

Randolph County Health
Department

CHA

Community
Health
Assessment



Table of Contents

Acronyms	3
Executive Summary	4
MAPP 2.0 Principles	5
MAPP 2.0 Phases	7
Community & Partner Engagement	9
Community Status Assessment	10
Community Context Assessment	20
Community Partner Assessment	32
CHA Next Steps	36

Acronyms

CCA: Community Context Assessment

CDC: Centers for Disease Control and Prevention

CHA: Community Health Assessment

CHIP: Community Health Improvement Plan

CHR: County Health Rankings

CSA: Community Status Assessment

MAPP: Mobilizing for Action through Planning and Partnerships

NACCHO: National Association of County and City Health Officials

RCHD: Randolph County Health Department

SDOH: Social Determinants of Health

What are Quartiles?

Quartiles divide data into four equal groups, each containing 25% of the data. They are used to compare statistics, like income, education, or health metrics, to see where a region (e.g., Randolph County) stands in relation to others.

Quartile	Performance	Example
First Quartile (Q1)	Poor (Bottom 25%)	Income in Q1 = Bottom 25% for income
Second Quartile (Q2)	Below Average (26–50%)	Education in Q2 = Slightly below or at the median
Third Quartile (Q3)	Above Average (51–75%)	Employment in Q3 = Better than average, but not in the top 25%
Fourth Quartile (Q4)	Top Performer (76–100%)	Broadband in Q4 = Better than 75% of the state

Executive Summary

The Randolph County Health Department (RCHD) began the Community Health Assessment process in April of 2024, with our first community meeting being held July 8th. RCHD had an abundance of support from community partners that represented multiple sectors within Randolph County. This CHA was completed with support from the Missouri Center for Public Health Excellence (MOCPHE).

RCHD conducted a CHA to better understand the full picture of the community, including health outcomes and how residents perceive their own health. In this process, there were collaborative efforts made by RCHD and community partners, along with input from members of Randolph County.

The CHA is aligned with the MAPP 2.0 process, which prioritizes the following:

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

Data for the CHA was obtained and compiled from the MAPP 2.0 assessments: Community Status Assessment (CSA), Community Context Assessment (CCA), and the Community Partner Assessment (CPA). These assessments gather both quantitative and qualitative data to present a comprehensive picture of the health in Randolph County. In our partnership with community stakeholders, we identified key themes which will guide our development of a future Community Health Improvement Plan (CHIP). Our three identified priorities are: Mental Health Services, Substance Misuse, and Affordable/Accessible Healthcare.

In completing the CHA process, we want to educate our community on its health outcomes and ensure that the document is accessible via our website, social media, and email to our participating partners.

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, the 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 stakeholder engagement is essential to the CHA process because it allows for a comprehensive, diverse, and inclusive experience. Throughout the CHA process, community stakeholders and Randolph County Health Department staff met to review and provide feedback on quantitative and qualitative data, which then led to conversations regarding Randolph County's community strengths and assets.

The following list is comprised of those who contributed to the CHA process:

Compass Health	Moberly Regional Medical Center	Caring Community Partnership
Christos Center	Timber Lake Counseling	JBS Prepared Foods
Moberly Police Department	Little Dixie Regional Library	City of Moberly
ICAN Missouri Foundation	Douglas Community Service Head Start	Northeast R-IV School District
Moberly Fire Department	Moberly School District	Randolph County Health Department Board of Trustees

RCHD is grateful to all who engaged in this process and provided valuable feedback that led to the development of the CHA. These partnerships will continue and improve the health of Randolph County residents.

Community Status Assessment

PROCESS & METHODS

Led by the Mobilizing for Action through Planning and Partnerships (MAPP) framework, the Community Status Assessment (CSA) collects quantitative data on the status of the community such as demographics, health status, and health inequities. The CSA helps a community move “upstream” and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege, and oppression. The CSA is a community-driven assessment to help tell the community’s story. To conduct a thorough analysis of the health status in Randolph County, quantitative data was gathered from reputable sources, including Policy Map, the United Census Bureau American Community Survey, and the County Health Rankings. After collecting the data, a summary was compiled of the most relevant and applicable information. The CSA serves as a valuable supplement to the community context and partner assessments, providing a comprehensive view of the health of Randolph County.

GEOGRAPHIC PROFILE

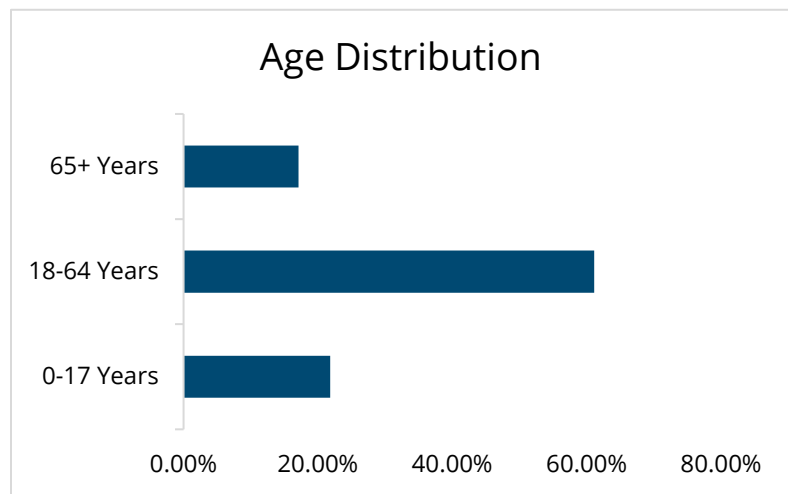
Named after the Virginia politician John Randolph of Roanoke, Randolph County is located north of the Missouri River in central Missouri. The first settlements were formed in Huntsville and Moberly. Huntsville is the county seat home to essential government services, including the courthouse and sheriff’s office. The neighboring city of Moberly has grown to be the largest population center in the county. At the time of its inception, the Randolph County borders stretched north to the Iowa border; however, the borders were later curtailed to the present borders which presently encompasses 483 square miles, which places it as the 88th largest county in the state of Missouri. The gently undulating landscape and high levels of annual precipitation help create an abundance of natural rivers running through the county which provides fertile soil for farming corn and timothy hay, supporting

local and regional livestock farming. In addition to the rich farmland, Randolph County is also endowed with a considerable bituminous coal deposit throughout the county with an annual output of half a million tons. These natural resources historically provided economic opportunities for the multiple small towns throughout the county.

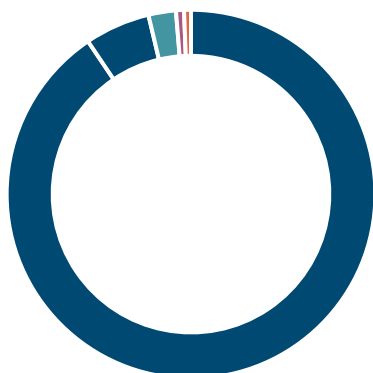
COUNTY DEMOGRAPHICS

According to the latest census data, the population of Randolph County stands at 24,716, representing a population loss of 2.7% since 2010. The county is comprised of 9,101 households with an average household size of 2.49. The demographic breakdown of the population reveals that 21.8% are below the age of 18, 61.1% fall in the 18-64 age group, and

17.1% are 65 years and above. English is spoken exclusively by 98.5% of residents, while the remaining 1.5% of the population is proficient in Spanish (0.7%), Indo-European languages (0.4%), Asian and Pacific Island Languages (0.3%), and other languages (0.1%).



Racial Diversity



- White (90%)
- Black or African American (6%)
- Hispanic or latino(3%)
- Asian (<1%)
- American Indian or Alaskan Native (<1%)

In terms of racial diversity, 90.2% of the residents identify as White, while 5.7% identify as Black or African American. Additional racial identities within the county include Hispanic or Latino (2.4%), Asian (0.7%), American Indian or Alaskan Native (0.6%). The remaining 2.8% of the population identify as two or more races. There are no individuals of native Hawaiian or Pacific Islander heritage noted in the most recent census data. Notably, 7.4% of Randolph County residents are veterans.

