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CITIZENS MEMORIAL HEALTH CARE FOUNDATION



2022

COMMUNITY HEALTH NEEDS ASSESSMENT

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Community Health Needs Assessment

**Citizens Memorial Hospital District of Polk County, Missouri
Fiscal Year Ended May 31, 2022**

Introduction

This Community Health Needs Assessment (CHNA) was conducted by the Citizens Memorial Hospital District of Polk County, Missouri, (the District) during its fiscal year ending May 31, 2022, to comply with Section 501(r)(3) of the Internal Revenue Code. Section 501(r)(3) was established under Section 9007 of the Patient Protection and Affordable Care Act (PPACA), enacted on March 23, 2010. It requires each tax-exempt hospital to conduct a CHNA during its fiscal year beginning on or after March 23, 2012, or during the two years preceding this year and every three years thereafter. The District operates an 86-licensed and 72-staffed bed acute care hospital known as Citizens Memorial Hospital (the Hospital). The Hospital's fiscal year began June 1, 2021, and ended May 31, 2022.

The District is exempt from income taxes as a governmental hospital district organized under the laws of the State of Missouri. As a governmental entity, it is exempt from most reporting requirements imposed by the Internal Revenue Service, as most state and local governments are. However, the District is preparing this CHNA as the hospital it operates has been determined to be a tax-exempt hospital under Section 501(c)(3) of the Internal Revenue Code. This CHNA describes the Hospital and its services, provides an overview of the PPACA and the impact of federal and state legislative changes on the Hospital's operations, and summarizes the community health needs identified and the Hospital's plans to help meet those needs.

Description of the Hospital

Citizens Memorial Hospital, which opened in 1982, is located in Bolivar, Missouri, in the center of Polk County. The Hospital operates 14 federally-certified rural health clinics in Bolivar and surrounding communities. Also, it operates specialty physician clinics on the Hospital's campus in Bolivar. In 1986 the District assisted in the organization of Citizens Memorial Health Care Foundation (the Foundation), which operates six long-term care facilities in Bolivar and surrounding communities, as well as home health, hospice, home medical equipment and retail pharmacy services. The Hospital and Foundation share some management personnel, a common board member and a common information system. Collectively, the Hospital and Foundation employ approximately 2,220 people, more than any other employer in Bolivar and Polk County.

The mission of the Hospital and Foundation is: Caring for every generation through exceptional services by leading physicians and a compassionate healthcare team.

The vision of the Hospital and Foundation is: Be the first choice for customer focused healthcare to every generation.

Future Hospital Expansion

A \$77 million hospital facility expansion includes an addition of 102,500 square feet and a renovation of 22,250 square feet. CMH plans to break ground in 2023, with construction being completed in phases taking about three years.

Planned improvements include:

- **Medical/Surgical:** Transitioning all rooms from semi-private to private, increasing pediatric rooms from one to six and increasing ICU beds from eight to 12.
- **Surgery:** Adding a third operating room and shell of a room that could house a fourth operating room in the future.
- **Emergency Room:** Increasing beds from 12 to 21 and adding a six-bed unit designed specifically for behavioral health patients.
- **Cardiac Cath:** Constructing two cardiac catheter units and replacing the current modular unit to support planned growth in the cardiology department.
- **Laboratory:** Consolidating off-site location due to growth in tests performed in recent years.
- **Birth Place:** Increasing labor, delivery, recovery and post-partum rooms from six to nine, along with a two-bed triage and a new cesarean section suite.
- **Cafeteria and Dietary:** Expanding for an improved experience for patients and visitors.
- **Facilities:** Upgrading ventilation, filtration, air handling, boilers, chillers, water heaters, medical vacuum pumps and fire alarms.

The expansion will position the Hospital to address better the needs identified in this assessment.

Service area

The Hospital's primary service area is Polk County, Missouri. The secondary service area consists of the surrounding Missouri counties of Cedar, Dade, Dallas, Hickory, St. Clair, the southern half of Benton County and the northwest portion of Greene County. The following table shows the 2020 estimated population for counties in the primary and secondary service area and the Hospital's 2020 market share for discharges in each county.

2020 Estimated Population and FY2021 CMH Market Share

<u>County</u>	<u>Population</u>	<u>FY2021 Market Share</u>		
	<u>2020 Census</u>	<u>Total Discharges</u>	<u>Citizens Memorial Discharges</u>	<u>Market Share</u>
Primary Service Area				
Polk	<u>31,519</u>	<u>3,476</u>	<u>1,355</u>	40%
Secondary Service Area				
Cedar	14,188	1,697	465	27.4%
Dallas	17,071	2,062	444	21.5%
Hickory	8,279	1,071	349	32.6%
St. Clair	9,284	1,350	166	12.3%
Dade	7,569	903	78	8.6%
Greene*	<u>25,287</u>	<u>2,508</u>	<u>75</u>	3.0%
Secondary Area Total	<u>81,678</u>	<u>9,591</u>	<u>1,577</u>	16.4%
Total Service Area	<u>113,197</u>	<u>13,067</u>	<u>2,932</u>	<u>22%</u>

Source: Missouri Hospital Association – HIDI Data & 2020 U.S. Census Bureau

* Greene County includes only the towns of Ash Grove, Bois D’Arc, Fair Grove, Walnut Grove and Willard.

The Hospital’s service area residents tend to be older and poorer than the statewide average for the state of Missouri, based on 2020 U.S. Census Data. This data shows that 21.3% of service area residents are 65 or older compared to 16.9% for the state. Additionally, 14.9% of service area residents have a household income under the federal poverty level compared to 13.0% for the state. Below is a breakdown of these results by county from the 2020 U.S. Census Estimates.

2020 Population Breakdown

<u>County</u>	<u>2020 Population</u>	<u>Population 65 & Over</u>		<u>Population Below Poverty Level</u>	
		<u>Population</u>	<u>% of Total</u>	<u>Population</u>	<u>% of Total</u>
Primary Service Area					
Polk	<u>31,519</u>	<u>5,689</u>	18.0%	<u>4,784</u>	15.2%
Secondary Service Area					
Cedar	14,188	3,275	23.1%	2,542	17.9%
Dallas	17,071	3,531	20.7%	3,223	18.9%
Hickory	8,279	3,115	37.6%	1,291	15.6%
St. Clair	9,284	2,558	27.6%	1,492	16.1%
Dade	7,569	1,817	24.0%	1,420	18.8%
Greene*	<u>25,287</u>	<u>3,687</u>	14.6%	<u>1,894</u>	7.5%
Secondary Area Total	<u>81,678</u>	<u>17,983</u>	22.0%	<u>11,862</u>	14.5%
Total Service Area	<u>113,197</u>	<u>23,672</u>	<u>20.9%</u>	<u>16,646</u>	<u>14.7%</u>
State of Missouri	<u>6,154,913</u>	<u>1,033,964</u>	<u>16.9%</u>	<u>772,992</u>	<u>12.6%</u>

* Greene County includes only the towns of Ash Grove, Bois D’Arc, Fair Grove, Walnut Grove and Willard.

