

COMMUNITY HEALTH NEEDS ASSESSMENT



**MARION, LEWIS, MONROE, PIKE, RALLS
AND SHELBY COUNTIES, MO**

JULY 2019

VVV CONSULTANTS LLC
OLATHE, KS



GUIDING YOU TO **BETTER**

Hannibal Regional

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Hannibal Regional Healthcare System – Marion County, MO (6 Co PSA) - 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 local residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Hannibal Regional Healthcare System (HRHS) 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 Marion, Lewis, Monroe, Pike, Ralls and Shelby County, Missouri CHNA assessment began January 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

HRHS Primary Service Area – 6 Counties, MO Town Hall - “Community Health Improvements Needs”

2019 CHNA Health Priorities - HRHS PSA				
CHNA Wave #3 Town Hall (31 Attendees, 84 Votes)				
6 Co MO Service Area - Marion, Lewis, Monroe, Pike, Ralls and Shelby				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Community Apathy / Self Health Accountability	11	13.1%	13.1%
2	Chronic Care Management (Diabetes, COPD, etc.)	11	13.1%	26.2%
3	Mental Health / Depression (Diagnosis, Treatment, Aftercare)	10	11.9%	38.1%
4	Drug Abuse (Opioids, Meth, Heroin)	9	10.7%	48.8%
5	Poverty (Employee Readiness)	9	10.7%	59.5%
6	Obesity (Nutrition / Exercise / Healthy Eating)	9	10.7%	70.2%
7	Smoking (Including E cigs)	8	9.5%	79.8%
Total Votes:		84	100.0%	
Other Items receiving votes: Medical Transportation, Violence/ Abuse (Men), Palliative Care, Senior Health, Suicides, Communication of Available Services (Underinsured), Teen Pregnancy.				

b) Town Hall CHNA Findings: Areas of Strengths

HRHS PSA – CHNA Town Hall - “Community Health Areas of Strengths”

HRHS PSA - 6 Counties, MO "Community Health Strengths"			
#	Topic	#	Topic
1	Availability of Providers / Specialty Providers	6	Park Systems
2	Collaborative Community Partnerships	7	Public Health
3	Early Childhood Education	8	Schools / School Health
4	Free Clinic	9	Trusted Services in our Community
5	Highway Transportation / Intrastructure	10	Walk-In Services

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

MISSOURI HEALTH RANKINGS: According to the 2019 Robert Woods Johnson County Health Rankings, Marion County was ranked 51st in Health Outcomes, 45th in Health Factors, and 53^d in Physical Environmental Quality out of the 115 Counties. *(All 6 Counties PSA data found in Section III)*

TAB 1. Marion County’s population is 28,634 (based on 2017), with a population per square mile (based on 2010) of 66 persons. Six percent (6.5%) of the population is under the age of 5 and 17.6% is over 65 years old. Hispanic or Latinos make up 1.7% of the population and there are 1.8% of Marion County citizens that speak a language other than English at home. In Marion County, children in single parent households make up 40%. There are 2,361 Veterans living in Marion County.

TAB 2. The per capita income in Marion County is \$22,662, and 17.2% of the population is in poverty. There is a severe housing problem of 84% and an unemployment rate of 3.6%. Food insecurity is 15%, and limited access to a store (healthy foods) is 5%.

TAB 3. Children eligible for a free or reduced-price lunch is at 53% and 88.3% of students graduate high school while 20.9% of students get their bachelor’s degree or higher in Marion County.

TAB 4. The percent of births where prenatal care started in the first trimester is 75.4%. Forty-one percent (41%) of births in Marion County occur to unmarried women. Births where mothers have smoked during the pregnancy is at 23.5% and the percent of babies that were born prematurely is 10.1%. Seventy-one percent (70.9%) of babies were ever breastfed over time.

TAB 5. There is one primary care physician per 1,030 people in Marion County. Patients who gave their hospital a rating of 9 or 10 out 10 are 71% and there are 69% of patients who reported Yes, They Would Definitely Recommend the Hospital.

TAB 6. Medicare population getting treated for depression in Marion County is 20.7%. There are 4.3 days out of the year that are poor mental health days.

TAB 7. Thirty-seven percent (37%) of adults in Marion County are obese (based on 2019), with 27% of the population physically inactive. 18% of adults drink excessively and 22% smoke. The sexually transmitted infections rate per 100,000 is high at 543.6. Heart Failure (16.6%), Chronic Kidney Disease (20.3%), and Osteoporosis (6.3%) risk are all higher than the comparative norm for Marion County.

TAB 8. The adult uninsured rate for Marion County is 10%. The local Health Department is giving back to the community through many different services, including WIC.

TAB 9. The life expectancy rate in Marion County is 75.2 for Males and 79.1 for Females. Alcohol-impaired driving deaths are lower than the comparative norm (18%).

TAB 10. Seventy-three percent (73%) of Marion County has access to exercise opportunities and 47% monitor diabetes. Twenty-three percent (23%) of women in Marion County get annual mammography screenings. 78.9% of Marion County citizens have an annual Primary Care visit while 54.9% have an annual Dentist visit.

Key 2019 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=270) provided the following community insights via an online perception survey:

- Using a Likert scale, 64.8% of HRHS Primary Service Area (PSA) stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- HRHS PSA stakeholders are satisfied with the following services: Ambulance Services, Eye Doctor, Outpatient Services, Pharmacy and Physician Clinics.
- When considering past CHNA needs: Cost of Healthcare Services, Mental Health Services and Substance Abuse came up.

CHNA Wave #3		HRHS PSA N=270			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Cost of Healthcare Services	157	76.6%		1
2	Mental Health Services	149	72.7%		2
3	Substance Abuse	120	58.5%		3
4	Insurance Coverage	109	53.2%		4
5	Obesity (Nutrition / Fitness)	101	49.3%		5
6	Provider Collaboration within area	89	43.4%		6
7	Preventive Health (Wellness)	80	39.0%		7
8	Patient Health Education and Accountability	60	29.3%		8

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital who 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 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.

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 that 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.).

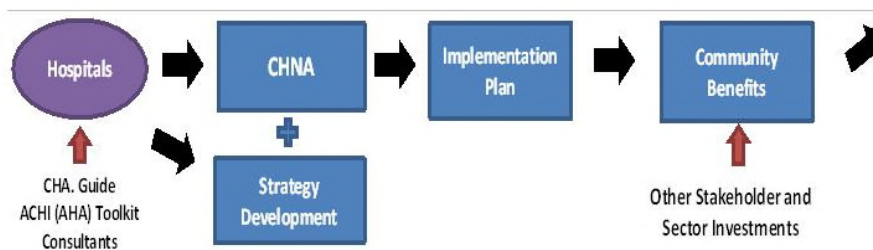
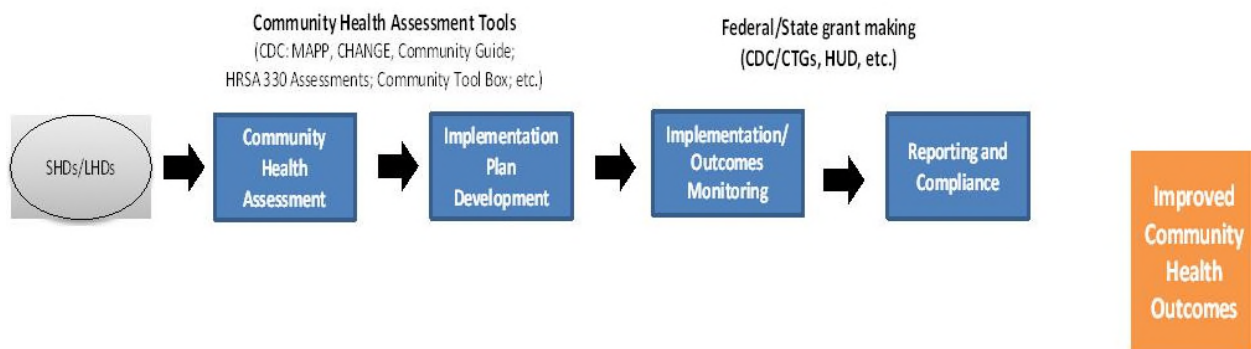
JOB #2: Making a CHNA Widely Available to the Public

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:

Hannibal Regional Healthcare System Profile

6000 Hospital Drive, Hannibal, MO 63401

President and CEO: C. Todd Ahrens

About Us: The Hannibal Regional Healthcare System (HRHS) story began when community benefactors and leaders formed Hannibal's first hospitals - Levering Hospital in 1903 and St. Elizabeth's Hospital in 1914. The merger of these two organizations in the late 1980s led to another major milestone in the evolution of strong community-based healthcare.

In 1993 the new Hannibal Regional Hospital opened its doors on a pastoral 105-acre setting which is now a thriving healthcare campus. The beautifully appointed medical campus currently includes Hannibal Regional Hospital, Hannibal Regional Medical Group, Hannibal Regional Hospital Foundation, and the James E. Cary Cancer Center.

The Hannibal Regional Healthcare System team is nearly 1,000 strong and is mission-driven, values-based and committed to preserving the vision and legacy of our founders. Our team takes pride in continuing to create and strengthen access to community-based, contemporary healthcare resources for patients, families, and the communities we serve.

Our Mission: Your Health is Our Mission.

Our Values: Respect, Integrity, Service and Excellence.

Hannibal Regional Hospital Services:

- Bone /Joint (Orthopedics)
- Cancer (Oncology)
- Emergency
- Heart (Cardiology)
- In-Patient Rehabilitation

Additional Services:

- Auxiliary
- Chris Coons Women's Care Center
- Diabetes Center
- Food & Nutrition
- Hannibal Children's Center
- Hannibal Regional Hospital Foundation
- Home Health
- Imaging & Radiology
- Intensive Care Unit (ICU)
- James E. Cary Cancer Center
- Joint Replacement
- Laboratory
- Pediatrics
- Pharmacy
- Physical Therapy
- Rehabilitation Services
- Sleep Lab
- Surgical Services

Hannibal Regional Medical Group Services:

- Audiology
- Cardiology
- Diabetes Education
- Family Practice
- Internal Medicine
- Occupational Medicine
- Otolaryngology
- Pain Management
- Pediatrics
- Plastic Surgery
- Podiatry
- Urology
- Vision

Marion County Health Department

3105 Palmyra Rd, Hannibal, MO 63401

Administrator: Jean McBride, RN, BSN

The Marion County Health Department is responsible for protecting and promoting the health of Marion County residents, assessing health status and needs, developing policies and priorities, and assuring the communities that public health needs are met.

Many services are available to anyone regardless of financial stature and are free of charge. Some services have a fee based on the cost of providing the service.

Public Health in Marion County is committed to the Core Public Health functions of assessing status of Marion County residents, policy development to meet Marion County resident's needs, and assurance that the public health needs of Marion County are met.

Service Offerings:

- WIC
- Tuberculosis
- Pregnancy Testing
- Environmental Health
- Vital Records
- Bio-Terrorism
- Temporary Medicaid
- Emergency Preparedness
- School Health
- Communicable Disease
- Maternal & Child Health
- Case Management
- Sexually Transmitted Disease
- Daycare Consultation
- Childhood Environmental Lead Screening
- Office Visits
- Health Education
- Alliance for Substance Abuse Prevention (ASAP)
- Ticks and Tick-Borne Disease

Lewis County Health Department

101 State Hwy A, Monticello, MO 63457

Administrator: Debbie Sommers, RN

Mission Statement:

Lewis County Health Department is responsible for assuring that the citizens of the county have the opportunity to receive the highest quality of health care through the development of programs that focus on citizens' needs.

Vision Statement:

Lewis County will become a healthier environment for family living.

Service Offerings:

- Birth and Death Certificates Issued
- Blood Pressure Clinic Pregnancy test/General MCH Consultation
- CPR and First Aid Classes
- Environmental Services
- Family Planning/Womens Wellness Health Education
- Home Health/Public Health Home Visits
- Immunization/TB Testing
- Lead Testing
- Prenatal Case Management
- Public Health Office Visits
- STD/HIV Testing/Treatment/Referral
- WIC

Monroe County Health Department

310 North Market Street, Paris, MO 65275

Administrator: Paula Delaney

Mission Statement:

Monroe County Health Department is responsible for assuring that the citizens of the county have the opportunity to receive the highest quality of healthcare through the development of programs that focus on citizens' needs.

