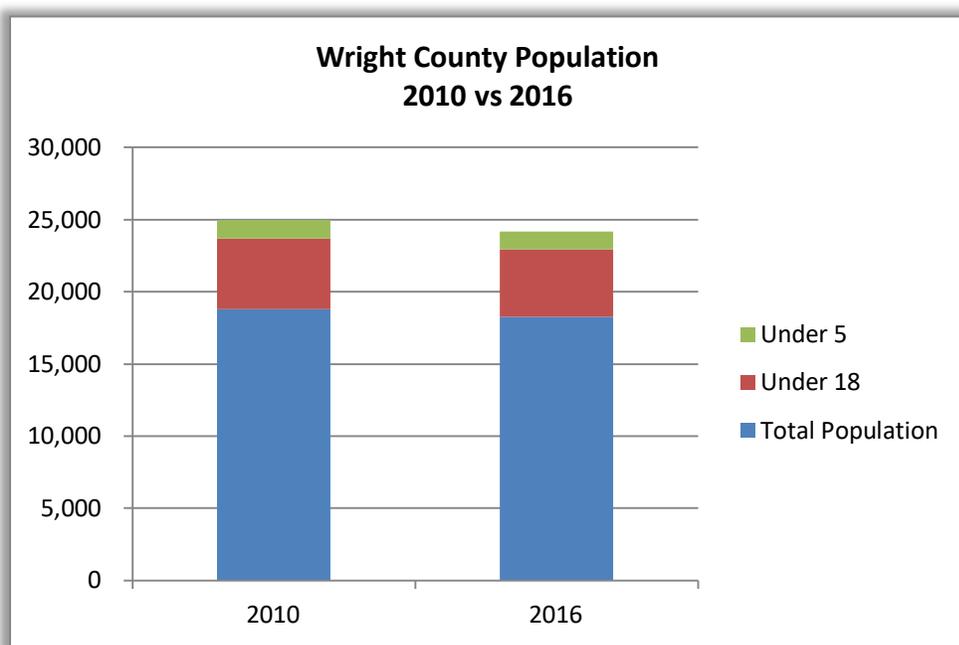


Wright County Health Department Maternal, Child Health Community Assessment

Population

Wright County is located in south-central Missouri, in Highway Patrol Region G. The total county population is 18,286 persons (US Census 2016 estimates), of which 25.4% are under 18 years old, and 6.9% are under 5 years old. There has been very little population change since 2010, when the population was 18,815, and 25.9% of persons were under 18, and 6.8% of the population was under 5 years old.¹

Figure 1: Wright County Population Change 2010 to 2016



Source: US Census Quick Facts 2016

Household and Income

The average Wright County household is made up of about three (2.46) persons. Nearly 7 in 10 (67.9%) of residents live in their own home. Those that rent a home pay a median gross rent of \$534 a month.¹

Approximately 1 in 4 children (27%) live in a single-parent household, compared to top US performers at 21% and the state average at 43%.² Data from 2011 – 2015 show that 77.2% of Wright County children live in a high poverty area, nearly twice that of the 47% reported in 2006 – 2010.³ The child homelessness rate also climbed from 0.4% in 2011 to 0.9% in 2015.³

More than half of residents (51.5%) over the age of 16 are in the civilian labor force, including 45.5% of the women.¹ The unemployment rate has declined from 8.9% in 2011 to 6.2% in 2015³, but still exceeds the unemployment rate for the top US performer at 3.3% and the state of Missouri at 5%.² The 2015

median household income was \$30,581, and nearly one in four county residents (24.2%) lives in poverty¹, including 38% of children under 18.² This compares to the state average of 20.4% of children living in poverty.² In fact, 2015 data show that more than half (55.7%) of all Wright County households with children under 18 live at 185% of the poverty level³, making 64% of the county’s children eligible for free and reduced school lunches.² The top US performer has only 33% of county children eligible for free and reduced school lunch, and the Missouri average is 51%.²

Table 1: Household and Income Comparison

	Wright County	Missouri	Top US Performer
Children living in single-parent household	27%	43%	21%
Children living in poverty	38%	20%	12%
Children eligible for free and reduced meals	64%	51%	33%
Children that are homeless	0.9%	3.4%	N/A
Median household income	\$30,581	\$48,173	N/A
Adult unemployment rate	6.2%	5.0%	3.3%

Sources: US Census Quick Facts. County Health Rankings and Roadmaps. Missouri Kids Count 2017 Data Book.

Education

Wright County has a 96% high school graduation rate, but just over half (52%) of the graduates go on to pursue some level of college education, compared to top US performers at 72% and the Missouri average at 65%.²

Ethnic and Racial Diversity

Very little ethnic diversity exists in Wright County, as depicted in the table below.

