

Callaway County Health Department



COMMUNITY HEALTH IMPROVEMENT PLAN

2025 - 2029



Public Health
Prevent. Promote. Protect.

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Acronyms

CCHD: Callaway County Health Department

CDC: Centers for Disease Control and Prevention

CHA: Community Health Assessment

CHIP: Community Health Improvement Plan

CHR: County Health Rankings

CSA: Community Status Assessment

MAPP 2.0: Mobilizing for Action through Planning and Partnerships 2.0

NACCHO: National Association of County and City Health Officials

SDOH: Social Determinants of Health

Executive Summary

Callaway County Health Department began the Community Health Improvement Plan Process in February 2025, after the conclusion of the Community Health Assessment Process in December 2024. The Callaway County Health Department (CCHD) partnered with the Missouri Public Health Institute and community stakeholders to create and implement the Community Health Improvement Plan. CCHD utilized the Mobilizing Action through Planning and Partnerships (MAPP 2.0) framework to conduct the CHIP process. This framework was also used to complete the Community Health Assessment.

The goal of a Community Health Improvement Plan is to create a long-term, actionable plan to address each priority area. The CHIP should build directly off of the work, data, and insights from the Community Health Assessment. The 2024 Callaway County Community Health Assessment identified three key priority areas to be addressed in the CHIP. These priorities are:

Access to Care

Food Insecurity / Food Access

Substance Use and Misuse

The Community Health Improvement Plan (CHIP) was developed over the course of two meetings, where CCHD and its partners collaborated to establish goals, objectives, strategies, and action steps for each priority area. During these discussions, participants also identified existing community programs and resources, along with ongoing initiatives aimed at addressing the identified priorities.

Guided by the MAPP 2.0 framework, the CHIP process emphasized collaboration, shared decision-making, and co-governance. It relied heavily on data from the Community Health Assessment (CHA), complemented by the lived experiences and insights of community partners. These stakeholders played a crucial role in shaping the CHIP and will remain essential in its implementation and long-term sustainability.

Access to care was identified to have key barriers including limited appointment availability, a shortage of providers in the county, and transportation challenges. To address food insecurity and access, partners focused on strengthening current efforts and expanding food support and nutrition education. Additionally, policy recommendations and early prevention strategies were identified as critical approaches for tackling substance use and misuse.

For further information, please contact Andrea Bedrosian (Callaway County Health Department Administrator).

Callaway County Health Department

MISSION

Our mission is to **prevent** illness and injury, **promote** healthy living, and **protect** the health and well-being of every person in Callaway County through education, essential services, and community partnerships.

VISION

To foster a safe, healthy, and thriving community where every person can live their best life.

VALUE STATEMENT

- We are guided by Prevent, Promote, Protect:
 - Prevent illness and injury for a healthier future.
 - Promote healthy habits and wellness for all.
 - Protect the health and safety of our community.
 - Serve with integrity, compassion, and honesty in all we do.
 - Collaborate with our partners for a stronger, healthier community.

About Callaway County

Callaway County is located between Columbia and St. Louis. Covering 839 square miles, Callaway is the 7th largest county in Missouri by land size. The largest city in Callaway County is Fulton, which is home to two colleges: Westminster and William Woods. The county was formed in 1820 and named after Captain James Callaway. Callaway is home to the National Churchill Museum, the Ameren Nuclear Plant, Fulton State Hospital, a large Dollar General distribution center, and Backer potato chips. Callaway County is also home to the Fulton Reception and Diagnostic Center (Missouri Department of Corrections), the Missouri School for the Deaf and Fulton Treatment Center (Missouri Department of Social Services).

Callaway County has a population of 44,762 (ACS, 2022). This is broken down into 15,981 households, with an average household size of 2.55 people per household. Callaway County is 52.02% male and 47.98% female. It is a primarily English-speaking County, with 98.63% of residents citing English as their primary language. Spanish is the second primary language, although only 0.65% of residents consider it their primary language. Other languages (French, Chinese, Japanese, etc.) only make up 0.72% of resident's primary languages combined. Callaway County is also a primarily white county. 89.3% of residents report their racial identity as white, 4.9% as black or African American, 4.18% as two or more races, 2.4% as Hispanic or Latino, 0.8% as Asian, and 0.6% as American Indian or Alaskan Native.

Overview of MAPP 2.0

MAPP 2.0, also known as Mobilizing for Action through Planning and Partnerships, was developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). MAPP 2.0 is a widely adopted framework for community-wide strategic approaches to improve community health. MAPP 2.0, its most recent version, is centered nine core principles and includes three phases. The three phases can be found below:

- 1. Build the CHI Foundation**
- 2. Tell the Community Story**
- 3. Continuously Improve the Community**

Phase 1, "Building the CHI Foundation," focuses on establishing the foundation for community health improvement. This involves identifying potential partners, preparing for collaboration, analyzing stakeholder influence and input, and fostering a shared understanding of the MAPP 2.0 framework. It also includes gaining support for the mission and vision of MAPP 2.0. Additionally, Phase 1 involves evaluating the current community health infrastructure, assessing the readiness for MAPP 2.0 in terms of available assets and resources, and prioritizing long-term health improvements with a strong focus on addressing health concerns in the populations of highest need.

Phase 2, "Telling the Community Story," centers on conducting three essential community assessments to evaluate the health and well-being of the population and to gather insights from both community partners and members. These assessments include ongoing data collection from diverse sources, blending both qualitative and quantitative information.

Phase 3, "Continuously Improve the Community," aims to create lasting change in the community. This phase focuses on establishing long-term strategic partnerships, conducting power analyses to ensure effective engagement with partners, incorporating quality improvement strategies, and most importantly, developing a framework for measuring, monitoring, and evaluating the Community Health Improvement Plan (CHIP).

What is a CHIP?

