



2016 Community Health Needs Assessment

Stoddard County, Missouri

This assessment will identify the health needs of the residents of Stoddard County, Missouri and those needs will be prioritized and recommendations will be made for programs to be implemented to meet those needs.



Medicine to the Highest Power

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Executive Summary

Saint Francis Healthcare System, a not-for-profit hospital, conducted this Community Health Needs Assessment (CHNA).

Community Health Needs Assessment Process and Requirements

A CHNA must be conducted every three years by not-for-profit hospitals in order to comply with federal tax-exemption requirements under the Affordable Care Act. Following the CHNA, the hospital must adopt an implementation strategy to meet the community health needs identified through the assessment. It must report how it is addressing the needs identified in the CHNA and provide a description of needs that are not being addressed with the reasons why such needs are not being addressed. The ultimate purpose of the CHNA is to improve community health.

The Community Health Needs Assessment process consists of the following steps:

1. Define the community served by the hospital facility
2. Identify the partners and individuals representing the broad interests of the community
3. Gather available data and current assessments
4. Develop and conduct primary research
5. Aggregate primary and secondary research
6. Identify and prioritize the health needs in your community
7. Develop and implement a strategy to address the identified priority health issues
8. Widely disseminate the CHNA

Community Profile

Stoddard County is located in Southeast Missouri with a population of 29,867. Whites comprise 97% of the total population and the county has a higher percentage of the older population, age 45+ than does the state of Missouri. 79.7% of Stoddard County residents 25 years and over have graduated from high school, with only 20.1% going on to receive a post-secondary degree. The unemployment rate was 6.6% in 2015, which is higher than Missouri's 5%. Stoddard County has 14.9% of residents in poverty with about 17% of the population uninsured. Stoddard County has one hospital, several family practices and federally qualified health centers, a county health department, emergency services, community counseling centers and long-term care facilities. The community profile chapter also includes social, economic and community health programs.

Health Outcomes

The health outcomes chapter contains information on mortality, including leading causes of death, cancer incidence, chronic disease and infant mortality and on morbidity, including obesity, diabetes, infectious disease and health status at birth. The chapter also contains information on mental health and preventable hospitalizations. The leading causes of death in Stoddard County are:

- All Cancers (Malignant Neoplasms)
- Heart Disease
- Smoking-Attributable
- Chronic Lower Respiratory Disease
- Lung Cancer

Health Behaviors

The chapter on health behaviors is comprised of information on diet and exercise, tobacco use, substance abuse, maternal health and prevention and screening. In Stoddard County, 33% of residents are physically inactive, 29% smoke cigarettes and the food environment index is 67.5 out of 10.

Health Measures

The chapter on Health Measures includes data regarding causes of death for children and adolescents, teen substance abuse, teen pregnancy and the health of senior citizens. The main causes of death for children and adolescents are unintentional injuries and motor vehicle accidents. However, as a cause of death for adolescents, the rates for unintentional injuries, motor vehicle accidents, suicide and all cancers in Stoddard County are all higher than the state rate. Teen cigarette use, chewing tobacco use, prescription medication abuse and over-the-counter medication abuse are also areas for concern as the county rates are much higher than the state rates.

Primary Research

One focus group was held in Stoddard County. A list of the tentative questions asked can be found below. A summary of this focus group is included in Chapter 6.

1. What do people in this community do to stay healthy? How do people get information about health?
2. In this group's opinion, what are the serious health problems in your community? What are some of the causes of these problems?
3. What keeps people in your community from being healthy?
4. What could be done to solve these problems?
5. Is there any group not receiving enough healthcare? If so, why?
6. Of all the issues we have talked about today, what issues do you think are the most important for your community to address?

42 surveys by Stoddard County residents were completed. The survey was very extensive and consisted of four different sections. The survey demographics were representative of Stoddard County's population.

1. Demographics: Multiple choice questions to collect information about the population of the county.
2. Social and Economic Factors: Multiple choice questions to collect information regarding the population's education, employment and income status.
3. Health Behaviors: Questions to collect information on the behaviors correlated to health of adults and children in the county.
4. Medical Care and Services: Multiple choice, short answer and ranked questions to collect information regarding healthcare access, health status, insurance coverage and opinions on health issues.

Summary of Findings

The summary of findings chapter simply summarizes the needs determined by the assessment and how those needs were determined.

Key Findings

The following lists represent the key findings of this Community Health Needs Assessment by type of need:

Health Needs

- Adult Obesity
- Child Obesity
- Cancer
 - Lung, Breast, Colorectal, Colon and Rectum, Prostate
- Mental Illness
- Chronic Obstructive Pulmonary Disease
- Chronic Liver Disease and Cirrhosis
- Stroke/Other Cerebrovascular Disease
- Heart Disease
- Diabetes
- Kidney Disease
- Infant health and mortality
- Unintentional Injuries, motor vehicle accidents and poisonings
- Alzheimer's Disease
- Pneumonia and Influenza
- Septicemia

Behavioral Needs

- Alcohol/Drug Abuse
- Smoking and Smokeless Tobacco
 - Smoking during pregnancy
- Teen Pregnancy
- Health & Preventative Practices
 - Lack of annual healthcare, current cigarette smoking, no leisure-time activities, overweight, obesity, high blood pressure, no mammogram, no Pap smear, no blood stool test and no sigmoidoscopy or colonoscopy
- Student Health Behaviors
 - Alcohol use and binge drinking, smoking cigarettes, chewing tobacco, prescription drug abuse and over-the-counter medication abuse

Community Needs

- Healthcare Affordability
- Transportation/Affordable Transportation
- Ability to Afford Prescribed Medications
- Affordable Healthcare
- Job Availability
- Unemployment
- Allergies
- Job Security
- Secondhand Smoke
- Injury at work
- Child Health: Motor Vehicle Deaths
- Adolescent Health: Unintentional injuries, motor vehicle deaths, suicide and all cancers
- Access to health information
- Lack of health knowledge and awareness
- Literacy

Priority Needs

Prioritization Process

The priorities MICA used different criteria measurements to rank the diseases, which are listed and briefly explained below. Additional information can be found on the Missouri Department of Health and Senior Services Priority MICA.

- **Amenability to Change:** the scientific knowledge of known **community** interventions that have been shown to prevent or reduce a given disease.
- **Community Support:** determined by the user of the current level of support in the community to address the disease (community opposition, no interest, some interest or organized support)
- **Death Trend Statistically Significant:** measures the urgency of the disease depending on whether the death rate is increasing or decreasing over time.
- **Disability Burden:** the number of years lived with disability taken from the Revised Global Burden of Disease 2002 Estimates.
- **Hospital Days of Care:** measures the severity of a disease and its potential impact on financial resources from the cost of hospital care and time unavailable from normal duties.
- **Number of Deaths:** measures the severity of a disease.
- **Number of Deaths Under Age 65:** measures the severity of a disease.
- **Number of Hospitalizations and ER Visits:** measures the magnitude of the disease.
- **Racial Disparity for ER Visits:** measures the rate of racial disparity from ER visits because barriers for care due to lack of insurance does not affect emergency rooms as much (uses the primary minority population in Missouri, African-Americans).
- **Racial Disparity for Deaths:** the ratio of the African-American age-adjusted death rate for a specific disease divided by the White/Caucasian age-adjusted death rate for the same disease.
- **Prevalence/Incidence:** Prevalence is the number of people who have the disease at a specific point in time. Incidence is the number of new people who get the condition during a specific time period.

Using all of the above criteria, the Priorities MICA ranked selected diseases and conditions. Using just the “Amenability to Change,” “Community Support,” “Prevalence/Incidence,” and “Prevalence/Incidence” criteria, the Priorities MICA ranked selected risk factors. These rankings were also considered in determining the priority needs discovered from research in this assessment.

The top five ranked diseases and conditions from the Priorities MICA for Stoddard County included:

1. Chronic Obstructive Pulmonary Disease (COPD)
2. Heart Disease
3. Motor Vehicle Accidents
4. Alcohol- and Substance-Related
5. Diabetes

The top five ranked risk factors included:

1. Mothers being overweight
2. No exercise/sedentary lifestyle
3. Obesity (>30 BMI)
4. Smoking
5. No Mammography age 40 and older

Members of the CHNA Team analyzed survey data, focus group data and secondary data in the report to prioritize the community health needs for each county. The priority needs were first identified by the primary research or what the community finds most important. These high-priority needs were then validated by the secondary research – looking at the community’s statistics and trends against the state’s statistics and trends.

Top 5 Priority Health Needs (and Associated Behavioral Needs)

1. Obesity – Adults and Children
2. Alcohol/Drug Abuse
3. Cancer
4. Mental Illness
5. Healthcare Affordability

Chapter 1: Community Health Needs Assessment Introduction and Methods

Community Health Needs Assessment Description

A community health needs assessment (CHNA) is a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs and to plan and act upon unmet community health needs.

Value of a Community Health Needs Assessment to the Community

- ✓ To share the assessment process and findings with the county residents and to educate local residents, healthcare providers and students regarding pressing health problems
- ✓ To empower community members to act on issues of concern
- ✓ To identify emerging issues, to provide data for deciding programmatic/organizational decisions and to plan effective, collaborative interventions to promote better health
- ✓ To advocate for community change with politicians and other local decision-makers
- ✓ To promote collaboration and partnership among community members and groups
- ✓ To furnish a baseline by which to monitor changes
- ✓ To serve as a reference point and a historical perspective for future assessments
- ✓ To provide a resource for activities such as writing grant applications
- ✓ To serve as a model for other counties who are planning an assessment

Source: North Carolina Public Health Community Health Assessment Guide Book

Community Health Needs Assessment Requirements

A CHNA must be conducted every three years by not-for-profit hospitals in order to comply with federal tax-exemption requirements under the Affordable Care Act. The CHNA for Saint Francis Healthcare System must be completed by June 30, 2016. The CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health and it must be made widely available to the public. Following the CHNA, the hospital must adopt an implementation strategy to meet the community health needs identified through the assessment and it must report how it is addressing the needs identified in the CHNA and provide a description of needs that are not being addressed with the reasons why such needs are not being addressed. The ultimate purpose of the CHNA is to improve community health.

The documentation of the CHNA must include the following information:

1. A description of the community served by the hospital facility and how it was determined
2. A description of the process and methods used to conduct the assessment, including:
 - a. A description of the sources and dates of the data and other information used in the assessment, including primary and secondary sources
 - b. The analytical methods applied to identify community health needs
 - c. Information gaps that affect the hospital's ability to assess the community's health needs
 - d. If a hospital collaborates with other organizations in conducting a CHNA, the report should then identify all of the community organizations that collaborated with the hospital
 - e. If a hospital contracts with one or more third parties to assist in conducting a CHNA, the report should also disclose the identity and qualifications of the third parties

3. A description of the approach used to plan, develop and conduct the assessment and how the hospital organization took into account input from individuals who represent the broad interests of the community served by the hospital facility, including:
 - a. A description of when and how the organization consulted with these individuals (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.)
 - b. Community leaders who were consulted and/or collaborated in the planning and implementation process
 - c. Justification of why data sources were used and selected
 - d. Justification of the approach for primary data collection
 - e. Explanation of successful and unsuccessful approaches to seek broad-based community input, especially underserved or high-risk groups within the community
 - f. If the hospital takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in that organization who consulted with the hospital
 - g. Identification of any individual providing input who has special knowledge of or expertise in public health and the report should list those people by name, title, affiliation and include a brief description of the individual's special knowledge or expertise
4. A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs
 - a. Priorities identified through primary and secondary data
 - b. Other processes used to rank priorities
5. A description of the existing healthcare facilities and other resources within the community available to meet the community health needs identified through the CHNA

Implementation Strategy Requirements

The IRS guidance specifies that the CHNA results must be used to develop an implementation strategy that must be adopted by the hospital. The implementation strategy is defined as a written plan that addresses each of the community health needs that were identified through the assessment. Each hospital organization must meet the requirement to adopt an implementation strategy separately with respect to each hospital facility it operates. The Treasury and IRS expect the implementation strategy to:

1. Describe how the hospital facility plans to meet the health need; or
2. Identify the health need as one the hospital facility does not intend to meet and explains why the hospital facility does not intend to meet the health need.

In describing how a hospital facility plans to meet a health need identified through a CHNA, the implementation strategy must tailor the description to the particular hospital facility, taking into account its specific programs, resources and priorities. The implementation strategy should also describe any planned collaboration with governmental, nonprofit or other healthcare organizations, including related organizations, in meeting the health need.

The IRS will allow hospital organizations to develop implementation strategies for their hospital facilities in collaboration with other organizations, including related organizations, other hospital organizations, for-profit and government hospitals and state and local agencies, such as local health departments. If a hospital does collaborate with other organizations in developing an implementation strategy, the strategy should identify all the organizations with which the hospital collaborated.

The implementation strategy is considered to be adopted on the date the implementation strategy is approved by an authorized governing body of the hospital organization. The authorized governing body means:

1. The governing body of the hospital organization (i.e., board of directors, board of trustees or equivalent controlling body);
2. A committee of the governing body, which may be comprised of any individuals permitted under state law to serve on such committee, to the extent the committee is permitted by state law to act on behalf of the governing body; or
3. To the extent permitted under state law, other parties authorized by the governing body of the hospital organization to act on its behalf by following procedures specified by the governing body in approving an implementation strategy.

The hospital organization must adopt an implementation strategy to meet the community health needs identified in a CHNA by the end of the same taxable year in which it conducts that CHNA.

Community Health Needs Assessment Process

The Community Health Needs Assessment process should consist of the following steps:

1. Define the community served by the hospital facility
2. Identify the partners and individuals representing the broad interests of the community
 - a. Individuals with special knowledge or expertise in public health
 - b. Federal, tribal, regional, state or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
 - c. Leaders, representatives or members of medically underserved, low income and minority populations, as well as populations with chronic disease needs
3. Gather available data and current assessments
4. Develop and conduct primary research
5. Aggregate primary and secondary research
6. Identify and prioritize the health needs in your community
7. Develop and implement a strategy to address the identified priority health issues
8. Widely disseminate the CHNA

Defining “Community”

Saint Francis Medical Center made the decision to define “community” as their primary service area, which consists of four counties: Cape Girardeau, Bollinger, Scott and Stoddard. The primary service area is based on the number of inpatient discharges from each of these four counties. Saint Francis Medical Center has 58.15% of its patients come from these four counties and 8.09% come from Stoddard County. This information is provided by the Hospital Industry Data Institute (HIDI) that is founded by the Missouri Hospital Association. Since each county differs greatly from one another in terms of demographics, healthcare providers, education etc., four separate written assessment reports will be created and made available to the public identifying specific needs per county.

Identifying Partners and Individuals Representing the Broad Interests of the Community

The individuals representing the broad interests of Stoddard County included involving people from the following organizations when the primary research was conducted:

- Cross Trails Medical Center
- Dexter Chamber of Commerce
- Dexter Statesman

- Regional Healthcare Foundation
- Saint Francis Outpatient Center - Dexter
- SoutheastHEALTH in Stoddard
- Stoddard County
- Stoddard County Public Health Center
- Stoddard County Targeted Case Management
- University of Missouri Extension

Efforts were made to include at-risk, targeted populations and principal specialty areas that are served by the hospital and present within the community, such as the medically underserved, low-income persons, minority groups and those with chronic disease needs on their willingness to participate.

Gather Available Data and Current Assessments

Secondary data is existing data that is collected by someone else for a purpose other than the one being pursued. Secondary research was obtained from various credible sources and is included in this written assessment report. Some areas that were researched include demographics, the physical environment, social factors, the economy, the transportation system, the education system and the healthcare system. The assessment also includes existing health status and public health data. Examples of the data sources used are as follows:

- U.S. Census Bureau
- Missouri Department of Health and Senior Services
- Missouri Department of Elementary and Secondary Education
- Missouri Economic Research and Information Center (MERIC)
- U.S. Bureau of Labor Statistics
- Centers for Disease Control and Prevention
- University of Wisconsin’s County Health Rankings
- Missouri Department of Mental Health
- Annie E. Casey Foundation Kids Count Data Center
- Other local websites

More specific information on what data sources were used for can be found in Appendix E.

Develop and Conduct Primary Research

Primary data is data collected specifically for the purpose of answering project-specific questions. Primary data should be collected after the gathering and initial review of secondary data and should add breadth, depth and qualitative information to the secondary data. Primary research was obtained in the county through individual public surveys and focus groups.

Public Surveys

Surveys provide a flexible means of assessing a representative sample of the population to gather information about attitudes and opinions, as well as measure behaviors and population characteristics. The individual survey that was used was created by the Community Health Needs Assessment team and can be found in Appendix A. Advantages of surveying for individual responses include:

- Obtaining direct feedback from clients, key informants and target populations about specific issues
- Developing public awareness problems

- Building a consensus for solutions or actions
- Comparing the self-reported incidence and prevalence with more objective data sources
- Improving perception of quality of local healthcare services
- Improving perception on the need of specific services either in existence or under consideration

Focus Groups

Group surveys in the form of focus groups were also conducted. A focus group is defined as people who possess certain similar characteristics that are assembled as a group to participate in a focused discussion to help understand the topic of interest. The questions asked in each focus group can be found in Appendix B and a list of all focus group participant information can be found in Appendix C. Data was collected from the focus groups primarily through note-taking. A writing exercise was also handed out and completed regarding each participant’s top five serious issues.

Aggregate Primary and Secondary Research

The survey was created through Survey Monkey. Most participants chose to fill out the survey on paper, so the Community Health Needs Assessment Researcher at Saint Francis Healthcare System then entered each survey into the Survey Monkey database. Following the entry of all surveys, the data was then analyzed through Survey Monkey’s analyzing tools. The survey data will be presented and discussed in Chapter 6 – Primary Research of this report. The information that was collected from the focus groups will also be presented and discussed in Chapter 6 – Primary Research of this report.

Identify and Prioritize the Health Needs in the Community

From the analysis of this research, community needs were determined based on what the community finds most important and by what the community is most lacking that could have an impact on the health of its citizens. These needs were predominantly determined by the primary research – what the community finds most important – along with tying that information into what the secondary research confirms – looking at the community’s statistics and trends against the state’s statistics and trends.

Develop and Implement a Strategy to Address the Identified Priority Health Issues

Saint Francis Healthcare System will decide what needs will be addressed and how those needs will be addressed. From this, an implementation plan will be created and executed.

Widely Disseminate the CHNA

The CHNA is not considered “conducted” until the written report is made widely available to the public. Fulfilling the “widely available” requirement requires the following:

1. Posting the CHNA on a website that clearly informs users that the document is available and provides instructions for downloading.
2. The document is posted in a format that exactly reproduces the image of the report when accessed, downloaded, viewed and printed.
3. Allows individuals with Internet access to access, download, view and print the report without the use of special hardware or software.
4. The hospital or other organization distributing the report will provide the direct website address to individuals who request a copy of the report.
5. The CHNA must remain widely available to the public until the next CHNA for that hospital is conducted and made widely available.

Chapter 2: Community Profile

Background Information for Stoddard County

Stoddard County is located in Southeast Missouri and has a current population of 29,867. Stoddard County is considered to be a part of the Bootheel region. The county was organized on January 2, 1835 and later named after Amos Stoddard, who was the first American Civil Commandant of Upper Louisiana.

Stoddard County takes pride in the history of its towns. In Bloomfield, people can visit the city park that is the home of two log cabins that were built in 1833 or go see the Stars and Stripes Museum. The Heritage House, built in 1876, is located in Dexter and is one of the oldest houses. It is now a living museum that is reflective of the time period and town history of Dexter.

Stoddard County is bordered by Bollinger and Cape Girardeau Counties to the north, Butler and Wayne Counties to the west, New Madrid and Dunklin Counties to the south and Scott County to the east.

U.S. Route 60 is the major east-west running corridor through the county and Missouri Route 25 is the major north-south running corridor.

There are ten ZIP codes in Stoddard County, which are listed below:

Table 1: ZIP Codes in Stoddard County

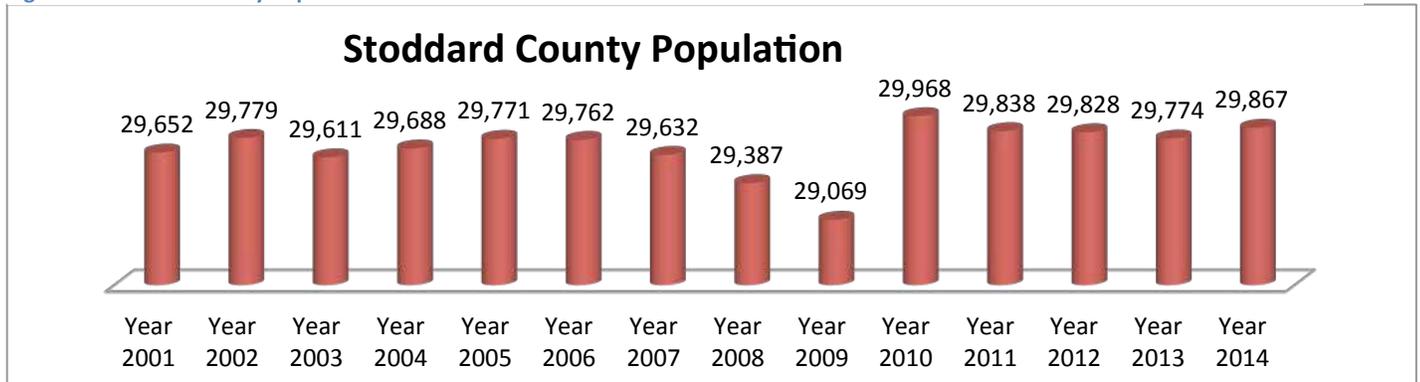
ZIP Code	City	ZIP Code	City
63730	Advance	63841	Dexter
63735	Bell City	63936	Dudley
63822	Bernie	63846	Essex
63825	Bloomfield	63850	Grayridge
63738	Brownwood	63960	Puxico

Demographic Characteristics

Population Growth

According to the U.S. Census Bureau, in 2014, Stoddard County had an estimated population of 29,867. The population estimates in the county have increased overall since 2009, but continue to fluctuate.

