



Skaggs Community Hospital Association

DBA Cox Medical Center Branson

Community Health Needs Assessment

September 2015

Cox Medical Center Branson Community Health Needs Assessment September 2015

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Introduction

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

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

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

This community health needs assessment, which describes both a process and a document, is intended to document The Skaggs Community Hospital Association, d/b/a Cox Medical Center Branson's compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that The Skaggs Community Hospital Association, d/b/a Cox Medical Center Branson, (The Hospital) may adopt an implementation strategy to address specific needs of the community.

The process involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, and health care resources.
- Interviews with key informants who represent a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during this cycle of community health needs assessments required by the IRS. It will serve as a compliance document as well as a resource until the next assessment cycle.

Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

The Hospital created an internal team of experts to update the 2013 community health needs assessment with current data. The team also engaged key informants to document their perceived health needs of the community.

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

- The "community" served by the Hospital was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in Community Served by the Hospital.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see sources in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunities for improvement were noted.
- An inventory of health care facilities and resources was prepared.
- Community input was provided through key informant interviews of 14 stakeholders. Results and findings are described in the Key Informant section of this report.
- Changes in the health needs identified in the 2013 assessment were assessed to reveal if progress has been made in the identified priority areas.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. The hospital used the updated information and results from the key informant interviews to focus resources and efforts on priority areas that have had minimal improvement, are still a need, and already have resources directed to make improvements in those areas.
- Recommendations based on this assessment have been communicated to Hospital management.

General Description of Hospital

Skaggs Community Hospital Association (the Hospital), is a Missouri not-for-profit entity, which operates an acute care hospital located in Branson, Missouri, and provides inpatient, outpatient and emergency care services. The Hospital also operates facilities providing physician and outpatient medical services in Branson, Forsyth, Kimberling City, Hollister, and Branson West, Missouri. A board of directors governs the Hospital and ensures that medical services are available to the residents of Branson and the surrounding areas.

The Hospital has been serving southwest Missouri residents for more than 64 years. The Hospital's average daily patient census exceeds 90, with 165 hospital beds. A staff of over 1,000 personnel is required to operate the hospital and its numerous clinics. Almost from the beginning and during each of the following five decades, healthcare services and medical technology at the Hospital have continued to expand. All the while, dedicated employees have maintained their sense of pride, caring and professionalism.

In January 2013, the Hospital became a part of the CoxHealth system, doing business as Cox Medical Center Branson.

Community Served by the Hospital

The Hospital is located in the city of Branson, Missouri. Branson is approximately forty-five miles south of Springfield, Missouri. Branson and the surrounding geographic area are not close to any major metropolitan area. Branson is accessible by a state highway and other secondary roads.

Defined Community

A community is defined as the geographic area from which a significant number of patients utilizing hospital services reside. While the community health needs assessment considers other types of other health care providers, the utilization of Hospital services provides the clearest definition of the community criteria established to define the community is as follows:

- A zip code area must represent two percent or more of the Hospital's total discharges and outpatient visits.
- The Hospital's market share in the zip code area must be greater than or equal to 20 percent.
- The area is contiguous to the geographical area encompassing the Hospital.

Based on the patient origin of acute care discharges from October 1, 2013 through September 30, 2014, management has identified the community to include zip codes listed in *Exhibit 1*. *Exhibit 1* presents the Hospital's patient origin and charges for each of the top 10 zip code areas in its community. Following is a detailed map of the Hospital's geographic location and the footprint of the community identified in *Exhibit 1*. The map displays the Hospital's geographic relationship to surrounding counties, significant roads and highways, and identifies the 10 zip codes that comprise the Hospital's community.

When specific information is not available for zip codes, the community health needs assessment relies on information for specific counties. The geographic area of the defined community based on the identified zip codes for the community covers significant portions of Taney and Stone counties and excludes one zip code in Boone County, Arkansas. The community health needs assessment utilizes the counties when corresponding information is more readily available. Since zip code 72601 in Boone County is excluded for the community, when using this data, this county is excluded.

Exhibit 1
The Skaggs Community Hospital Association DBA Cox Medical Center Branson
Summary of Inpatient Discharges by Zip Code (Descending Order)
10/01/2013 through 09/30/2014

Zip Code	City	Discharges	Percent of Total Discharges	Cumulative Percent
65616	Branson	1793	30.60%	30.60%
65672	Hollister	628	10.72%	41.32%
65653	Forsyth	474	8.09%	49.41%
65737	Reeds Spring	428	7.31%	56.72%
65740	Rockaway Beach	282	4.81%	61.53%
65686	Kimberling City	275	4.69%	66.22%
65679	Kirbyville	159	2.71%	68.94%
65611	Blue Eye	127	2.17%	71.10%
65656	Galena	104	1.78%	72.88%
65739	Ridgedale	77	1.31%	74.19%
	All Other	1512	25.81%	100.00%
Total		5859	100.00%	

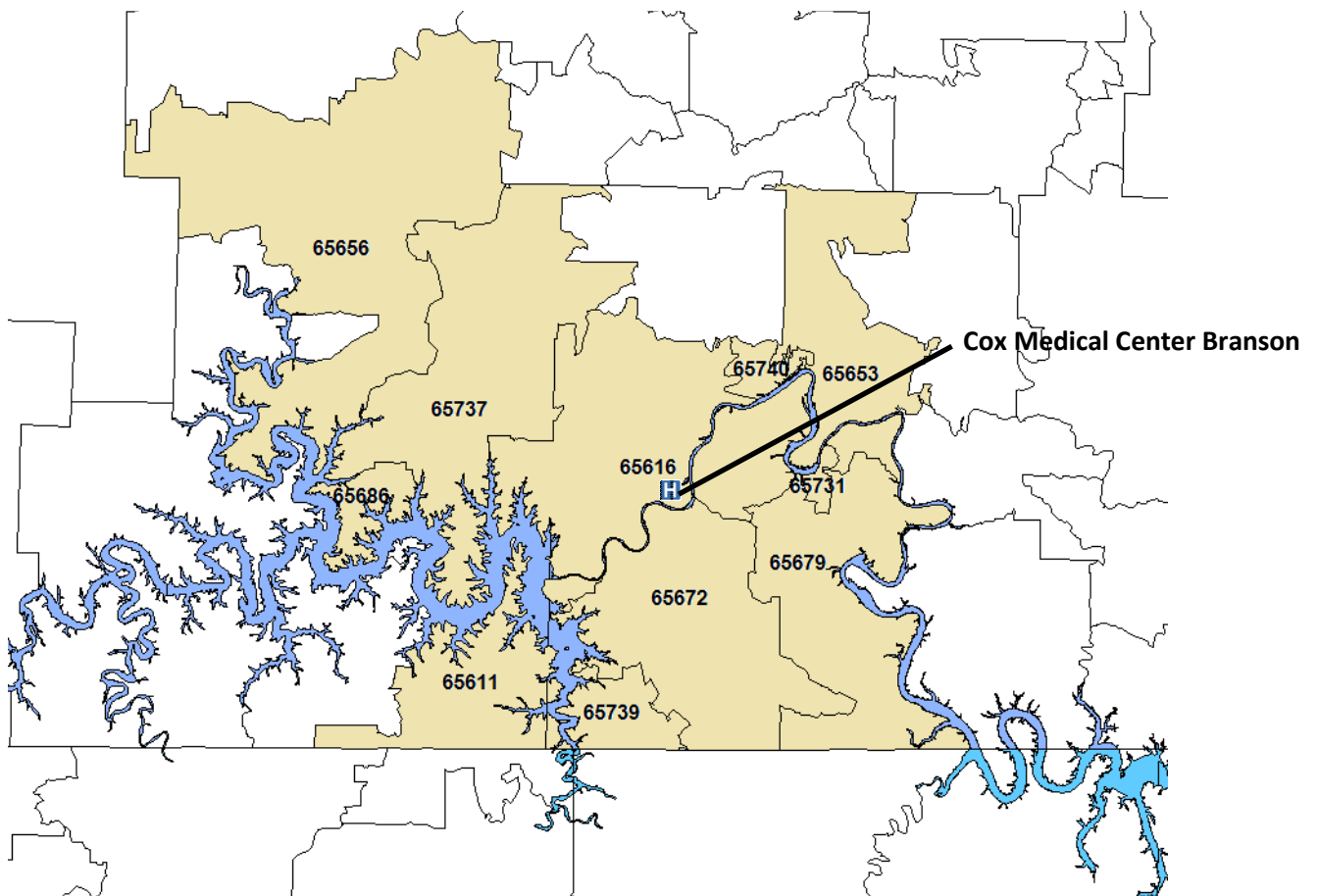
Source: CoxHealth

Community Details

Identification and Description of Geographical Community

The following map (Figure 1) geographically illustrates the Hospital's location and community by showing the community's zip codes shaded. The bulk of the community's population is concentrated in and around the city of Branson, with portions of the nearby counties of Taney and Stone also having significant discharge numbers.

Figure 1: Cox Medical Center Branson and Community Zip Codes



Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data based on the 2010 census. Nielsen, a firm specializing in the analysis of demographic data, has extrapolated this data by zip code to estimate population trends from 2015 through 2020. *Figure 2* shows the zip codes color coded by total population, and confirms that the population center is located at Branson.

