2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Cole, Callaway, Miller, Moniteau, Morgan & Osage Counties, Missouri

Sponsored by

MU Health Care's Capital Region Medical Center

MU Health Care

SSM Health St. Mary's Hospital - Jefferson City

SSM Health St. Mary's Hospital Jefferson City

2024-0440-02

Prepared by
www.PRCExcellence.com

TABLE OF CONTENTS

INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2021, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Capital Region Medical Center and SSM Health St. Mary's Hospital - Jefferson City. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans designed to serve these individuals may then be developed to address some of the socio-economic factors that historically have had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Capital Region Medical Center and SSM Health St. Mary's Hospital - Jefferson City by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

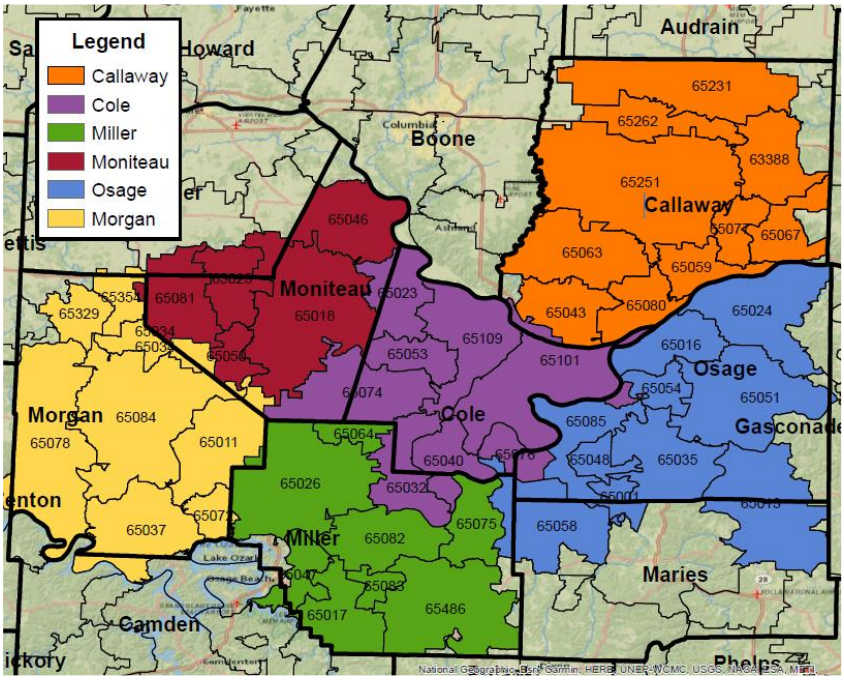
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Capital Region Medical Center, SSM Health St. Mary's Hospital - Jefferson City, and PRC and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as “Total Service Area” in this report) is defined as each of the residential ZIP Codes primarily associated with Cole, Callaway, Miller, Moniteau, Morgan, and Osage counties. This community definition, determined based on the ZIP Codes of residence of recent patients of Capital Region Medical Center and St. Mary’s Hospital, is illustrated in the following map.



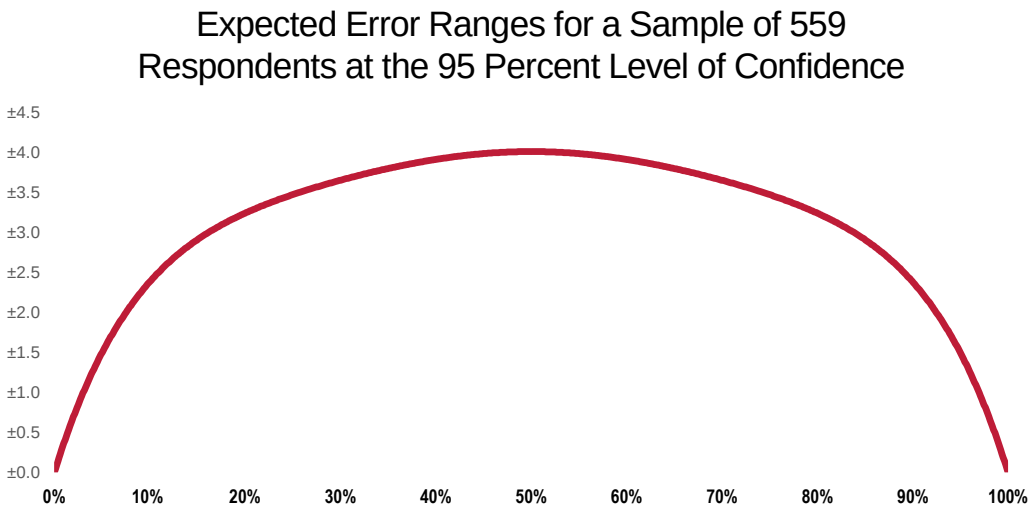
Sample Approach & Design

A precise and carefully implemented methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted by PRC via telephone (landline and cell phone) or through online questionnaires, as well as a community outreach component promoted by the study sponsors through social media posting and other communications.

> **RANDOM-SAMPLE SURVEYS** (PRC) ► For the targeted administration, PRC administered 402 surveys throughout the service area.
>
> **COMMUNITY OUTREACH SURVEYS** (Capital Region Medical Center and St. Mary’s Hospital) ► PRC also created a link to an online version of the survey, and Capital Region Medical Center and St. Mary’s Hospital promoted this link locally in order to drive additional participation and bolster overall samples. This yielded an additional 157 surveys to the overall sample.

In all, 559 surveys were completed through these mechanisms, including 74 in Callaway County, 246 in Cole County, 57 in Miller County, 65 in Moniteau County, 52 in Morgan County, and 65 in Osage County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, for questions asked of all respondents, the maximum rate of error associated with a sample size of 559 respondents is ±4.0% at the 95 percent confidence level.



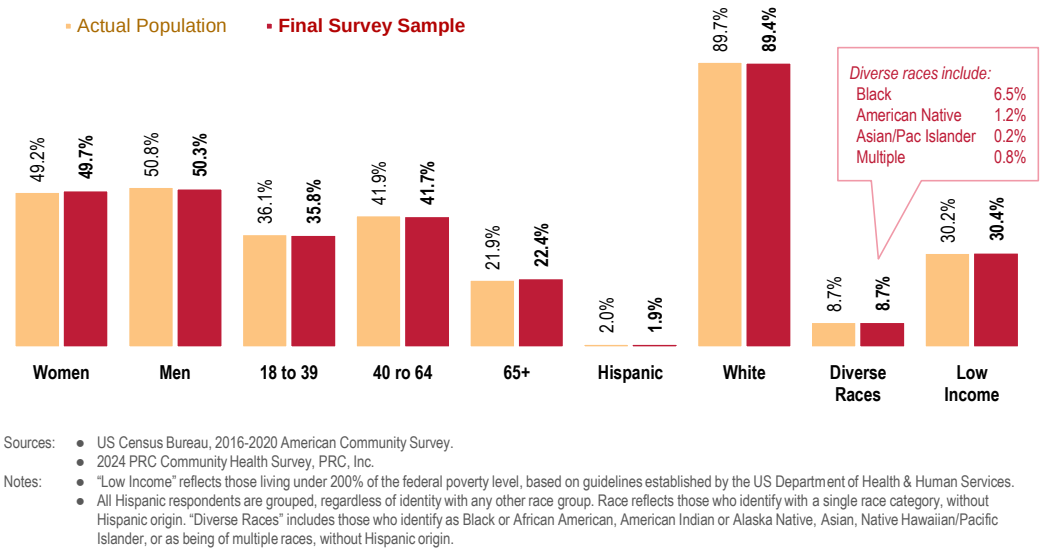
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 559 respondents answered a certain question with a "yes," it can be asserted that between 7.6% and 12.6% (10% ± 2.4%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.0% and 54.0% (50% ± 4.0%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]



The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Capital Region Medical Center and St. Mary's Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 62 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	7
Public Health Representatives	5
Other Health Providers	5
Social Services Providers	17
Other Community Leaders	28

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Blair Oaks R-11 Schools Parents as Teachers
- Boyce and Bynum Pathology
- Boys and Girls Club of Jefferson City
- Burger's Smokehouse
- California R-1 School District
- Callaway County Health Department
- Capital Region Medical Center Foundation
- Cargill
- Catholic Charities of Central and Northern Missouri
- Central Missouri Community Action Agency
- City of Jefferson
- CMCA Head Start
- Cole County Commission
- Cole County EMS
- Cole County Health Department
- Cole County Sheriff's Office
- Compass Health
- Council for Drug Free Youth
- Eldon Schools
- Ellinger Bell
- Faith Lutheran
- First Christian Church Jefferson City
- Helias Catholic High School
- Homemaker Health Care, Inc.
- JC Area YMCA
- Jefferson City Chamber of Commerce
- Jefferson City Public Schools
- Kolb Real Estate
- Lincoln University
- Little Explorers Discovery Center
- Miller County Ambulance
- Miller County Health Center
- Miller County Public Administrator
- Missouri Department of Agriculture
- Missouri House of Representatives
- Missouri State Highway Patrol
- Moniteau County
- Moniteau County Health Center
- MU Health Care – Capital Region Medical Center
- Osage County Health Department
- Osage County Special Services
- Pregnancy Help Center of Central Missouri
- Prenger Center
- Rape & Abuse Crisis Services
- Scheppers Distributing
- Schwartz & LeCure, LLC
- Special Learning Center
- SSM Health Medical Group in Tipton
- SSM Health St. Mary's Hospital - Jefferson City
- United Way of Central Missouri

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Total Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Comparisons

Trending

A similar survey was administered in the Total Service Area in 2021 by PRC on behalf of Capital Region Medical Center. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Missouri Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After receiving feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Capital Region Medical Center and St. Mary's Hospital made prior Community Health Needs Assessment (CHNA) reports publicly available on their respective websites; through that mechanism, they requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Capital Region Medical Center and St. Mary's Hospital had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community.

IRS FORM 990, SCHEDULE H COMPLIANCE

For 501(c)3 tax-exempt hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2022)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	7
Part V Section B Line 3b Demographics of the community	33
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	55
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	14
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	15
Part V Section B Line 3h The process for consulting with persons representing the community's interests	9
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	174

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Barriers to Access – Cost of Prescriptions – Cost of Physician Visits – Appointment Availability – Difficulty Finding a Physician – Lack of Transportation ▪ Skipping/Stretching Prescriptions ▪ Primary Care Physician Ratio ▪ Emergency Room Utilization
CANCER	▪ Leading Cause of Death ▪ Lung Cancer Deaths ▪ Lung Cancer Incidence
DIABETES	▪ Diabetes Deaths ▪ Kidney Disease Deaths
DISABLING CONDITIONS	▪ Caregiving
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Heart Disease Prevalence
HOUSING	▪ Housing Insecurity ▪ Housing Conditions ▪ Financial Resilience ▪ Key Informants: *Social Determinants of Health* ranked as a top concern.

—continued on the following page—

AREAS OF OPPORTUNITY (continued)	
INJURY & VIOLENCE	▪ Motor Vehicle Deaths ▪ Homicide Deaths ▪ Violent Crime Experience
MENTAL HEALTH	▪ “Fair/Poor” Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Stress ▪ Suicide Deaths ▪ Mental Health Provider Ratio ▪ Receiving Treatment for Mental Health ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: *Mental Health* ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Food Insecurity ▪ Difficulty Accessing Fresh Produce ▪ Meeting Physical Activity Guidelines ▪ Access to Recreation/Fitness Facilities ▪ Overweight & Obesity [Adults]
RESPIRATORY DISEASE	▪ Lung Disease Deaths ▪ Pneumonia/Influenza Deaths ▪ Asthma Prevalence [Children]
SUBSTANCE USE	▪ Alcohol-Induced Deaths ▪ Unintentional Drug-Induced Deaths ▪ Personally Impacted by Substance Use
TOBACCO USE	▪ Environmental Exposure to Smoke ▪ Use of Vaping Products

Community Feedback on Prioritization of Health Needs

On October 29, 2024, Capital Region Medical Center and SSM Health St. Mary's Hospital - Jefferson City convened an online meeting of providers and other community leaders (representing a cross-section of community-based agencies and organizations) to evaluate and prioritize health issues for the community, based on findings of this Community Health Needs Assessment (CHNA). PRC began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), an online voting platform was used in which each participant was able to register their ratings using a mobile device or web browser.

The participants were asked to evaluate each health issue along two criteria:

SCOPE & SEVERITY ► The first rating was to gauge the magnitude of the problem in consideration of the following:

- How many people are affected?
- How does the local community data compare to state or national levels, or Healthy People 2030 targets?
- To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered using a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

ABILITY TO IMPACT ► A second rating was designed to measure the perceived likelihood of having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. Mental Health
2. Heart Disease & Stroke
3. Access to Health Care Services
4. Nutrition, Physical Activity & Weight
5. Substance Abuse
6. Diabetes
7. Cancer
8. Housing
9. Tobacco Use
10. Respiratory Disease
11. Disabling Conditions
12. Injury & Violence

Hospital Implementation Strategy

Capital Region Medical Center and St. Mary's Hospital will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

In the following tables, Total Service Area results are shown in the larger, gray column.

The columns to the left of the Total Service Area column provide comparisons among the six communities, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the combined opposing areas.

The columns to the right of the Total Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the Total Service Area compares favorably (), unfavorably (), or comparably () to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2021). Note that survey data reflect the ZIP Code-defined Total Service Area.

OTHER (SECONDARY) DATA INDICATORS:
Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Local secondary data reflect county-level data.

SOCIAL DETERMINANTS	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	0.7	0.2	0.0	0.6	2.4	1.4	0.7	1.0	3.9		
Population in Poverty (Percent)	9.4	9.5	7.7	16.0	10.9	19.7	11.4	12.8	12.5	8.0	
Children in Poverty (Percent)	13.2	15.1	6.6	23.6	13.0	23.2	15.6	16.6	16.7	8.0	
No High School Diploma (Age 25+, Percent)	7.5	9.8	7.2	10.9	13.6	20.3	10.3	8.7	10.9		
Unemployment Rate (Age 16+, Percent)	3.5	4.0	3.5	3.8	3.6	4.5	3.7	4.2	4.3		6.3
% Unable to Pay Cash for a $400 Emergency Expense	24.2	15.7	31.4	23.5	29.9	36.9	24.5		34.0		13.3
% Worry/Stress Over Rent/Mortgage in Past Year	33.1	27.6	41.6	28.5	39.8	33.2	32.6		45.8		18.9
% Unhealthy/Unsafe Housing Conditions	13.6	13.3	18.6	15.3	15.9	10.7	14.0		16.4		3.9
% HH Member Experiences Discrimination	21.1	22.5	20.3	13.8	16.6	18.4	20.0				
% Disagree That the Community Has Enough Affordable Homes	45.0	34.1	34.9	48.7	56.1	31.4	41.5				

SOCIAL DETERMINANTS (continued)	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	TREND
% Disagree That the Community Has Enough Well-Paying Jobs	29.8	35.1	48.2	35.3	37.6	44.2	35.1				
% HH Does Not Have Transportation to Support Daily Needs	2.9	5.3	15.6	7.3	2.0	11.5	5.7				
% Do Not Have Internet Access in the Home	5.9	4.1	4.4	9.4	4.2	5.1	5.5				
Population With Low Food Access (Percent)	31.2	19.6	11.1	8.0	11.0	3.2	19.6	24.9	22.2		
% Food Insecure	26.4	27.1	36.7	27.6	31.6	37.0	29.0		43.3		10.4

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

OVERALL HEALTH	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	13.8	17.8	19.4	14.1	23.2	29.1	17.6	18.6	15.7		22.6

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

ACCESS TO HEALTH CARE	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	3.5	2.4	14.8		1.6		5.6	11.5	8.1	7.6	8.7
% Difficulty Accessing Health Care in Past Year (Composite)	52.0	60.0	62.8	33.1	60.1	47.4	52.9		52.5		38.9
% Cost Prevented Physician Visit in Past Year	15.7	17.1	20.2	13.4	27.9	16.5	17.2	11.3	21.6		10.3
% Cost Prevented Getting Prescription in Past Year	13.0	16.0	24.5	10.4	11.5	24.8	15.5		20.2		8.8
% Difficulty Getting Appointment in Past Year	35.3	37.3	30.8	24.0	43.4	31.8	34.5		33.4		22.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	18.5	22.4	14.6	8.9	25.5	9.8	17.7		22.9		13.5
% Difficulty Finding Physician in Past Year	24.7	26.0	21.4	11.7	22.8	19.9	22.8		22.0		10.4
% Transportation Hindered Dr Visit in Past Year	5.4	1.8	13.0	12.9	13.6	21.6	8.3		18.3		4.0
% Language/Culture Prevented Care in Past Year	2.4	0.0	0.1	0.0	0.0	0.0	1.0		5.0		0.6
% Stretched Prescription to Save Cost in Past Year	13.2	14.1	19.1	12.7	18.4	13.4	14.2		19.4		9.4
% Difficulty Getting Child's Health Care in Past Year							8.9		11.1		4.3

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	TREND
Primary Care Doctors per 100,000	141.1	76.8	15.1	56.6	25.9	57.1	89.3	114.6	111.0		
% Have a Specific Source of Ongoing Care	76.8	77.5	69.3	72.6	67.9	68.5	74.3		69.9	84.0	71.7
% Routine Checkup in Past Year	77.1	69.7	64.0	74.6	65.5	58.2	71.2	76.5	65.3		72.0
% [Child 0-17] Routine Checkup in Past Year							88.8		77.5		92.1
% Two or More ER Visits in Past Year	12.4	11.0	9.5	12.0	15.2	28.3	13.7		15.6		8.8
% Low Health Literacy	19.4	21.5	10.6	10.1	21.2	21.1	18.6		25.1		
% Rate Local Health Care "Fair/Poor"	12.8	13.7	11.4	8.5	20.8	16.2	13.4		11.5		12.1

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

CANCER	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	
Cancer Deaths per 100,000 (Age-Adjusted)	146.9	178.9	142.9	145.9	152.6	191.3	**159.3**	161.0	146.5	122.7	180.8
Lung Cancer Deaths per 100,000 (Age-Adjusted)							**46.3**	42.7	33.4	25.1	
Female Breast Cancer Deaths per 100,000 (Age-Adjusted)							**18.9**	19.1	19.4	15.3	
Prostate Cancer Deaths per 100,000 (Age-Adjusted)							**17.2**	18.0	18.5	16.9	
Colorectal Cancer Deaths per 100,000 (Age-Adjusted)							**11.6**	13.8	13.1	8.9	
Cancer Incidence per 100,000 (Age-Adjusted)	433.3	452.6	467.9	435.2	424.3	471.8	**444.4**	449.8	442.3		
Lung Cancer Incidence per 100,000 (Age-Adjusted)	64.0	77.8	59.2	71.6	60.6	87.7	**70.6**	68.1	54.0		
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)	111.0	117.2	115.6	124.0	95.5	90.8	**110.7**	130.9	127.0		
Prostate Cancer Incidence per 100,000 (Age-Adjusted)	123.6	97.6	120.9	95.1	83.6	83.8	**105.5**	96.0	110.5		
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)	40.9	39.6	43.4	43.1	46.6	47.4	**42.3**	38.7	36.5		
% Cancer	8.5	9.5	17.1	2.8	15.9	10.3	**9.6**	12.3	7.4		9.7

CANCER (continued)	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	TREND
% [Women 50-74] Breast Cancer Screening							79.2	75.0	64.0	80.5	79.6
% [Women 21-65] Cervical Cancer Screening							79.6		75.4	84.3	82.4
% [Age 45-75] Colorectal Cancer Screening							76.9	69.3	71.5	74.4	79.6

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

DIABETES	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000 (Age-Adjusted)	35.1	35.2	33.2	35.1	90.4	39.3	40.0	21.6	22.6		28.3
% Diabetes/High Blood Sugar	14.9	10.4	15.4	9.8	17.9	21.2	14.3	11.7	12.8		13.2
% Borderline/Pre-Diabetes	6.5	9.5	10.4	9.6	14.4	12.2	9.0		15.0		6.1
Kidney Disease Deaths per 100,000 (Age-Adjusted)							18.1	19.4	12.8		12.7

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

DISABLING CONDITIONS	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	39.3	50.2	33.2	20.1	48.1	54.0	41.6		38.0		36.8
% Activity Limitations	28.4	30.2	32.2	37.6	37.8	42.9	32.3		27.5		27.9
% High-Impact Chronic Pain	19.2	24.1	21.4	13.0	33.4	37.3	22.9		19.6	6.4	21.8
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)							18.1	34.0	30.9		24.4
% Caregiver to a Friend/Family Member	29.9	33.5	25.6	27.4	25.8	32.8	30.2		22.8		22.3

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

HEART DISEASE & STROKE	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000 (Age-Adjusted)	159.8	177.8	135.9	198.5	188.4	215.4	176.2	190.7	164.4	127.4	193.2
% Heart Disease	9.2	5.0	4.9	10.3	25.5	16.3	10.0	7.6	10.3		5.7
Stroke Deaths per 100,000 (Age-Adjusted)	28.5	30.7		40.5		37.3	31.6	38.8	37.6	33.4	36.7

HEART DISEASE & STROKE (continued)	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	TREND
% Stroke	4.7	2.2	3.3	3.8	6.7	4.5	4.0	4.2	5.4		3.7
% High Blood Pressure	42.2	43.7	37.4	38.1	38.3	46.7	42.0	35.1	40.4	42.6	46.4
% High Cholesterol	34.7	37.4	33.6	21.8	28.9	38.3	33.9		32.4		32.6
% 1+ Cardiovascular Risk Factor	88.0	90.1	88.1	94.6	93.7	87.0	89.4		87.8		88.4

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	TREND
Teen Births per 1,000 Females 15-19	18.0	17.7	6.7	28.5	19.0	25.4	19.2	20.0	16.6		
Low Birthweight (Percent of Births)	8.9	7.7	7.5	8.5	6.0	7.2	8.0	8.8	8.3		
Infant Deaths per 1,000 Births							4.9	6.0	5.5	5.0	8.2

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

INJURY & VIOLENCE	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	47.1	46.1	59.3	58.4	48.6	50.2	**49.5**	63.7	51.6	43.2	43.5
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)							**16.2**	15.2	11.4	10.1	
[65+] Fall-Related Deaths per 100,000 (Age-Adjusted)							**40.6**	70.8	67.1	63.4	
Homicide Deaths per 100,000 (Age-Adjusted)							**5.8**	12.1	6.1	5.5	3.0
Violent Crimes per 100,000	318.7	433.3	30.0	276.3	129.0	307.0	**303.5**	524.3	416.0		
% Victim of Violent Crime in Past 5 Years	6.5	4.2	3.4	2.3	7.6	3.3	**5.0**		7.0		1.9
% Victim of Intimate Partner Violence	15.9	11.6	14.9	7.9	13.8	21.6	**14.5**		20.3		12.2

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

MENTAL HEALTH	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	30.1	18.6	23.1	19.6	30.3	36.1	26.5		24.4		17.2
% Diagnosed Depression	28.6	35.4	39.0	34.9	35.5	29.8	32.3	21.8	30.8		24.9
% Symptoms of Chronic Depression	41.6	39.5	54.2	37.5	46.0	45.7	42.5		46.7		33.4
% Typical Day Is "Extremely/Very" Stressful	22.8	24.6	27.0	17.1	12.9	15.6	21.5		21.1		8.8
Suicide Deaths per 100,000 (Age-Adjusted)							17.5	18.6	13.9	12.8	14.9
Mental Health Providers per 100,000	126.8	106.1	7.5	56.6	38.8	4.8	85.2	141.6	185.6		
% Receiving Mental Health Treatment	29.1	23.5	29.4	28.8	18.4	26.6	26.7		21.9		19.6
% Unable to Get Mental Health Services in Past Year	9.3	12.8	7.4	6.6	18.9	18.1	11.4		13.2		4.8

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	
% "Very/Somewhat" Difficult to Buy Fresh Produce	31.1	33.8	33.6	40.2	30.8	40.0	**33.7**		30.0		12.1
% 5+ Servings of Fruits/Vegetables per Day	33.4	33.3	40.3	11.6	25.1	24.8	**30.1**		29.1		25.7
% No Leisure-Time Physical Activity	23.2	25.3	30.2	33.3	28.4	22.5	**25.6**	25.3	30.2	21.8	22.7
% Meet Physical Activity Guidelines	28.0	22.2	25.0	13.2	13.0	17.6	**22.7**	17.1	30.3	29.7	19.0
% [Child 2-17] Physically Active 1+ Hours per Day							**50.7**		27.4		53.7
Recreation/Fitness Facilities per 100,000							**7.7**	11.2	12.3		
% Overweight (BMI 25+)	71.0	73.0	67.4	66.6	75.4	76.9	**71.7**	70.4	63.3		74.9
% Obese (BMI 30+)	37.0	46.1	27.2	19.9	45.2	53.9	**39.0**	36.4	33.9	36.0	49.9
% [Child 5-17] Overweight (85th Percentile)							**35.5**		31.8		24.6
% [Child 5-17] Obese (95th Percentile)							**22.6**		19.5	15.5	16.9

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

ORAL HEALTH	DISPARITY AMONG SUBAREAS: Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS: vs. MO	vs. US	vs. HP2030	TREND
% Have Dental Insurance	83.4	76.0	64.5	65.0	76.9	68.3	76.3		72.7	75.0	65.3
% Dental Visit in Past Year	69.8	57.3	60.8	57.1	45.1	38.1	59.7	61.2	56.5	45.0	58.6
% [Child 2-17] Dental Visit in Past Year							85.1		77.8	45.0	92.3

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

RESPIRATORY DISEASE	DISPARITY AMONG SUBAREAS: Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS: vs. MO	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000 (Age-Adjusted)	59.2	53.1	47.2	70.8	50.2	75.0	57.7	48.0	38.1		58.1
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)							17.2	15.4	13.4		14.3
% [Age 65+] Flu Vaccine in Past Year							72.3	68.2	70.9		78.5
% Asthma	16.6	14.2	13.5	3.5	15.0	13.8	14.0	10.4	17.9		11.9
% [Child 0-17] Asthma							16.2		16.7		6.9
% COPD (Lung Disease)	8.2	7.5	11.2	9.5	8.3	22.7	10.0	8.4	11.0		7.8

SEXUAL HEALTH	DISPARITY AMONG SUBAREAS: Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS: vs. MO	vs. US	vs. HP2030	TREND
HIV Prevalence per 100,000	162.3	187.8		37.8	199.4	38.3	140.1	254.3	386.6		
Chlamydia Incidence per 100,000	630.1	413.3	112.0	236.2	289.1	202.0	421.7	523.6	495.0		
Gonorrhea Incidence per 100,000	319.9	273.3	44.8	76.3	51.7	98.2	175.7	246.2	194.4		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

SUBSTANCE USE	DISPARITY AMONG SUBAREAS: Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS: vs. MO	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)							9.4	10.7	11.9		5.2
% Excessive Drinking	19.7	25.4	17.0	26.6	21.1	13.2	20.9	20.2	34.3		24.5
Unintentional Drug-Induced Deaths per 100,000 (Age-Adjusted)							12.3	26.5	21.0		9.1
% Used an Illicit Drug in Past Month	2.3	5.4	6.2	4.5	3.3	1.8	3.6		8.4		1.7
% Used a Prescription Opioid in Past Year	16.0	18.8	14.0	10.4	21.8	25.1	17.4		15.1		17.8

SUBSTANCE USE (continued)	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	
% Ever Sought Help for Alcohol or Drug Problem	4.3	11.5	13.5	12.7	7.2	3.9	7.7		6.8		1.3
% Personally Impacted by Substance Use	43.2	46.8	49.4	45.7	28.9	38.0	43.1		45.4		28.8

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

TOBACCO USE	DISPARITY AMONG SUBAREAS						Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			TREND
	Cole County	Callaway County	Osage County	Miller County	Moniteau County	Morgan County		vs. MO	vs. US	vs. HP2030	
% Smoke Cigarettes	13.6	15.6	24.4	26.1	14.9	23.3	17.3	16.8	23.9	6.1	15.5
% Someone Smokes at Home	14.4	11.5	19.9	23.5	15.9	31.8	17.1		17.7		9.5
% Use Smokeless Tobacco	5.8	6.4	6.7	8.2	11.1	3.1	6.3				
% Use Vaping Products	5.9	10.3	13.0	18.2	15.6	18.2	10.8	8.1	18.5		5.0

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

The Total Service Area, the focus of this Community Health Needs Assessment, encompasses over 3,400 square miles and houses a total population of 196,206 residents, according to latest census estimates.

Total Population
(Estimated Population, 2018-2022)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Cole County	76,890	391.55	196
Callaway County	44,517	834.57	53
Osage County	13,374	606.58	22
Miller County	24,855	592.57	42
Moniteau County	15,401	415.03	37
Morgan County	21,169	597.63	35
Total Service Area	**196,206**	**3,437.93**	**57**
Missouri	6,154,422	68,746.36	90
United States	331,097,593	3,533,269.34	94

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Population Change 2010-2020

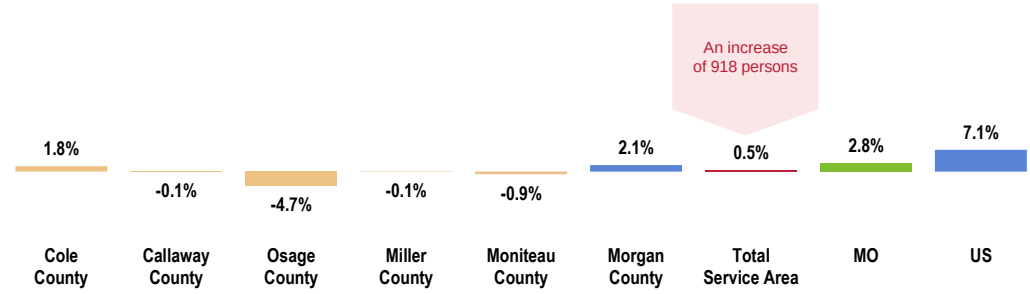
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2010 and 2020 US Censuses, the population of the Total Service Area increased by 918 persons, or 0.5%.

BENCHMARK ► The proportional increase is well below the Missouri and (especially) US increases.

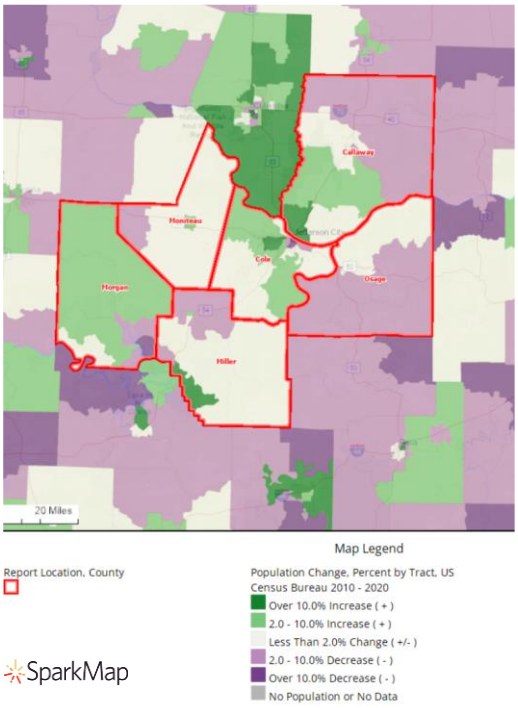
DISPARITY ► Note the decrease in population between 2010 and 2020 for Osage and Moniteau counties.

Change in Total Population
(Percentage Change Between 2010 and 2020)



Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.



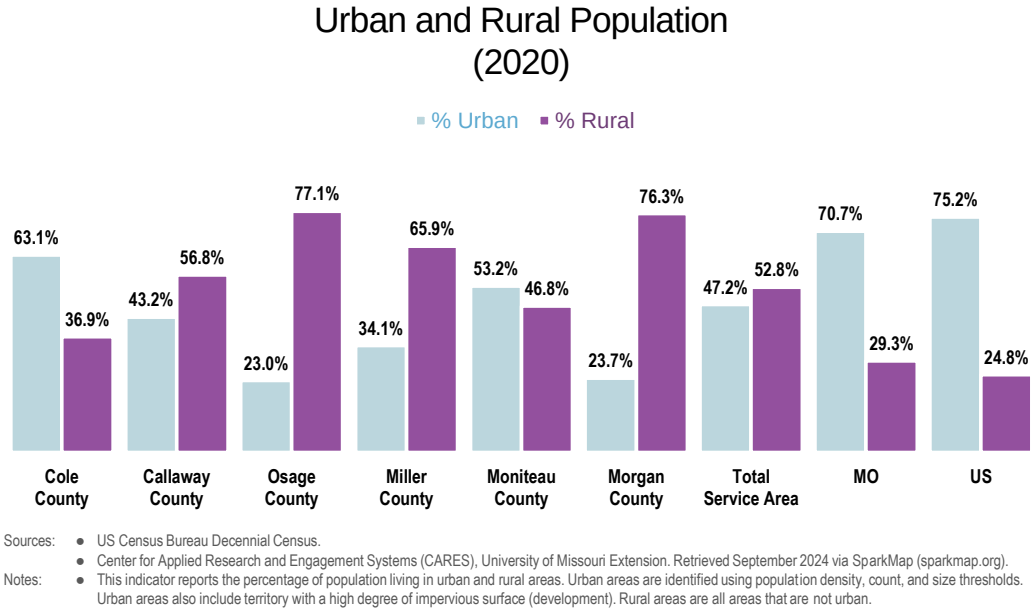
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Total Service Area is fairly divided overall between urban and rural populations, with 47.2% of the population living in areas designated as urban.

BENCHMARK ► In contrast, the state and nation are comprised of a largely urban population overall.

DISPARITY ► Note that only Cole and Moniteau counties house a higher proportion of urban populations when compared with the remaining counties.



Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

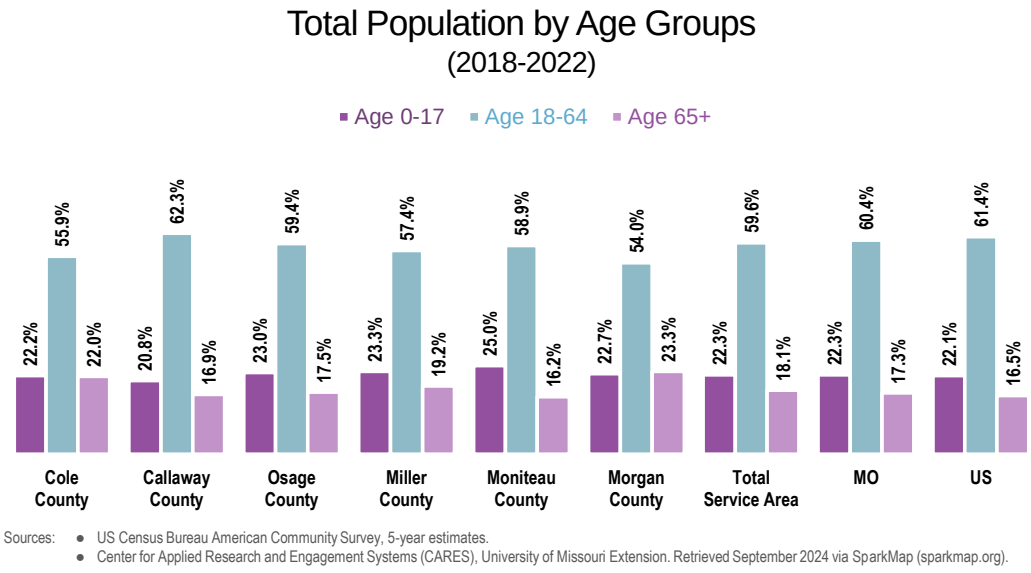
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Total Service Area, 22.3% of the population are children age 0-17; another 59.6% are age 18 to 64, while 18.1% are age 65 and older.

BENCHMARK ► Very similar age distributions to Missouri and the US.

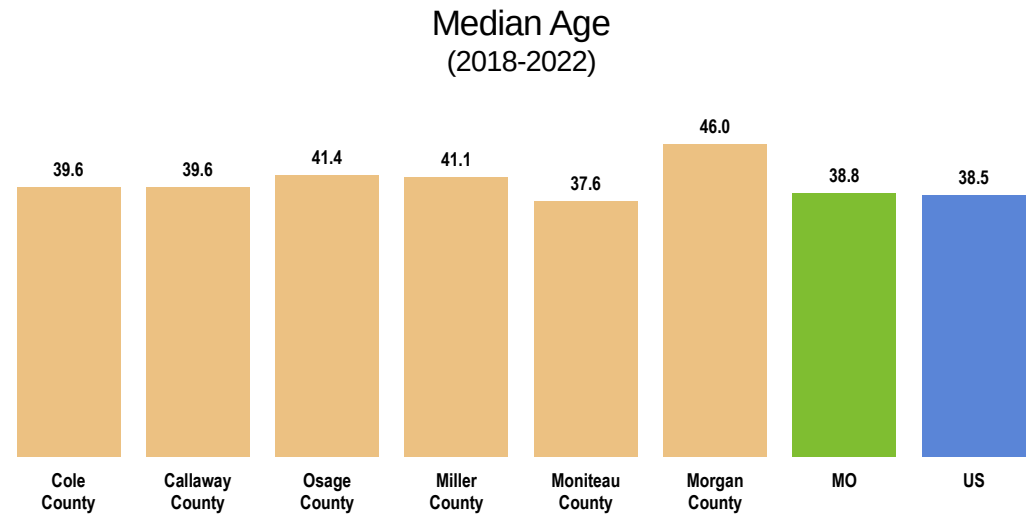
DISPARITY ► Cole and Morgan counties have the largest percentage of adults age 65 and older.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

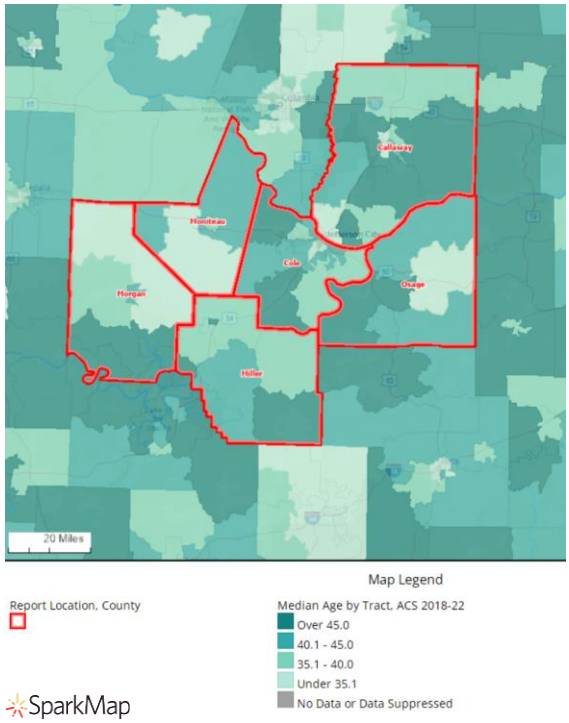
Median Age

With the exception of Moniteau County, the counties comprising the Total Service Area are "older" than the state and the nation in that the median ages are higher, especially in Morgan County. (A composite median is not available for the Total Service Area as a whole.)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

The following map provides an illustration of the median age by census tract throughout the Total Service Area.