SOCIAL DETERMINANTS OF HEALTH

According to the FBI Uniform Crime Reports, Randolph County experienced 111 violent crimes and 103 property crimes between the years of 2013 and 2022.

Within Randolph County, 89.7% of individuals possess a high school diploma, 12.8% have completed a bachelor's degree, and 4.7% have completed a graduate degree. 55% of individuals in the county have completed some college, which measures in the second quartile. A quartile is a statistical term that divides a dataset into four equal parts, each containing 25% of the data. The second quartile includes data falling between the 25th and 50th percentiles.

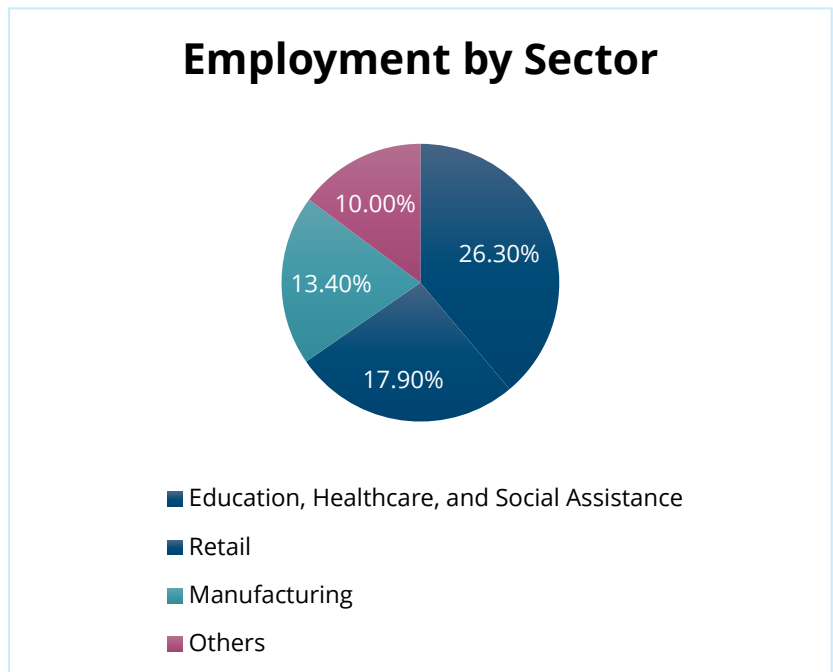
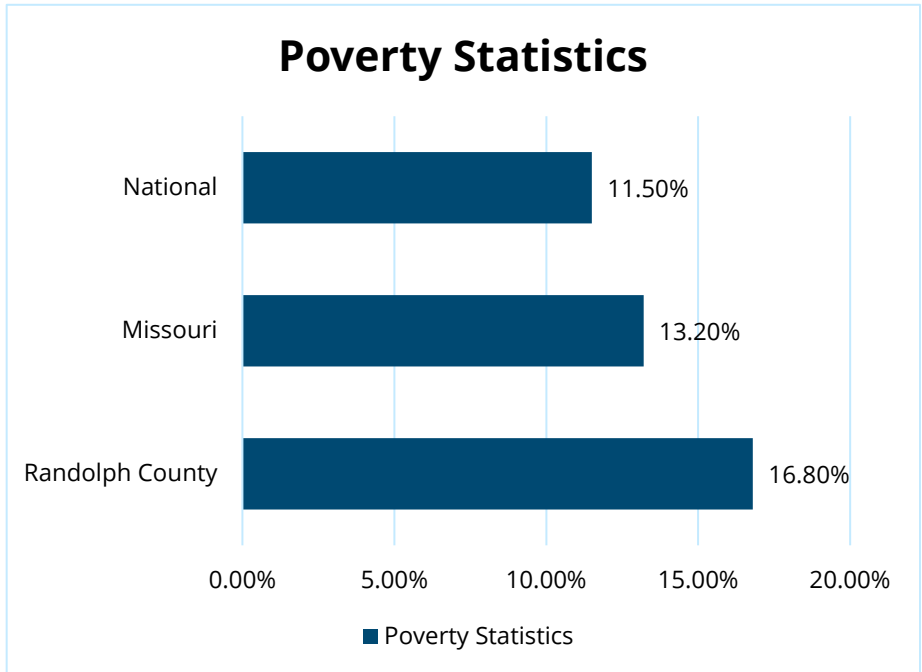
Regarding the latest income figures from 2022, the county's per capita income is \$25,496, and the median household income is \$51,480. The 80th percentile income for the county is \$88,211, which means that 80% of the population earns less than this, and 20% earn more. The 20th percentile income is \$21,970, meaning 20% of people earn less than this, and 80% earn more. This shows that income is unevenly distributed, with a few people earning much more than most others.

According to the latest census data, 16.8% of the population is in poverty, compared to 11.5% nationally and 13.2% in Missouri. The poverty threshold, as defined by the US Department of Health and Human Services (HHS), is an income of \$14,891 for an individual, \$20,440 for a household of two, \$25,820 for a household of three, and \$31,200 for a household of four. 25% of children in the county live in single-parent households, which measures in the fourth quartile; however, only 14% of children in the county live in poverty, which measures in the first quartile.

The highest proportion of children living in poverty is Hispanic children at 32%.

Randolph County has a high number of children eligible for free or reduced lunch, at 48% of children. 14% of total residents experience food insecurity and 15.1% of total residents are SNAP recipients. A further 6% have limited access to healthy foods.

While there are no statistics that track homelessness for Randolph County, housing data indicates a 68% homeownership rate, consistent with the Missouri average. Randolph residents experience lower rates of extreme housing cost burden (9%) when compared to the state average (12%), indicating relatively better housing



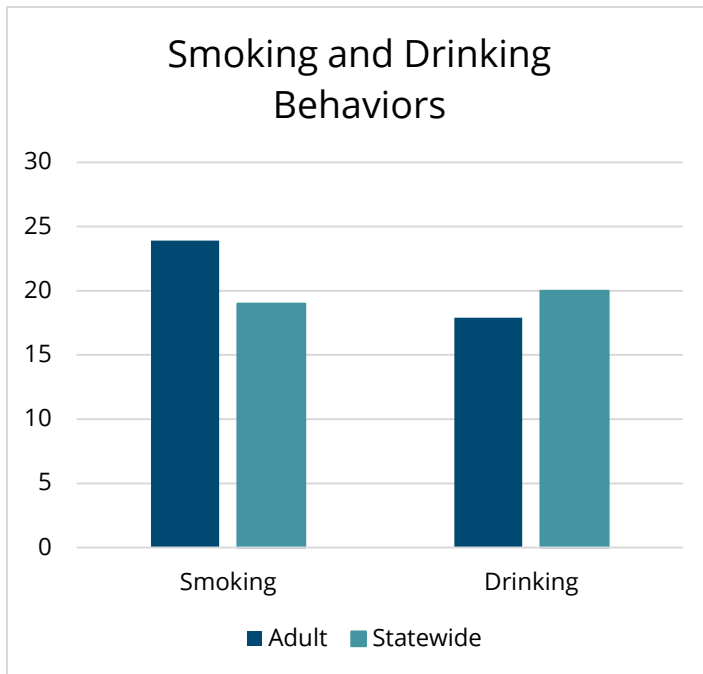
affordability. However, digital access remains a challenge with 82% of residents having access to broadband internet--below the state average of 87%. This limited digital connectivity may hinder opportunities for remote work, online education, and telehealth, particularly in rural or low-income areas.

Data from the St. Louis Federal Reserve demonstrates an average unemployment rate of 3.2% in 2023, with the highest unemployment rate in July at 4.7%. There is considerable variability in the average monthly unemployment rate, as the 2022 CHR data demonstrated an annualized unemployment rate of 5.6%, which was in the third quartile.