Older, poorer residents tend to have a greater need for health care services, with a lesser ability to pay for such services. Such residents are also more likely to be covered by the Medicare or Medicaid programs, whose payments frequently do not cover the costs of the services rendered. The Hospital’s patient mix reflects the older, poorer population of its service area, as follows:

<u>Payer</u>	<u>% of Patients</u>
Medicare	54%
Commercial/Managed Care	28
Medicaid	14
Uninsured	<u>4</u>
Total	<u>100%</u>

Source: Hospital records, the year ended May 31, 2022

Overall, 72% of all Hospital patients are Medicare, Medicaid or uninsured. This percentage is even more dramatic in the emergency department, where 74% of patients are Medicare, Medicaid or uninsured. Likewise, 85% of ambulance transports are for Medicare, Medicaid or uninsured patients. Thus, the Hospital relies heavily on federal and state health care funding and is particularly vulnerable to cuts in those funding programs, as described later.

The Hospital has implemented numerous programs over the years to meet the residents' needs in its service area. Those program descriptions are below.

Primary Care Clinics

The Hospital was one of the first hospitals in Missouri to operate federally-certified rural health clinics through a special program designed to make primary care services available in geographic areas with a shortage of such services. In addition to five clinics operated in Bolivar, the Hospital operates rural health clinics in:

- Ash Grove (Greene County)
- Buffalo (Dallas County)
- El Dorado Springs (Cedar County)
- Greenfield (Dade County)
- Humansville (Polk County)
- Osceola (St. Clair County)
- Pleasant Hope (Polk County)
- Stockton (Cedar County)
- Willard (Greene County)

One of the Hospital’s rural health clinics in Bolivar is designated as a walk-in clinic to treat patients who do not have an appointment. The walk-in clinic provides faster access to care, seven days a week, at a lower cost than going to the emergency department and is especially beneficial for uninsured patients. Walk-in services are available seven days a week at Buffalo, El Dorado Springs and Willard clinics. The CMH Pediatric Clinic in Bolivar offers walk-in services Monday-Friday. The Stockton and Osceola clinics both offer walk-in services six days a week. Most other rural clinics offer walk-in hours on varying schedules.

The Hospital also operated a rural health clinic in Hermitage (Hickory County) for many years but worked with a new organization to convert this location to a Federally Qualified Health Center (FQHC) during the Hospital's 2013 fiscal year. The FQHC, Ozarks Community Health Center, receives grant funds under the Public Health Service Act. Because only half the residents of the FQHC's service area were receiving health care services before the conversion, more residents will receive assistance in the coming years. The FQHC offers primary care, OB/GYN, mental health and dental services.

Pediatric Dental Services

Recognizing that dental services are a common need among the uninsured, the Hospital developed a mobile dental clinic in 1999, now operated by Ozarks Community Health Center. The clinic, known as Miles for Smiles, serves 10 counties in and around the Hospital's service area, providing dental care to uninsured and Medicaid-eligible children. The mobile dental clinic has treated more than 40,000 children since 1999.

Outpatient Rehabilitation Clinics

The Hospital operates rehabilitation clinics on the Hospital campus in Bolivar and in nine additional communities. These rehabilitation clinics provide physical, occupational and speech therapy services to residents in these communities.

Specialty Clinic Services

To prevent the need for patients to travel an hour or more to receive specialty services in Springfield or other urban areas, the Hospital operates specialty clinics in Bolivar, including:

- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- General Surgery
- Infectious Disease
- Neurology
- Obstetrics/Gynecology
- Ophthalmology
- Orthopedics
- Pain Management
- Podiatry
- Psychiatry/Psychology
- Pulmonology
- Rheumatology
- Sports Medicine
- Urology
- Wound

Medical and radiation oncology services are offered on the Hospital campus at the Carrie J. Babb Cancer Center by the Central Care Cancer Center. The Hospital also leases office space to other specialists practicing in Bolivar. It uses telehealth technology to allow clinic patients to access endocrinology services in Columbia and St. Louis, Missouri. In addition, CMH specialists use telehealth to provide

services to long-term care facilities and more remote portions of our service area, thereby expanding and enhancing services for people in these areas while efficiently using the specialists' time.

Ambulance Services

To ensure timely access to emergency medical transportation, the Hospital operates ground ambulance services from five base stations in Polk, Hickory, Cedar and St. Clair counties. In addition to emergency medical transportation for medical conditions, the Hospital has seen an increasing need for transportation for acute psychiatric conditions, with 571 such cases in the past year, the majority being transported over 90 miles for care. The Hospital has also partnered with CoxHealth in Springfield to offer air ambulance services with a helicopter parked on the Hospital's campus.

Hospital Care

The Hospital provides a full range of medical and surgical services. These services include invasive/interventional cardiology services with designations as a Level II STEMI Center, Level III Stroke Center and Level III Trauma Center, inpatient surgery plus a separate outpatient surgery center, and a full range of diagnostic imaging services. A dedicated intensive care unit is available for patients requiring more intensive medical care. When many rural hospitals have discontinued obstetrics care, the Hospital continues offering obstetrics care at the CMH Birth Place, delivering approximately 550 babies annually.

Hospitalists are on staff around the clock to assist with the care of Hospital inpatients, and the emergency department is staffed 24 hours per day with trained emergency physicians. Because of the growing demand for mental health services, the Hospital opened a 10-bed geriatric psychiatry unit in 1990 and completed an expansion in May 2013 to double the unit's capacity to 20 beds. A \$77 million expansion project to be completed over the next four years will increase the number of hospital beds, nearly double the size of the emergency room and make other improvements to the hospital facility.

Services in Osceola

In late 2014 the hospital in Osceola, Missouri, closed. CMH agreed to assume operations of several outpatient services so the community would continue to have local health care available. CMH services in Osceola include a rural health clinic providing medical and mental health services, including walk-in services available six days a week, ambulance services and outpatient rehabilitation services.

