PEMISCOT MEMORIAL
Health Systems

Community Health Needs Assessment
December 2014

BKD LLP
CPAs & Advisors

Contents

Introduction

IRC Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- Conduct a community health needs assessment every three years.

- Adopt an implementation strategy to meet the community health needs identified through the assessment.

- Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The Affordable Care Act aims to extend healthcare coverage to the millions of Americans who were previously uninsured and has had (and will continue to have) an impact on healthcare providers. The Act's intentions are: expand access to insurance coverage, increase consumer insurance protections, emphasize prevention and wellness, improve health quality and system performance, promote health workforce development and curb rising health costs.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the Hospital, including those with special knowledge of or expertise in public health. The Hospital must make the community health needs assessment widely available to the public.

This community health needs assessment, which describes both a process and a document, is intended to document Pemiscot Memorial Health System's compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that Pemiscot Memorial Health System may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics and health care resources.

- Interviews with key informants who represent: a) broad interests of the community,
  b) populations of need or c) persons with specialized knowledge in public health.

This *document* is a summary of all the available evidence collected during the initial cycle of community health needs assessments required by the IRS. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

The purpose of the community health needs assessment is to document compliance with new federal laws outlined above.

The Hospital engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 32 offices. BKD serves more than 900 hospitals and health care systems across the country. The community health needs assessment was conducted from mid-November through December 2014.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of Pemiscot Memorial Health System's community health needs assessment:

- The "community" served by the Health System was defined by utilizing inpatient data regarding patient origin. This process is further described in Community Served by the Health System.

- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.

- An inventory of health care facilities and resources was prepared and evaluated to unmet needs.

- Community input was provided through key informant interviews of three stakeholders. Results and findings are described in the Key Informant section of this report.

- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of common themes, 4) the impact of the issue on vulnerable populations and 5) how important the issue is to the community.

- Recommendations based on this assessment have been communicated to the Health System's management.

General Description of Hospital

Pemiscot Memorial Health System is a nonprofit 501(c)(3) hospital located in Hayti, Missouri. Licensed for 49 acute care beds and 52 psychiatric inpatient Medicare beds, Pemiscot Memorial Health System is dedicated to providing the best quality of care. Pemiscot Memorial Health System has been in operation since 1951.

Services provided include inpatient, outpatient, diagnostic and community services. Pemiscot Memorial Health System provides cardiac and pulmonary rehabilitation, diagnostic imaging, emergency, laboratory, long term care, rehabilitation, respiratory therapy, sleep lab, senior life services, surgical services, nutrition and dietary services and mental health services for adolescents, adults and seniors.

Diagnostic imaging services include Radiologic imaging, CT, nuclear medicine, digital mammography, MRI and bone density scans.

Pemiscot Memorial Health System is involved the community, specifically through working at local health fairs which include blood pressure checks and basic lab work. Employees from the Hospital also administer flu shots.

Mission, Vision and Values

Mission Statement:

Pemiscot Memorial Health System is committed to provide an organized system of healthcare services to all persons within our service area without regard to age, sex, race, color, national origin, creed, financial status, physical or mental challenge. Demand for expansion of existing or initiation of new programs and services are evaluated on an ongoing basis resulting in incremental improvements in the degree of quality of services rendered in direct response to the changing healthcare needs of the community. Pemiscot Memorial Health System strives to work in collaboration with local, state and federal organizations to ensure access to primary care for all residents with special emphasis on preventative health and wellness. We diligently work to maintain our financial strength in order that we remain a prominent provider of medical services for the region.

Vision Statement:

Pemiscot Memorial Health System will be the "Primary Care Health Care Provider of Choice" for the Pemiscot County region and, through its offering of primary and secondary level of medical care programs and services, will serve as the entry point for the provision of a "continuum" of medical care services.

Values:

- Values the life, health and diversity of our communities
- Fosters an atmosphere of trust and integrity
- Promotes loyalty and justice
- Demonstrates stewardship, excellence and innovation
- Encourages commitment and teamwork
- Supports personal and professional growth

Significant Community Benefit Programs:

- • Community smoke cessation classes
- Community health fairs
- Industrial health fairs
- Weight loss clinic
- Promotional health screenings
- County and regional disaster planning/drills
- Regional site for "Terrorists Chemical Attack" training

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Defined Community & Community Served by the Health System

A community is defined as the geographic area from which a significant number of the patients utilizing Hospital services reside. While the community health needs assessment considers other types of health care providers, the Health System is the single largest provider of acute care services. For this reason, the utilization of the Health System's services provides the clearest definition of the community.

The Health System is located in the city of Hayti, Missouri, in Pemiscot County. The geographic area of the defined community (based on the patient origin of acute care discharges from October 1, 2013, through September 30, 2014) indicates the Health System primarily serves Pemiscot County residents. This will be used to define the primary service area in the community health needs assessment when gathering demographic, economic and health data. The map, following the table for discharges summary, shows the defined service area for the community.

