

Pike County Memorial Hospital Community Health Needs Assessment

June 2022



PIKE COUNTY
MEMORIAL HOSPITAL
& CLINICS
Louisiana, Missouri

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INTRODUCTION

Community Health Needs Assessments (CHNA) provide a unique opportunity for hospitals and communities to come together and analyze the healthcare gaps that are impacting the area. This collaboration allows for a deeper understanding of the individuals living in the community as well as healthcare barriers faced by the most vulnerable. Not-for-profit hospitals are required to perform CHNAs every three years according to the Patient Protection and Affordable Care Act. Pike County Memorial Hospital (PCMH) completed their previous CHNA in 2019. The results of this CHNA will help guide PCMH's implementation efforts for the next three years.

Per the IRS guidelines for Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3)¹, a hospital facility must complete the following steps when completing a CHNA.

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community's health needs, solicit, and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.

Once the CHNA is completed, Section 501(r)(3)(A) requires the hospital to adopt an implementation strategy to meet the needs that were found as a result of the CHNA.

The following CHNA report responds to each of the five steps listed above as required by the IRS guidelines completing all requirements for a CHNA for Pike County Memorial Hospital (PCMH).



¹ IRS. Community health needs assessment for charitable hospital organizations – section 501(r)(3). <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

BACKGROUND

Pike County Memorial Hospital (PCMH), a critical access hospital with a mission of improving the health and wellness of the people in the region, has proudly served the residents of Pike County, Missouri, and surrounding region with a tradition of quality healthcare since 1928. PCMH is a licensed acute care facility (critical access hospital). The hospital provides extensive inpatient and outpatient services that include the latest technologies in radiology and vascular services, laboratory testing, surgery and physical therapy and provides emergency care for patients presenting the substance use disorder (SUD)/opioid use disorder (OUD). The hospital has licensed clinical social workers with more than 30 years of experience working with the population of focus. The hospital's clinics include services in cardiology, orthopedics, podiatry, pulmonology, gynecology, and vascular medicine. A state-of-the-art Emergency Department is manned 24-hours a day to serve the area. PCMH operates the ambulance service for the Pike County area. In addition to the services provided through the hospital, there are three rural health clinics located in Bowling Green, Louisiana, and Vandalia, and one walk-in clinic (Bowling Green). These clinics are available for any resident in the area seeking care. Addresses for these locations can be found in the [Appendix](#). PCMH has a history of working with the community to address area health care needs, particularly the needs of the underserved. The hospital's focus is to develop and implement programs that are responsive to documented health needs of residents in the region, with specific health status indicators as benchmarks for progress on addressing those needs.

Mission. To deliver personal, quality, and accessible health care to our community.

Vision. To be the preferred healthcare provider of choice while sustaining health services in our community.

Values. Respect with Compassion for everyone. Integrity with Dignity in everything we do. Accountable and Innovative for long-term growth. Privacy for all patients. Teamwork that exceeds expectations.

Services. A full list of providers and services available can be found in the [Appendix](#).

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METHODOLOGY & ASSESSING COMMUNITY HEALTH NEEDS

Assessing the needs of the community is an integral part of PCMH's day-to-day operations. As a critical access hospital, PCMH is a safety net provider with a significant population of uninsured patients, it is critical to PCMH's survival to assure provision of care that meets community need and keeps the cost of care as reasonable as possible. In March of 2022 conversations began between partners to collaborate to complete a comprehensive CHNA meeting IRS guidelines.

Primary Data. A community survey was developed and distributed to patients across all clinic locations to gain insight into the patient population's view of health needs in the region. Unfortunately, no patients returned these surveys. An electronic version of the survey was also advertised and posted to the organization website and Facebook page for community members to access. Both versions of the survey were available from March 23rd – June 3rd, 2022, with the paper version including optional instructions to complete online. In addition, invitations to the CHNA Town Hall along with a request and instructions to complete and submit the survey monkey were sent out via email. There were 85 total surveys completed. The results of this survey were analyzed and compiled into a comprehensive report that was presented to a Town Hall on April 27, 2022. The Town Hall was scheduled for 90 minutes with an additional 15 minutes designated for Q/A and next steps discussion. The full survey results and slides presented at the Town Hall meeting can be found in the [Appendix](#) at the end of document. A prioritization survey was then sent out to the Town Hall attendees which was available from June 9th -15th. The results of both the surveys and the Town Hall are presented in the tables below.

Secondary Data: PCMH assembled a broad set of data to measure and evaluate health status, health statistics and the incidence rates of disease, illness and accidents using secondary data sources. This phase of the assessment focused on not only on health outcomes, but also on factors that influence future health, such as health and wellness habits, experiences accessing care and attitudes that influence healthy behavior.

Identify & Prioritize Issues. This phase engaged the board, organizational leadership, key constituents and community partners to identify and prioritize community health issues, using the results of the data analysis. A prioritization survey was utilized during this process with delineation of responses between PCMH staff/leadership and the general community.

Aggregated Data. PCMH assimilated Secondary and Primary data sets into a combined comprehensive report and overview of the PCMH service areas and patients. The aggregated data report is reflected throughout this report.

Develop & Implement Strategies. This process is ongoing at PCMH, and includes engaging the board, organizational leadership, key constituents, and community partners to identify the strategic direction for the organization and results in a set of strategies to address prioritized community health issues. This process, which extends well beyond the community health needs assessment, includes:

- Developing strategies in collaboration with intersectional partners to solve existing community health problems.
- Identifying and building upon community assets and direct them toward resolving health problems.

- Leading efforts in the community to link individuals with preventive, health promotion and other health services.
- Developing plans to address key issues not currently being addressed.

Documentation of a CHNA. In order to meet IRS guidelines (Section 501(r)(3))² for a CHNA, PCMH must document the following items:

- A definition of the community served by the hospital as well as the method in which the community was determined.
- A description of the process used to conduct the CHNA.
- An account of how the hospital solicited input from persons representing the broad interests of the community as well as how that input was taken into account.
- A description of the health needs identified by the community as well as prioritization of those needs. The hospital should also discuss how this process occurred.
- A list of available resources that could potentially address the identified needs.
- An evaluation of any steps that were taken to address the health needs identified in the previous CHNA.

As mentioned above, Pike County Memorial Hospital attempted to solicit responses from a wider patient audience through the distribution of paper surveys to clinic patients. However, there were no patients willing to complete the survey at that time.

CHNA Report: Widely Available. In order for the CHNA to be deemed complete the hospital must make the CHNA widely available to the public. To meet this criterion, PCMH has posted its final report on the hospital website at <https://www.pcmh-mo.org>. The final report is also available in printed format that can be provided upon request free of charge. Requests for access can be done at any PCMH clinic location. The previous CHNA also remains publicly available upon request. The current CHNA will remain available until two subsequent CHNAs have been completed and made available to the public.

² IRS. Community health needs assessment for charitable hospital organizations – section 501(r)(3). <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

PRIMARY DATA RESULTS

INPUT REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY

Per section 501(r)(3)(B) of the IRS guidelines, when a hospital is performing a CHNA they must solicit and take into account input from individuals that represent the broad interests of the community served by the hospital facility. This includes those that have special knowledge or expertise in public health. To meet this requirement the hospital should solicit input from the following three sources: One state, local, tribal, or regional governmental public health department (or equivalent), or a State Office of Rural Health; members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of these populations; and written comments received on the hospital facility's most recent CHNA and most recent implementation strategy.

Surveys. PCMH provided paper surveys to patients at each clinic and hospital registration area. An electronic version of the survey was also advertised and posted to the organization website and Facebook page for community members to access. Both versions of the survey were available to the community from March 23rd – June 3rd, 2022. Written instructions on how to perform the survey online were also provided to patients at each clinic and hospital registration area. In addition, invitations to the CHNA Town Hall along with a request and instructions to complete and submit the survey monkey were sent out via email. While there were no paper surveys returned by patients, there were 85 respondents to the electronic survey.

Town Hall. After the surveys were completed, they were analyzed, and results were reported in a presentation at the Town Hall meeting on April 27, 2022. The presentation slides can be found in the [Appendix](#). This meeting was attended by approximately 28 individuals representing the groups and special interests as seen in Table 2 and 3. Invitations to the CHNA Town Hall along with a request and instructions to complete and submit the survey monkey were sent out via email.

Prioritization Survey. Following the Town Hall, a prioritization survey was emailed out to town hall attendees and given three days to respond from June 13th-15th. A total of 48 individuals responded to the prioritization survey. These results were analyzed, and priorities identified are addressed throughout the CHNA. Results can be found in the [Appendix](#).

Additional Sources of Input. In addition to the required sources mentioned above, the hospital can also reach out to additional community members to achieve a broad scope of input. PCMH was able to recruit representatives from local school districts and law enforcement to attend the Town Hall meeting as seen in Table 3.

SURVEY QUESTIONS

The Survey consisted of the following 16 questions:

1. In your opinion, how would you rate the “Overall Quality” of healthcare delivery in our community?
2. When considering “Overall Community health quality”, is it...increasing-moving up; decreasing-slipping; not really changing much?
3. In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and/or changed (Please be specific.)
4. In your opinion, how would you rate the community’s overall response to the COVID Pandemic?
5. In your own words, what is the general community perception of healthcare providers (i.e. hospitals, doctors, public health, etc.) serving our community? (Please be specific.)
6. From past health assessments of our community, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select all that apply.
7. Of the following health needs, which are NOW the “most pressing” for improvement?
8. In your opinion, what are the root causes of “poor health” in our community? Please select top THREE.
9. How would you rate each of the following health services?
10. Community Health Readiness is vital. How would you rate each of the following?
11. In the past 2 years, did you or someone you know receive healthcare services outside of our community?
12. Are our healthcare organizations, providers and community members actively working together to address/improve healthcare in our community?
13. What “new” programs should be created to meet current community health needs? Can we partner somehow with others?
14. Are there any other health needs (Listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? (Please select all that apply.)
15. For reporting purposes, are you involved in or are you a...? (Please select all that apply.)
16. What is your home ZIP code? Please enter 5-digit ZIP code.

SURVEY RESULTS

Quality of Care

73.3%	responded that the “overall quality” of health care is good or very good.
17.7%	responded that it was average
8.8%	responded it was poor or very poor
61.18%	felt the quality was increasing
28.24%	felt it was not really changing

Community Response Regarding the COVID-19 Pandemic

42.85%	Good
23.81%	Very Good
25.00%	Average

Identified as Ongoing Problems

62.50%	Behavioral Health
58.75%	Mental Health
57.50%	Substance Use Disorder
53.75%	Dermatologists
52.50%	Gynecologists
48.75%	Pediatricians
43.75%	Obesity/Nutrition Education

Most Pressing Issues

53.16%	Mental Health Services
43.04%	Behavioral Health
41.77%	Substance Use Disorder
28.58%	Obesity/Nutrition Education

Root Causes

53.09%	Limited Access to mental health assistance
53.09%	Finance and insurance coverage
39.51%	Awareness of existing local programs, providers, and services

Health Services Rated Very Poor

- Mental Health
- Nursing Home
- Dentists

Community Readiness Rated Very Poor

- Substance Use Treatment & Education
- Tobacco Prevention & Cessation Programs
- Violence Prevention
- Obesity Prevention & Treatment

SURVEY RESPONDENT BREAKDOWN

The table below displays the breakdown of respondent's involvement in the community. Individuals were allowed to choose more than one option.

Table 1: Survey Respondent Community Involvement				
	Category	%	Category	%
1.	Business/Merchant	4.17	Labor	2.78
2.	Community Board Member	9.72	Law Enforcement	2.78
3.	Case Manager/Discharge Planner	2.78	Mental Health	1.39
4.	Clergy	1.39	Other Health Professional	18.06
5.	College/University	2.78	Parent/Caregiver	18.06
6.	Consumer/Advocate	4.17	Pharmacy	2.78
7.	Dentist/Eye Doctor/Chiropractor	1.39	Clinic	16.67
8.	Elected Official - City/County	2.78	Media (Paper/TV/Radio)	4.17
9.	EMS/Emergency	2.78	Senior Care	5.56
10.	Farmer/Rancher	6.94	Teacher/School Admin	9.72
11.	Hospital/Health Department	47.22	Veteran	9.72
12.	Housing/Builder	2.78	Unemployed	5.56
13.	Insurance	1.39		

TOWN HALL RESULTS

At the end of the town hall presentation the following questions were posed to the attendees.

“What are the most important issues that must be addressed to improve health and quality of life in the community?”

“Since 2019, how has PCMH made a difference?”

What can Pike County Memorial Hospital do better to serve patients? Community?

What gaps still exist in the community?

What can we do collectively to improve community health?

Top 5 Responses included the following:

Pike County

1. Lack of mental and behavioral health services (family counseling, inpatient care/availability of beds in Pike County, outpatient care, telehealth, access to not just counselors but prescribers, short-term BH units)
2. Substance Use/Abuse (access to suboxone/methadone and authorized doctors, resources/housing for court ordered individuals, tobacco use)
3. Nutrition Education/Obesity
4. Lack of awareness of services/need for education of services available
5. The following tied:
 - Housing/Homelessness (students, lack of rental units)
 - Lack of access to specialists (e.g., dermatology screenings, treatment, providers)
 - Attitudes towards prevention practices/healthcare education/prevention

Northeast Missouri

1. Mental health (including inpatient and more providers, psych treatment,
2. Substance use
3. Long-term care/chronic care management (quality & availability)
4. Health insurance, managed care limits resources
5. Dental, Pediatric Dentistry

TOWN HALL ATTENDEES

Table 2: REPRESENTED INTERESTS			
Category	# Attending	Category	# Attending
Media	1	Board of Trustees	4
Public Education	3	Law Enforcement	1
Health Department	2	Healthcare	14

Table 3: TOWN HALL ATTENDEES	
KJFM Radio	CFO
Louisiana Schools	CEO
PCHD	CNO
PCHD	Physician
Bowling Green Schools	Physician
Clopton Schools	Physician
Board of Trustees	ER/EMS Director
Board of Trustees	Business Office Director
Board of Trustees	Physical Therapy Director
Board of Trustees	Health Information Management Director
Pike County Sheriff	Information Technology Director
Maintenance Director	Cardiopulmonary Director
Environmental Services Director	Laboratory Director
RHCs Director	Radiology Director

PRIORITIZATION SURVEY

The following seven questions were posed to respondents.

1. During the recent focus group session, the following items surfaced as the highest priorities for the community/region. Please select 2 issues of most importance to you.
2. Please select 2 issues for which you think the hospital can have the most impact.
3. Of the following other needs//issues that surfaced during the focus group, please select 2 issues that are most important to you.
4. Because mental health and behavioral health issues were identified as a priority, please select the issue that is most important to you.
5. Because substance use disorder/opioid use disorder were identified as a priority, please select the issue that is most important to you.
6. Because long-term care was identified as a regional priority issue, please select the issue that is most important to you.
7. Because transportation is repeatedly raised as an issue for the community, please select the issue that is most important to you.

SURVEY RESULTS

Top Three Areas of Importance: Mental health/behavioral health (70.83%), Substance use/abuse (41.67%), Lack of community awareness of available resources (22.92%)

1. Hospital Impact
 - a. Mental Health/Behavioral Health
 - b. Lack of community awareness of available resources
 - c. Substance use/abuse
2. Other needs/issues
 - a. Coordination of care between different healthcare entities
 - b. Child Care
3. Mental health/behavioral health
 - a. On-site psychology
 - b. Telepsychiatry
4. Substance use/abuse
 - a. Crisis intervention/stabilization
 - b. Long-term recovery housing
 - c. Medication assisted treatment (MAT)
5. Long-term care
 - a. Better care transition to/from hospital
6. Transportation
 - a. Development of a transportation network to address local transportation needs

PIKE COUNTY MEMORIAL HOSPITAL SERVICE AREA

When performing a CHNA, hospitals are to take in all relevant circumstances when defining the community it serves, ensuring that the definition does not exclude populations such as medically underserved, low-income, or minority populations that live within the region. The following factors were examined when defining the community served: geographic service area, specific target populations, and principal functions.

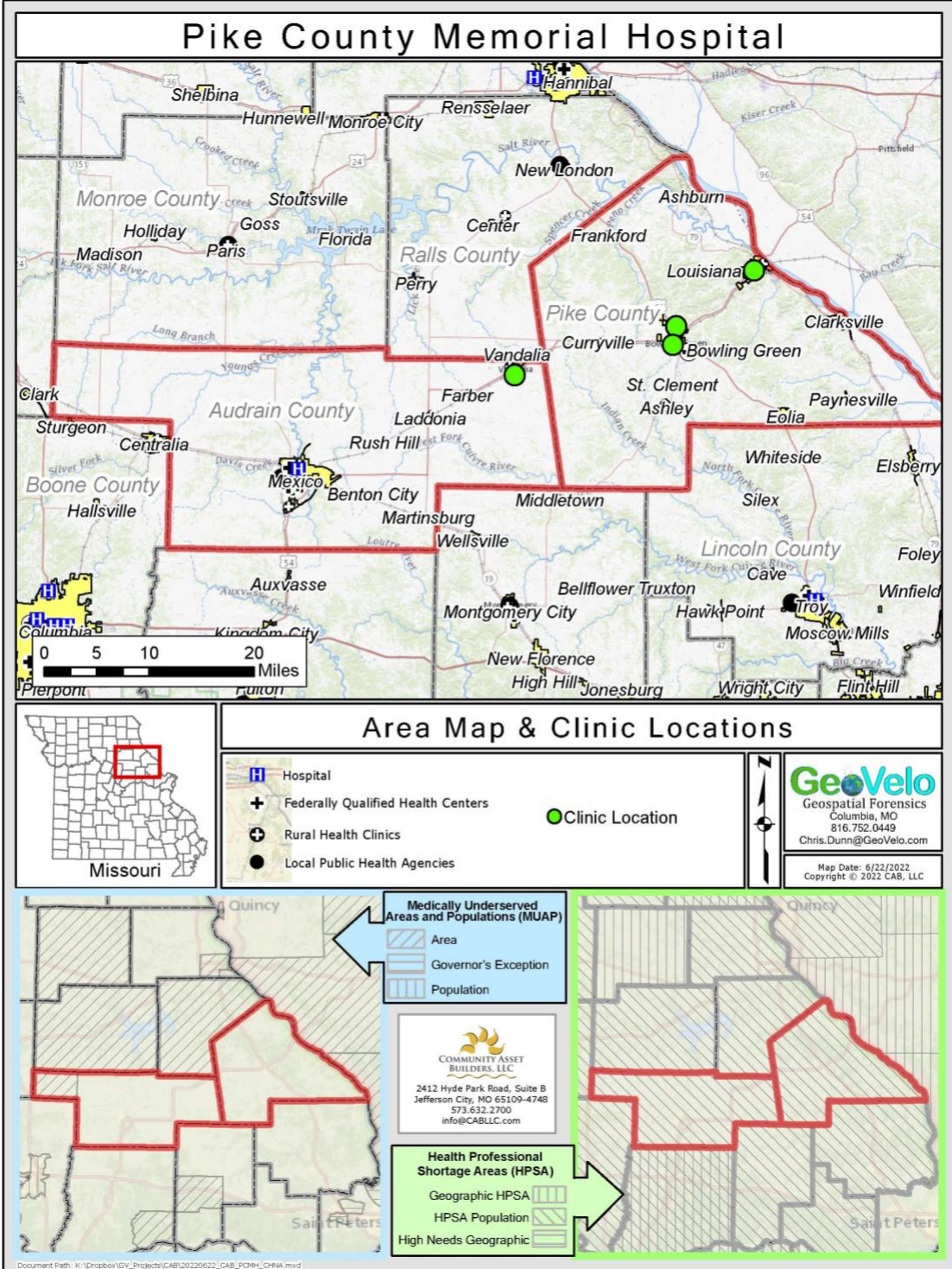
Pike County Memorial Hospital has a mission of improving the health and wellness of the people in the region and has proudly served residents of Pike County with a tradition of quality healthcare since 1928. Throughout the years there have been changes made by the hospital to best meet the needs of the community. Pike County Memorial Hospital is a licensed acute care facility (critical access hospital). The hospital provides extensive inpatient and outpatient services that include the latest technologies in radiology and vascular services, laboratory testing, surgery, and physical therapy.

