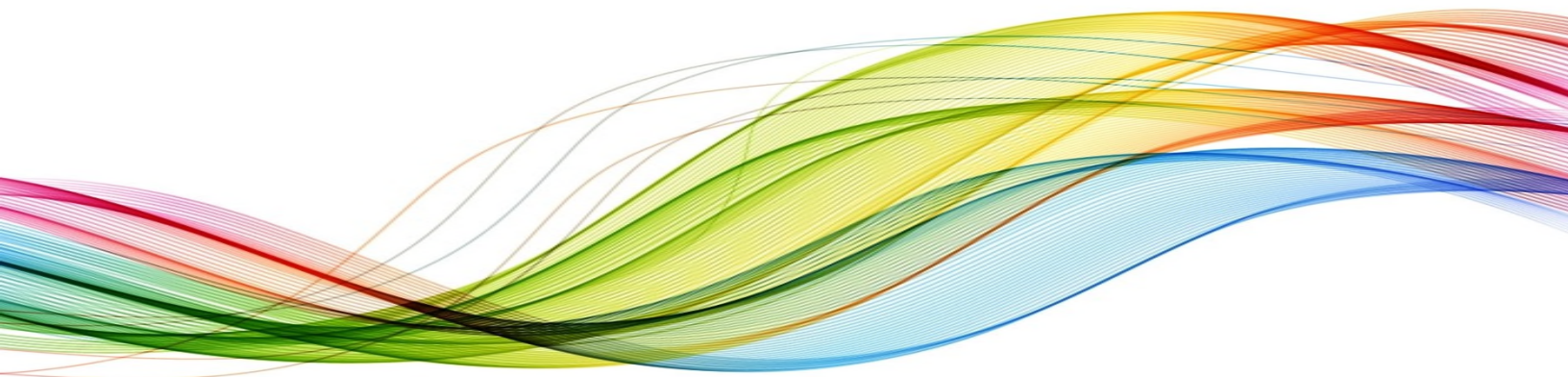# Community Health Needs Assessment
Bates County Memorial Hospital
Bates County, MO

November 2019

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
Table of Contents

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Bates County Memorial Hospital – Bates County, MO - 2019 Community Health Needs Assessment (CHNA) Wave #3

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 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.

Bates County Memorial Hospital (BCMH) previous CHNA was completed in 2016. (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 #3 BCMH (Primary Service Area) CHNA assessment began July 2019 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.

a) County Health Area of Future Focus

BCMH – Bates County, MO: Town Hall - "Community Health Improvements Needs"

#	Community Health Needs to Change and/or Improve	Votes	%	Accum

2019 CHNA Health Priorities
Bates County Memorial Hospital - Primary Service Area
CHNA Wave #3 Town Hall - Sept 17, 2019
Bates County, MO (27 Attendees, 112 Total Votes)

#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Drugs / Alcohol Abuse (Opioids, Meth, Heroin, Marijuana, Cocaine)	19	17.0%	17.0%
2	Obesity (Nutrition / Exercise) / Food Insecurity (Kids)	19	17.0%	33.9%
3	Mental Health (Diagnosis, Treatment, Aftercare)	17	15.2%	49.1%
4	Community Health Center (Pool / Child Programs)	13	11.6%	60.7%
5	Visiting Specialists (Derm, Neuro, Peds, OBGYN)	11	9.8%	70.5%
6	Urgent Care Services	9	8.0%	78.6%
	Total Votes:	**112**	**100.0%**	

Other Items receiving votes: HC Transportation, Lack of HC Grants, Community Health & Wellness Education, Aging of Hospital Facility, Awareness of Health Services / Activities, Child Care and Broad Band Services.

b) Town Hall CHNA Findings: Areas of Strengths

BCMH – Bates County, MO: Town Hall - "Community Health Areas of Strengths"

BCMH - Bates County, MO "Community Health Strengths"			
#	Topic	#	Topic
1	Access to Care	8	Hospital Services
2	Aquatic Center	9	Long-term Care
3	Chiropractors	10	Responsive Healthcare Staff
4	Coordination of Care	11	Same Day Appointments
5	Dentists	12	Senior Centers
6	EMS Services	13	Social Worker
7	Eye Doctors	14	Visiting Specialists

Key CHNA Wave#3 Secondary Research Conclusions are as follows:

MISSOURI HEALTH RANKINGS: According to the 2019 Robert Woods Bates County Health Rankings Average was ranked 48th in Health Outcomes, 60th in Health Factors, and 15th in Physical Environmental Quality out of the 115 Counties.

TAB 1. Bates County's population is 16,334 (based on 2017), with a population per square mile (based on 2010) of 20 persons. Six percent (5.9%) of the population is under the age of 5 and 19.1% is over 65 years old. Hispanic or Latinos make up 2.3% of the population and there are 1.4% of Bates County citizens that speak a language other than English at home. Children in single parent households make up 29% and 86.2% are living in the same house as one year ago. There are 1,098 Veterans living in Bates County.

TAB 2. The per capita income in Bates County is $25,873, and 14.4% of the population is in poverty. There is a severe housing problem of 75% and an unemployment rate of 4.4%. Food insecurity is 14%, and limited access to a store (healthy foods) is only 1%.

TAB 3. Children eligible for a free or reduced-price lunch is at 55% and 85.8% of students graduate high school while 15% of students get their bachelor's degree or higher in Bates County. There are 2 Head Start Programs in Bates County.

TAB 4. The percent of births where prenatal care started in the first trimester is 73.1%. Forty-one percent (40.8%) of births in Bates County occur to unmarried women. Births where mothers have smoked during the pregnancy is at 19.6% and the percent of babies that were born prematurely is 9.4%. There are 72.8% of WIC infants ever breastfed in Bates County.

TAB 5. There is one primary care physician per 4,100 people in Bates County. Patients who gave their hospital a rating of 9 or 10 out 10 are 75% and there are 71% of patients who reported Yes, They Would Definitely Recommend the Hospital.

TAB 6. Medicare population getting treated for depression in Bates County is 17.5%. There are 4.4 days out of the year that are considered poor mental health days. The age-adjusted suicide mortality rate per 100,000 is 15.9 in Bates County.

TAB 7. Thirty-two percent (32%) of adults in Bates County are obese (based on 2019), with 26% of the population physically inactive. Seventeen percent (17%) of adults drink excessively and 21% smoke. The rate per 100,000 sexually transmitted diseases is higher than the comparative norm (285.8). Hypertension (56.9%), COPD (18.8%), Atrial Fibrillation (10.4%) and Asthma (11.5%) risk are all higher than the competitive norm

TAB 8. The adult uninsured rate for Bates County is 13%.

TAB 9. The life expectancy rate in Bates County is 74.2 for Males and 79.6 for Females. Alcohol-impaired driving deaths for Bates County is at 18%.

TAB 10. Thirty-six percent (36%) of Bates County has access to exercise opportunities and 39% monitor diabetes. Thirty percent (29%) of women in Bates County get annual mammography screenings. Seventy-seven percent (77.1%) of Bates County citizens have an annual PCP checkup and 53.1% have an annual Dental checkup (based on 2016).

Key 2019 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=177) provided the following community insights via an online perception survey:

- Using a Likert scale, 57.6% of Bates County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Bates County stakeholders are satisfied with the following services: Ambulance Services, Inpatient Services, Outpatient Services, Pharmacy, Clinics, and School Nurse.
- When considering past CHNA needs: Cost of Care, Billing, Urgent Care, Community Center and Drugs / Substance Abuse came up.

CHNA Wave #3 - Year 2019		Bates Co MO PSA N=177			
Past CHNAs health needs identified		**Ongoing Problem**			**Pressing**
#	Topic	Votes	%	Trend	RANK
1	**Cost of Care**	**81**	**64.3%**		**1**
2	**Billing**	**68**	**54.0%**		**4**
3	**Urgent Care**	**66**	**52.4%**		**3**
4	**Community Center (including Youth Activities)**	**65**	**51.6%**		**5**
5	**Drug / Substance Abuse**	**62**	**49.2%**		**2**
6	**Mental Health**	**54**	**42.9%**		**6**
7	**Obesity**	**47**	**37.3%**		**8**
8	**Specialists (visiting)**	**36**	**28.6%**		**7**
9	**Chronic Disease Management**	**30**	**23.8%**		**10**
10	**Access to Care**	**28**	**22.2%**		**9**

II. Methodology

[VVV Consultants LLC]

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.
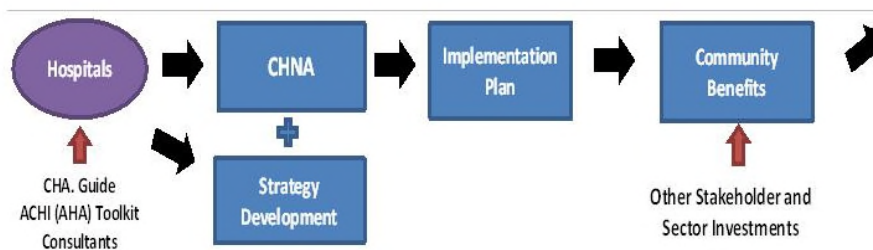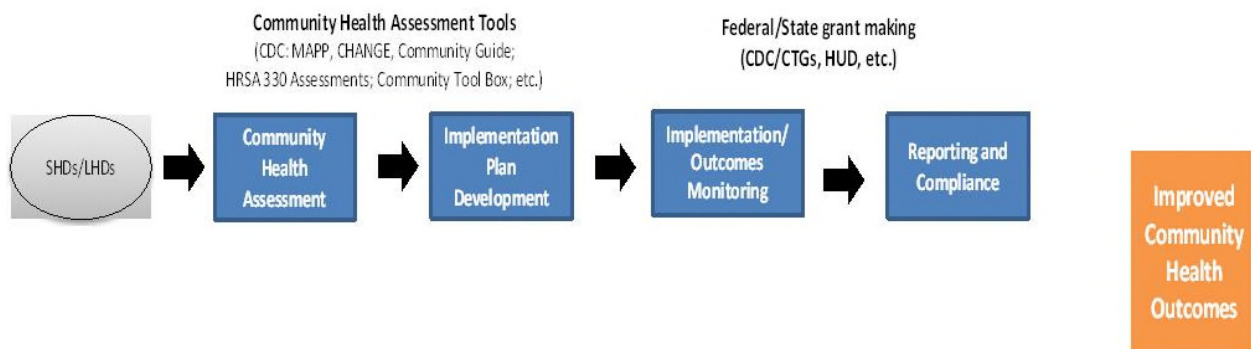
IRS Notice 2011-52 Overview

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 once every three taxable years. ***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 conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2013 or during either of the two previous fiscal years.

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 with special knowledge of or expertise in public health. 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 and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals ACCOUNTING TODAY 1/2/15

The Internal Revenue Service and the Treasury Department have issued **final regulations** under the Affordable Care Act to protect patients in tax-exempt hospitals from aggressive debt collection practices and to provide other rules for charitable hospitals.

Under the **final regulations**, each Section 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis: establish written financial assistance and emergency medical care policies; limit the amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy; make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual; and conduct a community health needs assessment, or CHNA, and adopt an implementation strategy at least once every three years. The first three requirements are effective for tax years beginning after March 23, 2010 and the CHNA requirements are effective for tax years beginning after March 23, 2012.

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements. "Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a blog post Monday explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

She noted that as a condition of their tax-exempt status, charitable hospitals must take an active role in improving the health of the communities they serve, establish billing and collections protections for patients eligible for financial assistance, and provide patients with the information they need to apply for such assistance. "These final rules adopt the same framework of proposed regulations but simplify the compliance process for charitable hospitals, while continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

Under the new rules, hospitals cannot charge individuals eligible for financial assistance more for emergency or other medically necessary care than the amounts generally billed to patients with insurance (including Medicare, Medicaid, or private commercial insurance). In addition, every tax-exempt hospital must establish and widely publicize a financial assistance policy that clearly describes to patients the eligibility criteria for obtaining financial assistance and the method for applying for financial assistance.

Charitable hospitals are also prohibited from engaging in certain collection methods (for example, reporting a debt to a credit agency or garnishing wages) until they make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy.

In addition, each charitable hospital needs to conduct and publish a community health needs assessment at least once every three years and disclose on the tax form that it files on an annual basis the steps it is taking to address the health needs identified in the assessment.

Many of the requirements have been in place since the Affordable Care Act passed in 2010, but in response to comments on the proposed regulations, the final rules also expand access to translations for patients, by lowering the threshold for having translations of financial assistance policies available from 10 percent of the community served as proposed, to five percent of the community served or population expected to be encountered by the hospital facility, or 1000 persons, whichever is less, according to McMahon. "The final rules also revise the notification requirements to maintain important protections for patients while making it easier for hospitals to comply with them," she wrote. "General notifications regarding a hospital's financial assistance policy must appear on bills and in the hospital. However, individual written and oral notifications of the hospital's financial assistance policy are now only required when a hospital plans to use extraordinary collections actions, such as reporting a debt to a credit bureau, selling the debt to a third party or garnishing wages."

While charitable hospitals must continue to make a good-faith effort to comply, the rules provide charitable hospitals with time to fully update their policies and programming to implement the changes. But if a charitable hospital fails to meet the consumer protection provisions required by the law, the hospital could have its tax-exempt status revoked. If a hospital fails to properly conduct a community health needs assessment or adopt an implementation strategy, an excise tax will apply, McMahon noted. "However, if a hospital fails to meet a requirement, but the failure is neither willful nor egregious, the hospital can correct and publicly disclose the error to have it excused, thus avoiding revocation of tax-exempt status, but the excise tax would still apply," she wrote.

