

**MISSOURI DELTA MEDICAL CENTER
COMMUNITY HEALTH NEEDS ASSESSMENT**

September 2013



**MISSISSIPPI COUNTY
NEW MADRID COUNTY
SCOTT COUNTY**

Executive Summary

Creating healthy communities requires a high level of mutual understanding and collaboration with individuals and organizations in the community. The development of this assessment brought together community health leaders and providers along with local residents to research and prioritize community health needs and to document community health delivery success. This health assessment will serve as the foundation for Missouri Delta Medical Center's community health improvement efforts over the next three years.

Community Health Needs Assessment Process and Requirements

A Community Health Needs Assessment (CHNA) must be conducted every three years by not-for-profit hospitals in order to comply with federal tax-exemption requirements under the Affordable Care Act. Following the CHNA, the hospital must adopt an implementation strategy to meet the community health needs identified through the assessment, and it must report how it is addressing the needs identified in the CHNA and provide a description of needs that are not being addressed with the reasons why such needs are not being addressed. The ultimate purpose of the CHNA is to improve community health.

The Community Health Needs assessment process consists of the following steps:

1. Define the community served by the hospital facility
2. Identify the partners and individuals representing the broad interest of the community
3. Gather available data and current assessments
4. Develop and conduct primary research
5. Aggregate primary and secondary research
6. Identify and prioritize the health needs of your community
7. Develop and implement a strategy to address the identified priority health issues
8. Widely disseminate the CHNA

All steps were completed for this assessment except that the implementation strategy is not included. That step will be completed based on review of this CHNA and implemented over the next three years.

Community Defined

For the purposes of this assessment, community is defined as the geographic area from which a significant number of patients using Missouri Delta Medical Center (MDMC) services reside. The primary service area for MDMC is based on the number of inpatient discharges and outpatient visits by patients that reside in each of the three counties: Scott, Mississippi and New Madrid. Eighty-one percent of MDMC patients reside in these three counties. This information was provided by the Hospital Industry Data Institute (HIDI) that is funded by the Missouri Hospital Association.

The CHNA for Scott County was conducted in partnership with SoutheastHEALTH and Saint Francis Medical Center. As Mississippi County and New Madrid County were the primary service area of Missouri Delta alone the CHNA was not conducted in partnership with SoutheastHEALTH and Saint Francis Medical Center.

The Mississippi County, New Madrid County and Scott County secondary data was collected from a variety of local, county, state and national sources in order to profile the demographics, social/economic factors, health status and access to healthcare in the communities serviced. The sources used are referenced throughout the CHNA. Analyses were conducted by comparing the three county area data to state and national benchmarks when available. Additional analysis was performed by demographic characteristics such as age and race based on availability and significance of the data.

Primary Research

Primary data collection for this CHNA included a focus group held in each of the three counties. The Scott County focus group was held in September 2012. The Mississippi County focus group was held in April 2013 and the New Madrid County focus group was held in May 2013. Individuals from a broad interest were included in the focus groups. Efforts were made to include at-risk, targeted populations and principle specialty areas that are served by the hospital and present within the community, such as the medically underserved, low income persons, minority groups, and those with chronic disease needs.

Focus Group Questions:

1. What do people in this community do to stay healthy? How do people get information about health?
2. In this group's opinion, what are the serious health problems in your community? What are some of the causes of these problems?
3. What keeps people in your community from being healthy?
4. What could be done to solve these problems?
5. Is there any group not receiving enough health care? If so, why?
6. Of all the issues we have talked about today, what issues do you think are the most important for your community to address?

Primary data was also gathered through the use of a Community Health Needs Assessment Survey, a questionnaire-style, self-administered survey, available only to those participants that a graduate student social worker and a hospital marketing intern came into contact with at certain locations. The survey was designed to collect data on health beliefs, health behaviors, access to and utilization of health care services, and concerns about community health issues.

Key Findings

The following list represents the key findings of the Community Health Needs Assessment by type of need:

Health Needs

- Diabetes (leading cause of death)
- High blood pressure/strokes (leading cause of death)
- Heart disease (leading cause of death)
- Overweight adults
- Overweight children
- Cancer (leading cause of death)
- Lung cancer (leading cause of death)
- Breast cancer (leading cause of death)
- Kidney disease (leading cause of death)
- Chronic liver disease and cirrhosis (leading cause of death)
- Chronic lower respiratory disease (leading cause of death)
- Mental illness (depression)
- Asthma/respiratory disorders
- Allergies
- Sexually transmitted infections
- High cholesterol
- Arthritis
- Sinus problems
- Hepatitis C
- COPD
- MRSA
- Dental problems
- Infectious disease (influenza)
- High chronic disease rates
- Health status at birth – low birth weight, premature births and birth defects
- Preventable hospitalizations – angina, asthma, bacterial pneumonia, cellulitis, chronic obstructive pulmonary, congenital syphilis, congestive heart failure, convulsions, dehydration-volume depletion, diabetes, failure to thrive, hypoglycemia, kidney/urinary infection, pelvic inflammatory disease, and severe ENT infections
- Unintentional injuries
- Cause of death of children ages 1-14-unintentional injuries, motor vehicle deaths, all cancers, birth defects, homicide, and heart disease
- Cause of death for adolescents – suicide, all cancers, and heart disease
- High infant mortality
- Higher percentage of uninsured
- Health status – poor health rating

Behavioral Needs

- Smoking
- Poor diet
- No exercise
- Drug/alcohol use (prescription drugs)
- Eating disorders
- Preventive practices – did not get medical care, current cigarette smoking, no leisure-time physical activity, less than five fruits and vegetables per day, obese, current high blood pressure, ever had blood cholesterol checked, has high cholesterol, never had a mammogram, no mammogram in the last year, never had a pap smear, no pap smear in the last three years, never had a sigmoidoscopy or colonoscopy, and no sigmoidoscopy or colonoscopy in the past ten years
- Teen substance abuse – including cigarettes, alcohol, binge drinking, marijuana, inhalants, OTC abuse, and prescription drugs
- Maternal health – no prenatal care and smoking while pregnant
- Low breastfeeding rates for infants
- Lower seatbelt use

Community Needs

- Hunger
- Lack of health care education
- Lack of motivation to be healthy
- Child abuse and neglect
- Domestic violence
- Health care affordability
- Access to health care for Medicare patients
- Access to dental care
- Teen pregnancy
- Transportation (public)
- Unemployment
- Mosquitos
- Job availability
- Crime-violent offenses and juvenile crime
- Housing affordability
- Racism
- Secondhand smoke
- Recreation opportunities
- Murder or intentional injury
- School violence
- Firearms
- Elder neglect Social determinants
- Motor vehicle accidents (leading cause of death)
- Education – high percentage of residents that did not graduate from High School

- High poverty rare – including senior citizens
- High public assistance participation – Medicaid, Food Stamps/SNAP/Reduced-Lunch program
- Property and violent crime committed against senior citizens

Priority Needs

Prioritization Process

Members of the Missouri Delta CHNA Team analyzed the survey data, focus group data, and secondary data in the report to prioritize the community health needs for the three counties. The priority needs were first identified by the primary research or what the community finds important. These high priority needs were then validated by the secondary research by looking at the community's statistics and trends against the state's statistics and trends.

Top 5 Priority Needs

- Obesity (Diet and Exercise)
- Chronic Disease
 - Diabetes (Diet and Exercise)
 - Chronic Respiratory Disease (Smoking)
 - Heart Disease (Smoking/Diet and Exercise)
 - Stroke (Healthy Lifestyle)
- Cancer (Smoking)
- Substance Abuse (Drug and Alcohol)
- Health Care Availability & Affordability (Access and Uninsured)

The CHNA Team has analyzed the data and identified opportunities for improving the health of our community. The next step is to establish an implementation strategy and work with community leaders to improve the health of Mississippi County, New Madrid County and Scott County.

INTRODUCTION AND METHODS

Community Health Needs Assessment Description

A community health needs assessment (CHNA) is a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.

Community Health Needs Assessment Requirements

A CHNA must be conducted every three years by not-for-profit hospitals in order to comply with federal tax-exemption requirements under the Affordable Care Act. The first CHNA must be completed by the end of the first taxable year beginning after March 23, 2012. The CHNA must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge or expertise in public health; and it must be made widely available to the public. Following the CHNA, the hospital must adopt an implementation strategy to meet the community health needs identified in the CHNA and provide a description of needs that are not being addressed with the reasons why such needs are not being addressed. The ultimate purpose of the CHNA is to improve community health.

The documentation of the CHNA must include the following information:

1. A description of the community served by the hospital facility and how it was determined.
2. A description of the process and methods used to conduct the assessment, including:
 - a. A description of the sources and dates of the data and other information used in the assessment, including primary and secondary sources
 - b. The analytical methods applied to identify community health needs
 - c. Information gaps that affect the hospital's ability to assess the community's health needs.
 - d. If the hospital collaborates with other organizations in conducting a CHNA, the report should then identify all of the community organizations that collaborated with the hospital
 - e. If the hospital contracts with one or more third parties to assist in conducting a CHNA, the report should also disclose the identity and qualifications of the third parties
3. A description of the approach used to plan, develop, and conduct the assessment and how the hospital organization took into account input from individuals who represent the broad interest of the community served by the hospital facility including:
 - a. A description of when and how the organization consulted with these individuals (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.)
 - b. Community leaders who were consulted and/or collaborated in the planning and implementation process
 - c. Justification of why data sources were used and selected
 - d. Justification of the approach for primary data collection

- e. Explanation of successful and non-successful approaches to see broad-based community input, especially underserved or high-risk groups within the community
 - f. If the hospital takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in that organization who consulted with the hospital
 - g. Identification of any individual providing input who has special knowledge of or expertise in public health and the report should list those people by name, title, affiliation, and include a brief description of the individual's special knowledge or expertise
4. A prioritized description of all community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs
 - a. Priorities identified through primary and secondary data
 - b. Other processes used to rank priorities
 5. A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA

Implementation Strategy Requirements

The IRS guidance specifies that the CHNA results must be used to develop and implementation strategy that must be adopted by the hospital. The implementation strategy is defined as a written plan that addresses each of the community health needs that were identified through the assessment. Each hospital organization must meet the requirement to adopt an implementation strategy separately with respect to each hospital facility it operates. The Treasury and IRS expect the implementation strategy to:

1. Describe how the hospital facility plans to meet the health need; or
2. Identify the health need as on the hospital facility does not intend to meet and explains why the hospital facility does not intend to meet the health need

In describing how a hospital facility plans to meet a health need identified through a CHNA, the implementation strategy must tailor the description to the particular hospital facility, taking into account its specific programs, resources, and priorities. The implementation strategy should also describe any planned collaboration with governmental, non-profit, or other health care organizations, including related organizations, in meeting the health need.

The IRS will allow hospital organizations to develop implementation strategies for their hospital facilities in collaboration with other organizations, including related organizations, other hospital organizations, for-profit and government hospitals, state and local agencies, such as local health departments. If a hospital does collaborate with other organizations in developing an implementation strategy, the strategy should identify all the organizations with which the hospital collaborated.

The implementation strategy is considered to be adopted on the date the implementation strategy is approved by an authorized governing body of the hospital organization. The authorized governing body means:

1. The governing body of the hospital organization (i.e. board of directors, board of trustees, or equivalent controlling body)
2. A committee of the governing body, which may be comprised of any individuals permitted under state law to serve on such committee, to the extent the committee is permitted by the state law to act on behalf of the governing body; or
3. To the extent permitted under state law, other parties authorized by the governing body of the hospital organization to act on its behalf by following procedures specified by the governing body in approving an implementation strategy

The hospital organization must adopt an implementation strategy to meet the community health needs identified in the CHNA by February 15, 2014.

Community Health Needs Assessment Process

The Community Health Needs Assessment process should consist of the following steps:

1. Define the community served by the hospital facility
2. Identify the partners and individuals representing the broad interest of the community
 - a. Individuals with special knowledge or expertise in public health
 - b. Federal, tribal, regional, state or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
 - c. Leaders, representatives, or members of medically underserved, low income and minority populations, as well as populations with chronic disease needs
3. Gather available data and current assessments
4. Develop and conduct primary research
5. Aggregate primary and secondary research
6. Identify and prioritize the health needs in your community
7. Develop and implement a strategy to address the identified priority health issues
8. Widely disseminate the CHNA

Defining “Community”

For the purposes of this assessment, community is defined as the geographic area from which a significant number of patients using Missouri Delta Medical Center (MDMC) services reside. The primary service area for MDMC is based on the number of inpatient discharges and outpatient visits by patients that reside in each of the three counties: Scott, Mississippi and New Madrid. Eighty-one percent of MDMC patients reside in these three counties. This information was provided by the Hospital Industry Data Institute (HIDI) that is founded by the Missouri Hospital Association.

Identifying Partners and Individuals Representing the Broad Interest of the Community

The CHNA for Scott County was conducted in partnership with SoutheastHEALTH and Saint Francis Medical Center. As Mississippi County and New Madrid County were the primary service area of Missouri Delta alone and the CHNA was not conducted in partnership with SoutheastHEALTH and Saint Francis Medical Center.

The individuals representing the broad interest of the county being assessed include involving people from the following organizations when the primary research was conducted.

