Community Health Needs Assessment

Cooper County, MO
July 2014

Web: http://coopercountymemorialhospital.org/
Phone: (660) 882-7461

Prepared by: RCHA
Kansas City, MO
Cooper County Memorial Hospital
Community Health Needs Assessment

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</tr>
</tbody>
</table>
Executive Summary

This report was put into action by the federal tax law requirements under the Affordable Care Act (ACA). As Cooper County Memorial Hospital CCMH is a governmental hospital, it is required to finalize a Community Health Needs Assessment (CHNA) every three years. Through this process CCMH aspires to provide health resources for patrons of Cooper County to foster healthier lifestyles.

The community served is Cooper County, which represents about seventy to eighty percent of patients seen at CCMH. About 17,725 people live in the county. The county is located in central Missouri. The following cities are located within the county: Boonville, Blackwater, Pilot Grove, Prairie Home and Bruceton. There are about thirty-one people per square mile. Missouri has a higher population density with eighty-eight people per square mile. The median age for Cooper and Missouri are comparable, 38.6 and 38.2. The correctional facility houses 1,281 males, mostly juvenile one time offenders. The number of males between ages fifteen to thirty-four is noticeably higher because of the correctional facility located in the county.

Factor affecting health status in the community include: health behaviors, access to care, socio economic factors, and water quality. Albeit all information mentioned was significant, a vast amount of findings dealt with health behaviors. The two most significant health behaviors were adult tobacco smoking and adult excessive drinking; both were noticeably exceeding state and national proportions of the population. The other two behaviors that are worth mentioning are physical inactivity and adult obesity. A shortage of primary care physicians (PCPs) in the area is causing a lack of access to care. Missouri has 1,455 people for every PCP, while Cooper only has one PCP per 2,523 people. If Cooper’s ratio of PCPs to population was the same as Missouri’s, it would employ five more PCP’s in the area. Considerable socio-socio economic factors are lower educational attainment and average household income. These socio-economic restraints can also result in poor health outcomes. Water violations in Cooper were four times higher than the average in the state of Missouri, fifteen percent compared to four percent. Overall, the average length of life in Cooper County is marginally favorable to Missouri, 77.3 compared to 77.2.

On July 7th the community health focus groups met. Two separate meeting times were offered, one at noon and another at three pm. Twenty-two members of the community participated in the community health focus groups. Their knowledge included: medically underserved, low income populations, community leadership, public health and chronic disease needs. Findings of health research on Cooper County were shared with group members. A question was posed asking community members to identify the most significant health needs in the community. Answers to the question were voted on to identify the most significant needs in the community. The top five
health issues cited during the community health focus groups in this order are: smoking, provider shortage, availability, awareness of care available, wellness programs and support groups.

A list of community health resources available to community members can be found at the end of this document. Many of the health resources identified as an area of need already exist in the community.
Introduction

The purpose of this report is to comply with federal tax law requirements set forth by the Affordable Care Act (ACA), enacted on March 23, 2010. The ACA requires that a Community Health Needs Assessment (CHNA) be completed at least once every three years by governmental hospitals. The IRS requires an implemented strategy based on the CHNA report findings be included on the 990 schedule H, Part 5 tax form.

Governmental hospitals are required to provide written documentation that include: (1) a description of the community served by the facility and how the community was determined; (2) a description of the process and methods used to conduct the CHNA; (3) the identity of any and all organizations with which the organization collaborated and third parties that engaged to assist with CHNA; (4) a description of how the organization considered the input of persons representing the community (e.g. through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; (5) a prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in the prioritizing such needs; and (6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

The written documentation contained in this report is required to be made widely available to the public. Accordingly, an organization would make a facility’s written report widely available by publishing on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization’s website, along with instructions for accessing the report on that website.

The report takes into consideration people from the community identified under the following areas: (1) government agencies with current information relevant to the health needs of the community; (2) leaders from the community actively engaged in public service and (3) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community.

This required report mandated by the IRS under the ACA takes into account community members’ opinions to give a better understanding of the most critical health needs in the community. A list of community health resources addressing areas of concern can be found at the end of this document. Cooper County Memorial Hospital’s (CCMH) purpose in this process is to implement a plan to coordinate activities with existing health resources to address the pressing needs of the community. The end goal is for citizens of Cooper County to live healthier lifestyles and have a better continuum of health resources. Future reporting under the 990 form will document measurable progress that CCMH has made with the implementation of this plan.
Overview of the Community

For the purposes of this report, the community served will be defined as the geographic region that represents about seventy to eighty percent of the total inpatient and outpatient discharges served at CCMH. On an inpatient basis, Cooper County represents about eighty percent of total discharges for calendar year 2013. On an outpatient basis, Cooper County represents about seventy-one percent of the total discharges for calendar year 2013. See the charts below:

<table>
<thead>
<tr>
<th>Patient County</th>
<th>CY 2010</th>
<th>CY 2011</th>
<th>CY 2012</th>
<th>CY 2013</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>COOPER,MISSOURI</td>
<td>241</td>
<td>303</td>
<td>270</td>
<td>255</td>
<td>82.82%</td>
</tr>
<tr>
<td>HOWARD,MISSOURI</td>
<td>25</td>
<td>66</td>
<td>51</td>
<td>50</td>
<td>8.59%</td>
</tr>
<tr>
<td>OTHER</td>
<td>25</td>
<td>27</td>
<td>24</td>
<td>14</td>
<td>8.59%</td>
</tr>
<tr>
<td>Overall - Total</td>
<td>291</td>
<td>396</td>
<td>345</td>
<td>319</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: HIDI

![Discharges Chart]

For all intensive purposes the community served is defined as Cooper County. This geographic region does not exclude low-income or underserved populations.
Geographical description
Cooper County is located in Central Missouri. It is surrounded by the following Counties: Howard (North), Boone (Northeast), Moniteau (Southeast), Morgan (South), Pettis (West), and Saline (Northwest).

The following cities are located in Cooper County: Boonville, Blackwater, Pilot Grove, Prairie Home, and Bruceton.

= Cooper County Memorial Hospital
Demographics

To better understand the community served it is important to have a demographic summary of how the community served compares to Missouri and the United States.

The total population for Cooper is estimated to be 17,725. In the county there are about thirty-one people per every square mile compared to the Missouri average of eighty-eight people every square mile.

The median age follows fairly closely to the state of Missouri and the U.S. Average household income significantly lower than the state and national averages. The percent of people over the age of sixty-five is greater in Cooper County when compared with Missouri and the United States.

<table>
<thead>
<tr>
<th>2013 Demographic Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooper County</td>
</tr>
<tr>
<td>Population</td>
</tr>
<tr>
<td>Households</td>
</tr>
<tr>
<td>Families</td>
</tr>
<tr>
<td>Median Age</td>
</tr>
<tr>
<td>Median Household Income</td>
</tr>
<tr>
<td>Average Household Income</td>
</tr>
<tr>
<td>Average Household Size</td>
</tr>
<tr>
<td>65+ Population</td>
</tr>
<tr>
<td>% 65+ Population</td>
</tr>
</tbody>
</table>

Source: tactician.com

Within Cooper County there is a significantly higher percent of the population in correctional facilities compared to Missouri and US population groupings. There are also higher percentages of the population in nursing homes compared to the state of Missouri and the US.

