Columbia/Boone County

Community Health Improvement Plan

Annual Report

2016

Table of Contents

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BOONE COUNTY

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

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BOONE COUNTY

In early 2013, our department began a comprehensive process to identify the health needs of our community. Unlike previous efforts, this one went beyond the review of data, as we had done many times before, and expanded to include input from our community members, our public health partners, and our stakeholders. We used 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. The adoption of this model has provided us with valuable input from the community we serve. This input led to the development of the 2013 Community Health Assessment (CHA) and the 2014 Community Health Improvement Plan (CHIP). The CHIP was updated with an annual report in 2015 and again this year, 2016. The 2016 Annual Report shares the success and challenges of implementing the CHIP during the period of September 2015 to September 2016, as well as our action plans for the next twelve months.

Boone County is facing emerging issues that impact the health of our community. In the past year, we have seen an increase in opioid use, racial tensions, and continued health disparities. However, we have also experienced an influx of community resources dedicated to improving the health of our community. These issues, and opportunities, continue to shape the work of the action teams. Our action plans will be modified as needed to respond to the needs and trends of Boone County. We are thankful to our partners who lend their time and expertise to the action teams and look forward to collaborating again in 2018 as we repeat the CHA to identify priorities for the future.

Stephanie Browning, Director
Columbia/Boone County Department of
Public Health and Human Services

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Action Team Members

Safe & Healthy Neighborhoods

Action Team Member	Organization
Amy Bishop	City of Columbia - Police Department
Barbara Buffaloe	City of Columbia - Office of Sustainability
Bill Cantin	City of Columbia - Office of Neighborhood Services
Rebecca Estes	Columbia/Boone Public Health and Human Services
Lisa Goldschmidt	Central Missouri Community Action Agency
Janet Godon	City of Columbia - Parks and Recreation
Leigh Kottwitz	City of Columbia - Office of Neighborhood Services
Becky Markt	Columbia Housing Authority
Anthony Nichols	Central Missouri Community Action Agency
Rebecca Roesslet	Columbia/Boone Public Health and Human Services
Michelle Shikles	Columbia/Boone Public Health and Human Services
Lawrence Simonson	PedNet Coalition
Jason Wilcox	Columbia/Boone Public Health and Human Services

Healthy Lifestyles

Action Team Member	Organization
Dean Anderson	Community Member
Scott Clardy	Columbia/Boone Public Health and Human Services
Diane Coffman	MO Department of Health and Senior Services
Erika Coffman	City of Columbia- Parks and Recreation
Maureen Coy	Columbia/Boone Public Health and Human Services
Dan Cullimore	Community Member
Kevin Everett	MU Department of Family Medicine
Jenny Grabner	Southern Boone Learning Garden
Traci Harr-Kennedy	Tobacco Free Missouri
Erin Harris	Columbia/Boone Public Health and Human Services
Kelsie Knerr	Boone Hospital Center
Theresa Lackey	Southern Boone County
Vera Massey	University of Missouri Extension
Rebecca Roesslet	Columbia/Boone Public Health and Human Services
Ron Rowe	Youth Community Coalition (YC2)
Megan Samson	MU Extension
Michelle Shikles	Columbia/Boone Public Health and Human Services
Clara Umbe	Columbia/Boone Public Health and Human Services
Sarah Varvaro	Columbia/Boone 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
Megan Corbin	Central Missouri Community Action Agency
Steve Hollis	Columbia/Boone Public Health and Human Services
Debra Howenstine	Columbia/Boone Public Health and Human Services, MU Family and Community Medicine
Carla Johnson	Columbia/Boone Public Health and Human Services
Rebecca Leach	Family Health Center
Rebecca Roesslet	Columbia/Boone Public Health and Human Services
Trina Teacutter	Columbia/Boone Public Health and Human Services
Kelly Wallis	Boone County Community Services