- Bootheel Counseling Services
- Daughters of Sunset
- Mission Missouri
- Missouri Bootheel Regional Consortium
- North Scott County Ambulance District
- Scott County Health Department
- Scott County Sheriff's Department
- SEMO Health Network
- Sikeston Public Safety
- Sikeston Public Schools
- Sikeston R-IV Schools
- South Scott County Ambulance District
- YMCA of Southeast Missouri

Efforts were made to include at-risk, targeted populations and principle specialty areas that are served by the hospital and present within the community, such as the medically underserved, low income persons, minority groups, and those with chronic disease needs.

Gather Available Data and Current Assessments

Secondary data are existing data that are collected by someone else for a purpose other than the one being pursued. Secondary research was obtained from various credible sources and is included in this written assessment report. Some areas that were researched include demographics, the physical environment, social factors, the economy, the transportation system, the education system, the health care system, and public safety. The assessment also includes existing health status and public health data. Examples of the data sources used are as follows:

- U.S. Census Bureau
- Missouri Department of Health and Senior Services
- Missouri Department of Elementary and Secondary Education
- Missouri Economic Research and Information Center (MERC)
- U.S. Bureau of Labor Statistics
- Environmental Protection Agency
- Centers for Disease Control and Prevention
- University of Wisconsin's County Health Rankings
- Missouri Department of Mental Health

- Missouri State Highway Patrol

Development and Conduct Primary Research

Primary data and data collected specifically for the purpose of answering project-specific questions. Primary data should be collected after the collection and initial review of secondary data and should add breadth, depth, and qualitative information to the secondary data. Primary research was obtained in Mississippi County, New Madrid County and Scott County through individual public surveys and focus groups.

Public Surveys

Surveys provide a flexible means of assessing a representative sample of the population to gather information about attitudes and opinions, as well as measure behaviors and population characteristics. The individual survey that was used was created by SoutheastHEALTH and Saint Francis Medical Center's Community Health Needs Assessment Team and can be found in the Appendix. Advantages of surveying for individual responses include:

- Obtaining direct feedback from clients, key informants and target populations about specific issues
- Developing public awareness about problems
- Building a consensus for solutions and actions
- Comparing the self-reported incidence and prevalence with more object data sources
- Improving perception of quality of local health care services
- Improving perception on the need of specific services either existence or under consideration

Focus Groups

Group surveys in the form of focus groups were also conducted. A focus group is defined as people who possess certain similar characteristics that are assembled as a group to participate in a focused discussion to help understand the topic of interest. The questions asked in each focus group can be found in the Appendix and a list of all focus group participants along with their experience can also be found in the Appendix.. Data was collected form the focus groups primarily through note-taking. A writing exercise was also handed out and completed regarding each participant's top 5 serous issues.

Aggregate Primary and Secondary Research

An Access Database was created for the survey data to be entered and tracked. The Community Health Needs Assessment Team entered the surveys into the CHNA Survey Tracking Database, which was a very tedious and time-consuming process due to the amount of questions asked and data collected by the survey. Following the entry of all surveys, the data was then exported from Access and manipulated into usable information in Excel. The information that was collected from the focus groups will also be presented and discussed under in the body of this report.

Identify and Prioritize the Health Needs in the Community

From the analysis of this research, community needs were determined based on what the community finds most important and by what the community is most lacking in that could have an impact on the health of its citizens. These needs were primarily determined by the primary research – what the community finds most important, along with tying that information to what the secondary research shows and looking at the community’s statistics and trends against the state’s statistics and trends.

Develop and Implement a Strategy to Address the Identified Priority Health Issues

The implementation strategy will be developed separately by each hospital partner involved in creating this CHNA. Each hospital partner will decide what needs will be addressed and how those needs will be addresses.

Widely Disseminate the CHNA

The CHNA in not considered “conducted” until the written report is made widely available to the public. Fulfilling the “widely available” requirement requires the following:

1. Posting the CHNA on a website that clearly informs users that the document is available and provides instruction for downloading.
2. The document is posted in a format that exactly reproduces the images of the report when accessed, downloaded, viewed and printed.
3. Allows individuals with Internet access to access, download, view and print the report without the use of special hardware or software.
4. The hospital or other organization distributing the report will provide direct website address to individuals who request a copy of the report.
5. The CHAN must remain widely available to the public until the next CHNA for that hospital is conducted and made widely available.

FINDINGS

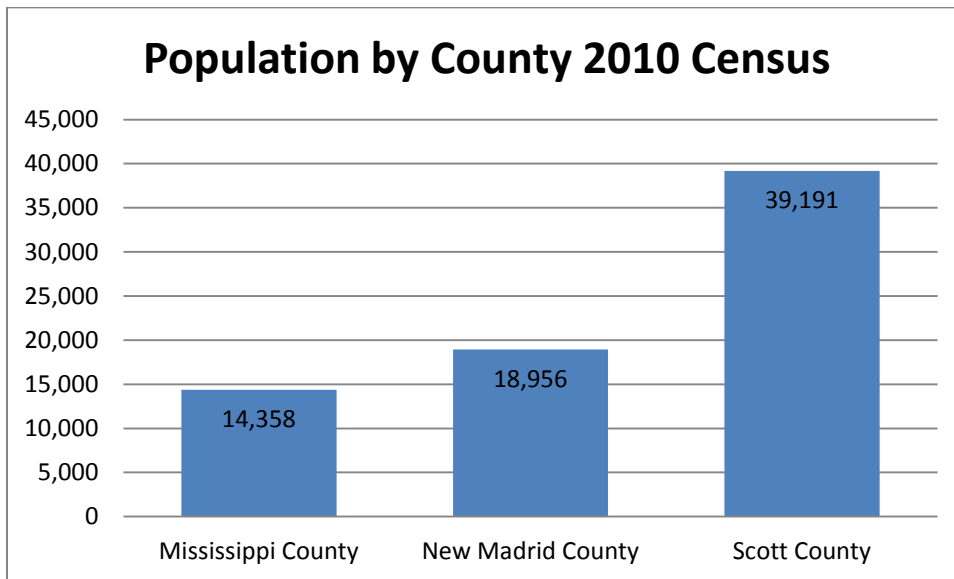
SECONDARY DATA ANALYSIS

The health assessment findings are shown in this report for each of the three counties served by Missouri Delta Medical Center.

DEMOGRAPHIC CHARACTERISTICS

POPULATION

The total population for the three county area served by MDMC based on 2010 census was 72,505.



There are 14,358 residents in Mississippi County in 2010, a density of 34.75 people per square mile. The ten year population change from 2000 to 2010 was 6.91%.

New Madrid County's population density is 27.96 people per square mile with a total population of 18,956. From 2000 to 2010 New Madrid County experienced a population decrease of 3.73%.

The population of Scott County in 2010 was 39,191 which showed a decrease of 3.08% from the 2000 census. The population density of Scott County is 93.09 which is significantly higher than the other two counties in MDMC's service area.

AGE AND GENDER

Demographics (% of Population)	Mississippi	New Madrid	Scott	Missouri	United States
Total Population	14,358	18,596	39,191	5,996,092	308,745,538
GENDER					
Male	53.57%	48.05%	48.17%	49%	49.20%
Female	46.43%	51.95%	51.83%	51%	50.80%
AGE					
0-19	24.45%	25.59%	27.70%	26.67%	27.14%
20-34	19.86%	16.70%	17.67%	20.00%	20.29%
35-49	21.08%	19.76%	19.79%	19.82%	20.66%
50-64	19.35%	20.89%	19.85%	19.58%	19.04%
65-79	11.30%	11.57%	11.18%	10.14%	9.40%
80+	3.94%	4.49%	3.80%	3.89%	3.64%

Data Source: U.S. Census Bureau 2010

There are seven cities/villages and six zip codes in Mississippi County, twenty cities/villages and fourteen zip codes in New Madrid County and twenty cities/villages and eleven zip codes in Scott County. Mississippi County covers four hundred and eleven (411) square miles. New Madrid is the largest geographic area of the three counties at six hundred seventy-four (674) square miles. Scott county is four hundred and nineteen (419) square miles.

County	Zip Code	City	County	Zip Code	City
Mississippi	63834	Charleston	New Madrid	63838	Conran
Mississippi	63820	Anniston	New Madrid	63828	Canalou
Mississippi	63881	Wolf Island	New Madrid	63873	Boekerton
Mississippi	63845	East Prairie	Scott	63771	Oran
Mississippi	63823	Bertrand	Scott	63736	Haywood City
Mississippi	63882	Wyatt	Scott	63774	Perkins
Mississippi	63834	Diehlstadt	Scott	63740	Arbor
New Madrid	63878	Tallapoosa	Scott	63771	Haywood City
New Madrid	63873	Point Pleasant	Scott	63736	New Hamburg
New Madrid	63867	Matthews	Scott	63758	Kelso
New Madrid	63833	Catron	Scott	63740	Chaffee
New Madrid	63874	Risco	Scott	63784	Vanduser
New Madrid	63873	Portageville	Scott	63736	Benton
New Madrid	63860	Kewanee	Scott	63767	Morley
New Madrid	63870	Parma	Scott	63740	Randles
New Madrid	63848	Peach Orchard	Scott	63801	Miner
New Madrid	63862	North Lilbourn	Scott	63736	Lambert
New Madrid	63869	Howardville	Scott	63740	Allenville
New Madrid	63848	Gideon	Scott	63824	Blodgett
New Madrid	63873	Hayward	Scott	63780	Scott City
New Madrid	63862	Lilbourn	Scott	63740	Rockview
New Madrid	63866	Marston	Scott	63742	Commerce
New Madrid	63868	Morehouse	Scott	63801	Sikeston
New Madrid	63869	New Madrid			

POPULATION GROWTH

Mississippi County According to the US Census Bureau:

- In 2010, Mississippi County had a population of 14,358.
- The population increased by 6.91% since 2000, which compared to the statewide growth of 6.83%.

New Madrid County according to the U.S. Census Bureau:

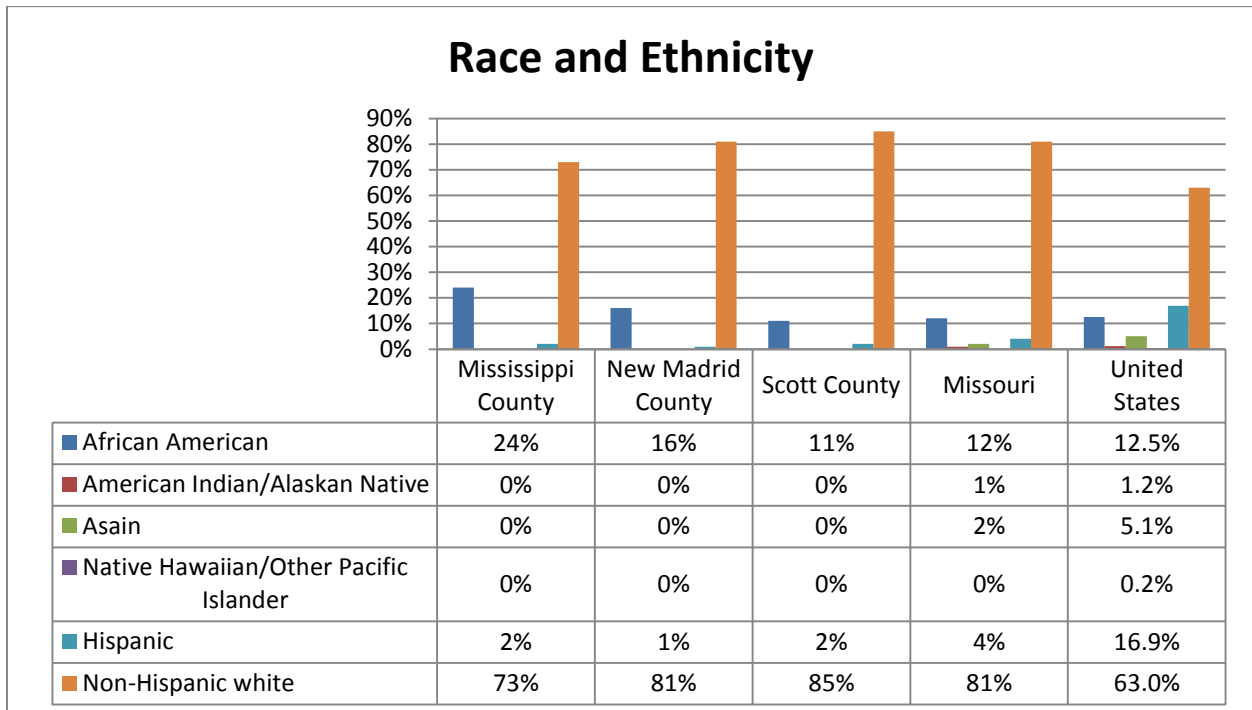
- In 2010, New Madrid County had a population of 18,956.
- The population decreased by -3.73% since 2000, compared to a 6.83% growth statewide.

