## Community Health Needs Assessment 2019

## โூ <br> Phelps Health

## Phelps Health

## Contents

Consultants' Report ..... 1
Introduction ..... 2
Summary of Community Health Needs Assessment. ..... 3
General Description of Medical Center ..... 4
Mission, Vision, Values ..... 4
Evaluation of Prior Implementation Strategy ..... 5
Adult Oral Health ..... 5
Mental Health ..... 5
Food \& Nutrition ..... 5
Summary of 2019 Needs Assessment Findings .....  6
Identified Community Health Needs ..... 6
Community Served by the Medical Center .....  6
Defined Community ..... 6
Community Detail ..... 9
Identification and Description of Geographical Community ..... 9
Community Population and Demographics ..... 10
Socioeconomic Characteristics of the Community ..... 11
Income and Employment ..... 12
Unemployment Rate ..... 15
Poverty ..... 16
Uninsured ..... 17
Medicaid ..... 18
Education ..... 19
Physical Environment of the Community ..... 20
Grocery Store Access ..... 20
Food Access/Food Deserts ..... 21
Recreation and Fitness Access ..... 21
Clinical Care of the Community ..... 22
Population Living in a Health Professional Shortage Area ..... 26
Preventable Medical Center Events ..... 27
Health Status of the Community ..... 27
Leading Causes of Death ..... 29
Health Outcomes and Factors ..... 30
County Health Rankings - Mortality \& Morbidity ..... 30
Improvements \& Challenges. ..... 33
Diabetes (Adult) ..... 37
Heart Disease (Adult) ..... 37
Obesity (Adult) ..... 38
Key Informant Surveys and Interviews ..... 38
Methodology ..... 38
Key Informant Survey and Interview Results ..... 39
Key Findings ..... 41
Health Issues of Vulnerable Population. ..... 41
Information Gaps ..... 41
Prioritization of Identified Health Needs ..... 42
Health Care Resources ..... 45
Hospitals ..... 45
Other Health Care Facilities \& Providers ..... 46
Appendices
Acknowledgements ..... 47
Sources ..... 48
Analysis of Data ..... 49
Key Informant Interview Protocol ..... 53
Dignity Health Community Health Need Index Reports ..... 56
County Health Rankings ..... 58

# Consultants' Report 

Mr. Ed Clayton<br>President, Chief Executive Officer<br>Phelps Health

On behalf of Phelps Health (Medical Center), we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated August 20, 2018. The purpose of our engagement was to assist the Medical Center in meeting the requirements of Internal Revenue Code $\S 501(\mathrm{r})(3)$ and Regulations thereunder. We also relied on certain information provided by the Medical Center, specifically certain utilization data, geographic HPSA information and existing community health care resources.

Based upon the assessment procedures performed, it appears the Medical Center is in compliance with the provisions of §501(r)(3). Please note that we were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion.

We used and relied upon information furnished by the Medical Center, its employees and representatives and on information available from generally recognized public sources. We are not responsible for the accuracy and completeness of the information and are not responsible to investigate or verify it.

These findings and recommendations are based on the facts as stated and existing laws and regulations as of the date of this report. Our assessment could change as a result of changes in the applicable laws and regulations. We are under no obligation to update this report if such changes occur. Regulatory authorities may interpret circumstances differently than we do. Our services do not include interpretation of legal matters.

$$
B K D, L L P
$$

December 3, 2019

## Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the Affordable Care Act, to comply with federal tax-exemption requirements, a taxexempt hospital facility must:
$\checkmark$ Conduct a Community Health Needs Assessment every three years.
$\checkmark$ Adopt an implementation strategy to meet the community health needs identified through the assessment.
$\checkmark$ Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital, including those with special knowledge of or expertise in public health. The hospital must make the community health needs assessment widely available to the public.

This community health needs assessment, which describes both a process and a document, is intended to document Phelps Health's (Medical Center) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Medical Center may adopt an implementation strategy to address specific needs of the community.

The process involved:
$\checkmark$ An evaluation of the implementation strategy from the previous needs assessment which was adopted by the Medical Center Board of Directors in 2016.
$\checkmark$ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources.
$\checkmark$ Obtaining community input through:

- Interviews and surveys with key informants who represent a) persons with specialized knowledge in public health, b) populations in need or c) broad interest of the community.
This document is a summary of all the available evidence collected during the Community Health Needs Assessment conducted in tax year 2019. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.


## Summary of Community Health Needs Assessment

The purpose of the Community Health Needs Assessment is to understand the unique health needs of the community served by the Medical Center and to document compliance with new federal laws outlined above.

The Medical Center engaged BKD, LLP to conduct a formal community health needs assessment. BKD, LLP is one of the largest CPA and advisory firms in the United States, with approximately 2,700 partners and employees in 40 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The community health needs assessment was conducted during 2019.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Medical Center's community health needs assessment:
$\checkmark$ An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2016 Community Health Needs Assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Medical Center's current strategies and programs.
$\checkmark$ The "community" served by the Medical Center was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in Community Served by the Medical Center.
$\checkmark$ Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
$\checkmark$ Community input was provided through key informant surveys and interviews. Results and findings are described in the Key Informant section of this report.
$\checkmark$ Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) the prevalence of common themes and 5) how the issue aligns with the Medical Center's resources.
$\checkmark$ An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.
Health needs were then prioritized taking into account the perceived degree of influence the Medical Center has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

## General Description of Hospital

Phelps Health has an over sixty-year history of serving the same community that originally came together to open Phelps County Memorial Hospital in 1951. The Medical Center is located in Rolla, Missouri. A five-member board of trustees governs the Medical Center and ensures that medical services are available to the residents of Rolla and surrounding areas.

On October 24, 2018, the Board of Trustees unanimously voted to change the name of Phelps County Regional Medical Center to Phelps Health, effective January 1, 2019, in order to adequately reflect how the hospital, medical center, clinics and services grew from the original small, country hospital to the integrated, multidisciplinary health system it is today. Phelps Health employs a staff of over 1,800 and is licensed for 242 patient beds. In addition to the main Rolla campus, the Phelps Health Medical Group also has clinics in Salem, St. James, Vienna and Waynesville.


## Our Mission

To improve the health and wellness of people in our region

## Our Vision

Phelps Health will be the preferred health system in our region

## Our Values

Integrity, Compassion, Innovation and Philanthropy

## Evaluation of Prior Implementation Strategy

## 1. Adult Oral Health:

a. The Community Benefits Office, comprised of local health and wellness professionals, as well as key community stakeholders, was formed to address the needs within our community, which included the lack of adult dental care.
b. Partnered and collaborated with Your Community Health Center - a Federally Qualified Health Center providing, among other services, dental health services to our underserved population.
c. Educated our ER staff on the local resources available for patients seeking dental services. Patients received dental kits, which included dental hygiene products and a resource guide for local dental services. These resources will be continually supplied to ER as needed.
d. Sponsored an annual Hygiene Drive to support our local schools. Each backpack included a dental hygiene health guide, floss, toothpaste and brushes for children and adults, among other travel size hygiene items.
e. Provided dental hygiene health guides and dental kits during the following community events: Kids Safety Day, Intercounty Electric Picnic and Fair, National Seniors Health \& Wellness Day, Tri-County Health Fair and various speaking engagements at local clubs and organizations.

## 2. Mental Health:

a. Conducted a community mental health and addiction needs assessment of our service region. A Planning Team comprised of local addiction and mental health professionals, as well as other key community stakeholders, was formed to oversee the assessment.
b. Mental Health Support Group meets on a regular basis in our community.
c. Continuing to demonstrate collaborative practices and effective communication among providers and partnering organizations to address the mental health and addiction needs by offering drug education and mental health first aid trainings in the community.
d. Provide Narcan training to local law enforcement agencies as needed.
e. Expansion of our behavior health services with the addition of new providers at Phelps Health to meet the growing needs of our community.

## 3. Food \& Nutrition:

a. Diabetic Support Group meets on the first Saturday of every month at Phelps Health.
b. Provide food \& nutritional information during the following community offered events: Kids Safety Day, Intercounty Electric Picnic and Health Fair, National Seniors Health \& Wellness Day, Tri-County Health Fair, Cancer Survivor Day, St. James Senior Center, The Centre - Arthritis Exercise program and Silver Eagles Program.
c. Provide awareness, recipes and local interviews with emphasis on family and the importance of a well-balanced diet and adequate nutrition for overall good health at any age.
d. Outreach in our Social media: Facebook, Twitter, website, newspaper, Balance Magazine, Silver Eagle newsletter and educational sessions.
e. Supporting our annual food drive - collecting food items to feed local families in need during the holiday season.

## Summary of 2019 Needs Assessment Findings

The following health needs were identified based on the information gathered and analyzed through the Community Health Needs Assessment conducted by the Medical Center. These needs have been prioritized based on information gathered through the Community Health Needs Assessment. The identified community health needs are discussed in greater detail later in this report.

Identified Community Health Needs

- Mental Health Providers
- Primary Care Physicians
- Heart Disease


## Community Served by the Medical Center

The Medical Center is located in Phelps County, Missouri, approximately one hour south of Jefferson City, Missouri, and 1.5 hours southwest of St. Louis, Missouri. The Medical Center is accessible by interstate and other secondary roads.

## Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing Medical Center services reside. While the CHNA considers other types of health care providers, the Medical Center is the single largest provider of acute care services. For this reason, the utilization of Medical Center services provides the clearest definition of the community.

Based on the patient origin of acute care discharges from January 1, 2018, through December 31, 2018, management has identified the community to include the corresponding counties for zip codes listed in Exhibit 1. The CHNA will utilize data and input from this community to analyze health needs for the community.

| Exhibit 1 <br> Phelps Health <br> Summary of Inpatient Discharges by Zip Code 01/01/2018 to 12/31/2018 |  |  |  |
| :---: | :---: | :---: | :---: |
| Zip Code | City | Discharges | Percent Discharges |
| Phelps County |  |  |  |
| 65401 | Rolla | 2,337 | 30.7\% |
| 65559 | Saint James | 833 | 11.0\% |
| 65550 | Newburg | 199 | 2.6\% |
| 65402 | Rolla | 137 | 1.8\% |
| 65462 | Edgar Springs | 103 | 1.4\% |
| 65529 | Jerome | 18 | 0.2\% |
| 65461 | Duke | 10 | 0.1\% |
| 65436 | Beulah | 4 | 0.1\% |
| 65409 | Rolla | 2 | 0.0\% |
| Total Phelps County |  | 3,643 | 47.9\% |
| Pulaski County |  |  |  |
| 65459 | Dixon | 362 | 4.8\% |
| 65583 | Waynesville | 378 | 5.0\% |
| 65584 | Saint Robert | 285 | 3.8\% |
| 65556 | Richland | 67 | 0.9\% |
| 65452 | Crocker | 59 | 0.8\% |
| 65534 | Laquey | 35 | 0.5\% |
| 65473 | Fort Leonard Wood | 29 | 0.4\% |
| 65457 | Devils Elbow | 14 | 0.2\% |
| Total Pulaski County |  | 1,229 | 16.1\% |

## Phelps Health

Community Health Needs Assessment 2019

| Zip Code | City | Discharges | Percent Discharges |
| :---: | :---: | :---: | :---: |
| Dent County |  |  |  |
| 65560 | Salem | 840 | 11.0\% |
| 65440 | Boss | 21 | 0.3\% |
| 65501 | Jadwin | 12 | 0.2\% |
| 65541 | Lenox | 8 | 0.1\% |
| 65532 | Lake Spring | 3 | 0.0\% |
| Total Dent |  | 884 | 11.6\% |
| Crawford County |  |  |  |
| 65453 | Cuba | 226 | 3.0\% |
| 65565 | Steelville | 156 | 2.1\% |
| 63080 | Sullivan | 64 | 0.8\% |
| 65441 | Bourbon | 36 | 0.5\% |
| 65535 | Leasburg | 29 | 0.4\% |
| 65446 | Cherryville | 10 | 0.1\% |
| 65456 | Davisville | 10 | 0.1\% |
| 65449 | Cook Station | 9 | 0.1\% |
| 65586 | Wesco | 2 | 0.0\% |
| Total Crav | County | 542 | 7.1\% |
| Texas County |  |  |  |
| 65542 | Licking | 187 | 2.5\% |
| 65483 | Houston | 55 | 0.7\% |
| 65552 | Plato | 27 | 0.4\% |
| 65571 | Summersville | 15 | 0.2\% |
| 65555 | Raymondville | 12 | 0.2\% |
| 65444 | Bucyrus | 11 | 0.1\% |
| 65570 | Success | 11 | 0.1\% |
| 65557 | Roby | 4 | 0.1\% |
| 65479 | Hartshorn | 2 | 0.0\% |
| 65689 | Cabool | 2 | 0.0\% |
| 65589 | Yukon | 3 | 0.0\% |
| 65464 | Elk Creek | 1 | 0.0\% |
| 65484 | Huggins | 1 | 0.0\% |
| 65564 | Solo | 1 | 0.0\% |
| Total Texas County |  | 332 | 4.4\% |
|  |  |  |  |
| Maries County |  |  |  |
| 65013 | Belle | 105 | 1.4\% |
| 65582 | Vienna | 74 | 1.0\% |
| 65580 | Vichy | 46 | 0.6\% |
| 65058 | Meta | 1 | 0.0\% |
| Total Maries County |  | 226 | 3.0\% |
| All Other Counties |  | 753 | 9.9\% |
| Inpatient Discharges Total <br> Note: Totals may not foot due to rounding <br> Source: Phelps Health |  | 7,609 | 100.0\% |
|  |  |  |  |

## 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 following map geographically illustrates the Medical Center's community by showing the community zip codes shaded by number of inpatient discharges. The map below displays the Medical Center's geographic relationship to the community, as well as significant roads and highways.

