



2019 Columbia/Boone County Community Health Improvement Plan

Published: July, 2019



LETTER FROM THE DIRECTOR

Contained within this document are the action plans for the 2019 strategic issue areas: mental health; basic needs; medical and dental; and safe, healthy, and affordable housing. More than forty members of our public health system have worked together to build this community health improvement plan. This five-year plan identifies the goals, strategies, and activities that will be the focus of action teams from now until 2023. Each action plan has been thoughtfully created. The action teams considered local assets and resources, state and national health priorities, and the 2018 Community Health Assessment when developing these plans. Not only did they commit several months to plan development, they have agreed to continue to work on plan execution.

This Community Health Improvement Plan will serve as a foundation for improving the health of Boone County. It, along with the 2018 Community Health Assessment, are tools that can be used not only by our public health system, but by our community members, stakeholders, and decision makers with an interest in health. As the needs of our community evolve, so will this Community Health Improvement Plan. We will publish an annual update, where we share the successes and challenges of the previous year, along with plans for the upcoming year. On behalf of the Columbia/Boone County Public Health and Human Services, thank you for your interest in this work. We encourage you to stay involved as we strive to reach our vision: A caring and inclusive community where everyone can achieve their optimum well-being.

Sincerely,

A handwritten signature in black ink that reads "Stephanie K. Browning". The signature is fluid and cursive, with "Stephanie" on top and "K. Browning" below it.

Stephanie K. Browning, Director
Columbia/Boone County Public
Health and Human Services



PHASE FOUR: SUMMARY

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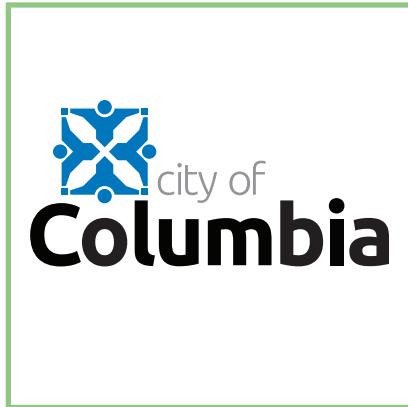
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EXECUTIVE SUMMARY

Identifying strategic issues is the fourth phase of the MAPP Process. Strategic issues are critical challenges to be addressed, as well as significant opportunities to be leveraged, in order for a community to achieve its vision. Phase Four was conducted between May and September 2018, and included three community forums and a community survey. Using data collected in the Community Health Assessment and input from the survey and forums, the Live Well Boone County Steering Committee identified four strategic issue areas: mental health, safety net/basic needs, medical/dental, and affordable housing. At the conclusion of Phase Four, the strategic issues were presented to the Live Well Boone County Community Partnership. Work groups were formed around these issues. These work groups will begin meeting in Phase Five to formulate goals and strategies.



OUR PROCESS

The process for identifying strategic issues was initiated at the May 2018 Steering Committee meeting with a presentation of the results from the Community Themes and Strength Assessment, Local Public Health System Assessment, and the Community Health Status Assessment (**Appendix A**). Public Health and Human Services staff reviewed the data and identified eleven topic areas that were listed in more than one assessment. Those eleven areas are: mental health, obesity, tobacco, drugs and alcohol, youth and family, adolescent health, affordable housing, safety net/basic needs, medical and dental, distracted driving, community engagement and inclusion. This information was used to develop a crosswalk (**Appendix B**).

In June 2018, Steering Committee members were provided the crosswalk and asked to discuss in small groups the following questions:

1. What story does the data tell?
2. What would your constituents see in the data?
3. What personally speaks to you?

Following this exercise, committee members were given a ranking sheet (**Appendix C**) and asked to rank each of the eleven areas from 1 (most important) to 11 (least important) based on the questions below:

1. Scale: The issue will affect our entire community.
2. Resources: We have the resources (people, policies, funds, etc.) to address the issue in the next five years.
3. Long-Term Consequences: There are long term consequences of us not addressing the issue in the next five years.
4. Linked to Other Social Problems: The issue is linked to other social problems in the community.
5. Health Equity: The issue is more prevalent in disadvantaged populations.
6. Morbidity: This issue contributes to early death.

Six priority areas were identified by the use of this ranking system: mental health, safety net/basic needs, drugs and alcohol, medical and dental, affordable housing, and community engagement and inclusion.

In August 2018, community members were invited to vote for their top three priority areas. Community votes were collected at three community forums. The forums were held in Centralia, Ashland, and Columbia. The format of each forum began with a video of Live Well Boone County, which explained the community health assessment process and successes from 2013-2018 (Live Well Boone County video). Information on each of the six priority areas were presented on storyboards (**Appendix D**), which highlighted data collected in that priority area. Attendees were then asked to choose their top three priority areas and vote by placing stickers on flipchart paper.

OUR PROCESS

In an effort to expand the reach of the priority areas, an electronic survey was distributed during the month of August. The survey replicated the community forums with the inclusion of the video link and the storyboard images. Survey participants were asked to view the video and the storyboards, then vote for their top three priority areas.

The results of the community forums and online survey were presented to the Steering Committee in September 2018. The survey had 218 respondents and 39 people attended a forum for a total of 257 voters. The results are below.

Strategic Issue	Number of Votes
Mental Health	185
Safety Net/Basic Needs	170
Medical and Dental	144
Affordable Housing	137
Drugs and Alcohol	72
Community Engagement and Inclusion	63

Steering Committee members discussed the voting results and opted to move the top four (mental health, safety net/basic needs, medical and dental, affordable housing) onto the next phase of the MAPP process, Phase Five: Formulate Goals and Strategies. Phase Four concluded with the presentation of the four strategic priorities to the Live Well Boone County Community Partnership in October 2018.

RESULTS

Four strategic priority areas were identified by the completion of Phase Four. The priority areas are: mental health, safety net/basic needs, medical and dental, and affordable housing. Action teams were formed for each of these issues. Teams will begin meeting in Phase Five: Formulate Goals and Strategies.

Dissemination of Results

Phase Four results were shared with members of the Live Well Boone County Community Partnership in October 2018. Information is also made available as part of the 2018 Community Health Improvement Plan publication.

Limitations

Participation from the community was low, with a total of 257 Boone County residents providing input on the prioritization of the strategic issues. Furthermore, attendees were asked to vote on their top three by placing stickers on flip chart paper. The flip chart papers were visible for all attendees, which may have influenced participants' voting.

Evaluations

The primary source for process evaluation included written evaluations at the conclusion of each meeting. Feedback from meeting evaluations are reviewed at the monthly Core Plus meeting for ongoing process improvements.

APPENDICES

APPENDIX A:

LWBC Steering Committee Presentation

What has happened since March
15, 2018?

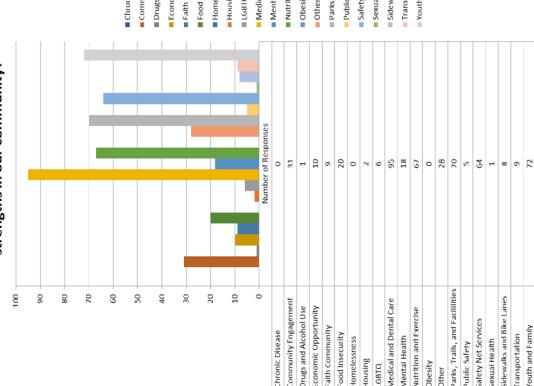


2018 LIVE WELL BOONE COUNTY

Steering Committee Meeting 5.17.18

Focus Group Results n= 153

Q1: When thinking about health, what are the greatest strengths in our community?



Focus Group Question 1: Data

Health Resources

- 5 hospital systems with over 1,000 hospitals beds
- Primary Care Physicians 890:1
(Top US performers 1,030:1)
- Dentists 1,620:1
(Top US performers 1,280:1)
- 3,375 total park/green space acres and 58.1 miles of trails in Columbia
- ARC
- Multiple City Pools in Columbia
- Katy Trail, MKT trail, with the MKT Nature & Fitness Trail Connecting to the KATY Trail.
- Over 30 acres of parks and a pool in Centralia Park System
- Southern Boone YMCA

Parks, Trails & Facilities

- Medical and Dental Care: access to care, access to medical facilities, specialized care, urgent cares
- Youth and Family: after school programs, Optimist Club, Parents as Teachers
- Parks, Trails, Facilities: green spaces, trail system, ARC, YMCA
- Nutrition and Exercise: farmers markets, community gardens, sports, outdoor activities
- Safety Net Services: free health screenings, SII, senior centers, FHC

Focus Group Question 1: Data

Focus Group Results

Nutrition & Exercise

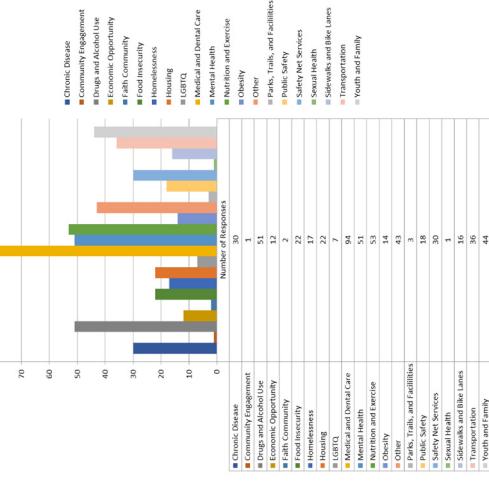
- Multiple farmers markets in Columbia and surrounding communities.
- County Health Rankings:
 - 82% of adults have access to exercise opportunities
 - 80% report leisure time activities
 - 92% have access to healthy foods

Safety Net Services

- Boone County ranked as a low need high performance county in 2016 Missouri Hunger Atlas
 - (low percentages with hunger needs with service providers adequately handling food insecurity and hunger needs)
- FHC and MedZou for uninsured healthcare
 - Multiple food pantries in the community
 - SNAP, WIC, free or reduced lunch programs
 - Resources for homeless veterans and non-veterans
 - Other Parks, Trails, and Facilities
 - Public Safety
 - Safety Net Services
 - Social Health
 - Sidewalks and Bike Lanes
 - Transportation
 - Youth and Family

Q2: Top Five Responses

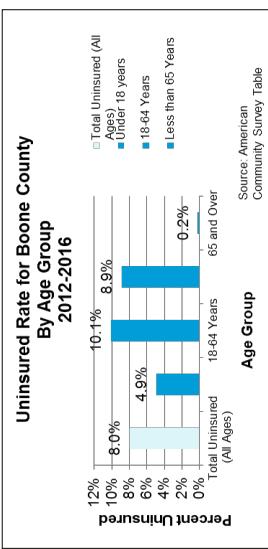
- Medical and Dental Care; dental care, lack of Spanish speaking providers, access to insurance
- Nutrition and Exercise; poor nutrition, too much fast food, inactive lifestyle
- Drugs and Alcohol Use: drugs, addiction, lack of treatment options for uninsured, excessive alcohol use
- Mental Health; lack of crisis care, suicide, lack of options for uninsured
- Youth and Family; lack of affordable childcare, bullying, excessive screen time



Focus Group Question 2: Data

Medical & Dental Care

Uninsured Status



Focus Group Question 2: Data

Medical and Dental Care

Uninsured Status



Focus Group Question 2: Data

Focus Group Question 2: Data

Medical & Dental Care

- In 2015, there were 54,654 emergency room visits by Boone County Residents
- 21.5% (11,748) of these visits were self pay or no charge
- In 2015 there were 1,543 preventable hospitalizations of Boone County residents.
- 12% (185) of these hospitalization were self pay or no charge

Preventable hospitalization is defined as a diagnoses for which timely and effective outpatient care can help to reduce the risks of hospitalization by either preventing the onset of an illness or condition, controlling an acute episodic illness or condition, or managing a chronic disease or condition. (Missouri Department of Health & Senior Services, MOPHIMS)

Medical & Dental Care

- Limited resources for those unable to afford dental care
- 34% of those eligible for Medicaid oral health benefits utilize it
- Shortage of dentists that take Medicaid
- Additional cost of dental procedures after insurance/dental benefits can be hard to afford for many
- Most Medicare policies do not offer dental coverage
- 12,839 ER visits for non-traumatic dental problems for Boone County residents from 2006-2015

Medical & Dental Care

- Rate of Emergency Room Visits for non-traumatic dental visits has increased
- Rate per 1,000 Boone County Residents
- 2006 6.04
- 2007 6.51
- 2008 6.73
- 2009 7.74
- 2010 8.10
- 2011 7.71
- 2012 6.03
- 2013 7.14
- 2014 8.13
- 2015 9.24

Focus Group Question 2: Data

Medical & Dental

- Pay source from emergency room dental complaints, 2006-2015, Boone County
- | | |
|----------------------|-------|
| Self pay/No Charge | 45.8% |
| Medicaid | 32.7% |
| Commercial Insurance | 13.4% |
| Medicare | 7.6% |
| Other/Unknown | 13.9% |
- 16.7% did not get needed medical care in the past 12 months.
Of that 16.7%:
40.4% did not get medical care due to cost
8% did not get medical care due to lack of transportation
63.3% did not get medical care for other reasons
27% have not had a dental exam within the last 12 months
21.5% could not get dental care in the past 12 months due to cost
9% age 35 and older have not had cholesterol checked
10.2% of women age 40 and older have never had a mammogram
26% have not had a mammogram or breast exam in the past 2 years
18% of women age 18 and older have never had a pap test
15.6% had no pap test in the last 3 years

Focus Group Question 2: Data

Nutrition and Exercise

- For Boone County:
- 17% of adults report they are in poor or fair health
20% of adults age 20 and over report no leisure time activity
- 20% of adults are obese
17% report food insecurity
8% report limited access to healthy foods
86.8% have less than 5 servings of fruits and vegetables per day
37.1% do not have sidewalks in their neighborhood
14.7% do not consider their neighborhood to be extremely safe

Nutrition and Exercise

Focus Group Question 2: Data

Focus Group Question 2: Data

Drugs and Alcohol Use

- In Fiscal Year 2014, 883 Boone County residents were admitted to a substance use treatment program
- 53.7% of youth believe that it would be easy to get alcohol
 - The average age of first use is 13.3 years
 - 21% of Boone County residents report excessive drinking
 - Between 2012 and 2016, there were 32 alcohol impaired driving deaths
 - Between 2005 and 2015 there were 93 alcohol induced deaths

Drug and Alcohol Use

- In 2016:
 - 815 DUI arrests
 - 1323 drug arrests
 - 134 alcohol involved crashes
 - 39 drug involved crashes

	Boone County Count	Boone County Rate/1000	Missouri Rate/1000
2012-2016 Emergency Room Discharges For All Opioid Misuse	801	0.93	1.33
Emergency Room Discharges For Non-Heroin Opioid Misuse	752	0.87	1.11
Emergency Room Discharges For Heroin Misuse	49	0.06	0.22
	Boone County Count	Boone County Rate/10,000	Missouri Rate/10,000
2012-2016 Inpatient Discharges For All Opioid Misuse	917	1.06	1.7
Inpatient Discharges For Non-Heroin Opioid Misuse	875	1.01	1.64
Inpatient Discharges For Heroin Misuse	42	0.05	0.06

* Rates calculated from counts fewer than 20 should be interpreted cautiously, as rates based on low counts can be unreliable.

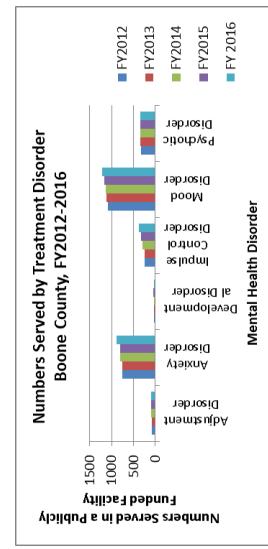
Focus Group Question 2: Data

Focus Group Question 2: Data

Mental Health

- An estimated 7.3% of Central Missouri residents 18 years and older had at least one major depressive episode in the last year, characterized by an extended period of depressed mood, loss of interest or pleasure, and impaired functioning.
- Boone County residents reported an average of 4.2 poor mental health days in a month.
- 1 facility that offers inpatient hospitalization for psychiatric needs (services a large area)
- Multiple community based outpatient programs and residential treatment facilities.
- 320:1 residents per mental health provider
- In 2017, 1,802 Boone County residents received treatment for serious mental illness at publicly funded facilities

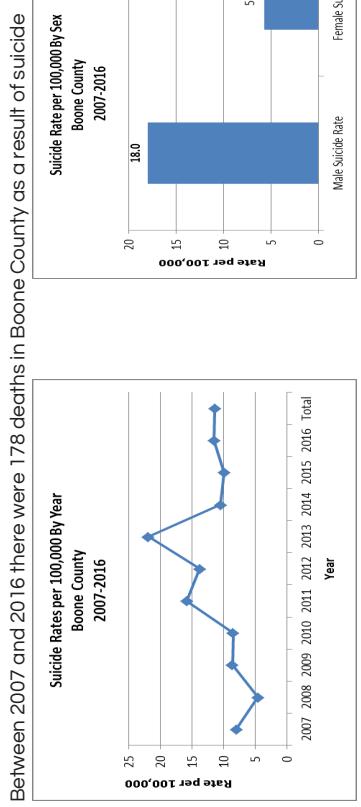
Mental Health



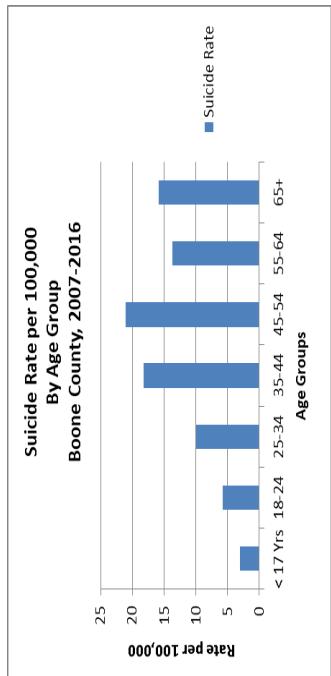
Focus Group Question 2: Data

Focus Group Question 2: Data

Mental Health



Mental Health



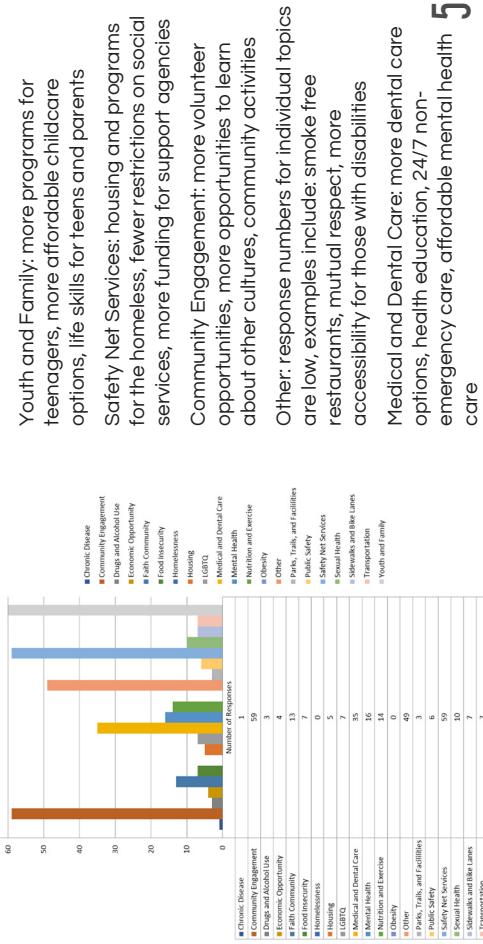
Focus Group Question 2: Data

Youth and Family

- 67.2% of Boone County households with children under age 6 have both parents in the workforce (2012-2016 ACS)
- There are a reported 6,566 spaced in licensed family child care homes, group child care homes and child care centers in Boone County
- Childcare Aware of America estimates the cost of child care in Missouri is \$9,412 for a center and \$5,564 for home day-care.
- Columbia may vary from \$800-\$1200 monthly (data is anecdotal)
- The 2015 Youth Risk Behavior Surveillance System reported for Missouri:
 - 16.6% of high school students answered they were electronically bullied
 - 21.4% answered they were bullied on school property
- The 2016 Missouri Student Survey reported for Boone County:
 - In the last 12 months 32.6% had been bullied on school property
 - 4.4% did not go to school because they felt unsafe at school or on the way to school
 - 14.4% reported they had hit, shoved, or pushed another student and was not fooling around

Focus Group Results

Q3: What would help us become a caring and inclusive community where everyone can achieve their optimum well-being?



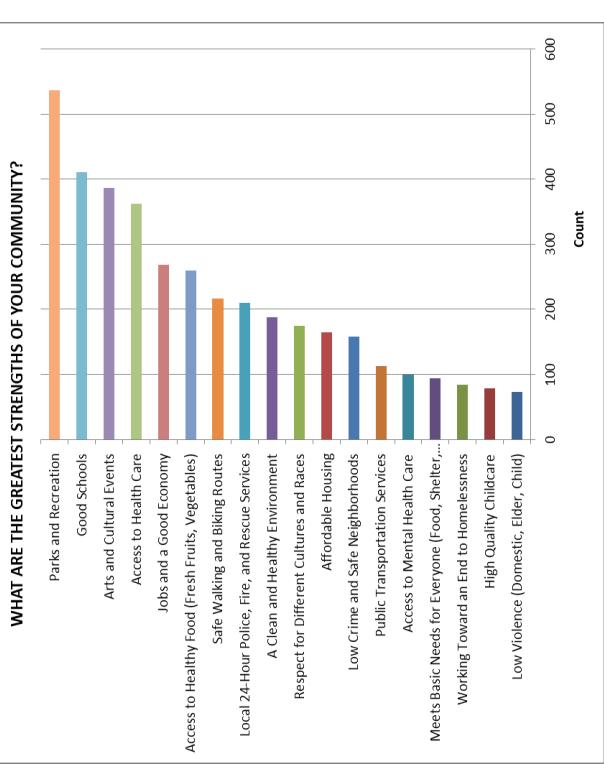
Q3: Top Five Responses

- Youth and Family: more programs for teenagers, more affordable childcare options, life skills for teens and parents
- Safety Net Services: housing and programs for the homeless, fewer restrictions on social services, more funding for support agencies
- Community Engagement: more volunteer opportunities, more opportunities to learn about other cultures, community activities
- Other: response numbers for individual topics are low, examples include: smoke free restaurants, mutual respect, more accessibility for those with disabilities
- Medical and Dental Care: more dental care options, health education, 24/7 non-emergency care, affordable mental health

Survey Results

Survey Results

n=1,415



Survey Results

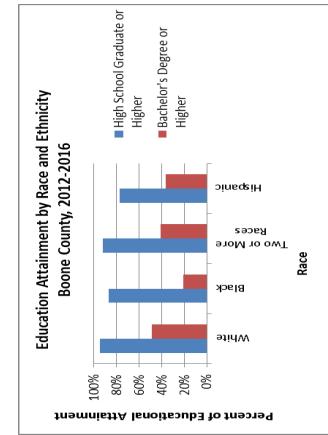
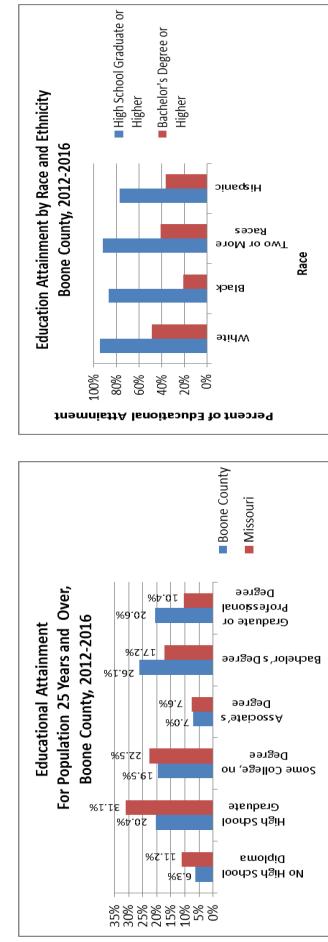
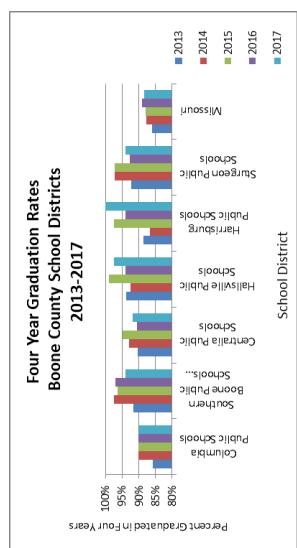
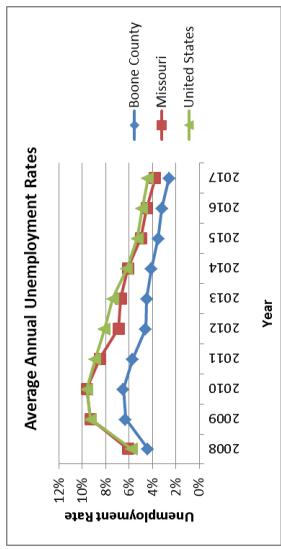
Greatest Strengths: Schools

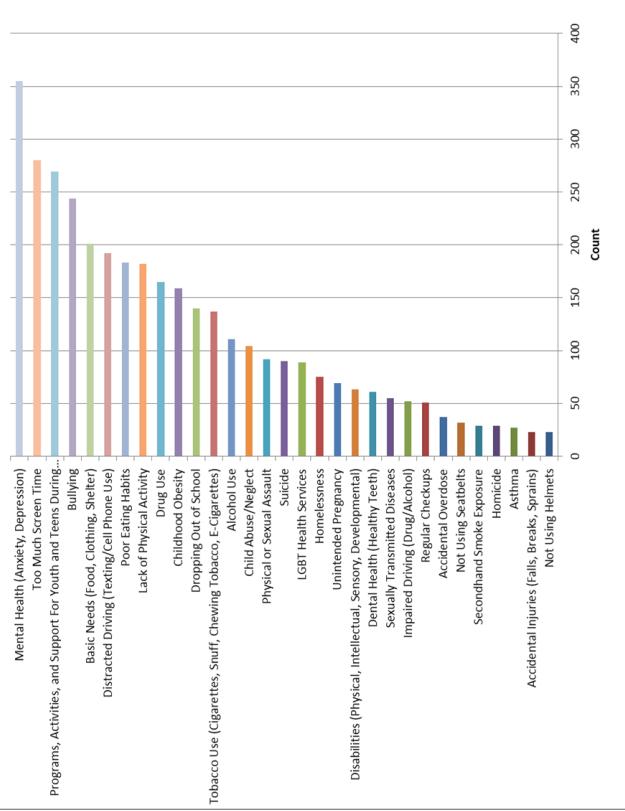
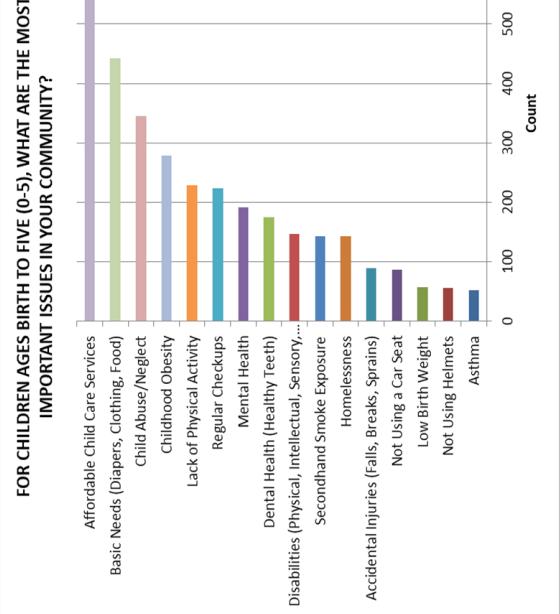
Boone County School Districts, 2017		
District	Population	Student-Classroom Teacher Ratio
Columbia Public Schools	17,334	17:1
Southern Boone Public Schools (Ashland)	1,607	18:1
Centralia Public Schools	1,370	18:1
Halysville Public Schools	1,378	18:1
Harrisburg Public Schools	552	17:1
Sturgeon Public Schools	462	14:1

