

Macon County Health Department

Community Health Assessment



CHA

2024 – 2028



Public Health
Prevent. Promote. Protect.

Macon County Health
Department

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Acronyms

CCA: Community Context Assessment

CDC: Centers for Disease Control and Prevention

CHA: Community Health Assessment

CHI: Community Health Improvement

CHIP: Community Health Improvement Plan

CHR: County Health Rankings

CPA: Community Partner Assessment

CSA: Community Status Assessment

MAPP: Mobilizing for Action through Planning and Partnerships

MCHD: Macon County Health Department

NACCHO: National Association of County and City Health Officials

SDOH: Social Determinants of Health

Executive Summary

The Macon County Health Department (MCHD) began this Community Health Assessment (CHA) process in March 2024, with our first community meeting hosted in May 2024. MCHD had robust support from community partners representing multiple sectors within Macon County. This CHA was completed with support from the Missouri Center for Public Health Excellence (MOCPHE).

MCHD conducted a CHA to understand both the comprehensive health outcomes of Macon County residents and how residents perceive their health. Additionally, through this process, MCHD and our partners collaborated and reflected on the many ways we already work together and opportunities for future collaborations.

This CHA was conducted following the MAPP 2.0 process, which centers the following:

- Community Voice and Engagement
- Partnership and Collaboration
- Health Equity
- Systems-thinking

Data was compiled from the MAPP 2.0 assessments, namely the Community Status Assessment (CSA), Community Context Assessment (CCA), and Community Partner Assessment (CPA). Both qualitative and quantitative data were collected, which helped present a comprehensive image of health in Macon County. Throughout this process, similar themes were shared by partners and community members and were identified in health outcomes. These outcomes guided the development of health priorities that will be addressed in a future Community Health Improvement Plan (CHIP).

The CHA process presents an opportunity for many to better understand and address the health of Macon County. The CHA will be made accessible to all via the MCHD website and newsletter emails to community partners.

Additionally, all partners engaged in this effort received an electronic copy of the CHA. Printed, bound copies were also provided to schools and libraries in the county for broader public use.

Ultimately, the three priorities chosen by MCHD and partners were:

- Access to care
- Youth health
- Mental health

MAPP 2.0 Principles

MAPP 2.0 is a framework for community improvement developed by the National Association of County and City Health Officials (NACCHO). MAPP stands for Mobilizing for Action through Planning and Partnership and was developed by NACCHO to provide communities with an up-to-date, community-driven, evidence-based, comprehensive strategic plan for identifying health priorities and developing strategies to address those priorities.

The following principles are the foundational principles of MAPP 2.0 and define the values which are interwoven into the MAPP framework:

Equity: The idea that everyone shall have a fair and just chance to achieve their best health regardless of any factors that might affect their health outcomes.

Inclusion: Fosters belonging and prevents “othering” by identifying and removing barriers to community participation and ensuring all stakeholders and community members, regardless of background or experience, can contribute to MAPP.

Trusted Relationships: Builds connection and trust by honoring the knowledge, expertise, and voice of community members and stakeholders.

Community Power: Builds community power to ensure those most impacted by the inequities and actions addressed through Community Health Improvement (CHI) are those that guide the process, make important decisions, and help drive action.

Strategic Collaboration & Alignment: Creates a community-wide strategy that appropriately aligns the missions, goals, resources, and reach of cross-sectoral partners to improve community health and address inequities.

Data & Community Informed Action: Identifies priorities, strategies, and action plans that are driven by the community’s voice and grounded in community need as identified through timely qualitative and quantitative data.

Full Spectrum Actions: Encourages community improvement through approaches ranging from provision of direct services to policy, systems, and environmental change and community power-building for supportive communities that enable health and well-being for all.

Flexibility: Meets the real-time, evolving, and unique needs of diverse MAPP communities, organizations, and sectors through an adaptable framework.

Continuous: Maintains continuous learning and improvement through regular community assessment, planning, action, and evaluation cycles.

MAPP 2.0 Phases

MAPP 2.0 consists of the following three phases, intended to be observed sequentially and in a continuous cycle:

Phase 1: Build the Community Health Improvement (CHI) Foundation

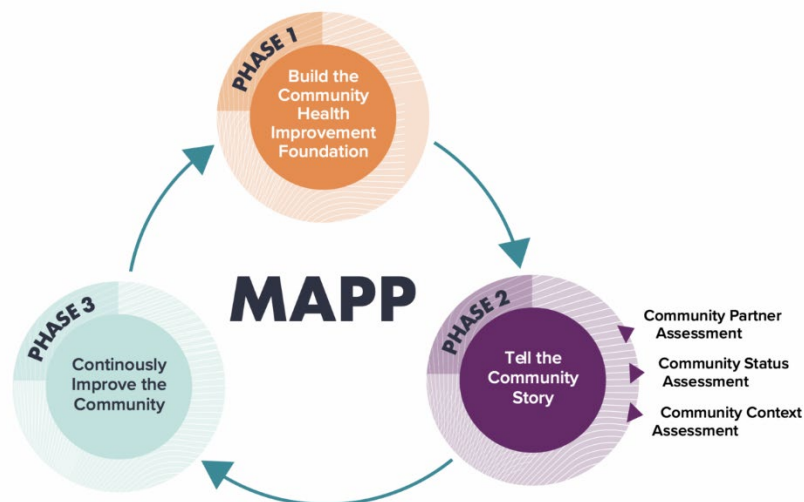
Phase 2: Tell the Community Story

Phase 3: Continuously Improve the Community

Phase 1 focuses on building a system for community partner collaboration. First, stakeholders are identified and their influence on CHI activities is analyzed. Next, the CHI infrastructure, partnerships, and leadership are established. Finally, a community vision is developed, and a starting point assessment is conducted to review past CHI processes.

Phase 2 involves gathering and analyzing data about the community and its health. In this phase, several assessments are developed and distributed to collect information from community members and stakeholders. Then, themes found in the data will be used to identify key health issues, which will be shared with the community.

In Phase 3, the key health issues discovered in Phase 2 will prompt the creation of health priorities that will power the CHIP. Assigned subcommittees including stakeholders will construct goals and strategies for addressing each health issue. A system for monitoring and evaluating the CHIP will be established.



Community & Partner Engagement

Community partner engagement was vital to the CHA process as MCHD sought to gather accurate, relevant data to paint a comprehensive picture of the health of Macon County. Over the course of several months, community partners and MCHD staff met to review and provide feedback on CSA and CHA data, supply qualitative data regarding the community's strengths and assets, built environment, and external influencers, and offer resources to support CHI efforts.

The following list is comprised of groups who, as community partners, contributed to the CHA process:

AARP

Amish Community

Macon County Community Volunteer Corps

City of Atlanta, MO

County Commissioners (Macon County)

County Connections

Cruse Law

Department of Social Services

Emergency Management Director (Macon County)

Emergency Medical Services (Macon County)

First Baptist Church

Foster Adopt Connect

Hawkins Harrison Insurance

Hospice Compassus

Macon Housing Authority

Immaculate Conception School

Loch Haven Nursing Home

Macon Chamber of Commerce

Macon City Fire Department

***Macon County Health Department Board
Members/Employees***

Macon County Ministries

Macon Diversified Industries

Macon Economic Development

Macon HCA

Macon R-IV School District

Macon United Methodist Church

Mark Twain Behavioral Health

Ray of Hope Pregnancy Center

Rural Advocates for Independent Living

Samaritan Hospital

Senior Benefit Services

State Senate District 18, Legislative Assistant

The Home Press

Total Family Health Care

Veterans Administration

Long Branch Area YMCA

MCHD expresses gratitude to all who engaged in the CHA process. Partners provided dedication to the process and invaluable insights that uniquely shaped the development of the CHA and will directly lead to a more impactful health improvement plan for Macon County.

2nd

COMMUNITY PARTNER MEETING



Community Status Assessment

PROCESS & METHODS

The Community Status Assessment (CSA) for Macon County gathers and analyzes quantitative data to provide a better understanding of the community's health, demographics, and health inequalities. Using the MAPP 2.0 framework, it collects information that helps tell the community's story. Rather than simply examining health issues and behaviors, the CSA also delves into the influence of the Social Determinants of Health (SDOH) on health disparities (i.e. preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations). This effort relies heavily on input from the community itself to ensure the findings accurately reflect Macon County's reality. Quantitative data for the CSA was collected from secondary data sources.

For the collection of necessary information, data was taken from reputable sources such as Policy Map, the U.S. Census Bureau American Community Survey, and County Health Rankings. Following the data collection, a summary of the most relevant and actionable information was prepared. All quantitative data was methodically stored in a spreadsheet to maintain its integrity and completeness. This thorough process makes the CSA essential to understanding and addressing the health landscape in Macon County, complementing other assessments related to the community and its needs.

GEOGRAPHIC PROFILE

Macon County is located in the northern portion of Missouri in the United States. The county was organized on January 6, 1837, and was named after Nathaniel Macon, a Revolutionary War hero and North Carolina politician. It has 801.2 square miles of land area and is the 13th largest county in Missouri by total area, of which 11 square miles (1.4%) is water. The county seat, Macon, is the largest town and serves as the administrative center of the region. As of the latest census, Macon County has a population which reflects a mix of rural and urban living, with a majority residing in smaller towns and rural areas (United States Census Bureau, n.d.). According to the latest data from County Health Rankings, 64.8% of the population of the county resides in rural areas (County Health Rankings & Roadmaps, n.d.).

In Macon County, 60% of the land in farms is used for cropland, according to the 2017 Census of Agriculture Data. The Chariton River, a significant waterway in Macon County, along with various

smaller lakes and ponds, enriches the county's biodiversity and offers resources for agriculture and recreation. The region's fertile soil supports various crops and livestock, playing a vital role in the local and state economy (Missouri Economic Development Department). Maintaining a healthy environment with clean air and water is very important to the health of everyone in Macon County. Leading industries in the county include agribusiness, energy, information technology, transportation, manufacturing and production, and tourism (Macon Area Chamber of Commerce).

The area's natural beauty, looked after by the Missouri Department of Natural Resources, helps people live well and encourages healthy activities (Missouri Department of Natural Resources, n.d.). Locations such as Long Branch State Park are great for exercise and relaxation. The county's blend of beautiful scenery, outdoor activities, and community warmth makes it an ideal place for both residents and visitors.

