



2018 Assessment of MATERNAL / CHILD HEALTH SERVICES



Springfield-Greene County
Health Department

Helping people live longer, healthier, happier lives

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Introduction

In 2016, the Springfield-Greene County Health Department (SGCHD) led the completion of a Regional Health Assessment in partnership with Ozarks Health Commission. Ozarks Health Commission included both public health and health care organizations from a 51-county area that worked together to better understand the health status, behaviors and needs of the populations they serve. The group developed a systematic, data-driven assessment designed to inform decision-making and guide efforts to improve community health and wellness on a regional level. This larger, concerted approach allowed members to leverage common strengths and strategies to move in the same direction on significant health concerns.

Yet, the focus did not remain on the regional level. The 51-county area was divided into nine distinct communities. Thus, a Community Health Needs Assessment was produced for each community so that partners could create a Community Health Improvement Plan for their respective communities. Through systematic data collection and analysis, Cardiovascular Disease, Lung Disease, and Mental Health were identified as the top three health issues for the Springfield Community. Additionally, five common threads emerged that seemed to be present in each health issue:

- Access to Care
- Social Determinants of Health
- Tobacco Use
- Mental Health
- Healthy Eating & Active Living

The Springfield Community Health Improvement Plan (CHIP) works to improve the three health issues by implementing policy and system change interventions targeting the five common threads. The assessment and Community Health Improvement Plan can be viewed online at www.ozarkshealthcommission.com/springfield/.

The completed Community Health Needs Assessment provided a springboard for SGCHD's work around Maternal/Child Health, focusing data collection around the five common threads with emphasis on Maternal/Child impact. The assessment aggregates the findings of secondary data, as well as qualitative data from a Maternal/Child stakeholder focus group.

Methodology

Overview

SGCHD completed a Maternal/Child assessment to better understand the priority health issues related to Maternal/Child Health. An assessment team met to identify data needs, develop a process for data collection and analysis, determine roles for completing the assessment, and create a project plan to guide the work. The group identified both quantitative and qualitative data to collect and analyze.

Quantitative Data

Secondary data indicators were chosen based on Healthy People 2020, WIC Data, as well as identified state priorities. Indicators focused on the following areas: prenatal care, breastfeeding, infant mortality, weight gain during pregnancy, healthy eating, exercise, BMI, gestational diabetes, education, marital status, financial status, employment, poverty, food stamp utilization, location, homelessness, and injury. Once these were identified as categories, research was conducted of existing data to find the most current information available for Greene County.

MOPHIMS, MICA, March of Dimes, Department of Mental Health, the National Survey of Children's Health, Missouri Kids Count and local and state WIC data were the databases utilized to pull data sets. Once the data was compiled, the numbers were analyzed to identify strengths and weaknesses for Greene County.

Secondary data was compiled and analyzed using Excel. The data was compared to state and national data. An overview of the data was provided to the focus group.

Qualitative Data – Stakeholder Focus Group

Stakeholders were selected and invited to participate in a Maternal/Child focus group based on existing partnerships and focus of their work. Primary health care partners of programs at SGCHD include providers and support staff from CoxHealth, Mercy and Jordan Valley Community Health Center. Community partners include Community Partnership of the Ozarks, Parents as Teachers, Doula Foundation, Missouri Mentoring Partnership, Springfield Public Schools, Springfield-Greene County Library, Isabel's House, Harmony House, Children's Division, Safe Kids Springfield, and Great Circle.

A stakeholder meeting was held in SGCHD's WIC Classroom on January 23, 2017. Representation for the focus group included Parents as Teachers, Isabel's House, Great Circle, Community Partnership of the Ozarks, Jordan Valley Community Health Center, CoxHealth Social Work, Mercy Social Work, Children's Division, Springfield Public Schools, Mercy Neo-Natal Intensive Care, Springfield-Greene County Library, CoxHealth - Northside Pediatrics, Mercy Outpatient Nutrition, Springfield-Greene County WIC and SGCHD. The meeting had a total of 16 community participants and five participants from SGHCD.



The focus group provided participants with a background of the Regional Health Assessment and the rationale for utilizing existing work completed with the Community Health Improvement Plan. The participants were also provided an overview of the state identified health priorities as well as an overview of some of the key findings from the secondary data collection. Next, the participants engaged in a facilitated discussion focused on the five common threads: Tobacco Use, Social Determinants of Health, Mental Health, Access to Care, and Health Eating and Active Living. Participants were asked to provide feedback on the 1) perceived impact of the issue on clients, 2) feasibility to change the issue and 3) organizational and community readiness to change the issue.

To capture the perceptions of community stakeholders, the assessment used a similar approach as what was used in the Community Health Needs Assessment, which based its approach on the Hanlon Method. This method allows multiple health issues to be ranked by combining the scores of several factors that affect each health issue differently. For each of the five common threads, participants provided nine scores for each of the following areas:

- Perceived Impact of Issue on Women
- Perceived Impact of Issue on Infants (0-1 year)
- Perceived Impact of Issue on Children (1-9 years)
- Perceived Impact of Issue on Adolescents (10-19 years)

Participants individually rated each of these on a four-point scale. All individual scores were averaged to create composite scores among the stakeholders. The following provides detailed information about the scoring criteria used to complete the ranking of issues.

Perceived Impact

Community stakeholders provided their perception of the impact of Tobacco Use, Social Determinants of Health, Mental Health, Access to Care, and Health Eating and Active Living on each of the four subpopulations: women, infants (0-1 year), children (1-9 years), and adolescents (10-19 years). Scores were provided based on stakeholders' knowledge of occurring issues and how they affect health.

Scale:

- 1 – An irregularly occurring issue that does not greatly impact health
- 2 – A regularly occurring issue that does not greatly impact health
- 3 – An irregularly occurring issue that greatly impacts health
- 4 – A regularly occurring issue that greatly impacts health

Feasibility to Change

Feasibility to change evaluates the complexity of the issue, the control the community has over the issue and the understanding of a path for implementation. Single issues with a clear path that have local and organizational control are viewed to be more



feasible to change than ones that are multi-faceted and/or have no clear plan.

