



This assessment process helps Missouri Delta Medical Center focus their efforts around community health improvement and provide structure for addressing the determinants of health and illness in Mississippi County, MO.

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## **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 particular document will cover the findings in the 2019 Mississippi County assessment.

#### Community Health Needs Assessment (CHNA) Process and Requirements

Missouri Delta Medical Center is a not-for-profit hospital in Sikeston, Missouri. The CHNA must be conducted every three years by not-for-profit hospitals to meet federal regulations. After collecting data from focus groups and surveys in each of the counties we serve, the hospital then implements a strategy to improve on the needs of the community that the information identifies. Missouri Delta Medical Center completed the 2019 Community Health Needs Assessment for Mississippi, New Madrid, and Scott County. The Scott County Community Health Needs Assessment was completed in collaboration with Saint Francis Medical Center (Lead) and Southeast Health. These health assessments for each county will serve as the foundation for Missouri Delta Medical Center's community health improvement efforts over the next three years in the counties we serve.

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.

#### Community Profile - Mississippi County

Mississippi County is located in the bootheel of Southeast Missouri and they have a population of 13,916. The population median age is 39.4 which is slightly higher than the Missouri median age of 38.4. Males make up the majority of the total population at 53.86% and the median household income is \$32, 212. Twenty-eight percent of the population is in the poverty guidelines, 13.4% have no insurance and the unemployment rate is 3.5%. The percentage of

population with a disability is 19.64% which is much higher than the state of Missouri at 12.59%. Mississippi County has four medical clinics (none with after-hours care), an ambulance service, a health department with two locations, three long-term care facilities, and two retail pharmacies.

### **Health Outcomes – Mississippi County**

The leading causes of death in Mississippi County are:

- Heart Disease
- All Cancers (Malignant Neoplasms)
- Chronic lower respiratory Diseases
- Accidents
- Stroke

Missouri Resident Death -						
<b>Leading Causes Profile</b>						
Geography: COUNTY: Mississippi Demographic: ALL						
Leading Cause of Death Indicators						
	Data Years	Count	<u>Rate</u>		<u>State</u> <u>Rate</u>	
L	eading Causes of D	eath	,			
All Causes	2006 - 2017	2,145	1,051.44		818.888	
Heart Disease	2006 - 2017	734	354.22		201.43	
All Cancers (Malignant Neoplasms)	2006 - 2017	492	236.10		180.13	
Lung Cancer	2006 - 2017	166	78.02		54.60	
Breast Cancer	2006 - 2017	27	13.64		12.68	
Colorectal Cancer	2006 - 2017	45	21.34		16.19	
Pancreas Cancer	2006-2017	26	12.71		11.20	
Prostate Cancer	2006-2017	26	12.50		7.64	
Chronic Lower Respiratory Disease	2006 - 2017	140	66.72		51.48	
Total Unintentional Injuries	2006 - 2017	98	52.42		49.96	
Motor Vehicle Accidents	2006 - 2017	40	22.80		14.95	
Stroke/Other Cerebrovascular Disease	2006 - 2017	120	58.10		43.59	
Alzheimer's Disease	2006 - 2017	66	31.98		27.86	
Diabetes Mellitus	2006 - 2017	24	11.80	*	20.58	
Kidney Disease (Nephritis and Nephrosis)	2006 - 2017	54	26.36		18.72	
Pneumonia and Influenza	2006 - 2017	44	21.57		18.22	
Suicide	2006 - 2017	18	9.98	*	15.30	
Septicemia	2006 - 2017	23	11.97		11.35	
Chronic Liver Disease and Cirrhosis	2006 - 2017	16	8.14	*	8.20	

Source: Missouri Department of Health and Human Services, MICA, 2006-2017

#### **Primary Research**

A focus group was held in Mississippi County with involved community members that are familiar with the advantages and disadvantages of their county. The questions discussed are below (a summary of the group discussion is included in Chapter 5.

#### 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?

A survey was conducted in Mississippi County to help identify and prioritize health concerns. The survey covered 4 different topics. Data from the survey is details in chapter 5.

- 1. Demographics: Multiple choice questions to collect information about the population of the county.
- 2. Social and Economic Factors: Multiple choice questions to collect information regarding the population's education, employment and income status.
- 3. Health Behaviors: Questions to collect information on the behaviors correlated to health of adults and children in the county.
- 4. Medical Care and Services: Multiple choice, short answer and ranked questions to collect information regarding healthcare access, health status, insurance coverage and opinions on health issues.

#### **Summary of Findings**

This section summarizes the findings from the Community Health Needs Assessment and the tools and techniques used to make these determinations.

## **Key Findings**

The following lists represents the key findings per need from the Primary Data gathered for Mississippi County.

#### **Health Needs:**

- Mental health
- Diabetes
- Stroke
- Heart disease

#### **Behavioral Needs**

- Alcohol/Drug abuse
- Teen pregnancy
- Smoking during pregnancy
- Wellness and prevention

#### **Community Needs:**

- Transportation
- Lack of knowledge of services or if they qualify
- Uninsured, can't afford it
- Access for those with addiction
- No place to send homeless
- Decrease in Medicaid coverage for children

## **Priority Needs**

In March 2018, the Missouri Hospital Association and Missouri Foundation for Health released ExploreMOhealth, a community health needs assessment platform developed through a partnership with the University of Missouri's Center for Applied Research and Engagement Systems. The platform was designed to assist community health stakeholders in the development in the development of impactful CHNAs using two rich sources of health-related data that are unique to Missouri – the Missouri County-Level Study from MFH, and the Missouri ZIP Health Rankings from the Hospital Industry Data Institute and Washington University School of Medicine. This site can be used to gain hyperlocal insights on the health and social well-being of their communities.

The Missouri County-level Study is a periodic survey of the health-related behaviors and attitudes of Missourians aged 18 and older. The survey design is based on questionnaires and methods employed by the Behavioral Risk Factor Surveillance System of the U.S. Centers for Disease Control and Prevention.

The most recent County-level Study survey was conducted during 2016 and produced detailed health-related information from approximately 52,000 Missouri adults who were randomly selected to participate in the study via telephone interview. Administered by the University of Missouri Health and Behavioral Risk Research Center, the interviews generated data on the county-specific prevalence of behavioral risk factors, existing medical conditions, environmental health factors and preventive practices.

The project was funded by the Robert Wood Johnson Foundation through a 2015 County Health Rankings Research Grant award.

Between the Mississippi County Focus Group, survey results and the ZIP Health Rankings data, the top five ranked diseases and conditions for Mississippi County are:

- 1. Depressive Disorder
- 2. Diabetes
- 3. Asthma
- 4. COPD
- 5. Cancer

The top five ranked health risk factors for Mississippi County are:

- 1. Opioid Use Disorder
- 2. Unhealthy diet
- 3. Smoking
- 4. Obesity
- 5. No transportation

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 Mississippi County. The Priority Needs were first identified by the primary research or what the community finds important. The high priority needs were then validated by the secondary research by looking at the county's statistics against the states statistics.

#### The top five ranked Priority Health Needs for Mississippi County are:

- 1. Mental Illness (substance abuse, depression)
- 2. Chronic Disease (Heart disease, stroke)
- 3. Cancer (lung)
- 4. Transportation
- 5. Teen pregnancy/Pregnancy complications

#### Chapter 1

## **Community Health Needs Assessment 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 CHNA must take into account input form persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge o for 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 description of the sources and dates of the data and other information used in the assessment, including primary and secondary sources
  - The analytical methods applied to identify community health needs
  - Information gaps that affect the hospital's ability to assess the community's health needs.
  - 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
  - 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 description of when and how the organization consulted with these individuals (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.)

- Community leaders who were consulted and/or collaborated in the planning and implementation process
- Justification of why data sources were used and selected
- Justification of the approach for primary data collection
- Explanation of successful and non-successful approaches to see broad-based community input, especially underserved or high-risk groups within the community
- If the hospital takes into account input form 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
- 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
  - Priorities identified through primary and secondary data
  - 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

#### **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
  - Individuals with special knowledge or expertise in public health
  - 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
  - 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 Mississippi County. Forty-two percent of MDMC patients come from Mississippi County. This information was provided by the Hospital Industry Data Institute (HIDI) that is founded by the Missouri Hospital Association. Each county differs from one

another in terms of demographics, healthcare accessibility, education and other aspects. Due to this difference, three separate written assessment reports are created. This makes for a much better explanation on specific needs per county.

## Identifying Partners and Individuals Representing the Broad Interest of the Community

For primary research, the following individuals, with a broad interest of Mississippi County, included people from the following organizations.

- Tripp Logan, Pharmacist
- Richard Logan, Pharmacist
- Betty Oliver, Mississippi County Nutrition Center
- Marsha Hutchason, Susanna Wesley Family Learning Center
- Rachelle Johnson, Mississippi County Health Department
- Jacque Castaneda, Heart to Heart International
- Janice Ballard, Heart to Heart International
- Dana Brown-Ellis, Mississippi County Caring Communities
- Melissa Knight, East Prairie R-2 Schools
- Dennis Presley, East Prairie City Administrator
- Anita Blissett, Mississippi County Health Department
- Janie Reno, Mississippi County Ambulance District
- Kenneth Russell, Charleston Department of Public Safety

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. The results from this Focus Group can be found in Chapter 5.

#### **Gather Available Data and Current Assessments**

Secondary research was obtained from several different credible sources listed below. 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.

Sources for secondary data:

- ExploreMOhealth
- U.S. Census Bureau
- Missouri Department of Health and Senior Services
- Hospital Industry Data Institute (HIDI)
- Missouri Information for Community Assessment (MICA)

#### **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 through focus groups and individual public surveys.

#### **Focus Groups**

Group surveys in the form of focus groups were 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 and the participants in in the Mississippi County focus group can be found in Chapter 5 Data was collected from the focus groups through note-taking.

#### **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 for the first CHNA is 2013 by Saint Francis Medical Center's Community Health Needs Assessment Team and can be found in Appendix A.

- 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

#### **Aggregate Primary and Secondary Research**

The survey was created in Survey Monkey and was available to be filled out online, however most participants chose to fill out on paper. The responses were then manually inserted into Survey Monkey so data could be pulled through their analyzing tools. Results from the public surveys are available in Chapter 5.

#### 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 for Mississippi County will be developed separately and will address the needs identified in this CHNA.

#### 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

# Chapter 2 Mississippi County and the Community

Mississippi County is a county located in the Bootheel of the U.S. state of Missouri, with its eastern border formed by the Mississippi River. As of the 2010 census, the population was 14,358. The largest city and county seat is Charleston. The county was officially organized on February 14, 1845, and was named after the Mississippi River. The county was formerly known as "Tywappity Bottom," a vast floodplain area bordered by the Scott County Hills on the north, St. James Bayou on the south, the Mississippi River on the east, and Little River on the west.

The first American settlers reached what became Charleston in 1830. Seven years later, Thankful Randol sold Joseph Moore 22½ acres of land. Moore used it to lay out a plan for the city of Charleston. Its original boundary was 12 blocks square - four north and south, and three east and west. The Original Plat was filed on May 20, 1837. The General Assembly passed an act to incorporate the city of Charleston on March 25, 1872.

