

# Callaway County Health Department

# CHA

## COMMUNITY HEALTH ASSESSMENT



2025 - 2029



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

# Table of Contents

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<b>Acronyms .....</b>	<b>2</b>
<b>Executive Summary .....</b>	<b>3</b>
<b>MAPP 2.0 Principles .....</b>	<b>4</b>
<b>MAPP 2.0 Phases .....</b>	<b>5</b>
<b>Community &amp; Partner Engagement .....</b>	<b>6</b>
<b>Community Status Assessment .....</b>	<b>7</b>
Process & Methods .....	7
Geographic Profile .....	7
County Demographics .....	7
Social Determinants of Health .....	8
Health Behaviors .....	9
Morbidity & Mortality .....	9
Healthcare Access .....	9
<b>Community Context Assessment .....</b>	<b>11</b>
Process & Methods .....	11
Survey Demographics .....	11
Quality of Life .....	14
Healthcare .....	16
Physical & Mental Health .....	18
Health Education .....	19
Substance Use .....	20
Looking Forward .....	21
<b>Community Partner Assessment .....</b>	<b>22</b>
CPA Meeting Overview .....	22
CPA Survey .....	22
CPA Reflection .....	25
<b>CHA Priorities &amp; Next Steps .....</b>	<b>26</b>

# Acronyms

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**CCHD: Callaway County Health Department**

**CDC: Centers for Disease Control and Prevention**

**CHA: Community Health Assessment**

**CHI: Community Health Improvement**

**CHIP: Community Health Improvement Plan**

**CHR&R: County Health Rankings and Roadmaps**

**MAPP: Mobilizing for Action through Planning and Partnerships**

**MOCPHE: Missouri Center for Public Health Excellence**

**NACCHO: National Association of County and City Health Officials**

**SDOH: Social Determinants of Health**

# Executive Summary

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The Callaway County Community Health Assessment (CHA) began with a kick-off meeting in late July and concluded in early December 2024. The Callaway County Health Department (CCHD) partnered with the Missouri Center for Public Health Excellence (MOCPE) and community stakeholders to conduct a thorough and comprehensive Community Health Assessment.

CCHD utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework to guide the CHA process. The goals were to ensure that the CHA process was community driven, collaborative, transparent, and aligned with community values. The MAPP 2.0 framework sets the foundation and creates an environment for effective collaboration to take place, drawing upon the insights and expertise of community partners and the lived experience of community members and leaders. The MAPP 2.0 framework prioritizes the following values:

- Facilitating alignment with Callaway County's priorities, resources, and actions to improve health and wellbeing.
- Ensuring that health concerns among populations of highest needs are addressed throughout the CHA process, in both program planning and service delivery.
- Promoting community connections to support health and well-being.

The MAPP 2.0 framework encompasses three key assessments: the Community Context Assessment, Community Status Assessment, and Community Partner Assessment. These three assessments require the collection and review of qualitative and quantitative data. From this data review and analysis, CCHD, in collaboration with community stakeholders and partners, identified the following priorities to guide the work of the department for the next five years:

- **Access to Care**
- **Food Insecurity / Food Access**
- **Substance Use and Misuse**

This Community Health Assessment will serve as a foundation for community health improvement in Callaway County. Continuing with the use of the MAPP 2.0 framework, combined with continued engagement and collaboration of community partners and stakeholders, CCHD will develop a Community Health Improvement Plan based on the three priorities identified in this assessment.

# MAPP 2.0 Principles & Phases

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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).

# Community & Partner Engagement

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Callaway County Health Department engaged a diverse group of community members, stakeholders, and partners to promote an inclusive and collaborative CHA process. Participants played key roles in the process by providing valuable insights, reviewing CSA data and survey results, offering feedback, distributing surveys, engaging with the community, and contributing in various other ways. Fifty-eight local stakeholders and organizations were invited to take part in the CHA process. The CHA partner organizations are listed below:

**Callaway Ambulance**

**Callaway County Commission**

**Callaway County Sheriff's Office**

**Callaway County Stakeholders here:**

**Callaway EMA**

**Callaway Special Services**

**Central Missouri Community Action**

**City of Fulton**

**City of Fulton Parks and Recreation**

**Farmers Insurance Callaway**

**MU Extension**

**MU Healthcare**

**New Bloomfield R-III**

**Open Table**

**SERVE**

**South Callaway R-II Schools**

**Westminster University**

**William Woods University**

We would like to express our gratitude to those who attended and participated in the community health assessment. This assessment was only possible because of their feedback, input, time, effort, and dedication to improving the health and wellbeing of the community.

# Community Status Assessment

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The CSA is a quantitative assessment tool within the MAPP 2.0 framework, designed to collect data on demographics, health status, and health disparities. Community engagement is essential for its success. The process will foster new relationships and strengthen existing ones, helping to connect with historically marginalized and minoritized community members. These relationships are crucial for gathering data that accurately represents all voices in the community and identifies health disparities.

## PROCESS & METHODS

Led by the Mobilizing for Action through Planning and Partnerships (MAPP) framework, the Community Status Assessment (CSA) collects quantitative data on the status of the community such as demographics, health status, and health outcomes. The CSA helps a community move “upstream” by identifying differences in health outcomes across every level of influence, determine how each health determinant is interconnected, and provide a more “whole stream” scope. The CSA allows communities to look beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege, and oppression. The CSA is a community-driven assessment to help tell the community's story.

The CSA has been developed through conducting a comprehensive analysis of the health status in Callaway County. Quantitative data was gathered from reputable sources, including Policy Map, the United Census Bureau American Community Survey, Centers for Disease Control and Prevention (CDC), as well as the County Health Rankings & Roadmaps (CHR&R) report. After collecting the data, a summary was compiled of the most relevant and applicable information. The CSA serves as a valuable supplement to the community context and partner assessments, providing a comprehensive view of the health of Callaway County.

## GEOGRAPHIC PROFILE

Callaway County is located between Columbia and St. Louis. Covering 839 square miles, Callaway is the 7<sup>th</sup> 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).

## COUNTY DEMOGRAPHICS

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. The age distribution of Callaway County is spread evenly. The age breakdown is as follows:

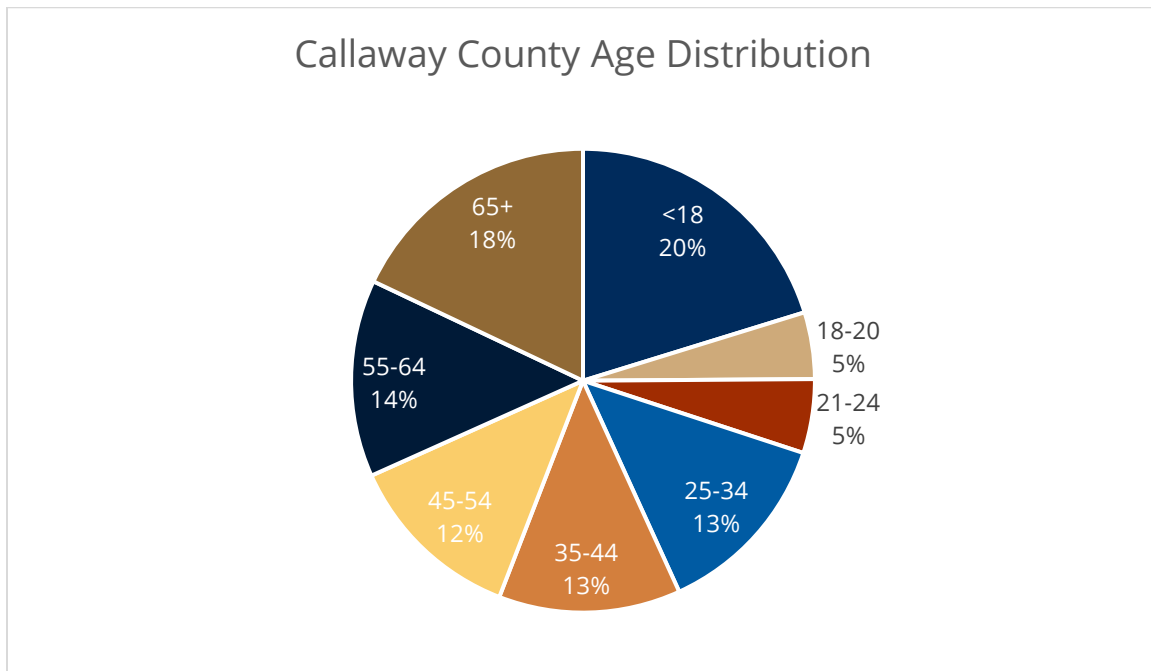


Figure 1: ACS, 2022

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.

## SOCIAL DETERMINANTS OF HEALTH

The CDC defines social determinants of health (SDOH) as the “non-medical factors affecting health.” SDOH are defining factors of community and individual health and are typically broken down into five main categories. Differences in SDOH can often lead to differences in health outcomes. The main categories of SDOH are:

- Social and Community Context
- Education Access and Quality
- Economic Stability
- Neighborhood and Built Environment
- Healthcare Access and Quality

In terms of education, 90% of Callaway residents have at minimum a high school diploma, 16.13% have at least a bachelor's, 8.74% have at least a graduate degree, and .08% have professional degrees. For comparison, 91.31% of Missourians have at least a high school diploma, 19.16% of Missourians have at least a Bachelor's degree, 12.03% have at least a graduate degree, and 1.92% have a professional degree (ACS, 2022).

Regarding income, Callaway County has a per capita income of \$31,874 compared to the state per capita income of \$36,754. The median household income is \$70,599. Callaway County's poverty rate is the exact same as the state rate of 9.47%. Unemployment is steady at 2.8% (Missouri rate: 3%) (ACS, 2022).

Food access, also known as food insecurity, is a crucial SDOH. Callaway County residents face food insecurity at a rate of 10%. This is slightly lower than the Missouri average of 11.6% (CHR&R, 2024). 8% of residents have limited access to healthy foods. Meanwhile, 50.93% of children are eligible for free or reduced lunch, compared to the Missouri rate of 46.8%. 9.16% of residents are SNAP recipients. 11.3% of Missourians are SNAP recipients (CHR&R, 2024). Feeding America 2020 estimates that there is a significant gap in those needing assistance and those receiving assistance. They state that 24% of food insecure children are ineligible for assistance.

89% of residents have access to broadband and 94.64% of households have computer access. Very few households do not have a vehicle (4.04%). In fact, there is an average of 2.2 vehicles per household in the county (CHR&R, 2024).

## HEALTH BEHAVIORS

Health behaviors have a strong effect on the health of individuals or populations. These behaviors can either positively influence or negatively impact the overall health status of a community.

Smoking is a common health behavior that can have negative impacts on one's health. 19.6% of residents in Callaway County smoke (CHR&R, 2024). An additional 6.22% use e-cigarettes and 5.57% use smokeless tobacco (Missouri CLS, 2021). Youth e-cigarette usage is on the rise as well. According to the 2024 Missouri Student Survey, 14.3% of 6<sup>th</sup>-12<sup>th</sup> graders reported using electronic cigarettes in the past 30 days, and 2.8% reported using tobacco in the past 30 days. Considering the self-reported nature of this survey, there is likely to be unreported use, and these numbers may be even higher than initially stated.

Alcohol use is also heavily unreported. CHR&R reports that 16.7% of adults in the county engage in periods of binge drinking, while 22% of adults engage in heavy drinking. Binge drinking is defined as three or more drinks in one sitting, while heavy drinking is defined as more than two drinks a day.

County Health Rankings and Roadmaps also report that 27.2% of residents are physically inactive, 66.5% are overweight and 36.8% are considered obese. According to the Missouri Public Health Information Management System, there are 545.3 cases of chlamydia per 100,000 people, 248.1 cases of gonorrhea per 100,000 and 13.4 cases of syphilis per 100,000. The primary age group for STI in the county is 19- to 24-year-olds.

