Clinton County, Missouri

CLINTON COUNTY

Public Health

Prevent. Promote. Protect.

2023 COMMUNITY HEALTH ASSESSMENT

TABLE OF CONTENTS

ACRONYMS

CCHD: Clinton County Health Department

CDC: Centers for Disease Control and Prevention

CHA: Community Health Assessment

CHI: Community Health Improvement

CHIP: Community Health Improvement Plan

CHR: County Health Rankings

MAPP: Mobilizing for Action through Planning and Partnerships

NACCHO: National Association of County and City Health Officials

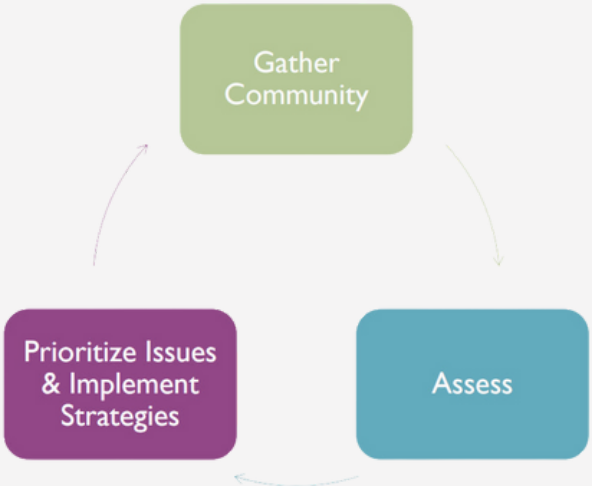
SDOH: Social Determinants of Health

EXECUTIVE SUMMARY

Clinton County Health Department (CCHD) collaborated with the Missouri Center for Public Health Excellence (MOCPHE) and community stakeholders to conduct a comprehensive community health assessment in Clinton County, Missouri. The assessment took place from June 2022 to June 2023 and was the first time CCHD had undertaken this type of initiative. The primary objective was to ensure the process was community-led, transparent, and in line with community values and health equity principles.

The Mobilizing for Action through Planning and Partnerships (MAPP) framework was utilized by CCHD to steer the CHA process. This method generated a community-driven initiative that involved community members and leaders and prioritized the following values:

- Encouraging coordination of Clinton County's priorities, resources, and actions to enhance health and well-being
- Ensuring that health equity is addressed during program planning and service delivery
- Fostering community connections that support health and well-being.



EXECUTIVE SUMMARY

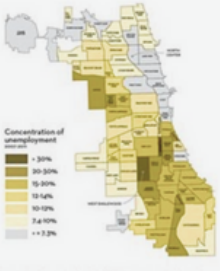
To conduct the CHA, CCHD relied on data compiled from the MAPP 2.0 assessments, namely the Community Context Assessment, the Community Status Assessment, and the Community Partner Assessment. This collection of quantitative and qualitative data provided a thorough base of information, which led to the identification of the following cross-cutting themes and potential health priorities for Clinton County:

- Enhancing the availability of high-quality healthcare and services
- Expanding access to mental and behavioral health services
- Promoting secure and healthy living environments
- Advancing childhood development and education initiatives
- Strengthening education and recovery support programs for substance misuse
- Promoting physical activity and healthy eating behaviors
- Increasing awareness and education on chronic diseases

By utilizing the MAPP framework, involving community partners, and gathering comprehensive data, CCHD has established a solid basis for devising and executing successful health enhancement strategies for its county's residents.

Community Partners Assessment

What are our partners capacities and strengths to address health inequities?



Community Status Assessment

What does the status of our community look like?

Community Context Assessment

How does the community's lived experience, environment, culture, assets, and unique history explain existing inequities?

MAPP 2.0 PRINCIPLES

Developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), MAPP is a community-wide strategic planning process for improving community health. Facilitated by public health leaders and used by local health departments across the country, MAPP helps communities apply strategic thinking to prioritize public health issues and identify the resources needed to address them. All aspects of MAPP's newest version are centered on the following principles:

Health Equity: Encourages shared exploration of the social injustices including structural racism, class oppression, and gender oppression, that create and perpetuate inequities. Mobilizes community action to address these injustices through transformative change to the structures and systems that perpetuate inequities and creates the opportunity for all to achieve optimal health.

Inclusion: Fosters belonging and prevents othering by identifying and eliminating barriers to community participation and ensuring all stakeholders and community members, regardless of background or experience, can contribute to the MAPP process.

Trusted Relationships: Builds connection and trust by honoring the knowledge, expertise, and voice of community members and stakeholders.

Community Power: Actively builds community power to ensure those most impacted by the inequities and actions addressed through CHI are those that guide the process, make key decisions, and help drive action.

MAPP 2.0 PRINCIPLES

Strategic Collaboration & Alignment: Creates a community-wide strategy that appropriately aligns the missions, goals, resources, and reach of cross-sectoral partners to improve community health and address inequities.

Data & Community Informed Action: Identifies priorities, strategies, and action plans that are driven by the community's voice and grounded in community need as identified through timely qualitative and quantitative data.

Full Spectrum Actions: Encourages community improvement through approaches ranging from provision of direct services to PSE and community power building for supportive communities that enable health and well-being for all.

Flexibility: Meets the real-time, evolving, and unique needs of diverse MAPP communities, organizations, and sectors through an adaptable framework.

Continuous: Maintains continuous learning and improvement through iterative community assessment, planning, action, and evaluation cycles.

MAPP 2.0 PHASES

The newly released MAPP 2.0 version includes three phases:

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

In Phase 1 of the MAPP process, the focus is on building strategic relationships with partners, analyzing stakeholder power and influence, and cultivating a shared understanding of the MAPP collaborative's mission and vision. This includes assessing current community health infrastructure, scoping the MAPP process based on readiness and resources, and evaluating and improving the process over time with a focus on health equity.

In Phase 2, the focus is on conducting comprehensive community assessments to understand the health and well-being of the community, with an emphasis on health equity. This phase involves ongoing assessments and data collection from multiple perspectives, including qualitative and quantitative data. The assessments are streamlined and include Forces of Change, integrated across all three revised MAPP assessments.

Phase 3 of the MAPP framework combines Phases 4-6 of the historical framework and emphasizes addressing upstream priorities through transactional and transformational approaches while building strategic partnerships for sustained action. It includes power analyses and partner profiles to appropriately engage partners to address inequities, employs continuous quality improvement and rapid cycle improvement, and provides a framework for shared measurement structures to monitor and evaluate impact on CHIP priorities.

COMMUNITY & PARTNER ENGAGEMENT

To maintain transparency and inclusivity throughout the CHA process, CCHD strived to engage a diverse group of community members and local public health system partners at each phase. The CHA process was enriched by the input of the following partners, who participated by attending community meetings, providing feedback and data, and contributing in other ways throughout the process.

Bethanny Williams, Clinton County Health Department
Bill Brinton, Region H Hazmat
Blair Shock, Clinton County Health Department / Clinton County EMA
Bob Burns, Lathrop City Administrator
Chris Fine, Lathrop School District, Superintendent
Christian Virts, Cameron Fire Department
David Couzens, Plattsburg Police Department
David Eads, Lathrop Fire & Rescue District
David Speiser, Lathrop Police Department
Erin Ashbrook, Missouri Veteran's Home, Cameron
GraceAnn Cook, Tri-County Ambulance District
Jessica Fish, Clinton County R-III School District, Nurse
Larry Fish, Clinton County Sheriff
Leonard Eads, Lathrop Fire & Rescue District
Mary Ann Grant, Clinton County Board of Health
Leah Moser, Sarah Crosley & Spring Schmidt, MOCPHE
Nathan Jones, Cameron Ambulance District
Ralph Dishong, American Red Cross
Richard Riddell, Clinton County Commission
Rick Bashor, Cameron Police Department
Robert Looper, Holt Fire Protection District

COMMUNITY & PARTNER ENGAGEMENT

Rod McQuerrey, Plattsburg Fire Protection District
Sara Martin, Clinton County Zoning
Shane O'Rouke, Clinton County Sheriff's Office
Tammy Crowley, Clinton County Health Department / Clinton County EMA
Tricia Knight, Clinton County Zoning

CCHD would like to express its appreciation for the expertise, dedication, and considerable amount of time that all the individuals and organizations mentioned above have contributed towards the CHA process. By building on this foundation of community engagement and partnership, CCHD is resolute in its efforts to establish and implement a comprehensive community health improvement plan for Clinton County.

