

# Perry County Memorial Hospital

## COMMUNITY HEALTH NEEDS ASSESSMENT

August 2019



**Perry County Memorial Hospital**

People Care More Here

## About Us

Perry County Memorial Hospital (PCMH), founded in 1951, is both progressive and innovative. Through this philosophy, we provide advanced medical technology as well as a qualified medical staff to care for you close to home. The little things are also very important to us at PCMH and are a crucial part of our mission statement and goals. We live by our motto, "People Care More Here" and we're always here for you, willing to answer any questions you have.

## Our Mission

To be the first choice of quality health care for our community.

## Our Vision

- To remain an organization committed to moral values, integrity, and character.
- To create a customer-sensitive organization.
- To provide easy access to our integrated delivery system.
- To be the community leader in individual and corporate health and wellness.
- To maintain financial viability while responding to the evolving needs of our customers.

# TABLE OF CONTENTS

INTRODUCTION & OVERVIEW ..... 4

PROFILE OF COMMUNITY SERVED ..... 5

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS..... . 7

IDENTIFIED COMMUNITY HEALTH NEEDS.....8

APPENDICES.....23

    Appendix A.....23

    Appendix B.....28

SOURCES ..... 34

# INTRODUCTION & OVERVIEW

PCMH was organized in 1951 under the Missouri 205, County Hospital Statutes. Its primary service area is Perry County, Missouri. PCMH is owned by Perry County, Missouri and has been tax exempt since its inception. PCMH receives an annual tax levy of one mill-cent collected by the county. In 2000, with the cooperation of the county commission, county attorney, and overall county community, the PCMH Board of Trustees sought the formation of Perry County Health System, a Missouri 501c3 Corporation for the purposes of operating PCMH. It was determined that such a corporate structure would offer advantages to PCMH that would result in better financial stability, improved sustainability, and ultimately lead to the expansion of healthcare services to the community.

## Hospital Governance Structure

The Perry County Memorial Hospital Board of Trustees, as organized under the Missouri 205 Statutes, continues as organized in 1951 as the principle authority for the purpose of maintaining a County owned hospital and healthcare system. The “205 Board” administers a lease to the 501c3 Health System Board of Directors (the “System Board”) for the operation of the Hospital and all related healthcare services. Although duties between the boards differ in detail, the mission and vision of the both boards are bound into a single and identical form. The System Board carries out the duties of operating a hospital and health system, meeting the requirements set forth in the 205 statutes, through an operational lease. The Perry County Memorial Hospital Medical Staff structure continued unchanged through the formation of the Health System and conducts duties independently and in cooperation with the Health System.

## Report Methodology

Healthcare is a critical issue in Missouri. Many communities are seeking to improve their local economy by adding health initiatives to better improve overall health and wellbeing. Information for the PCMH Community Health Needs Assessment (CHNA) Demographic Assessment is derived from the most current data sources, including quantitative and qualitative information. Many data trends are compared to a Missouri average to provide a comparative view of the County’s position. This assessment is focused on the geographical region of Perry County, Missouri. The county is comprised of seven cities and five zip codes, servicing a population of nearly 20,000 as show in the map on page 5. This Community Health Needs Assessment has two objectives.

- The first objective of this assessment is to provide a better understanding of healthcare needs in Perry County. This is achieved through a process of extensive information-gathering both from secondary data sources such as; census.gov, ESRI, Department of Health and Social Services, and from knowledgeable professionals who have direct experience in all facets of health related care.
- The second objective is to develop an actionable solution and strategy based on the findings from the first objective. These solutions and strategies will help guide the County’s efforts toward fostering long-term health outcome initiatives.

Periodically, with the goal of occurring annually, a basic appraisal of the three priority areas are discussed by PCMH leadership with revisions to strategy made as needed and as resources are available. This work is documented in the updating of the strategic planning process and reviewed by the board.

Every three years, a more indebt appraisal of the progress made in these three priority areas are completed with a review of the most current public health data revisited. The process of completing a CHNA will repeat every three years and consideration as to continuing the current priority areas with renewed strategies will be evaluated versus dropping a priority area and adopting of a new Community Health need.

## PROFILE OF COMMUNITY SERVED BY THE HOSPITAL

Given the primary service area of Perry County Memorial Hospital is Perry County, Missouri, the Demographic Assessment of the service area is identical to that of the Perry County Health Department. Perry County is comprised of seven cities and five zip codes, servicing a population of nearly 20,000.



### Economy Overview

According to EMSI Q1 2019 data set, as of 2018 Perry County's population increased by 1.2% since 2013, growing by 230. Population is expected to increase by 1.1% between 2018 and 2023, adding 217 residents. Jobs reportedly increased by 1.5% in Perry County, from 10,648 to 10,805. This change fell short of the national growth rate of 7.8% by 6.3%. As the number of jobs increased, the labor force participated rate decreased from 66.0% to 64.6% between 2013 and 2018. The top three industries in 2018 are education and hospitals (Local Government), aerospace product and parts manufacturing, and Grain and Oilseed Milling.

Table 1 – 2017 Perry County Age Demographics				
Source: census.missouri.edu/population-trends/report				
Age	Perry County Total	Perry County % Share	Missouri Total	Missouri % Share
0-17	4,513	23.47%	1,382,971	22.62%
18-24	1,528	7.95%	570,952	9.34%
25-44	4,547	23.65%	1,556,437	25.46%
45-64	5,257	27.34%	1,596,139	26.11%
Ages 65 and older	3,380	17.58%	1,007,033	16.47%

Table 1 provides the age distribution of the population in 2017. Perry County has a higher share of 45-66 and older than the percent share of the state of Missouri. As reflected in Table 2, the majority of the county according to Census data is white.

Table 2 - 2018 Perry County Missouri Racial Profile	
Source: census.gov	
White	97%
Black or African American	0.6%
American Indian and Alaska Native	0.5%
Asian	1.1%
Hispanic or Latino	2.4%

Income is often a measure of well-being in a community. Perry County has higher incomes than the Missouri average.

Table 3 - 2017 Income & Poverty		
Source: census.gov		
	Perry County	Missouri
Median Household Income	\$54,935	\$51,542
Persons Living in Poverty	9.7%	13.4%

Perry County falls short with individuals that have attained a higher education (some college, associate degree, bachelor degree, or more) in comparison to the rest of the state. 10.1% of Perry County residents possess a Bachelor's Degree which is 8.5% below the national average, and 5.6% hold an Associate's Degree which is 2.4% below the national average.



	% of Population	Population
Less Than 9th Grade	7.1%	944
9th Grade to 12th Grade	7.5%	993
High School Diploma	46.6%	6,178
Some College	17.7%	2,342
Associate's Degree	5.6%	739
Bachelor's Degree	10.1%	1,338
Graduate Degree and Higher	5.4%	722

Source: EMSI

## COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

The procedure taken by the Perry County Health System in completing a meaningful community health needs assessment are as follows. First, in 2016, PCMH was a participant in a Community Wide Survey along with other significant community agencies (County Health Department, City Police, County Sheriff, Schools, TASK Force, Mental Health Board, and others) to obtain data on individual perceptions of community and health needs. The data was managed electronically allowing one the opportunity to segregate data efficiently to understand specific subgroup perceptions. Following the community wide survey, PCMH Leadership analyzed the data to narrow the perceived needs to the top five. Leadership added to those top community needs other findings from previous surveys that had been focus points in the PCMH 2013-2016 CHNA cycle. A second, healthcare specific survey was then developed and circulated to over 250 hospital staff, volunteers, physicians, and department directors. From this survey, the top three needs became PCMH's focused health need priorities and have been incorporated into PCMH's CHNA and Implementation Strategy for the 2016-2019 cycle. The PCMH's CHNA and Implementation Strategy for the 2016-2019 cycle was presented to the PCMH Board of directors in August of 2016 and formally adopted.

