

Columbia/Boone County

Community Health Improvement Plan

Annual Report

2015



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

Action Team Members

Safe & Healthy Neighborhoods

Action Team Member

Organization

Rachel Bacon	City of Columbia - Community Development
Amy Bishop	City of Columbia - Police Department
Leigh Britt	City of Columbia - Office of Neighborhood Services
Barbara Buffaloe	City of Columbia - Sustainability Manager
Bill Cantin	City of Columbia - Office of Neighborhood Services
Rebecca Estes	Columbia/Boone County Public Health and Human Services
Lisa Goldschmidt	Central Missouri Community Action
Gabe Huffington	City of Columbia - Parks & Recreation
Becky Markt	Columbia Housing Authority
Michelle Shikles	Columbia/Boone County Public Health and Human Services
Lawrence Simonson	The PedNet Coalition
Jason Wilcox	Columbia/Boone County Public Health and Human Services

Healthy Lifestyles

Action Team Member

Organization

Dean Andersen	Community Member
Scott Clardy	Columbia/Boone County Public Health and Human Services
Erika Coffmann	City of Columbia - Park and Recreation
Maureen Coy	Columbia/Boone County Public Health and Human Services
Dan Cullimore	Community Member
Kevin Everett	MU Department of Family Medicine
Erin Friesz	Youth Community Coalition (YC2)
Jenny Grabner	Southern Boone Learning Garden
Traci Harr-Kennedy	Tobacco Free Missouri
Erin Harris	Columbia/Boone County Public Health and Human Services
Kelsie Knerr	Boone Hospital Center
Theresa Lackey	Southern Boone County
Vera Massey	University of Missouri Extension
Ron Rowe	Youth Community Coalition (YC2)
Michelle Shikles	Columbia/Boone County Public Health and Human Services
Clara Umbe	Columbia/Boone County Public Health and Human Services
Sarah Varvaro	Columbia/Boone County Public Health and Human Services
Tara Willis	City of Columbia - Employee Wellness
Jenny Workman	City of Columbia - Employee Wellness

Action Team Members

Access to Care

Action Team Member

Organization

Steve Hollis	Columbia/Boone County Public Health and Human Services
Debra Howenstine	Columbia/Boone County Public Health and Human Services, MU Family and Community Medicine
Carla Johnson	Columbia/Boone County Public Health and Human Services
Sarah Klaassen	Central Missouri Community Action
Rebecca Leach	Family Health Center
Rebecca Roesslet	Columbia/Boone County Public Health and Human Services
Trina Teacutter	Columbia/Boone County Public Health and Human Services
Kelly Wallis	Boone County Community Services

Disparities

Action Team Member

Organization

Stephanie Browning	Columbia/Boone County Public Health and Human Services
Nick Butler	MU Center for Health Policy
Steve Calloway	Minority Men's Network
Shannon Canfield	MU Center for Health Policy
Jenny Grabner	Southern Boone Learning Garden
Debra Howenstine	Columbia/Boone County Public Health and Human Services, MU Family and Community Medicine
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Carla Johnson	Columbia/Boone County Public Health and Human Services
Zasmine Johnson	University of Missouri Graduate Student
Sarah Klaassen	Central Missouri Community Action
Christy Lee	Community Member
Carla London	Columbia Public Schools
Sally Beth Lyon	St. Louis University and Columbia/Boone, County Board of Health
Nikki McGruder	Diversity Awareness Partnership
Cheryl Price	Disabilities Advocate
Sarah Rainey	Columbia/Boone County Public Health and Human Services
Sowmya Renuka	Graduate Student
Rebecca Roesslet	Columbia/Boone County Public Health and Human Services
Mahree Skala	Columbia/Boone County Board of Health
Carolyn Sullivan	New Chapter Coaching
Janet Thompson	Boone County Commission
Andrea Waner	Columbia/Boone County Public Health and Human Services
⁴ Carmen Williams	Russell Chapel CME