Phelps Health Community


## Community Population and Demographics

The U.S. Bureau of Census compiled population and demographic data. Exhibit 2 below shows the total population of the community. It also provides the breakout of the community between male and female population, age distribution and race/ethnicity.

| Exhibit 2 <br> Demographic Snapshot <br> Phelps Health |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| DEMOGRAPHIC CHARACTERISTICS |  |  |  |  |  |  |  |  |
| Total Population |  |  |  | Population by Gender |  |  |  |  |
| County |  |  | Population | County |  |  | Male | Female |
| Crawford County |  |  | 24,387 | Crawford Co |  |  | 12,030 | 12,357 |
| Dent County |  |  | 15,566 | Dent County |  |  | 7,774 | 7,792 |
| Maries County |  |  | 8,959 | Maries County |  |  | 4,496 | 4,463 |
| Phelps County |  |  | 44,873 | Phelps County |  |  | 23,605 | 21,268 |
| Pulaski County |  |  | 53,132 | Pulaski County |  |  | 30,361 | 22,771 |
| Texas County |  |  | 25,714 | Texas County |  |  | 13,248 | 12,466 |
| Total Community |  |  | 172,631 | Total Commun |  |  | 91,514 | 81,117 |
| Missouri |  |  | 6,075,300 | Missouri |  |  | 2,981,332 | 3,093,968 |
| United States |  |  | 321,004,407 | United States |  |  | 158,018,753 | 162,985,654 |
| Age Distribution |  |  |  |  |  |  |  |  |
| Age Group | Crawford | \% of Total | Dent | \% of Total | Maries | \% of Total | Phelps | \% of Total |
| 0-4 | 1,415 | 5.8\% | 889 | 6\% | 415 | 5\% | 2,623 | 6\% |
| 5-19 | 4,781 | 19.6\% | 3,032 | 19\% | 1,770 | 20\% | 8,937 | 20\% |
| 20-24 | 1,331 | 5.5\% | 692 | 4\% | 432 | 5\% | 5,458 | 12\% |
| 25-34 | 2,853 | 11.7\% | 1,675 | 11\% | 889 | 10\% | 5,510 | 12\% |
| 35-44 | 2,779 | 11.4\% | 1,644 | 11\% | 1,019 | 11\% | 4,542 | 10\% |
| 45-54 | 3,320 | 13.6\% | 2,083 | 13\% | 1,274 | 14\% | 5,287 | 12\% |
| 55-64 | 3,464 | 14.2\% | 2,308 | 15\% | 1,362 | 15\% | 5,646 | 13\% |
| 65+ | 4,444 | 18.2\% | 3,243 | 21\% | 1,798 | 20\% | 6,870 | 15\% |
| Total | 24,387 | 100.0\% | 15,566 | 100\% | 8,959 | 100\% | 44,873 | 100\% |
| Age Distribution |  |  |  |  |  |  |  |  |
| Age Group | Pulaski | \% of Total | Texas | \% of Total | Missouri | \% of Total | United States | \% of Total |
| 0-4 | 3,698 | 7\% | 1,467 | 5.7\% | 373,141 | 6\% | 19,853,515 | 6\% |
| 5-19 | 13,026 | 25\% | 5,034 | 19.6\% | 1,176,263 | 19\% | 62,377,283 | 19\% |
| 20-24 | 7,185 | 14\% | 1,347 | 5.2\% | 425,687 | 7\% | 22,501,965 | 7\% |
| 25-34 | 9,791 | 18\% | 2,864 | 11.1\% | 805,939 | 13\% | 44,044,173 | 14\% |
| 35-44 | 5,743 | 11\% | 2,807 | 10.9\% | 730,170 | 12\% | 40,656,419 | 13\% |
| 45-54 | 5,388 | 10\% | 3,463 | 13.5\% | 805,345 | 13\% | 43,091,143 | 13\% |
| 55-64 | 4,040 | 8\% | 3,690 | 14.4\% | 802,723 | 13\% | 40,747,520 | 13\% |
| 65+ | 4,261 | 8\% | 5,042 | 19.6\% | 956,032 | 16\% | 47,732,389 | 15\% |
| Total | 53,132 | 100\% | 25,714 | 100.0\% | $\mathbf{6 , 0 7 5 , 3 0 0}$ | 100\% | 321,004,407 | 100\% |
| Race / Ethnicity |  |  |  |  |  |  |  |  |
| County |  |  | White | Black | Asian | All Other | Total NonHispanic | Hispanic |
| Crawford County |  |  | 23,615 | 64 | 20 | 688 | 23,928 | 459 |
| Dent County |  |  | 14,941 | 77 | 60 | 350 | 15,317 | 249 |
| Maries County |  |  | 8,806 | 34 | 17 | 19 | 8,733 | 226 |
| Phelps County |  |  | 40,823 | 1,223 | 1,642 | 797 | 43,787 | 1,086 |
| Pulaski County |  |  | 39,842 | 6,620 | 1,384 | 4,601 | 47,362 | 5,770 |
| Texas County |  |  | 23,855 | 511 | 49 | 741 | 25,189 | 525 |
| Total Community |  |  | 151,882 | 8,529 | 3,172 | 7,196 | 164,316 | 8,315 |
| Percentage |  |  | 87.98\% | 4.94\% | 1.84\% | 4.17\% | 95.18\% | 4.82\% |
| Missouri |  |  | 4,850,569 | 696,649 | 106,801 | 168,348 | 5,822,367 | 237,284 |
| Percentage |  |  | 80.05\% | 11.50\% | 1.76\% | 2.78\% | 96.08\% | 3.92\% |
| United States |  |  | 197,362,672 | 39,098,319 | 16,425,317 | 10,472,747 | 263,359,055 | 55,199,107 |
| \% of Community |  |  | 61.95\% | 12.27\% | 5.16\% | 3.29\% | 82.67\% | 17.33\% |
| Note: Totals might not foot due to rounding |  |  |  |  |  |  |  |  |
| Source: US Census Bureau, American Community Survey. 2013-17. |  |  |  |  |  |  |  |  |

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the community by race and ethnicity illustrates different categories of race such as: white, black, Asian, other and multiple races.

Exhibit 3 reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table could help to understand why transportation, although not a high need, may be considered a need within the community, especially within the rural and outlying populations.


## Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the CHNA community. The following exhibits are a compilation of data that includes household per capita income, unemployment rates, uninsured population, poverty and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to the state of Missouri and the United States.

Phelps Health

## Income and Employment

Exhibit 4 presents the per capita income for the CHNA 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 CHNA community has a per capita income above the state of Missouri or the United States.

|  | $\begin{array}{r} \text { E } \\ \text { Phel } \\ \text { Per Ca } \end{array}$ |  | Ith <br> come |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total Population |  | Aggregate Houschold Income (\$) |  | Income |
| Crawford County | 24,387 | \$ | 507,224,500 | \$ | 20,799 |
| Dent County | 15,566 | \$ | 325,447,200 | \$ | 20,908 |
| Maries County | 8,959 | \$ | 197,881,100 | \$ | 22,087 |
| Phelps County | 44,873 | \$ | 1,063,101,200 | \$ | 23,691 |
| Pulaski County | 53,132 | \$ | 1,153,796,200 | \$ | 21,716 |
| Texas County | 25,714 | \$ | 460,740,100 | \$ | 17,918 |
| Total Community | 172,631 | \$ | 3,708,190,300 | \$ | 21,480 |
| Missouri | 6,075,300 | \$ | 171,822,020,600 | \$ | 28,282 |
| United States | 321,004,407 | \$ | 10,008,063,515,700 | \$ | 31,177 |
| Source: US Census Bureau, American Community Survey. 2013-17. |  |  |  |  |  |

According to research of the CHNA community area, Crawford, Dent, Maries, Phelps, Pulaski and Texas counties are supported by major industries which include local federal, state and local government. Exhibit 5 summarizes employment by major industry for the six counties, while Exhibit 6 shows the top 10 employers by county.

|  |  |  |  |  | $\begin{array}{r} \text { Em } \\ 2017 \end{array}$ | $\mathbf{P h}$ <br> mploymen <br> Annual | Exhibit <br> helps He nt by Ma <br> Average | 5 <br> alth <br> jor Ind <br> (In Tho | ustry <br> usands) |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Major Industries | Crawford County | \% | Dent County | \% | Maries <br> County | \% | Phelps <br> County | \% | Pulaski <br> County | \% | Texas <br> County | \% | Community Total | \% | $\begin{gathered} \text { Missouri } \\ \% \end{gathered}$ | $\begin{aligned} & \text { US } \\ & \% \end{aligned}$ |
| Government |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Federal Government | 32 | 0.5\% | 55 | 1.5\% | 10 | 0.8\% | 325 | 1.8\% | 3,428 | 26.5\% | 64 | 1.1\% | 3,914 | 8.1\% | 2.0\% | 2.0\% |
| State Government | 101 | 1.5\% | 91 | 2.4\% | 25 | 2.1\% | 2,235 | 12.3\% | 116 | 0.9\% | 567 | 10.0\% | 3,135 | 6.5\% | 3.2\% | 3.2\% |
| Local Government | 821 | 12.6\% | 799 | 21.1\% | 310 | 26.0\% | 2,990 | 16.4\% | 1,933 | 14.9\% | 1,286 | 22.6\% | 8,139 | 16.8\% | 9.8\% | 9.8\% |
| Goods-producing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Natural resources and mining | 73 | 1.1\% | 40 | 1.1\% | 9 | 0.8\% | 26 | 0.1\% | - | 0.0\% | 51 | 0.9\% | 199 | 0.4\% | 0.6\% | 1.3\% |
| Construction | 215 | 3.3\% | 131 | 3.5\% | 46 | 3.9\% | 466 | 2.6\% | 385 | 3.0\% | 151 | 2.7\% | 1,394 | 2.9\% | 4.4\% | 4.8\% |
| Manufacturing | 1,954 | 29.9\% | 370 | 9.8\% | 194 | 16.3\% | 1,108 | 6.1\% | - | 0.0\% | 881 | 15.5\% | 4,507 | 9.3\% | 9.6\% | 8.6\% |
| Service-providing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Trade, transportation and utilities | 1,083 | 16.6\% | 866 | 22.8\% | 283 | 23.7\% | 4,496 | 24.7\% | 1,976 | 15.3\% | 1,182 | 20.8\% | 9,886 | 20.4\% | 19.4\% | 19.0\% |
| Information | 65 | 1.0\% | 34 | 0.9\% | - | 0.0\% | 150 | 0.8\% | 109 | 0.8\% | 40 | 0.7\% | 398 | 0.8\% | 1.7\% | 1.9\% |
| Financial activities | 256 | 3.9\% | 190 | 5.0\% | 112 | 9.4\% | 538 | 3.0\% | 446 | 3.4\% | 181 | 3.2\% | 1,723 | 3.6\% | 5.9\% | 5.6\% |
| Professional and business services | 284 | 4.3\% | 66 | 1.7\% | 34 | 2.8\% | 597 | 3.3\% | 764 | 5.9\% | 220 | 3.9\% | 1,965 | 4.1\% | 13.7\% | 14.2\% |
| Education and health services | 1,005 | 15.4\% | 763 | 20.1\% | 125 | 10.5\% | 2,761 | 15.2\% | 1,083 | 8.4\% | 581 | 10.2\% | 6,318 | 13.1\% | 16.2\% | 15.4\% |
| Leisure and hospitality | 533 | 8.1\% | 315 | 8.3\% | 45 | 3.8\% | 2,137 | 11.7\% | 2,505 | 19.3\% | 418 | 7.3\% | 5,953 | 12.3\% | 10.9\% | 11.1\% |
| Other services | 118 | 1.8\% | 72 | 1.9\% |  |  | 380 | 2.1\% | 210 | 1.6\% | 72 | 1.3\% | 852 | 1.8\% | 2.7\% | 3.1\% |

Community Health Needs Assessment 2019

|  | Exhibit 6 <br> Phelps Health <br> Top 10 Employers by Coun |  |
| :---: | :---: | :---: |
| Crawford County | Dent County | Maries County |
| Paramount Apparel International Inc. | US Foodservice | Belle School Superintendent |
| Crawford County School District R2 | Doe Run Company | Kingsford Manufacturing Company |
| Mar-Bal Inc. | Wal-Mart Supercenter | Maries County Livestock Association |
| Communications for Research | Salem R80 School | Maries R1 High School |
| Versa-Tags Inc. | Salem Memorial District Hospital | Belle Elementary School |
| Meramec Electric Products | Royal Oak Enterprises Inc. | Baron Aviation Service Inc. |
| Cuba Manor Inc. | Salem Treatment Center | G\&W Foods |
| Ozark Mountain Technology Inc. | Seville Care Center | Maries Manor Health Care Center |
| Crawford County Commissioner |  | Maries School Counselor Office |
| McGinnis Wood Products |  |  |
| Phelps County | Pulaski County | Texas County |
| Phelps Health | EDP Enterprises Inc. | Milk Transport Services LP |
| University of Missouri | NAF DIV | Texas County Memorial Hospital |
| University of Missouri Rolla | Wal-Mart Supercenter | Dairy Farmers of America |
| Wal-Mart | General Leonard Wood Army | Wal-Mart |
| Davaron Corporate Office | Waynesville Senior High School | Tag Team Uniform Services |
| Mid-Continent Mapping Center | Fort Leonard Wood Lodging | Woodpro Cabinetry Inc. |
| USGS National Mapping Division | Piney Ridge Center | Licking Reorganized District 8 |
| Brewer Science Inc. | Freedom Elementary School | Plato School Support Office |
|  | Laquey High School | Intercounty Electric Co-Op |
|  | University of Missouri-Tech Park | Kabul Nursing Home |
| Source: Missouri Department of Economic Development - https://app.locationone.com/areas/counties; 2017 |  |  |

## Unemployment Rate

Exhibit 7 presents the average annual resident unemployment rate from 2008 to 2017 for the counties defined in the community, as well as the trend for the state of Missouri and the United States. Exhibit 8 illustrates, that on average, the unemployment rates for the CHNA community are higher than both the state of Missouri and the United States (Missouri and US rates were higher by 0.6 in 2009). Since hitting a high rate of 10.2 in 2010, the CHNA community's unemployment rate has declined to 4.3 by 2017.


Exhibit 8
Average Annual Unemployment Rate 2008-2017


Data Source: US Department of Labor, Bureau of Labor Statistics

## Poverty

Exhibit 9 presents the percentage of total population below $100 \%$ Federal Poverty Level (FPL) for the counties in the CHNA community, the state of Missouri and the United States. 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.

