

Community Health Needs Assessment



Phelps Health

Fiscal Year Ending December 31, 2022



TABLE OF CONTENTS

Introduction	3
Community Health Needs Assessment (CHNA) Process.....	3
Summary of Findings and Needs in Current Year Assessment	4
General Description of Hospital.....	5
Evaluation of Prior Implementation Strategy.....	6
Community Served by the Hospital.....	7
Definition of Community.....	7
Summary of Discharges by Zip Code.....	8
Community Details	9
Geographical Map of Hospital Community.....	9
Community Population and Demographics.....	10
Socioeconomic Characteristics of the Community	12
Social Vulnerability Index.....	12
Income and Employment.....	13
Unemployment Rate.....	14
Poverty.....	14
Insurance.....	16
Education.....	17
Transportation.....	18
Physical Environment of the Community	19
Grocery Store Access/Food Deserts.....	19
Supplemental Nutrition Assistance Program Food Stores.....	20
Clinical Care of the Community	20
Preventable Hospital Events.....	20
Health Status of the Community	21
Leading Causes of Death.....	23
Health Outcomes and Factors.....	24
County Health Rankings	25
Health Outcomes and Factors	35
Obesity.....	35
Diabetes.....	36
Heart Disease.....	36
Healthcare Resources	37
Hospitals.....	37
Other Healthcare Facilities and Providers.....	37
Key Informant Interviews	38
Methodology.....	38
Key Informant Observations and Comments.....	39
Community Surveys.....	44
Information Gaps	52
Prioritization of Identified Health Needs	52
Health Outcomes and Factors.....	52
Primary Data.....	52
Health Needs of Vulnerable Populations.....	53
Prioritization Grid.....	54

Management’s Prioritization Process.....	55
Dignity Health Community Need Index (CNI) Report.....	56
Map of CNI Scores.....	56
Appendices.....	58
Key Informant Interview Survey Questions.....	58

INTRODUCTION

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

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

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

The CHNA process involved:

- An evaluation of the implementation strategy for the needs assessment completed in 2019
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics and healthcare resources
- Interviews with key informants who represent a) broad interests of the community, b) population of need or c) persons with specialized knowledge in public health

This document is a summary of all the available evidence collected during the community health needs assessment conducted in tax year 2022. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve to prioritize the community's health needs and will aid in planning to meet those needs.

SUMMARY OF FINDINGS AND NEEDS IN CURRENT YEAR

Community health improvement efforts are most successful when they are grounded in collective impact, where structured collaborative efforts yield substantial impact on a large-scale social problem. Collective impact focuses on cooperation, collaboration and partnership to help achieve common priorities and inform partners' investment strategies.

Hospital facilities must take into account input from people who represent the broad interests of its community, including those with special knowledge of or expertise in public health.

Phelps Health engaged FORVIS to conduct a formal community health needs assessment (CHNA). FORVIS is a national CPA and advisory firm with more than 5,500 employees, with 70 offices in 28 states. FORVIS serves more than 1,000 hospitals and healthcare systems across the nation.

This CHNA was conducted in 2022.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of Phelps Health's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the prior community health needs assessment was completed, and an implementation strategy scorecard was prepared to understand the effectiveness of the Hospital's current strategies and programs.
- The "community" served by the Hospital was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in Community Served by the Hospital.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. 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.
- Community input was provided through key informant interviews. Results and findings are described in the Key Informant section of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons, minority groups and the community as a whole. Health needs were ranked utilizing a method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of the problem and 4) alignment of the problem with the Hospital's goals and resources (ability to address the issues).
- An inventory of healthcare facilities and other community resources potentially available to significant health needs identified through the CHNA was prepared, and collaborative efforts were identified.

General Description of Hospital

Phelps Health serves over 200,000 residents in south-central Missouri. Phelps Health is county-owned, non-tax supported and is overseen by a five-member elected board. Phelps Health employs more than 1,900 people, including more than 100 physicians and advanced practice providers.

Phelps Health, which includes a hospital licensed for 242 patient beds, serves a six-county area, with its main campus and several clinics located in Rolla, Missouri. Phelps Health also has clinics in Salem, St. James, Vienna and Waynesville, Missouri. More information is available at phelpshealth.org.



The Delbert Day Cancer. Photo provided by Phelps Health.

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

In 2021 Phelps Health added a walk-in clinic in Rolla. The clinic offers immediate care and services such as physicals, vaccines, and return-to-work or -school evaluations.

MISSION

To provide high-quality, accessible healthcare

VISION

Phelps Health will be a preferred health system.

VALUES

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

Evaluation of Prior Implementation Strategy

The implementation strategy for fiscal year (FY) ending December 31, 2019, focused on three identified health needs. Action plans and activities for each of the strategies are summarized below. Based on Phelps Health's evaluation for the FY ending December 31, 2022, Phelps Health has either met goals or is still in the process of meeting their goals for each strategy listed. Phelps Health continues to track activities and evaluate progress to reach implementation strategy goals through the end of FY 2022.

1. Mental Health Providers

- a. Collaborated with the sheriff's department on opioid community outreach
- b. Participated in the prescription drug take back program
- c. Collaborated with Four Rivers Community Health Center and Meramec Regional Planning Commission on their HRSA and DOJ grants to promote educational programs for opioid-affected youth
- d. Forrest Rackham, PsyD, provided mental health resources and education to the public
- e. Phelps Health participated on a local and state panel hosted by the University of Missouri Extension as the rural health expert to discuss the opioid crisis
- f. Phelps Health partnered with Missouri University of Science and Technology (Missouri S&T) on a senior design/practicum course that enabled undergraduate and graduate students to work with the hospital to assess community perceptions about the opioid epidemic and develop an education plan to address certain perceptions
- g. Sonja Williams, DO, provided mindfulness information for public education

2. Primary Care Providers

- a. Opened Phelps Health Immediate Care Rolla
- b. Opened Phelps Health Medical Group Salem Clinic and increased primary care providers (PCP)
- c. Began telehealth services to meet patient needs
- d. Phelps Health EnrollU offered education and services to the public
- e. Care Management program helped patients establish a PCP and schedule appointments
- f. Emergency Department staff scheduled PCP appointments for patients
- g. Increased the coordination of Care Management protocols across the discharge process to include the patient's PCP
- h. Engaged Annual Wellness Visits for Medicare population
- i. Built Chronic Care Management Program for Medicare population
- j. Engaged Transitional Care Management Program for Medicare population or patients
- k. Completed a marketing campaign targeted on public education around establishing a PCP
- l. Advanced research on Enhanced Recovery After Surgery (ERAS) techniques to reduce procedural opioid consumption in patients receiving surgery through 13 distinct research efforts

3. Heart Disease

- a. Interventional Cardiology available 24/7
- b. Additional staff hired to meet the needs of additional cardiologists
- c. Established a second cardiac catheterization laboratory
- d. Rotablator purchased for hard calcified plaque removal in coronary arteries
- e. Penumbra device purchased for coronary artery thrombus removal
- f. Intravascular lithotripsy for breaking up hard calcified plaques in peripheral arteries
- g. Purchased software from Philips called the Coronary Roadmap. This provides an overlay of the coronary arteries on your live screen during cardiac cath cases. The Coronary Roadmap helps to reduce contrast usage, which is important for renal patients.
- h. Provided recipe cards for cardiology patients to educate them on nutrition
- i. Cardiologists rounded at other rural facilities and provided education
- j. STEMI education to Phelps Health employees
- k. STEMI education to the public via radio broadcast

Summary of 2022 Needs Assessment Findings

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

Identified Community Health Needs

1. Community wellness
2. Access to care

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

Community Served by the Hospital

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

Definition of Community

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

Based on the patient origin of inpatient discharges from January 1, 2021, to December 31, 2021, management has identified the community to include the corresponding counties for zip codes listed in the tables on the following pages.

Phelps County Inpatient Discharges			
Zip Code	City	Total Discharges	Percent of Total
65401	Rolla	2,584	32.4%
65559	Saint James	723	9.07%
65550	Newburg	243	3.05%
65462	Edgar Springs	122	1.53%
65402	Rolla	101	1.26%
65436	Beulah	8	0.10%
65529	Jerome	6	0.07%
65461	Duke	3	0.03%
Total Phelps County		3,790	47.57%

Texas County Inpatient Discharges			
Zip Code	City	Total Discharges	Percent of Total
65542	Licking	203	2.54%
65483	Houston	70	0.87%
65555	Raymondville	34	0.42%
65552	Plato	27	0.33%
65570	Success	22	0.27%
65444	Bucyrus	19	0.23%
65571	Summersville	8	0.10%
65557	Roby	7	0.08%
65479	Hartshorn	6	0.07%
65689	Cabool	7	0.08%
65589	Yukon	2	0.02%
65464	Elk Creek	3	0.03%
65484	Huggins	5	0.06%
Total Texas County		413	5.18%

Pulaski County Inpatient Discharges			
Zip Code	City	Total Discharges	Percent of Total
65583	Waynesville	457	5.73%
65584	Saint Robert	389	4.88%
65459	Dixon	382	4.79%
65452	Crocker	76	0.95%
65556	Richland	69	0.86%
65534	Laquey	41	0.51%
65473	Fort Leonard Wood	35	0.43%
65457	Devils Elbow	7	0.08%
Total Pulaski County		1,456	18.27%

Crawford County Inpatient Discharges			
Zip Code	City	Total Discharges	Percent of Total
65453	Cuba	201	2.52%
65565	Steelville	155	1.94%
63080	Sullivan	48	0.60%
65441	Bourbon	39	0.48%
65449	Cook Station	23	0.28%
65535	Leasburg	23	0.28%
65446	Cherryville	15	0.18%
65456	Davisville	10	0.12%
Total Crawford County		514	6.45%

Dent County Inpatient Discharges			
Zip Code	City	Total Discharges	Percent of Total
65560	Salem	656	8.23%
63629	Bunker	51	0.64%
65440	Boss	16	0.20%
65501	Jadwin	15	0.18%
65541	Lenox	8	0.10%
Total Dent County		746	9.36%

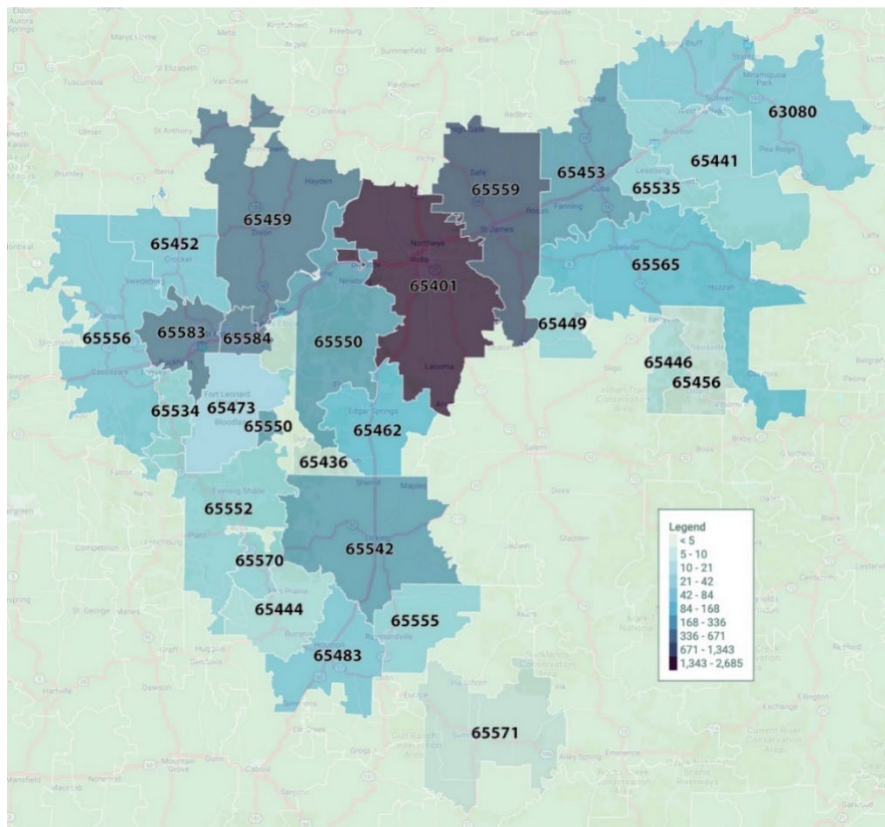
Maries County Inpatient Discharges			
Zip Code	City	Total Discharges	Percent of Total
65013	Belle	81	1.01%
65582	Vienna	65	0.81%
65580	Vichy	54	0.67%
Total Maries County		200	2.51%

All Others	848	10.64%	Total Discharges	7,967	100.00%
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COMMUNITY DETAILS

Identification and Description of Geographical Community

The geographic area of the defined community, based on the identified zip codes, includes Crawford, Dent, Maries, Phelps, Pulaski and Texas counties (community). The community health needs assessment will utilize these six counties with all or significant portions included in the community. The following map illustrates the geographic area, with discharges by zip codes.