A Community Health Improvement Plan (CHIP) is a strategic, long-term plan designed to address key public health challenges and priorities. Callaway County's CHIP, along with its Community Health Assessment, was developed using the Mobilizing for Action through Planning and Partnerships 2.0 (MAPP 2.0) framework—a nationally recognized model widely adopted at local, state, and federal levels.

The CHIP is developed in partnership with the community, building on the data and insights gathered through the Community Health Assessment. Its main goal is to identify priority areas for health improvement and outline clear objectives, strategies, and action steps to address them. Serving as a strategic guide, the CHIP helps the health department align its long-term efforts with community-defined priorities. It also provides a valuable tool for policymakers, stakeholders, and community organizations to coordinate resources and initiatives toward shared goals, minimizing duplication of efforts.

Although the Callaway County Health Department convened and led the development of the CHIP, collaboration was essential throughout the process. Input from government agencies, educational institutions, nonprofits, community members, and other partners played a critical role in shaping the plan and will continue to be vital during its implementation and ongoing evaluation. Ultimately, the CHIP is a community-owned initiative, and its success depends on the active participation and sustained commitment of all involved stakeholders.

Community & Partner Engagement

The Callaway County Health Department brought together a diverse group of community members, stakeholders, and partners to foster an inclusive and collaborative CHIP process. Participants played a vital role by sharing valuable insights, analyzing CSA data and survey results, providing feedback, and developing strategies and action steps to address key priorities. A total of 58 local stakeholders and organizations were invited to participate in the CHIP process. The CHIP partner organizations are listed below:

Callaway Emergency Management Agency

Callaway United Way

Callaway County Ambulance District Board

Callaway County Ambulance District Emergency Services

Central Missouri Community Action

City Council

Fulton Sun

Holts Summit Food Pantry

Missouri Partners in Prevention

Open Table

Our House

SERVE

South Callaway School District

Westminster College

William Woods University

We extend our sincere gratitude to all who attended and contributed to the community health assessment. This effort was made possible through your valuable feedback, dedication, and commitment to enhancing the health and wellbeing of our community. Your time and thoughtful input are deeply appreciated.

CHA Highlights

The Callaway County Community Health Assessment (CHA) concluded in late 2024, marking the end of a five-month effort in which community partners convened monthly to complete three assessments in line with the MAPP 2.0 framework. With the CHA wrapped up, the department transitioned to the Community Health Improvement Plan (CHIP) process, building on the foundations established during the assessment. The three priorities identified in the CHA remained central to the CHIP initiative, guiding its focus. Throughout the CHIP process, data from each priority area was re-shared, enabling partners to evaluate concerns, identify opportunities for health improvements, and pinpoint existing resources to support action planning for each priority.

During the community health assessment process, data was gathered through two primary methods. The Community Status Assessment (CSA) relied on a wide range of secondary sources, contributing a significant portion of the overall data. The second source was the community survey, which was developed in the second community health assessment meeting and distributed soon after. This survey, which gathered 337 responses, served as the data collection tool for the primary data within the CHA.

Data highlights from the Community Health Assessment can be found below. Data visualizations from the Community Survey conducted in the CHA can be found in the Appendix.

Access to Care

Community Status Assessment Data

A very small percentage of households in Callaway County lack access to a vehicle (4.04%), with an average of 2.2 vehicles per household (CHR&R, 2024). However, transportation remains a barrier when trying to access healthcare in rural communities across the United States.

According to the Missouri Resident County Level Study (2021), 14.48% of residents aged 18 to 64 lack health insurance. Financial barriers significantly impact healthcare access, with 64.62% of residents foregoing medical care in the past year due to cost, and 21.99% avoiding dental care for the same reason.

In Callaway County, 90.04% of residents are insured, leaving 9.96% uninsured (Missouri CLS, 2021). Despite a high insurance coverage rate, healthcare costs remain prohibitive, with an annual per-person medical spending of \$1,140.

Provider shortages remain an issue in many rural counties, as demonstrated by Callaway's 2,640:1 population-to-primary care provider ratio. This is nearly double Missouri's 1,420:1 state average (County Health Rankings & Roadmaps, 2024). The county also has a 3,720:1 population-to-mental health provider ratio, compared to Missouri's 410:1. However, Callaway fares better in dental care access, with a 538:1 population-to-dentist ratio versus the state's 1,600:1 (CHR&R, 2024).

Food Insecurity & Food Access

Community Status Assessment Data

Food insecurity is a critical social determinant of health (SDOH). In Callaway County, 10% of residents experience food insecurity, slightly below Missouri's 11.6% average (CHR&R, 2024). Limited access to healthy food affects 8% of residents.

Children face significant nutritional disparities, with 50.93% eligible for free or reduced lunch, higher than Missouri's 46.8% rate. Additionally, 9.16% of Callaway residents receive SNAP benefits, compared to 11.3% statewide (CHR&R, 2024). Feeding America (2020) reports a gap between those needing and receiving assistance, with 24% of food-insecure children are ineligible for aid.

Substance Use & Misuse

Community Status Assessment Data

Smoking remains a widespread health risk, affecting 19.6% of Callaway County residents (CHR&R, 2024). Among tobacco users, 6.22% use e-cigarettes, and 5.57% use smokeless tobacco (Missouri CLS, 2021). Youth e-cigarette use is increasing, with 14.3% of students in grades 6-12 reporting use in the past 30 days, while 2.8% reported tobacco use (Missouri Student Survey, 2024). Self-reported surveys often understate actual use, suggesting the numbers could be higher.

Alcohol consumption is also underreported. CHR&R data indicates 16.7% of adults binge drink (three or more drinks in one sitting), while 22% engage in heavy drinking (defined as consuming over two drinks daily).