Race & Ethnicity

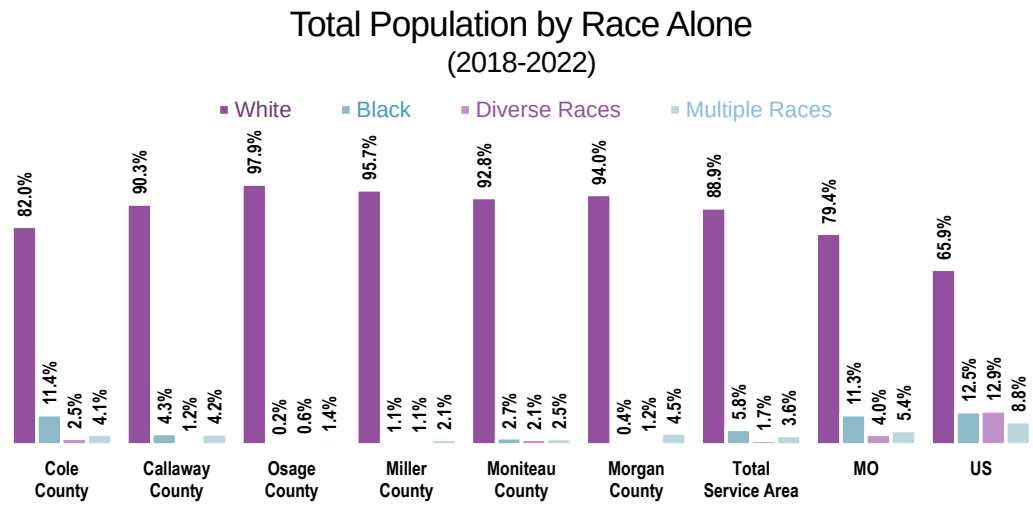
Race

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

In looking at race independent of ethnicity (Hispanic or Latino origin), 88.9% of residents of the Total Service Area are White and 5.8% are Black.

BENCHMARK ► A less diverse population than found statewide and (especially) nationally.

DISPARITY ► Among the six counties, Cole County is the most racially diverse.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

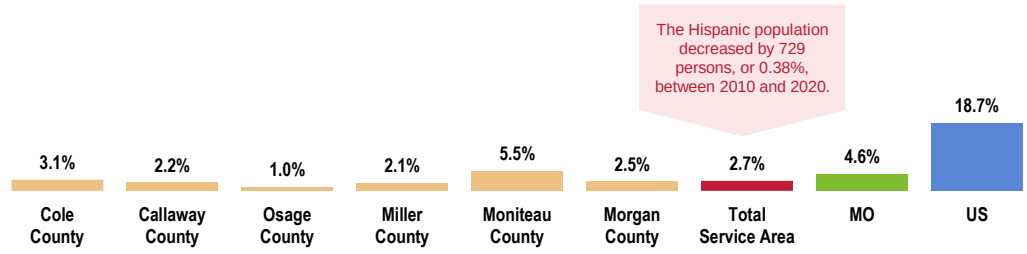
Ethnicity

A total of 2.7% of Total Service Area residents are Hispanic or Latino.

BENCHMARK ► Lower than the state percentage and well below that reported nationally.

DISPARITY ► Moniteau County houses the largest proportion of Hispanic residents.

Hispanic Population
(2018-2022)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

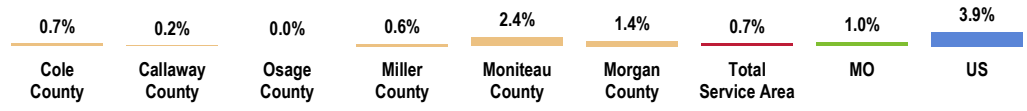
Linguistic Isolation

Less than one percent (0.7%) of the Total Service Area population age 5 and older lives in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► Lower than the Missouri and US figures.

DISPARITY ► Highest in Moniteau and Morgan counties.

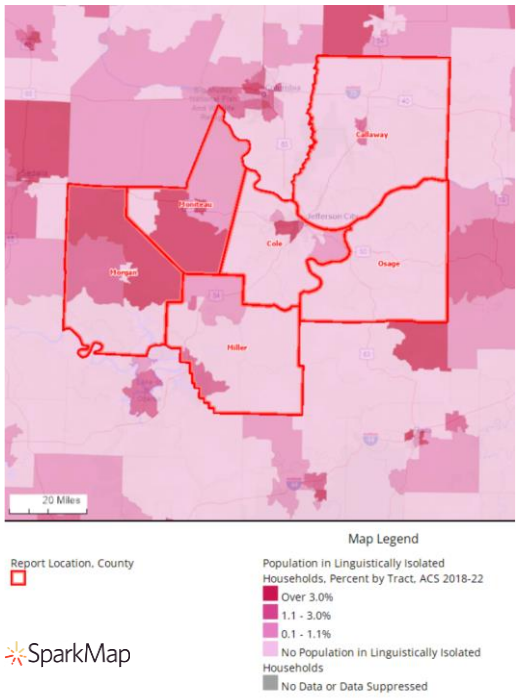
Linguistically Isolated Population
(2018-2022)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speaks a non-English language and speak English "very well."

Note the following map illustrating linguistic isolation throughout the Total Service Area.



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (https://health.gov/healthypeople)

Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

The latest census estimate shows 11.4% of the Total Service Area total population living below the federal poverty level.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Highest in Miller and Morgan counties.

Among just children (ages 0 to 17), this percentage in the Total Service Area is 15.6% (representing an estimated 6,705 children).

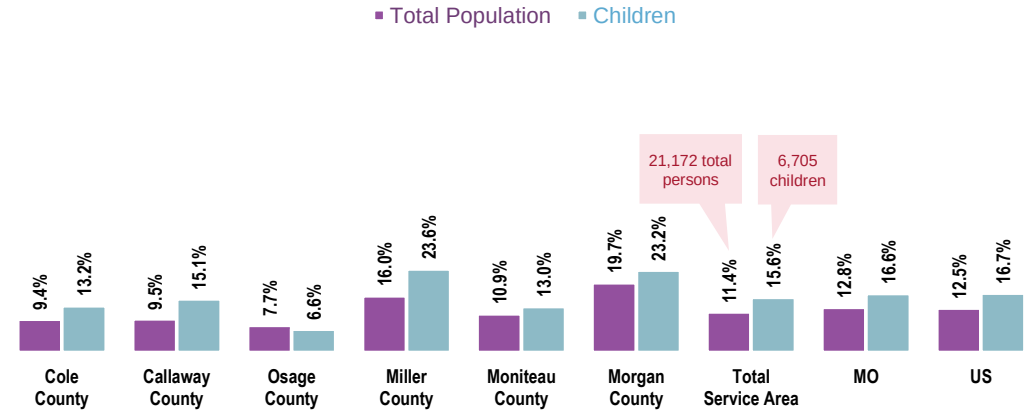
BENCHMARK ► Nearly twice the Healthy People 2030 objective.

DISPARITY ► Highest in Miller and Morgan counties.

Percent of Population in Poverty

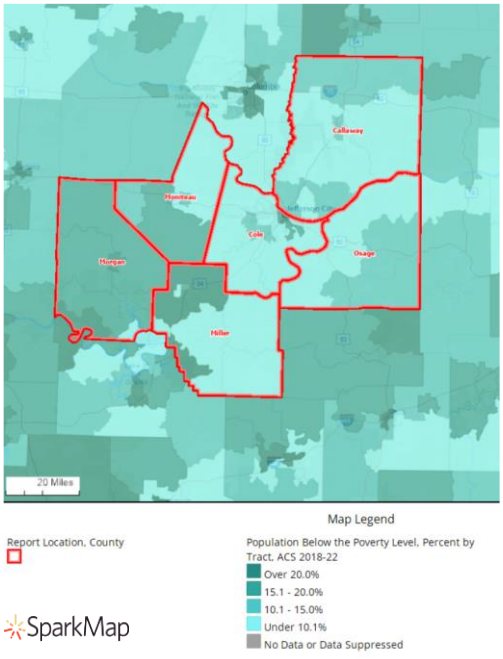
(2018-2022)

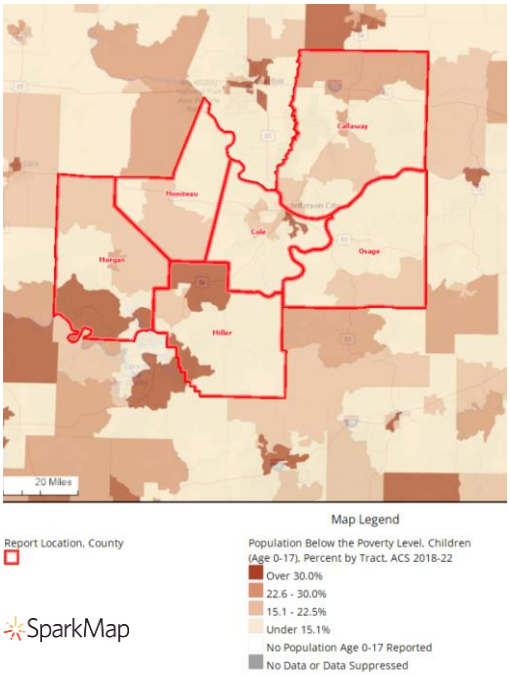
Healthy People 2030 = 8.0% or Lower



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

The following maps highlight concentrations of persons living below the federal poverty level.





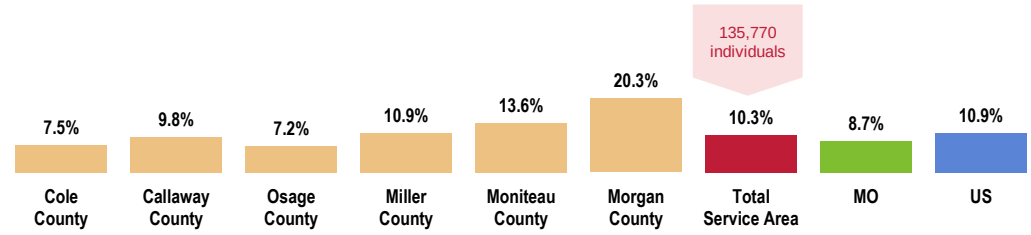
Education

Among the Total Service Area population age 25 and older, an estimated 10.3% (over 135,000 people) do not have a high school education.

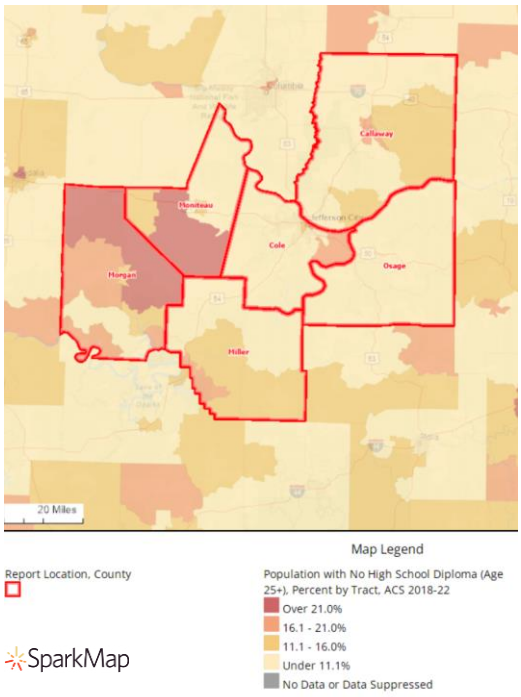
BENCHMARK ► Higher than the Missouri percentage.

DISPARITY ► Higher in Moniteau and Morgan counties.

Population With No High School Diploma
(Adults Age 25 and Older; 2018-2022)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

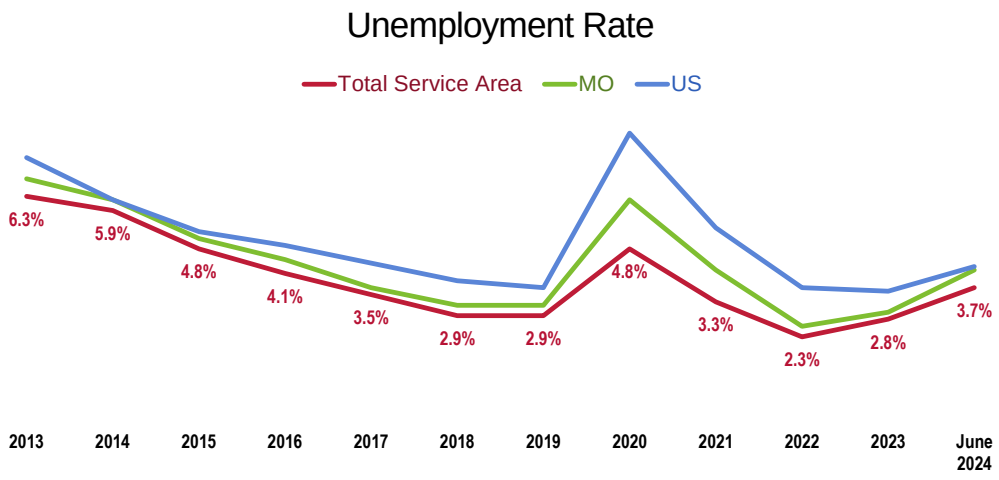


Employment

According to data derived from the US Department of Labor, the unemployment rate in the Total Service Area as of June 2024 was 3.7%.

BENCHMARK ► Lower than the national figure.

TREND ► Following significant decreases after the pandemic-related increase in 2020, unemployment has ticked back up in recent years (but remains lower than found a decade ago).



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:
- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

Financial Resilience

A total of 24.5% of Total Service Area residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.

Respondents were asked: "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

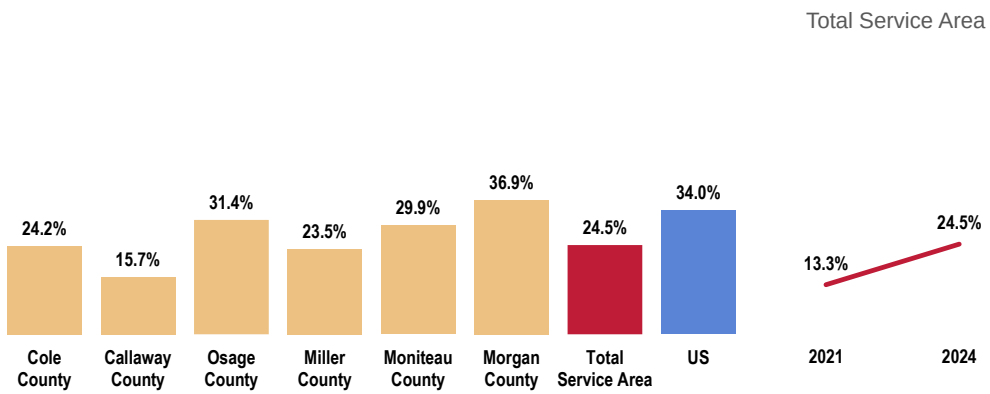
BENCHMARK ► Well below the national prevalence.

TREND ► Denotes a statistically significant increase from 2021 findings.

DISPARITY ► Highest in Morgan County. Reported more often among women, young adults, those in low-income households, and People of Color.

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

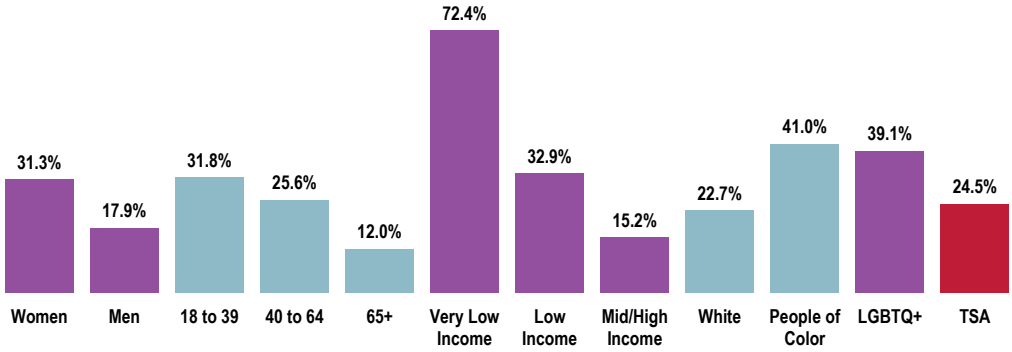
Do Not Have Cash on Hand to Cover a $400 Emergency Expense



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Total Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 53]

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

INCOME & RACE/ETHNICITY

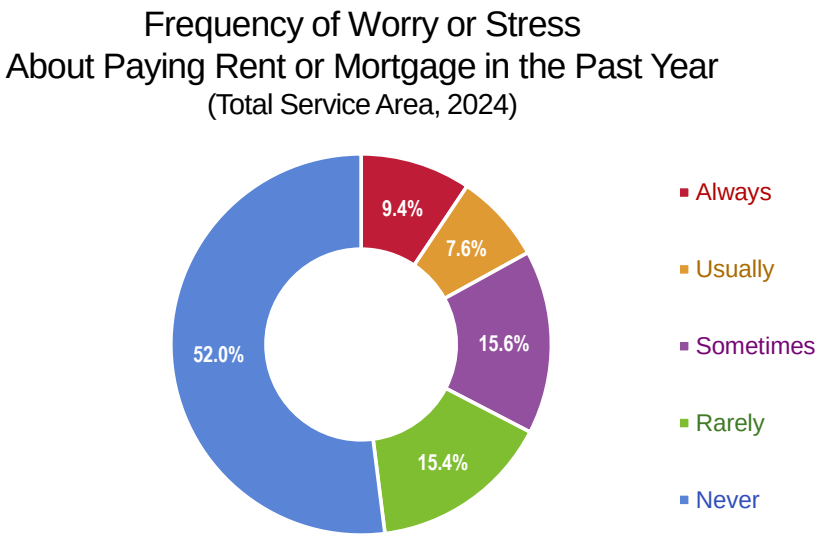
INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2023 guidelines place the poverty threshold for a family of four at $30,000 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Data are also detailed for individuals identifying with a race category, without Hispanic origin. “White” reflects those who identify as White alone, without Hispanic origin. “People of Color” includes those who identify as Hispanic, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

Housing

Housing Insecurity

Two in three surveyed adults rarely, if ever, worry about the cost of housing.



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

However, a considerable share (32.6%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

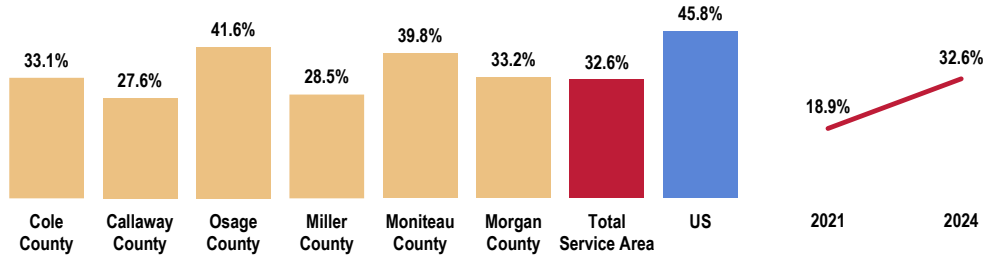
BENCHMARK ► Lower than the US figure.

TREND ► Increasing significantly since 2021.

DISPARITY ► Reported more often among female respondents, those under age 40, those in low-income households, and People of Color.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

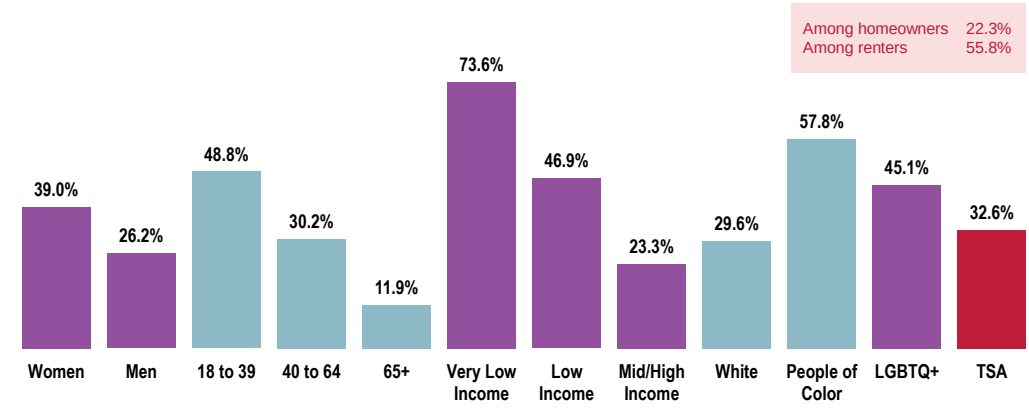
Total Service Area



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

Unhealthy or Unsafe Housing

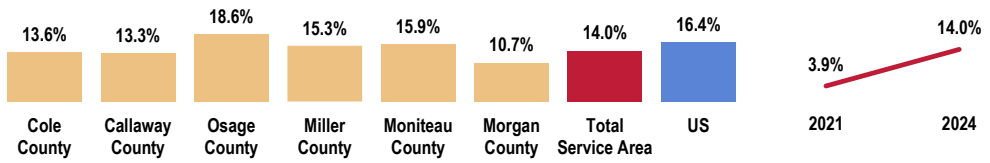
Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

A total of 14.0% of Total Service Area residents report living in unhealthy or unsafe housing conditions during the past year.

TREND ► Increasing significantly since 2021.

DISPARITY ► Strong correlation with age and household income level. Reported more often among People of Color than among White respondents.

Unhealthy or Unsafe Housing Conditions in the Past Year

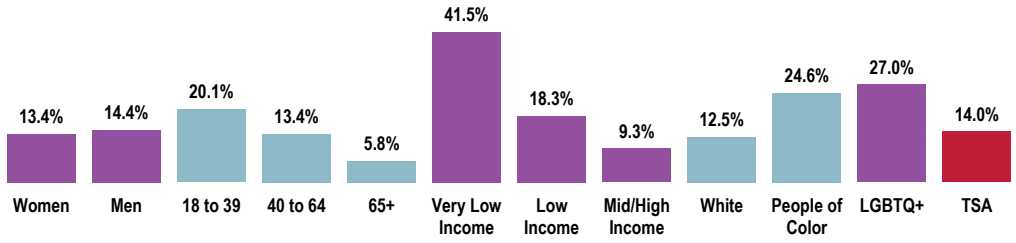


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 55]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Unhealthy or Unsafe Housing Conditions in the Past Year
(Total Service Area, 2024)

Among homeowners	9.3%
Among renters	19.0%



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 55]

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Food Access

Low Food Access

Low food access is defined as living more than 1 mile (in urban areas, or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

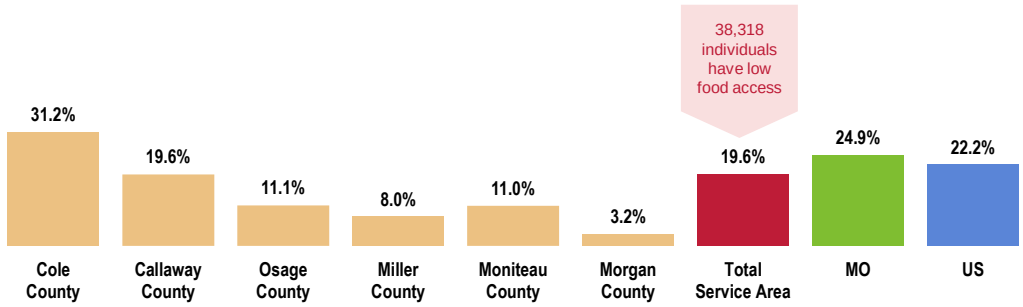
RELATED ISSUE
See also Difficulty Accessing Fresh Produce in the *Nutrition, Physical Activity & Weight* section of this report.

US Department of Agriculture data show that 19.6% of the Total Service Area population (representing over 38,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK ► Lower than the Missouri prevalence.

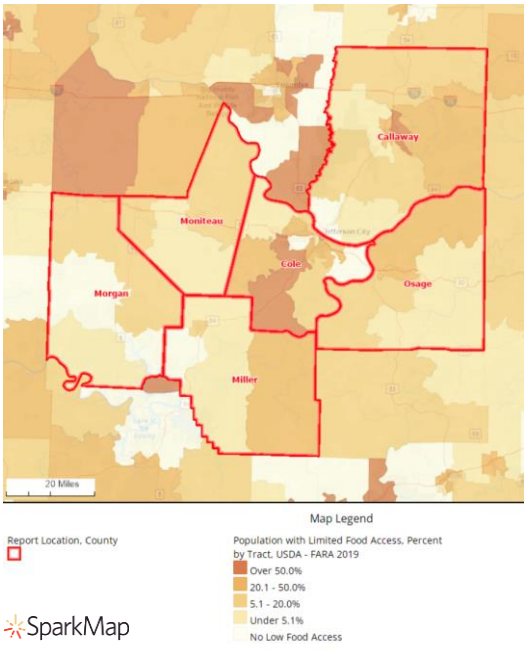
DISPARITY ► Highest in Cole and Callaway counties.

Population With Low Food Access
(2019)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:
- Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.



Food Insecurity

Surveyed adults were asked: "Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "often true," "sometimes true," or "never true" for you in the past 12 months:

I worried about whether our food would run out before we got money to buy more.

The food that we bought just did not last, and we did not have money to get more."

Those answering "often" or "sometimes" true for either statement are considered to be food insecure.

Overall, 29.0% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

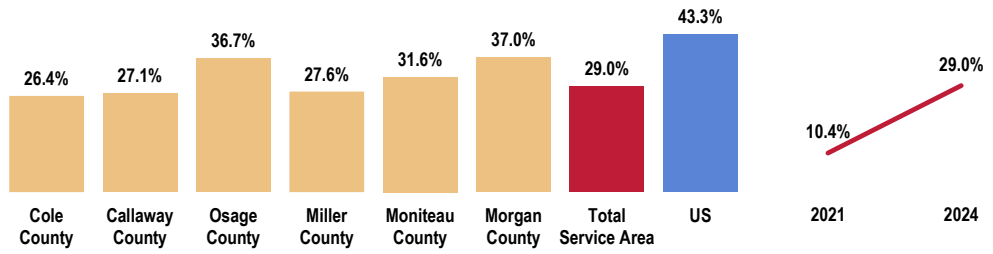
BENCHMARK ► Well below the US prevalence.

TREND ► Increasing significantly from 2021 findings.

DISPARITY ► Reported more often among young adults, those living in households with lower incomes, People of Color, and those who identify as LGBTQ+.

Food Insecurity

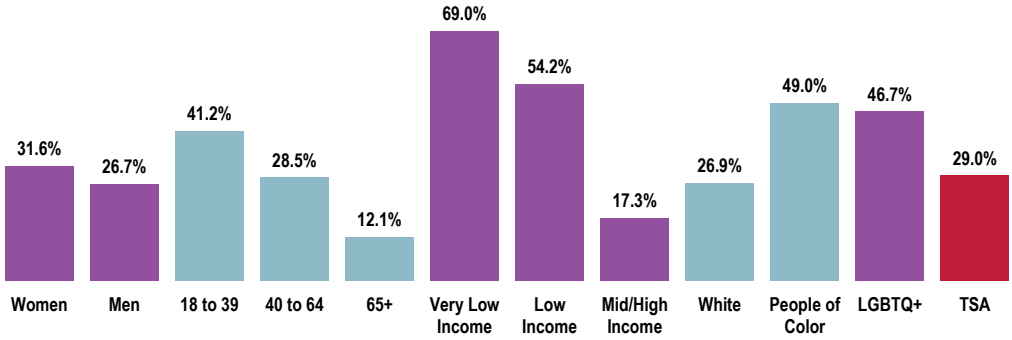
Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity
(Total Service Area, 2024)



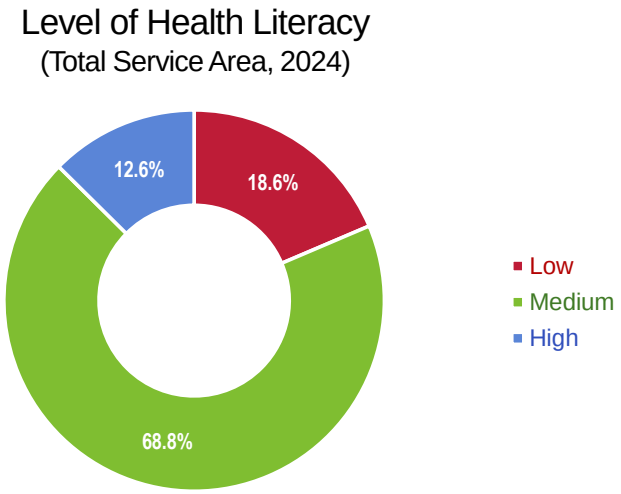
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 98]

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Health Literacy

Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Most surveyed adults in the Total Service Area are found to have a moderate level of health literacy.



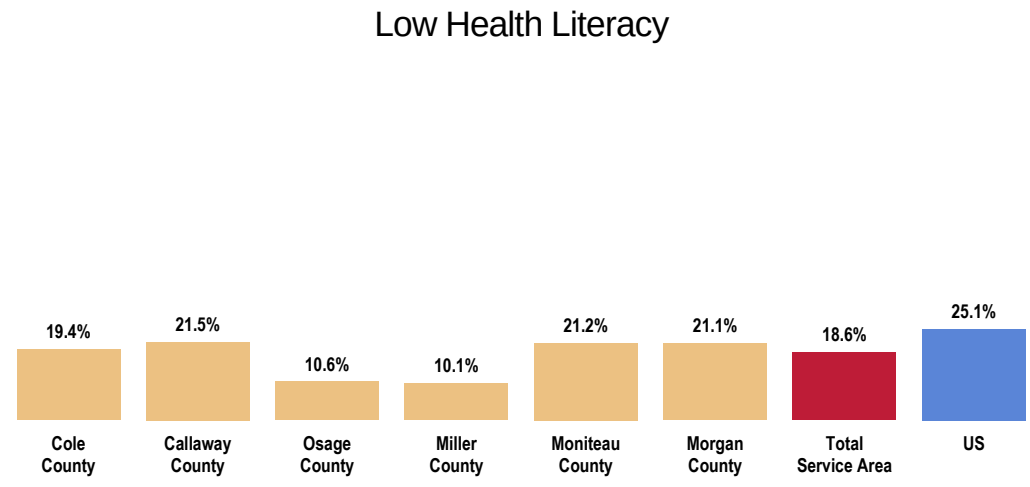
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 321]

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

A total of 18.6% are determined to have low health literacy.

BENCHMARK ► Lower than the US percentage.

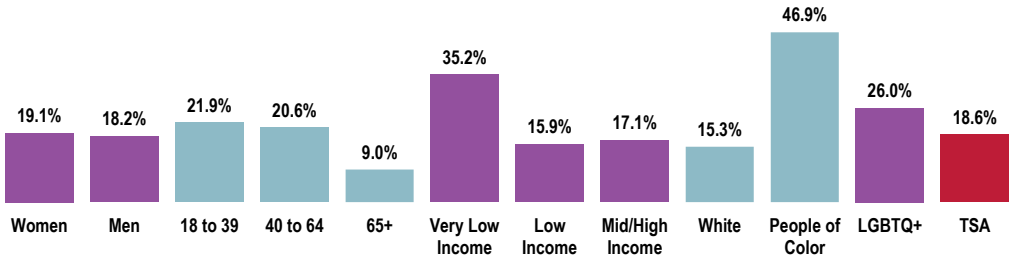
DISPARITY ► Lowest in Osage and Miller counties. Reported more often among adults under 65, those living on the lowest incomes, People of Color, and LGBTQ+ respondents.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 321]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Low Health Literacy
(Total Service Area, 2024)



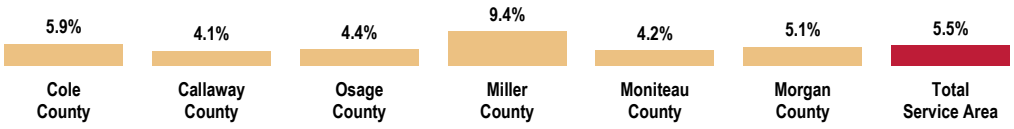
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: • Asked of all respondents.
• Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Internet Access

While the vast majority of survey respondents have access to the internet in their homes, 5.5% do not.

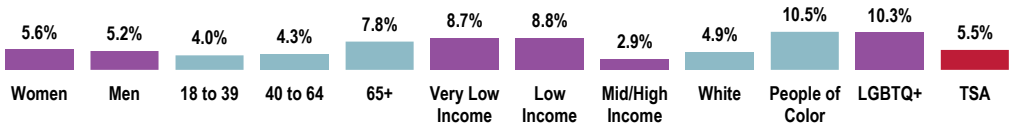
DISPARITY ► Reported more often among respondents in low-income households.

Do Not Have Internet Access in the Home



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: • Asked of all respondents.

Do Not Have Internet Access in the Home
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: ● Asked of all respondents.

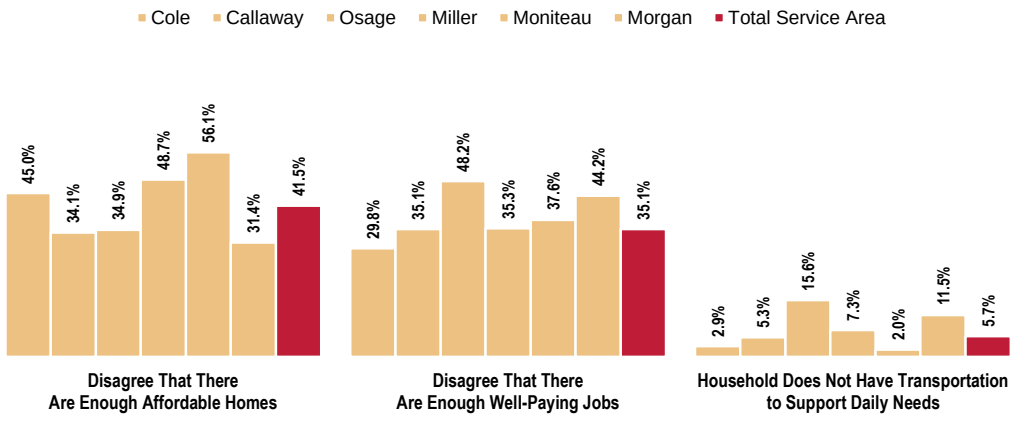
Community Life

Survey respondents were next asked a series of questions about life in the community. Specifically, people were asked whether the community offers enough affordable homes, whether there are enough well-paying jobs, and whether their own household has transportation to support their daily needs.

The largest share of disagreement (combined "disagree" and "strongly disagree" responses) was for affordable homes in the community (41.5% response), followed by well-paying jobs (35.1%). A lower prevalence (5.7%) of community members do not have transportation to support their daily needs.

DISPARITY ► Respondents in Osage County were most likely to disagree that there are enough well-paying jobs and to mention the barrier of transportation. Over half of Moniteau County respondents disagreed about the community having enough affordable homes.

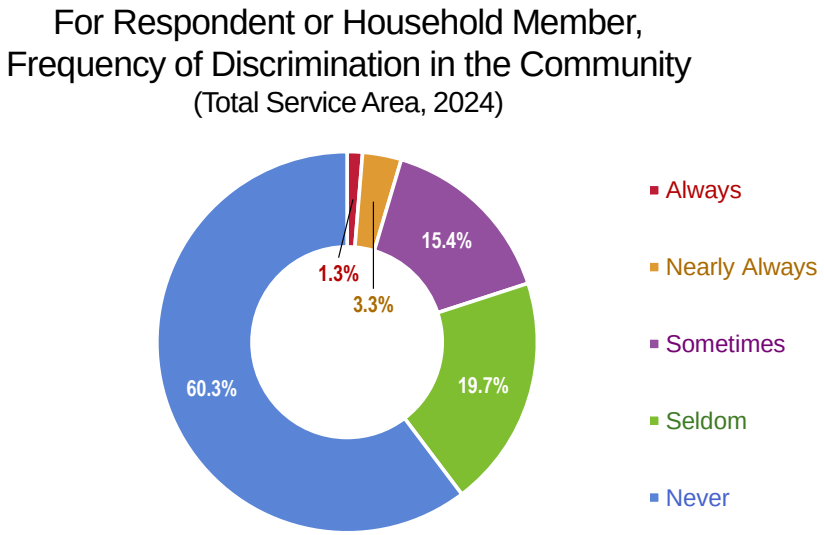
Community Life



Sources: ● 2024 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 307-309]
Notes: ● Asked of all respondents.
● Percentages represent combined "disagree" and "strongly disagree" responses to the statements.

Discrimination

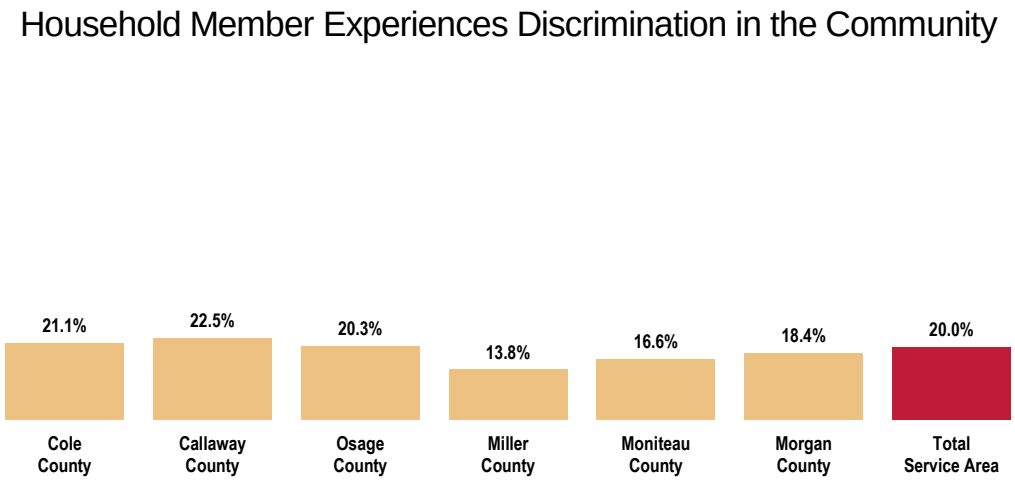
When asked about the frequency with which they (or a member of their household) face discrimination in the community, most survey respondents (80.0%) said "seldom" or "never."