Scott County According to the U.S. Census Bureau:

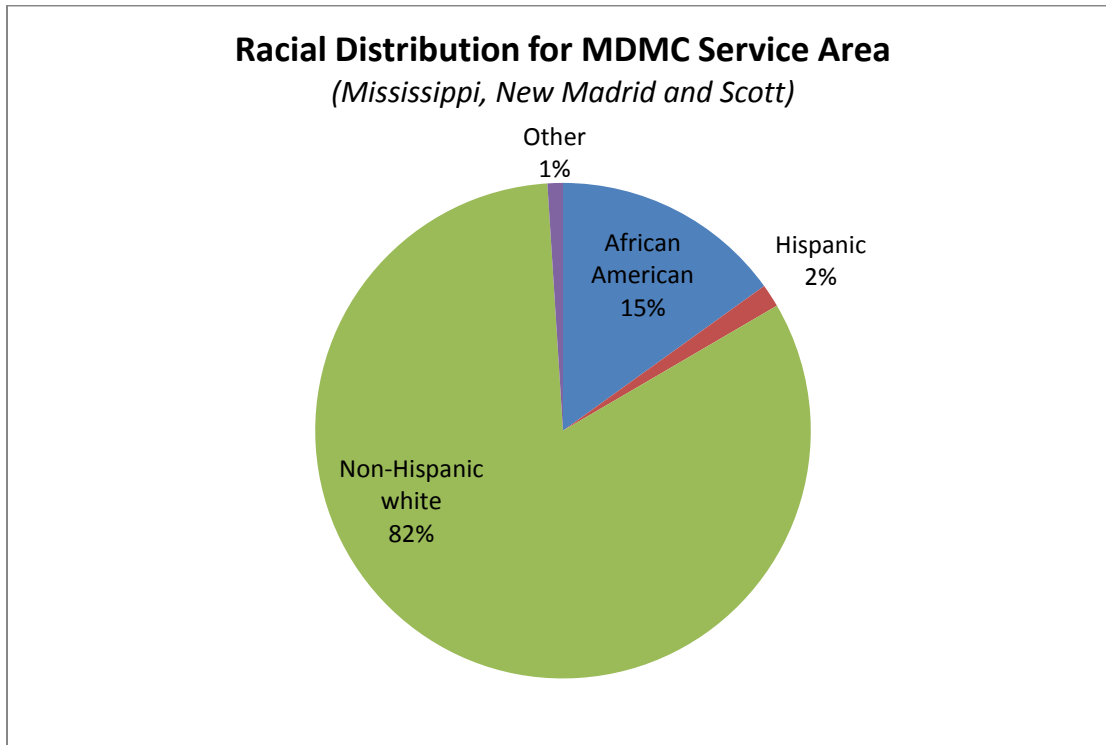
- In 2010, Scott County had a population of 39,191.
- The population has declined -3.03% since 2000, compared to a 6.83% growth statewide.

RACE AND ETHNICITY

The race/ethnicity distribution based on 2010 Census data shows a population that is predominately Non-Hispanic White for all three counties. Mississippi County and New Madrid County have a higher rate of African Americans residents than Missouri and the United States, while Scott County has a slightly lower number of African American residents. All three counties have a lower number of Hispanic residents than Missouri and have a significantly lower Hispanic population than the United States.



RACIAL/ETHNIC DISTRIBUTION OF RESIDENTS



SOCIAL AND ECONOMIC FACTORS

Economic and social insecurity often are associated with poor health. Poverty, unemployment and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Ensuring access to social and economic resources provides a foundation for a healthy community.

Social Factors Summary

The table below is a summary of social characteristics of Mississippi, New Madrid and Scott Counties, Missouri and the United States. Marital status category for Scott and New Madrid County are similar to benchmarks for Missouri and United States, however Mississippi County has a lower percentage of married and higher percentage of divorced than the benchmarks.

The school enrollment category for Mississippi County has a higher enrollment of nursery school, preschool and kindergarten than the benchmarks and New Madrid and Scout County. All three counties have a lower rate of students seeking higher education, in particular Mississippi County with a rate of 7.5%, which is 20% less than the state and national benchmarks.

Educational attainment for the residents of the three county areas has a lower percentage of residents without a high school diploma in particular Mississippi County with 33.8% of the residents not having a high school education. The area does have a greater percentage of residents with a high school diploma than the state and national benchmarks this would be due to

the much lower percentage of residents with education beyond high school. Mississippi, New Madrid and Scott Counties have a lower percent of residents without a high school diploma compared to the state and national benchmarks. This indicator is relevant because low levels of education are often linked to poverty and poor health.

Demographics (% of Population)	Mississippi	New Madrid	Scott	Missouri	United States
MARITAL STATUS					
Population 15 years and older	11,548	15,155	31,063	4,841,501	250,392,781
Married	42.1%	51.1%	52.0%	50.2%	48.3%
Widowed	9.2%	8.9%	8.2%	6.4%	6.0%
Divorced	16.6%	13.4%	12.6%	12.0%	11.0%
Separated	2.5%	2.3%	1.9%	1.9%	2.2%
Never married	29.6%	24.1%	25.3%	29.5%	32.5%
SCHOOL ENROLLMENT					
Population three years and over enrolled in school	2790	4269	10093	1,551,053	83,131,910
Nursery school, preschool, Kindergarten	20.8%	15.9%	13.1%	11.4%	11.1%
Elementary school (grades 1-8)	47.8%	45.2%	47.0%	40.3%	39.5%
High School (grades 9-12)	23.9%	24.2%	22.6%	21.3%	20.7%
College or graduate school	7.5%	14.7%	17.3%	27.0%	28.7%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	9,791	12,764	26,073	4,008,554	206,471,670
Less than high school diploma	33.8%	25.4%	23.0%	12.4%	14.1%
High school graduate (includes equivalency)	40.6%	41.0%	42.6%	31.4%	28.4%
Some college or associate's degree	15.4%	20.5%	20.7%	30.1%	29.0%
Bachelor's degree	7.8%	8.4%	9.2%	16.4%	17.9%
Graduate or professional degree	2.8%	4.7%	4.5%	9.7%	10.6%

Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates.

Social or Emotional Support

The table below shows the percentage of adults aged 18 and older who self-report receiving sufficient social and emotional support “all” or “most of the time”. This is relevant because social and emotional support is critical for coping with the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability. The percent of adults reporting adequate social or emotional support is lower than the state and national benchmarks for New Madrid and Scott counties, no data was available for Mississippi County.

Geographic Area	Percent of Adults Reporting Adequate Social and Emotional Support
Mississippi County	Data not avail
New Madrid County	77%
Scott County	74%
Missouri	81%
United States	80%

Data Source: County Health Rankings

Domestic Violence

Domestic violence incidents are reported whether or not an arrest is made and include any dispute arising between spouses, former spouses, and persons with children in common regardless of whether they reside together, persons related by blood, persons related by marriage, non-married persons currently residing together and non-married persons who have resided together in the past. Domestic violence incidents are reported when an officer believes a dispute crosses an abuse threshold as indicated by harassment, stalking, coercion, assault, sexual assault, battery, or unlawful imprisonment. Domestic violence incidents are reported by the highest ranked relationship between victim and offender, regardless of the number of persons or potential multiple relationship present during the incident. The following table shows the domestic violence incidents in the three county areas for 2009 by the victim/offender relationship. The Missouri rate for 2009 was 651.0 per 100,000 population, which is considerably lower than the Scott County rate of 1,527 per 100,000 population and the Mississippi County rate of 2,574 per 100,000 population. The New Madrid County rate was 608 per 100,000 population, which is lower than the state rate. Mississippi has the highest domestic violence rate in the state of Missouri and Scott County has the fourth highest rate.

Victim/Offender Relationship	Mississippi	New Madrid	Scott	Missouri
Spouse	46	25	146	7804
Former Spouse	19	3	19	1082
Couples w/child(ren)in Common	41	13	94	4361
Blood Relative	58	13	112	5993
People Related Through Marriage	16	6	15	1157
People Who Live Together	66	21	153	1023
People Who Live Together in the Past	28	8	78	2294
Total Domestic Violence Incidents	274	89	617	36943
Rate per 100,000 population	2,574	608	1,527	651

Source: Missouri State Highway Patrol's 2009 Crime in Missouri Report

Teen Births

The table below shows the rate of total births to women aged 15 to 19 per 1,000 of the female population in the same age category. Teen parents have unique social, economic and health support service needs. In addition, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices. The teen birth rate in Mississippi, New Madrid and Scott counties are significantly higher than the state and national teen birth rates.

Geographic Area	Female Population Age 15-19)	Births to Mothers (Age 15-19)	Teen Birth Rate (Per 1,000 Births)
Mississippi	2,928	273	93
New Madrid	4,319	318	74
Scott	9,827	660	67
Missouri	1,456,008	61,120	42
United States	72,071,117	2,969,330	41

Data Source: Centers for Disease Control and Prevention, National Vital Statistics Systems, 2004-2010.

Economic Factors Summary

The table below shows a summary of economic factors contributing to the health and wellness of communities. The median household incomes for all three counties in MDMCs service are well below the median household income for Missouri and the United States. The uninsured population for all three counties is higher than Missouri and the United States. Poverty rates for all three counties are also higher than the state and national rates.

2011 (% of Population)	Mississippi	New Madrid	Scott	Missouri	United States
INCOME IN THE PAST 12 MONTHS (IN 2011 INFLATION-ADJUSTED DOLLARS)					
Median household income	\$29,533	\$35,522	\$37,793	\$45,231	\$50,502
HEALTH INSURANCE COVERAGE					
No health insurance coverage	18.0%	19.0%	16.0%	13.7%	15.1%
POVERTY RATES FOR FAMILIES AND PEOPLE FOR WHOM POVERTY STATUS IS DETERMINED					
All families	21.5%	16.2%	12.8%	11.5%	11.7%
All people	25.8%	21.5%	17.2%	15.8%	15.9%
Under 18 years	35.6%	30.1%	22.8%	22.1%	22.5%
18 years and over	22.8%	18.7%	15.3%	13.8%	13.9%
18 to 64 years	23.7%	19.2%	15.2%	15.1%	14.8%
65 years and older	18.9%	17.0%	15.5%	8.2%	9.3%

Data Source: U.S. Census Bureau, 2011 American Community Survey

Unemployment Rate

The indicator reports the percentage of the civilian non-institutionalized population age 16 and older that is unemployed (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage and health services. The unemployment rate for New Madrid and Scott counties is lower than the state and national rate. However Mississippi County has a significantly higher unemployment rate than the state and nation.

Geographic Area	Population over age 16	In Labor Force	Number Unemployed	Unemployment Rate
Mississippi	11,384	6,456	867	13.4
New Madrid	14,835	8,415	595	7.1
Scott	30,439	19,284	1,485	7.7
Missouri	4,700,400	3,056,406	244,812	8.1
United States	241,302,749	156,456,694	13,488,016	8.7

Poverty Rate (<100 Percent FPL)

This indicator reports the percentage of the population living below 100 percent of the Federal Poverty Level (PFL). This indicator is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health status. As shown in the table below New Madrid County and Scott County have higher percent of the population living in poverty than Missouri and the United States. Mississippi County has almost two times the number of residents living in poverty than in the nation.

Geographic Area	Total Population (For Whom Poverty Status is Determined)	Total Population in Poverty	Percent Population in Poverty
Mississippi	13,566	3,485	25.8%
New Madrid	18,464	3,969	21.5%
Scott	38,720	6,651	17.2%
Missouri	5,777,117	828,165	14.3%
United States	296,141,152	40,917,512	13.8%

Data Source: US. Census Bureau, 2006-2010 American Community Survey 5-year Estimates.

Poverty Rate Comparison by Race

It is important to note that over 40% of the African American population in the three county service area are living in poverty compared to 16% of the white population.

Geographic Area	Percent White Population in Poverty	Percent African- American Population in Poverty	Percent Population in Poverty
Mississippi	20.4%	44.2%	25.8%
New Madrid	16.7%	43.8%	21.5%
Scott	14.4%	36.1%	17.2%
3 County Area	16.0%	40.6%	19.7%
Missouri	12.1%	27.7%	14.3%
United States	11.6%	25.8%	13.8%

Data Source: US. Census Bureau, 2006-2010 American Community Survey 5-year Estimates.

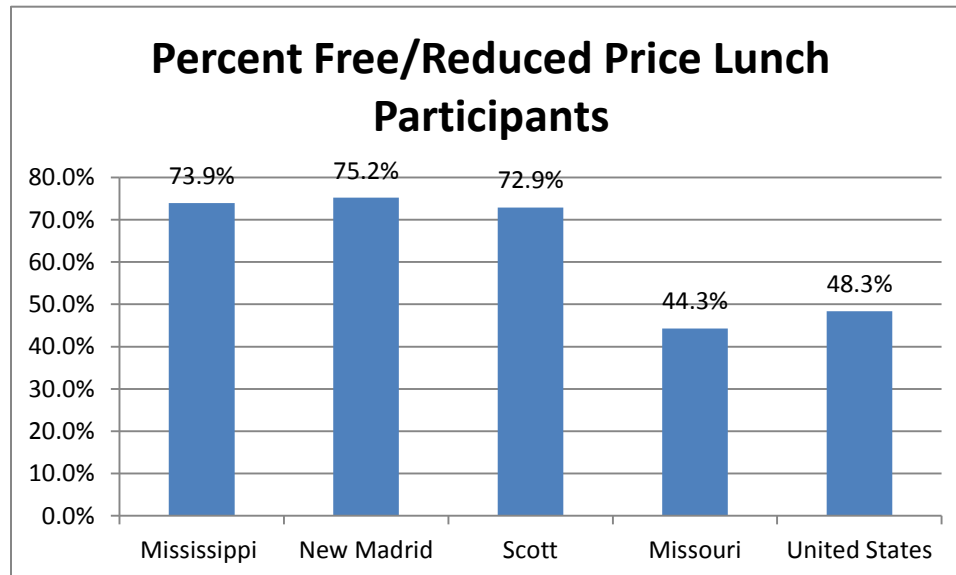
Children in Poverty

The table below reports the percentage of children aged 0 to 17 living below 100 percent of the FPL. There is a higher rate of poverty for children living in the three county area compared to Missouri and the United States. Mississippi County is 16.3% higher than the rest of the state.