Pemiscot Memorial Health System CHNA Community
Summary of Discharges
**October 2013-September 2014**

	Acute-Care Unit	Psych Unit	SNF/Swing/H ospice Unit	Total
Inpatient				
Oct 2013	128	113	12	253
Nov 2013	124	84	15	223
Dec 2013	127	83	8	218
Jan 2014	171	141	12	324
Feb 2014	141	110	13	264
Mar 2014	107	101	13	221
Apr 2014	98	113	13	224
May 2014	130	142	11	283
June 2014	155	135	11	301
July 2014	150	135	12	297
Aug 2014	160	156	15	331
Sep 2014	151	141	10	302
Total	1,642	1,454	145	3,241

	Emergency Room	OP Surgery	OP Observation	Other OP	Other OP Recs.	Total
Outpatient						
Oct 2013	442	60	82	568	1,027	2,179
Nov 2013	411	62	85	466	875	1,899
Dec 2013	492	31	72	460	883	1,938
Jan 2014	450	49	87	589	892	2,067
Feb 2014	393	77	68	496	843	1,877
Mar 2014	427	62	75	523	865	1,952
Apr 2014	462	80	103	604	762	2,011
May 2014	479	70	95	465	779	1,888
June 2014	473	99	78	461	731	1,842
July 2014	504	93	91	505	707	1,900
Aug 2014	486	90	85	545	843	2,049
Sep 2014	494	116	92	594	845	2,141
Total	5,513	889	1,013	6,276	10,052	23,743

Source: Hospital provided via Hospital Industry Data Institute

PEMISCOT MEMORIAL
Health Systems
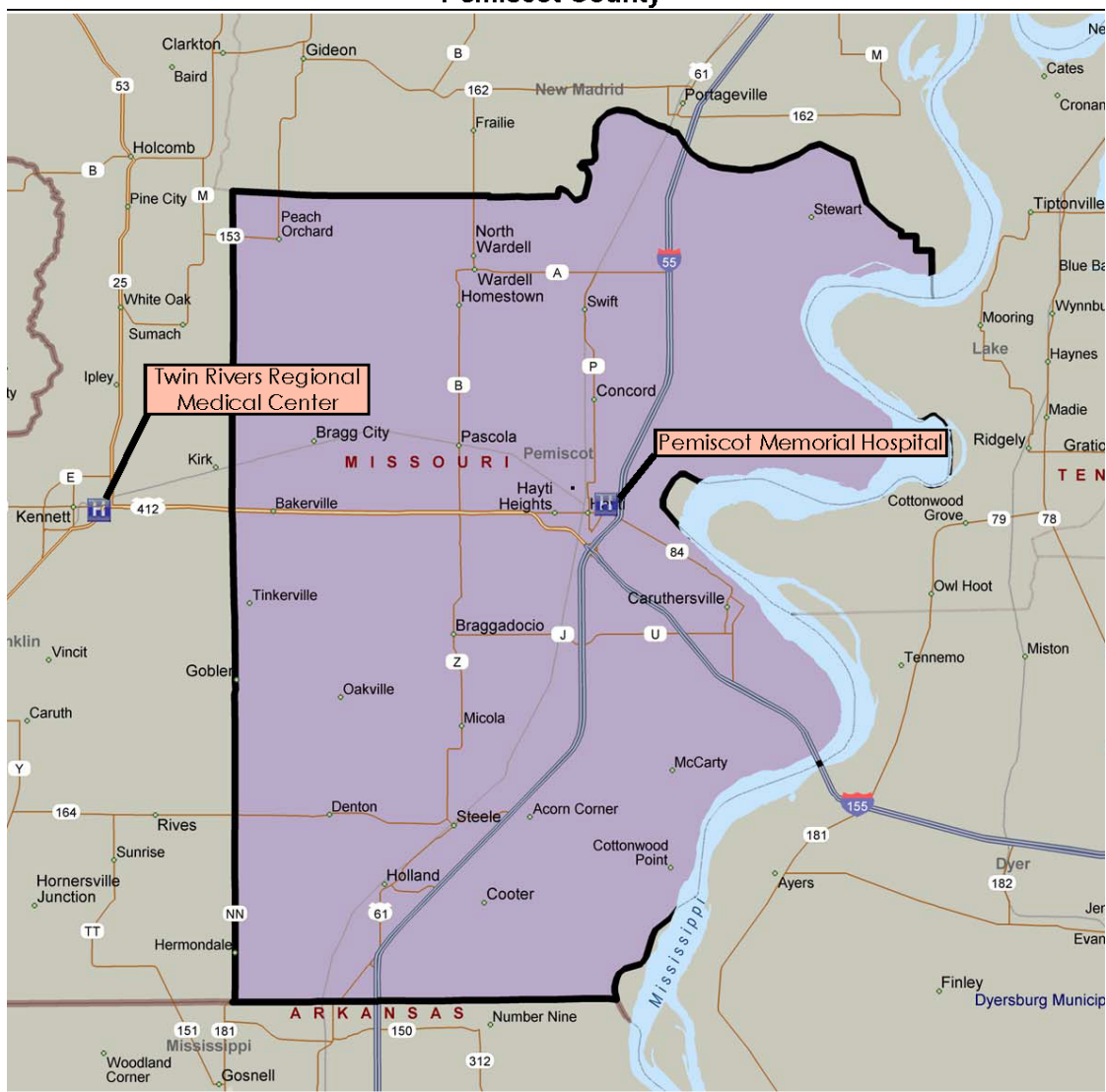
Pemiscot County

Community Population and Demographics

Pemiscot Memorial Health System's primary service area is comprised of Pemiscot County. The exhibit below shows the demographic and socioeconomic characteristics of the Hospital's primary service area.