In March of 2019, the same health needs were presented to the Perry County community for ranking. A summary of the 2016 Perry County Community Wide Survey can be found in Appendix B. Within the Conducting The Needs Assessment portion of this report you can find the 2019 Health and Wellbeing Survey results completed by PCMH staff, community leaders, medical staff, and the entire Perry County Community. After reviewing progress and strategy with the 2016 identified health needs and comparing it to the top identified 2019 results, the focus of the 2019-2022 have been combined to the following focuses:

1. Dementia and Alzheimer's Disease
2. Substance Abuse and Mental Healthcare Needs
3. Cancer Care

Leadership considered the three needs and provided further quantitative evaluation. The most specific healthcare outcome and public health measures available to quantify the need and current standing of these priority areas are found in the Secondary Data Health Status of Population section of this report. The actions to

be taken to develop each priority area given adequate resources are available are outlined below. For implementation purposes, these steps will be inserted into the relevant strategic planning section and reported to the board at least annually.

## SIGNIFICANT IDENTIFIED COMMUNITY HEALTH NEEDS

### 1) 2019 Identified Health Concern As Perceived By Community

Dementia and Alzheimer's disease; promoting awareness, education and support.

#### a.) Implementation Strategy

- i) Increase evidence-based cognitive screenings for at risk populations utilizing screening tools to be used in primary care office and home settings (for the home-bound) designed to identify at risk individuals. Those individuals will then be tested further and services be catered to their needs.
- ii) Provide ongoing community screenings in targeted populations to identify, educate, and screen population.
- iii) Provide provider education on Alzheimer's and Dementia.
- iv) Increase caregiver education, support, and evidence-based strategies for management when appropriate.

### 2.) 2019 Identified Health Concern As Perceived By Community

Substance abuse and mental healthcare needs; promoting outreach and access.

#### b.) Implementation Strategy

- v) Increase awareness of Mental Health issues: Create a method of outreach to inform the public of Mental Health issues; assign a community liaison to be responsible for providing information to the public; design a method of receiving feedback from the community in order to meet the needs of its members. Engage various services in the area to assist in this endeavor in order to reach as many members of the community as possible.
- vi) Increase access to Mental Health services: Increase coordination of physical, mental, and substance abuse treatment to facilitate consistency and continuity in treatment. Target the age group, middle-aged men and women who do not receive mental health services, and encourage them to access services from various agencies; consider various options for members of the community looking for basic services such as stress reduction or support groups. Also increase events and training for the community.

### 3.) 2019 Identified Health Concern As Perceived By Community

Cancer Care; build awareness, provide education and offer clinical support.

#### c.) Implementation Strategy

- vii) Build awareness of cancer risks, provide education related to prevention strategies, and offer clinical support for patients in need of oncology services.
- viii) Promote cancer prevention tips/strategies to the residents of Perry County.
- ix) Maintain medical oncology provider access locally.
- x) Build awareness of local cancer treatment options.



# Conducting the Needs Assessment

## Primary Data

### Community Health & Wellbeing Survey Results

To determine the community's perception in identifying Perry County health needs, online surveys were distributed for two weeks during the week of March 20 – April 4, 2019 along with paper copies distributed for those who do not have online access. A total of 192 responses were received.

2019 Community Health & Wellbeing Survey Results		
Total Number of Responses	Zip Code	Response Rate
149	63775 (Perryville, MO)	77.6%
2	62233 (Chester, IL)	1.0%
1	63028 (Festus, MO)	1.0%
1	63670 (Sainte Genevieve, MO)	1.0%
3	63673 (Sainte Mary, MO)	1.5%
6	63701 (Cape Girardeau, MO)	3.1%
7	63732 (New Wells, MO)	3.6%
12	6374 (Frohna, MO)	6.2%
5	63755 (Jackson, MO)	2.6%
4	63764 (Marble Hill, MO)	2.0%
2	63769 (Oak Ridge, MO)	1.0%

“Rank the top 4 areas below by community need with 1 being most important, and 4 being fourth most important. You will only be able to select four total needs, please rank accordingly.”

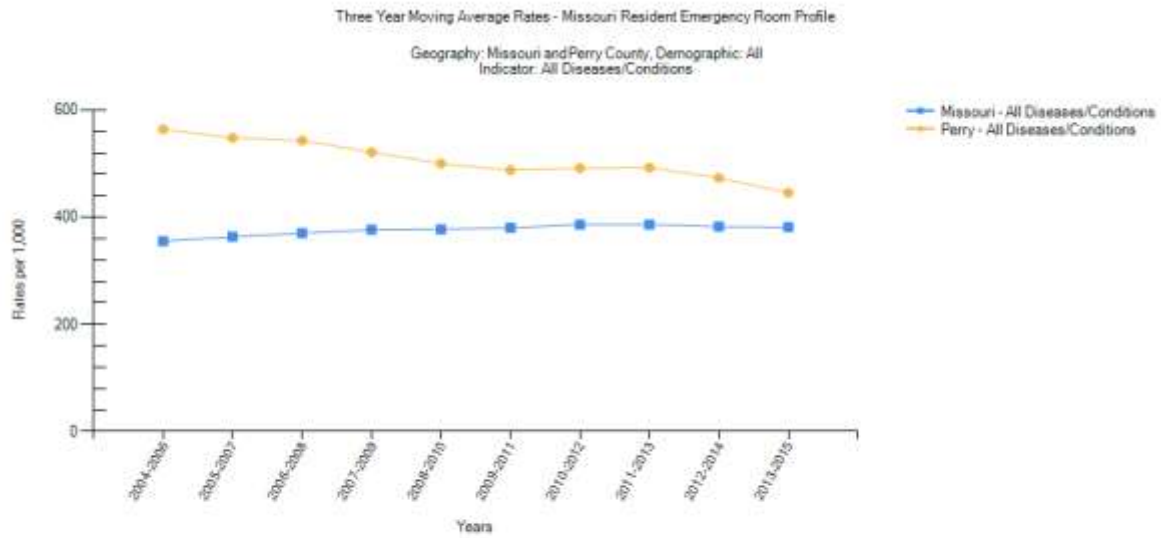
	1		2		3		4		Overall
	Percent of Total	Total	Percent of Total	Total	Percent of Total	Total	Percent of Total	Total	Total
<b>ADHD (Attention Deficit Hyperactivity Disorder)</b>	25.81%	8	12.90%	4	41.94%	13	19.35%	6	31
<b>Adult Primary Care Services</b>	41.46%	17	19.51%	8	12.20%	5	26.83%	11	41
<b>Alzheimer's/Dementia</b>	18.97%	11	39.66%	23	17.24%	10	24.14%	14	58
<b>Cancer</b>	30.00%	24	28.75%	23	21.25%	17	20.00%	16	80
<b>Counseling/Mental Healthcare Needs</b>	38.71%	48	24.19%	30	23.39%	29	13.71%	17	124
<b>Diabetes</b>	14.89%	7	19.15%	9	29.79%	14	36.17%	17	47
<b>Drug/Alcohol Abuse</b>	35.59%	42	26.27%	31	25.42%	30	12.71%	15	118
<b>Infertility</b>	20.00%	3	26.67%	4	26.67%	4	26.67%	4	15
<b>Nutrition</b>	33.33%	12	25.00%	9	16.67%	6	25.00%	9	36
<b>Obesity</b>	21.92%	16	21.92%	16	28.77%	21	27.40%	20	73
<b>Patient Non-Compliance</b>	6.52%	3	21.74%	10	26.09%	12	45.65%	21	46
<b>Teen Pregnancy</b>	0.00%	0	35.29%	6	17.65%	3	47.06%	8	17
<b>Tobacco Use</b>	9.68%	3	25.81%	8	25.81%	8	38.71%	12	31
<b>Weekend Convenient Care</b>	29.41%	15	11.76%	6	19.61%	10	39.22%	20	51

**“If you feel additional health need topics are of concern in Perry County, specify here.”**

Homeless health issues are not affordable...women’s wellness
Also pediatric primary care services
Services for the Handicapped
Wellness groups with accountability
Address the Drug Crisis
Preventative!!! Whole foods education, food sources, importance of fruits and vegetables!
young children need to be council in live happenings
Weekend care
More ambulances. Many have to wait to be taken to other hospitals
Cost efficiency
Better ER doctors
Allergy care or clinic
Pain meds abuse
Autism services for children in the area. Occupational and speech therapy, specifically. Many parents drive over an hour for this several times a week.
The health department does not give shots every day and are not friendly or helpful.
Mostly mental health
Drug/alcohol abuse
HUGE need for nutrition counseling in this area to prevent the insane numbers of preventable diseases & cancers.
I feel more support groups in the area would be helpful
Obesity
I think you are doing a wonderful job.
There is a lot of mental health issues and drug and alcohol abuse problems.
Allowing Illinois Medicaid. We live close to Illinois, and Chester's options are very limited.
medical marijuana
Learning/Developmental Disorders impact on long term health, socioeconomic risk behaviors
more resources for no insurance
I feel there is a need for education in the community. Most patients that are seen in the areas of the facility in which I work need education. This ranges from dietary education to blood pressure and heart rate parameters. Community involvement is a key component to success. Offering free blood pressure screenings and education within the community residing off campus at, for instance, the park center is just an example. Patient education leads to better compliance and patient outcomes.
Weekend Convenient Care/Pharmacy and Cancer are the other 2 priorities.
Pediatric Primary Care, Annual Screening information
Education on all topics

## Secondary Data

### Health Status of Population



Rates are considered unreliable when based on less than 20 events. Please check corresponding event counts before interpreting the rates shown here.  
\* Fewer than 20 events in numerator: rate is unreliable.  
Trends are available only if each 3-year period of the moving average has an average of 20 or more events.