CHNA NEWS: IRS Makes First Revocation of Hospital Not-for-Profit Status Under 501(r)

RICH DALY, HFMA SENIOR WRITER/EDITOR

Aug. 15, 2017—Charity-care reporting requirements under the healthcare reform law may have gone into effect only last October, but already one hospital has lost its not-for-profit tax status as a result. The first-time tax-status revocation under Affordable Care Act (ACA) 501(r) requirements applied to a "dual-status" 501(c)(3) hospital operated by a "local county governmental agency" and was confirmed by a redacted copy of the [tax status letter](#), which was dated Feb. 14, 2017, and posted to the IRS website in August. Neither an IRS spokeswoman nor the redacted letter identified the hospital. Loss of the 501(c)(3) exemptions eliminates the ability of hospitals to use certain employee benefit plans; likely subjects hospitals to income, property, and other taxes; bars receipt of tax-deductible contributions; and disallows use of tax-exempt bonds.

The 501(r) requirements on performing community health needs assessments (CHNAs) and offering financial assistance became effective for tax years beginning on or after Dec. 29, 2015, meaning tax-exempt hospitals operating on the calendar had to be in compliance by Jan. 1, 2016, and those with a different fiscal-year end had to be in compliance by Oct. 1, 2016.

The only enforcement information previously released by the IRS was a June 2016 letter to Sen. Charles Grassley (R-Iowa), which noted that at that point the IRS had completed 2,482 compliance reviews under 501(r). Additionally, 163 hospitals were assigned for "examination" as a result of those compliance reviews, but no further actions were identified.

The ACA requires the IRS to review the community-benefit activities of about 3,000 tax-exempt hospitals at least once every three years. This was the first time that Keith Hearle, president, Verité Healthcare Consulting, LLC, Alexandria, Va., had heard of an instance in which a hospital lost its not-for profit status over 501(r) requirements. He has heard of several others that incurred the $50,000 excise tax for failing to meet the CHNA requirement.

"I would be surprised if it is a one-off," said Hearle, who has been expecting more IRS enforcement after his own reviews indicated widespread hospital vulnerability due to poor compliance.

Reasons for Revocation
Hospital 501(r) requirements include:

- Conducting a CHNA at least once every three years
- Making the CHNA publicly available on a website
- Adopting an implementation strategy to meet the needs identified in the CHNA
- Adopting a financial assistance policy and publicizing the policy, including by posting it on a website
- Limiting the amounts charged to individuals who are eligible for financial assistance
- Making individuals aware of the financial assistance policy prior to engaging in certain collection actions

Among the reasons for the IRS action against the county government hospital was its finding that the hospital did not make the CHNA widely available to the public through a website, although it had paper copies available on request. "The hospital indicated to the IRS that it might have acted on some of the recommendations included in the Implementation Strategy Report, but that a separate written implementation policy was neither drafted nor adopted," the IRS letter stated.

Officials at the small rural hospital said they lacked the staffing to comply with 501(r) requirements. They also said they "really did not need, actually have any use for, or want their tax-exempt status under Section 501(c)(3)," according to the IRS letter. The hospital believed its tax-exempt status somehow prevented its involvement in certain payment arrangements. It had maintained 501(c)(3) status "only in case any liabilities arose relating to the prior management company that had originally obtained that status from the IRS."

The IRS deemed the hospital's failure "egregious" because its leaders had "neither the will, the resources, nor the staff to follow through with the" 501(r) requirements.

Widespread Vulnerability

Industry advisers worry that many hospitals could be vulnerable to IRS enforcement—if not tax-status revocation—under the new requirements. "A lot of them just assume that what they have, in terms of policy and procedure, suffices under the final regulations and have not done a lot," said Andrew Kloeckner, a partner for Omaha-based law firm Baird Holm.

Even hospitals that have taken steps to become compliant with the requirements can face downsides, including complications with their collection efforts, which in turn can delay cash flow, Kloeckner said.

Jan Smith, a tax senior manager in Crowe Horwath's Healthcare practice, indicated that the likelihood of a similar penalty or the likelihood of this determination setting a precedent at other hospitals may be limited. This is due to the unusual position taken by the revoked hospital's officials that they didn't need or want charitable status (in addition to governmental status).

"If hospitals are making a good-faith effort to comply, I would be surprised if the IRS would revoke their tax status at this stage of 501(r) examinations," Smith said in an interview. However, she is aware of several health systems that the IRS is seeking to penalize under the CHNA tax provision.

The IRS's 501(r) compliance reviews include the agency's analysis of hospital websites and "other information designed to identify the hospitals with the highest likelihood of non-compliance," IRS Commissioner John Koskinen stated in his 2016 letter to Grassley.

Justin Lowe, senior manager with the Exempt Organizations Tax Practice at Ernst & Young, underscored that hospital websites are among the publicly available information that the IRS reviews. He urged hospitals to make sure that all required documents, including the CHNA and financial assistance policy, are on the website and easily findable. Insufficient approaches to 501(r) compliance, Kloeckner said, include instances when hospitals purchase financial assistance policy templates that are provided by a consultant and not submitted for legal review, potentially leaving audit vulnerabilities. Kloeckner also urged attention on practices and procedures outside of the policies.

Small government-operated hospitals are among the most vulnerable to enforcement, Hearle said, because they may not be required to file Form 990, which provides reminders about 501(r) compliance requirements. "It's a group of hospitals I'm concerned about," Hearle said.

Among the financial assistance requirements with which hospitals are most likely to struggle, Hearle said, is making available lists of physicians who are associated with the hospital and who utilize the same charity care policies.

"Patients obtaining charity care from a hospital want to find physician groups through which they can get the same charity care, as opposed to some group that doesn't offer charity care," Hearle said.

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

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: Dr. John Bustle
Phone: 660-200-7000

About Us:

Bates County Memorial Hospital (BCMH), located approximately 60 miles south of Kansas City in Butler, Mo., serves Bates County and the surrounding communities, including Adrian, Archie, Amoret, Amsterdam, Appleton City, Butler, Drexel, Foster, Hume, Montrose, Nevada, Rich Hill and Rockville.

BCMH is a 60-bed acute care facility. We offer a wide range of services including a 24-hour physician-staffed emergency department, inpatient and outpatient surgery.

Commitment to Health Care

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.

We invite you to get to know us better and discover all BCMH has to offer.

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, team work 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. We strive to bring to the community, quality healthcare, close to home. 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
- Cardiac-Pulmonary Rehab
- Clinics
- Emergency Medical Services
- Endoscopy Procedures
- Hospitalist

- Imaging Services
- Laboratory Services
- Outpatient Specialty Clinics
- Rehabilitation Services
- Sleep Disorders
- Surgical Services
- 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

Company Profile: 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

Vince Vandehaar MBA, Principal Consultant & Adjunct (913) 302-7264
VVV@VandehaarMarketing.com

Vince provides professional business consulting services to help healthcare organizations with business strategy, research and development. Specifically, Vince facilitates strategic planning, creates proven marketing plans/tactics, prepares IRS aligned community health needs assessments and conducts both qualitative and quantitative market research studies.

Vince started his consulting firm (VVV Consultants LLC) on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. (Note: Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003). Prior to his experience at Saint Luke's, Vince worked in the payor and insurance industry for Blue Cross and Blue Shield of Kansas City; Tillinghast, a Tower's Perrin Actuarial Consulting Firm; and Lutheran Mutual Life Insurance Company.

Vince also is an Adjunct Professor teaching BA, MBA & MHA classes part time 20% of his time at Avila, Rockhurst and/or Webster University (Strategic Planning, Marketing, MHA Capstone, Marketing Research, Sales & Social Media classes) and consults the remainder of his time.

Vince is a Malcolm Baldrige coach and a professional focus group moderator. He is actively involved in the national Society for Healthcare Strategy & Market Development (SHSMD), KHA/MHA Marketing Associations, KC Employee Benefit Professional Association, Healthcare Executives Kansas City, the American Marketing Association KC Chapter and is a SG2 advocate.

Collaborating Support:

Tessa Taylor BBA BA - VVV Consultants LLC
Lead Consultant

II. Methodology
c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in July 2019 for BCMH to meet IRS CHNA requirements.

In July, a meeting was called by Bates County Memorial Hospital (Bates County, MO) to review possible CHNA collaborative options, in collaboration with Bates County Health Center. 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 BCMH requesting 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:

Bates County Memorial Hospital - Define PSA FFY18-16				
Zip / City	**County**	**Tot I/O/E**	**%**	**ACCUM**
64730-Butler, MO	BATES	67,012	52.5%	52.5%
64720-Adrian, MO	BATES	17,288	13.5%	66.0%
64779-Rich Hill, MO	BATES	14,418	11.3%	77.3%
64724-Appleton City, MO	ST CLAIR	3,403	2.7%	80.0%
64722-Amoret, MO	BATES	2,773	2.2%	82.2%
64723-Amsterdam, MO	BATES	2,687	2.1%	84.3%
64752-Hume, MO	BATES	2,677	2.1%	86.4%
64780-Rockville, MO	BATES	1,482	1.2%	87.5%
64742-Drexel, MO	BATES	764	0.6%	88.1%
64745-Foster, MO	BATES	692	0.5%	88.7%

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

Bates County Memorial Hospital - CHNA Wave #3

Option C - Project Timeline and Roles 2019

Step	Date (Start-Finish)	Lead	Task
1	3/22/2019	VVV	Sent VVV quote for review.
2	4/10/2019	Hosp	Select CHNA Option A/B/C. Approve and sign VVV CHNA quote.
3	7/22/2019	VVV	Hold Kickoff call. Send out REQCommInvite Excel file. Hospital to fill in PSA stakeholders names, addresses and emails.
4	7/22/2019	VVV	Request client to send MHA PO101, PO103 and TOT223 PO Reports for FFY 16, 17 and 18. In addition, request three year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or before 7/29/2019	VVV	Prepare CHNA Wave #3 stakeholder feedback online link. Send text link for hospital review.
6	On or before 7/29/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work. Hospital to place.
7	On or before 7/29/2019	VVV / Hosp	Prepare Email request to Roster Stakeholders announcing online CHNA Wave #3 feedback. BCC email from Hospital Administration.
8	By 8/2/2019	VVV	Launch and conduct online survey to stakeholders. Hospital Admin will e-mail announcement to participate to all stakeholders. (Survey to end August 30, 2019)
9	August-Sept	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	On or before 9/2/2019	Hosp	Prepare and send out community Town Hall invite letter and place local ad.
11	On or before 9/2/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming Town Hall. VVV will mock up PR release to media sources.
12	TBD Week prior to Town Hall	All	Conduct conference call *(time TBD)* with hospital and health department to review Town Hall data and flow.
13	Thursday, September 17th, 2019 (11:30am-1:00pm)	VVV	Conduct CHNA Town Hall from 11:30 a.m. to 1:00 p.m. at BCMH Education Center. Review and discuss basic health data plus rank health needs.
14	On or before 10/30/2019	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital and health department.
15	On or before 11/15/2019	VVV	Produce and release final CHNA report. Hospital will post CHNA online.
16	30 days prior to end of hospital fiscal year	TBD	Hold board meetings to discuss CHNA needs and create and adopt an Implementation Plan. Communicate CHNA plan to community.

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 Missouri Hospital Association (MHA), Vital Statistics, Robert Wood Johnson Foundation: County Health Rankings, etc. to document current state of county health organized as follows:

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Gather primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

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 health needs was administered.

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

Post CHNA report findings to meet both PHAB and IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring county health department and hospital), the CHNA Option C was selected with the following project schedule:

Phase I: Discovery……………………………………………………………   July 2019

Phase II: Secondary / Primary Research…………………………...   July - Aug 2019

Phase III: Town Hall Meeting……………………………………….   Sept 17, 2019

Phase IV: Prepare / Release CHNA report………………………....   Oct - Nov 2019

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 and 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. Facilitate community conversation to build consensus; discuss opinions / identify health needs.*
Steps # 5 Reporting	*Prepare and 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	

Overview of Town Hall Community Priority Setting Process

Each community has a wealth of expertise to be tapped for CHNA development. For this reason, a town hall is the perfect forum to gather community insight and provide an atmosphere to objectively consensus build and prioritize county health issues.

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to Town Hall: local hospital, public health community, mental health community, free clinics, community-based clinics, service providers, local residents, community leaders, opinion leaders, school leaders, business leaders, local government, faith-based organizations and persons (or organizations serving them), people with chronic conditions, uninsured community members, low income residents and minority groups.

Bates County Memorial Hospital (BCMH) (Bates County, MO), in collaboration with Bates County Health Center town hall meeting was held on Tuesday, September 17th, 2019 from 11:30 a.m. to 1:00 p.m. at the BCMH Education Center (615 West Nursery Street Butler, MO 64730). Vince Vandehaar facilitated this 1 ½ hour session with twenty-seven (27) attendees. (Note: a detailed roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome & Introductions

2. Review Purpose for the CHNA Town Hall & Process Roles

3. Present / Review of Historical County Health Indicators (10 TABS)

4. Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.

5. Engage Town Hall participants to rank health needs (using 4 dots to cast votes on priority issues). Tally & rank top community health concerns cited.

6. Close meeting by reflecting on the health needs / community voting results. Inform participants on "next steps."

At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail or personal conversations. NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting strengths & items to change or improve.