COMMUNITY STATUS
ASSESSMENT

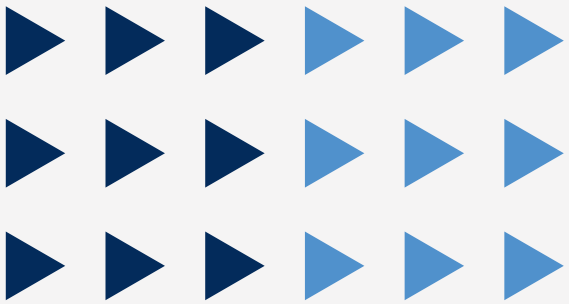


TABLE OF CONTENTS

PROCESS & METHODS

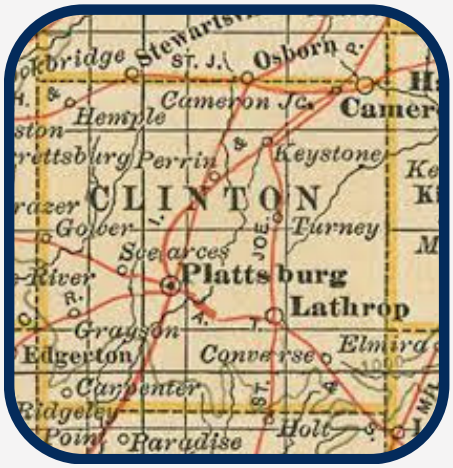
Led by the Mobilizing for Action through Planning and Partnerships (MAPP) framework, the Community Status Assessment (CSA) collects quantitative data on the status of the community such as demographics, health status, and health inequities. The CSA helps a community move “upstream” and identify inequities 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.

To conduct a thorough analysis of the health status in Clinton County, quantitative data was gathered from reputable sources, including Policy Map, the United Census Bureau American Community Survey, and the County Health Rankings (prior to the release of the 2023 version). After collecting the data, a summary was compiled of the most relevant and applicable information. Additionally, all quantitative data was entered into a spreadsheet to ensure accuracy and completeness. The CSA serves as a valuable supplement to the community context and partner assessments, providing a comprehensive view of the health of Clinton County.

GEOGRAPHIC PROFILE

Located in the northwestern region of Missouri and part of the Kansas City metropolitan area, Clinton County is a rural landscape that covers an area of 423 square miles. The county comprises six cities: Cameron, Holt, Plattsburg, Lathrop, Trimble, and Gower. Clinton County was officially organized on January 2, 1833, and named after Governor DeWitt Clinton, who was instrumental in the construction of the Erie Canal. Plattsburg serves as the county seat and is home to essential government facilities such as the courthouse and sheriff's office.

The county is widely recognized for its strong agricultural heritage, which has contributed significantly to the area's development. The fertile land has been used for livestock, grain, and fruit cultivation for generations, and this focus on agriculture is still reflected in the county's small towns and communities. For outdoor enthusiasts, Clinton County is a must-visit destination, offering an abundance of natural attractions such as multiple conservation areas, Smithville Lake, and Wallace State Park. These sites provide visitors with an opportunity to explore and appreciate the region's rich natural environment. Overall, Clinton County offers a unique blend of rural charm and urban convenience, making it an attractive destination for both residents and visitors.

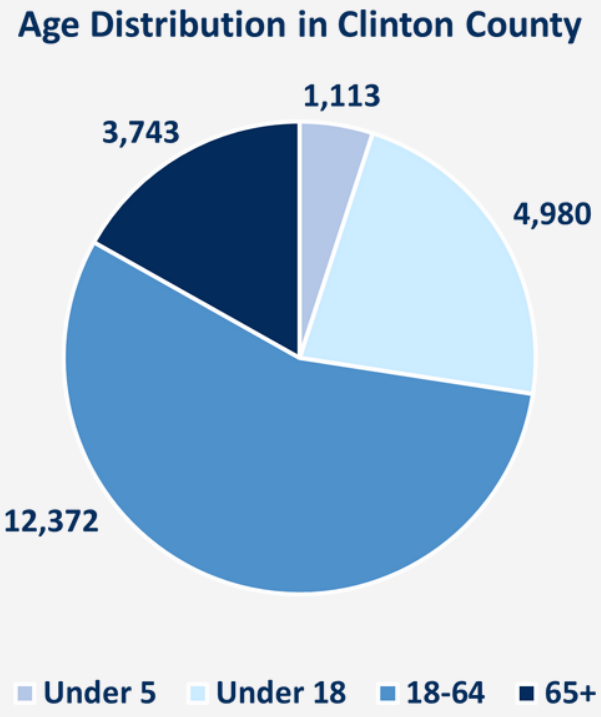


COUNTY DEMOGRAPHICS

According to the latest census data, the population of Clinton County, Missouri stands at 21,184, exhibiting a growth of 2.13% since 2010. The county comprises 5,391 families and 7,946 households, with an average household size of 2.6. The demographic breakdown of the population reveals that 23.61% are below 18 years of age, 58.65% fall in the 18-64 age group, and 17.74% are 65 years and above. English is spoken exclusively by 98.11% of residents, while other languages are spoken by 1.89% of the population. The majority of non-English speaking residents (0.71%) speak Spanish.

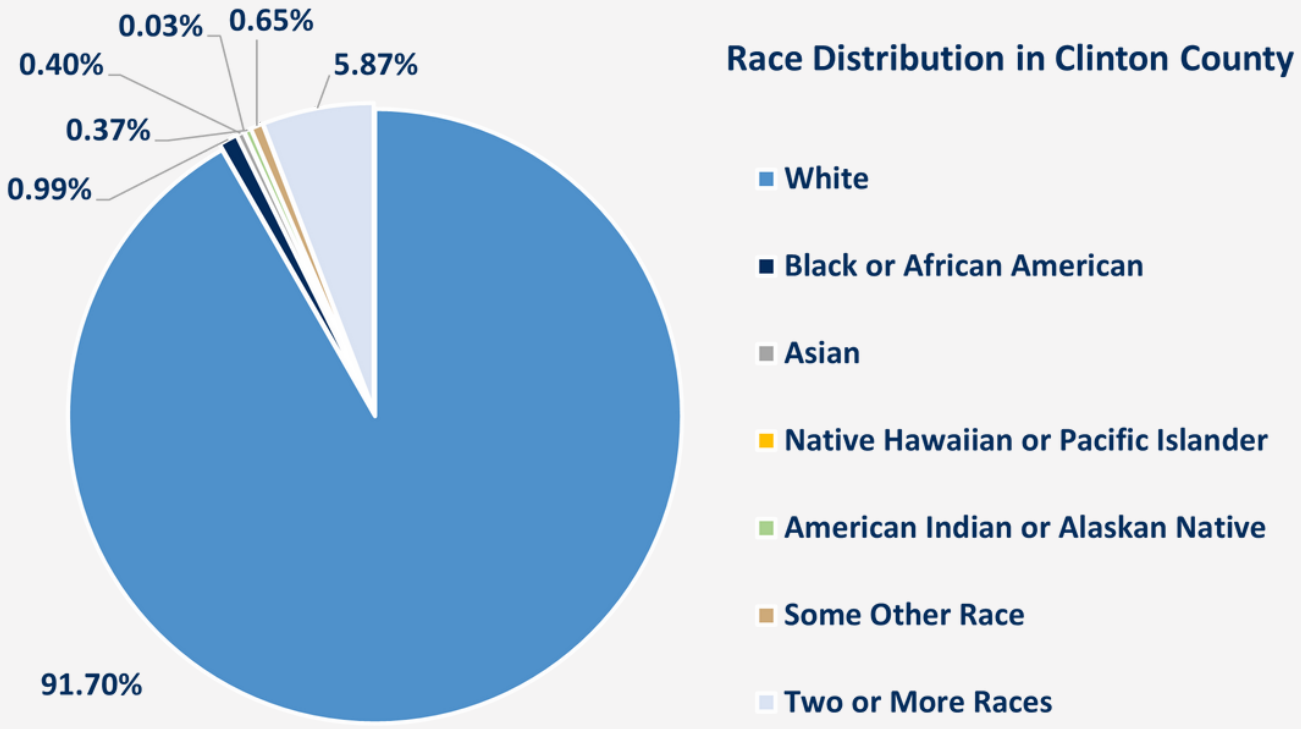
21,184

Population of Clinton County



COUNTY DEMOGRAPHICS

In terms of racial diversity, 91.7% of the residents identify as White, while 0.99% identify as Black or African American. Additional racial identities within the county include Asian (0.4%), American Indian or Alaskan Native (0.37%), Native Hawaiian or Other Pacific Islander (0.03%), and “Other” (0.65%), with the remaining 5.87% of the population identifying as two or more races. The Hispanic or Latino population, which accounts for 2.37% of residents, has seen an increase of 55.9% from 2010 to 2020.