Geographic Area	Total Population (For Whom Poverty is Determined)	Children In Poverty	Percent Children in Poverty
Mississippi	3,129	1,113	35.6%
New Madrid	4,464	1,345	30.1%
Scott	9,826	2,239	22.8%
Missouri	1,399,186	270,147	19.3%
United States	72,850,296	13,980,497	19.2%

Free and Reduced Price Lunch Eligibility

This indicator reports the percentage of public school students eligible for free or reduced price lunches. It is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status and social support needs. The percent of students in Mississippi County, New Madrid County and Scott County who participate in free or reduced price lunches is significantly higher than the state and federal benchmark.



Source: Missouri Hunger Atlas 2010

Supplemental Nutrition Assistance Program (SNAP) Recipients

This indicator reports the average percentage of population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits as determined by the Missouri Hunger Atlas for 2010. While the percent of households experiencing food uncertainty is close to the Missouri rate the number of residents receiving SNAP benefits is higher than the Missouri rate.

Geographic Area	Percent of Households with Food Uncertain	Percent Total Population Income Eligible SNAP/Food Stamps	Percent of Total Population SNAP/Food Stamps Participants
Mississippi	17.5%	34.6%	28%
New Madrid	15.9%	29.5%	26.2%
Scott	16.3%	23.1%	20.3%
Missouri	15.8%	18.2%	12.8%

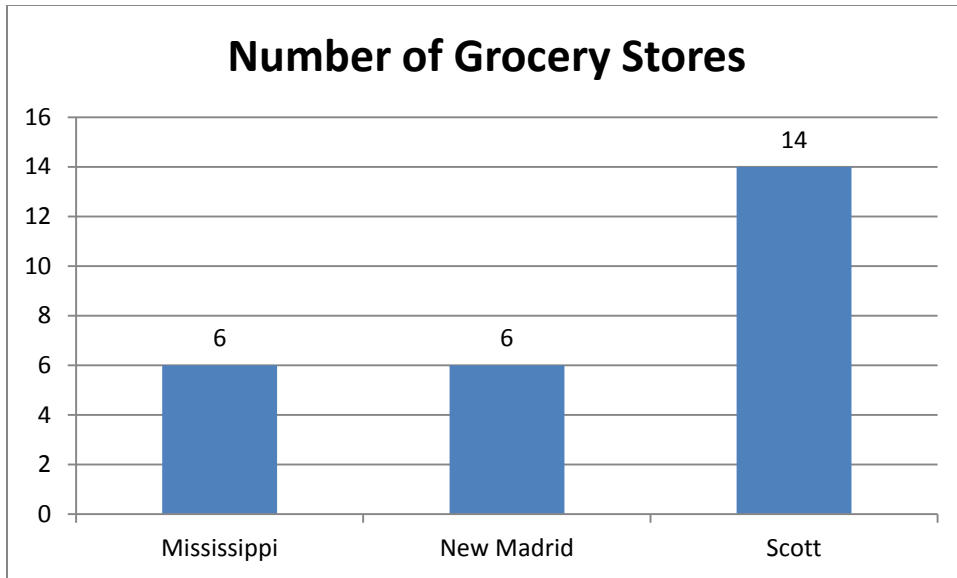
Data Source: Missouri Hunger Atlas 2010

Physical Environment

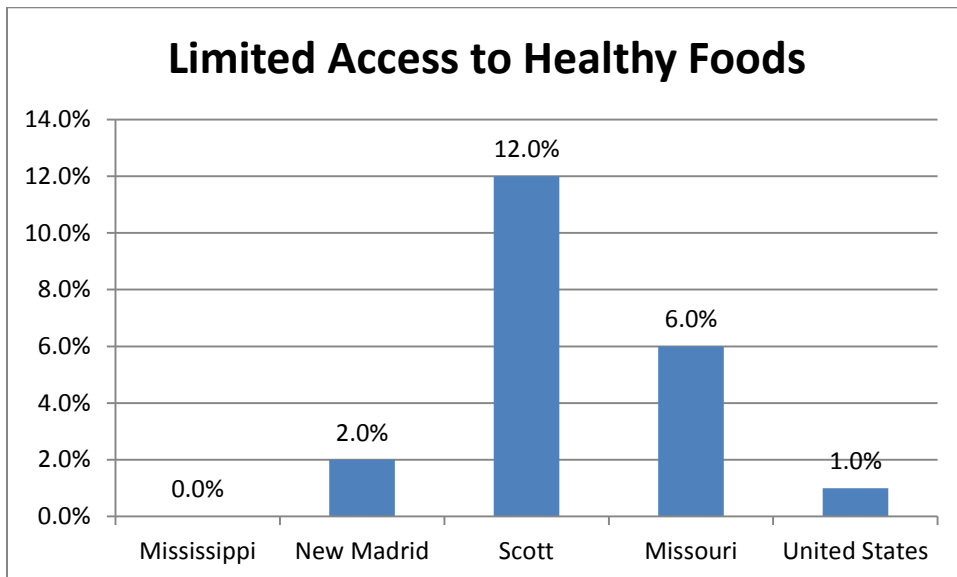
A community's health also is affected by the physical environment. A safe, clean environment that provides access to health food and recreation opportunities is important to maintaining and improving community health.

Healthy Food Availability

Limited access to healthy foods is defined as the proportion of the population that is both living in poverty and do not live close to a grocery store. Living close to a grocery store is defined as less than 10 miles in non-metro counties. According to the Environmental Atlas, Mississippi County and New Madrid County have six grocery stores and Scott County has fourteen grocery stores. Grocery Stores are defined as supermarkets and smaller stores primarily engaged in retailing a general line of food, such as canned and froze foods, fresh fruits and vegetables and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores, supercenters and warehouse club stores are excluded from this analysis. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.



According to the County Health Rankings developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, Mississippi County has 0% of its residents with limited access to healthy foods, while New Madrid County has 2% and Scott County has 12%. Although Scott County has 14 grocery stores it has a higher percent of its residents with decreased access to healthy foods.



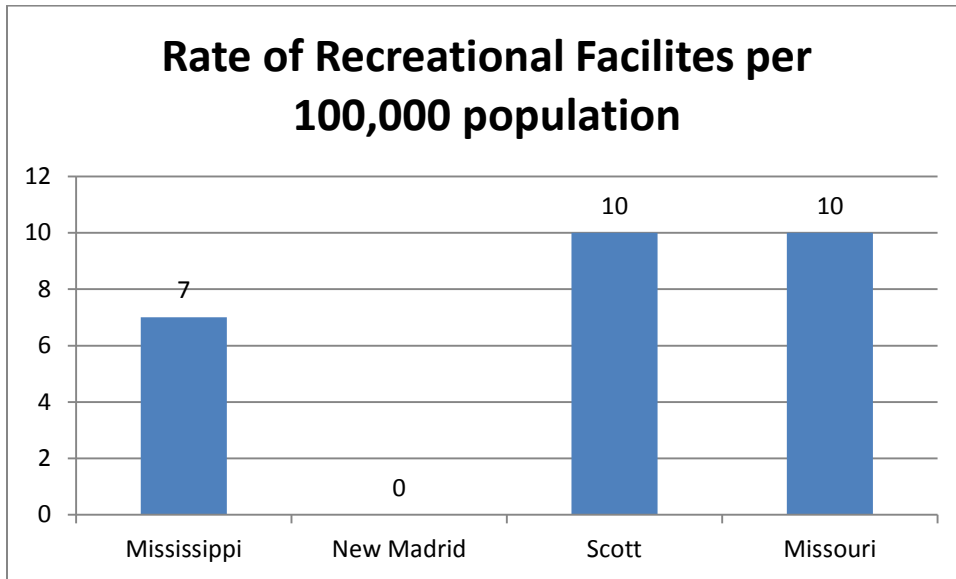
Data Source: Robert Wood Johnson, County Health Ratings and Roadmaps

Also, according to the County Health Rankings the three counties have the following percentage of fast food restaurants: Mississippi 44%, New Madrid 41% and Scott 33%.

Access to Recreational Facilities

This measure represents the number of recreational facilities per 100,000 population in a given county. Recreational facilities are defined as establishments primarily engaged in operating fitness and recreational sports facilities, featuring exercise and other active physical fitness conditioning or recreational sports activities such as swimming, skating or racquet sports.

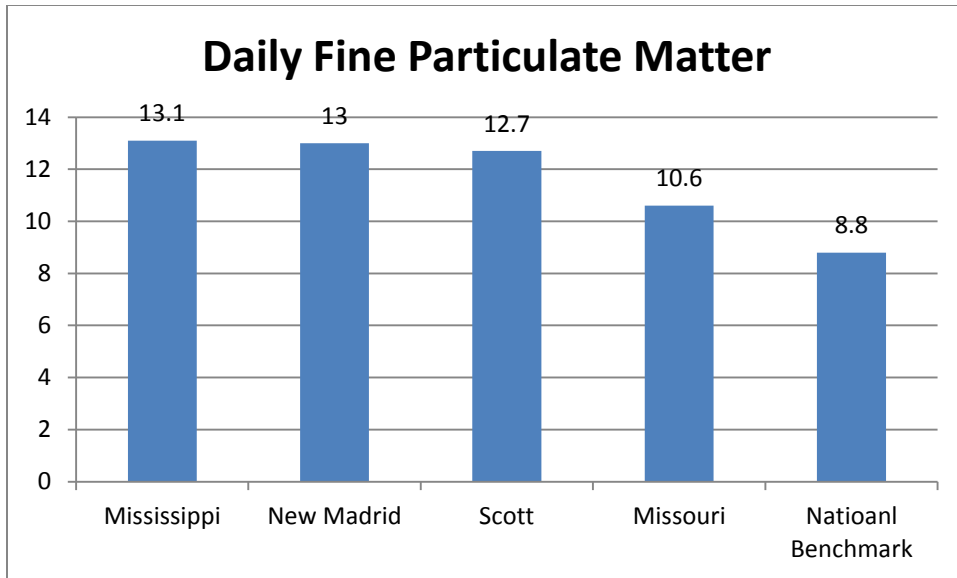
This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.



Air Quality

This measure represents the average daily amount of fine particulate matter in micrograms per cubic meter (PM_{2.5}) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air.

This indicator is relevant because poor air quality contributes to respiratory issues. The relationship between elevated air pollution, particularly fine particulate matter and ozone and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. All three counties are higher than the national benchmark and higher than the overall state for daily fine particulate matter.

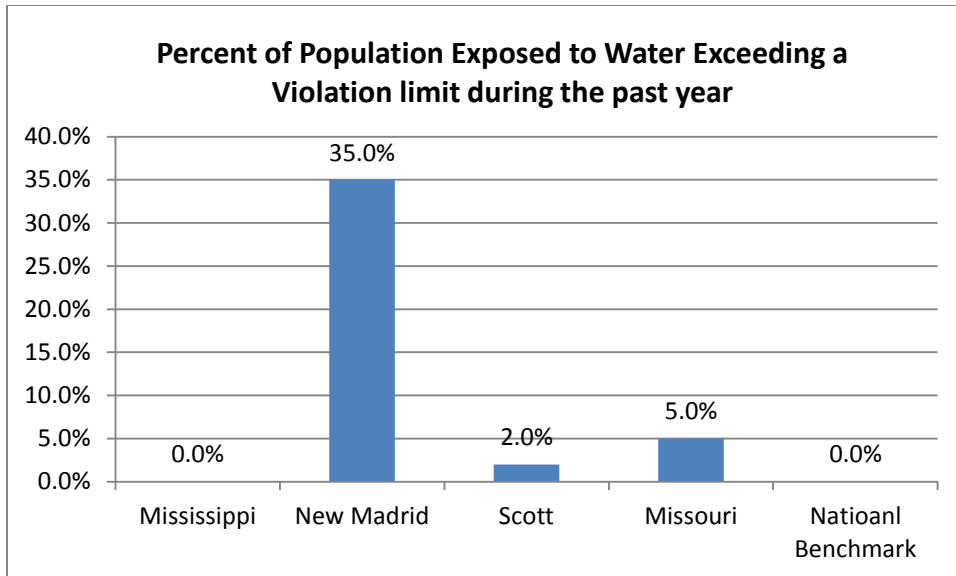


Data Source: Robert Wood Johnson, County Health Ratings and Roadmaps

Water Quality

This measure represents the percentage of the population getting water from public water systems with at least one health-based violation during the reporting period. Health-based violations include Maximum Contaminant Level, Maximum Residual Disinfectant Level and Treatment Technique violations.

