2025

Access to Care Report

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Public Health
Prevent. Promote. Protect.
Taney County Health Department

PHAB
Advancing Public Health Performance
Accredited Health Department
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Public Health
Prevent. Promote. Protect.
Stone County Health Department
Making Lives Better

Contents

Introduction

The Access to Care Assessment was developed in coordination with the Ozarks Health Commission's 2025 Regional Community Health Needs Assessment. Findings from the Regional Community Health Needs Assessment highlighted two key health priority focus areas: Behavioral Health (including mental health and substance use) and Chronic Health Conditions (including but not limited to heart health and diabetes). For the purposes of this assessment, access to primary and behavioral health care was examined to identify upstream health factors that contribute to mental health and chronic health conditions. Survey results from the Regional Community Health Needs Assessment for the Branson Community (including Stone and Taney Counties) captured a small sample size of the population; therefore, Taney and Stone County Health Departments sought to obtain additional insights from the community regarding gaps in service and barriers to accessing health care. This document serves as an addendum to the 2025 Regional Community Health Needs Assessment to gain a greater understanding of barriers to accessing health care among the Taney and Stone populations.

Partners

The Taney County Health Department would like to thank its community partners for their work on this assessment. Partners spent time giving feedback on primary care and behavioral health gaps in services and were instrumental in the distribution and collection of community surveys to populations with limited access to internet services.

Area partners that participated in the assessment included a combination of primary care, behavioral health care, and non-profit agencies as follows; Stone County Health Department, The Brook Wellness Center, Burrell Behavioral Health, Christian Action Ministries, Charis Group, My Neighbors Charitable Pharmacy, House of Hope, Hope Counseling Center, Cox Medical Center Branson, Free Medical Clinic of the Ozarks, and Elevate Branson.

Methodology

A thematic analysis was conducted to analyze qualitative data from community partners about access to primary and behavioral health care in the Branson community.

Thematic Analysis

Taney County Health Department (TCHD) collected partner feedback through a series of informational meetings throughout the summer. Partner thematic analysis questions are included for reference in Appendix B. TCHD reviewed all partner feedback and coded responses into grouped themes within two categories respectively: primary care and behavioral health care. These themes are discussed in Table 1: Primary Care Themes and Table 2: Behavioral Health Themes.

Table 1: Primary Care Themes	
Theme	**Representative quotes**
Unaffordable Care	"Cuts to Federal funding; Medicaid. Patients fall in between coverage, insurance at work doesn't cover care, or their income level is too high." "The most significant existing gap in Primary Care is the lack of affordable care for the uninsured. In addition to being in a designated HPSA, the providers in our community often only care for patients with insurance. The free medical clinic, Jordan Valley, and Fordland (Burrell) offer some relief, but their resources are either limited, or their pricing remains too high for those seeking help." "Cuts to CMS funding threaten to leave even more of our community without insurance and searching for affordable care for their chronic conditions." "Some providers do not accept Medicare/Medicaid, only private insurance."
Provider Reimbursement for Services	"Payment Uncertainty & Commercial Market Shifts – Reductions in Medicare physician payments and legislative proposals add financial uncertainty."

Transportation	"Travel time to Springfield is a barrier." "Transportation is an issue- referrals for elderly that cannot drive. Elderly people have mobility issues and encounter barriers finding suitable transport services to appointments. Eastern Taney County residents have long drive times to appointments." "Lack of Public Transportation is a huge problem. Patients that come to the ER in the evening that don't have family have no way to get home. We only have Uber drivers and very few are available late in the evening or early am." "Lack of public transportation and long-term solutions to housing (not just extended-stay motels) create significant barriers to the overall health of the community."
Provider Shortage	"Specialty areas are hard to get scheduled. Neuro-Parkinson's patients, OB, Geriatrics, Dermatology; there are long wait times to visit. There is a lot of primary care staff turnover. There is a lack of pediatricians, and many are not taking new patients." "Primary Care wait times are too long, forcing those to utilize ED and Urgent Care Services." "Lack of providers being able to see patients timely. I had a new employee wait 7 months to get established with a doctor. As more people move to the area I see this becoming a bigger need."
Access to Technology	"Rural populations affected –some have hearing, speech challenges, no access to a smartphone. So many seniors use flip phones which is another barrier." "Both mental health services and physical health services require the client to have access to a reliable form of communication. If there is no way to contact the client for scheduling, the appointments are never made. Likewise, many appointments are cancelled if you are unable to confirm when the provider calls."
Uncoordinated Health care System	"Some of our clients work a 9-5 job. Due to time constraints, lack of financial means, and scheduling conflicts, making appointments fit into their schedule is difficult. Evening groups, telehealth, or appointments at nontraditional times could remedy this." "State NP's in MO are not allowed to prescribe psychiatric medications. Hope Counseling does not provide Psychiatry, only Burrell and Cox Inpatient. Some providers will refer to Eustasis in Ozark. Legislation changes are needed. Burrell on Gretna Rd. can get patients in for an

	initial assessment, but they have to refer to Psychiatry with a six month wait time."
Housing Unstable	"Many of our clients are unable to secure stable housing. Due to the transient nature of the clients we serve, it is difficult to navigate extensive waiting lists for care. By the time primary care or mental health services are established, they have already relocated to another area or are no longer interested in services." "Those without transportation and with unstable housing are particularly vulnerable to these barriers. Seasonal and construction-related jobs also seem to be among the most in need of assistance."

Table 2: Behavioral Health Care Themes	
Theme	**Representative quotes**
Unaffordable Care	"Insurance options are limited. Therapists only accept cash because insurance doesn't pay well for behavioral health services."
Provider Reimbursement for Services	"Medicare reimbursement limitations further restrict access to appropriate care."
Transportation	"In addition to provider shortages, transportation remains a major barrier. Limited public transportation options make it difficult for rural residents, especially those without reliable vehicles, to travel to appointments or access consistent treatment."
Provider Shortage	"A primary concern is the shortage of licensed mental health providers, including psychiatrists, counselors, and therapists." "There are few providers with training in geriatric behavioral health, and many seniors encounter barriers related to Medicare coverage or the complexity of navigating available services." "Many schools lack adequate mental health staffing, and the region has few providers who specialize in pediatric behavioral health. This shortage leaves young people with limited support during critical developmental years."

"Frontline workers such as social workers, counselors, and case managers face significant burnout due to sustained pressure and high caseloads, leading to workforce attrition that may surpass recruitment efforts unless systemic support improves."

"I see a huge need for a 24/7 acute care center and residential treatment center closer to our counties, which may help alleviate some of the overflow at local emergency rooms for mental health/substance use issues."

"Continued challenges with timely psychiatric and psychological consultation."

"Increase in volume for pediatric mental health complaints coming to the ER. Increase in pediatric sexual assault cases."

Access to Technology	"Many behavioral health agencies operate on limited budgets, which restricts their ability to expand services, adopt new technologies, or offer competitive salaries." "The limited use of shared electronic health records and referral systems exacerbates gaps in follow-up and continuity of care." "Although telehealth services have expanded access, many residents still lack high-speed internet, digital devices, or the skills needed to use these technologies effectively. Persistent rural broadband gaps and digital exclusion risk creating a new divide in access to behavioral health care." "For older people, it's challenging for them to navigate care online, they may not have access to computers and live in a rural area."
Uncoordinated Health Care System	"Many behavioral health issues go unrecognized or untreated due to fragmented systems that hinder coordination between providers. This siloed approach makes early identification and comprehensive treatment more difficult, particularly for individuals managing co-occurring mental and physical health conditions." "Care systems remain fragmented, with poor coordination between health care providers, behavioral health agencies, schools, courts, and law enforcement."

Rapid Access Unit	"Crisis intervention services are also limited in the region. The absence of local crisis stabilization units and mobile crisis response teams means that individuals in acute distress frequently rely on emergency rooms or are handled by law enforcement, both of which may not be equipped to provide specialized mental health care." "There is a Rapid Access Unit in Springfield. First initial visit is four months out. Jordan Valley does have a Behavioral Health team but not Psychiatry." "Rapid Access Unit offers hours on Sat. Can call in medications to Neighbor's Pharmacy. Most can't get to appointments in north Springfield, as appointments can last up to six hours."
Housing Unstable	"Individuals who are housing unstable or experiencing homelessness also face significant challenges. The area lacks supportive housing options connected to mental health or substance use treatment, making it difficult for individuals to maintain engagement in care. Without stable shelter or consistent transportation, attending appointments and adhering to treatment plans becomes nearly impossible."
Community Partnerships	"One key strength is the strong local collaboration and partnerships among community coalitions, task forces, and cross-sector networks involving public health, law enforcement, schools, and behavioral health agencies." "These partnerships promote shared responsibility, problem-solving, and create opportunities for resource sharing, grant collaboration, and community-driven solutions. Local behavioral health providers and non-profits demonstrate remarkable commitment and resilience, adapting to funding and staffing constraints by offering sliding fee scales, outreach services, and integrating trauma-informed, person-centered care models." "Schools in the area are actively engaged in mental health initiatives, partnering with local providers and recognizing the importance of early intervention and social-emotional learning. Additionally, community-based organizations, faith communities, and recovery groups play a vital role in providing peer support, basic needs assistance, and informal mental health services. These trusted institutions help bridge gaps for individuals who might hesitate to seek formal care. Local leadership is also increasingly engaged with city and county officials prioritizing behavioral health through support for regional planning, resource development, and advocacy."

