CITIZENS MEMORIAL HOSPITAL DISTRICT

2013 COMMUNITY HEALTH NEEDS ASSESSMENT

1982 - 2012 Citizens Memorial Hospital 30th anniversary

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Citizens Memorial Hospital District of Polk County, Missouri
Community Health Needs Assessment
Fiscal Year Ending May 31, 2013

Introduction

This Community Health Needs Assessment (CHNA) was conducted by Citizens Memorial Hospital District of Polk County, Missouri, (the District) during its fiscal year ending May 31, 2013, to comply with Section 501(r)(3) of the Internal Revenue Code. Section 501(r)(3) was established under Section 9007 of the Patient Protection and Affordable Care Act (PPACA) enacted March 23, 2010. It requires each tax-exempt hospital to conduct a CHNA during its fiscal year beginning on or after March 23, 2012, or during the two years preceding this year. The District operates an 86-licensed and 72-staffed bed acute care hospital known as Citizens Memorial Hospital (the Hospital). The Hospital's fiscal year began June 1, 2012 and ends May 31, 2013.

The District is exempt from income taxes as a governmental hospital district organized under the laws of the State of Missouri. As a governmental entity, it is exempt from most reporting requirements imposed by the Internal Revenue Service, as most state and local governments are; however, the District is preparing this CHNA as the hospital it operates has been determined to be a tax-exempt hospital under Section 501(c)(3) of the Internal Revenue Code. This CHNA describes the Hospital and its services, provides an overview of the PPACA and the impact of federal and state legislative changes on the Hospital's operations, and summarizes the community health needs identified and the Hospital's plans to help meet those needs.

Description of the Hospital

The Hospital, which opened in 1982, is located in Bolivar, Missouri, in the center of Polk County. The Hospital operates 10 federally-certified rural health clinics in Bolivar and surrounding communities, and also operates a number of specialty physician clinics on the Hospital's campus in Bolivar. In 1986 the District assisted in the organization of Citizens Memorial Health Care Foundation (the Foundation), which operates six long-term care facilities in Bolivar and surrounding communities. The Hospital and Foundation share some management personnel, as well as some common board members and a common information system. Collectively, the Hospital and Foundation employ approximately 1,700 people, more than any other employer in Bolivar and Polk County.

The mission of the Hospital and Foundation is: Caring for every generation through exceptional services by leading physicians and a compassionate healthcare team.

The vision of the Hospital and Foundation is: Be the first choice for customer focused healthcare to every generation.

The Hospital's primary service area is Polk County, Missouri, while the secondary service area consists of the surrounding Missouri counties of Cedar, Dade, Dallas, Hickory and the northwest portion of Greene County. The following table shows the 2010 population for counties in the primary and secondary service area, and the Hospital's 2011 market share for discharges in each county.

	Population	FY2011 Market Share		
County	2010 Census	Total Discharges	Citizens Memorial Discharges	Market Share
Primary Service Area				
Polk	31,137	3,763	1,742	46%
Secondary Service Area				
Dallas	16,777	1,965	447	23%
Hickory	9,627	1,177	418	36%
Cedar	13,982	1,923	346	18%
Dade	7,883	995	59	6%
Greene*	15,291	1,750	47	3%
Secondary Area Total	63,560	7,810	1,317	17%
Total Service Area	94,697	11,573	3,059	26%

Source: Missouri Hospital Association – HIDI Data & 2010 U.S. Census Data

* Greene County includes only the towns of Ash Grove, Walnut Grove and Willard

The Hospital's service area residents tend to be older and poorer than the statewide average for the state of Missouri, based on 2010 U.S. Census Data. This data shows 18.6% of service area residents are aged 65 or older compared to 14.0% for the state as a whole. Additionally, 18.4% of service area residents have household income under the federal poverty level compared to 14.3% for the state as a whole. A breakdown of these results by county from the 2010 U.S. Census Data is included below.

	2010	Population 65 & Over		Population Below Poverty Level	
County	Population	Population	% of Total	Population	% of Total
Primary Service Area					
Polk	31,137	5,025	16.1%	6,321	20.3%
Secondary Service Area					
Dallas	16,777	2,853	17.0%	3,439	20.5%
Hickory	9,627	2,846	29.6%	1,665	17.3%
Cedar	13,982	3,126	22.4%	2,754	19.7%
Dade	7,883	1,617	20.5%	1,687	21.4%
Greene*	15,291	2,103	13.8%	1,573	10.3%
Secondary Area Total	63,560	12,545	19.7%	11,120	17.5%
Total Service Area	94,697	17,570	18.6%	17,440	18.4%
State of Missouri	5,988,927	838,294	14.0%	856,417	14.3%

* Greene County includes only the towns of Ash Grove, Walnut Grove and Willard

Older, poorer residents tend to have a greater need for health care services, with a lesser ability to pay for such services. Such residents are also more likely to be covered by the Medicare or Medicaid

programs, whose payments frequently do not cover the costs of the services rendered. The Hospital's patient mix reflects the older, poorer population of its service area, as follows:

Payor	% of Patients
Medicare	52%
Commercial/Managed Care	24
Medicaid	18
Uninsured	6
Total	100%

Source: Hospital records, 10 months ended March 31, 2013

Overall, 76% of all Hospital patients are Medicare, Medicaid or uninsured patients. This percentage is even more dramatic in the emergency department, where 65% of patients have Medicare or Medicaid coverage and 14% are uninsured, for a total of 79% of emergency department patients who are Medicare, Medicaid or uninsured patients. Likewise, 87% of ambulance transports are for Medicare, Medicaid or uninsured patients. Thus, the Hospital relies heavily on federal and state health care funding, and is particularly vulnerable to cuts in those funding programs, as described later.

The Hospital has implemented numerous programs over the years to try and meet the needs of the residents in its service area. Those programs are described below.

Primary Care Clinics – The Hospital was one of the first hospitals in Missouri to operate federally-certified rural health clinics, through a special program designed to make primary care services available in geographic areas with a shortage of such services. In addition to four clinics operated in Bolivar, the Hospital operates rural health clinics in:

- Humansville (Polk County)
- Pleasant Hope (Polk County)
- Stockton (Cedar County)
- Greenfield (Dade County)
- Buffalo (Dallas County)
- Ash Grove (Greene County)

One of the Hospital's rural health clinics in Bolivar is designated as a Walk-In Clinic to treat patients who do not have an appointment. The Walk-in Clinic provides faster access to care at a lower cost than going to the emergency department and is therefore especially beneficial for uninsured patients.

The Hospital also operated a rural health clinic in Hermitage (Hickory County) for many years, but has worked with a new organization to convert this location to a federally-qualified health center (FQHC) during the Hospital's 2013 fiscal year. The FQHC, operated by Ozarks Resource Group, is receiving grant funds under the Public Health Service Act. Because only half the residents of the FQHC's service area were receiving health care services prior to the conversion, it is believed more residents will receive services in the coming years. Also, the FQHC plans to expand from the current primary care and mental health services to offer dental services within the next year.

Pediatric Dental Services – Recognizing that dental services are a common need among the uninsured, the Hospital developed a mobile dental clinic in 1999. The clinic, know as Miles for Smiles, serves 12 counties in and around the Hospital's service area, providing dental care to uninsured and Medicaid-

eligible children. More than 38,000 children have been seen since 1999, and annually over 3,000 children receive dental services through Miles for Smiles.

Outpatient Rehabilitation Clinics – The Hospital operates rehabilitation clinics on the Hospital campus in Bolivar and in seven additional communities where rural health clinics are located. These rehabilitation clinics provide physical, occupational and speech therapy services to residents in these communities.

Specialty Clinic Services – To prevent the need for patients to travel an hour or more to receive specialty services in Springfield or other urban areas, the Hospital operates a number of specialty clinics in Bolivar, including:

- Cardiology
- Ear, Nose & Throat
- General Surgery
- Neurology
- Ophthalmology
- Orthopedics
- Pain Management
- Psychiatry/Psychology
- Pulmonology
- Rheumatology
- Urology
- Wound and Hyperbaric Treatment

Medical and radiation oncology services are offered on the Hospital campus at the Carrie J. Babb Cancer Center by the Central Care Cancer Center. The Hospital also leases office space to other specialists practicing in Bolivar. The Foundation leases space to Fresenius Medical Care, which offers dialysis services to patients in the service area.

Ambulance Services – To ensure timely access to emergency medical transportation, the Hospital operates ground ambulance services from four base stations in Polk, Hickory and Cedar Counties. The Hospital has also partnered with Mercy Health in Springfield to offer air ambulance services, with a helicopter parked on the Hospital's campus.

Hospital Care – The Hospital provides a full range of medical and surgical services, including invasive/interventional cardiology services, inpatient surgery plus a separate ambulatory surgical center, and a full range of diagnostic imaging services. A dedicated intensive care unit is available for patients requiring more intensive medical care. At a time when many rural hospitals have discontinued obstetrics care, the Hospital continues offering obstetrics care at the CMH Birth Place, delivering approximately 500 babies annually.