Post-Acute Services

The Foundation offers home health, hospice, health transit and homemaker services throughout the Hospital's service area. The Foundation also operates home medical equipment stores in Bolivar, Buffalo, Hermitage and Stockton. These services allow patients to return home sooner after services at a hospital or long-term care facility and/or remain at home longer before needing institutional care.

Two of the long-term care facilities operated by the Foundation are in Bolivar. The remaining facilities are in:

- Buffalo (Dallas County)
- El Dorado Springs (Cedar County)
- Stockton (Cedar County)
- Ash Grove (Greene County)

The Foundation also operates independent living facilities, a residential care center and skilled nursing facilities.

Ellett Memorial Hospital

Since 2015, the Hospital has managed the Community Memorial Hospital District d/b/a Ellett Memorial Hospital (Ellett), located in Appleton City, Missouri, in the northwest corner of St. Clair County. Management services include employing Ellett's Chief Executive Officer and Director of Nursing and providing other personnel as needed. Ellett contracts with the Hospital for information system services, including access to its electronic health record system. The Hospital also has provided specialists who travel to Appleton City regularly to conduct orthopedics, ophthalmology and OB/GYN clinics. This service significantly reduces travel time for the underserved patients in the Appleton City area to access these services. CMH is also working with Ellett to provide telehealth services to expand and enhance specialty services in that remote area.

Overview of Health Care Reform

The Hospital conducts the CHNA in accordance with provisions of the Patient Protection and Affordable Care Act (PPACA) passed in 2010. The PPACA goals include improving the quality of health care services in the United States, increasing access to health care and reducing health care costs.

Several PPACA programs provide incentives to health care providers to improve quality. The most comprehensive program, known as the value-based purchasing program, includes incentives to follow generally accepted processes when caring for patients, achieve higher patient satisfaction scores, improve patient outcomes and lower overall Medicare spending per beneficiary. Separate programs are designed to reduce the number of readmissions to hospitals and reduce the occurrence of adverse events during a patient's stay in the hospital. Hospitals performing poorly under these various programs will generally see a reduction in their Medicare reimbursement. Hospitals performing better will retain more of their Medicare reimbursement and possibly even see increased reimbursement in selected areas.

Several programs will increase access to health care services by reducing the number of uninsured. One program encourages states to expand Medicaid eligibility through an enhanced federal matching percentage. Medicaid is a federal/state program. The federal government generally funds 60-65% of Missouri's Medicaid program, with the state responsible for the balance of the funding. The expansion under PPACA covers individuals with income up to 138% of the federal poverty level. The expansion resulted in a significant increase in the number of adults eligible for Medicaid in Missouri, where parents were previously only eligible when income was below 18% of the federal poverty level, while other adults were generally not eligible unless they had no income. The enhanced federal matching percent is 90% of the cost of the expansion. Medicaid expansion became effective in Missouri as of July 1, 2021, with a relatively slow start in enrolling eligible individuals. Thus, we have just begun to experience greater enrollment in Medicaid and a corresponding slight drop in our uninsured population.

Individuals not eligible for Medicaid may also access third-party coverage through newly-formed health insurance exchanges. Subsidies will be available for low-income individuals. Medicaid will impose penalties on certain employers that do not offer affordable health insurance coverage to their employees. Penalties initially applied to individuals if they did not obtain insurance coverage. The Tax Cuts and Jobs Act reduced the individual penalties to zero starting in 2019.

The expanded Medicaid coverage and subsidies provided to low-income individuals are primarily funded by cuts in Medicare and Medicaid payments to hospitals and other health care providers. These cuts are intended to reduce the cost of health care by encouraging more efficient service delivery in the health care industry. The next section describes the impact of these cuts on the Hospital.

Impact of Federal & State Legislative Changes on the Hospital

While assessing the health needs of the communities served by Citizens Memorial Hospital, the District also evaluates the impact of PPACA and other recent legislation on the Hospital. Medicare reimbursement cuts under PPACA exceed \$4.2 million annually for the Hospital and increase annually. While Medicaid expansion should result in fewer bad debts for the Hospital, federal Medicaid reimbursement to hospitals is also scheduled to be cut to offset much of the cost of Medicaid expansion.

Beyond cuts under PPACA, much of the political debate in Washington centers on reducing the federal deficit, with health care expenditures a frequent target of legislative efforts. The Budget Control Act of 2011 required President Obama to issue a sequester order on March 1, 2013, reducing all Medicare payments to hospitals and other health care providers by 2% on April 1, 2013. Sequestration is estimated to reduce the Hospital's revenue by over \$1 million annually. While Congress suspended sequestration cuts during the first two years of the COVID-19 pandemic, these cuts resumed on July 1, 2022.

It is important to understand the context of the current legislative environment as the Hospital assesses the community's health needs. In light of the unprecedented cuts the Hospital has experienced and will experience in the next few years, the Hospital's priority is to maintain its core services so service area residents have access to primary care and emergency and other hospital services close to their homes. Transportation for health care services out of the area is especially difficult for the poor and elderly. At the same time, the Hospital continues to search for opportunities to provide greater access to health care services and improve the health of the communities it serves.

Previous Community Health Needs Assessment

Our previous CHNA was conducted in 2019 and identified four needs:

- Reduction in the adult smoking rate in the service area;
- Reduction in mortality rates for substance use disorder/opioid use disorder in the service area;
- Reduction in adult obesity and physical inactivity rates in the service area; and
- Increase in the availability of mental health providers in the service area.

In addition to reevaluating these needs and considering additional needs, several other factors influence our assessment of community health needs. The Hospital operates several additional programs designed to improve access to health care and the overall health of the community the Hospital serves. The next section includes descriptions of those factors.

Other Factors Influencing 2022 Community Health Needs Assessment

The Hospital continually evaluates the health needs of its service area. Providing a full range of health care services -- from primary and specialty clinic services to inpatient and outpatient hospital care, and through the Foundation, home health and long-term care -- gives a broad perspective on the health conditions and health needs of the service area. This section recaps some of the steps the Hospital has taken to monitor and meet the health needs of its service area, as well as other resources and programs evaluated when conducting this CHNA.