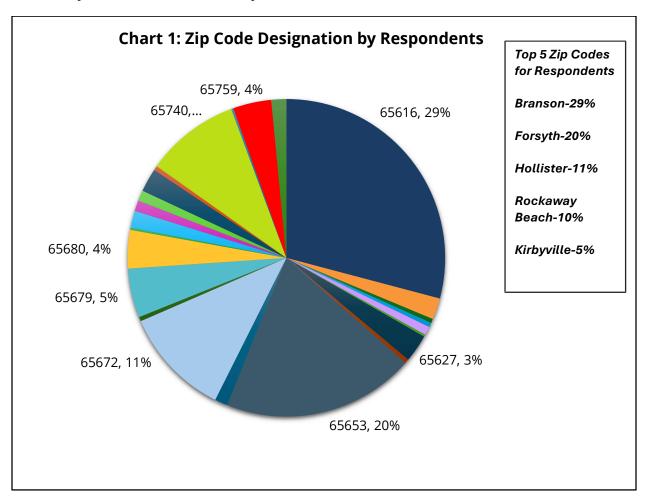|	
Stigma	"Cultural and generational attitudes, particularly among men and older adults, often discourage individuals from seeking the help they need. This stigma can lead to silence, delayed intervention, and worsening of symptoms." "Veterans in the region, who represent a notable portion of the local population—often face barriers in accessing care. These include difficulty navigating the VA system, limited availability of PTSD-specific treatment, and persistent stigma that discourages help-seeking." "Deep-rooted stigma around mental health and substance use continues to act as a major barrier, compounded by community resistance to certain behavioral health services, such as recovery housing or syringe exchange programs, which can prevent critical resources from reaching those in need." "Stone and Taney Counties benefit from a strong veteran and first responder community, many of whom participate in peer support and advocacy efforts that help reduce stigma and increase trust in behavioral health services."

Community Survey
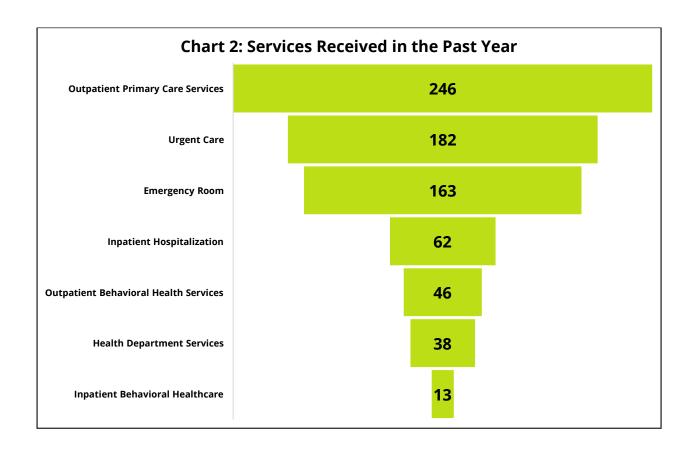
A 22-question community survey was developed based on questions used in the 2025 Regional Community Health Needs Survey conducted by the Ozarks Health Commission and supplemented with additional open and closed-ended questions related to health care costs, ability or inability to access primary and behavioral health care services, and distance to services. Zip code data was obtained to assess the geographic distribution where gaps and barriers exist throughout Stone and Taney Counties.

The survey was distributed in various formats, including online platforms, social media channels, and printed copies, to accommodate individuals with limited access to digital technology. Partner agencies shared the surveys with the populations they serve, and the Taney County Health Department distributed printed surveys across the community. The survey was available in both English and Spanish languages. Approximately 454 English surveys and six Spanish surveys were collected from July 1 to August 11, 2025, totaling 460 surveys.
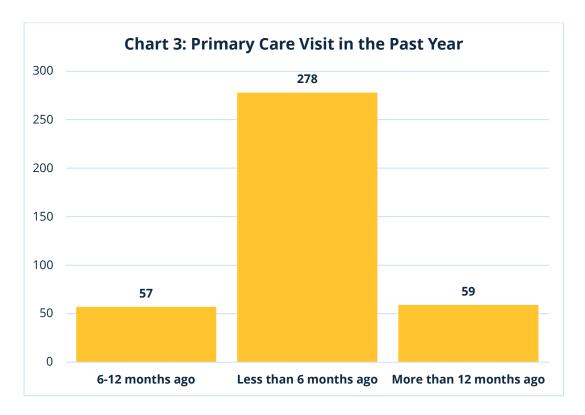
Geographic Distribution: Zip code data was received from 23 zip codes between Stone and Taney Counties. The top five zip codes are highlighted in Chart 1 and include the following communities: Branson (29%), Forsyth (20%), Hollister (11%), Rockaway Beach (10%), and Kirbyville (5%).

Chart 1: Zip Code Designation by Respondents

Top 5 Zip Codes for Respondents

Branson-29%

Forsyth-20%

Hollister-11%

Rockaway Beach-10%

Kirbyville-5%
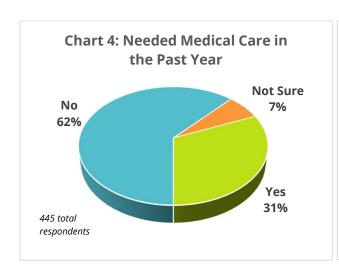
Health Care Services Received: Respondents were asked what types of health care services they received in the last year. It is important to note that respondents were able to select all services they received which may include more than one type of service as indicated in Chart 2. The top services utilized in the past year include, but are not limited to, outpatient primary care services, urgent care services, and emergency room services.

Chart 2: Services Received in the Past Year

Service	Count
Outpatient Primary Care Services	246
Urgent Care	182
Emergency Room	163
Inpatient Hospitalization	62
Outpatient Behavioral Health Services	46
Health Department Services	38
Inpatient Behavioral Healthcare	13
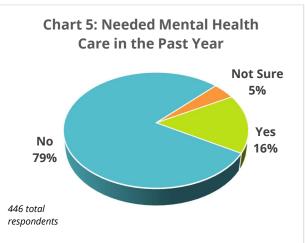
Recent Primary Care Visit: Respondents were asked if they had a recent primary care visit within the last year as noted in Chart 3. Approximately 86% of respondents answered the question, with 85% stating they have had a recent primary care visit within the last year, while 15% indicated it had been more than a year since they last saw a primary care provider.

Chart 3: Primary Care Visit in the Past Year

Chart 3 shows bar values: 6-12 months ago = 57, Less than 6 months ago = 278, More than 12 months ago = 59.
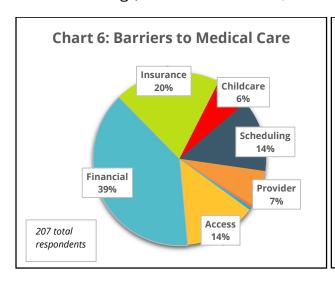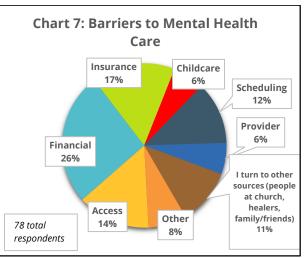
Medical and Mental Health Care: Most respondents specified they didn't need medical care in the last year; however, 31% needed medical care but did not get it as noted in Chart 4. Comparatively, at least 16% of respondents in the last year needed mental health care as shown in Chart 5.

Chart 4: Needed Medical Care in the Past Year

No 62%
Not Sure 7%
Yes 31%
445 total respondents

Chart 5: Needed Mental Health Care in the Past Year

Not Sure 5%
No 79%
Yes 16%
446 total respondents
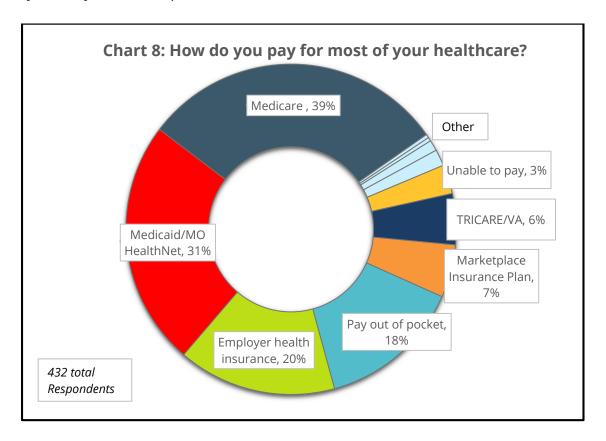
Barriers to Accessing Medical and Mental Health Care: Survey respondents were also asked what barriers prevented them from accessing needed medical and/or mental health care. The top medical and mental health care barriers reflected in Charts 6 and 7 include financial (did not have the money or other priorities were more important), insurance (lack of coverage or referrals), access (hospital or specialty care too far away, not aware of options or no transportation), and scheduling (work/class conflicts, wait times or telehealth not accessible).