At the turn of the 20th century, the virgin forests attracted timber barons. Following the clearing of the timber, the state assisted in the construction of levees, forming drainage districts to redevelop the land. As hundreds of miles of levees and dikes were constructed within the Little River Drainage District, thousands of acres of land were drained and "reclaimed" for agricultural use. The reclaimed land, highly fertile due to centuries of flooding from the Mississippi River, was cultivated for cotton, corn, and wheat. Since the late 20th century, soybeans and rice have been important commodity crops and are grown on an industrial scale.

Mississippi County has borders across the river with four Kentucky counties, but it has no direct highway connection between any of them due to the mile-wide barrier of the river in this area. Kentucky and Missouri are the only two U.S. states to border each other, even across a major river, without a direct highway connection between them. This reflects the relatively low populations among the river counties on both sides, which are largely rural in character. In early 2016, Mississippi County was declared as the poorest county in Missouri.

Source: Wikipedia

#### **ZIP Codes**

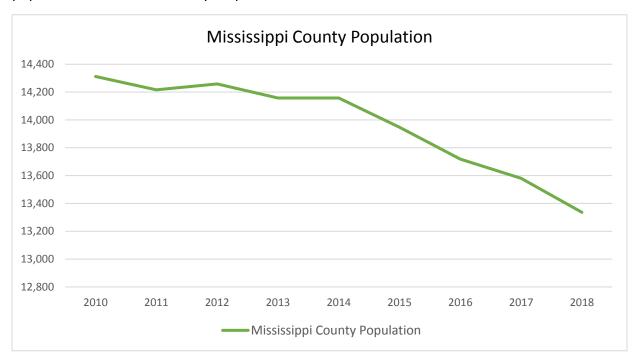
There are six ZIP codes in Mississippi County: (table next page)

Zip Code	City
63820	Anniston
63823	Bertrand
63834	Charleston
63845	East Prairie
63881	Wolf Island
63882	Wyatt
Data Source: US Census Bureau	

## **Demographic Characteristics**

## **Population Growth**

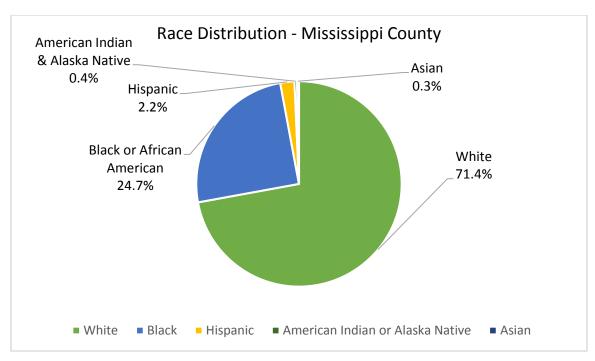
Based on data from the U.S. Census Bureau, there has been a population decline in Mississippi County, Missouri since 2012 with a very dramatic decrease beginning in 2014. In 2010, the population was 14,312 and in 2018 the population was 13,336 resulting in a decrease in population of 6.8% over an 8 year period of time.



Source: U.S. Census Bureau

#### Race

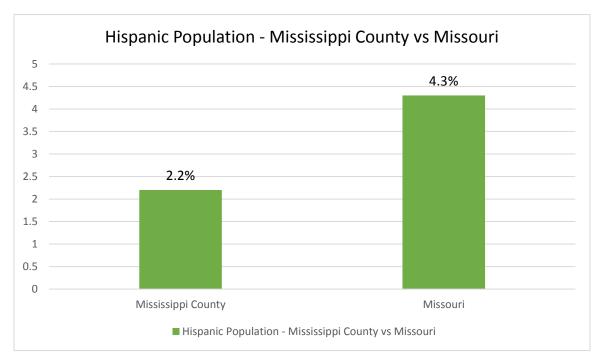
There is a smaller percentage of White or Caucasian in Mississippi County (71.4%) compared to the percentage in Missouri (83%) and there is a larger amount of Black or African American (24.7%) in Mississippi County compared to percentage in Missouri (11.8%).



Source: U.S. Census Bureau

## **Ethnicity**

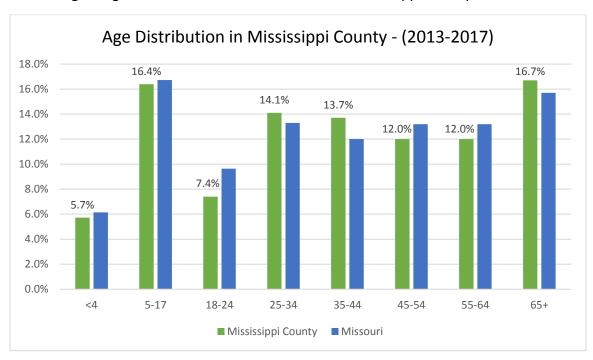
The Hispanic population in Mississippi County is nearly half the amount of in the state of Missouri as a whole.



Source: U.S Census Bureau

#### **Age Distribution**

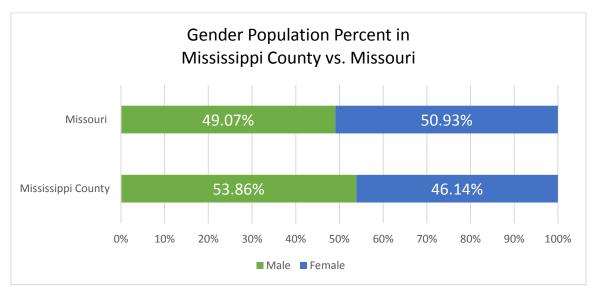
The age distribution in Mississippi County mimics the trends in Missouri except in the age range of 18-24, which shows much less in that category in Mississippi County compared to Missouri, and the age range of 35-44 where there are more in Mississippi County than Missouri.



Source: ExploreMOhealth.org

#### Gender

The percentage of males in Mississippi County is higher than females and higher than the state of Missouri.



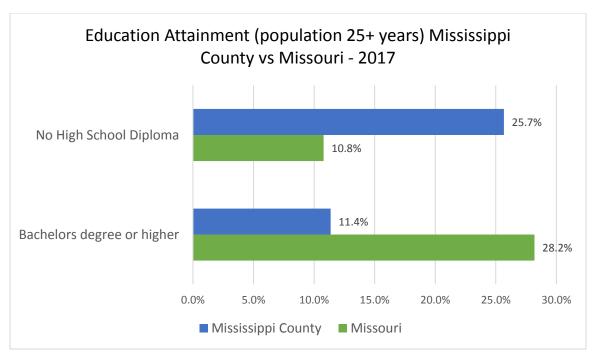
Source: ExploreMOhealth.org

#### **Social and Economic Characteristics**

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.

#### Education

The education disparity between Mississippi County and Missouri is a gross amount. Mississippi County has more than double the amount of their population compared to Missouri with No high school diploma. Also, the amount of population with higher education is over two times less in Mississippi County than in Missouri. This data is relevant as educational attainment is linked to positive health outcomes (Freudenberg & Ruglis, 2007).



Source: ExploreMOhealth.org

#### Literacy

An inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education. In Mississippi County, the percentage of children in grade 4 whose reading skills tested *below* the "proficient" level for the English Language Arts portion of the state-specific standardized test is 36.45%. This is higher than the state of Missouri at 35.29%

#### **Median Family Income**

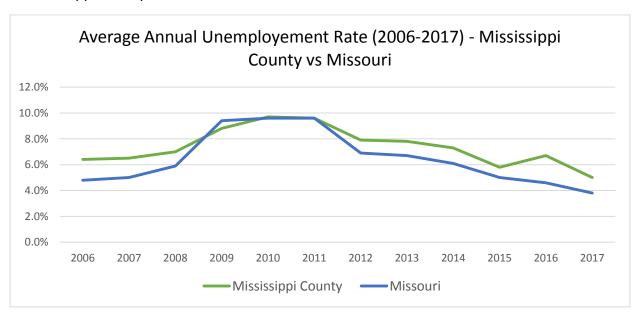
The median family income based on the latest 5-year American Community Survey estimates in Mississippi County is \$35,722. The median family income in Missouri based on the same study is \$64,776. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members age 15 and older.



Source: ExploreMOhealth.org

#### **Unemployment Rate**

Total unemployment for the July 2019 is 3.5%% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). Unemployment creates financial instability and barriers to health care access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. Mississippi County unemployment rate goes along with the trend in Missouri except the percentage of unemployment is always higher in Mississippi County.



Source: ExploreMOhealth.org

#### Poverty - Population Below 200% FPL

In Mississippi County, 56.23% or 6,819 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

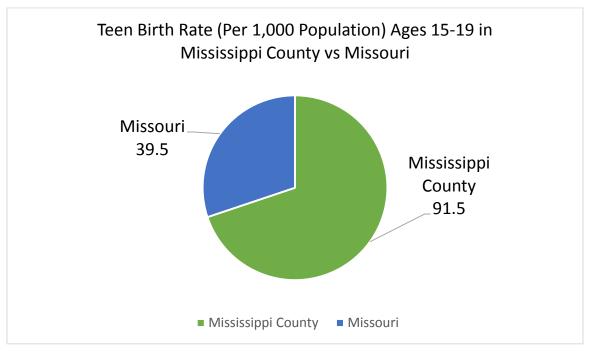
#### **Food Insecurity Rate**

Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. In Mississippi County it is estimated that 21.7% of the population experience food insecurity at some point during the report year. This is 7.5% higher than in the state of Missouri.

#### **Teen Pregnancy**

The rate of total births to women age of 15 - 19 per 1,000 female population in Mississippi County is 91.5. The rate in Missouri is 39.5. Teen Pregnancy is ranked 5 out of 5 on our Top Priority Health Needs list is Mississippi County. In many cases, teen parents have unique social,

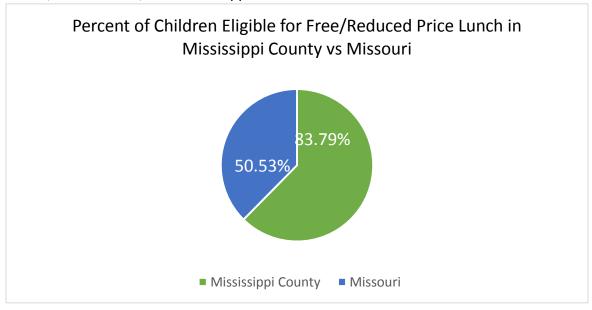
economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.



Source: ExploreMOhealth.org

### Children Eligible for Free/Reduced Price Lunch

Within Mississippi County, 1,752 public school students or 83.79% are eligible for Free/Reduced Price lunch out of 2,091 total students enrolled. In the state of Missouri that percent 50.53%. This study assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs.



Source: ExploreMOhealth.org

#### **Social or Emotional Support**

Data collected for this section identifies the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. Social and emotional support is critical for navigating 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. In Mississippi County, the percentage of Population without Adequate Social/Emotional Support (age 18+) is 28.9%. The rate in Missouri is 19.1%.