Source: DHSS-MOPHIMS Community Data Profiles - Emergency Room  
Generated On: 03/07/2019 03:22:14 PM

**Table 4 - ER VISITS All Conditions**

Source: dhss.mo.gov

Year	Number of Visits Perry County	Perry County Rate	Missouri Rate
2004-2006	31,228	564.31	355.21
2005-2007	30,629	548.24	363.41
2006-2008	30,550	543.38	370.32
2007-2009	29,293	521.39	376.66
2008-2010	27,973	500.24	377.37
2009-2011	27,158	487.89	380.20
2010-2012	27,423	491.91	386.14
2011-2013	27,456	492.82	386.52
2012-2014	26,375	473.39	382.47
2013-2015	25,021	445.85	381.53

## Maternal and Child Health Indicators

### Perry County Students Enrolled in Free/Reduced Price Lunch

Source: datacenter.kidscount.org

Location	Data Type	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Missouri	Number	364,980	366,243	377,292	407,133	414,354	427,246	431,759	433,804	446,727	446,780
	Percent	41.7%	42.0%	43.6%	46.8%	47.7%	49.4%	49.8%	50.0%	51.5%	51.5%
Perry	Number	943	1,022	1,101	1,163	1,159	1,177	1,198	1,221	1,196	1,205
	Percent	41.5%	44.4%	46.6%	49.9%	50.6%	51.0%	52.2%	52.0%	51.8%	52.7%

DATA PROVIDED BY  
Family and Community Trust

### Perry County Low Birth Weight Infants

Source: datacenter.kidscount.org

Location	Data Type	2003 - 2007	2004 - 2008	2005 - 2009	2006 - 2010	2007 - 2011	2008 - 2012	2009 - 2013	2010 - 2014	2011 - 2015	2012 - 2016
Missouri	Number	32,037	32,428	32,390	32,311	31,747	31,123	30,584	30,345	30,326	30,810
	Percent	8.1%	8.1%	8.1%	8.1%	8.1%	8.0%	8.0%	8.0%	8.0%	8.2%
Perry	Number	98	95	85	98	87	88	84	81	78	79
	Percent	7.7%	7.5%	7.0%	7.8%	7.4%	7.7%	7.5%	7.3%	7.2%	7.2%

DATA PROVIDED BY  
Family and Community Trust

### Perry County Births to Teens, Ages 15-19

Source: datacenter.kidscount.org

Location	Data Type	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Missouri	Number	9,232	9,154	8,496	7,625	6,937	6,314	5,812	5,230	4,835	4,501
	Rate	44.0	43.5	40.6	37.0	34.5	32.2	30.0	27.2	25.0	23.3
Perry	Number	25	29	29	24	16	17	22	20	22	11
	Rate	39.4	46.1	45.5	37.6	24.5	27.2	35.1	32.7	37.0	18.9

DATA PROVIDED BY  
Family and Community Trust

## Perry County Children Eligible For Mo Healthnet

Source: datacenter.kidscount.org

Location	Data Type	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Missouri	Number	471,913	472,387	476,386	500,546	525,594	529,029	524,953	514,569	502,158	584,285
	Percent	33.0%	33.0%	33.3%	35.1%	36.9%	37.4%	37.4%	36.8%	36.0%	42.0%
Perry	Number	1,263	1,215	1,309	1,494	1,554	1,532	1,422	1,362	1,361	1,629
	Percent	27.0%	25.2%	27.2%	31.0%	32.7%	32.4%	30.4%	29.2%	29.5%	35.4%

DATA PROVIDED BY  
Family and Community Trust

## Perry County Children in Families Receiving SNAP (food stamps)

Source: datacenter.kidscount.org

Location	Data Type	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Missouri	Number	437,035	442,384	464,927	507,425	533,309	534,534	548,542	515,576	483,741	475,684
	Percent	30.6%	30.9%	32.5%	35.6%	37.5%	37.8%	39.0%	36.9%	34.7%	34.2%
Perry	Number	1,136	1,176	1,315	1,559	1,596	1,523	1,415	1,317	1,193	1,277
	Percent	24.3%	24.4%	27.3%	32.3%	33.6%	32.2%	30.2%	28.2%	25.8%	27.7%

DATA PROVIDED BY  
Family and Community Trust

## Perry County Substantiated Child Abuse/Neglect

Source: datacenter.kidscount.org

Location	Data Type	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Missouri	Number	6,576	6,732	5,654	6,055	6,092	6,322	6,181	6,285	6,296	5,852
	Rate	4.6	4.7	4.0	4.3	4.3	4.5	4.4	4.5	4.5	4.2
Perry	Number	11	23	17	28	22	9	19	20	25	21
	Rate	2.3	4.8	3.5	5.9	4.7	1.9	4.1	4.3	5.4	4.6

DATA PROVIDED BY  
Family and Community Trust

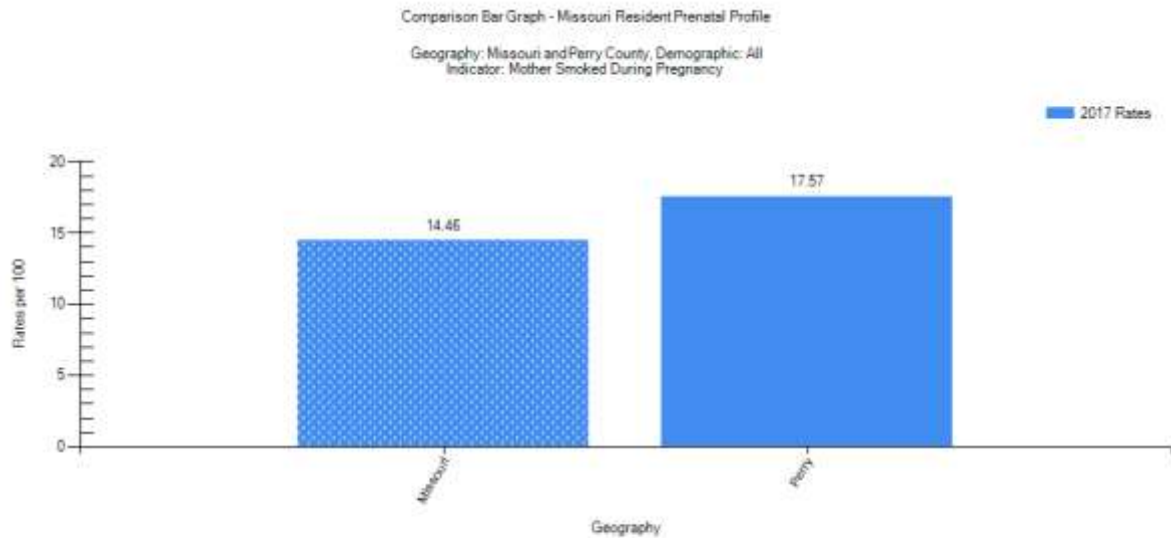
## Perry County Children (under 18) in Poverty

Source: datacenter.kidscount.org

Location	Data Type	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Missouri	Number	257,404	263,006	291,359	293,856	308,390	310,382	303,923	289,287	277,687	260,867
	Percent	18.4%	18.9%	20.7%	21.0%	22.3%	22.6%	22.2%	21.3%	20.4%	19.2%
Perry	Number	612	688	747	812	856	750	786	729	702	707
	Percent	13.6%	15.6%	16.3%	17.6%	18.7%	16.6%	17.5%	16.3%	15.7%	15.8%

DATA PROVIDED BY  
Family and Community Trust

2011 poverty threshold was \$22,350 for a family of four



Rates are considered unreliable when based on less than 20 events. Please check corresponding event counts before interpreting the rates shown here.  
 \* Fewer than 20 events in numerator; rate is unreliable.  
 Trends are available only if each 3-year period of the moving average has an average of 20 or more events.