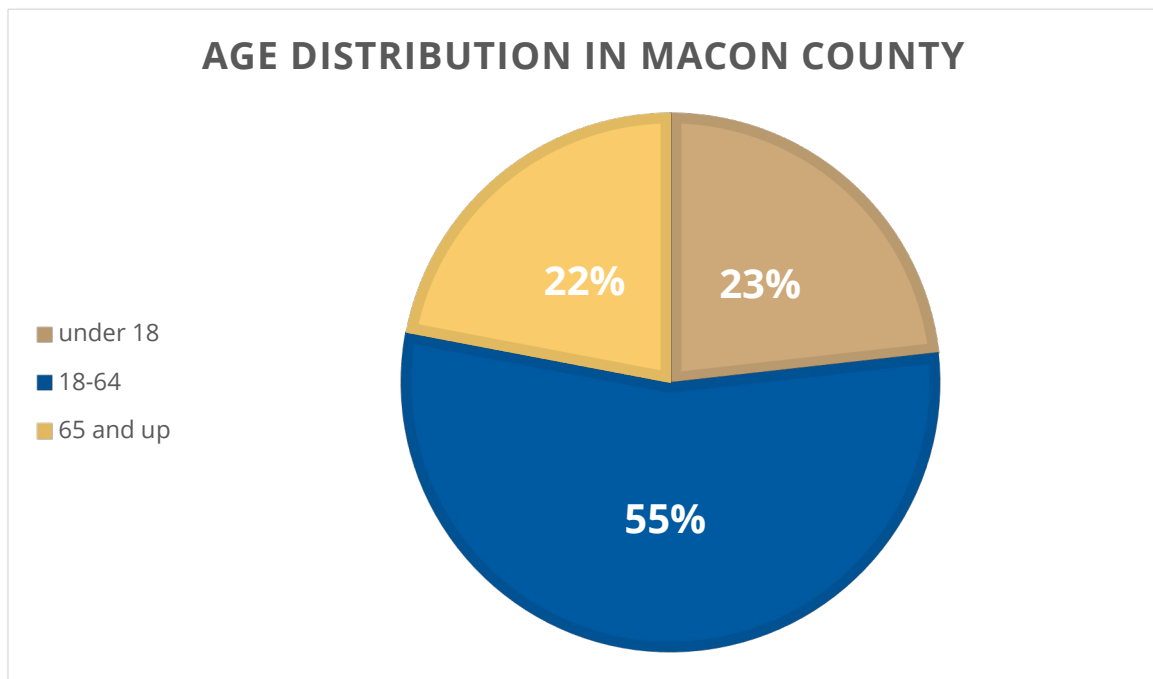


COUNTY DEMOGRAPHICS

As of July 1, 2023, there were 15,161 people living in Macon County. Since April 1, 2020, the number of people has slightly dropped by 0.3%, which indicates the population has been stable over the last few years. There are 5,848 households in the county with an average of 2.55 people living in each. A large majority (92.2%) of people have stayed in the same house over the past year, indicating a strong sense of belonging (U.S. Census Bureau, n.d.).

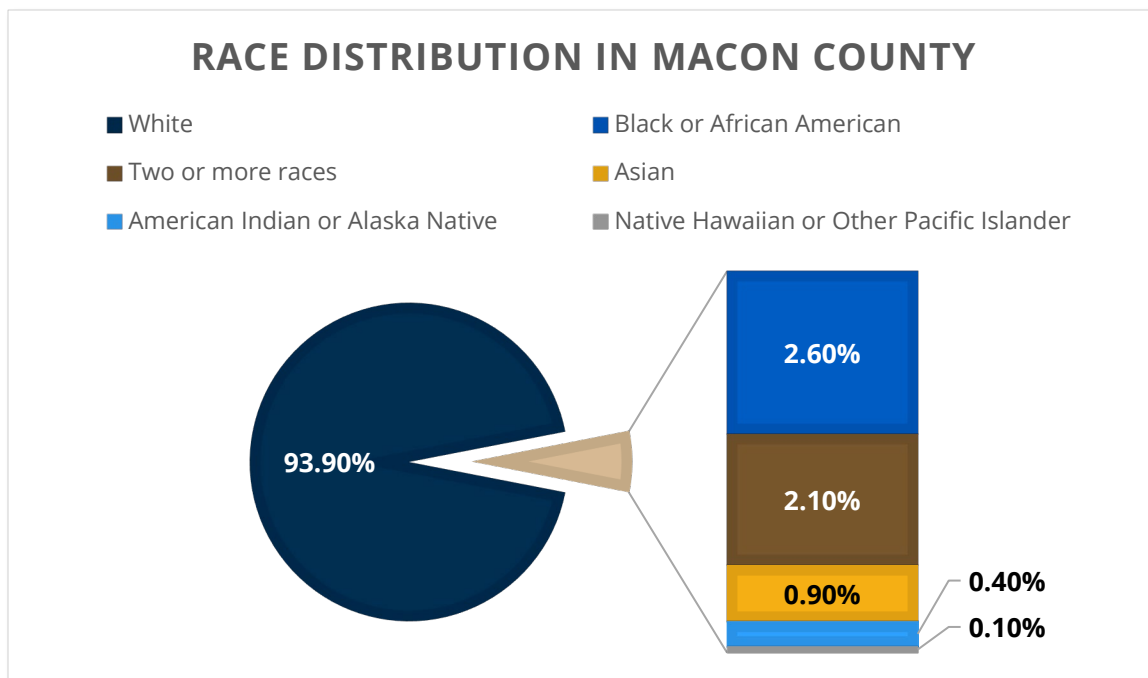
The demographic breakdown of the population reveals that children under five years old constitute a slightly lower proportion in Macon County at 5.46% compared to the Missouri average of 5.85%. The county has a higher percentage of individuals under 18 years old at 23.23% versus the state average of 22.33%. However, the working-age population (18-64) in Macon is smaller, at 54.76% compared to Missouri's 60.4%. Macon county has a higher percentage of residents 65 and older,

22.01%, compared to the state's 17.26%, indicating a notably older population in Macon County relative to Missouri overall (Policy Map. 2024).



In Macon County, 97% of the population speaks only English, while a small percentage speaks other languages, including Spanish (0.5%), other Indo-European languages (2.0%), Asian and Pacific Islander languages (0.5%), and other languages (0.1%) (U.S. Census Bureau, n.d.).

According to the U.S. Census Bureau, 93.9% of the residents identify as White, while 2.6% identify as Black or African American. Additional racial identities within the county include Asian (0.9%), American Indian or Alaska Native (0.4%), and Native Hawaiian or Other Pacific Islander (0.1%). The Hispanic or Latino population constitutes 1.9%, and 2.1% of the population identifies as two or more races.



Additionally, Macon County has a notable Amish population. As reported by the Young Center for Anabaptist and Pietist Studies, population estimates were gathered in 2023 across five settlement sites in Macon County (Anabel, Bevier, Ethel/New Cambria, Excello, and La Plata). The estimated total Amish population in Macon County is about 755; this number is inclusive of children and adults. Missouri's total Amish population is estimated to be about 17,000 people. Macon County Health Department has actively fostered relationships with local Amish leaders to inform about health issues and environmental safety risks. Worth noting are the significant limitations regarding the available data on Amish populations, their experiences, and health needs. Macon County Health Department's relationships with the local Amish community provide some insights into experiences and needs, and more information would benefit future programming, education, and services.

SOCIAL DETERMINANTS OF HEALTH

Data related to crimes is provided by the Missouri State Highway Patrol's Criminal Justice Information Systems. In 2023, the Macon County Sheriff's Office reported 31 drug / narcotic violations resulting in arrest for unlawful cultivation, manufacture, distribution, sale, purchase, use, possession, transportation, or importation of any controlled drug or narcotic substance. This number was up 34.78% compared to 2022, in which 23 drug / narcotic violations occurred. In 2023, 78.1% (25 instances) of drugs seized were stimulants; 9.4% (3) were related to narcotics; and 6.3% (2) were related to hallucinogens. 64.5% (20) of the violations were for possessing or concealing a controlled drug or narcotic substance; 25.8% (8) were related to the use or consumption of a controlled drug or narcotic substance; and 9.7% (3) were related to the distribution or sale of a controlled drug or narcotic substance. Most offenders (a total of 30) were between the ages of 35-44

and 45-54 with four offenders under the age of 18, and five offenders between the ages of 55-64. Offenders were largely male.

The Macon City Police Department reported 10 drug / narcotic violations resulting in arrest for the unlawful cultivation, manufacture, distribution, sale, purchase, use, possession, transportation, or importation of any controlled drug or narcotic substance in 2023. This was a 61.54% decrease from 2022, in which there were 26 violations. In 2023, of the drugs / narcotics seized, 50.0% (6) were stimulants, 25.0% (3) were narcotics, 16.7% (2) were other drugs, and 8.3% (1) were marijuana / hashish. All these violations were related to possession or concealment. Most offenders (6) were between the ages of 35-44; 4 offenders were 25-34; 4 offenders were under the age of 18; and 1 offender was between 18-24. Offenders were largely male. In 2023, Missouri as a state experienced a decrease from 2022 of 39.58% of drug/narcotic violations and a total of 19,607 drug / narcotic violations. Notably, Missouri voters approved legalizing medical marijuana in 2018 (with 66% of voters supporting it) and in 2022 approved legalizing recreational marijuana use and sale (with 53% of voters supporting it).

The Macon County Sheriff's Office reported a 22.22% decrease in 2023 when compared to 2022 in firearm related crimes (crimes involving the use of firearms, firearm-automatics, handguns, handgun-automatics, rifles, rifle-automatics, shotguns, shotgun-automatics, other firearms, and other firearm-automatics). There were 7 cases of non-fatal firearm related crimes in 2023, 9 in 2022, and 3 in 2021. The Macon City Police Department reported no change in the number of firearm related crimes in 2023. Both 2023 and 2022 had 3 firearm related crimes; 2021 had 2. In 2023, Missouri experienced a 1.72% decrease from 2022 in firearm related crimes and a total of 22,134 non-fatal firearm crimes.