Demographic Snapshot (CY)
Pemiscot Memorial Health System CHNA Community

DEMOGRAPHIC CHARACTERISTICS

	Total Population			Pemiscot
Pemiscot County	18,288		**Total Male Population**	8,688
Missouri	5,982,413		**Total Female Population**	9,600
United States	309,138,709			

POPULATION DISTRIBUTION

	Age Distribution		
Age Group	**Pemiscot**	**% of Total**	**Missouri**	**United States**
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0 -4	1,423	7.78%	385,372	20,137,884
5 - 17	3,612	19.76%	1,033,023	53,841,976
18 - 24	1,595	8.72%	590,404	30,822,834
25 - 34	2,074	11.34%	775,601	41,184,288
35 - 44	2,237	12.23%	751,724	41,227,504
45 - 54	2,508	13.71%	877,179	44,646,976
55 - 64	2,139	11.70%	725,638	36,605,800
65+	2,700	14.76%	843,472	40,671,440
Total	**18,288**	**100.00%**	**5,982,413**	**309,138,702**

HOUSEHOLD INCOME DISTRIBUTION

	2013 Household Income
County	**Per Capital Income**
Pemiscot County	16,772
Missouri	25,545
United States	28,050

RACE/ETHNICITY

	Race/Ethnicity Distribution
Race/Ethnicity	**Pemiscot**
White Non-Hispanic	12,712
Black Non-Hispanic	5,039
Hispanic	358
Asian & Pacific Island Non-Hispanic	14
All Others	165
Total	**18,288**

Source: Community Commons (ACS 2008-2012 data sets)

The U.S. Bureau of Census has compiled population and demographic data based on the 2010 census. Community Commons, an interactive mapping, networking and learning utility provides a systematic approach to make public data accessible of demographic, social and economic, health behaviors and clinical care data.

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household income, labor force, employees by types of industry, employment rates, educational attainment and poverty for the community served by the Hospital. These standard measures will be used to compare the socioeconomic status of the county internally as well as to the state.

Employment

This section presents the average annual resident unemployment rates for Pemiscot County, Missouri, and the United States. As the table illustrates, unemployment rates for Pemiscot County has decreased from 2009 – 2012 and slightly increased from 2012 to 2013. Pemiscot County ranks unfavorably when compared to the state and US rates. Unemployment rates for the state of Missouri have been lower than national rates since 2010.

Pemiscot Memorial Health System CHNA Community Average Annual Unemployment Rates (%) 2009 - 2013

County	2009	2010	2011	2012	2013
Pemiscot County	11.9	10.1	9.8	8.0	8.2
Missouri	9.4	9.3	8.5	7.0	6.5
United States	9.3	9.7	9.0	8.1	7.4

Source: Community Commons
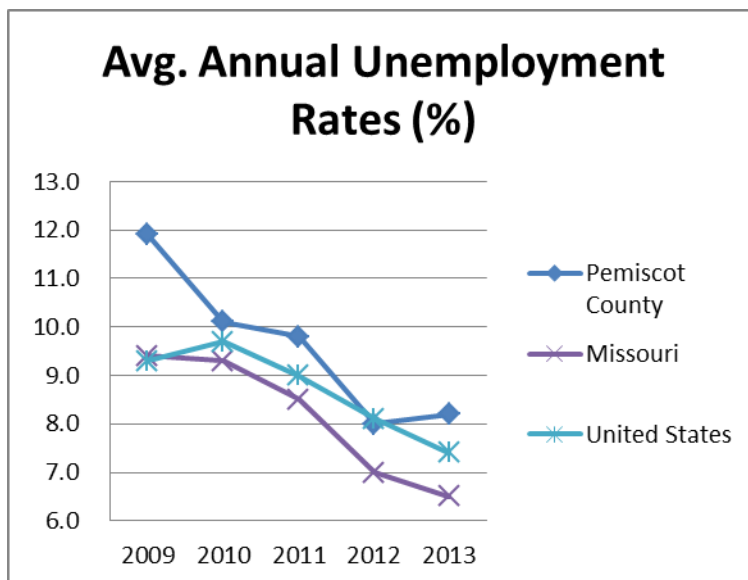
The top three industries in Hayti, Missouri, include transportation/warehouse, healthcare and hospitality. Major employers of the defined service area and surrounding area are comprised of these various industries and include: Swift Transportation Company, CRST Malone and Community Health Systems.

Poverty

The following graphical representations show the percentage of total population in poverty for all persons and for those under the age of 18 in Pemiscot County versus Missouri and the United States. Please refer to the Appendices for a more detailed review of these findings.
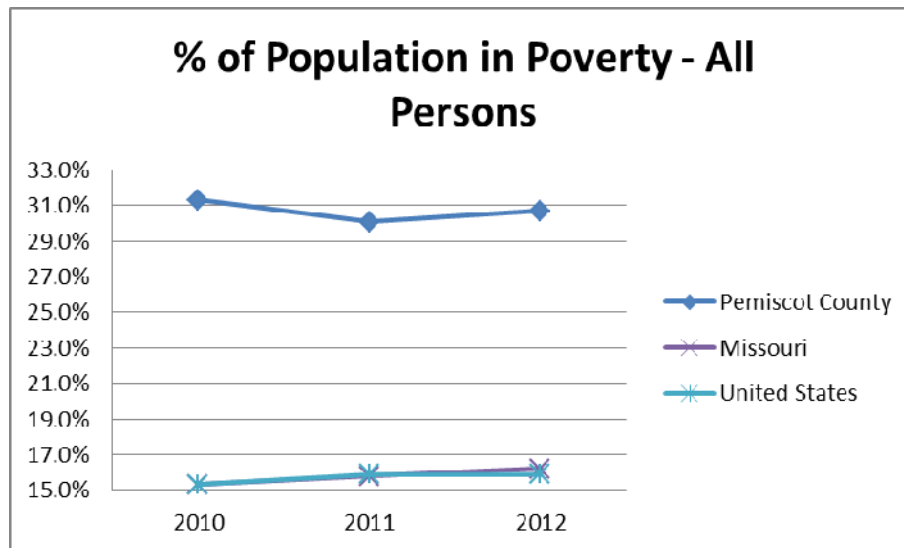
The visual below displays the percentage of the total population in poverty for those under the age of 18. In 2013, a family of two adults and two children was considered poor if their annual household income fell below $23,550. Poverty rates for Pemiscot County continue to rank unfavorably when compared to the state and national averages.

People seek help needed of their economic

don't when because

state.."