#### **Access to Healthcare**

Access to healthcare services is critical to good health, yet rural residents face a variety of access barriers. A 1993 National Academies report, Access to Healthcare in America, defined access as the timely use of personal health services to achieve the best possible health outcomes. A 2014 RUPRI Health Panel report on rural healthcare access summarizes additional definitions of access with examples of measures that can be used to determine access.

Ideally, residents should be able to conveniently and confidently access services such as primary care, dental care, behavioral health, emergency care, and public health services. According to Healthy People 2020, access to healthcare is important for:

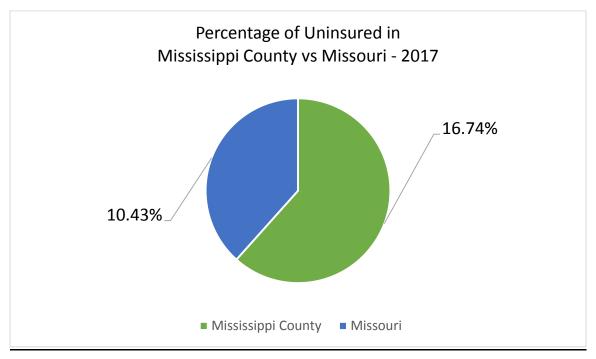
- Overall physical, social, and mental health status
- Disease prevention
- Detection, diagnosis, and treatment of illness
- Quality of life
- Preventable death
- Life expectancy

Rural residents often encounter barriers to healthcare that limit their ability to obtain the care they need. In order for rural residents to have sufficient access, necessary and appropriate healthcare services must be available and obtainable in a timely manner. Even when an adequate supply of healthcare services exists in the community, there are other factors to consider in terms of healthcare access. For instance, to have good healthcare access, a rural resident must also have:

- Financial means to pay for services, such as health or dental insurance that is accepted by the provider.
- Means to reach and use services, such as transportation to services that may be located at a distance, and the ability to take paid time off of work to use such services.
- Confidence in their ability to communicate with healthcare providers, particularly if the patient is not fluent in English or has poor health literacy.
- Trust that they can use services without compromising privacy.
- Belief that they will receive quality care.

#### Uninsured

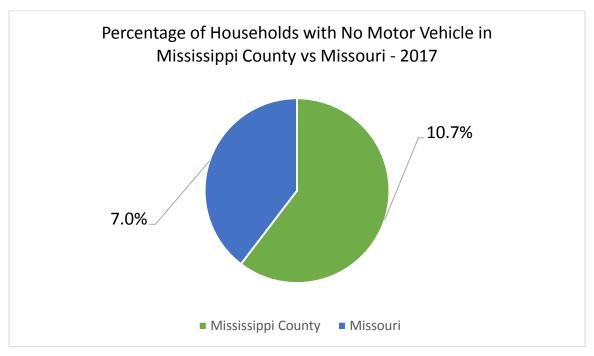
The lack of health insurance is considered a key driver of health status. In Mississippi County, 16.74% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in Mississippi County is greater than the state average of 10.43%. Lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.



Source: ExploreMOhealth.org

#### Household with No Motor Vehicle

The number of households with no motor vehicle in Mississippi County is based on the latest 5-year American Community Survey estimates. Transportation is number 4 out of the top 5 priority needs in Mississippi County. The percentage of households with no motor vehicle transportation is over 3% higher in Mississippi County than in Missouri.



Source: ExploreMOhealth.org

There is no hospital in Mississippi County. The closest hospital is Missouri Delta Medical Center and is 21.2 miles away in Scott County. Missouri Delta Medical Center offers comprehensive medical care to residents in Scott, Mississippi and New Madrid Counties. Emergency department, orthopedics, geriatric behavioral health, obstetrics and pediatrics are just a few of the services offered.

#### Healthcare Providers – Primary Medical Care, Dental, Mental Health

The Health Professional Shortage Area (HPSA) is defined as a 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 SPSA Score as identified in the 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 score for Mississippi County in each category.

Geographic Area	HPSA Score Primary Care	HPSA Score Dental	HPSA Score Mental Health
Mississippi County	20	19	18

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

The table below shows the population per physician, dentist and mental health provider. Primary care physicians include practicing physicians under the age of 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. Untreated dental disease can lead to serious health effects including pain, infection and tooth loss. Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery. Mississippi County has a higher ratio in all categories compared to the state.

Coographic Area Patient to Primary Care		Patient to Dentist	Patient to Mental Health	
Geographic Area	Ratio	Care Ratio	Provider Ratio	
Mississippi County	3,509:1	6,900:1	6,900:1	
Missouri	1,418:1	1806:1	588:1	

Source: County Health Rankings & Roadmaps, County Health Rankings, healthypeople.gov/2020

#### Other

Mississippi County has two pharmacies and a health department locations in Charleston and East Prairie. The Mississippi County Health Department is a great resource for public health, environmental health, disaster and emergency management information. The health department also officers a wide range of services, regardless of the financial status, that are free of charge. Services offered are:

- Immunizations/Vaccinations
- Women's health
- Show-Me Healthy Women
- Tuberculosis
- STD/HIV testing
- Blood pressure/Blood sugar screenings
- Nutrition counseling
- Lab services
- Lead testing

- Head lice treatment
- Private water testing
- WIC
- Safe cribs for Missouri
- Health Education
- Prenatal case management
- Communicable diseases
- Chronic disease self-management
- Freedom from Smoking
- Diabetes center

• Diabetes self-management

Birth/death certificates

Another resource in Mississippi County is the Susanna Wesley Family Learning Center, now located in East Prairie and Charleston. The organizations focus is to build healthy families. Community residents, realizing the troubled plight of many families in Mississippi County, raised initial funding to begin the operation in March of 1992. Susanna Wesley Family Learning Center initially began as a pilot project of Epworth Children's Home in St. Louis, Missouri. By 1998 the center's programs had grown so exponentially that the center went out on its own, became its own 501c3 and changed its name to Susanna Wesley Family Learning Center.

When the center opened in 1992 the initial focus was to assist families who were at risk of out of home placement of their children for various reasons including extreme poverty, substance abuse, and lack of parenting skills. Services offered included parenting classes, life skills classes, adult basic education, and counseling. It became apparent very early on that the center was serving a large number of victims of domestic violence and sexual assault. The need for victim services programming was great and the nearest shelter program was 50 miles away thus a formal victim services program began. Services include:

- Victim Services
  - o Domestic Violence
  - Sexual Assault Shelter
  - Court advocacy
  - Safe exchange and visitation
  - Mental Health Counseling
  - o 24 hour crisis hotline
  - Batterer intervention
- Youth Services
  - After school activities
  - Summer camps and programs
  - Violence prevention
- Adult Development
  - o GED
  - Parenting programs

# Chapter 3 Health Outcomes

Health outcomes in the County Health Rankings represent measures of how long people live and how healthy people feel. Length of life is measured by premature death (years of potential life lost before age 75) and quality of life is measured by self-reported health status (percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days) and the % of low birth weight newborns.

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 no exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.

#### Mortality

Leading Causes of Death	IV	Mississippi County		
2007-2017	Events	Rate	Compared with Missouri Rate	Rate
All Causes	1,976	1,055.77	Н	815.85
Heart Disease	671	353.47	Н	199.32
All Cancers (Malignant Neoplasms)	458	238.88	Н	178.9
Lung Cancer	155	78.92	Н	54.06
Chronic Lower Respiratory Disease	130	67.3	Н	51.81
Motor Vehicle Accidents	38	23.64	Н	14.62
Stroke/Other Cerebrovascular Disease	111	58.66	Н	43.02
Kidney Disease (Nephritis and Nephrosis)	49	26.04	н	18.85
Smoking-Attributable (estimated)	415	216.4	Н	138.93

Source: Missouri Department of Health & Senior Services Mortality rates are per year per 100,000 population and are age-adjusted to the

U.S. 2000 standard population

#### **Chronic Disease**

Chronic Disease	Mississippi County	Missour
		i

	Events	Rate	Compared with Missouri Rate	Rate
Heart Disease				
Deaths (2007-2017)	671	353.47	Н	199.32
Hospitalizations (2011-2015)	1,175	137.32	Н	109.46
ER Visits (2011-2015)	1,412	18.32	Н	15.12
Ischemic Heart Disease				
Deaths (2007-2017)	480	253.28	Н	124.16
Hospitalizations (2011-2015)	336	38.33	Н	32.53
ER Visits (2011-2015)	110	1.33	Н	0.57
Stroke/other Cerebrovascular				
Disease				
Deaths (2007-2017)	111	58.66	Н	43.02
Hospitalizations (2011-2015)	289	32.92	Н	27.85
ER Visits (2011-2015)	95	1.11	Н	0.77
All Cancers (Malignant				
Neoplasms)				
Deaths (2007-2017)	458	238.88	Н	178.9
Lung Cancer				
Deaths (2007-2017)	155	78.92	Н	54.04
Prostate Cancer				
Hospitalizations (2011-2015)	28	2.94	Н	1.86
Diabetes Mellitus				
ER Visits (2011-2015)	293	3.62	Н	1.96
Chronic Obstructive				
Pulmonary Disease (excluding				
Asthma)				
Deaths (2007-2017)	129	66.66	Н	50.71
Hospitalizations (2011-2015)	235	27	Н	20.64
Asthma				
Hospitalizations (2011-2015)	107	15.88	Н	11.27
Smoking-Attributed				
Deaths (2007-2017)	415	216.4	Н	138.93

Source: Missouri Department of Health & Senior Services

#### Cancer

The table below shows that in females, the highest incidence of cancer is in the breast and for males it is in the respiratory system (lung). Together the highest incidence of cancer is in the respiratory system (lung).

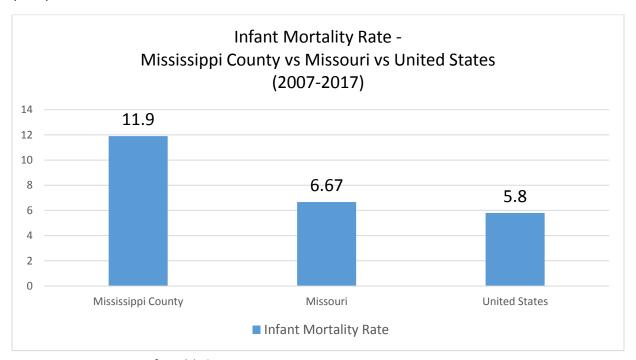
Cancer Incidence Rates (top 5) Mississippi County (2005-2015)

	Cancer Site	Rate
	Digestive System	80.49
All Genders	Leukemia	14.77
All Genders	Lymphoma	23.27
	Respiratory System	105.62
	Urinary System	38.50
	Breast	149.47
	Digestive System	58.05
Females	Female Genital System	66.00
	Lymphoma	31.32
	Respiratory System	94.09
	Digestive System	105.58
	Leukemia	16.42
Males	Male Genital System	151.34
	Respiratory System	118.43
	Urinary System	53.91

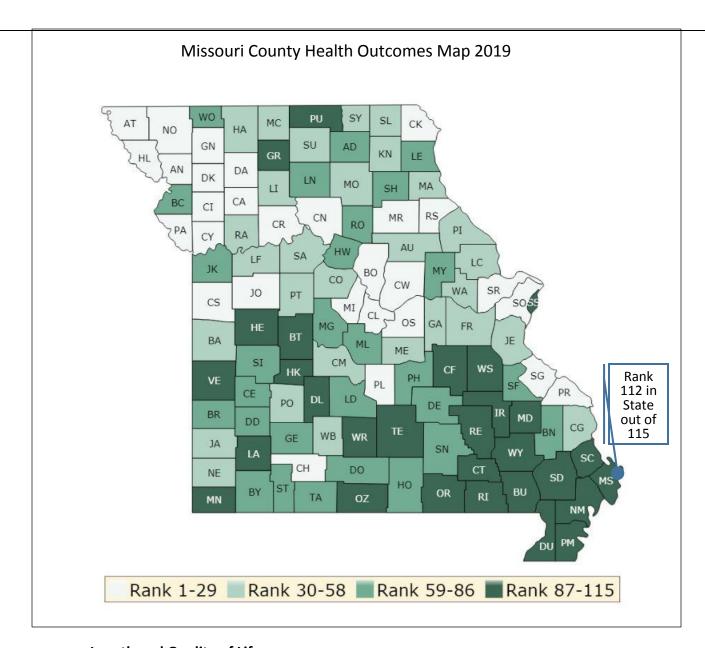
Source: DHSS - MOPHIMS - Cancer Incidence MICA

## **Infant Mortality**

The Infant Mortality Rate in Mississippi County (11.9) is much higher than the State of Missouri (6.67) and double the rate in the United States.