The largest employers in the county are educational, healthcare, and social assistance services (26.3%), followed by retail (17.9%), manufacturing (13.4%), and various other professions making up less than 10%. The primary form of transportation to work is driving, with 84.1% of individuals driving alone, placing this measure in the fourth quartile. The average number of vehicles per household is 1.9, and 5.44% of households have zero vehicles. Other forms of commuting include carpooling (7.9%), working from home (5.3%), and less than 3% using public transportation (0.5%), biking (0.1%), walking 0.3%, or other means of transportation.

HEALTH BEHAVIORS

Aggregated data from the 2021-2024 County Health Rankings (CHR) reports highlights several health behaviors which impact the residents of Randolph County. Presently, 23.9% of adults in the county smoke tobacco, compared to 19%

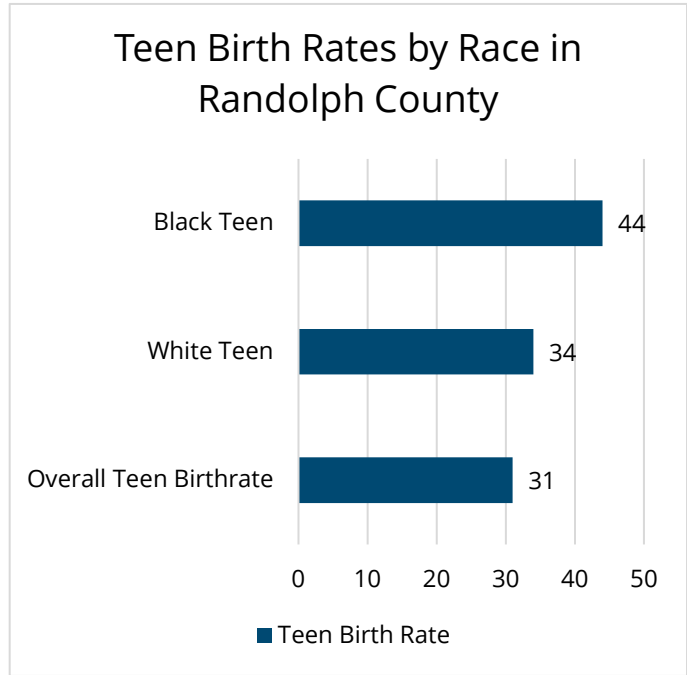


statewide, placing the county in the third quartile. According to the 2024 Missouri student survey, 3% of 6th to 12th graders said they used cigarettes or chew in the last 30 days, and 13.1% (4% higher than the state average) used electronic cigarettes during the same periods. Additionally, 17.9% of adults engage in excessive drinking compared to a statewide average of 20%. Notably, the most recent data available, as of 2024, only includes data up to 2021.

Multiple publications following the COVID-19 pandemic have demonstrated behavioral changes associated with increased tobacco and alcohol usage. Given this, further investigation is warranted to identify individuals who may be at risk for alcohol and tobacco use within the community since numbers are likely to have increased since 2021.

Sexually transmitted infections represent a source of concern for the county, with an average of 384 cases of chlamydia per 100,000, consistently placing the county in the fourth quartile. Additionally, in 2022, 32 cases of gonorrhea and 1 case of syphilis were reported. Presently, the prevalence of HIV within the county population stands at 0.12% or 26 individuals. Overall, the county's rate of sexually transmitted disease measures in the third quartile.

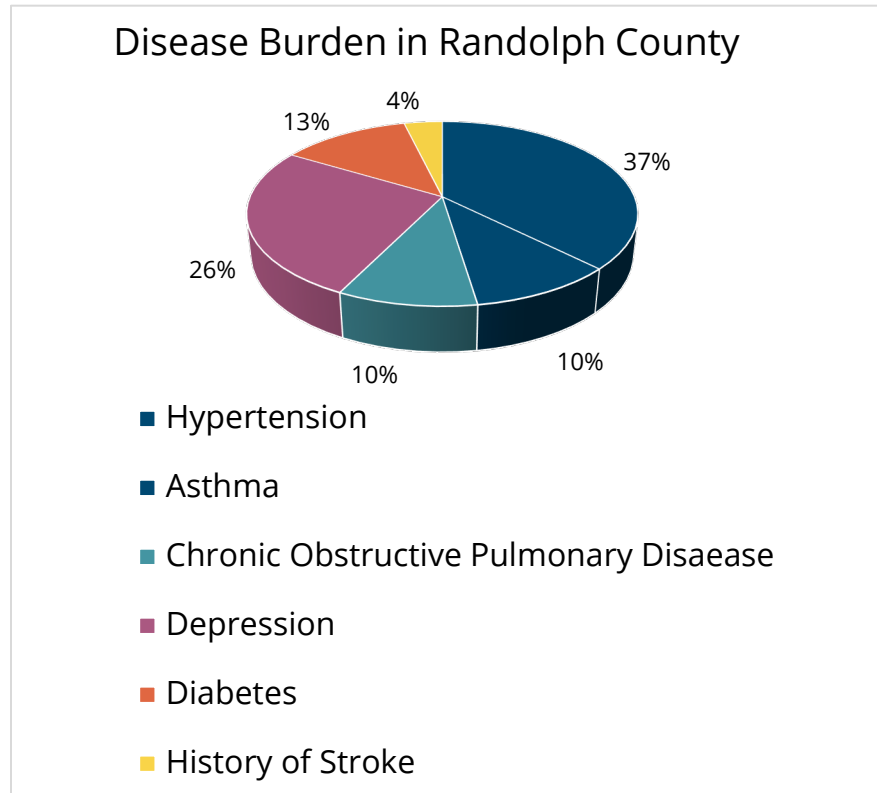
The teen birth rate presently stands at 31:1,000, compared to 20:1,000 statewide. When broken down by race, the birth rate is highest amongst black teens, with an average of 44 per 1,000, and lowest amongst white teens at 34 per 1,000. No data was available regarding Hispanic or Asian American teens. Notably, 9% of all births in the county were classified as underweight, which measures in the fourth quartile statewide.



There are considerable physical health challenges within the community. Presently, 42% of the county population is obese, compared to 38% across Missouri, placing the county in the third quartile. Residents of Randolph County report a below-average food environment index, reflecting limited access to healthy food options. Additionally, 30% of individuals in the county report they are physically inactive, and only 60% of individuals reported that they have access to exercise opportunities.

MORBIDITY & MORTALITY

According to the data, 35.8% of Randolph County Residents have been diagnosed with hypertension, 9.7% with asthma, and 9.3% with chronic obstructive pulmonary disease (COPD). Additionally, 25.1% have depression, 12.1% have diabetes mellitus, and 3.6% have a history of a stroke. The overall cancer incidence rate in this county is 492.6 per 100,000 people, with the leading type of cancer being colon cancer,



followed by lung cancer and cancers of the female genital system. Disease-related mortality is highest for colon cancer at 100.89 per 100,000 people, followed by lung cancer with 68.74 deaths per 100,000 people.

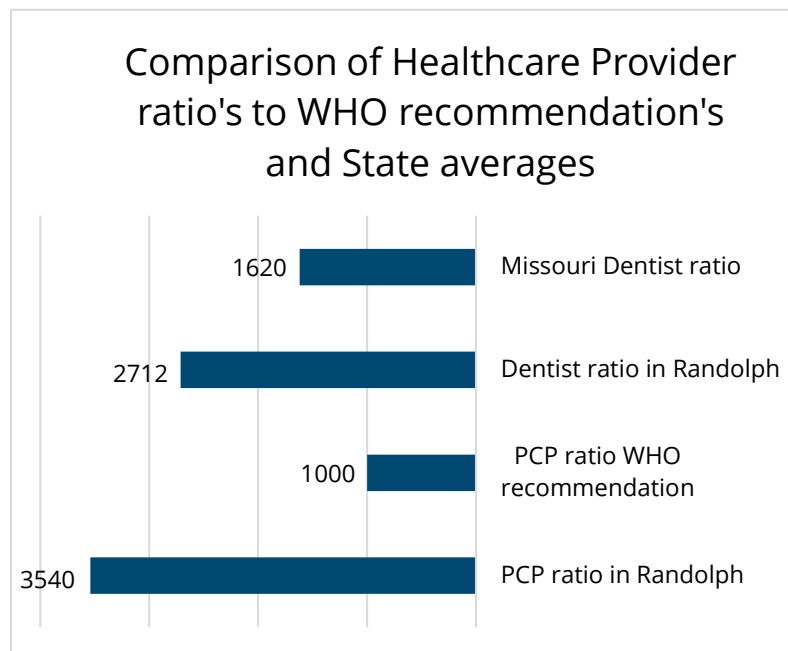
Alcohol was implicated in 23.6% of motor vehicle deaths, which measures in the second quartile for the state. The injury death rate is 62:1000, which measures in the first quartile. There have been no drinking water violations recorded in several years, placing Randolph County in the first quartile for water quality. According to the CCR data, the 439 deaths registered in 2022 resulted in 8,447 years of potential life lost, which measures in the second quartile.