– Key Informant Interview
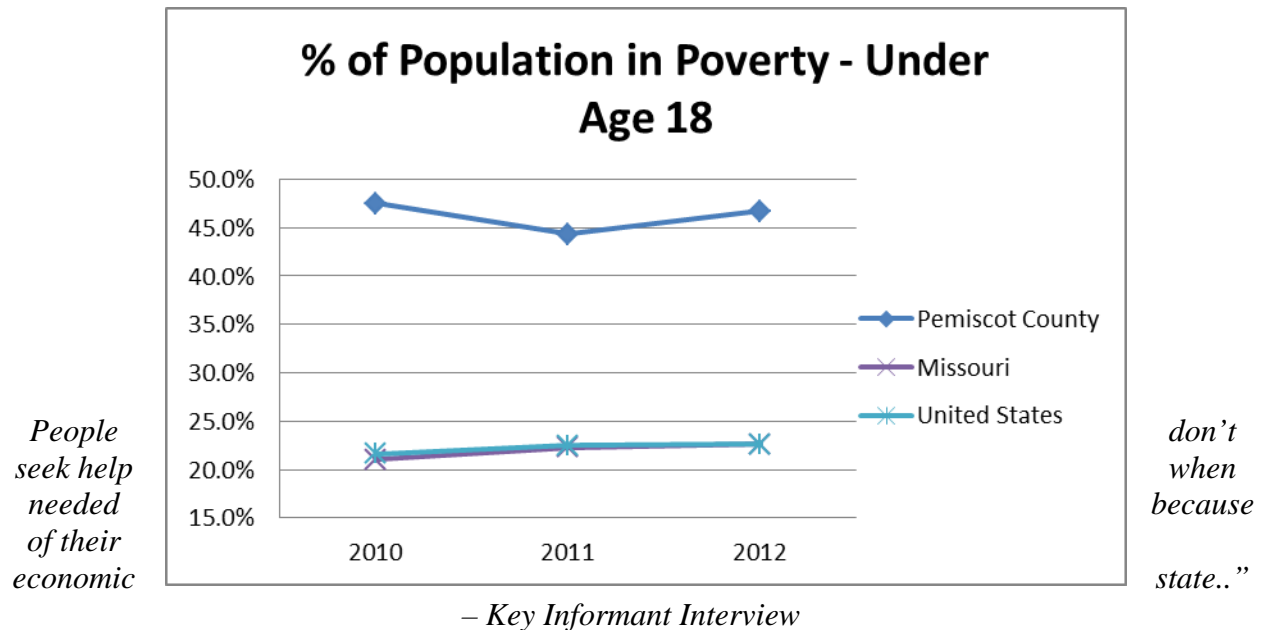
Uninsured Status

The table below represents health insurance coverage status by age for Pemiscot County versus Missouri and the United States, specifically the percent of those uninsured between the ages of 18 – 64 from 2008 through 2012.

Pemiscot Memorial Health System CHNA Community Health Insurance Coverage Status Age 18 - 64 2008 - 2012

County	Percent Uninsured				
	2008	2009	2010	2011	2012
Pemiscot County	25.4%	28.0%	28.7%	26.5%	25.1%
Missouri	18.3%	20.4%	21.8%	21.0%	20.2%
United States	17.3%	20.7%	21.5%	21.1%	20.8%

Source: Community Commons
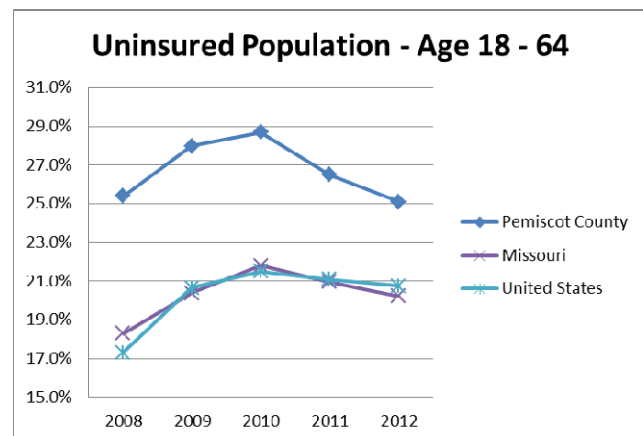
Although Pemiscot County has a higher percentage of those uninsured between ages 18 – 64 when compared to Missouri and the United States, Pemiscot County has continued to decrease the percentage of uninsured since 2010.

Beginning January 1, 2014, the state of Missouri expanded its Medicaid coverage to low-income adults through a state-based marketplace known as *MO HealthNet Division.* Please refer to the Appendices for a more detailed review of these findings along with the health insurance coverage status by age and income of poverty.

Education

Educational attainment by age cohort for individuals in Pemiscot County versus the State of Missouri can be seen below.

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. Pemiscot County has a lower percentage of completing high school and college than at the state level.

Pemiscot Memorial Health System CHNA Community Educational Attainment - Total Population

State/ County	2012	2013
Completing High School		
Pemiscot County	80.0%	75.0%
Missouri	86.0%	80.0%
Some College **		
Pemiscot County	39.1%	40.6%
Missouri	61.0%	62.0%

Source: County Health Rankings

*** Percent of adults aged 25 - 44 with some*
 post-secondary education

Health Status of the Community

This section of the assessment reviews the health status of Pemiscot County residents. As in the previous section, comparisons are provided with the state of Missouri. This assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle/Behavior	Primary Disease Factor	
Smoking	Lung cancer Cardiovascular disease	Emphysema Chronic bronchitis
Alcohol/Drug Abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries	Malnutrition Mental illness Suicide
Poor Nutrition	Obesity Digestive disease Depression	
Driving at Excessive Speeds	Trauma Motor vehicle crashes	
Lack of Exercise	Cardiovascular disease Depression	
Overstressed	Mental illness Alcohol/Drug abuse Cardiovascular disease	

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in Pemiscot County and the state of Missouri. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

The following leading causes of death rates, per 100,000 for Pemiscot County residents are compared to the state of Missouri average rates, per 100,000 below.