Source: Department of Health & Senior Services



## **Length and Quality of Life**

The table below shows the Health Outcomes and Length of Life ranking for Mississippi County. Measures shown below.

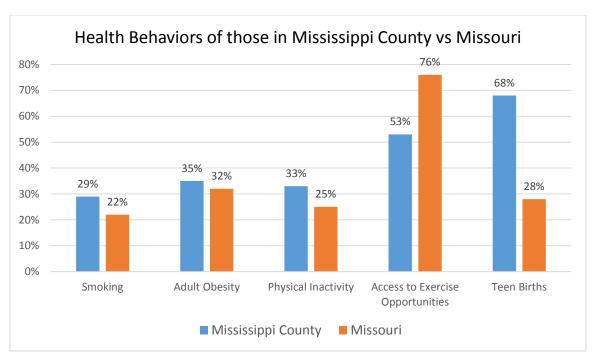
2019	Mississippi County	Missouri
Health Outcomes	Rank 112 out of 115 in State	
Length of Life	Rank 106 out of 115 in State	
Premature death	8200	7,700
Quality of Life		
Poor or fair health	19%	17%
Poor physical health days	4.2	4.1
Poor mental health days	4.4	4.2
Low birthweight	8%	8%

Source: County Health Rankings

## Chapter 4 Health Behaviors

Health behaviors, sometimes called health-related behaviors, are actions taken by individuals that affect health or mortality. These actions may be intentional or unintentional, and can promote or detract from the health of the actor or others. Actions that can be classified as health behaviors are many; examples include smoking, substance use, diet, physical activity, sleep, risky sexual activities, health care seeking behaviors, and adherence to prescribed medical treatments. Health behaviors are frequently discussed as individual-level behaviors, but they can be measured and summarized for individuals, groups, or populations. Health behaviors are dynamic, varying over the lifespan, across cohorts, across settings, and over time.

The table below shows Mississippi County not having the best Health Behaviors compared to the state of Missouri.



Source: County Health Rankings

#### Cigarettes, Electronic Cigarettes/Vaping Products and Smokeless Tobacco

Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or "most days" and has smoked at least 100 cigarettes in their lifetime. In Mississippi County, 29% of respondents smoke cigarettes every day. Respondents using electronic cigarettes/vaping products is 4.43% and smokeless tobacco usage is 8.14%. Twenty-seven percent of pregnant mothers in Mississippi County smoke while pregnant compares to 14.46% in Missouri.

#### **Diet and Exercise**

When respondents were asked "During the past month, how many times per day, week or month did you: Drink 100% PURE fruit juices? Eat fruit? Eat cooked or canned beans? Eat dark green vegetables? Eat orange-colored vegetables? Eat other vegetables? Over 93% responded no to daily intake. When respondents were asked "During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise? Over 41% responded with no.

# Chapter 5 Primary Research

#### **Focus Group**

A focus group for Mississippi County was held on June 26, 2019 at Mississippi County Health Department in Charleston, Missouri. There were multiple participants (see listing below) from the health care and public fields. Sharon Urhahn, Marketing Director at Missouri Delta Medical Center, lead the focus group and collected data. The event lasted about an hour.

#### Methodology

Five questions were asked by the leader and paper copies of the questions were also given to the participants. The group stayed in active discussion.

#### **Group Participants**

Tripp Logan, Pharmacist

Richard Logan, Pharmacist

Betty Oliver, Mississippi County Nutrition Center

Marsha Hutchason, Susanna Wesley Family Learning Center

Rachelle Johnson, Mississippi County Health Department

Jacque Castaneda, Heart to Heart International

Janice Ballard, Heart to Heart International

Dana Brown-Ellis, Mississippi County Caring Communities

Melissa Knight, East Prairie R-2 Schools

Dennis Presley, East Prairie City Administrator

Anita Blissett, Mississippi County Health Department

Janie Reno, Mississippi County Ambulance District

Kenneth Russell, Charleston Department of Public Safety

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

There is a track, gym, and public swimming pool in East Prairie. There are churches in East Prairie and Charleston that provide a space to walk and play sports. Running groups and rec. leagues are also popular. The Charleston swim team and Taekwondo are available for kids.

Charleston offers exercise classes and East Prairie offers Zumba. The Walk with Ease program is coming to the area soon.

The community receives information about staying healthy through various platforms. The Nutrition Center sends out a monthly newsletter. The Diabetes Center sends out email blasts frequently. There is information available on the Mississippi County Resources Facebook page. The Mississippi County Health Department posts information on Facebook regularly to approximately 3,000 followers. Public TV and Radio are often utilized for advertising.

## 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?

The group agreed that the serious problems in their community include: mental health, drug problems, the undiagnosed patient, diabetes, stroke, heart problems, and teen pregnancy. Some of the causes of these problems result from lack of access to health care and lack of information.

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

- Lack of transportation to receive care
- Lack of knowledge of services or if they qualify
- Uninsured, can't afford it
- It takes a long time to get an appointment
- Not being offered alternative ways to pay for services
- Inpatient waiting list is long
- There is no place to send those struggling with drugs
- No place to send the homeless
- Kids being dropped off Medicaid because their parents don't reapply
- People calling ambulances for non-emergencies because they have no other form of transportation causes emergencies to wait
- Urgent Care is not open after hours

#### Question 4: What could be done to solve these problems?

- Let the hours, costs, rules, and routes of public transit be available to patients
- Should let patients receive treatment at no-cost, then enroll them in a financial program
- Health Home Program
- Marketing what case managers can help with
- Sharing info and understanding services that others offer in the area
- Sharing billboards to advertise services
- Having a portal to see what changes need to be made to a patient's Medicaid

#### Question 5: Is there any group not receiving enough health care? If so why?

The population that can't afford health care or don't qualify for Medicaid. The group discussed the lack of resources effecting the mentally ill, the homeless, and those who are addicted to drugs. There are centers to help the mentally ill and homeless, but they are often filled-up because these problems effect a big population.

## 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 group stressed the importance of offering financial services to those who can't afford healthcare. Many individuals do not know that there are services that can help them or if they qualify for the services. The group also said discussing methods of transportation and making them well-known is important. The main health issue that the group discussed was mental health and the drug epidemic.

#### **Checklist Exercise**

Mississippi County Results	Occurrence
Obesity	14
Mental Health	16
Drug & Alcohol Abuse	13
Diabetes	8
Stroke	5
Cancer	5
Teen pregnancy	10
Transportation	14
Access to quality healthcare	5
Women's Health	0
Homelessness	2

#### Surveys

#### **Survey Layout and Design**

The Community Health Needs Assessment Survey was a questionnaire-style, self-administered survey, available only to voluntary participants at certain locations. Survey Monkey was used to administer the surveys. However, most participants chose to take the survey on paper.

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

#### 1. Demographics

- 2. Social and Economic Factors
- 3. Health Behaviors
- 4. Medical Care and Services

#### Methodology

A total of 45 surveys were completed by Mississippi County residents, with a few surveys having some unanswered questions. Survey Monkey analysis takes into consideration the number of actual responses for each question. The survey sample was not a random sample, but more of 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.

The process for conducting these surveys involved traveling to the county's healthcare facilities and community businesses and asking participants face-to-face to complete the survey or allowing the facility to hand out surveys on their own basis.

#### **Participants**

- 80% were female, 20% were male
- 20% were married
- 55.5% are white/Caucasian
- 66.6% have 3 to 5 people living in their household
- 70.6% have a high school diploma, but no secondary degree
- 25.6% have a two-year or four-year college degree
- 47.3% are employed
- 28.8% have an annual income greater than \$25,000

#### Responses

#### **Demographics**

The tables below show certain demographic characteristics of the survey participants in Mississippi County, including the survey respondents' gender, marital status, age, and education level, race/ethnicity, and employment status and lifestyle health factors.

What is your 5-digit ZIP code?		
Answer Options	Response Count	
	45	
answered question	45	
skipped question	0	

Gender?			
<b>Answer Options</b>	Response Percent	Response Count	
Male	20%	9	
Female	80%	36	
answered question 45			
skipped question 0			

Marital Status?		
Answer Options	Response Percent	Response Count
Single/Not Married	22%	10
Married	44%	20
Divorced	18%	8
Widowed	11%	5
Living with Partner	2%	1
Other	2%	1
	answered question	45
	skipped question	0

What is your race/ethnicity?		
Answer Options	Response Percent	Response Count
Asian or Pacific Islander	0.0%	0
Black or African-American	33%	15
Hispanic or Latino	0.0%	0
Native American	0.0%	0
White or Caucasian	67%	30
Other	0.0%	0
Answered question		45
Skipped question		0

Answer Options	Response Percent Response Co		
Asian or Pacific Islander	0.0%	0	
Black or African-American	22%	10	
Hispanic or Latino	0.0%	0	
Native American	0.0%	0	
White or Caucasian	22%	10	
Two or More Races	2%	1	
I have no children living in my home currently.	56%	25	

answered question	45
skipped question	0

How many people currently live in your household?			
Answer Options Response Percent Response Count			
1-2	53%	24	
3-5	42%	19	
6 or more	4%	2	
	answered question	45	
	skipped question	0	

How many adults age 65 or older currently live in your household?			
Answer Options	Response Percent	Response Count	
0	51%	23	
1-2	49%	22	
3-5	0.0%	0	
6 or more	0.0%	0	
	answered question		45
	skipped question		0

How many children under 18 years of age currently live in your household?			
Answer Options	Response Percent	Response Count	
0-1	69%	31	
2-3	29%	13	
3-5	2%	1	
6 or more	0.0%	0	
	answered question	45	
	skipped question	0	

Select all of the following that describe your home or household:

Answer Options	Response	Response
	Percent	Count
More than one working smoke detector	96%	43
Carbon monoxide detector	96%	43
Food is put back into the refrigerator within two hours after a meal	89%	40
Septic Tank	27%	12
Pets (dog, cat, reptiles, etc.)	44%	20
Family fire safety plan/evacuation plan	44%	20
Children know how to dial 911 in case of emergency	29%	13
Children know their phone number and address	29%	13
Have one or more types of aerobic (cardiovascular) exercise equipment	11%	5
Internet access	56%	25
Provide care for an older adult	8%	4
Children under 13 are supervised in non-school hours	8%	4
ans	wered question	45
sk	kipped question	0

#### **Social and Economic Factors**

The tables below show certain social and economic factors in Mississippi County, including the survey respondents' education level, employment status and annual household income.