Figure 2: Community Zip Codes Colored by Total Population

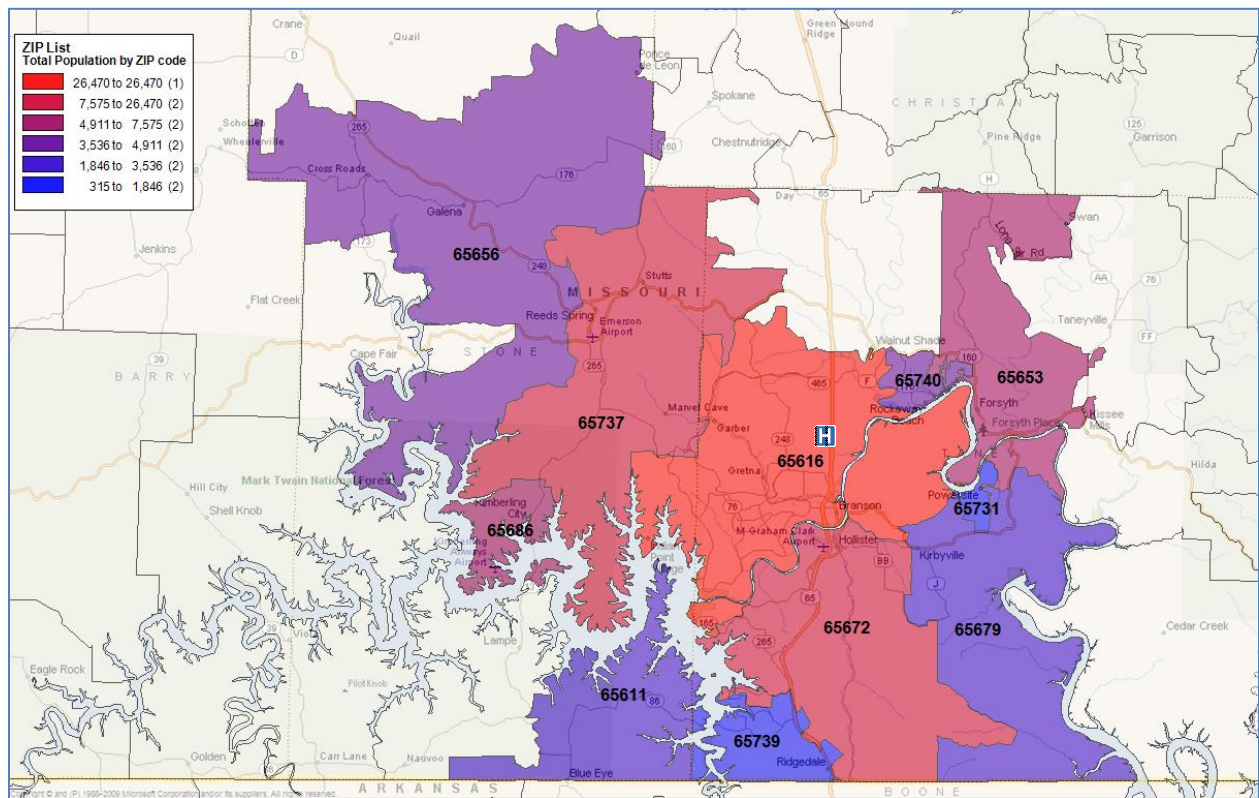


Exhibit 2 illustrates that the overall population is projected to increase slightly over the five year period between 2015 and 2020 from 68,260 to 69,741. In line with overall numbers, the age category that utilizes health care services the most, 65 years and over, is projected to increase from 15,499 to 17,379. The projected changes to the composition of the total community, between male and female, are projected to remain approximately the same over the five-year period.

Exhibit 2: CMCB Community Zip Codes – Population Estimates and Projections

2015 Population Estimate

Zip Code	City	0-17 years	18-44 years	45-64 years	65 years and over	Total	Male	Female
65611	Blue Eye	234	363	592	657	1,846	884	962
65616	Branson	5,818	8,583	6,925	5,144	26,470	12,784	13,686
65653	Forsyth	1,150	1,561	1,509	1,565	5,785	2,818	2,967
65656	Galena	851	1,210	1,476	1,129	4,666	2,304	2,362
65672	Hollister	1,730	3,499	2,140	1,778	9,147	4,437	4,710
65679	Kirbyville	726	857	684	425	2,692	1,326	1,366
65686	Kimberling City	659	933	1,507	1,812	4,911	2,334	2,577
65731	Powersite	65	83	84	83	315	157	158
65737	Reeds Sping	1,379	1,935	2,313	1,948	7,575	3,691	3,884
65739	Rigedale	210	296	453	358	1,317	656	661
65740	Rockaway Beach	856	1,117	963	600	3,536	1,758	1,778
CMCB Community		13,678	20,437	18,646	15,499	68,260	33,149	35,111
Missouri (1000s)		1,397	2,116	1,611	946	6,070	2,976,107	3,093,660
United States (1000s)		73,959	114,588	84,035	46,877	319,460	157,270,864	162,189,127

Source: Nielsen

Exhibit 2: Continued

2020 Population Projection

Zip Code	City	0-17 years	18-44 years	45-64 years	65 years and over	Total	Male	Female
65611	Blue Eye	234	365	523	704	1,826	879	947
65616	Branson	6,141	8,987	6,868	6,031	28,027	13,548	14,479
65653	Forsyth	1,195	1,615	1,374	1,730	5,914	2,883	3,031
65656	Galena	770	1,170	1,367	1,227	4,534	2,240	2,294
65672	Hollister	1,738	3,481	2,033	2,000	9,252	4,498	4,754
65679	Kirbyville	729	831	623	480	2,663	1,316	1,347
65686	Kimberling City	615	917	1,294	1,873	4,699	2,245	2,454
65731	Powersite	80	96	72	95	343	168	175
65737	Reeds Sping	1,271	1,994	2,081	2,123	7,469	3,646	3,823
65739	Rigedale	203	324	449	441	1,417	707	710
65740	Rockaway Beach	854	1,147	921	675	3,597	1,781	1,816
CMCB Community		13,830	20,927	17,605	17,379	69,741	33,911	35,830
Missouri (1000s)		1,387	2,129	1,560	1,085	6,161	3,024	3,137
United States (1000s)		74,417	116,336	84,782	55,155	330,689	162,911	167,779

Source: Nielsen

Exhibit 2.1 provides the percent difference for each zip code from the 2015 estimate to the 2020 projected population as well as the ability to compare the percent difference to the state of Missouri and the United States for comparison purposes. Exhibit 2.1 illustrates that the overall population is projected to increase by 2.2 percent over the five-year period, which is higher than the projected increase for Missouri at 1.5 percent, but lower than the projected increase for the United States at 3.5

percent. Branson and Powersite are projected to experience large increases overall in comparison to Missouri and the United States, especially for age groups 0-17 years as well as 65 years and over. Note that the age category that utilizes health care services the most, 65 years and over, is projected to increase overall by 12.1 percent. The senior population in Ridgedale, for example, is expected to increase by 23.2 percent. This increase in the 65 year and over category continues to have a dramatic impact on both the amount and type of services required by the community.

Exhibit 2.1: CMCB Community Zip Codes – 2015 Estimated Population vs. 2020 Projected Population Percent Change

2015-2020 Population Percent Difference

Zip Code	City	0-17 years	18-44 years	45-64 years	65 years and over	Total	Male	Female
65611	Blue Eye	0.0%	0.6%	-11.7%	7.2%	-1.1%	-0.6%	-1.6%
65616	Branson	5.6%	4.7%	-0.8%	17.2%	5.9%	6.0%	5.8%
65653	Forsyth	3.9%	3.5%	-8.9%	10.5%	2.2%	2.3%	2.2%
65656	Galena	-9.5%	-3.3%	-7.4%	8.7%	-2.8%	-2.8%	-2.9%
65672	Hollister	0.5%	-0.5%	-5.0%	12.5%	1.1%	1.4%	0.9%
65679	Kirbyville	0.4%	-3.0%	-8.9%	12.9%	-1.1%	-0.8%	-1.4%
65686	Kimberling City	-6.7%	-1.7%	-14.1%	3.4%	-4.3%	-3.8%	-4.8%
65731	Powersite	23.1%	15.7%	-14.3%	14.5%	8.9%	7.0%	10.8%
65737	Reeds Sping	-7.8%	3.0%	-10.0%	9.0%	-1.4%	-1.2%	-1.6%
65739	Rigatedale	-3.3%	9.5%	-0.9%	23.2%	7.6%	7.8%	7.4%
65740	Rockaway Beach	-0.2%	2.7%	-4.4%	12.5%	1.7%	1.3%	2.1%
CMCB Community		1.1%	2.4%	-5.6%	12.1%	2.2%	2.3%	2.0%
Missouri		-0.7%	0.6%	-3.1%	14.6%	1.5%	1.6%	1.4%
United States		0.6%	1.5%	0.9%	17.7%	3.5%	3.6%	3.4%

Source: Nielsen

The following is an analysis of the age distribution of the population for the community. The analysis is provided by zip code and provides a comparison to Missouri and the United States.