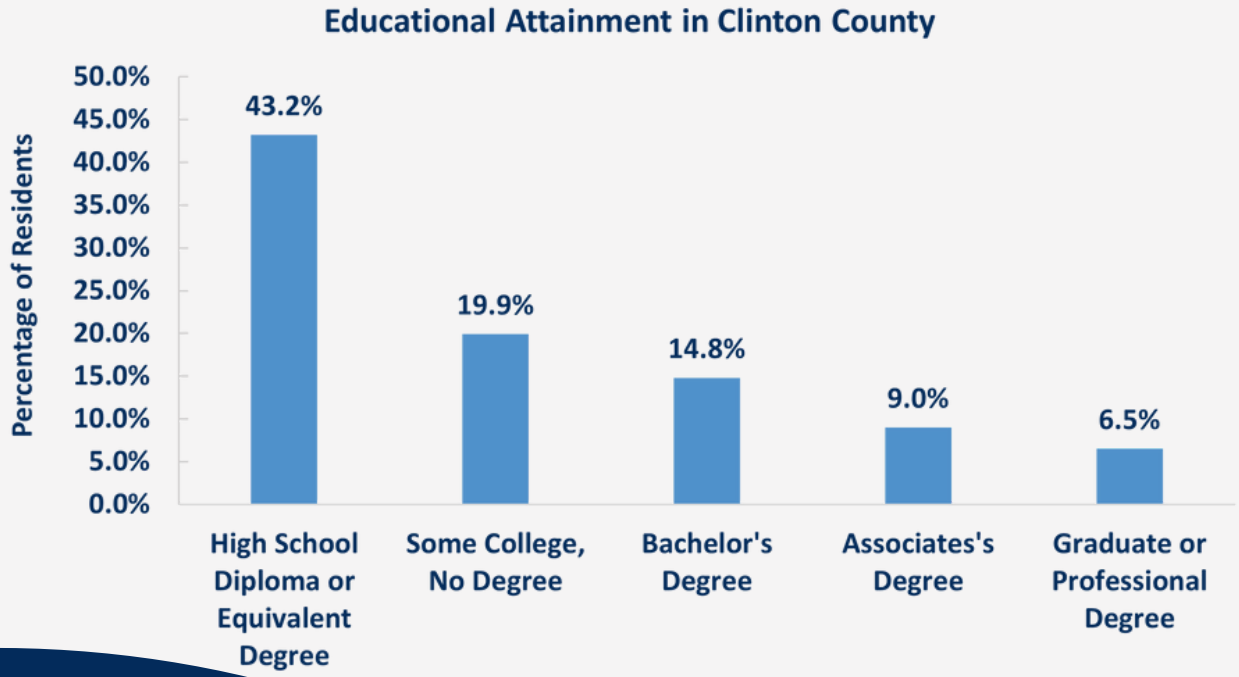


SOCIAL DETERMINANTS OF HEALTH

In 2020, Clinton County experienced 160 violent crimes and 773 property crimes per 100,000 people, according to the FBI Uniform Crime Reports. Educational attainment in the county is moderate, with 43.2% of residents possessing a high school diploma or equivalent degree and 14.8% holding a bachelor's degree. Despite a strong economic outlook, with a per capita income of $29,335 and a median family income of $78,939, the poverty rate in Clinton County is 9.88% and the unemployment rate is 3.7%. However, most households in the county own an average of 2.2 vehicles, which helps ensure adequate transportation access for residents.

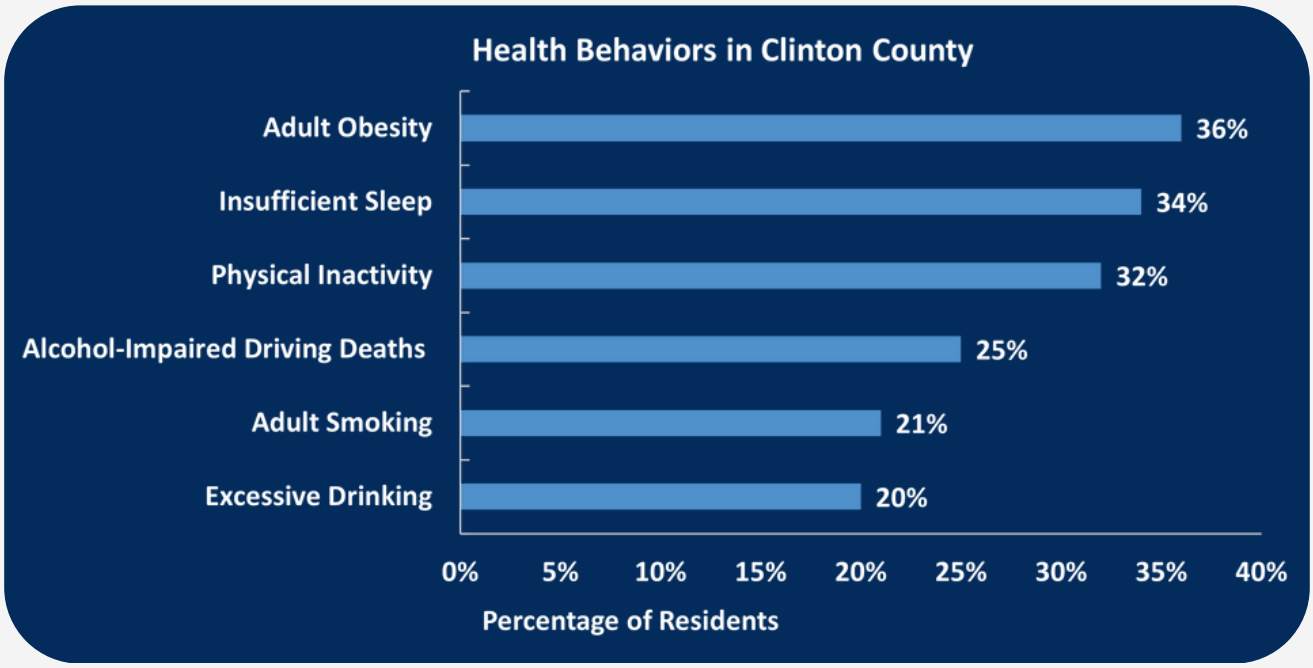
9.88%

Poverty Rate in Clinton County

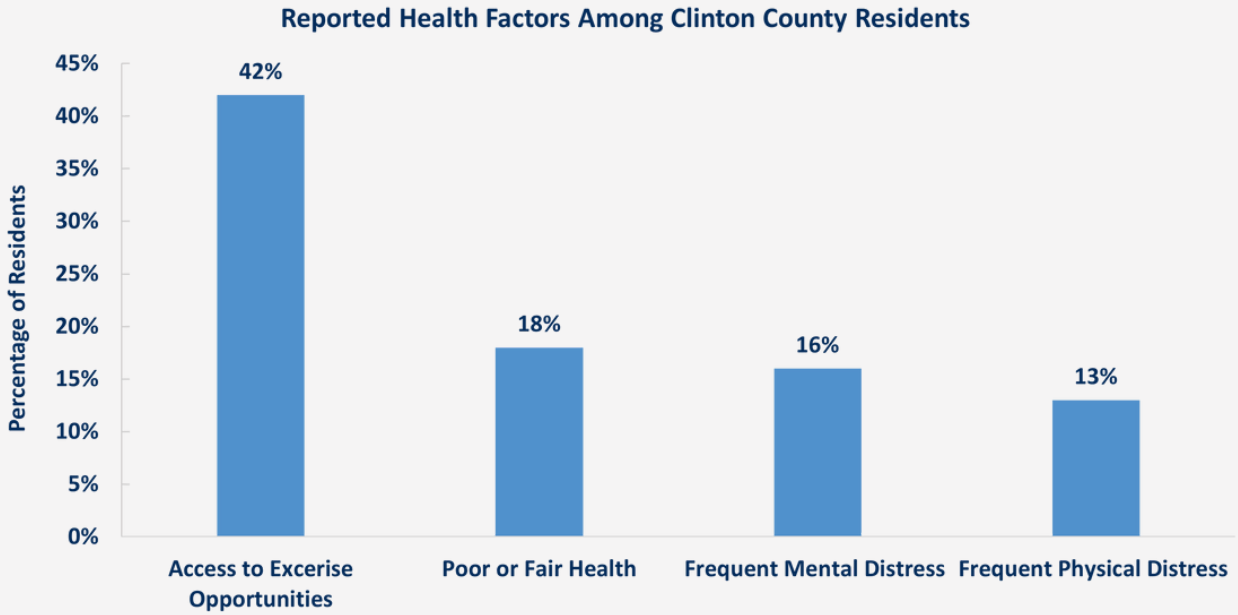


HEALTH BEHAVIORS

The latest data from County Health Rankings (CHR) highlights several health behaviors affecting the residents of Clinton County. 21% of adult residents are current smokers, and 20% engage in binge or heavy drinking. In fact, alcohol played a role in 25% of motor vehicle crash deaths between 2016 and 2020. Rates of sexually transmitted diseases are also a concern, with 313.9 cases of chlamydia and 99 cases of HIV diagnosed per 100,000 people, along with a teen birth ratio of 23:1,000 among females ages 15-19.