What is your highest level of education?		
Answer Options	Response Percent	Response Count
Never graduated high school	9%	4
High school diploma	42%	19
GED	9%	4
Currently attending or have some college	7%	3

Two-year college degree	18%	8
Four-year college degree	16%	7
Graduate-level degree or higher	0.0%	0
	Answered question	45
skipped question		

Answer Options	Response Percent	Response Count
Employed	44%	20
Student	7%	3
Homemaker	4%	2
Retired	22%	10
Unemployed	22%	10
	answered question	45
	skipped question	(

Answer Options	Response Percent	Response Count
Less than \$5,000	2%	1
\$5,000-\$14,999	13%	6
\$15,000-\$24,999	13%	6
\$25,000-\$49,999	38%	17
\$50,000-\$74,999	22%	10
\$75,000-\$99,999	2%	1
\$100,000 or higher	0%	0
Does not apply	7%	3

answered question	44
skipped question	1

What sources do you use to obtain mothat apply)	ost of your health-related in	formation? (check all
Answer Options	Response Percent	Response Count
Family	47%	21
Friends	31%	14
Doctor/Nurse/Pharmacist	84%	38
Newspaper/Magazines/Television	2%	1
Health Department	33%	15
Church	7%	3
School	2%	1
Internet	42%	19
Other	0.0%	0
	answered question	45
	skipped question	0

#### **Health Behaviors**

The tables below show information regarding the health behaviors of adults and their children in Mississippi County.

	In the following section, respond with how often YOU do the following:*(N/A = does not apply to yo				
Answer Options	Almost Always	Sometimes	Never	N/A	Response Count
Exercise at a moderate pace at least 30 minutes per day, 5 days per week	11	21	12	1	45
Consume more than 3 alcoholic beverages per day (female) or more than 5 per day (male)	1	5	38	1	45
Smoke cigarettes	3	2	39	1	45
Are exposed to secondhand smoke at home or at the workplace	4	10	35	1	45
Chew tobacco	1	1	42	1	45
Use illegal drugs (marijuana, cocaine, methamphetamine, etc.)	0	1	41	1	43

Get a flu shot each year	30	10	4	1	45
Practice safe sex (use of condom or another barrier method)	20	12	10	1	43
Get enough sleep every night (7-9 hours)	22	19	3	1	45
answered question					45
skipped question					2

In the following section, how often do any children CURRENTLY living in your home do the following?\*(N/A = does not apply to them)

Answer Options	Almost Always	Sometimes	Never	N/A	Response Count
Participate in at least 1 hour of physical activity every day	15	6	4	20	45
Are exposed to secondhand smoke in the home	2	3	20	20	45
Get a flu shot each year	12	10	3	20	45
Practice safe sex (condom or another barrier methods)	5	1	4	20	30
Get enough sleep each night (7-9 hours)	10	13	2	20	45
		ans	wered qu	estion	45
		sk	kipped qu	estion	15

#### **Medical Care and Services**

The tables below show information regarding the medical care and services received in Mississippi County, including the survey respondents' insurance type, insurance coverage, doctor's visits, access to care and health problems within the community.

What kinds of insurance do you (and/or your family) have currently? (check all that apply)		
Answer Options	Response Percent	Response Count

Health	89%	40
Dental	33%	15
Vision	44%	20
Do not have insurance	11%	5
answered question		45
skipped question		

What type of health insurance do yo	u (and/or your family) have cu	rrently?
<b>Answer Options</b>	Response Percent	Response Count
Self-insured	0.0%	0
Employer-provided	29%	13
Medicare	33%	15
Medicaid or MC+	19.6%	12
VA/CHAMPUS	0.0%	0
Other	0.0%	0
Do not know	0%	0
Do not have health insurance	11%	5
	answered question	45
	skipped question	0

If anyone living in your househol covered?	d does not have insurance, who is	s NOT currently
Answer Options	Response Percent	Response Count
Entire family	18%	8
At least one adult	7%	3
All adults	2%	1
Child(ren) age 6 or older	0.0%	0
Child(ren) under age 6	7%	3
Does not apply	67%	30
	answered question	45
	skipped question	0

What is your current health status?			
Answer Options Response Percent Response Count			
Poor	9%	4	

Fair	18%	8
Good	60%	27
Very Good	11%	5
Excellent	2%	1
	answered question	45
	skipped question	0

When was your last regular doctor's	visit?	
<b>Answer Options</b>	Response Percent	Response Count
Within the last 12 months	78%	35
Within the last 13-18 months	11%	5
Within the last 19-24 months	4%	3
Between 2 and 5 years	0%	0
Over 5 years ago	4%	2
Never had a routine visit	0%	0
	answered question	45
	skipped question	0

How many days have you be the past 30 days?	een too sick to work or carry out you	r usual activities during
Answer Options	Response Percent	Response Count
None	67%	30
1-2 days	16%	7
3-5 days	11%	5
6-10 days	0%	0
More than 10 days	4%	3
	answered question	45
	skipped question	0

Have you ever had health issues due to any of the following? (check all that apply)		
Answer Options	Response Percent	Response Count
Alcohol abuse	0.0%	0
Lack of pregnancy care	0.0%	0

Stress	16%	7
Drug abuse/addiction	0.0%	0
None of the above	84%	38
	answered question	45
	skipped question	0

If ever pregnant, did you receive prenatal care?		
Answer Options	Response Percent	Response Count
Yes	45%	20
No	2%	1
Not sure	0.0%	0
Does not apply	53%	24
	answered question	45
	skipped question	0

Where do you go for routine healthcare? (check all that apply)		
Answer Options	Response Percent	Response Count
Physician's Office	71%	32
Hospital Emergency Room	13%	6
Health Department Clinic	9%	4
Urgent Care Center	4%	2
Chiropractor	0.0%	0
Community Clinic	2%	1
Eye Doctor	0%	0

Dentist	0%	0
Other	0.0%	0
Do not seek healthcare	0.0%	0
	answered question	45
	skipped question	0

How often are you able to	visit a doctor when necessary?		
Answer Options	swer Options Response Percent Response		
Always	80%	36	
Sometimes	11%	5	
Seldom	7%	3	
Never	2%	1	
	answered question		45
	skipped question		0

If you answered seldom or never to the previous question, please choose why you were not always able to visit a doctor when necessary:

Answer Options	Response Percent	Response Count	
No insurance	27%	12	
Too expensive/unaffordable	36%	16	
Could not get an appointment	2%	1	
Lack of transportation	13%	6	
Doctor is too far away/inconvenient location	7%	3	
Other	11%	5	
	answered question	43	
	skipped question	2	

What are the top three challenges for you and your household when receiving healthcare?			
Answer Options	Answer Options Response Percent Response Count		

Top Challenge	100.0%	15	
Second Challenge	54.2%	10	
Third Challenge	42.8%	5	
	30		
skipped question			

Top Challenge: no insurance Second Challenge: cost Thirst Challenge: access

Answer Options	Response Percent	Response Count
Mammogram	58%	26
Pap smear	27%	12
Glaucoma test	7%	3
Flu shot	62%	28
Colon/rectal examination	18%	8
Blood pressure check	89%	40
Skin cancer reading	0.0%	0
Prostate cancer digital screen	0.0%	0
Prostate cancer PSA blood screen	9%	4
Cholesterol screen	44%	20
STD (Sexually Transmitted Disease) screening	4%	2
Vision screening	33%	15
Hearing screening	7%	3
Cardiovascular screening	4%	2
Bone density test	7%	3
Dental exam	44%	20
Diabetes	40%	18
	answered question	45
	skipped question	0

Are both you and any children living in your household up-to-date on your immunizations?				
Answer Options Response Percent Response Count				
Yes	84%	38		
No	4%	2		
I am up-to-date, but my children are not	0.0%	0		

I am not up-to-date, but my children are	7%	3	
Do not know	9%	4	
answered question			
skipped question (			

Where do the children currently liv that apply)	ing in your home go for routine h	ealthcare? (check all
Answer Options	Response Percent	Response Count
Physician's Office	62%	28
Hospital Emergency Room	16%	7
Health Department Clinic	13%	6
Urgent Care	7%	3
Chiropractor	0%	0
Community Clinic	2%	1
Eye Doctor	0%	0
Dentist	0%	0
Other	0%	0
Does not apply	0%	0
	answered question	45
	skipped question	0

Have you been diagnosed by a doctor with any of the following health problems or diseases? If you have NOT been diagnosed by a doctor with any of these health problems or diseases, please check the "No" box. If you have, please check any boxes that apply to your health problem or disease.

Answer Options	No	Yes, but I am not taking any additional precautions or	Yes, I see a doctor.	Yes, I am taking medications Or getting	Yes, I feel the disease is managed	Response Count
		treatments regarding it.		treatment.	well.	
Diabetes	33	0	5	5	2	45
Stroke	42	0	2	2	2	45
Heart Disease	35	0	5	5	4	45
High Blood Pressure	24	1	10	10	9	45
Coronary Heart Failure	35	0	5	5	4	45
High Cholesterol	30	2	6	6	6	45
Cancer	40	0	3	3	2	45

Asthma	35	0	3	3	3	45
COPD (Chronic Obstructive Pulmonary Disease)	40	1	3	3	3	45
<b>Kidney Disease</b>	42	0	1	1	1	45
Obesity	38	5	6	6	3	45
Liver Disease	43	0	1	1	1	45
Arthritis	40	2	3	3	3	45
Migraine Headaches	40	3	2	2	1	45
Depression	35	3	7	7	6	45
Bipolar Disorder	43	1	1	1	1	45
Sleep Disorders	40	2	3	3	3	45
Hepatitis	44	0	1	1	1	45
Tuberculosis	44	0	1	0	0	45
Epilepsy/Seizu re Disorder	45	0	0	0	0	45
Lupus	45	0	0	0	0	45
Sickle Cell Anemia	45	0	0	0	0	45
Glaucoma	44	0	1	0	0	45
Gonorrhea	45	0	0	0	0	45
HIV/AIDS	45	0	0	0	0	45
Dental Health Problems	43	1	1	0	1	45
Hearing Disorders	40	3	2	2	2	45
Eye/Vision Problems	40	2	3	3	3	45
Sinus Problems	41	2	3	3	3	45
Memory Loss	43	0	2	2	0	45
-				answer	ed question	45
					ed question	0

If you have been diagnosed by a doctor with cancer, please provide the type of cancer(s)		
*Write N/A if you have not been diagnosed with cancer.		
Answer Options	Response Count	

N/A	43
Breast	2
Colon	1
answered question	45
skipped question	0

If you have been diagnosed by a doctor with cancer or are a cancer survivor, please rate your satisfaction with the below statements.\*Select N/A if you have not been diagnosed with or survived cancer.