Source: DHSS-MOPHIMS Community Data Profiles - Prenatal  
 Generated On: 03/22/2019 08:47:30 AM

**Table 5 - Perry County Infant Health**

Source: dhss.mo.gov

	Data Years	Count	Rate	State Rate
<b>Morbidity</b>				
<b>Preterm Births (less than 37 Weeks Gestation)</b>	2013 - 2017	102	9.32	10.41
<b>Low Birth Weight</b>	2013 - 2017	68	6.24	8.41
<b>Low Birth Weight and Term</b>	2013 - 2017	19	1.74	2.66
<b>Very Low Birth Weight</b>	2013 - 2017	12	1.1	1.46
<b>Small for Gestational Age</b>	2013 - 2017	68	6.33	8.86
<b>NICU Admission</b>	2017	9	4.04	8.55
<b>Birth Defects per 10,000</b>	2009 - 2013	105	937.5	726.98
<b>Neural Tube Defects (NTD) per 10,000</b>	2009 - 2013	1	8.93	6.07
<b>Utilization</b>				
<b>Very Low Birth Weight Delivered in Level III Centers</b>	2013 - 2017	8	66.67	86.06
<b>Infants Participating in WIC</b>	2016	100	45.66	51.1
<b>Breastfeeding Initiation in Hospital</b>	2017	141	64.38	79.67
<b>WIC Infants - Ever Breastfed</b>	2016	43	43.88	72.97
<b>Infants on Medicaid</b>	2016	104	47.49	47.41
<b>Mortality</b>				
<b>Neonatal Deaths per 1,000</b>	2007 - 2017	3	1.2	4.26
<b>Perinatal Deaths per 1,000</b>	2007 - 2017	13	5.22	9.96
<b>Postneonatal Deaths per 1,000</b>	2007 - 2017	3	1.2	2.41
<b>Infant Deaths per 1,000</b>	2007 - 2017	6	2.41	6.67
<b>Sudden Infant Death Syndrome (SIDS) per 1,000</b>	2007 - 2017	1	0.4	0.29



## Prevalence of Chronic Disease Risk Factors

<b>Table 6 - Chronic Disease Comparisons</b>				
Source: DHSS-MOPHIMS Community Data Profiles - Chronic Disease Comparisons				
	<b>Data Years</b>	<b>Count</b>	<b>Rate</b>	<b>State Rate</b>
<b>Heart Disease</b>				
<b>Deaths</b>	2007 - 2017	597	210.6	199.32
<b>Hospitalizations</b>	2011 - 2015	979	82.79	109.46
<b>ER Visits</b>	2011 - 2015	2,166	20.74	15.12
<b>Ischemic Heart Disease</b>				
<b>Deaths</b>	2007 - 2017	384	138.17	124.16
<b>Hospitalizations</b>	2011 - 2015	306	25.73	32.53
<b>ER Visits</b>	2011 - 2015	152	1.32	0.57
<b>Stroke/Other Cerebrovascular Disease</b>				
<b>Deaths</b>	2007 - 2017	115	39.04	43.02
<b>Hospitalizations</b>	2011 - 2015	275	22.28	27.85
<b>ER Visits</b>	2011 - 2015	227	1.83	0.77
<b>All Cancers (Malignant Neoplasms)</b>				
<b>Deaths</b>	2007 - 2017	461	168.96	178.9
<b>Hospitalizations</b>	2011 - 2015	308	26.43	29.93
<b>Colorectal Cancer</b>				
<b>Deaths</b>	2007 - 2017	42	14.92	16.04
<b>Hospitalizations</b>	2011 - 2015	41	3.44	3.9
<b>Colon and Rectum Cancer (SEER)</b>				
<b>Deaths</b>	2007 - 2017	42	14.92	15.82
<b>Lung Cancer (SEER)</b>				
<b>Deaths</b>	2007 - 2017	137	49.54	54.04
<b>Hospitalizations</b>	2011 - 2015	45	3.46	4.01
<b>Breast Cancer</b>				
<b>Deaths</b>	2007 - 2017	31	11.17	12.54
<b>Hospitalizations</b>	2011 - 2015	6	0.57	1.1
<b>Cervical Cancer</b>				
<b>Deaths</b>	2007 - 2017	2	1.25	1.33
<b>Hospitalizations</b>	2011 - 2015	0	0	0.45
<b>Prostate Cancer</b>				
<b>Deaths</b>	2007 - 2017	21	7.44	7.52
<b>Hospitalizations</b>	2011 - 2015	25	1.98	1.86
<b>Diabetes Mellitus</b>				
<b>Deaths</b>	2007 - 2017	38	13.59	20.34
<b>Hospitalizations</b>	2011 - 2015	170	17.26	18.78
<b>ER Visits</b>	2011 - 2015	219	2.29	1.96
<b>Chronic Obstructive Pulmonary Disease Excluding Asthma</b>				
<b>Deaths</b>	2007 - 2017	129	45.59	50.71
<b>Hospitalizations</b>	2011 - 2015	190	15.89	20.64
<b>ER Visits</b>	2011 - 2015	962	9.71	5.54

Asthma				
Deaths	2007 - 2017	5	2.1	1.1
Hospitalizations	2011 - 2015	60	6.32	11.27
ER Visits	2011 - 2015	306	3.42	5.39
Smoking-Attributable (Estimated)				
Deaths	2007 - 2017	374	134.16	138.93
Arthritis/Lupus				
Deaths	2007 - 2017	7	2.51	2.94
Hospitalizations	2011 - 2015	548	46.73	42.91
ER Visits	2011 - 2015	1,098	11.38	10.91

## Behavior Health Profile

Table 7 - 2018 Perry County Health Behaviors		
Source: countyhealthrankings.org		
	Perry County	Missouri
Adult Smoking	20%	22%
Adult Obesity	36%	32%
Physical Inactivity	28%	26%
Excessive Drinking	18%	19%

Table 8 - 2018 Perry County Current Substance Use for Grades 6-12		
Source: dmh.mo.gov		
	30 Day Use Perry County	30 Day Use Missouri
Alcohol	25.1%	14.3%
E-Cigs	33.2%	15.6%
Rx Misuse	6.1%	8.4%
Marijuana	15.1%	7.5%
Cigarettes	18.5%	5.3%
Binge*	17.7%	5.9%
Hookah	4.0%	2.3%
OTC Misuse	0.3%	1.9%
Inhalants	0.3%	1.2%
Synthetic	0.0%	0.5%

# PERRY COUNTY



<b>DBH REGION</b>	Southeast
<b>DBH SERVICE AREAS</b>	
Substance Use	21
Adult Psychiatric	21
<b>POPULATION</b>	
Census 2010	18,971
2017 Estimate	19,225

<b>BIRTH RISK</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Resident Births	223	219	229
Mother Reported Smoking while Pregnant	39	52	54

<b>DISEASE INCIDENCE</b> <sup>1</sup>	<b>2017</b>	<b>2016</b>	<b>2015</b>
HIV Newly Diagnosed Cases	1	0	0
Hepatitis B Chronic, Acute, and Prenatal	1	0	0
Hepatitis C Chronic and Acute	14	12	14
Tuberculosis Infection Cases	2	3	2

<b>DEATHS</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Resident Deaths	188	218	193
Suicide	3	5	0
Homicide	0	1	0
Alcohol Induced Deaths	1	2	2
Drug Induced Deaths	4	7	0
Smoking Attributable Deaths	30	36	36