Action Team Members

Behavioral Health

Action Team Member

Organization

Karen Cade	Compass Health
Steve Hollis	Columbia/Boone County Public Health and Human Services
Becky Markt	Columbia Housing Authority
Tricia Orscheln	New Horizons
Rebecca Roesslet	Columbia/Boone County Public Health and Human Services
Craig Valone	Burrell Behavioral Health
Kelly Wallis	Boone County Community Services
Andrea Waner	Columbia/Boone County Public Health and Human Services

Introduction

Overview of Boone County | Located in the center of Missouri, divided by Interstate 70, and bordering the Missouri River, Boone County is home to 172,717 residents (2014 estimated population, US Census). The county has consistently grown by approximately 20% every 10 years since 1990. Columbia, the county seat, and most populous community with over 116,892 residents (2014 estimated population, US Census), is home to a large state university and several colleges. The presence of the various academic institutions contributes to the median Boone County resident age of 30.4 years, as compared to the median Missouri resident age of 38.3 years (2014 estimated population, US Census). The other nine Boone County communities, Ashland, Centralia, Hallsville, Harrisburg, Hartsburg, McBaine, Pierpont, Rocheport, and Sturgeon, range in population from less than 1,000 to 4,000 residents. Boone County has a healthy economy with a consistently low unemployment rate. Health care, education, accommodation and food services, and retail trade are the largest employers.

Introduction

Background | In early 2013, the Columbia/Boone County Department of Public Health and Human Services (PHHS) began a comprehensive Community Health Assessment (CHA) process to identify the health needs within our community. As PHHS is a city/county local public health agency, all of Boone County was the target jurisdiction for this effort. A six-phase model called Mobilizing for Action through Planning and Partnerships (MAPP), created by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) Public Health Program Practice Office, was selected for this process. Phases One through Four gathered community information and data which then became the backbone of the CHA. The results from MAPP Phases One through Four are available online at <http://www.gocolumbiamo.com/health/about-us/publications/>. Five strategic issue areas were identified during the CHA process.

The five areas are:

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

Phases Five and Six focused on the development of the Community Health Improvement Plan (CHIP). The CHIP is a long-term, systematic effort to address public health problems identified during Community Health Assessment activities and the community health improvement process. PHHS released its first version of the CHIP in October 2014. This version is available online https://www.gocolumbiamo.com/health/wp-content/uploads/sites/13/2015/06/CHIP_Phases-5-and-6_Combined.pdf.

The Columbia/Boone County CHIP describes our community's shared vision for health and details the work of the five action teams in order to meet this vision. PHHS staff facilitates the development of the CHIP and the collaborative work of the five action teams, yet the CHIP remains a community plan to address community identified health needs.

This annual report shares the successes and challenges of implementing the CHIP during the period of September 2014 to September 2015, as well as our action plans for the next twelve months.

Process | During Phases Five and Six, five action teams were created to further develop the five strategic issue areas. The October 2014 CHIP served as a guide for the work of these action teams. Each of the five action teams had a designated PHHS staff liaison who served as the logistical support for the team. In addition, several teams identified a team chair(s). The MAPP Core Team, which was implemented in January 2013, continued to provide PHHS staff support to action teams.

Each of the five action teams met on a regular basis. The frequency of the meeting varied based on the needs of the team. Each team meeting followed a standard format, with agendas, minutes, and sign-in sheets. When appropriate, speakers were invited to attend the meetings to provide additional information to the groups. Action team meetings served as an opportunity for the groups to plan, discuss progress, and address barriers to team activities. The action plan document, developed in September 2014, was considered a working document and was updated as needed by each team.

The MAPP Core Team met on a quarterly basis to discuss the work of each of the action teams. At each MAPP Core Team meeting, action plans were reviewed to monitor progress in meeting performance measures and revised as needed. Opportunities for collaboration amongst the groups were also identified.

Introduction

Community Engagement | The implementation of the 2014 CHIP began with the development of a brand for the CHIP initiative. Live Well Boone County was chosen as the slogan for the initiative. Live Well Boone County was incorporated into the communications for the CHIP as well as funding requests made during 2014-2015. Community Commons, a web-based platform operated by the Institute for People, Place and Possibility (IP3), was chosen as the online face for Live Well Boone County. Housed within Community Commons is a public page for Live Well Boone County, as well as five private hubs for each of the action teams. Community Commons is used to share information with the public, as well as internal information sharing among group members.