Community Population and Demographics

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

Demographic Characteristics				
Total Population		Population by Gender		
Area	Population	Area	Male %	Female %
Crawford County	23,984	Crawford County	49.0	51.0
Dent County	15,518	Dent County	49.6	50.4
Maries County	8,791	Maries County	50.1	49.9
Phelps County	44,587	Phelps County	52.6	47.4
Pulaski County	52,359	Pulaski County	56.9	43.1
Texas County	25,518	Texas County	51.9	49.1
Total Community	170,757	Total Community	52.9	47.1
Missouri	6,124,160	Missouri	49.0	51.0
United States	326,569,308	United States	49.24	50.76

Source: U.S. Census Bureau, American Community Survey. 2016-20. Source geography: Tract

Age Distribution									
Age Group	Crawford Percent	Dent Percent	Maries Percent	Phelps Percent	Pulaski Percent	Texas Percent	Community Percent	Missouri Percent	U.S. Percent
0 - 4	5.69	5.61	4.52	5.47	6.55	5.59	5.81	6.06	6.02
5 - 17	17.12	16.72	15.98	15.57	15.36	15.99	15.91	16.47	16.43
18 - 24	7.30	6.59	7.37	16.52	21.94	7.37	14.15	9.27	9.32
25 - 34	11.10	9.98	9.91	11.79	18.52	11.02	13.38	13.37	13.93
35 - 44	11.84	10.81	11.77	10.69	11.76	11.52	11.37	12.18	12.66
45 - 54	12.50	12.34	13.17	11.01	8.94	12.75	11.08	12.29	12.72
55 - 64	14.92	16.06	15.61	12.79	8.33	15.00	12.49	13.49	12.89
65+	19.53	21.88	21.67	16.17	8.58	20.76	15.80	16.87	16.03

Source: U.S. Census Bureau, American Community Survey. 2016-20. Source geography: Tract

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

Population by Race (percent)							
	White	Black, African American	Asian	Native American or Alaska Native	Asian, Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Crawford County	96.16	0.58	0.30	0.05	0.48	0.73	1.69
Dent County	93.99	0.64	0.59	0.80	0.00	0.61	3.37
Maries County	98.52	0.31	0.33	0.28	0.00	0.14	0.42
Phelps County	89.17	2.06	3.68	0.73	0.00	0.26	4.12

Pulaski County	75.09	11.17	2.74	0.98	0.71	2.62	6.70
Texas County	92.03	2.01	1.83	0.97	0.04	0.48	2.63
Total Community	87.18	4.42	2.19	0.73	0.29	1.11	4.09
Missouri	81.29	11.40	2.02	0.40	0.15	1.25	3.50
United States	70.42	12.62	5.64	0.82	0.19	5.14	5.17

Source: U.S. Census Bureau, American Community Survey. 2016-20. Source geography: Tract

Population by Ethnicity				
	Hispanic or Latino Total	Hispanic or Latino Percent	Non-Hispanic Total	Non-Hispanic Percent
Crawford County	497	5.11	23,487	97.93
Dent County	276	2.07	15,242	98.22
Maries County	291	1.78	8,500	96.69
Phelps County	1,179	3.31	43,408	97.36
Pulaski County	5,927	2.64	46,432	88.68
Texas County	560	11.32	24,958	97.81
Total Community	8,730	2.19	162,027	94.89
Missouri	262,677	4.29	5,861,483	95.71
United States	59,361,020	18.18	267,208,288	81.82

Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

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

Urban vs. Rural Population				
	Total Urban	Percent Urban	Total Rural	Percent Rural
Crawford County	6,592	26.69	18,104	73.31
Dent County	4,921	31.43	10,736	68.57
Maries County	0	0.00	9,176	100.00
Phelps County	24,283	53.78	20,873	46.22
Pulaski County	29,257	55.97	23,017	44.03
Texas County	205	0.79	25,803	99.21
Total Community	65,258	37.73	107,709	62.27
Missouri	4,218,371	70.44	1,770,556	29.56
United States	252,746,527	80.89	59,724,800	19.11

Source: U.S. Census Bureau, Decennial Census. 2010. Source geography: Tract

SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

Social Vulnerability Index

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

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

County	SVI Score	Level of Vulnerability
Crawford County	0.5764	moderate to high level of vulnerability
Dent County	0.6312	moderate to high level of vulnerability
Maries County	0.5118	moderate to high level of vulnerability
Phelps County	0.6596	moderate to high level of vulnerability
Pulaski County	0.6503	moderate to high level of vulnerability
Texas County	0.8303	high level of vulnerability

Source: <https://svi.cdc.gov/map.html>, 2018

Language

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

The following table reports the percentage of the population ages 5 and older who speak a language other than English at home and speak English less than "very well." This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications and health literacy/education. Of the 160,828 total population 5 and older in the report area, 2,760 or 1.72% have limited English proficiency.

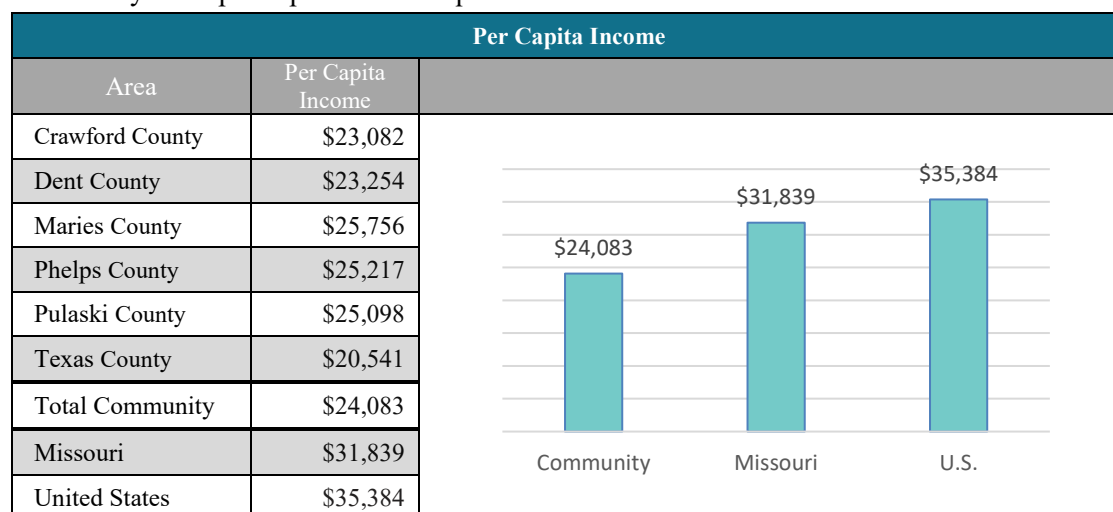
Limited English Proficiency (LEP)			
Area	Population Ages 5 and Older	Population Age 5 and Older With LEP	Population Ages 5 and Older With LEP Percent
Crawford County	22,620	160	0.71
Dent County	14,647	26	0.18
Maries County	8,394	165	1.97
Phelps County	42,146	997	2.37
Pulaski County	48,929	1,263	2.58
Texas County	24,092	149	0.62
Total Community	160,828	2,760	1.72
Missouri	5,753,114	125,479	2.18
United States	306,919,116	25,312,024	8.25

Source: US Census Bureau, American Community Survey. 2016-2020. Source geography: Tract

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

Income and Employment

The table and chart below present the per capita income for the community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. None of the counties within the community has a per capita income equal to the state of Missouri or the United States.



Note: This indicator is compared to the state average.
 Data Source: U.S. Census Bureau, American Community Survey, 2016-20. Source geography: Tract

Employment by Major Industries						
Major Industries	Crawford Percent	Dent Percent	Maries Percent	Phelps Percent	Pulaski Percent	Texas Percent
Educational Services	7.9	9.8	9.2	18.4	9.6	8.7
Healthcare and Social Assistance	12.5	21.8	13.4	15.2	12.8	17.2
Retail Trade	13.2	14.4	15.8	12.9	14.4	12.9
Accommodation and Food Services	9.0	6.0	1.2	8.3	14.7	5.0
Manufacturing	18.8	12.0	12.6	9.3	9.3	9.7
Public Administration	3.7	3.5	9.2	6.9	14.1	7.2
Construction	7.6	5.4	11.7	4.5	5.2	7.3
Transportation and Warehousing	3.3	2.1	4.9	4.5	2.7	5.0
Other Services Except Public Administration	4.5	4.9	6.3	4.8	3.5	4.8
Finance and Insurance	3.0	2.1	0.9	2.9	1.9	2.7
Administrative and Support	3.8	2.3	1.3	2.6	2.4	3.7

Source: Census Bureau [ACS 5-year Estimate](https://datausa.io) via datausa.io, 2022

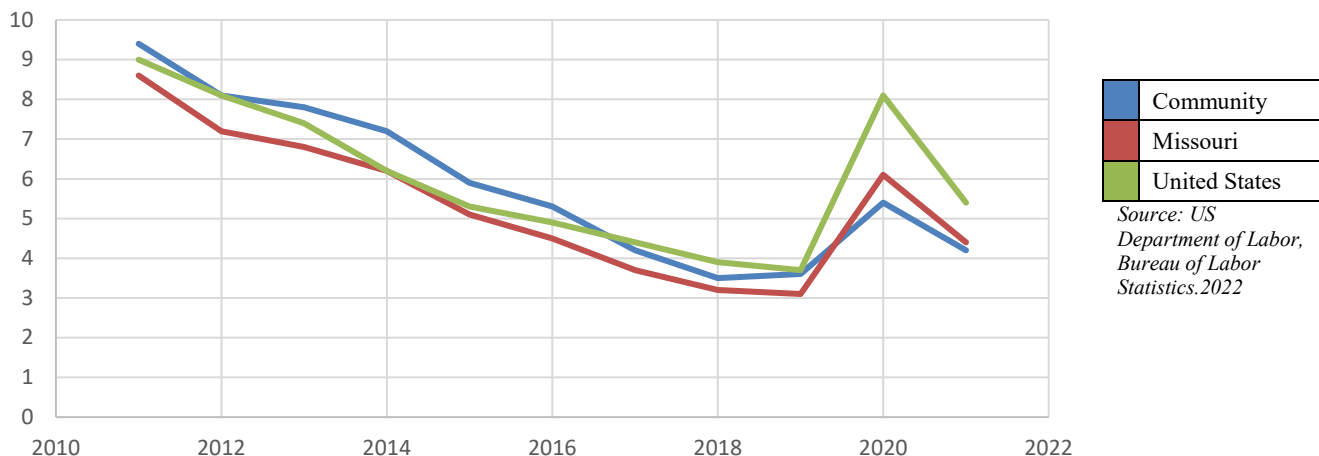
Unemployment Rate

The table below displays the data from June 2022, showing the average annual unemployment rates for the community with comparisons to Missouri and the United States. This includes all noninstitutionalized individuals ages 16 and older. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food and other necessities that contribute to poor health status.

Unemployment Rate			
Area	Labor Force	Number Employed	Unemployment Rate June 2022
Crawford County	10,899	10,615	2.5%
Dent County	6,425	6,243	2.9%
Maries County	3,924	3,838	3.8%
Phelps County	20,048	19,627	2.3%
Pulaski County	14,559	14,185	2.7%
Texas County	9,134	8,895	2.6%
Total Community	64,989	63,403	2.8%
Missouri	3,065,159	2,990,387	2.8%
United States	164,654,409	159,125,977	3.5%

Source: U.S. Department of Labor, Bureau of Labor Statistics. <https://fred.stlouisfed.org/series/MOPHURN>, June 2022

Average Annual Unemployment Rate 2011-2021



Source: US Department of Labor, Bureau of Labor Statistics. 2022

Poverty

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

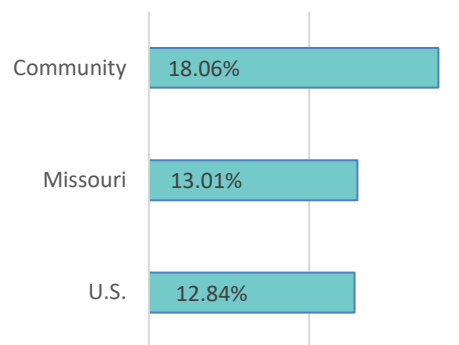
Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health status.

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

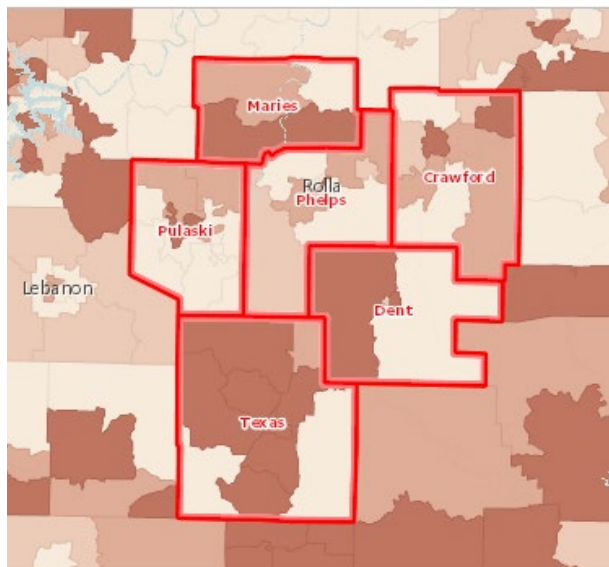
Low-income residents may delay or avoid pursuing medical attention until issues reach a critical stage, creating a greater demand on the community’s medical resources. This may include dependence on emergency rooms for what should be routine primary care. In addition, uninsured or low-income individuals’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

The table below shows the total and percent of individuals living below 100% of the FPL. Within the community, 18.06% or 28,146 individuals for whom poverty status is determined are living in households with income below the FPL.