Exhibit 2.2: CMCB Community Zip Codes – 2015 Estimated Population vs. 2020 Projected Population with Percent of Totals

2015 Population Estimate Percent of Totals

Zip Code	City	0-17 years	18-44 years	45-64 years	65 years and over	Total	Male	Female
65611	Blue Eye	12.7%	19.7%	32.1%	35.6%	100.0%	47.9%	52.1%
65616	Branson	22.0%	32.4%	26.2%	19.4%	100.0%	48.3%	51.7%
65653	Forsyth	19.9%	27.0%	26.1%	27.1%	100.0%	48.7%	51.3%
65656	Galena	18.2%	25.9%	31.6%	24.2%	100.0%	49.4%	50.6%
65672	Hollister	18.9%	38.3%	23.4%	19.4%	100.0%	48.5%	51.5%
65679	Kirbyville	27.0%	31.8%	25.4%	15.8%	100.0%	49.3%	50.7%
65686	Kimberling City	13.4%	19.0%	30.7%	36.9%	100.0%	47.5%	52.5%
65731	Powersite	20.6%	26.3%	26.7%	26.3%	100.0%	49.8%	50.2%
65737	Reeds Sping	18.2%	25.5%	30.5%	25.7%	100.0%	48.7%	51.3%
65739	Rigatedale	15.9%	22.5%	34.4%	27.2%	100.0%	49.8%	50.2%
65740	Rockaway Beach	24.2%	31.6%	27.2%	17.0%	100.0%	49.7%	50.3%
CMCB Community		20.0%	29.9%	27.3%	22.7%	100.0%	48.6%	51.4%
Missouri		23.0%	34.9%	26.5%	15.6%	100.0%	49.0%	51.0%
United States		23.2%	35.9%	26.3%	14.7%	100.0%	49.2%	50.8%

Source: Nielsen

2020 Population Projection Percent of Totals

Zip Code	City	0-17 years	18-44 years	45-64 years	65 years and over	Total	Male	Female
65611	Blue Eye	12.8%	20.0%	28.6%	38.6%	100.0%	48.1%	51.9%
65616	Branson	21.9%	32.1%	24.5%	21.5%	100.0%	48.3%	51.7%
65653	Forsyth	20.2%	27.3%	23.2%	29.3%	100.0%	48.7%	51.3%
65656	Galena	17.0%	25.8%	30.1%	27.1%	100.0%	49.4%	50.6%
65672	Hollister	18.8%	37.6%	22.0%	21.6%	100.0%	48.6%	51.4%
65679	Kirbyville	27.4%	31.2%	23.4%	18.0%	100.0%	49.4%	50.6%
65686	Kimberling City	13.1%	19.5%	27.5%	39.9%	100.0%	47.8%	52.2%
65731	Powersite	23.3%	28.0%	21.0%	27.7%	100.0%	49.0%	51.0%
65737	Reeds Sping	17.0%	26.7%	27.9%	28.4%	100.0%	48.8%	51.2%
65739	Rigedale	14.3%	22.9%	31.7%	31.1%	100.0%	49.9%	50.1%
65740	Rockaway Beach	23.7%	31.9%	25.6%	18.8%	100.0%	49.5%	50.5%
CMCB Community		19.8%	30.0%	25.2%	24.9%	100.0%	48.6%	51.4%
Missouri		22.5%	34.6%	25.3%	17.6%	100.0%	49.1%	50.9%
United States		22.5%	35.2%	25.6%	16.7%	100.0%	49.3%	50.7%

Source: Nielsen

Very similar to the 12.1 percent growth seen in the overall number of people 65 years and over category in *Exhibit 2.1*, *Exhibit 2.2* indicated that as a percent of total population for the community, the 65 years and over category will be 24.9 percent of the total population in 2020 compared to 22.7 percent in 2015. Kimberling City is showing the highest projected percent of the population being 65 years and over with 39.9% in 2020.

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The following Exhibit 3 shows the population of the community by ethnicity illustrating the Hispanic versus non-Hispanic residents. In total, the projected 2020 population breakdown shows the community has a slightly higher Hispanic population than the state of Missouri, however, much lower than the United States. A review of the specific zip code areas shows a relatively higher percentage of Hispanic residents in the Branson zip code than the rest of the community and the Blue Eye zip code is the fastest growing Hispanic population.

Exhibit 3: CMCB Community Zip Codes – 2015 Estimated Population vs. 2020 Projected Population with Percent Difference

2015-2020 Hispanic Population and Non-Hispanic Population Totals

Zip Code	City	2015 Estimate			2020 Projection			% Difference		2020 % Total	
		Hispanic	Non-Hispanic	Total	Hispanic	Non-Hispanic	Total	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
65611	Blue Eye	69	1,777	1,846	89	1,737	1,826	29.0%	-2.3%	4.9%	95.1%
65616	Branson	2,135	24,335	26,470	2,641	25,386	28,027	23.7%	4.3%	9.4%	90.6%
65653	Forsyth	176	5,609	5,785	218	5,696	5,914	23.9%	1.6%	3.7%	96.3%
65656	Galena	92	4,574	4,666	113	4,421	4,534	22.8%	-3.3%	2.5%	97.5%
65672	Hollister	450	8,697	9,147	526	8,726	9,252	16.9%	0.3%	5.7%	94.3%
65679	Kirbyville	84	2,608	2,692	94	2,569	2,663	11.9%	-1.5%	3.5%	96.5%
65686	Kimberling City	82	4,829	4,911	94	4,605	4,699	14.6%	-4.6%	2.0%	98.0%
65731	Powersite	13	302	315	16	327	343	23.1%	8.3%	4.7%	95.3%
65737	Reeds Sping	247	7,328	7,575	299	7,170	7,469	21.1%	-2.2%	4.0%	96.0%
65739	Rigedale	20	1,297	1,317	23	1,394	1,417	15.0%	7.5%	1.6%	98.4%
65740	Rockaway Beach	140	3,396	3,536	167	3,430	3,597	19.3%	1.0%	4.6%	95.4%
CMCB Community		3,508	64,752	68,260	4,280	65,461	69,741	22.0%	1.1%	6.1%	93.9%
Missouri (1000s)		246	5,824	6,070	282	5,879	6,161	14.8%	0.9%	4.6%	95.4%
United States (1000s)		56,071	263,389	319,460	62,117	268,572	330,689	10.8%	2.0%	18.8%	81.2%

Source: Nielsen

Exhibit 4 shows the population of the community by race by illustrating three different categories: white black and other residents. In total, the population breakdown for the community shows a higher concentration of white residents than the state of Missouri. A review of the specific zip code areas show a larger percentage of black residents in the Branson zip code compared to other zip codes in the community.

Exhibit 4: CMCB Community Zip Codes – 2015 Estimated Population vs. 2020 Projected Population with Percent Difference

2015-2020 Population Totals by Race

Zip Code	City	2015 Estimate				2020 Projection				% Difference			2020 % Total			
		White	Black	Other	Total	White	Black	Other	Total	White	Black	Other	White	Black	Other	
65611	Blue Eye	1,789	14	43	1,846	1,759	25	42	1,826	-1.7%	78.6%	-2.3%	-1.1%	96.3%	1.4%	2.3%
65616	Branson	23,760	523	2,187	26,470	24,571	758	2,698	28,027	3.4%	44.9%	23.4%	5.9%	87.7%	2.7%	9.6%
65653	Forsyth	5,504	35	246	5,785	5,572	45	297	5,914	1.2%	28.6%	20.7%	2.2%	94.2%	0.8%	5.0%
65656	Galena	4,484	20	162	4,666	4,305	31	198	4,534	-4.0%	55.0%	22.2%	-2.8%	94.9%	0.7%	4.4%
65672	Hollister	8,505	95	547	9,147	8,481	123	648	9,252	-0.3%	29.5%	18.5%	1.1%	91.7%	1.3%	7.0%
65679	Kirbyville	2,557	16	119	2,692	2,514	19	130	2,663	-1.7%	18.8%	9.2%	-1.1%	94.4%	0.7%	4.9%
65686	Kimberling City	4,781	19	111	4,911	4,546	29	124	4,699	-4.9%	52.6%	11.7%	-4.3%	96.7%	0.6%	2.6%
65731	Powersite	302	3	10	315	327	6	10	343	8.3%	100.0%	0.0%	8.9%	95.3%	1.7%	2.9%
65737	Reeds Sping	7,180	46	349	7,575	6,969	76	424	7,469	-2.9%	65.2%	21.5%	-1.4%	93.3%	1.0%	5.7%
65739	Rigedale	1,276	5	36	1,317	1,368	4	45	1,417	7.2%	-20.0%	25.0%	7.6%	96.5%	0.3%	3.2%
65740	Rockaway Beach	3,296	19	221	3,536	3,309	25	263	3,597	0.4%	31.6%	19.0%	1.7%	92.0%	0.7%	7.3%
CMCB Community		63,434	795	4,031	68,260	63,721	1,141	4,879	69,741	0.5%	43.5%	21.0%	2.2%	91.4%	1.6%	7.0%
Missouri (1000s)		4,982	706	382	6,070	5,008	721	431	6,161	0.5%	2.2%	12.9%	1.5%	81.3%	11.7%	7.0%
United States (1000s)		227,017	40,653	51,790	319,460	230,375	42,503	57,811	330,689	1.5%	4.6%	11.6%	3.5%	69.7%	12.9%	17.5%

Source: Nielsen

Socioeconomic Characteristics of the Community

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

Income and Employment

Exhibit 5 presents the average and median income for households in each zip code. Average income is projected to decrease 3.7 percent to 0.7 percent for some zip codes or increase 0.2 percent to 5.3 percent for other zip codes. The average change in median income is a projected decrease of 1.3 percent.

Exhibit 5: CMCB Community Zip Codes – Estimated Family Income and Wealth for 2015 and 2020 with Percent Difference

2015-2020 Hispanic Population and Non-Hispanic Population Totals

Zip Code	City	2015 Estimate		2020 Projection		% Difference	
		Avg. Household Income	Med. Household Income	Avg. Household Income	Med. Household Income	Avg. Household Income	Med. Household Income
65611	Blue Eye	\$57,221	\$51,663	\$59,277	\$53,475	3.6%	3.5%
65616	Branson	\$53,514	\$40,687	\$52,252	\$39,896	-2.4%	-1.9%
65653	Forsyth	\$42,070	\$33,033	\$41,027	\$32,062	-2.5%	-2.9%
65656	Galena	\$46,445	\$37,927	\$46,553	\$37,741	0.2%	-0.5%
65672	Hollister	\$48,921	\$37,441	\$48,504	\$36,622	-0.9%	-2.2%
65679	Kirbyville	\$42,814	\$31,408	\$41,226	\$30,521	-3.7%	-2.8%
65686	Kimberling City	\$49,058	\$43,189	\$50,213	\$43,867	2.4%	1.6%
65731	Powersite	\$48,912	\$39,500	\$51,493	\$40,313	5.3%	2.1%
65737	Reeds Sping	\$48,750	\$38,782	\$48,410	\$38,688	-0.7%	-0.2%
65739	Rigedale	\$53,544	\$43,447	\$54,855	\$44,034	2.4%	1.4%
65740	Rockaway Beach	\$35,495	\$30,516	\$35,925	\$30,731	1.2%	0.7%
CMCB Community		\$49,382	\$38,898	\$48,947	\$38,398	-0.9%	-1.3%
Missouri (1000s)		\$63,793	\$47,593	\$67,904	\$49,964	6.4%	5.0%
United States (1000s)		\$74,165	\$53,706	\$79,486	\$57,294	7.2%	6.7%

Source: Nielsen

Exhibit 6 presents the monthly resident unemployment rates for Taney and Stone counties. Annual averages are shown for Missouri and the United States. Exhibit 6 illustrates unemployment rates are significantly higher in the winter months than the summer months due to major industry in the area being leisure and hospitality.

