

2025



MISSOURI DELTA
MEDICAL CENTER

MISSISSIPPI
NEW MADRID
SCOTT



**COMMUNITY
HEALTH
NEEDS
ASSESSMENT**

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I. Executive Summary

Building healthier communities requires strong collaboration and shared understanding among local individuals, organizations, and healthcare leaders. This Community Health Needs Assessment (CHNA) reflects that collaborative spirit, bringing together providers and stakeholders to identify, prioritize, and address key health needs across our service region.

The CHNA will guide Missouri Delta Medical Center’s community health improvement strategies from September 2025 through September 2028. An accompanying implementation plan, developed in response to this assessment, will be completed and initiated within six months of this report’s release—by March 2026.

This assessment focuses on Scott, New Madrid, and Mississippi Counties, the core service areas for Missouri Delta Medical Center. The CHNA for Scott County was conducted in partnership with Saint Francis Medical Center. However, as New Madrid and Mississippi Counties are exclusively served by Missouri Delta, their assessments were conducted independently.

Information collection for this CHNA began in Spring of 2025 and involved both primary and secondary data sources:

- **Primary data** was gathered through community surveys distributed via our rural health clinics in Mississippi and New Madrid Counties, as well as through local churches, food pantries, and senior centers. In addition, focus groups were conducted in each county, involving local healthcare providers, employers, civic leaders, nonprofit organizations, and grant recipients. To increase accessibility and participation, feedback from focus groups in New Madrid and Mississippi Counties was collected through an online survey that could be completed when convenient. The Scott County session was held in person and moderated by Saint Francis Medical.
- **Secondary data**, which includes publicly available quantitative health statistics, was obtained from sources such as the U.S. Census Bureau, Missouri Department of Health & Senior Services, County Health Rankings, ExploreMOHealth, and the National Center for Education Statistics, among others. This data is organized into chapters within the report to provide a clear, structured understanding of key community health indicators.

Together, these data sources offer a comprehensive view of the health status, challenges, and opportunities facing our region, laying the groundwork for targeted, evidence-based community health interventions.

Based on secondary and data analysis for Scott, New Madrid and Mississippi counties, the top issues based on type of need are as follows:

Health Needs

- Chronic Disease (heart disease, lung & colorectal cancer, chronic lung diseases)
- Affordable Medications

- Lack of insurance
- Lack of cardiology services

Behavioral Needs

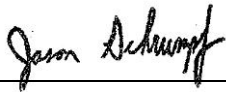
- Counseling services
- Substance Abuse treatment facilities (drug & alcohol)

Community Needs

- Lack of public transportation
- Insufficient health education
- Economic hardship

Administration will discuss these identified needs for the counties we serve and develop an implementation plan by March 2026. The implementation strategy will commence from March 2026 – July 2028.

This Community Health Needs Assessment was presented to and approved by the Missouri Delta Medical Center hospital board of directors on Thursday, August 7, 2025.



8-7-2025

Jason Schrupf, President & CEO
Missouri Delta Medical Center

Date

For questions about this Community Health Needs Assessment or to learn how you can support our mission to build healthier communities, please contact Missouri Delta Medical Center Administration at 573-472-7601.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

Community Defined

For the purposes of this Community Health Needs Assessment (CHNA), the term community refers to the defined population served by Missouri Delta Medical Center (MDMC)—a region made up of Scott, Mississippi, and New Madrid Counties in the southeastern corner of Missouri. Collectively referred to as the Bootheel, this region is one of the most underserved and socioeconomically challenged areas in the state.

The Bootheel exhibits high rates of poverty and faces numerous barriers to healthcare access, including transportation limitations, higher unemployment rates, and lower average household incomes compared to state and national averages. Missouri Delta Medical Center aims to identify and address the unique health needs of this population, with a particular focus on reducing disparities and improving access to essential services.

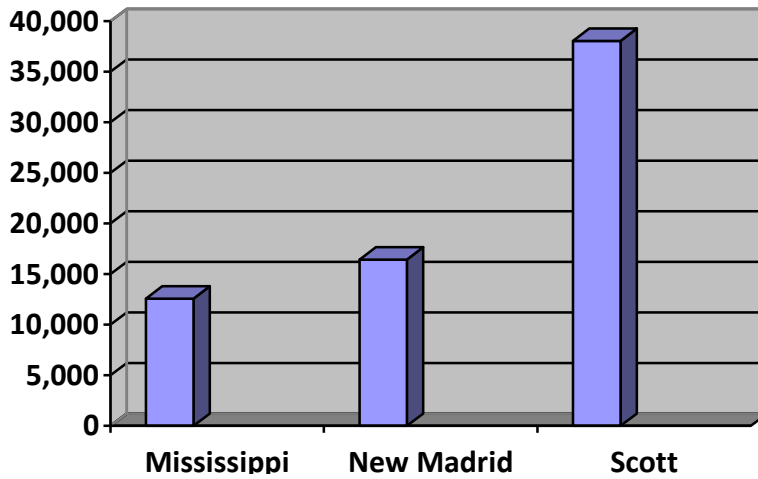
Population Overview

According to the 2020 U.S. Census, the total population across the three-county service area was 67,070. The region has experienced population decline over the past decade, reflective of broader rural depopulation trends across the Midwest and South:

- **Scott County:** 38,059 residents (↓ 2.88% since 2010)
- **Mississippi County:** 12,577 residents (↓ 12.4% since 2010)
- **New Madrid County:** 16,434 residents (↓ 13.32% since 2010)

These population shifts have implications for healthcare delivery, economic vitality, and workforce development in the region.

Chart 1 | Population for Each County According to 2020 Census



Source: US Census Bureau, American Community Survey. 2021 Source geography: ZCTA

Geographic Structure

Each county contains a mixture of cities and rural unincorporated areas, organized under multiple ZIP codes. Geographic size by county:

- **Scott County:** 419 square miles
- **Mississippi County:** 411 square miles
- **New Madrid County:** 674 square miles (largest of the three)

Table 1 | Zip Codes by County

<u>County</u>	<u>Zip Code</u>	<u>City</u>	<u>County</u>	<u>Zip Code</u>	<u>City</u>
Mississippi	63834	Charleston	New Madrid	63838	Conran
Mississippi	63820	Anniston	New Madrid	63828	Canalou
Mississippi	63881	Wolf Island	New Madrid	63873	Boekerton
Mississippi	63845	East Prairie	Scott	63771	Oran
Mississippi	63823	Bertrand	Scott	63736	Haywood City
Mississippi	63882	Wyatt	Scott	63774	Perkins
Mississippi	63834	Diehlstadt	Scott	63740	Arbor
New Madrid	63878	Tallapoosa	Scott	63771	Haywood City
New Madrid	63873	Point Pleasant	Scott	63736	New Hamburg
New Madrid	63867	Matthews	Scott	63758	Kelso
New Madrid	63833	Catron	Scott	63740	Chaffee
New Madrid	63874	Risco	Scott	63784	Vanduser

New Madrid	63873	Portageville	Scott	63736	Benton
New Madrid	63860	Kewanee	Scott	63767	Morley
New Madrid	63870	Parma	Scott	63740	Randles
New Madrid	63848	Peach Orchard	Scott	63801	Miner
New Madrid	63862	North Lilbourn	Scott	63736	Lambert
New Madrid	63869	Howardville	Scott	63740	Allenville
New Madrid	63848	Gideon	Scott	63824	Blodgett
New Madrid	63873	Hayward	Scott	63780	Scott City
New Madrid	63862	Lilbourn	Scott	63740	Rockview
New Madrid	63866	Marston	Scott	63742	Commerce
New Madrid	63868	Morehouse	Scott	63801	Sikeston
New Madrid	63869	New Madrid			

Source: US Census Bureau, American Community Survey. 2021 Source geography: ZCTA

At-Risk Populations

Multiple populations within the Missouri Delta Medical Center service area are considered at risk due to a variety of compounding social and economic factors. These include:

- Low-income households
- Individuals without health insurance
- Elderly residents
- Those lacking reliable transportation

These risk factors contribute to poor health outcomes and are discussed in greater detail in the Social & Economic Factors section of this report.

Age and Gender Demographics

The following table compares age and gender breakdowns for the three-county area with Missouri and national figures:

Table 2 | Age & Gender Percentage of Population per 3 County Area Compared to Missouri and United States.

	Mississippi	New Madrid	Scott	Missouri	United States
Gender					
Male	54%	48%	49%	49%	49%
Female	46%	52%	51%	51%	51%
Age					
0-17	21%	23%	24%	23%	22%
18-24	7%	7%	8%	9%	9%

25-34	15%	12%	12%	13%	14%
35-44	13%	12%	11%	13%	13%
45-54	13%	12%	13%	12%	13%
55-64	12%	15%	13%	13%	13%
65+	18%	19%	18%	17%	16%

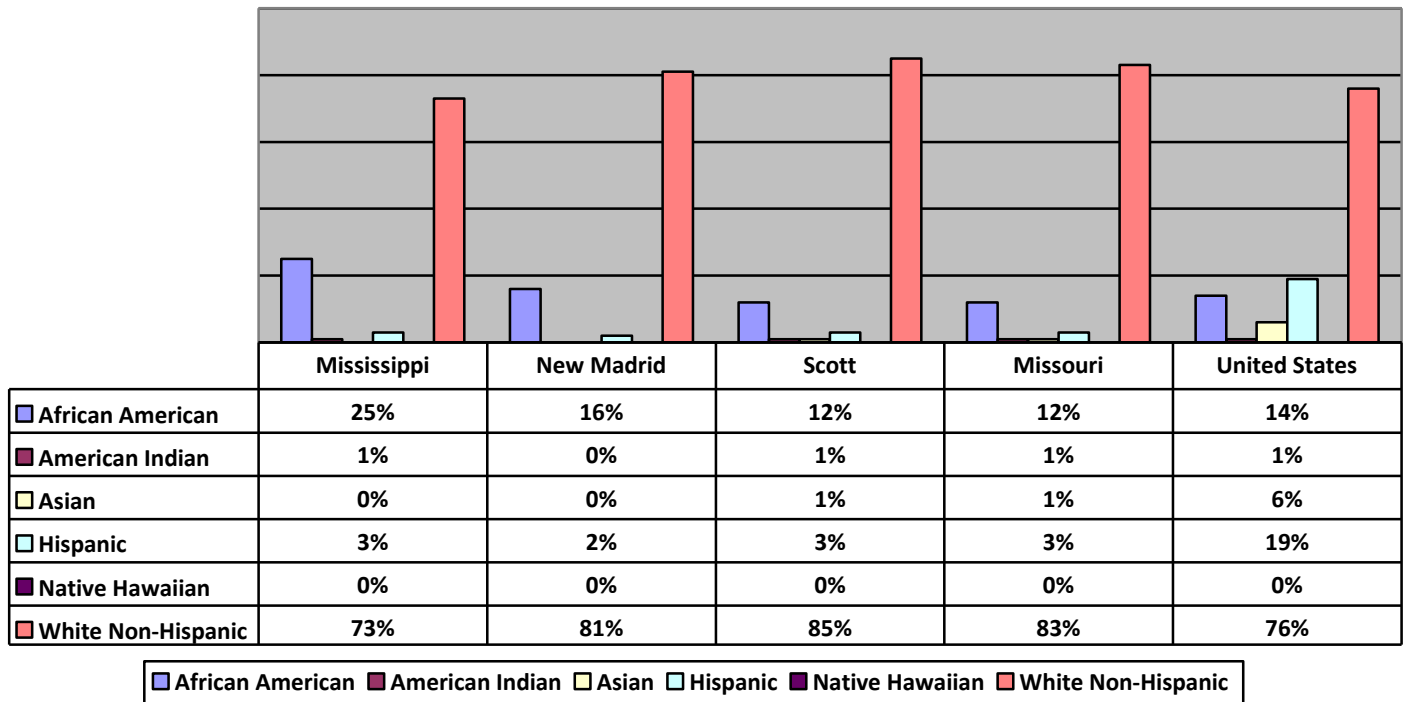
Source: US Census Bureau, American Community Survey. 2021 Source geography: ZCTA

Race and Ethnicity

Based on 2020 Census data, the population in all three counties is predominantly White, non-Hispanic. However, Mississippi County and New Madrid County have notably higher proportions of African American residents compared to state and national averages.