Vision Statement:

Monroe County will become a healthier environment for family living.

Services Offerings:

- Immunizations
- Blood Pressure
- Venipuncture
- Vital Records
- Car Seat Program
- Family Planning
- STD/HIV Testing
- Day Care Nurse Consultant
- WIC
- Lead Screenings
- Blood Sugar
- School Health
- Equipment Loan Program
- Pregnancy Testing
- Flu Vaccine
- Parents as Teachers
- Communicable Diseases

Pike County Health Department

1 Healthcare Place, Bowling Green, MO 63334

Administrator: Rhonda Stumbaugh, RN

Mission Statement:

Our mission statement is to ensure the safety, wellness and comfort of the citizens of Pike County through the delivery of exceptional care and preventive services. We strive for access to quality health care for all, adaptability to emerging health issues, ethical care, integrity and trust 70+ years strong. We provide preventative care and primary care services for everyone, providing a lifetime of care to you and your family.

Vision Statement:

Pike County is a community of people who are actively involved in living a healthy life in a supportive and safe community.

Service Offerings:

- Anyone Can Manage Diabetes (diabetic care and education program)
- Baby Basics
- Bereavement Support Group
- Bioterrorism Planning/Pandemic
- Flu Planning
- Blood Pressure, Blood Sugar and Cholesterol Screenings
- Breastfeeding Support Group
- Child Care Nurse Consultation
- Chronic Disease Self-Management Program
- Communicable Disease Surveillance/Investigation
- CPR and First Aid
- Environmental Health
- Health Education
- Home Health
- Hospice
- Immunizations
- Lead Case Management
- Lead Testing
- Maternal & Child Health
- Mental/Behavioral Health Counseling Services - 4 yr. grant from MFH and offer free Counseling for uninsured, underinsured, and underserved
- PKU Screening
- Prenatal Case Management
- Public Health Home Visits
- Safe Sitter
- School Health
- Lifeline
- STD/HIV
- TB Skin Testing and Follow-Up
- Temporary Medicaid Vaccines & Immunizations Available
- Vital Records
- WIC Nutrition Program

Ralls County Health Department

405 West First Street, New London, MO 63459

Administrator: Tanya Taylor, BS

Mission Statement:

Our mission is to assure quality of life and a safe environment for individuals within Ralls County. In partnership, we identify needs, implement interventions, and evaluate the outcomes of education; prevention, public health and home health care needs.

The Ralls County Health Department works collaboratively in the community to assure a safe and health environment for the citizens of Ralls County.

Services Offerings:

- Blood Pressure Clinics
- CD Prevent & Control
- Carseat Installation
- Day Care Consultation & Inspection
- Case Management Services
- Dissemination of Health Status Data
- Environmental Services
- Health & Nutrition Counseling
- Health Pro/Ed High Risk/Maternity & Child Care
- Home Health Homemaker
- Immunization/TB Testing
- Lead Screening
- MC+
- PACE Classes
- Parenting Classes
- Pregnancy Test
- Reduced Fee Lab Draw
- School Health Consultant

Shelby County Health Department

700 East Main St, Shelbyville, MO 63469

Administrator: Audrey Gough, RN, BSN

Mission and Vision:

The Shelby County Health Department exists to promote and help maintain a healthy lifestyle and environment, provide core public health services and strive to assure accessibility of personal health services for all within available resources.

Shelby County will be a community of safe, healthy, knowledgeable individuals free to live their lives and pursue their dreams.

Service Offerings:

- Blood Pressure Clinic
- Certified Car Seat Technician
- Communicable Disease Education
- Environmental Programs
- Home Health Services
- Immunization Clinic Info & Referral Newborn
- Home Visits
- Office Visits
- Public Health Services
- Vital Records
- WIC

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

Associate Consultant

II. Methodology

c) CHNA and Town Hall Research Process

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

In January a meeting was called by HRHS (6 PSA Counties, MO) to review possible CHNA collaborative options, in collaboration with Marion County Health Department. 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 lead to Hannibal Regional Healthcare System 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:

Hannibal Regional - Define PSA				419843	2016-18	
Zip	City	ST	County	3YR Tot	Accum	%
63401	Hannibal	MO	MARION	127493	30.4%	30.4%
63461	Palmyra	MO	MARION	18717	34.8%	4.5%
63463	Philadelphia	MO	MARION	2107	35.3%	0.5%
63454	Maywood	MO	MARION	1553	35.7%	0.4%
63471	Taylor	MO	MARION	826	35.9%	0.2%
63456	Monroe City	MO	MONROE	33851	44.0%	8.1%
63334	Bowling Green	MO	PIKE	31908	51.6%	7.6%
63353	Louisiana	MO	PIKE	29568	58.6%	7.0%
63468	Shelbina	MO	SHELBY	18934	63.1%	4.5%
63459	New London	MO	RALLS	18755	67.6%	4.5%
63435	Canton	MO	LEWIS	15062	71.2%	3.6%
63469	Shelbyville	MO	SHELBY	6506	72.7%	1.5%
63382	Vandalia	MO	AUDRAIN	5451	74.0%	1.3%
63441	Frankford	MO	PIKE	5369	75.3%	1.3%
63436	Center	MO	RALLS	4990	76.5%	1.2%
63336	Clarksville	MO	PIKE	4685	77.6%	1.1%
63462	Perry	MO	RALLS	4509	78.7%	1.1%

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

Hannibal Regional Healthcare System (MO) - CHNA Work Plan

Wave #3 Project Timeline & Roles 2019

Step	Date	Lead	Task
1	12/8/2018	VVV	Presented CHNA Wave #3 options. Sent to hospital lead.
2	1/17/2019	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	1/25/2019	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	1/25/2019	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	1/25/2019	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	1/25/2019	VVV	Request hospital client to send <u>MHA Patient Origin reports</u> for CCH to document service area for FFY 16, 17, 18 (HIDI key).
7	on or before 2/1/2019	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	2/8/2019 (FRI)	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	2/15/2019	VVV	Launch online survey to stakeholders - Due Date Friday 3/15/19 . Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
10	Feb -March, 2019	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
11	on or before 3/15/2019	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	on or before 3/15/2019	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	4/10/2019	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow.
14	Tuesday, 4/16/2019 (11:30 a.m. - 1:00 p.m.)	VVV	Conduct CHNA Town Hall Lunch session from 11:30-1:00pm at the Rialto Banquet Hall in Hannibal, MO. With community review & discuss basic health data, online feedback and rank health needs.
15	on or before 5/31/2019	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	on or before 6/30/2019	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	July-Aug	Hosp	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, 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 Kansas Hospital Association (KHA), 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.....	Jan 2019
Phase II: Secondary / Primary Research.....	Feb – Mar 2019
Phase III: Town Hall Meeting.....	April 16, 2019
Phase IV: Prepare / Release CHNA report.....	May – Jun 2019

Detail CHNA Development Steps Include:

Development Steps to Create Comprehensive Community Health Needs Assessment	
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, schools, churches, physicians etc.), prepare project quote.</i>
Step # 2 Planning	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold community kick-off meeting.</i>
Step # 3 Secondary Research	<i>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.)</i>
Step # 4a Primary Research - Town Hall prep	<i>Collect community opinions. (quantitative research). Gather stakeholders / community opinions regarding community health needs and healthcare practices.</i>
Step # 4b Primary Research - Conduct Town Hall	<i>Conduct "Conversation with Community" Town Hall (qualitative research). Review secondary & primary data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
Steps # 5 Reporting	<i>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.)</i>
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.


Hannibal Regional Healthcare System (6 County PSA), in collaboration with Marion County Health Department, town hall meeting was held on Tuesday, April 16th, 2019 from 11:30 a.m. to 1:00 p.m. at The Rialto Banquet Hall (601 Broadway, Hannibal, MO 63401). Vince Vandehaar facilitated this 1 ½ hour session with thirty-one (31) attendees. (Note: a detail 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 – Marion County MO**
on behalf of Hannibal Regional Healthcare System
(Counties: Marion, Monroe, Shelby, Ralls, Lewis and Pike)



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

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

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**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 - Associate Consultant

- > University of Wisconsin- Whitewater
- > AMA Chapter President (2 years)



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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

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II. Review CHNA Definition

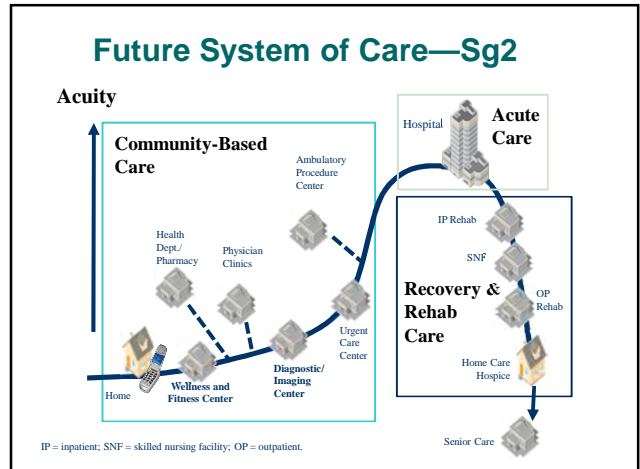
- A Community Health Needs Assessment (CHNA) is a **systematic collection, assembly, analysis, and dissemination of information about the health of the community.** (NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected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

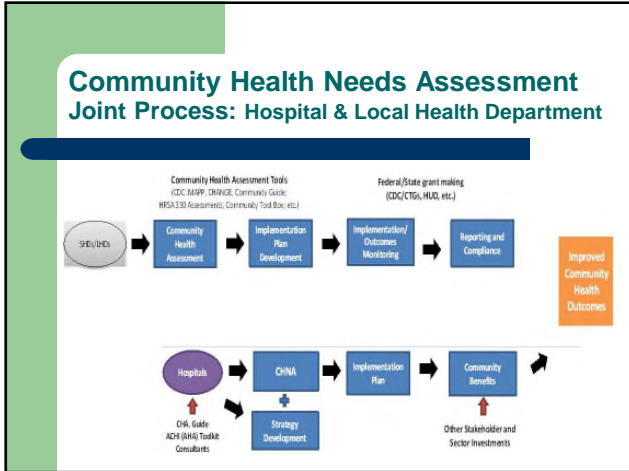
Purpose—Why Conduct a CHNA?

- 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)

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8



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II. IRS Hospital CHNA Written Report Documentation

- a description of the community served
- a description of the CHNA process
- the identity of any and all organizations and third parties which collaborated to assist with the CHNA
- 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
- a **prioritized description of all of the community needs identified by the CHNA** and
- a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

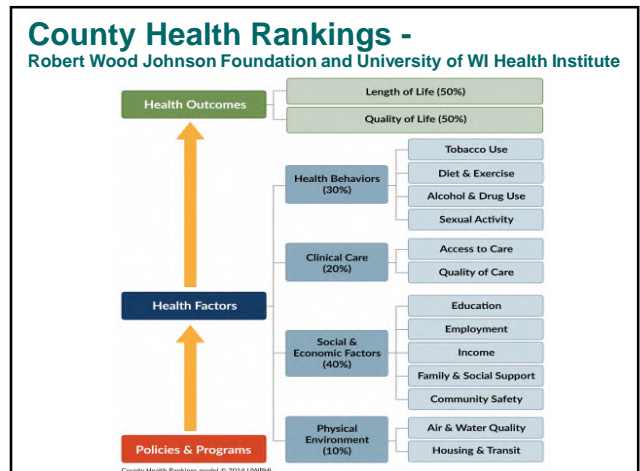
10

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



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1	Physical Environment (10%)	2b	Social and Economic Environment (40%)
Focus Area	Measure	Description	Focus Area
Air and water quality (5%)	Asbestos performance	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	Community safety (5%)
	Drinking water arsenic	Percent of population potentially exposed to water exceeding a violation limit during the past year	Violent crime
			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	
	Driving alone to work	Percent of the workforce that drives alone to work	
	Low commuter-riding alone	Among workers who commute in their car alone, the percent that commutes more than 30 minutes	
2a <td colspan="3">Clinical Care (20%)</td>	Clinical Care (20%)		
Focus Area	Measure	Description	Focus Area
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	Tobacco use
	Primary care physicians	Ratio of population to primary care physicians	Adult smoking
	Dentists	Ratio of population to dentists	Adult obesity
	Mental health	Ratio of population to mental health providers	Diet and exercise (10%)
Quality of care (10%)	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	Food environment index
	Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening	Physical inactivity
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Access to exercise opportunities
			Excessive drinking
			Alcohol-impaired driving deaths
			Sexual activity (5%)
			Teen births
			Morbidity / Mortality
2b <td colspan="3">Social and Economic Environment (40%)</td>	Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Quality of life (50%)
	Some college	Percent of adults aged 25-44 years with some post-secondary education	Poor or fair health (age-adjusted)
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work	Poor physical health days reported in past 30 days (age-adjusted)
	Children in poverty	Percent of children under age 18 in poverty	Poor mental health days reported in past 30 days (age-adjusted)
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Low birthweight
	Children in single-parent households	Percent of children that live in households headed by single parent	Premature death
			Length of life (50%)
			Premature death (age-adjusted)

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IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

- Today:** What are the *strengths* of our community that contribute to health? (White card)
- Today:** Are there healthcare services in your community / neighborhood that you feel *need to be improved and / or changed?* (Color card)
- Tomorrow:** What is occurring or might occur that would affect the "health of our community?"