Low-income residents often postpone seeking medical attention until health problems become aggravated, creating a greater demand on a given community's medical resources. This includes reliance upon emergency room services for otherwise routine primary care. Often uninsured, the low-income demographics' inability to pay for services further strains the medical network. Low-income residents are also less mobile, requiring medical services in localized population centers, placing additional pressure on those providers already in high demand.

| Exhibit 9Phelps HealthPopulation Below 100\% FPL |  |  |  |
| :---: | :---: | :---: | :---: |
|  | Total Population | Population below FPL | Percent in Poverty |
| Crawford County | 24,001 | 4,803 | 20.0\% |
| Dent County | 15,296 | 3,178 | 20.8\% |
| Maries County | 8,866 | 1,673 | 18.9\% |
| Phelps County | 41,801 | 8,542 | 20.4\% |
| Pulaski County | 43,480 | 5,567 | 12.8\% |
| Texas County | 24,136 | 6,102 | 25.3\% |
| Total Community | 157,580 | 29,865 | 19.0\% |
| Missouri | 6,075,300 | 861,679 | 14.2\% |
| United States | 321,004,407 | 45,650,345 | 14.2\% |
| Source: US Census Bureau, American Community Survey. 2013-17. |  |  |  |



Phelps Health

## Uninsured

Exhibit 10 reports the percentage of the total civilian noninstitutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contributes to poor health status. The lack of health insurance is considered a key driver of health status.

|  | Exhibit 10 |  |  |
| :---: | :---: | :---: | :---: |
|  | Phelps Health |  |  |
|  | Health Insurance Cov | Status |  |
|  | Population |  |  |
|  | (Civilian | Total | Percent <br> Uninsured |
| Crawford County | 24,074 | 4,000 | 16.6\% |
| Dent County | 15,389 | 2,794 | 18.2\% |
| Maries County | 8,850 | 1,202 | 13.6\% |
| Phelps County | 44,040 | 4,135 | 9.4\% |
| Pulaski County | 39,627 | 4,292 | 10.8\% |
| Texas County | 24,269 | 3,792 | 15.6\% |
| Total Community | 156,249 | 20,215 | 12.9\% |
| Missouri | 6,075,300 | 621,543 | 10.2\% |
| United States | 321,004,407 | 33,177,146 | 10.3\% |
| Source: US Census Bureau, American Community Survey. 2013-17. |  |  |  |



Source. US Census Bureau, American Community Survey. 2013-17.

## Medicaid

Exhibit 11 reports the percentage of the population with insurance enrolled in Medicaid (or other meanstested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. Exhibit 11 shows that the CHNA community ranks unfavorably compared to the state of Missouri but not the United States.

| Exhibit 11 <br> Phelps Health <br> Medicaid - Tested Public Coverage |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total Population <br> (For Whom Insurance Status is Determined) | Population With Any Health Insurance | Population Receiving Medicaid | Percent of Total <br> Population <br> Receiving <br> Medicaid | Percent of Insured <br> Population <br> Receiving <br> Medicaid |
| Crawford County | 24,253 | 20,424 | 5,538 | 22.8\% | 27.1\% |
| Dent County | 15,400 | 12,572 | 3,623 | 23.5\% | 28.8\% |
| Maries County | 8,879 | 7,713 | 1,732 | 19.5\% | 22.5\% |
| Phelps County | 43,958 | 39,423 | 6,568 | 14.9\% | 16.7\% |
| Pulaski County | 39,900 | 35,056 | 5,884 | 14.7\% | 16.8\% |
| Texas County | 24,195 | 20,091 | 5,299 | 21.9\% | 26.4\% |
| Total Community | 156,585 | 135,279 | 28,644 | 18.3\% | 21.2\% |
| Missouri | 5,946,094 | 5,272,765 | 877,803 | 14.8\% | 16.6\% |
| United States | 313,576,137 | 276,875,891 | 59,874,221 | 19.1\% | 21.6\% |
| Source: US Census Bureau, American Community Survey. 2012-16. |  |  |  |  |  |



## Education

Exhibit 12 presents the population with a Bachelor's degree or higher in each county versus the state of Missouri and the United States. Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in Exhibit 12, the percent of residents within the CHNA community obtaining a Bachelor's degree or higher is well below the state and national percentages.

| Exhibit 12Phelps HealthEducational Attainment of Population Age 25 and Older |  |  |  |
| :---: | :---: | :---: | :---: |
|  | Total Population Age 25 and Older | Population with Bachelor's Degree or Higher | Percent with <br> Bachelor's Degree or Higher |
| Crawford County | 16,860 | 1,885 | 11.2\% |
| Dent County | 10,953 | 1,414 | 12.9\% |
| Maries County | 6,342 | 862 | 13.6\% |
| Phelps County | 27,855 | 7,981 | 28.7\% |
| Pulaski County | 29,223 | 7,541 | 25.8\% |
| Texas County | 17,886 | 2,463 | 13.8\% |
| Total Community | 109,119 | 22,146 | 20.3\% |
| Missouri | 4,100,209 | 1,155,709 | 28.2\% |
| United States | 216,271,644 | 66,887,603 | 30.9\% |
| Source: US Census Bu | u, American Communit | Survey. 2013-17. |  |



## Physical Environment of the Community

A community's health also is affected by the 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 touch on a few of the elements that relate to some needs mentioned throughout the report.

## Grocery Store Access

Exhibit 13 reports the number of grocery stores per 100,000-population. 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. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

| Exhibit 13 <br> Phelps Health <br> Grocery Store Access |  |  |  |
| :---: | :---: | :---: | :---: |
|  | Total <br> Population | Number of Establishments | Establishments Rate per 100,000 |
| Crawford County | 24,696 | 3 | 12.1 |
| Dent County | 15,657 | 4 | 25.5 |
| Maries County | 9,176 | 3 | 32.7 |
| Phelps County | 45,156 | 8 | 17.7 |
| Pulaski County | 52,274 | 5 | 9.6 |
| Texas County | 26,008 | 5 | 19.2 |
| Total Community | 172,967 | 28 | 17.5 |
| Missouri | 6,075,300 | 1,061 | 17.5 |
| United States | 321,004,407 | 65,399 | 20.4 |
| Data Source: US Census Bureau, County Business Patterns Additional data analysis by CARES. 2016. |  |  |  |



Phelps Health

## Food Access/Food Deserts

Exhibit 14 reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This is relevant because it highlights populations and geographies facing food insecurity.

| Exhibit 14 <br> Phelps Health <br> Population with Low Food Access |  |  |  |
| :---: | :---: | :---: | :---: |
|  | Total Population | Population with Low Food Access | Percent with Low Food Access |
| Crawford County | 24,696 | 1,969 | 8.0\% |
| Dent County | 15,657 | 3,947 | 25.2\% |
| Maries County | 9,176 | 528 | 5.8\% |
| Phelps County | 45,156 | 8,543 | 18.9\% |
| Pulaski County | 52,274 | 33,099 | 63.3\% |
| Texas County | 26,008 | 4,700 | 18.1\% |
| Total Community | 172,967 | 52,786 | 30.5\% |
| Missouri | 6,075,300 | 1,531,368 | 25.2\% |
| United States | 321,004,407 | 69,266,771 | 21.6\% |
| Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. |  |  |  |



## Recreation and Fitness Access

Exhibit 15 reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. As noted in Exhibit 15, the CHNA community has fewer fitness establishments available to the residents than the state of Missouri and the United States.

|  | Ex Phelp Recreation and F | 5 <br> alth <br> Facility Access |  |
| :---: | :---: | :---: | :---: |
|  | Total Population | Number of Establishments | Establishments Rate per $100,000$ |
| Crawford County | 24,696 |  |  |
| Dent County | 15,657 | 1 | 6.4 |
| Maries County | 9,176 | - | - |
| Phelps County | 45,156 | 5 | 11.1 |
| Pulaski County | 52,274 | 2 | 3.8 |
| Texas County | 26,008 | 1 | 3.8 |
| Total Community | 172,967 | 9 | 5.2 |
| Missouri | 6,075,300 | 594 | 9.8 |
| United States | 321,004,407 | 33,980 | 10.6 |
| Data Source: US Census Bureau, County Business Patterns Additional data analysis by CARES. 2016. |  |  |  |

The trend graph below (Exhibit 16) shows the percent of adults who are physically inactive by year for the community compared to the state of Missouri and the United States. Since 2007, the CHNA community has had a higher percentage of adults who are physically inactive compared to both the state of Missouri and the United States. Although the trend peaked in 2012, the percentage of adults physically inactive within the community had a sharp decline in 2013 following both the state of Missouri and the United States.

Exhibit 16


Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 13

## Clinical Care of the Community

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

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.

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 the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (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 according to summaries of a variety of health measures. Those having high ranks, e.g., 1 or 2, are the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary 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 (six measures)
- Clinical care (five measures)
- Social and economic (seven measures)
- Physical environment (four measures)

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).

County Health Rankings for the Clinical Care category for each county in the CHNA community are presented on the following pages. A complete list of the County Health Rankings for each county are available in Appendix E.

| CRAWFORD COUNTYPhelps HealthCounty Health Rankings - Health Factors |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Crawford <br> County 2015 | Crawford <br> County 2018 |  | Missouri 2018 | Top US <br> Performers 2018 |
| Clinical Care* | 66 | 78 | 1 |  |  |
| Uninsured adults - Percent of population under age 65 without health insurance | 19.0\% | 15.0\% | $t$ | 12.0\% | 6.0\% |
| Primary care physicians - Number of population for every one primary care physician | 8,277 | 24,530 | 1 | 1,420 | 1,030 |
| Dentists- Number of population for every one dentist | 8,181 | 8,100 | + | 1,810 | 1,280 |
| Mental health providers - Number of population for every one mental health provider | 2,727 | 2,700 | $\downarrow$ | 590 | 330 |
| Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | $60.0$ | 62.0 | 1 | 57.0 | 35.0 |
| Diabetic screening^ - Percent of diabetic Medicare enrollees that receive HbAlc screening | 86.0\% | 86.0\% |  | 86.0\% | 91.0\% |
| Mammography screening^ - Percent of female Medicare enrollees that receive mammography screening | 61.3\% | 66.0\% | 1 | 63.0\% | 71.0\% |

Community Health Needs Assessment 2019

| DENT COUNTYPhelps HealthCounty Health Rankings - Health Factors |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | $\begin{aligned} & \text { Dent County } \\ & 2015 \end{aligned}$ | $\begin{gathered} \text { Dent County } \\ 2018 \end{gathered}$ | $\begin{gathered} \text { Missouri } \\ 2018 \end{gathered}$ | Top US <br> Performers 2018 |
| Clinical Care* | 95 | 107 |  |  |
| Uninsured adults - Percent of population under age 65 without health insurance | 20.0\% | 16.0\% | 12.0\% | 6.0\% |
| Primary care physicians - Ratio of population to primary care physicians | 3,129 | 3,900 | 1,420 | 1,030 |
| Dentists- Ratio of population to dentists | 2,247 | 3,080 | 1,810 | 1,280 |
| Mental health providers - Ratio of population to mental health providers | 1,049 | 960 | 590 | 330 |
| Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | 83.0 | 84.0 | 57.0 | 35.0 |
| Diabetic screening ${ }^{\wedge}$ - Percent of diabetic Medicare enrollees that receive HbAlc screening | 83.0\% | 82.0\% | 86.0\% | 91.0\% |
| Mammography screening ${ }^{\wedge}$ - Percent of female Medicare enrollees that receive mammography screening | 50.7\% | 54.0\% | 63.0\% | 71.0\% |


| MARIES COUNTY <br> Phelps Health <br> County Health Rankings - Health Factors |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Maries <br> County 2015 | Maries <br> County 2018 |  | Missouri 2018 | $\begin{gathered} \text { Top US } \\ \text { Performers } 2018 \end{gathered}$ |
| Clinical Care* | 79 | $54$ | $\checkmark$ |  |  |
| Uninsured adults - Percent of population under age 65 without health insurance | 19.0\% | 15.0\% | 1 | 12.0\% | 6.0\% |
| Primary care physicians - Ratio of population to primary care physicians | 9,014 | 8,960 | + | 1,420 | 1,030 |
| Dentists- Ratio of population to dentists | 3,006 | 2,950 | 1 | 1,810 | 1,280 |
| Mental health providers - Ratio of population to mental health providers | 3,006 | 2,950 | + | 590 | 330 |
| Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | $70.0$ | 39.0 | $t$ | 57.0 | 35.0 |
| Diabetic screening^ - Percent of diabetic Medicare enrollees that receive HbAlc screening | 85.0\% | 82.0\% | * | 86.0\% | 91.0\% |
| Mammography screening ${ }^{\wedge}$ - Percent of female Medicare enrollees that receive mammography screening | 50.8\% | 67.0\% | 1 | 63.0\% | 71.0\% |

Community Health Needs Assessment 2019

| PHELPS COUNTYPhelps HealthCounty Health Rankings - Health Factors |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Phelps County Phelps County <br> 2015 <br> 2018 |  | Missouri 2018 | Top US <br> Performers 2018 |
| Clinical Care* | 18 | 16 |  |  |
| Uninsured adults - Percent of population under age 65 without health insurance | 18.0\% | 14.0\% | 12.0\% | 6.0\% |
| Primary care physicians - Ratio of population to primary care physicians | 957 | 930 | 1,420 | 1,030 |
| Dentists- Ratio of population to dentists | 2,358 | 1,780 | 1,810 | 1,280 |
| Mental health providers - Ratio of population to mental health providers | 419 | 350 | 590 | 330 |
| Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | 59.0 | 52.0 | 57.0 | 35.0 |
| Diabetic screening^ - Percent of diabetic Medicare enrollees that receive HbAlc screening | 81.0\% | 82.0\% | 86.0\% | 91.0\% |
| Mammography screening ${ }^{\wedge}$ - Percent of female Medicare enrollees that receive mammography screening | 64.0\% | 64.0\% | 63.0\% | 71.0\% |


| PULASKI COUNTYPhelps HealthCounty Health Rankings - Health Factors |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Pulaski <br> County 2015 | Pulaski County 2018 |  | $\begin{gathered} \text { Missouri } \\ 2018 \end{gathered}$ | Top US <br> Performers 2018 |
| Clinical Care* | 28 | 39 |  |  |  |
| Uninsured adults - Percent of population under age 65 without health insurance | 16.0\% | 11.0\% | 1 | 12.0\% | 6.0\% |
| Primary care physicians - Ratio of population to primary care physicians | 3,804 | 3,330 | 1 | 1,420 | 1,030 |
| Dentists- Ratio of population to dentists | 977 | 940 | 1 | 1,810 | 1,280 |
| Mental health providers - Ratio of population to mental health providers | 672 | 510 | 1 | 590 | 330 |
| Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | 50.0 | 55.0 | 1 | 57.0 | 35.0 |
| Diabetic screening^ - Percent of diabetic Medicare enrollees that receive HbAlc screening | 83.0\% | 82.0\% | 1 | 86.0\% | 91.0\% |
| Mammography screening ${ }^{\wedge}$ - Percent of female Medicare enrollees that receive mammography screening | 48.7\% | 49.0\% | 1 | 63.0\% | 71.0\% |