Chart 6: Barriers to Medical Care

Insurance 20%
Childcare 6%
Scheduling 14%
Financial 39%
Provider 7%
Access 14%
207 total respondents

Chart 7: Barriers to Mental Health Care

Insurance 17%
Childcare 6%
Scheduling 12%
Provider 6%
Financial 26%
I turn to other sources (people at church, healers, family/friends) 11%
Access 14%
Other 8%
78 total respondents
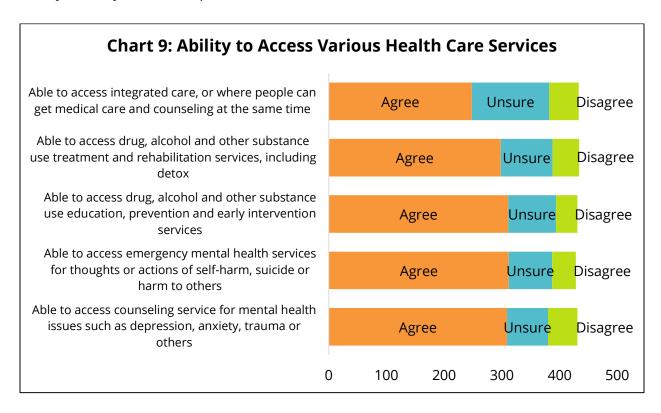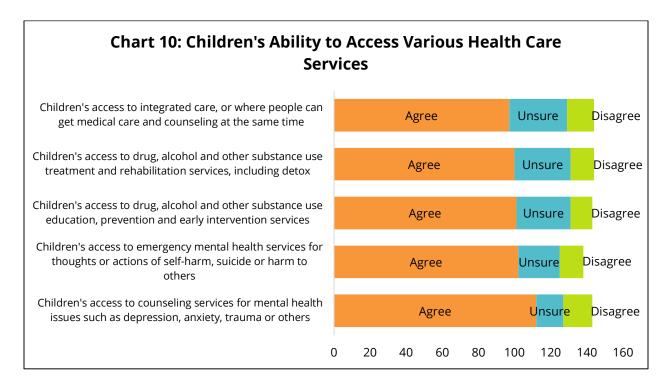
Paying for Health Care: Approximately 94% of respondents answered the question, "How do you pay for your health care?". Chart 8 displays the payment sources used and may include a combination of sources mentioned below. Top payer sources include Medicare (39%), Medicaid/MO HealthNet (31%), Employer-provided health insurance (20%), and out of pocket (18%). The Other category includes Free Clinics (2%), Financial Assistance (1%), I am still on my parents' insurance (0.46%) and Indian Health Services (0.46%).

Chart 8: How do you pay for most of your healthcare?

Medicare , 39%

Other

Unable to pay, 3%

TRICARE/VA, 6%

Marketplace Insurance Plan, 7%

Pay out of pocket, 18%

Medicaid/MO HealthNet, 31%

Employer health insurance, 20%

432 total Respondents

Ability to Access Various Health Care Services: Chart 9 represents respondents' ability to access various health care services across Taney and Stone Counties. While a majority agree with being able to access most services, some are unsure about accessibility to services. This could be due to a lack of knowledge in the process of obtaining services or did not have a need to seek out a specific type of service.

Chart 9: Ability to Access Various Health Care Services

Service			
Able to access integrated care, or where people can get medical care and counseling at the same time	Agree	Unsure	Disagree
Able to access drug, alcohol and other substance use treatment and rehabilitation services, including detox	Agree	Unsure	Disagree
Able to access drug, alcohol and other substance use education, prevention and early intervention services	Agree	Unsure	Disagree
Able to access emergency mental health services for thoughts or actions of self-harm, suicide or harm to others	Agree	Unsure	Disagree
Able to access counseling service for mental health issues such as depression, anxiety, trauma or others	Agree	Unsure	Disagree

0   100   200   300   400   500

Children's Ability to Access Various Health Care Services: Chart 10 represents the household children's ability to access services across Taney and Stone Counties. 34% of respondents answered they have children under the age of 18 in the household. While 74% of respondents agree that their household children can access emergency mental health services, 17% are unsure about accessing those services for their children, and only 9% disagree.
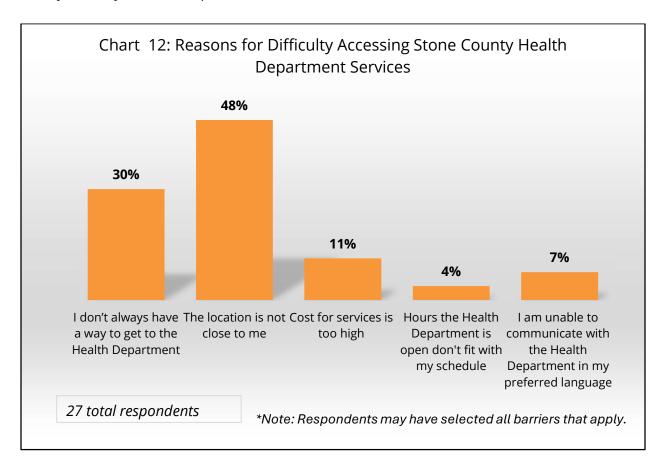
Chart 10: Children's Ability to Access Various Health Care Services

	Agree	Unsure	Disagree
Children's access to integrated care, or where people can get medical care and counseling at the same time	Agree	Unsure	Disagree
Children's access to drug, alcohol and other substance use treatment and rehabilitation services, including detox	Agree	Unsure	Disagree
Children's access to drug, alcohol and other substance use education, prevention and early intervention services	Agree	Unsure	Disagree
Children's access to emergency mental health services for thoughts or actions of self-harm, suicide or harm to others	Agree	Unsure	Disagree
Children's access to counseling services for mental health issues such as depression, anxiety, trauma or others	Agree	Unsure	Disagree

0   20   40   60   80   100   120   140   160

Access to Taney County Health Department Services: Of the total survey respondents, only 60% answered the question regarding access to services from the Taney County Health Department. Among those who responded, 18% indicated they cannot easily access these services. Chart 11 reflects community members who have trouble obtaining Taney County Health Department Services.

Approximately 65% of the respondents indicated they don't always have a way to get to the health department. This could be due to transportation and/or mobility limitations. 37% of respondents selected "The location is not close to me," and "Costs are too high."

It is important to note that many respondents selected more than one answer and may have several barriers to accessing services. Other reasons for those who have trouble obtaining services include mobility issues, a lack of information about what services the health department offers, and a need for specialty services not offered at the health department.
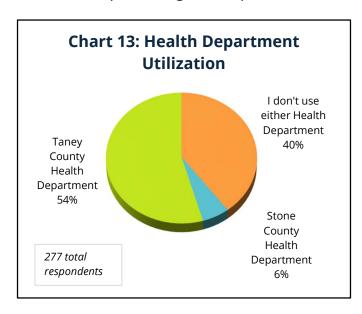
Chart 11: Reasons for Difficulty Accessing Taney County Health Department Services

- 65% — I don't always have a way to get to the Health Department
- 37% — The location is not close to me
- 37% — Cost for services is too high
- 16% — Hours the Health Department is open don't fit with my schedule
- 12% — I am unable to communicate with the Health Department in my preferred language

51 total respondents

*Note: Respondents may have selected all barriers that apply.

Access to Stone County Health Department Services: Of the total survey respondents, only 20% answered the question regarding access to services from the Stone County Health Department. Among those who responded, 45% indicated they cannot easily access these services. Chart 12 reflects respondents who have trouble obtaining Stone County Health Department Services. Approximately 30% of the respondents indicated they don't always have a way to get to the health department; however, 48% of respondents selected, "The location is not close to me." It is important to note that many respondents selected more than one answer and may have several barriers to accessing services.
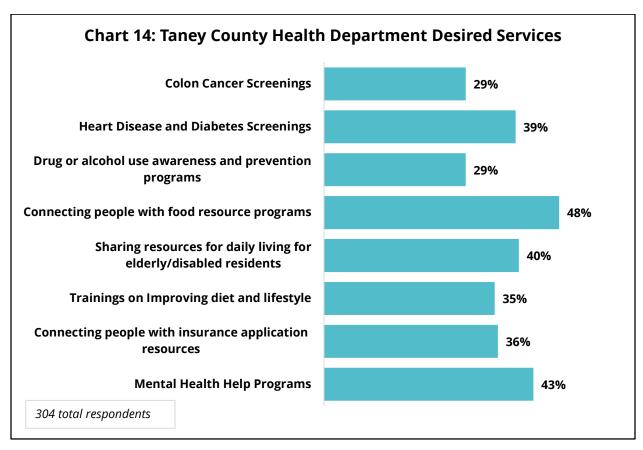
Chart 12: Reasons for Difficulty Accessing Stone County Health Department Services

30%	48%	11%	4%	7%
I don't always have a way to get to the Health Department	The location is not close to me	Cost for services is too high	Hours the Health Department is open don't fit with my schedule	I am unable to communicate with the Health Department in my preferred language

27 total respondents

Note: Respondents may have selected all barriers that apply.

Health Department Utilization: Approximately 54% of respondents receive services from the Taney County Health Department, while only 6% receive services from the Stone County Health Department.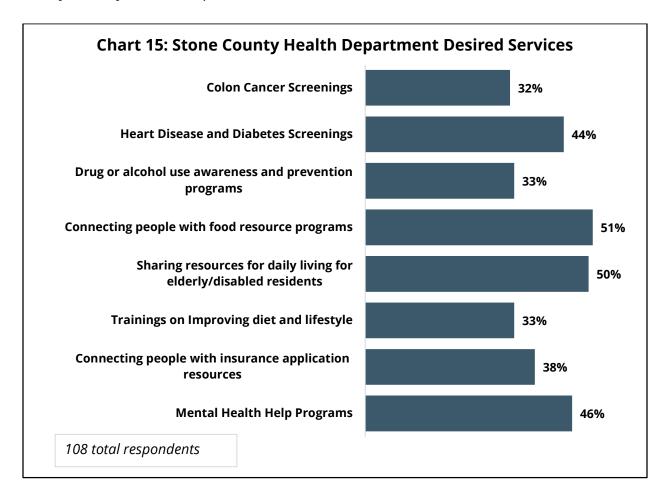 A small percentage of respondents indicated additional zip code locations where they would like to see Taney and Stone County Health Department Services. Top responses for health department services in other zip code locations in Taney County include Hollister, Taneyville, Kirbyville, and Cedarcreek, while the top response in Stone County was Kimberling City.

