



Phelps Health
GOING BEYOND *better*

COMMUNITY HEALTH NEEDS ASSESSMENT 2025

Fiscal Year ending December 31, 2025



PHELPSHEALTH.ORG



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1. INTRODUCTION

The 2010 passage of the *Patient Protection and Affordable Care Act* (PPACA) ushered in new reporting requirements for healthcare organizations. Per IRC Section 501(r), private, nonprofit hospitals must:

- Conduct a community health needs assessment (CHNA) at least once every 3 years on a facility-by-facility basis
- Identify action plans and strategies to address community needs identified in the assessment and report needs not being addressed (with reasons why such needs are not being addressed)
- Report CHNA results to the public

This CHNA, which describes both a process and a document, is intended to document Phelps Health's compliance with IRC Section 501(r). The health needs of the community have been identified and prioritized, allowing Phelps Health to develop an implementation strategy to address the specific needs of the community.

Community Health Needs Assessment (CHNA) Process

The CHNA process involved:

- An evaluation of the implementation strategy for the needs assessment completed in 2022
- Collection and analysis of an extensive range of data, including demographic, socioeconomic and health statistics and healthcare resources
- Interviews with key informants who represent a) the broad interests of the community, b) the population of need or c) persons with specialized knowledge in public health

This document is a summary of all available evidence collected during the community health needs assessment conducted in tax year 2025. It will serve as both a compliance document and a resource until the next assessment cycle. Both the process and document serve to prioritize the community's health needs and will aid in planning to meet those needs.

2. SUMMARY OF FINDINGS AND NEEDS IN CURRENT YEAR

Community health improvement efforts are most successful when built on collective impact, where a structure is in place that unites organizations around common priorities. By fostering cooperation, collaboration and partnership, collective impact helps align resources and inform investment strategies to address large-scale social challenges.

As part of this Community Health Needs Assessment (CNHA), conducted in 2025, Phelps Health incorporated input from a broad range of community representatives, including individuals with public health expertise.

In alignment with Treasury and IRS guidance, the following steps were conducted:

- **Evaluation of Prior Efforts:** The impact of actions taken to address significant health needs identified in the previous CHNA was assessed. An implementation evaluation plan was also developed to measure the effectiveness of current strategies and programs.
- **Defining the Community:** The community served by the Hospital was identified using inpatient and outpatient data on patient origin. This process is further described in the Community Served by the Hospital section.
- **Demographics and Health Status Review:** Population demographics and socioeconomic characteristics were compiled from third-party resources. Leading causes of death and morbidity were analyzed alongside health outcomes and factors reported by [countyhealthrankings.org](https://www.countyhealthrankings.org). Key areas with opportunities for improvement were noted.
- **Community Input:** Insights were gathered through key informant interviews. Results and findings are described in the Key Informant section of this report.

Identification and Prioritization of Health Needs

The Community Health Needs Assessment Committee thoroughly examined all data from both primary and secondary sources included in the document and compared it to the 2022 CHNA report. The committee then identified the top priority focus area for the next three years.

- **Resource Inventory:** An inventory of healthcare facilities and community resources was compiled. Existing and potential collaborations were identified to address significant health needs.

General Description of Hospital

Phelps Health serves over 200,000 residents in south-central Missouri. Phelps Health is county-owned, non-tax-supported, and overseen by a five-member elected board. Phelps Health employs around 2,000 people, including more than 100 physicians and advanced practice providers.

Phelps Health, which includes a hospital licensed for 240 patient beds, serves a six-county area, with its main campus and several clinics located in Rolla, Missouri. Phelps Health also has clinics in Salem, St. James, Vienna and Waynesville, Missouri. Two Phelps Health Walk-In clinics, located in Waynesville and Rolla, are open to residents who need care without an appointment or outside of regular clinic hours. These locations offer physicals, vaccines, and return-to-work or -school evaluations. More information is available at phelpshealth.org.

The Delbert Day Cancer Institute offers integrated cancer care services to patients throughout south-central Missouri. The center is nationally accredited and is an official affiliate of the Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine in St. Louis, Missouri.

MISSION

To provide high-quality, accessible healthcare

VISION

Phelps Health will be a preferred health system.

VALUES

Phelps Health CARES (Compassion, Accountability, Respect, Excellence, Service)

Evaluation of Prior Implementation Strategy

The implementation strategy for the fiscal year (FY) ending December 31, 2022, focused on two identified health needs. Action plans and activities for each strategy are summarized below. Based on Phelps Health's evaluation for the FY ending December 31, 2025, the healthcare system has either met goals or is still in the process of meeting its goals for each strategy listed. Phelps Health continues to track activities and evaluate progress toward implementing strategy goals through the end of FY 2025.

1. Access to Care

- a. Implemented KeyCare, a virtual healthcare platform
- b. Enabled patients to schedule appointments through the MyChart App
- c. Launched a marketing campaign to increase MyChart enrollment
- d. Established a partnership with Four Rivers Community Health Center to improve access to dental care
- e. Collaborated with Compass Health Network to streamline and expand mental health services in the region
- f. Provided education on the Phelps Health Foundation and its role in meeting patient needs
- g. Secured funding through Missouri's Transformation of Rural Community Health (ToRCH) project to implement transportation for non-medical services for Medicaid patients in Phelps County
- h. Initiated 24/7 interventional cardiologist care, starting in 2024
- i. Engaged ToRCH pilot participants to address health disparities
- j. Offered multiple community educational sessions on Medicare and Marketplace options and increased outreach for the sessions
- k. Expanded the role of Financial Navigators to assist patients with their financial needs
- l. Collaborated with Washington University—a maternal-fetal medicine specialist now interprets all Phelps Health OB/GYN ultrasounds
- m. Implemented the Rapid AI App and software for CT scans in 2025 for stroke patients, resulting in faster preliminary results

- n. Expanded the Waynesville Medical Plaza Therapy program to improve access to physical and occupational therapy services with a focus on speech language pathology in the pediatric population
- o. Replaced a 20-slice CT with a 128-slice CT, allowing for scheduling of more complex procedures and exams in the Medical Office Building, improving scheduling access

2. Community Wellness

- a. Hired Community Health Workers to conduct Social Determinants of Health (SDOH) screenings in Walk-In Clinics, Obstetrics and the St. James clinic
- b. Formed a community coalition to address health disparities
- c. Instituted regular meetings for the Community Coalition to tackle health disparities and identify necessary community resources
- d. Implemented Aledade to facilitate more proactive patient care
- e. Forged a partnership with Aging Best to provide medically tailored meals for individuals facing food insecurity
- f. Established a Community Health and Wellness Department
- g. Opened the Phelps Health Weight Loss and Bariatric Center
- h. Initiated the provision of the Inspire procedure to address sleep apnea, starting in 2024
- i. Adopted Unite Us software to monitor referrals made for SDOH concerns
- j. Partnered with The Centre and the Phelps Health Foundation to provide discounted pricing for the MyFitRx program, designed to improve physical activity in individuals living with chronic disease
- k. Implemented a semen analysis analyzer to support OB/GYN physicians in providing fertility care locally
- l. Offered new procedures that could only be performed in larger tertiary facilities, such as pulmonary embolus (PE) removal for critically ill patients and atrial septal defect (ASD) or patent foramen ovale (PFO) closures for treatment of heart defects
- m. Provided venous ablations to help treat venous reflux disease
- n. Constructed a new Emergency Medical Services (EMS) base with a second helicopter landing pad, enhancing critical emergency response capabilities for the community
- o. Replaced key imaging modalities, which include artificial intelligence (AI) to aid in improved diagnosis for patients
- p. Partnered with Siteman Cancer Outreach Research Engagement (SCORE) to focus on screening and prevention for breast, colon, prostate and lung cancers

- q. Hosted multiple annual public events to educate community members on cancer screenings in collaboration with SCORE
- r. Created a cardiac catheterization procedures video to help patients and the community understand these surgeries
- s. Provided diabetes education and support groups to the community.
- t. Educated families about health checkups, Missouri's Imagination Library reading program and pediatric care at the annual Kids Safety Day event and area back-to-school events.

Summary of 2025 Needs Assessment Findings

The following health needs were identified based on the information gathered and analyzed through the community health needs assessment conducted by Phelps Health. These needs have been prioritized based on information gathered through the CHNA.

Identified Community Health Needs

1. Community wellness
2. Access to care
3. Health literacy

These identified community health needs are discussed in greater detail later in this report.

Community Served by the Hospital

Phelps Health's main campus is in Phelps County, Missouri, approximately 60 miles south of Jefferson City, Missouri, approximately 100 miles southwest of St. Louis, Missouri, and approximately 110 miles northeast of Springfield, Missouri. It is accessible by interstate and other secondary roads.

Definition of Community

For this CHNA, a community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the CHNA considers other types of healthcare providers, Phelps Health is the single largest provider of acute care services in the region. The utilization of hospital services provides the most precise definition of the community.

Summary of Discharges by Zip Code

Based on the patient origin of inpatient discharges from January 1, 2024, to December 31, 2024, management has identified the community to include the corresponding counties for zip codes listed in the following table.

Phelps County Inpatient Discharges			
Zip Code	City	Total Discharges	Percent of Total
65401	Rolla	2188	34.67%
65559	Saint James	556	8.81%
65550	Newburg	185	2.93%
65462	Edgar Springs	73	1.16%
65529	Jerome	13	0.21%
65529	Duke	7	0.11%
65461	Beulah	5	0.08%
Total Phelps County		3027	47.96%
Pulaski County Inpatient Discharges			
65583	Waynesville	428	6.78%
65584	Saint Robert	352	5.58%
65459	Dixon	242	3.83%
65452	Crocker	70	1.11%
65473	Fort Leonard Wood	56	0.89%
65556	Richland	42	0.67%
65534	Laquey	23	0.36%
65457	Devils Elbow	13	0.21%
Total Pulaski County		1226	19.43%
Dent County Inpatient Discharges			
65560	Salem		10.00%
63629	Bunker	25	0.40%
65462	Edgar Springs	24	0.38%
65542	Licking	19	0.30%
65541	Lenox	15	0.24%
65440	Boss	12	0.19%
65501	Jadwin	9	0.14%
Total Dent County		735	11.65%
Crawford County Inpatient Discharges			
65453	Cuba	159	2.52%
65565	Steelville	114	1.81%
63080	Sullivan	26	0.41%
65441	Bourbon	18	0.29%
65535	Leasburg	11	0.17%
65449	Cook Station	10	0.16%
65456	Davisville	8	0.19%
65066	Owensville	4	0.06%
65446	Cherryville	3	0.05%
Total Crawford County		353	5.59%

Texas County Inpatient Discharges			
65542	Licking		2.58%
65483	Houston	91	1.44%
65552	Plato	28	0.44%
65555	Raymondville	12	0.19%
65570	Success	11	0.17%
65444	Bucyrus	9	0.14%
65689	Cabool	7	0.11%
65557	Roby	7	0.11%
65571	Summersville	5	0.08%
65711	Mountain Grove	3	0.05%
65564	Solo	3	0.05%
65479	Hartshorn	2	0.03%
65793	Willow Springs	1	0.02%
65589	Yukon	1	0.02%
65484	Huggins	1	0.02%
Total Texas County		344	5.45%
Maries County Inpatient Discharges			
65459	Dixon	93	1.47%
65582	Vienna	69	1.09%
65013	Belle	58	0.92%
65580	Vichy	31	0.49%
65058	Meta	4	0.06%
65001	Argyle	3	0.05%
65014	Bland	3	0.05%
65443	Brinktown	1	0.02%
Total Maries County		125	1.98%
All Other Discharges			
All Others			10.64%
Total Discharges		7,967	100%

3. COMMUNITY DETAILS

Identification and Description of Geographical Community

The geographic area of the defined community, based on the identified zip codes, includes Crawford, Dent, Maries, Phelps, Pulaski and Texas counties (community).

The community health needs assessment will utilize these six counties, with all or significant portions included in the community.

Community Population and Demographics

The U.S. Census Bureau has compiled population and demographic data based on the American Community Survey. The following tables and charts show the total population within the community, including a breakout between male and female population, age, race/ethnicity and Hispanic population.

Demographic Characteristics (Percent)				
Total Population		Population by Gender		
Area	Population	Area	Male	Female
Crawford County	22,890	Crawford County	49.8	50.2
Dent County	14,506	Dent County	49.9	50.1
Maries County	8,435	Maries County	50.1	49.9
Phelps County	44,947	Phelps County	52.1	47.9
Pulaski County	53,850	Pulaski County	54.9	45.1
Texas County	24,256	Texas County	53.0	47.0
Total Community	169,585	Total Community	52.5	47.5
Missouri	6,196,156	Missouri	49.3	50.7
United States	334,914,896	United States	49.5	50.5

Source: U.S. Census Bureau, American Community Survey. 2019-23. Source geography: Tract

Age Distribution (Percent)									
Age Group	Crawford	Dent	Maries	Phelps	Pulaski	Texas	Community	Missouri	U.S.
0 - 4	5.8	5.7	4.8	5.3	6.7	5.6	5.9	5.6	5.5
5 - 9	6.3	5.3	4.5	5.7	5.6	6.2	5.7	6.1	5.9
10 - 14	6	7.6	6.8	6.2	6.7	5.8	6.4	6.3	6.3
15 - 19	6.4	5.9	5.6	8.4	13.1	6	8.9	6.7	6.6
20 - 24	5	4.8	5.6	11.4	13.3	5.4	9.4	6.6	6.5
25 - 34	11.3	10.1	10.3	11.8	17.6	11.4	13.3	13.0	13.5
35 - 44	11.8	11.5	11.9	11.5	11.1	11.9	11.5	12.9	13.4
45 - 54	11.8	12	12.4	10.3	8.3	12.3	10.4	11.6	12.1
55 - 64	15.0	15.3	15.9	12.6	8.0	14.6	12.1	12.7	12.5
65+	20.7	21.8	22.2	16.8	9.6	20.9	16.3	18.4	17.7

Source: U.S. Census Bureau, American Community Survey. 2019-2023. Source geography: Tract

While the relative age of the community population can influence community health needs, so can the ethnicity and race of a population. The following tables provide details on total populations by various races and ethnicities.

Population by Race (Percent)							
	White	Black, African American	Asian	Native American or Alaska Native	Asian, Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Crawford County	93.9	0.6	0.1	0.2	0.2	0.5	4.4
Dent County	92.2	0.6	0.9	0.6	0.1	0.8	4.8
Maries County	93.5	0.2	0.1	0.7	0.0	0.4	5.2
Phelps County	87.1	2.0	3.5	0.4	0.0	0.7	6.2
Pulaski County	72.7	10.5	2.2	0.5	0.6	1.7	11.9
Texas County	90.8	3.2	0.3	0.6	0.0	0.6	4.4
Total Community	83.7	5.0	2.1	0.7	0.3	1.4	6.9
Missouri	77.8	10.8	2.1	0.3	0.2	1.8	7.1
United States	60.5	12.1	6.0	1.0	0.2	7.4	12.8

Source: U.S. Census Bureau, American Community Survey. 2019-2023. Source geography: Tract

Population by Ethnicity				
	Hispanic or Latino Total	Hispanic or Latino Percent	Non-Hispanic Total	Non-Hispanic Percent
Crawford County	526	2.3	22,364	97.7
Dent County	308	2.1	14,198	97.9
Maries County	160	1.9	8,275	98.1
Phelps County	1,328	3.0	43,620	97.0
Pulaski County	6,190	11.5	47,660	88.5
Texas County	589	2.4	24,367	97.6
Total Community	9,101	5.4	160,484	94.6
Missouri	325,288	5.2	5,870,868	94.8
United States	65,140,277	19.4	269,774,619	80.6

Source: U.S. Census Bureau, American Community Survey. 2019-2023. Source geography: Tract

The following table shows the percentage of individuals who live in rural and urban areas. Urban is defined as densely developed territories that encompass residential, commercial and other nonresidential land uses. Rural areas are all areas that are not classified as urban. This information helps explain how access to care can sometimes be limited for those living in rural areas.

Urban vs. Rural Population				
	Total Urban	Percent Urban	Total Rural	Percent Rural
Crawford County	1,567	6.8	21,489	93.2
Dent County	4,684	32.5	9,737	67.5
Maries County	0	0.0	8,432	100.0
Phelps County	20,610	46.2	24,028	53.8
Pulaski County	31,672	58.7	22,283	41.3
Texas County	151	0.6	24,487	99.4
Total Community	58,684	34.7	110,455	65.3
Missouri	4,275,663	69.5	1,879,250	30.5
United States	268,167,935	80.1	66,567,220	19.9

Source: U.S. Census Bureau, Decennial Census. 2020. Source geography: Tract

4. SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

Social Vulnerability Index

The Centers for Disease Control and Prevention (CDC) has developed the Social Vulnerability Index (SVI). This measure enables public health officials to identify and meet the needs of socially vulnerable populations. Possible SVI scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).

