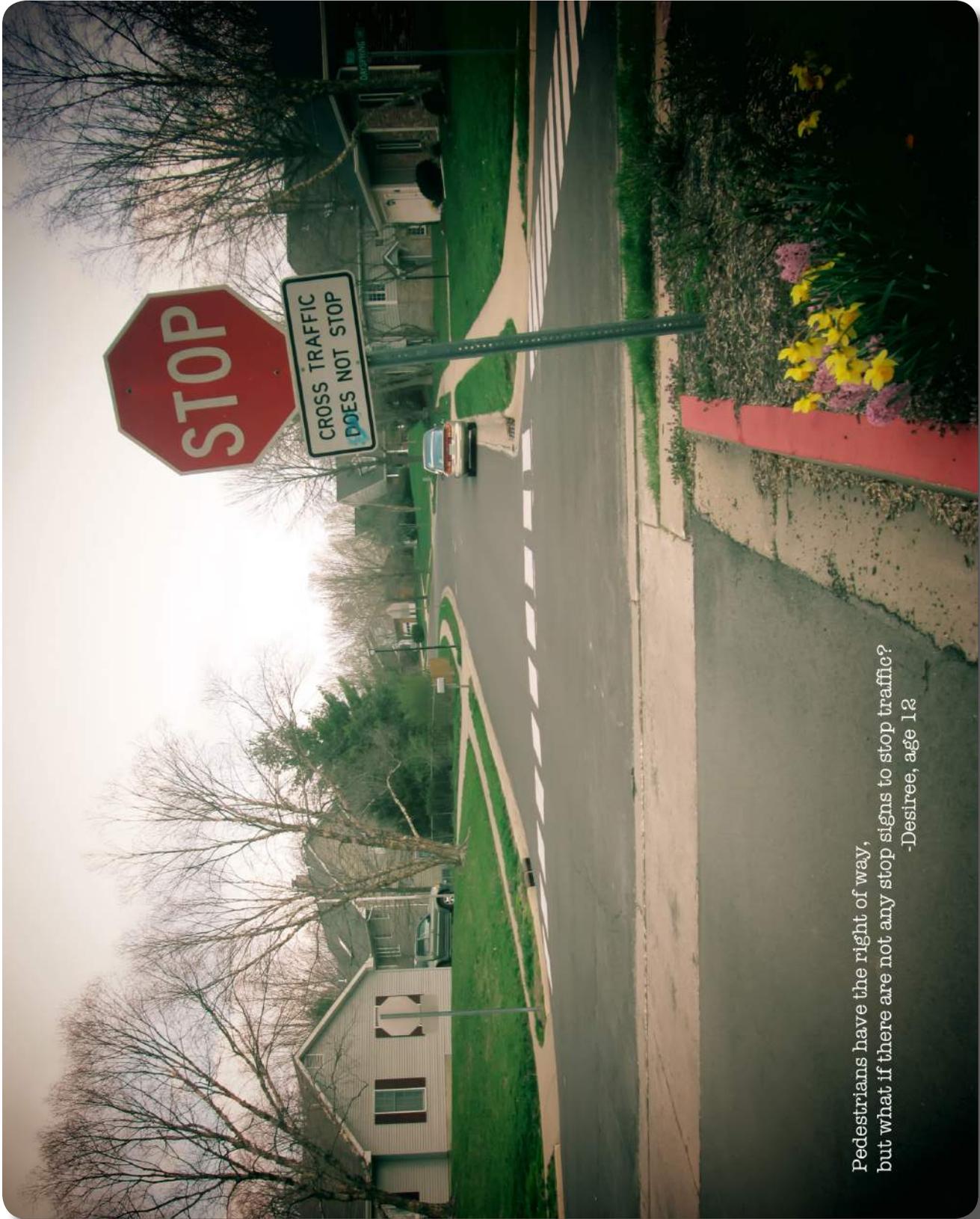


LET'S STOP BULLYING

Bullying is getting worse and worse.  
Soon we won't have a happy environment.  
Bullying is not just physical.  
It's emotional and it's deep in your heart.  
-Dasia, age 11