HEALTH BEHAVIORS



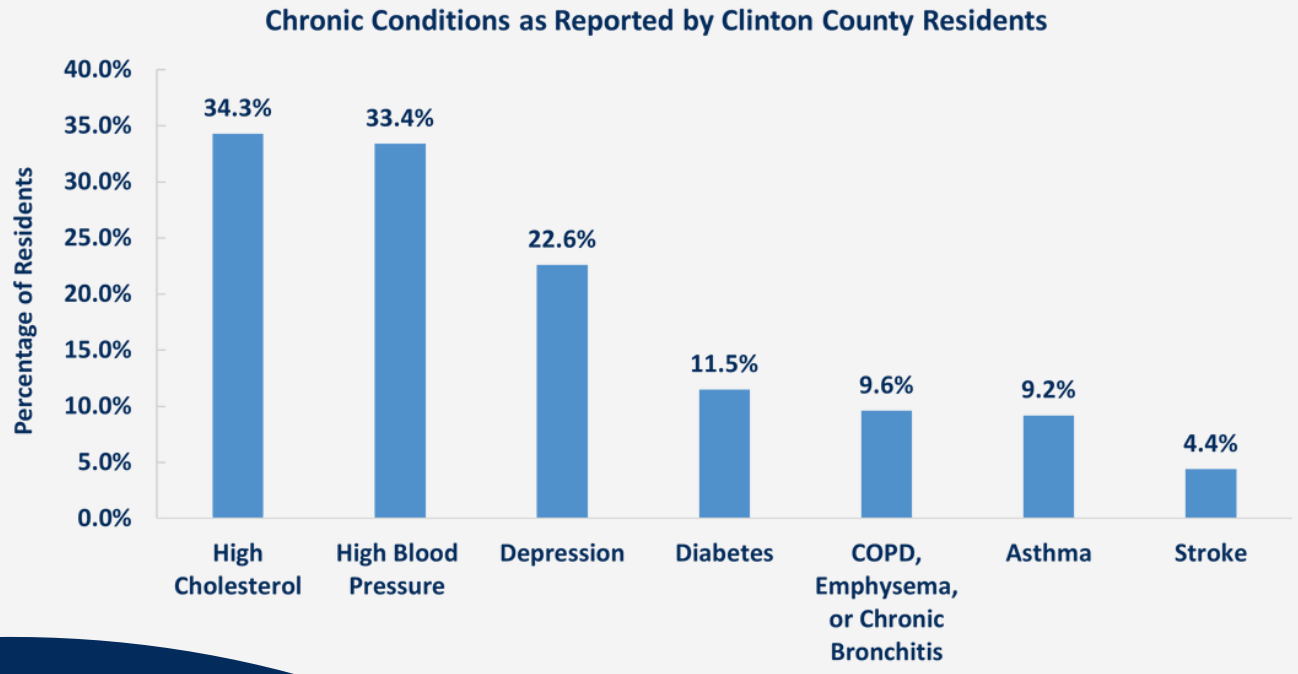
Additionally, physical and mental health present challenges for many Clinton County residents. 18% of adults rated their physical health as poor or fair, while 16% reported experiencing frequent mental distress. Furthermore, 34% of adults reported an average of less than seven hours of sleep per night, and 15.1% of the population reported having a disability.

The County Health Rankings (2019) reported that 36% of adults in Clinton County are considered obese, with a Body Mass Index (BMI) of 30 or greater. Additionally, 32% reported participating in no physical activity. Access to healthy foods is also a challenge, with 3% of residents with a low income and no nearby grocery stores, and 11% lacking a reliable food source. While there are no farmers markets in the county, there are 16 Supplemental Nutrition Assistance Program (SNAP) retail locations, and 8.46% of families receive food stamps/SNAP benefits, according to the U.S. Census Bureau (2021).

MORBIDITY & MORTALITY

The most recent available data from the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (CDC BRFSS) reports 33.4% of Clinton County residents with high blood pressure, 34.3% with high cholesterol, 9.2% with asthma, 9.6% with chronic obstructive pulmonary disease, emphysema, or chronic bronchitis, 22.6% with depression, 11.5% with diabetes, and 4.4% suffering from a stroke. The overall cancer incidence in the county is 491.7 per 100,000 people with the leading type being breast cancer, followed by lung and cervical cancer. Disease related mortality is highest for cancer at 445.1 per 100,000 people followed by coronary heart disease with 218.3 per 100,000 people.

The leading causes of death for individuals under the age of 75 in Clinton County include malignant neoplasms, diseases of the heart, chronic lower respiratory diseases, diabetes mellitus, and chronic liver disease and cirrhosis, respectively (CHR, 2020).



HEALTHCARE ACCESS

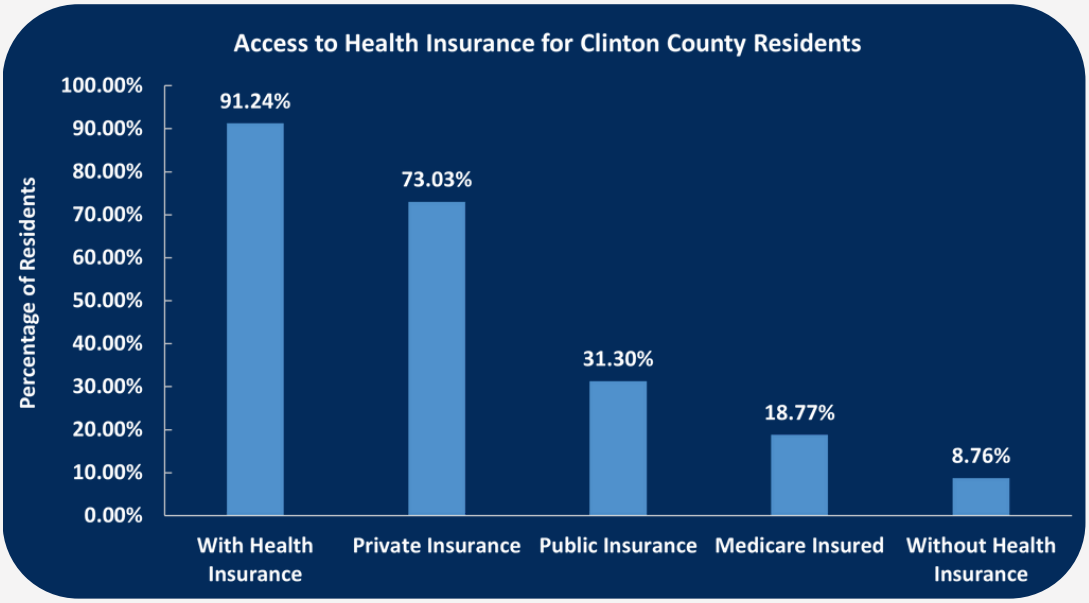
Clinton County's healthcare system is facing several challenges, with one of the most prevalent issues being a shortage of primary care physicians, dentists, and mental health providers. According to the most recent CHR, Clinton County has a ratio of 1,700 residents per primary care physician, an improvement from the 2017 ratio of 1,870:1. Unfortunately, the county has seen an increase in the population to dentist ratio, going from 1,860:1 in 2018 to 2,280:1 in 2020. Additionally, the population-to-mental health provider ratio of 2,940:1 is a matter of great concern, especially when compared to the significantly lower ratio of 460:1 in the state of Missouri.

Location	Population to Primary Care Physician Ratio	Population to Dentist Ratio	Population to Mental Health Providers Ratio
Clinton County	**1,700:1**	**2,280:1**	**2,940:1**
Missouri	**1,400:1**	**1,650:1**	**460:1**
United States	**1,310:1**	**1,400:1**	**350:1**

HEALTHCARE ACCESS

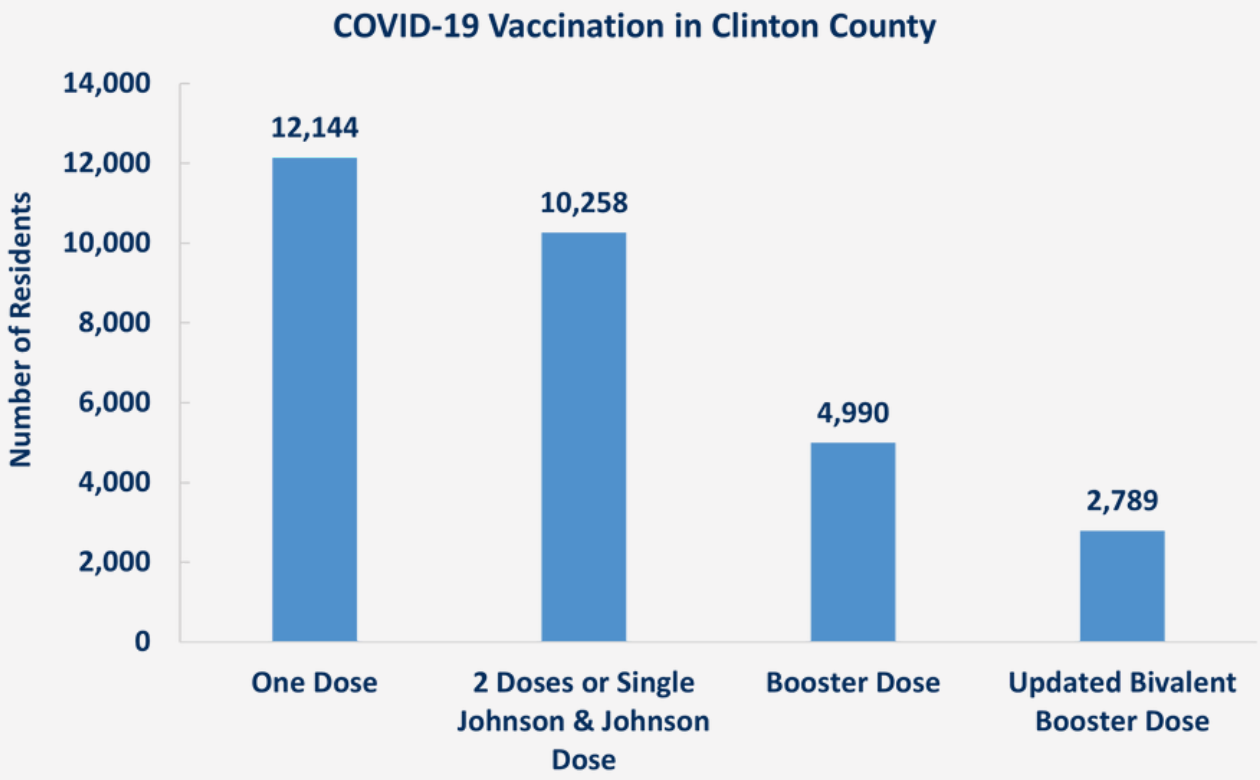
In terms of healthcare facilities, Clinton County is home to one hospital, five nursing facilities, two mental health facilities, one drug and alcohol treatment facility, and one community health center, according to the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA). HRSA designates areas as Medically Underserved Areas (MUA) if they have a shortage of primary care providers, high infant mortality rates, high poverty levels, and/or a high elderly population. Fortunately, there are no MUA census tracts in Clinton County, as of 2022.