Community Health Needs Assessment 2019

| TEXAS COUNTYPhelps HealthCounty Health Rankings - Health Factors |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{gathered} \text { Texas County } \\ 2015 \end{gathered}$ | $\begin{gathered} \text { Texas County } \\ 2018 \end{gathered}$ |  | $\begin{gathered} \text { Missouri } \\ 2018 \end{gathered}$ | $\begin{gathered} \text { Top US } \\ \text { Performers } 2018 \end{gathered}$ |
| Clinical Care* | 100 | 101 | 1 |  |  |
| Uninsured adults - Percent of population under age 65 without health insurance | 21.0\% | 16.0\% | 1 | 12.0\% | 6.0\% |
| Primary care physicians - Ratio of population to primary care physicians | 1,985 | 2,850 | 1 | 1,420 | 1,030 |
| Dentists- Ratio of population to dentists | 6,409 | 5,160 | 1 | 1,810 | 1,280 |
| Mental health providers - Ratio of population to mental health providers | 2,848 | 2,580 | $t$ | 590 | 330 |
| Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | 76.0 | 74.0 | 1 | 57.0 | 35.0 |
| Diabetic screening^ - Percent of diabetic Medicare enrollees that receive HbAlc screening | 80.0\% | 84.0\% | 1 | 86.0\% | 91.0\% |
| Mammography screening ${ }^{\wedge}$ - Percent of female Medicare enrollees that receive mammography screening | 52.2\% | 49.0\% | 1 | 63.0\% | 71.0\% |

## Population Living in a Health Professional Shortage Area

Exhibit 17 reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As seen below, 100 percent of the residents within the CHNA community are living in a health professional shortage area.

| Exhibit 17 |  |  |  |
| :---: | :---: | :---: | :---: |
| Phelps Health |  |  |  |
| Population Living in a Health Professional Shortage Area (HPSA) |  |  |  |
| $\begin{array}{ccc} \text { Total Population } & \begin{array}{c} \text { Population Living } \\ \text { in an HPSA } \end{array} & \text { Percent Living in an } \\ \text { HPSA } \end{array}$ |  |  |  |
| Crawford County | 24,696 | 24,696 | 100.0\% |
| Dent County | 15,657 | 15,657 | 100.0\% |
| Maries County | 9,176 | 9,176 | 100.0\% |
| Phelps County | 45,156 | 45,156 | 100.0\% |
| Pulaski County | 52,274 | 52,274 | 100.0\% |
| Texas County | 26,008 | 26,008 | 100.0\% |
| Total Community | 172,967 | 172,967 | 100.0\% |
| Missouri | 6,075,300 | 3,266,848 | 53.8\% |
| United States | 321,004,407 | 102,289,607 | 31.9\% |
| Data Source: US Department of Health Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016 |  |  |  |
|  |  |  |  |



## Preventable Medical Center Events

Exhibit 18 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return on investment" from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

| Exhibit 18 <br> Phelps Health <br> Preventable Hospital Events |  |  |  |
| :---: | :---: | :---: | :---: |
|  | Total Medicare <br> Part A Enrollees | ACS Conditions Hospital Discharges | ACS Conditions Discharges Rate |
| Crawford County | 2,046 | 126 | 61.7 |
| Dent County | 2,092 | 176 | 84.3 |
| Maries County | 919 | 36 | 39.4 |
| Phelps County | 4,263 | 220 | 51.8 |
| Pulaski County | 3,096 | 171 | 55.3 |
| Texas County | 2,928 | 215 | 73.5 |
| Total Community | 15,344 | 944 | 52.9 |
| Missouri | 469,109 | 26,541 | 56.6 |
| United States | 22,488,201 | 1,112,019 | 49.4 |
| Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2015. |  |  |  |



## Health Status of the Community

This section of the assessment reviews the health status of Crawford, Dent, Maries, Phelps, Pulaski and Texas County residents. As in the previous section, comparisons are provided with the state of Missouri and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Medical Center 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 2020, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, 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 have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

| Lifestyle | Primary Disease Factor |
| :--- | :--- |
| Smoking | Lung cancer <br> Cardiovascular disease <br> Emphysema <br> Chronic bronchitis <br> Cirrhosis of liver <br> Motor vehicle crashes <br> Unintentional injuries <br> Malnutrition <br> Suicide <br> Homicide <br> Mental illness <br> Poor nutrition <br> Driving at excessive speeds <br> Obesity <br> Digestive disease <br> Depression <br> Trauma <br> Motor vehicle crashes |
| Overstressed | Cardiovascular disease <br> Depression |

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in the CHNA community, along with the state of Missouri. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

## Leading Causes of Death

Exhibit 19 reflects the leading causes of death for the CHNA community and compares the rates, per hundred thousand, to the state of Missouri and the United States.


## 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. 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.

As seen in Exhibits 20, the relative health status of the CHNA community will be compared to the state of Missouri as well as to a national benchmark. 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 how to improve the community's habits, culture and environment.

## County Health Rankings - Mortality \& Morbidity

| Exhibit 20a <br> Phelps Health <br> County Health Rankings - Health Outcomes |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Crawford County 2015 | Crawford County 2018 | Increase/ <br> Decrease | $\begin{gathered} \text { MO } \\ 2018 \end{gathered}$ | Top US <br> Performers 2018 |
| Mortality* | 77 | 78 |  |  |  |
| Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted) | $9,048$ | $9,000$ |  | 7,800 | 5,300 |
| Morbidity* | 84 | 96 |  |  |  |
| Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted) | $19 \%$ | 21\% |  | 19\% | 12\% |
| Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted) | 5.2 | 5.0 | $1$ | 4.2 | 3.0 |
| Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted) | 4.0 | 4.9 |  | 4.4 | 3.1 |
| Low birth weight - Percent of live births with low birth weight (<2500 grams) | $8.0 \%$ | 8.0\% |  | 8.0\% | 6.0\% |
| * Rank out of 114 Missouri counties Note: N/A Indicates Missing Data Source: Countyhealthrankings.org |  |  |  |  |  |

Community Health Needs Assessment 2019

| Exhibit 20bPhelps HealthCounty Health Rankings - Health Outcomes |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{gathered} \text { Dent County } \\ 2015 \end{gathered}$ | Dent County 2018 | Increase/ <br> Decrease | $\begin{aligned} & \text { MO } \\ & 2018 \end{aligned}$ | Top US <br> Performers 2018 |
| Mortality* | 102 | 102 |  |  |  |
| Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted) | $10,264$ | $11,100$ | 1 | 7,800 | 5,300 |
| Morbidity* | 106 | 84 | 1 |  |  |
| Poor or fair health - Percent of adults reporting fair or poor hea (age-adjusted) | 39\% | 20\% | 1 | 19\% | 12\% |
| Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted) | 7.0 | 4.8 | 1 | 4.2 | 3.0 |
| Poor mental health days - Average number of mentally unhea days reported in past 30 days (Age Adjusted) | N/A | 4.6 |  | 4.4 | 3.1 |
| Low birth weight - Percent of live births with low birth weight (<2500 grams) | 7.9\% | 8.0\% | $1$ | 8.0\% | 6.0\% |
| * Rank out of 114 Missouri counties <br> Note: N/A Indicates Missing Data <br> Source: Countyhealthrankings.org |  |  |  |  |  |


| Exhibit 20cPhelps HealthCounty Health Rankings - Health Outcomes |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Maries County 2015 | Maries County 2018 | Increase/ <br> Decrease | $\begin{gathered} \text { MO } \\ 2018 \end{gathered}$ | Top US <br> Performers 2018 |
| Mortality* | 11 | 55 |  |  |  |
| Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted) | $6,388$ | 8,100 | $1$ | 7,800 | 5,300 |
| Morbidity* | 8 | 38 | 1 |  |  |
| Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted) | $12 \%$ | 19\% | $1$ | 19\% | 12\% |
| Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted) | 3.8 | 4.5 | $1$ | 4.2 | 3.0 |
| Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted) | N/A | 4.4 |  | 4.4 | 3.1 |
| Low birth weight - Percent of live births with low birth weight (<2500 grams) | 5.5\% | 7.0\% |  | 8.0\% | 6.0\% |
| * Rank out of 114 Missouri counties <br> Note: N/A Indicates Missing Data <br> Source: Countyhealthrankings.org |  |  |  |  |  |

Community Health Needs Assessment 2019

| Exhibit 20dPhelps HealthCounty Health Rankings - Health Outcomes |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Phelps County 2015 | Phelps County 2018 | Increase/ <br> Decrease | $\begin{gathered} \text { MO } \\ 2018 \end{gathered}$ | Top US <br> Performers 2018 |
| Mortality* | 81 | 76 | 1 |  |  |
| Premature death - Years of potential life lost before age 75 pe 100,000 population (age-adjusted) | 9,210 | 8,900 | $\dagger$ | 7,800 | 5,300 |
| Morbidity* | 75 | 68 | $\checkmark$ |  |  |
| Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted) | 22\% | 21\% | - | 19\% | 12\% |
| Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted) | 4.6 | 4.6 | - | 4.2 | 3.0 |
| Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted) | 3.9 | 4.4 | $\uparrow$ | 4.4 | 3.1 |
| Low birth weight - Percent of live births with low birth weight (<2500 grams) | 7.6\% | 8.0\% | $1$ | 8.0\% | 6.0\% |
| * Rank out of 114 Missouri counties <br> Note: N/A Indicates Missing Data <br> Source: Countyhealthrankings.org |  |  |  |  |  |


| Exhibit 20e <br> Phelps Health <br> County Health Rankings - Health Outcomes |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Pulaski County 2015 | Pulaski <br> County 2018 | Increase/ <br> Decrease | $\begin{gathered} \text { MO } \\ 2018 \end{gathered}$ | Top US Performers 2018 |
| Mortality* | 48 | 39 | 1 |  |  |
| Premature death - Years of potential life lost before age 75 pe 100,000 population (age-adjusted) | 7,834 | 7,600 | 1 | 7,800 | 5,300 |
| Morbidity* | 68 | 29 | 1 |  |  |
| Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted) | 22\% | 19\% | 1 | 19\% | 12\% |
| Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted) | 4.6 | 4.4 | 1 | 4.2 | 3.0 |
| Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted) | 3.4 | 4.1 | 1 | 4.4 | 3.1 |
| Low birth weight - Percent of live births with low birth weight (<2500 grams) | 7.3\% | 7.0\% | 1 | 8.0\% | 6.0\% |
| * Rank out of 114 Missouri counties Note: N/A Indicates Missing Data Source: Countyhealthrankings.org |  |  |  |  |  |


| Exhibit 20fPhelps HealthCounty Health Rankings - Health Outcomes |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Texas <br> County 2015 | Texas <br> County 2018 | Increase/ <br> Decrease | $\begin{gathered} \text { MO } \\ 2018 \end{gathered}$ | $\begin{gathered} \text { Top US } \\ \text { Performers } 2018 \end{gathered}$ |
| Mortality* | 88 | 85 | 1 |  |  |
| Premature death - Years of potential life lost before age 75 pe <br> 100,000 population (age-adjusted) | 9,549 | 9,500 | $\downarrow$ | 7,800 | 5,300 |
| Morbidity* | 101 | $94$ | I |  |  |
| Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted) | 30\% | 22\% | $\dagger$ | 19\% | 12\% |
| Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted) | 6.8 | 5.1 | $\downarrow$ | 4.2 | 3.0 |
| Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted) | 4.7 | 4.8 | $1$ | 4.4 | 3.1 |
| Low birth weight - Percent of live births with low birth weight $(<2500$ grams $)$ |  | 8.0\% | $\uparrow$ | 8.0\% | 6.0\% |
| * Rank out of 114 Missouri counties Note: N/A Indicates Missing Data Source: Countyhealthrankings.org |  |  |  |  |  |

The above tables show the CHNA community's mortality and morbidity ranking per county. Dent, Phelps, Pulaski and Texas County saw improvement from the prior CHNA; however, Crawford and Maries County overall mortality and morbidity ranking declined.