Disparities

Action Team Member	Organization
Stephanie Browning	Columbia/Boone Public Health and Human Services
Nick Butler	MU Center for Health Policy
Steve Calloway	Minority Men's Network
Shannon Canfield	Family and Community Medicine Research
Jenny Grabner	Southern Boone Learning Garden
Debra Howenstine	Columbia/Boone Public Health and Human Services, MU Family and Community Medicine
Stanton Hudson	MU Center for Health Policy
Sky Jimenez	Race Matters, Friends
Carla Johnson	Columbia/Boone Public Health and Human Services
Verna LaBoy	Columbia/Boone Public Health and Human Services
Carla London	Columbia Public Schools
Sally Beth Lyon	St. Louis University, Columbia/Boone Board of Health
Jen Maddox	Columbia Public Schools
Nikki McGruder	Diversity Awareness Partnership
Cheryl Price	Disabilities Advocate
Sarah Rainey	Columbia/Boone Public Health and Human Services
Rebecca Roesslet	Columbia/Boone Public Health and Human Services
Mahree Skala	Columbia/Boone County Board of Health
Ioana Staiculescu	MU Center for Health Policy
Carolyn Sullivan	New Chapter Coaching
Janet Thompson	Boone County Commission
Andrea Waner	Columbia/Boone Public Health and Human Services

Action Team Members

Behavioral Health

Action Team Member	Organization
Karen Cade	Compass Health
Steve Hollis	Columbia/Boone Public Health and Human Services
Becky Markt	Columbia Housing Authority
Rebecca Roesslet	Columbia/Boone Public Health and Human Services
Megan Steen	Burrell Behavioral Health
Kelly Wallis	Boone County Community Services
Andrea Waner	Columbia/Boone Public Health and Human Services

The Process

During the development of the 2014 Community Health Improvement Plan (CHIP), five action teams were created to continue the work of the 2013 Community Health Assessment (CHA). Each of the five action teams have a designated Public Health and Human Services (PHHS) staff liaison who serves as the logistical support for the team. The MAPP Core Team, established in January 2013, continues to provide PHHS staff support to all action teams.

Each of the five teams meet on a regular basis. The frequency of the meetings vary based on the needs of the team. Each team meeting follows a standard format, with agendas, minutes, and sign-in sheets. Action team meetings serve as an opportunity for the groups to plan, discuss progress, and address barriers to team activities. The action plan document is considered a working document and is updated as needed by each team.

The MAPP Core Team meets on a quarterly basis to discuss the work of each of the action teams. At each MAPP Core Team meeting, action plans are reviewed to monitor progress in meeting performance measures and revised as needed.

A collaborative meeting involving all five action teams was held in August 2016. Each action team gave a brief presentation highlighting their work to date. Following the presentation, attendees were asked three questions: Where do you see potential crossover for the teams? Do you have an idea for an action team? What community member would you like to include in an action team? Responses were placed on a wall for all attendees to review and were later shared electronically with all teams (Appendix A). Attendees were also asked to share what emerging issues and/or new data the action teams should be mindful of. Responses were compiled and shared electronically (Appendix B) with all teams for their consideration.

Community Engagement

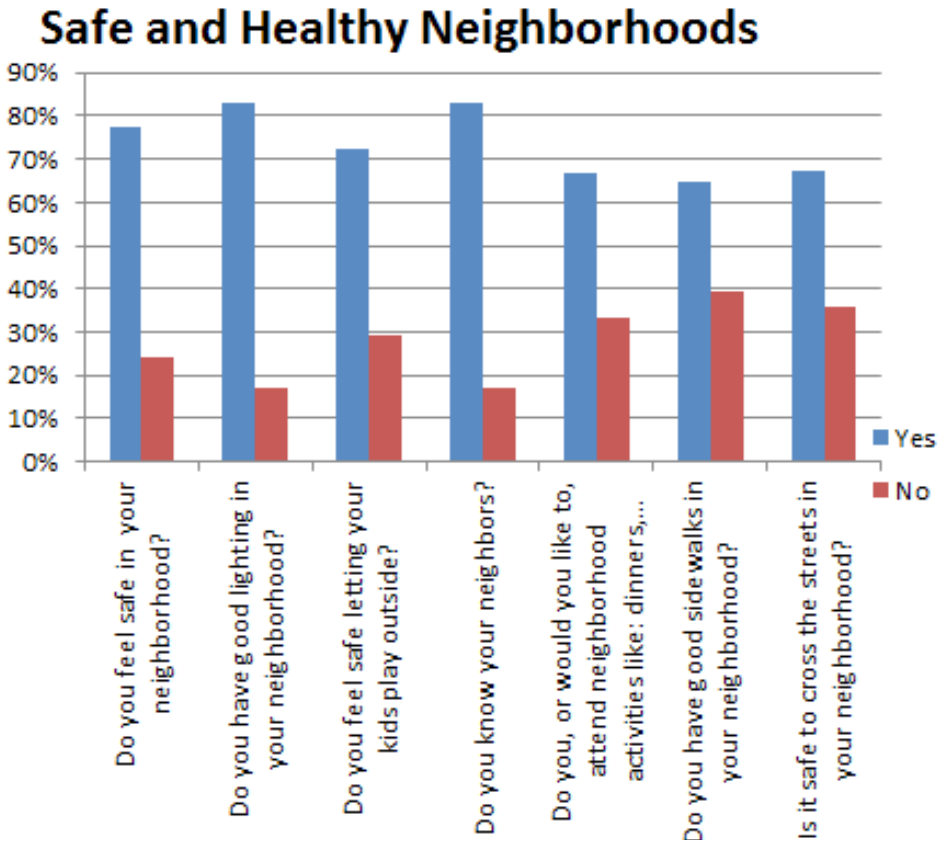
Following the development of the 2013 CHA, our policy makers had an increased awareness of disparities within our community. That awareness was reflected in the City of Columbia's 2016-2019 Strategic Plan and the adoption of "Social Equity: improving odds for success: How can we strengthen our community so all individuals thrive?" as one of five strategic priority areas.