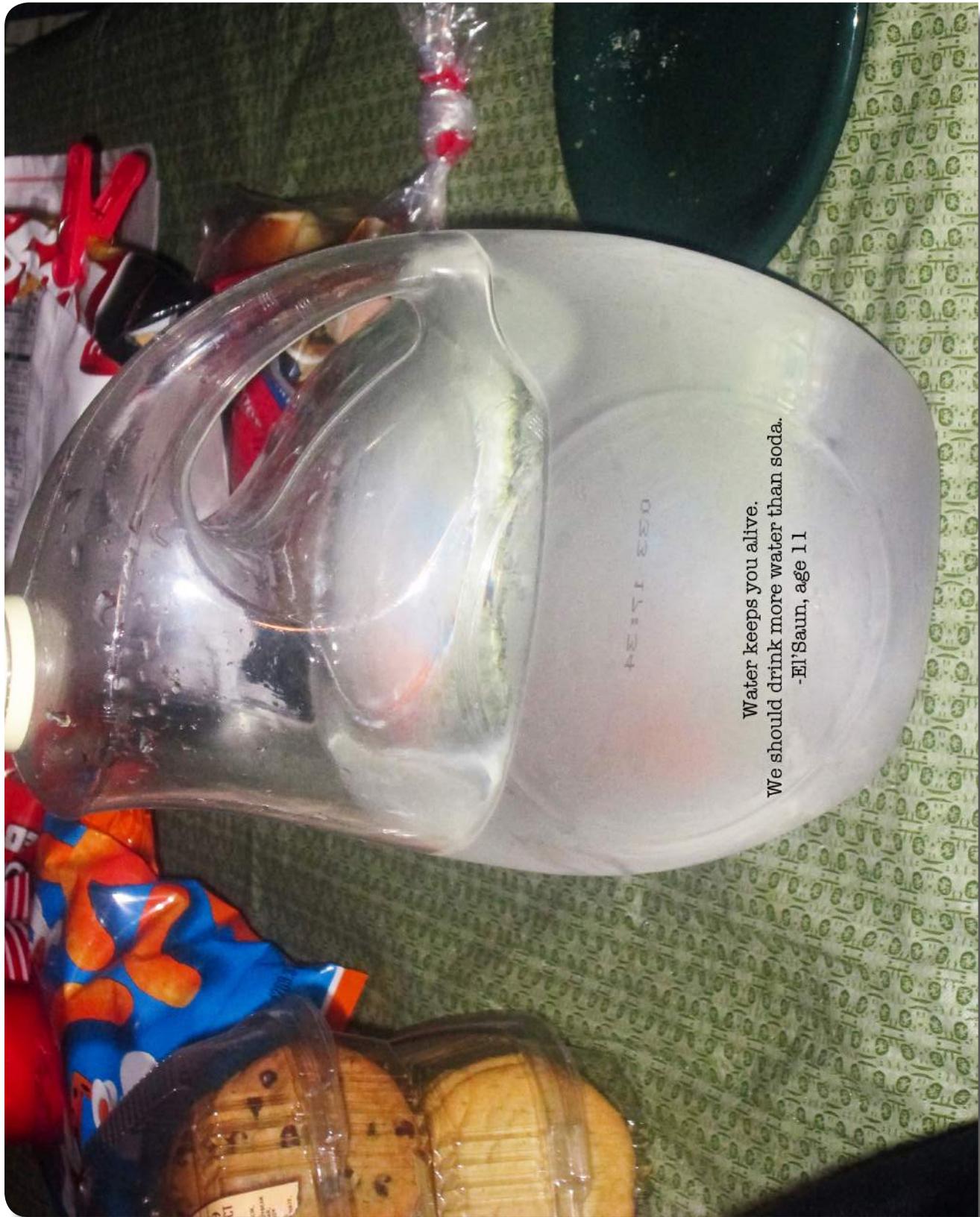
Education can be viewed in different perspectives. It just depends on how you angle the camera and your mind.  
-Desiree, age 12