Table 2: Wright County Ethnic and Racial Distribution

Ethnic and Racial Distribution	% of Population
Caucasian alone	96.8%
Black or African American alone	0.6%
Two or more races	1.5%
American Indian and Alaska Native alone	0.7%
Asian alone	0.4%
Native Hawaiian and Other Pacific Islander alone	0.1%
Hispanic or Latino	1.8%

Source: US Census Quick Facts 2016

Access to Health Care

Wright County has two federally qualified health centers, and seven rural health clinics, but does not have a hospital.⁴ Its provider to population ratio falls short of the state average and top US performers, although it has a higher ratio of mental health providers than many of its neighboring counties.^{2,4}

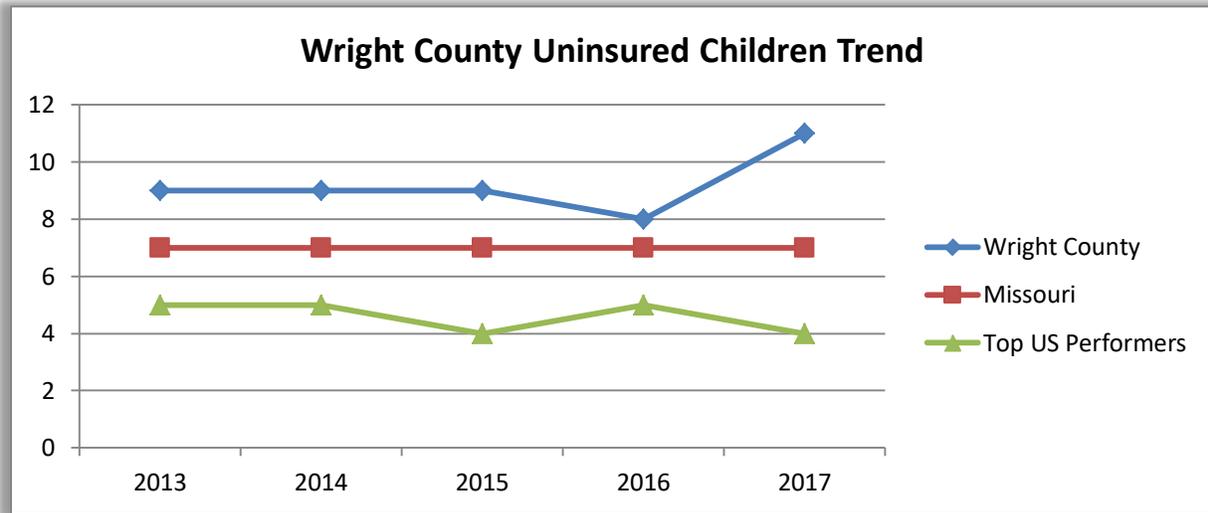
Table 3: Provider Ratio Comparison

Indicator	Wright County	Missouri	Top US Performer
Providers to population	4,570:1	1,420:1	1,040:1
Dentists to population	2,610:1	1,840:1	1,320:1
Mental health providers to population	700:1	630:1	360:1

Sources: Missouri Department of Health and Senior Services; County Health Rankings and Roadmaps

In Wright County the rate of adults without health insurance has remained fairly steady over the past five years with 25% in 2012 and in 2017. Between 2013 and 2017 the rate of children without insurance decreased from 5% to 4% among top US performers, and remained steady at 7% in Missouri. In Wright County the rate of children without health insurance remained steady at 9% in 2013, 2014 and 2015, took a slight dip to 8% in 2016, and then climbed to 11% in 2017.²

Figure 2: Trend in Rate of Uninsured Children in Wright County (2013 – 2017)



Source: County Health Rankings and Roadmaps

Maternal Health

Birth Indicators

In 2014, Wright County had 255 live births. Of those births, 20.87% were to women with less than a high school diploma.⁹ Data show the birth rate to females age 15 – 19 in Wright County in 2017 was 59 per 1,000 female population, compared to the state average of 35, and top US performers at 17.² This continues a downward trend in Wright County from 62 births to teens in 2016 and 65 in 2015.³

Of the mothers who delivered live infants, 57.55% began prenatal care in the first trimester and 27.62% had inadequate prenatal care according to the Missouri Index.⁹

Just over one in ten women (11.37%) had given birth to four or more children previously, and 14.29% had given birth to another child less than 18 months prior.⁹

Mental and Behavioral Health Indicators

In 2016 there were 157 Wright County women of all ages admitted to State psychiatric services, an increase from 140 the previous year.⁷ Thirty women of all ages were admitted to State substance abuse programs in 2016, a decrease from 42 the previous year.⁶

There were three cases of acute chronic hepatitis B among prenatal women in 2015, an increase from two in 2014.⁸ In 2014, 74 women (29.37%) reported smoking while pregnant, compared to the state average of 16.71%.⁹ In 2014 more than 1 in 4 women (26.29%) were overweight while pregnant (BMI 25.0 – 29.9) and 27.09% were obese (BMI 30 or greater) while pregnant.⁹

Infant Health

Birth Indicators

Based on Wright County birth data from 2008 – 2012, 6.95% of infants were born with a low birth weight (less than 2500 g). Nearly 9 in 10 pregnancies (89.78%) were carried to term (37 or more completed weeks).¹⁰