Survey Results

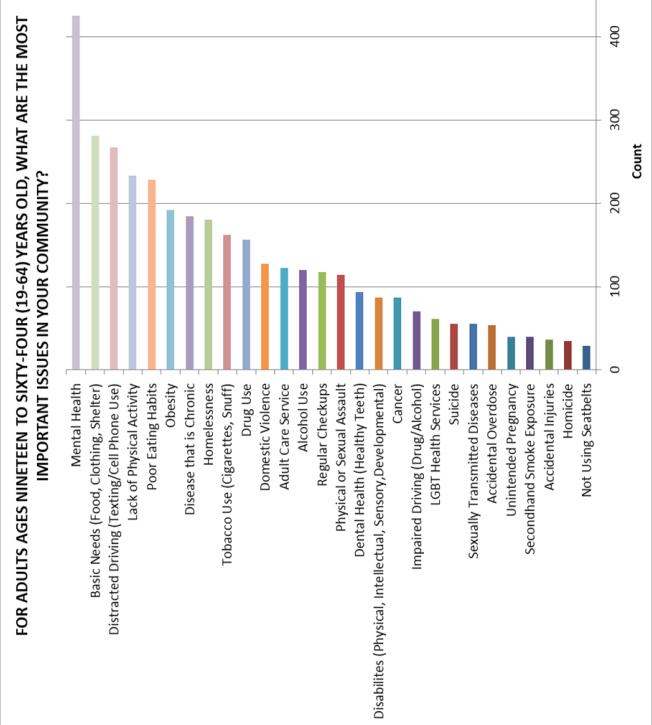
Greatest Strengths: Jobs and Good Economy

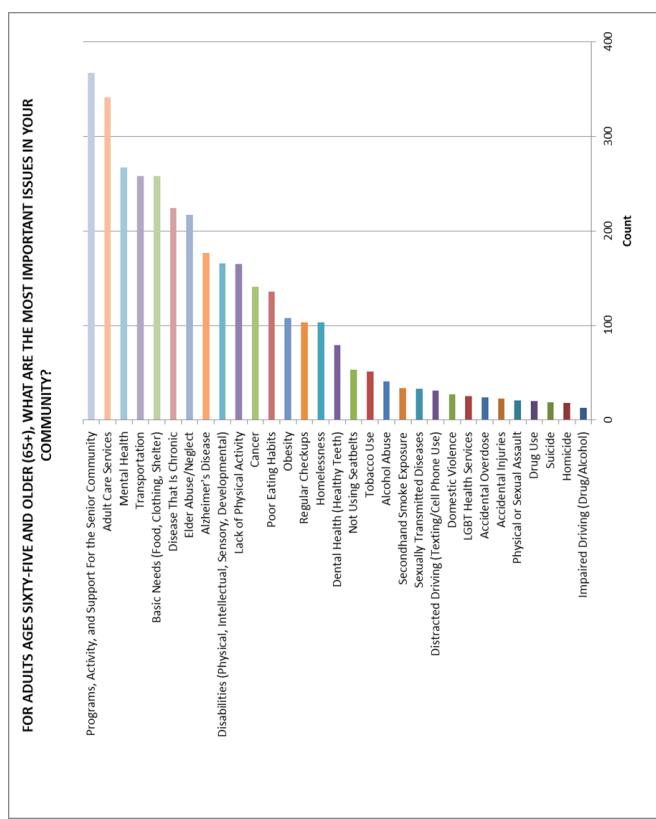
- The three largest employment sectors in Boone County according to the American Community Survey are:
 - 35.1% Education services, health care, and social services
 - 12.4% Retail/Trade
 - 11.6% Arts, entertainment, recreation, accommodations and food service





Survey Results Important Issue 19-64 Yr olds: Distracted Driving



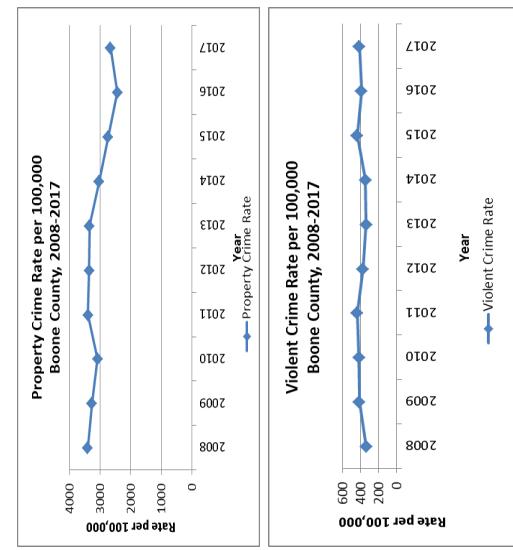
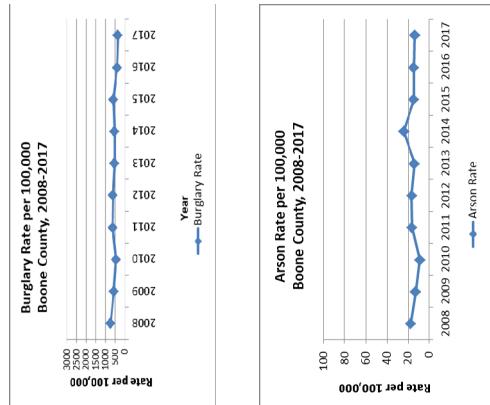
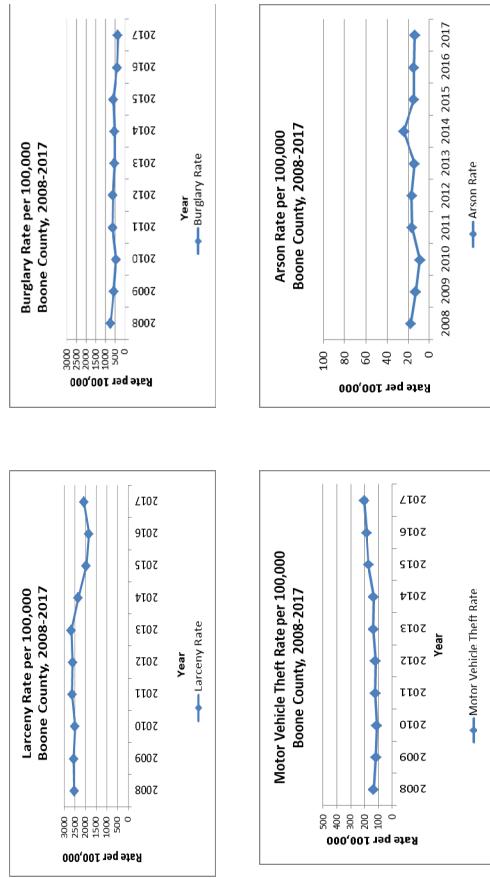


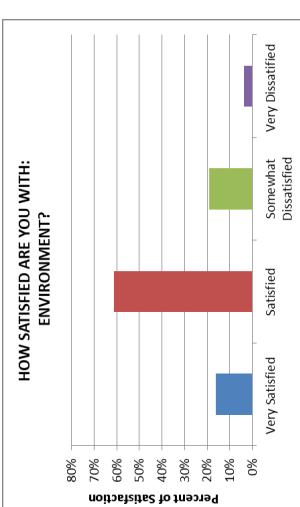
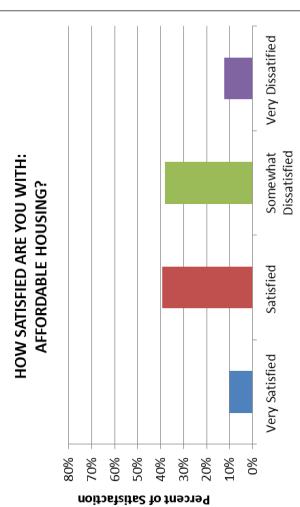
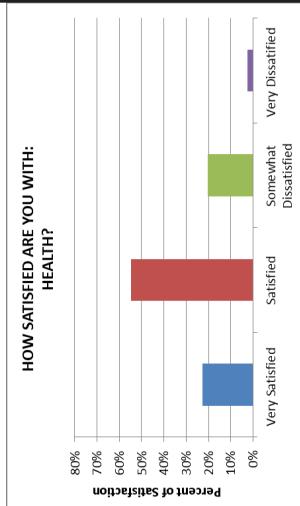
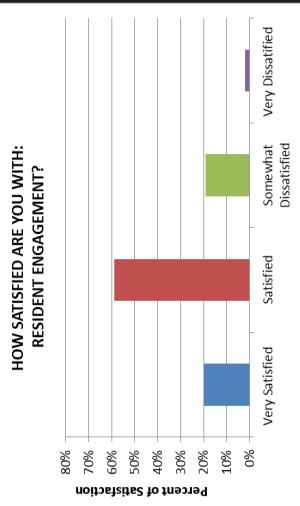
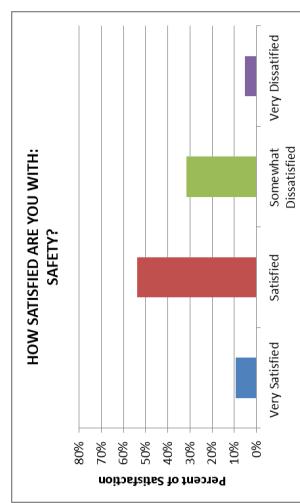
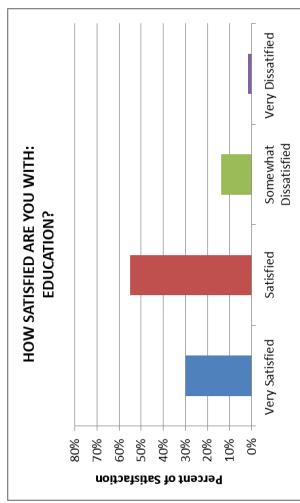
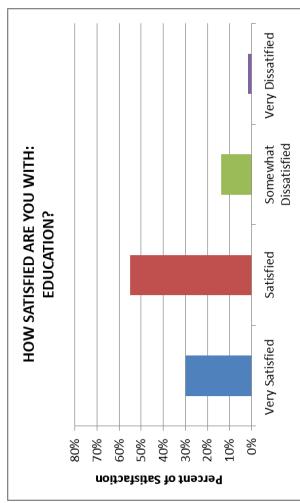
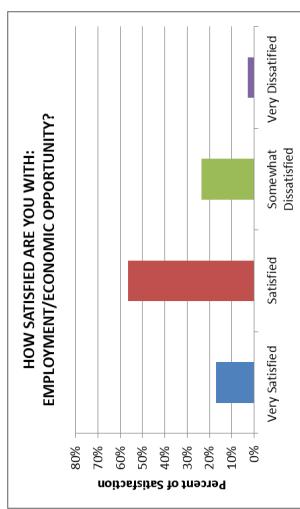
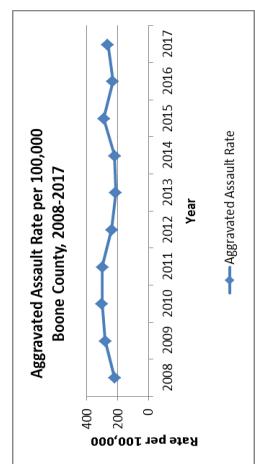
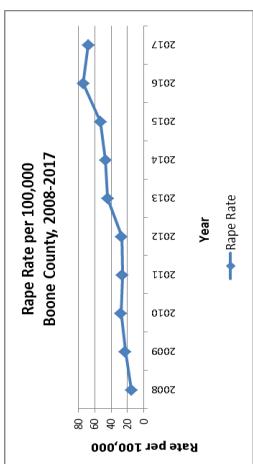
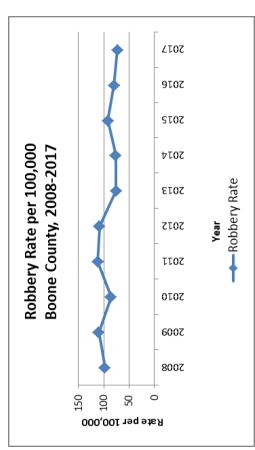
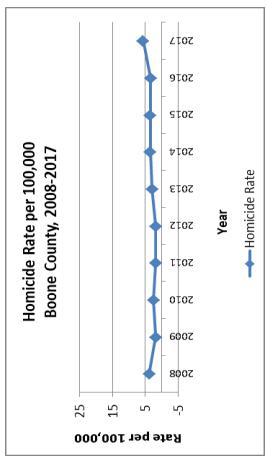
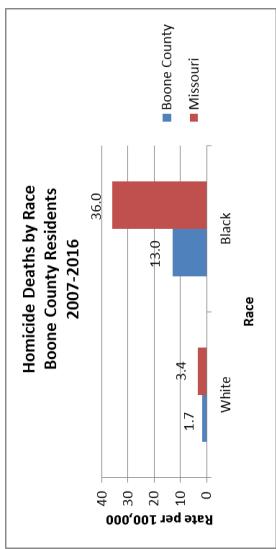
Survey Results

What Would Improve Quality of Life: Lower Crime & Safer Neighborhoods

Survey Results

What Would Improve Quality of Life: Lower Crime & Safer Neighborhoods





Local Public Health System Assessment

Live Well Boone County

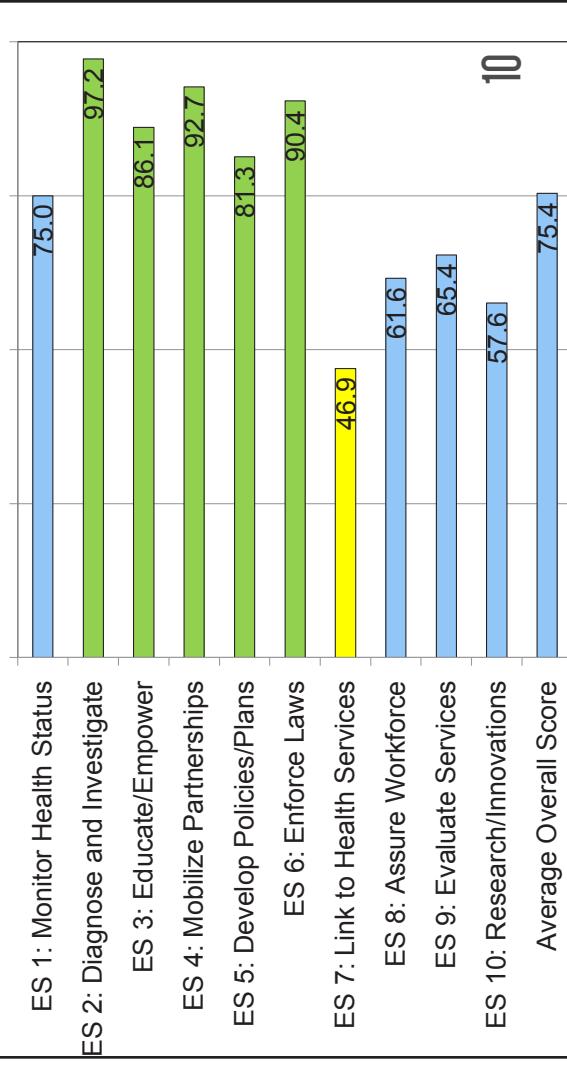
Photo Voice

- A partnership effort to answer these questions
 - What are the components, activities, competencies, and capacities of the public health system?
 - How well are we meeting and performing the 10 Essential Public Health Services?

Local Public Health System Assessment

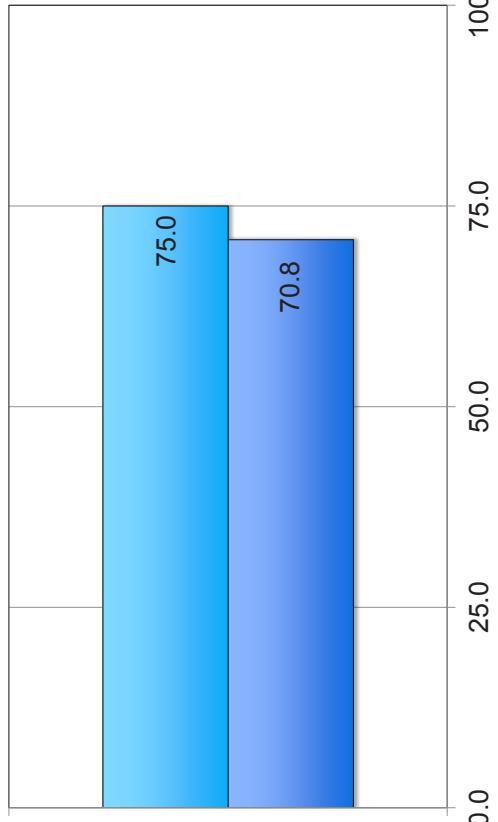
Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity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

Local Public Health System Assessment



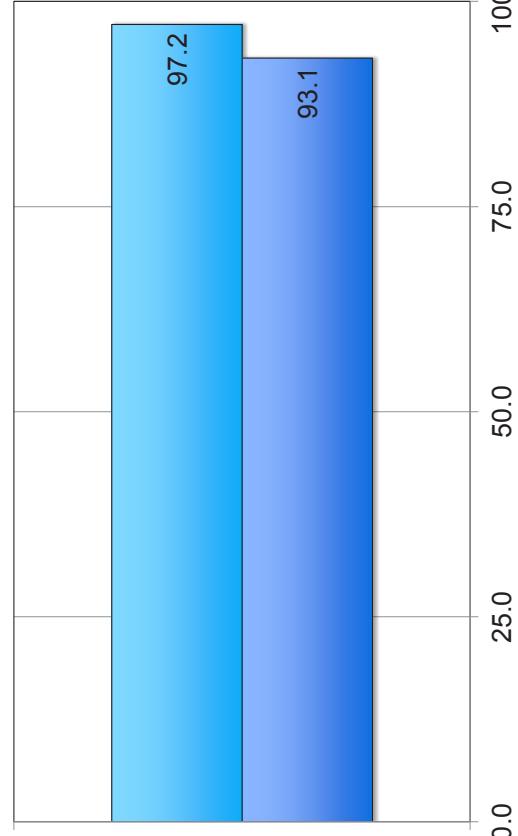
ES 1: Monitor Health Status

ES 1: Monitor Health Status



Strengths	Weaknesses	Long-term Improvement Opportunities (5+ yrs)
Community Health Assessments are performed Available to the community Include the community in the process Access to a variety of data and resources Organizations provide good data	Literacy level can be too high – written for stakeholders Some data not available by age, race, etc. Some data not available below county level CHAs are expensive Challenging to compare and contrast Some data registries are not mandatory to keep up with	Shared financial responsibility Take advantage of partnerships Dedicated GIS/technology person for CHAs Quicker data release More data on mental health, vision, dental, and suicide behavior
	Short-term Improvement Opportunities (1-3 yrs) <ul style="list-style-type: none"> Find partnerships that can help with data Access to new data Better job of promoting CHAs More access to geocoding data More opportunities to use GIS for data Encourage new data registries – ex. opioids Improve collection to include better demographic data 	

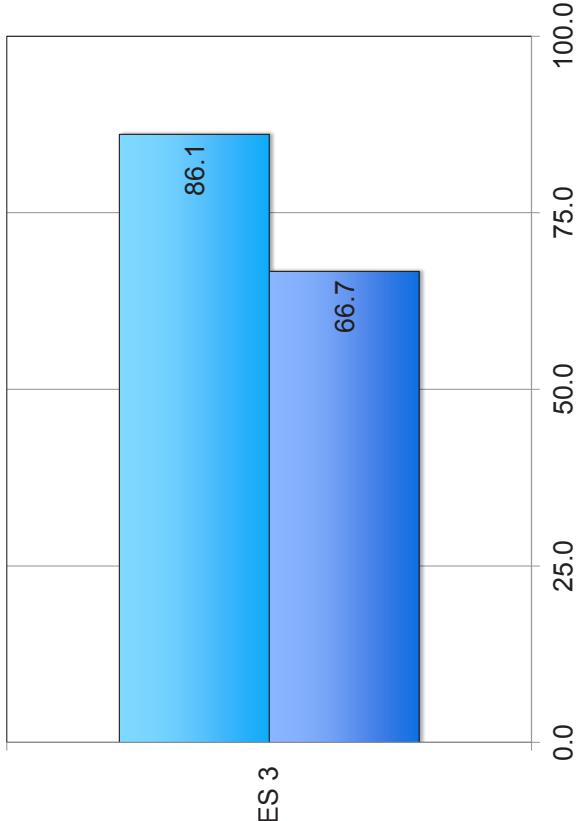
ES 2: Diagnose and Investigate



Strengths	<ul style="list-style-type: none"> Automation of surveillance systems Large number of surveillance systems Good relationships within the LPHS Surveillance systems used frequently Strong Office of Emergency Management Strong resources LPHS embraces preparedness and response to threats Labs are certified and credentialed Several lab options available – local, state, etc. 	<p>Short-term Improvement Opportunities (1-3 yrs)</p> <ul style="list-style-type: none"> Continue to build and maintain relationships Provider education Maintain current systems of notification – ex. Email, fax, etc. Coordinate planning efforts with partners Continue awareness of plans through training/exercise campaigns Inform the public via information and awareness campaigns More in-house training 	
Weaknesses	<ul style="list-style-type: none"> Surveillance system not infallible Gaps in data providers Receive lots of reports not in Boone Co. jurisdiction Not all diseases are reportable – ex. Chicken pox, animal bites, etc. Hard to engage and keep volunteers Staff dedicated to preparedness is decreasing Costs of lab tests Communication between providers and labs re: testing 	<p>Long-term Improvement Opportunities (5+ yrs)</p> <ul style="list-style-type: none"> Continue to build and maintain relationships Standardized provider education Technology – some improvement is not in our control Seek sustainable volunteer solutions Contribute to culture of public role in preparedness Continuing education 	11

ES 3: Educate/Empower

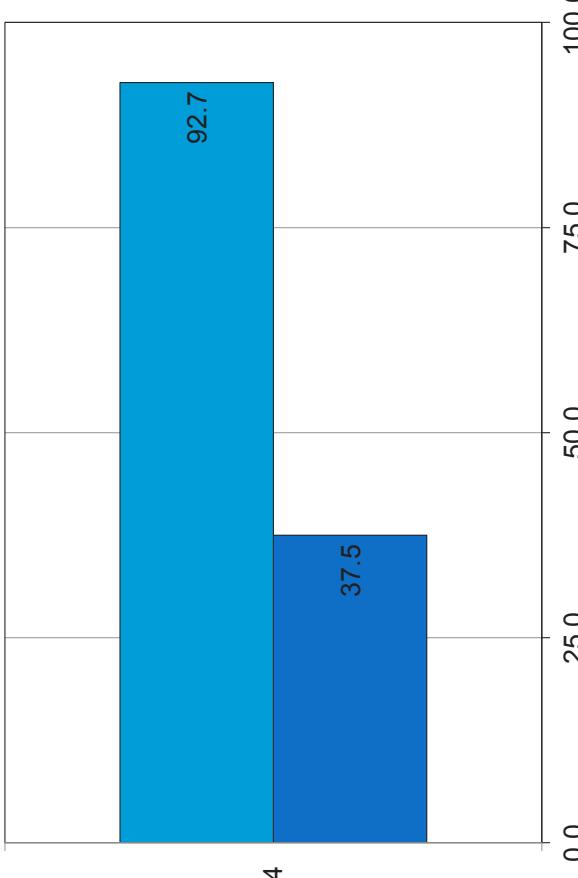
ES 3: Educate/Empower



Strengths	Weaknesses	2018		2013		Short-term Improvement Opportunities (1-3 yrs)	Long-term Improvement Opportunities (5+ yrs)
		Strengths	Weaknesses	Strengths	Weaknesses		
Evaluated and evidence-based Good partnerships Community experts Large number of partners have communication plans Lots of media in Columbia/Bonne Co. Lots of subject matter experts Healthcare rich Knowledgeable staff	Sometimes do not get input from target pops. Educating public on policies Social media overload Small orgs. have no time to meet with media Small orgs. don't always have communication plans Lack of systemic plans Not enough trained personnel to meet with media						

ES 4: Mobilize Partnerships

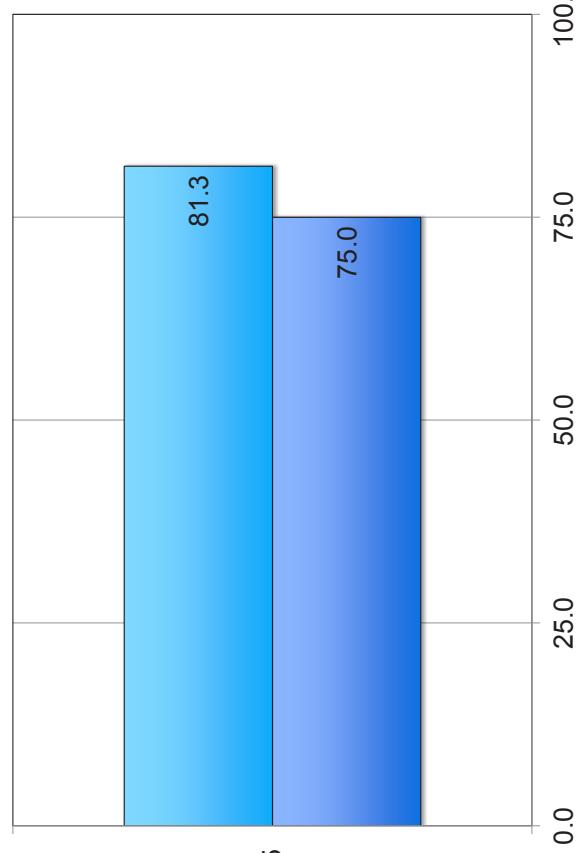
ES 4: Mobilize Partnerships



Strengths	Weaknesses	2018		2013		Short-term Improvement Opportunities (1-3 yrs)	Long-term Improvement Opportunities (5+ yrs)
		Strengths	Weaknesses	Strengths	Weaknesses		
Strong coalitions and partnerships VAC directory Continually seeking community input at events Community health improvement process (CHIP)	Participation/survey fatigue Competing priorities No known process to identify key constituents No systematic process to review partnerships						