Opioid misuse presents another serious concern. The Department of Health and Senior Services reports an opioid overdose death rate of 17.43 per 100,000 in Callaway County (2023). The UMSL Addiction Science team documented a decline in overdose deaths across central Missouri from 2022 to 2023. However, insights from EMS partners highlight unreported opioid use, suggesting the actual figures may be higher and warrant further investigation.

#1: Access to Care

1. **Overarching Goal:** The Callaway County Health Department will seek to improve access to care for all Callaway County residents.
2. **Lead Organization:** The Callaway County Health Department will be the lead organization in collaboration with community partners and the Access to Care action team.
3. **Objectives/Key Performance Indicators (KPIs):**
 - a. **STI Treatment:** Track and increase the number of community members being screened and treated for STIs through the development of an STI clinic housed in the health department.
 - i. Year 1: Establish a baseline for STI-related services (total individuals screened and treated).
 - ii. Year 2-3: Develop goals to improve service delivery, expand reach, and improve tracking methods.
 - iii. Year 4-5: Implement service improvement and expansion strategies to meet identified goals.
 - b. **Healthcare Access Education:** Measure how many community members receive education or assistance related to insurance and healthcare access.
 - i. Within two years of implementation, 100% of WIC staff will be trained and educated on how to provide assistance and where to refer clients for additional support.
 - ii. Track overall number individuals educated on insurance coverage and benefits to establish a baseline. Use this information to inform outreach and resource coordination.
 - c. **Transportation:** Begin foundational work for improving transportation access to health services.
 - i. Collect data on WIC referrals and partner data to establish a clear baseline for community transportation need.
 - ii. Collaborate with partner organizations to explore outreach and resource identification. Within 1-2 years, hold conversations with all neighboring counties to identify success stories and identify at least one new transportation resource to establish a new resource within the county, or improve current transportation services.
4. **Strategies and Activities:**
 - a. **Transportation:** CCHD and partners will explore existing programs and funding opportunities to improve access to care by connecting community members with affordable transportation to appointments.

- b. **Appointment Availability and Providers:** CCHD will discuss with partners and medical providers methods for expanding appointment hours, after-hours care, and methods by which to attract and retain healthcare providers in the county.
 - c. **Education:** CCHD will work in partnership with community partners and stakeholders to provide education on Medicaid and Medicare sign up as well as the benefits within each of these insurance plans.
 - d. **STI Testing:** CCHD will begin to work on services to offer STI testing within the health department.
5. **Asset Identification:**
- a. Medical Transportation Services
 - b. Express Care
 - c. Telemedicine
 - d. JCMG
 - e. Community Health Center
 - f. Senior Center
 - g. Arthur Center
 - h. Schools Districts, William Woods and Westminster
 - i. Compass Health
6. **Monitoring and Tracking:** CCHD will convene annually, at a minimum, to track progress toward objectives. As the CHIP is implemented, more meetings may occur as progress is made or as revisions are needed. CCHD will create a tracking sheet to track progress.

#2: Food Insecurity / Food Access

1. **Overarching Goal:** The Callaway County Health Department will seek to improve food access for residents of Callaway County facing food insecurity.
2. **Lead Organization:** The Callaway County Health Department will be the lead organization in collaboration with community partners and the Food Insecurity / Food Access action team.
3. **Objectives/Key Performance Indicators (KPIs):**
 - a. Food Bank Coalition:
 - i. Year 1: Establish a county wide food assistance coalition. CCHD will convene initial meetings of the coalition, ensuring widespread participation from organizations and consistent meeting times. Upon establishment of the coalition, it will set up a tracking system to gauge and understand the level of food being distributed between participating organizations, assess need for further resources, and continue to improve collaboration.
 - ii. Year 2: Through consistent meeting times and planning, the coalition will look to improve efficiency of service and avoid duplication. Furthermore, these coordinated efforts will result in the development of a centralized calendar outlaying the monthly days and times of food distribution and related events. This calendar will be tracked and updated on a monthly basis. Participation will be tracked prior to implementation of this calendar, with a goal to increase turnout at events by five percent within a year of release.
 - iii. Years 3-5: The remaining years of this CHIP will focus on sustainability. The Coalition will continue to meet, expanding where needed and identifying further opportunities for collaboration, resource sharing, and need within the community.
 - b. Education:
 - i. Year 1: For the first year, we will track how many staff are trained to assist in the filling out and submission of free and reduced lunch applications, as well as any other food assistance programs community members qualify for (WIC, SNAP, etc.). CCHD will train all staff that frequently interact with community members to assist in the filling out of these forms.
 - ii. Years 2-5: CCHD will track the number of community members connected to food assistance programs via the health department for the remainder of the

CHIP. CCHD will work with local schools to increase the percentage of community members signed up for free or reduced lunch that are eligible.

4. **Strategies and Activities:**

- a. **Food Bank/Food Pantry Coalition:** Organizations working directly with food assistance and food insecurity discussed a need for collaboration and coordination with one another. CCHD will create and convene a coalition for these organizations to communicate regularly and effectively, sharing resources and coordinating efforts. As part of this effort, methods for how to gather consistent, healthy food donations will be discussed and identified.
 - i. **Centralized Food Distribution Calendar:** As a part of the coalition, a centralized food distribution calendar will be developed to highlight when and where food distribution will take place throughout any given month. This calendar will be accessible to the public and updated regularly to provide clear and concise messages to community members.
- b. **Education:** CCHD will expand its efforts to assist community members that are eligible to sign up for free and reduced lunch, WIC, SNAP, and other assistance programs in applying for and using these programs. CCHD will also explore an expansion of nutrition education classes with partners.

5. **Asset Identification:**

- a. Central Missouri Community Action
- b. Holts Summit Food Bank
- c. SERVE
- d. OpenTable
- e. MU Extension

6. **Monitoring and Tracking:** CCHD will convene annually, at a minimum, to track progress toward objectives. As the CHIP is implemented, more meetings may occur as progress is made or as revisions are needed. CCHD will create a tracking sheet to track progress.