Mortality

Between 2006 – 2010, Wright County had an infant mortality rate of 5.3 (per 1,000), however, during 2011 – 2015 that rate jumped to 10.³ This compares to the 2017 state average rate of 7, and top US performers at 5.² Between 2002 – 2012, the rate of infant deaths that occurred between birth and 26 days was 6, and the rate of deaths that occurred between 27 days and one year of life was 2.7 (per 1,000). A rate of 0.71 deaths were attributed to SIDS.¹⁰

Nutrition and Breastfeeding

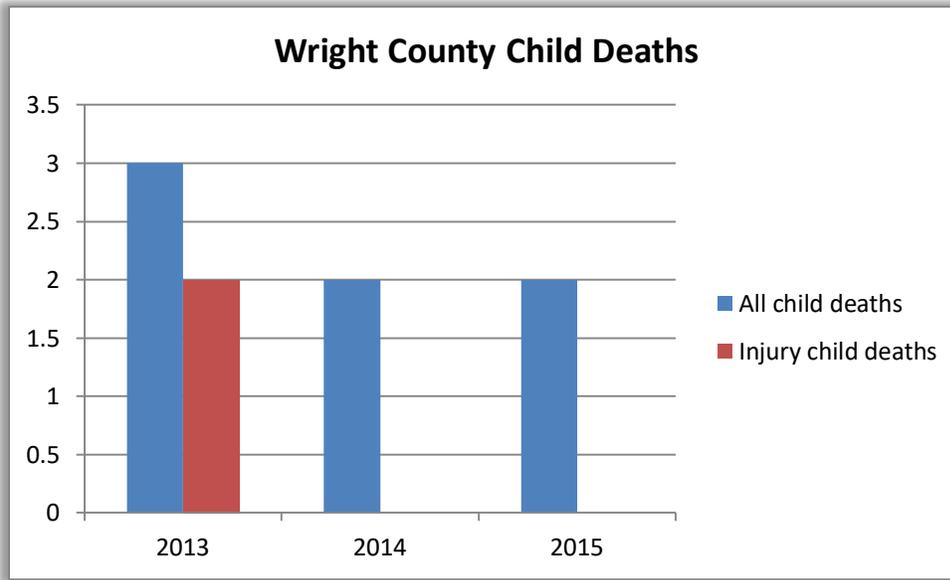
Just over eight in ten (81.58%) Wright County infants participate in the Women, Infants and Children (WIC) program, compared to the state average of 57.99%. Wright County just tops the state rate of infants enrolled in WIC that have ever breastfed (66.13%), with 69.23%. It also exceeds the state average of breastfeeding initiation rates in the hospital (74.72%) with 77.29%.¹⁰

Child and Adolescent Health

Intentional and Unintentional Injuries

Deaths and injury deaths for Wright County children under 18 show decrease between 2013 and 2015 as depicted in the chart below.⁵

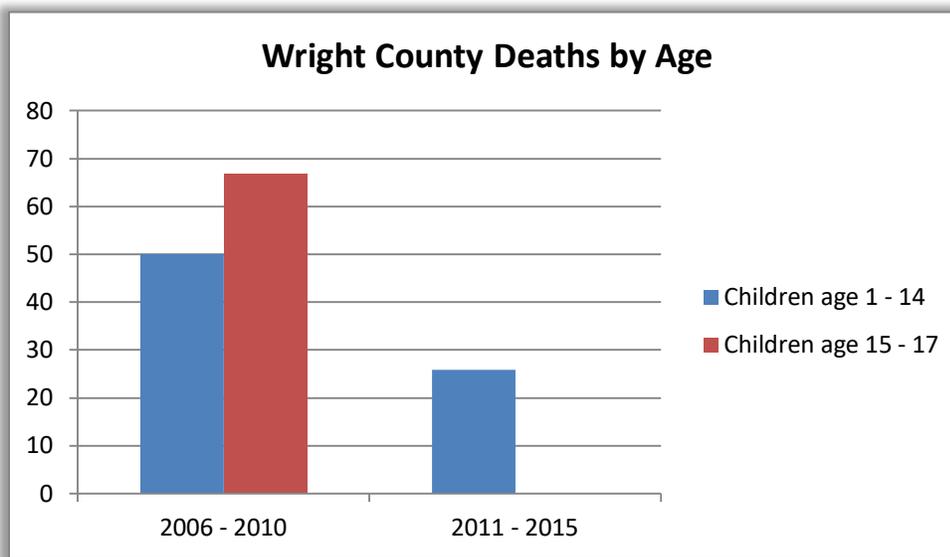
Figure 3: Wright County Child Deaths by Year (under 18 years old)



Source: Missouri Department of Social Services. Preventing Child Deaths in Missouri: The Missouri Child Fatality Review Program, Annual Report for 2015. December 2016.

