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2016 COMMUNITY HEALTH NEEDS ASSESSMENT

CITIZENS MEMORIAL HOSPITAL
CITIZENS MEMORIAL HEALTH CARE FOUNDATION

1500 North Oakland • Bolivar, MO 65613
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Citizens Memorial Hospital District of Polk County, Missouri
Community Health Needs Assessment
Fiscal Year Ending May 31, 2016

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, 2016, 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, and every three years thereafter. 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, 2015 and ends May 31, 2016.

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 12 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, as well as home health, hospice and home medical equipment services. 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 1,900 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, St. Clair and the northwest portion of Greene County. The following table shows the 2014 estimated population for counties in the primary and secondary service area, and the Hospital's 2015 market share for discharges in each county.

	Population	FY2015 Market Share		
County	2014 Census	Total Discharges	Citizens Memorial Discharges	Market Share
Primary Service Area				
Polk	30,861	3,409	1,501	44.0%
Secondary Service Area				
Dallas	16,793	1,966	458	23.3%
Hickory	9,161	1,010	424	42.0%
Cedar	13,705	1,715	386	22.5%
St. Clair	9,191	1,234	145	11.8%
Dade	7,295	946	54	5.7%
Greene*	15,176	1,832	52	2.8%
Secondary Area Total	71,321	8,703	1,519	17.5%
Total Service Area	102,182	12,112	3,020	24.9%

Source: Missouri Hospital Association – HIDI Data & 2014 U.S. Census Estimates

* 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 2014 U.S. Census Data. This data shows 20.3% of service area residents are aged 65 or older compared to 15.2% for the state as a whole. Additionally, 19.8% of service area residents have household income under the federal poverty level compared to 15.0% for the state as a whole. A breakdown of these results by county from the 2014 U.S. Census Estimates is included below.

	2014	Population 65 & Over		Population Below Poverty Level	
County	Population	Population	% of Total	Population	% of Total
Primary Service Area					
Polk	30,861	5,333	17.3%	5,348	17.3%
Secondary Service Area					
Dallas	16,793	3,084	18.4%	3,502	20.9%
Hickory	9,161	2,856	31.2%	2,014	22.0%
Cedar	13,705	3,254	23.7%	2,946	21.5%
St. Clair	9,191	2,300	25.0%	2,002	21.8%
Dade	7,295	1,601	21.9%	1,387	19.0%
Greene*	15,176	2,343	15.4%	3,011	19.8%
Secondary Area Total	71,321	15,438	21.6%	14,862	20.8%
Total Service Area	102,182	20,771	20.3%	20,210	19.8%
State of Missouri	6,039,326	915,500	15.2%	908,394	15.0%

* 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	54%
Commercial/Managed Care	25
Medicaid	15
Uninsured	6
Total	100%

Source: Hospital records, 11 months ended April 30, 2016

Overall, 75% of all Hospital patients are Medicare, Medicaid or uninsured patients. This percentage is even more dramatic in the emergency department, where 78% of patients 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 five 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)
- Osceola (St. Clair 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, seven days a week, at a lower cost than going to the emergency department and is therefore especially beneficial for uninsured patients. Walk-in services are also available seven days a week at the clinics in Buffalo and Osceola. The Butterfield Pediatric Clinic in Bolivar offers walk-in services six days a week, while the Pleasant Hope and Stockton Clinics offer walk-in services two hours each morning, Monday-Friday.

The Hospital also operated a rural health clinic in Hermitage (Hickory County) for many years, but 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, Ozarks Community Health Center, 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. The FQHC offers primary care, OB/GYN, mental health and dental services.

Pediatric Dental Services – Recognizing that dental services are a common need among the uninsured, the Hospital developed a mobile dental clinic in 1999, now operated by Ozarks Community Health Center. The clinic, known 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 40,000 children have been seen since 1999, and annually over 3,500 children receive dental services through Miles for Smiles.

Outpatient Rehabilitation Clinics – The Hospital operates rehabilitation clinics on the Hospital campus in Bolivar and in eight additional communities. 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
- Dermatology
- Ear, Nose & Throat
- General Surgery
- Neurology
- Ophthalmology
- Orthopedics
- Pain Management
- Psychiatry/Psychology
- Pulmonology
- Rheumatology
- Sports Medicine
- 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, and uses telehealth technology to allow clinic patients to access endocrinology services in Columbia and St. Louis, Missouri. In addition, telehealth services are utilized to provide CMH specialists' services to long-term care facilities and to more remote portions of our service area (expanding and enhancing services for persons in these areas, while making more efficient usage of the specialists' time). 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 five base stations in Polk, Hickory, Cedar and St. Clair Counties. In addition to emergency medical transportation for medical conditions, the Hospital has seen an increasing need for transportation for acute psychiatric conditions, with almost 400 such cases in the

past year, the majority being transported over 90 miles for care. 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 with designation as a STEMI center, 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 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.