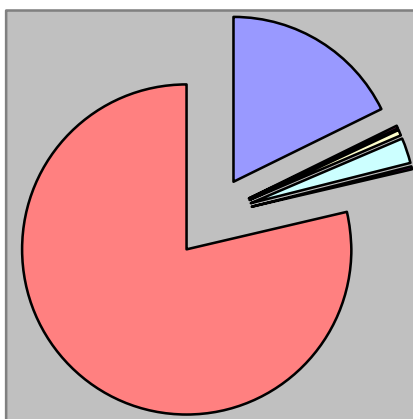
- The African American population across MDMC’s service area is approximately 18%, which is 6% higher than the Missouri state average (12%).
- The White, non-Hispanic population is about 80%, slightly below Missouri’s average of 83%.
- All three counties have a significantly lower percentage of Hispanic/Latino residents compared to the U.S. average.

Chart 2 | Race & Ethnicity – MDMC Service Area vs. Missouri & U.S.



Source: US Census Bureau, American Community Survey. 2021 Source geography: ZCTA

Chart 3 | Race & Ethnicity – MDMC 3-County Service Area



■ African American 18%	■ American Indian .4%	■ Asian .4%
■ Hispanic 2.7%	■ Native Hawaiian .1%	■ White Non-Hispanic 80%

Source: US Census Bureau, American Community Survey. 2021 Source geography: ZCTA

Unique Community Characteristics

The Missouri Bootheel is a distinct region with cultural and social ties more closely aligned with the Southern United States than the Midwest. This Southern influence is particularly evident in the local dialect, customs, and community values. The Bootheel is often considered part of the Mid-South, a region culturally centered around Memphis, Tennessee. It is characterized by small towns, expansive farmland, and strong agricultural roots, particularly in cotton, soybeans, corn, and rice. The Bootheel’s rural geography can present challenges to healthcare access, economic development, and transportation.

Scott, Mississippi, and New Madrid Counties make up a large portion of the Bootheel. These counties reflect the broader trends of the region—tight-knit communities, resilient residents, and significant socioeconomic disparities that impact health outcomes. The area also experiences limited public transportation, high poverty rates, and lower educational attainment, all of which contribute to unique healthcare needs.

Despite these challenges, the region benefits from local higher education institutions, including Three Rivers College and Southeast Missouri State University – Regional Campus in Scott County. These institutions provide accessible education and training opportunities, particularly important for developing a local healthcare workforce.

Health Services in the Community

Missouri Delta Medical Center, located in Sikeston, is the only full-service medical center in the Bootheel and serves as the cornerstone of healthcare delivery in the region. The hospital offers high-quality, comprehensive medical care, including essential specialties such as:

- Endocrinology
- Pulmonology
- Orthopedics
- Obstetrics & Gynecology
- Gastroenterology
- General Surgery
- Pain Management

To expand access to care in rural communities, Missouri Delta established Missouri Delta Physician Services nearly 20 years ago. What began as a single endocrinology clinic has grown into a network of 29 primary care and specialty clinics across Southeast Missouri. Many of these clinics are designated as Rural Health Clinics (RHCs), which aim to improve access to primary care in underserved areas. RHC locations include sites in Mississippi County, New Madrid County, and multiple locations across Scott County.

Other major healthcare providers include:

SEMO Health Network – A Federally Qualified Health Center (FQHC) with clinics in Sikeston, Benton, and New Madrid. SEMO Health Network provides primary medical and dental care to all patients, regardless of their ability to pay. Services are offered on a sliding-fee scale based on income and household size.

Ferguson Medical Group, a Saint Francis Healthcare System partner located in Sikeston, offers family and internal medicine, pediatrics, urgent care, mental health services, and specialties such as ophthalmology, podiatry, and nephrology. Saint Francis also operates two clinics in Mississippi County.

Additional family practices serving the tri-county area include:

- Managed Care
- Family Preference Healthcare
- Scott City Medical Clinic
- SoutheastHEALTH Sikeston Clinic

Together, these healthcare providers form a broad yet coordinated network of services aimed at addressing the region’s complex and evolving health needs. More details on medical services and resources can be found in section IV under Clinical Care.

III. COMMUNITY HEALTH NEEDS ASSESSMENT - Process

A Community Health Needs Assessment (CHNA) is required every three years for not-for-profit hospitals to maintain federal tax-exempt status under the Affordable Care Act. Following the completion of the CHNA, hospitals must adopt an implementation strategy that addresses the identified community health needs. Additionally, they are required to report on how these needs are being met and to provide justification for any identified needs that are not being addressed. The overarching goal of the CHNA is to enhance the health and well-being of the communities served.

At Missouri Delta Medical Center, the Director of Marketing has taken the lead in planning and developing the CHNA for the 2025 cycle, as well as for previous cycles in 2022, 2019, and 2016. This role is well-suited for overseeing the CHNA process, given its close engagement with various community organizations focused on health and wellness.

The 2025 CHNA developed for Missouri Delta Medical Center concentrates on Scott, New Madrid, and Mississippi Counties—its core service areas. The assessment for Scott County was conducted in collaboration with Saint Francis Medical Center. In contrast, the assessments for New Madrid and Mississippi Counties, which are served exclusively by Missouri Delta Medical Center, were conducted independently.

Information collection for this CHNA began in Spring 2025 and involved both secondary and primary data sources:

- **Secondary data**, which includes publicly available quantitative health statistics, was obtained from sources such as the U.S. Census Bureau, Missouri Department of Health & Senior Services, County Health Rankings, and ExploreMOHealth. These data sources were recommended by the Missouri Hospital Association and sources for each of these sites are

available in section VII | supporting Documents. The secondary data findings can be found in section IV | Findings of this assessment and will provide a clear, structured understanding of key community health indicators.

- **Primary data** was gathered through community surveys distributed via our rural health clinics in Mississippi and New Madrid Counties, as well as through local churches, food pantries, and senior centers. In addition, focus groups were conducted in each county, involving local healthcare providers, employers, civic leaders, nonprofit organizations, and grant recipients. To increase accessibility and participation, focus groups in New Madrid and Mississippi Counties. The Scott County session was held in person and moderated by Saint Francis Medical Center. The secondary data findings are in section IV | Findings of this assessment and will provide a clear, structured understanding of key community health indicators. Both the survey questions for the Focus Group as well as the survey distributed to the community can be found in section VII | Supporting Documents.

Together, these data sources offered a comprehensive view of the health status, challenges, and opportunities facing our region, laying the groundwork for targeted, evidence-based community health interventions.

IV. COMMUNITY HEALTH NEEDS ASSESSMENT - Secondary Data: Health Factors, Outcomes, and Measures

To clearly communicate the results of the 2025 Community Health Needs Assessment (CHNA), the findings are organized into two categories—Secondary Data and Primary Data—and are presented in Section VI | Findings.

Health Factors

Numerous factors influence how long and how well individuals live. These include, but are not limited to, education level, employment status and access to healthcare. They are predictors of future health outcomes and play a critical role in shaping a healthier population.

For the purpose of this assessment, the following six health factor domains were analyzed:

- Health Behaviors
- Clinical Care
- Social and Economic Factors
- Physical Environment
- Health Outcomes

- Health Measures

Health Behaviors

Health behaviors are individual lifestyle choices that have a direct impact on overall health and wellness. Positive behaviors, such as engaging in physical activity and eating a balanced diet contribute to improved health outcomes. On the other hand, behaviors like tobacco use and physical inactivity are associated with increased risk of chronic diseases and premature death.

Nationally, many of the leading causes of illness and death are rooted in unhealthy behaviors. For example:

- Tobacco use remains a primary driver of cancer, heart disease, and respiratory conditions.
- Poor nutrition and lack of exercise contribute to higher rates of obesity, cardiovascular disease, and type 2 diabetes.

The ability to make healthy lifestyle choices is not solely a matter of personal responsibility. Access to resources, socioeconomic conditions, and environmental context significantly shape behavior. Therefore, health promotion efforts must be supported by policies and systems that ensure access to nutritious foods, safe spaces for activity, and supportive services that make healthy living more attainable.

Tobacco Use

Tobacco use remains one of the most preventable causes of illness and death in the United States. Smoking alone is responsible for approximately 480,000 deaths annually, including 41,000 due to secondhand smoke exposure. Tobacco use is a known contributor to cancer, heart disease, stroke, respiratory illness, and complications during pregnancy. On average, smokers die 10 years earlier than non-smokers.

While cigarette smoking is the most common form of tobacco use, smokeless tobacco products also carry significant health risks, including oral cancers, gum disease, and nicotine addiction.

In Mississippi, New Madrid, and Scott Counties, adult smoking rates exceed the Missouri state average, highlighting the ongoing need for targeted tobacco prevention and cessation programs.

Table 3 | Percentage of Adults who are Current Smokers in 3 County Area vs. Missouri

	Percentage of Adults Who Are Current Smokers
Mississippi County	29%
New Madrid County	25%

Scott County	22%
Missouri	18%

Source: County Health Rankings – The 2025 Annual Data Release used data from 2022 for this measure

Diet and Exercise

Adequate nutrition and regular physical activity are essential for maintaining health and preventing chronic disease. However, many adults fail to meet national guidelines for both. Only about one-third of adults nationwide engage in the recommended amount of weekly physical activity. Simultaneously, typical American diets exceed daily caloric needs while lacking sufficient fruits, vegetables, and essential nutrients.

These patterns are associated with a variety of health risks, including:

- Obesity
- Cardiovascular disease
- Type 2 diabetes
- Certain types of cancer

In Mississippi, New Madrid, and Scott Counties, the percentage of adults reporting no physical activity outside of work is significantly higher than the Missouri average. This highlights the need for community-based strategies to create safe and accessible spaces for physical activity and provide health education.

Table 4 | Percentage of Adults 18+ Participating in NO physical Activity outside of work.

	Percentage of Adults Reporting NO Physical Activity outside of work
Mississippi County	38%
New Madrid County	32%
Scott County	30%
Missouri	24%

Source: County Health Rankings - The 2025 Annual Data Release used data from 2022 for this measure

Obesity

Obesity remains a significant public health concern in the Bootheel region of Missouri, where prevalence rates consistently exceed both state and national averages. This chronic condition, defined by a Body Mass Index (BMI) of 30 or higher, is a major risk factor for a wide range of health problems, including type 2 diabetes, hypertension, heart disease, stroke, and certain cancers. Obesity also contributes to increased healthcare costs, reduced workforce productivity, and lower overall quality of life.

Counties in the Bootheel—Mississippi, New Madrid, and Scott—report adult obesity rates well above the Missouri average. These elevated rates highlight the need for targeted interventions that promote

healthier eating, increase physical activity, and address the social determinants of health that contribute to obesity.

Table 5 | Percentage of Adults 18+ Reporting a BMI of 30 or greater

	Percentage of Adults Reporting a BMI of 30 or greater
Mississippi County	45%
New Madrid County	42%
Scott County	43%
Missouri	37%

Source: County Health Rankings – The 2025 Annual Data Release used data from 2022 for this measure

Clinical Care

Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer and healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others.

Advances in clinical care over the last century, including breakthroughs in vaccinations, surgical procedures like transplants and chemotherapy, and preventive screenings, have contributed significantly to increases in life expectancy. Care continues to evolve, with promising advances in fields like tele-health and care coordination leading to improved quality and availability.

Despite these advances, many individuals do not have access to a healthcare provider. Nearly 30 million Americans remain without health insurance, generally considered the first barrier to receiving quality health care. Others do not access health services because of high-deductible costs, distance to a provider, or lack of specialists in their geographic area or health network. Those without regular access to quality providers and care are often diagnosed at later, less treatable stages of a disease than those with insurance, and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

Health care access and quality also vary widely both by place and by race, ethnicity, and income.

For the purpose of this CHNA, we looked at:

- **Access to Care**
- **Quality of Care**

Access to Care

Access to healthcare remains a persistent challenge in Missouri’s Bootheel region, where rural geography, limited transportation, and high rates of uninsured individuals contribute to significant health disparities. These access issues not only delay treatment but also contribute to poorer health outcomes across the region.