ES 5: Develop Policies/Plans

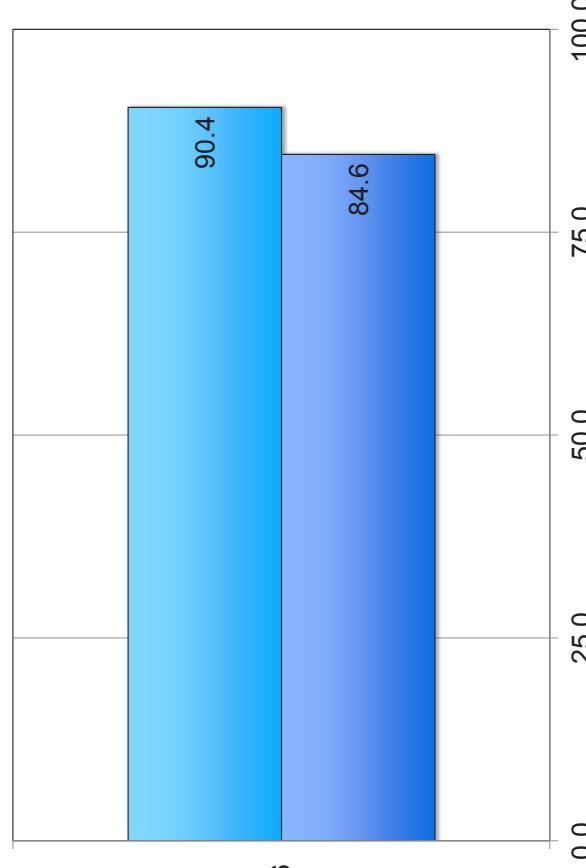
ES 5: Develop Policies/Plans



	Strengths	Weaknesses
2018	Engaged partners City and County support Accreditation Wide variety of services Performance management systems Systems to inform the public Process to analyze & provide technical assistance for public health policies Community participation in CHIP	Not enough partner advocacy for resources Have to look for policies More communication with the public Not all stakeholders at the table No Health in all Policies Not enough funding for HIAs Not all CHIP action teams continued for 5 years Not confident information from CHA/CHIP included in all portions of strategic plans
2013	Short-term Improvement Opportunities (1-3 yrs) Budget engagement with partners of the LPHS Activating partners Networking – bringing in new stakeholders System for notifying elected officials re: policies impacting health Advocate for health in all policies Not all action teams continued for 5 years Not confident CHA/CHIP data included in strategic plans	Long-term Improvement Opportunities (5+ yrs) Partner and support in research opportunities Funding from the State Health in all Policies Systematic review of policies CHIP action teams/plans Include information from CHA/CHIP in strategic plans Recognize outstanding staff

ES 6: Enforce Laws

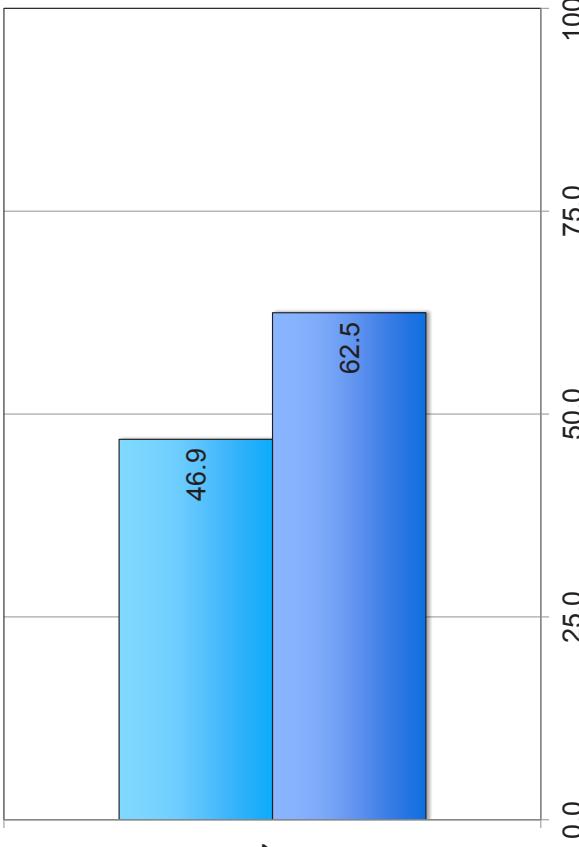
ES 6: Enforce Laws



	Strengths	Weaknesses
2018	Strong coalitions Access to legal counsel Input from partners and stakeholders Very vocal community Good participation from system partners re: reviewing and updating laws Ordinances and authority	No process for systemic policy review Lack of stakeholder input at times Lack of funding Lack of proactive approach to develop policies based on strategic priorities Not all ordinances are measurable Lack of funds for enforcement Lack of public education about ordinances
2013	Short-term Improvement Opportunities (1-3 yrs) Develop a process for policy review Identify what we need for policy review Identify community desire to support enforcement Empower to support Health in all Policies Next CHIP – look at policies in each area Partner with public policy and public health students Diverse engagement opportunities Engage with Truman School for evaluation Evaluate how we educate about public health laws	Long-term Improvement Opportunities (5+ yrs) Community support Clearly authorized authority to enforce policies related to public health Implement stakeholder and diversity engagement plan Articulate funding needs Giving authority and funding for enforcement Implement evaluation plans

ES 7: Link to Health Services

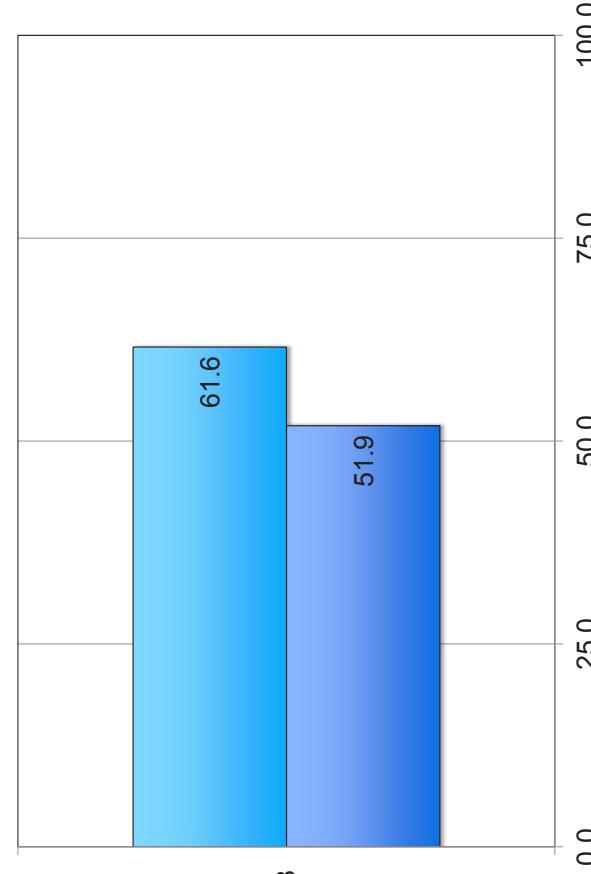
ES 7: Link to Health Services



	Strengths	Weaknesses	Long-term Improvement Opportunities (5+ yrs)	
			2018	2013
	Collection of data Community coalitions Strong medical infrastructure Resources ex. faith-based Dedicated individuals within specific agencies Informal partnerships creating solutions outside of the box <input checked="" type="checkbox"/> 2018 <input type="checkbox"/> 2013	Knowing how to find those in need Transportation barriers Everyone needs to be at the table Communication Interpretation services – untrained staff Use of data to drill down on specific populations Patient advocacy needs to be a system Staff turnover Better understanding of complex needs of unique populations	Use models to serve populations Regular evaluation Increase health literacy – ex. Insurance, personal health Resource mapping Patient advocacy program Develop alternate services if funding goes away	

ES 8: Assure Workforce

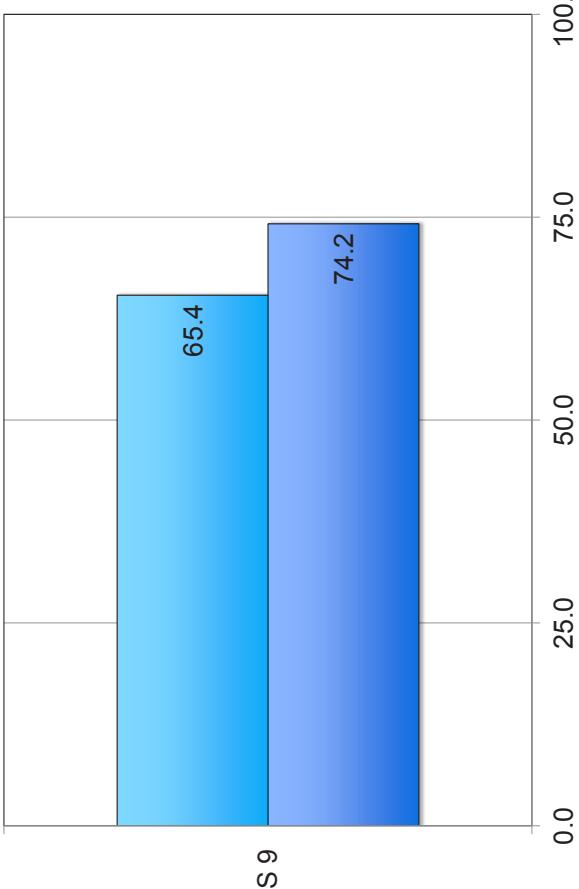
ES 8: Assure Workforce



	Strengths	Weaknesses	Long-term Improvement Opportunities (5+ yrs)	
			2018	2013
	Good relationships with academia Participation in state-wide workforce assessment Workforce development plans Clinical experience for nursing students Large medical community Educated workforce Workforce population is young Workforce knowledge, skills, abilities <input checked="" type="checkbox"/> 2018 <input type="checkbox"/> 2013	Coordination in LPHS Lack of assessment in LPHS Non-competitive salaries Workforce population can be transient Competition within LPHS for talent/staff Lack of public health competencies in job requirements and performance evaluations Lack of understanding of core public health competencies Lack of career progression Training – high cost, no incentives, limited diversity	Conduct workforce assessment of LPHS Adopt academic health departments Develop career ladder Increase retention of staff Basic public health education and awareness Focused training	

ES 9: Evaluate Services

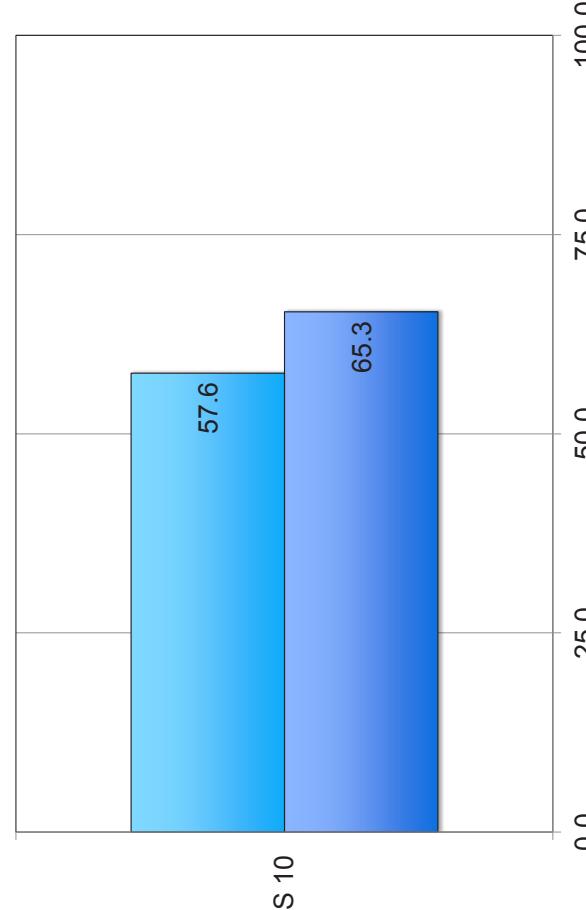
ES 9: Evaluate Services



Strengths	Weaknesses		
		2018	2013
Process/outcome evaluations are conducted	Communicating findings Gaps in collecting satisfaction results		
Performance management	Technology needs – lack of data analysis tools		
Customer service/satisfaction surveys	Not all improvements can be implemented		
Innovative LPHS	Providers in different systems can't access all patient information		
Established quality care guidelines	Evaluation is not a key requirement		
Use of technology	Don't assess partnerships, communication, coordination, linkages,		
Embracing new technology – ex. PDMP, Telehealth	No assessment means system can't use information to guide community health improvements		
Emergency preparedness does a good job communicating between partners of the system			
Short-term Improvement Opportunities (1-3 yrs)			
Increase the collection of satisfaction information			
Increase use of HIAs			
Develop partnerships for data analysis			
EMR improvements			
What personal health services need evaluation			
Identify formal and informal tools for assessing partnerships			

ES 10: Research/Innovations

ES 10: Research/Innovations



Strengths	Weaknesses		
		2018	2013
Universities and their research	Not sharing results		
Skilled workforce	Impossible to know what everyone is doing – volume of research		
Networking among organizations	No central authority for reporting results – often just to funder		
Favorable city and county commissions	Smaller groups may not have capacity to evaluate and need to be creative		
Diversity and expertise of available research	Partnerships won't exist in absence of money		
Willingness of organizations to take interns	Different expectations for partnerships		
Students do a lot of volunteering within the LPHS	Students are sometimes only communication between organizations		
Conferences to show and discuss research			
Short-term Improvement Opportunities			
Share results			
Create more networking opportunities			
Increase evaluation skills and training			
Formalize relationships			
Become academic health department			
Process for LPHS to initiate research			
Share creative and best practices on partnering and partnerships			

APPENDIX B: LWBC Crosswalk

Mental Health			
CTSA (survey, focus groups, photovoice)	LPHSA	CHSA	FOCA
Ranked #7 on survey in 0-5 years	Essential Service 7: Link People to Needed Personal Health Services scored the lowest activity level of 10 Essential Services (46.9, Moderate Activity Level)	1 inpatient mental health facility, and 1 for veterans only In 2018, residents reported 4.2 poor mental health days/month. Trend=2017=4.2 days, 2016=3.7 days, 2015=3.8 days.	Access to care issues persist. CenterPointe Hospital will have 72 beds and provide inpatient and outpatient psychiatric care in early 2019.
Ranked #1 on survey in 6-18 years	System is informal and not coordinated Individualized to the various populations	1 mental health provider for every 320 Boone residents (includes a wide variety of workers and therapists, and they serve more than just Boone County residents)	Tax policies at the state and federal levels increase pressure on local agency funding.
Ranked #1 on survey in 19-64 years	System needs more providers	Those struggling with mental health are at a higher risk for homicide, suicide and accidents as well as chronic illness.	Adverse childhood events increase risk of poor health outcomes, substance use disorders and mental health issues.
Ranked #3 on survey in 65 and older	System accomplishes things depending on the organization	Stigma still exists around mental health	Nationwide rates of depression and anxiety are increasing. Boone County schools are assessing mental health needs of students quarterly.
Better access to mental health ranked #3 on “what would most improve quality of life” in survey	System needs to improve coordination of delivery	Between 2007-2016, 178 deaths in Boone County from suicide. Male rate about 3 times higher than female	
Mental health was the 2nd highest health issue featured in photovoice project			
In the focus groups, mental health was the 4th highest community issue that needed to be addressed. Mental health included: mental health needs for all ages, not enough crisis mental health care, suicide, lack of mental health options for uninsured, access to psychiatry		The rate for inpatient hospitalizations for mental disorders has increased from 96.17/10,000 in 2011 to 114.52/10,000 in 2015.	

Obesity			
CTSA (survey, focus groups, photovoice)	LPHSA	CHSA	FOCA
Childhood obesity ranked #4 on survey in 0-5 age	Essential Service 3: Inform, Educate, and Empower People about Health Issues (86.1, Optimal Activity level) - health education/promotion/communication showed significant to optimal activity levels	28% of residents are obese 20% of adults 20 and over report no leisure time activity 82% of adults have access to exercise opportunities 86.8% have less than 5 fruits and vegetables/day	Almost all chronic diseases have a prevention component. Increased pedestrian/cyclist infrastructure results in positive health outcomes.
Lack of physical activity ranked #5 on survey in 0-5 age	Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services (65.4, Significant Activity level) - system needs to improve the number of evaluations performed on population-based health services, and how the results are used in improving services and program delivery. System has staff that can perform evaluations.	Little data available at the local level for child and adolescent obesity. 4 of the top 5 leading causes of death have obesity as an attributable cause	
Poor eating habits ranked #7 on survey in 6-18 age		Multiple Farmers Markets	
Lack of physical activity ranked #8 in 6-18 age			
Childhood obesity ranked #10 on survey in 6-18 age			
Poor eating habits ranked #5 on survey in 19-64 age			
Poor eating habits ranked #5 on survey in 19-64 age			
Obesity ranked #6 on survey in 19-64 age			
Lack of physical activity ranked #10 on survey in 65+ age			
Better access to healthy foods ranked #6 in “what would most improve quality of life” on survey			
Nutrition and exercise ranked #4 among focus group community strengths: farmers markets, community gardens, walkable community, ARC, physical activities for kids			
Nutrition and exercise ranked #2 among focus group community issues: poor nutrition, too much fast food, inactive lifestyle, lack of reduced cost/no-cost physical activities			

Tobacco			
CTSA (survey, focus groups, photovoice)	LPHSA	CHSA	FOCA
Top issue featured in photovoice project	Essential Service 3: Inform, Educate, and Empower People about Health Issues (86.1, Optimal Activity level) - health education/promotion/communication showed significant to optimal activity levels - numerous community experts, partnerships, and coalitions that use evidence-based programs.	18% of adults are smokers 8% are exposed to secondhand smoke at work	Almost all chronic diseases have a prevention component.
Tobacco use ranked #12 on survey for 6-18 age	Tobacco use ranked #9 on survey in 19-64 age	Between 2005-2015, 1,647 residents died of possible smoking attributable causes of death. The rate is higher for black residents.	Tobacco cessation services funding cuts.
Second hand smoke exposure ranked #10 on 0-5 age	Essential Service 5: Develop Policies and Plans That Support Individual and Community Health Efforts (81.3, Optimal Activity level)	Smoking can be a contributing factor to 4 of the 5 leading causes of death.	
	Examples: Tobacco 21 Tobacco retail licensing Smoke-free policies	From Missouri County Level Study 2016: 4% of adults currently use smokeless tobacco 3.63% use electronic cigarettes 55% tried to quit cigarette smoking in the past year	
		Essential Service 6: Enforce Laws and Regulations That Protect Health and Ensure Safety (90.4, Optimal Activity level)	System shows significant activity levels related to contributing to health policies, but needs improvement in reviewing policies on a routine basis (every 3-5 years)

Drugs and Alcohol			
CTSA (survey, focus groups, photovoice)	LPHSA	CHSA	FOCA
5th highest issue in the photovoice project	Essential Service 6: Enforce Laws and Regulations That Protect Health and Ensure Safety (90.4, Optimal Activity level)	In 2017, 883 residents admitted to a substance use treatment program. In 2015, the number was 774. Average age at first use a drug is 18.6 in 2017	Substance Use Disorders (meth responsible for most arrests, per Boone County Sheriff's Office), opioid addiction increasing.
Drug use ranked #9 on survey in 6-18 age		There were 93 alcohol induced deaths in 2005-2015	Boone County has Prescription Drug Monitoring Program
Drug use ranked #10 on Survey in 19-64 age		Between 2012-2016, 32 alcohol-impaired driving deaths (36% of motor vehicle crashes with alcohol involvement)	Binge drinking
Drug and alcohol use ranked #3 among focus group community issues: drugs, addiction, excessive alcohol use, opiates, teens using drugs and alcohol	System shows significant activity levels related to contributing to health policies, but needs improvement in reviewing policies on a routine basis (every 3-5 years)		
	<u>Examples:</u> drink specials opioids PDMP		
		In 2016, there were 815 DUI arrests, 1323 drug arrests, 134 alcohol-involved crashes, and 39 drug involved crashes	
		For 2012-2016, there were 43 opioid-related deaths, of which 17 were heroin.	
		21% of Boone residents report excessive drinking	
		2016 Student Survey: 12% of students used alcohol 7.8% used prescription not prescribed by a doctor 6.7% used marijuana	

Youth and Family				
CTSA (survey, focus groups, photovoice)	LPHSA	CHSA	FOCA	
Affordable child care ranked #1 on survey for 0-5 age	Essential Service 7: Link People to Needed Personal Health Services scored the lowest activity level of 10 Essential Services (46.9, Moderate Activity Level)	67.2% of households with kids under 6 yrs have both parents working Childcare can cost from \$800 to \$1200 a month	Adverse childhood events Mental health	
Too much screen time ranked #2 on survey in 6-18 years			Parenting support	
Programs and activities outside of school time ranked #3 on survey in 6-18 years	<u>Weaknesses</u> Takes time to get someone in the system Providers rushed Long wait times	4 year graduation rates 2017: Columbia Public Schools - 90% Southern Boone - 94.1% Centralia Public - 91.9% Hallsville Public - 97.5% Harrisburg Public - 100% Sturgeon Public - 94.1% Missouri - 88.4%	Lack of out of school activities/or access to existing activities Disparities in kindergarten readiness Increased use of technology by kids	
	85% of respondents were very satisfied/satisfied with education on the survey	After school activities and summer programs available with Columbia Parks and Rec and Ashland YMCA		
Youth and family ranked #2 in focus group community strengths: sports, Optimist Club, school, Parents as Teachers, YEE, events for families				
Youth and family ranked #5 in focus group community issues: lack of affordable childcare, family instability, bullying, excessive screen time, parental neglect, activities for non-athletic youth				
Youth and family ranked #1 in focus group responses to "what would help us achieve our vision". Responses include: parenting classes, programs for teenagers, more affordable child care options, life skills for teens and parents, more opportunities for non-athletic youth				

Adolescent Health

CTSA (survey, focus groups, photovoice)	LPHSA	CHSA	FOCA
Too much screen time ranked #2 on survey in 6-18 years	Essential Service 3: Inform, Educate, and Empower People about Health Issues (86.1, Optimal Activity level) - health education/promotion/communication showed significant to optimal activity levels - numerous community experts, partnerships, and coalitions that use evidence-based programs. Strengths: Look Around campaign System communication plans Lots of media throughout the county Subject matter experts Youth Advisory Commission	From the 2016 Missouri Student Survey: 32.6% of kids reported they had been bullied on school property. 4.4% did not go to school because they felt unsafe at school or on the way to school 14.4% reported they had hit, shoved, or pushed another student and was not fooling around. The leading cause of death for adolescents ages 5-17 for 2007-2016 combined years: Accidents=5.32/100,000 Suicide= 3.27/100,000 Homicide = 2.86/100,000 2016 Student Survey: Weaknesses include not getting input from target populations, and educating the public about programs and policies 12% of students used alcohol 10.1% used electronic cigarettes 7.8% used prescription not prescribed by DR 7.5% used tobacco (chew or cigarettes) 6.7% used marijuana	Adverse childhood events Mental health Homelessness (students/families) Parenting support Lack of out of school activities, or access to them Disparities in graduation rates Increased use of technology by kids. Disproportionate minority contact
Programs and activities outside of school time ranked #3 on survey in 6-18 years			
Bullying ranked #4 on survey in 6-18 years			
Good schools Ranked #2 as a community strength on survey	85% of respondents were very satisfied/satisfied with education on the survey	Youth and Family ranks #5 in focus group community issues: lack of affordable childcare, family instability, bullying, excessive screen time, parental neglect, activities for non-athletic youth	

Affordable Housing

CTSA (survey, focus groups, photovoice)	LPHSA	CHSA	FOCA
More affordable housing ranked #2 in "what would most improve quality of life" on survey		For Boone County, 2012-2016: Median gross rent-\$803 Median mortgage cost-\$1,264 For Mo: Median gross rent-\$759 Median mortgage cost-\$1,220	Limited affordable housing Inconsistent enforcement of housing standards Homelessness Utility costs High cost of living (specific around owning or renting)
Satisfaction with affordable housing was the lowest ranked on the survey (more respondents were somewhat dissatisfied or very dissatisfied)		53.3% of Boone County renters pay more than 30% of income for housing 20.7% of home owners pay more than 30% of income for housing	Gentrification

Safety Net/Basic Needs			
CTSA (survey, focus groups, photovoice)	LPHSA	CHSA	FOCA
Basic needs ranked #2 on survey in 0-5 age	Essential Service 7: Link People to Needed Personal Health Services scored the lowest activity level of 10 Essential Services (46.9, Moderate Activity Level)	MedZou and Family Health Center offer no-cost services Low-cost/free housing for veterans Boone County median household income 2012-2016: White = \$53,477 Black = \$29,902	Homelessness Utility costs Income inequality Lack of safe, affordable transportation choices
Basic needs ranked #5 on survey in 6-18 age	<u>Strengths:</u> System uses data/surveys to track trends and discusses findings at networking opportunities	ACS 2012-2016 estimates 19.3% of Boone County residents live in poverty compared to 15.3% of Mo residents	Stagnant wage growth
Basic needs ranked #2 on survey in 19-64 age	Project Homeless Connect	19.3% of Boone County residents live in poverty 17 % of white residents live in poverty 28.4% of black residents live in poverty 22.4% of 18-64 live in poverty	
Basic needs ranked #5 on survey in 65+ age	<u>Weaknesses:</u> How do we find other partners that want to help?	Coordination and communication identified as an improvement opportunity - e.g., Feedback loops, disconnect between certain parts of the system, no central place to co-locate services and make referrals	
Meet basic needs for everyone was ranked #1 in “what would most improve quality of life”	Safety net services rank #5 in focus group community strengths: free health screenings, Services for Independent Living, Senior Centers, social service agencies	Uninsured rate (2012-2016) is 8%. For 18-64 yr olds - 10.1%	
Safety net services ranked #2 infocus group responses to “what would help us achieve our vision”: housing and programs for the homeless, more funding for social service agencies, fewer restrictions on social services	System identifies needs, but then fight for the same pot of funding	Uninsured rate for black residents 12.1%, for hispanic 19.8%, for those with no high school degree 24.3%	
		Boone County Point In Time homeless count 2017: 265 homeless (44 unsheltered and 221 sheltered). 2016 county: 220 (45 unsheltered and 175 sheltered)	

Medical and Dental				
CTSA (survey, focus groups, photovoice)	LPHSA	CHSA	FOCA	
Access to health care ranked #4 as a community strength on survey	Essential Service 7: Link People to Needed Personal Health Services scored the lowest activity level of 10 Essential Services (46.9, Moderate Activity Level)	Uninsured rate (2012-2016) is 8%. For 18-64 yr olds - 10.1% Uninsured rate for black residents 12.1%, for hispanic 19.8%, for those with no high school degree 24.3%	Access to care issues can lead to bigger problems, crisis situations, increased ER usage and less preventive care.	
Regular checkups ranked #6 on survey in 0-5 age	<u>Strengths:</u> Abundance of providers in the county Strong focus on physical health - mental health awareness is improving Increased screening by partners traditionally considered "outside public health" for physical/mental health	1 primary care provider for every 890 Residents 1 dentist for every 1,620 residents 12,829 emergency room visits for dental from 2006-2015. The rate has increased from 6.04/1,000 in 2006 to 9.24/1,000 in 2015. Limited resources for those unable to afford dental services Multiple clinics, 5 MU Health Care hospitals, Boone Hospital, VA, Landmark, Rusk Rehab.	Health Research Center - pending approval a Translational Precision Medicine Complex will be a center of biomedical innovation at MU. Future of Boone Hospital Political polarization - healthcare has become a political issue Changing/unsafe future of health insurance	
Dental health ranked #8 on survey in 0-5 age	<u>Weaknesses:</u> Patient knowledge about their eligibility status for certain services Certain populations go to ER to get a referral for dental care Low number of veterans qualify for dental care Funding can change quickly: difficult for some providers to keep up with what organizations are providing	Certain populations go to ER to get a referral for dental care Low number of veterans qualify for dental care Funding can change quickly: difficult for some providers to keep up with what organizations are providing	Transition from fee-for-services to value based health care system	
Disease that is chronic ranked #7 on survey, in 19-64		MedZou and Family Health Center offer no cost services		
Disease that is chronic ranked #6 on survey in 65+			33% do not have a regular doctor 16.7% did not get needed medical care in the past 12 months, 40% of this number was due to cost 21.5% could not get dental care in the past 12 months due to cost	
Better access to health care ranked #7 in "what would most improve quality of life"			27% have not had a dental exam in the last 12 months	
Medical and dental care ranked #1 in focus group community strengths: access to care, specialized providers, hospitals, FHC, urgent cares				

Distracted Driving			
CTSA (survey, focus groups, photovoice)	LPHSA	CHSA	FOCA
Distracted driving ranked #6 on survey in 6-18 years		2013-2017, 1,627 crashes in Boone County due to distracted/inattentive driving. This includes 5 deaths and 566 injuries	Vision Zero implementation
Distracted driving ranked #3 on survey in 19-64 years			

Community Engagement and Inclusion			
CTSA (survey, focus groups, photovoice)	LPHSA	CHSA	FOCA
Arts and cultural events ranked #3 as a community strength		As of April 2018, there were 115,610 registered voters in Boone County. In the 2016 estimated population, there are 140,850 residents 18 yrs and older	
Respect for different cultures and races ranked #10 as a community strength			
Programs, activities, and support for the senior community ranked #1 issue on survey for 65+ age			
More respect for different cultures and races is #5 in "what would most improve quality of life"			
Community engagement ranked #6 in focus group community strengths: proactive community, lots of arts and cultural events, community diversity			
Community engagement ranked #3 in focus group responses to "what would help us achieve our vision": more community activities, more opportunities to learn about other cultures, journey toward Inclusive Excellence, community involvement, more focus groups			

APPENDIX C:
Strategic Issue Ranking Form

Rank the issues you feel should become one of our strategic priorities based on the questions below.

