



HARRISON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT



2017

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NOTE FROM THE ADMINISTRATORS:

Improving the health of a community is a collaborative effort. The effort may begin with public health workers and health care providers, but to achieve impact it must also engage a diversity of community partners. Most importantly, the process of identifying community health issues and priorities, and determining how best to address them, must include the active participation of the broader community, the people who live, work and play there every day. This process is the foundation for improving and promoting the health of community members through identification of the factors that affect the health of Harrison County residents and determining the availability of resources to adequately address health issues.

The Harrison County Health Department provides a variety of services that help protect residents and visitors of Harrison County. HCHD provides public health services for disease prevention, health promotion, and protection of the environment to the residents in Harrison County, Missouri. The Health Department also collaborates routinely with community partners to help the citizens and visitors of Harrison County. Many community groups provide resources and partnerships with the health department in order to address the public health issues in the county. Without these partnerships, much of the progress in addressing public health concerns that has been achieved in the county would not have been possible. Tough economic times demand communities to make the best, most cost-effective health choices possible. The Harrison County Health Department is committed to building healthier communities in Harrison County.

The mission of Harrison County Community Hospital (HCCH) is to “provide high quality, patient-focused health care with professionalism and compassion to all who seek our care, with emphasis on quality outcomes and patient satisfaction.” HCCH strives to carry out this mission in several ways—through emergency services, inpatient care, access to specialists, diagnostic testing, physical rehabilitation services, primary care, and home health. We realize that promoting wellness and managing or preventing chronic conditions is best accomplished when community partners work together to reach common goals. Health care providers, public health departments, social service agencies, schools, businesses, and organizations of all types play vital roles in building healthy communities made up of healthy citizens.

The Harrison County Health Department and Harrison County Community Hospital present the 2017 Community Health Needs Assessment. We hope that this will be a valuable and informative tool for the citizens of our community. The information within is compiled with public and private databases and includes the most up to date information available.

Courtney Cross, Administrator

Harrison County Health Dept. & Hospice

Tina Gillespie, CEO

Harrison County Community Hospital



INTRODUCTION

A community health needs assessment provides the foundation for improving and promoting the health of the community. A community health needs assessment identifies and describes factors that affect the health of a population and factors that determine the availability of resources within the community to adequately address health concerns. Based on the U.S. Census Bureau's definition of rural counties (population density of less than 150 persons per square mile), 101 of Missouri's 115 counties are classified as rural; while overall, about 97% of the land area in the state of Missouri is classified as rural. Rural residents currently represent 37% of the state's population, a figure that has not changed since 2010 Census. This population distribution presents unique public health challenges when attempting to determine priorities because of the differences in needs of people living in rural areas and people living in more dense populations. Ranking the cause of death is the most popular method of presenting mortality statistics. Leading cause of death data have been published since 1952. According to the National Vital Statistics Reports, the top four leading causes of death in the United States are diseases of the heart, malignant neoplasms, cerebrovascular diseases and chronic lower respiratory diseases. The same four causes of death hold true for Missouri and for Harrison County. Many of these are directly linked to behaviors that affect their personal health. Engaging in risky behaviors, such as smoking can directly impact the health of individuals in many ways.

The local health department has a responsibility to play a major role in education and prevention activities that can greatly impact the lifestyle choices that citizens make. The Harrison County Health Department serves all of the citizens of Harrison County.