In July 2015, members of the Community Health Assessment and Mobilization Partners (CHAMP) group were provided with all of the media platforms used by PHHS to share CHIP information. Platforms include:

City of Columbia website <http://www.gocolumbiamo.com/health/>

Facebook <https://www.facebook.com/CoMoHealthDept?fref=ts>

Pinterest <https://www.pinterest.com/cbcphhs/>

Twitter https://twitter.com/CoMo_HealthDept

Community Commons <http://www.communitycommons.org/groups/mapp/>

The 2014 CHIP was made available to the general public electronically and hard copies were distributed to libraries in Boone County. Community presentations were given in 2014-2015 to provide information to residents on the CHA, CHIP, and Live Well Boone County. Presentations included Downtown Rotary Club, Centralia Rotary Club, Columbia's Neighborhood Leadership training, and Columbia's Neighborhood Congress. Action teams collaborated with community partners to leverage external funding for community health efforts, both in support of the activities and outcomes of the CHIP as well as other activities in the larger public health system.

How do we prevent crime and promote safe and healthy neighborhoods where people live, work, and play? | The desire for safe and healthy neighborhoods was apparent at several points during the MAPP process. Focus group participants, visioning session attendees, and survey respondents emphasized the importance of safe neighborhoods with low crime, good public safety infrastructure, access to safe and affordable housing, and walkable communities with connected trail systems. Within Columbia, focus group participants stressed the desire for social connectivity within neighborhoods, knowing your neighbor, and having an active Neighborhood Watch and neighborhood association.

There were many accomplishments in the first twelve months of this action plan. The goal of 27 active neighborhood associations was exceeded by three, with 30 total at the end of September 2015. Additionally, 161 Columbia residents were trained as Neighborhood Watch members, exceeding the goal of 150. National Night Out, a one night event uniting neighbors and public safety officers had 26 registered events. One Health Impact Assessment (HIA) is currently in progress. Much of the data and feedback that informed the CHIP was used for the City Strategic Planning retreat and resulted in the City selecting three low-to-moderate income neighborhoods to focus city resources on. The action team plans to support activities that will be conducted by the neighborhood outreach coordinators.

Challenges were met in some areas. No additional funds for staff were dedicated to neighborhood-based programs during this period, and look unlikely in the near future. Utilization of neighborhood funds did not reach the previous target. A neighborhood walk-through with policymakers was cancelled due to inclement weather. Funding for a well-connected infrastructure for Fiscal Year 2016 has slightly decreased, from \$19.8 million to \$17.1 million. However, the amount usually varies year-to-year due to infrastructure needs, priorities, and funding. At this time, there is no systematic way to measure the number of positive interactions between public safety agencies and the community. The action team is awaiting results from a community outreach survey that will be distributed to the three identified neighborhoods. Results from the survey will aid in creating new infrastructure performance measures. Public safety performance measures have been tentatively identified, and will be further defined in mid-2016. There were no opportunities for external funding to support the activities of this action team.

Action Plans

Safe & Healthy Neighborhoods

Looking Ahead | The Columbia Police Department recently established a Community Outreach Unit. Police officers will work in specific geographic areas with the focus of crime prevention and supporting neighborhood safety. Several youth programs that were previously provided after school are now happening during school hours, mainly due to transportation barriers. In Columbia, the Armory and the CARE program provide after school activities for Columbia youth. Partnering with them may be a goal for the future. The renewable one-eighth of one percent capital improvement parks sales tax was overwhelmingly approved by voters in November 2015, and will continue for another six years. This tax is solely used by the City to purchase, improve, and manage parks, trails, and nature lands. As previously mentioned, the City of Columbia strategic plan has identified high priority areas within the city. This action team hopes to work within those priority area neighborhoods to help strengthen neighborhood connectivity and reduce crime. Central Missouri Community Action hosted a series of healthy homes focus groups in early 2016.