Figure 1: Stoddard County Population

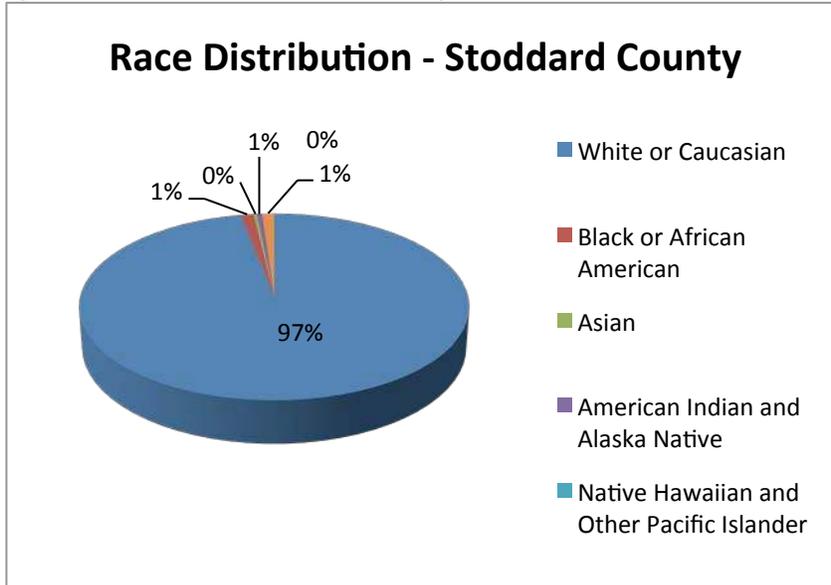


Source: U.S. Census Bureau, Population Estimates

Race

The race distribution of Stoddard County is not as diverse as Missouri. The majority of the population in Stoddard County is white or Caucasian at 97% of the population, whereas only 83.5% of Missouri's population is white or Caucasian.

Figure 2: Race Distribution - Stoddard County

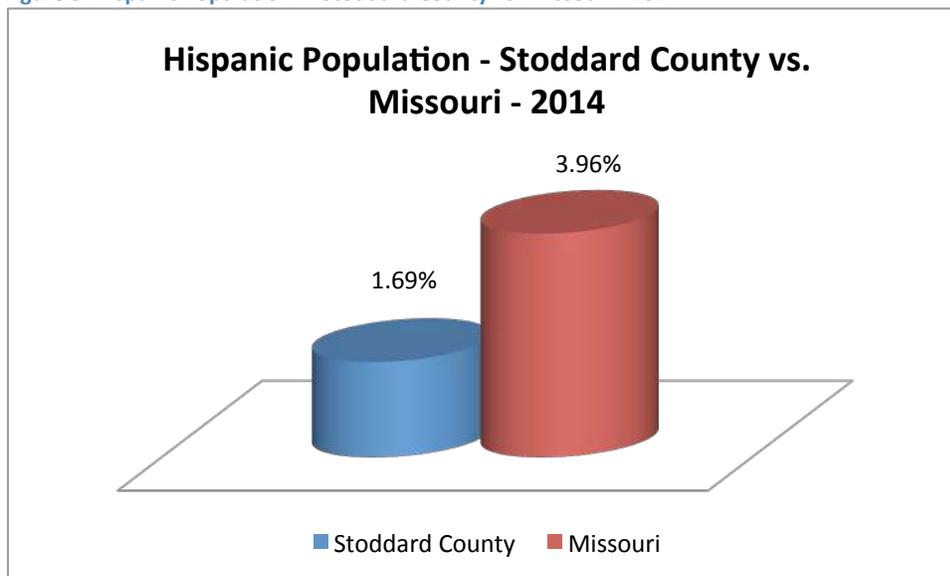


Source: U.S. Census Bureau, QuickFacts, American Community Survey

Ethnicity

The Hispanic population percentage (1.69%) in Stoddard County is below that of the state of Missouri (3.96%).

Figure 3: Hispanic Population in Stoddard County vs. Missouri - 2014



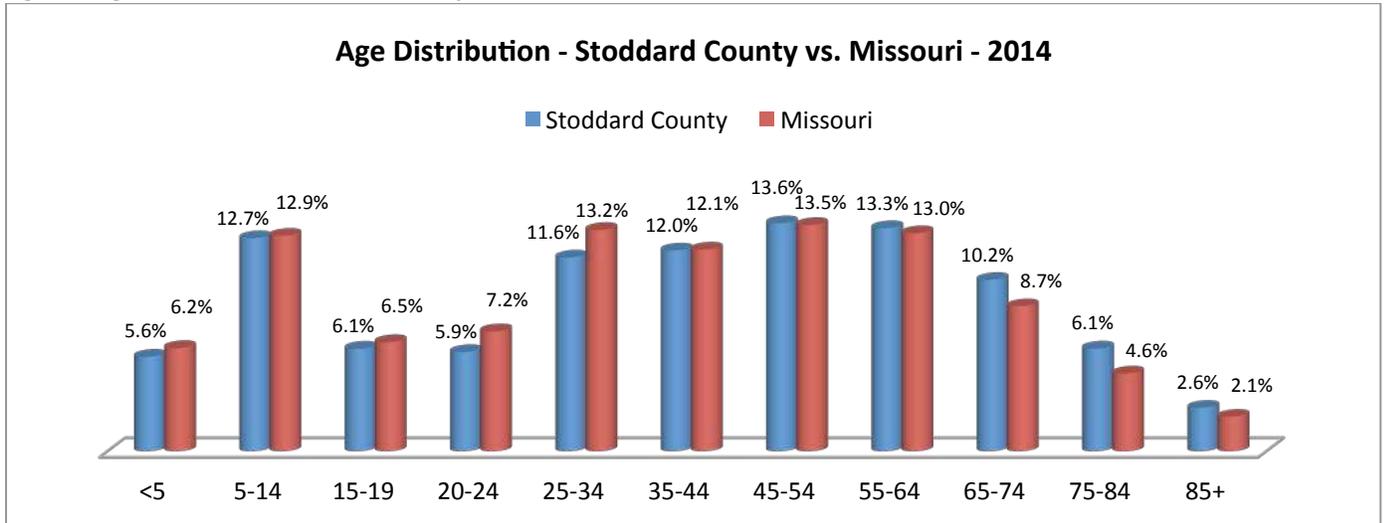
Source: U.S. Census Bureau, QuickFacts, American Community Survey

Age Distribution

Figure 4 shows that Stoddard County has a greater population of people 45 years and older than Missouri does. They have fewer people who are 44 and younger, however.

- About 24.4% of Stoddard County’s population is 19 years or younger.
- 18.9% of Stoddard County’s population is 65 years or older.
- The median age of Stoddard County’s population is 41.9 years, older than the median age of 38.3 in Missouri.

Figure 4: Age Distribution for Stoddard County vs. Missouri – 2014

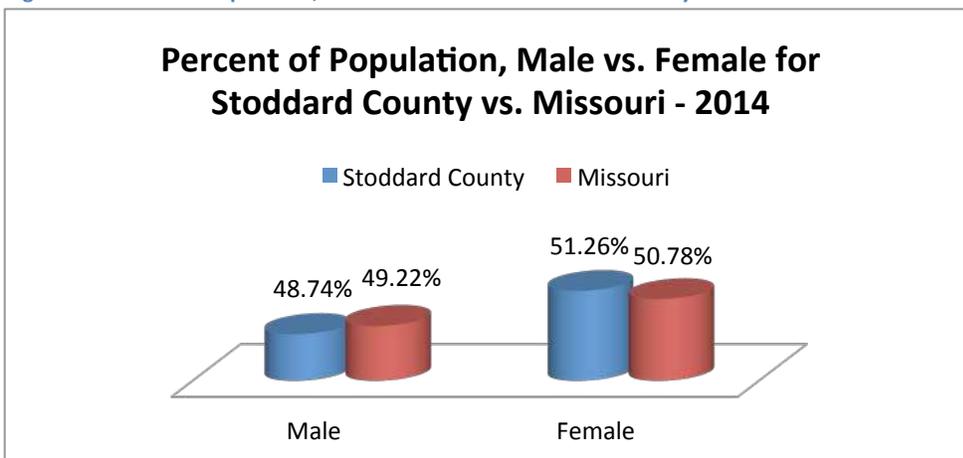


Source: U.S. Census Bureau

Gender

The percentage of males in Stoddard County is slightly lower than that of Missouri, meaning the percent of females is slightly higher. However, they remain relatively close to 50%.

Figure 5: Percent of Population, Male vs. Female for Stoddard County vs. Missouri - 2014

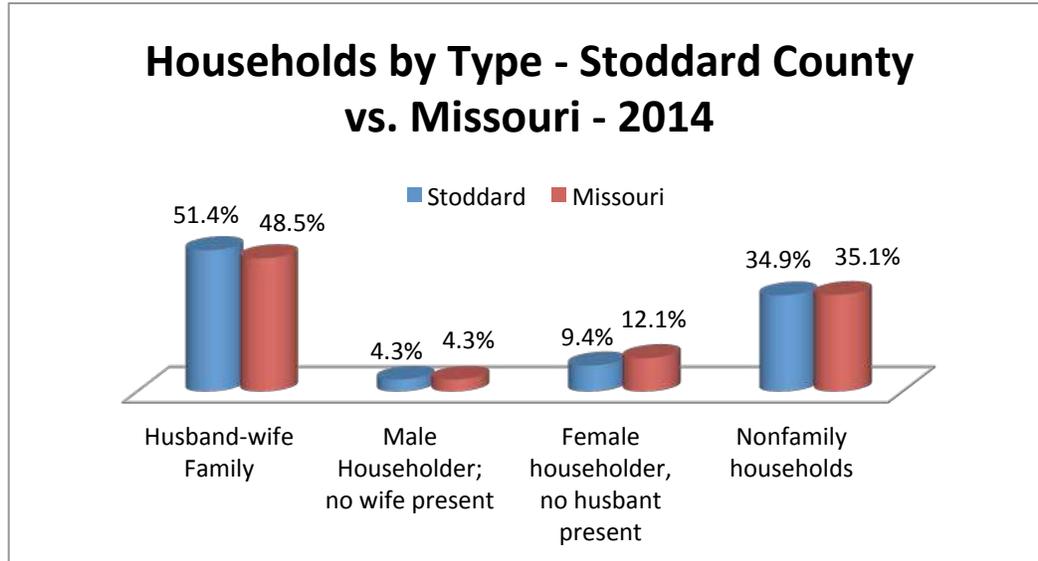


Source: U.S. Census Bureau, Population Estimates

Household/Family Configuration

The U.S. Census Bureau shows household types for both Stoddard County and Missouri. Stoddard County has the same percentage of male householders as Missouri, but has a lower percentage of female householders. The percentage of husband-wife families in Stoddard County is slightly higher at 51.4% compared with 48.5% in the state of Missouri. Stoddard County also has a very similar percentage of nonfamily households as Missouri does.

Figure 6: Households by Type – Stoddard County vs. Missouri - 2014



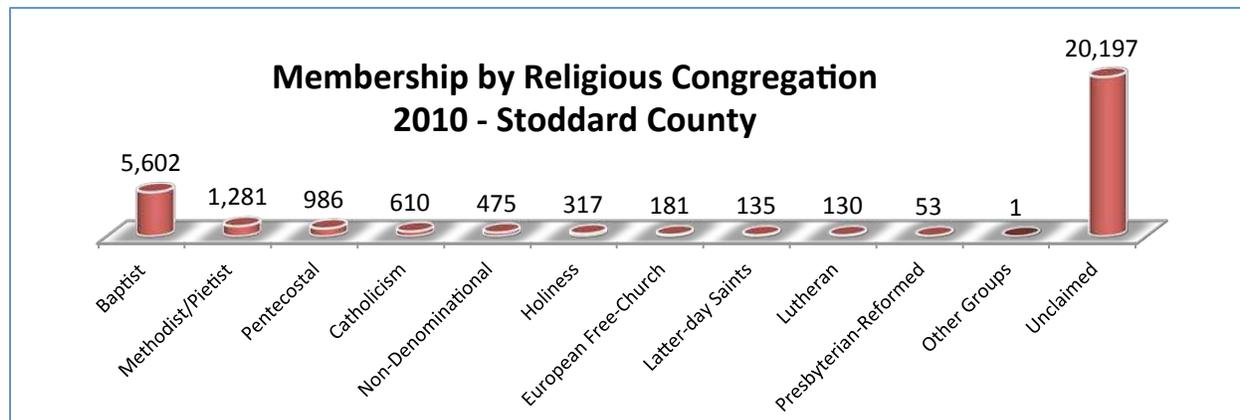
Source: U.S. Census Bureau, American FactFinder

Social Characteristics

Religion

The following figure shows the membership by religious congregation in Stoddard County. Membership is counted as congregational adherents which include all full members, their children and others who regularly attend services. Almost 33% of Stoddard County's population belongs to a religious congregation.

Figure 7: Membership by Religious Congregation – 2010 – Stoddard County

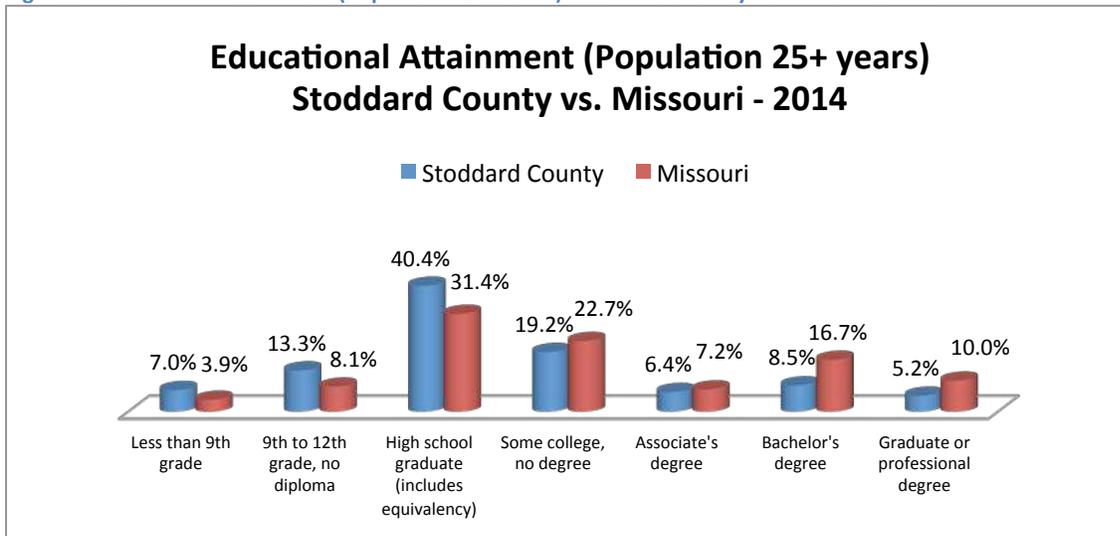


Source: Association of Religion Data Archives

Education

There were 20.3% of Stoddard County residents that did not graduate high school, which is much greater than the state average of 12%. The remaining 79.7% graduated high school with 20.1% receiving a post-secondary degree.

Figure 8: Educational Attainment (Population 25+ Years) - Stoddard County vs. Missouri - 2014

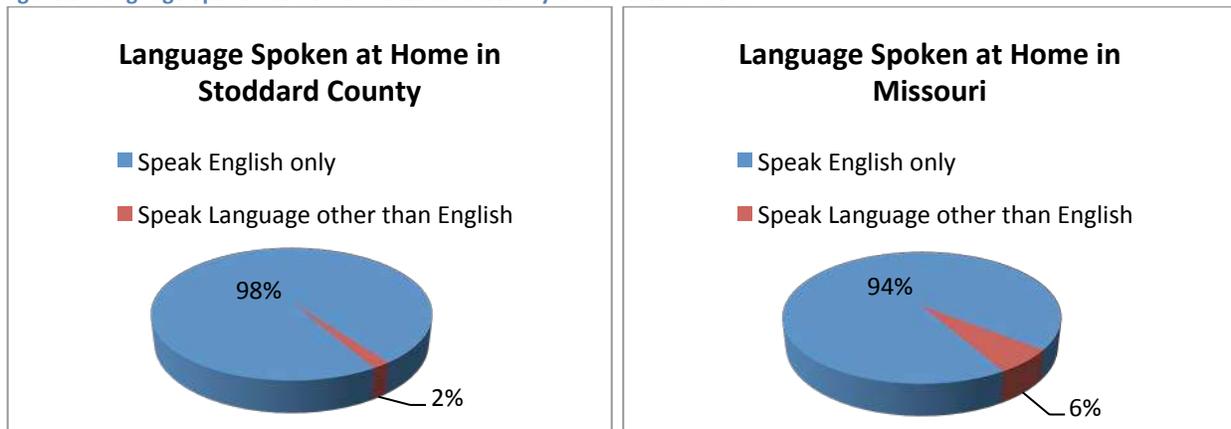


Source: U.S. Census Bureau, American FactFinder

Language

Figure 9 shows that Stoddard County has a higher percent of their population that speaks only English at home than Missouri does by 4%.

Figure 9: Language Spoken at Home in Stoddard County and Missouri - 2014



Source: U.S. Census Bureau, American FactFinder, American Community Survey

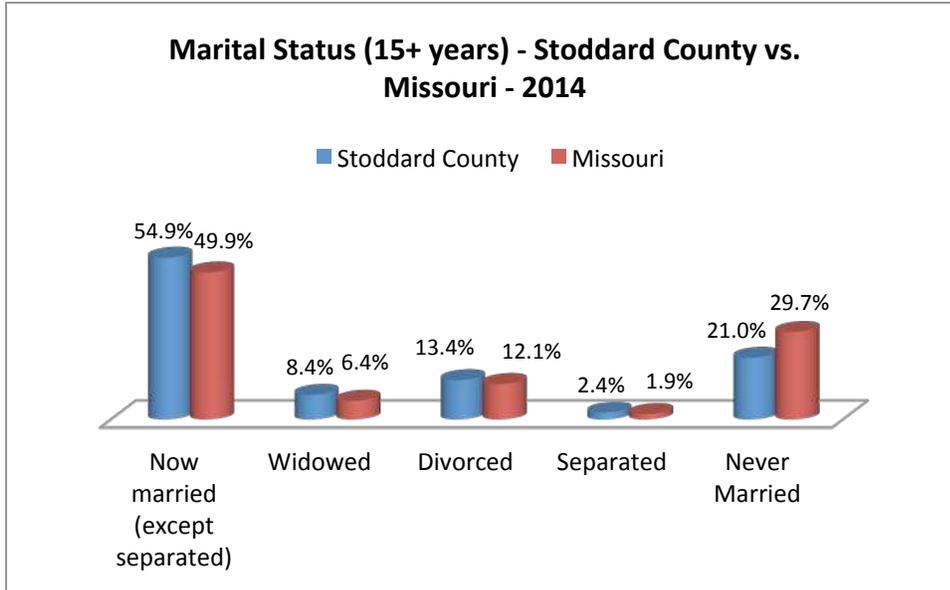
Literacy

According to the National Center for Education Statistics' 2003 Assessment of Adult Literacy, the estimated percentage of those 16 years and older considered to be lacking basic prose literacy skills in Stoddard County is 11%, compared with 7% for Missouri.

Marital Status

There were 54.9% of the population age 15 years or older married (except separated), less than the average for Missouri of 49.9%. Another 21% of Stoddard County's population has never been married, which is about 9% fewer than the state of Missouri's average.

Figure 10: Marital Status (15+ years) - Stoddard County vs. Missouri - 2014



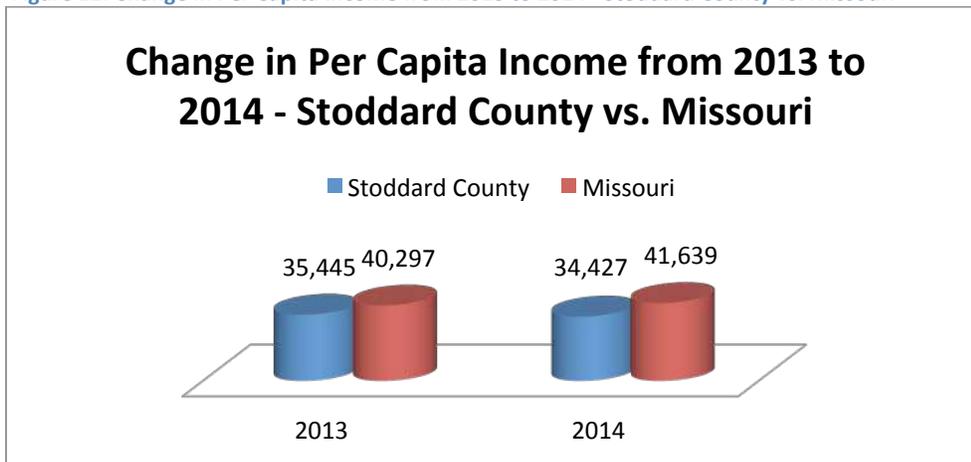
Source: U.S. Census Bureau, American FactFinder

Economic Characteristics

Income

According to the U.S. Census Bureau, the median household income in Scott County in 2011 was \$35,196, compared with \$45,231 for the state of Missouri. Below, Figure 11 shows the per capita income. From 2013 to 2014, the per capita income fell 2.9% in Stoddard County, yet rose 3.3% in Missouri. The overall per capita income in Stoddard County is just over \$7,000 less than that in Missouri.

Figure 11: Change in Per Capita Income from 2013 to 2014 - Stoddard County vs. Missouri

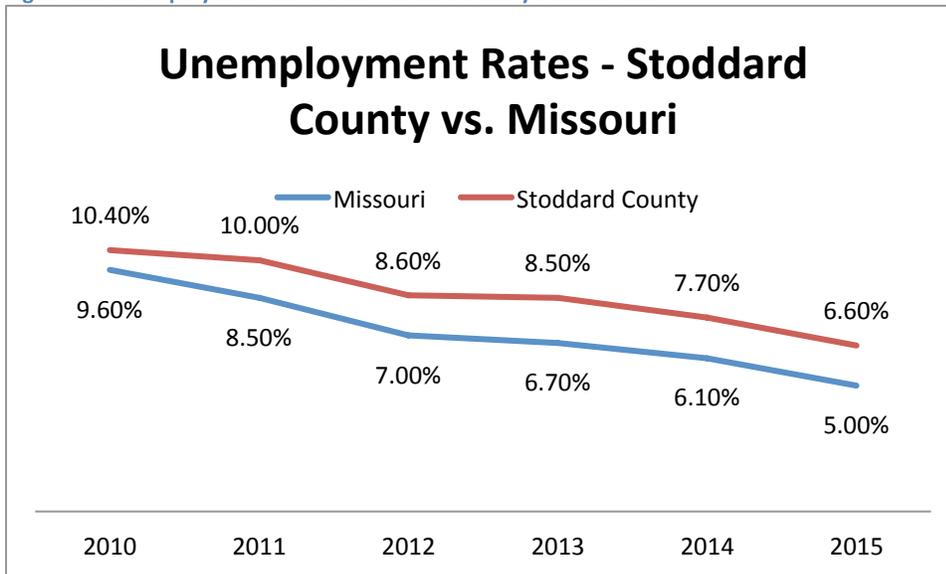


Source: MERIC

Employment

The unemployment rate in Stoddard County has been consistently decreasing, but continues to be well above the Missouri unemployment rate. Since 2011, the unemployment rate has decreased by 3.4%. The unemployment rate in Stoddard County is 2.1% higher than the unemployment rate in Missouri.