22% of Randolph County residents are in poor or fair health, with an average number of 4.3 physically unhealthy days and 5.6 mentally unhealthy days per week, measuring in the third quartile nationally.

9% of babies born in the county are of low birth weight. The most heavily impacted group is black newborns, with 18% of black babies born at low birthweight .

HEALTHCARE ACCESS

Residents of Randolph County experience various challenges in accessing health care. There is a shortage of primary care physicians (PCPs) in the community. The current population to PCP ratio is 3540:1, which is more than triple the WHO recommendation of 1000:1. This ratio has increased from 2750:1 in the past two years. Loss of access to PCPs is associated with increased use of specialty, urgent,



and emergency care use among Medicare beneficiaries. Notably, between 2020 and 2021, there was a 23% increase in preventable hospitalization stays, reversing several years of decline.

Additionally, there are only nine dentists in Randolph County, resulting in a dentist rate of 2712:1, which is higher than the Missouri rate

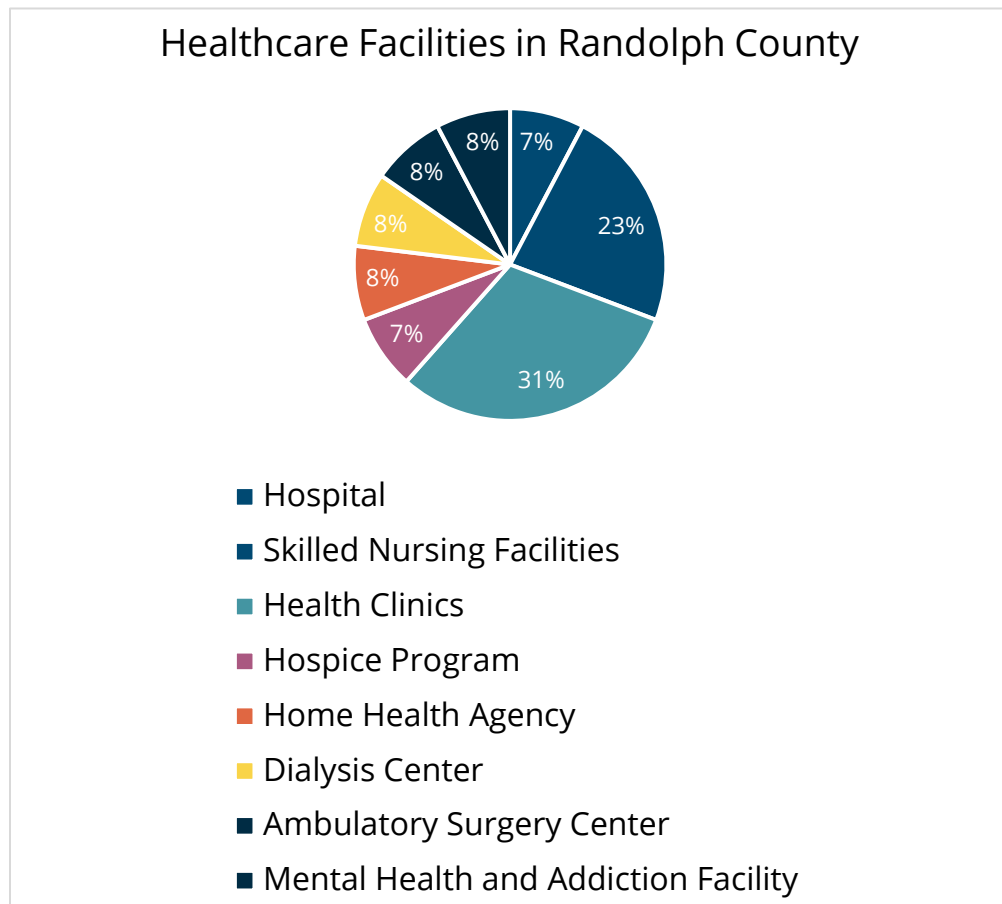
of 1620:1. The number of dentists has remained stable for several years in Randolph County.

In terms of healthcare facilities, Randolph County has one hospital located in Moberly, three skilled nursing facilities (SNF), four health clinics, a hospice program, a home health agency, a dialysis center, and an ambulatory surgery center.

Data from the Substance Abuse and Mental Health Services Administration (SAMHSA) indicates one mental health and addiction facility in the county. The number of mental health providers has been gradually increasing in Randolph County, increasing from 23 in 2020 to 29 in 2022. This has helped to reduce the

population to mental health provider ratio from 1076:1 to 854:1. However, this ratio is still nearly double the state ratio of 430:1.

Regarding health insurance coverage throughout the county, data gathered in the 2024 CHR demonstrates that 11% of individuals in the county are uninsured compared to 12% in Missouri.



Community Context Assessment

CCA SUMMARY

Led by the Mobilizing for Action through Planning and Partnerships (MAPP) framework, the Community Status Assessment (CSA) collects qualitative data by utilizing a community survey. The survey gathers data about individuals' health and the health of the community. A community stakeholder meeting was held to identify relevant questions and topics. Upon completion of the survey, 588 responses were collected, which equated to 2.4% of the Randolph County population.

Results from the community survey revealed that quality education, social events, adequate restaurants, and sufficient employment were the greatest strengths. Areas for opportunity included more affordable housing, increased access to essential services, better access to healthcare, improved mental health services, and less violence.

Regarding health education, there is a need for educational services in areas such as mental and behavioral health, youth education, substance misuse, suicide prevention, and trauma response.

In terms of physical health, most of the respondents had access to fresh fruits and vegetables and exercised at least 1-2 days per week. There was a small percentage who were unsure where an exercise space was located.

Many barriers were identified for accessing healthcare. These barriers include, but are not limited to, cost, lack of appointments available, and the time-of-day appointments are available. Additionally, the shortage of health care providers available for primary care, dental, and vision services creates a barrier to accessing care.

Review of the survey results led to conversations that ultimately guided the decision making on priorities for the Community Health Assessment Plan (CHIP).

PROCESS & METHODS

The CCA began with a CHA kickoff meeting on September 16th, 2024, where discussions were held around methods of dissemination, the outcome of the results, and how to continue partnerships moving forward. During this meeting, we also reviewed the results from the CSA which included county demographics, social determinants of health (SDOH), morbidity and mortality, health behaviors, and healthcare access.

After the kickoff meeting, a survey draft was created using Microsoft Forms, which included 41 questions composed of multiple choice, rating scale, and open-ended questions. The survey was reviewed, revised, and finalized for distribution. Distribution was completed with the help of our community stakeholders, who made the survey available to their staff, patients, and the wider community through emails, social media posts, QR codes, in-person events, and physical copies.