The rate of deaths among teens (per 100,000) due to suicide, homicide, and unintentional injury decreased from 58.8 between 2006 – 2010 to 16.5 between 2011 – 2015.³ Data from 2017 show Wright County with a child mortality rate of 70, exceeding the state average of 60 and the rate of top US performers at 40.² Data show deaths for children age 1 – 14 decreased from 50.1 to 25.8 between 2006 – 2010 and 2011 – 2015, while deaths among children age 15 – 17 dropped from 67 to zero over the same time periods.³

Table 4: Deaths among Wright County Children by Age



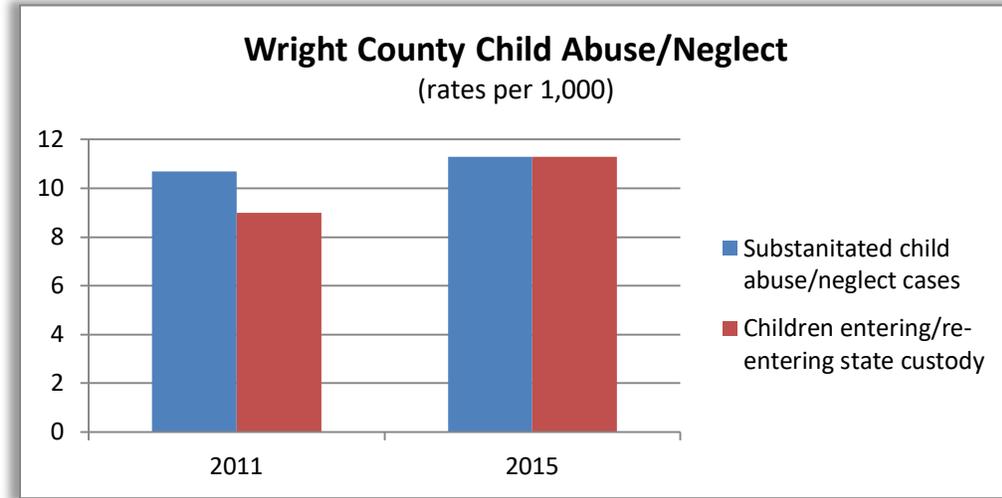
Source: Missouri Kids Count 2017 Data Book

Unrestrained automobile fatalities were the cause of 100% of the deaths among children under 18 in Wright County from 2006 – 2015.³

Child Abuse and Neglect

The rate of substantiated child abuse/neglect cases in Wright County increased from 10.7% to 11.3% between 2011 and 2015, and more children entered or re-entered state custody.³

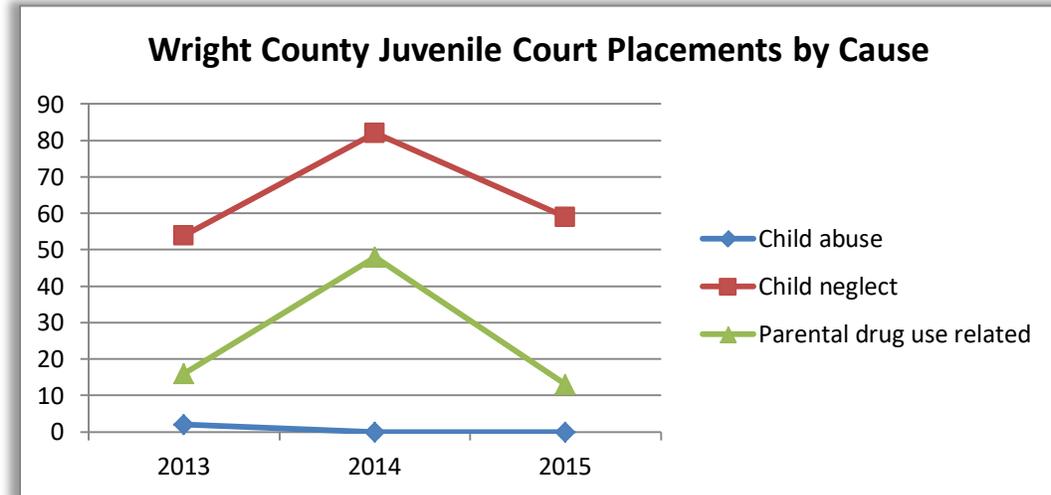
Figure 4: Wright County Child Abuse/Neglect Rates



Source: Missouri Kids Count 2017 Data Book

The rates for court referrals due to child neglect dropped from 82 in 2014 to 59 in 2015. There were no court referrals for child abuse in either 2014 or 2015. Out-of-home placements due to parental drug used decreased from 48 in 2014 to 13 in 2015.⁸

Figure 6: Wright County Juvenile Court Placements by Cause



Source: Missouri Department of Mental Health, Substance Use and Mental Health Indicators