Complexity of the Issue

A multi-faceted issue has many different parts causing the issue to be complex and viewed as less feasible to change, whereas a single issue doesn't have multiple parts causing it to be less complex and viewed to be more feasible to change.

The following scale was used to measure the complexity of Tobacco Use, Social Determinants of Health, Mental Health, Access to Care, and Health Eating and Active Living:

Scale:

- 1 – Multi-faceted issue that cannot be affected in 2-3 years
- 2 – Single issue that cannot be affected in 2-3 years
- 3 – Multi-faceted issue that can be affected in 2-3 years
- 4 – Single issue that can be affected in 2-3 years

Level of Control at Local Level

Issues that can be addressed at a local and/or organizational level are viewed to be more feasible to change, whereas issues with no community control are viewed as less feasible to change.

The following scale was used to measure the level of control to address Tobacco Use, Social Determinants of Health, Mental Health, Access to Care, and Health Eating and Active Living:

Scale:

- 1 – Little local control with little organizational control
- 2 – Little local control with organizational control
- 3 – Local control with little organizational control
- 4 – Local control and organizational control

Clear Path for Implementation

A community that has developed a clear path based off their understanding of the issue is viewed to be more likely to change, whereas a community with no understanding or path are less likely to change.

The following scale was used to measure if a clear path for addressing Tobacco Use, Social Determinants of Health, Mental Health, Access to Care, and Health Eating and Active Living is available:

Scale:

- 1 – Little to no understanding about what efforts are needed
- 2 – Moderate understanding of what is needed, but no efforts are in development
- 3 – Clear path of what is needed, but no current efforts in development or early in development
- 4 – Clear path of what is needed and is currently in place or development

Readiness to Change

Readiness to change evaluates both the community and organizations' readiness to impact the issue. Communities that have both key organizations addressing the issue and community collaboration working collectively to target the issue are better positioned to effectively improve community health.

Current Organizational Efforts

An organization with evidence-based approaches in place is more likely to provide an effective approach to advance progress around community issues compared to an organization with no current efforts in place.

The following scale was used to measure current organizational efforts targeting Tobacco Use, Social Determinants of Health, Mental Health, Access to Care, and Health Eating and Active Living:

Scale:

- 1 – No current efforts underway
- 2 – Approaches in place without evidence of success or in pilot phase
- 3 – Evidence-based approaches in place
- 4 – Evidence-based approaches in place as part of organizational priority

Coordinated Community Efforts

A community with collaborative efforts in place is more likely to adopt these issues and impact change. A community with informal partnerships or no community coordinated efforts have little to no impact on change.

The following scale was used to measure coordinated community efforts targeting Tobacco Use, Social Determinants of Health, Mental Health, Access to Care, and Health Eating and Active Living:

Scale:

- 1 – No community coordinated efforts
- 2 – Informal community partnership
- 3 – Formal community partnership in place but with no significant success
- 4 – Formal community partnership in place with evidence of success



The following table provides average scores from the Stakeholder Focus Group:

CHIP Domain	Perceived Impact on Perinatal Women	Perceived Impact on Infants	Perceived Impact on Children	Perceived Impact on Adolescents	Feasibility – Complexity	Feasibility – Local Control	Feasibility – Clear Implementation	Readiness – Current Organization Focus	Readiness - Community Coordination
Access	3.6	3.2	3.1	3.2	2.5	2.6	3.2	3.1	3.5
Mental Health	3.8	3.2	3.7	3.8	1.6	2.8	2.7	2.7	2.8
HEAL	3.7	3.6	3.7	3.8	1.5	3.1	2.9	2.8	2.8
SDoH	3.7	3.6	3.7	3.7	1.6	2.2	2.6	2.5	3
Tobacco	3.5	3.5	3.4	3.5	1.9	3.1	2.5	3.1	3.1

Scores were then aggregated into three scores: Perceived Impact, Opportunity for Change and Total Score.

CHIP Domain	Perceived Impact	Perceived Impact Rank	Opportunity for Change	Opportunity Rank	Total Score	Total Score Rank
Access	13.1	5	15	1	28.1	2
Mental Health	14.4	3	12.6	4	27	4
HEAL	14.7	1	13	3	27.7	3
SDoH	14.7	1	11.8	5	26.5	5
Tobacco	13.9	4	14.6	2	28.6	1

The results of this process were then shared with stakeholders and a facilitated discussion occurred focusing on the accuracy and complication around each of the five issues. The stakeholders then voted for which issue they felt should be prioritized.

CHIP Domain	Votes for Priority	Voted Priority Rank
Access	0	4
Mental Health	14	1
HEAL	0	4
SDoH	5	2
Tobacco	1	3

See the prioritization matrix instructions template and instruction guide in the Appendix.

Results

The data elements described above, provided a clearer understanding of the five Maternal/Child Health issues being studied. Each of the following sections summarizes the available data and perceptions on the issue. Additionally, it provides additional insights and identifies the areas that will be prioritized by the department and the rationale for the decision.

Tobacco

Tobacco use is the number one cause of preventable death in the United States. Smoking contributes to many conditions and disease processes of both the heart and lungs. The use of tobacco can also have a profound influence on the Maternal/Child population. Smoking during pregnancy can contribute to low-birth weight and preterm births. Children living in households where second-hand smoke is present are more susceptible to respiratory infections including: bronchitis, otitis media and asthma.¹

	WIC: Maternal Smoking - Pregnant 2017 ²	WIC: Maternal Smoking - Breastfeeding 2017	WIC: Maternal Smoking - Not Breastfeeding 2017	WIC: Household Smoking - Pregnant 2017	WIC: Household Smoking - Breastfeeding 2017	WIC: Household Smoking - Not Breastfeeding 2017
Greene County	23.8%	10.9%	23.6%	22.4%	10.6%	18.6%
Missouri	21.6%	11.3%	23.4%	19.6%	8.3%	12.7%
Healthy People 2020:	Increase abstinence from smoking cigarettes among pregnant women. Target: 98.6%					

Prioritization

Total Score Rank	Voted Priority Rank	Perceived Impact Rank	Opportunity Rank
1	3	4	2

Greene County has a higher percentage of maternal smoking than does the state of Missouri, with 23.8% of pregnant women smoking as compared to the state percent of 21.6%. Household smoking during pregnancy in Greene County is also higher at 22.4%

¹ Heathy Children. www.healthychildren.org/English/health-issues/conditions/tobacco/Pages/Dangers-of-Secondhand-Smoke.aspx

² 2017 Springfield-Greene County WIC Data. Provided by SGCHD WIC.

in comparison to the state at 19.6%. The data speaks to the fact that smoking in Greene County remains to be an issue. Though tobacco policy and education has provided much assistance in addressing tobacco, it remains a common practice in the community. Additionally, there are clear pathways towards improvement, both through individual change and through policy.