METHODS

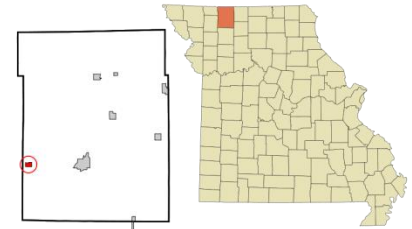
In addition to the information collected from the state statistics such as Community Data Profiles and MICA, other internet based resources were also used. These include sites such as DESE (Department of Elementary and Secondary Education), Missouri Census Data, 2016 Missouri Kids Count, and various other sources including a county-wide health needs survey of the citizens of Harrison County. The local survey was used to assist in determining the perceptions of individuals in the community and to gain input about how well their health needs are being met. Surveys were distributed through paper copies during town hall meetings, community events and at clinics along with an online survey through Survey Monkey. 3.5% of the population of Harrison County completed the survey. Of this percentage, 44% were from Bethany, 9% from Eagleville, 8% from Ridgeway, 7% from Gilman City and 5% from Cainsville. All areas of Harrison County were represented through the survey including surrounding area counties of Mercer, Daviess, Gentry and Buchanan. The data was recorded and analyzed and after careful review of these findings, the 3 most significant health problems affecting the health status of the population within the jurisdiction of Harrison County were identified. These will become the public health priorities for the county.

RESULTS

DEMOGRAPHICS OF HARRISON COUNTY

The indicators used for this category include age, gender, marital status, race/ethnicity, non-English speaking students in school, the geographic distribution of the population, the increase or decrease in numbers for the county, and the density of population.

Harrison County is a county located in the northwest portion of the state of Missouri. Its county seat is Bethany. Harrison County is comprised of 5 cities with Bethany, Cainsville, Gilman City, New Hampton and Ridgeway; three villages to include Blythedale, Mt. Moriah and Eagleville; and three unincorporated communities to include Brooklyn, Hatfield, and Martinsville. The county was organized February 14, 1845 and named for US Representative Albert G Harrison of Missouri. According to the 2010 U.S. Census, the population of Harrison County is 8957. The change in population from the 2000 census is 107 people which is a 1.2% increase over the past 10 years. It has a population density of 12.4 people per square mile. The population of Harrison County is predominantly white at 97.6%. There are no racial, ethnic, immigrant or refugee population groups that would create a problem within the county according to *Kids Count 2016*. The median age of Harrison County is 42.6 years old. The rate of people less than 15 years old is 21.1% and the rate of people 65 and older is 20.7%. Although there has been a slight decrease noted in the past 20 years of people over 65, the aging population raises specific health concerns and the population density make transportation and access important considerations. The largest town in Harrison County is Bethany.



In the county the population was spread out with 24.80% under the age of 18, 7.18% from 18 to 24, 20.88% from 25 to 44, 26.44% from 45 to 64, and 20.70% who were 65 years of age or older. The median age was 42.6 years. For every 100 females there were 98.47 males. For every 100 females age 18 and over, there were 93.79 males.



The median income for a household in the county was \$35,000, and the median income for a family was \$47,788. Males had a median income of \$33,105 versus \$25,388 for females. The per capita income for the county was \$18,967. About 10.3% of families and 15.1% of the population were below the poverty line, including 18.9% of those under age 18 and 13.8% of those ages 65 or over.

EDUCATION

DESE statistics show that the number of children in the Harrison County schools is holding fairly consistent. There was a gradual increase through a 5 year period from 2012 to 2016, showing an increase of 18 students in this 5 year period. See the following chart for school attendance. DESE 2016 indicates the largest schools in Harrison County are South Harrison – 869 and North Harrison -216.

Schools in Harrison County

	2012	2013	2014	2015	2016
<i>Cainsville</i>	87	85	88	100	89
<i>Gilman City</i>	117	128	124	133	132
<i>N. Harrison</i>	216	218	229	220	216
<i>Ridgeway</i>	100	97	90	80	86
<i>S. Harrison</i>	854	847	857	893	869
Total	1374	1375	1388	1426	1392

SCHOOL POPULATION



According to 2015 DESE data, Harrison County had a graduation rate of 83.5% which is approximately 5% lower than the average Missouri rate. In 2015, 9.6% of the population in Missouri had a bachelors degree or higher, 29.8% had a high school diploma or equivalent and 13.6% had less than a high school education. According to the National Assessment of Adult Literacy (nces.ed.gov), 10% of Harrison County residents lack basic literacy skills (reading, writing, speak English, compute and solve problems) which is comparable to the state rate of 7%.

SOCIO-ECONOMIC

Harrison County is well below the state for average household income. 14.7% of the population in Harrison County remains uninsured for health insurance.