Goal Statement:

Strengthen neighborhood relationships, invest in a well-connected infrastructure, and public safety

Strategy 1: Support neighborhoods through resources, communication, and programs

Objective(s)	Performance Measure	Baseline	Target	Activities	Activity Completion Date	Lead Partner(s)
Increase the number of active neighborhood associations	Number of active neighborhood Associations	30	35	Develop marketing plan for existing neighborhood resources	Third quarter, 2016	Office of Neighborhood Services (ONS)
				Assess current number of neighborhood association	On-going	ONS
Increase the current number of Neighborhood Watch members	Number of Neighborhood Watch members	161	261	Assess current number of Neighborhood Watch members	On-going	Columbia Police Department (CPD)
				Establish new and/or revive existing Neighborhood Watch groups by providing training	On-going	CPD
				Pursue funding for public safety programs	On-going	CPD Action Team
Increase utilization of neighborhood based programs	Funding for neighborhood based programs	\$6219.02 12 neighborhoods utilizing	\$13,000/ 15 neighborhoods utilizing	Use results of outreach survey to establish programs in strategic plan neighborhoods	On-going	ONS

Goal Statement:

Strengthen neighborhood relationships, invest in a well-connected infrastructure, and public safety

Strategy 2: Advocate for increased funding for a well-connected infrastructure (infrastructure as defined as sidewalks, trails, street lights, parks, and public transit)

Objective(s)	Performance Measure	Baseline	Target	Activities	Activity Completion Date	Lead Partner(s)
Increase the use of Health Impact Assessments (HIA) in infrastructure planning and development	Number of completed HIAs	0	1	Include recommendations from an HIA on proposed pedestrian infrastructure	Third/Fourth quarter 2016	Jason Wilcox Community Development
Increase the number of community champions who advocate for infrastructure funding	Number of funding advocates	130 individuals/ households (representing 286 people) 4 clubs/ organizations (representing 1,185 people) 13 businesses (representing 2,344 people) 147 total memberships	162	Identify community champions to advocate for increase infrastructure funding	On-going	Lawrence Simonson Neighborhood Leaders
				Create new objectives for Goal 2 based on geographic priority areas identified in City strategic plan	Second/Third quarter 2016	Action Team

Action Plans

How do we create a community and environment which provides access, opportunities, and encouragement for a healthy lifestyle? | From the 2013 Boone County Community Health survey, obesity (among adults) was ranked the most important factor for a healthy community. Among youth, obesity was the fourth most frequent response. Focus group participants were worried about the quality of food available to low income residents. The Forces of Change Assessment identified lack of physical activity, high obesity rates, high density of fast food restaurants, and the difficulty in making healthy choices easier as areas of weakness. The Healthy Lifestyles Action team focused on tobacco-free environments, physical activity, and healthy food choices in their activities.

Between October 2014 and September 2015, several activities occurred which supported the goal of the Healthy Lifestyles team and their performance measures. One new smoke free policy was developed to allow the University of Missouri-Columbia to enforce its smoke-free policy on the City streets that run through campus. Two existing municipal smoke free ordinances were strengthened by the addition of electric cigarettes (e-cigarettes) to the smoke free ordinance in Columbia. Also, the age to sell tobacco products, including e-cigarettes, in Columbia was raised to 21 years of age. Two new tobacco prevention efforts were introduced: a tobacco prevention education campaign with Youth Community Coalition (YC2) and a youth leadership program, designed to help youth advocate for tobacco free policies. Two new cessation efforts were developed with worksite wellness staff trained at the City of Columbia and Veteran's United. Updated data on youth and adult smoking rates are not currently available.

Healthy food choices were the focus of many activities. The successful implementation of 1,2,3,... Fit-Tastic program increased access to fruits and vegetables and implemented healthy weight plans for participants. Three additional practices which encourage healthy eating were adopted in Boone County with the addition of four community gardens, 14 Live Well restaurants, and one Stock Healthy Shop Healthy site. A feasibility study was completed to identify potential sites for additional community gardens and opportunities for urban agriculture. Updated data on fruit and vegetable consumption is not currently available.

Activities to promote physical activity included the following: an increase in the number of paved trails, the addition of two Walking School Buses and one bus shelter, and eight MOve Smart daycare centers. The 2015 County Health

Rankings report a decline in the percentage of adults aged 20 and over reporting no-leisure time physical activity from 23% to 21%.