Healthy Eating / Active Living

Nutrition and physical activity are important lifestyle behaviors that greatly impact the health status of pregnant women, children and adolescents. Many chronic diseases such as diabetes, cancer and cardiovascular disease can be avoided or delayed in individuals who receive adequate healthy foods and access to regular physical activity. According to the Dietary Guidelines for Americans for 2015-2020, a strong level of nutrition comes by eating a variety of fruits and vegetables, making at least half of grains whole grains, consuming low-fat dairy products, eating lean protein, and limiting sugar, sodium, and saturated and trans-fats.³

Breastfeeding has many added benefits for the child and mother. The child can receive adequate calories and nutrition as well as antibodies that aid in overall immunity for the child. Breastfed infants are more likely to experience less respiratory and gastrointestinal issues while they are receiving the breastmilk. Breastfed infants also display a 36% risk reduction of SIDS.⁴

Physical activity decreases the chances of a person becoming overweight or obese.⁵ School performance indicators including higher grades, cognitive performance, psychological benefits and good attendance have also been demonstrated to improve in students who are physically active.⁶ The opportunity for both good nutrition and physical activity levels will allow for better health among the Maternal/Child population.

³ Office of Disease Prevention and Health Promotion. health.gov/dietaryguidelines/2015/guidelines/

⁴ American Academy of Pediatrics.

pediatrics.aappublications.org/content/pediatrics/early/2012/02/22/peds.2011-3552.full.pdf

⁵ US Department of Health and Human Services; Physical Activity Guidelines Advisory Committee. access at <http://health.gov/paguidelines/report/>

⁶Centers for Disease Control and Prevention. www.cdc.gov/healthyyouth/health_and_academics/pdf/pape_paper.pdf



	WIC : Breast-feeding Anytime 2017 ⁷	WIC: Breast-feeding Duration 12 months ⁷	WIC: Obese Children ≥ 24 months ⁷	WIC: Overweight or At Risk of Overweight (C 2-5 years) ⁷	Weight for Height (obese): Mother's BMI 30 or Greater ⁸	MO Resident WIC Child Participants: Daily fruit consumption -less than two times ⁷	MO Resident WIC Child Participants: Daily vegetable consumption -less than two times ⁷	MO Resident WIC Child Participants: Daily active play/exercise - less than 60 minutes ⁷
Greene County	77.3%	13.0%	9.5%	23.7%	25.1%	20.1%	35.9%	32.6%
Missouri	71.1%	10.4%	10.2%	22.1%	25.4%	17.5%	27.5%	30.3%
Healthy People 2020:	81.9%	34.1%	Reduce the proportion of children 2-5 years of age who are considered obese. Target 9.6%	Reduce the proportion of adults, 20 years and over, who are obese. Target: 30.6%				

Prioritization

Total Score Rank	Voted Priority Rank	Perceived Impact Rank	Opportunity Rank
3	4	1	3

Greene County falls below the benchmark set by Healthy People 2020 for 12 months of breastfeeding; with Greene County at 13% compared to the benchmark of 34.1%. However, compared to the state of Missouri, Greene County ranks better in anytime breastfeeding at 77.3% compared to the state at 71.1%, and maintenance of breastfeeding for Greene County is at 13% compared to the state rate of 10.4%. These numbers come from a sample of the Maternal/Child Health population through local WIC data. Children enrolled in WIC, in Greene County, are falling short on vegetable and fruit consumption as well as daily physical activity. However, Greene County is meeting Healthy People 2020 obesity objectives for WIC Participants with a 9.5% obesity rate for ages 2-5 years.

⁷ Local Area WIC 2017 Data. Provided by SGCHD WIC.

⁸ DHSS; MOPHIMS. Birth MICA 2014

Access to Care

Early care during pregnancy can assure that women are receiving prenatal vitamins, education on the importance of eating healthy foods, with linkage to WIC, and overall physical health monitoring for both the mother and fetus.

Lack of prenatal care can lead to increased negative birth outcomes. Women who have more resources and receive prenatal care throughout the pregnancy are more likely to deliver full-term healthy babies. These healthy babies are more likely to continue thriving during the first year of life based on their healthy start.

	Prenatal Care: Began in First Trimester ⁹	WIC: Prenatal Care Began 1 st Trimester ⁹	Adequate/prenatal care. 2011-2014 Average ¹⁰
Greene County	70.2%	86.9%	77.4%
Missouri	73.2%	89.6%	
Healthy People 2020:	77.9%	77.9%	Adequate prenatal care: increase to at least 77.6 % of live births.

Prioritization

Total Score Rank	Voted Priority Rank	Perceived Impact Rank	Opportunity Rank
2	4	5	1

Access to care increases for clients connected to WIC, with 86.9% with prenatal care beginning in the first trimester, compared to 70.2% for those not enrolled in WIC. Greene County performs well with prenatal care beginning in the first trimester (77.4%), falling just short of the Healthy People Goal of 77.9%.

Mental Health

Mental health is critical at every stage of life. Mental disorders can have an immense impact on individuals, families and society. About 1 in 4 adults in the United States suffer from mental illness. Family disruption, crime and increased health care costs are just some of the many ramifications of untreated mental illness.

⁹ 2017 Springfield-Greene County WIC Data. Provided by SGCHD WIC.

¹⁰ National Center for Health Statistics. www.marchofdimess.org/peristats.