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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 _____

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Community Health Needs Assessment

Questions; Next Steps?

VVV Consultants LLC
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II. Methodology

d) Community Profile (A Description of Community Served)

Marion County, Missouri Community Profile



The population of Marion County was estimated to be 29,291 citizens in 2018 and a population density of 67 persons per square mile. The major cities in Marion County are Hannibal, Palmyra and Monroe City.

The major highway transportation is by I-72, US-24, US-36, US-61, Route 6 and Route 168.

Marion County Public Airports¹

Name	USGS Topo Map
Cyanamid-Hannibal Heliport	Quincy SW
Hannibal Regional Airport	Hannibal West

¹ <https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29127.cfm>

Lewis County, Missouri Community Profile



The population of Lewis County was estimated to be 10,260 citizens in 2018 and a population density of 20 persons per square mile. The major cities in Lewis County are Canton, La Belle, Lewistown, Monticello, Ewing and La Grange.

The major highway transportation is by U.S. Route 61, Route 6, Route 81 and Route 156.

Lewis County Public Airports¹

Name	USGS Topo Map
Lewis County Regional Airport	Benjamin
Sharpe Farms Airport	La Belle

¹ <https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29111.cfm>

Monroe County, Missouri Community Profile



The population of Monroe County was estimated to be 8,643 citizens in 2018 and a population density of 13 persons per square mile. The major cities in Monroe County are Florida, Holliday, Monroe City, Stoutsville, Goss, Madison and Paris

The major highway transportation is by U.S. Route 24, U.S. Route 36, US-61, Route 15, Route 107 and Route 151.

Monroe County Public Airports¹

Name	USGS Topo Map
Captain Ben Smith Airfield - Airport	Monroe City
Carl Ensor Airport	Granville
Lake Village Airport	Paris West
Samuel L. Clemens Memorial Airport	Paris East

¹ <https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29137.cfm>

Pike County, Missouri Community Profile



The population of Pike County was estimated to be 18,625 citizens in 2018 and a population density of 28 persons per square mile. The major cities in Pike County are Bowling Green, Clarksville, Curryville, Frankford and Louisiana.

The major highway transportation is by U.S. Route 54, U.S. Route 61, Route 79 and Route 161.

Pike County Public Airports¹

Name	USGS Topo Map
Barber Airport	Annada
Bowling Green Municipal Airport	Bowling Green
Mark Twain Air Park	Louisiana
Walker Airport	Ashburn

¹ <https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29163.cfm>

Ralls County, Missouri Community Profile



The population of Ralls County was estimated to be **10,268 citizens** in 2018 and a population density of 22 persons per square mile. The major cities in Ralls County are Center, New London, Perry, Rensselaer, and Hannibal.

The major highway transportation is by Interstate 72, U.S. Route 24, U.S. Route 36, U.S. Route 54, U.S. Route 61, Route 19, Route 79 and Route 154.

Ralls County Public Airports¹

Name	USGS Topo Map
Barron Aviation	Perry NE
Wood Acres Airport	Perry

¹ <https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29173.cfm>

Shelby County, Missouri Community Profile



The population of Shelby County was estimated to be 6,202 citizens in 2018 and a population density of 12 persons per square mile. The major cities in Shelby County are Bethel, Hunnewell, Shelbina, Shelbyville, Clarence and Leonard.

The major highway transportation is by Interstate 72, U.S. Route 36, US-61, Route 15, Route 151 and Route 168.

Shelby County Public Airports¹

Name	USGS Topo Map
Shelby County Airport	Shelbyville

¹ <https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29205.cfm>

Demographic Profile - ERSI (6 Co Detail)										
				Population			Households			Per Capita
Zip	Name	ST	County	YR 2018	YR 2023	Chg.	YR 2018	YR 2023	Size	Inc 18
Marion Co Totals				30,201	30,564	1.2%	11,856	11,978	2.5	28,195
Lewis Co Totals				10,020	9,979	-0.4%	3,803	3,784	2.4	23,036
Monroe Co Totals				9,676	9,570	-1.1%	3,959	3,916	2.4	22,332
Pike Co Totals				18,499	18,442	-0.3%	6,418	6,369	2.5	24,536
Ralls Co Totals				7,750	7,816	0.9%	3,171	3,200	2.5	23,399
Shelby Co Totals				6,732	6,575	-2.3%	2,680	2,608	2.4	21,842
Totals - 6 County				68,396	68,555	0.2%	26,036	26,047	2.5	\$24,525

III. Community Health Status

[VVV Consultants LLC]

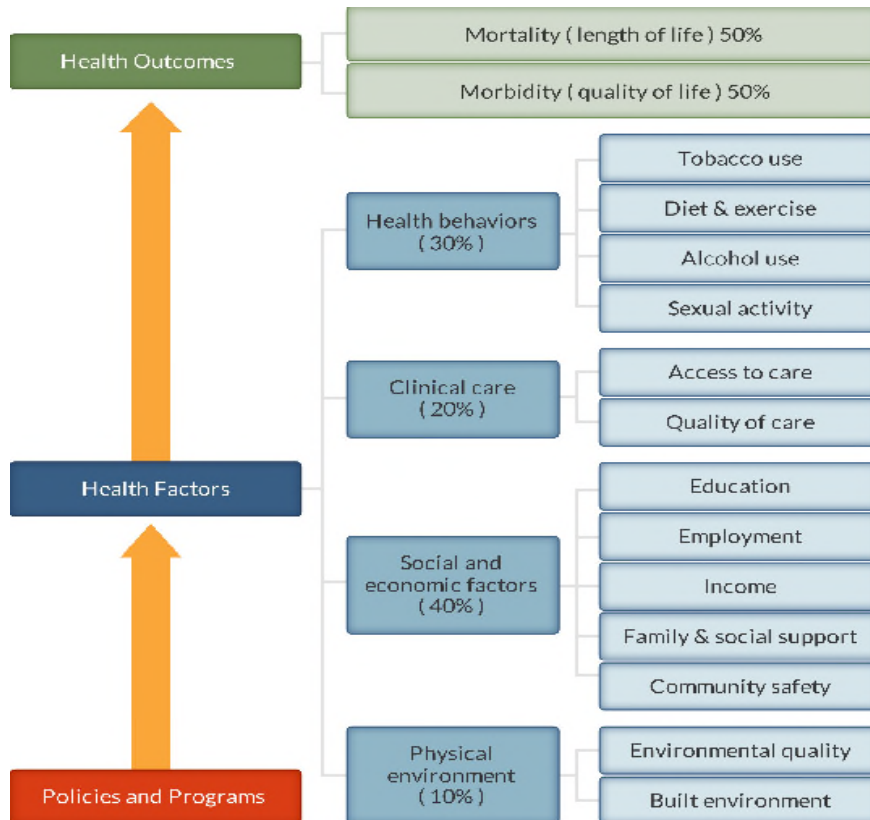
III. Community Health Status

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 participants. 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	Marion Co	NE MO Reg (6 Co) Avg	Rural 20 MO Norms
1	Health Outcomes		51	46	47
	Mortality	Length of Life	42	46	51
	Morbidity	Quality of Life	50	50	44
2	Health Factors		45	40	53
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	90	47	50
	Clinical Care	Access to care / Quality of Care	21	57	65
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	41	34	49
3	Physical Environment	Environmental quality	53	64	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.

#	2019 MO Rankings - 115 Counties	Definitions	NE MO Reg (6 Co) Avg	Marion Co	Lewis Co	Monroe Co	Pike Co	Ralls Co	Shelby Co
1	Health Outcomes		46	51	41	25	54	21	64
	Mortality	Length of Life	46	42	45	25	39	16	83
	Morbidity	Quality of Life	50	50	37	39	62	45	41
2	Health Factors		40	45	44	33	77	19	16
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	47	90	24	24	80	16	18
	Clinical Care	Access to care / Quality of Care	57	21	73	36	97	71	28
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Comm Safety	34	41	60	42	47	13	29
3	Physical Environment	Environmental quality	64	53	15	68	85	97	9

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

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	Marion Co	Trend	NE MO Reg (6 Co) Avg	MO State	Rural 20 MO Norm	Source
1a	a Population estimates, July 1, 2017, (V2017)	28,634		13,671	6,113,532	23,322	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-0.5%		-1.7%	2.1%	-1.3%	People Quick Facts
	c Population per square mile, 2010	66		27	87	37	People Quick Facts
	d Persons under 5 years, percent, July 1, 2017, (V2017)	6.5%		5.8%	6.1%	5.9%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2017	17.6%		19.6%	16.5%	19.8%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	51.3%		49.3%	50.9%	49.2%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	91.5%		94.0%	83.1%	94.2%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017, (V2017)	5.0%		3.5%	11.8%	2.8%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	1.7%		1.8%	4.2%	2.7%	People Quick Facts
	j Foreign born persons, percent, 2013-2017	1.2%		0.9%	4.0%	1.4%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	1.8%		3.2%	6.0%	3.7%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	85.5%		87.5%	84.3%	85.0%	People Quick Facts
	m Children in single-parent households, percent, 2019	40.0%		30.2%	33.0%	29.3%	County Health Rankings
	n Total Veterans, 2013-2017	2,361		1,110	424,605	2,005	People Quick Facts

Tab	Health Indicator	NE MO Reg (6 Co) Avg	Marion Co	Lewis Co	Monroe Co	Pike Co	Ralls Co	Shelby Co	Source
1a	a Population estimates, July 1, 2017, (V2017)	13,671	28,634	9,967	8,612	18,567	10,224	6,021	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-1.7%	-0.5%	-2.4%	-2.6%	0.3%	0.6%	-5.5%	People Quick Facts
	c Population per square mile, 2010	27	66	20	14	28	22	13	People Quick Facts
	d Persons under 5 years, percent, July 1, 2017, (V2017)	5.8%	6.5%	5.7%	5.7%	6.1%	4.9%	6.0%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2017, (V2017)	19.6%	17.6%	18.2%	22.9%	17.2%	20.9%	21.0%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	49.3%	51.3%	50.0%	49.2%	45.0%	49.7%	50.4%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	94.0%	91.5%	94.2%	94.4%	90.1%	96.7%	96.8%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017, (V2017)	3.5%	5.0%	3.2%	2.8%	7.8%	1.4%	0.9%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	1.8%	1.7%	1.8%	1.8%	2.3%	1.3%	2.1%	People Quick Facts
	j Foreign born persons, percent, 2013-2017	0.9%	1.2%	0.8%	0.5%	1.3%	0.9%	0.4%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	3.2%	1.8%	4.1%	4.1%	4.1%	1.3%	4.0%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	87.5%	85.5%	86.2%	89.5%	82.8%	92.5%	88.3%	People Quick Facts
	m Children in single-parent households, percent, 2019	30.2%	40.0%	26.0%	26.0%	31.0%	31.0%	27.0%	County Health Rankings
	n Total Veterans, 2013-2017	1,110	2,361	789	716	1,526	854	415	People Quick Facts

