Pike County Memorial Hospital

2025

Community Health Needs Assessment

OVERVIEW

This Community Health Needs Assessment (CHNA) report is Pike County Memorial Hospital's (PCMH) way of giving our community a thorough "check-up." Think of it as a deep dive into what makes us sick and what keeps us healthy in Audrain and Pike counties. The goal is simple: to find the biggest health problems and figure out the best ways to fix them, so everyone has a better chance of a good life.

Your Health is Linked to the Neighborhood's Health. Imagine a chain. Every link in that chain is one person, one family. When you are sick, the whole neighborhood feels it. If a lot of people are dealing with addiction, chronic stress, or serious illness, then the hospital gets crowded, employers struggle, and community life slows down. When the neighborhood is sick, your health suffers. If your streets aren't safe, your schools are underfunded, or all the grocery stores are too far away, it doesn't matter how hard you try to stay healthy—the environment is working against you. **The big takeaway**: We can't have healthy people without a healthy community, and we can't have a healthy community without healthy people. They need each other to thrive.

The Social Drivers: What Really Controls Our Health? We often think of health as just what happens in a doctor's office. But the truth is, most of what makes us sick or keeps us well happens outside the clinic. These are the Social Drivers of Health. These are the hidden forces that push us toward sickness or pull us toward wellness.

The Connected Drivers of Wellness

Where the force comes from:	Examples of the force:	How the forces are connected and how they impact you

Outside Forces (structural, environmental)	**Money/ Job Security**: Are jobs paying enough to live? **Housing**: Is your home safe and affordable? **Transportation**: Can you get to work, errands, and appointments easily? **Access**: Are good doctors, good schools, and fresh food nearby? **Safety**: What are crime rates in the area? What environmental threats are present (flooding, storms, fire, drought, etc.)	These are the rules of the game. If you live in an area with no jobs or very low-paying jobs, or no transportation options, then your life can be stressful and your options are limited.
Inside Forces (personal, behavioral)	**Your choices**: Do you use substances such as tobacco, alcohol, or other drugs to cope? **Stress Level**: How much worry are you carrying every day? **Knowledge**: Do you know how to manage a long-term illness like diabetes? Do you understand the information provided by your doctor or pharmacist?	These are your reactions to the game. When outside forces are crushing, people often turn to quick relief (like substance use) or develop severe stress, which hurts the body and makes managing health problems harder.

For another example, consider the vicious cycle of poverty. Poverty (Outside Force) leads to constant stress and poor coping habits (Inside Force), which then makes it almost impossible to keep a good job or stable housing (back to Outside Force). Public school funding is also impacted by poverty, as many schools in Missouri are supported by Personal Property taxes. When property values are low, revenues cannot support thriving schools. In turn, this eventually impacts educational attainment, employment opportunities, and income levels.

To truly improve wellness in Audrain and Pike counties we must focus on identifying both Inside and Outside forces that are impacting the community. This CHNA includes data about these forces, reflecting the status of overall health of the region. Identifying these forces will help PCMH and community partners to strategically develop solutions with the goal of improving overall community and individual health.

INTRODUCTION

Pike County Memorial Hospital, d/b/a Pike County Memorial Hospital (PCMH) is a licensed acute care facility in Louisiana in Pike County, Missouri. PCMH provides care for residents in Audrain and Pike counties in eastern Missouri. The hospital's mission is to deliver personal, quality and accessible health care to the community. The hospital provides extensive inpatient and outpatient services that include the latest technologies in radiology, laboratory testing, surgery, physical therapy and much more. PCMH also operates four clinics, including a Medical Walk-In clinic in Bowling Green and three primary medical clinics located in Bowling Green, Louisiana, and Vandalia. These clinics offer residents access to family medicine, general surgery, behavioral health and psychiatry, pain management, orthopedics, pediatrics, rheumatology, neurology, podiatry and internal medicine. PCMH strives to be the preferred healthcare provider of choice while sustaining health services in the community.

Pike County Memorial Hospital provides an array of services including:

- Primary care and walk-in clinics
- Inpatient care – Nonsurgical and surgical care, gynecology, orthopedics
- Outpatient care – Physical therapy, post anesthesia care
- Swing bed
- Dietary consultation
- General surgery
- Pain management
- Laboratory services
- 24 Hour emergency services

Pike County Memorial Hospital offers a comprehensive range of healthcare services to meet the needs of the community. These include primary care and walk-in clinics, inpatient care covering both nonsurgical and surgical services such as gynecology and orthopedics, and outpatient care including physical therapy and post-anesthesia recovery. The hospital also provides swing bed services, dietary consultations, general surgery, pain management, laboratory testing, a wound care clinic, a cancer center, and 24-hour emergency services.

SERVICE AREA & MAP

Pike County Memorial Hospital (PCMH) serves the residents of two counties (Audrain and Pike) in rural eastern Missouri, covering 1,362.69 square miles and an estimated 42,311 people. Patients from other counties utilize the hospital and clinics as well, but Audrain and Pike counties comprise the majority of the patient population. The two-county population density is 31 people per square mile which is significantly lower than state (90) and national (94) population density rates reflecting the rurality of the region.[1] **Table 1** includes the service area population by county and as a regional total.

[1] US Census Bureau, American Community Survey. 2019-23.

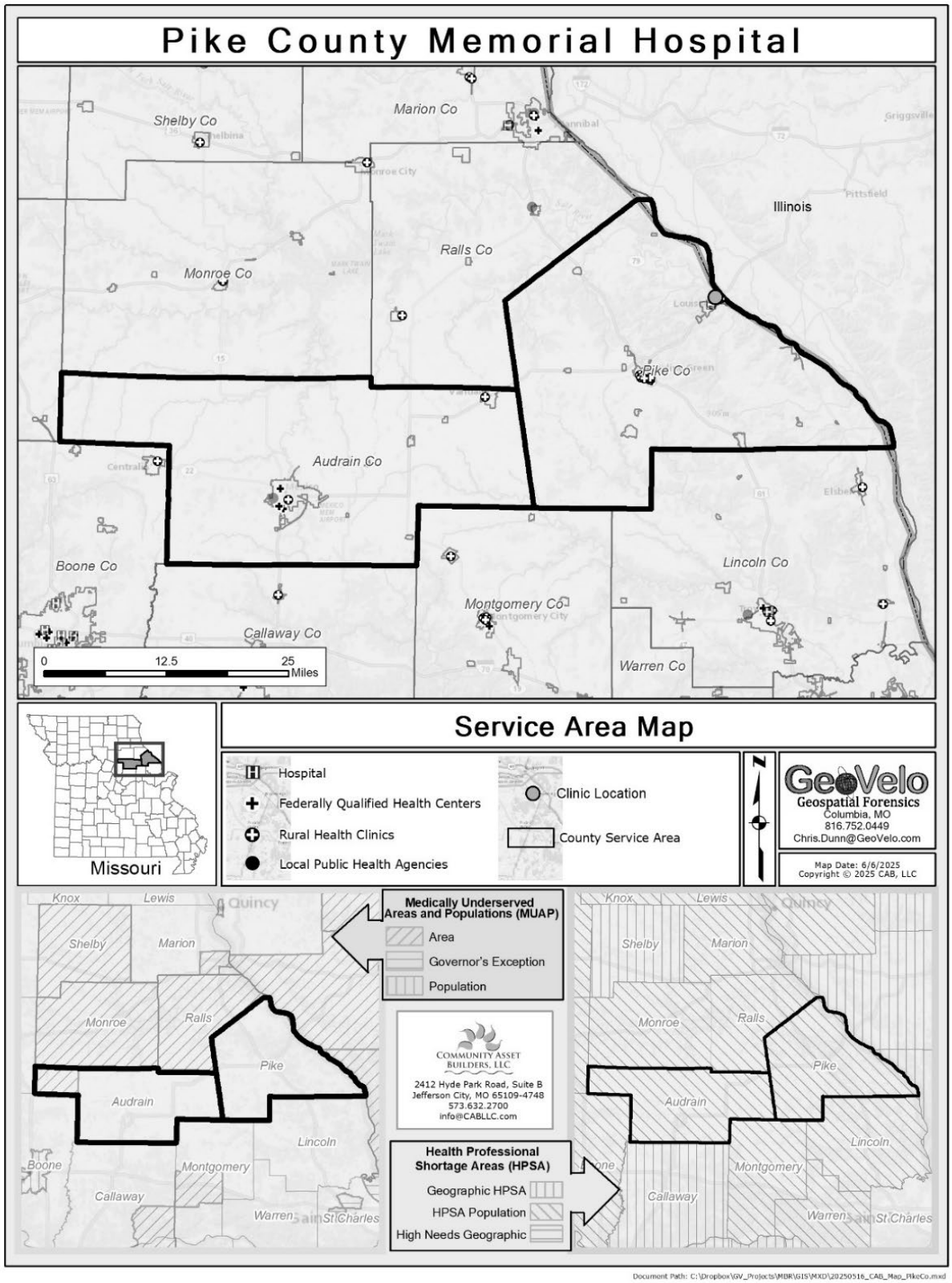
Table 1: Service Area Population

County	Population Density	Population
Audrain County	36	24,688
Pike County	26	17,623
PCMH Region Total	**31**	**42,311**

Pike County and Audrain County are in eastern Missouri, each contributing distinct geographical and historical value to the region. Pike County, encompassing approximately 670 square miles, borders the Mississippi River and is known for its scenic river bluffs and historic communities. The city of Louisiana, Missouri, features well-preserved 19th-century architecture and landmarks such as the Louisiana Public Library, listed on the National Register of Historic Places. Other historical features include segments of the Missouri Lincoln Highway, one of the earliest transcontinental highways. Audrain County, covering around 692 square miles, is more centrally located and historically rooted in agriculture and equine culture. The city of Mexico, the county seat, earned national recognition as the “Saddle Horse Capital of the World.”

Both counties offer natural features that can support tourism, recreation, and alternative sources of local income. In Pike County, the 1,735-acre Ranacker Conservation Area is a key outdoor destination, providing opportunities for hunting, hiking, wildlife observation, and seasonal tourism. The county's proximity to the Mississippi River also opens avenues for fishing, boating, and riverfront tourism, especially from scenic spots like Riverview Park. Audrain County, though less forested, offers accessible green spaces such as Lakeview Park and various local lakes that encourage family-friendly outdoor recreation. Its location is within driving distance of the expansive Mark Twain National Forest, which attracts visitors statewide with over 1.5 million acres of camping, hiking, and nature activities. Together, the counties include a mix of heritage tourism, conservation lands, and recreational infrastructure for locals and visitors.

The Service Area Map on the next page highlights the location of PCMH and other health service providers in the region.


Pike County Memorial Hospital
Shelby Co
Marion Co
Monroe Co
Ralls Co
Illinois
Pike Co
Audrain Co
Boone Co
Lincoln Co
Montgomery Co
Callaway Co
Warren Co
0
12.5
25
Miles
Missouri
Service Area Map
Hospital
Federally Qualified Health Centers
Rural Health Clinics
Local Public Health Agencies
Clinic Location
County Service Area
GeoVelo
Geospatial Forensics
Columbia, MO
816.752.0449
Chris.Dunn@GeoVelo.com
Map Date: 6/6/2025
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Knox
Lewis
Quincy
Shelby
Marion
Monroe
Ralls
Pike
Audrain
Lincoln
Boone
Montgomery
Callaway
Warren
St Charles
Medically Underserved Areas and Populations (MUAP)
Area
Governor's Exception
Population
Community Asset Builders, LLC
2412 Hyde Park Road, Suite B
Jefferson City, MO 65109-4748
573.632.2700
info@CABLLC.com
Health Professional Shortage Areas (HPSA)
Geographic HPSA
HPSA Population
High Needs Geographic
Document Path: C:\Dropbox\GV_Projects\MDR\GIS\MXD\20250516_CAB_Map_PikeCo.mxd

DEMOGRAPHICS & SOCIAL DETERMINANTS OF HEALTH

The following data provides a demographic overview of PCMH's service area, to include population by age group, race/ethnicity, and vulnerable populations. Data is provided based on county-level information.

Table 2: Total Population[2]

Total Population (PCMH two-county region)	42,311

Table 3: Population (%) by Age[3]

Age Groups	PCMH Region	Missouri	U.S.
Under Age 18	22.87%	22.48%	22.16%
Age 18 to 64	58.45%	60.03%	61.00%
Age 65 and Older	18.68%	17.5%	16.84%

Table 4: Population (%) by Race/Ethnicity[4]

Race/Ethnicity	PCMH Region	Missouri	U.S.
White	89.23%	78.33%	63.44%
Black	4.73%	11.13%	12.36%
Asian	0.38%	2.07%	5.82%
American Indian/Alaska Native	0.54%	0.27%	0.88%
Native Hawaiian/Pacific Islander	0.15%	0.16%	0.19%
Some Other Race	0.35%	1.73%	6.60%
Two or More Races	4.59%	6.30%	10.71%
Hispanic	2.34%	5.06%	18.99%

Table 5: Vulnerable Populations[5]

Vulnerable Populations	PCMH Region	Missouri	U.S.
Population Below 200% Poverty	38.36%	29.98%	28.46%
Population with less than high school education	12.02%	8.41%	10.61%
Population with a disability	18.08%	14.62%	13.04%
Veterans	7.32%	7.44%	6.44%
Population with Limited English Proficiency	1.74%	2.21%	8.39%
Population Living in Group Quarters[6]	8.03%	2.75%	2.47%

Education and Literacy. Of the 29,449 people aged 25 and older in the two-county region, 12.02% do not have a high school diploma, compared to Missouri at 8.41% and the United States at 10.61%.[7] The Pike County rate is significantly higher at 12.68%. Area residents are also less likely to have completed higher education, with only 16.32% having a Bachelor's degree or

[2] US Census Bureau, American Community Survey. 2019-23.
[3] US Census Bureau, American Community Survey. 2019-23.
[4] US Census Bureau, American Community Survey. 2019-23.
[5] US Census Bureau, American Community Survey. 2019-23.
[6] US Census Bureau, Decennial Census. 2020.
[7] US Census Bureau, American Community Survey. 2019-23.

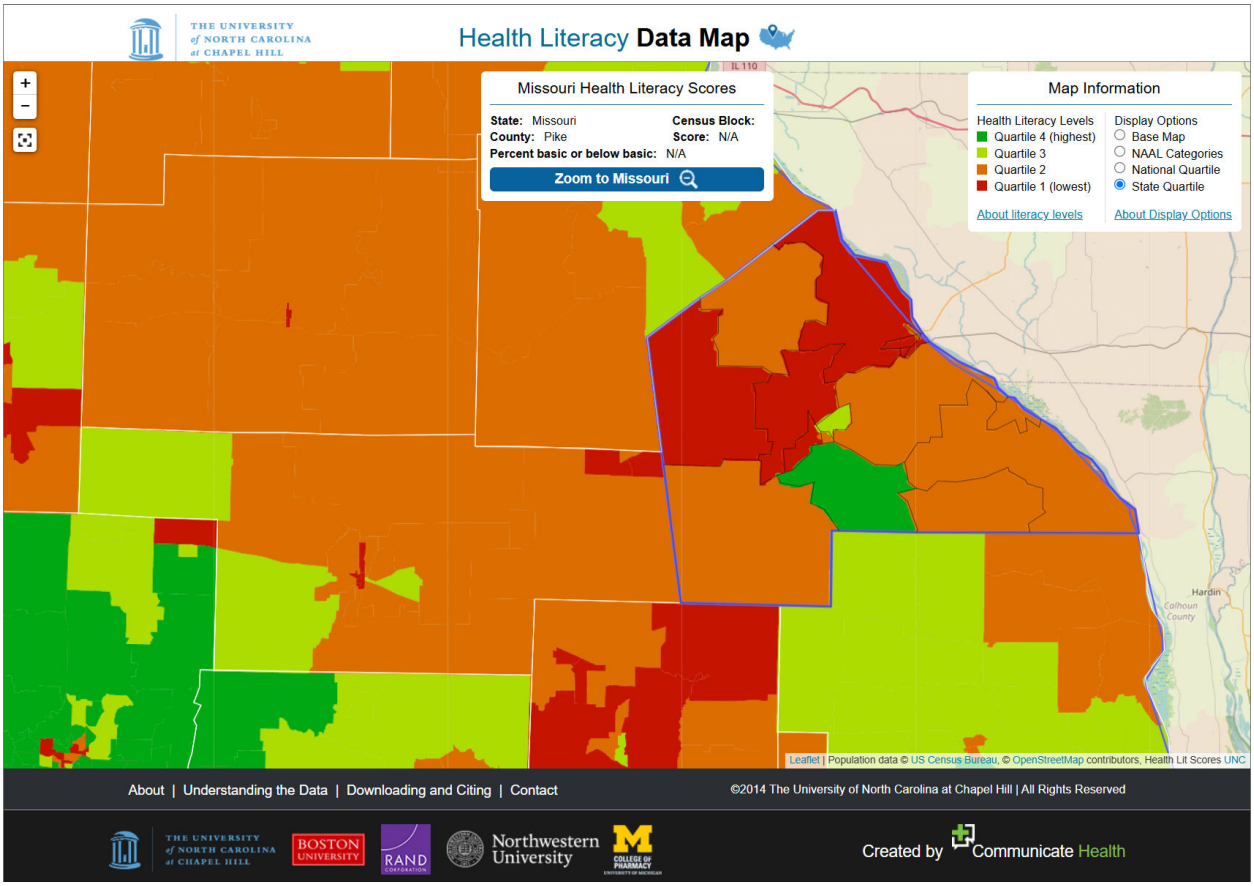
higher as compared to state (31.9%) and national (35.0%) rates.[8] Lower education levels are linked to lower health literacy, impacting the patient's ability to communicate needs to healthcare workers and the ability to understand treatment and medication instructions. Racial disparities are present when analyzing high school completion rates. Of the white population in the area, 11.31% do not have a high school diploma or equivalent, as compared to 23.05% of Blacks/African Americans, 25.0% of American Indians/Alaska Natives, 2.74% of Asians, 21.15% of Native Hawaiians, and 11.34% of those identified as Multiple Race.[9]

Individuals who are socio-economically disadvantaged are more likely to have limited health literacy skills (Health Literacy Missouri, 2009 Annual Report). As a result, poor health literacy has been viewed as a key indicator of health disparities by the Department of Health and Human Services. Studies link limited health literacy to problems with the use of preventive services, delayed diagnosis, understanding one's medical condition, adherence to medical instructions, and health outcomes. Low health literacy has been linked to a higher prevalence of chronic disease, inadequate disease treatment and knowledge, and compliance with self-care activities. Low health literacy not only leads to poor health outcomes, but increases individual, state, and national health care costs. According to research led by Jon Vernon, professor in the Department of Health Policy and Management at the University of North Carolina, Chapel Hill, the cost of low health literacy to the United States is between $106 billion and $238 billion each year. Missouri bears this cost burden to the tune of approximately $5.2 billion. Health literacy levels are low in the PCMH area, with many census tracts estimated to have over a third of residents at basic or below basic literacy levels. The map below, from the University of North Carolina at Chapel Hill, shows health literacy levels in the region.[10]

[8] US Census Bureau, American Community Survey. 2019-23.

[9] US Census Bureau, American Community Survey. 2019-23.

[10] Chicago: National Health Literacy Mapping to Inform Health Care Policy. "Health Literacy Data Map." University of North Carolina at Chapel Hill. [http://healthliteracymap.unc.edu] (accessed June 25, 2025).