Rank 1-11

1- most important

11- least important

Issue Area	1. Scale: The issue will affect our entire community	2. Resources: We have the resources (people, policies, funds, etc.) to address the issue in the next five years	3. Long-Term Consequences: There are long term consequences of us not addressing the issue in the next five years.	4. Linked to Other Social Problems: The issue is linked to other social problems in the community.	5. Health Equity: The issue is more prevalent in disadvantaged populations.	6. Morbidity: The issue contributes to early death.
Adolescent Health						
Affordable Housing						
Community Engagement & Inclusion						
Distracted Driving						
Drugs & Alcohol						
Medical & Dental						
Mental Health						
Obesity						
Safety Net/Basic Needs						
Tobacco						
Youth & Family						

APPENDIX D: Health Story Boards

Affordable Housing



***A caring and inclusive community
where everyone can achieve their
optimum well-being.***

More affordable housing ranked #2 in "what would most improve quality of life" on the 2018 Community Health survey.

Satisfaction with affordable housing was the lowest ranked on the 2018 Community Health survey (more respondents were somewhat dissatisfied or very dissatisfied).

In Boone County, 53.3% of renters and 20.7% of home owners, pay more than 30% of their income on housing.

In 2017, 265 people in Boone County were experiencing homelessness, as compared in 229 in 2016.



www.CMo.gov/health



Safety Net & Basic Needs



A caring and inclusive community where everyone can achieve their optimum well-being.

- 19.3% of all Boone County residents live in poverty, compared to 15.3% of Missouri residents. The rate is even higher (28.4%) for black Boone County residents.
- 22.4% of Boone County residents ages 18-64 live in poverty.
- In the 2018 Community Health survey, "meet basic needs for everyone" was ranked #1 in "what would most improve quality of life". Likewise, basic needs (food, diapers, clothing, shelter) was ranked in the top five "most important health issues" for all age groups.
- In the 2018 Community Health focus groups, safety net services ranked #2 on "what would help us achieve our vision": housing and programs for the homeless, more funding for social service agencies, fewer restrictions on social services.



Some people in Boone County are not able to afford the expensive college & university tuition, which causes high stress on the families.

- Sidni, age 17



www.CoMo.gov/health

Community Engagement & Inclusion

A caring and inclusive community where everyone can achieve their optimum well-being.

In the 2018 Community Health Survey, arts and cultural events ranked #3 as a community strength, with respect for different cultures and races ranking #10.

The 2018 Community Focus groups identified community engagement as a community strength, with lots of arts and cultural events and community diversity. Likewise, increasing the number of community activities and learning about other cultures would help us achieve our Vision.

In the 2018 Community Health Survey, the top response for "most important health issue" for ages 65+ was programs, activities and support for seniors. Programs and activities outside of school time was the #3 response for youth ages 6-18.

In 2016, there were 140,460 Boone County residents aged 18 or older. As of April 2018, there were 115,610 registered voters in Boone County.

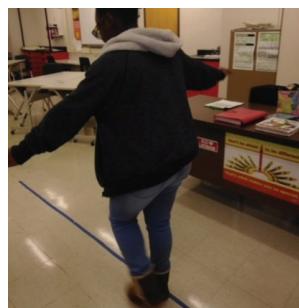


Drugs and Alcohol



A caring and inclusive community where everyone can achieve their optimum well-being.

- 21% of Boone residents report excessive drinking.
- In 2016, there were 815 DUI arrests, 1323 drug arrests, 134 alcohol involved crashes, and 39 drug involved crashes.
- In 2017, the average age at first use of a drug is 18.6 years old.
- From 2005-2015, there were 93 alcohol induced deaths.
- In 2017, 883 residents were admitted to a substance use treatment program, compared to 774 in 2015.
- For 2012-2016, there were 43 opioid related deaths, of which 17 were heroin.
- The 2018 Community Health Survey asked "... what are the most important issues in your community". Drug use was #9 for ages 6-18 and #10 for ages 19-64.
- The 2018 Community Focus groups identified drugs and alcohol use as third highest community issue: drugs, addiction, excessive alcohol use, opiates, teens using drugs and alcohol.



The Line of Shame

This line demonstrates how teens are supposed to walk (on the line). The glasses I am wearing are making me see how it looks like to be intoxicated. They are called Alcohol Impairment Stimulation Goggles. These glasses allow me to feel how it's like for drunk people to walk in a straight line when asked by a police officer. So when walking on this line, you can feel the shame and stupidity that some drunks experience.

- Gloria, age 15



www.CoMo.gov/health



Medical and Dental



A caring and inclusive community where everyone can achieve their optimum well-being.

- The 2018 Community Health Survey asked "... what are the most important issues in your community". Chronic diseases ranked #7 in adults ages 19-64 and #6 in ages 65+. Almost all chronic diseases have a prevention component.
- 12.1% of black Boone County residents don't have health insurance.
- 19.8% of Hispanic Boone County residents don't have health insurance.
- From 2006-2015, 12,829 Boone County residents went to the emergency room for dental issues.
- 33% of Boone County residents do not have a regular doctor.
- 27% have not had a dental exam in the last 12 months.
- Medical and dental care was also the highest community issue due to lack of access to insurance, high health costs, limited services in rural areas and a lack of Medicaid expansion.



Everyday, germs pass through students. Schools fail to provide proper sanitary resources in classrooms, hallways, and other common areas in the school. When people are sick, they do not take care of the germs they give off. When someone sick reaches for this handle, there is a chance they could get someone else sick.

- Gloria, age 15



www.CoMo.gov/health

Mental Health



A caring and inclusive community where everyone can achieve their optimum well-being.

- Between 2007-2016, 178 Boone County residents committed suicide. Those struggling with mental health are at a higher risk for homicide, suicide and accidents as well as chronic illness.
- The 2018 Community Health Survey asked "... what are the most important issues in your community." Mental health was the top response for both children and youth ages 6-18 and adults ages 19-64.
- Better access to mental health ranked #3 on "what would most improve quality of life" in the 2018 Community Health Survey.
- In 2018, Boone County residents reported 4.2 poor mental health days/month.
- Nationwide rates of depression and anxiety are increasing. Boone County schools are assessing mental health needs of students quarterly.



Going through depression feels like going through a long hallway that will never end. Sometimes it may seem like no one understands.

- Jayden, age 16



School is the place you should feel safe in. You should be able to learn new things and enjoy your day. School is the place you should use to get away from your problems elsewhere. In 2016, 22% of children ages 12-18 said they had been bullied. How can kids escape their lives outside of school while they're having the same ones inside of school? We need to come together to stop bullying. Let's start in the schools.

- Samyia, age 16



Drugs and alcohol can make life half empty. They can also lead to addiction, especially since addiction runs in families. Being an alcoholic can make you separate from your family members or lose loved ones. But you can't help someone who doesn't want it.

- Caption by Sturgeon Teen Outreach Program



2013-2017 Successes



A caring and inclusive community where everyone can achieve their optimum well-being.

Live Well by Faith - \$164,331

- 100 people have participated in LWBF programs

Tobacco Grants - \$16,000

- Anti-tobacco movie theater ads for 13 weeks
- Social media ads (39,904 views)
- Provided tobacco cessation training to two of Columbia's major employers
- Coalition organized to pass Tobacco 21
 - 51.8 - Annual number of 18 year olds who won't start smoking
 - 21.6 - Annual number of lives saved
 - 388.7 - Number of kids alive today who won't have a tobacco-caused death

Making a Difference

Live Well Boone County is a comprehensive initiative, focused on improving the health and wellness of Boone County residents.

Healthy Eating and Active Living grants - \$200,000

- Five new community gardens
- 36 new lactation rooms
- Nine cooking classes
- 10 Move Smart childcare centers
- One new bus shelter
- 37 Live Well restaurants

Look Around - \$67,400

- Developed campaign message and aesthetics
- Developed social media content, advertising, and hard copy materials
- Implemented campaign (September 15, 2017 - May 31, 2018)
 - Social media and advertising campaign
 - School-based campaign (all Boone County public schools)
 - Community-based campaign

VOTE HERE!



**A caring and inclusive community
where everyone can achieve
their optimum well-being.**

**We want to say thank you to our
2018 Live Well Boone County
Steering Committee Members**

- Heather Brown
- Stephanie Browning
- Barbara Buffaloe
- Tec Chapman
- Scott Clardy
- Lisa Goldschmidt
- Andrew Grabau
- Beth Hager-Harrison-Prado
- Matt Harline
- Julie Kapp
- Jack Kelly
- Traci Kennedy

- Verna Laboy
- Dan Lester
- Heather Lockard
- Heather Marriott
- Mary Martin
- Ranita Norwood
- Kristi Ressel
- Michelle Shikles
- Megan Steen
- Janet Thompson
- Kelly Wallis

*A caring and inclusive community
where everyone can achieve
their optimum well-being.*

***Thank you for
coming tonight!***

**After we have heard from all
of the forums and the electronic
survey, we will announce our
three strategic priority areas and
begin the next phase:**

Goals and Strategies.

**Thank you for casting your vote
for Live Well Boone County!**



PHASE FIVE: GOALS & STRATEGIES

Prepared April, 2019 by:
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EXECUTIVE SUMMARY

Formulating goals and strategies is the fifth phase of the MAPP process. During this phase, the local public health system partners formed goal statements related to each of the four strategic issues and identified strategies for achieving each goal. Phase Five was conducted between October 2018 and January 2019 and included three meetings of each of the four action teams, for a total of 12 meetings, and one meeting of the Live Well Boone County Steering Committee. At the conclusion of Phase Five, goals and strategies were developed for each of the four strategic issues. The action teams that convened during this phase will continue to meet in Phase Six: Action Cycle.

OUR PROCESS

The process for developing goals and strategies was initiated at the Live Well Boone County Community Partnership meeting in October 2018. This meeting included the formation of the action teams for each of the four strategic issue areas as well as the identification of community assets and resources.

Action teams began meeting in late October 2018. Each action team meeting was facilitated by the external contractor, with logistical support from the Live Well Boone County project manager. The facilitator designed each meeting of the action teams, with a consistent format, agenda, and meeting outcomes for each of the four teams.

The first meeting of the action teams began with a review of the Mobilizing for Action Through Planning and Partnership (MAPP) process, including how the four strategic issue areas were developed (**Appendix A**). Action team member roles and responsibilities (**Appendix B**) were reviewed and each team discussed their expectations for team members. The proposed timeline for this phase was reviewed (**Appendix C**) as well as a proposed team charter (**Appendix D**). One team adopted the charter, with the remaining three opting to move forward without it. The request was made for a team member(s) to serve as the lead or co-lead for the remainder of Phases Five and Six (**Appendix E**). Team members identified additional members of the public health system to invite into this part of the process.

The second meeting of the action teams began with a review of goals and strategies from the 2013-2014 assessment and action plan. Each action team reviewed a crosswalk with the data collected in Phase Three: The Four Assessments (**Appendix F**), the results of the community survey (**Appendix G**), and the focus groups (**Appendix H**), as well as the results of the asset mapping exercise from the October 2018 Live Well Boone County Community Health Partnership meeting (**Appendix I**). After review and discussion of the data, each team drafted goal statements. Teams also drafted strategic questions if time allowed.

In the third and final action team meeting, members reviewed draft goals and strategies of the other teams to identify areas of alignment and/or potential conflict. Teams reviewed state and national priorities, which included Healthy People 2020, National Prevention Strategies, and the Missouri Health Improvement Plan, before finalizing goals and strategies. Each of the strategies were analyzed for feasibility using the Propriety, Economics, Acceptability, Resources, and Legality (PEARL) test (**Appendix J**). Possible barriers to implementation were discussed and each team selected one member to present the goals and strategies to the Live Well Boone County Steering Committee.

Phase Five concluded with the presentation of goals and strategies at the January 2019 Steering Committee meeting. Selected action team members gave a summary of the work of their team, the data that informed their decisions, and shared the team's goals and strategies. Steering Committee members discussed emerging patterns and themes, which included the need for policy changes, improved education and collaborations, and reducing social stigmas.

RESULTS

The results of this phase are the goals and strategies for each of the four strategic issue areas, which are listed below.

Mental Health	
<i>Strategic Question: How do we create a community in which everyone's mental health needs are met?</i>	
Goal(s)	Strategy(ies)
Increase awareness of mental health issues, resources, and services for all Boone County residents	Provide education to identify signs of mental health issues and referral resources
	Develop and implement a media campaign to reduce stigma

Medical and Dental	
<i>Strategic Question: How do we create a community in which everyone can achieve their optimal level of medical and dental health?</i>	
Goal(s)	Strategy(ies)
Identify and reduce barriers in access to health care	Increase awareness among Boone County residents of currently available health resources and how to access them
	Promote the hiring and training of health navigators from underrepresented racial and ethnic minorities and people with disabilities
	Promote policy and legislation that increases access to medical/dental services
	Decrease barriers in healthcare access with an emphasis on increasing collaboration and communication between providers and referral agencies
Improve health behaviors and environments to promote health and reduce the burden of disease	Implement community-based interventions to promote health and reduce health disparities (*includes rural)
	Improve health communications and outcomes by enhancing consumer health literacy and provider awareness of barriers to access

Safe, Healthy, and Affordable Housing

Strategic Question: How do we create a community where safe, healthy, and affordable housing is accessible to all?

Goal(s)	Strategy(ies)
Identify and Implement policies that guarantee everyone has access to safe, healthy, and affordable housing	Include health and equity criteria as a component of decision making
	Ensure all housing is safe, healthy, affordable, code compliant, and energy efficient
Develop community-based strategies that promote personal empowerment to improve access to safe, healthy, and affordable housing	Develop and promote tools and information to make safe, healthy, and affordable housing choices

Basic Needs

Strategic Question: How do we create a community in which everyone's basic needs are met?

Goal(s)	Strategy(ies)
Reduce barriers to meet basic needs	Improve access to basic needs with an emphasis on transportation, enhancing food policies, and a one door entry into local social services
	Provide education to reduce the stigma of poverty and encourage healthy habits

Dissemination of Results

Results from the work of the four action teams were shared at the January 2019 Steering Committee meeting and were incorporated into the work of Phase Six: Action Cycle. Results are also made available as part of the 2019 Community Health Improvement Plan publication.

Limitations

During Phase Five, it was important to consider collaborations, initiatives, and/or work groups already in existence in the four strategic issue areas and ensure that the work of this process did not duplicate efforts or compete for limited resources. For this reason, homelessness was not included in the work of the Basic Needs group and building affordable housing was not included in the Safe, Healthy, Affordable Housing group. Homelessness and affordable housing options were issues of importance identified by the community; however, existing efforts are in place in these two areas.

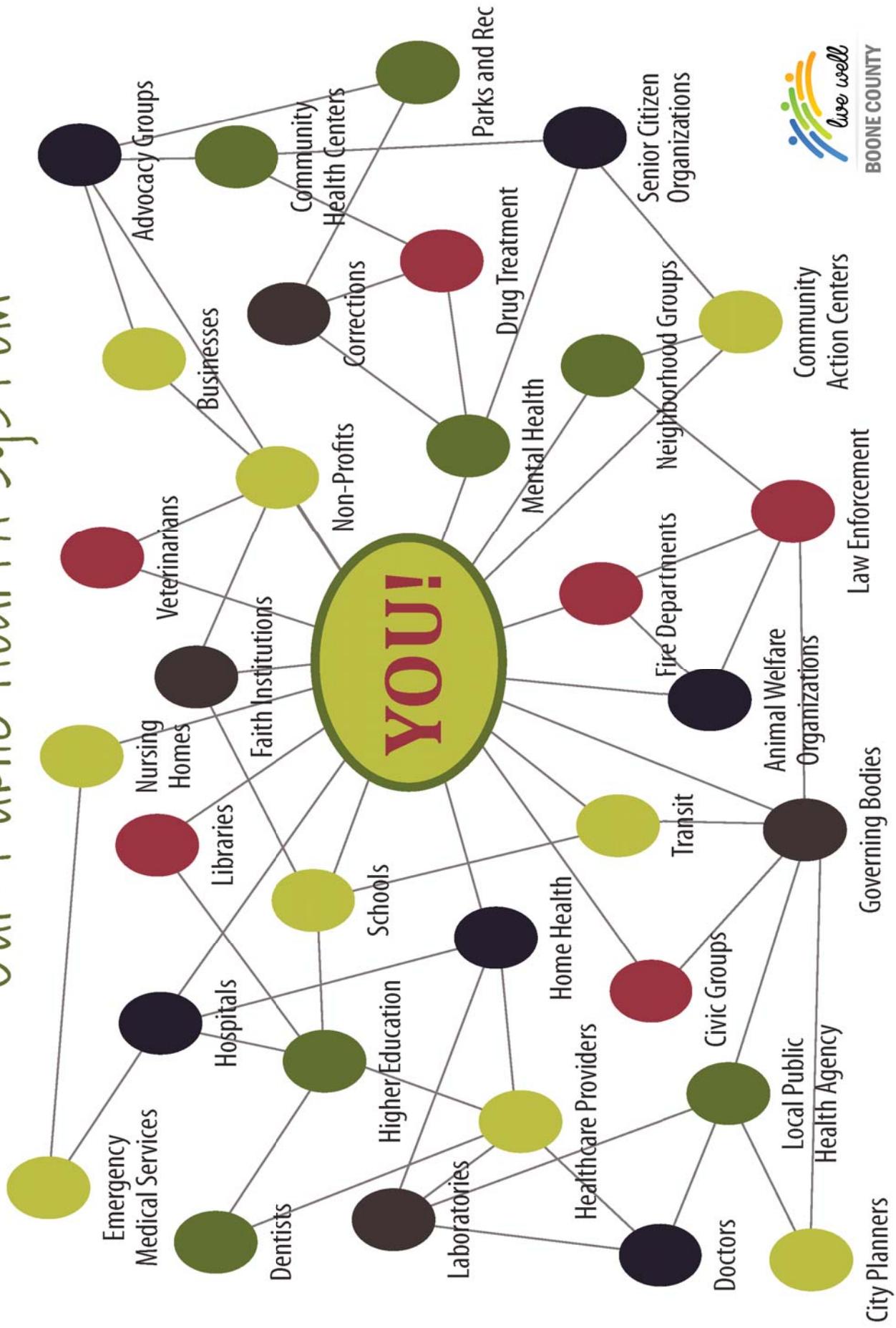
Evaluations

The primary source for evaluation included written evaluations at the conclusion of each meeting. Feedback from meeting evaluations were reviewed at the Core Plus meetings for ongoing process improvements.

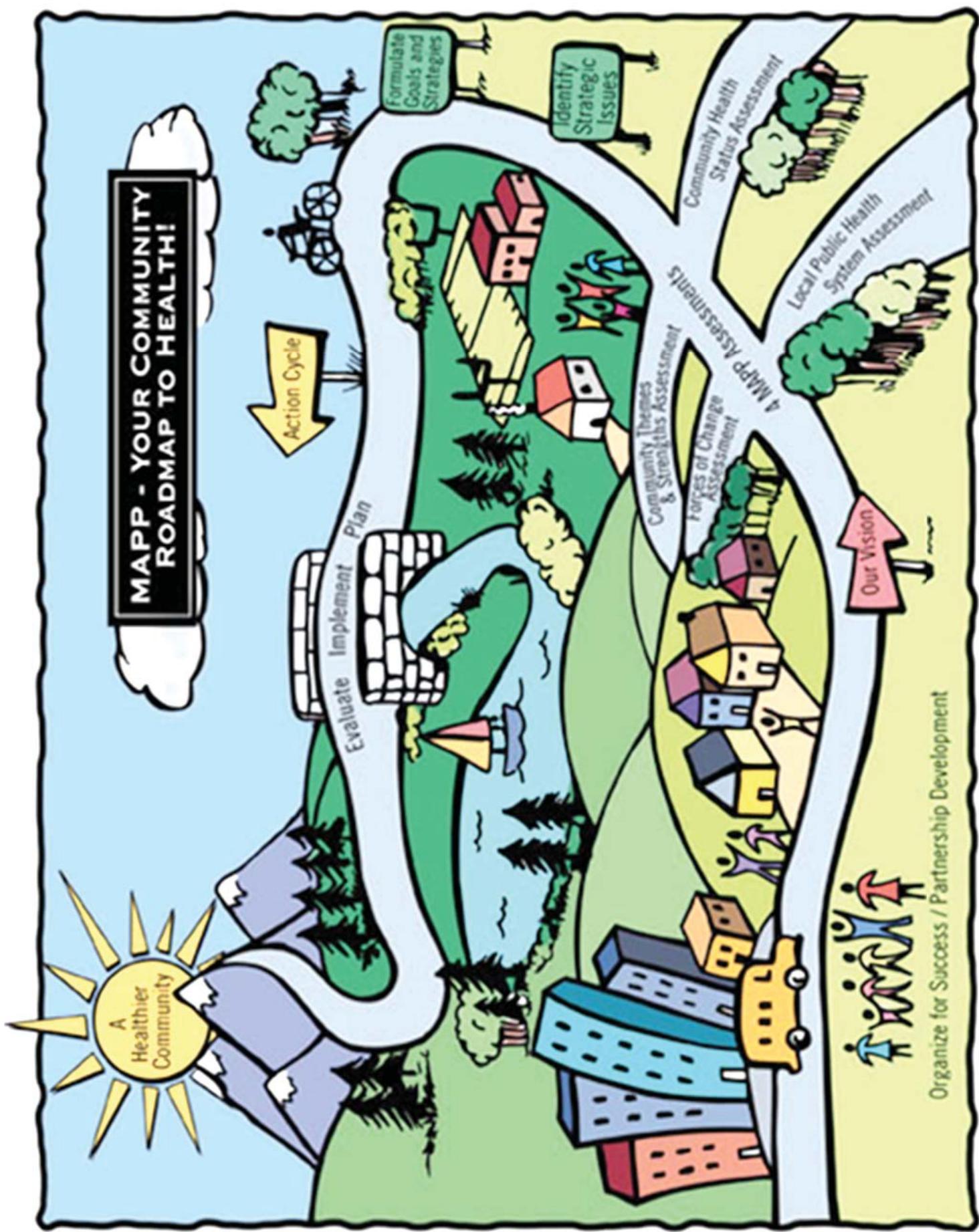
APPENDICES

APPENDIX A: MAPP Flyer

Our Public Health System



BOONE COUNTY



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APPENDIX B:

Work Group Roles



ACTION TEAM

An Action Team is a small group of individuals, including members of Steering Committee and those new to the Live Well Boone County planning process, formed for the purpose of discussing a single Strategic Issue in-depth and formulating goals and strategies to be used in the 2019-2023 Community Health Improvement Plan.

ROLES AND RESPONSIBILITIES

Phase 5: Formulate Goals and Strategies

- Participate in one Strategic Issue Action Team to develop strategic questions, goal statement(s), strategies, and objectives
- Select Action Team member to participate in Steering Committee meeting(s) to present goals and strategies for approval
- Participate in evaluation of Phase 5 process

Though certainly not required, it is ideal from a process perspective for those involved in Phase 5: Action Teams to also be involved in Phase 6: Action Cycle. Therefore, we outline Phase 6 roles and responsibilities for your consideration.