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: ● Asked of all respondents.

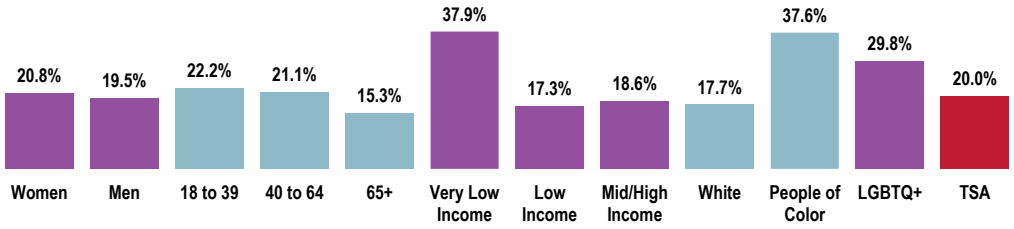
However, one in five survey respondents (20.0%) reports that they or a member of their household experience discrimination in the community.

DISPARITY ► Reported more often among People of Color and those living on the lowest incomes.



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: ● Asked of all respondents.
● Percentages represent combined "always," "nearly always," and "sometimes" responses.

Household Member Experiences Discrimination in the Community
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: • Asked of all respondents.
• Percentages represent combined "always," "nearly always," and "sometimes" responses.

Community's Greatest Strength

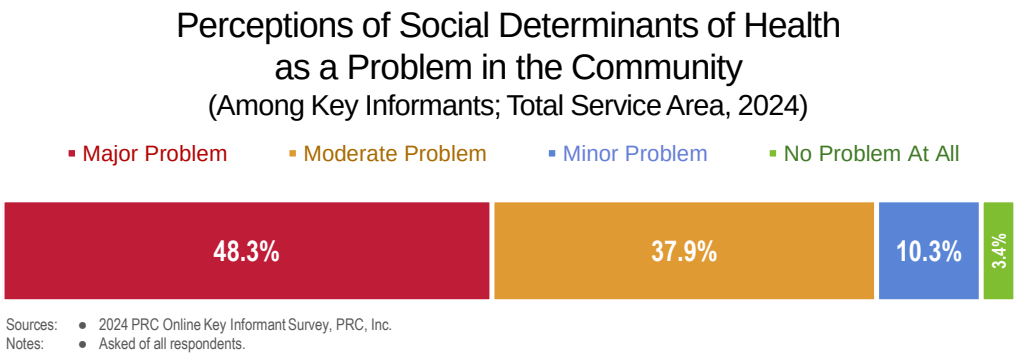
"For the next questions, I would like you to think more broadly about the quality of life in your community and what some of the good things about living there are. What would you say is the greatest strength of your community?"

Asked to describe what they consider to be the community's greatest strength, the following represent respondents' first-mention responses:

- Coming Together (mentioned by 53 respondents)
- Friendly/Caring People (49)
- Small Town (48)
- Don't Know (44)
- Helpful People (29)
- Safe (26)
- Neighbors (17)
- Access to Healthcare (13)
- Parks and Recreation (13)
- Religion (13)
- Quiet (12)
- None (11)
- Low Crime Rate (11)
- Activities (10)
- Everyone Knows Each Other (10)
- Rural (8)
- Food Pantry (6)
- Peaceful (6)
- Education (6)
- Family Atmosphere (5)
- Privacy (5)
- Not Crowded (5)
- Awareness (4)
- Employment (4)
- Easy Access (4)
- Location (4)
- Churches (4)
- Resources Available (4)
- Strong (4)
- Quality Care (3)
- Good Communication (3)
- Community Involvement (3)
- Good Community (3)
- Active Community (3)
- Diverse (3)
- Affordable Housing/Living (3)
- Money (2)
- Culture (2)
- Confident (2)
- Shopping (2)
- Healthy (2)
- Transportation (2)
- Stability (2)
- Schools (2)
- Convenient Traffic (2)
- Loyalty (2)
- Politics (2)
- Relaxing (2)
- Range of Services (2)
- Good Place to Raise Children (2)
- Lower Homeless Population (1)
- Life (1)
- Senior Resources (1)
- Public Utilities (1)
- Conservative (1)
- Art (1)
- Businesses (1)
- Farms (1)
- Fair (1)
- Library (1)
- Hard Working (1)
- Community Center (1)
- Long-Term Community Members (1)
- Volunteer Work (1)
- Affordable Care (1)
- Lovely (1)
- Self-Sufficient (1)
- Support for Families (1)
- Clean (1)
- Eco-Friendly (1)
- Property Upkeep (1)
- Slow Paced (1)
- Good Environment (1)
- Tourism (0)

Key Informant Input: Social Determinants of Health

The greatest share of key informants taking part in an online survey characterized *Social Determinants of Health* as a "major problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Housing

Minimal affordable housing, homelessness, lack of affordable childcare for some, minimal wage pay, food insecurities. – Community Leader

Lack of housing for instance exposes people to the elements and causes a survival mentality – Community Leader

Our area has a shortage of affordable housing – for owning and renting. When the tornado came through town, it knocked out a lot of affordable rentals that were then demolished and the areas were taken over by other things. – Physician

Our unhoused population, our inadequately housed population – Physician

Affordable housing is not available – Health Provider

Many of the people we serve experience challenges with housing, transportation, and income. Seeing more people who are homeless – Social Services Provider

Lack of affordable housing, childcare and transportation. – Community Leader

Access to safe, affordable housing is one of the largest issues facing our community. Families with limited or low incomes are unable to find housing that falls within their budget that is physically and structurally safe. In addition, too many "professionals", especially those who are state employees, are paid low wages and unable to meet their basic needs without assistance of some kind. Too few property owners accept housing subsidies and higher wage jobs are unavailable for those without some kind of higher education. – Social Services Provider

There is limited housing available for low-income people and our standard for what families can live in by DFS is low. It's also challenging for the families needing this support to take care of what they've been given and to utilize their opportunities given to them well. – Social Services Provider

I believe many families struggle to meet their most basic needs. It is hard to prioritize your health when you have inadequate housing, limited to no income, and minimal education. – Community Leader

Income/Poverty

Can't focus on health if you can't afford to eat, homeless etc. Maslow.... – Social Services Provider

Over 50% of the children in our local public school system are on free or reduced lunch, indicating we have an issue with poverty. Low to moderate income housing in our community is lacking. The demand for food pantry services is very high. When families are struggling to meet their basic needs, health and nutrition are typically low priorities in their life. – Social Services Provider

We have an increasing number of community members who struggle financially and therefore education access and quality, healthcare access, economic stability are all issues of concern. – Community Leader

There are many people facing poverty and limited access to health care and mental health resources in our community – Physician

Vulnerable Populations

> A community is only as strong as its weakest member. – Community Leader
>
> Safety for LGBTQ and transgender youth. – Physician
>
> The community lacks primary and preventative healthcare for our growing unhoused population. These individuals are increasingly dependent on emergency services for primary healthcare. – Health Provider

Insurance Issues

> People that have private insurance and work hard are less likely to be seen medically due to copays and deductibles. Whereas lower class who get the insurance free with no deductibles or copays end up visiting for everything little thing therefore raising medical rates therefore raising insurance rates for those that do not go to be seen medically – School Health Services Provider
>
> This area is divided between those who work with health insurance, those who work without health insurance, and those under or unemployed with Medicaid or no insurance. Medicaid has reduced reimbursements, so services are more limited across providers. The first group is able to see physicians, counselors, and has transportation to do this. The 2nd 2 groups often are limited with transportation (not car, limit money for gas, limited time due to work needs) and finances to get good health care for problems and afford necessary e medications. – Social Services Provider

Basic Needs

> We have many community members who are looking for the basic needs. Having access to those needs as there are certain criteria that need to be met in order to be eligible for services. There isn't accessible to affordable childcare for working families not many avenues to help with transportation. – Social Services Provider
>
> While there are several factors that impact social determinants of health, we observe that many social supports, government programs, nonprofits, faith-based groups, etc. satisfy immediate unmet needs, but do not address root causes of these social determinants. These services create dependency rather than empower individuals towards self-sufficiency. – Social Services Provider

Affordable Care/Services

> Many people have no physicians or insurance. They will use Cole County Health Department and Community Health, but they won't go to Urgent Cares because they can't afford it. They will go to the Emergency Rooms because they know they won't be turned away! – Community Leader

Unsafe Living Conditions

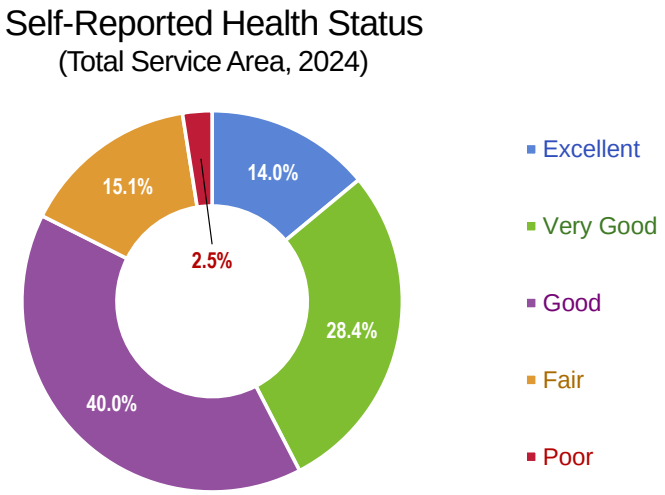
> We receive calls from police officers, landlords, tenants, and concerned family members about individuals living in environmentally unsound living situations. Examples would be elderly with dementia, elderly who aren't able to get around in their home well and/or aren't able to take care of themself. Apartment tenants living with mold and bug infestations. We've been called for resources for homeless individuals, victims of sexual violence, and resources/education on drug rehab. – Public Health Representative

HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is excellent, very good, good, fair, or poor?"

Most Total Service Area residents rate their overall health favorably (responding "excellent," "very good," or "good").

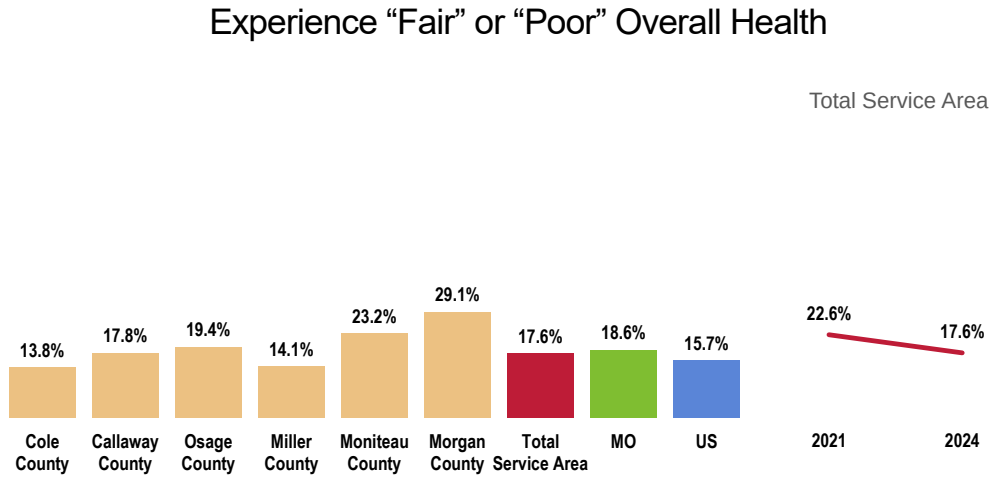


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

However, 17.6% of Total Service Area adults believe that their overall health is "fair" or "poor."

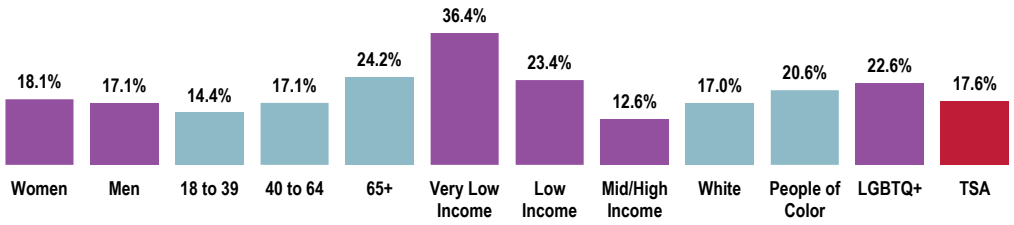
TREND ► Decreasing significantly since 2021.

DISPARITY ► Highest in Morgan County. Reported more often among older adults and those in low-income households.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

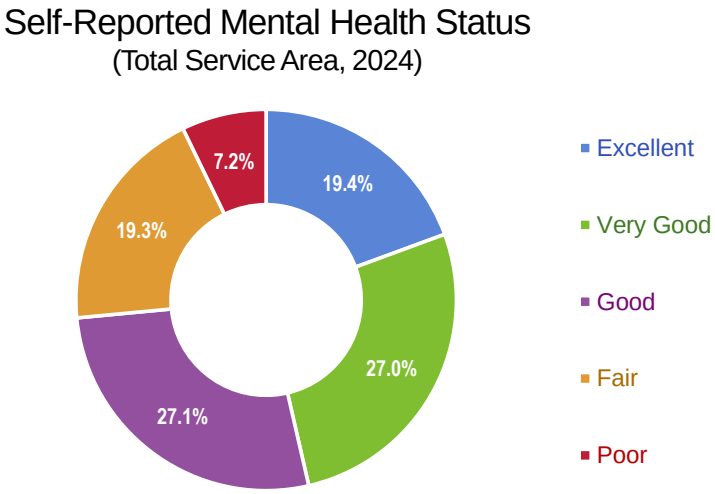
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is excellent, very good, good, fair, or poor?"

Most Total Service Area adults rate their overall mental health favorably ("excellent," "very good," or "good").



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: • Asked of all respondents.

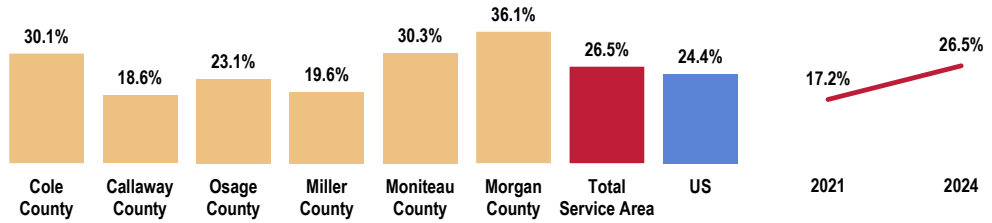
However, 26.5% believe that their overall mental health is "fair" or "poor."

TREND ► Marks a statistically significant increase since 2021.

DISPARITY ► Lowest among adults in Callaway County.

Experience “Fair” or “Poor” Mental Health

Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Depression

Diagnosed Depression

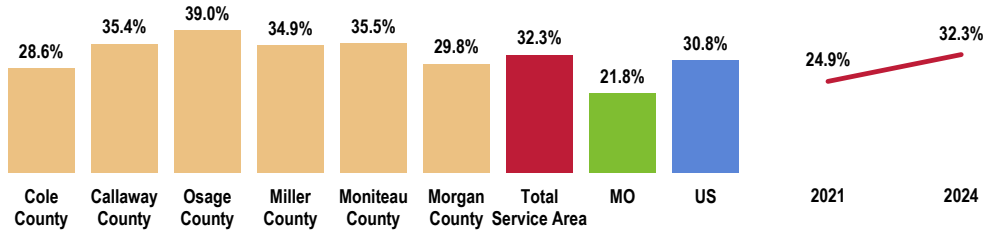
A total of 32.3% of Total Service Area adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Well above the Missouri prevalence.

TREND ► Increasing significantly since 2021.

Have Been Diagnosed With a Depressive Disorder

Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 80]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

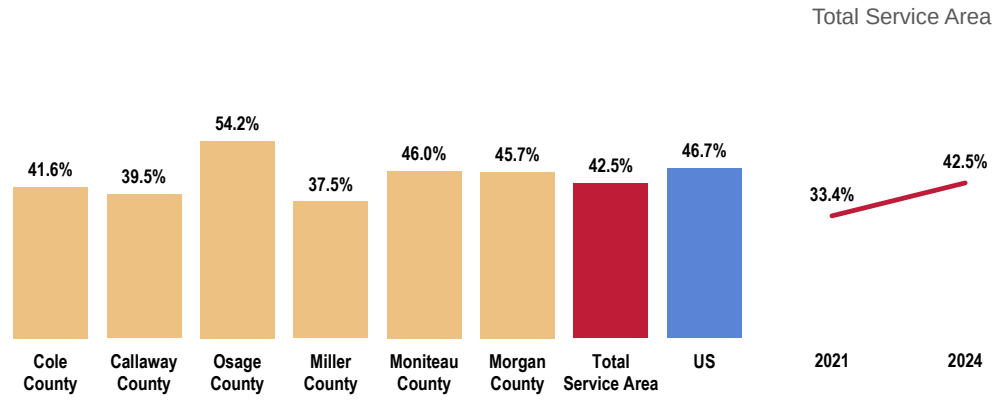
Symptoms of Chronic Depression

A total of 42.5% of Total Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

TREND ► Denotes a statistically significant increase from 2021 findings.

DISPARITY ► Reported more often among young adults, those in low-income households, People of Color, and LGBTQ+ respondents.

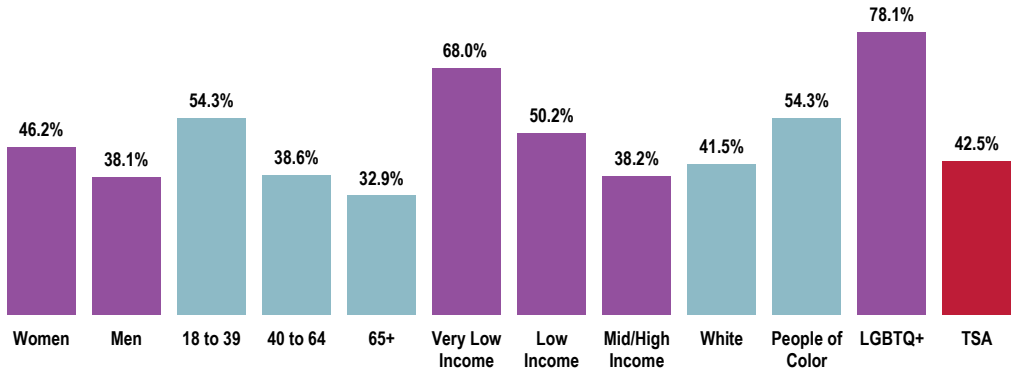
Have Experienced Symptoms of Chronic Depression



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression
(Total Service Area, 2024)

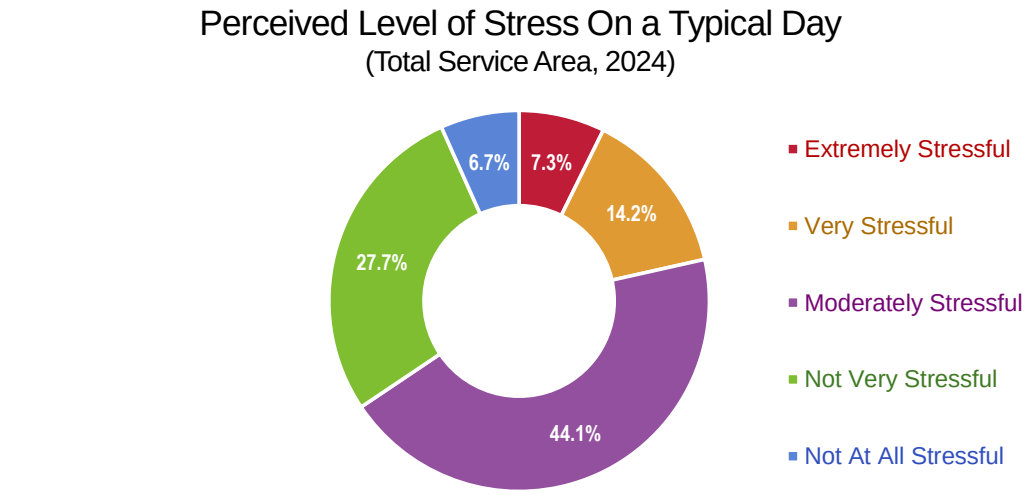


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 78]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Stress

A majority of surveyed adults characterize most days as no more than "moderately" stressful.

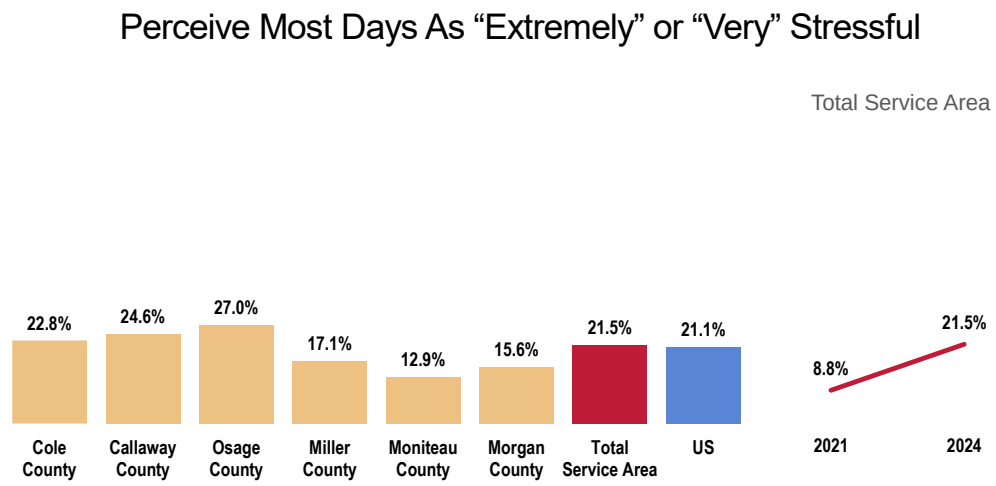


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

In contrast, 21.5% of Total Service Area adults feel that most days for them are "very" or "extremely" stressful.

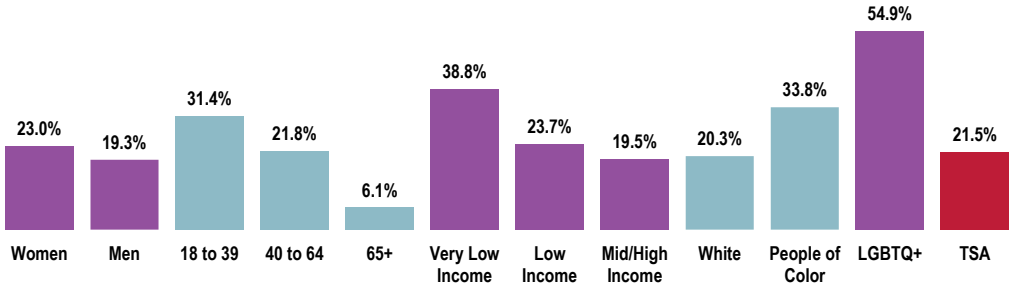
TREND ► Increasing significantly since 2021.

DISPARITY ► Lowest in Moniteau County. Decreases with age and household income level. Reported more often among People of Color and those who identify as LGBTQ+.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Perceive Most Days as “Extremely” or “Very” Stressful
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

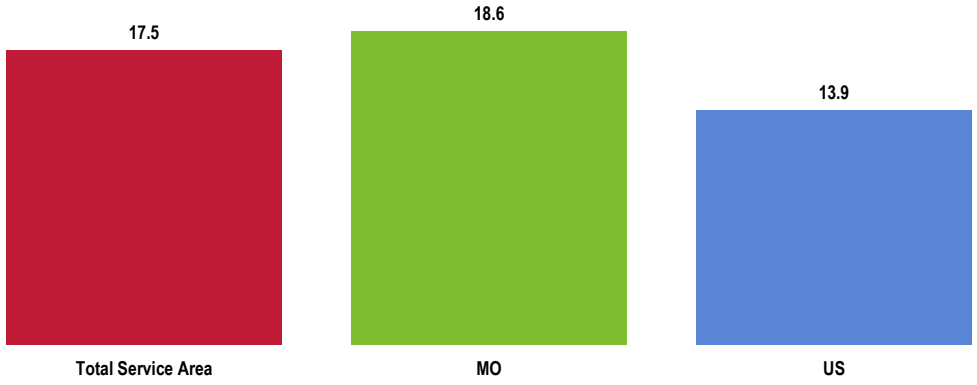
Suicide

Refer to “Leading Causes of Death” for an explanation of the use of age-adjusting for these rates.

The Total Service Area reported 17.5 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

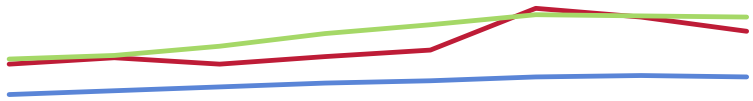
BENCHMARK ► Higher than the US rate and failing to satisfy the Healthy People 2030 objective.

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
• US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	14.9	15.4	14.9	15.5	16.0	19.3	18.6	17.5
MO	15.3	15.6	16.3	17.3	18.0	18.8	18.7	18.6
US	12.5	12.8	13.1	13.4	13.6	13.9	14.0	13.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

Mental Health Providers

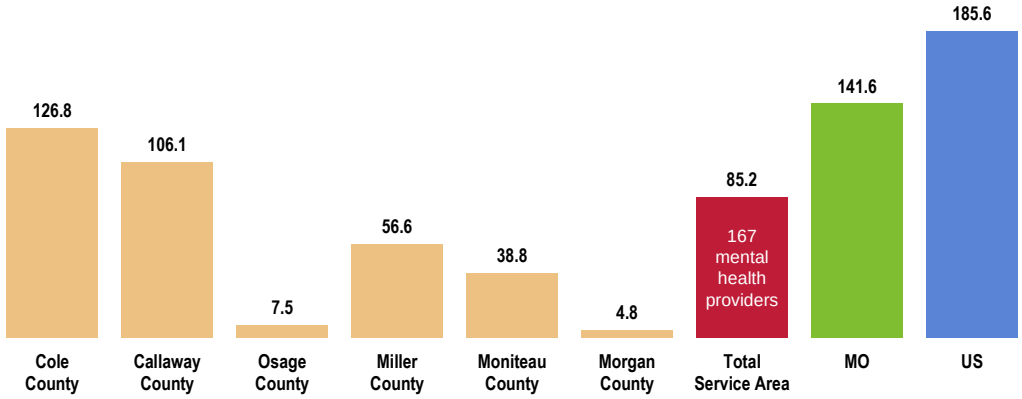
Note that this indicator only reflects providers practicing in the Total Service Area and residents in the Total Service Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

In the Total Service Area, there are 85.2 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) for every 100,000 population.

BENCHMARK ► Well below the state and national proportions.

DISPARITY ► Lowest in Osage, Moniteau, and Morgan counties.

Number of Mental Health Providers per 100,000 Population
(2024)



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Currently Receiving Treatment

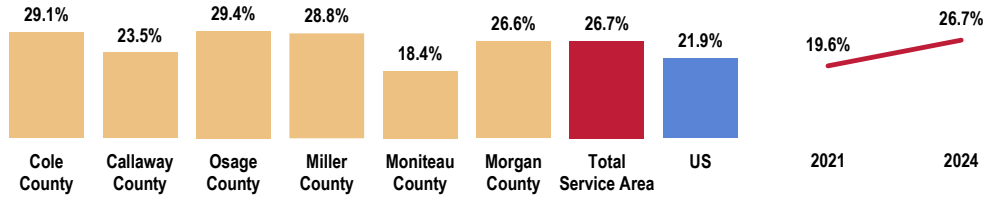
Among survey respondents, 26.7% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

BENCHMARK ► Higher than the national prevalence.

TREND ► Increasing significantly since 2021.

Currently Receiving Mental Health Treatment

Total Service Area



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 81]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

Difficulty Accessing Mental Health Services

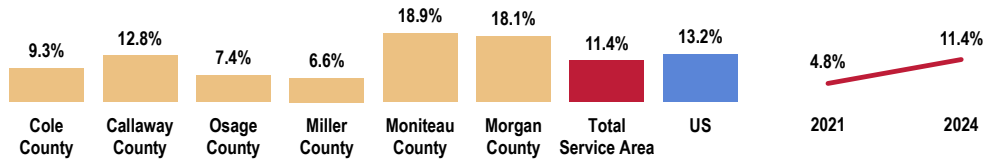
A total of 11.4% of Total Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

TREND ► The prevalence has increased significantly since 2021.

DISPARITY ► Higher among women, young adults, those in low-income households, and LGBTQ+ residents.

Unable to Get Mental Health Services When Needed in the Past Year

Total Service Area



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year
(Total Service Area, 2024)

Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
Notes: • Asked of all respondents.

Key Informant Input: Mental Health

Two in three key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental & Emotional Health as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)

Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Access to counseling services that are consistent and affordable. Insurance companies limiting individual's services. – Social Services Provider
>
> Limited access to outpatient and inpatient mental health services. – Physician
>
> Access to mental health treatment and care. – Social Services Provider
>
> Lack of accessible care, counseling, and support. – Community Leader
>
> We need more services to help these people. We have many homeless people that really need help, but I don't know how you can get to them unless they are picked up by law enforcement. Even then, where can we send them for help. We are also seeing more suicides, many that are unexpected! How can we know? – Community Leader
>
> Access to mental health and access to specialty care. – Physician

> High need for services for children and teens with depression, anxiety, and bullying. Limited openings are available before 3 or 4 months and children and adolescents need immediate care or within a week of asking for services. Working adults with insurance are also limited in finding timely psychiatric care so the wait list is often 6 months or longer for the first appt. Limited intensive outpatient treatment programs, SSM has only group one in the region, for adults but they need insurance to cover the cost of 2 to 3 days a week of treatment. Having more group programs that are affordable or with a sliding scale of fee may offer more openings in a timely manner for medication and treatment, but adults do not like groups in a small-town setting. Groups for teens are also nonexistent and can be very effective for that age group and offer timely services to reach more teens. – Social Services Provider
>
> Medicare coverage for counseling, not enough psychiatrists and psychologists, very limited pediatric/adolescent mental health access, not enough incentives for people to go into mental health. Lincoln University should create a PhD program to bring more psychologists to the area. – Physician
>
> Everything. – Community Leader
>
> Our county lacks the resources and housing facilities for this type of individual. – Community Leader
>
> To find access to care. – Community Leader
>
> Access to care. – Community Leader
>
> Access. – Health Provider
>
> Access to a mental health facility. Access to a mental health provider. Clients complain about very long wait lists, especially for pediatric patients. – Social Services Provider
>
> Services are not available. – Health Provider
>
> Obtaining appropriate care. – Physician
>
> Getting an appointment, costs, and stigma. – Social Services Provider
>
> Getting the long-term care needed and access to managed care via medication. Limited family support. – Community Leader
>
> Inpatient treatment being available in a timely manner, especially for pediatric and adolescent populations. Some of the elementary schools do not have counselors on site on a daily basis. When the counselors are not available every day, they do not get to know the students as well as they should, and therefore the students do not trust them to share their concerns, feelings, questions. Suicide, and then the post-tragedy effects to those left to manage their own mental health challenges created by anger, guilt, sadness, loneliness, etc. – Community Leader

Lack of Providers

> Lack of providers, particularly for children and adolescents. Very little access to psychiatry, again, particularly for children and adolescents. – Social Services Provider
>
> We have a huge shortage of psychiatrists and psychologists in our community. Patients have to wait for months in order to be seen. – Physician
>
> Not enough providers. – Community Leader
>
> Enough mental health providers. – Community Leader
>
> Not enough providers available and unable to access timely appointments. – Community Leader

Suicide

> Frequent suicide attempts and frequent successful suicides. Lack of mental health facilities. – Public Health Representative
>
> The last few Community Health Needs Assessments have indicated that mental health is an issue in our community. The number of suicides has increased as well as STDs and substance abuse issues. There are not enough mental health providers and a stigma for seeking help. – Public Health Representative
>
> Suicide. I know this falls in the mental health category, but Osage County has a high suicide rate. – Public Health Representative
>
> Osage County has lots of suicides, drug addiction and low-income families. There is no access to mental health services in Osage County, which I feel only makes the problems worse. – Social Services Provider

Awareness/Education

> There is a lack of access to and education about accepting support when needed. – Community Leader
>
> Community members getting educational information pertaining to mental health. Youth access to mental health professionals along with the cost of service when it comes to mental health counselors, psychiatrists, etc. Mental health isn't talked about as much in schools among youth as schools focus on academic requirements to set up youth for academic success. Lack of funding for organizations who focus on mental health awareness whether for adults or youth. – Social Services Provider

Denial/Stigma

> There is still a stigma or taboo centered around mental health and not enough resources or reimbursement for additional services, therefore mental health for many goes untreated. – School Health Services Provider
>
> Stigma and resources are our greatest barriers. In our rural community, many see a person as weak or that something is really wrong with them if they seek mental health services. People feel as though it would only be appropriate to seek mental health services if you are going through a major crisis or mental breakdown. Support for individuals needing or wanting mental health services is not always provided (specifically by their family or friends). There are very limited mental health resources in our county. Our FQHC has Compass staff inside the clinic, but only virtual services are offered. Many have expressed they are not comfortable with virtual services. – Public Health Representative

Diagnosis/Treatment

> Kids with mental health issues and parents ignoring that their kids need help. – Social Services Provider
>
> Where is the safety net for the family. 96 hour holds sometimes are not allowed out of the Emergency Room and into behavioral health unless the patient is near suicide or has harmed others. – Community Leader

Comorbidities

> Special needs children that are not only dealing with autism and other syndromes, but also mental and behavioral health issues too. – Social Services Provider

Homelessness

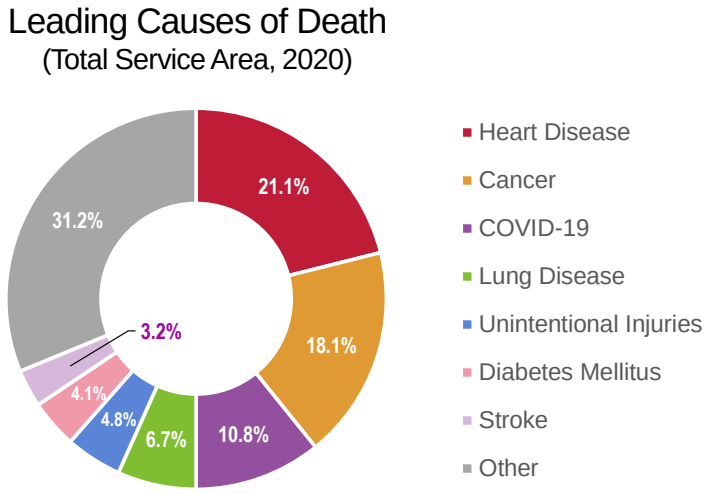
> Our homeless population continues to increase. Most of them have mental health issues, but they do not arise to the level of involuntary commitment. In my career, I have seen 96-hour involuntary commitments increase from one a week to one or two a day. – Community Leader

DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease, cancers, and COVID-19 accounted for half of all deaths in the Total Service Area in 2020.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
Notes: ● Lung disease includes deaths classified as chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

In order to compare mortality in the region with other localities (in this case, Missouri and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Service Area.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Leading causes of death are discussed in greater detail in subsequent sections of this report.

Age-Adjusted Death Rates for Selected Causes
(2018-2020 Deaths per 100,000 Population)

	Total Service Area	MO	US	Healthy People 2030
Heart Disease	176.2	190.7	164.4	127.4*
Cancers (Malignant Neoplasms)	159.3	161.0	146.5	122.7
Lung Disease (Chronic Lower Respiratory Disease)	57.7	48.0	38.1	—
Unintentional Injuries	49.5	63.7	51.6	43.2
Falls [Age 65+]	40.6	70.8	67.1	63.4
Diabetes	40.0	21.6	22.6	—
Stroke (Cerebrovascular Disease)	31.6	38.8	37.6	33.4
Alzheimer's Disease	18.1	34.0	30.9	—
Kidney Disease	18.1	19.4	12.8	—
Suicide	17.5	18.6	13.9	12.8
Pneumonia/Influenza	17.2	15.4	13.4	—
Motor Vehicle Deaths	16.2	15.2	11.4	10.1
Unintentional Drug-Induced Deaths	12.3	26.5	21.0	—
Cirrhosis/Liver Disease	10.2	22.0	12.5	10.7
Alcohol-Induced Deaths	9.4	10.7	11.9	—
Homicide	5.8	12.1	6.1	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople.

Note:
- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

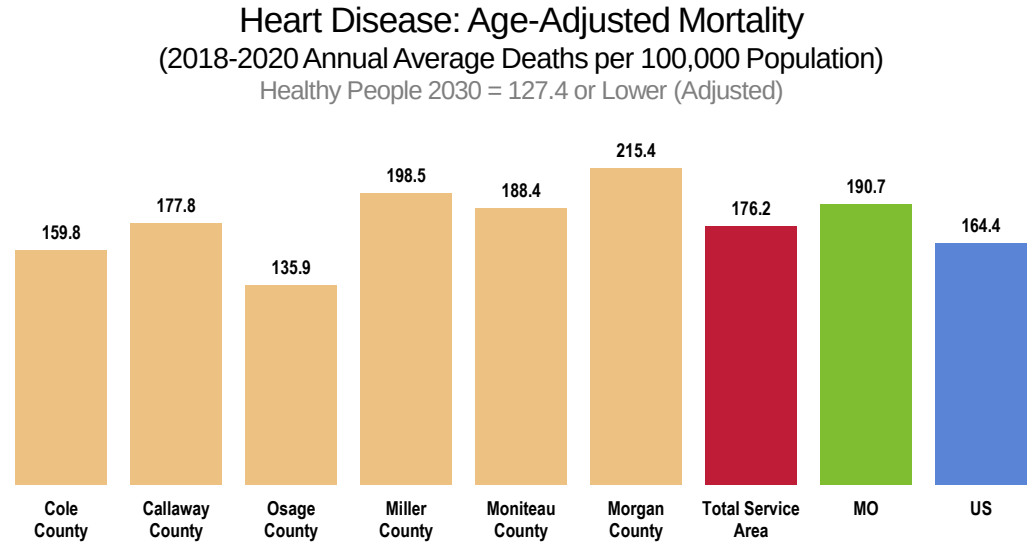
Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 176.2 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lowest in Osage County.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	193.2	194.6	199.7	192.1	182.7	173.9	166.9	176.2
MO	195.2	194.3	195.8	194.9	193.7	190.5	188.8	190.7
US	171.3	169.6	168.9	167.5	166.3	164.7	163.4	164.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke Deaths

Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 31.6 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Lower than the Missouri and US mortality rates.