A state-of-the-art emergency department (ED) is manned 24-hours a day to serve the area. Pike County Memorial Hospital operates the ambulance service for the Pike County area. In addition to the services provided through the hospital, there are hospital affiliated rural health clinics in Bowling Green, Vandalia, and Louisiana and a walk-in urgent care clinic located in Bowling Green that provide family health medical services to individuals in the community and throughout the service area.

Geographic Service Area. The PCMH geographic service area includes a total of 68 zip codes with 29 of the zip codes located in Pike and Audrain counties representing 93.60% of the total patient population. This is based off of a trailing twelve-month zip code data report of non-duplicated patient encounters. For this reason and the purposes of this report the secondary data analysis will focus on Pike and Audrain counties where the majority of patients reside. Pike and Audrain County are located north of St. Louis, Missouri with the major cities in the service area including Louisiana, Bowling Green, Vandalia, and Mexico. A map of the service area can be found on page 15 of this document.

Specific Target Populations. Includes all residents within the Pike and Audrain County region and any individuals needing urgent/emergent care while traveling through the area.

PRIMARY SERVICE AREA MAP



DEMOGRAPHICS

The primary Pike County Memorial Hospital (PCMH) service area is home to a total of 43,494 people with Pike County having an estimated 18,158 citizens and Audrain County having 25,336. The area is rural with a total of 1,362.69 square miles in land area and has a population density of 32 persons per square mile, which is less than the state average of 89 persons per square mile as well as the national average of 92 persons per square mile.³

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities. Females represent 50.27% of the service area and males 49.73%, this is similar to state and national averages. The region served by PCMH is predominantly non-Hispanic, white, and English speaking. White individuals represent 89.58%, which is higher than the national and state averages of 81.29% and 70.42% respectively. A full breakdown can be seen in Table 4 below.

Table 4: Race and Ethnicity								
<i>In Percent</i>								
Report Area	White	Black	Asian	Native American/ Alaska Native	Native Hawaiian/ Pacific Islander	Other Race	Multiple Races	Hispanic
Combined Area	89.58	6.04	0.25	0.3	0.09	0.68	3.06	2.8
Audrain	89.58	5.5	0.09	0.37	0.10	0.54	3.82	3.18
Pike	89.57	6.79	0.48	0.2	0.08	0.88	1.99	2.26
Missouri	81.29	11.4	2.02	0.4	0.15	1.25	3.5	4.29
U.S.	70.42	12.62	5.64	0.82	0.19	5.14	5.17	18.18

Data Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract

The PCMH services area has higher rates of individuals aged 65 and older at 17.82% compared to Missouri (16.87%) and the United States (16.03%), and also has a lower percentage of individuals aged 18-64 whom make up the working class 59.44% compared to 60.60% (Missouri) and 61.52% (U.S.), seen below in Table 5.

Table 5: Population by Age Groups			
<i>In Percent</i>			
Report Area	Age 0-17	Age 18-64	Age 65+
Combined Area	22.74	59.44	17.82
Audrain	22.87	59.31	17.82
Pike	22.55	59.63	17.82
Missouri	22.52	60.60	16.87
U.S.	22.44	61.52	16.03

Data Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract

³ US Census Bureau, American Community Survey, 2016-20. Source geography: Tract

Teen Mothers. The Pike and Audrain County region has a higher-than-average teen birth rate of 29.5 per 1,000 females aged 15-19. This rate is higher than the state rate of 22.7 and the national rate of 19.3.

Child Care: Accessible and affordable childcare is imperative to many parents and/or guardians' ability to earn income, further their education, and access certain benefits such as healthcare. Access to child care has also shown to have positive effects on a child's health and development. This is especially true for children of low-income and/or socially marginalized families.^{4,5} The 2022 County Health Rankings found that Audrain and Pike County had 7 and 9 child care centers per 1,000 population under 5 years old respectively. This is actually higher than the state rate of 6.⁶ When examining this further, the County Health Ranking also reports the cost burden of child care for families in the region. While child care centers may be present, the affordability can cause a host of other concerns. For instance, when families use a large portion of their paycheck to cover child care, other necessities may be compromised such as visiting the doctor or purchasing healthy food options. The 2022 County Health Rankings showed that the child care cost burden, which is defined as the child care costs for a household with two children as a percent of median household income, were 15% for Audrain County and 14% for Pike County. Both of which are lower than the state average of 16%.⁷ Further research is needed to be done by PCMH to understand the full extent of child care as a burden and limitation to healthcare access in the region.

Group Quarters. Group quarters refers to a type of living arrangement that is owned or managed by an organization that provides housing and/or services to residents. They can include places such as college residence halls, residential treatment centers, skilled nursing facilities, group homes, military barracks, correctional facilities, and workers dormitories. There are two correctional facilities in the service area one in each county. According to the 2020 Census data, 8.03% (3,418) of the total population is living in group quarters compared to Missouri 2.75% and the U.S. 2.44%. Of that, 75.9% (2,494 individuals) are living in correctional facilities.⁸

Veteran Population. The two-county service area has approximately 2,721 total veterans and 8.10%, Missouri 8.28%, U.S. 7.07%.⁹

Population Change. Changing population demographics can play a major role in the types of health care and services needed as well as potentially impacting providers and available resources. "According to the United States Census Bureau Decennial Census, between 2010 and 2020 the population in the report area fell by -1,496 persons, a change of -3.40%." In the same time frame the state of Missouri saw a population increase of 2.77% and the United States increased by 7.13%. The report location saw overall declines in the Non-Hispanic white, Black, American Indian or Alaska Native, and Asian populations. Increases were seen for the Non-Hispanic populations

⁴ Lyonette, Clare, Gayle Kaufman, and Rosemary Crompton. "'We Both Need to Work': Maternal Employment, Childcare and Health Care in Britain and the USA." *Work, Employment and Society* 25, no. 1 (March 1, 2011): 34–50.

⁵ Magnuson, Katherine, and Jane Waldfogel. "Delivering High-Quality Early Childhood Education and Care to Low-Income Children: How Well Is the US Doing?" In *An Equal Start?: Providing Quality Early Education and Care for Disadvantaged Children*, edited by Jane Waldfogel, Ludovica Gambaro, and Kitty Stewart, 1st ed., 193–218. Bristol University Press, 2014. <https://doi.org/10.2307/j.ctt9qgznh.14>.

⁶ <https://www.countyhealthrankings.org/app/missouri/2022/measure/factors/172/data>

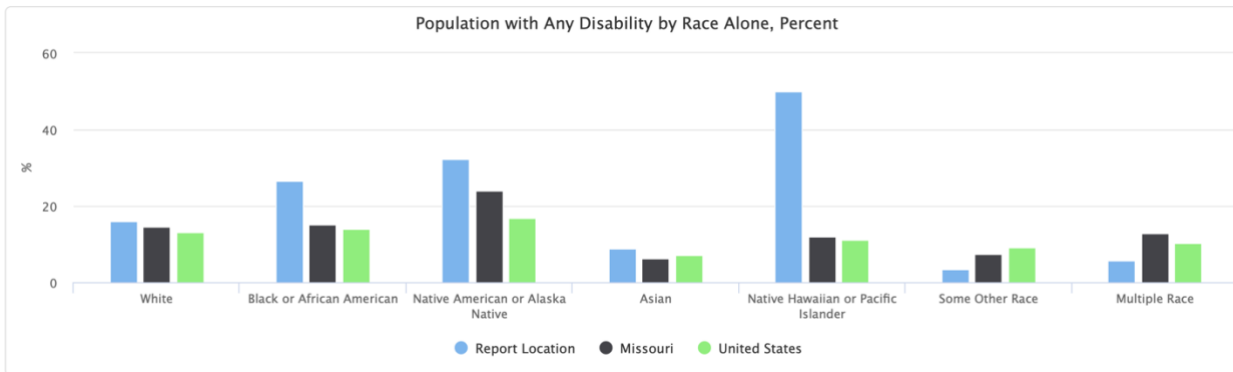
⁷ <https://www.countyhealthrankings.org/app/missouri/2022/measure/factors/171/data>

⁸ US Census Bureau, Decennial Census. 2020. Source geography: Tract

⁹ US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

including Native Hawaiian or Pacific Islanders, Some Other Race, Multiple Race, as well as Hispanic or Latino populations.¹⁰

Disability. The two-county service area has approximately 6,442 individuals (16.20%) having a disability compared to the state and national averages of 14.39% and 12.69% respectively. Disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers. The majority of those with disabilities are over the age of 65 (37.05%), but also demonstrates higher disability rates compared to state (12.25%) and national (10.25%) rates for ages 18-64 (15.34%). Further breakdown of disability rates by race can be seen in the chart below.¹¹



Data Source: SparkMap. Retrieved from <https://cares.page.link/Rvze>

¹⁰ US Census Bureau, Decennial Census. 2020. Source geography: Tract

¹¹ US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

SOCIOECONOMIC OVERVIEW

According to an article by Adam Wagstaff, “The association between poverty and ill-health reflects causality running in both directions. Illness or excessively high fertility may have a substantial impact on household income and may even make the difference between being above and being below the poverty line. Furthermore, ill-health is often associated with substantial health care costs. But poverty and low income also cause ill-health. Poor countries, and poor people within countries, suffer from a multiplicity of deprivations that translate into high levels of ill-health. Poor people are thus caught in a vicious circle: poverty breeds ill- health, ill-health maintains poverty.”¹²

Vulnerable Populations are those regions where there are high rates of individuals living at or below 100% Federal Poverty Level (FPL) and where 25% or more of the area population have less than a high school education. The two-county service area has 6,100 individuals, or 15.44%, of the total population living below 100% FPL. This is higher than both state (13.01%) and national (12.84%) averages. The region also has higher rates of individuals age 25+ with no high school education, 13.45% compared to Missouri at 9.41% and the U.S. at 11.47%.¹³

Income and Poverty. The socio-economic data reveals that the PCMH service area has a large number of people in poverty status. The median household incomes for Pike County (\$44,920) and Audrain County (\$44,699) are both lower than the state (\$57,290) and national (\$64,994) levels. As mentioned above 15.44% of the service area population are living below 100% FPL. When this is expanded to look at those living at or below 200% the FPL the number dramatically increases to 40.00% or 15,803 individuals. Well above the state rate of 31.11% and the national rate of 29.79%.

Report Area	100% FPL	200% FPL	Median Household Income
Combined Area	15.44%	40.00%	No Data
Audrain	14.81%	40.80%	\$44,699
Pike	16.36%	38.81%	\$44,920
Missouri	13.01%	31.11%	\$57,290
U.S.	12.84%	29.79%	\$64,994

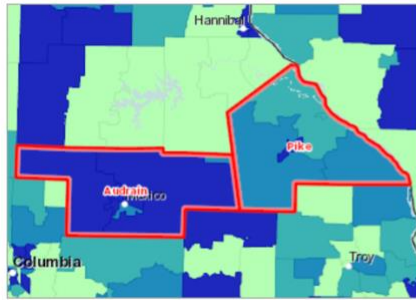
Data Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract

Furthermore, we find that 23.32% of the report location or 2,238 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL), and 55.90% or 5,364 children of the same age range are living in households with income at or below 200% FPL. These poverty rates are disproportionately higher for racial and ethnic minority groups in the region. Of the children living below the FPL in Pike County, 68.75% are Black or African American and 50% in Audrain County are Native American or Alaska Native.¹⁴

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2567730/pdf/11953787.pdf>

¹³ US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

¹⁴ US Census Bureau, American Community Survey. 2016-20. Source geography: Tract



Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2016-20

- Over 56.0%
- 47.1 - 56.0%
- 38.1 - 47.0%
- Under 38.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Report Location

[View larger map](#)

Data Source: US Census Bureau, *American Community Survey*, 2016-20. Source geography: Tract

Free/Reduced Price Lunch. The federal National School Lunch Program provides free lunches to students whose families earn less than 130% FPL and is reduced for those earning under 185% FPL. There are 5,886 public school students in the two-county service area, and of that total, 3,813 or 64.84% qualify for free or reduced lunches. This is again significantly higher than the state rate of 48.98% and the national rate of 42.16%.¹⁵

Employment. During the ten-year period between 2009 and 2019, the service area had a total net loss of 86 businesses. The rate of change for Audrain County was -13.19% and Pike County was -3.74%. The average rate of change for the region was -9.35%. Meanwhile, Missouri saw a positive increase in business growth with an average rate of change of 4.72% as did the U.S at 3.93%.¹⁶ According to the 2016-2020 American Community Survey, there were 34,732 individuals of working age (age 16 and over) in the two-county area. Of that total, 19,093 were active in the labor force, or 54.97%. This is lower than labor participation rates for both Missouri and the United States at 62.64% and 62.97% respectively.¹⁷ Unemployment rates for the region as of April 2022 were 2.9% compared to Missouri at 2.4% and the U.S. at 3.4%.¹⁸

Occupation. The largest employment sectors in the two-county region include manufacturing (2,535 individuals), retail trade (2,356 individuals), and other services (except government and government enterprises) (1,082 individuals).¹⁹ Work-related injuries can be a significant burden to companies but can also lead to significant strain on the employee and their family due to pain, lost wages, and stress. Those in high-risk occupations including those in repetitive ergonomic straining industries are more likely to suffer injury. Recognition of injury-prone employment type is important to note within the community.

Table 7: Injury-Prone Employment (County Profile: 2015-2019)

	Construction	Mining & Natural Resources	Manufacturing	Trade, Transportation, & Utilities
Audrain	2.6%	1.4%	22.4%	21.8%

¹⁵ National Center for Education Statistics, NCES - Common Core of Data. 2020-2021. Source geography: Address

¹⁶ US Census Bureau, Business Dynamics Statistics. 2018-2019. Source geography: County

¹⁷ US Census Bureau, American Community Survey. 2016-20. Source geography: County

¹⁸ US Department of Labor, Bureau of Labor Statistics. 2022 - April. Source geography: County

¹⁹ US Department of Commerce, US Bureau of Economic Analysis. 2019. Source geography: County

Pike	5.0%	5.3%	5.6%	27.4%
Missouri	4.4%	0.6%	9.7%	19.3%
U.S.	4.8%	1.3%	8.7%	18.9%
<i>Opioid Misuse Community Assessment Tool developed by NORC at the University of Chicago.</i>				

Education Levels. Of the 30,101 people aged 25 and over in the PCMH service area, 13.45% do not have any education beyond high school. Only 14.60% of this population has a bachelor’s degree or higher education compared to 29.94% in Missouri and 32.92% across the United States.²⁰

Young People Not in School and Not Working. The report area also has a higher percentage of the population age 16-19 that are not in school and are also not employed at 10.59%. This is significantly higher than Missouri, 6.63%, and the United States, 6.79%.²¹

Education is one of the strongest predictors of health: the more schooling people have the better their health is likely to be. Lower levels of education translate to higher levels of risky health behaviors such as smoking, being overweight, or having a low level of physical activity. A good education leads to good health in several ways, including higher earning potential. Higher incomes lead to housing in safer neighborhoods, healthier foods, and better medical care and health insurance. Higher education levels also support healthier behavior choices by offering people access to health information and tools to acquire help and resources such as smoking cessation programs. Higher education levels also indicate higher comprehension levels, so that patients can understand and follow physician recommendations. Education also helps people to find and maintain social support, strengthen social networks, and mitigate stress, all of which help people maintain a sense of control over their lives, an outcome which is associated with better health.²²

Uninsured. The rates for uninsured individuals are high in the two-county region and can be seen in the table below.²³

Table 8: Uninsured			
	Total Population (For Whom Insurance Status is Determined)	Uninsured Population Count	Uninsured Population Percent
Report Location	39,754	4,091	10.29%
Audrain	23,680	2,680	11.32%
Pike	16,074	1,411	8.78%
Missouri	6,011,968	565,099	9.40%
U.S.	321,525,041	28,058,903	8.76%

²⁰ US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

²¹ US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

²² Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. *Prev Chronic Dis* 2007;4(4). <http://www.cdc.gov/pcd/issues/2007/oct/070063.htm>. Accessed 12 June 2019.

²³ US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

When extrapolating this data out by race, we find that minority populations have disproportionately higher uninsured rates compared to Non-Hispanic Whites as can be seen demonstrated in the table below.

	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Report Location	9.74%	8.36%	26.67%	8.82%	50.00%	22.07%	15.78%
Audrain	10.63%	6.38%	25.58%	0.00%	50.00%	38.46%	16.84%
Pike	8.50%	12.78%	50.00%	9.52%	No Data	8.75%	12.95%
Missouri	8.41%	12.08%	15.04%	8.75%	21.46%	25.25%	10.86%
U.S.	5.93%	9.94%	18.99%	6.44%	10.79%	19.79%	10.67%

Public Health Insurance. Due to higher populations with low-income and poverty status, as well as higher levels of disability and population over the age of 65, the primary two-county service area has higher rates of individuals participating in public health insurance options including Medicare, Medicaid, and VA health care coverage. It should be noted that as of 2020 Missouri passed Medicaid expansion and as enrollment continues across the state these percentages are expected to increase.

	Medicare alone	Medicaid alone	VA alone	Medicare alone or in combination	Medicaid alone or in combination	VA alone or in combination
Audrain	7.1%	13.4%	0.4%	21.7%	18.0%	3.4%
Pike	7.1%	14.0%	0.4%	21.8%	18.4%	2.7%
Missouri	6.7%	10.3%	0.4%	19.2%	14.4%	2.8%
U.S.	5.4%	14.8%	0.3%	17.6%	20.1%	2.3%

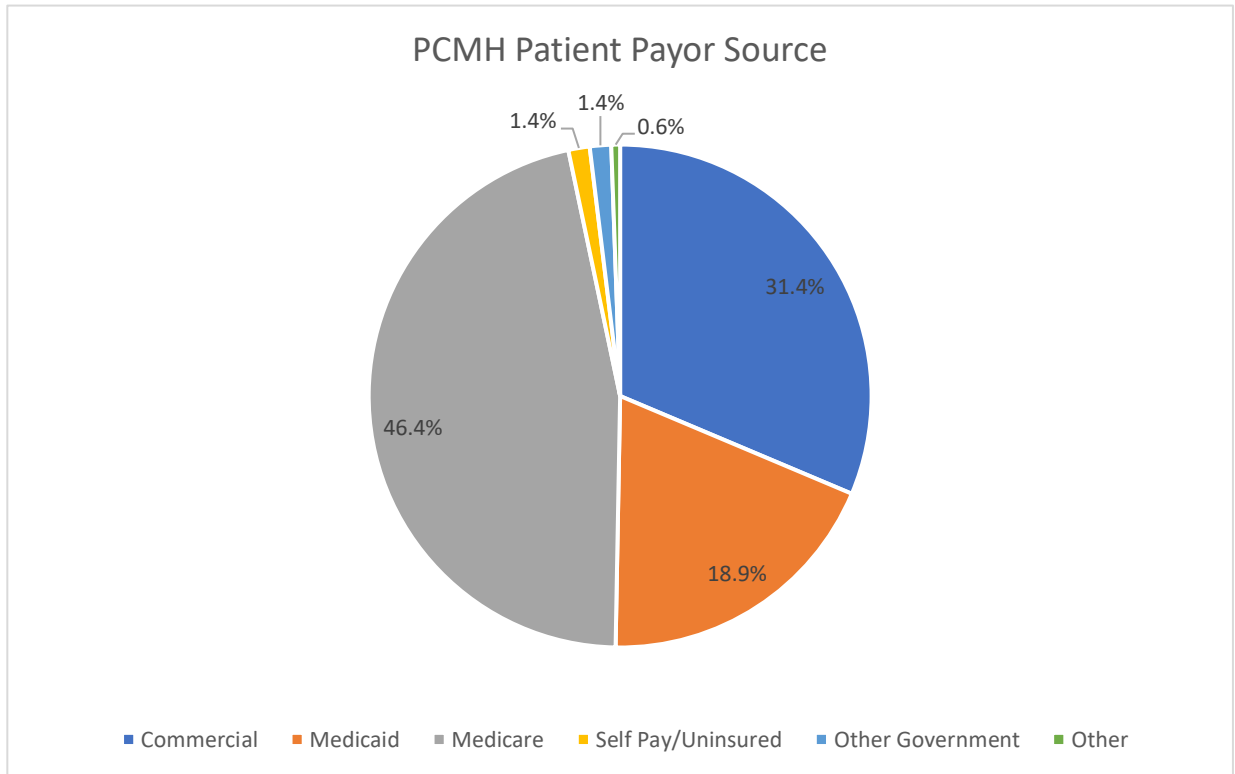
Dual Eligibility. Dual eligibility refers to individuals that are covered by both Medicare and Medicaid services. According to the Kaiser Family Foundation, individuals that are dually eligible are typically poorer and are more likely to be frail, live with multiple chronic conditions, and have functional and cognitive impairments.²⁵ While overall, only 15% of those enrolled in Medicaid are Medicare beneficiaries, this 15% accounts for 36% of Medicaid spending. Nearly three out of four Medicare beneficiaries that receive Medicaid have three or more chronic conditions and nearly six in ten have cognitive or mental impairments. These conditions often require medication and more frequent testing/labs and medical appointments.²⁶

²⁴ US Census Bureau, American Community Survey. 2016-20. S2704: Public health insurance coverage by type and selected characteristics.