Regarding health insurance coverage throughout the county, the United States Census Bureau (2020) reports that 91.24% of residents in Clinton County have health insurance, with 8.76% remaining uninsured. Of those with health insurance, 73.03% have private insurance, 31.30% have public insurance, and 18.77% are enrolled in Medicare.



HEALTHCARE ACCESS

Lastly, according to Policy Map's 2018 report, 38% of Clinton County residents received a flu vaccination in the past year. More recently, the Centers for Disease Control and Prevention (CDC) reports that the county has made progress in vaccinating against COVID-19, with 59.6% receiving at least one dose, 50.3% receiving at least two doses or a single Johnson & Johnson dose, 24.5% receiving a booster dose, and 13.7% receiving an updated bivalent booster dose. Notably, the CDC found that fewer than 0.001% of people who received a dose experienced severe adverse reactions. These numbers suggest that Clinton County has made good strides in vaccinating its residents against COVID-19.



COMMUNITY CONTEXT

ASSESSMENT

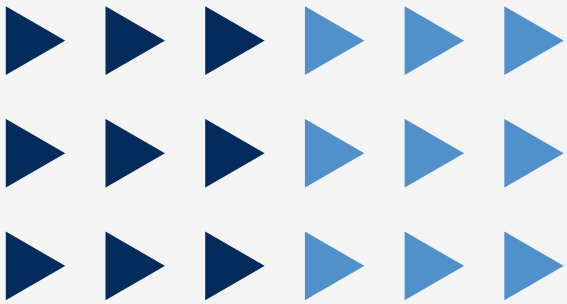


TABLE OF CONTENTS

CCA SUMMARY

In an effort to gain a better understanding of the perceptions of Clinton County residents, a Community Context Assessment (CCA) was conducted using the Mobilizing for Action through Planning and Partnerships (MAPP) framework. Before administering the CCA survey, a community meeting was held to identify the most important topic areas to include. After implementing feedback, the CCA was disseminated to the community and yielded a total of 317 responses.

Major findings are as follows: According to respondents, the most important indicators for a healthy community are safe and healthy homes, followed by quality education, with quality healthcare and adequate employment also being important to a significant number of respondents. Fortunately, the majority of survey participants indicated that Clinton County is a safe place to live and/or raise children. When asked what topics they would like to receive health education on, survey participants expressed the highest level of interest in mental/behavioral health counseling, followed by substance/opioid misuse and nutrition. Chronic diseases, physical activity, and trauma awareness/response were also identified as areas of interest.

The majority of respondents perceived their physical health to be either somewhat good or average. While most participants reported having easy access to an exercise space and fresh fruits and vegetables, the majority exercised either not at all or just 1-2 days per week and consumed only 1-2 servings of fruits and vegetables per day. Results also indicated that the respondents' perception of substance use--particularly alcohol, tobacco products, and e-cigarettes/vaping--is very prevalent in the community, especially with underage residents. Lastly, access to mental/behavioral health services is also a concern, as over half of respondents reported an inability to access such services.

PROCESS & METHODS

TIMELINE

July 2022
CHA Kickoff

September 2022
Survey Developed

October 2022
Community Meeting

November 2022
Survey Disseminated

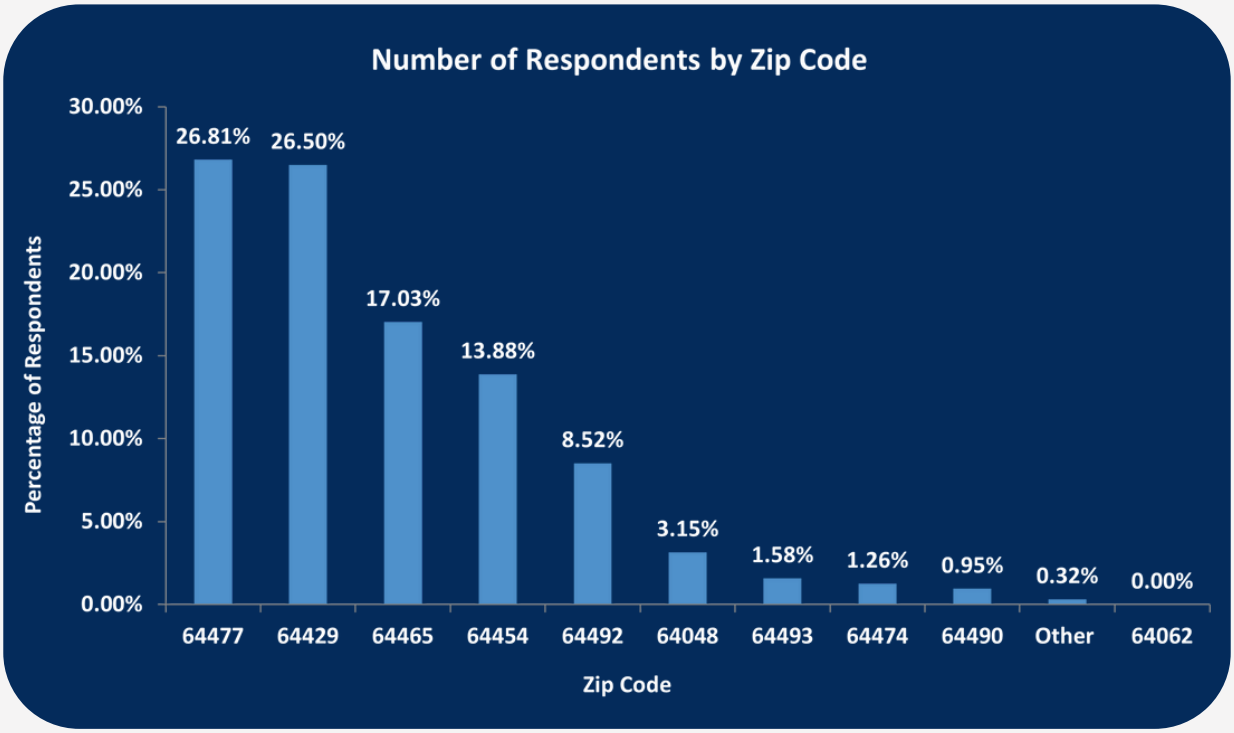
January 2022
Survey Analyzed

To begin the CCA, a series of community partner meetings were scheduled, and a community survey was drafted using the SurveyMonkey platform. The survey included 28 questions featuring an assortment of multiple choice, rating scale, and open-ended questions.

To disseminate the survey, a variety of methods were used to capture a well-rounded community response. The survey was promoted using web links, QR codes, posters, social media platforms, emails, a newspaper article, and text messaging. Paper surveys were distributed at local grocery stores, coffee shops, the library, the nursing home, food pantries, and other public locations.

Data analysis was primarily completed using the SurveyMonkey platform and Microsoft Excel, in which descriptive statistics were compiled and interpreted.

SURVEY DEMOGRAPHICS



317

Total Number of Respondents

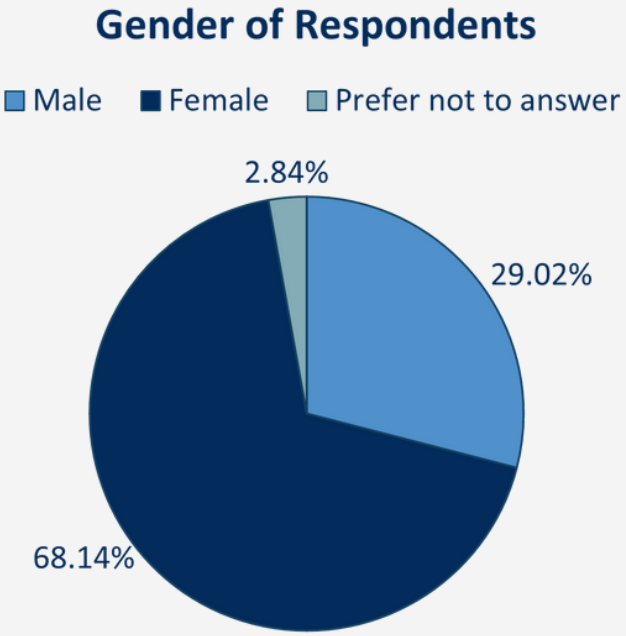
1.5% of Clinton County's 21,287 residents participated in the community survey. The largest number of survey respondents (53.31%) reside in the county's 64477 or 64429 zip code, with 17.03% residing in 64465, 13.88% in 64454, 8.52% in 64492, and the remaining 7.26% in a variety of zip codes across the county.

