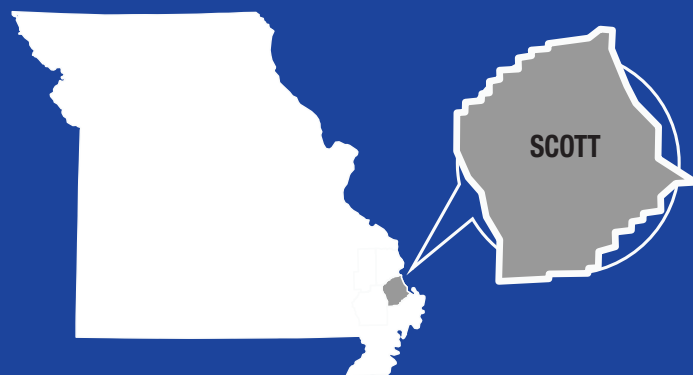




2019 COMMUNITY HEALTH NEEDS ASSESSMENT

SCOTT COUNTY,
MISSOURI



This assessment identifies the health needs of residents of Scott County, Missouri. Those needs have been prioritized, and recommendations have been made for programs to be implemented to address those needs.



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Executive Summary

Saint Francis Healthcare System in Cape Girardeau, Missouri, includes Saint Francis Medical Center, a not-for-profit hospital. Saint Francis Healthcare System conducted the 2019 Community Health Needs Assessment (CHNA). The primary and secondary data gathering was done in conjunction with SoutheastHEALTH, which operates Southeast Hospital, also a not-for-profit facility. Saint Francis Healthcare System contracted richmond+blanton, llc. to conduct the CHNA.

Community Health Needs Assessment Process and Requirements

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

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

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

Community Profile

Scott County is located in Southeast Missouri with a population of 38,856. Whites comprise 85.4% of the total population and the county has a higher percentage of the older population, age 55+ and the younger population under the age of 14, than does the state of Missouri. About 74% of Scott County residents 25 years and over have graduated from high school, with only 18% going on to receive a post-secondary degree. The unemployment rate was 3.4% 2018, which was higher than Missouri's 3%. Scott County has 20.1% of residents in poverty with about 12% of the population uninsured. Scott County has one hospital, several family practices and federally qualified health centers, a county health department, emergency services, a community counseling center and long-term care facilities. The community profile chapter also includes social, economic and community health programs.

Health Outcomes

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

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

Health Behaviors

The chapter on Health Behaviors is comprised of information on diet and exercise, tobacco use, substance abuse, maternal health and prevention and screening. In Scott County, 29% of residents are physically inactive, 23% smoke cigarettes and the food environment index is 6.6 out of 10.

Health Measures

The chapter on Health Measures includes data regarding causes of death for children and adolescents, teen substance abuse, teen pregnancy and the health of senior citizens. The main causes of death for children and adolescents are unintentional injuries, motor vehicle accidents, birth defects, cancer and homicide. As a cause of death for adolescents, the rates for unintentional injuries, motor vehicle accidents, homicide, suicide, all cancers and heart disease in Scott County are all higher than the state rate. Chewing tobacco, inhalant use, prescription medication abuse and over-the-counter medication abuse rates in Scott County students are all higher than the state rates.

Primary Research

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

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

The survey was very extensive and consisted of four different sections. The survey demographics were representative of Scott County's population.

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

Summary of Findings

The Summary of Findings chapter simply summarizes the needs determined by the assessment and how those needs were determined.



Key Findings

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

Health Needs

- Obesity (Adult and Children)
- Cancer
- Mental Health
- Chronic Lower Respiratory Disease
- Heart Disease
- Stroke/Other Cerebrovascular Disease

Behavioral Needs

- Alcohol/Drug Abuse
- Smoking and Smokeless Tobacco
- Second hand smoke
- Wellness and Prevention

Community Needs

- Availability of Healthcare
- Transportation
- Ability to Afford Prescribed Medications
- Affordable Healthcare
- Counseling and Early Intervention for Mental Health and Substance Abuse

Priority Needs

Prioritization Process

Developed by J.J. Hanlon, the Hanlon Method of Prioritizing Health Problems is a well respected technique which objectively takes into consideration explicitly defined criteria and feasibility factors.

Other non-profit hospitals in Missouri use the Hanlon Method when prioritizing health needs. Though a complex method, the Hanlon Method is advantageous when the desired outcome is an objective list of health priorities based on baseline data and numerical values.

Saint Francis Healthcare System's health needs assessment team met to prioritize the health needs in December 2018. The Hanlon Method for Prioritizing Health Problems was used as a tool for prioritization and is recommended by the National Association of County & City Health Officials (NACCHO). The team reviewed the Hanlon criteria and approved scoring presented. Twelve health indicators were scored based on data from the four county focus groups, MICA/Missouri Department of Health and Senior Services priorities and individual survey results.

The Hanlon method revealed heart disease as the highest priority and was echoed by all of the focus groups and most surveys. It is the leading cause of death in all four counties among men and women. The group determined obesity in adults and children still ranks high as a serious health problem leading

to heart disease, diabetes and cancer. Substance abuse correlates strongly with mental health and due to the high response rate of substance abuse in other primary data and secondary data sources, has included it as subset of mental health. Smoking was ranked third on the risk factor list by the Hanlon method because of the prevalence in the focus groups, surveys, and it is the leading attributable cause of death in all four counties. The next highest-ranking health indicator from the Hanlon Method for prioritization is affordability of healthcare and prescription medications.

The top four ranked diseases and conditions from the Hanlon Method included:

1. Heart Disease
2. Mental Health
3. Cancer
4. Chronic Obstructive Pulmonary Disease (COPD)

The top four ranked risk factors included:

1. Substance Abuse
2. Obesity (>30 BMI) (Adults and Children)
3. Smoking
4. Unintentional Injuries

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

Top 5 Priority Health Needs (and Associated Behavioral Needs)

1. Child and Adult Obesity
2. Healthcare Affordability
3. Smoking/Tobacco Cessation
4. Mental Illness
5. Alcohol/Drug Abuse

Top five Priority Health Needs (and Associated Behavioral Needs)

1. Obesity (Adult and Child)
2. Mental Health (substance abuse, depression, bipolar disorder)
3. Cancer (breast, prostate, colon/rectum, lung)
4. Heart Disease (hypertension, diabetes, cholesterol)
5. Healthcare Affordability



Chapter 1: Community Health Needs Assessment Introduction and Methods

Community Health Needs Assessment Description

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

Value of a Community Health Needs Assessment to the Community

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

Source: North Carolina Public Health Community Health Assessment Guide Book

Community Health Needs Assessment Requirements

A CHNA must be conducted every three years by not-for-profit hospitals in order to comply with federal tax-exemption requirements under the Affordable Care Act. The CHNA for Saint Francis Healthcare System must be completed by June 30, 2019. The CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health and it must be made widely available to the public. Following the CHNA, the hospital must adopt an implementation strategy to meet the community health needs identified through the assessment and it must report how it is addressing the needs identified in the CHNA and provide a description of needs that are not being addressed with the reasons why such needs are not being addressed. The ultimate purpose of the CHNA is to improve community health.

The documentation of the CHNA must include the following information:

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

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

Implementation Strategy Requirements

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

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

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

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



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

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

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

Community Health Needs Assessment Process

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

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

Defining “Community”

Saint Francis Healthcare System made the decision to define “community” as part of its primary service area, which consists of four counties: Cape Girardeau, Bollinger, Scott and Stoddard. The primary service area is based on the number of inpatient discharges from each of these four counties. Saint Francis Medical Center has 60% of its patients come from these four counties and 16% come from Scott County. This information is provided by the Hospital Industry Data Institute (HIDI) that is founded by the Missouri Hospital Association. Since each county differs greatly from one another in terms of demographics, healthcare providers, education and other aspects. Four separate written assessment reports are created and are available to the public identifying specific needs per county.

Identifying Partners and Individuals Representing the Broad Interests of the Community

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

- Bootheel Counseling Services
- Daughters of Sunset
- Missouri Bootheel Regional Consortium

- Missouri Delta Medical Center
- Scott County Public Health Department
- SEMO Health Network
- YMCA of Southeast Missouri
- Salvation Army
- Sikeston Department of Public Safety
- Ferguson Medical Group

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

Gather Available Data and Current Assessments

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

- U.S. Census Bureau
- Missouri Department of Health & Senior Services
- Missouri Department of Elementary and Secondary Education
- Missouri Economic Research and Information Center (MERIC)
- U.S. Bureau of Labor Statistics
- Centers for Disease Control and Prevention
- University of Wisconsin's County Health Rankings
- Missouri Department of Mental Health
- Annie E. Casey Foundation's KIDS COUNT Data Center
- Other Local Websites

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

Develop and Conduct Primary Research

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

Public Surveys

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

- Obtaining direct feedback from clients, key informants and target populations about specific issues
- Developing public awareness problems
- Building a consensus for solutions or actions
- Comparing the self-reported incidence and prevalence with more objective data sources



- Improving perception of quality of local healthcare services
- Improving perception on the need for specific services either in existence or under consideration

Focus Groups

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

Aggregate Primary and Secondary Research

The survey was created through Survey Monkey. Most participants chose to fill out the survey on paper, so the CHNA Researcher at Saint Francis Healthcare System then entered each survey into the Survey Monkey database, which was a very tedious and time-consuming process due to the amount of questions asked and data collected by the survey. Following the entry of all surveys, the data was then analyzed through Survey Monkey's analyzing tools. The survey data will be presented and discussed in Chapter 6 (Primary Research) of this report. The information that was collected from the focus groups will also be presented and discussed in Chapter 6 of this report.

Identify and Prioritize the Health Needs in the Community

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

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

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

Widely Disseminate the CHNA

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

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

Chapter 2: Community Profile

Background Information for Scott County

Scott County is located in southeast Missouri and has a population of 38,856. Its county seat is Benton. The county was organized in 1821 and was named for John Scott, the first Congressman from Missouri. The county, devastated by guerrilla raids during the Civil War, grew rapidly from the 1870s to the early 1900s as its dense forests were lumbered off and numerous railroads were constructed.

Cotton, soybeans, melons and grains are all common crops in Scott County. Between the Mississippi River and the Little River District drainage ditches lays one of the oldest drainage systems in the United States, Crowley's Ridge, which was established in 1905. It is a remnant of an old coastal plain that crosses the country.

Scott County is bordered by Cape Girardeau County to the north, Stoddard County to the west, New Madrid and Mississippi Counties to the south and the Mississippi River to the east.

Interstate 55 is the major north-south running corridor through the county, yet Interstate 57 runs in Scott County near Sikeston. U.S. Routes 61 and 62 also run through Scott County, as well as Missouri Route 77. There are eleven ZIP codes in Scott County, which are listed below:

Table 1: ZIP Codes in Scott County

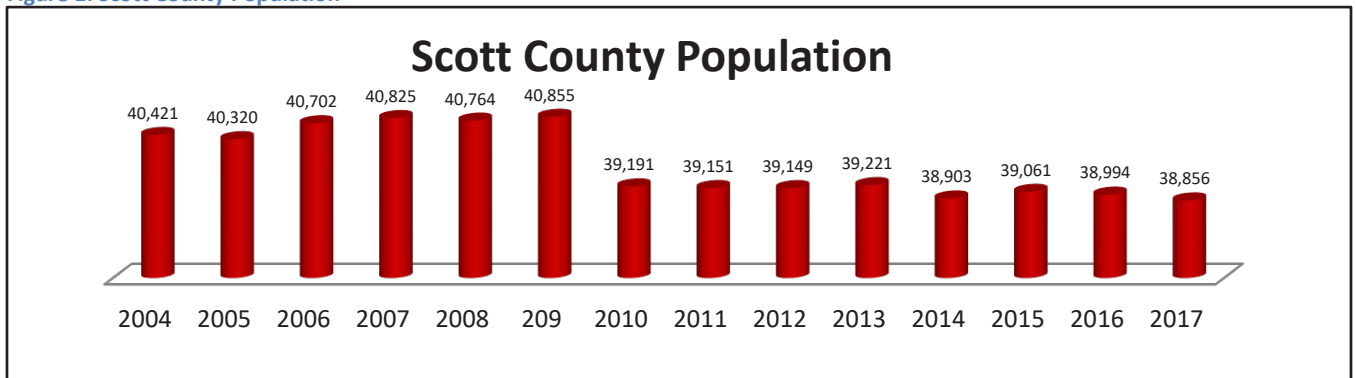
| ZIP Code | City | ZIP Code | City |
|--------------|----------|--------------|------------|
| 63736 | Benton | 63774 | Perkins |
| 63740 | Chaffee | 63780 | Scott City |
| 63742 | Commerce | 63784 | Vanduser |
| 63758 | Kelso | 63801 | Sikeston |
| 63767 | Morley | 63824 | Blodgett |
| 63771 | Oran | | |

Demographic Characteristics

Population Growth

According to the U.S. Census Bureau, in 2017, Scott County had an estimated population of 38,856. The population estimates in Scott County show a steady, decreased population change from 2009 to 2010.

Figure 1: Scott County Population



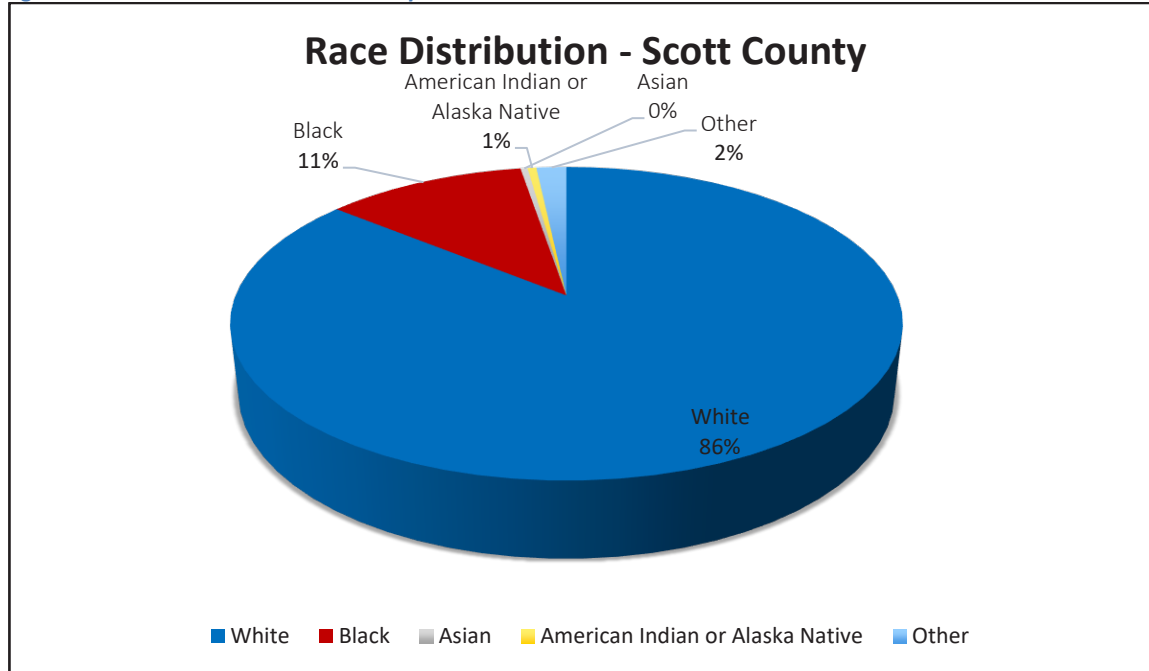
Source: U.S. Census Bureau, American FactFinder



Race

The race distribution of Scott County is not as diverse as Missouri's. The majority of the population in Scott County is White or Caucasian at 86.43% of the population, whereas only 83.5% of Missouri's population is White or Caucasian.

Figure 2: Race Distribution – Scott County - 2017

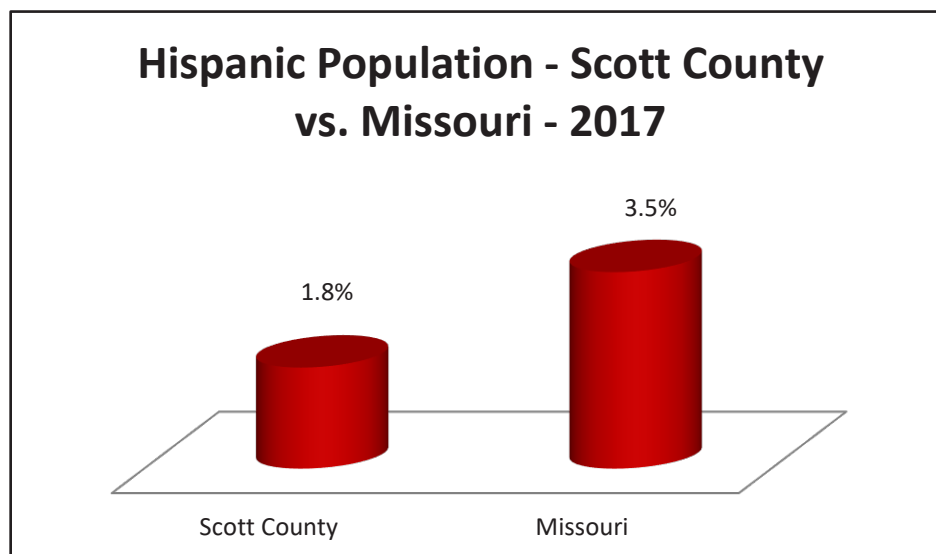


Source: U.S. Census Bureau, QuickFacts

Ethnicity

The Hispanic population percentage (1.8%) in Scott County is below that of the state of Missouri (3.5%).

Figure 3: Hispanic Population in Scott County vs. Missouri



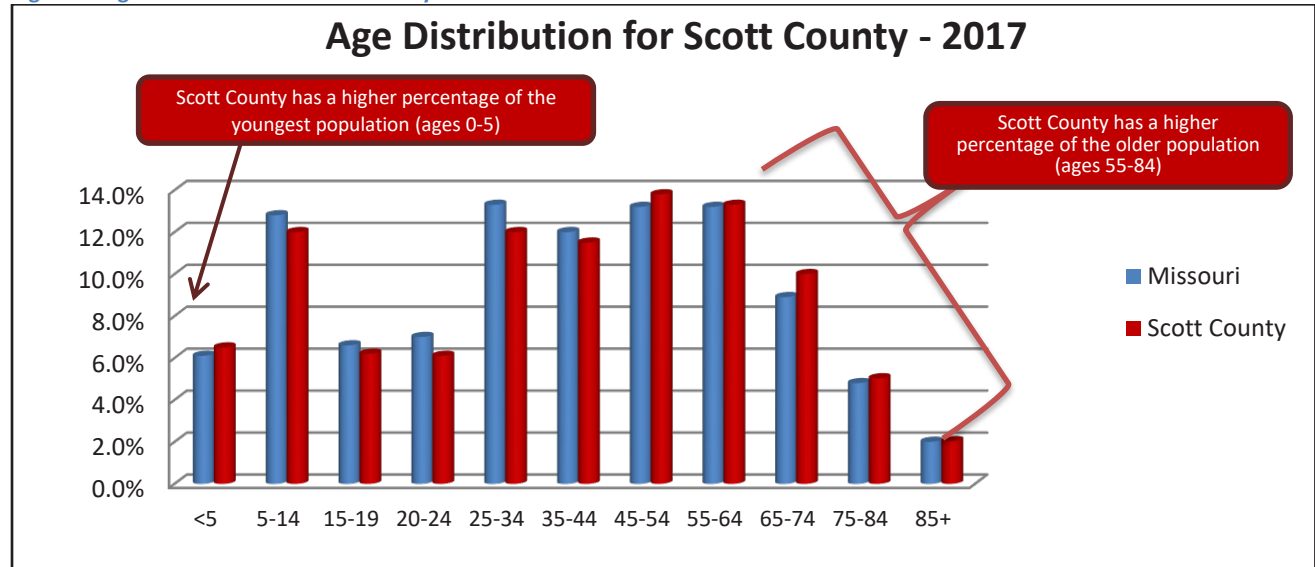
Source: U.S. Census Bureau, QuickFacts

Age Distribution

Figure 4 shows that Scott County continues to have a greater percent of the older population than the state of Missouri. The percent of people ages 55 and older in Scott County is 30.3% and 28.9% in Missouri.

- 24.7% of Scott County's population is 18 years or younger.
- 17% of Scott County's population is 65 years or older.