## Improvements \& Challenges

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from the prior Community Health Needs Assessment to current year and challenges faced by each county in the Medical Center's community. The improvements/challenges shown below in Exhibits 21 were determined using a process of comparing the rankings of each county's health outcomes in the current year to the rankings in the prior CHNA. If the current year rankings showed an improvement or decline of 4 percent or four points or were deemed significant to the community, they were included in the charts below. See the Appendix $E$ for the full list of health factor findings and comparisons between the prior needs assessment information and current year information.

| Exhibit 21aPhelps HealthCrawford County Improvements and Challenges |  |
| :---: | :---: |
| Improvements | Challenges |
| Adult smoking - \% of adults smoking at least 100 cigarettes and currently smoking decreased from $40 \%$ to $23 \%$ | Physical inactivity - \% of adults aged 20 and over reporting no leisure time physical activity increased from $26 \%$ to $32 \%$ |
| Teen births - decreased in number from 54 to $37$ | Sexually transmitted infections - increased in number from 193 to 279.9 |
| Uninsured adults - \# of population under age 65 without health insurance decreased from $19 \%$ to $15 \%$ | Primary care physicians - \# of population for every one primary care physician increased from 8,277 to 24,530 |
| Unemployment - decreased from 7.2\% to 5.3\% |  |
| Source: Countyhealthrankings.org, 2015 and 2018 |  |
| Exhibit 21bPhelps HealthDent County Improvements and Challenges |  |
| Improvements | Challenges |
| Adult smoking - \% of adults smoking at least 100 cigarettes and currently smoking decreased from $35 \%$ to $23 \%$ | Alcohol-impaired driving deaths - \% of motor vehicle crash deaths involving alcohol increased from $16 \%$ to $21 \%$ |
| Sexually transmitted infections - decreased from 185 to 121.4 | Primary care physicians - \# of population for every one primary care physician increased from 3, 129 to 3,900 |
| Uninsured adults - \# of population under age 65 without health insurance decreased from $20 \%$ to $16 \%$ | Dentists - \# of population for every one dentist increased from 2,247 to 3,080 |
| Children in single-parent households decreased from $35 \%$ to $28 \%$ | Income inequality - ratio of household income at the 80th percentile to income at the 20th percentile increased from 4.2 to 4.9 |
| Source: Countyhealthrankings.org, 2015 and 2018 |  |

Community Health Needs Assessment 2019

| Exhibit 21c <br> Phelps Health <br> Maries County Improvements and Challenges |  |
| :---: | :---: |
| Improvements | Challenges |
| Alcohol-impaired driving deaths - \% of motor <br> vehicle crash deaths involving alcohol <br> decreased from 55\% to 25\% | Adult obesity - \% of adults that report a BMI <br> $>=30$ increased from 29\% to $36 \%$ |
| Teen births - decreased in number from 40 to <br> 23 | Physical inactivity - \% of adults aged 20 and <br> over reporting no leisure time physical activity <br> increased from 29\% to 34\% |
| Uninsured adults - \# of population under age 65 <br> without health insurance decreased from 19\% <br> to 15\% | Sexually transmitted infections - increased in <br> number from 100 to 166.4 |
| Preventable hospital stays - hospitalization rate <br> for ambulatory-care sensitive conditions per <br> 1,000 Medicare enrollees decreased from 70 to <br> 39 | Children in single-parent households - <br> increased from 27\% to 31\% |
| Violent crime rate - violent crime rate per | Long commute, driving alone - among workers <br> who drive alone, \% that commute over 30 <br> minutes increased from 41\% to $53 \%$ |
| 100,000 population decreased from 309 to 198 |  |
| Source: Countyhealthrankings.org, 2015 and 2018 |  |


| Exhibit 21dPhelps HealthPhelps County Improvements and Challenges |  |
| :---: | :---: |
| Improvements | Challenges |
| Adult smoking - \% of adults smoking at least 100 cigarettes and currently smoking decreased from $27 \%$ to $21 \%$ | Excess drinking - \% of adults that report excessive drinking increased from $14 \%$ to $18 \%$ |
| Alcohol-impaired driving deaths - \% of motor vehicle crash deaths involving alcohol decreased from $28 \%$ to $22 \%$ | Sexually transmitted infections - increased in number from 242 to 347.8 |
| Teen births - decreased in number from 40 to 28 | Income inequality - ratio of household income at the 80th percentile to income at the 20th percentile increased from 4.6 to 5.5 |
| Uninsured adults - \# of population under age 65 without health insurance decreased from $18 \%$ to $14 \%$ |  |
| Source: Countyhealthrankings.org, 2015 and 2018 |  |

Community Health Needs Assessment 2019

| Exhibit 21e <br> Phelps Health <br> Pulaski County Improvements and Challenges |  |
| :---: | :---: |
| Improvements | Challenges |
| Teen births - decreased in number from 33 to 27 | Severe housing problems - \% of household with at least 1 of 4 problems: overcrowding, high costs or lack of kitchen or plumbing facilities increased from $12 \%$ to $14 \%$ |
| Uninsured adults - \# of population under age 65 without health insurance decreased from $16 \%$ $\text { to } 11 \%$ | Long commute, driving alone - among workers who drive alone, $\%$ that commute over 30 minutes increased from $18 \%$ to $21 \%$ |
| Mental health providers - \# of population for every one mental health provider decreased from 672 to 510 |  |
| Unemployment - decreased from 7.5\% to 5.4\% |  |
| Source: Countyhealthrankings.org, 2015 and 2018 |  |
| Exhibit 21f <br> Phelps Health <br> Texas County Improvements and Challenges |  |
| Improvements | Challenges |
| Adult smoking - \% of adults smoking at least 100 cigarettes and currently smoking decreased from $31 \%$ to $24 \%$ | Excess drinking - \% of adults that report excessive drinking increased from $11 \%$ to $16 \%$ |
| Physical inactivity - \% of adults aged 20 and over reporting no leisure time physical activity decreased from $35 \%$ to $28 \%$ | Alcohol-impaired driving deaths - \% of motor vehicle crash deaths involving alcohol increased from $17 \%$ to $33 \%$ |
| Sexually transmitted infections - decreased in number from 233 to 198.9 | Primary care physicians - \# of population for every one primary care physician increased from 1,985 to 2,850 |
| Teen births - decreased in number from 56 to 46 | Income inequality - ratio of household income at the 80th percentile to income at the 20th percentile increased from 4.1 to 4.8 |
| Uninsured adults - \# of population under age 65 without health insurance decreased from $21 \%$ to $16 \%$ | Violent crime rate - violent crime rate per 100,000 population increased from 81 to 115 |

As can be seen from the summarized tables above, there are areas of the community that have shown decline and continue to have room for improvement; however, there are also significant improvements that have been made within the CHNA community from the prior report.

The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for the counties individually and the CHNA community as a whole are compared to the state of Missouri and also the United States.

## Diabetes (Adult)

Exhibit 22 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The CHNA community's percentage is higher than both the state of Missouri and the United States.

| Exhibit 22Phelps HealthPopulation with Diagnosed Diabetes |  |  |  | Percent Adults with Diagnosed Diabetes (Age Adjusted) |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total Population Age 20 and Older | Population with Diagnosed Diabetes | Percent* with Diagnosed Diabetes |  |
| Crawford County | 18,192 | 2,238 | 10.1\% |  |
| Dent County | 11,715 | 1,687 | 11.4\% |  |
| Maries County | 6,820 | 948 | 11.1\% |  |
| Phelps County | 33,097 | 3,740 | 10.4\% |  |
| Pulaski County | 37,175 | 3,383 | 11.1\% |  |
| Texas County | 19,636 | 2,808 | 11.8\% | 0\% 20\% |
| Total Community | 126,635 | 14,804 | 10.9\% |  |
| Missouri | 4,530,777 | 535,078 | 10.5\% | - Missouri ( $10.5 \%$ ) |
| United States | 241,492,750 | 24,722,757 | 9.3\% | - United States (9.3\%) |
| * Age-adjusted Rate Data Source: Centers Chronic Disease Prev | isease Control and Prevention and Health Promotion. 2015. | ational Center for |  | —Report Area (10.9\%) |

## Heart Disease (Adult)

Exhibit 23 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol and heart attacks. The CHNA community has a percentage equal to the United States and lower than the state of Missouri.



## Obesity (Adult)

Exhibit 24 reports the percentage of adults aged 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The CHNA community has a BMI percentage much higher than the national average but slightly lower than the state rate.

| Exhibit 24 <br> Phelps Health <br> Population with Obesity |  |  |  |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |
|  | Survey Population Age 20 and Older | Population with BMI> 30.0 (Obese) | Percent* with BMI > 30.0 (Obese) |
| Crawford County | 18,201 | 6,665 | 36.5\% |
| Dent County | 11,691 | 3,566 | 30.2\% |
| Maries County | 6,834 | 2,515 | 36.5\% |
| Phelps County | 33,129 | 10,270 | 31.0\% |
| Pulaski County | 37,003 | 11,841 | 32.5\% |
| Texas County | 19,617 | 6,415 | 32.4\% |
| Total Community | 126,475 | 41,272 | 32.7\% |
| Missouri | 4,530,175 | 1,456,902 | 32.0\% |
| United States | 238,842,519 | 67,983,276 | 28.3\% |
| * Age-adjusted Rate |  |  |  |
| Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. |  |  |  |



## Key Informant Surveys and Interviews

Selecting key informants (community stakeholders) to participate in taking surveys and being interviewed is a technique employed to assess public perceptions of the county's health status and unmet needs.
These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

## Methodology

Community members in the following sectors were targeted for their input on the electronic survey:

- State, local and city government officials
- Healthcare
- Administration
- Charitable organizations

In addition, individuals in the public health sector were contacted for interviews. In total, 20 key community stakeholders completed surveys and/or interviews. Following are the results and sentiments from both the surveys and interviews.

A representative from the Medical Center contacted all individuals nominated for participating. Her knowledge of the community and personal relationships with the interviewees added validity to the data collection process.

All interviews were conducted using a standard questionnaire. A copy of the interview is included in the Appendices. All surveys were conducted using a standard survey the key informants accessed through a website link. A summary of the opinions is reported without judging the truthfulness or accuracy of their remarks. Leaders provided comments on various issues, including:
$\checkmark$ Health and quality of life for residents of the primary community
$\checkmark$ Barriers to improving health and quality of life for residents of the primary community
$\checkmark$ Opinions regarding the important health issues that affect Crawford, Dent, Maries, Phelps, Pulaski and Texas County residents and the types of services that are important for addressing these issues
$\checkmark$ Delineation of the most important health care issues or services discussed and actions necessary for addressing those issues

Themes in the data were identified and representative quotes have been drawn from the data to illustrate the themes. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. Therefore, quotes included in the report may have been altered to preserve confidentiality.

This technique does not provide a quantitative analysis of the leaders' opinions, but reveals some of the factors affecting the views and sentiments about overall health and quality of life within the community.

## Key Informant Survey and Interview Results

The interview questions for each key informant were identical. The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding health and quality of life in the community
2. Underserved populations and communities of need
3. Barriers
4. Most important health and quality of life issues

This section of the report summarizes what the key informants said without assessing the credibility of their comments. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements.

## 1. General opinions regarding health and quality of life in the community

The key informants were asked to rate the health and quality of life on a scale of 1 to 10 , with 10 being perfect health, in the community. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

Fourteen of the key informants rated the health and quality of life in the community between 7 and 9 . One rated the community at a 4 and the rest rated it between 5-6. The average of the responses was a 7 .

Key informants were asked whether the health and quality of life had improved, declined or stayed the same since the last assessment. Ten key informants noted that health and quality of life had stayed the same, with several key informants noting the same health issues exist today as identified three years ago. Two informants noted newer health issues had surfaced such as increase in drug use, including prescription drug use, and an increased demand for mental health services.

Several groups were identified as having a lower quality of life and health status, including the unemployed, younger adults, senior citizens and farmers. Factors such as income level, cost of living and access to transportation were mentioned as barriers related to these groups.

Regarding access to health services in the community, only a few informants felt there was adequate health services in the area. Many noted a main issue with being able to access health services is due to inability to afford co-pays and deductibles. Mental health issues in the community were mentioned by several stakeholders. Some stakeholders do not believe that there are adequate mental health facilities to address the needs that are present in the community.

## 2.Underserved populations and communities of need

Key informants were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. The key informants were also asked to provide their opinions as to why they thought these populations were underserved or in need.

Respondents noted that persons living in poverty, elderly and those with mental health issues are most likely to be underserved due to lack of financial resources and lack of insurance. Lack of financial resources prevents persons living in poverty from seeking and being able to afford medical care. Elderly face living on a fixed income which can impact the care they are able to seek. They also face issues with transportation preventing them from being able to get the health services they need. Persons with mental health issues may not have the resources available to them to seek help. There are also inadequate services available to those seeking mental health care.

## 3.Barriers

The key stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community. Responses to this were varied. The most common responses from the informants were shortage of mental health providers, transportation and high cost of copays and deductibles. High copays and deductibles may prevent those living in poverty and the elderly from being able to seek the care they need. Persons living in poverty may not be able afford to take off work to seek medical care.

## 4.Most important health and quality of life issues

Key stakeholders were asked to provide their opinion as to the most critical health and quality of life issues facing the community. The majority of key informants cited unhealthy behaviors such as physical inactivity, substance abuse and lack of health knowledge and education. The shortage of mental health providers was also a critical health issue most informants noted.

The key informants were asked to identify what should be done to address the issues they listed as the most critical to the community. Responses included:

- Increase mental health services and facilities provided in the community.
- Working with the community and employers to make health care more affordable for everyone.
- Increase transportation for those who do not have other options.
- Increase education and awareness regarding resources and preventative programs.


## Key Findings

A summary of themes and key findings provided by the key informants are as follows:

- Mental health needs should be a priority in the community.
- The inability to afford co-pays or deductibles is seen as the main reason people do not access health services.
- Obesity and unhealthy lifestyles were noted as critical health issues within the community.
- There is a need for community outreach programs aimed to educate patients and those within and around the community.


## Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (See Appendix D), the Medical Center's community has a moderate-level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes in the community that have the highest need in the community are listed in Exhibit 25.

|  | $\begin{array}{c}\text { Exhibit 25 } \\ \text { Phelps Health }\end{array}$ |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Zip Codes with Highest Community Need Index |  |  |  |$]$

## Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Medical Center; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly available information or limited 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.

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Medical Center completed an analysis of these inputs (see Appendices) to identify community health needs. The following data was analyzed to identify health needs for the community:

## Leading Causes of Death

Leading causes of death for the community and the death rates for the leading causes of death for each county within the Medical Center's CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Medical Center CHNA community.

## Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the Medical Center's CHNA community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

## Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

## Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.
To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5 .

1) How many people are affected by the issue or size of the issue? For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized. $>25 \%$ of the community $=5 ;>15 \%$ and $<25 \%=4 ;>10 \%$ and $<15 \%=3 ;>5 \%$ and $<10 \%=2$ and $<5 \%=1$.
2) What are the consequences of not addressing this problem? Identified health needs, which have a high death rate or have a high impact on chronic diseases received a higher rating.
3) The impact of the problem on vulnerable populations. Needs identified which pertained to vulnerable populations were rated for this factor.
4) Prevalence of common themes. The rating for this factor was determined by how many sources of data (leading causes of death, health outcomes and factors and primary data) identified the need.
5) Alignment with Medical Center's goals and resources. The rating for this factor was
determined by a Medical Center leadership team to capture the management's prioritization process. The leadership team was engaged to review all of the needs reported on the prior CHNA as well as the results of the key stakeholder surveys and interviews. The management team then assigned a score based on a combination of the following criteria:
i. Current area of Medical Center focus.
ii. Established relationships with community partners to address the health need.
iii. Organizational capacity and existing infrastructure to address the health need.

