Missouri’s Health Assessment Summary

**Introduction**

The Missouri Department of Health and Senior Services recently conducted a state health assessment to idenƟfy the health status of Missourians and areas for health improvement. The process included a thorough review of exisƟng data, and conducƟng surveys, focus groups and interviews to obtain the community’s perspecƟves about health needs and potenƟal soluƟons to these issues. The full report and data sources are available at: health.mo.gov.

Highlights of Findings

**Social and Economic Factors**

• The poverty rates for Missouri

and the U.S. are nearly the same,

but the Southeast region of

Missouri has the highest percentage

of persons living in poverty in the

state.

• The unemployment rate in the U.S. is 8.3 percent compared to the Missouri rate of 7.6 percent. The Southeast region has the highest rate of unemployment in the state.

• African Americans in Missouri fare worse than the general populaƟon for these factors.

o The 2012 unemployment

rate for African Americans is 12.9

percent, compared to 7.6

percent for all Missourians.

o Over 30 percent of African

Americans live in poverty,

compared to 15.8 percent for all

Missourians.

• The rate of uninsured Missourians,

at about 20 percent, has increased

in recent years. The Southwest

region of Missouri has the highest

rate of uninsured.

**Health Factors**

• Missouri’s obesity rate is 30.2

percent, compared to the U.S. rate

of 27.7 percent.

• Missouri’s smoking rate at 23 percent is slightly higher than

the U.S rate of 21.2 percent. The smoking rate in the Southeast region is higher than the state rate.

*Data available from January 2013*

• The life expectancy at birth for Missourians (76.9 years) is lower than for all Americans (78.1). The

life expectancy at birth for residents in the Southeast region is nearly

two years less than that for the state.

• Missouri’s infant death rate

is significantly greater than the U.S.

rate but the infant death rate for

AfricanAmericans is more than

double the rate for all Missourians.

• Depression is a risk factor for many diseases such as high blood pressure, heart disease, and diabetes. Missouri’s depression rate (20.6 percent) is higher than the

rate of 17.5 percent for the U.S. The Southeast region of the state has an even higher rate at 23 percent.

• Missouri’s overall death rate is higher than the U.S. rate. The Southeast region of Missouri carries a higher burden for all deaths. The death rate for African

Americans in Missouri is 15 percent highter than that of all Missourians.

• The impact of drug use in Missouri is felt in families, communiƟes, the criminal jusƟce system and the public health system. The Missouri drug arrest rate is significantly higher than the U.S. rate.

**Threats and OpportuniƟes** Stakeholders were asked to idenƟfy issues that could impact the health of

Missourians and the public health system. These could be threats or opportuniƟes. The three primary threats idenƟfied are:

• The economic downturn in both the state and the U.S. negaƟvely aﬀect services to the most vulnerable populaƟons

and undermine past achievements.

• Some lawmakers don’t appreciate the value of public health and some state policies contribute to the growing economic gaps that lead to “haves and have-nots”.

• OrganizaƟons compete for limited resources to meet their own missions which can reduce collaboraƟon.

PotenƟal opportuniƟes include:

• Local public health agencies and their commitment to serving, assuring, and protecƟng the health of their clients;

• The Missouri FoundaƟon for Health is a major force in providing

funding and technical assistance that fill gaps in services and supports innovaƟon;

• CollaboraƟon with diverse state agencies, nontradiƟonal partners, and stakeholders across the state;

• The naƟonal accreditaƟon process facilitates partnerships at mulƟple levels and a focus on quality improvement.



**Read the full report at health.mo.gov/ MOHealthAssessment.**

**Input from the community**

CiƟzen discussions were conducted in eight regions of the state

with over 100 Missourians parƟcipaƟng. Highlights of these

discussions include:

• The loss of and lack of good jobs pose a major issue for

many Missourians. CiƟzens shared common stories about

the financial and emoƟonal pressure of lost jobs and lack

of health insurance or very high deducƟbles.

• Living a healthy lifestyle is a challenge and less of a priority than immediate day to day needs.

• Depression and substance abuse are increasing issues that are linked to financial problems.

• There is oŌen embarrassment related to mental health issues and lack of access is a criƟcal issue in rural areas.

• Seniors are more at risk due to financial challenges and inadequate support systems.

• Policy makers should cooperate with each other, create fair and equitable policies and communicate more with the public.

• The public needs to be more aware of health issues, healthy behaviors and services.

**Common Themes**

The assessment process revealed common themes occurring

throughout. When the assessment process was complete, the

date and responses were analyzed for cross-cuƫng topics. The

commn themes include:

• Uninsured

• Obesity

• Smoking

• Economics

• Mental health and substance abuse

• Health services access and costs

• Modifiable risk factors including unhealthy diet, physical inacƟvity and tobacco use

• Commitment and collaboraƟon through partnerships

• A competent public health and personal health care workforce

• Performance Management and quality improvement

**Recommended PrioriƟes**

AŌer evaluaƟng the findings, state partners agreed that an

opportunity exists in Missouri to focus on the key prioriƟes

below.

1. Access to health care

• health care access, high cost of health care and high rate of uninsured

• economy – access to resources necessary to be healthy

Stakeholders from across the state were interviewed to gain insight into the state’s health issues based on their experiences in public health, community-based health services, social work and social services.

Highlights of the interviews include:

• Smoking, nutriƟon, physical acƟvity, screenings and

adequate prenatal care are health behaviors that require

aƩenƟon in most regions.

• Those without insurance have diﬃculty geƫng health and dental services.

• The poor, unemployed, underemployed, women with children, immigrants and the elderly have diﬃculƟes accessing services.

• More consumers are requesƟng and needing services

for depression, substance abuse and other mental health

complaints.

• Many agencies face funding challenges and are concerned about future financial resources in the face of fiscal uncertainƟes.

• Most organizaƟons are forming collaboraƟons and partnerships to assure that they can meet their missions.

including aﬀordable opƟons for good nutriƟon, physical acƟvity and prevenƟve health care services

2. Modifiable risk factors

• obesity

• smoking

• mental health/substance abuse

3. Infrastructure issues

• Mobilizing partnerships

• Performance management and quality improvement

• Workforce development

**Next Steps**

The issues idenƟfied resulted in a Missouri State Health

Improvement Plan that is coordinated by the DHSS with input

from over 40 internal and external partners that represent

state populaƟons and health challenges. This plan is used by

health and other governmental educaƟon and human service

agencies, in collaboraƟon with community partners, to set

prioriƟes, coordinate eﬀorts, and acquire resources. The plan is

important for the development of policies and defining acƟons

for direcƟng eﬀorts that promote health.

**What Can Individuals Do?**

CiƟzens can impact the health of their community by being

acƟve in their school and community about health issues,

serving on health-related coaliƟons and other groups, wriƟng

leƩers to their legislators about health-related issues and

modeling healthy behaviors.



For more informaƟon, contact: Oﬃce of Performance Management

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2 **Read the full report at health.mo.gov/ MOHealthAssessment.**