DESE information indicates that of the 5 schools in Harrison County in 2016, 66.6% participate in the free and reduced lunch program. Gilman City has the highest participation at 68.5% and Cainsville having the lowest percentage of participants at 54.4%.

The percent of population at or below 100% poverty in Harrison County is shown in the following table:

	HARRISON COUNTY	MISSOURI
2000	13.5%	11.7%
2015	17.5%	15.6%

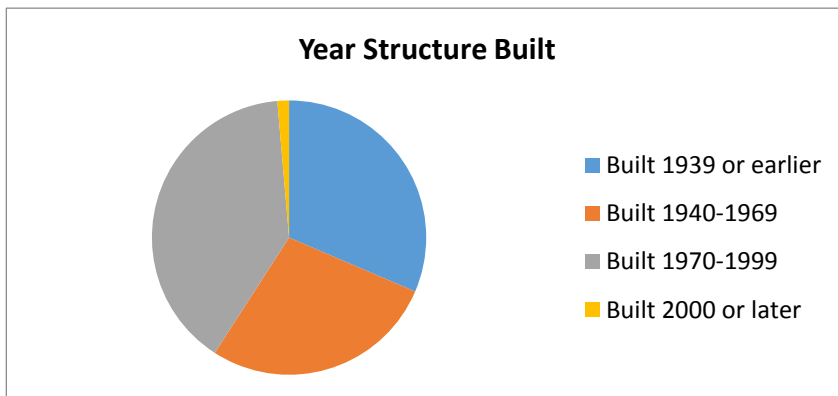
*Statistics gathered from United States Census Bureau, 2015 American Community Survey

11.7% of the households in Harrison are single-parent households according to the U.S. Census data. The top 3 workforces in Harrison County are (1) Education and Healthcare at 22.8%; (2) Retail trade at 12.5% and (3) Agriculture, forestry and fishing at 11.7%. The 2016 unemployment rate was 4.2% for persons 16 years of age or older which is lower than the statewide rate of 4.5%. In 2015, there were 69 marriages and 57 dissolutions of marriage in Harrison County.

In households with income inadequate to meet basic needs, inevitable concessions often lead to poor health, inadequate diet, and inadequate cognitive and emotional development of children. The socio-economic status of Harrison County is significant.

ENVIRONMENT

In 2015, there were approximately 4388 housing units in Harrison County, 3574 of these units are occupied with 814 units vacated. The chart below gives a breakdown on year structures were built.

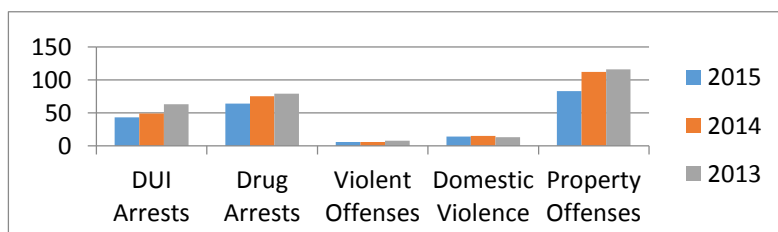


With 27.6% of housing being built in 1939 or earlier, this factor increases the risk for lead poisoning and contributes to Harrison County being designated as a high-risk area for lead poisoning. The effects of lead are the same whether it is inhaled or ingested and can damage the brain, central nervous system, kidneys and immune system. Legislation passed in 2001 required DHSS to promulgate rules and regulations to establish a statewide screening plan. The rules and regulations define criteria for establishing geographic areas in the state considered to be at higher risk for lead poisoning. Any child under the age of 6 will be tested annually for lead if they live in or spend more than 10 hours a week in Harrison County. According to the 2014 Annual Report from the Missouri Childhood Lead Poisoning Prevention Program, only 3 children of the 172 tested had lead levels greater than 5 ug/dL. No children tested during this time had levels greater than 10 ug/dL. According to the 2010 census, there were 781 children less than 72 months of age so the percent of children tested in Harrison County from 2013-2014 represent approximately 22% of the kids who should be tested.