Phase 6: Action Cycle: Planning, Implementation, & Evaluation

- Participate in Action Team to develop measurable objectives performance measures, targets, and activities related to one Strategic Issue
- Participate in Steering Committee meeting(s) to present final Community Health Improvement Plan for approval
- As possible, participate in implementation of at least one Strategic Issue
- Participate in recruitment of additional participants as needed for successful implementation of Community Health Improvement Plan
- Assist in ensuring resources needed for implementation are available
- Participate in evaluation of Phase 6 process
- Attend periodic meetings to monitor progress, ensure actions are achieving measurable objectives and community goals, and evaluate need for shift in plans or rapid execution of new or changed plans

APPENDIX C:
Phase 5 Proposed Timeline



BOONE COUNTY

Proposed Timeline

October	November	December	January
New participant orientation 1 st Phase 5 goal-setting meeting	2 nd and 3 rd Phase 5 goal-setting meetings	Steering Committee meeting 1 st and 2 nd Phase 6 plan development meetings	3 rd Phase 6 plan development meetings Steering Committee meeting

APPENDIX D: Team Charter



BASIC NEEDS ACTION TEAM CHARTER

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

The charter includes the following sections:

1. Purpose

(Describe the purpose for forming the Action Team and the anticipated outcomes.)

2. Background

(Summarize the strategic priority the team is responsible for implementing.)

3. Scope

(State the team's role in achieving the strategic priority. Define the high level goals the team/acquisition must accomplish.)

4. Team Composition

(Identify the individuals and/or organizations represented, the number of members from each, state who are core [essential] members versus support or advisory members and full or part time designation, and the anticipated time/resources commitments involved over the anticipated duration of the team.)

APPENDIX E: Team Leadership Responsibilities



BOONE COUNTY

ACTION TEAM CO-CHAIRS

The ACTION TEAM CO-CHAIRS are the leaders of their ACTION TEAM, the small group of individuals formed for the purpose of discussing a single strategic issue in-depth and formulating goals and strategies to be incorporated into the 2019 – 2023 Boone County Community Health Improvement Plan.

ROLES AND RESPONSIBILITIES

Phase 5: Formulate Goals and Strategies

- Work with Columbia/Boone County Department of PHHS staff member Rebecca Roesslet to schedule all meetings necessary to conduct the work of the Action Team
- Work with Roesslet to ensure members of the Action Team receive the tools and information necessary to fully participate in the Action Team
- Participate and provide leadership at all Action Team meetings
- Ensure goals and strategies are communicated to Roesslet by Phase 5 deadline
- Ensure the selection of Action Team member(s) to present Action Team goals and strategies to Live Well Boone County Steering Committee

APPENDIX F: Crosswalk

Mental Health Crosswalk			
LPHSA	CHSA	FOCA	
CTSA (survey, focus groups, photovoice) The CTSA focuses on gathering the thoughts, opinions, and perceptions of community members in order to understand which issues are important to the community.	The Local Public Health System Assessment focuses on all of the organizations and entities that contribute to the public's health, and measures how well the system provides the 10 Essential Public Health Services in its jurisdiction.	The purpose of this assessment is to identify the trends, factors, and events that are likely to influence community health and quality of life, or impact the work of the local public health system in Boone County.	
Ranked #7 on survey in 0-5 years	Essential Service 7: Link People to Needed Personal Health Services scored the lowest activity level of 10 Essential Services (46.9, Moderate Activity Level) System is informal and not coordinated Individualized to the various populations System needs more providers System accomplishes things depending on the organization Stigma still exists around mental health System needs to improve coordination of delivery	Missouri University Psychiatric Center (MUPC) inpatient mental health facility with 44 beds for adults, 17 beds for adolescents. VA hospital has services for veterans. CenterPointe has 72 beds. All three hospitals serve other counties in addition to Boone County In 2018, residents reported 4.2 poor mental health days/month. Trend=2017=4.2 days, 2016=3.7 days, 2015=3.8 days, 2014=3.8 days. One mental health provider for every 320 Boone residents, placing Boone County among the top performers in the United States. Providers include social workers, licensed professional counselors, psychiatrists, and psychologists. Those struggling with mental health at a higher risk for homicide, suicide and accidents, as well as chronic illness.	Access to care issues persist. CenterPointe Hospital has 72 beds. Tax policies at the state and federal levels increase pressure on local agency funding. Adverse childhood events increase the risk of poor health outcomes, substance use disorders and mental health issues. Nationwide rates of depression and anxiety are increasing. Boone County schools are assessing the mental health needs of students quarterly.
Ranked #1 on survey in 6-18 years	Better access to mental health ranked #3 on "what would most improve quality of life" in survey	Between 2007-2016, 178 deaths in Boone County from suicide. This is a rate of 11.4 per 100,000, with Missouri having a rate of 15.2/100,000 during the same time period. Male rate about 3 times higher than female (trend data not available)	Meth responsible for most arrests (per Boone County Sheriff's Office)
Ranked #1 on survey in 19-64 years	2nd highest health issue featured in photovoice project	The rate for inpatient hospitalizations for mental disorders has increased from 96.17/10,000 in 2011 to 114.52/10,000 in 2015.	Substance use disorders are common comorbidities with mental health diagnoses
Ranked #3 on survey in 65 and older			Seniors and isolation

Safe, Healthy, Affordable Housing Crosswalk

CTSA [survey, focus groups, photovoice])	LPHSA The CTSA focuses on gathering the thoughts, opinions, and perceptions of community members in order to understand which issues are important to the community.	CHSA The Local Public Health System Assessment focuses on all of the organizations and entities that contribute to the public's health, and measures how well the system provides the 10 Essential Public Health Services in its jurisdiction.	FOCA The purpose of this assessment is to identify the trends, factors, and events that are likely to influence community health and quality of life, or impact the work of the local public health system in Boone County.
More affordable housing ranked #2 in "what would most improve quality of life" on survey	Essential Service 6: Enforce Laws and Regulations That Protect Health and Ensure Safety (90.4, Optimal Activity level) System shows significant activity levels related to contributing to health policies, but needs improvement in reviewing policies on a routine basis (every 3-5 years)	For Boone County, 2012-2016: Median gross rent-\$803 Median mortgage cost-\$1,264 2007-2011: Median gross rent-\$760 Median mortgage cost - \$1,255 For MO 2012-2016: Median gross rent-\$759 Median mortgage cost-\$1,210	Limited affordable housing Inconsistent enforcement of housing standards Homelessness High utility costs High cost of living (specific around owning or renting) Gentrification Increased housing costs in central city results in migration of black populations to north and northeast
			There are some programs available that seek to improve efficiency of both owner occupied and rental properties. Create inclusionary zoning; minimal sized homes Lack of economic mobility complicates housing affordability
		In 2012-2016: - 53.3% of Boone County renters pay more than 30% of income for housing - 20.7% of homeowners pay more than 30% of income for housing In 2007-2011: -53.3% of Boone County renters pay more than 30% of income for housing - 22.8% of homeowners pay more than 30% of income for housing	Percent of cost burdened renters paying >30% of income on housing is 53.3% in Boone County as compared to 47.5% for Missouri. 20.7% of Boone County owners are cost burdened as compared to 11.7% of Missouri owners. Less money in local economy and for household costs (food, healthcare, etc)
			Extreme heat (hotter summer nights, increased heat related illness and heat stress, rise in energy costs, requests for financial assistance to cover bills, effects on crop devastation temperature, increased vector borne diseases), Shifting weather patterns can reduce air quality and impact asthma attacks and other respiratory/ cardiovascular conditions.
			Tension between citizens and city leadership regarding community policing Proposed legislation to prohibit interior inspections without owner permission
			City vs county rentals State legislation prohibiting housing inspections by local government

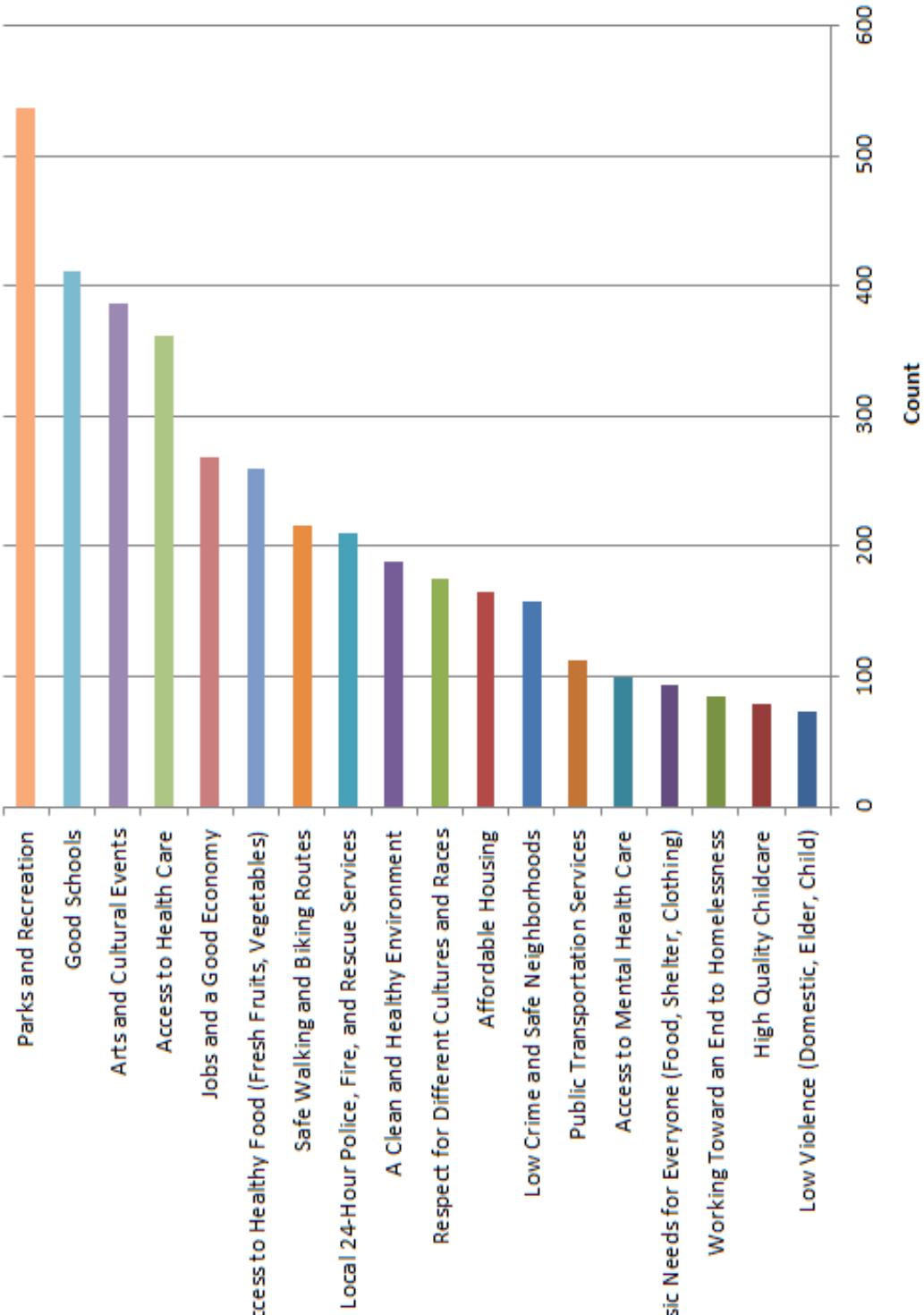
Medical and Dental			
CTSA (survey, focus groups, photovoice) The CTSA focuses on gathering the thoughts, opinions, and perceptions of community members in order to understand which issues are important to the community.	LPHSA The Local Public Health System Assessment focuses on all of the organizations and entities that contribute to the public's health, and measures how well the system provides the 10 Essential Public Health Services in its jurisdiction. Access to health care ranked #4 as a community strength on survey	CHSA The Community Health Status Assessment provided quantitative information on community health conditions and answers "How healthy is the community?" and "What does the health status of the community look like?" Essential Service 7: Link People to Needed Personal Health Services scored the lowest activity level of 10 Essential Services (46.9, Moderate Activity Level)	FOCA The purpose of this assessment is to identify the trends, factors, and events that are likely to influence community health and quality of life, or impact the work of the local public health system in Boone County. Access to care issues can lead to bigger problems, crisis situations, increased ER usage and less preventive care.
<u>Regular checkups ranked #6 on survey in 0-5 age</u> <u>Dental health ranked #8 on survey in 0-5 age</u>	<u>Strengths:</u> Abundance of providers in the county <u>Regular checkups ranked #6 on survey in 0-5 age</u> <u>Dental health ranked #8 on survey in 0-5 age</u>	<u>In 2012-12.8% of 18-64 yr olds lacked health insurance (Boone County)</u> <u>2012-2016:</u> Uninsured rate for black residents 12.1%, for hispanic 19.8%, for those with no high school degree 24.3% <u>2012:</u> Uninsured rate for black residents 13.3%, Hispanic not available, for those with no high school degree 23.4% 1 dentist for every 1,620 residents	<u>Health Literacy</u> <u>Health Research Center - pending approval a Translational Precision Medicine Complex will be a center of biomedical innovation at MU.</u> <u>Future of Boone Hospital</u> <u>Political polarization - healthcare has become a political issue</u> <u>Increased disability and disease</u> <u>Growing aging population</u> <u>New programs like Live Well by Faith are getting results</u> <u>Opportunities for active living through the lifespan exist</u>
<u>Disease that is chronic ranked #7 on survey in 19-64</u> <u>Disease that is chronic ranked #6 on survey in 65+</u>	<u>Weaknesses:</u> Patient knowledge about their eligibility status for certain services Certain populations go to ER to get a referral for dental care Low number of veterans qualify for dental care	<u>Funding can change quickly; difficult for some providers to keep up with what organizations are providing</u> <u>Better access to health care ranked #7 in "what would most improve quality of life"</u> <u>Medical and dental care ranked #1 in focus group community strengths: access to care, specialized providers, hospitals, FHC, urgent cares</u> <u>Medical and dental care ranked #1 in focus group community issues: access to insurance, high health costs, limited services in rural area, lack of Medicaid expansion</u>	<u>12,829 emergency room visits for dental from 2006-2015. The rate has increased from 6.04/1,000 in 2006 to 9.24/1,000 in 2015.</u> <u>Limited resources for those unable to afford dental services</u> <u>Multiple clinics, 5 MU Health Care hospitals, Boone Hospital, VA, Landmark, Rusk Rehab.</u> <u>MedZou and Family Health Center offer no-cost services</u> <u>From the 2016 County-level study: 33% do not have a regular doctor,</u> <u>16.7% did not get needed medical care in the past 12 months, 40% of this number was due to cost, 21.5% could not get dental care in the past 12 months due to cost</u> <u>27% have not had a dental exam in the last 12 months</u>

Basic Needs	
LPHSA The Local Public Health System Assessment focuses on all of the organizations and entities that contribute to the public's health, and measures how well the system provides the 10 Essential Public Health Services in its jurisdiction.	CHSA- The Community Health Status Assessment provided quantitative information on community health conditions and answers "How healthy is the community?" and "What does the health status of the community look like?"
<u>Strengths:</u> System uses data/surveys to track trends and discusses findings at networking opportunities	FOCA- The purpose of this assessment is to identify the trends, factors, and events that are likely to influence community health and quality of life, or impact the work of the local public health system in Boone County.
<u>Basic needs ranked #2 on survey in 0-5 age</u>	MedZou and Family Health Center offer no -cost services Homelessness
<u>Basic needs ranked #5 on survey in 6-18 age</u>	Low-cost/free housing for veterans Utility costs
<u>Basic needs ranked #2 on survey in 19-64 age</u>	Boone County median household income 2012-2016: White = \$53,477 Black = \$29,902 Income inequality
<u>Strengths:</u> System uses data/surveys to track trends and discusses findings at networking opportunities	Lack of safe, affordable transportation choices
<u>Basic Needs Coalition</u>	Stagnant wage growth
<u>Project Homeless Connect</u>	Transit cash reserves will be negative by 2023
<u>Basic needs ranked #5 on survey in 65+ age</u>	American Community Survey 2012-2016 estimates 19.3% of Boone County residents live in poverty compared to 15.3% of MO residents
<u>Weaknesses:</u> How do we find other partners that want to help?	2012-2016: 19.3% of Boone County residents live in poverty 17% of white residents live in poverty 28.4% of black residents live in poverty In 2012: 19.1% of Boone County residents lived in poverty In 2012-2016: 22.4% of 18-64 lived in poverty In 2012: 22.8% of residents 18-64 lived in poverty In 2012-2016: 8% For 18-64 yr olds - 10.1% In 2012: 12.8% of 18-64 yr olds lacked health insurance
<u>Meet basic needs for everyone was ranked #1 in "what would most improve quality of life"</u>	2012-2016: Uninsured rate for black residents 12.1%, for hispanic 19.8%, for those with no high school degree 24.3% 2012: Uninsured rate for black residents 13.3%, Hispanic not available, for those with no high school degree 23.4%
<u>Safety net services ranked #5 in focus group community strengths: free health screenings, Services for Independent Living, Senior Centers, social service agencies</u>	Boone County Point-In-Time homeless count 2017: 265 homeless (44 unsheltered and 221 sheltered). 2016 county: 220 (45 unsheltered and 175 sheltered)

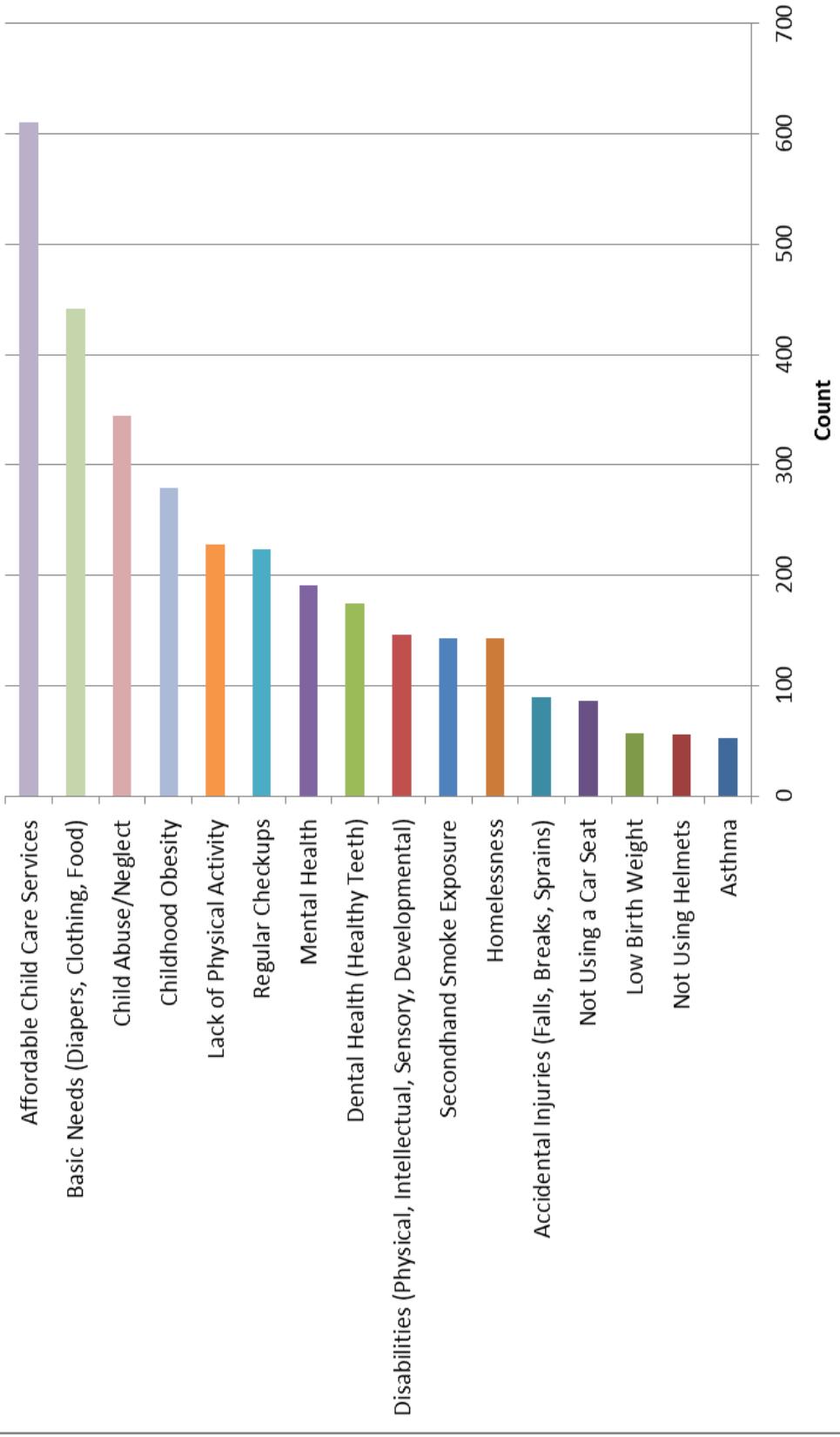
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APPENDIX G: 2018 Community Health Survey

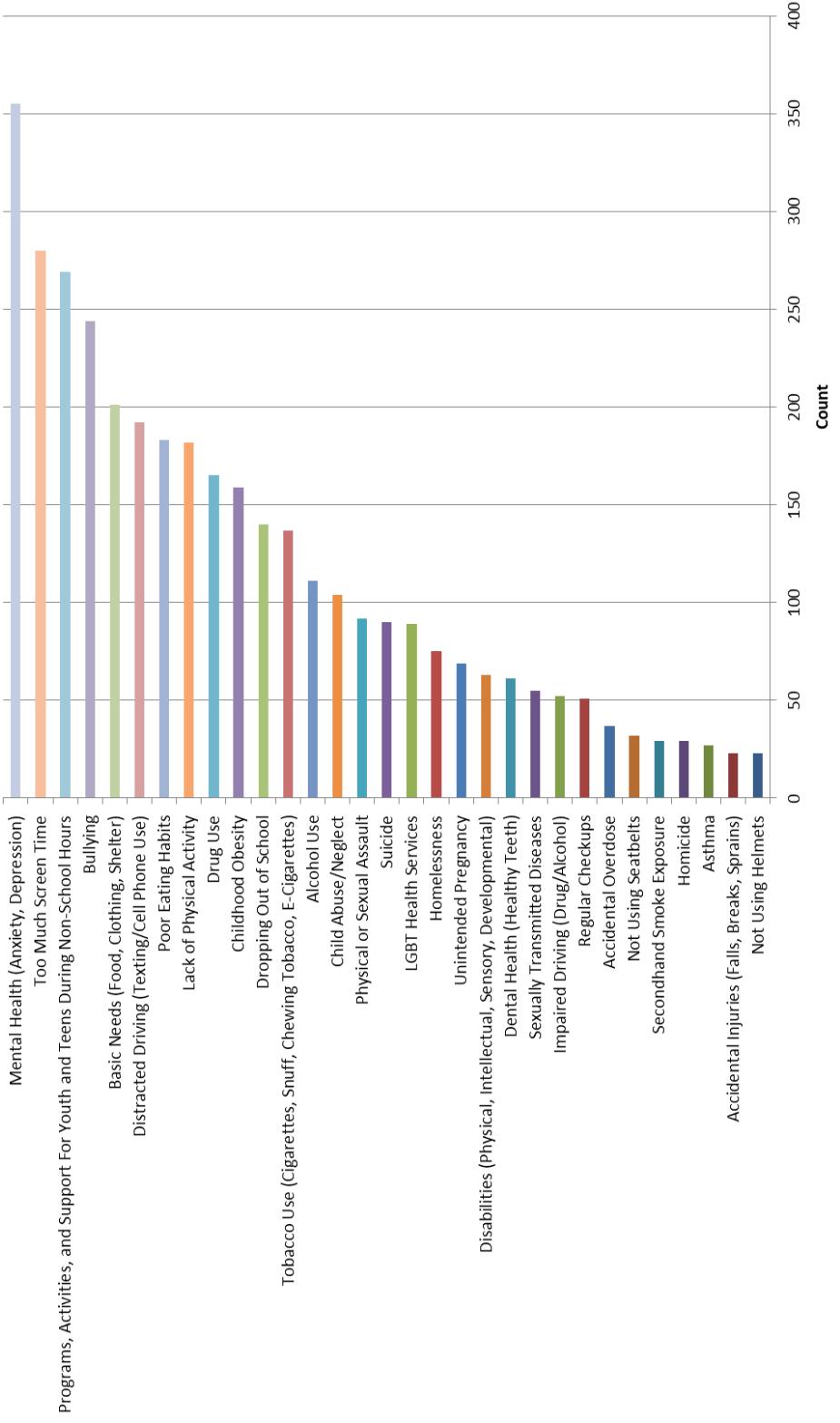
WHAT ARE THE GREATEST STRENGTHS OF YOUR COMMUNITY?



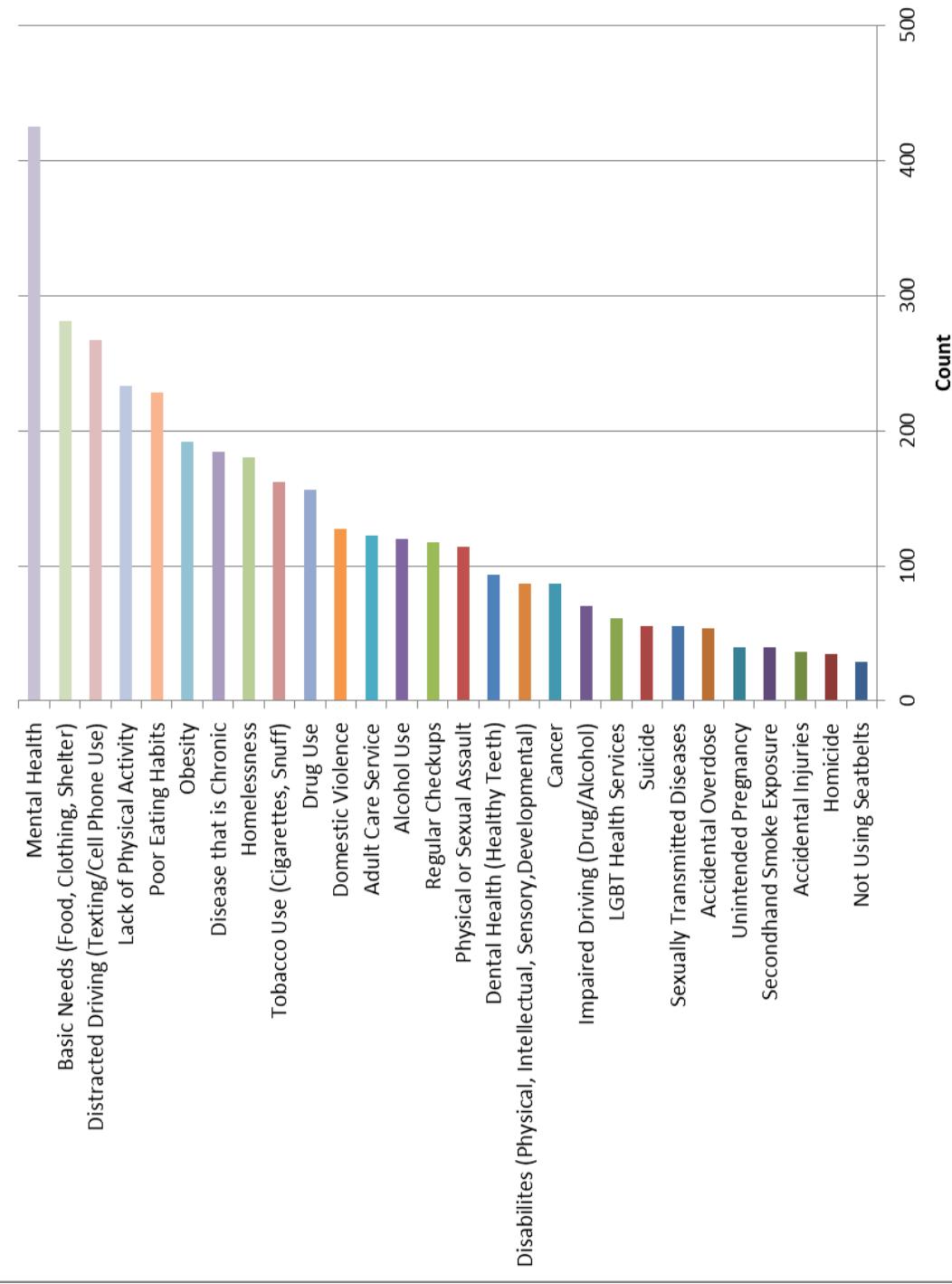
FOR CHILDREN AGES BIRTH TO FIVE (0-5), WHAT ARE THE MOST IMPORTANT ISSUES IN YOUR COMMUNITY?