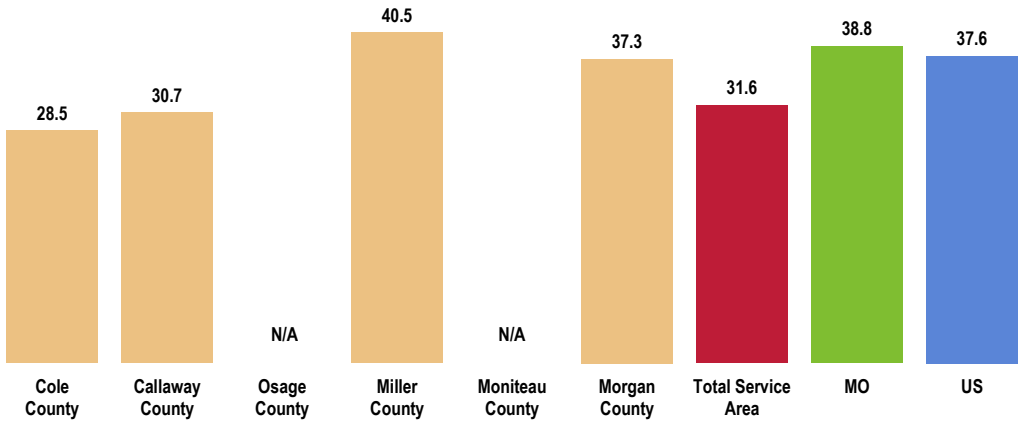
TREND ► Decreasing over the past decade.

DISPARITY ► Highest in Miller County.

Stroke: Age-Adjusted Mortality

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	36.7	38.8	36.6	38.2	34.8	35.1	33.1	31.6
MO	42.1	41.3	40.8	40.7	40.7	40.0	39.1	38.8
US	37.0	36.9	37.1	37.5	37.5	37.3	37.2	37.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

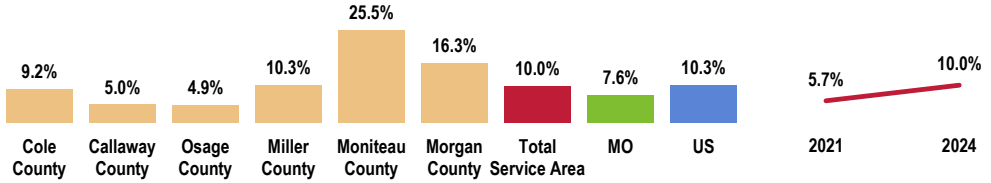
A total of 10.0% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

TREND ► Increasing significantly since 2021.

DISPARITY ► Highest in Moniteau County.

Prevalence of Heart Disease

Total Service Area

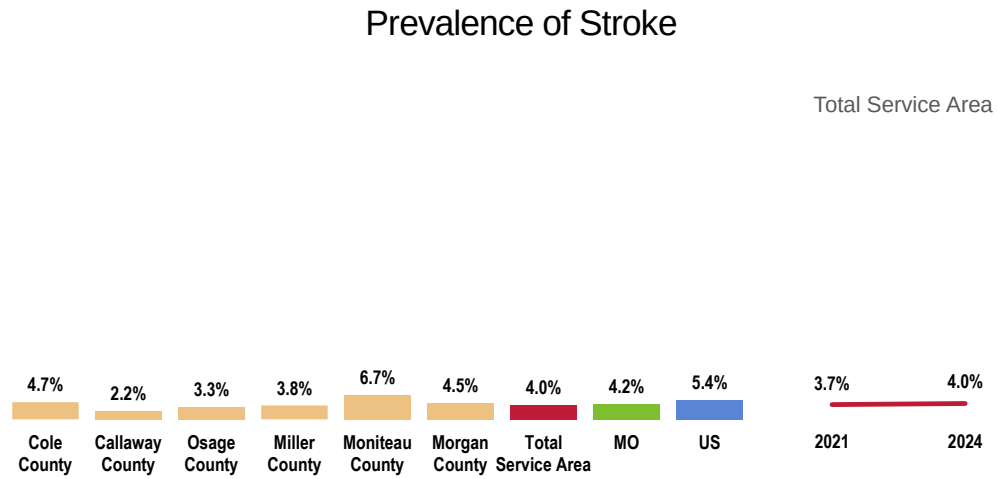


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke

A total of 4.0% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 42.0% of Total Service Area adults have been told by a health professional at some point that their blood pressure was high.

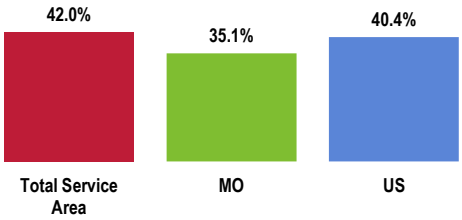
BENCHMARK ► Higher than the Missouri prevalence.

One in three (33.9%) service area adults have been told by a health professional that their cholesterol level was high.

DISPARITY ► Lowest in Miller County (not shown).

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower



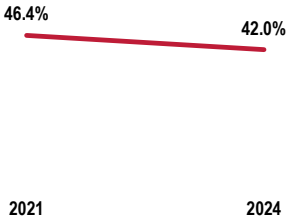
Prevalence of High Blood Cholesterol

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure (Total Service Area)

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (Total Service Area)

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

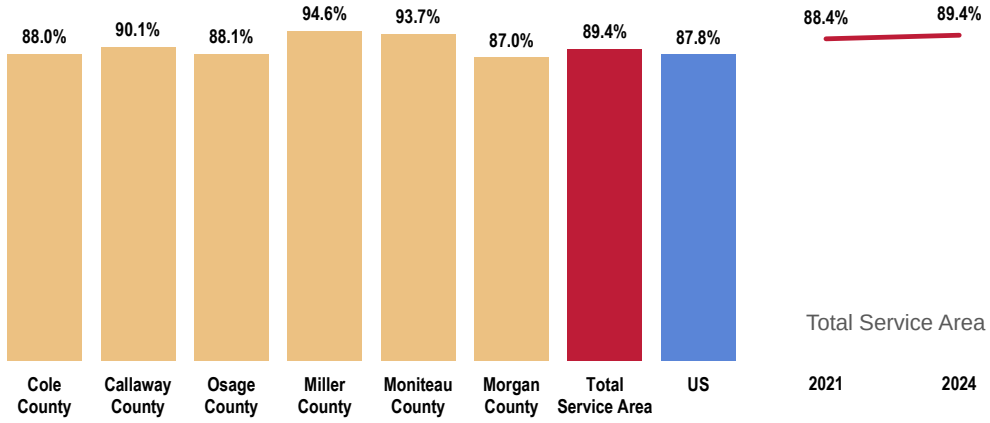
Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

Most (89.4%) Total Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

DISPARITY ► Higher among service area men and respondents age 40 and older.

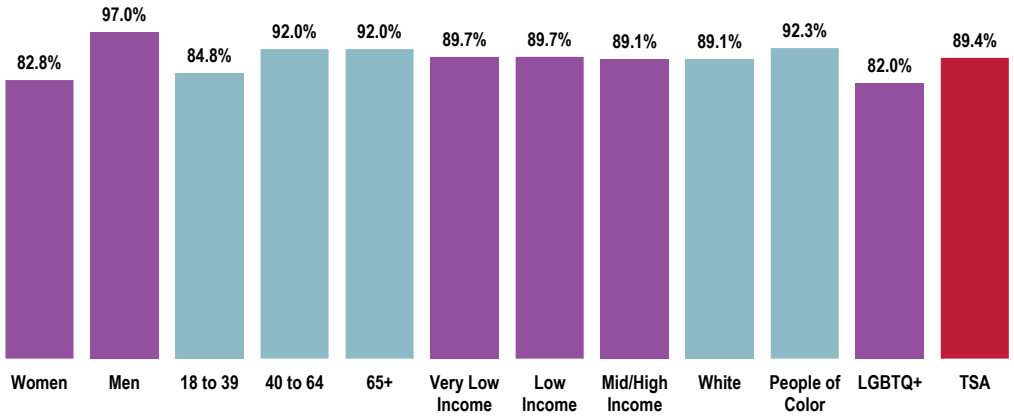
Exhibit One or More Cardiovascular Risks or Behaviors



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Exhibit One or More Cardiovascular Risks or Behaviors
(Total Service Area, 2024)

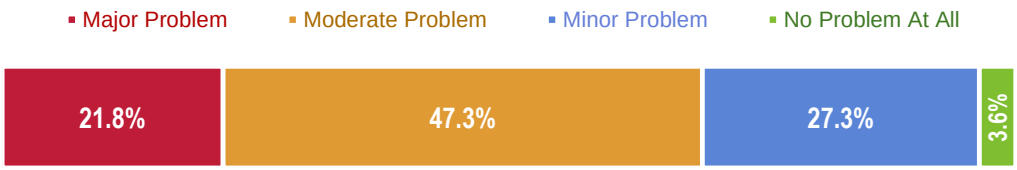


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
Notes: • Reflects all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease & Stroke as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Everything leads to heart disease. Need more free health and exercise options. – Social Services Provider
>
> I refer more to heart disease than stroke but know both are a concern. I think many individuals that I am aware of both personally and professionally have risk factors that they do not address, or if they do, they do not make the necessary lifestyle changes to improve their health and decrease their risk of a heart attack, blockage, or stroke. There are resources available for smoking cessation, obesity, etc., so each person needs to be responsible for accessing those, and I believe there is opportunity in respect to this issue. At times I have heard complaints about the length of time it takes to see a cardiologist, but I really do not know if that is accurate. With a primary care physician referral, my personal experience has been timely. When both Capital Region and St. Mary's discontinued their open-heart programs there was concerns voiced, but the number that were being done did not apparently support the continuation of the service, and MU had an established program. – Community Leader
>
> Continue to have high incidence. – Health Provider
>
> This is a frequent issue. – Public Health Representative

Awareness/Education

> We are in a very rural community where many individuals did not grow up learning how to eat healthily, go to routine checkups, or know the importance of heart health. At a local health fair, we identified 3 out of 50 middle-aged men who had critically high triglycerides. When speaking to these individuals, they were completely unaware of the role their diet and exercise played in their cholesterol levels. We have identified many individuals with hypertension at community events where free blood pressure checks are offered. These individuals are shocked that they have high blood pressure and disclose they do not routinely see a medical provider. Most have a strong family history of cardiac disease. – Public Health Representative

> Lack of proactive education and screening. – Community Leader

Lifestyle

> Lack of exercise, obesity, poor diet, and smoking. No prevention or addressing the risk factors for heart disease and stroke. – Public Health Representative

> Poor diet choices, excess smokers, poor medicine compliance, and obesity. – Physician

Aging Population

> With the aging population and increasing obesity, heart disease and stroke are major problems. – Community Leader

Stress

> Stress. – Community Leader

CANCER

ABOUT CANCER

The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

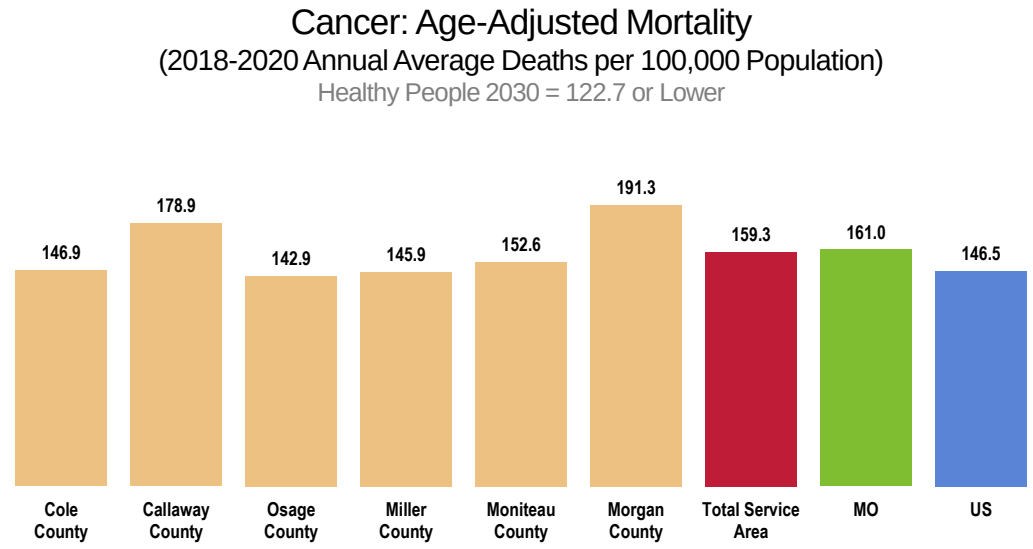
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2018 and 2020, the service area reported an annual average age-adjusted cancer mortality rate of 159.3 deaths per 100,000 population.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Highest in Callaway and Morgan counties.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	180.8	178.9	170.9	168.1	161.3	160.5	156.9	159.3
MO	180.4	179.8	176.8	172.7	169.2	166.5	164.1	161.0
US	166.2	162.7	160.1	157.6	155.6	152.5	149.3	146.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is the leading cause of cancer deaths in the Total Service Area.

Other leading sites include female breast cancer, prostate cancer, and colorectal cancer (both sexes).

BENCHMARK

Lung Cancer ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Lower than the Missouri rate but fails to satisfy the Healthy People 2030 objective.

Age-Adjusted Cancer Death Rates by Site
(2018-2020 Annual Average Deaths per 100,000 Population)

	Total Service Area	MO	US	Healthy People 2030
ALL CANCERS	**159.3**	**161.0**	**146.5**	**122.7**
Lung Cancer	**46.3**	**42.7**	**33.4**	**25.1**
Female Breast Cancer	**18.9**	**19.1**	**19.4**	**15.3**
Prostate Cancer	**17.2**	**18.0**	**18.5**	**16.9**
Colorectal Cancer	**11.6**	**13.8**	**13.1**	**8.9**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Incidence

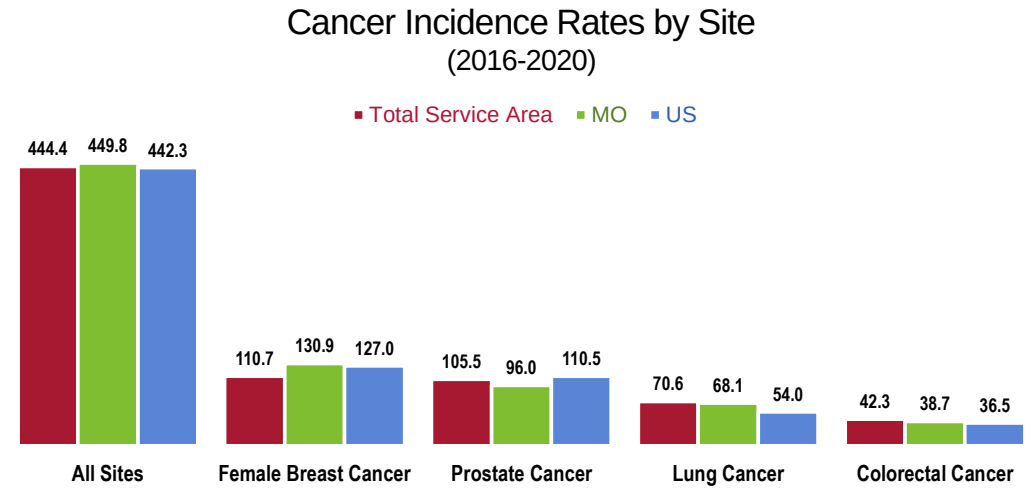
"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

BENCHMARK

Female Breast Cancer ► Lower than the Missouri rate.

Lung Cancer ► Higher than the US rate.



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population.

Prevalence of Cancer

A total of 9.6% of surveyed Total Service Area adults report having ever been diagnosed with cancer.

BENCHMARK ► Lower than the Missouri prevalence.

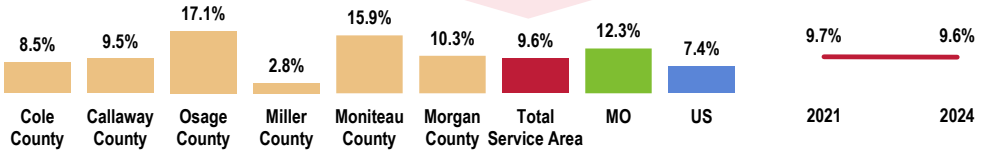
DISPARITY ► Lowest in Miller County. Strong correlation with age in the service area.

Prevalence of Cancer

Total Service Area

The most common types of cancers cited locally include:

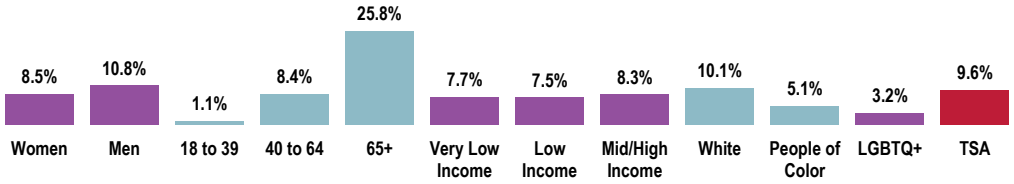
1) Prostate Cancer 22.2%
2) Breast Cancer 15.5%
3) Skin Cancer 15.5%



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 24-25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Cancer
(Total Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes:
- Asked of all respondents.

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures. Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

Among women age 50 to 74, 79.2% have had a mammogram within the past 2 years.

BENCHMARK ► Well above the US percentage.

Among Total Service Area women age 21 to 65, 79.6% have had appropriate cervical cancer screening.

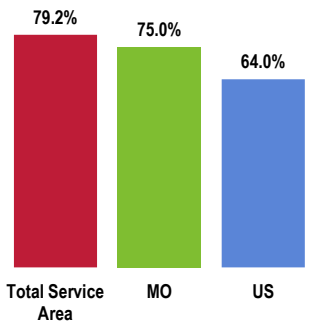
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

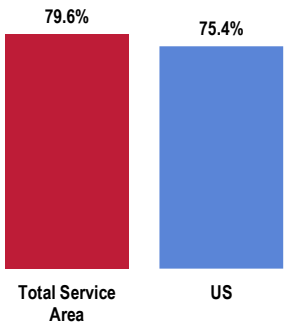
Among all adults age 50 to 75, 76.9% have had appropriate colorectal cancer screening.

BENCHMARK ► Higher than the Missouri percentage.

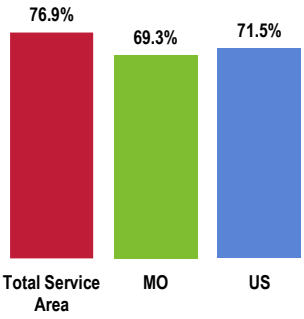
Breast Cancer Screening
(Women 50-74)
Healthy People 2030 = 80.5% or Higher



Cervical Cancer Screening
(Women 21-65)
Healthy People 2030 = 84.3% or Higher



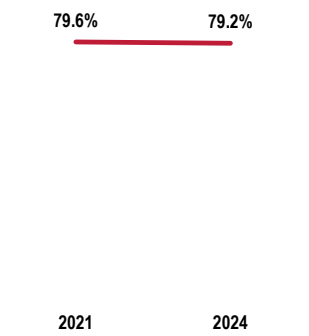
Colorectal Cancer Screening
(All Adults 45-75)
Healthy People 2030 = 74.4% or Higher



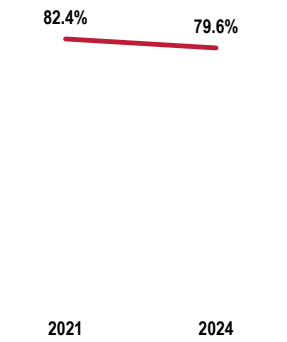
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.
- Note that state and national data for colorectal cancer screening reflect the age group (50 to 75) of the previous recommendation.

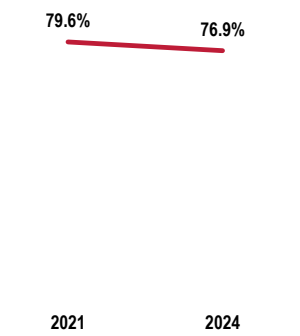
Breast Cancer Screening
(Women 50-74)
Healthy People 2030 = 80.5% or Higher



Cervical Cancer Screening
(Women 21-65)
Healthy People 2030 = 84.3% or Higher



Colorectal Cancer Screening
(All Adults 50-75)
Healthy People 2030 = 74.4% or Higher

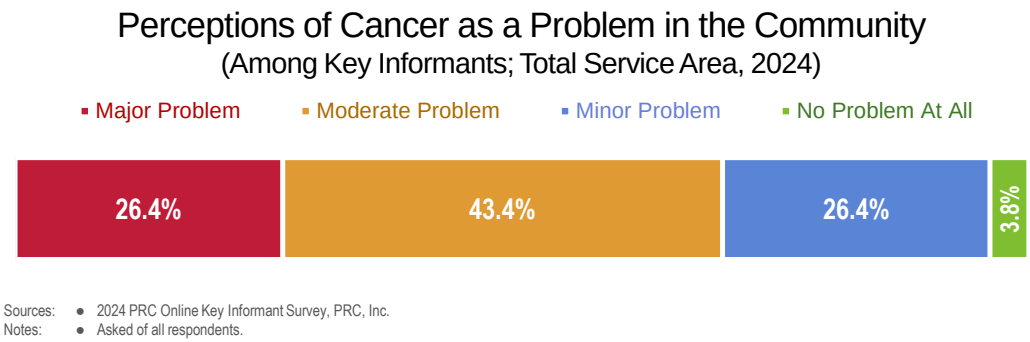


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.
- Note that trend data for colorectal cancer screening reflect the age group (50 to 75) of the previous recommendation.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.



Sources: 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Because it's prevalent among people with whom I interact. Public research. – Community Leader
>
> Cancer of all types is on the rise and finding local care is difficult due to the sheer number of patients. – Community Leader
>
> At any given time, I know two or three people who are battling cancer. It seems to be an issue that someone in my family, church group, friend group, co-worker group or clientele face. – Social Services Provider
>
> I believe that cancer is a major problem in my community because of the number of people that I meet that either has had or currently has cancer, or a family member does. – Social Services Provider
>
> So many diagnosed in our area with many deaths. – Health Provider
>
> We have multiple patients every day that we see that have cancer. There seems to be a large number of cancer patients in our area. – Public Health Representative
>
> I know several people who have been diagnosed within the past ten years. – Social Services Provider
>
> Seems like there are a lot of it and a lot of treatments being done, but not so many cures. I think it's a major problem pretty much everywhere. – Community Leader
>
> Because there are many people who have cancer and available treatment is Jefferson City, Columbia, St. Louis, or Kansas City. – Community Leader

No Local Treatment Centers

> There are too few cancer treatment specialists and specialized locations to serve the rural communities and citizens facing cancer. – Social Services Provider
>
> The community seeks care outside of Jefferson City. – Community Leader

Diagnosis/Treatment

> Need better detection, free events. – Social Services Provider

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

– Healthy People 2030 (https://health.gov/healthypeople)

Note that this section also includes data relative to COVID-19 (coronavirus disease).

Age-Adjusted Respiratory Disease Deaths

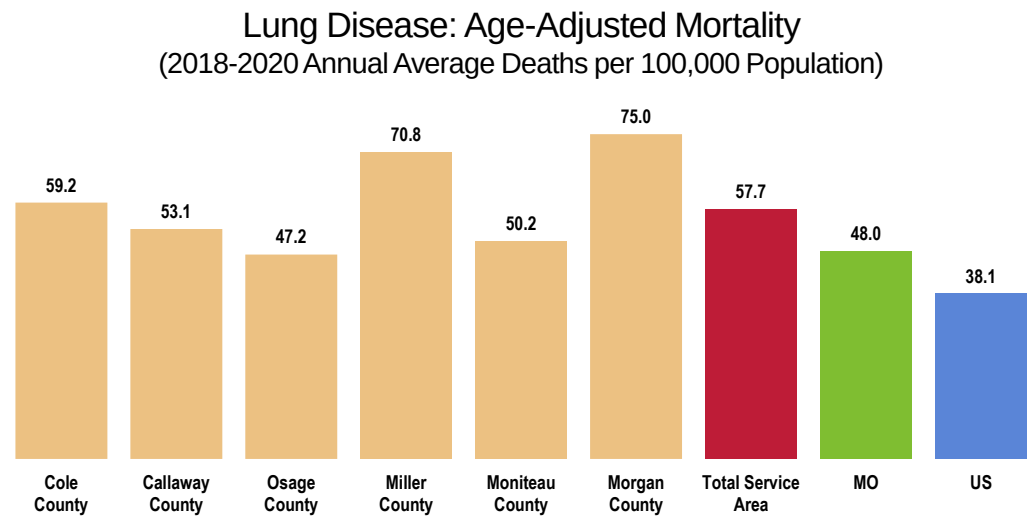
Lung Disease Deaths

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Between 2018 and 2020, the Total Service Area reported an annual average age-adjusted lung disease mortality rate of 57.7 deaths per 100,000 population.

BENCHMARK ► Well above the state and national figures.

DISPARITY ► Highest in Miller and Morgan counties.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Lung Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	58.1	55.6	53.0	53.2	53.3	58.2	57.8	57.7
MO	51.7	52.0	52.4	52.1	51.9	51.0	49.2	48.0
US	42.0	41.7	41.8	41.3	41.0	40.4	39.6	38.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

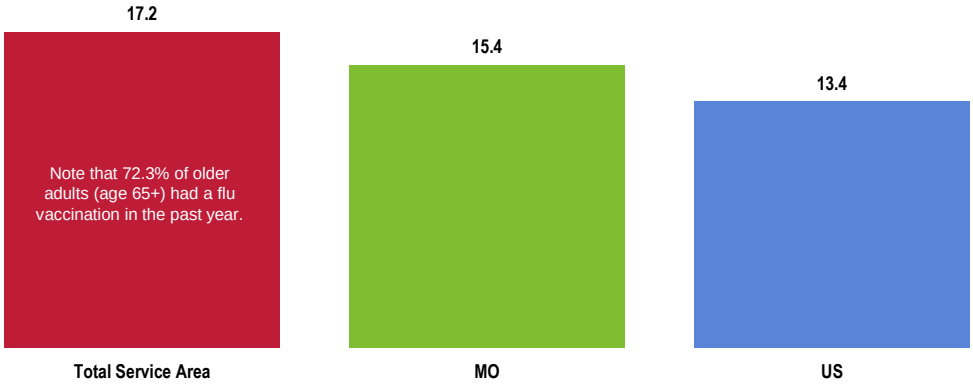
Pneumonia/Influenza Deaths

Between 2018 and 2020, the Total Service Area reported an annual average age-adjusted pneumonia/influenza mortality rate of 17.2 deaths per 100,000 population.

BENCHMARK ► Higher than the US mortality rate.

TREND ► Increasing over the past decade, in contrast to state and national trends.

Pneumonia/Influenza: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 108]
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	14.3	13.8	15.8	16.2	14.9	16.1	15.4	17.2
MO	17.6	17.9	18.2	17.0	16.6	16.8	16.2	15.4
US	15.3	15.2	15.4	14.6	14.3	14.2	13.8	13.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Respiratory Disease

Asthma

Adults

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

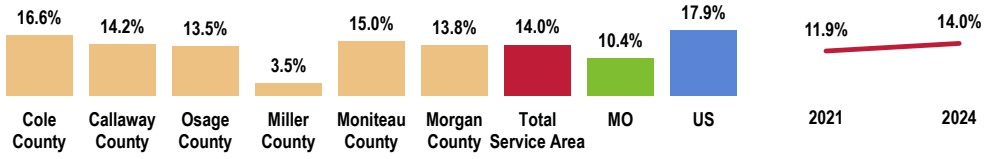
A total of 14.0% of Total Service Area adults have asthma.

BENCHMARK ► Higher than the Missouri percentage but lower than the US.

DISPARITY ► Lowest in Miller County. Reported more often among young adults, those in low-income households, People of Color, and those who identify as LGBTQ+.

Prevalence of Asthma

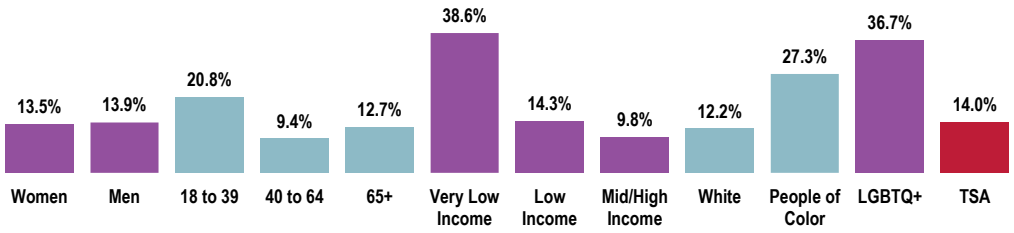
Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Asthma
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
Notes: • Asked of all respondents.

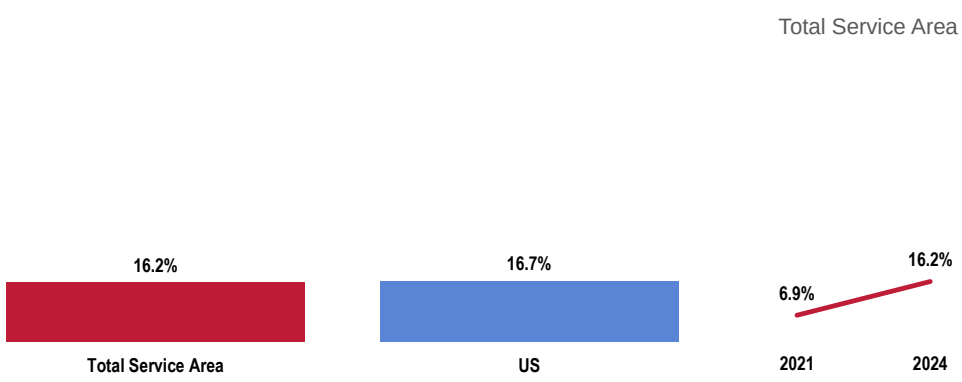
Children

Among Total Service Area children under age 18, 16.2% have been diagnosed with asthma.

TREND ► Marks a significant increase since 2021.

DISPARITY ► The asthma prevalence increases with age among service area children.

Prevalence of Asthma in Children
(Children 0-17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 92]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 0 to 17 in the household.

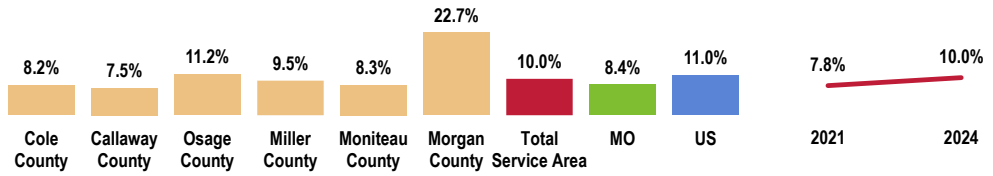
Chronic Obstructive Pulmonary Disease (COPD)

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 10.0% of area adults suffer from chronic obstructive pulmonary disease (COPD).

DISPARITY ► Notably higher in Morgan County.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

Over half of key informants taking part in an online survey characterized *Respiratory Disease* as a "minor problem" in the community.

Perceptions of Respiratory Disease as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)

Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> From seeing the number of COVID-19 cases in our community throughout the last several years. Possibly the lack of education on the science behind how respiratory illnesses spread. High number of tobacco smokers and/or vaping. – Public Health Representative

Tobacco Use

> Lots of COPD and lung diseases are due to smoking. – Public Health Representative

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 49.5 deaths per 100,000 population in the Total Service Area.

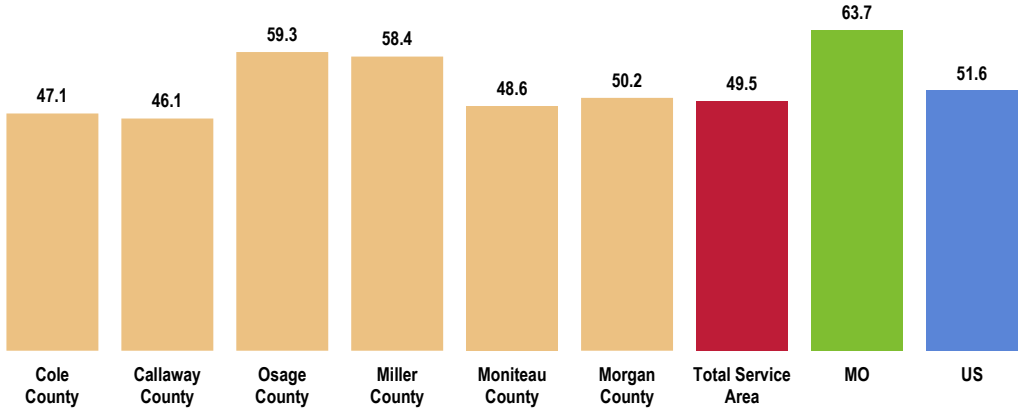
BENCHMARK ► Well below the Missouri mortality rate.

DISPARITY ► Highest in Osage and Miller counties.

Unintentional Injuries: Age-Adjusted Mortality

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower



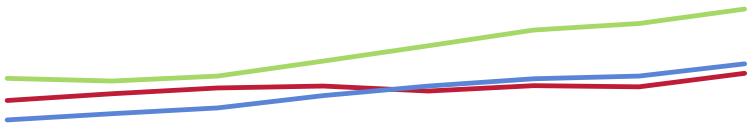
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	43.5	45.0	46.3	46.7	45.6	46.8	46.5	49.5
MO	48.4	47.8	48.9	52.2	55.6	59.1	60.5	63.7
US	39.2	40.6	41.9	44.6	46.7	48.3	48.9	51.6

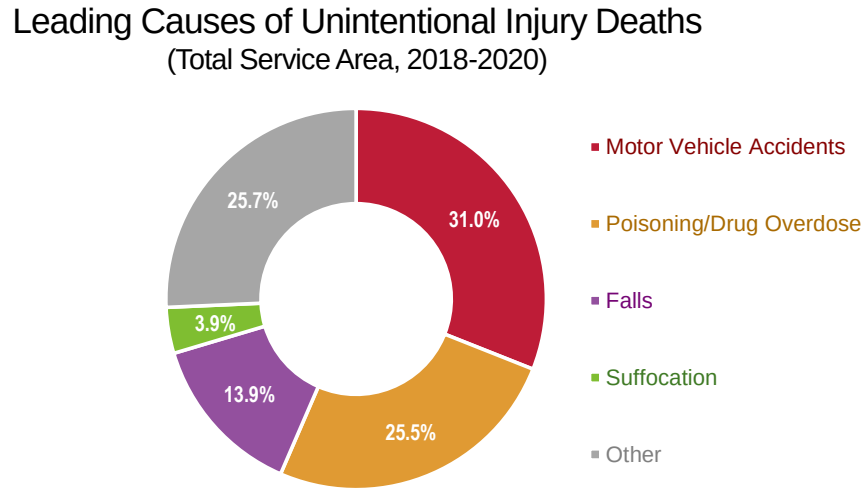
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Unintentional Injury Deaths

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Use* in the **Modifiable Health Risks** section of this report.

Motor vehicle accidents, poisoning (including unintentional drug overdose), falls, and suffocation accounted for most unintentional injury deaths in the Total Service Area between 2018 and 2020.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Intentional Injury (Violence)

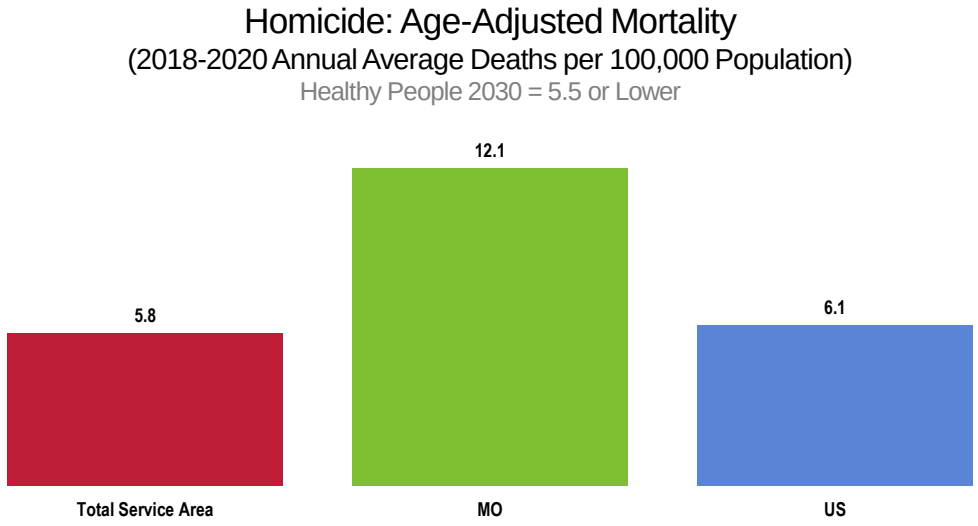
Age-Adjusted Homicide Deaths

RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

The area reported 5.8 homicides per 100,000 population (2018-2020).

BENCHMARK ► Well below the Missouri homicide rate.

TREND ► Increasing over the past decade, echoing the Missouri trend.