The uninsured are much less likely to have primary care providers than the insured; they also receive less preventive care, dental care, chronic disease management, and behavioral health counseling. Those without insurance are often diagnosed at later, less treatable disease stages than those with insurance and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

Cost remains a significant barrier to care—even for those with insurance—in Missouri’s Bootheel. Recent data from healthcarevaluehub.org reveals widespread financial hardship regarding healthcare among Missourians:

- 62% of Missouri adults reported experiencing at least one healthcare affordability burden in the past year, including delaying or forgoing needed care, being uninsured, or struggling with medical bills.
- 82% report worry about affording healthcare now or in the future.
- Among those with private, non-group (individual) insurance and employer-sponsored plans, nearly 60% said they had gone without care due to cost.
- For middle-income Missourians, combined premiums and deductibles average over 11% of income—well above the commonly accepted 10% threshold for underinsurance.
- In households managing chronic illness, 28% of working-age adults in Missouri did not receive needed care in the past year due to cost.

These findings show that high out-of-pocket costs—and the fear of incurring them—continue to impede access to care across the state and especially in the Bootheel region.

To help reduce healthcare costs and improve access in the region, Missouri Delta Medical Center has implemented several strategic initiatives aimed at expanding care in rural communities. Recognizing the ongoing shortage of primary care physicians across the Bootheel, Missouri Delta has invested in a workforce model that includes the recruitment and integration of non-physician providers, such as nurse practitioners (NPs), and physician assistants (PAs). These professionals play a vital role in increasing access to timely, high-quality, and cost-effective care—especially in underserved areas.

By adding non-physician providers, Missouri Delta has been able to extend care to more patients, reduce wait times, and offer services that might otherwise be unavailable due to physician shortages. This team-based approach not only improves health outcomes but also helps lower overall costs by shifting care from higher-cost settings, like emergency departments, to more appropriate outpatient and preventive care environments.

In addition, Missouri Delta has expanded telehealth services, particularly in behavioral health, to reach patients who may face barriers such as transportation, stigma, or provider shortages. This has helped connect individuals to essential mental health services in a more timely and accessible manner.

The tables that follow illustrate the ratio of population to primary care physicians and, separately, to all primary care providers, including non-physician clinicians. When these non-physician providers are included, the ratios improve significantly—demonstrating the

positive impact of Missouri Delta’s efforts, along with those of other regional healthcare organizations, in addressing the provider gap and enhancing local access to care.

Table 6 | Ratio of Population to Primary Care Physicians in 3 County Service Area Compared to Missouri.

	Ratio of Population to Primary Care Physician
Mississippi County	6,271:1
New Madrid County	16,040:1
Scott County	1,990:1
Missouri	1,420:1

Source: County Health Rankings - The 2025 Annual Data Release used data from 2021 for this measure.

Table 7 | Ratio of Population to Primary Care Providers other than Physicians in 3 County Service Area Compared to Missouri.

	Ratio of Population to Primary Care Providers <i>OTHER THAN PHYSICIANS</i>
Mississippi County	1,310:1
New Madrid County	1,710:1
Scott County	680:1
Missouri	730:1

Source: County Health Rankings - The 2025 Annual Data Release used data from 2024 for this measure.

Healthcare Providers/Resources/Hospitals

Missouri Delta Medical Center is the only hospital in the county and offers comprehensive medical care to residents of Southeast Missouri.

Services offered at Missouri Delta Medical Center include:

- Allergy Testing & Treatment
- Audiology
- Behavioral Health (inpatient geriatric, inpatient adolescent and outpatient)
- Cancer & Infusion Center
- Cardiology and Cardiac Rehabilitation
- Dermatology
- Diagnostic Imaging
- Endocrine and Diabetes Center
- Emergency Care
- Gastroenterology

General Surgery
Gerontology
Inpatient Rehabilitation
Laboratory and Pathology
Neurology
Obstetrics & Gynecology
Occupational Medicine
Orthopedics and Sports Medicine
Pain Center
Pediatrics
Podiatry
Pulmonology
Respiratory Services
Rheumatology
Sleep Institute
Urology
Vascular Surgery
Walk-In Express Care Clinic
Wound and Hyperbaric Center

Primary Care Clinics

As mentioned before, Missouri Delta, as well as other medical entities in the area, utilize non-physician practitioners to meet the healthcare demand in Southeast Missouri.

Missouri Delta Physician Services was established by Missouri Delta Medical Center nearly 20 years ago. It began with one specialty clinic (Endocrinology) and has now grown into 31 primary care and specialty clinics throughout Southeast Missouri. Most of the Physician Services clinics are part of Missouri's Rural Health Clinic (RHC) program. This program is intended to increase access to primary care services for patients in rural communities. To receive certification, the clinics must be located in rural, underserved areas with a shortage of primary care providers, personal health services, or both. They are required to use a team approach of physicians working with non-physician providers such as nurse practitioners (NP) and physician assistants (PA). Missouri Delta has RHC's specifically in Mississippi County, New Madrid County and several throughout Scott County.

SEMO Health Network is a federally qualified community health center (FQHC) and has offices throughout Southeast Missouri, including Sikeston, Benton and New Madrid. FQHCs are

nonprofit or public healthcare organizations that serve insured patients, uninsured patients, private pay patients and medically underserved populations. They are usually found in areas designated Medically Underserved Areas (MUA). A portion of Scott County is designated MUA for primary care. FQHC services are provided to all people 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.

Ferguson Medical Group, a Saint Francis Healthcare System Medical Partner, is located in Sikeston and consists of a team of physicians, non-physician providers and mental health specialists. In addition to family medicine, internal medicine and pediatrics, Ferguson also offers urgent care where walk-ins are welcome. Other medical specialties available at Ferguson include ophthalmology, podiatry and nephrology.

Other family practices available to Mississippi, New Madrid and Scott County residents include Managed Care, Family Preference Healthcare, Scott City Medical Clinic and SoutheastHEALTH Sikeston Clinic.

Mental Health

Access to behavioral health care depends not only on having insurance coverage but also on the availability of qualified providers. While mental health parity provisions under the Affordable Care Act have expanded insurance coverage for behavioral health services, this progress has further strained an already limited mental health workforce.

The table below highlights the population-to-mental health provider ratios for Missouri Delta’s three-county service area, underscoring the continued challenges in ensuring timely and equitable access to behavioral health care.

Table 8 | Ratio of Population to Mental Health Providers in 3 County Area Compared to Missouri

	Ratio of Population to Mental Health Providers
Mississippi County	1,690:1
New Madrid County	3,080:1
Scott County	470:1
Missouri	380:1

Source: County Health Rankings - The 2025 Annual Data Release used data from 2024 for this measure.

Bootheel Behavioral Health, located in Scott County, is a private, not-for-profit organization providing services in southeast Missouri for more than 40 years. They provide outpatient counseling services, crisis services, psychiatric medical services, community psychiatric rehabilitation, integrated treatment for co-occurring disorders, psychosocial rehabilitation, and target case management for adults and youth.

Missouri Delta Behavioral Health Services offers outpatient behavioral health services provided by psychiatrists, psychiatric mental health nurse practitioners, counselors and licensed clinical social workers. Missouri Delta also has an inpatient unit for patients 55+ years old (Senior Lifestyles) and

for Adolescents (ABHU) ages 12-17 years old. Patients being discharged from either of these units can follow up with our outpatient behavioral health services.

Ferguson Medical Group and SEMO Health Network also provide behavioral and mental health services in the area.

Resources – Health Departments

Each of the 3 counties we are reporting on have their own health departments. Each of those departments offer a wide variety of resources for public health as well as environmental health.

Services by County through Health Department (non-exhaustive list):

Mississippi County Health Department:

- WIC - Women, Infants, and Children
- Safe Cribs for Missouri Program
- Communicable Disease - Education and Tracking
- Chronic Disease Self-Management Program
- Freedom from Smoking
- Diabetes Center/Diabetes Self-Management Program
- Immunizations/Vaccinations
- Women’s Health: pelvic exams, clinical breast exams, and pap smears
- Show Me Healthy Women (SMHW) (offers free breast and cervical cancer screenings for Missouri Women who meet age, income and insurance guidelines)
- Lab Services: Testing for STD/HIV, Pregnancy, Tuberculosis, Fasting Lipid and Hemoglobin, A1C's, Lead, Iron, PSA, TSH, CMP, CBC
- Blood pressure, head lice checks/treatment
- Nutrition Counseling
- Lab Services
- Blood Pressure Monitoring Program

New Madrid County Health Department:

- WIC - Women, Infants, and Children
- Family Planning/Birth Control
- Immunizations/Vaccinations
- Communicable Disease - Education and Tracking
- Show Me Healthy Women (SMHW) (offers free breast and cervical cancer screenings for Missouri Women who meet age, income and insurance guidelines)

- Breastfeeding education and pump loan program
- Testing for STD/HIV, Pregnancy, Tuberculosis, Lead, Iron
- Blood pressure, cholesterol and head lice checks
- Chronic Disease Self-Management Program

Scott County Health Department:

- Arthritis Exercise Classes
- Freedom from Smoking
- Diabetes Self-Management
- Safe Cribs for Missouri Program
- Chronic Disease Self-Management Program
- Blood Pressure Screening
- Testing for STD/HIV, Pregnancy, Tuberculosis, Lead
- Women’s Health: Pap Smears, Breast Exams, Birth Control

Additional Resources

The Susanna Wesley Family Learning Center (SWFLC), located in both East Prairie and Charleston in Mississippi County, is a cornerstone of community support, dedicated to strengthening families and promoting safety, education, and well-being.

SWFLC offers a wide array of integrated programs, including:

Victim Services:

- Domestic violence and sexual assault support
- Emergency shelter services
- Court advocacy
- Supervised safe exchange and visitation
- 24-hour crisis hotline
- Mental health counseling
- Batterer intervention programming

Youth Services:

- After-school programs
- Summer camps and recreational opportunities
- Violence prevention education
- Adult Development Programs:

- GED preparation
- Parenting classes
- Life skills training

Through these services, Susanna Wesley Family Learning Center plays a critical role in addressing trauma, promoting resilience, and building stronger, healthier families across Mississippi County.

The Fresh Start Self Improvement Center in Mississippi County gives underserved individuals a chance for a better life. They have a long list of programs and community events that seek to educate, empower, and uplift those vulnerable residents of the county. Programs include:

- Safe Haven Summer Camp - 4-week program consisting of arts and crafts, life skills, recreation and career exploration.
- Summer Food Program - The Bowden Center in Charleston is the central kitchen for the seven food sites that serve over 450 meals during the summer months.
- Basketball Camp - The Fresh Start Basketball Camp provides team-building exercises and life skills training.
- HALO – HALO stands for "Healthy Alternatives for Little Ones". Mannerism skills as well as motor and body function skills are taught to students ranging from kindergarten through the 2nd grade.
- After School Tutoring – Helping with kid’s homework as well as teaching different study techniques that are more helpful and appropriate regarding their individual learning style.

All 3 counties have a huge resource in the **Delta Area Economic Opportunity Corporation (DAEOC)**. DAEOC is a private not-for-profit Community Action Agency serving many counties, including New Madrid. DAEOC administers programs designed to combat poverty and provide economic opportunities in the Bootheel of Missouri. Head Start and The Early Head Start Program (EHS) are both DAEOC programs which support the mental, social and emotional development of children from birth to age 3 (EHS) and ages 3-5 years (Head Start). In addition to education and care services, this program provides children and their families with health, nutrition, social, and other services.

In addition to the above children’s services, DAEOC also provides:

- Family Assistance
 - *Back to School Fairs* are conducted allowing low-income children to start the school year with the materials necessary for educational success. Participants also receive services related to immunizations, hygiene, oral hygiene, head lice, bus safety, seat belt safety, WIC, MC+, effective discipline, proper nutrition, bicycle safety and importance on reading to your children.
Case Managers meet weekly with low-income individuals and families who will overcome barriers leading to self-sufficiency in the areas of education and employment.
 - *Life Skills Classes* are offered to youth and adults to increase their knowledge in areas that will allow them to move toward self-reliance including achievements in

education and employment. Classes are offered on a variety of topics, including but not limited to, financial literacy, improving self-esteem, job readiness/job search, leadership development, entrepreneurship development, health/nutrition, parenting skills, time management, stress/anger management, classroom bullying, conflict resolution, goal setting, energy saving tips, youth structured and adult workshops.