Many of the activities listed above were funded in part or whole by the Missouri Department of Health and Senior Services Healthy Eating Active Living (HEAL) grant.

Looking Ahead | Live Well Boone County applied for funding from the Boone County Health fund in summer 2015. The application included the Live Well by Faith program. Live Well by Faith will provide a Health Educator who will partner with local churches to implement programs and policies which will improve the health of church members. This program is expected to begin in January 2016. In November 2015, Columbia voters extended the Park Sales Tax, which will provide continued support for physical activity. The Walking School Bus program site expansion is planned in rural Boone County. 1,2,3,... Fit-Tastic will expand into other medical sites in Boone County. Two worksite wellness program expansions are planned and an increase in Live Well restaurants is anticipated.

Goal Statement:

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

Strategy 1: Support neighborhoods through resources, communication, and programs

Objective(s)	Performance Measure	Baseline	Target	Activities	Activity Completion Date	Lead Partner(s)
Increase the number of smoke free policies	Number of new smoke free policies	0	1	Work with youth in the county to identify areas for policy change in county area	2nd Quarter, 2016	PHHS/Dean Andersen
				Assess the readiness of all municipalities in county to adopt smoke free policies	3rd Quarter, 2016	Traci Harr-Kennedy Ron Rowe Sarah Varvaro Tobacco Free Missouri
				Build capacity within communities who are seeking or strengthening smoke free ordinances for their municipality	4th Quarter, 2016	Traci Harr-Kennedy Ron Rowe Sarah Varvaro Tobacco Free Missouri
				Advocate for policy change in the county areas	4th quarter, 2016	Traci Harr-Kennedy Ron Rowe Sarah Varvaro

Goal Statement:

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

Strategy 1: Support neighborhoods through resources, communication, and programs

Objective(s)	Performance Measure	Baseline	Target	Activites	Activity Completion Date	Lead Partner(s)
Strengthen existing municipal smoke free ordinances	Number of actions taken to strengthen existing smoke free policies	0	2	Work with youth in the county in identify areas for policy change in county area	2nd quarter, 2016	PHHS/Sarah Varvaro
				Assess the readiness of all municipalities in county to adopt smoke free policies	3rd quarter, 2016	Traci Harr-Kennedy Tobacco Free Missouri
				Build capacity within communities who are seeking or strengthening smoke free ordinances for their municipality	4th Quarter, 2016	Traci Harr-Kennedy Tobacco Free Missouri
				Advocate for policy change in the county areas	4th quarter, 2017	Action Team

Strategy 2: Support efforts to reduce tobacco use

Objective(s)	Performance Measure	Baseline	Target	Activites	Activity Completion Date	Lead Partner(s)
Reduce youth smoking and e-cigarette use	Youth smoking rates (ever smoked in life)	34.7%	29.7%	Increase employer based cessation efforts	4th quarter 2016	PHHS City Employee Wellness
	Youth e-cigarette use	22.1%	0% change	Youth prevention activities (training youth to become youth advocates)	3rd quarter 2016	TOP/HOPE
	Adult smoking rate	18.2%	13.2%			

Strategy 3: Support programs, environments, and policies to ensure residents can make healthy food choices in their daily lives

Objective(s)	Performance Measure	Baseline	Target	Activites	Activity Completion Date	Lead Partner(s)
Increase daily consumption of fruits and vegetables	Number of people eating 5 servings or more of fruits and vegetables	22.4%	24%	Develop and implement healthy eating social marketing campaign	3rd quarter 2017	Maureen Coy
				Implement healthy weight plans for WIC	4th quarter 2017	WIC/Maureen Coy
				Increase access to fruits and vegetables for low-income residents	4th quarter 2017	Maureen Coy
				Expand Fit-tastic into 2 clinics	1st quarter 2016	Maureen Coy Fit-tastic coalition