²⁵ Kaiser Family Foundation. (April 2012). Medicare’s role for dual eligible beneficiaries. <https://www.kff.org/wp-content/uploads/2013/01/8138-02.pdf>

²⁶ Kaiser Family Foundation. (16 Feb 2017). Medicaid’s role for Medicare beneficiaries. <https://www.kff.org/medicaid/issue-brief/medicaids-role-for-medicare-beneficiaries/>

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Lack of insurance often plays a significant role in an individual's decision-making regarding whether or not to seek primary and preventative health care services. Lack of coverage also typically means that people have limited choices in terms of where they may seek care.



FOCUS AREAS OF CONCERN

1. MENTAL AND BEHAVIORAL HEALTH

Behavioral health continues to be a growing concern within the service area as well as across the country. As seen above in the primary data results, mental and behavioral health were identified as a focus of concern by community stakeholders. Admittedly, the categories of mental and behavioral health are broad, encompassing many different aspects. Due to this, PCMH will continue working with stakeholders to further identify more specific community concerns within this category and from this develop an action plan to address these gaps.

National. The National Institute of Mental Health (NIMH) reports that approximately 1 in 5 adults in the United States has a mental illness. There are two categories for mental illness – Any Mental Illness (AMI) and Severe Mental Illness (SMI). AMI refers to all recognized mental illness, while SMI is a subset of AMI that is more severe. In 2020, it was estimated that 21.0% of all U.S. adults were suffering from AMI and 5.6% were suffering from SMI. Despite the high prevalence rates, only 46.2% of adults with AMI and 64.5% of adults with SMI received treatment in 2020. The numbers are similar for adolescents with approximately 49.5% of youth aged 13-18 having any mental disorder.²⁷

State. The following information is from the 2021 Status Report on Missouri’s Substance Use and Mental Health. From 2018-2019, 22.71% of Missouri adults aged 18 and older had AMI with young adults ages 18-25 accounting for 31.06%, while past-year SMI for Missouri adults was 5.56%. From 2017-2018, 9.07% of adults had a past year major depressive episode (MDE), while 14.78% of Missouri youth ages 12-17 had a past year MDE. Serious thoughts of suicide increased from 2018-2019 for adults 18 and older at 5.05%. This rate is higher for young adults aged 18-25 at 13.27%.

Service Area. Audrain and Pike County fall within the Central region for the Missouri Community Profile Assessments. According to the 2021 Community Profile “individuals struggling with serious mental illness are at higher risk for homicide, suicide, and accidents as well as chronic conditions including cardiovascular and respiratory diseases and substance use disorders.”²³ In 2020, there were 19.4% of adults in the Central region (inclusive of Pike and Audrain counties) that had a mental illness in the past year, 5.1% had a SMI, and 7.5% had at least one major depressive episode in the past year. This is defined as an extensive period of depression, decrease interest or pleasure, and overall impaired functioning.

Suicide is the 2nd leading cause of death for ages 10-34 in Missouri.²⁸ Pike County saw suicide death rates double in 2020 up to six deaths in 2020 compared to three deaths in 2019, while Audrain County saw a slight decline in suicide deaths down to four from five the previous year.^{29,30}

²⁷ National Institute of Mental Health. (2022). Mental illness. <https://www.nimh.nih.gov/health/statistics/mental-illness>

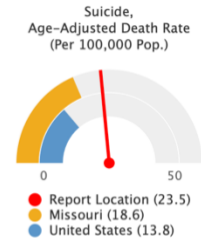
²⁸ Community Profile 2021 Pike County. <https://dmh.mo.gov/media/pdf/community-profile-2021-pike-county>

²⁹ Substance Use and Mental Health Indicators Pike County 2021. <https://dmh.mo.gov/media/pdf/substance-use-and-mental-health-indicators-pike-county-2021>

³⁰ Substance Use and Mental Health Indicators Audrain County 2021. <https://dmh.mo.gov/media/pdf/substance-use-and-mental-health-indicators-audrain-county-2021>

Suicide is an indicative of poor mental health, and the chart below shows the five-year average rate of death due to suicide from 2016-2020. For the two-county region, there were a total of 54 deaths from suicide, which is a rate of 23.5 per 100K age-adjusted which is higher than both the state (18.6) and national rates (13.8).³¹

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Report Location	43,744	54	24.7	23.5
Audrain County, MO	25,472	30	23.6	23.4
Pike County, MO	18,273	24	26.3	23.8
Missouri	6,124,392	5,780	18.9	18.6
United States	326,747,554	233,972	14.3	13.8



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER, 2016-2020. Source geography: County

Pike County Memorial Hospital records indicate there were 2,014 visits with Licensed Clinical Social Workers (LCSW) in 2021. As of April 2022, PCMH has already had approximately 757 scheduled mental health appointments with the two LCSWs.

	Mental Disorder Principal or Secondary Diagnosis (2019)			Suicide (2020)
	ER, then discharged	ER, then admitted	Admitted without ER	
Audrain Co	710	364	348	4
Pike Co	491	224	249	6
TOTAL	1201	588	597	10

Access to mental health services has been identified as a priority health issue and is further discussed in the Access to Care section below.

³¹ SparkMap. Community needs assessment. Mortality-suicide. <https://cares.page.link/aSy9>

2. SUBSTANCE USE DISORDER

Substance use disorder was another area identified by community stakeholders as a major area of concern. This is intricately connected to mental and behavioral health and again encompasses a broad scope of issues. Community survey respondents indicated crisis intervention/stabilization services, medication assisted treatment (MAT), and long-term recovery housing as the top three areas of concern. In order to best address the needs of the community, PCMH will continue to work with community stakeholders to analyze the concerns so as to find a targeted approach to addressing the needs of the community surrounding substance use disorder.

According to the 2019 National Survey on Drug Use and Health (NSDUH), 38.8% of U.S. adults with a past-year substance use disorder (SUD) have AMI in the past year and 49.4% for adults with a past-year SUD have SMI in the past year. For adults aged 18 and older in Missouri that had past year AMI, 46.6% received mental health services, similar to national rates of 43.6%.³²

Audrain and Pike County fall within the Central region for Community Profile Assessments. According to the 2021 Community Profile, prescription drug misuse is of growing concern both across the nation and in Missouri, 4.4% of adults in the Central region reported misuse of prescription pain medication in the past year.³³ Alcohol is the most commonly used substance by adults in Missouri. The Central region has 27.1% of adults that have had 5 or more drinks of alcohol on a single occasion in the past 30 days and 51.8% currently drink.

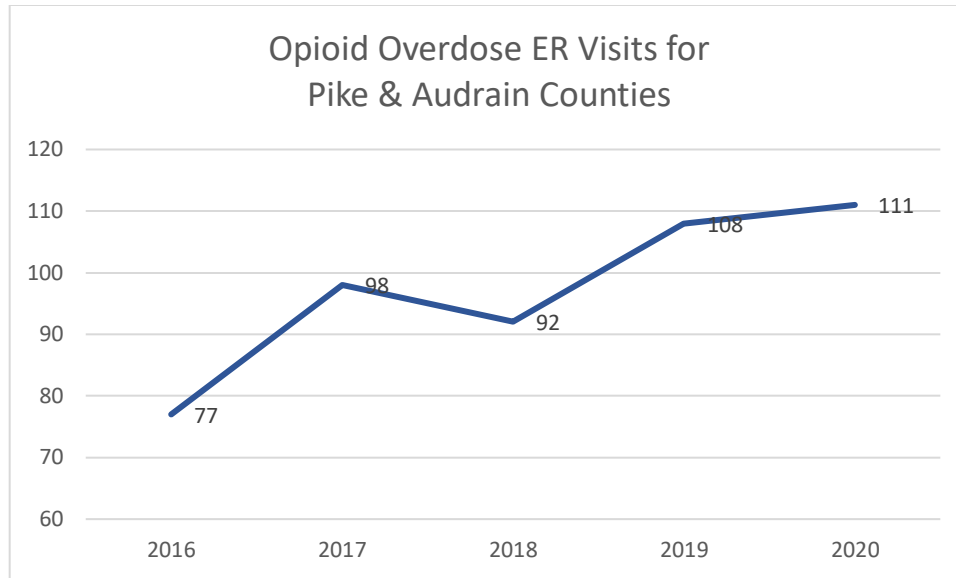
Table 12: Alcohol Disorders				
	Alcohol Disorder Principal or Secondary Diagnosis (2019)			Alcohol Induced Deaths (2020)
	ER, then discharged	ER, then admitted	Admitted without ER	
Audrain Co	91	53	49	0
Pike Co	74	36	46	2
TOTAL	165	89	95	2

Table 13: Drug Disorders				
	Drug Disorder Principal or Secondary Diagnosis (2019)			Drug Induced Deaths (2020)
	ER, then discharged	ER, then admitted	Admitted without ER	
Audrain Co	113	67	87	4
Pike Co	66	46	95	2
TOTAL	179	113	182	6

Opioid Related Emergency Room Visits. As can be seen in the graph below, opioid overdose ER visits have been steadily increasing for Pike and Audrain counties for the five-year period 2016-2020.

³² Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Missouri, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA-20-Baro-19-MO. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.

³³ <https://dmh.mo.gov/media/pdf/community-profile-2021-pike-county>



While this does not appear to be a large volume, the 2020 rates per 1,000 population are quite high, with Pike County having a rate of 2.05 and Audrain 3.02 for opioid overdose ER visits. Missouri’s rate is 1.75, inclusive of St. Louis City.³⁴

OUD/SUD Diagnoses. Opioid use diagnoses for the service area ranged between a low of 7.84 in Curryville (Pike Co.) to a high of 33.74 in Rush Hill (Audrain Co.) per 1,000 for 2020.³⁵ This data is Y2018-20 hospital inpatient, emergency department, and outpatient diagnosed opioid use rate (rate per 1,000).

Dispensing Rate. The risk for addiction and abuse is a multifaceted issue, complicated by social and economic risk factors. The CDC reports show that opioid dispensing rates have been decreasing across the nation with the opioid dispensing rate per 100 persons being 81.2 in 2010 and 43.3 in 2020.³⁶ Rates have slightly increased during this time period for Pike County, with an average dispensing rate of 39.2 in 2010 and 40.2 in 2020, compared to the state rate of 91 in 2010 and 54.4 in 2020. However, dispensing rates for Audrain County have significantly declined over this same ten-year period from 96.6 in 2010 to 26.4 in 2020.³⁷

Access to substance use disorder services has been identified as a priority health issue and is discussed in the Access to Care section below.

³⁴ <https://health.mo.gov/data/opioids/nonfatal-overdoses.php>

³⁵ Washington University School of Medicine, Hospital Industry Data Institute, Missouri ZIP Health Rankings. 2020. Source geography: ZIP Retrieved June 15, 2022.

³⁶ <https://www.cdc.gov/drugoverdose/rxrate-maps/index.html>

³⁷ CDC. U.S. opioid dispensing rate maps. 2010. 2020. Retrieved from <https://www.cdc.gov/drugoverdose/rxrate-maps/index.html>

3. OBESITY AND NUTRITION

Education surrounding nutrition and obesity was identified as an area of focus by community stakeholders through primary data collection. This is significant as poor nutrition and obesity are risk factors for many conditions such as heart disease, stroke, diabetes, certain cancers, and even musculoskeletal conditions such as arthritis. According to the Centers for Disease Control and Prevention 27.6% of U.S. adults are classified as obese. The two-county region has similar rates of obesity at 28.0%.³⁸ Those living in the region tend to view themselves as having poorer health with 22.6% of adults self-reporting their health as “fair” or “poor.” This is higher than adults for Missouri at 19.09% and the United States at 17.80%.³⁹

Physical Environment. The area in which one lives can play a major role in physical activity levels and access to services. For example, access to outdoor recreation can encourage exercise and other healthy behaviors. However, for the report area, only 8% of the population has access to a park within ½ mile of where they live, while 34% of Missourians and 46% of the U.S. population have access to park. Privately owned recreational and fitness facilities are limited in Audrain and Pike counties. There are two YMCA facilities as well as a variety of city and state parks, recreation, and wildlife areas that would offer outdoor physical activity opportunities.

Commuting. Due to the rural nature of the area and a lack of public transportation options, 84.74% of the working age population commute to work alone in a car. This is higher than both the state and national rates at 80.84% and 74.92% respectively. “This indicator provides information on how vital the transportation network is to people’s daily routines.”⁴⁰ The 2016-2020 ACS data also reveals that 8.65% of commuters have long commutes, defined as commutes that are longer than 60 minutes, this is higher compared to the rest of Missouri at 5.40% but lower than national long commute rates of 9.25%.⁴¹ Studies have shown that longer commutes are associated with increased risk for obesity, musculoskeletal disorders, high blood pressure, and increased stress to name a few.

Physical Inactivity. Physical activity and exercise are one factor that is relative towards the prevention of obesity as well as other significant health conditions. However, 25.4% of residents within the report location age 20 and older reported no active leisure physical activity.

³⁸ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County

³⁹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract

⁴⁰ <https://cares.page.link/Mb21>

⁴¹ US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

Table 14: Physical Activity/Environment					
	Parks within ½ mile⁴²	Recreational Fitness Facility Access⁴³	Commuting⁴⁴	Long Commute (>60 mins)	Physical Inactivity⁴⁵
Report Location	8%	0	84.74%	8.65%	25.4%
Audrain	7%	Suppressed	84.97%	7.02%	24.3%
Pike	10%	Suppressed	84.40%	11.17%	26.8%
Missouri	34%	10.30	80.84%	5.40%	24.8%
U.S.	46%	-	74.92%	9.25%	22.0%

Grocery Store Access. Healthy dietary behaviors are supported by access to healthy foods and the grocery stores that provide them. Due to the rural nature of the region and small population counts, the data is suppressed regarding the number of establishments in the Audrain and Pike County areas. In 2017, data reports show that the grocery store and supermarket rate per 100,000 was 6.81 for the two-county region, much lower than the state at 17.17 and the U.S. at 20.77. As of 2018, this data is suppressed.⁴⁶

As mentioned previously, diet and exercise are closely related to many health conditions. The effects of the lack of knowledge and education surrounding obesity, diet, and nutrition as noted by the community stakeholders can possibly be seen reflected in health status in the region as it does have higher rates of cancer, heart disease among Medicare beneficiaries, hypertension among Medicare beneficiaries, low infant birth weight; as well as higher rates of mortality for cancer, lung disease, and stroke when compared to the state and the country. This lack of education can be related to the fact that the two-county region has higher rates of individuals with no high school diploma as stated above, indicating a lower level of health literacy.

⁴² Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2015. Source geography: Tract

⁴³ US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County

⁴⁴ US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

⁴⁵ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County

⁴⁶ US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County

4. ACCESS AND INTEGRATION

Lack of access to providers was yet another area of concern identified by community stakeholders. This encompassed a variety of services including the following: mental/behavioral health such as provider shortages, lack of inpatient care and psychiatric access; lack of access to specialist such as dermatologist; and lack of access to basic care such as dental and pediatric dental care. Community survey respondents indicated a need for better transition between hospital and long-term care facilities and between different healthcare entities. Nearly 60% of respondents also indicated the need to develop a transportation network to address local transportation needs in order to improve access to care. Nearly 23% of respondents reported a lack of community awareness of available resources indicating a potential opportunity for the hospital to do additional awareness campaigns within the community.

MENTAL & BEHAVIORAL HEALTH.

Providers/Access to Care. The service area has very limited services for mental and behavioral health care focused primarily on individuals with acute needs.

Access to mental health services is particularly limited in Missouri. As of September 30, 2021, over 1.8 million of the population were in mental health HPSAs with 140 practitioners needed across the state for HPSA removal. This equates to only 5.9 percent of need met in the state.⁴⁷ The Rural Opioid Response Opioid Assessment Tool tells us that 33.9% (14,785) of the population in the report location are living in an area affected by a mental health HPSA, with 89.14% of the HPSA population being underserved. This compares to 30.36% of the Missouri population living in an area affected by a HPSA and 33.26% of the United States.⁴⁸ Workforce challenges include a serious shortage in the number of trained physicians, nurse practitioners, and physician assistants able to prescribe MAT for OUD; insufficient numbers and access to behavioral health specialists. There is great need for staff to have the proper education and preparedness to help patients, particularly those who serve low-income populations. Improved training and education are critical to address skill and attitudinal barriers.

Alcoholics Anonymous and Narcotics Anonymous, along with Celebrate Recovery are the primary recovery and rehabilitation options throughout the area. Other resources exist, such as the Aviary Recovery Center, but can be costly and not affordable for the majority of those in need of such services. Surrounding communities have resources that include mental health facilities, such as Preferred Family Health, CenterPoint, Arthur Center, Turning Point and Clarity Healthcare. Transportation to these resources is an additional challenge faced by many that are in treatment or recovery. Along with finances and transportation, substance users are not always aware of available resources or where to turn for help. Poverty and low education levels compound these challenges. Testimony from one individual during a previous town hall meeting (paraphrased): “When I decided to get clean, I had burned every bridge and spent every dollar on my addiction. I had nothing and no one. When you are that low and that strung-out, you don’t know how to look for help.”

⁴⁷ <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22missouri%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Percent%20of%20Need%20Met%22,%22sort%22:%22asc%22%7D>

⁴⁸ US Census Bureau, American Community Survey. 2016-20. Source geography: HPSA

In terms of the work force available to address behavioral health and substance use needs, access is limited. There are limited providers in the northeast region of Missouri that specialize in addiction/substance use treatment. The Aviary Recovery Center located in Pike County Missouri provides both long-term and short-term SUD inpatient treatment to individuals only on private-pay or private insurance reimbursable terms. Most of their clientele come from metropolitan areas or other parts of the United States. Turning Point Services offers very limited outpatient appointments for SUD and has no inpatient beds available in the service area. Inpatient detox beds are available in nearby Marion County, Missouri through Mark Twain Behavioral Health (Turning Point Administrator) but are limited to less than 16 beds during the COVID pandemic. Mark Twain Behavioral Health will consider referrals from our service area for inpatient detox based on bed availability and their waiting list. The Arthur Center has limited outpatient mental health services in the region. There are nine mental health providers and two mental health facilities in the area that specialize in mental health care. The facilities include SSM Audrain Health Care, Inc. and Evergreen Behavioral Services, LLC, both in Mexico, Missouri (Audrain County). The providers consist of three MDs, two M.S., one MSW, two LPCs, and one psychologist.