Population Below 100% FPL			
	Total Population	Population in Poverty	Population in Poverty Percent
Crawford County	23,491	4,175	17.77
Dent County	15,326	2,765	18.04
Maries County	8,714	1,532	17.58
Phelps County	41,398	8,111	19.59
Pulaski County	42,840	6,184	14.44
Texas County	24,065	5,379	22.35
Total Community	155,834	28,146	18.06
Missouri	5,942,813	772,992	13.01
United States	318,564,128	40,910,326	12.84



Source: U.S. Census Bureau, American Community Survey. 2016-20. Source geography: Tract



Population Below the Poverty Level, Children (Ages 0-17), Percent by Tract, ACS 2016-2020

Over 30.0%
22.6-30.0%
15.1-22.5%
Under 15.1%

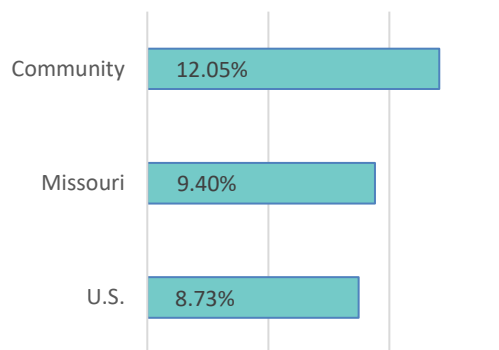
Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract

Insurance

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

In the community, 12.05% of the total civilian non-institutionalized population is without health insurance coverage. The rate of uninsured persons in the report area is higher than the state average of 9.4% and higher than the national average of 8.73%.

Uninsured Population			
	Population for Whom Insurance Status Is Determined	Uninsured Population Total	Uninsured Population Percent
Crawford County	23,587	3,266	12.05%
Dent County	15,354	2,384	13.85%
Maries County	8,723	1,218	15.53%
Phelps County	43,885	3,404	13.96%
Pulaski County	39,456	4,107	7.76%
Texas County	24,196	4,327	10.41%
Total Community	155,201	18,706	12.05%
Missouri	6,011,968	565,099	9.40%
United States	321,525,041	28,058,903	8.73%



Source: U.S. Census Bureau, American Community Survey, 2016-2020

SNAP Benefits - Population Receiving SNAP (SAIPE)

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

SNAP (SAIPE)		
	Population Receiving SNAP	Percent Receiving SNAP
Crawford County	3,849	16.1
Dent County	2,475	15.9
Maries County	692	8.0
Phelps County	4,829	10.8
Pulaski County	4,890	9.3
Texas County	3,450	13.6
Total Community	20,185	11.8
Missouri	693,675	11.3
United States	38,537,386	11.7

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates. 2019. Source geography: County

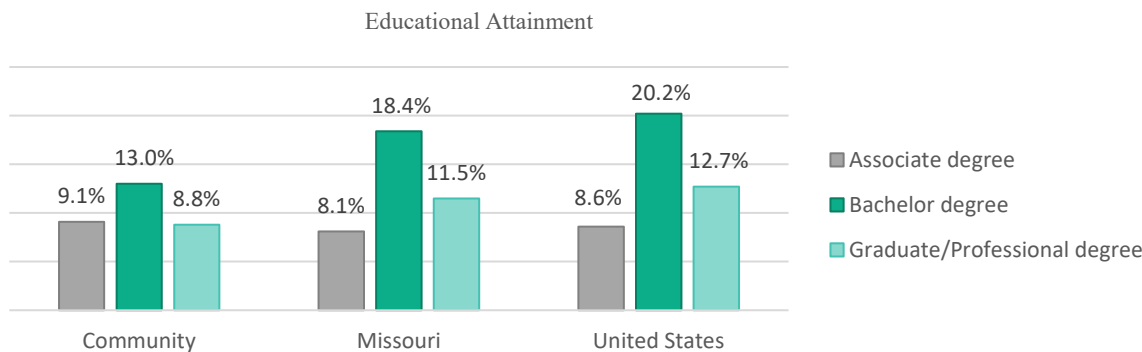
Education

The following data shows the estimated educational attainment with a high school diploma or higher. This is relevant because educational attainment has been linked to positive health outcomes. Attainment shows the distribution of the highest level of education achieved and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering and mathematics opportunities. Education levels obtained by community residents may impact the local economy. Higher levels of education, including an associate degree and higher, generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. Information for the table below is calculated for persons over 25 and is an estimated average from the period 2014-2020.

Educational Attainment – Population Age 25 and Older					
	Percent With High School Diploma	Percent With Some College	Percent With Associate's Degree	Percent With Bachelor's Degree	Percent With Graduate or Professional Degree
Crawford County	40.8	19.8	9.2	8.4	3.5
Dent County	39.2	22.5	7.4	8.8	6.1
Maries County	39.3	19.6	9.2	10.0	5.8
Phelps County	30.2	20.7	9.0	16.5	13.4
Pulaski County	28.8	25.1	11.6	16.9	10.9
Texas County	39.2	24.0	6.4	9.1	5.7

Total Community	34.4	22.4	9.1	13.0	8.8
Missouri	30.6	22.0	8.1	18.4	11.5
United States	26.7	20.3	8.6	20.2	12.7

Source: U.S. Census Bureau, American Community Survey. 2016-2020. Source geography: County



Transportation (Commuter Travel Patterns - Overview)

Transportation is a critical social determinant of health. The American Hospital Association says that each year, more than 3.5 million people do not receive adequate medical care due to transportation issues. These issues may include access to vehicles, long distances to needed services and costs associated with travel. Transportation issues can be worse in rural communities where individuals may live long distances from providers. This information highlights how vital the transportation network is to people's daily routines and conveys information about the efficiency of the public transportation network.

This indicator shows the method of transportation workers used to travel to work for the report area. Of the 75,397 workers in the report area, 72.9% drove to work alone while 9.7% carpoolled. Fewer than 10% (9.3%) walked or rode a bicycle to work.

Commuting Patterns				
	Workers 16 Years and Older	Percent Driving Alone	Percent Carpooling	Percent Bicycling or Walking
Crawford County	9,347	78.7	14.1	1.7
Dent County	6,380	86.4	7.3	1.0
Maries County	3,606	77.1	14.4	1.6
Phelps County	18,248	78.8	11.6	5.0
Pulaski County	26,608	61.3	6.0	19.6
Texas County	9,209	79.3	12.8	2.5
Total Community	75,397	72.9	9.7	9.3
Missouri	2,897,593	80.8	8.4	2.1
United States	153,665,654	74.9	8.9	3.1

Source: U.S. Census Bureau, American Community Survey. 2016-2020. Source geography: Tract

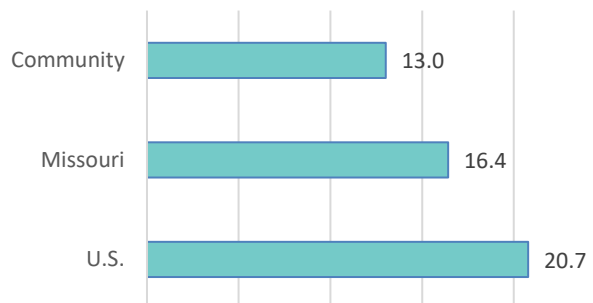
PHYSICAL ENVIRONMENT OF THE COMMUNITY

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

Grocery Store Access

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

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



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

Food Deserts

The table below reports the number of neighborhoods in the report area that are within food deserts. The United States Department of Agriculture (USDA) Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets or vehicle access. The report area has a population of 49,564 living in food deserts and a total of 9 census tracts classified as food deserts by the USDA.

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

United States	9,293	39,074,974
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Source: U.S. Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.

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

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

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

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 uninsured, 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.

Preventable Hospital Events

The data below reports the preventable hospital rate of Medicare beneficiaries. Preventable hospital stays include admission for these conditions: diabetes with short-term and long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia or urinary tract infection. These represent conditions where hospitalization could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of preventable discharges demonstrates a possible “return on investment” from interventions that reduce admissions (for example, uninsured or Medicaid patients) through better access to primary care resources.

The data on the table below reports the preventable hospital rate of Medicare beneficiaries.

Preventable Hospital Events		
	Total Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000
Crawford County	5,718	3,045
Dent County	3,930	4,863
Maries County	1,942	3,027
Phelps County	8,395	4,239
Pulaski County	6,234	2,427
Texas County	6,226	3,928
Total Community	32,445	3,624
Missouri	1,169,081	3,111
United States	57,235,207	2,865

Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020. Source geography: County

Population Living in a Health Professional Shortage Area

The Department of Health and Human Services measure the population within designated areas. Two measurements are used: FTE Shortage – the number of full-time equivalent (FTE) practitioners needed within an area so that it will achieve the population-to-practitioner target ratio, and HPSA Score – this represents the Health Professional Shortage Area (HPSA) Score developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score, the greater the priority.

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

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

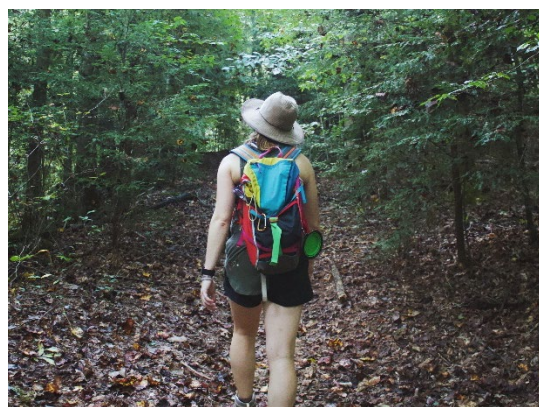
HEALTH STATUS OF THE COMMUNITY

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

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health.

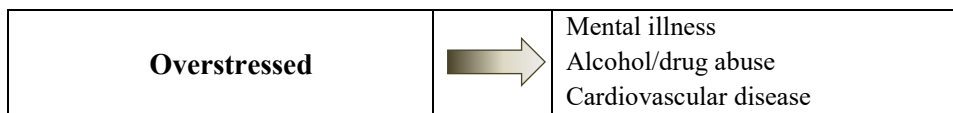
Community health includes both the physical and social environment in which individuals live, work and play. Community health is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community’s most essential resources.

Numerous factors have a significant impact on an individual’s health status, including: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate healthcare and medical services. The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and healthcare providers.



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

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



Studies by the American Society of Internal Medicine conclude that up to 70% 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 and 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.

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, federal 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 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 healthcare resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

The following table reflects the leading causes of death for the community as compared to the rates of Missouri and the United States, per hundred thousand. Figures represent a 2016-2020 5-year average. Figures are reported as rates, age-adjusted to year 2000 standard. Data was last updated in 2020.

Selected Causes of Resident Deaths: Number and Crude Rate						
	Report Area		Missouri		United States	
	5-Year Total Deaths	Adjusted Rate	5-Year Total Deaths	Adjusted Rate	5-Year Total Deaths	Adjusted Rate
Cancer	1,832	177.9	64,487	163.3	2,998,371	149.4
Coronary Heart Disease	1,284	121.3	41,078	104.2	1,838,830	91.5
Lung Disease	641	63.8	19,545	49.2	783,919	39.1
Motor Vehicle Crash	156	17.7	4,756	15.3	193,691	11.5
Poisoning	299	38.2	8,259	28.2	389,651	24.0
Stroke	415	40.1	15,573	39.6	746,604	37.6
Suicide	163	20.6	5,780	13.8	233,972	13.8
Unintentional Injury	597	70.7	19,744	61.4	872,432	50.4

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

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.

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.

Healthcare has been overwhelmingly impacted by COVID-19. Hospitals on the front line of caring for patients were strained as they swiftly responded to infection rates. Canceled and delayed routine procedures created substantial financial loss for many hospitals and providers.

Hospitals are seeing more high-acuity inpatient cases that require longer lengths of stay than prior to the pandemic. Doctors, nurses and other providers have experienced intense pressure. Detrimental effects include high rates of infection, anxiety and depression.

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 considered to be 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). As part of the analysis of the needs assessment for the community, data from counties within the report area will be used to compare the relative health status of the county to the state of Missouri.

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



















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

The tables below show how changes in the county included in the community’s health outcomes have increased, decreased or stayed the same from the prior community health needs assessment. Data is based on calendar years 2018-2022.