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

Vince Vandehaar, MBA
VVV Consultants LLC
Principal / Adjunct Full Professor

Olathe, Kansas 66061
VVV@VandehaarMarketing.com
913-302-7264

1

Community Health Needs Assessment (CHNA)
Town Hall Discussion Agenda

I.   **Opening / Introductions** (10 mins)
II. **Review CHNA Purpose and Process** (10 mins)
III. **Review Current County "Health Status"**
    -Secondary Data by 10 TAB Categories
    -Review Community Feedback Research (35 mins)
IV. **Collect Community Health Perspectives**
    -Hold Community Voting Activity
    -Determine Most Important Health Areas (30 mins)
V.   **Close / Next Steps** (5 mins)

2

I. Introduction:

Background and Experience

Vince Vandehaar, MBA
VVV Consultants LLC – Principal Consultant
Olathe, KS 913 302-7264
> *Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development*
> *Focus: Strategy, Research, Deployment*
> *30+ years of experience with Tillinghast, BCBSKC, Saint Luke's*

Adjunct Full Professor - Marketing & MHA   31+ years
> *Avila University*
> *Webster University*
> *Rockhurst University*

Tessa Taylor, BBA BA – Lead Consultant
> *University of Wisconsin-Whitewater: AMA Chapter President (2 years)*
> *KAHCC Member*
> *AMAKC Healthcare SIG Co-Chair, Board Member*

3

Town Hall Participation (You)

- ALL attendees welcome to share
  - Parking Lot
- There are no right or wrong answers
- Only one person speaks at a time
- Please give truthful responses
- Have a little fun along the way

4

I. Introductions: A Conversation with the Community
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

5

II. Review CHNA Definition

- A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. (*NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.*)
- 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.

6

Purpose—Why Conduct a CHNA?

- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements – both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

7

Future System of Care—Sg2

IP = inpatient; SNF = skilled nursing facility; OP = outpatient.

8

Community Health Needs Assessment
Joint Process: Hospital & Local Health Department
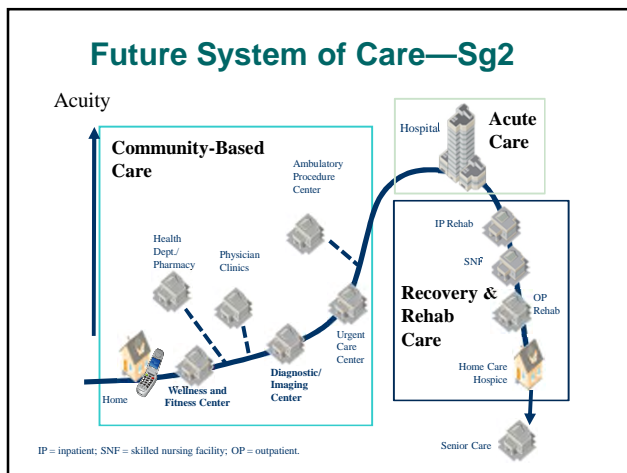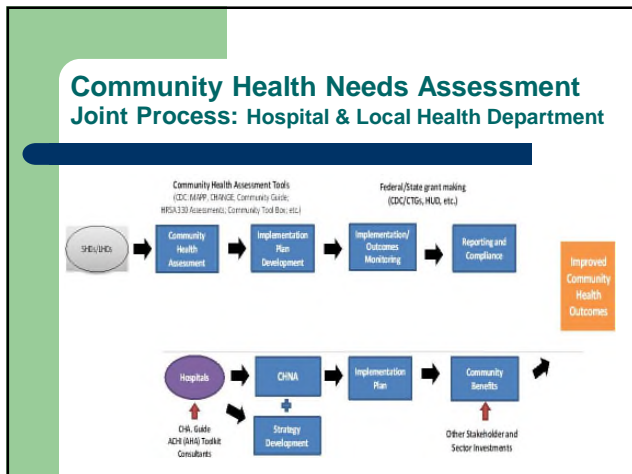
9

II. IRS Hospital CHNA
Written Report Documentation

- a <u>description of the community served</u>
- a <u>description of the CHNA process</u>
- the <u>identity of any and all organizations and third parties</u> which collaborated to assist with the CHNA
- 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
- a <u>prioritized description of all of the community needs identified by the CHNA</u> and
- 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

10

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

Trends: Good Same Poor

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

11

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

12

Slide 13
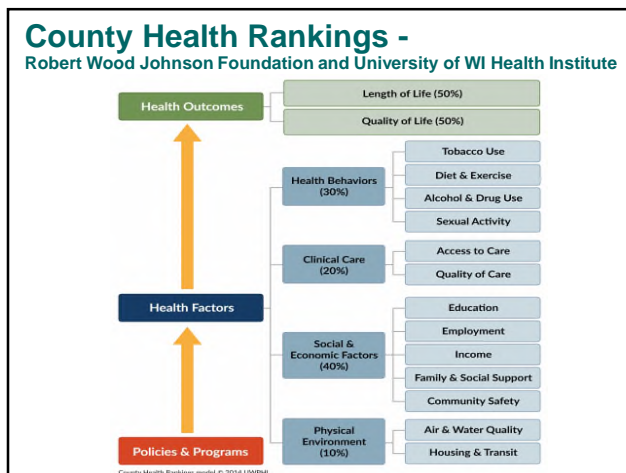
1	Physical Environment (10%)		2b	Social and Economic Environment (40%)	
Focus Area	**Measure**	**Description**	**Focus Area**	**Measure**	**Description**
Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
Housing and transit (5%)	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	3	Health Outcomes (30%)	
	Driving alone to work	Percent of the workforce that drives alone to work	3a	Health Behaviors	
	Long commute - driving alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	**Focus Area**	**Measure**	**Description**
2a	Clinical Care (20%)		Tobacco use	Adult smoking	Percent of adults that report smoking >= 100
Focus Area	**Measure**	**Description**	Diet and exercise (10%)	Adult obesity	Percent of adults that report a BMI >= 30
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance		Food environment index	Index of factors that contribute to a healthy food environment
	Primary care physicians	Ratio of population to primary care physicians		Physical inactivity	Percent of adults aged 20 and over reporting
	Dentists	Ratio of population to dentists		Access to exercise opportunities	Percent of the population with adequate access to locations for physical activity
	Mental health providers	Ratio of population to mental health providers	Alcohol and drug use (5%)	Excessive drinking	Binge plus heavy drinking
Quality of care (10%)	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening	Sexual activity (5%)	Sexually transmitted infections	Chlamydia rate per 100,000 population
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening		Teen births	Teen birth rate per 1,000 female population, ages 15-19
2b	Social and Economic Environment (40%)		3b / 3c	Morbidity / Mortality	
Focus Area	**Measure**	**Description**	**Focus Area**	**Measure**	**Description**
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Quality of life (50%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work		Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
Income (10%)	Children in poverty	Percent of children under age 18 in poverty		Low birthweight	Percent of live births with low birthweight (< 2500 grams)
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
	Children in single-parent households	Percent of children that live in household headed by single parent			

13

Slide 14

IV. Collect Community Health Perspectives
Ask your opinion. Your thoughts?

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?"*

14

Slide 15

Have We Forgotten Anything?

A. Aging Services
B. Chronic Pain Management
C. Dental Care/Oral Health
D. Developmental Disabilities
E. Domestic Violence,
F. Early Detection & Screening
G. Environmental Health
Q. Exercise
H. Family Planning
I. Food Safety
J. Health Care Coverage
K. Health Education
L. Home Health

M. Hospice
N. Hospital Services
O. Maternal, Infant & Child Health
P. Nutrition
R. Pharmacy Services
S. Primary Health Care
T. Public Health
U. School Health
V. Social Services
W. Specialty Medical Care Clinics
X. Substance Abuse
Y. Transportation
z. Other _____

15

Slide 16

Community Health Needs Assessment

Questions;
Next
Steps?

VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

VVV@VandehaarMarketing.com
(913) 302-7264

16

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

Bates County, Missouri Community Profile
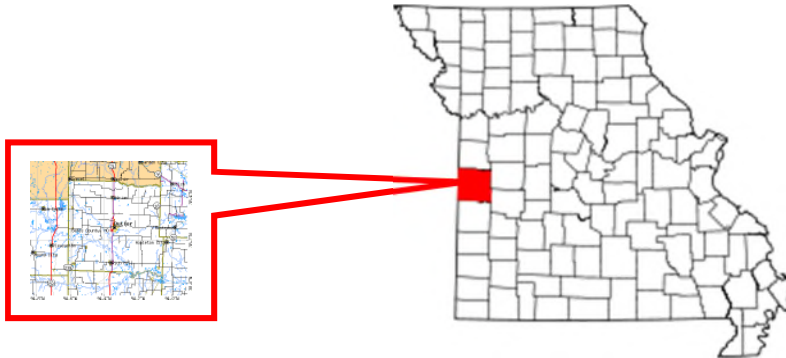
The population of Bates County was estimated to be 16,619 citizens in 2019 and a population density of 20 persons per square mile. Bates Countys' major cities are Adrian, Amoret, Amsterdam, Butler, Drexel, Foster, Hume, Merwin, Passaic, Rich Hill and Rockville.

Bates County (MO) Pubic Airports[1]

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

---

[1] https://missouri.hometownlocator.com/features/countyfeatures,scfips,29013,c,bates.cfm

Bates County (MO): Public Schools[2]

Name	Address	Phone	Levels
Adrian Elem	601 N Houston Adrian, MO 64720	816-297-2158	PK-5
Adrian Sr High	601 N Houston Adrian, MO 64720	816-297-4460	6-12
Ballard Elem	10247 NE State Route 18 Butler, MO 64730	816-297-2656	PK-6
Ballard High	10247 NE State Route 18 Butler, MO 64730	816-297-2656	7-12
Butler Elem	4 N High St Butler, MO 64730	660-659-6591	PK-6
Butler High	420 S Fulton St Butler, MO 64730	660-679-6121	7-12
Hudson Elem	15012 NE State Route 52 Appleton City, MO 64724	660-476-5467	PK-8
Hume Elem	9163 SW 2nd St Hume, MO 64752	660-643-7411	PK-6
Hume High	9163 SW 2nd St Hume, MO 64752	660-643-7411	7-12
Miami Elem	7638 NW State Route J Amoret, MO 64722	660-267-3495	PK-6
Miami High	7638 NW State Route J Amoret, MO 64722	660-267-3484	7-12
Rich Hill Elem	320 E Poplar St Rich Hill, MO 64779	417-395-2227	PK-6
Rich Hill High	703 N Third Rich Hill, MO 64779	417-395-4191	7-12
Rich Hill Youth Dev Center	501 N 14th Rich Hill, MO 64779	417-395-4810	6-12

---

[2] https://missouri.hometownlocator.com/mo/bates/

ERSI Demographics - Bates Co (MO)

Zip	Name	ST	County	Population YR 2018	Population YR 2023	Chg.	Households YR 2018	Households YR 2023	Size	Per Capita Inc 18
64720	Adrian	MO	BATES	3994	3917	-1.9%	1554	1522	3	$25,651
64722	Amoret	MO	BATES	526	514	-2.3%	197	193	3	$24,922
64723	Amsterdam	MO	BATES	608	587	-3.5%	248	239	2	$25,727
64730	Butler	MO	BATES	7116	7017	-1.4%	2882	2839	2	$22,917
64742	Drexel	MO	BATES	2058	2064	0.3%	817	822	3	$27,547
64745	Foster	MO	BATES	90	89	-1.1%	37	36	2	$27,411
64752	Hume	MO	BATES	721	712	-1.2%	269	265	3	$25,423
64779	Rich Hill	MO	BATES	2660	2627	-1.2%	998	984	3	$20,373
64780	Rockville	MO	BATES	406	400	-1.5%	169	167	2	$21,247
Totals				**18,179**	**17,927**	**-1.4%**	**7,171**	**7,067**	**3**	**$24,580**
Zip	Name	ST	County	Pop18 65+	Pop18 <=18	Females	White	Black	Amer. Ind.	Hisp.
64720	Adrian	MO	BATES	756	978	2042	3881	16	23	71
64722	Amoret	MO	BATES	108	118	260	501	1	6	16
64723	Amsterdam	MO	BATES	115	130	299	573	1	9	14
64730	Butler	MO	BATES	1542	1730	3687	6706	154	45	197
64742	Drexel	MO	BATES	393	512	1029	1982	15	9	31
64745	Foster	MO	BATES	16	23	46	85	0	1	2
64752	Hume	MO	BATES	130	195	348	686	4	9	14
64779	Rich Hill	MO	BATES	510	722	1334	2514	11	21	60
64780	Rockville	MO	BATES	87	97	197	388	3	4	5
Totals				**3,657**	**4,505**	**9,242**	**17,316**	**205**	**127**	**410**
Percentages				**20.1%**	**24.8%**	**50.8%**	**95.3%**	**1.1%**	**0.7%**	**2.3%**

III. Community Health Status

[VVV Consultants LLC]

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 2019 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.>
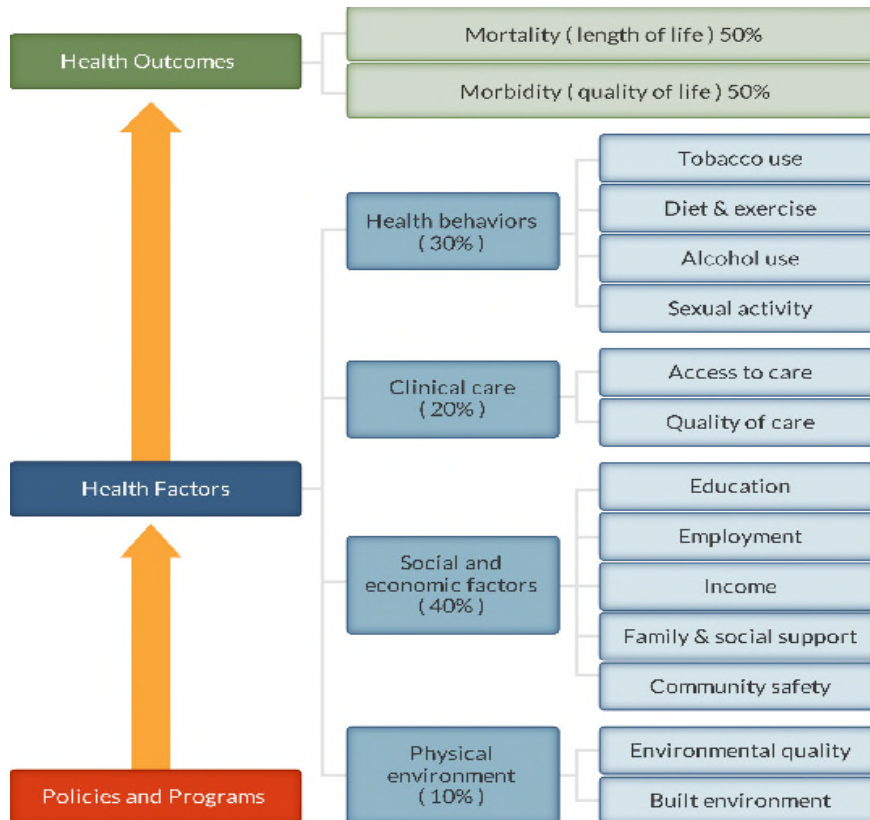
County Health Rankings model ©2012 UWPHI

National Research – Year 2019 RWJ Health Rankings:

#	2019 MO Rankings - 115 Counties	Definitions	Bates County MO	Rural 20 MO Norms
1	**Health Outcomes**		48	47
	Mortality	Length of Life	41	51
	Morbidity	Quality of Life	49	44
2	**Health Factors**		60	53
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	34	50
	Clinical Care	Access to care / Quality of Care	94	65
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	67	49
3	**Physical Environment**	Environmental quality	15	60

http://www.countyhealthrankings.org, released 2019

Rural 20 MO Norms: Lewis, Marion, Monroe, Pike, Ralls, Shelby, Cass, Johnson, Pettis, Lafayette, Henry, Benton, St. Clair, Bates, Venon, Cedar, Clinton, DeKalb, Caldwell, Daviess.