Figure 4: Age Distribution for Scott County vs. Missouri

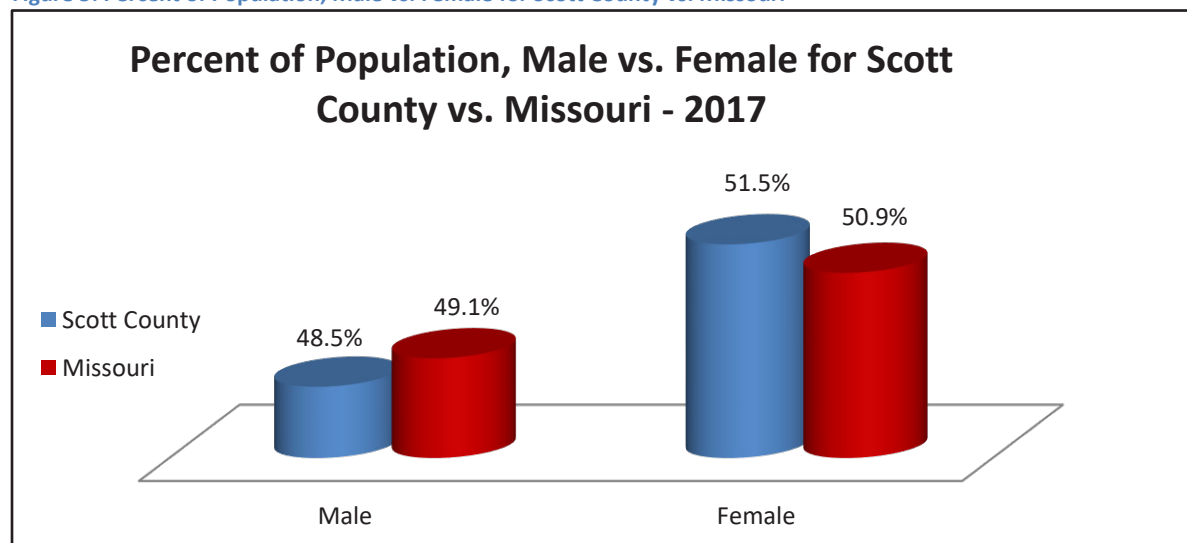


Source: U.S. Census Bureau, QuickFacts

Gender

The percentage of males in Scott County is slightly lower than that of Missouri, meaning the percent of females is slightly higher. However, they remain relatively close at nearly 50 percent each.

Figure 5: Percent of Population, Male vs. Female for Scott County vs. Missouri



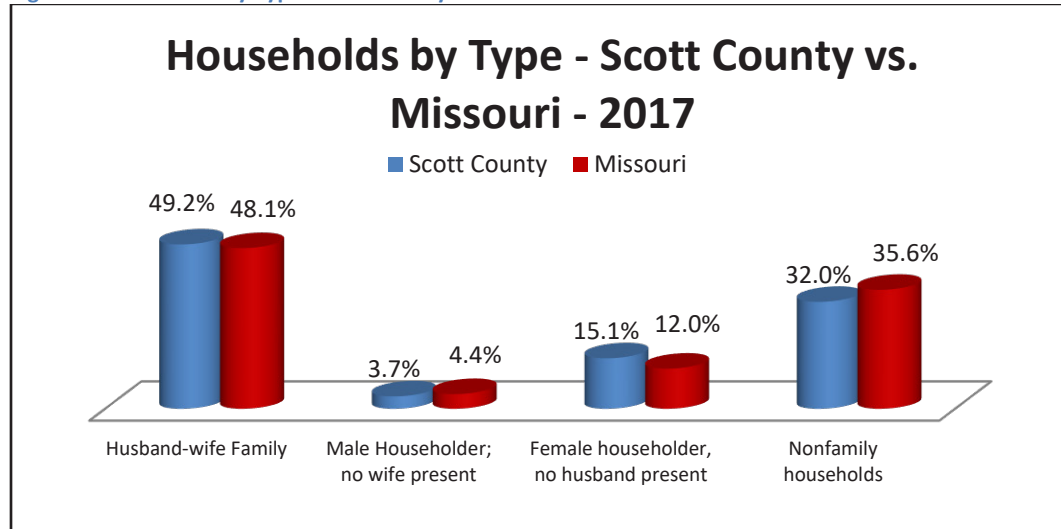
Source: U.S. Census Bureau, Population Estimates



Household/Family Configuration

The U.S. Census Bureau provides household types for Scott County and Missouri. Scott County sits just below Missouri for the percent of male householders and female householders. The percentage of husband-wife families in Scott County is slightly higher at 49.2% compared with 48.1% in the state of Missouri. Scott County's percentage of nonfamily households (32.0%) is below that of the state (35.6%).

Figure 6: Households by Type - Scott County vs. Missouri

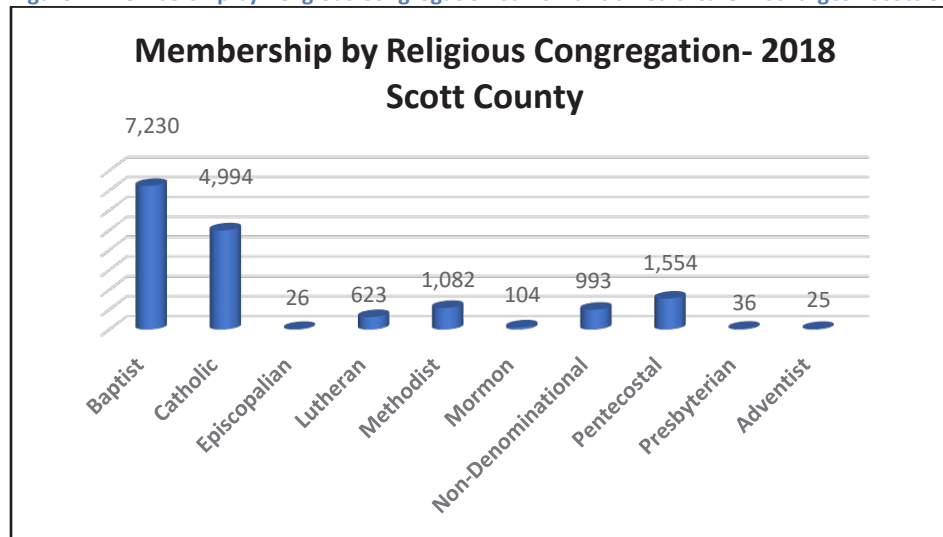


Source: U.S. Census Bureau, American FactFinder

Religion

The following figure shows majority religious congregation membership of Saint Francis Healthcare System's discharged patients in 2018. Patients may list a religious congregation on admission. Membership is counted as congregational adherents which include all full members, their children and others who regularly attend services. Nearly 60% of Scott County's population belongs to a religious congregation.

Figure 7: Membership by Religious Congregation Saint Francis Healthcare Discharges - Scott County



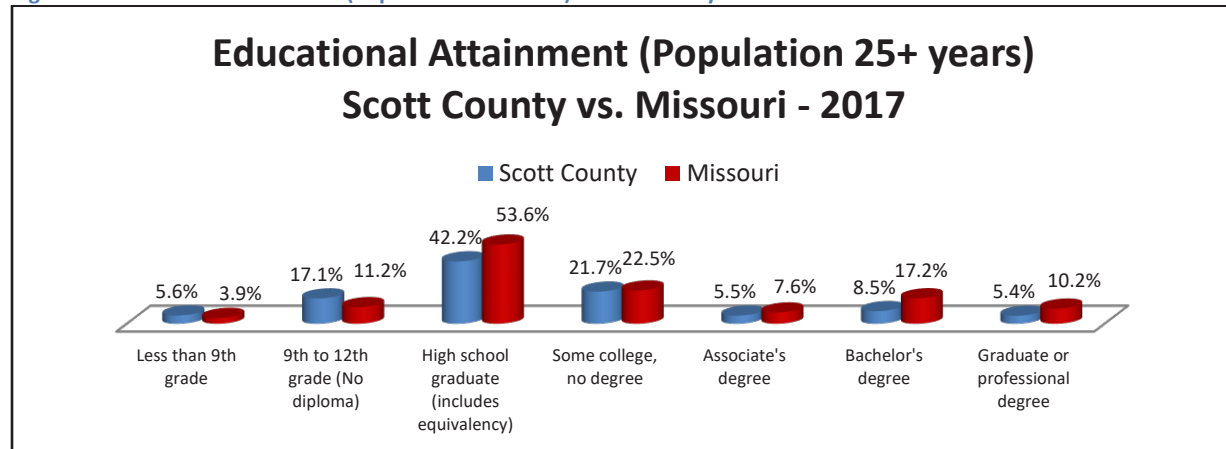
Source: Saint Francis Healthcare System Data Analytics (Epic)

Social Characteristics

Education

Just greater than 22% of Scott County did not graduate high school, above the state average of 15%. The remaining 78% graduated high school. However, only 19.4% received a post-secondary degree.

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

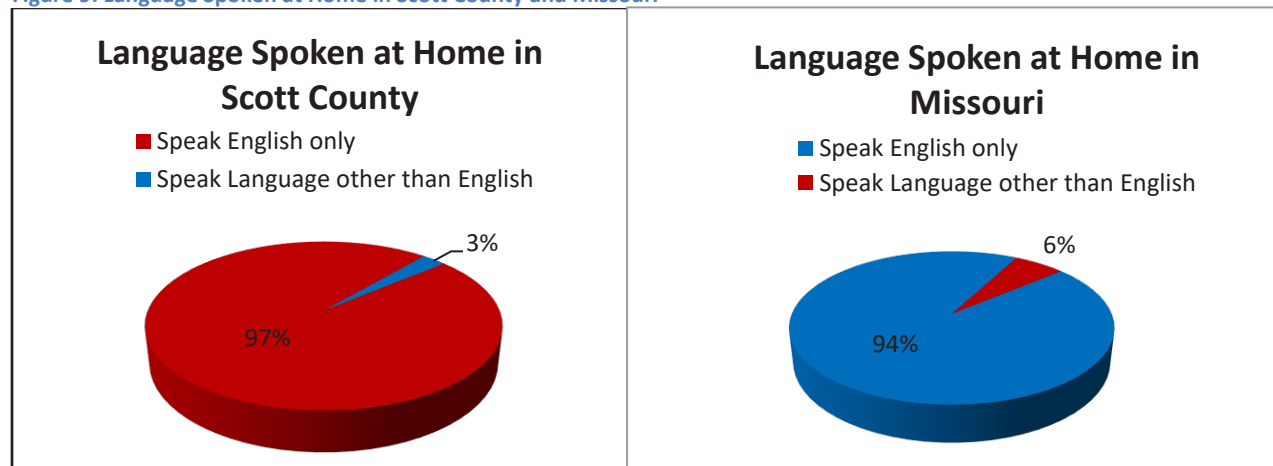


Source: U.S. Census Bureau, American FactFinder

Language

Figure 9 shows that Scott County has a higher percent of their population that speaks only English at home than Missouri does by 3%.

Figure 9: Language Spoken at Home in Scott County and Missouri



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

Literacy

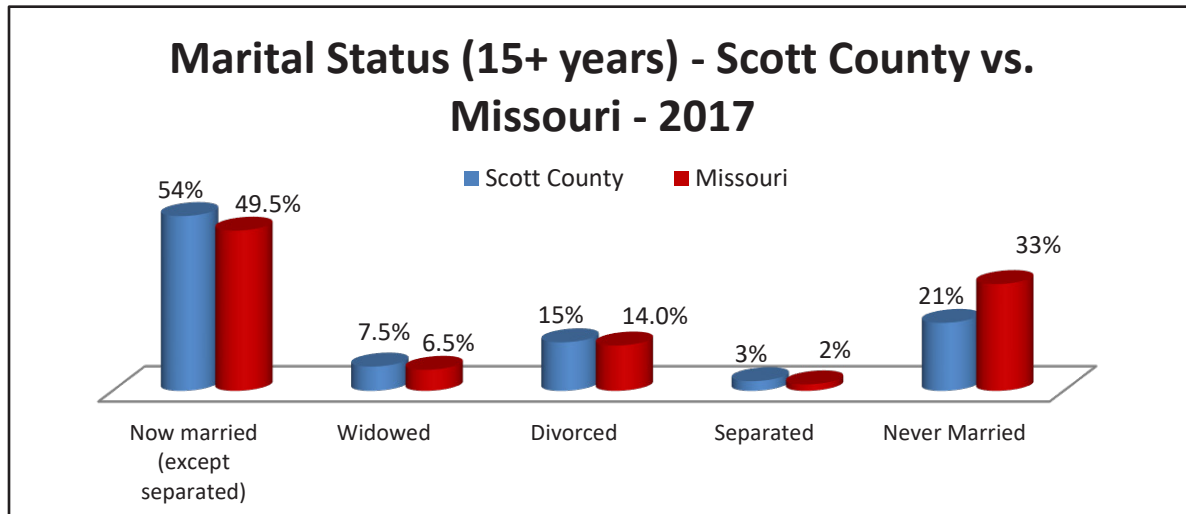
According to the National Center for Education Statistics' 2003 Assessment of Adult Literacy, the estimated percentage of those 16 years and older considered to be lacking basic prose literacy skills in Scott County is 11%, compared with 7% for Missouri.



Marital Status

There was 54% of the population age 15 years or older that were married (except separated), greater than the average for Missouri of 49.5%. Also, 21% of Scott County's population had never been married, which is about 36% fewer than the state of Missouri's average.

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



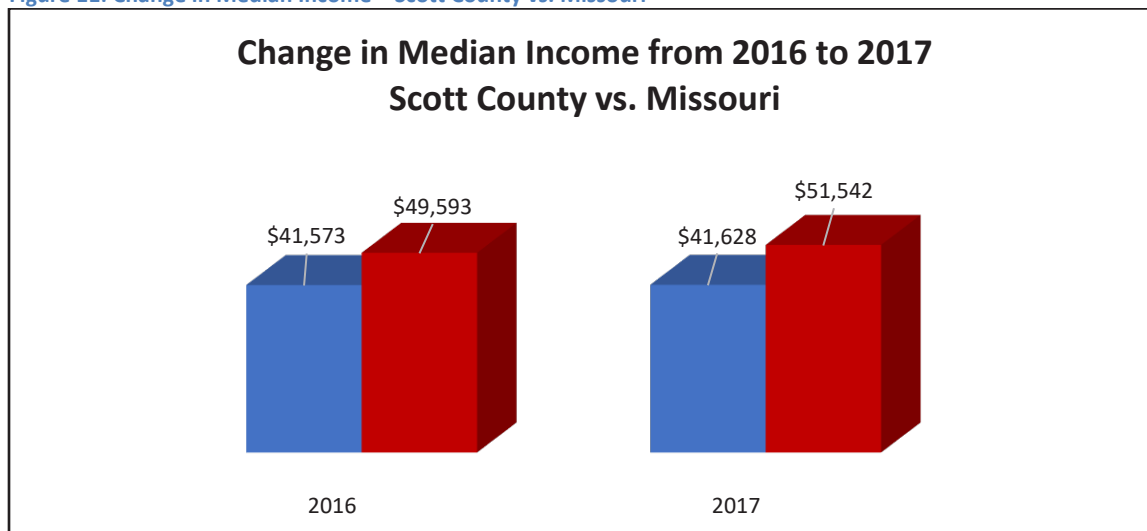
Source: U.S. Census Bureau, American FactFinder

Economic Characteristics

Income

According to the U.S. Census Bureau, the median household income in Scott County in 2017 was \$41,628, compared with \$51,542 for the state of Missouri. Below, Figure 11 shows median income. From 2016 to 2017, the median income rose in both the county and Missouri. However, the overall per capita income in Scott County is almost \$10,000 less than that in Missouri.

Figure 11: Change in Median Income – Scott County vs. Missouri

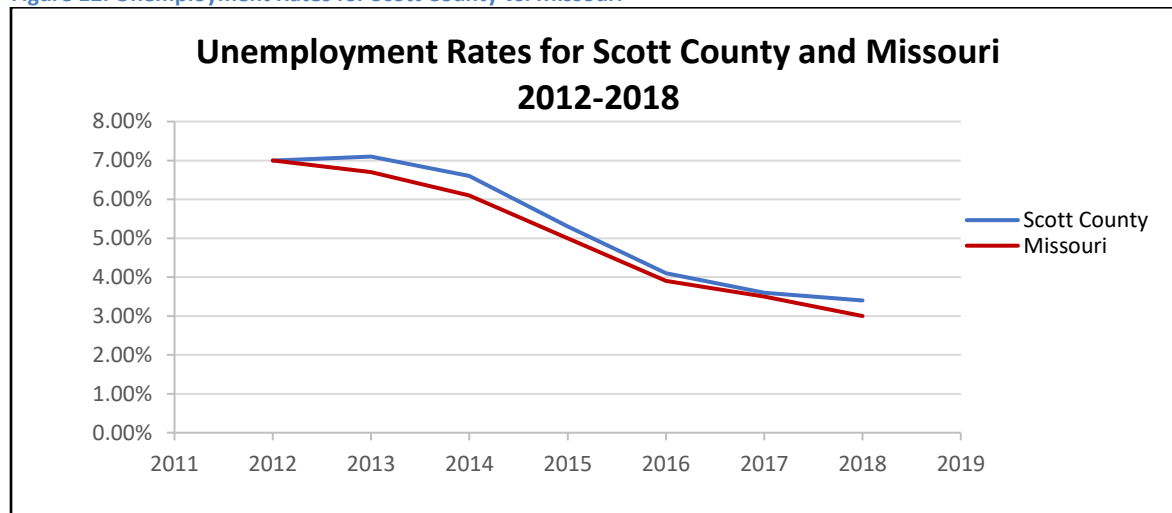


Source: MERIC

Employment

The unemployment rate in Scott County has been declining in the last five years. As of December 2018, the unemployment rate in Scott County was 0.4% higher than the unemployment rate in Missouri.

Figure 12: Unemployment Rates for Scott County vs. Missouri



Source: U.S. Census Bureau, American FactFinder

Poverty

According to the U.S. Census Bureau, the percent of people living below the poverty level in Scott County was 20.1% compared with 14.6% in the entire state of Missouri in 2017. Scott County had a greater amount of people in poverty in each category besides those who have not graduated high school. Those who were unemployed and those who were Hispanic or Latino Origin had the largest difference in poverty than the state.

Table 2: Percent below Poverty Level by Category in 2017

| Category | Scott County | Missouri |
|--------------------------------|--------------|----------|
| All people | 20.1% | 14.6% |
| Under 18 years | 30.7% | 20% |
| 18-64 years | 18.3% | 14.1% |
| 65+ years | 11.5% | 8.8% |
| White | 17.2% | 12.4% |
| Black or African-American | 41.7% | 26.7% |
| Hispanic or Latino origin | 52.7% | 24.2% |
| Less than high school graduate | 25% | 27.6% |
| Unemployed | 51.2% | 35.5% |

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

Medicaid/MO Healthnet

According to the Missouri Department of Health and Human Services, in 2016, Missouri had 1,062,835 residents eligible for MO Healthnet. Scott County had 11,117 residents eligible. Population estimates for 2017 have not been determined. However, the population of Scott County a year prior was estimated to be 38,903. Using this estimate, the percent of Scott County residents eligible for MO Healthnet was approximately 28%.

**Table 3: Number of Scott County Residents Eligible for MO Healthnet – 2016**

| | White | Black/African-American | All Races |
|-------------|---------------|-------------------------------|------------------|
| | Number | Number | Number |
| Under 1 | 134 | 63 | 332 |
| 1 to 4 | 702 | 264 | 1,033 |
| 5 to 14 | 2,257 | 824 | 3,204 |
| 15 to 17 | 541 | 199 | 756 |
| 18 to 19 | 209 | 67 | 288 |
| 20 to 24 | 354 | 139 | 520 |
| 25 to 44 | 1,377 | 451 | 1,890 |
| 45 to 64 | 1,170 | 301 | 1,548 |
| 65 and over | 838 | 168 | 1,051 |
| All ages | 7,861 | 2,575 | 11,117 |

Source: Department of Health and Senior Services, MICA

The Missouri Department of Social Services provides a list of HealthNet providers in Scott County, showing that there are 381 providers, including some of the following:

Table 4: Missouri HealthNet Providers in Scott County

| Provider Name | Specialty |
|----------------------------|------------------------------|
| Bryant, William C., MD | Family Practice |
| Critchlow, James A., MD | Internal Medicine |
| Al-Kilani, Muhannad F., MD | Internal Medicine |
| Curry, Sarah H., MD | Family Practice |
| Domian, Daniel G., MD | Family Practice |
| Douglas, Steven L., MD | Internal Medicine |
| Eppolito, John, MD | Family Medicine |
| Fenton, Carter, MD | Family Practice |
| Heath, Jimmy D., MD | Internal Medicine |
| Reed, Joyce, DO | Internal Medicine |
| Mayabb, Trevin, MD | Internal Medicine |
| Bain, Justin Heath, DO | Internal Medicine/Nephrology |
| Barkett, Kenneth J. | Ophthalmology |
| Roberts, Vicki, MD | Family Practice |
| Uthoff, Fred, DO | Internal Medicine |

Source: Missouri Department of Social Services, Missouri HealthNet Provider Search

Free/Reduced-Price Lunches

The Missouri Department of Elementary & Secondary Education gives information regarding meal patterns of the National School Lunch Program. This lists the minimum credible serving for each food category and the amounts served at each grade level. For the lunch meal pattern, there is a calorie range from 550-650 calories for grades K-5, 600-700 for grades 6-8 and 750-850 for grades 9-12. Offerings for students participating in athletics are also available including after-school snacks offered by the National School Lunch Program and afterschool snacks and meals offered by the Child and Adult

Care Food Program. Schools located in low-income areas offer food for free, whereas others may be required to pay the reduced price or full amount based on income level.