The following table displays the SVI scores for counties in the report area.

County	SVI Score	Level of Vulnerability
Crawford County	0.6570	Moderate to high level of vulnerability
Dent County	0.6551	Moderate to high level of vulnerability
Maries County	0.4814	Moderate to high level of vulnerability
Phelps County	0.6402	Moderate to high level of vulnerability
Pulaski County	0.6927	Moderate to high level of vulnerability
Texas County	0.8575	High level of vulnerability

Source: <https://svi.cdc.gov/map.html>, 2022

Language

Language barriers significantly impact the quality of patient-provider communication, which can potentially lead to poor health outcomes. A national study in the Journal of General Internal Medicine showed that individuals with Limited English Proficiency (LEP) who do not receive additional services (such as an interpreter) were less likely to be aware of medical implications and were less satisfied overall with their medical care.

The following table reports the percentage of the population ages 5 and older who speak a language other than English at home. This is relevant because an inability to speak English well creates barriers to healthcare access, provider communications and health literacy/education. Of the 159,638 total population 5 and older in the report area, 9,059 or 5.7% speak a language other than English at home.

Population Speaking a Language Other Than English at Home			
Area	Population Ages 5 and Older	Speak a language other than English	Percent speaking a language other than English
Crawford County	21,569	303	1.4%
Dent County	13,682	149	1.1%
Maries County	8,028	191	2.4%
Phelps County	42,555	2,297	5.4%
Pulaski County	50,235	5,678	11.3%
Texas County	23,569	441	1.9%
Total Community	159,638	9,059	5.7%
Missouri	5,847,740	407,512	7.0%
United States	316,581,199	71,109,132	22.5%

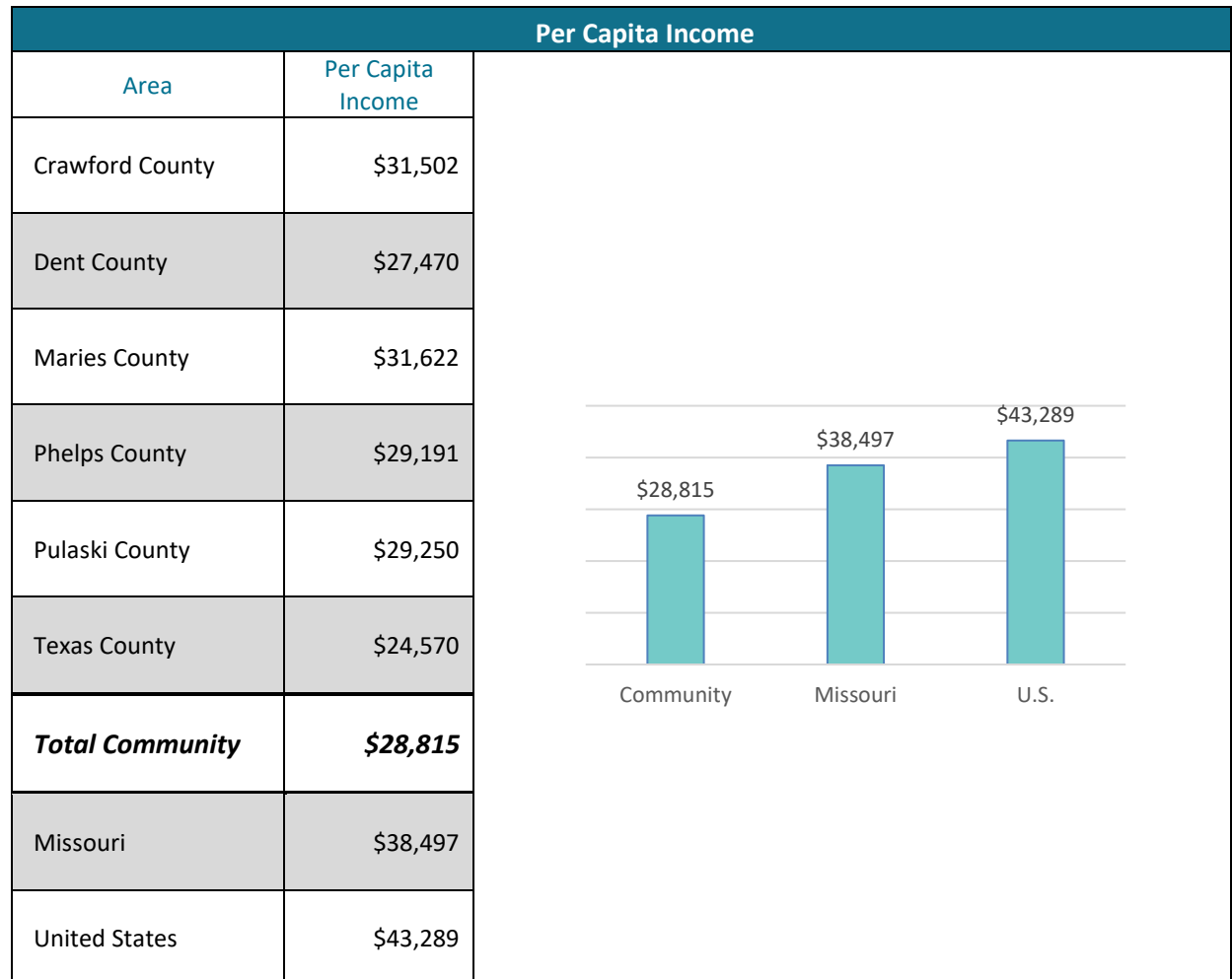
Source: American Community Survey, 2023, S1601: Language Spoken at Home

The socioeconomic characteristics of a geographic area influence the way residents access healthcare services and perceive the need for healthcare services within society. Vulnerable populations often experience high rates of chronic illness and poor health outcomes, leading to health disparities between various demographic groups.

Income and Employment

The table and chart below present the per capita income for the community. This includes all reported income from wages and salaries, as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. None of the counties within the community has a per capita income equal to that of the state of Missouri or the United States.



Note: This indicator is compared to the state average.

Data Source: U.S. Census Bureau, American Community Survey. 2019-23. Source geography: Tract

Employment by Major Industries (Percent)						
Major Industries	Crawford	Dent	Maries	Phelps	Pulaski	Texas
Agriculture, forestry, mining, fishing and hunting	3.0	4.2	3.9	2.1	0.7	6.9
Construction	8.6	5.3	13.6	3.9	9.2	8.1
Manufacturing	18.5	8.5	13.7	10.1	8.1	13.1
Wholesale trade	1.0	4.1	1.0	1.7	2.3	0.4
Retail trade	12.8	9.9	8.4	14.9	12.5	12.5
Transportation, warehousing and utilities	5.5	4.6	6.9	4.7	3.8	7.4
Information	2.2	0.9	1.4	0.8	0.2	0.6
Finance, insurance, real estate, and rental and leasing	2.6	3.0	3.7	2.6	3.0	4.1
Professional, scientific, management, administrative and waste management services	6.4	5.9	6.8	5.5	7.0	4.3
Educational services, healthcare and social assistance	21.4	31.7	22.9	31.4	19.9	23.8
Arts, entertainment, recreation, accommodation and food services	8.2	9.9	2.4	10.1	13.3	5.6
Other services, except public administration	6.3	3.6	4.5	4.6	4.5	4.7
Public administration	3.8	8.5	10.9	7.7	15.5	8.4

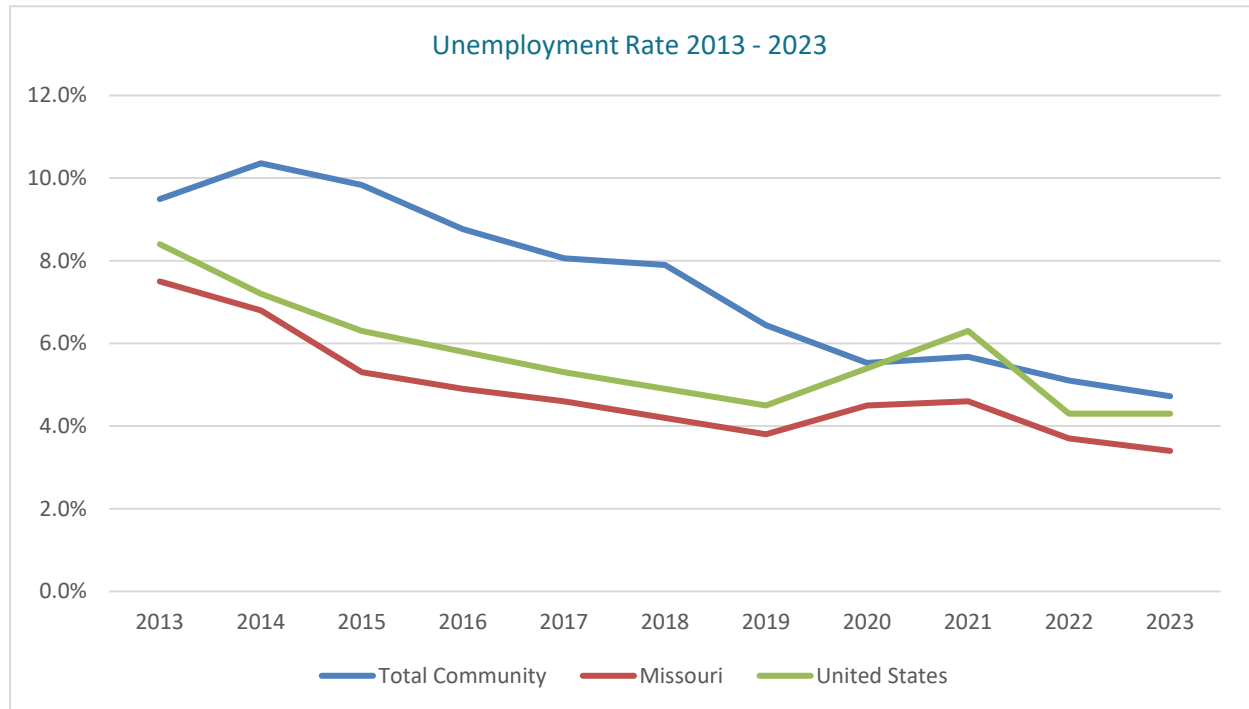
Data Source: U.S. Census Bureau, American Community Survey. 2019-23. Source geography: County

Unemployment Rate

The table below displays the data from June 2023, showing the average annual unemployment rates for the community, along with comparisons to those of Missouri and the United States. This includes all noninstitutionalized individuals ages 16 and older. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food and other necessities that contribute to poor health status.

Unemployment Rate			
Area	Labor Force	Number Employed	Unemployment Rate June 2023
Crawford County	10,099	9,554	5.4%
Dent County	6,422	6,152	4.2%
Maries County	3,795	3,624	4.5%
Phelps County	19,800	18,932	4.4%
Pulaski County	20,203	19,195	5.0%
Texas County	9,924	9,469	4.6%
Total Community	60,322	57,457	4.7%
Missouri	3,180,243	3,071,350	3.4%
United States	171,742,922	164,346,993	4.3%

Data Source: U.S. Census Bureau, American Community Survey. 2019-23. Source geography: County



Source: American Community Survey, 2013 - 2023, DP03 - Selected Economic Characteristics

Poverty

The table and graph on the following page display the percentage of total population and children under age 18 below 100% of the Federal Poverty Level (FPL) for the community, Missouri and the United States. The FPL is a measurement of the minimum amount of income that is needed for individuals and families to pay for essentials. The guidelines are used to establish eligibility for Medicaid and other federal programs.

Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health status.

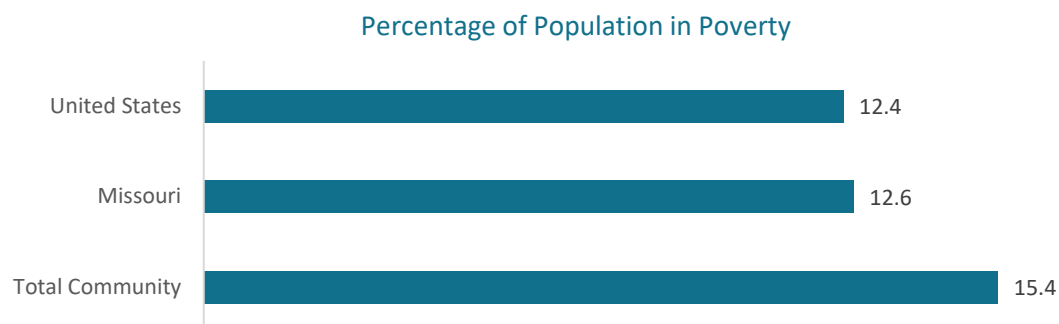
People living in chronic poverty have elevated health risks that can lead to unsafe conditions and diseases. Conditions might include drinking contaminated water or living in unsanitary housing with poor ventilation.

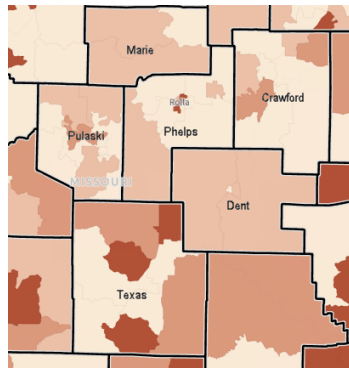
Low-income residents may delay or avoid pursuing medical attention until issues reach a critical stage, creating a greater demand on the community's medical resources. This may include dependence on emergency rooms for what should be routine primary care. In addition, uninsured or low-income individuals' inability to pay for services places a strain on the community's medical system. These individuals often have limited transportation options and are unable to access medical services outside their local community.

The table below shows the total and the percentage of individuals living below 100% of the FPL. Within the community, 15.4% or 23,717 individuals for whom poverty status is determined are living in households with income below the FPL.

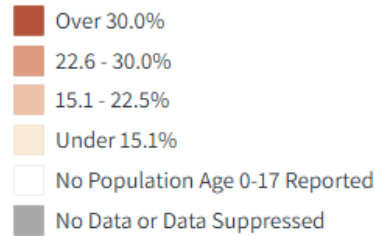
Population Below 100% FPL			
	Total Population	Population in Poverty	Population in Poverty Percent
Crawford County	22,408	3,053	13.6
Dent County	14,325	2,046	14.3
Maries County	8,369	1,246	14.9
Phelps County	41,893	7,216	17.2
Pulaski County	43,850	5,608	12.8
Texas County	23,519	4,548	19.3
Total Community	154,364	23,717	15.4
Missouri	5,994,199	756,528	12.6
United States	324,567,147	40,390,045	12.4

Source: U.S. Census Bureau, American Community Survey. 2019-23. Source geography: County





Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2019-23



Source: US Census Bureau, American Community Survey. 2019-2023. Source geography: Tract

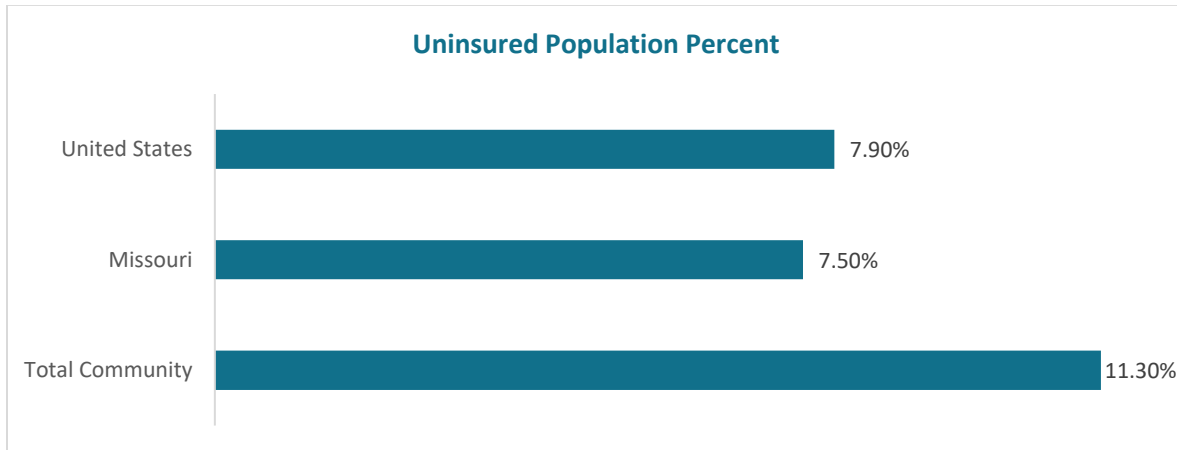
Insurance

The following table reports the percentage of the total civilian non-institutionalized population without health insurance coverage for the community, the state of Missouri and the United States. This indicator is relevant because lack of insurance is a primary barrier to healthcare access, including regular primary care, specialty care and other health services that contribute to poor health status. The lack of health insurance is considered a key driver of health status. Uninsured adults have limited access to preventive services and specialty care, and often experience worse health outcomes than those with insurance.