SURVEY DEMOGRAPHICS

Of the survey respondents, 68.14% identified as female--significantly higher than what would be considered a representative sample of the county due to the population being 49.5% female and 50.5% male. The remaining respondents identified as male (29.02%) or preferred not to answer (2.84%). The largest age group among respondents was 66-75 years (25.87%), followed by 56-65 years (22.71%), 46-55 years (16.40%), and 36-45 years (16.09%), with the remaining 18.93% dispersed among the age groups of 76+, 26-35, 18-25, and under 18. The majority of survey participants (95.90%) indicated their race as White, with 1.89% indicating as Black or African American and 1.89% indicating as two or more races. This statistic is representative of the county as 95.2% of Clinton County residents indicate their race as White. In terms of education, 40.05% of respondents possess a bachelor's degree or higher, 26.18% attended some college, and 20.82% possess a high school diploma as their highest level of education.

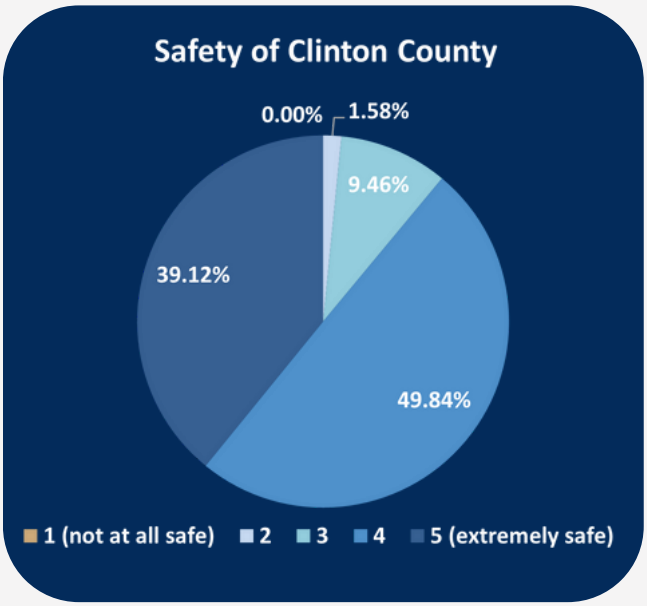
40.05%

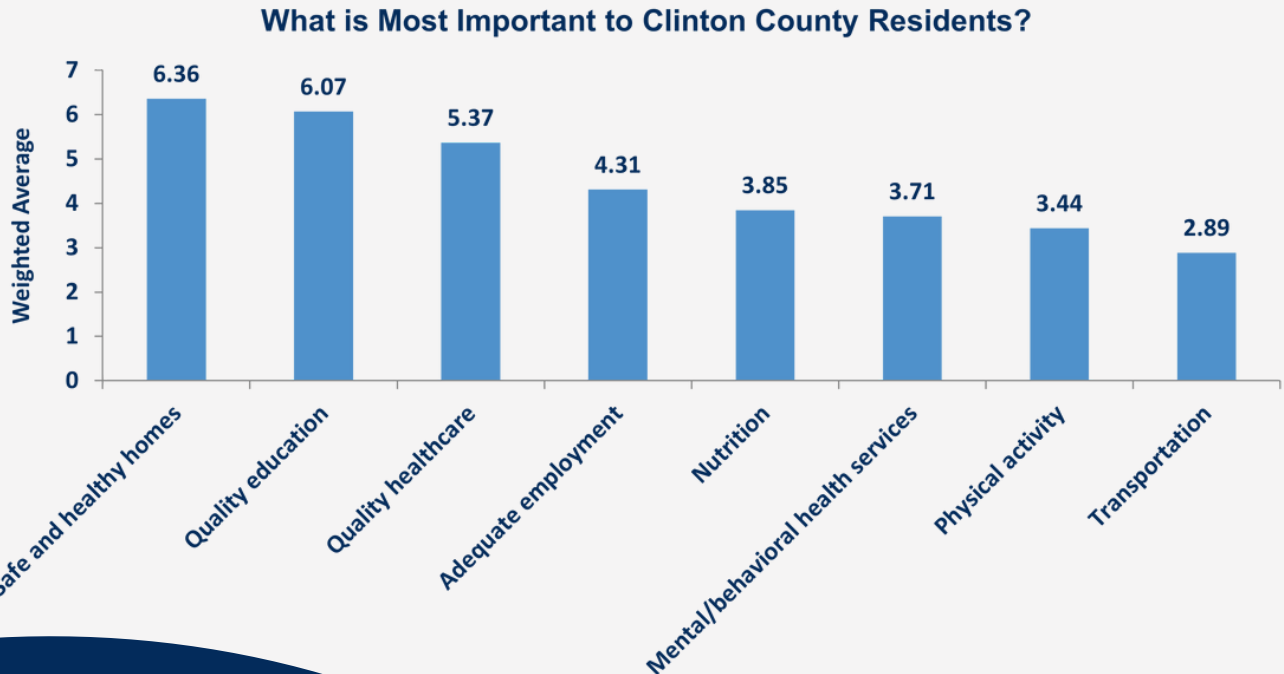
of Respondents had a Bachelor's Degree or Higher



QUALITY OF LIFE

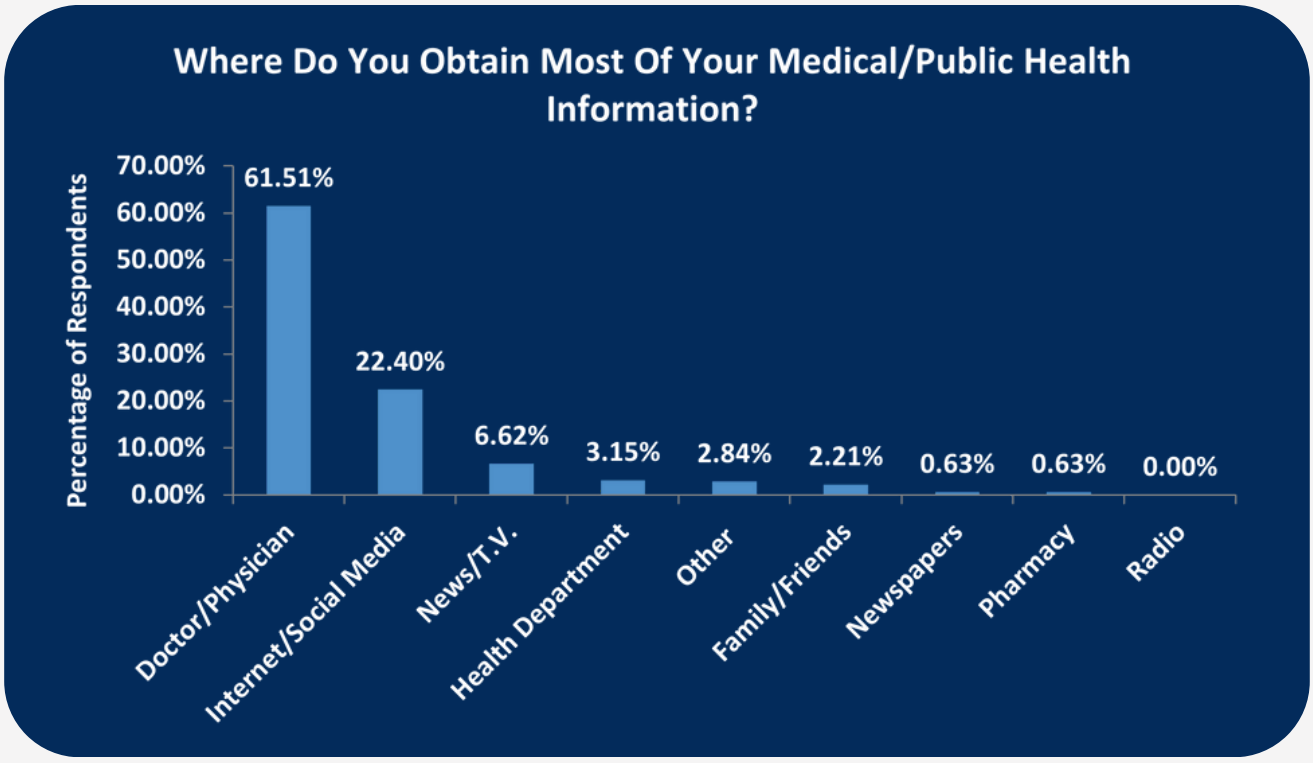
The majority of respondents (88.96%) rated the safety level of Clinton County as either 4 or 5 on a scale of 1 to 5, with 1 being not at all safe and 5 being extremely safe. Safe and healthy homes and quality education were ranked as the most important aspects of a community, with 69.4% of respondents selecting one of these two options as their first choice. When considering the weighted average of the rankings, adequate employment and transportation were also identified as a couple of the most important parts of a community by a significant number of respondents.