#3: Substance Use and Misuse

1. **Overarching Goal:** Callaway County Health Department will seek to address substance use and misuse, particularly alcohol use, smoking and opioid use, through a variety of early prevention methods and policy recommendations.
2. **Lead Organization:** Callaway County Health Department will be the lead organization in collaboration with community partners and the Substance Use and Misuse action team.
3. **Objectives/Key Performance Indicators (KPIs):**
 - a. Policy Recommendations:
 - i. Years 1-5: CCHD will begin by working with community legislators and organizations to implement alcohol serving related policy. The successful implementation of this will be primarily how it is tracked. If the policy is implemented, CCHD will work within the community to track the impact of the new policy. This will be tracked through monitoring over serving, as well as community perception of safety and cohesion within their community.
 - b. Early Intervention:
 - i. Years 1-5: CCHD will work with the schools to identify opportunities for early intervention education. Early intervention is known to be effective, but the impact of early intervention is difficult to track as the impact comes years later. CCHD will track the number of programs implemented and resources provided throughout this collaboration instead of direct impact from this education to ensure goals are measurable and achievable.
4. **Strategies and Activities:**
 - a. **Alcohol Serving Policy Recommendations:** In collaboration with Westminster, William Woods, Partners in Prevention, and other partners, CCHD will make policy recommendations to instate required training for servers within Callaway County, as well as other County and City Ordinances.
 - b. **Early Education and Prevention:** CCHD, in collaboration with community partners, will identify methods to provide early education and prevention for youth within the county to address the root causes of alcohol misuse, smoking, opioid use, and other areas of substance use and misuse.
5. **Asset / Resource Identification:**
 - a. Partners in Prevention
 - b. Arthur Behavioral Health Center

- c. Compass Health
 - d. School Districts
 - e. Callaway Ambulance and EMS
6. **Monitoring and Tracking:** CCHD will convene annually, at a minimum, to track progress toward objectives. As the CHIP is implemented, more meetings may occur as progress is made or as revisions are needed. CCHD will create a tracking sheet to track progress.

Summary

The Callaway County 2025 Community Health Improvement Plan (CHIP) was successfully completed in April 2025. Through two collaborative meetings, the Callaway County Health Department, along with community stakeholders and partners, established clear goals, objectives, and strategies aligned with the three priority areas identified in the Community Health Assessment. Guided by the MAPP 2.0 framework, the CHIP development process emphasized strong partnerships and collaboration to drive meaningful health improvements. Its successful implementation will require ongoing dedication not just from the health department, but from all sectors of the community.

Looking ahead, the Callaway County Health Department will distribute the finalized CHIP document to all stakeholders and partners involved in the process. The plan will also be made publicly available through the CCHD website (currently in development), social media platforms, and as a physical copy at the health department. Additionally, an action team—comprised of health department representatives and community partners—will be established to oversee implementation and monitor progress. This team will convene at least once a year to assess advancements toward objectives, review outcomes, and make necessary adjustments to the CHIP.

We sincerely appreciate the dedication and contributions of every stakeholder and partner involved in shaping this plan, as well as those committed to its successful execution.