Pemiscot Memorial Health System CHNA Community
Selected Causes of Resident Deaths: Number and Rate* 2007 - 2011

	Pemiscot		Missouri		United States
	Number	Rate	Number	Rate	Rate
Malignant Neoplasm	49	231.3	12,495	186.1	174.1
Diseases of the Heart	72	342.3	14,110	208.6	184.6
Cerebrovascular Diseases	11	51.4	3,108	46.1	40.4
Lung Disease	18	82.8	3,470	52.0	42.7
Unintentional Injuries	17	96.1	3,011	48.8	38.9

Source: Community Commons/CDC National Vital Statistics System 2007-2011
* Age-Adjusted Death Rate per 100,000 population

The selected causes of death that are highlighted in red indicate an age-adjusted death rate greater than the state rate. All of the above causes of deaths for Pemiscot County are greater than the state rates.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from the most current County Health Rankings and Community Commons.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.

- Health Factors--rankings are based on weighted scores of four types of factors:

    o   Health behaviors (seven measures)

    o   Clinical care (six measures)

    o   Social and economic (seven measures)

    o   Physical environment (five measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

Community Commons is an interactive mapping, networking and learning utility which allows members access to public data with easy-to-understand visualizations such as maps, reports and charts, and searchable community profiles. The platform allows for identification of community initiatives and collaborations working towards healthy/sustainable/livable/equitable communities. A more detailed analysis of this initiative is available at the Community Commons website (www.communitycommons.org).

As part of the analysis of the needs assessment for the community, the county that comprises the community will be used to compare the relative health status of each county to the state of Missouri as well as to a national benchmark. The current year information is compared to the health outcomes reported on the prior community health needs assessment and the change in measures is indicated. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

Pemiscot Memorial Health System CHNA Community
County Health Rankings - Health Outcomes

		Pemiscot County 2012	Pemiscot County 2013		MO 2013	National Benchmark¤ 2013
Mortality	*	115	113	↓		
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)		14,556	13,569	↓	7,827	5,317
Morbidity	*	111	110	↓		
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)		X	X		16%	10%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)		4.5	4.3	↓	3.7	2.6
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		5.3	4.5	↓	3.8	2.3
Low birthweight - Percent of live births with low birthweight (<2500 grams)		12.6%	14.1%	↑	8.1%	6.0%

* Rank out of 115 Missouri counties

¤ 90th percentile, i.e., only 10% are better
Note: X indicates unreliable or missing data

Source: Countyhealthrankings.org

The above table shows Pemiscot County's morbidity outcomes have mostly decreased from prior year and are greater than the national benchmark for 2013.

A number of different health factors shape a community's health outcomes. The county Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from prior year to current year and challenges faced by Pemiscot County in the Hospital's community. The improvements/challenges shown below were determined using a process of comparing the rankings the county's health outcomes in the current year to the rankings in the prior year. If the current year rankings showed an improvement or decline of three percent or three points, they were included in the charts below. Please refer to the Appendices for the full list of health factor findings and comparisons between prior year information reported and current year information.

Pemiscot County:

Improvements:	Challenges:
Motor Vehicle Crash Death Rate – decreased rate from 37 to 23	Sexually Transmitted Infections – increased rate from 659 to 722
Teen Birth Rate – decreased rate from 110 to 100	Mammography Screenings - percentage of females who received screenings decreased from 51% to 47%
Uninsured Adults – percentage of population under age 65 without health insurance decreased from 17% to 14%	Violent Crime Rate –increased from 584 to 668
Diabetic Screenings - percentage of people who received screenings increased from 78% to 83%	Children in single-parent households – increased from 50% to 53%
Preventable Hospital Stays – decreased rate from 171 to 149	
Children in Poverty – decreased from 48% to 44%	

As seen above, Pemiscot County has had more improvements within the past year compared to the amount of challenges. Sexually transmitted infections and violent crime rates were challenges prevalent while motor vehicle crash death rate, the teen birth rate and preventable hospital stays were improvements.

"Health isn't the number one thing people think about." – Key Informant Interview

Health Care Resources

The availability of health resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. Please refer to the Appendices, which address the availability of health care resources to the residents of Pemiscot County.

Health Care Resources

Healthy Living (physical fitness, wellness, nutrition)
- Health Department
- Word Outreach Ministires
- Pemiscot County Special School District

PEMISCOT MEMORIAL Health System Identified Health Needs

Chronic Disease Prevention & Mgmt (patient awareness)
- Health Department
- Semo Area Health Network (FQHC)
- Area home health agencies

Access to Services (charity care, access to treatment/testing/medical appts)
- Health Department
- Semo Area Health Network
- Family Counseling Center

Key Informant Interviews

Interviewing key informants (community stakeholders) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among stakeholders regarding how effective the strategies implemented to address the needs identified above are and what could be done differently going forward and/or potential collaborative efforts. Key informants stated the following issues were the greatest needs identified within their community:

- The emergency room at the Hospital is being abused. There is a large number of those being seen in the E.R for just chronic pain, and other issues that should be handled by physicians or the health department outside of the emergency room setting. People aren't seeking preventative care because they either can't afford insurance or aren't concerned with it.

- There is a significant need to inform, educate and counsel specific categories of the community regarding health, nutrition and wellness. Some key informants felt this could be achieved by partnering with the health department.

- The overall population is declining. There was a county population of around 40,000 in years past, but is dwindling down to approximately 18,000 now. There are not many opportunities for the younger population, so they are leaving the area. The county is left with the aging population.