Both Pike and Audrain Counties are designated as a health professional shortage area (HPSAs) for mental health with only 35 mental health providers in the report location.



Data Source: SparkMap

As of February 2022, there three buprenorphine providers in the two-county region, for a rate of 9.06 providers per 100K, a rate actually higher than the state (5.43) and national (7.62) averages.⁴⁹ However, there are zero providers in the two-county region that specialize in addiction or substance abuse treatment, rehabilitation, addiction medicine, or providing methadone.

Table 15: Addiction/Substance Abuse Providers⁵⁰			
	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Report Location	0	0	0
Audrain	0	0	0
Pike	0	0	0

⁴⁹ US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Feb. 2022. Source geography: Address

⁵⁰ Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). May, 2021. Source geography: Address

Missouri	188	278	4.52
U.S.	15,213	68,231	20.38

Due to the lack of behavioral and mental health care providers, primary care providers are often the point of entry for screening and treatment of these conditions. Based on provider input, hospital and rural health clinic administration input, lack of workforce, and lack of local training and education opportunities, there is significant need to “skill up” the local work force, to include law enforcement, EMS personnel, school personnel, health care providers, nurses, and care teams, including patient navigators, and peer specialists, among others. As identified above, there is very limited work force capacity in the area, so a well-trained and educated primary care work force within the rural health clinics will be essential for managing patients with chronic conditions such as substance use disorder and opioid use disorder in the primary care setting, when feasible. However, both counties are also designated as Primary Care HPSAs, placing further burden on primary care physicians. As indicated previously in the report, there are gaps in the work force, specifically behavioral health providers, such as LCSWs, psychiatrists, LPCs, and peer support specialists, as well as a lack of patient navigators and care managers. There are nine mental health providers and two mental health facilities in Pike County and surrounding area that specialize in mental health care. The facilities include SSM Audrain Health Care, Inc. and Evergreen Behavioral Services, LLC, both in Mexico, Missouri (Audrain County). The providers consist of three MDs, two M.S., one MSW, two LPCs, and one psychologist.

SPECIALISTS

As identified by community stakeholders, lack of access to specialty care continues to be an issue for rural areas. Timely access to supportive healthcare can be critical for overall general health, disease prevention, early detection and treatment of diseases, reduced mortality, and improved quality of life. Rural residents encounter many barriers to care that can prevent individuals from easily obtaining care. Barriers can include lack of financial means to pay for services, lack of transportation options, inability to take paid time off from work, communication difficulties due to low health literacy, workforce shortages, lack of access to insurance, and stigma regarding certain conditions. Some of the specialists identified as being needed by the community included dermatologists, gynecologists, dental care, and pediatricians. Over 52% of survey respondents identified the need for an on-site psychologist as being a priority.

Barriers

Distance to Care. Due to the rural nature of Pike and Audrain counties, individuals often must travel long distances in order to get specialty services. The region lacks public transportation options making long distance travel very difficult for some individuals particularly children and the elderly.

Workforce Shortages. The region is identified as having HPSA designations for primary, mental, and dental care.⁵¹ This lack of providers can make it difficult for individuals to access care in a timely fashion due to long wait times.

Uninsured. In general, those without health insurance access healthcare services less frequently due to the high cost of medical care. As the region has high uninsured rates as well as high levels of low-income families, many will choose to forgo healthcare services. Health insurance itself is also costly

⁵¹ Health Resources & Services Administration. HPSA find. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

and many in the region are priced out of private insurance plans. “A RUPRI Center for Rural Health Policy Analysis policy brief, Health Insurance Marketplaces: Issuer Participation and Premium Trends in Rural Places, 2018, evaluated changes in average health insurance marketplace (HIM) plan premiums from 2014 to 2018. Average premiums were higher in rural counties than in urban counties. In addition, rural counties were more likely to have only one insurance issuer participating in the HIM.”⁵²

Broadband Access. PCMH is working to further integrate telehealth services, including telepsychiatry a priority identified by the community. However, many rural areas lack the access to broadband internet services that would support telehealth services, or do not have funds to purchase equipment that could support telehealth.

Education. Health literacy often impacts a person’s ability to understand health information and instructions from their healthcare providers. This is of particular importance for the two-county service area due the lower educational levels and higher rates of poverty seen. This lack of education can make not only understanding medical advice difficult but can also impact the individual’s ability to navigate a complex healthcare system in general.

Stigma. There is often a lack of anonymity in rural areas that can lead individuals to be concerned over privacy regarding their health. Social stigma regarding certain conditions or personal issues may deter individuals from seeking the care they require.

⁵² Rural Health Information Hub. Healthcare access in rural communities.
<https://www.ruralhealthinfo.org/topics/healthcare-access>

IMPLEMENTATION STRATEGY

As a result of the CHNA, PCMH will adopt an implementation strategy to address the needs identified by the community and stakeholders. For each of the needs identified, PCMH's implementation strategy plan will describe how the hospital plans to address the needs, anticipated impacts, identification of resources planned to be used to address the identified needs, and a description of planned collaboration between PCMH and other organizations. In the event that the hospital does not intend to address an identified need, an explanation as to why not will be provided. It is understood that the hospital may partner with other organizations in order to implement the strategy. Should the hospital have more than one facility, an implementation strategy will be written for each location. Implementation strategies are adopted when the authorized body approves it. This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990, as stated in Section 501(r)(3).⁵³

ADDRESSING THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY

While a full implementation strategy is yet to be established, PCMH already has several projects and strategies in place that the implementation strategy will include and expand upon.

Mental & Behavioral Health and Substance Use Disorder: PCMH was a recipient of the HRSA Rural Opioid Response Planning Grant as a consortium with Pike County Health Department, Pike County Sheriff Department, Northeast Correctional Facility, and The Aviary Recovery Center. Town hall meetings were hosted in Pike, Montgomery, and Audrain counties. In addition, the planning grant consortium was included in monthly discussions at the Pike Community Care Partnership meetings. This group meets monthly and includes healthcare, social service providers, law enforcement, judiciary, and other community services.

PCMH then applied for a HRSA RCORP Implementation grant that would capitalize on the strong relationships between PCMH, the local judicial system and the drug court to keep people out of prison and connected to services needed. Unfortunately, this project was not funded. PCMH has applied for an additional HRSA RCORP funding opportunity that would focus on medication assisted treatment (MAT) services and counseling. The result of this application is still pending at the time of this writing.

In addition, PCMH now provides LCSW services for counseling in the local schools.

Obesity/Nutrition: PCMH is in the final months of a HRSA Small Healthcare Provider Quality Improvement Grant. This project addresses chronic diseases and underlying causes including obesity.

⁵³ IRS. Community health needs assessment for charitable hospital organizations – section 501(r)(3). <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

Access: PCMH has already taken some steps to address access including establishing Dr. Whitlock for primary care hours at the walk-in clinic. PCMH is also working to contract an onsite psychologist with experience in the needs cited by the community that would be available three days a week.

PCMH has already implemented an infusion center helping to bridge the gap in access to care. This center provides infusion services that are particularly critical for those with immunocompromising conditions such as rheumatoid arthritis. PCMH was happy to be able to provide monoclonal antibody treatments for patients suffering from COVID-19 and will continue to provide this service as treatment is made available and is needed in the community.

Judge Milan Berry has also implemented one court day per month designated as “Resource Docket Day” where various types of providers set up tables and provide information to offenders about what services are available to help them helping to bridge the gap for this vulnerable population.

Within the timeframe described above, the hospital will continue to meet to develop a plan to address the identified needs of the community and formulate a strategic plan to address these gaps. Community feedback is welcome during this process.

NOT ADDRESSING A SIGNIFICANT HEALTH NEED

At this time, the hospital plans to address all significant health needs identified. However, should through the planning phases of the implementation strategy reveal a need to forgo addressing a significant health need, the hospital will provide an explanation of the reasons for not addressing the need. Reasons for not addressing a significant health need could include but are not limited to the following: Resource constraints, other facilities or organizations in the community are addressing the need, relative lack of expertise or competencies to effectively address the need, a relatively low priority assigned to the need, and/or a lack of identified effective interventions to address the need.

COLLABORATION ON CHNA REPORTS

The following is a list of CHNA collaborative partners including PCMH and Community Asset Builders, LLC.

Pike County Memorial Hospital

2305 Georgia Street
Louisiana, MO 63353
(573) 753-5531
www.pcmh-mo.org

Pike County Memorial Hospital has proudly served the residents of Pike County, Missouri with a tradition of quality healthcare since 1928. Throughout the years the hospital has made changes to best meet the needs of the community.

Pike County Memorial Hospital is a licensed acute care facility. The hospital provides extensive inpatient and outpatient services that include the latest technologies in radiology, laboratory testing, surgery, physical therapy and much more. The hospital's clinics include services in allergy, cardiology, orthopedics, podiatry, pulmonology, gynecology, and pain management.

Emergency Center. Shortly after the opening of the new Emergency Center, thanks to the generous support of the community, the Radiology Department and Laboratory were enlarged and modernized. A large waiting room was placed just outside the Emergency Center. The Respiratory, Cardiac and Physical Therapy departments were moved to a new addition on the East side of the hospital providing much more space to meet the needs of increased services. In the past two years, the patient care unit and the Outpatient Surgery Departments have been completely renovated. The state-of-the-art Emergency Department is manned 24-hours a day to serve the area. Pike County Memorial Hospital operates the ambulance service for the Pike County area. In addition to the services provided through the hospital, there are Eastern Missouri Health Services clinics located in Bowling Green and Louisiana that provide family health medical services to individuals in the community.

Pike County Memorial Hospital provides general medical and surgical care for inpatient, outpatient, and emergency room patients, and participates in the Medicare and Medicaid programs.

Emergency room services are available on a 24-hour per day, seven-day per week basis.

Leadership Team.

Tylie Mills, RN, BSN, MHA
Chief Executive Officer
573-754-5531, ext. 7105
tmills@pcmhmo.org

Jeff VanHorn, MBA
Chief Financial Officer
573-754-5531, ext. 7112
jvanhorn@pcmhmo.org

Pamela Haemker, MSN, RN
Chief Nursing Officer
Director Risk & Regulatory
573-754-5531, ext. 7107
phaemker@pcmhmo.org

Layne Ebers, MBA
Director Human Resources & Marketing
573-754-5531, ext. 7106
lebers@pcmhmo.org

Community Asset Builders, LLC

2412 Hyde Park Road, Suite B
Jefferson City, MO 65109-4781
(573) 632-2700
www.cabllc.com
info@cabllc.com

Community Asset Builders, LLC (CAB, LLC) was established in 2001 and provides planning, technical assistance and resource development services and expertise to a diverse group of nonprofit organizations, primarily in the State of Missouri and surrounding states that are often the safety net for vulnerable populations.

Suzanne Alewine, co-founder and principal, brings 25 years of experience to her clients. She provides a variety of services to a diverse array of non-profit clients that include Federally Qualified Health Centers, hospitals, local public health agencies, statewide associations, state agencies and numerous other non-profit organizations. Her focus includes providing technical assistance to identify tools and resources to design and sustain community and organizational processes and interventions, develop effective communication strategies, evaluate programs and services, and utilize technology for effective change and cost efficiency. Suzanne also serves as Executive Director of the Missouri Rural Health Association.

Doris Boeckman, co-founder and principal, has more than 35 years of experience in healthcare, indoctrinated into healthcare as the Executive Assistant to the Medicaid Director for nearly 13 years (serving through three administrations), and continuing her passion for health improvement by serving as a grants administrator for the Missouri Infertility Program for the Missouri Family Health Council, and then as the director of community health for the Missouri Hospital Association. Using that knowledge, she then became an interventions specialist for the Missouri Department of Health and Senior Services' CHART initiative and left in 2001 to create a new path for the future. Her emphasis is in strategic planning, grant writing, resource development, association management and event planning for a host of primarily non-profit organizations, to include federally qualified health care centers, hospitals, local public health agencies and state associations. She also supports youth-related organizations, community mental health centers and state agencies, in addition to other local, regional, and statewide organizations. Doris has a degree in Business Administration with an emphasis in marketing from Lincoln University.

APPENDIX

PIKE COUNTY MEMORIAL HOSPITAL CLINIC LOCATIONS

Louisiana Clinic

2305 Georgia – 3rd Floor
Louisiana, MO 63353
573-754-4584

Walk In Clinic

1420 S Business 61
Bowling Green, MO 63334
573-324-5562

Bowling Green Clinic

1015 West Adams
Bowling Green, MO 63334
573-324-5300

Vandalia Clinic

425 N Galloway
Vandalia, MO 63382
573-594-2111

PIKE COUNTY MEMORIAL HOSPITAL SERVICES AND PROVIDERS

Family Practice Providers at Pike County Memorial Hospital.

Physician Name	Clinic Location
Casey Jennings, DO	Bowling Green Medical Clinic
Aaron Trone, DO	Vandalia Medical Clinic
Jennifer Hunn, FNP	Bowling Green Medical Clinic
Emily Jensen, PA	Bowling Green Medical Clinic Vandalia Medical Clinic
Stephanie Walker, FNP	Vandalia Medical Clinic
Erin Anderson, FNP	Louisiana Medical Clinic
Tracy Fite, MD	Louisiana Medical Clinic
Michael Whitlock, DO	Bowling Green Medical Clinic
Audra Wyble, FNP	Bowling Green Medical Clinic

Specialists at Pike County Memorial Hospital.

Specialty	Physician name	Availability
Cardiology	Arun Venkat, MD	Every 1 st and 3 rd Thursday
Cardiology	Glenn Davison, MD	Every 1 st and 3 rd Monday
Cardiology	James Ellison, MD	Every 2 nd and 4 th Monday
Neurology	Austin Hake, MD	Every Monday
Pulmonology	Brooke Colbert, MD	Every 1 st , 3 rd Tuesday
Rheumatology	Sandra Hoffmann, MD	Every 1 st and 3 rd Friday
Rheumatology	Robert Jackson, DO	Every 3 rd Friday
Rheumatology	Daniel Jost, MD	Every Last Thursday of the Month
General Surgery	Harsha Polavarapu, MD	Every 2 nd and 4 th

		Wednesday
Ophthalmology	Steven Lee, MD	Every First Tuesday of the Month
Orthopedic/Sports Med	Matthew Melander, DO	Every Tuesday
Pain Management	Vivek Manchanda, MD	Every 2 nd and 4 th Monday
Podiatry	Douglas Freel, DPM	Every 1 st and 3 rd Wednesday

Other Services Provided:

- Primary Care and Walk-in Clinics
- 24 Hour Emergency
- Dietary Consultation
- Laboratory
- Physical Therapy
- Radiology
- Cardiopulmonary
- Inpatient/Outpatient
- Medical/Surgical Unit
- Wound Care Clinic
- Swing Bed

COMMUNITY RESOURCES

EMERGENCY HOTLINES

- Call 911 for immediate emergencies
- Pike Co. Sheriff's Dept.Non-Emergency (573) 324-3202
- Louisiana Police Dept.Non-Emergency (573) 754-4021
- Bowling Green Police Dept.Non-Emergency (573) 324- 3200
- 24 Hour Crisis Hotline573-582-1234
- Veteran Crisis Line1-800-273-8255 press 1
- Child Abuse1-800-392-3738
- Elderly Abuse1-800-392-0210
- Pike County Memorial Hospital - Emergency Room
3205 Georgia St., Louisiana573-754-5331
- Domestic Violence Avenues Local Hotline1-800-678-7713
- Domestic Violence National Hotline1-800-799-7233
- Poison Control1-800-222-1222
- Suicide Hotline1-800-232-4636
- Suicide Lifeline1-800-273-TALK (8255)
- AIDS/STD1-800-232-4636
- Gambling1-888-238-7633
- Disaster Distress Help Line1-800-985-5990
- American Red Cross Disaster Services Hotline314-516-2700

CHILD CARE & ASSISTANCE FOR CHILDREN WITH SPECIAL NEEDS

- Child Care Aware of Missouri.....800-200-9017
1000 Executive Parkway, St. Louis, MO. 63141
- First Steps in Pike County.....573-564-9930
Helps families with developmentally delayed children find support, services and resources needed to raise healthy, happy, and successful children.
- Head Start Bowling Green573-324-0167
1903 W. Locust Street, Bowling Green
- Head Start Louisiana. 130 Memorial Dr., Louisiana.....573-754-5471
- The Learning Center. 805 Bus. Hwy 61, Bowling Green573-324-5153

Integrated Daycare Center for children birth to age 9 and preschool
for children with disabilities birth to age 5

LICENSED CHILD CARE PROVIDERS

- Jerry Betts. 719 W. Centennial Ave., Bowling Green.....573-324-3644
- Small Wonders Daycare - Mandy Burnett.....573-324-6845
512 S. 15th St., Bowling Green
- Kristy Cannon. 420 Mc Ward Dr., Bowling Green573-324-3951
- Roberta Orf. 1011 Highway 161, Bowling Green.....573-470-1223
- Just Like Home Daycare – Joyce Luebrecht.....573-324-5580
100 N. Science, Curryville
- Rita Baker. 3519 Hickory Dr., Louisiana573-754-5917
- Wanda Pursiful. 121 18th St., Louisiana.....573-754-3799
- Alyssa Sloan. 1017 W. South St., Bowling Green.....573-324-8044

BEFORE & AFTER SCHOOL PROGRAMS

- Bowling Green573-324-9991
- Clarksville.....573-242-3546
- Frankford.....573-784-2550
- BONCL573-754-5412
- Louisiana.....573-754-6904

MATERNAL

- Women Infants and Children - Pike County Health Department
- 1 Healthcare Place, Bowling Green573-324-2111
- Options for Women
- 1420 S. Business 61 Suite B, Bowling Green.....Call: 573-213-5115
Text: 573-222-0891

OTHER RESOURCES/PROGRAMS

- Family Support Division (*Child Care Assistance*)573-324-2243
1610 Business Hwy 54 West, Bowling Green
- Twin Pike Family YMCA Youth Sports & Mentoring Programs.....573-754-4497
614 Kelly Lane, Louisiana
Youth Sports & Mentoring Programs
- Community Diaper Bank - Pike County Health Department573-324-2111
1 Healthcare Place, Bowling Green
- Bright Futures
- Kids in Motion
- Lunch Buddies

DENTISTS ACCEPTING MEDICAID

- Hannibal Dental Group (*Accepts Medicaid for those age 20 and younger*)
2727 St. Mary's Ave., Hannibal.....573-221-1227
- Clarity Healthcare
141 Communication Dr., Hannibal.....573-603-1460
- Clarity Healthcare. 1 Healthcare Place, Bowling Green573-324-2200
- Community Dental Center. 248 N Morgan St., Kahoka.....660-727-1500
- Northeast Missouri Health Counsel

(Need letter from primary physician of medical necessity for dental work)

- 402 W Jefferson Street 2nd Floor, Kirksville.....660-665-2741
- Give Kids A Smile 340-A Mid Rivers Mall Drive, St. Peters.....636-397 -6453

LOCAL DENTISTS

- Stephen Chismarich, DDS. 310 W Main, Bowling Green.....573-324-2238
- Michael Vallor. 211 Georgia, Louisiana.....573-754-4030
- Great Smiles - Kevin Harrell DDS.....573-324-6969
520 West Main St., Bowling Green
- Gentle Healthy Smiles. 106 South Main St., Vandalia.....573-594-6166

EDUCATION AND EMPLOYMENT

- Bowling Green/Frankford R1
 - Superintendent Office.....573-324-5441
 - High School Office.....573-324-5341
 - Middle School Office.....573-324-2181
 - Elementary Office.....573-324-2042
 - Frankford Office.....573-784-2550
- BONCL R-X
 - Office.....573-754-5412
- Clopton Schools R3
 - Superintendent Office.....573-242-3546
 - High Office.....573-242-3546
 - Elementary Office.....573-485-2488
 - Pike/Lincoln Tech.....573-485-2900
- Louisiana R-2
 - Superintendent Office.....573-754-4261
 - High School Office.....573-754-6181
 - Middle School Office.....573-754-5340
 - Elementary Office.....573-754-6904