Chart 13: Health Department Utilization

I don't use either Health Department 40%

Taney County Health Department 54%

Stone County Health Department 6%

277 total respondents

Services Requested for the Taney County Health Department: 66% of respondents answered the question regarding desired health department services in Taney County. Top services desired are as follows: 48% of respondents desire to be connected to people with food resource programs, 43% desire additional mental health help programs, 40% would like the Taney County Health Department to share resources for daily living for elderly/disabled residents, and 39% desire heart disease and diabetes screenings as shown in Chart 14.

Chart 14: Taney County Health Department Desired Services

Service	Percentage
Colon Cancer Screenings	29%
Heart Disease and Diabetes Screenings	39%
Drug or alcohol use awareness and prevention programs	29%
Connecting people with food resource programs	48%
Sharing resources for daily living for elderly/disabled residents	40%
Trainings on Improving diet and lifestyle	35%
Connecting people with insurance application resources	36%
Mental Health Help Programs	43%

304 total respondents

Services Requested for the Stone County Health Department: 23% of the respondents answered the question regarding desired health department services in Stone County. Top services desired are as follows: 51% of respondents desire to be connected to people with food resource programs, 50% would like the Stone County Health Department to share resources for daily living for elderly/disabled residents, 46% desire additional mental health help programs, and 44% desire heart disease and diabetes screenings as shown in Chart 15.

Chart 15: Stone County Health Department Desired Services

Service	Percentage
Colon Cancer Screenings	32%
Heart Disease and Diabetes Screenings	44%
Drug or alcohol use awareness and prevention programs	33%
Connecting people with food resource programs	51%
Sharing resources for daily living for elderly/disabled residents	50%
Trainings on Improving diet and lifestyle	33%
Connecting people with insurance application resources	38%
Mental Health Help Programs	46%

108 total respondents

Top 5 Barriers to Personal Health:

Open text survey responses were analyzed to identify the top five most common statements about barriers to personal health and are listed in no order.

Financial Insecurity and Insurance Gaps
- High deductibles, co-pays, and out-of-pocket costs—even with insurance
- Ineligibility for Medicaid despite low income
- Self-employed or unemployed individuals unable to afford marketplace plans
- Medication costs and medical supply affordability (e.g., diabetes care)

Limited Access to Providers and Services
- Long wait times for appointments and referrals (up to several months)
- Shortage of doctors accepting new patients, especially specialists
- Lack of providers who genuinely listen and care
- Mental health services are difficult to access, expensive, or require hospitalization

- **Transportation and Geographic Barriers**
  - Long travel times to reach care (often over an hour)
  - Lack of emergency transport options or delays in scheduling rides
  - No vehicle access and limited public transit in rural areas like Branson

- **Nutrition and Preventive Wellness**
  - High cost of healthy food and lack of affordable wellness programs
  - Difficulty maintaining exercise routines due to physical limitations or time constraints
  - Desire for more holistic care (less "pill-pushing", more outdoor and wellness activities)

- **Personal and Systemic Trust Issues**
  - Mistrust of pharmaceutical companies and health care systems
  - Feeling dismissed or devalued by providers
  - Mental health struggles such as Post-Traumatic Stress Disorder (PTSD), anxiety, depression compounded by systemic failures in health care systems
  - Personal motivation and self-discipline challenges

Top 5 Barriers to Children's Health:

Open text survey responses were analyzed to identify the top five most common statements about barriers to children's health and are listed in no order.

- **Limited Access to Mental Health Services**
  - Long waitlists (2–4 years), lack of local providers, difficulty navigating systems
  - Inadequate trauma-informed care and shortage of experienced child counselors

- **Affordability of Care and Insurance**
  - High costs of insurance, co-pays, prescriptions, and out-of-pocket expenses
  - Families falling into coverage gaps (e.g., not qualifying for Medicaid)

- **Shortage of Pediatric Providers and Appointments**
  - Overbooked primary care physicians and specialists (e.g., attention deficit hyperactivity disorder (ADHD), autism, urology)
  - Reliance on urgent care or tele-health due to lack of availability

✦ **Dental and Vision Care Access**
- High costs and limited coverage for dental and orthodontic services
- Vision care is often overlooked or unaffordable

✦ **Nutrition and Holistic Health Support**
- Concerns about over-reliance on medication vs. preventive care
- Need for access to healthy food and community wellness resources

Data Review

This section will review demographic data available on various populations and population subgroups who may lack health care access or experience barriers to care. Additional metrics include data on the built environment, youth, health behaviors and clinical care, and access to care.

Demographics

Population Under 18: Approximately 21% of the population in Taney County are under the age of 18, compared to 17% in Stone County.

Table 3: Population Groups Under 18, 2023 Estimate			
Report Area	Total Population	Population Aged 0-17	Population Aged 0-17, Percent
Stone County, MO	31,697	5,336	16.83%
Taney County, MO	56,382	11,822	20.97%
Missouri	6,168,181	1,386,571	22.48%

Data Source: U.S. Census Bureau, U.S. Department of Commerce. (n.d.). Age and Sex. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0101*.

Working Population: Population groups aged 18-64 make up roughly half of the population in Taney and Stone Counties. This population is also the primary group in which labor force statistics are measured.

Table 4: Population Groups 18-64, 2023 Estimate			
Report Area	Total Population	Population Aged 18-64	Population Aged 18-64, Percent
Stone County, MO	31,697	16,434	51.85%
Taney County, MO	56,382	31,983	56.73%
Missouri	6,168,181	3,702,481	60.03%
Data Source: U.S. Census Bureau, U.S. Department of Commerce. (n.d.). Age and Sex. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0101*.			

Adults Aged 65 and Over: Population groups aged 65 and over make up a higher percentage in Stone County at 31% compared to 22% in Taney County based on the 2023 population estimates.

Table 5: Population Groups 65 and over, 2023 Estimate			
Report Area	Total Population	Population Aged 65 and over	Population Aged 65 and over, Percent
Stone County, MO	31,697	9,927	31.32%
Taney County, MO	56,382	12,577	22.31%
Missouri	6,168,181	1,079,129	17.50%
Data Source: U.S. Census Bureau, U.S. Department of Commerce. (n.d.). Age and Sex. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0101*.			

Population Living with a Disability: Taney and Stone Counties have higher disability rates than the state, suggesting a greater need for local services to support individuals with disabilities.

Table 6: Population with a Disability, 2023 Estimate

Report Area	Total Population Estimate	2023 Estimate	Population Estimate, Percent
Stone County, MO	31,419	6,014	19.14%
Taney County, MO	55,949	9,539	17.05%
Missouri	6,062,789	886,543	14.62%

Data Source: U.S. Census Bureau, U.S. Department of Commerce. (n.d.). Disability Characteristics. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1810*. Retrieved September 26, 2025, from https://data.census.gov/table/ACSST5Y2023.S1810?q=population+with+disability+by+tract&g=040XX00US29_050XX00US29 209,29213.

Population in Poverty: Both Taney and Stone County have higher percentages of people living below 100% Federal Poverty Level compared to the state, indicating that this group may experience barriers to affordable options for housing, transportation, and health care services.

Table 7: Population Below 100% Federal Poverty Level, 2023 Estimate

Report Area	Total Population Estimate	2023 Estimate	Population Estimate, Percent
Stone County, MO	31,228	4,363	13.97%
Taney County, MO	54,559	7,870	14.42%
Missouri	5,994,199	756,528	12.62%

Data Source: U.S. Census Bureau, U.S. Department of Commerce. (n.d.). Poverty Status in the Past 12 Months. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701*. Retrieved September 29, 2025, from https://data.census.gov/table/ACSST5Y2023.S1701?q=Poverty+Population&g=040XX00US29_050XX00US29209,29213.

Children in Poverty: The percentage of children living below 100% Federal Poverty Level in Stone and Taney Counties is also higher than the state, indicating potential barriers to accessing affordable food and health care services.

Table 8: Population Children Below 100% Federal Poverty Level, 2023 Estimate				
Report Area	Total Population Estimate	2023 Population <Age 18 Estimate	Population < Age 18 in Poverty Estimate	Population < Age 18 in Poverty Estimate, Percent
Stone County, MO	31,228	5,100	933	18.29%
Taney County, MO	54,559	11,527	2,286	19.83%
Missouri	5,994,199	1,356,461	216,943	16%

Data Source: U.S. Census Bureau, U.S. Department of Commerce. (n.d.). Poverty Status in the Past 12 Months. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701*. Retrieved September 29, 2025, from https://data.census.gov/table/ACSST5Y2023.S1701?q=Poverty+Population&g=040XX00US29_050XX00US29209,29213.

Built Environment

Broadband Access: Table 9 describes the percentage of population with access to high-speed internet as reported by the Stone & Taney Counties Data Dashboard. Data are based on the reported service area of providers offering download speeds of 25 megabits per second or more and upload speeds of 3 megabits per second or more. Also shown are download speeds of 100 megabits per second or more and upload speeds of 20 megabits per second or more. These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included. Lower population percentages of broadband access could limit opportunities for expanding telehealth options, especially in Stone County.

Table 9: Broadband Access, 2024

Report Area	Total Number of Broadband Serviceable Locations	Access to download Speeds>=25 megabits per second and upload Speeds>=3 megabits per second	Access to download Speeds >= 100 megabits per second and upload Speeds>= 20 megabits per second
Stone County, MO	21,659	78.40%	60%
Taney County, MO	25,203	94.70%	90.95%
Missouri	2,513,815	94.82%	91.53%

Data Source: FCC Fabric Data. *National Broadband Map*. FCC National Broadband Map. (2024, December). https://broadbandmap.fcc.gov/data-download/nationwide-data. Further analysis by CARES.

Household Internet Availability: Households with no or slow internet make up approximately 12% of the population. This may limit household opportunities to access health care systems which utilize online platforms for patient communications such as appointment check-ins and testing results.