<table>
<thead>
<tr>
<th>2010 Demographic Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooper County</td>
</tr>
<tr>
<td>Population in Correctional Institutions</td>
</tr>
<tr>
<td>% Population in Correctional Institutions</td>
</tr>
<tr>
<td>Population in Nursing Homes</td>
</tr>
<tr>
<td>% Population in Nursing Homes</td>
</tr>
<tr>
<td>Total Population</td>
</tr>
</tbody>
</table>

Source: tactician.com
Within the service area, most of the Male and Female populations are fairly similar, but Males from fifteen to thirty-four are significantly greater than Females. The correctional facility houses 1,282 male inmates, predominately young first time offenders. This is the main reason for higher number of younger males ages fifteen to thirty-four.
Community Health Findings

Research on Cooper County was done before community health focus groups. The main focus with the research was on factors that influenced health outcomes. Contributors of health outcomes can be attributed too: health behaviors (30%), clinical care (20%), social and economic factors (40%), and the physical environment (10%). All of these factors combined affect length and quality of life. See the diagram below:

Health Behaviors:

One of the largest areas identified in the community are focused on health behaviors of community members. Cooper County has a much higher percentage of adults smoking tobacco when compared to the state of Missouri. It is estimated that thirty-two percent of adult residents (25 and older) of Cooper County smoke tobacco, while only twenty-three percent of adults...
smoke tobacco in Missouri. In the United States twenty percent of adults are estimated to be smokers of tobacco.

Adult excess drinking was identified through research as a problem in the area. Excessive drinking is defined as consuming more than four (women) or five (men) drinks in a single occasion, or heavy drinking (consuming more than one (women) or two (men) drinks per day on average, within the last thirty days. In Cooper County twenty-four percent of adults drink to excess. In Missouri seventeen percent of adults drink to excess, compared to fifteen percent in the United States.

Lack of adult physical activity is another area of concern for Cooper County. Although this percentage was slightly lower than the state average it is still relatively high. Physical inactivity is measured by the percentage of adults that do not participate in any leisure-time physical activity within the past month. For Cooper this percentage is twenty-six percent compared to twenty-seven percent in Missouri and twenty-four percent in the United States.

Physical inactivity can cause lots of poor health outcomes but the most identifiable one is adult obesity. Although the percentage of adults in Cooper County with obesity is lower compared to the state of Missouri it is still an issue for the United States as a whole. Twenty-nine percent of adults are obese in Cooper County; in Missouri its thirty-one percent and nationally it’s twenty-eight percent.

<table>
<thead>
<tr>
<th></th>
<th>Cooper</th>
<th>Missouri</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult smoking %</td>
<td>32%</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>Excessive drinking %</td>
<td>24%</td>
<td>17%</td>
<td>15%</td>
</tr>
<tr>
<td>Physical inactivity %</td>
<td>26%</td>
<td>27%</td>
<td>24%</td>
</tr>
<tr>
<td>Adult obesity %</td>
<td>29%</td>
<td>31%</td>
<td>28%</td>
</tr>
</tbody>
</table>

Source: Countyhealthrankings.com

Access to care:

Access to primary care services is important to prevent the development of disease before it occurs. If shortage in the supply primary care services exists then early detection and prevention of diseases becomes less effective. Within the service area there are an estimated 2,523 people for every primary care physician. In Missouri there is a primary care physician for every 1,455 people. Nationally one primary care physician exists for every 1,345 people. With a limited supply of primary care physicians available, the demand for health needs will go unmet causing health related issues to become more costly to individual’s and the communities health. Cooper County’s disparities exist on a larger scale causing it to be classified as a health professional shortage area.
**Socio Economic:**

Compared to Missouri and the United States, Cooper County has a lower percent of the adult population graduating from high school. Similarly, a lower percentage of the population receives bachelor and graduate degrees in comparison to Missouri and the US.

<table>
<thead>
<tr>
<th>2013 Educational Attainment Comparison</th>
<th>Cooper</th>
<th>Missouri</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; Highschool</td>
<td>17.4%</td>
<td>13.8%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Highschool</td>
<td>66.9%</td>
<td>61.1%</td>
<td>57.1%</td>
</tr>
<tr>
<td>Bachelors Degree</td>
<td>11.0%</td>
<td>15.8%</td>
<td>17.6%</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>4.6%</td>
<td>9.2%</td>
<td>10.3%</td>
</tr>
<tr>
<td>High School Grad</td>
<td>82.6%</td>
<td>86.2%</td>
<td>85.0%</td>
</tr>
</tbody>
</table>

Source: tactician.com

Income can be linked to educational attainment and in Cooper County a lower high school graduation rate perhaps indicates the population’s limited ability to attain higher paying occupations.

One of the most significant discrepancies between Cooper, Missouri and the US is average household income. The average household income in the area is about $10,000 less than the state of Missouri and about $20,000 less than the United States. When compared to the US, Cooper County has a greater percent of the population with household income less than $74,999. When compared to Cooper County, the US has a greater percent of the population with household incomes greater than $74,999. The cause for lower household income is believed to be because a larger percentage of the populations are working service sector jobs.

<table>
<thead>
<tr>
<th>Average HH Income Distribution (2013)</th>
<th>Cooper</th>
<th>MO</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than $25,000</td>
<td>27.80%</td>
<td>25.30%</td>
<td>22.70%</td>
</tr>
<tr>
<td>$25,000-$49,999</td>
<td>30.40%</td>
<td>28.50%</td>
<td>26.00%</td>
</tr>
<tr>
<td>$50,000-$99,999</td>
<td>32.10%</td>
<td>29.60%</td>
<td>29.80%</td>
</tr>
<tr>
<td>$100,000-$149,999</td>
<td>7.10%</td>
<td>10.20%</td>
<td>11.80%</td>
</tr>
<tr>
<td>$150,000-$199,999</td>
<td>1.10%</td>
<td>2.30%</td>
<td>3.10%</td>
</tr>
<tr>
<td>$200,000+</td>
<td>1.60%</td>
<td>4.20%</td>
<td>6.70%</td>
</tr>
<tr>
<td>Average HH Inc.</td>
<td>$52,036</td>
<td>$62,649</td>
<td>$71,611</td>
</tr>
</tbody>
</table>

Source: tactician.com
Lower educational attainment and household income have been linked to less favorable health behaviors and outcomes. Lower educational attainers often work service sector jobs. These jobs are physically demanding, have lower levels of flexibility, pay less and generally are less satisfying to work. In Cooper County these unfavorable socio-economic conditions certainly play a role in the overall well being of the population.

Water Quality:

In Cooper County the biggest issue associated with the physical environment is the drinking water. Drinking water violations are defined as percentage of population exposed to water exceeding the violation limit during the past year. In Cooper County this was fifteen percent compared to Missouri where it was four percent.

<table>
<thead>
<tr>
<th>Drinking water violations</th>
<th>Cooper</th>
<th>Missouri</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: Countyhealthrankings.com

Health Outcomes:

These factors combined ultimately affect health outcomes. One of the most telling health outcomes for any area is average life expectancy (ALE). Despite it shortfalls in health behaviors, access to care, socio economic conditions and water quality Cooper County still provides an environment in which ALE is favorable to the state of Missouri. Cooper County is 42nd out of 115 counties in Missouri in terms of highest ALEs.

In Missouri the ALE is 77.2, which is fairly close to Cooper Counties (77.3) ALE. The United States ALE is 78.7.

<table>
<thead>
<tr>
<th>Average Life Expectancy</th>
<th>Cooper</th>
<th>Missouri</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>77.3</td>
<td>77.2</td>
<td>78.7</td>
</tr>
</tbody>
</table>

Source: health.mo.gov
Community Health Focus Groups

Leaders from the community hold a wide variety of expertise about the health needs of the community. To collect this information, two community health focus groups were conducted. Before the meetings, invitations were sent to various members of the community representing areas of expertise critical to the health of Cooper County. These invitations were sent about a month prior to the meetings to avoid scheduling conflicts. The first session was held at noon on Monday July 7th, 2014 and the second session was held on the same day at three pm. Each session was approximately an hour and a half long. Twenty-two members of the community participated in the health focus groups.

Areas of expertise that community members had included: public health, medically underserved, low-income populations, chronic disease needs, and community leadership. Danielle Gearhart (CCMH CEO), Bill May (Regional VP of Operations with RCHA), Sam Hall (Director of Planning from RCHA), and Zach Willis (intern with RCHA) added knowledge, mainly around public health and chronic disease needs. Sam Hall was the lead presenter and facilitator of group discussion.