HEALTHCARE

When seeking general medical attention, 93.38% of respondents reported visiting a clinic or doctor's office. The majority of respondents (35.02%) traveled a short distance of 0-5 miles to reach their primary care provider, while 7.57% traveled 6-10 miles, 17.35% traveled 11-20 miles, 21.45% traveled 21-30 miles, and 18.61% traveled 31 or more miles to reach their primary care provider. Additionally, 61.51% of respondents indicated that they obtain most of their medical and public health information from their doctor, while 22.40% obtain it from the internet or social media and 6.62% get it from the news or television. In terms of health insurance coverage, 2.21% of respondents did not have insurance, 32.81% were on Medicare, 6.94% were on Medicaid, and 58.04% had private or commercial health insurance. Lastly, 4.10% of respondents reported being unable to receive needed healthcare in the past year.



PHYSICAL & MENTAL HEALTH

Results showed that 17.03% of respondents rated their physical health as excellent, 34.70% as somewhat good, 35.33% as average, 8.52% as somewhat poor, 4.10% as poor, and 0.32% as unsure.

68.45% of survey participants reported having easy access to an exercise space. In terms of exercise frequency, 30.60% of respondents reported exercising 0 days per week, 34.38% exercised 1-2 days per week, 18.30% exercised 3-4 days per week, and 16.72% exercised 5-7 days per week.

The majority of respondents (90.22%) reported having reliable access to fresh fruits and vegetables, yet 59.62% reported consuming just 1-2 servings of vegetables per day.

Most respondents (69.09%) specified that their mental health was either excellent or somewhat good, while 23.03% rated it as average, and 7.89% rated it as either somewhat poor, poor, or unsure. In the circumstance that mental/behavioral health services are required, 62.15% of respondents either did not know how to access such services or do not have mental/behavioral health services easily accessible to them.

HEALTH EDUCATION

Survey participants indicated the highest level of interest in receiving health education on mental/behavioral health counseling, with 63.72% selecting this topic.

Other topics of notable interest included substance/opioid misuse (35.96%), nutrition (34.70%) and chronic diseases (32.81%).

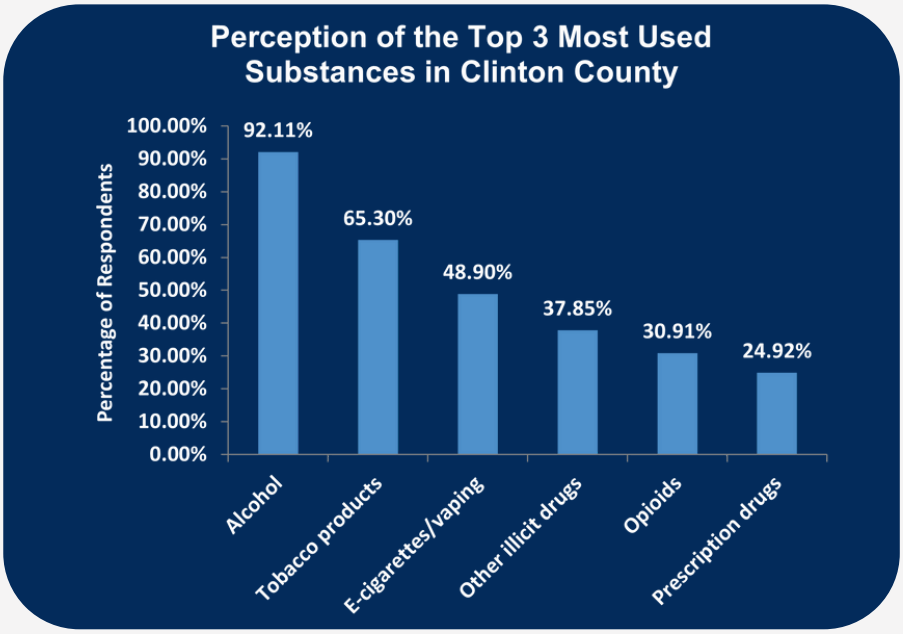
Additionally, trauma awareness/response and physical activity were also topics that a significant proportion of respondents (27.76% each) expressed interest in receiving education on.

SUBSTANCE USE

76.66% of respondents specified that they believe community members under 21 years of age consume alcohol frequently or very frequently, yet 88.65% of respondents felt that underage drinking was harmful to both the individual and the community. Results also found that 79.18% of respondents believed that community members under 21 years of age frequently or very frequently use electronic smoking products, such as vape pens, vaporizers, e-pens, e-pipes, e-hookahs, and e-cigars. 90.85% of respondents indicated that using these products is harmful to both the user and others.

The majority of respondents (86.75%) rated the prevalence of opioid and prescription drug use as a 3, 4, or 5 on a scale of 1 to 5, with 1 being not prevalent at all and 5 being extremely prevalent.

The substances and/or drugs that survey participants perceived were most used within the community included alcohol (92.11%), tobacco products (65.30%) and e-cigarettes/vaping (48.90%). Other illicit drugs ranked fourth with a perceived prevalence of 37.85% followed by opioids (30.91%) and prescription drugs (24.92%).



LOOKING FORWARD

The community survey and feedback from community meetings have given Clinton County Health Department (CCHD) a comprehensive understanding of the health concerns and priorities of residents, their usage of department services, and their desire for new programs and services. This information will be used to better recognize the needs of the community and develop strategies to address these issues.

Survey results may not accurately reflect the whole population of Clinton County, as the survey was not adjusted to account for the socioeconomic status of the residents and had a higher proportion of female respondents. This could potentially lead to bias in the data. However, the main objective of the survey was to gather a general understanding of the perceptions of residents and should be considered as such when interpreting the results.

The information obtained from the CCA has already proven invaluable in the development of future programs and initiatives. The results highlighted recurrent barriers and needs of respondents and CCHD has already begun to develop responses to these results with the start of a Community Health Improvement Plan (CHIP). The CHIP will use data from the three assessments along with community input to identify priority issues, implement strategies for action, and establish accountability to ensure measurable health improvement.

COMMUNITY PARTNER

ASSESSMENT

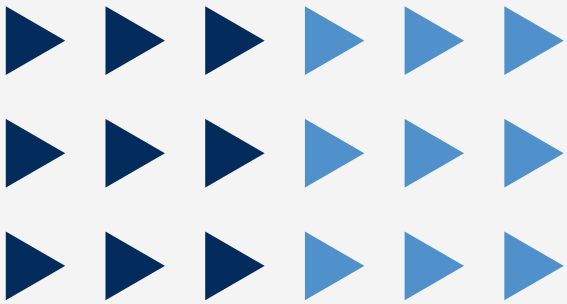


TABLE OF CONTENTS

CPA INTRODUCTION

The Community Partner Assessment (CPA) is a process for community partners involved in MAPP to assess their individual systems and collective capacity to address health inequities. The CPA has five main goals.

Goals of the CPA

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 inequities produced by systems.
3. Assess each MAPP partner's capacities, skills, and strengths to improve community health, health equity, 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

To achieve the goals of the CPA, a community meeting was held to allow community partners to share their perspectives via a discussion and survey. Unfortunately, the number of survey responses received was not sufficient to provide a full representation of all organizations in Clinton County. Despite this, the responses gathered are still valuable and will be summarized in this report.

The CPA meeting proved to be a productive way of gathering the community partner's thoughts, with the session commencing with an interactive activity designed to establish a shared comprehension of health equity and its significance to the MAPP process. During the activity, the group agreed on the following definition of health equity.

"When everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health—such as poverty, discrimination, and deep power imbalances—and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare."

HEALTH EQUITY

During the meeting, the participants engaged in a meaningful discussion concerning the distinction between health equality and health equity. As they reflected on the activity, it became evident that many partners were not familiar with the concept of health equity and had yet to fully integrate this definition into their respective organizations. The ensuing conversation centered on the essential notion that achieving health equity involves more than simply enhancing healthcare access; it requires a systemic transformation that recognizes the power imbalances contributing to historical and contemporary health inequities. The participants acknowledged that health inequities are a result of political decisions and that promoting health equity necessitates the political will to effect changes to current conditions.

After the activity, all attendees agreed that they had attained a more comprehensive understanding of the concept of health equity and that ongoing discussions within their organizations are crucial in accomplishing the MAPP objectives and bringing about tangible change.

ORGANIZATIONAL ACTIVITES & SDOH

The main objectives of the next activity were twofold: first, to introduce the concept of social determinants of health (SDOH) and how they contribute to community well-being within the MAPP framework, and second, to identify the key activities undertaken by each partner organization. The activity began with a discussion of the definition of SDOH, which refer to the physical and social conditions in which individuals are born, live, work, learn, worship, and age, and how these conditions can impact their health outcomes and quality of life.