Appendix: Community Health Assessment Data

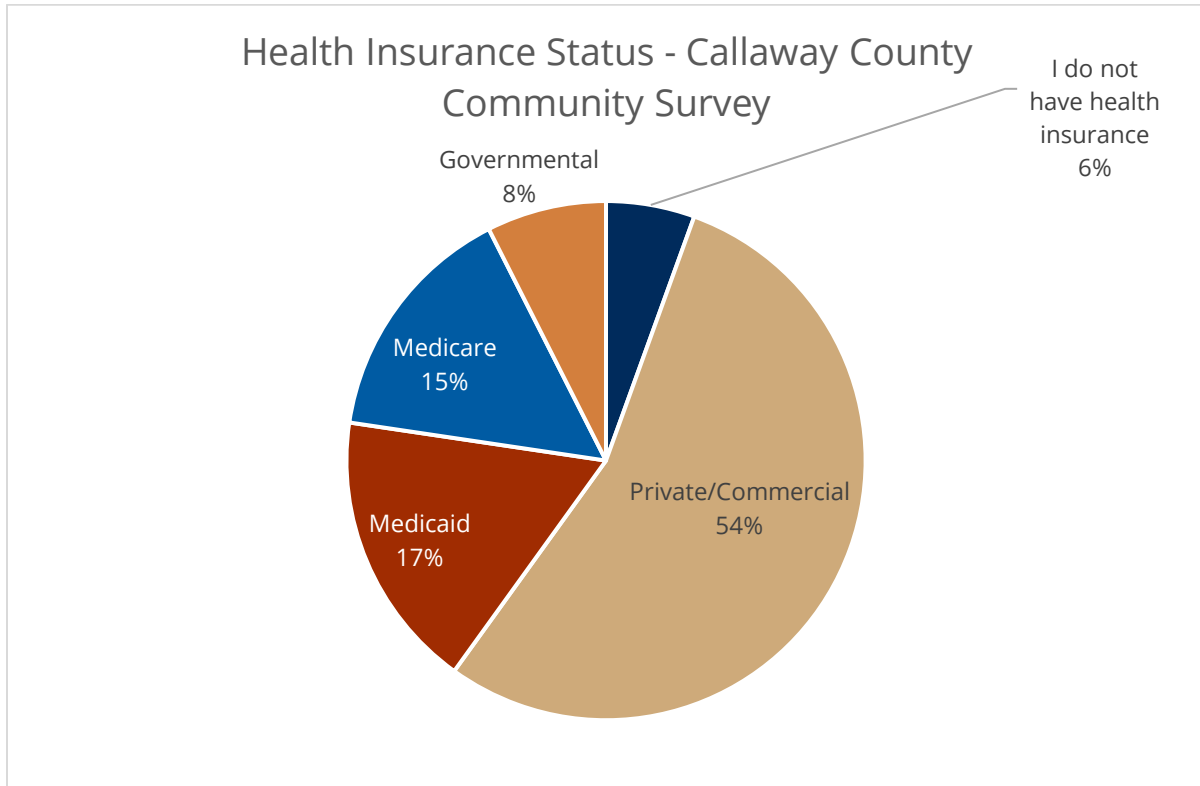


Figure 1: Health Insurance Status, Community Survey

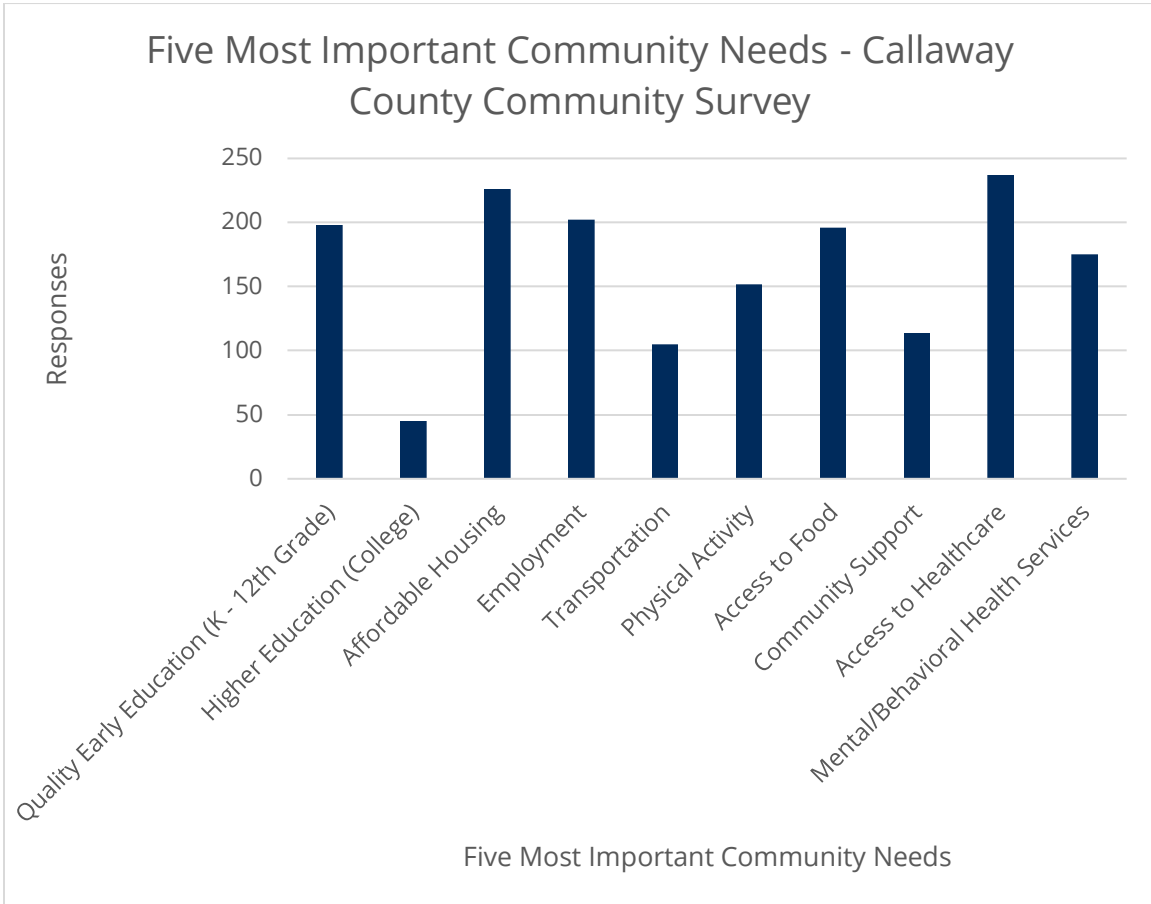


Figure 2: Five Most Important Community Needs, Community Survey