Each need was ranked based on the five prioritization metrics. As a result, the following summary list of needs was identified:

Exhibit 26 - Prioritization Grid

| Exhibit 26Phelps HealthRanking of Community Health Needs |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Health Problem | How many people are affected by the issue? | What are the consequences of not addressing the problem? | Impact on vulnerable populations | Prevalence of common themes | Alignment with Medical Center's goals and resources | Total Score |
| Mental Health Providers | 5 | 5 | 4 | 5 | 4 | 23 |
| Primary Care Physicians | 4 | 3 | 4 | 5 | 5 | 21 |
| Heart Disease | 4 | 4 | 4 | 3 | 5 | 20 |
| Physical Inactivity | 5 | 3 | 3 | 5 | 3 | 19 |
| Food \& Nutrition | 5 | 3 | 5 | 3 | 3 | 19 |
| Adult Obesity | 5 | 3 | 3 | 3 | 5 | 19 |
| Dentists, Oral Health | 4 | 4 | 4 | 3 | 3 | 18 |
| Lack of Health Knowledge/Education | 4 | 4 | 4 | 3 | 3 | 18 |
| Cancer | 4 | 4 | 3 | 3 | 4 | 18 |
| Substance Abuse | 4 | 3 | 3 | 3 | 5 | 18 |
| Access to Exercise Opportunities | 5 | 4 | 3 | 1 | 2 | 15 |
| Uninsured Adults | 4 | 3 | 3 | 3 | 2 | 15 |
| Children in Poverty | 3 | 2 | 3 | 3 | 2 | 13 |
| Adult Smoking | 4 | 3 | 2 | 1 | 3 | 13 |
| Stroke | 4 | 2 | 2 | 1 | 4 | 13 |
| Lung Disease | 3 | 2 | 2 | 1 | 4 | 12 |
| Preventable Hospital Stays | 2 | 3 | 2 | 1 | 4 | 12 |
| Diabetic Screen Rate | 1 | 2 | 1 | 1 | 5 | 10 |
| Excessive Drinking | 2 | 1 | 2 | 1 | 3 | 9 |
| Alcohol-Impaired Driving Deaths | 2 | 2 | 2 | 1 | 1 | 8 |
| Children in Single-Parent Households | 2 | 2 | 2 | 1 | 1 | 8 |
| Sexually Transmitted Infections | 1 | 2 | 1 | 1 | 3 | 8 |
| Teen Birth Rate | 1 | 2 | 1 | 1 | 2 | 7 |
| Mammography Screening | 1 | 1 | 1 | 1 | 3 | 7 |
| Violent Crime Rate | 1 | 1 | 1 | 1 | 1 | 5 |

## Management's Prioritization Process

For the health needs prioritization process, the leadership team reviewed the most significant health needs reported on the prior assessment, as well as the needs presented in Exhibit 26.

Based on the criteria outlined above, the health needs that scored a 20 or more (out of a possible 25 ) were identified as priority areas that will be addressed through Phelps Health's Implementation Strategy for the years 2020-2022.

1. Mental Health Providers
2. Primary Care Physicians
3. Heart Disease

## Health Care Resources

The availability of health resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care.

## Hospitals

The Medical Center has 242 patient beds and is one of four acute care hospitals located in the CHNA community. 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. Exhibit 27 summarizes acute care hospital services available:
$\left.\begin{array}{|l|cc|c|c|}\hline & & \begin{array}{c}\text { Exhibit 27 } \\ \text { Phelps Health }\end{array} & \\ \hline \text { Facility } & \text { Summary of Acute Care Hospitals }\end{array}\right]$

## Other Health Care Facilities and Providers

Short-term acute care hospital services are not the only health services available to members of the Medical Center's community. Exhibit 28 provides a listing of community health centers and rural health clinics within the Medical Center's community. The facilities with an asterisk (*) next to their name in the table below are not located in the CHNA community; however, they represent other health care facilities that are within 50 miles of Rolla, Missouri.

| Exhibit 28Phelps HealthSummary of Other Health Care Facilities |  |  |  |
| :---: | :---: | :---: | :---: |
| Facility | Address | County | Facility Type |
| Your Community Health Center | 1081 E 18th Street Rolla, MO 65401 | Phelps | Community Health Center |
| Compass Health Owensville* | 704 E Highway 28 Owensville, MO 65066-1588 | Gasconade | Community Health Center |
| CHCCM-LINN Clinic^* | $\begin{aligned} & 1016 \text { E Main St Linn, MO } \\ & 65051-9782 \end{aligned}$ | Osage | Community Health Center |
| Compass Health* | 101 Progress Pkwy Sullivan, MO 63080-2359 | Franklin | Community Health Center |
| Viburnum Medical Clinic* | 18 Viburnum Center Rd Viburnum, MO 65566-7802 | Iron | Community Health Center |
| Missouri Ozarks Community HealthHouston | 1340 S Sam Houston Bvd Houston, MO 65483-2045 | Texas | Community Health Center |
| Central Ozarks Medical Center - Richland | 304 W Washington Ave Richland, MO 65556 | Pulaski | Community Health Center |
| Community Health Center of Central Missouri - Christy Drive* | 1511 Christy Dr Jefferson City, MO 65101-2854 | Cole | Community Health Center |
| Community Health Center of Central <br> Missouri - Compass Pediatrics Location* | 1905 Stadium Blvd Jefferson City, MO 65109-1961 | Cole | Community Health Center |

## APPENDICES

Phelps Health

## Acknowledgements

The CHNA Committee was the convening body for this project. Many other individuals including community residents, key informants and community-based organizations contributed to this community health needs assessment.

## Project Steering Committee

Special thanks to all the following committee members for their time and commitment to this project:
Cindy Mitchell, Director Applications and Analytics
John Emmart, Chief Human Resources Officer
Tracy Limmer, Community Relations Manager

## APPENDIX A

## SOURCES

| DATA TYPE | SOURCE | YEAR(S) |
| :---: | :---: | :---: |
| Discharges by Zip Code | Hospital | FY 2018 |
| Community Details: Population \& Demographics | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2012-2016 |
| Community Details: Urban/Rural Population | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2010 |
| Socioeconomic Characteristics: Income | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2012-2016 |
| Socioeconomic Characteristics: Employment by Major Industry | US Department of Labor, Bureau of Labor Statistics http://www.bls.gov/cew/datatoc.htm | 2017 |
| Socioeconomic Characteristics: Top Employers by County | LocationOne Information System http://www.locationone.com | 2017 |
| Socioeconomic Characteristics: Unemployment | Community Commons via US Department of Labor, Bureau of Labor Statistics http://www.communitycommons.org/ | 2018 |
| Socioeconomic Characteristics: Poverty | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2012-2016 |
| Socioeconomic Characteristics: Uninsured | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2012-2016 |
| Socioeconomic Characteristics: Medicaid | Community Commons via U.S. Census Bureau, American Community Survey http://www.communitycommons.org/ | 2012-2016 |
| Socioeconomic Characteristics: Education | U.S. Census Bureau, American Community Survey http://factfinder.census.gov | 2012-2016 |
| Physical Environment: Grocery Store Access | U.S. Census Bureau, County Business Patterns http://www.communitycommons.org/ | 2016 |
| Physical Environment: <br> Food Access/Food Deserts | Community Commons via US Department of Agriculture http://www.communitycommons.org/ | 2015 |
| Physical Environment: Recreation/Fitness Access | Community Commons via U.S. Census Bureau, County Business Patterns http://www.communitycommons.org/ | 2016 |
| Physical Environment: Physical Inactivity | Community Commons via Centers for Disease Control \& Prevention http://www.communitycommons.org/ | 2013 |
| Clinical Care | County Health Rankings <br> http://www.countyhealthrankings.org/ | 2015 \& 2018 |
| Heart Disease (Adult) | Missouri Department of Health \& Senior Services https://health.mo.gov/data/mica/county-level-study/ | 2007-2017 |
| Clinical Care: <br> Professional Shortage Area | Community Commons via US Department of Health \& Human Services http://www.communitycommons.org/ | 2016 |
| Critical Care: <br> Preventable Hospital Events | Community Commons via Dartmouth College Institute for Health Policy http://www.communitycommons.org/ | 2014 |
| Leading Causes of Death | Community Commons via Centers for Disease Control and Prevention http://www.communitycommons.org/ | 2012-2016 |
| Health Outcomes and Factors; Improvements and Challenges | County Health Rankings <br> http://www.countyhealthrankings.org/ | 2015 \& 2018 |
| Health Outcome Details | Community Commons http://www.communitycommons.org/ | 2006-2013 |
| Zip Codes with Highest CNI | Dignity Health Community Needs Index http://cni.chw-interactive.org/ | 2018 |
| Health Care Resources: Hospitals | US Hospital Finder http://www.ushospitalfinder.com/ | 2018 |
| Health Care Resources: Hospitals Cost Reports | Cost Report Data https://www.costreportdata.com/ | 2018 |
| Health Care Resources: Community Health Centers | Find a Health Center http://www.ushospitalfinder.com/ | 2018 |

## APPENDIX B

## ANALYSIS OF DATA

Community Health Needs Assessment 2019

| Phelps HealthAnalysis of CHNA DataAnalysis of Health Status-Leading Causes of Death (2018) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | U.S. Crude Rates | Missouri Crude Rates | (A) <br> County <br> Crude <br> Rate | (B) <br> $10 \%$ Increase of Missouri Crude Rate | If County Rate is Greater Than 10\% over Missouri Rate, (A) > (B), then "Health Need" |
| Crawford County |  |  |  |  |  |
| Heart Disease | 194.2 | 236.1 | 368.7 | 259.7 | Health Need |
| Cancer | 185.3 | 213.2 | 269.4 | 234.5 | Health Need |
| Ischaemic Heart Disease | 115.3 | 140.0 | 284.1 | 154.0 | Health Need |
| Lung Disease | 47.0 | 63.0 | 70.8 | 69.3 | Health Need |
| Stroke | 42.2 | 49.7 | 66.8 | 54.7 | Health Need |
| Dent County |  |  |  |  |  |
| Heart Disease | 194.2 | 236.1 | 311.5 | 259.7 | Health Need |
| Cancer | 185.3 | 213.2 | 275.6 | 234.5 | Health Need |
| Ischaemic Heart Disease | 115.3 | 140.0 | 196.1 | 154.0 | Health Need |
| Lung Disease | 47.0 | 63.0 | 101.3 | 69.3 | Health Need |
| Stroke | 42.2 | 49.7 | 69.2 | 54.7 | Health Need |
| Maries County |  |  |  |  |  |
| Heart Disease | 194.2 | 236.1 | 336.6 | 259.7 | Health Need |
| Cancer | 185.3 | 213.2 | 238.5 | 234.5 | Health Need |
| Ischaemic Heart Disease | 115.3 | 140.0 | 93.6 | 154.0 |  |
| Lung Disease | 47.0 | 63.0 | 69.1 | 69.3 |  |
| Stroke | 42.2 | 49.7 | 40.1 | 54.7 |  |
| Phelps County |  |  |  |  |  |
| Heart Disease | 194.2 | 236.1 | 263.3 | 259.7 | Health Need |
| Cancer | 185.3 | 213.2 | 189.3 | 234.5 |  |
| Ischaemic Heart Disease | 115.3 | 140.0 | 181.2 | 154.0 | Health Need |
| Lung Disease | 47.0 | 63.0 | 66.1 | 69.3 |  |
| Stroke | 42.2 | 49.7 | 74.1 | 54.7 | Health Need |
| Pulaski County |  |  |  |  |  |
| Heart Disease | 194.2 | 236.1 | 137.4 | 259.7 |  |
| Cancer | 185.3 | 213.2 | 134.8 | 234.5 |  |
| Ischaemic Heart Disease | 115.3 | 140.0 | 86.4 | 154.0 |  |
| Lung Disease | 47.0 | 63.0 | 43.2 | 69.3 |  |
| Stroke | 42.2 | 49.7 | 27.0 | 54.7 |  |
| Texas County |  |  |  |  |  |
| Heart Disease | 194.2 | 236.1 | 288.6 | 259.7 | Health Need |
| Cancer | 185.3 | 213.2 | 245.8 | 234.5 | Health Need |
| Ischaemic Heart Disease | 115.3 | 140.0 | 178.1 | 154.0 | Health Need |
| Lung Disease | 47.0 | 63.0 | 84.0 | 69.3 | Health Need |
| Stroke | 42.2 | 49.7 | 75.5 | 54.7 | Health Need |