- Specific populations lack general knowledge regarding health services and/or how to access those health services. Pregnant women are having troubles getting access to Medicaid coverage.

- The youth in the population don't "buy in" the fact that there is a road to a better life. They are also not receiving motivation from their home environment.

- There seems to be a lack of physician access for those that are seeking care. Physicians have to see an over-abundance of patients and aren't able to spend the time with them as needed to provide a comprehensive delivery of care.

Methodology

Interviews with three stakeholders were conducted over a one-day period in December 2014 over the phone. Stakeholders were determined based on their: a) specialized knowledge or expertise in public health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations.

All interviews were conducted using a standard questionnaire. A copy of the interview instrument is included in the Appendices. A summary of their opinions is reported without judging the truthfulness or accuracy of their remarks. Community leaders provided comments on the following issues:

- Health and quality of life for residents of the primary community in relation to the current strategies implemented

- Thoughts on how current programs are improving health and quality of life for residents of the primary community or identifying programs done by others that address similar needs

- Opinions regarding and new needs or health issues that affect Pemiscot County residents and the types of services that are important for addressing these new issues

- Collaboration efforts with other agencies/Hospitals

This technique does not provide a quantitative analysis of the leaders' opinions, but reveals some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Informant Profiles

Representatives from the community who were included in the key informant interview process worked for the following types of organizations and agencies (see *Appendices* for a detailed list of participants):

	Social Services	Education	Government	Public Health	Industry	Faith	Medical
Pemiscot County				2			1

These health care and nonhealth care professionals provided insight into the health status of the Hospital through an 11-question interview (refer to the *Appendices*).

Key Informant Interview/Focus Group Results

A summary of themes and key findings provided by the stakeholders were as follows:

- Lack of preventative care
- Population in poverty
- Access to care

Health Issues of Uninsured Persons, Low-Income Persons and Minority Groups

Certain key informants were selected due to their positions working with low-income and uninsured information obtained through key informant interviews and the community health survey, the following chronic diseases and health issues were identified:

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Uninsured/working poor population

  ✓ Access to primary care physicians and follow up appointment

  ✓ Lack of motivation for health education

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Elderly

  ✓ Lack of health knowledge regarding how to access services

  ✓ Not seeking preventative care

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Prioritization of Identified Health Needs

Using findings obtained through the community survey and collection of primary and secondary data enabled Pemiscot Memorial Health System to complete an analysis of these inputs (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community were reviewed and the death rates for the leading causes of death within the Pemiscot Memorial Health System CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. Adjusted death rate resulted in a health need for the Pemiscot Memorial Health System CHNA Community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the Pemiscot Memorial Health System CHNA Community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to national benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

As a result, the following list of health needs was identified:

Community Health Needs Assessment 2014

	Pemiscot Memorial Health System						
	Prioritization of Health Needs						
	How many people are affected by the issue?	What are the consequences of not addressing this problem?	What is the impact on vulnerable populations?	How important is it to the community?	How many sources identified the need?	PMHS Ability to Impact?	Total Score
Lack of health education/nutrition knowledge	5	4	5	5	1	4	24
Adult smoking	4	4	5	5	1	3	22
Adult obesity	4	4	4	5	1	4	22
Lack of preventative measures	4	4	4	4	1	3	20
Heart disease	2	4	4	4	1	4	19
Primary care physicians	3	2	5	5	2	2	19
Healthy behaviors and lifestyles	3	3	3	5	1	2	17
Uninsured	3	1	4	4	2	2	16
Physical inactivity	3	2	4	1	1	3	14
Diabetic screen rate	3	2	3	1	1	4	14
Cancer	3	4	2	1	1	2	13
Stroke/cerebrovascular disease	2	3	3	1	1	3	13
Limited access to healthy foods	3	3	4	1	1	1	13
Preventable hospital stays	2	1	4	1	1	3	12
Children in poverty	1	2	5	1	2	1	12
Mammography screening	1	2	2	1	1	4	11

Pemiscot Memorial Health System						
Prioritization of Health Needs (continued)						
Lung Diseases	1	1	2	1	1	4	10
Unemployment	2	1	4	1	1	1	10
Unintentional Injuries	3	1	1	1	1	1	8
Teen Birth Rate	1	1	3	1	1	1	8
Dentists	1	1	3	1	1	1	8
Children in single-parent households	1	1	3	1	1	1	8
Excessive Drinking	1	1	1	1	1	2	7
Motor Vehicle Crash Rate	1	1	2	1	1	1	7
Sexually transmitted infections	1	1	2	1	1	1	7
Violent Crime Rate	1	1	1	1	1	1	6

To facilitate prioritization of identified health needs, a ranking and prioritization process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

1) **How many people are affected by the issue or size of the issue?** For this factor ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized. >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.

2) **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating for this factor.

3) **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.

4) **How important the problem is to the community**. Needs identified through key informant interviews were rated for this factor**.**

5) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Health Outcomes and Factors and Primary Data) identified the need.

Hospital management reviewed the identified needs reported in the table above. Through discussion and debate, hospital management agreed on priorities Pemiscot Memorial Health System should focus on for calendar years 2015-2017. As a result of the analysis above the following areas were identified as priority areas on which we will focus.

Pemiscot Memorial Health System Priority	Correlated Community Health Need
Preventative Health Education	Programs related to the areas of nutrition, smoking and obesity. Success in these areas will ultimately have a positive impact on the "health status" of the community as related to heart/cardiovascular disease, diabetes, etc.
Uninsured	Increase effort to encourage enrollment of local population into Federal Market Place insurance coverage. Reducing the number of uninsured among the population.
Primary Care Providers	Increase access for nonemergency medical conditions to shift the nonemergent utilization from high-cost emergency room environment to a more efficient lower cost primary care setting.