- *Making the Grade* - A six-session curriculum for 5th - 8th grade students that takes place during normal school hours. These classes encourage students to set and achieve goals, including goals beyond high school.
- *Stand Up Step Out of Poverty* - This is a three-month program in which participants will be provided with the skills/competencies required to obtain employment.
- *Targeted Coaching* - Low-income individuals and families will receive services and be referred to other resources in the community for needs in the areas of unemployment, inadequate housing, unmet emergencies, inadequate education and illiteracy, inadequate available income and malnutrition that would have otherwise been unidentified and unmet.
- Energy Assistance
- Domestic Violence
 - Referrals/Resource Provision
 - Case Management/Life Coaching and Parenting Workshops
 - Victim/Court Advocacy
 - Crisis intervention, Safety planning
- Weatherization
- Homeless Services
- Home Repair
- Child Care Food Program

The **New Madrid County Family Resource Center** also offers opportunities that benefit children, families and communities. Through youth and parenting programs, employment assistance and community engagement, the Center, sponsored by the New Madrid County Caring Community Partnership, provides opportunities and support to meet today's many life challenges. Services include:

- Job Readiness Training
- Job Search Assistance
- Youth Mentoring
- GED Site
- School Readiness
- Education Assistance
- Career Assessment
- Parenting Activities
- Community Engagement Activities
- Job Applications

- Food Pantry

Emergency Services

Scott County has two ambulance districts: North Scott County Ambulance District and South Scott County Ambulance District. The North Scott County District covers the northern half of Scott County and has two stations, one in Chaffee and one in Scott City. The South Scott County District runs out of Sikeston. Mississippi County and New Madrid County each have their own ambulance station.

There are Fire Protection Districts throughout Mississippi, New Madrid and Scott Counties:

- Sikeston Rural Fire Protection District (Sikeston)
- Sikeston Department of Public Safety (Sikeston)
- Mississippi/Scott/New Madrid Rural Fire Protection District (Charleston)
- Oran Fire District (Oran)
- New Hamburg/Benton/Commerce (Benton)
- Scott County Rural Fire Protection District (Sikeston)
- Anniston Fire Department (Charleston)
- Anniston Volunteer Fire Department (Anniston)
- Bertrand Fire Department (Bertrand)
- Charleston Department of Public Safety (Charleston)
- East Prairie Fire Department (East Prairie)
- Wyatt Fire Department (Wyatt)
- Wyatt Volunteer Fire Department (Wyatt)
- Bloomfield Fire Department (Matthews)
- Canalou Volunteer Fire Department (Canalou)
- Gideon Volunteer Fire Department (Gideon)
- Howardville Fire Department (New Madrid)
- Kewanee And Laforge Rural Volunteer Fire Department (New Madrid)
- New Madrid Fire Department (New Madrid)
- Lilbourn Volunteer Fire Department (Lilbourn)
- Marston City Fire Department (Marston)
- Matthews Volunteer Fire Department (Matthews)
- Missouri Department Of Conservation Forestry Division - Southeast Regional Field Fire Office (New Madrid)
- Morehouse Volunteer Fire and Rescue (Morehouse)

Long-Term Care Facilities

Long-term care facilities generally fall into one of three categories:

- **Residential Care Facilities (RCFs)** – are facilities that provide long-term care to adults or children in a residential setting rather than the patient’s home.
- **Assisted Living Residences or Assisted Living Facilities (ALFs)** – are facilities that 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 wellbeing.
- **Skilled Nursing Facilities (SNFs)** such as nursing homes or convalescent homes – are facilities that 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. After an accident or illness, residents in a skilled nursing facility may also receive physical, occupational and other rehabilitative therapies.

There are many Long-Term Care Facilities in the reported 3 county area.

Table 9 | Long-Term Care Facilities in Scott, New Madrid and Mississippi Counties (by town)

Facility Name	Level of Licensure	Location
Arbors at WestRidge Place	Assisted	Sikeston
Bertrand Nursing & Rehab Center	Assisted/Skilled	Bertrand
Big Prairie Assisted Living	Assisted	Sikeston
Chaffee Nursing Center	Skilled	Chaffee
Charleston Manor	Skilled	Charleston
Clearview Nursing Center	Skilled	Sikeston
Colonial Manor	Assisted	Sikeston
Cotton Point Living Center	Skilled	Matthews
Country Place	Assisted	Scott City
Daybreak Nursing Center	Skilled	Minor
Delta South	Assisted/Skilled	Sikeston
East Prairie Nursing Center	Skilled	East Prairie
Heritage Gardens	Assisted	Sikeston
Hunter Acres Caring Center	Skilled	Sikeston
LaBonne Maison	Assisted	Sikeston
New Madrid Living Center	Assisted	New Madrid
Sikeston Convalescent Center	Assisted/Skilled	Sikeston
Sunshine Villa	Assisted	Scott City

Source: Primary data collection, Community Health Needs Assessment 2025

Quality of Care

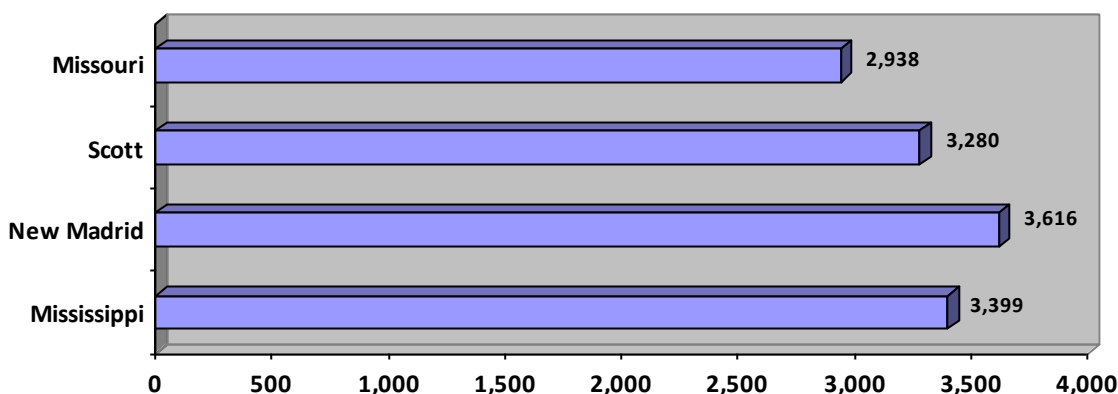
Evidence-based decisions, performance assessment, and explicit efforts to improve quality, reduce errors, and involve patients in care decisions are often components of high-quality health care. Such care requires providers, health systems, and others to work together to improve health outcomes

and patient satisfaction while containing costs. To measure quality of care, we looked at preventable hospital stays.

Preventable Hospital Stays

Hospitalizations for ambulatory care-sensitive conditions—diagnoses that are typically manageable with timely and effective outpatient care—may indicate limited access to high-quality outpatient services. Elevated rates can also reflect a reliance on emergency rooms and urgent care centers as primary sources of care. As shown in the table below, all three Bootheel counties have higher rates of preventable hospital stays compared to the Missouri state average.

Chart 4 | Rate of Hospital Stays per 100,000 people enrolled in Medicare might have been prevented by outpatient treatment: By 3 County area vs. Missouri.



Source: County Health Rankings - The 2025 Annual Data Release used data from 2022 for this measure.

SOCIAL AND ECONOMIC FACTORS

Social and economic conditions—such as income, education, employment, and social support—have a profound impact on health outcomes and life expectancy. These factors influence individuals’ ability to make healthy choices, access healthcare and stable housing, manage stress, and maintain overall well-being.

Opportunities such as quality education, stable employment, and strong social networks form the foundation for long, healthy lives. For instance, employment not only provides income but also enables access to essential resources such as housing, childcare, food, and healthcare. Conversely, unemployment can restrict these opportunities and reduce the ability to build financial stability or cope with economic challenges.

In the Social & Economic Factors of this CHNA we looked at:

- ***Education***
- ***Employment***
- ***Income***
- ***Food Insecurity***

- **Family & Social Support**

Education

In Missouri, educational attainment remains a key determinant of health equity. Between 2019 and 2023, 91.6% of adults aged 25 and over in the state had earned at least a high school diploma, while approximately 31.9% held a bachelor’s degree or higher. Despite this, 8.4% of adults lacked a high school diploma. These educational disparities carry significant consequences—Missouri adults with higher education levels enjoy greater income, better employment prospects, and improved access to health information and care.

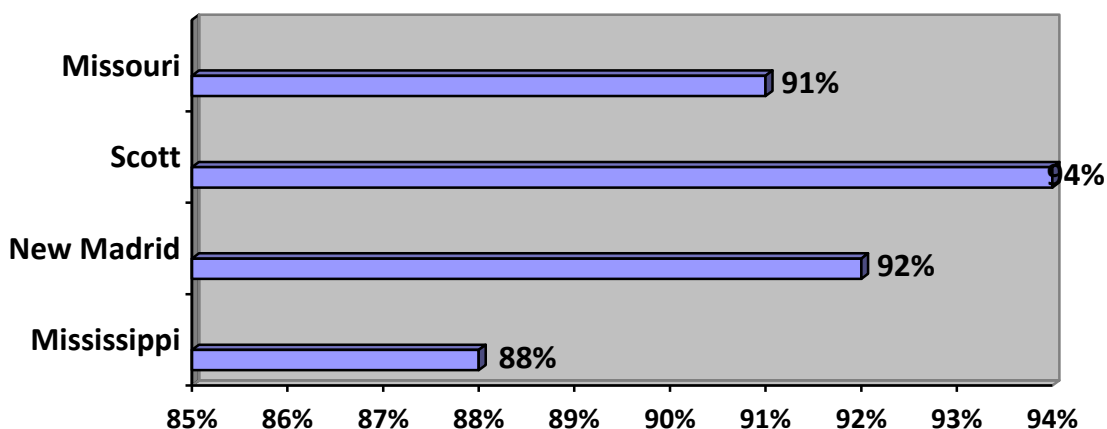
Educational attainment also significantly affects health and life expectancy. A 2025 study by IHME found that U.S. college graduates have an average life expectancy of 84.2 years—2.5 years higher than two decades earlier—while those without a high school diploma remain at around 73.5 years. This gap between the most educated and the least has widened to nearly 11 years. Nationally, college graduates live approximately 10.7 to 11 years longer than adults without a high school degree.

Health literacy follows a similar trend—only about 12% of U.S. adults demonstrate proficient health literacy, meaning nearly 90 million struggle to understand basic healthcare information.

High School Completion

Adults with high school degrees are more likely to be employed and earn more, on average, than their less educated counterparts. Findings for the 3 county service areas show only Mississippi County has a lower percentage of adults with a high school diploma in Missouri. New Madrid and Scott County show a higher percentage compared to the state of Missouri.

Chart 5 | Percentage of Adults Ages 25+ with a High School Diploma or Equivalent in 3 County Area vs. Missouri.



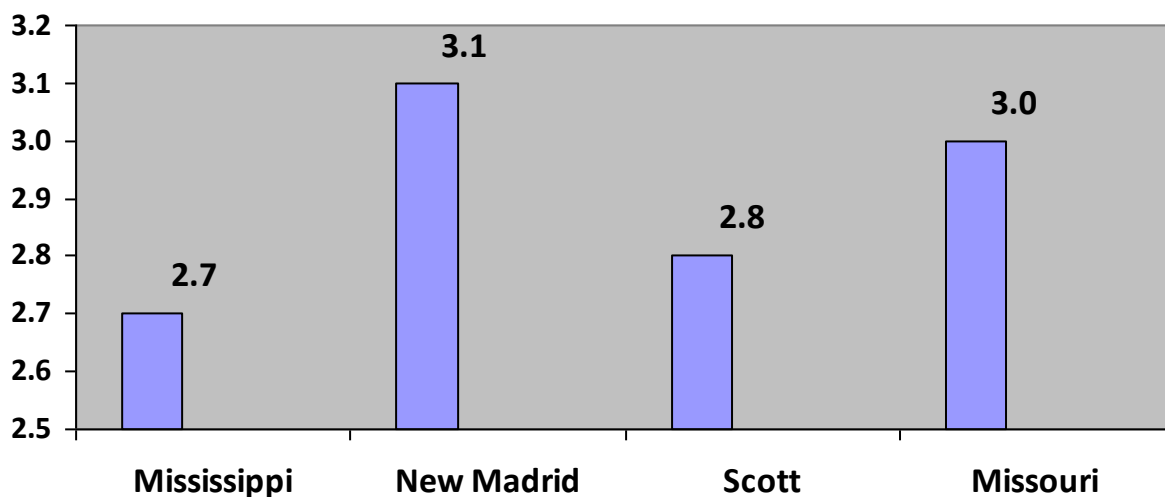
Source: County Health Rankings - The 2025 Annual Data Release used data from 2021-2022 for this measure.