Public schools in Missouri rely on a combination of federal, state, and local funding sources; however, overall funding levels remain below national averages. This disparity is even more pronounced in the service area, where public schools face significantly limited revenue streams. These funding constraints directly impact critical expenditure areas such as instruction, staff salaries, capital improvements, and support services. As illustrated in **Table 6**, both counties allocate less funding per student than both the state and national averages, with figures highlighted in RED indicating the most severe shortfalls. This persistent underfunding underscores the urgent need for additional financial support to ensure equitable educational opportunities for all students in the region.

Table 6: Public School Revenues and Expenditures Per Student[11]

Report Area	Revenue per Student ($)	Expenditures per Student ($)
Audrain County	$13,493	$12,144
Pike County	$14,577	$14,167
Missouri	$15,968	$15,378
United States	$18,827	$18,523

Approximately 25.87% of the population age 3-4 is enrolled in school, which is significantly lower than the state (43.2%) and national (45.57%) rates.[12] Head Start is a program designed to

[11] National Center for Education Statistics, NCES - Common Core of Data. Additional data analysis by CARES. 2019-20.
[12] US Census Bureau, American Community Survey. 2019-23.

help children from birth to age five who come from families at or below poverty level. The program's goal is to help children become ready for kindergarten while also providing the needed requirements to thrive, including health care and food support. There are five Head Start locations in the two-county region. Services for Pike County include the Bowling Green and Louisiana Head Start Preschool and Early Head Start Centers, with services coordinated through Douglass Community Services, Inc. Audrain County options include The Williams Family Support Center, the Community R-VI Child and Family Development Center, and WERDCC. Audrain County services are coordinated through Central Missouri Community Action Agency. are coordinated by The South Central Missouri Community Action Agency. Services for Iron, Madison, and St. Francois counties are coordinated by The East Missouri Action Agency.[13]

There are 160 public libraries in Missouri, with five public library locations in Audrain County and two public libraries in Pike County.[14] Public school libraries also provide access to books and materials for students. Public libraries play an important role in supporting education and literacy by providing access to educational materials, magazines, and scientific publications, and can serve as a location for residents to find community resources and information. They can provide shelter, computer and internet access, a safe space for adults and children, and are a hub for community meetings.

Income and Poverty. People in the Audrain and Pike regions have lower wages and have less economic opportunities than other Missourians. According to the 2019-2023 American Community Survey five-year estimates, per capita income across the area is lower ($27,807) than state ($38,497) and national ($43,288) levels. Median household income includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. **Table 7** below details average and median household income levels as well as the percentage of each county's population with income levels below 200% of the Federal Poverty Level. Rates in RED are lower than both state and national rates.

Table 7: Households, Income, & Poverty[15]

Area	Average Household Income	Median Household Income	Per Capita Income	Percent Population Below 200% FPL
Audrain County	$71,849	$56,232	$28,067	39.94%
Pike County	$74,695	$57,572	$27,442	36.02%
Missouri	**$93,797**	**$68,920**	**$38,497**	**29.98%**
United States	**$110,491**	**$78,538**	**$43,288**	**28.46%**

Poverty levels: Overall, the PCMH service area has an estimated 38.36% of the population living in households with income below 200% FPL. This is approximately 15,088 individuals who are

[13]Head Start Center Locator. https://headstart.gov/
[14] MO Secretary of State. https://s1.sos.mo.gov/library/LibraryDirectory
[15]US Census Bureau, American Community Survey. 2019-23.

likely to be unserved or underserved. Of those, approximately 6,813 (17.32%) are living in households with income below 100% of the FPL.[16] Poverty creates barriers to accessing healthcare, healthy food, jobs, education, and other necessities and impacts certain members of the community more than others, particularly children, older adults, and those with disabilities. Approximately 25.95% of children under the age of 18 in the two-county area are living in households with income below the federal poverty level, or 2,484 out of 9,573 children.[17] American Community Survey 2019-2023 5-year estimates indicate 18.68% of the population in the two-county region are aged 65 or older, or 7,902 people with approximately 34.5% of those having a disability. Overall, 18.08% of residents in the two-county area have a disability, impacting 7,123 individuals.[18] These populations, youth, the elderly, and those with disabilities, have unique health needs that should be considered separately from other age groups. These unique health needs include higher rates of medical care, higher needs for medications and medication management, as well as facing greater risks of social isolation as well as possible transportation barriers.

Free and reduced lunch program utilization: Free or reduced-price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130 percent (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP). There are approximately 5,919 public school students across the two-county service area. Of those, 3,846 (65.0%) were eligible for the free or reduced-price lunch program, higher than state (47.6%) and national (53.5%) rates.[19] Eligibility for free or reduced-price lunch programs reflects the economic insecurity of students' families. This insecurity, combined with other social determinants of health, can lead to barriers in accessing care and engaging in healthy behaviors.

Insurance status: Approximately 12.3% of the residents in PCMH's service region do not have health insurance, higher than state (9.17%) and national (8.55%) rates, as shown in **Table 8**.[20] The lack of health insurance is a primary barrier to accessing primary and specialty care, as well as other health services. Along with a high rate of uninsured residents, the area also has a high rate of residents with publicly funded health coverage (38.1%), including 33.7% of children 18 and younger with Medicaid coverage alone or in combination.[21] The inability to access services due to financial limitations contributes to poor health outcomes.

Table 8: Uninsured Population (Percent)

County	Percent
Audrain County	14.53%
Pike County	9.00%
Total PCMH Region Percent	**12.30%**
Missouri Percent	**9.17%**

[16] US Census Bureau, American Community Survey. 2019-23.
[17] US Census Bureau, American Community Survey. 2019-23.
[18] US Census Bureau, American Community Survey. 2019-23.
[19] National Center for Education Statistics, NCES - Common Core of Data. 2022-2023.
[20] US Census Bureau, American Community Survey. 2019-23.
[21] US Census Bureau, American Community Survey. 2019-23. Table S2704. Geography: County.

U.S. Percent	**8.55%**

Disabilities. Approximately 18.08% of the population in the two-county region has a disability, as compared to state (14.62%) and national (13.04%) rates, as previously mentioned.[22] **Table 9** below reflects the percent of each county's population with a disability. Rates in RED indicate a percentage higher than state and national rates.

Table 9: Population with a Disability (Percent)

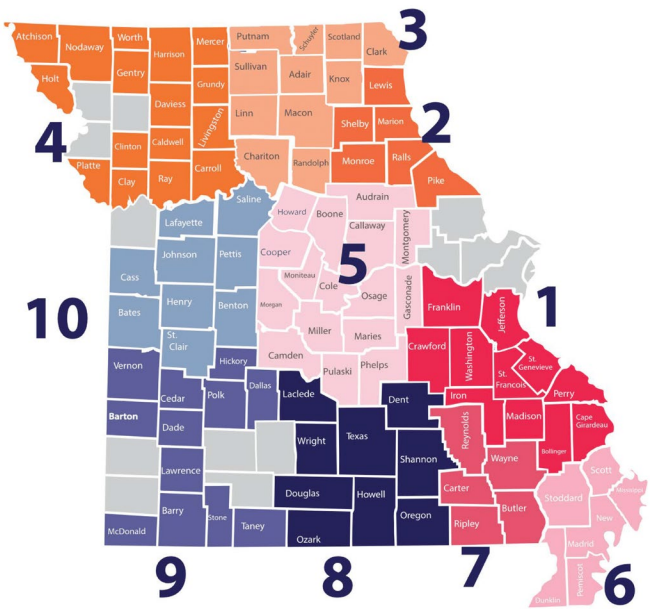
County	Percent
Audrain County	19.57%
Pike County	15.86%
Total PCMH Region Percent	**18.08%**
Missouri Percent	**14.62%**
U.S. Percent	**13.04%**

Healthy People 2020 reports that until recently, people with disabilities have been overlooked in public health surveys, data analyses, and health reports, making it difficult to raise awareness about their health status and existing disparities. Emerging data indicate that individuals with disabilities, as a group, experience health disparities in public health arenas, such as health behaviors, clinical preventive services, and chronic conditions. Compared with individuals without disabilities, individuals with disabilities are:

- Less likely to receive recommended preventive health care services, such as routine teeth cleaning and cancer screenings.
- Are at substantial risk for poor health outcomes, such as obesity, hypertension, falls-related injuries, and mood disorders, such as depression.
- More likely to engage in unhealthy behaviors that put their health at risk, such as cigarette smoking and inadequate physical activity.

Homelessness and Housing. The Missouri Balance of State Continuum of Care performs a Point-In-Time Count of sheltered and unsheltered homeless individuals across 101 Missouri counties, divided into ten regions, during the last ten days of January each year. Results are tabulated into a state-wide and regional report. The PCMH service area is included as part of Region 2 (Pike County) and Region 5 (Audrain County.)

[22] US Census Bureau, American Community Survey. 2019-23.

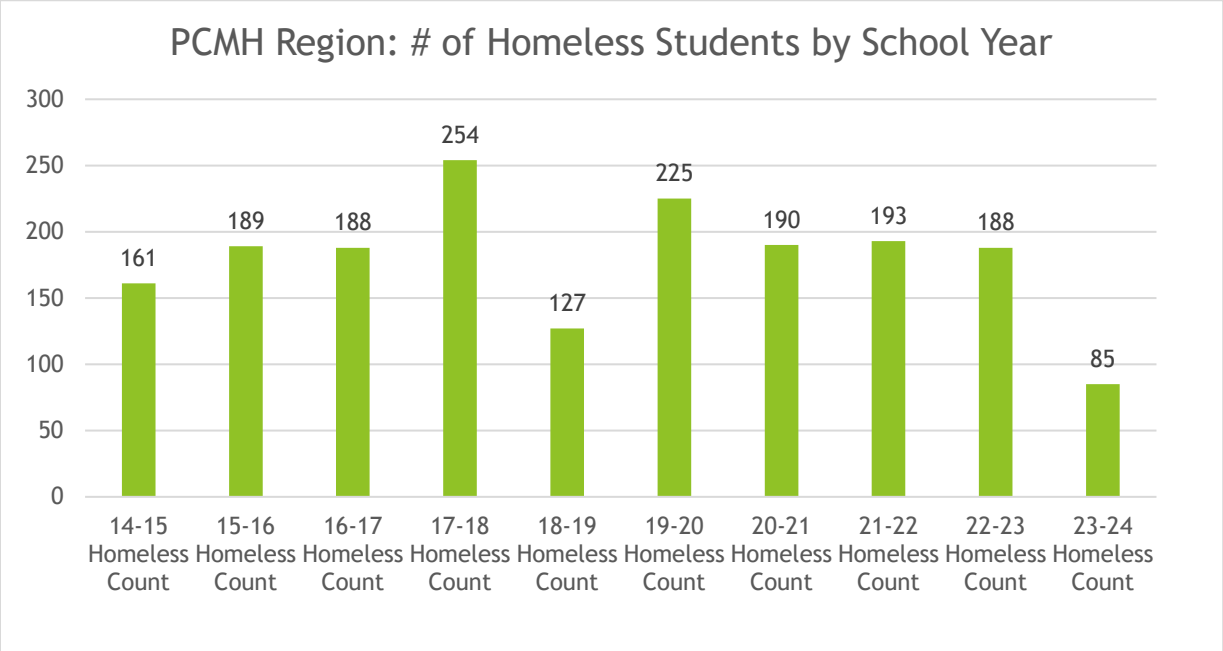


The 2022 Point-In-Time (PIT) report reflects counts taken on the night of February 23, 2022. This count includes both sheltered and unsheltered individuals. Sheltered homeless individuals are defined by the U.S. Department of Housing and Urban Development (HUD) as "adults, children, and unaccompanied children who, on the night of the count, are living in shelters for the homeless." Furthermore, HUD defines unsheltered homeless individuals as "individuals and families sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation (e.g., abandoned buildings, train stations, or camping grounds)." The 2022 PIT reported 55 total sheltered and unsheltered individuals in Region 2, which includes Lewis, Marion, Monroe, Pike, Ralls, and Shelby counties.[23] Audrain County is part of Region 5 along with 15 other counties. Region 5 reported 533 homeless people on a given night in 2022. The PIT count has limited ability to provide a comprehensive representation of the extent of homelessness as it provides a one-day snapshot of an area. The annual PIT count relies heavily on volunteers to assist with street counts and collecting information from local homeless shelters and other organizations that assist homeless populations. Limited volunteer participation as well as challenging weather conditions can lead to inconsistent reporting year to year.

School districts report student homelessness differently and include those who may be couch-surfing, staying with friends or relatives, living in temporary situations such as long-term-stay hotels or campgrounds, as well as other sleeping conditions that are not fixed or permanent. There are three public school districts in the Audrain County and four public school districts in Pike County, reporting a total of 85 homeless students in the region during the 2023-2024 school year.[24] The chart below details student homelessness by school year over the last ten school

[23] https://moboscoc.org/resources/data/point-in-time-count-reports/
[24] Missouri Department of Elementary and Secondary Education. District/Charter Report Cards. https://apps.dese.mo.gov/MCDS/Visualizations.aspx?id=29

years and is the most current data available from the Missouri Department of Elementary and Secondary Education. Student homelessness has fluctuated but there has been a significant decrease since the 2019-2020 school year, as evidenced in the chart.



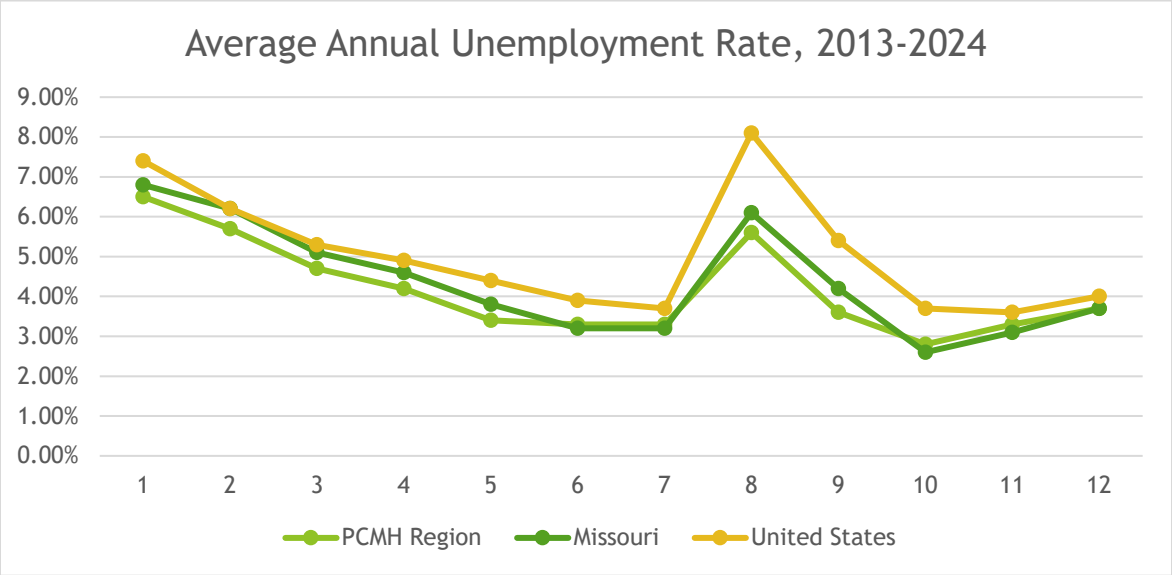
Public Housing. There are 872 subsidized housing units available in the PCMH two-county region, occupied by approximately 1,399 residents. Waiting times for housing ranging from eight months in Audrain County to 18 months in Pike County. The average subsidized household yearly income was $17,477, and approximately 71.5% of units had a female head of household. Additionally, approximately 36% of units had a head of household or spouse aged 62 or older and 33.5% of subsidized households included a household member with a disability.[25] These populations (women and the elderly) are disproportionately represented in subsidized housing, with their extremely low incomes creating additional barriers to care.

'Group quarters' refers to a group residence or a living arrangement that is owned or managed by an entity or organization providing housing and/or services for the residents. Approximately 8.03%, or 3,418 people in the PCMH service area reside in group quarters such as correctional facilities (75.9%) and long-term care facilities (10.3%). Other group residences (13.8%) include residential treatment centers, group homes, military barracks, and workers' dormitories. The PCMH service area rate for populations living in group quarters is higher than state (2.75%) and national (2.47%) rates as shown previously in **Table 5**.

Jobs and Unemployment. The largest employment sector in the two-county region is Retail Trade with about 2,443 employees. Manufacturing is the next largest section, employing approximately 2,285 people, followed by Construction with 1,192 employees.[26] The area is experiencing a decrease in economic growth, with a change rate of -8.55% reflecting a net loss

[25] U.S. Department of Housing and Urban Development, Picture of Subsidized Households.
[26] US Department of Commerce, US Bureau of Economic Analysis. 2022.

of 76 businesses. This rate is significantly below the growth rates at both state (9.32%) and national (11.14%) levels.[27] Audrain County had the most noticeable loss of 72 businesses or -13.58%. The loss of business in the region is reflected in job loss as well, with an overall reduction of 327 jobs, or a -3.31%. As of July 2025, the average unemployment rate for the region was 4.8%, higher than state (4.7%) and national (4.6%) rates.[28] Overall, annual average unemployment in the region is aligned with state and national rates, fluctuating in accordance with state and national trends as reflected in the chart below.



Median household income and per capita income are below state and national levels for counties in the PCMH region, as previously indicated in **Table 7**. Lower income levels are even more significant for female workers in Audrain County, with gender pay gap amounts reflected in **Table 10**. Rates in RED indicate a higher pay gap with rates below state ($0.79) and/or national ($0.81) pay gap amounts.

Table 10: Gender Pay Gap (Amount earned for every $1 earned by White male)[29]

County	Amount
Audrain County	0.75
Pike County	0.83
Missouri	**0.79**
U.S.	**0.81**

Audrain County has a significant pay disparity between genders. The gender pay gap is the ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar." According to County Health Rankings, “Unequal pay by

[27] US Census Bureau, Business Dynamics Statistics. 2011-2022.
[28] US Department of Labor, Bureau of Labor Statistics. 2025 - July.
[29] County Health Rankings. https://www.countyhealthrankings.org/reports/gender-pay-gap

gender can harm women's health and wellbeing. Women who earn a lower income for the same work are more likely to suffer from mood disorders, including depression and anxiety. Larger gaps in pay and gender inequities are also associated with worse mortality outcomes, poorer self-rated health, and increased disability. Eliminating the gender pay gap, on the other hand, could significantly reduce poverty, especially among single, female-headed households."

The COVID-19 pandemic resulted in a 30-year low for women's participation in the workforce, caused by layoffs and added caregiver responsibilities. Those who continued to work were more likely to hold lower income jobs or jobs that were deemed essential, in fields such as health care, social work, government, or community-based services, yet those women earned much less than male counterparts. The pandemic highlighted the lack of employer-based supports such as paid sick and family leave as well as highlighting cultural norms in many areas as women were expected to carry the burden of caregiving. High childcare costs also forced many out of the workforce as schools closed and mothers were expected to manage student engagement on remote online learning platforms from home.