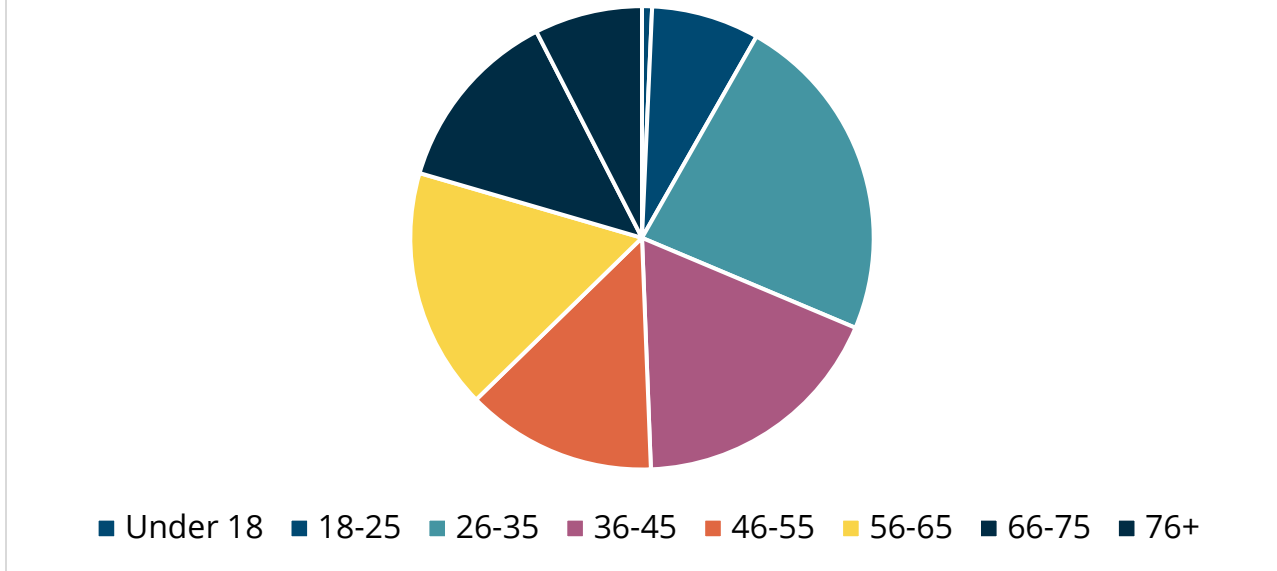
Survey results were analyzed through data visuals created by Microsoft Forms and compiled in Microsoft Excel.

SURVEY DEMOGRAPHICS

The community survey was completed by 588 respondents from 13 differing zip codes, with 57% living in 65270, which encompasses Moberly.

Most respondents were female (408). There were various age groups who responded, with 26-35 being the highest (133), under 18 having 4 respondents, and 43 respondents being 76+.

Age Distribution in Survey Respondents

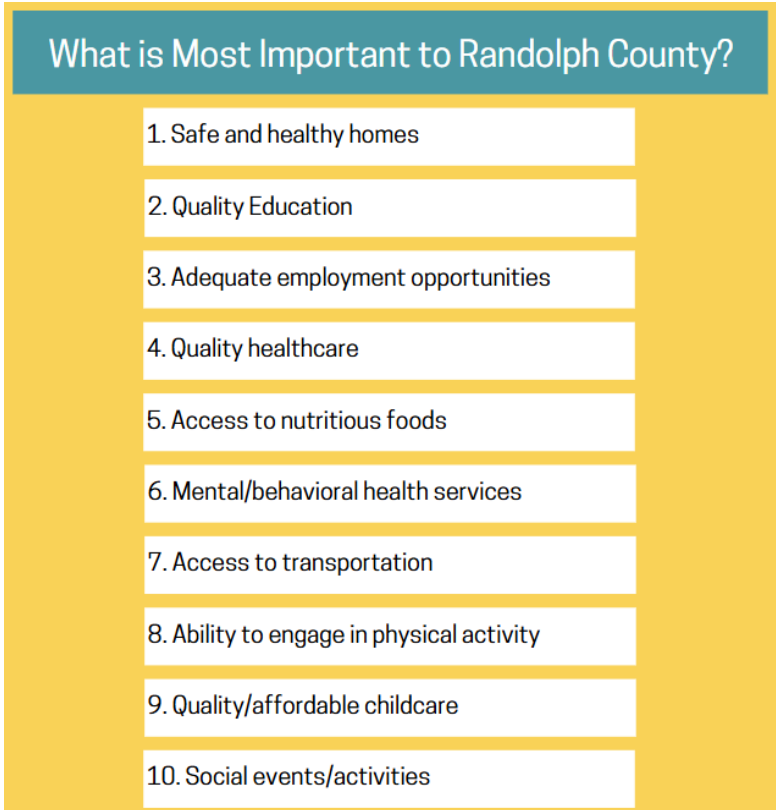


Of the 588 that responded, 88% identified as White. Other racial groups included Black or African American (24), American Indian or Alaska Native (10), Asian (9), Native Hawaiian or other Pacific Islander (3), and the remaining respondents identifying as “other”.

Regarding level of education, 130 respondents completed some college, 126 obtained a Bachelor’s degree, and 95 had a High School diploma or GED. Additionally, 13 respondents held a Doctoral degree.

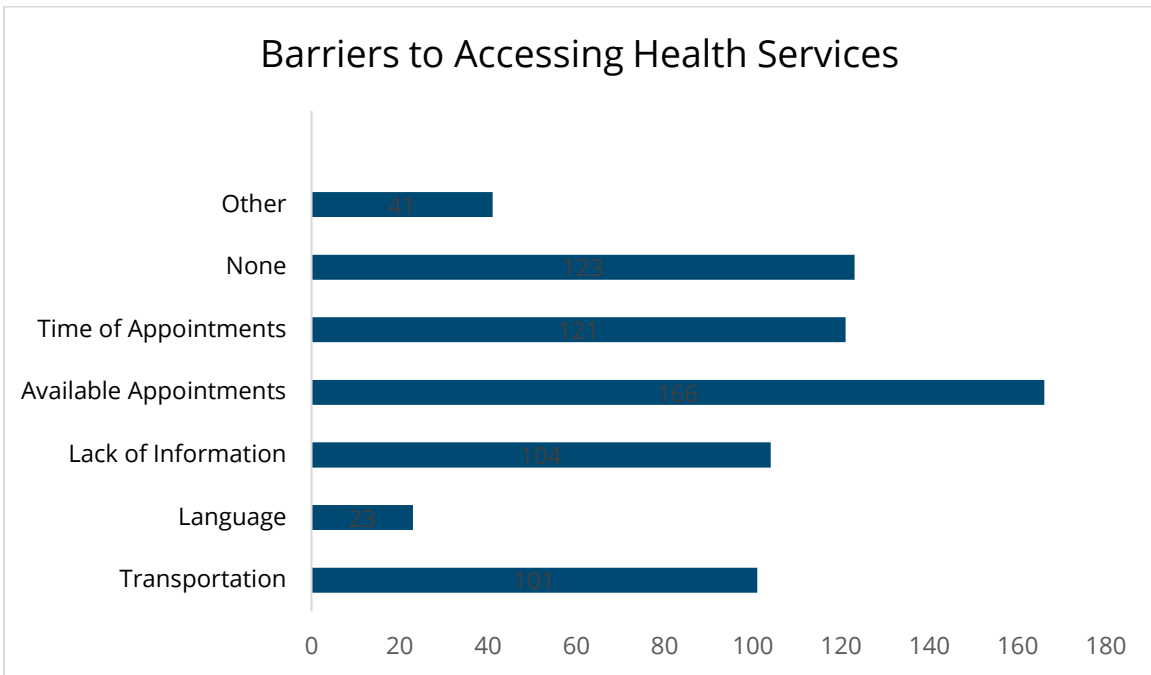
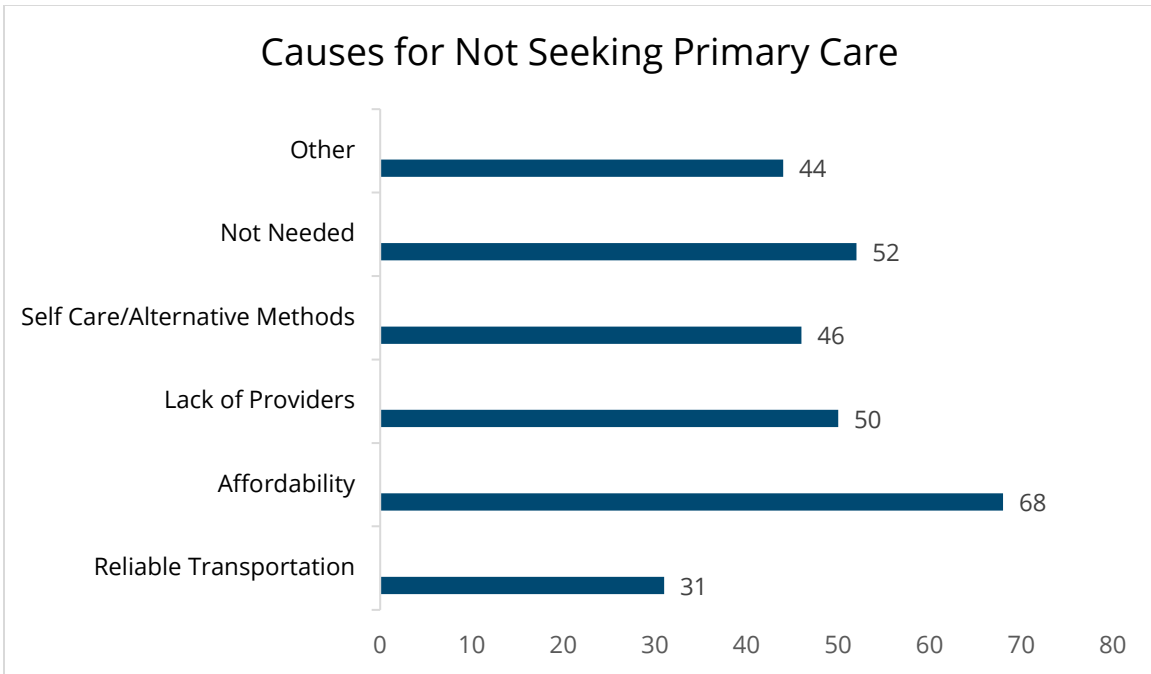
QUALITY OF LIFE