The Social Equity strategic statement proposed working in three geographic areas of Columbia. These three areas were chosen by reviewing data at the neighborhood level, such as income, public safety, and housing type/occupancy. Community engagement with the residents of these three neighborhoods happened during home visits and community forums. Residents completed surveys during home visits and were able to share their concerns and successes with the community engagement consultants employed by the City of Columbia. Survey results (Appendix C) that correspond with Live Well Boone County action teams are contained within those sections of this report. Additionally, community partners were invited to a meeting in May 2016 to collaborate on efforts around equity, diversity, and inclusion. This event is discussed further in the Health Disparities action team section of this report.

The 2015 CHIP annual report was made available to the general public electronically. Community presentations were given in 2015-2016 to provide information to residents and community partners on the CHA, CHIP, and Live Well Boone County. Presentations included Heart of Missouri United Way, University of Missouri Sinclair School of Nursing, Kinder Institute on Constitutional Democracy, and the Osher Lifelong Learning Institute.

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

The desire for a safe and healthy neighborhood was apparent during the MAPP process and continues to be a priority for our residents. The City of Columbia 2016-2019 Strategic Plan Neighborhood Survey asked 74 Columbia residents questions such as “Do you feel safe in your neighborhood?”, “Do you know your neighbors?”, and “Do you have good lighting in your neighborhood?” (Graph 1). Respondents were affirmative in their responses on all questions related to safe and healthy neighborhoods.



There were many accomplishments in the second year of this action plan. Two additional neighborhood associations were established. Two hundred eighty Columbia residents have been trained as Neighborhood Watch members, exceeding the goal of 261. The Hominy Creek Phase II Health Impact Assessment (HIA) measured the health impact and potential mode shift, from car to active transportation, of the trail expansion. The number of community champions for infrastructure funding increased from 3815 to 6600.

Challenges were met in some areas. With no opportunities for external funding, the action team is unable to expand its scope to include specific projects at the neighborhood level, especially outside of Columbia. Although the utilization of funding for neighborhood based programs has increased from the previous year, it still fell short of the target amount. The City of Columbia’s Strategic Plan is just beginning to generate data that may inform this group’s work in the next twelve months. The Safe and Healthy Neighborhood Action Team is in the process of exploring ways to continue to support neighborhoods in Boone County. At the conclusion of this reporting period, future activities were in development.