RELIGIOUS SCHOOLS

- St. Clement Catholic School.....573-324-2166
- Pike County Christian School.....573-324-2700

SCHOOLS FOR DISABLED

- Lillian Schaper School for the Severely Disabled.....573-324-3257
902 Independence Drive, Box 86, Bowling Green

GED PROGRAMS

- Pike Lincoln Technical Center. 342 Vo Tech Road, Eolia.....573-485-2900
- Moberly Area Community College
First United Methodist Church.....800-622-2070
8 North Broadway, Bowling Green

EMPLOYMENT SERVICES

- Missouri Career Center (Unemployment Office).....573-248-2520
203 N. 6th St., Hannibal
- Job Corps.....1-877-261-8580

- Pike County Development Authority.....573-324-2077
914 W. Main St., Bowling Green

HEALTH & WELLNESS EDUCATION

- Pike County Health Department Home Health & Hospice573-324-2111
1 Healthcare Place, Bowling Green
*CPR, First Aid, Car Seat Safety, Farm Safety, Diabetes
Counseling, Food Safety, Health Education, Safe Sitter,
Safe @ Home and more.*
- Pike County Memorial Hospital. 2305 Georgia St., Louisiana573-754-5531

COLLEGES & VOCATIONAL SCHOOLS

- Hannibal Vocational Rehabilitation573-248-2409
112 Jaycee Drive, Hannibal
- Pike Lincoln Technical Center573-485-2900
342 Vo Tech Road, Eolia
- Hannibal Career and Technical Center573-221-4430
4550 McMasters Avenue, Hannibal
- Hannibal-Lagrange College573-221-3675
2800 Palmyra Road, Hannibal
- Moberly Area Community College1-800-622-2070
101 North College Ave., Moberly
- St. Charles Community College636-922-8000
4601 Mid Rivers Mall Drive, Cottleville
- Missouri Baptist College. 1 College Park Drive, St. Louis314-434-1115

GENERAL HEALTH

- Pike County Health Department, Home Health & Hospice573-324-2111
1 Healthcare Place, Bowling Green
- Pike County Memorial Hospital573-754-5531
2305 Georgia St., Louisiana

MEDICAL CLINICS

- Pike County Memorial Hospital Clinics573-324-5300
1015 W. Adams, Bowling Green
- Pike County Memorial Hospital Clinics573-754-4584
2305 Georgia St., Louisiana
- Pike County Memorial Hospital - Urgent Care573-324-5562
1420 S Business 61, Bowling Green
- Pike County Memorial Hospital Clinics (Audrain Co.)573-594-2111
425 N Galloway, Vandalia
- Hannibal Clinic. 710 Bus Hwy 61 S., Bowling Green573-324-2063
- Bowling Green Medical Group573-324-3333
905 Bus Hwy 161, Bowling Green
- Hannibal Regional Medical Group/Pike Medical Clinic573-754-5555
211 S 3rd, Louisiana
- Hannibal Regional Medical Group - Urgent Care573-324-2241
8 Town Center Drive, Bowling Green
- Tri-County Women’s Health Care –OB/GYN636-327-3100
801 Medical Drive, Suite 400, Wentzville
- Clarity Healthcare. 141 Communication Dr., Hannibal573-603-1460

OUTPATIENT SERVICES (PT, OT, SPEECH, REHAB, LAB, SPORTS MEDICINE, ETC)

- Advanced Physical Therapy & Sports573-324-6079
710 Bus Hwy 61 Suite 100
- Pike County Health Department, Home Health & Hospice573-324-2111
1 Healthcare Place, Bowling Green
- Pike County Memorial Hospital573-754-5531
2305 Georgia St., Louisiana
- Pike County Memorial Hospital Physical Therapy/ Sports Medicine
2305 Georgia St., Louisiana.....573-324-3105
- Certified Athletic Trainers/Athletic Enhancement - Pike County Memorial Hospital
2305 Georgia St., Louisiana.....573-754-5531
Concussion Tests

PHARMACIES

- County Market Pharmacy573-324-3383
1106 Bus 61, Bowling Green (Inside Save-A-Lot)
- Bowling Green Pharmacy & Hearing Aid Center573-324-2112
8 N Court St., Bowling Green
- Family Drug. 301 Georgia St., Louisiana.....573-754-4551
- Walmart Pharmacy. 3 Town Center Dr., Bowling Green573-324-0004

LEGAL AID

- Legal Services of Eastern Missouri (LSEM).....573-248-1111
801 Broadway Room 200, Hannibal or 1-800-767-2018

LIVING ASSISTANCE

Low Income & Senior Housing

- Tella Jane Senior Living. 400 Tella Jane Ave., Louisiana.....573-242-3349
- Clarksville Estates. 399 North 1st, Clarksville.....573-242-3349
- Heritage Place Residential Living573-253-4214
100 Heritage Place Lane, Bowling Green
- Bowling Green Housing Authority.....573-324-5203
510 W. Champ Clark Dr., Bowling Green
- Bowling Green Apartments. 1800 W. Main, Bowling Green573-324-6353
- Creekside Apartments. 101 Creekside Drive, Bowling Green.....573-227-8636
- Court St. Apartments. 22A N. Court St., Bowling Green573-227-8636
- NECAC Property Management

Disabled Housing

- Ruth Jensen Village (Disabled Retirement & Assisted Living)
5 Industrial Drive, Bowling Green573-324-3580

FOOD

- Louisiana Community Food Pantry
414 Georgia Street, Louisiana.....573-754-2421
- The Hope Center, Chapel and Food Pantry
T, TH, Sat. 10am to 12pm
30 N. Court St., Bowling Green573-324-6255
- Pike Pioneers Senior Center/Meals on Wheels - Louisiana573-754-6511
- Pike Pioneers Senior Center/Meals on Wheels - Bowling Green573-324-5001

CLOTHING & HOUSEHOLD GOODS

- Community Bargain Shop. 3430 Georgia St., Louisiana.....636-970-9247
- Pike Resale Shop. 19 N. Main Cross, Bowling Green.....573-324-5569

GENERAL HOUSEHOLD ASSISTANCE

- North East Community Action Corporation (NECAC).....573-324-6633
Bowling Green, Community Services, Energy Assistance, In-Home Services, Housing Rent Assistance, Housing Development, Weatherization and more.
- United Way West Region.....636-939 3300
- The Salvation Army1-800-533-6865
- American Red Cross.....636-397-1074
- The Trimble House.....573-754-5369
- NECAC.....573-324- 2207
- Division of Family Services - Children's Division573-324-2243
- Dept. of Health and Senior Services.....573-324-2243
- Ministerial Alliance
 - Bowling Green (Mike Gillen)573-324-3918
 - Louisiana (Randall Cone).....573-754-3285
- St. Vincent DePaul.....314-881-6000
- Hope Center.....573-324-6255
- Options for Women.....573-213-5115

Text: (573) 222-0891

LONG-TERM/SENIOR CARE

- Country View Nursing Home. 2106 W Main St., Bowling Green.....573-324-2216
- Maple Grove Nursing Home. 2407 Kentucky St., Louisiana.....573-754-5456

ASSISTED LIVING FACILITIES

- Bowling Green Residential
119 W Centennial Ave., Bowling Green.....573-324-5560
- Parkside Manor. 300 S St Charles St., Bowling Green.....573-324-9918
- Lynn's Heritage House (Assisted Living)
800 Kelly Lane, Louisiana.....573-754-4020

ADULT DAYCARE SERVICES

- Country View Nursing Home 2106 W Main St., Bowling Green.....573-324-2216
- Maple Grove Nursing Home. 2407 Kentucky St., Louisiana.....573-754-5456
- A.C.E.S. (Activity Center for Elderly Services)
125 S 6th St., Hannibal.....573-221- ACES (2237)

SITTERS LIST - SOCIAL & LIVING ASSISTANCE FOR THE ELDERLY

**Disclaimer: The following names are not affiliated with any partners of PCCP and the organization is can not be held responsible for the character, work ethics or actions of any of these individuals. It is your own responsibility to interview these potential sitters and determine the type of assistance they offer as well as compensation.*

- Rose White.....573-253-6873
- Ellen Yoder.....573-470-4896
- Kathleen Watson.....573-485-3360
- Penny Seiger.....573-280-0752
Available after 3pm
- Brenda Rakestraw.....573-470-6248
- Alexis Griffen, LPN.....573-470-1273
- Debbie Bufford.....573-470-7976
Available anytime
- Susan Burkemper.....573-754-2919
- Dee Thomas.....573-280-0752
- Peggy Flesner.....573-754-5647
217-653-8727
- Beverly Florence.....573-324-5275
- Barb Crow.....573-754-2083

- Megan Rutter, CAN.....573-213-9465
Within Pike County, typically days
- Amy Taylor.....573-754-0080
- Lisa Kueck.....573-470-3801
- Marquita Hickerson573-470-6277
- Fancy Lindsay573-470-2956
- Elizabeth Breshears.....573-822-5023
- Earlene Morrow.....573-656-3028
- Melinda Reed573-719-0212
- Margie Brown573-384-6193
- Virginia Jennings573-324-2009
- Mamie Mosby.....573-253-3504
- Anna Mann573-485-6611
- June Mann.....314-346-0889
- Jean Connell.....573-324-6921
- Diane Baber573-384-6137
Evenings or nights 314-650-0862

MENTAL & BEHAVIORAL HEALTH COUNSELING

Crisis Hotlines

- Arthur Center- Mexico Crisis line.....1-800-833-2064
- National Suicide Prevention Lifeline.....1-800-273-TALK (8255)
- Crisis Nursery - Wentzville636-887-3070
St. Charles636-947-0600
FREE emergency care and support for families with children birth through age 12.
- Youth America Hotline – Counseling for Teens by teens1-877-YOUTHLINE (968-8454)
- KUTO (Kids Under Twenty-One) Crisis Hotline.....1-888-644-5886
- Veterans Crisis Line1-800-273-8255 Press 1
- Postpartum Depression.....1-800-773-6667
- IMALIVE – online Crisis network suicide and crisiswww.iamalive.org

Non-Crisis Warm Lines/Help Lines/Peer Support Lines

- NAMI Missouri Warm Line (serving Pike County)1-800-374-2138
For individuals that need someone to talk to but are not a danger to themselves or others. operates from 9am-5pm weekdays, 3pm-9pm on weekends/holidays
- NAMI Missouri Help Line (serving Pike County).....1-800-374-2138
Can answer general questions such as “what do I do” or “where do I go” and provides resources.
- Mental Health America of the Heartland1-866-WARMEAR (927-6327)
“Compassionate Ear Warm Line”
Community Counseling Center’s Consumer1-877-626-0638
Advisory Board TLC Warm Line

Local Mental & Behavioral Health Centers, Clinics and Counselors

- Mental, Behavioral & Tele-Psych Health Services.....573-603-1460
Clarity Healthcare; Bowling Green, MO (outpatient counseling)
- Pike County Memorial Hospital Clinics.....573-324-5300 – BG
573-754-4884 – LA
- Linda Teague Bowling Green.....636-734-5170
- The Upper Room - Shelley Nacke.....573-470-2656
120 ½ West Main, Bowling Green
- Bowling Green Counseling and Consulting - Heather Miller573-324-5550
740 Business Hwy 61 South Suite B, Bowling Green
- The Arthur Center. 620 E Monroe St., Mexico.....573-582-1234
- Family Resource Center. 109 Virginia Street Suite 117, Hannibal573-221-7027
- Mark Twain Area Counseling Center. 917 Broadway, Hannibal.....573-221- 2120
- White Oak Counseling. 1221 Market St., Hannibal.....573-221-2111
- Pike County Health Department Home Health & Hospice Grief Support
1 Healthcare Place, Bowling Green573-324-2111
- Advantage Counseling 7888 Audrain Rd., Mexico.....573-581-8151
- Troy Counseling Center 550 2nd St, Troy.....636-462-4367

- Crider Health Center1-800-574-2422 or
1032 Crosswinds Court, Wentzville..... 636-332-6000
- Arthur Center 321 Promenade, Mexico1-800-833-2064 (crisis)
or 1-866-401-6661(non-crisis)
or 573-582-1234
- Blessing Behavioral Health Broadway at 14th St., Quincy, IL217-224-1200
- Mid-West Behavioral Health 395 Travis Boulevard, Troy.....636-528-1996
- Missouri Psychiatric Center 3 Hospital Dr, Columbia.....573-884-1300
- Evergreen Behavioral Health 116 South Jefferson St., Mexico573-582-0292
Psychological evaluation services.....573-581-6036
Gadson Clinic. 109 Virginia Street, Hannibal573-248-0990
- Preferred Family Health Centers.....573-248-3811
4355 Paris Gravel Road, Hannibal
- Preferred Family Health Centers 101 West College St., Troy.....636-528-7226
- Preferred Family Health Centers 1776 Crosswinds Dr., Wentzville..636-322-5835
- Comprehensive Health Services.....573-248-1372
12677 Heavenly Acres Dr., New London

REHABILITATION

Treatment

- Mental, Behavioral & Tele-Psych Health Services Clarity Healthcare; Bowling Green, MO
(Outpatient counseling).....573-603-1460
- Center Pointe Addiction Treatment St. Charles, St. Peters, West County, South County Washington,
Columbia636-441-7300
- Turning Point Recovery Centers573-324-2929
Bowling Green, Canton, Hannibal, Mexico, Moberlyor 1-800-498-5396

Alcoholics Anonymous Groups

- Northeast Missouri District 13 AA Meeting Schedules
- Palmyra Seventy Group 1119 W. Olive, Palmyra, MO.....573-822-4926 (Dan)
- St. Joseph's Catholics Church Basement573-754-0869 (Bob)
509 N 3rd St., Louisiana
T @ 8pm 12x12 study, Th @ 8pm, F @ 11am book study/living sober
- Church of Nazarene 807 S. Court St., Bowling Green314-562-1875 (Ken)
M@6pm & TH @ 10am314-420-3104 (Henry)
- First Baptist Church 214 N. Lindell, Vandalia573-594- 3107, Sat. @7pm
.....573-470-5947 (Lindy)
- Hannibal Sobriety Group.....573-822-0883 (Dave)
1995 Industrial Valley Park Road, Hannibal

Other Rehabilitation Resources

- SAMHSA
- Missouri Department of Mental Health
- Compass Prevention 117 N. Garth Ave., Columbia.....573-443-2204
- Join Together Partnership
- Alcoholics Anonymous – District 13 of Missouri

RELIGIOUS ORGANIZATIONS

Bowling Green & Surrounding Townships

- Abundant Life Fellowship.....573-324-5877
- Ardent Worship Ministries.....573-324-3719
- Church of the Nazarene.....573-324-2450
- Covenant Family Church573-324-3535

- Curryville Baptist Church..... 573-324-5978
- Cyrene Baptist Church..... 573-324-5648
- Disciples of Christ Christian Church
..... 573-324-5215
- Eastern Missouri Cowboy Church
..... 573-221-8429
- Edgewood Baptist Church573-324-5065
- First Christian Church.....573-324-5215
- First Presbyterian Church of Bowling Green
.....573-324-5598
- First United Methodist Church
.....573-324-3589
- Friendship Baptist Church.....573-324-9840
- Good Shepherd Lutheran Church
.....573-324-5405
- Emmanuel Baptist Church.....573-324-3669
- Jehovah's Witness.....573-324-6613
- The Morning Star Fellowship..... 573-324-6727
- New Hartford Baptist Church 573-669-5353
- Bowling Green Ministerial Alliance
..... 573-324-3918
- Mt. Zion Baptist Church 573-324-3557
- St. Clement Catholic Church
.....573-324-5545
- Second Baptist Church573-324-3113
- Wesley Chapel United Methodist Church
.....573-324- 2246
- White Rose Baptist Church
.....573-324-2414

Louisiana

- Faith Baptist 573-754-5278
- Emmanuel Baptist Church..... 573-754-4273
- Maryland Street Baptist..... 573-754-4111
- First Baptist Church..... 573-754-6905
- Grassy Creek Baptist Church
..... 573-754-5732
- Noix Creek Baptist Church 573-754-4622
- St. Joseph Catholic Church..... 573-754-6609
- First Christian Church..... 573-754-5557
- Calvary Episcopal Church 573-754-6423
- New Jerusalem Tabernacle of Praise
..... 573-754-4007
- River of Life Church 573-754-5151
- Trinity Lutheran Church.....573-754-6120
- Bethel AME.....573-754-4990
- Centenary United Methodist
.....573-754-4412
- First Presbyterian.....573-754 5012
- Elmwood Presbyterian.....573-754- 5012
- Buffalo Presbyterian.....573-754-5667
- Bessie Blackmore
- Pike County's Blessed Hope
.....573-754-2723
- Rev Terry Cook
- Praying Hands Assembly.....573-754-4530
- Louisiana Ministerial Alliance
.....573-754-3285

Clarksville

- Clarksville United Methodist..... 573-754-4412
- Mary Queen of Peace Catholic.... 573-242-3730
- Clarksville Christian Church..... 573-242-3631
- Green Chapel Baptist..... 573-242-3341
- Ramsey Creek Baptist..... 573-242-3261
- Paynesville, Bethel AME Church
.....573-847-2266
- Joanne Hammuck.....573-560-0048
- Calumet Presbyterian573-242-3767

SUPPORT GROUPS

- Bereavement (Grief) Support Group –573-324-2111
Pike County Health Department Home Health and Hospice.....Online Support Group
1 Healthcare Place, Bowling Green
- Diabetes Support Group - Pike County Health Department.....573-324-2111
@ Pike County Health Department Conference Room
1 Healthcare Place, Bowling Green - 4th Monday at 2:00pm
- Pike County Memorial Hospital Cafeteria.....573-754-5531
2305 Georgia St., Louisiana - 1st Wednesday of the month 5pm
- Breastfeeding Support Group –573-754-5531
Pike County Health Department Home Health and Hospice
1 Healthcare Place, Bowling Green - 4th Wednesday at 5:00pm
- Alzheimer's Support-Senior Center Troy.....636-295-1825

- Bereaved Parents of America - Bill & Vicky Lagemann.....573-242-3632
1216 E. Champ Clark Dr., Bowling Green - 3rd Thursday of the month at 7pm
- Cancer Support Group - First Presbyterian Church.....573-324-2477
205 W Centennial St., Bowling Green
- Veterans Speaking to Veterans
- Twin Pike Family YMCA.....573-754-4497
614 Kelly Lane, Louisiana - 1st & 2nd Wednesdays 10am
- Pike County Health Department Home Health & Hospice.....573-324-2111
1 Healthcare Place, Bowling Green - 3rd & 4th Wednesdays 10am

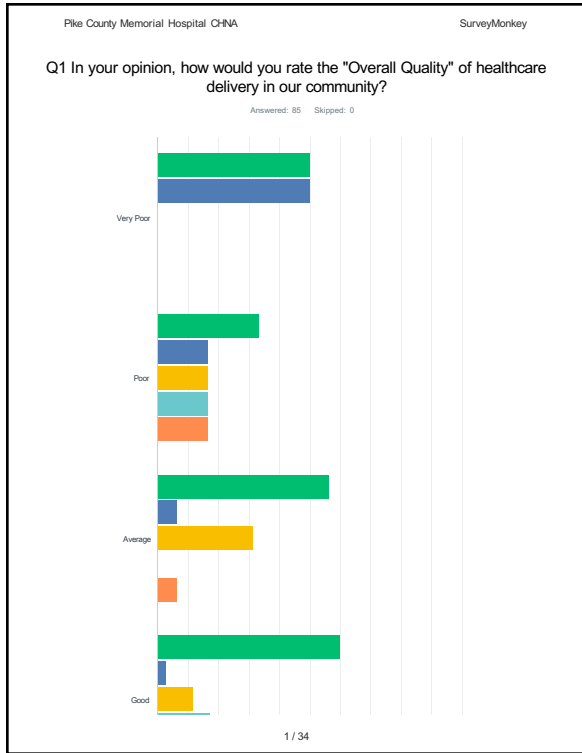
TRANSPORTATION

- Non-Medical Emergency Medical Transportation -1-866-269-5927
Missouri Department of Social Services
- OATS Transportation.....1-800-269-6287
- Disabled American Veterans (DAV) Transportation