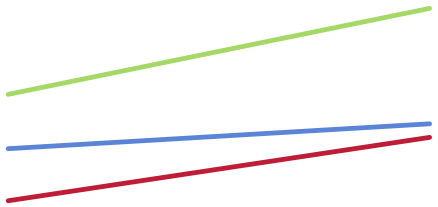
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 5.5 or Lower



	2011-2015	2016-2020
Total Service Area	3.0	5.8
MO	7.7	11.5
US	5.3	6.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

Violent Crime Rates

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

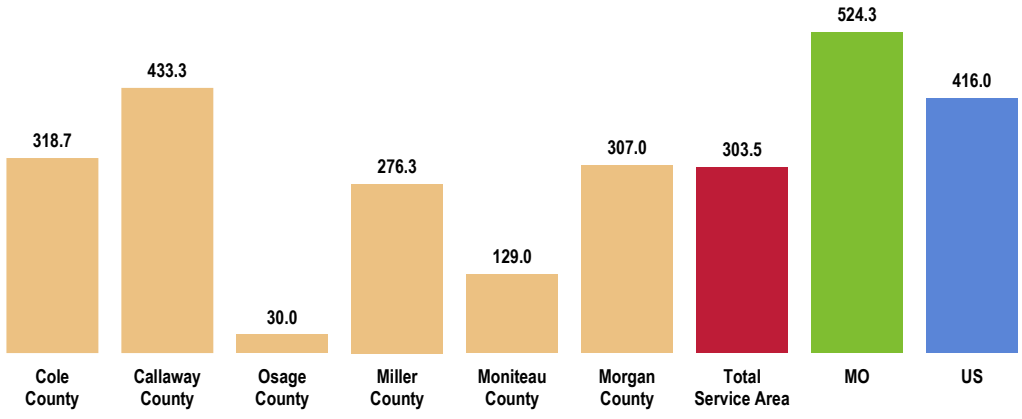
Between 2015 and 2017, the Total Service Area reported 303.5 violent crimes per 100,000 population.

BENCHMARK ► Well below the state and national violent crime rates.

DISPARITY ► Highest by far in Callaway County.

Violent Crime Rate

(Reported Offenses per 100,000 Population, 2015-2017)



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

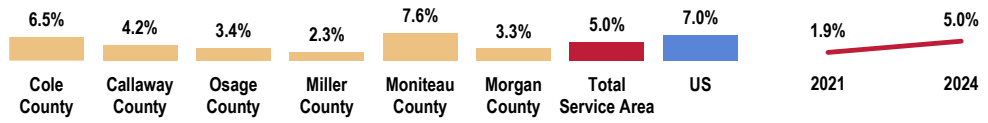
A total of 5.0% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

TREND ► Marks a statistically significant increase since 2021.

DISPARITY ► Reported more often among respondents living in the lowest income breakout and among People of Color.

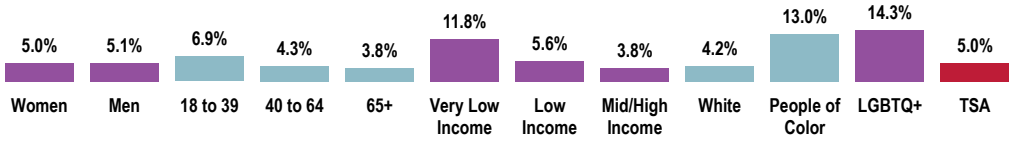
Victim of a Violent Crime in the Past Five Years

Total Service Area



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
Notes: ● Asked of all respondents.

Intimate Partner Violence

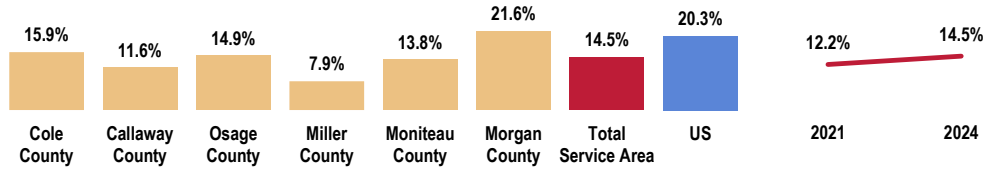
Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 14.5% of Total Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

BENCHMARK ► Well below the national response.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

Total Service Area

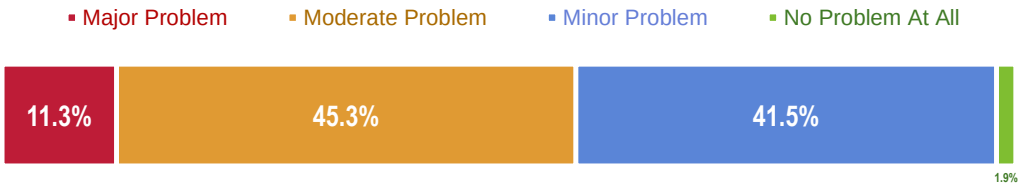


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 33]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury & Violence as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)



Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

> There are not enough nurses available to provide safe exams to victims of sexual assault in our community. In addition, the need for medical provider education about domestic violence and sexual assault is needed. Resources for victims, such as RACS, are available but not utilized by medical professionals on a regular basis. In addition, violence has increased in our community, resulting in greater injuries and, in some cases, death, to victims. – Social Services Provider

Access to Care/Services

> I believe there are not enough resources available to adequately support the needs of those affected by domestic violence. – Community Leader

Gun Violence

> Frequent gunshot wounds due to drug violence. – Public Health Representative

Homelessness

> I see evidence of injury and violence on the unhoused. – Community Leader

Awareness

> It is not addressed. – Health Provider

DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

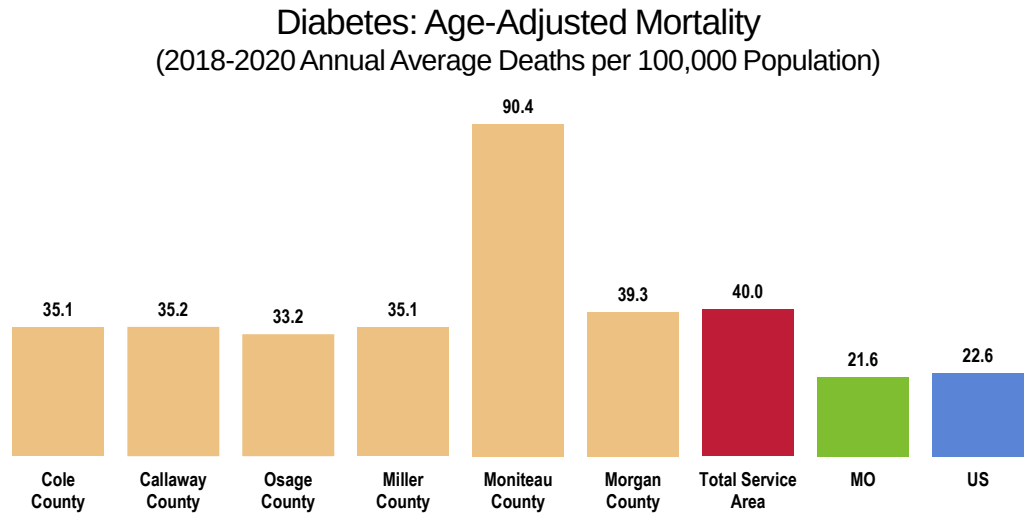
Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 40.0 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Well above the Missouri and US rates.

TREND ► Increasing significantly over the past decade.

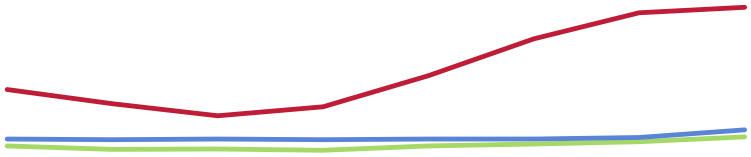
DISPARITY ► Dramatically higher in Moniteau County.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	28.3	26.3	24.6	25.9	30.3	35.5	39.2	40.0
MO	20.3	19.8	19.9	19.7	20.3	20.6	20.9	21.6
US	21.3	21.2	21.3	21.2	21.3	21.3	21.5	22.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Diabetes

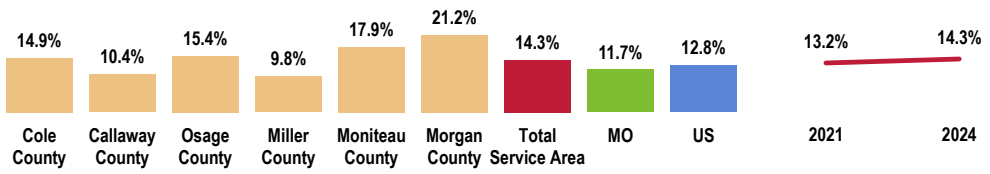
A total of 14.3% of Total Service Area adults report having been diagnosed with diabetes.

DISPARITY ► Reported more often among man and adults age 40 and older.

Prevalence of Diabetes

Another 9.0% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

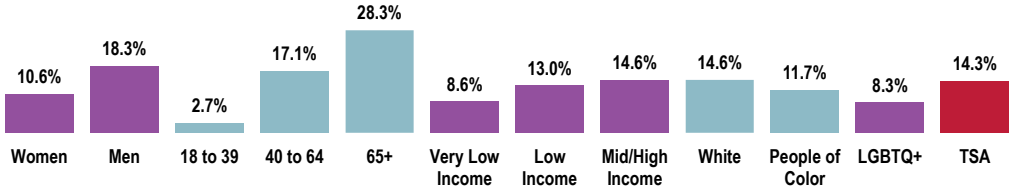
Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
Notes: • Asked of all respondents.
• Excludes gestational diabetes (occurring only during pregnancy).

Age-Adjusted Kidney Disease Deaths

ABOUT KIDNEY DISEASE & DIABETES

Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

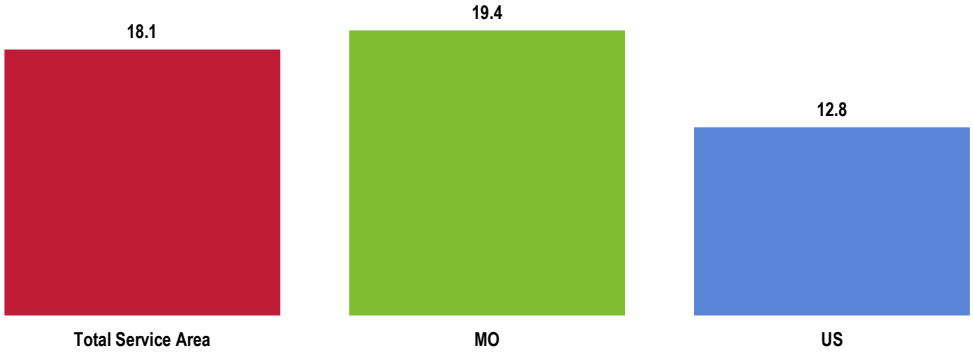
– Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html

Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 18.1 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Well above the national mortality rate.

TREND ► Increasing in recent years.

Kidney Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Kidney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

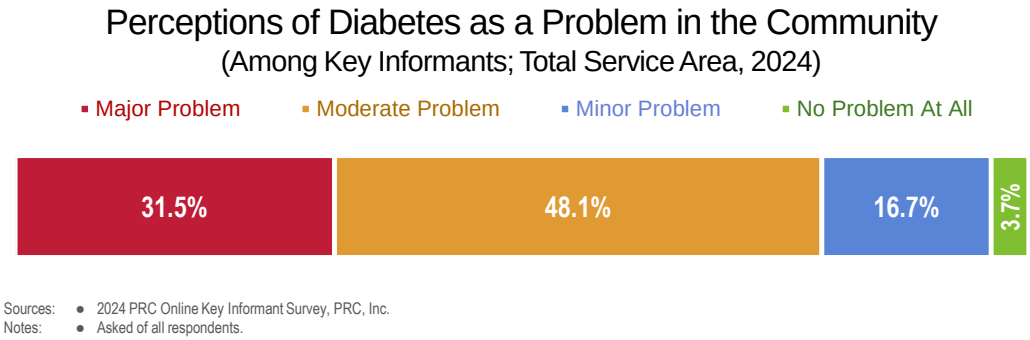
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	12.7	14.0	14.5	14.4	14.3	15.7	18.2	18.1
MO	17.9	18.5	19.2	19.7	19.7	19.4	19.0	19.4
US	13.2	13.2	13.3	13.3	13.2	13.0	12.9	12.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Diabetes

Nearly half of key informants taking part in an online survey characterized *Diabetes* as a "moderate problem" in the community.



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> We lost the education that we once had for new diabetic patients. We used to have a class that would teach newly diagnosed diabetic patients how to count carbs, what and where to look when grocery shopping. They would explain reinforce the importance of taking care of feet and controlling blood sugars. – Physician
>
> Education regarding good food choices. Local pharmacies are too expensive and often don't take all of the insurance plans, so people have issues getting medicines. – Physician
>
> Appropriate education regarding their disease and access to healthy foods. – Physician
>
> Education, knowing how to control diabetes and the effects of diabetes if left untreated. – Community Leader
>
> Ability to understand and fully care for oneself. – Social Services Provider
>
> Understanding and access to affordable food. – Community Leader

Nutrition

> Many families do not eat well balanced meals, choosing fast food, sugar-heavy, and carb-heavy items—increasing diabetes and obesity. Adult heads-of-households do not cook much due to time limits and fatigue from job and family responsibilities, so it is much easier to pick up the quick food to feed families and children. "It is much easier to pick up something than cook it." Adults between ages 21 and 45 are not interested/able to learn to cook healthy meals from scratch due to multiple responsibilities and jobs. In high school health classes, they do not transfer info to home life possibly because unfamiliar/ uncomfortable grocery shopping for healthier food. Ideas: programs take adults into the grocery store, assist in reading labels, and familiarize themselves with healthier food areas; put together a meal in a bag with ingredients and easy to prepare directions. – Social Services Provider
>
> Lack of nutrition and exercise used as treatment, as opposed to medication alone. – Community Leader
>
> Proper nutrition and care. – Public Health Representative

Access to Affordable Healthy Food

> Access to good food. Food deserts, and especially fresh produce. The elimination of access to fast food, convenience marts. – Community Leader
>
> Access to affordable, convenient, and nutritious foods. – Physician

Affordable Medications/Supplies

> Access to medications and supplies to manage diabetes. Education and teaching on the importance of following a good diet and maintaining healthy blood sugars. – Community Leader
>
> Affording diabetes supplies. – Community Leader

Prevention/Screenings

> There are not many prevention services or education programs. Doctors are difficult to get into and just want to push medications instead of recommending lifestyle changes. – Public Health Representative

Social Norms/Community Attitude

> Diabetes is more or less accepted within our society as a phase of life, instead of something that can be avoided through diet. Our community is no different. The cost of medications surely outweighs education at an earlier age. The cost of medications even with insurance is something which needs to be addressed. – Community Leader

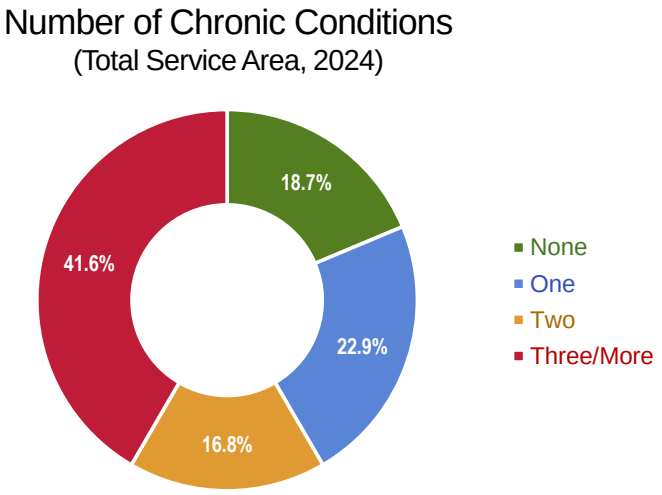
DISABLING CONDITIONS

Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

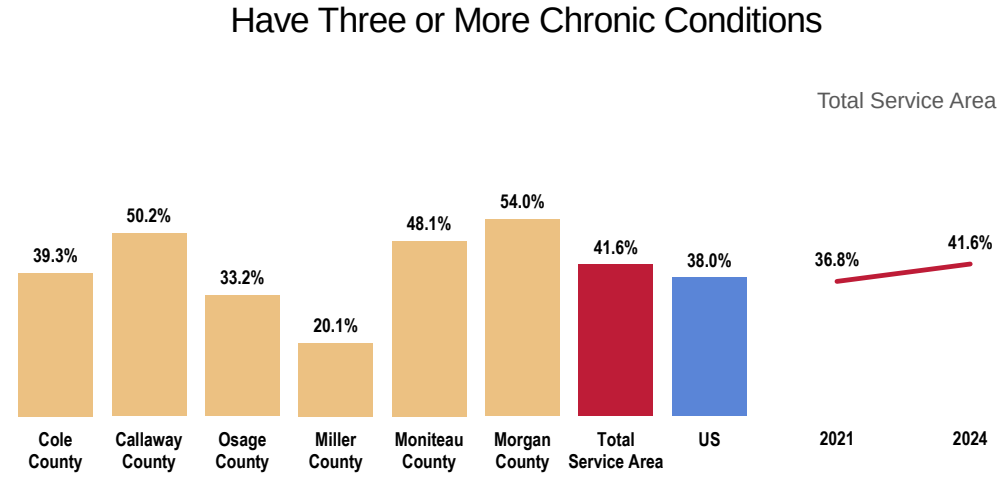
Among Total Service Area survey respondents, most report having at least one chronic health condition.



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: Asked of all respondents.
In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

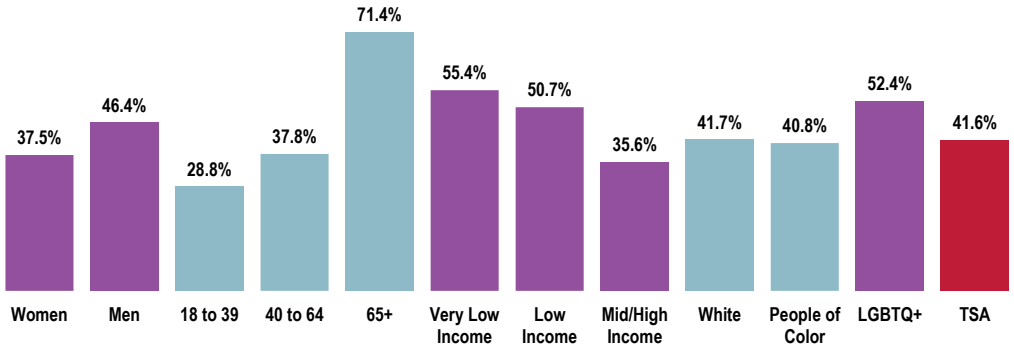
In fact, 41.6% of Total Service Area adults report having three or more chronic conditions.

DISPARITY ► Lowest in Miller County. Found more often among men, older respondents and those in low-income households.



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Have Three or More Chronic Conditions
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: • Asked of all respondents.
• In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

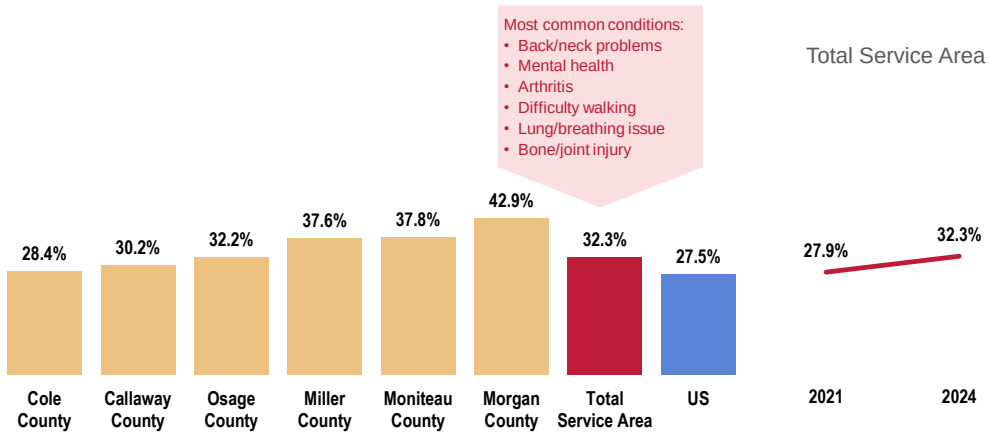
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

A total of 32.3% of Total Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

DISPARITY ► Reported more often among adults age 65+, those in low-income households, and those who identify as LGBTQ+.

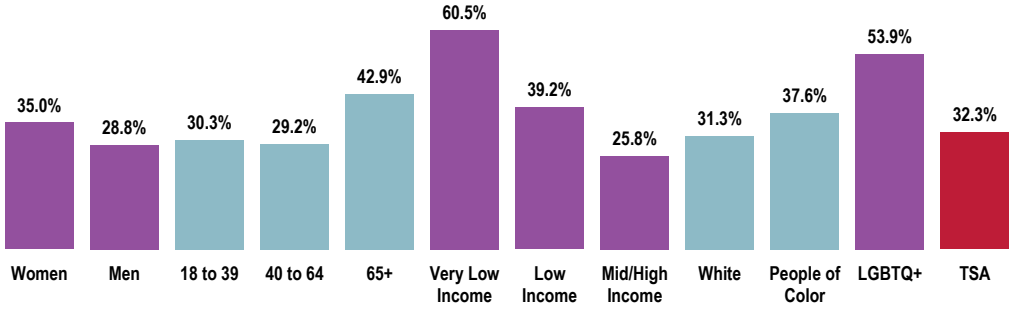
Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 83-84]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem

(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: • Asked of all respondents.

Chronic Pain

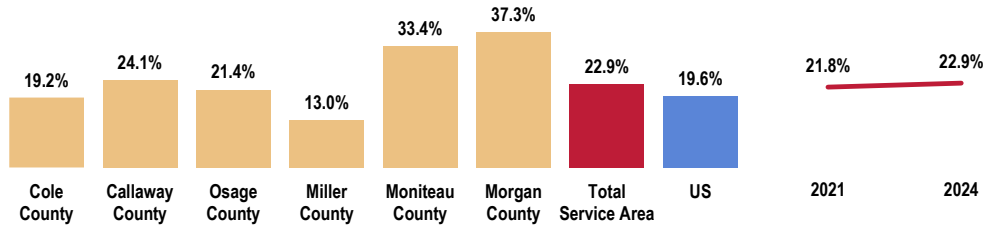
A total of 22.9% of Total Service Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Highest in Morgan County. Increases with age and decreases with household income.

Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower



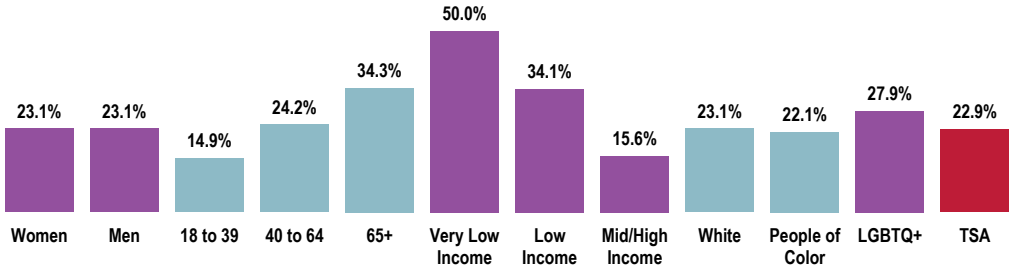
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Experience High-Impact Chronic Pain

(Total Service Area, 2024)

Healthy People 2030 = 6.4% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia. Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

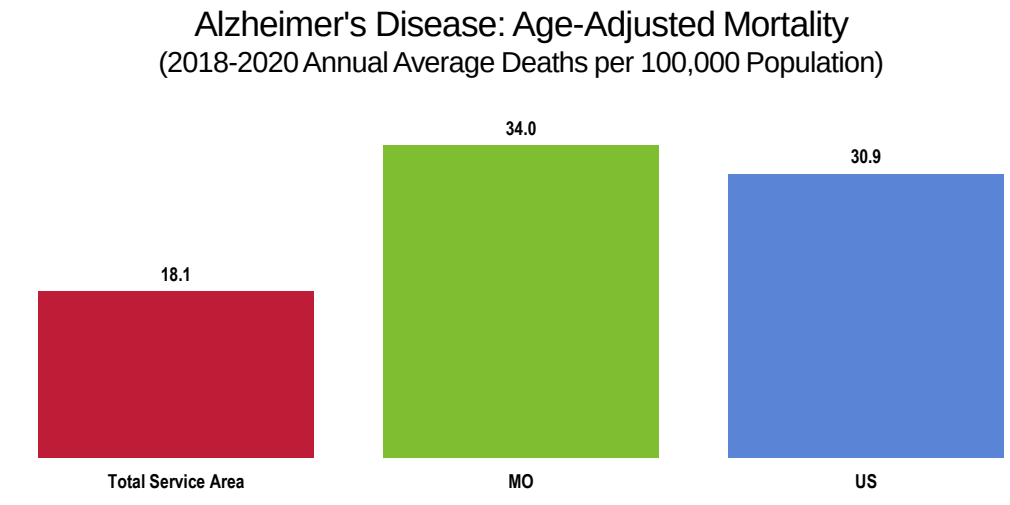
– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Alzheimer's Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 18.1 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Well below the Missouri and US mortality rates.

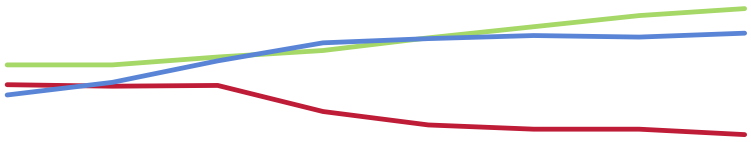
TREND ► Decreasing over the past decade, in contrast to state and national trends.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alzheimer's Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	24.4	24.2	24.3	21.0	19.3	18.8	18.8	18.1
MO	26.9	26.9	27.9	28.7	30.3	31.7	33.1	34.0
US	23.1	24.7	27.4	29.7	30.2	30.6	30.4	30.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

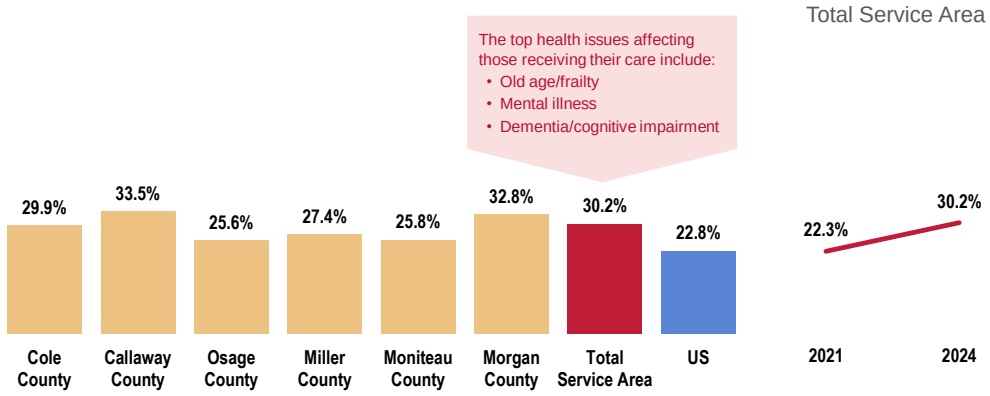
Caregiving

A total of 30.2% of Total Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

BENCHMARK ► Higher than the national prevalence.

TREND ► Increasing significantly since 2021.

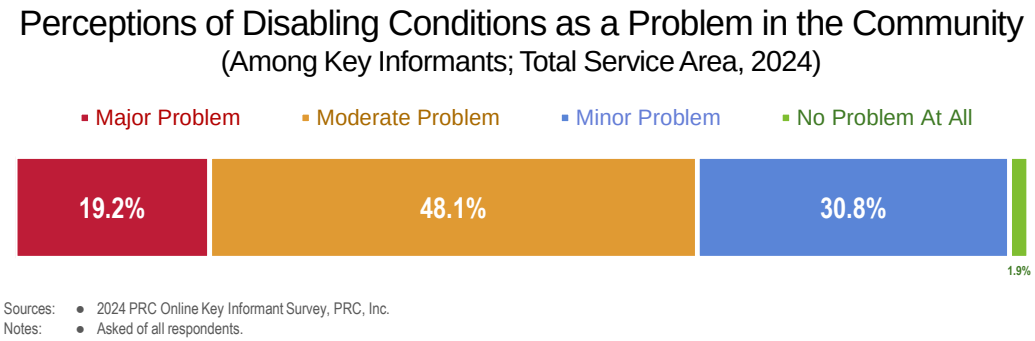
Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 85-86]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Disabling Conditions

Key informants taking part in an online survey most often characterized *Disabling Conditions* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

> Aging population, access to healthy foods, access to vision and hearing screenings and resources. – Community Leader
>
> I believe given our aging population, more and more people are experiencing activity limitations, chronic pain, and dementia. – Community Leader
>
> Many elderly come through our clinic who have vision and hearing problems, debilitating arthritis and/or chronic pain, affecting their mobility. – Public Health Representative

Access to Care/Services

> Those with disabilities have limited choices of activities. Many things are not disability friendly. There are no caregiver support organizations for dementia or elderly caregivers. – Physician

Awareness/Education

> Many people with these conditions do not have proper education regarding their conditions and what can and cannot be done for them. – Physician

Income/Poverty

> We are constantly providing assistance to people who cannot afford in-home care or assistance. – Public Health Representative

Personal Motivation

> Lack of motivation to address disabling conditions. – Community Leader

Parental Influence

> Children in our communities are greatly being affected in utero by their mother's eating habits, substance use, poor prenatal care, etc., which is leading to birth defects and other disabling conditions. – Social Services Provider

Transportation

> I have several patients that do not have transportation to activities or to gyms, like Silver Sneakers, to and from the small town I once practiced in. Medicaid doesn't cover physical therapy, which would help out a lot of patients and their pain. – Physician

Caregivers

> The health of our families taking care of disabled children with no nursing or respite support unless you have the Sarah Lopez Waiver, but there are not enough spots in the state of Missouri for all of the kids that truly need this resource. – Social Services Provider

BIRTHS

BIRTH OUTCOMES & RISKS

Low-Weight Births

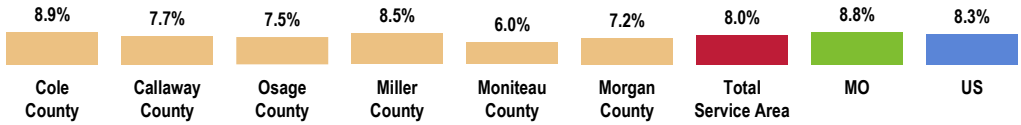
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 8.0% of 2016-2022 Total Service Area births were low-weight.

DISPARITY ► The prevalence is lowest in Moniteau County.

Low-Weight Births
(Percent of Live Births, 2016-2022)



Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g).

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2018 and 2020, the Total Service Area reported an annual average of 4.9 infant deaths per 1,000 live births.

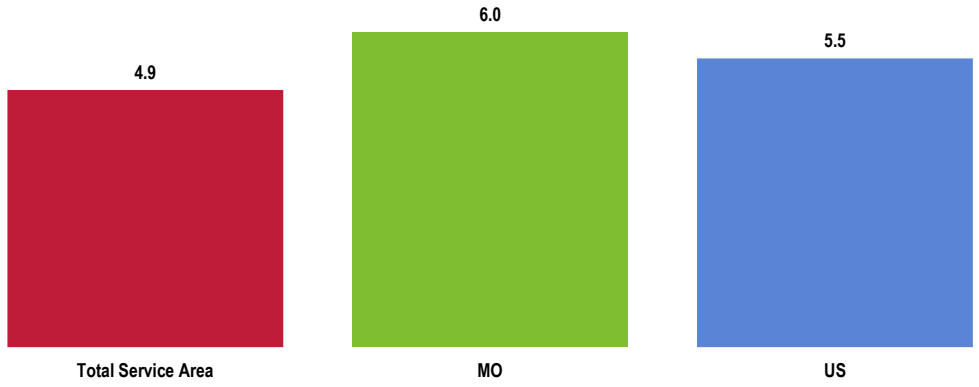
BENCHMARK ► Lower than the Missouri mortality rate.

TREND ► Decreasing from earlier baseline findings.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)

Healthy People 2030 = 5.0 or Lower



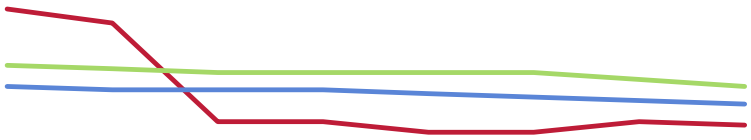
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.

Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2030 = 5.0 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	8.2	7.8	5.0	5.0	4.7	4.7	5.0	4.9
MO	6.6	6.5	6.4	6.4	6.4	6.4	6.2	6.0
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted September 2024.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression … family planning services can help increase the length of time between pregnancies, which can improve health for women and their infants.

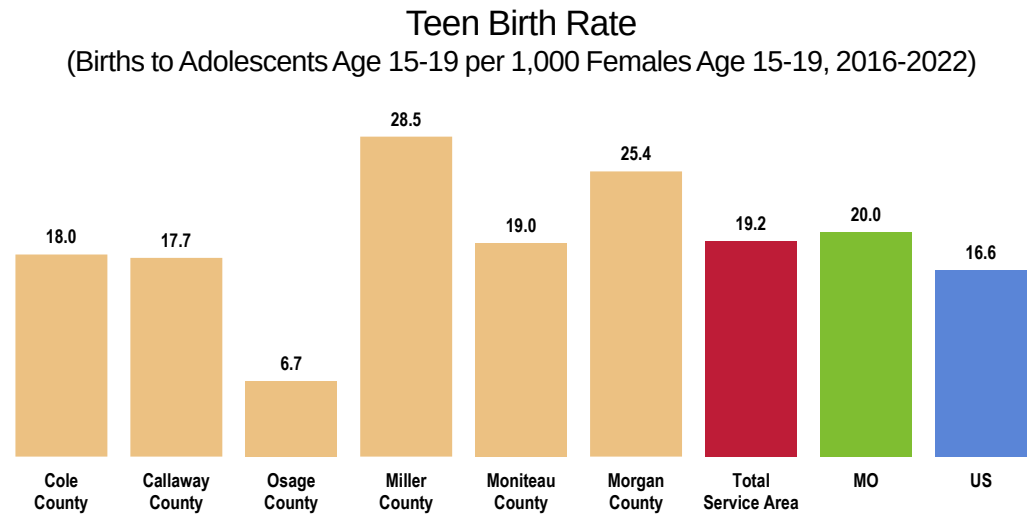
Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Between 2016 and 2022, there were 19.2 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Total Service Area.

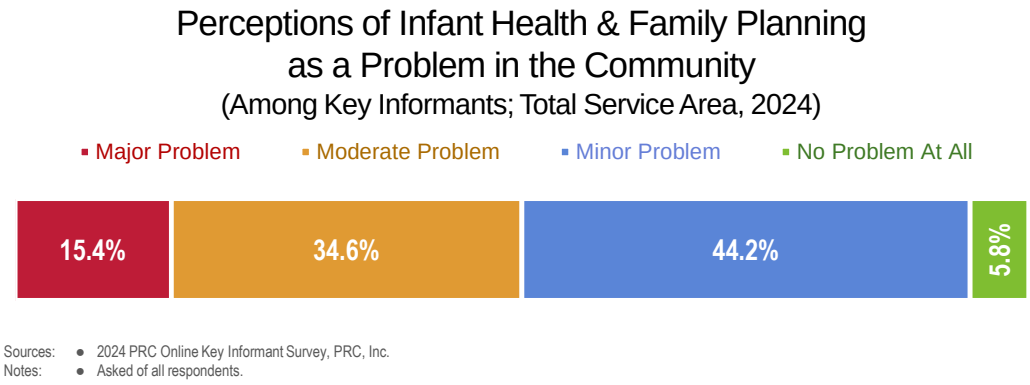
DISPARITY ► Highest in Miller and Morgan counties.



Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a "minor problem" in the community.



Sources: 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Lack of primary care that can be accessed promptly. When infants need to be seen, they cannot see the primary provider, leading to Emergency Room visits or lack of care being accessed when needed. As for family planning, limited obstetrics care and access is a barrier. – Community Leader

> Services are not available. – Health Provider

Government/Policy

> Legislation adverse to moms and pregnant women getting the support and health they need. – Community Leader

Awareness/Education

> In a rural community, family planning is not often addressed…. The lack of medical providers in our community limits access to family planning. – Public Health Representative

Nutrition

> With the poor quality of food that our low-income families have access to through the food pantries, it's affecting growth and development, physically and also with brain development. – Social Services Provider

Infant Mortality

> The latest state report indicates that infant mortality is an issue statewide. – Public Health Representative

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

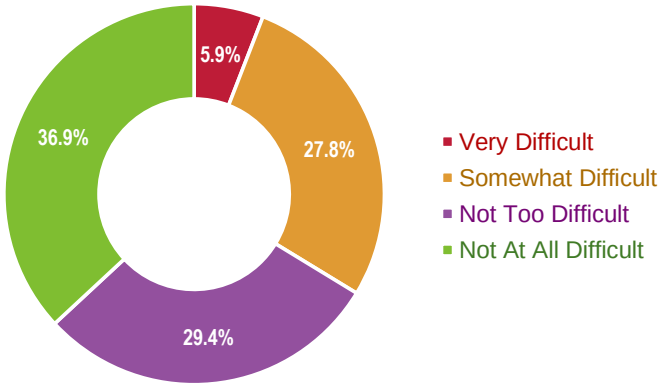
Difficulty Accessing Fresh Produce

Respondents were asked, "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say very difficult, somewhat difficult, not too difficult, or not at all difficult?"

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.

Most Total Service Area adults report little or no difficulty buying fresh produce at a price they can afford.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

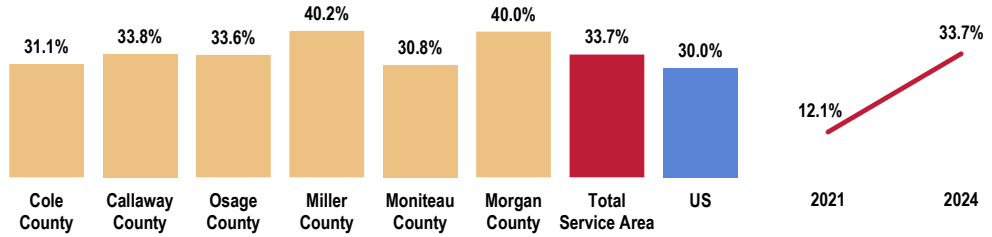
However, one in three (33.7%) Total Service Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

TREND ► Increasing significantly since 2021.

DISPARITY ► Highest among women, residents in low-income households, and LGBTQ+ adults.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

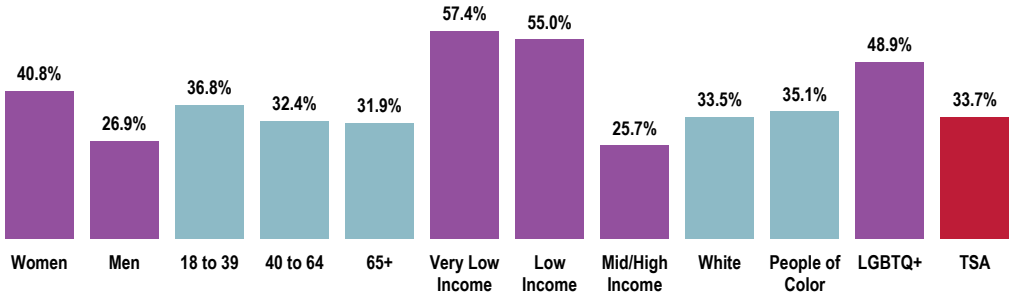
Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.