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.

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	Rural 20 MO Norm	Source
1a	a	Population estimates, July 1, 2017, (V2017)	16,334		6,113,532	23,322	People Quick Facts
	b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-4.2%		2.1%	-1.3%	People Quick Facts
	c	Population per square mile, 2010	20		87	37	People Quick Facts
	d	Persons under 5 years, percent, July 1, 2017, (V2017)	5.9%		6.1%	5.9%	People Quick Facts
	e	Persons 65 years and over, percent, July 1, 2017	19.1%		16.5%	19.8%	People Quick Facts
	f	Female persons, percent, July 1, 2017, (V2017)	50.5%		50.9%	49.2%	People Quick Facts
	g	White alone, percent, July 1, 2017, (V2017)	95.9%		83.1%	94.2%	People Quick Facts
	h	Black or African American alone, percent, July 1, 2017, (V2017)	1.2%		11.8%	2.8%	People Quick Facts
	i	Hispanic or Latino, percent, July 1, 2017, (V2017)	2.3%		4.2%	2.7%	People Quick Facts
	j	Foreign born persons, percent, 2013-2017	0.6%		4.0%	1.4%	People Quick Facts
	k	Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	1.4%		6.0%	3.7%	People Quick Facts
	l	Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	86.2%		84.3%	85.0%	People Quick Facts
	m	Children in single-parent households, percent, 2019	29.0%		33.0%	29.3%	County Health Rankings
	n	Total Veterans, 2013-2017	1,098		424,605	2,005	People Quick Facts

Tab 2 Economic/Business Profile

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

Tab		Health Indicator	Bates Co MO	Trend	MO State	Rural 20 MO Norm	Source
2	a	Per capita income in past 12 months (in 2017 dollars), 2013-2017	$25,873		$28,282	$23,290	People Quick Facts
	b	Persons in poverty, percent, 2017	14.4%		13.4%	14.7%	People Quick Facts
	c	Total Housing units, July 1, 2017, (V2017)	7,845		2,792,506	10,685	People Quick Facts
	d	Total Persons per household, 2012-2016	2.4		2.5	2.4	People Quick Facts
	e	Severe housing problems, percent, 2010-2014	75.0%		82.0%	80.3%	County Health Rankings
	f	Total of All firms, 2012	1,209		491,606	1,845	People Quick Facts
	g	Unemployment, percent, 2019	4.4%		3.8%	4.0%	County Health Rankings
	h	Food insecurity, percent, 2019	14.0%		15.0%	13.9%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019	1.0%		7.0%	8.2%	County Health Rankings
	j	Long commute - driving alone, percent, 2019	44.0%		32.0%	34.4%	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	Rural 20 MO Norm	Source
3	a	Children eligible for free or reduced price lunch, percent, 2019	55.0%		51.0%	54.2%	County Health Rankings
	b	Number of Head Start Programs, 2018	2		379	3	US Department of Health & Human Services, Administration for Children and Families. 2018.
	c	High school graduate or higher, percent of persons age 25 years+, 2013-2017	85.8%		89.2%	87.7%	People Quick Facts
	d	Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	15.0%		28.2%	17.0%	People Quick Facts

Tab 4 Maternal and Infant Profile

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

Missouri Resident Births (MICA)				
County	2015	2016	2017	Trend
Bates County	187	170	199	
Missouri	75,042	74,664	73,017	
Source: DHSS - MOPHIMS - Birth MICA				

Tab 4 Maternal and Infant Profile (Continued)

Tab		Health Indicator	Bates Co MO	Trend	MO State	Rural 20 MO Norm	Source
4	a	**Percent of Births Where Prenatal Care began in First Trimester, 2017 (rate per 100)**	**73.1%**		**72.5%**	**73.5%**	MOPHIMS
	b	Percentage of Preterm Births, 2013-2017 (rate per 100)	9.4%		10.4%	9.1%	MOPHIMS
	c	Percent of Births with Low Birth Weight, 2013-2017 (rate per 100)	7.5%		8.4%	7.3%	MOPHIMS
	d	**Percent of WIC Infants- Ever Breastfed, percent, 2016 (rate per 100)**	**72.8%**		**73.0%**	**74.3%**	MOPHIMS
	e	Percent of all Births Occurring to Teens (15-17), 2013-2017 (rate per 100)	1.8%		1.6%	1.6%	MOPHIMS
	f	**Percent of Births Occurring to Unmarried (out-of-wedlock) women, 2013-2017 (rate per 100)**	**40.8%**		**40.2%**	**37.5%**	MOPHIMS
	g	**Percent of births Where Mother Smoked During Pregnancy, 2013-2017 (rate per 100)**	**19.6%**		**14.5%**	**19.4%**	MOPHIMS

Tab 5 Hospitalization/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	Rural 20 MO Norm	Source
5	a	**Primary care physicians (MD or DO) Pop Coverage per 1 doctor, 2019**	**4,100:1**		**1,420:1**	**3,370:1**	County Health Rankings
	b	**Preventable hospital stays** - Rate of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (Lower the better), 2017.	90		57	69	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%	65.1%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d	**Patients Who Reported Yes, They Would Definitely Recommend the Hospital**	**71.0%**		**71.0%**	**67.3%**	CMS Hospital Compare, 10/1/2015-9/30/2016
	e	Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	40		46	45	CMS Hospital Compare, 10/1/2015-9/30/2016

Tab 5 Hospitalization/Provider Profile (Continued)

#	Inpatient - MHA PO103	Bates Co - ALL IP			
		Trend	FFY18	FFY17	FFY16
1	Total Discharges		2572	2623	2,485
2	Pediatric Age 0-17		287	311	278
3	Adult Medical/Surgical Age 18-44		424	487	460
4	Adult Medical/Surgical Age 45-64		717	664	629
5	Adult Medical/Surgical Age 65-74		438	443	421
6	Adult Medical/Surgical Age 75+		706	718	697

#	Inpatient - MHA PO103	BCMH Only			
		Trend	FFY18	FFY17	FFY16
1	Total Discharges		767	868	801
2	Pediatric Age 0-17		3	4	2
3	Adult Medical/Surgical Age 18-44		79	106	79
4	Adult Medical/Surgical Age 45-64		209	211	193
5	Adult Medical/Surgical Age 65-74		139	168	150
6	Adult Medical/Surgical Age 75+		337	379	377

#	MHA TOT223E	Trend	FFY18	FFY17	FFY16
	BCMH Emergency Visits		67.0%	67.5%	65.8%

Tab 6 Behavioral Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicator	Bates Co MO	Trend	MO State	Rural 20 MO Norm	Source
6	a	Depression: Medicare Population, percent, 2015	17.5%		20.0%	16.7%	Centers for Medicare and Medicaid Services
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (Lower is better)	15.9		18.5	15.5	World Bank
	c	Poor mental health days, 2019	4.4		4.4	4.4	County Health Rankings

Tab 6 Behavioral Profile (Continued)

Opioid Prescription Rate per 100 – 2017 (Bates Co= 45.9 and State of MO = 71.8)
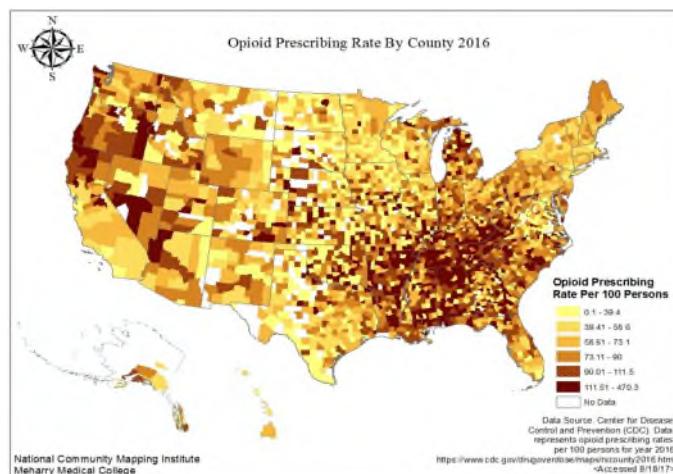
Tab 7a Risk Indicators & Factors Profile

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	Rural 20 MO Norm	Source
7a	a	Adult obesity, percent, 2019	32.0%		32.0%	34.2%	County Health Rankings
	b	Adult smoking, percent, 2019	21.0%		22.0%	21.1%	County Health Rankings
	c	Excessive drinking, percent, 2019	17.0%		19.0%	17.0%	County Health Rankings
	d	Physical inactivity, percent, 2019	26.0%		25.0%	27.9%	County Health Rankings
	e	Poor physical health days, 2019	4.7		4.2	4.5	County Health Rankings
	f	Sexually transmitted infections, rate per 100k, 2019	285.8		507.0	273.9	County Health Rankings

Tab 7b Risk Indicators & Factors Profile

Tab		Health Indicator	Bates Co MO	Trend	MO State	Rural 20 MO Norm	Source
7b	a	Hypertension: Medicare Population, 2015	56.9%		54.6%	52.1%	CMS
	b	Hyperlipidemia: Medicare Population, 2015	37.3%		41.8%	38.2%	CMS
	c	Heart Failure: Medicare Population, 2015	13.8%		13.7%	13.8%	CMS
	d	Chronic Kidney Disease: Medicare Pop, 2015	15.8%		18.2%	15.6%	CMS
	e	COPD: Medicare Population, 2015	18.8%		13.4%	14.5%	CMS
	f	Atrial Fibrillation: Medicare Population, 2015	10.4%		8.2%	8.6%	CMS
	g	Cancer: Medicare Population, 2015	7.7%		7.8%	7.3%	CMS
	h	Osteoporosis: Medicare Population, 2015	3.8%		5.8%	4.6%	CMS
	i	Asthma: Medicare Population, 2015	11.5%		8.6%	8.1%	CMS
	j	Stroke: Medicare Population, 2015	3.5%		3.9%	3.7%	CMS

Tab 8a Uninsured Profile/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	Rural 20 MO Norm	Source
8	a	Uninsured, percent, 2019	13.0%		11.0%	12.3%	County Health Rankings
	b	Percent of Insured Pop Receiving Medicaid, 2013-2017	18.6%		16.3%	18.9%	US Census Bureau, American Community Survey. 2013-17

Source: Hospital Internal Records / BKD's Final Audit				
Bates County Memorial Hospital	Trend	YR 2018	YR 2017	YR 2016
a **Bad Debt**	+	$6,931,975	$4,605,087	$6,273,541
b **Charity Care**	+	$2,057,325	$2,155,760	$1,393,961
TOTAL Bad Debt and Charity	+	$8,989,300	$6,760,847	$7,667,502

Tab 9 Mortality Profile

The leading causes of county deaths are listed below. Areas of higher than expected are so noted.

Tab		Health Indicator	Bates Co MO	Trend	MO State	Rural 20 MO Norm	Source
9	a	Life Expectancy for Males, 2014	74.2		74.9	75.0	World Bank
	b	Life Expectancy for Females, 2014	79.6		80.1	79.9	World Bank
	c	Alcohol-impaired driving deaths, percent, 2019	18.0%		29.0%	25.3%	County Health Rankings

Causes of Death by County of Residence, MO 2016	Bates County MO	%	TREND	State of MO	%
TOTAL County	209	100%		61,866	100%
Diseases of heart	60	28.7%		155	0.3%
Malignant neoplasms	44	21.1%		861	1.4%
All other diseases	28	13.4%		71	0.1%
Chronic lower respiratory disease	15	7.2%		1,606	2.6%
Unintentional injuries	12	5.7%		2,545	4.1%
Nephritis and nephrosis	12	5.7%		700	1.1%
Cerebrovascular diseases	8	3.8%		14,818	24.0%
Septicemia	6	2.9%		1,515	2.4%
Chronic liver disease and cirrhosis	5	2.4%		195	0.3%
...Accidental poisoning	5	2.4%		209	0.3%
...Motor vehicle crashes	4	1.9%		620	1.0%
Diabetes mellitus	4	1.9%		1,280	2.1%
Alzheimer's disease	4	1.9%		3,941	6.4%

https://health.mo.gov/data/vitalstatistics/mvs16/Table26c.pdf

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	Rural 20 MO Norm	Source
10	a	Access to exercise opportunities, percent, 2019	36.0%		76.0%	46.0%	County Health Rankings
	b	Diabetes monitoring, percent, 2019	39.0%		43.0%	39.3%	County Health Rankings
	c	Mammography screening, percent, 2019	29.0%		44.0%	34.9%	County Health Rankings
	d	Percent Annual Check-Up Visit with PCP (Have a regular Doctor), 2016	77.1%		NA	79.1%	MO Department of Health and Senior Services, MO Co-Level Study (CLS). 2016.
	e	Percent Annual Check-Up Visit with Dentist (Within last 12 months), 2016	53.1%		NA	55.9%	MO Department of Health and Senior Services, MO Co-Level Study (CLS). 2016.
	f	Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

b) Online Research- Health Status

PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect "current" healthcare information for Bates County, MO. Responses for BCMH PSA online survey equals 177 residents. Below are multiple charts reviewing survey demographics.