Answer Options	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	N/A	Response Count
Waiting time for treatment	0	0	0	3	42	45
Communication with doctors and healthcare professionals	0	0	3	0	42	45
Education on diagnosis	0	0	3	0	42	45
Fair access to health services	0	0	3	0	42	45
Insurance coverage	1	0	2	0	42	45
Waiting time for treatment	0	0	3	0	42	45
Travel time/time off work	0	1	2	0	42	45
answered question				stion	45	
skipped question				0		

How often do you travel outside of your county for medical care?				
Answer Options	Response Percent	Response Count		
Always	7%	3		
Sometimes	20%	9		
Seldom	7%	3		
Never	67%	30		
	answered question		45	

skipped question	0

If you travel outside of your county for medical care, that apply)	what services do you	ı seek? (check all
Answer Options	Response Percent	Response Count
Medical/doctor appointments	22%	10
Outpatient treatment	20%	9
Hospitalization	89%	40
Dental appointments	16%	7
Laboratory or other tests	22%	10
Orthopedic appointments	89%	40
X-rays, MRIs, etc.	89%	40
Vision appointments	13%	6
Other	0.0%	0
Do not travel outside of the county for medical care	67%	30
	answered question	45
	skipped question	0

If you travel outside of your county for medical care, v	vhy? (check all that ap	pply)
Answer Options	Response Percent	Response Count
Services not available in my county	33%	15
Better quality elsewhere	18%	8
Recently moved to this county	0%	0
Local doctors are not covered by insurance	2%	1
Closer to work/home	2%	1
Too hard to get an appointment with a local doctor	0.0%	0
Do not travel outside of the county for medical care	80%	36
Less expensive healthcare services offered elsewhere	0%	0
	answered question	45

skipped question

0

In this final section, please choose how much of a problem you think each item listed is for the county where you live. Do you think it is a serious problem, a moderate problem, not a problem at all or are you not sure about this issue in your county?

Answer Options	Serious	Moderate	Not a	Not	Response
·	Problem	Problem	Problem	Sure	Count
Ability to Afford Prescribed	30	8	5	2	45
Medications					
Affordable Healthcare	24	14	3	4	45
Available Healthcare	23	11	5	6	45
Alcohol/Drug Use	30	10	1	4	45
Allergies	24	14	3	4	45
<b>Ambulance Services</b>	7	3	33	2	45
Asthma/Respiratory	8	8	15	14	45
Disorders					
<b>Eating Disorders</b>	4	2	23	16	45
Cancer	20	10	5	10	45
<b>Emergency Preparedness</b>	4	2	25	14	45
Fire Protection	0	2	40	3	45
Firearms	10	3	30	2	45
Fitness Levels	10	13	20	2	45
Healthcare Quality	13	8	20	4	45
Heart Disease	10	14	15	6	45
High Blood	15	17	10	3	45
Pressure/Strokes					
HIV/AIDS	2	2	30	11	45
Infant Health	6	5	24	10	45
Infectious Diseases	6	5	22	12	45
(meningitis, hepatitis, etc.)					
Job Availability	16	16	12	1	45
Job Security	14	14	14	3	45
Mental Illness	19	14	9	3	45
Overweight Adults	23	11	8	3	45
Overweight Children	20	10	13	2	45
Prenatal Health	6	8	10	21	45
Recreation Opportunities	12	11	20	2	45
Secondhand Smoke	5	6	13	3	45
Services for Disabled	8	14	11	12	45
Smokeless Tobacco	5	6	13	2	45
Smoking	18	15	8	4	45

Suicide	14	15	10	6	45	
Teen Pregnancy	10	12	15	13	45	
Unemployment	16	16	12	1	45	
			answered c	uestion		45
			skipped c	uestion		0

# Chapter 6 Summary of Findings

#### **Using the Data to Determine Needs**

The secondary data are used to compare Mississippi County to Missouri by examining quantitative data such as percentages, rates and trends. If Mississippi County ranks worse than the state or a negative trend is occurring, then a need is presented. The primary data are qualitative and takes in consideration the thoughts and opinions of people in the community. If a consensus arises about a concern, then a need is established.

#### **Review of Secondary Data**

After a review of the secondary research found in chapters 2-6, it can be determined that Mississippi County does not do very well compared with the state of Missouri in many areas, so there are many areas of concern. The following describes the findings from the secondary data.

**Education**: In Mississippi County, the rate of those without a high school diploma is twice as high as it is for the state. The county also much fewer residents who have post-secondary education and/or a post-secondary degree.

**Income**: Mississippi County had a median income of \$35,722 which was nearly \$30,000 less than the state.

**Employment**: The unemployment rate of 3.5% in Mississippi County is slightly higher than the rate in Missouri.

**Poverty:** In Mississippi County, 56.23% of the individuals are living in households with income below 200% of the Federal Poverty Level (FPL).

**Food Insecurity:** Mississippi County has a greater percent of Households Food Uncertainty with 21.79% compared with 14.2% for Missouri.

#### **Healthcare Providers:**

- Mississippi County has a **primary care physician ratio** of 3,509:1, whereas Missouri has a ratio of 1,418:1.
- Mississippi County has a **mental health provider ratio** of 6,900:1, whereas Missouri has a ratio of 588:1.
- Mississippi County has a dentist ratio of 6,900:1, whereas Missouri has a ratio of 1,806:1.

**Leading Causes of Death:** Mississippi County has a higher rate of all causes of death than Missouri. Specific causes of death in the county at a higher rate than Missouri include: heart disease, all cancers (in particular lung cancer), smoking-attributable diseases, chronic lower

respiratory disease, stroke/other cerebrovascular disease, motor vehicle accidents, and kidney disease.

**Cancer:** Mississippi County has a higher rate of cancer incidence than Missouri in lung cancer.

**Chronic Disease**: Mississippi County had higher rates for many of the chronic disease categories of death, hospitalizations and ER visits than the state, including:

- Deaths from heart disease, ischemic heart disease, stroke/other cerebrovascular disease, all cancers, lung cancer, chronic obstructive pulmonary disease, and smokingattributable.
- **Hospitalizations** from heart disease, ischemic heart disease, prostate cancer, chronic obstructive pulmonary disease, and asthma.
- **ER visits** from heart disease, ischemic heart disease, stroke/other cerebrovascular disease, and diabetes mellitus.

#### **Health Status:**

- Twenty-seven percent of respondents in Mississippi County reported they had **fair or poor health** and in Missouri the response was 17%.
- The average amount of **poor physical health days** in Mississippi County was 6.53 days and the average in Missouri is 4.1 days
- The average amount of **poor mental days** in Mississippi County was 4.9 days and in Missouri it was 4.2 days.

#### **Preventable Hospitalizations:**

• In 2015, Mississippi County had a rate of 194.26 **preventable hospital stays** compared with Missouri's rate for preventable hospital stays at 128.84. Preventable hospitalization rates are annualized per 10,000 residents under the age of 65 and are age adjusted to the U.S. 2000 standard population. The highest rate was for dehydration.

#### Diet and Exercise:

- Eight percent more Mississippi County residents (33%) than Missouri residents (25%) are **physically inactive**.
- Fifty-three percent of Mississippi County respondents stated they had **adequate access to exercise opportunities** which is below the 76% of the population in Missouri that has access.
- In Mississippi County, the rate of **Sexually Transmitted Infections** is 507.0 compared to Missouri rank at 463.1

**Preventative Practices:** Several indicators were used to test preventive practices used by people in Mississippi County.

52% have not had a dental exam in the last 12 months.

- 17% don't have an established medical provider.
- 92% have had their cholesterol checked.
- Only 8% of women over age 40 haven't had a mammogram, but 42% haven't had one in at least 2 years.
- Only 14% have never had a Pap test, but 43% haven't had one in the last 3 years.
- 67% have never had a blood stool test and 89% of those that have had one reported is want' in the last 2 years.
- 31% of men and women age 50 and over have never had a colonoscopy and those that have had one, 35% report they haven't had in the past 10 years.

#### **Child and Adolescent Health:**

- The Mississippi County rate for chlamydia in ages 15-19 is 2919 while the state rate is 2254
- Hospitalization rate for asthma for children age 18 and younger in Mississippi County is
   42 while the state rate is 13.
- Lead Testing in children under age 6 in Mississippi County is 40, while the state rate is 13.

#### Senior Health:

- 14% of the population of Missouri are seniors
- 29% of those seniors living in Missouri are living alone
- 7% of Missouri senior households have an annual income of less than \$10k and 27% less than \$20k
- 23% of Missouri residents 60 and over received food stamps in the last year
- The average Social Security Income in Missouri is \$16,935/year
- The median household income for a Missouri senior is \$34,061

#### **Review of Primary Data**

After a review of the primary research results found in Chapter 5, it can be determined that Mississippi County has many areas of concern. The following lists the findings from the primary data, including the community surveys, focus groups and checklist exercise completed at the focus groups. The issues were determined as a concern if the focus group participants were in agreement about the issue and/or if more than 50% of survey participants classified the issue as a moderate to serious problem.

#### **Health Problems** determined by primary research include:

- Mental health
- Diabetes
- Stroke

Heart disease

#### **Behavioral Problems** determined by primary research include:

- Alcohol/Drug abuse
- Teen pregnancy
- Smoking during pregnancy
- Wellness and prevention

#### **Community Problems** determined by primary research include:

- Transportation
- Lack of knowledge of services or if they qualify
- Uninsured, can't afford it
- Access for those with addiction
- No place to send homeless
- Decrease in Medicaid coverage for children

#### Conclusion

This CHNA is the product of a completed process of finding secondary data, performing primary research and presenting those findings. This compiled information will allow Missouri Delta Medical Center to create an implementation strategy designed to meet some particular needs that are specific to the Mississippi County community.