Treatment for mental illness can be complex, timely and expensive. There are many influencing factors that contribute to mental illness including: physical health, stress and poverty. Children born to parents who suffer with mental illness can be greatly impacted when normal childhood development and routines are disrupted because of the decreased functionality of the adult caregiver. ¹¹

	Alcohol Use	Mothers using Illicit Drugs
Greene County ¹²	10.7%	N/A
Missouri ¹³	14.2%	7.5%
Healthy People 2020:		

Prioritization

Total Score Rank	Voted Priority Rank	Perceived Impact Rank	Opportunity Rank
4	1	3	4

There is little secondary data available for mental health. Participants in the stakeholder meeting expressed in the voted priority rank that mental health is the number one health issue among the Maternal/Child population. There was much discussion around the fact that mental health contributes to many of the other health issues impacting Maternal/Child Health in Greene County.

Social Determinants of Health

The external influences on health are important to consider when assessing Maternal/Child Health. Housing conditions, transportation, crime, social support, medical care and education are just a few of the many external factors that can contribute to a high, medium and low quality of health. The health impacts can occur from the environmental, stress and situational influence that can be placed on individuals and families. These factors can positively or negatively impact health.¹⁴

¹¹ Centers for Disease Control and Prevention. www.cdc.gov/genomics/resources/diseases/mental.htm

¹² Missouri Department of Mental Health. dmh.mo.gov/docs/ada/profile-greene.pdf

¹³ Substance Abuse Mental Health Services Administration. State data, 2011-2012.

¹⁴ Healthy People. www.healthypeople.gov/2020/topics-objectives/topics/social-determinants-of-health



	Education Status: Less than 12 years ¹⁵	MO Resident WIC Prenatal- Postpartum Participants. Less than high school diploma. ¹⁶	Percent of Mother's on Medicaid ¹⁵
Greene County	12.2%	21.1%	42.2%
Missouri	13.7%	23.3%	
Healthy People 2020:			

Prioritization

Total Score Rank	Voted Priority Rank	Perceived Impact Rank	Opportunity Rank
2	4	5	1

Medicaid participation among mothers in Greene County is at 42.2%, demonstrating the prevalence of poverty among the population. Greene County ranks lower than the state of Missouri on high education level with less than 12 years at 12.2% compared to the state rank of 13.7%. Greene County WIC participants also fall below the state WIC high school diploma rate of 21.1% compared to 23.3%.

¹⁵ DHSS; MOPHIMS. Birth MICA 2014

¹⁶ DHSS; MOPHIMS. WIC Linked Prenatal - Postpartum MICA 2015

Strengths, Weaknesses, and Needs

Strengths

The Springfield-Greene County Health Department recognizes partnerships and collaboration as strengths around Maternal/Child Health, as well as throughout the community. Partners actively provided feedback in the stakeholder session and genuinely want to be included and participate in creating healthier families in Springfield. Focused partnerships will be essential in improving Maternal/Child Health in the future.

Springfield-Greene County Health Department Capacity

WIC

The Women, Infants, and Children (WIC) program is designed to improve the nutritional health of pregnant women, breastfeeding moms, infants, and children, up to the age of five, with the goal of improving the overall health of families. WIC's main office is located inside Jordan Valley Community Health Center. WIC offers seven satellite locations in and around the Springfield Metro Area, including locations in Republic and Willard. At each visit, nutrition education is offered by a WIC nutritionist and pregnant moms and children up to age five receive food vouchers. Lactation consultants and breastfeeding peer counselors provide breastfeeding education classes to all moms participating in the WIC program. After delivery, both electric and manual breastfeeding pumps are available as needed. WIC organizes a monthly support group for breastfeeding moms and their children.

Nest Partnership

SGCHD launched the Nest Partnership Program in 2017 to increase collaboration and outreach efforts for Maternal/Child Health in Springfield. The focus is to ensure healthy pregnancies and healthy starts for infants in Springfield. The Nest Partnership for SGCHD consists of two primary efforts: Prenatal Case Management and Special Care Infant Services.

Within the Prenatal Case Management Program, the Registered Nurses provide monthly home or office visits to pregnant women that live in Greene County. At each visit, educational topics are discussed including, but not limited to, healthy pregnancy, post-partum care, mental health, breastfeeding and infant feeding, smoking cessation, and infant care and safety. Maternal blood pressure and weight checks are obtained at each visit. After delivery of the infant, the nurse can make additional home or office visits to assess infant weight and continue health education. If a referral to a community agency is noted to benefit a client, the nurse will initiate the referral to the appropriate agency.

The Special Care Infant Services program targets families considered high-risk due to the infant's medical fragility or the family's challenges in socio-economic status, cultural/language, or learning. Services are delivered in the home by Registered Nurses



during scheduled visits for assessment, intervention, education and collaboration with health care providers.

The goal of the program is to identify high-risk families and to improve the family's health, development, safety, parenting, and economic self-sufficiency through education, prevention, and early intervention. The initial objectives are to increase family compliance with timely well-child check-up and immunizations, and to enhance appropriate utilization of health care resources.

Community Health Advocates

The Community Health Advocate Program was first initiated in high-risk neighborhoods in 2014. Community Health Advocates are trusted members of their community, sharing in cultural traditions while bridging the gap to help providers deliver culturally relevant care and interventions. Through blood pressure screenings, residents are connected with health care. While the program focuses on blood pressures, it also helps connect residents to other community resources.

Child Care Health Consultant Program

Child Care Health Consultation provides on-site health, safety, and nutrition consultation and education in child care facilities to promote the safety and health of children in Greene County. Registered Nurses develop and implement individualized health and safety plans for children identified as having developmental concerns, delays or health care needs. Health education targets nutrition and physical activity for children and caregivers. Monthly continuing education classes are provided to child care workers.

Tobacco Cessation

Freedom From Smoking is a smoking cessation program developed by the American Lung Association. It features a small-group setting led by a trained facilitator who takes participants through a step-by-step plan to quit smoking. Each session is designed to help smokers gain control over their behavior and encourages participants to work on the process and problems of quitting both individually and as part of a group.

Lead Screening and Case Management

A Registered Nurse monitors lead levels obtained by outside agencies and SGCHD. State officials notify the nurse of an elevated blood level. The nurse contacts the family and provides education, resources and home visitation upon request. An environmental home inspection is available if client's venous blood lead levels continue to be elevated.