Emergency Room Visits and Hospitalizations

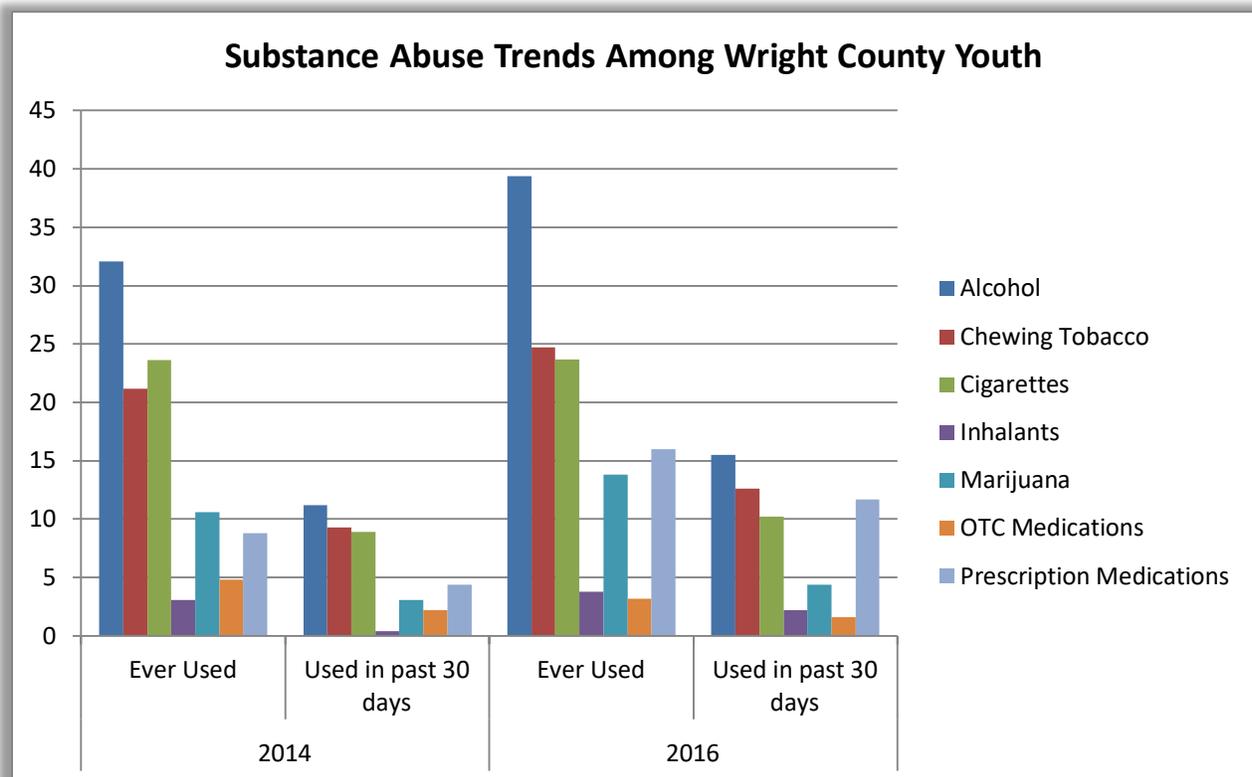
Wright County children had more preventable hospitalizations than the Missouri average, with a rate of 9.2 in 2011 and 7.2 in 2015, compared to the state rate of 7.6. They had fewer emergency room visits for asthma than the state average, with a rate of 3.1 in 2011 and 3 in 2015, compared to the state rate of 10.2.³

The rate of hospitalizations among 1 – 19 year old Wright County residents for substance abuse decreased from 29.7 in 2005 – 2009 to 23.3 in 2010 – 2014.³ Mental/behavioral health hospitalizations for youth increased during the same time periods from 79.5 to 98.2.³

Substance Use

Based on weighted data estimates from the Missouri Student Surveys conducted by the Missouri Institute of Mental Health in 2016, just over a third (39.4%) of Wright County teens have ever used alcohol, 24.7% have ever used chewing tobacco, 23.7% have ever smoked cigarettes, and 22.3% have ever used e-cigarettes. Data show an increase in every category of substance abuse since the prior survey in 2014, except for a decrease in heroin use, prescription medication misuse, and synthetic drugs.¹¹

Figure 7: Substance Abuse Trends among Wright County Youth



Source: Missouri Institute of Mental Health, Missouri Student Survey 2010 – 2016

Data show the average age of first use for alcohol and cigarettes to be under 13 years old, and the average age for first use of marijuana to be under 14 years old.¹¹

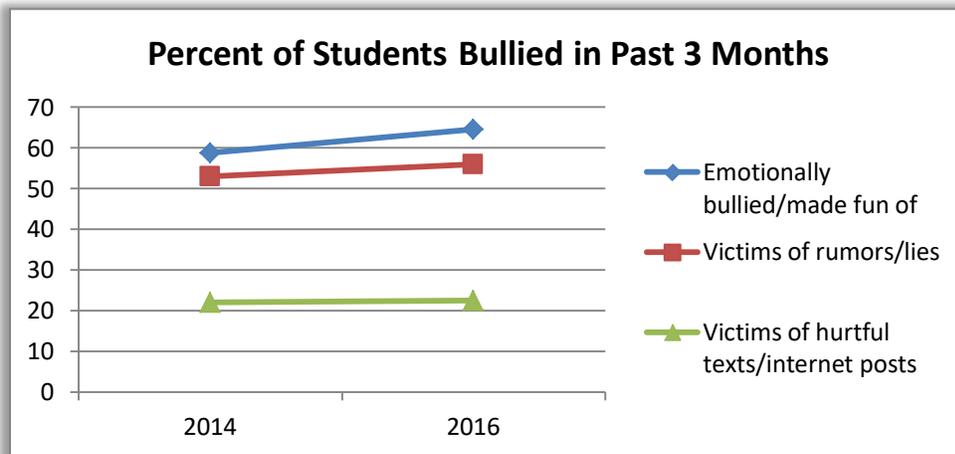
Data from 2016 show 64.4% of youth believe they risk harm by drinking one or two alcoholic drinks a day, and 73% say binge drinking five or more drinks once or twice a week would be risky. More than six in ten (67.9%) say it would be wrong to drink, and 84.7% say their parents would disapprove if they drank alcohol. Almost half (48.1%) say it would be easy for them to get alcohol.¹¹