Tab 2 Economic Profile

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

Tab	Health Indicator	Marion Co	Trend	NE MO Reg (6 Co) Avg	MO State	Rural 20 MO Norm	Source
2	a Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$22,662		\$22,497	\$28,282	\$23,290	People Quick Facts
	b Persons in poverty, percent	17.2%		14.7%	13.4%	14.7%	People Quick Facts
	c Total Housing units, July 1, 2017, (V2017)	13,051		6,461	2,792,506	10,685	People Quick Facts
	d Total Persons per household, 2012-2016	2.4		2.4	2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2010-2014	84.0%		80.5%	82.0%	80.3%	County Health Rankings
	f Total of All firms, 2012	2,385		1,050	491,606	1,845	People Quick Facts
	g Unemployment, percent, 2019	3.6%		3.6%	3.8%	4.0%	County Health Rankings
	h Food insecurity, percent, 2019	15.0%		13.7%	15.0%	13.9%	County Health Rankings
	i Limited access to healthy foods, percent, 2019	5.0%		9.8%	7.0%	8.2%	County Health Rankings
	j Long commute - driving alone, percent, 2019	19.0%		30.3%	32.0%	34.4%	County Health Rankings

Tab	Health Indicator	NE MO Reg (6 Co) Avg	Marion Co	Lewis Co	Monroe Co	Pike Co	Ralls Co	Shelby Co	Source
2	a Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$22,497	\$22,662	\$22,083	\$22,255	\$20,947	\$24,687	\$22,349	People Quick Facts
	b Persons in poverty, percent	14.7%	17.2%	16.0%	13.5%	16.4%	9.6%	15.7%	People Quick Facts
	c Total Housing units, July 1, 2017, (V2017)	6,461	13,051	4,543	4,857	7,921	5193	3,203	People Quick Facts
	d Total Persons per household, 2012-2016	2.4	2.4	2.5	2.4	2.4	2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2010-2014	80.5%	84.0%	75.0%	81.0%	81.0%	85.0%	77.0%	County Health Rankings
	f Total of All firms, 2012	1,050	2,385	672	654	1,365	585	637	People Quick Facts
	g Unemployment, percent, 2019	3.6%	3.6%	3.5%	4.4%	3.5%	3.2%	3.5%	County Health Rankings
	h Food insecurity, percent, 2019	13.7%	15.0%	13.0%	14.0%	14.0%	12.0%	14.0%	County Health Rankings
	i Limited access to healthy foods, percent, 2019	9.8%	5.0%	17.0%	6.0%	10.0%	2.0%	19.0%	County Health Rankings
	j Long commute - driving alone, percent, 2019	30.3%	19.0%	45.0%	40.0%	27.0%	26.0%	25.0%	County Health Rankings

Tab 3 Schools Health Delivery Profile

Tab	Health Indicator	Marion Co	Trend	NE MO Reg (6 Co) Avg	MO State	Rural 20 MO Norm	Source
3	a Children eligible for free or reduced price lunch, percent, 2019	53.0%		49.0%	51.0%	54.2%	County Health Rankings
	b Number of Head Start Programs, 2018	6		2	379	3	US Dept of Health & Human Services, Administration for Children & Families, 2018.
	c High school graduate or higher, percent of persons age 25 years+, 2013-2017	88.3%		88.6%	89.2%	87.7%	People Quick Facts
	d Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	20.9%		15.7%	28.2%	17.0%	People Quick Facts

Tab	Health Indicator	NE MO Reg (6 Co) Avg	Marion Co	Lewis Co	Monroe Co	Pike Co	Ralls Co	Shelby Co	Source
3	a Children eligible for free or reduced price lunch, percent, 2019	49.0%	53.0%	43.0%	53.0%	48.0%	44.0%	53.0%	County Health Rankings
	b Number of Head Start Programs, 2018	2	6	1	1	4	1	1	US Dept of Health & Human Services, Administration for Children & Families, 2018.
	c High school graduate or higher, percent of persons age 25 years+, 2013-2017	88.6%	88.3%	88.4%	90.8%	83.6%	89.2%	91.0%	People Quick Facts
	d Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	15.7%	20.9%	14.4%	14.4%	15.5%	13.2%	15.7%	People Quick Facts

The following School Screening data was collected:

#	School Health Indicators	HANNIBAL	MARION CO. R-II	PALMYRA R-I
1	Total # Public School Nurses	8	1	2
2	School Nurse is part of the IEP team	YES	YES	YES
3	School Wellness Plan in place (Active)	YES	YES	YES
4	VISION: # Screened / Referred to Prof / Seen by Professional	1472 / 99	178 / 2 / 2	743 / 31 / 17
5	HEARING: # Screened / Referred to Prof / Seen by Professional	464 / 15	178 / 2 / 2	462 / 4 / 3
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	205 (seen through Clarity Dental Clinic)	98 / 0 / 0	418 / 9 / 16 (seen through Clarity Dental Clinic)
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	Not Required	38 / 0 / 0	137 / 1 / 1
8	# of Students served with no identified chronic health concerns	5,500	177	660
9	School has a suicide prevention program	YES	YES	YES
10	Compliance on required vaccinations (%)	98%	100%	100%

Tab 4 Maternal and Infant Health Profile

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

Missouri Resident Births (MICA)				
County	2015	2016	2017	Trend
Marion Co	398	348	363	
Lewis Co	120	113	125	
Monroe Co	100	112	88	
Pike Co	228	215	223	
Ralls Co	86	101	115	
Shelby Co	72	80	72	
NE MO (6) Totals	1,004	969	986	
Missouri	75,042	74,664	73,017	

Source: DHSS - MOPHIMS - Birth MICA

Tab 4 Maternal and Infant Health Profile (Continued)

Tab	Health Indicator	Marion Co	Trend	NE MO Reg (6 Co) Avg	MO State	Rural 20 MO Norm	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2017 (rate per 100)	75.4%		76.1%	72.5%	73.5%	MOPHIMS
	b Percentage of Preterm Births, 2013-2017 (rate per 100)	10.1%		10.2%	10.4%	9.1%	MOPHIMS
	c Percent of Births with Low Birth Weight, 2013-2017 (rate per 100)	7.7%		8.0%	8.4%	7.3%	MOPHIMS
	d Percent of WIC Infants- Ever Breastfed, percent, 2016 (rate per 100)	70.9%		73.7%	73.0%	74.3%	MOPHIMS
	e Percent of all Births Occurring to Teens (15-17), 2013-2017 (rate per 100)	1.3%		1.2%	1.6%	1.6%	MOPHIMS
	f Percent of Births Occurring to Unmarried (out-of-wedlock) women, 2013-2017 (rate per 100)	41.0%		37.0%	40.2%	37.5%	MOPHIMS
	g Percent of births Where Mother Smoked During Pregnancy, 2013-2017 (rate per 100)	23.5%		19.2%	14.5%	19.4%	MOPHIMS

Tab	Health Indicator	NE MO Reg (6 Co) Avg	Marion Co	Lewis Co	Monroe Co	Pike Co	Ralls Co	Shelby Co	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2017 (rate per 100)	76.1%	75.4%	80.3%	69.3%	70.1%	84.1%	77.5%	MOPHIMS
	b Percentage of Preterm Births, 2013-2017 (rate per 100)	10.2%	10.1%	10.2%	7.5%	11.2%	11.0%	11.5%	MOPHIMS
	c Percent of Births with Low Birth Weight, 2013-2017 (rate per 100)	8.0%	7.7%	8.7%	6.9%	8.0%	9.4%	7.7%	MOPHIMS
	d Percent of WIC Infants- Ever Breastfed, percent, 2016 (rate per 100)	73.7%	70.9%	79.0%	83.7%	62.8%	69.7%	76.0%	MOPHIMS
	e Percent of all Births Occurring to Teens (15-17), 2013-2017 (rate per 100)	1.2%	1.3%	1.7%	1.7%	1.5%	0.6%	0.5%	MOPHIMS
	f Percent of Births Occurring to Unmarried (out-of-wedlock) women, 2013-2017 (rate per 100)	37.0%	41.0%	35.8%	42.5%	39.3%	30.5%	33.0%	MOPHIMS
	g Percent of births Where Mother Smoked During Pregnancy, 2013-2017 (rate per 100)	19.2%	23.5%	20.2%	16.3%	20.1%	20.9%	14.1%	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	Marion Co	Trend	NE MO Reg (6 Co) Avg	MO State	Rural 20 MO Norm	Source
5	a Primary care physicians (MD or DO) (Pop Coverage per), 2019	1,030:1		3,500:1	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.	79		66	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)	71.0%		73.0%	73.0%	65.1%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	69.0%		68.3%	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		42	46	45	CMS Hospital Compare, 10/1/2015-9/30/2016

Tab 5 Hospitalization/Provider Profile (Continued)

Tab	Health Indicator	NE MO Reg (6 Co) Avg	Marion Co	Lewis Co	Monroe Co	Pike Co	Ralls Co	Shelby Co	Source
5	a Primary care physicians (MD or DO) (Pop Coverage per), 2019	3,500:1	1,030:1	5,070:1	2,850:1	3,690:1	5,110:1	NA	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	66	79	82	59	78	43	57	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	73.0%	71.0%	71.0%	69.0%	76.0%	78.0%	73.0%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	68.3%	69.0%	71.0%	66.0%	65.0%	75.0%	64.0%	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)	42	40	45	28	45	55	36	CMS Hospital Compare, 10/1/2015-9/30/2016

#	Inpatient - MHA PO103	Marion Co - ALL IP		
		FFY18	FFY17	FFY16
1	Total Discharges	4,592	4,485	4,238
2	Pediatric Age 0-17	168	162	160
3	Adult Medical/Surgical Age 18-44	463	458	344
4	Adult Medical/Surgical Age 45-64	1,026	1,031	935
5	Adult Medical/Surgical Age 65-74	786	689	669
6	Adult Medical/Surgical Age 75+	1,011	959	897
7	Psychiatric	376	455	399
8	Obstetric	390	376	422
	New Born	372	355	412
#	Inpatient - KHA PO103	Hannibal Reg Only		
		FFY18	FFY17	FFY16
1	Total Discharges	2,148	1,983	1,985
2	Pediatric Age 0-17	23	21	23
3	Adult Medical/Surgical Age 18-44	201	190	128
4	Adult Medical/Surgical Age 45-64	480	482	440
5	Adult Medical/Surgical Age 65-74	379	333	337
6	Adult Medical/Surgical Age 75+	551	498	524
7	Psychiatric	5	3	8
8	Obstetric	262	233	263
9	New Born	247	223	262

Tab 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Marion Co	Trend	NE MO Reg (6 Co) Avg	MO State	Rural 20 MO Norm	Source
6 a	Depression: Medicare Population, percent, 2015	20.7%		16.0%	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)	13.3		13.2	18.5	15.5	World Bank
c	Poor mental health days, 2019	4.3		4.4	4.4	4.4	County Health Rankings

Tab	Health Indicator	NE MO Reg (6 Co) Avg	Marion Co	Lewis Co	Monroe Co	Pike Co	Ralls Co	Shelby Co	Source
6 a	Depression: Medicare Population, percent, 2015	16.0%	20.7%	13.8%	15.6%	17.2%	14.2%	14.2%	Centers for Medicare and Medicaid Services
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	13.2	13.3	NA	11.0	15.4	15.9	10.7	World Bank
c	Poor mental health days, 2019	4.4	4.3	4.5	4.3	4.4	4.2	4.4	County Health Rankings

Tab 7a Health Risk Profiles

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

Tab	Health Indicator	Marion Co	Trend	NE MO Reg (6 Co) Avg	MO State	Rural 20 MO Norm	Source
7a a	Adult obesity, percent, 2019	37.0%		34.5%	32.0%	34.2%	County Health Rankings
b	Adult smoking, percent, 2019	22.0%		21.0%	22.0%	21.1%	County Health Rankings
c	Excessive drinking, percent, 2019	18.0%		17.2%	19.0%	17.0%	County Health Rankings
d	Physical inactivity, percent, 2019	27.0%		27.0%	25.0%	27.9%	County Health Rankings
e	Poor physical health days, 2019	4.5		4.5	4.2	4.5	County Health Rankings
f	Sexually transmitted infections, rate per 100k, 2019	543.6		299.9	507.0	273.9	County Health Rankings