Hospitalists are on staff around the clock to assist with the care of Hospital inpatients, and the emergency department is staffed 24 hours per day with trained emergency physicians. Because of the growing demand for mental health services, the Hospital opened a 10-bed geriatric psychiatry unit in 1990, and just completed an expansion in May 2013 to double the capacity of the unit to 20 beds, included in our count of 86 licensed and 72 staffed beds.

Post-Acute Services – The Hospital provides home health and hospice services throughout its service area, while the Foundation offers homemaker and home medical equipment services. These services allow patients to return home sooner after services at a hospital or long-term care facility and/or remain at home longer before needing institutional care.

Two of the long-term care facilities operated by the Foundation are in Bolivar. The remaining facilities are in:

- Buffalo (Dallas County)
- El Dorado Springs (Cedar County)
- Stockton (Cedar County)
- Ash Grove (Greene County)

The Foundation also operates independent living, residential care facilities and/or assisted living facilities in conjunction with the long-term care facilities.

Overview of Health Care Reform

This CHNA is conducted in accordance with provisions of the Patient Protection and Affordable Care Act (PPACA) passed in 2010. The PPACA has among its goals to improve the quality of health care services in the United States, increase access to health care, and reduce the costs of health care.

Several PPACA programs are designed to provide incentives to health care providers to improve quality. The most comprehensive program, known as the value-based purchasing program, includes incentives to follow generally-accepted processes when caring for patients, achieve higher patient satisfaction scores, improve patient outcomes and lower overall Medicare spending per beneficiary. Separate programs are designed to reduce the number of readmissions to hospitals, and reduce the occurrence of adverse events during a patient's stay in the hospital. Hospitals performing poorly under these various programs will generally see a reduction in their Medicare reimbursement, while hospitals performing better will retain more of their Medicare reimbursement, and possibly even see increased reimbursement in selected areas.

Several programs are designed to increase access to health care services, through reducing the number of uninsured. One program encourages states to expand Medicaid eligibility, through an enhanced Federal matching percent. Medicaid is a federal/state program, with the federal government generally funding between 60-65% of Missouri's Medicaid program, with the state responsible for the balance of the funding. The expansion under PPACA would cover individuals with income up to 138% of the federal poverty level. This would result in a large increase in the number of adults eligible for Medicaid in Missouri, where parents are generally only eligible when income is below 18% of the federal poverty level, while other adults are generally not eligible unless they have no income. The enhanced federal matching percent is 100% of the cost of the expansion for 2014 through 2016, trending down to 90% by 2020. However, at the time this CHNA is being prepared, it appears the state of Missouri will forego the opportunity to expand Medicaid coverage, at least for 2014.

Individuals not eligible for Medicaid may also access third-party coverage through newly-formed health insurance exchanges. Subsidies will be available for low-income individuals. Penalties will be imposed

on certain employers that do not offer affordable health insurance coverage to their employees, while individuals that do not obtain coverage may be subject to penalties as well.

The expanded Medicaid coverage and subsidies provided to low-income individuals are largely funded by cuts in Medicare and Medicaid payments to hospitals and other health care providers. These cuts are intended to reduce the cost of health care through encouraging more efficient service delivery in the health care industry. The impact of these cuts on the Hospital is described in the next section.

Impact of Federal & State Legislative Changes on the Hospital

While assessing the health needs of the communities served by Citizens Memorial Hospital, the District has also been evaluating the impact of PPACA and other recent legislation on the Hospital. Medicare reimbursement cuts under PPACA already exceed $500,000 annually for the Hospital and will grow to more than $1 million annually by 2015, increasing annually thereafter. Regardless of whether Missouri expands Medicaid coverage, federal Medicaid reimbursement to hospitals is scheduled to be cut beginning in 2014, with the level of cuts increasing through 2018. The impact on the Hospital is difficult to determine as it depends on actions by the state of Missouri, but the impact on the Hospital will likely exceed $1 million annually by 2018.

Beyond cuts under PPACA, much of the political debate in Washington centers on reducing the federal deficit, with health care expenditures a frequent target of legislative efforts. The Budget Control Act of 2011 required President Obama to issue a sequester order on March 1, 2013, reducing all Medicare payments to hospitals and other health care providers by 2% on April 1, 2013. The annual impact of the sequester is estimated to be $600,000 on the Hospital. The American Taxpayer Relief Act of 2012 will result in an additional $1 million reduction in the Hospital's Medicare reimbursement spread over the next 5 years. Additional cuts in Medicare payments appear likely later in 2013 as the deficit reduction debate in Washington continues.

It is important to understand the context of the current legislative environment as the Hospital assesses the health needs of the community. In light of the unprecedented cuts the Hospital has experienced and will experience in the next few years, the Hospital's first priority is to maintain its core services so service area residents have access to primary care and emergency and other hospital services close to their home. Transportation for health care services out of the area is especially difficult for the poor and elderly. At the same time, the Hospital continues to search for opportunities to provide greater access to health care services and improve the health of the community it serves.

Community Health Needs Assessment

The Hospital continually evaluates the health needs of its service area. Providing a full range of health care services from primary and specialty clinic services, inpatient and outpatient hospital care, home health and long-term care provides a wide perspective on the health conditions and health needs of the service area. This section will recap some of the steps the Hospital has taken to monitor and meet the health needs of its service area, and other resources and programs evaluated when conducting this CHNA.

Medical Home Program – The Hospital began participating in the Missouri Medical Home Program in 2012, and currently has more than 800 Medicaid patients enrolled in the program. RN case managers make monthly contact with patients who have two or more chronic health conditions as defined by the Missouri State Plan Amendment for Primary Care Health Homes. During these monthly contacts, conducted either by telephone or during a routine clinic visit, case managers review medication and self monitoring compliance, provide ongoing education about management of their chronic conditions and work with patients to develop and meet self directed health improvement goals. They provide reminders to patients who are overdue for needed visits, labs or other diagnostics to monitor their chronic health conditions.

Licensed clinical social workers act as behavioral health consultants (BHC) and make contact with these patients when little or no improvement is being made in order to discuss behavioral changes and coping strategies to deal with barriers to health improvement. With this model, the BHC can complete a brief intervention with the patient while they are in the clinic being seen by their primary care provider for chronic illness rather than having them schedule another appointment when transportation may be difficult for them to find. In addition to chronic care behavior modification, the Medical Home is screening patients for drug and alcohol use with the Screening, Brief Intervention and Referral to Treatment (SBIRT) tool. The BHC provides follow-up for patients with positive screenings. The purpose of SBIRT is to identify patients at risk for drug and/or alcohol dependence and provide interventions early.

A care coordinator makes contact with all patients who are discharged from an inpatient hospitalization to ensure that they have all of the resources necessary to be successful at home. The care coordinator refers back to the hospital discharge instructions and answers any patient questions. Disease specific self monitoring tasks are reinforced. For example, diabetic patients are asked about monitoring their blood glucose. Patients with congestive heart failure are asked about their daily weight monitoring. Medications are reconciled and the patient is asked to verify that they have ordered and/or received their new prescriptions, oxygen or home medical equipment items. The care coordinator validates that a follow-up appointment has been scheduled and the patient has transportation. Patients are asked about other resources they may need, such as referrals for dental or other types of care, assistance with transportation and availability of in-home services. Patients are also educated about continued eligibility for Medicaid, or the availability of other home and community-based services to allow patients to remain in their homes rather than being institutionalized.

Finally, the BHCs and RN case managers conduct weekly “Healthy Lifestyle” group sessions to support all patients in health and wellness activities. Sessions are conducted in several locations as of May 2013 and will gradually be expanded to include Bolivar and all outlying clinic locations.

While this program has proven very beneficial for the patients participating, it is only funded under the PPACA through December 31, 2013. If the funding is not renewed after this date, the Hospital may not have the funds available to continue operating it, given the massive cuts in reimbursement being implemented by the federal government as mentioned previously.

Project InfoCare – The Hospital began a comprehensive upgrade to its information technology infrastructure in 2002. The new system includes a patient-centric electronic health record. The system allows patients to enter any Hospital or Foundation facility and receive expedited registration based on patient profile data that is already in the system. Hospital and Foundation staff have immediate access

to patient history, lab results, radiology exams and physician documentation to improve the transition of patient care among settings.

The American Recovery and Reinvestment Act of 2009 provided funds to reimburse hospitals for some of the costs of upgrading technology to develop and maintain electronic health records. Under the requirements of this funding, the Hospital and medical staff must be able to track various health indicators and use electronic records to enter physician orders, track vital signs and smoking status, report lab and other test results, and provide reminders for preventive and follow-up care to patients. By October 1, 2013, the Hospital will meet 19 separate objectives while the Hospital's medical staff will meet 20 objectives for the various uses of electronic health records.