### Appendix A: 2019 Community Health Needs Assessment Community Survey

2019 Community Health Needs Assessment Survey	
* 1. What is your 5 digit zip code?	
* 2. YOUR sex:	
○ Female	
○ Male	
* 3. YOUR marital status:	
○ Single/Not married	
Married	
○ Divorced	
Widowed	
Living with Partner	
Other	
* 4. What is <b>YOUR</b> race/ethnicity? (check all that apply)	
Asian or Pacific Islander  Black/African American	
Hispanic   Native American	
White or Caucasian	
Other	
○	
* 5. What is the race/ethnicity of any children CURRENTLY living in your home? (check all that apply)	
Asian or Pacific Islander	
Black/African American	
Hispanic	
Native American	
White or Caucasian	
Other	
I have no children living in my home currently	
6. How many people currently live in YOUR household	
O 1·2	
3-5	
6 or more	

7. Ho	w many <u>adults are 65 or older</u> currently live in your household?
O 0	
) 1	-2
3	-5
) 6	or more
8. Ho	w many <u>children under 18 years of age</u> currently live in your household?
) o	
) 1	-2
3	-5
) 6	or more
9. Ch	eck all of the following that describe your home or household:
M	fore than one working smoke detector
c	Carbon monoxide detector
F	ood is put back into the refrigerator within two hours after a meal
s	Septic tank
Р	Pets (dogs, cat, reptile, etc.)
F	Family fire safety plan/evacuation plan
С	Children know how to dial 911 for emergencies
С	Children know their phone number and address
Н	lave one or more types of aerobic exercise equipment
] in	nternet access
] Р	Provide care for an older adult
c	Children under 13 unsupervised in non-school hours
10. Y	OUR highest level of education completed (check one):
) N	lever graduation high school
Он	ligh School diploma
() e	GED
) c	Currently attending or have some college
) Ti	wo-year college degree
) F	Four-year college degree
) G	Sraduate-level degree or higher
11. W	what is YOUR employment status? (check all that apply)
E	Employed
s	Student
П	domemaker
R	Retired
_ _ u	Jnemplayed

12. What is your annual househ	old income:			
Less than \$5,000				
\$5,000-\$14,999				
\$15,000-\$24,999				
\$25,000-\$49,999				
\$50,000-\$74,999				
\$75,000-\$99,999				
\$100,000 or higher				
O Does not apply				
13. What sources do you use to	obtain most health-	related information? (check a	ıll that apply)	
Family			****	
Friends				
Doctor/nurse/Pharmacist				
Newspaper/magazine/TV				
Health Department				
Church				
School				
Internet				
Other				
Exercise at a moderate pace at least 30 minutes per day, 5 days per week	•	•	•	
Consume more than 3				
alcoholic drinks per day (female)or more than 5 per day (male)		•	•	
alcoholic drinks per day (female)or more than 5 per day (male) Smoke cigarettes	<b>\$</b>	<b>\$</b>	•	
alcoholic drinks per day (female)or more than 5 per day (male)  Smoke cigarettes  Are exposed to secondhand smoke in				
alcoholic drinks per day (female)or more than 5 per day (male) Smoke cigarettes Are exposed to	<b>\$</b> ]	<b>+</b>	<b>+</b>	
alcoholic drinks per day (female)or more than 5 per day (male)  Smoke cigarettes  Are exposed to secondhand smoke in your home or at the	<b>\$</b> ]	<b>\( \dagger</b>	<b>+</b>	
alcoholic drinks per day (female) or more than 5 per day (male)  Smoke cigarettes  Are exposed to secondhand smoke in your home or at the workplace  Chew tobacco  Use illegal drugs	<b>†</b>	•	•	
alcoholic drinks per day (female)or more than 5 per day (male)  Smoke cigarettes  Are exposed to secondhand smoke in your home or at the workplace  Chew tobacco	<b>*</b>	<b>+</b>	•	
alcoholic drinks per day (female)or more than 5 per day (male)  Smoke cigarettes  Are exposed to secondhand smoke in your home or at the workplace  Chew tobacco  Use illegal drugs (marijuana, cocaine,	<b>†</b>	•	•	
alcoholic drinks per day (female)or more than 5 per day (male)  Smoke cigarettes  Are exposed to secondhand smoke in your home or at the workplace  Chew tobacco  Use illegal drugs (marijuana, cocaine, methamphetamine, etc.)  Get a flu shot each year  Practice safe sex (use condom or other barrier	<ul><li>\$</li><li>\$</li><li>\$</li><li>\$</li></ul>	•	•	
alcoholic drinks per day (female) or more than 5 per day (male)  Smoke cigarettes  Are exposed to secondhand smoke in your home or at the workplace  Chew tobacco  Use illegal drugs (marijuana, cocaine, methamphetamine, etc.)  Get a flu shot each year  Practice safe sex (use condom or other barrier method)	* * * * * * * * * * * *	\$ \$ \$ \$ \$ \$ \$	• •	
alcoholic drinks per day (female)or more than 5 per day (male)  Smoke cigarettes  Are exposed to secondhand smoke in your home or at the workplace  Chew tobacco  Use illegal drugs (marijuana, cocaine, methamphetamine, etc.)  Get a flu shot each year  Practice safe sex (use condom or other barrier	<ul> <li>\$</li> <li>\$</li> <li>\$</li> <li>\$</li> <li>\$</li> <li>\$</li> </ul>	<ul> <li>*</li> <li>*</li> <li>*</li> <li>*</li> <li>*</li> <li>*</li> <li>*</li> </ul>	•	
alcoholic drinks per day (female) or more than 5 per day (male)  Smoke cigarettes  Are exposed to secondhand smoke in your home or at the workplace  Chew tobacco  Use illegal drugs (marijuana, cocaine, methamphetamine, etc.)  Get a flu shot each year  Practice safe sex (use condom or other barrier method)  Get enough sleep each	* * * * * * * * * * * *	\$ \$ \$ \$ \$ \$ \$	• •	
alcoholic drinks per day (female) or more than 5 per day (male)  Smoke cigarettes  Are exposed to secondhand smoke in your home or at the workplace  Chew tobacco  Use illegal drugs (marijuana, cocaine, methamphetamine, etc.)  Get a flu shot each year  Practice safe sex (use condom or other barrier method)  Get enough sleep each	* * * * * * * * * * * *	\$ \$ \$ \$ \$ \$ \$	• •	
alcoholic drinks per day (female) or more than 5 per day (male)  Smoke cigarettes  Are exposed to secondhand smoke in your home or at the workplace  Chew tobacco  Use illegal drugs (marijuana, cocaine, methamphetamine, etc.)  Get a flu shot each year  Practice safe sex (use condom or other barrier method)  Get enough sleep each	* * * * * * * * * * * *	\$ \$ \$ \$ \$ \$ \$	• •	

	them) Almost Always	Sometimes	Never	N/A*	
Participate in at least 1 hour of physical activity each day	•	•	•	•	
Are exposed to secondhand smoke in the	•	<b>*</b>			
home	•	•	. •	•	
Get a flu shot each year	•	•	•	•	
Practice safe sex (condom or other barrier method)	<b>\$</b> ]	•	<b>\Delta</b>	•	
Get enough sleep each night (7-9 hours)A	<b>\$</b>	•	•	•	
17. What type of health in Self-Insured Employer provided Medicare Medicaid or MC+ VA/CHAMPUS Do not know	isurance do <u>YOU (ar</u>	<b>id/or your family)</b> hav	re currently?		
On not have health insurar	nce				
Other					
	our household does	not have insurance, <u>wl</u>	no is NOT currentl	y covered?	
18. If everyone living in yo					
Entire family  At least one adult					
Entire family  At least one adult  All adults					
Entire family  At least one adult					
Entire family At least one adult All adults Child(ren) 6 or older					
Entire family  At least one adult  All adults  Child(ren) 6 or older  Child(ren) less than age 6  Does not apply					
Entire family  At least one adult  All adults  Child(ren) 6 or older  Child(ren) less than age 6  Does not apply  19. What is YOUR current					
Entire family At least one adult All adults Child(ren) 6 or older Child(ren) less than age 6 Does not apply  19. What is <b>YOUR</b> current					
Entire family At least one adult All adults Child(ren) 6 or older Child(ren) less than age 6 Does not apply  19. What is <b>YOUR</b> current Poor Fair					
Entire family At least one adult All adults Child(ren) 6 or older Child(ren) less than age 6 Does not apply  19. What is <b>YOUR</b> current					

20. When was YOUR last routine doctor's visit?	
Within last 12 months	
Within last 13-18 months	
Within last 19-24 months	
Between 2 and 5 years	
Over 5 years ago	
Never had routine visit	
21. How many days have <u>YOU</u> been too sick to work or carry out your usual activities during the past 30 days?	
None	
1-2 days	
3-5 days	
6-10 days	
More than 10 days	
22. Have YOU ever had health issues due to any of the following? (check all that apply)	
Alcohol abuse	
Lack of pregnancy care	
Stress	
Drug abuse/addiction	
Family violence	
None of the above	
23. If you were ever pregnant, did you receive prenatal care?	
Yes	
□ No	
Not sure	
Does not apply	
24. Where do YOU go for routine health care? (check all that apply)	
Physician's Office	
Hospital Emergency Room	
Health Department Clinic	
Urgent Care Center	
Chiropractor	
Community Clinic	
Eye Doctor	
Dentist	
Other	
Do not see health care	

25. How offer are	YOU able to visit a doctor when needed?
Always	
Sometimes	
Seldom	
Never	
26. If you answered needed:	d seldom or never to #25, choose why you were not always able to visit a doctor when
No insurance	
Too expensive/car	onot afford
Couldn't get an ap	pointment
Lack of transporta	
	way/inconvenient location
Other	
A-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	p three challenges for you and your household when receiving healthcare?
Top Challenge	
Second Challenge	
Third Challenge	
Pap smear	
Pap smear	
Glaucoma test	
Flu shot	
Colon/rectal exam	
Blood pressure ch	
Skin cancer scree	
Prostate cancer di	
Prostate cancer P	
Cholesterol screen	
	nsmitted disease) screening
Vision screening	
Hearing screening	
Cardiovascular sc	
_	
Bone density test	
_	
Bone density test	
Bone density test  Dental exam	
Bone density test  Dental exam	
Bone density test  Dental exam	