Tab	Health Indicator	NE MO Reg (6 Co) Avg	Marion Co	Lewis Co	Monroe Co	Pike Co	Ralls Co	Shelby Co	Source
7a a	Adult obesity, percent, 2019	34.5%	37.0%	34.0%	34.0%	35.0%	33.0%	34.0%	County Health Rankings
b	Adult smoking, percent, 2019	21.0%	22.0%	21.0%	21.0%	23.0%	18.0%	21.0%	County Health Rankings
c	Excessive drinking, percent, 2019	17.2%	18.0%	17.0%	16.0%	18.0%	17.0%	17.0%	County Health Rankings
d	Physical inactivity, percent, 2019	27.0%	27.0%	24.0%	32.0%	26.0%	28.0%	25.0%	County Health Rankings
e	Poor physical health days, 2019	4.5	4.5	4.5	4.5	4.4	4.3	4.5	County Health Rankings
f	Sexually transmitted infections, rate per 100k, 2019	299.9	543.6	235.1	198.1	267.1	392.3	163.2	County Health Rankings

Tab 7b Health Risk Profiles (Continued)

Tab	Health Indicator	Marion Co	Trend	NE MO Reg (6 Co) Avg	MO State	Rural 20 MO Norm	Source
7b a	Hypertension: Medicare Population, 2015	52.5%		51.4%	54.6%	52.1%	CMS
b	Hyperlipidemia: Medicare Population, 2015	37.9%		38.4%	41.8%	38.2%	CMS
c	Heart Failure: Medicare Population, 2015	16.6%		15.7%	13.7%	13.8%	CMS
d	Chronic Kidney Disease: Medicare Pop, 2015	20.3%		17.0%	18.2%	15.6%	CMS
e	COPD: Medicare Population, 2015	14.7%		14.0%	13.4%	14.5%	CMS
f	Atrial Fibrillation: Medicare Population, 2015	8.5%		8.3%	8.2%	8.6%	CMS
g	Cancer: Medicare Population, 2015	7.2%		7.7%	7.8%	7.3%	CMS
h	Osteoporosis: Medicare Population, 2015	6.3%		5.4%	5.8%	4.6%	CMS
i	Asthma: Medicare Population, 2015	8.7%		7.5%	8.6%	8.1%	CMS
j	Stroke: Medicare Population, 2015	3.7%		3.4%	3.9%	3.7%	CMS

Tab 7b Health Risk Profiles (Continued)

Tab	Health Indicator	NE MO Reg (6 Co) Avg	Marion Co	Lewis Co	Monroe Co	Pike Co	Ralls Co	Shelby Co	Source
7b	a Hypertension: Medicare Population, 2015	51.4%	52.5%	52.2%	52.6%	51.1%	46.8%	53.0%	CMS
	b Hyperlipidemia: Medicare Population, 2015	38.4%	37.9%	39.6%	44.1%	32.2%	39.7%	37.2%	CMS
	c Heart Failure: Medicare Population, 2015	15.7%	16.6%	15.1%	15.6%	17.3%	14.0%	15.6%	CMS
	d Chronic Kidney Disease: Medicare Pop, 2015	17.0%	20.3%	19.7%	12.6%	17.9%	16.5%	14.7%	CMS
	e COPD: Medicare Population, 2015	14.0%	14.7%	15.3%	13.7%	14.1%	13.5%	12.7%	CMS
	f Atrial Fibrillation: Medicare Population, 2015	8.3%	8.5%	9.0%	7.9%	8.8%	8.4%	7.4%	CMS
	g Cancer: Medicare Population, 2015	7.7%	7.2%	7.6%	7.4%	7.7%	8.4%	8.1%	CMS
	h Osteoporosis: Medicare Population, 2015	5.4%	6.3%	5.8%	5.7%	3.8%	4.8%	5.9%	CMS
	i Asthma: Medicare Population, 2015	7.5%	8.7%	7.2%	8.3%	7.7%	7.0%	6.3%	CMS
	j Stroke: Medicare Population, 2015	3.4%	3.7%	2.8%	3.7%	4.2%	2.1%	3.9%	CMS

Tab 8 Uninsured Profiles / Community Invest

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	Marion Co	Trend	NE MO Reg (6 Co) Avg	MO State	Rural 20 MO Norm	Source
8	a Uninsured, percent, 2019	10.0%		11.8%	11.0%	12.3%	County Health Rankings
	b Percent of Insured Pop Receiving Medicaid, 2013-2017	22.5%		18.0%	16.3%	18.9%	US Census Bureau, American Community Survey, 2013-17

Tab	Health Indicator	NE MO Reg (6 Co) Avg	Marion Co	Lewis Co	Monroe Co	Pike Co	Ralls Co	Shelby Co	Source
8	a Uninsured, percent, 2019	11.8%	10.0%	12.0%	13.0%	13.0%	10.0%	13.0%	County Health Rankings
	b Percent of Insured Population Receiving Medicaid, 2013-2017	18.0%	22.5%	13.1%	17.4%	19.7%	14.9%	20.4%	US Census Bureau, American Community Survey, 2013-17

Source: Hospital Internal Records				
	Hannibal Regional Healthcare System	YR 2016	YR 2017	YR 2018
a	Bad Debt	\$7,808,573	\$9,876,627	\$12,162,002
b	Charity Care	\$8,771,605	\$9,094,708	\$8,521,675

Local Health Department Community Support is as follows:

Source: Internal Records - Community Counts		
	Marion County, MO Health Dept Operations	YR 2018
1	Core Community Public Health - Office Visits	1,906
2	Core Communicable Disease Investigation	430
3	Environmental Services	2,400
4	Immunizations - VFC	599
	Immunizations - Vaxcare	390
5	TB Testing	365
6	Pregnancy Testing	110
7	WIC	8,177

Tab 9 Mortality Profile

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

Tab	Health Indicator	Marion Co	Trend	NE MO Reg (6 Co) Avg	MO State	Rural 20 MO Norm	Source
9 a	Life Expectancy for Males, 2014	74.9		75.2	74.9	75.0	World Bank
b	Life Expectancy for Females, 2014	79.1		80.5	80.1	79.9	World Bank
c	Alcohol-impaired driving deaths, percent, 2019	18.0%		16.8%	29.0%	25.3%	County Health Rankings

Tab	Health Indicator	NE MO Reg (6 Co) Avg	Marion Co	Lewis Co	Monroe Co	Pike Co	Ralls Co	Shelby Co	Source
9 a	Life Expectancy for Males, 2014	75.2	74.9	75.2	75.4	75.4	NA	75.2	World Bank
b	Life Expectancy for Females, 2014	80.5	79.1	79.9	81.6	79.5	82.1	80.8	World Bank
c	Alcohol-impaired driving deaths, percent, 2019	16.8%	18.0%	33.0%	0.0%	21.0%	29.0%	0.0%	County Health Rankings

Causes of Death by County of Residence, MO 2016	Marion Co	%	TREND	NE MO Reg (6 Co) Avg	%	State of MO	%
TOTAL	340	100%		966	100%	61,866	100%
Diseases of heart	87	25.6%		255	26.4%	14,818	24.0%
Malignant neoplasms	60	17.6%		199	20.6%	12,969	21.0%
All other diseases	50	14.7%		135	14.0%	9,741	15.7%
Chronic lower respiratory disease	25	7.4%		61	6.3%	3,941	6.4%
Alzheimer's disease	22	6.5%		42	4.3%	2,545	4.1%
Cerebrovascular disease	16	4.7%		51	5.3%	3,159	5.1%
Unintentional injuries	13	3.8%		46	4.8%	3,773	6.1%
Influenza and pneumonia	11	3.2%		27	2.8%	1,280	2.1%
Chronic liver disease and cirrhosis	8	2.4%		26	2.7%	1,606	2.6%
Suicide	7	2.1%		25	2.6%	1,515	2.4%
Chronic liver disease / cirrhosis	6	1.8%		8	0.8%	690	1.1%
Nephritis and nephrosis	6	1.8%		23	2.4%	1,515	2.4%
Septicemia	6	1.8%		17	1.8%	861	1.4%
Essential hypertension	5	1.5%		12	1.2%	700	1.1%
Pneumonitis due to solids and liquids	2	0.6%		2	0.2%	592	1.0%
Congenital anomalies	1	0.3%		8	0.8%	209	0.3%

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

Causes of Death by County of Residence, MO 2016	NE MO Reg (6 Co) Avg	%	Marion Co	%	Lewis Co	%	Monroe Co	%	Pike Co	%	Ralls Co	%	Shelby Co	%
TOTAL	966	100%	340	100%	121	100%	106	100%	204	100%	110	100%	85	100%
Diseases of heart	255	26.4%	87	25.6%	42	34.7%	25	23.6%	60	29.4%	20	18.2%	21	24.7%
Malignant neoplasms	199	20.6%	60	17.6%	19	15.7%	24	22.6%	48	23.5%	28	25.5%	20	23.5%
All other diseases	135	14.0%	50	14.7%	22	18.2%	12	11.3%	20	9.8%	13	11.8%	18	21.2%
Chronic lower respiratory disease	61	6.3%	25	7.4%	4	3.3%	9	8.5%	12	5.9%	6	5.5%	5	5.9%
Cerebrovascular diseases	51	5.3%	16	4.7%	9	7.4%	3	2.8%	15	7.4%	4	3.6%	4	4.7%
Nephritis and nephrosis	23	2.4%	6	1.8%	4	3.3%	3	2.8%	7	3.4%	2	1.8%	1	1.2%
Septicemia	17	1.8%	6	1.8%	1	0.8%	5	4.7%	2	1.0%	1	0.9%	2	2.4%
Suicide	25	2.6%	7	2.1%	4	3.3%	0	0.0%	10	4.9%	3	2.7%	1	1.2%
Unintentional injuries	46	4.8%	13	3.8%	6	5.0%	4	3.8%	11	5.4%	9	8.2%	3	3.5%
Essential hypertension	12	1.2%	5	1.5%	0	0.0%	1	0.9%	0	0.0%	5	4.5%	1	1.2%
Influenza and pneumonia	27	2.8%	11	3.2%	1	0.8%	3	2.8%	3	1.5%	6	5.5%	3	3.5%
Chronic liver disease and cirrhosis	8	0.8%	6	1.8%	0	0.0%	0	0.0%	1	0.5%	0	0.0%	1	1.2%
Alzheimer's disease	42	4.3%	22	6.5%	3	2.5%	3	2.8%	9	4.4%	4	3.6%	1	1.2%
Congenital anomalies	8	0.8%	1	0.3%	2	1.7%	2	1.9%	1	0.5%	1	0.9%	1	1.2%
Diabetes mellitus	26	2.7%	8	2.4%	1	0.8%	8	7.5%	3	1.5%	4	3.6%	2	2.4%
Pneumonitis due to solids and liquids	2	0.2%	2	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

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

Tab 10 Preventive Health 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	Marion Co	Trend	NE MO Reg (6 Co) Avg	MO State	Rural 20 MO Norm	Source
10	a Access to exercise opportunities, percent, 2019	73.0%		40.0%	76.0%	46.0%	County Health Rankings
	b Diabetes monitoring, percent, 2019	47.0%		44.2%	43.0%	39.3%	County Health Rankings
	c Mammography screening, percent, 2019	23.0%		29.5%	44.0%	34.9%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP (Have a regular Doctor), 2016	78.9%		79.4%	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	54.9%		54.7%	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	NA	NA

Tab	Health Indicator	NE MO Reg (6 Co) Avg	Marion Co	Lewis Co	Monroe Co	Pike Co	Ralls Co	Shelby Co	Source
10	a Access to exercise opportunities, percent, 2019	40.0%	73.0%	17.0%	46.0%	46.0%	15.0%	43.0%	County Health Rankings
	b Diabetes monitoring, percent, 2019	44.2%	47.0%	41.0%	47.0%	36.0%	48.0%	46.0%	County Health Rankings
	c Mammography screening, percent, 2019	29.5%	23.0%	28.0%	36.0%	24.0%	30.0%	36.0%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP (Have a regular Doctor), 2016	79.4%	78.9%	83.4%	78.6%	79.3%	84.7%	71.2%	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	54.7%	54.9%	47.7%	56.8%	54.1%	55.7%	59.4%	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	NA	NA	NA	NA	NA

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 HRHS PSA. Response for HRHS PSA online survey equals 270 residents. Below are several charts that review survey demographics.