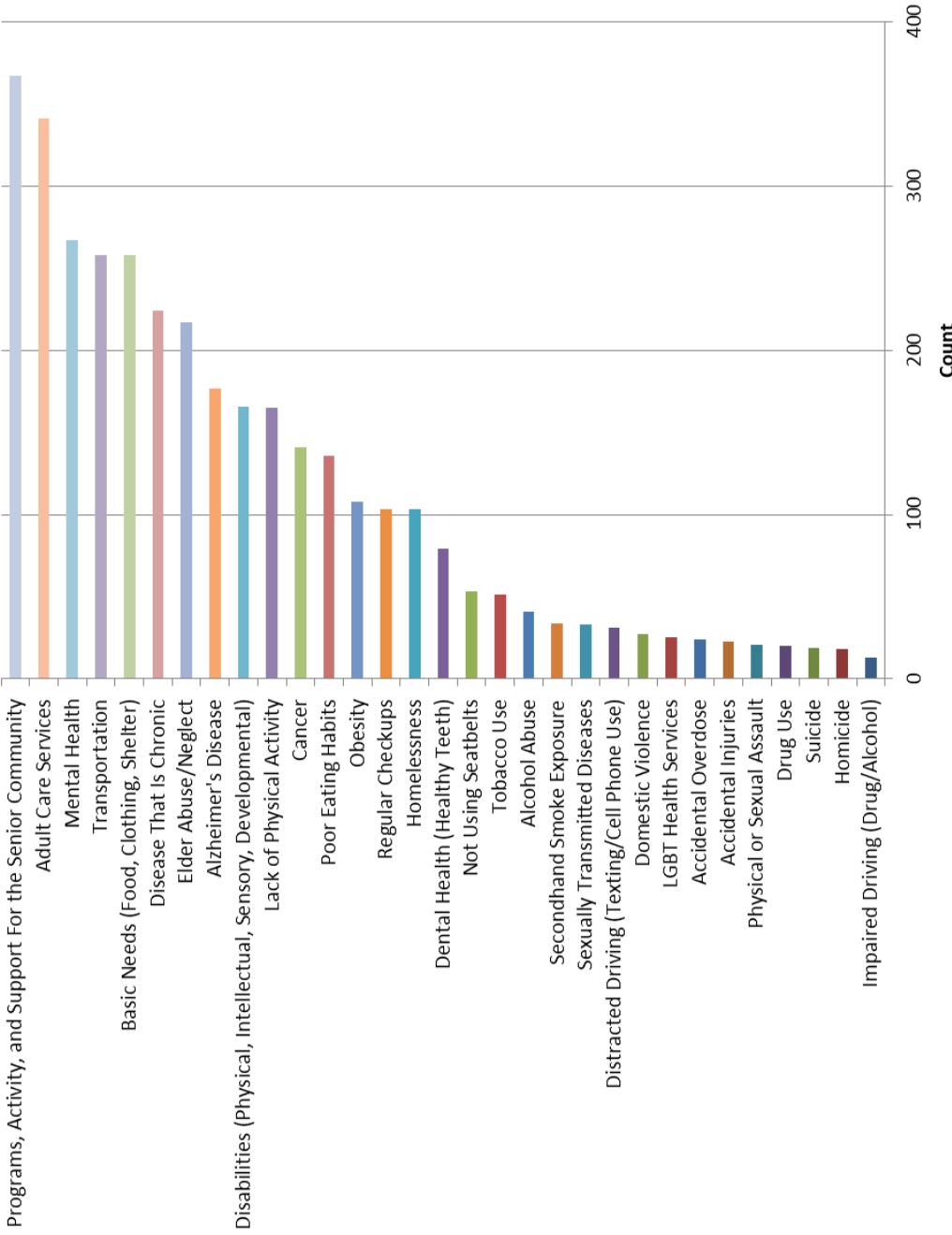
FOR CHILDREN AND YOUTH AGES SIX TO EIGHTEEN (6-18) YEARS OLD, WHAT ARE THE MOST IMPORTANT ISSUES IN YOUR COMMUNITY?



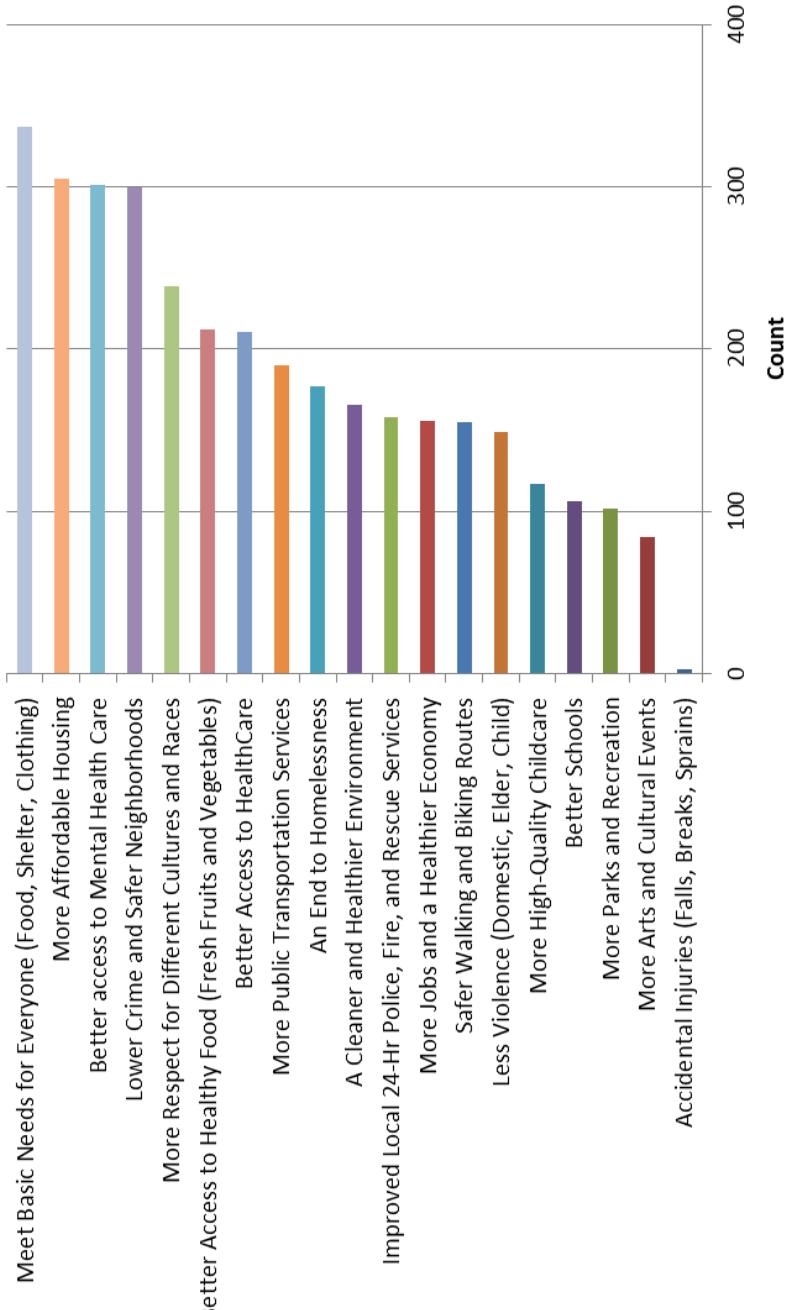
FOR ADULTS AGES NINETEEN TO SIXTY-FOUR (19-64) YEARS OLD, WHAT ARE THE MOST IMPORTANT ISSUES IN YOUR COMMUNITY?

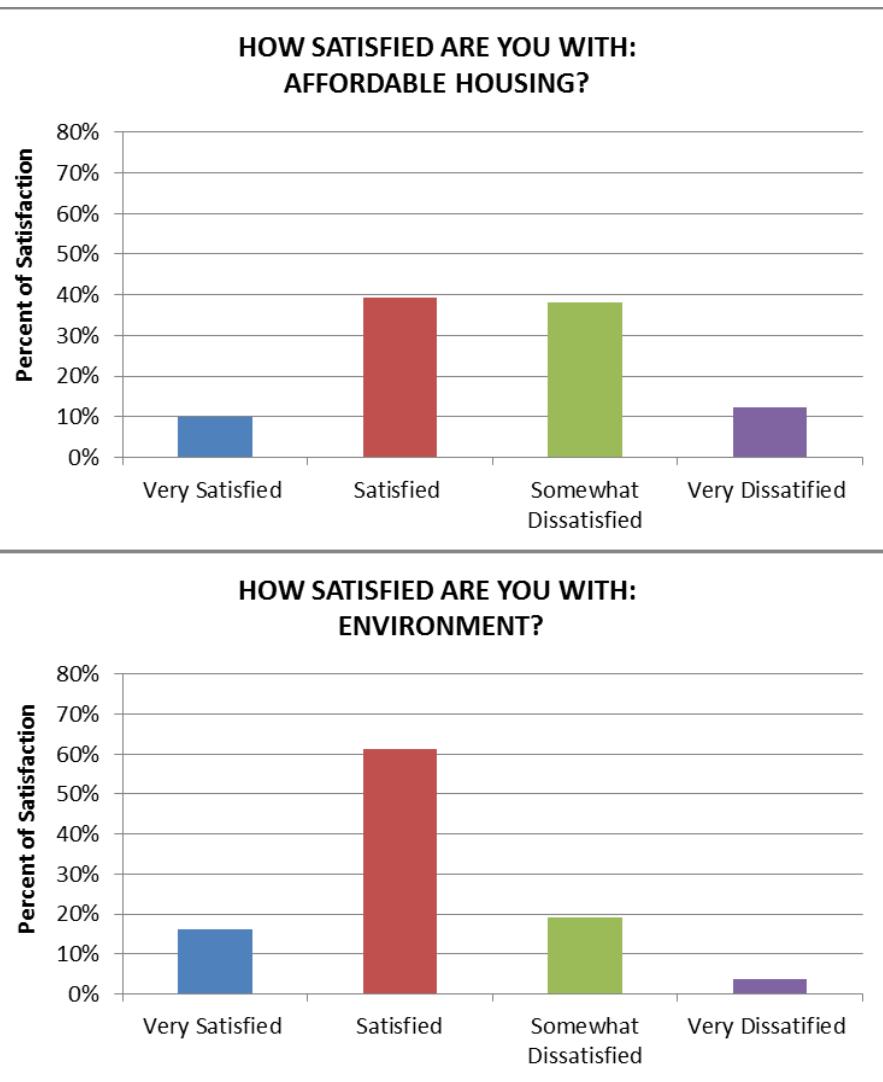


FOR ADULTS AGES SIXTY-FIVE AND OLDER (65+), WHAT ARE THE MOST IMPORTANT ISSUES IN YOUR COMMUNITY?

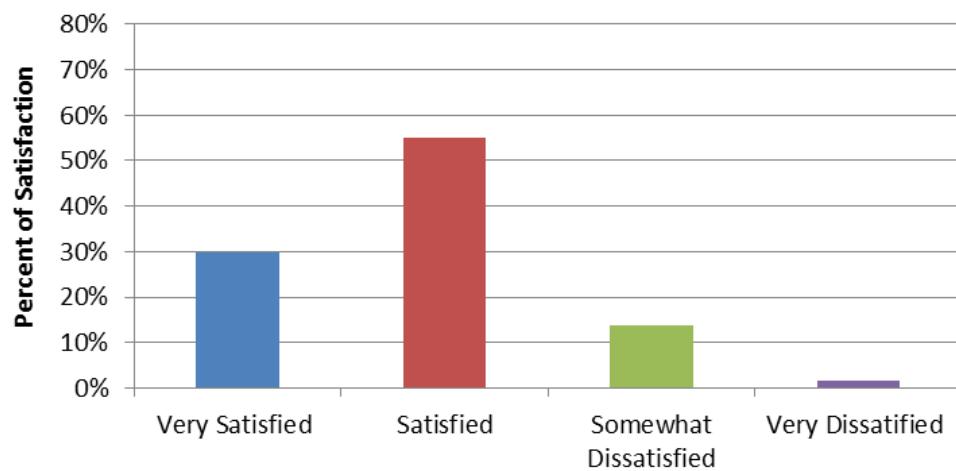


WHAT WOULD MOST IMPROVE THE QUALITY OF LIFE IN YOUR COMMUNITY?

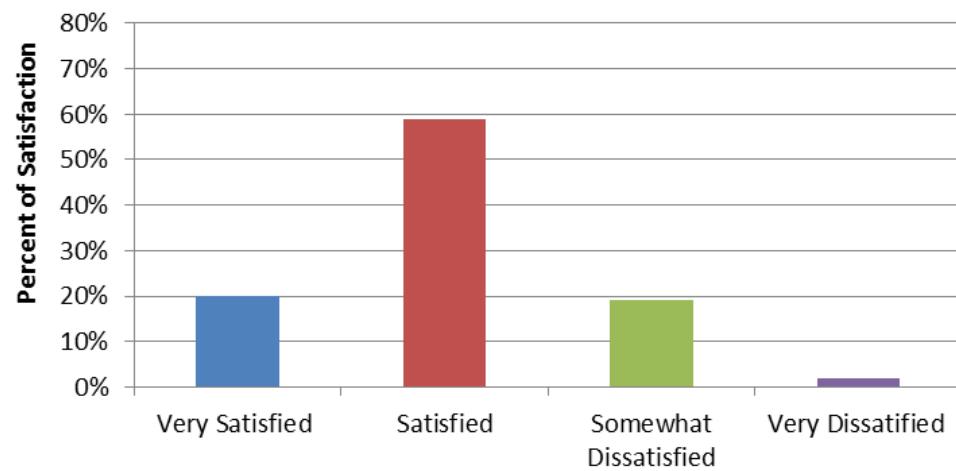




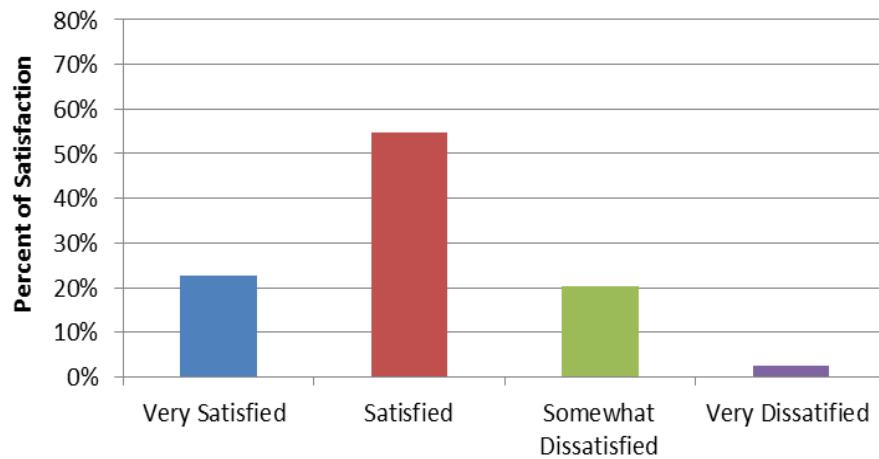
HOW SATISFIED ARE YOU WITH: EDUCATION?



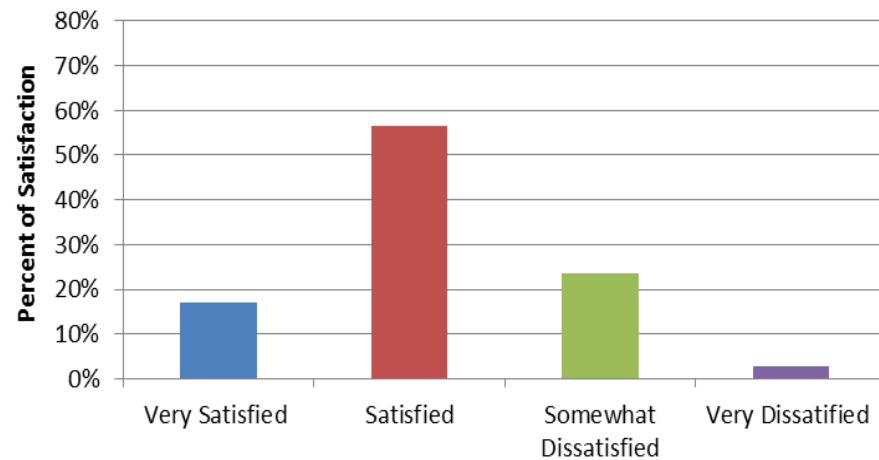
HOW SATISFIED ARE YOU WITH: RESIDENT ENGAGEMENT?

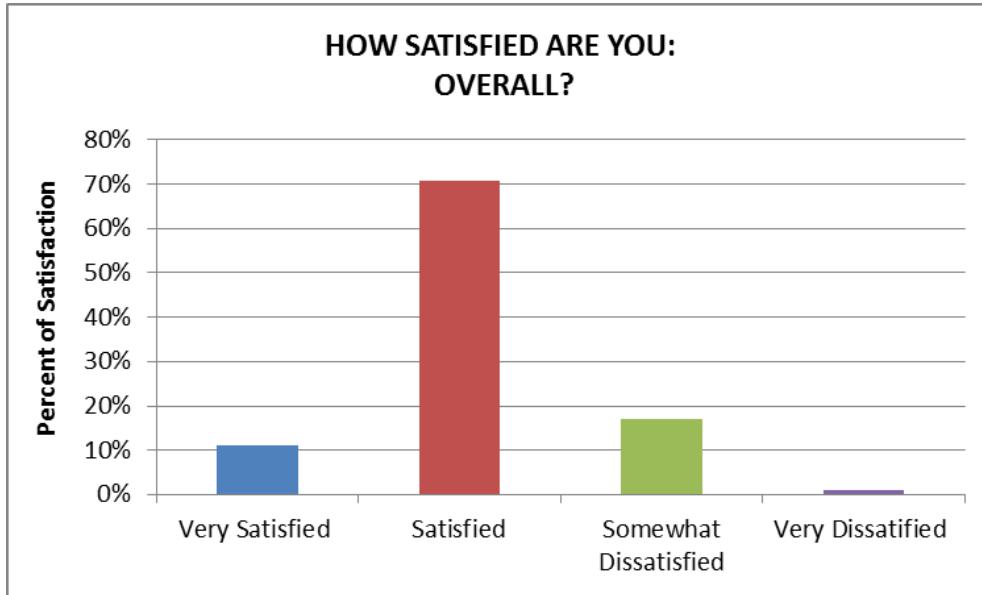
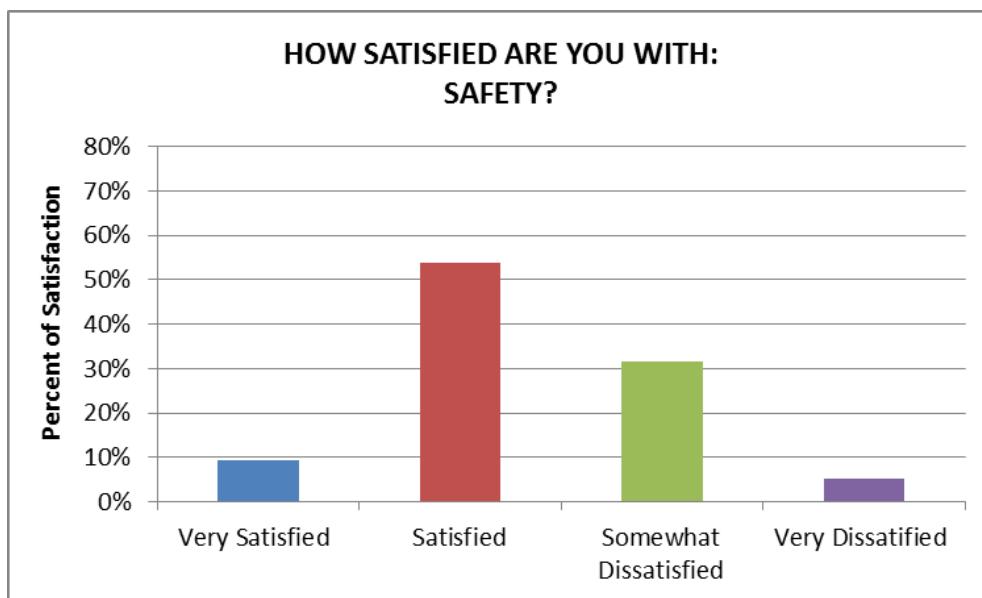


HOW SATISFIED ARE YOU WITH: HEALTH?



HOW SATISFIED ARE YOU WITH: EMPLOYMENT/ECONOMIC OPPORTUNITY?





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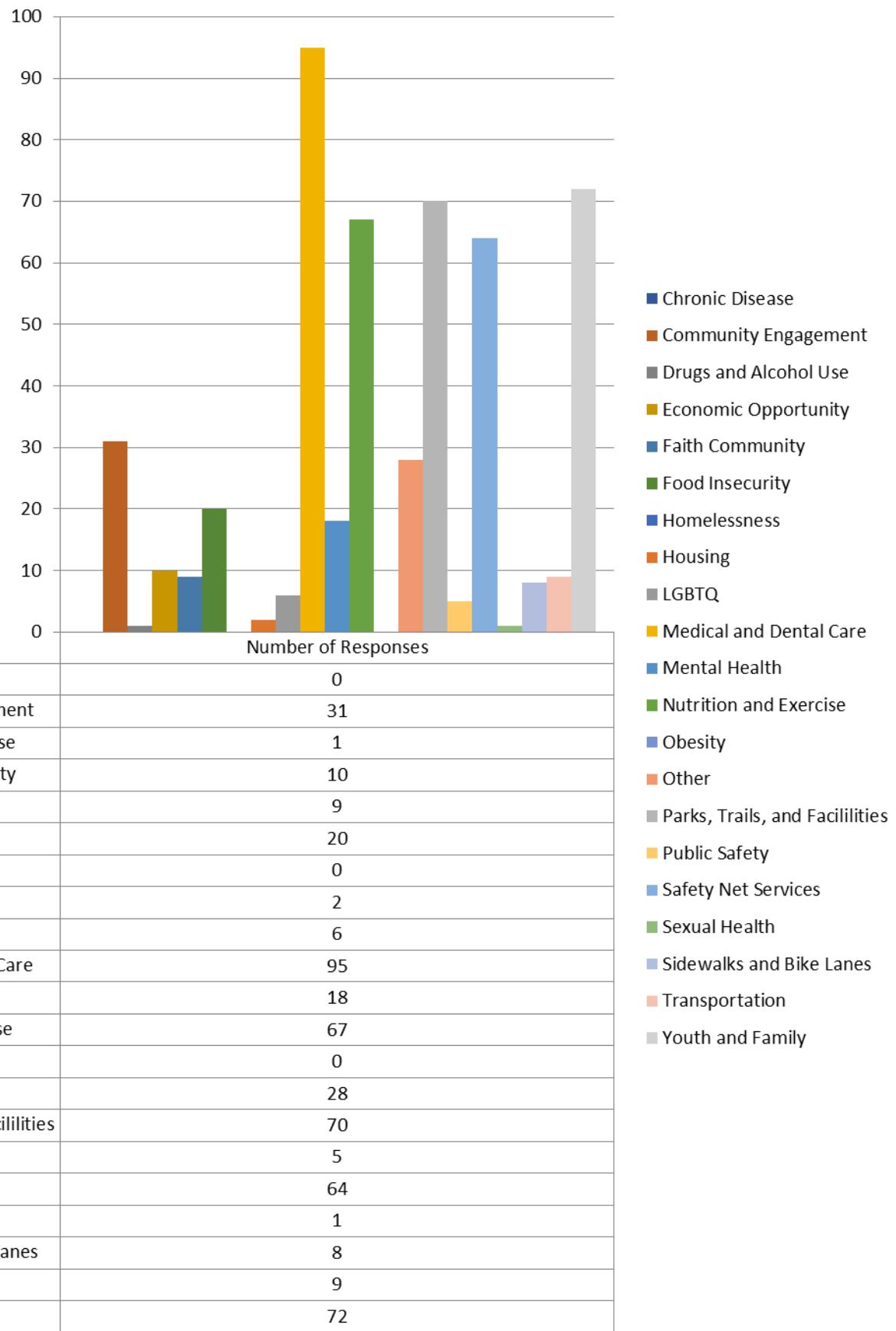
APPENDIX H:

Focus Group Summary From the Community Health Assessment

2018 Live Well Boone County

Focus Group Results

Q1: When thinking about health, what are the greatest strengths in our community?



Top Five Responses with example comments

Q1: When thinking about health what are the greatest strengths in our community?