Services in Osceola – In late 2014 the hospital in Osceola, Missouri closed. CMH agreed to assume operations of a number of outpatient services so the community would continue to have local health care available. CMH services in Osceola include a rural health clinic providing medical and mental health services, with walk-in services available seven days a week, ambulance services, outpatient rehabilitation services and a retail pharmacy.

Post-Acute Services – The Foundation offers home health, hospice, health transit and homemaker services throughout the Hospital's service area, and also operates home medical equipment stores in Ash Grove, Bolivar, Buffalo, Greenfield, Hermitage, Stockton and Warsaw. 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.

Ellett Memorial Hospital – In 2015, the Hospital and Foundation signed an agreement to manage the Community Memorial Hospital District d/b/a Ellett Memorial Hospital (Ellett), located in Appleton City, MO, in the northwest corner of St. Clair County. Management services include employment of Ellett's Chief Executive Officer and Director of Nursing, and providing other personnel as needed. Ellett has also contracted with the Hospital for information system services, including access to its electronic health record system. The Hospital has also provided specialists to travel to Appleton City on a regular basis to conduct cardiology, urology and orthopedics clinics. This significantly reduces travel time for the underserved patients in the Appleton City area to access these services. CMH is also working with

Ellett to provide telehealth services in order to expand and enhance specialty services in that remote area.

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 until sometime after 2016.

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 $1.3 million annually for the Hospital and will grow to

more than $2 million annually by 2017, increasing annually thereafter. Regardless of whether Missouri expands Medicaid coverage, federal Medicaid reimbursement to hospitals is scheduled to be cut beginning in 2017, with the level of cuts increasing through 2024. 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 $800,000 annually by 2024.

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 $900,000 on the Hospital. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) replaced a flawed formula used to reimburse physicians. Because of the significance of this issue, Congress was willing to pass MACRA even though it is expected to increase the federal budget deficit by $141 billion over the next 10 years. Because of MACRA, it is unlikely Congress will be willing to invest any additional Medicare funds to protect rural hospitals in the foreseeable future, so hospitals such as CMH will be forced to survive in the face of mounting ACA and sequestration cuts.

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.

Previous Community Health Needs Assessment

Our previous CHNA was conducted in 2013 and identified five needs:

- 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.

Issues related to smoking, obesity and mental health will be evaluated later in this document. The Hospital believes it has largely identified those steps that it can practically take with regard to reducing the uninsured rate in the service area and increasing the availability of dental providers in the service area, as described in the following two sections.

Reduction in the 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 provide extensive education about the process of accessing the exchange, the Hospital also participates in these efforts with certified application counselors on hand to provide information to the uninsured and make individuals in the service area aware of this potential option to obtain insurance coverage.

The County Health Rankings comprising the appendix to this report include estimated uninsured rates by county from 2013. Enroll America has estimated uninsured rates for 2015 and 2013, shown in the table below. While the uninsured rate remains above the state average in all of our counties, all showed significant improvement between 2013 and 2015.

	Estimated Uninsured Rate		
County	2015	2013	Decrease
Cedar	18%	24%	(6)%
Dade	16%	25%	(9)%
Dallas	16%	22%	(6)%
Greene	14%	19%	(5)%
Hickory	20%	22%	(2)%
Polk	15%	22%	(7)%
St. Clair	17%	22%	(5)%
Missouri State Average	13%	17%	(4)%

The Hospital also has 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 increases access to health care for the uninsured in the northern part of the Hospital's service area. Given the reduction in the uninsured rate documented by Enroll America, and the other steps the Hospital takes on an ongoing basis to serve the uninsured, reducing the uninsured rate will not be included on the list of needs for our 2016 CHNA.

Increase in the Availability of Dental Providers – The Hospital transferred the Miles for Smiles program to Ozarks Community Health Center, due to the enhanced funding available under the FQHC program. While the Hospital suffered a significant financial loss when transferring its Hermitage clinic to enable the formation of OCHC, it was done in the interest of expanding care to the community, particularly with regard to dental services. As such, the Hospital will no longer include this issue on the list of needs for our 2016 CHNA.