According to the County Health Rankings, 64.9% of children enrolled in Scott County public schools were enrolled in free lunch in 2016. Table 5 shows the enrollment in the Free/Reduced-Price Lunch Program in Scott County.

Table 5: Students Enrolled in Free/Reduced-Price Lunch in Scott County

| Students Enrolled in Free/Reduced-Price Lunch in Scott County | | | |
|--|---------------|----------------|-------------------------|
| Year | Number | Percent | Missouri Percent |
| 2013 | 3,947 | 60.6% | 49.8% |
| 2014 | 3,989 | 61.4% | 50.0% |
| 2015 | 4,169 | 64.1% | 51.5% |
| 2016 | 4,230 | 64.9% | 51.5% |

Source: KIDS COUNT data center, The Annie E. Casey Foundation

See Federal Register Pages about changes occurring with New Meal Patterns and Regulations.

Hunger and Food Uncertainty

The Missouri Hunger Atlas from 2016 uses three Need Indicators to establish food uncertainty levels. Scott County has 17.4%, compared with 16.4% for Missouri for “Percent Households Food Uncertain,” indicating very high ranking. For “Percent Household with Children Food Uncertain,” Scott County has 23.2% with Missouri at 20.9%, putting the county also in an average ranking. Scott County has 8.1%, whereas Missouri has 7.7%, “Percent Households Food Uncertain with Hunger” for a high ranking.

Women, Infants and Children (WIC) Participation

According to the Missouri Hunger Atlas from 2018, there were 1,491 monthly WIC participants; 1,121 of the participants being infants/children (5 years and younger). There were 67.5% infants/children under the age of 5 who were eligible and participating in the WIC program in Scott County and 59.5% eligible for Missouri.

Housing

In 2017, it was estimated that Scott County had 17,164 housing units, with 88.5% of these units being occupied. About 75.8% of these units were single-detached. The median value of housing units in Scott County was \$103,300. In Scott County.

Transportation

Public transportation is limited in Scott County, so most residents rely on personal forms of transportation. The Scott County Transit System is available to residents in Scott County and is a not-for-profit corporation that provides transportation needs to anyone in the county. They only operate Monday through Friday from 8 am to 4 pm and have suggested donations for certain age groups.

Healthcare System

Access to Healthcare

Access to healthcare is a broad concept that tries to measure accessibility to needed primary care, healthcare specialists and emergency treatment. While having health insurance is a crucial step toward accessing the different aspects of the healthcare system, health insurance by itself does not ensure access. It is also necessary to have comprehensive coverage, providers that accept the individual's health insurance, relatively close proximity of providers to patients and primary care providers in the



community. There are additional barriers to access in some populations due to lack of transportation to providers' offices, lack of knowledge about preventative care, long waits to get an appointment, low health literacy and inability to pay the high deductible of many insurance plans.

According to the Health Resources and Services Administration, Scott County is considered to be a Health Professional Shortage Area (HPSA) in mental health, primary care and dental health. Each area may be classified as geographic, population or facilities. Geographic means they do not have enough providers in a county or service area. Population means there are not enough providers that are low income or Medicaid eligible. Facilities means there are not enough providers that are federally qualified health centers or state or federal prisons. Scott County is a HPSA Geographic for mental health, last updated in 2017. They are a HPSA Population in primary care and dental health, also last updated in 2017.

Uninsured Population

According to the County Health Rankings for Missouri, in 2016, 12% of Scott County's population was uninsured, equal to the uninsured population of Missouri. This measures the estimated percent of population below the age of 65 with no health insurance.

Healthcare Providers

Hospitals

Missouri Delta Medical Center is the only hospital in the county and offers comprehensive medical care to residents of southeast Missouri. Missouri Delta Medical Center was founded in Sikeston in 1948 and is committed to providing high quality, accessible healthcare services. In collaboration with community healthcare providers, Missouri Delta offers more than 25 different health services to the community. The hospital employs over 700 healthcare providers in departments such as pediatrics, labor and delivery, radiology, inpatient rehabilitation and geriatric psychiatry. Services offered at Missouri Delta Medical Center include:

- Cancer & Infusion Center
- Inpatient Rehabilitation
- Missouri Delta Primary Care
- Orthopedics
- Pediatrics
- Respiratory Care
- Wound and Hyperbaric Center
- Delta Diabetes Center
- Diagnostics: CT Scan, Diagnostic Imaging, Mammography, MRI, PET-CT, Ultrasound Imaging
- Emergency Care and Express Care
- Home Care Services
- Senior Lifestyles
- O'Bannon Family Care Center
- ReStart Rehabilitation Services
- Rural Health Clinics: Express Care, Missouri Delta Community Care Center, Smith Street Clinic
- Sleep Institute
- Surgical Services: ENT, General and Vascular Surgery, Gynecology, Orthopedics, Ophthalmology, Podiatry, Urology

Family Practices

According to the University of Wisconsin's, Population Health Institute and the Robert Wood Johnson Foundation's County Health Rankings, Scott County has a primary care physician ratio of 1,950:1, whereas Missouri has a ratio of 1,030:1.

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

The Ferguson Medical Group/Saint Francis Healthcare, with an office in Sikeston, is a federally qualified community health center (FQHC) and consists of a team of more than 30 physicians, mid-level providers and mental health specialists that combine and utilize the knowledge, experience and talents of the best professionals with the latest technology to provide state-of-the-art, quality medical care. This group offers complete laboratory and radiology facilities, pulmonary function laboratory, bone density scanning and an independent pharmacy all within one building. In addition to Family Medicine, Internal Medicine and Pediatrics, Ferguson Medical Group also offers urgent care, where walk-ins are welcome and occupational health services. Some other services that the physicians specialize in are psychology and counseling, ophthalmology, podiatry, general surgery, occupational health and nephrology.

Other family practices can be found throughout Scott County, including Missouri Delta Primary Care, Smith Street Clinic, Family Medicine of Southeast Missouri, First Choice Family & Occupational Medicine, Family First Medical and Managed Care, Inc. in Sikeston; Scott City Medical Clinic and High Pointe Healthcare in Scott City; Chaffee Medical Clinic in Chaffee and Missouri Delta Clinic and SEMO Health Network in Benton.

Mental Health

According to the University of Wisconsin's Population Health Institute and the Robert Wood Johnson Foundation's County Health Rankings, Scott County has a mental health provider ratio of 720:1, whereas Missouri has a ratio of 330:1.

Bootheel Counseling Services is a private, not-for-profit organization that has been providing services in southeast Missouri for over 30 years. They are the state of Missouri's administrative agent for mental health services for several counties in the area including Scott. Bootheel Counseling Services has been certified by the Missouri Division of Comprehensive Psychiatric Services for the following programs: community psychiatric rehabilitation for adults; community psychiatric rehabilitation for children and youth; outpatient mental health; and access crisis intervention. Bootheel Counseling Services is licensed by the Missouri Department of Mental Health Division of Alcohol and Drug Abuse to provide substance abuse treatment. Services provided by Bootheel Counseling Services are as follows:

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



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

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

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

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

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

Senior Lifestyles, offered at Missouri Delta Medical Center, consists of a professional team that begins with a very thorough evaluation to help determine what is causing behavioral and mental changes and also checks for underlying medical conditions. They then work with the patient, family and other health professionals to develop a course of treatment, which may include individual meetings with psychiatrists, group therapy for seniors struggling with similar problems and educational programs. Senior Lifestyles offers individualized care in a warm, supportive atmosphere.

Another **counseling service** found in Sikeston is Tilghman Clinic Counseling.

Dentists

According to the University of Wisconsin's Population Health Institute and the Robert Wood Johnson Foundation's County Health Rankings, Scott County has a dentist ratio of 1,680:1, whereas Missouri has a ratio of 1,280:1.

There are 8 dentists who currently accept Missouri Medicaid. Those dentists are listed in the following table:

Table 6: Dentists in Scott County who Accept MO HealthNet (Medicaid)

| Name of Provider | Specialty |
|---------------------|-------------------|
| ADELL, LORI | DENTIST – GENERAL |
| DANIEL, BRADLEY ROY | DENTIST – GENERAL |
| ESSNER, BLAKE ALAN | DENTIST – GENERAL |
| GRAF, BRAD | DENTIST – GENERAL |
| HARRIS, GARRY | DENTIST – GENERAL |
| MAY, SHAWN ALLEN | DENTIST – GENERAL |
| REDMAN, GAIL | DENTIST – GENERAL |
| TAYLOR, MACK ADAM | DENTIST – GENERAL |

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

Optometrists

There are several optometrist practices in Scott County. Marion Eye Center & Optical, Obermark Eye Healthcare, Heartland Eyecare of Sikeston and Barnett Family Eyecare can all be found in Sikeston, Missouri. The following table shows which optometrists accept Missouri Medicaid:

Table 7: Optometrists in Scott County who Accept MO HealthNet (Medicaid)

| Name of Provider | Specialty |
|---------------------|----------------------|
| BARNETT, STEVEN C. | OPTICIAN/OPTOMETRIST |
| CAMPBELL, DOLLY | OPTOMETRIST |
| FELKER, ROBERT S. | OPTICIAN/OPTOMETRIST |
| HEATH, JACOB | OPTOMETRIST |
| HOPSON, JON M. | OPTICIAN/OPTOMETRIST |
| OBERMARK, DANIEL R. | OPTICIAN/OPTOMETRIST |

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

Other

There are five **chiropractic physicians** in Scott County practicing at Harrison Chiropractic Center, Sikeston Chiropractic and Winchester Chiropractic & Wellness.

Several **pharmacies** are available throughout Scott County, including Walgreens Pharmacy, Medicine Shoppe, Medical Arts Pharmacy, Randy's Rx, Walmart Pharmacy and CVS Pharmacy, all in Sikeston, Missouri. In addition, Medicenter Pharmacy has a location in Sikeston.

Community Health Resources/Services

The **Scott County Health Department** is a great resource for public health, environmental health, disaster and emergency management information. The Health Department also offers a wide range of services, regardless of financial status, that are free of charge. The services offered are listed below:

- Adult Immunizations
- Birth and Death Certificates
- Child Care Nurse Consultation
- Chronic disease screening and monitoring
- Dental sealants fiscal agent
- Environmental assessments
- Family planning
- Health education
- Immunizations
- Lead case management
- Lead screening
- PACE
- Prenatal case management
- School screenings
- STD screening and treatment (on-site)
- WIC



Missouri Delta Medical Center offers:

- Support Groups
 - Grief, Alzheimer's and Breast Cancer support groups
- Arthritis Exercise Classes
- Clinical Nutrition Services
 - Healthy eating, weight management, diabetes, malnutrition, eating disorders, heart health, digestive diseases, liver disease, cancer and food allergies

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, Missouri.

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

Table 8: Fire Departments in Scott County, Missouri & Emergency Medical Response Agencies

| Fire Department | Type of Fire Dept: | No. of Fire Stations: | No. of Career Firefighters: | No. of Volunteer Firefighters: | No. of Paid per Call Firefighters: | Non-Firefighting Employees: | Non-Firefighting Volunteers: |
|---|--------------------|-----------------------|-----------------------------|--------------------------------|------------------------------------|-----------------------------|------------------------------|
| N.B.C. Fire Protection District | Volunteer | 3 | 0 | 15 | 0 | 0 | 5 |
| Benton, MO 63736-9125 | | | | | | | |
| Oran Fire Protection District | Volunteer | 1 | 0 | 22 | 0 | 0 | 2 |
| Oran, MO 63771 | | | | | | | |
| Scott City Fire Department | Mostly Volunteer | 2 | 1 | 18 | 0 | 0 | 0 |
| Scott City, MO 63780 | | | | | | | |
| Sikeston Dept of Public Safety | Career | 3 | 68 | 0 | 0 | 10 | 0 |
| Sikeston, MO 63801-4142 | | | | | | | |
| Scott Co. Rural Fire Protection District | Volunteer | 2 | 0 | 0 | 15 | 0 | 3 |
| Morley, MO 63767 | | | | | | | |
| Vanduser Fire & Rescue | Mostly Volunteer | 1 | 20 | 20 | 0 | 0 | 0 |
| Vanduser, MO 63784 | | | | | | | |

Source: Fire Departments Network, Fire Department Listings by County

Long-term Care Facilities

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

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

Table 9: Long-term Care Facilities in Scott County, Missouri

| FACILITY NAME | LEVEL OF LICENSURE | CITY |
|-------------------------------|--------------------------|------------|
| RAMSEY CREEK ASSISTED LIVING | ASSISTED LIVING FACILITY | SCOTT CITY |
| CHAFFEE NURSING CENTER | SKILLED NURSING FACILITY | CHAFFEE |
| CLEARVIEW NURSING CENTER | SKILLED NURSING FACILITY | SIKESTON |
| COLONIAL MANOR, LLC | ASSISTED LIVING FACILITY | SIKESTON |
| GREEN MEADOWS RETIREMENT HOME | ASSISTED LIVING FACILITY | SIKESTON |
| MINER NURSING CENTER | SKILLED NURSING FACILITY | MINER |
| DELTA SOUTH | SKILLED NURSING FACILITY | SIKESTON |
| SIKESTON CONVALESCENT CENTER | SKILLED NURSING FACILITY | SIKESTON |
| SUNSHINE VILLA | ASSISTED LIVING FACILITY | SCOTT CITY |
| LA BONNE MAISON | ASSISTED LIVING FACILITY | SIKESTON |

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



Chapter 3: Health Outcomes

Mortality

Leading Causes of Death

According to the Missouri Department of Health & Senior Services, Scott County has a higher rate of death from most of the causes listed in Table 10 below than Missouri. Scott County only has a lower rate of death caused by homicide than Missouri. Notable rates include the death rate due to heart disease, cancers and smoking-attributable deaths as they were considerably higher for Scott County than Missouri.

Table 10: Leading Causes of Death in Scott County, 2007-2017

| Leading Causes of Death | County | | | Missouri |
|--|--------|-------|-----------------------------|----------|
| | Events | Rate | Compared with Missouri Rate | Rate |
| All Causes | 4,736 | 922.3 | Higher | 815.75 |
| Heart Disease | 1,128 | 216.6 | Higher | 199.3 |
| All Cancers (Malignant Neoplasms) | 1,096 | 205.9 | Higher | 178.9 |
| Lung Cancer | 374 | 79.9 | Higher | 54.06 |
| Breast Cancer | 69 | 13.2 | Higher | 12.54 |
| Chronic Lower Respiratory Disease | 407 | 77 | Higher | 51.81 |
| Stroke/Other Cerebrovascular Disease | 250 | 58.5 | Higher | 43 |
| Total Unintentional Injuries | 238 | 53.9 | Higher | 49.9 |
| Motor Vehicle Accidents | 81 | 19.1 | Higher | 14.6 |
| Alzheimer's Disease | 175 | 33.4 | Higher | 28 |
| Diabetes Mellitus | 98 | 18.6 | Higher | 20.3 |
| Pneumonia and Influenza | 111 | 24.1 | Higher | 18 |
| Kidney Disease (Nephritis and Nephrosis) | 140 | 26.5 | Higher | 18.8 |
| Suicide | 88 | 22 | Higher | 15.4 |
| Septicemia | 67 | 12.7 | Higher | 11.3 |
| Chronic Liver Disease and Cirrhosis | 54 | 10 | Higher | 8.2 |
| Homicide | 19 | 4.6 | Lower | 8.1 |
| Smoking-Attributable (estimated) | 951 | 178.9 | Higher | 138.9 |
| Alcohol/Drug-Induced | 105 | 24.2 | Higher | 24.3 |
| All Injuries and Poisonings | 356 | 82.9 | Higher | 76 |
| Firearm | 60 | 14.5 | --- | 14.5 |

Source: Missouri Department of Health & Senior Services

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

Cancer

Table 11 shows the top ten cancer incidence sites. Combined, males and females had the highest percent of lung and bronchus cancer. However, split up, females' highest incidence occurred through breast cancer and males through prostate cancer. Prostate cancer incidence did result in the third highest incidence rate for both sexes combined as well, just below colon cancer.

Table 11: Scott County, Top Ten Cancer Incidence Sites, 2011-2015

| Cancer Incidence Rates (Top Ten) | | |
|---|-------------------------|-------------|
| All Sexes | Cancer Site | Rate |
| | Lung and Bronchus | 95.8 |
| | Colon and Rectum | 51.2 |
| | Prostate | 12.53 |
| | Female Breast | 11.21 |
| | Non-Hodgkin's Lymphoma | 4.85 |
| | Melanoma of the Skin | 4.15 |
| | Urinary Bladder | 3.88 |
| | Kidney and Renal Pelvis | 3.8 |
| | Thyroid | 3.71 |
| | Oral Cavity and Pharynx | 2.82 |
| Females | Cancer Site | Rate |
| | Female Breast | 23.39 |
| | Lung and Bronchus | 18.97 |
| | Colon and Rectum | 9.02 |
| | Corpus and Uterus, NOS | 4.79 |
| | Thyroid | 6.63 |
| | Non-Hodgkin's Lymphoma | 4.79 |
| | Melanoma of the Skin | 3.31 |
| | Ovary | 3.13 |
| | Kidney and Renal Pelvis | 2.58 |
| | Leukemia | 2.21 |
| Males | Cancer Site | Rate |
| | Prostate | 24.07 |
| | Lung and Bronchus | 19.32 |
| | Colon and Rectum | 10.51 |
| | Urinary Bladder | 5.76 |
| | Non-Hodgkin's Lymphoma | 4.92 |
| | Kidney and Renal Pelvis | 4.92 |
| | Melanoma of the Skin | 4.92 |
| | Oral Cavity and Pharynx | 3.56 |
| | Leukemia | 2.71 |
| | Stomach | 2.54 |

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



Chronic Disease

Table 12 shows a comparison of chronic diseases for Scott County and Missouri. It shows the deaths, hospitalizations and ER visits caused by each of the chronic diseases.

Table 12: Chronic Diseases - Scott County vs. Missouri

| Chronic Disease | Data Years | No. of Events - Scott County | Scott Rate | Missouri Rate |
|---|------------|------------------------------|------------|---------------|
| Heart Disease | | | | |
| Deaths | 2015-2017 | 1,282 | 189.9 | 223.6 |
| Hospitalizations | 2013-2015 | 3,572 | 156.4 | 129.8 |
| ER Visits | 2015-2017 | 3,999 | 32.9 | 20.5 |
| Ischemic Heart Disease | | | | |
| Deaths | 2015-2017 | 56 | 36.96 | 51.5 |
| Hospitalizations | 2013-2015 | 1,160 | 50.1 | 41.6 |
| ER Visits | 2015-2017 | 191 | 0.9 | 0.7 |
| Stroke/Other Cerebrovascular Disease | | | | |
| Deaths | 2015-2017 | 67 | 45.4 | 40.6 |
| Hospitalizations | 2013-2015 | 810 | 34.9 | 29.3 |
| ER Visits | 2015-2017 | 206 | 0.9 | 0.8 |
| All Cancers (Malignant Neoplasms) | | | | |
| Deaths | 2015-2017 | 291 | 190.8 | 191.1 |
| Hospitalizations | 2013-2015 | 298 | 34.2 | 28.4 |
| Colorectal Cancer | | | | |
| Deaths | 2015-2017 | 25 | 17.8 | 14.7 |
| Hospitalizations | 2013-2015 | 119 | 5.1 | 4.4 |
| Lung Cancer | | | | |
| Deaths | 2015-2017 | 97 | 62.8 | 48.5 |
| Hospitalizations | 2013-2015 | 147 | 6.2 | 3.76 |
| Breast Cancer | | | | |
| Deaths | 2015-2017 | 15 | 9.7 | 11.7 |
| Hospitalizations | 2013-2015 | 47 | 2.1 | .86 |
| Prostate Cancer | | | | |
| Deaths | 2015-2017 | 11 | 6.91 | 7.1 |
| Hospitalizations | 2013-2015 | 85 | 3.5 | 1.6 |
| Diabetes Mellitus | | | | |
| Deaths | 2015-2017 | 19 | 13.2 | 20.2 |
| Hospitalizations | 2013-2015 | 267 | 22.8 | 18.3 |
| Chronic Obstructive Pulmonary Disease (Excluding Asthma) | | | | |
| Deaths | 2015-2017 | 36 | 70.98 | 48.5 |
| Hospitalizations | 2013-2015 | 308 | 21.1 | 23.6 |
| ER Visits | 2015-2017 | 843 | 6.3 | 5.4 |
| Smoking - Attributable (Estimated) | | | | |
| Deaths | 2015-2017 | 800 | 175.8 | 146.9 |
| Hospitalizations | 2013-2015 | 1,008 | 43.5 | 41.7 |
| ER Visits | 2015-2017 | 2,603 | 13.4 | 9.9 |

Death rates are per year per 100,000 population and are age-adjusted to the U.S. 2000 standard population.
Hospitalization rates are per year per 10,000 population and are age-adjusted to the U.S. 2000 standard population.
ER visits are per year per 1,000 population and are age-adjusted to the U.S. 2000 standard population.
*Fewer than 20 events in numerator; rate is unstable.
Source: Missouri Department of Health and Senior Services

Years of Potential Life Lost

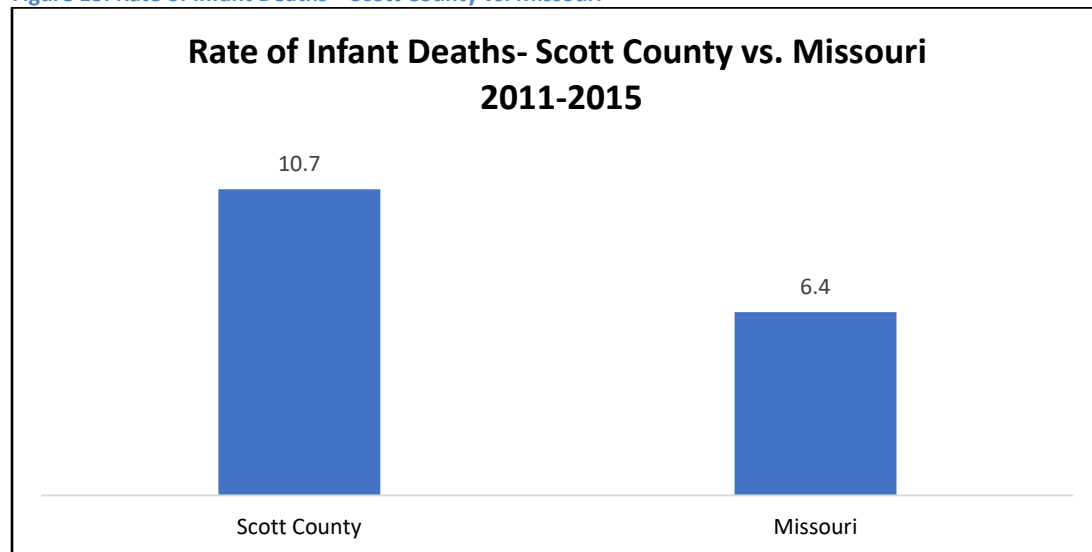
The Missouri Department of Health & Senior Services describes the years of potential life lost (YPLL) statistic as an estimate of the number of lives lost due to premature death (before age 75). A younger death corresponds to more years of potential life lost.