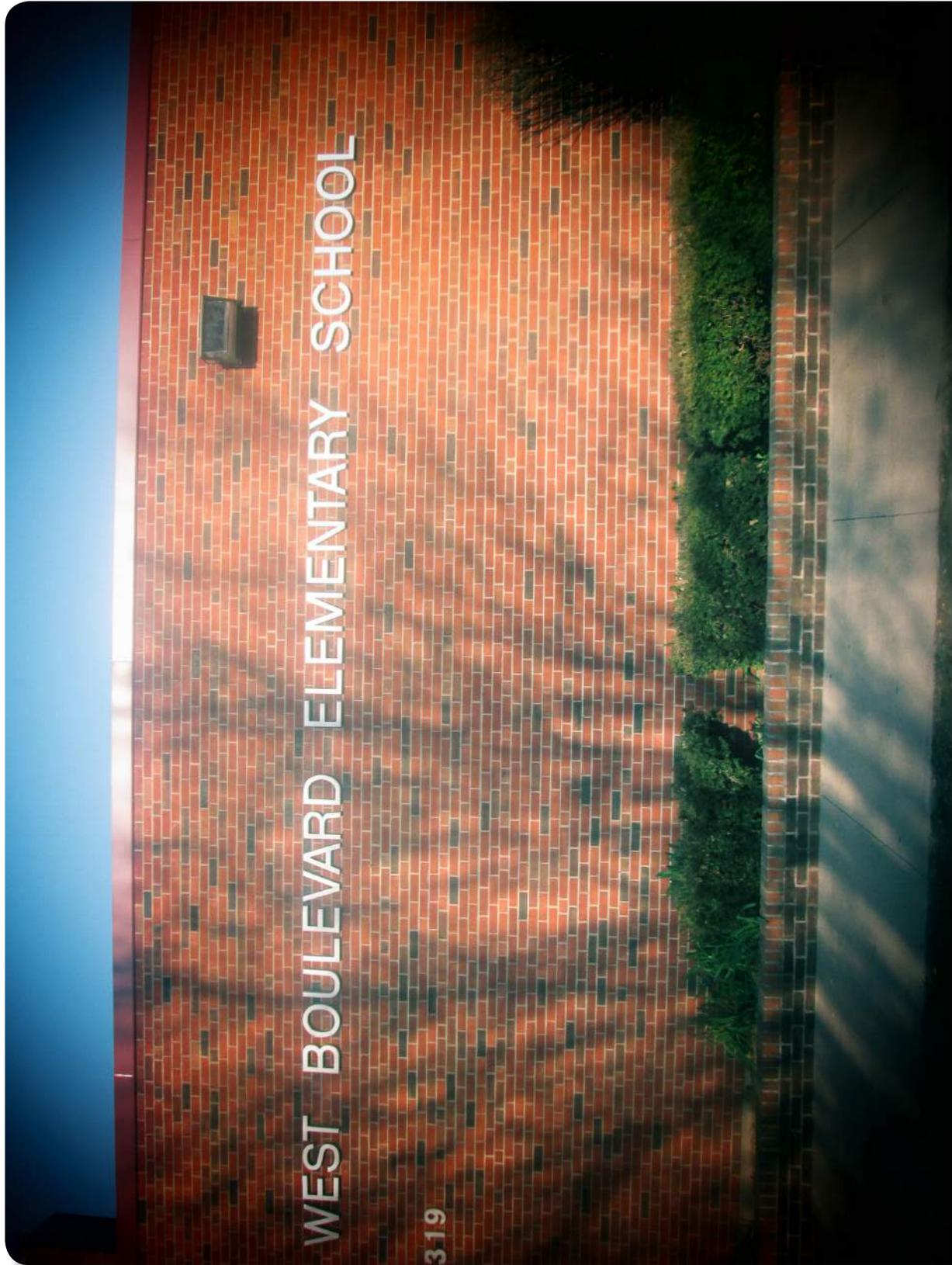
Pedestrians have the right of way,  
but what if there are not any stop signs to stop traffic?  
-Desiree, age 12



Since segregation times there has always been those people who disagree with black and white relationships,  
-Desiree, age 18  
but friendship has no color.