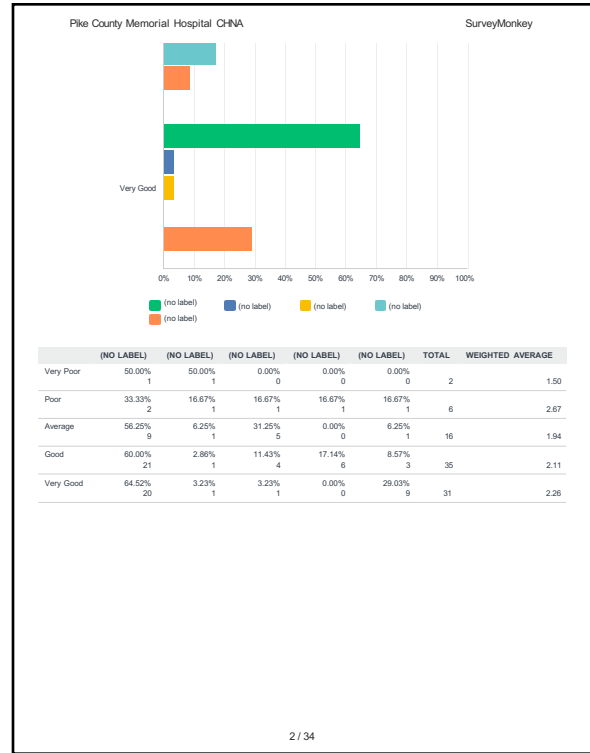
VETERANS

- VFW Post # 5553 505 VFW Road, Bowling Green.....573-324-5994
- VFW Vandalia.....573-594-2173
- American Legion Post 370 420 Kelly Lane, Louisiana.....573-754-4370
- American Legion Post 349 504 South 2nd St., Clarksville.....573-470-1613
- Veterans Speaking to Veterans
- Twin Pike Family YMCA 614 Kelly Lane, Louisiana.....573-754-4497
1st & 2nd Wednesdays 10am
- Pike County Health Department Home Health & Hospice.....573-324-2111
1 Healthcare Place, Bowling Green - 3rd & 4th Wednesdays 10am
- Veterans Service Officer - John Simpson573-248-2550
- Columbia Veteran Center.....573-814-6206
4040 Rangeline Street Suite 105, Columbia
- Missouri Veterans Home 1 Veterans Way, Mexico.....573-581-1088
- Harry S. Truman Memorial Veterans' Hospital-Mexico Clinic573-581-9630
3460 S. Clark St., Mexico
- Harry S. Truman Memorial Veteran's Hospital.....573-814-6000
800 Hospital Drive, Columbia
- VA St. Louis Healthcare System - Franklin County VA Clinic.....314-289-7950
1627 A Roy Drive, Washington
- Lifeline for Vets - Veteran Resources
- Problems with alcohol or drugs: Make the Connection, Dept. of Veteran Affairs
- Suicide risk: Make the Connection, Dept. of Veteran Affairs
- Group therapy and peer support: Make the Connection, Dept. of Veteran Affairs

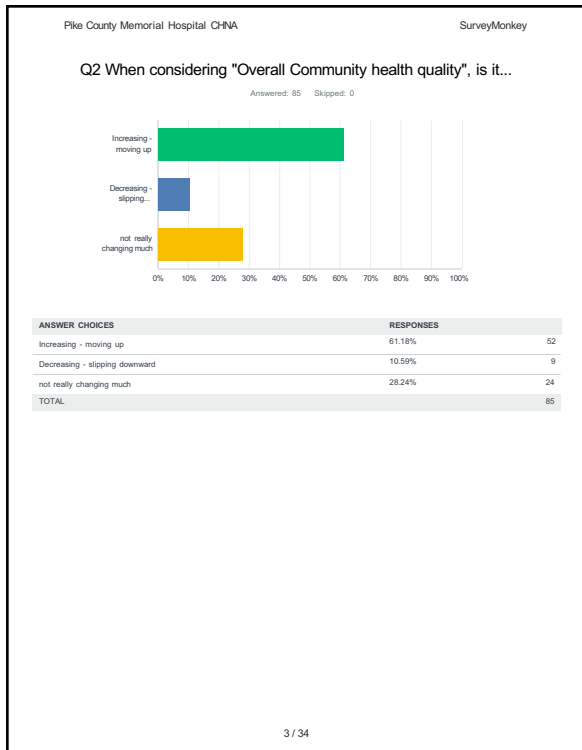
COMMUNITY SURVEY



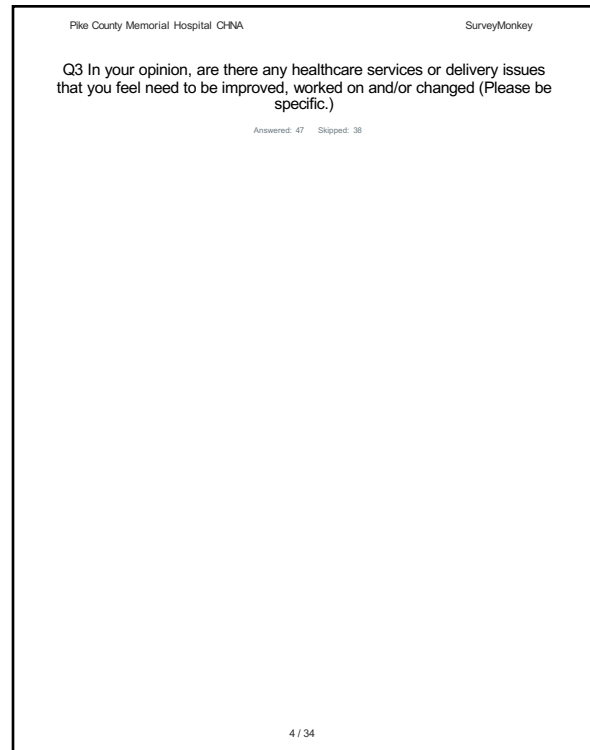
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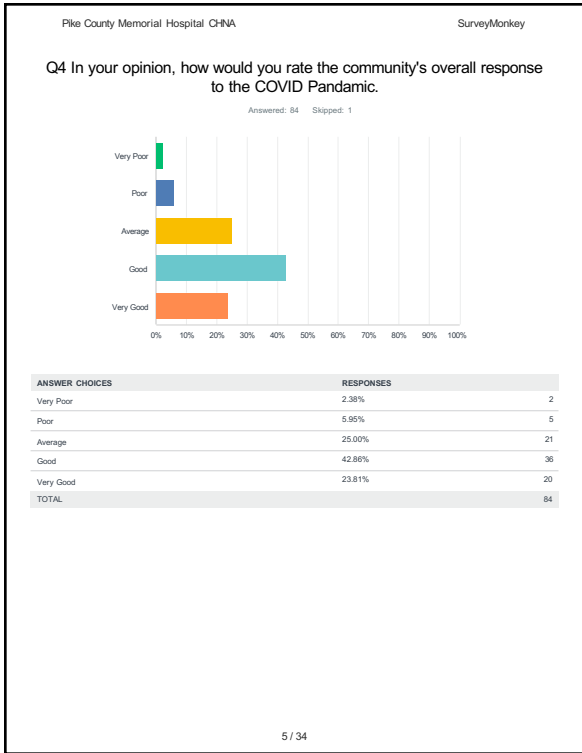
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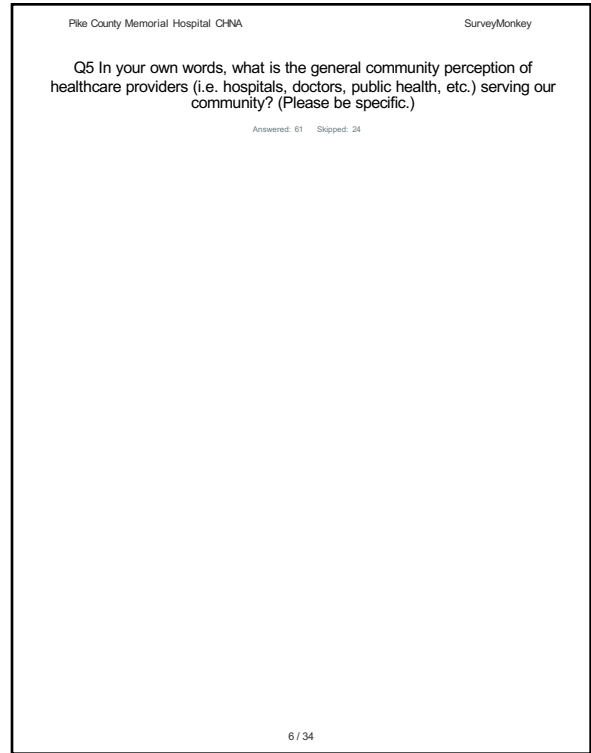
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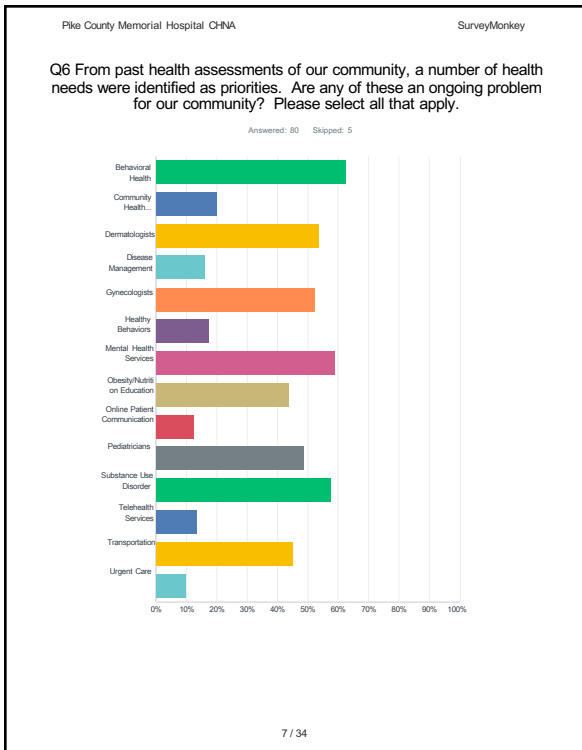
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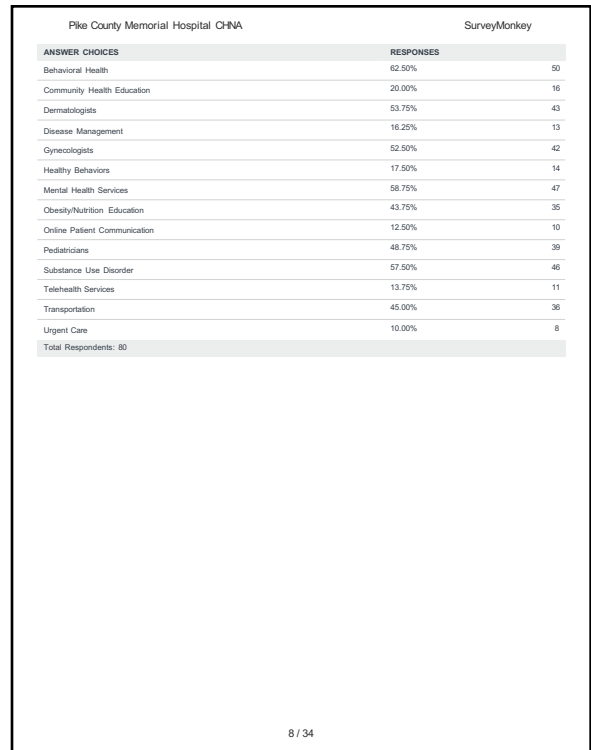
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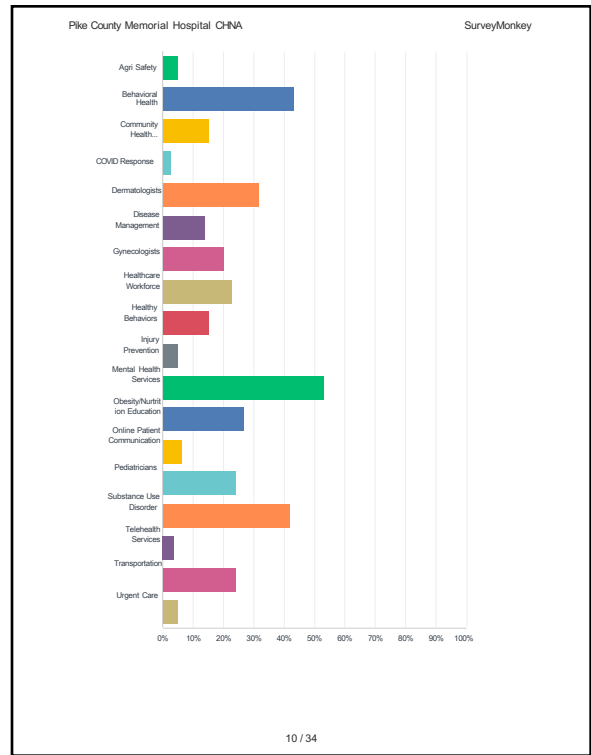
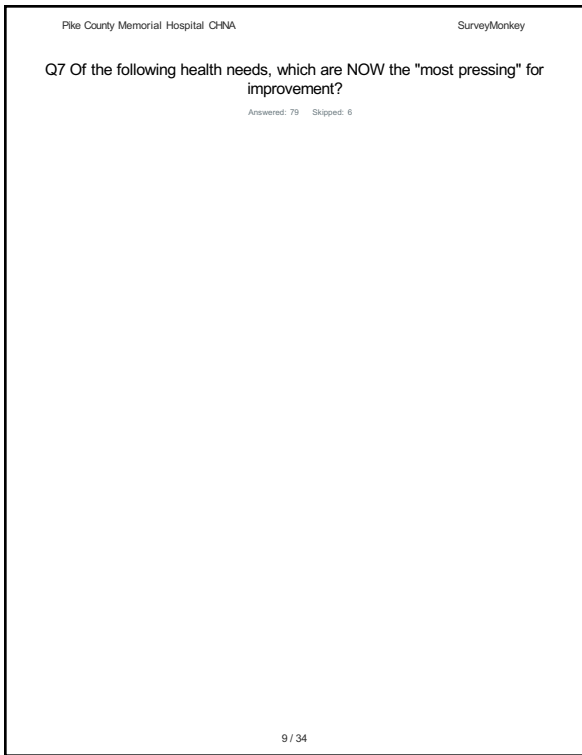
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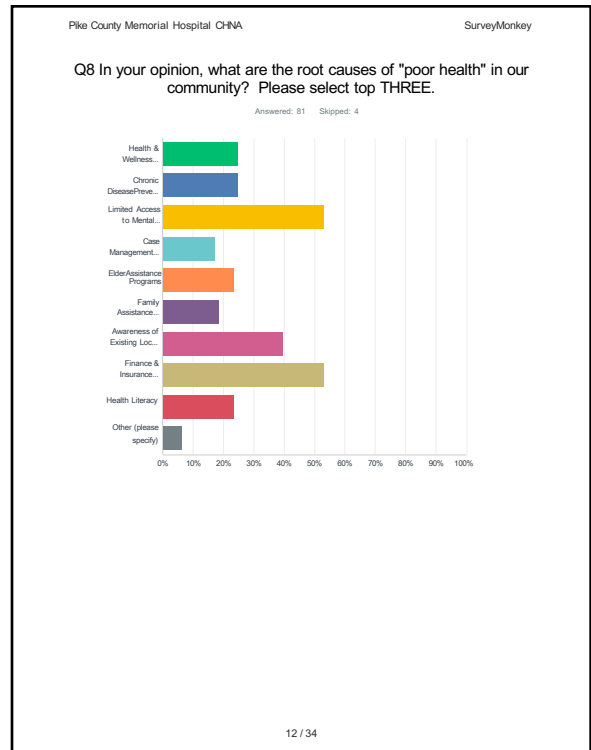
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Pike County Memorial Hospital CHNA SurveyMonkey

ANSWER CHOICES	RESPONSES
Agri Safety	5.06% 4
Behavioral Health	43.04% 34
Community Health Education	15.19% 12
COVID Response	2.53% 2
Dermatologists	31.85% 25
Disease Management	13.92% 11
Gynecologists	20.25% 16
Healthcare Workforce	22.78% 18
Healthy Behaviors	15.19% 12
Injury Prevention	5.06% 4
Mental Health Services	53.16% 42
Obesity/Nutrition Education	26.56% 21
Online Patient Communication	6.33% 5
Pediatricians	24.05% 19
Substance Use Disorder	41.77% 33
Telehealth Services	3.80% 3
Transportation	24.05% 19
Urgent Care	5.06% 4
Total Respondents: 79	

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11



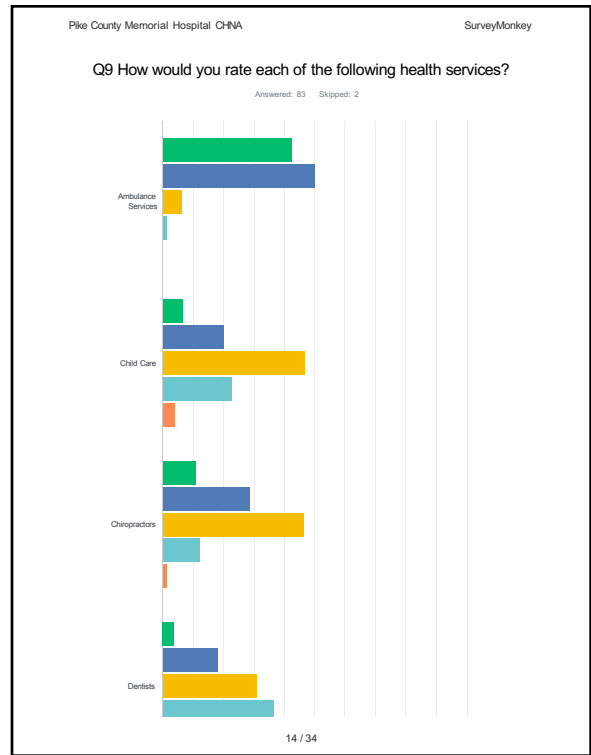
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Pike County Memorial Hospital CHNA SurveyMonkey

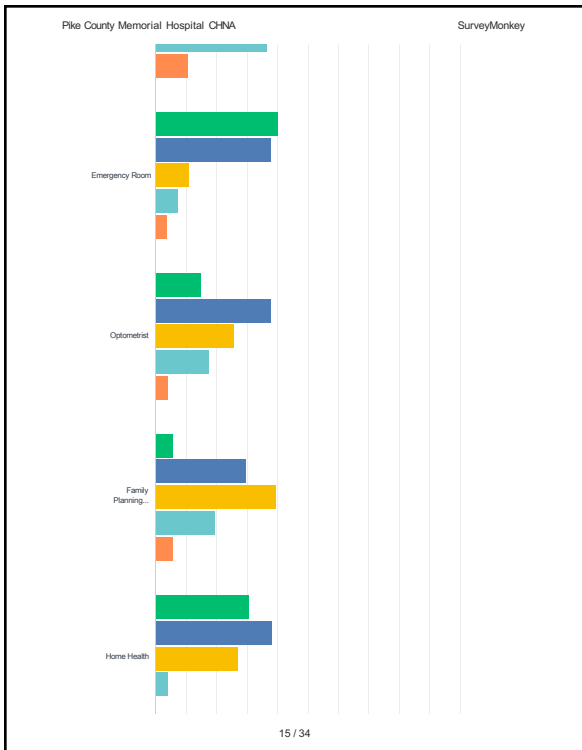
ANSWER CHOICES	RESPONSES	
Health & Wellness Education/Exams/Screening	24.69%	20
Chronic Disease/Prevention/Screening	24.69%	20
Limited Access to Mental Health Assistance	53.09%	43
Case Management Assistance	17.28%	14
ElderAssistance Programs	23.46%	19
Family Assistance Programs	18.52%	15
Awareness of Existing Local Programs, Providers, and Services	39.51%	32
Finance & Insurance Coverage	53.09%	43
Health Literacy	23.46%	19
Other (please specify)	6.17%	5
Total Respondents: 81		