According to the Missouri Department of Conservation, Harrison County is located in the Grand River watershed. Land use in the Missouri portion of the basin is primarily agricultural at 92%. Water in Harrison County continues to be fluoridated.

PUBLIC SAFETY

Due to Harrison County being located in a rural area, the community crime rate ranks the county at a low ranking thus the county is a safe place to live. Based on information from the Missouri Department of Mental Health, Division of Behavioral Health, in 2015, there were 21 Juvenile offenses related to violent, alcohol and drug offenses in Harrison County. Refer to the following table for police reports for Harrison County:



SUBSTANCE USE/MENTAL HEALTH

Other areas of concern in the county are substance abuse usage for youth. Alcohol is the most commonly used substance for youth in Missouri and the average age of first use is 12.8. Tobacco use, both standard and electric, is a concern. The average age that county youth first use cigarettes is 12.6. The misuse of prescription drug use is a growing concern not only for Missouri but also for Harrison County. Based on the Missouri Student Survey, 21.5% of youth believe that they would easily be able to get prescription drugs and 11.4% of youth believe that there is “slight” to “no risk at all” when misusing prescription drugs. With the recent shifts of legality of Marijuana use of adults across the nation, 21.4% of county youth stated that marijuana is easy to get. The average age of first use is 14. It’s not uncommon to find Missourians dealing with both addiction and mental health problems due to acute issues or trauma in their lives. Individuals struggling with serious mental illness are at higher risk for homicide, suicide and accidents. According to the Behavioral Health Profile for Harrison County, 108 residents received treatment for serious mental illness at publicly-funded facilities. Students (6th-12th grade) in the county were asked about their mental health. 10.6% reported that they considered suicide in the last year, 6.8% made a plan to carry out suicide but 0% actually attempted, resulting in an injury. However, in 2014, 1 Harrison County resident died by suicide. In fiscal year 2015, the top 3 diagnosis category according to the Division of Behavioral Health, Psychiatric Services were Mood Disorder, Anxiety Disorder and Impulse Control Disorder.

CHILD ABUSE AND NEGLECT/DOMESTIC VIOLENCE

No one deserves to be abused. Strengthening families is a priority in helping children grow up and contribute to their communities. Unfortunately, an even small, rural county such as Harrison County still has events reported for abuse to both children and adults. In 2015 the Juvenile Court had 4 referrals for child abuse and 64 referrals for child neglect. There were 14 domestic violence reports in 2015 in Harrison County. Harrison County ranks 85 out of 115 for child abuse and neglect which is considered a higher risk score.

UNINTENDED INJURIES

The following chart shows the rates of deaths, hospitalizations and emergency room visits for unintended injuries in Harrison County for the period of time 2003-2013. The total of unintentional injuries for Harrison County compared to the state rate in the categories of deaths, hospitalizations and emergency room visits were all higher, especially the ER visits (101.7 county rate compared to 86.81 state rate). Motor vehicle traffic death rates are higher than the state rate for deaths but lower or comparable to the state rates for hospitalizations and emergency room visits. There is a major interstate that runs all the way through Harrison County from the North to the South which may be a contributing factor to the high rate. Emergency Room visits for falls and fire/burn are also higher than the state rates.

DATA YEARS – 2003-2013

		Incidents	Rate	MO Rate	Significant
Unintentional Injuries	Deaths	63	63.4	47.6	N/S
	Hospitalizations	671	53.9	53.82	N/S
	ER Visits	9692	101.7	86.81	H
Motor Vehicle Traffic	Deaths	25	29.7	15.89	H
	Hospitalizations	89	9.7	9.92	N/S
	ER Visits	660	7.8	9.46	L
Drugs/Alcohol	Deaths	8	9.8	11.67	N/S
	Hospitalizations	23	2.5	3.62	N/S

	ER Visits	53	.6	.68	N/S
Fire/Burn	Deaths	3	2.8	1.42	N/S
	Hospitalizations	10	1.2	1.27	N/S
	ER Visit	191	2.2	1.52	H

Death rates are per year per 100,000 populations; Hospitalization rates are per year per 10,000 population; ER Visits are per year per 1000 population

The following chart shows all causes of deaths for ages 1-14 and ages 15-18. The data is for the years of 2003-2013.