<b>HOSPITAL EPISODES</b> <sup>2</sup>	<b>2016</b>	<b>2015</b>	<b>2014</b>
Hospitalization, no Emergency Room with:			
Mental Illness Principal Diagnosis	74	165	122
Mental Illness Secondary Diagnosis	367	533	484
Alcohol Principal Diagnosis	7	3	7
Alcohol Secondary Diagnosis	56	22	19
Drug Principal Diagnosis	8	8	9
Drug Secondary Diagnosis	68	30	9
Emergency Room + Hospitalization with:			
Mental Illness Principal Diagnosis	19	17	19
Mental Illness Secondary Diagnosis	194	277	325
Alcohol Principal Diagnosis	3	4	8
Alcohol Secondary Diagnosis	40	10	28
Drug Principal Diagnosis	3	0	0
Drug Secondary Diagnosis	48	5	6
Emergency Room, no Hospitalization with:			
Mental Illness Principal Diagnosis	159	201	182
Mental Illness Secondary Diagnosis	1,208	1,047	577
Alcohol Principal Diagnosis	20	21	18
Alcohol Secondary Diagnosis	122	81	35
Drug Principal Diagnosis	36	17	23
Drug Secondary Diagnosis	137	99	68

<b>ALCOHOL OUTLETS</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Alcohol On-Premise Drink Licenses	39	38	34
Alcohol Package Carry-out Licenses	19	21	22

<b>EMPLOYMENT</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Labor Force	9,924	10,218	10,402
Employed	9,656	9,857	9,989
Unemployed	268	361	433
Unemployment Rate	2.7%	3.5%	4.2%

<b>IMPAIRED DRIVING</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Alcohol Involved Crashes	22	21	19
Fatal Crashes	0	0	1
Injury Crashes	4	10	7
Property Damage Crashes	18	11	11
Crash Fatalities	0	0	1
Crash Injuries	5	14	10
Drug Involved Crashes	3	3	3
Fatal Crashes	0	0	0
Injury Crashes	0	2	1
Property Damage Crashes	3	1	2
Crash Fatalities	0	0	0
Crash Injuries	0	2	1

<b>POLICE REPORTS</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
DUI Arrests, DWI Tracking System	75	65	79
Liquor Law Arrests	11	28	4
Drug Arrests	179	151	153
Methamphetamine Lab Seizures	0	0	0
Violent Offenses	48	78	67
Domestic Violence Reports	116	123	128
Property Offenses	299	220	229

<b>SCHOOL REPORTS</b>	<b>2016-17</b>	<b>2015-16</b>	<b>2014-15</b>
Enrollment Grades 9-12	774	773	752
Drop-outs	32	18	16
Drop-out Rate	4.1%	2.3%	2.1%
School Discipline Involving Alcohol	3	2	0
School Discipline Involving Drugs	5	4	3
School Discipline Involving Tobacco	0	0	0

<b>JUVENILE COURT REFERRALS</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Juvenile Violent Offenses	17	20	20
Juvenile Alcohol Offenses	4	6	2
Juvenile Drug Offenses	13	6	8
School Truancy Status Offense	60	20	8
Absent from Home Status Offense	10	12	5
Beyond Parental Control Status Offense	11	20	20
Injurious Behavior Status Offense	30	35	40
Child Abuse	5	4	5
Child Neglect	88	140	121
Child Custody Issues	4	2	4

<b>JUVENILE COURT PLACEMENTS</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Out-of-Home Placements--Total	45	43	16
Parental Alcohol Use Related	3	0	0
Parental Drug Use Related	25	28	10
Parental Alcohol and Drug Use	0	2	0

<b>CRIMINAL JUSTICE</b>	<b>FY 2018</b>	<b>FY 2017</b>	<b>FY 2016</b>
Drug Court Participants	0	0	0
Probation/Parole Admissions--Drug	64	51	53
Probation/Parole Admissions--DWI	2	3	3
Prison Admissions--Drug	23	27	15
Prison Admissions--DWI	0	0	1

- 1 All Kansas City hepatitis and TB case reports are included in Jackson County totals and all Joplin case reports are included in Jasper County totals.
- 2 Hospital counts for alcohol, drug, and mental disorders are based on ICD-9 and ICD-10 diagnosis codes selected by the Healthcare Cost and Utilization Program. Due to implementation of ICD-10 coding in October 2015, hospital and E.R. counts beginning in 2015 may not be comparable to prior years.

## Prevalence of Chronic Disease Factors

**Table 9 - 2007-2017 Deaths By Chronic Disease Comparisons**

Source: dhss.mo.gov

Cause of Death Indicators	Number of events in Perry County	Perry County Rate	State Rate
Heart Disease	597	210.60	199.32
All Cancers	461	39.04	43.02
Diabetes Mellitus	38	13.59	20.34
Stroke/Other Cerebrovascular Disease	115	39.04	43.02
Chronic Obstructive Pulmonary Disease Excluding Asthma	129	45.59	50.71

## Leading Causes of Mortality

**Table 10 - Leading Cause of Death Indicators**

Source: DHSS-MOPHIMS Community Data Profiles - Death - Leading Causes

	Data Years	Count	Rate	State Rate
All Causes	2007 - 2017	2,168	778.21	815.85
Heart Disease	2007 - 2017	597	210.6	199.32
All Cancers (Malignant Neoplasms)	2007 - 2017	461	168.96	178.9
Lung Cancer	2007 - 2017	137	49.54	54.06
Breast Cancer	2007 - 2017	31	11.17	12.54
Colorectal Cancer	2007 - 2017	42	14.92	16.04
Chronic Lower Respiratory Disease	2007 - 2017	134	47.68	51.81
Total Unintentional Injuries	2007 - 2017	79	36.45	49.98
Accidental Poisoning	2007 - 2017	18	9.48	15.52
Motor Vehicle Accidents	2007 - 2017	27	12.6	14.62
Stroke/Other Cerebrovascular Disease	2007 - 2017	115	39.04	43.02
Alzheimer's Disease	2007 - 2017	154	48.66	28.09
Diabetes Mellitus	2007 - 2017	38	13.59	20.34
Kidney Disease (Nephritis and Nephrosis)	2007 - 2017	52	18.42	18.85
Pneumonia and Influenza	2007 - 2017	44	14.79	18.03
Suicide	2007 - 2017	30	14.28	15.45
Septicemia	2007 - 2017	27	9.86	11.32
Chronic Liver Disease and Cirrhosis	2007 - 2017	22	8.96	8.27
Smoking-Attributable (estimated)	2007 - 2017	374	134.16	138.93
All Injuries and Poisonings	2007 - 2017	123	57.67	76.01
Homicide	2007 - 2017	7	3.49	8.17
Alcohol-Induced Deaths	2007 - 2017	12	5.32	6.53
Drug-Induced Deaths	2007 - 2017	24	12.3	17.86
Accidental Drug Poisonings	2007 - 2017	16	8.4	14.58
Injury by Firearms	2007 - 2017	28	13.46	15.48

**Table 11 - Missouri Life Expectancy at Birth, 2008-2015**

Source: Missouri Department of Health & Senior Services

Area	Total	Male	Female	White	Black
State of Missouri	77.4	74.9	80.0	77.9	73.8
Perry	78.5	76.0	81.1	n/a	n/a
Ste. Genevieve	77.9	75.7	80.2	n/a	n/a

The years of potential life lost (YPLL) calculation estimates the number of life years lost to premature deaths. Similar to life expectancy, YPLL is a good measure of the overall health of an area. Like most federal calculations, Missouri uses age 75 as a benchmark for YPLL calculations. Unlike many other health statistics, YPLL places additional emphasis on deaths of younger residents. For example, at an individual level, a resident who dies at

the age of 52 would be given a YPLL weight of 23 (75-52), but a resident who dies at the age of 10 would be given a YPLL of 65 (75-10).