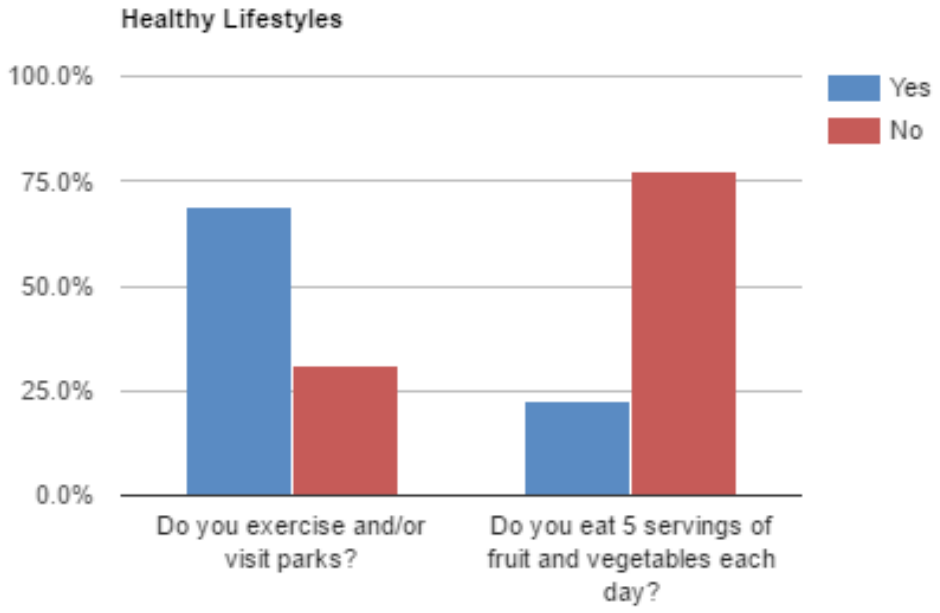
How do we create a community and environment which provides access, opportunities, and encouragement for a healthy lifestyle?

The Healthy Lifestyles action team focuses on tobacco-free environments, physical activity, and healthy food choices. Several accomplishments have been made in this area. The Healthy Eating Active Living (HEAL) grant has provided funding support for many activities within the Healthy Lifestyles action plan. Two additional Stock Healthy, Shop Healthy convenience stores have been recognized. The Live Well Restaurant program has increased to 24 locations. Garden space was increased with the provision of 130 raised garden beds.

Results from the Worksite wellness programs included a two year program with Columbia Public Schools (CPS). All CPS employees were given the opportunity to participate in walking programs, fitness challenges, and a cooking class. More than 300 employees participated in the physical activity portion and 45 attended the nutrition class. CPS continues the lactation support, originally funded by the HEAL grant, by outfitting new construction and building remodels with lactation rooms. The City of Columbia offered wellness activities and standing desks to employees who sit at least four hours per day.

The City of Columbia 2016-2019 Strategic Plan Neighborhood Survey asked 74 Columbia residents questions about physical activity and healthy eating (Graph 2). The majority of respondents exercise and/or visit parks, yet are not eating five servings of fruit and vegetables each day.

Opportunities for physical activity were increased with the opening of a YMCA in Ashland and approval of the Columbia park sales tax. Live Well by Faith is a wellness program for Black churches in Boone County. The program was created to decrease rates of high blood pressure and diabetes among African Americans by identifying and addressing their unique health-related needs. Live Well by Faith hosted a kickoff in September 2016 with 15 churches and 29 lifestyle coaches trained. For the second year, FitTastic has offered a special intervention program to families participating in the Women, Infant, and Child (WIC) nutrition program. 1,2,3....FitTastic has seen a larger decrease in participants body mass index (BMI) than previous years participants and 88% of participating families reported an improvement in one or more FitTastic healthy habits. Tobacco-21 enforcement efforts identified only one non-compliant vendor during random checks. Education with retailers on the Tobacco-21 ordinance is on-going.