The volume of violent crime as reported by the Macon County Sheriff's Office remained unchanged from 2022 to 2023 with 10 violent crimes occurring each year; this is a slight increase from 2021, in which 7 violent crimes occurred. Most weapons involved in violent crimes were personal weapons, defined as hands, fists, arms, teeth, etc. The Macon City Police Department reported a 28.57% increase in violent crime in 2023 with 9 total crimes. In 2022, there were 7 violent crimes, and in 2021, there were 3. Most weapons involved in violent crimes were dangerous weapons. In 2023, Missouri experienced a 6.10% decrease from 2022 in violent crimes, or a total of 28,762 violent crimes.

As for housing, 76.9% of homes are owned by people who live in them, and the average value of these homes is \$115,900. In terms of income, the county's per capita income is \$27,227, and the average income for a household is \$54,113. Data shows 14.0% of people live below the poverty line (in 2024, for one person in a household, the annual income is \$15,060; for a family of four, the annual income is \$31,200). 85.9% of people aged 25 and older have at least a high school diploma, and 17.5% have a bachelor's degree or higher.

The Missouri Hunger Atlas reported in 2021 that 11.5% of Macon County residents experienced food insecurity, a condition in which households face limited or uncertain access to adequate food due to

economic and social factors. Missouri's state-wide average for food insecurity in the same year was 11.6%. Of the individuals experiencing food insecurity, 11.6% were under 18 and 5.4% were food insecure with hunger (meaning an individual-level physiological condition that may result from food insecurity). In 2022, 42.3% of Macon County students were enrolled in free and reduced-price lunch, which is lower than the statewide average of 46.8%. In 2021, Macon County had 1,347 participants (8.8% of the total population) in Supplemental Nutrition Assistance Program (SNAP). In 2021, 59.2% of the income eligible population for SNAP was participating in the program, which is lower than the statewide average of 67.4%. Food bank distributions in 2021 totaled 559,098 pounds, or 336 pounds per capita below the 100% poverty level, which is higher than the statewide average of 202 pounds per capita below the 100% poverty level.

Macon County has a 3.1% unemployment rate. The county's employment rate is estimated at 54.6%, with a margin of error of $\pm 2.1\%$, lower than Missouri's state average of 60.1% ($\pm 0.4\%$). According to the U.S. Census Bureau, most workers aged 16 and over prefer to drive alone to work (80.8%). Carpooling is the second most common option (10.4%), while smaller percentages using public transportation (0.3%), walking (1.3%), or use other means including bicycles and motorcycles (0.9%). Additionally, 6.3% of workers work from home.

\$54,113

Average
Household
Income

14%

Poverty Rate

11.5%

Residents Food
Insecure

HEALTH BEHAVIORS

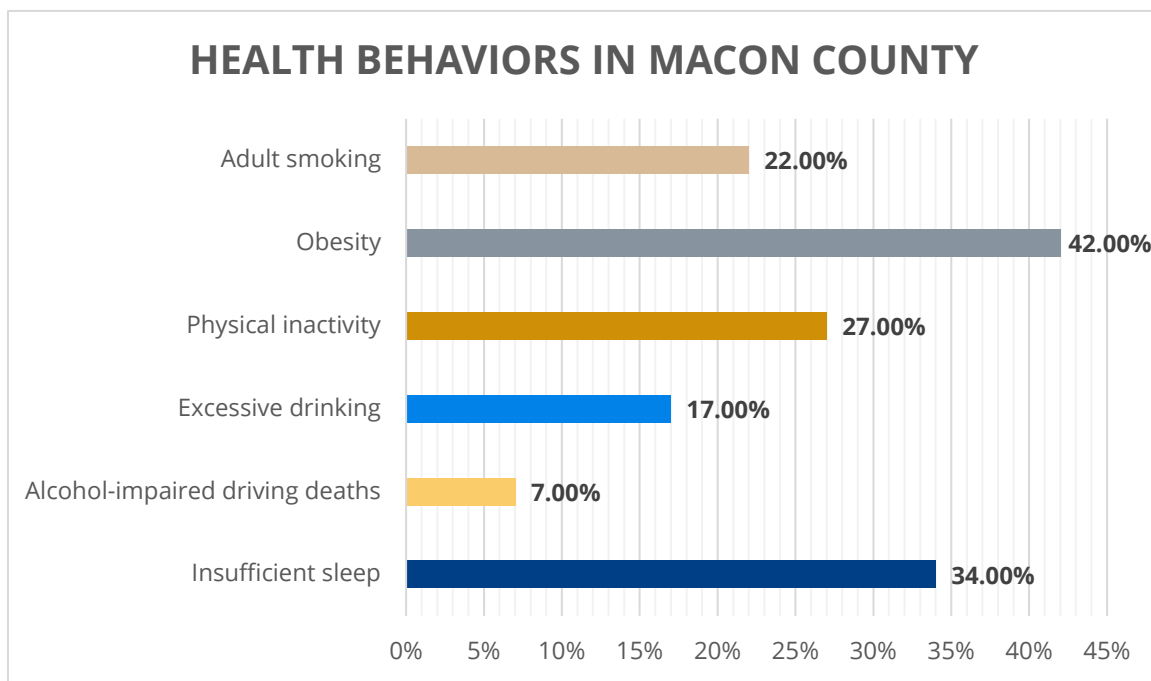
The latest data from County Health Rankings (CHR) reveals high rates of smoking, obesity, physical inactivity, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, and teen births. Starting with adult smoking, Macon County reports a rate of 22% among adults who smoke cigarettes. This figure is notably higher than the Missouri state average of 18% and significantly surpasses the national average of 15%. Similarly, the county's adult obesity rate stands at 42%, exceeding Missouri's average of 38% and the national average of 34%, indicating a notably higher prevalence of obesity in the county.

27% of the population in Macon County reported physical inactivity; this is a figure that marginally surpasses the Missouri state average of 24% and the national average of 23%. This indicates a trend

toward less physical activity in the county compared to state and national levels. The rate of excessive drinking in Macon County aligns more closely with broader averages, standing at 17%. This percentage is relatively in line with the state (19%) and national (18%) averages. In contrast, alcohol-impaired driving deaths in Macon County are significantly lower, with a rate of 7% compared to the state's 28% and the national average of 26%. The incidence of sexually transmitted infections in Macon County, at 223.9 Chlamydia cases per 100,000 people, is substantially lower than both the Missouri rate of 517.4 and the national rate of 495.5. Teen births in Macon County are recorded at 23 per 1,000 female residents aged 15-19, which is higher than the state average of 20 and the national average of 17.

Regarding food insecurity and access to healthy foods, 11.5% of Macon County's population experiences food insecurity, and a similar percentage has limited access to healthy foods. These rates match the state average and are higher than the national average of 10%. In 2023, the rate of people in Macon County receiving services for mental disorders in governmental programs was 1116.4 per 100,000. Finally, the report of insufficient sleep among Macon County residents, at 34%, aligns with the national average but is slightly higher than the state average of 33%. (County Health Rankings and Roadmaps).

The image below shows the latest data on health behaviors in Macon County as taken from CHR.

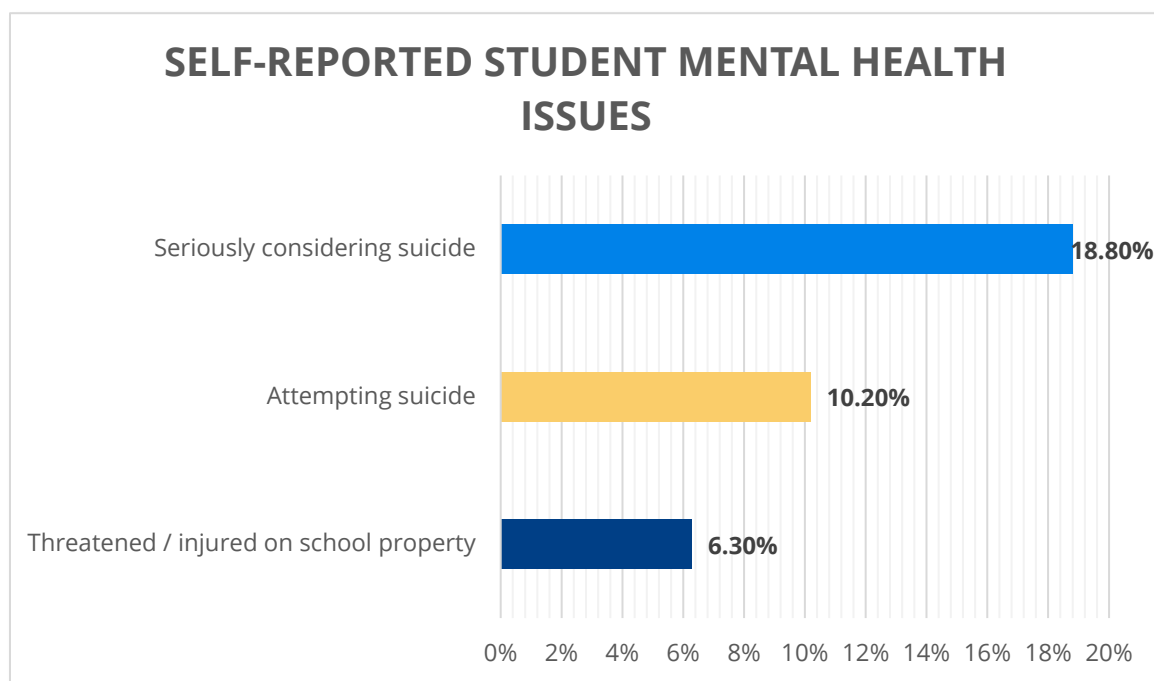


Comparative analysis of youth risk behaviors: Macon County and Missouri state data from the 2022 student survey

The 2022 Missouri Student Survey had 471 responses from students in Macon County. The results detailed below are from students who completed the survey.

12.4% of respondents stated that they had used alcohol in the past thirty days. Electronic cigarette usage was at 12.1%, compared to the state average of 11.0%. Additionally, 6.2% of respondents stated they had used marijuana in the past thirty days, which is slightly lower than the state's average of 7.5%.

The mental health data from Macon County students shows a troubling trend with 18.8% of students seriously considering suicide, higher than the state average of 11.0%. The rate of students attempting suicide in Macon County stands at 10.2%. Some students expressed concerns about safety with 6.3% of students reporting being threatened or injured with a weapon on school property, which is lower than the state average of 7.9%.