Water keeps you alive.  
We should drink more water than soda.  
-El'Saun, age 11



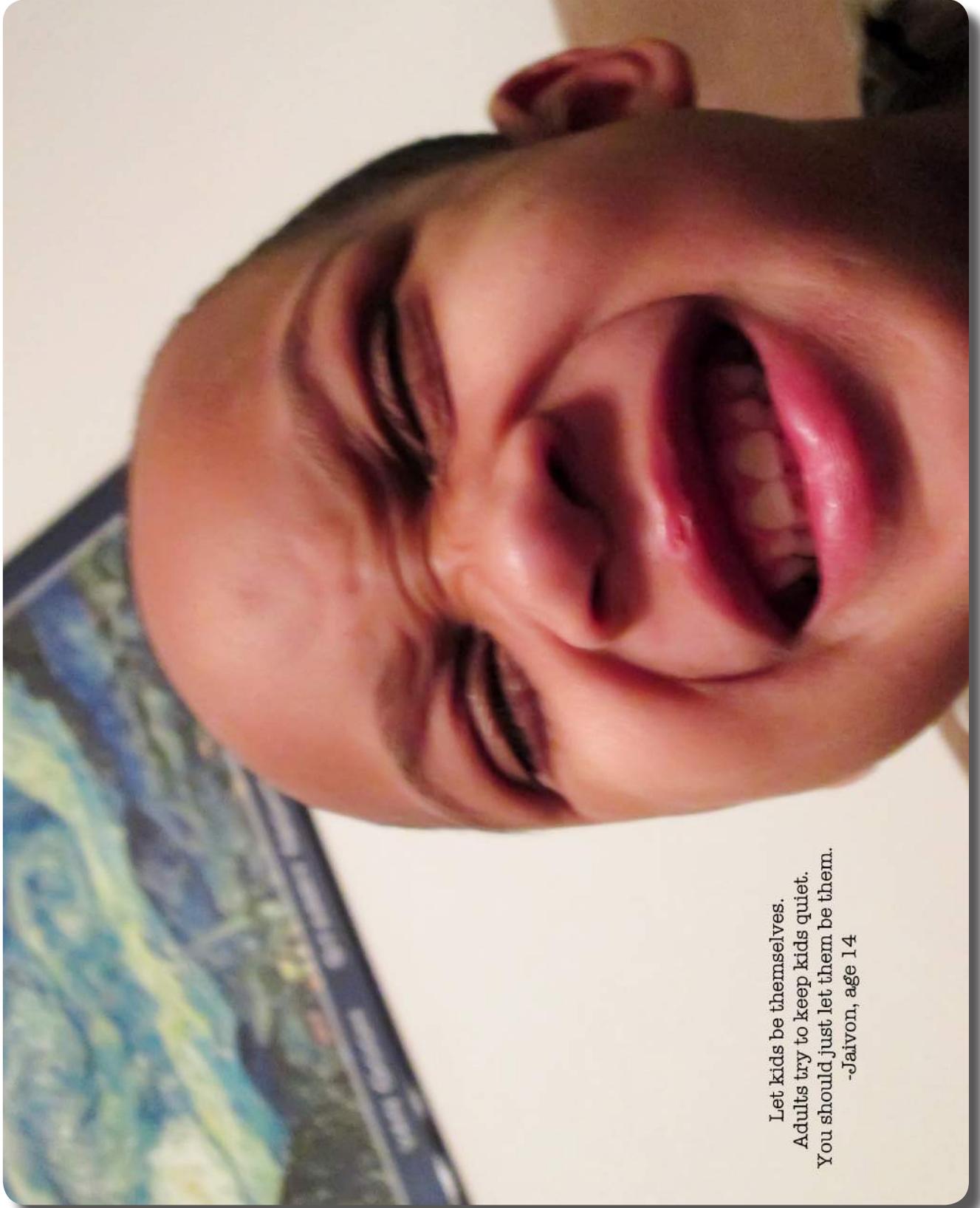
This school was built when my grandpa was little. Now I go there.