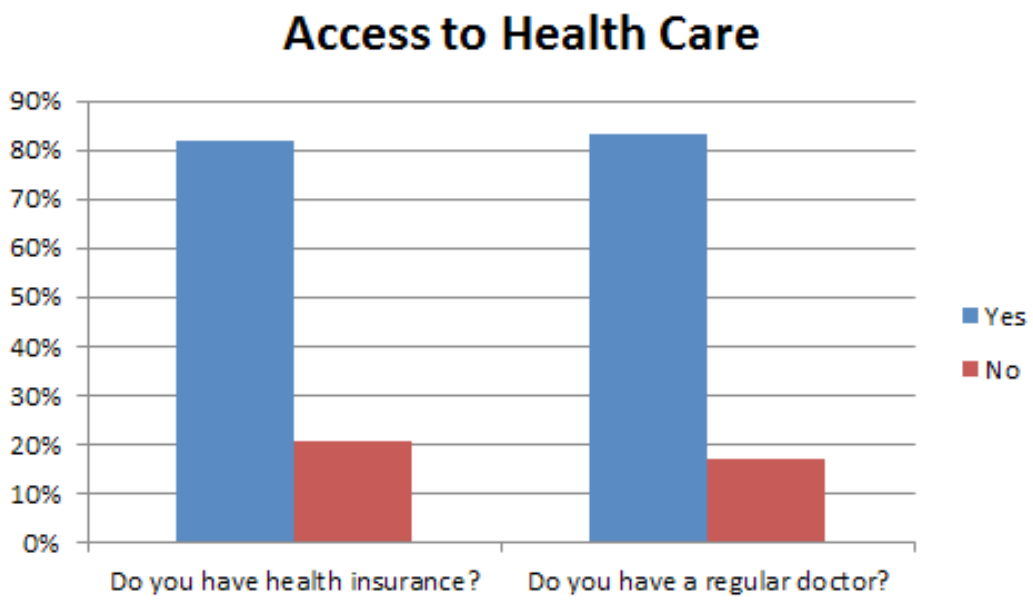


Looking ahead:

Healthy Lifestyles activity planning for the next 12 months is underway. Plans include the implementation of Cooking Matters, a six-week cooking and nutrition program focused on eating healthy on a budget. Missouri Eat Smart and Move Smart Child Care guidelines will be implemented in additional child care settings and tobacco reduction efforts will extend into the county. New targets include an increase in smoke free policies to two, an increase in practices that encourage healthy eating to ten, and increasing cessation efforts to four. Physical activity targets are in development.

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 as the second most important factor for a healthy community. In February 2016, team members reviewed the most recent data related to health care access. The 2015 County Health Rankings show in improvement in preventable hospital stays and a stable uninsured rate. The City of Columbia 2016-2019 Strategic Plan Neighborhood Survey asked 74 Columbia residents questions about their health care access (Graph 3).



The majority of the respondents have health insurance and a regular doctor. Access to health care is incorporated into the work of other action teams. For example, Live Well by Faith is connecting to those in need of health care via the faith community and the Family Access Center for Excellence (FACE) serves as an entry point for mental and behavioral health services.

In January 2016, PHHS was awarded funding for the implementation of the Access to Care pilot program. The goal of the Access to Care program was to improve access to and utilization of health care services for adults in Boone County, as indicated by the number of adults with an affordable primary care provider. The program staff struggled to achieve the program outcome due to a lack of resources to offset copays for medical care and limited options for speciality care. The program was terminated after five months.

Columbia/Boone County is in a unique position in relationship to health care access. Boone County is home to both a Federally Qualified Health Center, which offers medical, behavioral, and oral health care, as well as a free medical clinic operated by the University of Missouri School of Medicine. As of the date of this report, Missouri has not expanded Medicaid, leaving many adults in the "coverage gap" of having incomes above Medicaid eligibility limits but below the lower limit for Marketplace premium tax credits. The existence of current resources for the uninsured and underinsured, along with the limited availability of Medicaid, leaves little opportunity to improve access to health care in Boone County. Furthermore, recent surveys show that more than 80% of responders have insurance and/or a regular doctor. The Access to Care Action Team is in the process of exploring ways to continue to support access in Boone County. At the conclusion of this reporting period, future activities were under development.

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

As noted in the 2013 Community Health Assessment, focus group participants discussed disparities in achievement, earnings, and health. County level health data is reviewed annually by PHHS. Data indicates health disparities exist between whites and blacks in diabetes, heart disease, and maternal/child health, to name a few.

In the fall of 2015, student protests on the University of Missouri- Columbia campus increased awareness of racial disparities and contributed to the resignation of top members of administration. Following these events, the University established a Division of Inclusion, Diversity and Equity (IDE) as well as a diversity, inclusion, and equity task force. IDE goals include: access and success; campus climate and intergroup relations; education and scholarship; and institutional infrastructure.

Social equity has become a focal point in City government as well. The City of Columbia's 2016-2019 Strategic Plan includes a social equity strategic priority. The City is committed to reviewing its internal processes, practices, and policies to identify systemic bias that contributes to inequity and offer professional development opportunities. In an effort to increase the success of minority and women owned businesses, the City released a Minority and Women Owned Business Directory. Accomplishments from the last twelve months include the development of a public presentation to increase awareness of health equity, the publication of a maternal/child health disparity report, and the training of four city staff as Building Inclusive Communities (BIC) trainers with two more in process. In the past twelve months, 101 city employees have received BIC training. PHHS introduced a quarterly documentary series "Popcorn and Privilege", which complements the formal training program. Additionally, the University of Missouri Center for Health Policy's three BIC trainers provided 51 sessions to 1156 learners across the University of Missouri Health Care System.