Figure 12: Unemployment Rates for Stoddard County vs. Missouri



Source: MERIC

Poverty

According to the U.S. Census Bureau, the percent of people living below the poverty level in Stoddard County was 14.9% compared with 15.6% in the entire state of Missouri in 2014. Stoddard County had more people 65 years and older in poverty than the state. They also had more people who were Caucasian and African-American in poverty. However, a much smaller percent of their Hispanic population was in poverty than the state.

Table 2: Percent Below Poverty Level by Category in 2014

Category	Stoddard County	Missouri
All People	14.9%	15.6%
Under 18 years	17.4%	21.5%
18-64 years	14.7%	14.9%
65 years and older	12.3%	9.0%
White	14.4%	12.9%
Black or African-American	54.4%	29.3%
Hispanic or Latino origin (of any race)	9.1%	26.5%
Less than high school graduate	24.2%	27.8%
Unemployed	29.2%	34.7%

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) and American FactFinder

Medicaid/MO HealthNet

According to the Missouri Department of Health and Human Services, in 2015, Missouri had 1,056,204 residents eligible for MO HealthNet. Stoddard County had 7,709 residents eligible. Population estimates for 2015 have not been determined. However, the population of Stoddard County a year prior was estimated to be 29,867. Using this estimate, the percent of Stoddard County residents eligible for MO HealthNet was approximately 25%.

Table 3: Number of Stoddard County Residents Eligible for MO HealthNet

	White	Black/African-American	All Races
	Number	Number	Number
Under 1	84	4	240
1 to 4	862	23	983
5 to 14	2,007	31	2,103
15 to 17	537	10	557
18 to 19	203	1	212
20 to 24	332	6	349
25 to 44	1,201	30	1,272
45 to 64	1,044	17	1,087
65 and over	858	13	906
All ages	7,128	135	7,709

Source: Department of Health and Human Services, MICA 2015

The Missouri Department of Social Services provides a list of HealthNet providers in Stoddard County, showing that there are 270 providers.

Free/Reduced-Price Lunches

The Missouri Department of Elementary & Secondary Education gives information regarding meal patterns of the National School Lunch Program. Listed is the minimum credible serving for each food category and the amounts served at each grade level. For the lunch meal pattern, there is a calorie range from 550-650 calories for grades K-5, 600-700 for grades 6-8 and 750-850 for grades 9-12. Offerings for students participating in athletics are also available including afterschool snacks offered by the National School Lunch Program and afterschool snacks and meals offered by the Child and Adult Care Food Program. Schools located in low-income areas offer food for free, whereas others may be required to pay the reduced price or full amount based on income level.

According to the County Health Rankings, 46% of children enrolled in Stoddard County public schools were eligible for free lunch in 2015. According to the Missouri Hunger Atlas, the Percent Eligible and participating in the National School Lunch Program was at 82.6% for the county and 82.5% for the state for a performance indicator and 58.4% in the county and 52.1% in the state for a need indicator. Table 4 shows the enrollment in the Free/Reduced-Price Lunch Program in Stoddard County.

Table 4: Students Enrolled in Free/Reduced-Price Lunch in Stoddard County

Students Enrolled in Free/Reduced-Price Lunch in Stoddard County			
Year	Number	Percent	Missouri Percent
2013	2,803	56.2%	49.8%
2012	2,748	55.5%	49.4%
2011	2,713	54.4%	47.7%
2010	2,741	54.4%	46.8%
2009	2,713	53.3%	43.6%
2008	2,715	52.8%	42.0%

Source: KIDS COUNT data center, The Annie E. Casey Foundation, Family and Community Trust
 See Federal Register Pages about changes occurring with new meal patterns and regulations.

Hunger and Food Uncertainty

The Missouri Hunger Atlas from 2013 uses three need indicators to establish food uncertainty levels. Stoddard County has 13.7%, compared with the state at 13.9% for “Percent Households Food Uncertain,” leading to an average rank. For “Percent Household with Children Food Uncertain,” Stoddard County has 23.2% with Missouri at 23%, putting the county into a very high ranking. Additionally, Stoddard County has 5.6%, whereas Missouri has 5.7% for “Percent Households Food Uncertain with Hunger” leading to a very high ranking for the county.

Women, Infants and Children (WIC) Participation

According to the Missouri Hunger Atlas from 2013, there were 904 monthly WIC participants; 660 of the participants being infants/children (5 years and younger). There were 65.8% infants/children under the age of 5 who were eligible and participating in the WIC program in Stoddard County, just below the 68.5% eligible for Missouri.

Housing

According to the U.S. Census Bureau's American Community Survey, it is estimated that in 2014 there were 2,723,417 housing units in Missouri, with 86.7% being occupied. The median value of Missouri housing units was estimated to be \$136,700. Just 0.5% of households lacked plumbing facilities, 0.8% lacked kitchen facilities and 2.8% lacked telephone services in Missouri.

In 2014, it was estimated that Stoddard County had 13,587 housing units, with 88.8% of these units being occupied. About 78.3% of these units were single-detached. The median value of housing units in Stoddard County was \$87,000. In Stoddard County, 31 homes lacked plumbing facilities, 26 homes lacked complete kitchen facilities and 242 homes had no telephone services.

Transportation

Bloomfield, Missouri, has a public transit system, which transports riders throughout the town of Bloomfield during the week at a low cost. Stoddard County Transit, located in Dexter, is another transit service that provides transportation services for senior citizens and handicapped citizens, as well as the general public. There are 13 employees with Stoddard County Transit and services are available Monday through Friday during the day and on the first two Saturdays of each month. Services begin at 8:30 am and go until 4 pm. You must phone the transit office before 4 pm in order to receive a ride after that time. Donations are asked of those 60 and older or handicapped, but are not required and a fare of \$2 is required of those 59 years and younger, who are not handicapped. Prices decrease to \$1 for children 7-12 years and it is free for children 0-6 years. Additional trips are able to be provided at a higher cost and may be viewed on the Stoddard County Transit website.

Healthcare System

Access to Healthcare

Access to healthcare is a broad concept that tries to capture accessibility to needed primary care, healthcare specialists and emergency treatment. While having health insurance is a crucial step toward accessing the different aspects of the healthcare system, health insurance by itself does not ensure access. It is also necessary to have comprehensive coverage, providers that accept the individual's health insurance, relatively close proximity of providers to patients and primary care providers in the community. There are additional barriers to access in some populations due to lack of transportation to providers' offices, lack of knowledge about preventive care, long waits to get an appointment, low health literacy and inability to pay the high-deductible of many insurance plans and/or co-pays for receiving treatment.

According to the Health Resources and Services Administration, Stoddard County is considered to be a Health Professional Shortage Area (HPSA) in mental health, primary care and dental health. Each may be classified as geographic, population or facilities. Geographic means they do not have enough providers in a county or service area. Population means there are not enough providers that are low income or Medicaid eligible. Facilities means there are not enough providers that are federally qualified health centers or state or federal prisons. Stoddard County is an HPSA Geographic for mental health, last updated in 2011 and also for dental health last updated in 2014. They are an HPSA Population in primary care, last updated in 2013.

Uninsured Population

According to the County Health Rankings for Missouri, in 2015, 17% of Stoddard County's population was uninsured, just above 16% of Missouri. This percentage measures the estimated percent of population below the age of 65 with no health insurance.

Healthcare Providers

Hospitals

SoutheastHEALTH Center, formerly Missouri Southern Healthcare, provides a wide array of services to the citizens of Stoddard County and the surrounding communities. The emergency room operates 24 hours a day, every day and all diagnostic services, excluding MRI screenings, are also available 24 hours a day. SoutheastHEALTH Center also utilizes the services of physicians specializing in emergency medicine, trauma, family practice, internal medicine, surgery, pediatrics, cardiology and radiology. Also provided is general medical and surgical care for inpatient, outpatient and emergency room patients. The center does participate in the Medicare and Medicaid programs. Several other services are provided as well.

New to Stoddard County is the Saint Francis Outpatient Center in Dexter, Missouri. Services that will be offered include comprehensive cancer care, OB/GYN expertise, expert cardiology care and additional care from internal medicine physicians, family practice physicians, nurses and other expert staff. There will be primary care, urgent care, lab and X-ray services, as well as outpatient physical therapy available. The physicians aim to not only provide patients with expert care, but also treat them in a caring manner that will build relationships. The facility will not only include a medical care facility, but will also include a full fitness gym with a pool for the Stoddard County community to take advantage of.

Family Practices

According to the University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation's County Health Rankings, Stoddard County has a primary care physician ratio of 1,862:1, whereas the state of Missouri has a ratio of 1,439:1.

SEMO Health Network is a Federally Qualified Community Health Center (FQHC) and has an office located in Bernie, Missouri. FQHCs are nonprofit or public healthcare organizations that serve insured patients, uninsured patients, private pay patients and medically underserved populations. These are usually found in areas that are designated as Medically Underserved Areas or Populations. Services are provided to all persons regardless of their ability to pay and charges for services are based on a board-approved sliding-fee scale based on the patient's family income and size. SEMO Health Network provides comprehensive, quality primary healthcare and dental care.

Cross Trails Medical Center is a Federally Qualified Health Center (FQHC) with a location in Advance, Missouri. This facility offers primary care services in the county. Some of the medical services provided by Cross Trails include the following:

- Primary medical care
- Preventive health screenings and adult immunizations
- Acute care for minor illness or injury
- Children's care, including immunizations and well-child checks
- Adolescent health
- Pediatrics
- Geriatrics
- Women's healthcare, including family planning and annual gynecological exams
- Participation in the Show-Me Healthy Women program to assist women in obtaining necessary exams
- Full chronic disease program, including education with a Certified Diabetes Educator and a pharmacist
- Laboratory services (on-site)
- X-ray services (on-site)
- Mental health/counseling
- Patient Medication Assistance program
- Telehealth (currently dermatology)
- Contract pharmacy program
- Case Management

Other family practices that are available in Stoddard County include Missouri Southeast Family Medical Care, Ferguson Medical Group, Dexter Medical Center and Jibben Medical, all in Dexter, Missouri; Woods Medical Clinic in Puxico; Bloomfield Medical Clinic in Bloomfield; and Dr. James Campbell in Advance.

Mental Health

According to the University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation's County Health Rankings, Stoddard County has a mental health provider ratio of 1,861:1, whereas the state of Missouri has a ratio of 632:1.

Bootheel Counseling Services is a private, not-for-profit organization that has been providing services in

Southeast Missouri for over 30 years. They are the state of Missouri's administrative agent for mental health services for several counties in the area including Stoddard County. Bootheel Counseling Services has been certified by the Missouri Division of Comprehensive Psychiatric Services for the following programs: community psychiatric rehabilitation for adults; community psychiatric rehabilitation for children and youth; outpatient mental health; and access crisis intervention. Bootheel Counseling Services is licensed by the Missouri Department of Mental Health Division of Alcohol and Drug Abuse to provide substance abuse treatment. Services provided by Bootheel Counseling Services are as follows:

Medical Services: The Medication Clinic staff provides professional, efficient and state-of-the-art care to clients with severe mental health issues. Medication staff consists of three full-time psychiatrists who provide psychiatric evaluations and on-going psychiatric services to children and adults.

Alcohol & Drug Treatment: Alcohol and drug abuse services are available for individuals experiencing problems with addiction. Staff provides individual therapy, group education, group counseling and family education. Services are also available for individuals with a dual diagnosis of drug and alcohol addiction and a serious mental illness. This integrated treatment plan treats both illnesses at the same time and place. Treatment providers have been trained to offer comprehensive, time unlimited group and individual therapy, group education and family support.

Employee Assistance Programs (EAPs): This service is available to businesses and private industries. It is a service by which employers can create a plan to cover the cost for mental health services for their employees and family members. This is an added employee benefit which increases job satisfaction, reduces staff turnover, increases productivity and eventually reduces company costs.

"Clubhouse Model" Psychosocial Rehabilitation Program: This service allows individuals with chronic psychiatric disabilities to achieve more normal, self-sufficient lives in the community through:

- Interpersonal skills training
- Independent living skills training
- Vocationally oriented day treatment
- Recreational programs

Community Psychiatric Rehabilitation Program (CPRP) for Adults and Children: This program is a client-centered approach that emphasizes individual choices and needs; features flexible community-based services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning and leisure-time activities in normal community settings. The program provides an array of key services to persons with severe, disabling mental illnesses. Services include evaluations, crisis intervention, community support, medication management and psychosocial rehabilitation.

Cross Trails Medical Center also employs a licensed clinical social worker that is able to provide the residents of Stoddard County with an experienced and caring approach to counseling. The Licensed clinical social worker collaborates with the primary care providers to best meet the behavioral health needs of patients. Patients can receive help in the form of individual, couple or family counseling.

Patients can also learn how to cope with chronic health problems and find ways to adjust to transitions in life such as marriage, divorce, aging or the loss of a loved one.

Berthelot Counseling and **Professional Counseling Group** in Dexter also provide counseling services to the residents of Stoddard County.

Dentists

According to the University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation's County Health Rankings, Stoddard County has a dentist ratio of 4,963:1, whereas the state of Missouri has a ratio of 1,920:1.

There are seven dentists available in Stoddard County, two of which are employed by **Cross Trails Medical Center** in Advance. At Cross Trails Medical Center, comprehensive oral health services are provided, including:

- Preventive services:
 - Cleanings
 - Fluoride applications
 - Sealants
 - X-rays
 - Exams
- Routine care:
 - Restorations
 - Minor surgical procedures
 - Dentures
 - Oral screenings
 - Fillings
 - Root canals
 - Crowns and bridges
- Patients needing specialized services such as orthodontics, complicated oral surgery, limited endodontics or fixed prosthetics are referred to specialists.

SEMO Health Network in Bernie also offers dental services with one dentist including:

- Cleaning
- Restorations (fillings)
- X-rays
- Sealants

Below is a table showing which dentists in Stoddard County that accept MO HealthNet:

Table 5: Dentists in Stoddard County that Accept MO HealthNet (Medicaid)

Provider Name	Specialty
BUSH, BRADLY R., DMD	DENTIST – GENERAL (DMD AND DDS)
GRAF, JOHN CARL III, DMD	DENTIST – GENERAL (DMD AND DDS)
MITCHELL, KEVIN W., DDS	DENTIST – GENERAL (DMD AND DDS)
SHIPLEY, WILLIAM H. JR.	DENTIST – GENERAL (DMD AND DDS)

Source: Missouri Dept. of Social Services, MO HealthNet Provider search

Optometry Services

Several **optometry practices** are available throughout Stoddard County, with Marion Eye Center & Opticals, Dexter Family Eye Care, Vincent Coburn, O.D. and Robert Riddle, O.D. in Dexter, Bloomfield Eye Center in Bloomfield and Vision Source in Advance.

Below is a table showing which optometrists in Stoddard County accept MO HealthNet:

Table 6: Optometrists in Stoddard County that Accept MO HealthNet (Medicaid)

Provider Name	Specialty
HOWARD, JENNIFER K., OD	OPTICIAN/OPTOMETRIST
MAYBERRY, KATHRYN A., OD	OPTICIAN/OPTOMETRIST
NOSACKA, DOUGLAS	CERTIFIED OPTOMETRIST (THERAPEUTIC)
RIDDLE, ROBERT A., OD	OPTICIAN/OPTOMETRIST

Source: Missouri Dept. of Social Services, MO HealthNet Provider search

Other

There are several **chiropractic physicians** in Stoddard County, all located in Dexter including Backworks Chiropractic, Sims Chiropractic, Schlieff Chiropractic & Wellness and Gary Owen, DC.

Several **pharmacies** are available throughout Stoddard County including Walmart Pharmacy, USA Drug, Super Town & Country Pharmacy in Dexter; Overturf Health Mart Drugs in Bernie; Town Pharmacy in Bloomfield; Puxico Drugs in Puxico and Advance Pharmacy in Advance.

Community Health Resources/Services

The Stoddard County Public Health Center provides immunizations, flu vaccinations, chronic disease and other screenings, prescribed injections, pregnancy testing, family planning, Show-Me Health Women, Case Management and health education.

The Stoddard County Public Health Center offers many great resources and services regarding health. Some of the classes they have in place include:

- Arthritis Foundation Exercise Classes
- Educational Training for Daycare Workers
- Eating Behavior and Nutritional Education
- CPR and First Aid Classes
- C.E.R.T Training
- Prenatal and Parenting Classes
- Breast-feeding Classes

Services that are available from the Stoddard County Public Health Center include the following:

- Immunizations
- Flu Vaccinations
- Chronic Disease screenings
- Tuberculosis Testing
- Prescribed injections on physician’s referral
- Blood Sugar and Blood Pressure Monitoring
- Cholesterol Screening
- Pregnancy Testing
- Temporary Medicaid for prenatal clients who are financially eligible
- Health Education Programs
- Environmental Health Services including inspections, private water supply test kits, sewage plan and site evaluations and investigations of food and septic complaints
- Communicable Disease Control and Reporting
- Sexually Transmitted Diseases-testing, treatment, educational programs and follow-ups
- Lead Screening
- WIC Nutrition Education and Food Supplement Program
- Family Planning
- Show-Me Health Women: Women age 35 and up receive a Pap test, pelvic and breast exam (mammogram at age 50) free of charge
- Case Management

Emergency Services

Stoddard County Ambulance District out of Dexter, Missouri, provides ambulance services in Stoddard County. Three **fire departments** can be found in Stoddard County located in several areas throughout the county. The following table shows those locations, as well as other information about those departments. Firefighters have many responsibilities besides just putting out fires and one of those responsibilities may be to provide emergency care for people involved in accidents and oftentimes, firefighters are the first emergency personnel on the scene.

Table 7: Fire Departments in Stoddard County, Missouri & Emergency Medical Response Agencies

Fire Department	Type of Fire Department:	No. of Fire Stations:	No. of Career Firefighters:	No. of Volunteer Firefighters:	No. of Paid per Call Firefighters:	Non-Firefighting Employees:	Non-Firefighting Volunteers:
Advance Fire Department	Volunteer	1	0	17	0	0	0
Advance, MO 63730							
Bloomfield Fire Department	Volunteer	1	0	15	0	0	2
Bloomfield, MO 63825							
Dexter Fire Department	Mostly Volunteer	2	3	0	27	1	0
Dexter, MO 63841							

Source: Fire Departments Network, Fire Department Listings by County

Long-term Care Facilities

The following describes three types of Long-term Care Facilities:

- **Residential care facilities (RCFs)** refer to facilities that provide long-term care to adults or children in a residential setting rather than the patient's home. People with disabilities, mental health problems or learning difficulties are often cared for at home by paid or voluntary caregivers, such as family and friends, with additional support from home care agencies.
- **Assisted living residences or assisted living facilities (ALFs)** provide supervision or assistance with activities of daily living (ADLs); coordination of services by outside healthcare providers; and monitoring of resident activities to help to ensure their health, safety and well-being.
- **Skilled nursing facilities (SNFs)**, nursing homes or convalescent homes provide a place of residence for people who require constant nursing care and have significant deficiencies with activities of daily living. Residents include the elderly and younger adults with physical or mental disabilities. Residents in a skilled nursing facility may also receive physical, occupational and other rehabilitative therapies following an accident or illness.

Table 8: Long-term Care Facilities in Stoddard County, Missouri

FACILITY NAME	LEVEL OF LICENSURE	CITY
ADVANCE ASSISTED LIVING	ASSISTED LIVING FACILITY OPTION 1	ADVANCE
ADVANCE NURSING CENTER	SKILLED NURSING FACILITY	ADVANCE
CENTRAL GARDENS	RESIDENTIAL CARE FACILITY II	DEXTER
CROWLEY RIDGE CARE CENTER	SKILLED NURSING FACILITY	DEXTER
CYPRESS POINT-SKILLED NURSING BY AMERICARE	SKILLED NURSING FACILITY	DEXTER
GOLDEN LIVINGCENTER-BLOOMFIELD	SKILLED NURSING FACILITY	BLOOMFIELD
GOLDEN LIVINGCENTER-DEXTER	SKILLED NURSING FACILITY	DEXTER
HILDA FUWELL'S RESIDENTIAL CARE FACILITY	RESIDENTIAL CARE FACILITY I	DEXTER
HOLLY RIDGE HEALTHCARE, INC.	ASSISTED LIVING FACILITY OPTION 2	DEXTER
MINGO RESIDENTIAL CARE FACILITY	RESIDENTIAL CARE FACILITY II	PUXICO
PUXICO NURSING AND REHABILITATION CENTER	SKILLED NURSING FACILITY	PUXICO
WINCHESTER RESIDENTIAL CARE INC.	RESIDENTIAL CARE FACILITY II	BERNIE

Source: Missouri Department of Health and Senior Services, Show Me Long Term Care in Missouri

The table above shows the long-term care facilities located in Stoddard County. There are assisted living facilities, residential care facilities and skilled nursing facilities. Most of the facilities are located in Dexter, with Advance, Bloomfield, Puxico and Bernie also having some.

Chapter 3: Health Outcomes

Mortality

Leading Causes of Death

According to the Missouri Department of Health & Senior Services, Stoddard County has a higher rate for most causes of death. However, the county does have a lower rate of death than Missouri from heart disease, Diabetes Mellitus, homicide, HIV/AIDS, alcohol/drug-induced deaths and firearms.

Table 9: Leading Causes of Death in Stoddard County, 2003-2013

Leading Causes of Death	Stoddard County			Missouri
	Events	Rate	Compared with Missouri Rate	Rate
All Causes	4,124	925.7	Higher	837.3
Heart Disease	979	212.9	Lower	216.7
All Cancers (Malignant Neoplasms)	982	219.7	Higher	188.9
Lung Cancer	330	73.2	Higher	58.7
Breast Cancer	80	18.1	Higher	13.6
Chronic Lower Respiratory Disease	372	82.6	Higher	50.3
Stroke/Other Cerebrovascular Disease	259	55.6	Higher	47.8
Total Unintentional Injuries	175	51.4	Higher	47.5
Motor Vehicle Accidents	89	27.1	Higher	16.4
Alzheimer's Disease	181	36.3	Higher	25.8
Diabetes Mellitus	95	21.5	Lower	22
Pneumonia and Influenza	103	21.8	Higher	20.3
Kidney Disease (Nephritis and Nephrosis)	95	20.1	Higher	18.1
Suicide	44	13.7	Equal	13.7
Septicemia	53	12	Higher	11.5
Chronic Liver Disease and Cirrhosis	35	8.4	Higher	7.5
Homicide	9	2.7	Lower	7.2
HIV/AIDS	1	0.3	Lower	1.9
Smoking-Attributable (estimated)	829	184.5	Higher	145.2
Alcohol/Drug-Induced	53	16.9	Lower	20.2
All Injuries and Poisonings	245	72.8	Higher	70.5
Firearms	37	10.8	Lower	13.2
Injury at Work	6	2	Higher	1.7

Source: Missouri Department of Health & Senior Services, Community Data Profiles

*Mortality rates are per year per 100,000 population and are age-adjusted to the U.S. 2000 standard population.