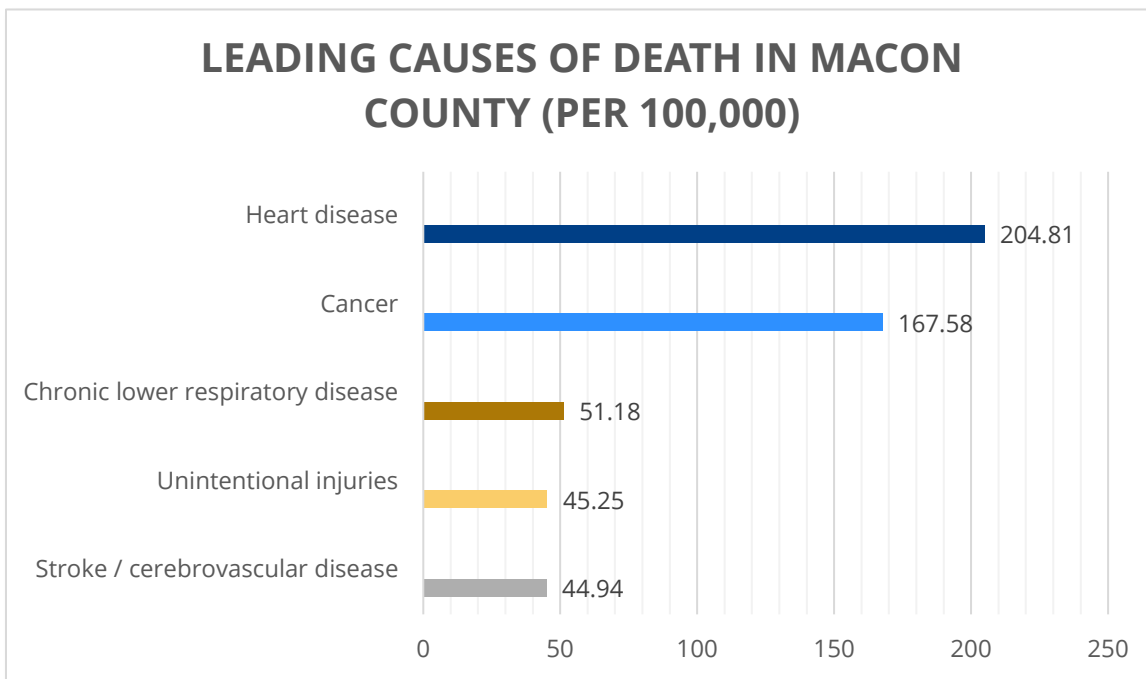


Perceptions regarding the wrongness of substance use vary, with 92.6% of Macon County student respondents stating that their parents opposed regular marijuana use, which is closely aligned with the state percentage of 92.5%. There are also accessibility concerns, with 45.1% of students reporting “very” or “sort of” easy access to alcohol. Electronic cigarettes are also perceived to be more accessible in the county, with 41.3% reporting ease of access.

MORBIDITY & MORTALITY

From 2011 to 2021, Macon County experienced 2,308 deaths from all causes with a mortality rate of 817.86 per 100,000 population, closely mirroring Missouri's rate of 858.57. Heart disease was the leading cause of death, with 586 deaths at a rate of 204.81 per 100,000, which does not significantly differ from the state's 193.45. Cancer deaths in Macon County totaled 458 with a rate of 167.58 per 100,000, nearly in line with the state's rate of 173.88, indicating a slightly higher but comparable rate

in the county compared to the state. Chronic lower respiratory disease was the 3rd leading cause of death, with 148 deaths at a rate of 51.18 per 100,000. Next was unintentional injuries, with 93 deaths at a rate of 45.25 per 100,000. Finally, there were 135 stroke / other cerebrovascular disease deaths at a rate of 44.94 per 100,000. (MOPHIMS – Missouri resident death – leading causes profile, n.d.).



Notably, suicide rates in Macon County significantly exceeded state levels, with 51 deaths at a rate of 31.21 per 100,000 compared to Missouri's 17.25. Kidney disease (nephritis and nephrosis) also showed a higher mortality rate in Macon County (25.94 per 100,000) compared to the state (19.14), suggesting a particular vulnerability within the county to kidney-related health issues. (MOPHIMS – Missouri resident death – leading causes profile, n.d.).

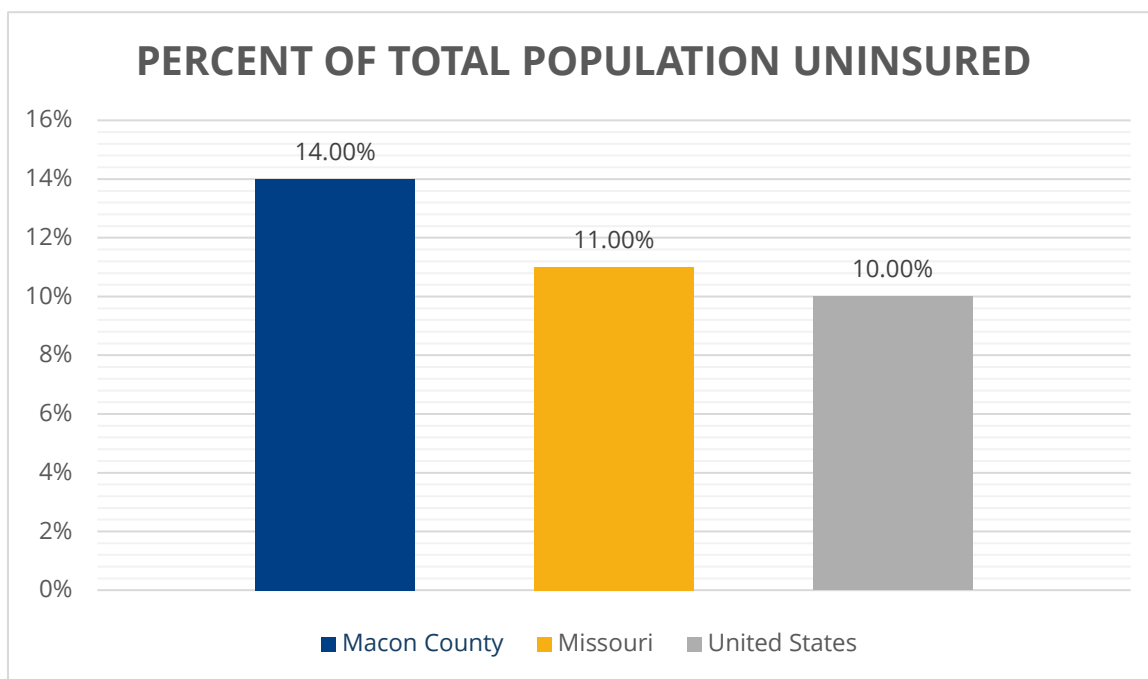
2011-2021 SUICIDE DEATH RATES (PER 100,000)

Macon County	Missouri
31.21	17.25

In Macon County, the measure of premature deaths expressed as years of potential life lost per 100,000 people was recorded at 7,900 years. Missouri's rate is 9,500 years per 100,000; the national average is 8,000 years. For quality-of-life measures, Macon County reported 18% of its population in poor or fair health, which is higher than the national average of 14%. The county's residents experienced an average of 4.1 poor physical health days and 5.1 poor mental health days in the previous 30 days. Additionally, the county's low birthweight rate stood at 9%, aligning with both Missouri and the national averages, suggesting consistent outcomes in maternal and child health metrics across these levels. (County Health Rankings & Roadmaps).

HEALTHCARE ACCESS

In Macon County, issues around healthcare accessibility are highlighted by a series of statistics that suggest health disparities (preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations) in comparison to both the state of Missouri and national figures. The uninsured rate in the county stands out as a concern, with 14% of the total population lacking health insurance. This figure is somewhat higher than the 11% observed statewide in Missouri and the 10% average across the United States (County Health Rankings & Roadmaps). Moreover, the rate of uninsured children at 9% surpasses the state (6%) and national (5%) averages. Uninsured individuals in the U.S. face significant difficulties in accessing and affording healthcare, leading to a higher likelihood of delayed or forgone medical treatments and substantial financial burdens from medical expenses (KFF, 2023).



Access to primary care physicians in Macon County is another area of concern. The ratio of primary care physicians to the population is markedly higher at 2,530:1, compared to the state and national

averages of 1,420:1 and 1,330:1, respectively. This disparity suggests that residents may face challenges in accessing primary care, which is essential for preventive health measures, early detection of illnesses, and the management of chronic conditions. Such a shortage in primary care availability can exacerbate health disparities and lead to increased long-term healthcare costs for the community. The ratios of residents to dentists and mental health providers stand at 2,501:1 and 1,670:1, respectively, both of which are significantly higher than the Missouri averages of 1,600:1 and 410:1, and far exceed the national averages of 1,360:1 and 320:1. Limited access to dental care can negatively impact oral health, which is a crucial component to overall health. Furthermore, restricted access to mental health services may hinder the timely and effective treatment of mental health conditions, affecting the community's wellbeing. Macon County's rate of preventable hospital stays is 3,001 per 100,000 people enrolled in Medicare; this refers to hospital stays that may have been prevented by outpatient treatment. Missouri's rate is 3,016 per 100,000, and the nation's rate is 2,681 per 100,000. This metric is important as it can help inform future community efforts to address access to care issues, including general access to primary care.

RATIO OF PRIMARY CARE PHYSICIANS : POPULATION



Screening and vaccination rates in Macon County present a mixed picture. Mammography screening rates are nearly on par with the state average of 46% and slightly higher than the national average of 43%. The percentage of adults reporting having been tested for HIV in 2018 is 29.7%. Flu vaccination rates are at 40%, which is below both the state and national rates of 45% and 46%, respectively (County Health Rankings & Roadmaps). As of December 7, 2022, in Macon County, MO, 45.98% of the population has received at least one dose of the COVID-19 vaccine, and 41.91% are fully vaccinated (COVID-19 Vaccine Tracker, 2022).