3rd Grade Reading Scores

Third grade reading proficiency is a critical early indicator of academic success and long-term educational outcomes. At this stage, students transition from “learning to read” to “reading to learn,” making reading ability foundational for future achievement in all subject areas. Research consistently shows that students who are not proficient in reading by the end of third grade are more likely to struggle academically, repeat grades, and drop out of high school.

The table below presents data from the Missouri Assessment Program (MAP) English Language Arts standardized test for third graders. In the most recent reporting year, students in Mississippi and Scott Counties performed below the Missouri state average, while students in New Madrid County exceeded the statewide performance.

Chart 6 | Average grade level performance for 3rd graders on English Language Arts standardized tests in the 3 Counties vs. Missouri. A score of 3.0 indicates students performed at grade-level.



Source: Source: County Health Rankings - The 2025 Annual Data Release used data from 2019 for this measure.

Employment

A stable job in a safe environment—paired with fair wages and benefits such as health insurance, paid sick leave, and wellness programs—contributes significantly to an individual’s ability to make healthy choices and maintain overall well-being.

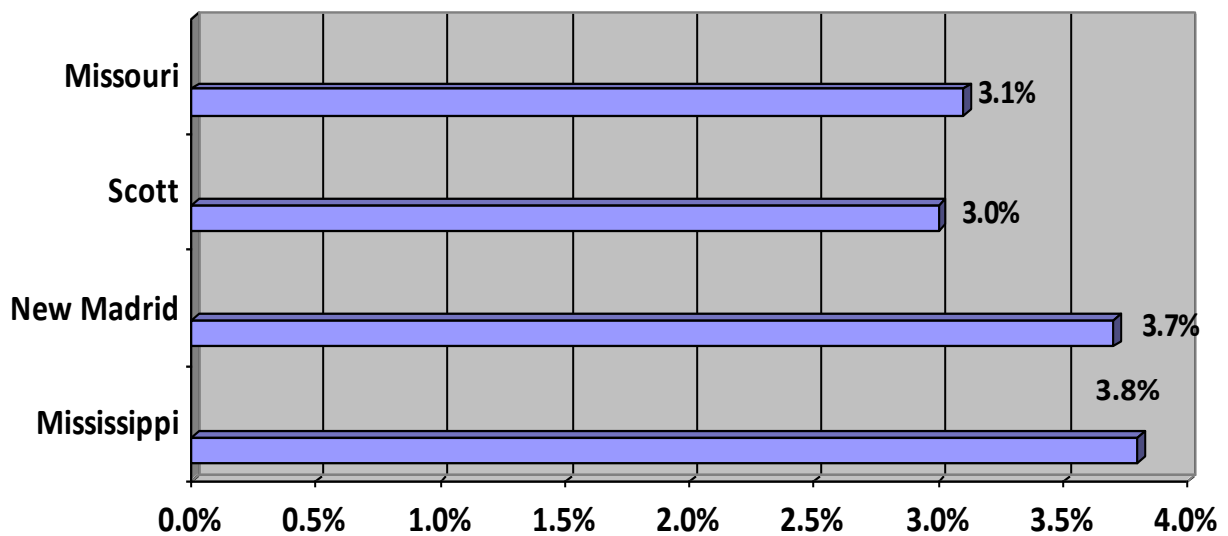
Unemployment poses even greater risks to health and well-being. In addition to the loss of income and employer-sponsored benefits, unemployed individuals are 54% more likely to report fair or poor health compared to those who are employed. They also face higher rates of stress-related health issues, including hypertension, heart disease, and depression. These challenges disproportionately affect racial and ethnic minorities and individuals with lower levels of education—groups that already experience heightened vulnerability to poor health outcomes.

The Unemployment Rate includes civilian, non-institutionalized population age 16 and older (non-seasonally adjusted) who are unemployed but actively seeking employment and willing to work. Unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. The

Unemployment Rate for Mississippi and New Madrid Counties are above Missouri rates, and Scott County rates are less than Missouri.

Chart 7 | Percentage of Population Ages 16+ Unemployed but Seeking Work in 3 County Area vs. Missouri.

Source: County Health Rankings - The 2025 Annual Data Release used data from 2023 for this measure.



Income

Income plays a critical role in shaping individual and family health. Adequate income not only enables access to health insurance and medical care, but also supports healthier lifestyle choices, such as nutritious food, safe housing, and opportunities for recreation and education.

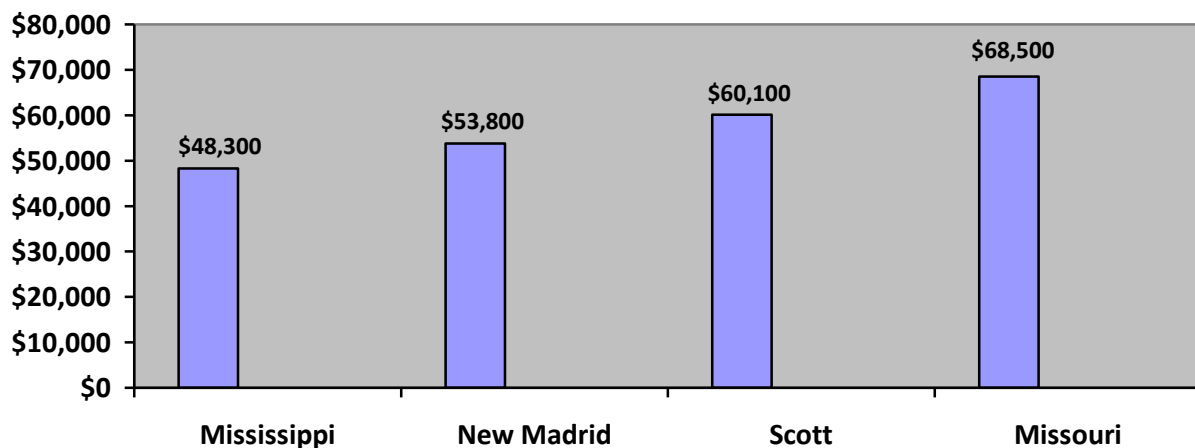
Low-income individuals and families are more likely to live in unsafe or substandard housing, in neighborhoods with limited access to healthy foods, fewer job opportunities, and under-resourced schools. These conditions contribute to higher rates of chronic illness, injuries, and poor mental health outcomes.

While the greatest disparities in health outcomes are seen between those with the highest and lowest incomes, research shows a consistent gradient across all income levels: even those in the middle-income brackets experience worse health than those in higher brackets. On average, adults in the highest income groups live over six years longer than those in the lowest income groups.

Chronic stress associated with poverty can lead to cumulative health effects over time, both physically and mentally. Individuals in lower-income households are more likely to experience conditions such as hypertension, diabetes, and depression. Children from low-income families face greater health risks, including higher rates of asthma, obesity, and developmental delays. Additionally, low-income mothers are more likely to give birth prematurely or have low-birthweight babies—both of which are linked to long-term health and behavioral challenges.

The chart below displays median family income based on the most recent 5-year estimates from the American Community Survey. A “family household” is defined as a housing unit where the householder lives with one or more individuals related by birth, marriage, or adoption. Median family income includes the earnings of all family members aged 15 and older. Across all three counties in MDMC’s service area, median family incomes fall below both the Missouri state average, highlighting persistent economic challenges in the region.

Chart 8 | Median Family Income in 2021 for 3 county area vs. Missouri.



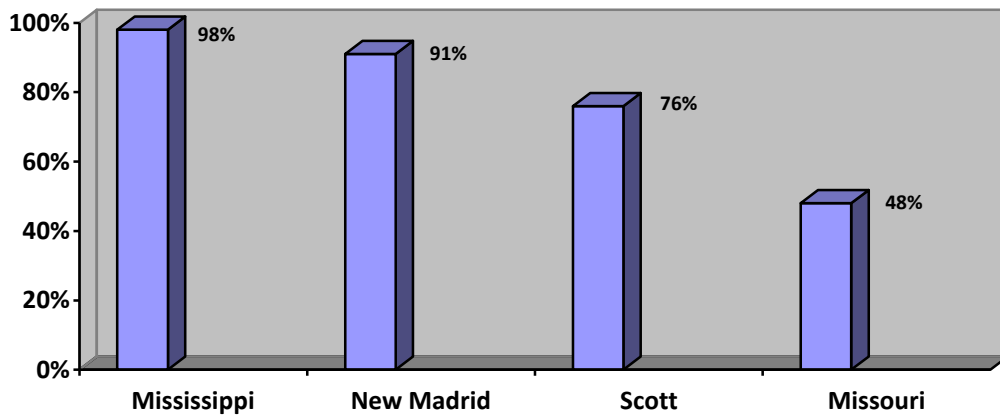
Source: County Health Rankings - The 2025 Annual Data Release used data from 2023 & 2019-2023 for this measure.

Children Eligible for Free/Reduced Price Lunch

The National School Lunch Program (NSLP) provides free or reduced-price meals to students from households earning $\leq 130\%$ (free) or $\leq 185\%$ (reduced) of the federal poverty level, serving as a key indicator of socioeconomic vulnerability. For example, a household of four must earn less than approximately \$41,800 for free meals or \$59,480 for reduced-price meals per fiscal year 2025.

In Mississippi, New Madrid, and Scott counties, the percentage of students participating in NSLP notably exceeds both state and national averages, reflecting a disproportionately high concentration of low-income families.

Chart 9 | Percentage of Children Eligible for Free or Reduced-Price Lunch by 3 county area vs. Missouri

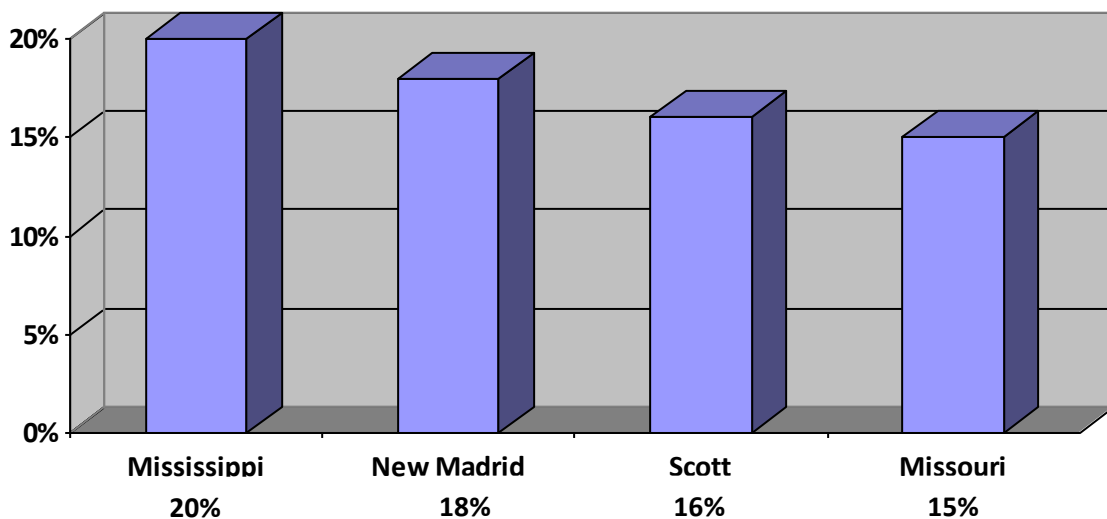


Source: County Health Rankings - The 2025 Annual Data Release used data from 2022-2023 for this measure.

Food Insecurity

Food insecurity—the limited or uncertain access to enough nutritious and safe food—is a critical social determinant of health. It is associated with a range of negative health outcomes, including weight gain, chronic disease, and even premature mortality. Food insecurity reflects both economic hardship and social instability, often indicating households that lack consistent, reliable access to adequate food through socially acceptable means.

Chart 10 | Percentage of Population who Lack Adequate Access to Food - 3 county area vs. Missouri.



Source: County Health Rankings - The 2025 Annual Data Release used data from 2022 for this measure.

Social or Emotional Support

Neighborhoods with low social capital tend to report poorer overall health, greater levels of anxiety and depression, and higher rates of violence. These communities often lack access to essential resources, strong role models, and opportunities for civic engagement, further reinforcing social and economic disparities.

Social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability. The table below reports the percentage of adults aged 18 and older who self-report that they sometimes, rarely or never get the social and emotional support they need. Mississippi and New Madrid County percentages are higher than the Missouri average. Scott County is below the average in Missouri.