Cancer

According to the Missouri Cancer Registry and Research Center, Stoddard County had an age-adjusted invasive cancer incidence rate for all sites of 421.8 with 171 cases for all sites, compared with Missouri's rate of 436.6 with 30,179 cases in 2011. Table 10 shows the top ten cancer incidence sites. Combined,

males and females had the highest percent of lung and bronchus cancer. However, split up, females' highest incidence occurred through breast cancer and males' through lung and bronchus cancer. Colon and rectum cancer were in the top three highest incidences for all three categories.

Table 10: Stoddard County, Top Ten Cancer Incidence Sites (2007-2011)

Cancer Incidence Rates (Top Ten)		
All Sexes	Cancer Site	Percent
	Lung and Bronchus	20.84
	Colon and Rectum	13.70
	Female Breast	13.47
	Prostate	12.18
	Kidney and Renal Pelvis	4.57
	Urinary Bladder	3.98
	Thyroid	3.40
	Non-Hodgkin Lymphoma	3.16
	Melanoma of the Skin	2.46
	Pancreas	2.34
Females	Cancer Site	Percent
	Female Breast	29.41
	Lung and Bronchus	16.62
	Colon and Rectum	14.07
	Thyroid	5.88
	Corpus and Uterus, NOS	4.35
	Kidney and Renal Pelvis	3.32
	Ovary	3.32
	Pancreas	2.81
	Melanoma of the Skin	2.81
	Non-Hodgkin Lymphoma	2.05
Males	Cancer Site	Percent
	Lung and Bronchus	24.41
	Prostate	22.46
	Colon and Rectum	13.39
	Urinary Bladder	6.26
	Kidney and Renal Pelvis	5.62
	Non-Hodgkin Lymphoma	4.10
	Leukemia	2.59
	Larynx	2.16
	Melanoma of the Skin	2.16
	Oral Cavity and Pharynx	1.94

Source: Missouri Cancer Registry and Research Center, Top Ten Cancer Incidence Sites, Missouri County-level Data

Chronic Disease

Table 11 shows a comparison of chronic diseases for Stoddard County and Missouri. It shows the deaths, hospitalizations and ER visits caused by each of the chronic diseases.

Table 11: Chronic Diseases - Stoddard County vs. Missouri

Chronic Disease		Data Years	No. of Events in Stoddard County	Stoddard County Rate	Missouri Rate
Heart Disease					
	Deaths	2002-2012	989	216.0	223.6
	Hospitalizations	2008-2012	2,848	144.9	129.8
	ER Visits	2008-2012	2,459	15.2	14.3
Ischemic Heart Disease					
	Deaths	2002-2012	650	140.7	151.2
	Hospitalizations	2008-2012	974	49.5	41.6
	ER Visits	2008-2012	223	1.2	0.7
Stroke/Other Cerebrovascular Disease					
	Deaths	2002-2012	284	61.1	49.8
	Hospitalizations	2008-2012	598	29.7	29.3
	ER Visits	2008-2012	226	1.2	0.8
All Cancers (Malignant Neoplasms)					
	Deaths	2002-2012	957	216.4	191.1
	Hospitalizations	2008-2012	662	34.5	34.6
Colorectal Cancer					
	Deaths	2002-2012	99	22.3	18.1
	Hospitalizations	2008-2012	112	5.7	4.4
Colon and Rectum Cancer (SEER)					
	Deaths	2002-2012	98	22.1	17.9
Lung Cancer					
	Deaths	2002-2012	319	71.6	59.4
	Hospitalizations	2008-2012	108	5.2	4.6
Breast Cancer					
	Deaths	2002-2012	85	19.4	13.9
	Hospitalizations	2008-2012	27	1.4	1.7
Cervical Cancer					
	Deaths	2002-2012	7	1.8*	1.4
	Hospitalizations	2008-2012	7	0.5*	0.6
Prostate Cancer					
	Deaths	2002-2012	47	10.0	8.4
	Hospitalizations	2008-2012	55	2.6	2.5
Diabetes Mellitus					
	Deaths	2002-2012	100	22.5	22.5
	Hospitalizations	2008-2012	245	15.4	17.8
	ER Visits	2008-2012	376	2.2	1.8

Chronic Obstructive Pulmonary Disease Excluding Asthma					
	Deaths	2002-2012	361	80.6	48.5
	Hospitalizations	2008-2012	865	42.4	23.6
	ER Visits	2008-2012	1,167	7.3	5.7
Asthma					
	Deaths	2002-2012	3	0.9*	1.2
	Hospitalizations	2008-2012	125	8.7	13.1
	ER Visits	2008-2012	293	2.2	5.3
Smoking - Attributable (Estimated)					
	Deaths	2002-2012	814	182.7	146.9
Arthritis/Lupus					
	Deaths	2002-2012	16	3.4*	3.3
	Hospitalizations	2008-2012	675	35.5	41.7
	ER Visits	2008-2012	2,077	14.0	9.9

Death rates are per year per 100,000 population and are age-adjusted to the U.S. 2000 standard population.

Hospitalization rates are per year per 10,000 population and are age-adjusted to the U.S. 2000 standard population.

ER visits are per year per 1,000 population and are age-adjusted to the U.S. 2000 standard population.

*Fewer than 20 events in numerator; rate is unstable.

Source: Missouri Department of Health and Senior Services

Years of Potential Life Lost

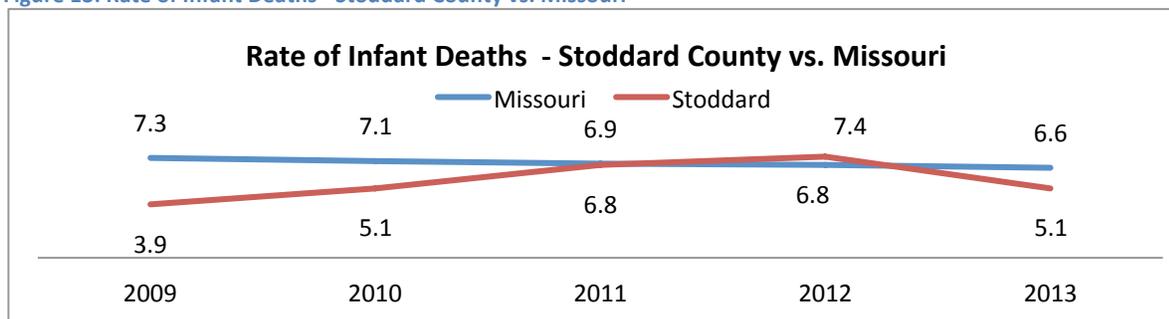
The Missouri Department of Health & Senior Services describes the years of potential life lost (YPLL) statistic as an estimate of the number of lives lost due to premature death (before age 75). A younger death corresponds to more years of potential life lost.

According to the Missouri Department of Health & Senior Services, in 2013, Missouri had a combined 459,648 years of potential life lost. Alone, Stoddard County had a total of 2,531 years of potential life lost. Per 100,000 population, Missouri had 8,145 years of potential life lost and Stoddard County had 9,312 years lost.

Infant Mortality

The rate of infant deaths in the county increased from 2009 to 2012. However, the rate drastically decreased from 2012 to 2013.

Figure 13: Rate of Infant Deaths - Stoddard County vs. Missouri



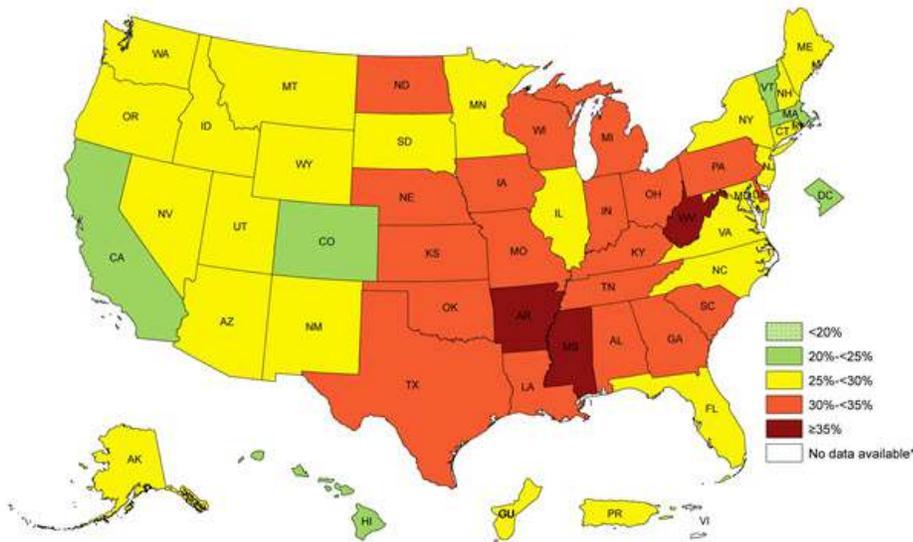
Source: Annie E. Casey Foundation Kids Count Data Center, Family and Community Trust

Morbidity

Obesity and Overweight

According to the Centers for Disease Control and Prevention, more than one-third of the adults in the United States are obese, which can lead to several other chronic conditions including heart disease, stroke, type 2 diabetes and certain types of cancer. In 2011, the Behavioral Risk Factor Surveillance System, CDC presented the prevalence estimates for obesity in the picture below. This shows that Missouri had an obesity prevalence between 30% to <35%. Obesity is measured when a person has a body mass index (BMI) greater than or equal to 30 kg/m² and has shown to be a concern across the United States.

Figure 14: Obesity Prevalence Map, 2014



Source: Centers for Disease Control and Prevention – Data, Trends and Maps

According to the County Health Rankings developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, Stoddard County has a 32% prevalence of obesity compared with 30.2% in Missouri. Stoddard County has a high prevalence of obesity, which may be caused by a lack of exercise and physical activity along with a poor diet.

Diabetes

According to the Centers for Disease Control and Prevention (CDC), diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults in the United States and it is also a major cause of heart disease and stroke. Other complications that can be caused by diabetes include: hypertension, eye problems, kidney disease, nervous system disease, amputations, dental disease and complications of pregnancy.

Diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action or both. Diabetes can lead to serious complications and premature death, but people with diabetes, working together with their support network and their healthcare providers, can take steps to control the disease and lower the risk of complications. There is more than one type of diabetes:

- *Type 1 diabetes* was previously called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes. Type 1 diabetes develops when the body's immune system destroys pancreatic beta cells, the only cells in the body that make the hormone insulin that regulates blood glucose. To survive, people with Type 1 diabetes must have insulin delivered by injection or a pump. This form of diabetes usually strikes children and young adults, although disease onset can occur at any age. In adults, Type 1 diabetes accounts for approximately 5% of all diagnosed cases of diabetes. Risk factors for Type 1 diabetes may be autoimmune, genetic or environmental. There is no known way to prevent Type 1 diabetes. Several clinical trials for preventing Type 1 diabetes are currently in progress or are being planned.
- *Type 2 diabetes* was previously called noninsulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes. In adults, Type 2 diabetes accounts for about 90% to 95% of all diagnosed cases of diabetes. It usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce it.
- Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity and race/ethnicity. African-Americans, Hispanic/Latino Americans, American Indians and some Asian Americans and Native Hawaiians or other Pacific Islanders are at particularly high risk for Type 2 diabetes and its complications. Type 2 diabetes in children and adolescents, although still rare, is being diagnosed more frequently among American Indians, African-Americans, Hispanic/Latino Americans and Asians/Pacific Islanders.
- *Gestational diabetes* is a form of glucose intolerance diagnosed during pregnancy. Gestational diabetes occurs more frequently among African-Americans, Hispanic/Latino Americans and American Indians. It is also more common among obese women and women with a family history of diabetes. During pregnancy, gestational diabetes requires treatment to optimize maternal blood glucose levels to lessen the risk of complications in the infant.
- *Other types* of diabetes result from specific genetic conditions (such as maturity-onset diabetes of youth), surgery, medications, infections, pancreatic disease and other illnesses. Such types of diabetes account for 1% to 5% of all diagnosed cases.

According to the County Health Rankings, Stoddard County has a diabetes prevalence of 11%, equal to that of Missouri.

Infectious Disease

The Missouri Department of Health and Senior Services' Bureau of Communicable Disease Control and Prevention put out an Annual Communicable Disease Surveillance Report summarizing the different communicable diseases reported across Missouri in 2012. The diseases that were reported in Stoddard County are described below.

Hepatitis C is a contagious liver disease that results from infection with the Hepatitis C virus. It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis C is usually spread when blood from a person infected with the Hepatitis C virus enters the body of someone who is not infected. Today, most people become infected with the Hepatitis C virus by sharing needles or other equipment to inject drugs. Before 1992, when widespread screening of the blood supply began in the United States, Hepatitis C was also commonly spread through blood transfusions and organ transplants. Hepatitis C can be either "acute" or "chronic." Acute Hepatitis C virus infection is a short-term illness that occurs within the first six months after someone is exposed to the Hepatitis C virus. For most people, acute infection leads to chronic infection. Chronic Hepatitis C is a serious disease that can result in long-term health problems or even death. There is no vaccine for Hepatitis C. The best way to prevent

Hepatitis C is by avoiding behaviors that can spread the disease, especially injection drug use. Stoddard County had 32 cases of Hepatitis C, Chronic Infection reported in 2012.

Tuberculosis (TB) is a disease caused by the bacterium called *Mycobacterium tuberculosis*. The bacteria can attack any part of your body, but it usually attacks the lungs. TB is spread through the air from one person to another. The bacteria are expelled into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks or sings. These bacteria can stay in the air for several hours, depending on the environment. People who become infected with TB bacteria usually have had very close, day-to-day contact with someone who has TB disease (e.g., a family member, friend or close co-worker). In most people who become infected, the body is able to fight the bacteria to stop them from growing. The bacteria become inactive, but they remain alive in the body and can become active later. This is called latent TB infection (LTBI). These people do not have symptoms of TB disease and they cannot spread TB to others. According to the Bureau of Communicable Disease Control and Prevention's Communicable Disease Surveillance 2012 Annual Report, Stoddard County had no cases of tuberculosis in 2012.

Other communicable diseases that were reported in Stoddard County in 2012 include:

- Campylobacteriosis (often foodborne illness): 9 cases
- Ehrlichiosis & Anaplasmosis: 1 case
- Giardiasis: 1 case
- Pertussis: 2 cases
- Rocky Mountain Spotted Fever: 9 cases
- Salmonellosis: 12 cases
- Strep Pneumoniae, Drug-Resistant: 1 case
- Tick-borne Disease: 10 cases
- Varicella (Chickenpox): 2 cases
- West Nile Virus Neuroinvasive Disease: 1 Case

HIV/AIDS

HIV is the human immunodeficiency virus that can lead to acquired immune deficiency syndrome (AIDS). There are two types of HIV, HIV-1 and HIV-2. However, unless otherwise noted, when referring to HIV in the United States, HIV-1 is the type being referred. Both types damage a person's body by destroying CD4+ T cells, which are crucial to helping the body fight diseases. According to the Mayo Clinic, potential signs and symptoms vary depending on the stage of HIV. Within a month or two, infected people usually develop flu-like symptoms, which may last for a few weeks. Signs and symptoms of this may include fever, headache, muscle aches and joint pain, rashes, sore throat and swollen lymph glands. During this primary HIV infection, the amount of the virus in the bloodstream is high, causing more efficient spreading of the virus. This is particularly dangerous because the virus often goes unnoticed in this stage. Throughout stages of HIV infection, many other signs and symptoms may occur including fever, fatigue, swollen lymph nodes, diarrhea, weight loss oral yeast infection and shingles.

Everyone who has been infected with HIV should see a healthcare provider experienced with treating HIV infection on a regular basis. Medications received can slow down destruction of the immune system, improve overall health and may even decrease chances of spreading the virus. If the virus goes unnoticed and untreated, the HIV infection can lead to association with many diseases such as cardiovascular disease, kidney disease, liver disease and cancer. Mayo Clinic also stated that without treatment for HIV infection, the disease usually develops into AIDS in about 10 years and leading to many otherwise rare diseases. Signs and symptoms of this stage may include soaking night sweats,

recurring fever, chronic diarrhea, persistent white spots or unusual lesions on your tongue/mouth, persistent and unexplained fatigue, weight loss and skin rashes or bumps.

According to AIDSvu, with information from the U.S. Centers for Disease Control and Prevention's (CDC) national HIV surveillance database, Missouri had 11,737 people living with HIV/AIDS, with 222 deaths. In 2013, there were 482 new diagnoses of the virus. The County Health Rankings report that there are 28 people living with HIV per 100,000 people in Stoddard County, compared with 223 per 100,000 people in Missouri. More specific county data is lacking.

Other Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) is a term used to describe more than 20 different infections that are transmitted through exchange of semen, blood and other body fluids; or by direct contact with the affected body areas of people with STDs. Sexually transmitted diseases are also called venereal diseases. STDs can have very painful long-term consequences as well as immediate health problems. They can cause:

- birth defects
- blindness
- bone deformities
- brain damage
- cancer
- heart disease
- infertility and other abnormalities of the reproductive system
- mental retardation
- death

Some of the most common sexually transmitted diseases are described below as defined by the CDC along with the number of cases reported in Stoddard County by the Missouri Department for Health and Senior Services.

Syphilis is a sexually transmitted disease caused by the bacterium *Treponema pallidum*. It has often been called "the great imitator" because so many of the signs and symptoms are indistinguishable from those of other diseases. In 2015, Stoddard County had zero cases of syphilis reported.

Gonorrhea is a sexually transmitted disease caused by *Neisseria gonorrhoeae*, a bacterium that can grow and multiply easily in the warm, moist areas of the reproductive tract, including the cervix (opening to the womb), uterus (womb) and fallopian tubes (egg canals) in women and in the urethra (urine canal) in women and men. The bacterium can also grow in the mouth, throat, eyes and anus. Gonorrhea is a very common infectious disease. In 2015, Stoddard County had 7 cases of gonorrhea reported.

Chlamydia is a common sexually transmitted disease caused by the bacterium, *Chlamydia trachomatis*, which can damage a woman's reproductive organs. Even though symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem. Chlamydia also can cause discharge from the penis of an infected man. Chlamydia is the most frequently reported bacterial sexually transmitted disease in the United States. Underreporting is substantial because most people with chlamydia are not aware of their infections and do not seek testing. Also, testing is not often done if patients are treated for their symptoms. In 2015, Stoddard County had 85 cases of chlamydia reported.

Health Status at Birth

The health status at birth can be indicated by outcomes including low birth weight, very low birth weight and gestational age. The concept is called “healthy start” according to the University of Wisconsin’s Robert Wood Johnson Foundation.

Low Birth Weight

The County Health Rankings uses low birth weight, which is less than 2,500 grams. Having a low birth rate as an infant is used because it affects the maternal exposure to health risks and the infant’s current and future morbidity. It also affects the premature mortality risk. Low birth weight has shown to increase chances of developmental and growth problems, cardiovascular disease risk later in life and respiratory conditions. Cognitive problems have also been affected by low birth weights, such as cerebral palsy, as well as visual auditory and intellectual impairments.

The County Health Rankings show that 8.8% of Stoddard County’s births were low birth weights in 2015. This is greater than the 8.0% of low birth weights in Missouri. The Annie E. Casey Foundation KIDS COUNT data center showed that there were even higher percentages of low birth weight infants in the county from 2009 to 2013 with 9.2%.

Preterm Deliveries

According to CDC, preterm birth is the birth of an infant before 37 weeks of pregnancy. Being the greatest contributor to infant death, it is also common, having affected 1 in 10 births in the United States in 2014.

The Annie E. Casey Foundation KIDS COUNT data center showed that 12% of births were preterm in 2009 through 2012 and 11% were preterm in 2013 in Missouri. The Missouri Department of Health and Human Services reported that of the 47,443 preterm births in Missouri, there 263 preterm births in Stoddard County from 2008 to 2012.

Birth Defects

According to the CDC and the National Birth Defects Prevention Network, birth defects occur in about 3% of live births. The Missouri Department of Health and Human Services reported in the Birth Defects Registry that there were 112 birth defects in Stoddard County from 2007-2011. This was a rate of 636.7 in Stoddard County, lower than the 643.6 rate in Missouri.

Health Status

The County Health Rankings lists three factors to a person’s health status:

1. Poor or fair health – A self-reported health status that is a general measure of health-related quality of life in a population.
2. Poor physical health days – A measure taken from how many days during the past 30 days a person’s health was not good.
3. Poor mental health days – A measure taken from how many days during the past 30 days a person’s mental health was not good.

Poor or fair health was 18% in Stoddard County compared with 16% in Missouri in 2015. Stoddard County’s percent of people who have reported poor or fair health has declined since it was 21% in 2010.

In 2015, the average number of **poor physical health days** in Stoddard County was 6.5 days and in Missouri it was 3.7 days. This explains responses to how many days in the past 30 days people considered their health to be poor and has been increasing in the past few years for Stoddard County.

Poor mental days includes the number of days people felt they had poor mental health in the past 30 days. Poor mental health may include stress, depression, emotional problems etc. In 2015, the average number of poor mental health days was 4.5 days in Stoddard County and 3.8 days in Missouri.

Mental Health

The Missouri Department of Mental Health completed Community Epidemiological Profiles for each county in June 2015 and explains that people who struggle with mental illness have an increased risk for homicide, suicide and accidents. They also have a higher risk for chronic conditions such as cardiovascular and respiratory diseases and substance abuse disorders. According to Stoddard County's Community Epidemiological Profile, there were 587 residents who received treatment for serious mental illness at publicly funded facilities in 2014. Among those, there were 23 of those residents with adjustment disorder, 65 with anxiety disorder, 36 with impulse control disorder, 234 with mood disorder and 46 with psychotic disorder. It was also reported that of students in 6th through 12th grade in Stoddard County, 8.8% had considered suicide, 7.9% had a plan and 3.1% actually attempted the plan and resulted in injury. There were seven suicides by Stoddard County residents in 2013. More specific data on mental health is limited at the local level.

Preventable Hospitalizations

According to the County Health Rankings, Stoddard County had 86 preventable hospital stays compared with Missouri's 65 preventable hospital stays in 2015. Preventable hospital stays is defined as the number of hospital stays for ambulatory care-sensitive conditions per 1,000 Medicare enrollees.

The Missouri Department of Health & Senior Services (MICA) indicated that Stoddard County has a higher rate than Missouri in preventable hospitalizations from everything besides asthma, congestive heart failure, epilepsy, hypertension, nutritional deficiencies and pelvic inflammatory disease. Stoddard County has significantly higher rate of diabetes. Table 12 shows a list of preventable hospitalizations with additional details.