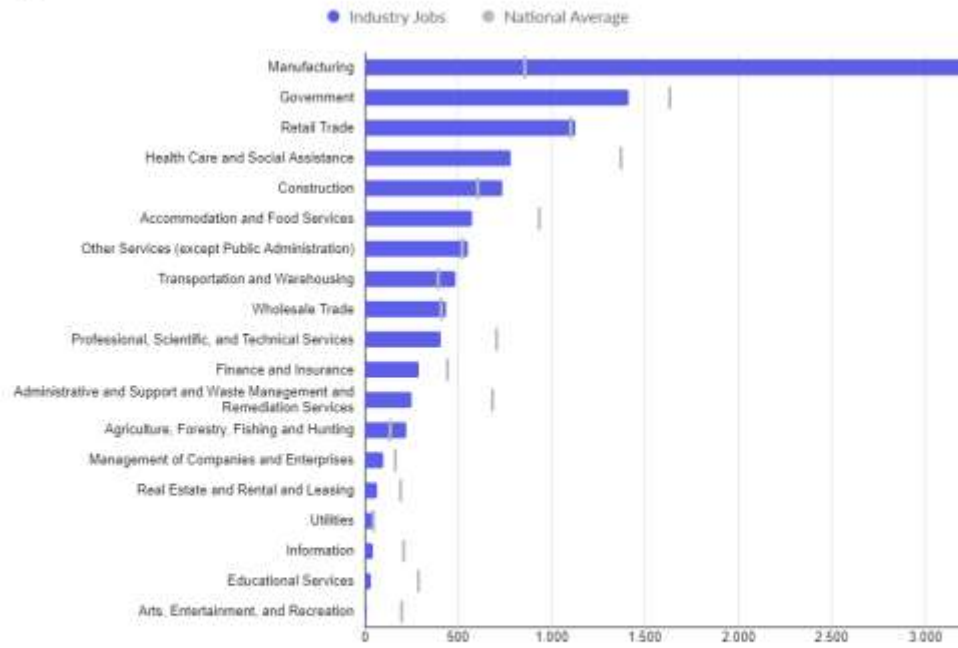
<b>Table 12 – 2017 Years of Potential Life Loss</b>		
Source: Missouri Department of Health & Senior Services		
<b>Area</b>	<b>YPLL Years</b>	<b>YPLL Rate</b> per 100,00 residents
<b>State of Missouri</b>	483,051	8,496
<b>Perry</b>	1,128	6,368
<b>Ste. Genevieve</b>	1,105	6,741

# APPENDIX

## Appendix A – Demographic, Education, Socioeconomic Indicators

<b>Table 13 - Perry County Annual Population Change</b>				
Source: <a href="https://census.missouri.edu/population">census.missouri.edu/population</a>				
<b>Year</b>	<b>Starting Population</b>	<b>Ending Population</b>	<b>Percent Change</b>	<b>Net Migration</b>
<b>2012-2013</b>	19,024	19,118	0.49%	54
<b>2013-2014</b>	19,118	19,202	0.44%	63
<b>2014-2015</b>	19,222	19,183	-0.20%	-45
<b>2015-2016</b>	19,183	19,201	0.09%	2
<b>2016-2017</b>	19,201	19,225	0.12%	21

## Largest Industries



Industry	2013 Jobs	2018 Jobs	Change in Jobs	% Change in Jobs	2018 LQ	2018 Earnings Per Worker	2018 GRP
Manufacturing	3,421	3,203	-218	-6%	3.77	\$49,435	\$298.02M
Government	1,268	1,417	149	+12%	0.87	\$50,492	\$77.70M
Retail Trade	1,067	1,128	61	+6%	1.03	\$28,677	\$60.27M
Health Care and Social Assistance	853	782	-71	-8%	0.57	\$32,321	\$29.37M
Construction	671	738	67	+10%	1.23	\$63,578	\$65.55M
Accommodation and Food Services	448	576	128	+29%	0.62	\$15,541	\$14.47M
Other Services (except Public Administration)	532	555	23	+4%	1.08	\$23,291	\$19.20M
Transportation and Warehousing	574	489	-85	-15%	1.26	\$71,898	\$49.29M
Wholesale Trade	335	436	101	+30%	1.09	\$62,470	\$56.29M
Professional, Scientific, and Technical Services	145	408	263	+181%	0.58	\$40,988	\$25.59M
Finance and Insurance	356	291	-65	-18%	0.67	\$61,220	\$61.96M
Administrative and Support and Waste Management and Remediation Services	474	251	-223	-47%	0.37	\$36,714	\$15.61M
Agriculture, Forestry, Fishing and Hunting	222	225	3	+1%	1.77	\$29,547	\$36.93M
Management of Companies and Enterprises	87	102	15	+17%	0.66	\$48,912	\$5.67M
Real Estate and Rental and Leasing	43	65	22	+51%	0.36	\$35,254	\$16.01M
Utilities	49	52	3	+6%	1.38	\$70,851	\$12.72M
Information	38	42	4	+11%	0.21	\$44,921	\$7.61M
Educational Services	13	33	20	+154%	0.12	\$22,086	\$1.04M
Arts, Entertainment, and Recreation	11	12	1	+9%	0.06	\$19,759	\$662.14K





## Behavioral Health Profile

### Perry County

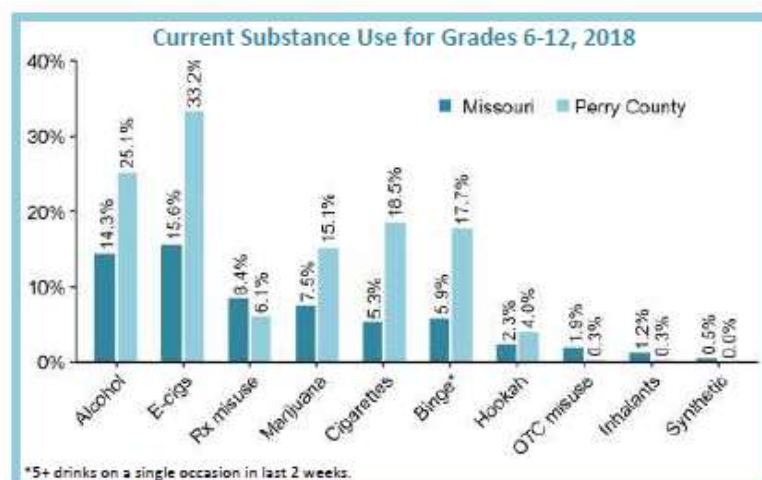
2018



Perry County is located in Southeast Missouri and had a population of 19,201 in 2016. Perry County ranks 56 in population size among Missouri's 114 counties plus the city of St. Louis. The 2016 unemployment rate in the county was 4.3%. This was lower than the statewide unemployment rate of 6.6%. In 2016, the poverty rate was 10.3% which was lower than the statewide poverty rate of 14.0%. The median income of the county was \$51,922.

### Substance Use in Perry County

The availability of county-level data on substance use is limited. The Missouri Student Survey convenience sample can provide estimates for youth in most Missouri counties. This survey is administered in even-numbered years to 6th through 12th grade students in participating school districts. Adult data are available at the regional level from the NSDUH. See page 2 for graph.



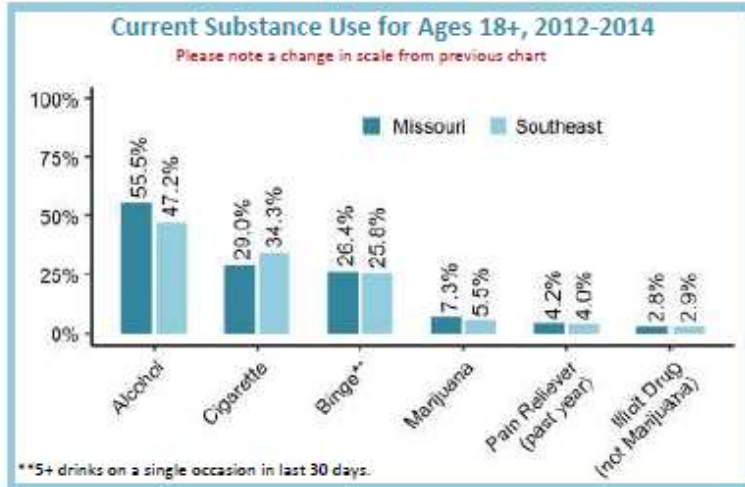
Alcohol is one of the most common substances used by Missouri youth. In Perry County, 25.1% youth have used alcohol in the past 30 days. An estimated 47.0% believe that using alcohol presents only 'slight' or 'no risk' of harm. Similarly, approximately 33.2% of youth believe that there is 'slight' or 'no risk' of harm in binge drinking once or twice a week. About 55.4% of youth believe that it would be easy to get alcohol. 54.3% of youth have at least one friend that uses alcohol.

The average age of first alcohol use is 13.4. Among Missouri adults, alcohol is the most commonly used substance. In the Southeast region, approximately 47.2% of adults currently drink alcohol, and 25.8% have had 5 or more drinks of alcohol on a single occasion in the past 30 days.