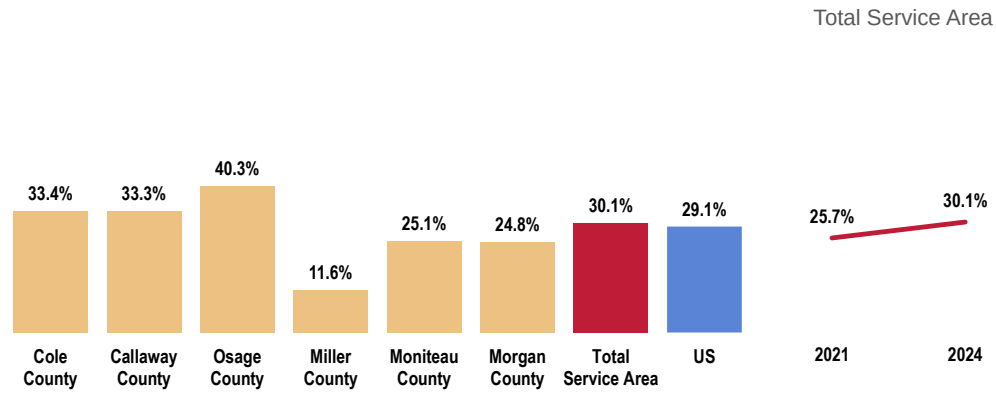
Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 30.1% of Total Service Area adults report eating five or more servings of fruits and/or vegetables per day.

DISPARITY ► Lowest in Miller County.

Consume Five or More Servings of Fruits/Vegetables Per Day



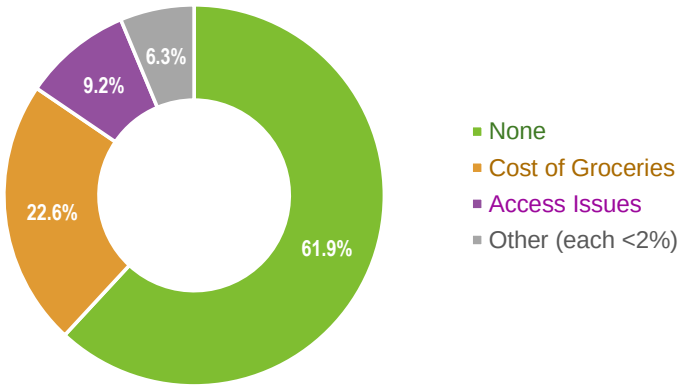
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 109]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

Barriers to Accessing Healthy Food

While 61.9% of respondents do not experience barriers to accessing healthy food, 22.6% report that the cost of groceries is a barrier for them, and 9.2% mentioned various access issues (transportation, scheduling, availability) as examples of barriers they currently face when trying to access healthy food.

Respondent's Biggest Barrier to Obtaining Healthy Food
(Total Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 317]

Notes:
- Asked of all respondents.

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

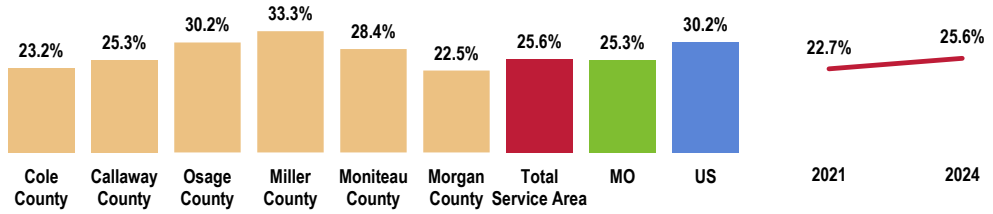
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 25.6% of Total Service Area adults report no leisure-time physical activity in the past month.

BENCHMARK ► Lower than the US prevalence but fails to satisfy the Healthy People 2030 objective.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 69]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

For adults, “meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities:

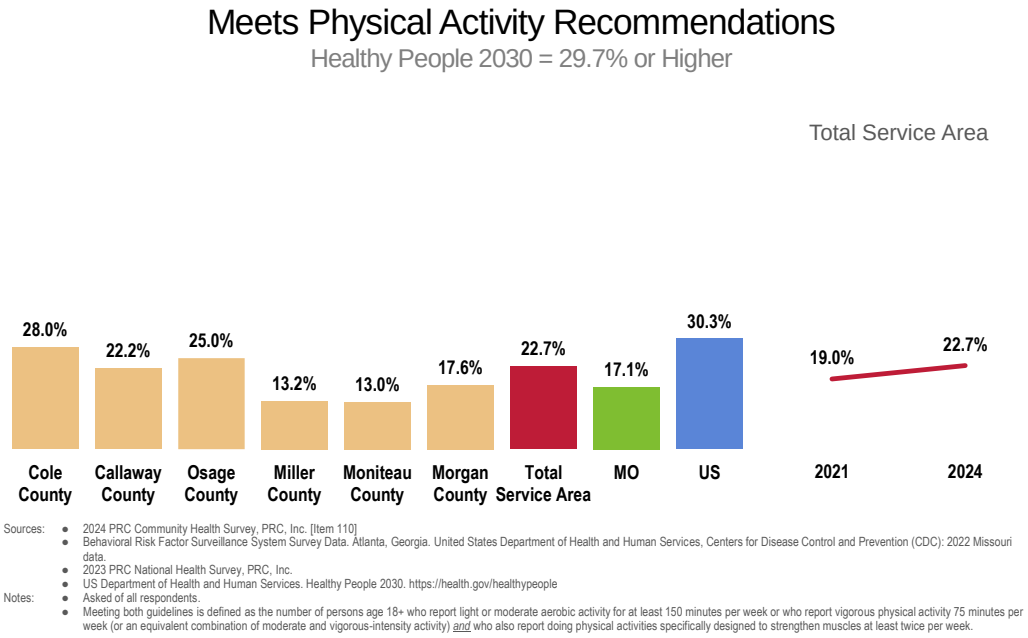
- **Aerobic activity** is one of the following: at least 150 minutes per week of light to moderate activity (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed to strengthen muscles (such as push-ups, sit-ups, or activities using resistance bands or weights).

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

A total of 22.7% of Total Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ► Higher than the Missouri prevalence but well below the US prevalence. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lowest in Miller and Moniteau counties. Reported less often among adults age 40+, those living above the federal poverty level, and White respondents.



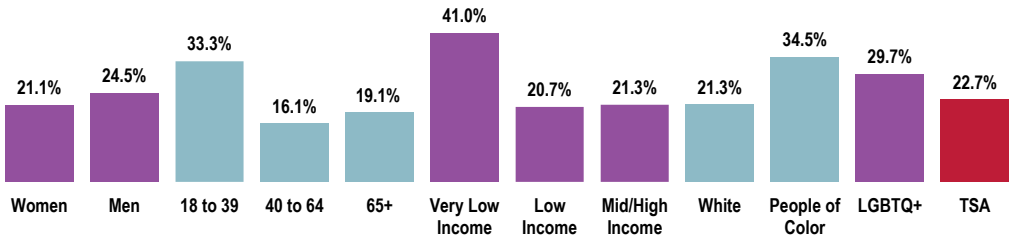
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations

(Total Service Area, 2024)

Healthy People 2030 = 29.7% or Higher



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

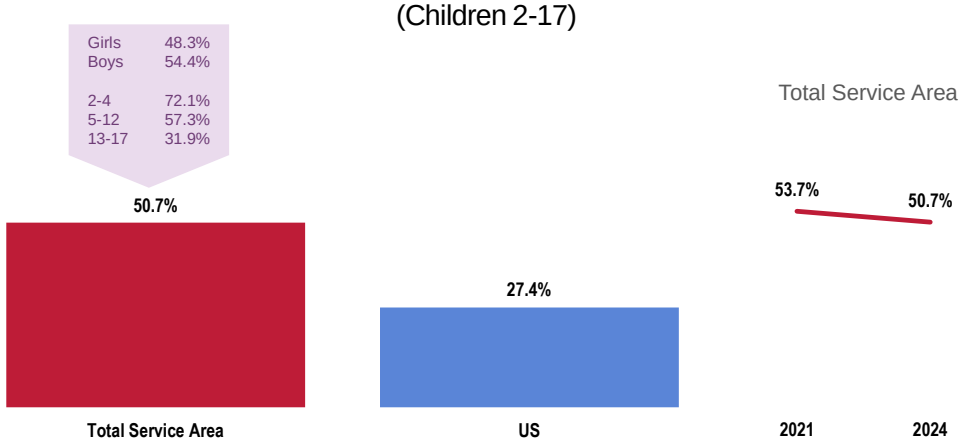
– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among area children age 2 to 17, half (50.7%) are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Much higher than the national figure.

DISPARITY ► Strong correlation (decrease) with child's age.

Child Is Physically Active for One or More Hours per Day
(Children 2-17)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity Facilities

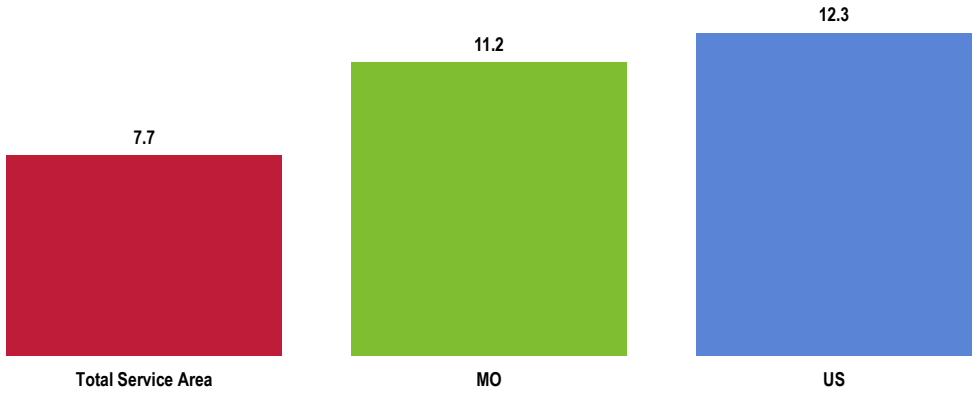
In 2022, there were 7.7 recreation/fitness facilities for every 100,000 population in the Total Service Area.

BENCHMARK ► A lower proportion than reported for Missouri and the US.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Number of Recreation & Fitness Facilities per 100,000 Population
(2022)



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.*

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

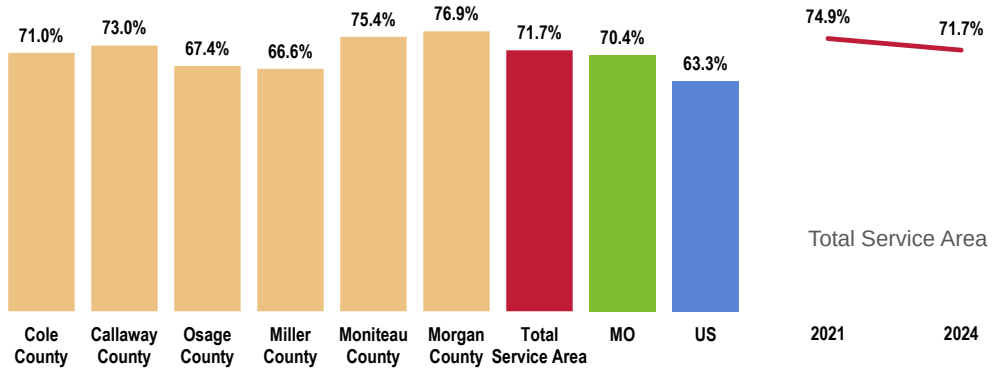
Overweight Status

Here, "overweight" includes those respondents with a BMI value ≥25.

Most service area adults (71.7%) are overweight.

BENCHMARK ► Higher than the national prevalence.

Prevalence of Total Overweight (Overweight and Obese)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0,. The definition for obesity is a BMI greater than or equal to 30.0.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

The overweight prevalence above includes 39.0% of Total Service Area adults who are obese.

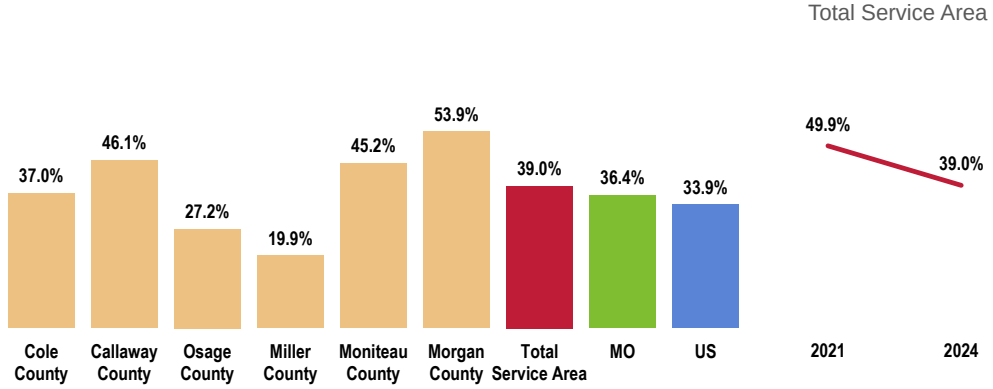
BENCHMARK ► Higher than the national figure.

TREND ► Decreasing (improving) significantly from 2021 findings.

DISPARITY ► Highest in Morgan County. Found more often among women and adults age 40 to 64.

Prevalence of Obesity

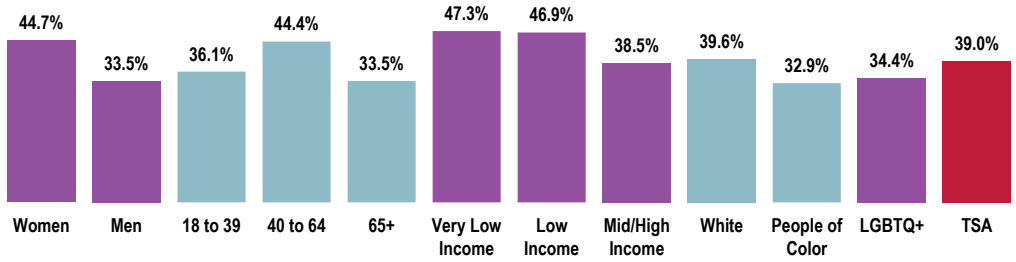
Healthy People 2030 = 36.0% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Prevalence of Obesity
(Total Service Area, 2024)
Healthy People 2030 = 36.0% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

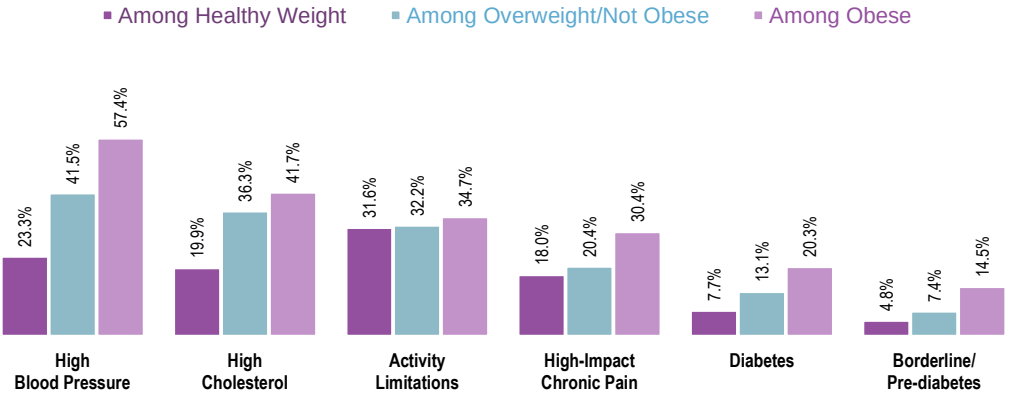
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

Relationship of Overweight With Other Health Issues
(Total Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]

Notes:
- Based on reported heights and weights, asked of all respondents.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

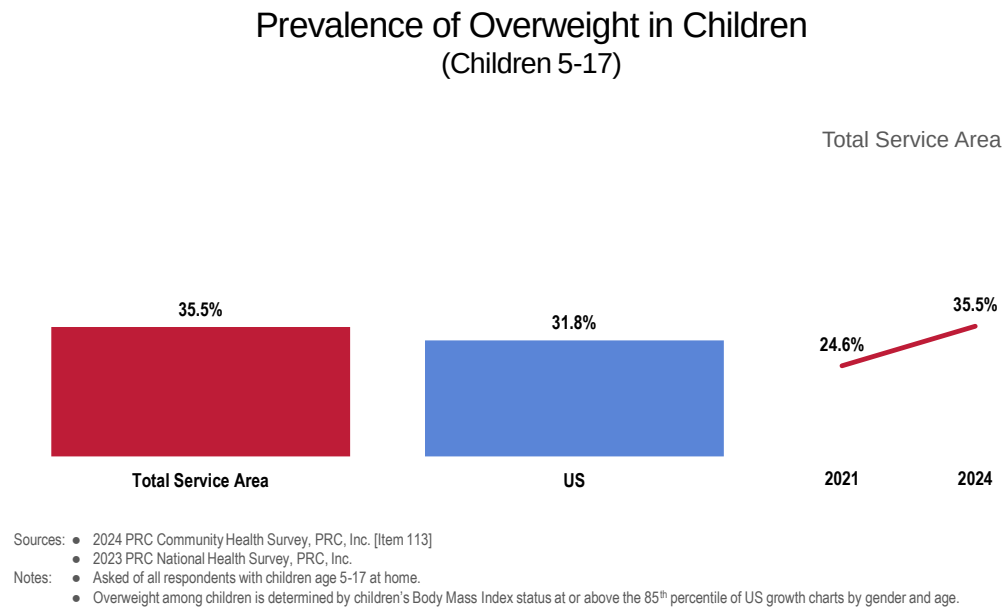
In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 35.5% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).



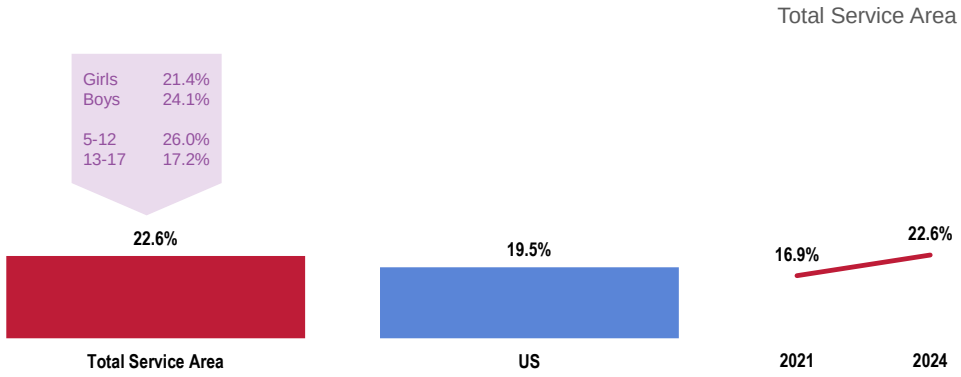
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

The childhood overweight prevalence above includes 22.6% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Prevalence of Obesity in Children
(Children 5-17)
Healthy People 2030 = 15.5% or Lower



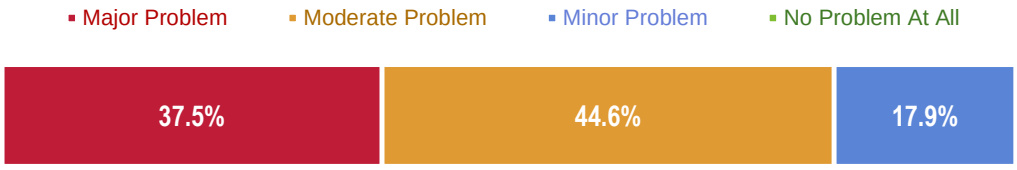
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a "moderate problem" in the community.

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)



Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> Education and good food available within their neighborhoods. – Community Leader
> Need for education. – Physician
> Understanding diet and its relationship to obesity, health, and wellness. – Physician
> Education on healthy lifestyles and on nutrition. More sidewalks to encourage walking. – Community Leader
> Everything, more specifically sustainable programming. – Community Leader
> Education on maintaining healthy lifestyles. – Community Leader

> Not enough education in schools, access to services like yoga or Tai Chi for communities, access to cheaper food options in the rural area. – Physician

Access to Affordable Healthy Food

> Catholic Charities is actively working to provide food security. Despite operating a low-barrier client-choice model food pantry in Cole Co, we continue to receive feedback from neighbors about needing increased access to affordable nutrient-dense foods that support a healthy lifestyle and help manage chronic health conditions. – Social Services Provider
>
> Cost. – Social Services Provider
>
> Lack of affordable, nutritious food. Lack of simple, understandable education about nutrition and physical activity. Lack of support in the community surrounding these issues. – Public Health Representative

Lifestyle

> Behavior change is hard...getting fit and eating right is hard. People live sedentary lives and want to eat food that is bad for them. There is no incentive to lead a healthy lifestyle and most people are not encouraged to do so. Doctors prescribe medications, some of which make the issues worse, they don't educate their patients on prevention of chronic illness through healthier lifestyles. – Public Health Representative
>
> Fast food, lack of physical activity, and acceptance of obesity. – Community Leader
>
> Culture of overeating and decreased physical activity. – Physician

Lack of Physical Activity

> Time spent on technology and too little physical activity. – Social Services Provider
>
> Lack of physical activity. – Community Leader

Access to Services

> Access to a gym, cost of membership. – Social Services Provider
>
> There are limited programs to foster nutrition, physical activity, and weight, and little to no focus or compelling the same. – Community Leader

Lack of Providers

> We have a shortage of referable dieticians and nutritionists in our area. I have a difficult time having patients that are newly diagnosed diabetics to see them, I have a difficult time with newly diagnosed celiac disease patients getting in to see someone for education and guidance. Also, I have many patients that are interested in seeing someone for weight loss direction that can't get in anywhere. And, again, transportation to and from gyms or other activities outside of the small town I once practiced in. – Physician

Obesity

> Obesity is an issue in our community. There are adequate services for those with economic means, but little options for the low-income population who cannot afford gym memberships or weight treatment services. – Social Services Provider

Disease Management

> Individual accountability, expense of the programs, and healthy food options. – Community Leader

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

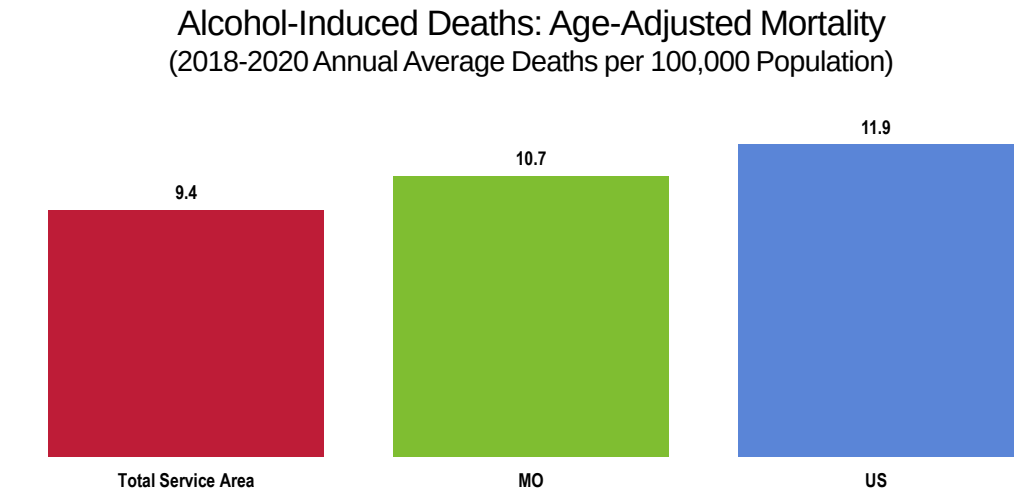
Alcohol Use

Age-Adjusted Alcohol-Induced Deaths

Between 2018 and 2020, the Total Service Area reported an annual average age-adjusted mortality rate of 9.4 alcohol-induced deaths per 100,000 population.

BENCHMARK ► Lower than the national mortality rate.

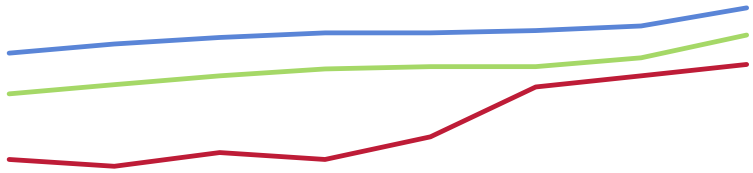
TREND ► Increasing over the past decade.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alcohol-Induced Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	5.2	4.9	5.5	5.2	6.2	8.4	8.9	9.4
MO	8.1	8.5	8.9	9.2	9.3	9.3	9.7	10.7
US	9.9	10.3	10.6	10.8	10.8	10.9	11.1	11.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKING ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKING ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

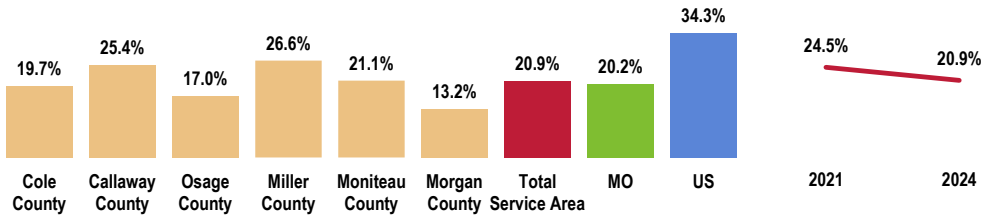
A total of 20.9% of area adults engage in excessive drinking (heavy and/or binge drinking).

BENCHMARK ► Well below the national prevalence.

DISPARITY ► Found more often among adults under 65 and those with higher household incomes.

Engage in Excessive Drinking

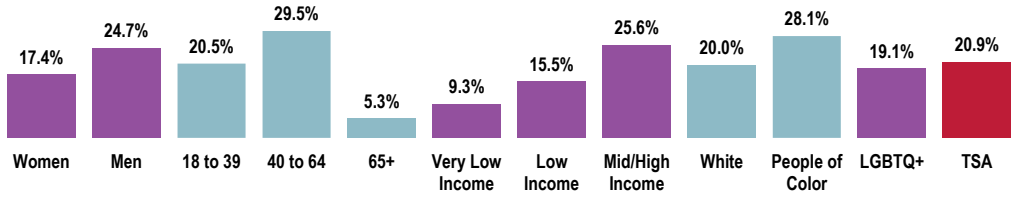
Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Engage in Excessive Drinking
(Total Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drug Use

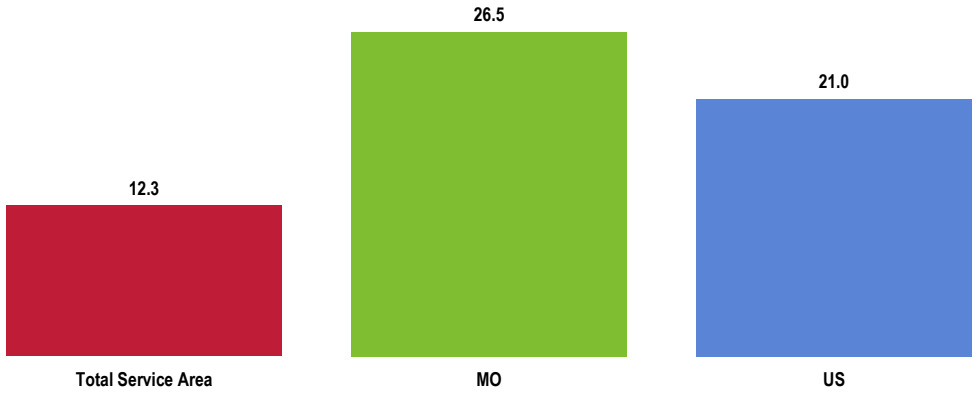
Age-Adjusted Unintentional Drug-Induced Deaths

Between 2018 and 2020, there was an annual average age-adjusted mortality rate of 12.3 unintentional drug-induced deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Well below the state and national mortality rates.

TREND ► Increasing over the past decade, though less dramatically than state and national trends.

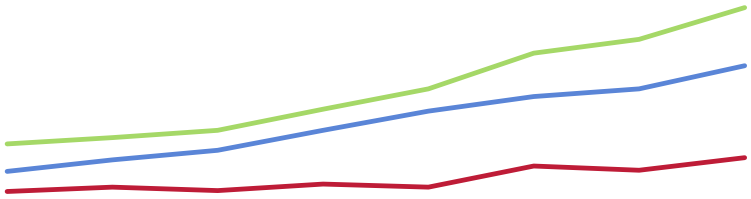
Unintentional Drug-Induced Deaths: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Drug-Induced Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	9.1	9.5	9.2	9.8	9.5	11.5	11.1	12.3
MO	13.6	14.2	14.9	16.9	18.8	22.2	23.5	26.5
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

A total of 3.6% of Total Service Area adults acknowledge using an illicit drug in the past month.

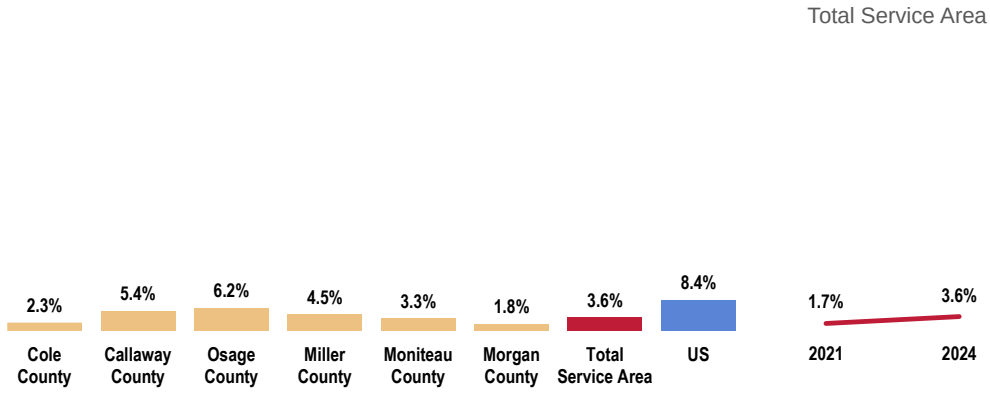
BENCHMARK ► Well below the US figure.

DISPARITY ► Highest among young adults and those living on the lowest household incomes.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

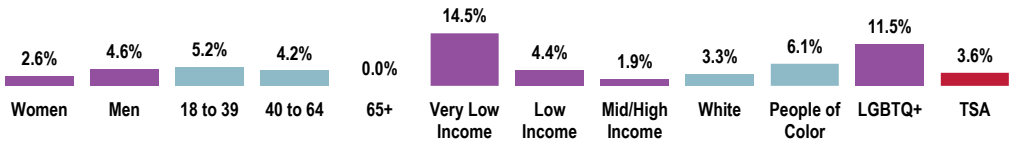
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Illicit Drug Use in the Past Month
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.

Use of Prescription Opioids

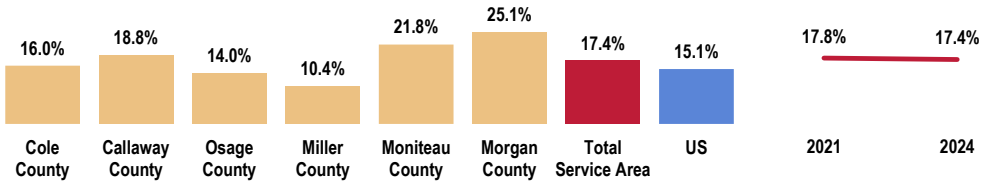
Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

A total of 17.4% of Total Service Area adults report using a prescription opioid drug in the past year.

DISPARITY ► Reported more often among seniors (age 65+) and adults in the lowest-income households.

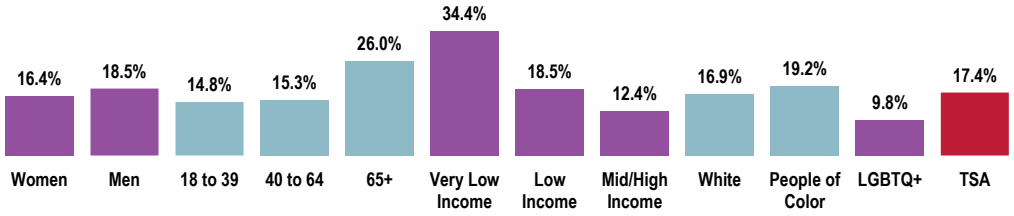
Used a Prescription Opioid in the Past Year

Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Used a Prescription Opioid in the Past Year
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
Notes: • Asked of all respondents.

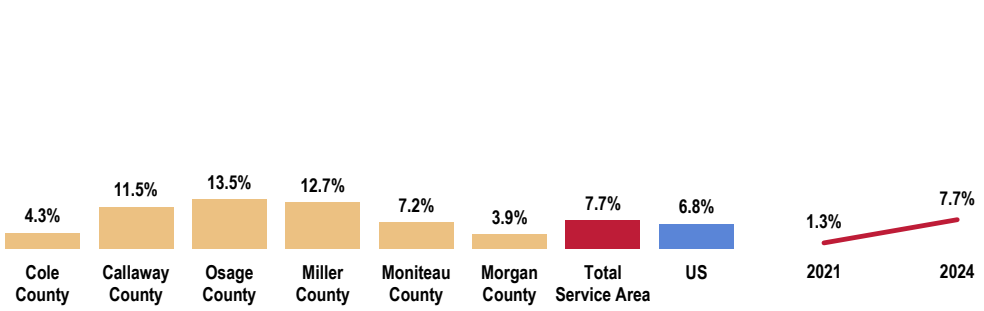
Alcohol & Drug Treatment

A total of 7.7% of Total Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

TREND ► Increasing significantly since 2021.

DISPARITY ► Statistically lowest in Cole County.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



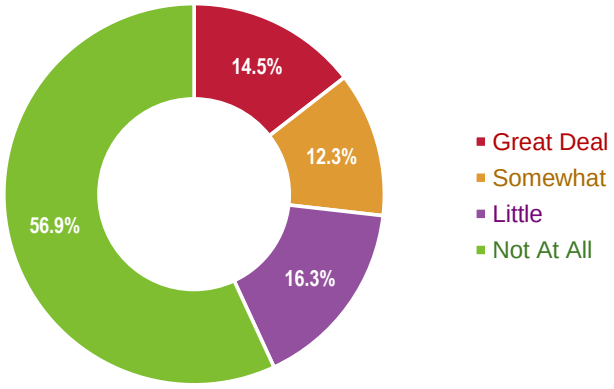
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 42]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Personal Impact From Substance Use

Surveyed adults were also asked to what degree their lives have been impacted by substance use (whether their own use or that of another).

Most Total Service Area residents' lives have <u>not</u> been negatively affected by substance use (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Use (Self or Other's)
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: • Asked of all respondents.

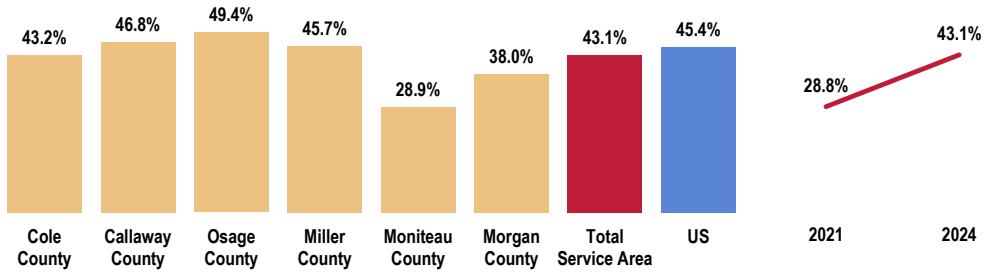
However, 43.1% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

TREND ► Marks a statistically significant increase since 2021.

DISPARITY ► Reported least often in Moniteau County. More likely found among adults under 65 and those who identify as LGBTQ+.

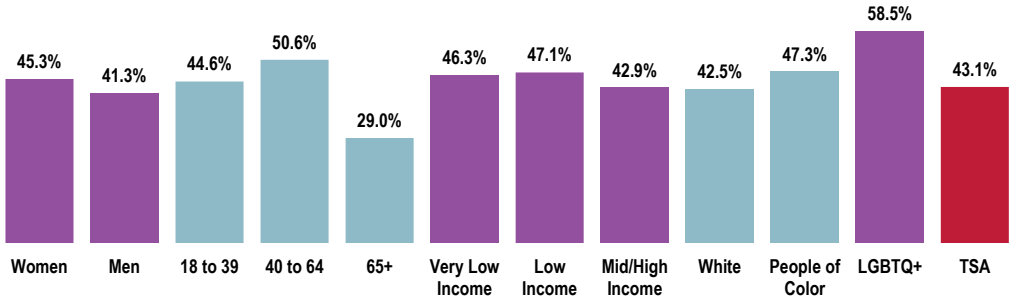
Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)

Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes those responding "a great deal," "somewhat," or "a little."

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)
(Total Service Area, 2024)

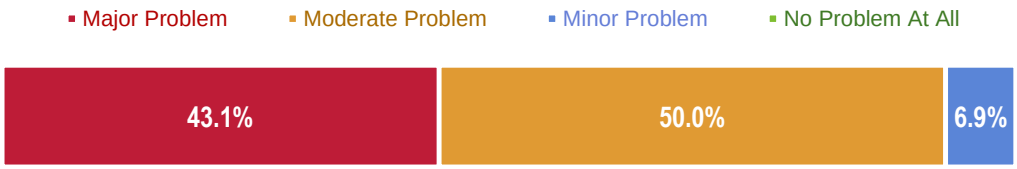


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: • Asked of all respondents.
• Includes those responding "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

Half of key informants taking part in an online survey characterized *Substance Use* as a "moderate problem" in the community.