Neighborhood and Built Environment. One measure of housing affordability is the percentage of cost burdened households in an area. Cost burdened households are those where housing costs are 30% or more of total household income. Of the 15,442 total households in the PCMH service area, 2,646 or 17.14% of the population live in cost burdened households which is lower than the state (23.80%) and national (29.28%) rates.[30] Along with affordability, the condition and quality of housing plays a role in health outcomes. Substandard conditions include a lack of complete plumbing facilities, a lack of complete kitchen facilities, one or more occupants per room, and/or cost-burdened homes. In the two-county area, 19.67% of occupied housing units have one or more substandard conditions which is lower than the state rate of 25.62% and the national rate of 31.98%.[31] Homes in the region have 1970 as the median year in which all housing units were first constructed, as compared to the state median-built year of 1978 and the national median built year of 1980.[32] Only 7.55% of housing units were constructed after 2010. Subsidized housing programs reduce rents for low-income tenants who meet program eligibility requirements. As previously mentioned, there are 872 subsidized housing units in the two-county region. Generally, households pay rent equal to 30 percent of their incomes, after deductions, while the federal government pays the remainder of rent or rental costs. To qualify for a subsidy, an applicant's income must initially fall below a certain income limit. These income limits are HUD-determined, location specific, and vary by household size. Applicants for housing assistance are usually placed on a waiting list until a subsidized unit becomes available.

There are no major metropolitan areas in the PCMH service area, however cities and small towns dot the landscape. Travel across the region includes Highways 22, 54, and 161 running east-west across the area. North-south routes include Highways 15 and 19 in Audrain County, and Highways 79 and Interstate 61 in Pike County. These highways form the major transportation corridors facilitating movement across and through Audrain and Pike counties in

[30] US Census Bureau, American Community Survey. 2019-23.
[31] US Census Bureau, American Community Survey. 2019-23.
[32] US Census Bureau, American Community Survey. 2019-23.

Missouri, connecting local communities to regional and interstate networks. Public transportation options are extremely limited, and residents are primarily served by regional transit programs focused on older adults, people with disabilities, and those needing medical transportation. In Audrain County, OATS Transit provides paratransit and general transportation services including rides within the City of Mexico on select weekdays and monthly service to Columbia. These services can be scheduled in advance, and fares are charged by account prepayment rather than on the bus. The Audrain County Express offers weekly route service on Mondays with fares around $5 one-way. OATS Transit serves various needs including medical appointments and errands, accommodating riders with mobility needs.[33] Pike County similarly relies on regional transit services like OATS Transit and MO Rides, which provide coordinated rides mostly geared to seniors, people with disabilities, and medically necessary travel. Regular fixed-route public transit service is not available, and these transit options rely on advance scheduling, often door-to-door, with some fees involved.[34]

For rural residents without cars – or the funds to maintain their cars – it is almost impossible to keep a job, shop for healthy affordable groceries, or seek medical care. The lack of transportation can prevent patients from accessing medical care. Inadequate public transportation can increase social isolation, especially for those who are older or cannot drive, potentially increasing the risk for depression. **Table 11** shows the percentage of households without a motor vehicle in the PCMH service area. Rates in RED are higher than state rates.

Table 11: Percent Households with No Motor Vehicle[35]

County	Percent
Audrain County	**7.05%**
Pike County	**7.47%**
PCMH Region	**7.23%**
Missouri	**6.57%**
U.S.	**8.32%**

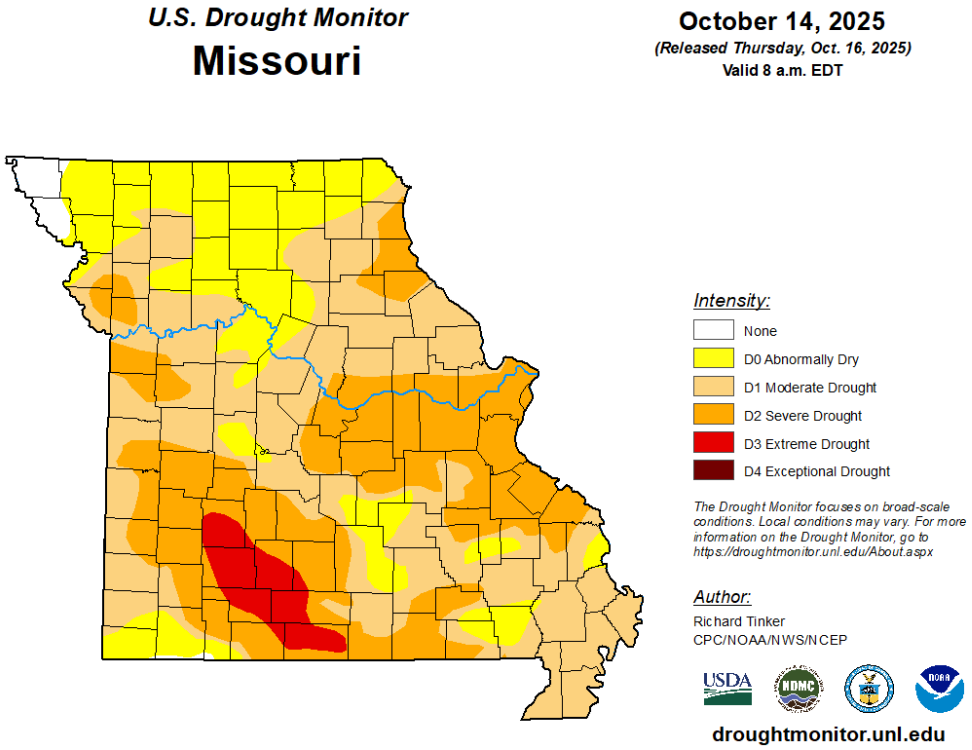
Approximately 5.96% of area residents commute to work for over sixty minutes each direction, higher than state (5.35%) but below national (8.74%) rates.[36] The high rates of long commutes, combined with low-income levels, impacts residents in numerous ways. Long travel times limit the opportunities for residents to access healthcare, as well as negatively impacting health status due to being sedentary while driving.

Broadband internet access has become increasingly critical, with everything from job applications, news and reading materials, bill payment and banking, and healthcare services using digital technologies to serve customers. Approximately 90.47% of the PCMH service area population has access to high-speed internet, which is lower than state (94.82%) and national

[33] https://benefitscheckup.org/program/mo_columbia_oats_transit_audrain_cou
[34] https://morides.org/county/pike-county/
[35] US Census Bureau, American Community Survey. 2019-23.
[36] US Census Bureau, American Community Survey. 2019-23.

(96.78%) rates.[37] However, having access to broadband does not mean that you can afford it. Just over 9.63% of households in the region do not own or use any type of computer, smartphone, tablet, or other type of computer, higher than the state rate (6.01%) and the national rate (5.2%).[38] For area households with computers, 15.69% use dial-up, have internet but don't pay for the service, or have no internet access in their home. This percentage is higher than state (11.87%) and national (10.29%) rates.[39]

Environmental Issues. Of all natural disasters, drought is the most common and the least understood. In Missouri, drought has impacted crop growers, and consequently the region's cattle owners who cannot afford grain to feed livestock. In time, grocery shoppers around the nation will be impacted with higher prices for produce and beef. Drought also impacts the income of agricultural farmers, which then impacts the economy and resources available to access health care. In the PCMH two-county area, 22.5% of weeks during the 2021-2023 period were spent in drought. An additional 17.57% of weeks were categorized spent in "abnormally dry conditions" indicating that drought could occur, or that the area is recovering from drought but are not yet back to normal.[40] As of October, 2025, eastern Missouri has several regions that are in moderate to severe drought as reflected in the map below, including the PCMH service area.[41]



[37] FCC FABRIC Data. Additional data analysis by CARES. December 2024.
[38] US Census Bureau, American Community Survey. 2019-23.
[39] US Census Bureau, American Community Survey. 2019-23.
[40] US Drought Monitor. 2021-2023.
[41] U.S. Drought Monitor. National Drought Mitigation Center. https://droughtmonitor.unl.edu/CurrentMap/StateDroughtMonitor.aspx?MO

Being located on the central plains, Missouri is subjected to various harsh weather conditions including excessive heat, flooding, snow, and severe storms. The PCMH region has been included in one federal disaster declaration since 2021: DR-4612-MO: Audrain County was impacted by severe storms, straight-line winds, tornadoes, and flooding during the period of June 24-July 1, 2021.[42] Communities and individuals coping with multiple disasters such as residents in the PCMH region, face increased risk for post-traumatic stress disorder (PTSD), anxiety, depression, and suicidal ideation. Often, survivors must manage food and water shortages, power outages, and unsanitary conditions. Healthcare resources are strained due to overwhelmed facilities and reductions in access to medical services. Support systems become eroded, creating social and economic strain and decreasing economic stability. The cumulative stress of repeated disasters can lead to disillusionment as survivors face unmet needs, bureaucratic barriers, and weakened community cohesion during recovery phases. Individuals and households struggling with limited economic resources, disabilities, food insecurity, and/or housing instability face magnified risks during and after disaster strikes. Targeted strategies and resources can help manage and improve recovery outcomes for those who are disproportionately impacted. Real-time assistance and local staffing must be engaged to support disaster recovery program applications, including translation services and help navigating complex requirements. Recovery programs should prioritize low-income renters, homeowners at risk of displacement, the unhoused, and uninsured or underinsured households. Community members should be involved in recovery planning, strengthening social cohesion, networks, and connections with local leadership. Recovery efforts should plan for long-term affordability, sustainable housing, and community resilience – not just immediate needs.

CAUSES OF DEATH AND CHRONIC DISEASE PREVALENCE

Health Care Access and Quality. A "Health Professional Shortage Area" (HPSA), is defined as having a shortage of primary medical care, dental or mental health professionals. The PCMH area has health professional shortage area designations for primary care, mental health, and dental health which are detailed in **Appendix A**.

Health insurance coverage/uninsured. As previously shown in **Table 8**, approximately 12.3% of the total civilian non-institutionalized population in PCMH are without health insurance coverage, higher than the state average of 9.17%, and higher than the national average of 8.55%.[43] The lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services and contributes to poor health status.

Sexually transmitted diseases. Screenings for STDs and rates of STD infection can show how a population is engaging in preventative behaviors as well as allowing for early detection and treatment of health problems. The lack of screenings can indicate a lack of access to preventative care, providers, a lack of health awareness and literacy, insufficient provider

[42] https://sema.dps.mo.gov/maps_and_disasters/disasters/
[43] US Census Bureau, American Community Survey. 2019-23.

outreach, and social barriers that prevent utilization of available services. In rural counties with small populations and little anonymity, screenings and treatment for STDs can raise privacy concerns and fears of stigma. **Table 12** reflects the number of reported sexually transmitted infections and rates for the PCMH region as well as state and national rates.

Table 12: STI Indicators[44]

Location	Chlamydia Infection Rate (per 100,000)	Gonorrhea Infection Rate (per 100,000)	Population with HIV/AIDS Rate (per 100,000)
PCMH Region	392.17	111.0	152.49
Missouri	498.57	201.9	254.3
US	492.2	179.0	386.6

Chronic diseases and conditions. Chronic diseases and conditions such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis – are among the most common, costly, and preventable of all health problems. The Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion report:

- Three out of four adults in the U.S. have a chronic disease and over half of adults have two or more chronic diseases.[45]
- Heart disease is the leading cause of death in the U.S. Cardiovascular diseases cause one in three deaths. Costs include $417.9 billion from 2020 to 2021, including the cost of health care services, medicines, and lost productivity on the job from premature death.[46]
- Obesity is a serious health concern. About two in five adults and one in five children struggle with obesity. The U.S. spends $173 billion annually on obesity-related health care.[47]
- Arthritis is the most common cause of disability affecting approximately 54 million adults in the U.S, with an estimated 25.7 million adults limiting their usual activities due to their arthritis.[48]
- About 38 million in the U.S. have diabetes, and 98 million have prediabetes.[49] People with diabetes are at higher risk of heart disease, stroke, and other serious complications like kidney failure, blindness, and amputations.

Health literacy plays a role in preventing and managing chronic diseases. Unfortunately, certain populations are more likely to experience lower health literacy including: racial and ethnic groups other than Caucasians; recent refugees and immigrants; people with less than a high school diploma or GED; and people with incomes at or below the poverty level. **Table 13** depicts the rates for selected conditions and chronic diseases for each county in the PCMH region as compared to Missouri and the United States. Rates in RED are equal to or higher than state rates.

[44] Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
[45] https://www.cdc.gov/chronic-disease/about/index.html
[46] https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html
[47] https://www.cdc.gov/obesity/php/about/index.html
[48] https://www.cdc.gov/arthritis/basics/
[49] https://www.cdc.gov/diabetes/images/library/socialmedia/diabetesintheus_print.pdf

Table 13: Chronic Disease Rates

	Asthma[50] (Medicare Population)	Diabetes Prevalence[51] (Medicare Population)	Heart Disease[52] (Medicare Population)	High Blood Pressure[53] (Medicare Population)	Obesity[54]
Audrain County	6.0%	24%	20%	70%	34.9%
Pike County	6.0%	25%	22%	66%	37.4%
Missouri	7.0%	25%	21%	66%	33.0%
U.S.	7.0%	26%	21%	65%	30.1%

Chronic disease is a significant issue in the service area, with some health behaviors further complicating the picture. On average, 24.7% of area residents aged 18 and older are current smokers, higher than state (18.6%) and national (13.2%) rates, age-adjusted.[55] Tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. The rate of mortality due to lung disease is higher for the area (82.5 per 100,000, age-adjusted) than state (61.0) and national (44.9) rates.[56] County level mortality rates for selected conditions are shown in **Table 14**, along with rates for the state and nation. Rates in RED are above state rates.

Table 14: Mortality Rates (per 100,000 population) [57]

	Cancer	Heart Disease	Lung Disease	Stroke
Audrain County	239.4	84.7	91.1	48.4
Pike County	224.2	104.2	70.6	66.1
Missouri	**211.3**	**134.7**	**61.0**	**51.2**
U.S.	**182.7**	**111.0**	**44.9**	**48.3**

BEHAVIORAL HEALTH

The National Survey on Drug Use and Health (NSDUH) is the primary source for statistical information on illicit drug use, tobacco use, alcohol use, substance use disorders (SUDs), mental health issues, and co-occurring SUDs and mental health issues for the civilian, non-institutionalized population of the United States. According to SAMHSA's 2024 National Survey on Drug Use and Health, an estimated 61.5 million (23.4%) adults aged 18 or older had any mental illness (AMI) in the past year.[58] The percentage was highest among young adults aged

[50] Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
[51] Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
[52] Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
[53] Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
[54] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.
[55] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via PLACES Data Portal. 2022.
[56] Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
[57] Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
[58] SAMHSA Key Substance Use and Mental Health Indicators in the United States, 2024. https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national/2024-nsduh-annual-national-html-071425-edited/2024-nsduh-annual-national.htm#ami

18 to 25 (33.2%) followed by adults aged 26 to 49 (29.7%). In 2024, 48.4 million people aged twelve and older (16.8%) had a substance use disorder (SUD) in the past year, including 27.9 million with an alcohol use disorder and 28.2 million with a drug use disorder. Among those, 15.6% (7.8 million people) had both alcohol and a drug use disorder in the past year. Approximately 16% (7.7 million people) had both AMI and SUD, also known as co-occurring mental health and substance use disorder.[59] SAMHSA recommends against comparing data to previous years' estimates as questions underwent considerable revisions for the 2022 survey.

Behavioral health disorders

In Missouri state fiscal year 2023, approximately 564 individuals in the two-county region received clinical services from the Division of Behavioral Health Psychiatric Program. This is a slight decrease from the 634 individuals served in 2021. The majority of diagnoses were related to depression, anxiety and fear disorders, and trauma and stress related disorders as shown in **Table 15**. Co-occurring indicators reflect that 36.9% of those receiving treatment also had a substance use disorder and 10.1% had a co-occurring developmental disability.

Table 15: Fiscal Year 2023, Mental Illness Treatment Services[60]

Location	Total Individuals Served	Anxiety, Fear, & Phobias	Depressive Mood	Trauma & Stress Related	Co-occurring Substance Use Disorder	Co-occurring Developmental Disability
Audrain County	396	169	228	175	158	43
Pike County	168	49	65	33	66	14
Region Totals	564	218	293	450	208	57

In Central Missouri (Audrain and Pike counties are in the Missouri Department of Mental Health's Central Region), an estimated 19.4% of residents ages 18 and older had a mental illness in the past year (2023) with 5.1% having a serious mental illness. Serious mental illness is defined as any of the mental disorders asked about and "these disorders resulted in substantial impairment in carrying out major life activities. Approximately 7.5% of Central Missouri residents aged 18 and over had at least one major depressive episode in the past year. A major depressive episode is characterized by an extended period of depressed mood, loss of interest or pleasure, and impaired functioning. Typically, females are more likely to report having had a major depressive episode.[61] As shown in **Table 16**, the area has limited providers for those seeking and/or needing treatment for mental health issues.

Table 16: Mental Health Providers

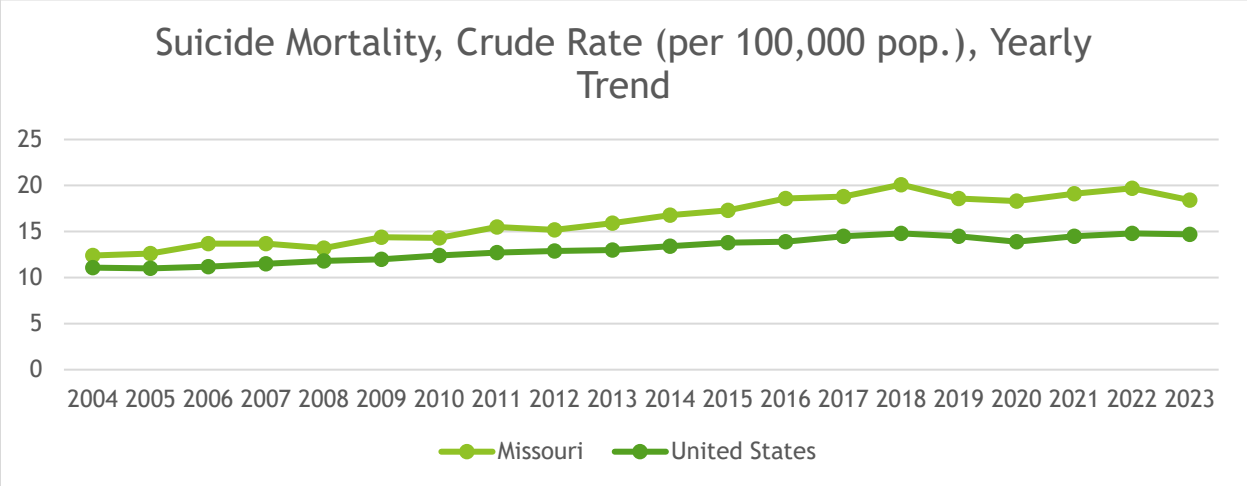
[59] SAMHSA Key Substance Use and Mental Health Indicators in the United States, 2024. https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national/2024-nsduh-annual-national-html-071425-edited/2024-nsduh-annual-national.htm#ami

[60] Missouri Department of Mental Health, Division of Behavioral Health, 2024 Status Report on Missouri's Substance Use and Mental Health.

[61] Missouri Department of Mental Health, Community Health Profiles, Behavioral Health Profile, 2023.

Area	Number of Mental Health Providers[62]	Ratio of population to mental health providers[63]
Audrain County	57	427:1
Pike County	13	1388:1
Missouri	16,227	380:1
U.S.	1,113,571	300:1

Suicide. After two consecutive years of declines in suicide nationally (47,511 in 2019 and 45,979 in 2020), 2022 data indicates an increase in suicide to approximately 49,000 and provisional 2023 data indicates a similar number for 2023. Suicide rates were lowest in counties in the top one third of percentage of persons or households with health insurance coverage, access to broadband internet, and income greater than 100% of the federal poverty level.[64] Suicide rates for males were nearly four times the rate for females, and higher for rural residents than urban residents. In Missouri, suicide is the 2nd leading cause of death for ages 10-34, according to the Missouri Department of Mental Health 2023 Community Profiles.[65] There were 39 deaths in the PCMH region due to intentional self-harm from 2019-2023, however data is unavailable for Audrain County. For the available data, the regional crude rate is 18.3, just below state (18.8) but higher than national (14.5) rates.[66] Suicide rates at the state and national levels have been increasing since 2004 as shown in the graph below. Data from 2004 to 2023 shows the age-adjusted suicide rate for all ages in the United States increased (11.1 to 14.7). In Missouri, the increase has been even more dramatic, with rates increasing from 12.4 to 18.4, well above national rates.