According to the Missouri Department of Health & Senior Services, in 2017, Missouri had a combined 483,051 years of potential life lost. Alone, Scott County had 3,273 years of potential life lost. Per 100,000 population, Missouri had 8,496 years of potential life lost and Scott County lost 9,186 years.

Infant Mortality

Scott County's rate of infant deaths is well above that of Missouri's.

Figure 13: Rate of Infant Deaths – Scott County vs. Missouri



Source: Annie E. Casey Foundation Kids Count Data Center. Aggregated over 5-year period. Rate is per 1,000 live births.

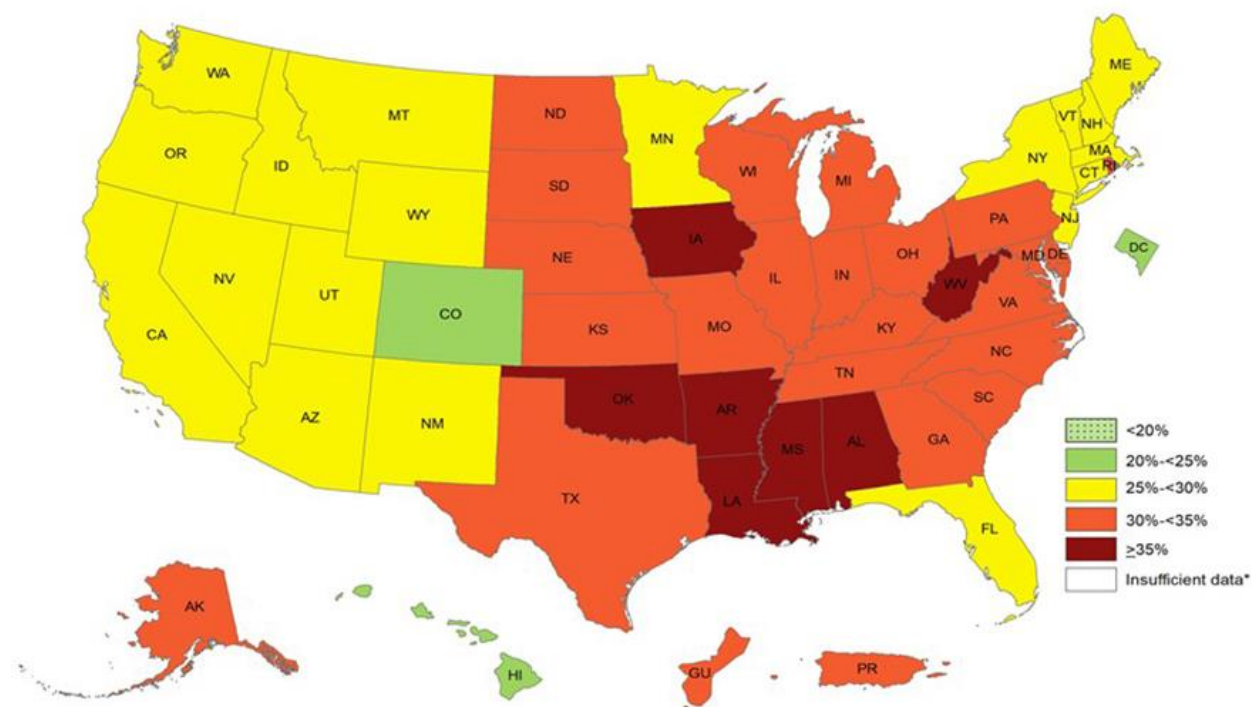
Morbidity

Obesity and Overweight

According to the Centers for Disease Control and Prevention, more than one-third of the adults in the United States are obese, which can lead to several other chronic conditions including heart disease, stroke, Type 2 diabetes and certain types of cancer. In 2017, in its' Behavioral Risk Factor Surveillance

System, the CDC presented the prevalence estimates for obesity in the figure below. This shows that Missouri had an obesity prevalence between 30% and <35%. Obesity is measured when a person has a body mass index (BMI) greater than or equal to 30 kg/m². This has shown to be a concern across the United States.

Figure 14: Obesity Prevalence Map, 2017



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

According to the County Health Rankings developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, Scott County has a 35% prevalence of obesity compared with 32% in Missouri. Scott County has a high prevalence of obesity, which may be caused by a lack of exercise and physical activity along with a poor diet.

Diabetes

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

Diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action or both. Diabetes can lead to serious complications and premature death, but people with diabetes, working together with their support network and their healthcare providers, can

take steps to control the disease and lower the risk of complications. There is more than one type of diabetes:

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

According to the County Health Rankings developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, Scott County has a 15% prevalence, and Missouri has 11% prevalence of diabetes.

Infectious Disease

The Missouri Department of Health & Senior Services' Bureau of Communicable Disease Control and Prevention issued an Annual Communicable Disease Surveillance Report summarizing the different communicable diseases reported across Missouri in 2013. The diseases that were reported in Scott County are described below.

Hepatitis C is a contagious liver disease that results from infection with the Hepatitis C virus. It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis C is usually spread when blood from a person infected with the Hepatitis C virus enters the body of someone who is not infected. Today, most people become infected with the Hepatitis C virus by sharing needles or other equipment to inject drugs. Before 1992, when widespread screening of the blood supply began in the United States, Hepatitis C was also commonly spread through blood transfusions and organ transplants.



Hepatitis C can be either “acute” or “chronic.” Acute Hepatitis C virus infection is a short-term illness that occurs within the first six months after someone is exposed to the Hepatitis C virus. For most people, acute infection leads to chronic infection. Chronic Hepatitis C is a serious disease that can result in long-term health problems or even death. New to market Hepatitis C treatments may cure Hepatitis C in some patients. The best way to prevent Hepatitis C is by avoiding behaviors that can spread the disease, especially injection drug use. Scott County had 33 cases of Hepatitis C, Chronic Infection reported in 2017.

Tuberculosis (TB) is a disease caused by the bacterium called *Mycobacterium tuberculosis*. The bacteria can attack any part of your body, but usually attack the lungs. TB is spread through the air from one person to another. The bacteria are expelled into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks or sings. These bacteria can stay in the air for several hours, depending on the environment. People who become infected with TB bacteria usually have had very close, day-to-day contact with someone who has TB disease (e.g. a family member, friend or close co-worker). In most people who become infected, the body is able to fight the bacteria to stop them from growing. The bacteria become inactive, but they remain alive in the body and can become active later. This is called latent TB infection (LTBI). These people do not have symptoms of TB disease and they cannot spread TB to others. According to the Bureau of Communicable Disease Control and Prevention’s Communicable Disease Surveillance 2017 Annual Report, Scott County had seven cases of tuberculosis.

Other communicable diseases that were reported in Scott County in 2018 include:

- Campylobacteriosis (often foodborne illness): 23 cases
- Cryptosporidiosis: 1 case
- Giardiasis: 5 cases
- Rocky Mountain Spotted Fever: 1 case
- Salmonellosis: 17 cases
- Strep Disease, Group A Invasive: 1 case
- Strep Pneumoniae, Drug-Resistant: 4 cases
- Tick-borne Disease: 1 case
- Influenza: 40

HIV/AIDS

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

Everyone who has been infected with HIV should see a healthcare provider experienced with treating HIV infection on a regular basis. Medications received can slow down destruction of the immune system, improve overall health and may even decrease chances of spreading the virus. If the virus goes

unnoticed and untreated, the HIV infection can lead to association with many diseases such as cardiovascular disease, kidney disease, liver disease and cancer. Mayo Clinic also stated that without treatment for HIV infection, the disease usually develops into AIDS in about 10 years and leading to many otherwise rare diseases. Signs and symptoms of this stage may include soaking night sweats, recurring fever, chronic diarrhea, persistent white spots or unusual lesions on your tongue/mouth, persistent and unexplained fatigue, weight loss and skin rashes or bumps.

According to AIDSvu, with information from the U.S. Centers for Disease Control and Prevention's (CDC) national HIV surveillance database, Missouri had 12,619 people living with HIV/AIDS in 2016. County Health Rankings report there are 87 people living with HIV per 100,000 in Scott County, compared with 234 per 100,000 people in Missouri in 2016.

Other Sexually Transmitted Diseases

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

- Birth defects
- Blindness
- Bone deformities
- Brain damage
- Cancer
- Heart disease
- Infertility and other abnormalities of the reproductive system
- Mental retardation
- Death

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

Syphilis is a sexually transmitted disease caused by the bacterium *Treponema pallidum*. It has often been called "the great imitator" because so many of the signs and symptoms are indistinguishable from those of other diseases. In 2018, Scott County had 9 cases of syphilis reported.

Gonorrhea is a sexually transmitted disease caused by *Neisseria gonorrhoeae*, a bacterium that can grow and multiply easily in the warm, moist areas of the reproductive tract, including the cervix (opening to the womb), uterus (womb) and fallopian tubes (egg canals) in women and in the urethra (urine canal) in women and men. The bacterium can also grow in the mouth, throat, eyes and anus. Gonorrhea is a very common infectious disease. In 2018, Scott County had 135 cases of gonorrhea reported.

Chlamydia is a common sexually transmitted disease caused by the bacterium *Chlamydia trachomatis*, which can damage a woman's reproductive organs. Even though symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem. Chlamydia also can cause discharge from the penis of an infected man. Chlamydia is the most frequently reported bacterial sexually transmitted



disease in the United States. Under-reporting is substantial because most people with chlamydia are not aware of their infections and do not seek testing. Also, testing is not often done if patients are treated for their symptoms. In 2018, Scott County had 208 cases of chlamydia reported.

Health Status at Birth

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

Low Birth Weight

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

The County Health Rankings show that 9% of Scott County’s newborns had low birth weights in 2016. This is greater than the 8.0% of low birth weights in Missouri.

Preterm Deliveries

According to the CDC, preterm birth is the birth of an infant before 37 weeks of pregnancy. Being the greatest contributor to infant death, it is also common, having affected 1 in 10 births in the United States in 2016.

The Annie E. Casey Foundation’s KIDS COUNT data center only showed that 12% of births in Missouri were preterm in 2016. The Missouri Department of Health and Human Services reported that of the 38,803 preterm births in Missouri, there were 271 preterm births in Scott County from 2013 to 2017.

Birth Defects

According to the CDC and the National Birth Defects Prevention Network, birth defects occur in about 3% of live births. The Missouri Department of Health and Human Services reported 214 birth defects in Scott County from 2009-2013. This was a rate of 793 in Scott County, higher than the 726 rate in Missouri per 100,000 births.

Health Status

The Robert Wood Johnson Foundation’s County Health Rankings list three factors to a person’s health status:

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

Poor or fair health was reported by 23% in Scott County compared with 19% in Missouri in 2016. Missouri’s percentage was 16% since 2010. However, Scott County has increased slightly from 20% in 2010.

In 2016, the average number of **poor physical health days** in Scott County was 5.2 days and in Missouri it was 4.2 days. This explains responses to how many days in the past 30 days people considered their health to be poor and shows that the amount of poor physical days in Scott County was significantly higher than that in Missouri.

Poor mental days includes the number of days people felt they had poor mental health in the past 30 days. Poor mental health may include stress, depression, emotional problems, etc. In 2016, the average number of poor mental health days was 4.5 days in Scott County and a similar 4.4 days in Missouri.

Mental Health

The Missouri Department of Mental Health completed Community Epidemiological Profiles for each county in June 2016. These explain that people who struggle with mental illness have an increased risk for homicide, suicide and accidents. They also have a higher risk for chronic conditions such as cardiovascular and respiratory diseases and substance abuse disorders. According to Scott County's Community Epidemiological Profile, there were 37 residents who received treatment for serious mental illness at publicly funded facilities in 2017. Among those, there were 35 of those residents with adjustment disorder, 154 with anxiety disorder, 110 with impulse control disorder, 550 with mood disorder and 168 with psychotic disorder. It was also reported that of students in 6th through 12th grade in Scott County, 15.6% reported self-harm. There were 13 suicides by Scott County residents in 2017. More specific data on mental health is limited at the local level.

Preventable Hospitalizations

According to the County Health Rankings by the Robert Wood Johnson Foundation, Scott County had 58 preventable hospital stays compared with Missouri's 54 preventable hospital stays in 2016. Preventable hospital stays are defined as the number of hospital stays for ambulatory care-sensitive conditions per 1,000 Medicare enrollees.

The Missouri Department of Health & Senior Services (MICA) indicated that Scott County has a higher rate than Missouri in preventable hospitalizations from congestive heart failure as seen in Table 13.

Table 13: Preventable Hospitalizations 2016 – Scott County vs. Missouri

| Diagnosis | Scott County | | Missouri | |
|--------------------------------|--------------|-------|----------|-------|
| | Number | Rate | Number | Rate |
| Angina | 2 | 0.3 | 291 | 0.48 |
| Asthma | 33 | 9.83 | 4,824 | 9.45 |
| Bacterial pneumonia | 92 | 25.4 | 7,568 | 13.28 |
| Cellulitis | 50 | 15.2 | 6,380 | 11.96 |
| Chronic obstructive pulmonary | 33 | 8.1 | 6,296 | 9.78 |
| Congenital syphilis | 0 | 0.0 | 0 | 0.0 |
| Congestive heart failure | 87 | 22.61 | 6,240 | 9.97 |
| Convulsions | 9 | 2.48 | 1,313 | 2.55 |
| Dehydration - volume depletion | 137 | 37.9 | 16,654 | 29.62 |



| | | | | |
|-----------------------------|------------|--------------|---------------|--------------|
| Dental conditions | 5 | 1.53 | 546 | 1.06 |
| Diabetes | 56 | 17.2 | 7,504 | 14.14 |
| Epilepsy | 14 | 3.86 | 3,198 | 6.15 |
| Failure to thrive | 0 | 0.0 | 283 | 0.6 |
| Gastroenteritis | 22 | 6.87 | 1,700 | 3.15 |
| Hypertension | 6 | 1.61 | 1,323 | 2.41 |
| Hypoglycemia | 0 | 0.0 | 74 | 0.14 |
| Immunization-preventable | 0 | 0.0 | 37 | 0.08 |
| Kidney/Urinary infection | 31 | 9.19 | 3,464 | 6.37 |
| Nutritional deficiencies | 19 | 5.56 | 3,379 | 5.63 |
| Pelvic inflammatory disease | 4 | 0.6 | 359 | 0.73 |
| Severe ENT infections | 1 | 0.1 | 620 | 1.24 |
| Tuberculosis | 0 | 0.0 | 33 | 0.06 |
| Total for Selection | 604 | 170.6 | 71,996 | 128.8 |

Source: Missouri Department of Health & Senior Services, MICA

Rates per 10,000, Age Adjustment Uses Year 2010 Standard Population, Areas marked with red show a higher rate in Scott County than Missouri.

Chapter 4: Health Behaviors

Diet and Exercise

According to the University of Wisconsin's Population Health Institute and the Robert Wood Johnson Foundation's County Health Rankings, there are 29% of Scott County residents who are physically inactive, compared with 26% in Missouri. Physically inactive was determined in the rankings by the percent of people 20 years or older who reported no leisure-time activity. There was 58% of Scott County that had adequate access to exercise opportunities, which is below the 77% of the population in Missouri that had access. The County Health Rankings also gave Scott County a food environment index of 6.6, with 0 being the worst and 10 being the best. This is just below that of Missouri at 6.7.

Tobacco Use

Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or "most days" and has smoked at least 100 cigarettes in their lifetime. The 23% percent of adults who were current smokers in Scott County was just above the 22% of smokers in Missouri, according to the County Health Rankings. This not only causes concern for disease development in smokers, but also for nonsmokers through secondhand smoke.

Substance Abuse

Substance abuse includes excessive use of any drug such as alcohol, narcotics, illicit drugs, prescription drugs, etc. The Missouri Department of Mental Health created a behavioral health profile for Scott County in 2015. Using data from 2015 through 2017, it was determined that in the Southeast Region, 28.8% used cigarettes in the last 30 days, 4.9% had alcohol, with 19.3% having five or more drinks on a single occasion in the last 30 days and 4.1% used marijuana. Another 4.8% abused pain relievers and 2.8% used other illicit drugs in the last 30 days. Both rates were higher than the state abuse percentage.

According to the behavioral health profile, Scott County had 18 alcohol-related and 34 drug-related hospitalizations in 2015 with another 52 alcohol-related and 83 drug-related ER visits. In 2016, there were 22 crashes related to alcohol use. There were also 98 driving while intoxicated arrests, 33 liquor law violations and 324 drug-related arrests in the county in 2017.

Maternal Health

Prenatal Care

In 2017, the Missouri Department of Health & Human Services created Scott County Prenatal Profile. According to this profile, in 2017, there were three Scott County residents who did not have prenatal care. However, there were 29.1% who received late care in the 2nd or 3rd trimester of pregnancy. This percentage was higher than Missouri's 26.6%. A percentage of 70.2 received care beginning in the first trimester, just above Missouri's 72.4%. There was a percentage of 19.6 for those who received inadequate care (fewer than 5 visits for a 37-week pregnancy or fewer than 8 visits for a pregnancy lasting longer than 37 weeks), compared with a percentage of 19.2 for Missouri.