Community Health Needs Assessment 2019

| Phelps HealthAnalysis of CHNA DataAnalysis of Health Outcomes and Factors (2018) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | U.S. Crude Rates | Missouri Crude Rates | (A) <br> County <br> Crude <br> Rate | (B) <br> 10\% Increase of Missouri Crude Rate | If County Rate is Greater Than 10\% over Missouri Rate, $(\mathbf{A})>(B)$, then "Health Need" |
| Crawford County |  |  |  |  |  |
| Adult Smoking | 14.0\% | 22.0\% | 23.0\% | 24.2\% |  |
| Adult Obesity | 26.0\% | 32.0\% | 34.0\% | 35.2\% |  |
| Food Environment Index | 9 | 7 | 8 | 7 | Health Need |
| Physical Inactivity | 20.0\% | 26.0\% | 32.0\% | 28.6\% | Health Need |
| Access to Exercise Opportunities^ | 91.0\% | 77.0\% | 69.0\% | 84.7\% |  |
| Excessive Drinking | 13.0\% | 19.0\% | 16.0\% | 20.9\% |  |
| Alcohol-Impaired Driving Deaths | 13.0\% | 30.0\% | 40.0\% | 33.0\% | Health Need |
| Sexually Transmitted Infections | 145 | 477 | 280 | 525 |  |
| Teen Birth Rate | 15 | 30 | 37 | 33 | Health Need |
| Uninsured | 6.0\% | 12.0\% | 15.0\% | 13.2\% | Health Need |
| Primary Care Physicians | 1030 | 1420 | 24530 | 1562 | Health Need |
| Dentists | 1280 | 1810 | 8100 | 1991 | Health Need |
| Mental Health Providers | 330 | 590 | 2700 | 649 | Health Need |
| Preventable Hospital Stays | 35 | 57 | 62 | 63 |  |
| Diabetic Screen Rate^ | 91.0\% | 86.0\% | 86.0\% | 77.4\% |  |
| Mammography Screening^ | 71.0\% | 63.0\% | 66.0\% | 56.7\% |  |
| Children in Poverty | 12\% | 19\% | 27\% | 21\% | Health Need |
| Children in Single-Parent Households | 20.0\% | 34.0\% | 37.0\% | 37.4\% |  |
| Violent Crime Rate | 62 | 442 | 189 | 486 |  |
| Dent County |  |  |  |  |  |
| Adult Smoking | 14.0\% | 22.0\% | 23.0\% | 24.2\% |  |
| Adult Obesity | 26.0\% | 32.0\% | 35.0\% | 35.2\% |  |
| Food Environment Index | 9 | 7 | 7 | 7 |  |
| Physical Inactivity | 20.0\% | 26.0\% | 31.0\% | 28.6\% | Health Need |
| Access to Exercise Opportunitie^^ | 91.0\% | 77.0\% | 59.0\% | 84.7\% |  |
| Excessive Drinking | 13.0\% | 19.0\% | 16.0\% | 20.9\% |  |
| Alcohol-Impaired Driving Deaths | 13.0\% | 30.0\% | 21.0\% | 33.0\% |  |
| Sexually Transmitted Infections | 145 | 477 | 121 | 525 |  |
| Teen Birth Rate | 15 | 30 | 53 | 33 | Health Need |
| Uninsured | 6.0\% | 12.0\% | 16.0\% | 13.2\% | Health Need |
| Primary Care Physicians | 1030 | 1420 | 3900 | 1562 | Health Need |
| Dentists | 1280 | 1810 | 3080 | 1991 | Health Need |
| Mental Health Providers | 330 | 590 | 960 | 649 | Health Need |
| Preventable Hospital Stays | 35 | 57 | 84 | 63 | Health Need |
| Diabetic Screen Rate^ | 91.0\% | 86.0\% | 82.0\% | 77.4\% |  |
| Mammography Screening^ | 71.0\% | 63.0\% | 54.0\% | 56.7\% | Health Need |
| Children in Poverty | 12\% | 19\% | 29\% | 21\% | Health Need |
| Children in Single-Parent Households | 20.0\% | 34.0\% | 28.0\% | 37.4\% |  |
| Violent Crime Rate | 62 | 442 | 153 | 486 |  |
| $\wedge$ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative. |  |  |  |  |  |

Community Health Needs Assessment 2019

| Phelps HealthAnalysis of CHNA DataAnalysis of Health Outcomes and Factors (2018) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | U.S. Crude <br> Rates | Missouri Crude Rates | (A) <br> County Crude Rate | (B) <br> 10\% Increase of Missouri Crude Rate | If County Rate is Greater Than 10\% over Missouri Rate, $(\mathbf{A})>(B)$, then "Health Need" |
| Maries County |  |  |  |  |  |
| Adult Smoking | 14.0\% | 22.0\% | 21.0\% | 24.2\% |  |
| Adult Obesity | 26.0\% | 32.0\% | 36.0\% | 35.2\% | Health Need |
| Food Environment Index | 9 | 7 | 8 | 7 | Health Need |
| Physical Inactivity | 20.0\% | 26.0\% | 34.0\% | 28.6\% | Health Need |
| Access to Exercise Opportunities^ | 91.0\% | 77.0\% | 21.0\% | 84.7\% |  |
| Excessive Drinking | 13.0\% | 19.0\% | 16.0\% | 20.9\% |  |
| Alcohol-Impaired Driving Deaths | 13.0\% | 30.0\% | 25.0\% | 33.0\% |  |
| Sexually Transmitted Infections | 145 | 477 | 166 | 525 |  |
| Teen Birth Rate | 15 | 30 | 23 | 33 |  |
| Uninsured | 6.0\% | 12.0\% | 15.0\% | 13.2\% | Health Need |
| Primary Care Physicians | 1030 | 1420 | 8960 | 1562 | Health Need |
| Dentists | 1280 | 1810 | 2950 | 1991 | Health Need |
| Mental Health Providers | 330 | 590 | 2950 | 649 | Health Need |
| Preventable Hospital Stays | 35 | 57 | 39 | 63 |  |
| Diabetic Screen Rate^ | 91.0\% | 86.0\% | 82.0\% | 77.4\% |  |
| Mammography Screening^ | 71.0\% | 63.0\% | 67.0\% | 56.7\% |  |
| Children in Poverty | 12\% | 19\% | 23\% | 21\% | Health Need |
| Children in Single-Parent Households | 20.0\% | 34.0\% | 31.0\% | 37.4\% |  |
| Violent Crime Rate | 62 | 442 | 198 | 486 |  |
| Phelps County |  |  |  |  |  |
| Adult Smoking | 14.0\% | 22.0\% | 21.0\% | 24.2\% |  |
| Adult Obesity | 26.0\% | 32.0\% | 30.0\% | 35.2\% |  |
| Food Environment Index | 9 | 7 | 7 | 7 |  |
| Physical Inactivity | 20.0\% | 26.0\% | 30.0\% | 28.6\% | Health Need |
| Access to Exercise Opportunities^ | 91.0\% | 77.0\% | 82.0\% | 84.7\% |  |
| Excessive Drinking | 13.0\% | 19.0\% | 18.0\% | 20.9\% |  |
| Alcohol-Impaired Driving Deaths | 13.0\% | 30.0\% | 22.0\% | 33.0\% |  |
| Sexually Transmitted Infections | 145 | 477 | 348 | 525 |  |
| Teen Birth Rate | 15 | 30 | 28 | 33 |  |
| Uninsured | 6.0\% | 12.0\% | 14.0\% | 13.2\% | Health Need |
| Primary Care Physicians | 1030 | 1420 | 930 | 1562 |  |
| Dentists | 1280 | 1810 | 1780 | 1991 |  |
| Mental Health Providers | 330 | 590 | 350 | 649 |  |
| Preventable Hospital Stays | 35 | 57 | 52 | 63 |  |
| Diabetic Screen Rate ${ }^{\wedge}$ | 91.0\% | 86.0\% | 82.0\% | 77.4\% |  |
| Mammography Screening ${ }^{\wedge}$ | 71.0\% | 63.0\% | 64.0\% | 56.7\% |  |
| Children in Poverty | 12\% | 19\% | 23\% | 21\% | Health Need |
| Children in Single-Parent Households | 20.0\% | 34.0\% | 31.0\% | 37.4\% |  |
| Violent Crime Rate | 62 | 442 | 335 | 486 |  |
| $\wedge$ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative. |  |  |  |  |  |

Community Health Needs Assessment 2019
$\left.\begin{array}{|lccccc|}\hline & & \begin{array}{c}\text { Phelps Health } \\ \text { Analysis of CHNA }\end{array} \\ & \text { Analysis of } & \text { Health } & \text { Outcomes } & \text { and } & \text { Factors (2018) }\end{array}\right)$

## APPENDIX C KEY STAKEHOLDER INTERVIEW PROTOCOL

## COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) KEY INFORMANT INTERVIEW QUESTIONS

Good Morning/Afternoon. My name is $\qquad$ , from BKD. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 45 minutes although once we get into the interview it may take a little longer.

Phelps Health has retained BKD, an external audit and consulting firm, to assist in conducting a Community Health Needs Assessment. As you know, the Medical Center is committed to making a healthy difference is the lives of the members of our community. While the Community Health Needs Assessment is an IRS requirement, the Medical Center is first and foremost committed to identifying and addressing the top healthcare needs in Rolla and surrounding areas.

The first phase of a Community Health Needs Assessment includes interviewing key informants in the healthcare community who represent the broad interest of the community, populations of need, or persons with specialized knowledge in public health. You have been identified as such as person and we again greatly appreciate you taking a few minutes of your time to help the Medical Center identify and address the top healthcare needs of the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept confidential.

## Name:

Organization/Title:

## \# Of years living in the community:

$\qquad$
\# of years in current position: $\qquad$
E-mail address: $\qquad$

To get us started, can you tell me briefly about the work that you and your organization do in the community?

Thank you. Next I'll be asking you a series of questions about health and quality of life in $\qquad$ . As you consider these questions, keep in mind the broad definition of "health" adopted by the World Health Organization: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity", while sharing in local perspectives you have from your current position and rom experiences in this community.
1.) Rank the overall health and quality of life in $\qquad$ County from 1-10 compared to what you would think of as a " 10 " or perfect health:
2.) Has health and quality of life in the county improved, stayed the same or declined the past few years? Why?
3.) Are there people or groups of people in $\qquad$ County that are particularly vulnerable or where the health or quality of life may not be as good as others? If so, which people and why?
4.) What are the barriers to health and quality of life issues in $\qquad$ County?
5.) What are the most critical health and quality of life issues in $\qquad$ County?
6.) What needs to be done to address these issues?
7.) In your opinion, what else will improve the health and quality of life in $\qquad$ County?
8.) What is your assessment of the health resources available to the community?
9.) Are there any health services that are not offered locally that are needed services in the community?
10.) Our last Community Health Needs Assessment identified several needs (list out): Do you believe these needs are still an issue?
11.) Do you have any particular comments on the Medical Center as it relates to servicing the health and quality of life needs of the community?
12.) Is there anyone else that you feel we should be interviewing as part of this Community Health Needs Assessment, and if so, whom?

Thank you so much for sharing your concerns and perspectives on the health needs in our community. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in $\qquad$ County. Before we conclude the interview, Is there anything else you would like to add?

As a reminder, summary results will be made available by the Medical Center and used to develop a community-wide health improvement plan (also known as a Community Health Needs Assessment).

Thanks again for your time. It's been a pleasure to meet you.

## APPENDIX D

 DIGNITY HEALTH COMMUNITY HEALTH NEED INDEX REPORTS
## Crawford, Dent \& Texas County



http://cni.chw-interactive.org

## APPENDIX E

 COUNTY HEALTH RANKINGS
## Phelps Health

| CRAWFORD COUNTYPhelps HealthCounty Health Rankings - Health Factors |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Crawford <br> County 2015 | Crawford <br> County 2018 |  | $\begin{gathered} \text { Missouri } \\ 2018 \end{gathered}$ | Top US <br> Performers 2018 |
| Health Behaviors* | 103 | 84 | V |  |  |
| Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke | 40.0\% | 23.0\% | 1 | 22.0\% | 14.0\% |
| Adult obesity - Percent of adults that report a BMI $>=30$ | 33.0\% | 34.0\% | 1 | 32.0\% | 26.0\% |
| Food environment index ${ }^{\wedge}$ - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) | 7.5 | 7.6 | 1 | 6.7 | 8.6 |
| Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity | 26.0\% | 32.0\% | 1 | 26.0\% | 20.0\% |
| Access to exercise opportunities^ - Percentage of population with adequate access to locations for physical activity | 68\% | 69.0\% | 1 | 77.0\% | 91.0\% |
| Excessive drinking - Percent of adults that report excessive drinking in the past 30 days | N/A | 16.0\% |  | 19.0\% | 13.0\% |
| Alcohol-impaired driving deaths - \% of motor vehicle crash deaths with alcohol involvement | 37\% | 40.0\% | 1 | 30.0\% | 13.0\% |
| Sexually transmitted infections - Chlamydia rate per 100 K population | 193.0 | 279.9 | 1 | 477.4 | 145.1 |
| Teen births - female population, ages 15-19 | 54.0 | 37.0 | 1 | 30.0 | 15.0 |
| Clinical Care* | 66 | 78 | 1 |  |  |
| Uninsured adults - Percent of population under age 65 without health insurance | 19.0\% | 15.0\% | $t$ | 12.0\% | 6.0\% |
| Primary care physicians - Number of population for every one primary care physician | 8,277 | 24,530 | 1 | 1,420 | 1,030 |
| Dentists- Number of population for every one dentist | 8,181 | 8,100 | 1 | 1,810 | 1,280 |
| Mental health providers - Number of population for every one mental health provider | 2,727 | 2,700 | 1 | 590 | 330 |
| Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | 60.0 | 62.0 | 1 | 57.0 | 35.0 |
| Diabetic screening^ - Percent of diabetic Medicare enrollees that receive HbAlc screening | 86.0\% | 86.0\% | - | 86.0\% | 91.0\% |
| Mammography screening $\wedge$ - Percent of female Medicare enrollees that receive mammography screening | 61.3\% | 66.0\% | 1 | 63.0\% | 71.0\% |
| Social \& Economic Factors* | 95 | 93 | $\checkmark$ |  |  |
| High school graduation^ - Percent of ninth grade cohort that graduates in 4 years | 83.0\% | 91.0\% | 1 | 90.0\% | 95.0\% |
| Some college^ - Percent of adults aged 25-44 years with some post-secondary education | 44.3\% | 40.0\% | $\downarrow$ | 66.0\% | 72.0\% |
| Unemployment - Percent of population age 16+ unemployed but seeking work | 7.2\% | 5.3\% | $t$ | 4.5\% | 3.2\% |
| Children in poverty - Percent of children under age 18 in poverty | 30.0\% | 27.0\% | 1 | 19.0\% | 12.0\% |
| Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile | 4.3 | 4.8 | 1 | 4.6 | 3.7 |
| Children in single-parent households - Percent of children that live in household headed by single parent | 37.0\% | 37.0\% | - | 34.0\% | 20.0\% |
| Social associations^ - Number of membership associations per 10,000 population | 11.3 | 11.8 | 1 | 11.6 | 22.1 |
| Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted) | 215.0 | 189.0 | 1 | 442.0 | 62.0 |
| Injury deaths - Number of deaths due to injury per 100,000 population | 92.0 | 94.0 | 1 | 79.0 | 55.0 |
| Physical Environment* | 78 | 50 | $\downarrow$ |  |  |
| Air pollution-particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter | 10.7 | 9.5 | 1 | 9.5 | 6.7 |
| Drinking Water Violations - Percentage of population exposed to water exceeding a violation limit during the past year | 15\% | N/A | - |  |  |
| Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities | 15\% | 17.0\% | 1 | 15.0\% | 9.0\% |
| Driving alone to work - Percentage of workforce that drives alone to work | 76\% | 81.0\% | 1 | 82.0\% | 72.0\% |
| Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes | 34\% | 33.0\% | 1 | 31.0\% | 15.0\% |
| Note: N/A Indicates Missing Data <br> * Rank out of 114 Missouri counties <br> ^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative. |  |  |  | Source: Cour | entyhealthrankings.org |