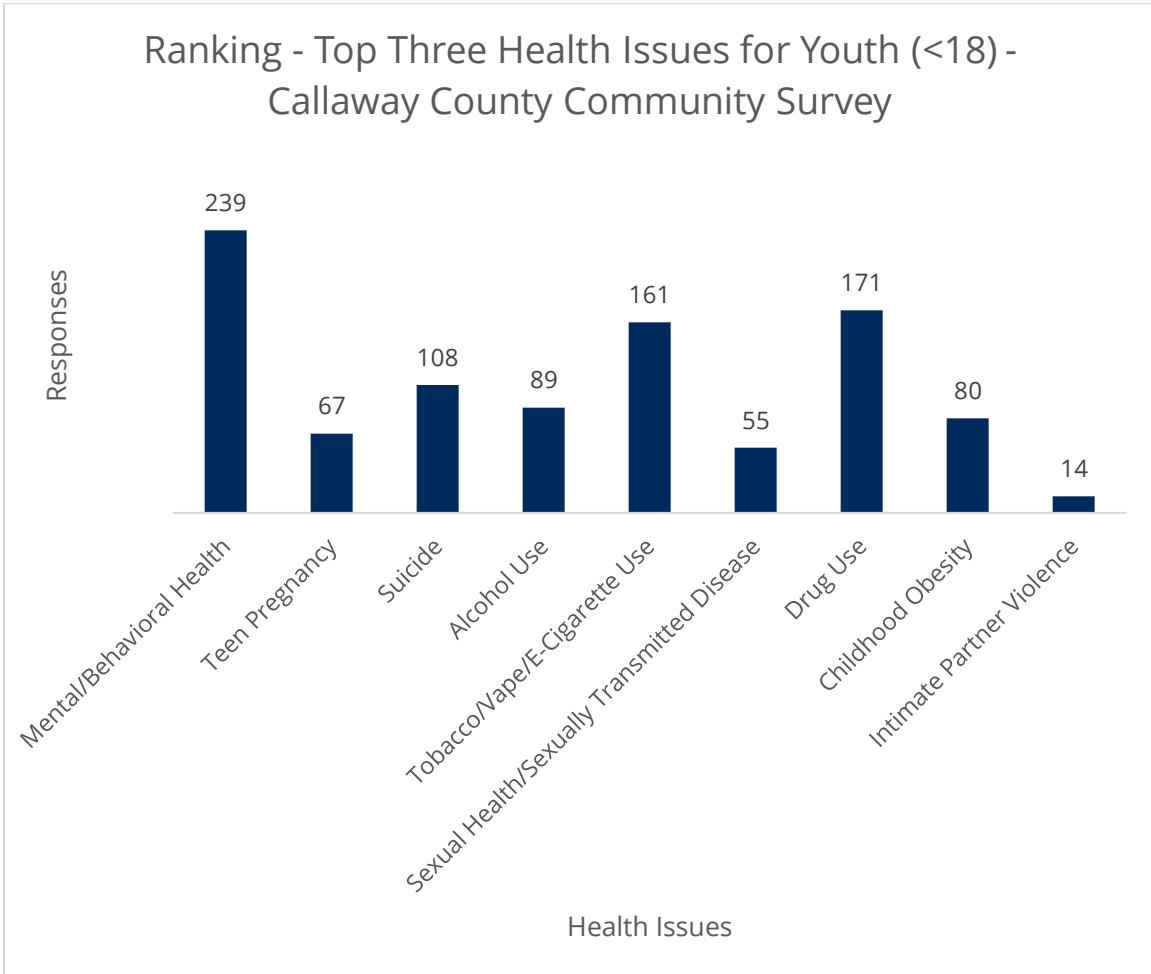


Figure 3: Ranking - Top Three Health Issues, Community Survey

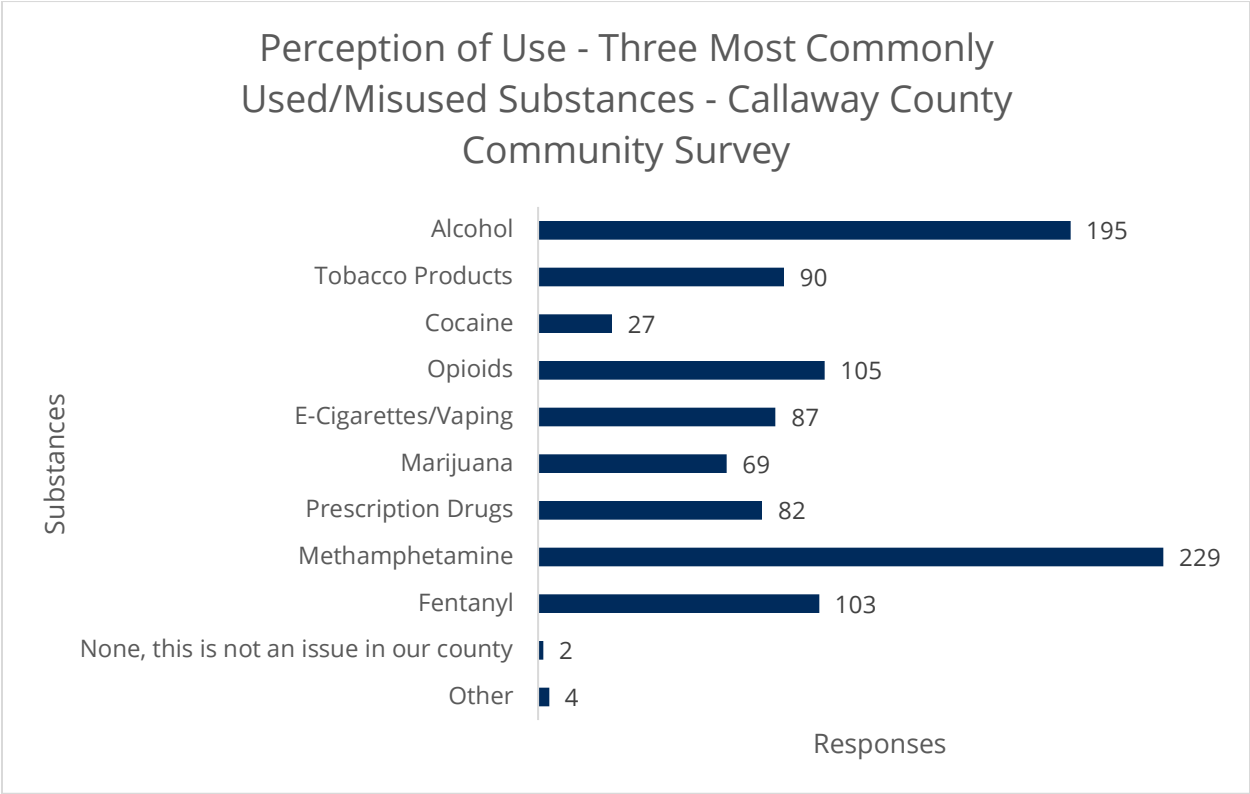


Figure 4: Perception of Use – Three Most Commonly Used/Misused Substances, Community Survey