The Department of Health and Senior Services reports a rate of 17.43 per 100,000 opioid overdose deaths in the county (2023). The UMSL Addiction Science team reports a decrease in overdose deaths in the central region of Missouri from 2022 to 2023. The lived experience of our EMS partners highlighted the unreported nature of opioid use and suggested that these numbers would be inaccurate based on their experience. This calls for further investigation.

## MORBIDITY & MORTALITY

The top five leading causes of death in Callaway County are as follows:

1. Cancer
2. Heart Disease
3. Chronic Lower Respiratory Disease
4. Unintentional Injury
5. Stroke / Cerebrovascular Disease

Cancer incidence is at 463.9 per 100,000 people in the county. The leading types of cancer mortality are lung cancer, breast cancer, and colorectal cancer (MOPHIMS, 2021).

In terms of morbidity, 9.7% of residents have asthma and 8.3% have COPD. 23.6% of residents have depression. Furthermore, 10.8% of residents have diabetes with a further 34.4% having hypertension (high blood pressure).

## HEALTHCARE ACCESS

Access to care in rural areas and communities is a consistent and pervasive issues in the United States. According to the Missouri Resident County Level Study from 2021, 14.48% of residents aged 18 to 64 have no health care coverage. 64.62% of residents did not seek care in the past twelve months due to cost, with 21.99% not seeing a dentist due to cost.

90.04% of Callaway County has health insurance, leaving 9.96% uninsured (Missouri CLS, 2021). Even with 9 out of 10 people having health insurance, the average annual medical spending per person in Callaway is \$1,140. This is a significant cost barrier for many individuals.

Provider shortages in rural areas can be best demonstrated in the provider ratios. Callaway has a 2,640:1 population to primary care provider ratio (County Health Rankings & Roadmaps, 2024). This is almost double the state ratio of 1,420:1. Callaway also has a 3,720:1 population to mental health provider ratio (CHR&R, 2024). The state ratio is 410:1. It ranks favorably compared to the state with a 538:1 population to dentist ratio, compared to 1,600:1 (CHR&R, 2024).

# Community Context Assessment

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The Community Context Assessment (CCA) serves as a qualitative instrument for gathering and evaluating data. It aims to gather insights, expertise, and perspectives from individuals and communities impacted by social systems, with the goal of enhancing the efficacy and outcomes of these systems. Unlike approaches solely based on perceived community needs, the CCA delves into a community's strengths, resources, and cultural aspects. At its core, the CCA prioritizes the voices and experiences of individuals and communities, focusing on their perspectives, values, cultures, and priorities, particularly those directly affected by disparities. Recognizing the inherent vitality within all communities, the CCA underscores the importance of nurturing and bolstering community assets as integral components of community advancement efforts.

## PROCESS & METHODS

The community survey launched in late September, was open for several weeks, and then closed in early November. Collaboration with community partners was essential in the collection of survey responses. CCHD and partners disseminated the survey at community events, food banks, directly to community members through their work, and other avenues. These efforts lead to a total of 337 responses.

## SURVEY DEMOGRAPHICS

The initial questions in the survey were related to respondents' demographics. These questions were important to the analysis and review of the survey data, as the answers paint a picture of who responded to the survey. Primarily, respondents were from the 65251 zip-code. This is the zip-code of Fulton, Missouri, the largest city in the county. Furthermore, more respondents identified as female (280) compared to male (55). Respondents represented a wide range of age ranges, with the majority of respondents being 26-35 years old, 36-45 years old, and 46-55 years old respectively. 319 respondents identified as white, coinciding with the racial demographics of the county. Respondents varied in education levels, with the majority of respondents having a high school diploma, some college but no degree, a bachelor's degree and a master's degree as the primary answers. 54% of respondents are insured through their employers, with only 6% stating they have no form of health insurance. This corresponds directly with the high-income nature of respondents as well.

## Zip-Code - Callaway County Community Survey

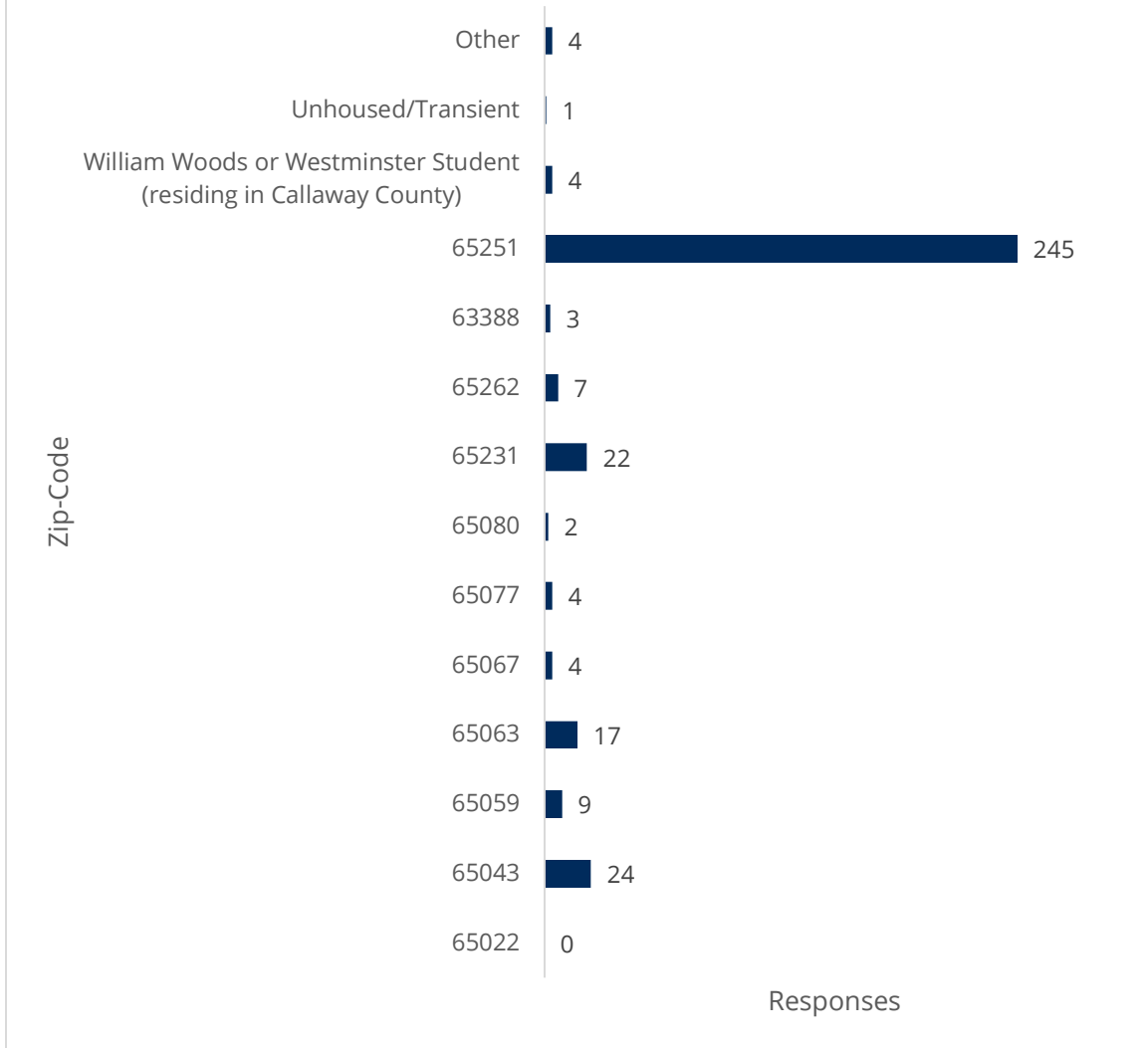


Figure 2: Callaway County Community Survey

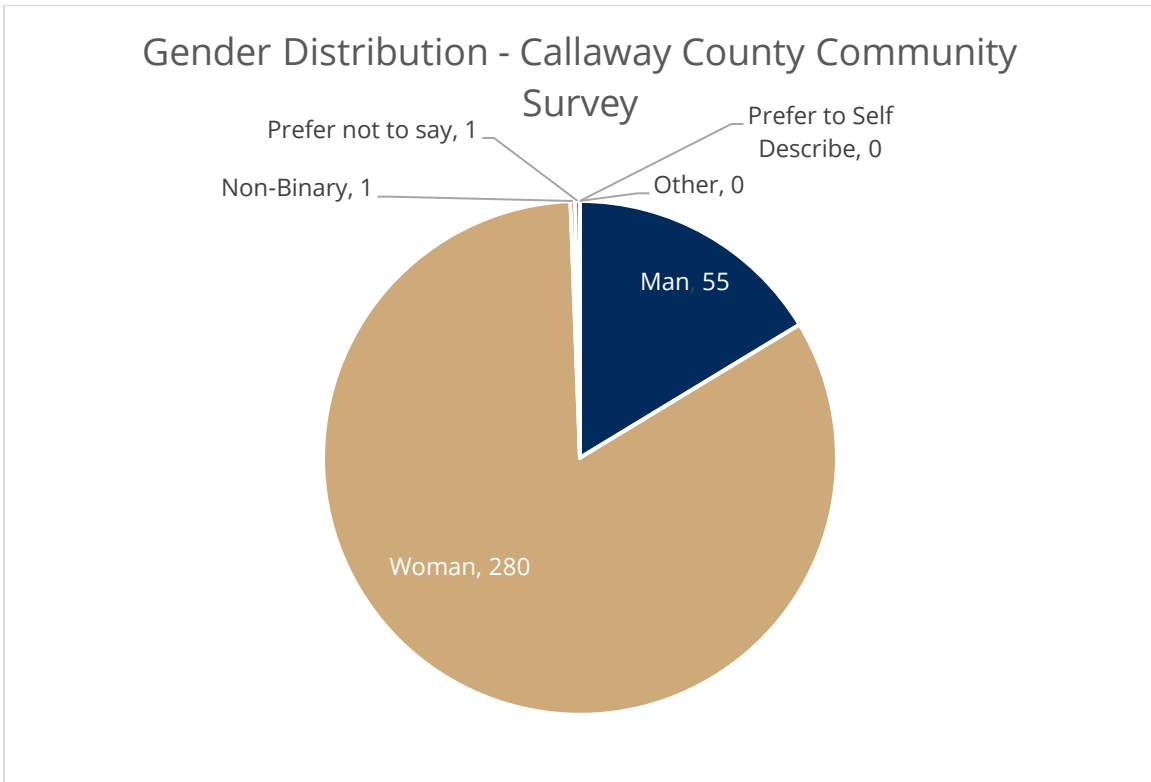


Figure 3: Callaway County Community Survey

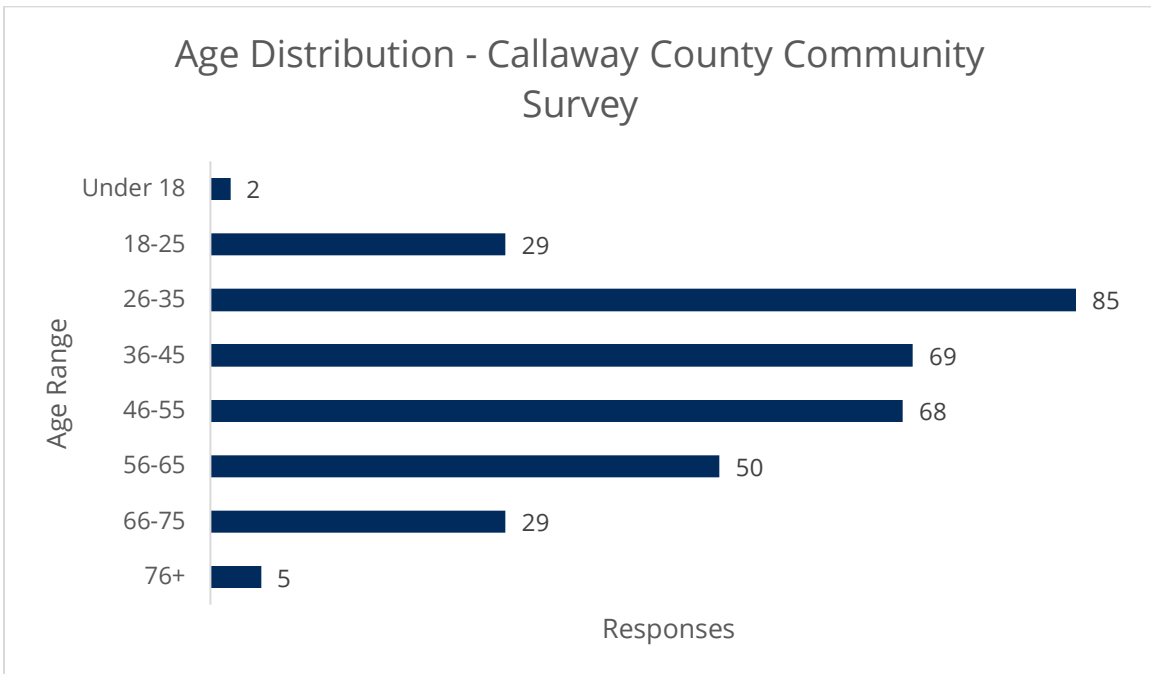


Figure 4: Callaway County Community Survey

## Racial Distribution - Callaway County Community Survey

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino
- Not Hispanic or Latino