Future efforts include an expansion of BIC training to include Boards and Commission members and a Diversity Awareness Partnership (DAP) assessment of the City's workforce climate in relationship to diversity, inclusion, awareness, etc.

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	Activites	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.	Number of community coalitions/ organizations considering health disparities in their work.	26	28	Develop a bank of resources and deploy a communications plan to increase awareness of the benefits of health equity	1st quarter, 2017	Action Team subcommittee
				Publish and disseminate two health disparities reports	3rd quarter, 2017	PHHS staff
				Identify a means to enhance communication about and coordination of activities/actions related to health disparities, equity, diversity and inclusion.		

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	Activites	Activity Completion Date	Lead Partner(s)
Provide training on health equity/ social justice and poverty simulations for strategic partners and key stakeholders.	Number of trainings provided	0	2	Sponsor two poverty simulations: one for local funding decision-makers and one for front line providers		Action Agency
				Develop annual health equity and social justice training plan.	1st quarter, 2017	Action Team
				Implement health equity and social justice training plan.	4th quarter, 2017	
Modify or implement two policies that broadly impact health disparities	Number of policies that impact health disparities	0	2	Identify, research and collaborate in the advocacy of policies that broadly impact health disparities	3rd quarter 2017	Action Team

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

Objective(s)	Performance Measure	Baseline	Target	Activites	Activity Completion Date	Lead Partner(s)
Implement a community health advocate program				Monitor and support local and state efforts to establish Community	On-going via monthly action team meetings	Action Team
				Health Worker training programs and employment opportunities		
Increase community led prevention efforts to improve the health of the underserved community				Monitor survey results and activities associated to identify health disparity needs in the three neighborhoods		
				Provide technical assistance and advocate for sustainable funding for Live Well by Faith.		

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 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	Activites	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

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 targets and activities outlined in this document cover the third 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, our targets and activities 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.

Appendix A:
Collaborative Action Team Meeting Responses to the Three Questions

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

1. Where do you see potential crossover for the teams?

- Joint event between Healthy Lifestyles and Safe and Healthy Neighborhoods
- Target folks that traditionally have been under-represented (immigrants, refugees, trans, LGB, etc.)
- Inclusion training for other groups (Access, Lifestyles, etc.)
- All teams are positively impacting health equity is some way!
- Safe and Healthy Neighborhoods and Healthy Lifestyles- increase sidewalks and parks/playgrounds/ basketball courts/ball fields will increase safe and healthy lifestyles
- Sounds like Access and Disparities have overlap, potential for mutual event promotions
- Would be neat to see more crossover between healthy lifestyles and safe and healthy neighborhoods in the 3 city neighborhoods
- I see crossover between safe and healthy neighborhoods and healthy lifestyles, particularly regarding the issue of sidewalks and traffic calming
- Access to care and behavioral health and health disparities
- Access to both physical and mental health
- Combine healthy lifestyles and health disparities on specific projects
- Safe and healthy neighborhoods and Live Well by Faith, often attendees of church live in the nearby neighborhoods
- Incorporate Healthy Homes- could be a fit for several action teams: Live Well, behavioral health, safe and healthy neighborhoods, health disparities, possibly healthy lifestyles (IAQ)
- Live Well by Faith and health disparities, these two teams appear to be targeting populations that overlap
- Behavioral health-healthy lifestyles on tobacco, mental health
- Outreach focus on behavioral health in targeted neighborhoods ((destigmatizing campaign (low tech) and info about FACE))
- Safe and healthy neighborhoods and healthy lifestyles. How can we add community gardens, walking groups, etc. in the 3 neighborhoods? This could achieve several things: social, improved physical activity, crime prevention.
- Tobacco and behavioral health
- Access to care and behavioral health (increasing mental health services)
- Live Well by Faith could also crossover with safe and healthy neighborhoods, access to care and behavioral health in addition to the other two
- Tobacco: (crossover) A major factor in health disparities and behavioral health as well as healthy lifestyles
- Live Well by faith combine with access to healthcare to provide next steps for both programs
- Access to care worker could incorporate the community health liaison role and target priority neighborhoods and ER's
- ·Health disparities/access to care. Live Well by Faith needs to be longer than 2 years. See these groups working together longer than 2 years to move the needle on health disparities, especially for minorities
- Crossover between access to health care and health disparities

2. Do you have an idea for an action team?

- Access to care worker convert to lay health worker? Focus on African American health disparities