Table 10: Types of Computers and Internet Subscriptions, 2023

Report Area	Total Households	Households with No or Slow Internet	Households with No or Slow Internet, Percent
Stone County, MO	13,161	1,581	12.01%
Taney County, MO	22,145	2,496	11.27%
Missouri	2,484,834	294,891	11.87%

Data Source: U.S. Census Bureau, U.S. Department of Commerce. (n.d.). Types of Computers and Internet Subscriptions. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2801*. Retrieved September 29, 2025, from https://data.census.gov/table/ACSST5Y2023.S2801?q=Telephone,+Computer,+and+Internet+Access&g=040XX00US29_050XX00US29209,29213.

Vehicle Availability: Households with no motor vehicle comprise a smaller percentage of the population in Taney and Stone Counties; however, transportation is a major barrier to accessing health care in the rural region.

Table 11: Household Size by Vehicles Available, 2023			
Report Area	Total Occupied Households	Households with No Motor Vehicle	Households with No Motor Vehicle, Percent
Stone County, MO	13,161	407	3.09%
Taney County, MO	22,145	972	4.39%
Missouri	2,484,834	163,178	6.57%

Data Source: U.S. Census Bureau, U.S. Department of Commerce. (n.d.). Household Size by Vehicles Available. *American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B08201*. Retrieved September 29, 2025, from https://data.census.gov/table/ACSDT5Y2023.B08201?q=transportation&g=040XX00US29_050XX00US29209,29213.

Housing and Transportation: Table 12 describes the Housing and Transportation Affordability Index (H+T Index), as reported by the Stone & Taney Counties Data Dashboard. The H+T Index evaluates housing affordability by factoring in transportation costs. It defines affordability as combined housing and transportation expenses totaling no more than 45% of household income: 30% for housing and 15% for transportation. The index data is sourced from the Center for Neighborhood Technology (CNT), 2022.

The housing and transportation costs, as a percentage of household income shown in Table 12, indicate that residents allocate a larger share of their income to these basic needs, which may reduce the amount available for health care services.

Table 12: Housing and Transportation Affordability Index, 2022				
Report Area	Total Households	Housing + Transportation Costs % Income	Housing Costs % Income	Transportation Costs % Income
Stone County, MO	12,689	54%	25%	29%
Taney County, MO	22,390	55%	26%	29%
Missouri	2,440,212	47%	24%	24%

Data Source: Center for Neighborhood Technology. *The Housing and Transportation (H+T®) Affordability Index*, 2022. H+T Affordability Index. (n.d.). https://htaindex.cnt.org/map/#. Total Households: U.S. Census Bureau, American Community Survey 5-year Estimate (2019 ACS)

SNAP Benefits: More households in Taney County are receiving supplemental nutrition assistance through the SNAP benefits program than in Stone County and the state comparatively. This food program provides critical support to low-income families to increase access to healthy and nutritious food.

Table 13: SNAP Benefits, 2023			
Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Stone County, MO	13,161	827	6.28%
Taney County, MO	22,145	2,483	11.21%
Missouri	2,484,834	246,339	9.91%

Data Source: U.S. Census Bureau, U.S. Department of Commerce. (n.d.). Food Stamps/Supplemental Nutrition Assistance Program (SNAP). *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2201*. Retrieved September 29, 2025, from
https://data.census.gov/table/ACSST5Y2023.S2201?q=%22receipts+of+food+stamps+&g=040XX00US29_050XX00US29209,29213.

Youth

Youth Behaviors: Risky youth behaviors are assessed through the Missouri Student Survey in even numbered years which began in 2000. Planned suicides in Taney County reduced from 11.3% in 2022, to 10% as shown in Table 14. The rate of those who seriously considered suicides in Taney County also dropped from 14.6% in 2022, to 13.4%. Comparatively, planned suicides in Stone County reduced from 12.2% in 2022, to 7.8%. The rate of those who seriously considered suicides also dropped from 14.6% in 2022 to 10.4%.

Table 14: Youth Behaviors Last 12 months, 2024

Report Area	Were in a physical fight	Been threatened or injured with a weapon on school property	Seriously considered suicide	Planned suicide	Attempted suicide
Stone County, MO	13.9%	7.7%	10.4%	7.8%	3.9%
Taney County, MO	16.1%	9.5%	13.4%	10%	7.4%

Data Source: *Missouri Department of Mental Health*. Missouri Behavioral Health Data-Missouri Student Survey, 2024. (n.d.). https://seow.dmh.mo.gov/MSS/MSSChartLayout.aspx?PATH=GeographicAreas&SID=e00aab06-0a31-4edd-ac14-8f068e090979&DataType=Percentage

Childcare Center Rates: The rates of childcare centers in Taney and Stone Counties are less than the state rate of 9.71. Opportunities for available childcare can support caregivers' abilities to attend health care appointments and engage in work outside the home.

Table 15: Childcare Centers per 1,000 population, 2010-2022			
Report Area	Population under age 5	Total Childcare Centers	Rate of Childcare Centers per 1,000 Population Age <5
Stone County, MO	1,125	9	8
Taney County, MO	2,857	20	7
Missouri	367,083	3,205	9.71

Data Source: *Community needs assessment. Childcare Centers per 1,000 Population, 2010-2022.* Stone Taney Counties Data Dashboard. (n.d.). https://stcdd.org/community-needs-assessment/

Head Start Program Rates: The rate of Head Start Programs in Taney and Stone Counties are higher than the state as shown in Table 16, indicating that opportunities are available to support children in low-income families through early learning for entry into kindergarten.

Table 16: Head Start Programs per 10,000 children under age 5, 2024

Report Area	Population Under Age 5	Total Head Start Programs	Head Start Programs, Rate per 10,000 Population Under Age 5
Stone County, MO	1,239	2	16.14
Taney County, MO	2,878	7	24.32
Missouri	355,024	459	12.93

Note: Head Start facility data is acquired from the US Department of Health and Human Services (HHS) 2024 Head Start locator. Population data is from the 2020 US Decennial Census.

Data Source: *Community needs assessment. Head Start Programs per 10,000 Population, 2024.* Stone Taney Counties Data Dashboard. (n.d.). https://stcdd.org/community-needs-assessment/

Childcare Cost Burden: The percentage of childcare cost burden is higher in Taney and Stone Counties compared to the state as shown in Table 17. This is measured using the cost of childcare for a household with two children as a percentage of median household income, meaning that lower-income families devote a higher percentage of their income to care.

Table 17: Access-Childcare Cost Burden, 2023-2024.

Report Area	Median Household Income	Childcare Cost	Childcare Costs, Percentage of Median Household Income
Stone County, MO	$62,394	$20,742	33.25%
Taney County, MO	$54,514	$21,511	39.46%
Missouri	$68,484	$21,163	30.90%

Note: Data are acquired from the 2024&2023 Living Wage Calculator and Small Area Income and Poverty Estimates. This indicator reports the childcare costs for a median-income household with two children as a percentage of household income.

Data Source: *Small Area Income and Poverty Estimates*. United States Census Bureau. (n.d.). https://www.census.gov/data-tools/demo/saipe/#/?s_state=29&s_county=29209,29213&s_district=&s_geography=county&s_measures=mhi

Health Behaviors and Clinical Care

Readmissions rates among Medicare Populations: 30-day hospital readmissions for all causes in the Medicare population are shown in Table 18 and indicate a lower hospital readmission rate for both Taney and Stone Counties compared to the state.

Table 18: Readmissions-All Cause (Medicare Population)			
Report Area	Medicare Fee For Service Beneficiaries	30-Day Hospital Readmissions	30-Day Hospital Readmissions, Rate
Stone County, MO	10,574	101	14.4%
Taney County, MO	15,069	148	15.0%
Missouri	1,217,880	23,023	18.1%

Data Source: *Community needs assessment. Readmissions-All Cause (Medicare Population). Centers for Medicare and Medicaid Services,* CMS - Geographic Variation Public Use File *. 2023.* Stone Taney Counties Data Dashboard. https://stcdd.org/community-needs-assessment/

Adults Managing High Blood Pressure: Table 19 reports the percentage of adults with hypertension (high blood pressure), age-adjusted, who take medicine for high blood pressure management. This data indicates that more than half of the adults in Stone and Taney Counties are managing high blood pressure with medication. Poor management of hypertension can lead to increased risk of heart disease, stroke, or kidney failure.

Table 19: High Blood Pressure Management (Adult)		
Report Area	Total Population	Adults Age 18+ who take medicine for hypertension (Age-Adjusted)
Stone County, MO	32,136	61.2%
Taney County, MO	56,821	59.9%
Missouri	6,177,957	60.9%

Data Source: *Community needs assessment. High Blood Pressure Management (Adult Population). Centers for Disease Control and Prevention,* Behavioral Risk Factor Surveillance System. *Accessed via the* PLACES Data Portal. *2021.* Stone Taney Counties Data Dashboard. https://stcdd.org/community-needs-assessment/

Adult Chronic Conditions-Heart Disease: Table 20 reports the age-adjusted percentage of adults who have coronary heart disease (CHD). Poor management of heart disease can lead to increased hospitalizations and higher health care costs which affect overall quality of life. The percentage of Taney and Stone County residents with heart disease is slightly higher than the state.

Table 20: Chronic Conditions-Heart Disease (Adult)		
Report Area	Total Population	Adults Age 18+ Ever Diagnosed with CHD (Age-Adjusted)
Stone County, MO	32,136	6.8%
Taney County, MO	56,821	7.0%
Missouri	6,177,957	6.2%

Data Source: *Community needs assessment. Chronic Conditions-Heart Disease (Adult Population). Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.* Stone Taney Counties Data Dashboard. https://stcdd.org/community-needs-assessment/

Multiple Chronic Conditions in the Medicare Population: Table 21 highlights the Medicare population who report multiple chronic conditions. Taney and Stone Counties are reporting over 65% of Medicare beneficiaries with two or more chronic conditions compared to 69% of state Medicare beneficiaries.