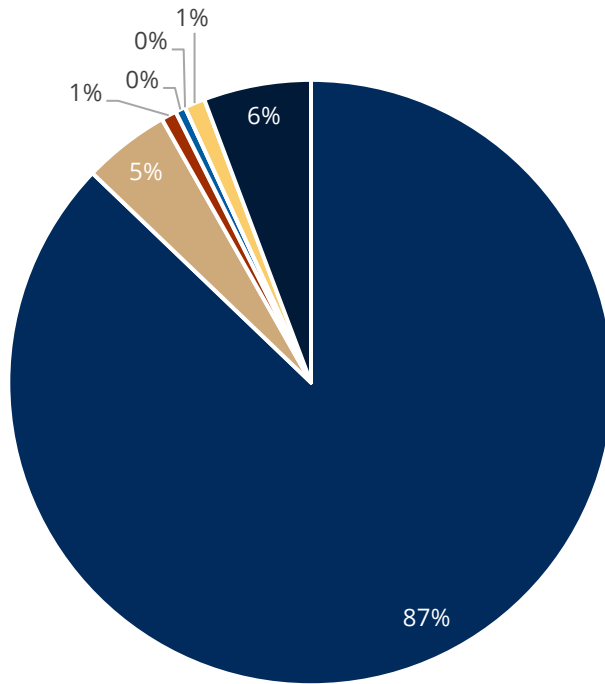


Figure 5: Callaway County Community Survey

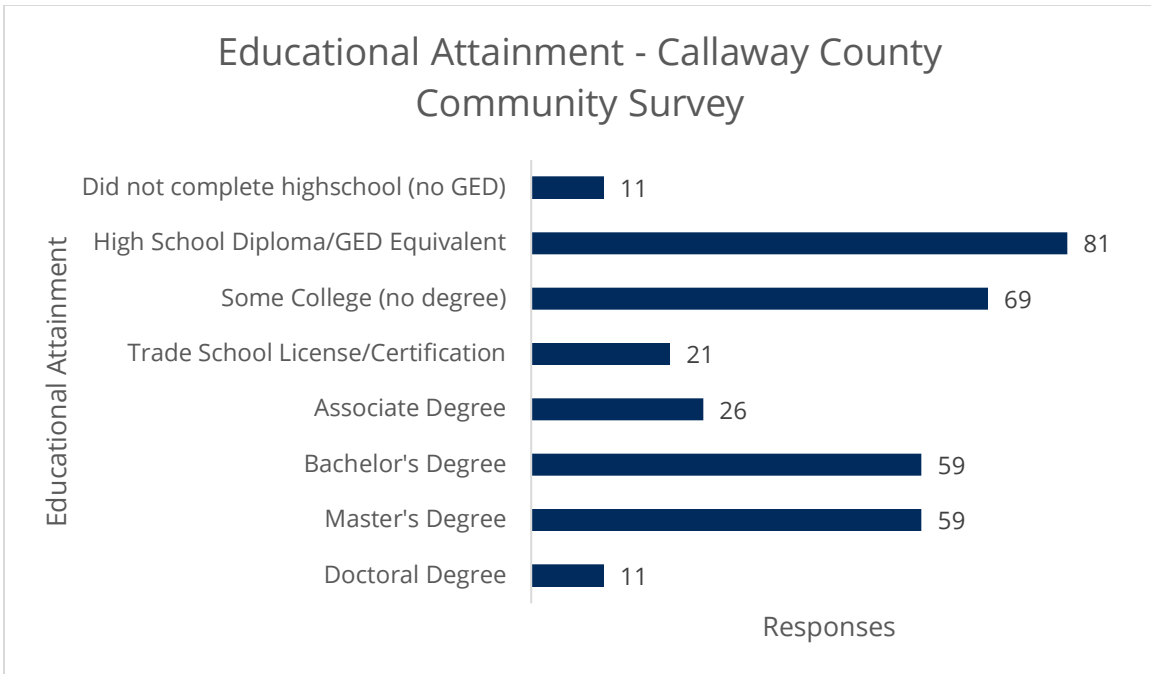


Figure 6: Callaway County Community Survey

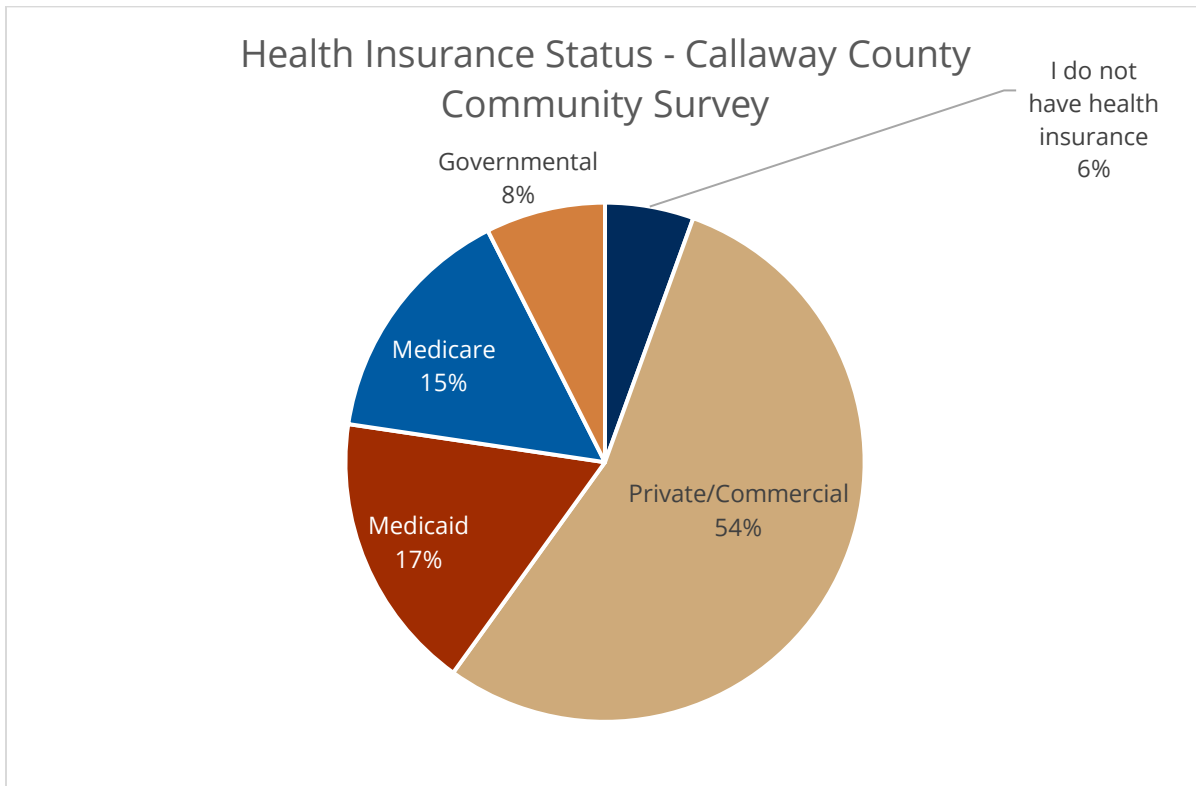


Figure 7: Callaway County Community Survey

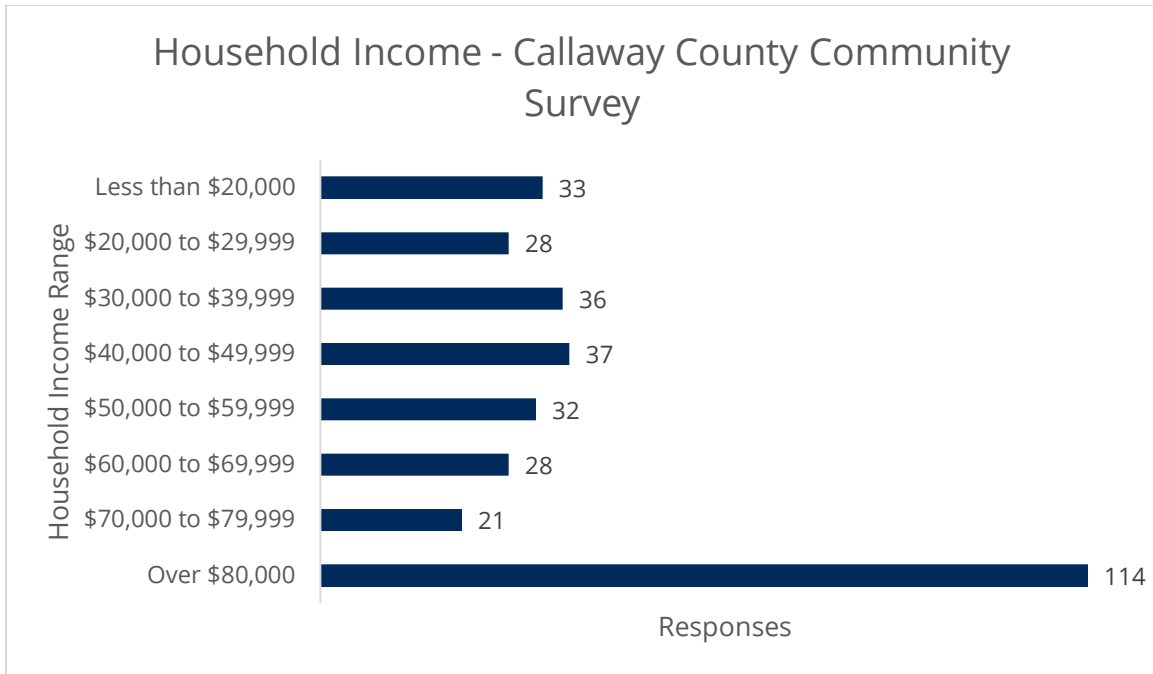


Figure 8: Callaway County Community Survey

## QUALITY OF LIFE

As a part of the survey, there were several questions related to the general quality of life for residents of Callaway County. Firstly, respondents were asked if they require the use of assistive devices. 258 respondents did not require these devices, but of those who did the main devices were hearing aids and canes.