[62] All Things Missouri, Health and Safety Report. Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). Accessed via County Health Rankings. 2024.
[63] Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). Accessed via County Health Rankings. 2024.
[64] Cammack AL, Stevens MR, Naumann RB, et al. Vital Signs: Suicide Rates and Selected County-Level Factors — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:810–818. DOI: http://dx.doi.org/10.15585/mmwr.mm7337e1
[65] https://dmh.mo.gov/alcohol-drug/missouri-epidemiological-profile/2023
[66] Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

Deaths of Despair. Deaths of despair measures the rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses per 100,000 population and is an indicator of poor mental health. Data for the PCMH region is shown in **Table 17**.

Table 17: Age-Adjusted Deaths of Despair Rates[67]

Location	Five-Year Total Deaths 2019-2023	Age-Adjusted Death Rate per 100,000
Audrain County	60	48.4
Pike County	59	66.1
Missouri	**19,870**	**64.4**
United States	**970,307**	**58.5**

Substance Abuse. Tables 18-19 illustrate indicators of substance abuse, as reported by the Missouri Department of Mental Health in the 2024 Status Report on Missouri's Substance Use and Mental Health and County Profiles. Hospital data includes emergency department visits, with or without admission, as well as non-emergency department admissions and includes disorders as either the principal diagnosis or a related diagnosis. The data shows an increase in alcohol use disorders, as well as increase of substance use disorders during the three-year period.

Table 18: Alcohol Disorder Indicators[68]

	Hospital/ER: Alcohol Disorder Principal or Related Diagnosis			Alcohol Induced Deaths		
	2020	**2021**	**2022**	**2021**	**2022**	**2023**
Audrain County	188	162	198	1	6	4
Pike County	143	208	191	3	2	2
PCMH Region Totals	**331**	**370**	**389**	**4**	**8**	**6**

Table 19: Substance Use Disorder Indicators

	Hospital/ER: Drug Disorder Principal or Related Diagnosis			Drug Induced Deaths		
	2020	**2021**	**2022**	**2021**	**2022**	**2023**
Audrain County	339	248	333	5	5	9
Pike County	185	200	253	5	10	4
PCMH Region Totals	**524**	**448**	**586**	**10**	**15**	**13**

According to SAMHSA, substance use and mental disorders can make daily activities difficult and impair a person's ability to work, interact with family, and fulfill other major life functions. Mental and substance use disorders are among the top conditions that cause disability in the United States. Preventing mental and/or substance use disorders or co-occurring disorders and related problems is critical to behavioral and physical health. In Missouri state fiscal year 2023, 290 individuals in the two-county region were admitted to Division of Behavioral Health

[67] Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
[68] Missouri Department of Mental Health, 2024 Status Report on Missouri's Substance Use and Mental Health, Section E: Behavioral health Indicators by County and Area. https://dmh.mo.gov/sites/dmh/files/media/pdf/2024/11/sr2024-section-e-links.pdf

substance use disorder treatment programs. Primary drug problem admissions were for Stimulant/Methamphetamine addiction, followed by Alcohol, Marijuana, and Opioids including Fentanyl, heroin, and prescription opioids as shown in **Table 20**. The majority of treatment referrals came through the courts or criminal justice system (175) with others self-referring (57) or being referred by a family member or friend (25). Additionally, and importantly, 42.4% of individuals receiving treatment had co-occurring psychological issues.[69]

Table 20: Substance Use Disorder Treatment Services – MO FY 2023[70]

Location	Total Individuals Served	Alcohol	Marijuana	Meth	Heroin, Fentanyl, Prescription Opioid	Co-occurring Mental Disorder
Audrain County	158	46	23	60	25	81
Pike County	132	29	33	56	5	42
PCMH Region Totals	**290**	**75**	**56**	**116**	**30**	**123**

The number of individuals receiving treatment for substance use disorders has been increasing in the PCMH region, as reflected in **Table 21**.

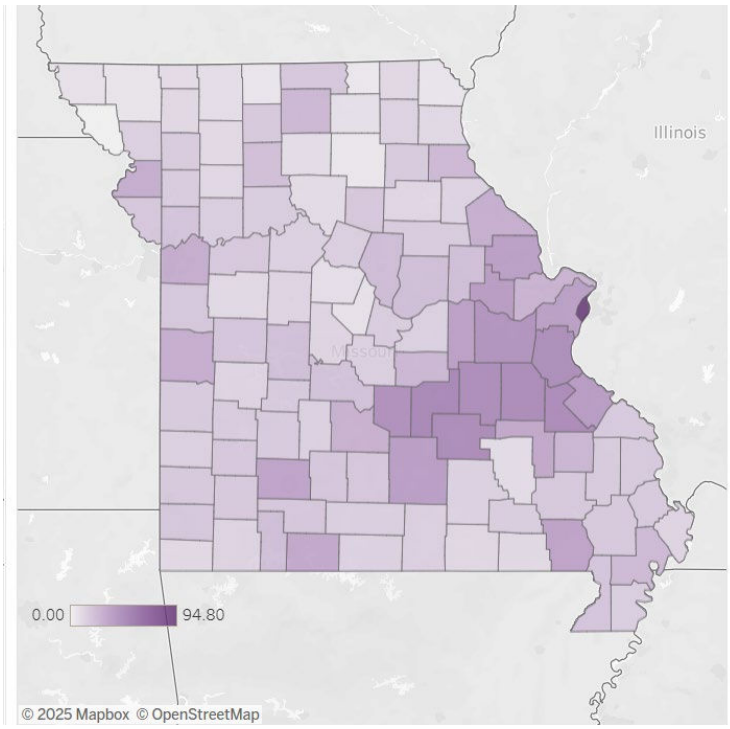
Table 21: Substance Use Disorder Treatment Services, FY 2021 – FY 2023

Location	FY 2021	FY 2022	FY 2023
Audrain County	152	157	158
Pike County	99	123	132
PCMH Region Totals	**251**	**280**	**290**

Opioid Use Disorder – Mortality. The following map from the Missouri Department of Health and Senior Services illustrates the impact of opioid use disorder in the state, highlighting the extent of the opioid crisis. Most counties with high opioid-involved mortality rates are clustered around the St. Louis metropolitan region moving south and west, though some additional counties with high opioid-involved death rates can be found across the state.

All Drug Overdose Mortality Rates 2018-2023

[69] Missouri Department of Mental Health, Substance Use Disorder Treatment County Profiles, Fiscal Year 2023.
[70] Missouri Department of Mental Health, Division of Behavioral Health, 2023 Status Report on Missouri's Substance Use and Mental Health.



According to the Missouri Department of Health and Senior Services Opioid dashboard, there were 45 drug overdose deaths (all substances) in the PCMH area from 2020-2024. Opioid deaths are often under-reported and difficult to accurately determine, particularly in rural areas where privacy factors into reporting. As with opioid overdose deaths, emergency department visits with opioid misuse diagnoses show high rates for many counties surrounding the St Louis area. Drug overdose mortality, nonfatal overdose emergency department visits, and Emergency Medical Services (EMS) naloxone usage data is included in **Table 22,** detailing the number of doses used and the rate per 100,000 population**.** Rates in RED are higher than state rates.

Table 22: Drug Overdoses

Location	All Drug Overdose Mortality, 2020-2024		Emergency Department Overdose Visit, 2018-2023		EMS – Naloxone Usage	
	#	Rate	#	Rate	#	Rate
Audrain County	23	18.71	259	1.73	21	86.1
Pike County	22	24.75	239	2.22	17	94.8*
Missouri	2024 only - 1,450	23.22	2023 only - 10,162	1.64	2023 only - 5,776	93.2
* - denotes unstable rate due to limited number of events						

Violence-Related Incidents. Trauma and violence are widespread, harmful, and costly public health concerns. They have no boundaries regarding age, gender, socioeconomic status, race, ethnicity, or sexual orientation. Trauma is a common experience for adults and children in American communities, and it is especially common in the lives of people with mental and substance use disorders. For this reason, the need to address trauma is increasingly seen as an important part of effective behavioral health care.

Research has shown that traumatic experiences are associated with both behavioral health and chronic physical health conditions, especially those traumatic events that occur during childhood. Substance use, mental health problems, and other risky behaviors have been linked with traumatic experiences. Because these behavioral health concerns can present challenges in relationships, careers, and other aspects of life, it is important to understand the nature and impact of trauma. Traumatic experiences can also contribute to chronic physical health conditions, such as diabetes and cardiovascular diseases. Incidents of violent crime within the report area are shown in **Table 23**. Violent crime includes homicide, rape, sodomy, sexual assault, robbery, and aggravated assault.[71]

Table 23: Number of Violent Crimes by County

Location	2021	2022	2023	2024
Audrain County	138	78	48	92
Pike County	56	58	76	56
PCMH Region Totals	**194**	**136**	**124**	**148**

Intimate Partner Violence (IPV) is abuse or aggression that occurs in a romantic relationship. It can include physical violence, sexual violence, stalking, and psychological aggression also known as coercive control. IPV is linked to injuries and death, with over half of female homicide victims in the United States killed by a current or former male intimate partner. Other negative health outcomes are associated with IPV including chronic diseases and mental health problems. According to the CDC, the lifetime economic cost associated with medical services for IPV-related injuries, lost productivity from paid work, criminal justice and other costs, is $3.6 trillion. IPV (domestic violence) and child abuse/neglect statistics for the area are detailed in **Tables 24-25**. High rates of IPV/domestic violence, child abuse and neglect, and out-placement of children due to abuse and neglect are indicative of underlying behavioral health issues as well as socio-economic pressures. The following tables illustrate the number of domestic violence incidents, rates of child abuse and neglect, and the number of children removed from home due to child abuse and neglect for the years specified.

Table 24: Number of Domestic Violence Incidents (IPV) by County [72]

Location	2021	2022	2023	2024
Audrain County	153	82	71	117
Pike County	122	104	115	97
PCMH Region Totals	**275**	**186**	**186**	**214**

Substantiated child abuse/neglect rates for each county in the report area are shown in the table below. Rates in RED are above the state rate for that particular year. Both counties have

[71] Missouri State Highway Patrol, Crime In Missouri Dashboards, Source geography: County
[72] Missouri State Highway Patrol, NIBRS Dashboard.

rates that are consistently and significantly higher than state rates, for successive years, indicating an on-going child abuse problem in the area.[73]

Table 25: Child Abuse Rates Per 1,000 Children, 2016-2024[74]

Location	2016	2017	2018	2019	2020	2021	2022	2023	2024
Audrain County	5.65	5.18	8.79	4.87	4.08	5.60	4.75	5.60	4.92
Pike County	12.42	4.38	7.30	7.30	8.52	8.83	6.38	6.38	7.12
Missouri	**4.42**	**3.61**	**3.95**	**3.67**	**3.32**	**3.40**	**3.08**	**3.15**	**3.26**

Table 26 shows the number of children who have been removed from the home due to child abuse and/or neglect, as disposed by Missouri's juvenile and family court division. A child abuse/neglect referral is counted as a single event; however, the youth may be the victim of multiple incidents of abuse/neglect at the time they are referred and/or removed from the home.

Table 26: Children Removed from Home Due to Child Abuse/Neglect, 2016-2024[75]

Location	2016	2017	2018	2019	2020	2021	2022	2023	2024
Audrain County	43	54	20	19	14	28	33	11	23
Pike County	23	26	14	26	21	20	13	14	3
PCMH Region Totals	**66**	**80**	**34**	**45**	**35**	**48**	**46**	**25**	**26**

As of September 2025, there were 11,639 children in foster care in Missouri and 1,696 children awaiting adoption.[76] Information from The Missouri Children's Division Monthly Management Reports for August 2025 are included in **Table 27**, reflecting various status of children in the PCMH area.

Table 27: Children's Management Status, Point in Time – August 2025

Location	# Children in Children's Division Custody[77]	# Children with 4+ Previous Placements[78]	# Completed Adoptions (FY 2024)[79]
Audrain County	43	19	8
Pike County	15	4	1
PCMH Region Totals	**58**	**23**	**9**

[73] Missouri Department of Social Services, Missouri Department of Social Services, Children's Division. Source geography: County

[74] Missouri Department of Social Services, Missouri Department of Social Services, Children's Division. Child Abuse and Neglect Annual Reports. Source geography: County. Appendix B.

[75] Missouri State Courts, Juvenile & Family Division Annual Reports. Appendix D.

[76] https://dss.mo.gov/mis/clcounter/history.htm

[77] Missouri Children's Division Monthly Management Report, April 2025. Table 19. https://dss.mo.gov/re/pdf/csmr/2025/aug-2025.pdf

[78] Missouri Children's Division Monthly Management Report, April 2025. Table 27. https://dss.mo.gov/re/pdf/csmr/2025/aug - 2025.pdf

[79] Missouri Children's Division Monthly Management Report, April 2025. Table 28. https://dss.mo.gov/re/pdf/csmr/2025/aug - 2025.pdf

The PCMH region has youth substance abuse hospitalization rates of 13.8 (Audrain County), and 14.2 (Pike County) per 100,000 population, which are lower than the state rate of 26.6.[80] According to the Missouri Department of Mental Health's 2024 Substance Use and Mental Health Indicators Report, there were 25 juvenile out-of-home placements in 2023 in the two-county region. Of those, seven had parental drug use listed as a condition present at removal, or 28.0%. There were 37 juvenile court referrals for violence, 4 for alcohol offenses, and 15 for drug offenses. These out-of-home placement numbers may differ from the Child Abuse and Neglect data in **Table 26.**

MATERNAL AND INFANT HEALTH

Maternal and infant health encompass an array of issues, from pregnancy complications, weight gain during pregnancy, tobacco use during pregnancy, pregnancy-related deaths and depression to pre-term birth, sudden infant death syndrome (SIDS), and infant mortality. Pregnancy can often provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

- Hypertension and heart disease
- Diabetes
- Depression
- Genetic conditions
- Sexually transmitted diseases (STDs)
- Tobacco, alcohol, and other substance use
- Inadequate nutrition
- Unhealthy weight

The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality pre-conception and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. It is noteworthy that:

- Nearly 25% of the people in the United States are younger than 18.
- Most (about 84%) pregnant women enter prenatal care during the first three months of pregnancy, helping to ensure their babies are born heathy.
- Of all countries in 2020, the United States possessed the highest infant mortality rate at 5.4 deaths per 1000 live births, which is markedly higher than the 1.6 deaths per 1000 live births in Norway, which has the lowest mortality rate.[81]

Maternal mortality (death due to maternal causes) includes deaths related to or aggravated by pregnancy or pregnancy management but excludes deaths occurring more than 42 days after the end of the pregnancy and deaths of pregnant women due to external causes such as injury.

[80] All things Missouri, Health and Safety Report. US Department of Health & Human Services, Missouri Department of Health & Senior Services. Accessed via KIDS COUNT data center. 2019-2023. Source geography: County

[81] Petrullo, J. (2023, January 31). US has highest infant, maternal mortality rates despite the most health care spending. AJMC. https://www.ajmc.com/view/us-has-highest-infant-maternal-mortality-rates-despite-the-most-health-care-spending

The rate of maternal mortality in the United States declined dramatically over the last century; however, this trend has reversed somewhat in the last several decades. The 2025 March of Dimes Report Card scored Missouri with a "D" in pre-term births, as rates in the state have increased from 9.6% in 2011 to 11.0% in 2024. Racial and ethnic disparities persist, with the preterm birth rate among Black women in Missouri being 1.4 times higher than the rate among all other babies.[82]

Teen Birth Rate. Per the Centers for Disease Control and Prevention (CDC), in 2021 a total of 146,973 babies were born to women aged 15-19 years in the United States, for a birth rate of 13.9 per 1,000 women in this age group. This is a record low for U.S. teens. Still, the U.S. teen pregnancy rate is substantially higher than in other western industrialized nations, and racial/ethnic and geographic disparities in teen birth rates persist. In the PCMH service area, the teen birth rate (per 1,000 population) is 25.1 as compared to the state (19.0) and national (15.5) rates.[83] Rates for each county are detailed in **Table 28**. According to the CDC, teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children.

Table 28: Teen Birth Rates (Rate per 1,000 Female Population Age 15-19)[84]

Location	Rate
Audrain County	25.4
Pike County	24.6
Total PCMH Region Percent	**25.1**
Missouri	**19.0**
U.S.	**15.5**

According to the CDC, teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children.

- In 2010, teen pregnancy and childbirth accounted for at least $9.4 billion in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers.
- Pregnancy and birth are significant contributors to high school dropout rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, whereas approximately 90% of women who do not give birth during adolescence graduate from high school.
- Social stigma surrounding teen pregnancy creates significant stress for young mothers, making it harder to achieve success. Stigmatization can cause feelings of isolation and shame, negative interactions with health care providers and barriers to accessing

[82] 2025 March Of Dimes Report Card For Missouri. https://www.marchofdimes.org/peristats/reports/missouri/report-card
[83] Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via County Health Rankings. 2017-2023.
[84] Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2014-2020.

resources, all of which contribute to poorer health outcomes for teen mothers and their babies.

- The children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.

These effects continue for the teen mother and her child even after adjusting for those factors that increased the teenager's risk for pregnancy, such as growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having poor performance in school.[85]

Infant Mortality. The infant mortality rate is the rate of deaths to infants less than one year of age per 1,000 births. High rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. According to the CDC, a total of 19,920 deaths occurred in infants under one year of age in 2021, for an infant mortality rate of 543.6 infant deaths per 100,000 live births. Most of these babies die because of –

- Birth defects
- Preterm birth (birth before 37 weeks gestation) and low birth weight
- Maternal complications of pregnancy
- Sudden Infant Death Syndromes (SIDS)
- Injuries (e.g., suffocation)

In addition to providing key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society. Infant mortality data in the PCMH service area is limited due to the low number of events, as shown in **Table 29**. Rates in RED are higher than state rates.

Table 29: Infant Mortality, 2019-2023[86]

Report Area	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Audrain County	13	9.0
Pike County	4	4.1
Missouri	2,061	5.9

Smoking during Pregnancy. Most people are aware that smoking causes cancer, heart disease, and other major health problems. The Centers for Disease Control and Prevention (CDC) reports that smoking during pregnancy causes additional health problems including premature birth, certain birth defects, and infant death.

- Smoking makes it harder for a woman to get pregnant.
- Women who smoke during pregnancy are more likely than other women to have a miscarriage.

[85] Hoffman SD. Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy. Washington, DC: The Urban Institute Press; 2008.

[86] All Things Missouri, Health and Safety Report. Missouri Department of Elementary & Secondary Education. Accessed via KIDS COUNT data center. 2017-2021

- Smoking can cause problems with the placenta – the source of the baby's food and oxygen during pregnancy. For example, the placenta can separate from the womb too early, causing bleeding, which is dangerous to the mother and baby.
- Smoking during pregnancy can cause a baby to be born too early or to have low birth weight – making it more likely the baby will be sick and must stay in the hospital longer.
- Smoking during and after pregnancy is a risk factor of sudden infant death syndrome (SIDS). SIDS is an infant death for which a cause of death cannot be found.
- Babies born to women who smoke are more likely to have certain birth defects, like a cleft lip or cleft palate.

