**Community Context Assessment Report**

*Worth County, Missouri*

***Summary***

In an effort to understand the perceptions of Worth County residents, a Community Context Assessment (CCA) was conducted using the Mobilizing for Action through Planning and Partnerships (MAPP) framework. Before administering the CCA survey, a community meeting was held to identify the most important topic areas to include. After incorporating feedback, the CCA was disseminated to the community, generating 168 responses.

The major findings of the CCA revealed that safe and healthy homes were considered the most important indicator of a healthy community, followed by quality healthcare. Quality education and adequate employment were also identified as important factors by a significant number of participants. Fortunately, the majority of survey respondents indicated that they believe Worth County is a safe place to live and/or raise children.

When asked about the topics they would like to receive health education on, survey participants expressed the highest level of interest in mental/behavioral health and counseling, followed by chronic diseases and trauma awareness/response. Physical activity, tobacco/alcohol use, and nutrition were also identified as areas of interest.

The majority of respondents considered their physical health to be average and disclosed a lack of access to a dedicated exercise space, coupled with infrequent exercise. Additionally, most participants did indicate having access to fresh fruits and vegetables, yet consumed only 1-2 servings per day. Access to mental/behavioral health services is also a concern, as over half of respondents reported not being able to or not knowing how to access such services.

Regarding healthcare access, the majority of respondents reported traveling over 21 miles to reach their primary care provider, and most respondents did not feel confident in receiving timely emergency care. Lastly, results indicated there are inadequate housing, employment, childcare, and transportation options within Worth County.

***Process and Methods***

To begin the CCA, a series of community partner meetings were scheduled, and a community survey was drafted using the SurveyMonkey platform. The survey included 31 questions featuring an assortment of multiple choice, rating scale, and open-ended questions.

To disseminate the survey, a variety of methods were used to capture a well-rounded community response. The survey was promoted using web links, QR codes, posters, social media platforms, emails, and in-person events. Paper surveys were distributed at local grocery stores, coffee shops, the library, the nursing home, food pantries, and other public locations.

Data analysis was primarily completed using the SurveyMonkey platform and Microsoft Excel, in which descriptive statistics were compiled and interpreted.

***Demographics***

The survey received a total of 168 responses from community members who either reside or work in Worth County. A significant proportion of respondents (85.12%) reported residing or working in the 64456 zip code. The 64486 zip code was the second most common area reported, with 7.74% of respondents indicating their association with this region. Lastly, a total of 7.14% reported belonging to different zip codes scattered across the county.

Notably, 69.05% of the respondents identified as female, which is significantly higher than the county's population distribution of 49.8% female and 50.2% male. The remaining respondents identified as male (29.76%) or preferred not to answer (1.19%).

The age distribution of respondents showed that the largest group were 76 years of age or older (30.36%), followed by 26-35 years (17.26%), 66-75 years (16.07%), and 36-45 years (13.69%). The majority of respondents (98.81%) identified as White, which is consistent with the county's racial demographics, with 0.6% identifying as Black or African American and American Indian or Alaska Native each.

In terms of education, 27.38% of respondents held a bachelor's degree or higher, 12.50% held an associate degree, and 31.55% possessed a high school diploma as their highest level of education. A significant portion of respondents (44.64%) reported an annual household income of $0-$19,999, followed by 18.45% earning $20,000-$39,999, 7.14% earning $40,000-$59,999, 10.12% earning $60,000-$79,999, 11.31% earning $80,000-$99,999, 3.57% earning $100,000-$119,999, and 4.76% earning $120,000 or more.

***Quality of Life***

Most respondents (40.48%) rated the safety level of Worth County as a 4 on a scale of 1 to 5, with 1 being not at all safe and 5 being extremely safe. 29.76% of respondents rated it as a 5, while 26.79% rated it as a 3. Safe and healthy homes, as well as quality healthcare, were ranked as the most critical aspects of a community, with 57.74% of respondents selecting one of these two options as their top choice. Upon considering the weighted average of the rankings, quality education and adequate employment were also identified as crucial aspects of a community by a significant number of respondents.