Almost all students (84.3%) say they risk harm if they smoke more than a pack of cigarettes a day, and 92.9% say their parents would disapprove of them smoking cigarettes.¹¹

Mental and Behavioral Health

Comparison data from the 2014 and 2016 Missouri Student Surveys shows an increase in the number of Wright County students who reported being emotionally bullied or made fun of by others, being victims of mean rumors or lies spread at school, or being victims of embarrassing or hurtful text messages or internet posts.¹¹

Figure 8: Wright County Percent of Students Bullied in Past 3 Months



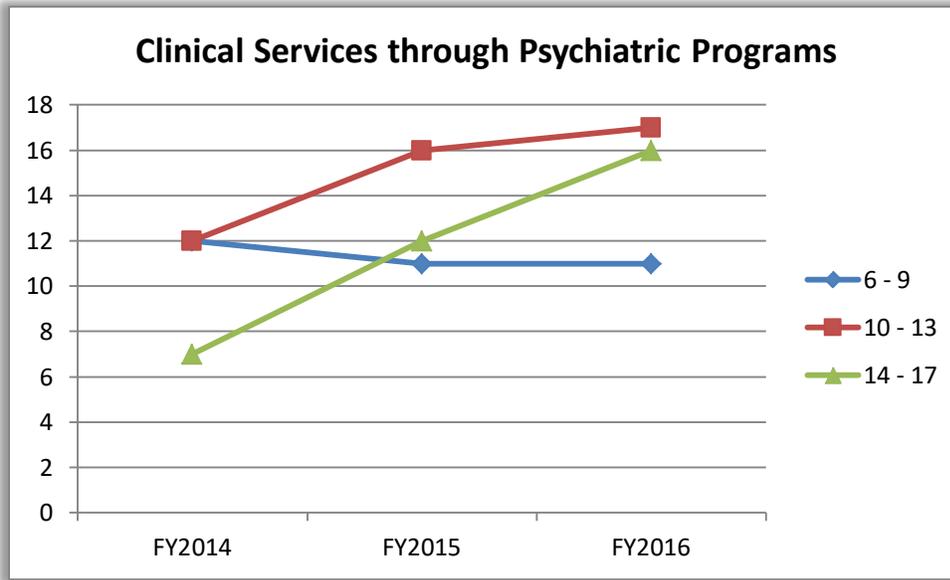
Source: Missouri Institute of Mental Health, Missouri Student Survey 2010 – 2016

In the 2016 Missouri Student Survey, 11.9% of Wright County students report they had seriously considered suicide within the past 12 months, an increase from 8.8% in 2014. Almost 9% (8.7%) said they made plans about how they would attempt suicide, an increase from 5.8% in 2014, and 6.3% attempted suicide in 2016, an increase from 3.9% in 2014.¹¹

2016 data show 33.1% of students said within the past 30 days they felt grouchy, irritable or in a bad mood, an increase from 25.2% in 2014. In addition, 31.1% said they had difficulty concentrating on school work, 23.3% said they were very sad, and 12% said they felt hopeless about the future, all slight increases from 2014 at 21.1%, 19.2% and 9.3% respectively.¹¹

Comparison data from 2015 to 2016 show an increase in children aged 10 – 17 who received clinical services from Missouri’s Division of Behavioral Health psychiatric programs.¹²

Figure 9: Wright County Children Who Received Clinical Services through Psychiatric Services



Source: Missouri Department of Mental Health. 2017 Status Report on Missouri’s Substance Use and Mental Health

Engagement

The 2016 Missouri Student Survey estimates that 72.8% of Wright County students say their parents involve them in making family decisions. Most students (85.1%) say their parents notice and comment on their good work, but only 68.5% report their teachers notice and comment on their good work.¹¹

The high school graduation rate is high, with only 0.2% of youth dropping out of high school during the 2015-2016 school year, a fractional increase from 0.1% during the 2014-2015 school year.⁸ However, 32% of teens and young adults age 16 – 24 are neither working nor in school. That compares to the state average of 13% and top US performers at 10%.²

Juvenile law violation referrals per 1,000 youth decreased from 36.9 in 2011 to 23 in 2015.³ Juvenile court referrals for school truancy increased from 18 (per 1,000) in 2014 to 35 in 2015, and juvenile court referrals for absent from home status offense remained steady at 1. Juvenile court referrals for injurious behavior status offense decreased from 2 in 2014 to 1 in 2015, and juvenile alcohol offense referrals per 1,000 youth decreased from 3 in 2011 to 2 in 2015.⁸