A fully-integrated electronic health records system provides information for the Hospital to assess health conditions and respond to needs as they arise. For example, Hospital staff are required to obtain a flu vaccination each year. For those who do not obtain one for medical or religious reasons, they are required to wear face masks while on Hospital property during periods of high flu activity, with the flu activity tracked through access to the Hospital's electronic health records.

Free Clinic – On July 1, 2008, the Hospital and the Polk County Health Department began providing a Free Clinic one night per week for the residents of the county who had no insurance, Medicare or Medicaid coverage. With over 22% of residents without medical coverage, the need was tremendous and since the opening of the clinic this percentage of uninsured has increased. In conjunction with three local pharmacies, a discount is provided for any prescriptions needed by the patients. The Hospital schedules physicians, physician assistants, and nurse practitioners who volunteer their time each week at the clinic. If additional tests are needed the Hospital also provides discounted lab tests and X-rays for free clinic patients.

Modeled after this clinic, the Hospital partnered with the local health departments to open a free clinic in Dade County in 2009 and in Dallas County in 2010. The top diagnoses seen have been diabetes, high blood pressure, depression, cholesterol, chest pain, headache/dizziness, toothaches, asthma/sinus, ear/throat pain, and rashes. More than 2,800 uninsured patients have received treatment in the Hospital-sponsored free clinics since 2008, ranging in age from 3 to 62.

Area Health Agencies - The Hospital also works with federal, state and local organizations to improve access to care and the health of the community. Locally, the Hospital works with county health departments as they evaluate health needs and work to help meet those needs. The Hospital worked with the Hickory County and Dallas County Health Departments to help establish a federally-qualified health center in Hermitage. While transferring the Hermitage rural health clinic to this entity represented a significant financial loss for the Hospital, it did so with the hopes the new entity would be able to expand medical and dental services in Hickory County as well as Dallas County, ultimately leading to improved health to the residents in this very underserved area.

In its primary service area, the Hospital was involved in a collaborative project led by the Polk County Health Center to conduct a survey of Polk County residents to assess their health needs. The survey included a study of the overall community, including societal issues such as domestic violence, child abuse and motor vehicle deaths. Among the health issues identified in the study were the following:

- Lack of health insurance
- Dental health for children

- Drug, alcohol and tobacco use
- Obesity
- High blood pressure
- Physical inactivity
- Lack of early detection/screenings at age appropriate levels

Most area health agencies offer resources for residents online and at the health centers. For example, the Polk County Health Center offers a number of online resources at www.polkcountyhealth.net. Examples of the services available at the Health Center include immunizations, mental health counseling, women's health services and smoking cessation "Quit Kits."

2012 County Data Profiles – The Missouri Hospital Association has consolidated data from several sources to create county data profiles for each Missouri county. Data sources include the U.S. Census Bureau, the Centers for Disease Control and Prevention, and the County Health Rankings & Roadmaps database, which is funded and led by the University of Wisconsin Population Health Center and the Robert Wood Johnson Foundation.

The appendix to this report includes the 2012 county data profiles for Polk, Dallas, Hickory, Cedar, Dade and Greene Counties. The profiles contain a significant amount of data about health, social and economic issues in each county. Most of the narrative included in this report related to the profiles will focus on Polk County, as well as the four smaller counties in our secondary service area: Cedar, Dade, Dallas and Hickory. Greene County is an urban county dominated by the city of Springfield, with a county population of 269,630 according to the profile. The Hospital and Foundation primarily serve the northwest corner of Greene County, with a rural health clinic, rehabilitation clinic, home medical equipment store and long-term care facility in Ash Grove. The population of the towns in northwest Greene County served by the Ash Grove facilities is 15,291, less than 10% of the county's overall population.

When evaluating health in the remaining five counties in the Hospital's service area, it is important to note some distinctions that are likely due to the rural nature of the counties. For example, all five counties show premature death rates to be higher than the state average. However, all five counties also show motor vehicle crash death rates that are dramatically higher than the state average. Evaluating the underlying data, 11.1% of all Missouri deaths were from motor vehicle crashes, while 17.5% of deaths in the five-county service area, and 19.0% of Polk County deaths, were from motor vehicle crashes. As these crashes frequently involve younger drivers and/or passengers, they would have a disproportionate impact on premature death rates in the service area. The higher crash rate is likely attributable to the rural area served by the Hospital. Rural areas have lower availability and use of public transportation, and likewise have higher use of highway driving for longer distances at higher speeds than in urban areas.

On a positive note, there are a number of areas where the service area compares favorably to state averages and the national benchmark, which is established at the 90th percentile of all county data nationally. The performance in Cedar, Dade, Dallas and Hickory Counties is relatively consistent with Polk County. The Polk County profile shows a number of favorable areas, including:

- Low birthweight of 6.3%, close to the national benchmark of 6%
- Sexually transmitted infections rate of 180.9 per 100,000, well below the state average of 437.6
- HIV rate of 28 per 100,000, well below the state average of 225.7

- Preventable hospital stays rate per 1,000 Medicare beneficiaries of 50.4, close to the national benchmark of 49
- Health care costs per Medicare beneficiary of $8,715, 8% below the state average of $9,463

There are, however, health issues in Polk County and throughout the secondary service area that are of concern. Again focusing on the Polk County profile for comparison data, these concerns include:

- Adult smoking rate of 18.8% that is below the state average of 23.5%, but above the 14% national benchmark
- Adult obesity and physical inactivity rates slightly above the stage average
- Uninsured rate of 19.9%, above the state average of 15.2%
- An inadequate supply of mental health providers in relation to the state average
- An inadequate supply of dentists in relation to the state average

Community Health Needs Identified and Implementation Plan

The health needs identified in the attached county data profiles generally mirror those identified in the Polk County Health Center study mentioned previously. Given the commonality of these concerns, confirmed in communication with our own medical staff and medical home case managers, the health needs we have identified for our service area are as follows:

- Reduction in the adult smoking rate in the service area;
- Reduction in the adult obesity and physical inactivity rates in the service area;
- Reduction in the uninsured rate in the service area;
- Increase in the availability of mental health providers in the service area; and
- Increase in the availability of dental providers in the service area.

Each of these needs is evaluated in the following section, along with the Hospital's implementation plan to address each need.

Reduction in Adult Smoking Rate – The Hospital has operated a Smoking Cessation program for a number of years. This is a 6-week program generally offered each quarter at no cost to individuals in the service area. Approximately half of the adults participating in the classes report success in their efforts to quit smoking. The Hospital will continue offering these classes at no cost to the community.

Reduction in Adult Obesity and Physical Inactivity Rates – The Hospital operates the CMH Senior Health Center offering free use of exercise equipment and pool for individuals in the service area aged 55 and over. Since opening in 2004, the CMH Senior Health Center has enrolled 2,490 people. This number continues to grow as enrollment of new people averages 13 per month. The average participation rate is 82 people per day with total visits per month averaging 1,754. In a survey of Senior Health Center members, many health benefits were reported. Some benefits include: improved strength, more energy, decreased blood pressure, improved mood, increased mobility, improved range of motion, weight loss, less joint pain and muscle pain, improved sleep, better balance, improve heart health, less breathing problems, lower cholesterol, lower blood sugar, and more social time.

The Hospital also offers Health Expos throughout the year and throughout the service area. Attendees are able to obtain low-cost blood screenings and health education materials on prevention of disease.

In addition to the Health Expos, "Lunch and Learn" sessions are offered periodically where physicians or other providers offer in-depth information on relevant health topics to help individuals in the service area improve their health.

The Hospital has recently partnered with the Polk County Health Department and other community organizations to form the Live Well Alliance. Projects have included grants for sidewalks, bike trails, healthy menu options on local menus and community weight-loss challenges. The Hospital is also planning a community-wide 5K family fun-run for fall 2013.

Realizing that healthy habits start early, the Hospital also supports the School Health Index developed by the Centers for Disease Control and Prevention (CDC). During the 2013/2014 school year, the Hospital will partner with area schools, health departments, the CDC and the Missouri Department of Health and Senior Services to encourage schools to commit to the assessment and complete the modules, which include physical activity, nutrition, tobacco-use prevention, safety, asthma and sexual health. These modules will be made available not only to the schools, but to all age groups throughout our service area.

Since 1997, the Hospital has conducted School Health Expos for 30 area elementary schools. Each year, Hospital staff work with school nurses to screen more than 12,000 students at 30 schools in seven counties, including Amish and Mennonite communities. Screenings include: height; weight; vision; blood pressure; hearing and scoliosis. Without this assistance, school nurses would spend a large portion of their time doing screenings throughout the school year. Providing these health screenings during the fall of each year allows school nurses to concentrate efforts on assisting children with their health needs throughout the school year.

Reduction in Uninsured Rate – One of the stated goals of PPACA is to reduce the number of uninsured, through Medicaid expansion and availability of subsidies to obtain coverage through the upcoming health insurance exchange. While the federal and state governments and other entities will doubtless be providing extensive education about the process of accessing the exchange, the Hospital will join in these efforts and provide information through its website and other means to make individuals in the service area aware of this potential option to obtain insurance coverage.