In assessing housing, employment, childcare, and transportation options in Worth County, the survey found that the majority of respondents disagreed or strongly disagreed about each. Specifically, 72.03% of respondents thought there were insufficient housing options, and 82.14% believed employment opportunities were inadequate. Regarding childcare options, 69.65% of respondents disagreed or strongly disagreed, and 54.76% had similar views about transportation options. 23.21% of respondents neither agreed nor disagreed about childcare adequacy, and 27.38% held the same view about transportation.

***Healthcare***

Results indicated that most respondents (60.71%) had received a flu vaccination within the past year. Of those who had not been vaccinated, the highest percentage (19.05%) reported not needing one due to their good health. Respondents reported traveling a significant distance to reach their primary care provider, with 32.14% traveling 31 or more miles, and 30.95% traveling 21-30 miles. Furthermore, 64.88% of respondents expressed a lack of confidence in receiving timely emergency medical attention, if needed.

Respondents primarily obtained medical and public health information from their doctor (73.21%), followed by the internet or social media (12.50%), and friends or family members (6.55%). Insurance coverage varied, with 5.36% of respondents having no insurance, 41.67% having Medicare, 15.48% having Medicaid, and 37.50% having private or commercial health insurance. Lastly, 2.98% of respondents reported being unable to receive necessary healthcare in the past year.

***Physical & Mental Health***

Results showed that 9.52% of respondents rated their physical health as excellent, 29.17% as somewhat good, 34.52% as average, 25% as somewhat poor, and 1.79% as poor. The bulk of survey participants (59.52%) reported having easy access to an exercise space, but the majority did not indicate exercising regularly. Specifically, 45.83% of respondents exercised zero days per week, 29.17% exercised 1-2 days per week, 14.29% exercised 3-4 days per week, and 10.71% exercised 5-7 days per week. Additionally, most respondents (81.55%) reported having reliable access to fresh fruits and vegetables, yet 66.67% reported consuming just 1-2 servings of both per day.

Many of the respondents (35.71%) specified that their mental health was average, while 25.60% rated it as somewhat good, 17.86% rated it as excellent, 17.86% as somewhat poor and 2.98% as poor. In the circumstance that mental/behavioral health services are required, 56.55% of respondents either did not know how to access such services or do not have mental/behavioral health services easily accessible to them.

***Health Education***

When asked to select three areas of interest for educational content, a significant majority of participants (67.26%) expressed a desire in receiving education on mental/behavioral health counseling. This topic was followed closely by chronic diseases, with 50% of participants selecting it as one of their choices. Trauma awareness/response was also deemed of significant interest, with 37.50% of respondents choosing this topic. Additionally, physical activity and tobacco/alcohol use were both identified as areas where respondents expressed a desire for education, with 31.55% and 30.36% of participants indicating interest in these respective topics.

***Substance Use***

Upon questioning the survey respondents regarding their frequency of tobacco/smoking/vaping use, the majority (80.36%) reported that they did not consume these products at all during the week. However, 17.86% of respondents indicated consuming these products 5-7 days per week, while 1.79% indicated consuming them 1-2 days per week. None of the respondents reported consuming these products 3-4 days per week.

Similarly, when questioned about their alcohol consumption, most respondents (77.38%) reported consuming alcohol zero days per week. On the other hand, 17.86% of respondents indicated consuming alcohol 1-2 days per week, while 2.98% reported consuming alcohol 5-7 days per week. Lastly, 1.79% of respondents reported consuming alcohol 3-4 days per week.

***Looking Forward***

The community survey and feedback from community meetings has given Tri-County Health Department (TCHD) a comprehensive understanding of the health concerns and priorities of residents, their usage of department services, and their desire for new programs and services. This information will be used to better recognize the needs of the community and develop strategies to address these issues.

Survey results may not accurately reflect the whole population of Worth County, as the survey was not adjusted to account for the socioeconomic status of the residents and had a higher proportion of both female respondents and respondents 76 years of age and older. This could potentially lead to bias in the data. However, the main objective of the survey was to gather a general understanding of the perceptions of residents and should be considered as such when interpreting the results.

The information obtained from the CCA has already proven invaluable in the development of future programs and initiatives. The results highlighted recurrent barriers and needs of respondents and TCHD has already begun to develop responses to these results with the start of a Community Health Improvement Plan (CHIP). The CHIP will use data from the three assessments along with community input to identify priority issues, implement strategies for action, and establish accountability to ensure measurable health improvement.