Community Health Needs Assessment
Bates County, MO
On Bates County Memorial Hospital

November 2022

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
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I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Bates County Memorial Hospital – Butler, MO - 2022 Community Health Needs Assessment (CHNA) Wave #4

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the local residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

The previous Bates County Memorial Hospital CHNA was completed in 2016 and 2019. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Bates County, Missouri CHNA assessment began August 2022 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Important community CHNA Benefits for both the local hospital and the health department, are as follows: 1) Increases knowledge of community health needs and resources 2) Creates common understanding of the priorities of the community's health needs 3) Enhances relationships and mutual understanding between and among stakeholders 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5) Provides rationale for current and potential funders to support efforts to improve the health of the community 6) Creates opportunities for collaboration in delivery of services to the community and 7) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8) fulfills Hospital "Mission" to deliver quality health care.

County Health Area of Future Focus on Unmet Needs: Bates County, MO

2022 CHNA Priorities - Unmet Needs			
Bates County, MO on Behalf of Bates County Memorial Hospital			
CHNA Wave #4 Town Hall - November 10, 2022 **Primary Service Area (15 Attendees / 60 Total Votes)**			
#	**Community Health Needs to Change and/or Improve**	**Votes**	**%**	**Accum**
1	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	13	21.7%	22%
2	Substance Abuse (Drugs and Alcohol)	7	11.7%	33%
3	Workforce Staffing (County-wide)	7	11.7%	45%
4	Transportation (General)	6	10.0%	55%
5	Childcare (Safe and Affordable)	5	8.3%	63%
6	Home Health	5	8.3%	72%
7	Obesity (Nutrition / Exercise)	5	8.3%	80%
	Total Votes	60	100%	
Other needs receiving votes: Suicide Prevention, Awareness of Services, Build Community Awareness of Financial Support, Senior Health (Facilities and Delivery), and Visiting Specialists (Ortho, GYN, Neu, Derm, GI)			

Town Hall CHNA Findings: Areas of Strengths

Bates County, MO - Community Health Strengths Recalled			
#	Topic	#	Topic
1	Outpatient Services	6	New Chiropractor
2	Ambulance Services	7	4 Primary Care Clinics - Ext. Hours
3	Broadband Coverage	8	Good Schools
4	Hospital Investment into Capital (Top Care)	9	Public Health
5	MD coverage 24-hour ER Care	10	

Key CHNA Wave #4 Secondary Research Conclusions found:

MISSOURI HEALTH RANKINGS: According to the 2022 Robert Woods Johnson County Health Rankings, the Bates County Primary Service Area (PSA) average rank is 56th in Health Outcomes, 76th in Health Factors, and 39th in Physical Environmental Quality out of the 115 Counties.

TAB 1. Bates County average for population is 11,258 (based on 2021). There is six percent (6.0%) of the population is under the age of 5, while the population that is over 65 years old is 19.6%. Citizens that speak a language other than English in their home make up 2.1% of the population. Children in single parent households make up a total of 19.2% compared to the rural norm of 20.3%, and 86.4% are living in the same house as one year ago.

TAB 2. In Bates County, the average per capita income is $27,635 while 14.8% of the population is in poverty. The severe housing problem was recorded as 11.3% compared to the rural norm of 12.6%. The food insecurity is 12.9%, and limited access to healthy foods (store) is 1.3%.

TAB 3. Children eligible for a free or reduced-price lunch average is 54.0%. Roughly eighty-seven percent (87.4%) of students graduated high school in compared to the rural norm of 88.4% and 16.1% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 74.9% and 6.8% of births have a low birth weight. Continually, 1.6% (compared to the rural norm of 1.7%) was the weighted average of teens who gave birth between 2015-2019. The percent of mothers who were reported as smoking during pregnancy was 15.9%.

TAB 5. Bates County average for primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 5,440 residents. The preventable hospital rate per 100,000 (lower is better) for hospital stays with ambulatory-care sensitive conditions is 7,175. Patients who reported "Yes", they would definitely recommend the hospital was 75.0%. The average time patients spent in the emergency room before being seen was 84 minutes.

TAB 6. Bates County average of the Medicare population that was recorded having depression was 16.9%. The age-adjusted suicide mortality rate per 100,000 was 16.1. The number of poor mental health days on average a week (7 days) was recorded as 4.9 days.

TAB 7a – 7b. The average of those being reported as obese in Bates County was 37.9%, and the physical inactivity percentage is 25.0%. The percentage of adults who smoke is 24.7%, while the excessive drinking percentage is 18.8% as of 2019. The Medicare hypertension percentage is 59.3%, while the heart failure percentage is 17.0%. The percentage of individuals who were recorded having COPD was 17.3%. Continually, a recorded 7.2% have cancer amongst their Medicare population and 3.0% of individuals who have had a stroke.

TAB 8. The adult uninsured rate for Bates County average is 13.3% (based on 2019) compared to the rural norm of only 15.1%.

TAB 9. The life expectancy for both males and females is roughly seventy-six years of age (76.1). The age-adjusted cancer mortality rate per 100,000 recorded was 202.4. The alcohol impaired driving deaths recorded from 2016-2020 for Bates County is 5.9%

TAB 10. It was recorded (2021) that an average of 36.7% have access to exercise opportunities. There are 14.9% of the population that have diabetes and 38.0% on average of women seek annual mammography screenings.

Key CHNA Wave #4 Primary Research Conclusions Found:

Community Feedback from residents, community leaders and providers (N=139) provided the following community insights via an online perception survey:

- Using a Likert scale, 59.0% of Bates County PSA stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- These stakeholders are satisfied with some of the following services: Ambulance Services and Pharmacy.
- When considering past CHNA needs, the following topics came up as the most pressing: Drug / Alcohol Abuse, Mental Health, Obesity, Cost of Care / Billing, Child Care, Visiting Specialists, Community Health Center, Urgent Care Services, Broadband Services, and Healthcare Transportation.

Bates County MO - CHNA YR 2022					
Past CHNA Unmet Needs Identified			**Ongoing Problem**		**Pressing**
Rank	**Ongoing Problem**	**Votes**	**%**	**Trend**	**Rank**
1	**Drug / Alcohol Abuse**	101	11.2%		1
2	**Mental Health (Diagnosis, Treatment, Aftercare, Providers)**	89	9.9%		2
3	**Obesity (Nutrition / Exercise)**	74	8.2%		3
4	**Community Health Center (Programs / Aquatic Center)**	60	6.7%		7
5	**Cost of Care / Billing**	59	6.5%		4
6	**Child Care**	57	6.3%		5
7	**Visiting Specialists (Derm, Neuro, PEDS, OB)**	46	5.1%		6
8	**Healthcare Transportation**	39	4.3%		10
9	**Preventative Health / Wellness**	37	4.1%		11
10	**Broadband Services**	35	3.9%		9
11	**Awareness of Healthcare Services / Activities**	32	3.5%		12
12	**Urgent Care Services**	29	3.2%		8
13	**Aging Hospital Facility**	26	2.9%		13
14	**Chronic Disease Management**	25	2.8%		14
15	**Health Education**	20	2.2%		15
16	**Lack of Healthcare Grants**	16	1.8%		16
Totals		745	100.0%		

II. Methodology

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II. Methodology
a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital that has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

1. A <u>description of the community served </u>by the facility and how the community was determined;
2. A <u>description of the process </u>and methods used to conduct the CHNA;
3. The <u>identity of any and all organizations </u>with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A <u>description of how </u>the organization considered the input of persons representing the community *(e.g., through meetings, focus groups, interviews, etc.)*, who those persons are, and their qualifications;
5. A <u>prioritized description of all of the community needs </u>identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A <u>description of the existing health care facilities and other resources within the community</u> available to meet the needs identified through the CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community who are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

JOB #2: Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

JOB #3: Adopt an Implementation Strategy by Hospital

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an "implementation strategy" as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.
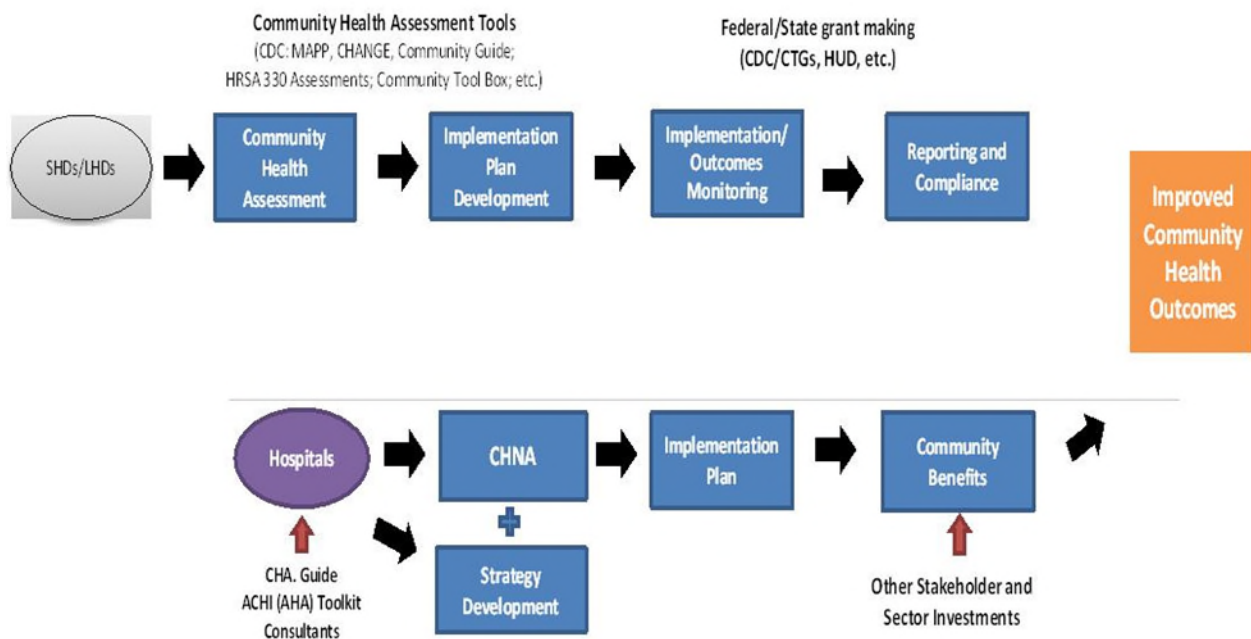
IRS Requirements Overview (Notice 2011-52)

Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

Applicability of CHNA Requirements to "Hospital Organizations"

The CHNA requirements apply to "hospital organizations," which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities <u>once every three taxable years</u>. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public.*** **The CHNA requirements are effective for taxable years beginning after March 23, 2012**. As a result, a hospital organization with a June 30 fiscal year end must complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility's principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals <u>with special knowledge of or expertise in public health</u>. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized

description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "**conducted**" in the taxable year that the written report of the CHNA findings is made **widely available to the public**. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA "widely available to the public" after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility's written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization's website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

How and When to Adopt an Implementation Strategy

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an "implementation strategy" as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it**. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be "**adopted**" on the date the strategy is approved by the organization's board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0)(3)   Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:
1.   Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2.   Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3.   Limitation on Charges - Section 501(r)(5), and
4.   Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Additional Sources of Input
In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:
·

Health care consumers and consumer advocates	· Health care providers and community health centers
· Nonprofit and community-based organizations	· Health insurance and managed care organizations,
· Academic experts	· Private businesses, and
· Local government officials	· Labor and workforce representatives.
· Local school districts	

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Collaboration on CHNA Reports
A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

Joint Implementation Strategies
As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations

in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Adoption of Implementation Strategy
An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body.· This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

Acquired Facilities A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

New Hospital Organizations
An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or · The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

New Hospital Facilities
A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

Transferred/Terminated Facilities
A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

Public Health Criteria:

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

DOMAIN 1 includes 4 STANDARDS:

- **Standard 1.1 -** Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2 -** Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3 -** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4 -** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

Required CHNA Planning Process Requirements:

a. Participation by a wide range of community partners.
b. Data / information provided to participants in CHNA planning process.
c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
d. Community assets & resources identified.
e. A description of CHNA process used to set priority health issues.

Seven Steps of Public Health Department Accreditation (PHAB):

1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

MAPP Process Overview

Mobilizing for Action through Planning and Partnerships (MAPP) is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

The MAPP process includes the following six phases. It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.

2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.

3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).

4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.

5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).

6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.

Drivers of Health Assessment & Improvement Planning

Different drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years.

National Voluntary Accreditation Requirements

In 2011, the Public Health Accreditation Board (PHAB), in partnership with key public health organizations, launched a new national voluntary accreditation program for state, tribal, local, and territorial health departments. The standards and measures encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2). A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years. More information is available from PHABexternal icon and CDC.

CDC Grant Requirements

CDC grants often require or encourage completing a community health assessment or improvement plan. In some cases, these plans provide valuable information for identifying priority health issues or needs. Examples include ; National Public Health Improvement Initiative (NPHII); Community Transformation Grants or REACH Core

The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock B. *Public Health: What It Is and How It Works. Jones and Bartlett, 2009,* as adapted in *Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0* Cdc-pdf[PDF – 536KB]External, July 2011.

The Catholic Health Association defines a *community health needs assessment* as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs." Catholic Health Association, *Guide to Assessing and Addressing Community Health Needs* Cdc-pdf[PDF-1.5MB]External, June 2013.

Social Determinants of Health

What Are Social Determinants of Health?

[Social determinants of health (SDOH)external icon](#) are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

[Healthy People 2030external icon](#) includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the [10 Essential Public Health Services](#), public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

II. Methodology
b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospital and health department CHNA partners:

<u>Bates County Memorial Hospital Profile</u>

615 W Nursery St, Butler, MO 64730
CEO: Greg Weaver
Phone: 660-200-7000

About Us:

Bates County Memorial Hospital (BCMH) is an independent, non-profit health care system located in the heart of Bates County in Butler, Missouri. We are a 60-bed acute-care hospital with more than 300 members and four rural health clinics in Adrian, Butler and Rich Hill. We offer a wide range of services including a 24-hour physician-staffed emergency department, inpatient and outpatient surgery.

Commitment to Excellence
With our caring physicians, dedicated employees, and specialty services, we are committed to providing health care with state-of-the-art technology. We are proud to offer extensive outpatient specialty clinics, with a qualified and professional staff. More than 120 health care providers comprise the medical and allied health staffs at BCMH and represent a broad cross-section of specialty care areas.

Since we opened our doors in 1960, we have been dedicated to our ultimate mission, to continuously improve the health of the people of our community. To us, that means developing relationships with our patients, offering state-of-the-art equipment, and advancing our services so our community has access to health care where they need it most, close to home.

BCMH is rated four out of five stars for Overall Quality by the Centers for Medicare and Medicaid (CMS).

Mission – Why We Exist
To continuously improve the health of the people of our community.

Vision – What We Want to Be
The provider of choice for quality patient-centered care and health services in the community.

Values – Who We Are
Compassion—Show sincere care and kindness for those we serve. Accountability—Take responsibility for our actions.
Respect—Treat everyone with dignity.
Excellence—Achieve excellence through innovation, teamwork and doing our best.
Smile—Always be friendly.

Critical Success Factors – How We Succeed
People—Maintain high-quality workforce.

Service—Improve customer service.
Quality—Improve prevention and health education services and Improve health outcomes.
Financial—Produce financial resources required to support the mission and values.
Growth—Expand access to health services.

Our Services

Bates County Memorial Hospital invites you review the many services we offer the community. Our Outpatient Specialty Clinics offer services by the area's leading specialists. Our Hospitalist program utilizes physicians specializing in Inpatient care. Telemedicine consults are available with Cardiologists, Pulmonary and Infectious Disease specialists.

- Ambulance
- Breast Health
- Cancer Care
- Cardiology
- Cardiac-Pulmonary Rehab
- Emergency Medical Services
- Endoscopy Procedures
- Family Medicine - Rural Health Clinics
- Hospitalists
- Imaging Services (Radiology)
- Laboratory Services
- Nutrition Counseling
- Outpatient Specialty Clinics - Audiology, Cardiology, Endocrinology, ENT, Gastroenterology, Nephrology, Oncology/Hematology, Ophthalmology, Orthopedics, Pain Management, Podiatry, Pulmonary, Urology, Vestibular
- Rehabilitation Services - Physical, Occupational, Speech
- Respiratory Care and Therapies
- Surgical Services
- Support Groups
- Telemedicine
- Wound Care

Bates County Health Center

501 N Orange St, Butler, MO 64730
Administrator: Jody Welston, RN
Hours: M-F 8:30 a.m. to 4:30 p.m. (First Thurs of each month: 8:30 a.m. to 7:00 p.m.)