Table 5: Wright County Juvenile Court Referrals (rate per 1,000)

	2015	Change	2014
School truancy status offense	35	↑	18
Absent from home status offense	1	-	1
Injurious behavior status offense	1	↓	2
Alcohol offenses	2	↓	3

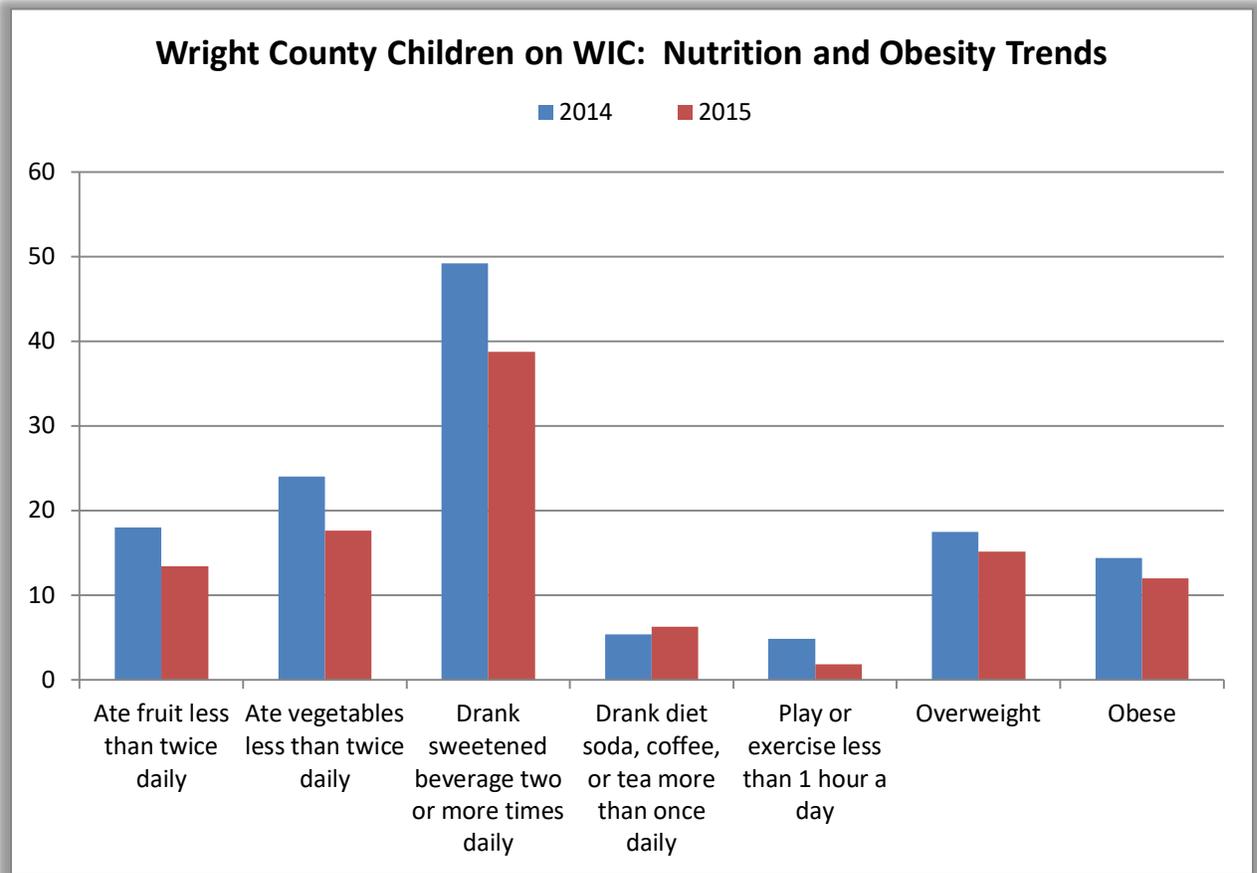
Source: Missouri Department of Mental Health, Substance Use and Mental Health Indicators

Nutrition and Obesity

In 2015, 387 children under age 5 were certified for the Women, Infants and Children (WIC) program in Wright County, a decrease from 519 in 2014. Of those children, 58 were overweight (15.18%) and 46 were obese (12.04%) in 2015, compared to 90 (17.51%) and 74 (14.4%) respectively in 2014.¹³

Just over half (50.39%) of Wright County children participating in WIC received food stamps in 2015, a decrease from 52.99% in 2014. In 2015, 13.46% of children on WIC ate fruit less than twice a day, compared to 18.02% in 2014. Almost two in ten children (17.68%) ate vegetables less than twice a day in 2015, compared to 24.03% in 2014. Nearly four in ten (38.79%) children on WIC drank a sweetened beverage two or more times a day in 2015, and 6.33% drank diet soda, coffee, or tea one or more times a day, compared to 49.22% and 5.43% respectively in 2014. In 2015, 1.86% children on WIC reported playing or exercising less than an hour a day, a decrease from 4.9% in 2014.¹³