Community Context Assessment

SUMMARY

The Community Context Assessment (CCA) was conducted using the MAPP 2.0 framework to provide a primary source of data on community members' views about their own health and the health of the community. By focusing on those with the greatest need, the CCA helps further prioritize the health issues that will be addressed by the CHIP. Before administering the CCA survey, a community meeting was held to identify relevant topics to include. After incorporating these topics into the survey, it was distributed to the community, generating responses representing 3.3% of the county population.

The major findings from the CCA reveal that the most important indicators of a healthy community were safe and healthy homes, followed by quality education and quality healthcare. The majority of survey respondents feel safe living in, or raising children in, their community.

When asked about the most needed topics in health education, survey respondents identified mental and behavioral health as the top priority, followed by chronic disease and substance / opioid misuse. Interest was also expressed in classes that would teach children about topics such as nutrition, cooking, gardening, and exercise.

Questions regarding physical health revealed that a majority of survey respondents exercise at least once a week, but only a small portion exercise more than twice a week. Respondents disclosed several barriers to accessing fresh, healthy food, including the increasing cost of food, limited restaurants with healthy food options, and few farmers markets.

While most survey respondents annually receive routine, preventative health check-ups, survey respondents revealed cost to be the major barrier to receiving healthcare. Lastly, the availability of doctors and women's health facilities is also a concern.

Understanding gained from the CCA will, with the Community Status Assessment (CSA) and Community Pattern Assessment (CPA), guide the selection of health issues and health priorities to be addressed by the Community Health Improvement Plan (CHIP).

PROCESS & METHODS



The CCA began with a CHA kickoff meeting in which the community survey was discussed and community meetings were scheduled. Next, the community survey was drafted using Microsoft Forms. The survey consisted of 35 questions and included multiple choice, rating scale, and open-answer questions. Then, the survey was reviewed in several community meetings, revised, and finalized.

Survey distribution was completed with the help of community partners who aided MCHD in delivering the survey to individuals and groups throughout the county. The survey was made available via physical copies, QR codes, and a website link, and was shared in face-to-face interactions, emails, social media posts, text messages, and newspapers.

Survey results were analyzed through data visuals created by Microsoft Forms and compiled in Microsoft Excel.

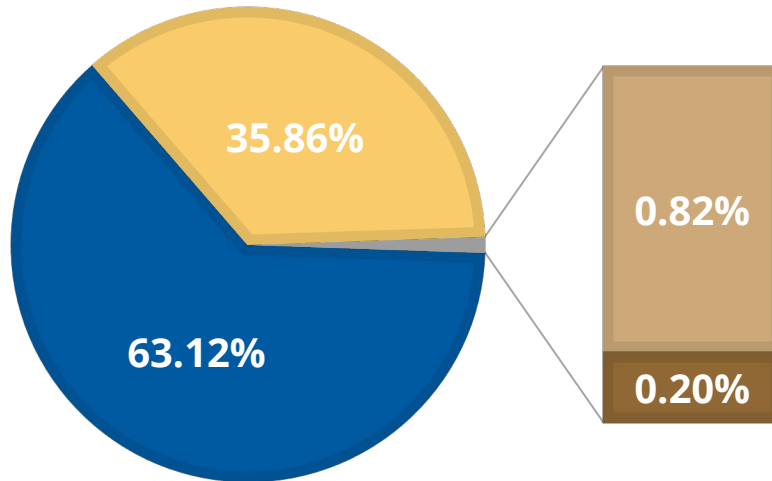
SURVEY DEMOGRAPHICS

The community survey was taken by 496 respondents who live in 12 different zip codes within Macon County. The majority of survey respondents (302) live in zip code 63552, an area which encompasses Macon City. The survey was completed by respondents from all zip codes in the county except one (63557).

The gender identify of most survey respondents is female (364), followed by male (123), and 4 respondents who selected "Prefer not to say." Respondents represented a wide range of ages, with 0.81% of respondents being under 18, 2.42% being 18-25, 12.90% being 26-35, 12.70% being 36-45, 14.31% being 46-55, 19.76% being 56-65, 20.36% of respondents being 66-75, 14.92% being 76+, and 0.20% indicating "Other" as their age.

AGE DISTRIBUTION IN SURVEY RESPONDENTS

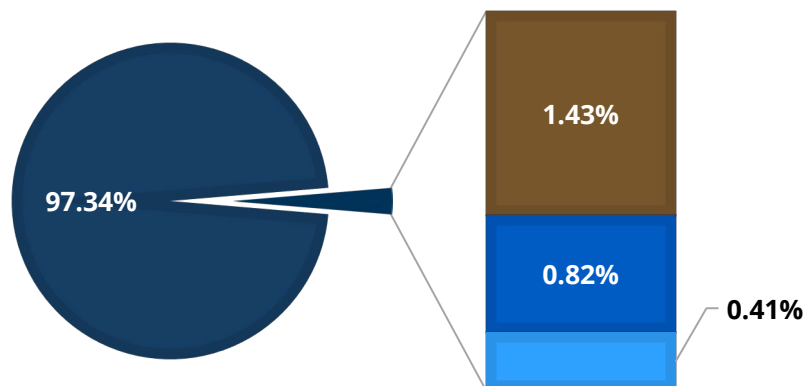
under 18 18-65 66 + Other



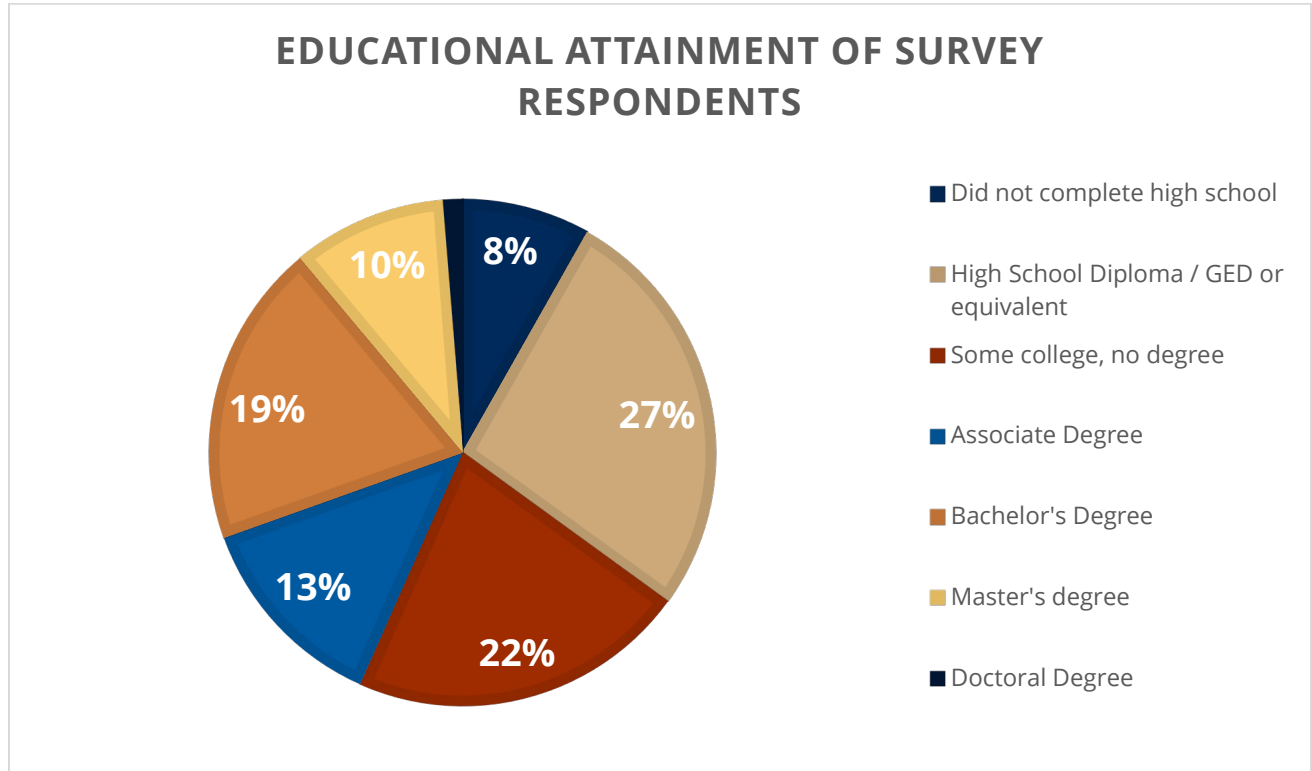
Most survey respondents identified as White (95.77%), with other racial identities including Black or African American (0.81%) and American Indian or Alaska Native (0.40%). 1.41% of respondents identified as two or more races, and 91.53% indicated they were not Hispanic / Latino while 1.81% indicated they were Hispanic / Latino.

RACE DISTRIBUTION OF SURVEY RESPONDENTS

White Black or African American Two or more races American Indian or Alaska Native



Regarding level of education, 90.52% of respondents had completed high school while 8.06% indicated they had not. 21.37% attended some college but did not receive a degree, 12.7% received an associate degree, 19.15% received a bachelor's degree, 9.68% received a master's degree, and 1.21% received a doctoral degree.