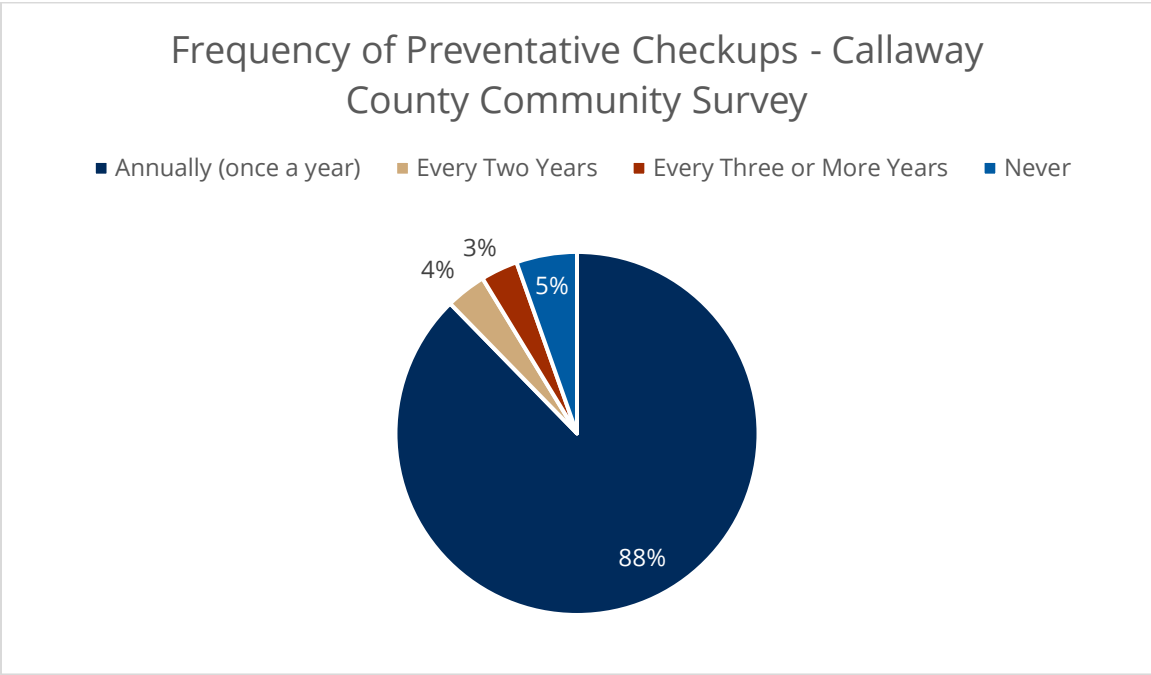


Figure 5: Frequency of Preventative Checkups, Community Survey

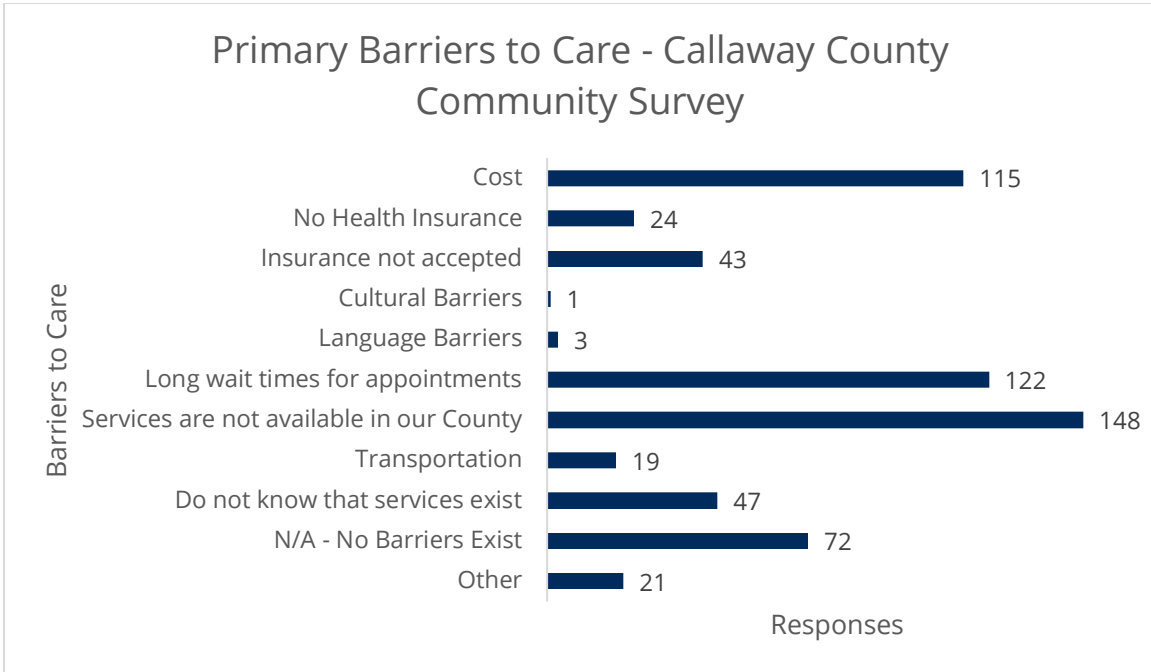


Figure 6: Primary Barriers to Care, Community Survey