-El'Saun, age 11

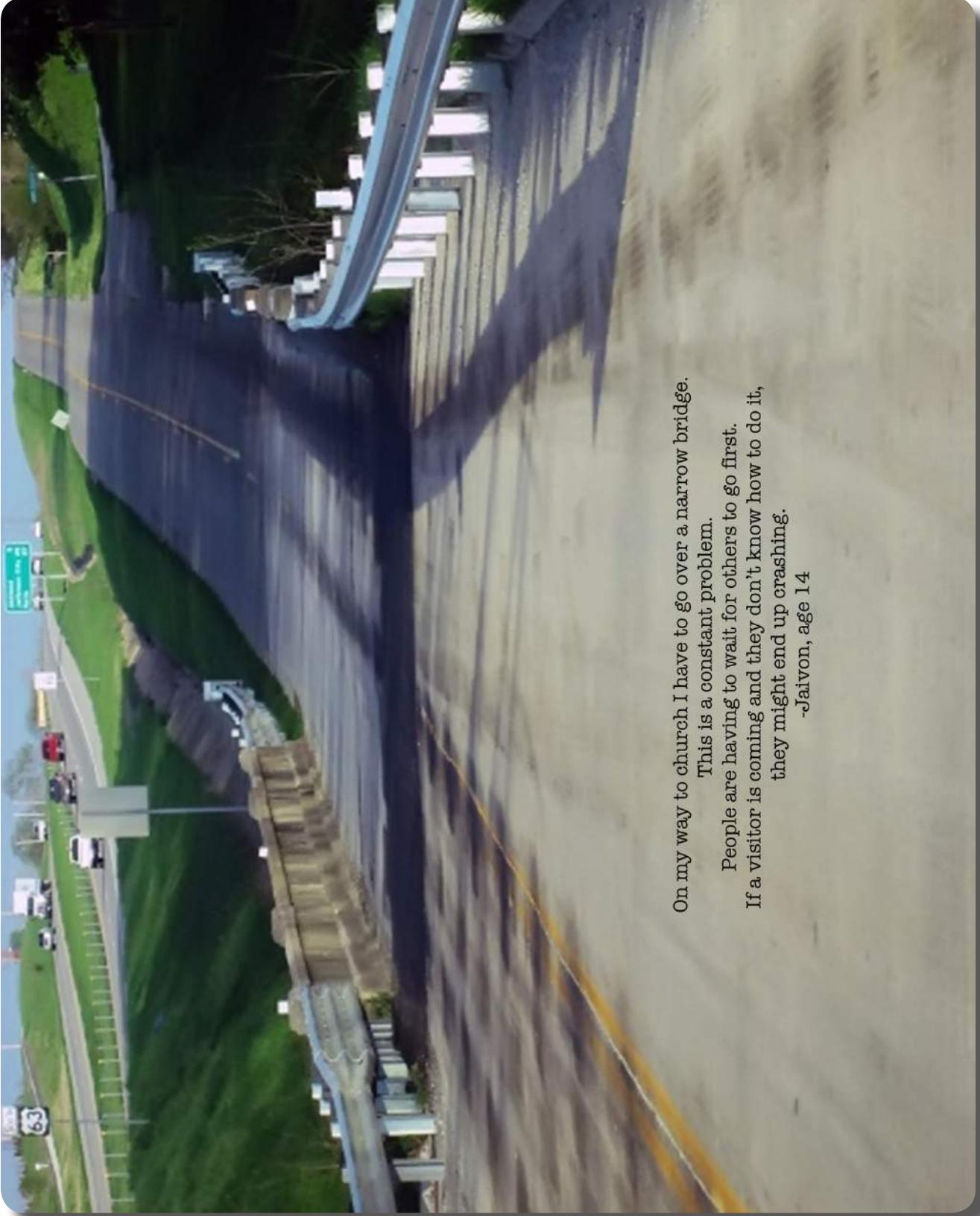


Kids paying attention in school: important to listen so you have a chance in the real world.