## Phelps Health

| DENT COUNTYPhelps HealthCounty Health Rankings - Health Factors |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{gathered} \text { Dent County } \\ 2015 \end{gathered}$ | $\begin{gathered} \text { Dent County } \\ 2018 \end{gathered}$ |  | $\begin{gathered} \text { Missouri } \\ 2018 \end{gathered}$ | Top US <br> Performers 2018 |
| Health Behaviors* | 100 | 90 | $\checkmark$ |  |  |
| Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke | 35.0\% | 23.0\% | $\downarrow$ | 22.0\% | 14.0\% |
| Adult obesity - Percent of adults that report a BMI $>=30$ | 35.0\% | 35.0\% | - | 32.0\% | 26.0\% |
| Food environment index $\wedge$ - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) | 7.1 | 6.9 | $\downarrow$ | 6.7 | 6 |
| Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity | 34.0\% | 31.0\% | 1 | 26.0\% | 20.0\% |
| Access to exercise opportunities ${ }^{\wedge}$ - Percentage of population with adequate access to locations for physical activity | 65\% | 59.0\% | $\downarrow$ | 77.0\% | 91.0\% |
| Excessive drinking - Percent of adults that report excessive drinking in the past 30 days | N/A | 16.0\% | - | 19.0\% | 13.0\% |
| Alcohol-impaired driving deaths - \% of motor vehicle crash deaths with alcohol involvement | 16\% | 21.0\% | 1 | 30.0\% | 13.0\% |
| Sexually transmitted infections - Chlamydia rate per 100 K population | 185.0 | 121.4 | 1 | 477.4 | 145.1 |
| Teen births - female population, ages 15-19 | 52.0 | 53.0 | 1 | 30.0 | 15.0 |
| Clinical Care* | 95 | 107 | 1 |  |  |
| Uninsured adults - Percent of population under age 65 without health insurance | 20.0\% | 16.0\% | $\dagger$ | 12.0\% | 6.0\% |
| Primary care physicians - Ratio of population to primary care physicians | 3,129 | 3,900 | 1 | 1,420 | 1,030 |
| Dentists- Ratio of population to dentists | 2,247 | 3,080 | 1 | 1,810 | 1,280 |
| Mental health providers - Ratio of population to mental health providers | 1,049 | 960 | 1 | 590 | 330 |
| Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | 83.0 | 84.0 | 1 | 57.0 | 35.0 |
| Diabetic screening^ - Percent of diabetic Medicare enrollees that receive HbAlc screening | 83.0\% | 82.0\% | $\downarrow$ | 86.0\% | 91.0\% |
| Mammography screening $\wedge$ - Percent of female Medicare enrollees that receive mammography screening | 50.7\% | 54.0\% | 1 | 63.0\% | 71.0\% |
| Social \& Economic Factors* | 80 | 96 | 1 |  |  |
| High school graduation^ - Percent of ninth grade cohort that graduates in 4 years | 93.0\% | 88.0\% | $\downarrow$ | 90.0\% | 95.0\% |
| Some college^ - Percent of adults aged 25-44 years with some post-secondary education | 43.6\% | 43.0\% | $\downarrow$ | 66.0\% | 72.0\% |
| Unemployment - Percent of population age 16+ unemployed but seeking work | 6.4\% | 5.4\% | 1 | 4.5\% | 3.2\% |
| Children in poverty - Percent of children under age 18 in poverty | 34.0\% | 29.0\% | 1 | 19.0\% | 12.0\% |
| Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile | 4.2 | 4.9 | 1 | 4.6 | 3.7 |
| Children in single-parent households - Percent of children that live in household headed by single parent | 35.0\% | 28.0\% | $\downarrow$ | 34.0\% | 20.0\% |
| Social associations ${ }^{\wedge}$ - Number of membership associations per 10,000 population | 14.1 | 14.1 | - | 11.6 | 22.1 |
| Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted) | 198.0 | 153.0 | + | 442.0 | 62.0 |
| Injury deaths - Number of deaths due to injury per 100,000 population | 119.0 | 101.0 | 1 | 79.0 | 55.0 |
| Physical Environment* | 81 | 24 | $\downarrow$ |  |  |
| Air pollution-particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter | 10.4 | 9.0 | $\downarrow$ | 9.5 | 6.7 |
| Drinking Water Violations - Percentage of population exposed to water exceeding a violation limit during the past year | 3.0 | N/A | - |  |  |
| Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities | 13\% | 14.0\% | $\uparrow$ | 15.0\% | 9.0\% |
| Driving alone to work - Percentage of the workforce that drives alone to work | 86\% | 81.0\% | $\downarrow$ | 82.0\% | 72.0\% |
| Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes | 34\% | 36.0\% | 1 | 31.0\% | 15.0\% |
| Note: N/A Indicates Missing Data |  |  |  |  |  |
| * Rank out of 114 Missouri counties |  |  |  |  |  |
| Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative. |  |  |  | Source: Cou | entyhealtrrankings.org |

## Phelps Health

Community Health Needs Assessment 2019


## Phelps Health



## Phelps Health

| PULASKI COUNTYPhelps HealthCounty Health Rankings - Health Factors |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Pulaski County 2015 | Pulaski County 2018 |  | Missouri 2018 | Top US <br> Performers 2018 |
| Health Behaviors* | 80 | 75 | 1 |  |  |
| Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke | 23.0\% | 22.0\% | 1 | 22.0\% | 14.0\% |
| Adult obesity - Percent of adults that report a BMI $>=30$ | 34.0\% | 30.0\% | 1 | 32.0\% | 26.0\% |
| $\begin{array}{l}\text { Food environment index^} \text { - Index of factors that contribute to a healthy food environment, } 0 \\ \text { (worst) to } 10 \text { (best) }\end{array}$ | 6.6 | 6.6 | - | 6.7 | 6 |
| Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity | 27.0\% | 25.0\% | $t$ | 26.0\% | 20.0\% |
| Access to exercise opportunities^ - Percentage of population with adequate access to locations for physical activity | 62\% | 65.0\% | 1 | 77.0\% | 91.0\% |
| Excessive drinking - Percent of adults that report excessive drinking in the past 30 days | 22.0\% | 22.0\% | - | 19.0\% | 13.0\% |
| Alcohol-impaired driving deaths - \% of motor vehicle crash deaths with alcohol involvement | 47\% | 44.0\% | - | 30.0\% | 13.0\% |
| Sexually transmitted infections - Chlamydia rate per 100 K population | 599.0 | 621.3 | 1 | 477.4 | 145.1 |
| Teen births - female population, ages 15-19 | 33.0 | 27.0 | $\downarrow$ | 30.0 | 15.0 |
| Clinical Care* | 28 | 39 | 1 |  |  |
| Uninsured adults - Percent of population under age 65 without health insurance | 16.0\% | 11.0\% | ! | 12.0\% | 6.0\% |
| Primary care physicians - Ratio of population to primary care physicians | 3,804 | 3,330 | ! | 1,420 | 1,030 |
| Dentists- Ratio of population to dentists | 977 | 940 | 1 | 1,810 | 1,280 |
| Mental health providers - Ratio of population to mental health providers | 672 | 510 | 1 | 590 | 330 |
| Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | 50.0 | 55.0 | 1 | 57.0 | 35.0 |
| Diabetic screening^ - Percent of diabetic Medicare enrollees that receive HbAlc screening | 83.0\% | 82.0\% | $\downarrow$ | 86.0\% | 91.0\% |
| Mammography screening ${ }^{\wedge}$ - Percent of female Medicare enrollees that receive mammography screening | 48.7\% | 49.0\% | 1 | 63.0\% | 71.0\% |
| Social \& Economic Factors* | 45 | 29 | ! |  |  |
| High school graduation ${ }^{\wedge}$ - Percent of ninth grade cohort that graduates in 4 years | 85.0\% | 92.0\% | 1 | 90.0\% | 95.0\% |
|  | 66.4\% | 69.0\% | 1 | 66.0\% | 72.0\% |
| Unemployment - Percent of population age 16+ unemployed but seeking work | 7.5\% | 5.4\% | $t$ | 4.5\% | 3.2\% |
| Children in poverty - Percent of children under age 18 in poverty | 17.0\% | 17.0\% | - | 19.0\% | 12.0\% |
| Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile | 3.7 | 3.7 | - | 4.6 | 3.7 |
| Children in single-parent households - Percent of children that live in household headed by single parent | 26.0\% | 27.0\% | $\uparrow$ | 34.0\% | 20.0\% |
| Social associations^ - Number of membership associations per 10,000 population | 11.8 | 10.9 | $\downarrow$ | 11.6 | 22.1 |
| Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted) | 319.0 | 321.0 | 1 | 442.0 | 62.0 |
| Injury death - Number of deaths due to injury per 100,000 population | 71.0 | 67.0 | 1 | 79.0 | 55.0 |
| Physical Environment* | 1 | 1 |  |  |  |
| Air pollution-particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter | 10.0 | 9.3 | $\downarrow$ | 9.5 | 6.7 |
| Drinking Water Violations - Percentage of population exposed to water exceeding a violation limit during the past year | 5.0 | N/A | - |  |  |
| Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities | 12\% | 14.0\% | 1 | 15.0\% | 9.0\% |
| Driving alone to work - Percentage of the workforce that drives alone to work | 55\% | 56.0\% | $\uparrow$ | 82.0\% | 72.0\% |
| Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes | 18\% | 21.0\% | 1 | 31.0\% | 15.0\% |
| Note: N/A Indicates Missing Data |  |  |  |  |  |
| * Rank out of 114 Missouri counties |  |  |  |  |  |
| ${ }^{\wedge}$ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative. |  |  |  | Soure: Cou | ntyhealthrankings.org |

## Phelps Health

| TEXAS COUNTYPhelps HealthCounty Health Rankings - Health Factors |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{gathered} \text { Texas County } \\ 2015 \end{gathered}$ | $\begin{gathered} \text { Texas County } \\ 2018 \end{gathered}$ |  | $\begin{gathered} \text { Missouri } \\ 2018 \end{gathered}$ | Top US <br> Performers 2018 |
| Health Behaviors* | 79 | 91 | 1 |  |  |
| Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke | 31.0\% | 24.0\% | 1 | 22.0\% | 14.0\% |
| Adult obesity - Percent of adults that report a BMI $>=30$ | 32.0\% | 33.0\% | 1 | 32.0\% | 26.0\% |
| Food environment index $\wedge$ - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) | 7.0 | 7.3 | 1 | 6.7 | 8.6 |
| Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity | 35.0\% | 28.0\% | 1 | 26.0\% | 20.0\% |
| Access to exercise opportunities ${ }^{\wedge}$ - Percentage of population with adequate access to locations for physical activity | 46\% | 73.0\% | 1 | 77.0\% | 91.0\% |
| Excessive drinking - Percent of adults that report excessive drinking in the past 30 days | 11.0\% | 16.0\% | 1 | 19.0\% | 13.0\% |
| Alcohol-impaired driving deaths - \% of motor vehicle crash deaths with alcohol involvement | 17\% | 33.0\% | 1 | 30.0\% | 13.0\% |
| Sexually transmitted infections - Chlamydia rate per 100 K population | 233.0 | 198.9 | 1 | 477.4 | 145.1 |
| Teen births - female population, ages 15-19 | 56.0 | 46.0 | $\downarrow$ | 30.0 | 15.0 |
| Clinical Care* | 100 | 101 | 1 |  |  |
| Uninsured adults - Percent of population under age 65 without health insurance | 21.0\% | 16.0\% | $\downarrow$ | 12.0\% | 6.0\% |
| Primary care physicians - Ratio of population to primary care physicians | 1,985 | 2,850 | 1 | 1,420 | 1,030 |
| Dentists- Ratio of population to dentists | 6,409 | 5,160 | $t$ | 1,810 | 1,280 |
| Mental health providers - Ratio of population to mental health providers | 2,848 | 2,580 | 1 | 590 | 330 |
| Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | 76.0 | 74.0 | - | 57.0 | 35.0 |
| Diabetic screening^ - Percent of diabetic Medicare enrollees that receive HbAlc screening | 80.0\% | 84.0\% | 1 | 86.0\% | 91.0\% |
| Mammography screening ${ }^{\wedge}$ - Percent of female Medicare enrollees that receive mammography screening | 52.2\% | 49.0\% | $\downarrow$ | 63.0\% | 71.0\% |
| Social \& Economic Factors* | 91 | 100 | 1 |  |  |
|  | 87.0\% | 95.0\% | 1 | 90.0\% | 95.0\% |
| Some college^ - Percent of adults aged 25-44 years with some post-secondary education | 41.5\% | 48.0\% | 1 | 66.0\% | 72.0\% |
| Unemployment - Percent of population age $16+$ unemployed but seeking work | 6.8\% | 6.2\% | 1 | 4.5\% | 3.2\% |
| Children in poverty - Percent of children under age 18 in poverty | 38.0\% | 40.0\% | 1 | 19.0\% | 12.0\% |
| Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile | 4.1 | 4.8 | 1 | 4.6 | 3.7 |
| Children in single-parent households - Percent of children that live in household headed by single parent | 32.0\% | 29.0\% | 1 | 34.0\% | 20.0\% |
| Social associations ${ }^{\wedge}$ - Number of membership associations per 10,000 population | 13.2 | 12.5 | $\downarrow$ | 11.6 | 22.1 |
| Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted) | 81.0 | 115.0 | 1 | 442.0 | 62.0 |
| Injury death - Number of deaths due to injury per 100,000 population | 89.0 | 92.0 | 1 | 79.0 | 55.0 |
| Physical Environment* | 70 | 25 | $\downarrow$ |  |  |
| Air pollution-particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter | 10.3 | 9.2 | $\downarrow$ | 9.5 | 6.7 |
| Drinking Water Violations - Percentage of population exposed to water exceeding a violation limit during the past year | 8.0 | N/A | - |  |  |
| Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities | 13\% | 14.0\% | 1 | 15.0\% | 9.0\% |
| Driving alone to work - Percentage of the workforce that drives alone to work | 82\% | 79.0\% | + | 82.0\% | 72.0\% |
| Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes | 34\% | 33.0\% | $t$ | 31.0\% | 15.0\% |
| Note: N/A Indicates Missing Data |  |  |  |  |  |
| * Rank out of 114 Missouri counties |  |  |  |  |  |
| ${ }^{\wedge}$ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative. |  |  |  | Source: Cou | entyhealtrrankings.org |