Immunization Services

Immunizations are provided for the uninsured, underinsured, Medicaid-eligible and Native American/Alaskan Natives. Underinsured clients can receive 3-1-7 vaccines. Registered Nurses provide vaccines to children to prevent communicable diseases.

STD Services

SGCHD provides STD testing for anyone who requests testing, at no cost to them. Registered Nurses provide education on the disease process, treatment and follow up. If a client has a positive STD result, their partners can also receive treatment, often at no charge.



Community Capacity

Access to Food

There are multiple food pantries within the Ozarks Food Harvest network, including Crosslines, which has established satellite food banks in high-need areas—such as the Dream Center in northwest Springfield. Springfield Community Gardens has been responsible for bringing garden support to at-risk neighborhoods.

Housing

One Door has coordinated access to connect the homeless with available housing. The Kitchen's Home At Last program assists homeless veterans and Eden Village provides micro-homes for chronically disabled homeless persons. The Springfield Fire Department provides home fire safety inspections and smoke detectors, targeting the Zone 1 neighborhoods. Safe and Sanitary Homes assists families recovering from hoarding situations.

Community Mental Health Needs Assessment

SGCHD has received funding from the Missouri Foundation for Health to complete a Community Mental Health Needs Assessment, to better understand the impacts, causes and solutions to improve community response to mental health and substance abuse.

The Northwest Project

The Northwest Project, facilitated by the Drew Lewis Foundation through funding from the Community Foundation of the Ozarks, Musgrave Foundation and the Ball Foundation, is assisting families from Springfield's most vulnerable neighborhoods to escape poverty. This is accomplished through facilitated cohorts of families focused on a variety of social and economic factors.

Community Collaboration and Neighborhood Involvement

Community Partnership of the Ozarks coordinates multiple agencies, churches and charitable organizations in organized efforts to address identified community needs. Springfield neighborhoods have organized into local associations with regular meetings with activist leaders committed to improving their neighborhoods and scheduled activities for residents. The Springfield Dream Center and the Fairbanks Center are new neighborhood-based service centers located in Zone 1.¹⁴

Health Care Providers

CoxHealth, Mercy, Ozarks Community Hospital and Jordan Valley Community Health Center are committed to providing health care to the uninsured residents of the region and are working collectively to address access to health care. One example is Missouri State University's MSU Care clinic, located at Cherry and Holland streets, which provides affordable care to those lacking health insurance or Medicaid. Another collaboration of CoxHealth, Mercy and SGCHD is the Community Health Needs Assessment and Community Health Improvement Plan 2016.¹⁵

Weaknesses

Transportation

Transportation is frequently cited by residents as a major barrier for access to work, school, child care, shopping and health care.¹⁷ In Springfield's high-poverty areas, 30-40% of the residents lack a private vehicle. Reliance on public transportation poses additional challenges: a need for planning, use of a smart phone to access the bus tracking system, bus stops not conveniently located to all destinations, and limitations on what can accompany a rider on the bus (groceries, laundry, children in strollers or with special equipment). Additionally, bus services are limited on weekends or for medical emergencies, and trips take longer, making it very difficult for parents to deliver children to care/school and arrive on-time to work. Mothers in northwest Springfield recount trips of two or three hours to take children to south Springfield for medical appointments.

Affordable housing/homelessness

Many under-resourced citizens live in the city's existing, aging housing stock because it is the most affordable. However, it is often housing that needs the most improvement or, in some cases, may be substandard with unsafe living conditions. For some, living in substandard housing keeps them from becoming homeless. The community lacks adequate overnight shelter beds, with housing for families in critical shortage with only 48 vacant units. This is an issue because there were 533 households with more than 1,000 children seeking overnight shelter via One Door (2014). Homelessness negatively impacts school performance and 3.6% of Springfield Public Schools students are homeless.

Food insecurity

USDA defines "food insecurity" as households that have "reduced quality, variety or desirability of their diet." Missouri is tied for seventh lowest in that category (16.8%) and second worst (7.9%) for the category known as "very low food security." While Greene County's food insecurity rate has decreased over the past four years, it is still higher than the state and national percentages. Greene County ranks at a 16% food insecure rate.¹⁸ Children in this situation have trouble focusing in school, making it difficult for them to succeed. Over half of Springfield Public Schools students qualify for free or reduced lunch programs, but this does not address their needs after school, on weekends, or during school holidays.¹⁹

Representatives from the Ozarks Food Harvest report part of the problem is that many eligible families are not applying for benefits like SNAP. Families living in the most

¹⁷ Springfield Impacting Poverty Commission Report and Call to Action. cityview.springfieldmo.gov/ipc/html5/index.html?page=1

¹⁸ Feeding America. map.feedingamerica.org/county/2015/overall/missouri/organization/ozarks-food-harvest

¹⁹ Springfield Impact Poverty Commission, One Year Update. www.impactingpoverty.org/wp-content/uploads/2017/01/IPC2017report.pdf

impoverished neighborhoods also lack access to grocery stores, especially those offering fresh produce.

Mental health and substance abuse

In Missouri, 7.5% percent of mothers utilize illicit drugs.²⁰ Drug use among women in Greene County is an issue, but supportive secondary data for the community does not exist. Greene County does have a 10.7 % substance abuse rate.²¹

The need for behavioral health and substance use treatment currently exceeds community resources, but more research is needed to identify actual need and capacity. A mental health consultant has been hired and a community mental health needs assessment is underway to address this problem.²²

Child abuse and neglect

Child abuse and neglect continues to be an issue in Springfield and Greene County. There was a rate of 71.1 per 1,000 of substantiated child abuse/neglect and family assessments in 2014.²³

Poverty

In Springfield, 25.9% of residents are living in poverty.²⁴ Nearly all the potential effects of poverty impact the lives of children – poor infrastructure, unemployment, hunger, domestic violence and disease. Children from under-resourced backgrounds also lag in all stages of education, which can make the transition out of poverty very difficult for the next generation.