The group then explored the five main social determinants of health and their corresponding goals, which are aimed at promoting economic stability, enhancing access to quality education, improving healthcare access and quality, creating safe and healthy neighborhoods, and increasing social and community support. Using a collaborative approach, the partners brainstormed and identified 5-10 activities that their organizations were currently involved in, categorizing them according to the relevant SDOH. The partners then affixed their written activities to the corresponding SDOH posters.

This visual representation helped the group identify that they were already involved in a significant number of activities aimed at addressing the SDOH. However, they noted a few gaps, such as the participation of church leaders, hospital partners, and city officials. Consequently, the group committed to reaching out to these stakeholders and engaging them in the CHA process.

GOALS OF THE SDOH

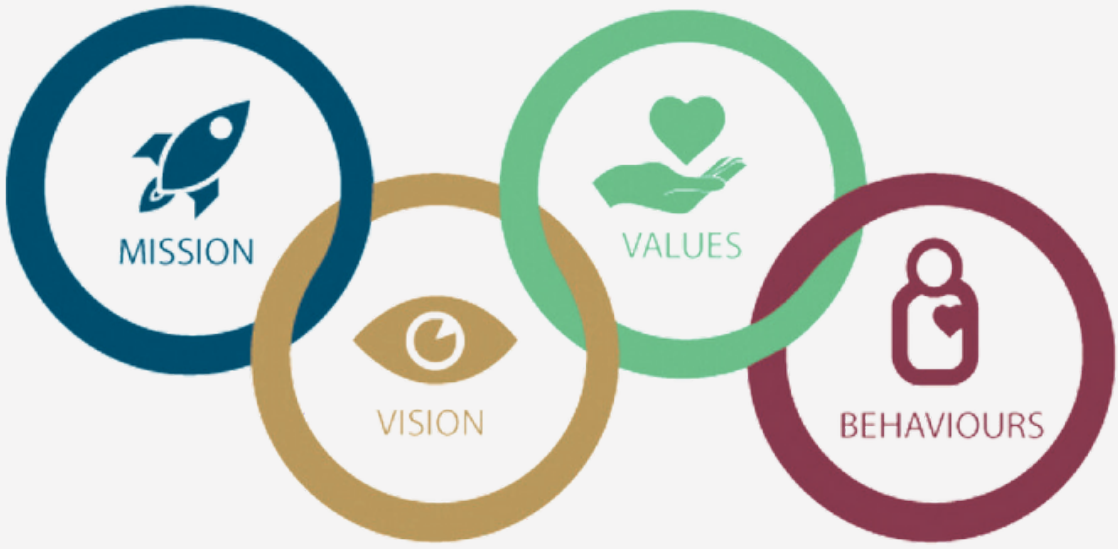
Social Determinant of Health	Goal
Economic Stability	Help people earn steady incomes that allow them to meet their health needs
Education Access & Quality	Increase educational opportunities and help children and adolescents do well in school
Healthcare Access & Quality	Increase access to comprehensive, high-quality health care services
Neighborhood & Built Environment	Create neighborhoods and environments that promote health and safety
Social & Community Context	Increase social and community support

SDOH ACTIVITY

MISSION &VALUES ALIGNMENT

The final activity had several key objectives, including reinforcing the importance of health equity within the MAPP process, identifying areas where partner organizations' mission and values align with the agreed upon definition of health equity, acknowledging differences in knowledge and experience with health equity, and emphasizing the need for a shared understanding of how to promote health equity over time. The facilitator initiated the activity by presenting a series of statements related to health equity and asking participants to indicate their level of agreement.

Throughout the exercise, it became apparent that most organizations were driven by values and interested in exploring the concept of health equity further by initiating discussions on the topic with their staff and the communities they serve. This activity provided an opportunity to recognize differences in knowledge and experience with health equity and highlighted the importance of ongoing efforts to develop a shared understanding of the term.



CPA SURVEY

Overview

The CPA survey was conducted to gather information on community organizations and their interest and capacity to participate in CHI processes. Although the number of responses was very limited, valuable information has been collected from the participating organizations, namely, the City of Lathrop, the Cameron Ambulance District, the City of Plattsburg, and Tri-County Ambulance District. None of the responding organizations had ever participated in a CHI process before, but some had participated in community-led decision making around policies, actions, or programs.

Interests and Services

The top three interests in joining a CHI partnership were to plan and launch community-wide initiatives, create long-term, permanent social change, and obtain or provide services. Responding organizations reported working with a wide range of racial/ethnic populations, some of which work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language. All organizations specified that they do not offer specific services for LGBTQIA+ populations, but they do offer general services that this population can feel welcome using. The responding organizations also reported providing services specifically for people with disabilities or were at least compliant with the American Disabilities Act.

CPA SURVEY

Focus Areas

From the limited responses, it was noted that the organizations put a specific focus on neighborhood and built environment, healthcare access and quality, and social and community context. Communication and education were identified as the activities the organizations most often participate in and the most common strategies that the organizations use to do their work are research and policy followed by social and health services.

When asked if the organizations had a shared definition of health equity, there were no responses. Additionally, most of the organizations reported not having anyone dedicated to addressing health inequities, diversity, or inclusion internally in their organization or externally in the community.

The capacities that responding organizations would like to grow as an organization include community education of medical emergencies and utilization of 911, sufficient funds and staff to provide needed services, and capacity for campaigns, leadership development, and organizing.

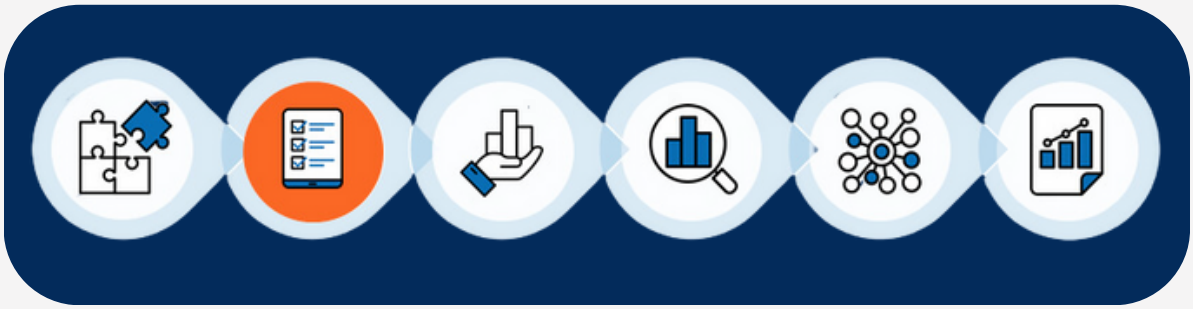
CPA SURVEY

Data Collection and Analysis

Although most of the responding organizations do not conduct needs assessments, they do collect other data. However, none of the responding organizations indicated that they analyze data with a health equity lens.

The most collected data amongst responding organizations was evaluation, performance management, or quality improvement information about services and programs offered, followed by demographic information about clients, and data about health status. Some organizations would be open to sharing this data, excluding any confidential information. These organizations most commonly collect data using notes from community meetings, secondary data sources, and electronic health records.

When asked how their organization could support data collection and analysis in the MAPP process, they responded that they could provide demographic information, communication with the community, and staff that could assist in data entry and compilation.



CPA SURVEY

Community Engagement and Communications

The most common communications work that responding organizations participate in was social media outreach, followed by ongoing and active relationships with local journalists and earned media organizations. All the organizations agreed that they have good relationships with other organizations that can help share information; however, some organizations indicated that they do not have a clear communications strategy.

Results also indicated that some policy/advocacy work is done amongst responding organizations, including developing and writing policy.

Lastly, it's important to note that none of the responding organizations reported that they have publicly available materials translated into other languages.

CPA REFLECTION

In conclusion, the CPA meeting and survey shed light on areas where organizations may benefit from support, such as community education around medical emergencies and the effective use of 911. Additionally, the limited responses regarding health equity suggest that there may be a need for more awareness and dedicated efforts to address diversity, health equity, and inclusion within and outside the organizations.

Additionally, they provided valuable information for understanding the perspectives and capacities of community organizations in relation to CHI processes. This information can be used to guide the development of strategies and partnerships to improve health outcomes and promote health equity within the communities served by these organizations.

Moving forward, the partners are committed to using the knowledge they gained to foster and reinforce community partnerships, discover areas for growth, and interact with other stakeholders. They also intend to deepen their understanding of the SDOH and health equity to advance community welfare. With collective effort, the partners are optimistic about creating a healthier and more equitable future for Clinton County.

CHA NEXT STEPS

In the future, Clinton County Health Department (CCHD) and its partners plan to build upon their achievements that earned Clinton County a ranking of 9th out of 115 counties in health outcomes and factors, according to the 2023 County Health Rankings & Roadmaps report. Although this recognition is praiseworthy, a comprehensive CHA process has been identified as a crucial step in continuing to advance the health and well-being of county residents and improving this ranking.

To achieve this, the CHA results will be effectively disseminated within the community to identify areas for improvement and encourage collaboration towards a healthier future. CCHD and its partners will subsequently host a series of meetings to prioritize the community health issues identified, establish corresponding goals and objectives, and develop effective interventions to address these issues while utilizing their strengths. As a result of this process, Clinton County's first community health improvement plan (CHIP) will be established and implemented.