Table 12: Preventable Hospitalizations 2013 - Stoddard County vs. Missouri

Diagnosis	Stoddard County		Missouri	
	Number	Rate	Number	Rate
Angina	2	1.0*	199	0.3
Asthma	19	7.6*	5,390	10.5
Bacterial pneumonia	81	29.5	8,960	16.0
Cellulitis	35	13.7	7,221	13.6
Chronic obstructive pulmonary	56	17.5	6,359	10.1
Congenital syphilis	0	*	4	0.0
Congestive heart failure	26	8.6	5,620	9.0
Convulsions	10	4.6*	1,497	2.9
Dehydration - volume depletion	78	29.7	16,236	29.3
Dental conditions	3	1.3*	539	1.1
Diabetes	52	21.4	7,095	13.4
Epilepsy	7	3.0*	3,037	5.9
Failure to thrive	0	*	234	0.5
Gastroenteritis	10	4.2*	1,775	3.3
Hypertension	3	0.9*	1,455	2.6
Hypoglycemia	1	0.4*	69	0.1
Immunization preventable	0	*	55	0.1
Kidney/Urinary infection	23	8.6	3,845	7.1
Nutritional deficiencies	11	3.3*	2,090	3.5
Pelvic inflammatory disease	1	0.5*	393	0.8
Severe ENT infections	6	2.8*	737	1.5
Tuberculosis	0	*	38	0.1
Total for Selection	424	158.6	72,848	131.5

Source: Missouri Department of Health & Senior Services, MICA

Rates per 10,000, Age Adjustment Uses Year 2000 Standard Population

Areas marked with red show a higher rate in Stoddard County than Missouri.

*Rate considered unstable; numerator less than 20

Chapter 4: Health Behaviors

Diet and Exercise

According to the University of Wisconsin's Population Health Institute and the Robert Wood Johnson Foundation's County Health Rankings, there were 33% of Stoddard County residents who were physically inactive, compared with 26% in Missouri. Physical inactivity was determined in the rankings by the percent of people 20 years or older who reported no leisure time activity. Furthermore, 53% of Stoddard County had adequate access to exercise opportunities which is below the 77% of the population in Missouri that had access. The County Health Rankings also gave Stoddard County a food environment index of 7.5, with 0 being the worst and 10 being the best. This was greater than Missouri's food environment index of 7.0.

Tobacco Use

Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or "most days" and has smoked at least 100 cigarettes in their lifetime. The 29% percent of adults who were current smokers in Stoddard County is above the 23% of smokers in Missouri, according to the County Health Rankings. However, this is still not only causes concern for disease development in smokers, but also for nonsmokers through secondhand smoke.

Substance Abuse

Substance abuse includes excessive use of any drug such as alcohol, narcotics, illicit drugs, prescription drugs, etc. The Missouri Department of Mental Health created a behavioral health profile for Stoddard County in 2015. Using data from 2010 through 2012, it was determined that in the Southeast Region, 32.1% used cigarettes in the last 30 days, 47.9% had alcohol, with 23.7% having five or more drinks on a single occasion in the last 30 days and 4.1% used marijuana in the last 30 days. Another 4.8% abused pain relievers and 2.8% used other illicit drugs in the last 30 days, which were both higher than the state abuse percentage.

According to the behavioral health profile, Stoddard County had 17 alcohol-related and 22 drug-related hospitalizations in 2012 with another 38 alcohol-related and 42 drug-related ER visits. In 2013, there were 33 crashes related to alcohol use resulting in 15 injuries. There were also 192 DWI arrests, 37 liquor law violations and 148 drug-related arrests in the county in 2013.

Methamphetamine has been problematic for Missouri, yet the number of lab seizures in the state has decreased from 2,788 in 2004 to 1,045 in 2014. Comparatively, Stoddard County had 13 methamphetamine lab seizures in 2004, but this has declined to five lab seizures in 2014. Also in 2014, 255 Stoddard County residents were admitted into substance abuse treatment programs; 90 of these admissions were due to alcohol and 70 were due to marijuana.

Maternal Health

Prenatal Care

In 2015, the Missouri Department of Health and Human Services created a Stoddard County Prenatal Profile. According to this profile, in 2013, there were four Stoddard County residents who did not have prenatal care. There was also a rate of 24.1% who received late care in the 2nd or 3rd trimester of pregnancy. This rate was close to Missouri's rate of 24.3%. A rate of 74.7% received care beginning in

the first trimester, just above Missouri’s rate of 74.5%. There was a rate of 12.2% for those who received inadequate care (fewer than 5 visits for a 37 week pregnancy or fewer than 8 visits for a pregnancy lasting longer than 37 weeks), compared with a rate of 15.6% for Missouri.

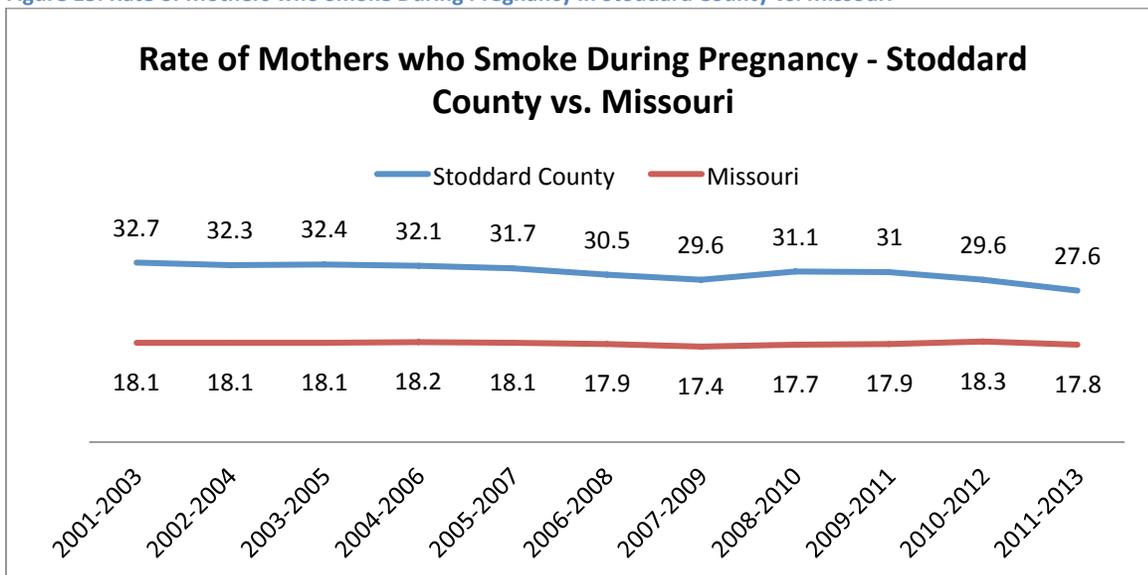
Smoking during Pregnancy

Women who smoke during pregnancy put themselves and their unborn babies at risk for other health problems. Dangers of smoking during pregnancy include:

- Higher risk for miscarriage
- Premature birth or low birth weight
- Birth defects, such as cleft lip or cleft palate
- Infant death
- Problems with the placenta, which is the source of the baby’s food and oxygen during pregnancy
- Higher risk for Sudden Infant Death Syndrome

According to the Missouri Department of Health & Human Services, there were 104 accounts recorded of mothers smoking during pregnancy, 27.6% in 2013, which was well above the 17.8% for Missouri. The figure below shows the percentage of mothers who smoke during pregnancy in Stoddard County compared with Missouri from 2001 to 2013. This shows that although the percentage in Stoddard County is decreasing, it is still consistently higher than the rate in Missouri.

Figure 15: Rate of Mothers who Smoke During Pregnancy in Stoddard County vs. Missouri



Source: Missouri Department of Health & Senior Services, Community Data Profiles

Breast-feeding

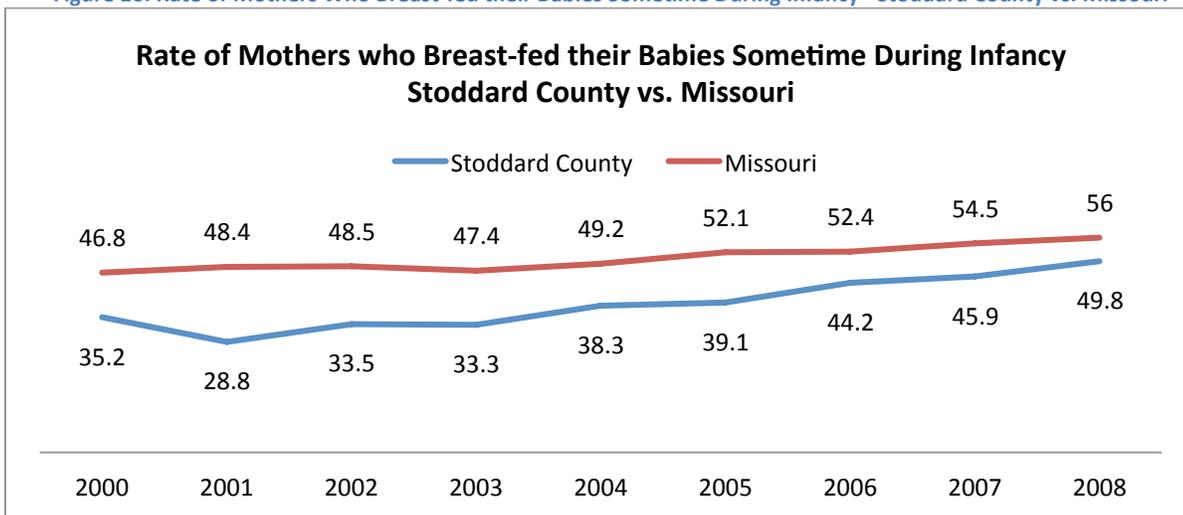
According to the CDC, both babies and mothers gain several benefits from breast-feeding. Breast milk is easy for infants to digest and has antibodies that can protect them from bacterial and viral infections. An infant’s risk of becoming an overweight child decreases with each month of breast-feeding. Also, women who breast-feed may have lower rates of certain breast and ovarian cancers. Breast-feeding can also save mothers money by spending less money on formulas for their babies.

In a report completed by the Robert Wood Johnson Foundation and Trust for America’s Health, research found many other benefits of breast-feeding for the child and the mother. For the child: reduced risk of

ear, skin, stomach and respiratory infections; diarrhea; sudden infant death syndrome, necrotizing enterocolitis and other bacterial and viral infections; and in the longer term, reduced risk of obesity, Type 1 and 2 diabetes, asthma, celiac disease, inflammatory bowel disease and childhood leukemia. For the mother: quicker loss of pregnancy weight, prevention of postpartum bleeding and reduced risk of breast cancer, ovarian cancer, type 2 diabetes and postpartum depression.

The following figure shows the rate of mothers with infants on the Women, Infants and Children (WIC) program who breast-fed their babies sometime during infancy. Information has not been updated from 2008, but throughout 2000-2008, Stoddard County had an overall lower rate of mothers who breast-fed during infancy than Missouri did, although the rate was on the rise.

Figure 16: Rate of Mothers Who Breast-fed their Babies Sometime During Infancy - Stoddard County vs. Missouri



Source: Missouri Department of Health & Senior Services, MICA, WIC Infant

Prevention and Screening

Health screenings are an important part of maintaining good health, especially as you get older. Many deaths could be prevented if people got simple, regular health screenings as recommended by their doctor. Health screenings can detect problems early on, when chances for successful treatment are greatest. For example, heart disease is the leading cause of death in Missouri, but people who routinely have their blood pressure and cholesterol checked and treated if necessary, may improve their chances of preventing and controlling conditions that could cause a heart attack. When a person gets the health screenings recommended, they are taking simple but very important steps toward a better quality of life and quite possibly, a longer life.

Preventive Practices

Stoddard County had fewer residents seeking health and preventive practices than Missouri in several of the categories. However, the county was also better than the state in several categories. Comparisons can be seen in Table 13:

Table 13: 2011 Prevalence of Health & Preventive Practices - Stoddard County vs. Missouri

Indicator	Stoddard County Prevalence %*	Compared with Missouri %	Missouri Prevalence %*
Did not get medical care in past 12 months	9.3	Worse	9.0
Current cigarette smoking	25.5	Worse	23.1
No leisure-time physical activity	31.5	Worse	23.7
Fewer than 5 fruits and vegetables per day	87.1	Better	87.5
Overweight (25.0 - 29.9 BMI)	41.2	Worse	34.5
Obese (>= 30 BMI)	38.7	Worse	30.1
Ever had high blood pressure - among those who have had it checked	44.1	Worse	34.4
Ever had blood cholesterol checked - age 35 and older	83.0	Better	89.5
Ever told had high cholesterol – among 35+ who have had it checked	31.3	Better	44.8
Ever told had diabetes	14.0	Worse	10.7
Never had a mammogram - women age 40 and older	21.1	Worse	9.9
No mammogram or clinical breast exam in last year - women age 40 and older	39.9	Worse	30.5
Never had a pap smear - women age 18 and older	14.8	Worse	7.5
No pap smear in last 3 years - women age 18 and older	35.0	Worse	26.4
Never had a blood stool test - men and women age 50 and older	61.7	Better	66.1
No blood stool test in last year - men and women age 50 and older	86.1	Better	90.4
Never had a sigmoidoscopy or colonoscopy - men and women age 50 and older	43.6	Worse	33.8
No sigmoidoscopy or colonoscopy in past 10 years - men and women 50 and older	48.0	Worse	38.0

Source: Missouri Department of Health & Senior Services, Community Health Profiles, Health and Preventative Practices

*Weighted Percent: The proportion (usually a percentage) of a population that has a defined risk factor, disease or condition at a particular point in time. Percentages are not available for indicators with fewer than 50 respondents.

Diabetes

According to the Diabetes Fact Sheet, Missouri, 2015 from the Missouri Department of Health and Senior Services, diabetes mellitus is a chronic disease that occurs when the pancreas does not produce insulin or when the body cannot use the insulin effectively. Since insulin helps regulate blood sugar levels, uncontrolled diabetes results in elevated blood sugar, causing serious damage to many body organs. Diabetes can be prevented through reducing the amount of fat in foods and eating more fiber-rich foods, increasing physical activity, keeping your body weight normal (BMI between 15.5 and 24.9) and by following your doctor’s indications on medication usage, if necessary. Having screenings through an inexpensive blood test and detecting diabetes or pre-diabetes, early allows there to be time to prevent any further complications. It is important to manage and delay effects of diabetes.

According to the County Health Rankings, in 2015, 11% of Stoddard County residents were diagnosed with diabetes, equal to Missouri’s prevalence.

Chapter 5: Health Measures

Child and Adolescent Health

Causes of Death – Children

Table 14: Causes of Death in Children Ages 1-14, 2002-2012

	Stoddard County Rate	Missouri Rate
All causes	19.1*	21.2
Total Unintentional Injuries	6.9*	7.6
Motor Vehicle Deaths	5.2*	3.6
All Cancers (Malignant Neoplasms)	1.7*	2.2
Birth Defects	0.0*	1.7
Homicide	1.7*	2.0
Heart Disease	0.9*	0.9

Source: Missouri Department of Health & Senior Services, Child Health

*Fewer than 20 events in numerator; rate is unstable

Causes of Death – Adolescents

Table 15: Causes of Death in Adolescents Ages 15-19, 2002-2012

	Stoddard County Rate	Missouri Rate
All causes	77.6	73.5
Total Unintentional Injuries	56.1*	38.6
Motor Vehicle Deaths	47.4*	30.0
Homicide	0.0*	12.3
Suicide	8.6*	8.50
All Cancers (Malignant Neoplasms)	4.3*	2.90
Heart Disease	0.0*	1.70

Source: Missouri Department of Health & Senior Services, Child Health

*Fewer than 20 events in numerator; rate is unstable

Teen Substance Abuse and Smoking

The 2015 Status Report on Missouri's Substance Use and Mental Health completes a Missouri Student Survey through 12th grade. In Stoddard County:

- 63.0% of youth believed it was easy to obtain alcohol and 56.2% had friends who drank alcohol in the past 12 months.
- 61.3% of youth believed it was easy to obtain cigarettes and 53.3% had friends who smoked in the last 12 months.
- 38.2% of youth believed it was easy to obtain marijuana and 36.4% had friends who used marijuana in the last 12 months.
- 19.0% of youth believed it was easy to obtain other illicit drugs including cocaine, LSD, methamphetamine, club drug, etc., and 14.1% who had friends who used these types of drugs in the last 12 months.

The table below shows the use of substances in Stoddard County and Missouri by students in the last 30 days from the Missouri Student Survey. The percent of cigarette use decreased from 21.1% in 2012 to 14.1% in 2014. The percent of chewing tobacco use increased from 10.7% in 2012 to 14.0%

in 2014. Alcohol use declined from 23.8% to 17.3% and marijuana use more than doubled from 3.8% to 7.4% from 2012 to 2014.

Table 16: Percent of Students who used Substances in the Past 30 Days – Stoddard County & Missouri

Substance	Stoddard County	Missouri
Alcohol	17.3	13.9
Alcohol, Binge (5+ drinks in one occasion)	14.5 (2012 data)	9.7 (2012 data)
Cigarettes	14.1	8.1
Chewing Tobacco	14.0	5.0
Marijuana	7.4	7.6
Inhalants	0.9	1.1
Prescription Medications not prescribed for the student	5.2	3.7
Over-the-counter medications for nonmedical use	2.1	1.6

Source: 2015 Status Report on Missouri’s Substance Use and Mental Health, Missouri Student Survey

Teen Pregnancy

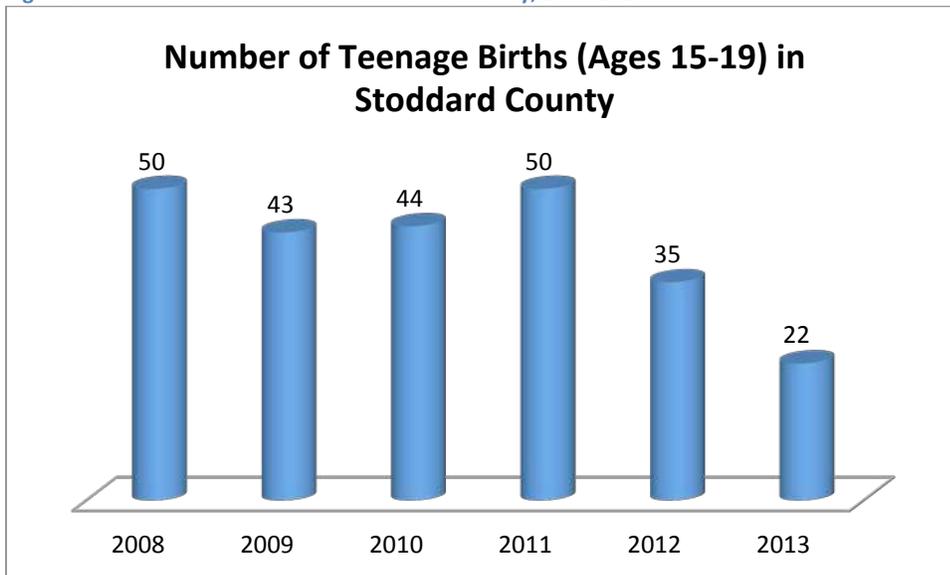
Teen pregnancy can be associated with poor prenatal care and preterm delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia and achieve poor maternal weight gain. They are also more likely to have a preterm delivery and low birth weight, which increases the risk of child developmental delay, illness and mortality.

According to the CDC, teen pregnancy and births cause considerable social and economic costs through both immediate and long-term impacts on the teens and their parents. The Centers for Disease Control and Prevention listed the following impacts teen births have on costs and education:

- In 2013, there were 273,105 babies born to women between the ages of 15 and 19 accounting for a rate of 26.5 per 1,000 women aged 15 to 19. Although this was a record low rate for teen births, it is still high. In 2010, teen pregnancy and birth accounted for over \$9.4 billion in costs for U.S. taxpayers. In addition to costs, just 50% of teen mothers receive their high school diploma by the time they are 22 years of age compared with 90% on women who do not give birth in their teenage years.
- Pregnancy and birth are significant contributors to high school dropout rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, versus approximately 90% of women who had not given birth during adolescence.
- The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager and face unemployment as a young adult.

The following graph shows the number of births to teenagers in Stoddard County. From 2008 to 2009 there was a decrease in teenage births. However, the number of teenage births increased from 2009 to 2011. It then had another decrease from 44 births in 2010 to 22 births in 2013.

Figure 17: Number of Teen Births in Stoddard County, 2008-2013



Source: Annie E. Casey Foundation KIDS COUNT Data Center, Family and Community Trust

Senior Health

Missouri Senior Report

The Missouri Department of Health & Senior Services and the University of Missouri Office of Social and Economic Data Analysis (OSED) generated a Missouri Senior Report in 2013 to inform state and local audiences about the contributions and needs of seniors in Missouri. Some of the findings from that report are found below.

Cost Burdened by Housing

The U.S. Department of Housing and Urban Development considers families who pay more than 30 percent of their income for housing as “cost burdened.” Often, these families may struggle paying for necessities such as food, clothing, transportation and medical care. Many seniors live off of fixed incomes, making them susceptible to being cost burdened by housing.

In Stoddard County, the percent of seniors that are cost burdened by housing was 27.1% in 2011, down from 30.0% in 2008. This percent is now lower than the state percent at 29.4%

Transportation

Transportation needs are measured through whether a senior citizen has a valid driver’s license, obtained through the Missouri Department of Revenue. It is important to remember that the availability and access to public transit systems may play a role as well.

In Stoddard County, 87.8% of senior’s had a Missouri driver’s license in 2011, up from 84.3% in 2008. The state had 88.6% of seniors with a driver’s license in 2011.

Safety

Seniors are at risk of becoming victims of property and violent crimes. They are also at an increased risk of suffering financial exploitation, accidents and abuse if they are physically or psychologically vulnerable.

Stoddard County had 19.6% of seniors that faced crime and abuse. This decreased tremendously from 37.2% in 2008 and is now below the 27.4% for the state.

Healthcare Access

Having reliable and convenient access to primary care increases the ability of seniors to live independently. Data regarding the amount of primary care physicians per 1,000 seniors are limited for recent years and was last reported in 2008.

In 2008, Stoddard County had a rate of 4.7 primary care physicians per 1,000 seniors. This increased from 3.1 in 2004, but is much lower than the state's measure of 13.1 physicians per 1,000 seniors.

Quality of Life

Quality of life is important in helping seniors be productive and live in economic security. The Missouri Senior Report used the U.S. Census Bureau, OSEDA ACS Estimates and Social Services to collect data to determine senior quality of life. The table below identifies several quality-of-life factors.

When compared with the state, there was a much higher percentage of seniors living in poverty in Stoddard County. The state had 8.2% of seniors in poverty with the average income of senior households being \$46,767. Stoddard County had a greater number (12.6%) of their seniors in poverty with the average income of senior households being just \$35,755. In addition, just 5.7% of seniors in the county had a college education, whereas 18.2% of seniors in Missouri had a college education.