The criminal justice system is not too kind to those living in poverty. Certain offenders, depending on what crime(s) they've committed, can be restricted from receiving public assistance, welfare or food stamps for their entire lifetime. Many times, people will re-offend out of necessity to provide the necessities for their family. And many offenders may graduate from committing petty crimes to more serious crimes (robberies, burglaries, etc.), resulting in more jail time.¹⁷

Access to health care

Residents with limited resources can face multiple challenges in accessing health care including reduced access to health insurance, reduced ability to pay for medical care or healthy lifestyles, reduced access to transportation and less information from health care providers. Deaths associated with chronic disease in Greene County are higher than the average rates in Missouri and the United States and are associated with the poor rates of preventive practices.

²⁰ Substance Abuse Mental Health Services Administration. State data, 2011-2014.

²¹ Missouri Department of Mental Health. dmh.mo.gov/docs/ada/profile-greene.pdf

²² City of Springfield. www.springfieldmo.gov/2794/Zone-Blitz

²³ Missouri Kids Count. mokidscount.org/wp-content/themes/mokids/databook/4-2016.pdf

²⁴ U.S. Census Bureau.

www.census.gov/quickfacts/fact/table/springfieldcityMissouri,US/IPE/20216#viewtop

Chronic diseases account for 7 out of every 10 deaths and \$3 of every \$4 spent on health care. That's nearly \$7,900 for every Springfieldian with a chronic disease.¹⁷

Needs

The Springfield Community has a Community Health Improvement Plan that consists of twenty-two objectives across the same five common threads that were focused on in this assessment: access to appropriate care, social determinants of health, tobacco use, mental health, and healthy eating and active living. The most pressing need within the community is for the community to continue to coalesce around the issues and advance in a coordinated manner. The following objectives within the CHIP are the prioritized community needs:

Access to Appropriate Care: Advocate for transformation of Missouri Medicaid, Develop a referral system to appropriate care, Improve pathways for health care careers, Increase GO CAPS medicine and health care track.

Social Determinants of Health: Reduce poverty and improve quality of life in Council Zone 1, Move families out of poverty through the Northwest Project, Create a comprehensive case management program.

Tobacco Use: Engage and participate in efforts to create smokefree laws in Missouri, Gain local control of tobacco taxing authority, Expand communities with smokefree ordinances, Expand Tobacco 21, Understand the feasibility of smokefree housing, Expand businesses with improved tobacco control.

Mental Health: Complete a mental health needs assessment, Implement a prescription drug monitoring program.

Healthy Eating and Active Living: Adopt a growth management and land use plan that includes health considerations, Adopt an active transportation plan, Create healthy workplaces through wellness, Increase access to playspaces, Reduce food insecurity, Improve access to healthy food, Strengthen farm to school initiatives.

By creating action plans that align and support the Community Health Improvement Plan, the Springfield-Greene County Health Department and Maternal/Child Health stakeholders can increase community capacity to improve health.

Current Strategies to Address Health Inequities

Nest Partnership

Council Zone 1 includes the City's most vulnerable neighborhoods with higher rates of poverty, crime, and illness and fewer positive resources (food and play access) than the



rest of the city.¹⁹ SGCHD partnered with Jordan Valley Community Health Center to form the Nest Partnership. This partnership brings primary care, dental services, and access to mental health care into the neighborhood, within walking distance of many residents. The public health nurses providing home visits for at-risk families also offer community education programs at this location. These programs include Baby ABCs (infant care) and Diaper University (cloth diapers). The clinic also hosts a WIC satellite location.

Community Health Advocates

The Nest Partnership nurses work closely with Community Health Advocates to identify families in need of home visits, WIC, or other maternal/child services. The health advocates make walking rounds in the neighborhood and participate in community services (food distribution sites, library) to offer blood pressure screenings and connections with community resources for their neighbors.

Support for Community Collaboratives

The Nest Partnership nurses serve on community collaboratives for child abuse and neglect, drug-endangered children, early childhood needs and domestic violence. They also participate in community-based groups for case managers, food distribution, child safety, Cribs for Kids, Parents as Teachers, perinatal bereavement, breastfeeding and safe homes (with Habitat for Humanity).

WIC

WIC offers services in seven satellite clinics in the Metro Springfield Area, and two in surrounding communities, and brings access to healthier foods closer to families with limited resources. Opportunities: increase food security for families within Springfield, increase access and assistance with mental health services and increase smoking cessation among pregnant women.

MCH Health Issues

Based on the ranking process and feedback from community stakeholders, the five common threads were objectively ranked in the following order from highest to lowest scoring:

- 1) Tobacco Use
- 2) Access to Care
- 3) Healthy Eating and Active Living
- 4) Mental Health
- 5) Social Determinants of Health

The group discussed each of these areas and shared their insights and experiences of how these issues affect women, infants and children. After the discussion, participants provided an opinion ranking based on what they feel is the top Maternal/Child priority for the community. The group agreed the issues should be ranked as follows:

- 1) Mental Health
- 2) Social Determinants of Health
- 3) Tobacco Use
- 4) Healthy Eating and Active Living and Access to Care (tie)

The data was then compiled by: data rank, opinion rank, perceived impact, and path forward along with the secondary data to rank the five common threads.

Tobacco received the number one rating as having the secondary data, highest total score rank, high impact potential around tobacco interventions, and higher opportunity rank as supporting evidence. There is supporting statistical evidence that tobacco in Greene County is a health issue. There are policies, education and interventions available to tackle this issue.

Mental Health received the number one voted priority rank from the focus group, but rates lower in the opportunity rank and also lacks data at the Greene County level. The lack of available county data places greater impact of the opinions gathered at the focus group. The partners strongly voiced that mental health impacts all other components of Maternal/Child Health. Therefore, mental health is identified as a priority issue.

	Tobacco	Healthy Eating and Active Living	Access to Care	Mental Health	Social Determinants of Health
Total Score Rank	1	3	2	4	5
Voted Priority Rank	3	4	4	1	2
Perceived Impact Rank	4	1	5	3	1
Opportunity Rank	2	3	1	4	5
Total Average	2.5	2.75	3	3	3.25



Priority Health Issues and Future Actions

As a result of the data collection and analysis, and stakeholder prioritization and discussion, SGCHD and its partners will prioritize efforts to address Mental Health and Tobacco Use. This will not preclude partners and the community from working on other issues related to Maternal/Child Health, but the conversation and action will initially begin with a focus on these two pressing issues.