Exhibit 6
The Skaggs Community Hospital Association DBA Cox Medical Center Branson
Service Area Unemployment Rates
2014

County	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Taney County	16.1%	16.4%	11.0%	7.6%	6.8%	6.6%	6.3%	6.0%	6.0%	4.9%	5.2%	6.5%
Stone County	14%	15.9%	10.8%	7.2%	6.5%	6.6%	6.5%	6.1%	5.9%	4.9%	5.5%	6.7%
Missouri	6%	6.4%	6.7%	6.6%	6.6%	6.5%	6.5%	6.3%	6.3%	5.9%	5.6%	5.4%
United States	6%	6.7%	6.6%	6.2%	6.3%	6.1%	6.2%	6.1%	5.9%	5.8%	5.8%	5.6%

Source: Missouri Economic Research and Information Center

Taney and Stone Counties are supported by several major industries including leisure and hospitality, trade, transportation and utilities, and education and health services. The leisure and hospitality industry accounts for more than 38% of all employment in Taney County and approximately 36% of all employment in both counties. *Exhibit 7* summarizes employment by major industry for the two counties.

Exhibit 7
The Skaggs Community Hospital Association DBA Cox Medical Center Branson
Employment by Major Industry
2013

Major Industries	Taney County	%	Stone County	%	Total	%	US %
Goods-producing	1,246	4.4%	550	11.0%	1,796	5.4%	15.1%
Natural resources and mining	82	0.3%	0	0.0%	82	0.2%	1.0%
Construction	661	2.3%	410	8.2%	1,071	3.2%	4.5%
Manufacturing	504	1.8%	0	0.0%	504	1.5%	9.6%
Service-providing	24,544	85.5%	3296	65.9%	27,840	83.9%	84.7%
Trade, transportation and utilities	5,741	20.0%	911	18.2%	6,652	20.1%	21.9%
Information	335	1.2%	38	0.8%	373	1.1%	2.7%
Financial Activities	1,259	4.4%	190	3.8%	1,449	4.4%	6.8%
Professional and business services	2,494	8.7%	528	10.6%	3,022	9.1%	18.0%
Education and health services	2,695	9.4%	497	9.9%	3,192	9.6%	18.8%
Leisure and hospitaliy	11,143	38.8%	877	17.5%	12,020	36.2%	12.0%
Other services	877	3.1%	256	5.1%	1,133	3.4%	4.5%
Federal Government	171	0.6%	37	0.7%	208	0.6%	2.3%
State Government	160	0.6%	59	1.2%	219	0.7%	3.2%
Local Government	2,048	7.1%	1,062	21.2%	3,110	9.4%	9.0%
Total Employment	28,169	100%	5,004	100%	33,173	100%	100%

Source: US Bureau of Labor Statistics 2013

Major employers by county (more than 50 employees) include the following:

**Exhibit 8
The Skaggs Community Hospital Association DBA Cox Medical Center Branson
Employment by Top Employers**

Top Employers	Year Est.	County	
		Taney	Stone
Big Cedar Lodge	1987	X	
Conservation Dept. District Office	N/A	X	
Devil's Pool Restaurant	1987	X	
Kanakuk Kamps, Inc	1926	X	
Kids Across America Kamps	1960	X	
Silver Dollar City	1960	X	
Cox Medical Center Branson	1950	X	X
Top of the Rock Golf Course	1991	X	
Wyndham Vacation Ownership	2005	X	
Blue Eye High School	N/A		X
Crane High School	N/A		X
Kimberling Inn Resort and Conference Center	1981		X
Ozark Mountain Regional Health	1997		X
Reeds Spring Intermediate	N/A		X
Crane School Superintendent	N/A		X
Summerfresh Market	1998		X
Tablerock Healthcare Center	1990		X
Wal-Mart Supercenter			X

Source: www.missourieconomy.org

Poverty

Exhibit 9 presents the percentage of total population in poverty (including under age 18) and median household income for households in each county versus the state of Missouri and the United States.

**Exhibit 9
The Skaggs Community Hospital Association DBA Cox Medical Center Branson
Poverty Estimate: Percentage of Total Population in Poverty and Median Household Income
2009-2013 5 year Estimates**

County	2013		Median Household Income
	All Persons	Under Age 18	
Taney County	18.8%	28.8%	\$ 38,461
Stone County	17.1%	27.5%	\$ 40,850
Missouri	15.5%	21.6%	\$ 47,380
United States	15.4%	21.6%	\$ 53,046

Source: U.S. Census Bureau, 2009-2013 American community Survey 5-Year Estimates

Low-income residents often postpone seeking medical attention until health problems become aggravated, creating a greater demand on a given community’s medical resources. This includes reliance upon emergency room services for otherwise routine primary care. Often uninsured, the low-income demographics’ inability to pay for service further strains the medical network. Low-income residents are also less mobile, requiring medical services in localized population centers, placing additional pressure on those providers already in high demand. Understanding the extent of poverty within the population, therefore, helps determine an accurate picture of demand. The poverty rates for Taney and Stone counties ranked unfavorably when compared to Missouri’s and national averages of approximately 15.5%

Uninsured

Exhibit 10 presents health insurance coverage status by age (under 65 years) and income (at or below 400 percent) of poverty for each county versus the state of Missouri and the United States. It is clear that the proportion of uninsured population increases when focusing on income levels at or below 400% of federal poverty level versus all income levels. Taney and Stone Counties show differences of 3.4% and 4.9%, respectively.

Exhibit 10
The Skaggs Community Hospital Association DBA Cox Medical Center Branson
Health Insurance Coverage Status by Age (under 65 years) and Income (at or below 400%) of Poverty
2009-2013 3-year Estimates

County	All Income Levels				At or Below 400% of FPL			
	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured
Taney County	11,688	27%	31,147	73.0%	10,236	30.4%	23,629	70.1%
Stone County	5,952	25%	17,489	75.0%	5,580	29.9%	13,110	70.1%
Missouri	788,388	15.5%	4,281,343	84.5%	712,888	20.8%	2,717,528	79%
United States	45,687,476	17.0%	221,417,877	83.0%	39,715,227	23.2%	131,699,512	77%

Source: US Census Bureau 2009-2013 American Community Survey 3-Year Estimates

Education

Exhibit 11 presents educational attainment by age cohort for individuals in each county versus the State of Missouri and the United States.

Exhibit 11
The Skaggs Community Hospital Association DBA Cox Medical Center Branson
Educational Attainment by Age – Total Population
2009-2013 5-year Estimates

State/County	Age Cohort				
	18-24	25-34	35-44	45-64	65+
<u>Completing High School</u>					
Taney County	30.9%	90.0%	87.4%	84.4%	80.0%
Stone County	40.9%	80.1%	85.7%	87.7%	82.4%
Missouri	30.0%	90.0%	90.0%	89.7%	79.4%
United States	29.5%	87.9%	87.6%	87.9%	79.0%
<u>Bachelor's Degree or More</u>					
Taney County	5.6%	21.2%	19.4%	17.6%	18.2%
Stone County	8.2%	12.9%	12.6%	16.0%	15.9%
Missouri	9.4%	31.2%	30.5%	26.0%	18.2%
United States	9.4%	31.9%	32.3%	28.9%	22.3%
<u>Graduate or Professional Degree (Population 25 and over)</u>					
Taney County	5.5%				
Stone County	5.2%				
Missouri	9.8%				
United States	10.8%				

Source: US Census Bureau 2009-2013 American Community Survey 5 Year Estimates

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. Both Taney and Stone Counties compare unfavorably to Missouri and the United States for persons aged 25 and older in obtaining a bachelor's degree or higher. Persons obtaining a graduate or professional degree are about 50 percent of the state and national average.

Health Care Resources

An adequate health care delivery system is vital to maintaining a community's health status. There are two major acute care hospitals serving Branson and the surrounding areas. The closest acute care facility for area residents and visitors is Cox Medical Center Branson, which is part of the CoxHealth System. CoxHealth and Mercy Hospital Springfield facilities also have regional primary and specialty care clinics in the Taney and Stone County communities. Other local health care resources include the Taney County Health Department and the Stone County Health Department, both of which have two locations to service the rural and spread out community. In addition, there are two federally-qualified health centers, and three low cost health clinics that provide needed care services to the uninsured/underinsured populations. Special populations, such as the area veterans, have access to the VA Branson Clinic for their health care needs.

See Appendix for a comprehensive list of area health care resources.

Health Status of the Community

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

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

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

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

<i>Lifestyle</i>	<i>Primary Disease Factor</i>
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Mortality is defined as the incidence of illness or injury and mortality is defined as the incidence of death, however, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered. More than 50 infectious diseases in Missouri must be reported to county health departments. Except for Acquired Immune Deficiency Syndrome (AIDS), most of these reportable diseases currently result in comparatively few deaths.