Objective(s)	Performance Measure	Baseline	Target	Activites	Activity Completion Date	Lead Partner(s)
Increase the number of practices and policies which encourage healthy eating	Number of new policies and practices adopted	0	2	Develop baseline data on the number of farm to school/institution programs	4th quarter 2016	Jenny Grabner
				Expand farm to school/institution programs (preschools, service centers)	4th quarter 2016	Jenny Grabner

Strategy 4: Support programs, environments, and policies to ensure that residents can safely and easily engage in physical activity, both in their daily lives and recreationally lives

Objective(s)	Performance Measure	Baseline	Target	Activites	Activity Completion Date	Lead Partner(s)
Increase amount of physical activity	Physical inactivity	21%	20%	Increase paved trails and programming for adults	4th quarter 2017	Parks and Recreation
				Encourage kids to walk and bike to school	4th quarter 2016	Jenny Grabner Erin Harris
				Develop county-wide active living social marketing campaign	4th quarter 2017	PHHS staff
				Continuation/ expansion of activities for the individual that is over the age of 55 and living an active lifestyle	4th quarter 2016	Parks and Recreation Southern Boone YMCA
				Address the recreation program and facility needs of low-income households and populations of diverse ethnic backgrounds	4th quarter 2016	Parks and Recreation Southern Boone YMCA

Action Plans

Access to Health Care

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

| From the 2013 Boone County Community Health survey, access to health care was ranked the second most important factor for a healthy community. Focus group participants and the Forces of Change Assessment noted the impact of not expanding Medicaid in Missouri. Newly insured residents are faced with the challenge of navigating a complex health care system in order to utilize comprehensive health services.

Between October 2014 and September 2015, several factors increased health care access in Boone County. Missouri Mission of Mercy hosted a two-day dental clinic which provided free dental care to residents of central Missouri. The Family Health Center, a federally qualified health center providing care to the medically underserved, opened an additional location in Columbia in a geographic area that was lacking in health care services. Central Missouri Community Action Center employed health insurance navigators to help residents enroll in health insurance. The Boone County Children's Services Board announced funding for a Family Access Center for Excellence (FACE), which is a coordinated, multidisciplinary initiative to address the mental and physical health, well-being, and safety of children and their families in Boone County.

There has been one change to the performance measures from the 2014 CHIP. The 2015 County Health Rankings show a decrease in preventable hospital stays from 50 to 45(per 1,000). The number of insured remains 85%. There is no new data available on the number of consumers with unmet health needs or the percentage of adults with a regular doctor/medical provider.

Looking Ahead | Live Well Boone County applied for funding from the Boone County Health fund in summer 2015. The application included funding for a Social Services expansion program. This program will employ an additional Social Services Specialist at PHHS who will provide case management and service coordination to those in need of medical care and is expected to begin in January 2016. Transportation is often identified as a barrier to accessing care. The Central Missouri Community Action agency (CMCA), in partnership with the Mid-Missouri Regional Planning Commission and with funding from MoDOT and the Missouri Developmental Disabilities Council, has hired a Mobility Coordinator to work on transportation across CMCA's eight county service area.

Goal Statement:

Improve our community's ability to access and utilize comprehensive health services

Strategy 1: Empower people to use the medical resources available to them

Objective(s)	Performance Measure	Baseline	Target	Activities	Activity Completion Date	Lead Partner(s)
Increase the number of insured	Percent of insured	85%	100%	Support Missouri Medicaid expansion	On-going	Action Team
Decrease the number of preventable hospitalizations	Preventable hospital stays	45 (per 1,000)	43 (per 1,000)	Identify and convene stakeholders to determine and assist in the development of a community model for health care access	4th Quarter 2016-1st Quarter 2017	Steve Hollis
Decrease the number of consumers with unmet healthcare needs	Percent of people who could not get needed medical care in the past 12 months	7.9%	0%	Develop questions to be used for priority neighborhood survey	3rd Quarter 2016	Action Team Members
				Develop algorithm to direct referrals to be used by stakeholders working with citizens who might have access to care issues	3rd Quarter 2016	PHHS Social Services Staff
				Survey three priority neighborhoods to determine access issues	4th Quarter 2016	City of Columbia Staff

Action Plans

Disparities

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

| As noted in the 2013 CHA, focus group participants discussed the disparities in achievement, earnings, and health, along with the need for low skill jobs, as important issues in Boone County. The Community Health Status Assessment identified multiple areas of disparity, with blacks faring worse than whites in income, graduation rates, and deaths from chronic disease.