Qualification of health focus group participants

Below is a list of expertise for the representatives from RCHA:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Affiliation</th>
<th>Public Health</th>
<th>Medically Underserved</th>
<th>Low-income populations</th>
<th>Chronic Disease Needs</th>
<th>Community Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danni Gearhart</td>
<td>CEO</td>
<td>CCMH</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Bill May</td>
<td>Regional VP of operations</td>
<td>RCHA</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Sam Hall</td>
<td>Director of Planning</td>
<td>RCHA</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Zach Willis</td>
<td>Intern</td>
<td>RCHA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A chart of the nine community members that attended the noon meeting and their areas of expertise can be found below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Affiliation</th>
<th>Public Health</th>
<th>Medically Underserved</th>
<th>Low-income populations</th>
<th>Chronic Disease Needs</th>
<th>Community Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ned Beach</td>
<td>City council representative</td>
<td>City of Boonville</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhonda Frye</td>
<td>Administrator</td>
<td>Riverdell Care Center</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kim Wiemholt</td>
<td>Nurse Manager - HEALTHCARE</td>
<td>Cooper County Public Health Center</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Megan McGuire</td>
<td>City Planner</td>
<td>City of Boonville</td>
<td></td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Darryl Eckersle</td>
<td>Mayor</td>
<td>Pilot Grove</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lorna Alexander</td>
<td>Nurse</td>
<td>Nordyne</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charles Melkersman</td>
<td>HR Director</td>
<td>Nordyne</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kelly Tate</td>
<td>Physical Therapist</td>
<td>Excel Physical Therapy</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debbie Drane</td>
<td>Administrator</td>
<td>Fayette Caring Center</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The following is a chart of the thirteen community members that attended the 3:00 pm meeting and their areas of expertise:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Affiliation</th>
<th>Knowledge and Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Ficken</td>
<td>Superintendent</td>
<td>Boonville Schools</td>
<td></td>
</tr>
<tr>
<td>Patty Cottrell</td>
<td>Administrative Assistant</td>
<td>Huebert Fiberboard</td>
<td>x</td>
</tr>
<tr>
<td>Lila Huebert</td>
<td>Realtor</td>
<td>Century 21 Realty</td>
<td></td>
</tr>
<tr>
<td>Michelle Reinkeimeyer</td>
<td>Staff member</td>
<td>Central Missouri Community</td>
<td>x x</td>
</tr>
<tr>
<td>Evan Melkersman</td>
<td>Staff member</td>
<td>Central Missouri Community</td>
<td>x x</td>
</tr>
<tr>
<td>Patty Ypya</td>
<td>Administrator</td>
<td>Ashley Manor</td>
<td>x</td>
</tr>
<tr>
<td>Ruth Volkert</td>
<td>Staff</td>
<td>Ashley Manor</td>
<td>x</td>
</tr>
<tr>
<td>Becky Ehlers</td>
<td>City council representative</td>
<td>City Council, Booneville</td>
<td></td>
</tr>
<tr>
<td>Kinsey Feldman</td>
<td>Director</td>
<td>State Fair Community College</td>
<td></td>
</tr>
<tr>
<td>Matt Schneringer</td>
<td>Executive Director</td>
<td>Boonslick Hearland YMCA</td>
<td>x x</td>
</tr>
<tr>
<td>Edward Lang</td>
<td>Managing Editor</td>
<td>Boonville Daily News</td>
<td>x x</td>
</tr>
<tr>
<td>Charlene Ridgeway</td>
<td>Staff</td>
<td>Boonville Daily News</td>
<td>x x</td>
</tr>
<tr>
<td>Karen Brosi</td>
<td>School Administrator</td>
<td>Boonville Technical School</td>
<td>x x</td>
</tr>
</tbody>
</table>
Overall, the group had five experts in public health, eight people who had knowledge of the medically underserved, fourteen people with knowledge of low-income populations, eleven people with knowledge of chronic disease needs and seven community leaders. The following is a chart that summarizes the groups’ expertise.

<table>
<thead>
<tr>
<th>Knowledge and Expertise</th>
<th>Public Health</th>
<th>Medically Underserved</th>
<th>Low-income populations</th>
<th>Chronic Disease Needs</th>
<th>Community Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>8</td>
<td>14</td>
<td>11</td>
<td>7</td>
</tr>
</tbody>
</table>

The following agenda was followed for both meetings:

I. Introductions – Danielle Gearhart, CCMH CEO
II. Overview of health
III. Community Served (Cooper County)
   a. Demographics
IV. Presentation of health indicators / health outcome data
V. Group Discussion & Prioritization
   a. What are the major health needs that are not being met? – Group answered.
   b. Members of the group vote on the answers collected in Va.
   c. Group discussion - strategies for the top 5 prioritized items discussed.
VI. Final comments - group is dismissed.

On the day of the meetings, introductions were given. Shortly after, the following presentation was given:
Health Focus Group Presentation

Slide 1

COOPER COUNTY MEMORIAL HOSPITAL
Community Health Needs Assessment
July 2014

Slide 2

Cooper County Memorial Hospital- Agenda
I. Introductions – Danni Gearhart, CCMH CEO
II. Overview of health
III. Community Served (Cooper County)
   a. Demographics
IV. Presentation of health indicators / health outcome data
V. Group Discussion & Prioritization
   a. What are the major health needs that are not being met?
   b. Members of the group vote on the answers (collected in V.a.)
   c. Group discussion - strategies for the top 5 prioritized items discussed.
VI. Final comments - group is dismissed.
Overview of Health

Overview of Health: Trends healthcare delivery

- Primary Service Area: Cooper County
Overview of Health: Premature Death

Lifestyle and Behaviors: 50%
- Smoking
- Alcohol and substance abuse
- Diet
- Lack of physical activity

Social and Environmental: 20%
- Inhospitable social environment.
- Lack of social support and positive social interactions.
- Socioeconomic conditions i.e. education and income.
- Physical environment: roads, air and water.
- High unemployment.

Genetic Makeup: 20%
- Inherited conditions.
- Family history.

Medical Care: 10%
- Access to health care services.
- Lack of insurance coverage.

Source: Center for Disease Control
Overview of Health: The force field of well being

Overview of Health: Health/Well-Being


Source: Reprinted from Healthy People 2010 Objectives: Draft for Public Comment, Department of Health and Human Services.
Cooper County Memorial Hospital – Service Area: Demographics

**Observations:**
- Between 2013 and 2018, the Primary Service Area’s (PSA) total population is estimated to grow from 17,725 to 18,032 which represents an increase of 1.7 percent. During the same period, the population of the state of Missouri is expected to increase by 1.8 percent.
- Median age in PSA is estimated to increase from 39 in 2013 to 39.2 in 2018. The state population is estimated to be slightly younger, with a 2013 median age of 38.2 and a 2018 median age of 38.8.
- Average household income in PSA is expected to increase by 4.1 percent from 2013 to 2018. The PSA’s average household income was $52,036 in 2013; and is expected to be $54,156 in 2018.