Chart #1 – HRHS PSA Online Feedback Response N=270

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	Hannibal PSA N=270	Trend	Rural Norms 24 Co N=4,206
Business / Merchant	14.8%		9.6%
Community Board Member	18.7%		8.3%
Case Manager / Discharge Planner	3.9%		1.2%
Clergy	4.5%		1.4%
College / University	3.2%		2.0%
Consumer Advocate	3.2%		1.7%
Dentist / Eye Doctor / Chiropractor	1.9%		0.6%
Elected Official - City/County	1.3%		2.1%
EMS / Emergency	1.3%		2.4%
Farmer / Rancher	9.0%		6.0%
Hospital / Health Dept	25.8%		17.8%
Housing / Builder	0.0%		0.6%
Insurance	1.3%		1.0%
Labor	6.5%		2.4%
Law Enforcement	1.3%		1.6%
Mental Health	8.4%		2.3%
Other Health Professional	24.5%		10.3%
Parent / Caregiver	16.1%		15.2%
Pharmacy / Clinic	1.3%		2.3%
Media (Paper/TV/Radio)	2.6%		0.6%
Senior Care	7.1%		2.7%
Teacher / School Admin	7.7%		5.7%
Veteran	3.9%		2.8%
Unemployed / Other	29.0%		6.5%

Rural 24 Norms Include the following counties: Appanoose IA, Barton, Carroll IA, Cowley, Decatur IA, Edwards, Ellsworth, Fremont IA, Furnas NE, Marion MO, Hays, Hoxie, Jasper IA, Kiowa, Linn, Miami, Nemaha, Osborne, Page IA, Pawnee, Pike MO, Russell, 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?	Hannibal PSA N=270	Trend	Rural Norms 24 Co N=4,206
Top Box %	20.0%		23.1%
Top 2 Boxes %	64.8%		68.2%
Very Poor	1.5%		1.2%
Poor	4.1%		4.8%
Average	29.6%		25.4%
Good	44.8%		45.1%
Very Good	20.0%		23.1%

Chart #3 – Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Hannibal PSA N=270	Trend	Rural Norms 24 Co N=4,206
Increasing - moving up	48.5%		43.4%
Not really changing much	33.7%		38.9%
Decreasing - slipping	9.3%		9.5%

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

CHNA Wave #3		HRHS PSA N=270			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Cost of Healthcare Services	157	76.6%		1
2	Mental Health Services	149	72.7%		2
3	Substance Abuse	120	58.5%		3
4	Insurance Coverage	109	53.2%		4
5	Obesity (Nutrition / Fitness)	101	49.3%		5
6	Provider Collaboration within area	89	43.4%		6
7	Preventive Health (Wellness)	80	39.0%		7
8	Patient Health Education and Accountability	60	29.3%		8

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?	Hannibal PSA N=270	Trend	Rural Norms 24 Co N=4,206
Finance & Insurance Coverage*	24.2%		7.2%
Lack of awareness of existing local programs, providers, and services	14.0%		19.4%
Limited access to mental health assistance	19.2%		17.4%
Elder assistance programs	6.1%		10.1%
Lack of health & wellness education	10.4%		12.0%
Family assistance programs	6.1%		7.7%
Chronic disease prevention	12.6%		10.2%
Case management assistance	4.3%		6.5%
Other (please specify)	3.1%		5.7%

*Note: *Finance & Insurance Coverage Norm is 7 counties.*

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

CHNA Wave #3	Hannibal PSA N=270		Trend	Rural Norms 24 Co N=4,206	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	87.8%	1.5%		86.0%	2.7%
Child Care	60.6%	8.0%		51.0%	12.0%
Chiropractors	64.4%	6.4%		76.9%	4.9%
Dentists	77.2%	5.1%		59.7%	17.0%
Emergency Room	62.6%	8.6%		70.1%	9.6%
Eye Doctor/Optomtrist	75.0%	3.6%		73.9%	8.0%
Family Planning Services	58.4%	9.2%		39.2%	18.3%
Home Health	70.8%	6.3%		56.4%	10.6%
Hospice	73.0%	5.8%		67.6%	7.7%
Inpatient Services	75.3%	7.7%		74.9%	5.9%
Mental Health	18.1%	44.1%		24.5%	36.2%
Nursing Home	35.1%	22.0%		47.3%	17.1%
Outpatient Services	78.9%	3.2%		75.3%	4.4%
Pharmacy	86.7%	3.1%		88.5%	2.4%
Physician Clinics	83.9%	2.6%		79.0%	4.5%
Public Health	53.8%	15.6%		63.1%	6.7%
School Nurse	70.7%	5.4%		61.3%	9.4%
Specialists	67.5%	7.2%		56.9%	13.2%

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)	Hannibal PSA N=270	Trend	Rural Norms 24 Co N=4,206
Early Childhood Development Programs	4.3%		11.1%
Emergency Preparedness	7.5%		8.5%
Food and Nutrition Services/Education	13.4%		13.7%
Health Screenings (asthma, hearing, vision, scoliosis)	11.8%		13.1%
Immunization Programs	3.7%		6.5%
Obesity Prevention & Treatment	24.2%		31.1%
Prenatal / Child Health Programs	4.9%		11.3%
Sexually Transmitted Disease Testing	9.5%		15.1%
Spiritual Health Support	7.0%		11.6%
Substance Use Treatment & Education	29.7%		32.4%
Tobacco Prevention & Cessation Programs	29.3%		27.8%
Violence Prevention	29.5%		31.5%
Women's Wellness Programs	5.4%		15.9%
WIC Nutrition Program	5.0%		6.8%
Poverty / Financial Health	30.1%		32.6%

Chart #8 – Healthcare Delivery “Outside our Community”

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	Hannibal PSA N=270	Trend	Rural Norms 24 Co N=4,206
Yes	46.1%		48.4%
No	25.7%		12.0%
I don't know	28.3%		39.0%

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

Community Health Needs Assessment Wave #3				Specialties:	
In the past 2 years, did you or someone you know receive HC outside of our community?	Hannibal PSA N=270	Trend	Rural Norms 24 Co N=4,206	SPS	CTS
Yes	75.0%		81.1%	CANC	19
No	17.7%		13.9%	ORTH	19
I don't know	7.3%		5.0%	CARD	16
				SURG	15
				SPEC	9
				PEDS	8
				URL	8
				EYE	7
				GAS	7
				NEU	7

Chart #9 – What HC 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?	Hannibal PSA N=270	Trend	Rural Norms 24 Co N=4,206
Abuse/Violence	5.4%	Red	5.5%
Alcohol	4.2%	Yellow	5.2%
Breast Feeding Friendly Workplace	1.2%	White	1.7%
Cancer	3.2%	Yellow	4.1%
Diabetes	4.0%	Yellow	4.2%
Drugs/Substance Abuse	9.6%	Red	9.4%
Family Planning	1.5%	White	2.8%
Heart Disease	4.2%	Yellow	3.2%
Lead Exposure	0.4%	White	0.9%
Mental Illness	10.0%	Red	10.9%
Nutrition	4.8%	White	4.7%
Obesity	5.7%	Red	8.0%
Environmental Health	1.8%	White	1.0%
Physical Exercise	4.7%	Yellow	6.1%
Poverty	6.0%	Red	7.1%
Lung Disease	2.0%	White	1.9%
Sexually Transmitted Diseases	2.0%	White	2.3%
Smoke-Free Workplace	1.4%	White	1.6%
Suicide	7.4%	Red	7.3%
Teen Pregnancy	2.7%	White	3.2%
Tobacco Use	3.7%	Yellow	3.7%
Vaccinations	4.1%	Yellow	2.8%
Water Quality	5.0%	Red	3.5%
Wellness Education	5.0%	Red	6.1%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - NE Missouri Region (6 Counties) YR 2019

Cat	Healthcare Services Offered in Marion, Lewis, Monroe, Pike, Ralls and Shelby, MO Counties	Hospitals	Health Depts.	Others
Clinic	Primary Care	Yes		Yes
Hosp	Alzheimer Center			Yes
Hosp	Ambulatory Surgery Centers	Yes		Yes
Hosp	Arthritis Treatment Center	Yes		Yes
Hosp	Bariatric / Weight Control Services	Yes		Yes
Hosp	Birthing / LDR / LDRP Room	Yes		
Hosp	Breast Cancer / Screening	Yes	Yes	Yes
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery	Yes		
Hosp	Cardiology Services	Yes		
Hosp	Case Management	Yes	Yes	Yes
Hosp	Chaplaincy / Pastoral Care Services	Yes		Yes
Hosp	Chemotherapy	Yes		Yes
Hosp	Colonoscopy	Yes		Yes
Hosp	Crisis Prevention			Yes
Hosp	CT Scanner	Yes		Yes
Hosp	Diagnostic Radioisotope Facility	Yes		
Hosp	Diagnostic / Invasive Catheterization	Yes		
Hosp	Electron Beam Computed Tomography (EBCT)	Yes		
Hosp	Insurance Enrollment Assistance Services	Yes	Yes	Yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	Yes		
Hosp	Fertility Clinic	Yes		
Hosp	Full Field Digital Mammography (FFDM)	Yes		Yes
Hosp	Genetic Testing / Counseling			
Hosp	Geriatric Services	Yes	Yes	Yes
Hosp	Heart	Yes		Yes
Hosp	Hemodialysis	Yes		Yes
Hosp	HIV / AIDS Services		Yes	Yes
Hosp	Image-Guided Radiation Therapy (IGRT)	Yes		
Hosp	Inpatient Acute Care - Hospital Services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	Yes		
Hosp	Intensive Care Unit	Yes		
Hosp	Intermediate Care Unit	Yes		
Hosp	Interventional Cardiac Catheterization	Yes		
Hosp	Isolation room	Yes	Yes	
Hosp	Kidney	Yes		Yes
Hosp	Liver	Yes		Yes
Hosp	Lung	Yes		Yes
Hosp	Magnetic Resonance Imaging (MRI)	Yes		Yes
Hosp	Mammograms	Yes		Yes
Hosp	Mobile Health Services	Yes	Yes	Yes
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes		
Hosp	Multislice Spiral Computed Tomography (64+ slice CT)	Yes		
Hosp	Neonatal			Yes
Hosp	Neurological Services	Yes		Yes
Hosp	Obstetrics / Prenatal	Yes	Yes	Yes
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services	Yes		
Hosp	Orthopedic Services	Yes		Yes
Hosp	Outpatient Surgery	Yes		Yes
Hosp	Pain Management	Yes		Yes
Hosp	Palliative Care Program	Yes		

Inventory of Health Services - NE Missouri Region (6 Counties) YR 2019

Cat	Healthcare Services Offered in Marion, Lewis, Monroe, Pike, Ralls and Shelby, MO Counties	Hospitals	Health Depts.	Others
Hosp	Pediatric	Yes		Yes
Hosp	Physical Rehabilitation	Yes		
Hosp	Positron Emission Tomography (PET)	Yes		Yes
Hosp	Positron Emission Tomography / CT (PET/CT)	Yes		Yes
Hosp	Psychiatric Services			Yes
Hosp	Radiology, Diagnostic	Yes		Yes
Hosp	Radiology, Therapeutic	Yes		
Hosp	Reproductive Health	Yes	Yes	Yes
Hosp	Robotic Surgery			Yes
Hosp	Shaped Beam Radiation System 161	Yes		
Hosp	Single Photon Emission Computerized Tomography (SPECT)	Yes		
Hosp	Sleep Center	Yes		Yes
Hosp	Social Work Services	Yes	Yes	Yes
Hosp	Sports Medicine	Yes		Yes
Hosp	Stereotactic Radiosurgery	Yes		
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services			
Hosp	Trauma Center			Yes
Hosp	Ultrasound	Yes		Yes
Hosp	Women's Health Services	Yes	Yes	Yes
Hosp	Wound Care	Yes	Yes	Yes
SR	Adult Day Care Program	Yes		Yes
SR	Assisted Living	Yes		Yes
SR	Home Health Services	Yes	Yes	Yes
SR	Hospice		Yes	Yes
SR	Long-Term Care		Yes	Yes
SR	Nursing Home Services			Yes
SR	Retirement Housing			Yes
SR	Skilled Nursing Care	Yes		Yes
ER	Emergency Services	Yes		
ER	Urgent Care Center	Yes		Yes
ER	Ambulance Services			Yes
SERV	Alcoholism-Drug Abuse		Yes	Yes
SERV	Blood Donor Center	Yes		Yes
SERV	Chiropractic Services			Yes
SERV	Complementary Medicine Services	Yes		
SERV	Dental Services			Yes
SERV	Fitness Center			Yes
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair (Annual)	Yes	Yes	Yes
SERV	Health Information Center	Yes	Yes	Yes
SERV	Health Screenings	Yes	Yes	Yes
SERV	Meals on Wheels		Yes	Yes
SERV	Nutrition Programs	Yes	Yes	Yes
SERV	Patient Education Center	Yes	Yes	Yes
SERV	Support Groups	Yes	Yes	Yes
SERV	Teen Outreach Services	Yes	Yes	Yes
SERV	Tobacco Treatment / Cessation Program	Yes	Yes	Yes
SERV	Transportation to Health Facilities			Yes
SERV	Wellness Program	Yes	Yes	Yes

