

Johnson County Health Assessment Summary 2007

Demographics:

The population of Johnson County has been increasing slowly but steadily over the past several years. A 2005 estimate put Johnson County's population at 50,784 for a 5.2% growth rate compared to the state's rate of 3.6%. (OSED A). The ethnic composition of the population in 2004 was; Caucasian (45,093), with African American (2,191), Hispanic (1,224), Asian (907), and other racial minorities (1,254). (OSED A)

Johnson County is a largely rural county with 1,811 farms occupying 412,979 acres with the average farm size of 228 acres (2002).

Age analysis shows 23.6% of Johnson County residents are under age 18. A significant change occurs in the 18-24 year old age group in Johnson County, being 19.4% of the population compared to the state at 10.2%. (Medstat) This difference may be accounted for by the presence of Whiteman Air Force Base and the University of Central Missouri, both located in Johnson County. The percent of 25-39 year olds are equal for both Johnson County and the state. Johnson County has 37.6% of 40-80+ a difference of 8.8% less, compared to the state.

Employment data from 2004 indicate that the largest percentage of income by industry sector came from the military (22.7%). Other sectors are as follows; State government 8.7%; Manufacturing (7.6 %); Local government 7.6%; Federal government (4.3 %) and Retail trade (4.0 %).

Johnson County has a diverse and growing employment and production/manufacturing base, which includes significant stable job sectors in healthcare, education, the military, manufacturing, and the service industry, the May 2005 unemployment rate in Johnson County was 4.8% compared to 5.4% for the state. Transfer payments, including social security, amounted to about \$176.5 million, about 15.8 % of the total. (OSED)

College graduates comprise slightly over 23% of county residents compared to 21.6% statewide in 2000. Additional 30.2% residents reported some college education compared to 27% of Missourians. The high school graduation rate in Johnson County is 88.8% compared to the state at 85.5%. (OSED) In 2003, 85 % of adults age 25 and over completed high school in the United States. The dropout rate in Johnson County for 2005 was 2.7% compared to 3.7% statewide and 4.8% nation wide.

The number of non-English speaking children in Johnson County has increased 26% from 2001-2005 compared to the state's number of 83%. (Kids count) Children under 19 years of age living in single parent households represented 18.8% of the categorical population in 2000 compared to 14.2% in 1990. In 2006, about 8 million more people spoke a foreign language at home than in 2000. Nationally, one in five (19.7 percent) over age 5 spoke a language other than English at home, compared to 17.9 percent in 2000

The percentage of poverty in Johnson County in 2003 was 11.5 % that is only slightly less than the state rate of 11.6%, but represents a decline from 14.9% in 2000. The poverty rate among children in Johnson County decreased from 15.2 % in 2000 to 12.7 % in 2002 and it remained below the state rate of poverty among children at 15.7 %.

(OSED) The rate of poverty in the United States has increased by 4.6 percent since the 2000 rates, moving from 12.4 percent to 17 percent in 2005. (U.S. census)

There may be a correlation between increased single parent households and the increased number of children who qualify for reduced or free lunch programs. The percent of students enrolled in free/reduced lunch programs in 2001/2005 increased by 2.9% up to 34.6% in 2005. This is even more significant since the school age population in the county has decreased from 24.6% in 2001 to 23.2% in 2005.

Health Assessment and Priorities

Community Partners met in 2007 to review the data available in the Missouri Information for Community Assessment (MICA) database. Those participating were; Whiteman Air Force Base, University of Missouri Extension, University of Central Missouri, Warrensburg Parks and Recreation, Western Missouri Medical Center, Pathways Behavioral Center, and Johnson County Community Health Services.

This group of community partners reviewed the MICA data and identified diseases/conditions with the highest incidence. Diseases/conditions in Priority MICA rankings for Johnson County are as follows:

1. Chronic Obstructive Pulmonary Disease
2. Diabetes
3. Heart Disease

Alcohol and substance related misuses were fourth and Arthritis/Lupus was fifth.

The group used the MICA-Risk Factor tool to prioritize leading risks, associated with the above priority disease/conditions. The prioritized risk factors are as follows:

1. Inadequate exercise
2. Obesity
3. Smoking

Lack of mammography screens was fourth and high blood pressure ranked as fifth.

Conclusions and Recommendations

There are direct correlations between the top three disease processes and the three highest risk factors. It was noted that interventions to address the three highest risk factors (inadequate exercise, obesity, and smoking) can have a positive impact on the top three diseases. By focusing our joint efforts on these priority diseases (COPD, Diabetes, Heart Disease) and risk factors (inadequate exercise, obesity, smoking), the health and well being of Johnson County residents can be improved.

Methodology:

The members of CHART were given the opportunity to use the Intervention MICA tool “Identifying Your Community of Interest Worksheet”. This worksheet was designed to help community partners identify and familiarize themselves and other partners on the communities of interest in Johnson County. Those participating in the evaluation were; Recovery Lighthouse, Western Missouri Medical Center, The Ministerial Association, American Cancer Society, Survival Adult Abuse Center, and the

National Council on Alcoholism and Drug Dependence. Their input assisted with the assessment of community interests for the Priority MICA. Thanks to all those who participated in sharing their time and interest in Johnson County's residents.

The methodology used for the community assessment is the use of both qualitative and quantitative data from primary and secondary sources. Using the "Identifying Your Community" worksheet enabled the use of the participating community partner's qualitative primary information. Using the different MICAs, the community data profiles, and the BRFSS report as well as other statistical information enabled the capture of quantitative data. Both primary and secondary data are utilized in the assimilation of the community assessment.