<table>
<thead>
<tr>
<th>Category</th>
<th>2010 Census</th>
<th>2013 Estimate</th>
<th>2018 Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>17,601</td>
<td>17,725</td>
<td>18,032</td>
</tr>
<tr>
<td>Households</td>
<td>6,554</td>
<td>6,607</td>
<td>6,749</td>
</tr>
<tr>
<td>Families</td>
<td>4,454</td>
<td>4,489</td>
<td>4,583</td>
</tr>
<tr>
<td>Median Age</td>
<td>38.6</td>
<td>39</td>
<td>39.2</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$40,699</td>
<td>$42,133</td>
<td>$44,630</td>
</tr>
<tr>
<td>Average Household Income</td>
<td>$49,107</td>
<td>$52,036</td>
<td>$54,156</td>
</tr>
<tr>
<td>Average Household Size</td>
<td>2.69</td>
<td>2.68</td>
<td>2.67</td>
</tr>
<tr>
<td>65+ Population</td>
<td>2,702</td>
<td>2,808</td>
<td>3,248</td>
</tr>
<tr>
<td>% 65+ Population</td>
<td>15.3%</td>
<td>15.7%</td>
<td>18.0%</td>
</tr>
</tbody>
</table>

Cooper County Demographic

Missouri Demographic

<table>
<thead>
<tr>
<th>Category</th>
<th>2010 Census</th>
<th>2013 Estimate</th>
<th>2018 Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>5,988,927</td>
<td>6,032,557</td>
<td>6,141,902</td>
</tr>
<tr>
<td>Households</td>
<td>2,375,611</td>
<td>2,393,481</td>
<td>2,438,156</td>
</tr>
<tr>
<td>Families</td>
<td>1,552,133</td>
<td>1,563,809</td>
<td>1,592,998</td>
</tr>
<tr>
<td>Median Age</td>
<td>37.8</td>
<td>38.2</td>
<td>38.8</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$44,412</td>
<td>$46,435</td>
<td>$48,610</td>
</tr>
<tr>
<td>Average Household Income</td>
<td>$59,525</td>
<td>$62,649</td>
<td>$65,310</td>
</tr>
<tr>
<td>Average Household Size</td>
<td>2.52</td>
<td>2.52</td>
<td>2.52</td>
</tr>
<tr>
<td>65+ Population</td>
<td>838,294</td>
<td>886,877</td>
<td>1,033,832</td>
</tr>
<tr>
<td>% 65+ Population</td>
<td>14.0%</td>
<td>14.7%</td>
<td>17.0%</td>
</tr>
</tbody>
</table>

Cooper County Population Pyramid 2013

United States Population Pyramid 2013

*Primary Service Area: Cooper County*

II-2
Cooper County Memorial Hospital – Service Area: Educational Attainment

Educational Attainment Percentage Age 25+ (2013)

- Graduate Degree
- Bachelors Degree
- Associate Degree
- Some College
- High School
- Grades 9-12
- < Grade 9

*Primary Service Area: Cooper County

Cooper County Memorial Hospital – Service Area: Average Household Income

Average household Income Comparison

- $0.00 - $9,999
- $10,000 - $14,999
- $15,000 - $19,999
- $20,000 - $24,999
- $25,000 - $29,999
- $30,000 - $34,999
- $35,000 - $39,999
- $40,000 - $44,999
- $45,000 - $49,999
- $50,000 - $54,999
- $55,000 - $59,999
- $60,000 - $64,999
- $65,000 - $69,999
- $70,000 - $74,999
- $75,000 - $79,999
- $80,000 - $84,999
- $85,000 - $89,999
- $90,000 - $94,999
- $95,000 - $99,999
- $100,000 - $104,999
- $105,000 - $109,999
- $110,000 - $114,999
- $115,000 - $119,999
- $120,000 - $124,999
- $125,000 - $129,999
- $130,000 - $134,999
- $135,000 - $139,999
- $140,000 - $144,999
- $145,000 - $149,999
- $150,000 - $154,999
- $155,000 - $159,999
- $160,000 - $164,999
- $165,000 - $169,999
- $170,000 - $174,999
- $175,000 - $179,999
- $180,000 - $184,999
- $185,000 - $189,999
- $190,000 - $194,999
- $195,000 - $199,999
- $200,000+

*Primary Service Area: Cooper County
Cooper County Health Rankings: 2010 Health Outcomes (Length and Quality of life)

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Cooper County</th>
<th>Missouri</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Length of Life</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death—Years of potential life lost before age 75 per 100,000 population age-adjusted</td>
<td>7,886</td>
<td>7,827</td>
</tr>
<tr>
<td><strong>Quality of life</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health—Percent of adults reporting fair or poor health age-adjusted</td>
<td>11.0%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Poor physical health days—Average number of physically unhealthy days reported in past 30 days age-adjusted</td>
<td>2.3</td>
<td>3.7</td>
</tr>
<tr>
<td>Poor mental health days—Average number of mentally unhealthy days reported in past 30 days age-adjusted</td>
<td>N/A</td>
<td>3.8</td>
</tr>
<tr>
<td>Low birthweight—Percent of live births with low birthweight age-adjusted</td>
<td>9.0%</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

Source URL: http://www.countyhealthrankings.org/app/IOMissouri/2014/rankings/cooper/county/outcomes/overall/snapshot
Cooper County Health Rankings: 2010 Health Factors (Behavioral & Clinical)

<table>
<thead>
<tr>
<th>Health Factors</th>
<th>Cooper County</th>
<th>Missouri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult smoking percentage of adults report smoking - current smoking</td>
<td>32%</td>
<td>23%</td>
</tr>
<tr>
<td>Adult obesity - Percent of adults that report BMI &gt;= 30</td>
<td>29%</td>
<td>31%</td>
</tr>
<tr>
<td>Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity</td>
<td>26%</td>
<td>27%</td>
</tr>
<tr>
<td>Access to exercise opportunities - minutes per week</td>
<td>24%</td>
<td>25%</td>
</tr>
<tr>
<td>Excessive drinking - Age-group per house drinking</td>
<td>29%</td>
<td>31%</td>
</tr>
<tr>
<td>Medication error rate - Number of deaths with alcohol involvement</td>
<td>21%</td>
<td>34%</td>
</tr>
<tr>
<td>Sexually transmitted infections - infections per 100,000</td>
<td>291</td>
<td>390</td>
</tr>
<tr>
<td>Non-smokers - Total number of residents without health insurance</td>
<td>19%</td>
<td>21%</td>
</tr>
<tr>
<td>Primary care physicians per 100,000 population</td>
<td>2,523:1</td>
<td>1,455:1</td>
</tr>
<tr>
<td>Dentists per 100,000 population</td>
<td>3,801:1</td>
<td>2,042:1</td>
</tr>
<tr>
<td>Mental health providers per 100,000 population</td>
<td>1,728:1</td>
<td>975:1</td>
</tr>
<tr>
<td>Preventable hospital stays: Hospitalization rate for ambulatory-care sensitive conditions</td>
<td>88%</td>
<td>72%</td>
</tr>
<tr>
<td>Mammography screening: Percent of female Medicare enrollees that receive mammography screening</td>
<td>58%</td>
<td>62%</td>
</tr>
</tbody>
</table>

Cooper County Missouri
Health Factors 37 /115
Health Behaviors 65 /115

Source URL: http://www.countyhealthrankings.org/app/#!/missouri/2014/rankings/cooper/county/outcomes/overall/snapshot

Cooper County Health Rankings: 2010 Health Factors (Economic & Physical)

<table>
<thead>
<tr>
<th>Health Factors</th>
<th>Cooper County</th>
<th>Missouri</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduation - Percent of ninth grade cohort that graduates in 4 years</td>
<td>87%</td>
<td>82%</td>
</tr>
<tr>
<td>Some college - Percent of adults aged 25-44 years with some post secondary education</td>
<td>55%</td>
<td>63%</td>
</tr>
<tr>
<td>Unemployed - Percent of population aged 16+ unemployed but seeking work</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Children in poverty - Percent of children under age 18 in poverty</td>
<td>22%</td>
<td>23%</td>
</tr>
<tr>
<td>Inadequate social support - Percent of adults without social/ emotional support</td>
<td>12%</td>
<td>19%</td>
</tr>
<tr>
<td>Children in single-parent households - Percent of households that are single-parent households</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>Driving alone to work - Percent of the workforce that drives alone to work</td>
<td>76%</td>
<td>81%</td>
</tr>
<tr>
<td>Long commute/driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes</td>
<td>35%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Source URL: http://www.countyhealthrankings.org/app/#!/missouri/2014/rankings/cooper/county/outcomes/overall/snapshot

24
### Cooper County Health Rankings: 2010 Health Factors

#### Health Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Cooper County</th>
<th>Missouri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes - Percent of adults aged 20 and above with diagnosed diabetes</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>HIV prevalence rate - Number of persons living with a diagnosis of HIV per 100,000 population</td>
<td>130</td>
<td>223</td>
</tr>
<tr>
<td>Premature age-adjusted mortality - Age-adjusted mortality ratio per million population age 0-74</td>
<td>411</td>
<td>487</td>
</tr>
</tbody>
</table>