It is important to note that managing multiple chronic conditions can be difficult amongst an uncoordinated health care system which may struggle to provide patient centered or integrated care. Patients may experience long wait times for specialty provider appointments, and differing treatment plans may lead to confusion or a lack of understanding about their care.

Table 21: Chronic Conditions-Multiple Conditions (Medicare Population), 2018

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with 2 or More Chronic Conditions	Beneficiaries with 2 or More Chronic Conditions, Percent
Stone County, MO	5,254	3,447	65.6%
Taney County, MO	7,399	4,850	65.5%
Missouri	718,508	497,566	69.2%

Data Source: *Community needs assessment. Chronic Conditions-Multiple Conditions (Medicare Population). Centers for Medicare and Medicaid Services. 2018.* Stone Taney Counties Data Dashboard. https://stcdd.org/community-needs-assessment/

Mental Health and Substance Use Chronic Conditions in Medicare Population: This measure comes from the Mapping Medicare Disparities (MMD) Tool which highlights differences in chronic disease rates among groups of Medicare beneficiaries. The tool provides emergency department visit rates for conditions such as Alzheimer's, dementia, asthma, various cancers, depression, and kidney disease. Table 22 shows the percentage of Medicare beneficiaries affected by mental health and substance use issues. One-third of Taney and Stone County Medicare beneficiaries report receiving mental health and substance use services, a rate comparable to the state.

Table 22: Chronic Conditions-Mental Health and Substance Use Conditions, 2023

Report Area	Total Medicare Fee-for-Service Beneficiaries	Mental Health & Substance Use Prevalence, Total	Mental Health & Substance Use Prevalence, Percent
Stone County, MO	4,935	1,530	31%
Taney County, MO	6,517	2,085	32%
Missouri	624,531	218,586	35%

Data Source: *Community needs assessment. Chronic Conditions-Mental Health and Substance Use Conditions (Medicare Population). Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.* Stone Taney Counties Data Dashboard. https://stcdd.org/community-needs-assessment/

Substance Use Disorder in Medicare Population: This data is based on enrollment and claims data for beneficiaries. Percentages are similar between the area and state respectively. A total of 417 beneficiaries in Taney and Stone County are included in this measure.

Table 23: Chronic Conditions- Substance Use Disorder, 2018			
Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Drug/Substance Use Disorder	Percentage with Drug/Substance Use Disorder
Stone County, MO	5,254	134	2.6%
Taney County, MO	7,399	283	3.8%
Missouri	718,508	24,003	3.3%
Data Source: *Community needs assessment. Chronic Conditions-Substance Use Disorder (Medicare Population). Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.* Stone Taney Counties Data Dashboard. https://stcdd.org/community-needs-assessment/			

Medicaid Recipients: Table 24 notes Taney and Stone Counties have higher percentages of Medicaid recipients among children, adults, and seniors compared to the state. Low-cost health coverage for eligible low-income groups is essential for accessing health care services.

Table 24: Medicaid Coverage Rates in Missouri Counties, 2023				
	Total Medicaid	Child Medicaid/CHIP	Adult Medicaid	Senior Medicaid
Stone County	17.7%	39.2%	13.5%	12.7%
Taney County	19.3%	38.2%	14.4%	12.3%
Missouri	18.2%	36.2%	12.9%	11.6%
Note: County-level Medicaid/CHIP coverage estimates are based on an analysis of 2022-2023 American Community Survey (ACS) Public Use Microdata Sample (PUMS). ACS estimates are not adjusted to address the "Medicaid undercount" often observed when comparing analysis based on Census survey data to the reported numbers of individuals enrolled in Medicaid and CHIP using federal and state administrative data. Federal and state administrative data typically shows higher levels of enrollment. Georgetown University McCourt School of Public Policy Center for Children and Families				
Data Source: Searing, A., Little, J., Matlock, H., And, & Alker, J. (2025, February 6). *Medicaid Coverage in Missouri Counties, 2023*. Georgetown University McCourt School of Public Policy Center for Children and Families. https://ccf.georgetown.edu/2025/02/06/medicaid-coverage-in-missouri-counties-2023/				

Core Preventive Services for Men: This indicator reports that less than half of males aged 65 years and older are up to date on clinical preventive services such as influenza vaccinations, a fecal occult blood test (FOBT) to check for blood in the stool, a sigmoidoscopy to check the lower part of the large intestine, or a colonoscopy within the past 10 years.

Table 25: Core Preventive Services for Men, 2020		
	Total Population	Males Age 65 + Up to Date on Core Preventive Services (Age-Adjusted)
Stone County	32,465	45.1%
Taney County	56,104	46.6%
Missouri	6,151,548	48.3%
Data Source: *Community needs assessment. Core Preventive Services for Men. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.* Stone Taney Counties Data Dashboard. https://stcdd.org/community-needs-assessment/		

Core Preventive Services for Women: This indicator reports that less than half of females aged 65 and older are up to date on certain preventive services such as influenza and pneumococcal vaccinations, recent mammogram and colonoscopy screenings, and sigmoidoscopies to check the lower part of the large intestine. Taney and Stone Counties are reporting less percentages of up-to-date preventive services for women compared to the state.

Table 26: Core Preventive Services for Women, 2020		
	Total Population	Females Age 65 + Up to Date on Core Preventive Services (Age-Adjusted)
Stone County	32,465	38.9%
Taney County	56,104	38.7%
Missouri	6,151,548	40.6%
Data Source: *Community needs assessment. Core Preventive Services for Women. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.* Stone Taney Counties Data Dashboard. https://stcdd.org/community-needs-assessment/		

Adult Mental Health: The Alcohol and Drug Abuse Prevention Team (ADAPT) completed a community assessment and survey in 2024. Adult mental health was assessed through focus group interviews and related survey questions centered around ease of access to mental health care services. Table 27 shows the survey results from the assessment.

Table 27: Adult Mental Health, 2024			
	Reporting good mental health	Unaware of local services	Difficulty Accessing Services
Stone County	86%	27%	25%
Taney County	86%	29%	30%
Data Source: *Community needs assessment. Adult Mental Health. Taney County Alcohol and Drug Abuse Prevention Team . 2024* Stone Taney Counties Data Dashboard. https://stcdd.org/community-needs-assessment/			

Deaths of Despair: Table 28 reports the average death rates per 100,000 population from intentional self-harm (suicide), alcohol-related diseases, and drug overdoses, which are collectively referred to as 'deaths of despair'. Taney County's overall death rate from deaths of despair is significantly higher than the state indicating a continued need for preventive programs which offer resources for those experiencing mental health crises.

Table 28: Deaths of Despair, 2019-2023			
	Total Population, 2019-2023 Avg.	Five Year Total Deaths, 2019-2023 Total	Total Death Rate (Per 100,000 Population)
Stone County	32,152	101	62.8
Taney County	56,403	220	78.0
Missouri	6,166,255	19,870	64.4
Data Source: *Community needs assessment. Deaths of Despair. Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.* Stone Taney Counties Data Dashboard. https://stcdd.org/community-needs-assessment/			

Poor Mental Health: Table 29 reports the age-adjusted percentage of adults aged 18 and older who reported experiencing poor mental health on 14 or more days within the past 30 days.

Table 29: Poor Mental Health, 2022		
	Total Population	Adults Age 18+ with Poor Mental Health (Age-Adjusted)
Stone County	32,136	19.8%
Taney County	56,821	19.7%
Missouri	6,177,957	18.6%
Data Source: *Community needs assessment. Poor Mental Health. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.* Stone Taney Counties Data Dashboard. https://stcdd.org/community-needs-assessment/		

Access to Care

Dental Providers: Taney and Stone Counties have significantly lower dentist rates per 100,000 population than the state, indicating that an increase in dentists in the area is needed to improve access to oral health. Lack of good dental hygiene can lead to tooth decay and may become more serious, leading to severe and chronic pain if left untreated.

Table 30: Dental Providers			
Report Area	Estimated Population	Ratio of Dental Providers to Population (1 Provider per x persons)	Dentists, Rate per 100,000 Population
Stone County, MO	31,250	6,250	16
Taney County, MO	56,757	2,702.7	37
Missouri	6,144,444	1,587.3	63
Data Source: *Community needs assessment. Access to Care-Dental Health. US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. Accessed via County Health Rankings. 2022.* Stone Taney Counties Data Dashboard. https://stcdd.org/community-needs-assessment/			

Mental Health Providers: These providers may include licensed clinical social workers and other credentialed professionals specializing in fields such as psychiatry, psychology, counseling, or child/adolescent/adult mental health.

The provider population rates for Taney and Stone Counties are significantly lower than the state, indicating a need to increase the number of available mental health providers in the area.

Table 31: Mental Health Providers

Report Area	Population, 2020	Providers, Rate per 100,000 Population
Stone County, MO	31,076	80.45
Taney County, MO	56,066	108.80
Missouri	6,154,913	303.92

Data Source: *Community needs assessment. Access to Care-Mental Health Providers. Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). September 2025.* Stone Taney Counties Data Dashboard. https://stcdd.org/community-needs-assessment/

Primary Care Physician Providers: These physician providers generally practice in the areas of family medicine, internal medicine, and pediatrics. As shown in Table 32, the rate for primary care providers in Taney County is comparable to the state; however, Stone County has a significantly lower rate of providers per 100,000 in population, indicating a need to increase the number of primary care providers in the county.