The Hospital also has recently entered into contracts with area pharmacies to make the federal 340B drug pricing program available to the uninsured. This program enables the Hospital to purchase outpatient drugs at a discount, with those savings used to help fund the numerous programs mentioned in this report, and make up for the severe cuts in federal funding the Hospital is experiencing. When uninsured patients receive prescriptions from one of our providers, if the retail cost of the prescription represents a significant financial burden to the patient, they may be eligible to receive it at a substantial discount from one of the Hospital's contracted pharmacies.

Finally, the Hospital has supported the start-up efforts for the FQHC in Hermitage, mentioned previously. The FQHC should increase access to health care for the uninsured in the northern part of the Hospital's service area.

Increase in Availability of Mental Health Providers – The Hospital has placed a high priority on mental health care. As mentioned earlier, the Hospital has doubled the size of its inpatient geriatric psychiatry unit in May 2013, allowing more patients to stay in Bolivar rather than seeking care in other cities. The Hospital also recently changed the admitting criteria in the unit from ages 55 and older to ages 50 and

older. Reducing the age will increase access to inpatient psychiatry services, particularly for Medicaid-eligible patients.

The Hospital contracts with psychiatrists and psychologists to offer outpatient mental health services at one of its Bolivar rural health clinics and in all six rural health clinics in surrounding communities. In the past 12 months, 20,712 mental health visits have been provided. The need for mental health services has been identified with several Medical Home patients, who have been referred for appropriate care.

The Hospital also has recently partnered with Burrell Behavioral Health to increase the availability of mental health services in our clinics and other facilities throughout our service area. This partnership also includes a HRSA Outreach grant to provide a BHC similar to the Medical Home program described earlier. The BHC will be available to see patients at the time of their medical visit, to identify patients with mental health issues that would not normally seek out mental health services.

Mental health services are also provided via telehealth to residents of rural communities and to residents of long-term care facilities in the area. The Hospital has recently expanded the Hospital telehealth network to include telehealth services in the Emergency Room and Geriatric Psychiatry Inpatient unit. Despite cutbacks in federal funding, the Hospital intends to continue offering mental health services throughout its service area.

Increase in Availability of Dental Providers – The Hospital intends to continue supporting the Miles for Smiles program, subsidizing the loss incurred in operating this service for pediatric dental patients. As mentioned previously, a major benefit of the new federally-qualified health center (FQHC) in Hermitage will be the ability to offer dental services to its patients in the future. While the Hospital suffered a significant financial loss when transferring this clinic to the new FQHC, it was done in the interest of expanding care to the community, particularly with regard to dental services.

Conclusion

Citizens Memorial Hospital has been committed to improving the health of its service area since it opened in 1982. While the Hospital is concerned about the inadequate funding of health care services by the federal and state governments, it is committed to continuing to offer high-quality health care in the years to come. It will also continue to work with other stakeholders to improve population health and increase access to health care and health information for residents of its service area.

Community Health Needs Assessment
2012 County Data Profile

MHA
MISSOURI HOSPITAL ASSOCIATION

POLK County

	Polk County	95% Confidence Interval	National Benchmark*	Missouri	Data Source, Year
DEMOGRAPHICS					
Population	30,626			5,987,580	*U.S. Census Bureau, 2009*
Less than 18 years of age	24.5%			23.9%	*U.S. Census Bureau, 2009*
65 years of age and older	15.9%			13.7%	*U.S. Census Bureau, 2009*
African American	0.9%			11.2%	*U.S. Census Bureau, 2009*
American Indian/Alaskan Native	0.8%			0.3%	*U.S. Census Bureau, 2009*
Asian	0.5%			1.5%	*U.S. Census Bureau, 2009*
Native Hawaiian/Other Pacific Islander	0.0%			0.1%	*U.S. Census Bureau, 2009*
Hispanic	1.8%			3.4%	*U.S. Census Bureau, 2009*
Not proficient in English	1.4%			2.2%	*American Community Survey 5-Year Estimates, 2009*
Female	51.3%			51.1%	*U.S. Census Bureau, 2009*
Rural	67.6%			30.6%	*U.S. Census Bureau, 2009*
HEALTH OUTCOMES					
Mortality					
Premature death (years of potential life lost)	8,899.1	7,733.3 - 10,064.8	5,466	7,981	*Vital Statistics, National Center for Health Statistics, 2006-2008*
Morbidity					
Poor or fair health	20.4%	14.7 - 27.6%	10%	16%	*Behavioral Risk Factor Surveillance System, 2004-2010*
Poor physical health days/ previous 30 days	4.0	2.8 - 5.3	2.6	3.6	*BRFSS, 2004-2010*
Poor mental health days/ previous 30 days	3.6	2.1 - 5.1	2.3	3.7	*BRFSS, 2004-2010*
Low birthweight**	6.3%	5.4 - 7.2%	6%	8.1%	*Vital Statistics, NCHS, 2002-2008*
HEALTH FACTORS					
Health Behaviors					
Adult smoking	18.8%	12.9 - 26.6%	14%	23.5%	*BRFSS, 2004-2010*
Adult obesity	32.9%	26.6 - 39.7%	25%	31.1%	*National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS, 2009*
Physical inactivity	28.1%	21.5 - 35.7%	21%	27.7%	*National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS, 2009*
Excessive drinking	13.0%	7.4 - 21.9%	8%	17%	*BRFSS, 2004-2010*
Motor vehicle crash death rate per 100,000	36.9	28.6 - 45.3	12	19.5	*Vital Statistics, NCHS, 2002-2008*
Sexually transmitted infections (chlamydia per 100,000)	180.9		84	437.6	*Centers for Disease Control, National Center for Hepatitis, HIV, STD and TB Prevention, 2009*
Teen birth rate (per 1,000, ages 15-19)	41.2	36.9 - 45.4	22	44.3	*Vital Statistics, NCHS, 2002-2008*
HIV rate per 100,000	28.0			225.7	*CDC, National Center for Hepatitis, HIV, STD and TB Prevention, 2008*

continued

** 90th percentile, i.e., only 10% are better*

*Note: Blank or ** values may reflect unreliable or missing data.*

Source: University of Wisconsin, Population Health Institute and Robert Wood Johnson Foundation (2012), data files retrieved from www.countyhealthrankings.org

	Polk County	95% Confidence Interval	National Benchmark*	Missouri	Data Source, Year
HEALTH FACTORS *continued*					
Clinical Care					
Preventable hospital stays rate (per 1,000 Medicare enrollees)	50.4	42.5 - 58.4	49	75	*Medicare claims/Dartmouth Atlas, 2009*
Diabetic screening (HbA1c for diabetic Medicare enrollees)	80.2%	70.8 - 89.6%	89%	83.5%	*Medicare claims/Dartmouth Atlas, 2009*
Diagnosed with diabetes	11.1%	8.3 - 14.5%		9.6%	*CDC, Small Area Obesity Estimates, 2009*
Mammography screening for Medicare enrollees	64.9%	53.7 - 75%	74%	64.6%	*Medicare claims/Dartmouth Atlas, 2009*
Access					
Uninsured (population < 65 years of age)	19.9%	17.9 - 21.9%	11%	15.2%	*Census/ACS—Small Area Health Insurance Estimates, 2009*
Could not see a doctor due to cost	15.8%			13.9%	*BRFSS, 2004-2010*
Primary care physician ratio	919:1		631:1	1,015:1	*Health Resources and Services Administration, Area Resource File, 2009*
Mental health provider ratio	30,343:0			9,561:1	*HRSA, ARF, 2007*
Dentist ratio	4,368:1			3,198:1	*HRSA, ARF, 2007*
Health care costs (Medicare costs per beneficiary)	$8,715			$9,463	*HRSA, ARF, 2007*
Social and Economic Factors					
High school graduate	90.6%			85.7%	*State sources and the National Center for Education Statistics, varies by state, 2008-2009 or 2009-2010*
Some college	48.5%	42.0 - 54.9%	68%	60.8%	*ACS, 2006-2010*
Illiteracy	9.0%	4.2 - 16.4%		7.5%	*National Center for Education Statistics, National Assessment of Adult Literacy, 2003*
Median household income	$34,837	$31,566 - 38,108		$44,306	*Small Area Income and Poverty Estimates, 2010*
High housing costs	29.1%			29.2%	*ACS 5-Year Estimates, 2006-2010*
Unemployment	9.9%		5.4%	9.6%	*Local Area Unemployment Statistics, Bureau of Labor Statistics, 2010*
Children in poverty	30.3%	22.1 - 38.5%	13%	21%	*Census/Current Population Survey—SAIPE, 2010*
Children eligible for free lunch	40.6%			39.3%	*United States Department of Agriculture Food Environmental Atlas, 2006*
Inadequate social support	18.9%	13.0 - 26.8%	14%	19.4%	*BRFSS, 2004-2010*
Children in single-parent households	24.7%	18.0 - 31.4%	20%	32.3%	*ACS, 2006-2010*
Violent crime rate per 100,000	442.4		73	518.5	*Uniform Crime Reporting, Federal Bureau of Investigation - State data sources for Illinois, 2007-2009*
Homicide rate per 100,000				6.8	*National Center for Health Statistics, 2002-2008*
Physical Environment					
Air pollution-particulate matter days/days that exceed maximum average per year	0.0		0	0	*CDC-Environmental Protection Agency Collaboration. Data not available for Alaska and Hawaii, 2007*
Air pollution-ozone days/days that exceed maximum average per year	0.0		0	7	*CDC-EPA Collaboration. Data not available for Alaska and Hawaii, 2007*
Labor force who drive alone to work	79.7%			80.7%	*ACS 5-Year Estimates, 2006-2010*
Access to recreational facilities per 100,000	6.5		16	10	*Census County Business Patterns, 2009*
Limited access to healthy foods	26.7%		0%	7.8%	*USDA Food Environmental Atlas*
Fast food restaurants	48.3%		25%	47.4%	*Census County Business Patterns, 2009*