Death Ages 1-14	Number of Events	County Rate	State Rate	Death Ages 15-18	Number of Events	County Rate	State Rate
All Causes	3	16.1	20.7	All Causes	11	181.1	71.4
Unintentional Injuries	1	5.4	7.2	Unintentional Injuries	8	131.7	36.6
Motor Vehicle Deaths	0	0	3.4	Motor Vehicle Deaths	6	98.8	28.1
All Cancers	0	0	2.3	Homicide	0	0	12
Birth Defects	0	0	1.6	Suicide	3	49.4	8.6
Homicide	1	5.4	1.9	All Cancers	0	0	2.9
Heart Disease	0	0	.9	Heart Disease	0	0	1.6

*Death rates are per year per 100,000 specified age population

Maternal and Child Health

Maternal health is defined as the health of women during pregnancy, childbirth, and the postpartum period. It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity (the state of being diseased or unhealthy in a population) and mortality (the number of people who died within a population). Programs the health department provides or partners with to improve services for Women and Children include Child Fatality Review Committee, Childhood Lead Poisoning Prevention Program, Well Baby Clinic, Women’s Health Clinic, Sudden and Infant Death Prevention programs, and Violence and Injury Prevention programs.

According to Women’s Health Profile for Harrison County from 2004-2014, heart disease deaths for women were significantly higher than the state rate. Another county rate that was higher than the state rate was for hospitalizations for pneumonia and influenza.

Teen pregnancy rates under the age of 18 for the county were 14.1% per 100,000 for the years 2009-2013 which was lower than the state rate of 20.9. Although this rate was lower than the state rate, the repeat births under age 20 were higher than the state rate for these same years at 2.8 for the county rate and state rate at 1.62. The Women’s Reproductive Health Profile shows that births by age of mother were higher than state rate for those ages 18-19 and ages 20-24 for the years 2009-2013. Fetal deaths per 1000 for years 2003-2013 were a rate of 13.3 for the county which was significantly higher than the state rate of 5.71. Teen birth rates are of concern because teen girls who have babies are: Less likely to finish high school; More likely to rely on public assistance; More likely to be poor as adults; and More likely to have children who have poorer educational, behavioral, and health outcomes over the course of their lives than do kids born to older parents. (2008 -*Kids having kids: economic costs and social consequences of teen pregnancy, Hoffman and Maynard, (2nd ed.)*.)

The Missouri Department of Mental Health, Division of Behavioral Health reports out of 110 resident births in Harrison County in 2015, 30 mothers reported smoking while pregnant which is a 3% decrease from the previous year.

DISEASE PREVENTION

Disease prevention and control is a cooperative effort involving health care providers, local and state health department personnel and members of the community. Successful communicable disease surveillance enhances control efforts; such as developing prevention/intervention strategies and policies, and responding to events involving potential exposure to communicable disease. There are ninety-one reportable communicable (or infectious) diseases and conditions of public health significance.

There have been no outbreaks of infectious disease in Harrison County in the past years. There have been scattered cases of campylobacteriosis, cyclosporiasis, Hepatitis C, Salmonellosis, Rocky Mountain spotted fever and other tick-borne diseases. Influenza is another reportable disease. Influenza season begins after the first week in October of each year. Influenza symptoms can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. The best way to prevent influenza is to get an influenza vaccine each year as soon as the vaccine is available to the public. In the 2016-2017 flu seasons, the Northwest Region of the state, including Harrison County, reported 22,467 laboratory-positive influenza cases according to the Missouri Health Information Surveillance System.