Smoking During Pregnancy

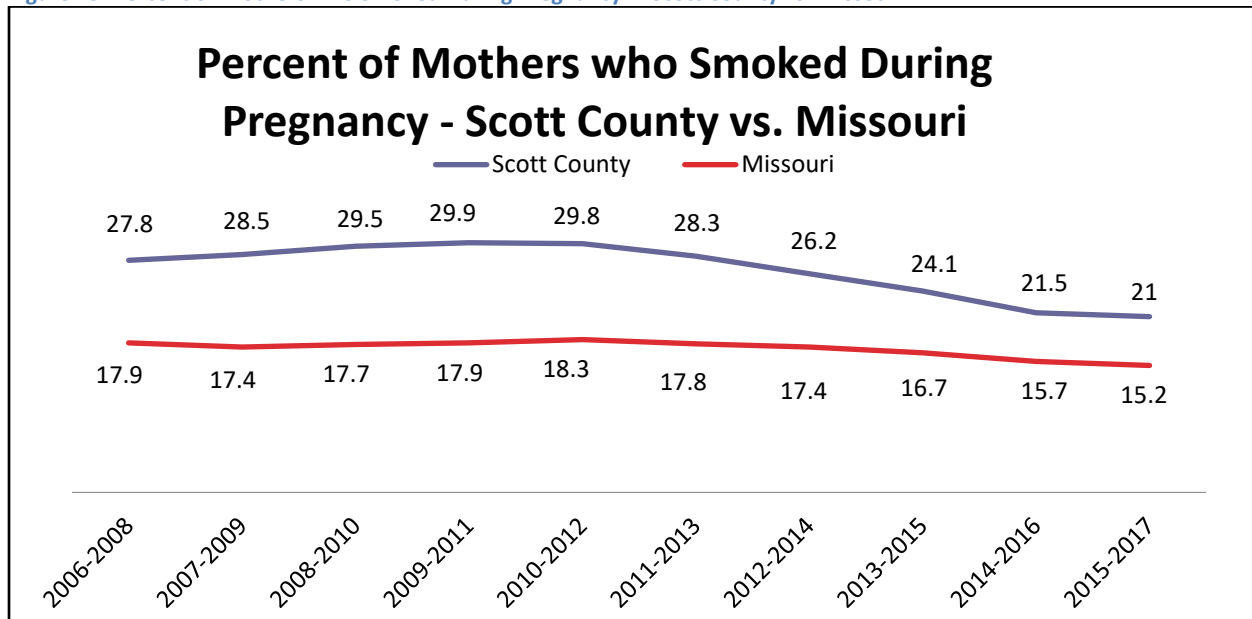
Women who smoke during pregnancy put themselves and their unborn babies at risk for other health problems. Dangers of smoking during pregnancy include:

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

According to the Missouri Department of Health and Human Services, there were 102 accounts recorded of mothers smoking during pregnancy in Scott County, a rate of 21.1%, which was well above the rate of 15.2% for Missouri. The figure below shows the rate of mothers who smoke during pregnancy in Scott County compared with Missouri from 2006 to 2017. This shows that the rate is consistently higher in Scott County. The county's decreasing trend is notable.



Figure 15: Percent of Mothers who Smoked During Pregnancy in Scott County vs. Missouri



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

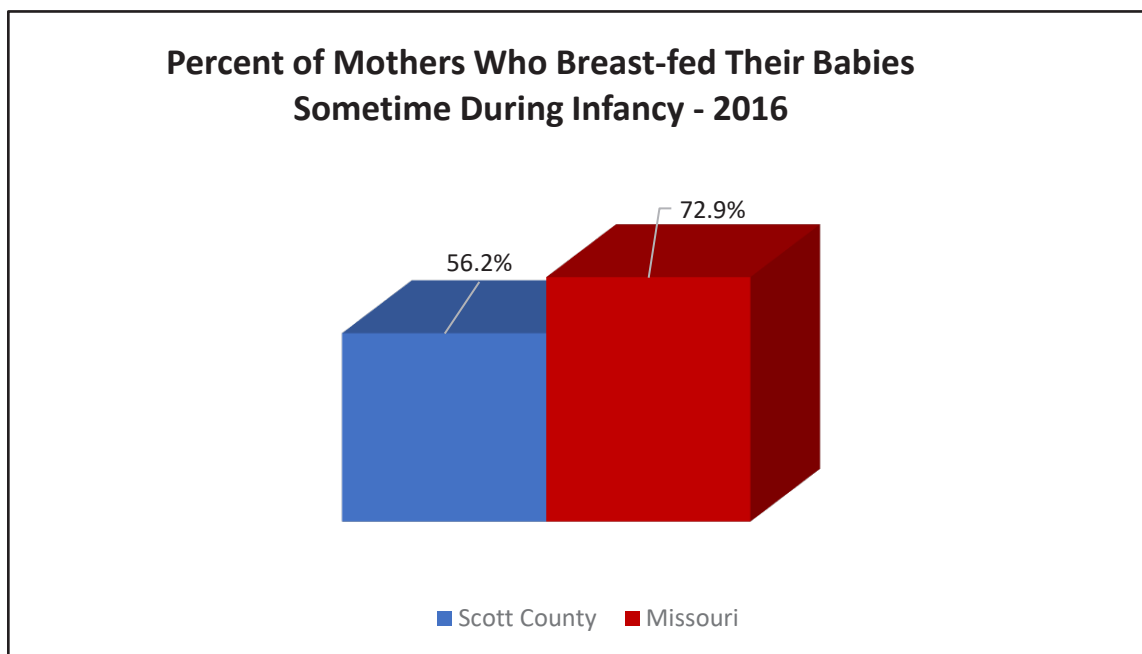
Breast-feeding

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

In a report completed by the Robert Wood Johnson Foundation and Trust for America's Health, research found many other benefits of breast-feeding for the child and the mother. For the child: reduced risk of ear, skin, stomach and respiratory infections; diarrhea; sudden infant death syndrome; necrotizing enterocolitis and other bacterial and viral infections; and in the longer term, reduced risk of obesity, type 1 and 2 diabetes, asthma, celiac disease, inflammatory bowel disease and childhood leukemia. For the mother: quicker loss of pregnancy weight, prevention of postpartum bleeding and reduced risk of breast cancer, ovarian cancer, Type 2 diabetes and postpartum depression.

The following figure shows the rate of mothers with infants on the Women, Infants and Children (WIC) program who breast-fed their babies sometime during infancy. Information has not been updated from to 2016.

Figure 16: Percent of Mothers Who Breast-fed Their Babies Sometime During Infancy – Scott County vs. Missouri



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

Prevention and Screening

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

Preventative Practices

The table below shows that Scott County had fewer residents seeking health and preventative practices than Missouri in several of the categories. Comparisons can be seen in Table 14.

Table 14: Prevalence of Health & Preventive Practices – Scott County vs. Missouri

| Indicator | Scott County Prevalence % | Compared with Missouri % | Missouri Prevalence %* |
|--|---------------------------|--------------------------|------------------------|
| Did not get medical care in past 12 months | 7.8 | Better | 13.8 |
| Current cigarette smoking | 21.6 | Better | 21.8 |
| No leisure-time physical activity | 28.6 | Worse | 25.8 |



| | | | |
|---|------|--------|------|
| Fewer than 5 fruits and vegetables per day | 92.6 | Worse | 87.5 |
| Overweight (25.0 - 29.9 BMI) | 39.5 | Worse | 35.2 |
| Obese (\geq 30 BMI) | 34.5 | Worse | 30.1 |
| Ever had high blood pressure - among those who have had it checked | 42.7 | Worse | 33.7 |
| Ever told had high cholesterol – among 35+ who have had it checked | 40.1 | Better | 40.8 |
| Ever told had diabetes | 16.4 | Worse | 11.0 |
| No mammogram or clinical breast exam in last year - women age 40 and older | 34.4 | Worse | 30.9 |
| No pap smear in last 3 years - women age 18 and older | 39.1 | Worse | 27.0 |
| Never had a sigmoidoscopy or colonoscopy - men and women age 50 and older | 30.6 | Worse | 30.4 |
| No sigmoidoscopy or colonoscopy in past 10 years - men and women 50 and older | 33.5 | Better | 36.0 |

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

*Weighted Percent: The proportion (usually a percentage) of a population that has a defined risk factor, disease or condition at a particular point in time.

Diabetes

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

According to the County Health Rankings, in 2016, both Scott County and Missouri had 15% of adults diagnosed with diabetes.

Chapter 5: Health Measures

Child and Adolescent Health

Causes of Death – Children

Table 15: Causes of Death in Children Ages 1-14, 2015-2017

| | Scott County Rate | Missouri Rate |
|-----------------------------------|-------------------|---------------|
| All causes | 60.6 | 60.6 |
| Total Unintentional Injuries | 11.6 | 11.6 |
| Motor Vehicle Deaths | 3.2* | 3.2 |
| All Cancers (Malignant Neoplasms) | 2.6* | 2.3 |
| Birth Defects | 10.4 | 10.9 |
| Homicide | 2.5* | 2.4 |
| Heart Disease | 1.1* | 1.2 |

Source: Missouri Department of Health & Senior Services, Child Health (3-year moving average rate on population estimate)

*Fewer than 20 events in numerator; rate is unstable

Causes of Death – Adolescents

Table 16: Causes of Death in Adolescents Ages 15-19, 2015-2017

| | Scott County Rate | Missouri Rate |
|-----------------------------------|-------------------|---------------|
| All causes | 122* | 96.8 |
| Total Unintentional Injuries | 62.4* | 40.6 |
| Motor Vehicle Deaths | 35.9* | 21.9 |
| Homicide | --- | 18.9 |
| Suicide | 0 | 18.50 |
| All Cancers (Malignant Neoplasms) | 0 | 2.20 |
| Heart Disease | 0 | 2.40 |

Source: Missouri Department of Health & Senior Services, Child Health (3-year moving average rate on population estimate)

*Fewer than 20 events in numerator; rate is unstable

Teen Substance Abuse and Smoking

The 2018 Status Report on Missouri's Substance Use and Mental Health completes a Missouri Student Survey through 12th grade. In Scott County:

- 47.5% of youth believed it was easy to obtain alcohol
- 45.7% of youth believed it was easy to obtain cigarettes
- 31.4% of youth believed it was easy to obtain marijuana
- 24.6% of youth believed it was easy to obtain RX which they were not prescribed

Table 17 shows the use of substances in Scott County and Missouri by students in the last 30 days from the Missouri Student Survey.



Table 17: Percent of Students who Used Substances in the Past 30 Days - Scott County & Missouri

| Substance | Scott County | Missouri |
|---|---------------------|-----------------|
| Alcohol | 22.9 | 14.5 |
| Cigarettes and Chew | 14.7 | 8.7 |
| Marijuana | 4.2 | 6.5 |
| Inhalants | 1.0 | 1.5 |
| Prescription Medications not prescribed for the student | 10 | 14.7 |
| Over-the-counter medications for non-medical use | 3.7 | 1.6 |

Source: 2018 Status Report on Missouri's Substance Use and Mental Health, Missouri Student Survey

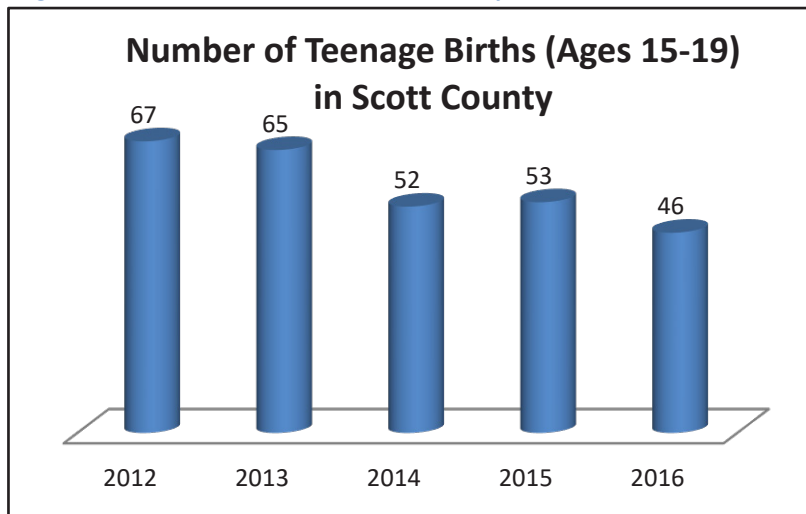
Teen Pregnancy

Teen pregnancy can be associated with poor prenatal care and preterm delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia and achieve poor maternal weight gain. They are also more likely to have a preterm delivery and low birth weight, which increases the risk of child developmental delay, illness and mortality. According to the CDC, teen pregnancy and births cause considerable social and economic costs through both immediate and long-term impacts on the teens and their parents. The CDC listed the following impacts teen births have on costs and education:

- In 2010, teen pregnancy and childbirth accounted for at least \$9.4 billion in costs to U.S. taxpayers for increased healthcare and foster care, increased incarceration rates among children of teen parents and lost tax revenue because of lower educational attainment and income among teen mothers.
- Pregnancy and birth are significant contributors to high school dropout rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, versus approximately 90% of women who had not given birth during adolescence.
- The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager and face unemployment as a young adult.

Figure 17 shows the number of births to teenagers in Scott County. The rate decreased from 2013 to 2016.

Figure 17: Number of Teen Births in Scott County, 2012-2016



Source: Annie E. Casey Foundation Kids Count Data Center

Senior Health

Missouri Senior Report

The Missouri Department of Health and Senior Services and the University of Missouri Office of Social and Economic Data Analysis (OSED) generated a Missouri Senior Report (age 65+) in 2013 to inform state and local audiences about the contributions and needs of seniors in Missouri. Some of the findings from that report are found below:

Cost Burdened by Housing

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

In Scott County, the percent of seniors that are cost burdened by housing was 26.7% in 2011, up from 20.4% in 2008. This percent is lower than the state percent at 29.4%

Transportation

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

In Scott County, 90.9% of senior’s had a Missouri driver’s license in 2011, up from 86.5% in 2008. The state had 88.6% of seniors with a driver’s license in 2011.

Safety

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



Scott County had 33.8% of seniors that faced crime and abuse per 1,000 persons. This decreased from 47.5% in 2008 and is well above 27.4 for the state.

Healthcare Access

Having reliable and convenient access to primary care increases the ability of seniors to live independently. Data regarding the amount of primary care physicians per 1,000 seniors are limited for recent years and were last reported in 2008, when Scott County had a rate of 7.4 primary care physicians per 1,000 seniors. This increased from 5.5 in 2004, but is well below the state rate of 13.1.

Quality of Life

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

When compared with the state, there was a much higher percentage of seniors living in poverty in Scott County. The state had just 8.2% of seniors in poverty with the average income of senior households being \$46,767. Scott County had 11.5% of their seniors in poverty with the average income of senior households being \$37,044. In addition, just 8.3% of seniors in the county had a college education, whereas 18.2% of seniors in Missouri had a college education.

Table 18: Quality of Life

| Quality of Life | Measure |
|---|-----------|
| Senior Owner-Occupied Housing, 2011 | 73.7% |
| Seniors Living in Families, 2011 | 61.5% |
| Median Value of All Owned Housing, 2011 | \$100,592 |
| Seniors in Poverty, 2011 | 11.5% |
| Percent Age 60+ Receiving SNAP, 2011 | 9.8% |
| Average Income of Senior Households, 2011 | \$37,044 |
| Seniors with a College Education, 2011 | 8.3% |

Source: Missouri Senior Report, 2013

Health and Wellness

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

Table 19: Health and Wellness

| Health and Wellness | Measure |
|---------------------------------------|---------|
| No Exercise, 2011 | 37.6% |
| No Sigmoidoscopy or Colonoscopy, 2011 | 36.6% |
| High Blood Pressure, 2011 | 63.1% |
| Obesity, 2011 | 30.4% |
| Smoking, 2011 | 11.6% |
| No Mammography, 2011 | 61.0% |
| High Cholesterol, 2011 | 54.7% |

Chapter 6: Primary Research

Focus Groups

Methodology

A focus group for Scott County was held on September 27, 2018 at Scott County Health Center in Sikeston, Missouri. Thirteen participants were present from various organizations throughout Scott County.

The focus group process began with the Community Health Needs Assessment Team and/or some community members compiling a list of potential participants and then inviting those participants to the focus group via email, letter, phone call or in person. The event took approximately one hour and was held over lunch. Members of the Community Health Needs Assessment team hosted the event, with one member serving as moderator and another member as the primary note-taker/recorder of the entire event.

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

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

1. What do people in this community do to stay healthy? How do people get information about health?
2. In this group's opinion, what are the serious health problems in your community? What are some of the causes of these problems?
3. What keeps people in your community from being healthy?
4. What could be done to solve these problems?
5. Of all the issues we have talked about today, what issues do you think are the most important for your community to address?

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

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

The YMCA is a fitness facility that is extensively used in Scott County. It offers childcare for members, along with after-school programs and health information being available to children. Memberships are also made available to basically anyone who wants to be a member. The YMCA in Scott County offers regular memberships along with subsidized memberships. A representative of the YMCA stated that



almost anyone in the community can be a member of the YMCA, unless they do not have the desire to be.

People also walk and bike within the community. The Recreation Complex and the high school in Sikeston both have tracks that can be used. In addition, the golf course has a color-coded walking route map that can be used by anyone in the public. There is also a walking club named the Trailblazers in Scott County that runs from March to October. This club was founded from a Missouri Foundation for Health grant which was used to pave and extend the Complex walking trail and start the club.

Screenings were also mentioned as something the community does to stay healthy. The Scott County Public Health Department offers reduced-cost screenings. Other screenings are offered through Bootheel Counseling's community-based staff and SEMO Health Network. In addition, many churches and local employers host screenings while partnering with Missouri Delta Medical Center. Home-based care is also available throughout the community for re-admission prevention. Diabetes screenings and counseling is offered through Bootheel Regional Consortium.

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

Participants made a list of some of the serious health issues that could then be used to lengthen future discussion. This list included:

1. Mental Health
2. Ability to Afford Prescription Medications
3. Coronary Obstructive Pulmonary Disease
4. Not enough psychiatrists or psychiatry beds
5. Transportation

Question 3: What keeps people in your community from being healthy?

Focus group participants immediately emphasized that the largest struggle is "getting people to want to do it." People are scared and uncomfortable with healthcare and do not want to put themselves into that type of uneasy situation. Education was mentioned as a way to address this along with the serious health issues. By educating people, it will give people more comfort within healthcare along with motivating them to be more compliant. While education was mentioned as way to address serious health issues, transportation was mentioned as a barrier to addressing these problems. There is a large gap in healthcare literacy.

Most people do not realize that they are able to use the Scott County Transit System. Therefore, many people call cabs or ambulance service which can in turn be very expensive. There is Medicaid transportation. However, it has a time limitation and provides no real guidance that people are aware of regarding the days and times of operation due to a lack of communication. Bootheel Regional Consortium provides perinatal visit transportation. While discussing this service, the focus group participant mentioned that the community's priorities shift from day-to-day causing many cancellations which affect long-term services of the transportation system. The issues that Bootheel Regional Consortium faces with its transportation service are most likely faced by the Scott County Transit System.

There needs to be a substance abuse rehabilitation program that patients can get into quickly. Also needed is finding the homeless population resources to improve nutrition and health.

Question 4: What could be done to solve these problems?

Mental health was an issue that was discussed by a majority of the focus group because there is a huge lack of services available and inadequate funding for mental health. Medicaid provides a low reimbursement and when people do not have insurance, they do not want to receive mental care because they prioritize physical health first and cannot afford both. First off, there is a shortage of mental health acute care beds and there is a need for psychiatrists making one of the focus group participants question whether the state is providing enough resources for mental health needs. In an attempt to help the mental health issue, Missouri Delta Medical Center is doubled its occupancy for senior living and tried to work together with Bootheel Counseling in order to help. Missouri Delta is also considering opening an adolescent psychology unit. There has also been an attempt to add social workers to clinics. However, this type of one-on-one patient interaction is hard to coordinate with other services. Conversations led to how hard it is to hire and keep mental health workers in Scott County. Challenges to hiring in the area include being able to provide competitive salaries and the ability to match the health need with the level of skill and pay source. It is hard to keep a new employee in the area. Another related issue conferred was autism. There have been more cases in Scott County and resources available are slim. A resource directory is needed for health agencies to coordinate when addressing the whole patient.

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

The issues stated as being the most important to address during the focus group included mental health, dental health, chronic disease care, homelessness and COPD. Scott County has one of the lowest taxes on cigarettes and tobacco in the country, which may be a reason for the high rate of smoking.

Checklist Exercise

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

Table 20: Scott County Checklist Exercise

| Issue | Occurrence |
|-----------------------------|------------|
| Overweight Adults | 2 |
| Mental Illness | 44 |
| Transportation | 7 |
| Cancer | 5 |
| Substance Abuse | 32 |
| Overweight Children | 7 |
| Smoking/Smokeless Cessation | 1 |
| Healthcare Affordability | 1 |
| Dental Health | |
| Asthma | |
| Cardiovascular Health | |
| Access to Healthcare | 9 |



| | |
|----------------------|----|
| Healthcare Literacy | 19 |
| Immunizations | 0 |
| Diabetes | 13 |
| Heart Disease | 4 |
| Women's Health | 0 |
| Wellness Prevention | 5 |
| Chronic Disease | 4 |
| Other -Homelessness- | 9 |

Surveys

Survey Layout and Design

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

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

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

Methodology

A total of 61 surveys were completed by Scott County residents, with a few surveys having some unanswered questions. Survey Monkey analysis takes into consideration the number of actual responses for each question. The survey sample was not a random sample, but more of a targeted sample to ensure that certain populations were surveyed. Also, some of the questions asked in the survey had an option of choosing multiple answers, which means that not all of the questions have answers that are mutually exclusive, so some of the total percentages will not add up to 100 percent.

The process for conducting these surveys involved traveling to the county's healthcare facilities and community businesses and asking participants face-to-face to complete the survey or allowing the facility to hand out surveys on their own basis.