#### Health Behaviors

<table>
<thead>
<tr>
<th></th>
<th>Cooper County</th>
<th>Missouri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food insecurity - Percent of people who do not have adequate access to food in the past year</td>
<td>15%</td>
<td>17%</td>
</tr>
<tr>
<td>Limited access to healthy foods - Percent of population who are low income and do not live close to a grocery store</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Motor vehicle crash deaths - Motor vehicle crash deaths per 100,000 population</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Drug poisoning deaths - Drug poisoning deaths per 100,000 population</td>
<td>8</td>
<td>13</td>
</tr>
</tbody>
</table>

#### Health Care

<table>
<thead>
<tr>
<th></th>
<th>Cooper County</th>
<th>Missouri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured adults - Percent of adults under age 65 without health insurance</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Uninsured children - Percent of children under age 19 without health insurance</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Health care costs - Price adjusted Medicare spending per enrollee</td>
<td>$8,516</td>
<td>$9,652</td>
</tr>
<tr>
<td>Other primary care providers - Ratio of population to primary care providers other than physicians</td>
<td>2,920:1</td>
<td>1,843:1</td>
</tr>
</tbody>
</table>

#### Social & Economic Factors

<table>
<thead>
<tr>
<th></th>
<th>Cooper County</th>
<th>Missouri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children eligible for free lunch - Percent of children enrolled in public schools that are eligible for free lunch</td>
<td>38%</td>
<td>37%</td>
</tr>
</tbody>
</table>


---

### Cooper County- Health Indicators: Risk Factors

![Cooper County Health Indicators: Risk Factors](image-url)
Cooper County - Health Indicators: Summary measures of health

**AVERAGE LIFE EXPECTANCY**

- Cooper County
- U.S. average
- Lower income counties

**ALL CAUSES OF DEATH**

- Deaths per 100,000 persons by age

Source: Community Health Status Indicators CHSI 2009

Cooper County - Health Indicators: Summary measures of health (Continued)

**SELF-RATED HEALTH STATUS**

**AVERAGE NUMBER OF UNHEALTHY DAYS IN PAST MONTH**

Source: Community Health Status Indicators CHSI 2009
## Cooper County - Health Indicators: Measure of Birth and Death

### Birth Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Cooper County Percent</th>
<th>Peer County Range</th>
<th>US Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birth Weight (&lt;2500 g)</td>
<td>7.5%</td>
<td>6.1 - 8.8</td>
<td>8.2%</td>
</tr>
<tr>
<td>Very Low Birth Weight (&lt;1500 g)</td>
<td>1.3%</td>
<td>0.9 - 1.8</td>
<td>1.5%</td>
</tr>
<tr>
<td>Preterm Births (&lt;37 weeks)</td>
<td>13.4%</td>
<td>9.8 - 14.1</td>
<td>12.7%</td>
</tr>
<tr>
<td>Births to Women 18 or younger</td>
<td>3.3%</td>
<td>2.8 - 3.7</td>
<td>3.7%</td>
</tr>
<tr>
<td>Births to Women 40-54</td>
<td>1.9%</td>
<td>1.9 - 2.5</td>
<td>2.7%</td>
</tr>
<tr>
<td>Births to Unmarried Women</td>
<td>30.9%</td>
<td>24.7 - 36.6</td>
<td>36.0%</td>
</tr>
<tr>
<td>No Care in First Trimester</td>
<td>13.8%</td>
<td>9.7 - 10.7</td>
<td>16.1%</td>
</tr>
</tbody>
</table>

### Infant Mortality

<table>
<thead>
<tr>
<th>Measure</th>
<th>County Rate</th>
<th>Peer County Range</th>
<th>U.S. Rate 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality</td>
<td>3.8</td>
<td>4.3 - 10.1</td>
<td>6.9</td>
</tr>
<tr>
<td>White Non Hispanic Infant Mortality</td>
<td>3.4</td>
<td>4.2 - 9.2</td>
<td>5.8</td>
</tr>
<tr>
<td>Neonatal Infant Mortality</td>
<td>2.7</td>
<td>2.6 - 6.7</td>
<td>4.5</td>
</tr>
<tr>
<td>Perinatal Infant Mortality</td>
<td>1.1</td>
<td>0.7 - 3.0</td>
<td>3.8</td>
</tr>
</tbody>
</table>

### Death Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>County Rate</th>
<th>Peer County Range</th>
<th>U.S. Rate 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer (Female)</td>
<td>10.6%</td>
<td>7.0 - 12.8</td>
<td>11.5</td>
</tr>
<tr>
<td>Colon Cancer</td>
<td>34.6%</td>
<td>28.3 - 40.5</td>
<td>31.5</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>201.9</td>
<td>168.2 - 251.6</td>
<td>178.0</td>
</tr>
<tr>
<td>Stroke</td>
<td>141</td>
<td>10.2 - 29.5</td>
<td>21.8</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>95.6</td>
<td>81.9 - 121.2</td>
<td>52.6</td>
</tr>
<tr>
<td>Motor Vehicle Injuries</td>
<td>39.7</td>
<td>27.7 - 60.6</td>
<td>14.6</td>
</tr>
<tr>
<td>Suicide</td>
<td>28.5</td>
<td>16.2 - 30.0</td>
<td>10.9</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>38.3</td>
<td>23.8 - 59.6</td>
<td>39.1</td>
</tr>
</tbody>
</table>

### Notes

- Favorable vs US Rate
- Unfavorable vs US Rate

Source: Community Health Status Indicators CHSI 2009
Methodology
After the presentation, community members were given multiple sticky notes and asked to answer the question: “What are the major health needs that are not being met?” Every idea recorded resulted in one sticky note. Participants were allowed about ten minutes to perform the task. They were asked to share their ideas by prioritizing what they believed were the biggest health needs of the community in sequential order. Starting with the person on the far left of the horse-shoe configuration and moving counter-clockwise, participants would state what they believed to be the most important need in the community and the sticky notes were placed on the wall facing the group. Any sticky notes with ideas that had already been mentioned were discarded and the next idea was moved on to. If a group member was out of new ideas the next participant was called on until all issues of the group had been raised.

After all stick notes had been placed on the wall the group members were asked to combine any sticky notes with common themes together. Each participant was given three small sticky dots to vote the issue(s) they were most concerned about. Participants could use all three dots on one issue, two dots on one issue and the other dot on another; or one dot on three separate issues. After voting was finished the results were tallied and prioritized based on the number of votes received. The top five issues from each group were displayed and then strategies were developed.

This process was repeated for both sessions and the prioritized list and strategies for each issue can be found under the “Community Health Needs” section of this report.
Community Health Needs

Twenty-two community members’ votes helped to identify the top health issues that needed improvement in the community. The top nine issues from the community meetings represented about eighty-three percent of all the votes. The table below is a summary of the top nine most critical health needs of the community.