Medical and Dental Care: access to care, access to medical facilities, access to specialized care, dental emergency department referral program, connected provider community, Family Health Center, multiple urgent care clinics

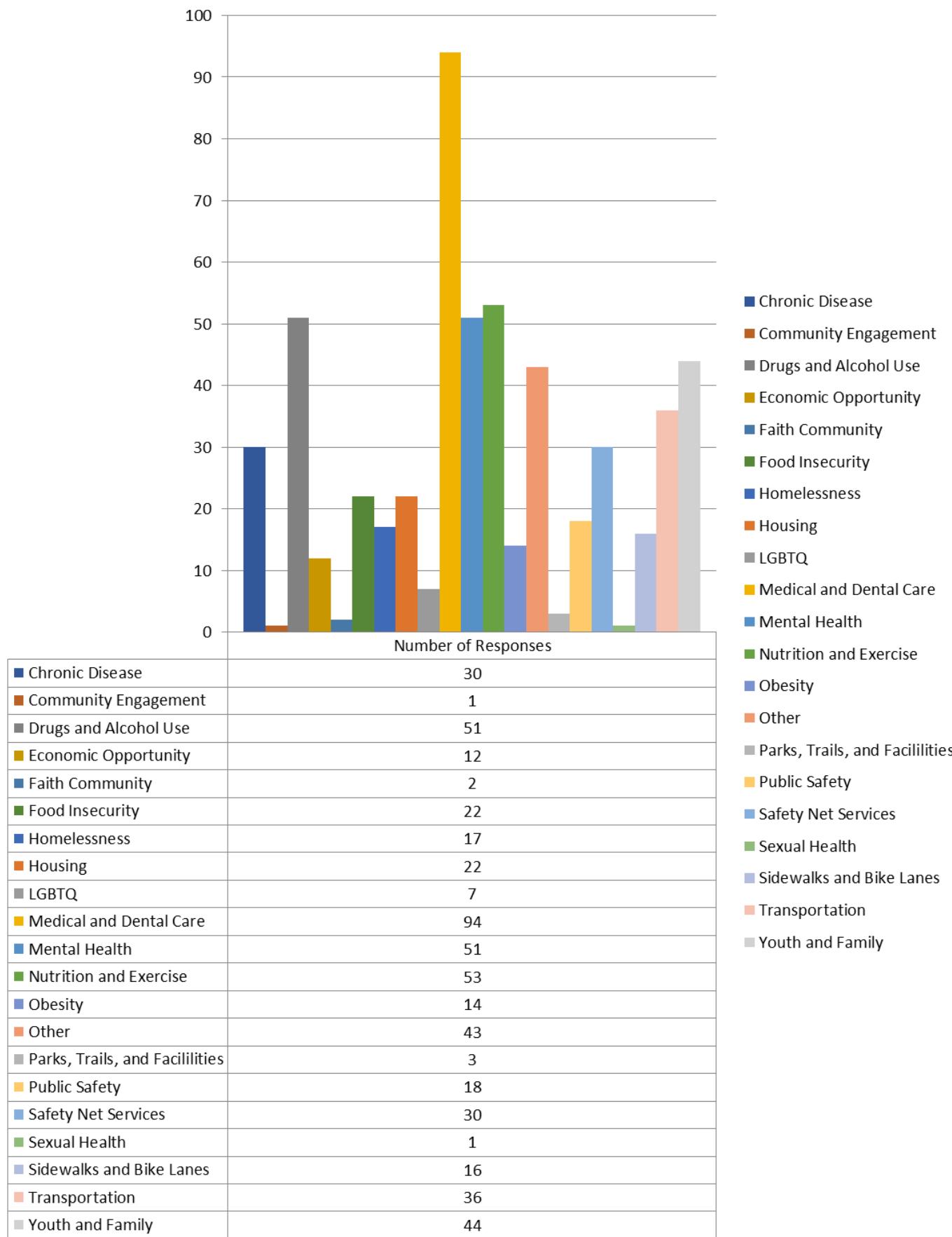
Youth and Family: after school programs, library, Big Brothers/Big Sisters, Optimist Club, Parents as Teachers, YMCA, Youth Empowerment Zone, sports, Fun Fest, Headstart

Parks, Trails and Facilities: available green spaces, trail system, ARC, dog parks, good facilities and paths for exercise and walking, Parklets, multiple parks, YMCA, Centralia Recreation Center

Nutrition and Exercise: Learning Garden, farm fresh food, community gardens, farmers markets, fresh fruits and vegetables in schools, outdoor activities, walkable communities, lots of sport options

Safety Net Services: Free health screenings, homeless support, access to healthcare for uninsured (MedZou, Family Health Center), Assistance League, Services for Independent Living, Senior Centers, nursing homes, community partnerships and referrals

Q2: What are the most important health related issues in our community?



Top Five Responses with example comments

Q2: What are the most important health related issues in our community?

Medical and Dental Care: access to insurance, dental care, high health costs, limited services in the rural area, lack of Spanish speaking providers, lack of Medicaid expansion, disconnect between doctors recommendations and public assistance programs, flu

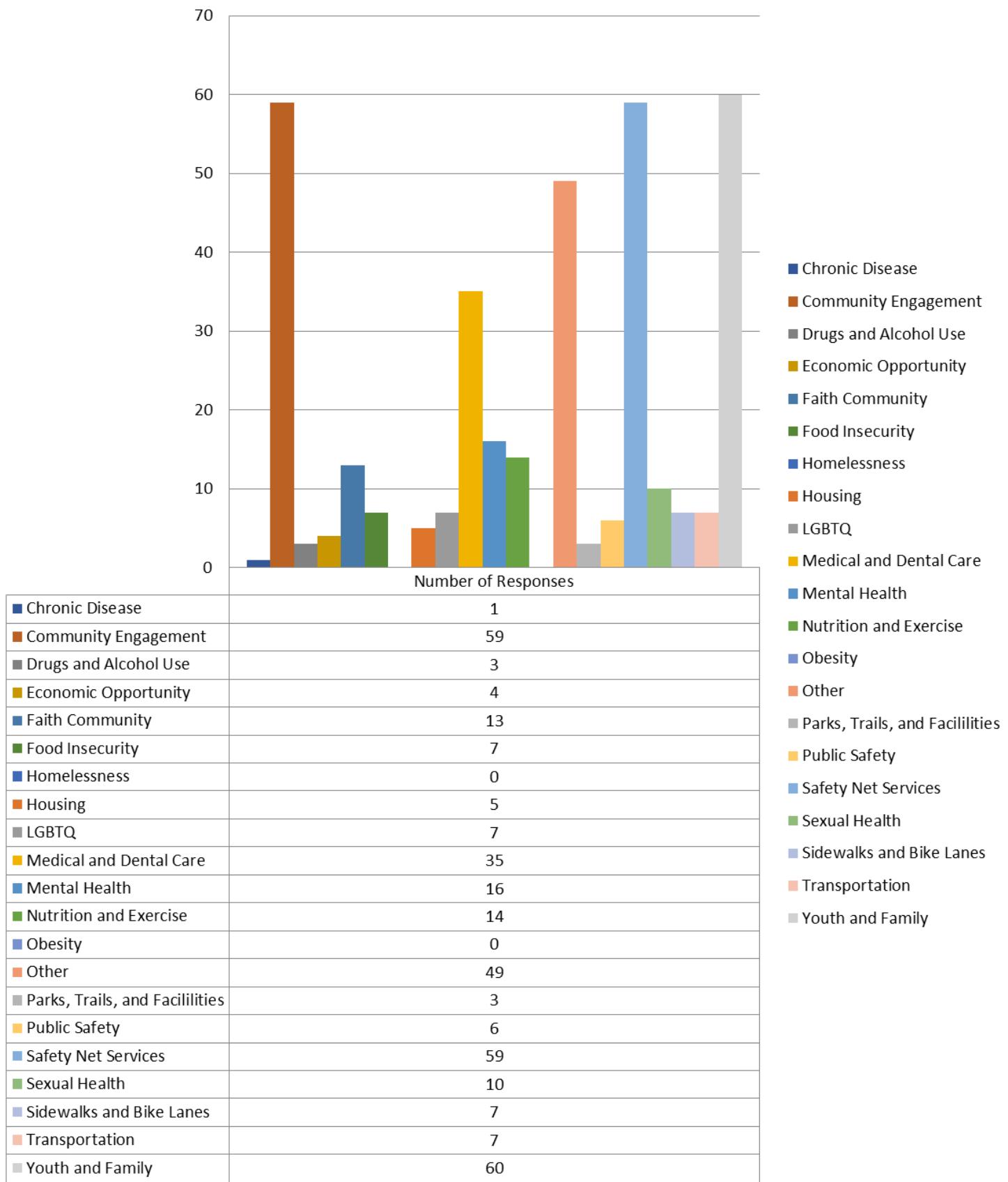
Nutrition and Exercise: poor nutrition, too much fast food, limited hours for Farmers Markets, lack of reduced cost/no cost physical activity programs, soda cheaper than water, inactive lifestyle

Drugs and Alcohol Use: drugs, addiction, liquor stores in low income areas, lack of treatment options for uninsured, excessive alcohol use, teens using drugs and alcohol, opiate use

Mental Health: mental health needs for all ages, not enough crisis mental health, lack of education for parents whose children have mental health needs, suicide, lack of mental health options for uninsured

Youth and Family: lack of affordable childcare, family instability, bullying, activities for non-athletic youth, excessive screen time, parental neglect

Q3: What would help us become a caring and inclusive community where everyone can achieve their optimum well-being?



Top Five Responses with example comments

Q3: What would help us become a caring and inclusive community where everyone can achieve their optimum well-being?

Youth and Family: parenting classes are needed, more programs for teenagers, more affordable daycare options, more volunteer opportunities for families, life skills for teens and parents, more opportunities for kids who aren't athletes, more access to early learning programs

Safety Net Services: housing and programs for the homeless, fewer restrictions on social services, more funding for agencies to increase the help they give, universal health care

Community Engagement: more community activities, more opportunities to learn about other cultures, more volunteer opportunities, more focus groups and community discussions, learning to respectfully dialogue, check on your neighbors and friends

Other: response numbers for individual topics are low, examples include: smoke free restaurants, mutual respect, more accessibility for those with disabilities

Medical and Dental Care: more options for dental care, health education, connection between mental health and physical health, 24/7 non-emergency care, increase collaborations between medical specialties, affordable mental health care

Focus Group Categories

Transportation

LGBTQ

Youth and Family

Nutrition and Exercise

Medical and Dental Care

Mental health

Food insecurity

Drugs and alcohol use

Homeless

Parks, trails, and facilities

Other

Sexual health

Sidewalks and bike lanes

Chronic disease

Obesity

Housing

Safety net services

Faith community

Community engagement

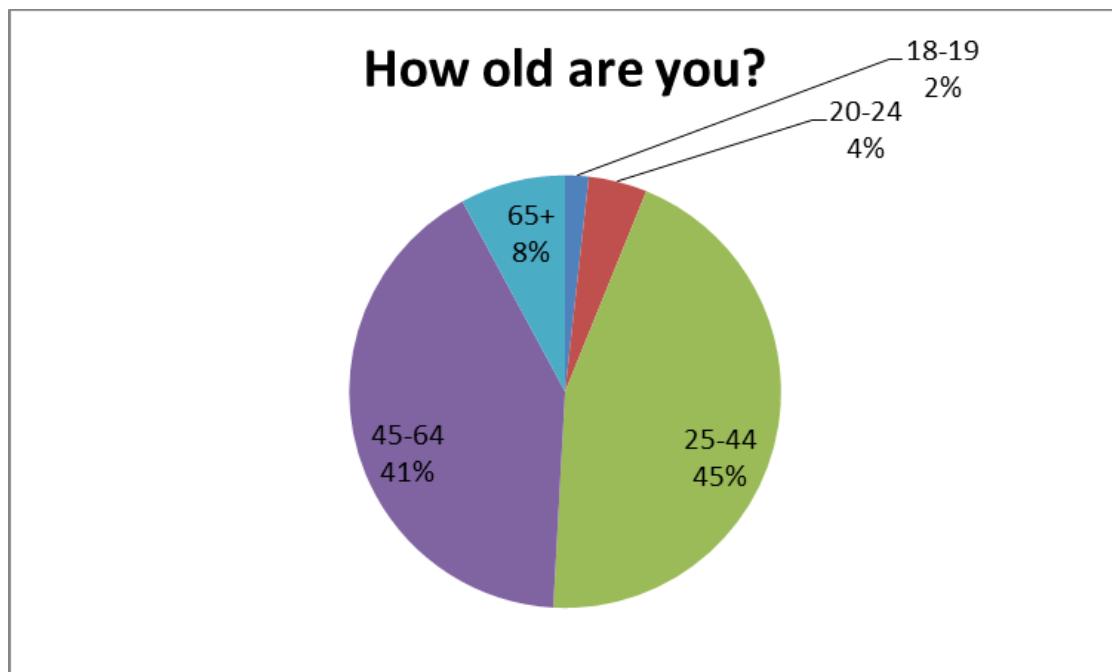
Public safety

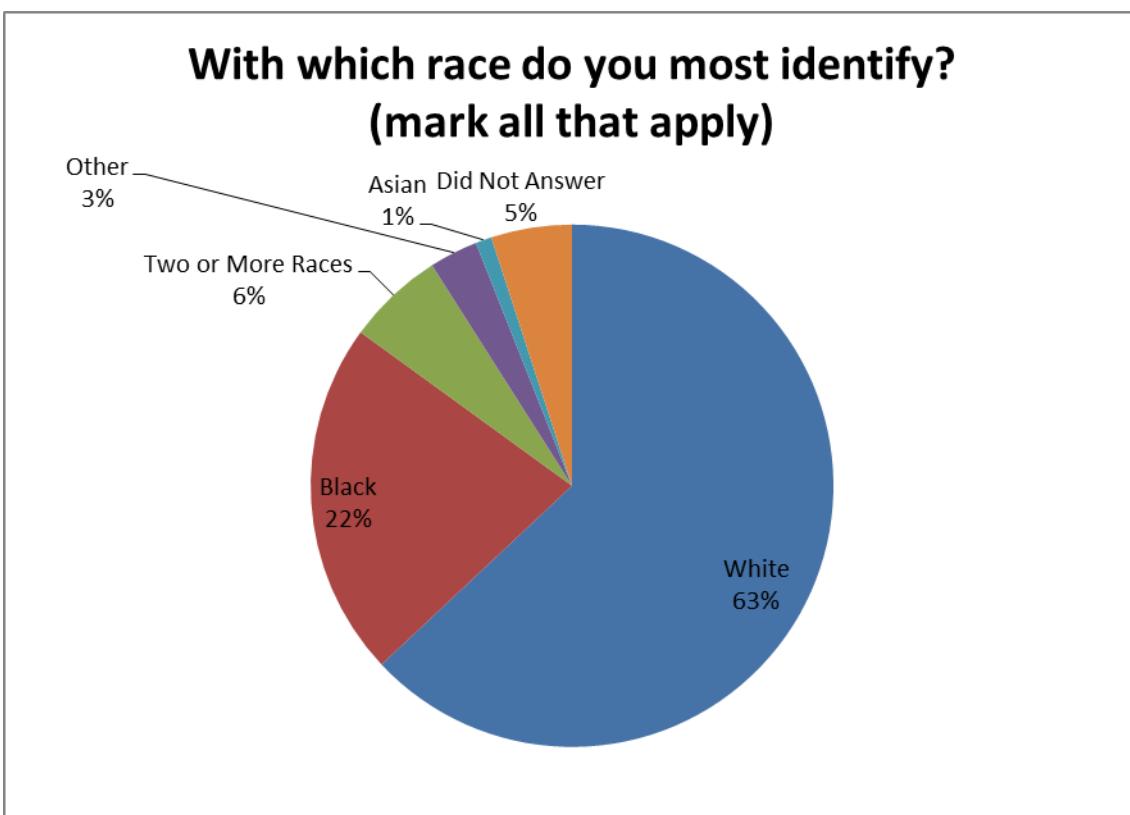
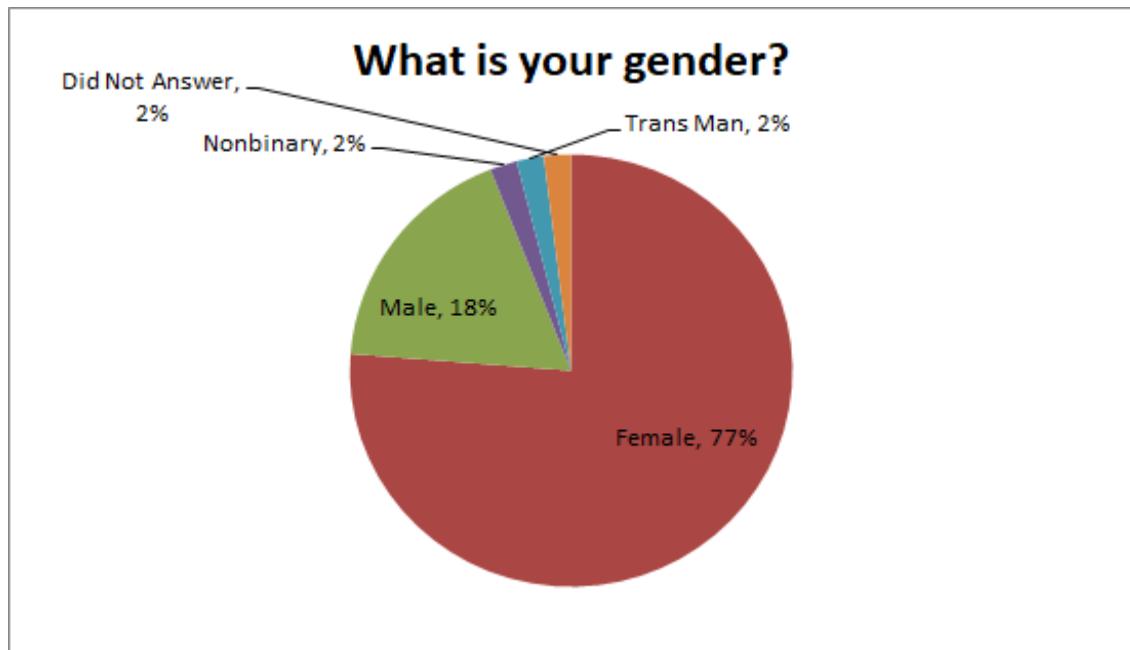
Economic opportunity

Focus group demographics

Focus Group Site	Number Attending
Ashland	13
Oak Towers	15
Family Health Center	12
Centralia	14
Columbia	14
Centro Latino	18
Turning Point	9
Columbia Public Schools	13
LGBTQ Student Center	8
Maternal Child Health	7
Child Health	5
Maternal Child Health Partners	6
Live Well by Faith	11
Services for Independent Living	8
Total	153

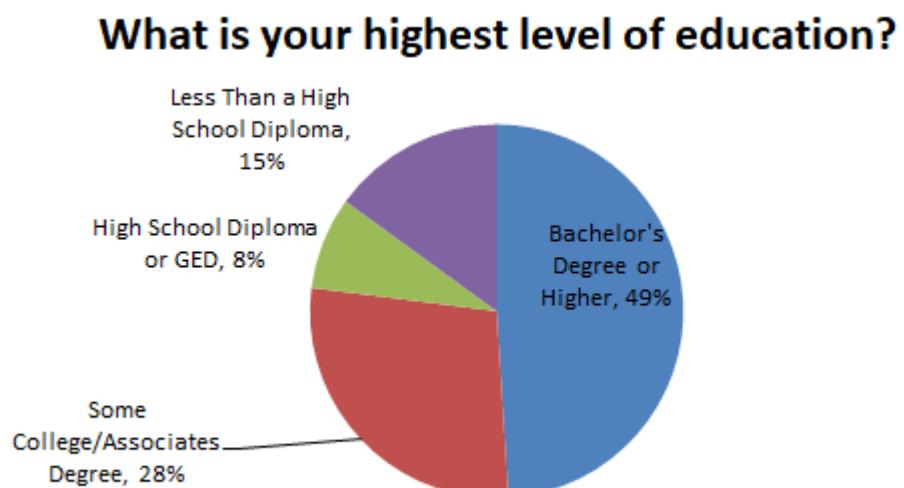
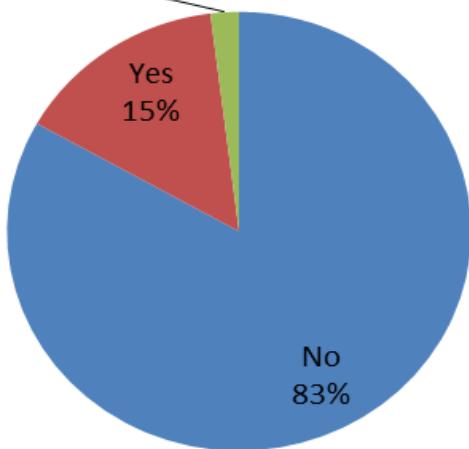
Note Demographic information was not collected on all participants nor was the collected information complete in all cases. These discrepancies account for the total number of responses below < 153.



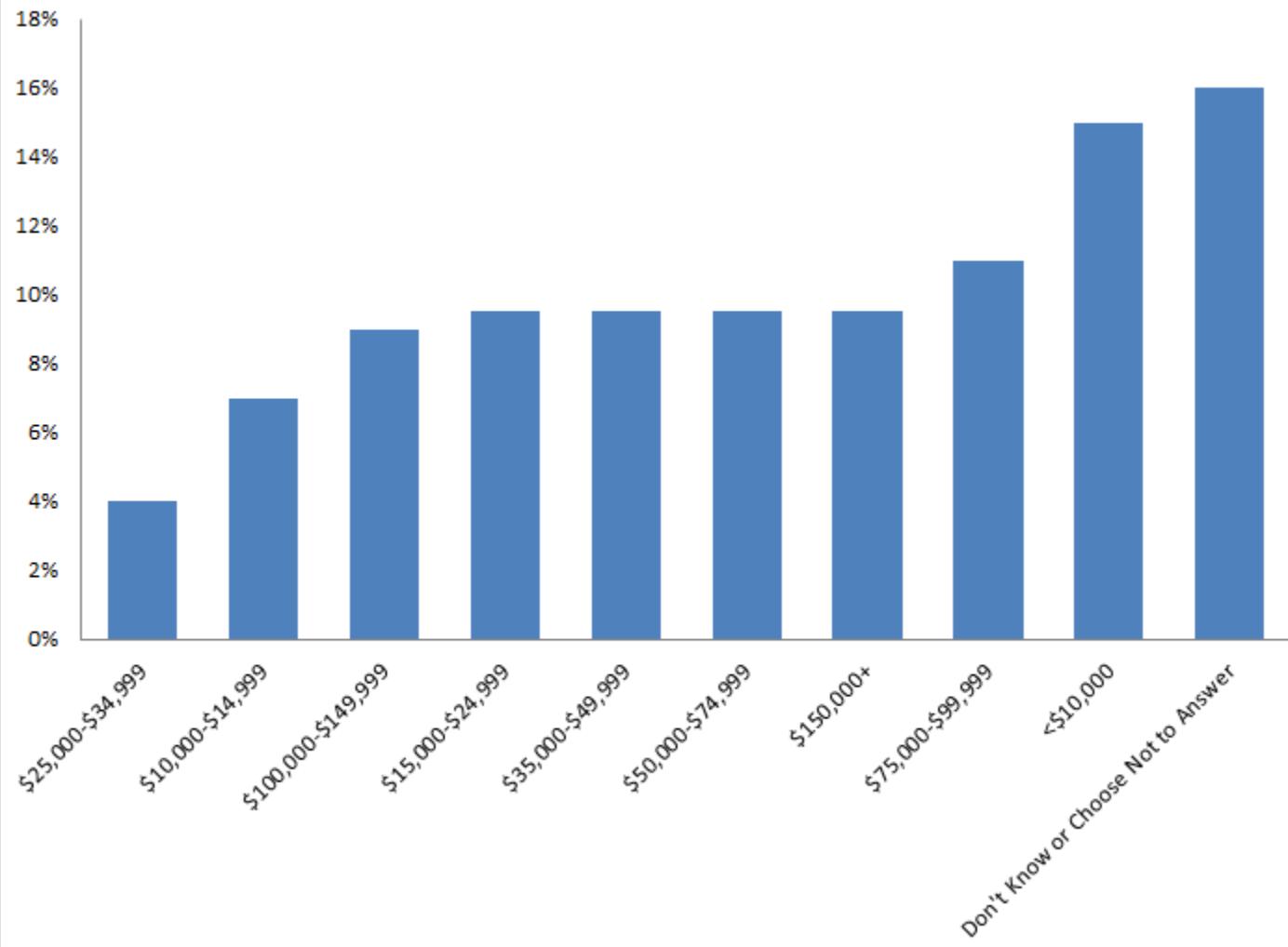


Did Not Answer
2%

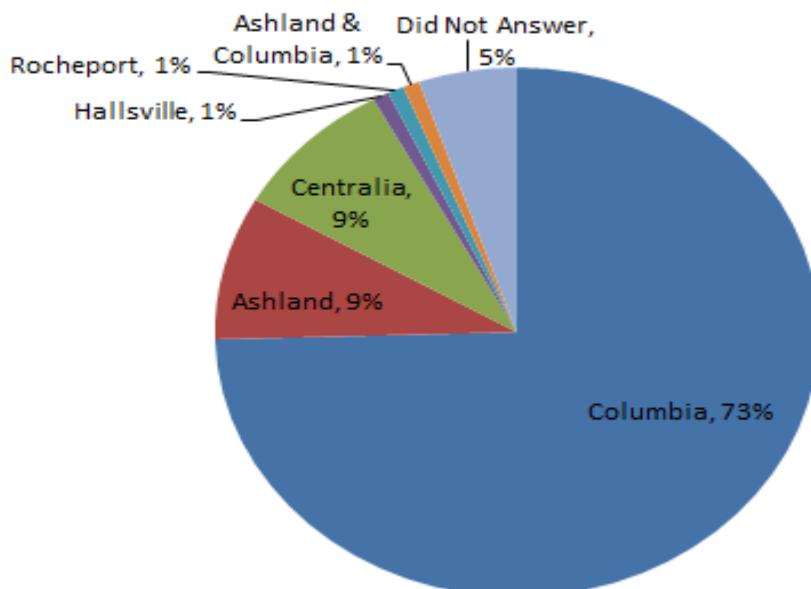
Are you Hispanic or Latino?



Household Income (yearly)



What is your community?