Table 32: Primary Care Physician Providers

Report Area	Total Population	Primary Care Physicians, Rate per 100,000 population
Stone County, MO	31,548	25.36
Taney County, MO	56,387	79.81
Missouri	6,168,187	70.39

Data Source: *Community needs assessment. Access to Care-Primary Care Providers. US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. Accessed via County Health Rankings. 2021.* Stone Taney Counties Data Dashboard. https://stcdd.org/community-needs-assessment/

Population Living in a Health Profession Shortage Area (HPSA): This designation is given by the Health Resources and Services Administration (HRSA). HPSAs include regions with shortages in the following disciplines: primary medical, dental, or mental health providers. The entire populations of Taney and Stone Counties live in a HPSA.

Table 33: Population Living in a Health Professional Shortage Area		
Report Area	Total Population (ACS 2023 5-Year Estimates)	Percentage of Population Living in an Area Affected by a Primary Care HPSA
Stone County, MO	31,697	100%
Taney County, MO	56,382	100%
Missouri	6,168,181	64.46%

Data Source: *Community needs assessment. Population Living in a Health Professional Shortage Area. US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database. 2025.* Stone Taney Counties Data Dashboard. https://stcdd.org/community-needs-assessment/

Discussion

Data Limitations

There were data limitations with this assessment. The survey did not collect information on age ranges or city of residence; therefore, zip codes that span both Taney and Stone County could not be definitively assigned to one county, and respondents from these areas may have been counted in either. Approximately 10 respondents did not indicate a zip code but completed the remainder of the survey. To ensure their open text responses were included, a neutral identifier was assigned. Future community surveys should include questions about age and jurisdiction to better understand the distribution of respondents.

Gaps in Services

The primary and behavioral health service gaps are divided by categorized themes that emerged from partner feedback and community surveys.

There were seven key themes identified in both primary and behavioral health care, and two key themes specifically for behavioral health care. Secondary data points are included from the Data Review section of this report to provide context supporting the topics below.

Primary and Behavioral Health

Unaffordable Care: Difficulty affording quality health care can stem from factors such as lack of insurance, low income, and high poverty rates. According to Table 7 in the Data Review section, a higher percentage of the population in Stone and Taney Counties are living in poverty when compared to the state. Table 8 further shows that children under the age of 18 living in poverty in Stone and Taney Counties make up a higher percentage of the population than the state. These figures suggest that residents in Stone and Taney County face greater challenges in accessing affordable health care options.

In addition to economic barriers, community partners noted that some patients with Medicare choose not to enroll in Part B coverage, resulting in higher out-of-pocket costs for services. Partners also voiced concerns about patients who fall between coverage gaps such as those whose employer-sponsored insurance does not cover their care, or whose income levels exceed poverty guidelines but still do not allow for affordable access. With limited availability of services that offer sliding fee scales, individuals with complex health needs may struggle to access the care they require.

Provider Reimbursement for Services: Providers may limit services to insured patients or offer cash only options due to lower reimbursement rates for behavioral health services. Medicaid generally pays less than Medicare for physician services, and reimbursements can vary by specific services. Partners indicated that some insurance companies may only reimburse $35 per therapy session when therapy services can range up to $150 per hour. Recent federal legislative proposals may contribute to instability in provider reimbursements. According to partners, "Payment uncertainty and commercial market shifts, reductions in Medicare physician payments, and legislative proposals add financial uncertainty."

Transportation: There are limited options for public transportation in the area, which is a major barrier to accessing health care services. Due to limited public transportation options, patients may rely on costly private transportation services such as Uber or Lyft which may not have late evening or early morning services. This can be especially challenging for patients discharging from the emergency department with no vehicle or family for transport. Access to health care without means of transportation such as a vehicle can be especially challenging in Stone and Taney Counties.

Stone and Taney County residents spend approximately one-third of their income on transportation, as shown in Table 12 of the Data Review section. Partners agreed that lack of transportation options limit access to primary and behavioral health care. Additionally, survey *r*espondents with mobility issues encounter barriers to obtaining suitable transportation to attend appointments. These patients may need specialized vehicles such as the Operating Above The Standard (OATS) Transit to accommodate mobility needs.

Provider Shortage: Primary provider shortages in the area are a major barrier to accessing health care. All residents in Stone and Taney Counties are living in a Health Profession Shortage Area, compared to 64.46% of the state. These shortages result in long wait times for appointments, referrals to neighboring communities, and an increased utilization of urgent care and emergency services.

The rate of mental health providers is significantly lower in Stone and Taney Counties compared to the state as shown in Table 31 in the Data Review section. A shortage of providers in the area limits the community's ability to access prescribed medications for behavioral health conditions. The percentage of addiction and substance use providers to the overall population in Stone and Taney Counties falls well below the national average, resulting in limited access to support for individuals facing mental health challenges. According to partners, "Provider burnout is occurring among social workers, counselors, and case managers due to sustained pressure and a high volume of patient caseloads."

Vulnerable populations, such as youth and older adults, lack access to providers who specialize in youth behavioral health and geriatric care services, respectively. This shortage may leave young people without adequate support during critical developmental years and contribute to poorer health outcomes among the older individuals.

Access to Technology: Lack of access to a computer or available internet, technological skillsets, and costs for devices and internet services can result in service area gaps. Approximately 12% of Taney and Stone County households have slow or no internet access. Broadband access differs significantly between Stone County (78.4%), and the state (94.8%) as referenced in Table 9 of the Data Review section. More infrastructure such as fiber optic networks and wireless towers would be needed to expand telehealth services in this area.

In addition to infrastructure limitations, some older adults may struggle to navigate care networks online, or lack the digital literacy needed to use technology effectively, further limiting their access to care.

Uncoordinated Health Care System: An uncoordinated health care system can lead to gaps in care, unintentional drug interactions, increased patient costs, and worsening health outcomes. Approximately 8,297 Medicare beneficiaries in Taney and Stone Counites live with multiple chronic conditions, making coordinated care especially critical. However, the traditional siloed approach hinders early identification and comprehensive patient treatment, particularly with patients

managing co-occurring mental and physical health conditions.

Housing Unstable: This subgroup within the population may have significant challenges in accessing health care services. Without a permanent residence or reliable transportation, it can become increasingly difficult to establish care with primary and mental health providers, maintain appointments, and receive follow-up care. According to community partners, "Both mental health services and physical health services require the client to have access to a reliable form of communication. If there is no way to contact the client for scheduling, the appointments are never made. Likewise, many appointments are cancelled if you are unable to confirm when the provider calls."

Behavioral Health

Rapid Access Unit: Crisis intervention services are limited in the area, often requiring patients to travel to a rapid access unit in Springfield for immediate care. This geographic barrier can delay treatment and place additional strain on individuals in crisis. Community partners emphasized the need for a local treatment center that can provide 24-hour care to reduce travel burdens and alleviate overflow at emergency rooms.

Stigma: Stigma surrounding mental health can lead to delayed intervention and poor health outcomes. While stigma remains a barrier, community partners noted strong public support for veterans and first responders seeking help. This cultural openness may serve as a foundation for broader acceptance of mental health care across the general population. Continued advocacy and a shift in attitudes are essential to building trust between the community, mental health providers, and individuals living with mental health conditions.

Emerging Issues - Primary and Behavioral

Partner feedback indicates that payment uncertainty and shifts in the insurance market could result in future reductions in physician reimbursements. Recent federal legislation passed in 2025 through H.R. 1, Subtitle B (Health), introduces more restrictive rules on how states pay providers through the Medicaid program. The bill caps state-directed payments at 100% of Medicare rates for Medicaid expansion states such as Missouri, which may result in reduced funding for hospitals and clinics who serve low-income patients. Additionally, changes to state provider tax structures could further decrease overall funding available for health care services.

As shown in Table 26 in the Data Review section, Medicaid recipients represent a total of 16,491 recipients across both counties. Concerns about potential changes to Medicaid eligibility or funding were reflected in both the partner agency thematic analysis and the community survey responses.

Partner agencies conveyed firsthand experience to the challenges in negotiating higher reimbursement rates to adequately cover provider services. Higher reimbursement rates may encourage more physicians to participate in Medicaid and Medicare programs, thereby expanding access to care.

Additionally, recent changes to federal programs such as the Supplemental Nutrition Assistance Program (SNAP) could further limit eligibility and access to critical food programs that approximately 3,310 households in Taney and Stone Counties currently rely on.

Conclusion –Primary and Behavioral

In conclusion, some parallels can be drawn about the causes of barriers to access to care. Resident responses from the community survey aligned with community partner feedback regarding barriers to accessing health care services in Taney and Stone Counties. Health Professional Shortage Areas persist in Stone and Taney Counties; therefore, it is essential to promote recruitment and retention of qualified health professionals to the area to decrease provider burnout and prevent further reductions in the health care workforce.

Rural and underserved populations continue to face significant access challenges, as shown in both partner and community input. Key barriers include inadequate public transportation, limited insurance coverage, difficulty obtaining affordable primary and behavioral health care, and increasingly long wait times for appointments with local providers.

To address these challenges, an integrated team-based care model may help support patients and improve quality of life. Strategies such as offering flexible, non-traditional appointment times, expanding mobile and school-based health clinics, increasing telehealth options where infrastructure allows, and improving information sharing electronic health records may increase access to health care. Such coordinated efforts can help strengthen community-based care delivery and reduce obstacles to needed services.