-Jaivon, age 14



Let kids be themselves.  
Adults try to keep kids quiet.  
You should just let them be them.  
-Jaivon, age 14



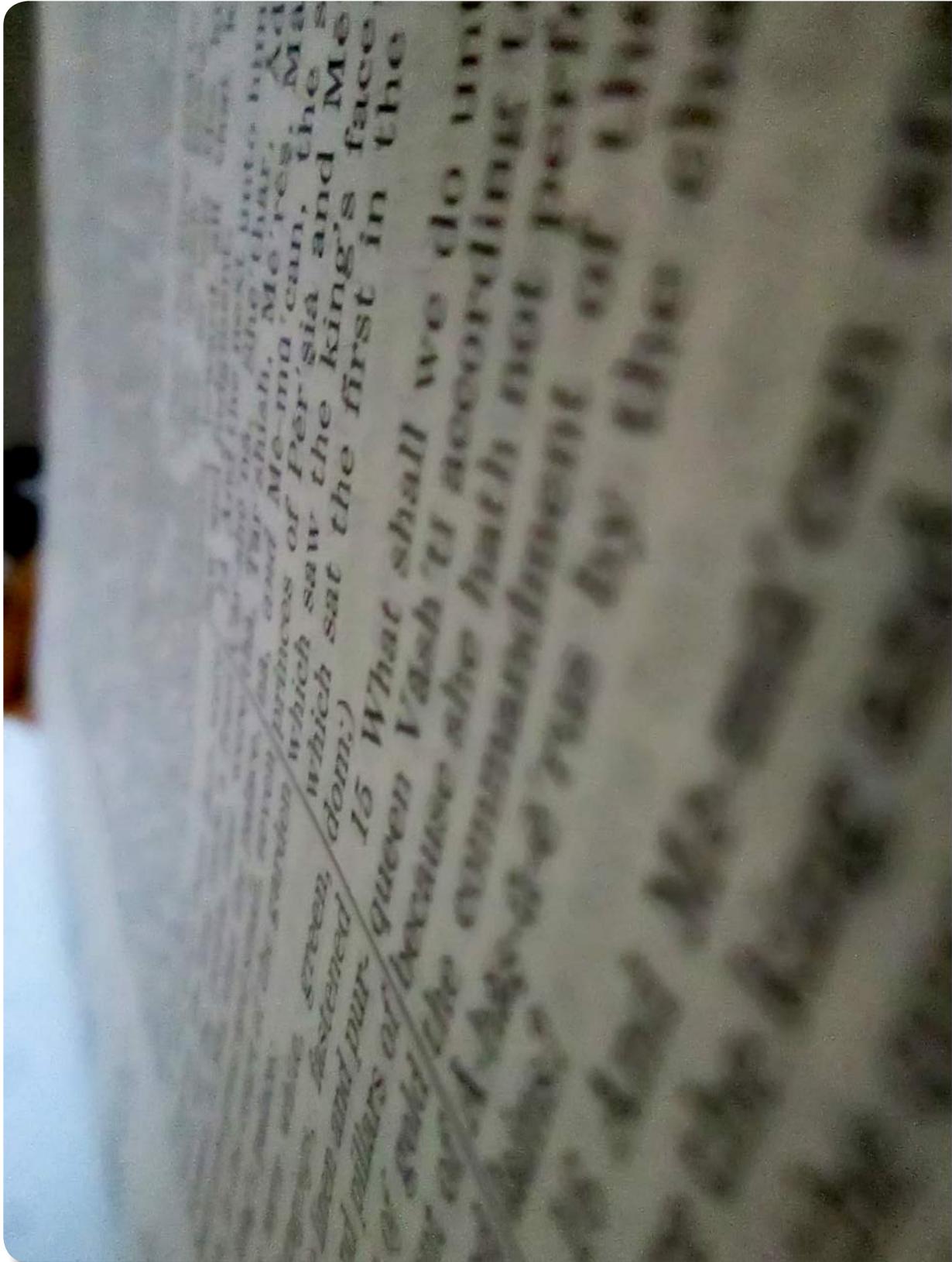
On my way to church I have to go over a narrow bridge.

This is a constant problem.

People are having to wait for others to go first.

If a visitor is coming and they don't know how to do it,  
they might end up crashing.

-Jaivon, age 14



Well everyone has a special piece missing in their heart that one book can hold.