Table 10 | Percentage of Adults Self-Reporting They Sometimes, Rarely or Never Get the Social and Emotional Support They Need. In 3 County Area vs. Missouri.

Geographic Area	Percent of Adults Reporting They Sometimes, Rarely or Never Get Social and Emotional Support
Mississippi County	26%
New Madrid County	26%
Scott County	22%
Missouri	23%

Source: County Health Rankings - The 2025 Annual Data Release used data from 2022 for this measure.

Physical Environment

The physical environment—where people live, learn, work, and play—has a direct and profound impact on health and well-being. Individuals interact with their environment through the air they breathe, the homes they live in, and the transportation they rely on to reach work, school, and other essential services. When environmental conditions are poor, they can limit opportunities for individuals, families, and entire communities to lead long and healthy lives.

Clean air is essential for good health. Exposure to air pollution is linked to higher rates of asthma and respiratory illnesses, as well as an increased risk of premature death from heart and lung diseases.

In the Physical Environment area of this CHNA we looked at:

- ***Air Quality***
- ***Transportation***

Air Pollution - Particulate Matter

The relationship between elevated air pollution (especially fine particulate matter and ozone layer) and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. The table below shows the annual average of micrograms measured by county compared to Missouri.

Table 11 | Annual Average of Fine Particulate Matter in micrograms per cubic meter (PM2.5) by 3 County Area vs. Missouri.

Source: ExploreMOHealth - Based on the latest 5-year American Community Survey estimates.

TRANSPORTATION

In the tri-county area, most residents rely on personal vehicles as their primary mode of transportation. Public transit options are extremely limited and include services such as Scott County Transit System, Mississippi County Transit, and New Madrid Transit—which operates only within the city limits of New Madrid. These transit systems are limited by offering only pre-scheduled rides to medical appointments, grocery stores, and senior centers. Availability is typically restricted to regular business hours, which may limit accessibility for individuals with inflexible work schedules, urgent needs, or limited mobility.

Table 12 | Percentage of Households with NO MOTOR VEHICLE by county based on data from 2016-2020.

Percentage of Households with NO MOTOR VEHICLE by County				
	Mississippi	New Madrid	Scott	Missouri
	16%	7.1%	6.8%	6.6%

Source: County Health Rankings - The 2025 Annual Data Release used data from 2020 for this measure.

Health Outcomes

Health Outcomes reflect the current health status of a community—capturing both how long residents live and how well they live. In this Community Health Needs Assessment, we analyzed two

Average Daily Density of Fine Particulate Matter in micrograms per cubic meter (PM2.5)				
	Mississippi	New Madrid	Scott	Missouri
	8.5	8.3	8.9	7.5

key domains:

- **Length of Life**
- **Quality of Life**

Life expectancy at birth offers a snapshot of population health. In Missouri, life expectancy declined steeply between 2019–2021 due to COVID-19, opioid overdoses, and rising suicides. In 2022, it

Average number of years people are expected to live by county vs. Missouri.				
	Mississippi	New Madrid	Scott	Missouri
	70	69	72.6	75.2

rebounded to 75.4 years, up from 74.6 in 2021, but remained about 2 years below the 2019 pre-pandemic level and slightly below the national average of approximately 77.5 years.

Life Expectancy

Life Expectancy measures the average number of years from birth people are expected to live, according to the current mortality experience (age-specific death rates) of the population. Life Expectancy calculations are based on the number of deaths in a given time period and the average number of people at risk of dying during that period, allowing us to compare data across counties with different population sizes. Age is a non-modifiable risk factor, and as age increases, poor health outcomes are more likely. Life Expectancy is age-adjusted in order to fairly compare counties with differing age structures.

In the 2024 Life Expectancy Annual Data Release, data from the Census Bureau's Population Estimates Program were used in the calculation of the denominator for this measure. In previous data releases, the denominator was calculated from the National Center for Health Statistics Bridged-Race Population Estimates; this data series was discontinued in 2023. The denominator change and updates to race categories in the 2024 Annual Data Release mean that comparisons with previous years should be made with caution.

The average age of death in each of our bootheel counties is lower than average in Missouri overall.

Table 13 | Average number of years people are expected to live by county vs. Missouri.

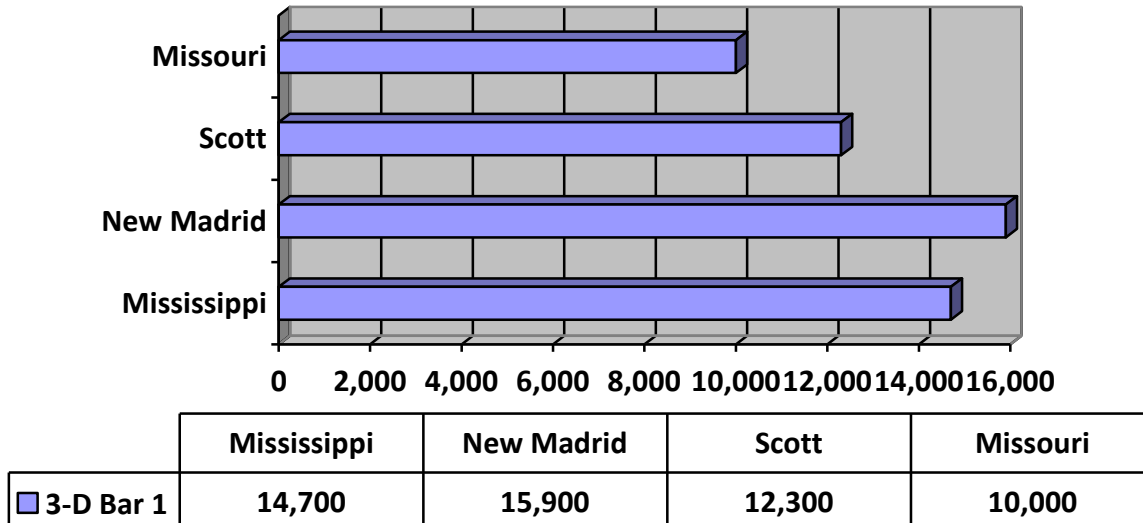
Premature Death (YPLL)

Source: County Health Rankings - The 2025 Annual Data Release used data from 2020-2022 for this measure.

highlights deaths that might have been prevented. YPLL emphasizes deaths at younger ages, whereas statistics that include all mortality are dominated by deaths in older population groups.¹ For example, using YPLL-75, a death at age 55 counts twice as much as a death at age 65, and a death at age 35 counts eight times as much as a death at age 70.

The Years of Potential Life Lost is much higher in all three of our bootheel counties compared to Missouri.

Table 11 | Years of Potential Life Lost Before Age 75 per 100,000 population (age adjusted) by county vs. Missouri.



Source: County Health Rankings - The 2025 Annual Data Release used data from 2020-2022 for this measure.

Quality of Life

While harder to quantify, quality of life incorporates self-rated health, rates of chronic disease, and disability. Continued increases in chronic illnesses—such as diabetes, cardiovascular disease, and mental health disorders—underscore the importance of addressing both physical and psychosocial well-being.

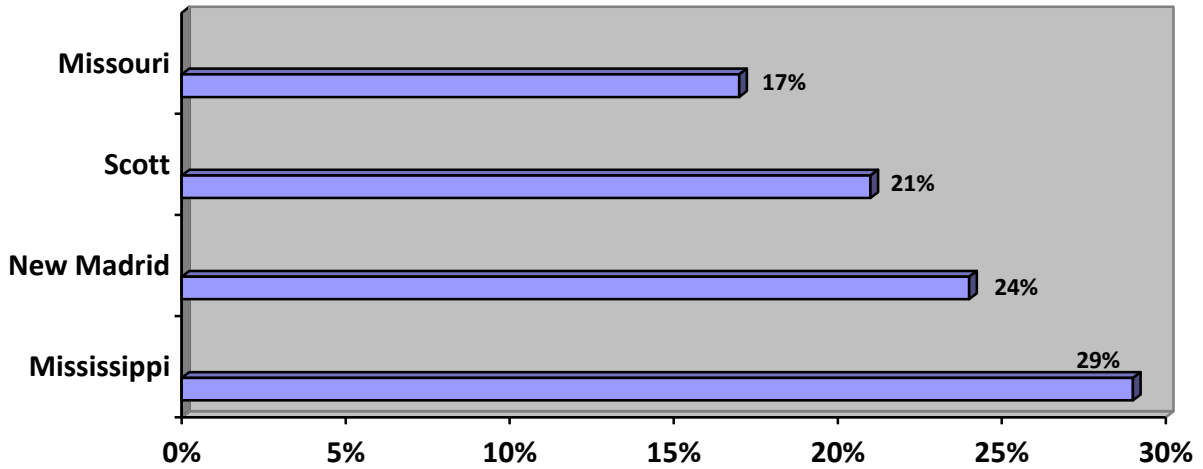
Poor or Fair Health

Self-reported health status is a general measure of health-related quality of life (HRQoL) in a population. Measuring HRQoL helps characterize the experience of people with disabilities and people living with chronic conditions in a population. Self-reported health status is a widely used measure of people’s health-related quality of life. In addition to measuring how long people live, it is important to also include measures that consider how well people live.

The use of self-rated health as a measure to compare health status benefits from its comprehensive, inclusive, and non-specific nature. Furthermore, a meta-analysis of the association between mortality and a single item assessing self-rated health found that people who reported “poor” self-rated health had twice as higher mortality risk as people who reported “excellent” self-rated health.

The percentage of adults reporting fair or poor health is much higher in all 3 counties compared to Missouri.

Chart 12 | Percentage of Adults Reporting Fair or Poor Health in 3 county area vs. Missouri.

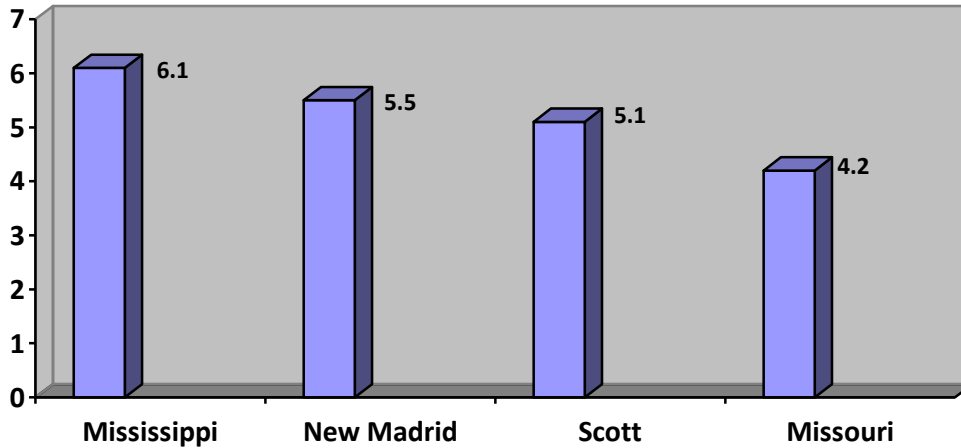


Source: County Health Rankings - The 2025 Annual Data Release used data from 2022 for this measure.

Poor Physical Health Days

A study examining the validity of healthy days as a summary measure for county health status found that counties with more unhealthy days were likely to have higher unemployment, poverty, percentage of adults who did not complete high school, mortality rates, and prevalence of disability than counties with fewer unhealthy days. Statistics in the following chart.

Chart 13 | Average Number of Physically Unhealthy Days Reported in Last 30 Days in 3 county area vs. Missouri.



Source: County Health Rankings - The 2025 Annual Data Release used data from 2022 for this measure.

Poor Mental Health Days

The Poor Mental Health Days indicator measures the average number of self-reported mentally “not good” days within the past 30 days. This metric is used to assess health-related quality of life and is a key indicator in both the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) and the Robert Wood Johnson Foundation’s County Health Rankings. It reflects the mental health burden experienced within a population and helps identify communities with increased need for mental health resources.

Respondents are asked how many days during the past month their mental health was not good, including stress, depression, and emotional problems. Since age is a non-modifiable risk factor and older populations often experience more adverse health outcomes, this measure is age-adjusted. Age adjustment allows for fair comparison between counties with different age distributions, ensuring more accurate public health analysis.

The average number of mentally unhealthy days reported in the 3 county areas are more than Missouri.

Table 12 | Average Number of Mentally Unhealthy Days Reported in Last 30 Days per County Compared to Missouri.