Other Factors Influencing 2016 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; and, through the Foundation, home health and long-term care provides a wide perspective on the health conditions and health needs of the service area. This section begins with a review of our 2013 CHNA, specifically describing two needs not carried forward in our list of needs to be addressed in this 2016 CHNA. This section then recaps 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 Medicaid Medical Home Program in 2012, and currently has more than 1,400 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. They also follow-up with patients discharged from the acute care hospital setting who are identified as having an increased risk of potential readmission to address any possible barriers to ongoing outpatient care and to assure early follow-up with their primary care provider.

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. Patients are also screened for depression which can identify underlying mental health barriers to improvement of medical conditions. 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.

While this program has proven very beneficial for the patients participating, it was only funded under the PPACA through December 31, 2013. While the enhanced PPACA funding ended at that time, the State of Missouri has continued to operate the program under the normal federal Medicaid match. The Hospital hopes to continue operating the program as long as state funding is available.

Medicare Chronic Care Management Program – Similar in some respects to the Medicaid Medical Home Program, CMS introduced the Medicare Chronic Care Management (CCM) Program on January 1,

2015. The Hospital began operating the program in 2015 and has gradually enrolled additional Medicare patients, with a current enrollment of over 200 patients. The Hospital must provide at least 20 minutes of care on a monthly basis to each patient, outside of traditional face-to-face visits. The goal is to help Medicare patients manage their chronic conditions, reducing the need for acute or emergency care and improving overall health.

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 (ARRA) provided funds to incentivize hospitals to upgrade 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. The Hospital and the Hospital's medical staff have consistently met the objectives of the program and qualified for incentive payments. As the funding from the ARRA program winds down over the coming years, the program's objectives are expected to be incorporated into the new payment model for professional services known as the Medicare Access & CHIP Reauthorization Act or 2015, or MACRA. The Hospital's medical staff eligible for participation in MACRA plan to continue to meet the MACRA objectives related to electronic health record use.

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 members 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. While Enroll America estimates the uninsured rate in Polk County has decreased from 22% in 2013 to 15% in 2015, the need for the Free Clinic remains high. 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 at the clinic, currently held twice per month. 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 Dade County Health Department to open a free clinic in Dade County in 2009, currently held twice per month.

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, Ozarks Community Health Center (OCHC). While transferring the Hermitage rural health clinic to OCHC 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 underserved area. OCHC has recently expanded its services from Hermitage in Hickory County by opening a clinic in Urbana, in northwestern Dallas County.

The Polk County Health Center has been involved in a collaborative effort lead by the Springfield-Greene County Health Department in the past year to assess health needs in the area. While a final report has not been issued for Polk County, a focus group of county residents was conducted in November 2015. While participants were complimentary of the Hospital's services, they did note challenges associated with living in a rural area, including distance and length of time required to access emergency care, and the lack of certain specialists requiring travel to larger cities. Health issues and challenges expressed by the focus group included aging problems, chronic disease and mental health needs.

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."

County Health Rankings – The appendix to this report includes 2016 county data profiles for Cedar, Dade, Dallas, Greene, Hickory, Polk and St. Clair Counties. These profiles are from the County Health Rankings & Roadmaps database, which is funded and led by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation.

The profiles contain a significant amount of data about health, social and economic issues in each county. In many cases, the profile for Greene County differs from that of the remaining six counties, due largely to Greene County's size. Greene County is an urban county dominated by the city of Springfield, with a total county population of 284,721, according to 2014 U.S. Census estimates. 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 15,176, only 5% of the county's overall population.

When evaluating health in the remaining six counties in the Hospital's service area, there are a number of areas where health indicators compare unfavorably to Missouri averages. The list below shows some of the key health needs evident when reviewing these county profiles, with data shown for the Hospital's primary service area of Polk County in comparison to the Missouri average. In most cases, the data for the remaining five rural counties compares even less favorably to the Missouri average. Key unfavorable health indicators revealed in the county profiles include:

- The percent of adults reporting poor or fair health is higher than the Missouri average in all counties in our service area, with a 19% rate in Polk County compared to a 16% state average. Likewise, the rate of poor physical health or mental health days is also higher, with 4.4 poor physical health days per 30 days in Polk County compared to a Missouri average of 4.1, and 4.1 poor mental health days per 30 days in Polk County compared to a Missouri average of 3.7.
- While adult smoking rates are not significantly above the Missouri average of 21%, the Missouri average itself is above the national average of 16%, due in part to the extremely low cigarette tax rate in Missouri.