Bates County Health Center was opened as a demonstration unit on April 1, 1975. A vote of the citizens on August 3, 1976 approved a mill tax for the continuation of the local public health agency. Since its establishment, the Bates County Health Center has been dedicated to protecting the health and well-being of the citizens of the county. Although services offered have changed over the years, we still strive to fulfill the mission of public health which is to Prevent, Promote, and Protect our citizens.

Services: The Bates County Health Center is dedicated to the prevention of disease and the maintenance of a high level of health in the family and community through education, immunization, inspection and response. A variety of health screenings, disease testing, immunizations, health education and certified birth and death certificates are offered at the Health Center. While some services are available at no cost to Bates County residents, others have a fee based on the cost of providing the service or based on fees set through Missouri State Statutes.

- Lab Screenings
- Immunizations and Vaccines
- Communicable Disease
- Temporary Medicaid
- STD/HIV

Birth/Death Certificates: Individuals may obtain a birth certificate for themselves or any immediate family member which includes those family members and in-laws in the direct line of descent up to but not including cousins if the birth occurred anywhere in the state of Missouri after 1920. Individuals may obtain a death certificate for any family member if the person passed away anywhere in the state of Missouri after 1980.

Health Education

PACE: People With Arthritis Can Exercise was created to keep joints flexible, muscles strong and to help reduce the pain and stiffness associated with arthritis. The low-impact class uses routines that are suitable for every fitness level using gentle range-of-motion movements. Classes are held on Monday and Friday from 10:00 a.m. to 11:00 a.m.

Aquatics: In conjunction with the PACE classes, during the summer individuals with arthritis can also take advantage of water exercises. Class size is limited and pre-registration is required.

Car Seat Classes and Safety Checks: Certified Child Passenger Safety Technicians provide classes to educate on child passenger seat safety and installation. The class is open to pregnant women who reside in Bates County. Once the individual attends and completes the instructional class they will receive a convertible safety seat for their child which can be used until the child reaches the maximum weight defined on the seat. When available, booster seat classes are also held for parents and grandparents who reside in Bates County. Certified Child Passenger Safety Technicians are also available for technical support, to answer questions and to check for proper installation of child seats.

Bike Helmets: Ensuring safety while promoting physical activity is the goal of the bike helmet program. Bike helmets are distributed through different organizations and activities within the county.

Children's Health and Safety Fair: As children prepare to return to school, the Bates County Health Center sponsors a Children's Health and Safety Fair which provides screenings such as height, weight, hearing, vision and others. Education booths are also there to provide health and safety information. Fire trucks and ambulance are on site for children to view and learn about. Games, prizes and food are also provided.

Safe Sitter Classes: Better Sitters Today/Better Parents Tomorrow; that is the motto of the certified Safe Sitter Babysitting class offered annually. The class is open to boys and girls ages 11-13 and prepares these young individuals on how to be the best sitter they can be. Topics covered include child care essentials, preventing injuries and problem behaviors, basic first aid and choking skills as well as safety and emergency actions.

Childcare Providers Training

Education and Consultation: The Child Care Health Consultation program is a collaborative program between the Missouri Department of Health and Senior Services and the Local Public Health Departments throughout Missouri to provide child care health consultation services to child care providers. It is supported in part by a special child care grant from the U.S. Department of Health and Human Services, Child Care Bureau and Maternal Child Health Bureau.

This program exists to provide child care health consultation to child care providers which promote safe sleep, health and developmentally appropriate environments for children in child care and to assist families and child care providers in accessing needed health and social services programs. Services are available to local child care providers, families and children in the child care facilities at no cost.

Consultation is available at child care homes, group homes or centers regarding child health and safety concerns. Training for child care providers to improve their health and safety knowledge and practices are offered on topics such as:

- Immunizations
- Poison Prevention
- Medication Administration
- Fire Safety
- Dental Health

- Nutrition and Physical Activity
- Communicable Disease
- CPR and First Aid
- Sanitation

WIC: The **Women, Infants, and Children** Program, also known as WIC, is a federally funded nutrition education supplemental food program which provides services for pregnant, non-breastfeeding postpartum women (up to 6 months after delivery or termination of the pregnancy), breastfeeding women (up to 1 year after delivery as long as they are breastfeeding the baby), infants from birth up to 1 year of age, and children up to their 5th birthday. The program is designed to help mothers and young children eat well and stay healthy by providing health screening, risk assessment, nutrition education and counseling, breastfeeding promotion and referrals to health care as well as supplemental food items.

To qualify, individuals must meet income guidelines and be at a nutritional or health risk. Qualifying participants will receive vouchers for food items such as milk, juice, peanut butter, eggs, canned and dried beans, cereal, fresh and frozen fruits and vegetables, infant formula and baby food. Food packages are prescribed according to the individual's qualifying category. These food packages are to supplement the family's food budget but will not provide enough food to support the WIC clients for the entire month.

Emergency Preparedness: Emergencies or disasters can occur at any time. An all hazards response plan is prepared and integrated into the Bates County Emergency Operations Plan. Staff is prepared to respond to a public health emergency which is any threat to public health and safety such as an infectious disease epidemic or any event that has the potential for significant health impact to the community, such as a bioterrorism event. They are also prepared to respond in support roles in other types of emergencies or disasters.

Environmental Health: Through agreements with the Missouri Department of Health and Senior Services, Environmental Public Health Specialists inspect food establishments, lodging facilities, child care centers, and other environmental public health concerns. Sewage permits are also handled by the Environmental Public Health Specialist.

Supplies for testing of public drinking water for Total Coliform and E. coli bacteria are available through our office. All samples must be collected according to instructions and submitted with proper paperwork and payment to Missouri Department of Health and Senior Services State Public Health Laboratories.

II. Methodology
b) Collaborating CHNA Parties Continued

Consultant Qualifications:
VVV Consultants LLC   601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 70 unique community CHNA's in KS, MO, IA and NE (references found on our website VandehaarMarketing.com

VVV Consultants LLC (EIN 27-0253774) began as "VVV Research & Development INC" in early 2009 and converted to an LLC on 12/24/12.   Web: VandehaarMarketing.com

Our Mission: to research, facilitate, train, and create processes to improve healthcare delivery and uncover strategic "critical success" initiatives.

Our Vision: meeting today's challenges with the voice of the market.

Our Values :
"Community" – Industry engagement…membership AMA KC, ACHE, EPBA, Forum and SHSMD.
"Stewardship" – Fair fees based on client, project scope, turnaround time, etc.
"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.
"Experience" – Skilled consulting; Marketing careers. We understand business because we have been there!
"Growth" – Process-driven; ongoing innovational delivery.

II. Methodology
c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in August of 2022 for Bates County Memorial Hospital (BCMH) in Butler, Missouri to meet Federal IRS CHNA requirements.

In early July 2022, a meeting was called amongst the BCMH leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to the BCMH to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80-20 Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80-20 Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below: *(NOTE> This tables reflects data from 2019 report)*

Bates County Memorial Hospital - Define PSA YRS 19-21				
Zip / City	County	Tot I/O/C	%	ACCUM
64730-Butler, MO	Bates	108,321	58.1%	58.1%
64720-Adrian, MO	Bates	30,171	16.2%	74.3%
64779-Rich Hill, MO	Bates	24,814	13.3%	87.6%
64752-Hume, MO	Bates	4,820	2.6%	90.2%
64722-Amoret, MO	Bates	4,309	2.3%	92.5%
64723-Amsterdam, MO	Bates	3,967	2.1%	94.6%
64780-Rockville, MO	Bates	2,872	1.5%	96.1%
64742-Drexel, MO	Bates	1,317	0.7%	96.8%
64745-Foster, MO	Bates	840	0.5%	97.3%
Totals		186,478		

To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm CHNA calendar of events, explain / coach clients to complete required participant database and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use valid health indicator sources cited to document current state of county health organized as follows:

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

Phase III—Quantify Community Need:

Conduct a 90-minute Town Hall meeting with required community primary service area residents. At each Town Hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur and a group ranking activity to determine the most important community unmet health needs was administered.

Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:

Complete full documentation to create each CHNA sections documented in Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on hospital website to meet government CHNA regulation criteria.

Detail CHNA Development Steps Include:

Development Steps to Create Comprehensive Community Health Needs Assessment	
Step # 1 Commitment	*Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, Schools, Churches, Physicians etc.), prepare project quote.*
Step # 2 Planning	*Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.*
Step # 3 Secondary Research	*Collect & Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.*
Step # 4a Primary Research - Town Hall prep	*Collect Community Opinions. (Quantitative Research). Gather Stakeholders / Community opinions regarding community health needs and healthcare practices.*
Step # 4b Primary Research - Conduct Town Hall	*Conduct "Conversation with Community" Town Hall (Qualitative Research). Review Secondary & Primary Data findings. Facilatate community conversation to build consensus; discuss opinions / identify health needs.*
Steps # 5 Reporting	*Prepare/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health). < Note: Formal report will follow IRS Notice 2011-52 regs & PHAB requirements. >*
VVV Consultants, LLC Olathe, KS 913 302-7264	

Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (County specific) sources of community-health level indicators:

CHNA Detail Sources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Kansas Health Matters
Kansas Hospital Association (KHA)
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention

Sources of community-health level indicators:

- **County Health Rankings and Roadmaps**
  The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- **Prevention Status Reports (PSRs)**
  The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- **Behavioral Risk Factor Surveillance System**
  The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The **Selected Metropolitan/ Micropolitan Area Risk Trends** project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- **CDC Wonder** Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- **Center for Applied Research and Engagement Systems external icon**
  Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- **Community Commons external icon**
  Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- **Dartmouth Atlas of Health Care external icon**
  Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- **Disability and Health Data System**
  Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- **Heart Disease and Stroke Prevention's Data Trends & Maps**
  View health indicators related to heart disease and stroke prevention by location or health indicator.
- **National Health Indicators Warehouse external icon**
  Indicators categorized by topic, geography, and initiative.
- **US Census Bureau external icon**
  Key source for population, housing, economic, and geographic information.
- **US Food Environment Atlas external icon**
  Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- **Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon**
  Research, statistics, data, and systems.
- **Environmental Public Health Tracking Network**
  System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- **Health Research and Services Administration Data Warehouse external icon**
  Research, statistics, data, and systems.
- *Healthy People 2030* **Leading Health Indicators external icon**
  Twenty-six leading health indicators organized under 12 topics.
- **Kids Count external icon**
  Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a **mobile site external icon**.
- **National Center for Health Statistics**
  Statistical information to guide actions and policies.
- **Pregnancy Risk Assessment and Monitoring System**
  State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- **Web-based Injury Statistics Query and Reporting System (WISQARS)**
  Interactive database system with customized reports of injury-related data.
- **Youth Risk Behavior Surveillance System**
  Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

Specific Project CHNA roles, responsibility and timelines are documented by the following calendar.

	Bates County Memorial Hospital - Butler, MO		
	VVV CHNA Wave #4 Work Plan - Year 2022		
	Project Timeline & Roles - Working Draft as of 8/13/22		
Step	**Timeframe**	**Lead**	**Task**
1	7/1/2022	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	7/27/2022	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	8/15/2022	VVV	Hold Kick-off Meeting with client. Send out REQComm Invite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Email
4	8/15/2022	VVV	Request Hospital Client to send MHA PO reports for FFY 19, 20 and 21. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	8/15/2022	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Aug-Sept	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	8/18/2022	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	8/22/2022	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	**9/15/2022**	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. **Cut-off 10/10/2022 for Online Survey**
10	10/12/2022	Hosp	Prepare/send out to leaders the PR#2 story / E Mail#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	10/13/2022	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	11/8/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	**11/10/2022**	VVV	Conduct CHNA Town Hall for a working Lunch from **11:30 am - 1:00 pm** at **TBD.** Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 11/21/2022	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 11/21/2022	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	**11/18/2022**	VVV	Conduct Client Implementation Plan PSA Stakeholder lunch session.
17	On or Before 12/31/2022	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Post CHNA IMPL plan to community.

Slide 1

Community Health Needs Assessment
Town Hall Meeting – Bates County MO
on behalf of Bates County Memorial Hospital

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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Slide 2

TEAM Table Assignments

#	Team	Lead	Last	First	Organization	#	Team	Lead	Last	First	Organization
RSVP's Bates County, MO CHNA Town Hall Thurs, 11/10/22 -11:30am-1pm
1	A	##	Weaver	Greg	BCMH	17	E	##	Welston	Jody	Bates County Health Center
2	A		Borders	Traci	WC MO Comm Action Agency	18	E		Diehl	Heather	Farmers Insurance
3	A		Hill	Janice		19	E		Jennings	Linda	Bates CO Comm Hlth Foundation
4	A		Shade	James	BCMH	20	E		Taranto	Michael	BCMH
5	B	##	Feris	April	Bates County Health Center	21	F	##	King	Rick	BCMH
6	B		Floyd	Terri	BCMH	22	F		Burkholder	Adrienne	BCMH
7	B		SIMPSON	CARL	EDWARD JONES	23	F		Brooks	Misty	Medicalodges Butler
8	B		Taranto	Mike	BCMH	24	F		Patterson	Melissa	
9	C	##	Croswhite	Kevin	Crosco Services, Inc.	25	H	##	Lile	Don	Adrian School District
10	C		Randalls	Becky		26	H		McCord	Elisabeth	BCMH
11	C		Rosier	Jana	Osage Valley Electric Coop	27	H		Liggins	Doncella	BCMH
12	C		Wehage-Zickwolf	Anne	BCMH	28	H		Pryor	Alisha	Medicalodges Butler
13	D	##	Jackson	Andrea	BCMH	29	J	##	Klinksick	Jennifer	BCMH
14	D		Highley	Julie	State of Mo	30	J		Evans	Gary	
15	D		Jones-Hard	Susan	Kaysinger Basin RPC	31	J		Page	Kori	BCMH
16	D		Shade	Jim	BCMH	32	J		Englebrick	Sheri	Medicalodges Butler
						33	J		Zickwolf	Fred	

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Slide 3

Community Health Needs Assessment (CHNA)
Onsite Town Hall Discussion Agenda

I. **Opening / Introductions** (5 mins)
II. **Review CHNA Purpose and Process** (5 mins)
III. **Review Current County "Health Status"**
  - Secondary Data by 10 TAB Categories
  - Review Community Feedback Research (40 mins)
IV. **Collect Community Health Perspectives**
  - Hold Community Voting Activity
  - Determine Most Important Unmet Needs (35 mins)
V. **Close / Next Steps** (5 mins)

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Slide 4

Introduction: Who We Are
Background and Experience

VVV Consultants LLC

Vince Vandehaar, MBA – Principal
VVV Consultants LLC – *start 1/1/09* *
  – Adjunct Full Professor @ Avila & Webster Universities
  – 35+ year veteran marketer, strategist and researcher
  – Saint Luke's Health System, BCBS of KC,
  – Tillinghast Towers Perrin, and Lutheran Mutual Life
  – Hometown: Bondurant IA

Hannah Foster – Associate Consultant
VVV Consultants LLC – *April 2022*
  – MO Southern State – Joplin, MO
  – Avila University – MBA with HC
  – Hometown: Lee's Summit, MO

Cassandra Kahl, BHS – Director, Project Management
VVV Consultants LLC – *Nov 2020*
  – University of Kansas – Health Sciences
  – Park University - MHA
  – Hometown: Maple, WI