	Average Number of Mentally Unhealthy Days Reported in Last 30 Days
Mississippi	6.7 days
New Madrid	6.2 days
Scott	5.7 days
Missouri	5.5 days

Source: County Health Rankings - The 2025 Annual Data Release used data from 2022 for this measure.

HEALTH MEASURES

Measuring morbidity and mortality rates allow assessing linkages between social determinants of health outcomes. By comparing the prevalence of certain chronic diseases to indications in other categories (e.g., poor diet and exercise) with measures (e.g., high rates of obesity and diabetes), various casual relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

- **Morbidity**
- **Mortality**

Morbidity

Morbidity Rate is the rate at which illnesses, disease, or health conditions occur in a population. It shows the burden of disease, disability or poor health – not necessarily death. This includes both chronic conditions (such as diabetes, obesity, arthritis) and acute illnesses (such as flu or infections). Morbidity Rate is often reported as prevalence (total % of people with the condition) or incidence (new cases in a time period). The total % of people with a chronic condition are what we are reporting on for the purpose of this CHNA.

Obesity

According to the Centers for Disease Control and Prevention (CDC) the rate of adult obesity continues to rise in the U.S. The rate of severe obesity is also on the rise. The COVID-19 pandemic will likely add to this crisis due to social distancing, quarantining and fewer activities. Obesity serves as a proxy metric for poor diet and limited physical activity and has been shown to have very high reliability. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems (such as asthma), osteoarthritis, and poor health status.

Table 13 | Percentage of Obese Adult Population per 3 County Area vs. Missouri.

<i>Mississippi</i>	<i>New Madrid</i>	<i>Scott</i>	<i>Missouri</i>
45%	42%	43%	37%

Source: County Health Rankings - The 2025 Annual Data Release used data from 2022 for this measure.

Diabetes

According to the Centers for Disease Control and Prevention, 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, nervous system disease, dental disease, and pregnancy complications.

Diabetes refers to a group of diseases that affect how the body uses blood sugar (glucose). 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.

Table 14| Percentage of Adults ages 18+ with Diagnosed Diabetes in 3 county area vs. Missouri.

Mississippi	New Madrid	Scott	Missouri
14%	12%	12%	11%

Source: County Health Rankings - The 2025 Annual Data Release used data from 2022 for this measure.

Mortality

Mortality Rate is the number of deaths in a population over a specific time period and is often expressed per 1,000 or 100,000 people. Mortality Rate can be either overall (all-cause) or cause-specific (e.g. heart disease mortality). For this CHNA we will be looking at a cause-specific mortality rate.

Leading Causes of Death

According to the Missouri Department of Health & Senior Services, Mississippi, New Madrid, and Scott Counties consistently experience higher death rates than the Missouri state average across all reported causes. The following tables present the leading causes of death by total events and rates for each county, alongside the corresponding statewide rates. Each cause is marked to indicate how the county’s rate compares to the state:

- "H" – Higher than the Missouri rate
- "L" – Lower than the Missouri rate
- "N/S" – Not significantly different from the Missouri rate

For this CHNA, the causes of death for each county that rated “H” compared to Missouri are listed in the table.

Mississippi County

Table 15 | Mortality rates in *Mississippi County* per year, per 100,000 population. “H” indicates the rate is HIGH compared to the state of Missouri.

Leading Causes of Death	Mississippi County			Missouri
	(Data Years 2011-2021)	Events	Rate	Compared with Missouri Rate
All Causes	2,029	1,085.6	H	836.57
Heart Disease	624	328.94	H	193.54
All Cancers (Malignant Neoplasms)	412	211.28	H	169.59
Lung Cancer	148	74.27	H	51.08
Chronic Lower Respiratory Disease	143	72.99	H	49.90
Unintentional Injuries	115	70.04	H	56.94
Motor Vehicle Accidents	40	25.84	H	14.79
Stroke	105	55.57	H	40.44
Alzheimer’s Disease	89	47.32	H	30.48
Kidney Disease (Nephritis & Nephrosis)	51	27.26	H	19.14

Source: Missouri Department of Health & Human Services

New Madrid County

Table 16 | Mortality rates in *New Madrid County* per year, per 100,000 population. “H” indicates the rate is HIGH compared to the state of Missouri.

Leading Causes of Death <i>(Data Years 2011-2021)</i>	New Madrid County			Missouri
	Events	Rate	Compared with Missouri Rate	Rate
All Causes	2,866	1,108.51	H	836.57
Heart Disease	712	271.68	H	193.54
All Cancers (Malignant Neoplasms)	601	220.86	H	169.59
Lung Cancer	211	75.29	H	48.31
Colorectal	59	21.46	H	14.80
Chronic Lower Respiratory Disease	243	89.54	H	49.90
Unintentional Injuries	147	71.67	H	56.94
Motor Vehicle Accidents	54	26.17	H	14.79
Stroke/other Cerebrovascular Disease	142	52.75	H	40.44
Alzheimer’s Disease	148	53.94	H	30.48
Kidney Disease (Nephritis and Nephrosis)	99	37.71	H	19.14
Septicemia	44	16.40	H	11.40

Source: Missouri Department of Health & Human Services

Scott County

Table 17 | Mortality rates in *Scott County* per year, per 100,000 population. “H” indicates the rate is HIGH compared to the state of Missouri. “N/S” indicates the rate is Not Significant.

Leading Causes of Death <i>(Data Years 2011-2021)</i>	Scott County			Missouri
	Events	Rate	Compared with Missouri Rate	Rate
All Causes	5,115	958.03	H	836.57
Heart Disease	1,259	231.84	H	193.54
All Cancers (Malignant Neoplasms)	1,067	191.82	H	169.59
Lung Cancer	355	62.97	H	48.31
Colorectal	103	19.03	H	14.80
Chronic Lower Respiratory Disease	458	82.25	H	49.90
Alzheimer’s Disease	242	43.95	H	30.48
Kidney Disease (Nephritis and Nephrosis)	155	28.14	H	19.14

Source: Missouri Department of Health & Human Services

V. COMMUNITY HEALTH NEEDS ASSESSMENT - Primary Data: Input from the Community

Primary data was gathered through community surveys distributed via our rural health clinics in Mississippi and New Madrid Counties, as well as through local churches, food pantries, and senior centers. In addition, focus groups were conducted in each county, involving local healthcare providers, employers, civic leaders, nonprofit organizations, and grant recipients. To increase accessibility and participation, Focus Group feedback regarding Mississippi and New Madrid Counties was collected through an online survey that could be completed when convenient. The Scott County session was held in person and moderated by Saint Francis Medical Center.

Three hundred and eighty-seven (387) residents in New Madrid and Mississippi County combined participated in the survey which consisted of 24 questions covering demographics, health conditions and social determinants of health. Forty-four percent (44%) of respondents were from New Madrid County and 55% were from Mississippi County. As mentioned before, Saint Francis Medical Center collected surveys from those in Scott County.

Summaries from both the Focus group and resident surveys can be found in section VI | Findings.

The following representatives from organizations in New Madrid and Mississippi Counties participated in our Focus Groups.

Table 19| Participants in New Madrid and Mississippi County Focus Groups

Title	Organization	Nature of Organization
Executive Director	New Madrid Co. Family Resource Center	Provides community programs through state and local partnerships, for education, employment, health issues and more.
Regional Coordinator	Lincoln University Extension	Provides research-based educational outreach programs to Missouri's hard-to-reach populations.
Assistant Director	DAEOC Children's Services	Administers programs designed to combat poverty and provide economic opportunities in the Bootheel.
CPRP Director	Bootheel Behavioral Health	Private, not-for-profit community mental health center.
Planner	New Madrid County Health Department	Health Department which promotes health and reduces risk by preventing

		disease and illness and protecting life and the environment.
Clinic Manager	New Madrid & Charleston Missouri Delta Medical Clinics	Rural Health Clinic
Clinical Director	Bootheel Behavioral Health	Private, not-for-profit community mental health center.
Planner	Mississippi County Health Department	Health Department which promotes health and reduces risk by preventing disease and illness and protecting life and the environment.
Lead District Nurse	Charleston R1 Schools	Public Education
	Suzanna Wesley Family Learning Center	The mission is to build healthy families.
Pharmacist	L & S Pharmacy	Locally owned & operated pharmacy.
Pharmacist & Owner	L & S Pharmacy	Locally owned & operated pharmacy.
Family Nurse Practitioner	Charleston Community Care Center	Rural Health Clinic

VI. COMMUNITY HEALTH NEEDS ASSESSMENT - FINDINGS

The Community Health Needs Assessment is an exercise of finding secondary data, performing primary research and presenting those findings. This information will allow Missouri Delta Medical Center to create an implementation strategy designed to meet needs that are specific to the counties we serve.

Findings from the resident surveys by county are as follows:

New Madrid County:

- **Gender**

Male: 39%

Female: 61%

- **Race**

White: 67%

Black: 33%

- **Education Levels**

No diploma 15%

High school diploma 58%

GED 12%

Some college 3%

2-year degree 9%

4-year degree 3%

Graduate-level degree 6%

- **Household Income**

< \$20k 12%

\$20k–29k 15%

\$30k–39k 15%

\$40k–49k 15%

\$50k–59k 9%

\$60k–69k 3%

\$80k–89k 9%

\$200k or more 6%

- **Health Insurance Sources (*multiple responses*)**

Medicare A 24%

Medicare B 18%

Medicaid 45%

Veterans' Administration 6%

Privately purchased 36%

No insurance 6%

- **Told by doctor they have high blood pressure**

Yes: 39%

No: 61%

Of those who said "yes":

On prescribed medication: 38%

No answer: 58%

- **Told to lose weight for health reasons**

Yes: 55%

No: 46%

- **Participated in physical activity (past month)**

Yes: 76%

No: 24%

- **Smoked ≥ 100 cigarettes in life**

Yes: 55%

No: 46%

- **Currently smoke**

Yes: 33%

No: 60%

Unanswered: 6%

-
- **Told you have one or more of the following conditions**
(Multiple responses possible; percentages based on total surveys)

Condition	%
Adult Asthma	18%
Angina/Coronary Artery Disease	6%
Congestive Heart Failure (CHF)	9%
COPD	21%
Diabetes	24%
Heart Attack	3%
High Cholesterol	30%
Hypertension	18%
Stroke	6%

-
- **Primary caregiver for aged/ill person**

Yes: 9%

No: 88%

-
- **Have a doctor:** Yes – 97%
 - **Have a dentist:** Yes – 82%

-
- **ER Usage in Past 12 Months**

None: 67%

1–2 times: 24%

3–5 times: 3%

6 or more: 6%

- **Reason for ER use** (*multiple responses possible*):

Immediate injury: 78%

Non-immediate injury/convenience: 88%

Ongoing illness: 94%

- **Difficulty finding a doctor (last 2 years)**

Yes: 3%

No: 97%

- **Difficulty finding a specialist**

Yes: 6%

No: 94%

- **Specialists mentioned:**

Children’s specialist

Diabetes specialist

Lung/breathing

Mental health

- **Barriers to seeing a specialist** (*multiple responses*):

No appointments

No transportation

Cost

- **Colon Cancer Screening**

Within past year: 12%

Within past 2 years: 6%

Within past 5 years: 18%

6+ years ago: 9%

Never: 55%

- **Most Pressing Health Problems in Community - opinion (*top 5 responses*)**

Lack of health insurance

Lack of transportation to services

Drug abuse (prescription or illegal)

Ability to pay for healthcare

Lack of healthy food sources

- **Most Needed Medical Services in Community - opinion (*top 5 selections*)**

Counseling/mental health

Adult primary care

Alcohol & drug abuse treatment

Women's health/OB-GYN

Diabetes care

- **Suggestions (Open-ended)**

Common themes:

Free clinics or clinic days

Local mental health & psychiatry services

Cardiovascular and prenatal specialty care

Transportation assistance

New Madrid County Focus group participants described a vision for a healthy community as one that is vibrant, inclusive, and resilient — where all residents have access to affordable healthcare, mental health support, healthy food options, physical activities, childcare, and local industry.