To get feedback and input from the community in relation to public health priorities, respondents were asked to identify the five most important needs for them and their family. Access to healthcare was identified as the highest priority. This was followed closely by affordable housing, employment, quality education, and access to food. When asked a similar question related to raking issues for youth in Callaway, respondents identified mental/behavioral health, drug use, and tobacco/vaping/e-cigarette use as the main issues of concern.

The primary assistance programs used by respondents were WIC, EBT/SNAP, and free and reduced lunch programs.

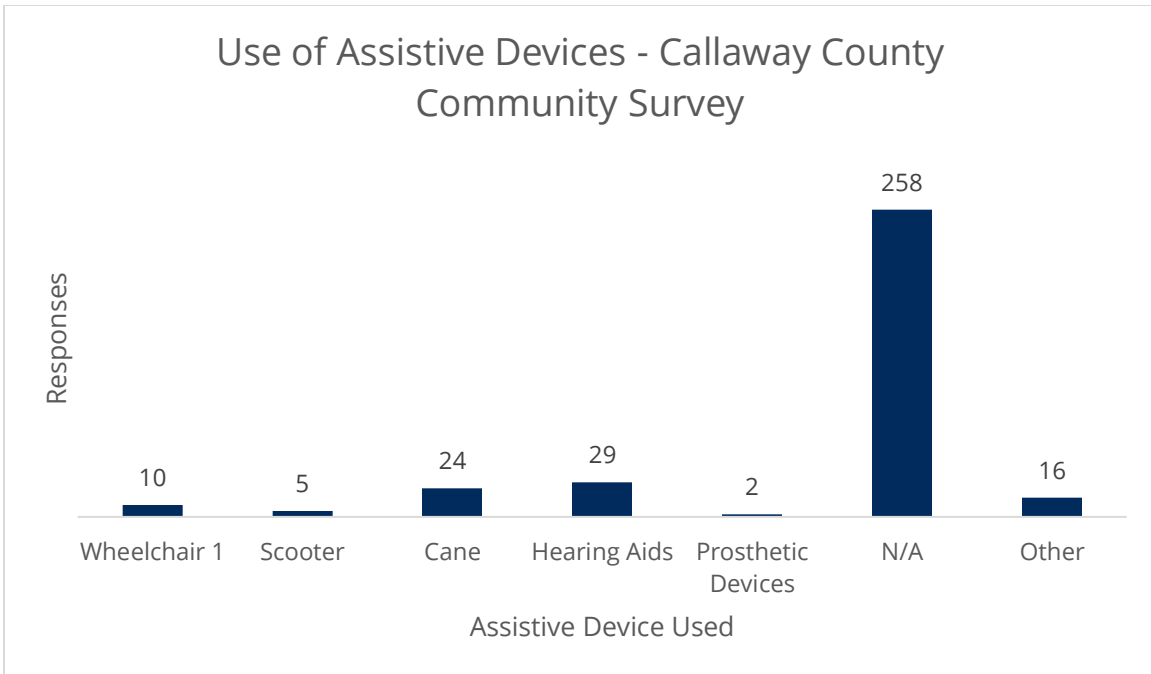


Figure 9: Callaway County Community Survey

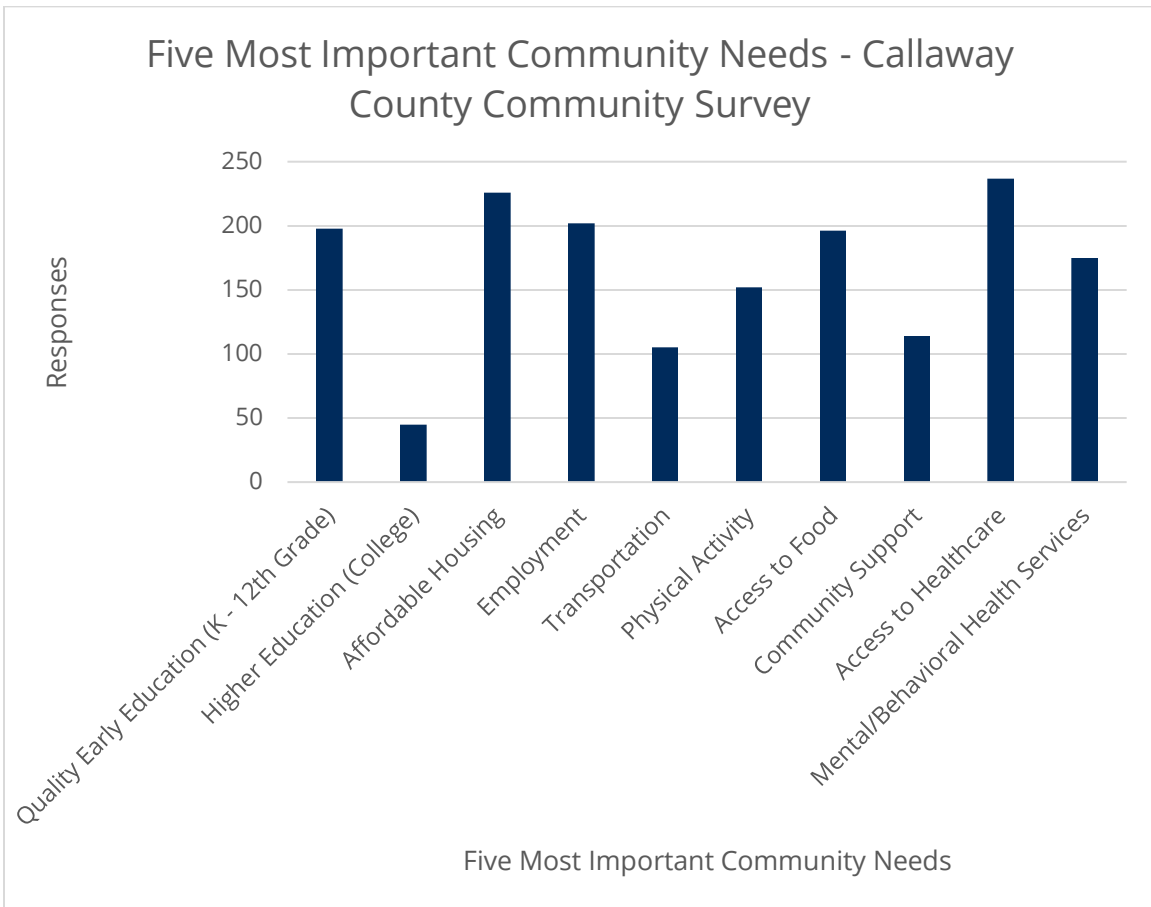


Figure 10: Callaway County Community Survey

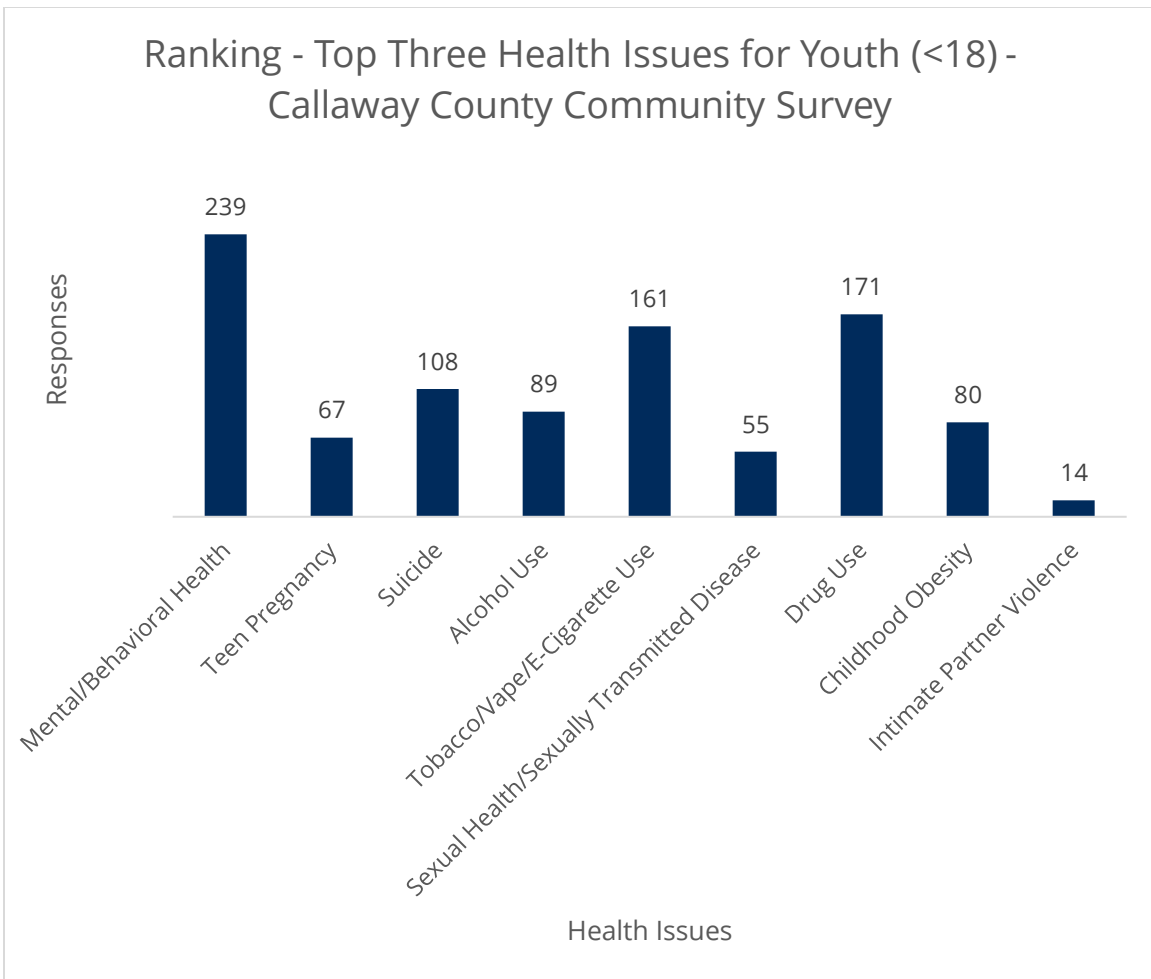


Figure 11: Callaway County Community Survey

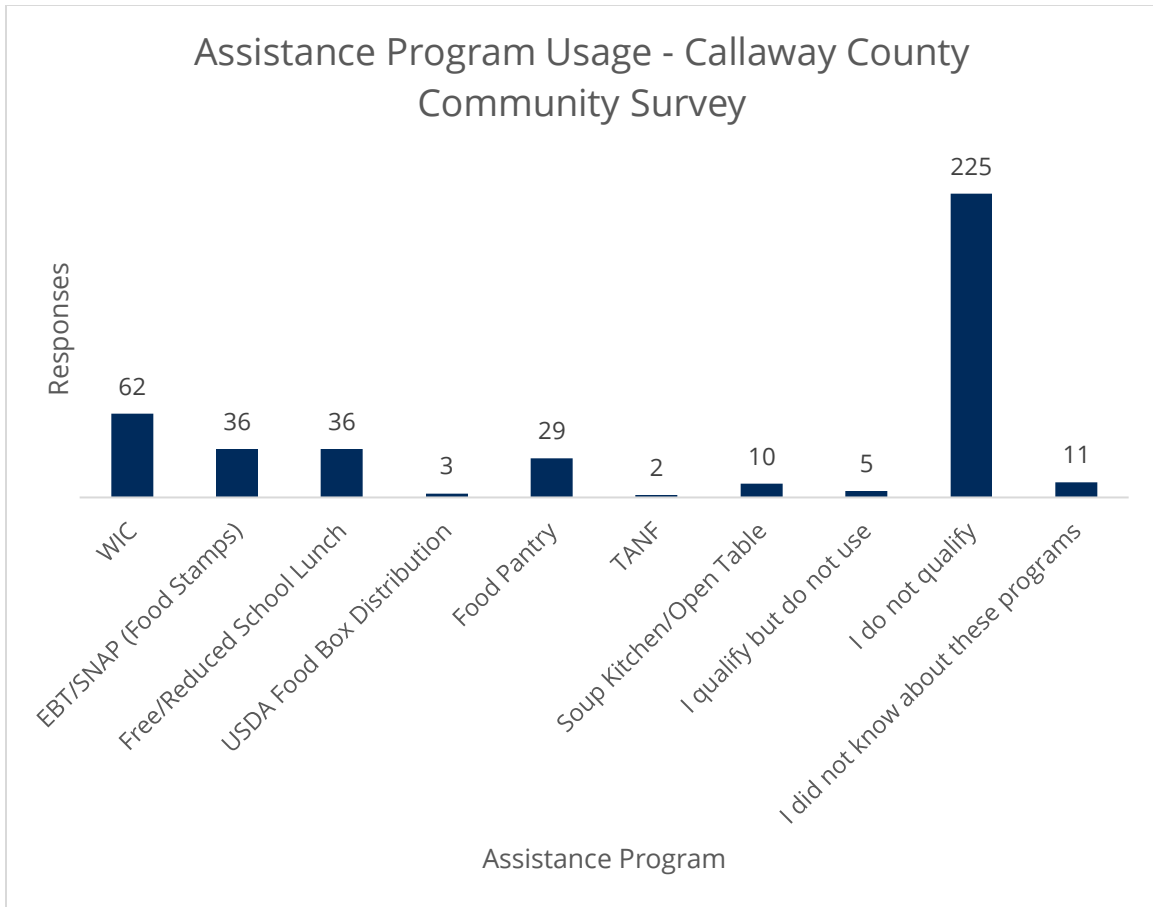


Figure 12: Callaway County Community Survey

## HEALTHCARE

A large portion of questions were related to healthcare and healthcare access as partners noted concerns in this area during survey development. 88% of respondents have an annual preventative health checkup, with only 5% never receiving this form of preventative care. Barriers to care were related to service availability, appointment times and availability and cost. When seeking care, most respondents went either to a primary care provider or an urgent care provider. Respondents are primarily vaccinated at their primary care provider. The majority of respondents have a primary care provider in Fulton, while others travel to neighboring cities such as Columbia or Jefferson City.