Patient-Centered Medical Home Program

The Hospital began participating in the Missouri Medicaid Health Home Program in 2012 and has more than 2,000 Medicaid patients enrolled. Registered nurse case managers make monthly contact with patients with two or more chronic health conditions, as defined by the Missouri State Plan Amendment for Primary Care Health Homes. During these monthly contacts, conducted either by telephone or during a routine clinic visit, case managers review medication and self-monitoring compliance, provide ongoing education about managing their chronic conditions and work with patients to develop and meet self-directed health improvement goals. They remind patients about overdue visits, labs or other diagnostics to monitor their chronic health conditions. They also follow up with patients discharged from the acute care hospital setting with an increased risk of potential readmission to address any possible barriers to ongoing outpatient care and assure early follow-up with their primary care provider.

Licensed clinical social workers act as behavioral health consultants (BHC) and contact these patients when little or no improvement is being made to discuss behavioral changes and coping strategies to address health improvement barriers. Patients are also screened for depression, which can identify underlying mental health barriers to improve medical conditions. With this model, the BHC can complete a brief intervention with the patient while they are in the clinic being seen by their primary care provider for chronic illness rather than having them schedule another appointment when transportation may be difficult for them to find. In addition to chronic care behavior modification, the Medical Home is screening patients for drug and alcohol use with the Screening, Brief Intervention and Referral to Treatment (SBIRT) tool. The BHC provides follow-up for patients with positive screenings. The purpose of SBIRT is to identify patients at risk for drug and/or alcohol dependence and provide early interventions.

A focused care nurse manager contacts all patients discharged from an inpatient hospitalization if they are deemed high risk for re-admission to ensure they have all the resources necessary to succeed at home. The focused care nurse manager refers back to the hospital discharge instructions and answers any patient questions. Disease-specific self-monitoring tasks are reinforced. For example, diabetic patients are asked about monitoring their blood glucose. Patients with congestive heart failure are asked about their daily weight monitoring. Medications are reconciled, and the patient is asked to verify that they have ordered and/or received their new prescriptions, oxygen or home medical equipment items. The focused care nurse manager validates that a follow-up appointment is scheduled and the patient has transportation. Patients are asked about other resources they may need, such as referrals for dental or other types of care, transportation assistance and in-home services. Referral to a community resource specialist can be initiated for patients with continued eligibility for Medicaid or for the availability of other home and community-based services to allow patients to remain in their homes rather than being institutionalized.

While this program has proven very beneficial for the patients participating, the PPACA only funded the program through Dec. 31, 2013. Though the enhanced PPACA funding ended, the State of Missouri has continued to operate the program under the normal federal Medicaid match. The Hospital hopes to continue operating the program as long as state funding is available.

Medicare Chronic Care Management Program

Similar in some respects to the Medicaid Medical Home Program, CMS introduced the Medicare Chronic Care Management (CCM) program on Jan. 1, 2015. The Hospital began operating the program in 2015. In 2021, CMH partnered with ChartSpan, a chronic care management company. The goal is to help Medicare patients manage their chronic conditions, reducing the need for acute or emergency care and improving overall health.

In June 2021, CMH clinics provided additional resources to identify and coordinate organizational and community resources for patients with identified Social Determinants of Health. These community resource specialists assist with identifying, enrolling and accessing available resources to assist with their needs.

340B Drug Pricing Program

The Hospital participates in the 340B drug pricing program, receiving discounts from drug manufacturers for drugs administered to Hospital outpatients. Those savings help fund the numerous programs mentioned in this report and make up for the severe cuts in federal funding the Hospital is experiencing.

The Hospital also has entered into contracts with area pharmacies to make the federal 340B drug pricing program available to the uninsured. When uninsured patients receive prescriptions from one of our providers and the retail cost of the prescription represents a significant financial burden to the patient, they may be eligible to receive it at a substantial discount from one of the Hospital's contracted pharmacies. The Hospital provided over \$2 million in reduced-price prescriptions to uninsured and underinsured patients during the year ended May 31, 2019.

Unfortunately, drug manufacturers began an unprecedented attack on the 340B contract pharmacy program in 2020, with 18 of the largest manufacturers restricting the availability of 340B drugs to contract pharmacies. With their restrictions, our reduced-price prescriptions have been severely restricted, dropping to \$1.7 million during the year ended May 31, 2020, and only \$800,000 during the year ended May 31, 2021. The program has been severely curtailed in 2022 as we attempt to comply with the severe restrictions manufacturers have placed on this program.

Project InfoCare

The Hospital has utilized a patient-centric electronic health record system since 2002. The system allows patients to enter any Hospital or Foundation facility and receive expedited registration based on patient profile data that is already in the system. Hospital and Foundation staff have immediate access to patient history, lab results, radiology exams and physician documentation to improve the transition of patient care among settings.

In 2018, the Hospital upgraded the electronic health record system to the most current technology platform available. The upgraded platform includes enhanced integration across the continuum of care. It has web-based access for acute care, long-term care, emergency, surgical and ambulatory providers. Additional features of the upgraded platform include surveillance for quality of care and risk management, mobility for clinicians and further integration with medical devices.

The American Recovery and Reinvestment Act of 2009 (ARRA) provided funds to incentivize hospitals to upgrade technology to develop and maintain electronic health records. Under the requirements of this funding, the Hospital and medical staff must be able to track various health indicators and use electronic records to enter physician orders, track vital signs and smoking status, report lab and other test results, and provide reminders for preventive and follow-up care to patients. The Hospital and the Hospital's medical staff have consistently met the program's objectives and qualified for incentive payments. As the funding from the ARRA program winds down over the coming years, the program's objectives have been incorporated into the new payment model for professional services known as the Medicare Access & CHIP Reauthorization Act of 2015, or MACRA. The Hospital's medical staff eligible for participation in MACRA plan to continue to meet the MACRA objectives related to electronic health record use.

A fully-integrated electronic health records system provides information for the Hospital to assess health conditions and respond to needs as they arise. For example, Hospital staff members are required to obtain a flu vaccination each year. Those who do not obtain one for medical or religious reasons are required to wear face masks while on Hospital property during periods of high flu activity, with the flu activity tracked through access to the Hospital's electronic health records.

Area Health Agencies

The Hospital also works with federal, state and local organizations to improve access to care and community health. Locally, the Hospital works with county health departments as they evaluate health needs and work to help meet those needs. The Hospital worked with the Hickory County and Dallas County Health Departments to help establish the FQHC in Hermitage, Ozarks Community Health Center (OCHC). While transferring the Hermitage rural health clinic to OCHC represented a significant financial loss for the Hospital, it did so with the hopes the new entity would be able to expand medical and dental services in Hickory County as well as Dallas County, ultimately leading to improved health to the residents in this underserved area. OCHC has expanded its services from Hermitage in Hickory County by opening clinics in Urbana, in northwestern Dallas County, and in Bolivar, the county seat of Polk County.