The Hospital's next steps include developing an implementation strategy to address these priority areas. The plan will be submitted to the Board of Trustees for adoption and approval. The final version of the CHNA will be available to the public on the Pemiscot Memorial Health System's website.

APPENDICIES

APPENDIX A
ACKNOWLEDGEMENTS

The project Steering Committee was the convening body for this project. Many other individuals including community residents, key informants and community-based organizations contributed to this community health needs assessment.

Project Steering Committee

Special thanks to all of the following committee members for their time and commitment to this project:

Patty Abbott

Mark Davis

Gwen Farr

Rhonda Cunningham

Jackie Powell

Key Informants

Thank you to the following individuals who participated in our key informant interview process:

Russell Gilmore - *Chairman, Board of Trustees, Pemiscot Memorial Health System*

Gerri Smith – *Director, Pemiscot County Health Department*

Summer Alexander – RN*, Pemiscot County Health Department*

APPENDIX B
POVERTY ESTIMATE DETAILS

Pemiscot Memorial Health System CHNA Community
Poverty Estimate: Percentage of Total Population in Poverty and Median Household Income
2010-2012

County	2012			2011			2010		
	All Persons	Under Age 18	Median Household Income	All Persons	Under Age 18	Median Household Income	All Persons	Under Age 18	Median Household Income
Pemiscot County	30.7%	46.7%	$ 30,295	30.1%	44.3%	$ 26,647	31.3%	47.5%	$ 28,152
Missouri	16.2%	22.6%	$ 45,320	15.8%	22.3%	$ 45,231	15.3%	21.0%	$ 44,306
United States	15.9%	22.6%	$ 51,371	15.9%	22.5%	$ 50,502	15.3%	21.6%	$ 50,046

Source: U.S. Census Bureau, Small Areas Estimates Branch

APPENDIX C
UNINSURED/HEALTH INSURANCE COVERAGE DETAILS

Pemiscot Memorial Health System CHNA Community
Health Insurance Coverage Status by Age (Under 65 years) and Income (At or Below 400%) of Poverty

2010

County	All Income Levels				At or Below 400% of FPL			
	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured
Pemiscot County	2,219	14.4%	13,233	85.6%	2,082	15.8%	11,060	84.2%
Missouri	766,031	15.3%	4,241,915	84.7%	692,357	20.3%	2,722,755	79.7%

2011

County	All Income Levels				At or Below 400% of FPL			
	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured
Pemiscot County	2,381	15.5%	13,030	84.5%	2,218	17.0%	10,865	83.0%
Missouri	801,665	16.0%	4,210,644	84.0%	727,913	21.1%	2,715,770	78.9%

2012

County	All Income Levels				At or Below 400% of FPL			
	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured
Pemiscot County	2,277	14.9%	12,980	85.1%	2,119	16.4%	10,810	83.6%
Missouri	790,984	15.8%	4,202,029	84.2%	719,213	20.9%	2,727,861	79.1%

Source: U.S. Census Bureau, SAHIE/ State and County by Demographic and Income Characteristics

APPENDIX D
COUNTY HEALTH RANKINGS DETAILS

Pemiscot Memorial Health System CHNA Community
County Health Rankings - Health Factors

	Pemiscot County 2012	Pemiscot County 2013	Change	MO 2013	National Benchmark¤ 2013
Health Behaviors	* 114	114			
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	X	X		23.0%	13.0%
Adult obesity - Percent of adults that report a BMI >= 30	38.0%	38.0%		31.0%	25.0%
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	37.0%	37.0%		28.0%	21.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	X	X		17.0%	7.0%
Motor vehicle crash death rate - Motor vehicle deaths per 100K population	37.0	23.0	↓	17.0	10.0
Sexually transmitted infections - Chlamydia rate per 100K population	659.0	722.0	↑	435.0	92.0
Teen birth rate - Per 1,000 female population, ages 15-19	110.0	100.0	↓	42.0	21.0
Clinical Care	* 109	106	↓		
Uninsured adults - Percent of population under age 65 without health insurance	17.0%	14.0%	↓	15.0%	11.0%
Primary care physicians - Ratio of population to primary care physicians	2,038:1	3,651:1		1,495:1	1,067:1
Dentists- Ratio of population to dentists	X	18,254:1		2,107:1	1,482:1
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	171.0	149.0	↓	73.0	47.0
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	78.0%	83.0%	↑	85.0%	90.0%
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	51.0%	47.0%	↓	64.0%	73.0%
Social & Economic Factors	* 114	114			
High school graduation - Percent of ninth grade cohort that graduates in 4 years	80.0%	75.0%		80.0%	X
Some college - Percent of adults aged 25-44 years with some post-secondary education	39.0%	41.0%	↑	62.0%	70.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	10.5%	10.2%	↓	8.6%	5.4%
Children in poverty - Percent of children under age 18 in poverty	48.0%	44.0%	↓	22.0%	14.0%
Inadequate social support - Percent of adults without social/emotional support	23.0%	23.0%		19.0%	14.0%
Children in single-parent households - Percent of children that live in household headed by single parent	50.0%	53.0%	↑	33.0%	20.0%
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	584.0	668.0	↑	484.0	66.0
Physical Environment	* 34	61			
Air pollution-particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter	1	13.3	↑	10.6	8.8
Drinking Water Safety - Percentage of population exposed to water exceeding a violation limit during the past year	-	0.0%		5.0%	0.0%
Access to recreational facilities - Rate of recreational facilities per 100,000 population	11.0	11.0		10.0	16.0
Limited access to healthy foods - Percent of population who are low-income and do not live close to a grocery store	0.0%	4.0%		6.0%	1.0%
Fast Food Restaurants - Percent of all restaurants that are fast-food establishments	32.0%	32.0%		47.0%	27.0%