County Health Rankings – Crawford County					
<i>Mortality*</i>	Crawford County 2018	Crawford County 2022		Missouri	U.S. Top Performers
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,000	11,000		8,900	5,600
<i>Morbidity*</i>					
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	21%	24%		15%	18%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	5.0	5.2		3.4	4.0
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.9	5.5		4.0	4.9
Low birth weight - Percent of live births with low birth weight (<2,500 grams)	8%	8%		6%	9%

*Data should not be compared with prior years. Source: Countyhealthrankings.org

<i>Health Behaviors</i>	Crawford County 2018	Crawford County 2022		Missouri	U.S. Top Performers
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that currently smoke	23%	27%		20%	15%
Adult obesity – Percent of adults that report a BMI >= 30	34%	38%		35%	30%
Food environment index [^] – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.6	7.2		6.7	8.8
Physical inactivity – Percent of adults ages 20 and over reporting no leisure time or physical activity	32%	37%		30%	23%
Access to exercise opportunities [^] – Percentage of population with adequate access to locations for physical activity	69%	53%		70%	86%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	16%	18%		19%	15%
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement	40%	27%		28%	10%
Sexually transmitted infections – Chlamydia rate per 100,000 population	279.9	229.9		560.8	161.8
Teen births – Female population, ages 15-19	37	30		23	11

<i>Clinical Care</i>	Crawford County 2018	Crawford County 2022		Missouri	U.S. Top Performers
Uninsured adults – Percent of population under age 65 without health insurance	15%	16%		14%	7%
Primary care physicians – Number of population for every one primary care physician	24,530	23,920		1,400	1,010
Dentists – Number of population for every one dentist	8,100	7,910		1,650	1,210
Mental health providers – Number of population for every one mental health provider	2,700	2,640		460	250
Mammography screening [^] – Percent of female Medicare enrollees that receive mammography screening	66%	41%		45%	52%
<i>Social and Economic Factors</i>	Crawford County 2018	Crawford County 2022		Missouri	U.S. Top Performers
High school graduation [^] – Percent of ninth-grade cohort that graduate in 4 years	91%	91%	—	91%	96%
Some college [^] – Percent of adults ages 25-44 years with some postsecondary education	40%	48%		67%	74%
Unemployment – Percent of population age 16+ unemployed but seeking work	5.3%	6.4%		6.1%	4.0%
Children in poverty – Percent of children under age 18 in poverty	27%	22%		16%	9%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.8	4.7		4.5	3.7
Children in single-parent households – Percent of children that live in a household headed by a single parent	37%	25%		25%	14%
Social associations [^] – Number of membership associations per 10,000 population	11.8	11.7		11.5	18.1
Violent Crime Rate – Violent crime rate per 100,000 population (age-adjusted)	189	163		481	63
Injury deaths – Number of deaths due to injury per 100,000 population	94	112		96	61
<i>Physical Environment</i>	Crawford County 2018	Crawford County 2022		Missouri	U.S. Top Performers
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	9.5	8.1		8.2	5.9
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	17%	15%		13%	9%
[^] Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative. Note: N/A indicates unreliable or missing data. Source: Countyhealthrankings.org 2022					

County Health Rankings – Dent County					
<i>Mortality*</i>	Dent County 2018	Dent County 2022		Missouri	U.S. Top Performers
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	11,000	12,100		8,900	5,600
<i>Morbidity*</i>					
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	20%	24%		15%	18%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.8	5.1		3.4	4.0
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.6	5.5		4.0	4.9
Low birth weight - Percent of live births with low birth weight (<2,500 grams)	8%	9%		6%	9%

*Data should not be compared with prior years. Source: Countyhealthrankings.org

<i>Health Behaviors</i>	Dent County 2018	Dent County 2022		Missouri	U.S. Top Performers
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that currently smoke	23%	26%		20%	15%
Adult obesity – Percent of adults that report a BMI >= 30	35%	39%		35%	30%
Food environment index [^] – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.9	6.5		6.7	8.8
Physical inactivity – Percent of adults ages 20 and over reporting no leisure time or physical activity	31%	36%		30%	23%
Access to exercise opportunities [^] – Percentage of population with adequate access to locations for physical activity	59%	59%	—	70%	86%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	16%	17%		19%	15%
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement	21%	21%	—	28%	10%
Sexually transmitted infections – Chlamydia rate per 100,000 population	121.4	237.6		560.8	161.8
Teen births – Female population, ages 15-19	53	33		23	11
<i>Clinical Care</i>	Dent County 2018	Dent County 2022		Missouri	U.S. Top Performers
Uninsured adults – Percent of population under age 65 without health insurance	16%	20%		14%	7%
Primary care physicians – Number of population for every one primary care physician	3,900	3,890		1,400	1,010
Dentists – Number of population for every one dentist	3,080	5,160		1,650	1,210
Mental health providers – Number of population for every one mental health provider	960	740		460	250

Mammography screening [^] – Percent of female Medicare enrollees that receive mammography screening	54%	40%		45%	52%
<i>Social and Economic Factors</i>	Dent County 2018	Dent County 2022		Missouri	U.S. Top Performers
High school graduation [^] – Percent of ninth-grade cohort that graduates in 4 years	88%	98%		91%	96%
Some college [^] – Percent of adults ages 25-44 years with some postsecondary education	43%	50%		67%	74%
Unemployment – Percent of population age 16+ unemployed but seeking work	5.4%	4.8%		6.1%	4.0%
Children in poverty – Percent of children under age 18 in poverty	29%	22%		16%	9%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.9	4.8		4.5	3.7
Children in single-parent households – Percent of children that live in a household headed by a single parent	28%	23%		25%	14%
Social associations [^] – Number of membership associations per 10,000 population	14.1	9.0		11.5	18.1
Violent Crime Rate – Violent crime rate per 100,000 population (age-adjusted)	153	93		481	63
Injury deaths – Number of deaths due to injury per 100,000 population	101	114		96	61
<i>Physical Environment</i>	Dent County 2018	Dent County 2022		Missouri	U.S. Top Performers
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	9.0	7.9		8.2	5.9
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	14%	11%		13%	9%
[^] Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative. Note: N/A indicates unreliable or missing data. Source: Countyhealthrankings.org 2022					

County Health Rankings – Maries County					
<i>Mortality*</i>	Maries County 2018	Maries County 2022		Missouri	U.S. Top Performers
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,100	9,400		8,900	5,600
<i>Morbidity*</i>					
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	19%	21%		15%	18%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.8	4.7		3.4	4.0
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days	4.4	5.2		4.0	4.9

(age-adjusted)					
Low birth weight - Percent of live births with low birth weight (<2,500 grams)	7%	7%	—	6%	9%

*Data should not be compared with prior years. Source: Countyhealthrankings.org

<i>Health Behaviors</i>	Maries County 2018	Maries County 2022		Missouri	U.S. Top Performers
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that currently smoke	21%	24%		20%	15%
Adult obesity – Percent of adults that report a BMI >= 30	36%	37%		35%	30%
Food environment index [^] – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.8	7.7		6.7	8.8
Physical inactivity – Percent of adults ages 20 and over reporting no leisure time or physical activity	34%	35%		30%	23%
Access to exercise opportunities [^] – Percentage of population with adequate access to locations for physical activity	21%	6%		70%	86%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	16%	18%		19%	15%
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement	25%	33%		28%	10%
Sexually transmitted infections – Chlamydia rate per 100,000 population	166	287.5		560.8	161.8
Teen births – Female population, ages 15-19	23	26		23	11
<i>Clinical Care</i>	Maries County 2018	Maries County 2022		Missouri	U.S. Top Performers
Uninsured adults – Percent of population under age 65 without health insurance	15%	18%		14%	7%
Primary care physicians – Number of population for every one primary care physician	8,960	n/a		1,400	1,010
Dentists – Number of population for every one dentist	2,950	2,930		1,650	1,210
Mental health providers – Number of population for every one mental health provider	2,950	2,930		460	250
Mammography screening [^] – Percent of female Medicare enrollees that receive mammography screening	67%	34%		45%	52%
<i>Social and Economic Factors</i>	Maries County 2018	Maries County 2022		Missouri	U.S. Top Performers
High school graduation [^] – Percent of ninth-grade cohort that graduates in 4 years	n/a	n/a		91%	96%
Some college [^] – Percent of adults ages 25-44 years with some postsecondary education	47%	50%		67%	74%
Unemployment – Percent of population age 16+ unemployed but seeking work	5.0%	4.8%		6.1%	4.0%
Children in poverty – Percent of children under age 18 in poverty	23%	18%		16%	9%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	3.9	4.0		4.5	3.7

Children in single-parent households – Percent of children that live in a household headed by a single parent	31%	18%	↓	25%	14%
Social associations [^] – Number of membership associations per 10,000 population	14.5	13.8	↓	11.5	18.1
Violent Crime Rate – Violent crime rate per 100,000 population (age-adjusted)	198	142	↓	481	63
Injury deaths – Number of deaths due to injury per 100,000 population	100	93	↓	96	61
Physical Environment	Maries County 2018	Maries County 2022	↓↑	Missouri	U.S. Top Performers
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	9.4	8.1	↓	8.2	5.9
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	13%	15%	↑	13%	9%
[^] Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative. Note: N/A indicates unreliable or missing data. Source: Countyhealthrankings.org 2022					

County Health Rankings – Phelps County					
Mortality*	Phelps County 2018	Phelps County 2022	↓↑	Missouri	U.S. Top Performers
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,900	9,800	↑	8,900	5,600
Morbidity*					
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	21%	20%	↓	15%	18%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.6	4.5	↓	3.4	4.0
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.4	5.0	↑	4.0	4.9
Low birth weight - Percent of live births with low birth weight (<2,500 grams)	8%	8%	—	6%	9%

*Data should not be compared with prior years. Source: Countyhealthrankings.org

Health Behaviors	Phelps County 2018	Phelps County 2022	↓↑	Missouri	U.S. Top Performers
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that currently smoke	21%	22%	↑	20%	15%
Adult obesity – Percent of adults that report a BMI >= 30	30%	37%	↑	35%	30%
Food environment index [^] – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.2	6.7	↓	6.7	8.8

Physical inactivity – Percent of adults ages 20 and over reporting no leisure time or physical activity	30%	33%	↑	30%	23%
Access to exercise opportunities [^] – Percentage of population with adequate access to locations for physical activity	82%	73%	↓	70%	86%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	18%	17%	↓	19%	15%
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement	22%	19%	↓	28%	10%
Sexually transmitted infections – Chlamydia rate per 100,000 population	347.8	293.9	↓	560.8	161.8
Teen births – Female population, ages 15-19	28	20	↓	23	11
Clinical Care	Phelps County 2018	Phelps County 2022	↓↑	Missouri	U.S. Top Performers
Uninsured adults – Percent of population under age 65 without health insurance	14%	16%	↑	14%	7%
Primary care physicians – Number of population for every one primary care physician	930	1,240	↑	1,400	1,010
Dentists – Number of population for every one dentist	1,780	1,480	↓	1,650	1,210
Mental health providers – Number of population for every one mental health provider	350	290	↓	460	250
Mammography screening [^] – Percent of female Medicare enrollees that receive mammography screening	64%	43%	↓	45%	52%
Social and Economic Factors	Phelps County 2018	Phelps County 2022	↓↑	Missouri	U.S. Top Performers
High school graduation [^] – Percent of ninth-grade cohort that graduates in 4 years	84%	90%	↑	91%	96%
Some college [^] – Percent of adults ages 25-44 years with some postsecondary education	64%	66%	↑	67%	74%
Unemployment – Percent of population age 16+ unemployed but seeking work	4.7%	4.8%	↑	6.1%	4.0%
Children in poverty – Percent of children under age 18 in poverty	23%	18%	↓	16%	9%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	5.5	5.4	↓	4.5	3.7
Children in single-parent households – Percent of children who live in a household headed by a single parent	31%	23%	↓	25%	14%
Social associations [^] – Number of membership associations per 10,000 population	13.8	12.8	↓	11.5	18.1
Violent Crime Rate – Violent crime rate per 100,000 population (age-adjusted)	335	340	↑	481	63
Injury deaths – Number of deaths due to injury per 100,000 population	86	96	↑	96	61
Physical Environment	Phelps County 2018	Phelps County 2022	↓↑	Missouri	U.S. Top Performers
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	9.4	8.2	↓	8.2	5.9
Severe housing problems – Percentage of household with at least one of four housing problems:	14%	13%	↓	13%	9%

overcrowding, high housing costs or lack of kitchen or plumbing facilities					
^Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative. Note: N/A indicates unreliable or missing data. Source: Countyhealthrankings.org 2022					

County Health Rankings – Pulaski County					
<i>Mortality*</i>	Pulaski County 2018	Pulaski County 2022		Missouri	U.S. Top Performers
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,600	8,600		8,900	5,600
<i>Morbidity*</i>					
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	19%	20%		15%	18%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.4	4.3		3.4	4.0
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.1	4.6		4.0	4.9
Low birth weight - Percent of live births with low birth weight (<2,500 grams)	7%	7%		6%	9%