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

Leading Causes of Death

Exhibit 12 reflects the leading causes of death for Taney and Stone County residents and compares the rates, per hundred thousand, to the state of Missouri average rates, per hundred thousand.

Exhibit 12
The Skaggs Community Hospital Association DBA Cox Medical Center Branson
Selected Leading Causes of Death: Number and Rate (2012, 10 year trend) Rates per 100,000

	Taney Number	Rate	Stone Number	Rate	Missouri Number	Rate
Total Deaths, All Causes	4961	796.5	3569	753.1	604,132	847.4
Heart Disease	1395	224.3	967	198.1	161,509	223.6
All Cancers (Malignant Neoplasms)	1264	189.6	925	173.4	136,942	191.1
Smoking-Attributable	977	148.5	687	130.9	105,913	146.8
All Injuries and Poisonings	344	64.3	266	82.4	46,150	70
Stroke/Other Cerebrovascular Disease	242	38.4	185	39.1	35,908	49.8
Chronic Lower Respiratory Disease	292	45	209	40.3	35,524	49.7
Total Unintentional Injuries	238	44.7	200	61.7	31,473	47.3
Alzheimer's Disease	159	26.9	141	31.7	18,293	25.1
Diabetes Mellitus	80	12.8	72	14.5	16,083	22.5
Kidney Disease (Nephritis and Nephrosis)	103	16.7	62	13	12,992	18.1

Source: Missouri Department of Health & Senior Services

Exhibit 13 compares the number of deaths for Taney County residents, with U.S. Crude Rates and identifies causes of death that statistically differ from U.S. Rates.

Exhibit 13
The Skaggs Community Hospital Association DBA Cox Medical Center Branson
Comparison of Rates for Selected Causes of Death: Rate per 100,000 Residents: Taney County 2012 10-
year Trend

Selected Cause of Death	Number of Deaths	County Rate	MO Rate	2012 US Rate	Percent County Difference from US
Total Deaths, All Causes	4961	796.5	847.4	810.2	1.7%
Heart Disease	1395	224.3	223.6	191	-16.0%
All Cancers (Malignant Neoplasms)	1264	189.6	191.1	186.5	-1.6%
Smoking-Attributable	977	148.5	146.8	N/A	N/A
All Injuries and Poisonings	344	64.3	70.0	N/A	N/A
Stroke/Other Cerebrovascular Disease	242	38.4	49.8	40.9	6.3%
Chronic Lower Respiratory Disease	292	45.0	49.7	45.7	1.5%
Total Unintentional Injuries	238	44.7	47.3	40.7	-9.4%
Alzheimer's Disease	159	26.9	25.1	26.6	-1.1%
Diabetes Mellitus	80	12.8	22.5	23.6	59.3%
Alcohol/Drug-Induced	92	17.2	19.3	N/A	N/A

Source: Missouri Department of Health & Senior Services
 CDC/NCHS, National Vital Statistics System, Mortality Report, 2012

Exhibit 13.1 compares the number of deaths for Stone County residents, with U.S. Crude Rates and identifies causes of death that statistically differ from U.S. Rates.

Exhibit 13.1

**The Skaggs Community Hospital Association DBA Cox Medical Center Branson
Comparison of Rates for Selected Causes of Death: Rate per 100,000 Residents: Stone County 2012 10-**

Selected Cause of Death	Number of Deaths	County Rate	MO Rate	2012 US Rate	Percent County Difference from US
Total Deaths, All Causes	3,569	753.1	847.4	810.2	7.3%
Heart Disease	967	198.1	223.6	191	-3.6%
All Cancers (Malignant)	925	173.4	191.1	186.5	7.3%
Smoking-Attributable (estimated)	687	130.9	146.8	N/A	N/A
All Injuries and Poisonings	266	82.4	70.0	N/A	N/A
Stroke/Other Cerebrovascular	185	39.1	49.8	40.9	4.5%
Chronic Lower Respiratory	209	40.3	49.7	45.7	12.6%
Total Unintentional Injuries	200	61.7	47.3	40.7	-41.0%
Alzheimer's Disease	141	31.7	25.1	26.6	-17.5%
Diabetes Mellitus	72	14.5	22.5	23.6	47.8%
Alcohol/Drug-Induced	63	19.7	19.3	N/A	N/A

*Source: Missouri Department of Health & Senior Services
CDC/NCHS, National Vital Statistics System, Mortality Report, 2012*

Health Outcomes and Factors

In order to improve a community, it is important to understand the factors that affect the community's health. Analyzing those factors provides insight on how to improve a community's habits; culture and environment with the purpose of making the community a healthier place to live, learn, work and play. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

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

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

- Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors – rankings are based on weighted scores of four types of factors:
 - Health behaviors (nine measures)
 - Clinical care (seven measures)
 - Social and economic (seven measures)
 - Physical environment (five measures)

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

As part of the analysis of the needs assessment for the community, the two counties that comprise the majority of the community will be used to compare the relative health status of each county to the state of Missouri as well as to a national benchmark. A better understanding of the factors that affect health of the community will assist with how to improve the community's habits, culture and environment.

The following tables, from County Health Rankings, summarize the 2015 health outcomes for the two counties that comprise the majority of the community for Skaggs Community Hospital Association DBA Cox Medical Center Branson. Each measure is described and includes a confidence interval or error margin surrounding it – if a measure is above the state average and the state average is beyond the error margin for the county, then further investigation is recommended.

Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures. *Exhibit 14* shows Taney County health outcomes were significantly higher than national benchmarks. Mortality outcomes were comparable to the state, ranking 38th, but unfavorable for morbidity, ranking 81st. *Exhibit 15* shows Stone County health outcomes were comparable to the state of Missouri (ranking 32nd on mortality and 47th on morbidity out of 114 counties). Each measure for all counties was at or above national benchmarks showing many opportunities for improvement.

Taney County

Exhibit 14
The Skaggs Community Hospital Association DBA Cox Medical Center Branson
Taney County Health Rankings-Health Outcomes (2015)

	Taney County	Error Margin	National Benchmark	Rank MO (of 114)
<i>Mortality</i>				38
Premature death - Percent of potential life lost before age 75 per 100,000 population (age-adjusted)	7,631	6,774-8,488	5,200	7,714
<i>Morbidity</i>				81
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	20%	13-30%	10%	16%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.0	2.7-5.2	2.5	3.7
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	5.2	3.3-7.0	2.3	3.8
Low birth weight - Percent of live births with low birth weight (<2500 grams)	7.6%	6.8-8.3%	5.9%	8.0%

Source: Countyhealthrankings.org

Several different health factors influence a community’s health outcomes. The County Health Rankings model includes four types of health factors: clinical care, health behaviors, the physical environment, and social and economic factors. *Exhibit 14.1* summarizes the health factors for Taney County. Areas for improvement include:

- Health Behavior/Adult Smoking
- Health Behavior/Adult Obesity
- Health Behavior/Alcohol-Impaired Driving Death
- Health Behavior/Teen Birth Rate
- Clinical Care/Uninsured Adults
- Clinical Care/Dentists
- Clinical Care/Mental Health Providers
- Social and Economic Factors/Unemployment
- Social and Economic Factors/Children in Poverty
- Social and Economic Factors/Violent Crime Rate

Exhibit 14.1
The Skaggs Community Hospital Association DBA Cox Medical Center Branson
Taney County Health Rankings - Health Factors (2015)

	Taney County	Error Margin	National Benchmark	MO	Rank (of 114)
<i>Health Behaviors</i>					55
Adult smoking - Percent of adults who are current smokers	31%	22-41%	14%	23%	
Adult obesity - Percent of adults that report a BMI >= 30	30%	24-36%	25%	31%	
Food environment index - Index of factors that contribute to a healthy food environment. 0 (worst) to 10 (best)	6.5	N/A	8.4	7.0	
Physical inactivity - Percentage of adults aged 20 and over reporting no leisure-time physical activity	30%	24-37%	20%	26%	
Access to exercise opportunities - percentage of population with adequate access to locations for physical activity	73%	N/A	92%	77%	
Excessive drinking - Percent of adults that reporting binge or heavy drinking	10%	6-17%	10%	17%	
Alcohol-impaired driving deaths - Percent of driving deaths with alcohol involvement	28%	N/A	14%	35%	
Sexually transmitted infections - Chlamydia rate per 100k population	264	N/A	138	462	
Teen birth rate - Per 1,000 female population, ages 15 - 19	53	49-57	20	40	
<i>Clinical Care</i>					56
Uninsured adults - Percent of population under age 65 without health insurance	22%	20-24%	11%	16%	
Primary care physicians - Ratio of population to primary care physicians	1,127:1	N/A	1,045:1	1,439:1	
Dentists - Ratio of population to dentists	3,348:1	N/A	1,377:1	1,920:1	
Mental health providers - Ratio of population to mental health providers	1,847:1	N/A	386:01:00	632:01:00	
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	49	43-55	41	65	
Diabetic monitoring - Percent of diabetic Medicare enrollees that receive HbA1c screening	81%	75-87%	90%	86%	
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	60.2%	53.8-66.6%	70.7%	62.2%	

<i>Social & Economic Factors</i>					90
High school graduation - Percent of ninth grade cohort that graduates in 4 years	94%	N/A	N/A	86%	
Some college - Percent of adults aged 25-44 years with some post-secondary education	52.2%	46.8-57.7%	71.0%	63.8%	
Unemployment - Percentage of population 16 and older unemployed but seeking work	8.9%	N/A	4.0%	6.5%	
Children in poverty - Percent of children under age 18 in poverty	29%	22-36%	13%	22%	
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.1	3.7-4.6	3.7	4.6	
Children in single-parent households - Percent of children that live in household headed by single parent	38%	31-46%	20%	34%	
Social associations - Number of membership associations per 10,000 population	15.1	N/A	22.0	11.9	
Violent Crime-rate - Violent crimes per 100,000 population (age-adjusted)	521	N/A	59	452	
<i>Physical Environment</i>					68
Air pollution-particulate matter - Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	10.6	N/A	9.5	10.2	
Drinking water violations - Percentage of population exposed to water exceeding a violation limit during the past year	10%	N/A	0%	4%	
Severe housing problems - Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	16%	13-18%	9%	14%	
Driving alone to work - Percentage of the workforce that drives alone to work	76%	73-80%	71%	81%	
Long commute - Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	19%	16-22%	15%	30%	