<table>
<thead>
<tr>
<th>#</th>
<th>Health issues cited as needing improvement</th>
<th>Votes</th>
<th>%</th>
<th>Accum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Smoking</td>
<td>8</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>2</td>
<td>Provider Shortage/availability</td>
<td>7</td>
<td>11%</td>
<td>23%</td>
</tr>
<tr>
<td>3</td>
<td>Awareness of care available</td>
<td>7</td>
<td>11%</td>
<td>33%</td>
</tr>
<tr>
<td>4</td>
<td>Wellness Programs</td>
<td>7</td>
<td>11%</td>
<td>44%</td>
</tr>
<tr>
<td>5</td>
<td>Support Groups</td>
<td>6</td>
<td>9%</td>
<td>53%</td>
</tr>
<tr>
<td>6</td>
<td>Economic Development</td>
<td>6</td>
<td>9%</td>
<td>62%</td>
</tr>
<tr>
<td>7</td>
<td>Obesity - specifically for children</td>
<td>5</td>
<td>8%</td>
<td>70%</td>
</tr>
<tr>
<td>8</td>
<td>Promote a culture of healthy lifestyles</td>
<td>5</td>
<td>8%</td>
<td>77%</td>
</tr>
<tr>
<td>9</td>
<td>Education/Info classes</td>
<td>4</td>
<td>6%</td>
<td>83%</td>
</tr>
<tr>
<td></td>
<td><strong>TOTALS</strong></td>
<td><strong>66</strong></td>
<td><strong>100.0%</strong></td>
<td></td>
</tr>
</tbody>
</table>

Other items that were mentioned but considered lower priority were:

- Greater collaboration with local employers on health needs (2)
- Hospital employees lead health initiatives by example (2)
- Working class needs lower costs of prescriptions (2)
- Working class needs lower cost of energy needs (2)
- Underage drinking and effects (2)
- Water quality is an issue (1)

During the meeting, strategies were developed based on the issues that were indicated as needing change or improvement. These strategies can be found in italic font. Strategies were also developed by the group of facilitators in efforts to effect positive changes with the issues that were mentioned. These strategies can be found in underlined font.
I. Smoking
   - Start with children teaching them about the harmful effects.
   - Start a clinic or program in the community.
   - Work on getting higher taxes passed.
   - Have support groups for people who want to quit.
   - Look for alternatives ways to manage stress other than smoking.

II. Provider Shortage / availability of care
   - Urgent care in the county.
   - Let the community know what services are provided at the hospital.
   - Find a way to better meet the needs of community with niche services.
   - Education and recruitment with younger groups (students).
   - Work with National Health Service Corps to recruit providers.

III. Awareness of care available
   - Create a list of health resources.

IV. Wellness Programs
   - Mental health education for community members on warning signs.
   - Work with Tiger Pediatrics for children wellness programs.
   - Need more access to mental health providers.
   - List of resources.
   - Group classes for diet and exercise.

V. Support Groups
   - Grief counseling.
   - Overeaters anonymous.
   - One organization takes the lead on support groups.
   - Smoking support groups.

VI. Economic Development
   - Hospital work with the community on economic development.
   - Teach personal finance classes.

VII. Obesity – specifically for children
   - Work with the school districts to educate kids on health.
   - Work on teaching children the importance of healthy meals.
   - It is important that the person delivering the message be a role model.
   - Work to develop a farmers market to provide lower cost fruits and vegetables.

VIII. Promote a culture of healthy lifestyles
   - Teach community members how to cook healthy meals.
   - Teach community members healthy ways to deal with stress.
   - Hospital employees need to be a role model for the community.
   - Start a wellness program for hospital staff.

IX. Health Education classes
   - Health education classes led by the hospital.
Conclusion

This report was promulgated by the federal tax law requirements set forth by the ACA requiring governmental hospitals to complete a community health needs assessment every taxable three years. The ultimate purpose of this report is to provide health resources for citizens of Cooper County to engage in healthier lifestyles.

For purposes of this report the community served was defined as Cooper County. Cooper County represents seventy to eighty percent of patients served at Cooper County Memorial Hospital. Cooper County is located in central Missouri. The following cities are included in Cooper County: Boonville, Blackwater, Pilot Grove, Prairie Home and Bruceton. Roughly, 17,725 people live in the County, this results in thirty-one people per square mile. Missouri by comparison has eighty-eight people every square mile. The median age follows closely to the state of Missouri, 38.6 compared to 38.2. The correctional facility located in Cooper County houses 1,281 males, predominately young first time offenders. This correctional facility skews the number of males between the ages of fifteen to thirty-four.

Research was done on Cooper County prior to community health focus group meetings. This provided a solid foundation of information to be presented during the health focus groups. The major health factor categories of findings included: health behaviors, access to care, socio-economic conditions and water quality. Although all the information was significant, the majority of information was found under health behaviors. The two most significant health behaviors were adult tobacco smoking and adult excessive drinking. These two behaviors exhibited by a sizable percent of the population far exceed state and national percentages. The other two health behaviors that were notable were physical inactivity and adult obesity. Lack of access to care is evident in Cooper County through its shortage of primary care physicians (PCPs). In Missouri there are 1,455 people for every PCP, in Cooper County there are 2,523 people per every PCP. If Cooper had Missouri’s ratio of people to PCPs it would have about five more PCP’s in the service area. Major socio-economic conditions in the area are lower educational attainment and average household income. These two factors cause constraints that do not produce favorable health outcomes. The water quality in Cooper has exceeded the violation limits almost four times as much as the average violation limit in Missouri, fifteen percent compared to four percent. Overall the average length of life in Cooper was slightly better than Missouri, 77.3 compared to 77.2.

The community health focus groups met on July 7th. There were two meetings offered one at noon and one at 3:00 pm. Overall twenty-two members of the community participated in the health focus groups. Their qualifications include: public health, medically underserved, low-income populations, chronic disease needs and community leadership. Participants were given a presentation based on health research for Cooper County. After the presentation, a question was posed asking to identify the biggest health needs in the community. Answers to the question
were voted on and prioritized to understand the most pressing needs. The top five health issues cited from the community health focus groups are: smoking, provider shortage/availability, awareness of care available, wellness programs and support groups.

A list of community health resources, many of which were brought up in the community health focus groups, is located at the end of this document.
CHNA Cooper County Memorial Hospital PSA
Health Services Directory

Emergency Numbers
- Police/Sheriff: 911
- Fire: 911
- Ambulance: 911

Non-Emergency Numbers
<table>
<thead>
<tr>
<th>Sheriff</th>
<th>Ambulance</th>
<th>Fire</th>
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</thead>
<tbody>
<tr>
<td>Cooper</td>
<td>(660) 882-2771</td>
<td>(660) 882-7461</td>
</tr>
<tr>
<td>Howard</td>
<td>(660) 248-2477</td>
<td>(660) 248-2229</td>
</tr>
</tbody>
</table>

Municipal Non-Emergency Numbers
- Boonville Police: (660) 882-2727
- Boonville Ambulance: (660) 882-7461
- Boonville Fire: (660) 882-2606
- Missouri State Highway Patrol: (800) 525-5555
Alcohol and Drug Treatment Programs

A 1 A Detox Treatment
1-800-757-0771

Recovery Connection
1-800-993-3869

Able Detox-Rehab Treatment
1-800-577-2481 (NATIONAL)

Abuse Addiction Agency
1-800-861-1768
www.thewatershed.com

Al-Anon Family Group
1-888-4AL-ANON (425-2666)
www.al-anon.alateen.org

Alcohol and Drug Abuse Hotline
800-ALCOHOL

Alcohol and Drug Addiction Treatment
1-800-510-9435

Alcohol and Drug Helpline
1-800-821-4357

Alcoholism/Drug Addiction Treatment Center
800-477-3447

Mothers against Drunk Driving
1-800-GET-MADD (438-6233)
www.madd.org

National Council on Alcoholism and Drug Dependence, Inc.
1-800-NCA-CALL (622-2255)
www.ncadd.org

Smoking Cessation Programs

The Missouri Tobacco Quitline
http://health.mo.gov/living/wellness/tobacco/smokingandtobacco/pdf/QuitlineFactSheet2.pdf
1-800-784-8669

Breathe Easy Missouri, Central Region
(573) 522-2820
http://www.breatheeasymo.org

Smokefree.gov
1-800-784-8669

Assisted Living

Ashley Manor Care Center
1630 RADIO HILL ROAD
Boonville, MO 65233
(660) 882-6584

Bristol Manor of Boonville
1290 W Ashley Rd
Boonville, MO 65233
(660) 882-3393

Hartmann Village
615 Rankin Mill Lane
Boonville, MO 65233
(660) 882-9933

Katy Manor
205 Prospect Ave
Pilot Grove, MO 65276
(660) 834-3111
Lakeview Health Care & Rehabilitation Center  
1450 Ashley Road  
Boonville, MO 65233  
(660) 882-7007