- The adult obesity rate is generally at or above the Missouri average of 31% throughout the Hospital's service area, with a high of 37% in Dade County.
- The uninsured rate is above the Missouri average of 15% throughout the Hospital's service area, with a high of 24% in Hickory County.
- Other than in Greene County, access to primary care physicians, dentists and mental health providers is below the Missouri average in all counties, reflected in the population per provider being higher than the Missouri average. The only exception other than Greene County is in Polk County, with a population of 490 for each mental health provider compared to a Missouri average of 600 residents per mental health provider.
- Injury deaths per 100,000 population are above the Missouri average of 74 in most counties, with a high of 101 in both Cedar and Hickory Counties.

On a positive note, there are a number of areas where the service area compares favorably to the Missouri average. The performance in Cedar, Dade, Dallas, Hickory and St. Clair Counties is relatively consistent with Polk County. The Polk County profile shows a number of favorable areas, including:

- Low birthweight of 6%, compared to the Missouri average of 8%
- Sexually transmitted infections rate of 251.5 per 100,000, well below the Missouri average of 453.8
- Preventable hospital stays rate per 1,000 Medicare beneficiaries of 46, below the Missouri average of 59, though Cedar, Dallas and St. Clair Counties are above the Missouri average

On another positive note, the Medicare.gov website reports that Medicare spending per beneficiary for the Hospital was only $17,313 in 2014, compared to a Missouri average of $19,701 and national average of $20,025. This reflects the Hospital's ongoing efforts to deliver value-based care to patients.

Community Health Needs Identified and Implementation Plan

In 2015, several area health systems and county health departments joined together to form the Ozarks Health Commission (OHC). OHC is working toward regional health assessments for nine communities throughout southwest Missouri and neighboring counties in Arkansas, Oklahoma and Kansas. At the time this CHNA is being completed, the OHC assessment for Bolivar and the surrounding counties in the Hospital's service area is still in progress. Once that assessment is completed, we may revise this CHNA to incorporate information from the OHC regional health assessment. Thus, pending receipt of the OHC report, and given the health needs identified in the attached county data profiles, 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; and
- Increase in the availability of mental health 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 offered 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. However, participation from the residents in the Hospital's service area has been low in recent years. To reach more individuals, the Hospital is planning several enhancements to the existing smoking cessation efforts, including:

- Offering two primary programs a year involving different Hospital departments in each session, such as behavioral health, pharmacy staff to discuss medication options, Senior Health Center staff to discuss exercise options, a dietitian to discuss healthy snacks to help curb the addiction and carbon monoxide monitoring for participants to see how their health is improving
- Offering an option for one-on-one counseling
- Telehealth counseling at outlying clinics will be offered to Hospital and Foundation employees on a test basis later this year; if well-received, the telehealth program will be opened to the public
- Exploring additional ways to offer this service to our Medical Home patients
- Offering follow-up phone call support to all participants, to encourage them in their efforts and to collect data to judge the success of our efforts

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 over 3,000 people. This number continues to grow as enrollment of new people averages 16 per month. The average participation rate is 82 people per day with total visits per month averaging 1,686. 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.

"Lunch and Learn" sessions are offered monthly where physicians or other providers offer in-depth information on relevant health topics to help individuals in the service area improve their health. Healthy Balance cooking classes are also offered monthly, taught by a registered dietitian. Both the Lunch and Learn and Healthy Balance sessions are well-attended on a monthly basis.

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 Foundation also sponsors an annual community-wide Heroes for Hospice 5K/10K run each spring.

To increase community access to cardiopulmonary exercise and reduce adult obesity and inactivity, participants of the Hospital's Phase II cardiopulmonary rehab program may bring a loved one to exercise alongside them for the entirety of their rehab treatment for free. This supportive partnership opportunity increases sustained weight management success and lifelong physical activity for both participants. Additionally, once participants graduate from their Phase II prescription, they are encouraged to continue cardiopulmonary exercise in the Hospital's Phase III program. Phase III operates

much like a gym membership, except with the addition of specially trained healthcare staff to assist when needed and to provide accountability and support. Once participants complete Phase II, they are awarded one or two weeks of a free Phase III trial membership to encourage them to sustain their newly increased physical activity.