Chart #1 – BCMH (Bates Co) PSA Online Feedback Response   N=177

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a .... ?	Bates Co MO PSA N=177	Trend	Rural Norms 32 Co N=5,862
Business / Merchant	22.0%		11.3%
Community Board Member	7.3%		8.9%
Case Manager / Discharge Planner	1.8%		1.3%
Clergy	1.8%		1.5%
College / University	0.9%		2.4%
Consumer Advocate	1.8%		1.9%
Dentist / Eye Doctor / Chiropractor	1.8%		0.6%
Elected Official - City/County	3.7%		2.1%
EMS / Emergency	4.6%		2.6%
Farmer / Rancher	9.2%		6.7%
Hospital / Health Dept	17.4%		18.9%
Housing / Builder	0.0%		0.7%
Insurance	5.5%		1.1%
Labor	1.8%		2.4%
Law Enforcement	0.9%		1.6%
Mental Health	2.8%		2.8%
Other Health Professional	14.7%		11.3%
Parent / Caregiver	17.4%		17.2%
Pharmacy / Clinic	1.8%		2.3%
Media (Paper/TV/Radio)	0.0%		0.6%
Senior Care	2.8%		3.0%
Teacher / School Admin	18.3%		6.7%
Veteran	4.6%		3.1%
Unemployed / Other	13.8%		8.5%
Rural 32 Norms Include the following counties: Appanoose IA, Atchison KS, Barton, Bates MO, Brown KS, Butler KS, Carroll IA, Clinton MO, Cowley, Decatur IA, Dickinson, Edwards, Ellsworth, Fremont IA, Furnas NE, Hays, Hoxie, Jasper IA, Kiowa, Johnson MO, Linn, Marion MO, Miami, Montgomery KS, Nemaha, Osborne, Page IA, Pawnee, Pike MO, Russell KS, Smith, Trego.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Bates Co MO PSA N=177	Trend	Rural Norms 32 Co N=5,862
Top Box %	20.3%		21.6%
Top 2 Boxes %	57.6%		64.9%
Very Poor	0.0%		1.3%
Poor	6.8%		5.9%
Average	34.5%		27.4%
Good	37.3%		43.3%
Very Good	20.3%		21.6%

Chart #3 – Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Bates Co MO PSA N=177	Trend	Rural Norms 32 Co N=5,862
Increasing - moving up	29.9%		40.3%
Not really changing much	43.5%		39.7%
Decreasing - slipping	16.4%		11.3%

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

CHNA Wave #3 - Year 2019		Bates Co MO PSA N=177		
Past CHNAs health needs identified		Ongoing Problem		Pressing
# Topic	Votes	%	Trend	RANK
1 Cost of Care	81	64.3%		1
2 Billing	68	54.0%		4
3 Urgent Care	66	52.4%		3
4 Community Center (including Youth Activities)	65	51.6%		5
5 Drug / Substance Abuse	62	49.2%		2
6 Mental Health	54	42.9%		6
7 Obesity	47	37.3%		8
8 Specialists (visiting)	36	28.6%		7
9 Chronic Disease Management	30	23.8%		10
10 Access to Care	28	22.2%		9

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

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Bates Co MO PSA N=177	Trend	Rural Norms 32 Co N=5,862
Finance & Insurance Coverage*	25.2%		14.5%
Lack of awareness of existing local programs, providers, and services	14.4%		18.0%
Limited access to mental health assistance	11.0%		16.6%
Elder assistance programs	8.6%		9.1%
Lack of health & wellness education	15.0%		11.6%
Family assistance programs	6.7%		7.4%
Chronic disease prevention	10.1%		10.3%
Case management assistance	4.0%		7.0%
Other (please specify)	4.9%		5.3%

Note: *Finance & Insurance Coverage Norm is for 18 counties.

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

CHNA Wave #3 - 2019	Bates Co MO PSA N=177			Rural Norms 32 Co N=5,862	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	87.1%	1.6%		85.8%	2.4%
Child Care	47.5%	12.7%		50.4%	11.9%
Chiropractors	57.1%	7.6%		74.1%	5.0%
Dentists	40.2%	19.7%		62.4%	14.6%
Emergency Room	67.2%	13.6%		68.0%	11.0%
Eye Doctor/Optometrist	78.7%	5.7%		75.0%	7.0%
Family Planning Services	31.3%	22.6%		39.7%	17.8%
Home Health	42.0%	18.5%		57.8%	10.2%
Hospice	70.2%	5.0%		70.0%	6.6%
Inpatient Services	66.9%	4.1%		72.7%	6.4%
Mental Health	12.3%	41.2%		23.9%	35.6%
Nursing Home	35.8%	23.3%		44.1%	18.0%
Outpatient Services	80.7%	0.8%		73.8%	4.5%
Pharmacy	87.3%	3.4%		87.3%	2.5%
Physician Clinics	81.8%	4.1%		75.9%	5.4%
Public Health	45.6%	12.3%		58.9%	8.6%
School Nurse	62.7%	3.6%		63.2%	8.0%
Specialists	71.4%	8.4%		57.3%	13.0%

Chart #7 – Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Bates Co MO PSA N=177	Trend	Rural Norms 32 Co N=5,862
Early Childhood Development Programs	8.8%		10.4%
Emergency Preparedness	12.1%		9.0%
Food and Nutrition Services/Education	21.7%		14.4%
Health Screenings (asthma, hearing, vision, scoliosis)	20.2%		14.9%
Immunization Programs	10.3%		6.9%
Obesity Prevention & Treatment	48.2%		33.0%
Prenatal / Child Health Programs	29.2%		11.7%
Sexually Transmitted Disease Testing	21.9%		15.9%
Spiritual Health Support	17.6%		12.0%
Substance Use Treatment & Education	51.0%		33.9%
Tobacco Prevention & Cessation Programs	51.9%		29.8%
Violence Prevention	48.1%		32.5%
Women's Wellness Programs	23.6%		16.6%
WIC Nutrition Program	7.5%		6.8%
Poverty / Financial Health	48.2%		35.8%

Note: The calculated Norm for Poverty / Financial Health is for 15 counties.

Chart #8 – Healthcare Delivery "Outside our Community"

Specialties:

SPEC	CTS
OBG	15
SURG	15
CARD	11
SPEC	9
ORTH	8
RAD	7
DERM	6
PRIM	6
CANC	5
DENT	5
PEDS	5

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Bates Co MO PSA N=177	Trend	Rural Norms 32 Co N=5,862
Yes	92.2%		81.6%
No	6.1%		13.4%
I don't know	1.7%		5.0%

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

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	Bates Co MO PSA N=177	Trend	Rural Norms 32 Co N=5,862
Yes	33.0%		46.9%
No	13.9%		12.8%
I don't know	53.0%		39.8%

45

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

Community Health Needs Assessment Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	**Bates Co MO PSA N=177**	**Trend**	**Rural Norms 32 Co N=5,862**
Abuse/Violence	5.2%		5.4%
Alcohol	4.3%		4.9%
Breast Feeding Friendly Workplace	0.9%		1.7%
Cancer	3.9%		3.7%
Diabetes	3.7%		4.3%
Drugs/Substance Abuse	10.5%		9.4%
Family Planning	3.0%		2.7%
Heart Disease	3.0%		3.0%
Lead Exposure	0.6%		0.8%
Mental Illness	7.0%		10.5%
Nutrition	4.8%		4.8%
Obesity	7.4%		7.6%
Environmental Health	2.0%		1.4%
Physical Exercise	6.1%		5.8%
Poverty	6.3%		7.0%
Lung Disease	2.2%		1.7%
Sexually Transmitted Diseases	2.8%		2.4%
Smoke-Free Workplace	1.1%		1.6%
Suicide	5.4%		7.2%
Teen Pregnancy	4.8%		3.1%
Tobacco Use	4.1%		3.6%
Vaccinations	2.2%		3.0%
Water Quality	3.5%		3.3%
Wellness Education	5.4%		6.0%

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 2019			
Clinic	Primary Care	yes	yes	yes
Hosp	Alzheimer Center	no	no	yes
Hosp	Ambulatory Surgery Centers	yes	no	no
Hosp	Arthritis Treatment Center	no	no	no
Hosp	Bariatric/weight control services	no	no	no
Hosp	Birthing/LDR/LDRP Room	no	no	no
Hosp	Breast Cancer	yes	no	no
Hosp	Burn Care	no	no	no
Hosp	Cardiac Rehabilitation	yes	no	no
Hosp	Cardiac Surgery	no	no	no
Hosp	Cardiology services	yes	no	no
Hosp	Case Management	yes	no	yes
Hosp	Chaplaincy/pastoral care services	yes	no	yes
Hosp	Chemotherapy	yes	no	no
Hosp	Colonoscopy	yes	no	no
Hosp	Crisis Prevention	no	no	yes
Hosp	CTScanner	yes	no	no
Hosp	Diagnostic Radioisotope Facility	yes	no	no
Hosp	Diagnostic/Invasive Catheterization	no	no	no
Hosp	Electron Beam Computed Tomography (EBCT)	yes	no	no
Hosp	Enrollment Assistance Services	yes	yes	yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	no	no	no
Hosp	Fertility Clinic	no	no	no
Hosp	FullField Digital Mammography (FFDM)	yes	no	no
Hosp	Genetic Testing/Counseling	no	no	no
Hosp	Geriatric Services	yes	yes	yes
Hosp	Heart	yes	no	no
Hosp	Hemodialysis	no	no	no
Hosp	HIV/AIDSServices	no	no	no
Hosp	Image-Guided Radiation Therapy (IGRT)	no	no	no
Hosp	Inpatient Acute Care - Hospital services	yes	no	no
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	no	no	no
Hosp	Intensive Care Unit	yes	no	no
Hosp	Intermediate Care Unit	no	no	no
Hosp	Interventional Cardiac Catherterization	no	no	no
Hosp	Isolation room	yes	no	no
Hosp	Kidney	yes	no	no
Hosp	Liver	yes	no	no
Hosp	Lung	yes	no	no
Hosp	MagneticResonance Imaging (MRI)	yes	no	no
Hosp	Mammograms	yes	no	no
Hosp	Mobile Health Services	no	no	no
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	no	no	no
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	yes	no	no
Hosp	Neonatal	no	no	no
Hosp	Neurological services	yes	no	no
Hosp	Obstetrics	no	no	no
Hosp	Occupational Health Services	yes	no	yes
Hosp	Oncology Services	yes	no	no
Hosp	Orthopedic services	yes	no	no
Hosp	Outpatient Surgery	yes	no	no
Hosp	Pain Management	yes	no	no
Hosp	Palliative Care Program	no	no	yes
Hosp	Pediatric	no	yes	yes
Hosp	Physical Rehabilitation	yes	no	yes
Hosp	Positron Emission Tomography (PET)	no	no	no
Hosp	Positron Emission Tomography/CT (PET/CT)	yes	no	no
Hosp	Psychiatric Services	no	no	yes

Inventory of Health Services - Bates County MO 2019

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

Specialty	Provider Name		Group Name	Group City	Detail Days	Days in Clinic Per Month
Audiology	Angela	Fyffe	Wright Audiology & Hearing Aids	Belton, MO	Every Wed.	4+
Cardiovascular	Francisco	Lammoglia	Healient Physician Group	Leawood, KS	1 Wednesday per month	1
Cardiovascular	Craig	Lundgren	Healient Physician Group	Leawood, KS	1 Wednesday every other month	0.5
Cardiovascular	Jin	Park	Healient Physician Group	Leawood, KS	1 Wednesday every other month	0.5
Endocrinology	Susana	D'Amico	Saint Luke's Physician Group	Lee's Summit, MO	1,2 & 3rd Tuesday	3
Gastrointestinal	Donald	Clement	Consultants in Gastroenterology, PC	Kansas City, MO	1 Friday per month (varies)	1
Gastrointestinal	Todd	Kilgore	Summit Gastroenterology	Lee's Summit, MO	2nd Thursday of the month	1
Gastrointestinal	Frank	Totta	Summit Gastroenterology	Lee's Summit, MO	4th Thursday of the month	1
Hematology	Shahzad	Raza	Saint Luke's Cancer Specialists	Kansas City, MO	2nd Friday of the month	1
Nephrology	Ryan	Lustig	Kansas City Kidney Consultants	Kansas City, MO	4th Thurs. & Fri. of the month	2
Oncology / Hematology	Vinay	Gupta	Saint Luke's Cancer Specialists	Kansas City, MO	Every Mon.	4+
Opthamology	Joseph	Parelman	Mid-America Eye Center	Prairie Village, KS	Outpatient Surgery only	1
Orthopedics	Danny	Carroll	Bone and Joint Specialists Physicians Group - Belton	Belton, MO	Surgery only	2
Orthopedics	James	Whitaker		Shawnee Mission, KS	Every Wed.	4+
Pain	Matthew	Nadler	Midwest Pain Institute, Inc.	Kansas City, MO	Every Wed.	4+
Podiatry	Robert	Shemwell		North Kansas City, MO	Every Wed.	4+
Pulmonology	Timothy	Smith	Pulmonary Physicians of KC	Kansas City, MO	Every Tues.	3
Urology	Mark	Austenfeld	Kansas City Urology Care	Kansas City, MO	1st & 3rd Thurs.	2

Visiting Specialists Coming to Bates County Memorial Hospital - 2019

Providers by Specialty	BCMH PSA	FTE	PSA MD/DO	PSA NP/PA	Visiting DRs*
BCMH PSA Physician Manpower 2019					
Primary Care:					
Family Practice	8.5	8.5	4.0	4.5	
Internal Medicine / Geriatrics					
Obstetrics / Gynecology					
Pediatrics					
Medicine Specialists:					
Allergy / Immunology					
Cardiology	1.0	1.0	1.0		
Dermatology					
Endocrinology	0.1	0.1			0.1
Gastroenterology	0.1	0.1			0.1
Hematology / Oncology	0.2	0.2			0.2
Infectious Diseases					
Nephrology	0.1	0.1			0.1
Neurology					
Psychiatry					
Pulmonary	0.1	0.1			0.1
Rheumatology					
Surgery Specialists:					
General Surgery / Colon / Oral	1.0	1.0	1.0		
Neurosurgery					
Ophthalmology	0.1	0.1			0.1
Orthopedics	0.1	0.1			0.1
Otolaryngology					
Plastic / Reconstructive					
Thoracic / Cardiovascular / Vascular					
Urology	0.1	0.1			0.1
Hospital Based:					
Anesthesia / Pain	0.1	0.1			0.1
Emergency**					
Hospitalist ***					
Radiology	0.2	0.2			0.2
Pathology	0.1	0.1			0.1
Neonatal / Perinatal					
Physical Medicine / Rehab					
Occupational Medicine					
Podiatry	0.1	0.1			0.1
Wound Care					
TOTALS	12.0	12.0	6.0	4.5	1.5

*Total FTE specialists serving community whose office outside PSA

**Contracted Service - ER staffed 24/7 with M.D. or D.O.

***Contracted Service - Hospitalist in-house 7 days per week from 8:00 a.m. - 5:00 p.m.
Telemed coverage provided after hours.