According to the Robert Wood Johnson County Health Rankings, recent studies estimate that contaminants in drinking water sicken 1.1 million people each year. Ensuring the safety of drinking water is important to prevent illness, birth defects, and death for those with compromised immune systems. A number of other health problems have been associated with contaminated water, including nausea, lung and skin irritation, cancer, kidney, liver and nervous system damage.



Data Source: Robert Wood Johnson, County Health Ratings and Roadmaps

Health Risk Behaviors

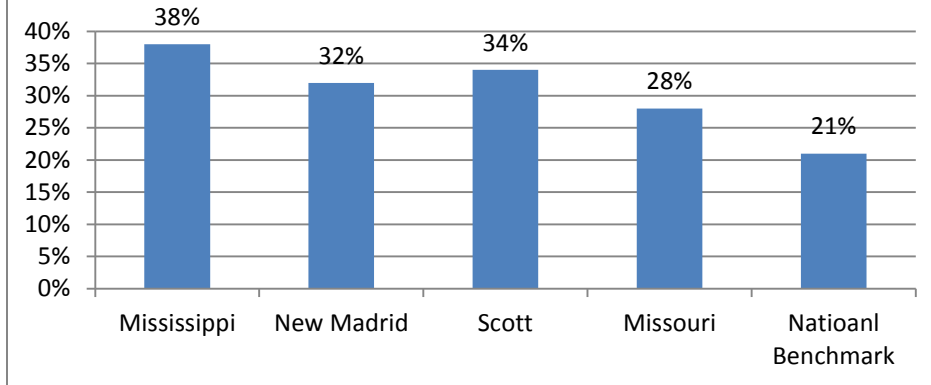
Health behaviors such as poor diet, a lack of exercise and substance abuse contribute to poor health status.

Physical Inactivity

This indicator reports the percentage of adults aged 20 and older who self-reported no leisure time physical activity. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease and premature mortality independent of obesity. In addition physical inactivity at the county level is related to health care expenditure for circulatory system diseases.

Mississippi County, New Madrid County and Scott County residents are more likely to be inactive compared to the state and national benchmarks.

Percent of Adults Age 20 and Older Reporting No Leisure Time Physical Activity



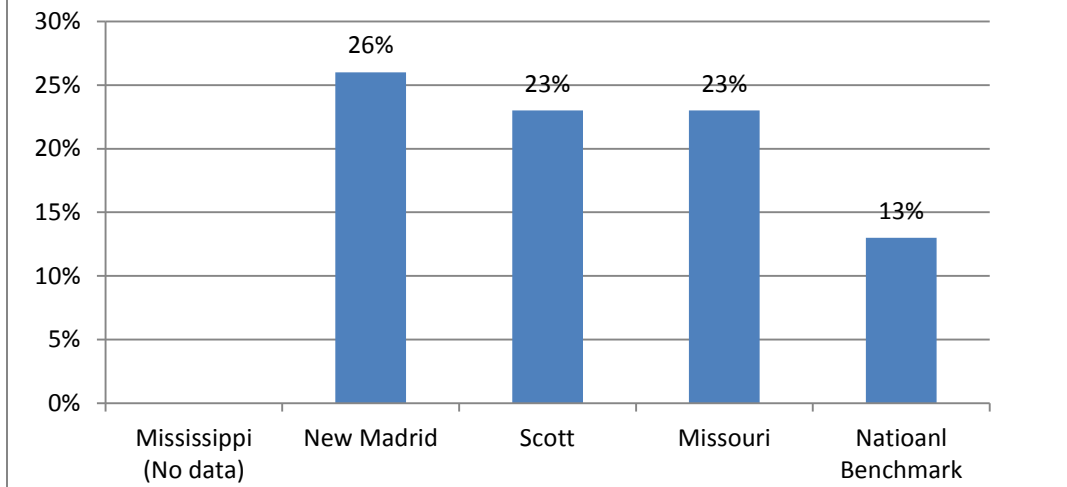
Data Source: Robert Wood Johnson, County Health Ratings and Roadmaps

Cigarette Smoking

Adult smoking prevalence is the estimated percent of the adult population that currently smokes ever day or “most days” and has smoked at least 100 cigarettes in their lifetime.

This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Scott County is no different than the state in comparison to percentage of adults smoking. New Madrid County is slightly higher than the state percentage. There is no data for this indicator for Mississippi County

Percent of Adults that Reported Smoking > = 100 Cigarettes and Currently Smoking

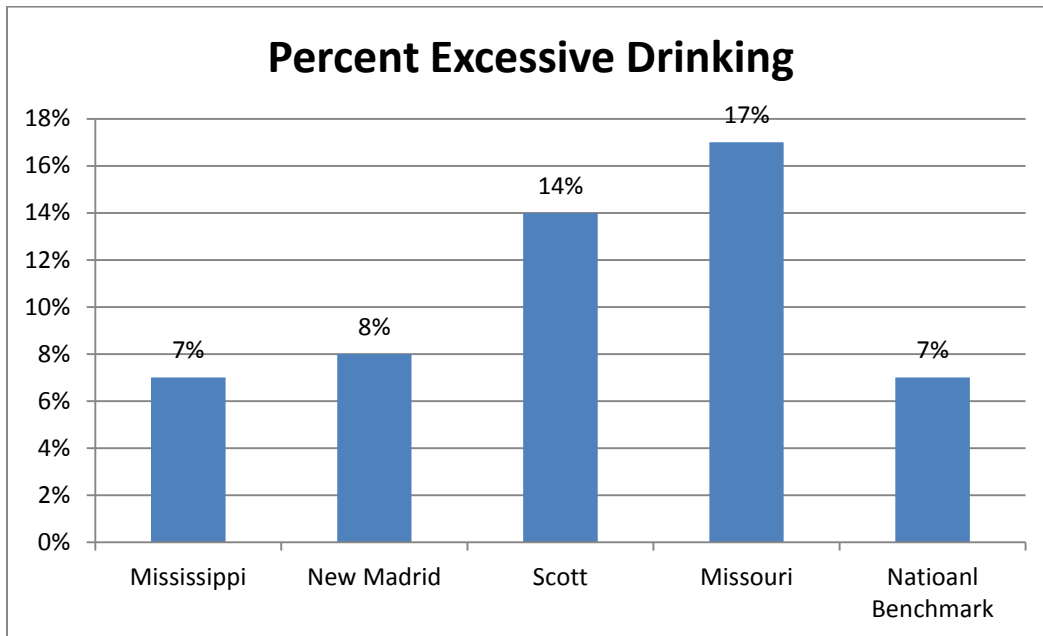


Data Source: Robert Wood Johnson, County Health Ratings and Roadmaps

Heavy Alcohol Consumption

The table below shows the percentage of adults aged 18 and older who self-reported heavy alcohol consumption (defined as more than two drinks per day for men and one drink per day for women) or binge drinking (defined as consuming four drinks of women or five drinks for men on a single occasion). This indicator is relevant because excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence and motor vehicle crashes. Approximately 80,000 deaths are attributed annually to excessive drinking. Excessive drinking is the third leading lifestyle-related cause of death in the United States. (Robert Wood Johnson)

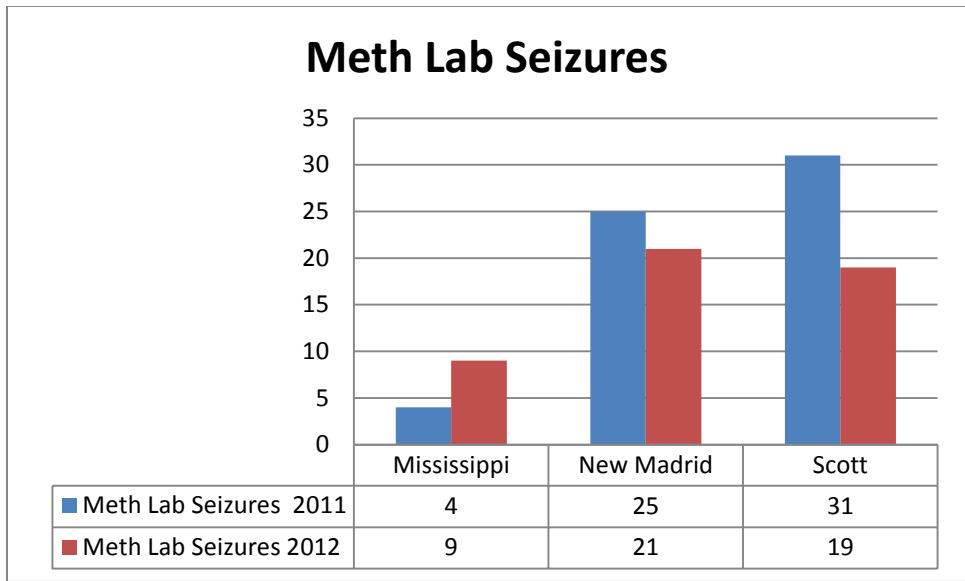
All three counties are lower than the state average for excessive drinking. Mississippi County meets the national benchmark.



Data Source: Robert Wood Johnson, County Health Ratings and Roadmaps

Substance Use and Abuse

Missouri has been the nation’s number one meth-producing state every year from 2003 to 2012 until falling behind Tennessee for one year. Missouri had the highest number of lab seizures in 2012 with 1,571. Experts blame the continued increase on the drug’s addictiveness and the growing popularity of the meth making shortcut known as “shake-and-bake,” in which the drug is concocted quickly in a soda bottle. The method results in smaller labs, but more of them. (www.cbsnews.com/missouri-leads-spike)



The manufacture of Methamphetamine has been particularly problematic for rural Missouri. Specifically, labs tend to be clustered primarily in the counties surrounding St. Louis and secondarily in the southwest and southeast areas of the state.

Substance abuse can have an impact on public safety health care, crime and public assistance. Please see the table below for statistics related to substance abuse from Missouri Department of Health.

Substance Abuse Related Incidents	Mississippi	New Madrid	Scott
Alcohol Related Traffic Crashes	7	21	46
DWI Arrest	80	160	259
Liquor Law Violations	17	6	77
Drug Arrest	93	129	313
Alcohol Related Hospitalizations	60	78	184
Drug Related Hospitalizations	78	99	238
Alcohol Related ER Visits	50	71	186
Drug Related ER Visits	67	67	151
Admitted to substance Abuse Treatment at publicly-funded facilities	173	215	441

Clinical Care

A lack of access to care presents barrier to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Access to Healthcare

As indicated earlier, nineteen percent of Mississippi County residents, sixteen percent of New Madrid County residents and sixteen percent of Scott County residents do not have health insurance. The percent of adults without health insurance in all three counties has increased over the last five years.

Year	Percent Uninsured Mississippi County	Percent Uninsured New Madrid County	Percent Uninsured Scott County	Percent Uninsured Missouri	Percent Uninsured United States
2011	19.4%	16.7%	16.0%	16.0%	17.3%
2010	17.9%	16.2%	15.5%	15.3%	17.9%
2009	19.4%	16.8%	16.7%	15.2%	17.0%
2008	18.5%	15.9%	16.1%	14.3%	17.1%
2007	14.4%	13.0%	13.0%	14.2%	16.6%

Data Source: U.S. Census Bureau and the Centers for Disease Control Prevention

Federally Qualified Health Centers

The table below shows the number of Federally Qualified Health Centers (FQHCs) in the community per 100,000 population. This indicator is relevant because FQHCs are community assets that provide healthcare to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved. Mississippi County does not have a FQHC. Scott County's FQHC per 100,000 population is at the state benchmark. New Madrid County is has a very high rate at 32.26 per 100,000 population.

Geographic Area	Total Population 2010 Census	Number of FQHCs	Established Rate (Per 100,000 pop)
Mississippi	14,358	0	0
New Madrid	18,596	6	32.26
Scott	39,191	1	2.55
Missouri	5,680,439	144	2.53
United States	299,481,280	5459	1.82

Data Source: U.S. Health Resources and Services Administration, Centers for Medicare and Medicaid services, Provider of Service File 2011.

Health Professional Shortage (HPSA)

The Health Professional Shortage Area (HPSA) is defined as geographic area having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

The HPSA scores are developed for use by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. This attribute is the HPSA Score as identified in Application and Submission Process System (ASAPS). The scores range from 1 to 26 where the higher the score the greater the priority.

The table below shows the HPSA Scores for the three counties in each of the three professional categories. All three counties are between 18 and 20 in each category except for the dental score in New Madrid County which received a score of 25.

Geographic Area	HPSA Score Primary Care	HPSA Score Dental	HPSA Score Mental Health
Mississippi	20	19	18
New Madrid	18	25	18
Scott	18	17	18

Data Source: U.S. Health Resources and Services Administration, Centers for Medicare and Medicaid services, Provider of Service File 2011.

Access to Primary Care

The table below shows the population per physician. Primary care physicians include practicing physicians under age 75 specializing in general medicine, family practice medicine, internal medicine and pediatrics. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits. Mississippi County and New Madrid County have a higher ratio of patient to PCP than the state and national benchmark, while Scott County is closer to the benchmarks.