Also, in March of this year, the Hospital began offering a significant couples discount for those participating in Phase III to further increase access to lifelong cardiopulmonary exercise & sustain habit-forming success. By increasing access, residents participating in cardiopulmonary exercise at the Hospital have increased by 24% in the last year. On average, 97 residents a month enjoy cardiopulmonary exercise for free, in conjunction with their loved one participating in Phase II. And in the three months that the couples discount has been offered, 368 couples have been able to utilize this new opportunity to increase their physical activity. Cardiopulmonary rehab serves as a valuable resource to our community for achieving and maintaining weight management and activity goals – and continues to increase this community access with incentivizing programs & cost-effective opportunities.

Realizing that healthy habits start early, the Hospital also supports the School Health Index developed by the Centers for Disease Control and Prevention (CDC). The Hospital partners 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.

Increase in Availability of Mental Health Providers – The Hospital has placed a high priority on mental health care. As mentioned earlier, the Hospital 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 contracts with psychiatrists and psychologists to offer outpatient mental health services in Bolivar and in all seven rural health clinics in surrounding communities. In the 12 months ended April 30, 2016, 26,009 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.

To better serve patients, the Hospital also recently opened the Missouri Memory Center, which features a multi-disciplinary team who are experts in diagnosing and treating patients with memory problems related to dementia, Alzheimer's disease and other neuropsychological issues.

Utilizing HRSA Outreach grant funding and in partnership with Burrell Behavioral Health, the Hospital has been able to increase the availability of mental health services in our clinics and other facilities throughout our service area. Through this program, a Behavioral Health Consultant is incorporated into the Medical Home program as described earlier.

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.

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.

Cedar (CE)

	Cedar County	Error Margin	Top U.S. Performers^	Missouri	Rank (of 115)
Health Outcomes					80
Length of Life					72
Premature death	8,800	6,900-10,700	5,200	7,700	
Quality of Life					85
Poor or fair health**	20%	19-21%	12%	16%	
Poor physical health days**	4.8	4.6-5.0	2.9	4.1	
Poor mental health days**	4.3	4.1-4.5	2.8	3.7	
Low birthweight	6%	4-7%	6%	8%	
Health Factors					89
Health Behaviors					87
Adult smoking**	22%	22-23%	14%	21%	
Adult obesity	34%	27-42%	25%	31%	
Food environment index	7.0		8.3	6.9	
Physical inactivity	32%	25-41%	20%	26%	
Access to exercise opportunities	33%		91%	76%	
Excessive drinking**	13%	12-14%	12%	16%	
Alcohol-impaired driving deaths	50%	34-63%	14%	33%	
Sexually transmitted infections	166.7		134.1	453.8	
Teen births	48	40-56	19	38	
Clinical Care					93
Uninsured	19%	17-21%	11%	15%	
Primary care physicians	3,480:1		1,040:1	1,420:1	
Dentists	3,490:1		1,340:1	1,870:1	
Mental health providers	1,550:1		370:1	600:1	
Preventable hospital stays	66	55-77	38	59	
Diabetic monitoring	81%	68-93%	90%	86%	
Mammography screening	53%	42-65%	71%	62%	
Social & Economic Factors					72
High school graduation	93%		93%	88%	
Some college	51%	41-62%	72%	65%	
Unemployment	6.3%		3.5%	6.1%	
Children in poverty	33%	24-42%	13%	21%	
Income inequality	4.5	3.9-5.2	3.7	4.6	
Children in single-parent households	34%	24-44%	21%	33%	
Social associations	12.9		22.1	11.8	
Violent crime	307		59	452	
Injury deaths	101	78-127	51	74	
Physical Environment					71
Air pollution - particulate matter	9.0		9.5	10.2	
Drinking water violations	Yes		No		
Severe housing problems	16%	12-20%	9%	15%	
Driving alone to work	82%	79-85%	71%	82%	
Long commute - driving alone	29%	23-36%	15%	30%	

^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
** Data should not be compared with prior years due to changes in definition/methods

2016

Dade (DD)