- Community events calendar available to all teams
- Add labeling to retail outlets to include health or safety benefits
- Boone Hospital business development could offer resources for lists of primary doctors and a number to call to get connected with a primary doc who is accepting patients. This could help Lynn Bollinger potentially? I could get you connected with resources. Kelsie.Knerr@bjc.org
- The Live Well by Faith could ask Boone Diabetes and Weight Management to provide a training course at their health expo or something. Feel free to contact us at Kelsie.Knerr@bjc.org
- Do outreach in targeted neighborhoods to refer people to primary care (when they aren't already sick)
- Provide physical activity programs onsite in parks in targeted neighborhoods (and/or form walking clubs)
- Healthy Lifestyle, Parks and Trails photo library provide digital images of nature photos for medical facilities
- Healthy lifestyles and safe and healthy neighborhoods could work together to raise priority of sidewalks and traffic calming. Example- WSB families talking with city staff and to city councils
- Run BICs for all action team members
- Healthy lifestyles/safe and healthy neighborhoods partnering on neighborhood active design (pop up parks, walkability, etc.)
- Access to care sw/case manager could work with Project Homeless Connect. MedZOU clinic saw 16 high risk patients without primary care physicians. They needed a case manager not a simple referral to get into regular health care. Suggestion-find points of care within the community where low income patients who do not have a medical home end up presenting. They need aggressive case management. Contacts: Project Homeless Connect, refugees who after 8 months lose Medicaid (partner with Refugee/Immigrant Services), emergency room/uninsured pts, urgent care/uninsured pts, Centro Latino, Oak Towers/Paquin Towers, etc. Partner with Live Well by Faith
- Training on the difference between advocacy and lobbying. We can be doing more on that front that I think we "think" we are allowed to.
- Healthy lifestyles- trails and parks are free and include lots of opportunities for physical activity and mental health
- Include parks and trail guides in all medical facilities
- Rural healthcare and community outreach (for the rest of Boone County)
- Healthy lifestyle: engage more the Latino, immigrant community, others have higher risks of inactivity, being overweight, obese, etc.
- Safe and healthy neighborhoods: look at Boone County hazard mitigation plan and aid in development of program for preparedness resources (3 day supply of food for disadvantaged populations)
- I think we should re-evaluate some of the priority areas for safe and healthy team and partner with another team- perhaps behavioral health
- Health disparities could be broken into more specific categories
- Healthy lifestyles should be broken up into more specific categories (food, exercise)
- Case management for access to care- need to work with other agencies- SOAR specialists
- Maybe an employment/education action team, include CARE office as leader/ as well as REDI
- Bring Red Cross as partner for safe and healthy neighborhoods for smoke detector installation program
- How much internal work have action team members done in preparation for this community work? What lens are you using? What unconscious biases have been uncovered because they affect how we think/what we do?
- Advocated for a dedicated CPD officer to develop neighborhood watch program
- More money to improve energy efficiency in 3 neighborhoods. Attic insulation for all homes in the Central neighborhood
- Fold safe and healthy neighborhoods with city social equity group, a lot of overlap and common

interests
- Healthy lifestyles team- incorporate trail theme to virtual walking program i.e.-Trans America Trail (mileage)
- Access to care: maybe it's possible to address the Medicaid expansion barrier from a more grassroots approach. While you're limited in advocacy, lobbying directly- we could do education/ awareness/cultural bias trainings to help address the "classism" that permeates our communities and impacts how people VOTE. Perhaps opportunity to influence voters through churches- emphasizing value of helping the poor and needy?
- How can we increase utilization of access to care social worker?
- Central neighborhoods is fire medical calls for service hotspot, could this be an opportunity to refer to access to care SW?
- Immigrant and refugee health
- What is access to care doing related to health disparities with minority males, esp. black males?
- Chronic disease management