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 “Adequate employment opportunities”. Most respondents reported feeling safe living in Randolph County and are comfortable raising their children in the community. While there are healthcare centers in Randolph County, there are barriers to accessing it due to numerous inequalities. These inequalities also cause barriers with accessing exercise establishments and healthy food options.



HEALTHCARE

While barriers such as cost, available appointments, language, and transportation exist, 89% of respondents reported being able to receive the healthcare they needed within a 0-10 mile radius. Another barrier noted was that some were unsure where to access medical care. With that being said, most respondents go to their primary care office or urgent care, while some utilize virtual appointments or the health department. Most obtain general medical information directly from their primary care office, while others depend on social media or other technology outlets.



PHYSICAL & MENTAL HEALTH

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

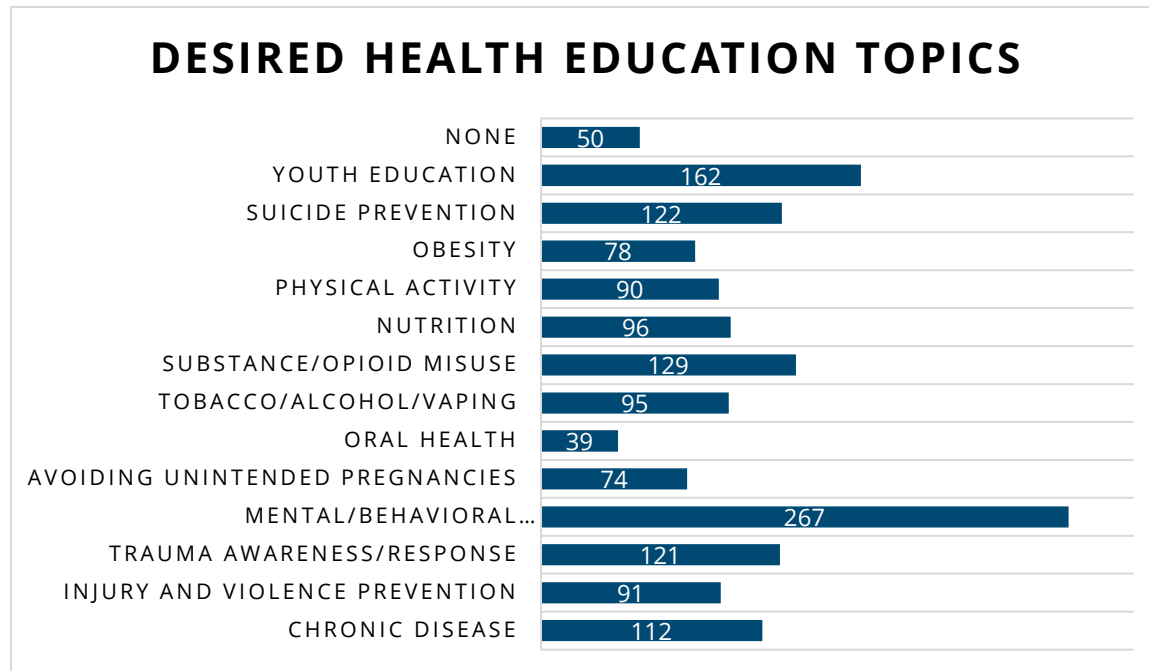
When respondents were asked how many days per week they're engaged in at least 30 minutes of moderate to vigorous activity, 39% stated they exercised 1-2 days per week, while 20% answered they engage in exercise 0 days per week. A barrier to physical activity appears to be the accessibility of exercise spaces, as 24% of respondents were unsure or unaware of where exercise spaces are located.

While 92% of respondents have access to fresh fruits and vegetables, eating habits vary. Specifically, 85% reported eating out 0-3 days per week, and 13% ate out 4-7 days per week.

The main health priorities identified by respondents include access to care, promotion of healthy life choices, houseless shelters, transportation, youth programs, smoking cessation, senior programs, disease prevention, mental health support, parenting support services, and vaccine access.

HEALTH EDUCATION

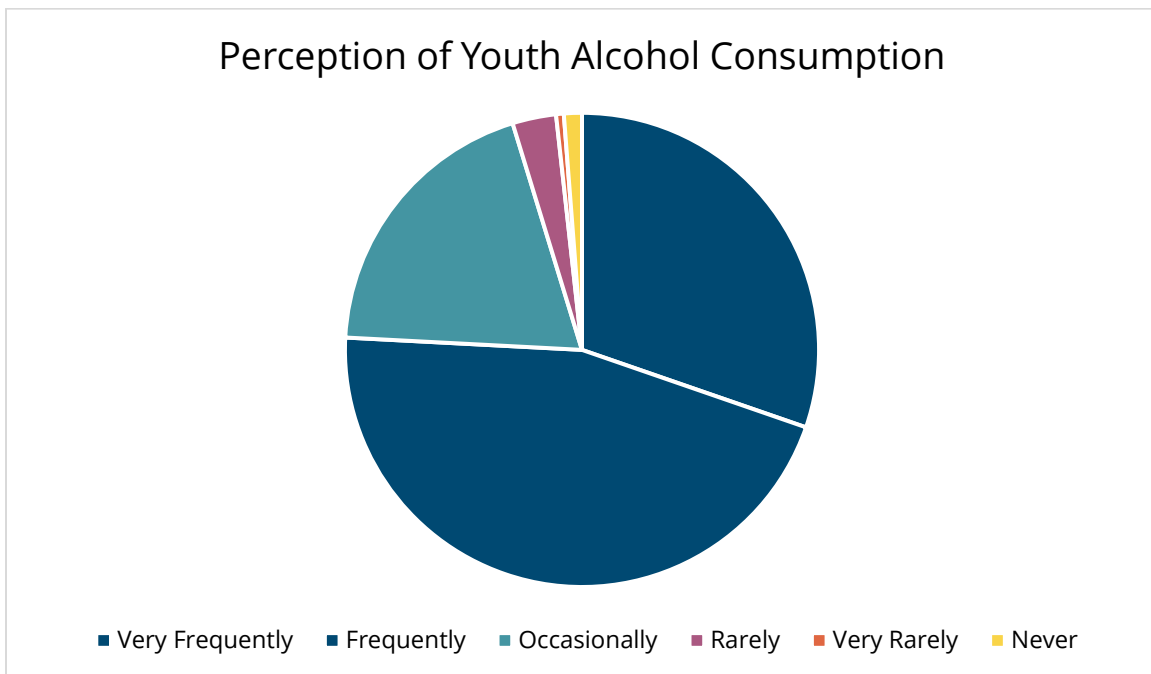
When asked to select three health topics they felt needed more educational resources, respondents prioritized mental/behavioral health/counseling, youth education, substance/opioid misuse, suicide prevention, and trauma awareness/response as the top 5.