Many activities were completed during the first twelve months of this plan. Data was used to identify the disparities on which to focus. A Poverty Simulation was held for City of Columbia Senior Leadership and City Council. Additional poverty simulations were held with: University of Missouri-Columbia (MU) Office of Service Learning, Tiger Pantry volunteers at MU, MU pediatric residents, MU community health nursing class, and MU school of social work. The Building Inclusive Communities (BIC) model was provided as a health equity and social justice training. One BIC workshop was provided for members of all five action teams. PHHS has dedicated staff resources to this effort and now has two certified BIC facilitators with a third in progress. Three short-term performance measures were achieved during this time frame. At the close of 2015, six community coalitions were considering health disparities in their work. Two previously mentioned funding awards were granted, the HEAL grant and the Boone County Health fund grant, both of which address health disparities and/or health equity. Lastly, two chronic disease reports were produced and distributed.

Looking Ahead | PHHS will offer BIC training to all PHHS staff. The City of Columbia's strategic plan includes diversity and inclusion training for city employees and a process for examining existing and future policies to consider equity. The Live Well by Faith program previously mentioned will be a collaborative effort between the Healthy Lifestyles and the Disparities action teams. This program is expected to begin in January 2016.

Goal Statement:

Support and expand cross-sector collaboration to enhance access to high quality education, jobs, economic opportunity, and opportunities for healthy lifestyles

Strategy 1: Mobilize leadership to align policies and resources to achieve health equity

Objective(s)	Performance Measure	Baseline	Target	Activities	Activity Completion Date	Lead Partner(s)
Increase common understanding of the determinants of health and health equity and the extent and consequences of systems of oppression	Pre/post course evaluation	To be established	To be established	Develop and deploy a strategic communications plan to increase awareness of the benefits of health equity	3rd quarter 2016	Andrea Waner Action Team
				Publish and disseminate two health disparities reports	3rd quarter 2016	PHHS
Provide training on health equity/ social justice and poverty simulations for strategic partners and key stakeholders	Number of trainings provided to strategic partners and key stakeholders	2	10	Offer trainings to decision makers, strategic partners, and other key stakeholders	Ongoing	Action Team CMCA
				In partnership with local groups working on equity, diversity, and inclusion, develop annual health equity and social justice training plan that includes content, leadership audiences, training resources, and timelines	Training plan completed by 1st quarter 2016, Plan implementation on-going	Subcommittee: Action Team in partnership with others including: Center for Health Equity, CPS, DAP-STL, NCCJ-STL, and Race Matters
				Convene a planning committee with the intent to provide a forum for communication of activities/ actions related to health disparities, equity, diversity, and inclusion	Meeting frequency to be determined	Action Team in partnership with other community groups such as: DAP-STL, MU, CPS, Race Matters, Minority Men's Network, Worley Street Roundtable, HMUW, Cradle to Career
Modify or implement two policies that broadly impact health disparities	Number of new policies	0	2	Identify, research, and collaborate in the advocacy of two public health policies that broadly impact health disparities	2nd quarter 2017	Action Team

Strategy 2: Empower members of underserved communities to achieve health equity

Objective(s)	Performance Measure	Baseline	Target	Activities	Activity Completion Date	Lead Partner(s)
Implement a community health advocate program	Adoption of a new community health advocate program	0	1	Explore community advocate programs in existence in similar communities	4th quarter 2017	Action Team
Increase community led prevention efforts to improve health of the underserved community	Number of community led prevention efforts focused on eliminating root causes of health disparities	0	1	Seek funding to support community led prevention efforts	Ongoing	Action Team
				Adopt activities that support the health disparity needs as identified by the residents of the three geographic focus areas in Columbia	4th quarter 2017	Action Team
				Provide technical assistance to Live Well Boone County initiative "Live Well by Faith"	Ongoing	Action Team
Modify or implement two policies that broadly impact health disparities	Number of new policies	0	2	Identify, research, and collaborate in the advocacy of two public health policies that broadly impact health disparities	2nd quarter 2017	Action Team

How do we reduce 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. Focus group participants noted the community's acceptance of excessive alcohol consumption, a high concentration of liquor stores in certain areas, easy access to illegal drugs, and a lack of support for long-term mental health services as community concerns.