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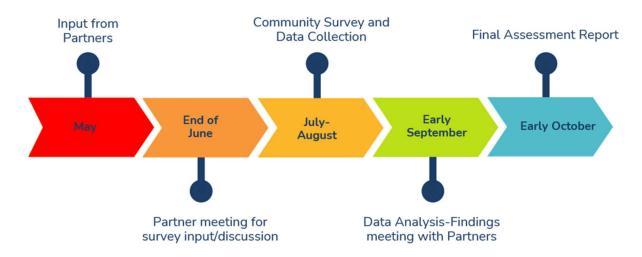
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Appendices

Appendix A 2025 Timeline Graphic

Appendix B Partner Thematic Analysis Questions

1.) From your organization's perspective, what existing gaps in **primary care** access are you observing in the Stone/Taney Community, and are you seeing any *new* gaps emerging for specific populations (ex. children, housing unstable, aging population)?

Additional questions to consider as you think about existing gaps:
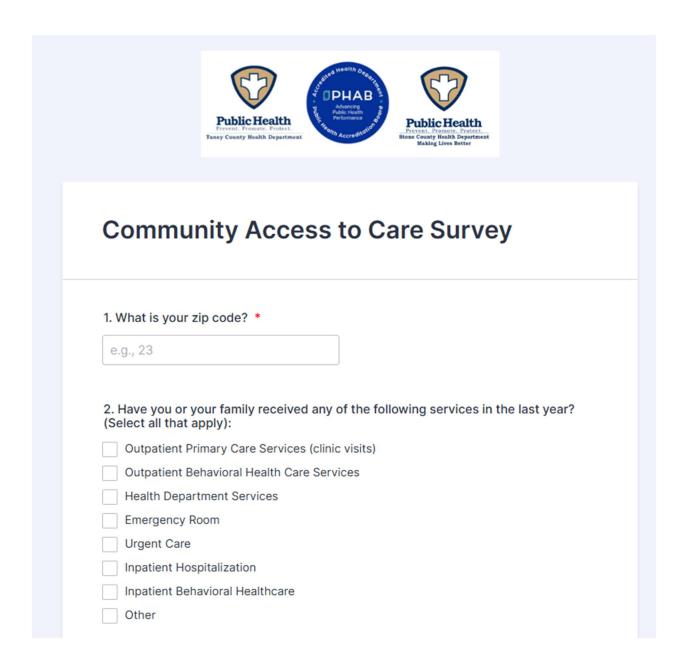
- *What community or system factors are creating barriers, and what new challenges are you anticipating in the next couple of years?*
- *What are the strengths that exist in our community that help mitigate access to care barriers?*

2.) From your organization's perspective, what existing gaps in **behavioral health care** access are you observing in the Stone/Taney Community, and are you seeing any *new* gaps emerging for specific populations (ex. children, housing unstable, aging population)?

Additional questions to consider as you think about existing gaps:

- *What community or system factors are creating barriers, and what new challenges are you anticipating in the next couple of years?*
- *What are the strengths that exist in our community that help mitigate access to care barriers?*

Appendix C Community Survey Questions

Community Access to Care Survey

1. What is your zip code? *

e.g., 23

2. Have you or your family received any of the following services in the last year? (Select all that apply):

☐ Outpatient Primary Care Services (clinic visits)

☐ Outpatient Behavioral Health Care Services

☐ Health Department Services

☐ Emergency Room

☐ Urgent Care

☐ Inpatient Hospitalization

☐ Inpatient Behavioral Healthcare

☐ Other

2a. Please list any other services you may have received in the last year not listed above:

3. When was your last primary care visit with a healthcare provider?

Please Select ⌄

4. How do you pay for most of your healthcare? (Select all that apply)

☐ I pay out of pocket/I pay with personal funds

☐ TRICARE

☐ Medicare

☐ Indian Health Services

☐ Medicaid/MO HealthNet

☐ Veteran's Administration

☐ Marketplace insurance plan

☐ Employer-provided health insurance

☐ I am still on my parents' insurance

☐ I am unable to pay for my healthcare

☐ Medishare

☐ I have Financial Assistance

☐ Free Clinics

☐ FQHC's-Federally Qualified Health Center

☐ Free Medical Clinic of the Ozarks-Free Care

5. In the past 12 months, have there been times when you needed medical care but chose NOT to or could NOT seek it?

○ Yes

○ No

○ Not Sure

5a. If YES, why did you NOT get care? (select all that apply)

☐ No childcare

☐ Insurance barriers (for example, lack of coverage or referrals)

☐ Scheduling barriers (for example, work/class conflicts, wait times or telehealth not accessible)

☐ Access barriers (for example, hospital or specialty care too far away, not aware of options or no transportation)

☐ Financial barriers (for example, did not have the money or other priorities were more important)

☐ Provider/staff barriers (for example, have had a bad experience or worried about a diagnosis)

☐ Cultural barriers (for example, religious beliefs, language barriers or concern of discrimination)

☐ Identity barriers (for example, could not find a provider of desired race, ethnicity, gender, LGBTQIA+ identity or faith)

☐ Other

6. In the past 12 months, have there been times when you needed mental health care but chose NOT to or could NOT seek it?

○ Yes

○ No

○ Not Sure

6a. If YES, why did you NOT get mental health care? (select all that apply)

☐ No childcare

☐ I turn to other sources for mental health support (for example, people at church, healers, family and/or friends)

☐ Identity barriers (for example, could not find a provider of desired race, ethnicity, gender, LGBTQIA+ identity or faith)

☐ Insurance barriers (for example, lack of coverage or referrals)

☐ Scheduling barriers (for example, work/class conflicts, wait times or telehealth not accessible)

☐ Access barriers (for example, hospital or specialty care too far away, not aware of options or no transportation)

☐ Financial barriers (for example, did not have the money or other priorities were more important)

☐ Provider/staff barriers (for example, have had a bad experience or worried about a diagnosis)

☐ Cultural barriers (for example, religious beliefs, language barriers or concern of discrimination)

☐ Other

The next couple of questions will ask you about your ability to access healthcare services. We define access to healthcare as the ability to get services without barriers such as distance, cost or time.

7. If needed, I am able to access counseling service for mental health issues such as depression, anxiety, trauma or others:

○ Agree

○ Disagree

○ Unsure

8. If needed, I am able to access emergency mental health services for thoughts or actions of self-harm, suicide or harm to others:

○ Agree

○ Disagree

○ Unsure

9. If needed, I am able to access drug, alcohol and other substance use education, prevention and early intervention services:

○ Agree

○ Disagree

○ Unsure

10. If needed, I am able to access drug, alcohol and other substance use treatment and rehabilitation services, including detox:

○ Agree

○ Disagree

○ Unsure

11. If needed, I am able to access integrated care, or where people can get medical care and counseling at the same time:

○ Agree

○ Disagree

○ Unsure

12. Do you have children (individuals under 18 years old) in your household?

○ Yes

○ No

12a. If needed, the children in my household are able to access counseling services for mental health issues such as depression, anxiety, trauma or others:

○ Agree

○ Disagree

○ Unsure

12b. If needed, the children in my household are able to access emergency mental health services for thoughts or actions of self-harm, suicide or harm to others:

○ Agree

○ Disagree

○ Unsure

12c. If needed, the children in my household are able to access drug, alcohol and other substance use education, prevention and early intervention services:

○ Agree

○ Disagree

○ Unsure

12d. If needed, the children in my household are able to access drug, alcohol and other substance use treatment and rehabilitation services, including detox:

○ Agree

○ Disagree

○ Unsure

12e. If needed, the children in my household are able to access integrated care, or where people can get medical care and counseling at the same time:

○ Agree

○ Disagree

○ Unsure

12f. What is the greatest unmet health need for your children?

[ ]

13. What is your biggest barrier to better health?

[ ]

14. Please select which Health Department you use the most:

Please Select   ⌄

15. Which of the following services below would you like to see from the Taney County Health Department? (Select all that apply):

[ ] Mental Health Help Programs

[ ] Connecting people with insurance application resources

[ ] Trainings on improving diet and lifestyle

[ ] Sharing resources for daily living for elderly/disabled residents

[ ] Connecting people with food resource programs

[ ] Drug or alcohol use awareness and prevention programs

[ ] Heart Disease and Diabetes Screenings

[ ] Colon Cancer Screenings

16. Which of the following services below would you like to see from the Stone County Health Department? (Select all that apply):

- [ ] Mental Health Help Programs
- [ ] Connecting people with insurance application resources
- [ ] Trainings on improving diet and lifestyle
- [ ] Sharing resources for daily living for elderly/disabled residents
- [ ] Connecting people with food resource programs
- [ ] Drug or alcohol use awareness and prevention programs
- [ ] Heart Disease and Diabetes Screenings
- [ ] Colon Cancer Screenings

17. Can you easily access services from the Taney County Health Department?

- ( ) Yes, I can easily access services
- ( ) No, I cannot easily access services

17a. If you answered no above, select all that apply:

- [ ] I don't always have a way to get to the Health Department
- [ ] The location is not close to me
- [ ] Hours the Health Department is open don't fit with my schedule
- [ ] Cost for services is too high
- [ ] I am unable to communicate with the Health Department in my preferred language

18. Can you easily access services from the Stone County Health Department?

- ( ) Yes, I can easily access services
- ( ) No, I cannot easily access services

18a. If you answered no above, select all that apply:

- ☐ I don't always have a way to get to the Health Department
- ☐ The location is not close to me
- ☐ Hours the Health Department is open don't fit with my schedule
- ☐ Cost for services is too high
- ☐ I am unable to communicate with the Health Department in my preferred language

19. Please include any other reasons why you cannot access Taney County Health Department services below:

20. Please include any other reasons why you cannot access Stone County Health Department services below:

21. Are there more locations where you would like to see Taney County Health Department Services? If yes, include zip code desired below:

e.g., 23

22. Are there more locations where you would like to see Stone County Health Department Services? If yes, include zip code desired below:

e.g., 23

Submit

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