Geographic Area	Number of Primary Care Physicians	Ratio of Population to Primary Care Physicians
Mississippi	4	3,595:1
New Madrid	4	4,733:1
Scott	21	1,868:1
Missouri		1,495:1
United States		1,067:1

Oral Health

The table below shows the population per dentist in the three county areas as benchmarked against the state and nation. This indicator is relevant because untreated dental disease can lead to serious health effects including pain, infection, and tooth loss. Although lack of sufficient providers is only one barrier to accessing oral health care, much of the country suffers from shortages. According to the Health Resources and Services Administration, as of December 2012, there were 4,585 Dental Health Professional Shortage Areas (HPSAs) with 45 million people living in them.

As you can see by the data below all three counties have a shortage of dentist with Mississippi County having the greatest shortage.

Geographic Area	Number of Dentist	Ratio of Population to Dentist
Mississippi	2	8130:1
New Madrid	4	4816:1
Scott	19	2094:1
Missouri		2168:1
National Benchmark		1516:1

Preventative Practices

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. The practices below are relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can form program interventions.

Health Outcomes

Measuring morbidity and mortality rates allow assessing linkages between social determinants of health outcomes. By comparing the prevalence of certain chronic diseases to indications in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various casual relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

Poor General Health

The table below shows the percentage of adults age 18 and older who self-reported having poor or fair health. The indicator is a measure of a generally poor health status. A higher percentage of residents in New Madrid County and Scott County reported poor or fair health compared to state and national benchmarks. Data was not available for Mississippi County.

Geographic Area	Total Population (Age 18+)	Number Reporting Poor or Fair General Health	Percent Reporting Poor or Fair General Health
Mississippi	11,015	No data	No data
New Madrid	14,308	3,720	26%
Scott	29,301	7,032	24%
Missouri	4,472,226	715,556	16%
United States	227,267,677	35,219,128	16%

Primary Research

Focus Groups

Methodology

A focus group for Scott County was held on September 10, 2012, at Missouri Delta Medical Center in Sikeston, Missouri. Twenty-one participants were present from various organizations throughout Scott County.

The focus group process began with the Missouri Delta CHNA Team compiling a list of potential participants and then inviting those participants to the focus group via email, letter, phone call, or in person. The event took approximately an hour and a half and was held over lunch. Members of the SoutheastHEALTH and Saint Francis Medical Center’s Community Health Needs Assessment Team along with members of the MDMC CHNA Team hosted the event, with one member serving as moderator, another member as co-moderator taking notes on a flip chart to make references for the group, and another member as the primary note-taker/recorder of the entire event.

Materials were provided to the group included a participant information form, a checklist exercise, and a list of questions asked. The participant information form asked for each participants name, company/organization, job title, credentials, education, affiliations, experience, and what makes them an expert – not all forms were filled out completely, but some of the information collected can be found in the Appendix. The checklist exercise asked the participants to choose their top five concerns from a list the Community Health Needs Assessment Team created; the results of that exercise are provided in the Checklist Exercise section following the question summaries ahead.

The questions asked by the moderator are listed below. Prompts were also used to get more detailed answers from the group and to help the group along if they were not providing much information. The moderator did his/her best to ask all questions and stay on track with the topics, but in some cases the group wandered off track and not all questions were answered completely.

1. What do people in this community do to stay healthy? How do people get information about health?
2. In this group's opinion, what are the serious health problems in your community? What are some of the causes of these problems?
3. What keeps people in your community from being healthy?
4. What could be done to solve these problems?
5. Is there any group not receiving enough care? If so, why?
6. Of all the issues we have talked about today, what issues do you think are the most important for your community to address?

Each question is broken out into the following individual sections and includes a summary of each particular question.

Question 1 – What do people in this community do to stay healthy? How do people get information about health?

According to the focus group participants, some of the most common ways to get exercise in the community are to go to the YMCA, the sports complex, or the walking trails. Participants have noticed people walking, jogging, and rollerblading in the community. Also, Farmer's Markets are available in Scott County and provide the community with health food that is reasonable priced.

The community is able to get health information through the nurses at schools that send pamphlets home to the parents. Physicians and diabetes educators in town also provide health information.

Health fairs that target kids and a women's health conference are held in Scott County, along with other health screenings that check blood pressure and cholesterol.

Question 2 – In this group's opinion, what are the serious health problems in your community? What are some of the causes of these problems?

One of the serious health problems mentioned in the Scott County focus group was obesity for all ages and the diseases that are associated with it, such as hypertension and diabetes.

Another health issue is alcohol and drug abuse. Prescription drug abuse is especially a problem with adolescents and is caused by peer pressure. Many kids take pills from their parents and this problem is with kids from families at all income levels. Doctor shopping is a common occurrence in Scott County, where people get multiple prescriptions filled at different pharmacies since they received prescriptions from different physicians. Accidental overdoses are also caused by prescription drugs as some elderly residents end up taking too many drugs or drugs that do not mix together because their physicians did not do a drug screening on them to find out what medications they are on. There is also a problem with pregnant women and substance abuse, with the women using drugs such as marijuana and methamphetamine, and drinking alcohol.

Depression and mental health are also problems in Scott county, especially for children. Pediatric psychiatry is lacking in Scott County and in the surrounding counties and it is hard to get children into counselors as well.

Co-occurring conditions end up being a big problem in Scott County with drug abuse, mental health, and trouble with the law occurring together. Many times each of those issues causes other issues.

Question 3 – What keeps people in your community from being healthy?

Access to health care for Medicaid patients was one barrier that was mentioned in the focus group and access for those who cannot afford health care was also brought up specifically. Poverty in general, is an obstacle that keeps people from being healthy. Lack of education about health issues is another barrier because oftentimes, people are unaware of health conditions they may have and what to do about them. Also, people just do not understand what it takes to be healthy.

Physical inactivity and a lack of motivation and desire to be healthy is another obstacle that keeps people from being health in Scott County. People think that healthy food is expensive, so they often go for the cheaper, less healthy options, including fast food, and junk food is too easily accessible for families.

Social determinants of health keep people in Scott County from being healthy. Many families have no male involvement, are low income, single parents, and overwhelmed by social issues.

Another factor that keeps people form being healthy is the lack of public transportation. Many people rely on public transportation to get to the grocery store, the doctor, support groups, etc., but it is expensive and unreliable. Described specifically by emergency services, it appears that some people in Scott County call in an emergency just so they can get picked up by and ambulance to get a ride to Wal-Mart or some other part of town since the EMS cannot refuse their call. When the person in the ambulance changes their mind and does not want to go to the hospital, the driver must let the person out of the ambulance or it is considered kidnapping.

One last barrier that was described was how some people in the county are simply too proud to get help form government aid, even though they may be eligible.

Question 4 – What could be done to solve these problems?

One recommendation that was made that could solve many of these problems was simply to provide basic health education to the community. The community needs to know how they can help themselves and they need to know what the consequences are of certain health problems (i.e. diabetes can lead to loss of limb, loss of vision, etc.) Education can be provided through outreach to local churches and through handouts and flyers for those that do not go to church. Any health events offered should provide incentives for people to attend.

Wellness programs should be provided to employees with incentives for those that participate. A free health day should be held in the community offering free dental services and mental health services.

Question 5 – Is there any group not receiving enough health care? If so, why?

A few groups/areas mentioned by the participants of the focus groups as not receiving enough health care included the following:

- Areas that are poverty stricken outside of the city
- Rural areas that do not have easy access to health care
- Low income men – not many programs for young men for prevention
- Anyone with addiction problems
- Disabled young adults
- Working poor
- Elderly – some have to choose between paying for medications or food since they are on a fixed income

Question 6 – Of all the issues we have talked about today, what issues do you think are the most important for your community to address?

The most important issues mentioned were:

- Obesity – which leads to many other problems
- Drug abuse and mental health

Checklist Exercise

The table below summarizes the Checklist Exercise that was handed out in the focus group held in Scott County. The concerns are ranked from the highest concern to the lowest. Alcohol/Drug Use was most commonly chosen as the greatest concern, followed by Health Care Affordability. Mental Illness and Overweight Children tied as the third most commonly chosen concern. Overweight Adults rounded up the top five concerns.

Concerns- Scott County Results	Total
Alcohol/Drug Use	17
Health Care Affordability	11
Mental Illness	10
Overweight Children	10
Overweight Adults	8
Smoking/Smokeless Tobacco	7
Transportation (public)	6
Eating Disorders	3
Teen Pregnancy	3
Child Abuse	2

Domestic Violence	2
Health Care Availability	2
Sexually Transmitted Infections	2
Highway Safety	1
Infant Health	1
Prenatal Health	1
Allergies	0
Clean Water/Water Pollution	0
Health Facilities	0
Mosquitoes	0

Surveys

Survey Layout and Design

The community Health Needs Assessment Survey was a questionnaire-style, self-administered survey, available only to those participants that a hospital-hired intern came into contact with at certain locations. Since the survey was only completed on paper, data entry was necessary to track, and then extract the data to be in usable format.

The survey was designed to collect data on health beliefs, health behaviors, access to and utilization of health care services, and concerns about community health issues. The survey consists of five different sections:

1. **Multiple Choice:** There are 32 questions that are multiple choice with part of the questions asking demographic information about the participant and their household and the remaining questions centering on health care access, health status and insurance.
2. **Health Behaviors:** This section list 24 behaviors and ask the participants to mark how often they do this behavior, with options of “Almost Always,” “Sometime,” “Never”, or “N/A”.
3. **Children’s Health Behaviors:** This section list 17 behaviors and ask the participants to mark how often nay children living in their home do this behavior, with the same options as listed above. Many of the behaviors listed are the same or similar to the Health Behaviors Section.
4. **Health Issues:** This section list 27 health problems or disease and asks the participants if they have ever been diagnosed by a doctor with any of those problems or diseases. If the participant choses “Yes”, they are then supposed to check “I see a doctor” if they see a doctor, “I am taking medications or getting treatment’ if they are taking medications or getting treatment, and “I feel the disease is well managed: if they feel as such.
5. **Community Health Concerns:** This section lists 56 community issues and the participants are asked to choose how much of the a problem they think each issue is in their county, with options of “Serious Problem”, “Moderate Problem”, “Not a Problem”, or “Not Sure”.

Methodology

A total of 161 surveys were completed by Scott County residents, 138 by Mississippi County residents and 145 by New Madrid County residents with a few surveys having some unanswered questions. An actual response number was determined for each question and the percentage of each answer was calculated based on the number of responses. The survey sample was not a random sample, but a targeted sample to ensure that certain populations were surveyed. Also, some of the questions asked in the survey had an option of choosing multiple answers, which means that not all of the questions have answers that are mutually-exclusive so some of the total percentages will not add up to 100 percent. What answer of “Does Not Apply” or “N/A” was chose, those answers were excluded from the calculating the percentage since the question did not apply to the survey participant.

The process for conducting the Scott County survey involved an intern hired by one of the participating hospitals who then traveled to different locations throughout the county, including community business, organizations, and health care facilities, asking participants face-to-face to complete the survey. The intern did not verbally asked the questions to the participants, but did offer help if the participant had questions about the survey. The New Madrid County and Mississippi County surveys were conducted in much the same way. A graduate social work student from Southeast Missouri State University traveled to different locations throughout the two counties and asked participants face-to-face to complete the surveys. The graduate student also went to open houses at schools to improve return rates for people with children.

Participants

Key Characteristics

- Nearly 80% are women
- 5.63% area race other than white or black
- Nearly 20% are widowed
- 39.22% have at least some college, while nearly 21% did not finish high school
- Almost 62% have a household income less than \$25,000
- 39% are employed at least part-time, 5% are at least part-time students, and 38% are considered unemployed
- 39.24% live in households with three or more members

Details

The tables and graphs below show certain demographic characteristics of the survey participants in Mississippi County, New Madrid County and Scott County, including the survey takers gender, marital status, age education level, race/ethnicity, employment status, household income, and household size and age of members. The number of responses from 74 to 160 and the percentages of each demographic category are also listed.