Participants

Key Characteristics

- 80% were female, 20% were male
- 45% were married
- 65.5% are white/Caucasian
- 36.6% have 3 to 5 people living in their household
- 40.6% have a high school diploma, but no secondary degree
- 32.6% have a two-year or four-year college degree
- 39.3% are employed
- 28.8% have an annual income less than \$5,000

Demographics

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

Table 21: ZIP Codes

| What is your 5-digit ZIP code? | |
|--------------------------------|----------------|
| Answer Options | Response Count |
| | 61 |
| <i>answered question</i> | 61 |
| <i>skipped question</i> | 0 |

Table 22: Gender

| Gender? | | |
|--------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Male | 20% | 12 |
| Female | 80% | 46 |
| <i>answered question</i> | | 60 |
| <i>skipped question</i> | | 1 |

Table 23: Marital Status

| Marital Status? | | |
|--------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Single/Not Married | 25% | 15 |
| Married | 45% | 27 |
| Divorced | 13.3% | 8 |
| Widowed | 11.6% | 7 |
| Living with Partner | 1.6% | 1 |
| Other | 3.3% | 2 |
| <i>answered question</i> | | 60 |
| <i>skipped question</i> | | 1 |

Table 24: Race/Ethnicity

| What is your race/ethnicity? | | |
|------------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Asian or Pacific Islander | 0.0% | 0 |
| Black or African-American | 32.8% | 20 |
| Hispanic or Latino | 0.0% | 0 |



| | | |
|--------------------|-------|----|
| Native American | 1.6% | 1 |
| White or Caucasian | 65.5% | 40 |
| Other | 0.0% | 0 |
| answered question | | 61 |
| skipped question | | 0 |

Table 25: Race/Ethnicity of Children in Home

| What is the race/ethnicity of any children currently living in your home? | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Asian or Pacific Islander | 0.0% | 0 |
| Black or African-American | 22% | 13 |
| Hispanic or Latino | 0.0% | 0 |
| Native American | 0.0% | 0 |
| White or Caucasian | 27.1% | 16 |
| Two or More Races | 3.3% | 2 |
| I have no children living in my home currently. | 49.1% | 29 |
| answered question | | 60 |
| skipped question | | 1 |

Table 26: How many people currently live in your household?

| How many people currently live in your household? | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| 1-2 | 61.6% | 37 |
| 3-5 | 36.7% | 22 |
| 6 or more | 1.7% | 1 |
| answered question | | 60 |
| skipped question | | 1 |

Table 27: How many adults age 65 or older currently live in your household?

| How many adults age 65 or older currently live in your household? | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| 0 | 56.6% | 34 |
| 1-2 | 43.3% | 26 |
| 3-5 | 0.0% | 0 |
| 6 or more | 0.0% | 0 |
| answered question | | 60 |
| skipped question | | 1 |

Table 28: How many children under 18 years of age currently live in your household?

| How many children under 18 years of age currently live in your household? | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| 0-1 | 63.8% | 38 |
| 2-3 | 33.3% | 20 |
| 3-5 | 3.3% | 2 |
| 6 or more | 0.0% | 0 |
| answered question | | 60 |
| skipped question | | 1 |

Table 29: Health and Lifestyle Factors

| Select all of the following that describe your home or household: | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| More than one working smoke detector | 80.3% | 49 |
| Carbon monoxide detector | 39.3% | 24 |
| Food is put back into the refrigerator within two hours after a meal | 73.7% | 46 |
| Septic Tank | 16.3% | 10 |
| Pets (dog, cat, reptiles, etc.) | 47.5% | 29 |
| Family fire safety plan/evacuation plan | 0% | 0 |
| Children know how to dial 911 in case of emergency | 0% | 0 |
| Children know their phone number and address | 0% | 0 |
| Have one or more types of aerobic (cardiovascular) exercise equipment | 0% | 0 |
| Internet access | 63.9% | 39 |
| Provide care for an older adult | 6.5% | 4 |
| Children under 13 are supervised in non-school hours | 16.3% | 10 |
| answered question | | 61 |
| skipped question | | 0 |

Social and Economic Factors

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

Table 30: Education Level

| What is your highest level of education? | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Never graduated high school | 9.8% | 6 |
| High school diploma | 40.9% | 25 |
| GED | 6.5% | 4 |
| Currently attending or have some college | 8.2% | 5 |
| Two-year college degree | 16.3% | 10 |
| Four-year college degree | 16.3% | 10 |
| Graduate-level degree or higher | 1.6% | 1 |
| Answered question | | 61 |
| skipped question | | 0 |

Table 31: Employment Status

| What is your employment status? (check all that apply) | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Employed | 39.34% | 24 |
| Student | 0% | 0 |
| Homemaker | 6.5% | 4 |
| Retired | 34.2% | 21 |
| Unemployed | 19.6% | 12 |
| answered question | | 61 |
| skipped question | | 0 |

**Table 32: Annual Household Income**

| What is your annual household income? | | |
|---------------------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Less than \$5,000 | 8.4% | 5 |
| \$5,000-\$14,999 | 28.8% | 17 |
| \$15,000-\$24,999 | 8.4% | 5 |
| \$25,000-\$49,999 | 28.8% | 17 |
| \$50,000-\$74,999 | 18.6% | 11 |
| \$75,000-\$99,999 | 1.6% | 1 |
| \$100,000 or higher | 0% | 0 |
| Does not apply | 5.16% | 3 |
| answered question | | 59 |
| skipped question | | 2 |

Table 33: Health Information Sources

| What sources do you use to obtain most of your health-related information? (check all that apply) | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Family | 40.9% | 25 |
| Friends | 22.9% | 14 |
| Doctor/Nurse/Pharmacist | 86.8% | 53 |
| Newspaper/Magazines/Television | 14.7% | 9 |
| Health Department | 11.4% | 7 |
| Church | 4.9% | 3 |
| School | 1.6% | 1 |
| Internet | 31.1% | 19 |
| Other | 4.9% | 3 |
| answered question | | 61 |
| skipped question | | 0 |

Health Behaviors

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

Table 34: Adult Health Behaviors

| Answer Options | In the following section, respond with how often YOU do the following:*(N/A = does not apply to you) | | | | |
|--|--|-----------|-------|-----|----------------|
| | Almost Always | Sometimes | Never | N/A | Response Count |
| Exercise at a moderate pace at least 30 minutes per day, 5 days per week | 10 | 38 | 12 | 1 | 61 |
| Consume more than 3 alcoholic beverages per day (female) or more than 5 per day (male) | 0 | 8 | 46 | 7 | 61 |
| Smoke cigarettes | 5 | 4 | 49 | 4 | 61 |
| Are exposed to secondhand smoke at home or at the workplace | 4 | 16 | 35 | 5 | 60 |
| Chew tobacco | 0 | 0 | 56 | 5 | 61 |
| Use illegal drugs (marijuana, cocaine, methamphetamine, etc.) | 0 | 4 | 52 | 4 | 61 |
| Get a flu shot each year | 35 | 12 | 13 | 1 | 61 |
| Practice safe sex (use of condom or another barrier method) | 20 | 5 | 10 | 23 | 59 |

| | | | | | |
|--|----|----|---|---|----|
| Get enough sleep every night (7-9 hours) | 27 | 25 | 8 | 1 | 61 |
|--|----|----|---|---|----|

- Most survey respondents in Scott County reported that they sometimes, if not always exercised the recommended amount, while 19% reported never exercising the recommended amount.
- 80% reported that they never smoke, with most reporting they are not exposed to secondhand smoke at home or at the workplace either.

Table 35: Child Health Behaviors

| In the following section, how often do any children CURRENTLY living in your home do the following?*(N/A = does not apply to them) | | | | | |
|--|---------------|-----------|-------|------|----------------|
| Answer Options | Almost Always | Sometimes | Never | N/A* | Response Count |
| Participate in at least 1 hour of physical activity every day | 10 | 3 | 4 | 15 | 32 |
| Are exposed to secondhand smoke in the home | 2 | 5 | 10 | 15 | 32 |
| Get a flu shot each year | 8 | 7 | 3 | 14 | 32 |
| Practice safe sex (condom or another barrier methods) | 3 | 1 | 4 | 24 | 32 |
| Get enough sleep each night (7-9 hours) | 10 | 7 | 1 | 14 | 32 |
| answered question | | | | | 32 |
| skipped question | | | | | 29 |

- Respondents of the survey reported that many of their children participate in at least 1 hour of physical activity daily, get enough sleep nightly, receive flu shots annually, and are rarely exposed to secondhand smoke at home.

Medical Care and Services

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

Table 36: Insurance

| What kinds of insurance do you (and/or your family) have currently? (check all that apply) | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Health | 83.3% | 50 |
| Dental | 33.3% | 20 |
| Vision | 35% | 21 |
| Do not have insurance | 18.3% | 11 |
| answered question | | 60 |
| skipped question | | 1 |

- The majority of survey respondents had health insurance and dental insurance. About one third had dental and vision insurance.
- Almost 20% did not have any type of insurance, however.



Table 37: Health Insurance Type

| What type of health insurance do you (and/or your family) have currently? | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Self-insured | 4.9% | 3 |
| Employer-provided | 22.9% | 14 |
| Medicare | 39.3% | 24 |
| Medicaid or MC+ | 19.6% | 12 |
| VA/CHAMPUS | 0.0% | 0 |
| Other | 1.6% | 1 |
| Do not know | 0% | 0 |
| Do not have health insurance | 11.4% | 7 |
| answered question | | 61 |
| skipped question | | 0 |

- The majority were on Medicare, employer-provided.
- Another 19.66% had Medicaid.

Table 38: Insurance Coverage

| If anyone living in your household does not have insurance, who is NOT currently covered? | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Entire family | 11.4% | 7 |
| At least one adult | 8.2% | 5 |
| All adults | 4.9% | 3 |
| Child(ren) age 6 or older | 0.0% | 0 |
| Child(ren) under age 6 | 1.6% | 1 |
| Does not apply | 73.7% | 45 |
| answered question | | 61 |
| skipped question | | 0 |

- 10% reported that at least one adult was not covered by insurance and 3.3% stated that the entire family was not covered.

Table 39: Health Status

| What is your current health status? | | |
|-------------------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Poor | 9.8% | 6 |
| Fair | 24.5% | 15 |
| Good | 50.8% | 31 |
| Very Good | 13.1% | 8 |
| Excellent | 1.64% | 1 |
| answered question | | 61 |
| skipped question | | 0 |

- Nearly 10% reported their health to be “poor”

Table 40: Regular Doctor's Visit

| When was your last regular doctor's visit? | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Within the last 12 months | 90% | 55 |
| Within the last 13-18 months | 6.5% | 4 |
| Within the last 19-24 months | 3.2% | 2 |
| Between 2 and 5 years | 0% | 0 |
| Over 5 years ago | 0% | 0 |
| Never had a routine visit | 0% | 0 |
| answered question | | 61 |
| skipped question | | 0 |

- There were 6.3% of respondents who had never had a routine doctor's visit, with about 10% of the other respondents having a routine doctor's visit more than a year ago.

Table 41: How many days have you been too sick to work or carry out your usual activities during the past 30 days?

| How many days have you been too sick to work or carry out your usual activities during the past 30 days? | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| None | 60.6% | 37 |
| 1-2 days | 19.6% | 12 |
| 3-5 days | 8.2% | 5 |
| 6-10 days | 0% | 0 |
| More than 10 days | 11.4% | 7 |
| answered question | | 61 |
| skipped question | | 0 |

- Most (60.6%) respondents missed no work, with about one-third missing just 1 to 2 days.

Table 42: Have you ever had health issues due to any of the following?

| Have you ever had health issues due to any of the following? (check all that apply) | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Alcohol abuse | 1.6% | 1 |
| Lack of pregnancy care | 1.6% | 1 |
| Stress | 24.5% | 15 |
| Drug abuse/addiction | 0.0% | 0 |
| None of the above | 73.7% | 45 |
| answered question | | 61 |
| skipped question | | 0 |

- The only reported issue from the above table was due to stress in participants.

Table 43: Prenatal Care

| If ever pregnant, did you receive prenatal care? | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Yes | 55.7% | 34 |
| No | 4.9% | 3 |
| Not sure | 0.0% | 0 |
| Does not apply | 39.3% | 24 |
| answered question | | 61 |
| skipped question | | 0 |

- 4.9% reported they had not received prenatal care.

Table 44: Where do you go for routine healthcare?

| Where do you go for routine healthcare? (check all that apply) | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Physician's Office | 83.6% | 51 |
| Hospital Emergency Room | 26.2% | 16 |
| Health Department Clinic | 13.1% | 6 |
| Urgent Care Center | 13.1% | 6 |
| Chiropractor | 3.2% | 2 |
| Community Clinic | 3.2% | 2 |
| Eye Doctor | 0% | 0 |
| Dentist | 0% | 0 |
| Other | 0.0% | 0 |
| Do not seek healthcare | 1.6% | 1 |
| answered question | | 61 |
| skipped question | | 0 |

- Most respondents seek healthcare from the physician's office, ER and Urgent Care.
- Health department clinics were also utilized.

Table 45: How often are you able to visit a doctor when necessary?

| How often are you able to visit a doctor when necessary? | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Always | 80.3% | 49 |
| Sometimes | 14.7% | 9 |
| Seldom | 3.2% | 2 |
| Never | 1.6% | 1 |
| answered question | | 61 |
| skipped question | | 0 |

Table 46: If you answered seldom or never to the previous question, please choose why you were not always able to visit a doctor when necessary:

| If you answered seldom or never to the previous question, please choose why you were not always able to visit a doctor when necessary: | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| No insurance | 23% | 3 |
| Too expensive/unaffordable | 15.3% | 2 |
| Could not get an appointment | 15.3% | 2 |
| Lack of transportation | 15.3% | 2 |
| Doctor is too far away/inconvenient location | 0.0% | 0 |
| Other | 30.7% | 4 |
| answered question | | 13 |
| skipped question | | 48 |

- People who were able to visit a doctor when necessary were told to skip the question from Table 46. Of the people who responded, having no insurance and it being too expensive were the concerns. Additional responses are due to error from survey participants.

Table 47: What are the top three challenges for you and your household when receiving healthcare?

| What are the top three challenges for you and your household when receiving healthcare? | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Top Challenge | 100.0% | 35 |
| Second Challenge | 54.2% | 19 |
| Third Challenge | 42.8% | 15 |
| answered question | | 35 |
| skipped question | | 26 |

- Many people chose not to answer this question. However, of those who responded, the top challenges for receiving healthcare included:
 - Cost/Affordability
 - Copay
 - Lack of empathy

Table 48: Select any of the following preventative measures you have had in the last year.

| Select any of the following preventive measures you have had in the last year (check all that apply): | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Mammogram | 40% | 24 |
| Pap smear | 30% | 18 |
| Glaucoma test | 15% | 9 |
| Flu shot | 58.3% | 35 |
| Colon/rectal examination | 23.3% | 14 |
| Blood pressure check | 81.6% | 49 |
| Skin cancer reading | 3% | 2 |
| Prostate cancer digital screen | 8.3% | 5 |
| Prostate cancer PSA blood screen | 6% | 4 |
| Cholesterol screen | 45% | 27 |
| STD (Sexually Transmitted Disease) screening | 8.3% | 5 |
| Vision screening | 35% | 21 |
| Hearing screening | 13.3% | 8 |
| Cardiovascular screening | 10% | 6 |
| Bone density test | 11% | 7 |
| Dental exam | 40% | 24 |
| Diabetes | 36.6% | 22 |
| answered question | | 60 |
| skipped question | | 1 |

- In this question, respondents recounted preventive screenings and tests they have had done in the last year. Notable results include that 40% received mammograms, 58.3% received a flu shot, 61.6% received a blood pressure check, 3% received a skin cancer reading, 45% received a cholesterol screen, 40% received a dental exam and 36.6% received a diabetes screening.



Table 49: Are both you and any children living in your household up-to-date on your immunizations?

| Are both you and any children living in your household up-to-date on your immunizations? | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Yes | 75.4% | 46 |
| No | 4.9% | 3 |
| I am up-to-date, but my children are not | 1.6% | 1 |
| I am not up-to-date, but my children are | 0% | 0 |
| Do not know | 18% | 11 |
| answered question | | 61 |
| skipped question | | 0 |

- Most respondents reported that both they and their children were up-to-date on immunizations.
- No one responded that their children were up-to-date but they were not.
- Another 18% were not sure if they or their children were up-to-date on their immunizations.

Table 50: Where do the children currently living in your home go for routine healthcare?

| Where do the children currently living in your home go for routine healthcare? (check all that apply) | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Physician's Office | 83.6% | 51 |
| Hospital Emergency Room | 26.3% | 16 |
| Health Department Clinic | 9.6% | 6 |
| Urgent Care | 5% | 3 |
| Chiropractor | 3.2% | 2 |
| Community Clinic | 3.2% | 2 |
| Eye Doctor | 0% | 0 |
| Dentist | 0% | 0 |
| Other | 0.0% | 0 |
| Does not apply | 1.6% | 1 |
| answered question | | 61 |
| skipped question | | 0 |

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

Table 51: Health Problems/Disease Diagnoses

| Have you been diagnosed by a doctor with any of the following health problems or diseases? If you have NOT been diagnosed by a doctor with any of these health problems or diseases, please check the "No" box. If you have, please check any boxes that apply to your health problem or disease. | | | | | | |
|---|----|---|----------------------|--|--|----------------|
| Answer Options | No | Yes, but I am not taking any additional precautions or treatments regarding it. | Yes, I see a doctor. | Yes, I am taking medications or getting treatment. | Yes, I feel the disease is managed well. | Response Count |
| Diabetes | 46 | 2 | 5 | 8 | 3 | 61 |
| Stroke | 58 | 0 | 2 | 1 | 0 | 61 |
| Heart Disease | 48 | 2 | 5 | 4 | 1 | 58 |
| High Blood Pressure | 24 | 2 | 21 | 16 | 9 | 59 |
| Coronary Heart Failure | 57 | 0 | 1 | 4 | 0 | 61 |
| High Cholesterol | 40 | 4 | 10 | 10 | 4 | 61 |
| Cancer | 55 | 0 | 4 | 2 | 3 | 60 |
| Asthma | 49 | 3 | 3 | 6 | 2 | 60 |
| COPD (Chronic Obstructive Pulmonary Disease) | 58 | 1 | 1 | 1 | 0 | 61 |
| Kidney Disease | 58 | 1 | 0 | 1 | 1 | 61 |
| Obesity | 44 | 5 | 6 | 6 | 2 | 61 |
| Liver Disease | 60 | 1 | 0 | 1 | 0 | 61 |
| Arthritis | 44 | 2 | 9 | 4 | 3 | 60 |
| Migraine Headaches | 55 | 3 | 3 | 0 | 0 | 61 |
| Depression | 45 | 3 | 8 | 4 | 1 | 61 |
| Bipolar Disorder | 58 | 1 | 1 | 1 | 0 | 61 |
| Sleep Disorders | 52 | 1 | 3 | 4 | 1 | 61 |
| Hepatitis | 60 | 1 | 0 | 0 | 0 | 61 |
| Tuberculosis | 60 | 1 | 0 | 0 | 0 | 61 |
| Epilepsy/Seizure Disorder | 59 | 1 | 0 | 0 | 0 | 60 |
| Lupus | 60 | 0 | 0 | 0 | 0 | 61 |
| Sickle Cell Anemia | 60 | 0 | 0 | 1 | 0 | 61 |
| Glaucoma | 60 | 0 | 1 | 0 | 0 | 59 |
| Gonorrhea | 60 | 0 | 1 | 0 | 0 | 61 |
| HIV/AIDS | 60 | 0 | 1 | 0 | 0 | 61 |
| Dental Health Problems | 53 | 5 | 2 | 0 | 1 | 60 |
| Hearing Disorders | 53 | 2 | 3 | 2 | 2 | 61 |
| Eye/Vision Problems | 42 | 4 | 9 | 5 | 5 | 61 |
| Sinus Problems | 47 | 4 | 6 | 3 | 3 | 61 |
| Memory Loss | 54 | 3 | 3 | 0 | 0 | 60 |
| answered question | | | | | | 61 |
| skipped question | | | | | | 0 |

- About 44% reported having high blood pressure.
- 15.6% reported being diagnosed with depression.

- 37.5% diagnosed with eye/vision problems.

Table 52: If you have been diagnosed by a doctor with cancer, please provide the type of cancer(s)?

| If you have been diagnosed by a doctor with cancer, please provide the type of cancer(s) *Write N/A if you have not been diagnosed with cancer. | |
|---|----------------|
| Answer Options | Response Count |
| | 58 |
| answered question | 58 |
| skipped question | 3 |

- Of the three people who reported having cancer, two of them specified the types. There was one case of breast cancer and one case of thyroid cancer among the survey respondents.