* Rank out of 115 Missouri counties

¤ 90th percentile, i.e., only 10% are better

Note: X indicates unreliable or missing data, highlighted measures
 should not be compared to prior year due to changes in definition

Source: Countyhealthrankings.org

APPENDIX E
KEY INFORMANT INTERVIEW PROTOCOL
KEY INFORMANT INTERVIEW
Community Health Needs Assessment for:

Client Name

Interviewer's Initials:

Date: Start Time: End Time:

Name: Title:

Agency/Organization:

# of years living in   County: # of years in current position:

E-mail address:

Introduction: Good morning/afternoon. My name is **[interviewer's name]**. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 40 minutes, but we may find that we run over – up to 50 minutes total - once we get into the interview. (**Check to see if this is okay**).

[Name of Organization] is gathering local data as part of developing a plan to improve health and quality of life in the county. Community input is essential to this process. A combination of surveys and key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

To get us started, can you tell me briefly about the work that you and your organization do in the community?

Thank you. Next I'll be asking you a series of questions about health and quality of life in the county. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity," while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in the county?

2. In your opinion, has health and quality of life in the county improved, stayed the same or declined over the past few years?

3. Why do you think it has (based on answer from previous question: improved, declined or stayed the same)?

4. What other factors have contributed to the (based on answer to question 2: improvement, decline **or** to health and quality of life staying the same)?

5. Are there people or groups of people in Pemiscot County whose health or quality of life may not be as good as others?

a. Who are these persons or groups (whose health or quality of life is not as good as others)?

b. Why do you think their health/quality of life is not as good as others?

6. What barriers, if any, exist to improving health and quality of life in Pemiscot County?

7. In your opinion, what are the most critical health and quality of life issues in Pemiscot County?

8. What needs to be done to address these issues?

9. In your opinion, what else will improve health and quality of life in Pemiscot County?

10. Is there someone (who) you would recommend as a "key informant" for this assessment?

Close: Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in the county. Before we conclude the interview,

Is there anything you would like to add?

As a reminder, summary results will be made available by the **[Name of organization]** and used to develop a community-wide health improvement plan. Should you have any questions, please feel free to contact _____ at **[Name of organization]**. Here is his/her contact information [provide business card]. Thanks once more for your time. It's been a pleasure to meet you.

APPENDIX F
HEALTH RESOURCES

Hospitals

The Hospital has 49 acute beds and is the only hospital located in the county. Residents of the community also take advantage of services provided by hospitals in neighboring counties. The exhibit below summarizes Hospital services available to the residents of Pemiscot Counties:

Other Licensed Facilities

There are licensed facilities other than hospitals in Pemiscot County. These facilities include home health, hospice and private duty nursing providers such as Genesis Home Care, Family Counseling Center, Campbell Home Health, River Oaks Care Center, VNA Home Health, CMV Home Health, Bishop Home Care, Family First Home Care and Extended Home Health.

Health Department

The Pemiscot County Health Department offers a large array of services to patients including assessments and screenings as well as education in order to help them take a proactive approach toward monitoring and developing their health status. Some of these services include well child exams, fluoride varnishing, family planning (birth control), prenatal care (not offered in all counties), WIC (Women, Infants & Children food program), medical nutrition therapy, tuberculosis screenings, HIV and STD screenings, diabetes screening and counseling, immunizations, breast and cervical cancer screenings as well as much more.

These services are provided by trained medical providers such as physicians, ARNPs, RNs, LPNs, registered dieticians, certified nutritionist, etc. These providers adhere to the guidelines set forth by the Department of Public Health's Public Health Practice Reference ensuring your care is provided at the highest possible professional standard.

Many of the services are covered by Medicare, Medicaid and other insurances. In the case you are uninsured or your insurance doesn't pay for the service, the majority of services are offered on a Sliding Fee Scale basis. This means your charge for the service will be in relation to your income versus the Federal Poverty Guidelines. For example, if your income level is 250 percent of the Federal Poverty Guidelines then your charge would be 100 percent of the stated charge. If your income level is 100 percent of the Federal Poverty Guidelines, then you would not have a charge for the service. Some services such as childhood immunizations and communicable disease screenings would be offered at a minimal nominal charge set by the Department of Public Health.

Federally Qualified Health Center

Semo Health Network offers services such as general wellness exams, dietary services, lab services, community outreach services, children's vaccines, flu vaccines, women's health services, as well as men's health services. Dental services are coming soon. Services are provided at Hayti Medical Clinic, which opened September 17, 2014. Hours of operation are Monday-Wednesday 8am to 12pm. Service area includes Dunklin, Mississippi, New Madrid, Pemiscot, Scott, and Stoddard counties in Southeast Missouri. Other locations of Semo Health Network offices include Benton, Bernie, Kennett, New Madrid and Sikeston.

APPENDIX G
SOURCES

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	FY 2013
Population Estimates	Community Commons via American Community Survey http://www.communitycommons.org/	2008 - 2012
Demographics - Income & Race/Ethnicity	Community Commons via American Community Survey http://www.communitycommons.org/	2008 - 2012
Employment, Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2009 - 2013
Poverty	US Census Bureau, Small Areas Estimates Branch http://www.census.gov	2010 - 2012
Uninsured Status	Community Commons via US Census Bureau, Small area Helath Insurance Estimates http://www.communitycommons.org/	2008 - 2012
Education	County Health Rankings http://www.countyhealthrankings.org/	2012 - 2013
Leading Causes of Death	Community Commons via CDC national Bital Statistics System http://www.communitycommons.org/	2007 - 2011
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/	2012 - 2013
Health Care Resources	Hospital	