3. What community member would you like to include in an action team?
- Add refugee services to access team and disparities team
- Boone Hospital center and affiliated physician-esp. re health disparities and access
- Let remember/integrate Commissioner Thompson's important work on mental health and law enforcement/the county jail
- Bring transportation partners to access to health care
- Someone from the LGBTQ community. Their voice is missing. Important for both access and disparities.
- Let's brainstorm how else can we get to people/families in addition to through schools and churches? (and the neighborhoods project which is great)
- Heads of hospitals!
- Access to care- someone representing University Hospital, someone representing Boone Hospital (ER representatives). Someone from the Immigration Health Coalition (new group, large coalition)
- Health disparities: prison/justice system judges; refugee resettlement orgs.; health and arts folks (engage more)
- Refugee and Immigration services
- City of Refuge
- Safe Kids Columbia
- Still need more folks from the county- Harrisburg, Sturgeon, Hartsburg, Ashland.....
- Physicians? Counselors?
- Alicia Ozenberger from Ashland: A.C.T.- leading Ashland Helping Youth Coalition
- Bring Chamber of Commerce/Employers to access to care
- Bring newly formed Boone County Office of Emergency Management to safe and healthy neighborhoods
- Behavioral health- Erin Reynolds, Family Access Center for Excellence (FACE)
- Food banks
- Sustainable farms and communities
- Access to healthy foods!!!
- Columbia Farmers Market
- Big Brothers Big Sisters of Central Missouri
- Masters in PH program at MU
- African American and Hispanic men need to be included
- State legislators that represent Boone County
- Legislators
- Success Grant recipients should also join Action Teams
- Strategic priority neighborhood resident

- Mernell King, Early Childhood Programs Director, CMCA
- No specific members to suggest but it is always great to have members of the public as well as professionals
- Need more resident involvement
- Can we develop neighborhood councils with Social Equity Teams that would include staff and residents?
- What about including Columbia/Boone County fire in the access to care group
- Anna Hoskins, Family Health Center
- Add law enforcement to Healthy Communities
- Mayor Treece or perhaps wife
- Family Impact Center: Sara Hughes, Ashley Guillemette (she is leaving in Dec)
- Mayor and Superintendent
- Dr. Adrian Clifton, President- Worley Street Roundtable Community Partnership liaison- MU College of Education

Appendix B:
Collaborative Action Team Meeting

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

What emerging issues and/or new data should the action teams be mindful of?

- We have more data on the opioid epidemic
- 18,000 uninsured before ACA, 13,000 now. Boone county, only 4000 with medical home through FHC and Adzou
- Stress due to climate change or more money going to energy costs, can impact behavioral health and safe and healthy neighborhoods, lack of preparedness also
- Strain on social services with climate change - urban heat island (?)
- Impacts of climate change on health disparities
- New behavioral health hospital in northern part of city (mahree)
- Nationwide tobacco use is trending downward
- Toxic stress impacting chronic health conditions
- Trauma informed care in schools
- Rate of fatality regarding transportation is 2.4x higher in Columbia than NYC, crash vs. accident
- Condition of housing stock and impact on health, Emerging data from med community regarding impact of housing on health
- Visual of nature feel better mentally (Janet)
- Need for vocational programs
- New Burrell programming
- Housing accessibility, affordability, stability - have adopted the housing first model, but that only works when there is housing availability
- Homeless summit 11/17-11/18
- CMCA women's business center
- CPS EdX - WSRT
- DAP increasing youth programming
- Children's mental health tax, but there are deficits with helping adults. Will have workshop with stakeholders to map the resources
- E-cig usage is rising
- Drinking and driving in Ashland
- Drug and alcohol awareness in Ashland

Appendix C:
City of Columbia 2016-2019 Strategic Plan Neighborhood Survey (n = 74)

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

Do you feel safe in your neighborhood?
- 77.46 % Yes
- 23.94 % No

Do you have good lighting in your neighborhood?
- 82.86 % Yes
- 17.14 % No

Do you feel safe letting your kids play outside in your neighborhood?
- 72.55 % Yes
- 29.41 % No

Do you know your neighbors?
- 83.10 % Yes
- 16.9 % No

Do you, or would you like to, attend neighborhood activities like: dinners, picnics, or fun things for kids?
- 66.67 % Yes
- 33.33 % No

Do you have health insurance?
- 81.94 % Yes
- 20.83 % No

Do you have a regular doctor?
- 83.10 % Yes
- 16.90 % No

Do you exercise and/or visit parks?
- 69.01 % Yes
- 30.99 % No

Do you eat 5 servings of fruit and vegetables each day?
- 22.54 % Yes
- 77.46 % No

Do you have good sidewalks in your neighborhood?
- 64.79% Yes
- 39.44 % No

Is it safe to cross the streets in your neighborhood?
- 67.12 % Yes
- 35.62 % No

Public Health
Prevent. Promote. Protect.

Columbia/Boone County
Public Health & Human Services

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