Missouri Department of Health & Senior Services
Maternal Child Health Services Program
FFY2018 Contract
Summary of Overall Process and Findings
Due by January 16, 2018

LPHA Contractor: Wright County Health Department

LPHA Administrator/Director or Designee: Tracy Hardcastle

Report Prepared By:

Contact Telephone Number:

Date:

1. **Please describe** (summarize) **the methodology used to complete your focused local assessment.** (Scope of Work Sections 5.5-5.5.3)
   In an internal discussion, we identified that we would develop the Local Health Assessment and then share it with the community and solicit their feedback. We determined to use a survey tool to gather qualitative data from the community in order to identify community strengths and needs, and then ask them to prioritize the Maternal, Child Heath indicators. Additional detail is provided in the answers to questions below.

   To develop the Local Health Assessment, we reviewed the federal and state priority focus areas for the MCH contract and started building a list of indicators on which to collect data. We reviewed indicators from Healthy People 2020 and community assessments from other jurisdictions in order to further develop a list of indicators. We then brainstormed additional indicators that may be missing from the list that would contribute to Maternal, Child Health outcomes.

   We then pulled quantitative secondary data from MICA, MOPHIMS, and a number of other credible sources as listed below. We reviewed Prioirity MICA data and compared it to the issues that surfaced as priority areas from data that was collected.

2. Please provide **data sources** that were used to inform the assessment process (MICA, MOPHIMS, and any other data sources). (Scope of Work Section 5.5.1)
   US Census Quick Facts 2016. Retrieved from https://www.census.gov/quickfacts/fact/table/wrightcountymissouri/PST045216

   County Health Ranking & Roadmaps. Retrieved from http://www.countyhealthrankings.org/app/missouri/2017/rankings/wright/county/outcomes/overall/snapshot

   Missouri Kids Count 2017 Data Book. Retrieved from http://missourikidscountdata.org/counties/wright.pdf

Missouri Department of Health & Senior Services
Maternal Child Health Services Program
FFY2018 Contract
Summary of Overall Process and Findings
Due by January 16, 2018

Missouri 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

Missouri 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

Missouri 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

Missouri 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

Missouri Department of Mental Health. (n.d.) Substance Use and Mental Health Indicators. Retrieved from https://dmh.mo.gov/docs/ada/indicator-wright.pdf

Missouri Department of Health and Senior Services, MICA birth data. 2014.

Missouri Department of Health and Senior Services, MICA Missouri Resident Infant Health Profile. 2014.

Missouri 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.

Missouri 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.

Missouri Department of Health and Senior Services, MICA WIC child data. 2014.

3. Please **discuss quantitative and qualitative methods used** to assess the strengths and needs of the: (Scope of Work Sections 5.5, 5.5.2-5.5.3)
    a. Three population health domains - Maternal, Infant, and Child/Adolescent;
    We collected quantitative secondary data from the multiple sources listed above on a large number of Maternal, Child Health indicators. We then used rational and critical thinking to analyze and interpre t the data findings and compile them into a Local Health Assessment report.
    Our qualitative data collection methods included informal discussion among Health Department staff, as well as distributing an online survey to the community to collect their input. Survey questions on maternal, infant, and child/adolescent strengths and needs were based on the key Maternal, Child indicators identified by the Missouri Department of Health and Senior Services (MoDHSS).

Missouri Department of Health & Senior Services
Maternal Child Health Services Program
FFY2018 Contract
Summary of Overall Process and Findings
Due by January 16, 2018

b. LPHA and community capacity; and

To gather qualitative data on the LPHA and community capacity, we included questions in the online survey of community members based on the PHAB Local Public Health System Performance Assessment Tool, version 3. We also used quantitative secondary data from sources such as the US Census and MoDHSS focused on LPHA capacity, and we added information based on staff knowledge of both the LPHA and community capacity.

c. Partnerships/collaborations.

Qualitative data collection methods included informal discussion among Health Department staff and the online community survey. Survey questions to identify strengths and needs related to partnerships or collaborations were based in part on questions from the PHAB Local Public Health System Performance Assessment Tool, version 3.

4. Please describe the **level and extent of stakeholder involvement**. (Scope of Work Section 5.5.3)

The Agency shared the Local Health Assessment on its website and Facebook page, including information on MCH priority health issues, health inequities, and gaps. It used social media posts to promote the Assessment and engage the community in completing a survey focused on the MCH population. Staff also reached out directly to key stakeholders in the community, asking them to provide their input by completing the survey. We then compared stakeholders' health issues prioritization to DHSS' MCH priority health issues.

The challenges we faced were having to follow the very tight timeline identified by MoDHSS, that we did not feel allowed us enough time to gather as many surveys as necessary to get a true representation of the community. Despite our efforts to promote the survey widely, we had only 57 surveys completed, just 0.0041 of the county population over 18 years old. We also felt limited by the priorities MoDHSS directed we had to choose from, that did not necessarily fit the most pressing needs in our community.

5. Describe the **strengths, weaknesses, and needs** of the community's: (Scope of Work Sections 5.5 and 5.5.3)

a. MCH population;

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.

b. LPHA and community capacity;
Wright County faces the same challenges as many other rural communities – poverty, substance abuse, and fewer health care resources. It has two federally qualified health centers, and seven rural health clinics, but does not have a hospital. 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

c. Established partnerships/collaborations; and
The Health Department has strong partnerships with its local schools and school nurses, law enforcement, and clinics. It is in the process of building a new collaborative group focused around vehicle and traffic safety and has recently garnered strong interest from traditional and non-traditional partners.

d. Opportunities for engaging families and other stakeholders in programming efforts.
The Health Department seeks to engage community members in its programs through social media, health fairs and other community events, and participation in local collaborations.

Missouri Department of Health & Senior Services
Maternal Child Health Services Program
FFY2018 Contract
Summary of Overall Process and Findings
Due by January 16, 2018

6. Describe how you used the data collected to **identify and prioritize the community's overall MCH health issues**. (Scope of Work Sections 5.5.1 and 5.5.3)
   Staff compiled secondary quantitative data into a Local Assessment report and then compared the findings with qualititative data from health department informal discussions and community surveys to identify key areas for improvement among the Maternal Child population.

7. Identify the selected **priority health issue(s) (PHIs) to** be addressed in your FFY2019-2021 MCH Contract Work Plan. (Scope of Work Section 5.5.3 and PHI Table)
   Although the community survey identified maternal health as the top prirority, we did not feel the small survey sampling size was truly representative of our whole community. We recognize that maternal health issues are of concern and should be adressed, however, for the next three year cycle of the Maternal, Child Health contract we choose to focus on child and adolescent injury prevention. We believe the data in our Local Health Assessment that 100% of the deaths to children under 18 are caused by unrestrained vehicle fatalities is a public health priority that must be adressed.

   To reach that decision, we looked at the quantitative secondary data that shows the impact and size of the problem - unrestrained vehicle fatalities are the cause of 100% of the child deaths in our community. We agreed there is an urgency to addressing this public health issue - one preventable child death is too many. we looked at the resources we have available - we have a staff member who is passionate about vehicle and traffic safety. She is already involved in (add info about Courtnie here). We have the support of an engaged, growing collaborative group focused around vehicle and traffic safety. We also looked briefly at the return on investment, although we will do more in depth analysis in the next planning phase.

   The bottom line is that data show deaths among kids 15 - 17 years old in our community are decreasing. We believe we can continue that trend and expand it to include all children under 18 by utilizing Maternal, Child Health contract funds to address injury prevention and decrease preventable deaths among infants and children/adolescents in our community.