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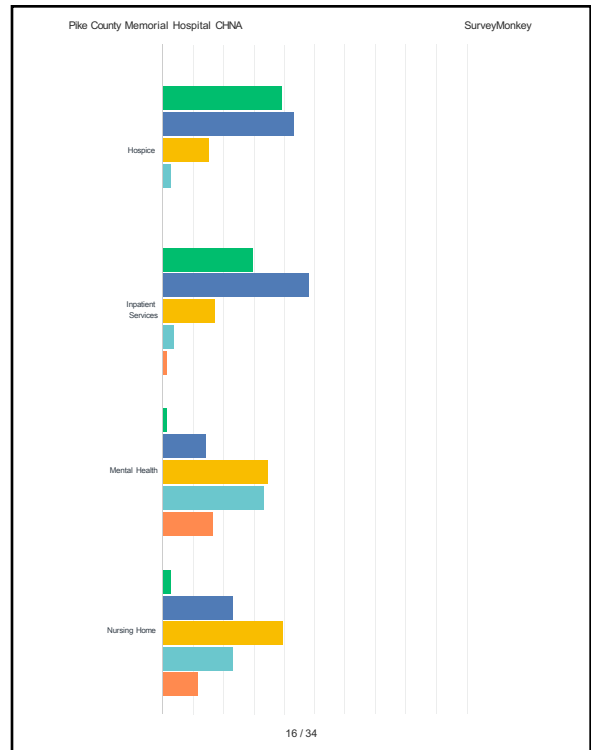
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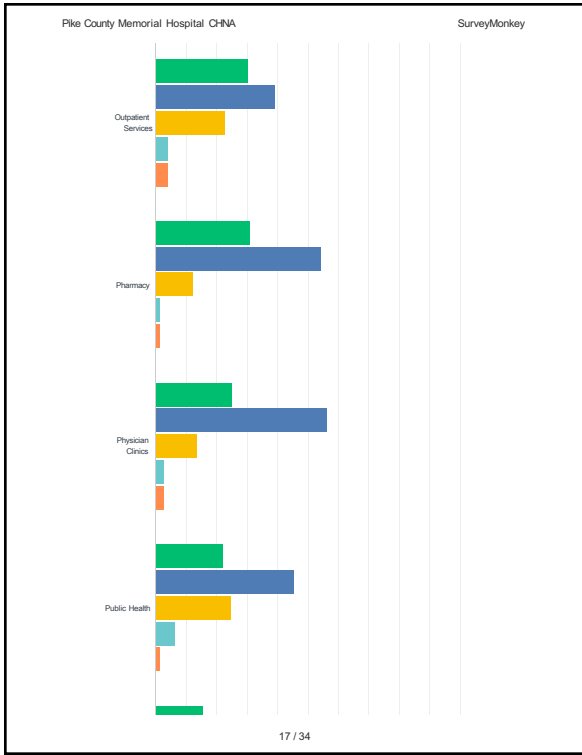
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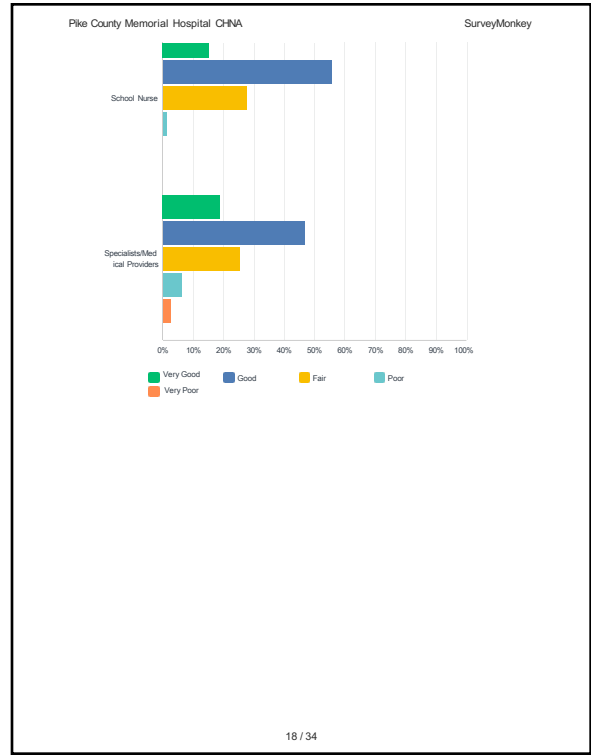
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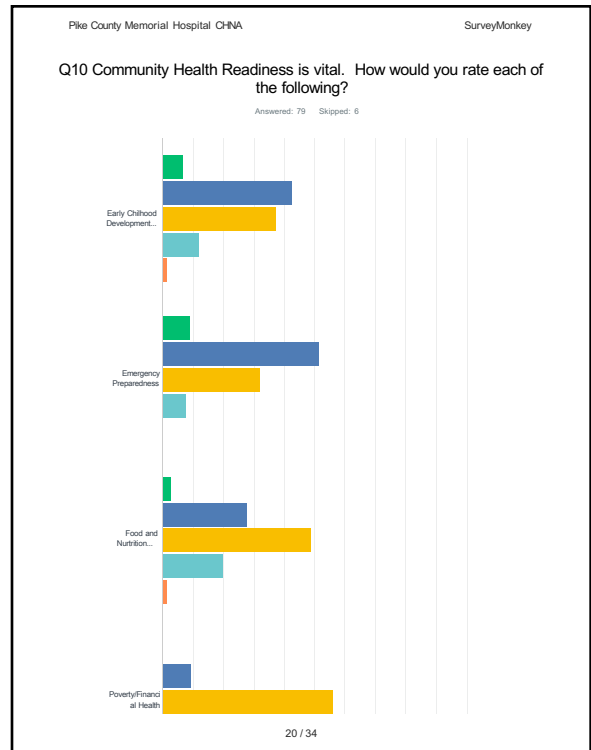
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Pike County Memorial Hospital CHNA SurveyMonkey

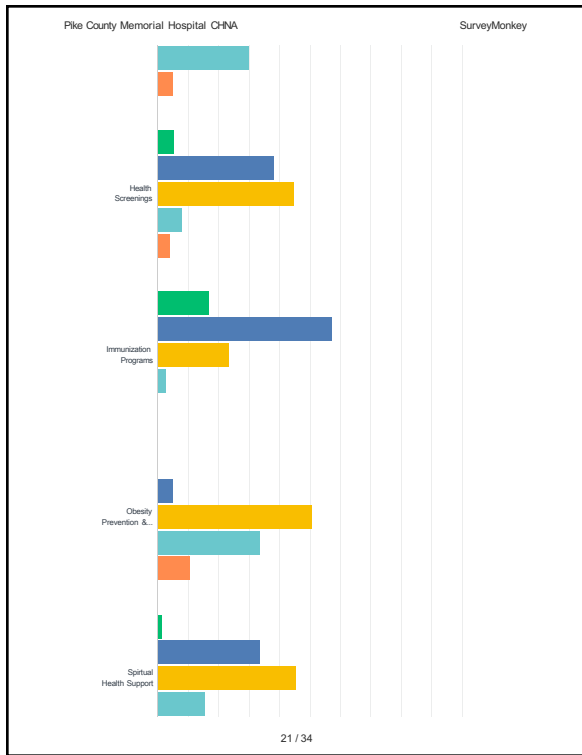
	VERY GOOD	GOOD	FAIR	POOR	VERY POOR	TOTAL
Ambulance Services	42.68%	50.00%	6.10%	1.22%	0.00%	82
Child Care	6.67%	20.00%	46.67%	22.67%	4.00%	75
Chiropractors	10.96%	28.77%	46.59%	12.33%	1.37%	73
Dentists	3.90%	18.18%	31.17%	36.36%	10.39%	77
Emergency Room	40.24%	37.80%	10.98%	7.32%	3.66%	82
Optometrist	14.86%	37.84%	25.68%	17.57%	4.05%	74
Family Planning Services	5.63%	29.58%	39.44%	19.72%	5.63%	71
Home Health	30.77%	38.46%	26.92%	3.85%	0.00%	78
Hospice	39.24%	43.04%	15.19%	2.53%	0.00%	79
Inpatient Services	29.63%	48.15%	17.29%	3.70%	1.23%	81
Mental Health	1.28%	14.10%	34.62%	33.33%	16.67%	78
Nursing Home	2.56%	23.08%	39.74%	23.08%	11.54%	79
Outpatient Services	30.38%	39.24%	22.76%	3.80%	3.80%	79
Pharmacy	30.86%	54.32%	12.35%	1.23%	1.23%	81
Physician Clinics	25.00%	56.25%	13.75%	2.50%	2.50%	80
Public Health	22.08%	45.45%	24.68%	6.49%	1.30%	77
School Nurse	15.28%	55.56%	27.78%	1.39%	0.00%	72

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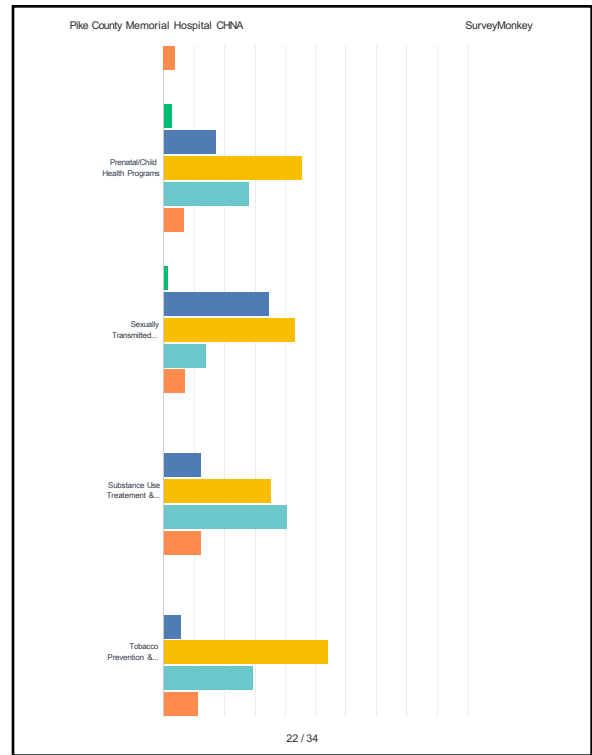
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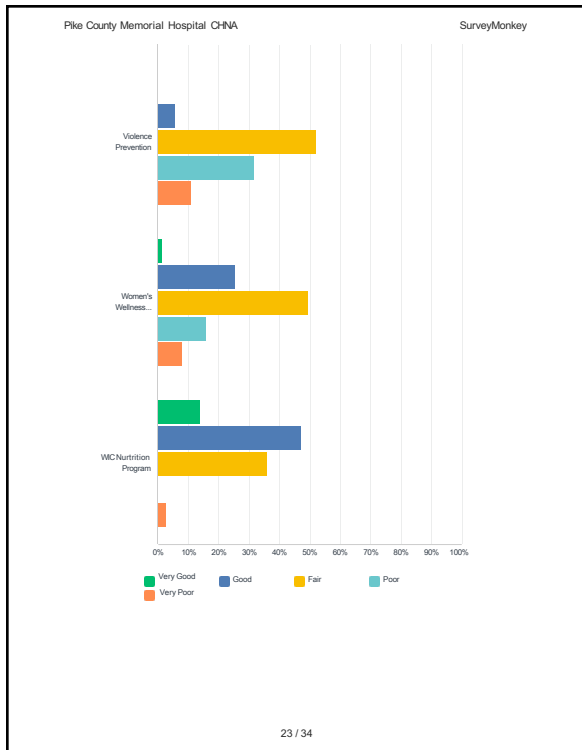
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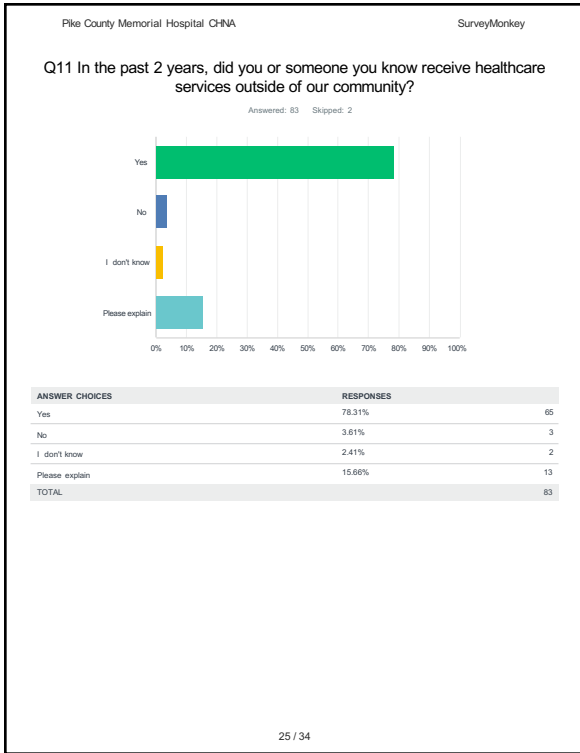
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Pike County Memorial Hospital CHNA SurveyMonkey

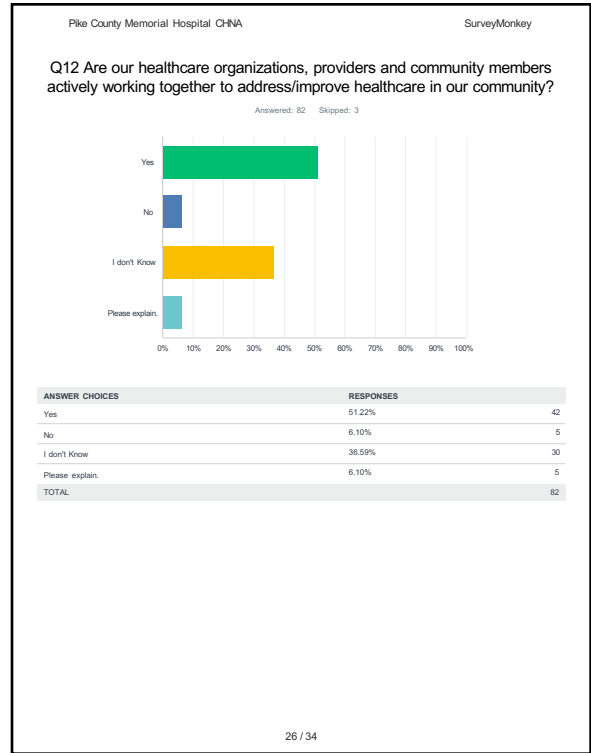
	VERY GOOD	GOOD	FAIR	POOR	VERY POOR	TOTAL
Early Childhood Development Programs	6.67%	42.67%	37.33%	12.00%	1.33%	75
Emergency Preparedness	8.97%	51.26%	32.05%	7.69%	0.00%	78
Food and Nutrition Services/Education	2.63%	27.63%	48.68%	19.74%	1.32%	76
Poverty/Financial Health	0.00%	9.09%	55.84%	29.87%	5.19%	77
Health Screenings	5.26%	38.16%	44.74%	7.89%	3.95%	78
Immunization Programs	16.88%	57.14%	23.30%	2.60%	0.00%	77
Obesity Prevention & Treatment	0.00%	5.19%	50.65%	33.77%	10.39%	77
Spiritual Health Support	1.30%	33.77%	45.45%	15.58%	3.90%	77
Prenatal/Child Health Programs	2.67%	17.33%	45.33%	28.00%	6.67%	75
Sexually Transmitted Disease Testing	1.39%	34.72%	43.06%	13.89%	6.94%	72
Substance Use Treatment & Education	0.00%	12.16%	35.14%	40.54%	12.16%	74
Tobacco Prevention & Cessation Programs	0.00%	5.56%	54.17%	29.17%	11.11%	72
Violence Prevention	0.00%	5.49%	52.05%	31.51%	10.96%	73
Women's Wellness Programs	1.33%	25.33%	49.33%	16.00%	8.00%	75
WIC Nutrition Program	13.89%	47.22%	36.11%	0.00%	2.78%	72

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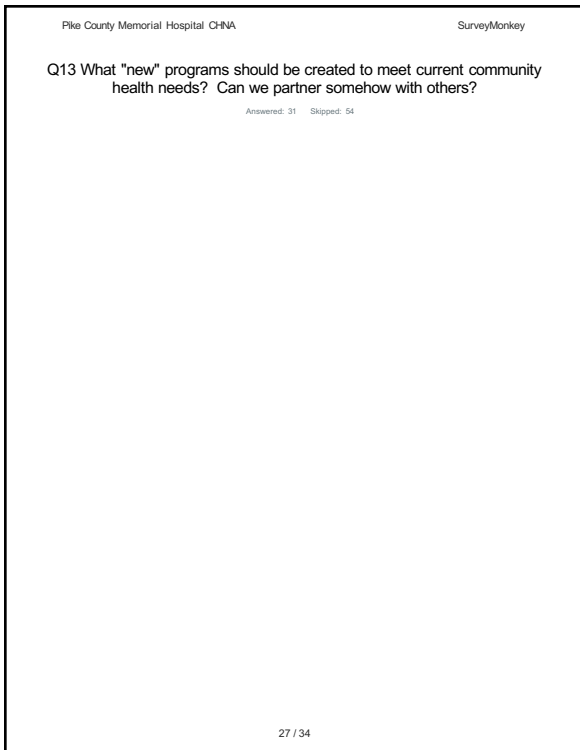
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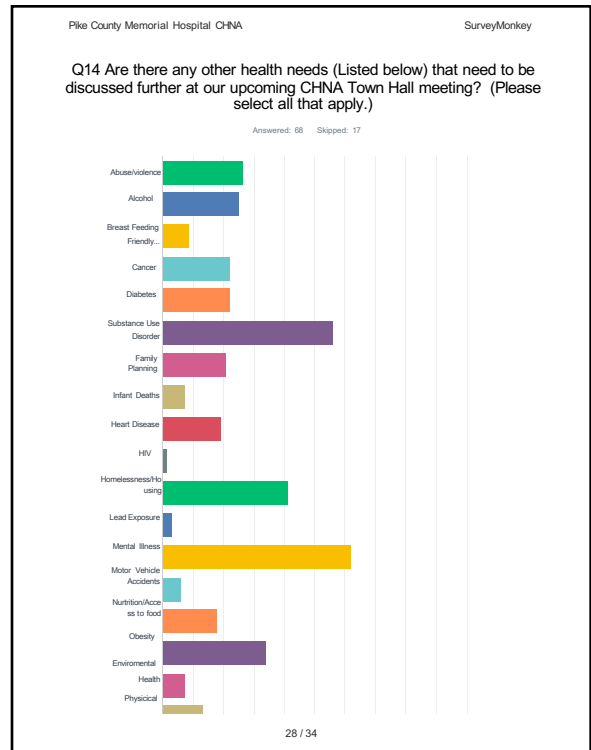
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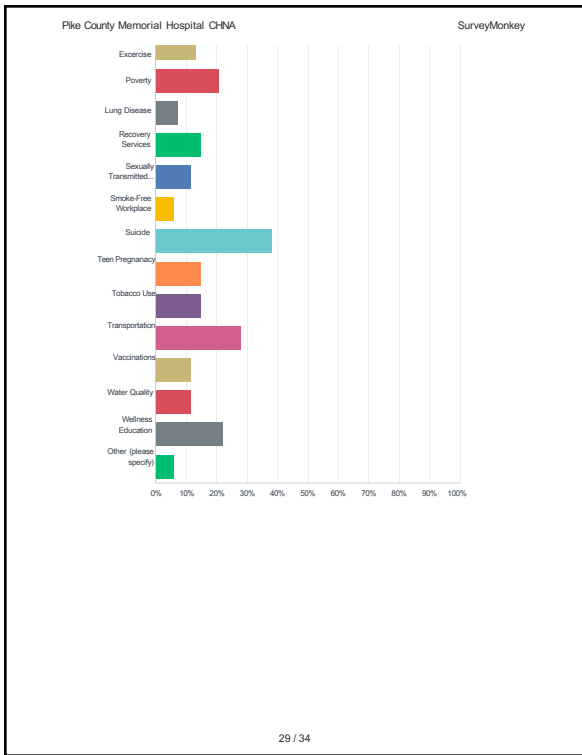
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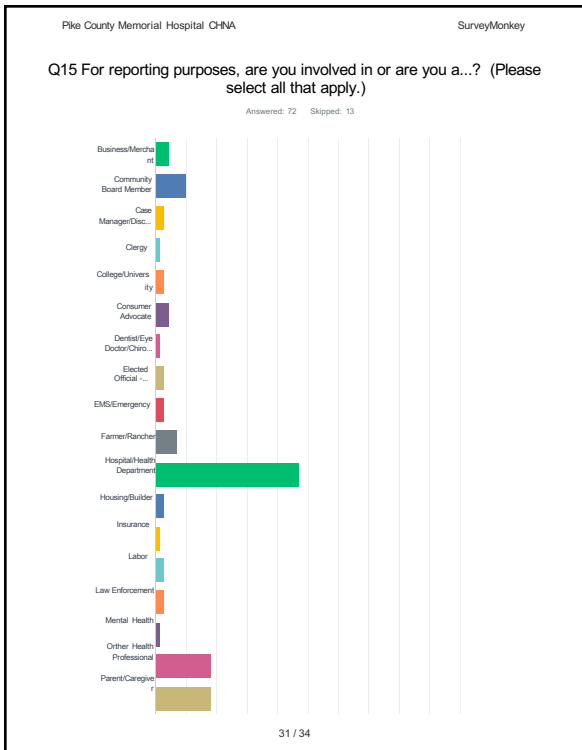
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Pike County Memorial Hospital CHNA SurveyMonkey