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Slide 5

CHNA Experience

VVV Consultants LLC

2022 CHNA Wave #4 Clients - VVV Consultants LLC as of 8/9/22   N=46

#	ST	Clients from 1/1/21	Location	#	ST	Clients from 1/1/21	Location
1	KS	Gove Co Med Center	Quinter, KS	24	IA	SMC	Shenandoah IA
2	KS	Pawnee Valley	Larned, KS	25	IA	MercyOne Centerville	Centerville IA
3	KS	Citizens Health	Colby, KS	26	IA	Manning Regional	Manning IA
4	KS	Hays Medical	Hays, KS	27	IA	MercyOne Newton	Newton, IA
5	KS	Osborne Co Mem H	Osborne, KS	28	IA	MercyOne Elkader	Elkader, IA
6	KS	Smith Co Mem Hosp	Smith Ctr, KS	29	IA	Ellsworth Med	Ellsworth, KS
7	KS	Sheridan Co	Hoxie, KS	30	KS	Republic Co Hosp	Republic, KS
8	KS	Kiowa Co	Greensburg, KS	31	MO	Cameron Reg PSA	Cameron, MO
9	KS	Pratt Reg	Pratt, KS	32	MO	Hannibal Reg PSA	Hannibal, MO
10	KS	Nemaha Valley Com	Sabetha, KS	33	NE	Broken Bow NE	Custer Co NE
11	KS	Sabetha Comm	Sabetha, KS	34	KS	Moundrige KS	Moundridge, KS
12	KS	Miami County	Paola, KS	35	MO	Ray County MO	Ray County MO
13	KS	Olathe Med	OMC JCCC	36	KS	MHS	Abilene, KS
14	KS	Patterson Health	Anthony KS	37	KS	Coffeyville Regional	Coffeyville, KS
15	KS	Trego Co	Wakeeney KS	38	KS	Amberwell - Atchison	Atchison, KS
16	KS	Russell Reg	Russell, KS	39	KS	Amberwell -Hiawatha	Hiawatha, KS
17	MO	Carroll Co MO	Carrollton, MO	40	IA	Cherokee Regional	Cherokee, IA
18	KS	Cowley Co	Winsfield, KS	41	MO	Cass Regional	Harrisonville,MO
19	KS	Marion Co	Hillsboro, KS	42	KS	Comm Memorial HC	Marysville, KS
20	KS	HCH Jackson Co	Holton, KS	43	KS	SW Medical Center	Liberal, KS
21	KS	ECMC - Not Online	Kinsley, KS	44	MO	Golden V Compass DOH	Clinton, MO
22	NE	Tri Valley	Cambridge NE	45	MO	Bates co Mem Hospital	Butler, MO
23	IA	G C Grape Mem Hosp	Hamburg IA	46	MO	Cedar Co Mem Hosp	ElDorado Springs MO

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Slide 6

Town Hall Participation (You)

- ALL attendees practice "Safe Engagement". We will work together - Table Teams
- ALL attendees welcome to share. Engaging Conversation (No right or wrong answer)
  - Parking Lot
- ALL Take Notes – Important Health Indicators
- Please give truthful responses – Serious Community Conversation. Here to Update Unmet Needs List.
- Have a little fun along the way

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Slide 7

II. Review of a CHNA

- **A Community Health Needs Assessment (CHNA) is a….**
  - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- A CHNA's role is to….
  - Identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.
- **Purpose of a CHNA – Why Conduct One?**
  - Determine health-related trends and issues of the community
  - Understand / evaluate health delivery programs in place.
  - Meet Federal requirements – both local hospital and health department
  - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

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Slide 8

A Conversation with the Community & Stakeholders
Community members and organizations invited to CHNA Town Hall

Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local or large corporations with local branches.),Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials., Foundations., United Way organizations. And other "community leaders."

Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience,Welfare and social service agency staff,Housing advocates - administrators of housing programs: homeless shelters, low-income-family housing and senior housing,Education officials and staff - school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging,Law enforcement agencies - Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

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Community Health Needs Assessment
Joint Process: Hospital & Local Health Providers

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Future System of Care—Sg2

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Triple Aim Focus
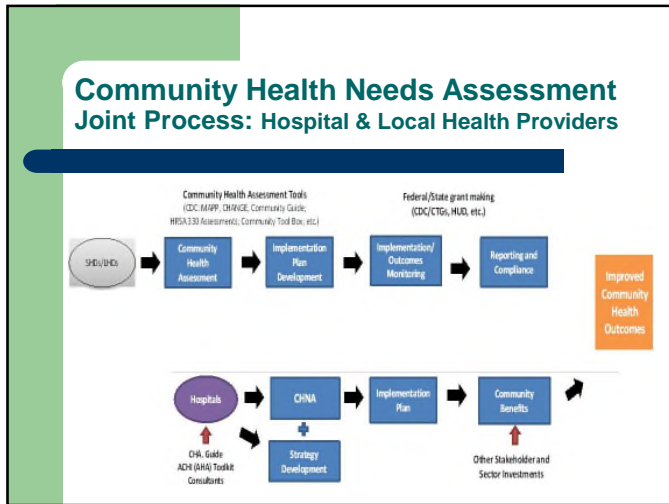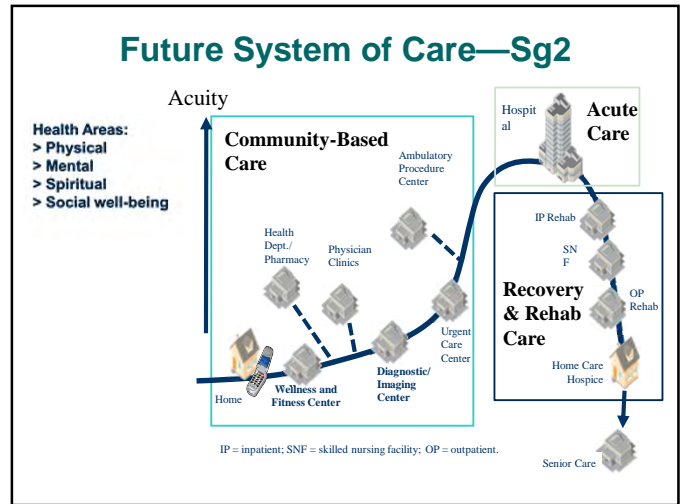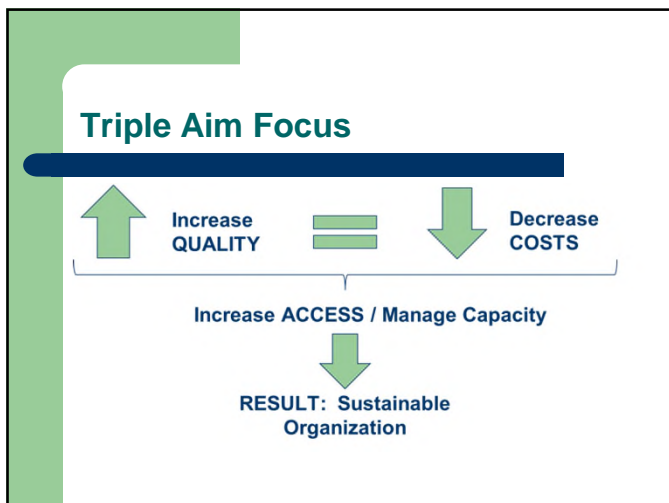
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II. IRS Hospital CHNA Written Report Documentation – Table of Contents

- A description of the <u>community served</u>
- A description of the <u>CHNA process</u>
- The <u>identity of any and all organizations and third parties</u> which collaborated to assist with the CHNA
- A description of <u>how the organization considered the input</u> of persons representing the community *(e.g., through meetings, focus groups, interviews, etc.)*, who those persons are, and their qualifications
- A <u>prioritized</u> description of <u>all of the community needs</u> identified by the CHNA.
- A description of the <u>existing health care facilities and other resources within the community</u> available to meet the needs identified through the CHNA

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III. Review Current County Health Status:
Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

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County Health Rankings -
Robert Wood Johnson Foundation and University of WI Health Institute

County Health Rankings model © 2014 UWPHII
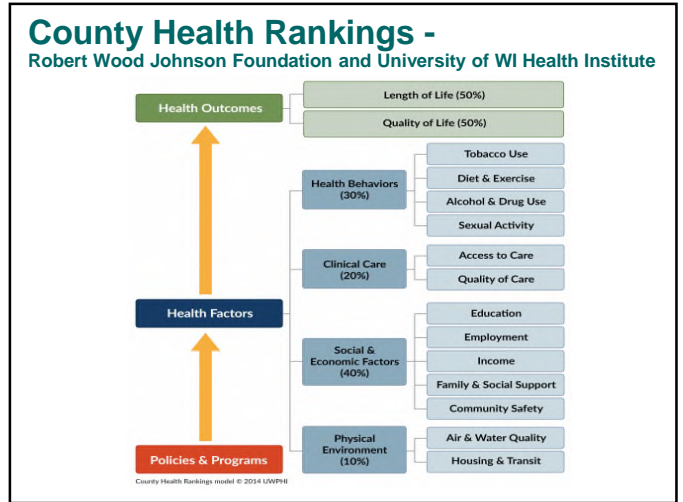
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IV. Collect Community Health Perspectives
Thoughts/Opinions?

1) **Today:** What are the *strengths* of our community that contribute to health? (White card)

2) **Today:** Are there healthcare services in your community/neighborhood that you feel *need to be improved and/or changed*? *(Color card)*

3) **Tomorrow:** What is occurring or might occur *that would affect the "health of our community?"*

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NEXT: CHNA BCMH Implementation
**Plan Development Friday Nov 18th, 2022
(11:30am - 1pm) RSVP**

VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

Questions?
Next Steps?

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HCF@VandehaarMarketing.com
CJK@VandehaarMarketing.com
(913) 302-7264

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II. Methodology
d) Community Profile (A Description of Community Served)

<u>Bates County (MO) Community Profile</u>
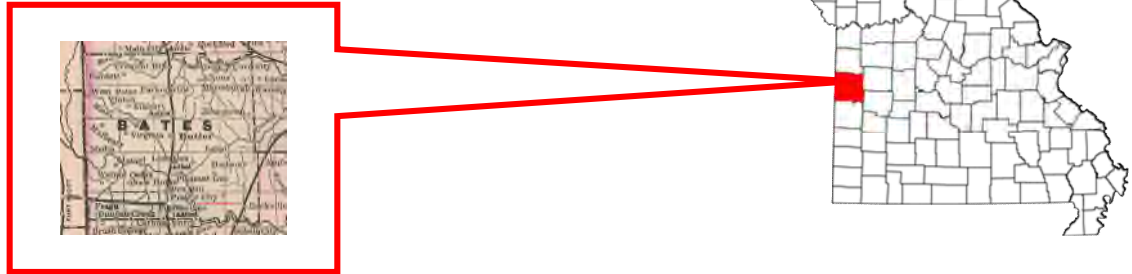
The population of Bates County was estimated to be 15,812 citizens as of July 2022 and a population density of 19 persons per square mile.

U.S Route 49 goes vertically throughout the middle of the county. U.S. Route 52 goes horizontally throughout Bates County. U.S. Route 18 goes horizontally throughout the top of the county. Bates County Memorial Hospital is located off of U.S. Route 49.

<u>Bates County (MO) Community Profile</u>

Bates County Public Airports[1]

Name	USGS Topo Map
Angle Bar M Airport	Adrian
Bates County Hospital Heliport	Butler South
Breckenridge Airport	Papinville
Butler Memorial Airport	Butler

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[1] https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29013.cfm

Schools in Bates County: Public Schools[2]

Name	Level
Adrian Elem.	Elementary
Adrian Sr. High	High
Ballard Elem.	Elementary
Ballard High	High
Butler Early Childhood	Prekindergarten
Butler Elem.	Elementary
Butler High	High
Hudson Elem.	Elementary
Hume Elem.	Elementary
Hume High	High
Miami Elem.	Elementary
Miami High	High
Rich Hill Elem.	Elementary
Rich Hill High	High
Rich Hill Youth Dev. Ctr.	High

[2] https://missouri.hometownlocator.com/schools/sorted-by-county,n,bates.cfm

Bates County, MO - Detail Demographic Profile

	ZIP	NAME	County	Population Year 2020	Year 2025	Change	Households YR 2020	YR 2025	HH Avg Size 2020	Per Capita Income 2020
1	64720	Adrian	BATES	4,187	4,151	-0.86%	1,651	1,642	2.5	$24,878
2	64722	Amoret	BATES	537	532	-0.93%	201	200	2.7	$21,598
3	64723	Amsterdam	BATES	644	638	-0.93%	268	267	2.4	$26,121
4	64730	Butler	BATES	7,026	6,949	-1.10%	2,868	2,841	2.4	$22,094
5	64742	Drexel	BATES	2,086	2,105	0.91%	837	848	2.5	$29,243
6	64745	Foster	BATES	98	97	-1.02%	39	39	2.5	$27,413
7	64752	Hume	BATES	753	746	-0.93%	285	282	2.6	$24,915
8	64779	Rich Hill	BATES	2,634	2,596	-1.44%	999	985	2.6	$20,069
9	64780	Rockville	BATES	613	605	-1.31%	267	265	2.3	$24,462
	Totals			18,578	18,419	-0.86%	7,415	7,369	2.5	$24,533

	ZIP	NAME	County	Population Year 2020	Pop. 65+	Kids<18	Gen Y	Year 2020 Males	Females	Females Age 20-35
1	64720	Adrian	BATES	4,187	802	1,216	519	2,047	2,140	465
2	64722	Amoret	BATES	537	112	141	62	272	265	59
3	64723	Amsterdam	BATES	644	130	164	86	329	315	68
4	64730	Butler	BATES	7,026	1,575	2,045	828	3,389	3,637	820
5	64742	Drexel	BATES	2,086	409	616	265	1,045	1,041	248
6	64745	Foster	BATES	98	18	28	12	51	47	11
7	64752	Hume	BATES	753	134	237	92	386	367	84
8	64779	Rich Hill	BATES	2,634	501	840	296	1,306	1,328	295
9	64780	Rockville	BATES	613	145	162	69	316	297	62
	Totals			18,578	3,826	5,449	2,229	9,141	9,437	2,112

	ZIP	NAME	County	Population 2020 Caucasian	African Amer	Amer Ind.	Hispanic	Average Households 2020 HH Inc	HH	HH $50K+
1	64720	Adrian	BATES	97.16%	0.41%	0.55%	1.67%	$1,651	48,100	832
2	64722	Amoret	BATES	95.34%	0.19%	1.12%	2.79%	$201	46,972	99
3	64723	Amsterdam	BATES	94.41%	0.16%	1.24%	2.48%	$268	49,459	131
4	64730	Butler	BATES	94.12%	2.29%	0.63%	2.52%	$2,868	37,904	1,201
5	64742	Drexel	BATES	96.16%	0.77%	0.43%	1.53%	$837	61,040	541
6	64745	Foster	BATES	94.90%	0.00%	1.02%	2.04%	$39	51,206	23
7	64752	Hume	BATES	95.35%	0.53%	1.06%	1.73%	$285	51,499	157
8	64779	Rich Hill	BATES	94.53%	0.42%	0.76%	2.05%	$999	39,432	409
9	64780	Rockville	BATES	95.11%	0.49%	1.14%	1.31%	$267	40,661	104
	Totals			95.23%	0.58%	0.88%	2.01%	$824	426,273	3,497

Source: ERSI Demographics

III. Community Health Status

III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participates. *Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.*

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings.* As seen below, RWJ's model use a number of health factors to rank each county.
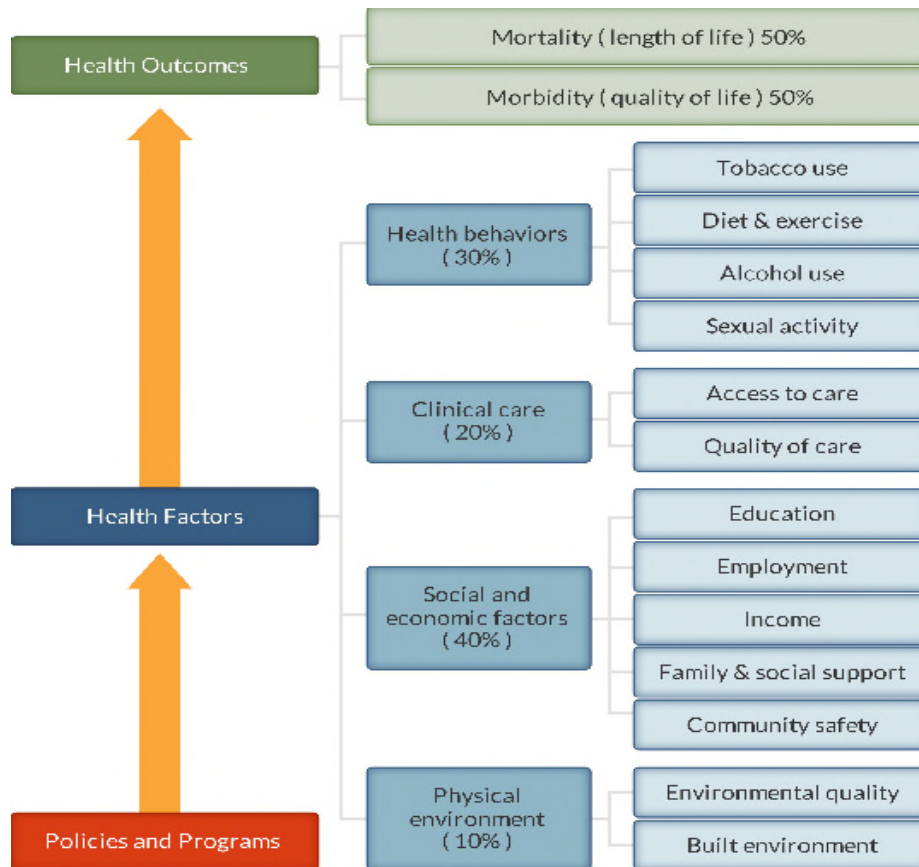
County Health Rankings model ©2012 UWPHI

National Research – Year 2022 RWJ Health Rankings:

#	2022 MO Rankings - 115 Counties	Definitions	Bates Co MO	Trend	MO Norms (N=23)
1	**Health Outcomes**		56		27
	Mortality	Length of Life	63		17
	Morbidity	Quality of Life	44		54
2	**Health Factors**		76		57
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	54		84
	Clinical Care	Access to care / Quality of Care	107		94
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	81		92
3	**Physical Environment**	Environmental quality	39		95
MO Norms (23): Adair, Barton, Bates, Benton, Caldwell, Carroll, Cass, Cedar, Clinton, Dade, Henry, Hickory, Johnson, Lafayette, Livingston, Macon, Pettis, Polk, Randolph, Ray, Saline, St. Clair, Vernon					

PSA Secondary Research:

When studying community health, it's important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

Note: Each Tab has been trended to reflect County trends to NORM.