In the community, 11.3% of the total civilian non-institutionalized population is without health insurance coverage. The rate of uninsured persons in the report area is higher than the state average of 7.5% and higher than the national average of 7.9%.

Uninsured Population			
	Population for Whom Insurance Status Is Determined	Uninsured Population Total	Uninsured Population Percent
Crawford County	22,555	3,004	13.3%
Dent County	14,353	1,755	12.2%
Maries County	8,369	715	8.5%
Phelps County	44,235	3,896	8.8%
Pulaski County	40,529	4,212	10.4%
Texas County	23,505	3,699	15.7%
Total Community	153,546	17,281	11.3%
Missouri	6,094,536	458,315	7.5%
United States	329,987,997	26,169,652	7.9%

Source: U.S. Census Bureau, American Community Survey. 2019-23. Source geography: County



SNAP Benefits—Population Receiving SNAP (SAIPE)

The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. This indicator reports the average percentage of the population receiving SNAP benefits in July of the most recent report year. SAIPE is the Small Area Income and Poverty Estimate.

SNAP (SAIPE)		
	Population Receiving SNAP	Percent Receiving SNAP
Crawford County	1,031	10.9
Dent County	913	16.1
Maries County	417	11.8
Phelps County	2,084	11.8
Pulaski County	1,283	7.8
Texas County	1,256	13.2
Total Community	6,984	11.2
Missouri	246,339	9.9
United States	15,004,950	11.8

Source: U.S. Census Bureau, American Community Survey. 2019-23. Source geography: County

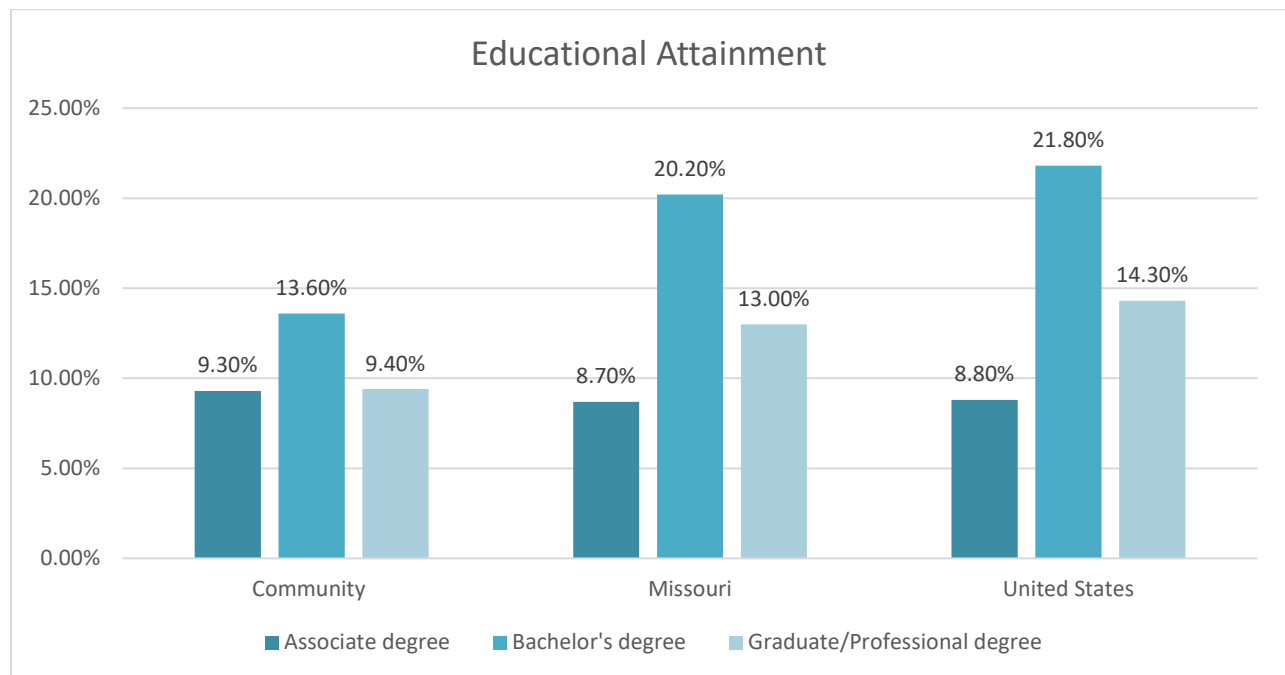
Education

The following data shows the estimated educational attainment with a high school diploma or higher. This is relevant because educational attainment has been linked to positive health outcomes. Attainment shows the distribution of the highest level of education achieved and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering and mathematics opportunities. Education levels obtained by community residents may impact the local economy. Higher levels of education, including an associate

degree and higher, generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. The table below shows estimated averages for persons over 25 from the period 2019–2023.

Educational Attainment – Population Age 25 and Older (Percent)					
	Percent With High School Diploma	Percent With Some College	Percent With Associate Degree	Percent With Bachelor's Degree	Percent With Graduate or Professional Degree
Crawford County	40.1	21.0	11.1	8.9	3.8
Dent County	39.0	21.1	7.4	11.2	6.9
Maries County	43.4	16.9	9.8	8.9	7.1
Phelps County	33.0	20.6	6.5	16.4	15.1
Pulaski County	30.9	22.5	12.8	17.9	10.0
Texas County	40.6	22.1	7.2	8.9	6.8
Total Community	35.9	21.2	9.3	13.6	9.4
Missouri	29.4	20.7	8.7	20.2	13.0
United States	25.9	18.9	8.8	21.8	14.3

Source: U.S. Census Bureau, American Community Survey. 2019-23. Source geography: County



Transportation (Commuter Travel Patterns—Overview)

Transportation is a critical social determinant of health (SDOH). The American Hospital Association says that each year, more than 3.6 million people do not receive adequate medical care due to transportation issues. These issues may include access to vehicles, long distances to needed services and costs associated with travel. Transportation issues can be particularly severe in rural communities, where individuals often live at a distance from healthcare providers. This information highlights the vital role transportation plays in people's daily routines and conveys information about the efficiency of the public transportation network.

This indicator shows the method of transportation workers use to travel to work in the report area. Of the 67,293 workers in the report area, 79% drove to work alone, while 12% carpooled, and 3% used a taxicab, motorcycle, bicycle or walked to work.

Commuting Patterns				
	Workers 16 Years and Older	Percent Driving Alone	Percent Carpooling	Percent Using a Taxicab, Motorcycle or Bicycle, or Walking
Crawford County	9,409	78%	15%	2%
Dent County	5,898	82%	8%	3%
Maries County	3,505	75%	17%	2%
Phelps County	18,527	74%	14%	5%
Pulaski County	20,686	85%	9%	2%
Texas County	9,268	77%	15%	3%
Total Community	67,293	79%	12%	3%
Missouri	3,010,299	75%	8%	3%
United States	160,818,784	70%	9%	4%

Source: U.S. Census Bureau, American Community Survey. 2019-23. Source geography: County

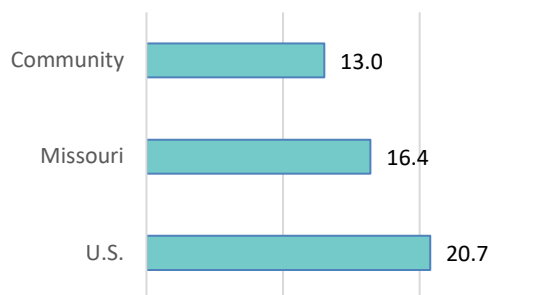
5. PHYSICAL ENVIRONMENT OF THE COMMUNITY

A community's health is affected greatly by its physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will examine some of the elements that relate to various needs mentioned throughout the report.

Grocery Store Access

Healthy dietary behaviors are supported by access to healthy foods, and grocery stores are a major provider of these foods. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Grocery Store Access		
	Number of Establishments	Establishments Rate per 100,000
Crawford County	4	17.35
Dent County	3	20.8
Maries County	n/a	n/a
Phelps County	6	13.44
Pulaski County	4	7.41
Texas County	5	20.42
Total Community	n/a	13.02
Missouri	1,010	16.41
United States	62,268	20.77



Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County

Food Deserts

The following table reports the number of neighborhoods in the report area that are within food deserts. The United States Department of Agriculture (USDA) Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets or vehicle access. The report area has a population of 49,564 living in food deserts and a total of nine census tracts classified as food deserts by the USDA.

Population With Low Food Access		
	Food Desert Census Tracts	Food Desert Population
Crawford County	1	4,594
Dent County	2	8,246
Maries County	0	0
Phelps County	2	12,657
Pulaski County	2	9,717
Texas County	2	14,350
Total Community	9	49,564
Missouri	248	1,084,564
United States	9,293	39,074,974

Source: U.S. Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.

SNAP Food Stores

Certain food stores including grocery stores as well as supercenters, specialty food stores and convenience stores are authorized to accept SNAP benefits. The report area has 7.87% retailers per 100,000 population, which is slightly below the state rate but above the national rate.

SNAP Authorized Food Stores		
	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers Rate per 100,000 Population
Crawford County	22	9.27
Dent County	8	5.17
Maries County	7	7.96
Phelps County	38	8.56
Pulaski County	37	7.02
Texas County	22	8.76
Total Community	134	7.87
Missouri	4,892	7.95
United States	248,526	7.47

Source: U.S. Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.

6. CLINICAL CARE OF THE COMMUNITY

A lack of access to care presents barriers to good health. Access is affected by many factors, including the availability of facilities and physicians, the rate of uninsured individuals, financial hardships, transportation barriers, cultural competency, and limited insurance coverage.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Preventable Hospital Events

The data below reports the preventable hospital rate of Medicare beneficiaries. Preventable hospital stays include admission for these conditions: diabetes with short-term and long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, and urinary tract infection. These conditions would not require hospitalization if adequate primary care resources were available and accessed by those patients.

This indicator is relevant because analysis of preventable discharges demonstrates a possible “return on investment” from interventions that reduce admissions (for example, uninsured or Medicaid patients) through better access to primary care resources. The data on the table below reports the preventable hospital rate of Medicare beneficiaries.

Preventable Hospital Events		
	Total Medicare Beneficiaries (2025)	Preventable Hospitalizations, Rate per 100,000 (2022)
Crawford County	5,990	3,239
Dent County	4,167	4,313
Maries County	1,992	3,804
Phelps County	9,748	3,765
Pulaski County	7,591	3,130
Texas County	6,684	3,037
Total Community	36,172	3,548
Missouri	1,345,658	2,938
United States	63,897,280	2,865

Source: [Medicare Enrollment Dashboard](#) | [CMS Data Preventable Hospital Stays](#) | [County Health Rankings & Roadmaps](#)
(2025 Annual Data Release used data from 2022)

Population Living in a Health Professional Shortage Area

The Department of Health and Human Services (HHS) measures the population within designated areas. Two measurements are used:

- **FTE shortage**—the number of full-time equivalent (FTE) practitioners needed within an area to achieve the target population-to-practitioner ratio
- **HPSA score**—the Health Professional Shortage Area (HPSA) score developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 with higher scores having greater priority.

Health Professional Shortage Area		
	HPSA FTE Short	HPSA Score
Crawford County	3.38	17
Dent County	2.30	16
Maries County	3.09	14
Phelps County	3.44	16
Pulaski County	4.18	17
Texas County	4.24	18

Source: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>, 2022

7. HEALTH STATUS OF THE COMMUNITY

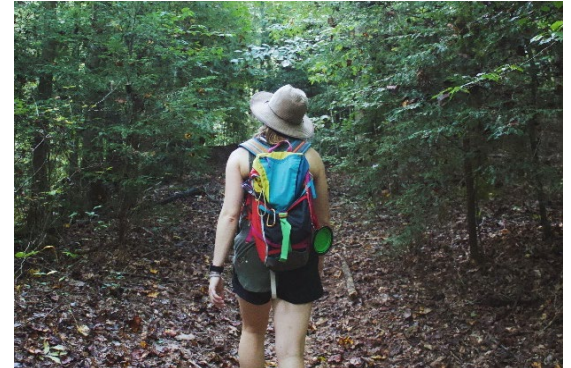
This section of the assessment reviews the community's health status with comparisons to the state of Missouri. This assessment of the mortality and morbidity data, health outcomes, health factors, and mental health indicators of this report area will enable Phelps Health to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to [Healthy People 2030](#), the national health objectives released by the U.S. Department of Health and Human Services, the community where a person resides can have a significant impact on their health and well-being.

Community health includes both the physical and social environment in which individuals live, work and play. Community health is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors significantly impact an individual's health status, including lifestyle and behavior; human biology; environmental and socioeconomic conditions; and access to adequate and appropriate healthcare and medical services. The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and healthcare providers.

Some examples of lifestyle/behavior and related healthcare problems include the following:



Lifestyle		Primary Disease Factors
Smoking	➡	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	➡	Cirrhosis of the liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	➡	Obesity Digestive disease Depression
Driving at excessive speeds	➡	Trauma Motor vehicle crashes
Lack of exercise	➡	Cardiovascular disease Depression
Overstressed	➡	Mental illness Alcohol/drug abuse Cardiovascular disease

The United States is one of the wealthiest countries in the world, yet Americans live shorter lives than people in almost all other high-income nations. Recent analyses indicate that the U.S. is falling behind in global life expectancy, with some studies placing it in the 46th to 49th position globally (Woolf, 2023). Despite spending more on healthcare per person than any other country, at over \$13,000 per person in 2023, the U.S. is not meeting this benchmark.

Research shows that about 60% of early deaths are linked to lifestyle choices such as smoking, heavy drinking, lack of exercise, unhealthy eating and obesity (Loef & Walach, 2012). Conversely, living a healthy lifestyle can make a significant difference. A 2018 study found that individuals who follow healthy habits can live more than a decade longer, or approximately 14 extra years for women and 12 years for men, starting at age 50 (Li et al., 2018).

When evaluating overall health, both morbidity (illness or injury) and mortality (death) are essential considerations. Morbidity data—information about illness and injury—are often limited because only certain conditions that pose a public health threat are required by law to be reported. In contrast, mortality data are consistently collected through death certificates, making them more widely available and reliable. For this reason, this report relies heavily on death counts and death rates for leading causes of death in our community and in Missouri overall.

These data serve as important indicators of community health trends, allowing us to measure the impact of changes in healthcare and prevention efforts. By identifying the health issues that most affect our residents, community leaders and healthcare providers can focus their attention and resources on the areas with the greatest need.

Leading Causes of Death

The following table compares the leading causes of death in the community to the rates in Missouri and the United States, expressed per 100,000 population. Figures represent the 5-year average from 2018 to 2023.

Selected Causes of Resident Deaths: Number and Crude Rate						
	Report Area		Missouri		United States	
	5-Year Deaths	Crude Rate Per 100,000	5-Year Deaths	Crude Rate Per 100,000	5-Year Deaths	Crude Rate Per 100,000
Diseases of the heart	2,623	256.8	92,838	251.2	4,090,792	206.1
Malignant neoplasms	2,194	214.8	78,176	211.5	3,628,161	182.8
Unintentional injuries	874	85.6	26,713	72.3	1,215,794	61.2
Chronic lower respiratory diseases	824	80.7	22,791	61.7	904,203	45.6
COVID-19	684	67.0	20,322	55.0	1,004,208	50.6
Diabetes mellitus	593	58.0	10,722	29.0	574,474	28.9
Cerebrovascular diseases	531	52.0	18,836	51.0	949,001	47.8
Alzheimer disease	337	33.0	15,950	43.2	731,315	36.8
Nephritis, nephrotic syndrome and nephrosis	245	24.0	9,604	26.0	323,046	16.3
Influenza and pneumonia	237	23.2	6,646	18.0	296,601	14.9

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2018-2023.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

8. County Health Rankings

This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state based on two types of health outcomes for each county: the length of life (mortality) and the overall health of people (morbidity).

These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked relative to the health of other counties in the same state. Those with high rankings (*e.g.*, 1 or 2) are considered the "healthiest."

Rankings are based on the following summary of measures:























- Health Outcomes - Rankings are based on an equal weighting of one length-of-life (mortality) measure and four quality-of-life (morbidity) measures.
- Health Factors - Rankings are based on weighted scores of four types of factors:
 - Health behaviors
 - Clinical care
 - Social and economic
 - Physical environment














A more detailed discussion about the ranking system, data sources and measures, data quality, and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org). As part of the analysis of the needs assessment for the community, data from counties within the report area will be used to compare the relative health status of the county to the state of Missouri.