**Providers Delivering Care in NE MO Region (6 counties) YR 2019
HRHS - Primary Service Area (6 Counties)**

# of FTE Providers Working in NE MO Region	FTE Physicians		FTE Allied Staff
	PSA-Based DRs	Visiting DRs*	PSA-Based PA / NP
Primary Care:			
Family Practice	33.0	36.3	42.0
Internal Medicine/Geriatrician	7.5		
Obstetrics/Gynecology	6.0	1.0	1.0
Pediatrics	6.0	0.0	2.0
Medicine Specialists:			
Allergy/Immunology			
Cardiology	5.0	2.0	
Dermatology	2.0		4.0
Endocrinology	1.6		
Gastroenterology	3.0		
Oncology/Hematology/Radiology	3.0	2.0	
Infectious Diseases			
Nephrology	1.0	2.0	
Neurology	2.0		
Psychiatry	4.0	1.0	2.0
Pulmonary	3.0		
Rheumatology	1.3		
Surgery Specialists:			
General Surgery/Colon/Oral	7.3		
Neurosurgery			
Ophthalmology	1.0	3.0	
Orthopedics	4.0		
Otolaryngology	2.0		
Plastic/Reconstructive	1.0	1.0	
Thoracic/Cardiovascular/Vascular			
Urology	1.0	1.0	
Hospital Based:			
Anesthesia/Pain	3.0		5.0
Emergency	12.6		
Radiology	4.0		
Pathology	2.0		
Hospitalist	6.0		2.0
Neonatal/Perinatal			
Physical Medicine/Rehab	0.3		
Occupational Medicine	0.5		1.0
Podiatry	3.0		
Chiropractor			
Optometrist	6.0		
Dentist	4.0		
TOTALS	136.1	49.3	59.0

*Total # of FTE Specialists serving community who office outside PSA.

Visiting Specialists to Hannibal Regional - YR 2019

NE MO Region Includes: Marion, Lewis, Monroe, Pike, Ralls and Shelby Counties

<i>Specialty</i>	<i>Physician Name/Group</i>	<i>Office Location</i>	<i>Schedule</i>	<i>Annual Days</i>	<i>FTE</i>	<i>Location of Outreach Clinic</i>
Cardiology	SSM Blessing MO Heart Cardinal Glennon Dr. Arun Venkat	St. Louis, MO Quincy, IL Columbia, MO St. Louis, MO Louisiana, MO	PCMH Weekly As Needed As Needed As Needed	26 Varies Varies Varies		Louisiana, MO Hannibal, MO Hannibal, MO Hannibal, MO
Dermatology	University of MO/Derm	Columbia, MO	As Needed	Varies		Via Telehealth in Hannibal, MO
General Surgeon	Dr. Perll Blessing	Mexico, MO Quincy, IL	Weekly Weekly	26 Varies		Louisiana, MO Hannibal, MO
Hematology / Oncology	MO Cancer Associates	Columbia, MO	As Needed	Varies		Hannibal, MO
Hospitalist	Mercy Virtual	St. Louis, MO	As Needed	Varies		Via Telehealth in Hannibal, MO
Ophthalmology	Dr. Lee Dr. Gira QMG	St. Louis, MO St. Louis, MO St. Louis, MO	Monthly Weekly Daily	12 26 365		Louisiana, MO Hannibal, MO Hannibal, MO
Orthopedic	Dr. Matthew Melander	Louisiana, MO	Daily	365		Louisiana, MO
Pediatrics	Cardinal Glennon Children's Medical Center	St. Louis, MO	As Needed	Varies		Via pediatric TeleED in Hannibal, MO
Pulmonary	Dr. Colbert	Troy, MO	PCMH Bi-Weekly	13		Louisiana, MO
Pain Management	Dr. Vivek Manchada	St. Louis, MO	As Needed	Varies		Louisiana, MO
Anesthesia	Bill Wall, CRNA	Moberly, MO	As Needed	Varies		Louisiana, MO

Health Services Directory Northeast Missouri Region

(Marion, Lewis, Monroe, Pike, Ralls and Shelby, Missouri Counties)

Emergency Numbers

Police / Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

	Sheriff	Ambulance
Lewis	(573) 767-5311	(573) 288-3952
Marion	(573) 221-0678	(573) 769-7023
Monroe	(660) 327-5175	(660) 327-4252
Pike	(573) 324-3335	(573) 735-4112
Ralls	(573) 985-5611	(573) 221-2117
Shelby	(573) 633-2161	(573) 735-4112

Municipal Non-Emergency Numbers

City	County	Police	Fire
Hannibal	Marion	(573) 221-0987	(573) 221-0657
Palmyra	Marion	(573) 769-5540	(573) 769-3411
Monroe City	Monroe	(573) 735-4431	(573) 735-4405
Bowling Green	Pike	(573) 324-3200	(573) 324-5451
Louisiana	Pike	(573) 754-4021	(573) 754-5400
Canton	Lewis	(573) 288-4412	(573) 288-3313
LaGrange	Lewis	(573) 655-4611	
Shelbina	Shelby	(573) 588-0111	

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Hannibal, MO 63401

Gene P Smith, DO
Family Practice
Hannibal Regional Medical Group
Clarksville, MO 63336

Kinim Smith, MD
Rheumatology
North MO Rheumatology Clinic
Hannibal, MO 63401

Mark Snyder, MD
Anesthesiology
Hannibal Regional Hospital
HANNIBAL, MO 63401

Tonya Stamper, NP
Family Practice
Blessing Physician Services

Alan Stoll, DDS MD
Dental
Maxillofacial Surgeons
Hannibal, MO 63401

Mathew Strasser, DO
Internal Medicine
Hannibal Regional Medical Group

Daniel Subisak, MD
Radiology
Hannibal Regional Hospital
Hannibal, MO 63401

Michael Tentori, DO
Family Practice
Hannibal Regional Medical Group
Canton, MO 63435

Reuben Thaker, MD
Family Practice
Clarity Healthcare
Hannibal, MO 63401

Brandi M Thompson, APRN
Pediatrician
Hannibal Clinic
Hannibal, MO 63401

James Thornton, MD
Pediatrician
Hannibal Clinic
Hannibal, MO 63401

Charles H Tillman, MD
Cardiology
Mexico Cardiovascular Group
Mexico, MO 66526

Claudia Timbrook, FNP
Family Practice
Hannibal, MO 63401

Ivan Trinh, MD
OB/GYN
Hannibal Clinic

Robert Troiani, MD
General Surgery
Hannibal Regional Medical Group

Aaron Trone, DO
Family Practice
Eastern Missouri Health Services
Vandalia, MO 63382

Mark Tucker, DO
Family Practice
Hannibal Clinic
Center, MO 63436

Philip Tweedy, MD
Internal Medicine
Hannibal Clinic
Hannibal, MO 63401

Richard P Valuck, MD
Cardiology
Hannibal Regional Medical Group
Hannibal, MO 63401

Mahlon R Vandelden, MD
Otolaryngology
Audrain Medical Center
Mexico, MO 65265

Jeanette Vander Bol, NP
Family Practice
Hannibal Regional Medical Group

Arun Venkat, MD
Cardiology
Eastern Missouri Health Services
Louisiana, MO 63353

Julie Viehmann, DO
OB/GYN
Hannibal Regional Medical Group
Hannibal, MO 63401

Omar Villarroel, MD
Pediatrician
Hannibal Regional Hospital

Susan Voss, FNP
Dermatology
Riverside Dermatology
Hannibal, MO 63401

Stephanie Diane Walker, NP
Family Practice
SSM Health Medical Group
Perry, MO 63462

Lynn Walley, MD
OB/GYN
Hannibal Clinic
Hannibal, MO 63401

Sean Weaver, FNPC
Family Practice
Hannibal Regional Medical Group
Louisiana, MO 63353

Robert Weller, MD
Ophthalmology
Quincy Medical Group
Hannibal, MO 63401

Jeffrey M Wells, DO
Family Practice
Quincy Medical Group
Palmyra, MO 63461

Geoffrey Matthew Westhoff, NP
Psychiatrist
Mark Twain Behavioral Health

James N Wheeler, PA
Dermatology
Riverside Dermatology
Hannibal, MO 63401

Barbara White, DO
Pediatrician
Hannibal Regional Medical Group
Hannibal, MO 63401

Tria K Wilhite, MD
Anesthesiology
North East Missouri Amb Surg Center
Hannibal, MO 63401

Betty Wilson, FNP
Family Practice
SSM Health Medical Group
Paris, MO 65275

Kent Wolber, OD
Optometry
Quincy Medical Group
Hannibal, MO 63401

Rodney L Yager, DO
Family Practice
Hannibal Clinic
Monroe City, MO 63456

Dale Zimmerman, DO
Family Practice
Hannibal Regional Medical Group
Monroe City, MO 63456

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin by Hospital - Inpatient
 Hannibal Regional Hospital - Hannibal, MO
 Federal Fiscal Year: 2016
 Discharge Data Available From 2014 Q 1 through 2019 Q 1
 Kansas Discharge Data Available From 2014 Q 1 through 2019 Q 1