Table 53: If you have been diagnosed by a doctor with cancer or are a cancer survivor, please rate your satisfaction with the below statements.

| If you have been diagnosed by a doctor with cancer or are a cancer survivor, please rate your satisfaction with the below statements.*Select N/A if you have not been diagnosed with or survived cancer. | | | | | | |
|--|-------------------|--------------|-----------|----------------|-----|----------------|
| Answer Options | Very Dissatisfied | Dissatisfied | Satisfied | Very Satisfied | N/A | Response Count |
| Waiting time for treatment | 0 | 0 | 0 | 3 | 55 | 58 |
| Communication with doctors and healthcare professionals | 0 | 1 | 3 | 4 | 51 | 59 |
| Education on diagnosis | 0 | 0 | 3 | 4 | 52 | 59 |
| Fair access to health services | 0 | 0 | 3 | 4 | 52 | 59 |
| Insurance coverage | 1 | 0 | 3 | 4 | 52 | 59 |
| Waiting time for treatment | 0 | 0 | 3 | 4 | 52 | 59 |
| Travel time/time off work | 1 | 1 | 2 | 3 | 51 | 58 |
| answered question | | | | | | 59 |
| skipped question | | | | | | 2 |

- Almost all results showed they were “satisfied” or “very satisfied.”

Table 54: How often do you travel outside of your county for medical care?

| How often do you travel outside of your county for medical care? | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Always | 9.4% | 3 |
| Sometimes | 21.9% | 7 |
| Seldom | 9.4% | 3 |
| Never | 59.4% | 19 |
| answered question | | 32 |
| skipped question | | 0 |

- About 60% of the respondents reported never traveling outside of the county for medical care.
- Table 55 below shows that of the people who do travel outside the county for care, people traveled for medical and doctor appointments, vision appointments, hospitalization, outpatient

treatment, dental appointments, X-rays, MRIs, laboratory or other tests and orthopedic appointments.

Table 55: If you travel outside of your county for medical care, what services do you seek?

| If you travel outside of your county for medical care, what services do you seek? (check all that apply) | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Medical/doctor appointments | 31.1% | 19 |
| Outpatient treatment | 18% | 11 |
| Hospitalization | 18% | 11 |
| Dental appointments | 11.4% | 7 |
| Laboratory or other tests | 16.3% | 10 |
| Orthopedic appointments | 6.5% | 4 |
| X-rays, MRIs, etc. | 13.1% | 8 |
| Vision appointments | 9.8% | 6 |
| Other | 0.0% | 0 |
| Do not travel outside of the county for medical care | 60.6% | 37 |
| answered question | | 61 |
| skipped question | | 0 |

Table 56: If you travel outside of your county for medical care, why?

| If you travel outside of your county for medical care, why? (check all that apply) | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Services not available in my county | 16.9% | 10 |
| Better quality elsewhere | 16.9% | 10 |
| Recently moved to this county | 3.3% | 2 |
| Local doctors are not covered by insurance | 5% | 3 |
| Closer to work/home | 5% | 3 |
| Too hard to get an appointment with a local doctor | 0.0% | 0 |
| Do not travel outside of the county for medical care | 61% | 36 |
| Less expensive healthcare services offered elsewhere | 0% | 0 |
| answered question | | 59 |
| skipped question | | 2 |

- Major reasons people traveled outside of the county for medical care were that services were higher quality, less expensive or not available in Scott County.

Table 57: Community Health Problems

| In this final section, please choose how much of a problem you think each item listed is for the county where you live. Do you think it is a serious problem, a moderate problem, not a problem at all or are you not sure about this issue in your county? | | | | | |
|---|-----------------|------------------|---------------|----------|----------------|
| Answer Options | Serious Problem | Moderate Problem | Not a Problem | Not Sure | Response Count |
| Ability to Afford Prescribed Medications | 28 | 15 | 10 | 7 | 60 |
| Affordable Healthcare | 31 | 10 | 13 | 6 | 60 |
| Available Healthcare | 22 | 10 | 18 | 8 | 58 |
| Alcohol/Drug Use | 20 | 14 | 14 | 11 | 59 |
| Allergies | 16 | 18 | 16 | 9 | 59 |
| Ambulance Services | 7 | 3 | 33 | 16 | 59 |
| Asthma/Respiratory Disorders | 8 | 17 | 21 | 14 | 60 |
| Eating Disorders | 11 | 10 | 23 | 16 | 60 |
| Cancer | 19 | 7 | 22 | 11 | 59 |



| | | | | | |
|--|----|----|----|----|----|
| Emergency Preparedness | 11 | 13 | 24 | 12 | 59 |
| Fire Protection | 6 | 10 | 31 | 12 | 59 |
| Firearms | 10 | 3 | 32 | 14 | 59 |
| Fitness Levels | 14 | 13 | 22 | 9 | 58 |
| Healthcare Quality | 13 | 15 | 26 | 6 | 59 |
| Heart Disease | 10 | 14 | 22 | 13 | 59 |
| High Blood Pressure/Strokes | 15 | 17 | 19 | 9 | 60 |
| HIV/AIDS | 6 | 3 | 30 | 20 | 59 |
| Infant Health | 6 | 10 | 24 | 19 | 59 |
| Infectious Diseases (meningitis, hepatitis, etc.) | 6 | 11 | 22 | 20 | 59 |
| Job Availability | 16 | 16 | 17 | 12 | 59 |
| Job Security | 14 | 14 | 19 | 12 | 59 |
| Mental Illness | 19 | 9 | 19 | 13 | 59 |
| Overweight Adults | 23 | 11 | 16 | 10 | 60 |
| Overweight Children | 20 | 10 | 16 | 13 | 59 |
| Prenatal Health | 8 | 10 | 24 | 15 | 57 |
| Recreation Opportunities | 12 | 11 | 24 | 15 | 57 |
| Secondhand Smoke | 10 | 16 | 18 | 15 | 59 |
| Services for Disabled | 8 | 14 | 21 | 16 | 59 |
| Smokeless Tobacco | 9 | 12 | 21 | 17 | 59 |
| Smoking | 15 | 12 | 18 | 14 | 59 |
| Suicide | 11 | 8 | 24 | 16 | 59 |
| Teen Pregnancy | 10 | 12 | 22 | 15 | 59 |
| Unemployment | 16 | 11 | 19 | 13 | 59 |
| answered question | | | | | 60 |
| skipped question | | | | | 1 |

- The table above shows how survey respondents weighed health problems in the community. These responses were opinions of the people, not factual.
- The top ten health problems described as either a serious problem or a moderate problem included (the number in parenthesis represents the total number of people who stated it was a serious or moderate problem):
 1. Unemployment (27) with 16 people saying it was a serious problem.
 2. Overweight Children (30) with 20 people saying it was a serious problem.
 3. Job Availability (32) with 16 people saying it was a serious problem.
 4. Teen Pregnancy (22) with 12 people saying it was a serious problem.
 5. Overweight Adults (34) with 23 people saying it was a serious problem.
 6. Alcohol/Drug Use (34) with 20 people saying it was a serious problem.
 7. Ability to Afford Prescription Medications (43) with 28 people saying it was a serious problem.
 8. Cancer (26) with 19 people saying it was a serious problem.
 9. Job Security (28) with 14 people saying it was a serious health problem.
 10. Allergies (34) with 16 people saying it was a serious problem.
 11. Affordable Healthcare (41) with 31 people saying it was a serious problem.

Chapter 7: Summary of Needs

Using the Data to Determine Needs

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

Secondary Data

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

Education: Scott County has a higher percentage of people who have less than a ninth grade education, have been in high school but do not have a diploma and people who have a high school diploma without any additional post-secondary education than the state. The county also has fewer people who have post-secondary education and/or a post-secondary degree.

Income: Scott County had a median income of \$41,628 which was about \$9,000 less than the state.

Employment: The unemployment rate of 3.4% in Scott County is slightly higher than the rate in Missouri.

Poverty: Scott County has a poverty rate of 20.1%, above the 14.6% poverty rate of Missouri.

Hunger and Food Uncertainty: Scott County has a greater **Percent Households Food Uncertain** with 15.9% compared with 13.9% for Missouri. The county also has a greater **Percent Household with Children Food Uncertain** and **Percent Households Food Uncertain with Hunger** than the state by 0.6%.

WIC Participation

- Scott County has 85.1% infants/children under the age of 5 who are eligible and participating in the WIC program, more than the 68.5% for Missouri.

Healthcare Providers:

- Scott County has a **primary care physician ratio** of 1,950:1, whereas Missouri has a ratio of 1,420:1.
- Scott County has a **mental health provider ratio** of 720:1, whereas Missouri has a ratio of 590:1.
- Scott County has a **dentist ratio** of 1,680:1, whereas Missouri has a ratio of 1,810:1.

Leading Causes of Death: Scott County has a higher rate of all causes of death than Missouri. The causes of death that the county has a higher rate in include: heart disease, all cancers, lung cancer, breast cancer, chronic lower respiratory disease, stroke/other cerebrovascular disease, total unintentional injuries, motor vehicle accidents, Alzheimer's disease, diabetes mellitus, pneumonia and influenza, kidney disease, suicide, chronic liver disease and cirrhosis, smoking-attributable, alcohol/drug-induced, all injuries and poisonings and injury at work.



Cancer: Scott County has a higher rate of cancer incidence than Missouri. The county's rate is 469.9 and the state's rate is 471.6.

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

- Deaths from heart disease, ischemic heart disease, stroke/other cerebrovascular disease, all cancers, colorectal cancer, colon and rectum cancer, lung cancer, breast cancer, diabetes mellitus, chronic obstructive pulmonary disease, asthma and smoking-attributable.
- Hospitalizations from heart disease, ischemic heart disease, stroke/other cerebrovascular disease, all cancers, colorectal cancer, lung cancer, breast cancer, prostate cancer, diabetes mellitus, chronic obstructive pulmonary disease, asthma and arthritis/lupus.
- ER visits from heart disease, ischemic heart disease, stroke/other cerebrovascular disease, diabetes mellitus, chronic obstructive pulmonary disease excluding asthma and arthritis/lupus.

Health Status at Birth: The County Health Rankings show that 9% of Scott County's births had **low birth weights** in 2016. This is greater than the 8% of low birth weights in Missouri. The county also had a higher rate of **birth defects** than the state.

Health Status:

- **Poor or fair health** was 23% in Scott County compared with 19% in Missouri in 2016.
- The average amount of **poor physical health days** in Scott County was 5.2 days and in Missouri it was 4.2 days.
- The average amount of **poor mental days** in Scott County was 4.5 days and in Missouri it was 4.4 days.

Preventable Hospitalizations:

- Scott County had 58 preventable hospital stays compared with Missouri's 57 preventable hospital stays in 2016. Preventable hospital stays are defined as the number of hospital stays for ambulatory care-sensitive conditions per 1,000 Medicare enrollees.
- Scott County has a higher rate than Missouri due to congestive heart failure.

Diet and Exercise:

- 3% more Scott County residents (29%) than Missouri residents (26%) are physically inactive.
- 72% of Scott County that had adequate access to exercise opportunities which is below the 77% of the population in Missouri that has access.
- The County Health Rankings also assigned an index of 6.6 out of 10.00 for Scott County, below Missouri at 6.7.

Maternal Health:

- Scott County had a rate of 28.3 for mothers who **smoked during pregnancy**, well above the 18.4 rate for Missouri.
- Scott County has a rate of 56.2 for mothers who **breast-fed sometime during postpartum** in 2008, which was well below the rate of Missouri at 72.9.

Preventative Practices: Several indicators were used to test preventive practices used by people in the community. Scott County had a worse prevalence than the state for the following indicators: current cigarette smoking, no leisure-time physical activity, fewer than 5 fruits and vegetables per day,

overweight, ever had high blood pressure among those who have had it checked, ever told they had high cholesterol among those ages 35 and older who have had it checked, ever told they had diabetes, no mammogram or clinical breast exam in the last year among women ages 40 and older, no pap smear in the last 3 years among women ages 18 and older, never had a blood stool test among men and women ages 50 and older, never had a sigmoidoscopy or colonoscopy among men and women age 50 and older and no sigmoidoscopy or colonoscopy in the past 10 years among men and women ages 50 and older.

Child and Adolescent Health:

- Scott County had a greater number of children ages 1 through 14 die from causes including total unintentional injuries, motor vehicle deaths, birth defects, homicide and heart disease.
- Scott County had a greater number of adolescents (ages 15 through 19) die from motor vehicle accidents and unintentional injuries.

Senior Health (latest report from the Missouri Department of Health and Senior Services):

In Scott County,

- 26.7% of seniors were **cost burdened by housing** in 2011, up from 20.4% in 2008. However, this is lower than the state percent of 29.4%.
- 90.9% of seniors have a **Missouri driver's license**, up from 86.5% in 2008. The state had 88.6% of seniors with a driver's license in 2011.
- 33.8% of seniors that faced crime and abuse per 1,000 persons. This decreased from 47.5% in 2008, but is far above 27.4 rate for the state.
- There was a rate of 7.4 **primary care physicians per 1,000 seniors**. This increased from 5.5 in 2004, but is still below the state rate of 13.1.
- 11.5% of **seniors lived in poverty**, compared with 8.2% of seniors living in poverty in the state.
- The **average income of senior households** was \$37,044, which was below the Missouri average of \$46,767.
- 8.3% of seniors had a **college education** compared with the 18.2% of seniors in Missouri with a college education.

Primary Data

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

Health Problems determined by primary research include:

- Obesity in Children and Adults
- Mental Illness
- Chronic Diseases
 - Diabetes
 - Heart Disease
 - COPD
- Cancer
- Chronic Lower Respiratory Disease



Behavioral Problems determined by primary research include:

- Alcohol Abuse
- Drug Abuse
- Smoking
- Depression
- Preventative Care



Community Problems determined by primary research include:

- Healthcare Affordability
- Transportation
- Ability to Afford Prescribed Medications
- Healthcare Literacy
- Healthcare Access

Conclusion

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

Appendix A: 2018 Community Health Needs Assessment Survey



2018 Community Health Needs Assessment Survey

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

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

If filling this out on paper, please direct any questions to Christy LeGrand, Saint Francis Medical Center, at 573-331-3950 or cslegrand@sfmc.net. Thank you.

1. What is your 5 digit zip code?

2. What is your age?

☐ 18-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65+

3. Marital Status?

☐ Single/Not Married

☐ Married

☐ Divorced

☐ Widowed

☐ Living with Partner

☐ Other



4. Gender?

- ☐ Male
☐ Female

5. What is your race/ethnicity?

- ☐ Asian or Pacific Islander
☐ Black or African American
☐ Hispanic or Latino
☐ Native American
☐ White or Caucasian
☐ Two or more races
☐ Other

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

- ☐ Asian or Pacific Islander
☐ Black or African American
☐ Hispanic or Latino
☐ Native American
☐ White or Caucasian
☐ Two or more races
☐ Other
☐ No children under 18 living in the home

PHYSICAL ENVIRONMENT

7. How many people currently live in your household?

- ☐ 1-2
☐ 3-5
☐ 6 or more

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

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

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

- ☐ None
- ☐ 1-3
- ☐ 3-5
- ☐ 6 or more



10. In the following section, how often do any children 18 or under CURRENTLY living in your home do the following?

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

| | Almost Always | Sometimes | Never | N/A* |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Participate in at least 1 hour of physical activity every day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are exposed to secondhand smoke in the home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Get a flu shot each year | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Practice safe sex (condom or other barrier methods) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Get enough sleep each night (7-9 hours) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eat a least 5 servings of fruits and vegetables each day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eat fast food more than once per week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Limit screen time (TV, smart phone, computer, video games) to 2 hours or less each day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drink sugar sweetened drinks (soda, juice w/added sugar, gatorade, energy drinks) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Apply sunscreen before planned time outside | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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11. Where do the children 18 and under currently living in your home go for regular health care? (check all that apply)

- ☐ Physician's Office
- ☐ Hospital Emergency Room
- ☐ Health Department Clinic
- ☐ Urgent Care
- ☐ Chiropractor
- ☐ Community Clinic
- ☐ Retail Clinic (i.e. Walgreens, CVS)
- ☐ Does not apply

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

- ☐ More than one working smoke detector
- ☐ Carbon monoxide detector
- ☐ Food is put back into the refrigerator within two hours after a meal
- ☐ Septic Tank
- ☐ Pets (dog, cat, reptiles, ect.)
- ☐ Internet access
- ☐ Provide care for an older adult
- ☐ Children under 13 are supervised in non-school hours

SOCIAL AND ECONOMIC FACTORS

13. What is your highest level of education?

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



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

- ☐ Employed
- ☐ Student
- ☐ Homemaker
- ☐ Retired
- ☐ Unemployed

15. What is your annual household income?

- ☐ Less than \$5,000
- ☐ \$5,000-\$14,999
- ☐ \$15,000-\$24,999
- ☐ \$25,000-\$49,999
- ☐ \$50,000-\$74,999
- ☐ \$75,000-\$99,999
- ☐ \$100,000+
- ☐ Other

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

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

HEALTH BEHAVIORS

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

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

| | Almost Always | Sometimes | Never | N/A |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Exercise at a moderate pace at least 30 minutes per day, 5 days per week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consume more than 3 alcoholic beverages per day (female) or more than 5 per day (male) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoke cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are exposed to second hand smoke at home or at the workplace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chew tobacco | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use illegal drugs (marijuana, cocaine, methamphetamine, heroin and/or opioids) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Get a flu shot each year | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Practice safe sex (use of condom or other barrier method) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Get enough sleep every night (7-8 hours) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eat a least 5 servings of fruit and vegetables each day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eat fast food at least once per week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feel stressed out or unhappy about your life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Apply sunscreen when spending time outside | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MEDICAL CARE AND SERVICES

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

- ☐ Health
- ☐ Dental
- ☐ Vision
- ☐ Do not have insurance



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

- ☐ Self-insured
- ☐ Employer-provided
- ☐ Medicare
- ☐ Medicaid or MC+
- ☐ VA
- ☐ Marketplace
- ☐ Do not know
- ☐ Do not have health insurance
- ☐ Other

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

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

21. What is your current health status?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

22. When was your last regular doctor's visit?

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

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

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

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

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

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

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Does not apply



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

- ☐ Physician's Office
- ☐ Hospital Emergency Room
- ☐ Health Department Clinic
- ☐ Urgent Care Center
- ☐ Chiropractor
- ☐ Community Clinic
- ☐ Retail Clinic (i.e. Walgreens, CVS)
- ☐ Do not seek health care

27. How often are you able to visit a doctor when needed?

- ☐ Always
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

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

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

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

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

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

- ☐ Mammogram
- ☐ Pap smear
- ☐ Lung Screening
- ☐ Flu shot
- ☐ Colon/rectal examination
- ☐ Blood pressure check
- ☐ Skin cancer reading
- ☐ Prostate cancer digital screen
- ☐ Prostate cancer PSA blood screen
- ☐ Cholesterol screen
- ☐ STD (Sexually Transmitted Disease) screening
- ☐ Vision screening
- ☐ Hearing screening
- ☐ Cardiovascular screening
- ☐ Bone density test
- ☐ Dental exam
- ☐ Diabetes-A1C

31. What types of healthcare screenings and/or services are needed to keep you and your family healthy?

- ☐ Diabetes
- ☐ Drug/Alcohol Abuse
- ☐ Eating disorders
- ☐ Emergency Preparedness
- ☐ Fall prevention for elderly
- ☐ Routine wellness checkups
- ☐ Memory loss screening
- ☐ Depression screening
- ☐ Suicide prevention
- ☐ Smoking cessation
- ☐ Vaccinations/Immunizations
- ☐ Weight Loss

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

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

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

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

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

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



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

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

| | Very Dissatisfied | Dissatisfied | Satisfied | Very Satisfied | N/A |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Receive diagnosis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Communication with doctors and healthcare professionals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Education on diagnosis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Plan developed by doctor to coordinate care and treatment with patient and other care providers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fair access to health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Insurance coverage | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Waiting time for treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Travel time/time off work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

- ☐ Always
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

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

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

38. If you travel outside of your county for medical care, why? (check all that apply)

- ☐ Services not available in my county
- ☐ Better quality elsewhere
- ☐ Recently moved to this county
- ☐ Local doctors are not covered by insurance
- ☐ Closer to work/home
- ☐ Too hard to get an appointment with a local doctor
- ☐ Less expensive health care services offered elsewhere
- ☐ Do not travel outside the county for medical care

39. In this final section, please choose how much of a problem you think each item listed is for the county where you live. Do you think it is a serious problem, a moderate problem, not a problem at all, or are you not sure about this issue in your county?

| | Serious Problem | Moderate Problem | Not a Problem | Not Sure |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Ability to Afford Prescribed Medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Affordable Health Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Available Health Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Drug Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ambulance Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| | Serious Problem | Moderate Problem | Not a Problem | Not Sure |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Asthma/Respiratory Disorders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eating Disorders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Preparedness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Firearms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fitness Levels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health Care Quality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| High Blood Pressure/Strokes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HIV/AIDS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Infant Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Infectious Diseases (meningitis, hepatitis, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Availability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Security | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Illness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overweight Adults | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overweight Children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prenatal Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recreation Opportunities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondhand Smoke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Services for Disabled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suicide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smokeless Tobacco | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation to healthcare services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teen Pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unemployment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Appendix B: Focus Group Questions

Community Health Needs Assessment Focus Group Questions

1. What do people in this community do to stay healthy? How do people get information about health?
2. In this group's opinion, what are the serious health problems in your community? What are some of the causes of these problems?
3. What keeps people in your community from being healthy?
4. What could be done to solve these problems?
5. Of all the issues we have talked about today, what issues do you think are the most important for you community to address?