Perceptions of Substance Use as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Limited resources available to truly effect change. – Community Leader
>
> Facilities are not available. – Health Provider
>
> The small town I once practiced in really had no treatment for substance abuse and the surrounding towns didn't have any openings for inpatient treatments. It was very difficult to get someone plugged in somewhere in order to get treatment. Also, again, lack of transportation to and from treatment centers makes it difficult for patients to use what they do have available. – Physician
>
> The means to pay for the service that is provided and access to providers of youth along with the lack of school-based therapists within schools. The student-to-counselor/therapist ratio is way too high to have an effective caseload. Transportation can be a hindrance for some to get to their appointments or the first session. There's a lack of people going into the profession as the pay scale isn't the most ideal. Mental Health and substance use providers should be elevated in the level of compensation just as the medical field as you are dealing with the mental health of a person. – Social Services Provider
>
> Local resources to assist community members with treatment. – Community Leader

> We have no substance treatment facilities in our community. – Public Health Representative

Lack of Providers

> There are limited health care providers and limited access. – Physician
>
> Not enough providers. – Community Leader
>
> Sufficient providers and lack of funds. – Health Provider

Affordable Care/Services

> Cost and lack of knowledge. – Social Services Provider
>
> Bias, cost, separation from family, punitive design of the system, insurance, availability, stable and sustainable supports, abstinence based, fails to consider relapse is part of recovery, and community education. – Community Leader

Denial/Stigma

> Stigma, lack of detox services. – Social Services Provider
>
> Individuals do not want help. – Community Leader

Alcohol/Drug Use

> Overwhelming amount of people using drugs. Lack of law enforcement to force people into care. – Public Health Representative

Co-Occurrences

> I believe substance use in our community is directly linked to mental health. People are self-medicating due to lack of accessible and affordable mental health services. – Social Services Provider

Easy Access

> Availability. – Social Services Provider

Family

> Separation of family due to substance usage. – Community Leader

Transportation

> Transportation and beds available in treatment centers. – Social Services Provider

Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified **alcohol** as causing the most problems in the community, followed by **methamphetamine/other amphetamines** and **marijuana**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)	
ALCOHOL	63.2%
METHAMPHETAMINE OR OTHER AMPHETAMINES	15.8%
MARIJUANA	15.8%
PRESCRIPTION MEDICATIONS	5.3%

TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

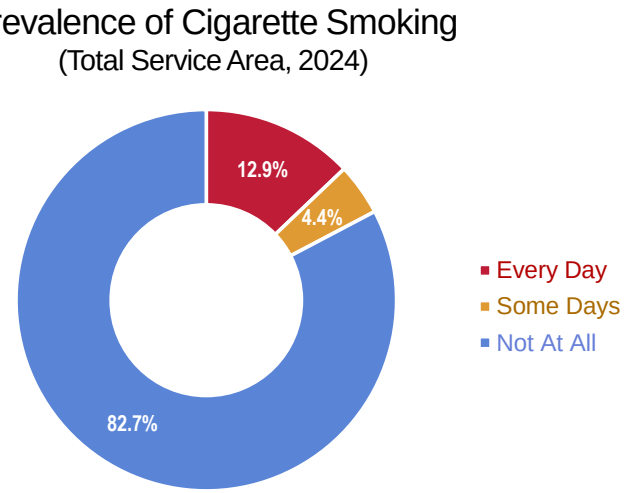
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

Prevalence of Cigarette Smoking

A total of 17.3% of Total Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in the Total Service Area.

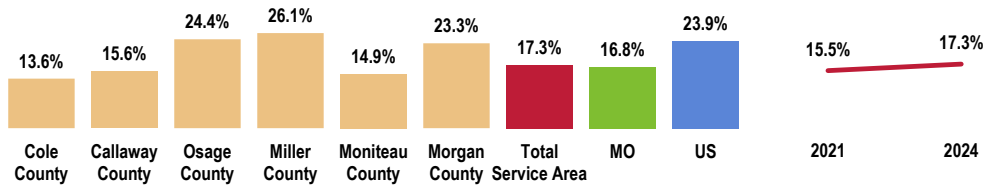
BENCHMARK ► Below the US figure but fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lowest among Cole County residents. Reported more often among men, adults age 40 to 64, those in low-income households, and People of Color.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

Total Service Area



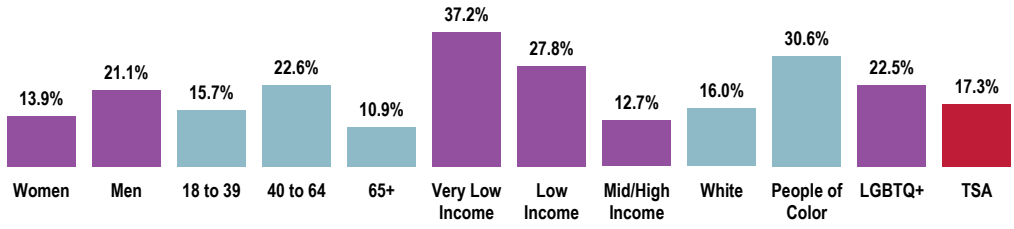
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Currently Smoke Cigarettes

(Total Service Area, 2024)

Healthy People 2030 = 6.1% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

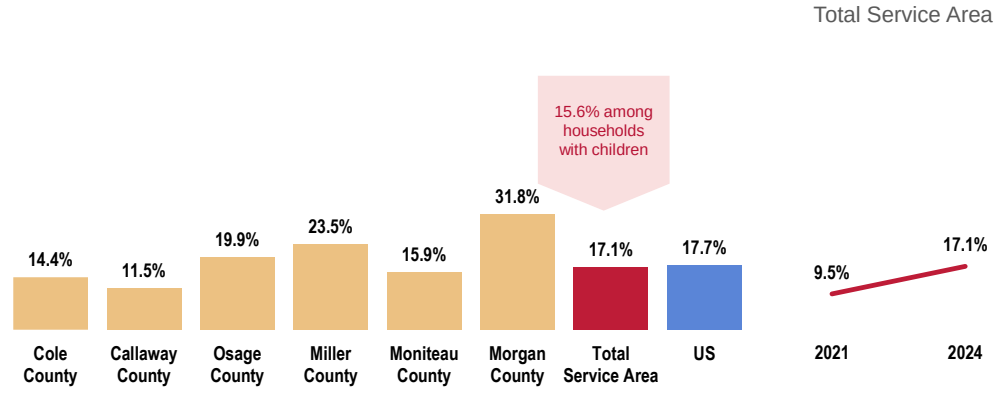
Environmental Tobacco Smoke

Among all surveyed households in the Total Service Area, 17.1% report that someone has smoked cigarettes, cigars, or pipes anywhere in their home an average of four or more times per week over the past month.

TREND ► A significant increase from 2021 findings.

DISPARITY ► Highest in Morgan County.

Member of Household Smokes at Home



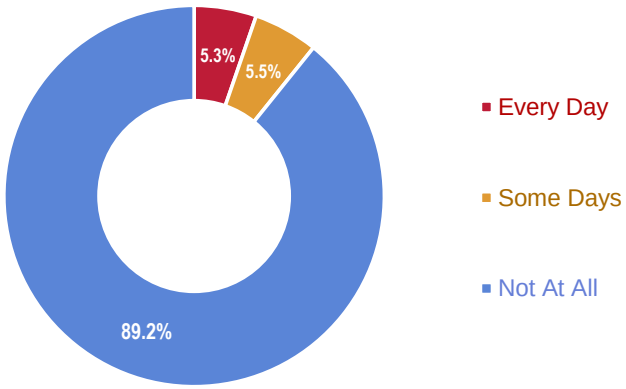
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

Most Total Service Area adults do not use electronic vaping products.

Use of Vaping Products
(Total Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.

However, 10.8% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

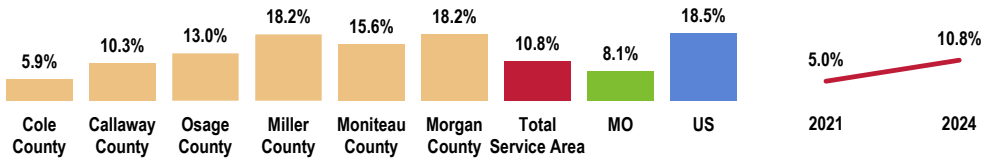
BENCHMARK ► Higher than the Missouri prevalence but lower than the US.

TREND ► Doubling since 2021.

DISPARITY ► Lowest in Cole County. Reported more often among young adults, those living on the lowest household incomes, and People of Color.

Currently Use Vaping Products
(Every Day or on Some Days)

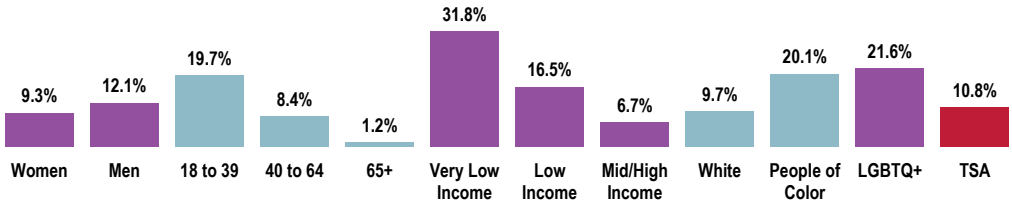
Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
- 2023 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Currently Use Vaping Products
(Total Service Area, 2024)



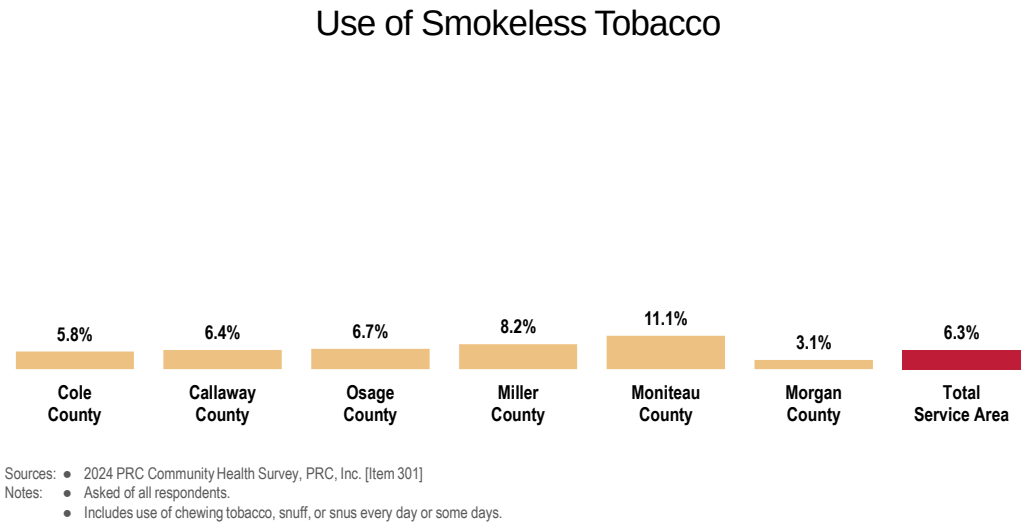
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Smokeless Tobacco

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

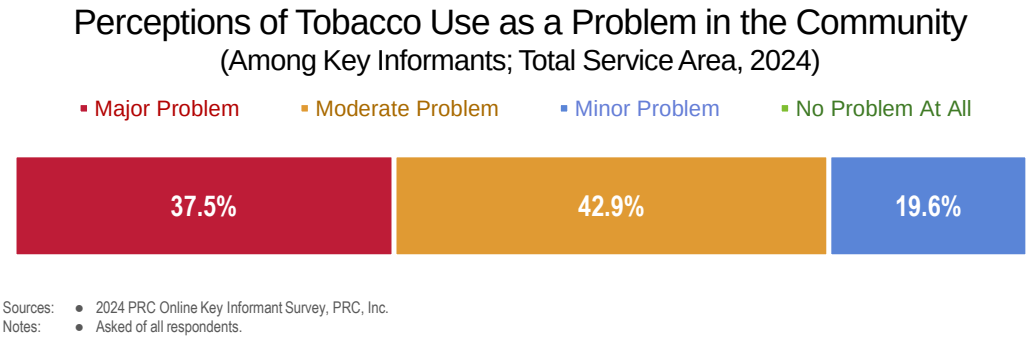
A total of 6.3% of Total Service Area adults use some type of smokeless tobacco every day or on some days.



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: ● Asked of all respondents.
● Includes use of chewing tobacco, snuff, or snus every day or some days.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" in the community.



Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

E-Cigarettes

> Because of all the vaping options. – Social Services Provider
>
> I believe vaping is a huge issue among our youth that is very concerning. – Community Leader
>
> Maybe not tobacco itself but vaping among youth is drastically increasing. – Social Services Provider

> It has become a growing concern that many young people are using electronic cigarettes, especially during school. These e-cigarettes come in various flavors, which is not the case with regular cigarettes. Many individuals, both young and adult, believe that vaping nicotine is safer than smoking traditional cigarettes. Another emerging issue is the use of smokeless tobacco products such as Zyn, which are small nicotine pouches that also come in various flavors. Despite the taxes imposed on smoking products, they do not seem to deter purchases. Moreover, there are minimal penalties for businesses or individuals selling these products to underage individuals. Additionally, there is a conflict between state and local laws regarding the legal age for purchasing these products. – Social Services Provider

Incidence/Prevalence

> See it often on the streets. Known carcinogen. – Social Services Provider
>
> Too many people smoke. – Community Leader
>
> By the large amount of individuals seen purchasing tobacco and/or using tobacco. – Public Health Representative

Awareness/Education

> Lack of education. – Public Health Representative

Disease Management

> Because those that smoke do not want to quit, and the younger generation hear that it helps them from gaining weight. – Physician

Impact on Quality of Life

> Degree of tobacco related health problems that I encountered as a physician. – Physician

Income/Poverty

> A large portion of the smokers are from low-income families, which to me poses a major problem with prioritizing the needs and care of your family. – Community Leader

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

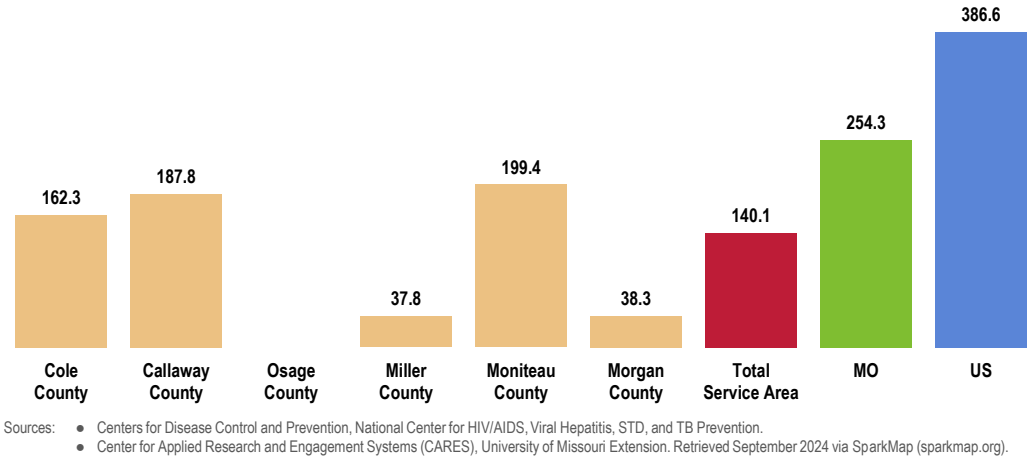
– Healthy People 2030 (https://health.gov/healthypeople)

HIV

In 2022, there was a prevalence of 140.1 HIV cases per 100,000 population in the Total Service Area.

BENCHMARK ► Well below state and national prevalence rates.

DISPARITY ► Highest in Moniteau County.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2022, the chlamydia incidence rate in the Total Service Area was 421.7 cases per 100,000 population.

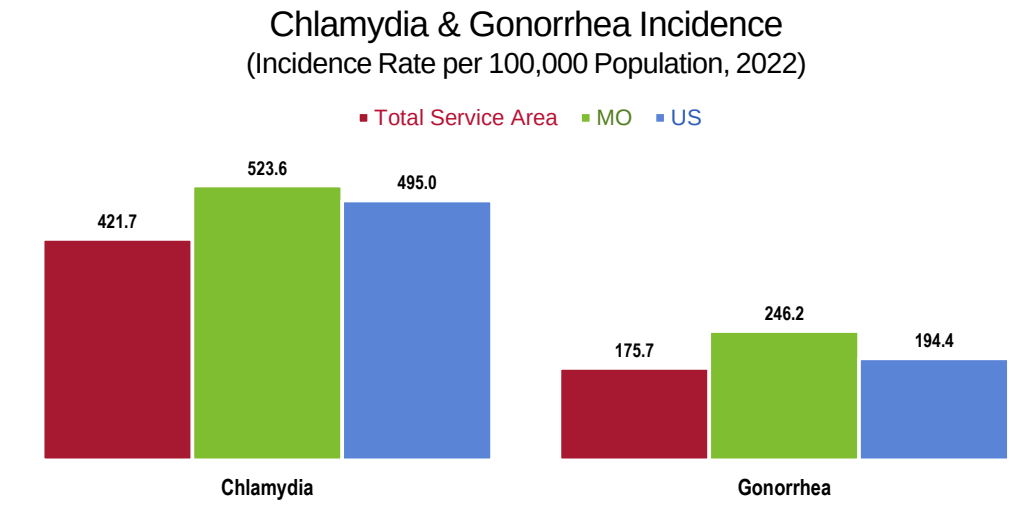
BENCHMARK ► Much lower than Missouri and US incidence rates.

DISPARITY ► Highest in Cole and Callaway counties (not shown).

The Total Service Area gonorrhea incidence rate in 2022 was 175.7 cases per 100,000 population.

BENCHMARK ► Lower than the statewide incidence rate.

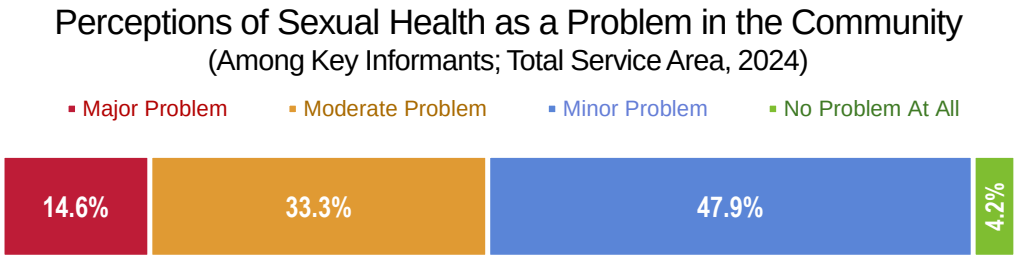
DISPARITY ► Highest in Cole and Callaway counties (not shown).



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a "minor problem" in the community.



Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

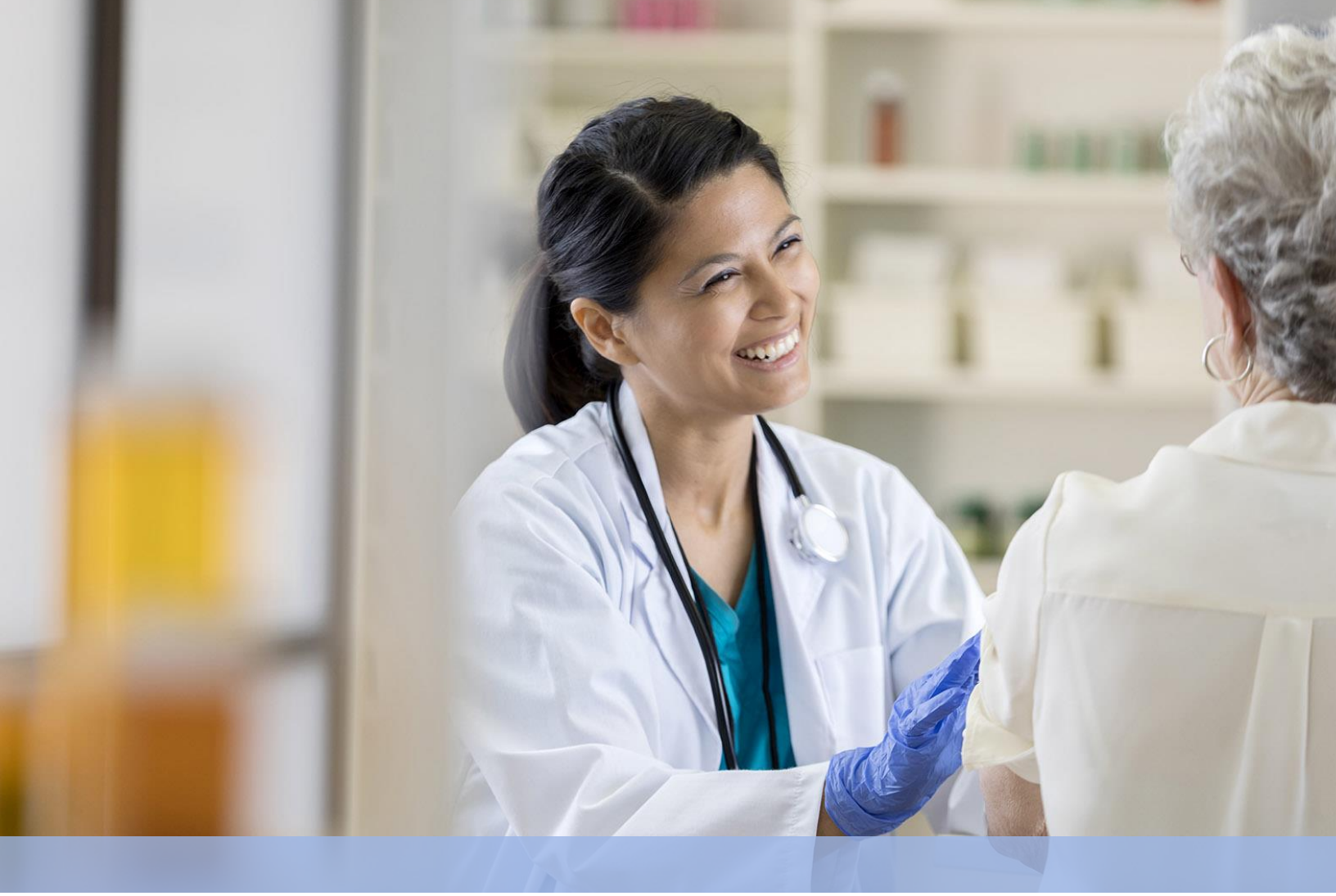
Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence of STDs

> Check out the number of children in foster care, along with the frequency of sexually transmitted infections and diseases. – Community Leader
>
> My Cole County Health Department is seeing an enormous increase in STDs. – Community Leader
>
> STD rates are high. Unfortunately, it’s okay to be promiscuous and have multiple partners. – Public Health Representative
>
> Large number of STD cases. – Health Provider
>
> By the number of STDs reported in the county and the lack of sex education in the schools. – Public Health Representative

Awareness/Education

> Limited education in schools, change in sports physicals to every 2 years, limited times one can counsel about sexual health. – Physician



ACCESS TO HEALTH CARE

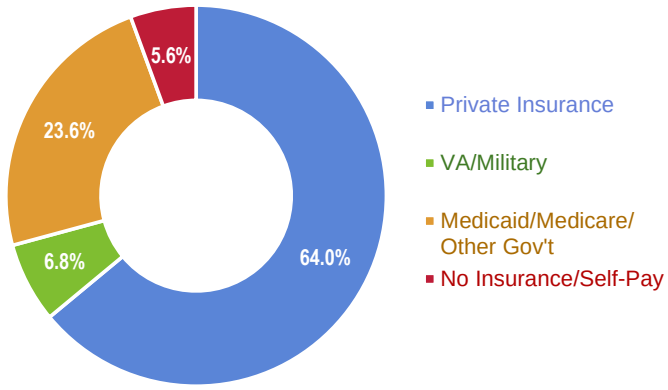
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 64.0% of Total Service Area adults age 18 to 64 report having health care coverage through private insurance. Another 30.4% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults 18-64; Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 5.6% report having no insurance coverage for health care expenses.

BENCHMARK ► Well below the statewide prevalence.

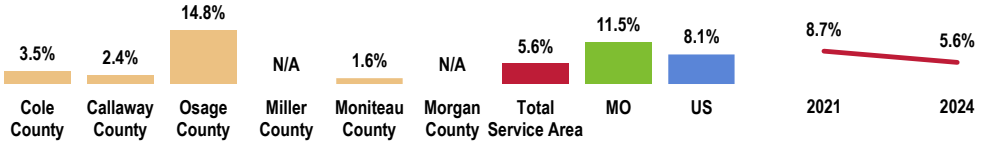
DISPARITY ► Highest in Osage County.

Lack of Health Care Insurance Coverage

(Adults 18-64)

Healthy People 2030 = 7.6% or Lower

Total Service Area



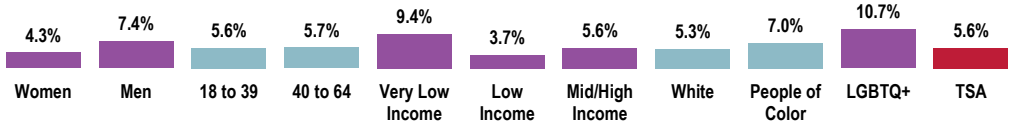
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage

(Adults 18-64; Total Service Area, 2024)

Healthy People 2030 = 7.6% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Difficulties Accessing Services

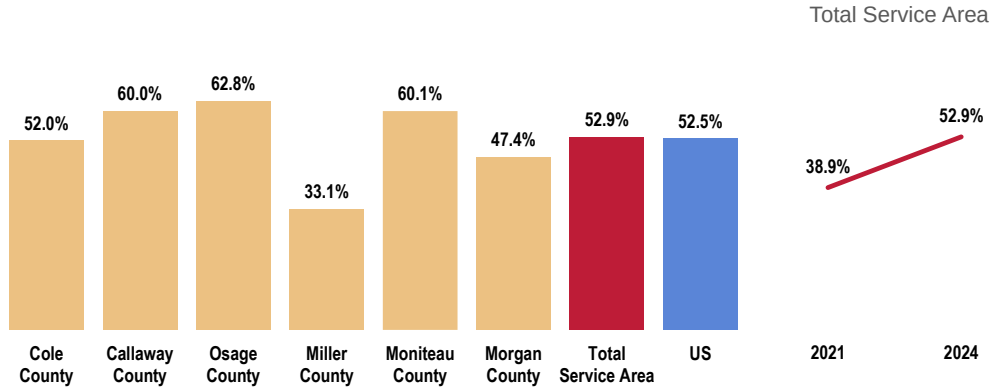
This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

A total of 52.9% of Total Service Area adults report some type of difficulty or delay in obtaining health care services in the past year.

TREND ► Increasing significantly from 2021 findings.

DISPARITY ► Lowest in Miller County. Found more often among women, adults under 40, those in the lowest-income households, and LGBTQ+ respondents.

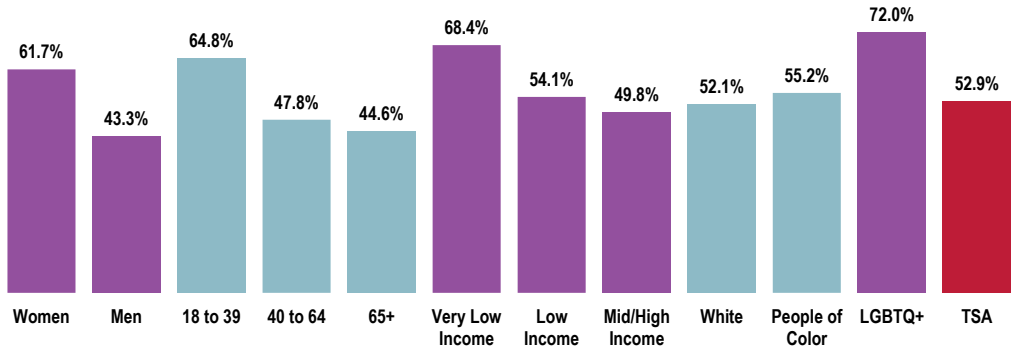
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
Notes: • Asked of all respondents.
• Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of Total Service Area adults.

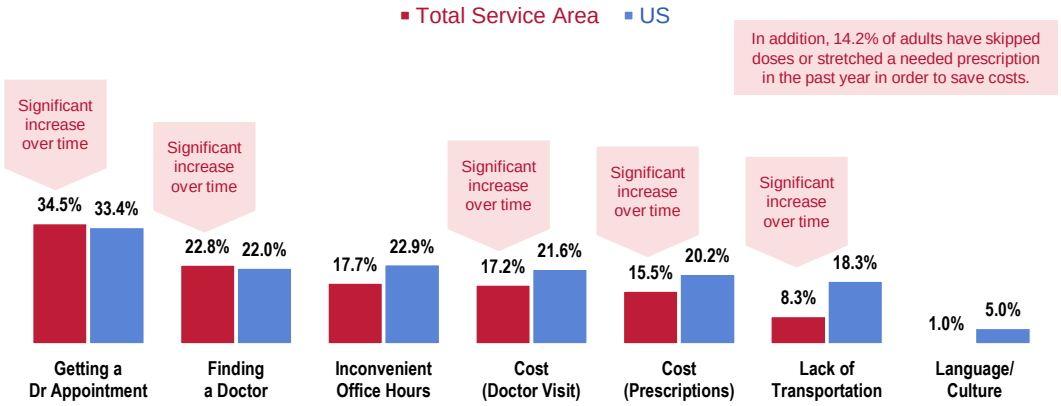
BENCHMARK ► The service area fares better than US adults for cost (doctors and prescriptions), office hours, transportation, and language/culture.

TREND ► Over time, each barrier has worsened, with the exceptions of office hours and language/culture.

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year



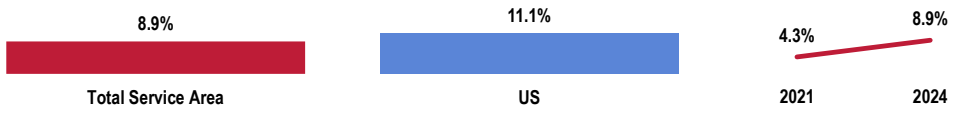
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 6-13]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 8.9% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)

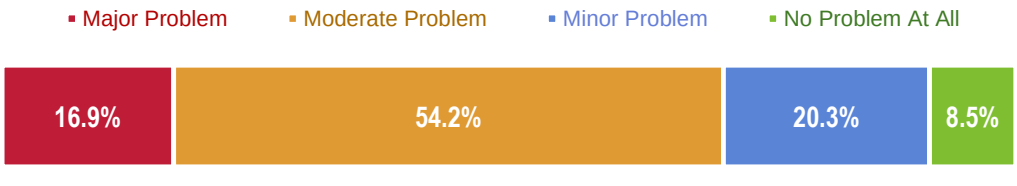


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a "moderate problem" in the community.

Perceptions of Access to Health Care Services as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)



Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> No central location for the unhoused and uninsured to access healthcare resources, other than the emergency room. – Community Leader
>
> Ability to find doctors that are willing to take patients, and ability to get an appointment in a timely manner. – Community Leader

> Urgent care scheduling lag drives people to the ER. Primary care scheduling being so far out also makes it challenging for patients to be seen in a timely manner causing them to go to urgent cares and emergency rooms for issues that can be resolved by their primary care provider. The delay in scheduling and long waits at urgent cares drives up the wait times at emergency rooms and brings frustrations for patients who are actually in need of emergency care. – Community Leader
>
> Lack of health care services that are available in Callaway County. – Health Provider
>
> We have no urgent care services available. The healthcare providers with clinics in the county either aren't accepting new patients or aren't able to accommodate same day appointments. The FQHC in the county only has a provider available certain days of the week and they're always incredibly full. Often times individuals aren't able to find a ride to their appointment in the county, more less travel further for an appointment outside the county. – Public Health Representative

Lack of Providers

> I was practicing in a small town and was moved to a nearby larger town. When I left, that meant that there were no doctors in that town so patients would need to drive 15 minutes one way and 25 minutes the other way in order to get medical care. The older patients that were comfortable driving around the town on their own were then dependent on family and friends to take them to see their physician. – Physician
>
> Access to care in our community. We do not have enough medical providers in our community. Patients with serious medical issues are having to wait six months or more to get appointments, or they have to seek care outside this community. – Community Leader
>
> Currently in Moniteau County, there are 2 physicians and 2 NPs. Not sure all of them are working full time. One additional physician just retired at the end of May. Many people have transportation issues as a SDOH which means having care in the community is very important. Physicians in particular are vital because we can manage more conditions and do more procedures often than NPs can do. – Physician
>
> Stable and sustainable mental health providers, income considerate health and wellness services, affordable nutrition programs, and public transportation. – Community Leader

Access to Specialty Care

> There is a lack of providers who are able to screen and diagnose children with autism. The wait list at the Thompson Center in Columbia is upwards of two years. Jefferson City needs providers trained and certified to make this diagnosis. – Social Services Provider
>
> Access to neurology is months out. – Physician

Affordable Care/Services

> The cost, no health insurance. – Social Services Provider

Collaboration

> Health care providers and agencies work together, participating in community support meetings with organizations such as the Jefferson City Chamber, childhood community leaders, and community gatherings to educate and collaborate for the community. – Community Leader

Transportation

> Transportation and appointment availability. – Social Services Provider

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

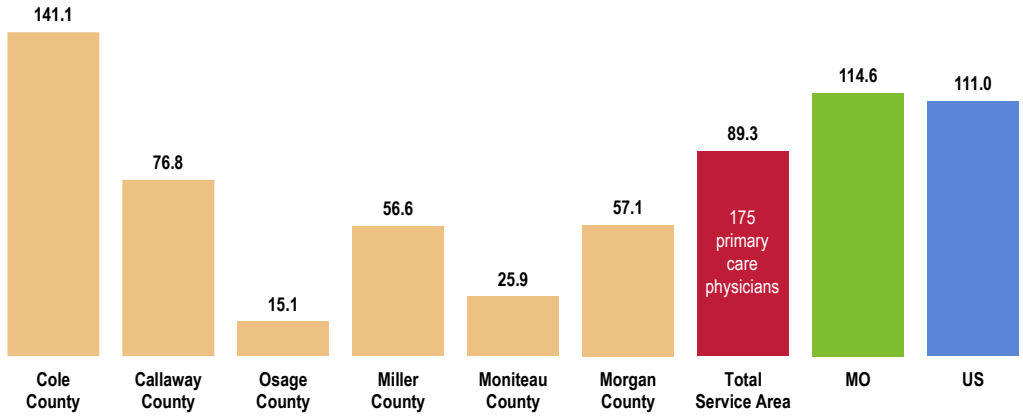
Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

There are currently 175 primary care physicians in the Total Service Area, translating to a rate of 89.3 primary care physicians per 100,000 population.

BENCHMARK ► Lower than the ratios reported for Missouri and the US overall.

DISPARITY ► Lowest in Osage and Moniteau counties.

Number of Primary Care Physicians per 100,000 Population
(2024)



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

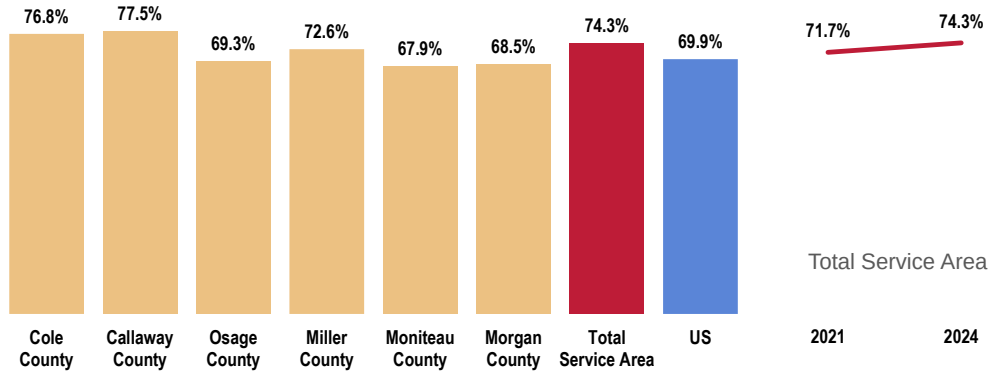
A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 74.3% of Total Service Area adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 118]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Utilization of Primary Care Services

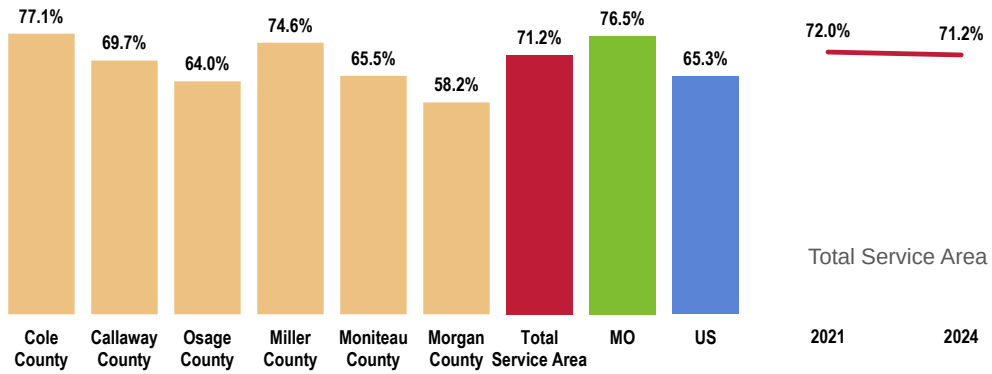
Adults

Among service area adults, 71.2% visited a physician for a routine checkup in the past year.

BENCHMARK ► Lower than the Missouri prevalence but higher than the US prevalence.

DISPARITY ► Lowest in Morgan County and among young adults and those living on low incomes.