QUALITY OF LIFE

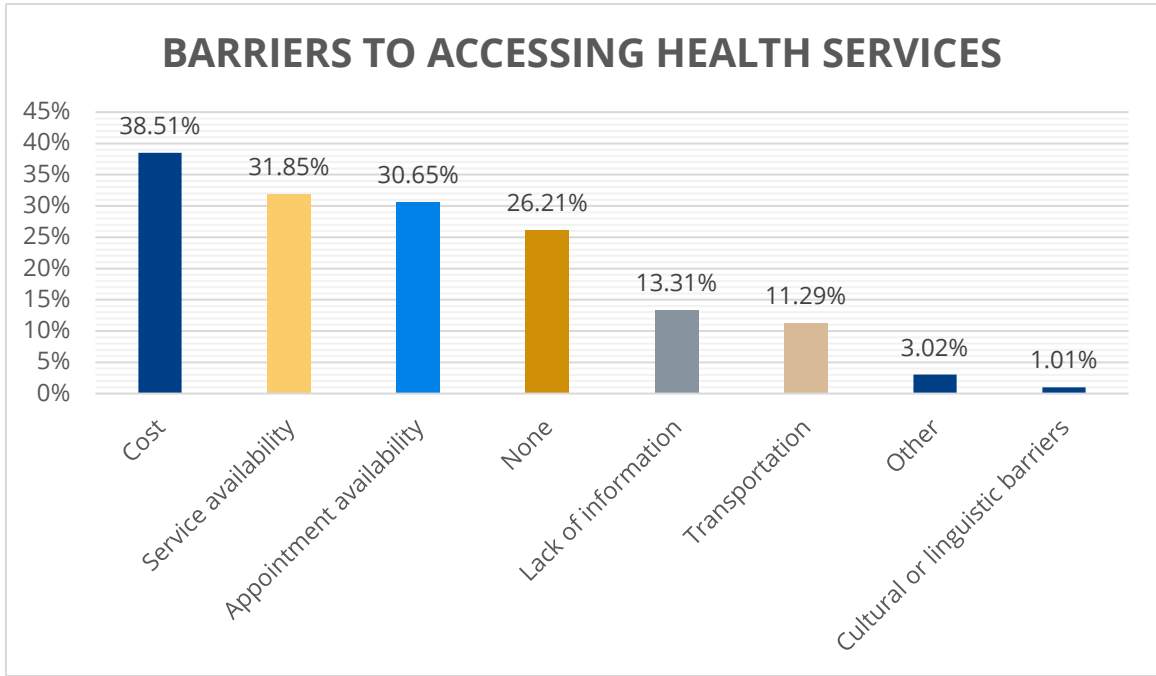
When asked to rank the importance of various aspects of community well-being, respondents ranked “Safe and healthy homes” as most important, followed by “Quality education” and “Quality healthcare.” Respondents feel relatively safe living in their community, responding with an average rating of 4.12 when asked to rate how safe they feel living in or raising children in their community on a scale from 1 (not at all) to 5 (extremely safe). While most respondents have completed high school, many feel children are not receiving adequate education to learn healthy behaviors. Healthcare is somewhat accessible, although significant inequalities to receiving healthcare do exist. Receiving adequate nutrition seems limited by a lack of locations at which to purchase healthy food. Many need more physical activity, and some experience challenges in finding the transportation they need.

WHAT IS MOST IMPORTANT TO MACON COUNTY?

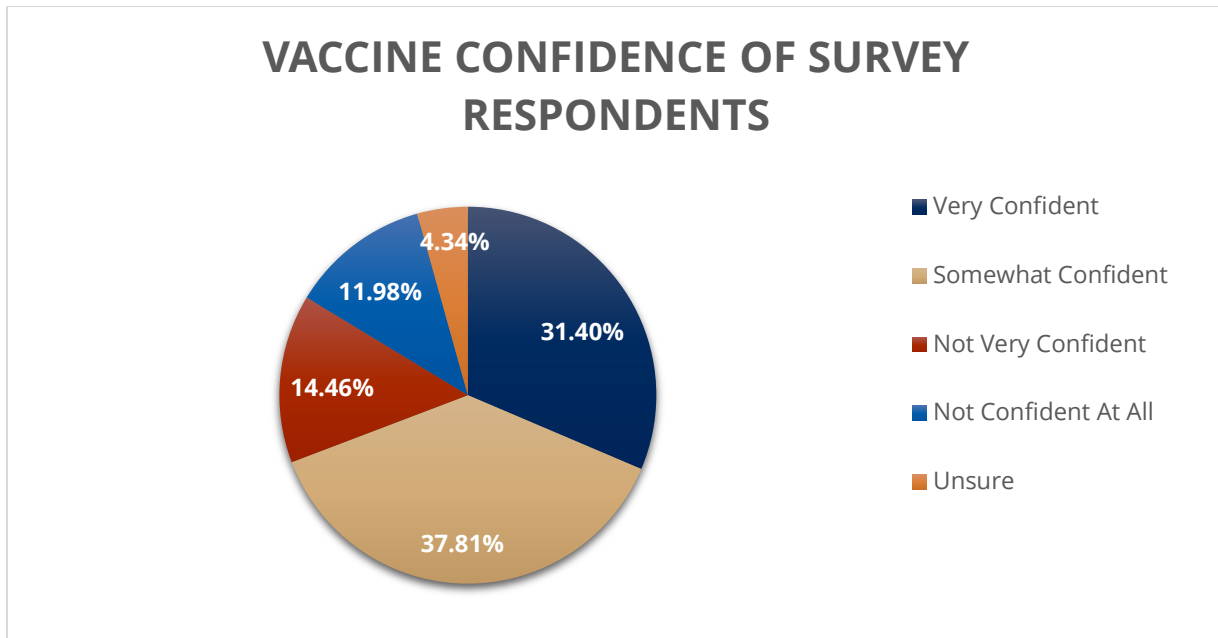
1. Safe and healthy homes
2. Quality education
3. Quality healthcare
4. Adequate employment
5. Nutrition and / or food access
6. Mental health and / or behavioral services
7. Physical activity
8. Transportation

HEALTHCARE

A majority (79.44%) of survey respondents receive preventative, routine health checkups annually; 12.90% receive them less often, 3.63% never receive them, and 1.81% marked “Not applicable.” In the past year, just under one-third (29.44%) of survey respondents chose to forgo medical care due to cost. The barriers most commonly faced by respondents and/or their households seeking to access health services in Macon County include cost, service availability, and appointment availability. 26.21% of respondents indicated they do not face barriers to accessing health services. Additional barriers include number of doctors and number of OBGYN services.

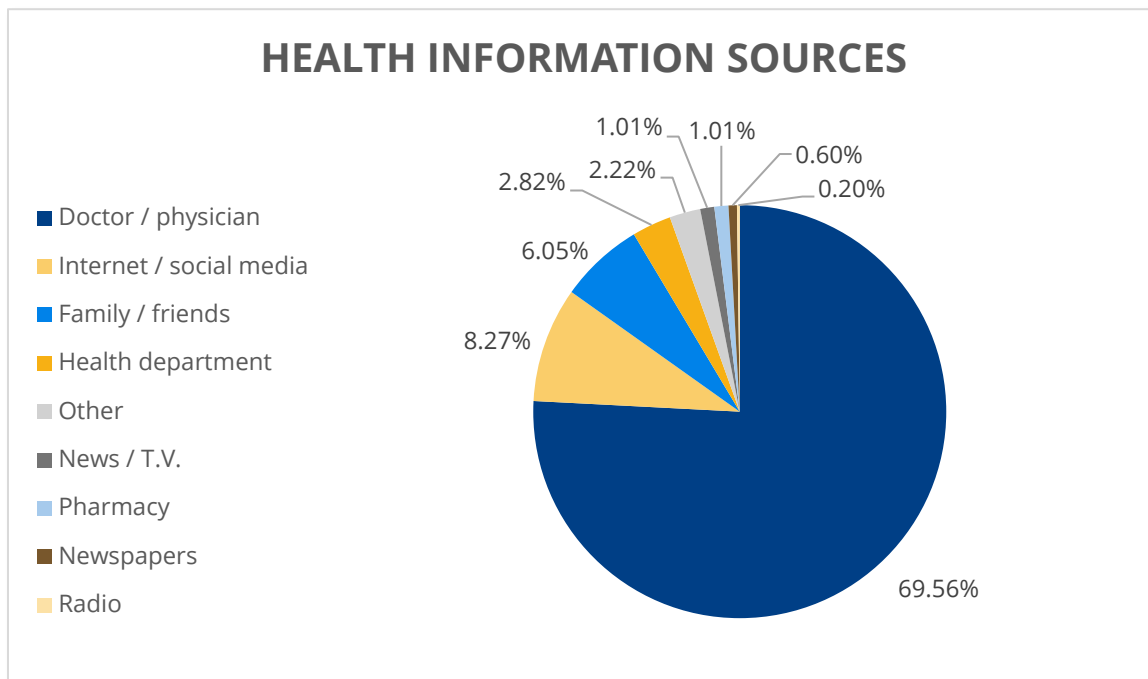


When asked how confident they were in the safety and effectiveness of vaccines recommended by healthcare professionals, 36.90% were somewhat confident, 30.65% were very confident, 14.11% were not very confident, 11.69% were not confident at all, and 4.23% were unsure.



A majority of survey respondents indicated they receive their health information from their doctor / physician (69.56%), followed by the internet / social media (8.27%), family / friends (6.05%), and the

health department (2.82%). Less than 1% receive health information from the news / T.V., pharmacy, newspapers, direct mail, and the radio.

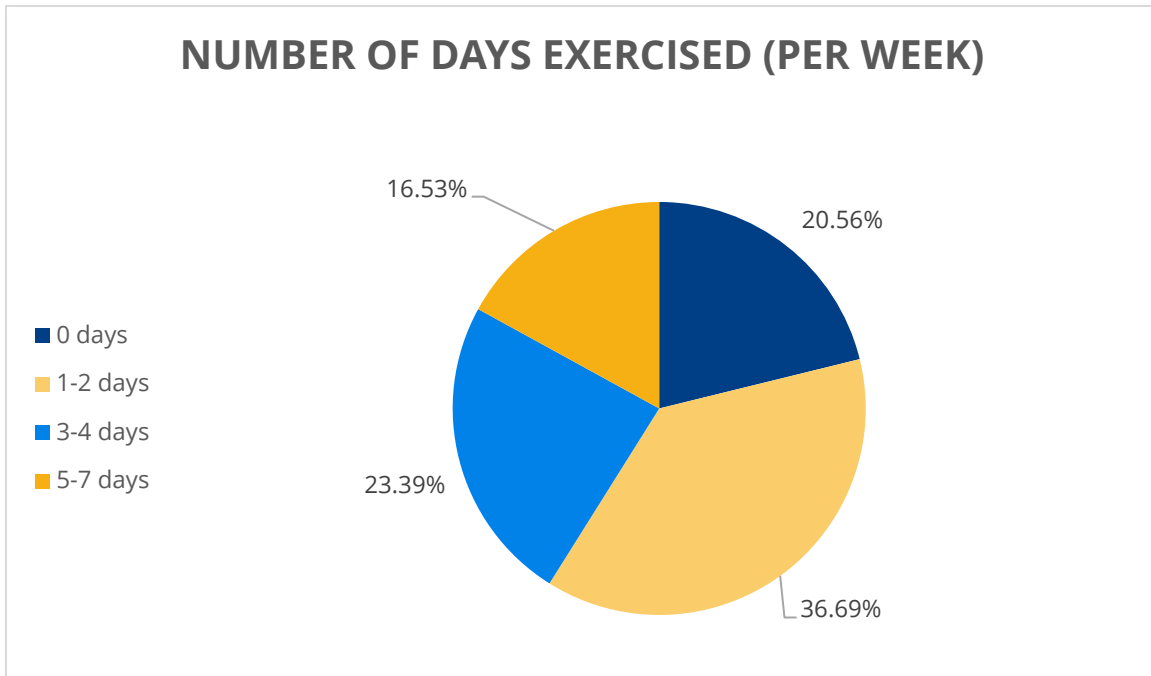


Women's health services were determined to be 11.69% indicating they are very available, somewhat available (43.95%), with 20.16% unsure about the availability of women's health services, 19.76% feeling the services are not very available, and 2.42% expressing these services are not available at all.