Tobacco was selected due to information received from both the data and stakeholders. Greene County does not perform well compared to Missouri and has significant progress that needs to be made to reach the Healthy People 2020 goal. During the prioritization rankings, stakeholders ranked tobacco use the highest. Additionally, there is meaningful work that can be done at both the community and individual level to improve tobacco use.

While the data was insufficient to fully grasp the impact of mental health and the stakeholder prioritization process did not place mental health as a top need, when asked to identify the most important issue, it rose to the top. With more than two-thirds of stakeholders identifying Mental Health as the most important issue, it would be remiss if the community focused elsewhere. Efforts of the stakeholders will be able to coincide with the assessment in development and partner with the rising tide of discussion and action to improve mental health in the community.

This Maternal/Child Health Assessment focused on aligning with community progress made through the Community Health Needs Assessment and building on the information to better understand issues affecting women and children. The assessment focused on better understanding the available health and community priority data and the impact on the target population. Additionally, the assessment sought to gain a better understanding of the community, the department's role and community perceptions. Because of these efforts, SGCHD will prioritize work on tobacco use and mental health. To develop a strong and aligned plan, the department will reconvene community stakeholders to develop an action plan to advance these two issues, as well as explore opportunities in the other three areas of the community priority: access to appropriate care, social determinants of health, and healthy eating and active living. Efforts will be geared towards supporting the existing initiatives within the Community Health Improvement Plan and partnering on community-wide approaches to improve these factors related to Maternal/Child Health.

Appendices

Stakeholder Focus Group Prioritization Instructions

Populations Defined

Women – Includes women of childbearing age
Children – 1 – 9 years

Infants – Ages 0 – 1 year
Adolescents – 10 – 19 years

Perceived Impact of Issue on Clients

- 4 Regularly occurring issue that greatly impacts health
- 3 Irregularly occurring issue that greatly impacts health
- 2 Regularly occurring issue that does not greatly impact health
- 1 Irregularly occurring issue that does not greatly impact health

Feasibility - Complexity of the Issue

- 4 Single issue that can be affected in 2-3 years
- 3 Multi-faceted issue that can be affected in 2-3 years
- 2 Single issue that cannot be affected in 2-3 years
- 1 Multi-faceted issue that cannot be affected in 2-3 years

Feasibility - Level of Control at Local Level

- 4 Local control and organizational control
- 3 Local control with little organizational control
- 2 Little local control with organizational control
- 1 Little local control with little organization control

Feasibility - Clear path for Implementation

- 4 Clear path of what is needed and is currently in place or development
- 3 Clear path of what is needed, but no current efforts in development or early in development
- 2 Moderate understanding of what is needed, but no efforts are in development
- 1 Little to no understanding about what efforts are needed

Readiness - Current Organizational Efforts

- 4 Evidence-based approaches in place as part of organizational priority
- 3 Evidence-based approaches in place
- 2 Approaches in place without evidence of success or in pilot phase
- 1 No current efforts underway

Readiness - Coordinated Community Efforts

- 4 Formal community partnership in place with evidence of success
- 3 Formal community partnership in place but with no significant success
- 2 Informal community partnership
- 1 No community coordinated efforts

MCH Data Charts

Social Determinants of Health and Demographic Information

Indicator	Greene County	Missouri	Source
Education Status: Less Than 12 Years	12.21%	13.72%	DHSS - MOPHIMS - Birth MICA 2014
Marital Status: Not Married	37.43%	40.27%	DHSS - MOPHIMS - Birth MICA 2014
MO Resident WIC Prenatal - Postpartum Participants. Less than high school diploma.	21.05%	23.34%	DHSS - MOPHIMS - WIC Linked Prenatal - Postpartum MICA 2015
MO Resident WIC Prenatal - Postpartum Participants. Not married.	70.32%	73.91%	DHSS - MOPHIMS - WIC Linked Prenatal - Postpartum MICA 2015
MO Resident WIC Prenatal - Postpartum Participants. Receiving TANF - Prenatal	3.31%	5.11%	DHSS-MOPHIMS-WIC prenatal - postpartum Participants 2015
MO Resident WIC Prenatal - Postpartum Participants. Receiving TANF - Postpartum	4.70%	6.49%	DHSS-MOPHIMS-WIC prenatal - postpartum Participants 2015
Prenatal Service Utilization: Mother on Food Stamps.	29.44%	29.76%	DHSS - MOPHIMS - Birth MICA 2014
Prenatal Service Utilization: Mother on WIC	48.66%	43.05%	DHSS - MOPHIMS - Birth MICA 2014
MO Resident WIC Prenatal - Postpartum Participants. Receiving Food Stamps - Prenatal	31.46%	35.65%	DHSS-MOPHIMS-WIC prenatal - postpartum Participants 2015
MO Resident WIC Prenatal - Postpartum Participants. Receiving Food Stamps - Postpartum	49.93%	46.93%	DHSS-MOPHIMS-WIC prenatal - postpartum Participants 2015
Prenatal Service Utilization: Mother on Medicaid	42.18%	40.65%	DHSS - MOPHIMS - Birth MICA 2014

Overweight/Obesity

Indicator	Greene	Missouri	Healthy People	Source
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	County		2020	
Birth Weight: Low (Less than 2500 g) MICA 2014.	7.31%	8.21%		DHSS - MOPHIMS - Birth MICA 2014
WIC: Low Birth Weight or Very Low Birth Weight (2017)	8.30%	10.50%	LBW: 7.8% & VLBW: 1.4%	Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Breastfeeding Anytime (2017)	77.30%	71.10%	81.90%	Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Breastfeeding Duration 6 mo (2017)	22.30%	18.30%	60.50%	Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Breastfeeding Duration 12 mo (2017)	13.00%	10.40%	34.10%	Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Obese Children C≥24 months (2017)	9.50%	10.20%	Reduce the proportion of children 2-5 years of age who are considered obese. Target: 9.6%	Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Overweight or At Risk of Overweight (Infant) (2017)	31.30%	32.50%		Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Overweight or At Risk of Overweight (C 1-2 years) (2017)	17.60%	17.50%		Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Overweight or At Risk of Overweight (C 2-5 years) (2017)	23.70%	22.10%	Reduce the proportion of children 2-5 years of age who are considered obese. Target: 9.6%	Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Overweight Women (Pregnant) (2017)	57.40%	59.70%	Reduce the proportion of adults, 20 years and over, who are obese. Target: 30.6%	Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Overweight Women (Breastfeeding) (2017)	57.90%	60.60%	Reduce the proportion of adults, 20 years and over, who are obese. Target: 30.6%	Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Overweight Women (Not Breastfeeding) (2017)	55.60%	58.80%	Reduce the proportion of adults, 20 years	Local Area WIC 2017 Data. Provided by SGCHD WIC.