** 90th percentile, i.e., only 10% are better*

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Community Health Needs Assessment
2012 County Data Profile

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CEDAR County

	Cedar County	95% Confidence Interval	National Benchmark*	Missouri	Data Source, Year
DEMOGRAPHICS					
Population	13,544			5,987,580	*U.S. Census Bureau, 2009*
Less than 18 years of age	23.6%			23.9%	*U.S. Census Bureau, 2009*
65 years of age and older	21.7%			13.7%	*U.S. Census Bureau, 2009*
African American	0.5%			11.2%	*U.S. Census Bureau, 2009*
American Indian/Alaskan Native	0.8%			0.3%	*U.S. Census Bureau, 2009*
Asian	0.6%			1.5%	*U.S. Census Bureau, 2009*
Native Hawaiian/Other Pacific Islander	0.0%			0.1%	*U.S. Census Bureau, 2009*
Hispanic	1.7%			3.4%	*U.S. Census Bureau, 2009*
Not proficient in English	1.0%			2.2%	*American Community Survey 5-Year Estimates, 2009*
Female	51.1%			51.1%	*U.S. Census Bureau, 2009*
Rural	73.4%			30.6%	*U.S. Census Bureau, 2009*
HEALTH OUTCOMES					
Mortality					
Premature death (years of potential life lost)	10,434.1	8,392.8 - 12,475.3	5,466	7,981	*Vital Statistics, National Center for Health Statistics, 2006-2008*
Morbidity					
Poor or fair health	12.1%	6.9 - 20.5%	10%	16%	*Behavioral Risk Factor Surveillance System, 2004-2010*
Poor physical health days/ previous 30 days	2.6	1.0 - 4.3	2.6	3.6	*BRFSS, 2004-2010*
Poor mental health days/ previous 30 days	2.1	1.0 - 3.1	2.3	3.7	*BRFSS, 2004-2010*
Low birthweight**	6.2%	4.8 - 7.6%	6%	8.1%	*Vital Statistics, NCHS, 2002-2008*
HEALTH FACTORS					
Health Behaviors					
Adult smoking	%	%	14%	23.5%	*BRFSS, 2004-2010*
Adult obesity	30.8%	23.8 - 38.3%	25%	31.1%	*National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS, 2009*
Physical inactivity	30.0%	22.4 - 38.9%	21%	27.7%	*National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS, 2009*
Excessive drinking	%	%	8%	17%	*BRFSS, 2004-2010*
Motor vehicle crash death rate per 100,000	26.8	16.5 - 37.1	12	19.5	*Vital Statistics, NCHS, 2002-2008*
Sexually transmitted infections (chlamydia per 100,000)	131.8		84	437.6	*Centers for Disease Control, National Center for Hepatitis, HIV, STD and TB Prevention, 2009*
Teen birth rate (per 1,000, ages 15-19)	58.3	49.6 - 66.9	22	44.3	*Vital Statistics, NCHS, 2002-2008*
HIV rate per 100,000	43.4			225.7	*CDC, National Center for Hepatitis, HIV, STD and TB Prevention, 2008*

continued

** 90th percentile, i.e., only 10% are better*

*Note: Blank or ** values may reflect unreliable or missing data.*

Source: University of Wisconsin, Population Health Institute and Robert Wood Johnson Foundation (2012), data files retrieved from www.countyhealthrankings.org

	Cedar County	95% Confidence Interval	National Benchmark*	Missouri	Data Source, Year
HEALTH FACTORS *continued*					
Clinical Care					
Preventable hospital stays rate (per 1,000 Medicare enrollees)	69.4	58.6 - 80.1	49	75	*Medicare claims/Dartmouth Atlas, 2009*
Diabetic screening (HbA1c for diabetic Medicare enrollees)	74.0%	62.7 - 85.3%	89%	83.5%	*Medicare claims/Dartmouth Atlas, 2009*
Diagnosed with diabetes	11.5%	8.6 - 15.2%		9.6%	*CDC, Small Area Obesity Estimates, 2009*
Mammography screening for Medicare enrollees	58.1%	47.0 - 68%	74%	64.6%	*Medicare claims/Dartmouth Atlas, 2009*
Access					
Uninsured (population < 65 years of age)	19.0%	17.1 - 20.9%	11%	15.2%	*Census/ACS—Small Area Health Insurance Estimates, 2009*
Could not see a doctor due to cost	%			13.9%	*BRFSS, 2004-2010*
Primary care physician ratio			631:1	1,015:1	*Health Resources and Services Administration, Area Resource File, 2009*
Mental health provider ratio	13,700:0			9,561:1	*HRSA, ARF, 2007*
Dentist ratio	2,833:1			3,198:1	*HRSA, ARF, 2007*
Health care costs (Medicare costs per beneficiary)	$6,921			$9,463	*HRSA, ARF, 2007*
Social and Economic Factors					
High school graduate	82.6%			85.7%	*State sources and the National Center for Education Statistics, varies by state, 2008-2009 or 2009-2010*
Some college	41.8%	31.1 - 52.5%	68%	60.8%	*ACS, 2006-2010*
Illiteracy	10.4%	4.9 - 19.1%		7.5%	*National Center for Education Statistics, National Assessment of Adult Literacy, 2003*
Median household income	$31,542	$28,311 - 34,773		$44,306	*Small Area Income and Poverty Estimates, 2010*
High housing costs	24.9%			29.2%	*ACS 5-Year Estimates, 2006-2010*
Unemployment	8.6%		5.4%	9.6%	*Local Area Unemployment Statistics, Bureau of Labor Statistics, 2010*
Children in poverty	32.9%	22.9 - 42.9%	13%	21%	*Census/Current Population Survey—SAIPE, 2010*
Children eligible for free lunch	41.9%			39.3%	*United States Department of Agriculture Food Environmental Atlas, 2006*
Inadequate social support	%	%	14%	19.4%	*BRFSS, 2004-2010*
Children in single-parent households	27.6%	16.9 - 38.3%	20%	32.3%	*ACS, 2006-2010*
Violent crime rate per 100,000	190.8		73	518.5	*Uniform Crime Reporting, Federal Bureau of Investigation - State data sources for Illinois, 2007-2009*
Homicide rate per 100,000				6.8	*National Center for Health Statistics, 2002-2008*
Physical Environment					
Air pollution-particulate matter days/days that exceed maximum average per year	0.0		0	0	*CDC-Environmental Protection Agency Collaboration. Data not available for Alaska and Hawaii, 2007*
Air pollution-ozone days/days that exceed maximum average per year	0.0		0	7	*CDC-EPA Collaboration. Data not available for Alaska and Hawaii, 2007*
Labor force who drive alone to work	76.1%			80.7%	*ACS 5-Year Estimates, 2006-2010*
Access to recreational facilities per 100,000	7.4		16	10	*Census County Business Patterns, 2009*
Limited access to healthy foods	2.6%		0%	7.8%	*USDA Food Environmental Atlas*
Fast food restaurants	40.0%		25%	47.4%	*Census County Business Patterns, 2009*

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Community Health Needs Assessment
2012 County Data Profile