*Data should not be compared with prior years. Source: Countyhealthrankings.org

<i>Health Behaviors</i>	Pulaski County 2018	Pulaski County 2022		Missouri	U.S. Top Performers
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that currently smoke	22%	20%		20%	15%
Adult obesity – Percent of adults that report a BMI >= 30	30%	37%		35%	30%
Food environment index [^] – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.6	5.6		6.7	8.8
Physical inactivity – Percent of adults ages 20 and over reporting no leisure time or physical activity	25%	32%		30%	23%
Access to exercise opportunities [^] – Percentage of population with adequate access to locations for physical activity	65%	71%		70%	86%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	22%	18%		19%	15%
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement	44%	28%		28%	10%
Sexually transmitted infections – Chlamydia rate per 100,000 population	621.3	766.1		560.8	161.8
Teen births – Female population, ages 15-19	27	23		23	11
<i>Clinical Care</i>	Pulaski County 2018	Pulaski County 2022		Missouri	U.S. Top Performers
Uninsured adults – Percent of population under age 65 without health insurance	11%	15%		14%	7%

Primary care physicians – Number of population for every one primary care physician	3,330	3,090	↓	1,400	1,010
Dentists – Number of population for every one dentist	940	920	↓	1,650	1,210
Mental health providers – Number of population for every one mental health provider	510	450	↓	460:1	250
Mammography screening [^] – Percent of female Medicare enrollees that receive mammography screening	49%	32%	↓	45%	52%
Social and Economic Factors	Pulaski County 2018	Pulaski County 2022	↓↑	Missouri	U.S. Top Performers
High school graduation [^] – Percent of ninth-grade cohort that graduates in 4 years	92%	92%	—	91%	96%
Some college [^] – Percent of adults ages 25-44 years with some postsecondary education	69%	74%	↑	67%	74%
Unemployment – Percent of population age 16+ unemployed but seeking work	5.4%	5.6%	↑	6.1%	4.0%
Children in poverty – Percent of children under age 18 in poverty	17%	14%	↓	16%	9%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	3.7	3.8	↑	4.5	3.7
Children in single-parent households – Percent of children that live in a household headed by a single parent	27%	23%	↓	25%	14%
Social associations [^] – Number of membership associations per 10,000 population	10.9	9.3	↓	11.5	18.1
Violent Crime Rate – Violent crime rate per 100,000 population (age-adjusted)	321	268	↓	481	63
Injury deaths – Number of deaths due to injury per 100,000 population	67	86	↑	96	61
Physical Environment	Pulaski County 2018	Pulaski County 2022	↓↑	Missouri	U.S. Top Performers
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	9.3	8.1	↓	8.2	5.9
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	14%	14%	—	13%	9%
[^] Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative. Note: N/A indicates unreliable or missing data. Source: Countyhealthrankings.org 2022					

County Health Rankings – Texas County					
Mortality*	Texas County 2018	Texas County 2022	↓↑	Missouri	U.S. Top Performers
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	2,900	10,500	↑	8,900	5,600
Morbidity*					
Poor or fair health - Percent of adults reporting fair	22%	25%	↑	15%	18%

or poor health (age-adjusted)					
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	5.1	5.3	↑	3.4	4.0
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.8	5.5	↑	4.0	4.9
Low birth weight - Percent of live births with low birth weight (<2,500 grams)	8%	8%	—	6%	9%

*Data should not be compared with prior years. Source: Countyhealthrankings.org

<i>Health Behaviors</i>	Texas County 2018	Texas County 2022	↓ ↑	Missouri	U.S. Top Performers
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that currently smoke	24%	27%	↑	20%	15%
Adult obesity – Percent of adults that report a BMI >= 30	33%	40%	↑	35%	30%
Food environment index [^] – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.3	6.4	↓	6.7	8.8
Physical inactivity – Percent of adults ages 20 and over reporting no leisure time or physical activity	28%	38%	↑	30%	23%
Access to exercise opportunities [^] – Percentage of population with adequate access to locations for physical activity	73%	62%	↓	70%	86%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	16%	17%	↑	19%	15%
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement	33%	30%	↓	28%	10%
Sexually transmitted infections – Chlamydia rate per 100,000 population	198.9	200.8	↑	560.8	161.8
Teen births – Female population, ages 15-19	46	37	↓	23	11
<i>Clinical Care</i>	Texas County 2018	Texas County 2022	↓ ↑	Missouri	U.S. Top Performers
Uninsured adults – Percent of population under age 65 without health insurance	16%	23%	↑	14%	7%
Primary care physicians – Number of population for every one primary care physician	2,850	2,310	↓	1,400	1,010
Dentists – Number of population for every one dentist	5,160	5,020	↓	1,650	1,210
Mental health providers – Number of population for every one mental health provider	2,580	3,590	↑	460	250
Mammography screening [^] – Percent of female Medicare enrollees that receive mammography screening	49%	30%	↓	45%	52%
<i>Social and Economic Factors</i>	Texas County 2018	Texas County 2022	↓ ↑	Missouri	U.S. Top Performers
High school graduation [^] – Percent of ninth-grade cohort that graduates in 4 years	95%	92%	↓	91%	96%
Some college [^] – Percent of adults ages 25-44 years with some postsecondary education	48%	50%	↑	67%	74%

Unemployment – Percent of population age 16+ unemployed but seeking work	6.2%	5.8%	↓	6.1%	4.0%
Children in poverty – Percent of children under age 18 in poverty	40%	29%	↓	16%	9%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.8	5.3	↑	4.5	3.7
Children in single-parent households – Percent of children that live in a household headed by a single parent	29%	18%	↓	25%	14%
Social associations [^] – Number of membership associations per 10,000 population	12.5	12.2	↓	11.5	18.1
Violent Crime Rate – Violent crime rate per 100,000 population (age-adjusted)	115	130	↑	481	63
Injury deaths – Number of deaths due to injury per 100,000 population	92	105	↑	96	61
Physical Environment	Texas County 2018	Texas County 2022	↓↑	Missouri	U.S. Top Performers
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	9.2	8.1	↓	8.2	5.9
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	14%	16%	↑	13%	9%
[^] Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative. Note: N/A indicates unreliable or missing data. Source: Countyhealthrankings.org 2022					

HEALTH OUTCOMES AND FACTORS

Obesity

The following table displays the percentage of adults ages 20 and older self-reporting having 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.

Within the report area, there are a total of 36,354 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents 28.7% of the survey population, lower than the state percent and higher than the national percent.

Adults 20 and Older With Obesity			
	Survey Population Ages 20 and Older	Adults With BMI> 30.0 (Obese)	Percent With BMI> 30.0 (Obese)
Crawford County	18,069	5,204	28.5
Dent County	11,789	3,407	28.5
Maries County	6,788	1,982	28.8
Phelps County	33,179	10,020	30.1
Pulaski County	37,046	9,706	26.7
Texas County	19,468	6,035	30.6
Total Community	126,339	36,354	28.7

Missouri	4,610,108	1,405,284	30.6
United States	243,082,729	67,624,774	27.6

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

Diabetes (Adult)

The table below 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 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.

Adults 20 and Older With Diabetes			
	Survey Population Age 20 and Older	Adults With Diagnosed Diabetes	Percent With Diagnosed Diabetes
Crawford County	18,069	1,773	7.8
Dent County	11,789	1,220	8.0
Maries County	6,788	662	7.6
Phelps County	33,179	2,631	7.1
Pulaski County	37,046	2,640	7.9
Texas County	19,468	1,845	7.6
Total Community	126,339	10,591	7.6
Missouri	4,610,108	469,334	8.9
United States	243,082,729	24,89,620	9.0

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

Heart Disease

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

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

Adults 18 and Older With Heart Disease				
	Population 2016-2020 Average	5-Year Total Deaths, 2016-2020	Crude Death Rate (per 100,000)	Age-Adjusted Death Rate (per 100,000)
Crawford County	24,004	378	314.9	220.9
Dent County	15,472	139	197.7	108.6
Maries County	8,797	45	102.3	64.9

Phelps County	44,614	293	131.3	105.9
Pulaski County	52,409	194	74.0	103.4
Texas County	25,518	235	184.2	118.4
Total Community	170,815	1,284	150.3	121.3
Missouri	6,124,392	41,078	134.1	104.2
United States	326,747,554	1,838,830	112.5	91.5

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

HEALTHCARE RESOURCES

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

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

Hospitals

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

Summary of Acute Care Hospitals				
Facility	Address	County	Miles From Rolla	Facility Type
Phelps Health	1000 West 10th St. Rolla, MO 65401	Phelps	0.0	Short-Term/ Acute Care
Salem Memorial District Hospital	35629 Highway 72 Salem, MO 65560	Dent	24.0	Critical Access
General Leonard Wood Army Community Hospital	4430 Missouri Ave. Fort Leonard Wood, MO 65473	Pulaski	29.5	Short-Term/ Acute Care
Missouri Baptist Hospital	751 Sappington Bridge Rd. Sullivan, MO 63080	Crawford	40.5	Critical Access
Texas County Memorial Hospital	1333 S. Sam Houston Blvd. Houston, MO 65483	Texas	48.5	Short-Term/ Acute Care
*Includes subprovider beds, excludes skilled nursing facility beds Source: U.S. Hospital Finder - http://www.ushospitalfinder.com/				

Other Healthcare Facilities and Providers

Short-term acute care and critical access hospital services are not the only health services available to members of the community. The following table provides a listing of community health centers and rural health clinics within the 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 healthcare facilities that are within 50 miles of Rolla, Missouri.

Summary of Other Healthcare Facilities			
Facility	Address	County	Facility Type
Four Rivers Community Health Center 18th Street	1081 E. 18th St. Rolla, MO 65401	Phelps	Community Health Center
Compass Health Owensville	704 E. Highway 28 Owensville, MO 65066	Gasconade	Community Health Center
CHCCM-Linn Clinic	1016 E. Main St. Linn, MO 65051	Osage	Community Health Center
Compass Health	101 Progress Pkwy. Sullivan, MO 63080	Franklin	Community Health Center
Missouri Ozarks Community Health	1340 S. Sam Houston Blvd. Houston, MO 65483	Texas	Community Health Center
Central Ozarks Medical Center - Richland	304 W. Washington Ave. Richland, MO 65556	Pulaski	Community Health Center
Central Ozarks Medical Center - Plato	10645 Plato Dr. Plato, MO 65552	Texas	Community Health Center
Central Ozarks Medical Center	3870 Columbia Ave. Osage Beach, MO 65065	Camden	Community Health Center
Viburnum Medical Clinic	18 Viburnum Center Rd. Viburnum, MO 65566	Iron	Community Health Center
Community Health Center of Central Missouri - Christy Drive	1511 Christy Dr. Jefferson, City, MO 65101	Cole	Community Health Center

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

KEY INFORMANT INTERVIEWS

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, nonprofit hospitals were mandated to conduct a community-based needs assessment every 3 years. As a part of the process, each hospital is required to solicit input from those who represent the broad interests of the community served by Phelps Health as well as those who have special knowledge or expertise around public health and underserved populations.

Interviews were held with various professionals representing a cross-section of industries and organizations within the community's population. Individuals who participated represented the following organizations and agencies:

Phelps Health Auxiliary and Volunteer Services
Four Rivers Community Health Center
The Rolla Mission

Dent County Health Department
Phelps Health
The Community Partnership

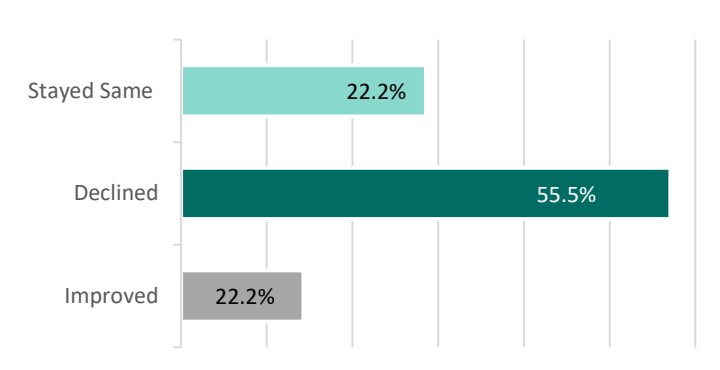
Some key informants were selected due to their position working with low-income, uninsured and under-represented populations.

Key Informant General Observations and Comments

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

All but one respondent rated the community's overall health as "average," while one felt it was "below average."

2. In your opinion, has the health of your community changed over the past 3-5 years?



3. Please share the reasons for your previous answer and describe why you feel the health of your community has improved, declined or stayed the same.

Among those who believe the health of county residents has declined, most attribute COVID-19 and the many difficulties it created. A decline in mental health, lingering health issues and financial hardships were listed as factors.

Comments:

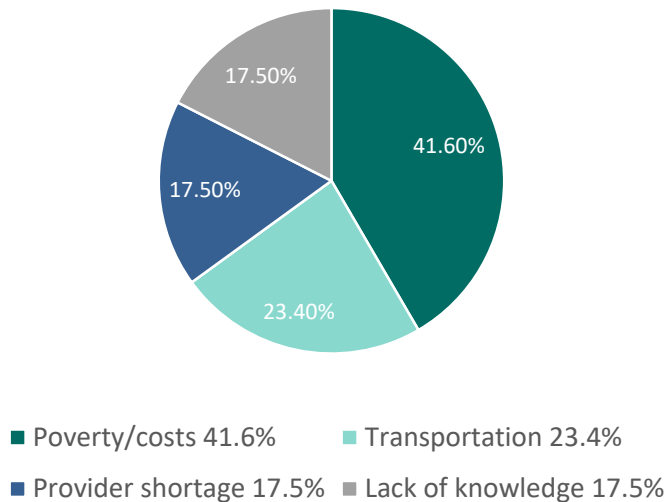
"It has declined as many families are still stressed and in crisis, suffering from COVID."