Cigarette use, in both standard and electronic forms, is of concern across the state. In Perry County youth, the rate of e-cigarette use is higher than the rate of standard cigarette use. The average age that county youth first use standard cigarettes is 13.6. An estimated 67.4% of youth believe that it would be easy to get standard cigarettes and 64.2% to get e-cigarettes. 41.1% of youth have at least one friend that uses standard cigarettes. An estimated 17.3% of youth believe there is 'slight' or 'no risk' to smoking standard cigarettes, while 49.3% believe there is 'slight' or 'no risk' to smoking e-cigarettes. Most youth obtain cigarettes and e-cigarettes from their friends. In the Southeast region, 34.3% of adults currently use cigarettes compared to 29% statewide.

Marijuana use in Missouri youth continues to be of interest, particularly with recent shifts in legality of adult use across the nation. Around 7.5% of youth and 7.3% of adults report current marijuana use. In Perry County, 15.1% of youth use marijuana. In 2018, 43.6% of youth said that marijuana is easy to get. Around 74.7% believe that smoking marijuana is wrong, and 35.6% report having at least one friend that uses marijuana. The average age of first use is 14.2. The majority of youth obtain marijuana from their friends, a dealer, or a family member. Across the state, around 46.6% of adults believe there is 'slight' or 'no risk' of harm from smoking marijuana once or twice a week. In Perry County youth, approximately 27.9% believe that there is 'slight' or 'no risk' of harm from smoking marijuana once or twice a week.

Prescription drug misuse is of growing concern both across the nation and in Missouri. In Perry County, 24.7% of youth believe that it would be easy to get prescription drugs that were not prescribed to them. Most youth report that there is a risk of harm when misusing prescription drugs, but 19.5% of youth believe that there is 'slight' or 'no risk at all'. About 91.0% of youth believe it would be wrong to use prescription drugs not prescribed to them. Most youth get prescription drugs from a friend or family member. Pain medication is the most commonly misused prescription medication, with 50.0% of those misusing prescription drugs in Perry County county saying they misuse pain medication. 4.0% of adults in the Southeast region reported misuse of prescription pain medication over the past year.



### Substance Use Consequences in the County

**Health:** In 2015, Perry County residents had a total of 3 alcohol-related and 8 drug-related hospitalizations. In addition there were 21 alcohol-related and 17 drug-related ER visits that did not include a hospital stay.

**Treatment:** In 2017, 113 individuals were admitted into Substance Abuse Treatment Programs. A total of 32 were primarily due to alcohol, 29 were primarily due to marijuana, and 7 were primarily due to prescription drugs.

**Law Enforcement:** In 2017, Perry County had 75 DWI arrests, 11 liquor law violations and 179 drug-related arrests. There were 0 methamphetamine laboratory seizures in Perry County in 2017.

**Traffic Crashes:** Alcohol-related traffic crashes increased in the last year (from 19 in 2015 to 21 in 2016). Alcohol-related crashes are more likely to produce fatalities and injuries compared to non-alcohol-related crashes.

2016 Number of Alcohol-Related Crashes by Severity				2016 Number of People Injured / Killed in Alcohol and Drug-Related Crashes			
Total Crashes	Fatal Crash	Crash w/ Injury	Crash w/ Property Damage	Alcohol Fatalities	Alcohol Injuries	Drug Fatalities	Drug Injuries
21	0	10	11	0	14	0	2





### Mental Health Data for Perry County

Individuals struggling with serious mental illness are at higher risk for homicide, suicide, and accidents, as well as chronic conditions including cardiovascular disease, respiratory disease, and substance use disorders. In state fiscal year 2017, 356 Perry County residents received treatment for serious mental illness at publicly-funded facilities. See table for details. While there are data on those who receive treatment, data on mental health in the general population is very limited. This is especially true at the local level.

Numbers Served in Perry County		
	FY2016	FY2017
Total	497	356
Adjustment Disorder	35	23
Anxiety Disorder	85	64
Developmental Disorder	*	0
Impulse Control Disorder	75	53
Mood Disorder	288	241
Psychotic Disorder	21	23
These numbers indicate the number of clients seen with each diagnosis per year. An individual client may have more than one admission within a year.		
*Counts under 5 suppressed to protect identities		

In Southeast Missouri, 20.7% of those 18 and older had a mental illness in the past year, and 6.1% had a serious mental illness. Serious mental illness is defined as any of the mental disorders asked about and 'these disorders resulted in substantial impairment in carrying out major life activities'.

Approximately 7.5% of Southeast Missouri residents ages 18+ had at least one major depressive episode in the past year. A major depressive episode is characterized by an extended period of depressed mood, loss of interest or pleasure, and impaired functioning. Typically, females are more likely to report having had a major depressive episode.

Students (6th-12th grade) in the county were asked about their mental health. 81.9% of students in the county reported feeling grouchy or in a bad mood, 57.2% reported feeling sad, 59.5% had changes in sleep, and 54.5% had difficulty concentrating in school at least sometimes. About 18.2% of youth reported self-harm. The most common method of self-harm was cutting, hitting, or scratching oneself. Females were more likely to report self-harm than males.

Suicide is the 2nd leading cause of death for ages 10-34 in Missouri. In 2016, 5 Perry County residents died by suicide. Typically, white males are most at risk of suicide. Approximately 19.2% of youth had considered suicide in the last year, 11.5% made a plan, and 0.5% actually attempted, resulting in an injury.

Developed with support from the Missouri Division of Behavioral Health and the Substance Abuse and Mental Health Services Administration.

For more information: <http://dmh.mo.gov/ada/mobhew/>

## Appendix B – 2016 Perry County Community Wide Survey Results Summary

**963 participants (266 males and 688 females)**

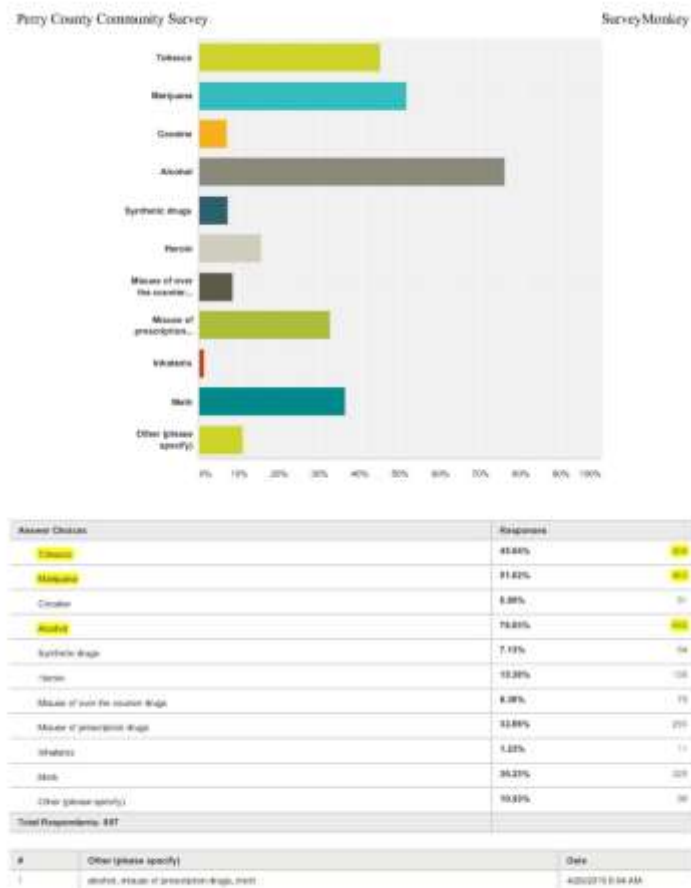
**Ages range:**

- Under 18 – 2
- 18-24 – 27
- 25-35 – 105
- 36-45 – 135
- 46-55 – 160
- 56-65 – 218
- 65 or older - 314

**The vast majority of the participants felt there is a drug and/or alcohol use problem in Perry County.**

- 875 said yes
- 56 said no

**The next question then stated if you answered yes to Question 12, which are most commonly used? (Please select up to three) (897 answered, 66 skipped)**



50 / 157

- 83.63% would like to see a program offered to help individuals stop tobacco use.
- 57.16% said they did not know where to go to get drug and alcohol abuse treatment. 42.84% did.