Source: Countyhealthrankings.org

Stone County

Exhibit 15
The Skaggs Community Hospital Association DBA Cox Medical Center Branson
Stone County Health Rankings-Health Outcomes (2015)

	Stone County	Error Margin	National Benchmark	MO	Rank (of 114)
<i>Mortality</i>					32
Premature death - Percent of potential life lost before age 75 per 100,000 population (age-adjusted)	7,274	5,959-8,590	5,200	7,714	
<i>Morbidity</i>					47
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	18%	11-28%	10%	16%	
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.2	1.7-4.8	2.5	3.7	
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	N/A	N/A	2.3	3.8	
Low birth weight - Percent of live births with low birth weight (<2500 grams)	7.3%	6.2-8.5%	5.9%	8.0%	

Source: Countyhealthrankings.org

Several different health factors influence a community’s health outcomes. The County Health Rankings model includes four types of health factors: clinical care, health behaviors, the physical environment, and social and economic factors.

Exhibit 15.1 summarizes the health factors for Stone County. Areas for improvement include:

- Health Behavior/Adult Smoking
- Health Behavior/Adult Obesity
- Health Behavior/Alcohol-Impaired Driving Death
- Health Behavior/Teen Birth Rate
- Clinical Care/Uninsured Adults
- Clinical Care/Primary Care Physicians
- Clinical Care/Dentists
- Clinical Care/Mental Health Providers
- Social and Economic Factors/Unemployment
- Social and Economic Factors/Children in Poverty
- Social and Economic Factors/Violent Crime Rate

Exhibit 14.1
The Skaggs Community Hospital Association DBA Cox Medical Center Branson
Stone County Health Rankings - Health Factors (2015)

	Stone County	Error Margin	National Benchmark	MO	Rank (of 114)
<i>Health Behaviors</i>					42
Adult smoking - Percent of adults who are current smokers	25%	16-36%	14%	23%	
Adult obesity - Percent of adults that report a BMI >= 30	33%	26-39%	25%	31%	
Food environment index - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.5	N/A	8.4	7.0	
Physical inactivity - Percentage of adults aged 20 and over reporting no leisure-time physical activity	29%	23-36%	20	26%	
Access to exercise opportunities - percentage of population with adequate access to locations for physical activity	70%	N/A	92%	77%	
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	17%	9-28%	10%	17%	
Alcohol-impaired driving deaths - Percent of driving deaths with alcohol involvement	36%	N/A	14%	35%	
Sexually transmitted infections - Chlamydia rate per 100k population	101	N/A	138	462	
Teen birth rate - Per 1,000 female population, ages 15 - 19	47	42-53	20	40	
<i>Clinical Care</i>					60
Uninsured adults - Percent of population under age 65 without health insurance	21%	19-23%	11%	16%	
Primary care physicians - Ratio of population to primary care physicians	3,157:1	N/A	1,045:1	1,439:1	
Dentists - Ratio of population to dentists	7,824:1	N/A	1,377:1	1,920:1	
Mental health providers - Ratio of population to mental health providers	2,236:1	N/A	386:1	632:1	
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	51	45-58	41	65	
Diabetic monitoring - Percent of diabetic Medicare enrollees that receive HbA1c screening	87%	79-94%	90%	86%	
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	66.0%	58.5-73.5%	70.7%	62.2%	
<i>Social & Economic Factors</i>					103

High school graduation - Percent of ninth grade cohort that graduates in 4 years	90%	N/A	N/A	86%
Some college - Percent of adults aged 25-44 years with some post-secondary education	43.0%	37.1-48.9%	71.0%	63.8%
Unemployment - Percentage of population 16 and older unemployed but seeking work	8.9%	N/A	4.0%	6.5%
Children in poverty - Percent of children under age 18 in poverty	30%	22-38%	13%	22%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.0	3.4-4.6	3.7	4.6
Children in single-parent households - Percent of children that live in household headed by single parent	32%	25-39%	20%	34%
Social associations - Number of membership associations per 10,000 population	11.1	N/A	22.0	11.9
Violent Crime-rate - Violent crimes per 100,000 population (age-adjusted)	325	N/A	59	452
<i>Physical Environment</i>				71
Air pollution-particulate matter - Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	10.3	N/A	9.5	10.2
Drinking water violations - Percentage of population exposed to water exceeding a violation limit during the past year	7%	N/A	0%	4%
Severe housing problems - Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	13%	11-16%	9%	14%
Driving alone to work - Percentage of the workforce that drives alone to work	78%	76-81	71%	81%
Long commute - Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	49%	44-54	15%	30%

Source: Countyhealthrankings.org

Taney County Health Synopsis: Taney County has low rates of excessive drinking, sexually transmitted infections and preventable hospital stays in comparison to the state. Additionally, the county has a lower ratio of population to primary care physicians in comparison to the state. The county is challenged by higher than desirable rates of smoking, teen births, uninsured adults, children in poverty, violent crimes, drinking water violations, and severe housing problems in comparison to the state. Overall, morbidity factors are higher when compared to national benchmarks. Sexually transmitted infections, adult obesity, ratio of population to primary care physicians, and preventable hospital stays, while lower or comparable to the state, are still significantly higher than the national rates. The ratios of dental and mental health providers are higher than both the state and national benchmarks. Overall, health behaviors for the county ranks highest for the categories of health factors (55 out of 114 counties) with social and economic factors and physical environment (90 and 68, respectively, out of 114 counties).

Stone County Health Synopsis: Stone County has low rates of sexually transmitted infections, preventable hospital stays, and violent crimes in comparison to the state. The county is challenged by higher-than desirable rates of smoking, obesity, physical inactivity, teen births, uninsured adults, children in poverty and drinking water violations. Overall, morbidity factors are higher when compared to national benchmarks. Excessive drinking, alcohol impaired driving deaths, violent crime rate and severe housing problems, while lower or comparable to the state are still significantly higher than national benchmarks. The ratios of population to primary care physicians, dentists and mental health providers are all higher than both state and national benchmarks. Overall, health behaviors for the county ranks highest for the categories of health factors (42 out of 114) with the categories of social and economic factors and physical environment ranking the lowest (103 and 71, respectively, out of 114 counties).

Key Informant Interviews

Interviewing key informants (community stakeholders) is a technique employed to assess public perceptions of the county's health status and unmet needs that represent the broad interests of the community with knowledge of or expertise in public health. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Interviews with 14 key informants were conducted over 14 dates in May/June 2015. Informants were determined based on their a) specialized knowledge or expertise in public health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations.

A representative of Cox Medical Center Branson contacted all individuals nominated for interviews. If the respective key informant agreed to an interview, an interview time and place was scheduled. All interviews were conducted by Cox Medical Center Branson employees.

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

- Community health and wellness, including assets, strengths and concerns regarding physical, behavioral, environmental and social health
- Factors that improve or worsen health for community residents
- Barriers to improving health and quality of life for community residents
- Opinions regarding the important health issues that affect Taney and Stone County residents and the types of services that are important for addressing these issues.

Interview data was initially recorded in narrative form. Themes in the data were identified and ranked according to the frequency of responses. Additionally, representative quotes have been drawn from the data to illustrate the themes. Informants were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. Therefore, quotes included in the report may have been altered slightly to preserve confidentiality.

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

Key Informant Profiles

Key informants from the community (see the Appendices for a list of key informants) worked for the following types of organizations and agencies:

- Social service agencies
- Local city and county government
- Public health agencies
- Local school system and community college
- Faith community
- Medical providers

Key Informant Interview Results

The interview questions for each key informant were identical. The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding health and wellness of community residents
2. Population affected and behaviors that affect health
3. Barriers to improving health
4. Opinions and suggestions on how to improve health

1. General opinions regarding health and quality of life in the community

Key informants were asked to give their opinions to five questions related to health and wellness. Informants provided insight regarding:

- Community assets and strengths as related to the health of community residents
- Greatest physical health needs
- Behavioral/mental health needs
- Environmental concerns
- Social health concerns

The top three strengths of the community are: 1) community service organizations, including health, social, and faith based organizations, 2) community collaboration, 3) outdoor recreation opportunities.

“There are a lot of great grassroots organizations. It seems like there is a lot of help if people want it.”

“One of the biggest assets is some of the coalitions that are being developed by community agencies to fill in the gaps to care. Agencies are being innovative and taking a step forward.”

Additionally, a couple respondents stated the passage of the Affordable Care Act is positively changing the healthcare mindset to prevention.

“In regards to the change in the mindset of healthcare, we are starting to realize that it is not episodic healthcare anymore. Yet, we need to be much more involved in prevention and wellness. The mindset change has been a benefit.”

While there were stated strengths of the community, there were many health needs. The top three physical health needs include: 1) obesity, 2) illicit drug use/abuse, and 3) tobacco use. Other identified physical health needs include alcohol use, chronic health conditions, and pregnancy related issues, such as teen pregnancy and lack of prenatal care.

The top three behavioral health needs include: 1) depression, 2) anxiety, and 3) addiction. Other identified behavioral health needs include ADHD, domestic violence, and the inability for people to self-manage life responsibilities and take ownership for their actions.