The current year information is compared to the health outcomes reported on the prior CHNA, and the change in measures is indicated.























A better understanding of the factors that affect the health of the community will assist with measures to improve the community's habits, culture and environment.





The tables below show how changes in the county included in the community's health outcomes have increased, decreased or stayed the same from the prior CHNA. Data is based on 2025 annual data.














COUNTY HEALTH RANKINGS – CRAWFORD COUNTY					
Health Outcomes					
Mortality*	Crawford County 2022	Crawford County 2025	 	Missouri	U.S.
Premature death —Years of potential life lost before age 75 per 100,000 population (age-adjusted)	11,000	15,100		10,000	8,400
Morbidity*					
Poor or fair health —Percent of adults reporting fair or poor health (age-adjusted)	24%	24%	—	17%	17%
Poor physical health days —Average number of physically unhealthy days reported in the past 30 days (age-adjusted)	5.2	5.2	—	4.2	3.9
Poor mental health days —Average number of mentally unhealthy days reported in the past 30 days (age-adjusted)	5.5	6.1		5.5	5.1
Low birth weight —Percent of live births with low birth weight (<2,500 grams)	8%	10%		9%	17%
Health Factors					
Health Behaviors	Crawford County 2022	Crawford County 2025	 	Missouri	U.S.
Adult smoking —Percent of adults who report smoking at least 100 cigarettes and who currently smoke	27%	26%		20%	15%
Adult obesity —Percent of adults who report a BMI ≥ 30	38%	39%		37%	34%
Food environment index ^—Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.2	7.4		6.6	7.4
Physical inactivity —Percent of adults ages 20 and over reporting no leisure time or physical activity	37%	31%		24%	23%
Access to exercise opportunities ^—Percentage of population with adequate access to locations for physical activity	53%	73%		77%	84%
Excessive drinking —Percent of adults who report excessive drinking in the past 30 days	18%	21%		22%	19%
Alcohol-impaired driving deaths —Percent of motor vehicle crash deaths with alcohol involvement	27%	35%		28%	26%
Sexually transmitted infections —Chlamydia rate per 100,000 population	229.9	282.4		523.6	495.0
Teen births —Female population, ages 15-19	30	28		19	16
Clinical Care	Crawford County 2022	Crawford County 2025	 	Missouri	U.S.
Uninsured adults —Percent of population under age 65 without health insurance	16%	15%		10%	10%
Primary care physicians —Number of population for every primary care physician	23,920	22,810		1,420	1,330
Dentists —Number of population for every dentist	7,910	7,550		1,600	1,360
Mental health providers —Number of population for every mental health provider	2,640	2,270		380	300
Mammography screening ^—Percent of female Medicare enrollees who receive mammography screening	41%	41%	—	46%	44%

<i>Social and Economic Factors</i>	Crawford County 2022	Crawford County 2025	 	Missouri	U.S.
High school graduation ^—Percent of ninth-grade cohort that graduates in 4 years	91%	85%		92%	89%
Some college ^—Percent of adults ages 25-44 years with some postsecondary education	48%	50%		67%	68%
Unemployment —Percent of population age 16+ unemployed but seeking work	6.4%	3.4%		3.1%	3.6%
Children in poverty —Percent of children under age 18 in poverty	22%	21%		15%	16%
Income inequality —Ratio of household income at the 80th percentile to income at the 20th percentile	4.7	4.1		4.5	4.9
Social associations ^—Number of membership associations per 10,000 population	11.7	11.5		11.4	9.1
Injury deaths —Number of deaths due to injury per 100,000 population	112	129		104	84
<i>Physical Environment</i>	Crawford County 2022	Crawford County 2025	 	Missouri	U.S.
Air pollution-particulate matter days —Average daily measure of fine particulate matter in micrograms per cubic meter	8.1	7.2		7.5	7.3
Severe housing problems —Percentage of households with at least one of four housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	15%	13%		13%	17%
<p><i>*Data should not be compared with prior years. Source: Countyhealthrankings.org</i> <i>^Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative.</i> <i>Note: N/A indicates unreliable or missing data.</i> <i>Source: Countyhealthrankings.org 2025</i></p>					





















COUNTY HEALTH RANKINGS – DENT COUNTY					
<i>Health Outcomes</i>					
<i>Mortality*</i>	Dent County 2022	Dent County 2025	 	Missouri	U.S.
Premature death —Years of potential life lost before age 75 per 100,000 population (age-adjusted)	12,100	14,400		10,000	8,400
<i>Morbidity*</i>					
Poor or fair health —Percent of adults reporting fair or poor health (age-adjusted)	24%	22%		17%	17%
Poor physical health days —Average number of physically unhealthy days reported in the past 30 days (age-adjusted)	5.1	5.2		4.2	3.9
Poor mental health days —Average number of mentally unhealthy days reported in the past 30 days (age-adjusted)	5.5	6.0		5.5	5.1
Low birth weight —Percent of live births with low birth weight (<2,500 grams)	9%	8%		9%	8%

<i>Health Factors</i>					
<i>Health Behaviors</i>	Dent County 2022	Dent County 2025		Missouri	U.S.
Adult smoking —Percent of adults who report smoking at least 100 cigarettes and that currently smoke	26%	23%		18%	13%
Adult obesity —Percent of adults who report a BMI ≥ 30	39%	39%	—	37%	34%
Food environment index [^] —Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.5	6.8		6.6	7.4
Physical inactivity —Percent of adults ages 20 and over reporting no leisure time or physical activity	36%	29%		24%	23%
Access to exercise opportunities [^] —Percentage of population with adequate access to locations for physical activity	59%	67%		77%	84%
Excessive drinking —Percent of adults who report excessive drinking in the past 30 days	17%	20%		22%	19%
Alcohol-impaired driving deaths —Percent of motor vehicle crash deaths with alcohol involvement	21%	20%		28%	26%
Sexually transmitted infections —Chlamydia rate per 100,000 population	237.6	172.8		523.6	495.0
Teen births —Female population, ages 15-19	33	26		19	16
<i>Clinical Care</i>	Dent County 2022	Dent County 2025		Missouri	U.S.
Uninsured adults —Percent of population under age 65 without health insurance	20%	14%		10%	10%
Primary care physicians —Number of population for every primary care physician	3,890	3,610		1,420	1,330
Dentists —Number of population for every dentist	5,160	4,820		1,600	1,360
Mental health providers —Number of population for every mental health provider	740	670		380	300
Mammography screening [^] —Percent of female Medicare enrollees who receive mammography screening	40%	40%	—	46%	44%
<i>Social and Economic Factors</i>	Dent County 2022	Dent County 2025		Missouri	U.S.
High school graduation [^] —Percent of ninth-grade cohort that graduates in 4 years	98%	86%		92%	89%
Some college [^] —Percent of adults ages 25-44 years with some postsecondary education	50%	57%		67%	68%
Unemployment —Percent of population age 16+ unemployed but seeking work	4.8%	3.5%		3.1%	3.6%
Children in poverty —Percent of children under age 18 in poverty	22%	23%		15%	16%
Income inequality —Ratio of household income at the 80th percentile to income at the 20th percentile	4.8	4.7		4.5	4.9
Social associations [^] —Number of membership associations per 10,000 population	9.0	11.8		11.4	9.1
Injury deaths —Number of deaths due to injury per 100,000 population	114	126		104	84

Physical Environment	Dent County 2022	Dent County 2025	 	Missouri	U.S.
Air pollution-particulate matter days —Average daily measure of fine particulate matter in micrograms per cubic meter	7.9	6.9		7.5	7.3
Severe housing problems —Percentage of households with at least one of four housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	11%	13%		13%	17%
<p><i>*Data should not be compared with prior years. Source: Countyhealthrankings.org</i></p> <p><i>^ Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative.</i></p> <p><i>Note: N/A indicates unreliable or missing data.</i></p> <p><i>Source: Countyhealthrankings.org 2025</i></p>					

COUNTY HEALTH RANKINGS – MARIES COUNTY					
<i>Health Outcomes</i>					
Mortality*	Maries County 2022	Maries County 2025	 	Missouri	U.S.
Premature death —Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,400	9,600		10,000	8,400
Morbidity*					
Poor or fair health —Percent of adults reporting fair or poor health (age-adjusted)	21%	22%		17%	17%
Poor physical health days —Average number of physically unhealthy days reported in the past 30 days (age-adjusted)	4.7	4.9		4.2	3.9
Poor mental health days —Average number of mentally unhealthy days reported in the past 30 days (age-adjusted)	5.2	5.8		5.5	5.1
Low birth weight —Percent of live births with low birth weight (<2,500 grams)	7%	7%	—	9%	8%
<i>Health Factors</i>					
Health Behaviors	Maries County 2022	Maries County 2025	 	Missouri	U.S.
Adult smoking —Percent of adults who report smoking at least 100 cigarettes and who currently smoke	24%	25%		18%	13%
Adult obesity —Percent of adults who report a BMI ≥ 30	37%	39%		37%	34%
Food environment index [^] —Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.7	7.4		6.6	7.4
Physical inactivity —Percent of adults ages 20 and over reporting no leisure time or physical activity	35%	30%		24%	23%
Access to exercise opportunities [^] —Percentage of population with adequate access to locations for physical activity	6%	8%		77%	84%

Excessive drinking —Percent of adults who report excessive drinking in the past 30 days	18%	20%	↑	22%	19%
Alcohol-impaired driving deaths —Percent of motor vehicle crash deaths with alcohol involvement	33%	36%	↑	28%	26%
Sexually transmitted infections —Chlamydia rate per 100,000 population	287.5	260.9	↓	523.6	495.0
Teen births —Female population, ages 15-19	26	24	↓	19	16
Clinical Care	Maries County 2022	Maries County 2025	↓↑	Missouri	U.S.
Uninsured adults —Percent of population under age 65 without health insurance	18%	13%	↓	10%	10%
Primary care physicians —Number of population for every primary care physician	N/A	N/A	N/A	1,420	1,330
Dentists —Number of population for every dentist	2,930	2,810	↓	1,600	1,360
Mental health providers —Number of population for every mental health provider	2,930	2,810	↓	380	300
Mammography screening ^—Percent of female Medicare enrollees who receive mammography screening	34%	40%	↑	46%	44%
Social and Economic Factors	Maries County 2022	Maries County 2025	↓↑	Missouri	U.S.
High school graduation ^—Percent of ninth-grade cohort that graduates in 4 years	N/A	86	N/A	92%	89%
Some college ^—Percent of adults ages 25-44 years with some postsecondary education	50%	52%	↑	67%	68%
Unemployment —Percent of population age 16+ unemployed but seeking work	4.8%	3.2%	↓	3.1%	3.6%
Children in poverty —Percent of children under age 18 in poverty	18%	16%	↓	15%	16%
Income inequality —Ratio of household income at the 80th percentile to income at the 20th percentile	4.0	4.2	↑	4.5	4.9
Social associations ^—Number of membership associations per 10,000 population	13.8	11.9	↓	11.4	9.1
Injury deaths —Number of deaths due to injury per 100,000 population	93	84	↓	104	84
Physical Environment	Maries County 2022	Maries County 2025	↓↑	Missouri	U.S.
Air pollution-particulate matter days —Average daily measure of fine particulate matter in micrograms per cubic meter	8.1	7.2	↓	7.5	7.3
Severe housing problems —Percentage of households with at least one of four housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	15%	11%	↓	13%	17%
<p><i>*Data should not be compared with prior years. Source: Countyhealthrankings.org</i></p> <p><i>^Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative.</i></p> <p><i>Note: N/A indicates unreliable or missing data.</i></p> <p><i>Source: Countyhealthrankings.org 2025</i></p>					

COUNTY HEALTH RANKINGS – PHELPS COUNTY					
Health Outcomes					
Mortality*	Phelps County 2022	Phelps County 2025	 	Missouri	U.S.
Premature death —Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,800	12,400		10,000	8,400
Morbidity*					
Poor or fair health —Percent of adults reporting fair or poor health (age-adjusted)	20%	20%	—	17%	17%
Poor physical health days —Average number of physically unhealthy days reported in the past 30 days (age-adjusted)	4.5	4.8		4.2	3.9
Poor mental health days —Average number of mentally unhealthy days reported in the past 30 days (age-adjusted)	5.0	5.6		5.5	5.1
Low birth weight —Percent of live births with low birth weight (<2,500 grams)	8%	8%	—	9%	8%
Health Factors					
Health Behaviors	Phelps County 2022	Phelps County 2025	 	Missouri	U.S.
Adult smoking —Percent of adults who report smoking at least 100 cigarettes and who currently smoke	22%	21%		18%	13%
Adult obesity —Percent of adults who report a BMI ≥ 30	37%	39%		37%	34%
Food environment index ^—Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.7	6.9		6.6	7.4
Physical inactivity —Percent of adults ages 20 and over reporting no leisure time or physical activity	33%	28%		24%	23%
Access to exercise opportunities ^—Percentage of population with adequate access to locations for physical activity	73%	86%		77%	84%
Excessive drinking —Percent of adults who report excessive drinking in the past 30 days	17%	19%		22%	19%
Alcohol-impaired driving deaths —Percent of motor vehicle crash deaths with alcohol involvement	19%	26%		28%	26%
Sexually transmitted infections —Chlamydia rate per 100,000 population	293.9	368.5		523.6	495.0
Teen births —Female population, ages 15-19	20	18		19	16
Clinical Care	Phelps County 2022	Phelps County 2025	 	Missouri	U.S.
Uninsured adults —Percent of population under age 65 without health insurance	16%	14%		10%	10%
Primary care physicians —Number of population for every primary care physician	1,240	1,210		1,420	1,330

Dentists —Number of population for every dentist	1,480	1,330	↓	1,600	1,360
Mental health providers —Number of population for every mental health provider	290	270	↓	380	300
Mammography screening ^—Percent of female Medicare enrollees who receive mammography screening	43%	43%	—	46%	44%
Social and Economic Factors	Phelps County 2022	Phelps County 2025	↓↑	Missouri	U.S.
High school graduation ^—Percent of ninth-grade cohort that graduates in 4 years	90%	92%	↑	92%	89%
Some college ^—Percent of adults ages 25-44 years with some postsecondary education	66%	59%	↓	67%	68%
Unemployment —Percent of population age 16+ unemployed but seeking work	4.8%	3.1%	↓	3.1%	3.6%
Children in poverty —Percent of children under age 18 in poverty	18%	17%	↓	15%	16%
Income inequality —Ratio of household income at the 80th percentile to income at the 20th percentile	5.4	4.8	↓	4.5	4.9
Social associations ^—Number of membership associations per 10,000 population	12.8	12.4	↓	11.4	9.1
Injury deaths —Number of deaths due to injury per 100,000 population	96	108	↑	104	84
Physical Environment	Phelps County 2022	Phelps County 2025	↓↑	Missouri	U.S.
Air pollution-particulate matter days —Average daily measure of fine particulate matter in micrograms per cubic meter	8.2	7.2	↓	7.5	7.3
Severe housing problems —Percentage of households with at least one of four housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	13%	14%	↑	13%	17%
<p><i>*Data should not be compared with prior years. Source: Countyhealthrankings.org</i></p> <p><i>^Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative.</i></p> <p><i>Note: N/A indicates unreliable or missing data.</i></p> <p><i>Source: Countyhealthrankings.org 2025</i></p>					

COUNTY HEALTH RANKINGS – PULASKI COUNTY					
Health Outcomes					
Mortality*	Pulaski County 2022	Pulaski County 2025	↓↑	Missouri	U.S.
Premature death —Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,600	10,100	↑	10,000	8,400
Morbidity*					
Poor or fair health —Percent of adults reporting fair or poor health (age-adjusted)	20%	18%	↓	17%	17%