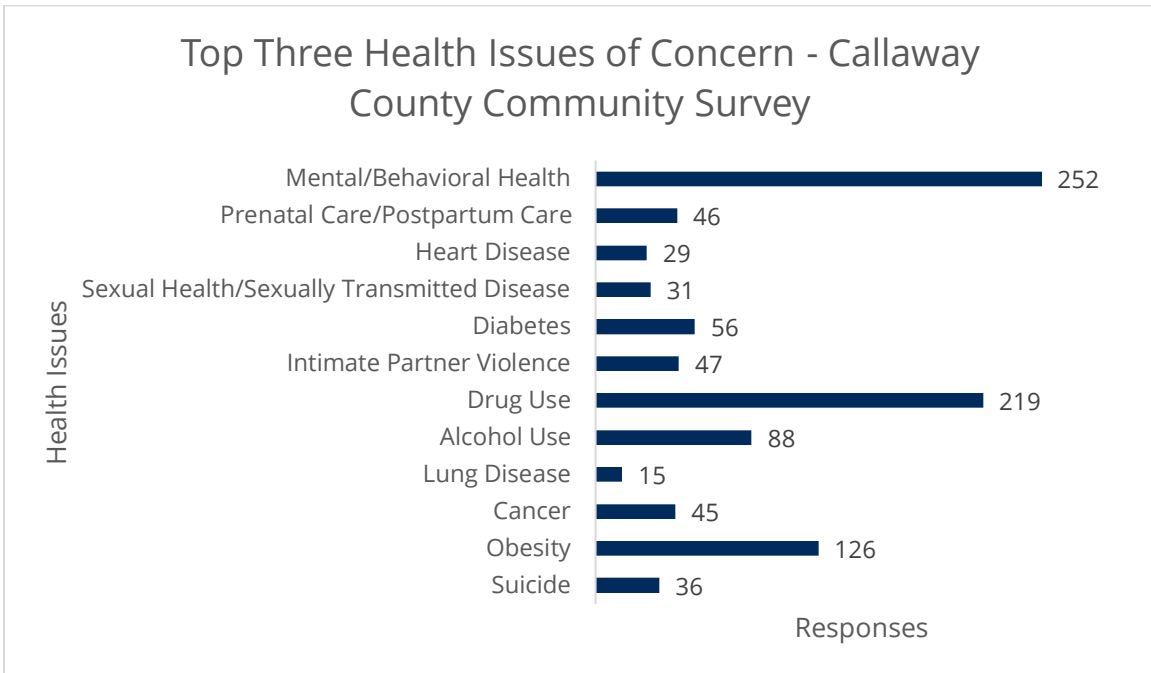


Figure 7: Top Three Health Issues of Concern, Community Survey

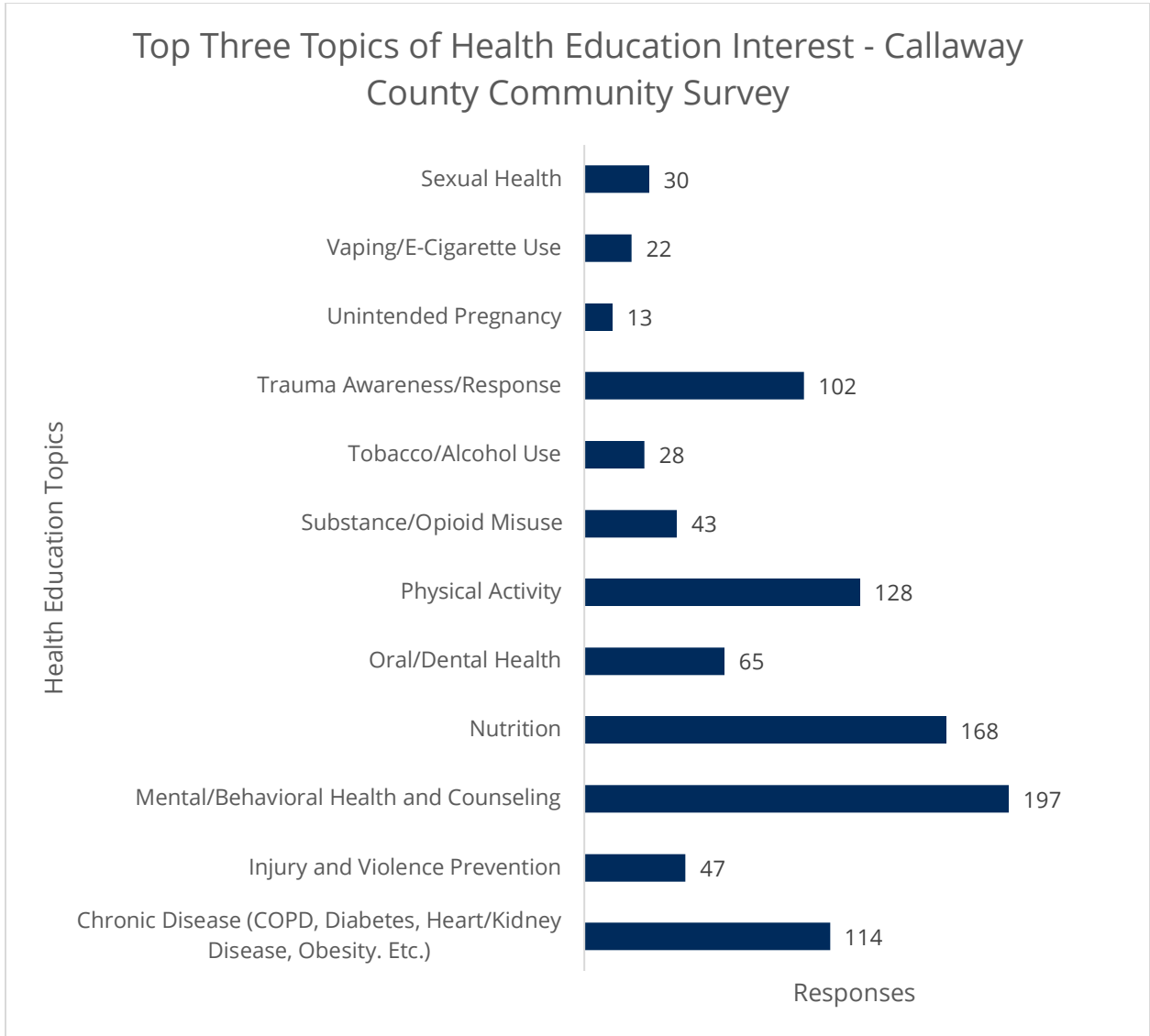


Figure 8: Top Three Topics of Health Education – Interest, Community Survey