### Frequency of Preventative Checkups - Callaway County Community Survey

■ Annually (once a year) ■ Every Two Years ■ Every Three or More Years ■ Never

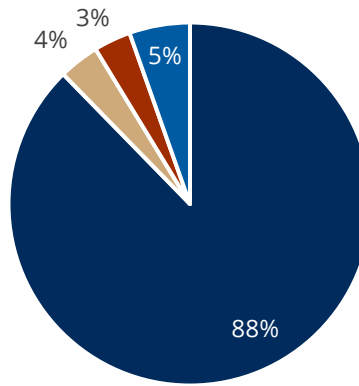


Figure 13: Callaway County Community Survey

### Primary Barriers to Care - Callaway County Community Survey

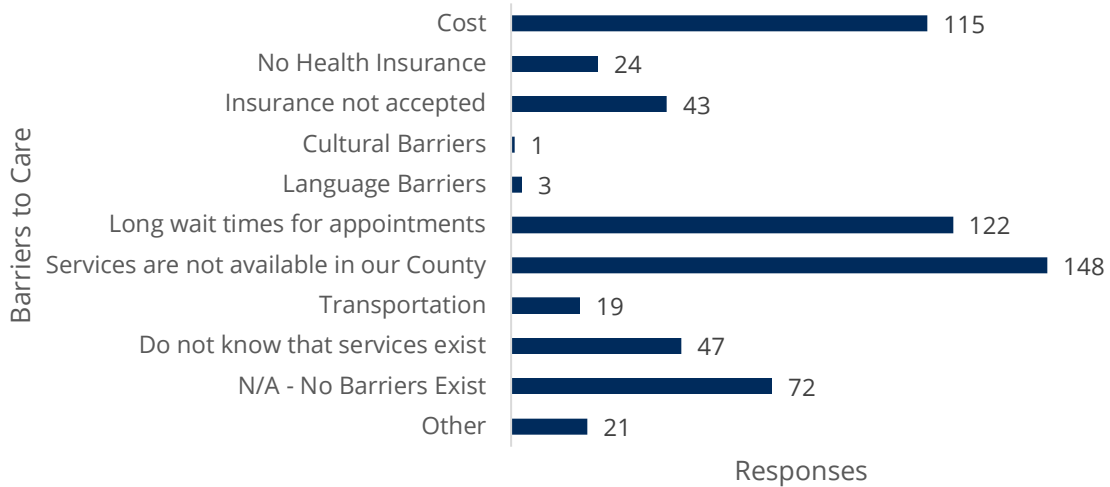


Figure 14: Callaway County Community Survey

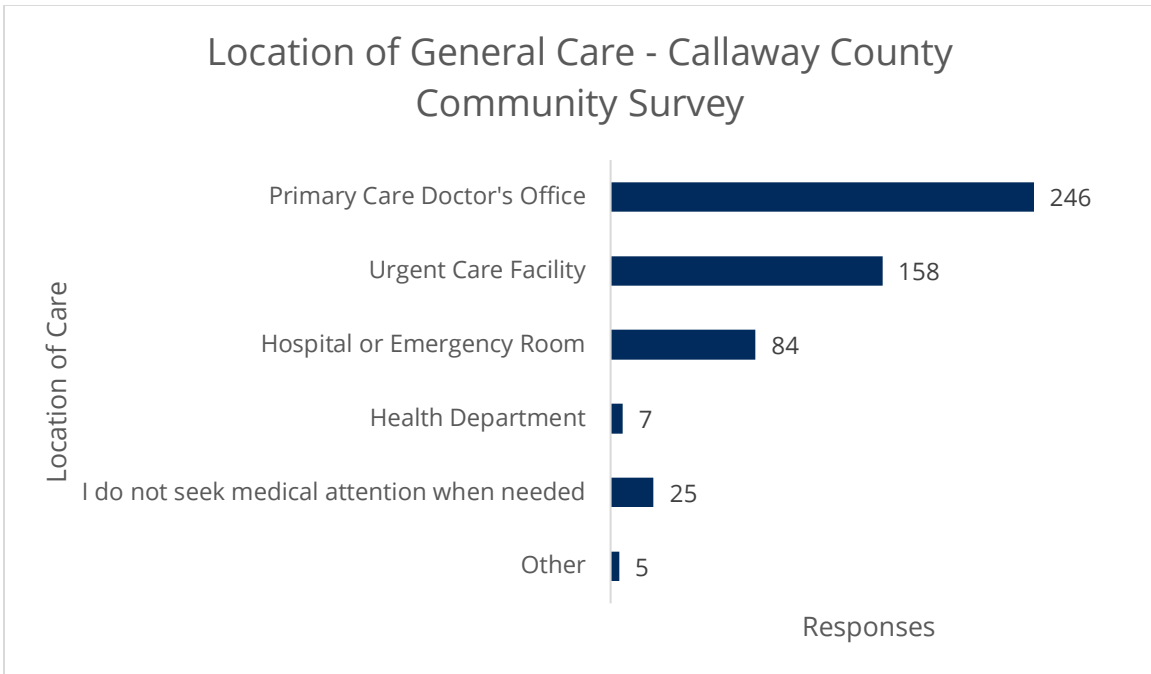


Figure 15: Callaway County Community Survey

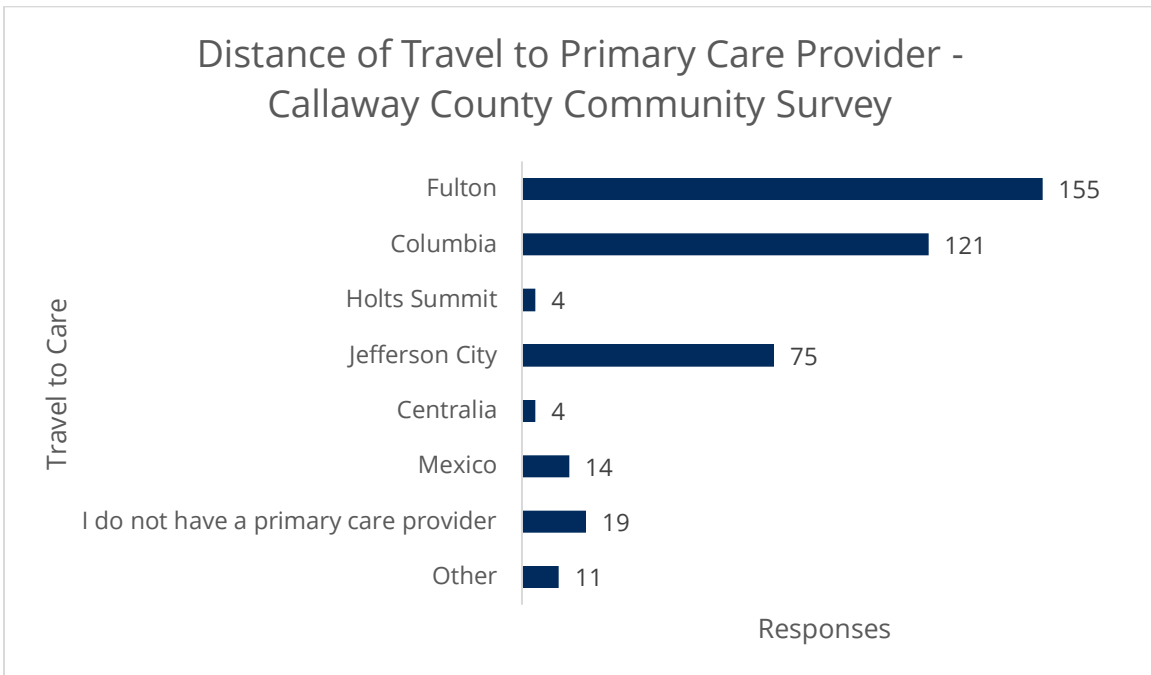


Figure 16: Callaway County Community Survey

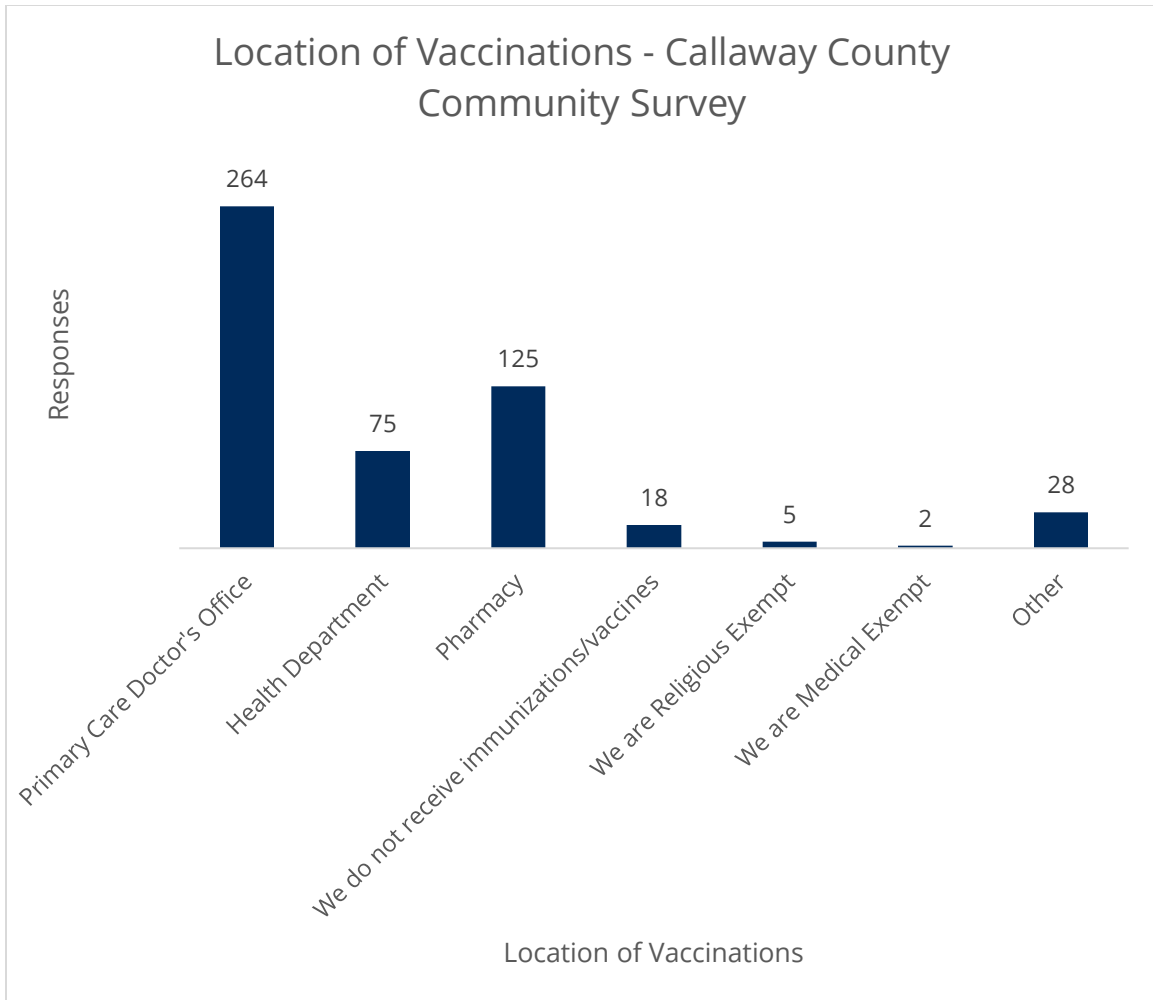


Figure 17: Callaway County Community Survey

## PHYSICAL & MENTAL HEALTH

The survey asked one question related to mental/physical health. This question asked respondents to identify the top three health issues in the county. The top three answers were mental/behavioral health, drug use, and obesity.

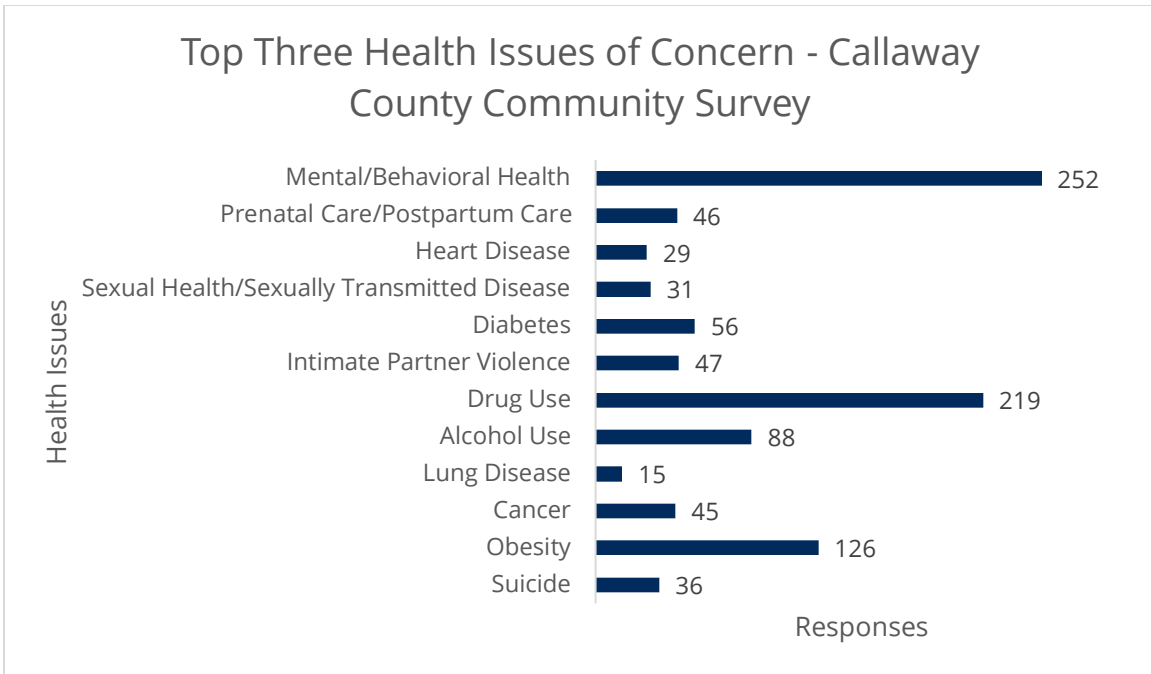