Riverdell Care Center  
1121 11th St  
Boonville, MO 65233  
(660) 882-7600

**Children and Youth**

Cooper County Children’s Division  
Heather Lynn, Circuit Manager  
409 High Street  
Boonville MO 65233  
Phone: (660) 882-5311

Cooper County Family Support Division  
Margaret Stallman, County Manager  
409 High Street  
Boonville, MO 65233  
1-855-373-4636

Boys and Girls Town National Hotline  
1-800-448-3000  
www.girlsandboystown.org

Child/Adult Abuse and Neglect Hotline  
800-922-5330

Child Abuse National Hotline  
800-422-4453  
800-222-4453 (TDD)  
www.childhelp.org

Child Abuse National Hotline  
1-800-4-A-CHILD (422-4453)  
www.childabuse.com

Child Find of America  
1-800-426-5678

Child Help USA National Child Abuse Hotline  
1-800-422-4453

Missouri Child Abuse Hotline  
Toll-Free: (800) 392-3738  
Local: (573) 751-3448  
Text: (800) 669-8689

National Runaway Switchboard  
1-800-RUNAWAY  
www.1800runaway.org/

National Society for Missing and Exploited Children  
1-800-THE-LOST (843-5678)  
www.missingkids.com

Parents Anonymous Help Line  
800-345-5044  
www.parentsanonymous.org

Runaway Line  
800-621-4000  
800-621-0394 (TDD)  
http://www.1800runaway.org/

**Clinics – Medical**

Be the Change Clinic  
17110 Hwy 87  
Boonville, MO 65233  
(660) 882-3145

Central Missouri Healthcare  
1417 Bingham Rd  
Boonville, MO 65233-2229  
(660) 882-8018

CCMH Rural Health Clinic  
17601 B Hwy.  
Boonville, Missouri 65233  
(660) 882-2121
Pilot Grove Rural Health Clinic  
212 College St.  
Pilot Grove, MO 65276  
(660) 834-5100

**Dentists/Orthodontists**

Dooley, Virginia E  
1480 W Ashley Rd  
Boonville, MO 65233-2141  
(660) 882-7522

Kelly, Joseph, DDS  
1480 Ashley Road  
Boonville, MO 65233  
(660) 882-7522

Koerner, Scott DDS  
605 Main St  
Boonville, MO 65233-1571  
(660) 882-2716

Powell, Ricky D LLC  
1945 Boone Villa Dr Ste B  
Boonville, MO 65233-2050  
(660) 882-6452

Stumph, Thad, DDS  
1115 Main Street  
Boonville, MO 65233  
(660) 882-6095

**Disability Services**

Unlimited Opportunities Inc.  
1620 West Ashley Road  
Boonville, MO 65233  
1-660-882-5576

American Disability Group  
877-790-8899

American Association of People with Disabilities (AAPD)  
[www.aapd.com](http://www.aapd.com)

American Council for the Blind  
1-800-424-8666  
[www.acb.org](http://www.acb.org)

Americans with Disabilities Act Information Hotline  
1-800-514-0301  
1-800-514-0383 (TTY)  
[www.ada.gov](http://www.ada.gov)  
[www.usdoj.gov/crt/ada](http://www.usdoj.gov/crt/ada)

National Center for Learning Disabilities  
1-888-575-7373  
[www.ncld.org](http://www.ncld.org)

National Library Services for Blind & Physically Handicapped  
[www.loc.gov](http://www.loc.gov)  
1-800-424-8567

Telecommunications Device for the Deaf/Hearing Impaired  
800-829-4833 (TTY)  
[www.vba.va.gov](http://www.vba.va.gov)

**Durable Medical Equipment**

Community Medical Equipment  
475 Colonel Sanders Lane  
Boonville, MO 65233  
(660) 882-9270

**Environment**

Waterborne Environmental Inc  
600 W Morrison St Ste 8  
Fayette, MO 65248-1075  
(660) 248-2540

Environmental Protection Agency  
(800)-223-0425  
[www.epa.gov](http://www.epa.gov)
**Eye Doctors/Optometrists**

- **Eyecare Of Boonville**  
  505 E Walnut St  
  Boonville, MO 65233-1665  
  (660) 882-2444

- **Remington, David L OD**  
  1951 Boone Villa Dr  
  Boonville, MO 65233-1994  
  (660) 882-8088

**Fitness Centers**

- **Excel Physical Therapy & Fitness Center**  
  1420 Ashley Road  
  Boonville, MO 65233  
  (660) 882-6115

- **Curves (Women’s Fitness)**  
  601 Main St.  
  Boonville, MO 65233  
  (660) 537-5777

- **Boonslick Heartland YMCA**  
  757 Third St.  
  Boonville, MO 65233  
  (660) 882-8500

**Food and Drug**

- **Center for Food Safety and Applied Nutrition**  
  1-888-SAFEFOOD (723-3366)  
  [www.cfsan.fda.gov](http://www.cfsan.fda.gov)  
  [www.healthfinder.gov](http://www.healthfinder.gov)

- **US Consumer Product Safety Commission**  
  800-638-2772  
  800-638-8270 (TDD)  
  [www.cpsc.gov](http://www.cpsc.gov)

- **USDA Meat and Poultry Hotline**  
  1-888-674-6854  
  1-800-256-7072 (TTY)  

**U.S. Food and Drug Administration**

- 1-888-INFO-FDA  
- 1-888-463-6332  

**Health Department**

- **Cooper County Public Health Center**  
  17040 Klinton Dr  
  Boonville, MO 65233-3542  
  (660) 882-2626

**Home Health**

- **Hometown Homecare**  
  101 Furr Street  
  Fayette, MO 65248  
  (660) 248-2100

**Hospice**

- **Hospice Compassus**  
  3050 Interstate 70 Dr. SE,  
  Columbia, MO 65203  
  (573) 443-8360

**Hospital/Medical Center**

- **Cooper County Memorial Hospital**  
  17651 Highway 87  
  Boonville, MO 65233-2925  
  (662) 882-2121