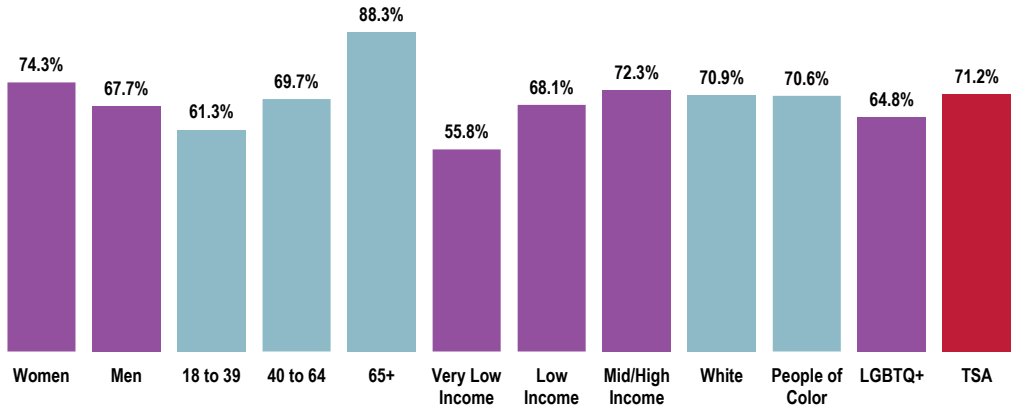
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Total Service Area, 2024)



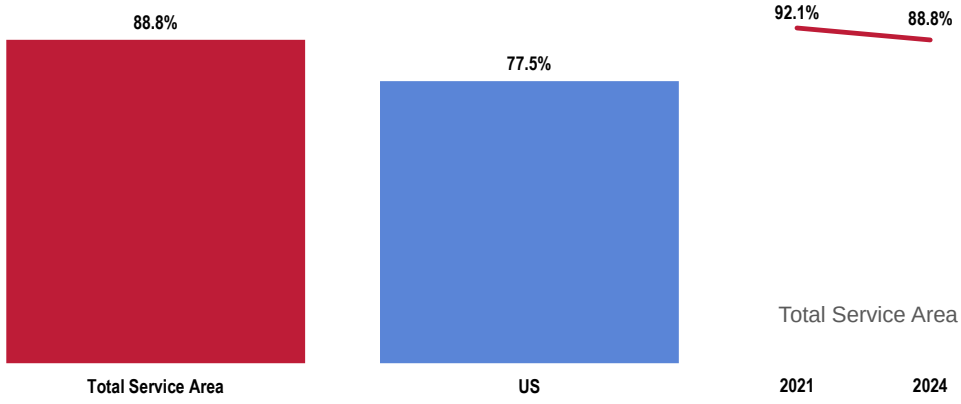
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
Notes: • Asked of all respondents.

Children

Among surveyed parents, 88.8% report that their child has had a routine checkup in the past year.

BENCHMARK ► Well above the US prevalence.

Child Has Visited a Physician for a Routine Checkup in the Past Year
(Children 0-17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 91]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 0 to 17 in the household.

EMERGENCY ROOM UTILIZATION

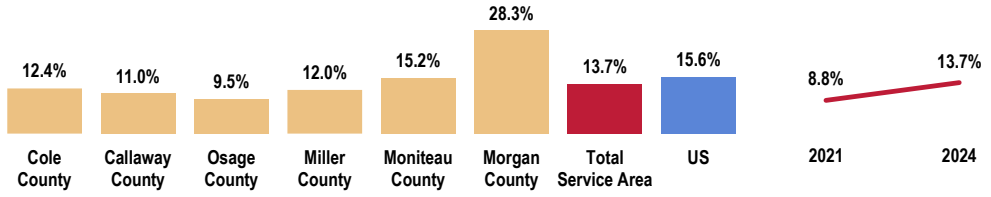
A total of 13.7% of Total Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

TREND ► Increasing significantly since 2021.

DISPARITY ► Much higher in Morgan County. Reported more often among adults in low-income households, People of Color, and LGBTQ+ respondents.

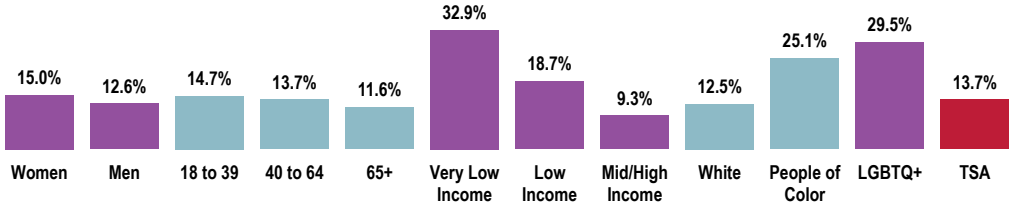
Have Used a Hospital Emergency Room More Than Once in the Past Year

Total Service Area



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
Notes: ● Asked of all respondents.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

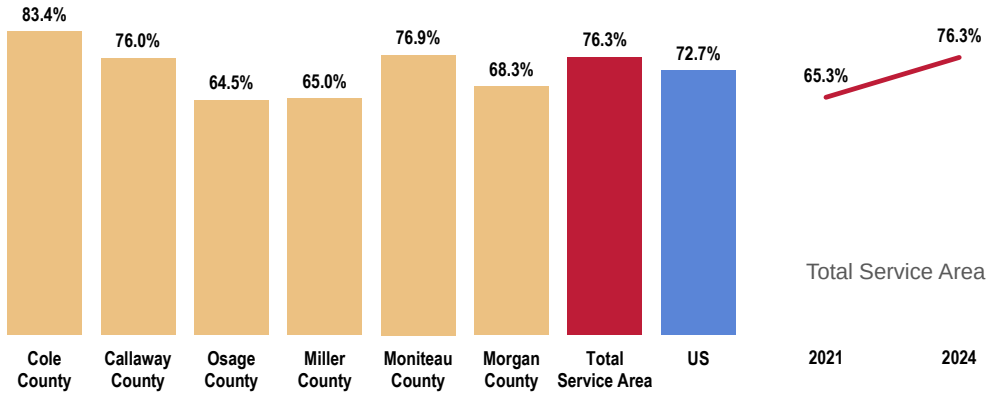
Dental Insurance

Just over three in four (76.3%) Total Service Area adults have dental insurance that covers all or part of their dental care costs.

TREND ► A statistically significant increase since 2021.

DISPARITY ► Lowest in Osage County.

Have Insurance Coverage
That Pays All or Part of Dental Care Costs
Healthy People 2030 = 75.0% or Higher



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 18]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Dental Care

Adults

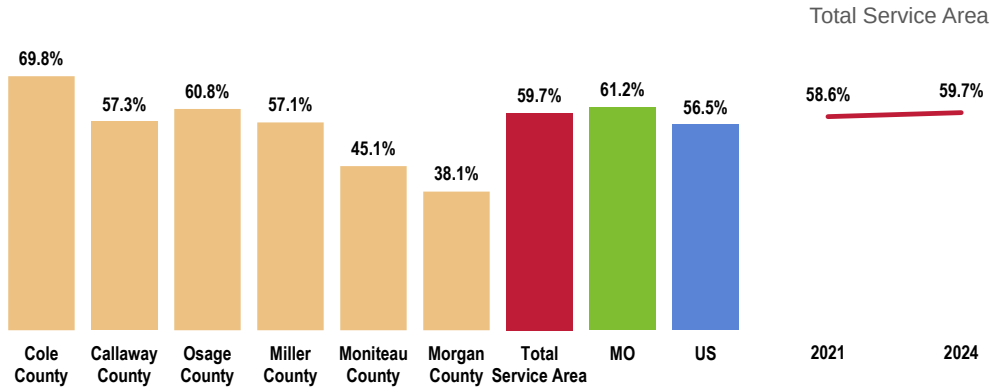
A total of 59.7% of Total Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Easily satisfies the Healthy People 2030 objective.

DISPARITY ► Lowest in Moniteau and Morgan counties. Reported less often among adults under age 65, those in low-income households, and those who identify as LGBTQ+.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



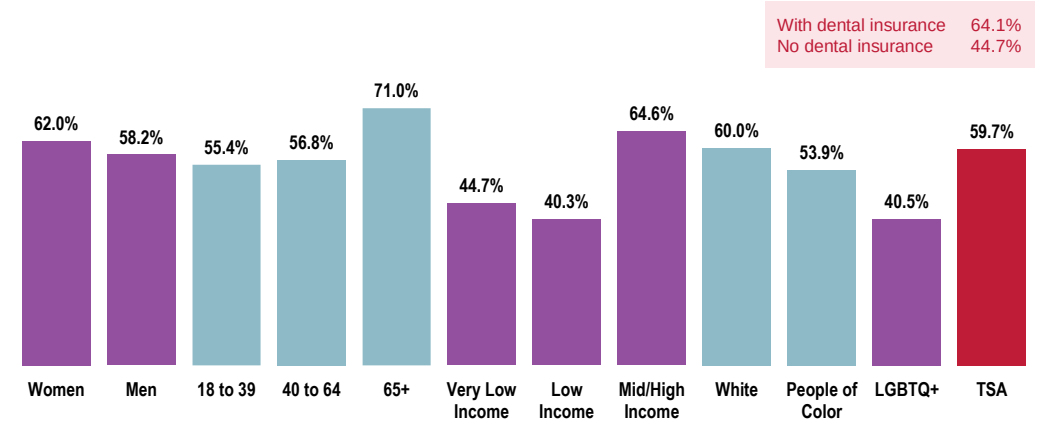
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Missouri data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Total Service Area, 2024)

Healthy People 2030 = 45.0% or Higher



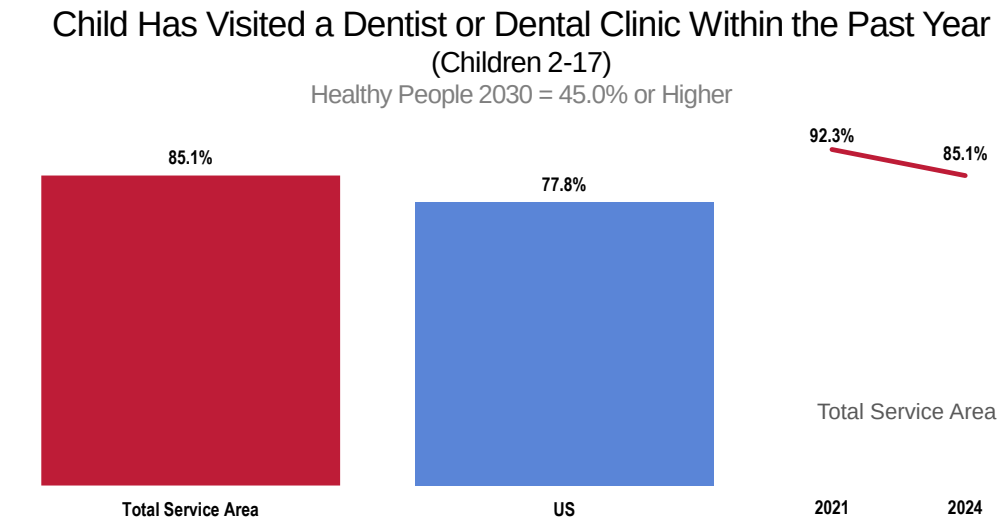
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Children

A total of 85.1% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

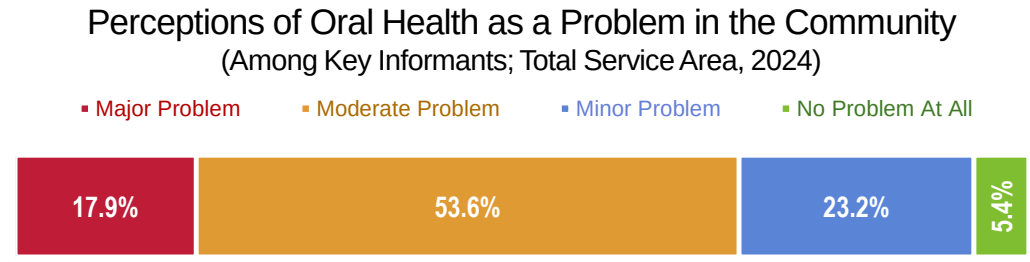
BENCHMARK ► Above the US figure and satisfies the Healthy People 2030 objective.



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 93]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Over half of key informants taking part in an online survey characterized *Oral Health* as a "moderate problem" in the community.



Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Affordable Care/Services

> I have many patients that can't afford dental work. Most of my Medicare and Medicaid patients do not have coverage for dentists. – Physician
>
> Many families, especially those living with limited or low income, are unable to afford oral health care due to the cost. – Social Services Provider

> The cost, no dental insurance. – Social Services Provider
>
> Cost, fear, not prioritized. – Social Services Provider

Access to Care/Services

> Lack of dental providers. Of the 4 dental providers in the area, two of them aren't accepting new patients, one of them is not open regularly (the Community Health Center). Cost is also a barrier. Many of the companies in our area are small and do not offer dental insurance and the cost of dental procedures can be very high. – Public Health Representative
>
> Not enough available. – Health Provider

Access for Medicare/Medicaid Patients

> Medicaid does not offer health insurance and we have lots of low-income families. – Social Services Provider
>
> Rare number of dentists take Medicaid, and cost of dentures often is not covered by Medicare. Access to OMFS is impossible, and access to emergency oral care does not exist in the area. – Physician

Impact on Quality of Life

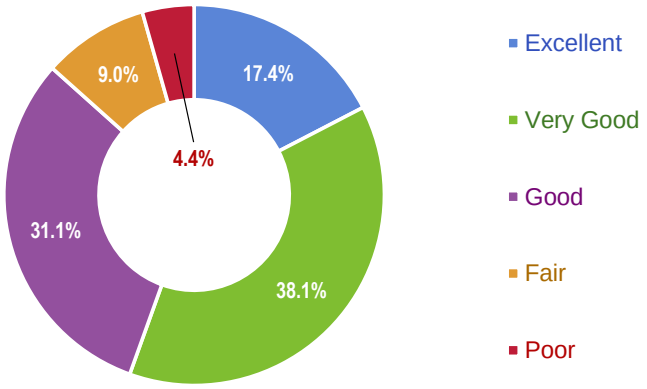
> Teeth are critical for social success, personal health, and nutritional sustainability. – Community Leader

LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Just over half of Total Service Area adults rate the overall health care services available in their community as "excellent" or "very good."

Rating of Overall Health Care Services Available in the Community
(Total Service Area, 2024)



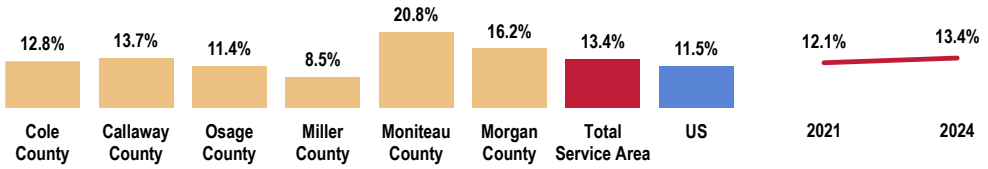
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

However, 13.4% of residents characterize local health care services as "fair" or "poor."

DISPARITY ► Reported more often among adults under 65 and those in the lowest-income households.

Perceive Local Health Care Services as "Fair/Poor"

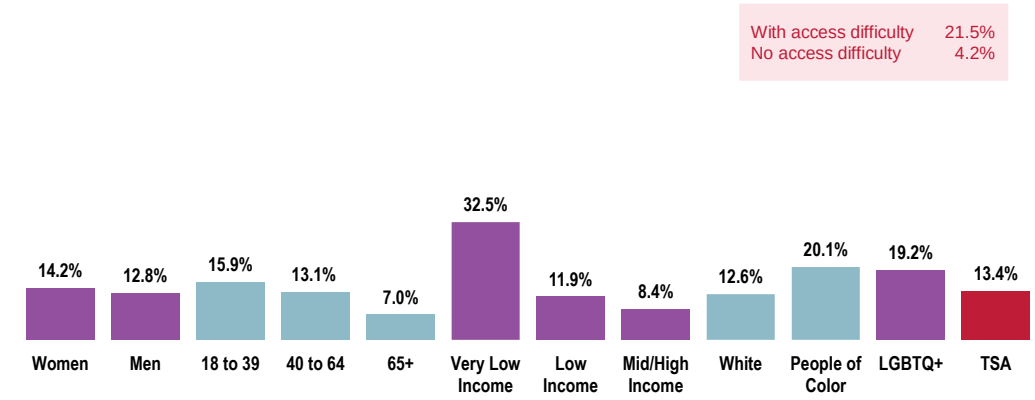
Total Service Area



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Local Health Care Services as “Fair/Poor”

(Total Service Area, 2024)

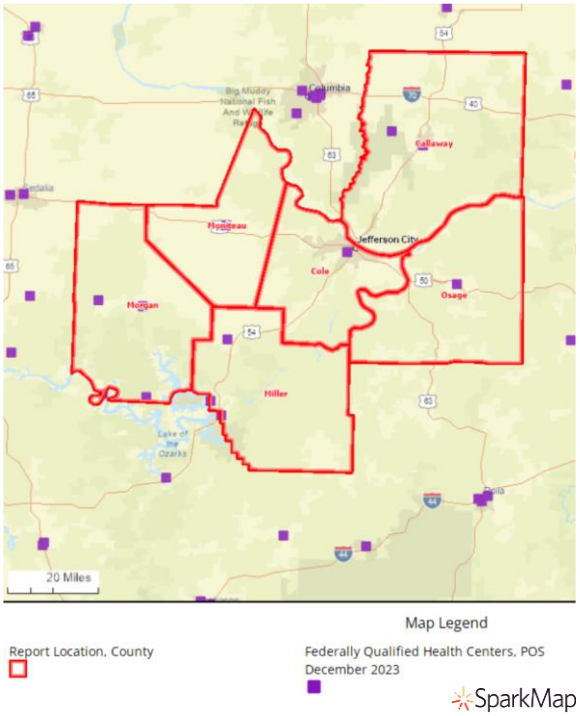


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Total Service Area as of December 2023.



Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Capital Region Medical Center
- Cole County Health Clinic
- Cole County Health Department
- Community Health Center
- Innovative Medical Clinic
- Jefferson City Medical Group
- Medicaid/Medicare
- Missouri Childhood Community Leaders
- Osage Ambulance District
- Osage County Health Department
- SSM Health St. Mary's Hospital - Jefferson City
- Uber

Cancer

- American Cancer Society
- Capital Region Cancer Center
- Capital Region Medical Center
- Goldschmidt Cancer Center
- Jefferson City Medical Group Infusion Center
- Lake Regional Cancer Center
- Missouri Cancer Associates
- SSM Health Cancer Center at JCMG
- SSM Health St. Mary's Hospital - Jefferson City

Diabetes

- Capital Region Medical Center
- Cole County Health Department
- Community Health Center
- Lake Regional Clinic
- Moniteau County Health Department
- Sam Cook Healthplex
- SSM Health St. Mary's Hospital - Jefferson City
- St. Mary's Wound Center
- YMCA

Disabling Conditions

- Alzheimer's Association
- Beni Births
- Birthright
- Eldon Fire Department
- Homemaker Health Care
- March of Dimes
- Miller County Ambulance District
- Pregnancy Help Center
- SB 40 Board
- St. Mary's Wound Center
- Veterans Affairs
- Women, Infants and Children

Heart Disease & Stroke

- American Heart Association
- Capital Region Healthplex
- Capital Region Medical Center
- Community Health Center
- JCMG Weight Management Center
- Lake Regional Hospital
- Miller County Ambulance District
- Osage Ambulance District
- Osage County Health Department
- SSM Health St. Mary's Hospital - Jefferson City
- Uber
- United Way
- YMCA

Infant Health & Family Planning

- Beni Births
- Birthright
- Capital Region Medical Center
- Central Missouri Community Action
- Cole County Health Department
- Community Health Center
- Faith Maternity Care
- JC Peds
- Jefferson City Medical Group
- Osage County Health Department

Planned Parenthood
Pregnancy Help Center
SSM Health St. Mary's Hospital - Jefferson City
St. Raymonds Society
Women, Infants and Children

Injury & Violence

Capital Region Medical Center
Compass Health
Rape and Abuse Crisis Services (RACS)
SSM Health St. Mary's Hospital - Jefferson City

Mental Health

988 Suicide & Crisis Lifeline
AA/NA
Atlas Autism Health
Burrell Health
Capital Region Medical Center
Community Health Center
Compass Health
Council For Drug Free Youth
Department of Health and Senior Services
Department of Mental Health Senior Services
Lakeland Behavioral Health
Lincoln University
Mental Wellness Clinic
Missouri Behavioral Health Council Agencies
Missouri Department of Mental Health & Substance Abuse
National Alliance on Mental Illness
New Horizons
Pathways
Preferred Family Health
Right Roads Counseling
SpringHealth Behavioral Health
SSM Health St. Mary's Hospital - Jefferson City

Nutrition, Physical Activity & Weight

Aging Best
Capital Region Healthplex
Catholic Charities
Community Health Center
Hy-Vee Nutritionist
JCMG Weight Management Center
Moniteau County Health Department
MU Extension
Osage County Health Department
Planet Fitness
Salvation Army
Sam Cook Healthplex
Samaritan Center
SSM Health St. Mary's Hospital - Jefferson City
The Linc
University of Missouri Extension
Weight Watchers
YMCA

Oral Health

Community Health Center
KCMO Dental Schools
Medicaid/Medicare
Osage County Health Department
Samaritan Center

Sexual Health

Cole County Health Department
Community Health Center
Osage County Health Department
SSM Health St. Mary's Hospital - Jefferson City

Social Determinants of Health

Boys and Girls Club
Buddy Pack Program
Building Community Bridges
Catholic Charities
Central Missouri Community Action
Central Missouri Community Action
Cole County Health Department
Common Ground
Community Health Center
Fulton Housing Authority
Habitat for Humanity
Housing and Urban Development
Jefferson City Chamber of Commerce Workforce Coalition
Jefferson City Housing Authority
Jefferson City Regional Economic Partnership
Missouri Department of Health and Senior Services
ParentLink
Salvation Army
Samaritan Center
SERVE, Inc.
Transformational Housing
United Way

Substance Use

AA/NA
Act Missouri
Burrell Health
Capital Region Medical Center
Community Health Center
Compass Health
Council For Drug Free Youth
Healing House
Landmark Recovery
Missouri Department of Mental Health & Substance Abuse
Moniteau County Health Department
Osage Ambulance District
Osage Community Action Group
Pathways
Preferred Family Health
SSM Health St. Mary's Hospital - Jefferson City
Substance Abuse Services

Tobacco Use

Capital Region Medical Center
Central Missouri Community Action
Compass Health
Council For Drug Free Youth
DARE Program
Department of Health and Senior Services
Department of Mental Health Senior Services
SSM Health St. Mary's Hospital - Jefferson City

APPENDICES

EVALUATION OF PAST ACTIVITIES:
CAPITAL REGION MEDICAL CENTER

Community Benefit

Over the past three years, Capital Region Medical Center (CRMC) has invested in improving the health of our community's most vulnerable populations. Our work reflects a focus on community health improvement, as described throughout this document.

*Note: As of January 1, 2024: Capital Region Medical Center fully integrated with MU Health Care.

Addressing Significant Health Needs

Capital Region Medical Center conducted its last CHNA in 2021 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that Capital Region Medical Center would focus on developing and/or supporting strategies and initiatives to improve:

- Mental Health
- Substance Abuse
- Diabetes, Disability & Chronic Pain
- Heart Disease & Stroke
- Nutrition, Physical Activity & Weight

Strategies for addressing these needs were outlined in Capital Region Medical Center's Implementation Strategy/Action Plan. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Capital Region Medical Center to address these significant health needs in our community.

Evaluation of Impact

Priority Area #1: MENTAL HEALTH	
Community Health Need	Improve access to mental health resources and treatment
Goal(s)	• Improve overall access to mental health care providers • Expedite mental health treatment throughout the CRMC clinic system

Strategy #1: Expansion of embedded behavioral health model in the CRMC clinic system. (Women's Health, Pediatrics, Neurology, and Primary Care)	
Strategy Was Implemented?	Yes
Target Population(s)	Patients suffering from mental health illnesses or suicidal thoughts
Partnering Organization(s)	Internal: CRMC Center for Mental Wellness Providers were embedded in not 1, but 2 primary care clinics (Madison Street and Versailles Clinics) as well as in OB/GYN, Pediatrics, and Neurology Clinics. External: N/A
Results/Impact	• Patients suffering from mental health illnesses have easier access to LCSW or counselors while primary care providers are able to care for other patients. • Patient visit volume growth from FY23 (July 1-June 30) to FY24, for embedded mental health provider clinic visits increased by approximately 500.

Strategy #2: Implement MindWise, a mental wellness screening tool that connects users with resources	
Strategy Was Implemented?	Yes
Target Population(s)	Community members and patients in the CRMC network.
Partnering Organization(s)	Internal: CRMC External: MindWise Innovations
Results/Impact	• In just under a 2-year timeframe (2022-2024), 721 community members utilized the screening tool and over 2,700 accessed the website for resources and education. • The majority of screening tools and resources were used for overall wellness/work life balance/stress management. • Secondary top utilization was for depression/anxiety/nutrition wellness.

Strategy #3: Continue depression screenings at Capital Region Physicians clinic locations annually	
Strategy Was Implemented?	Yes
Target Population(s)	Patients in the CRMC network.
Partnering Organization(s)	Internal: CRMC External: N/A
Results/Impact	• Depression screenings are completed annually: PHQ2 & PHQ9. • The performance rate from 2022 to 2024 improved by 18.2%.

#2 Priority Area: SUBSTANCE ABUSE	
Community Health Need	Improve patient access to substance abuse prevention resources and treatment
Goal(s)	• Reduce unused controlled substances in the community • Improve access to patient care for community members with opioid use disorder • Continued education of CRMC medical staff on prescription drug abuse (specifically addiction medications such as opioids)

Strategy #1: Continue promotion and awareness of drop box for unused or expired medicine through Capital Care Pharmacy	
Strategy Was Implemented?	Yes
Target Population(s)	Patients with unused controlled medication that could be misused
Partnering Organization(s)	Internal: CRMC Capital Care Pharmacy (Jefferson City Location) External: Inmar Company
Results/Impact	• The Inmar drop box is open to the public during business hours so that both patients and community members have access to properly dispose of excess/unused medication. • The Inmar drop box capacity average is 300 bottles with CRMC collecting approximately 8 full boxes/year thus, in a two-year timeframe, reducing nearly 5000 prescription bottles (including potential opioids) in community homes and on the street.

Strategy #2: Continue the Blue Sight Control Substance Surveillance Program implemented to evaluate risk among those prescribing and administering controlled substances	
Strategy Was Implemented?	Yes
Target Population(s)	Monitoring of CRMC Nursing and Anesthesia Staff
Partnering Organization(s)	Internal: CRMC External: Blue Sight Company
Results/Impact	The monitoring program ensures proper controlled substance utilization thus: • Preventing substance abuse by employees. • Helping to monitor controlled substance diversion into the community.

Strategy #3: Provide opioid use disorder treatment in CRMC's Primary Care/Madison Street Family Medicine Clinic	
Strategy Was Implemented?	Yes
Target Population(s)	Community members/CRMC patients with opioid use disorder
Partnering Organization(s)	Internal: CRMC Primary Care Clinic (Madison Street) External: N/A
Results/Impact	• From FY23-FY24, CRMC completed over 80 visits for patients with ICD-10 diagnosis of "Opioid Use Disorder." • In the past year, CRMC added 2 primary care providers in this clinic who also offer opioid disorder treatment.

Strategy #4: Continue educating medical staff (including residents in CRMC's Graduate Medical Education Program) on prescription drug abuse particularly related to opioid use disorder	
Strategy Was Implemented?	Yes
Target Population(s)	CRMC Resident Physicians (Graduate Medical Education- Family Medicine Residency) and CRMC/Community Health Center Patients
Partnering Organization(s)	Internal: CRMC Graduate Medical Education Program External: Community Health Center of Central MO
Results/Impact	• Annually, CRMC's Primary Care (Madison Street) Clinic physician specializing in opioid management teaches 4 didactics on addiction medicine with one lecture specifically focused on opioid use disorder. • In a two-year period*, through the "Resident Clinic" at the Community Health Center of Central MO, CRMC residents treated over 30 patient visits for opioid abuse and specifically suboxone therapy. *August 1, 2022-July 2024

#3 Priority Area: DIABETES, DISABILITY & CHRONIC PAIN	
Community Health Need	Improve access to diabetes, disability, and chronic pain resources and treatment options
Goal(s)	• Improve diabetes management through education and patient care • Improved Identification of patients with diabetes within the CRMC network • Improve management of chronic disease/disability/pain through education and group exercise (support) groups

Strategy #1: Improve Diabetes management patient care in the CRMC Network	
Strategy Was Implemented?	Practice development of specialized endocrinologist to focus on diabetes management including self-monitoring, BMI, treatment options, healthy cooking and eating habits.
Target Population(s):	Patients with diabetes in the CRMC network or community
Partnering Organization(s)	Internal: CRMC External: N/A
Results/Impact	• CRMC Endocrinologist recorded over 3,000 patient visits in FY23 and in FY24 this number continued to grow.

Strategy #2: Activation of Diabetes Registry via new electronic medical record (EMR)	
Strategy Was Implemented?	2021 Cerner EMR implementation: Activated Diabetes Registry
Target Population(s)	Diabetic Patients in the CRMC Network
Partnering Organization(s)	Internal: CRMC External: Cerner
Results/Impact	• Care gaps for patients with diabetes are integrated into the providers' workflow improving comprehensive care of diabetes. • As reported annually, over 5,000 CRMC patients (adults) have been identified in the registry.

Strategy #3: Continue Rock Steady Boxing for patients with Parkinson's Disease	
Strategy Was Implemented?	Yes
Target Population(s)	Community members and Sam B. Cook Healthplex Fitness Center Members with Parkinson's Disease
Partnering Organization(s)	Internal: CRMC Sam B. Cook Healthplex External: Rock Steady Boxing Company
Results/Impact	• Growth of Rock Steady participants from 11 in 2022 to 24 participants in 2024 (with waiting list). • 7.5 hours of direct contact/week with patients with Parkinson's Disease. • 5 CRMC Trainers Professionally Certified.

#4 Priority Area: HEART DISEASE AND STROKE	
Community Health Need	Improve access to heart disease and stroke prevention resources and treatment
Goal(s)	• Improve access to education for community members with heart disease or history of stroke • Improve prevention screenings for heart disease and stroke. • Improve access to cardiologists in the CRMC network

Strategy #1: Continue providing support groups such as CRMC's Stroke Support Group and Heart Healthy Support Group	
Strategy Was Implemented?	Yes
Target Population(s)	Stroke Survivors, Previous Cardiac Rehabilitation Participants, Caregivers, Community Members
Partnering Organization(s)	Internal: 1. CRMC Cardiac Rehabilitation Department 2. CRMC Healthplex Rehabilitation Services Department 3. Cardiology Clinic (Central MO Cardiology)
Results/Impact	**Stroke Support Group:** • Average 25 attendees/month in the past 2 years (Aug 1 2022-July 31, 2024). • Member education and prevention with the result of zero members having repeat stroke. **Heart Disease Support Group:** • In 2022, the average group size was 32 with growth to 36 in 2024. • Quarterly 1 hour program with speakers at each session such as Dieticians (Healthy Eating), Cardiologists (Atrial-Fibrillation).

Strategy #2: Implement screenings for early detection of heart disease	
Strategy Was Implemented?	**"Love Your Heart" Cardiac Screening Program:** laboratory analysis (lipid panel & A1C) and cardiac calcium score screening (CT).
Target Population(s)	Community members with HBP, family history of heart disease, Type 2 Diabetes, current or former smoker.
Partnering Organization(s)	Internal: CRMC Cardiology Service Line, Diagnostic Imaging, Laboratory, and Cardiology Clinic External: N/A
Results/Impact	• 115 screenings performed since program initiation in May 2024. • For 10% of the 115 patients screened, disease was found and follow up care was initiated. Moreover, 2 patients required stent placement.

Strategy #3: Educate the community on heart disease: screening, prevention, and heart healthy living	
Strategy Was Implemented?	Yes
Target Population(s)	Community members, businesses, schools.
Partnering Organization(s)	Internal: CRMC Cardiology Clinic Cardiologists, NP, and RN External: Community businesses, schools, citizens
Results/Impact	• In the past two years, multiple community groups (4 cities) have been impacted with education by CRMC team members related to atrial fibrillation, cholesterol, women's heart health, cardiac diagnostic testing, and general heart healthy living.

Strategy #4: Build the capacity of the CRMC's local cardiology clinic to provide improved community access for comprehensive cardiology evaluation, education, and intervention	
Strategy Was Implemented?	Yes
Target Population(s)	CRMC Service Area
Partnering Organization(s)	Internal: CRMC Cardiology Clinic Providers and CRMC Recruitment Department External: N/A
Results/Impact	• From 2021-2023, CRMC successfully recruited four new cardiologists with an additional electrophysiologist arriving Sept 2024- resulting in more access for patients in the CRMC service area.

#5 Priority Area: NUTRITION, PHYSICAL ACTIVITY & WEIGHT	
Community Health Need	Improve access to nutrition, physical activity, and weight management resources and treatment in the community.
Goal(s)	• Improve understanding and awareness services available • Improve access to weight management and bariatric providers • Offer free exercises classes to the community • Partner with local schools to continue sports physicals

Strategy #1: Collaborate with MU Health Care (MUHC) to provide outreach for bariatric and weight management support	
Strategy Was Implemented?	Yes
Target Population(s)	Patients needing assistance with weight management.
Partnering Organization(s)	Internal: CRMC Affiliate: MUHC – with full integration January 2024
Results/Impact	• In 2022, CRMC's Weight Management Clinic included just 1 provider. Patient access was improved with the addition of a 2nd provider in 2023. • From FY23 to FY24, patient visits increased by approximately 500. • In June of 2024, the first bariatric surgery was completed locally, onsite at CRMC. In just three months (June-Aug 2024),17 bariatric surgeries were performed.

Strategy #2: Continue partnership with local schools to provide low and/or no cost sports physicals.	
Strategy Was Implemented?	Yes
Target Population(s)	School-Age Athletes in the CRMC Service Area
Partnering Organization(s)	Internal: CRMC Sports Medicine Team External: Local Schools
Results/Impact	• From 2022-2024, the team completed 1,346 sports physicals for young athletes.

Strategy #3: Provide free exercise classes for the community	
Strategy Was Implemented?	Yes
Target Population(s)	Community Members/Potential and Current Healthplex Members
Partnering Organization(s)	Internal: CRMC Sam B. Cook Healthplex External: Les Mills International
Results/Impact	• Since 2022, the Sam B. Cook Heathplex has hosted 10 Les Mills Fitness "Launch Days" with a minimum of 7 free classes per launch for total of 70 free classes offered to the community.

EVALUATION OF PAST ACTIVITIES:
SSM HEALTH ST. MARY'S HOSPITAL - JEFFERSON CITY

Following its 2021 Community Health Needs Assessment, SSM Health St. Mary's Hospital - Jefferson City developed a three-year strategy to address three health priorities identified in the assessment: mental health and substance abuse, access to care, and health literacy.

Mental Health and Substance Abuse

The Missouri Department of Mental Health funds a program called Emergency Room Enhancement (ERE). The program is designed to support patients in the community experiencing mental health challenges who frequently seek care through an ER and who are uninsured. Starting in 2021, St. Mary's Hospital Emergency Department periodically used the program to assist patients. St. Mary's Emergency Department has also collaborated with Compass Health to serve vulnerable patients with mental health challenges. Compass Health assists these St. Mary's patients with access to medications and primary care.

St. Mary's continued its partnership with Council for Drug Free Youth (CDFY). Through this partnership we expanded school-based education programs and increased the availability of substance use prevention, early identification, and intervention initiatives in the region. The hospital provided grant funding for CDFY, and St. Mary's Hospital Foundation Director now serves on its executive board.

St. Mary's sustained its Outpatient Brief Treatment Program for Adults and the Outpatient Transitional Care Program for Adults and Seniors. In 2024 the Brief Treatment Program census steadily increased, while the Outpatient Transitional Care Program continues to serve a sustainable number of patients.

In addition to these programs, St. Mary's also expanded access to mental health resources in the community by establishing a quarterly program to invite any mental health professionals, school counselors, pastors, and other community leaders to gather for an evening of networking, education, and increasing awareness about mental health resources available in Mid-Missouri. St. Mary's behavioral health team also continues to educate the community through presentations and articles in local media.

Access to Care

St. Mary's leadership collaborated with area health care providers and United Way of Central Missouri to bring HealthTran to the community. HealthTran is a community-based program which offers transportation to medical appointments free of charge to patients with financial challenges. The program is supported by volunteer drivers and is funded by St. Mary's Hospital Foundation. HealthTran began serving the community in January 2024. All SSM Health Medical Group locations in Mid-Missouri have been trained to use the HealthTran portal to schedule rides for patients. Transportation for health-related needs is provided at no-cost to the patient.

In 2023, St. Mary's expanded its long-standing relationship with Catholic Charities of Central and Northern Missouri to address food insecurity for SSM Health patients in Mid-Missouri. The Hope and Healing food bag program provides an insulated reusable bag of shelf-stable food to patients experiencing food insecurity. The program's first location was at St. Mary's Hospital, where patients are screened for food insecurity during the admission process. Patients identified as food insecure are then offered a Hope and Healing food bag during discharge planning. The program has also expanded to some SSM Health Medical Group locations in Mid-Missouri. In order to help patients address their long-term food insecurity and other social needs, the Hope and Healing food bags also include information on how patients can connect with Catholic Charities for ongoing support.

Another investment SSM Health has made in addressing social needs in the community was its adoption of a referral application called Unite Us. This platform allows St. Mary's Hospital staff and other community organizations to electronically refer patients experiencing social determinants of health challenges to local agencies who can help them address their long-term needs. Starting in 2023, Unite Us and SSM Health began encouraging community organizations in Mid-Missouri to learn more about Unite Us and begin utilizing the platform to support patients in the community. Many of St. Mary's key community partners have begun using Unite Us, including Catholic Charities. SSM Health pays for Unite Us, allowing most other non-profit organizations in the community to utilize the platform free of charge.

SSM Health also continued to address access to care challenges in Mid-Missouri by recruiting more primary care and specialty providers to the community, including physicians, nurse practitioners, and a licensed professional counselor to support behavioral health. During the 2022-2024 period, SSM Health Medical Group evaluated the possibility of expanding telehealth in the region. While utilization of this technology was

high during the COVID pandemic, our evaluation determined that the demand for these services is low in our community. Nevertheless, telehealth remains available through our ministry as needed.

Health Literacy

During the 2022-2024 strategy period, SSM Health experts in Mid-Missouri provide more than 70 articles on important health topics to the *News Tribune* to educate their readers. Topics included diabetes, cardiovascular disease, hypertension, health behaviors, and access to care, as well as heart disease, cancer, cerebrovascular diseases, respiratory diseases, and mental health, which are leading causes of mortality in the community. Additionally, St. Mary's provided over $160,000 in assistance to our community partners to support health education, prevention screenings, and other activities addressing health literacy.

To address health literacy for those with diabetes, St. Mary's held six diabetes support groups with 49 members of the community participating. St. Mary's also provided diabetes prevention presentations to employees of the Callaway Energy Plant and parents of children in the local Boys and Girls Club.

St. Mary's Hospital continued to support the community's health fairs and health screenings, participating in 22 events and serving over 2,094 community members over the 2022-2024 period.