Figure 18: Callaway County Community Survey

## HEALTH EDUCATION

Two questions were related to health education. The first question asked what topics respondents would like health education on in Callaway County. The top three responses were mental/behavioral health and counseling, nutrition, and physical activity. Secondly, the survey asked respondents to identify where they get their health information from. Four responses stood out, those being doctors/physicians, the pharmacy, Google/Internet, and family and friends.

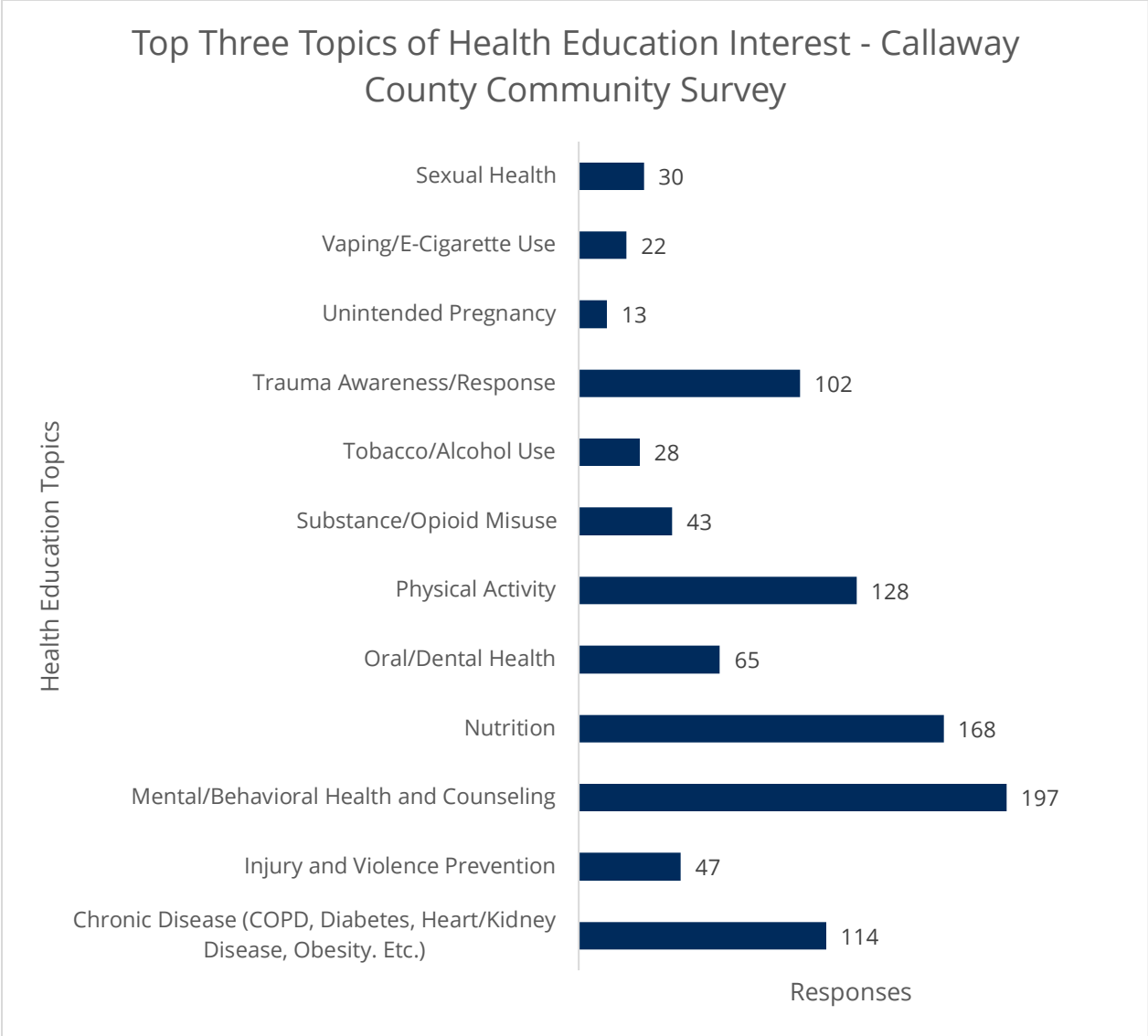


Figure 19: Callaway County Community Survey

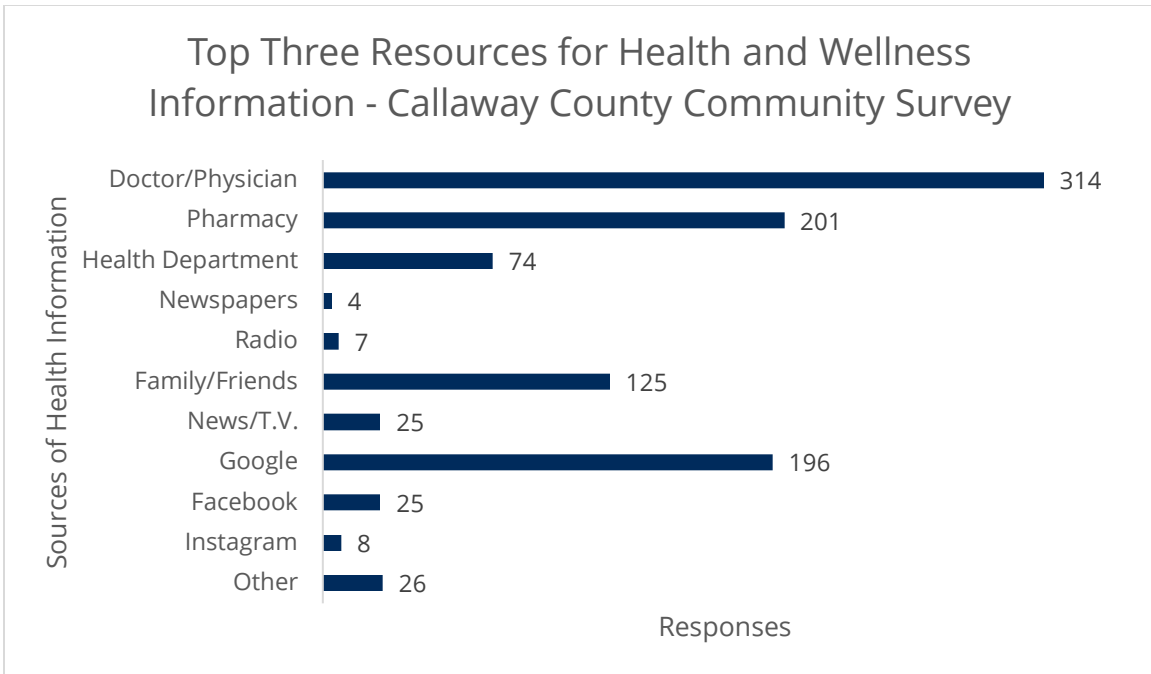


Figure 20: Callaway County Community Survey

## SUBSTANCE USE

One question was specifically tailored to substance use and misuse. The primary concern in this topic area was methamphetamine. It was followed fairly closely by alcohol, and then opioids, tobacco products, e-cigarettes and vaping, and prescription drugs.