PHYSICAL & MENTAL HEALTH

This section focuses on the respondents' attitudes towards their own physical health, access to an exercise space, access to fruits and vegetables, mental health, and access to mental health services.

When asked how many days per week they engage in at least 30 minutes of moderate to vigorous physical activity, 20.56% of survey respondents responded with 0 days, 36.69% exercise 1-2 days, 23.39% exercise 3-4 days, and 16.53% exercise 5-7 days.

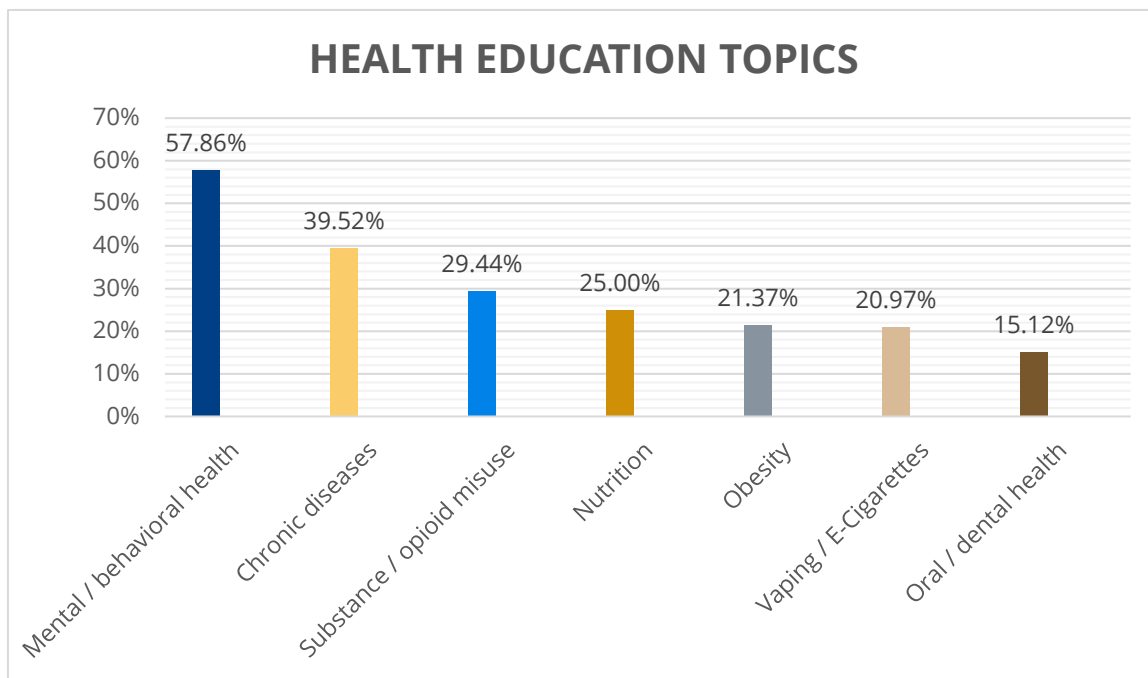


Respondents explained that key health issues in their community are strokes, heart disease, obesity (adult and childhood), diabetes, other chronic illnesses, and COVID-19.

Regarding nutrition, respondents feel the following nutrition issues need to be addressed to improve health in Macon County: healthy eating options (310 respondents), healthy meal preparation (224), food access (214), childhood obesity (187), and chronic disease management (171). Barriers to purchasing and eating healthy foods include cost of food, limited healthy restaurant options, too many fast-food options, and limited access to healthy, fresh food at locations such as farmer's markets. Respondents expressed a need for more access to healthy food via farmer's markets, community gardens, and free lunches in parks.

HEALTH EDUCATION

When asked to select three health topics they felt needed more educational resources, respondents prioritized "Mental / behavioral health," followed by "Chronic disease" and "Substance / opioid misuse." In addition to the educational resources, a need was expressed for education for children about topics such as nutrition, cooking, exercise, and gardening.

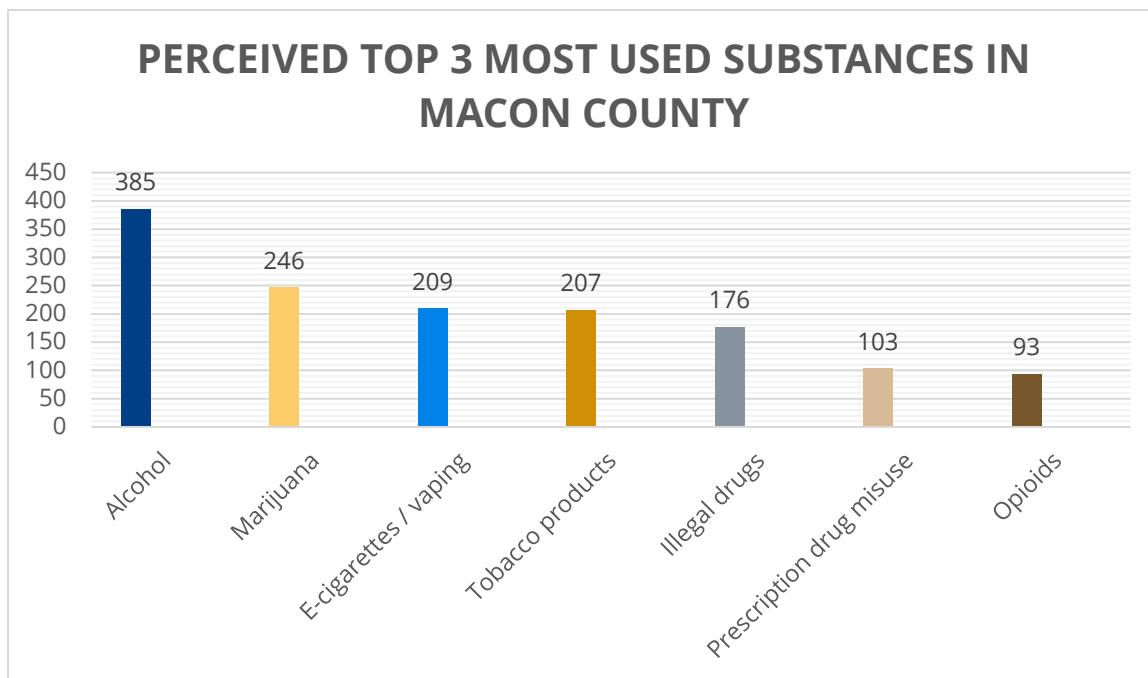


Of survey respondents, 17.34% would be interested in participating in community health programs or workshops in-person, 17.94% would be interested in participating online, 35.08% would “maybe” participate, and 26.41% would not participate.

SUBSTANCE USE

Nearly half (47.38%) of survey respondents believe the prevalence of substance use (including alcohol, tobacco, and drugs) in their community to be very prevalent, while the remaining respondents believe substance use in their community to be somewhat prevalent (40.12%), not very prevalent (7.06%), or not prevalent at all (1.41%).

Survey respondents were asked to select what they feel are the top three substances of use within their community. The results are as follows: alcohol (385), marijuana (246), e-cigarettes / vaping (209), tobacco products (207), illegal drugs (176), prescription drug misuse (103), and opioids (93).



LOOKING FORWARD

The Community Context Assessment was invaluable to discovering how Macon County residents view health in their community and which improved health outcomes are most valued. The unique real-world experiences of those living in Macon County offer insights about the quality of life in the county and what will be required to create positive change.

While survey results may not reflect the perspectives of the entire Macon County population, responses originate from every zip code in the county and represent many different age groups, providing a useful representation of the attitudes of many Macon County residents. In tandem with one another, the Community Status Assessment and Community Context Assessment results summarize data about the county necessary to select priorities for the Community Health Improvement Plan that will lead to the best health outcomes for Macon County.

Community Partner Assessment

The Community Partner Assessment (CPA) is a MAPP tool used by community partners to assess their ability to address health inequities. The CPA has five main goals:

- 1** Describe why community partnerships are critical to community health improvement (CHI) and how to build or strengthen relationships with community partners and organizations.
- 2** Name the specific roles of each community partner to support the local public health system (LPHS) and engage communities experiencing inequities produced by systems.
- 3** Assess each MAPP partner's capacities, skills, and strengths to improve community health, health equity, and advance MAPP goals.
- 4** Document the landscape of MAPP community partners, including grassroots and community power-building organizations, to summarize collective strengths and opportunities for improvement.
- 5** Identify whom else to involve in MAPP and ways to improve community partnerships, engagement, and power-building.