Table 17: Quality of Life

Quality of Life	Measure
Senior Owner-Occupied Housing, 2011	83.9%
Seniors Living in Families, 2011	64.0%
Median Value of All Owned Housing, 2011	\$85,868
Seniors in Poverty, 2011	12.6%
Percent Age 60+ Receiving SNAP, 2011	8.2%
Average Income of Senior Households, 2011	\$35,755
Seniors with a College Education, 2011	5.7%

Source: Missouri Senior Report, 2013

Health and Wellness

The Missouri Senior Report looks at seven indicators for long-term health and wellness that can be influenced by preventive practices and public health interventions. Although these indicators ranked slightly above and below the state, they were all relatively similar to state measures. The table below shows the seven indicators for health and wellness.

Table 18: Health and Wellness

Health and Wellness	Measure
No Exercise, 2011	35.7%
No Sigmoidoscopy or Colonoscopy, 2011	41.7%
High Blood Pressure, 2011	64.8%
Obesity, 2011	30.0%
Smoking, 2011	10.7%
No Mammography, 2011	54.7%
High Cholesterol, 2011	50.3%

Source: Missouri Senior Report, 2013

Chapter 6: Primary Research

Focus Groups

Methodology

A focus group for Stoddard County was held on February 25, 2016, at the Stoddard County Public Health Center. Twelve participants were present from various organizations throughout the county. The focus group process began with the Community Health Needs Assessment Team and/or some community members compiling a list of potential participants and then inviting those participants to the focus group via email, letter, phone call or in person. The event took approximately one hour and was held over lunch. Members of the Community Health Needs Assessment Team hosted the event, with one member serving as moderator and another member as the primary note-taker/recorder of the entire event.

Materials that were provided to the group included a participant consent form, a participant information form, a checklist exercise and a list of tentative questions asked. The participant information form asked for each participant's name, company/organization, job title, credentials, education, affiliations and experience. Not all forms were filled out completely, but some of the information collected can be found in Appendix C. The checklist exercise asked the participants to choose their top five concerns from a list the Community Health Needs Assessment Team created. The results of that exercise are provided in the Checklist Exercise section following the question summaries ahead.

The tentative questions asked by the moderator are listed below. Prompts were also used to get more detailed answers from the groups and to help the group along if they were not providing much information. The moderator did their best to ask all questions and to stay on track with the topics, but in some cases the group wandered off track and not all questions were answered completely.

1. What do people in this community do to stay healthy? How do people get information about health?
2. In this group's opinion, what are the serious health problems in your community? What are some of the causes of these problems?
3. What keeps people in your community from being healthy?
4. What could be done to solve these problems?
5. Is there any group not receiving enough healthcare? If so, why?
6. Of all the issues we have talked about today, what issues do you think are the most important for your community to address?

The tentative questions were used as a guideline, but were not followed strictly. Questions were asked based on the discussion of the focus group. The following questions are the questions that were actually asked at the Stoddard County focus group, along with a summary of all the responses to those questions:

Question 1: What do people in your community do to stay healthy?

Participants of the focus groups provided a quick list of what people do to stay healthy in the community. They mentioned that people in Stoddard County walk to stay healthy by using the city park, the track, and the Bearcat Event Center; and by participating in the Walker's Challenge. They also take advantage of Fitness Connection and Ozark Fitness memberships. During the warmer summer months,

people in the community like to swim at East Park, but it is an outdoor pool so it is unavailable during the winter. There are also several community sports leagues, fitness challenges and weight loss programs. In fact, Dexter and some other cities host weight watchers meetings. In terms of healthy eating, the Saint Francis Outpatient Center and the Stoddard County Public Health Center offer dietary counseling.

Question 2: What are some of the serious health issues?

Some of the serious health issues that focus group participants listed off, without much additional information, included heart disease, diabetes, obesity, coronary obstructive pulmonary disease and regional pharmacy assistance. However, details were discussed regarding some of the other serious health issues. Cancer was revealed as an issue; specifically, prostate cancer, breast cancer, colon cancer, lung cancer and skin cancer. Someone also stated that they have noticed pancreatic cancer affecting younger generations more often. Also, not having enough providers for mental illness was discussed. However, the Stoddard County Public Health Center has someone from Bootheel Counseling come in every Friday for free treatment and is consistently taking patients throughout the day. Dental care also seems to be an issue in the community, unambiguously among Medicaid and those who are uninsured. There is care for these populations through free and reduced-fee care once a month from Miles of Hope, the Elk Mobile Van and with a sliding scale fee with Cross Trails Medical Center. The last issue discussed was the amount of smoking during pregnancy. The Stoddard County Public Health Center offers cessation programs with incentives, but there are low participation rates, reflecting on the other programs as well.

Question 3: What are some barriers to these serious health issues?

Many barriers to health issues were communicated. First, the cost was a primary concern. Many people are uninsured and make use of the emergency room for basic needs because they know they will get care. Others use the Stoddard County Public Health Center and Walmart's clinic, but many still go untreated because of the high costs. Going along with this is that there is a gap in insurance or Medicaid and the hospital bill because most do not have supplemental insurance. Participants anticipated that these issues are often seen in the poverty stricken populations. In general, people merely do not want to seek care or do not understand the necessity of treatment even with basic health needs. Other barriers included transportation and a lack of funding, especially in the Stoddard County Public Health Center for class offerings.

The community has a general lack of knowledge when it comes to access to healthcare, support groups and other resources available to them. Knowledge comes from communication and through the focus group discussion, participants came to a conclusion that a clearinghouse of information listing all the services provided to the community would help improve communication and knowledge of the community.

Question 4: What can we do to help with some of these issues?

Education was determined to be the key to success when it came to improving issues in the community. Most people in the community are uneducated on health issues and their complicated insurance. When they receive large amounts of information after an appointment, without an explanation of what it means, they continue to leave uneducated. People need to be educated in ways they are able to manage, instead of receiving an overload of information. However, with this comes the need for the community and patients, to be receptive to the information.

Question 5: What issues do you feel are most important?

Alcohol and drug abuse was chosen as one of the most important issues as participants felt it also tied to mental illness. Members of the focus group felt people often smoke and/or drink to relieve themselves of stress and other mental health issues. Obesity was another important issue because of the high prevalence and its correlation with other health issues such as diabetes. Lastly, both affordable transportation and cancer were mentioned as being important.

Checklist Exercise

The table below summarizes the Checklist Exercise that was handed out in the focus group held in Stoddard County. The concerns are ranked from the highest concern to the lowest.

Table 19: Stoddard County Checklist Exercise

Issue	Occurrence
Alcohol/Drug Abuse	9
Overweight Adults	9
Overweight Children	7
Cancer	5
Mental Illness	5
Healthcare Affordability	4
Smoking/Smokeless Tobacco	4
Transportation	3
Infant Health	2
Allergies	1
Eating Disorders	1
Healthcare Availability	1
Prenatal Health	1
Teen Pregnancy	1

Surveys

Survey Layout and Design

The Community Health Needs Assessment Survey was a questionnaire-style, self-administered survey, available only to voluntary participants at certain locations. Survey Monkey was used to administer the surveys. However, most participants chose to take the survey on paper.

The survey was designed to collect data on health beliefs, health behaviors, access to and utilization of healthcare services and concerns about community health issues. The survey consists of four different sections:

1. Demographics
2. Social and Economic Factors
3. Health Behaviors
4. Medical Care and Services

Methodology

A total of 42 surveys were completed by Stoddard County residents, with a few surveys having some unanswered questions. Survey Monkey analysis takes into consideration the number of actual responses for each question. The survey sample was not a random sample, but more of a targeted sample to

ensure that certain populations were surveyed. Also, some of the questions asked in the survey had an option of choosing multiple answers, which means that not all of the questions have answers that are mutually exclusive, so some of the total percentages will not add up to 100 percent.

The process for conducting these surveys involved traveling to the county’s healthcare facilities and community businesses and asking participants face-to-face to complete the survey or allowing the facility to hand out surveys on their own basis. A challenge was finding community residents who would volunteer to participate in the survey. Questions were not verbally asked to the participants, but help was offered if the participant had questions about the survey.

Participants

Key Characteristics

- 73.8% are female, 26.2% are male
- 66.7% are married
- 78.6% are white/Caucasian
- 61.9% have 3 to 5 people living in their household
- 33.3% have a high school diploma, but no post-secondary degree
- 33.3% have a two-year or four-year college degree
- 57.1% are employed fulltime
- 23.8% have an annual income between \$25,000 and \$49,999

Demographics

The tables below show certain demographic characteristics of the survey participants in Stoddard County, including the survey respondents’ gender, marital status, age, education level, race/ethnicity, employment status and lifestyle health factors.

Table 20: Gender

Gender?		
Answer Options	Response Percent	Response Count
Male	26.2%	11
Female	73.8%	31
<i>answered question</i>		42
<i>skipped question</i>		0

Table 21: Marital Status

Marital Status?		
Answer Options	Response Percent	Response Count
Single/Not Married	23.8%	10
Married	66.7%	28
Divorced	4.8%	2
Widowed	0.0%	0
Living with Partner	4.8%	2
Other	0.0%	0
<i>answered question</i>		42
<i>skipped question</i>		0

Table 22: Race/Ethnicity

What is the race/ethnicity of any children currently living in your home?		
Answer Options	Response Percent	Response Count
Asian or Pacific Islander	0.0%	0
Black or African-American	4.8%	2
Hispanic or Latino	0.0%	0
Native American	0.0%	0
White or Caucasian	78.6%	33
Other	0.0%	0
I have no children living in my home currently.	16.7%	7
<i>answered question</i>		42
<i>skipped question</i>		0

Table 23: How many people currently live in your household?

How many people currently live in your household?		
Answer Options	Response Percent	Response Count
1-2	26.2%	11
3-5	61.9%	26
6 or more	11.9%	5
<i>answered question</i>		42
<i>skipped question</i>		0

Table 24: How many adults age 65 or older currently live in your household?

How many adults age 65 or older currently live in your household?		
Answer Options	Response Percent	Response Count
0	88.1%	37
1-2	11.9%	5
3-5	0.0%	0
6 or more	0.0%	0
<i>answered question</i>		42
<i>skipped question</i>		0

Table 25: How many children under 18 years of age currently live in your household?

How many children under 18 years of age currently live in your household?		
Answer Options	Response Percent	Response Count
0-1	47.6%	20
2-3	42.9%	18
3-5	4.8%	2
6 or more	4.8%	2
<i>answered question</i>		42
<i>skipped question</i>		0

Table 26: Health and Lifestyle Factors

Select all of the following that describe your home or household:		
Answer Options	Response Percent	Response Count
More than one working smoke detector	78.6%	33
Carbon monoxide detector	50.0%	21
Food is put back into the refrigerator within two hours after a meal	90.5%	38
Septic Tank	54.8%	23
Pets (dog, cat, reptiles, etc.)	69.0%	29
Family fire safety plan/evacuation plan	52.4%	22
Children know how to dial 911 in case of emergency	52.4%	22
Children know their phone number and address	52.4%	22
Have one or more types of aerobic (cardiovascular) exercise equipment	16.7%	7
Internet access	71.4%	30
Provide care for an older adult	2.4%	1
Children under 13 are supervised in non-school hours	42.9%	18
	<i>answered question</i>	42
	<i>skipped question</i>	0

Social and Economic Factors

The tables below show certain social and economic factors in Stoddard County, including the survey respondents’ education level, employment status and annual household income.

Table 27: Education Level

What is your highest level of education?		
Answer Options	Response Percent	Response Count
Never graduated high school	7.1%	3
High school diploma	33.3%	14
GED	7.1%	3
Currently attending or have some college	19.0%	8
Two-year college degree	19.0%	8
Four-year college degree	14.3%	6
Graduate-level degree or higher	0.0%	0
	<i>answered question</i>	42
	<i>skipped question</i>	0

Table 28: Employment Status

What is your employment status? (check all that apply)		
Answer Options	Response Percent	Response Count
Employed fulltime	57.1%	24
Employed parttime	9.5%	4
Full-time student	9.5%	4
Part-time student	0.0%	0
Full-time homemaker	2.4%	1
Retired	11.9%	5
Unemployed more than one year	9.5%	4
Unemployed less than one year	4.8%	2
Unemployed due to disability or illness	2.4%	1
	<i>answered question</i>	42
	<i>skipped question</i>	0

Table 29: Household Income

What is your annual household income?		
Answer Options	Response Percent	Response Count
Less than \$5,000	7.1%	3
\$5,000-\$14,999	11.9%	5
\$15,000-\$24,999	19.0%	8
\$25,000-\$49,999	23.8%	10
\$50,000-\$74,999	14.3%	6
\$75,000-\$99,999	4.8%	2
\$100,000 or higher	9.5%	4
Does not apply	9.5%	4
answered question		42
skipped question		0

Table 30: Health Information Sources

What sources do you use to obtain most of your health-related information? (check all that apply)		
Answer Options	Response Percent	Response Count
Family	52.4%	22
Friends	28.6%	12
Doctor/Nurse/Pharmacist	76.2%	32
Newspaper/Magazines/Television	9.5%	4
Health Department	28.6%	12
Church	4.8%	2
School	4.8%	2
Internet	35.7%	15
Other	0.0%	0
answered question		42
skipped question		0

Health Behaviors

The tables below show information regarding the health behaviors of adults and their children in Stoddard County.

Table 31: Adult Health Behaviors

In the following section, respond with how often YOU do the following:*(N/A = does not apply to you)				
Answer Options	Almost Always	Sometimes	Never	Response Count
Exercise at a moderate pace at least 30 minutes per day, 5 days per week	4	23	15	42
Consume more than 3 alcoholic beverages per day (female) or more than 5 per day (male)	0	3	39	42
Smoke cigarettes	2	6	34	42
Are exposed to secondhand smoke at home or at the workplace	1	10	31	42
Chew tobacco	0	0	42	42
Use illegal drugs (marijuana, cocaine, methamphetamine, etc.)	0	1	41	42
Get a flu shot each year	16	15	10	41
Practice safe sex (use of condom or other barrier method)	25	6	10	41
Get enough sleep every night (7-9 hours)	16	20	6	42
answered question				42
skipped question				0

- Most survey respondents in Stoddard County reported that they sometimes exercise the recommended amount and 35.7% reported that they never exercise the recommended amount.
- There were also 19% of the respondents who reported that they smoked cigarettes, but most said they were not exposed to secondhand smoke at the home or workplace.

Table 32: Child Health Behaviors

In the following section, how often do any children CURRENTLY living in your home do the following?*(N/A = does not apply to them)					
Answer Options	Almost Always	Sometimes	Never	N/A*	Response Count
Participate in at least 1 hour of physical activity every day	20	9	2	10	41
Are exposed to secondhand smoke in the home	1	3	25	14	41
Get a flu shot each year	16	10	5	11	41
Practice safe sex (condom or other barrier methods)	9	2	3	27	41
Get enough sleep each night (7-9 hours)	21	10	1	9	41
<i>answered question</i>					41
<i>skipped question</i>					1

- Respondents of the survey reported that most of their children almost always get one hour of physical activity every day, are not exposed to second hand smoke in the home, get a flu shot annually and get enough sleep every night.

Medical Care and Services

The tables below show information regarding the medical care and services received in Stoddard County, including the survey respondents’ insurance type, insurance coverage, doctor’s visits, access to care and health problems within the community.

Table 33: Insurance

What kinds of insurance do you (and/or your family) have currently? (check all that apply)		
Answer Options	Response Percent	Response Count
Health	95.1%	39
Dental	56.1%	23
Vision	51.2%	21
Do not have insurance	9.8%	4
<i>answered question</i>		41
<i>skipped question</i>		1

- Most respondents had health insurance. Just over half of them had dental and about half had vision insurance.
- There were 9.8% of survey respondents in Stoddard County who did not have insurance.

Table 34: Health Insurance Type

What type of health insurance do you (and/or your family) have currently?		
Answer Options	Response Percent	Response Count
Self-insured	7.1%	3
Employer-provided	50.0%	21
Medicare	14.3%	6
Medicaid or MC+	16.7%	7
VA/CHAMPUS	2.4%	1
Other	4.8%	2
Do not know	0.0%	0
Do not have health insurance	4.8%	2
<i>answered question</i>		42
<i>skipped question</i>		0

- Exactly 50% of the respondents had employer-provided insurance. Another 16.7% had Medicaid or MC+ and 14.3% had Medicare.
- An additional 4.8% reported not having insurance. This is skewed from the previous question due to human error while taking the survey or differences in coverage for different family members.

Table 35: Health Insurance Coverage

If anyone living in your household does not have insurance, who is NOT currently covered?		
Answer Options	Response Percent	Response Count
Entire family	0.0%	0
At least one adult	15.0%	6
All adults	2.5%	1
Child(ren) age 6 or older	0.0%	0
Child(ren) under age 6	2.5%	1
Does not apply	80.0%	32
<i>answered question</i>		40
<i>skipped question</i>		2

- There were 15% that said at least one adult in their family was not covered, and another 2.5% that said no adults were covered by insurance. 2.5% also stated that children under age 6 were not covered.

Table 36: Health Status

What is your current health status?		
Answer Options	Response Percent	Response Count
Poor	0.0%	0
Fair	14.3%	6
Good	31.0%	13
Very Good	42.9%	18
Excellent	11.9%	5
<i>answered question</i>		42
<i>skipped question</i>		0

- 85.8% reported that their health was good, very good or excellent. Only 14.3% stated their health was not good.

- 11.9% reported being in excellent health.

Table 37: Routine Doctor's Visit

When was your last routine doctor's visit?		
Answer Options	Response Percent	Response Count
Within the last 12 months	76.2%	32
Within the last 13-18 months	11.9%	5
Within the last 19-24 months	4.8%	2
Between 2 and 5 years	0.0%	0
Over 5 years ago	2.4%	1
Never had a routine visit	4.8%	2
answered question		42
skipped question		0

- Most respondents had a routine doctor’s visit within the last year. However, 4.8% reported never having a routine doctor’s visit.

Table 38: How many days have you been too sick to work or carry out your usual activities during the past 30 days?

How many days have you been too sick to work or carry out your usual activities during the past 30 days?		
Answer Options	Response Percent	Response Count
None	65.9%	27
1-2 days	26.8%	11
3-5 days	7.3%	3
6-10 days	0.0%	0
More than 10 days	0.0%	0
answered question		41
skipped question		1

Table 39: Have you ever had health issues due to any of the following?

Have you ever had health issues due to any of the following? (check all that apply)		
Answer Options	Response Percent	Response Count
Alcohol abuse	0.0%	0
Lack of pregnancy care	0.0%	0
Stress	14.3%	6
Drug abuse/addiction	0.0%	0
None of the above	85.7%	36
answered question		42
skipped question		0

Table 40: If ever pregnant, did you receive prenatal care?

If ever pregnant, did you receive prenatal care?		
Answer Options	Response Percent	Response Count
Yes	58.5%	24
No	2.4%	1
Not sure	0.0%	0
Does not apply	39.0%	16
answered question		41
skipped question		1

Table 41: Where do you go for routine healthcare?

Where do you go for routine healthcare? (check all that apply)		
Answer Options	Response Percent	Response Count
Physician's Office	90.2%	37
Hospital Emergency Room	9.8%	4
Health Department Clinic	12.2%	5
Urgent Care Center	26.8%	11
Chiropractor	0.0%	0
Community Clinic	0.0%	0
Eye Doctor	26.8%	11
Dentist	19.5%	8
Other	2.4%	1
Do not seek healthcare	0.0%	0
<i>answered question</i>		41
<i>skipped question</i>		1

Table 42: How often are you able to visit a doctor when necessary?

How often are you able to visit a doctor when necessary?		
Answer Options	Response Percent	Response Count
Always	73.8%	31
Sometimes	16.7%	7
Seldom	9.5%	4
Never	0.0%	0
<i>answered question</i>		42
<i>skipped question</i>		0

Table 43: If you answered seldom or never to the previous question, please choose why you were not always able to visit a doctor when necessary:

If you answered seldom or never to the previous question, please choose why you were not always able to visit a doctor when necessary:		
Answer Options	Response Percent	Response Count
No insurance	50.0%	5
Too expensive/unaffordable	30.0%	3
Could not get an appointment	10.0%	1
Lack of transportation	0.0%	0
Doctor is too far away/inconvenient location	0.0%	0
Other	10.0%	1
<i>answered question</i>		10
<i>skipped question</i>		32

- People who were able to visit a doctor when necessary were told to skip the question from Table 42. Of the people who responded, having no insurance, doctor’s appointments being too expensive and unaffordable and not being able to get an appointment were areas of concern.

Table 44: Top Three Challenges to Receiving Healthcare

What are the top three challenges for you and your household when receiving healthcare?		
Answer Options	Response Percent	Response Count
Top Challenge	100.0%	22
Second Challenge	59.1%	13
Third Challenge	40.9%	9
<i>answered question</i>		22
<i>skipped question</i>		20

- Many people chose not to answer this question. However, of those who responded, the top challenges for receiving healthcare included:
 - Cost
 - No Insurance/Unaffordable Insurance
 - Time/Scheduling
 - Transportation
 - Availability of Appointments

Table 45: Select any of the following preventative measures you have had in the last year:

Select any of the following preventative measures you have had in the last year (check all that apply):		
Answer Options	Response Percent	Response Count
Mammogram	15.8%	6
Pap smear	42.1%	16
Glaucoma test	2.6%	1
Flu shot	52.6%	20
Colon/rectal examination	7.9%	3
Blood pressure check	81.6%	31
Skin cancer reading	7.9%	3
Prostate cancer digital screen	5.3%	2
Prostate cancer PSA blood screen	10.5%	4
Cholesterol screen	36.8%	14
STD (Sexually Transmitted Disease) screening	15.8%	6
Vision screening	47.4%	18
Hearing screening	5.3%	2
Cardiovascular screening	10.5%	4
Bone density test	2.6%	1
Dental exam	42.1%	16
Diabetes	36.8%	14
<i>answered question</i>		38
<i>skipped question</i>		4

- In this question, respondents recounted preventative screenings and tests they have had done in the last year. Notable results include that just 15.8% received mammograms, 52.6% received a flu shot, 81.6% received a blood pressure check, 7.9% received a skin cancer reading, 36.8% received a cholesterol screen, 42.1% received a dental exam and 36.8% received a diabetes screening.

Table 46: Are both you and any children living in your household up-to-date on your immunizations?

Are both you and any children living in your household up-to-date on your immunizations?		
Answer Options	Response Percent	Response Count
Yes	85.7%	36
No	7.1%	3
I am up-to-date, but my children are not	0.0%	0
I am not up-to-date, but my children are	4.8%	2
Do not know	2.4%	1
<i>answered question</i>		42
<i>skipped question</i>		0

- Most respondents reported that both they and their children were up-to-date on immunizations. There was 7.1% who answered that they were not up-to-date.
- 4.8% responded that their children were up-to-date but they were not.
- Another 2.4% were not sure if they or their children were up-to-date on their immunizations.

Table 47: Where do the children currently living in your home go for routine healthcare?