Participants expressed that serious health issues affecting the community include a rise in mental health concerns, substance use (including vaping and marijuana), limited access to basic and immediate healthcare, and a high prevalence of chronic conditions such as diabetes, cancer, high blood pressure, and kidney disease. While many agreed that there are helpful health resources available — including community health centers, urgent care, local public health departments, and community gardens — several noted that awareness and accessibility remain significant barriers. Missouri Delta Medical Center was generally viewed as a necessary community asset, with strengths in emergency and minor care. However, concerns were raised about transportation barriers and limited knowledge of available programs. Perceptions of physicians and medical services were mixed, with many acknowledging access to competent care but noting difficulty in attracting and retaining specialists. To improve health and quality of life in the community, participants recommended Missouri Delta increase community engagement, recruit more specialists (especially cardiologists), offer free clinics for those unable to pay, and demonstrate greater commitment to patient-centered care.

The findings from the Community Health Needs Assessment and focus group discussions clearly indicate that New Madrid County faces significant health disparities rooted in limited access, chronic disease prevalence, and economic hardship. With more than 50% of those who participated in the survey earning under \$40,000 annually, and nearly 15% without a high school diploma, socioeconomic barriers are influencing access to care and healthy living choices.

The most pressing health issues identified include high rates of chronic illness (particularly diabetes, COPD, and high cholesterol), mental health and substance abuse concerns, and a lack of preventive care, evidenced by the fact that over 54% of those completing the survey, and are in the age range, have never had a colon cancer screening. Additionally, more than half of respondents reported being told to lose weight, and one-third currently smoke, which points to ongoing challenges around lifestyle-related health risks.

While access to primary care appears relatively high (97% of survey respondents report having a doctor), specialty care access remains a challenge, particularly for mental health, cardiology, and chronic disease management. Focus group participants highlighted concerns with the lack of local specialists, transportation limitations, and awareness of available services, all of which reduce effective utilization of existing healthcare resources.

Mississippi County:

- **Gender**

Male: 39%

Female: 61%

- **Race**

White: 61%

Black: 34%

Hispanic or Latino: 5%

- **Education Levels**

No diploma	12%
High school diploma	56%
GED	0%
Some college	7%
2-year degree	5%
4-year degree	2%
Graduate-level degree	2%

- **Household Income**

< \$20k	22%
\$20k–29k	5%
\$30k–39k	10%
\$40k–49k	12%
\$50k–59k	7%
\$60k–69k	7%
\$70k–79k	2%
\$80k–89k	2%
\$90k–99k	2%
\$200k or more	5%

- **Health Insurance Sources (*multiple responses*)**

Medicare A	39%
------------	-----

Medicare B	13%
Medicaid	24%
Through a retirement insurance plan	10%
Veterans' Administration	7%
Privately purchased	27%
No insurance	17%

- **Told by doctor they have high blood pressure**

Yes: 61%

No: 39%

- **Of those who said "yes":**

On prescribed medication: 32%

No answer: 68%

- **Told to lose weight for health reasons**

Yes: 29%

No: 68%

- **Participated in physical activity (past month)**

Yes: 46%

No: 51%

- **Smoked ≥ 100 cigarettes in life**

Yes: 22%

No: 76%

- **Currently smoke**

Yes: 22%

No: 68%

Unanswered: 10%

- **Told you have one or more of the following conditions**
(Multiple responses possible; percentages based on total surveys)

Condition	%
Adult Asthma	12%
Angina/Coronary Artery Disease	24%
Cancer	7%
COPD	7%
Diabetes	20%
Heart Attack	34%
High Cholesterol	34%
Hypertension	34%
Stroke	7%

Caregiver Status

- **Primary caregiver for aged/ill person**

Yes: 10%

No: 78%

Access to Healthcare Providers

- **Have a doctor:** Yes – 88%
 - **Have a dentist:** Yes – 61%
-

ER Usage in Past 12 Months

- None: 59%
 - 1–2 times: 15%
 - 3–5 times: 2%
 - 6 or more: 0%
 - **Reason for ER use** (*multiple responses possible*):
 - Immediate injury: 50%
 - Non-immediate injury/convenience: 42%
 - Ongoing illness: 50%
-

Finding Healthcare

- **Difficulty finding a doctor (last 2 years)**
 - Yes: 7%
 - No: 85%
- **Difficulty finding a specialist**
 - Yes: 10%
 - No: 85%
- **Specialists mentioned:**
 - Bone & Joint specialist
 - Diabetes specialist
 - Lung/breathing specialist
 - Nerve and Brain specialist
 - Women’s Health specialist
 - Written in – opioid addiction
- **Barriers to seeing a specialist** (*multiple responses*):
 - No appointments: 15%
 - No specialist was available in this area: 2%
 - No transportation: 2%

Could not get to the office while they were open: 10%

Did not know how to find one: 5%

Cost: 7%

Colon Cancer Screening

Within past year: 17%

Within past 2 years: 10%

Within past 5 years: 17%

6+ years ago: 15%

Never: 34%

Most Pressing Health Problems (*top 5 responses*)

Ability to pay for healthcare

Lack of health insurance

Lack of transportation to health care services

Prescription medication too expensive

Drug Abuse – prescription medications or illegal substances

Most Needed Medical Services (*top 5 selections*)

Counseling/mental health services

Emergency/trauma care

Adult primary care services

Alcohol and drug abuse treatment

Pediatric services

Suggestions (Open-ended)

Common themes:

Mental Health services

Cardiology

More doctors

More transportation help for patients

Alcohol and drug abuse services needed

Mississippi County:

Participants in the Mississippi County Focus Group envision a healthy community as a vibrant, supportive, and where affordable healthcare, nutritious food, safe housing, mental health resources, and accessible transportation are readily available. They emphasized the need for educational resources and coordinated social and health services to empower residents physically, emotionally, and socially. Major health challenges identified include chronic diseases (diabetes, hypertension), mental health concerns, substance abuse, and limited preventive care, all exacerbated by poverty, lack of transportation, and insufficient health education—particularly among youth. Valuable existing resources include the local health department’s outreach, and Missouri Delta clinics, which help mitigate access barriers. While Missouri Delta is viewed positively, particularly after recent improvements, staffing shortages and specialty care gaps remain concerns. Focus Group participants suggested that Missouri Delta could enhance community health by expanding preventive services, increasing outreach and education efforts, supporting mental health and addiction services, and maintaining a local, patient-centered approach that collaborates with community partners to address transportation and social determinants of health.

The findings from both the community survey and focus group discussions reflect a county facing significant health challenges—rooted not only in medical needs but also in social and economic factors. Residents call for expanded mental health and substance use services, better access to preventive and specialty care, and stronger support systems, particularly for low-income families, caregivers, and those with chronic conditions. Strategic investment in these areas, informed by community input, will be critical to improving health outcomes and quality of life in Mississippi County.

VII. COMMUNITY HEALTH NEEDS ASSESSMENT – SUPPORTING DOCUMENTATION

Appendix A | Focus Group Questions (New Madrid & Mississippi Counties)



MISSOURI DELTA
FOCUSED ON THE FUTURE OF HEALTHCARE

Community Health Needs Assessment

Focus Group Questions – New Madrid County

Question 1

What is your vision for a healthy community?

Question 2

What is your perception of the most serious health issues facing this community?

Question 3

What is your perception of the most beneficial health resources or services in this community?

Question 4

What is your perception of the hospital overall and of specific programs and services?

Question 5

What is your perception of the physician and medical services?

Question 6

What can the hospital do to improve health and quality of life in the community?



Community Health Needs Assessment

Focus Group Questions – Mississippi County

Question 1

What is your vision for a healthy community?

Question 2

What is your perception of the most serious health issues facing this community?

Question 3

What is your perception of the most beneficial health resources or services in this community?

Question 4

What is your perception of the hospital overall and of specific programs and services?

Question 5

What is your perception of the physician and medical services?

Question 6

What can the hospital do to improve health and quality of life in the community?

Appendix B | Community Survey | Mississippi & New Madrid County



Community Health Needs Assessment 2025
Community Survey
Mississippi County

1. What is your ZIP code?

2. Gender?

- Male
 Female

3. What is your race?

- White
 Black or African American
 American Indian or Alaska Native
 Asian
 Hispanic or Latino
 Native Hawaiian & Other Pacific Islander
 Other _____

4. Have you ever been told by a doctor you had high blood pressure?

- YES
 NO
 If YES, is this medication currently prescribed for your high blood pressure?
 YES
 NO

5. Have you ever been told by a doctor you should lose weight for health reasons?

- YES
 NO

6. During the past month have you participated in any physical activities or exercise outside of work, such as running, walking, golf, etc.?

- YES
 NO

7. Have you smoked at least 100 cigarettes in your life?

- YES
- NO

8. Do you smoke now?

- YES
- NO

9. Have you ever been told by a doctor that you have one of the following conditions? (mark all that apply)

- Adult Asthma
- Angina or coronary artery disease
- Bacterial pneumonia
- Cancer If yes, type: _____
- CHF (congestive heart failure)
- COPD (chronic obstructive pulmonary disease)
- Diabetes or high blood sugar
- Heart attack
- High cholesterol
- Hypertension (high blood pressure)
- Stroke

10. Are you or any household member a PRIMARY caregiver for an aged, disabled or chronically ill person? (including a parent, spouse or other relative)

- Yes
- No

11. If you or a household member have a health care need:

- Do you have a doctor you can go to? YES or NO
- Do you have a dentist you can go to? YES or NO
- Do you have a mental health specialist you can go to? YES or NO or Not applicable
- Do you have a substance abuse counselor you can go to? YES or NO or Not applicable

12. How many times during the past 12 months have you or any household member used a hospital emergency room? (circle only one)

- None
- 1-2 times
- 3-5 times
- 6 or more times

13. If you or a household member used a hospital emergency room in the past 12 months, was it due to:

- An injury that required immediate attention
- An injury that did not require immediate attention but it was the most convenient/only service available
- An ongoing illness

14. Have you or anyone in your household had any difficulty finding a doctor within the past two years?

- YES
- NO
- If YES, what was the difficulty? (ex: didn't know who to contact, no transportation, not accept your insurance) _____

15. Have you or anyone in your household had any difficulty finding a doctor that treats specific illnesses or conditions in your area within the past 2 years?

- YES
- NO
- If YES, what kind of specialist did you look for? (mark all that apply)
- Bone & Joint specialist
- Cancer specialist
- Children's specialist
- Diabetes specialist
- Heart specialist
- Lung and breathing specialist
- Mental Health specialist
- Nerve and brain specialist
- Women's health specialist
- Other: _____

16. Why were you unable to visit the specialist when you needed one?

- No appointments were available
- No specialist was available in this area
- Did not have a car or transportation to get to the office
- Could not get to the office while they were open
- Did not know how to find one
- Could not afford to pay for the specialist
- Other _____

17. How long has it been since you had an exam or screening for colon cancer?

- Within the past year
- Within the past 2 years
- Within the past 5 years
- 6 years or more
- Never

18. What do you think are the most pressing health problems in your community? (mark the top 5 in your opinion)

- Ability to pay for health care
- Alcohol - dependency or abuse
- Drug Abuse - prescription medications or illegal substances
- Cancer
- Lack of health insurance
- Lack of transportation to health care services
- Lack of healthy food sources
- Lack of prenatal care
- Mental Health
- Prescription medication too expensive
- Other: _____

19. What medical services are most needed in your community? (mark all that apply)

- Adult primary care services
- Alcohol and drug abuse treatment
- Cancer treatment
- Counseling/mental health services
- Diabetes care
- Emergency/trauma care
- Heart care services
- Orthopedic care (bone and joint)
- Pediatric services
- Women's services, such as obstetrics/gynecological services
- Other _____

20. What health or community services would you recommend Missouri Delta provide that currently are not available?

21. What ideas or suggestions do you have for improving the overall health of the area community?

22. What is your highest level of education?

- Left high school without a diploma
- High school diploma
- GED
- Currently attending or have some college
- 2-year college degree
- 4-year college degree
- Graduate-level degree

23. If you or members of your household have health insurance coverage, how is it obtained?
(check all that apply)

- Medicare A
- Medicare B
- Medicaid
- Through a retirement insurance plan
- Veterans' Administration
- Privately purchased
- I or We don't have health insurance

24. Counting all income sources from everyone in your household, what was the combined household income last year?

- Less than \$20,000
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 - \$79,999
- \$80,000 - \$89,999
- \$90,000 - \$99,999
- \$100,000 - \$199,999
- \$200,000 or more

Data Sources

Missouri Department of Health & Senior Services
U.S. Census Bureau
ExploreMOHealth
Centers for Disease Control and Prevention (CDC)

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