-Kiara, age 14

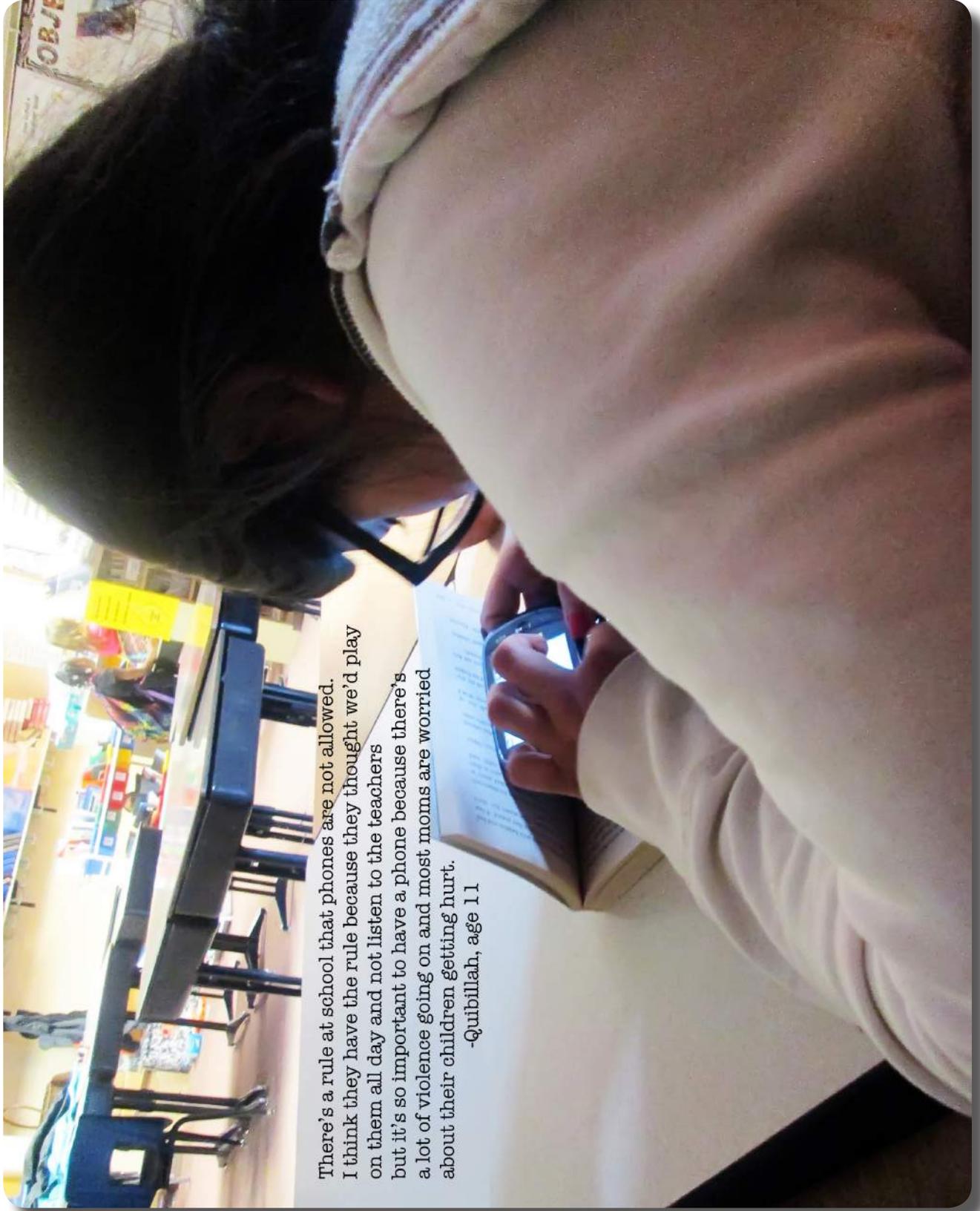




They are from my dad who died a couple months after he got me these, so they are very special.  
It's been 10 years and they look the same.  
-Kiara, age 14



Hot. Salty. Quick. Good. Gone.  
French fries are not always good  
but they satisfy your needs.  
-Mimi, age 14



There's a rule at school that phones are not allowed. I think they have the rule because they thought we'd play on them all day and not listen to the teachers but it's so important to have a phone because there's a lot of violence going on and most moms are worried about their children getting hurt.