Poor physical health days —Average number of physically unhealthy days reported in the past 30 days (age-adjusted)	4.3	4.6	↑	4.2	3.9
Poor mental health days —Average number of mentally unhealthy days reported in the past 30 days (age-adjusted)	4.6	5.6	↑	5.5	5.1
Low birth weight —Percent of live births with low birth weight (<2,500 grams)	7%	8%	↑	9%	8%
<i>Health Factors</i>					
<i>Health Behaviors</i>	Pulaski County 2022	Pulaski County 2025	↓↑	Missouri	U.S.
Adult smoking —Percent of adults who report smoking at least 100 cigarettes and who currently smoke	20%	18%	↓	18%	13%
Adult obesity —Percent of adults who report a BMI ≥ 30	37%	35%	↓	37%	34%
Food environment index ^—Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	5.6	5.7	↑	6.6	7.4
Physical inactivity —Percent of adults, ages 20 and older, reporting no leisure time or physical activity	32%	24%	↓	24%	23%
Access to exercise opportunities ^—Percentage of population with adequate access to locations for physical activity	71%	63%	↓	77%	84%
Excessive drinking —Percent of adults who report excessive drinking in the past 30 days	18%	20%	↑	22%	19%
Alcohol-impaired driving deaths —Percent of motor vehicle crash deaths with alcohol involvement	28%	28%	—	28%	26%
Sexually transmitted infections —Chlamydia rate per 100,000 population	766.1	541.3	↓	523.6	495.0
Teen births —Female population, ages 15-19	23	20	↓	19	16
<i>Clinical Care</i>	Pulaski County 2022	Pulaski County 2025	↓↑	Missouri	U.S.
Uninsured adults —Percent of population under age 65 without health insurance	15%	12%	↓	10%	10%
Primary care physicians —Number of population for every primary care physician	3,090	3,590	↑	1,420	1,330
Dentists —Number of population for every dentist	920	780	↓	1,600	1,360
Mental health providers —Number of population for every mental health provider	450	350	↓	380	300
Mammography screening ^—Percent of female Medicare enrollees who receive mammography screening	32%	31%	↓	46%	44%
<i>Social and Economic Factors</i>	Pulaski County 2022	Pulaski County 2025	↓↑	Missouri	U.S.
High school graduation ^ —Percent of ninth-grade cohort that graduates in 4 years	92%	94%	↑	92%	89%
Some college ^—Percent of adults ages 25-44 years with some postsecondary education	74%	67%	↓	67%	68%
Unemployment —Percent of population age 16+ unemployed but seeking work	5.6%	3.6%	↓	3.1%	3.6%
Children in poverty —Percent of children under age 18 in poverty	14%	12%	↓	15%	16%

Income inequality —Ratio of household income at the 80th percentile to income at the 20th percentile	3.8	3.9	↑	4.5	4.9
Social associations ^—Number of membership associations per 10,000 population	9.3	8.5	↓	11.4	9.1
Injury deaths —Number of deaths due to injury per 100,000 population	86	97	↑	104	84
Physical Environment	Pulaski County 2022	Pulaski County 2025	↓↑	Missouri	U.S.
Air pollution-particulate matter days —Average daily measure of fine particulate matter in micrograms per cubic meter	8.1	7.3	↓	7.5	7.3
Severe housing problems —Percentage of households with at least one of four housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14%	14%	—	13%	17%
<p><i>*Data should not be compared with prior years. Source: Countyhealthrankings.org</i> <i>^Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative.</i> <i>Note: N/A indicates unreliable or missing data.</i> <i>Source: Countyhealthrankings.org 2025</i></p>					

County Health Rankings – Texas County					
Health Outcomes					
Mortality*	Texas County 2022	Texas County 2025	↓↑	Missouri	U.S.
Premature death —Years of potential life lost before age 75 per 100,000 population (age-adjusted)	10,500	13,000	↑	10,000	8,400
Morbidity*					
Poor or fair health —Percent of adults reporting fair or poor health (age-adjusted)	25%	22%	↓	17%	17%
Poor physical health days —Average number of physically unhealthy days reported in the past 30 days (age-adjusted)	5.3	5.4	↑	4.2	3.9
Poor mental health days —Average number of mentally unhealthy days reported in the past 30 days (age-adjusted)	5.5	5.9	↑	5.5	5.1
Low birth weight —Percent of live births with low birth weight (<2,500 grams)	8%	8%	—	9%	8%
Health Factors					
Health Behaviors	Texas County 2022	Texas County 2025	↓↑	Missouri	U.S.
Adult smoking —Percent of adults who report smoking at least 100 cigarettes and who currently smoke	27%	22%	↓	18%	13%
Adult obesity —Percent of adults who report a BMI ≥ 30	40%	41%	↑	37%	34%
Food environment index ^—Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.4	6.7	↑	6.6	7.4
Physical inactivity —Percent of adults ages 20 and over reporting no leisure time or physical activity	38%	28%	↓	24%	23%

Access to exercise opportunities ^—Percentage of population with adequate access to locations for physical activity	62%	67%	↑	77%	84%
Excessive drinking —Percent of adults who report excessive drinking in the past 30 days	17%	19%	↑	22%	19%
Alcohol-impaired driving deaths —Percent of motor vehicle crash deaths with alcohol involvement	30%	32%	↑	28%	26%
Sexually transmitted infections —Chlamydia rate per 100,000 population	200.8	205.2	↑	523.6	495.0
Teen births —Female population, ages 15-19	37	32	↓	19	16
Clinical Care	Texas County 2022	Texas County 2025	↓↑	Missouri	U.S.
Uninsured adults —Percent of population under age 65 without health insurance	23%	17%	↓	10%	10%
Primary care physicians —Number of population for every primary care physician	2,310	2,500	↑	1,420	1,330
Dentists —Number of population for every dentist	5,020	6,330	↑	1,600	1,360
Mental health providers —Number of population for every mental health provider	3,590	2,560	↓	380	300
Mammography screening ^—Percent of female Medicare enrollees who receive mammography screening	30%	34%	↑	46%	44%
Social and Economic Factors	Texas County 2022	Texas County 2025	↓↑	Missouri	U.S.
High school graduation ^—Percent of ninth-grade cohort that graduates in 4 years	92%	86%	↓	92%	89%
Some college ^—Percent of adults ages 25-44 years with some postsecondary education	50%	52%	↑	67%	68%
Unemployment —Percent of population age 16+ unemployed but seeking work	5.8%	3.8%	↓	3.1%	3.6%
Children in poverty —Percent of children under age 18 in poverty	29%	26%	↓	15%	16%
Income inequality —Ratio of household income at the 80th percentile to income at the 20th percentile	5.3	4.8	↓	4.5	4.9
Social associations ^—Number of membership associations per 10,000 population	12.2	11.3	↓	11.4	9.1
Injury deaths —Number of deaths due to injury per 100,000 population	105	144	↑	104	84
Physical Environment	Texas County 2022	Texas County 2025	↓↑	Missouri	U.S.
Air pollution-particulate matter days —Average daily measure of fine particulate matter in micrograms per cubic meter	8.1	N/A	N/A	7.5	7.3
Severe housing problems —Percentage of households with at least one of four housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	16%	14%	↓	13%	17%
<p><i>*Data should not be compared with prior years. Source: Countyhealthrankings.org</i></p> <p><i>^Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative.</i></p> <p><i>Note: N/A indicates unreliable or missing data.</i></p> <p><i>Source: Countyhealthrankings.org 2025</i></p>					

9. HEALTH OUTCOMES AND FACTORS

Obesity

The following table displays the percentage of adults ages 20 and older self-reporting a body mass index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle, putting individuals at risk for further health issues.

Within the report area, 36,354 adults ages 20 and older self-reported having a BMI greater than 30.0. This represents 28.7% of the survey population—lower than the state percentage, but higher than the national percentage.

Adults 20 and Older With Obesity			
	Survey Population Ages 20 and Older	Adults With BMI> 30.0 (Obese)	Percent With BMI> 30.0 (Obese)
Crawford County	18,069	5,204	28.5
Dent County	11,789	3,407	28.5
Maries County	6,788	1,982	28.8
Phelps County	33,179	10,020	30.1
Pulaski County	37,046	9,706	26.7
Texas County	19,468	6,035	30.6
Total Community	126,339	36,354	28.7
Missouri	4,610,108	1,405,284	30.6
United States	243,082,729	67,624,774	27.6

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019.

Diabetes (Adult)

The table below displays the percentage of adults ages 18 and older who self-report having ever been told by a doctor, nurse or other health professional that they have diabetes. This is a relevant indicator because diabetes is prevalent in the US and may indicate an unhealthy lifestyle, putting individuals at risk for further health issues.

Adults 18 and Older With Diabetes			
	Survey Population Age 18 and Older	Adults With Diagnosed Diabetes	Percent With Diagnosed Diabetes
Crawford County	18,069	1,773	7.8
Dent County	11,789	1,220	8.0
Maries County	6,788	662	7.6
Phelps County	33,179	2,631	7.1
Pulaski County	37,046	2,640	7.9
Texas County	19,468	1,845	7.6
Total Community	126,339	10,591	7.6
Missouri	4,610,108	469,334	8.9
United States	243,082,729	24,89,620	9.0

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System.
Accessed via CDC WONDER. 2016-2020*

Heart Disease

The following table shows the 2016-2020 5-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to the year 2000 standard. Rates are summarized for report areas using county level data, only where data is available. This indicator is relevant because coronary heart disease is a leading cause of death in the United States.

Within the report area, there were a total of 1,284 deaths due to coronary heart disease. This represents an age-adjusted death rate of 121.3 per 100,000.

Adults 18 and Older With Heart Disease				
	Population 2016-2020 Average	5-Year Total Deaths, 2016-2020	Crude Death Rate (per 100,000)	Age-Adjusted Death Rate (per 100,000)
Crawford County	24,004	378	314.9	220.9
Dent County	15,472	139	197.7	108.6
Maries County	8,797	45	102.3	64.9
Phelps County	44,614	293	131.3	105.9
Pulaski County	52,409	194	74.0	103.4
Texas County	25,518	235	184.2	118.4
Total Community	170,815	1,284	150.3	121.3
Missouri	6,124,392	41,078	134.1	104.2
United States	326,747,554	1,838,830	112.5	91.5

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020

10. HEALTHCARE RESOURCES

The availability of health resources is a critical component of a community's residents' health and a measure of the soundness of the area's healthcare delivery system. An adequate number of healthcare facilities and healthcare providers is vital for sustaining a community's health status. A shortage of healthcare facilities and providers can impact the timely delivery of services.

A limited supply of health resources, especially providers, results in the limited capacity of the healthcare delivery system to absorb charity and indigent care, as there are fewer providers upon which to distribute the burden of indigent care. This section addresses the availability of healthcare resources to community residents.

Hospitals

Residents of the community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers. The table below summarizes acute care hospital services available:

Summary of Acute Care Hospitals				
Facility	Address	County	Miles From Rolla	Facility Type
Phelps Health	1000 West 10th St. Rolla, MO 65401	Phelps	0.0	Short-Term/ Acute Care
Salem Memorial District Hospital	35629 Highway 72 Salem, MO 65560	Dent	24.0	Critical Access
General Leonard Wood Army Community Hospital	4430 Missouri Ave. Fort Leonard Wood, MO 65473	Pulaski	29.5	Short-Term/ Acute Care
Missouri Baptist Hospital	751 Sappington Bridge Rd. Sullivan, MO 63080	Crawford	40.5	Critical Access
Texas County Memorial Hospital	1333 S. Sam Houston Blvd. Houston, MO 65483	Texas	48.5	Short-Term/ Acute Care
SSM Health St. Mary's Hospital	2505 Mission Drive Jefferson City, MO 65109	Cole	48.1	Acute Care
Mercy Hospital Lebanon	100 Hospital Drive Lebanon, MO 65536	Laclede	50.6	Acute Care
Lake Regional Health System	54 Hospital Drive Osage Beach, MO 65065	Camden	51.0	Acute Care
*Includes subprovider beds, excludes skilled nursing facility beds Source: U.S. Hospital Finder - http://www.ushospitalfinder.com/				

Other Healthcare Facilities and Providers

Short-term acute care and critical access hospital services are not the only health services available to community members. The following table lists community health centers and rural health clinics within the community.

Summary of Other Healthcare Facilities			
Facility	Address	County	Facility Type
Four Rivers Community Health Center (multiple locations)	1081 E. 18th St. Rolla, MO 65401	Phelps, Crawford Pulaski, Dent	Community Health Center
CHCCMO - Linn Clinic	1016 E. Main St. Linn, MO 65051	Osage	Community Health Center
Compass Health (multiple locations)	1450 E 10th Street Rolla, MO 65401	Phelps, Pulaski Dent, Crawford Camden, Cole Gasconade, Franklin	Community Health Center
Missouri Ozarks Community Health	1340 S. Sam Houston Blvd. Houston, MO 65483	Texas	Community Health Center
Central Ozarks Medical Center (multiple locations)	3870 Columbia Ave. Osage Beach, MO 65065	Camden, Pulaski Texas	Community Health Center
Mission Highlands Health Care	18 Viburnum Center Rd. Viburnum, MO 65566	Iron	Community Health Center
Community Health Center of Central Missouri	1511 Christy Dr. Jefferson, City, MO 65101	Cole	Community Health Center

Source: Health Resources and Services Administration - <http://findahealthcenter.hrsa.gov/#>

11. KEY INFORMANT INTERVIEWS

As part of the CHNA process, hospitals are required to gather feedback from those who represent the broad interests of the communities served by Phelps Health, as well as those who have special knowledge or expertise concerning public health and underserved populations.

Methodology

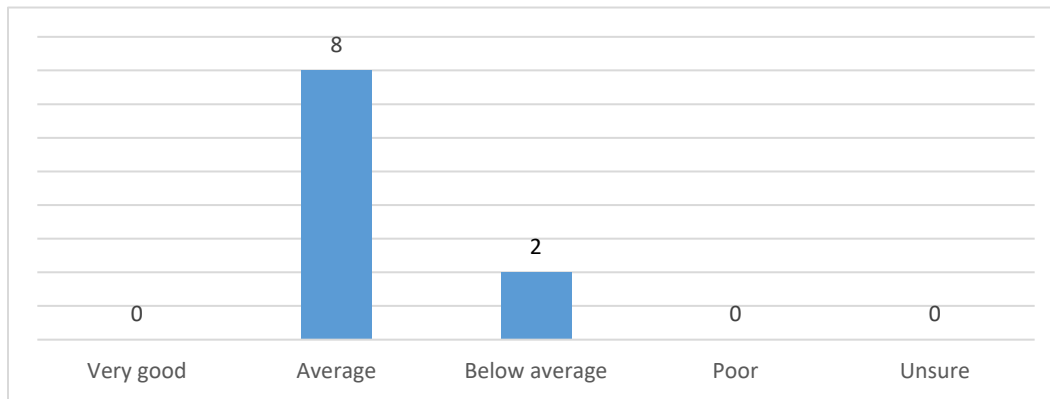
Various professionals representing a cross-section of industries and organizations within the community were interviewed. Participants represented the following organizations and agencies:

- Phelps Health Auxiliary and Volunteer Services
- Four Rivers Community Health Center
- The Rolla Mission
- Dent County Health Center
- The Community Partnership
- Compass Health Network
- Phelps/Maries County Health Department
- Missouri State Highway Patrol Troop I
- Phelps Health Ambulance Services

Ten key informants were selected based on their positions working with low-income, uninsured and underrepresented populations.

Key Informant General Observations and Comments

1. *In general, how would you rate the health of your community?*



2. *What is your vision of a healthy community?*

Based on the responses provided, a healthy community is an environment where all residents have the resources and support to live full and productive lives.

Key components include:

- Accessibility to resources
- Comprehensive healthcare
- Education and ownership
- Community support and safety

3. *What are the most frequent challenges you see in your community regarding accessibility to health services and overall health and wellness?*

The responses identified several challenges to access and overall wellness in the community, including:

- **Limited access to healthcare:** cost of healthcare, lack of specialized services, provider shortages and better access to dental care
- **Transportation and infrastructure:** lack of reliable transportation or pedestrian-friendly areas where healthcare is more centralized
- **Mental health and stigma:** lack of available mental health services and a stigma about receiving mental health assistance
- **Socioeconomic and wellness factors:** a large population in poverty or financial strain, lack of access to healthy food, and lack of healthcare awareness and education across the community

4. How would you like healthcare organizations in your area to invest in community health programs or strategies to address these needs? What would those investments be?

Based on the responses provided, the following categories were recommended:

- **Expansion of specialized and mental health services:** development of long-term mental health facilities, increased options for specialized care and the expansion of community paramedic programs
- **Communication and development:** health literacy campaigns, outreach programs and a more collaborative approach to health services among all agencies in the community
- **Financial and resource accessibility:** better programs for affordable dental care and programs with flexible payment options

5. What key community health-related resources, assets or partnerships can you think of that can help address the significant health needs identified for your community?