Bates County, Missouri
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

HOME HEALTH CARE

Quality Home Care (Housekeeping & Nursing Visits)

1300 N. Orange Butler, MO 64730

660-679-6733

Visiting Nurse Association

1604 E. Elm Harrisonville, MO 64701

816-380-3654 Toll Free 800-231-9862

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:

Butler-Davidson Counseling Services

100 S. Sunset View Drive Butler, MO 64730
660-200-7221

Pathways Community Behavioral Healthcare, Inc.

205 E. Dakota Butler, MO 64730

660-679-4636 Crisis Hotline 888-279-8188

NEVADA:

New Beginnings Health Services

800 S. Ash Nevada, MO 64772

417-448-3677

RICH HILL:

We Care Counseling

Holly Chatain, Psychologist

320 N. 14th St. Rich Hill, MO 64779

417-395-2727

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

Corry R. Lanyon, DDS

1018 W. Fort Scott St. Butler, MO 64730 660-679-6173

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:
Wellness Insight Travis Kershner, DC
101 N. Lyons Butler, MO 64730
660-679-4423

NURSING HOMES
ADRIAN:
Adrian Manor Nursing Home
402 W. 1st Adrian, MO 64720
816-297-2107
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:
Crystal Manor of Adrian 409 W. 1st Adrian, MO 64720
816-297-8832
BUTLER:
Bristol Manor 411 S. Delaware Butler, MO 64730
660-679-3661

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
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

Heartland Hospice

612 W. Fort Scott St. Butler, MO 64730 660-679-4300

THERAPY SERVICES

Bates County Memorial Hospital

615 W. Nursery Butler, MO 64730

660-200-7073

Visiting Nurse Association

1604 E. Elm Harrisonville, MO 64701

816-380-3654 Toll Free 800-231-9862

VETERINARIANS

ADRIAN:

Rolling Meadows Animal Hospital

795 NE State Route 18, Adrian, MO 64720

816-297-2006

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

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

Lane Daycare

202 N. High Butler, MO 64730

660-679-5840

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

RICH HILL:

Rich Hill Youth Development Services

501 N. 14th Rich Hill, MO 64779

417-395-4810

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

Inpatient Discharge Five-Period Trend Report - Bates County Only

Period 3: Calendar Year 2016	
Period 4: Calendar Year 2017	
Period 5: Calendar Year 2018	
Dynamic Column Selection: Hospital, Age Group	

Hospital	Age Group	Period 3 Count	Period 4 Count	Period 5 Count
Overall - Total		**2,485**	**2,623**	**2,572**
Bates County Memorial Hospital - Butler, MO	75+	377	379	337
	45-64	193	211	209
	65-74	150	168	139
	18-44	79	106	79
	0-17	2	4	3
Bates County Memorial Hospital - Butler, MO - Total		**801**	**868**	**767**
St. Joseph Medical Center - Kansas City, MO	45-64	67	62	78
	75+	63	81	59
	65-74	61	60	44
	18-44	20	11	15
	0-17	5	0	0
St. Joseph Medical Center - Kansas City, MO - Total		**216**	**214**	**196**
Research Medical Center - Kansas City, MO	45-64	88	79	112
	18-44	68	52	64
	65-74	31	29	55
	75+	39	33	56
	0-17	12	10	12
Research Medical Center - Kansas City, MO - Total		**238**	**203**	**299**
Nevada Regional Medical Center - Nevada, MO	18-44	80	88	68
	0-17	57	64	46
	45-64	16	25	18
	75+	4	11	17
	65-74	1	2	2
Nevada Regional Medical Center - Nevada, MO - Total		**158**	**190**	**151**
Saint Luke's Hospital of Kansas City - Kansas City, MO	45-64	42	44	40
	65-74	24	32	30
	75+	32	35	26
	18-44	29	23	18
	0-17	4	8	4
Saint Luke's Hospital of Kansas City - Kansas City, MO - Total		**131**	**142**	**118**
Cass Regional Medical Center - Harrisonville, MO	75+	29	36	41
	45-64	30	34	29
	65-74	23	32	14
	18-44	4	10	5
	0-17	1	0	0
Cass Regional Medical Center - Harrisonville, MO - Total		**87**	**112**	**89**
The University of Kansas Health System - Kansas City, KS	45-64	36	45	49
	75+	22	13	31
	65-74	32	16	27
	18-44	14	18	11

Inpatient Discharge Five-Period Trend Report - Bates County Only

Period 3: Calendar Year 2016	
Period 4: Calendar Year 2017	
Period 5: Calendar Year 2018	
Dynamic Column Selection: Hospital, Age Group	

Hospital	Age Group	Period 3 Count	Period 4 Count	Period 5 Count
	0-17	2	8	6
The University of Kansas Health System - Kansas City, KS - Total		**106**	**100**	**124**
Saint Luke's East Hospital - Lees Summit, MO	18-44	19	31	24
	75+	17	38	33
	45-64	18	26	31
	0-17	16	24	13
	65-74	14	19	22
Saint Luke's East Hospital - Lees Summit, MO - Total		**84**	**138**	**123**
Golden Valley Memorial Healthcare - Clinton, MO	18-44	25	26	43
	0-17	27	26	42
	45-64	4	5	6
	75+	5	2	3
	65-74	1	5	6
Golden Valley Memorial Healthcare - Clinton, MO - Total		**62**	**64**	**100**
Belton Regional Medical Center - Belton, MO	45-64	29	23	25
	75+	17	17	29
	65-74	21	17	27
	18-44	2	10	11
Belton Regional Medical Center - Belton, MO - Total		**69**	**67**	**92**
Children's Mercy Kansas City - Kansas City, MO	0-17	65	57	56
	18-44	1	2	0
Children's Mercy Kansas City - Kansas City, MO - Total		**66**	**59**	**56**
Menorah Medical Center - Overland Park, KS	45-64	16	14	15
	65-74	8	10	18
	75+	10	15	9
	18-44	7	10	7
	0-17	0	4	4
Menorah Medical Center - Overland Park, KS - Total		**41**	**53**	**53**
Overland Park Regional Medical Center - Overland Park, KS	18-44	23	13	20
	0-17	15	13	21
	45-64	5	6	9
	75+	6	7	5
	65-74	3	5	4
Overland Park Regional Medical Center - Overland Park, KS - Total		**52**	**44**	**59**
Saint Luke's South Hospital - Overland Park, KS	18-44	13	13	8
	45-64	11	12	11
	0-17	10	8	4
	65-74	6	13	7
	75+	10	9	8
Saint Luke's South Hospital - Overland Park, KS - Total		**50**	**55**	**38**

b) Town Hall Attendees, Notes, & Feedback

Attend	Last	First	Organization	Title	City	ST	ZIP
1	Archer	Laurie	Bates County Memorial Hospital	RN	Butler	MO	64730
1	Baptista	Susan	Bates County Memorial Hospital	Nutrition Services Director	Butler	MO	64730
1	Brooks	Misty	Medicalodges	Administrator	Butler	MO	64730
1	Bustle	John	Bates County Memorial Hospital	M.D., CEO	Butler	MO	64730
1	Duane	Craig	Community Member		Butler	MO	64730
1	Eick-Jakiela	Jennifer	Bates County Memorial Hospital	Social Worker	Butler	MO	64730
1	Floyd	Terri	Bates County Memorial Hospital	CFO	Butler	MO	64730
1	Gilmore	Whitney	Bates County Memorial Hospital		Butler	MO	64730
1	Gregg	Margaret	Bates County Memorial Hospital		Butler	MO	64730
1	Hacker	Larry	County of Bates	Southern Commissioner	Butler	MO	64730
1	Jackson	Andrea	Bates County Memorial Hospital	Marketing/PR Coordinator	Butler	MO	64730
1	Jana	Rosier	Osage Valley Electric Cooperative	Director of Member Services & Economic Dev	Butler	MO	64730
1	Jennifer	Klinksick	Bates County Memorial Hospital	MedSurg Supervisor	Butler	MO	64730
1	Joani	Boleyn	Bates County Memorial Hospital	Laboratory Director	Butler	MO	64730
1	Jones	Mark	Bates County Memorial Hospital	Pharmacist	Butler	MO	64730
1	Jones	Jerry	Bates County Memorial Hospital	Board President	Butler	MO	64730
1	Lewis	Carol	Bates County Memorial Hospital	Quality Management Director	Butler	MO	64730
1	Liggins	Doncella	Bates County Memorial Hospital	HIM Director	Butler	MO	64730
1	Pike	Patricia	State of Mo	District 126 State Representative	Adrian	MO	64720
1	Postal	Julie	Medicalodges		Butler	MO	64730
1	Shade	Jim	Bates County Memorial Hospital	Board Member	Butler	MO	64730
1	Simpson	Carl	Edward Jones Investments	Financial Advisor	Butler	MO	64730
1	Tarver	Rebecca	Bates County Memorial Hospital	CNO	Butler	MO	64730
1	Weaver	Greg	Bates County Memorial Hospital	RHC Supervisor & COO	Butler	MO	64730
1	Welston	Jody	Bates County Health Center	RN/Administrator	Butler	MO	64730
2	Norbury	Kzenia	Bates County Memorial Hospital	Registered Nurse	Butler	MO	64730

BCMH - Bates County, MO CHNA Town Hall - 9/17/19 11:30am-1:00pm N=27

Bates County Memorial Hospital – Bates County, MO CHNA Town Hall Notes

September 17, 2019 11:30am-1:00pm N=27

Many School Nurses are shared at schools. (A couple hours her day)

Drugs present in Bates County: Opioids, Heroin, Meth, Marijuana, Cocaine, Xanax

New things happening: Containing Animal Feeding Operations- Hog farms coming… Medicaid expansion in Missouri… Presidential election coming… Medical Marijuana…

Strengths:

- Hospital in the County / Outpatient services / Inpatient services
- Access to Care / Same day Appointments to see a Provider
- Visiting Specialists: Euro, Endo, Pain, Onc, Cardio
- Responsive Healthcare Staff
- Quality scores are rising
- Eye / Dentist / Chiro / EMS services
- Senior Centers
- Seamless care / Coordination of Care
- Social Worker – Behavioral health
- Long-term Care
- Improving Technology in Healthcare
- Aquatic Center

Things to Improve:

- Community Health Center (Pool, Child Programs)
- Child Care
- Drug and Alcohol Abuse
- ER Services
- Obesity
- Awareness of Health Services
- Food Insecurity (Children)
- Primary Care
- Broad Band Services
- Aging Hospital Facility
- Specialists: Derm, Neuro, Peds, OBGYN
- Seeking Health Grants
- Urgent Care Services
- Community Health Education and Wellness
- Healthcare Transportation
- Mental Health