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DADE County

	Dade County	95% Confidence Interval	National Benchmark*	Missouri	Data Source, Year
DEMOGRAPHICS					
Population	7,316			5,987,580	*U.S. Census Bureau, 2009*
Less than 18 years of age	22.4%			23.9%	*U.S. Census Bureau, 2009*
65 years of age and older	20.7%			13.7%	*U.S. Census Bureau, 2009*
African American	0.6%			11.2%	*U.S. Census Bureau, 2009*
American Indian/Alaskan Native	0.8%			0.3%	*U.S. Census Bureau, 2009*
Asian	0.2%			1.5%	*U.S. Census Bureau, 2009*
Native Hawaiian/Other Pacific Islander	0.1%			0.1%	*U.S. Census Bureau, 2009*
Hispanic	1.6%			3.4%	*U.S. Census Bureau, 2009*
Not proficient in English	0.4%			2.2%	*American Community Survey 5-Year Estimates, 2009*
Female	50.1%			51.1%	*U.S. Census Bureau, 2009*
Rural	100.0%			30.6%	*U.S. Census Bureau, 2009*
HEALTH OUTCOMES					
Mortality					
Premature death (years of potential life lost)	8,892.5	6,347.1 - 11,437.8	5,466	7,981	*Vital Statistics, National Center for Health Statistics, 2006-2008*
Morbidity					
Poor or fair health	%	%	10%	16%	*Behavioral Risk Factor Surveillance System, 2004-2010*
Poor physical health days/ previous 30 days			2.6	3.6	*BRFSS, 2004-2010*
Poor mental health days/ previous 30 days			2.3	3.7	*BRFSS, 2004-2010*
Low birthweight**	5.9%	4.0 - 7.8%	6%	8.1%	*Vital Statistics, NCHS, 2002-2008*
HEALTH FACTORS					
Health Behaviors					
Adult smoking	%	%	14%	23.5%	*BRFSS, 2004-2010*
Adult obesity	29.4%	22.5 - 37.0%	25%	31.1%	*National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS, 2009*
Physical inactivity	28.5%	20.4 - 37.6%	21%	27.7%	*National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS, 2009*
Excessive drinking	%	%	8%	17%	*BRFSS, 2004-2010*
Motor vehicle crash death rate per 100,000	57.3	37.1 - 77.4	12	19.5	*Vital Statistics, NCHS, 2002-2008*
Sexually transmitted infections (chlamydia per 100,000)	121.3		84	437.6	*Centers for Disease Control, National Center for Hepatitis, HIV, STD and TB Prevention, 2009*
Teen birth rate (per 1,000, ages 15-19)	50.6	39.9 - 61.3	22	44.3	*Vital Statistics, NCHS, 2002-2008*
HIV rate per 100,000				225.7	*CDC, National Center for Hepatitis, HIV, STD and TB Prevention, 2008*

continued

** 90th percentile, i.e., only 10% are better*

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Source: University of Wisconsin, Population Health Institute and Robert Wood Johnson Foundation (2012), data files retrieved from www.countyhealthrankings.org

	Dade County	95% Confidence Interval	National Benchmark*	Missouri	Data Source, Year
HEALTH FACTORS *continued*					
Clinical Care					
Preventable hospital stays rate (per 1,000 Medicare enrollees)	44.7	32.3 - 57.1	49	75	*Medicare claims/Dartmouth Atlas, 2009*
Diabetic screening (HbA1c for diabetic Medicare enrollees)	88.4%	71.7 - 100.0%	89%	83.5%	*Medicare claims/Dartmouth Atlas, 2009*
Diagnosed with diabetes	11.2%	8.1 - 14.8%		9.6%	*CDC, Small Area Obesity Estimates, 2009*
Mammography screening for Medicare enrollees	64.0%	45.6 - 81%	74%	64.6%	*Medicare claims/Dartmouth Atlas, 2009*
Access					
Uninsured (population < 65 years of age)	18.3%	16.4 - 20.2%	11%	15.2%	*Census/ACS—Small Area Health Insurance Estimates, 2009*
Could not see a doctor due to cost	%			13.9%	*BRFSS, 2004-2010*
Primary care physician ratio	3,733:1		631:1	1,015:1	*Health Resources and Services Administration, Area Resource File, 2009*
Mental health provider ratio	7,465:0			9,561:1	*HRSA, ARF, 2007*
Dentist ratio	7,969:1			3,198:1	*HRSA, ARF, 2007*
Health care costs (Medicare costs per beneficiary)	$6,539			$9,463	*HRSA, ARF, 2007*
Social and Economic Factors					
High school graduate	91.7%			85.7%	*State sources and the National Center for Education Statistics, varies by state, 2008-2009 or 2009-2010*
Some college	37.1%	20.8 - 53.4%	68%	60.8%	*ACS, 2006-2010*
Illiteracy	9.3%	4.4 - 16.6%		7.5%	*National Center for Education Statistics, National Assessment of Adult Literacy, 2003*
Median household income	$33,452	$29,677 - 37,227		$44,306	*Small Area Income and Poverty Estimates, 2010*
High housing costs	20.0%			29.2%	*ACS 5-Year Estimates, 2006-2010*
Unemployment	8.9%		5.4%	9.6%	*Local Area Unemployment Statistics, Bureau of Labor Statistics, 2010*
Children in poverty	33.8%	26.3 - 41.3%	13%	21%	*Census/Current Population Survey—SAIPE, 2010*
Children eligible for free lunch	39.8%			39.3%	*United States Department of Agriculture Food Environmental Atlas, 2006*
Inadequate social support	%	%	14%	19.4%	*BRFSS, 2004-2010*
Children in single-parent households	28.2%	19.4 - 36.9%	20%	32.3%	*ACS, 2006-2010*
Violent crime rate per 100,000	132.6		73	518.5	*Uniform Crime Reporting, Federal Bureau of Investigation - State data sources for Illinois, 2007-2009*
Homicide rate per 100,000				6.8	*National Center for Health Statistics, 2002-2008*
Physical Environment					
Air pollution-particulate matter days/days that exceed maximum average per year	0.0		0	0	*CDC-Environmental Protection Agency Collaboration. Data not available for Alaska and Hawaii, 2007*
Air pollution-ozone days/days that exceed maximum average per year	0.0		0	7	*CDC-EPA Collaboration. Data not available for Alaska and Hawaii, 2007*
Labor force who drive alone to work	79.1%			80.7%	*ACS 5-Year Estimates, 2006-2010*
Access to recreational facilities per 100,000	0.0		16	10	*Census County Business Patterns, 2009*
Limited access to healthy foods	4.2%		0%	7.8%	*USDA Food Environmental Atlas*
Fast food restaurants	41.7%		25%	47.4%	*Census County Business Patterns, 2009*

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Community Health Needs Assessment
2012 County Data Profile

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DALLAS County

	Dallas County	95% Confidence Interval	National Benchmark*	Missouri	Data Source, Year
DEMOGRAPHICS					
Population	16,637			5,987,580	*U.S. Census Bureau, 2009*
Less than 18 years of age	25.3%			23.9%	*U.S. Census Bureau, 2009*
65 years of age and older	15.3%			13.7%	*U.S. Census Bureau, 2009*
African American	0.6%			11.2%	*U.S. Census Bureau, 2009*
American Indian/Alaskan Native	0.9%			0.3%	*U.S. Census Bureau, 2009*
Asian	0.3%			1.5%	*U.S. Census Bureau, 2009*
Native Hawaiian/Other Pacific Islander	0.0%			0.1%	*U.S. Census Bureau, 2009*
Hispanic	1.9%			3.4%	*U.S. Census Bureau, 2009*
Not proficient in English	1.4%			2.2%	*American Community Survey 5-Year Estimates, 2009*
Female	50.2%			51.1%	*U.S. Census Bureau, 2009*
Rural	82.9%			30.6%	*U.S. Census Bureau, 2009*
HEALTH OUTCOMES					
Mortality					
Premature death (years of potential life lost)	8,251.4	6,719.9 - 9,782.9	5,466	7,981	*Vital Statistics, National Center for Health Statistics, 2006-2008*
Morbidity					
Poor or fair health	18.6%	13.1 - 25.7%	10%	16%	*Behavioral Risk Factor Surveillance System, 2004-2010*
Poor physical health days/ previous 30 days	3.6	2.3 - 5.0	2.6	3.6	*BRFSS, 2004-2010*
Poor mental health days/ previous 30 days	2.7	1.4 - 4.0	2.3	3.7	*BRFSS, 2004-2010*
Low birthweight**	6.4%	5.2 - 7.7%	6%	8.1%	*Vital Statistics, NCHS, 2002-2008*
HEALTH FACTORS					
Health Behaviors					
Adult smoking	%	%	14%	23.5%	*BRFSS, 2004-2010*
Adult obesity	32.1%	24.9 - 40.0%	25%	31.1%	*National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS, 2009*
Physical inactivity	29.8%	22.8 - 38.2%	21%	27.7%	*National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS, 2009*
Excessive drinking	%	%	8%	17%	*BRFSS, 2004-2010*
Motor vehicle crash death rate per 100,000	41.7	29.9 - 53.5	12	19.5	*Vital Statistics, NCHS, 2002-2008*
Sexually transmitted infections (chlamydia per 100,000)	118.7		84	437.6	*Centers for Disease Control, National Center for Hepatitis, HIV, STD and TB Prevention, 2009*
Teen birth rate (per 1,000, ages 15-19)	55.3	48.1 - 62.6	22	44.3	*Vital Statistics, NCHS, 2002-2008*
HIV rate per 100,000	36.2			225.7	*CDC, National Center for Hepatitis, HIV, STD and TB Prevention, 2008*

continued

** 90th percentile, i.e., only 10% are better*

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Source: University of Wisconsin, Population Health Institute and Robert Wood Johnson Foundation (2012), data files retrieved from www.countyhealthrankings.org