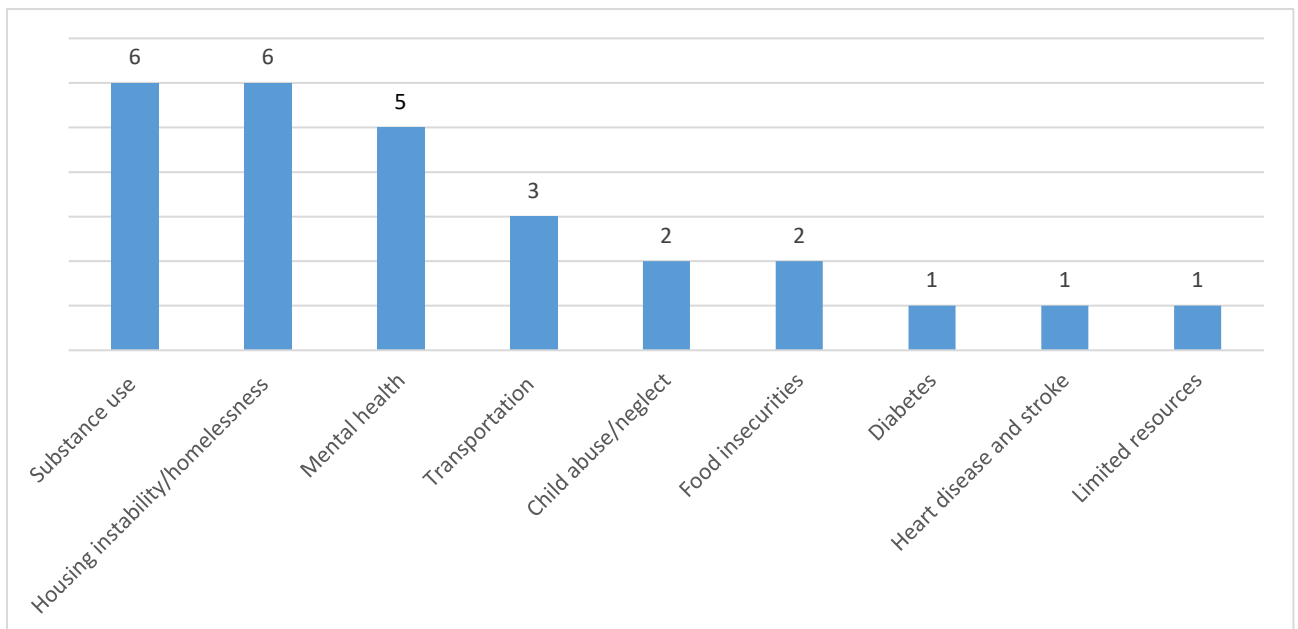
Based on responses, the main themes were:

- Centralized resource centers
- Better ways to share information through our health partners
- More community partner involvement to focus specifically on expanding transportation programs that help residents access healthcare services

All interviewers expressed a desire for increased engagement from community partners.

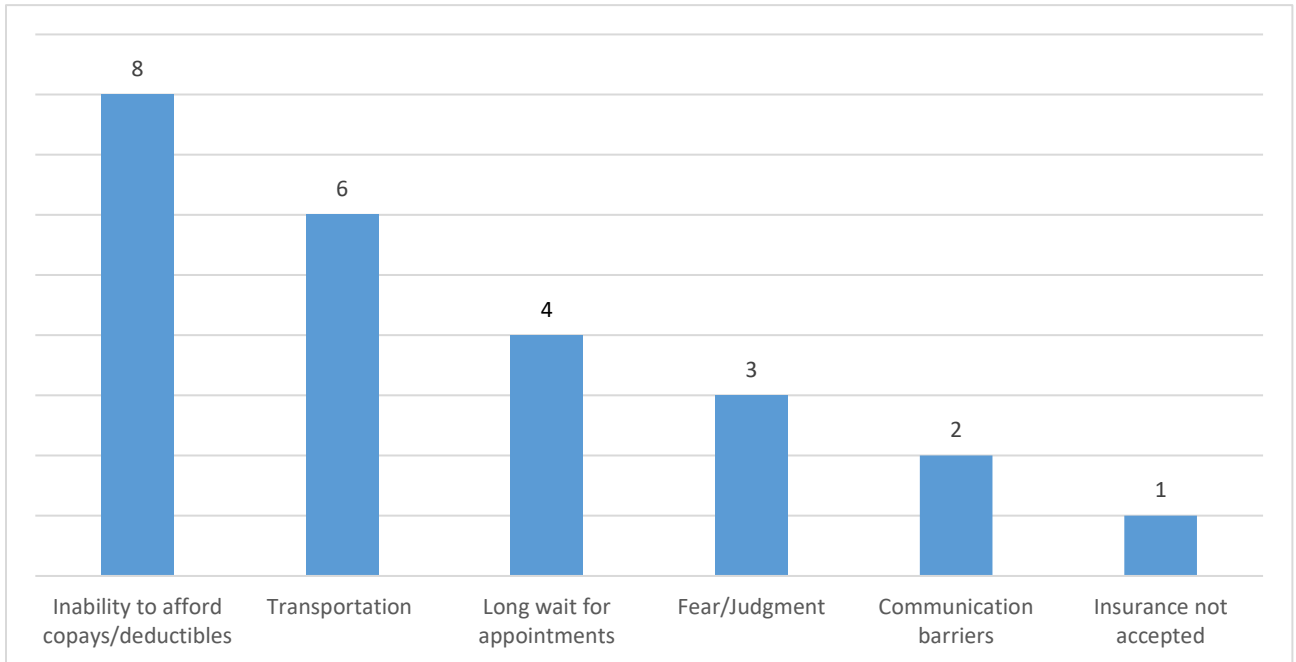
The following questions were formatted as multiple-choice items, allowing participants to select from a list of options to reflect their perspectives best. Responses were tallied to identify the most common selections, and the results are displayed in the graphs below for clarity.

6. What are the main challenges you see in your community concerning healthcare? (Select your top 3)



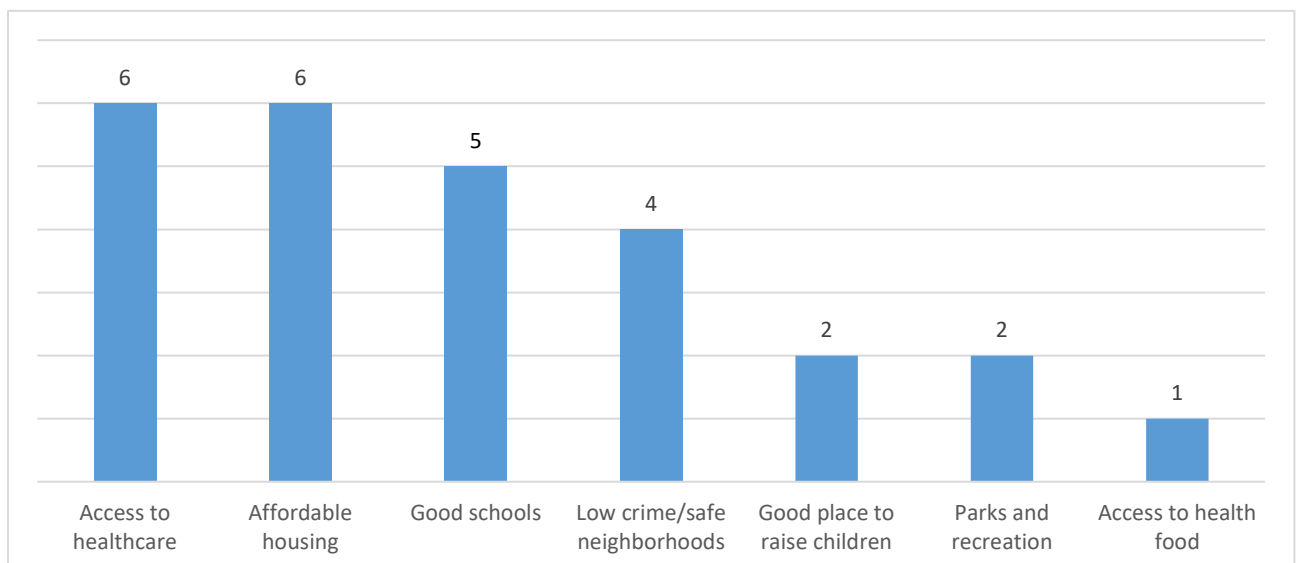
7. What are the main reasons some people in your community are not able to access health services (medical, dental, mental health)? (Select 3)

The chart below illustrates the reasons for lack of healthcare access, as reported by survey participants.



8. In the following list, what do you think are the three most important factors for a “Healthy Community?” (Choose the factors which you feel are the most important to achieving a safe, healthy environment for you and your family.)

The chart below illustrates the most important factors for a healthy community, as reported by survey participants.

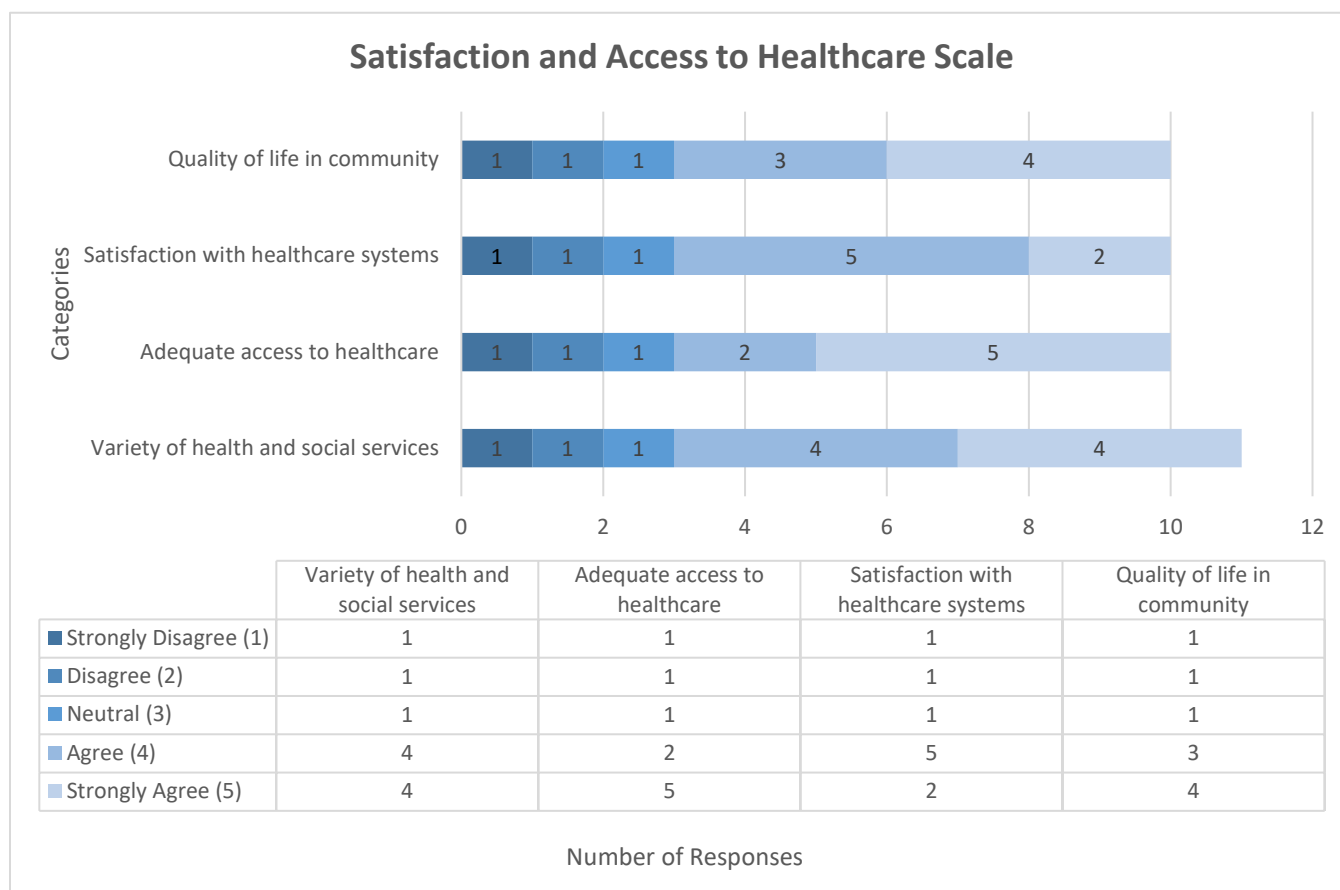


Scale and Rank Questions

The chart below presents community feedback on four key questions using a Likert scale ranging from Strongly Disagree (dark blue) to Strongly Agree (light blue). Each horizontal bar represents one question, segmented to show the distribution of responses across the five levels. This format allows us to clearly see how opinions spread across the scale rather than only focusing on averages.

Based on responses, the main themes were:

- Most respondents leaned toward the “Agree” (4) and “Strongly Agree” (5) categories across all four questions, especially regarding adequate access to healthcare and a variety of health and social services.
- A moderate number of participants reported being neutral (3), particularly on overall quality of life and satisfaction with the healthcare system, suggesting room for improvement or mixed experiences in those areas.
- Negative responses (1 and 2) were minimal across all categories, which indicates that while not everyone is fully satisfied, dissatisfaction is relatively low compared to positive sentiment.



Community Surveys

Community members from various backgrounds and occupations were asked to complete an electronic survey to prioritize personal and community health needs and issues. One thousand nine hundred and thirty (1,930) participants completed the forms.

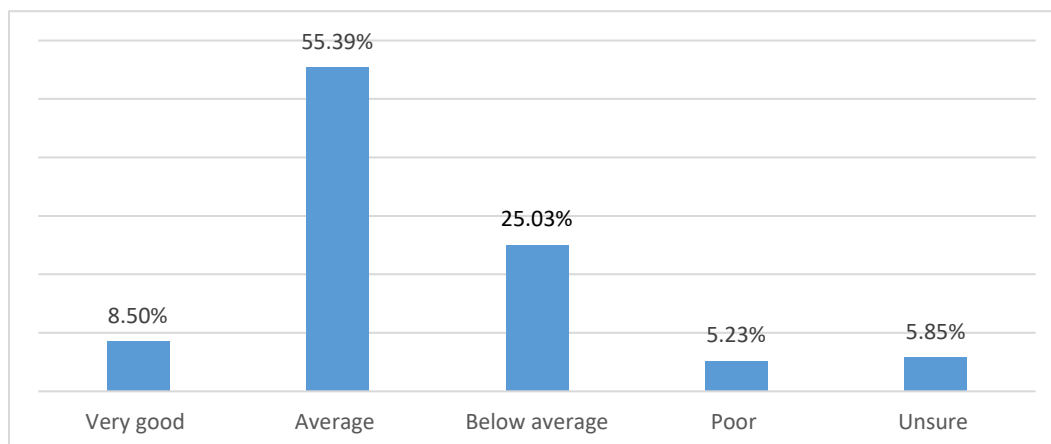
Participation in the survey was voluntary, and no personal data was collected to ensure report anonymity. The CHNA survey took participants approximately 10-15 minutes to complete.

To ensure broad engagement, surveys were distributed through community partners, email, MyChart, social media and local newspapers, reaching various ages, occupations, races/ethnicities and socioeconomic levels.

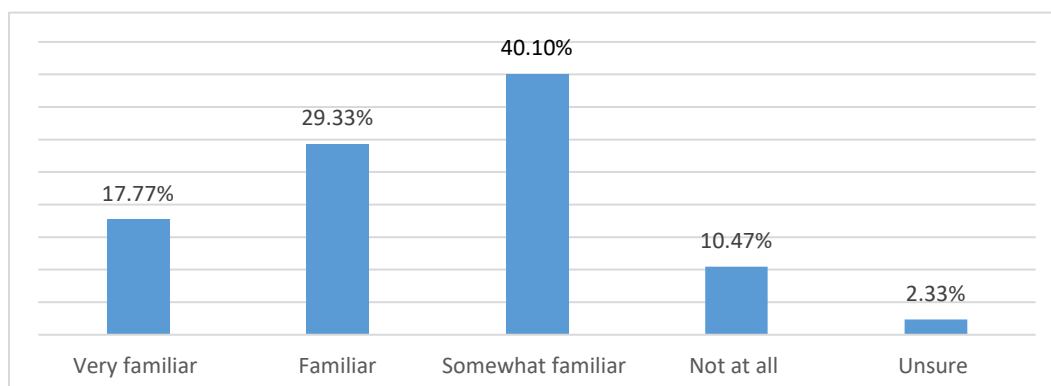
The CHNA surveys were beneficial in retrieving large amounts of quantitative and qualitative information from multiple residents.

NOTE: The following information and graphics provide the results of the community survey. Because of the high rate of survey completion and volume of comments, the comments were filtered for general themes and topics and are summarized in the information below.