Most area health agencies offer resources for residents online and at the health centers. For example, the Polk County Health Center provides several online resources at www.polkcountyhealthcenter.org. Examples of the services available at the Health Center include immunizations, nutrition counseling, women's health services and smoking cessation "Quit Kits."

County Health Rankings

The appendix to this report includes 2022 county data profiles for Cedar, Dade, Dallas, Greene, Hickory, Polk and St. Clair counties. These profiles are from the County Health Rankings & Roadmaps database, which is funded and led by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation.

The profiles contain significant data about each county's health and social and economic issues. The first two pages present several rankings of our counties compared to Missouri's 115 counties. The remaining three pages show data related to a variety of additional issues. In many cases, the profile for Greene County differs from that of the remaining six counties due primarily to Greene County's size. Greene County is an urban county dominated by the city of Springfield, with a total county population of 294,997, shown near the bottom of the fourth page of the profiles. The Hospital and Foundation primarily serve the northwest corner of Greene County, with two rural health clinics, two rehabilitation

clinics and a long-term care facility. The population of the towns in northwest Greene County served by the Ash Grove and Willard facilities is 25,287, less than 8.6% of the county's overall population.

When evaluating health in the remaining six counties in the Hospital's service area, there are several areas where health indicators compare unfavorably to Missouri averages. The list below shows some critical health needs evident when reviewing these county profiles. In most cases, the data for Polk County is slightly better than the remaining five rural counties. Key unfavorable health indicators revealed in the county profiles include:

- Adult smoking rates are between 24-26% in the six rural counties, slightly higher than the Missouri average of 20%. The average is much higher than the national average of 15%, largely due to Missouri's extremely low cigarette tax rate, which is the lowest in the nation.
- The adult obesity rate is at or slightly above the Missouri average of 35% throughout the Hospital's service area, with a range between 34%-39% (Cedar County).
- The six rural counties have access to exercise opportunities well below the Missouri average of 70%, with a low of 1% in Dade County and 4% in Dallas County.
- Drug overdose deaths for Polk County are at 18 per 100,000. The Missouri average has risen to 28. The rate has continued to increase in recent years, as Polk County's rate was only 13 as recently as 2017.
- The uninsured rate is above the Missouri average of 12% throughout the Hospital's service area, with a high of 18% in Hickory County and 17% in Dade and Dallas counties.
- Access to primary care physicians, dentists and mental health providers is generally below the Missouri average in the six rural counties, reflected in the population per provider being higher than the Missouri average. The exceptions are in Polk County, where access to primary care physicians and mental health providers is slightly better than the Missouri average due to the hospital's significant investment in physician recruitment.

On a positive note, there are several areas where the service area compares favorably to the Missouri average. The performance in Cedar, Dade, Dallas, Hickory and St. Clair counties is relatively consistent with Polk County. Favorable areas in the Polk County profile include:

- Low birthweight of 7%, compared to the Missouri average of 9%.
- Sexually transmitted infections rate of 295.5 per 100,000, well below the Missouri average of 560.8.
- Preventable hospital stays rate per 100,000 Medicare beneficiaries of 2,838, below the Missouri average of 4,155.

On another positive note, the Medicare.gov website reports that the Medicare spending per beneficiary for the Hospital in 2022 was only 0.92, lower than the Missouri ratio of 0.98 and the national ratio of 0.99. The lower ratio means that Medicare spends less per patient for an episode of care at CMH than across all inpatient hospitals in the state and nation. This data reflects the Hospital's ongoing efforts to deliver value-based patient care.

COVID-19 Pandemic

Less than a year into the 2019 CHNA plan, the global COVID-19 pandemic forced an unprecedented shift in priorities for health care organizations. Clinical and non-clinical hospital staff were forced to change how they worked to focus on treating COVID-19 patients while continuing to treat patients with other health care needs. CMH staff went above and beyond during this time. Some examples of how CMH not only survived but thrived during the pandemic include:

- Quickly establishing a drive-thru COVID testing site.
- Expanding virtual care options with the addition of telemedicine appointments.
- Pulmonary rehabilitation program for individuals healing from long-term effects of COVID. Individualized and supportive therapy helps patients decrease symptoms and return to daily life.
- Administering multiple forms of FDA-approved outpatient treatments for COVID, including the Bebtelovimab monoclonal antibody therapy that prevented many COVID hospitalizations.
- Hosting COVID vaccination clinics throughout the service area.

The pandemic magnified the needs identified in the 2019 CHNA. Progress toward the 2019 goals was limited because the Hospital's primary focus had to be on COVID-19 care and prevention for a sustained period. Therefore, the needs identified in 2019 remain today, with more work necessary to address these needs.

Health Equity

The Robert Wood Johnson Foundation provides the following definition for Health Equity: "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care."

The tenets of health equity continue to be a priority as the Hospital plans for the future.

Community Health Needs Identified and Implementation Plan

Given the health needs identified in the attached county data profiles, confirmed in communication with our medical staff and medical home case managers, the health needs we have identified for our service area are as follows:

- Reduction in the adult smoking rate in the service area;
- Reduction in mortality rates for substance use disorder/opioid use disorder in the service area;
- Reduction in adult obesity and physical inactivity rates in the service area; and
- Increase in the availability of mental health providers in the service area.

Each of these needs is evaluated in the following section, along with the Hospital's implementation plans.

Goal 1: Reduction in Adult Smoking Rate

The need

Adult smoking rates are between 24-26% in the six rural counties, slightly higher than the Missouri average of 20%. The average is much higher than the national average of 15%, largely due to Missouri's extremely low cigarette tax rate, which is the lowest in the nation.

Implementation Plan

The Hospital operated a Smoking Cessation program for many years. The Hospital offered this six-week program at no cost to individuals in the service area. Still, participation from residents in the Hospital's service area was low before COVID-19 restrictions caused the program to be put on hold.

The Hospital still considers Smoking Cessation a vital service for the communities it serves and is re-assessing the Smoking Cessation program. Goals for the re-assessment include:

- Assessing the best class format and availability for reaching the individuals who need the program.
- Determining the right amount to charge participants. While wanting to make the program available to everyone, participants are more motivated to complete it when they make a monetary investment.
- Developing and implementing a new plan for smoking cessation events.
- Addressing the problem of teen vaping through education to both students and parents. The Hospital's Addiction Recovery currently provides education to students in area schools. Still, there is a need for more education directed toward patients.