	Mississippi	New Madrid	Scott
Gender			
Female	75.18%	83.57%	79.87%
Male	21.28%	16.43%	20.13%
AGE			
18-24	10.87%	9.93%	11.39%
25-44	21.01%	39.72%	32.28%
45-64	28.99%	31.21%	28.48%
65+	39.13%	19.15%	27.84%
MARITAL STATUS			
Single/Not Married	22.96%	22.92%	22.93%
Married	40.74%	59.72%	33.76%
Divorced	10.37%	6.25%	19.75%
Living with Partner	74.00%	2.08%	2.55%
Widowed	22.22%	6.94%	19.75%
Other	2.96%	2.08%	1.27%
EDUCATION LEVEL			
Did not finish high school	31.39%	7.69%	20.92%
High school graduate/GED	29.68%	24.48%	39.87%
Some college	13.14%	16.08%	25.49%
College graduate	21.90%	51.75%	13.73%
YOUR RACE/ETHNICITY			
White or Caucasian	62.59%	86.81%	77.50%
Black/African American	38.81%	12.50%	16.88%
Hispanic	0.65%	6.90%	0.63%
Asian or Pacific Islander	1.44%	0.00%	0.00%
Native American	0.00%	0.00%	1.25%
2 or more races	0.00%	0.00%	3.75%
Other	0.65%	0.00%	0.00%
RACE/ETHNICITY OF CHILDREN LIVING AT HOME			
White or Caucasian	50.74%	74.32%	77.03%

Black/African American	40.29%	20.27%	14.86%
Hispanic	0.00%	1.35%	0.00%
Asian or Pacific Islander	0.00%	1.35%	0.00%
Native American	0.00%	0.00%	4.05%
2 or more races	0.00%	0.00%	2.70%
Other	8.95%	2.70%	1.35%
ANNUAL HOUSEHOLD INCOME			
Less than \$5,000	19.53%	5.11%	12.21%
\$5000 - \$14999	26.56%	8.03%	25.95%
\$15,000 - \$24,999	10.93%	8.76%	23.66%
\$25,000-\$49,999	13.29%	21.90%	21.37%
\$50,000 - \$74,999	7.03%	15.33%	10.69%
\$75,000 - \$99,999	3.90%	18.25%	4.58%
\$100,000 or higher	7.81%	14.60%	1.53%

	Mississippi	New Madrid	Scott
EMPLOYMENT STATUS			
EMPLOYED FULL-TIME	34.49%	64.05%	30.07%
EMPLOYED PART-TIME	5.10%	6.34%	9.15%
FULL-TIME STUDENT	1.45%	2.82%	3.27%
PART-TIME STUDENT	2.18%	0.00%	1.96%
FULL-TIME HOMEMAKER	1.45%	0.70%	2.61%
RETIRED	32.84%	14.08%	24.18%
UNEMPLOYED	26.26%	12.30%	37.91%

QUESTION	Mississippi	New Madrid	Scott
Number of People Currently Living in Household			
1-2	57.24%	49.30%	60.76%
3-5	36.95%	47.18%	33.54%
6+	5.78%	3.50%	5.70%
Number of Adults 65 and Older Currently Living in Household			
0	40.57%	73.23%	65.61%
1-2	55.07%	26.39%	33.76%
3-5	3.62%	0.00%	0.64%
Number of Children Under 18 Currently Living in Household			
0	69.62%	57.04%	68.79%
1-2	23.70%	32.36%	22.91%
3-5	6.66%	10.56%	8.28%

Access to Health Services

Insurance, Utilization, and Access to Care

Individual and Family Insurance

In all three counties over 75% of respondents reported having insurance with New Madrid County reporting over 90% of residents surveyed as having health insurance. Scott and Mississippi County respondents reported close to 25% having vision coverage and New Madrid County respondents reported higher respondents with vision coverage at 33%. Thirty-five percent of Mississippi County respondents reported having dental insurance, 25% of Scott County respondents reported having dental insurance while 49% of New Madrid County respondents reported having dental insurance.

QUESTION	MISSISSIPPI	NEW MADRID	SCOTT
What kinds of Insurance do you (and/or your family) currently have?			
HEALTH	75.18%	91.37%	75.50%
DENTAL	35.33%	49.64%	24.16%
VISION	25.56%	33.09%	26.85%
DO NOT HAVE INSURANCE	24.06%	9.35%	25.50%

Of those with health insurance, 67.42% in Scott County have a government health insurance plan (Medicaid, Medicare, VA/Champus) and 25% have employer-provided health insurance. Of those households without insurance, 16.44% have all adults without insurance, 34.25% have at least one adult without insurance, and 9.59% have the entire family without insurance. Over 38% were not sure who was not covered by insurance in their household.

In Mississippi County 64.36% have government health insurance plan and 22% have employer provided health insurance. Six percent of households reported the whole family being without health insurance and 21% reported at least one adult in the household being without health insurance. Eighteen percent were unsure who was covered by insurance.

New Madrid County respondents reported 33.77% with government health insurance plans and 49.66% with employer provided insurance. Only 5% of respondents reported not having health insurance in New Madrid County.

Health Service Utilization

It appears that most survey participants have sufficient access to medical services 83.44% in Scott County, 85.21% in Mississippi County and 85.21% in New Madrid County had a routine doctor's visit in the last 12 months. And over 90% in each county had a routine doctor's visit within the last 24 months.

Preventative Services

Adult Preventative Procedures

The following table shows the preventive procedures that participants had in the last year. Some procedures are broken down by age and certain procedures only apply to a particular gender. At least fifty percent of the women over the age of 45 had a mammogram in the past year. More women in New Madrid County and Scott County reported having a mammogram than did women in Mississippi County. Almost fifty percent of all women in all three counties reported having a pap smear in the last twelve months. Mississippi County and Scott County reported approximately 35% of participants reporting a dental exam in the last twelve months while New Madrid County reported a much higher rate at 52.05%. Higher percentage differences are noted between the general age group and the 45 plus age group.

QUESTION	MISSISSIPPI	NEW MADRID	SCOTT
SELECT THE PREVENTIVE PROCEDURE YOU HAVE HAD IN THE PAST YEAR			
Mammogram			
Female 45+	52.20%	65.00%	70.00%
Glaucoma Test			
General	12.05%	13.01%	15.38%
Age 45+	14.89%	19.23%	21.95%
Blood pressure check			
General	70.92%	71.91%	83.92%
Age 45+	77.41%	80.76%	92.68%
Flu shot			
General	59.57%	58.21%	59.44%
Age 45+	56.98%	62.82%	71.95%
Prostate Cancer PSA blood screen			
Males 45+	19.23%	41.66%	25.00%
Cholesterol Screen			
General	36.17%	39.72%	44.76%
Age 45+	41.93%	53.84%	57.32%
Cardiovascular screening			
General	14.18%	14.38%	20.28%
Age 45+	20.43%	24.35%	31.71%
Bone Density test			
General	7.09%	11.64%	9.79%
Age 45+	10.75%	16.66%	15.85%

Pap Smear			
Female 18+	46.22%	60.68%	48.25%
Blood Sugar Check			
General	49.64%	47.94%	60.84%
Age 45+	57.44%	56.41%	73.17%
Skin Cancer Screening			
General	11.34%	13.01%	6.29%
Age 45+	13.97%	24.35%	7.32%
Colon/rectal exam			
General	13.74%	10.27%	12.59%
Age 45+	18.27%	16.66%	20.73%
Prostate Cancer digital Screen			
Males 45+	19.23%	33.33%	8.33%
Hearing Screening			
General	12.76%	15.06%	18.18%
Age 45+	13.97%	6.84%	21.95%
Vision Screening			
General	46.09%	55.47%	48.95%
Age 45+	52.68%	48.71%	52.44%
Dental Exam			
General	34.75%	52.05%	35.66%
STD Screening			
General	8.51%	8.21%	18.18%

Childhood Immunizations

Scott County respondents reported 75% of the children living in their household were current on immunizations, while New Madrid and Mississippi counties reported higher rates at 85% and 91% respectively. Twenty percent of the Scott County respondents reported being unsure of immunization status while less than 5% of respondents in Mississippi and New Madrid counties reported being unsure of immunization status.

Types of Provider for Routine Care

Respondents in all three counties stated the physician’s office is the most predominate source for seeking routine medical care. Urgent Care Centers are the second most predominant source for seeking routine medical care. Scott County respondents reported using the Emergency Room for routine medical care more often than Mississippi County and New Madrid County respondents.

Question	Mississippi	New Madrid	Scott
Where do you go for routine health care?			
Physician's Office	65.67%	86.33%	77.78%
Hospital Emergency Room	10.45%	7.19%	15.69%
Urgent Care Center	20.90%	12.23%	15.06%
Community Clinic	10.45%	5.04%	10.46%
Health Department Clinic	14.93%	6.47%	9.80%
Chiropractor	1.49%	3.60%	3.92%
Other	2.99%	3.60%	3.27%
Eye Doctor	14.93%	34.53%	25.49%
Dentist	28.36%	34.53%	22.88%

Access to Health Providers

When the survey participants in Scott County were asked how often they are able to see a doctor when needed over 69% answered “always” 20% answered, “sometimes” and nearly 11% answered “seldom or never”. In Mississippi County 79% answered “always”, 14% answered “sometimes” and 7% answered “seldom or never”. New Madrid County 82% answered “always”, 13% answered “sometimes”, and 5% answered “seldom or never”.

In the three counties those that answered “seldom or never” where then asked why they were not able to see a doctor when needed and those reasons are shown in the table below. The most common answer in all three counties was no insurance and cannot afford. Transportation was also given as answer by 50% of participants in Mississippi County.

Question	Mississippi	New Madrid	Scott
If you answered seldom or never, why?			
No Insurance	100.00%	50.00%	66.67%
Too expensive/cannot afford	100.00%	83.33%	66.67%
Other	0.00%	33.33%	13.33%
Lack of transportation	50.00%	33.33%	13.33%
Could not get appointment	0.00%	16.66%	6.67%
Doctor is too far away	0.00%	0.00%	6.67%

Seeking Care Outside of County

When asked how often the survey participants travel outside of the county for health care 50% of Scott County participants answered “never”, 38% of New Madrid County and Mississippi County participants answered “never”. For those that did not answer “never”, follow up questions were asked about which services they seek and why they seek the service outside of the county.

In all three counties participants were seeking medical/doctor appointments outside their county and the most common reason for going outside of their county was service not available and better quality.

Question	Mississippi	New Madrid	Scott
What services do you seek outside the county?			
Dental appointments	15.45%	29.60%	23.44%
Hospitalization	26.83%	40.00%	40.63%
Laboratory and other test	22.76%	34.40%	28.13%
Medical/doctor appointments	44.72%	65.60%	78.13%
Outpatient treatment	52.24%	31.20%	34.38%
Vision appointment	22.76%	42.40%	28.13%
X-rays	20.33%	32.00%	29.69%
Other	3.25%	1.60%	9.38%
Why do you travel outside the county?			
Better quality elsewhere	26.45%	47.15%	40.32%
Closer to work/home	4.13%	2.44%	6.45%
Local doctors not covered by insurance	3.31%	3.25%	12.90%
Recently moved to this county	4.96%	2.44%	0.00%
Services not available in my County	28.93%	33.33%	41.94%
Too hard to get appointment with local doctor	3.31%	0.81%	3.23%
Other	132.90%	14.63%	17.74%

Health Beliefs and Behaviors

Health Status

When survey participants were asked to rate their own health 28% Scott County participants rated their health “poor or fair”; 17% of New Madrid County participants rated their health as “poor or fair” and 39% Mississippi County participants rated their health “poor or fair”.

In Scott County nearly 57% of those who rated their health as fair or poor have an annual household income of less than \$15000. In Mississippi county the rate was much higher with 78% of participants who ranked their health as poor or fair had an annual income of less than \$15000. New Madrid County numbers were much better with only 27% of those with poor or fair health reporting an income of less than \$15000 annually.

Question	Mississippi	New Madrid	Scott
What is your current health?			
Poor	10.37%	0.70%	4.31%
Fair	28.89%	16.08%	24.14%
Good	33.33%	41.26%	40.52%
Very good	20.74%	31.47%	22.41%
Excellent	6.67%	10.49%	8.62%

Survey participants were also asked how many days they have been too sick to work or carry out usual activities in the past 30 days the table below shows the data for each county.

Question	Mississippi	New Madrid	Scott
Sick in last 30 Days			
None	62.02%	73.00%	63.00%
1-2 days	18.60%	16.06%	12.58%
3-5 days	9.30%	5.84%	11.26%
6-10 days	1.55%	1.46%	2.65%
More than 10	8.53%	3.65%	10.60%

Source of Health Information

In all three counties “doctors, nurses and pharmacist” were the most frequent response as a source where the participants *obtain health related information*, with nearly 90% of all participants choosing that response. “Friends or family:” and the internet came in second and third.

Again, “doctor and nurses” are the person/place that participants feel is most responsible for *providing health-related information* with nearly 90% of participants choosing that answer in all three counties.

Safety

In all three counties over 75% of participants reported almost always using a seat belt for themselves and over 90% for their children in New Madrid and Scott counties while Mississippi county reported using seat belts for their children only 85% of the time.

Driving the posted speed limit varied by county with Scott County participants reporting almost always driving the posted speed limit 76.5% of the time, next was Mississippi County at 71% and then New Madrid County at 65.5%

Wearing helmets for children was lower than expected in Mississippi County with only 48.1% of participants reporting their children always wear a helmet when riding an ATV/motorcycle or Scooter and only 37.1% report always wearing a helmet when riding a bicycle, rollerblading or skateboarding. New Madrid and Scott County were significantly higher when reporting children always wearing a helmet when riding a motorcycle, ATV or scooter. Scott County ranked higher in participants reporting their children always wear a helmet with riding a bicycle, rollerblading or skateboarding. New Madrid County participants were lower than Scott County but higher than Mississippi County at 40% of participants reporting their children always wear a helmet when riding a bicycle, rollerblading or skate boarding.