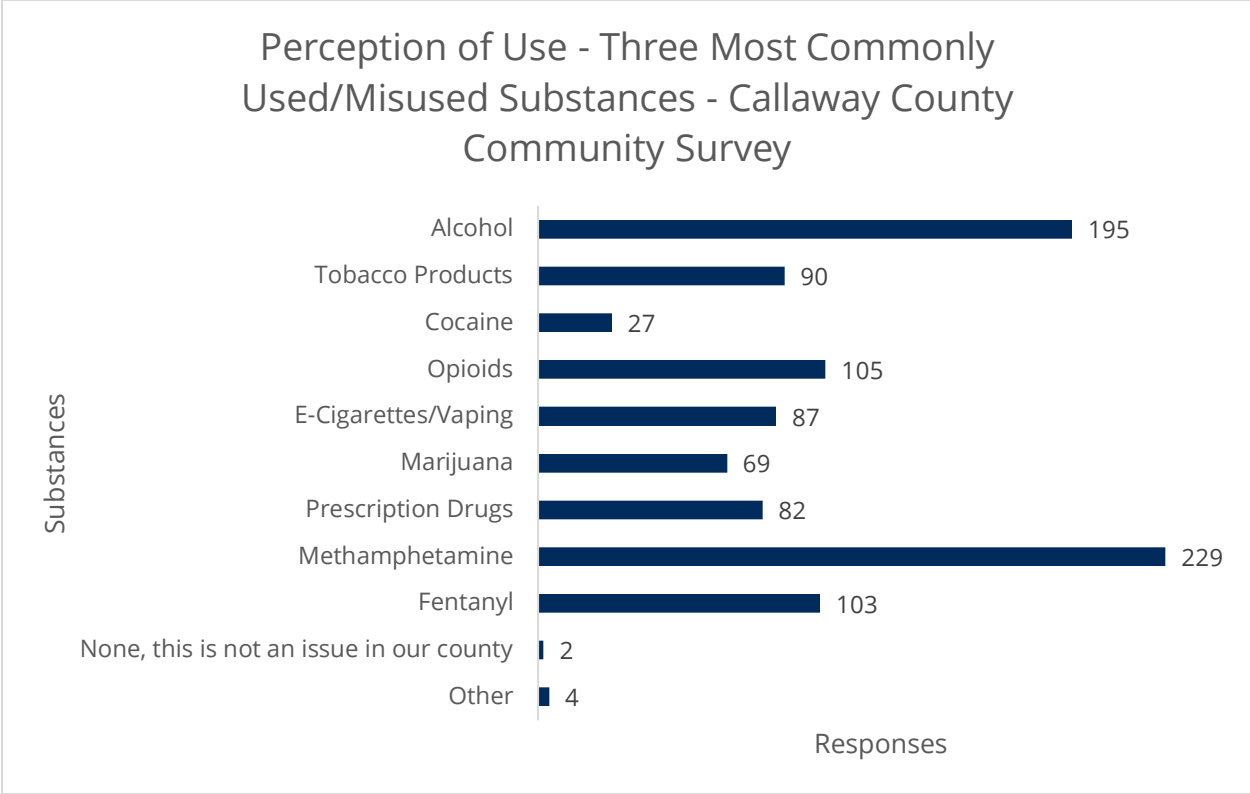


Figure 21: Callaway County Community Survey

## LOOKING FORWARD

The Community Survey is an opportunity to receive feedback from the community. However, this tool does have its limitations. This feedback does not reflect the insights nor opinions of the entire community. A larger sample size and a more diverse pool of respondents would be needed for this feedback to be treated as fact. Yet, while this is a limitation, this feedback is key in providing an initial insight into the community’s priorities. This feedback was reviewed with knowledge of these limitations and further examination of these responses is needed to continue to involve the community in the Community Health Improvement process.

# Community Partner Assessment

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The Community Partner Assessment is an assessment tool that allows community partners to look critically at their individual systems, processes, and capacities; and collective capacity as a network of community partners to improve the health of the community. The CPA has five main goals:

- 1. Describe why community partnerships are critical to community health improvement (CHI) and how to build or strengthen relationships with community partners and organizations.**
- 2. Name the specific roles of each community partner to support the local public health system (LPHS) and engage communities experiencing differences in health outcomes produced by systems.**
- 3. Assess each MAPP partner's capacities, skills, and strengths to improve community health, and advance MAPP goals.**
- 4. Document the landscape of MAPP community partners, including grassroots and community power-building organizations, to summarize collective strengths and opportunities for improvement.**
- 5. Identify whom else to involve in MAPP and ways to improve community partnerships, engagement, and power-building.**

## CPA MEETING OVERVIEW

The Callaway County Health Department hosted their CHA kick-off meeting in July 2024, which also served as the CPA meeting for this CHA process. At this meeting, CCHD distributed a CPA survey to community partners. After partners completed the survey, an in-depth discussion was held, focusing on several key questions from the survey. The main emphasis of the discussion was on identifying partners who were absent from the first meeting and exploring ways to build relationships and engage these organizations in the CHA process moving forward.

## CPA SURVEY

The CPA survey first evaluated the types of organizations involved in the CHA process, as well as their interest in CHI partnership and participation. There was a diverse group of stakeholders, and a wide range of responses related to interest.