APPENDIX I: Asset Mapping

Safe, Healthy, and Affordable Housing

Obstacles	Assets	Assets in other communities (not Boone)
transportation	Community Development Block grant and housing-home repair and purchase	new/affordable housing outside of Columbia
state regulations	Columbia Housing Authority	inclusionary planning and zoning
wealth disparity	Habitat for Humanity	indoor air quality
lack of options/availability (quality)	Columbia Square	
student housing	Bethel Apts	
property management (esp. county)	MU Extension	
cultural attitude	United Way	
planning/zoning	Section 8 (Ashland)	
healthy indoor environments (smoking, mold, lead, etc.)	Columbia Board of Realtors	
affordable childcare	Woodhaven	
lack of information	Central Missouri Community Action Agency	
justice system	Alternative Community Training	
legal information (rights)	Services for Independent Living	
financial institutions	Reality House	
utility costs	Boone County Family Resources	
bureaucracy	Columbia Water and Light	
political/social bias	Boone Electric	
building codes for existing units	Columbia Office of Neighborhood Services	
ADA	Rainbow House	
location, location, location	Community Land Trust	
pets- (support/service)	Columbia Homelessness Outreach Team (CHOT)	
exclusionary lending	Boone County Function Zero Task Force	
	Basic Needs Coalition	

Mental Health

Obstacles	Assets	Assets in other communities (not Boone)
local/state/federal funding resources are stretched	Missouri Psychiatric Center	coordinated approach to addiction treatment/pregnancy treatment courts
stigma	Phoenix	
waiting list	Jail	coordination for maternal depression
transportation	Centerpointe	knowledge/better coordinated mental health care
childcare	Burrell	team approach (assertive community treatment)
lack of providers/hard to recruit	Compass	no coordinated entry/access center for mental health
lack of Medicaid expansion	Family Access Center for Excellence	telehealth
lack of integrated data	school counselors	detox centers
community awareness/support	Intersection on Ash Street	safe consumption site (needle exchange)
cultural/language barriers	Family Health Center	drug testing site
intersection of mental health and addiction	Great Circle	Spanish speaking mental health provider
silo'd Department of Mental Health		trauma informed care
no holistic approach		
more prevention/screening		

Medical and Dental

Obstacles	Assets	Assets in other communities (not Boone)
universal healthcare transportation to appointments, pharmacy, and physical therapy current list of medicaid providers	Family Health Center MedZOU MU Hospital	trauma informed care coordination for maternal depression telehealth
interpreters funding changes-block grant	Veteran's Hospital Planned Parenthood	oral surgeons that accept Medicaid resources for cancer and/or dialysis for undocumented; diagnostic services for undocumented
lack of community awareness of providers no Medicaid expansion legislation	Columbia/Boone County Public Health and Human Services South Providence MUHC	hearing aids; dental needs; dentures experimental medical treatments
health literacy (insurance coverage; connection between oral health and physical health) medical navigators for preventive care obtaining insurance	Hyvee Quick Care W. Broadway Hyvee Quick Care Nifong Hyvee Quick Care Conley Kilgore's on Providence	
lack of providers who are advocates for underserved patients lack of LGBTQ friendly providers	Kilgore's in Ashland Kilgore's on Chapel Hill	
lack of dental providers for under-insured medicine costs	Phoenix House Burrell at Stephen's Lake Park	
cultural competency	Burrell on Berrywood	
lack of trauma informed providers providing trauma informed care	Women's and Children's Hospital McCambridge	
lack of psychiatrists	Boone Hospital	
lack of suboxone prescribers/providers being homeless	Providence Urgent Care N. Stadium Providence Urgent Care Nifong	
lack of phone and/or permanent address copay costs for healthcare	Providence Urgent Care Trimble Rd Boone Convenience Care	
no focus on environment or behaviors that impact outcomes	Hep C Alliance	

	Namaste	
	University of Missouri Health Care- Ashland	
	Boone Clinic Ashland	
	University of Missouri Health Care- Family Medicine Smiley Lane	
	Family Health Dental Center Providence	
	Family Health Dental Center East	
	University of Missouri Health Care- Family Medicine Keene St	
	University of Missouri Health Care- Centralia	
	Dr. Sooye on Providence	
	Boone Clinic at Forum and Nifong	
	Boone Medical Group Hallsville	
	MU Student Health	
	Walmart Eye Clinic W. Broadway	
	Walmart Eye Clinic Conley Rd	
	Walmart Eye Clinic Nifong	
	Thompson Center	
	Focus on Health	
	Rusk Rehab	
	Landmark Hospital	
	Ellis Fischel	
	Family Counseling Center	
	Ashland Dental office	
	PhysZOU	
	Advanced Radiology	
	Boyce & Bynum	
	Family Health Center pediatric oral surgeon	
	Tiger Peds	

	mail order pharmacies
	BHG- Behavioral Health Group
	Compass Health Network
	Big Tree Medical
	Dialysis Clinic, Inc.
	Davita
	Spectrum
	Dr. Murphy Ashland
	Endocrinologist at MU

Basic Needs Obstacles	Assets	Assets in other communities (not Boone)
transportation	United Way	resources for cash so people can avoid payday loans
funding	web based resources	
high paying jobs (living wage) with benefits	Family Health Center	
moving people off the safety net	Dept of Social Services	
lack of info about what is available	Voluntary Action Center	
opportunities to build social capital	Columbia/Boone County Public Health and Human Services	
gaps in services for adults without children	Lutheran Family Services	
affordability	True North	
uninsured/under-insured	Central Missouri Community Action Agency	
workforce-staff to provide services	Love, INC	
time	Family Access Center For Excellence	
education/knowledge	Housing Authority	
people moving further out to afford housing-then they are further away from transportation and access to other basic services	Salvation Army	
access to transportation (time and place)	Burrell	
policy that addresses who can access services	Mid Mo Legal Services	
lack of diversity in health care professionals, schools, safety net services	Parents as Teachers	
ability of access to safety net services outside of 8-5 M-F	First Chance for Children	
living wage jobs and those that include healthcare	Veterans' Administration	
access to healthcare insurance not associated with employment	schools	
social stigma associated with seeking help	Welcome Home	
never enough money- never enough resources	Phoenix	
	food bank	
	Wilkes Blvd church	
	Family Impact Center	

	Boys and Girls Club
	Grade A+
	Boone County Family Resources
	Columbia Housing Authority Blind Boone Center
	University/Boone
	Women, Infants, and Children's program
	Services for Independent Living
	Job Point
	Great Circle
	Community Development Block Grant and Home Investment Partnership Program office emergency rooms
	Job Point
	Turning Point
	St. Francis House
	police
	churches
	Live Well By Faith
	Worley Street Round Table
	Go COMO
	Get About
	taxis
	Bird scooters
	bike to the future
	Para-transit
	OATS
	sustainable farms
	library
	book mobile
	CARE program

APPENDIX J: PEARL Handout



Do Our Strategies Measure Up: The PEARL Test¹

Circle Yes or No

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

PEARL stands for:

P: Propriety

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

Y / N

E: Economics

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

Y / N

A: Acceptability

Will the stakeholders and community accept the strategy?

Y / N

R: Resources

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

Y / N

Are community partners likely to contribute resources to enable implementation?

Y / N

L: Legality

Do current laws allow the strategy to be implemented?

Y / N

¹ Adapted from MAPP: A User's Handout

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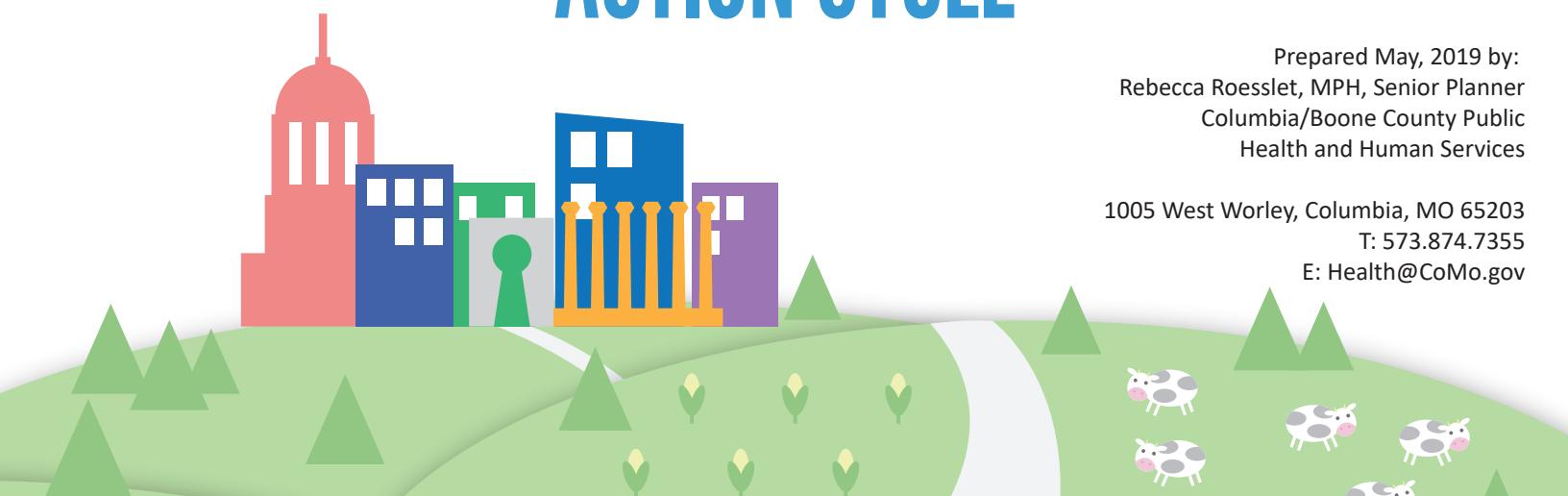
PHASE SIX: ACTION CYCLE

Prepared May, 2019 by:
Rebecca Roesslet, MPH, Senior Planner
Columbia/Boone County Public
Health and Human Services

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EXECUTIVE SUMMARY

The Action Cycle is the sixth and final phase of the Mobilizing for Action through Planning and Partnerships (MAPP) process. During this phase, the action teams used goals and strategies developed in the previous phase to develop action plans for each of the four strategic issues. Phase Six was initiated in January 2019 and will continue until the end of 2023. Each action plan contains measurable objectives, activities, and performance measures. The action plans will answer the following questions:

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

Action plans are dynamic, changing as the needs of the community change. Updates are published annually and highlight the successes, as well as failures, of the previous year's work.

OUR PROCESS

Phase Six began with the January 2019 Steering Committee meeting. This meeting included a presentation from a representative of each of the four action teams. Representatives shared the draft goals and strategies of their team as well as data from the community health assessment that supports the work of the team. Steering Committee members considered the following questions:

- *Will the community support these goals and strategies?*
- *Is there anyone missing from the action teams?*
- *Are there patterns/themes emerging?*
- *Any conflicts or misalignments?*
- *Will stakeholders feel heard?*
- *Is it grounded in data?*

Action teams began meeting in January 2019. Each action team meeting was facilitated by the external contractor, with logistical support from the Live Well Boone County project manager. The facilitator designed each meeting of the action teams, with a consistent format, agenda, and meeting outcomes for each of the four teams (**Appendix A**). Agendas and meeting outcomes were adjusted, as needed, by the external contractor to meet the needs of each action team.

The first meeting of the action teams began with a review of the feedback provided by the Steering Committee. Goal statements and strategic questions were finalized. Groups reviewed a worksheet on objectives (**Appendix B**), action plans from the 2014 Community Health Improvement Plan (**Appendix C**) and an action plan template (**Appendix D**). As time permitted, objectives were developed.

The second meeting of the action teams began with reviewing and finalizing objectives. Performance measures were developed, as well as targets and activities. Baseline data to be collected was noted where appropriate.

In the third and final action team meeting, members reviewed the action plans of the other teams to identify areas of alignment and/or potential conflict. Action plans were finalized and individuals and organizations that have accepted responsibility for implementing the strategies were noted. As the team members represent a cross-sector of the larger public health system, they selected to keep the entire team as the responsible party for strategy implementation. Action teams agreed to the use of common language, terminologies, and 2023 as the target date for completion.

OUR PROCESS

Action plan development concluded with the May 2019 Steering Committee meeting. At this meeting, leadership from each of the four action teams presented their action plan for the Steering Committee's consideration. While reviewing the plans, Steering Committee members were asked to consider the following questions:

- *How are this action plan's goals and strategies true to the data from the four assessments?*
- *How do the goals and strategies presented consider underrepresented racial and ethnic minorities and people with disabilities?*
- *How well would our stakeholders understand these action plans?*
- *How strongly would stakeholders who participated in our planning process believe we heard them and built a plan around their collective needs?*
- *How realistic are the targets in this plan based on our resources and other environmental factors?*
- *Where do you see connections, overlap, and synergy among these four action plans?*

Minor edits were made to the plans based upon Steering Committee recommendations. Future plans for the implementation of this Community Health Improvement Plan include a meeting of the Live Well Boone County Community Partnership to introduce the action plans; an evaluation of this planning process (November 2017-May 2019); and the continuation of the Steering Committee.

RESULTS

The results of this phase are the final action plans. As previously mentioned, the action plans are dynamic and will be modified as the needs of the community change. Action plans will be updated annually for the CHIP annual report. At the time of this publication, baseline data and target data are in development for several performance measures.

Mental Health

Goal: Increase awareness of mental health issues, resources, and services for all Boone County residents				
Strategy 1: Provide health professionals, law enforcement, and first responders education to identify signs of mental health and substance use issues and referral resources				
Objective	Activities**	Performance Measures	Baseline	Targets
Increase the number of health professionals, law enforcement, and first responders receiving training on mental health and substance use issues and resources	Provide training on having discussions around mental health and substance use with people and how to refer Continue and enhance training for first responders and law enforcement responding to calls associated with mental health issues Develop an online repository of resources in Boone County Create an ambassador program for mental health resources	Number of health professionals trained Number of first responders and law enforcement trained Creation of an online repository Number of mental health ambassadors	0 0 0 0	100 health professionals 100% law enforcement 50% Fire/EMS One repository 25 mental health ambassadors
Strategy 2: Develop and implement a media campaign for the adult population to reduce stigma				
Objective	Activities**	Performance Measure	Baseline	Target
Increase the number of adults receiving messages supporting mental wellness	Expand strategy team to include key additional partners Define adult population groups for messaging Review existing campaigns to identify appropriate ones for the target population Secure funding to develop and implement campaign	Number of people receiving messages	0	20% of the target population

***Action team members are responsible for carrying out the activities*

Medical and Dental

Goal 1: Identify and reduce barriers in access to health care

Strategy 1: Increase awareness among Boone County residents, providers, and referral agencies of currently available health resources and how to access them

Objectives	Activities**	Performance Measure	Baseline	Targets
Increase the number of Boone County residents who receive information about available health resources	Expand the action team to include key additional partners Inventory available resources in Boone County Identify and review existing campaigns Develop an awareness campaign Partner with Mental Health action team around the campaign Identify the funding needed for a campaign Partner with Boone County Community Services for an online resource guide	The number of residents that receive information about available health resources	0	50,000 residents
Increase the number of agencies and providers engaged in a collaborative to address barriers in accessing health resources	Identify existing collaboratives Form/convene collaborative Educate the collaborative on barriers and available resources Develop an action plan	The number of agencies and providers engaged in a collaborative	To be established	To be established

Strategy 2: Promote the use of community health workers from underrepresented and underserved communities (racial and ethnic minorities, low-income, and people with disabilities)

Objective	Activities**	Performance Measure	Baseline	Target
Increase the number of community health workers from underrepresented and underserved communities that assist with access to care	Inventory existing number of community health workers and develop an action plan to increase the number	Number of community health workers in Boone County from target populations	To be established	To be established

Goal 2: Improve health behaviors and environments

Strategy: Implement community-based interventions to promote health and reduce health disparities

Objectives	Activities**	Performance Measures	Baseline	Target
Decrease heart disease mortality in Boone County	Screenings Education about yearly exams, heart disease prevention and management, including places to access care Promote health at worksites, churches, schools, child care, etc.	The annual rate of heart disease mortality in Boone County	145/100,000 Annual heart disease death rate	130/100,000 Annual heart disease death rate
Decrease diabetes hospitalizations in Boone County	Screenings Education about yearly exams, diabetes prevention and management, foot care, including places to access care Promote health at worksites, churches, schools, child care, etc.	The annual rate of diabetes hospitalizations in Boone County	20/10,000 Annual rate of diabetes hospitalizations	15/10,000 Annual rate of diabetes hospitalizations

**Action team members are responsible for carrying out the activities

Safe, Healthy, and Affordable Housing

Goal 1: In coordination with existing systems, ensure all housing is safe, healthy, affordable, code compliant, and energy efficient

Strategy: Identify and implement policies that guarantee everyone has access to safe, healthy, and affordable housing

Objectives	Activities**	Performance Measure	Baseline	Target
Add or improve decision-making processes to include health and equity criteria	Create and implement a tool to be used by decision-makers to incorporate health and equity criteria in decisions	Add equity impact to Council/County memos	0	100% for Columbia Boone County to be determined
Increase the percentage of rental properties that are energy efficient	Provide education to rental property owners on programs to improve energy efficiency Develop and implement policies that require home energy scores	Number of rental units with Home Energy Scores	1,000 rental units	2,000 rental units

Goal 2: Develop community-based strategies that promote personal empowerment to improve access to safe, healthy, and affordable housing

Strategy: Develop and promote tools and information to make safe, healthy, and affordable housing choices

Objectives	Activities**	Performance Measures	Baseline	Target
Increase the number of people receiving safe, healthy, and affordable housing information	Develop a list of addendums/templates for landlords to use in leases	Number of landlords using addendums/templates	To be established	To be established
	Promote crime free and other safe, healthy, and affordable housing programs in Columbia and Boone County	Inventory crime free and other safe, healthy, and affordable housing programs in existence Number of landlords attending crime free and other safe, healthy, and affordable housing programs	0	One completed inventory
	Plan and host safe, healthy, and affordable housing educational opportunities	Number of people receiving safe, healthy, and affordable housing in-person education	3,000	To be established
	Create a market-driven website with safe, healthy, and affordable housing information. Information includes the ability to compare the energy efficiency of rental property, smoke-free housing options, crime-free housing, etc.	Number of people accessing the website	0	To be established

**Action team members are responsible for carrying out the activities

Basic Needs

Goal: Reduce barriers to meet basic needs

Strategy 1: Increase access to transportation

Objective	Activities**	Performance Measure	Baseline	Target
Reduce the number of individuals who report a lack of transportation	Collect baseline data Create a travel management coordination system	Number of individuals who lack transportation	To be established	Reduce baseline by 15%

Strategy 2: Increase access to healthy foods

Objective	Activities**	Performance Measures	Baseline	Target
Add or improve local policies that increase access to healthy food	Create a Food Policy Council that will identify and advocate for policy change	Number of new or improved local policies that increase access to healthy food Number of places where fruit and vegetables are available Percentage of people who report eating five or more fruits and vegetables per day	0 Baseline to be established 13% of Boone County adults (2016 County Level Study)	3 new or improved policies Increase baseline by ten 20% of Boone County adults

Strategy 3: Simplify access to local social services

Objectives	Activities**	Performance Measures	Baseline	Target
Increase number of organizations participating in a "no wrong door" system	Create a collaborative eligibility system	Number of organizations participating in "no wrong door" system	0	50 organizations
Increase the number of clients participating in a "no wrong door" system.		Number of clients participating in "no wrong door" system	0	5,000 individuals and/or families

Strategy 4: Reduce the stigma of asking for help

Objective	Activities**	Performance Measure	Baseline	Target
Increase the number of people receiving positive messages about asking for help and the causes, conditions, and effects of poverty	Create an awareness campaign Partner with other action teams around the campaign Identify the funding needed for the campaign	Number of people receiving positive messages about asking for help and messages about the causes, conditions, and effects of poverty	0	10% of Boone County residents (approx. 17,500)

**Action team members are responsible for carrying out the activities

Dissemination of Results

Results from the work of the four action teams were shared at the May 2019 Steering Committee meeting. Results are also made available as part of the 2019 Community Health Improvement Plan publication.

Limitations

Due to winter weather, one action team was unable to meet three times, completing their plan in only two meetings. Additionally, several activities do not have established baselines and/or targets at the time of this publication. Baselines and targets will be included in the Annual Report.

Evaluations

Future plans include an evaluation of the Community Health Assessment and Community Health Improvement Plan processes. Evaluation results will be reviewed by the internal Core Plus Team for process improvements and included in the Annual Report.

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APPENDICES

APPENDIX A: Sample Agenda



BOONE COUNTY

**Basic Needs Action Team Meeting
Phase VI – Meeting #1**

January 15, 2019

1:30-4:30 p.m.

Columbia/Boone County Department of Public Health and Human Services
1005 W. Worley, Columbia, MO

How do we create a community in which everyone's basic needs are met?

Agenda

1. Welcome, Introductions and Agenda Review
2. Co-Chairs' Review and Discussion from Steering Meeting
3. Finalize Strategic Question, Goal Statement(s) and Strategies
4. Review Sample Objectives and Action Plan Template
5. Develop Objectives
6. Discuss Next Steps and Date for Next Meeting
7. Close

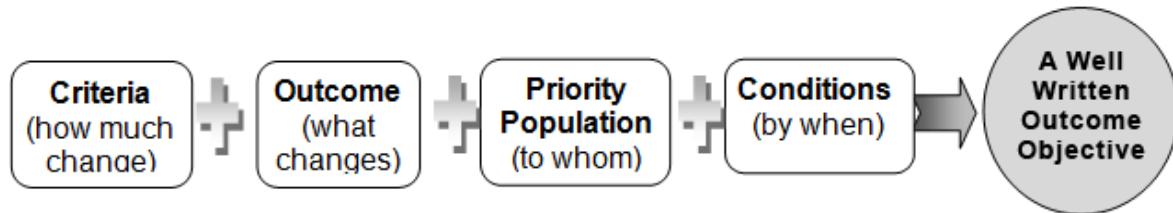
**Vision Statement: A caring and inclusive community
where everyone can achieve their optimum well-being.**

APPENDIX B: Objectives Worksheet

Worksheet on Objectives

Definition of an objective: The level to which a problem should be reduced within a specified period of time. It is a quantitative measurement of the health or system problem at some future date and is something that the Action Team and community can and should accomplish.

Elements of a well-written objective include:



Well written objectives will always answer the following questions: WHO is going to do WHAT, WHEN, and to WHAT EXTENT?

Example: Increase the number of participants in healthy workplace programs that have made a positive lifestyle change from participating in the program by January 2020.

n.b. Objectives should relate directly to strategies and align with the goal statements

Exercise

Step One: Brain Writing: Working by yourself, take 10 minutes to identify the key results or change you believe would support the achievement of each of the strategies.

Step Two: Group Discussion: You will each share your ideas and the group will then reach a consensus on the desired objectives. Having reached a consensus on objectives, the Action Team members will move on to decide:

- how much change
- what change
- to whom, and
- by when

Step Three: The Action Team will then repeat the process for any additional objectives.

APPENDIX C: Samples from 2014

Action Plan: Behavioral Health

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

The importance of behavioral health was evident in our input from the community. In the 2013 Boone County Community Health Survey, drug abuse, mental health, and alcohol abuse were in the top five health conditions or behaviors among adults to have the greatest impact on our overall community health. Among youth, drug abuse was number one and mental health was number five.

Mental Health First Aid training has been provided to professional staff at all Boone County schools. University of Missouri's Bridge program provides outpatient psychiatric services and nurse case management for Boone County children

and adolescents. The Family Access Center for Excellence (FACE) provides a single point of entry for behavioral health service referral and case management. Community prescription drug take back events, a collaborative effort between law enforcement and the Drug Enforcement Agency, are held twice per year. The Youth Community Coalition (YC2) successfully developed three active networks in Boone County to address youth issues. These new groups meet on a regular basis to plan activities and develop programs which assist youth and families in their individual community. These are just a few examples of the community activities related to behavioral health.

Future efforts include administrative penalties for alcohol sale violations, developing youth coalitions in Centralia and Harrisburg, and releasing the Live Well mental health awareness campaign.

Goal Statement: Increase the understanding that behavioral health is essential to overall health						
Strategy 1: Develop and implement a media campaign to reduce stigma, educate the public about signs/symptoms, and encourage individuals to seek help.						
Objective(s)	Performance Measure	Baseline	Target	Activities	Activity Completion Date	Lead Partner(s)
Increase the number of people receiving messages about behavioral health.	Number of people receiving local messages about behavioral health	0	25% of Boone County residents	Expand strategy team to include key additional partners	1st quarter, 2017	Strategy Team
	Number of local messages about behavioral health	0	Three new local messages	Review campaign and modify as needed	1st quarter, 2017	Strategy Team
				Identify and contract with media placement provider	1st quarter, 2017	Strategy Team
				Media campaign placement	1st quarter, 2017	Strategy Team & Provider
				Coordinate school-based activities	1st - 3rd quarter, 2017	Strategy Team
				Run media campaign	3rd quarter, 2017 - 2nd quarter, 2018	Strategy Team & Provider
				Conduct school based activities	3rd quarter, 2017 - 2nd quarter, 2018	Strategy Team & Schools

Strategy 2: Normalize the utilization of behavioral health screenings.									
Objective(s)	Performance Measure	Baseline	Target	Activites	Activity Completion Date	Lead Partner(s)			
Normalize the utilization of behavioral health screenings	The number of additional non-medical access points receiving mental health training.	0	100	Identify alternative to Mental Health First Aid	1st quarter, 2017	Strategy Team			
				Identify key non-medical access points to target	1st quarter, 2017	Strategy Team			
				Provide ongoing education to non-medical providers	2nd quarter, 2017 (ongoing)	To be determined			
Goal Statement: Reduce and prevent hazardous drinking, underage drinking, tobacco use, misuse of prescription drugs, and use of illegal drugs.									
Strategy 1: Advocate for changes in policy and practices related to alcohol, tobacco, and substance use and abuse.									
Objective(s)	Performance Measure	Baseline	Target	Activites	Activity Completion Date	Lead Partner(s)			
Develop a sustainable coalition to achieve the goal	Coalition developed	0	1	Train five developing coalitions to identify and implement evidenced-based practices that impact Goal Two	1st quarter, 2017	Youth Community Coalition (YC2)			
				Create five localized plans based on community needs/resource assessment, and utilizing evidence based practices.	1st quarter, 2017	YC2/Local Boone County coalitions			
				Assist local coalitions in implementation of plans	Ongoing thru 4th quarter, 2018	YC2/Local Boone County coalitions			
				Evaluate effectiveness of activities, adapt, and improve	Ongoing thru 4th quarter, 2018	YC2/Local Boone County coalitions			
				Bring new Boone County coalitions together into Boone County Prevention Network	Ongoing thru 4th quarter, 2018	YC2/Local Boone County coalitions			
				Secure funding for countywide Prevention Network	Ongoing thru 4th quarter, 2018	YC2/Local Boone County coalitions			

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APPENDIX D: Action Plan Template

**Basic Needs Action Team
Action Plan Template**

Strategic Question: How do we have a community in which everyone's basic needs are met?

Goal Statement #1: Reduce barriers to meet basic needs

Strategy # 1: Improve access to basic needs with an emphasis on transportation, enhancing food policies, and a one door entry into local services.

Objective	Performance Measure	Targets	Activities	Activity Completion Date	Lead Partner(s)
The level to which a problem should be reduced within a specified period of time	How you quantitatively measure progress toward the target	Specific, measurable toward an objective that includes a # or %	Methods, actions or processes needed to achieve desired strategy	When do you hope to have this accomplished	Who can help work on these activities
Increase the number of people receiving information about how to access services	Number of people receiving message	25% of Boone County residents	Develop a media plan	Q1 2017	Leader: Action Team Partners: FACE,KOPN