Wave #3 CHNA - Bates County Memorial Hospital PSA

Town Hall Conversation - Strengths (Color Cards) N= 27

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
1	ACC	Quick access to providers	1	CLIN	LIC clinic social working
2	ACC	Access to get into see a NP or MD	19	HOURS	Appoitment flexibility - Saturday mornings/evening appoitment
3	ACC	Good access	20	INSU	Medicaid expansion in MO
6	ACC	Increase in services provided a OP Speciality Clinic	12	IP	Improved inpatient / hospitalists
7	ACC	Increase in services OP clinic	9	IP	Inpatient
8	ACC	Local services (hospital still viable)	11	IP	Inpatient due to doctors
13	ACC	Access to healthcare - four clinics	15	IP	Inpatient care
20	ACC	Easy access to care	20	MARJ	medical MJ
22	ACC	Same day appoitment	9	OP	Increase in outpatient
1	AGE	Senior centers	10	OP	Outpatient department
15	AGE	Senior centers	11	OP	OP
16	AGE	Senior centers	15	OP	Outpatient specialist - cardiac rehab
21	AGE	Active senior center	16	OP	OP specialists
23	AGE	Senior Center	22	OP	OP senior center
24	AGE	Senior centers	23	OP	Outpatient Specialists
5	BILL	Billing has improved	24	OP	Outpatient specialists
16	CARD	Cardiac Rehab	1	OTHR	LTC
23	CARD	Cardiac rehab	12	OTHR	LCSN
1	CLIN	Specialty clinics	17	OTHR	Cab -
19	CLIN	Licensed clinic social worker - behavioral health	1	QUAL	Quality score going increasing
18	CLIN	Increased clinical social worker	6	QUAL	Quality scores increasing past few years
1	COLLAB	Collaborating (?)	7	QUAL	Increase in quality scores
2	CORP	Small community to recognize persons needs	9	QUAL	Commitment to improve
10	CORP	"Informal helpers" support each other in the community	12	QUAL	Commitment to improve
16	DENT	Dentists	18	QUAL	Quality of healthcare
5	DIAB	Support groups for diabetes & starting smoking cessation	19	QUAL	Quality healthcare
5	DOCS	Lena great at finding coverage if people know about seeing her	19	QUAL	Easy to talk with person / return calls - responsive
12	DOCS	SDA for providers	1	REC	Aquatic Center
20	ELEC	Election	16	REC	Swimming pool
7	EMER	24/7 coverage ED	24	REC	Aquatic center
5	EMER	ER / Ambulance / Inpatient	4	SPEC	Specialitist
16	EMS	EMS	5	SPEC	Many speciality clinics
8	EQUIP	Equipment	12	SPEC	Increase speciality providers - cardiology
8	FAC	Facility	18	SPEC	Specialist
10	HH	Patient centered home - follow up care following hospitalization	19	SPEC	Specialist - many
2	HOSP	Hospital quality of care overall	20	SPEC	Increased specialties in hospital
3	HOSP	Local hospital - other services	8	STAFF	Staff
6	HOSP	Local hospital - benefit to have local services	12	TECH	Improved technology
7	HOSP	Hospital in county	16	TECH	Technology
14	HOSP	Hospital	18	TECH	Technology
16	HOSP	Strong hospital	19	TECH	Technology - electronic EMR
21	HOSP	Good, solid hospital	7	TELE	Telemed
22	HOSP	Hospital in county	10	TRANS	OATS bus to help with transportation
23	HOSP	Hospital	11	TRANS	OATS bus
24	HOSP	Hospital	12	TRANS	Transportation for public

Wave #3 CHNA - Bates County Memorial Hospital PSA

Town Hall Conversation - Strengths (Color Cards) N= 27

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
1	HOURS	Extended hours at some hospital in county	13	WELL	Rural - less stress (traffic, air quality, community events, relationships)
3	HOURS	Good - extended hours			

Wave #3 CHNA - Bates County Memorial Hospital PSA

Town Hall Conversation - Weakness (Color Cards) N= 27

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
22	ALC	Alcohol	13	INSU	Medicade
8	ALL	Increase in health services	21	INSU	Medicade expansion - probable
10	ALL	Disparities of healthcare - transportation, access, etc.	7	JOB	Jobs (?)
1	BH	Mental health	2		
2	BH	Mental health	11	KID	No programs for kids
3	BH	Mental health	15	KID	Childcare
5	BH	Behavioral health	16	KID	Childcare
10	BH	Mental health	17	KID	Childcare
11	BH	Mental health / behavioral health	21	MARJ	Medical Marijuana
12	BH	Mental health	11	MARK	Bring back the newsletter
17	BH	Behavioral health services	14	MARK	Advertise
18	BH	Behavioral health - psychiatric	18	MARK	Hospital communication/ newsletter
19	BH	Psychiatry	8	NUTR	Better food sources for kids
19	BH	Counseling options	11	NUTR	Food insecurity
22	BH	Psychiatry - mental health	12	NUTR	Food insecurity
23	BH	Counseling - mental health	17	NUTR	Food insecurity
1	CC	Community center	8	OBES	Need decrease in obesity
4	CC	Community center	19	OBES	Obesity / physical activity
5	CC	Health / community center	22	OBES	Obesity
11	CC	Community health center	24	OBES	Obesity / activity
11	CC	Community health education / wellness	14	OBG	Add OBGYN
19	CC	Community center	15	OBG	OBGYN
19	CC	Community center	16	OBG	OBGYN (Clinton, KC area)
22	CC	Community center	20	OBG	OBGYN
23	CC	Community center	11	OTHR	Broadband
2	COLLAB	Diverse collaboration - between city, county, schools, etc. - to access	21	OTHR	Hog farms
8	DENT	Need increase in dental coverage	8	PEDS	Decrease in pediatric patients
14	DERM	Add dermatologist	22	POV	Poverty
16	DERM	Add dermatologist, neurology	13	QUAL	No quality of doctors
16	DOCS	Lack of providers - PCP	3	REC	Community wellness center / exercise
2	DRUG	Drug/alcohol - CSTAR groups moved to Harrisonville - not accessible to many	3	SMOK	Smoking cessation
3	DRUG	Drug use & substance abuse	1	SPEC	Specialty doctors - dermatology , ENT
5	DRUG	Opioid / drugs / ETOH	2	SPEC	Specialty providers
11	DRUG	Drug & alcohol abuse	4	SPEC	Specialties - ENT, Pod, Derm
11	DRUG	Drug treatment accessibility	8	SPEC	Need increase in specialties (derm/obgyn/peds)
17	DRUG	Opioids / smoking	11	SPEC	Additional specialties - OBGYN, pediatrics, etc.
19	DRUG	Drug abuse / use	13	SPEC	More specialist
22	DRUG	Drug abuse	17	SPEC	Specialists
24	DRUG	Drug / alcohol abuse	3	TRANS	Healthcare transportation
6	EDU	Education / school lunches - longer days & adequate food	11	TRANS	Transportation
7	EDU	Education (health) in schools	12	TRANS	Transportation
21	ELEC	Presidential election	17	TRANS	Transportation
25	ELEC	Election	18	TRANS	Healthcare transportation to appts
18	EMER	ER customer/patient satisfaction	19	TRANS	Transportation
19	EMER	ER	22	TRANS	Transportation - medical
11	EMER	ER	23	TRANS	Transportation to medical care
17	EMER	ER customer service	24	TRANS	Healthcare transportation
3	ENT	ENT	1	URG	Urgent care
11	FAC	BCMH facilities aging	2	URG	Publicized / consistent urgent care

Wave #3 CHNA - Bates County Memorial Hospital PSA

Town Hall Conversation - Weakness (Color Cards) N= 27

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
15	FAC	Aging of the hospital building	3	URG	Site specific urgent care
14	FIT	Have exercise locations	4	URG	Site specific - urgent care
16	FIT	Exercise	11	URG	Urgent care - localized
10	GRANTS	Grants	14	URG	have urgent care
11	GRANTS	Seeking grants	16	URG	Urgent care
17	GRANTS	Grants	17	URG	Urgent care
25	GRANTS	Grants	20	URG	Urgent care
7	HOURS	After hour services	23	URG	Urgent care
10	HOURS	Extended hours - centralized	2	WELL	Community health programs
5	INSU	Increase insurance coverage by increasing knowledge	6	WELL	Preventative - wellness, access to exercise pool
6	INSU	Uninsured	9	WELL	Community education
8	INSU	Increase in Medicaid	18	WELL	Community wellness - community center
12	INSU	Uninsured	23	WOMEN	Women's health - prenatal care, birth control

c) Public Notice & Requests

[VVV Consultants LLC]

Email #1 – feedback survey

To: **sbjerke@bcmhospital.com**
     BCC: Stakeholders, Staff, Community Leaders
Subject: BCMH seeking Community Feedback
Date: August 2nd, 2019

Bates County Memorial Hospital (Butler, MO) invites area residents to participate in a Community Health Needs Assessment (CHNA) online feedback survey. The goal of this assessment is to understand progress in addressing community health and to collect up-to-date community health perceptions.

To accomplish this work, a short online survey has been developed and can be accessed by visiting the following website or going to BCMH's Facebook page:

https://www.surveymonkey.com/r/BatesCo_CHNA_2019

VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this community wide research. All community residents are encouraged to **complete the confidential CHNA 2019 online survey by Friday, August 30th** and to attend the upcoming scheduled Town Hall on Tuesday, September 17th from 11:30-1:00pm.

If you seek any additional information or have any questions regarding this assessment, please contact Shannon Bjerke at sbjerke@bcmhospital.com or 660-200-7072.

Shannon Bjerke
BCMH Administration

PRESS RELEASE   7/29/2019

For immediate release

Contact: Shannon Bjerke, sbjerke@bcmhospital.com or 660-200-7072

BCMH seeking Community Feedback for 2019 Health Needs Assessment

Bates, MO   In order to gauge the overall healthcare needs of Bates County MO residents, Bates County Memorial Hospital invites area residents to participate in a Community Health Needs Assessment (CHNA) online feedback survey. The goal of this assessment is to understand progress in addressing community health and to collect up-to-date community health perceptions.

To accomplish this work, a short online survey has been developed and can be accessed by visiting the following website or going to BCMH's Facebook page:

https://www.surveymonkey.com/r/BatesCo_CHNA_2019

VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this community wide research. All community residents are encouraged to **complete the confidential CHNA 2019 online survey by Friday, August 30th** and to attend the upcoming scheduled Town Hall on Tuesday, September 17th from 11:30-1:00pm.

"We hope that the community and health professionals will take advantage of this opportunity to provide input into the future of healthcare delivery in our county," comments Dr John Bustle, BCMH CEO.

If you seek any additional information or have any questions regarding this assessment, please contact Shannon Bjerke at sbjerke@bcmhospital.com or 660-200-7072.

Email #2 – Town Hall Invite

To: sbjerke@bcmhospital.com
      BCC: Stakeholders, Staff, Community Leaders
Subject: Bates County Community Town Hall – Sept 17
Date: August 26th, 2019

Bates County Memorial Hospital is updating their 2016 Community Health Needs Assessment (CHNA). A short survey has been developed and results will be shown at the upcoming meeting. VVV Consultants LLC from Olathe KS has been retained to conduct this community-wide research.

The Bates County, MO CHNA Town Hall working lunch meeting is on Tuesday, September 17th from 11:30 a.m. to 1:00 p.m. at BCMH Education Center (East side of Hospital on Main Floor). At this meeting, we will discuss the initial online survey results and set priorities. A light lunch will be provided starting at 11:15 a.m.

Please RSVP here for the Sept 17th Town Hall:

https://www.surveymonkey.com/r/BatesCo_MO_CHNA_RSVP_2019

Thank you in advance for your time and support in participating with this important request. If you seek any additional information or have any questions regarding this assessment, please contact Shannon Bjerke at sbjerke@bcmhospital.com or 660-200-7072.

Shannon Bjerke
BCMH Administration

Media Release: August 26, 2019   *FOR IMMEDIATE RELEASE*

Bates County (MO) Community Town Hall – Sept 17

Contact: Shannon Bjerke, sbjerke@bcmhospital.com or 660-200-7072

Butler, MO   Bates County Memorial Hospital is updating their 2016 Community Health Needs Assessment (CHNA). A short survey has been developed and results will be shown at the upcoming meeting. The goal of this assessment is to understand progress in addressing community health and to collect up-to-date community health perceptions. VVV Consultants LLC from Olathe KS has been retained to conduct this community-wide research.

The Bates County, MO CHNA Town Hall working lunch meeting is on Tuesday, September 17th from 11:30 a.m. to 1:00 p.m. at BCMH Education Center (East side of Hospital on Main Floor). At this meeting, we will discuss the initial online survey results and set new 2019 priorities. A light lunch will be provided starting at 11:15 a.m.

Please RSVP here for the Sept 17th Town Hall:
https://www.surveymonkey.com/r/BatesCo_MO_CHNA_RSVP_2019

Thank you in advance for your time and support in participating with this important request. If you seek any additional information or have any questions regarding this assessment, please contact Shannon Bjerke at sbjerke@bcmhospital.com or 660-200-7072.

d) Primary Research Detail
Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community? Please select top THREE.
1100	64730	Average	Decreasing - slipping downward	ACC			Access to affordable care.
1165		Average	Decreasing - slipping downward	DOCS	ACC		Limited access to general providers for small healthcare concerns...visits needed when I'll are often hard to schedule due to full schedules.
1025	64730	Very Good	Not really changing much	DRUG	BH		Substance abuse, mental health
1038	64730	Good	Not really changing much	DRUG			Drugs, addiction.
1066	64701	Good	Increasing - moving up	DRUG			Drug abuse, addiction
1170		Good	Not really changing much	DRUG			Drug abuse
1131	64779	Good	Not really changing much	NUTR	OTHR		The amount of chemicals used by farmers and poor drinking water
1044	64730	Average	Decreasing - slipping downward	OTHR			And apathy by individuals---lifestyle change is hard but needed and many don't want to put the work into that it requires.
1085	64730	Very Good	Increasing - moving up	OTHR			The people just will not go to the doc.
1115	64730	Poor	Decreasing - slipping downward	OTHR			A moving away from community engagement, home town care, and focus on profit
1152	64730	Very Good	Increasing - moving up	OTHR			LAZINESS TO ACT
1148	64730	Good	Increasing - moving up	POV	OTHR		Multi-generational poverty and associated barriers to motivation to change
1028	64730	Very Good	Increasing - moving up	POV			low income
1106	64722	Good	Not really changing much	REC			1. Our local infrastructure is entirely set up for automobiles and not walking or cycling.
1011	64730	Good	Decreasing - slipping downward	WELL	OBES	SMOK	I don't know. Education on obesity & smoking looks like real issues. Insurance is not affordable

The table above has a title: **CHNA 2019 Community Feedback - Bates County, MO   N=177**