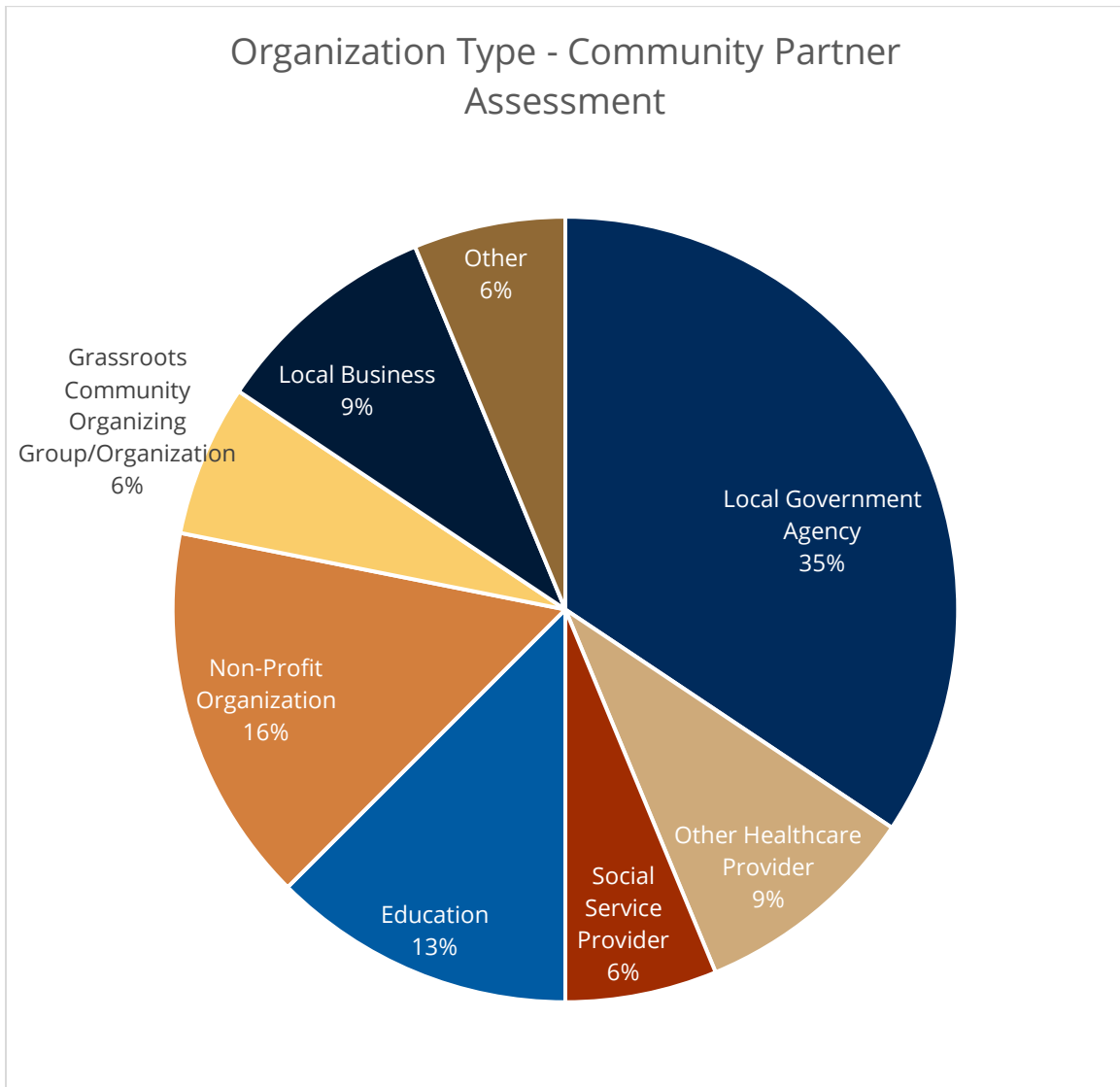


Figure 22: Community Partner Assessment

## Interest in Community Health Improvement Partnership - Community Partner Assessment

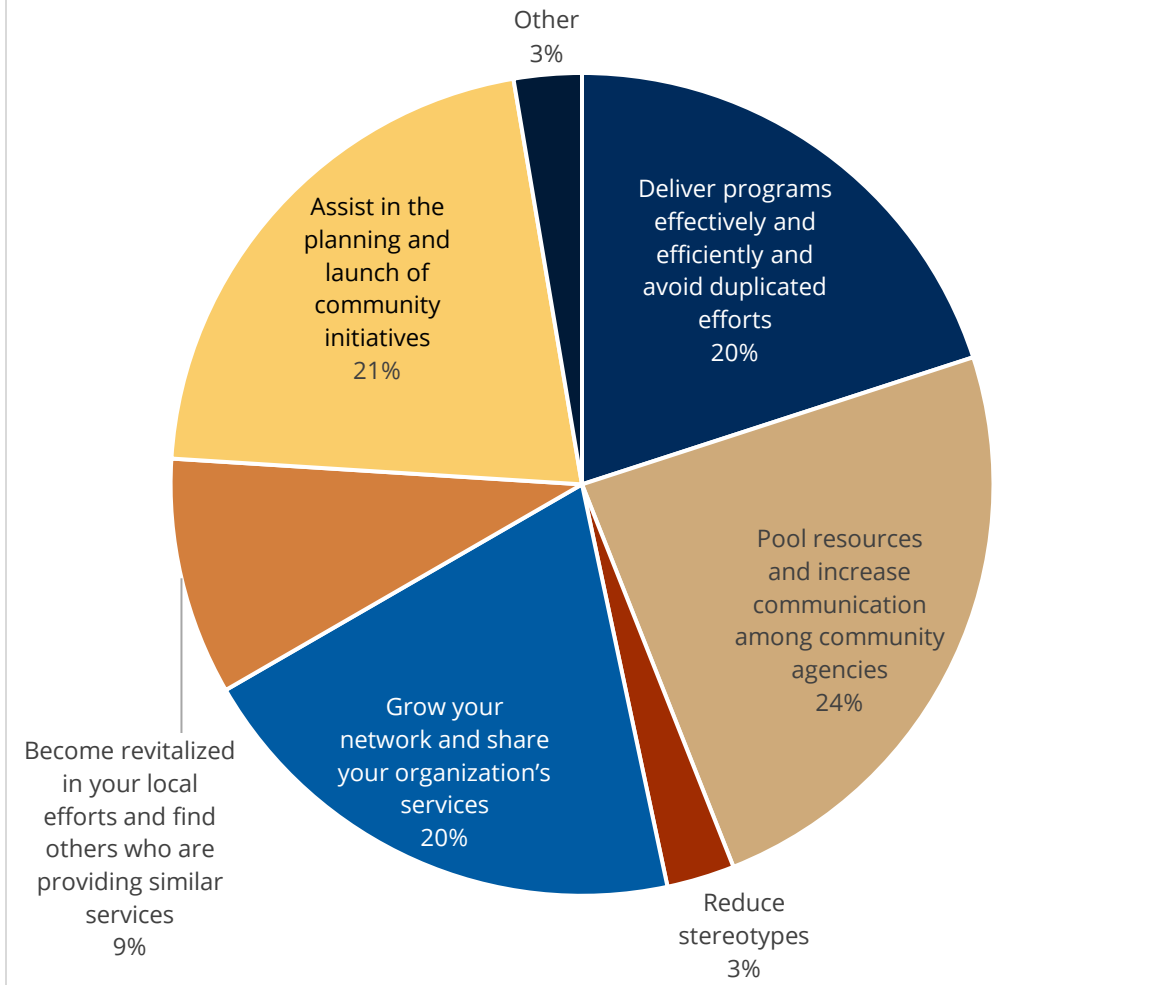


Figure 23: Community Partner Assessment

## Interest in Community Health Improvement - Community Partner Assessment

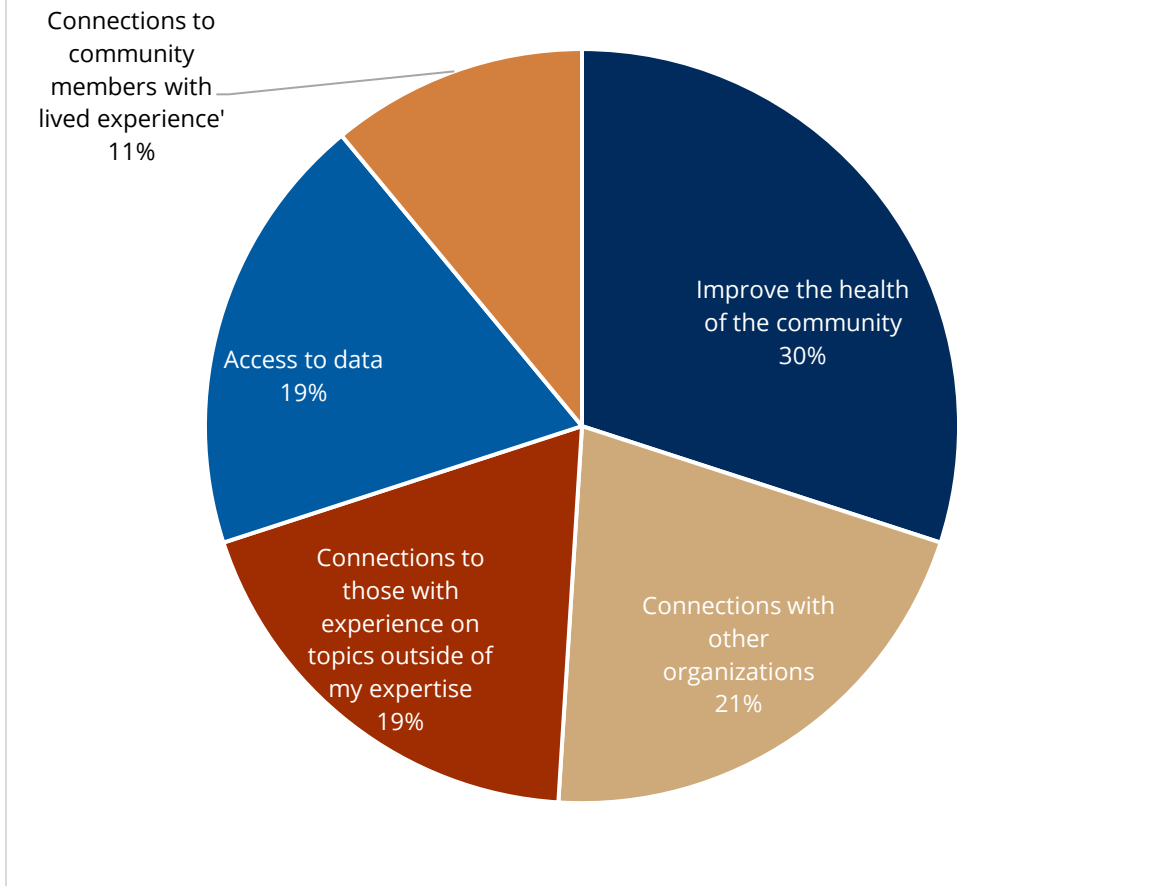


Figure 24: Community Partner Assessment

Partners were asked to identify what populations their organization serves. As shown in the graph below, partners collectively serve each population within the community.

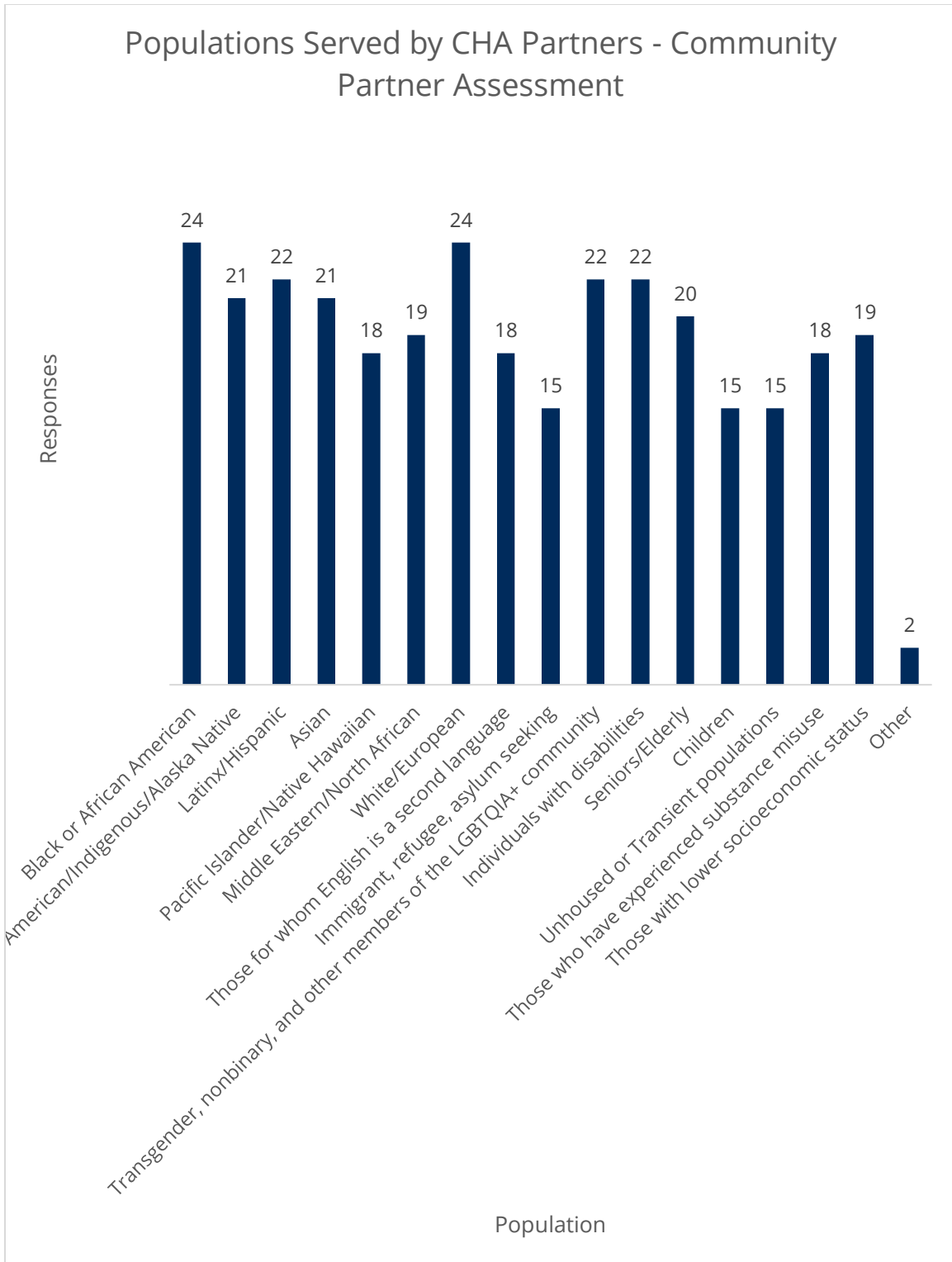


Figure 25: Community Partner Assessment

As shown below, when partners were asked to identify the topic areas served by their organization, there was a widespread range of answers. This demonstrates the collective capacity and reach of the organizations participating in the community health assessment process.



Figure 26: Community Partner Assessment

Partners were asked what resources their organization, or they themselves, would be able to contribute to the CHA process. The majority of partners responded saying they would be able to share community surveys with clients or community members, participate in community meetings and activities, and contribute to policy and advocacy efforts. Partners highlighted growing staffing and funding challenges, while also noting opportunities for growth in connecting with community organizations, improving reach to community members, and improving services for underserved demographic groups.

## CPA REFLECTION

The CPA survey created a strong foundation for the CHA process. It confirmed the collective capacity of the group of partners and stakeholders while ensuring that this was a diverse group with respect to individuals and types of organizations. New stakeholders were identified, and a culture of collaboration was established that would be integral to successful CHA development.

# CHA Priorities & Next Steps

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The Callaway County Community Health Assessment was conducted over the course of five meetings. This process spanned five months in total. The MAPP 2.0 framework was integral throughout this process to ensure that each meeting was built off the last leading to the identification of three public health priorities.

The first meeting served jointly as the kick-off meeting, as well as the Community Partner Assessment meeting. Here, we assessed collective capacity and ensured that all partners were oriented to the CHA process. Furthermore, this meeting identified further partners to be invited to the CHA process.

Before the second meeting, CCHD pulled together an initial draft of both the Community Status Assessment and the Community Survey. Partners then reviewed these documents, providing feedback and insights. They also suggested revisions that were incorporated into the final drafts of the documents.

During the third meeting in the series, community partners reviewed components of the Community Context Assessment, including resources and assets, the built environment, and forces of change. This meeting marked the start of discussions around potential public health priorities, integrating data from the CSA into the conversation. It also laid the groundwork for developing potential strategies and interventions as the group moved toward the CHIP process.

The fourth meeting served to review the data from the Community Survey. Again, partners reviewed this data providing feedback, sharing insights, and began identifying potential public health priorities.

The fifth and final meeting of this process was held in December 2024. This meeting pulled in all of the data and feedback discussed at previous meetings and served to finalize the identification of public health priorities. Partners were given three stickers each, and were asked to place a sticker on each of the priorities that they would like to see as the final priorities of the CHA. The vote resulted in the finalization of the following priorities as the identified topics to work on for the Community Health Improvement Plan:

- **Access to Care**
- **Food Insecurity / Food Access**
- **Substance Use and Misuse**

Looking forward, the Callaway County Health Department will move into the next process: developing the Community Health Improvement Plan (CHIP). Guided by the data and findings of the

assessment, Callaway County will meet with community partners and stakeholders to identify evidence-based interventions to address the identified priorities. The result of this process will result in a comprehensive and collaborative, long-term approach that will ultimately lead to a healthier Callaway County.