- 67.09% said if they decided to seek mental health treatment they would know where to go. 32.91% said no.
- According to the survey, the population that needs to be targeted the most for mental health services is ages 21-40, followed by ages 0-20, 41-60 and 61+
- According to the survey, the population that needs to be targeted the most for drug and/or alcohol abuse services included: ages 21-40 had the highest results (467) followed by 0-20 (322). Ages 41-60 and 61+ had very low numbers of 18 and 4 respectively.
- Only 6.82% responded that they or someone in their household has had difficulty finding a doctor within the past 2 years.

**If you or a household member have a health care need, do you have or know of:**

- 95% have or know of a primary care doctor
- 93.57% have or know of a dentist
- 57.14% did not know of a mental health specialist
- 76.48% did not know of a drug/alcohol abuse counselor

**What medical services are most needed in our community?**

- Top 3 in order of highest responses include:
  1. Alcohol and drug abuse treatment
  2. Weekend convenient care
  3. Adult primary care services

- Breakdown by Age:

**Under 18 (2 Respondents)**

- Alcohol and drug abuse treatment | Emergency/trauma care
- Adult primary care services
- Cancer treatment
- Heart care services

**Ages 18-24 (27 Respondents)**

- Emergency/Trauma Care
- Alcohol and drug abuse treatment
- Weekend convenient care

**Ages 25-35 (105 Respondents)**

- Weekend convenient care
- Alcohol and drug abuse treatment | Counseling/mental health
- Cancer treatment

**Ages 36-45 (135 Respondents)**

- Alcohol and drug abuse treatment
- Weekend convenient care
- Counseling/mental health

**Ages 46-55 (160 Respondents)**

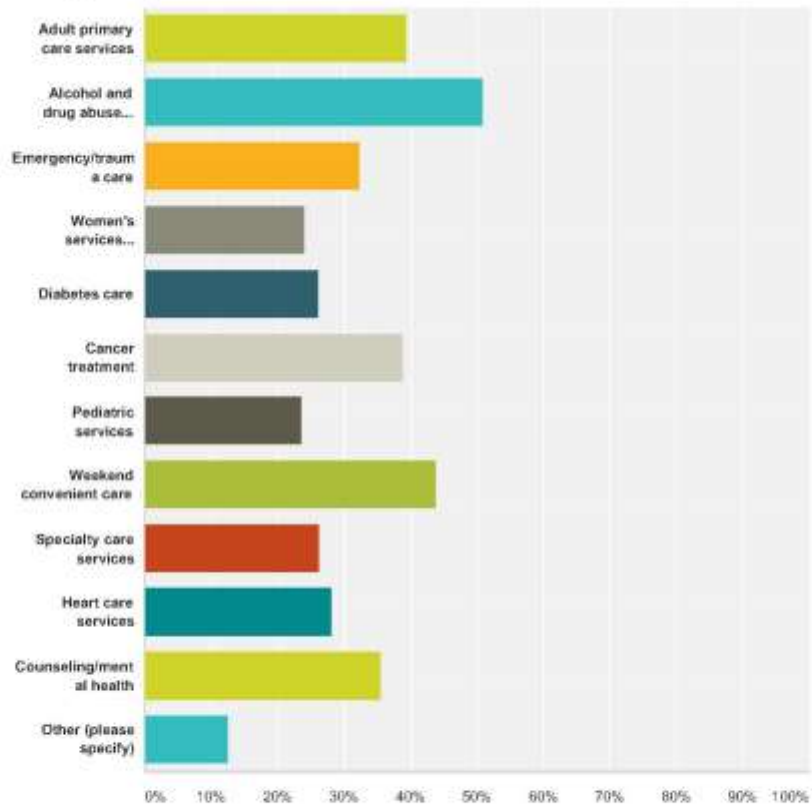
- Alcohol and drug abuse treatment
- Weekend convenient care
- Adult primary care services

**Ages 56-65 (218 Respondents)**

- Alcohol and drug abuse treatment
- Adult primary care services
- Weekend convenient care

**Ages 65+ (314 Respondents)**

- Alcohol and drug abuse treatment
  - Adult primary care services
  - Cancer treatment
- Others that made the top 3 list in some age categories were:
    - Cancer treatment, Emergency/trauma care, Counseling/mental health



Answer Choices	Responses
Adult primary care services	39.36% 379
Alcohol and drug abuse treatment	50.99% 491
Emergency/trauma care	32.29% 311
Women's services (DB/GYN services)	23.99% 231
Diabetes care	26.17% 252
Cancer treatment	38.73% 373
Pediatric services	23.57% 227
Weekend convenient care	43.82% 422
Specialty care services	26.38% 254
Heart care services	28.25% 272
Counseling/mental health	35.41% 341
Other (please specify)	12.56% 121
Total Respondents: 953	

## What types of health education services are most needed in our community?

### Top 5 included:

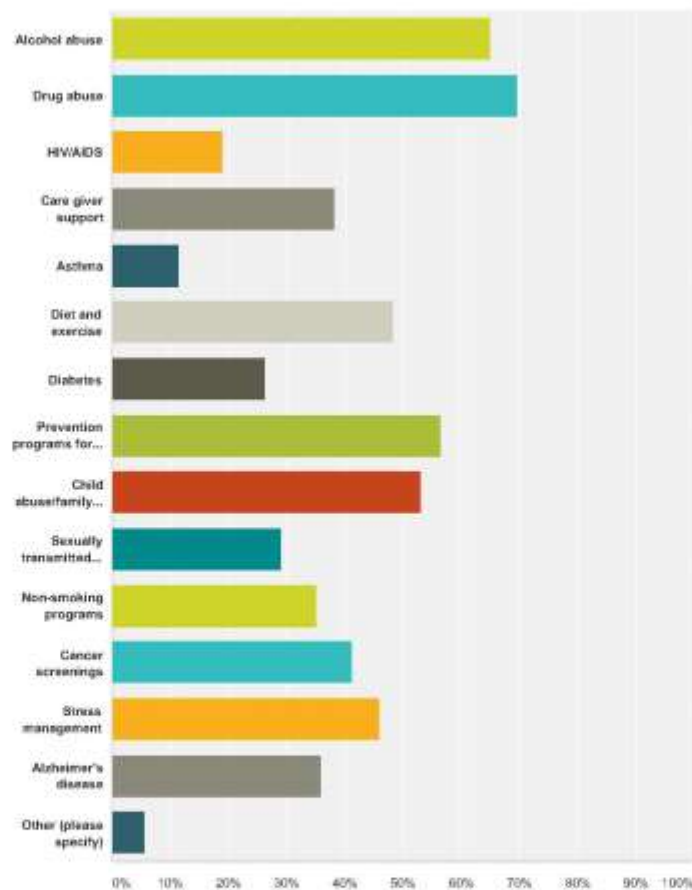
1. Drug abuse
2. Alcohol abuse
3. Prevention programs for alcohol/drug abuse
4. Child abuse/family violence
5. Diet and exercise

Perry County Community Survey

SurveyMonkey

### services are most needed in our community? (check all that apply)

Answered: 330 Skipped: 33



Answer Choices	Responses
Alcohol abuse	64.84% 933
Drug abuse	69.46% 948
HIV/AIDS	19.03% 277
Care giver support	38.17% 525
Asthma	11.40% 156

75 / 157



**When asked what health or community services should be provided which are not available now, the respondents had the opportunity to write in their answer (200 answered this question and 763 skipped).**

**What was mentioned often that pertained to PCMH included:**

- Free screenings
- Walk-in/After-hours care
- Mental health (mental health center for youth, PTSD)
- In home care

## SOURCES

Alzheimer's and Dementia Care ([health.mo.gov](http://health.mo.gov); Health in Rural Missouri, pages 53-54)

Cancer Care ([health.mo.gov](http://health.mo.gov); Health in Rural Missouri, pages 32-35)

County Health Rankings ([countyhealthrankings.org](http://countyhealthrankings.org))

Community Data Profiles & Missouri Information for Community Assessment (MICA) ([health.mo.gov](http://health.mo.gov))

Kids Count.org ([datacenter.kidscount.org](http://datacenter.kidscount.org))

Mental Health Care Needs ([health.mo.gov](http://health.mo.gov))