	and any children living	g in your household up-to-date o	n your immunizations?		
O Yes					
○ No					
am up-to-date	, but my children are not				
am not up-to-	date, but my children are				
O Do not know					
30. Where do the	children currently li	ving in your home go for routine	e health care? (check al	II that apply)	
Physician's Offi	ice				
Hospital Emerg	rency Room				
Health Departm	nent Clinic				
Urgent Care					
Chiropractor					
Community Clin	nic				
Eye Doctor					
Dentist					
Other					
Does not apply					
ш					
31 Have YOU b	een diagnosed <b>by a d</b> o	actor with any of the following he	alth problems or diseas	ses? If you have NOT been diagr	osed by a doctor
		e "No" box. If you have, please o			
				bil to long trodes browners or and	Jusc.
	No Yes, but I ar	m not taking any additional	Yes, I see a doctor	Yes, I am taking medications or	Yes, I feel the
Diabetes	No Yes, but   ar	m not taking any additional			
Diabetes Stroke	7.	7.0	Yes, I see a doctor	Yes, I am taking medications or	
	<b>\$</b> [	•	Yes, I see a doctor	Yes, I am taking medications or	
Stroke Heart Disease	<b>\$</b>	<b>\$</b> [ <b>\$</b> [	Yes, I see a doctor	Yes, I am taking medications or	
Stroke	<b>\$</b> [	•	Yes, I see a doctor	Yes, I am taking medications or	
Stroke Heart Disease High Blood	<b>\$</b>	<b>\$</b> [ <b>\$</b> [	Yes, I see a doctor	Yes, I am taking medications or	
Stroke  Heart Disease  High Blood Pressure  Coronary Heart Failure	• [ • [ • ] • [	\$	Yes, I see a doctor	Yes, I am taking medications or	
Stroke Heart Disease High Blood Pressure Coronary Heart	† ( † ( † ( † ( † ( † ( † ( † ( † ( † (	\$	Yes, I see a doctor	Yes, I am taking medications or	
Stroke  Heart Disease  High Blood Pressure  Coronary Heart Failure	• [ • [ • ] • [	\$	Yes, I see a doctor	Yes, I am taking medications or	
Stroke  Heart Disease  High Blood Pressure  Coronary Heart Failure  High Cholesterol	•	\$	Yes, I see a dioctor	Yes, I am taking medications or	
Stroke  Heart Disease High Blood Pressure Coronary Heart Failure  High Cholesterol  Cancer  Asthma  COPD (Chronic	\$       \$       \$       \$       \$       \$       \$       \$       \$	\$	Yes, I see a doctor	Yes, I am taking medications or	
Stroke  Heart Disease  High Blood Pressure  Coronary Heart Failure  High Cholesterol  Cancer  Asthma	\$       \$       \$       \$       \$       \$       \$       \$       \$	\$	Yes, I see a doctor	Yes, I am taking medications or	
Stroke  Heart Disease  High Blood Pressure  Coronary Heart Failure  High Cholesterol  Cancer  Asthma  COPD (Chronic Obstructive	\$       \$       \$       \$       \$       \$       \$       \$       \$       \$	\$	Yes, I see a doctor	Yes, I am taking medications or	
Stroke  Heart Disease  High Blood Pressure  Coronary Heart Failure  High Cholesterol  Cancer  Asthma  COPD (Chronic Obstructive Pulmonary	\$       \$       \$       \$       \$       \$       \$       \$       \$       \$	\$	Yes, I see a doctor	Yes, I am taking medications or	
Stroke  Heart Disease  High Blood Pressure  Coronary Heart Failure  High Cholesterol  Cancer  Asthma  COPD (Chronic Obstructive Pulmonary Disease)	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	\$	Yes, I see a doctor	Yes, I am taking medications or	
Stroke  Heart Disease  High Blood Pressure  Coronary Heart Failure  High Cholesterol  Cancer  Asthma  COPD (Chronic Obstructive Pulmonary Disease)  Kidney Disease  Obesity			Yes, I see a doctor	Yes, I am taking medications or	
Stroke  Heart Disease High Blood Pressure Coronary Heart Failure  High Cholesterol  Cancer  Asthma  COPD (Chronic Obstructive Pulmonary Disease)  Kidney Disease  Obesity  Liver Disease		\$	Yes, I see a doctor	Yes, I am taking medications or	
Stroke  Heart Disease  High Blood Pressure  Coronary Heart Failure  High Cholesterol  Cancer  Asthma  COPD (Chronic Obstructive Pulmonary Disease)  Kidney Disease  Obesity			Yes, I see a doctor	Yes, I am taking medications or	
Stroke  Heart Disease High Blood Pressure Coronary Heart Failure  High Cholesterol  Cancer  Asthma  COPD (Chronic Obstructive Pulmonary Disease)  Kidney Disease  Obesity  Liver Disease		\$	Yes, I see a doctor	Yes, I am taking medications or	
Stroke  Heart Disease  High Blood Pressure  Coronary Heart Failure  High Cholesterol  Cancer  Asthma  COPD (Chronic Obstructive Pulmonary Disease)  Kidney Disease  Obesity  Liver Disease  Arthritis			Yes, I see a doctor	Yes, I am taking medications or	
Stroke  Heart Disease  High Blood Pressure  Coronary Heart Failure  High Cholesterol  Cancer  Asthma  COPD (Chronic Obstructive Pulmonary Disease)  Kidney Disease  Obesity  Liver Disease  Arthritis  Migraine			Yes, I see a doctor	Yes, I am taking medications or	

_	No Yes, but I ar	n not taking any addition	nal	Yes, I see a doctor	Yes, ∣am takinç	medications or	Yes, I feel the dise
Bipolar Disorder	<b>.</b>			•		. •	
Sleep Disorders	<b>\$</b>		<b>\$</b>	<b>\$</b>		<b>\$</b>	
Hepatitis	<b>\$</b>		<b>\$</b>	<b>\$</b>		•	
Tuberculosis	<b>\$</b>		<b>\$</b> ]	<b>\$</b>		•	
Epilepsy/Seizure Disorder	\$		*	<b>\$</b>		<b>*</b>	
Lupus	\$		<b>\$</b>	\$		<b>\$</b>	
Sickle Cell	<b>\$</b>		*	\$		<b>\$</b>	
Anemia	<b>\$</b>		\$	<b>*</b>		<b>+</b>	
Gonorrhea	<b>\$</b>		<b>*</b>	<b>*</b>		<b>\$</b>	
HIV/AIDS	<b>\$</b>		<b>*</b>	<b>*</b>		<b>\$</b>	
Dental Health	7			17		, ,	
Problems L	<b>+</b>		+	• [			
Disorders	<b>\$</b>			\$ [			
Eye/Vision Problems	<b>+</b>					* [	
Sinus Problems	<b>\$</b>		<b>\$</b>	<b>\$</b>	-	<b>,</b> • [	
Memory Loss	<b>\$</b>		<b>\$</b>	<b>\$</b>		<b>\$</b>	
	een diagnosed by a do n diagnosed with can			e the type of cancer(s)	) *Write N/A if		
you have not bee	n diagnosed with can een diagnosed by a do	cer.	ease provide	e the type of cancer(s)	∍ your		
you have not bee	n diagnosed with can een diagnosed by a do	cer.	ease provide	e the type of cancer(s)	∍ your		
you have not bee	n diagnosed with can een diagnosed by a do he below statements.	cer. ictor with cancer, or *Select N/A if you h Dissatisfied	ease provide	e the type of cancer(s) er survivor, please rate n diagnosed with cano	e your cer. N/A*		
you have not bee  33. If you have be satisfaction with the waiting time for treatment Communication with doctors and healthcare	n diagnosed with can een diagnosed by a do he below statements. Very Dissatisfied	cer.  ctor with cancer, or *Select N/A if you h Dissatisfied	ease provide	e the type of cancer(s) er survivor, please rate n diagnosed with canc Very Satisfied	e your cer.		
you have not bee 33. If you have be satisfaction with the Waiting time for treatment Communication with doctors and healthcare professionals Education on	n diagnosed with canderen diagnosed by a dothe below statements.  Very Dissatisfied	cer.  sector with cancer, or *Select N/A if you h Dissatisfied  \$\displaystyle{\pi}\$	ease provide	er survivor, please rate n diagnosed with cano Very Satisfied	e your cer.  N/A*		
you have not bee  33. If you have be satisfaction with the waiting time for treatment Communication with doctors and healthcare professionals	een diagnosed by a do the below statements.  Very Dissatisfied	ect.  Sector with cancer, or *Select N/A if you h Dissatisfied  \$\phacessymbol{\phacesymbol{\phacesymbol{\phacessymbol{\phacesymb	ease provide	er survivor, please rate n diagnosed with cane Very Satisfied	e your cer.  N/A*		
you have not bee  33. If you have be satisfaction with the waiting time for treatment. Communication with doctors and healthcare professionals. Education on diagnosis. Fair access to health services.	n diagnosed with can	ctor with cancer, or *Select N/A if you h Dissatisfied	ease provide	er survivor, please rate n diagnosed with cano Very Satisfied	e your cer.  N/A*		
you have not bee  33. If you have be satisfaction with the  Waiting time for treatment  Communication with doctors and healthcare professionals  Education on diagnosis  Fair access to health services Insurance coverage	een diagnosed by a de he below statements.  Very Dissatisfied	ctor with cancer, or *Select N/A if you h Dissatisfied	ease provide	er survivor, please rate n diagnosed with cane Very Satisfied	e your cer.  N/A*		
Jou have not bee  33. If you have be satisfaction with the satisfaction with the waiting time for treatment. Communication with doctors and healthcare professionals. Education on diagnosis. Fair access to health services. Insurance coverage Waiting time for treatment.	n diagnosed with can	cer.  control with cancer, or  *Select N/A if you h Dissatisfied	ease provide	er survivor, please rate n diagnosed with cano Very Satisfied	e your cer.  N/A*		
you have not bee  33. If you have be satisfaction with the waiting time for treatment. Communication with doctors and healthcare professionals. Education on diagnosis. Fair access to health services. Insurance coverage.	een diagnosed by a do the below statements.  Very Dissatisfied	ctor with cancer, or *Select N/A if you h Dissatisfied	ease provide	er survivor, please rate n diagnosed with cano Very Satisfied	e your cer.  N/A*		
you have not bee  33. If you have be satisfaction with the satisfaction with the satisfaction with doctors and healthcare professionals  Education on diagnosis  Fair access to health services  Insurance coverage  Waiting time for treatment  Travel time/time off work	een diagnosed by a do he below statements.  Very Dissatisfied	ctor with cancer, or *Select N/A if you h Dissatisfied	ease provide	er survivor, please rate n diagnosed with cand Very Satisfied	e your cer.  N/A*		
Jou have not bee  33. If you have be satisfaction with the satisfaction with the satisfaction with the satisfaction with doctors and healthcare professionals Education on diagnosis Fair access to health services insurance coverage Waiting time for treatment Travel time/time off work  34. How often do Always	een diagnosed by a do the below statements.  Very Dissatisfied	ctor with cancer, or *Select N/A if you h Dissatisfied	ease provide	er survivor, please rate n diagnosed with cand Very Satisfied	e your cer.  N/A*		

Medical/doctor appoi		edical care, what service		- Mark		
Outpatient treatment						
Hospitalization						
Dental appointments						
Laboratory or other to	ests					
x-rays, MRIs, etc.						
Vision appointments						
Other						
Do not travel outside	of my county for medical ca	re				
			and the way to			
		nuch of a problem you tl problem, a moderate pro				
not sure about this is:		problem, a moderate pr	solom, not a problem	ar un or uro you		
	Serious Problem	Moderate Problem	Not a Problem	Not Sure		
Infant Health	\$	\$		<b>(</b>		
Infectious Diseases (meningitis, hepatitis,	<b>\$</b>	\$	<b>\$</b>	<b>\$</b>		
etc.)	<b>.</b>	• ]				
Job Availability	<b>\$</b>	\$	<b>*</b>	<b>\$</b>		
Job Security	\$	<b>\$</b>	<b>\$</b>	<b>\$</b>		
Mental Illness					ı	
		•		•	i e	
Overweight Adults		\$		<b>*</b>		
Overweight Children	<b>\$</b>	\$		<b>\$</b>		
Prenatal Health	<b>\$</b>	<b>\$</b>	•	<b>\$</b>		
Recreation						
Opportunities	<b>+</b>	<b>\$</b>		<b>+</b>		
Secondhand Smoke	\$	\$	<b>*</b>	<b>\$</b>		
Services for Disabled	<b>\$</b>	\$	<b>*</b>	<b>\$</b>		
Smokeless Tobacco	<b>\$</b>	\$	<b>\$</b>	<b>\$</b>		
Smoking						
Silloking	<b>(</b>	\$	<b>\ \ \ \</b>	<b>+</b>	4	
Stress	<b>.</b>	\$		<b>\$</b>		
Teen Pregnancy	•	\$	<b>*</b>	<b>\$</b>		
Unemployment	•	٥	•	•		
	ا رخــــــــــــــــــــــــــــــــــــ	•	•	•		