CPA MEETING OVERVIEW

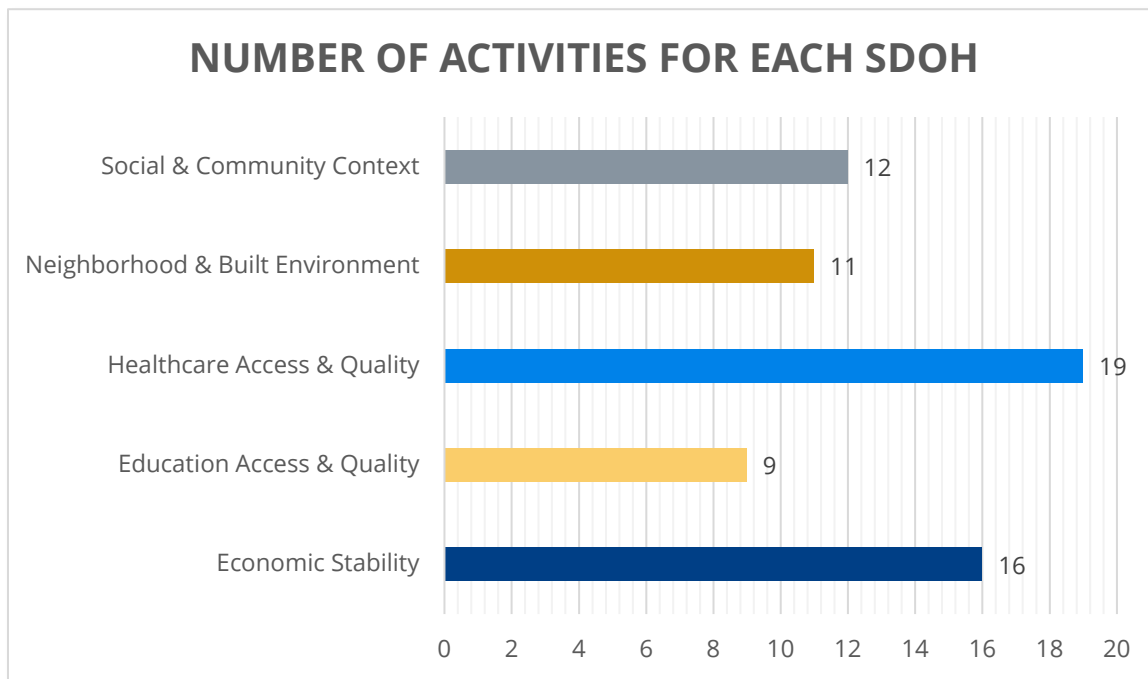
MCHD held a meeting with community partners to capture their thoughts about the resources they can contribute to community health improvement. The meeting began with a discussion about health equity and its significance to the MAPP framework and CHA process.

Community partners discussed SDOH, which are the physical and social conditions that can impact an individual's health outcomes and quality of life. These conversations about health equity and the SDOH were referred to often in subsequent meetings, guiding the CHA process.

ORGANIZATIONAL ACTIVITIES & SDOH

In the CPA meeting, community partners brainstormed the main activities their organizations are involved in and categorized them according to the SDOH. The group found that together, their

organizations engage in activities across all five of the SDOH. The following visual represents how many organizations categorized an activity in each SDOH:

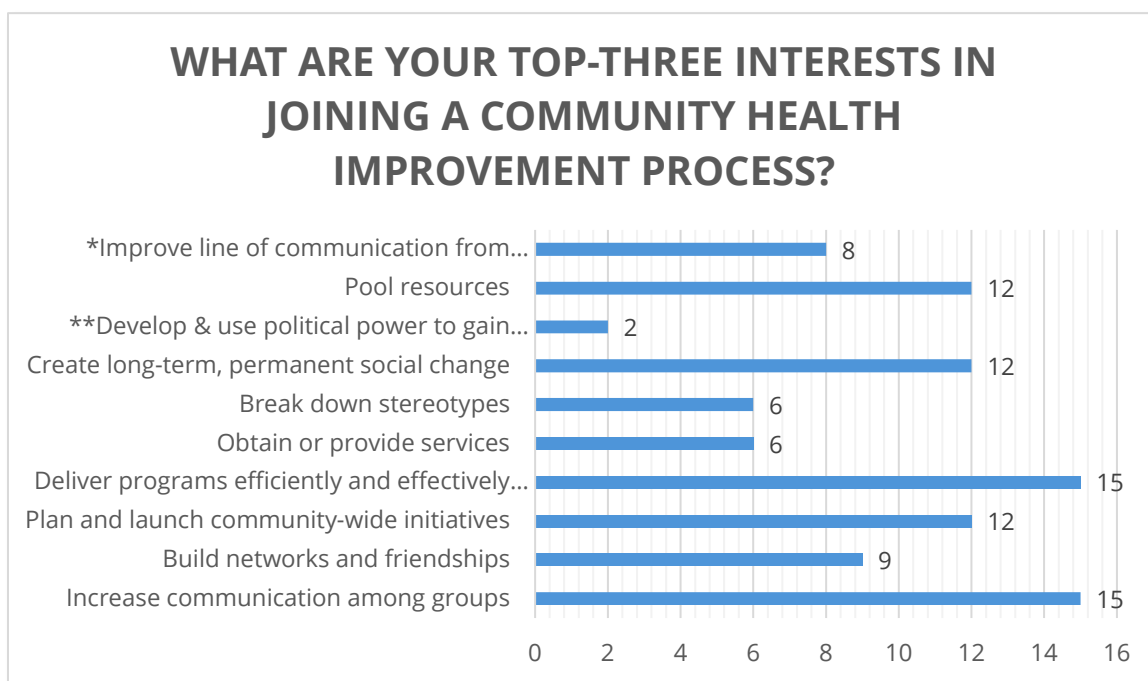


GOALS OF SDOH

Social Determinant of Health	Goal
Economic Stability	Help people earn steady incomes that allow them to meet their health needs.
Education Access and Quality	Increase educational opportunities and help children and adolescents do well in school.
Healthcare Access & Quality	Increase access to comprehensive, high-quality health care services.
Neighborhood & Built Environment	Create neighborhoods and environments that promote health and safety.
Social & Community Context	Increase social and community support.

INTERESTS AND SERVICES:

When asked to indicate their top three interests in joining a CHI process, the top answers across all organizations were to “deliver programs efficiently and effectively and avoid duplicate efforts,” and “increase communication among groups.” The following graph displays how many partners listed each interest as one of their organization’s top three interests in joining a CHI process:



*Improve line of communication from communities to government decision-making

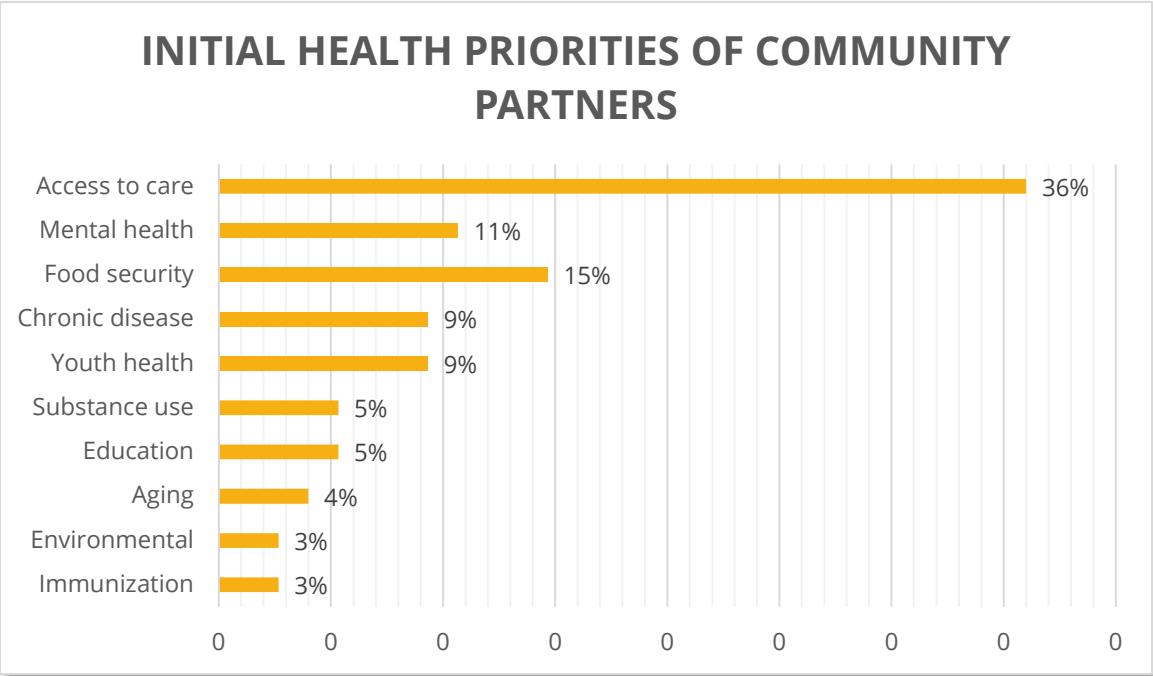
** Develop & use political power to gain services or other benefits for the community

***Deliver programs efficiently and effectively and avoid duplicate efforts

Partners offered non-monetary resources to contribute to the CHI process, including staff time (participating in future meetings, etc.), communications support (newsletter, email list, distributing flyers, etc.), meeting space, co-branding (use of logo), and coordination of information and resources.

FOCUS AREAS:

Building on their discussions about health equity, organizational activities, and SDOH, as well as their unique experiences with the community, partners identified their top three health priorities to be addressed by CHI. The results, once categorized, revealed that access to care, food security, and mental health were the most frequently selected priorities. The following graph displays what percentage of community partners selected as one of their top three priorities.



CPA REFLECTION

From the CPA meeting, MCHD learned that community partners are poised to improve access to care by increasing communication among groups and delivering programs more effectively and efficiently. Although some partners have not previously participated in a CHI process, each has already been engaging in activities that support CHI goals. By recognizing strengths and gaps, MCHD and partners can better allocate time and resources to MAPP activities that address Macon County’s most critical health challenges, establishing a sustainable CHI process for years to come.

CHA Next Steps

To conduct the Community Health Assessment (CHA), MCHD and community partners successfully completed a Community Status Assessment (CSA), Community Context Assessment (CCA), and Community Partner Assessment (CPA). These three assessments have provided a comprehensive view of the health of Macon County by offering data on the county's current health status, residents' perceptions about health topics and areas for improvement, and the resources available through community partners. Without the CHA, prioritizing health issues based on the needs of county residents would not be possible. Through the CHA process, the Macon County community has come together in a rewarding collaboration, establishing a strong foundation for progressing Community Health Improvement (CHI).

Since the completion of the CHA, the following health priorities have been identified by MCHD and our partners and will guide our county's Community Health Improvement Plan (CHIP):

- Access to care
- Youth health
- Mental health

Moving forward, CHA results will be disseminated throughout the community, highlighting key health issues and encouraging collaboration. MCHD and partners will continue working together to address the identified health priorities by setting goals and developing effective interventions as they create and implement a CHIP for Macon County.