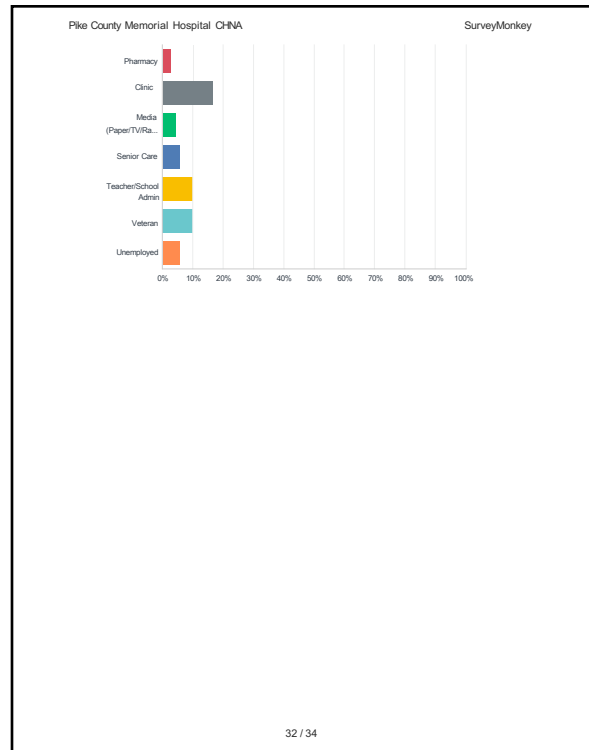
ANSWER CHOICES	RESPONSES
Abuse/Violence	26.47% 18
Alcohol	25.00% 17
Breast Feeding Friendly Workplace	8.82% 6
Cancer	22.06% 15
Diabetes	22.06% 15
Substance Use Disorder	55.88% 38
Family Planning	20.59% 14
Infant Deaths	7.35% 5
Heart Disease	19.12% 13
HIV	1.47% 1
Homelessness/Housing	41.18% 28
Lead Exposure	2.94% 2
Mental Illness	61.76% 42
Motor Vehicle Accidents	5.88% 4
Nutrition/Access to food	17.65% 12
Obesity	33.82% 23
Environmental Health	7.35% 5
Physical Exercise	13.24% 9
Poverty	20.59% 14
Lung Disease	7.35% 5
Recovery Services	14.71% 10
Sexually Transmitted Diseases	11.76% 8
Smoke-Free Workplace	5.88% 4
Suicide	38.24% 26
Teen Pregnancy	14.71% 10
Tobacco Use	14.71% 10
Transportation	27.94% 19
Vaccinations	11.76% 8
Water Quality	11.76% 8
Wellness Education	22.06% 15
Other (please specify)	5.88% 4
Total Respondents: 68	

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30



31




32

Pike County Memorial Hospital CHNA		SurveyMonkey
ANSWER CHOICES	RESPONSES	
Business/Merchant	4.17%	3
Community Board Member	9.72%	7
Case Manager/Discharge Planner	2.78%	2
Clergy	1.39%	1
College/University	2.78%	2
Consumer Advocate	4.17%	3
Dentist/Eye Doctor/Chiropractor	1.39%	1
Elected Official - City/County	2.78%	2
EMS/Emergency	2.78%	2
Farmer/Rancher	6.94%	5
Hospital/Health Department	47.22%	34
Housing/Builder	2.78%	2
Insurance	1.39%	1
Labor	2.78%	2
Law Enforcement	2.78%	2
Mental Health	1.39%	1
Other Health Professional	18.06%	13
Parent/Caregiver	18.06%	13
Pharmacy	2.78%	2
Clinic	16.67%	12
Media (Paper/TV/Radio)	4.17%	3
Senior Care	5.56%	4
Teacher/School Admin	9.72%	7
Veteran	9.72%	7
Unemployed	5.56%	4
Total Respondents: 72		

Pike County Memorial Hospital CHNA		SurveyMonkey
<p>Q16 What is your home ZIP code? Please enter 5-digit ZIP code</p> <p>Answered: 81 Skipped: 4</p>		

TOWN HALL



PIKE COUNTY
MEMORIAL HOSPITAL
& CLINICS
Louisiana, Missouri

Community Health
Needs Assessment
2022

1

AGENDA – Pike County Memorial Hospital CHNA

- ❖ 10:00 a.m. – Introductions/Purpose
- ❖ 10:15 a.m. – Summary of survey data, 2019 priorities & 2019-2021 accomplishments
- ❖ 10:30 a.m. – Stakeholder dialogue about gaps/needs
- ❖ 11:15 a.m. – Prioritization of issues
- ❖ 11:30 a.m. – Q/A and next steps
- ❖ 11:45 a.m. – Adjourn for lunch

2

SURVEY RESULTS

- 73.3%** responded that the “overall quality” of health care is good or very good
- 17.7%** responded that it was average
- 8.8%** responded it was poor or very poor
- 61.18%** felt it quality was increasing
- 28.24%** felt it was not really changing

3

COVID Pandemic

RATING OF COMMUNITY REPSONSE

- Good – 42.86%**
- Very Good – 23.81%**
- Average – 25.00%**

4

IDENTIFIED AS ONGOING PROBLEMS

- 62.50%** - Behavioral Health
- 58.75%** - Mental Health
- 57.50%** - Substance Use Disorder
- 53.75%** - Dermatologists
- 52.50%** - Gynecologists
- 48.75%** - Pediatricians
- 43.75%** - Obesity/Nutrition Education

5

MOST PRESSING ISSUES

- 53.16%** - Mental Health Services
- 43.04%** - Behavioral Health
- 41.77%** - Substance Use Disorder
- 28.58%** - Obesity/Nutrition Education

6

ROOT CAUSES

- ❖ 53.09% - Limited access to mental health assistance
- ❖ 53.09% - Finance & Insurance Coverage
- ❖ 39.51% - Awareness of Existing Local Programs, Providers and Services

7

HEALTH SERVICES – Rated Very Good

- ❖ Ambulance
- ❖ Emergency Room
- ❖ Hospice
- ❖ Pharmacy
- ❖ Home Health
- ❖ Outpatient Services
- ❖ Inpatient Services

8

HEALTH SERVICES – Rated Very Poor

- ❖ Mental Health
- ❖ Nursing Home
- ❖ Dentists

9

9

COMMUNITY READINESS – Rated Very Good

- ❖ Immunization Program
- ❖ WIC Nutrition Program

10

COMMUNITY READINESS – Rated Very Poor

- ❖ Substance Use Treatment & Education
- ❖ Tobacco Prevention & Cessation Programs
- ❖ Violence Prevention
- ❖ Obesity Prevention & Treatment

11

Care Sought Outside the Community

78.31% responded they or someone they knew received healthcare services outside the community.

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COLLABORATION

51.22% responded healthcare organizations, providers and community members are actively working together to improve healthcare in the community.

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Items Surveyors felt should be discussed

- ❖ 61.76% Mental Health
- ❖ 55.88% Substance Use Disorder
- ❖ 41.18% Homeless/Housing
- ❖ 38.24% Suicide
- ❖ 33.82% Obesity
- ❖ 27.94% Transportation
- ❖ 26.47% Abuse/Violence
- ❖ 25.00% Alcohol

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2019 PRIORITIES

- ❖ Mental Health (Diagnosis, Treatment, Aftercare)
- ❖ Healthcare Transportation
- ❖ Drug Abuse (Opioids, Meth, Cocaine, Heroin, etc.)

15

2019-2021 ACCOMPLISHMENTS (slide 1 of 2)

- ❖ Added LCSW to schools
- ❖ Narcan leave behind with EMS
- ❖ Court date services with resources at court
- ❖ Transition of Care grant work
- ❖ CLS work to improve patient care

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2019-2021 ACCOMPLISHMENTS (slide 2 of 2)

- Grant Applications
 - HRSA RCORP Planning (funded)
 - HRSA Small Health Care Provider Quality (funded)
 - HRSA RCORP Implementation-Cohort IV (pending)
- Changed to 4-star hospital
- Van for transportation

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What are the most important issues that must be addressed to improve health and quality of life in the community?

- In Pike County?
- In the Northeast Region?

18

18

Since 2019, how has PCMH made a difference?

Community stakeholder perspective.

19

What can Pike County Memorial Hospital do better...

...to serve patients?
...to serve the community?

20

What gaps still exist in the community?

Thinking about the next three years, what things would you like to see PCMH focus on to improve healthcare in the northeast region?
In Pike County?

21

What can we do collectively to improve community health?

Based on the discussion today, are there any opportunities to collaborate to impact a specific issue?

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PRIORITIZATION

Next Steps

23

CONCLUDING COMMENTS

24



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PRIORITIZATION SURVEY

Community Health Needs Assessment Focused Survey
Wednesday, June 15, 2022

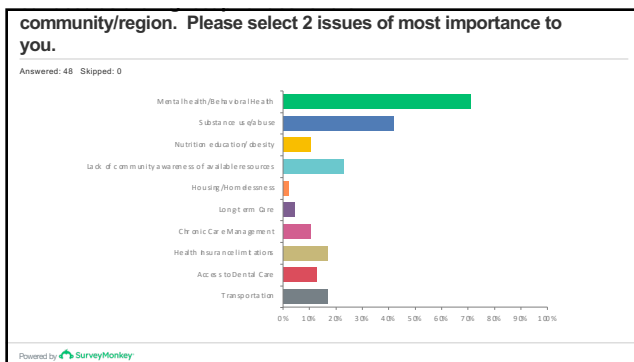
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48
Total Responses

Date Created: Thursday, June 09, 2022

Complete Responses: 48

2



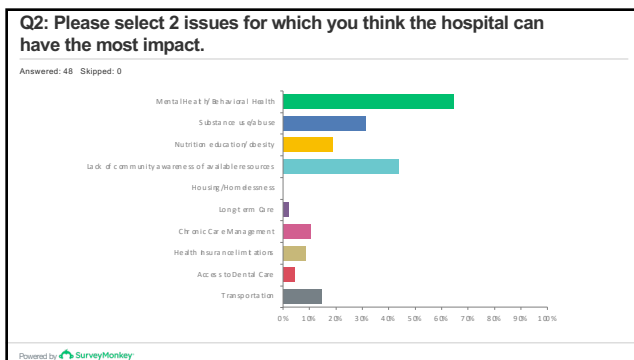
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community/region. Please select 2 issues of most importance to you.

Answered: 48 Skipped: 0

ANSWER CHOICES	RESPONSES
Mental health/Behavioral Health	70.83% 34
Substance use/abuse	41.67% 20
Nutrition education/obesity	10.42% 5
Lack of community awareness of available resources	22.92% 11
Housing/Homelessness	2.08% 1
Long-term Care	4.17% 2
Chronic Care Management	10.42% 5
Health Insurance limitations	16.67% 8
Access to Dental Care	12.50% 6

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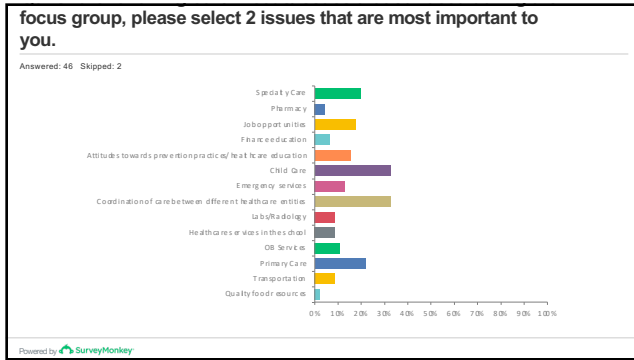
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Q2: Please select 2 issues for which you think the hospital can have the most impact.

Answered: 48 Skipped: 0

ANSWER CHOICES	RESPONSES
Mental Health/Behavioral Health	64.58% 31
Substance use/abuse	31.25% 15
Nutrition education/obesity	18.75% 9
Lack of community awareness of available resources	43.75% 21
Housing/Homelessness	0% 0
Long-term Care	2.08% 1
Chronic Care Management	10.42% 5
Health Insurance limitations	8.33% 4
Access to Dental Care	4.17% 2
Transportation	14.58% 7

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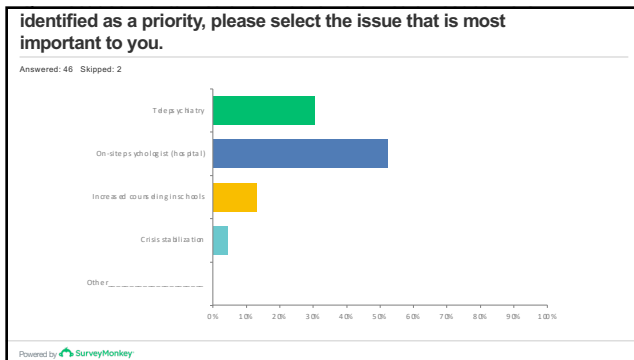
focus group, please select 2 issues that are most important to you.

Answered: 46 Skipped: 2

ANSWER CHOICES	RESPONSES
Specialty Care	19.57% 9
Pharmacy	4.35% 2
Job opportunities	17.39% 8
Finance education	6.52% 3
Attitudes towards prevention practices/healthcare education	15.22% 7
Child Care	32.61% 15
Emergency services	13.04% 6
Coordination of care between different healthcare entities	32.61% 15
Ubi/Radology	8.70% 4

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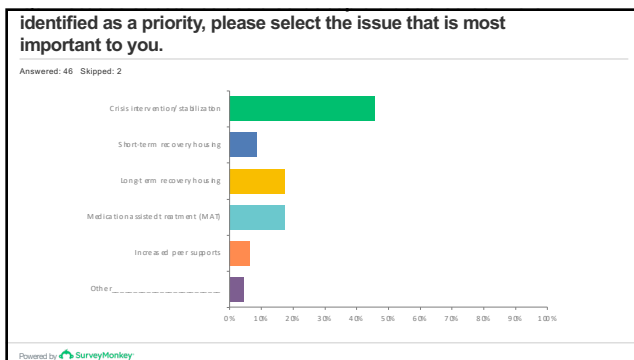
identified as a priority, please select the issue that is most important to you.

Answered: 46 Skipped: 2

ANSWER CHOICES	RESPONSES
Telepsychiatry	30.43% 14
On-site psychologist (hospital)	52.17% 24
Increased counseling in schools	13.04% 6
Crisis stabilization	4.35% 2
Other	0% 0
TOTAL	46

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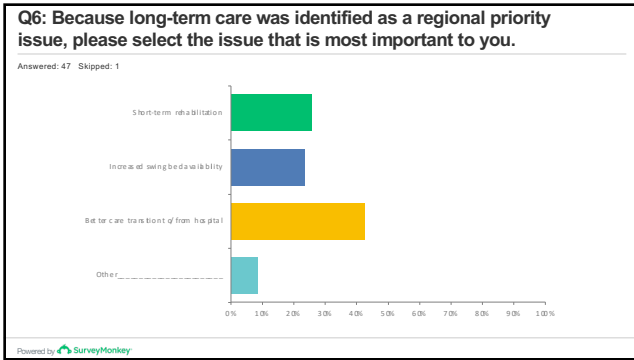
identified as a priority, please select the issue that is most important to you.

Answered: 46 Skipped: 2

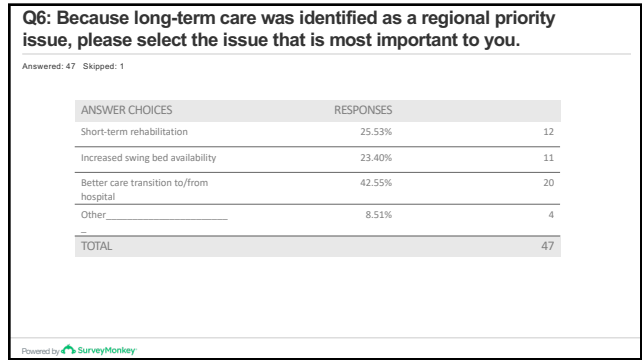
ANSWER CHOICES	RESPONSES
Crisis intervention/stabilization	45.65% 21
Short-term recovery housing	8.70% 4
Long-term recovery housing	17.39% 8
Medication assisted treatment (MAT)	17.39% 8
Increased peer supports	6.52% 3
Other	4.35% 2
TOTAL	46

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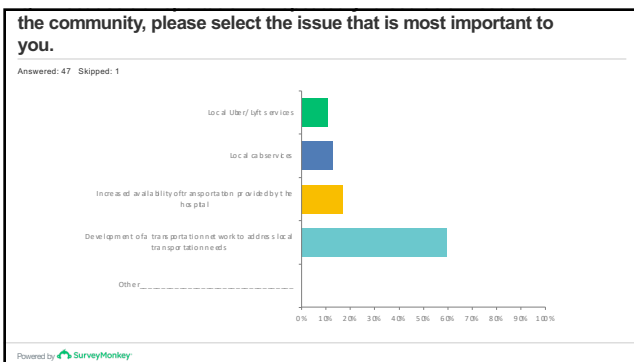
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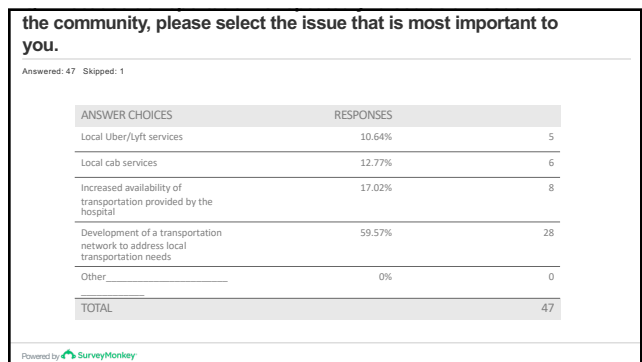
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