**Inpatient Physical Rehabilitation**

- **Lakeview Health Care & Rehabilitation Center**  
  1450 W Ashley Rd  
  Boonville, MO 65233-2141  
  (660) 882-7007
<table>
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<tr>
<th><strong>Legal Services</strong></th>
<th><strong>National Alliance for the Mentally Ill Helpline</strong></th>
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<tbody>
<tr>
<td>Missouri Attorney General’s Office</td>
<td>1-800-950-6264</td>
</tr>
<tr>
<td>Supreme Court Building</td>
<td>703-516-7227 (TTY)</td>
</tr>
<tr>
<td>207 W. High St.</td>
<td><a href="http://www.nami.org">www.nami.org</a></td>
</tr>
<tr>
<td>P.O. Box 899</td>
<td></td>
</tr>
<tr>
<td>Jefferson City, MO 65102</td>
<td></td>
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<tr>
<td>(573) 751-3321</td>
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<tr>
<td>(800) 892-2101</td>
<td>1-866-615-6464</td>
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<tr>
<td>MO Health Net</td>
<td>1-800-SUICIDE [784-2433]</td>
</tr>
<tr>
<td>(800) 392-2161</td>
<td><a href="http://www.hopeline.com">www.hopeline.com</a></td>
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<th><strong>Medicare</strong></th>
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<tr>
<td>Social Security Administration</td>
<td>St. Louis Office</td>
</tr>
<tr>
<td>1612 Imperial Drive</td>
<td>2222 Market Street, St. Louis, MO</td>
</tr>
<tr>
<td>West Plains, MO 65775</td>
<td>(314) 231-4324</td>
</tr>
<tr>
<td>1-866-614-2741</td>
<td></td>
</tr>
<tr>
<td>1-800-772-1213</td>
<td></td>
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<tr>
<td>TTY: 1-800-325-0778</td>
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<tr>
<th><strong>Mental Health Services</strong></th>
<th><strong>Missouri Child Abuse Hotline</strong></th>
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<tr>
<td>Missouri Department of Mental Health</td>
<td>Toll-Free: (800) 392-3738</td>
</tr>
<tr>
<td>573-751-4122</td>
<td>Local: (573) 751-3448</td>
</tr>
<tr>
<td>1-800-364-9687</td>
<td></td>
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<tr>
<td>Fax: 573-751-8224</td>
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<th><strong>Federal Bureau of Investigation</strong></th>
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<tbody>
<tr>
<td>Mel Eaton</td>
<td>(866) 483-5137</td>
</tr>
<tr>
<td>Boonville Ministerial Alliance</td>
<td></td>
</tr>
<tr>
<td>1000 6th. Street</td>
<td></td>
</tr>
<tr>
<td>Boonville, MO 65233</td>
<td></td>
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<tr>
<td>(660) 882 6094</td>
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<th><strong>Ministerial Alliances/Pastoral</strong></th>
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<td>National Institute of Mental Health</td>
<td>Federal Bureau of Investigation</td>
</tr>
<tr>
<td>1-866-415-8051 (TTY)</td>
<td>St. Louis Office</td>
</tr>
<tr>
<td><a href="http://www.nimh.nih.gov">www.nimh.nih.gov</a></td>
<td>2222 Market Street, St. Louis, MO</td>
</tr>
<tr>
<td></td>
<td>(314) 231-4324</td>
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<th><strong>Mental Health America</strong></th>
<th><strong>Ministerial Alliances/Pastoral</strong></th>
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<tr>
<td>1-800-969-6MHA (969-6642)</td>
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<th><strong>North Central Mo Mental Health Center</strong></th>
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<tr>
<td>1601 NE 10th St.</td>
<td></td>
</tr>
<tr>
<td>Trenton, MO 64683</td>
<td></td>
</tr>
<tr>
<td>(660) 359-4487</td>
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</table>
Missouri Coalition against Domestic and Sexual Violence
217 Oscar Dr., Suite A
Jefferson City, MO 65101
(573) 634-4161

Missouri Road Conditions
MoDOT
Central Office
105 W. Capitol Avenue
Jefferson City, MO 65102
1-888 ASK MODOT
(1-888 275 6636)

National Domestic Violence Hotline
(800) 799-SAFE (7233)
www.ndvh.org
www.thel hotline.org

National Sexual Assault Hotline
(800) 656-4673

Poison Control Center
(800) 222-1222
www.aapcc.org

Suicide Prevention Hotline
800-SUICIDE
800-442-HOPE
http://hopeline.com
800-273-TALK
www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills
(800) 424-8802

National Health Services

AIDS/HIV Center for Disease Control and Prevention
(800) CDC-INFOfO
(888) 232-6348 (TTY)
http://www.cdc.gov/hiv

AIDS/STD National Hot Line
(800) 342-AIDS
(800) 227-8922 (STD line)

American Health Assistance Foundation
(800) 437-2423
www.ahaf.org
American Heart Association
(800) 242-8721
www.americanheart.org

American Lung Association
(800) 586-4872

American Stroke Association
1-888-4-STROKE
www.americanheart.org

Center for Disease Control and Prevention
(800) CDC-INFO
(888) 232-6348 (TTY)
http://www.cdc.gov/hiv

Elder Care Helpline
www.eldercarelink.com

Eye Care Council
(800) 960-EYES
www.seetolearn.com

National Health Information Center
(800) 336-4797
www.health.gov/nhic

National Cancer Information Center
800-227-2345 (American Cancer Society)
(866) 228-4327 (TTY)
www.cancer.org

National Institute on Deafness and Other Communication Disorders Information Clearinghouse
(800) 241-1044
(800) 241-1055 (TTY)
www.nidcd.nih.gov
Nutrition

American Dietetic Association
1-800-877-1600
www.eatright.org

American Dietetic Association Consumer Nutrition Hotline
(800) 366-1655

Community Food and Nutrition Assistance
(573) 751-6269
(800) 733-6251
CACFP@health.mo.gov

Cooper County Public Health Center
Advantage Square
17040 Klinton Drive
Boonville, MO 65233
(660) 882-2626

Missouri Coordinated School Health Coalition
PO Box 309; Columbia, MO 65205
info@healthykidsmo.org

WIC and Nutrition Services
(573) 751-6204
(800) 392-8209
Fax: 573-526-1470
info@health.mo.gov

Pharmacies

Medical Arts Pharmacy
(660) 882-5208

Walmart Pharmacy
2150 Hwy B
(660) 882-6552

Primary Care Providers

Beach, Laurie, FNP
Pilot Grove Rural Health Clinic
212 College St.
Pilot Grove, MO 65276
(660) 834-5100

Brocksmith, James, DO
Central Missouri Healthcare Clinic
1417 Bingham Road
Boonville, MO 65233
(660) 882-8012

Brownfield, Mona, MD
CCHM Rural Health Clinic
17601 Hwy B
Boonville, MO 65233
(660) 882-2121

Ellebracht-Gerke, Sally, MD
Be the Change Clinic
17110 Hwy 87
Boonville, MO 65233
(660) 882-3145

Handley, Dennis, MD
CCHM Rural Health Clinic
17601 Hwy B
Boonville, MO 65233
(660) 882-2121

Koch, Robert MD
CCHM Rural Health Clinic
17601 Hwy B
Boonville, MO 65233
(660) 882-2121

Lenz, Cathy, FNP
Central Missouri Healthcare Clinic
1417 Bingham Road
Boonville, MO 65233
(660) 882-8012
McDowell, Ann, FNP
CCHM Rural Health Clinic
17601 Hwy B
Boonville, MO 65233
(660) 882-2121

Shoemaker, Drew, MD
CCHM Rural Health Clinic
17601 Hwy B
Boonville, MO 65233
(660) 882-2121

**Renal Dialysis Services**

Dialysis Clinic Inc
16895 Rankin Mill Lane
Boonville, MO 65233
(660) 882-2466

**Senior Services**

Alzheimer's Association
1-800-487-2585

American Association of Retired Persons (AARP)
1-888-OUR-AARP (687-2277)
www.aarp.org

Americans with Disabilities Act Info Line
1-800-514-0383 [TTY]
www.usdoj.gov/crt/ada

Debt Management
(800) 827-0648

Education (GI Bill)
1-888-442-4551

Eldercare Locator
1-800-677-1116
www.eldercare.gov/eldercare/public/home.asp

**Elder Care Helpline**
www.eldercarelink.com

Elderly Abuse & Neglect
(800) 392-0210

Federal Information Center
1-800-333-4636
www.FirstGov.gov

Health Resource Center
(877) 222-8387

Income Verification and Means Testing
(800) 929-8387

Insurance Center
(800) 669-8477

Life Insurance Information and Service
(800) 669-8477

Memorial Program Service (includes status of headstones and markers)
(800) 697-6947

Telecommunications Device for the Deaf/Hearing Impaired
(800) 829-4833 (TTY)
www.vba.va.gov

U.S. Department of Veterans Affairs
1-800-513-7731
www.kcva.org

U.S. Department of Veterans Affairs Mammography Helpline
(888) 492-7844

Veterans Administration
(800) 827-1000

Veterans Special Issue Help Line
Includes Gulf War/Agent Orange Helpline
(800) 749-8387
Welfare Fraud Hotline
(800) 432-3913

**Transportation**

Katy Flyer
(Tu-Th) 7:30a.m. – 5:00p.m.
(660) 882-2366

Oats Transportation
(Tu- Th) 7:30 a.m. -5:00 p.m.
Blackwater 660-846-4571
Pilot Grove 660-834-5305
Bunceton 660-427-5329
Prairie Home 660-841-5477
Boonville 660-841-5426

*To apply for reimbursement assistance:*

Central Missouri Area Agency on Aging
1121 Business Loop 70 East, Suite 2A
Columbia, Missouri 65201
(573) 443-5823
http://www.cmaaa.net/services.htm