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Tab 1: Demographic Profile

Understanding population and household make-up is vital to start CHNA evaluation.

Tab		Health Indicator	Bates Co MO	Trend	MO State	MO Norms (N=23)	Source
1a	a	**Population Estimates, July 1 2021, (V2021)**	11,258		4,150,049	19,115	County Health Rankings
	d	**Persons under 5 years, percent, July 1, 2021, (V2021)**	6.0%		6.0%	5.7%	People Quick Facts
	c	Persons 65 years and over, percent, July 1, 2021, (V2021)	19.6%		17.3%	20.8%	People Quick Facts
	d	Female persons, percent, July 1, 2021, (V2021)	50.2%		50.9%	50.5%	People Quick Facts
	e	White alone, percent, July 1, 2021, (V2021)	95.6%		82.9%	93.7%	People Quick Facts
	f	Black or African American alone, percent, July 1, 2021, (V2021)	1.3%		11.8%	2.1%	People Quick Facts
	g	Hispanic or Latino, percent, July 1, 2021, (V2021)	2.3%		4.4%	3.2%	People Quick Facts
	h	**Language other than English spoken at home, percent of persons age 5 years+, 2015-2019**	2.1%		6.3%	3.6%	People Quick Facts
	i	**Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019**	86.4%		84.8%	86.2%	People Quick Facts
	j	Children in single-parent households, percent, 2015-2019	19.2%		25.4%	20.3%	County Health Rankings
	k	Total Veterans, 2015-2019	1,095		401,779	1,835	People Quick Facts

Tab 2: Economic Profile

Monetary resources will (at times) drive health "access" and self-care.

Tab		Health Indicator	Bates Co, MO	Trend	MO State	MO Norms (N=23)	Source
2	a	**Per capita income in past 12 months (in 2017 dollars), 2015-2019**	$27,635		$30,810	$25,462	People Quick Facts
	b	**Persons in poverty, percent. 2021**	14.8%		12.1%	14.0%	People Quick Facts
	c	Total Housing units, July 1, 2019, (V2019)	7,838		2,819,383	11,121	People Quick Facts
	d	Total Persons per household, 2015-2019	2.4		2.5	2.4	People Quick Facts
	e	**Severe housing problems, percent, 2013-2017**	11.3%		13.3%	12.6%	County Health Rankings
	f	Total of All firms, 2012	1,209		491,606	1,942	People Quick Facts
	g	**Unemployment, percent, 2019**	4.0%		3.3%	4.3%	County Health Rankings
	h	**Food insecurity, percent, 2019**	12.9%		13.3%	14.4%	County Health Rankings
	i	**Limited access to healthy foods, percent, 2019**	1.3%		6.8%	7.6%	County Health Rankings
	j	**Long commute - driving alone, percent, 2019**	48.9%		32.4%	34.7%	County Health Rankings

Tab 3: Educational Profile

Currently, school districts are providing on-site primary health screenings and basic care.

Tab		Health Indicator	Bates Co, MO	Trend	MO State	MO Norms (N=23)	Source
3	a	**Children eligible for free or reduced price lunch, percent, 2019**	54.0%		50.2%	53.3%	County Health Rankings
	c	**High school graduate or higher, percent of persons age 25 years+, 2013-2017**	87.4%		89.9%	88.4%	People Quick Facts
	d	Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	16.1%		29.2%	18.5%	People Quick Facts

Tab 4: Maternal / Infant Profile

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

Tab		Health Indicator	Bates Co, MO	Trend	MO State	MO Norms (N=23)	Source
4	a	Number of Births Where Prenatal Care began in First Trimester, 2019 (rate per 100)	74.9		71.2	71.4	MOPHIMS
	b	Number of Preterm Births, 2015-2019 (rate per 100)	9.0		10.5	9.9	MOPHIMS
	c	Number of Births with Low Birth Weight, 2015-2019 (rate per 100)	6.8		8.7	8.0	MOPHIMS
	e	Number of all Births Occurring to Teens (15-17), 2015-2019 (rate per 100)	1.6		1.4	1.7	MOPHIMS
	g	Number of births Where Mother Smoked During Pregnancy, 2019 (rate per 100)	15.9		12.8	17.8	MOPHIMS

Missouri Resident Births (MICA)				
County	2017	2018	2019	Trend
Bates County	199	172	190	
Missouri	73,017	73,281	72,103	

Tab 5: Hospitalization and Provider Profile

Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

Tab		Health Indicator	Bates Co, MO	Trend	MO State	MO Norms (N=23)	Source
5	a	Primary care physicians (MD or DO with County office) (Pop Coverage per), 2019	5440:1		1422:1	3276:1	County Health Rankings
	b	Preventable hospital stays - Rate of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees. (lower the better), 2018	7,175		4,638	4,498	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	75.0%		73.0%	70.8%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	75.0%		72.0%	66.8%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e	Average Time Patients Spent in the Emergency Dept. before seen by a Healthcare Professional (minutes)	84		122	120	CMS Hospital Compare, 10/1/2015-9/30/2016

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicator	Bates Co, MO	Trend	MO State	MO Norms (N=23)	Source
6	a	Depression: Medicare Population, percent, 2018	16.9%		21.3%	16.9%	Centers for Medicare and Medicaid Services
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2019 (lower is better)	16.1		18.2	16.7	World Bank
	c	Poor mental health days, 2019	4.9		4.5	5.0	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health.

Tab		Health Indicator	Bates Co, MO	Trend	MO State	MO Norms (N=23)	Source
7a	a	Adult obesity, percent, 2019	37.9%		32.5%	36.3%	County Health Rankings
	b	Adult smoking, percent, 2019	24.7%		20.1%	23.9%	County Health Rankings
	c	Excessive drinking, percent, 2019	18.8%		20.5%	18.3%	County Health Rankings
	d	Physical inactivity, percent, 2019	25.0%		25.5%	31.6%	County Health Rankings
	e	Poor physical health days, 2019	4.7		4.2	4.7	County Health Rankings
	f	Sexually transmitted infections, rate per 100k, 2019	183.7		568.1	307.7	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab		Health Indicator	Bates Co, MO	Trend	MO State	MO Norms (N=23)	Source
7b	a	Hypertension: Medicare Population, 2018	59.3%		59.9%	56.1%	CMS
	b	Hyperlipidemia: Medicare Population, 2018	40.3%		47.5%	39.5%	CMS
	c	Heart Failure: Medicare Population, 2018	17.0%		15.3%	14.4%	CMS
	d	Chronic Kidney Disease: Medicare Pop, 2018	23.8%		25.2%	20.0%	CMS
	e	COPD: Medicare Population, 2018	17.3%		13.1%	14.0%	CMS
	f	Atrial Fibrillation: Medicare Population, 2018	10.2%		9.9%	9.0%	CMS
	g	Cancer: Medicare Population, 2018	7.2%		9.5%	8.0%	CMS
	h	Osteoporosis: Medicare Population, 2018	4.8%		7.2%	5.2%	CMS
	i	Asthma: Medicare Population, 2018	3.8%		3.9%	3.3%	CMS
	j	Stroke: Medicare Population, 2018	3.0%		3.6%	3.1%	CMS

Tab 8 Uninsured Profile and Community Benefit

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

Tab		Health Indicator	Bates Co, MO	Trend	MO State	MO Norms (N=23)	Source
8	a	Uninsured, percent, 2019	13.3%		11.4%	15.1%	County Health Rankings

Bates County Memorial Hospital	YR 2021	YR 2020	YR 2019
Source: Hospital Internal Records / BKD's Final Audit			
a Bad Debt	$5,892,858	$6,188,372	$5,657,708
b Charity Care	$2,356,333	$2,641,753	$2,986,593
TOTAL Bad Debt and Charity	$8,249,191	$8,830,125	$8,644,301

Tab 9: Mortality Profile

The leading causes of county deaths from Vital Statistics are listed below.

Tab		Health Indicator	Bates Co, MO	Trend	MO State	MO Norms (N=23)	Source
9	a	Life Expectancy (Males & Females) 2017-2019,	76.1		77.3	76.6	County Health Rankings
		Age-adjusted Cancer Mortality Rate per 100,000 population, 2019 (lower is better)	202.4		159.7	192.1	World Bank
		Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2019 (lower is better)	238.9		187.0	229.1	World Bank
	c	Alcohol-impaired driving deaths, percent, 2019	5.9%		27.1%	27.3%	County Health Rankings

Causes of Death by County of Residence, MO 2020	Bates Co. MO	%	Trend	MO Rural 20 Norm	%
TOTAL	217	100%		259	100%
Septicemia	46	21.2%		63	18.2%
Pneumonitis due to solids and liquids	41	18.9%		43	12.4%
...Other malignant neoplasms	39	18.0%		56	16.1%
...Falls	26	12.0%		18	5.2%
Symptoms and ill-defined conditions	15	6.9%		13	3.7%
...Other unintentional injuries	13	6.0%		8	2.3%
...Trachea, bronchus, and lung	13	6.0%		15	4.3%
Chronic liver disease and cirrhosis	13	6.0%		16	4.5%
Suicide	9	4.1%		16	4.7%

Tab 10: Preventive Quality Measures Profile

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

Tab		Health Indicator	Bates Co, MO	Trend	MO State	MO Norms (N=23)	Source
10	a	Access to exercise opportunities, percent, 2019	36.7%		76.7%	46.7%	County Health Rankings
	b	Diabetes monitoring, percent, 2019	14.9%		11.4%	11.9%	County Health Rankings
	c	Mammography screening, percent, 2019	38.0%		44.0%	40.6%	County Health Rankings

PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect "current" healthcare information for Bates County, MO.

Chart #1 – Bates County, MO Online Feedback Response (N=168)

Bates County, MO - CHNA YR 2022			
For reporting purposes, are you involved in or are you a ...? (Multiple)	**Bates CO MO N=168**	**Trend**	**Wave 4 Norms N=8,949**
Business / Merchant	12.0%	🟩	14.2%
Community Board Member	4.9%	🟩	12.6%
Case Manager / Discharge Planner	0.0%		1.3%
Clergy	1.4%		2.0%
College / University	1.4%		4.6%
Consumer Advocate	3.5%	🟨	2.2%
Dentist / Eye Doctor / Chiropractor	1.4%		1.2%
Elected Official - City/County	3.5%	🟨	2.9%
EMS / Emergency	2.8%	🟨	3.4%
Farmer / Rancher	7.7%	🟩	9.6%
Hospital / Health Dept	13.4%	🟩	25.1%
Housing / Builder	0.7%		1.2%
Insurance	1.4%		1.8%
Labor	1.4%		4.2%
Law Enforcement	0.0%		1.7%
Mental Health	1.4%		2.8%
Other Health Professional	10.6%	🟩	15.4%
Parent / Caregiver	12.7%	🟩	22.6%
Pharmacy / Clinic	2.1%		3.2%
Media (Paper/TV/Radio)	1.4%		0.9%
Senior Care	4.9%	🟩	4.8%
Teacher / School Admin	2.8%		9.7%
Veteran	2.1%		4.4%
Other (please specify)	6.3%		11.0%
TOTAL	**168**		**8319**

Norms: **KS Counties:** Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties:** Custer & Furnis.

Chart #2 - Quality of Healthcare Delivery Community Rating

Bates County, MO - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Bates Co MO N=168	Trend	Wave 4 Norms N=8,949
Top Box %	18.1%		24.4%
Top 2 Boxes %	59.0%		66.1%
Very Good	18.1%		24.4%
Good	41.0%		41.7%
Average	31.3%		25.7%
Poor	7.8%		6.3%
Very Poor	1.8%		1.9%
Valid N	168		8,890

Norms: **KS Counties:** Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties**: Custer & Furnis.

Chart #3 – Overall Community Health Quality Trend

Bates County, MO - CHNA YR 2022			
When considering "overall community health quality", is it...	Bates Co MO N=168	Trend	Wave 4 Norms N=8,949
Increasing - moving up	29.7%		41.0%
Not really changing much	58.8%		46.3%
Decreasing - slipping	11.5%		12.7%
Valid N	168		8,004

Norms: **KS Counties:** Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties**: Custer & Furnis.

Chart #4 – Re-evaluate Past Community Health Needs Assessment Needs

Bates County MO - CHNA YR 2022					Pressing
Past CHNA Unmet Needs Identified		Ongoing Problem			
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Drug / Alcohol Abuse	101	11.2%		1
2	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	89	9.9%		2
3	Obesity (Nutrition / Exercise)	74	8.2%		3
4	Community Health Center (Programs / Aquatic Center)	60	6.7%		7
5	Cost of Care / Billing	59	6.5%		4
6	Child Care	57	6.3%		5
7	Visiting Specialists (Derm, Neuro, PEDS, OB)	46	5.1%		6
8	Healthcare Transportation	39	4.3%		10
9	Preventative Health / Wellness	37	4.1%		11
10	Broadband Services	35	3.9%		9
11	Awareness of Healthcare Services / Activities	32	3.5%		12
12	Urgent Care Services	29	3.2%		8
13	Aging Hospital Facility	26	2.9%		13
14	Chronic Disease Management	25	2.8%		14
15	Health Education	20	2.2%		15
16	Lack of Healthcare Grants	16	1.8%		16
	Totals	745	100.0%		

Chart #5 - Community Health Needs Assessment "Causes of Poor Health"

Bates County, MO - CHNA YR 2022			
In your opinion, what are the root causes of "poor health" in our community?	**Bates Co MO N=168**	**Trend**	**Wave 4 Norms N=8,949**
Chronic disease prevention	12.1%		10.9%
Lack of health & Wellness Education	15.0%		13.7%
Lack of Nutrition / Exercise Services	12.4%		10.5%
Limited Access to Primary Care	6.5%		7.4%
Limited Access to Specialty Care	7.8%		8.7%
Limited Access to Mental Health Assistance	16.3%		17.8%
Family assistance programs	4.2%		5.8%
Lack of health insurance	12.7%		14.3%
Neglect	13.0%		10.7%
Total Votes	168		14,501

Norms: **KS Counties:** Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties:** Custer & Furnis.