The 2021 rates for smoking during pregnancy as a percentage of all pregnancies is high in the PCMH service area compared to the state rate as shown in **Table 30**. Rates in RED are above the state rate.

Table 30: Smoking in Pregnancy by County, 2021[87]

County	Percent
Audrain County	12.91%
Pike County	13.71%
Missouri	**10.08%**

Low Birth Weight. Low birthweight is a term used to describe babies who are born weighing less than 2,500 grams (5 pounds, 8 ounces). In contrast, the average newborn weighs about 8 pounds. Over 8% of all newborn babies in 2021 in the United States have low birthweight.[88] Low birth weight infants are at considerable risk for health problems, and high rates can highlight the existence of health disparities. The 2017-2023 time period shows the low birthweight rates for Audrain County (10.0%) are higher than state (8.8%) and national (8.4%) rates, but Pike County (8.8%) is equal to the state rate.[89]

Other Maternal Health Indicators. Indicators for various maternal health factors are included in **Table 31**, with rates for each county in the service area as well as state rates. Rates in RED are higher than state rates.

Table 31: Maternal Health Indicators: 2021[90]

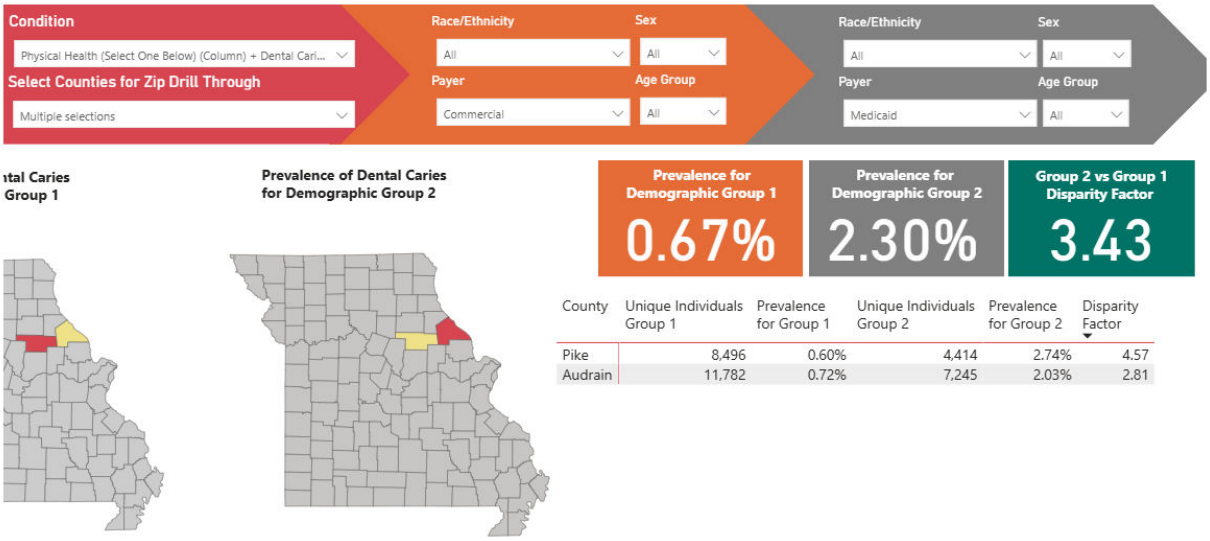
Location	Late Care (2nd/3rd Trimester)	Inadequate Prenatal Care (Kotelchuck Index)	Prenatal Medicaid	Prenatal WIC	Prenatal Food Stamps
Audrain County	28.76	23.39	40.52	32.00	19.93
Pike County	27.18	17.53	36.22	23.86	17.53
Missouri	**24.81**	**15.78**	**39.33**	**28.34**	**22.43**

[87] Missouri Department of Health and Senior Services, Prenatal Profile 2017-2021.
[88] https://www.cdc.gov/nchs/fastats/birthweight.htm
[89] University of Wisconsin Population Health Institute, County Health Rankings. 2017-2023.
[90] Missouri Department of Health and Senior Services, Prenatal Profile.

DENTAL CARE/ORAL HEALTH

According to a report from the Kaiser Family Foundation: "Oral health is an integral part of overall health, but its importance to overall health and well-being often goes unrecognized. Untreated oral health problems can lead to serious health complications. Having no natural teeth can cause nutritional deficiencies and related health problems. Untreated caries (cavities) and periodontal (gum) disease can exacerbate certain diseases, such as diabetes and cardiovascular disease, and lead to chronic pain, infections, and loss of teeth. Lack of routine dental care can also delay diagnosis of conditions, which can lead to potentially preventable complications, high-cost emergency department visits, and adverse outcomes." [91]

As of 2019, nearly half of Medicare beneficiaries (47%), or nearly 24 million people, do not have dental coverage and many go without needed care, according to a Kaiser Family Foundation brief on dental coverage and costs for Medicare beneficiaries.[92] Rates are even higher among black (68%) and Hispanic (61%) beneficiaries, and those with low incomes (63%).[93] Medicare does not generally cover routine preventive dental care or more expensive dental services that are often needed by older adults. Lack of dental care can lead to delayed diagnosis of serious health conditions, preventable infections and complications, chronic pain, and costly emergency room visits. The Missouri Hospital Association's Health Equity Dashboards show Medicaid covered individuals in the PCMH region are 3.43 times more likely to have dental caries with a prevalence of 2.30% compared to commercial pay patients, with a prevalence of 0.67%.[94]



[91] Source: Kaiser Commission on Medicaid and the Uninsured, The Henry J. Kaiser Family Foundation, Oral Health in the US: Key Facts, June 2012. http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8324.pdf

[92] https://www.kff.org/medicare/issue-brief/medicare-and-dental-coverage-a-closer-look/

[93] https://www.kff.org/medicare/issue-brief/drilling-down-on-dental-coverage-and-costs-for-medicare-beneficiaries/

[94] https://www.missourihealthmatters.com/empowering-you-with-health-data

The shortage of dental providers indicates that residents in the PCMH area likely fare worse than other Missourians for oral health indicators. County ratios of population to dentists are detailed in **Table 32**. Rates in RED are higher than the state and national ratios.

Table 32: Ratio of Population to Dentists, 2023[95]

Area	Ratio of population to Dentists
Audrain County	2,030:1
Pike County	3,590:1
Missouri	1,570:1
U.S.	1,340:1

Fluoridated water supplies are beneficial to oral health. According to the CDC, fluoride helps strengthen permanent teeth for children under 8 years old while it leads to strong and healthy teeth among adults.[96] Fluoridated water can help prevent at least 25% of tooth decay in children. Fluoridated water also saves money over time. The American Dental Association estimates that every $1 spent in water fluoridation saves about $38 in dental costs in most cities. Despite numerous claims suggesting fluoridated water supplies are toxic, erode lead pipes, and can cause health problems, scientists have shown through evidence-based studies that there is no scientific basis to these claims.[97] There are fourteen water systems in the two-county area, with eight systems (57.1%) providing fluoridated water.[98]

Children. Dental caries and other oral health problems continue to plague vulnerable populations, particularly low-income children, and those with special health care needs. Despite tremendous advances in basic science and technology, as well as substantial progress in better understanding the pathogenesis and prevention of dental caries, evidence-based interventions are sparsely implemented. Barriers to better oral health care for children are multifaceted and include difficulties with access to the oral health system, insufficient collaboration across fields, insufficient training of both dental and pediatric professionals, and public policies that hinder access to oral health care.

The CDC reports that untreated tooth decay in children can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. Children who have poor oral health often miss school more and receive lower grades than children who do not. Further,

- More than half of children aged 6 to 8 have a cavity in at least one of their baby (primary) teeth.
- More than half of adolescents aged 12 to 19 have had a cavity in at least one of their permanent teeth.

[95] County Health Rankings
[96] Centers for Disease Control and Prevention. (2019). Community Water Fluoridation. Water Fluoridation Basics. Retrieved from https://www.cdc.gov/fluoridation/basics/index.htm
[97] American Dental Association. (2019). 5 Reasons Why Fluoride in Water is Good for Communities. Retrieved from https://www.ada.org/en/publicprograms/advocating-for-the-public/%20fluoride-and-fluoridation/5-reasons-whyfluoride-in-water-is-good-for-communities
[98] https://nccd.cdc.gov/DOH_MWF/Default/WaterSystemList.aspx

- Children aged 5 to 19 years from low-income families are twice as likely (25%) to have cavities, compared with children from higher-income households (11%).

The Missouri Preventive Services Program provides screening, education, prevention, and referrals for students in participating schools. There was a total of 59,404 participants statewide in the program in the 2022-2023 school year with the majority (61.79%) being in elementary school. Audrain and Pike counties participated in the Preventive Services Program which included approximately 424 students from those counties.[99] Studies have shown that children with dental pain and poor oral health often miss school and have difficulties with speaking, eating, and learning. More than 51 million school hours are lost each year due to children having a dental related illness.[100]

Non-Elderly Adults. About 1 in 4 nonelderly adults have untreated tooth decay. The rate among low-income adults is twice that for adults with more income (41% versus 19%).

- Employed adults lose over 164 million hours of work a year related to oral health problems or dental visits.
- For every adult without health insurance, an estimated three lack dental insurance.
- Dental benefits are mandatory for children in Medicaid, but adult dental services are covered at state option.
- Most states provide some adult dental benefits, but half restrict their coverage to emergency services, and adult dental benefits are frequently cut or eliminated when states face budget pressures.

Elderly. Many Medicare beneficiaries go without dental care due to costs. Overall, 10 percent of all beneficiaries indicated they did not get needed dental care in the previous year because of cost and financial constraints. The rate was higher among those with low incomes (18%), those in relatively poor health (24%), and beneficiaries under 65 with long-term disabilities (26%). While cost is often cited as top reason for not going to the dentist among those who said they needed care but did not go, fear of the dentist, inconvenient location or time for an appointment are also important contributing factors.[101]

Medicare Beneficiaries. Medicare does not provide coverage for routine dental care including cleanings, fillings, extractions, dentures, or other dental devices. Nearly half of all Medicare beneficiaries (47%), or about 24 million people, do not have dental coverage as of 2019. Some beneficiaries have dental coverage through private plans, or through Medicaid, but the scope of coverage varies widely.

- One in four Medicare beneficiaries has no natural teeth. This condition can often lead to other health issues, including nutritional deficiencies.

[99] https://health.mo.gov/living/families/oralhealth/dashboard.php

[100] U.S. Department of Health and Human Services, Oral Health in America: A Report of the Surgeon General, 2000. Retrieved from https://www.nidcr.nih.gov/sites/default/files/2017-10/hck1ocv.%40www.surgeon.fullrpt.pdf

[101] Vujicic M, Buchmueller T, Klein R. Dental Care Presents the Highest Level of Financial Barriers, Compared to Other Types of Health Care Services. Health Affairs 2016; 35(12): 2176–2182. https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0800

- Almost half (47%) of all Medicare beneficiaries did not have a dental visit within the past year, with even higher rates among Black beneficiaries (68%), Hispanic beneficiaries (61%), those with low incomes (73%), and those in fair or poor health (63%).[102]
- Average out-of-pocket spending on dental services among Medicare beneficiaries who had any dental service was $874 in 2018. One in five Medicare beneficiaries (20%) who used dental services spent more than $1,000 out-of-pocket on dental care. [103]
- Poor oral health in older adults is linked to decreased quality of life, increased risk of chronic diseases such as heart disease and stroke, and poor health outcomes including cognitive impairment.[104]

Infectious Disease, Infection Control, and Vaccines/Immunizations. Infectious diseases are illnesses caused by organisms such as bacteria, viruses, fungi, or parasites. These diseases can spread, directly or indirectly, from one person to another, from animals to humans, or through the environment. Transmission (spreading) can happen by physical contact such as touching, through contaminated food or water, through airborne inhalation, by insect bites, or with contact with contaminated surfaces. Influenza (flu) is a contagious respiratory illness caused by viruses that infect the nose, throat, and sometimes the lungs. It can cause mild to severe illness, and at times can lead to death. The number of people getting the flu varies greatly from year to year, with recent estimates showing between 9 million and 41 million US residents becoming ill with influenza annually. The wide range occurs due to differences in virus strains, vaccine effectiveness, and immunization participation by the public. Children are most likely to get sick from the flu and people aged 65 and older are least likely to get sick. Flu vaccines reduce flu related illnesses and the risk of serious flu complications that can result in hospitalization or even death. The CDC also recommends routine preventive actions (like staying away from people who are sick, covering coughs and sneezes and frequent handwashing) to help slow the spread of germs that cause respiratory (nose, throat, and lungs) illnesses, like flu.

The COVID-19 pandemic swept the globe in 2020, infecting hundreds of millions and causing nearly seven million deaths worldwide as of 2025. Governments around the world imposed restrictions including lockdowns, mask mandates, social distancing, and quarantines. These restrictions were sometimes met with resistance and ridicule, leading to conflict in communities, in the health workforce, and amplifying existing political divisions. Health workers were burdened with overwhelming stress due to long hours, isolation, psychological stress due to patient and co-worker deaths, and managing their own illnesses. COVID amplified the need for healthcare workers in all areas and especially highlighted the shortages in rural areas. The impacts of COVID, including shutdowns and the loss of workers, rippled through the supply-

[102] https://www.kff.org/medicare/issue-brief/recent-changes-to-medicare-coverage-of-dental-services-from-the-2023-and-2024-medicare-physician-fee-schedule-final-rules/

[103] https://www.kff.org/medicare/issue-brief/recent-changes-to-medicare-coverage-of-dental-services-from-the-2023-and-2024-medicare-physician-fee-schedule-final-rules/

[104] Simon L, Song Z, Barnett ML. Dental Services Use: Medicare Beneficiaries Experience Immediate And Long-Term Reductions After Enrollment. Health Aff (Millwood). 2023 Feb;42(2):286-295. doi: 10.1377/hlthaff.2021.01899. PMID: 36745837; PMCID: PMC10022587.

chain, leading to product shortages and price gouging. At the same time, the world was racing to develop vaccines to fight the disease. The development of multiple vaccines within one year of the virus's emergence was unprecedented, as the process typically takes more than four years. Researchers around the world collaborated to carry out stages of vaccine development simultaneously, accelerating the process while also looking to new vaccine technologies. Unfortunately, the accelerated development process has created public concerns about vaccine testing, acceptance, and side-effects. A 2021 study on the COVID-19 vaccine found exposure to disinformation and misinformation through social media increased vaccine hesitancy. Misperceptions of the severity of COVID infections and the risk of contracting COVID increase hesitancy as does public mistrust towards health care workers (HCWs), scientific institutions, and/or health authorities.

Vaccine-preventable diseases have not disappeared. Recent outbreaks of measles are impacting communities across the United States. Measles is an airborne, extremely infectious, and potentially severe rash illness. Before the measles vaccine was introduced, an estimated 48,000 people were hospitalized and 400–500 people died in the United States each year. As of October 21, 2025, a total of 1,618 confirmed measles cases, including three deaths, have been reported from 42 jurisdictions, including cases in Missouri.[105] For comparison, there were 191 cases of measles in the United States in 2015. Measles outbreaks are increasing as fewer people are getting vaccinated. The measles, mumps, and rubella (MMR) vaccine is very safe and effective. When more than 95% of people in a community are vaccinated (coverage >95%), most people are protected through community immunity (herd immunity). In Missouri, approximately 96.8% of students had been vaccinated as of the 2011-12 school year but the percentage has declined steadily to the 2023-24 rate of 90.4%.[106] The number of Pertussis (whooping cough) and Tuberculosis cases are also increasing in the United States. Vaccines help your body recognize and fight germs and provide protection each time you encounter someone who is sick with an infectious disease. Data regarding childhood and adult immunizations is not readily accessible at the county level for the PCMH service region.

Telehealth. According to a report from the Missouri Foundation for Health, telehealth has long been available as an alternative to in-person care, particularly for some populations. For older and low-income communities, there may be multiple barriers to going to a doctor's office, including lack of mobility or transportation. Telehealth is a viable alternative to in-person care for non-urgent care, routine management of medical conditions, and evaluations. To support the growth and use of telehealth, access to broadband and high-speed internet must be prioritized, especially in rural communities. As previously stated, approximately 90.47% of the PCMH service area population has access to high-speed internet, which is lower than state (94.82%) and national (96.78%) rates. While broadband is somewhat accessible, 15.69% of households in the area have no or slow internet access, higher than state (11.87%) and national (10.29%) rates. These households may have dial-up internet access, have access but do not pay for the service, or have no access at all. To access broadband, households must also have access

[105] Centers for Disease Control. https://www.cdc.gov/measles/data-research/index.html
[106] https://www.cdc.gov/schoolvaxview/data/index.html

to computers, including desktops, laptops, smartphones, tablets, or other types of computers. Just over 9.63% of households in the region do not own or use any type of computer, smartphone, tablet, or other type of computer, higher than the state rate (6.01%) and the national rate (5.2%). The lack of access to technology and broadband may be a barrier to care as well as a barrier to education, job opportunities, and social engagement.

Medicaid Expansion. The Affordable Care Act (ACA) of 2010 originally required all states and the District of Columbia to expand Medicaid eligibility to adults with incomes up to 138% of the Federal Poverty Level (FPL). However, the 2012 Supreme Court ruling made Medicaid expansion optional for states. By 2014, 25 states had expanded their programs, with several others following through legislative action or ballot initiatives in subsequent years. Missouri, however, was slower to adopt expansion compared to many other states.

In August 2020, Missouri voters approved Amendment 2, mandating Medicaid expansion. The state began processing applications on October 1, 2021, with coverage retroactive to July 1, 2021. This expansion made an estimated 275,000 additional Missourians eligible for Medicaid coverage, significantly increasing access to health care for low-income adults. Medicaid enrollment surged during the COVID-19 pandemic, rising from about 900,000 Missourians in March 2020 to over 1.4 million by early 2024. This increase was partly due to federal protections that temporarily barred states from disenrolling participants during the public health emergency. Eligibility redeterminations resumed as of April 1, 2023, and Missouri began its twelve-month 'unwinding period' to remove participants deemed ineligible. More than 400,000 of the state's nearly 1.4 million Medicaid enrollees lost coverage during this process, almost half of which were children. A report from the Missouri Foundation for Health states that almost two-thirds of the children's cases were closed due to paperwork and processing issues. Long wait times at the Missouri Department of Social Services call center added to an already complicated application and enrollment process.

Research continues to show that Medicaid expansion has broad benefits, including improved access to care, better health outcomes, and reduced uncompensated care costs for hospitals. A review by the Kaiser Family Foundation found that reduced mortality rates from increased insurance coverage translated into annual welfare gains between $20.97 billion and $101.8 billion nationally. Despite these benefits, challenges remain. Issues such as enrollment gaps, provider network adequacy, health equity, and administrative costs persist. Medicaid expansion remains a critical policy for improving health care access and outcomes in Missouri and beyond. Unfortunately, Medicaid funding is facing significant uncertainty in 2025 due to several federal policy actions and proposals. Congress is considering deep federal Medicaid funding cuts, with proposals that could reduce funding by at least $88 billion per year. The Office of Management and Budget (OMB) has ordered a federal grant freeze which has heightened uncertainty. Proposed changes have included shifting Medicaid funding to a block grant system, imposing work requirements, lowering reimbursement rates, and limiting states' ability to raise provider taxes. Each of the proposed changes could reduce federal contributions and force states to reconcile difficult budget decisions. Funding questions, proposals, and

uncertainties are threatening the stability of coverage for millions of Americans, complicating state budget planning, and causing strife for safety net healthcare providers and facilities.