Goal 2: Reduction in Mortality Rates for Substance Use Disorder/Opioid Use Disorder in the Service Area

The need

Substance Use Disorder key indicators for Polk County include:

- Heavy Alcohol Consumption. The percentage of adults aged 18 and older who self-report heavy alcohol consumption was 18%, compared to 19% for Missouri and 15% for top performers in the United States, according to the 2022 County Health Rankings & Roadmaps
- Neonatal Abstinence Syndrome Births. In Polk County, the rate of neonatal abstinence syndrome (NAS) is 15.5 per 1,000 births, more than double the state rate of 6.69 and one of the highest rates in the State of Missouri.
- Drug Overdose Deaths. Polk County's age-adjusted death rate per 100,000 population for drug overdose deaths was 18%, compared to Missouri at 28% and top performers in the United States at 11%, according to the County Health Rankings & Roadmap.

Implementation Plan

Addiction Recovery Program

The Hospital operates the CMH Addiction Recovery Program to assist in treating Substance Use Disorders (SUD), including Opioid Use Disorder and Alcohol Use Disorder, by offering a highly specialized substance abuse treatment program, including Medication Assisted Treatment (MAT) in conjunction

with cognitive behavioral health therapies. CMH's Addiction Recovery Program is under the direction of a Medical Director who is double board certified in Family Medicine and Addictionology.

CMH operates the only MAT program in the service area, treating about 300 patients each month, with 18-20 new patients each month. MAT providers are rare in rural communities. The Hospital currently employs three MAT providers, a physician and two board certified nurse practitioners who are DATA2000 waived to prescribe buprenorphine products for substance use disorder (SUD), including opioid use disorder and dependence. Utilizing buprenorphine and other medications for SUD in conjunction with behavioral health and ancillary support services provides patients with accessible well-rounded treatment within an outpatient clinical setting. The program operates five days per week within Butterfield Park Medical Center.

To meet the rising demand for SUD treatment services, CMH has expanded its outpatient MAT practice in Bolivar to include a Licensed Professional Counselor, a Peer Support Specialist and a Case Manager. The CMH Addiction Recovery Program also provides MAT in three satellite locations in Hermitage, El Dorado Springs and Greenfield.

Opioid Stewardship Committee

Additionally, CMH's Interdisciplinary Opioid Stewardship Committee meets quarterly. The committee provides guidance and oversight through the CMH system in drug expertise, tracking and reporting, and education.

Community Collaboration

The CMH ARP is involved with and supports ongoing community collaboration to reduce stigma and provide educational prevention programs. For example, CMH staff are part of a Substance Abuse Task Force organized by Polk County Community Connections. This local nonprofit organization encourages collaboration among community groups. CMH provides a meeting space for the task force focused on preventing substance abuse in the local area.

Goal 3: Reduction in Adult Obesity and Physical Inactivity Rates

The Need

The adult obesity rate is at or slightly above the Missouri average of 35% throughout the Hospital's service area, with a range between 34%-39% (Cedar County). Additionally, the six rural counties have access to exercise opportunities well below the Missouri average of 70%, with a low of 1% in Dade County and 4% in Dallas County.

Implementation Plan

CMH Senior Health Center

The Hospital operates the CMH Senior Health Center offering free use of exercise equipment and a pool for individuals in the service area aged 55 and over. Since opening in 2004, the CMH Senior Health Center has enrolled over 3,700 people. This number continues to grow, with over 200 enrollees in the past three years. Before COVID, the average participation rate was 75 people per day, with total visits per month averaging 1,585. Since COVID, participants have scheduled exercise times to limit the number of people in the facility at any given time. As of 2022, the daily average is about 50 people per day. In a survey of Senior Health Center members, many health benefits were reported, including improved strength, more energy, decreased blood pressure, improved mood, increased mobility, improved range

of motion, weight loss, less joint pain and muscle pain, improved sleep, better balance, improve heart health, less breathing problems, lower cholesterol, lower blood sugar and more social time.

Educational events

Before being put on hold because of COVID-19, CMH offered monthly “Lunch and Learn” sessions. Physicians or other providers presented in-depth information on relevant health topics to help individuals in the service area improve their health. CMH recently launched quarterly “Breakfast Club” sessions similar to the Lunch and Learn but scheduled from 7-8 a.m., which is a more convenient time for both participants and physicians.

Cardiopulmonary Rehabilitation

Cardiopulmonary rehab is a valuable resource to our community for achieving and maintaining weight management and activity goals.

Most Phase II cardiac rehab graduates achieve optimal blood pressure control and improve functional capacity and depression measures. Likewise, the vast majority of Phase II pulmonary rehab graduates improve functional capacity, dyspnea and health-related quality of life.

Additionally, once participants graduate from their Phase II prescription, they are encouraged to continue cardiopulmonary exercise in the Hospital’s Phase III program. Phase III operates much like a gym membership, except with specially trained health care staff to assist when needed and provide accountability and support.

Weight Management and Nutrition Education

Several physicians within the CMH system provide weight management services as part of their clinic practices. Registered Dietitians offer individualized consultations to general nutrition guidance. Physicians also make referrals to dietitians for patients with diseases requiring advanced nutrition therapy.

Community Collaboration

The CMH Foundation sponsors an annual community-wide Heroes for Hospice 5K/10K run each spring. The Hospital also sponsors area youth sports teams.

Since 1997, the Hospital has conducted School Health Expos for around 20 area school districts. Each year, Hospital staff work with school nurses to screen more than 12,000 students in six counties, including Amish and Mennonite communities. Screenings include height, weight, vision, blood pressure and hearing. Without this assistance, school nurses would spend much time doing the required state-mandated screenings throughout the school year. These health screenings allow school nurses to identify health needs such as vision impairments and students with high blood pressure. Our relationships, collaborations and resources have been beneficial throughout the COVID-19 pandemic. CMH coordinated online discussions and guidance with area health professionals through Zoom and the CMH Area School Health Alliance Facebook Group. CMH also offers complimentary hands-only CPR kits to all area schools to assist with state graduation requirements. The CMH Auxiliary has also provided funding for a Welch Allyn Vision Screener, which provides a more accurate and quick screening of a child’s vision.

CMH has a school-based health services program, which supports schools through wellness initiatives and evidence-based intervention health services for pre-K through 12th grade students. Services include

school nurse resources, help at health expos and kindergarten screenings, virtual visits for students and staff, behavioral health services, athletic trainers, emergency medical services at school events, walk-in primary and orthopedic care and more.