When speaking about the social health concerns, respondents correlated social health needs to the physical and behavioral health needs of community residents. The top four social health concerns include: 1) seasonal jobs, 2) transportation, 3) affordable housing, and 4) addiction. Other concerns include lack of life skills education, child safety, domestic violence and walkability of the community. Every respondent stated the seasonality of employment opportunities in both Stone and Taney counties contribute to the cycle of poverty facing community residents.

“The lack of diversity in the economy is an issue. Without positions that are not just service jobs, there will always be a class of folks who are paid such a low wage that they are going to have a hard time getting to a point where they can take care of themselves.”

Subsequently, the poverty contributes to transportation, housing and addiction issues. Each key informant stated transportation as one of the biggest social health concerns. Transportation issues include lacking a vehicle, lacking funds to fuel a vehicle, and/or insufficient public transportation.

“You will find transportation issues through Stone and Taney County. There is no easy way to get anywhere. We have a public transportation system, but it is not sufficient.”

“The distance to work is a challenge. It is not always easy to get to employment. We see a lot of working poor that spend a large part of the monthly budget on travel. It is staggering. After looking at what they spend and earn, you quickly understand why some people make the decision not to work, because it is almost not worth it.”

Most respondents also stated the lack of affordable and clean housing is a concern.

“I will frequently hear a client tell me their trailer is filled with mold and the floors are falling out. One client recently told me of a trailer park known as ‘drug court’ because you can pretty much get any kind of drug there.”

Most respondents did not have environmental concerns. Few stated concerns regarding water quality and water delivery in select towns.

2. Population affected and behaviors that affect health

In order to get an understanding of the populations affected, a follow-up question was asked after each of the health questions in the previous section, “Who do these health needs or concerns affect the most?” Overall, people with low socioeconomic status were identified as those who have the greatest health, behavioral and social health need. Yet, many respondents stated that everyone is affected by major health issues.

“I think these needs affect everyone. These people live in our community. If they are not healthy, it spreads in our community.”

Also, two risk factor questions were asked:

- What behaviors promote health and wellness in your community and who engages in these positive behaviors?
- What behaviors cause sickness and death in your community and who engages in these risk factors?

The top three health behaviors include: 1) nutrition, 2) exercise, and 3) spending time engaging in outdoor activities. Overwhelmingly, respondents stated that motivated people and people that can afford participating in healthy lifestyle choices engage in these positive behaviors.

Conversely, respondents stated that the lower educated, poor, and low socioeconomic status were more likely to participate in negative risk factors. The top three risk factors, as identified by the key informants, include: 1) obesity, 2), smoking and 3) drug use. Other risk factors include alcohol use and lack of motivation. One respondent explained,

“I see a lack of folks that have goals and the initiative to pull themselves up and out of the situation. They are always looking to external services to help them get what they want instead of them seeing that they have the power within themselves to do that.”

3. Barriers to improving health

In order to learn about perceptions of the barriers to improving health, access to care questions were asked. Questions included:

- Are you satisfied with the current capacity of the healthcare system in your community?
- What are barriers to accessing primary health care?
- What are barriers to accessing mental and behavioral health care?

Of the fourteen key informants, nine stated that they are not satisfied with the current capacity of the healthcare system and the other five stated they are “somewhat” satisfied. The four top barriers for accessing primary care includes: 1) transportation, 2) availability, 3) health literacy, and 4) cost. Other barriers include cultural barriers, lack of awareness of available resources, lack of ownership, and distrust of the healthcare system.

Most respondents stated that the barriers for behavioral health are the same as primary care. However, overwhelmingly, respondents noted the lack of providers in the community. All respondents said either that there are not mental health providers in their area or they are difficult to access because of wait time to get an appointment or cost.

In some of the smaller, outlying towns, respondents stated, *“We don’t have anything locally for people to access. There is no provider here.”*

Aside from the barriers to accessing health care, many respondents also spoke to systemic barriers that prevent people from making positive changes.

“I think most of the health problems are related to this pervasive sense among so many working poor in Branson that there is no possible way to move forward.”

“There is a pocket of people who are cultural state assistance. Their family grew up like this and they don’t know any better.”

“We have a broken economic model in which there are so many people trapped in jobs that provide no possibility of advancement. We have created an economy that’s designed to keep people in poverty indefinitely.”

4. Opinions and suggestions on how to improve health

Key informants provided many suggestions to improve health for community residents. The three main suggestions include: 1) Education, 2) public transportation solution, and 3) engage civic leaders to improve the job market.

Suggested education efforts include:

- Life skills training for youth
- Teaching people to take responsibility for their health
- Marketing campaign to promote healthy living

Additionally, many respondents stated the need to develop the economy and provide better jobs for residents by engaging civic leadership to target the systemic health issues. One suggestion included developing a coalition of service industries to improve employee healthcare needs.

“In the end, [service industries] have to realize that absenteeism, illness, and lack of productivity impacts them. I think there needs to be some onus upon those industries as well to say ‘We have a civic perspective, are a Good Samaritan, and a community member and we have a responsibility.’”

Other suggestions for improvement include:

- Additional low-cost health clinics or providers in outlying rural communities, either embedded in clinics or schools.
- Addition of community youth centers to prevent drug use and misbehavior in youth
- Conducting a deep assessment to identify root issues and engage community to be part of improving health
- Additional resources fairs and screenings in remote areas

As stated early, one of the strengths of the community are the health and social services provided through the hospital, health department, non-profits, and churches. However, many respondents stated that these organizations tend to operate in silos. It was suggested that more efficient collaboration is needed to make lasting change. Additionally, it was suggested to use schools to bring communities together, since schools are generally the most common ground for rural towns.

“I’m a firm believer that we can improve healthcare access, availability to transportation, and ability to pay for health insurance, if we can create year-round employment opportunities.”

“Collaboration. We all have to work together for a common goal. We cannot function individually in a silo. We have to work together.”

“If you look at some of the planned communities, there are trails everywhere. You can walk to grocery stores, the bank. It advocates and emphasizes getting out and doing these things without a vehicle.”

Key Findings

A summary of themes and key findings provided by the key informants follows:

- Smoking, obesity and addiction to alcohol and/or drugs are major health issues in Stone and Taney Counties.
- These issues are overwhelmingly found in those with a low socioeconomic status.
- Those in poverty and/or those in rural areas have multiple barriers to accessing healthcare due to lack of transportation, lack of providers, and lack of health insurance.
- There is a significant need to improve employment opportunities to include year-round employment and improved wages.
- There is also a significant need to improve public transportation across both Stone and Taney Counties.

- There should be increased focus on community collaboration to improve health education, decrease inefficiencies, and influence hard-to-reach populations.

Prioritization of Identified Health Needs

The 2013 Community Health Needs Assessment utilized a ranking algorithm to identify eight health priorities. The algorithm considered 1) the ability of the Hospital to impact change 2) the size of the problem, 3) the seriousness of the problem and 4) the prevalence of common themes. The focus areas identified included **affordable care, uninsured residents, diseases of the heart, access to specialists, shortage of physicians, access to recreational facilities, adult smoking and transportation**. The priority focus areas were included in the 2012-2015 Implementation Plan to create specific objectives and subsequent strategies for addressing these needs in the community.

In prioritizing health needs for the 2016 Community Health Needs Assessment, the Hospital wanted to expand upon the focus areas that continue to pose a problem and would have the greatest impact on improving overall community health. Changes in the previously documented health priorities were assessed to identify improvements in statistics for key health indicators. This data revealed the following for each priority area:

- *Affordable care/uninsured residents* – There has been essentially no improvements in the percentage of adults who are insured. Stone County experienced a decrease in the percentage of adults who are insured (81% to 79%), while Taney County experienced no change (78%).

Diseases of the heart – A positive improvement experienced with a decrease in death rates due to heart disease in Taney (237.9 to 224.3) and Stone (216.9 to 198.1) counties, but still occurring at a higher rate than the national benchmark. For adult obesity percentage, Taney County experienced a decrease (32% to 31%), while Stone County experienced an increase (30% to 33%).

- *Access to specialists/shortage of physicians* – Both Taney (1,433:1 to 1,127:1) and Stone (3,499:1 to 3,157:1) counties experienced a positive improvement in the ratio of population to primary care physicians in the community.
- *Access to recreational facilities* – In 2012, both Taney (12) and Stone (6) counties had low rates of recreational facilities per 100,000 population compared to the national benchmark (16). However, there is no data collected on this health indicator for the current year.

- *Adult smoking* – Both Taney (26% to 31%) and Stone (22% to 25%) counties experienced an increase in the percentage of adults smoking.
- *Transportation* – This is an anecdotal measure based on continued CMCB community efforts. There is no statistical data to measure this health indicator.

It is important to note that although some of these health priorities experienced an improvement, they are still performing poorer compared to state and national benchmarks. We utilized these statistics and the results of the community key informant interviews to determine that CMCB community resources would be best utilized on a few key health priorities that continue to be an issue and have the potential for greatest impact on community health. These selected four health priorities include:

- ***Affordable care/uninsured residents*** – Currently, the capacity of the community to reduce the uninsured rate is high. As a result of current funding opportunities that support outreach and enrollment into the Health Insurance Marketplace, there has been great progress towards increasing access to affordable care and decreasing the number of uninsured residents in the community.
- ***Access to specialists/shortage of physicians*** – The key informant interview suggestions for improvement included increasing capacity of current clinics to take in more patients and add health providers in needed areas.
- ***Adult smoking*** – Great strides have been made to address this priority area through policy change, community education, and cessation efforts. However, this priority area continues to be a great need in the community and further focus will likely impact a positive change.
- ***Transportation*** – The key informant interview results placed this priority as the one of the most important adversities facing this community. Continued efforts and interventions are needed to solve this issue and ensure community residents are able to safely and affordably travel to work, doctor’s offices for appointments, and access other support services.