People in the United States continue to get diseases that are vaccine preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death in the United States and account for substantial spending on the related consequences of infection according to *Healthy People 2020*. Despite progress, approximately 42,000 adults and 300 children in the United States die each year from vaccine-preventable diseases. Communities with pockets of unvaccinated and under vaccinated populations are at increased risk for outbreaks of vaccine-preventable diseases. According to the Department of Health and Senior Services, VFC rates for Harrison County are 67% which does not meet the *HP 2020 goals*.

CHRONIC DISEASE

Numerous deaths due to cancer, heart disease, stroke, and other chronic diseases occur every year. Together, heart disease and stroke are among the most widespread and costly health problems facing the Nation today, accounting for more than \$500 billion in health care expenditures and related expenses in 2010 alone. Studies have shown that both genetic and lifestyle components affect these diseases. In order to decrease the prevalence of chronic diseases, prevention through lifestyle changes and early detection need to occur. Local public health agencies must monitor mortality trends closely to measure the impact that chronic diseases have on the community.

A number of factors affect a person's ability to eat a healthful diet, stay physically active, and achieve or maintain a healthy weight. The built environment has a critical impact on lifestyle behaviors that influence health. These environmental factors are compounded by social and individual factors—gender, age, race and ethnicity, education level, socioeconomic status, and disability status—that influence nutrition, physical activity, and obesity. In some communities, there may be limited access to affordable, fresh fruit and vegetables or safe areas to be active or play. A sedentary lifestyle also contributes to many health problems. According to a 2011 county level study for Harrison County, 32% of people surveyed reported no physical exercise which is higher than the state rate of 23.7%. The five leading causes of hospitalizations for Harrison County residents for 2013 are pregnancy, heart and circulation, mental disorders, respiratory and digestive. The rates for each are as follows per 100,000: Pregnancy – 177.6, heart – 155.0, mental disorders – 143.1, respiratory – 113.2 and digestive – 113.2. Pregnancy and respiratory conditions rated higher than the state rate. In 2015, the top 5 causes of death

for Harrison County residents were diseases of the heart, cancer (trachea, bronchus and lung being the lead type of cancers), Alzheimer’s disease, chronic lower respiratory disease and all other diseases not specified. Risk factors for heart disease amongst adults 18 years or older are high blood pressure, diabetes, obesity, high cholesterol, smoking, physical inactivity, and low intake of fruits and vegetables. Although a few of these risk factors can be caused by genetics, most can be prevented by making healthy lifestyle changes.

Finding quality fresh food means either traveling significant distances or paying exorbitant prices for wilting vegetables and overripe fruit. With these burdens, it is no surprise that these same communities face the highest risks of obesity, diabetes, and other preventable food-related health challenges. A food desert exists where a significant number of residents live more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket. The general premise is that these areas have limited access to supermarkets which are more likely to offer a wider variety of healthy food products at lower prices when compared to other food outlets, such as convenience stores and fast food restaurants. According to the U.S. Department of Agriculture Economic Research Services, there are 3483 residents within Harrison County living in census tracts that are designated as food deserts. Refer to the green area in Harrison County on the diagram to the right.

Low Income Census Tracts where a Significant Number or Share of Residents is More than 1 Mile (Urban) or 10 Miles (Rural) from the Nearest Supermarket (Original Food Desert Measures), 2015.