Major and/or Unique Healthcare Needs of the Target Population

Lack of rural providers. Recruitment and retention of providers (primary care, specialty, dental, and behavioral health) is a chronic problem in rural Missouri. Lack of access to providers is one of the greatest barriers that universally impacts all aspects of community health, inclusive of availability and access to primary care providers, mental health professionals and dental professionals, particularly for low-income residents.

Distance to care. Individuals sometimes must travel significant distances to access specialty care or emergency services. Public transportation is unavailable or extremely limited in the rural region. Other transportation services that are available are often not affordable. Non-emergency medical transportation assistance may be available but is dependent upon Medicaid coverage and is only available through MTM. These services are extremely limited, difficult to obtain, and often are non-responsive when time-critical services are needed.

Affordable access to care and medications. Costs and affordability have consistently appeared as problematic for residents seeking healthcare in the PCMH region. When costs are too high, people may delay or skip necessary treatment, preventive screenings, and prescription refills. This can lead to manageable conditions becoming severe, complex, and expensive emergencies, driving up overall healthcare costs for everyone. Ultimately, lack of affordability deepens existing health disparities, particularly among low-income and underserved populations, resulting in poorer health outcomes, reduced quality of life, and decreased economic productivity for the entire region.

Other barriers. Additional barriers to care in the service area include low incomes that preclude the ability to pay high co-pays and deductibles for those residents that have insurance; lack of health and dental insurance to pay for services and prescriptions; lack of awareness about healthy lifestyles and preventive health; and the lack of knowledge/education to navigate complex health care and social service systems, especially applying for Medicaid and other services.

Health Provider Shortages

Pike County Memorial Hospital and its rural health clinics primarily serve residents in Audrain and Pike counties. The region has Health Professional Shortage Area (HPSA) designations which are detailed in **Appendix A**. Designations as a Medically Underserved Area (MUA) are also detailed in the Appendix.

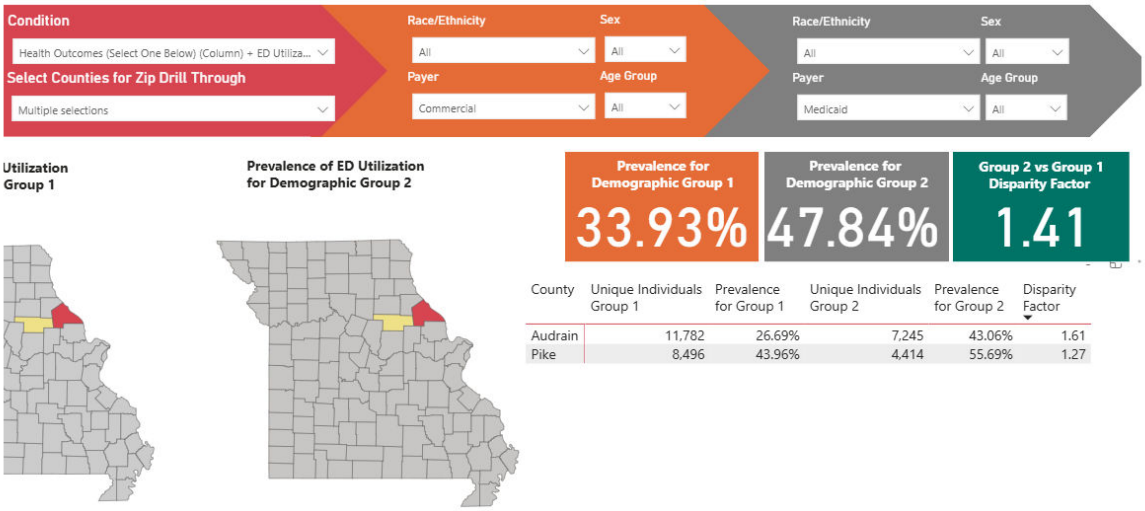
County Health Rankings

Pike County Memorial Hospital continues to monitor and work to improve many health indicators, including mental health and chronic disease indicators. While progress is being made, the region is socio-economically challenged and will require intense effort and resources moving forward. Selected indicators from the 2025 County Health Rankings are listed below with items in RED reflecting rates comparing negatively to state and national levels.

Table 33: County Health Rankings 2025

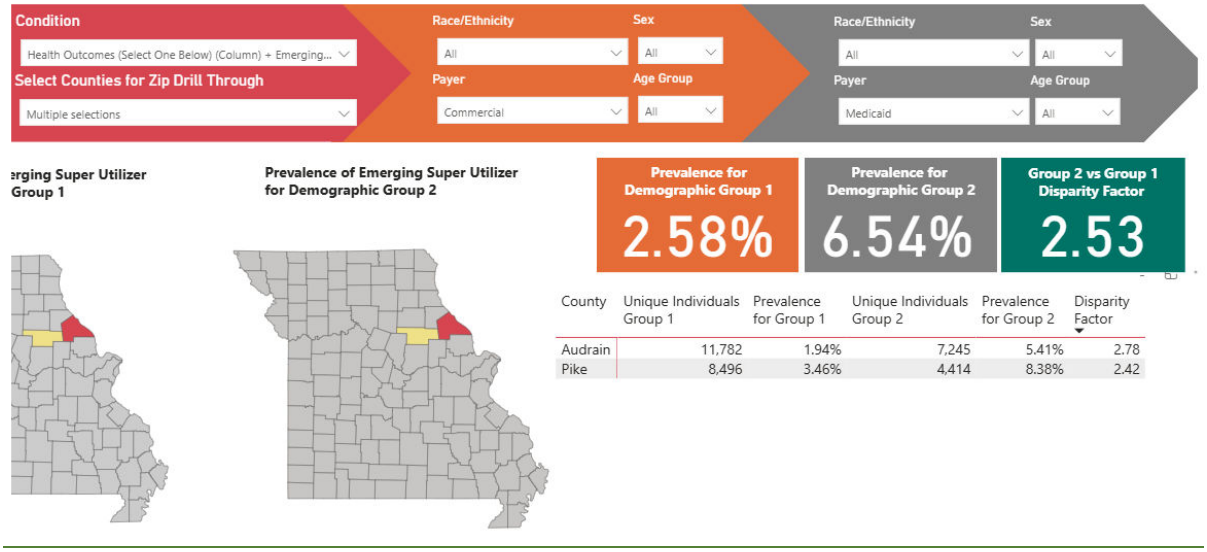
	Life Expectancy	% adults reporting fair/poor health (age adjusted)	Adult Smoking	Adult Obesity	Physical Inactivity
Audrain County	73.9	24%	26%	40%	33%
Pike County	75.5	21%	23%	43%	29%
Missouri	**75.2**	**17%**	**18%**	**37%**	**24%**
U.S.	**77.1**	**17%**	**15%**	**34%**	**23%**

When reviewing the Missouri Hospital Association's Health Equity Dashboards for Health Outcomes data, particularly for emergency department utilization for Medicaid covered individuals compared to individuals with a commercial payer source, individuals with Medicaid coverage were 1.41 times more likely than commercial pay patients to utilize the hospital emergency department.[107]

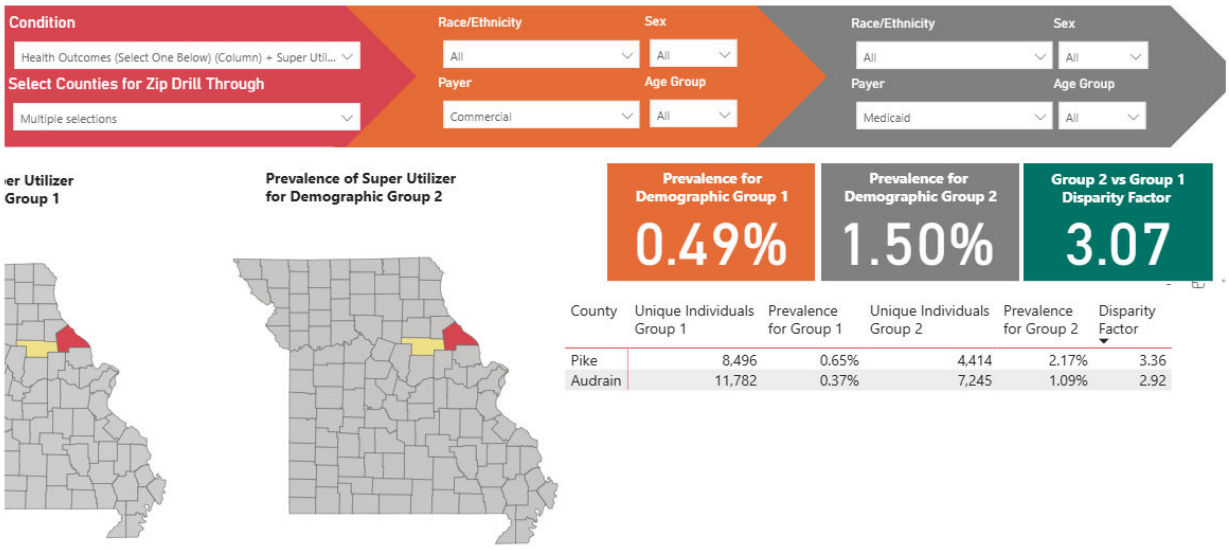


As greater emphasis is placed on reducing Medicaid and Medicare costs, health inequities are of great concern. In the PCMH region, Medicaid covered individuals are 2.53 times more likely to be an emerging super utilizer of healthcare services with a prevalence of 6.54% compared to commercial pay patients, with a prevalence of 2.58%.

[107] https://www.missourihealthmatters.com/empowering-you-with-health-data



Likewise, when analyzing the Health Equity Dashboard for super utilizers of healthcare services, Medicaid covered individuals in the PCMH region are 3.07 times more likely to be a super utilizer, with a prevalence of 1.50%, compared to commercial pay patients, with a prevalence of 0.49%.



PATIENT AND VISITS

PCMH serves patients at five clinics as well as at the hospital. An overview of patients and service data from 2021 through 2024 is provided below.

Patient Overview					
		2021	2022	2023	2024
Clinics	Total Patients	7,859	7,818	7,933	7,880
	Total Visits	22,808	22,796	23,889	23,122
	Percentage of Children (< 18 years old)	15.9%	16.6%	17.5%	18.9%
	Percentage of Adults (18 to 64)	58.0%	56.5%	55.9%	55.6%
	Percentage of Older Adults (Age 65 and over)	26.0%	26.9%	26.6%	25.5%
	Percentage of White Patients	90.9%	91.0%	91.2%	90.7%
	Percentage of Other Race Patients	9.1%	9.0%	8.8%	9.3%
	Percentage of Patients Best Served in a Language Other Than English	0.3%	0.5%	0.6%	0.6%
	Percentage Uninsured/Self-Pay	10.4%	8.6%	8.2%	8.9%
	Percentage Medicaid	18.7%	20.2%	21.2%	20.4%
Emergency	Total Patients	3,211	3,425	3,378	3,613
	Total Visits	5,165	5,453	5,419	5,682
	Percentage of Children (< 18 years old)	13.8%	14.7%	14.9%	16.8%
	Percentage of Adults (18 to 64)	59.3%	58.1%	58.7%	57.4%
	Percentage of Older Adults (Age 65 and over)	26.9%	27.2%	26.4%	25.8%
	Percentage of White Patients	88.6%	87.8%	88.4%	87.6%
	Percentage of Other Race Patients	11.4%	12.2%	11.6%	12.4%
	Percentage of Patients Best Served in a Language Other Than English	0.4%	0.3%	0.1%	0.3%
	Percentage Uninsured/Self-Pay	17.3%	10.6%	9.0%	9.1%
	Percentage Medicaid	23.3%	28.9%	31.0%	29.4%
In-patient	Total Patients	165	188	213	181
	Total Visits	216	264	290	234
	Percentage of Children (< 18 years old)	0%	0%	0%	0%
	Percentage of Adults (18 to 64)	13.3%	17.6%	15.5%	13.3%
	Percentage of Older Adults (Age 65 and over)	86.7%	82.4%	84.5%	86.7%
	Percentage of White	95.8%	93.6%	96.7%	97.9%
	Percentage of Other Race Patients	4.2%	6.4%	3.3%	2.1%
	Percentage of Patients Best Served in a Language Other Than English	0%	0%	0.5%	0%
	Percentage Uninsured/Self-Pay	0%	0%	0.5%	0.5%
	Percentage Medicaid	3.6%	6.4%	4.2%	5.5%

Analysis of Clinic visits shows increasing numbers of encounters, as well as increasing numbers of patients with diabetes or hypertension. Emergency department utilization has also increased in numbers of patients and encounters. In-patient hospitalizations have increased since 2021 but decreased slightly from 2023 to 2024.

Service Overview					
Clinics		**2021**	**2022**	**2023**	**2024**
	Total Patients : Encounters	7,859 : 22,808	7,818 : 22,796	7,933 : 23,889	7,880 : 23,122
	Number of Diabetes Patients : Encounters	474 : 931	524 : 969	537 : 1,025	553 : 1,060
	Number of Hypertension Patients : Encounters	694 : 1,034	763 : 1,051	802 : 1,128	731 : 1,049
	Number of Behavioral Health Patients : Encounters	838 : 2,916	923 : 3,101	960 : 3,431	889 : 2,757
Emergency		**2021**	**2022**	**2023**	**2024**
	Total Patients : Encounters	3,211 : 5,165	3,425 : 5,453	3,378 : 5,419	3,613 : 5,682
	Number of Diabetes Patients : Encounters	42 : 50	43 : 52	41 : 50	56 : 63
	Number of Hypertension Patients : Encounters	56 : 65	66 : 72	42 : 45	54 : 63
	Number of Behavioral Health Patients : Encounters	136 : 169	125 : 154	131 : 144	135 : 159
In-Patient		**2021**	**2022**	**2023**	**2024**
	Total Patients : Encounters	165 : 216	188 : 264	213 : 290	181 : 234
	Number of Diabetes Patients : Encounters	4 : 4	3 : 4	1 : 1	0
	Number of Hypertension Patients : Encounters	1 : 1	1 : 1	1 : 1	1 : 1
	Number of Behavioral Health Patients : Encounters	0	0	0	1 : 1

The leading causes or reasons for patient visits to Clinics, the Emergency Department, and Inpatient hospitalizations are below. Causes are color coded with red lines highlighting trends when applicable.

Leading Causes: Clinic Visits			
2021	**2022**	**2023**	**2024**
Essential (primary) hypertension	*Essential (primary) hypertension*	*Essential (primary) hypertension*	*Acute upper respiratory infection, unspecified*
Acute pharyngitis, unspecified	COVID-19	*Acute upper respiratory infection, unspecified*	*Essential (primary) hypertension*
Acute upper respiratory infection, unspecified	*Acute upper respiratory infection, unspecified*	Streptococcal pharyngitis	Encounter for general adult medical examination without abnormal findings
Encounter for general adult medical examination without abnormal findings	*Type 2 diabetes mellitus without complications*	*Type 2 diabetes mellitus without complications*	*Type 2 diabetes mellitus without complications*
COVID-19	Chronic Sinusitis, unspecified	Acute pharyngitis, unspecified	Chronic Sinusitis, unspecified
Leading Causes: Emergency Department			
2021	**2022**	**2023**	**2024**
COVID-19	*Other chest pain*	*Acute upper respiratory infection, unspecified*	*Acute upper respiratory infection, unspecified*
Other chest pain	COVID-19	*Other chest pain*	Unspecified abdominal pain
Acute upper respiratory infection, unspecified	*Acute upper respiratory infection, unspecified*	Chest pain, unspecified	Chest pain, unspecified
Urinary tract infection, site not specified	Urinary tract infection, site not specified	Unspecified abdominal pain	Urinary tract infection, site not specified
Noninfective gastroenteritis and colitis, unspecified	Viral infection, unspecified	Noninfective gastroenteritis and colitis, unspecified	*Other chest pain*
Leading Causes: Inpatient Hospitalization			
2021	**2022**	**2023**	**2024**
Sepsis, unspecified organism	*Pneumonia, unspecified organism*	*Pneumonia, unspecified organism*	*Pneumonia, unspecified organism*
Pneumonia, unspecified organism	*Weakness*	*Urinary tract infection, site not specified*	*Weakness*
Weakness	COVID-19	*Weakness*	*Urinary tract infection, site not specified*
Urinary tract infection, site not specified	*Urinary tract infection, site not specified*	Aftercare following joint replacement surgery	Other malaise
Aftercare following joint replacement surgery	Heart failure, unspecified	Sepsis, unspecified organism	Cellulitis of right lower limb

COMMUNITY INPUT

PCMH conducted a community survey to gain insight and opinions from patients as well as partners within the region. Over 85 community members responded to the survey. Key components including opinions on the status of the local healthcare systems and providers as well as perspectives on what could be improved within the community are summarized below.

1. Respondents were asked to identify important **characteristics of a healthy community**. The top three selections were: Healthcare Availability, Safety, and Education. Nearly a third of Respondents also indicated Access to healthy foods and Opportunities such as housing, jobs, events, recreation, and physical fitness were important. Transportation and community involvement were also ranked as average to most important by over 20% of Respondents.
2. Respondents indicated PCMH's **quality of healthcare delivery** as Very Good (23.86%) or Good (50.0%). Residents believe community health is staying the same (46.59%) or getting better (34.09%).
3. **PCMH and providers have strengths** including: the variety of services offered, answering questions, spending time with patients, knowledge and experience, approachability of healthcare workforce, and office hours that are accessible. The majority of area residents agree that local healthcare organizations, providers, and community partners actively work together to address and improve health status (77.27%).
4. Respondents were asked to rank the top five **health concerns** and the top five **social concerns** in the community. The top five **health concerns** were: mental health conditions (76.14%), opioids and/or illicit substance misuse/dependency (69.32%), alcohol, tobacco, vape, and/or prescription medication substance misuse or dependency (67.05%), obesity (60.23%) and diabetes (52.27%). The top five **social concerns** were: food access and/or cost of groceries (71.59%), the aging population (61.36%), poverty (61.36%), lack of transportation (60.23%), and homelessness and/or cost of housing (59.09%). Respondents were also asked to **prioritize areas for improvement** in the community. The highest priority areas included behavioral health access, long-term care availability, chronic disease management, obesity/nutrition education, and telehealth services. Other areas for improvement that ranked high were obstetricians/gynecologist access, aging services, primary care access, and oral health access.
5. Substance misuse is of high concern as reflected in the survey results. Residents were asked to specify what types of services are needed in the community to help **address substance misuse**. The top three selections were: inpatient treatment options (65.9%), sober and/or transitional housing (52.3%), and support groups (47.7%).
6. The top five identified **health-related issues facing school-aged children** were identified as: mental health care needs, food insecurity/lack of access to fresh, healthy foods, affordability of care, oral/dental health care needs, and poverty.
7. According to respondents, the top three **barriers for those seeking and needing healthcare** in the community were affordability of care and/or medications, lack of insurance, and lack of transportation. Respondents also prioritized the top three most

important needs for themselves and their families. The highest-ranking items were: More payment assistance programs for adult dental, hearing, and/or vision services (47.7%), Increasing the community's knowledge of available health resources (40.7%), and more access to affordable comprehensive (or primary) health care services (38.4%).