"It has improved because we now have new services, we've grown local programs for the uninsured, Medicaid has expanded and we have a solid community hospital with many services."

4. Some individuals face barriers that may hinder them from receiving adequate health services. Barriers might include income, transportation, language, lack of knowledge, geographic (distance) awareness or lack of options. What are the most significant barriers to addressing health issues in your local community?

There are many barriers that prevent communities from improving population health. Respondents described major barriers or conditions that contribute to ongoing health concerns throughout the report area.

There was a consensus among respondents that the two biggest barriers are poverty (the cost of healthcare) and transportation, especially for the elderly and those living in rural areas. Other barriers mentioned include a lack of understanding about the options or how to navigate the system, and a lack of providers for those with developmental disabilities.



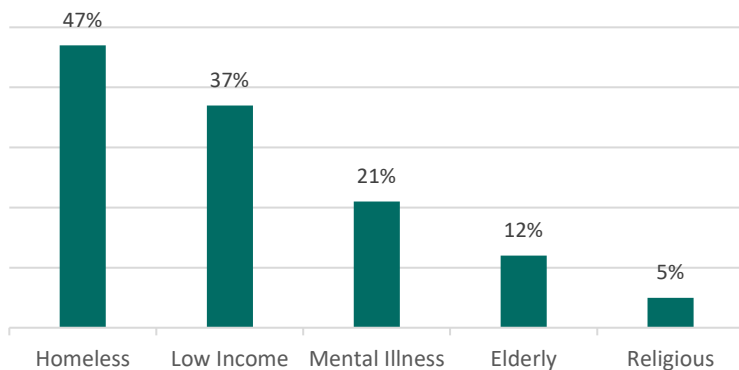
Comments:

“Senior citizens often lack family and a support system, so they don’t understand how to do things and are hard of hearing.”

“Even with expanded Medicaid, there is still a large population that is caught in between – they make too much to qualify but not enough to afford insurance.”

“Adequate housing, affordable daycare, lack of education, generational expectations (use ER for primary care) and poor dental care are all major barriers for our community.”

5. In your opinion, which groups (racial, ethnic, cultural, age, etc.) within your community experience the greatest barriers to health?



Two groups that were identified most frequently as having poor health were the homeless and those living in poverty. Respondents also felt certain racial/ethnic and age groups, the elderly and individuals with mental illness also face significant barriers.

6. Please describe how the population identified in the previous question experience the greatest barriers to health.

“Single moms have [the] biggest barriers – they can’t leave work to go to appointments or they get fired.”

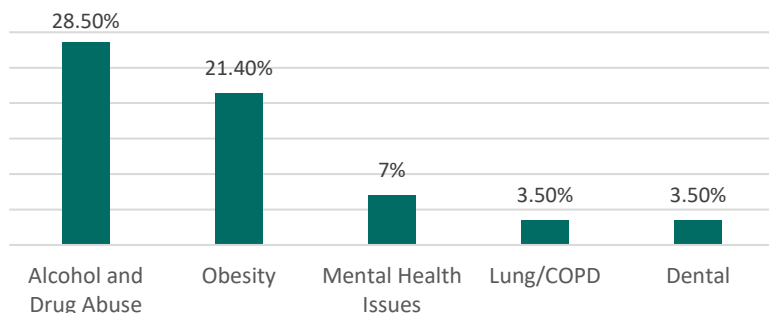
“Our Amish community is growing. They struggle to utilize resources due to religious beliefs.”

“Some minority populations suffer stigmas and that affects their ability to get healthcare.”

“People with mental illness need a lot more support; they need long-term help, not just until insurance runs out.”

7. What do you believe to be the three most critical health issues in your community and/or county right now?

Key stakeholders identified drug and alcohol abuse as the most critical health issue. Obesity, contributing to diabetes, was listed as another major health issue.



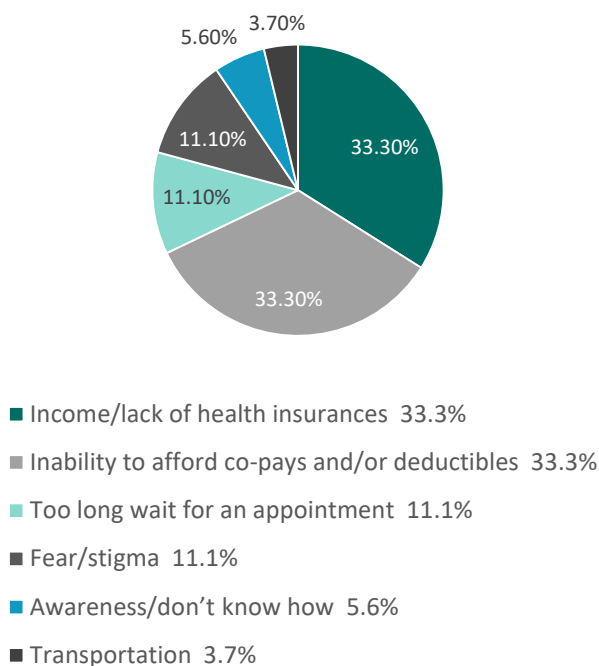
8. In your opinion, what can be done to improve the three health issues you identified in the previous question?

- Education for children on healthy food choices and staying active

- More public information about services and resources that are available
- More providers who offer services at affordable rates
- Focus on other social determinants of health, beyond just physical
- Better access and more resources for those with mental illness
- More housing and shelters for low-income and homeless
- Additional funding to support childcare programs, expand current ones and fund new ones

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

Most respondents said the primary reason people are not accessing various health services was due to lack of insurance or the inability to afford copays and/or deductibles. Other common reasons were lack of awareness/understanding on how to navigate the healthcare system and lack of transportation.



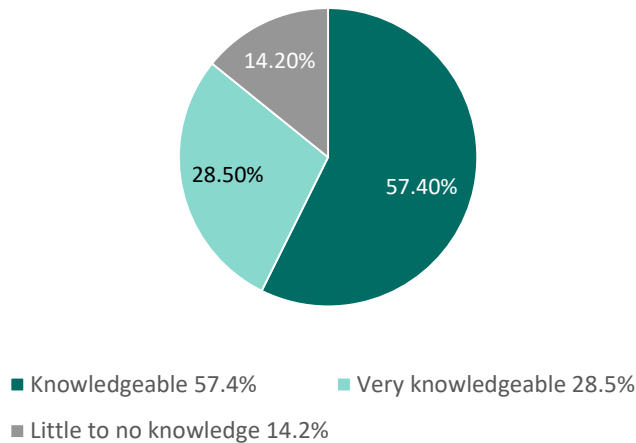
Comments:

“The health system is difficult to navigate, and now that most everything is digital, there is no actual person to talk with.”

“There is a stigma; people are reluctant to use some resources because they don’t want others to know they are struggling, especially with mental health.”

“Too many providers won’t accept Medicaid.”

10. Please describe your awareness and knowledge of educational programs, health fairs and screenings provided by Phelps Health.



11. How do you think the pandemic has impacted the overall health of your community?

Every respondent felt the pandemic had negatively impacted the region’s overall health and quality of life. Isolation and anxiety, combined with loss of life and financial hardship, created increasing physical and mental health issues for many families.

Severe negative impact	66.6%
Negative impact	33.3%
No impact	0%
Positive impact	0%
Very positive impact	0%

Comments:

“Since many people are suspicious of the government, they were resistant to health restrictions.”

“There has been deep emotional trauma from death and isolation.”

“Isolation caused anxiety. Some people still haven’t fully recovered.”

12. What is the most important issue that Phelps Health should address in the next 3-5 years and what needs to be done to address this issue?

Respondents' ranking of most important issues:

1. Mental health
2. Affordable plans/options
3. Substance abuse
4. Public education/awareness
5. Transportation barriers
6. Obesity
7. Partnerships with other service providers

13. Please describe what Phelps Health can do to better serve the health needs of the community, including access to health services.

- Open urgent care facilities in various locations
- Focus on offering more specialists
- Provide more community information and resources to senior citizens
- Provide more/better services to address mental issues
- Provide more education programs to local schools on behavioral issues

Community Surveys

Community individuals from various backgrounds and occupations were asked to complete an electronic survey to prioritize personal and community health needs and issues. Fifty-five (55) participants completed the forms.

Participation in the survey was voluntary and no personal data was collected to ensure report anonymity. The CHNA survey took participants approximately 10-15 minutes to complete, with online participation generally requiring a shorter timeframe than paper submissions.

To ensure wide engagement, surveys were distributed to local organizations and community groups representing various ages, occupations, races/ethnicities and socioeconomic levels.

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

NOTE: The following information and graphics provide the results of the community survey. Comments are direct quotes and were not edited for clarity or grammar. Due to space limitations, not all survey comments and responses were included in this report. Totals may not equal 100%.

In which city do you live (or are close to)?

Belle	1.8%
Cuba	3.6%
Dixon	1.8%
Doolittle	1.8%
Edgar Springs	1.8%
Owensville	1.8%

Rolla	61.8%
St. James	14.5%
Steelville	1.8%
Vichy	1.8%
Vienna	5.5%
Waynesville	1.8%

Which best describes your occupation or role in the community?

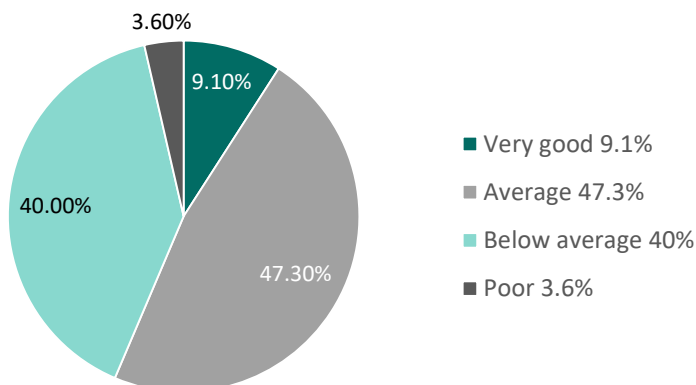
Agriculture or farming	1.8%
Business or for-profit company	3.6%
Education	16.4%
Government	5.5%
Health provider or technician	21.8%

Mental health provider or technician	5.5%
Nonprofit or social service work	18.2%
Provider of services to elderly	1.8%
Other	10.8%

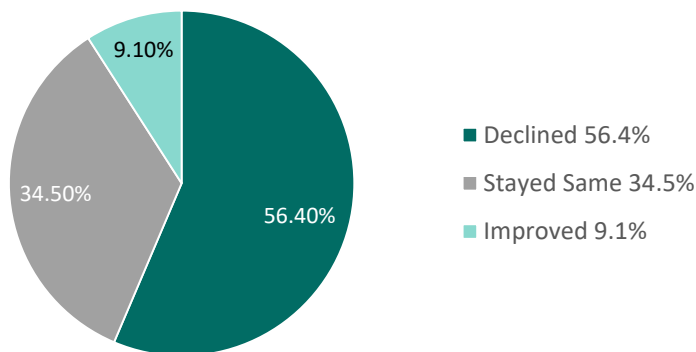
Gender	
Female	81.8%
Male	16.4%
Prefer not to say	1.8%

Age Group	
18-24	1.8%
25-34	12.9%
35-44	25.5%
45-54	30.4%
55-64	19.1%
65 or older	10.3%

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



2. In your opinion, has the health of your community changed over the past 3-5 years?



3. Please share the reasons for your previous answer and describe why you feel the health of your community has improved, declined or stayed the same.

More than half of the respondents felt the region's overall health and well-being had declined. More than one-third of those surveyed (43.6%) believed the overall health remained the same or improved over the past few years. Reasons included an improvement in healthcare technology and a heightened awareness of self-care.

"With so much focus on COVID that past couple of years, people have put off routine screenings and doctors appointments. Now they are finally starting to come in and seem to be in worse health."

"Rolla is diverse in many ways and community health is just another example - I see more folks walking/running/focusing on nutrition than before."

"People are more aware of their health with the focus on covid and are taking more preventive actions. However, mental health concerns have grown, especially with children as a result of covid restrictions."

"We have more people with drug/substance abuse disorders and the poor health that comes with that."

"People don't get out as much, issues are not identified until too late, and there is a lack of trust in socialization and the medical community."

"The population is older and those younger are without much opportunity."

4. Some individuals face barriers that may hinder them from receiving adequate health services. Barriers might include income, transportation, language, lack of knowledge, geographic (distance), awareness or lack of options. What are the most significant barriers to addressing health issues in your local community?

There are many barriers that prevent communities from improving population health. Respondents identified poverty or the lack of insurance coverage as the biggest barrier facing residents. Associated with high poverty rates, a lack of affordable housing and transportation were also cited as major factors that may impede health for many individuals.