	Dade County	Error Margin	Top U.S. Performers^	Missouri	Rank (of 115)
Health Outcomes					**55**
Length of Life					**49**
Premature death	7,900	5,500-10,200	5,200	7,700	
Quality of Life					**66**
Poor or fair health**	19%	18-19%	12%	16%	
Poor physical health days**	4.5	4.3-4.7	2.9	4.1	
Poor mental health days**	4.1	3.9-4.3	2.8	3.7	
Low birthweight	7%	5-9%	6%	8%	
Health Factors					**54**
Health Behaviors					**72**
Adult smoking**	22%	21-23%	14%	21%	
Adult obesity	37%	29-45%	25%	31%	
Food environment index	7.3		8.3	6.9	
Physical inactivity	33%	25-43%	20%	26%	
Access to exercise opportunities	5%		91%	76%	
Excessive drinking**	14%	13-14%	12%	16%	
Alcohol-impaired driving deaths	0%	0-26%	14%	33%	
Sexually transmitted infections	237.8		134.1	453.8	
Teen births	33	25-43	19	38	
Clinical Care					**45**
Uninsured	19%	17-22%	11%	15%	
Primary care physicians	1,890:1		1,040:1	1,420:1	
Dentists	7,630:1		1,340:1	1,870:1	
Mental health providers	950:1		370:1	600:1	
Preventable hospital stays	58	45-71	38	59	
Diabetic monitoring	90%	73-100%	90%	86%	
Mammography screening	59%	43-74%	71%	62%	
Social & Economic Factors					**65**
High school graduation			93%	88%	
Some college	48%	39-57%	72%	65%	
Unemployment	5.9%		3.5%	6.1%	
Children in poverty	27%	19-35%	13%	21%	
Income inequality	4.9	4.2-5.6	3.7	4.6	
Children in single-parent households	32%	24-40%	21%	33%	
Social associations	15.8		22.1	11.8	
Violent crime	152		59	452	
Injury deaths	77	52-111	51	74	
Physical Environment					**10**
Air pollution - particulate matter	9.0		9.5	10.2	
Drinking water violations	No		No		
Severe housing problems	10%	8-12%	9%	15%	
Driving alone to work	78%	73-82%	71%	82%	
Long commute - driving alone	38%	32-45%	15%	30%	

^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
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2016

Dallas (DL)

	Dallas County	Error Margin	Top U.S. Performers^	Missouri	Rank (of 115)
Health Outcomes					43
Length of Life					25
Premature death	7,100	5,700-8,600	5,200	7,700	
Quality of Life					69
Poor or fair health**	19%	18-20%	12%	16%	
Poor physical health days**	4.6	4.4-4.8	2.9	4.1	
Poor mental health days**	4.1	3.9-4.3	2.8	3.7	
Low birthweight	7%	5-8%	6%	8%	
Health Factors					96
Health Behaviors					86
Adult smoking**	23%	22-24%	14%	21%	
Adult obesity	33%	26-41%	25%	31%	
Food environment index	6.7		8.3	6.9	
Physical inactivity	29%	22-37%	20%	26%	
Access to exercise opportunities	36%		91%	76%	
Excessive drinking**	14%	13-14%	12%	16%	
Alcohol-impaired driving deaths	58%	45-69%	14%	33%	
Sexually transmitted infections	196.4		134.1	453.8	
Teen births	50	43-57	19	38	
Clinical Care					97
Uninsured	21%	19-23%	11%	15%	
Primary care physicians	5,510:1		1,040:1	1,420:1	
Dentists	3,280:1		1,340:1	1,870:1	
Mental health providers	2,050:1		370:1	600:1	
Preventable hospital stays	75	61-88	38	59	
Diabetic monitoring	90%	78-100%	90%	86%	
Mammography screening	51%	39-64%	71%	62%	
Social & Economic Factors					90
High school graduation	90%		93%	88%	
Some college	40%	31-49%	72%	65%	
Unemployment	7.4%		3.5%	6.1%	
Children in poverty	33%	24-41%	13%	21%	
Income inequality	4.2	3.4-4.9	3.7	4.6	
Children in single-parent households	24%	17-32%	21%	33%	
Social associations	8.5		22.1	11.8	
Violent crime	204		59	452	
Injury deaths	68	52-88	51	74	
Physical Environment					48
Air pollution - particulate matter	9.4		9.5	10.2	
Drinking water violations	Yes		No		
Severe housing problems	14%	11-17%	9%	15%	
Driving alone to work	72%	68-76%	71%	82%	
Long commute - driving alone	47%	38-55%	15%	30%	

^ 10th/90th percentile, i.e., only 10% are better.
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2016

Greene (GE)