	Dallas County	95% Confidence Interval	National Benchmark*	Missouri	Data Source, Year
HEALTH FACTORS *continued*					
Clinical Care					
Preventable hospital stays rate (per 1,000 Medicare enrollees)	43.4	32.7 - 54.1	49	75	*Medicare claims/Dartmouth Atlas, 2009*
Diabetic screening (HbA1c for diabetic Medicare enrollees)	86.5%	71.9 - 100.0%	89%	83.5%	*Medicare claims/Dartmouth Atlas, 2009*
Diagnosed with diabetes	9.3%	6.8 - 12.4%		9.6%	*CDC, Small Area Obesity Estimates, 2009*
Mammography screening for Medicare enrollees	50.4%	37.1 - 63%	74%	64.6%	*Medicare claims/Dartmouth Atlas, 2009*
Access					
Uninsured (population < 65 years of age)	19.9%	17.8 - 22.0%	11%	15.2%	*Census/ACS—Small Area Health Insurance Estimates, 2009*
Could not see a doctor due to cost	11.1%			13.9%	*BRFSS, 2004-2010*
Primary care physician ratio			631:1	1,015:1	*Health Resources and Services Administration, Area Resource File, 2009*
Mental health provider ratio	16,799:0			9,561:1	*HRSA, ARF, 2007*
Dentist ratio	5,651:1			3,198:1	*HRSA, ARF, 2007*
Health care costs (Medicare costs per beneficiary)	$6,943			$9,463	*HRSA, ARF, 2007*
Social and Economic Factors					
High school graduate	85.1%			85.7%	*State sources and the National Center for Education Statistics, varies by state, 2008-2009 or 2009-2010*
Some college	30.9%	20.9 - 40.9%	68%	60.8%	*ACS, 2006-2010*
Illiteracy	10.0%	4.7 - 17.9%		7.5%	*National Center for Education Statistics, National Assessment of Adult Literacy, 2003*
Median household income	$37,589	$35,703 - 39,475		$44,306	*Small Area Income and Poverty Estimates, 2010*
High housing costs	24.7%			29.2%	*ACS 5-Year Estimates, 2006-2010*
Unemployment	11.7%		5.4%	9.6%	*Local Area Unemployment Statistics, Bureau of Labor Statistics, 2010*
Children in poverty	31.2%	21.6 - 40.8%	13%	21%	*Census/Current Population Survey—SAIPE, 2010*
Children eligible for free lunch	48.8%			39.3%	*United States Department of Agriculture Food Environmental Atlas, 2006*
Inadequate social support	%	%	14%	19.4%	*BRFSS, 2004-2010*
Children in single-parent households	26.5%	18.5 - 34.4%	20%	32.3%	*ACS, 2006-2010*
Violent crime rate per 100,000	248.3		73	518.5	*Uniform Crime Reporting, Federal Bureau of Investigation - State data sources for Illinois, 2007-2009*
Homicide rate per 100,000				6.8	*National Center for Health Statistics, 2002-2008*
Physical Environment					
Air pollution-particulate matter days/days that exceed maximum average per year	0.0		0	0	*CDC-Environmental Protection Agency Collaboration. Data not available for Alaska and Hawaii, 2007*
Air pollution-ozone days/days that exceed maximum average per year	0.0		0	7	*CDC-EPA Collaboration. Data not available for Alaska and Hawaii, 2007*
Labor force who drive alone to work	77.6%			80.7%	*ACS 5-Year Estimates, 2006-2010*
Access to recreational facilities per 100,000	0.0		16	10	*Census County Business Patterns, 2009*
Limited access to healthy foods	36.4%		0%	7.8%	*USDA Food Environmental Atlas*
Fast food restaurants	56.3%		25%	47.4%	*Census County Business Patterns, 2009*

** 90th percentile, i.e., only 10% are better*

*Note: Blank or ** values may reflect unreliable or missing data.*

Source: University of Wisconsin, Population Health Institute and Robert Wood Johnson Foundation (2012), data files retrieved from www.countyhealthrankings.org

Community Health Needs Assessment
2012 County Data Profile

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HICKORY County

	Hickory County	95% Confidence Interval	National Benchmark*	Missouri	Data Source, Year
DEMOGRAPHICS					
Population	8,903			5,987,580	*U.S. Census Bureau, 2009*
Less than 18 years of age	17.0%			23.9%	*U.S. Census Bureau, 2009*
65 years of age and older	28.3%			13.7%	*U.S. Census Bureau, 2009*
African American	0.1%			11.2%	*U.S. Census Bureau, 2009*
American Indian/Alaskan Native	0.8%			0.3%	*U.S. Census Bureau, 2009*
Asian	0.1%			1.5%	*U.S. Census Bureau, 2009*
Native Hawaiian/Other Pacific Islander	0.0%			0.1%	*U.S. Census Bureau, 2009*
Hispanic	1.1%			3.4%	*U.S. Census Bureau, 2009*
Not proficient in English	0.1%			2.2%	*American Community Survey 5-Year Estimates, 2009*
Female	51.9%			51.1%	*U.S. Census Bureau, 2009*
Rural	100.0%			30.6%	*U.S. Census Bureau, 2009*
HEALTH OUTCOMES					
Mortality					
Premature death (years of potential life lost)	8,368.9	6,401.6 - 10,336.3	5,466	7,981	*Vital Statistics, National Center for Health Statistics, 2006-2008*
Morbidity					
Poor or fair health	%	%	10%	16%	*Behavioral Risk Factor Surveillance System, 2004-2010*
Poor physical health days/ previous 30 days	5.7	2.3 - 9.2	2.6	3.6	*BRFSS, 2004-2010*
Poor mental health days/ previous 30 days	7.5	3.3 - 11.8	2.3	3.7	*BRFSS, 2004-2010*
Low birthweight**	4.7%	2.9 - 6.5%	6%	8.1%	*Vital Statistics, NCHS, 2002-2008*
HEALTH FACTORS					
Health Behaviors					
Adult smoking	%	%	14%	23.5%	*BRFSS, 2004-2010*
Adult obesity	31.9%	25.2 - 38.9%	25%	31.1%	*National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS, 2009*
Physical inactivity	29.5%	22.2 - 38.1%	21%	27.7%	*National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS, 2009*
Excessive drinking	5.4%	1.8 - 15.3%	8%	17%	*BRFSS, 2004-2010*
Motor vehicle crash death rate per 100,000	32.9	18.8 - 47.0	12	19.5	*Vital Statistics, NCHS, 2002-2008*
Sexually transmitted infections (chlamydia per 100,000)	132.6		84	437.6	*Centers for Disease Control, National Center for Hepatitis, HIV, STD and TB Prevention, 2009*
Teen birth rate (per 1,000, ages 15-19)	62.4	50.6 - 74.2	22	44.3	*Vital Statistics, NCHS, 2002-2008*
HIV rate per 100,000				225.7	*CDC, National Center for Hepatitis, HIV, STD and TB Prevention, 2008*