1. In general, how would you rate the health of your community?



2. How familiar are you with health-related services, resources and programs that your community offers?

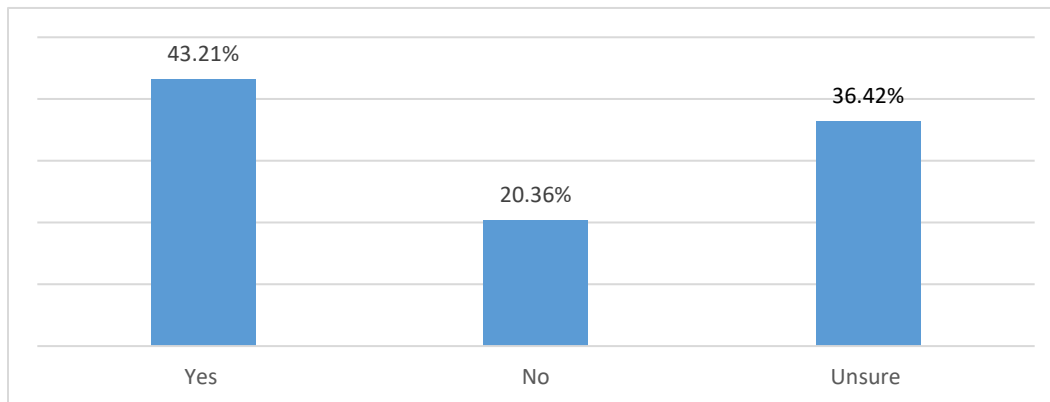


3. In your opinion, what health-related resources or programs would your community benefit from?

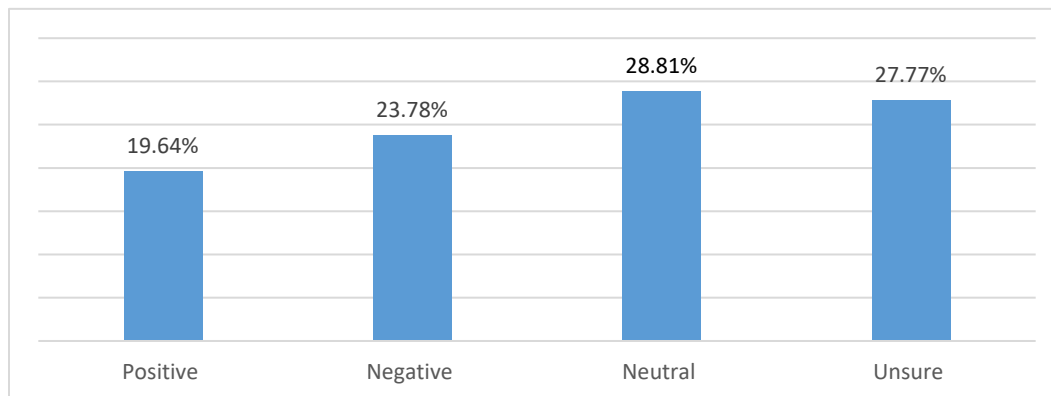
The list below outlines the top eight most requested health-related programs and services identified from community comments.

- Free or low-cost healthcare programs and services
- Mental health resources and counseling programs
- Primary care, urgent care and access expansion
- More doctors, specialists and provider availability
- Affordable dental care and low-income services
- Community wellness and fitness initiatives
- Integrated behavioral health and addiction support
- Free classes and education programs

4. Have you seen health-related changes in your community in the past 3 years?



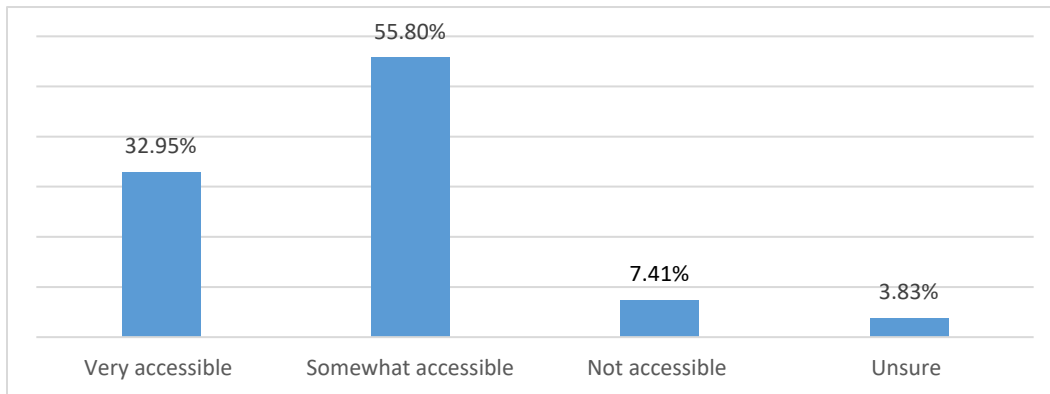
5. How would you describe the health-related changes in your community over the past 3 years?



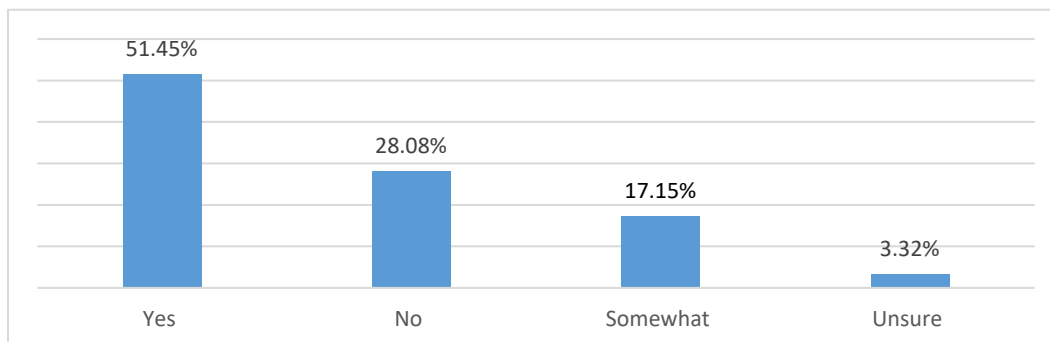
Positive comments highlighted increased access, the expansion of specialty service lines, the establishment of a new ambulance base, advancements in technology, improvements in leadership and operations, and enhanced public awareness.

Conversely, negative feedback focused on issues such as high costs, a rise in homelessness and drug use, a reduction in specific service lines, prolonged wait times for appointments, insufficient insurance coverage, and an increase in obesity, diabetes and poor nutrition.

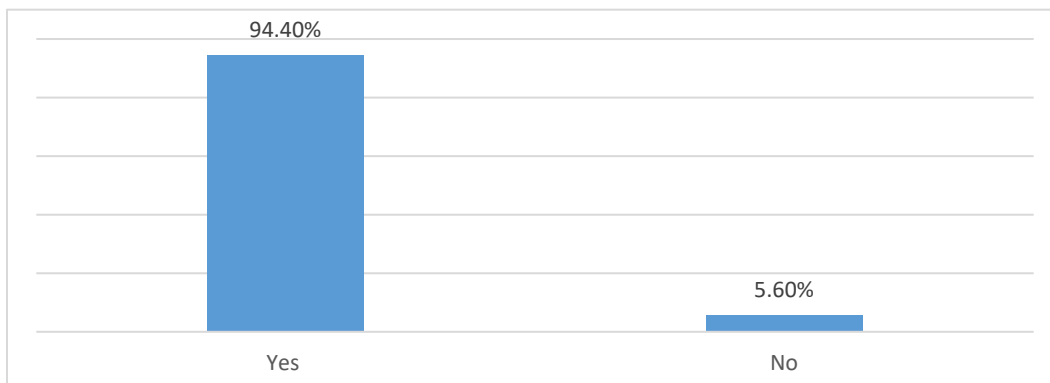
6. How accessible is healthy food in your community?



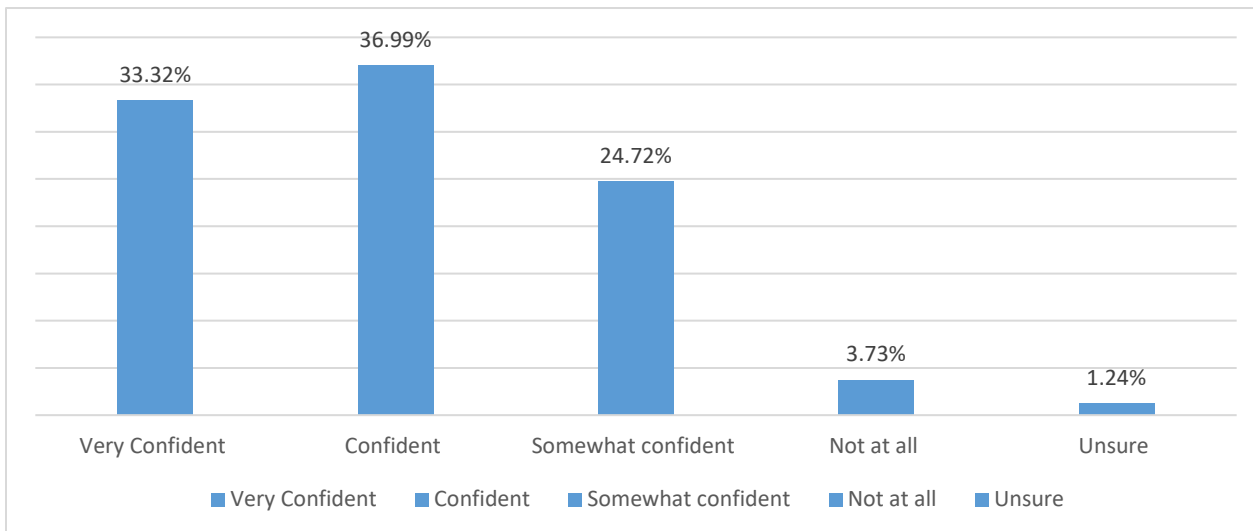
7. Does the accessibility of healthy food affect your health?



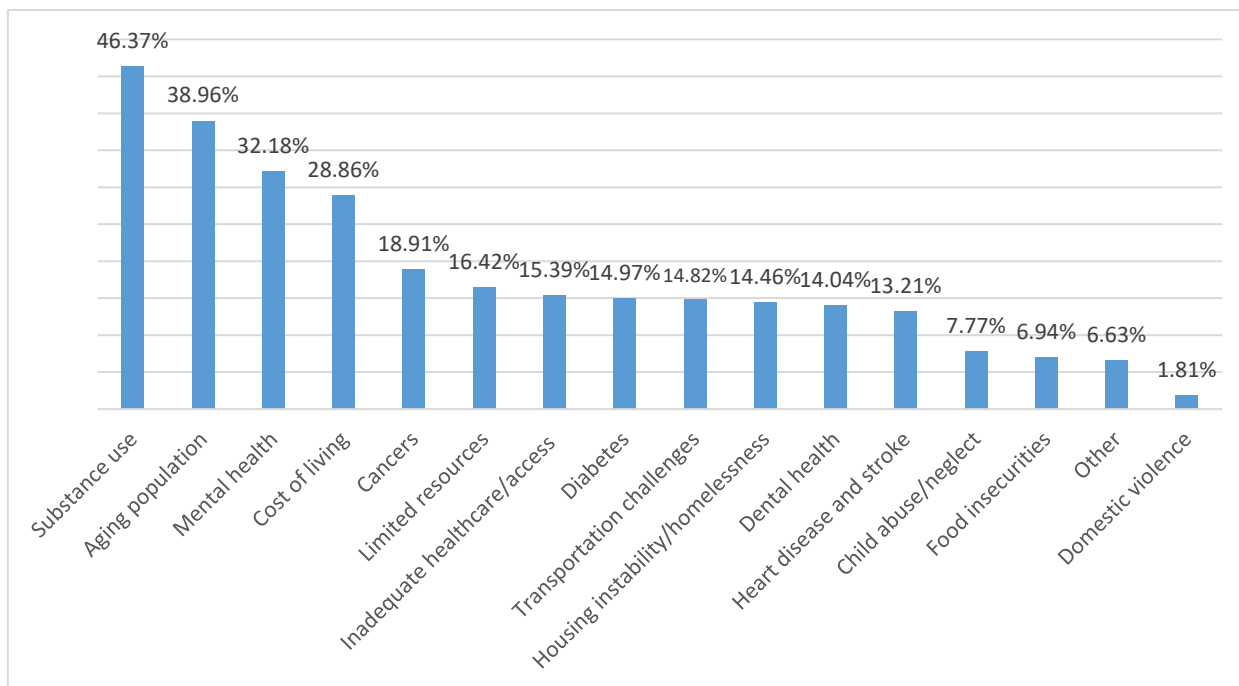
8. Do you have a regular primary care provider (doctor) you see yearly?



9. How confident do you feel in your ability to navigate healthcare information?



10. What are the main challenges you observe in your community concerning healthcare? (You must select 3)



Below are the top 10 themes identified in the comments provided regarding question 10.

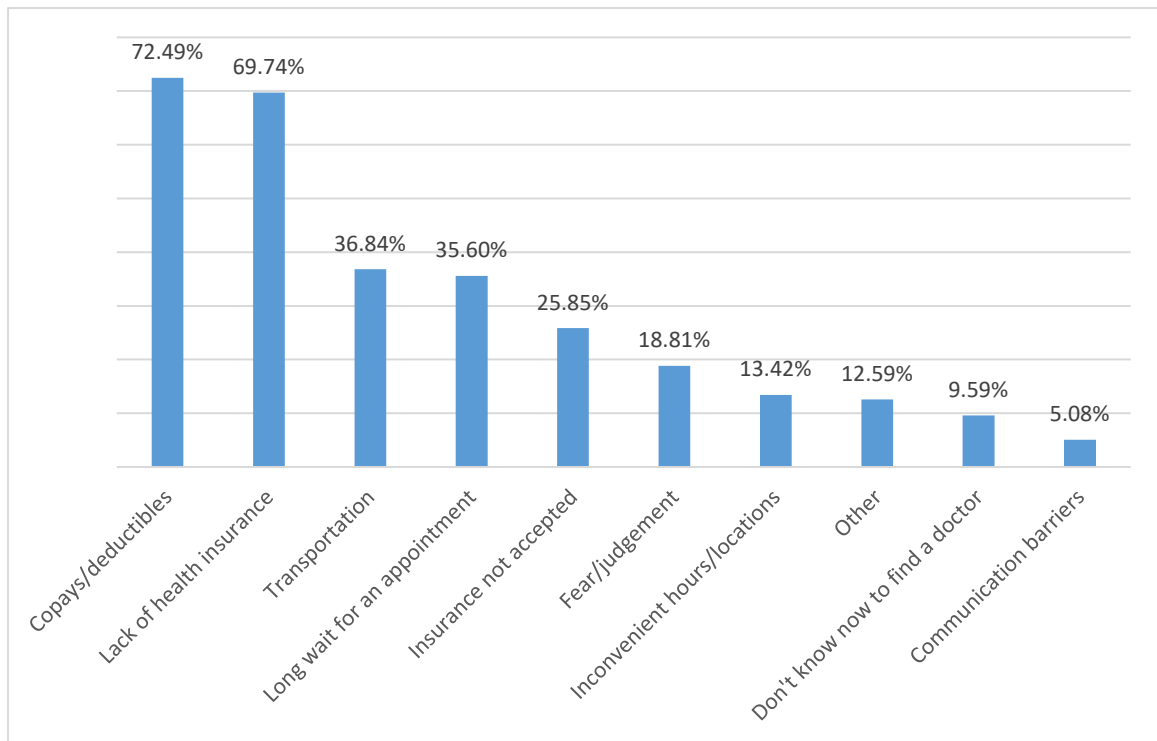
- General healthcare access challenges
- High cost of healthcare
- Limited pediatric and subspecialty care
- Insurance and deductible barriers
- Endocrinology and specialty shortages
- After-hours care limitations
- Mental and dental health gaps
- Women's health and maternal care gaps
- Obesity and weight-related challenges
- Workforce quality issues

11. Please provide more details as to why you chose the categories in the previous question.

Below are the top 10 themes identified regarding question 11.

- General healthcare access and population strain
- Chronic illness and cancer prevalence
- Mental health challenges
- Community-wide health concerns
- Substance use and addiction issues
- Provider shortages and care delays
- High cost of healthcare
- Food insecurity and affordability
- Mental health and substance abuse overlap
- Dental and oral health issues

12. What are the main reasons some people in your community are not able to access health services such as medical, dental or mental health? (You must select 3)



13. Based on your understanding of the local community, which groups, including racial, ethnic, cultural, gender, age, income or another category, seem to face the most significant challenges to accessing quality healthcare and why?

Below are the top groups and/or reasons identified.