	Greene County	Error Margin	Top U.S. Performers^	Missouri	Rank (of 115)
Health Outcomes					**36**
Length of Life					**41**
Premature death	7,600	7,300-8,000	5,200	7,700	
Quality of Life					**38**
Poor or fair health**	17%	16-17%	12%	16%	
Poor physical health days**	4.2	4.0-4.4	2.9	4.1	
Poor mental health days**	3.7	3.6-3.9	2.8	3.7	
Low birthweight	7%	7-8%	6%	8%	
Health Factors					**14**
Health Behaviors					**15**
Adult smoking**	20%	19-21%	14%	21%	
Adult obesity	29%	25-32%	25%	31%	
Food environment index	6.8		8.3	6.9	
Physical inactivity	22%	19-25%	20%	26%	
Access to exercise opportunities	84%		91%	76%	
Excessive drinking**	16%	15-17%	12%	16%	
Alcohol-impaired driving deaths	30%	26-34%	14%	33%	
Sexually transmitted infections	453.3		134.1	453.8	
Teen births	33	32-34	19	38	
Clinical Care					**6**
Uninsured	17%	16-19%	11%	15%	
Primary care physicians	960:1		1,040:1	1,420:1	
Dentists	1,420:1		1,340:1	1,870:1	
Mental health providers	320:1		370:1	600:1	
Preventable hospital stays	48	45-51	38	59	
Diabetic monitoring	90%	86-94%	90%	86%	
Mammography screening	67%	63-71%	71%	62%	
Social & Economic Factors					**28**
High school graduation	89%		93%	88%	
Some college	70%	68-73%	72%	65%	
Unemployment	4.8%		3.5%	6.1%	
Children in poverty	24%	20-28%	13%	21%	
Income inequality	4.4	4.2-4.6	3.7	4.6	
Children in single-parent households	33%	30-35%	21%	33%	
Social associations	12.4		22.1	11.8	
Violent crime	582		59	452	
Injury deaths	77	72-82	51	74	
Physical Environment					**72**
Air pollution - particulate matter	9.5		9.5	10.2	
Drinking water violations	Yes		No		
Severe housing problems	15%	15-16%	9%	15%	
Driving alone to work	83%	82-84%	71%	82%	
Long commute - driving alone	17%	15-18%	15%	30%	

^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
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2016

Hickory (HK)

	Hickory County	Error Margin	Top U.S. Performers^	Missouri	Rank (of 115)
Health Outcomes					82
Length of Life					76
Premature death	8,900	6,200-11,600	5,200	7,700	
Quality of Life					81
Poor or fair health**	19%	19-20%	12%	16%	
Poor physical health days**	4.6	4.4-4.8	2.9	4.1	
Poor mental health days**	4.2	4.0-4.4	2.8	3.7	
Low birthweight	7%	4-9%	6%	8%	
Health Factors					95
Health Behaviors					34
Adult smoking**	21%	20-21%	14%	21%	
Adult obesity	31%	25-39%	25%	31%	
Food environment index	6.9		8.3	6.9	
Physical inactivity	31%	24-40%	20%	26%	
Access to exercise opportunities	14%		91%	76%	
Excessive drinking**	12%	11-13%	12%	16%	
Alcohol-impaired driving deaths	40%	23-56%	14%	33%	
Sexually transmitted infections	106.5		134.1	453.8	
Teen births	48	38-60	19	38	
Clinical Care					104
Uninsured	24%	21-26%	11%	15%	
Primary care physicians	9,310:1		1,040:1	1,420:1	
Dentists	4,610:1		1,340:1	1,870:1	
Mental health providers	1,540:1		370:1	600:1	
Preventable hospital stays	49	39-60	38	59	
Diabetic monitoring	79%	66-91%	90%	86%	
Mammography screening	58%	46-69%	71%	62%	
Social & Economic Factors					102
High school graduation			93%	88%	
Some college	47%	36-59%	72%	65%	
Unemployment	8.3%		3.5%	6.1%	
Children in poverty	40%	28-51%	13%	21%	
Income inequality	4.1	3.5-4.6	3.7	4.6	
Children in single-parent households	25%	14-36%	21%	33%	
Social associations	11.8		22.1	11.8	
Violent crime	24		59	452	
Injury deaths	101	75-134	51	74	
Physical Environment					97
Air pollution - particulate matter	9.3		9.5	10.2	
Drinking water violations	Yes		No		
Severe housing problems	17%	13-22%	9%	15%	
Driving alone to work	82%	76-88%	71%	82%	
Long commute - driving alone	40%	32-48%	15%	30%	

^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
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2016

Polk (PO)