continued

** 90th percentile, i.e., only 10% are better*

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	Hickory County	95% Confidence Interval	National Benchmark*	Missouri	Data Source, Year
HEALTH FACTORS *continued*					
Clinical Care					
Preventable hospital stays rate (per 1,000 Medicare enrollees)	75.7	61.9 - 89.5	49	75	*Medicare claims/Dartmouth Atlas, 2009*
Diabetic screening (HbA1c for diabetic Medicare enrollees)	79.0%	66.1 - 92.0%	89%	83.5%	*Medicare claims/Dartmouth Atlas, 2009*
Diagnosed with diabetes	12.1%	9.0 - 15.8%		9.6%	*CDC, Small Area Obesity Estimates, 2009*
Mammography screening for Medicare enrollees	58.1%	44.3 - 71%	74%	64.6%	*Medicare claims/Dartmouth Atlas, 2009*
Access					
Uninsured (population < 65 years of age)	22.2%	19.9 - 24.5%	11%	15.2%	*Census/ACS—Small Area Health Insurance Estimates, 2009*
Could not see a doctor due to cost	%			13.9%	*BRFSS, 2004-2010*
Primary care physician ratio	8,992:1		631:1	1,015:1	*Health Resources and Services Administration, Area Resource File, 2009*
Mental health provider ratio	8,992:0			9,561:1	*HRSA, ARF, 2007*
Dentist ratio	9,594:1			3,198:1	*HRSA, ARF, 2007*
Health care costs (Medicare costs per beneficiary)	$8,179			$9,463	*HRSA, ARF, 2007*
Social and Economic Factors					
High school graduate	91.0%			85.7%	*State sources and the National Center for Education Statistics, varies by state, 2008-2009 or 2009-2010*
Some college	40.6%	24.0 - 57.2%	68%	60.8%	*ACS, 2006-2010*
Illiteracy	9.9%	4.7 - 17.9%		7.5%	*National Center for Education Statistics, National Assessment of Adult Literacy, 2003*
Median household income	$27,957	$25,132 - 30,782		$44,306	*Small Area Income and Poverty Estimates, 2010*
High housing costs	28.0%			29.2%	*ACS 5-Year Estimates, 2006-2010*
Unemployment	12.5%		5.4%	9.6%	*Local Area Unemployment Statistics, Bureau of Labor Statistics, 2010*
Children in poverty	41.4%	28.9 - 53.9%	13%	21%	*Census/Current Population Survey—SAIPE, 2010*
Children eligible for free lunch	54.7%			39.3%	*United States Department of Agriculture Food Environmental Atlas, 2006*
Inadequate social support	%	%	14%	19.4%	*BRFSS, 2004-2010*
Children in single-parent households	30.2%	18.1 - 42.3%	20%	32.3%	*ACS, 2006-2010*
Violent crime rate per 100,000	21.8		73	518.5	*Uniform Crime Reporting, Federal Bureau of Investigation - State data sources for Illinois, 2007-2009*
Homicide rate per 100,000				6.8	*National Center for Health Statistics, 2002-2008*
Physical Environment					
Air pollution-particulate matter days/days that exceed maximum average per year	0.0		0	0	*CDC-Environmental Protection Agency Collaboration. Data not available for Alaska and Hawaii, 2007*
Air pollution-ozone days/days that exceed maximum average per year	0.0		0	7	*CDC-EPA Collaboration. Data not available for Alaska and Hawaii, 2007*
Labor force who drive alone to work	76.9%			80.7%	*ACS 5-Year Estimates, 2006-2010*
Access to recreational facilities per 100,000	11.2		16	10	*Census County Business Patterns, 2009*
Limited access to healthy foods	3.6%		0%	7.8%	*USDA Food Environmental Atlas*
Fast food restaurants	9.1%		25%	47.4%	*Census County Business Patterns, 2009*

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Community Health Needs Assessment
2012 County Data Profile

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GREENE County

	Greene County	95% Confidence Interval	National Benchmark*	Missouri	Data Source, Year
DEMOGRAPHICS					
Population	269,630			5,987,580	*U.S. Census Bureau, 2009*
Less than 18 years of age	21.3%			23.9%	*U.S. Census Bureau, 2009*
65 years of age and older	14.1%			13.7%	*U.S. Census Bureau, 2009*
African American	2.9%			11.2%	*U.S. Census Bureau, 2009*
American Indian/Alaskan Native	0.7%			0.3%	*U.S. Census Bureau, 2009*
Asian	1.3%			1.5%	*U.S. Census Bureau, 2009*
Native Hawaiian/Other Pacific Islander	0.1%			0.1%	*U.S. Census Bureau, 2009*
Hispanic	2.7%			3.4%	*U.S. Census Bureau, 2009*
Not proficient in English	1.5%			2.2%	*American Community Survey 5-Year Estimates, 2009*
Female	51.5%			51.1%	*U.S. Census Bureau, 2009*
Rural	18.0%			30.6%	*U.S. Census Bureau, 2009*
HEALTH OUTCOMES					
Mortality					
Premature death (years of potential life lost)	7,823.9	7,450.6 - 8,197.2	5,466	7,981	*Vital Statistics, National Center for Health Statistics, 2006-2008*
Morbidity					
Poor or fair health	16.8%	14.4 - 19.4%	10%	16%	*Behavioral Risk Factor Surveillance System, 2004-2010*
Poor physical health days/ previous 30 days	4.1	3.5 - 4.6	2.6	3.6	*BRFSS, 2004-2010*
Poor mental health days/ previous 30 days	3.7	3.1 - 4.2	2.3	3.7	*BRFSS, 2004-2010*
Low birthweight**	6.9%	6.6 - 7.3%	6%	8.1%	*Vital Statistics, NCHS, 2002-2008*
HEALTH FACTORS					
Health Behaviors					
Adult smoking	22.9%	19.9 - 26.2%	14%	23.5%	*BRFSS, 2004-2010*
Adult obesity	30.1%	26.1 - 34.3%	25%	31.1%	*National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS, 2009*
Physical inactivity	25.5%	21.8 - 29.5%	21%	27.7%	*National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS, 2009*
Excessive drinking	12.8%	10.3 - 15.9%	8%	17%	*BRFSS, 2004-2010*
Motor vehicle crash death rate per 100,000	16.0	14.1 - 17.8	12	19.5	*Vital Statistics, NCHS, 2002-2008*
Sexually transmitted infections (chlamydia per 100,000)	295.6		84	437.6	*Centers for Disease Control, National Center for Hepatitis, HIV, STD and TB Prevention, 2009*
Teen birth rate (per 1,000, ages 15-19)	43.6	41.9 - 45.2	22	44.3	*Vital Statistics, NCHS, 2002-2008*
HIV rate per 100,000	230.8			225.7	*CDC, National Center for Hepatitis, HIV, STD and TB Prevention, 2008*

continued

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	Greene County	95% Confidence Interval	National Benchmark*	Missouri	Data Source, Year
HEALTH FACTORS *continued*					
Clinical Care					
Preventable hospital stays rate (per 1,000 Medicare enrollees)	53.6	50.6 - 56.6	49	75	*Medicare claims/Dartmouth Atlas, 2009*
Diabetic screening (HbA1c for diabetic Medicare enrollees)	87.5%	83.5 - 91.6%	89%	83.5%	*Medicare claims/Dartmouth Atlas, 2009*
Diagnosed with diabetes	8.9%	7.3 - 10.9%		9.6%	*CDC, Small Area Obesity Estimates, 2009*
Mammography screening for Medicare enrollees	64.3%	60.0 - 68%	74%	64.6%	*Medicare claims/Dartmouth Atlas, 2009*
Access					
Uninsured (population < 65 years of age)	16.8%	15.5 - 18.1%	11%	15.2%	*Census/ACS—Small Area Health Insurance Estimates, 2009*
Could not see a doctor due to cost	16.5%			13.9%	*BRFSS, 2004-2010*
Primary care physician ratio	727:1		631:1	1,015:1	*Health Resources and Services Administration, Area Resource File, 2009*
Mental health provider ratio	8,341:1			9,561:1	*HRSA, ARF, 2007*
Dentist ratio	1,682:1			3,198:1	*HRSA, ARF, 2007*
Health care costs (Medicare costs per beneficiary)	$8,444			$9,463	*HRSA, ARF, 2007*
Social and Economic Factors					
High school graduate	86.0%			85.7%	*State sources and the National Center for Education Statistics, varies by state, 2008-2009 or 2009-2010*
Some college	65.2%	63.0 - 67.4%	68%	60.8%	*ACS, 2006-2010*
Illiteracy	5.0%	2.4 - 9.2%		7.5%	*National Center for Education Statistics, National Assessment of Adult Literacy, 2003*
Median household income	$38,059	$35,915 - 40,203		$44,306	*Small Area Income and Poverty Estimates, 2010*
High housing costs	31.6%			29.2%	*ACS 5-Year Estimates, 2006-2010*
Unemployment	8.4%		5.4%	9.6%	*Local Area Unemployment Statistics, Bureau of Labor Statistics, 2010*
Children in poverty	24.1%	19.8 - 28.4%	13%	21%	*Census/Current Population Survey—SAIPE, 2010*
Children eligible for free lunch	31.9%			39.3%	*United States Department of Agriculture Food Environmental Atlas, 2006*
Inadequate social support	16.9%	13.9 - 20.3%	14%	19.4%	*BRFSS, 2004-2010*
Children in single-parent households	32.3%	29.7 - 34.9%	20%	32.3%	*ACS, 2006-2010*
Violent crime rate per 100,000	509.5		73	518.5	*Uniform Crime Reporting, Federal Bureau of Investigation - State data sources for Illinois, 2007-2009*
Homicide rate per 100,000	3.6	2.7 - 4.4		6.8	*National Center for Health Statistics, 2002-2008*
Physical Environment					
Air pollution-particulate matter days/days that exceed maximum average per year	0.0		0	0	*CDC-Environmental Protection Agency Collaboration. Data not available for Alaska and Hawaii, 2007*
Air pollution-ozone days/days that exceed maximum average per year	2.0		0	7	*CDC-EPA Collaboration. Data not available for Alaska and Hawaii, 2007*
Labor force who drive alone to work	82.3%			80.7%	*ACS 5-Year Estimates, 2006-2010*
Access to recreational facilities per 100,000	10.8		16	10	*Census County Business Patterns, 2009*
Limited access to healthy foods	8.9%		0%	7.8%	*USDA Food Environmental Atlas*
Fast food restaurants	52.2%		25%	47.4%	*Census County Business Patterns, 2009*

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