Chart #6 – Community Rating of HC Delivery Services (Perceptions)

Bates County, MO - CHNA YR 2022	Bates Co MO N=168			Wave 4 Norms N=8,949	
How would our community rate each of the following?	**Top 2 boxes**	**Bottom 2 boxes**	**Trend**	**Top 2 boxes**	**Bottom 2 boxes**
Ambulance Services	83.3%	4.4%		79.0%	5.9%
Child Care	20.8%	25.5%		39.6%	18.1%
Chiropractors	47.2%	15.7%		67.2%	6.9%
Dentists	32.7%	30.9%		66.3%	11.5%
Emergency Room	64.3%	16.1%		67.8%	11.7%
Eye Doctor/Optometrist	76.8%	8.0%		72.1%	7.6%
Family Planning Services	24.0%	27.9%		36.2%	19.7%
Home Health	37.4%	25.2%		52.9%	11.4%
Hospice	67.3%	6.5%		61.6%	9.4%
Telehealth	28.7%	18.8%		46.1%	14.5%
Inpatient Services	67.6%	8.8%		71.3%	8.5%
Mental Health	11.0%	48.0%		24.7%	37.7%
Nursing Home/Senior Living	29.1%	25.2%		48.5%	16.0%
Outpatient Services	68.9%	6.8%		70.5%	5.9%
Pharmacy	82.1%	1.9%		83.1%	3.2%
Primary Care	65.0%	8.7%		71.9%	7.7%
Public Health	44.1%	17.6%		55.3%	10.4%
School Health	38.4%	14.1%		57.2%	9.1%
Visiting Specialists	60.2%	8.7%		61.3%	10.9%

Chart #7 – Community Health Readiness

Bates County, MO - CHNA YR 2022	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Bates CO MO N=168	Trend	Wave 4 Norms N=8,949
Behavioral / Mental Health	42.2%	🟥	37.4%
Emergency Preparedness	15.8%	🟨	10.8%
Food and Nutrition Services/Education	25.2%	🟥	18.0%
Health Screenings (as asthma, hearing, vision, scoliosis)	18.8%	🟨	12.8%
Prenatal/Child Health Programs	37.6%	🟥	14.2%
Substance Use/Prevention	52.0%	🟥	37.2%
Suicide Prevention	51.0%	🟥	39.1%
Violence Prevention	50.5%	🟥	36.7%
Women's Wellness Programs	39.6%	🟨	20.2%
Norms: **KS Counties:** Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties**: Custer & Furnis.			

Chart #8a – Healthcare Delivery "Outside our Community"

Specialties:

Bates County, MO - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Bates CO MO N=168	Trend	Wave 4 Norms N=8,949
Yes	76.0%	🟨	69.9%
No	24.0%		30.1%
Norms: **KS Counties:** Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties**: Custer & Furnis.			

Specialty	C1 Counts
ORTH	8
CARD	6
PRIM	5
OBG	4
ALLER	3
CANC	2
PUL	2
SUR	2
THER	2

Chart #8b – Healthcare Delivery "Outside our Community" (Continued)

Bates County, MO - CHNA YR 2022			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Bates CO MO N=168	Trend	Wave 4 Norms N=8,949
Yes	51.0%		54.9%
No	49.0%	🟥	45.1%
Norms: **KS Counties:** Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties**: Custer & Furnis.			

Chart #9 – What HC topics need to be discussed in future Town Hall Meeting

Bates County, MO - CHNA YR 2022			
What needs to be discussed further at our CHNA Town Hall meeting?	**Bates Co MO N=168**	**Trend**	**Wave 4 Norms N=8,949**
Abuse/Violence	5.4%	RED	4.1%
Alcohol	2.4%	YELLOW	3.7%
Alternative Medicine	4.4%	RED	3.0%
Breast Feeding Friendly Workplace	2.8%	YELLOW	1.9%
Cancer	8.3%	RED	4.9%
Care Coordination	0.5%		2.2%
Diabetes	2.1%		2.6%
Drugs/Substance Abuse	2.0%		5.0%
Family Planning	2.1%		2.5%
Heart Disease	7.2%	RED	3.6%
Lack of Providers/Qualified Staff	3.1%	YELLOW	3.5%
Lead Exposure	2.3%		1.4%
Mental Illness	2.1%		6.1%
Neglect	3.1%	YELLOW	3.0%
Nutrition	5.4%	RED	4.7%
Obesity	0.0%		3.5%
Occupational Medicine	1.1%		1.1%
Ozone (Air)	3.3%	YELLOW	1.8%
Physical Exercise	5.5%	RED	4.4%
Poverty	0.7%		3.1%
Preventative Health / Wellness	0.3%		3.1%
Respiratory Disease	5.2%	RED	1.7%
Sexually Transmitted Diseases	5.0%	RED	2.7%
Smoke-Free Workplace	3.6%	YELLOW	2.0%
Suicide	1.3%		4.4%
Teen Pregnancy	6.2%	RED	3.7%
Telehealth	2.8%	YELLOW	2.4%
Tobacco Use	1.8%		2.2%
Transporation	1.8%		2.4%
Vaccinations	2.9%	YELLOW	3.3%
Water Quality	2.3%		2.1%
Health Literacy	1.5%		2.7%
Other (please specify)	1.8%		1.4%
TOTAL Votes	**168**		**28,256**

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Inventory of Health Services - Bates County MO Update 2022				
Clinic	Primary Care	yes	yes	yes
Hosp	Alzheimer Center			yes
Hosp	Ambulatory Surgery Centers	yes		
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/weight control services			
Hosp	Birthing/LDR/LDRP Room			
Hosp	Breast Cancer	yes		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	yes		
Hosp	Cardiac Surgery			
Hosp	Cardiology services	yes		
Hosp	Case Management	yes		yes
Hosp	Chaplaincy/pastoral care services	yes		yes
Hosp	Chemotherapy	yes		
Hosp	Colonoscopy	yes		
Hosp	Crisis Prevention			yes
Hosp	CTScanner	yes		
Hosp	Diagnostic Radioisotope Facility	yes		
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)	yes		
Hosp	Enrollment Assistance Services	yes	yes	yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	yes		
Hosp	Genetic Testing/Counseling			
Hosp	Geriatric Services	yes	yes	yes
Hosp	Heart	yes		
Hosp	Hemodialysis			
Hosp	HIV/AIDSServices			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital services	yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit	yes		
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catherterization			
Hosp	Isolation room	yes		
Hosp	Kidney	yes		
Hosp	Liver	yes		
Hosp	Lung	yes		
Hosp	MagneticResonance Imaging (MRI)	yes		
Hosp	Mammograms	yes		
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	yes		
Hosp	Neonatal			
Hosp	Neurological services	yes		
Hosp	Obstetrics			
Hosp	Occupational Health Services	yes		yes
Hosp	Oncology Services	yes		
Hosp	Orthopedic services	yes		
Hosp	Outpatient Surgery	yes		
Hosp	Pain Management	yes		
Hosp	Palliative Care Program			yes
Hosp	Pediatric		yes	yes
Hosp	Physical Rehabilitation	yes		yes
Hosp	Positron Emission Tomography (PET)			
Hosp	Positron Emission Tomography/CT (PET/CT)	yes		
Hosp	Psychiatric Services			yes

Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
**Inventory of Health Services - Bates County MO Update 2022**

Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Radiology, Diagnostic	yes		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health		yes	
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography			
Hosp	Sleep Center	yes		
Hosp	Social Work Services	yes		yes
Hosp	Sports Medicine			
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	yes		yes
Hosp	Transplant Services			
Hosp	Trauma Center -Level IV			
Hosp	Ultrasound	yes		
Hosp	Women's Health Services	yes	yes	yes
Hosp	Wound Care	yes		yes
SR	Adult Day Care Program			yes
SR	Assisted Living			yes
SR	Home Health Services			yes
SR	Hospice			yes
SR	LongTerm Care			yes
SR	Nursing Home Services			yes
SR	Retirement Housing			yes
SR	Skilled Nursing Care	yes		yes
ER	Emergency Services	yes		
ER	Urgent Care Center			
ER	Ambulance Services	yes		
SERV	Alcoholism-Drug Abuse			yes
SERV	Blood Donor Center			
SERV	Chiropractic Services			yes
SERV	Complementary Medicine Services			
SERV	Dental Services			yes
SERV	Fitness Center			yes
SERV	Health Education Classes	yes	yes	yes
SERV	Health Fair (Annual)			
SERV	Health Information Center	yes	yes	yes
SERV	Health Screenings	yes	yes	yes
SERV	Meals on Wheels			yes
SERV	Nutrition Programs	yes	yes	yes
SERV	Patient Education Center			
SERV	Support Groups	yes	yes	yes
SERV	Teen Outreach Services		yes	yes
SERV	Tobacco Treatment/Cessation Program		yes	yes
SERV	Transportation to Health Facilities			yes
SERV	Wellness Program	yes	yes	yes

Providers Delivering Care in Bates County, MO - Yr 2022

# of FTE Providers by Specialty	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visiting DRs *	PSA Based PA / NP
Primary Care:			
Family Practice	4.0		3.5
Internal Medicine / Geriatrician			
Obstetrics/Gynecology			
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Cardiology	1.0		
Dermatology			
Endocrinology	0.1	0.1	
Gastroenterology	0.2	0.2	
Oncology/RADO	0.2	0.2	0.1
Infectious Diseases			
Nephrology	0.1	0.1	
Neurology			
Psychiatry			
Pulmonary	0.1	0.1	
Rheumatology			
Podiatry	0.1	0.1	
Wound			
Surgery Specialists:			
General Surgery / Colon / Oral	1.0		
Neurosurgery			
Ophthalmology	0.1	0.1	
Orthopedics	0.1	0.1	
Otolaryngology (ENT)	0.1	0.1	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology	0.1	0.1	
Hospital Based:			
Anesthesia/Pain	0.1	0.1	
Emergency**			
Radiology	0.2	0.2	
Pathology	0.1	0.1	
Hospitalist/Telehealth***			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occ Medicine			
Podiatry	0.1	0.1	
Other:			
Audiology	0.1	0.1	
Optometrist OD			
Dentists			
TOTALS	**7.8**	**1.8**	**3.6**

Visiting Specialists Coming to Bates County Memorial Hospital - 2022

Specialty	Provider Name		Group Name	Group City	Detail Days	Days in Clinic Per Month
Audiology	Angela	Fyffe	Wright Audiology	Belton, MO	2nd Tuesday	1
Cardiovascular	Jeffrey	Bissing	BCMH Cardiology	Butler, MO	Our employee	16
Cardiovascular						
Cardiovascular						
Endocrinology	Susana	D'Amico	St. Lukes Endocrinology	Lee's Summit	1st, 2nd & 3rd Tuesday	3
Gastrointestinal	Todd	Kilgore	Summit GI	Lee's Summit	1st & 3rd Tuesday	2
Gastrointestinal	Frank	Totta	Summit GI	Lee's Summit	1st & 3rd Tuesday	2
Gastrointestinal						
Nephrology	Ryan	Lustig	Kansas City Kidney Consult.	Kansas City	4th Monday and Thursday	2
Oncology / Hematology	Jaswinder	Singh	Mid Americal Cancer Care	Kansas City	Every Friday	4
Opthamology	N/A					
Orthopedics	Danny	Carroll	Bone & Joint Specialists Physicans group	Belton, MO	1st & 3rd Tuesday	2
Orthopedics	Kim	Winkley, NP	Bone & Joint Specialists Physicans group	Belton, MO	Every Wednesday	4
Pain	Matthew	Nadler	Midwest Pain Institute, LLC	Leawood KS	Every Wednesday & Friday	8
Podiatry	Robert	Shemwell	Robert A. Shemwell, DPM	North Kansas City	Every Friday	4
Pulmonology	Timothy	Smith	Pulmonary Physicians of St. Joseph	Kansas City	Every Tuesday	4
Urology	Mark	Austenfeld	Kansas City Urology Care	Kansas City	2nd, 3rd & 4th Thursday	3

Bates County, Missouri
2022 Area Healthcare Services

Emergency Numbers

Police/Sheriff   911

Fire   911

Ambulance   911

Non-Emergency Numbers

Bates County Sheriff

660-679-3232

Bates County Ambulance

660-200-7070

MEDICAL EQUIPMENT

ADRIAN:

Kreisler Drug

21 E. Main Adrian, MO 64720

816-297-8833

BUTLER:

Summers Pharmacy Inc.

913 W. Dakota, Butler, MO 64730

660-679-5002

Wal-Mart Pharmacy

1005 W. Ft. Scott Butler, MO 64730

660-679-3163

RICH HILL:

Auburn Pharmacy, Inc.

301 N. 14th Rich Hill, MO 64779

417-395-4700

Note that the above cannot bill insurance for medical equipment

Aerocare
329 N. Barrett Ste A
Nevada, MO
417-667-6224

Lincare
125 S. Main Street
Nevada, MO
417-667-8333

HOME HEALTH CARE

Amedisys: (816) 524-7355 Fax (816) 524-7354

Carter Healthcare: (816) 363-1560 Fax (888) 622-4329

Cedar County: (417) 876-5477

Golden Valley Home Health: (660) 885-5088 Fax (660) 885-7756

VNA Home Health: (816) 627-6210 Fax (816)627-6235

Cox / Joplin: (800)749-6555

Integrity / Ft Scott: (660) 223-1191 Fax (866) 688-660

PHARMACY

ADRIAN:

Kreisler Drug 21 E. Main Adrian, MO 64720 816-297-8833

BUTLER:

Summers Pharmacy

913 W. Fort Scott St., Butler, MO 64730

660-679-5002

Wal-Mart Pharmacy

1005 W. Ft. Scott Butler, MO 64730

660-679-3163

RICH HILL:

Auburn Pharmacy, Inc.

301 N. 14th Rich Hill, MO 64779

417-395-4700

HOSPITAL

Bates County Memorial Hospital

615 W. Nursery Butler, MO 64730

660-200-7000

Ambulance 660-200-7070

Cass Regional Medical Center

2800 E. Rock Haven Road Harrisonville, MO 64701

816-380-3474

Ellett Memorial Hospital

610 N. Ohio Appleton City, MO 64724

660-476-2111

Nevada Regional Medical Center

800 S. Ash St. Nevada, MO 64772

417-667-3355

SENIOR CENTERS

BUTLER:

Butler Senior Center

611 W. Mill Butler, MO 64730

660-679-5830

RICH HILL:

Kern Senior Center

613 E. Park Rich Hill, MO 64779

417-395-2225

TRANSPORTATION

COUNTY WIDE:

OATS (public transportation)

1-800-276-6287

BUTLER:

Butler Senior Citizens Taxi

611 W. Mill Butler, MO 64730

660-679-6322

PUBLIC HEALTH DEPARTMENT

Bates County Health Center

501 N. Orange P.O. Box 178 Butler, MO 64730

660-679-6108 Fax 600-679-6022

FUNERAL HOMES

ADRIAN:

Atkinson Funeral Home

142 E. Main Adrian, MO 64720

816-297-2211

ARCHIE:

Atkinson Funeral Home

104 W. Walnut Archie, MO 64725

816-293-5566

BUTLER:

Mullinax Funeral Home & Cremation Services

10 S. High St. Butler, MO 64730

660-679-0009

Schowengerdt Funeral Home

1301 N. Orange Butler, MO 64730

660-679-6555

DREXEL:

Mullinax Funeral Home & Cremation Services

136 E. Main St. Drexel, MO 64742

816-657-4400

RICH HILL:

Heuser Funeral Home

4th & Walnut Rich Hill, MO 64779

417-395-2213

PUBLIC LIBRARY

ADRIAN:

Adrian Community Library

116 E. Main PO Box 306 Adrian, MO 64720
816-297-2105

BUTLER:

Butler Public Library

100 W. Atkinson Butler, MO 64730

660-679-4321

RICH HILL:

Rich Hill Memorial Library

514 E. Walnut Rich Hill, MO 64779

417-395-2291

MENTAL HEALTH SERVICES

Butler:

Compass Health—Drug / ETOH   (844)853-8937

Brionna Smith, LCSW, Bates County Memorial Hospital – Family Care Clinics   660-200-3627

Nevada:

Davidson Counseling Services (417)667-9608

Nevada Mental Health Services   (417)667-8352

Allied Mental Health   (417) 682-5757

Compass Health   (844)853-8937 17

Rich Hill:

Alliance Mental Health   (417)395-2727

Harrisonville:

Cass County Psychological Services (816)380-4010

Compass Health (844)853-8937

The Wellness Counseling Center   (816)974-7378

DENTISTRY

ADRIAN:

Steve D. Dunning, DDS 20 E. Main Adrian, MO 64720 816-297-2297

ARCHIE:

James M. Binkley DDS

402 S. Main Archie, MO 64725

816-293-5980

BUTLER:

Bates County Dental Center

619 W. Nursery Butler, MO 64730

660-679-6767

Thomas E. Moore, DDS Orthodontists

200 W. Ohio Butler, MO 64730

660-679-6105

RICH HILL:

Lon R. Tracy, DDS

512 E. Walnut Rich Hill, MO 64779

816-380-6000

CHIROPRACTICS

ADRIAN:

Clark Carroll, DC

42 E. Main Adrian, MO 64720

816-297-2797

BUTLER:

Coffman Chiropractic LLC
209 N Orange St · (660) 679-0077

Family First Chiropractic Clinic, LLC
30 N Delaware St · (660) 679-4431

Jayne L. Sells, DC
9 N Main St · (660) 679-6012

NURSING HOMES

ADRIAN:

BUTLER:

Butler Center

416 S. High Butler, MO 64730

660-679-6157

Medicalodge of Butler Nursery & Main Butler, MO 64730

660-679-3179

RESIDENTIAL CARE FACILITIES

ADRIAN:

BUTLER:

Bristol Manor 411 S. Delaware Butler, MO 64730

660-679-3661

Assisted Living

Butler: Bristol Manor $2132   private   679-3661 Fax 679-3661

(RCF will accept Medicaid as long as Social Security is over $900.00 a month.)