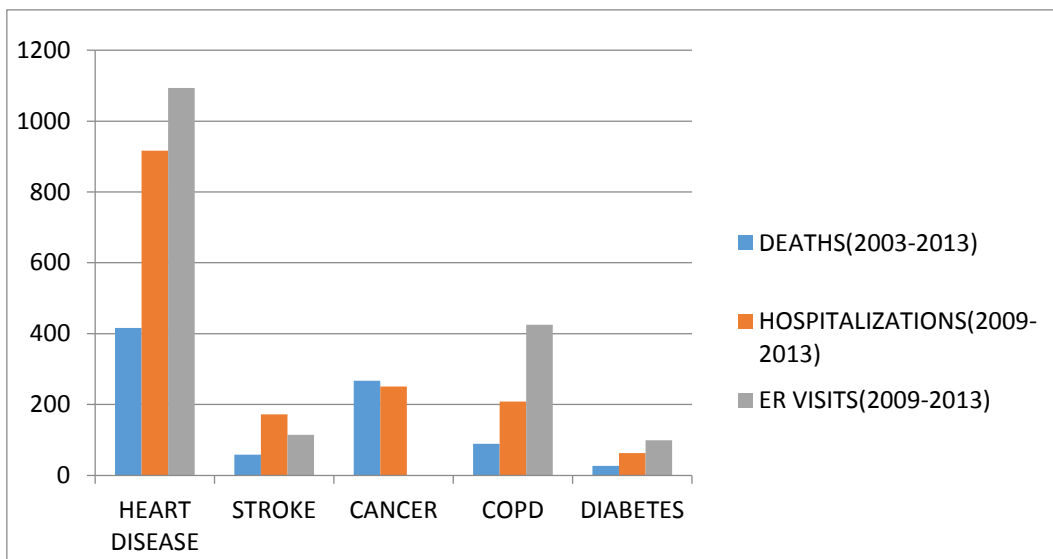


MORTALITY RATE INDICATORS

Mortality rate is the rate of death in a population. According to 2010 data, female life expectancy for Harrison County is 79.7 years of age which is almost exact the U.S Median. Male life expectancy for Harrison County is 75.6 years of age which is again, almost exact the U.S. Median.

According to Chronic Disease Comparisons Profiles for Harrison County residents, heart disease is not only the #1 ranked disease and condition in the county but also the leading cause of deaths from 2003-2013. Many heart disease risk factors such as high blood pressure, high cholesterol, excess weight, poor diet, smoking, and diabetes can be prevented or treated through health behavior change and appropriate medication. According to the 2015 Community Health Status Indicators from CDC, 31.9% of adults in the county report smoking cigarettes and 27.1% of adults have obesity. Along with this, 30.4% of adults report no physical leisure activity. Some unpreventable risks for heart disease are related to heredity, medical history, age, gender, and race. There are also a number of underlying social, economic, and cultural determinants of heart disease such as stress, education level, income, and insurance status. Another concern is the number of smoking attributable deaths in the county. Smoking is a key issue in Harrison County and one for which more intervention is needed that not only targets those that smoke but those affected by second hand smoking.

CHRONIC DISEASE COMPARISONS FOR HARRISON COUNTY RESIDENTS - NUMBER OF EVENTS



HEALTH CARE SYSTEM

Harrison County residents have access to a wide range of local health and medical services. The Harrison County Health Department provides WIC, environmental services, nursing services, CPR training, well baby clinic, women’s health clinic, school health, breastfeeding support, tobacco cessation programs, chronic disease prevention and hospice. Harrison County Community Hospital is a 19-bed Critical Access Hospital offering a wide range of inpatient, outpatient, emergency, and home health services. Primary care is available in three clinics in Bethany, two clinics in Eagleville, one clinic in Cainsville, one clinic in New Hampton, and one clinic in Gilman City. Three dentists and three chiropractors practice in Bethany. Additionally, Bethany has one hearing center and one eye center.

COMMUNITY HEALTH RESOURCES

Most of the health education, prevention and wellness programs in the county are provided by the health department, the University of Missouri Extension Office, Harrison County Community Hospital and clinic staff, Hy-Vee dietician, Community Action Partnership of North Central Missouri, and North Central Career Center. The community partners are involved in this process and work together on many programs.

Essential ingredients for physical activity include: safe, well-maintained paths and sidewalks; clean, well-lit parks; accessible school playgrounds; affordable public transit; quality physical education and places in which people can safely walk and bike. In Harrison County, recreational facilities are available albeit limited. In the largest town in Harrison County, Bethany has the most access to recreational activities. There are 2 parks, one with a handicap accessible walking trail, 3 pools, 2 gyms, a golf course, a high school track and 2 lakes that offer swimming and fishing access. Bethany is improving access to safe walk areas by improving their sidewalks throughout the town through a Safe Routes to School grant. In the smaller towns in the county, most have at least 1 small city park along with school playground equipment. A few of these school districts are working towards updating and improving their school playground equipment and others have a chat walking track for exercise.