Another frequent barrier recognized was a lack of understanding or awareness of available programs and services.

“No 24/7 interventional cardiology coverage for heart attacks. Time is heart muscle.”

“Lack of awareness that government sponsored diet causes, obesity, diabetes, and miserable health.”

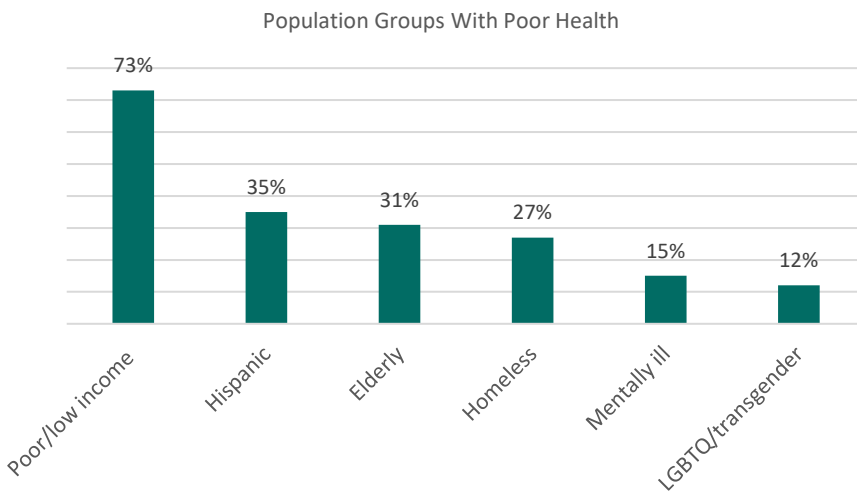
“Transportation (lack of) in rural area, lack of the medical community recognizing any barriers or addressing/resourcing. Lack of public knowledge of resources available.”

“There is a growing distrust of the local medical systems. Whether real or political rhetoric, people voice a feeling the medical system is price gouging.”

“Lack of knowledge and lack of awareness of the available services offered by Phelps Health and the health department.”

“There is a serious issue with education about when to use urgent care, when to go to ER, etc.”

5. In your opinion, which groups (racial, ethnic, cultural, gender, age, etc.) within your community experience the greatest barriers to health? (The graph below shows top responses, but not all answers. Some respondents may have selected more than one answer; total does not equal 100%.)



6. Please describe how the populations identified in the previous question experience the greatest barriers to health.

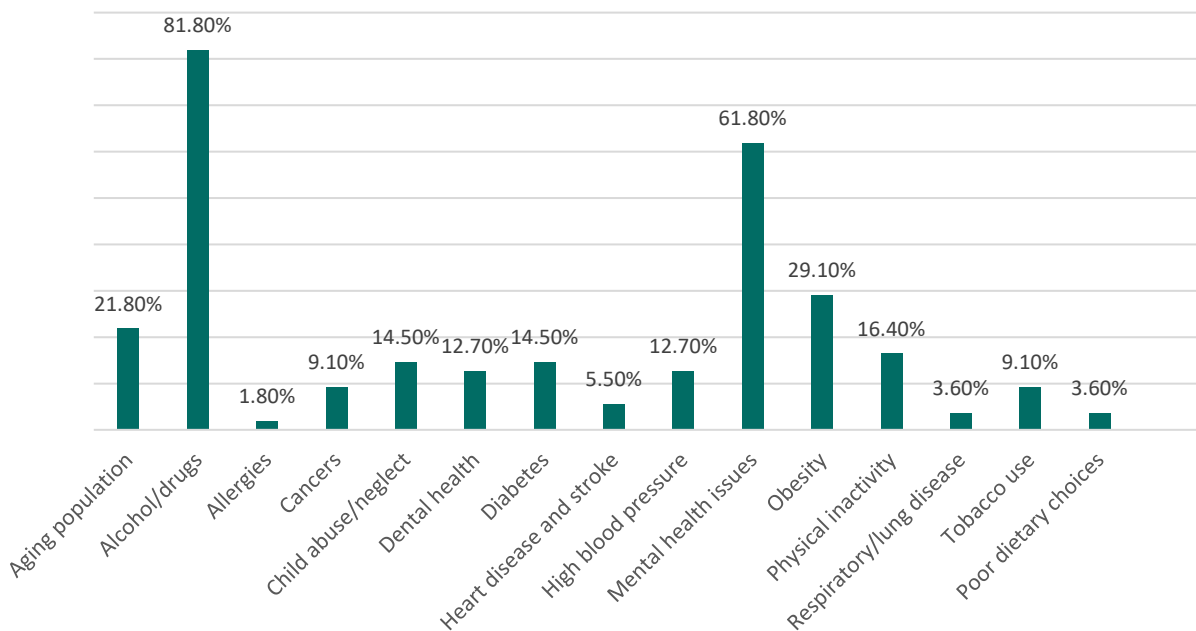
“Any and all barriers to health care is financial! The cost of a hospital stay could easily be the financial equivalent of a year’s wages or more for many young people.”

“I am white, and I have a multiracial daughter. There is a definite disparity about how people act and treat those persons of color that is difficult to describe.”

“Language barriers make it hard for those non-English speaking individuals to receive adequate healthcare due to not understanding what they need to do.”

“Grandparents are struggling to care for themselves, much less try to take care of and educate a child/children. Also, some working parents have difficulty getting off work to take children to appointments.”

7. From the list below, select what you believe to be the three most critical health issues in the county right now.



8. In your opinion, what can be done to improve the three health issues you identified in the previous question?

“Improved grocery and fresh healthy food options, free physical exercise programs and improved outdoor exercise facilities.”

“Provide more options for in home care for aging populations, more rehabilitation programs for those with drug/alcohol addictions, and more mental health treatment options.”

“Improved and supported evidence-based prevention in schools and community.”

“More beds for mental health patients.”

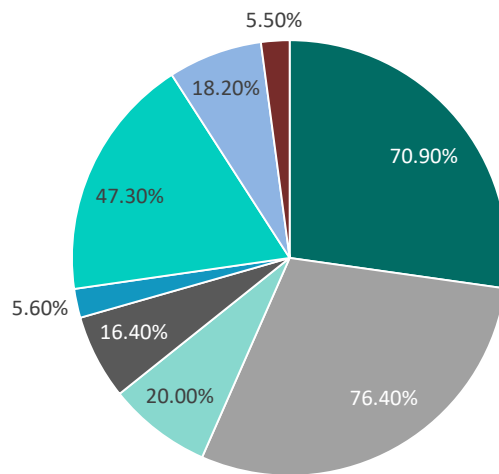
“Better monitoring of polypharmacy and over prescribing of opiates.”

“Increased providers addressing mental health and substance needs. Almost no providers will even take a person with substance issues even if they are seeking treatment.”

“Education at earliest level of school for alcohol/drug abuse; suicide prevention resources.”

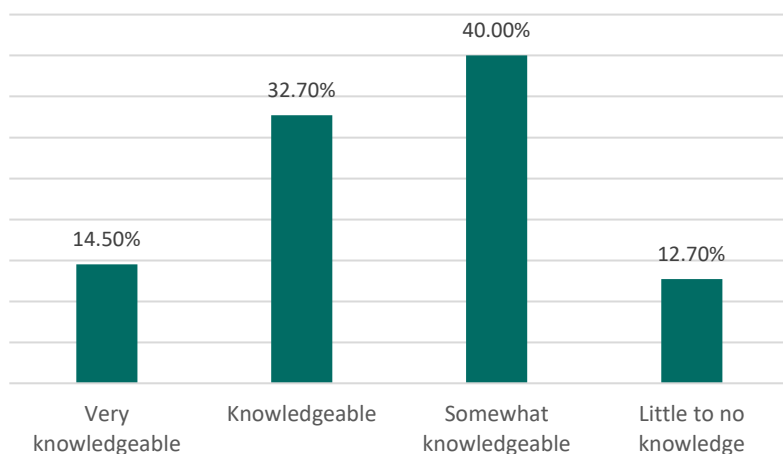
“Easier access for mental health patients and lessening the stigma surrounding that issue.”

9. What are the primary reasons some people in your community are not able to access health services? (Select up to three).

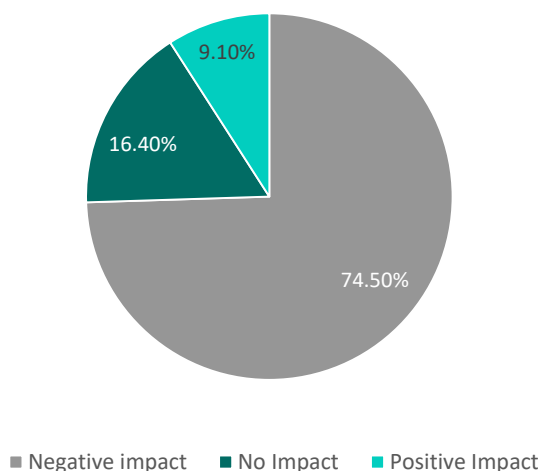


- Income/lack of health insurance 70.9%
- Inability to afford co-pays and/or deductibles 76.4%
- Too long wait for appointments 20%
- Fear 16.4%
- Awareness/don't know how 5.6%
- Transportation 47.3%
- Inconvenient hours/locations 18.2%
- Communication barriers 5.5%

10. Please describe your awareness and knowledge of educational programs, health fairs and screenings provided by Phelps Health.



11. How do you think the pandemic has impacted the overall health of your community?



“Vaccines became politicized, and it became obvious how few people vaccinate each year. As well as the rampant spread of unchecked, unmonitored COVID-19.”

12. What is the most important issue that Phelps Health should address in the next 3-5 years and what needs to be done to address this issue?

“Providing ways to make health care more affordable, controlling administrative salaries, create local concierge doctors and health care programs.”

“Obesity and community health/wellness.”

“Increase access to mental health services.”

“Focus on preventative measures and treatment options for chronic disease, mental health and alcohol and drug abuse.”

“We need more education into the schools, more therapy access.”

“There is a great need for more behavior health counseling and psychiatry.”

“Greater opportunities for young people to be engaged in positive physical activities.”

“We need 24/7 interventional cardiology coverage.”

“Mental health is an extremely important issue. Especially for teens. The hospital could work cooperatively with the school district to educate students and parents on available resources.”

13. Please describe what Phelps Health can do to better serve the health needs of the community, including access to health services.

“Provide on-site urgent care that operates 24/7. It needs to be right next to the ER, with a triage nurse right at the entrance.”

“More physician recruitment, especially specialty physicians.”

“Better inform the public of services provided through various media platforms including action pictures and brief video of services being provided.”

“Increase the availability of PCP’s and mid- level practitioners in primary care.”

“Offer more after-hours options for primary care, not just immediate care.”

“Have a traveling bus that offers certain services come to the area.”

“Additional research-based education for parents/students on drugs and smoking, teen risks with social media, etc.”

“Provide transportation for the older people to get to doctors and grocery stores.”

“Engage Phelps Health employees in the community - city council or school board meetings.”

“Ongoing campaigns designed to reach families and seniors would help.”

“Incorporate cheap, easily accessible walk-in care beyond the single clinic and emergency room.”

INFORMATION GAPS

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by Phelps Health; 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.

PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

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, Phelps Health completed an analysis of these 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 and death rates for the 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 Phelps Health.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the 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% 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 four factors. Each factor received a score between 0 and 5, with a total maximum score of 25 (indicating the greatest health need).

1) Ability to evaluate and measure outcomes based on data.

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 above or below the Missouri average who are impacted by the identified need. The following scale, in percentage of the community affected, was utilized:

- i. Greater than or equal to 15% more than the Missouri average = 5
- ii. <15% but greater than or equal to 10% more than the Missouri average = 4
- iii. <10% but greater than or equal to 5% more than the Missouri average = 3
- iv. <5% but greater than or equal to the Missouri average = 2
- v. Less than the Missouri average = 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) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Hospitalization, Health Outcomes and Factors, Primary Data, Interviews) identified the need.

4) **Alignment with Phelps Health's goals and resources.** Phelps Health engaged a leadership team to review the most significant health needs reported on the prior CHNA as well as in the results of the study and key informant interviews. The leadership team then assigned a score, based on a combination of the below criteria:

- The degree to which the Phelps Health can influence long-term change
- The identified health need's impact on overall health
- Current focus areas
- Established relationships with community partners to address health needs
- Organizational capacity and existing infrastructure

Each need was ranked based on the prioritization metrics. As a result, the following summary of needs is identified in the table on the following page.