SUBSTANCE USE

Residents of Randolph County feel that the top three substances used are alcohol (450), tobacco/e-cigarettes/vaping (398), and marijuana (365). There was also a strong belief that opioid/prescription drug misuse is prevalent.

When asked about youth under the age of 21 and substance misuse, 436 respondents indicated that youth are using tobacco products very frequently or frequently, and 465 stated the same for electronic smoking products.



STUDENT SURVEY

2024 Missouri Student Survey Randolph County



	2024 County Data	2024 MO Data	2022 County Data
Approximate Sample Size	421	2811	
Demographics (% reflects "yes" answer)			
Grade level. 6th Grade	0.2%	9.3%	
Grade level. 7th Grade	0.8%	25.4%	
Grade level. 8th Grade	6.1%	15.6%	
Grade level. 9th Grade	56.2%	10.2%	
Grade level. 10th Grade	13.3%	15.8%	
Grade level. 11th Grade	12.2%	17.2%	
Grade level. 12th Grade	11.2%	6.4%	
Male	50.3%	44.6%	
Hispanic or Latino	2.7%	13.7%	
Race: Black or African American	3.8%	16.8%	
Race: White	68.9%	62.7%	
Race: Other*	27.3%	6.7%	

*Multiracial, American Indian/ Alaskan Native, Asian, Native Hawaiian/PI, and other.

Note: Small sample sizes at the school level can make comparisons difficult. Take careful note of the demographic information listed above. Large differences in the sample, especially changes in the percent per grade, can influence the rest of the data in this report. This means differences may be a result of differing samples rather than an actual population differences.

Substances: Past 30 Days (% reflects "1+" answer)

Used tobacco (cigarettes or chew)	3.0%	2.2%
Used electronic cigarettes	13.1%	9.1%
Used hookahs or water pipes	1.4%	1.4%
Used alcohol	7.4%	6.8%
Used marijuana	6.4%	7.3%
Used inhalants	0.0%	1.2%
Used Rx not prescribed for you by a doctor	1.4%	1.6%
Used `OTC` to get high	2.2%	1.7%

	2024 County Data	2024 MO Data	2022 County Data
<u>Substances: Ever in your life (% reflects "1+" answer)</u>			
Used synthetic drugs	1.9%	1.9%	
Used cocaine or `crack`	0.5%	0.5%	
Used heroin or `smack`	0.2%	0.2%	
Used hallucinogens such as LSD, PCP, or magic mushrooms	4.2%	1.9%	
Used methamphetamine (meth, crank, crystal, ice)	0.2%	0.3%	
Used `club drugs` such as ecstasy	0.0%	0.6%	
<u>Behavior: Last 30 Days (% reflects "1+" answer)</u>			
Missed whole day(s) of school because you skipped or cut	51.4%	44.2%	
Did not go to school because you felt you would be unsafe at school or on your way to or from school	10.9%	10.8%	
Rode with someone who was drinking alcohol	12.0%	13.0%	
<u>Behavior: Last 3 Months (% reflects "1+" answer)</u>			
Spread mean rumors or lies about other kids at school	19.2%	18.1%	
Posted something online or sent a text that might embarrass or hurt another student	19.8%	17.0%	
Made fun of other people	47.6%	45.2%	
Hit, shoved or pushed another student and were not just fooling around	7.7%	13.4%	
<u>Behavior: Last 12 Months (% reflects "1+" answer)</u>			
Were in a physical fight	14.5%	15.0%	
Been threatened or injured with a weapon on school property	6.3%	8.9%	
Seriously considered suicide	13.2%	11.2%	
Planned suicide	8.8%	7.8%	
Attempted suicide	6.4%	5.5%	
<u>Depression Scale (% often or always in Past Month)</u>			
Were very sad	28.3%	27.4%	
Were grouchy or irritable, or in a bad mood	41.1%	35.6%	
Felt hopeless about the future	19.2%	16.6%	
Felt like not eating or eating more than usual	24.1%	28.1%	
Felt like sleeping a lot more or a lot less than usual	38.5%	33.8%	
Had difficulty concentrating on school work	36.4%	37.8%	

	2024 County Data	2024 MO Data	2022 County Data
Parents' perception of wrongness (% reflects wrong + very wrong)			
Parents feel it would be 'wrong' or 'very wrong' to smoke tobacco	94.7%	95.9%	
Parents feel it would be 'wrong' or 'very wrong' to take one or two drinks of an alcoholic beverage nearly every day	96.3%	96.0%	
Parents feel it would be 'wrong' or 'very wrong' to smoke marijuana once or twice a week	88.7%	94.2%	
Parents feel it would be 'wrong' or 'very wrong' to use Rx drugs that have not been prescribed to you	94.8%	97.7%	
Parents feel it would be 'wrong' or 'very wrong' to vape	93.4%	93.9%	
Friends' perception of wrongness (% reflects wrong + very wrong)			
Friends feel it would be 'wrong' or 'very wrong' to smoke	79.6%	84.7%	
Friends feel it would be 'wrong' or 'very wrong' to take one or two drinks of an alcoholic beverage nearly every day	75.6%	83.8%	
Friends feel it would be 'wrong' or 'very wrong' to smoke marijuana	77.7%	77.4%	
Friends feel it would be 'wrong' or 'very wrong' to use Rx drugs that have not been prescribed to you	91.1%	90.0%	
Friends feel it would be 'wrong' or 'very wrong' to vape	70.8%	75.6%	
Friends' perception of coolness (% reflects pretty cool + very cool)			
Peers believe someone your age would be 'pretty cool' or 'very cool' if they smoked cigarettes	10.6%	7.6%	
Peers believe someone your age would be 'pretty cool' or 'very cool' if they used e-cigs, mods, or vapes	19.1%	15.5%	
Peers believe someone your age would be 'pretty cool' or 'very cool' if they drank alcohol	22.7%	15.2%	
Peers believe someone your age would be 'pretty cool' or 'very cool' if they smoked marijuana	18.4%	17.3%	
Resiliency (% agree + strongly agree)			
Feels like they know where in the community to get help	10.6%	7.6%	
Feels optimistic about the future	19.1%	15.5%	
Feels they handle stress in a healthy way	22.7%	15.2%	
Feels they have adults in their life to turn to when things feel overwhelming	18.4%	17.3%	

	2024 County Data	2024 MO Data	2022 County Data
<u>Perception of Availability (% very easy + sort of easy)</u>			
'Very' or 'sort of easy' to get cigarettes	36.9%	30.3%	
'Very' or 'sort of easy' to get e-cigarettes	45.6%	40.9%	
'Very' or 'sort of easy' to get alcohol	50.7%	39.9%	
'Very' or 'sort of easy' to get marijuana	32.2%	30.5%	
'Very' or 'sort of easy' to get Rx drugs that have not been prescribed to them	16.9%	16.9%	
<u>Perception of Harm (% reflects slight risk + no risk at all)</u>			
'No' or 'slight risk' if they used e-cigarettes	32.3%	27.8%	
'No' or 'slight risk' if they smoke one or more packs of cigarettes /day	17.4%	17.8%	
'No' or 'slight risk' if they drink alcohol (no dosage specified)	39.1%	37.3%	
'No' or 'slight risk' if they take one or two drinks of an alcoholic beverage nearly every day	29.3%	24.8%	
'No' or 'slight risk' if they have 5+ drinks, once or twice a week	18.1%	18.5%	
'No' or 'slight risk' if they smoke marijuana once or twice a week	33.5%	32.1%	
'No' or 'slight risk' if they use any other illegal drugs or club drugs	10.6%	11.6%	
'No' or 'slight risk' if they use synthetic drugs	17.9%	18.1%	
'No' or 'slight risk' if they use Cold/ Cough Medicines or OTC medicines to get high	21.7%	22.4%	
'No' or 'slight risk' if they use Rx drugs that have not been prescribed to them	9.2%	14.4%	

These reports contain select questions. For more information, see your full report. If you need assistance locating this report, contact Susan.Bradford@mimh.edu. State and county level data will be available at <http://dmh.mo.gov/ada/mobhew> by September 2024.