SUMMARY OF FINDINGS

The previous Community Health Assessment identified 1) Smoking (which encompasses cardiovascular disease, obesity, sedentary lifestyle, prenatal smoking and smoking rates) 2) Risky behaviors (which encompasses crime rates, DWI's, drug use, child abuse and neglect, seatbelt and safety seat use, firearm injuries, unintentional injuries, motor vehicle accidents injuries, child emergency room visits, self-inflicted injuries and domestic partner violence) 3) Nutritional deficiencies related to pregnancy, number of births to teens, births to women without high school diploma, breastfeeding rates and anemia amongst WIC population, unintended pregnancies, free and reduced lunch rate and obesity. Data from the recent community health assessment indicates that these issues continue to have a disproportionate impact on the residents of Harrison County.

PRIORITY HEALTH ISSUES

The results of this assessment indicate that the health priorities for Harrison County should be:

1. Chronic disease prevention
2. Unintentional injury prevention
3. Substance abuse prevention.

Increasing awareness of healthy lifestyles to prevent all chronic diseases is an ongoing effort of the health department, hospital and community. The health priorities identified through the community health assessment process impact many residents of Harrison County. Many other chronic conditions such as diabetes, and cancer, can be decreased in the county by addressing tobacco use and overweight/obesity problems. Unintentional injury prevention includes many areas of concern including child and family safety issues but also teen driving, seatbelt usage, safe sleep, self-inflicted injury, and others such as these. Substance abuse prevention has moved to the forefront of our nation with the increased Opioid use and abuse. Harrison County is no exception. A drug monitoring program is a priority locally along with state wide programs to address this issue. Addressing the need for ongoing mental health assistance is included with the substance abuse prevention priority.

The data presented in the Needs Assessment indicate that barriers exist in Harrison County for economically-disadvantaged residents. Economic barriers exist, especially in rural Missouri. A look at both per capita and median household income in Harrison County reveals it significantly lags behind Missouri and the nation. Data shows that over 66% of kids are on free and reduced meals in the schools. Poverty impacts certain members of the community more than others, particularly children and the elderly and poverty is a risk factor with all the priority health issues. Having access to healthy, affordable food in rural Missouri can be difficult and a factor in the high obesity rates within the county thus attributing to high rates of many chronic conditions.

The Harrison County Health Department will continue to work with community partners to strengthen or implement needed local programs. Additionally, the community health assessment process will continue as this updated information is provided to the community to increase awareness, encourage discussion and gather feedback.

Community Survey feedback: 351 community members completed the survey both online and through paper submission which is approximately a 3.5% completion rate for the county. Those born from 1950-1959 had the highest percentage of completion at 24%. All areas of the county were represented in the survey with the highest percentage of community members completing were from Bethany. The majority of households responding were 2-3 person households at 56%. 62% of respondents stated that they were in "good" health and 67% responded that they had seen a health care provider in the past year for a routine check-up. 28.5% of those do not seek any routine or preventative services responded that it was due to not being affordable. 47.7% of respondents with

children reported that their children were up to date on required vaccinations. Most respondents felt safe in their neighborhoods and 73% responded that there are no sidewalks or sidewalks are unsafe in their neighborhoods. 38.7% of respondents are smokers while 9.2% responded that they have attempted to quit in the past year, the majority tried on their own with no other assistance such as classes, medications, or counseling. 70.4% strongly agree that secondhand smoke is harmful to a person's health and 45.6% are exposed to secondhand smoke at restaurants and bars. 76.5% of people responded that they always use their seatbelt when driving and the majority responded that texting, emailing and taking pictures while driving was highly dangerous. 28% felt that it was highly dangerous to talk on your phone when driving. 72.3% of respondents had health insurance through their employer and only 3.6% of respondents were without any medical insurance. Over ¾ of respondents were female. When asked about the top health priorities were in Harrison County, the majority state the need for better mental health assistance.

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Centers for Disease Control's Behavioral Risk Factor Surveillance System

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