Appendix C: Focus Group Participant Information

| | |
|--------------------------|--|
| Ken Dicus, EMT-P | South Scott Co. Ambulance Dist. |
| James McMillan | Sikeston DPS |
| Steve Sikes | Salvation Army |
| Mary White-Ross | Daughters of Sunset/Sikeston City Council |
| Joey Hayes | Missouri Bootheel Regional Consortium Inc. |
| Felecia Dodge, RN | Ferguson Medical Group |
| Latina Hampton, RN, BSN | Missouri Delta Medical Center/Clinics |
| Brandy Johnson | YMCA of Southeast Missouri |
| Diana Knutson, RN | Scott County Health Department |
| Sandy Robinson, MSN LCSW | Missouri Delta Medical Center |
| Micaela Kassinger, LPC | Bootheel Counseling Services |
| Brenda Freed | Scott County Health Department |

Appendix D: Data Comparison

Some of the significant secondary information statistics were pulled and used as a comparison between the last CHNA and the current assessment done by Saint Francis Healthcare System.

Key Characteristics of Survey Participants

Table 58: Key Characteristics of Survey Participants

| 2016 Assessment | 2019 Assessment |
|---|---|
| 84.4% are female | 80% are female |
| 68.8% are White/Caucasian | 65% are White/Caucasian |
| 34.4% have a high school diploma, but no secondary degree | 40% have a high school diploma, but no secondary degree |
| 43.7% have a two-year or four-year college degree | 32% have a two-year or four-year college degree |
| 67.7% have an annual household income greater than \$25,000 | 67.7% have an annual household income greater than \$25,000. 28% have an annual income between \$25,000, and \$49,999 |
| 20% have an annual household income between \$25,000 and \$49,999 | |
| 80.7% are employed at least part time | 39.3% are employed |
| 6.5% were fulltime students | 19.6% are considered unemployed |
| 6.5% were considered unemployed | 34.4% are considered to be retired |
| 62.5% live in households with three or more members | 61% live in households with three or more members |

Top five Priority Needs from 2016 Assessment

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

Important Issues to Address from Last Assessment's Focus Group

1. Obesity
2. Drug Abuse and mental health
3. Communication
4. Elder Neglect



Leading Causes of Death

The top five causes of death remain:

1. Heart disease
2. All cancers
3. Smoking-attributable
4. Lung cancer
5. All injuries/poisonings

Table 59: Leading Cause of Death, 2007-2017

| Leading Causes of Death | Scott County | | | Missouri |
|--|--------------|-------|-----------------------------|----------|
| | Events | Rate | Compared with Missouri Rate | Rate |
| All Causes | 4,736 | 922.3 | Higher | 815.75 |
| Heart Disease | 1,128 | 216.6 | Higher | 199.3 |
| All Cancers (Malignant Neoplasms) | 1,096 | 205.9 | Higher | 178.9 |
| Lung Cancer | 374 | 79.9 | Higher | 54.06 |
| Breast Cancer | 69 | 13.2 | Higher | 12.54 |
| Chronic Lower Respiratory Disease | 407 | 77 | Higher | 51.81 |
| Stroke/Other Cerebrovascular Disease | 250 | 58.5 | Higher | 43 |
| Total Unintentional Injuries | 238 | 53.9 | Higher | 49.9 |
| Motor Vehicle Accidents | 81 | 19.1 | Higher | 14.6 |
| Alzheimer's Disease | 175 | 33.4 | Higher | 28 |
| Diabetes Mellitus | 98 | 18.6 | Higher | 20.3 |
| Pneumonia and Influenza | 111 | 24.1 | Higher | 18 |
| Kidney Disease (Nephritis and Nephrosis) | 140 | 26.5 | Higher | 18.8 |
| Suicide | 88 | 22 | Higher | 15.4 |
| Septicemia | 67 | 12.7 | Higher | 11.3 |
| Chronic Liver Disease and Cirrhosis | 54 | 10 | Higher | 8.2 |
| Homicide | 19 | 4.6 | Lower | 8.1 |
| Smoking-Attributable (estimated) | 951 | 178.9 | Higher | 138.9 |
| Alcohol/Drug-Induced | 105 | 24.2 | Higher | 24.3 |
| All Injuries and Poisonings | 356 | 82.9 | Higher | 76 |
| Firearm | 60 | 14.5 | --- | 14.5 |

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

Source: Missouri Department of Health and Human Services

Cancer

Table 60: Cancer Incidence Comparison – Scott County

| All Sexes | Cancer Site | Rate (2007-2011) | Rate (2011-2015) |
|--------------|-------------------------|---------------------|---------------------|
| | Lung and Bronchus | 92.3 | 95.8 |
| | Female Breast | 120.1 | 144 |
| | Prostate | 138 | 113.8 |
| | Colon and Rectum | 58.2 | 51.2 |
| | Thyroid | 27.6 | 17.6 |
| | Urinary Bladder | 26.5 | 17.1 |
| | Kidney and Renal Pelvis | 37.2 | 27.8 |
| | Non-Hodgkin's Lymphoma | 23.5 | 19.5 |
| | Melanoma of the Skin | 23.1 | 13.1 |
| | Oral Cavity and Pharynx | 18.3 | 17.6 |
| | Corpus and Uterus, NOS | 37.6 | 16.6 |
| Females | Cancer Site | Rate (2007-2011) | Rate (2011-2015) |
| | Female Breast | 31.38 | 133.9 |
| | Lung and Bronchus | 14.9 | 50.4 |
| | Colon and Rectum | 9.93 | 31.4 |
| | Thyroid | 6.09 | 23.3 |
| | Corpus and Uterus, NOS | 5.76 | 28.6 |
| | Non-Hodgkin's Lymphoma | 3.95 | 15.7 |
| | Ovary | 2.48 | 13.8 |
| | Pancreas | 2.26 | 11.1 |
| | Cervix Uteri | - | 9.7 |
| | Melanoma of the Skin | 2.03 | 8.9 |
| | Kidney and Renal Pelvis | 2.93 | 9.0 |
| Males | Cancer Site | Rate (2007-2011) | Rate (2011-2015) |
| | Prostate | 138 | 117 |
| | Lung and Bronchus | 123 | 125.9 |
| | Colon and Rectum | 55.9 | 64.4 |
| | Urinary Bladder | 44.9 | 30.9 |
| | Kidney and Renal Pelvis | 32.4 | 31.5 |
| | Non-Hodgkin's Lymphoma | 40.9 | 26.8 |
| | Liver | - | 13 |
| | Melanoma of the Skin | 30.1 | 21.6 |
| | Leukemia | - | 10.4 |
| | Pancreas | - | 14.5 |

National Cancer Institute, Cancer Incidence, Age
Adjusted Incidence, cases per 100,000



Chronic Disease Rates

Table 61: Chronic Disease Rate Comparison

| Chronic Disease | Data Years | No. of Events - Scott County | Scott Rate | Missouri Rate |
|---|------------|------------------------------|------------|---------------|
| Heart Disease | | | | |
| Deaths | 2015-2017 | 1,282 | 189.9 | 223.6 |
| Hospitalizations | 2013-2015 | 3,572 | 156.4 | 129.8 |
| ER Visits | 2015-2017 | 3,999 | 32.9 | 20.5 |
| Ischemic Heart Disease | | | | |
| Deaths | 2015-2017 | 56 | 36.96 | 51.5 |
| Hospitalizations | 2013-2015 | 1,160 | 50.1 | 41.6 |
| ER Visits | 2015-2107 | 191 | 0.9 | 0.7 |
| Stroke/Other Cerebrovascular Disease | | | | |
| Deaths | 2015-2017 | 67 | 45.4 | 40.6 |
| Hospitalizations | 2013-2015 | 810 | 34.9 | 29.3 |
| ER Visits | 2015-2017 | 206 | 0.9 | 0.8 |
| All Cancers (Malignant Neoplasms) | | | | |
| Deaths | 2015-2017 | 291 | 190.8 | 191.1 |
| Hospitalizations | 2013-2015 | 298 | 34.2 | 28.4 |
| Colorectal Cancer | | | | |
| Deaths | 2015-2017 | 25 | 17.8 | 14.7 |
| Hospitalizations | 2013-2015 | 119 | 5.1 | 4.4 |
| Lung Cancer | | | | |
| Deaths | 2015-2017 | 97 | 62.8 | 48.5 |
| Hospitalizations | 2013-2015 | 147 | 6.2 | 3.76 |
| Breast Cancer | | | | |
| Deaths | 2015-2017 | 15 | 9.7 | 11.7 |
| Hospitalizations | 2013-2015 | 47 | 2.1 | .86 |
| Prostate Cancer | | | | |
| Deaths | 2015-2017 | 11 | 6.91 | 7.1 |
| Hospitalizations | 2013-2015 | 85 | 3.5 | 1.6 |
| Diabetes Mellitus | | | | |
| Deaths | 2015-2017 | 19 | 13.2 | 20.2 |
| Hospitalizations | 2013-2015 | 267 | 22.8 | 18.3 |
| Chronic Obstructive Pulmonary Disease (Excluding Asthma) | | | | |
| Deaths | 2015-2017 | 36 | 70.98 | 48.5 |
| Hospitalizations | 2013-2015 | 308 | 21.1 | 23.6 |
| ER Visits | 2015-2017 | 843 | 6.3 | 5.4 |
| Smoking - Attributable (Estimated) | | | | |
| Deaths | 2007-2017 | 800 | 175.8 | 146.9 |
| Hospitalizations | 2013-2015 | 1,008 | 43.5 | 41.7 |
| ER Visits | 2015-2017 | 2,603 | 13.4 | 9.9 |

Death rates are per year per 100,000 population and are age-adjusted to the U.S. 2000 standard population.
Hospitalization rates are per year per 10,000 population and are age-adjusted to the U.S. 2000 standard population.
ER visits are per year per 1,000 population and are age-adjusted to the U.S. 2000 standard population.

Poverty

The poverty status of Scott County was much worse than the state during the last assessment. In 2016, the poverty in Scott County reached 20% compared with 14.6% for Missouri, both increasing from the last assessment.

Obesity

From the 2016 Assessment: According to the County Health Rankings developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, 38% of Scott County residents were obese compared with about 30% of Missouri residents. In 2018, 35% of adults in Scott County were considered obese and about 32% of adults in Missouri were considered obese.

Table 62: Obesity Comparison

| Percent of Obesity in Scott County Residents | | |
|--|------|------|
| 2013 | 2015 | 2018 |
| 34% | 38% | 35% |

Source: County Health Rankings

Depression and Mental Health

The “poor mental health days” measure is based on responses to the question: “Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?” For Scott County, the average number of days that mental health was not good was 5.2 days, which is higher than the state average of 4.2 days. In 2016, the “poor mental health days” rose to 4.5 days. This was still higher than the amount of “poor mental health days” for the state at 4.4 days.



Elder Abuse

Table 63: Elder Abuse Comparison

| Counties | 2010 | 2011 | 2015 |
|--|---------|---------|---------|
| Population 65+ | | | |
| Missouri | 841,217 | 854,652 | 935,979 |
| Scott Co. | 5,892 | 5,987 | 6,712 |
| Percent population 65+ | | | |
| Missouri | 14.0% | 14.2% | 15.1% |
| Scott Co. | 15.0% | 15.3% | 16.5% |
| Senior abuse/neglect cases reported | | | |
| Missouri | 22,873 | 13,697 | - |
| Scott Co. | 326 | 173 | - |
| Senior abuse/neglect cases reported, per 10,000 persons | | | |
| Missouri | 272 | 160 | - |
| Scott Co. | 553 | 289 | - |
| Crime and senior abuse, per 1,000 persons | | | |
| Missouri | 33 | 27 | - |
| Scott Co. | 48 | 34 | - |

Source: Missouri Senior Report, University of Missouri Publication (OSED) in collaboration with the Department of Health and Human Services (DHSS) – indicates no new data.

Tobacco Use

Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or “most days” and has smoked at least 100 cigarettes in their lifetime. According to the County Health Rankings developed by the Robert Wood Johnson Foundation and the University of Wisconsin’s Population Health Institute, 23% of Scott County residents smoke cigarettes compared with 24% of Missouri residents.

The 23% 2018 percent of adults who were current smokers in Scott County was just below the 24% of smokers in 2015. This not only causes concern for disease development in smokers, but also for non-smokers through second-hand smoke.

Table 64: Smoking Comparison

| Percent of Smokers in Scott County Residents | | |
|--|------|------|
| 2013 | 2015 | 2018 |
| 25% | 24% | 23% |

Source: County Health Rankings

Hepatitis C

-Scott County had 33 cases of Hepatitis C, Chronic Infection reported in 2017.

Medicaid

Table 65: Medicaid Comparison

| 2013 | | 2015 | | 2018 | |
|----------|--------------|----------|--------------|----------|--------------|
| Missouri | Scott County | Missouri | Scott County | Missouri | Scott County |
| 14.5% | 26.1% | 15.98% | 25.89% | 18% | 26% |

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

Access to Healthcare Services

The County Health Rankings created by the Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute measures the uninsured population as the estimated percent of the population under age 65 that has no health insurance coverage. Using 2016 data from the U.S. Census Bureau, they determined that Scott County has 12% of its population under age 65 uninsured. In 2015, the County Health Rankings show that 12% of Scott County residents under 65 years of age are uninsured.

Dentists

In 2016, Scott County had dentist ratio of 1,680:1. In 2016, Missouri had a dentist ratio of 1,810:1.

Mental Health Providers

In 2016, Scott County had mental health provider ratio of 720:0. In 2016, Scott County is reported to have a ratio of 590:1.

Primary Care Physicians

In 2016, Scott County had a primary care physician ratio of 1,950:1. In 2016, Missouri had a ratio of 1,420:1.



Primary Data

The following lists the findings from the primary data, including the community surveys, focus groups and checklist exercise completed at the focus groups from both the 2016 assessment and the current 2019 assessment. The issues were determined as a concern if the focus group participants were in agreement about the issue and/or if more than 50% of survey participants classified the issue as a moderate to serious problem.

Table 66: Primary Data Comparison

| | 2016 | 2019 |
|----------------------------|--|---|
| Health Problems | <ul style="list-style-type: none">• Obesity in Children and Adults• Mental Illness• Chronic Diseases<ul style="list-style-type: none">○ Diabetes○ Heart Disease○ COPD• Cancer• Asthma• Dental Problems | <ul style="list-style-type: none">• Obesity in Children and Adults• Cancer• Heart Disease• Hypertension• Mental Illness• Allergies |
| Behavioral Problems | <ul style="list-style-type: none">• Alcohol Abuse• Drug Abuse• Smoking• Teen Pregnancy | <ul style="list-style-type: none">• Alcohol/Drug Abuse• Smoking• Teen Pregnancy |
| Community Problems | <ul style="list-style-type: none">• Healthcare Affordability• Transportation• Job Availability• Job Security• Unemployment• Access to Dental Care• Secondhand Smoke• Ability to Afford Prescribed Medications• Access to Healthcare for Medicare patients• Allergies• Healthcare Knowledge/Education | <ul style="list-style-type: none">• Healthcare Affordability• Job Security• Ability to Afford Prescribed Medication• Homelessness• Job Availability |

Appendix E: Sources of Information

Table 67: Sources

| Measure | Source | Year |
|--|--|-----------|
| Population | U.S. Census Bureau (Population Estimates) | 2017 |
| Race | U.S. Census Bureau (QuickFacts, American Community Survey 5-Year Estimates) | 2010-2017 |
| Ethnicity | U.S. Census Bureau (QuickFacts, American Community Survey 5-Year Estimates) | 2017 |
| Hispanic Population | U.S. Census Bureau (QuickFacts, American Community Survey 5-Year Estimates) | 2017 |
| Age Distribution | U.S. Census Bureau (QuickFacts) | 2017 |
| Percent of Population, Male vs. Female | U.S. Census Bureau (Population Estimates) | 2017 |
| Household/Family Configuration | U.S. Census Bureau (QuickFacts) | 2017 |
| Religion | Saint Francis Healthcare Data Analytics (Epic) | 2018 |
| Education Attainment | U.S. Census Bureau (American FactFinder) | 2017 |
| Language Spoken at Home | U.S. Census Bureau (American FactFinder, American Community Survey 5-Year Estimates) | 2017 |
| Literacy | National Center for Education Statistics | 2003 |
| Marital Status | U.S. Census Bureau (American Factfinder) | 2017 |
| Income | MERIC (missourieconomy.org) | 2017 |
| Unemployment | MERIC | 2017 |
| Poverty | U.S. Census Bureau, Small Area Income and Poverty Estimates | 2014-2017 |
| Medicaid/MO HealthNet | Missouri Department of Health and Human Services, MICA | 2017 |
| HealthNet Providers | Missouri Department of Health and Human Services, Missouri HealthNet Provider Search | Current |
| Free/Reduced-Priced Lunches | The Annie E. Casey Foundation, KIDS COUNT data center, Family and Community Trust | 2016 |
| Hunger and Food Uncertainty | Missouri Hunger Atlas | 2017 |
| WIC Participation | Missouri Hunger Atlas | 2017 |
| Housing | U.S. Census Bureau (QuickFacts) | 2017 |
| Healthcare Providers | County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation) | 2016 |
| Mortality | Missouri Department of Health & Senior Services | 2007-2017 |
| Cancer | Missouri Cancer Registry and Research Center | 2011-2015 |
| Chronic Disease | Missouri Department of Health & Senior Services | 2011-2015 |
| Years of Potential Life Lost | Missouri Department of Health & Senior Services | 2015 |
| Infant Mortality | The Annie E. Casey Foundation, KIDS COUNT data center, Family and Community Trust | 2012-2016 |



| | | |
|-------------------------------------|--|-----------|
| Obesity and Overweight | County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation) | 2016 |
| Diabetes | County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation) | 2016 |
| Infectious Disease | Missouri Department of Health & Senior Services Bureau of Communicable Disease Control and Prevention, Annual Communicable Disease Surveillance Report | 2015 |
| HIV/AIDS | CDC, National HIV Surveillance Database | 2016 |
| Other Sexually Transmitted Diseases | Missouri Department for Health & Senior Services' HIV/AIDS Surveillance System STD by County Report | 2017 |
| Low Birth Weight | County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation) | 2016 |
| Preterm Deliveries | The Annie E. Casey Foundation's KIDS COUNT data center, Family and Community Trust | 2012-2016 |
| | Missouri Department of Health & Human Services | 2011-2015 |
| Birth Defects | National Birth Defects Prevention Network Missouri Department of Health & Senior Services | 2012-2016 |
| Health Status | County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation) | 2016 |
| Mental Health | Missouri Department of Mental Health, Community Epidemiological Profiles | 2017 |
| Preventable Hospitalizations | County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation) | 2016 |
| | Missouri Department of Health & Senior Services (MICA) | 2016 |
| Diet and Exercise | County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation) | 2016 |
| Tobacco Use | County Health Rankings (University of Wisconsin's Population Health Institute, The Robert Wood Johnson Foundation) | 2016 |
| Substance Abuse | Missouri Department of Mental Health, Behavioral Health Profile | 2016 |
| Prenatal Care | Missouri Department of Health & Senior Services, 2015 Prenatal Profile | 2017 |
| Smoking During Pregnancy | Missouri Department of Health & Senior Services, Community Data Profiles | 2006-2017 |
| Breast-feeding | Missouri Department of Health & Senior Services (MICA), WIC Infant | 2016 |
| Preventive Practices | Missouri Department of Health & Senior Services, Community Health Profiles, Health and Preventive Practices | 2016 |

| | | |
|---|---|-----------|
| Child and Adolescent Health: Causes of Death for Children and Adolescents | Missouri Department of Health & Senior Services, Child Health | 2015-2017 |
| Teen Substance Abuse and Smoking | Missouri Student Survey, Status Report on Missouri's Substance Use and Mental Health | 2017 |
| Teen Pregnancy | The Annie E. Casey Foundation's KIDS COUNT data center, Family and Community Trust | 2012-2016 |
| Senior Health | Missouri Senior Report (Missouri Department of Health & Senior Services, University of Missouri Office of Social and Economic Data Analysis (OSED)) | 2013 |

Some other sources for general information include:

- Centers for Disease Control and Prevention (CDC)
- AIDSvu
- Trust for America's Health
- Other local websites
 - Scott County Public Health Department