Nevada:

Bristol Manor   (417)667-5700

Morningside   (417)667-3883

Appleton City:

Countryside Estates   (660)476-2311

Clinton:

Joy Adult Care (Residential Care Facility) (660)885-7412

Jefferson Gardens   (660)383-4766

Bristol Manor $2100   (660)885-8391

Group Homes

Willow Creek Group Homes (Adrian) (816)297-8956
Four Seasons Group Home (Adrian) (816)297-8787
Ranch of Hope (Adrian)   (660)424-4080

OPTOMETRISTS / OPHTHALMOLOGISTS

David Miller, OD
204 W. Chestnut Butler, MO 64730
660-679-3261
Susan Miller, OD
204 W. Chestnut Butler, MO 64730
660-679-3261
Mid America Eye Center Allen Parelman, MD
Joseph Parelman, MD
204 W. Chestnut Butler, MO 64730
800-628-4258

PHYSICIANS / MEDICAL CLINICS
ADRIAN:
Adrian Family Care Clinic
102 E. Main Adrian, MO 64720
816-297-2640
BUTLER:
High Street Family Care Clinic
706 S. High Butler, MO 64730
660-200-7135
Nursery Street Family Care Clinic
617 W. Nursery Butler, MO 64730
660-200-7133

Butler Urgent Medicine
9 N Main St, Butler, MO 64730
(660) 386-7008

RICH HILL:
Rich Hill Family Medical Clinic
320 N. 14th Rich Hill, MO 64779
417-395-2150

COMMUNITY SERVICES
BUTLER:
Bates County Industries
5007 NE County Rd. 3, Butler, MO 64730
660-679-3667
Butler Community Food Pantry
709 W. Ohio Butler, MO 64730
660-679-3951

Community Assistance Clearing House
709 W. Ohio Butler, MO 64730
660-679-3951 All assistance for Salvation Army, Food Pantry, Ministerial Alliance must start here
Division of Aging & Family Support Division
4 W. Ohio Butler, MO 64730
660-679-3174
University Extension Bates County Courthouse
1 N. Delaware
Butler, MO 64730
660-679-4167
Osage Valley Electric Cooperative Association Round Up Program
1321 N. Orange Butler, MO 64730
660-679-3131

NEVADA:
Care Connection
301 N. Main Nevada, MO 64772
417-667-5847 (Assists Bates County residents 60 years & over with DME, incontinence supplies, respite care & transportation)
Domestic Violence Shelter Moss House
415 N. Main St. Nevada, MO 64772
417-667-3733
1-800-398-4271 Crisis Only Line
Salvation Army Happy Hill Church Ron Dunlap
660-679-5135
660-679-4108
Women's Health Services West Central Missouri Community Action Agency
1-888-577-4640 660-476-219

DIALYSIS

DaVita Harrisonville Renal Center

308 Galaxie Ave., Harrisonville, MO 64701

866-544-6741

Nevada Dialysis Center

324 N. Centennial Blvd., Nevada, MO 64772

417-358-5500

HOSPICE

Good Shepherd   (816)822-2292 Fax 816-822-2298

Great Lakes Caring   (816)444-4611 Fax 816-444-9480

Promedica Hospice   (660)679-4300 Fax 660-679-0700

Kindred   (888)822-1222 Fax 816-795-1711

St. Croix Hospice   (816)380-3913 Fax 816-380-3912

Three Rivers Hospice   (816)295-0544 Fax 866-577-0333

Twin Lakes Hospice   (800)328-5446 Fax 660-890-2018

Village Hospice   (816)525-0986 Fax 816-251-8019

VNA Hospice

THERAPY SERVICES

Bates County Memorial Hospital

615 W. Nursery Butler, MO 64730

660-200-7073

Also – see Home Health

VETERINARIANS

BUTLER:

Bates County Veterinary Clinic

2752 NW County Rd 591, Butler, MO 64730
660-679-3120

Butler Animal Clinic

620 W. Harrison Butler, MO 64730

660-679-6139

SCHOOLS—PUBLIC

Adrian R-III

Box 98 Adrian, MO 64720

816-297-2158 High School

816-297-4460 Elementary

Ballard R-II

10247 NE St Rt 18 Butler, MO 64730

816-297-2656

Butler R-V High School

420 S. Fulton Butler, MO 64730

660-679-6121

Butler R-V Elementary

4 N. High Butler, MO 64730

660-679-6591

Hudson R-IX

15012 NE St Rt 52 Appleton City, MO 64724

660-476-5467

Hume R-VIII

Box 402 Hume, MO 64752

660-643-7411

Miami R-I

7638 NW St Rt J Amoret, MO 64722

660-267-3484 High School

660-267-3495 Elementary

Rich Hill R-IV

703 N. 3rd Rich Hill, MO 64779

417-395-4191 High School

471-395-2227 Elementary

SCHOOLS—PRIVATE

Harmony Mennonite School

Rt. 3 Box 164 Rich Hill, MO 64779

417-395-2558

Zion Lutheran School
Rt. 1 Box 31 Rockville, MO 64780
660-598-6213

DAYCARE PROVIDERS / PRESCHOOLS / HEAD START CENTERS (LICENSED)
ADRIAN:

Adrian Head Start Center
311 W. 1st Adrian, MO 64720
816-297-8829
Adrian R-III Preschool
601 N. Houston Adrian, MO 64720
816-297-2710 (on campus site)
 816-297-8804 (off campus site)
Hawkins Daycare
220 Skyline Dr. Adrian, MO 64720
816-297-2842
Kingdom Kids (license exempt)
816-297-2008
AMORET:
Miami R-I Preschool
Rt. 1 Box 418 Amoret, MO 64722
660-267-3495
BUTLER:
Baby Bear
619 W. Harrison Butler, MO 64730
660-679-5431
Butler Head Start Center
225 N. Main Butler, MO 64730
660-679-5046
Butler R-V Preschool
4 N. High Butler, MO 64730
660-679-6591
Magic Years
1017 N. Orange Butler, MO 64730
660-679-5437

Tender Times
201 S. Main Butler, MO 64730
660-679-4865
HUDSON:
Hudson R-IX Preschool
Rt. 3 Box 32-1 Appleton City, MO 64724 660-476-5467
HUME:
Community Preschool
Box 402 Hume, MO 64752
660-643-7270
RICH HILL:
Magic Years
809 E. Walnut St., Rich Hill, MO 64779
417-395-2424
Samantha Hopes
422 N. 3rd St., Rich Hill, MO 64779
417-395-4600
Bright Beginnings
721 S. 5th Street Rich Hill, MO 64779
417-395-2424

DETENTION / YOUTH SERVICES FACILITIES
BUTLER:
Bates County Detention Center / Bates County Sheriff
Fort Scott St. Butler, MO 64730
660-679-3232

CHILD SERVICES
ParentLink   (800)552-8522
**Head Start Adrian   (816)297-8829
Nevada   (660)234-8791**
Parents as Teachers El Dorado Springs (417)876-3112
First Steps Regional office   (866)583-2392
WIC-Butler   (660)679-6108
Bates County Family Services   (660)679-3174

Bureau of Special Health Care Needs
Region 3   (660)351-6992

Child Abuse Hotline/KS   (800)922-5330

Child Abuse Hotline/Mo.   (800)392-3738

General Online Healthcare Resources

Doctors and Dentists--General AMA Physician Select: Online Doctor Finder (American Medical Association) DocFinder (Administrators in Medicine) Find a Dentist (Academy of General Dentistry) Find a Dentist: ADA Member Directory (American Dental Association) Physician Compare (Centers for Medicare & Medicaid Services)

Hospitals and Clinics--General Find a Health Center (Health Resources and Services Administration) Find a Provider: TRICARE Provider Directories (TRICARE Management Activity) Hospital Quality Compare (Centers for Medicare & Medicaid Services)

Doctors and Dentists--Specialists ACOG's Physician Directory (American College of Obstetricians and Gynecologists) ACR: Geographic Membership Directory (American College of Rheumatology) American College of Surgeons Membership Directory (American College of Surgeons) American Osteopathic Association D.O. Database (American Osteopathic Association) ASGE: Find a Doctor (American Society for Gastrointestinal Endoscopy) Cancer Genetics Services Directory (National Cancer Institute) Child and Adolescent Psychiatrist Finder (American Academy of Child and Adolescent Psychiatry) Dystonia: Find a Health Care Professional (Dystonia Medical Research Foundation) Expert Locator: Immunologists (Jeffrey Modell Foundation) Find a Dermatologic Surgeon (American Society for Dermatologic Surgery) Find a Dermatologist (American Academy of Dermatology) Find a Gastroenterologist (American College of Gastroenterology) Find a Gynecologic Oncologist (Society of Gynecologic Oncologists) Find a Hand Surgeon (American Society for Surgery of the Hand) Find a Hematologist (American Society of Hematology) Find a Neurologist (American Academy of Neurology) Find a Pediatric Dentist (American Academy of Pediatric Dentistry) Find a Pediatrician or Pediatric Specialist (American Academy of Pediatrics) Find a Periodontist (American Academy of Periodontology) Find a Physical Medicine & Rehabilitation Physician (American Academy of Physical Medicine and Rehabilitation) Find a Plastic Surgeon (American Society of Plastic Surgeons) Find a Podiatrist (American Podiatric Medical Association) Find a Thyroid Specialist (American Thyroid Association) Find a Urologist (American Urological Association) Find an ACFAS Physician (American College of Foot and Ankle Surgeons) Find an Allergist/Immunologist: Search (American Academy of Allergy, Asthma, and Immunology) Find an Endocrinologist (Hormone Health Network) Find an Eye M.D. (American Academy of Ophthalmology) Find an Interventional Radiologist (Society of Interventional Radiology) Find an Oncologist (American Society of Clinical Oncology) Find an Oral and Maxillofacial Surgeon (American Association of Oral and Maxillofacial Surgeons) Find an Orthopaedic Foot and Ankle MD (American Orthopaedic Foot and Ankle Society) Find an Otolaryngologist (ENT) (American Academy of Otolaryngology--Head and Neck Surgery) Finding an Eye Care Professional (National Eye Institute) GI Locator Service (American Gastroenterological Association)

Other Healthcare Providers AMTA's Find a Massage Therapist (American Massage Therapy Association) Cancer Genetics Services Directory (National Cancer Institute) Find a Diabetes Educator (American Association of Diabetes Educators) Find a Genetic Counselor (National Society of Genetic Counselors) Find a Midwife (American College of Nurse-Midwives) Find a Nurse Practitioner (American Academy of Nurse Practitioners) Find a Physical Therapist (American Physical Therapy Association) Find a Professional: Online Directory of Audiology and Speech-Language Pathology Programs (American Speech-Language-Hearing Association) Find a Registered Dietitian (Academy of Nutrition and Dietetics) Find a Therapist (Anxiety Disorders Association of America) Find an Audiologist (American Academy of Audiology) Manual Lymphatic Drainage Therapists (National Lymphedema Network) National Register of Health Service Providers in Psychology (National Register of Health Service Providers in Psychology) NCCAOM: Find Nationally Certified Practitioners (National Certification Commission for Acupuncture and Oriental Medicine) Search for an Emergency Contraception Provider in the United States (Princeton University, Office of Population Research)

Hospitals and Clinics--Specialized Accredited Birth Centers (Commission for the Accreditation of Birth Centers) Alzheimer's Disease Research Centers (National Institute on Aging) Cystic Fibrosis Foundation: Find a Chapter (Cystic Fibrosis Foundation) Cystic Fibrosis Foundation: Find an Accredited Care Center (Cystic Fibrosis Foundation) Dialysis Facility Compare (Centers for Medicare & Medicaid Services) FDA Certified Mammography Facilities (Food and Drug Administration) Find a Free Clinic (National Association of Free Clinics) Find an Indian Health Service Facility (Indian Health Service) Find Treatment Centers (American Cancer Society) Genetics Clinic Directory Search (University of Washington) Locate a Sleep Center in the United States by Zip Code (American Academy of Sleep

Medicine) MDA ALS Centers (Muscular Dystrophy Association) Mental Health Services Locator (Substance Abuse and Mental Health Services Administration) NCI Designated Cancer Centers (National Cancer Institute) Neurofibromatosis Specialists (Children's Tumor Foundation) Post-Polio Directory 2011: Post-Polio Clinics, Health Professionals, Support Groups (Post-Polio Health International including International Ventilator Users Network) Spina Bifida Clinic Directory (Spina Bifida Association of America) Substance Abuse Treatment Facility Locator (Substance Abuse and Mental Health Services Administration) Transplant Center Search Form (BMT InfoNet) U.S. NMDP Transplant Centers (National Marrow Donor Program) VA Health Care Facilities Locator & Directory (Veterans Health Administration) Where to Donate Blood (AABB) Where to Donate Cord Blood (National Marrow Donor Program)

Other Healthcare Facilities and Services Alzheimer's Disease Resource Locator (Fisher Center for Alzheimer's Research Foundation) American College of Radiology Accredited Facility Search (American College of Radiology) APA District Branch / State Association Directory (American Psychiatric Association) Directory of Organizations (Deafness and Communication Disorders) (National Institute on Deafness and Other Communication Disorders) Dog Guide Schools in the United States (American Foundation for the Blind) Eldercare Locator (Dept. of Health and Human Services) Find a Hospice or Palliative Care Program (National Hospice and Palliative Care Organization) Find Services (for People with Vision Loss) (American Foundation for the Blind) Find Urgent Care Centers by State (Urgent Care Association of America) Genetic Testing Laboratory Directory (University of Washington) Home Health Compare (Centers for Medicare & Medicaid Services) Medicare: Helpful Contacts (Centers for Medicare & Medicaid Services) Muscular Dystrophy Association Clinics and Services (Muscular Dystrophy Association) National Foster Care and Adoption Directory Search (Children's Bureau) Nursing Home Compare (Centers for Medicare & Medicaid Services) Organizations That Offer Support Services (National Cancer Institute) Poison Control Centers (American Association of Poison Control Centers) Resources and Information for Parents about Braille (American Foundation for the Blind) State-Based Physical Activity Program Directory (Centers for Disease Control and Prevention) TSA Chapters in the USA (Tourette Syndrome Association) Violence against Women: Resources by State (Dept. of Health and Human Services, Office on Women's Health) Where to Find Hair Loss Accessories and Breast Cancer Products (American Cancer Society)

SOURCE: MedlinePlus provides links to directories to help you find libraries, health professionals, services and facilities. National Library of Medicine (NLM) does not endorse or recommend the organizations that produce these directories, nor the individuals or organizations that are included in the directories.