APPENDICES

Acknowledgements

Project Steering Committee

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

Mitchell Cox, Director of Corporate Projects and Planning

Chris Breite, Health Care Planner

Katie Towns-Jeter, System Director of Corporate and Community Health

Danielle Dingman, Community Wellness Coordinator

Heather Zoromski, Grants Administrator, Skaggs Foundation

Key Informants

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

Jonathan McGuire, Pastor, Bridge of Faith Community Church

Tammy Mast, Community Relations Director, Children's Smile Center

Larry Leek, CEO, Christian Associates

Bill Bell, City Administrator, City of Reeds Spring

Dr. Brian Clonts, Chief Medical Officer, Cox Medical Center Branson

Carol Meyers, Nurse Care Manager, Cox Medical Center Branson

Tammy Ledbetter, Emergency Department Social Worker, Cox Medical Center Branson

Darla Howe, Clinical Director, Faith Community Health Clinic

Kathryn Gubin, Care Coordinator, Jordan Valley Community Health Center

Dr. Robert Griffith, Dean of Academic and Student Affairs, Ozark Technical Community College Table Rock Campus

Donna Hardesty, Executive Director, Pregnancy Lifeline

Sherry Long, Administrator, Pregnancy Lifeline

Robert Niezgoda, Director, Taney County Health Department

Tim Taylor, Superintendent, Taneyville Schools

Adrian Luzias, Dental Hygienist, Tri-Lakes Community Health Center

Whitney Keith, Communications Director, Tri-Lakes Community Health Center

KEY INFORMANT INTERVIEW PROTOCOL

Key Informant Interview

Interviewer's Initials: _____ *Date:* _____ *Start Time:* _____ *End Time:* _____

Name: _____ *Title:* _____

Agency/Organization: _____

Number of years living in Stone/Taney County: _____ *Number of years in current position:* _____

Email Address: _____

[Introduction]: Thank you for participating in this interview today! I appreciate your time. The interview should take between 40 – 50 minutes once we start. Cox Medical Center Branson is gathering local data as part of developing a plan to improve health and quality of life in Stone and Taney counties. Community input is essential to this process. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential. You may refuse to answer any question or topic during the interview. Do you have any questions? Let's get started.

Organizational Questions:

- What is the “official” name of your agency or organization?
- What is your position and role in the agency or organization?
- What is your organization’s primary mission?
- What services does your agency provide for area residents?
- What is the demographic composition of individuals that are most likely to use your services?
- What are some barriers to accessing these services?

Community Health and Wellness Questions:

- What are some of your community’s assets and strengths as related to the health of community residents?

Probe: primary and preventive health care; mental/behavioral health; social environment; other assets

- What do you think are the greatest physical health needs or concerns of your community?
 - **Probe:** heart disease; cancer; smoking related illness
 - **Follow up:** Who do these health needs or concerns affect the most?
 - **Follow up:** Are there organizations already addressing these needs? If so, which ones?

- What do you think are the behavioral/mental health needs or concerns of your community?
 - **Probe:** suicide; depression; anxiety; ADHD
 - **Follow up:** Who do these health needs or concerns affect the most?
 - **Follow up:** Are there organizations already addressing these needs? If so, which ones?

- What do you think are the environmental concerns facing your community?
 - **Probe:** air quality; water quality; workplace related dangers; chemical exposures
 - **Follow up:** Who do these health needs or concerns affect the most?
 - **Follow up:** Are there organizations already addressing these needs? If so, which ones?

- What do you think are the social health concerns facing your community?
 - **Probe:** housing; neighborhood safety; violence; transportation; employment
 - **Follow up:** Who do these health needs or concerns affect the most?
 - **Follow up:** Are there organizations, assets or infrastructure already addressing these needs? If so, which ones?

Risk Factor Questions:

- What are behaviors that promote health and wellness in your community?
 - **Probe:** exercise; healthy nutrition
 - **Follow up:** Who engages in these positive behaviors and who is impacted?

- What are behaviors that cause sickness and death in your community?
 - **Probe:** smoking; drinking; drug use; poor diet; lack of physical activity; lack of screening
 - **Follow up:** Who engages in these risk factors and who is impacted?

Access to Care Questions:

- Are you satisfied with the current capacity of the health care system in your community?
 - **Probe:** consider cost, cost, access, availability, quality, options in health care
 - **Follow up:** Why or why not?

- What are some barriers to accessing primary health care in your community?

- What are some barriers to accessing mental and behavioral care in your community?

- Who are impacted by these barriers?

Other Questions:

- What needs to be done to address the barriers to improving health in your community?
- Do you have any advice or input for the team of people who put together an implementation plan to target these health needs of the community?
- These are all the questions I have for you today. Is there anything else you would like to add?

[End interview]

Thank you for your time today! If you have any questions about the interviews we are conducting, you can contact Danielle Dingman at CoxHealth at 417-269-2861 or Danielle.dingman@coxhealth.com.

HEALTH CARE RESOURCES

Health Care Resources

Acute Care Hospitals

Cox Medical Center Branson	525 Branson Landing Blvd, Branson, MO 65616	(417) 335-7000
Mercy Hospital-Springfield	1235 East Cherokee Street, Springfield, MO 65804	(417) 820-2000

Regional Clinics and Health Centers

Branson Walk-In Clinic	1440 State Hwy 248, Ste J, Branson, MO 65616	(417) 239-0706
VA Branson Clinic	5571 North Gretna Rd, Branson, MO 65616	(417) 243-2300
CoxHealth Center Branson	890 State Hwy 248, Branson, MO 65616	(417) 335-2299
CoxHealth Rheumatology	525 Branson Landing Blvd, Ste 301, Branson, MO 65616	(417) 348-8253
CoxHealth Urgent Care	525 Branson Landing Blvd, Outpatient Center, Branson, MO 65616	(417) 348-8646
Cox Cancer Center Branson	525 Branson Landing Blvd, Branson, MO 65616	(417) 348-8032
Cox Heart Center Branson	1150 State Hwy 248, Ste 200, Branson, MO 65616	(417) 336-4112
Cox Hyperbaric Medicine and Wound Care	101 Skaggs Rd, Ste 103, Branson, MO 65616	(417) 335-7792
CoxHealth Center Branson West	18452 Missouri Business 13, Branson West, MO 65737	(417) 272-8911
CoxHealth Family Medicine & Obstetrics	525 Branson Landing Blvd, Ste 508, Branson, MO 65616	(417) 335-7540
CoxHealth Family Medicine	545 Branson Landing Blvd, Branson MO 65616	(417) 335-7022
Ferrell-Duncan Clinic Branson	525 Branson Landing Blvd, Branson, MO 65616	(417) 348-8032
CoxHealth General Surgery	525 Branson Landing Blvd, Ste 312, Branson, MO 65616	(417) 348-8080
CoxHealth Hospitalists (Branson)	525 Branson Landing Blvd, Branson, MO 65616	(417) 335-7128
CoxHealth Internal Medicine & Infectious Disease	525 Branson Landing Blvd, Ste 407, Branson, MO 65616	(417) 335-7020
CoxHealth Occupational Medicine (Branson)	121 Cahill Rd, Ste 201, Branson, MO 65616	(417) 335-7555
CoxHealth Orthopedics	121 Cahill Rd, Ste 206, Branson, MO 65616	(417) 348-8100
CoxHealth Pain & Neurology	121 Cahill Rd, Ste 200, Branson, MO 65616	(417) 335-7222
CoxHealth Pulmonology & Sleep Medicine	525 Branson Landing Blvd, Ste 306, Branson, MO 65616	(417) 335-7559
CoxHealth Center Forsyth	13852 W US Hwy 160, Forsyth, MO 65653	(417) 546-3500



CoxHealth Center Kimberling City	2 Kimberling City Blvd, Kimberling City, MO 65686	(417) 749-2944
Mercy Urgent Care	1065 State Hwy 248, Ste 200, Branson, MO 65616	(417) 334-1761
Mercy Family Medicine (Branson) West	18598 Business 13, Branson West, MO 65737	(417) 272-8497
Mercy Family Medicine (Branson)	1065 State Hwy. 248, Branson, MO 65616	(417) 337-9808
Mercy Family Medicine (Hollister)	290 Clift Court, Hollister, MO 65616	(417) 336-4355
Mercy Ear, Nose and Throat	91 State Hwy. 248, Ste A, Branson, MO 65616	(800) 658-0454
Mercy Physical Therapy	670 N. Business 65, Ste 2, Branson, MO 65616	(417) 332-2990
Mercy Cancer & Hematology	1065 State Highway 248, Branson, MO 65616	(417) 334-7647
FQHC/Low Cost Health Clinics		
Tri-Lakes Community Health Center*	11863 State Hwy 13, Kimberling City, MO 65686	(417) 739-1995
Jordan Valley Community Health Center* (Hollister)	33 Gage Drive, Hollister, MO 65672	(417) 334-8300
Jordan Valley Community Health Center* (Forsyth)	15479 US Highway 160, Forsyth, MO 65653	(417) 546-1272
Faith Community Health Center	610 Sixth Street, Branson, MO 65616	(417) 336-9355
Free Medical Clinic of the Ozarks	590 Birch Rd, Hollister, MO 65672	(417) 334-9940
Access Family Care-Cassville	4016 Main Street, Cassville, MO 65625	(417) 847-0057
* indicates FQHC (Federally Qualified Health Center)		
Health Departments		
Taney County Health Department (Branson)	320 Rinehart Road, Branson, MO 65616	(417) 334-4544
Taney County Health Department (Forsyth)	15479 State Highway 160, Forsyth, MO 65653	(417) 546-4725
Stone County Health Department (Galena)	109 E 4th Street, Galena, MO 65666	(417) 357-6134
Stone County Health Department (Branson West)	16914 State Hwy 13, Branson West, MO 65737	(417) 272-0050

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