Where do the children currently living in your home go for routine healthcare? (check all that apply)		
Answer Options	Response Percent	Response Count
Physician's Office	71.4%	30
Hospital Emergency Room	7.1%	3
Health Department Clinic	11.9%	5
Urgent Care	11.9%	5
Chiropractor	0.0%	0
Community Clinic	2.4%	1
Eye Doctor	16.7%	7
Dentist	19.0%	8
Other	0.0%	0
Does not apply	23.8%	10
<i>answered question</i>		42
<i>skipped question</i>		0

- Most people reported that their children go to the physician's office, the dentist, the eye doctor, health department clinics and urgent care.

Table 48: Health Problems/Disease Diagnoses

Have you been diagnosed by a doctor with any of the following health problems or diseases? If you have NOT been diagnosed by a doctor with any of these health problems or diseases, please check the "No" box. If you have, please check any boxes that apply to your health problem or disease.						
Answer Options	No	Yes, but I am not taking any additional precautions or treatments regarding it.	Yes, I see a doctor.	Yes, I am taking medications or getting treatment.	Yes, I feel the disease is managed well.	Response Count
Diabetes	37	1	2	1	3	42
Stroke	41	0	1	1	0	42
Heart Disease	37	1	2	1	2	42
High Blood Pressure	31	2	5	5	5	42
Coronary Heart Failure	42	0	0	0	0	42
High Cholesterol	34	0	6	4	2	42
Cancer	42	0	0	0	0	42
Asthma	41	0	1	1	0	42
COPD (Chronic Obstructive Pulmonary Disease)	42	0	0	0	0	42
Kidney Disease	42	0	0	0	0	42
Obesity	36	2	2	1	1	42
Liver Disease	42	0	0	0	0	42
Arthritis	38	0	3	2	3	42
Migraine Headaches	35	6	1	0	0	42
Depression	32	3	1	4	5	42
Bipolar Disorder	42	0	0	0	0	42
Sleep Disorders	38	2	1	0	1	42
Hepatitis	42	0	0	0	0	42
Tuberculosis	42	0	0	0	0	42
Epilepsy/Seizure Disorder	41	0	0	1	0	42
Lupus	41	0	0	1	0	42
Sickle Cell Anemia	42	0	0	0	0	42
Glaucoma	41	1	0	0	1	42
Gonorrhea	42	0	0	0	0	42
HIV/AIDS	42	0	0	0	0	42
Dental Health Problems	39	1	2	0	0	42
Hearing Disorders	40	1	2	0	0	42
Eye/Vision Problems	30	0	10	1	2	42
Sinus Problems	31	4	5	2	2	42

Memory Loss	41	0	1	1	0	42
<i>answered question</i>						42
<i>skipped question</i>						0

- About 17% reported having diabetes, about 14% reported having heart disease, about 40% reported having high blood pressure and about 29% reported having high cholesterol.
- 14% reported being diagnosed with obesity.
- About 31% reported being diagnosed with depression, 23% of those diagnosed were not taking any additional precautions regarding treatments for it.

Table 49: If you have been diagnosed by a doctor with cancer, please provide the type of cancer(s)?

If you have been diagnosed by a doctor with cancer, please provide the type of cancer(s)?	
*Write N/A if you have not been diagnosed with cancer.	
Answer Options	Response Count
	42
<i>answered question</i>	42
<i>skipped question</i>	0

- There were no cases of cancer in the respondents of this survey.

Table 50: If you have been diagnosed by a doctor with cancer or are a cancer survivor, please rate your satisfaction with the below statements.

If you have been diagnosed by a doctor with cancer or are a cancer survivor, please rate your satisfaction with the below statements.*Select N/A if you have not been diagnosed with or survived cancer.						
Answer Options	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	N/A	Response Count
Waiting time for treatment	0	0	1	0	40	41
Communication with doctors and healthcare professionals	0	0	0	0	41	41
Education on diagnosis	0	0	1	0	40	41
Fair access to health services	0	0	1	0	40	41
Insurance coverage	0	1	0	0	40	41
Waiting time for treatment	0	0	1	0	40	41
Travel time/time off work	0	1	0	0	40	41
<i>answered question</i>						41
<i>skipped question</i>						1

Table 51: How often do you travel outside of your county for medical care?

How often do you travel outside of your county for medical care?		
Answer Options	Response Percent	Response Count
Always	7.3%	3
Sometimes	46.3%	19
Seldom	4.9%	2
Never	41.5%	17

<i>answered question</i>	41
<i>skipped question</i>	1

- 41.5% reported never traveling outside of the county for medical care.
- However, 7.3% reported always traveling outside of their county for care and another 46.3% reported sometimes traveling outside their county for care.
- Table 52 below shows that most people travel outside the county for medical and doctor appointments, hospitalizations, outpatient treatment and dental appointments.

Table 52: If you travel outside of your county for medical care, what services do you seek?

If you travel outside of your county for medical care, what services do you seek? (check all that apply)		
Answer Options	Response Percent	Response Count
Medical/doctor appointments	36.6%	15
Outpatient treatment	14.6%	6
Hospitalization	17.1%	7
Dental appointments	12.2%	5
Laboratory or other tests	4.9%	2
Orthopedic appointments	4.9%	2
X-rays, MRIs, etc.	7.3%	3
Vision appointments	7.3%	3
Other	7.3%	3
Do not travel outside of the county for medical care	41.5%	17
<i>answered question</i>		41
<i>skipped question</i>		1

Table 53: If you travel outside of your county for medical care, why?

If you travel outside of your county for medical care, why? (check all that apply)		
Answer Options	Response Percent	Response Count
Services not available in my county	23.1%	9
Better quality elsewhere	30.8%	12
Recently moved to this county	2.6%	1
Local doctors are not covered by insurance	2.6%	1
Closer to work/home	2.6%	1
Too hard to get an appointment with a local doctor	0.0%	0
Do not travel outside of the county for medical care	43.6%	17
Less expensive healthcare services offered elsewhere	2.6%	1
<i>answered question</i>		39
<i>skipped question</i>		3

- Major reasons people traveled outside of the county for medical care were that services were of better quality elsewhere or were not available in the county.

Table 54: Health Problems

In this final section, please choose how much of a problem you think each item listed is for the county where you live. Do you think it is a serious problem, a moderate problem, not a problem at all or are you not sure about this issue in your county?					
Answer Options	Serious Problem	Moderate Problem	Not a Problem	Not Sure	Response Count
Ability to Afford Prescribed Medications	18	10	6	6	40
Affordable Healthcare	18	10	7	5	40
Available Healthcare	8	10	15	6	39
Alcohol/Drug Use	20	6	4	9	39
Allergies	15	10	5	9	39
Ambulance Services	3	4	22	10	39
Asthma/Respiratory Disorders	6	9	9	15	39
Eating Disorders	8	5	8	18	39
Cancer	10	11	7	11	39
Emergency Preparedness	4	8	9	18	39
Fire Protection	2	7	16	15	39

Firearms	2	3	19	15	39
Fitness Levels	9	11	6	13	39
Healthcare Quality	6	11	9	12	38
Heart Disease	9	7	9	14	39
High Blood Pressure/Stroke	10	8	7	14	39
HIV/AIDS	1	6	9	23	39
Infant Health	2	10	10	17	39
Infectious Diseases (meningitis, hepatitis, etc.)	1	6	13	19	39
Job Availability	17	11	3	8	39
Job Security	14	8	3	15	39
Mental Illness	6	9	8	16	39
Overweight Adults	17	9	4	9	39
Overweight Children	17	9	3	10	39
Prenatal Health	5	6	15	13	39
Recreation Opportunities	9	7	11	12	39
Secondhand Smoke	10	11	6	12	39
Services for Disabled	4	7	12	16	39
Smokeless Tobacco	10	7	9	13	39
Smoking	13	10	6	10	39
Stress	12	6	7	14	39
Teen Pregnancy	8	12	4	15	39
Unemployment	17	8	3	11	39
<i>answered question</i>					40
<i>skipped question</i>					2

- The table above shows how survey respondents weighed health problems in the community. These responses were opinions of the people, not factual.
- The top health problems described as either a serious problem or a moderate problem included (the number in parenthesis represents the total number of people who stated it was a serious or moderate problem):
 1. Ability to Afford Prescribed Medications (28) with 18 people saying it was a serious problem.
 2. Affordable Healthcare (28) with 18 people saying it was a serious problem.
 3. Job Availability (28) with 17 people saying it was a serious problem.
 4. Alcohol/Drug Use (26) with 20 people saying it was a serious problem.
 5. Overweight Adults (26) with 17 people saying it was a serious problem.
 6. Overweight Children (26) with 17 people saying it was a serious problem.
 7. Unemployment (25) with 17 people saying it was a serious problem.
 8. Allergies (25) with 15 people saying it was a serious problem.
 9. Smoking (23) with 13 people saying it was a serious problem.
 10. Job Security (22) with 14 people saying it was a serious problem.
 11. Cancer (21) with 10 people saying it was a serious problem.

Chapter 7: Summary of Needs

Using the Data to Determine Needs

The secondary data is used to compare Stoddard County to Missouri by examining quantitative data such as percentages, rates and trends. If Stoddard County ranks worse than the state or a negative trend is occurring, then a need is presented. The primary data is qualitative and takes into consideration the thoughts and opinions of people in the community. If a consensus arises about a concern, then a need is established.

Secondary Data

After a review of the secondary research found in Chapters 2-5, it can be determined that Stoddard County does not do very well compared with the state of Missouri in many areas, so there are many areas of concern. The following describes the findings from the secondary data.

Education: Stoddard County has higher percentages of people who have less than a 9th grade education, have not received a high school diploma or have only a high school diploma, than the state does. Stoddard County also has less people that have continued on to education beyond high school and received post-secondary degrees than the state does.

Literacy: Stoddard County has 11% of its population 16 years and older that is not literate, 4% more than Missouri.

Income: Stoddard County had a per capita income of \$34,427 which was about \$7,000 less than the state.

Employment: The unemployment rate of 6.0% in Stoddard County is 2.1% higher than the rate in Missouri.

Free/Reduced Lunches: Stoddard County's rate of students enrolled in free/reduced lunches reached 56.2% in 2013, higher than the 49.8% in Missouri.

Healthcare Providers:

- Stoddard County has a **primary care physician ratio** of 1,862:1 whereas Missouri has a ratio of 1,439:1.
- Stoddard County has a **mental health provider ratio** of 1,861:1 whereas Missouri has a ratio of 632:1.
- Stoddard County has a **dentist ratio** of 4,963:1 whereas Missouri has a ratio of 1,920:1.

Leading Causes of Death: Stoddard County has a higher rate of all causes of death combined than the state. Separately, the county has a higher rate of death due to all cancers (malignant neoplasms), lung cancer, breast cancer, chronic lower respiratory disease, stroke/other cerebrovascular disease, total unintentional injuries, motor vehicle accidents, Alzheimer's disease, pneumonia and influenza, kidney disease, septicemia, chronic liver disease and cirrhosis, smoking-attributable, all injuries and poisonings and injury at work than Missouri. The county had an equal rate of causes of death from suicide and had lower rates from heart disease, diabetes mellitus, homicide, HIV/AIDS, alcohol/drug-induced and firearms.

Chronic Disease: Stoddard County had higher rates for many of the chronic disease categories of death, hospitalizations and ER visits than the state, including:

- Deaths for stroke/other cerebrovascular disease, all cancers, colorectal cancer, colon and rectum cancer, lung cancer, breast cancer, cervical cancer, prostate cancer, chronic obstructive pulmonary disease excluding asthma, smoking-attributable and arthritis/lupus. They had the same rate of deaths from diabetes mellitus.
- Hospitalizations from ischemic heart disease, stroke/other cerebrovascular disease, colorectal cancer, colon and rectum cancer, lung cancer, prostate cancer, diabetes mellitus and chronic obstructive pulmonary disease.
- ER visits from heart disease, ischemic heart disease, stroke/other cerebrovascular disease, Diabetes Mellitus, chronic obstructive pulmonary disease and arthritis/lupus.

Years of Potential Life Lost: Per 100,000 people, Missouri had 8,145 years of potential life lost. Stoddard County lost a greater 9,312 years per 100,000 population.

Obesity: Stoddard County has a greater prevalence of obesity with 32% of the population obese compared with 30.2% in Missouri.

Health Status at Birth: The County Health Rankings show that 8.8% of Stoddard County's births had **low birth weights** in 2015. This is greater than the 8.0% of low birth weights in Missouri.

Health Status:

- **Poor or fair health** was 18% in Stoddard County compared with 16% in Missouri in 2015.
- The average amount of **poor physical health days** in Stoddard County was 6.5 days and in Missouri it was 3.7 days.
- The average amount of **poor mental days** in Stoddard County was 4.5 days and in Missouri it was 3.8 days.

Preventable Hospitalizations:

- Stoddard County had 86 preventable hospital stays compared with Missouri's 65 preventable hospital stays in 2015.
- Stoddard County has a higher rate than Missouri in the following diagnostic categories: angina, bacterial pneumonia, cellulitis, chronic obstructive pulmonary disease, convulsions, dehydration-volume depletion, dental conditions, diabetes, gastroenteritis, hypoglycemia, kidney/urinary infection and severe ENT infections.

Diet and Exercise:

- 7% more Stoddard County residents (33%) than Missouri residents (26%) are physically inactive.
- There was 53% of Stoddard County that had adequate access to exercise opportunities which is well below the 77% of the population in Missouri that had access.

Tobacco Use: There are 6% more residents in Stoddard County (29%) that smoke than in Missouri (23%).

Maternal Health:

- Stoddard County had a rate of 27.6 for mothers who **smoked during pregnancy**, well above the 17.8 rate for Missouri.
- Stoddard County has a rate of 49.8 for mothers who **breast-fed sometime during pregnancy** in 2008, which was below the rate of Missouri at 56.0.

Preventative Practices: Several indicators were used to test preventative practices used by people in the community. Stoddard County had worse a prevalence than the state for the following indicators: did not get medical care in the past year, current cigarette smoking, no leisure-time physical activity, overweight, obese, ever had high blood pressure-among those who have had it checked, ever told they had diabetes, never had a mammogram for women age 40 and older, no mammogram or clinical breast exam in the last year for women 40 and older, never had a Pap smear for women 18 and older, never had a sigmoidoscopy or colonoscopy for men and women 50 and older and no sigmoidoscopy or colonoscopy in the past 10 years for men and women 50 and older.

Child and Adolescent Health:

- Stoddard County had a greater number of children ages 1 through 14 die from motor vehicle accidents than Missouri did.
- Stoddard County had a greater number of adolescents (ages 15 through 19) die from all causes including total unintentional injuries, motor vehicle deaths, suicide and all cancers.

Senior Health:

In Stoddard County,

- 87.8% of senior's have a **Missouri driver's license**, down from 89.7% in 2008. The state had 88.6% of seniors with a driver's license in 2011.
- There was a rate of 4.7 **primary care physicians per 1,000 seniors**. This increased from 3.1 in 2004, but is well below the state rate of 13.1.
- 14.6% of **seniors lived in poverty**, compared with just 8.2% of seniors living in poverty in the state.
- The **average income of senior households** was \$35,755, which was below the Missouri average of \$46,767.
- 5.7% of seniors had a **college education** compared with the 18.2% of seniors in Missouri with a college education.

Primary Data

After a review of the primary research results found in Chapter 6, it can be determined that Stoddard County has many areas of concern. The following lists the findings from the primary data, including the community surveys, focus groups and checklist exercise completed at the focus groups. The issues were determined as a concern if the focus group participants were in agreement about the issue and/or if more than 50% of survey participants classified the issue as a moderate to serious problem.

Health Problems determined by primary research include:

- Adult Obesity
- Child Obesity
- Cancer
- Mental Illness

- Infant and Prenatal Health

Behavioral Problems determined by primary research include:

- Alcohol/Drug Abuse
- Smoking and Smokeless Tobacco
- Teen Pregnancy

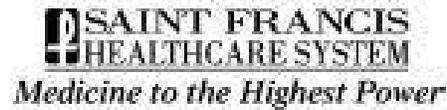
Community Problems determined by primary research include:

- Healthcare Affordability
- Transportation/Affordable Transportation
- Ability to Afford Prescribed Medications
- Affordable Healthcare
- Job Availability
- Unemployment
- Allergies
- Job Security
- Secondhand Smoke
- Access to health information
- Lack of health knowledge and awareness

Conclusion

This Community Health Needs Assessment is the product of a completed process of finding secondary data, performing primary research and presenting those findings. This compiled information will allow Saint Francis Healthcare System to create an implementation strategy designed to meet some particular needs that are specific to the Stoddard County community.

Appendix A: 2016 CHNA Community Health Needs Assessment Survey



2016 Community Health Needs Assessment Survey

Please take a few minutes to complete this survey. You will be providing information needed to identify and prioritize community health concerns in your community. The information will be used to analyze and discover where improvements can be implemented to create a healthier environment for you and your family by Saint Francis Healthcare System and other hospitals.

Please respond to this survey if you are at least 18 years of age. Do not include your name or any identifiers on the survey. We only need one survey per household. All survey respondents will remain anonymous.

If you are filling this out on paper, please return it to the Saint Francis Healthcare System Marketing Department or call (573) 331-8218 for any questions.

1. What is your 5 digit zip code?

2. Gender?

- Male
 Female

3. Marital Status?

- Single/Not Married
 Married
 Divorced
 Widowed
 Living with Partner
 Other

4. What is your race/ethnicity?

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American
- White or Caucasian
- Other

5. What is the race/ethnicity of any children currently living in your home?

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American
- White or Caucasian
- Other
- I have no children living in my home currently.

PHYSICAL ENVIRONMENT

6. How many people currently live in your household?

- 1-2
- 3-5
- 6 or more

7. How many adults age 65 or older currently live in your household?

- 0
- 1-2
- 3-5
- 6 or more

8. How many children under 18 years of age currently live in your household?

- 0
- 1-2
- 3-5
- 6 or more

9. Select all of the following that describe your home or household:

- More than one working smoke detector
- Carbon monoxide detector
- Food is put back into the refrigerator within two hours after a meal
- Septic Tank
- Pets (dog, cat, reptiles, ect.)
- Family fire safety plan/evacuation plan
- Children know how to dial 911 in case of emergency
- Children know their phone number and address
- Have one or more types of aerobic (cardiovascular) exercise equipment
- Internet access
- Provide care for an older adult
- Children under 13 are supervised in non-school hours

SOCIAL AND ECONOMIC FACTORS

10. What is your highest level of education?

- Never graduated high school
- High school diploma
- GED
- Currently attending or have some college
- Two-year college degree
- Four-year college degree
- Graduate-level degree or higher

11. What is your employment status? (check all that apply)

- Employed full-time
- Employed part-time
- Full-time student
- Part-time student
- Full-time homemaker
- Retired
- Unemployed more than one year
- Unemployed less than one year
- Unemployed due to disability or illness

12. What is your annual household income?

- Less than \$5,000
- \$5,000-\$14,999
- \$15,000-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000 or higher
- Does not apply

13. What sources do you use to obtain most of your health related information? (check all that apply)

- Family
- Friends
- Doctor/Nurse/Pharmacist
- Newspaper/Magazines/Television
- Health Department
- Church
- School
- Internet
- Other

HEALTH BEHAVIORS

14. In the following section, respond with how often YOU do the following:

*(N/A = does not apply to you)

	Almost Always	Sometimes	Never
Exercise at a moderate pace at least 30 minutes per day, 5 days per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consume more than 3 alcoholic beverages per day (female) or more than 5 per day (male)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are exposed to second hand smoke at home or at the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chew tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use illegal drugs (marijuana, cocaine, methamphetamine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get a flu shot each year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice safe sex (use of condom or other barrier method)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get enough sleep every night (7-9 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. In the following section, how often do any children CURRENTLY living in your home do the following?

*(N/A = does not apply to them)

	Almost Always	Sometimes	Never	N/A*
Participate in at least 1 hour of physical activity every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are exposed to secondhand smoke in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get a flu shot each year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice safe sex (condom or other barrier methods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get enough sleep each night (7-9 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL CARE AND SERVICES

16. What kinds of insurance do you (and/or your family) have currently? (check all that apply)

- Health
- Dental
- Vision
- Do not have insurance

17. What type of health insurance do you (and/or your family) have currently?

- Self-insured
- Employer-provided
- Medicare
- Medicaid or MC+
- VA/CHAMPUS
- Other _____
- Do not know
- Do not have health insurance

18. If anyone living in your household does not have insurance, who is NOT currently covered?

- Entire family
- At least one adult
- All adults
- Child(ren) age 6 or older
- Child(ren) less than age 6
- Does not apply

19. What is your current health status?

- Poor
- Fair
- Good
- Very Good
- Excellent

20. When was your last routine doctor's visit?

- Within the last 12 months
- Within the last 13-18 months
- Within the last 19-24 months
- Between 2 and 5 years
- Over 5 years ago
- Never had a routine visit

21. How many days have you been too sick to work or carry out your usual activities during the past 30 days?

- None
- 1-2 days
- 3-5 days
- 6-10 days
- More than 10 days

22. Have you ever had health issues due to any of the following? (check all that apply)

- Alcohol abuse
- Lack of pregnancy care
- Stress
- Drug abuse/addiction
- None of the above

23. If ever pregnant, did you receive prenatal care?

- Yes
- No
- Not sure
- Does not apply

24. Where do you go for routine health care? (check all that apply)

- Physician's Office
- Hospital Emergency Room
- Health Department Clinic
- Urgent Care Center
- Chiropractor
- Community Clinic
- Eye Doctor
- Dentist
- Other
- Do not seek health care

25. How often are you able to visit a doctor when necessary?

- Always
- Sometimes
- Seldom
- Never

26. If you answered seldom or never to the previous question, please choose why you were not always able to visit a doctor when necessary:

- No insurance
- Too expensive/unaffordable
- Could not get an appointment
- Lack of transportation
- Doctor is too far away/inconvenient location
- Other

27. What are the top three challenges for you and your household when receiving healthcare?

Top Challenge	<input type="text"/>
Second Challenge	<input type="text"/>
Third Challenge	<input type="text"/>

28. Select any of the following preventative measures you have had in the last year (check all that apply):

- Mammogram
- Pap smear
- Glaucoma test
- Flu shot
- Colon/rectal examination
- Blood pressure check
- Skin cancer reading
- Prostate cancer digital screen
- Prostate cancer PSA blood screen
- Cholesterol screen
- STD (Sexually Transmitted Disease) screening
- Vision screening
- Hearing screening
- Cardiovascular screening
- Bone density test
- Dental exam
- Diabetes

29. Are both you and any children living in your household up-to-date on your immunizations?

- Yes
- No
- I am up-to-date, but my children are not
- I am not up-to-date, but my children are
- Do not know

30. Where do the children currently living in your home go for routine health care? (check all that apply)

- Physician's Office
- Hospital Emergency Room
- Health Department Clinic
- Urgent Care
- Chiropractor
- Community Clinic
- Eye Doctor
- Dentist
- Other
- Does not apply

31. Have you been diagnosed by a doctor with any of the following health problems or diseases? If you have NOT been diagnosed by a doctor with any of these health problems or diseases, please check the "No" box. If you have, please check the any boxes that apply to your health problem or disease.