Question	Almost Always	Sometimes	Never	Almost Always	Sometimes	Never	Almost Always	Sometimes	Never
INDIVIDUAL	Mississippi			New Madrid			Scott		
Wear a helmet when riding a motorcycle, ATV Scooter	57.4%	14.8%	27.8%	58.7%	23.9%	17.4%	65.2%	17.4%	17.4%
Drive the posted speed limit	71.0%	23.4%	5.6%	65.5%	31.7%	0.0%	76.5%	21.3%	2.2%
Wear a seat belt	77.3%	22.2%	0.0%	83.2%	16.8%	0.0%	75.2%	21.0%	3.8%
CHILDREN									
Wear a helmet when riding a motorcycle, ATV Scooter	48.1%	11.1%	40.7%	66.7%	33.3%	0.0%	73.3%	13.3%	13.3%
Wear a helmet when riding a bicycle/rollerblading/skateboarding	37.1%	22.9%	40.0%	37.8%	55.6%	6.7%	68.3%	19.5%	12.2%
Use a seat belt, car seats and booster seats as recommended	85.5%	12.7%	1.8%	94.0%	6.0%	0.0%	91.8%	8.2%	0.0%

Health Lifestyle

For individuals' responses regarding healthy lifestyle behaviors, some positive findings are that over 90% of participants in all counties never chew tobacco, never drink and drive, and never use illegal drugs.

Question	Almost Always	Some times	Never	Almost Always	Some times	Never	Almost Always	Some times	Never
Healthy Lifestyle Behaviors	Mississippi			New Madrid			Scott		
Apply sunscreen before planned time outside	21.2%	40.7%	38.1%	35.0%	56.7%	8.3%	24.6%	49.2%	26.0%
Are exposed to secondhand smoke in your home or work	15.3%	12.2%	64.9%	10.8%	16.2%	73.1%	22.1%	24.3%	53.7%
Chew tobacco	3.4%	3.4%	93.3%	1.6%	0.7%	97.6%	1.7%	0.9%	97.4%
Consume more than 3 alcoholic drinks/day (female), 5/day (male)	1.6%	12.3%	86.1%	0.0%	14.6%	85.4%	0.8%	9.8%	89.4%
Drive after drinking alcoholic drinks or using drugs	2.5%	5.9%	91.5%	3.0%	5.3%	93.1%	0.0%	5.8%	94.2%
Eat at least 5 servings of fruits and vegetables each day	17.4%	70.3%	12.3%	11.8%	74.3%	13.9%	16.5%	69.0%	14.6%
Eat fast food more than once a week	16.7%	65.9%	17.5%	27.6%	72.4%	0.0%	18.8%	63.6%	17.5%
Get enough sleep each night (7-9 hours)	45.5%	44.1%	10.3%	41.2%	55.9%	2.9%	34.0%	55.8%	10.3%
Smoke cigarettes	19.8%	2.5%	77.7%	11.2%	4.5%	84.2%	25.8%	11.3%	62.9%
Take vitamin pills or supplements daily	48.1%	21.7%	32.2%	51.6%	31.3%	13.3%	44.2%	27.9%	27.9%
Use illegal drugs (marijuana, cocaine, meth, etc)	0.0%	2.5%	96.7%	0.0%	1.5%	98.5%	0.8%	3.2%	96.0%
You exercise at a moderate pace at least 30 min/day, 5 days /week	20.8%	45.4%	33.9%	15.7%	55.0%	29.3%	14.1%	47.4%	38.5%

For individuals' responses regarding their children's healthy lifestyle behaviors, some positive findings are that over 70% from each county "almost always" or "sometimes" apply sunscreen before planned time outside, over 90% from each county "almost always" or "sometimes" eat at least five servings of fruits and vegetables each day, over 95% from each county "almost always" or "sometimes" get enough sleep each night, over 87% from each county "almost always" or "sometimes" participate in at least one hour of physical activity each day, and over 75% from each county "almost always" or "sometimes" are limited to two hours or less per day of TV, computers and video game time.

On the negative side, 49% of Scott County participants "almost always" or "sometimes" exposed to secondhand smoke in the home, while 46% Mississippi County participants responded that "almost always" or "sometimes" their children were exposed to secondhand smoke. New Madrid

County respondents reported a lower rate at 31%. A very high rate of participants in all three counties reported their children “almost always or “sometimes” eat fast food more than once a week, and drink soda and or sugar sweetened drinks.

Question: Children	Almost Always	Some times	Never	Almost Always	Some times	Never	Almost Always	Some times	Never
Healthy Lifestyle Behaviors	Mississippi			New Madrid			Scott		
Apply sunscreen before planned time outside	31.4%	39.2%	29.4%	47.7%	38.5%	13.8%	47.5%	31.2%	21.3%
Are exposed to secondhand smoke in the home	23.1%	23.1%	53.8%	7.9%	22.2%	69.8%	17.0%	32.2%	50.9%
Are limited to 2 hours or less/day of TV, computers, video games	33.3%	43.1%	23.5%	31.5%	59.3%	9.3%	22.0%	52.5%	25.4%
Drink soda and / or sugar sweetened drinks	25.5%	72.5%	2.0%	31.1%	68.9%	0.0%	29.0%	61.3%	9.7%
Eat at least 5 servings of fruits and vegetables each day	23.2%	69.6%	7.1%	20.9%	79.1%	0.0%	27.4%	66.1%	6.5%
Eat fast food more than once a week	14.5%	65.5%	20.0%	25.4%	74.6%	0.0%	19.0%	70.7%	10.3%
Get enough sleep each night (7-9 hours)	75.0%	21.4%	3.6%	69.6%	30.4%	0.0%	58.7%	36.5%	4.8%
Participate in at least 1 hour of physical activity each day	56.4%	30.9%	12.7%	54.5%	45.6%	0.0%	59.7%	30.7%	9.7%
Take vitamin pills or supplements daily	38.5%	25.0%	36.5%	43.2%	56.8%	0.0%	22.2%	35.2%	42.6%

Hygiene/Communicable Disease Control

The table below indicates that over 75% of individuals completing the survey “almost always’ or “sometimes” get a flu shot. Less than 3% of participants reporting “never:” washing their hands after using the rest room and less than 2% of participants reported “never washing their hands prior to preparing or eating a meal.

Question:	Almost Always	Some times	Never	Almost Always	Some times	Never	Almost Always	Some times	Never
Hygiene/Communicable Disease Control	Mississippi			New Madrid			Scott		
Get a flu shot each year	64.6%	11.8%	23.6%	58.5%	21.8%	19.7%	52.3%	23.0%	23.7%
Practice safe sex (use condom or other barrier method)	51.9%	20.5%	28.2%	84.8%	15.2%	0.0%	59.1%	25.0%	15.9%
Wash hands with soap and water after using the restroom	83.6%	13.4%	3.0%	91.7%	8.3%	0.0%	87.4%	10.6%	2.0%
Wash hands with soap and water before preparing/eating meals	91.1%	8.9%	0.0%	92.4%	6.9%	0.7%	89.0%	9.0%	1.9%

The table below shows how participants answered for their children in regards to hygiene and communicable disease. In Mississippi County only 16.7% of parents report their children “never” getting a flu shot. In Scott County the rate is higher at 25.9% and in New Madrid County 100% of parents surveyed stated they almost always” or “sometimes” get their children a flu shot. Hand hygiene for almost always and sometimes is over 95% in all three counties.

Question: CHILDREN	Almost Always	Some times	Never	Almost Always	Some times	Never	Almost Always	Some times	Never
Hygiene/Communicable Disease Control	Mississippi			New Madrid			Scott		
Get a flu shot each year	70.4%	13.0%	16.7%	80.0%	20.0%	0.0%	53.5%	20.7%	25.9%
Wash hands with soap and water after using the restroom	63.6%	34.5%	1.8%	73.2%	25.4%	0.0%	80.0%	16.7%	3.3%
Wash hands with soap and water before preparing/eating meals	70.9%	25.5%	3.6%	73.5%	25.0%	1.4%	80.0%	16.7%	3.3%

Individual and Family Mental Health Issues and Behaviors

Ninety-eight percent of survey participants from New Madrid County and 92% of survey participants from Scott County feel stressed out either “almost always or “sometimes” yet in spite of that stress level almost 96% of Scott County participants and 100% of New Madrid County participants feel happy about their life “almost always” or “sometimes”. Over 50% of participants in all counties reported feeling lonely “almost always or “sometimes”.

Question: INDIVIDUAL	Almost Always	Some times	Never	Almost Always	Some times	Never	Almost Always	Some times	Never
Mental Health Issues and Behaviors	Mississippi			New Madrid			Scott		
Fell Stressed out	13.2%	70.6%	16.2%	14.2%	83.6%	2.2%	23.7%	68.0%	8.3%
Fell lonely	7.9%	52.4%	39.7%	3.7%	45.2%	51.1%	8.6%	56.3%	35.1%
Worry about losing your job	4.1%	28.6%	67.3%	3.6%	22.7%	57.9%	6.1%	40.4%	53.5%
Feel safe in your community	62.2%	34.8%	2.9%	82.5%	17.5%	0.0%	66.5%	32.3%	1.3%
Feel happy about your life	59.1%	37.2%	6.6%	69.7%	30.3%	0.0%	42.7%	52.8%	4.5%

Of note 10% of students in Mississippi County and Scott County “never” feel safe in school.

Question: CHILDREN	Almost Always	Some times	Never	Almost Always	Some times	Never	Almost Always	Some times	Never
Mental Health Issues and Behaviors	Mississippi			New Madrid			Scott		
Feel safe in School	73.9%	6.3%	10.9%	89.5%	10.5%	0.0%	68.0%	22.0%	10.0%

Summary of Findings

Using the Data to Determine Needs

The secondary data is used to compare Mississippi County, New Madrid County and Scott County to Missouri by examining quantitative data such as the percentages, rates and trends. If the counties rank worse than the state or a negative trend is occurring, then a need is presented. The primary data is qualitative and takes in consideration the thoughts and opinions of people in the community.

Secondary Data

After a review of the secondary research found in the body of this report, it can be determined that the three counties do not do very well compared to the state of Missouri in many areas, so there are many areas of concern. The following describes the findings from the secondary data

In the Education category Mississippi County has 34% of its residents over the age of twenty-five who did not graduate from high school, while New Madrid County is at 25% and Scott County is at 23%. The state percentage is 12%.

The unemployment rate is higher in Mississippi County at 13.4% with New Madrid County and Scott County at 7%. The state unemployment rate is 8% .

The poverty status for all three counties is worse than the state rate with Mississippi County being the highest at almost 26% of its residents living in poverty. New Madrid County's rate is 21.5% and Scott County is 17.2% while the state poverty rate is 17.2%.

Family and Domestic Violence rates in New Madrid County are lower than the state average, while Mississippi County has the highest rate of domestic violence in the state of Missouri and Scott County ranks fourth.

The percentage of uninsured in Mississippi County is 19%, uninsured in New Madrid County is 17% and Scott County is 16%. The state of Missouri uninsured rate is 16% which is slightly lower than New Madrid County and Mississippi County.

The number of health care providers in Mississippi County and New Madrid County is significantly less than the state of Missouri and Scott County. The rate of primary care providers in Mississippi County is 3,595:1 and New Madrid County is 4,733:1 the state of Missouri rate is 1495:1. Scott County is lower than the state rate at 1,868:1 but is still not at the level of the state for the number of residents per primary care provider.

The top leading causes of death in the three counties are heart disease, all cancers, all injuries/poisonings, chronic lower respiratory disease, and stroke/other cerebrovascular disease, which accounted for 73% of all deaths 1999-2009. Mississippi County, New Madrid County and Scott County all have worse rates than the state of Missouri in these categories.

Primary Data

After review of the primary research results it can be determined that there are many areas of concern for the three counties. The following list the findings from the primary data, including the community surveys, focus groups, and checklist exercise completed at the focus groups. These issues were determined as a concern if the focus group participants were in agreement about the issue and/or if more than 60% of survey participants classified the issue as a moderate or serious problem.

Health Problems as determined by the primary research

- Diabetes
- High Blood Pressure/Stroke
- Heart Disease
- Overweight Adults
- Overweight Children
- Cancer
- Mental Illness (depression)
- Asthma/Respiratory Disorders
- Allergies
- Sexually Transmitted Infections
- High Cholesterol
- Arthritis
- Sinus Problems
- Hepatitis C
- COPD
- MRSA
- Dental Problems

Behavioral Problems as determined by the primary research

- Smoking
- Poor Diet
- No Exercise
- Drug/Alcohol Use (prescription drugs)
- Eating Disorders

Community Problems as determined by the primary research

- Lack of Health Care Education
- Lack of Motivation to be Healthy
- Child abuse and Neglect
- Domestic Violence
- Health Care Affordability
- Health Care Availability

- Access to Health Care for Medicaid patients
- Access to Dental Care
- Teen Pregnancy
- Transportation (public)
- Unemployment
- Mosquitos
- Job Availability
- Job Security
- Crime
- Housing Affordability
- Racism
- Secondhand Smoke
- Recreation Opportunities
- Murder or intentional Injury
- School Violence
- Firearms
- Elder neglect
- Social determinants

Conclusion:

This Community Health Needs Assessment is the product of a completed process of findings secondary data, primary research, and presenting those findings. This compiled information will allow Missouri Delta Medical Center and its partners to create an implementation strategy designed to meet some particular needs that are specific to the Mississippi County, New Madrid County and Scott County communities.