Figure 10: Nutrition Behavior among Wright County Children Enrolled in WIC



Source: Missouri MICA WIC child data set 2014, 2015

Food insecurity for children in Wright County increased from 24.7% in 2011 to 31% in 2015. This compares to the state average of 20.8% and leaves Wright County ranking 77th among all counties in Missouri for food insecurity for children.³

Summary

Wright County faces the same challenges as many other rural communities – poverty, substance abuse, and fewer health care resources. The rate of children living in a high poverty area almost doubled since the last data period. Nearly one in four people lives in poverty, and the unemployment rate exceeds the state rate. The rate of children without health insurance is climbing, and the county has a shortage of health care and dental care providers.

Nearly all high school students graduate, but just over half go on to pursue a college education. The teen birth rate is decreasing, but still exceeds the state average. Just over half of mothers started prenatal care in the first trimester, and one in four did not receive adequate prenatal care.

A larger number of women were admitted to state psychiatric services, compared to neighboring counties, and the number is on the rise. Approximately one in three women admit to smoking while pregnant. The infant mortality rate nearly doubled since the last reporting period, with the majority of infant deaths occurring before the 26th day of life.

The child death rate still exceeds the state average, but it has dropped significantly since the last reporting period, especially among teens 15 – 17 years old. Unrestrained automobile fatalities continue to be the cause of 100% of the deaths to children under 18.

Child neglect and parental drug use climbed from 2013 to 2014, but dropped from 2014 to 2015, and more youth were admitted to the hospital for mental/behavioral health issues than were admitted during the prior period.

Substance abuse among teens is increasing in almost all categories, even though the majority admits substance abuse carries a risk and that their parents would disapprove. Prescription medication misuse shows the most significant increase. Emotional bullying, suicidal thoughts, moodiness, and hopelessness are increasing among Wright County youth. In addition, psychiatric clinical services are increasing among youth age 10 – 17.

The WIC program shows positive outcomes. Almost all infants are enrolled, and the breastfeeding initiation rate in the hospital, as well as the rate of mothers who have ever breastfed, both surpass the state rates. Nutrition behaviors have improved in almost all indicators, and the rate of children enrolled in WIC who are overweight or obese has dropped. However, food insecurity for children in Wright County increased, and exceeds the state average.

While public health and its partners may not be able to increase household income or affect poverty rates, they can make a difference in many health indicators. With strong local partnerships, and a community engaged in utilizing evidence-based models, Wright County can improve health outcomes among the maternal, child population and help women and children live longer, healthier lives.

References

- ¹US Census Quick Facts 2016. Retrieved from <https://www.census.gov/quickfacts/fact/table/wrightcountymissouri/PST045216>
- ²County Health Ranking & Roadmaps. Retrieved from <http://www.countyhealthrankings.org/app/missouri/2017/rankings/wright/county/outcomes/overall/snapshot>
- ³Missouri Kids Count 2017 Data Book. Retrieved from <http://missourikidscountdata.org/counties/wright.pdf>
- ⁴Missouri Department of Health and Senior Services. Local public health agency profiles. Revised April 28, 2017. Retrieved from <http://health.mo.gov/living/lpha/profiles/Wright.pdf>
- ⁵Missouri Department of Social Services. Preventing Child Deaths in Missouri: The Missouri Child Fatality Review Program, Annual Report for 2015. December 2016. Retrieved from <https://dss.mo.gov/re/pdf/cfrar/2015-child-fatality-review-program-annual-report.pdf>
- ⁶Missouri Department of Mental Health. (2017) Status Report on Missouri's Substance Use and Mental Health: Substance Use and Compulsive Gambling Admissions. Retrieved from <https://dmh.mo.gov/docs/ada/substancetreatment-wright.pdf>
- ⁷Missouri Department of Mental Health. (2017) Status Report on Missouri's Substance Use and Mental Health: Psychiatric Services. Retrieved from <https://dmh.mo.gov/docs/ada/psychtreatment-wright.pdf>
- ⁸Missouri Department of Mental Health. (n.d.) Substance Use and Mental Health Indicators. Retrieved from <https://dmh.mo.gov/docs/ada/indicator-wright.pdf>
- ⁹Missouri Department of Health and Senior Services, MICA birth data. 2014.
- ¹⁰Missouri Department of Health and Senior Services, MICA Missouri Resident Infant Health Profile. 2014.
- ¹¹Missouri Institute of Mental Health. 2016 Status Report on Missouri's Substance Use and Mental Health. 2010 – 2016 Missouri Student Survey data set. Retrieved from <https://dmh.mo.gov/docs/ada/mss-data-wright.pdf>.
- ¹²Missouri Department of Mental Health. 2017 Status Report on Missouri's Substance Use and Mental Health. Retrieved from <https://dmh.mo.gov/docs/ada/psychtreatment-wright.pdf>.
- ¹³Missouri Department of Health and Senior Services, MICA WIC child data. 2014.