In the past twelve months, the county has developed the Boone County Coalition for Substance Abuse Prevention. This coalition is actively working within the communities of Sturgeon, Hallsville, Ashland, and Harrisburg. In an effort to normalize the utilization of behavioral health screenings, medical providers were surveyed to identify their current screening practices. External funding for a media campaign was sought. The target audience for the campaign was identified as teens ages 12-18 and their parents/influential adults. The remaining activities and performance measures for this action plan are in progress.

Looking Ahead | The media campaign to destigmatize behavioral health was recently awarded funding from the Boone County Health fund. This campaign should begin in early 2016.

Goal Statement:

Increase 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	Activites	Activity Completion Date	Lead Partner(s)
Increase the number of people receiving messages about behavioral health	Number of local messages about behavioral health	0	Three new local messages	Define the media message	2nd quarter 2016	Action Team
	Number of people receiving local messages about behavioral health	0	25% of Boone County Residents	Work with a media consultant to identify campaign	2nd quarter 2016	Action Team
				Develop strategic media schedule	2nd quarter 2016	Action Team
				Identify partnership opportunities for focus groups, interviews, and surveys with community partners and our target audience	1st quarter 2016	Action Team
				Media campaign placement	3rd quarter 2016	Action Team

Strategy 2: Normalize the utilization of behavioral health screenings

Objective(s)	Performance Measure	Baseline	Target	Activites	Activity Completion Date	Lead Partner(s)
Increase the capacity of non-medical access points to recognize behavioral health symptoms and refer for screening	The number of non-medical access points receiving mental health training	0	100	Identify training	2nd quarter 2016	Action Team
				Define non-medical access points to target	3rd quarter 2016	Action Team
				Identify or develop fact sheets tailored to non-medical providers by sector	3rd quarter 2016	Action Team
				Provide on-going education to non-medical providers on the health and cost benefit of mental health screening	Beginning 4th quarter 2016, on-going	TBD
Increase the number of medical access points that screen their patients for behavioral health	Number of additional medical access points that screen patients for behavioral health	0	12	develop messages	2nd quarter 2016	Action Team
				Disseminate messages to providers	3rd quarter 2016	TBD

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	Activities	Activity Completion Date	Lead Partner(s)
Develop a sustainable coalition to achieve the goal	Coalition developed	0	1	Bring local stakeholders together to create 5 different BOCO community coalitions	2nd quarter 2016	YC2
				Conduct community needs/resource assessment in 5 BOCO communities	3rd quarter 2016	YC2
				Train 5 developing coalitions to identify and implement evidenced based practices that impact the goal (listed above)	4th quarter 2016	YC2
				Create 5 localized plans based on community needs/resource assessment, and utilizing evidenced based practices	4th quarter 2016	YC2/Local BOCO coalitions
				Assist local coalitions in implementation of plans	4th quarter 2017	YC2/BOCO coalitions
				Evaluate effectiveness of activities, adapt, and improve	4th quarter 2018	YC2/BOCO coalitions
				Bring new BOCO coalitions together into BOCO prevention network	4th quarter 2018	YC2
				Secure funding for county-wide prevention network	4th quarter 2018	BOCO coalitions

Summary

This annual report is the product of 12 months of collaboration with our local public health partners and the community we serve. The updated action plans outlined in this document cover the second year of our community health improvement plan. The health of our community is ever changing, as are the priorities of our residents. In response to the changing needs of our community, the action plans will be updated as needed to meet current needs and trends. This report will be updated annually and will be available to the general public on the Columbia/Boone County Department of Public Health and Human Service's website. We are thankful to our local public health partners who lend their time and expertise to the action teams. If you or your organization would like to become involved, please contact the Columbia/Boone County Department of Public Health and Human Services. We look forward to working with you.



Public Health

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

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