- Low income
- Elderly
- Uninsured
- Medicaid/Medicare populations
- Children
- Minorities
- Addiction/substance use
- Rural residents
- Mental health
- Women

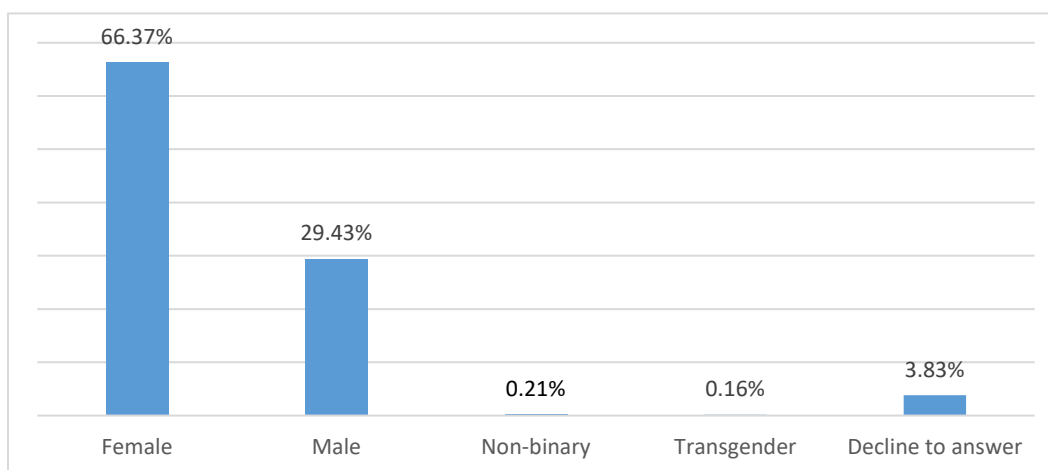
14. In your opinion, what is the most important area for your community to focus on improving over the next 3 years?

Below are the top ten themes identified.

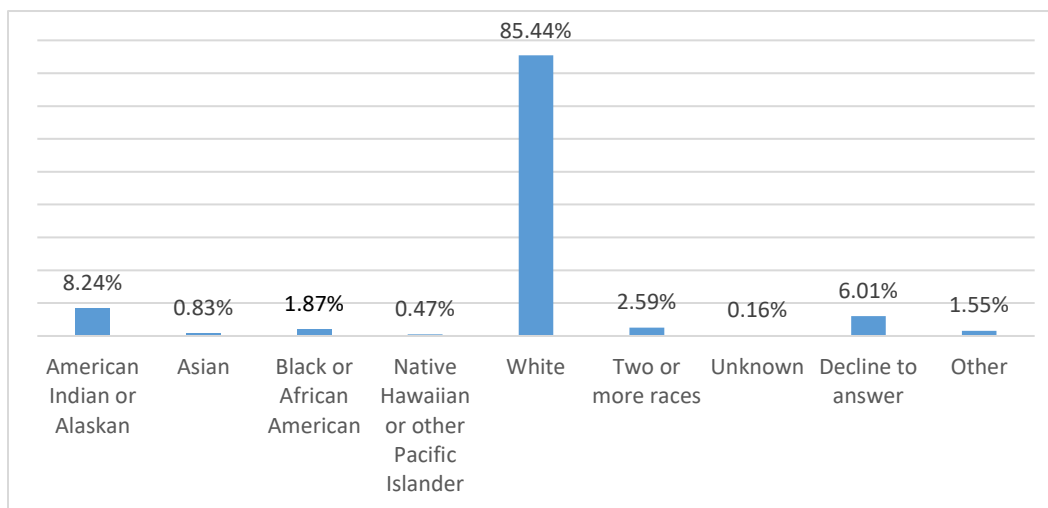
- Transportation and access to services
- Affordable healthcare and cost reduction
- Mental health and substance use services
- Provider availability and timely appointments
- General healthcare affordability and accessibility
- Insurance coverage and system navigation
- Substance abuse, addiction and homelessness
- Access to dental care
- Healthy food and nutrition programs
- Uncertainty/general lack of clarity

Demographic Questions:

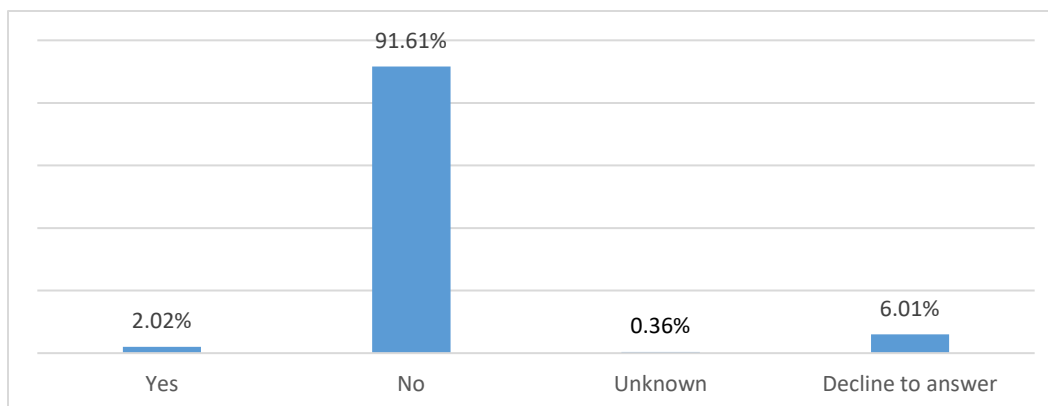
15. Please select your gender.



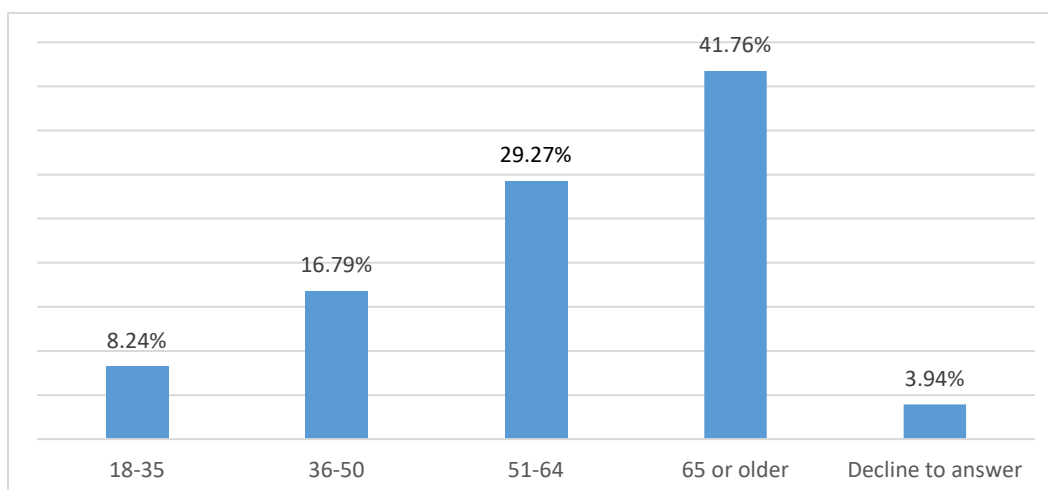
16. Please select your race.



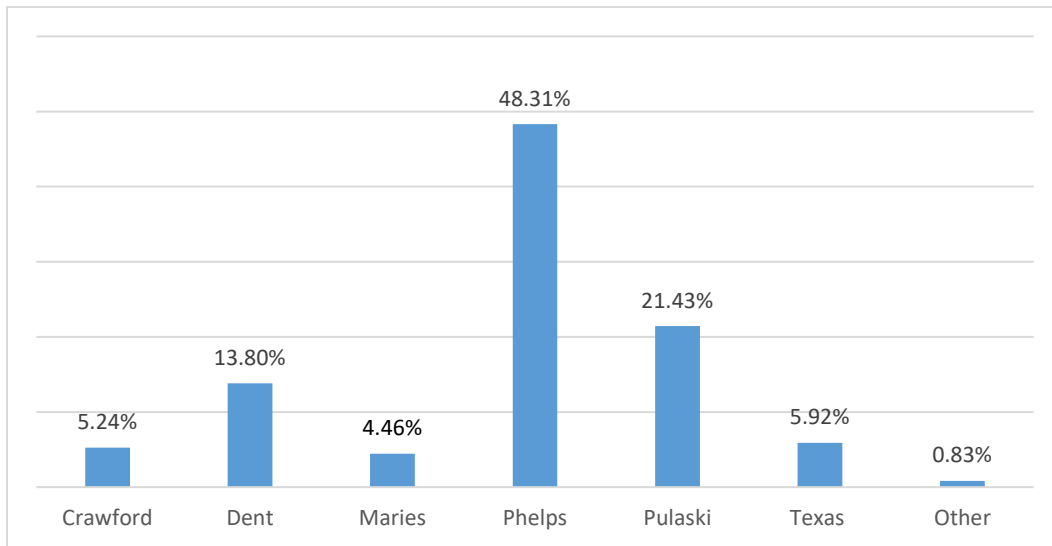
17. Are you Hispanic or Latino?



18. Please select your age range.



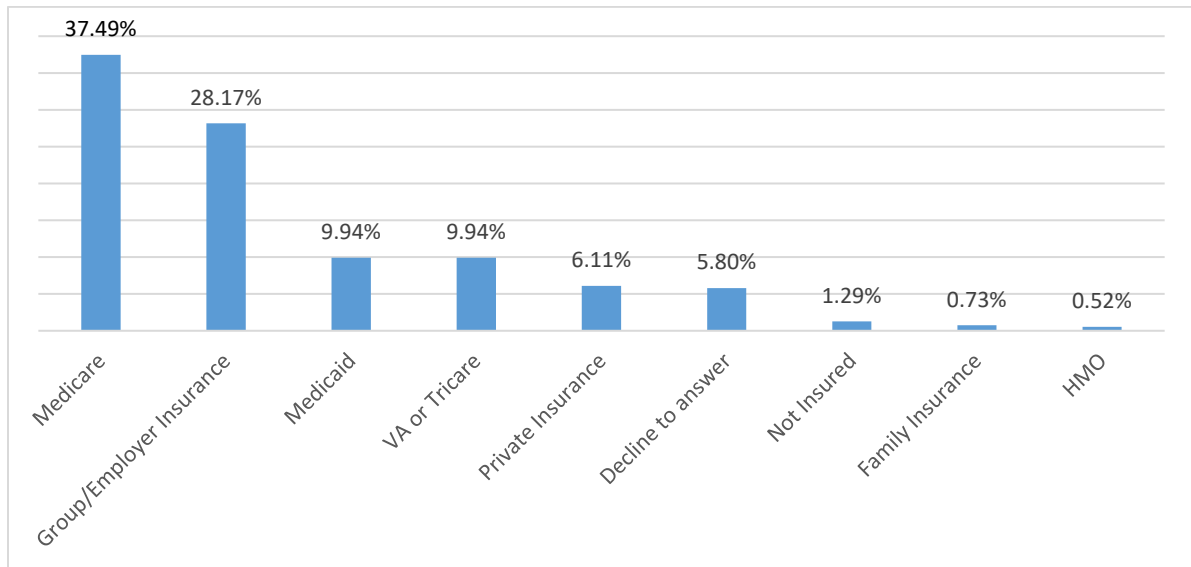
19. In what county do you reside?



20. Annual Household Income: If you and your spouse/partner both make money, you would select the option that best represents how much you both make together. If it is just you, then select the option that reflects what you earn.



15. Medical Insurance Coverage



12. INFORMATION GAPS

This assessment was designed to provide a comprehensive picture of the health in the overall community served by Phelps Health. However, some medical conditions may not be addressed in this report due to factors including, but not limited to, limited public information or community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

13. PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

Setting priorities is an important part of the community benefit planning process. IRS regulations require the CHNA to include a prioritized description of the community health needs identified through the assessment, as well as a description of the process and criteria for setting those priorities.

Based on the data presented in this report and the community responses to the survey, the committee identified and voted on the top priorities. The vote was unanimous and the top priorities were identified.

Identified Priority Areas

The complete list of priority areas includes:

1. Community wellness
2. Access to care
3. Health literacy

14. APPENDICES

Key Informant Survey Questions

Help Improve Health in Your Community

Phelps Health is conducting a regional survey to better understand local health needs, and we want to hear from you. You do not need to be a Phelps Health patient to participate.

The survey has 21 questions, including some open-ended ones. Your answers are confidential and will help guide future programs and services across the region.

Thank you for sharing your voice and helping build a healthier community.

1. In general, how would you rate the health of your community?
 - Very good
 - Average
 - Below Average
 - Poor
 - Unsure
2. How familiar are you with health-related services, resources and programs that your community offers?
 - Very familiar
 - Familiar
 - Somewhat familiar
 - Not at all
 - Unsure
3. In your opinion, what health-related resources or programs would your community benefit from?
4. Have you seen health-related changes in your community in the past 3 years?
 - Yes
 - No
 - Unsure
5. How would you describe the health-related changes in your community over the past 3 years?
 - Positive
 - Negative
 - Neutral
 - Unsure
 - Please explain why in the space provided below

6. How accessible is healthy food in your community?
 - Very accessible
 - Somewhat accessible
 - Not accessible
 - Unsure
7. Does the accessibility of healthy food affect your health?
 - Yes
 - No
 - Somewhat
 - Unsure
8. Do you have a regular primary care provider (doctor) you see yearly?
 - Yes
 - No
9. How confident do you feel in your ability to navigate healthcare information?
 - Very confident
 - Confident
 - Somewhat confident
 - Not at all
 - Unsure
10. What are the main challenges you observe in your community concerning healthcare? (Select 3)
 - Aging population, such as Alzheimer's disease, hearing loss, memory loss or arthritis
 - Substance use
 - Cancers
 - Child abuse/neglect
 - Dental health
 - Mental Health
 - Diabetes
 - Heart disease and stroke
 - Food insecurities
 - Transportation challenges
 - Cost of living
 - Limited resources
 - Inadequate healthcare and general access to healthcare
 - Housing instability/homelessness
 - Domestic violence
 - Other (please specify)

11. Please provide more details as to why you chose the categories in the previous question.
12. What are the main reasons some people in your community are not able to access health services (medical, dental, mental health)? (Select 3)
- Lack of health insurance
 - Inability to afford copays and/or deductibles
 - Transportation
 - Health organization does not accept your insurance
 - People don't know how to find a doctor
 - Fear/Judgment
 - Too long to wait for an appointment
 - Inconvenient hours and/or locations
 - Communication barriers
 - Other (please specify)
13. Based on your understanding of the local community, which groups, including racial, ethnic, cultural, gender, age, income or another category, seem to face the most significant challenges to accessing quality healthcare and why?
14. In your opinion, what is the most important area for your community to focus on improving over the next three years?

Demographic Questions:

15. Please select your gender.
- Female
 - Male
 - Non-binary
 - Transgender
 - Decline to answer
16. Please select your race.
- American Indian or Alaskan
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - White
 - Two or more races
 - Unknown
 - Decline to answer
 - Other (please specify)

17. Are you Hispanic or Latino?

- Yes
- No
- Unknown
- Decline to answer

18. Please select your age range.

- 17 or less
- 18 to 35
- 36 to 50
- 51 to 64
- 65 or older
- Decline to answer

19. In what county do you reside?

- Crawford
- Dent
- Maries
- Phelps
- Pulaski
- Texas
- Other (please specify)

20. Annual Household Income: If there are more earners in the household, including yourself. Example: If you and your spouse/partner both make money, you would select the option that best represents how much you both make together. If it is just you, then select the option that reflects what you earn.

- Less than \$20,000
- \$20,000 - \$39,999
- \$40,000 - \$74,999
- \$75,000 - \$99,999
- Over \$100,000
- Decline to answer

21. Medical Insurance Coverage:

- Not Insured
- Medicaid
- Medicare
- VA or Tricare
- Private Insurance
- Group Insurance/Employer Insurance
- Family Insurance
- HMO
- Decline to answer

References

- Li, Y., Pan, A., Wang, D. D., Liu, X., Dhana, K., Franco, O. H., Kaptoge, S., Di Angelantonio, E., Stampfer, M., Willett, W. C., & Hu, F. B. (2018). Impact of healthy lifestyle factors on life expectancies in the US population. *Circulation*, 138(4), 345–355. <https://doi.org/10.1161/circulationaha.117.032047>
- Loef, M., & Walach, H. (2012). The combined effects of healthy lifestyle behaviors on all cause mortality: A systematic review and meta-analysis. *Preventive Medicine*, 55(3), 163–170. <https://doi.org/10.1016/j.ypmed.2012.06.017>
- Office of Disease Prevention and Health Promotion. (2020). Community - Healthy People 2030. Health.gov. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/community>
- Woolf, S. H. (2023). Falling Behind: The Growing Gap in Life Expectancy Between the United States and Other Countries, 1933-2021. *American Journal of Public Health*, 113(9), e1–e11. <https://doi.org/10.2105/ajph.2023.307310>
- World Health Organization. (2015). *Global health observatory data repository: Life expectancy, data by country*. <http://apps.who.int/gho/data/view.main.WOMENLEXv>. Accessed February 14, 2018.