Goal 4: Increase in Availability of Mental Health Providers

The Need

Access to primary care physicians, dentists and mental health providers is generally below the Missouri average in the six rural counties, reflected in the population per provider being higher than the Missouri average. The exceptions are in Polk County, where access to primary care physicians and mental health providers is slightly better than the Missouri average due to the Hospital's significant investment in physician recruitment.

Implementation Plan

The Hospital has placed a high priority on mental health care. As mentioned earlier, the Hospital doubled the size of its inpatient geriatric psychiatry unit in May 2013, allowing more patients to stay in Bolivar rather than seek care in other cities.

The Hospital contracts with psychiatrists and psychologists to offer outpatient mental health services in Bolivar and rural health clinics in surrounding communities. These services are in addition to the school-based program mentioned in the previous section. In the 12 months ended May 31, 2022, 23,772 mental health visits have been provided. The need for mental health services has been identified with several Medical Home patients who were referred for appropriate care.

Utilizing HRSA Outreach Grant funding and in partnership with Burrell Behavioral Health, the Hospital has increased the availability of mental health services in our clinics and other facilities throughout our service area. As described earlier, this program incorporates a Behavioral Health Consultant into the Medical Home program.

Emergency Room Expansion

A planned Hospital expansion, described earlier, includes increasing the number of beds in the Emergency Room from 12 to 21 and adding a six-bed unit designed specifically for behavioral health patients. This investment will give patients more access to the behavioral health care needed in the Emergency Room.

Behavioral Health Walk-In Clinic

The Hospital is expanding its mental health services in 2023 by making mental health appointments more readily available for its service areas. The clinic will be located in Bolivar and offer transitional mental health care for patients ages 6 and older who are unable to have an immediate appointment scheduled with a CMH mental health provider. This clinic will offer patients the transitional mental health care needed until they can see their regular CMH mental health provider.

Missouri Memory Center

To better serve patients, the Hospital also operates the Missouri Memory Center. A multi-disciplinary team of experts diagnoses and treats patients with memory problems related to dementia, Alzheimer's and other neuropsychological issues. The clinic offers free monthly cognitive screenings for patients who have memory concerns.

Telehealth Services

Mental health services are also provided via telehealth to residents of rural communities and residents of long-term care facilities. The Hospital telehealth network includes telehealth services in the Emergency Room and Geriatric Psychiatry Inpatient unit. Despite cutbacks in federal funding, the Hospital intends to continue offering mental health services throughout its service area.

New Community Paramedicine Program

The Hospital recently received grant funding to establish a Mobile Integrated Healthcare program utilizing certified community paramedics. One of the services the community paramedics will be able to provide is connecting behavioral health patients with providers through telehealth services from their homes, reducing the number of Emergency Room visits.

Mental Health Awareness

Working with other community partners, the Hospital continues working toward mental health awareness and a reduction in the stigma associated with it.

Conclusion

Citizens Memorial Hospital has been committed to improving the health of its service area since it opened in 1982. While the Hospital is concerned about the inadequate funding of health care services by the federal and state governments, it is committed to continuing to offer high-quality health care equitably in the years to come. It will also continue to work with other stakeholders to improve population health and increase access to health care and health information for residents of its service area.

Appendix

2022 Missouri Health Rankings data for counties in the CMH service area.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County



The 2022 Rankings include deaths attributable to COVID-19 from 2020. See our FAQs for more information on COVID-specific data.

Compare Counties

2022 Rankings

	Missouri	Polk (PO), MO X	Cedar (CE), MO X	Dallas (DL), MO X	Hickory (HK), MO X	Dade (DD), MO X	St. Clair (SI), MO X	Greene (GE), MO X	Benton (BT), MO X
Health Outcomes									
Length of Life									
Premature Death	8,900	8,700	10,100	11,200	10,100	14,300	8,500	8,900	10,500
Quality of Life									
Poor or Fair Health**	18%	21%	23%	23%	23%	24%	23%	19%	22%
Poor Physical Health Days**	4.0	4.7	5.0	4.9	5.0	5.2	4.9	4.4	4.9
Poor Mental Health Days**	4.9	5.2	5.4	5.4	5.5	5.5	5.3	4.9	5.3
Low Birthweight	9%	7%	6%	9%	10%	9%	6%	8%	7%
Health Factors									
Health Behaviors									
Adult Smoking**	20%	24%	26%	26%	26%	26%	25%	20%	25%
Adult Obesity**	35%	37%	39%	37%	37%	38%	38%	34%	36%
Food Environment Index**	6.7	7.8	6.6	6.3	7.3	7.3	7.2	7.2	6.9
Physical Inactivity**	30%	34%	36%	36%	37%	37%	36%	30%	35%
Access to Exercise Opportunities	70%	47%	47%	4%	26%	1%	29%	80%	22%
Excessive Drinking**	19%	18%	17%	18%	18%	17%	18%	19%	19%
Alcohol-Impaired Driving Deaths	28%	9%	18%	21%	38%	15%	22%	26%	40%
Sexually Transmitted Infections**	560.8	295.5	195.1	183.7	157.2	171.9	244.8	696.0	138.9
Teen Births	23	22	42	30	29	22	30	23	32
Clinical Care									
Uninsured	12%	16%	16%	17%	18%	17%	16%	13%	16%

Primary Care Physicians	1,400:1	1,400:1	3,590:1	16,880:1	9,540:1	1,260:1	2,350:1	1,010:1	3,240:1
Dentists	1,650:1	3,610:1	2,390:1	3,440:1	9,590:1	7,570:1	3,230:1	1,350:1	3,930:1
Mental Health Providers	460:1	500:1	1,190:1	4,300:1	1,600:1	1,510:1	3,230:1	240:1	1,310:1
Preventable Hospital Stays	4,155	2,838	3,817	4,793	2,014	3,163	3,384	3,579	4,043
Mammography Screening	45%	43%	36%	39%	45%	35%	34%	48%	39%
Flu Vaccinations	47%	30%	31%	28%	29%	42%	26%	54%	37%
Social & Economic Factors									
High School Completion	91%	89%	87%	86%	87%	88%	87%	93%	86%
Some College	67%	57%	56%	37%	50%	49%	50%	70%	49%
Unemployment**	6.1%	4.7%	4.5%	5.9%	5.1%	4.4%	6.1%	5.3%	7.3%
Children in Poverty	16%	21%	28%	36%	29%	22%	28%	14%	28%
Income Inequality	4.5	4.6	3.7	4.2	3.8	3.9	4.4	4.5	4.7
Children in Single-Parent Households	25%	22%	17%	25%	19%	18%	15%	22%	24%
Social Associations	11.5	9.3	11.8	4.7	7.3	13.2	13.8	12.1	14.4
Violent Crime**	481	393	370	323	11	304	375	770	435
Injury Deaths	96	86	97	104	114	98	106	93	121
Physical Environment									
Air Pollution - Particulate Matter	8.2	8.2	7.4	7.9	7.7	8.2	7.7	7.6	7.8
Drinking Water Violations		No	Yes	No	No	No	No	No	No
Severe Housing Problems	13%	14%	10%	13%	14%	14%	15%	16%	13%
Driving Alone to Work	81%	80%	80%	78%	84%	77%	75%	82%	79%
Long Commute - Driving Alone	32%	42%	32%	48%	43%	41%	35%	18%	42%