-Quibillah, age 11

There are more than forty potholes on one road  
and they have been there for over 11 years.  
Someone needs to fix it!

-Quibillah, age 11





There's no sidewalks to get to school.  
If everyone wanted to walk to school,  
they would have to walk on the road.  
We need to make sidewalks!  
-Quibillah, age 11

My boyfriend got me roses for no reason.  
We pay attention to what the other person likes  
and how to keep them constantly happy  
-Mimi, age 14







I have asthma.  
I was born with it.  
And it will never go away  
because of the smoke  
and the gas in the air.  
-El'Saun, age 11

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## Community Themes & Strengths Assessment Fact Sheet

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# COMMUNITY THEMES & STRENGTHS ASSESSMENT

## PROCESS

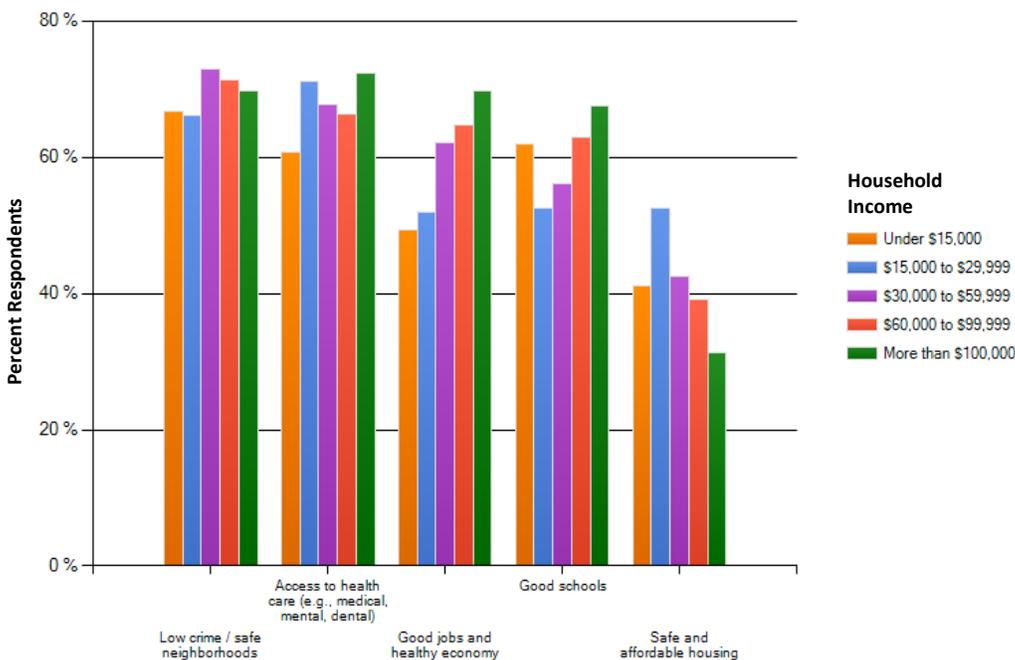
The Community Themes and Strengths Assessment is a vital part of our community health improvement process. During this phase, community thoughts, opinions, concerns and solutions are gathered. Feedback about the quality of life in our community and community assets are also gathered. The result of this 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 24<sup>th</sup> and July 17<sup>th</sup>. 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?
<p><b>Health Care:</b> many medical providers, hospitals, clinics, options for un-insured;  <b>Community:</b> people care for one another, friendly, involved;  <b>Food and Nutrition:</b> community gardens, farmers markets, “Buddy Packs”;  <b>Infrastructure:</b> walk-able/bike-able community</p>	<p><b>Public Safety:</b> bicyclist safety, increasing violence, gun violence, unsafe driving habits;  <b>Substance Use:</b> excessive alcohol consumption, youth drug use;  <b>Vulnerable Populations:</b> aging population, homeless, veterans, disabled;  <b>Economy:</b> increasing unemployment for minorities, high cost of living, “fast cash” stores, growing poverty, reduction in funding for programs</p>	<p><b>Community:</b> More engaged community, community-based events, get to know your neighbor, revitalize neighborhood associations;  <b>Economy:</b> More economic opportunities, living wage jobs, funding to address issues, financial education</p>

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