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

HIDI Inpatient Origin Report - Bates County MO FFY 19-21

#	IP Volumes by Hospitals - Bates County MO Only	FFY19	FFY20	FFY21
1	Bates County Memorial Hospital - Butler, MO	588	455	427
14	Other Hospitals	3820	3461	3271
2	Research Medical Center - Kansas City, MO	392	358	297
4	St. Joseph Medical Center - Kansas City, MO	180	87	115
3	Nevada Regional Medical Center - Nevada, MO	155	121	145
6	The University of Kansas Health System - Kansas City, KS	142	113	105
5	Saint Luke's Hospital of Kansas City - Kansas City, MO	134	103	110
8	Saint Luke's East Hospital - Lees Summit, MO	129	123	87
9	Menorah Medical Center - Overland Park, KS	88	98	87
7	Cass Regional Medical Center - Harrisonville, MO	77	88	94
10	Golden Valley Memorial Healthcare - Clinton, MO	62	67	63
11	Overland Park Regional Medical Center - Overland Park, KS	57	93	60
12	Children's Mercy Kansas City - Kansas City, MO	46	62	57
13	Saint Luke's South Hospital - Overland Park, KS	41	50	51
	Yearly Totals	**2,496**	**2,183**	**2,055**

HIDI Outpatient Origin Report - Bates County MO FFY 19-21

#	OP Volumes by Hospitals - Bates County MO Only	FFY19	FFY20	FFY21
1	Bates County Memorial Hospital - Butler, MO	32314	32198	38103
2	Golden Valley Memorial Healthcare - Clinton, MO	4065	4093	4426
3	Cass Regional Medical Center - Harrisonville, MO	3586	3624	4237
4	The University of Kansas Health System - Kansas City, KS	2235	2373	2388
5	Nevada Regional Medical Center - Nevada, MO	1702	1870	2145
6	Children's Mercy Kansas City - Kansas City, MO	1031	973	1337
7	Children's Mercy Hospital Kansas - Overland Park, KS	841	563	727
8	Belton Regional Medical Center - Belton, MO	690	718	797
9	Saint Luke's Hospital of Kansas City - Kansas City, MO	573	434	676
10	Research Medical Center - Kansas City, MO	524	537	724
11	St. Joseph Medical Center - Kansas City, MO	446	974	895
12	Saint Luke's East Hospital - Lees Summit, MO	406	376	438
13	Menorah Medical Center - Overland Park, KS	387	402	486
14	University Health Truman Medical Center - Kansas City, MO	375	265	422
15	University Health Lakewood Medical Center - Kansas City, MO	366	332	409
16	Ellett Memorial Hospital - Appleton City, MO	324	277	350
17	Saint Luke's South Hospital - Overland Park, KS	264	229	219
18	Mercy Hospital Joplin - Joplin, MO	174	140	66
19	Overland Park Regional Medical Center - Overland Park, KS	163	158	198
20	AdventHealth Shawnee Mission - Shawnee Mission, KS	162	163	163
21	Olathe Health - Olathe, KS	144	167	151
22	Lee's Summit Medical Center - Lees Summit, MO	138	161	187
23	Miami County Medical Center, Inc. - Paola, KS	123	154	134
24	Freeman Health System - Joplin, MO	116	99	132
25	Cedar County Memorial Hospital - El Dorado Springs, MO	100	119	150
26	Centerpoint Medical Center - Independence, MO	100	74	69
27	Other Hospitals	466	541	668
	Yearly Totals	**51,815**	**52,014**	**60,697**

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Bates County, MO 2022 CHNA Town Hall Attendance: Thurs, 11/10/22 - 11:30am-1pm

#	Team	Lead	Attend	Last	First	Organization	Title
1	A	##	x	Weaver	Greg	BCMH	CEO
2	A		x	Burkholder	Adrienne	BCMH	Director of Human Resources
3	A		x	Wescoat	Ryan		
4	B	##	x	Floyd	Terri	BCMH	Chief Financial Officer
5	B		x	SIMPSON	CARL	EDWARD JONES	FINANCIAL ADVISOR
6	C		x	Diehl	Heather	Farmers Insurance	Agent
7	C		x	Evans	Gary		
8	C		x	Rosier	Jana	Osage Valley Electric Coop	Director of Economic Dev
9	C		x	Wehage-Zickwolf	Anne	BCMH	Legal Counsel CC Officer
10	D	##	x	Jackson	Andrea	BCMH	Marketing/PR Coordinator
11	D		x	Klinksick	Jennifer	BCMH	Chief Nursing Officer
12	D		x	Liggins	Doncella	BCMH	Director Health Information Management
13	E		x	McCord	Elisabeth	BCMH	Social Worker
14	E		x	Page	Kori	BCMH	Case Manager
15	E		x	Zickwolf	Fred		

Bates County, MO Town Hall Event Notes
Attendance: N= 15
Date: 11/10/2022 – 11:30 a.m. to 1 p.m.

Community identified drugs (substance abuse) occurring in Bates Co, MO:

Opioids, Marijuana, Heroin, Meth, Cocaine, and Fentanyl.

Effects of legalizing marijuana is a concern for the next 3 years.

Strengths

- Outpatient Services
- Ambulance Services
- Broadband Today, Broadband Coming
- Hospital investment into capital to provide top care
- MD covered 24-hour emergency care
- New chiropractor
- 4 primary care clinics with extended hours
- Good Schools
- Public Health

Needs

- Mental Health (Diagnosis, Treatment, Aftercare, Providers)
- Substance Abuse (Drugs and Alcohol)
- Suicide Prevention
- Awareness of Services
- Childcare (Safe and Affordable)
- Build community awareness of financial support
- Home Health
- Obesity (Nutrition / Exercise)
- Senior Health (Facilities and Delivery)
- Transportation (General)
- Preventative and wellness programs
- Workforce staffing (County-wide)
- Smoking (Vaping)
- Visiting Specialists (Ortho, GYN, Neurology, Derm, GI)
- Food Security
- Better EMR

Wave #4 CHNA - Bates County, MO

Town Hall Conversation - Strengths (White Cards)   N=15

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	Ambulance	7	Primary clinic
1	Pharmacy	7	Good schools
1	Primary Care Expansion	8	Hospital
2	Accessibility/presence of hospital, PC, specialists	8	Public health
2	Rural/clean air	8	Schools
2	Community-minded, close-knit groups	8	Sport programs
2	24-hr emergency care	9	Medicaid Expansion for uninsured
3	Health Center	9	Public health
3	Care provider	10	Healthcare facility
3	Mental health	10	Involved community
4	Hospital access-local	11	Outpatient services
4	Broadband coming-increase telehealth	11	2 new gyms
4	Visiting specialists	11	New chiropractor
4	Mid level providers-increase access	12	Free screenings
5	Strong work force	12	Urgent care
5	Future planning strategic ideas	12	Outpatient
5	Engaged new providers/leadership	12	2 new gyms
6	Access to specialties	12	2 new chiropractors
6	Access to mid levels	13	HCAP
6	Appointments at all times	13	Out patient care
6	Home health	13	New chiropractor
6	Vision	13	2 new gyms
6	Dentists	14	Financially sound hospital
6	Chiropractor	14	ER/radiology
7	Hospital-Marketing	14	Small town values
7	Behavior health programs	14	Good schools
7	OP Services	15	Outpatient specialty clinic
7	Ambulance service	15	Several specialties currently
7	Broadband	15	BCMH continues to have ability to invest in capitol equip to provide excellent care
7	Investing in capital to improve hospital service	15	ER/MRI
7	24 ER care		

Wave #4 CHNA - Bates County, MO

Town Hall Conversation - Weaknesses (Color Cards)   N= 15

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	Continue to increase representation of specialists coming to OPC	8	Drugs
1	Community awareness of need to financially support healthcare system in community	8	Mental health services
1	Preventative health/wellness	9	Transportations-nonemergency
1	Partners with others	9	Collaboration with regional mental health
2	Depression-young	9	Engage with more community resources
2	Drugs	9	Look for home health resources
2	Obesity	10	Drugs
2	Cronic disease	10	Obesity
2	Nursing home cost/need assistance living	10	Childcare
2	Self promote	10	Mental
3	Mental health services	10	Smoking
3	Pediatrician	11	Staffing
3	Home health services	11	Mental health care
3	Obesity/exercise opportunities	11	Drug/abuse services
3	Alcohol/drug abuse	11	Senior living
3	Long tern care facilities	11	Underinsured
3	Child care	12	Mental health services-additional providers
4	Transportation-non-emergency	12	Suicide prevention
4	Insurance	12	Senior health needs especially alzheimers/dementia
4	Staffing	12	Obesity-nutrition/exercise services
4	Mental health	12	Drug treatment services awareness
4	Home health in Bates Co.	12	Smoking
5	Staffing	13	Mental health access/suicide awareness prevention
6	Impact of legalizing marijuana	13	Drug abuse-including new marijuana passed
6	Drug	13	Childcare
6	Housing-lead poisoning	13	Primary care providers/access
6	Food incentive	13	Domestic violence
6	Depression-suicide-mental health	14	Mental health
6	Pandemic	14	Obesity
7	Addication	14	Drug abuse
7	Transportation	14	Childcare
7	Mental health	14	Underinsured
7	Childcare	15	Mental health
7	Housing	15	Obesity
8	Access to quality childcare	15	Childcare
8	Underinsured	15	Transportation
8	Healthcare transportation	15	Heroine/meth addiction

EMAIL #1 Request Message

From: Administration Office
Date: 8/30/2022
To: Community Leaders, Providers and Hospital Board and Staff
Subject: 2022 Bates County Community Health Needs Assessment

Bates County Memorial Hospital (BCMH) located in Butler, Missouri is working with other community health providers to update the 2022 Bates County, MO Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2016 and 2019 CHNA reports and to collect up-to-date community health perceptions.

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential if you choose to participate in this online survey.

To gather community feedback, a short and confidential online survey has been developed. To access this survey, please utilize the link below to participate.

LINK: https://www.surveymonkey.com/r/CHNA2022_BCMH_BatesCoMO

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **October 10th, 2022.** In addition, please HOLD the date for the Town Hall meeting scheduled **Thursday, November 10th, 2022**, for lunch from **11:30 a.m. - 1:00 p.m**. Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (660) 200-7000

Bates County Conducts 2022 Community Health Needs Assessment

Over the next few months, **Bates County Memorial Hospital (BCMH)** will be working with area providers to update the Bates County, MO Community Health Needs Assessment (CHNA) for 2022. We strive to seek input from the community members regarding the healthcare needs in order to complete the 2022 Community Health Needs Assessment update.

VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2016 and 2019 assessment reports, while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed in order to accomplish this work. The survey link can be accessed by visiting the hospitals' website or their Facebook page if you would like to participate in this important work. You may also utilize the QR code below for quick access.

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **October 10th, 2022**. In addition, please HOLD the date for the Town Hall meeting scheduled **Thursday, November 10th, 2022** for lunch from **11:30 a.m. - 1:00 p.m**. Please, stay on the lookout for more information to come soon. Thank you in advance for your time and support!

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All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **October 10th, 2022**. In addition, please HOLD the date for the Town Hall meeting scheduled for **Thursday, November 10th, 2022** for lunch from **11:30 a.m. – 1:00 p.m**. Please, stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call 660-200-7313.

EMAIL #2 Request Message

From: Andrea Jackson
Date: 10/13/2022
To: Community Leaders, Providers and Hospital Board and Staff
Subject: 2022 Community Health Needs Assessment Town Hall Event – Nov. 10th

Bates County Memorial Hospital (BCMH) located in Butler, Missouri is hosting a community town hall event for the 2022 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs for Bates County. This event will be held on **Thursday, November 10th,** from **11:30 a.m. – 1:00 p.m.**

All business leaders and residents are encouraged to join us for this important meeting. In order to adequately prepare for this town hall meeting, it is imperative that those attending RSVP. We hope you find the time to attend this important event by following the link below to complete your RSVP for November 10rth. Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event.

LINK: https://www.surveymonkey.com/r/CHNA2022_BatesCountyMO_TownHallRSVP

Thanks in advance for your time and support

If you have questions regarding these CHNA activities, please call (660) 200-7000

Join Bates County Memorial Hospital for the 2022 CHNA Town Hall Event

Media Release: 10/14/22

Bates County Memorial Hospital (BCMH) located in Butler, Missouri will be hosting a Town Hall meeting for the 2022 Community Health Needs Assessment on **November, 10th** from **11:30 a.m. to 1:00 p.m.** During this meeting, we will review the community health indicators and gather feedback opinions on key community needs for Bates County, MO.

In order for us to adequately prepare for this Town Hall event, it is imperative that all those who wish to attend; please RSVP. Please visit the BCMH website, or social media sites (Facebook) to obtain the link to complete your RSVP! For convenience, you may also utilize the QR code below that will take you directly to the RSVP site. We hope that you find the time to join us for this important event on November 10th. Thanks in advance for your time and support!

If you have questions regarding these CHNA activities, please call (660) 200-7000

BCM Hospital Assessment Town Hall RSVP Required

921 News November 7, 2022

Bates County Memorial Hospital will hold two important 2022 Community Health Needs Assessment (CHNA) meeting over the next 2 weeks:

On Thursday November 10, Bates County MO CHNA Town Hall from 11:30 am – 1:00 pm to review community health indicators and identify unmet health needs / priorities, **and**

On Friday November 18, Bates County MO CHNA Implementation Plan Development Session from 11:30 am – 1:00 pm.

Note: Both meeting will be held at Bates County Memorial Hospital Education Center, located on the east end of the facility. Lunch will be served starting at 11:15 am for both meetings.

RSVPs will be required for both sessions. Links are listed below:

Town Hall Nov 10: https://www.surveymonkey.com/r/CHNA2022_BatesCountyMO_TownHallRSVP

Implementation Plan Nov 18: https://www.surveymonkey.com/r/BatesCo_CHNA_ImplPlan

Thank you, we look forward to seeing you soon.

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2022 Community Feedback: Bates County MO (N=168)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1005	64730	Very Good	Increasing - moving up	ECON			NEED MOREGOOD JOBS
1081	64730	Good	Increasing - moving up	EDU	SPRT	RESO	Poor overall health education and support by family
1146	64730	Good	Not really changing much	EDU			fear and knowledge
1096	64779	Average	Not really changing much	FINA			Cost
1009	64730	Poor	Not really changing much	FINA			Cost. If you can't afford care you can't receive any.
1033	64730	Average	Not really changing much	NH	SERV	RESO	aging community
1168	64742	Good	Decreasing - slipping downward	OWN	CORP		Simply stated: laziness!

CHNA 2022 Community Feedback: Bates County MO (N=168)

ID	Zip	Rating	Movement	c1	c2	c3	Covid-19 has impacted our communities. Do you have any worries and/or concerns regarding COVID-19 in relation to Community Health?
1132	64730	Average	Increasing - moving up	ACC	COVD		Easy access to COVID testing.
1155		Poor	Decreasing - slipping downward	CHRON	COVD	RESO	With the high rates of chronic health concerns in the community, citizens will still be at risk with Covid even as overall the symptoms decrease in severity. Lack of overall resources also does not allow a significant number of cases to be managed at the same time.
1118	64730	Very Good	Not really changing much	COVD	EDU		Community lack of concern about virus mutations.
1033	64730	Average	Not really changing much	COVD	EDU		people have forgotten that covid can be deadly
1165	64730	Very Good	Not really changing much	COVD	FAC		DITCH THE REQUIRED MASKS AT BCMH FACILITIES!!!!
1109	64720	Poor	Not really changing much	COVD	OTHR		quit trying to make money off covid
1084	64730	Average	Not really changing much	COVD	PRIM	SERV	Everything is labeled as COVID related, and primary care services for seasonal illnesses are lacking because of being COVID scared.
1014	64730	Very Poor	Decreasing - slipping downward	COVD			Covid is a joke. You all drink the koolaid and are the problems.
1149	64730	Good	Decreasing - slipping downward	COVD			COVID is here to stay so we need to learn to deal with it
1168	64742	Good	Decreasing - slipping downward	COVD			NO!!! I'm so tired of everything being blamed on Covid. We've become like Eeyore with a black cloud labeled "pandemic" hovering over us, following us everywhere we go. It's time to move forward - we can't continue to blame everything on Covid or continue to use it as an excuse for issues.
1161		Very Good		DOH	COVD		Missouri Public Health had their ability restricted by Gov Parsons & Eric Schmidt. Politics involved with delivering inappropriate care & treatment for Covid!
1144	64740	Good	Not really changing much	EDU	DOH	ADMIN	Inconsistent information
1157		Average	Decreasing - slipping downward	EDU			No reporting or information of current risk
1123		Very Good	Increasing - moving up	EDU			Community not concerned with seriousness of viruses.
1098	64730	Good	Not really changing much	QUAL			Did a good job
1134	64730	Good	Not really changing much	STFF	DOCS	CORP	The only ones who takes it seriously is our health care providers. Our community has been almost noncompliant.
1015	64720	Good	Not really changing much	VACC	ACC		COVID vaccines not available in county.
1042	64720	Good	Not really changing much	VACC	COVD		People who don't believe in COVID and refuse to vaccinate.
1035	64724	Average	Decreasing - slipping downward	VACC			Vaccine rates
1093	64720	Average	Not really changing much	VACC			Need more to get vaccinated