** Compare across states with caution

^ This measure should not be compared across states

Note: Blank values reflect unreliable or missing data



The 2022 Rankings include deaths attributable to COVID-19 from 2020. See our FAQs for more information on COVID-specific data.

	Missouri	Polk (PO), MO X	Cedar (CE), MO X	Dallas (DL), MO X	Hickory (HK), MO X	Dade (DD), MO X	St. Clair (SI), MO X	Greene (GE), MO X	Benton (BT), MO X
Length of Life									
COVID-19 Age-Adjusted Mortality	87	89	56	101	115	206	75	92	62
Life Expectancy	76.6	76.0	75.2	73.9	76.9	72.6	77.4	76.7	75.2
Premature Age-Adjusted Mortality	430	450	500	490	490	570	450	440	480
Child Mortality	60		70	160				50	
Infant Mortality	6			14				6	
Quality of Life									
Frequent Physical Distress**	12%	15%	16%	16%	16%	17%	16%	14%	16%
Frequent Mental Distress**	16%	17%	19%	18%	19%	19%	18%	16%	18%
Diabetes Prevalence**	9%	10%	11%	10%	11%	11%	10%	10%	11%
HIV Prevalence^	248	81	84	143		108		243	234
Health Behaviors									
Food Insecurity**	13%	15%	16%	16%	17%	16%	17%	15%	17%
Limited Access to Healthy Foods^	7%	1%	11%	14%	2%	4%	4%	8%	5%
Drug Overdose Deaths	28	18						27	22
Motor Vehicle Crash Deaths	15	15	25	21	29		36	13	22
Insufficient Sleep**	35%	36%	36%	36%	36%	36%	36%	33%	36%
Clinical Care									
Uninsured Adults	14%	19%	20%	20%	20%	20%	19%	15%	19%
Uninsured Children	7%	9%	8%	10%	10%	10%	9%	8%	9%
Other Primary Care Providers	890:1	880:1	1,790:1	2,460:1	3,200:1	1,890:1	1,610:1	520:1	1,510:1
Social & Economic Factors									
High School Graduation**	91%	91%	88%	98%				91%	94%

Disconnected Youth	7%	10%						9%	
Reading Scores	3.0	3.1	2.9	2.7	3.2	2.9	2.8	3.1	3.0
Math Scores	3.0	3.0	3.0	2.8	3.3	3.1	2.7	2.9	3.0
School Segregation	0.29	0.06	0.06	0.01			0.07	0.07	0.05
School Funding Adequacy	-\$223	-\$3,180	-\$4,143	-\$1,424	-\$3,096	-\$2,873	-\$5,519	\$641	-\$3,280
Gender Pay Gap	0.79	0.86	0.72	0.78	0.68	0.71	0.81	0.83	0.88
Median Household Income	\$58,800	\$50,700	\$40,100	\$43,500	\$36,000	\$46,500	\$41,500	\$46,900	\$44,100
Living Wage^	\$36.09	\$32.15	\$31.83	\$33.39	\$31.83	\$31.90	\$31.83	\$36.22	\$31.83
Children Eligible for Free or Reduced Price Lunch^	50%	61%	60%	59%	57%	61%	62%	47%	79%
Residential Segregation - Black/White**	72							50	
Residential Segregation - Non-White/White**	55	35	38	8	39	4	32	29	34
Child Care Cost Burden^	16%	15%	18%	23%	20%	16%	17%	30%	16%
Child Care Centers^	6	7	6	4	5	6	8	8	11
Homicides	10							6	9
Suicides	19	21	24	16	23		20	22	33
Firearm Fatalities	21	14	21	19			21	17	30
Juvenile Arrests^	28	40				19		18	
Physical Environment									
Traffic Volume^	368	77	6	17	14	0	16	438	24
Homeownership	67%	69%	70%	75%	83%	74%	80%	56%	83%
Severe Housing Cost Burden	11%	12%	10%	9%	15%	9%	8%	15%	13%
Broadband Access	83%	78%	77%	74%	68%	76%	71%	79%	75%
Demographics									
Population	6,151,548	32,490	14,322	17,219	9,586	7,568	9,689	294,997	19,627
% Below 18 Years of Age	22.3%	22.9%	24.1%	23.8%	16.5%	21.2%	20.5%	20.6%	17.3%
% 65 and Older	17.7%	18.1%	23.3%	20.9%	33.4%	24.1%	26.9%	17.1%	32.0%
% Non-Hispanic Black	11.5%	0.9%	0.4%	0.4%	0.6%	0.5%	0.5%	3.3%	0.6%
% American Indian & Alaska Native	0.6%	0.8%	0.9%	0.9%	1.0%	1.0%	0.8%	0.8%	0.8%
% Asian	2.2%	0.9%	0.4%	0.4%	0.2%	0.5%	0.3%	2.3%	0.5%
% Native Hawaiian/Other Pacific Islander	0.2%	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%
% Hispanic	4.5%	2.7%	2.4%	2.3%	2.1%	2.3%	2.3%	4.0%	2.2%

% Non-Hispanic White	79.0%	93.2%	94.3%	94.1%	94.4%	93.0%	94.3%	86.9%	94.1%
% Not Proficient in English	1%	0%	0%	0%	1%	0%	0%	1%	0%
% Female	50.9%	50.8%	49.8%	50.6%	50.6%	48.9%	49.3%	51.4%	49.6%
% Rural	29.6%	68.9%	75.3%	81.9%	100.0%	100.0%	100.0%	14.0%	86.5%

** Compare across states with caution

^ This measure should not be compared across states

Note: Blank values reflect unreliable or missing data