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
							CHNA 2019 Community Feedback - Bates County, MO N=177
1162	64730	Very Good	Increasing - moving up	AGE	BH	STFF	Elderly need help to be safer in nursing home. Lack of staffing creates lack of adequate care for our seniors. Far too many are being neglected!!
1004	64730	Good	Increasing - moving up	BH	DRUG	PEDS	Need mental health and drug rehabilitation access with adequately paid professionals to ensure quality professionals are running the programs. Also need a pediatrician.
1143	64730	Very Good	Increasing - moving up	BH	DRUG		Mental health/ drug abuse
1096	64730	Very Good	Not really changing much	BH	FAM	DRUG	Mental health, pregnancy prevention, drug prevention/rehab. Ensuring follow- up care is received.
1104	64720	Average	Not really changing much	BH			AFFORDABLE mental health
1124	64730	Very Good	Not really changing much	CLIN	INSU		Free Clinic for the Uninsured
1171	64779	Average	Not really changing much	DIAB	CANC	WELL	Programs to help people reduce risk of squired conditions; diabetes, cancer, etc
1009	64730	Very Good	Increasing - moving up	DIAB	WELL		Diabetic educator
1121	64720	Average	Decreasing - slipping downward	DOCS	ALT	CHIR	Functional doctors. Naturopaths, Integrative Health practiners, more chiropractors. This is the stuff that actually heals people from the inside out.
1050		Good	Not really changing much	DRUG	BH		Our community has an opioid addiction problem. Pathways and Cstar are marginal programs and only seem to be affordable if you have committed a crime and are in drug court. We need a good professional, affordable mental health option that isn't just for treatment court.
1169	64730	Very Good	Not really changing much	DRUG	PHY		We need a drug rehab center
1103	64730	Very Good	Increasing - moving up	FAC	WELL	FIT	Facility for education and exercise opportunities to combat tendency toward obesity.
1164	64730	Good	Not really changing much	FAC			Community center
1091	64779	Good	Increasing - moving up	FAM	BH	WELL	Parenting classes, mental health trainings, other education and training for families, counseling services
1161	64723	Average	Increasing - moving up	FAM	BH		New mothers support groups, depression counseling
1136	64772	Good	Not really changing much	HOSP	CORP		I think it would be good to have a larger Hospital in the city partner with BCMH
1069	64730	Good	Not really changing much	KID	AGE	WELL	It would be nice to have a community center that had programs for youth, adults, and elderly that focused on health and well-being. I would also like to see the hospital and/or health center partner with the swimming pool to provide services year round somehow.
1040	64730	Very Good	Increasing - moving up	KID	POV		Helping children in poor socio/economic homes with low education.
1081	64720	Good	Increasing - moving up	KID			Children's services
1025	64730	Very Good	Not really changing much	KID			Partner with children's mercy just like you've done with St Luke's and keep our kids in the community
1147	64730	Poor	Decreasing - slipping downward	MAN			New CEO of hospital.
1148	64730	Good	Increasing - moving up	MRKT	REC	WELL	There are a lot of programs currently, but I feel they are not publicized or have adequate funding/resources to meet the community needs. Community center/YMCA to offer education and exercise programs and facilities
1149	64730	Good	Increasing - moving up	MRKT			I think there are many available but they are not publicized in a way to have the community know about them and use them.
1152	64730	Very Good	Increasing - moving up	MRKT			OVERALL GOOD. MAYBE BETTER PROMOTION OF EXISTING PROGRAMS
1053	64730	Good	Increasing - moving up	NUTR	DRUG	WELL	Can always partner with the school to provide speakers on any health, nutrition, drug, substance abuse, violence, mental etc for awareness and seeing what happens if not addressed.
1102	64730	Good	Decreasing - slipping downward	NUTR	WELL	FIT	I would love to have some kind of nutrition program available, personal health trainers maybe, exercise programs, etc.
1057	64730	Average	Not really changing much	NUTR	WELL		Maybe farmers market and food pantry could partner with health center to show how to prepare healthy, tasty meals with mass distribution foods.
1167	64720	Average	Not really changing much	NUTR			Nutrition- meals for students during summer months and school vacation

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
							CHNA 2019 Community Feedback - Bates County, MO N=177
1044	64730	Average	Decreasing - slipping downward	OBES	FIT	CHRON	Obesity, physical activity, community center, emergency preparedness, chronic disease, understanding health priorities and what does NOT need to be seen at the ED for which puts a financial strain on the hospital as well as the community.
1005	64720	Good	Increasing - moving up	OBES	KID	WELL	obesity and weight loss, early child teaching health and exercise
1022	64730	Very Good	Not really changing much	OBG	NEU	AGE	They need to replace specialist that leave such as gynecologist and neurologist. This is a small town with a lot of disable and elderly people and many of them have no transportation to other facilities, and if they are taken by ambulance or another service, some do not have friends or relatives to help them get home so they opt not to go
1116	64730	Very Good	Not really changing much	OBG	NEU		We need an gynecologist and nerologist.
1176	64720	Good	Increasing - moving up	OBG	WELL	CHRON	Women's health and wellness services Community Center with programs dedicated to wellness and prevention of chronic disease (YMCA?)
1033	64730	Good	Decreasing - slipping downward	OBG			OBGYN
1129	64742	Good	Increasing - moving up	OBG			Obsetrics
1035	64730	Average	Not really changing much	OBG			On/gyn.
1095	64730	Very Good	Increasing - moving up	OP	ACC		outpatient capacity
1019	64730	Average	Decreasing - slipping downward	OP	CLIN		New and improved outpatient clinic.
1112	64730	Very Good	Not really changing much	OTHR	DIAB		Patient assistance programs for medications especially diabetics who r in the coverage gap
1084		Average	Not really changing much	OTHR	SMOK	ALC	Traumatic head injury/stroke resident support groups check with other hospitals in Cass County, stop smoking groups/hypnosis, AA groups
1160	57430	Very Good	Increasing - moving up	OTHR			Disparities of health care
1065	64730	Poor	Decreasing - slipping downward	QUAL	STFF		Quality educated staff
1115	64730	Poor	Decreasing - slipping downward	QUAL			A returning to home town values and sincere concern for patients is what needs to be focused on
1159	64040	Good	Not really changing much	REC	DIAB	WELL	YMCA with indoor track and pool Yearly Diabetic Fair with feet inspection, glucose/A1C checks, and Orthotics/Prosthetic present for footwear input Anxiety/Chronic Stress Management Classes
1127	64730	Good	Decreasing - slipping downward	REC			Alot of people like the Harrisonville comm center due to the pool. They cannot run or walk due to joint issues but water is easy for them.
1110	64730	Average	Decreasing - slipping downward	REC			Recreation center
1106	64722	Good	Not really changing much	REC			Walking trails, improved sidewalks, bike lanes.
1052	64730	Very Good	Not really changing much	REC			YMCA
1131	64779	Good	Not really changing much	RHE	ENDO	OBG	Rheumatology ENDOCRINOLOGIST Women's health
1039	64730	Average	Decreasing - slipping downward	SMOK	PREV		Some sort of program to address the ever growing epidemic of Juuling amongst our teens and preteens. I'm sure the school would love to partner up in this endeavor.
1043	64730	Very Good	Not really changing much	SMOK	WELL		Better education about vaping (and cigarettes) to both teenagers and adults utilizing those products. Perhaps we could help the high schools educate students so they are well informed before they are old enough to purchase these products.
1090	64730	Good	Decreasing - slipping downward	SS	DOCS		Support groups, family counseling, more visiting doctors.
1174	64730	Average	Decreasing - slipping downward	STD			STD testing at health center
1139	64720	Average	Not really changing much	URG	CORP	PEDS	Urgent care partnered with children's mercy pediatrician
1007	64730	Good	Increasing - moving up	URG	EMER		Urgent care to lower ER visits for after hours medical care needs
1026	64730	Good	Increasing - moving up	URG	PRIM		Urgent care type program. Have current PCP's take turns and set aside 2 hours each morning to be used as an urgent care/walk-in clinic type setting.
1059	64779	Average		URG			Urgent Care

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
			CHNA 2019 Community Feedback - Bates County, MO N=177				
1031		Average	Not really changing much	URG			Urgent care center, free community clinic days
1038	64730	Good	Not really changing much	URG			Urgent care for people not on welfare that suffer or go without health care because of ER prices.
1168	64730	Very Good	Increasing - moving up	URL	SPEC		You now have a great urologist and I am back with your specialist
1072	64730	Good		WELL	RAD	FINA	Community center and a cheaper way to do health images
1064	64730	Average	Not really changing much	WELL			A community center focused on health and wellness partnered with the city or county and school
1108	64730	Average	Decreasing - slipping downward	WELL			Any program would be better than not any at all.
1034	64730	Good	Not really changing much	WELL			Health fair with screenings

Bates County Memorial Hospital (BCMH) is partnering with area providers to update the 2016 Bates County, MO Community Health Needs Assessment (CHNA). To collect current community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention!   Deadline to participate is Friday, August 30th.

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

◯ Very Poor ◯ Poor ◯ Average ◯ Good ◯ Very Good

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

◯ Increasing - moving up   ◯ Decreasing - slipping downward

◯ Not really changing much

Why? (please specify)

```

```

3. In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and/or changed? (Please be specific.)

```

```

4. In your own words, what is the general community perception of healthcare providers (i.e. hospitals, doctors, public health, etc.) serving our community?   (Please be specific.)

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

☐ Access to Care

☐ Billing Department

☐ Community Center (including Youth Activities)

☐ Chronic Disease Management

☐ Cost of Care

☐ Drug / Substance Abuse

☐ Mental Health

☐ Obesity

☐ Specialists (visiting)

☐ Urgent Care

6. Which past health assessment of our community need is NOW the "most pressing" for improvement? Please select top THREE.

☐ Access to Care

☐ Billing Department

☐ Community Center (including Youth Activities)

☐ Chronic Disease Management

☐ Cost of Care

☐ Drug / Substance Abuse

☐ Mental Health

☐ Obesity

☐ Specialists (visiting)

☐ Urgent Care

7. In your opinion, what are the root causes of "poor health" in our community?   Please select top THREE.

	Health & wellness education		Elder assistance programs
☐	Health & wellness education	☐	Elder assistance programs
☐	Chronic disease prevention	☐	Family assistance programs
☐	Limited access to mental health assistance	☐	Awareness of existing local programs, providers, and services
☐	Case management assistance	☐	Finance & Insurance coverage

Other (please specify)

[   ]

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	○	○	○	○	○

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	○	○	○	○	○
Mental Health	○	○	○	○	○
Nursing Home	○	○	○	○	○
Outpatient Services	○	○	○	○	○
Pharmacy	○	○	○	○	○
Physician Clinics	○	○	○	○	○
Public Health	○	○	○	○	○
School Nurse	○	○	○	○	○
Specialists/Medical Providers	○	○	○	○	○

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

	Very Good	Good	Fair	Poor	Very Poor
Early Childhood Development Programs	○	○	○	○	○
Emergency Preparedness	○	○	○	○	○
Food and Nutrition Services/Education	○	○	○	○	○
Poverty/Financial Health	○	○	○	○	○
Health Screenings (such as asthma, hearing, vision, wellness)	○	○	○	○	○
Immunization Programs	○	○	○	○	○
Obesity Prevention & Treatment	○	○	○	○	○

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

	Very Good	Good	Fair	Poor	Very Poor
Spiritual Health Support	○	○	○	○	○
Prenatal / Child Health Programs	○	○	○	○	○
Sexually Transmitted Disease Testing	○	○	○	○	○
Substance Use Treatment & Education	○	○	○	○	○
Tobacco Prevention & Cessation Programs	○	○	○	○	○
Violence Prevention	○	○	○	○	○
Women's Wellness Programs	○	○	○	○	○
WIC Nutrition Program	○	○	○	○	○

12. In the past 2 years, did you or someone you know receive healthcare services outside of our community?

○ Yes   ○ I don't know

○ No

If YES, please specify the healthcare services received.

13. Are our healthcare organizations, providers and community members actively working together to address/improve health in our community?

○ Yes   ○ I don't know

○ No

Please explain

14. What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?

> [ ]

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	[ ] Lead Exposure	[ ] Sexually Transmitted Diseases
[ ] Alcohol	[ ] Mental Illness	[ ] Smoke-Free Workplace
[ ] Breast Feeding Friendly Workplace	[ ] Nutrition/Access to Food	[ ] Suicide
[ ] Cancer	[ ] Obesity	[ ] Teen Pregnancy
[ ] Diabetes	[ ] Environmental health	[ ] Tobacco Use
[ ] Drugs/Substance Abuse	[ ] Physical Exercise	[ ] Vaccinations
[ ] Family Planning	[ ] Poverty	[ ] Water Quality
[ ] Heart Disease	[ ] Lung Disease	[ ] Wellness Education

Other (please specify)

> [ ]

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

☐ Business / Merchant	☐ EMS / Emergency	☐ Other Health Professional
☐ Community Board Member	☐ Farmer / Rancher	☐ Parent / Caregiver
☐ Case Manager / Discharge Planner	☐ Hospital / Health Dept	☐ Pharmacy / Clinic
☐ Clergy	☐ Housing / Builder	☐ Media (Paper/TV/Radio)
☐ College / University	☐ Insurance	☐ Senior Care
☐ Consumer Advocate	☐ Labor	☐ Teacher / School Admin
☐ Dentist / Eye Doctor / Chiropractor	☐ Law Enforcement	☐ Veteran
☐ Elected Official - City/County	☐ Mental Health	☐ Unemployed

Other (please specify)

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 00544 or 95305

VVV Consultants LLC

Vince Vandehaar, MBA
Principal & Adjunct Professor
(913) 302-7264 (C)
VVV@VandehaarMarketing.com

Tessa E. Taylor, BBA BA
Lead Consultant
(920) 250-3722 (C)
TET@VandehaarMarketing.com

Office:
601 N Mahaffie, Olathe, KS 66061
http://vandehaarmarketing.com/

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