Prioritization Grid

Health Problem or Issue	How many people are affected by the issue?	What are the consequences of not addressing this problem?	Impact on vulnerable populations	Prevalence of common themes	Alignment with Phelps Health's goals and resources	Total score
Lack of Mental Health Providers	5	5	4	5	4	23
Lack of Health Knowledge/Education	4	4	4	4	4	20
Healthy Behaviors/Lifestyle	4	4	4	4	4	20
Heart Health	4	4	4	3	5	20
Adult Obesity	5	4	3	3	5	20
High Cost of Healthcare	5	3	3	5	4	20
Shortage of Primary Care Physicians	5	3	4	4	4	20
Substance Abuse	4	3	3	4	5	19
Poverty/Financial Resources/ Children in Poverty	3	4	4	4	3	18
Cancer	4	4	3	3	4	18
Health Problem or Issue	How many people are affected by the issue?	What are the consequences of not addressing this problem?	Impact on vulnerable populations	Prevalence of common themes	Alignment with Phelps Health's goals and resources	Total score
Shortage of Dentists	3	3	4	3	3	16
Physical Inactivity	4	3	3	3	3	16
Stroke	3	2	2	1	4	12
Preventable Hospital Stays	3	2	2	1	3	11
Language/Cultural Mindset	2	2	2	2	2	10
Adult Smoking	4	3	2	1	2	12
Excessive Drinking/Alcohol- Impaired Driving Deaths	2	1	2	2	3	10
Sexually Transmitted Infections	1	2	1	1	3	8
Children in Single-Parent Households	2	2	2	1	1	8
Teen Birth Rate	1	2	1	1	2	7
Violent Crime Rate	1	1	1	1	1	5

Management's Prioritization Process

For the health needs prioritization process, Phelps Health engaged the hospital leadership team to review the most significant health needs reported on the prior CHNA as well as information using the following criteria:

- Current focus areas
- Established relationships with community partners to address the health need
- Organizational capacity and existing infrastructure to address the health need

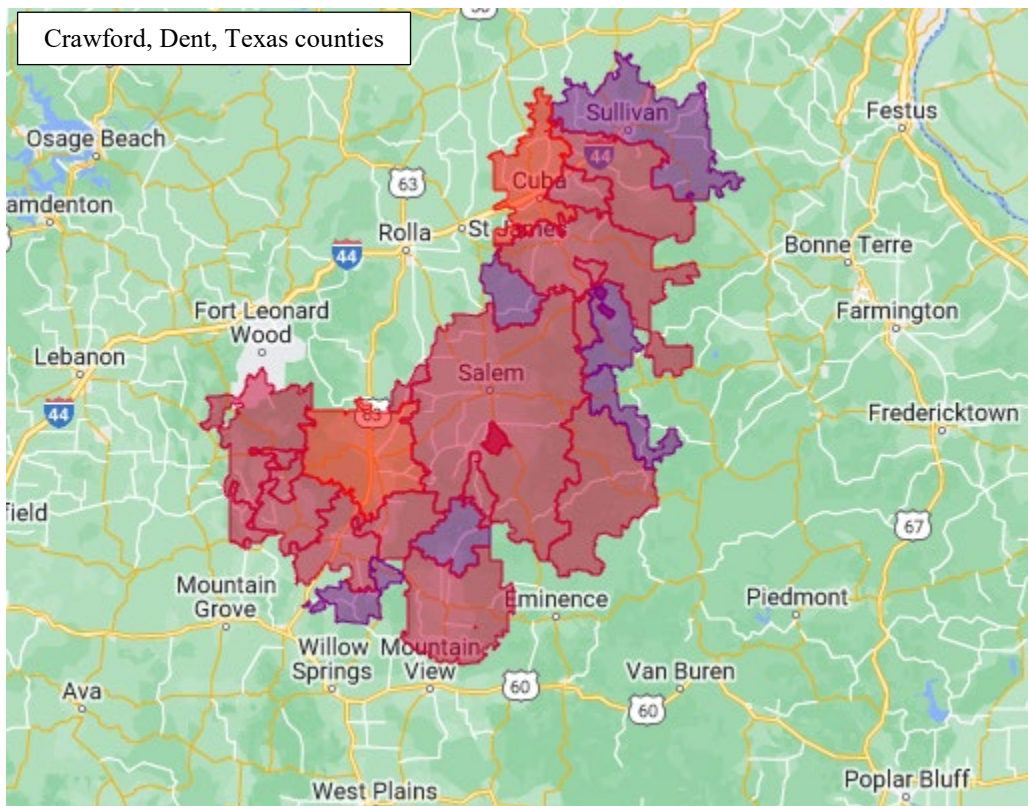
Based on the criteria outlined above, the data was reviewed to identify health issues of vulnerable populations and the community as a whole. Phelps Health determined any high scoring need in the priority grid that would be considered a priority area that will be addressed through Phelps Health's implementation strategy for FY2023 through FY2025. Phelps Health is in a position to positively impact these concerns in the community.

The complete list of priority areas includes:






1. Community wellness
2. Access to care





DIGNITY HEALTH COMMUNITY NEED INDEX REPORT

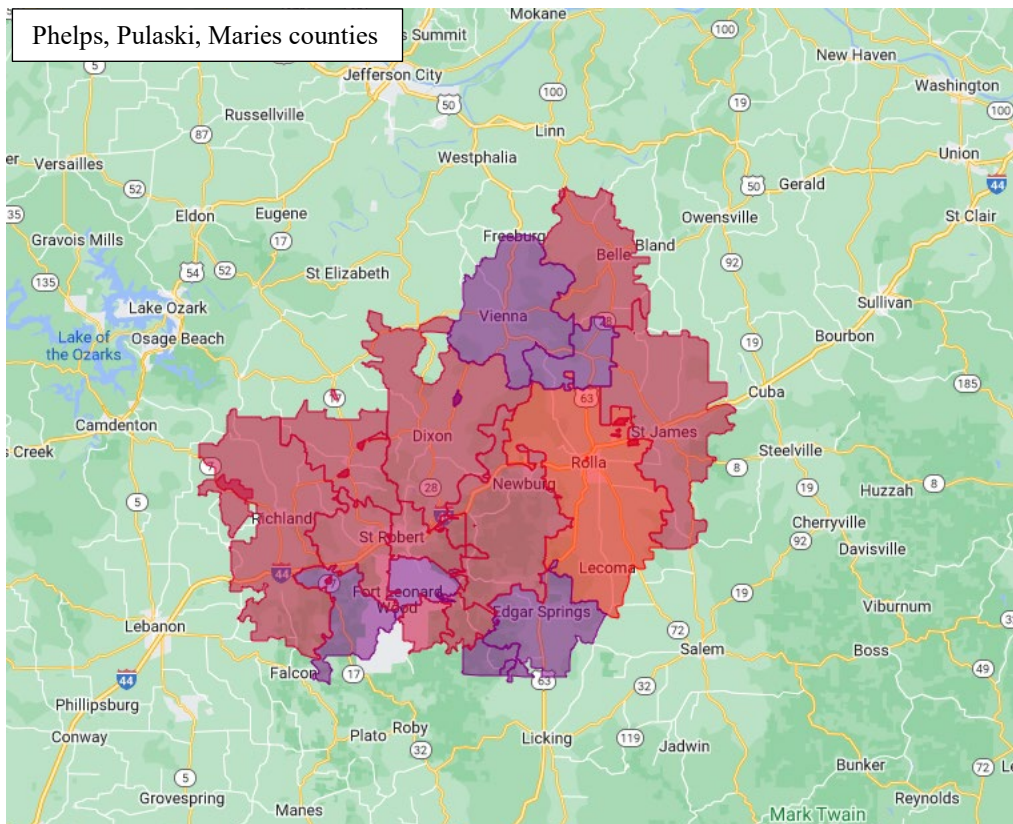
Below are maps and data based on Dignity Health’s Community Need Index (CNI). The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing).




















CNI Scale									
Highest Need 4.2-5		2 nd Highest 3.4-4.1		Medium Need 2.6-3.3		2 nd Lowest 1.8-2.5		Lowest Need 1-1.7	
Zip	CNI Score	City	County	Zip	CNI Score	City	County	Zip	CNI Score
63080	3.2	Sullivan	Franklin	65501	3.6	Jadwin	Dent	65535	3.6
63629	4	Bunker	Reynolds	65541	3.6	Lenox	Dent	65542	4.2
65440	3	Boss	Dent	65552	3.8	Plato	Texas	65555	3.6
65441	3.8	Bourbon	Crawford	65557	3.8	Roby	Texas	65560	4
65444	3.6	Bucyrus	Texas						
65446	3.8	Cherryville	Crawford						
65449	3	Cook Station	Crawford						
65453	4.2	Cuba	Crawford						




65456		2.8	Davisville	Crawford
65464		3.2	Elk Creek	Texas
65479		3.2	Hartshorn	Texas
65483		3.8	Houston	Texas
65484		3.4	Huggins	Texas

65565		4	Steelville	Crawford
65570		3.8	Success	Texas
65571		3.8	Summersville	Texas
65589		3	Yukon	Texas



CNI Scale									
Highest Need 4.2-5		2 nd Highest 3.4-4.1		Medium Need 2.6-3.3		2 nd Lowest 1.8-2.5		Lowest Need 1-1.7	
Zip		CNI Score	City	County	Zip		CNI Score	City	County
65013		3.4	Belle	Maries	65529		3.4	Jerome	Phelps
65401		4.2	Rolla	Phelps	65534		2.8	Laquey	Pulaski
65436		2.8	Beulah	Phelps	65550		3.4	Newburg	Phelps
65452		3.6	Crocker	Pulaski	65556		3.8	Richland	Pulaski
65457		3.8	Devils Elbow	Pulaski	65559		3.6	St. James	Phelps
65459		3.6	Dixon	Pulaski	65580		2.8	Vichy	Maries

65461		3.6	Duke	Phelps
65462		3.0	Edgar Springs	Phelps
65473		3.0	Ft. Leonard Wood	Pulaski

65582		2.8	Vienna	Maries
65583		4.0	Waynesville	Pulaski
65584		3.8	St. Robert	Pulaski

APPENDICES

Key Informant Survey Questions

Introduction:

Phelps Health is gathering information as part of developing a plan to improve the health of the communities it serves. Community input is essential to this process. This survey is being used to engage community members.

This survey consists of 15 questions. Some of the survey questions are open-ended so that we can gather your thoughts and opinions. There are no right or wrong answers. The themes that emerge from these questions will be summarized and made available to the public; however, your identity will be kept strictly confidential.

1. In general, how would you rate the health of your community?
 - a. Very Good
 - b. Average
 - c. Below Average
 - d. Poor

2. In your opinion, has the health of your community changed over the past 3-5 years?
 - a. It has improved.
 - b. It has declined.
 - c. It has stayed the same.

3. Please share the reasons for your previous answer and describe why you feel the health of your community has improved, declined or stayed the same.

4. Some individuals face barriers that may hinder them from receiving adequate health services. Barriers might include income, transportation, language, lack of knowledge, geographic (distance), awareness or lack of options. What are the most significant barriers to addressing health issues in your local community?

5. In your opinion, which groups (racial, ethnic, cultural, gender, age, etc.) within your community experience the greatest barriers to health?
6. Please describe how the populations identified in the previous question experience the greatest barriers to health.
7. In your opinion, what are the three most important health issues in your community? Please select the top three.
- A. Aging population, such as Alzheimer's disease, hearing loss, memory loss or arthritis
 - B. Alcohol/drugs
 - C. Allergies
 - D. Cancers
 - E. Child abuse/neglect
 - F. Dental health
 - G. Dropping out of high school
 - H. Diabetes
 - I. Environmental pollution
 - J. Heart disease and stroke
8. In your opinion, what can be done to improve the three health issues you identified in the previous question?
9. What are the primary reasons some people in your community are not able to access health services (medical, dental, mental health)? Select up to three.
- 1. Lack of health insurance
 - 2. Inability to afford copays and/or deductibles
 - 3. Transportation
 - 4. Physician does not accept insurance or Medicaid
 - 5. People don't know how to find a doctor
 - 6. Fear
 - 7. Too long to wait for an appointment
 - 8. Inconvenient hours and/or locations
 - 9. Communication barriers
 - 10. Other:
10. Please describe your awareness and knowledge of educational programs, health fairs and screenings provided by Phelps Health.
- a. Very knowledgeable
 - b. Knowledgeable
 - c. Somewhat knowledgeable
 - d. Little to no knowledge
11. How do you think the pandemic has impacted the overall health of your community?
- a. Negative impact
 - b. No impact
 - c. Positive impact
12. What is the most important issue that Phelps Health should address in the next 3-5 years and what needs to be done to address this issue?

13. Please describe what Phelps Health can do to better serve the health needs of the community, including access to health services.

14. Please select the city you live (or are near).

<ul style="list-style-type: none"> • Belle • Crocker • Dixon • Doolittle 	<ul style="list-style-type: none"> • Edgar Springs • Newburg • Rolla • St. James 	<ul style="list-style-type: none"> • St. Robert • Vichy • Vienna • Waynesville 	Other:
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15. Please choose the best description of your occupation or role in the community.

<ul style="list-style-type: none"> • Agriculture or farming • Business or for-profit co. • Church or faith-based • Education • Food or hospitality • Government 	<ul style="list-style-type: none"> • Health services provider or technician • Mental health provider or technician • Military • Nonprofit or social service work 	<ul style="list-style-type: none"> • Provider of services to elderly • Retired or unemployed • Transportation • Other:
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16. Please select your gender:

Female
Male
Non-binary/non-conforming
Transgender
Prefer not to say

17. Please select your age range:

• 18-24	• 45-54
• 25-35	• 55-64
• 35-44	• 65 or older