8. The **services of most interest** to respondents included substance misuse treatment, chronic disease management, chronic pain management, early detection and prevention screenings, and maternal, infant, and child health programs. The top five **educational topics** of most interest were depression (59.2%), anxiety (56.3%), obesity (35.2%), nutrition (31%), and chronic disease(s) (29.6%).
9. **Pike County Health Department provides a wide variety of services**. Community residents are aware of many of the services, with over 60% of survey respondents indicating awareness of: vaccinations, WIC, walk-in clinic availability, car seats/car seat classes, and safe sitter classes. Community awareness could be improved for the following services offered: CPR classes, health education, public nursing visits, food establishment inspections, wellness screenings, lead screening, testing, and education, diabetes education and classes, infectious disease investigation and education, community health workers (CHWs), school health, food safety classes, newborn screenings, and healthy eating habits. Most respondents (60.9%) were either satisfied or very satisfied with the **services provided by the Pike County Health Department, Home Health and Hospice**.
10. Survey respondents were generally reflective of the demographics of the community.

The CHNA survey results dovetail with the secondary data presented in previous sections of this Community Health Needs Assessment. PCMH and community partners show an awareness of and responsiveness to the needs of residents in the service area including the social and economic status, educational status, and health related barriers that may impact community members. Active outreach and marketing of programs is on-going, to inform and educate residents about opportunities to access care and reduce these barriers.

NETWORK OF PARTNERS AND SERVICE PROVIDERS

Pike County Memorial Hospital is the only Critical Access Hospital serving Pike and Audrain counties in Missouri. Critical Access Hospitals serve a needed role in rural communities, providing emergency care, referral, and short-term acute care. Other regional health providers with CHNA's include:

- Northeast Missouri Health Council
- Hannibal Regional Healthcare System
- SSM Health
- Central Missouri Community Action

As part of its on-going community assessment process, Pike County Memorial Hospital conducted a review of Community Health Needs Assessments that included Pike and/or Audrain counties to determine if the data reflected in PCMH's community assessment was consistent with other locally identified priorities.

Northeast Missouri Health Council's 2025 CHNA identified key areas of concern for residents in the region. The identified concerns were broadly focused on accessibility. The lack of providers in the rural region is a barrier to accessing primary and specialty care. The costs of care and medications are barriers for those with limited financial resources, the uninsured, and the underinsured. Transportation barriers in rural areas also impede the ability to access care, particularly for those without vehicles, with disabilities, as well as elderly adults and those in the workforce.

Hannibal Regional Healthcare System's 2025 CHNA identified mental health and substance use disorders, chronic diseases, access to care, and other social drivers of health as top community concerns. These concerns are supported by data including high premature death rates, high rates of chronic disease, high mental health distress indicators, and social and community conditions such as low incomes, educational disparities, and limited access to healthy foods.

The Audrain-Montgomery Community Health Assessment Partnership conducted a CHNA in 2018. This CHNA did not include Pike County. Top concerns for residents included mental health disorders and substance abuse, access to health care, chronic diseases and health risks prevention, and health literacy as priority issues. Health risks prevention was further defined as overweight/obesity and physical inactivity, and smoking and tobacco use.

Central Missouri Community Action's 2023 CHNA included Audrain County but excluded Pike. The report identified key findings by county, with overarching themes focused on housing, health and food security, and employment and work supports. Housing includes safe and affordable housing as well as financial literacy. Health and food security includes accessibility to health care and health-related education, the complexity of navigating state and federal assistance programs, lack of health literacy, lack of providers, and racial disparities relating to access. Employment and work supports include income limitations including the lack of living wage job opportunities, limited career readiness opportunities, lack of child care, and a lack of financial skills and literacy.

The priorities identified by regional partners are consistent with the needs identified in PCMH's community assessment. As a result, PCMH has developed a network of service providers through community and regional partnerships that assist in the delivery of services to the target population to address these needs.

PCMH and its partners continually evaluate how changes in the regional community affect the ability to provide services.

COMMUNITY RESOURCES

Appendix A: Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA) Designations

Appendix B: Pike County Community Resource Guide

Appendix A

data.HRSA.gov – HPSA Find

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1297444694	Northeast Correctional Center	Correctional Facility	Missouri	Pike County, MO	0.61	3	0	Designated	Rural	06/22/2022	06/22/2022
Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**						
Northeast Correctional Center	13698 Airport Rd	Bowling Green	MO	63334-2733	Pike	Rural						
Primary Care	1299421447	Women's Eastern Reception, Diagnostic and Correctional Center	Correctional Facility	Missouri	Audrain County, MO	0.52	3	0	Designated	Rural	05/24/2022	05/24/2022
Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**						
Women's Eastern Reception, Diagnostic and Correctional Center	1101 E US Highway 54	Vandalia	MO	63382-2905	Audrain	Rural						
Primary Care	1294152735	LI-Pike County	Low Income Population HPSA	Missouri	Pike County, MO	1.91	17	18	Designated	Rural	02/01/2001	09/22/2025
Component State Name	**Component County Name**	**Component Name**	**Component Type**	**Component GEOID**	**Component Rural Status**							
Missouri	Pike	Pike	Single County	29163	Rural							
Primary Care	1299951564	LI-Audrain County	Low Income Population HPSA	Missouri	Audrain County, MO	3.12	18	19	Designated	Rural	12/09/2015	09/22/2025
Component State Name	**Component County Name**	**Component Name**	**Component Type**	**Component GEOID**	**Component Rural Status**							
Missouri	Audrain	Audrain	Single County	29007	Rural							
Primary Care	1293067994	HANNIBAL REGIONAL MEDICAL GROUP - BOWLING GREEN	Rural Health Clinic	Missouri	Pike County, MO		16	15	Designated	Rural	08/18/2019	09/22/2025
Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**						
HANNIBAL REGIONAL MEDICAL GROUP - BOWLING GREEN	8 Town Center Dr	Bowling Green	MO	63334-2803	Pike	Rural						
Primary Care	1299992910	PIKE COUNTY MEMORIAL HOSPITAL CLINICS	Rural Health Clinic	Missouri	Pike County, MO		16	17	Designated	Rural	02/18/2015	09/22/2025
Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**						
PIKE COUNTY MEMORIAL HOSPITAL CLINICS	2305 Georgia St	Louisiana	MO	63353-2559	Pike	Rural						
Primary Care	12999929JA	PIKE COUNTY MEMORIAL HOSPITAL CLINICS	Rural Health Clinic	Missouri	Pike County, MO		16	15	Designated	Rural	02/18/2015	09/22/2025
Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**						
PIKE COUNTY MEMORIAL HOSPITAL CLINICS	1015 W Adams St	Bowling Green	MO	63334-1974	Pike	Rural						
Primary Care	129999290J	EAST CENTRAL MISSOURI BEHAVIORAL HEALTH SERVICES, INC.	Federally Qualified Health Center	Missouri	Audrain County, MO		22	19	Designated	Rural	11/01/2013	09/22/2025
Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**						
Arthur Center - Administration	2990 Doreli Ln	Mexico	MO	65265-4118	Audrain	Rural						
Arthur Center Community Behavioral Health	581 Commons Dr	Fulton	MO	65251	Callaway	Rural						
Arthur Center Community Health	340 Kelley Pkwy	Mexico	MO	65265-3811	Audrain	Rural						

	Arthur Center Montgomery	1225 Aguilar Dr	Montgomery City	MO	63361	Montgomery	Rural					
	Mobile Dental Unit	340 Kelley Pkwy	Mexico	MO	65265-3811	Audrain	Rural					
	Mobile Medical Unit	340 Kelley Pkwy	Mexico	MO	65265-3811	Audrain	Rural					
Primary Care	1298749499	PIKE MEDICAL CLINIC INC	Rural Health Clinic	Missouri	Pike County, MO		16	16	Designated	Rural	08/18/2019	09/22/2025
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	PIKE MEDICAL CLINIC INC	211 S 3rd St	Louisiana	MO	63353-2000	Pike	Rural					
Primary Care	1297924086	PREFERRED FAMILY HEALTHCARE INC	Federally Qualified Health Center	Missouri	Adair County, MO		20	19	Designated	Rural	08/18/2019	09/22/2025
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	Clarity Healthcare	141 Communication Dr	Hannibal	MO	63401-3670	Marion	Rural					
	Clarity Healthcare	639 York St	Quincy	IL	62301-3963	Adams	Rural					
	Clarity Healthcare	540 Harrison St	Quincy	IL	62301-7236	Adams	Rural					
	Clarity Healthcare	4600 McMasters Ave	Hannibal	MO	63401-2244	Marion	Rural					
	Clarity Healthcare	725 Cleveland St	Paris	MO	65275-1119	Monroe	Rural					
	Clarity Healthcare	1405 Pearl St	Hannibal	MO	63401-4151	Marion	Rural					
	Clarity Healthcare	420 N Washington St	Monroe City	MO	63456-1345	Monroe	Rural					
	Clarity Healthcare	1 HEALTHCARE PL	Bowling Green	MO	63334-3602	Pike	Rural					
	Clarity Healthcare	301 W Martin St	Cairo	MO	65239-1006	Randolph	Rural					
	Clarity Healthcare	700 W Adams St	Bowling Green	MO	63334-2046	Pike	Rural					
	Clarity Healthcare	21622 Highway 19	Center	MO	63436-2195	Ralls	Rural					
	Clarity Healthcare	428 S 36th St	Quincy	IL	62301-5924	Adams	Rural					
	Clarity Healthcare	400 Salisbury St	Montgomery City	MO	63361-1232	Montgomery	Rural					
	Clarity Healthcare	1625 Gratz Brown St	Moberly	MO	65270-1994	Randolph	Rural					
	Clarity Healthcare	4066 Dunnica Ave	Saint Louis	MO	63116-3510	St. Louis City	Non-Rural					
	Clarity Healthcare	3531 Stardust Dr	Hannibal	MO	63401-6224	Marion	Rural					
	Clarity Healthcare	3557 Stardust Dr	Hannibal	MO	63401-6224	Marion	Rural					
	Clarity Healthcare	1805 E Walnut St	Columbia	MO	65201-6425	Boone	Non-Rural					
	Clarity Healthcare	3407 Berrywood Dr, Suite 200	Columbia	MO	65201-6500	Boone	Non-Rural					
	Clarity Healthcare	3401 Berrywood Dr	Columbia	MO	65201-8372	Boone	Non-Rural					
	Clarity Healthcare	405 W 1st St	New London	MO	63459-1204	Ralls	Rural					
	Clarity Healthcare	1010 Range Line St	Columbia	MO	65201-4565	Boone	Non-Rural					
	Clarity Healthcare	6155 S Grand Blvd	Saint Louis	MO	63111-2319	St. Louis City	Non-Rural					
	Clarity Healthcare	235 Progress Rd	Hannibal	MO	63401-6637	Marion	Rural					
	Clarity Healthcare Madison School MO	309 S Thomas St	Madison	MO	65263-1037	Monroe	Rural					
	Clarity Healthcare Mobile BH/PC IL	428 S 36th St	Quincy	IL	62301-5924	Adams	Rural					
	Clarity Healthcare Mobile Dental	141 Communication Dr	Hannibal	MO	63401-3670	Marion	Rural					
	Clarity Healthcare Mobile Medical/BH MO	141 Communication Dr	Hannibal	MO	63401-3670	Marion	Rural					
Primary Care	1293343250	MEDICAL WALK-IN CLINIC	Rural Health Clinic	Missouri	Pike County, MO		16	15	Designated	Rural	02/11/2020	09/22/2025
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	MEDICAL WALK-IN CLINIC	1420 S Business 61	Bowling Green	MO	63334-5230	Pike	Rural					
Primary Care	12999929H0	PCMH CLINIC	Rural Health Clinic	Missouri	Audrain County, MO		17	18	Designated	Rural	03/05/2012	09/22/2025
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	PCMH CLINIC	425 N Galloway Rd	Vandalia	MO	63382-1259	Audrain	Rural					
Primary Care	1291749590	BOWLING GREEN MEDICAL GROUP	Rural Health Clinic	Missouri	Pike County, MO		16	15	Designated	Rural	09/30/2021	09/22/2025
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	BOWLING GREEN MEDICAL GROUP	905 Highway 161	Bowling Green	MO	63334-2431	Pike	Rural					

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Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Nan	County Name	HPSA FTE Short	HPSA Score	PC MCTA	Status	Rural Stat	Designation D	Update Date
Dental Health	6293837510	CF-Northeast Correctional C	Correctional Facility	Missouri	Pike County, MO	0.70	6	NA	Designated	Rural	12/15/2022	12/15/2022
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	CF-Northeast Correctional Cent	13698 Airport Rd	Bowling Green	MO	63334-2733	Pike	Rural					
Dental Health	6299388751	LI-Pike County	Low Income Population I	Missouri	Pike County, MO	1.43	18	NA	Designated	Rural	03/13/2001	09/22/2025
	Component State Name	**Component County Name**	**Component Name**	**Component Type**	**Component GEOID**	**Component Rural Status**						
	Missouri	Pike	Pike	Single County	29163	Rural						
Dental Health	6298883113	LI-Callaway and Audrain Co	Low Income Population I	Missouri	Audrain County, MO | Ca	4.842	16	NA	Designated	Rural	07/28/2017	09/22/2025
	Component State Name	**Component County Name**	**Component Name**	**Component Type**	**Component GEOID**	**Component Rural Status**						
	Missouri	Audrain	Audrain	Single County	29007	Rural						
	Missouri	Callaway	Callaway	Single County	29027	Rural						
Dental Health	6295355685	HANNIBAL REGIONAL MEDI	Rural Health Clinic	Missouri	Pike County, MO		15	NA	Designated	Rural	08/18/2019	09/22/2025
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	HANNIBAL REGIONAL MEDICAL	8 Town Center Dr	Bowling Green	MO	63334-2803	Pike	Rural					
Dental Health	62999929IL	PIKE COUNTY MEMORIAL H	Rural Health Clinic	Missouri	Pike County, MO		15	NA	Designated	Rural	02/18/2015	09/22/2025
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	PIKE COUNTY MEMORIAL HOSPI	2305 Georgia St	Louisiana	MO	63353-2559	Pike	Rural					
Dental Health	62999929IM	PIKE COUNTY MEMORIAL H	Rural Health Clinic	Missouri	Pike County, MO		15	NA	Designated	Rural	02/18/2015	09/22/2025
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	PIKE COUNTY MEMORIAL HOSPI	1015 W Adams St	Bowling Green	MO	63334-1974	Pike	Rural					
Dental Health	6299992911	EAST CENTRAL MISSOURI BI	Federally Qualified Healt	Missouri	Audrain County, MO		25	NA	Designated	Rural	11/01/2013	09/22/2025
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	Arthur Center - Administration	2990 Doreli Ln	Mexico	MO	65265-4118	Audrain	Rural					
	Arthur Center Community Beha	581 Commons Dr	Fulton	MO	65251	Callaway	Rural					
	Arthur Center Community Healt	340 Kelley Pkwy	Mexico	MO	65265-3811	Audrain	Rural					
	Arthur Center Montgomery	1225 Aguilar Dr	Montgomery City	MO	63361	Montgomery	Rural					
	Mobile Dental Unit	340 Kelley Pkwy	Mexico	MO	65265-3811	Audrain	Rural					
	Mobile Medical Unit	340 Kelley Pkwy	Mexico	MO	65265-3811	Audrain	Rural					
Dental Health	6295422448	PIKE MEDICAL CLINIC INC	Rural Health Clinic	Missouri	Pike County, MO		15	NA	Designated	Rural	08/18/2019	09/22/2025
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	PIKE MEDICAL CLINIC INC	211 S 3rd St	Louisiana	MO	63353-2000	Pike	Rural					

data.HRSA.gov – HPSA Find

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Nan	County Name	HPSA FTE Short	HPSA Score	PC MCTA	Status	Rural Stat	Designation D	Update Date
Mental Health	7293945226	Women's Eastern Receptior	Correctional Facility	Missouri	Audrain County, MO	0.58	6	NA	Designated	Rural	05/24/2022	05/24/2022
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	Women's Eastern Reception, Di	1101 E US Highway 54	Vandalia	MO	63382-2905	Audrain	Rural					
Mental Health	7292991494	LI-MHCA 15	Low Income Population I	Missouri	Audrain County, MO | Ca	2.44	16	NA	Designated	Rural	07/27/2017	09/22/2025
	Component State Name	**Component County Name**	**Component Name**	**Component Type**	**Component GEOID**	**Component Rural Status**						
	Missouri	Audrain	Audrain	Single County	29007	Rural						
	Missouri	Callaway	Callaway	Single County	29027	Rural						
	Missouri	Monroe	Monroe	Single County	29137	Rural						
	Missouri	Montgomery	Montgomery	Single County	29139	Rural						
	Missouri	Pike	Pike	Single County	29163	Rural						
	Missouri	Ralls	Ralls	Single County	29173	Rural						
Mental Health	7297374212	HANNIBAL REGIONAL MEDI	Rural Health Clinic	Missouri	Pike County, MO		17	NA	Designated	Rural	08/18/2019	09/22/2025
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	HANNIBAL REGIONAL MEDICAL	8 Town Center Dr	Bowling Green	MO	63334-2803	Pike	Rural					
Mental Health	729999299K	PIKE COUNTY MEMORIAL H	Rural Health Clinic	Missouri	Pike County, MO		17	NA	Designated	Rural	02/18/2015	09/22/2025
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	PIKE COUNTY MEMORIAL HOSPI	2305 Georgia St	Louisiana	MO	63353-2559	Pike	Rural					
Mental Health	729999299L	PIKE COUNTY MEMORIAL H	Rural Health Clinic	Missouri	Pike County, MO		17	NA	Designated	Rural	02/18/2015	09/22/2025
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	PIKE COUNTY MEMORIAL HOSPI	1015 W Adams St	Bowling Green	MO	63334-1974	Pike	Rural					
Mental Health	7299992907	EAST CENTRAL MISSOURI BI	Federally Qualified Healt	Missouri	Audrain County, MO		22	NA	Designated	Rural	11/01/2013	09/22/2025
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	Arthur Center - Administration	2990 Doreli Ln	Mexico	MO	65265-4118	Audrain	Rural					
	Arthur Center Community Beha	581 Commons Dr	Fulton	MO	65251	Callaway	Rural					
	Arthur Center Community Healt	340 Kelley Pkwy	Mexico	MO	65265-3811	Audrain	Rural					
	Arthur Center Montgomery	1225 Aguilar Dr	Montgomery City	MO	63361	Montgomery	Rural					
	Mobile Dental Unit	340 Kelley Pkwy	Mexico	MO	65265-3811	Audrain	Rural					
	Mobile Medical Unit	340 Kelley Pkwy	Mexico	MO	65265-3811	Audrain	Rural					
Mental Health	7299294581	PIKE MEDICAL CLINIC INC	Rural Health Clinic	Missouri	Pike County, MO		17	NA	Designated	Rural	08/18/2019	09/22/2025
	Site Name	**Site Address**	**Site City**	**Site State**	**Site ZIP Code**	**County**	**Rural Status**					
	PIKE MEDICAL CLINIC INC	211 S 3rd St	Louisiana	MO	63353-2000	Pike	Rural					

data.HRSA.gov – MUA Find

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1296676661	Pike MUA	Medically Underserved Area	Missouri	Pike County, MO	62	Designated	Rural	04/15/2022	04/15/2022

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Missouri	Pike	Pike	Single County	29163	Rural