LOOKING FORWARD

The Community Context Assessment was invaluable to discovering how Randolph County residents view health in their community and which improved health outcomes are most valued. The unique real-world experiences of those living in Randolph County offer insights into 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 Randolph County population, responses originate from every zip code in the county and represent

many demographics, providing a useful representation of the attitudes of many Randolph 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 Randolph County residents.

Community Partner Assessment

The Community Partner Assessment (CPA) is an assessment tool that allows community partners to look critically at their collective capacity as a network of community partners 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

RCHD held a meeting in July 2024 where the CHA steps were outlined, the importance of collaboration was discussed, and topics such as health equity, health disparities and social determinants of health (SDOH) were reviewed.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

Social Determinants of Health (SDOH) are the physical and social conditions that can impact an individual's health outcomes and quality of life.

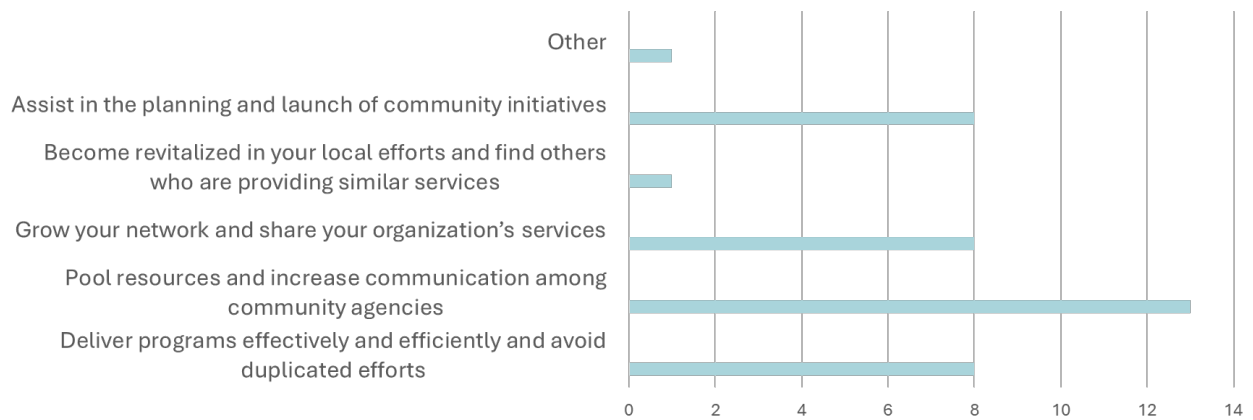
Social Determinant of Health	Goal
Economic Stability	Help people earn steady incomes that allow them to meet their needs.
Education Access and Quality	Increase educational opportunities and help children and adolescents do well in school.
Healthcare Access and Quality	Increase access to comprehensive,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

CPA SURVEY

This assessment is a crucial step in our process. It allows partners to examine their individual systems, processes, and capacities. This assessment also helps us understand the collective capacity as a network of community partners. By bringing together diverse organizations, health inequities can be addressed more effectively. Together, partners can leverage combined resources, knowledge, and expertise to create lasting change in Randolph County.

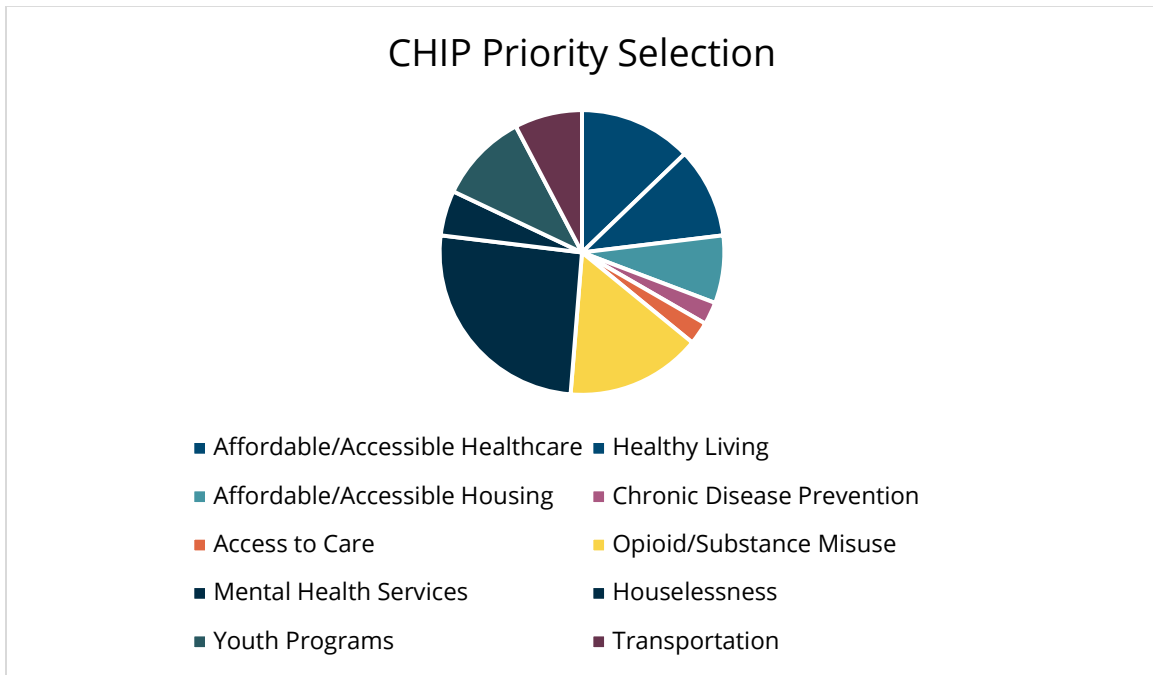
Interests and Services:

Partners were asked about their top three interests in joining a community health improvement partnership. While there was an array of reasons, the most common response was pooling resources and increasing communication among community agencies. By sharing resources, partners can avoid duplicating efforts and reduce the burden on individual organizations, allowing each partner to focus on their strengths.



Focus Areas:

After reviewing results from the CPA, CCA, and CSA, partners voted on which priorities should be selected for the CHIP. The following graph shows proposed priorities which led to the final selection of mental health services, opioid/substance misuse, and affordable/accessible healthcare.



CPA REFLECTION

Conducting the CPA gave insight into how each organization can partner with RCHD to work collectively towards improving the health in Randolph County. It is evident that each organization is willing to pool resources to collaborate on initiatives to address health disparities. By recognizing each organization's strengths and assets, partners will be able to prioritize their efforts and resources that will build a sustainable, healthy community.

CHA Next Steps

Completion of the Community Status Assessment (CSA), Community Context Assessment (CCA), and Community Partner Assessment (CPA) have been stepping stones to draft the Community Health Assessment (CHA) which is the foundation for the Community Health Improvement Plan (CHIP). Conducting these assessments have provided a comprehensive view of the health of Randolph County by offering data on the current health status, community members' perception of themselves and the community, and resources available through our community partners. The CHA has opened conversations which ultimately led to the selection of priorities which will lead to a strong foundation for the CHIP.

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

- Mental health services
- Opioid/substance misuse
- Affordable/accessible healthcare

The CHA will be easily accessible to members of Randolph County. We value transparency and are eager to continue collaboration with our partners as we work together to address the identified health disparities by setting goals and developing action items to create an effective CHIP for Randolph County.