	Polk County	Error Margin	Top U.S. Performers^	Missouri	Rank (of 115)
Health Outcomes					78
Length of Life					84
Premature death	9,300	8,000-10,500	5,200	7,700	
Quality of Life					56
Poor or fair health**	19%	18-19%	12%	16%	
Poor physical health days**	4.4	4.2-4.6	2.9	4.1	
Poor mental health days**	4.1	3.9-4.2	2.8	3.7	
Low birthweight	6%	5-7%	6%	8%	
Health Factors					51
Health Behaviors					54
Adult smoking**	21%	21-22%	14%	21%	
Adult obesity	32%	26-39%	25%	31%	
Food environment index	7.0		8.3	6.9	
Physical inactivity	29%	22-36%	20%	26%	
Access to exercise opportunities	55%		91%	76%	
Excessive drinking**	15%	15-16%	12%	16%	
Alcohol-impaired driving deaths	31%	23-40%	14%	33%	
Sexually transmitted infections	251.5		134.1	453.8	
Teen births	35	31-39	19	38	
Clinical Care					23
Uninsured	18%	16-20%	11%	15%	
Primary care physicians	1,470:1		1,040:1	1,420:1	
Dentists	4,440:1		1,340:1	1,870:1	
Mental health providers	490:1		370:1	600:1	
Preventable hospital stays	46	38-54	38	59	
Diabetic monitoring	84%	74-94%	90%	86%	
Mammography screening	62%	52-72%	71%	62%	
Social & Economic Factors					68
High school graduation	90%		93%	88%	
Some college	56%	48-63%	72%	65%	
Unemployment	6.2%		3.5%	6.1%	
Children in poverty	28%	20-35%	13%	21%	
Income inequality	4.2	3.7-4.7	3.7	4.6	
Children in single-parent households	24%	17-30%	21%	33%	
Social associations	10.7		22.1	11.8	
Violent crime	401		59	452	
Injury deaths	95	80-111	51	74	
Physical Environment					70
Air pollution - particulate matter	9.2		9.5	10.2	
Drinking water violations	Yes		No		
Severe housing problems	15%	12-18%	9%	15%	
Driving alone to work	81%	78-84%	71%	82%	
Long commute - driving alone	35%	30-40%	15%	30%	

^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
** Data should not be compared with prior years due to changes in definition/methods

2016

St. Clair (SI)

	St. Clair County	Error Margin	Top U.S. Performers^	Missouri	Rank (of 115)
Health Outcomes					92
Length of Life					94
Premature death	10,100	7,400-12,800	5,200	7,700	
Quality of Life					75
Poor or fair health**	19%	18-20%	12%	16%	
Poor physical health days**	4.4	4.2-4.6	2.9	4.1	
Poor mental health days**	4.0	3.9-4.2	2.8	3.7	
Low birthweight	8%	6-10%	6%	8%	
Health Factors					83
Health Behaviors					31
Adult smoking**	20%	19-21%	14%	21%	
Adult obesity	31%	24-38%	25%	31%	
Food environment index	7.1		8.3	6.9	
Physical inactivity	34%	26-44%	20%	26%	
Access to exercise opportunities	16%		91%	76%	
Excessive drinking**	13%	13-14%	12%	16%	
Alcohol-impaired driving deaths	24%	11-38%	14%	33%	
Sexually transmitted infections	211.1		134.1	453.8	
Teen births	47	38-57	19	38	
Clinical Care					108
Uninsured	22%	19-24%	11%	15%	
Primary care physicians	1,900:1		1,040:1	1,420:1	
Dentists	2,360:1		1,340:1	1,870:1	
Mental health providers	4,730:1		370:1	600:1	
Preventable hospital stays	87	73-102	38	59	
Diabetic monitoring	84%	71-98%	90%	86%	
Mammography screening	48%	36-60%	71%	62%	
Social & Economic Factors					93
High school graduation			93%	88%	
Some college	49%	41-58%	72%	65%	
Unemployment	7.7%		3.5%	6.1%	
Children in poverty	34%	24-44%	13%	21%	
Income inequality	4.5	3.9-5.1	3.7	4.6	
Children in single-parent households	23%	15-31%	21%	33%	
Social associations	9.5		22.1	11.8	
Violent crime	188		59	452	
Injury deaths	89	65-120	51	74	
Physical Environment					24
Air pollution - particulate matter	9.1		9.5	10.2	
Drinking water violations	No		No		
Severe housing problems	13%	10-16%	9%	15%	
Driving alone to work	80%	75-85%	71%	82%	
Long commute - driving alone	29%	23-34%	15%	30%	

^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
** Data should not be compared with prior years due to changes in definition/methods

2016