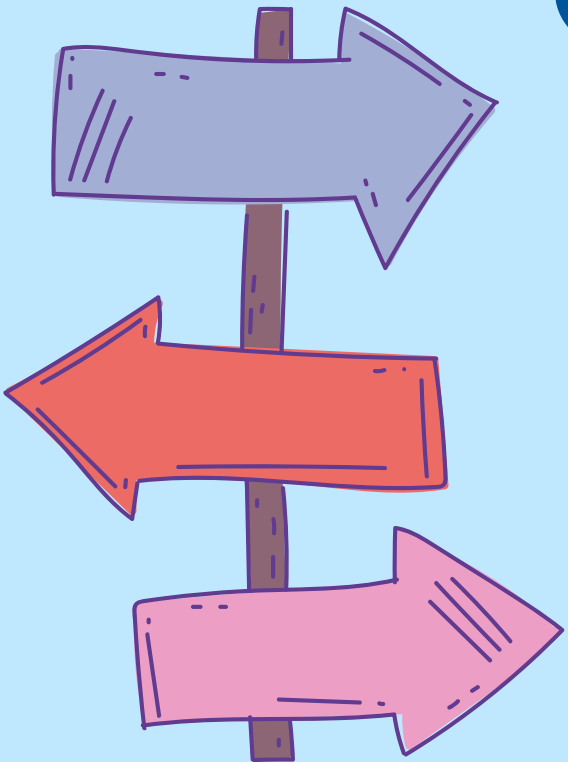
Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	01930	Saling Service Area	Medically Underserved Area	Missouri	Audrain County, MO	55.9	Designated	Rural	05/12/1994	05/12/1994

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Missouri	Audrain	Saling	County Subdivision	2900765432	Rural

Pike County

Missouri

COMMUNITY RESOURCE GUIDE



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CHILD CARE & ASSISTANCE FOR CHILDREN WITH SPECIAL NEEDS

First Steps in Pike County
Call: 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 Green
1903 W. Locust Street
Bowling Green, MO 63334
Call:573-324-0167

The Learning Center
805 Business Hwy 61
Bowling Green, MO 63334
Call: 573-324-5153
Integrated Daycare Center for children birth to age 9 and preschool for children with disabilities birth to age 5

Head Start Louisiana
130 Memorial Drive
Louisiana, MO 63353
Call: 573-754-5471

LICENSED CHILD CARE PROVIDERS

Growing Kids Academy
1109 South Bus 61
Bowling Green, MO 63334
573-213-4351

Small Wonders Daycare
Mandy Burnett
512 S. 15th Street
Bowling Green, MO 63334

Roberta Orf
1011 Highway 161
Bowling Green, MO 63334
573-324-1223

Rita Baker
3519 Hickory Drive
Louisiana, MO 63353
573-754-5917

Kristy Cannon
420 McWard Drive
Bowling Green, MO 63334
573-324-3951

Just Like Home Daycare
Joyce Luebrecht
100 North Science
Curryville, MO 63339
573-324-5580

Wanda Pursiful
121 18th Street
Louisiana, MO 63353
573-754-3799

Alyssa Sloan
1017 W. South Street
Bowling Green, MO, 63334
573-324-8044

BEFORE & AFTER SCHOOL PROGRAMS

Bowling Green
573-324-9991

Clarksville
573-242-3546

Frankford
573-784-2550

BONCL
573-754-5412

Louisiana
573-754-6904

MATERNAL SERVICES

Women Infants and Children (WIC)
Pike County Health Department
1 Healthcare Place
Bowling Green, MO 63334
(573) 324-2111

Options For Women
1420 S. Business Hwy 61 Suite B
Bowling Green, MO 63334
(573) 213-5155
TEXT: 573-222-0891

OTHER RESOURCES/PROGRAMS

Family Support Division
1610 Business Hwy 54 West
Bowling Green, MO 63334
(573) 324-2243
***Child Care Assistance**

Twin Pike Family YMCA
614 Kelly Lane
Louisiana, MO 63353
(573) 754-4497
***Youth Sports & Mentoring Programs**

Bright Futures
700 West Adams
Bowling Green, MO 63334
(573) 324-5451

FosterAdopt Connect
714 Broadway
Hannibal, MO 63461
(573) 719-1472

Lunch buddies
700 West Adams
Bowling Green, MO 63334
(573) 324-5451

Kids In Motion
700 West Adams
Bowling Green, MO 63334
(573) 324-5451

Community Diaper Bank - Pike County Health Department
1 Heathcare Place
Bowling Green, MO 63334
(573) 324-2111

DENTAL

DENTISTS ACCEPTING MEDICAID

Hannibal Dental Group
2727 St. Mary's Ave
Hannibal, MO 63461
(573) 221-1227
*Accepts Medicaid for those age 20 and younger

Clarity Healthcare
1 Healthcare Place
Bowling Green, MO 63334
(573) 324-2200

LOCAL DENTISTS

Stephen Chismarich, DDS
310 West Main
Bowling Green, MO 63334
573-324-2238

Great Smiles - Kevin Harrell, DDS
520 West Main
Bowling Green, MO 63334
573-324-6969

Michael Vallor
211 Georgia Street
Louisiana, MO 63353
573-754-4030

Gentle Healthy Smiles
106 South Main Street
Vandalia, MO 63382
573-594-6166

EDUCATION

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 R3

Superintendent Office
573-242-3546

High School Office
573-242-3546

Elementary Office
573-485-2488

Pike -Lincoln Tech Center
573-485-2900

LOUISIANA R2

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
902 Independence Dr.
Bowling Green, MO 63334
573-324-2166

Our Lady of Good Success
20418 Hwy 54
Louisiana, MO 63353
573-567-4125

GED PROGRAMS

Pike Lincoln Tech Center
342 Vo Tech Road
Eolia, MO 63344
573-485-2900

Moberly Area Community College
First United Methodist Church
8 North Broadway
Bowling Green, MO 63334
800-622-2070

EMPLOYMENT SERVICES

Pike County Development Authority 914 W. Main Street
Bowling Green, MO 63334
573-324-2077

Hannibal Vocational Rehabilitation
112 Jaycee Drive
Hannibal, MO 63401
573-248-2410

Missouri Career Center
(Unemployment Office)
203 N. 6th Street
Hannibal, MO 63401
573-248-2520

Job Corps
877-261-8580

HEALTH & WELLNESS EDUCATION

Pike County Health Department
Home Health & Hospice
1 Healthcare Place
Bowling Green, MO 63334
573-324-2111

Pike County Memorial Hospital
2305 Georgia Street
Louisiana, MO 63353
573-754-5531

COLLEGE & VOCATIONAL SCHOOLS

Pike Lincoln Tech Center
342 Vo Tech Road
Eolia, MO 63344
573-485-2900

Hannibal -Lagrange College
2800 Palmyra Road
Hannibal, MO 63401
573-221-3675

Moberly Area Community College
101 North College Ave.
Moberly, MO
800-622-2070

Hannibal Career & Tech Center
4550 McMasters Ave
Hannibal, MO 63401
573-221-4430

EMERGENCY HOTLINES

CALL 911 FOR IMMEDIATE EMERGENCIES

The 988 Suicide & Crisis Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 200 local crisis centers, combining custom local care and resources with national standards and best practices.

Pike County Sheriff's Department
NON-EMERGENCY
573-324-3202

Louisiana Police Department
NON-EMERGENCY
573-754-4021

Bowling Green Police Department
NON-EMERGENCY
573-324-3200

Arthur Center - Mexico Crisis Line
800-833-2064

Crisis Nursery - Wentzville
636-887-3070
FREE emergency care and support for families with children ages 0-12

KUTO (Kids Under Twenty One) Crisis Line
888-644-5886

Veterans Crisis Line
800-273-8255 Press 1

Youth America Hotline
Counseling for Teens, By Teens
877-968-8454

Pike County Memorial Hospital - ER
2305 Georgia Street
Louisiana, MO 63353
573-754-5531

Child Abuse Hotline
800-392-3738

Elderly Abuse Hotline
800-392-0210

Domestic Violence Local Hotline
800-678-7713

Domestic Violence National Hotline
800-799-7233

Poison Control
800-222-1222

AIDS/STD Hotline
800-232-4636

Gambling Hotline
888-238-7633

Disaster Distress Hotline
800-985-5990

American Red Cross Disaster Hotline
314-516-2700

National Sexual Assault Hotline
800-656-4673

HEALTHCARE

GENERAL HEALTH

Pike County Health Department
Home Health & Hospice
1 Healthcare Place
Bowling Green, MO 63334
573-324-2111

Pike County Memorial Hospital
2305 Georgia Street
Louisiana, MO 63353
573-754-5531

MEDICAL CLINICS

Pike County Memorial Hospital
Bowling Green Clinic
1051 West Adams
Bowling Green, MO 63334
573-324-5300

Pike County Memorial Hospital
Urgent Care - Bowling Green
1420 S. Business 61
Bowling Green, MO 63334
573-324-5562

Pike County Memorial Hospital
Louisiana Clinic
2305 Georgia Street
Louisiana, MO 63353
573-754-4584

Pike County Memorial Hospital
Vandalia Clinic
425 N. Galloway
Vandalia, MO 63382
573-594-2111

OUTPATIENT SERVICES

Pike County Health Department
Home Health & Hospice
1 Healthcare Place
Bowling Green, MO 63334
573-324-2111

Pike County Memorial Hospital
Physical Therapy/
Sports Medicine
2305 Georgia Street
Louisiana, MO 63353
573-324-3105

Pike County Memorial Hospital
Physical Therapy/
Sports Medicine
1051 West Adams
Bowling Green, MO 63334
573-324-5300

Pike County Memorial Hospital
Certified Athletic Trainers/
Athletic Enhancement
2305 Georgia Street
Louisiana, MO 63353
573-754-5531
*Concussion Tests Performed

PHARMACIES

Bowling Green Pharmacy & Hearing Aid Center
8 North Court
Bowling Green, MO 63334
573-324-2112

Walmart Pharmacy
3 Town Center Drive
Bowling Green, MO 63334
573-324-0004

Family Drug Pharmacy
301 Georgia Street
Louisiana, MO 63353
573-754-4551

LEGAL AID

Legal Services of Eastern Missouri (LSEM)
801 Broadway
Room 200
Hannibal, MO 63401
573-248-1111 OR 800-767-2018

Judge Milan Berry
115 W. Main Street
Bowling Green, MO 63334
573-324-5582

Attorney General, State of MO
Supreme Court Building
PO Box 899
Jefferson, City, MO 65102
800-392-8222

LIVING ASSISTANCE

LOW INCOME & SENIOR HOUSING

Tella Jane Senior Living
400 Tella Jane Avenue
Louisiana, MO 63353
573-242-3349

Clarksville Estates
399 North 1st
Clarksville, MO
573-242-3349

Bowling Green Housing Authority
510 W. Champ Clark Drive
Bowling Green, MO 63334
573-324-5203

Bowling Green Apartments
1800 W. Main
Bowling Green, MO 63334
573-324-6353

LOW INCOME & SENIOR HOUSING (CONT.)

Court Street Apartments
22A North Court Street
Bowling Green, MO 63334
573-227-8636

Heritage Place Residential Living
100 Heritage Place Lane
Bowling Green, MO 63334
573-253-4214

NECAC Property Management
22 North Court
Bowling Green, MO 63334
573-324-6622

Creekside Apartments
101 Creekside Drive
Bowling Green, MO 63334
573-227-8636

DISABLED HOUSING

Ruth Jensen Village
5 Industrial Drive
Bowling Green, MO 63334
573-324-3580

FOOD

Louisiana Community Food Pantry
414 Georgia Street
Louisiana, MO 63353
573-754-2421

Pike Pioneers Senior Center
Meals on Wheels
Georgia Street
Louisiana, MO 63353
573-754-6511

The Hope Center
30 North Court Street
Bowling Green, MO 63334
573-324-6255
Tues,Thurs, Sat 10am-12pm

Pike Pioneers Senior Center
Meals on Wheels
Champ Clark Drive
Bowling Green, MO 63334
573-324-5001

CLOTHING & HOUSEHOLD GOODS

Community Bargain Shop
3430 Georgia Street
Louisiana, MO 63353
636-970-9247

Pike Resale Shop
19 North Main Cross
Bowling Green, MO 63334
573-324-5569

CLOTHING & HOUSEHOLD GOODS (CONT.)

Paper Pantry -
Refuge Church
15610 Pike 292
Bowling Green, MO 63334
573-213-5085

GENERAL HOUSEHOLD ASSISTANCE

North East Community Action Corporation (NECAC)
22 North Court Street
Bowling Green, MO 63334
573-324-6633
*Community Services, Energy Assistance, In-Home Services, Housing/Rent Assistance, Housing Development, Weatherization, and more

United Way West Region
636-939-3300

Salvation Army
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 Division
573-324-2243

Dept. of Health and Senior Services
573-324-2243

Ministerial Alliance
Bowling Green - Mike Gillen
573-324-3918

Ministerial Alliance
Louisiana - Randall Cone
573-754-3285

Hope Center
573-324-6255

Options for Women
573-213-5115 or
TEXT 573-222-0891

LONG-TERM/SENIOR CARE

NURSING HOMES

Country View Nursing Home
2106 W. Main Street
Bowling Green, MO 63334
573-324-2216

Maple Grove Nursing Home
2407 Kentucky Street
Louisiana, MO 63353
573-754-5456

ASSISTED LIVING FACILITIES

Bowling Green Residential
119 W. Centennial Ave
Bowling Green, MO 63334
573-324-5560

Lynn's Heritage House
(Assisted Living)
800 Kelly Lane
Louisiana, MO 63353
573-754-4020

Parkside Manor
300 S. St. Charles Street
Bowling Green, MO 63334
573-324-9918

ADULT DAYCARE SERVICES

Country View Nursing Home
2106 W. Main Street
Bowling Green, MO 63334
573-324-2216

A.C.E.S
(Activity Center for Elderly Services)
125 South 6th Street
Hannibal, MO 63401
573-221-2237

Maple Grove Nursing Home
2407 Kentucky Street
Louisiana, MO 63353
573-754-5456

SITTERS LIST - SOCIAL & LIVING ASSISTANCE FOR THE ELDERLY

***Disclaimer: It is your own responsibility to interview these potential sitters and determine the type of assistance they offer as well as compensation.**

Diane Baber
573-384-6137 or 314-650-0862
Evenings and Nights

Elizabeth Breshears
573-822-5023

Margie Brown
573-384-6193

American Red Cross
636-397-1074

Susan Burkemper
573-754-2919

Jean Connell
573-324-6921

Lisa Kueck
573-470-3801

Rose White
573-253-6873

Starla Carroll (RN)
573-795-4058

Brenda Richards (LPN)
573-470-0794

Barbara Jenkins
573-324-2226

Anna Mann
573-485-6611

Barbara Raskestraw
573-470-3248

Melinda Reed
573-719-0212

Penny Seiger
573-280-0752
Available After 3 PM

Amy Taylor
573-754-0080

Meredith Weitkamp
636-462-0805

Ellen Yoder
573-470-4896

Mamie Mosby (CNA)
573-795-8886

MENTAL & BEHAVIORAL HEALTH COUNSELING

NON-CRISIS HELP LINES

NAMI Missouri Help Line
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

Mental Health America of the Heartland
866-927-6327

Community Counseling Center's Consumer Advisory Board TLC Warm Line
877-626-0638

LOCAL MENTAL & BEHAVIORAL HEALTH CENTERS, CLINICS AND COUNSELORS

Pike County Memorial Hospital Bowling Green Clinic
1051 West Adams
Bowling Green, MO 63334
573-324-5300

Clarity Healthcare
Outpatient Counseling
Bowling Green, MO 63334
573-603-1460

The Arthur Center
620 E. Monroe Street
Mexico, MO
573-582-1234

The Arthur Center
321 Promenade
Mexico, MO
CRISIS - 800-833-2064
NON-CRISIS - 866-401-6661

The Upper Room - Shelley Nacke
120.5 West Main
Bowling Green, MO 63334
573-470-2656

Pike County Memorial Hospital Louisiana Clinic
2305 Georgia Street
Louisiana, MO 63353
573-754-4884

Pike County Health Department Home Health & Hospice
1 Healthcare Place
Bowling Green, MO 63334
573-324-2111

Bowling Green Counseling and Consulting - Heather Miller
740 Business Hwy 61
South Ste. B
Bowling Green, MO 63334
573-324-5550

The Agency
305 N. Business Hwy 61
Bowling Green, MO 63334
573 213-5105

REHABILITATION

TREATMENT

Turning Point Recovery Centers
Bowling Green
573-324-2929 OR
800-498-5396

The Aviary Recovery Center
22933 Highway 61
Eolia, MO 63344
(888) 979-2411

ALCOHOLICS ANONYMOUS GROUPS

St. Joseph's Catholic Church
509 North 3rd Street
Louisiana, MO 63353
573-754-0869

First Baptist Church
214 North Lindell
Vandalia, MO 63382
573-594-3107
Lindy - 573-470-5947
Sat at 7pm

Church of the Nazarene
807 South Court Street
Bowling Green, MO 63334
Ken - 314-562-1875
Henry - 314-420-3104
Mon at 6pm/Thurs at 10am

SUPPORT GROUPS

Bereavement (Grief) Support Group
Pike County Health Department
Home Health & Hospice
1 Healthcare Place
Bowling Green, MO 63334
573-324-2111
1st Monday at 6pm

Cancer Support Group
First Presbyterian Church
205 West Centennial Street
Bowling Green, MO, 63334
573-324-2477

Diabetes Support Group
Pike County Health Department
Home Health & Hospice
1 Healthcare Place
Bowling Green, MO 63334
573-324-2111
4th Monday at 2pm

Autism Empowerment Group
Champ Clark Service
912 Hwy 161
Bowling Green, MO 63334
573-324-6226

SUPPORT GROUPS (CONT.)

Breastfeeding Support Group
Pike County Health Department
Home Health & Hospice
1 Healthcare Place
Bowling Green, MO 63334
573-324-2111
4th Wednesday at 5pm

Veterans Speaking to Veterans
Pike County Health Department
Home Health & Hospice
1 Healthcare Place
Bowling Green, MO 63334
573-324-2111
3rd & 4th Wednesdays at 10am

Bereaved Parents of America
Bill & Vicky Lagemann
1216 E. Champ Clark Drive
Bowling Green, MO, 63334
573-242-3632
3rd Thursday at 7pm

Veterans Speaking to Veterans
Twin Pike Family YMCA
614 Kelly Lane
Louisiana, MO 63353
573-754-4497
1st & 2nd Wednesdays at 10am

SHELTERS

Avenues For Northeast Missouri
PO Box 284
Hannibal, MO 63401
573-603-1827
-Domestic Abuse/Violence-

TRANSPORTATION

Non-Medical Emergency Medical Trasportation - Missouri Division of Social Services
866-269-5927

OATS Trasportation
800-269-6287

LOCAL VETERAN GROUPS

VFW Post #5553
505 VFW Road
Bowling Green, MO 63334
573-324-5994

VFW Post #4610
101 South 1st Street
Clarksville, MO 63336
573-242-3402

American Legion Post 349
504 South 2nd Street
Clarksville, MO 63336
573-470-1613

Veterans Speaking to Veterans
Pike County Health Department
Home Health & Hospice
1 Healthcare Place
Bowling Green, MO 63334
573-324-2111
3rd & 4th Wednesdays at 10am

VFW Post #2173
100 North Gaslight Rd
Vandalia, MO 63382
573-594-2173

American Legion Post 370
420 Kelly Lane
Louisiana, MO 63353
573-754-4370

Veterans Speaking to Veterans
Twin Pike Family YMCA
614 Kelly Lane
Louisiana, MO 63353
573-754-4497
1st & 2nd Wednesdays at 10am

Pike County Memorial Hospital

2305 Georgia Street
Louisiana, MO 63353

573-754-5531

pcmh-mo.org

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Community Assessment report prepared by:

COMMUNITY ASSET BUILDERS, LLC

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