CHNA 2022 Community Feedback: Bates County MO (N=168)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1165	64730	Very Good	Not really changing much	CARD			Due to BCMH parting ways with our heart doctor.
1093	64720	Average	Not really changing much	CHRON	EMER	DRUG	Need more understand when a chronic abuse comes in when physically sick and how they afraid and paranoid to be in a hospital, Family was treated terrible by ER and was seriously sick and when he said he was a chronic user and was sick. Need a drug unit Bates has more then they realize who are drug users even business and working people. Dealers get by with selling. Need speciality doctors here more often and to stay later a few evenings for those who work. Need addition for pregnant women and delivery.
1047	64730	Very Good	Increasing - moving up	CLIN	HRS	EMER	Urgent care is not available. The only choice on the weekends is to come to the ER.
1050	64730	Good	Increasing - moving up	DERM	OBG	ORTH	Lack of derm, OB and Ortho will retire soon I'm sure
1154	64779	Average	Not really changing much	DOCS	PRIM	ACC	Doctors often assign Nurse Practitioners to make assessments. Access to more primary care physicians with face to face contact is needed.
1042	64720	Good	Not really changing much	DOCS	WAG		Some providers are way overbooked, others refuse to see only the bare minimum so they can get a pay check.
1075	64730	Poor	Not really changing much	EMER	WAIT		last visit to er =daytime- had to wait over 45 minutes to be seen, took another hour to decicde what was wrong, then sent to K.C. by then appendix had ruptured!!
1019	64730	Poor	Decreasing - slipping downward	HRS	CLIN		longer hours and weekend hours
1025	64730	Good	Increasing - moving up	HRS	CLIN		Most of the time. Nights and weekends may be weak.
1096	64779	Average	Not really changing much	HRS	CLIN		After hours urgent care
1018	64730	Average	Not really changing much	MH	DOCS		There is a significant lack of counselors and licensed physicians in regards to mental health.
1043	64730	Average	Decreasing - slipping downward	MH			mental health
1168	64742	Good	Decreasing - slipping downward	NO			You need to have an option of "I don't know"because I don't…
1109	64720	Poor	Not really changing much	NO			dont know, dont think so.
1124	64730	Good	Not really changing much	NO			I don't know how it answer that question.
1159	64730	Very Good	Increasing - moving up	NURSE	ACC		We need more Drs. Nurses
1161		Very Good		ORTH	DERM	OBG	Orthopedic, dermatologist, gynecologist,
1028	64730	Good	Not really changing much	ORTH	SERV	TRAV	For basic services, yes. For fractures, or any specific medical issue you have to go outside of our community to get medical care.
1035	64724	Average	Decreasing - slipping downward	PEDS	HH	SPEC	Elite specialist, pediatric home health, palliative care
1095		Good	Not really changing much	PEDS			Pediatrician
1162	64730	Good	Not really changing much	PRIM	DOCS		More Primary Care Doctors.
1134	64730	Good	Not really changing much	PRIM	DOCS	ACC	Need more family care physicians and less physician assistants and nurse practitioners.
1144	64740	Good	Not really changing much	PRIM	EMER	CLIN	Need to be able to see your own provider when suddenly I'll. Now when calling, a person is usually sent to the ER. An ER visit is quite often not needed. I have often thought about going out of town to a true urgent care.
1014	64730	Very Poor	Decreasing - slipping downward	QUAL			I woukldn't take my dog to bcmh
1098	64730	Good	Not really changing much	SCH	WAIT		Have been able to get appts in a timely manner
1155		Poor	Decreasing - slipping downward	SPRT	SERV	TRAN	More supportive services to low income clients with lack of transportation.
1160	64730	Very Good	Not really changing much	STFF	DOCS	RET	All providers/staff do an excellent job of providing care but I do have concerns about the long term effect of continuously being short staffed will have in the long term but understand this is an industry problem not just a local issue.
1141	64720	Good	Increasing - moving up	STFF	RET	SPEC	Shortage of some specialized service
1084	64730	Average	Not really changing much	WAIT	PRIM	SCH	Long waiting times for primary care visits for seasonal illnesses. (Except for our urgent care on the square!)

CHNA 2022 Community Feedback: Bates County MO (N=168)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1153	64730	Good	Not really changing much	CC	CLIN		More child care, more clinics
1061	64730	Average	Increasing - moving up	CC	NH		A daycare for both elderly and young. So that the two age group can help and learn from each other
1046	64730	Average	Not really changing much	CLIN	FINA		Affordable urgent care.
1144	64740	Good	Not really changing much	CLIN	FIT	RESO	Urgent care Better exercise options
1040	64730	Good	Not really changing much	CORP	FIT	SERV	Fun runs, activities to get people active, and a center for people to work out for free or at little cost.
1069	64730	Very Poor	Not really changing much	DOCS	STFF	QUAL	More doctors on staff no pa not nurse practitioner actual doctors that do more than push pills
1026	64746	Average	Not really changing much	DRUG	EDU	MH	Drug awareness and education, Mental Health evaluation and treatment
1135	64730	Good	Increasing - moving up	DRUG	INSU	DENT	More effective, non-punitive substance abuse care and possibly an inpatient drug/alcohol treatment. More options for those without insurance and who are not Medicaid eligible (ex: a single parent who doesn't qualify for Medicaid for self, but who has several children who qualify), automatic itemized billing for hospital services, reasonable monthly payment plan, options for debt resolution. Access to preventative medicine services and broader access to dental care.
1129	64720	Average	Decreasing - slipping downward	DRUG	MH		Substance abuse programs Mental health programs
1126	64730	Very Good	Not really changing much	DRUG	PREV	MH	Drug Rehabilitation and Prevention, Mental Health Providers, Family Counselors
1043	64730	Average	Decreasing - slipping downward	DRUG	RESO		drug rehab
1152	64730	Good	Not really changing much	DRUG	RESO	MH	More group therapies for Addicts & Mental health
1093	64720	Average	Not really changing much	DRUG	SCAN	INSU	Drug abuse and chronic users medical and rehab. Something besides Compass. Separate Standing facility , Speciality building and imaging to help people pay less with bills. Insurance pays more on Free Standing Facilities.
1159	64730	Very Good	Increasing - moving up	EDU	NH		Senior education
1039		Average	Not really changing much	EDU	RESO	CORP	Maybe more healthcare programs
1122	64720	Very Good	Not really changing much	FEM			Womens care
1057	64730	Average	Not really changing much	FINA	INSU	ACC	easier and more affordable for people with no insurance to get in to see a doctor when needed.
1009	64730	Poor	Not really changing much	FINA			You can have as many health care providers as you want. If no one can afford it it's no good.
1025	64730	Good	Increasing - moving up	FIT	EDU	NUTR	More opportunities for exercise therapy and education on nutrition and prevention.
1149	64730	Good	Decreasing - slipping downward	FIT	NUTR	REC	increased exercise, healthy nutrition, community center
1019	64730	Poor	Decreasing - slipping downward	FIT	REC		places to exercise
1154	64779	Average	Not really changing much	FIT	REC	ACC	Community Exercise/Outreach Facilities located outside of Butler would reach individuals who cannot travel to Butler for engagement.
1106	64730	Good	Not really changing much	FIT	RESO	ACC	exercise programs
1096	64779	Average	Not really changing much	HRS	CLIN		After hours urgent care
1084	64730	Average	Not really changing much	MH	COUN	PREV	Mental health options for family counseling. Better preventative health options.
1086	64730	Average	Not really changing much	MH	FEM	SPRT	Mental Health Programs Women's Health Programs
1050	64730	Good	Increasing - moving up	MH	RESO	SPRT	Group therapy sessions for behavioral health
1150	64730	Good	Increasing - moving up	MH	SERV		Mental Health Services
1016	64730	Good	Not really changing much	MH	SERV	OBG	Mental Health Services and Ob Doctors more doctors
1060	64730	Good	Not really changing much	MH	SPRT	RESO	more mental health & addition groups
1133	64752	Average	Decreasing - slipping downward	MH			Mental health
1022	64779	Very Good	Increasing - moving up	MH			Mental health
1078	64730	Good	Increasing - moving up	MH			Mental health
1165	64730	Very Good	Not really changing much	NH	RESO		Something for senior adults - not sure what?
1114	64730	Very Good	Increasing - moving up	NUTR	EDU	FIT	Quarterly nutrition program; information; vitamins; cooking and exercise programs.
1047	64730	Very Good	Increasing - moving up	NUTR	MH	DRUG	Education for nutrition, mental illness, alcohol and substance abuse.
1083	64780	Good	Not really changing much	OBE	FIT	NUTR	A good weight loss program with access to exercise equipment
1123		Very Good	Increasing - moving up	OP	SPEC	REC	Outpatient specialty space, community center with pool
1035	64724	Average	Decreasing - slipping downward	PEDS	FUND	INSU	Pediatric services, Health care grants for patients with non medicaid insurance
1080	64730	Poor	Decreasing - slipping downward	PRIM	ACC	SCH	More access to primary. Not having to wait for weeks.
1097	64730	Very Good	Not really changing much	REC	ACC		A place such as a YMCA for the community to utilize
1066	64730	Average	Decreasing - slipping downward	REC	FIT	ACC	Community center! Gym, pool, all the things....
1094		Very Good	Increasing - moving up	REC	FIT	ACC	Community center for fitness.
1136	64779	Good	Increasing - moving up	REC	FIT	RESO	Need areas to walk and exercise!
1118	64730	Very Good	Not really changing much	REC	FIT	EDU	Community Center with education programs
1033	64730	Average	Not really changing much	REC	FIT	FINA	community wellness center to include exercise programs, and other programs of benefit at reduced fees
1134	64730	Good	Not really changing much	RESO	MH		Need better resources for mental health.
1064	64788	Average	Not really changing much	RURAL	ACC	RESO	Reaching rural areas
1075	64730	Poor	Not really changing much	SERV	QUAL		how about they get regular services up to par before adding something new
1162	64730	Good	Not really changing much	SUIC			Suicide Provention
1076	64730	Good	Not really changing much	TOB	OBE	NUTR	Smoking cessation, obesity support and nutrition education.
1085	64730	Good	Increasing - moving up	YOUTH	TOB	EDU	We have a growing number of youth and adults using tobacco products and/or vapes without any concerns for the future effects. It's like the smoking cessation campaigns in the late 80's have been totally forgotten about. All of this is not to overshadow the abundance of Meth in our county as well.

Let Your Voice Be Heard!

In 2019, Bates County Memorial Hospital surveyed our community to assess health needs. Today, we request your input again in order to create a 2022 Bates County, MO Community Health Needs Assessment (CHNA).

To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. Survey deadline will be Monday October 10th, 2022.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention!

1. In your opinion, how would you rate the "Overall Quality" of healthcare delivery in our community?

○ Very Good   ○ Good   ○ Average   ○ Poor   ○ Very Poor

2. When considering "overall community health quality", is it ...

○ Increasing - moving up   ○ Not really changing much   ○ Decreasing - slipping downward

Please specify why.

[ ]

3. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.

[ ]

4. In your opinion, are there healthcare services in our community/your neighborhood that you feel need to be improved, worked on and/or changed? (Be specific)

5. From our past CHNA, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select all that apply.

☐ Drug / Alcohol Abuse

☐ Obesity (Nutrition / Exercise)

☐ Mental Health (Diagnosis, Treatment, Aftercare, Providers)

☐ Child Care

☐ Community Health Center (Programs / Aquatic Center)

☐ Visiting Specialists (Derm, Neuro, PEDS, OB)

☐ Urgent Care Services

☐ Healthcare Transportation

☐ Lack of Healthcare Grants

☐ Awareness of Healthcare Services / Activities

☐ Preventative Health / Wellness

☐ Health Education

☐ Aging Hospital Facility

☐ Broadband Services

☐ Cost of Care / Billing

☐ Chronic Disease Management

☐ Access to Care / Services

6. Which past CHNA needs are NOW the "most pressing" for improvement? Please select top three.

☐ Drug / Alcohol Abuse

☐ Obesity (Nutrition / Exercise)

☐ Mental Health (Diagnosis, Treatment, Aftercare, Providers)

☐ Child Care

☐ Community Health Center (Programs / Aquatic Center)

☐ Visiting Specialists (Derm, Neuro, PEDS, OB)

☐ Urgent Care Services

☐ Healthcare Transportation

☐ Lack of Healthcare Grants

☐ Awareness of Healthcare Services / Activities

☐ Preventative Health / Wellness

☐ Health Education

☐ Aging Hospital Facility

☐ Broadband Services

☐ Cost of Care / Billing

☐ Chronic Disease Management

☐ Access to Care / Services

7. In your opinion, what are the root causes of "poor health" in our community? Please select <u>top three.</u>

☐ Chronic Disease

☐ Lack of Health & Wellness

☐ Lack of Nutrition/Exercise Services

☐ Limited Access to Primary Care

☐ Limited Access Specialty Care

☐ Limited Access to Mental Health

☐ Family Assistance programs

☐ Lack of Health Insurance

☐ Neglect

Other (Be Specific).

☐

8. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	○	○	○	○	○
Child Care	○	○	○	○	○
Chiropractors	○	○	○	○	○
Dentists	○	○	○	○	○
Emergency Room	○	○	○	○	○
Eye Doctor/Optometrist	○	○	○	○	○
Family Planning Services	○	○	○	○	○
Home Health	○	○	○	○	○
Hospice/Palliative	○	○	○	○	○
Telehealth	○	○	○	○	○

9. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	○	○	○	○	○
Mental Health Services	○	○	○	○	○
Nursing Home/Senior Living	○	○	○	○	○
Outpatient Services	○	○	○	○	○
Pharmacy	○	○	○	○	○
Primary Care	○	○	○	○	○
Public Health	○	○	○	○	○
School Health	○	○	○	○	○
Visiting Specialists	○	○	○	○	○

Other (please specify)

[   ]

10. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	○	○	○	○	○
Emergency Preparedness	○	○	○	○	○
Food and Nutrition Services/Education	○	○	○	○	○
Health Screenings/Education	○	○	○	○	○
Prenatal/Child Health Programs	○	○	○	○	○
Substance Use/Prevention	○	○	○	○	○
Suicide Prevention	○	○	○	○	○
Violence/Abuse Prevention	○	○	○	○	○
Women's Wellness Programs	○	○	○	○	○

11. Do you have any Covid-19 worries and/or concerns in regards to Community Health delivery?

○ Yes   ○ No

If yes, please specify your thoughts.

[text field]

12. Over the past 2 years, did you or someone in your household receive healthcare services outside of your county?

○ Yes   ○ No

If yes, please specify the services received

[text field]

13. Access to care is vital. Are there enough providers/staff available at the right times to care for you and your community?

○ Yes   ○ No

If NO, please specify what is needed where. Be specific.

[text field]

14. What "new" community health programs should be created to meet current community health needs?

[text field]

15. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? Please select all that apply.

- [ ] Abuse/Violence
- [ ] Access to Health Education
- [ ] Alcohol
- [ ] Alternative Medicine
- [ ] Behavioral/Mental Health
- [ ] Breastfeeding Friendly Workplace
- [ ] Cancer
- [ ] Care Coordination
- [ ] Diabetes
- [ ] Drugs/Substance Abuse
- [ ] Family Planning

- [ ] Health Literacy
- [ ] Heart Disease
- [ ] Housing
- [ ] Lack of Providers/Qualified Staff
- [ ] Lead Exposure
- [ ] Neglect
- [ ] Nutrition
- [ ] Obesity
- [ ] Occupational Medicine
- [ ] Ozone (Air)
- [ ] Physical Exercise

- [ ] Poverty
- [ ] Preventative Health/Wellness
- [ ] Sexually Transmitted Diseases
- [ ] Suicide
- [ ] Teen Pregnancy
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Transportation
- [ ] Vaccinations
- [ ] Water Quality

Other (Please specify).

[   ]

16. For reporting purposes, are you involved in or are you a....? Please select all that apply.

- [ ] Business/Merchant
- [ ] Community Board Member
- [ ] Case Manager/Discharge Planner
- [ ] Clergy
- [ ] College/University
- [ ] Consumer Advocate
- [ ] Dentist/Eye Doctor/Chiropractor
- [ ] Elected Official - City/County

- [ ] EMS/Emergency
- [ ] Farmer/Rancher
- [ ] Hospital/Health Dept.
- [ ] Housing/Builder
- [ ] Insurance
- [ ] Labor
- [ ] Law Enforcement
- [ ] Mental Health

- [ ] Other Health Professional
- [ ] Parent/Caregiver
- [ ] Pharmacy/Clinic
- [ ] Media (Paper/TV/Radio)
- [ ] Senior Care
- [ ] Teacher/School Admin
- [ ] Veteran

Other (Please specify).

[   ]

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305

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VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy; Research and Business Development services. We partner with clients. Plan the Work; Work the Plan