			and over, who are obese. Target: 30.6%	
WIC: High Maternal Weight Gain (Pregnant) (2017)	64.10%	68.00%		Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: High Maternal Weight Gain (Breastfeeding) (2017)	51.40%	49.20%		Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: High Maternal Weight Gain (Not Breastfeeding) (2017)	48.10%	48.90%		Local Area WIC 2017 Data. Provided by SGCHD WIC.
Weight Change: Gained More Than 44 Pounds - Full Term Singleton Birth; 2014	24.30%	21.59%		DHSS-MOPHIMS-Birth MICA 2014
Weight for Height (Obese): Mother's BMI 30 or Greater	25.01%	25.38%		DHSS - MOPHIMS - Birth MICA 2014
Weight for Height (Overweight): Mother's BMI Between 25 and 29.9	22.13%	23.99%		DHSS-MOPHIMS-Birth MICA 2014
Weight for Height: Mother Overweight 20% or More	40.50%	42.11%		DHSS-MOPHIMS-Birth MICA 2014
MO Resident WIC Child Participants. Daily fruit consumption - less than two times	20.06%	17.47%		DHSS-MOPHIMS-WIC prenatal - postpartum Participants 2015
MO Resident WIC Child Participants. Daily vegetable consumption - less than two times	35.87%	27.46%		DHSS-MOPHIMS-WIC prenatal - postpartum Participants 2015
MO Resident WIC Child Participants. Daily active play/exercise - less than 60 minutes	32.58%	30.26%		DHSS-MOPHIMS-WIC prenatal - postpartum Participants 2015
MO Resident WIC Prenatal - Postpartum Participants. Obese BMI prepregnancy	34.76%	35.29%		DHSS-MOPHIMS-WIC prenatal - postpartum Participants 2015

Access to Appropriate Care

Indicator	Greene County	Missouri	Healthy People 2020	Source
Prenatal Care: Began First Trimester	70.18%	73.18%		DHSS - MOPHIMS - Birth MICA 2014
Prenatal Care: None	0.70%	1.27%		DHSS - MOPHIMS - Birth MICA 2014
Adequate/adeq+ prenatal care. 2011-2014 Average	77.40%		Adequate/adeq+ prenatal care: increase to at least 77.6% of live births.	National Center for Health Statistics, www.marchofdimes.org/peristats .
WIC: Enrollment in WIC, 1st Trimester (2017)	63.40%	59.90%		Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Prenatal Care Began 1st Trimester	86.90%	89.60%	77.90%	Local Area WIC 2017 Data. Provided by SGCHD WIC.

Smoking

Indicator	Greene County	Missouri	Healthy People 2020	Source
WIC: Maternal Smoking (Pregnant)(2017)	23.80%	21.60%	Increase abstinence from smoking cigarettes among pregnant women. Target: 98.6%	Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Maternal Smoking (Breastfeeding) (2017)	10.90%	11.30%		Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Maternal Smoking (Not Breastfeeding) (2017)	23.60%	23.40%		Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Household Smoking (Pregnant) (2017)	22.40%	19.60%		Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Household Smoking (Breastfeeding) (2017)	10.60%	8.30%		Local Area WIC 2017 Data. Provided by SGCHD WIC.
WIC: Household Smoking (Not Breastfeeding) (2017)	18.60%	12.70%		Local Area WIC 2017 Data. Provided by



				SGCHD WIC.
Percent of Children Age 0-17 with One or More Smoking Parents Percent by State		32.50%		Child and Adolescent Health Measurement Initiative, National Survey of Children's Health: 2011-12
Percent of Children Age 0-17 with Parents who Smoke, But Only Outside the Home, Percent by State		23.60%		Child and Adolescent Health Measurement Initiative, National Survey of Children's Health: 2011-12
Percent of Children Age 0-17 with Parents who Smoke Inside the Home, Percent by State		8.90%		Child and Adolescent Health Measurement Initiative, National Survey of Children's Health: 2011-12
Indicator: Smoked During Pregnancy: Yes; 2014	18.29%	16.71%	Increase abstinence from smoking cigarettes among pregnant women. Target: 98.6%	DHSS - MOPHIMS - Birth MICA 2014

Safety

Indicator	Greene County	Missouri	National	Healthy People 2020	Source
Infant Mortality (per 1,000 births)	6.7	7.2	6.5	≤6.0	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10.
Child death, ages 1-14 (per 100,000)	17.3	17.3			Missouri Kids Count. Data Book 2016 Release. http://mokidscount.org/wp-content/themes/mokids/databook/4-2016.pdf

Substantiated child abuse/neglect & Family Assessments (per 1,000) (2014)	71.1	43.2			Missouri Kids Count. Data Book 2016 Release. http://mokidscount.org/wp-content/themes/mokids/databook/4-2016.pdf
Children entering/re-entering state custody (per 1,000) (2014)	6.1	5.2			Missouri Kids Count. Data Book 2016 Release. http://mokidscount.org/wp-content/themes/mokids/databook/4-2016.pdf
Missouri Resident Injuries. Age: Under 15; Mechanism: Drowning (per 100,000) (2014)		7.35			DHSS - MOPHIMS - Injury MICA 2014
Missouri Resident Injuries. Age: Under 15; Mechanism: Fire/Burn (per 100,000) (2014)	166.36	170.29			DHSS - MOPHIMS - Injury MICA 2014
Missouri Resident Injuries. Age: Under 15; Mechanism: Poison/Overdose (per 100,000) (2014)	150.52	189.58			DHSS - MOPHIMS - Injury MICA 2014
Missouri Resident Injuries. Age: Under 15; Mechanism: Firearm (per 100,000) (2014)		4.67			DHSS - MOPHIMS - Injury MICA 2014