	No	Yes, but I am not taking any additional precautions or treatments regarding it.	Yes, I see a doctor.	Yes, I am taking medications or getting treatment.	Yes, I feel the disease is managed well.
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD (Chronic Obstructive Pulmonary Disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No	Yes, but I am not taking any additional precautions or treatments regarding it.	Yes, I see a doctor.	Yes, I am taking medications or getting treatment.	Yes, I feel the disease is managed well.
Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy/Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lupus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Health Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye/Vision Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinus Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. If you have been diagnosed by a doctor with cancer, please provide the type of cancer(s)?
 *Write N/A if you have not been diagnosed with cancer.

33. If you have been diagnosed by a doctor with cancer, or are a cancer survivor, please rate your satisfaction with the below statements.

*Select N/A if you have not been diagnosed with or survived cancer.

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	N/A
Waiting time for treatment	<input type="radio"/>				
Communication with doctors and healthcare professionals	<input type="radio"/>				
Education on diagnosis	<input type="radio"/>				
Fair access to health services	<input type="radio"/>				
Insurance coverage	<input type="radio"/>				
Waiting time for treatment	<input type="radio"/>				
Travel time/time off work	<input type="radio"/>				

34. How often do you travel outside of your county for medical care?

- Always
- Sometimes
- Seldom
- Never

35. If you travel outside of your county for medical care, what services do you seek? (check all that apply)

- Medical/doctor appointments
- Outpatient treatment
- Hospitalization
- Dental appointments
- Laboratory or other tests
- Orthopedic appointments
- X-rays, MRIs, etc.
- Vision appointments
- Other
- Do not travel outside of the county for medical care

	Serious Problem	Moderate Problem	Not a Problem	Not Sure
Infant Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious Diseases (meningitis, hepatitis, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondhand Smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services for Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smokeless Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix B: Focus Group Questions

Community Health Needs Assessment Focus Group Questions

1. What do people in this community do to stay healthy? How do people get information about health?
2. In this group's opinion, what are the serious health problems in your community? What are some of the causes of these problems?
3. What keeps people in your community from being healthy?
4. What could be done to solve these problems?
5. Is there any group not receiving enough healthcare? If so, why?
6. Of all the issues we have talked about today, what issues do you think are the most important for you community to address?

Appendix C: Focus Group Participant Information

Dexter Chamber of Commerce

- Executive Director

Dexter Statesman

- Reporter/Photographer

Regional Healthcare Foundation

- Executive Director, 27 years of teaching and counseling, 6 years of private rehabilitation counseling, 4 years as a patient advocate and 4 years as Executive Director

Saint Francis Outpatient Center

- LPN – nurse, 8 years

SoutheastHEALTH

- Chief Executive Officer,
- Regional Marketing Manager, 17 years in healthcare marketing

Stoddard County

- County Commissioner #1
- County Commissioner #2
- Public Administrator, former LPN in a clinical, hospital and school setting

Stoddard County Public Health Center

- Director, MSN

Stoddard County Targeted Case Management

- 2 Support Coordinators

University of Missouri Extension

- Community Development Specialist, 32+ years

Appendix D: Data Comparison

Some of the significant secondary information statistics were pulled and used as a comparison between the last Community Health Needs Assessment and the current assessment done by Saint Francis Medical Center.

Key Characteristics of Survey Participants

Table 55: Key Characteristics of Survey Participants

2013 Assessment	2016 Assessment
83.62% were women	73.8% are women
5.03% were a race other than white/Caucasian	21.4% are a race other than white/Caucasian
56.25% were married	66.7% are married
37.14% had at least some college, while 22.29% did not finish high school	33.3% have a high school diploma, but no post-secondary degree 33.3% have a two-year or four-year college degree
58.23% had a household income less than \$25,000	23.8% have an annual income between \$25,000 and \$49,999
49.43% were employed at least part time 5.75% were retired 36.21% were considered unemployed	57.1% are employed fulltime
13.6% had 6 or more people living in their household	61.9% have 3 to 5 people living in their household

Top 5 Priority Needs (and Associated Behavioral Needs)

- Cancer (Smoking)
- Obesity (Diet and Exercise)
- Chronic Disease
 - Stroke (Healthy Lifestyle)
 - Heart Disease (Smoking)
 - Diabetes (Diet and Exercise)
 - Chronic Respiratory Disease (Smoking)
- Substance Abuse (Drug and Alcohol)
- Healthcare Availability & Affordability (Access and Uninsured)

Health Problems determined by former focus group:

1. Healthcare Affordability
2. Overweight Adults
3. Overweight Children
4. Alcohol/Drug Use
5. Healthcare Availability

Healthy Lifestyles

In 2015, the percentage of residents in Stoddard County with adequate access to locations for physical activity is at 53% and 77% for the state. In 2013, this percentage was not measured. However, in 2014, it was at 39% for the county and 70% for the state.

The percent of residents ages 20 and older that report no leisure-time-physical activity is at 33%, compared with a lower 26% for the state. In 2013, this percentage was at 28% for the state and a much greater 41% for Stoddard County.

The food environment index, which takes into consideration factors that contribute to a healthy food environment, ranks 7.5 out of 10 for the county and 7 out of 10 for the state. In 2013, this percentage was not measured. However, in 2014, it was at 7.8 out of 10, higher than the 7.3 for the state.

Obesity

In 2013, 29% of Stoddard County residents were obese compared with 31% of Missouri residents. In 2015, 32% of adults in Stoddard County were considered obese and 30.2% of adults in Missouri were considered obese.

Table 56: Obesity Comparison

Percent of Obesity in Stoddard County Residents	
2013	2015
29%	32%

Access to Healthcare Services

The County Health Rankings created by the Robert Wood Johnson Foundation and the University of Wisconsin’s Population Health Institute measures the uninsured population as the estimated percent of the population under age 65 that has no health insurance coverage. Using 2013 data from the County Health Rankings, 18% of Stoddard County went with no health insurance, compared with 15% uninsured for the state. In 2015, the County Health Rankings show that 17% of Stoddard County residents younger than 65 years of age were still uninsured, just over the 16% for the state.

Healthcare Costs

According to the County Health Rankings in 2015, the amount of price-adjusted Medicare reimbursements per enrollee in Stoddard County was \$9,516 compared with \$9,599 in 2013. These numbers reflected the numbers in the state at \$9,627 in 2015 and \$9,495 in 2013.

In 2015, 14% of people could not see a doctor due to cost in both Stoddard County and the state. This percentage remained the same from 2013 for the state, but decreased from the 16% for Stoddard County in 2013.

Dentists

In 2013, Stoddard County had a dentist ratio of 4,322:1, whereas the state of Missouri had a ratio of 3,198:1. In 2015, Stoddard County had a dentist ratio of 4,963:1 and the state had a ratio of 1,920:1.

Mental Health Providers

In 2013, Stoddard County had a mental health provider ratio of 29,387:1, whereas the state of Missouri had a ratio of 9,561:1. In 2015, Stoddard County had a mental health provider ration of 1,861:1 and the state had a ratio of 632:1.

Primary Care Physicians

In 2013, Stoddard County had a primary care physician ratio of 1,336:1, whereas the state of Missouri had a ratio of 1,015:1. In 2015, Stoddard County had a ratio of 1,862:1 and the state had a ratio of 1,431:1.

Depression and Mental Health

The “poor mental health days” measure is based on responses to the question: “Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?” For Stoddard County, the average number of days that mental health was not good was 4.4 days, which is higher than the state average of 3.7 days. In 2015, the “poor mental health days” increased to 4.5 days and the state average remained at 3.8 days.

Tobacco Use

In 2013, 28% of Stoddard County residents smoked cigarettes and 23% of Missouri residents smoked cigarettes. In 2015, the 29% percent of adults who were current smokers in Stoddard County was greater than the 23% of smokers in Missouri.

Table 57: Smoking Comparison

Percent of Smokers in Stoddard County Residents	
2013	2015
28%	29%

Medicaid

Table 58: Medicaid Comparison

2008		2015	
Missouri	Stoddard County	Missouri	Stoddard County
14.5%	24.72%	16%	24%

Source: Department of Health and Senior Services, MO Healthnet MICA

Poverty

According to the U.S. Census Bureau’s 2006-2010 American Community Survey, the percentage of people below the poverty level in Stoddard County for 2010 was 18% compared with the state percentage of 14%. The poverty in Stoddard County dropped 14.9% compared with 15.6% for Missouri in in 2014, both increasing from the last assessment.

Leading Causes of Death

2013 Assessment: Leading Causes of death were:

- Heart Disease: 27%
- All Cancers (Malignant Neoplasms): 24%
- Stroke/Other Cerebrovascular Disease: 8%
- Chronic Lower Respiratory Disease: 7%
- All Injuries and Poisonings: 6%

2016 Assessment: Leading Causes of death are:

- Heart Disease: 26%
- All Cancers (Malignant Neoplasms): 22%
- Smoking Attributable (estimated): 17%
- Lung Cancer: 7%
- All Injuries and Poisonings: 6%

Table 59: Leading Causes of Death Comparison

	Stoddard Co. Rate	Missouri Rate	Stoddard Co. Rate	Missouri Rate
	1999-2009		2003-2013	
All Causes	938.3	871.5	925.7	837.3
Heart Disease	241.0	245.6	212.9	216.7
All Cancers (Malignant Neoplasms)	227.9	197.7	219.7	188.9
Smoking-Attributable (estimated)	178.5	152.2	184.5	145.2
Stroke/Other Cerebrovascular Disease	68.5	54.9	55.6	47.8
Lung Cancer	71.7	61.4	73.2	58.7
Chronic Lower Respiratory Disease	70.4	48.7	82.6	50.3
All Injuries and Poisonings	74.2	67.0	72.8	70.5
Total Unintentional Injuries	56.0	45.0	51.4	47.5
Alzheimer's Disease	30.1	21.9	36.3	25.8
Pneumonia and Influenza	20.8	23.1	21.8	20.3
Motor Vehicle Accidents	29.2	18.6	27.1	16.4
Diabetes Mellitus	21.0	23.8	21.5	22.0
Kidney Disease (Nephritis and Nephrosis)	19.5	17.2	20.1	18.1
Breast Cancer	18.2	14.6	18.1	13.6
Alcohol/Drug-Induced	13.8	16.4	16.9	20.2
Suicide	12.7	12.9	13.7	13.7
Septicemia	9.2	11.5	12.0	11.5
Firearm	9.9	12.7	10.8	13.2
Chronic Liver Disease and Cirrhosis	7.2	7.3	8.4	7.5
Injury at Work	2.9	2.0	2.0*	1.7
Homicide	2.4	7.1	2.7*	7.2
HIV/AIDS	0.0	2.3	0.3*	1.9

Source: Missouri Department of Health and Human Services

Highlighted represent rates of Stoddard County that have increased since the last assessment.

Cancer

Table 60: Cancer Incidence Comparison

Stoddard County, Top Ten Cancer Incidence Sites			
All Sexes	Cancer Site	Percent (2004-2008)	Percent (2007-2011)
	Lung and Bronchus	21.36	20.84
	Female Breast	14.44	13.47
	Colon and Rectum	10.92	13.70
	Prostate	9.86	12.18
	Urinary Bladder	4.81	3.98
	Kidney and Renal Pelvis	4.46	4.57
	Corpus and Uterus, NOS	3.40	-
	Non-Hodgkin Lymphoma	3.17	3.16
	Thyroid	3.05	3.40
	Oral Cavity and Pharynx	2.46	-
	Melanoma of the Skin	-	2.46
	Pancreas	-	2.34
	Females	Cancer Site	Percent
Female Breast		30.67	29.41
Lung and Bronchus		16.96	16.62
Colon and Rectum		11.22	14.07
Corpus and Uterus, NOS		7.23	4.35
Thyroid		4.49	5.88
Non-Hodgkin Lymphoma		3.74	2.05
Ovary		2.74	3.32
Pancreas		2.49	2.81
Melanoma of the Skin		2.24	2.81
Kidney and Renal Pelvis		2.24	3.32
Males	Cancer Site	Percent	Percent
	Lung and Bronchus	25.28	24.41
	Prostate	18.63	22.46
	Colon and Rectum	10.64	13.39
	Urinary Bladder	7.76	6.26
	Kidney and Renal Pelvis	6.43	5.62
	Oral Cavity and Pharynx	3.55	1.94
	Leukemia	2.66	2.59
	Non-Hodgkin Lymphoma	2.66	4.10
	Larynx	2.22	2.16
	Pancreas	1.77	-
	Melanoma of the Skin	-	2.16

Source: Missouri Cancer Registry, Top Ten Cancer Incidence Sites

Chronic Disease Rates

Table 61: Chronic Disease Comparison

Chronic Diseases in Stoddard County vs. Missouri						
Chronic Disease	Data Years	Stoddard Rate	Missouri Rate	Data Years	Stoddard Rate	Missouri Rate
Heart Disease						
Deaths	1999-2009	241	245.6	2002-2012	216.0	223.62
Hospitalizations	2005-2009	179.6	152.38	2008-2012	144.9	129.78
ER Visits	2005-2009	15.2	12.95	2008-2012	15.2	14.32
Ischemic Heart Disease						
Deaths	1999-2009	156	170.32	2002-2012	140.7	151.7
Hospitalizations	2005-2009	69.6	55.25	2008-2012	49.5	41.51
ER Visits	2005-2009	1.2	0.82	2008-2012	1.2	0.65
Stroke/Other Cerebrovascular Disease						
Deaths	1999-2009	68.5	54.92	2002-2012	61.1	49.81
Hospitalizations	2005-2009	33.1	30.37	2008-2012	29.7	29.27
ER Visits	2005-2009	1	0.79	2008-2012	1.2	0.78
All Cancers (Malignant Neoplasms)						
Deaths	1999-2009	228	197.7	2002-2012	216.4	191.14
Hospitalizations	2005-2009	39.6	39.07	2008-2012	34.5	34.58
Colorectal Cancer						
Deaths	1999-2009	25.6	19.39	2002-2012	22.3	18.07
Hospitalizations	2005-2009	5.4	4.89	2008-2012	5.7	4.36
Colon and Rectum Cancer (SEER)						
Deaths	1999-2009	25.2	19.25	2002-2012	22.1	17.89
Lung Cancer (SEER)						
Deaths	1999-2009	71.7	61.41	2002-2012	71.6	59.42
Hospitalizations	2005-2009	6.1	5.18	2008-2012	5.2	4.62
Breast Cancer						
Deaths	1999-2009	18.2	14.55	2002-2012	19.4	13.88
Hospitalizations	2005-2009	2.7	2.2	2008-2012	1.4	1.74
Cervical Cancer						
Deaths	1999-2009	2.1*	1.41	2002-2012	1.8*	1.39
Hospitalizations	2005-2009	0.6*	0.79	2008-2012	0.5*	0.63
Prostate Cancer						
Deaths	1999-2009	12.6	9.1	2002-2012	10.0	8.36
Hospitalizations	2005-2009	2.4	2.78	2008-2012	2.6	2.48
Diabetes Mellitus						
Deaths	1999-2009	21	23.78	2002-2012	22.5	22.51
Hospitalizations	2005-2009	16.2	17.32	2008-2012	15.4	17.83
ER Visits	2005-2009	2.5	1.7	2008-2012	2.2	1.84
Chronic Obstructive Pulmonary Disease Excluding Asthma						
Deaths	1999-2009	69.5	47.38	2002-2012	80.6	48.54
Hospitalizations	2005-2009	41.2	23.22	2008-2012	42.4	23.60
ER Visits	2005-2009	8.1	5.41	2008-2012	7.3	5.67

Asthma						
Deaths	1999-2009	0.9*	1.3	2002-2012	0.9*	1.17
Hospitalizations	2005-2009	10.2	13.41	2008-2012	8.7	13.07
ER Visits	2005-2009	2.3	5.12	2008-2012	2.2	5.32
Smoking-Attributable (Estimated)						
Deaths	1999-2009	178.5	152.23	2002-2012	182.7	146.85
Arthritis/Lupus						
Deaths	1999-2009	4.4	3.55	2002-2012	3.4*	3.27
Hospitalizations	2005-2009	32.9	41.01	2008-2012	35.5	41.73
ER Visits	2005-2009	14.6	8.67	2008-2012	14.0	9.92

Source: Missouri Department of Health and Senior Services

Highlighted means an increased rate for Stoddard County from the last assessment.

Primary Data

The following lists the findings from the primary data, including the community surveys, focus groups and checklist exercise completed at the focus groups from both the 2013 assessment and the current 2016 assessment. The issues were determined as a concern if the focus group participants were in agreement about the issue and/or if more than 50% of survey participants classified the issue as a moderate to serious problem.

Table 62: Primary Data Problem Comparison

	2013	2016
Health Problems	<ul style="list-style-type: none"> • Diabetes • High Blood Pressure/Strokes • Heart Disease • Overweight Adults • Overweight Children • Cancer • Mental Illness (Alzheimer’s and dementia) • Asthma/Respiratory Disorders • Lung disease • Allergies • Sexually Transmitted Infections • Infant Health 	<ul style="list-style-type: none"> • Adult Obesity • Child Obesity • Cancer • Mental Illness • Infant and Prenatal Health • Diabetes • Chronic Obstructive Pulmonary Disease • Heart Disease
Behavioral Problems	<ul style="list-style-type: none"> • Smoking • Drug/Alcohol Use (especially marijuana and methamphetamine) • Eating Disorders • No Prenatal Care 	<ul style="list-style-type: none"> • Alcohol/Drug Abuse • Smoking and Smokeless Tobacco • Teen Pregnancy
Community Problems	<ul style="list-style-type: none"> • Lack of Healthcare Education • Child Abuse • Domestic Violence • Healthcare Affordability • Healthcare Availability • Health Facilities • Access to Healthcare Specialists (especially mental health and dental health providers and those accepting Medicaid) • Teen Pregnancy • Transportation (public) • Unemployment • Mosquitos • Job Availability • Job Security • Crime • Housing Affordability • Child Care/Day Care • Secondhand Smoke • Motor Vehicle Accidents • Out-of-Home Placement Rates 	<ul style="list-style-type: none"> • Healthcare Affordability • Transportation/Affordable Transportation • Ability to Afford Prescribed Medications • Affordable Healthcare • Job Availability • Unemployment • Allergies • Job Security • Secondhand Smoke • Access to health information • Lack of health knowledge and awareness

Appendix E: Sources of Information

Table 63: Sources

Measure	Source	Year
Population	U.S. Census Bureau (Population Estimates)	2014
Race	U.S. Census Bureau (QuickFacts, American Community Survey 5-Year Estimates)	2010-2014
Ethnicity	U.S. Census Bureau (QuickFacts, American Community Survey 5-Year Estimates)	2014
Hispanic Population	U.S. Census Bureau (QuickFacts, American Community Survey 5-Year Estimates)	2014
Age Distribution	U.S. Census Bureau (QuickFacts)	2014
Percent of Population, Male vs. Female	U.S. Census Bureau (Population Estimates)	2014
Household/Family Configuration	U.S. Census Bureau (QuickFacts)	2014
Religion	Association of Religion Data Archives	2010
Education Attainment	U.S. Census Bureau (American FactFinder)	2014
Language Spoken at Home	U.S. Census Bureau (American FactFinder, American Community Survey 5-Year Estimates)	2014
Literacy	National Center for Education Statistics	2003
Marital Status	U.S. Census Bureau (American Factfinder)	2014
Income	MERIC (missourieconomy.org)	2013-2014
Unemployment	MERIC	2010-2015
Poverty	U.S. Census Bureau, Small Area Income and Poverty Estimates	2010-2014
Medicaid/MO HealthNet	Missouri Department of Health and Human Services, MICA	2015
HealthNet Providers	Missouri Department of Health and Human Services, Missouri HealthNet Provider Search	Current
Free/Reduced Lunches	The Annie E. Casey Foundation, KIDS COUNT data center, Family and Community Trust	2013
Hunger and Food Uncertainty	Missouri Hunger Atlas	2013
WIC Participation	Missouri Hunger Atlas	2013
Housing	U.S. Census Bureau (QuickFacts)	2014
Healthcare Providers	County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation)	2015
Mortality	Missouri Department of Health & Senior Services	2003-2013
Cancer	Missouri Cancer Registry and Research Center	2008-2012
Chronic Disease	Missouri Department of Health & Senior Services	2002-2012
Years of Potential Life Lost	Missouri Department of Health & Senior Services	2013
Infant Mortality	The Annie E. Casey Foundation, KIDS COUNT data center, Family and Community Trust	2009-2013
Obesity and Overweight	County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation)	2015

Diabetes	County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation)	2015
Infectious Disease	Missouri Department of Health & Senior Services Bureau of Communicable Disease Control and Prevention, Annual Communicable Disease Surveillance Report	2012
HIV/AIDS	CDC, National HIV Surveillance Database	2013
Other Sexually Transmitted Diseases	Missouri Department for Health & Senior Services' HIV/AIDS Surveillance System STD by County Report	2015
Low Birth Weight	County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation)	2015
Preterm Deliveries	The Annie E. Casey Foundation, KIDS COUNT data center, Family and Community Trust Missouri Department of Health & Human Services	20019-2012 2008-2012
Birth Defects	National Birth Defects Prevention Network Missouri Department of Health & Senior Services	2008-2012
Health Status	County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation)	2015
Mental Health	Missouri Department of Mental Health, Community Epidemiological Profiles	June 2015
Preventable Hospitalizations	County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation) Missouri Department of Health & Senior Services (MICA)	2015 2013
Diet & Exercise	County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation)	2015
Tobacco Use	County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation)	2015
Substance Abuse	Missouri Department of Mental Health, Behavioral Health Profile 2015	2015
Prenatal Care	Missouri Department of Health & Senior Services, 2015 Prenatal Profile	2013
Smoking During Pregnancy	Missouri Department of Health & Senior Services, Community Data Profiles	2001-2013
Breast-feeding	Missouri Department of Health & Senior Services (MICA), WIC Infant	2000-2008
Preventative Practices	Missouri Department of Health & Senior Services, Community Health Profiles, Health and Preventative Practices	2011
Child and Adolescent Health: Causes of Death for Children and Adolescents	Missouri Department of Health & Senior Services, Child Health	2002-2012
Teen Substance Abuse and	Missouri Student Survey, Status Report on Missouri's	2015

Smoking	Substance Use and Mental Health	
Teen Pregnancy	The Annie E. Casey Foundation, KIDS COUNT data center, Family and Community Trust	2009-2012
Senior Health	Missouri Senior Report (Missouri Department of Health & Senior Services, University of Missouri Office of Social and Economic Data Analysis (OSED))	2013

Some other sources for general information include:

- Centers for Disease Control and Prevention (CDC)
- Mayo Clinic
- AIDSvu
- Trust for America’s Health
- Other local websites
 - Stoddard County Public Health Center