County	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Marion, MO	2,380	49.3%	25	1.1%	138	5.8%	500	21.0%	385	16.2%	673	28.3%	10	0.4%	326	13.7%	323	13.6%	19.2%
Pike, MO	448	9.3%	5	1.1%	19	4.2%	86	19.2%	78	17.4%	99	22.1%	0	0.0%	80	17.9%	81	18.1%	26.6%
Ralls, MO	426	8.8%	3	0.7%	31	7.3%	80	18.8%	103	24.2%	121	28.4%	2	0.5%	45	10.6%	41	9.6%	26.8%
Adams, IL	293	6.1%	1	0.3%	5	1.7%	74	25.3%	85	29.0%	78	26.6%	0	0.0%	26	8.9%	24	8.2%	67.6%
Monroe, MO	282	6.0%	3	1.0%	14	4.8%	80	27.4%	37	12.7%	83	28.4%	1	0.3%	38	13.0%	36	12.3%	25.3%
Pike, IL	218	4.5%	2	0.9%	18	8.3%	28	12.8%	63	28.9%	70	32.1%	1	0.5%	18	8.3%	18	8.3%	39.0%
Lewis, MO	210	4.3%	0	0.0%	8	3.8%	27	12.9%	45	21.4%	63	30.0%	0	0.0%	34	16.2%	33	15.7%	31.0%
Shelby, MO	205	4.2%	1	0.5%	11	5.4%	36	17.6%	35	17.1%	69	33.7%	3	1.5%	25	12.2%	25	12.2%	19.5%
Audrain, MO	86	1.8%	1	1.2%	6	7.0%	14	16.3%	6	7.0%	34	39.5%	0	0.0%	12	14.0%	13	15.1%	23.3%
Clark, MO	72	1.5%	0	0.0%	1	1.4%	18	25.0%	15	20.8%	20	27.8%	0	0.0%	9	12.5%	9	12.5%	44.4%
Hancock, IL	56	1.2%	0	0.0%	0	0.0%	25	44.6%	15	26.8%	16	28.6%	0	0.0%	0	0.0%	0	0.0%	83.9%
7999	18	0.4%	0	0.0%	0	0.0%	7	38.9%	8	44.4%	1	5.6%	0	0.0%	1	5.6%	1	5.6%	61.1%
Knox, MO	17	0.4%	0	0.0%	2	11.8%	0	0.0%	7	41.2%	6	35.3%	0	0.0%	1	5.9%	1	5.9%	52.9%
Lee, IA	9	0.2%	0	0.0%	0	0.0%	1	11.1%	2	22.2%	4	44.4%	0	0.0%	1	11.1%	1	11.1%	68.7%
Brown, IL	9	0.2%	0	0.0%	0	0.0%	5	55.6%	2	22.2%	2	22.2%	0	0.0%	0	0.0%	0	0.0%	77.8%
Montgomery, MO	9	0.2%	0	0.0%	0	0.0%	0	0.0%	2	22.2%	4	44.4%	0	0.0%	2	22.2%	1	11.1%	44.4%
Lincoln, MO	8	0.2%	1	12.5%	0	0.0%	0	0.0%	0	0.0%	2	25.0%	1	12.5%	2	25.0%	2	25.0%	0.0%
St. Louis County, MO	7	0.1%	0	0.0%	1	14.3%	2	28.6%	1	14.3%	1	14.3%	0	0.0%	1	14.3%	1	14.3%	14.3%
9999	5	0.1%	0	0.0%	0	0.0%	1	16.7%	3	50.0%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	33.3%
Calhoun, IL	5	0.1%	0	0.0%	0	0.0%	3	60.0%	0	0.0%	0	0.0%	0	0.0%	1	20.0%	1	20.0%	0.0%
Scotland, MO	5	0.1%	0	0.0%	0	0.0%	0	0.0%	2	40.0%	3	60.0%	0	0.0%	0	0.0%	0	0.0%	60.0%
Other Counties	49	1.0%	0	0.0%	6	12.2%	18	36.7%	9	18.4%	10	20.4%	0	0.0%	4	8.2%	2	4.1%	26.5%
Hospital Total	4,628	100.0%	42	0.9%	260	5.4%	1,005	20.8%	903	18.7%	1,361	28.2%	18	0.4%	626	13.0%	613	12.7%	27.1%

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Patient Origin by Hospital - Inpatient
 Hannibal Regional Hospital - Hannibal, MO
 Federal Fiscal Year: 2017
 Discharge Data Available From 2014 Q 1 through 2019 Q 1
 Kansas Discharge Data Available From 2014 Q 1 through 2019 Q 1

County	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Marion, MO	2,376	48.1%	25	1.1%	224	9.4%	544	22.9%	383	16.1%	649	27.3%	4	0.2%	279	11.7%	268	11.3%	18.2%
Pike, MO	492	10.0%	7	1.4%	26	5.3%	109	22.2%	80	16.3%	98	19.9%	1	0.2%	87	17.7%	84	17.1%	26.6%
Ralls, MO	395	8.0%	11	2.8%	28	7.1%	83	21.0%	84	21.3%	96	24.3%	0	0.0%	47	11.9%	46	11.6%	25.1%
Adams, IL	327	6.8%	0	0.0%	11	3.4%	62	19.0%	103	31.5%	95	29.1%	1	0.3%	28	8.6%	27	8.3%	63.0%
Monroe, MO	296	6.0%	3	1.0%	18	6.1%	63	21.3%	40	13.5%	90	30.4%	1	0.3%	41	13.9%	40	13.5%	23.0%
Shelby, MO	252	5.1%	4	1.6%	15	6.0%	37	14.7%	50	19.8%	86	34.1%	0	0.0%	30	11.9%	30	11.9%	19.4%
Lewis, MO	232	4.7%	3	1.3%	3	1.3%	47	20.3%	49	21.1%	55	23.7%	1	0.4%	38	16.4%	36	15.5%	30.2%
Pike, IL	203	4.1%	3	1.5%	5	2.5%	39	19.2%	39	19.2%	73	36.0%	0	0.0%	23	11.3%	21	10.3%	41.9%
Audrain, MO	102	2.1%	2	2.0%	3	2.9%	22	21.6%	14	13.7%	39	38.2%	1	1.0%	11	10.8%	10	9.8%	24.5%
Clark, MO	54	1.1%	0	0.0%	5	9.3%	21	38.9%	6	14.8%	10	18.5%	1	1.9%	4	7.4%	5	9.3%	70.4%
Hancock, IL	42	0.9%	0	0.0%	2	4.8%	7	16.7%	22	52.4%	9	21.4%	0	0.0%	1	2.4%	1	2.4%	78.6%
Knox, MO	20	0.4%	0	0.0%	0	0.0%	4	20.0%	3	15.0%	11	55.0%	0	0.0%	1	5.0%	1	5.0%	35.0%
St. Charles, MO	13	0.3%	1	7.7%	1	7.7%	1	7.7%	4	30.8%	2	15.4%	0	0.0%	2	15.4%	2	15.4%	0.0%
Adair, MO	12	0.2%	0	0.0%	1	8.3%	4	33.3%	2	16.7%	2	16.7%	1	8.3%	1	8.3%	1	8.3%	58.3%
Lee, IA	10	0.2%	0	0.0%	2	20.0%	4	40.0%	4	40.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	70.0%
Brown, IL	10	0.2%	0	0.0%	2	20.0%	2	20.0%	6	60.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Scotland, MO	10	0.2%	0	0.0%	0	0.0%	1	10.0%	0	0.0%	5	50.0%	0	0.0%	2	20.0%	2	20.0%	40.0%
7999	9	0.2%	0	0.0%	0	0.0%	1	11.1%	5	55.6%	3	33.3%	0	0.0%	0	0.0%	0	0.0%	44.4%
Lincoln, MO	9	0.2%	0	0.0%	0	0.0%	1	11.1%	1	11.1%	1	11.1%	0	0.0%	3	33.3%	3	33.3%	11.1%
Macon, MO	9	0.2%	0	0.0%	1	11.1%	1	11.1%	1	11.1%	0	0.0%	0	0.0%	3	33.3%	3	33.3%	22.2%
Montgomery, MO	7	0.1%	0	0.0%	1	14.3%	1	14.3%	0	0.0%	0	0.0%	0	0.0%	2	28.6%	3	42.9%	42.9%
Other Counties	57	1.2%	0	0.0%	9	15.8%	18	31.6%	13	22.8%	9	15.8%	3	5.3%	4	7.0%	1	1.8%	24.6%
Hospital Total	4,937	100.0%	59	1.2%	357	7.2%	1,072	21.7%	911	18.5%	1,333	27.0%	14	0.3%	607	12.3%	584	11.8%	26.3%

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Patient Origin by Hospital - Inpatient
 Hannibal Regional Hospital - Hannibal, MO
 Federal Fiscal Year: 2018
 Discharge Data Available From 2014 Q 1 through 2019 Q 1
 Kansas Discharge Data Available From 2014 Q 1 through 2019 Q 1

County	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Age 45 - 64		Age 65 - 74		Age 75+		Cases	%	Cases	%	Cases	%	
Marion, MO	2,539	48.8%	24	0.9%	224	8.8%	564	22.2%	441	17.4%	677	26.7%	6	0.2%	310	12.2%	293	11.5%	18.1%
Pike, MO	509	9.7%	5	1.0%	45	8.8%	92	18.1%	80	15.7%	122	24.0%	0	0.0%	85	16.7%	80	15.7%	22.8%
Ralls, MO	414	7.9%	6	1.4%	34	8.2%	90	21.7%	84	20.3%	93	22.5%	1	0.2%	53	12.8%	53	12.8%	22.5%
Monroe, MO	374	7.2%	5	1.3%	13	3.5%	94	25.1%	71	19.0%	119	31.8%	1	0.3%	35	9.4%	36	9.6%	20.3%
Adams, IL	306	5.9%	1	0.3%	14	4.6%	69	22.5%	84	27.5%	92	30.1%	0	0.0%	23	7.5%	23	7.5%	56.2%
Shelby, MO	265	5.1%	5	1.9%	10	3.8%	33	12.5%	58	21.9%	87	32.8%	2	0.8%	38	14.3%	32	12.1%	20.0%
Lewis, MO	231	4.4%	1	0.4%	7	3.0%	45	19.5%	36	15.6%	67	29.0%	0	0.0%	36	15.6%	39	16.9%	29.9%
Pike, IL	197	3.8%	0	0.0%	3	1.5%	43	21.8%	39	19.8%	73	37.1%	0	0.0%	20	10.2%	19	9.6%	32.0%
Audrain, MO	101	1.9%	1	1.0%	8	7.9%	15	14.9%	20	19.8%	41	40.6%	0	0.0%	8	7.9%	8	7.9%	25.7%
Clark, MO	52	1.0%	0	0.0%	1	1.9%	10	19.2%	11	21.2%	13	25.0%	0	0.0%	9	17.3%	8	15.4%	38.5%
Hancock, IL	51	1.0%	0	0.0%	0	0.0%	16	31.4%	21	41.2%	12	23.5%	0	0.0%	1	2.0%	1	2.0%	84.3%
Knox, MO	29	0.6%	0	0.0%	1	3.4%	7	24.1%	8	27.6%	9	31.0%	0	0.0%	2	6.9%	2	6.9%	37.9%
Montgomery, MO	12	0.2%	0	0.0%	0	0.0%	1	8.3%	1	8.3%	5	41.7%	0	0.0%	3	25.0%	2	16.7%	25.0%
Lee, IA	11	0.2%	0	0.0%	2	18.2%	4	36.4%	4	36.4%	1	9.1%	0	0.0%	0	0.0%	0	0.0%	81.8%
7999	11	0.2%	0	0.0%	1	9.1%	2	18.2%	2	18.2%	4	36.4%	0	0.0%	1	9.1%	1	9.1%	45.5%
Brown, IL	11	0.2%	0	0.0%	0	0.0%	3	27.3%	5	45.5%	2	18.2%	1	9.1%	0	0.0%	0	0.0%	63.6%
Macon, MO	11	0.2%	0	0.0%	3	27.3%	3	27.3%	0	0.0%	5	45.5%	0	0.0%	0	0.0%	0	0.0%	27.3%
St. Charles, MO	7	0.1%	0	0.0%	1	14.3%	1	14.3%	1	14.3%	3	42.9%	1	14.3%	0	0.0%	0	0.0%	28.6%
Franklin, MO	7	0.1%	0	0.0%	4	57.1%	0	0.0%	1	14.3%	2	28.6%	0	0.0%	0	0.0%	0	0.0%	28.6%
Adair, MO	7	0.1%	0	0.0%	0	0.0%	3	42.9%	0	0.0%	0	0.0%	0	0.0%	2	28.6%	2	28.6%	28.6%
Scotland, MO	7	0.1%	0	0.0%	0	0.0%	1	14.3%	3	42.9%	3	42.9%	0	0.0%	0	0.0%	0	0.0%	42.9%
Lincoln, MO	6	0.1%	0	0.0%	0	0.0%	4	66.7%	0	0.0%	1	16.7%	0	0.0%	0	0.0%	1	16.7%	33.3%
Other Counties	64	1.2%	1	1.6%	9	14.1%	22	34.4%	5	7.8%	20	31.3%	0	0.0%	4	6.3%	3	4.7%	31.3%
Hospital Total	5,222	100.0%	49	0.9%	380	7.3%	1,122	21.5%	975	18.7%	1,451	27.8%	12	0.2%	630	12.1%	603	11.5%	24.1%

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Hannibal Regional (6 County PSA) CHNA 2019 - Town Hall April 16, 2019 11:30 a.m. to 1:00 p.m. N=31

Category	Attend	Last	First	Title	Company	City	ST	Zip
Healthcare System CEO	1	Ahrens	C. Todd	President & CEO	Hannibal Regional Healthcare System	Hannibal	MO	63401
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	1	Anderson	Betty	Volunteer-RN advocate	Hannibal Free Clinic	Monro City	MO	63456
Directors or staff of health and human services organizations.	1	clark	Allen	Director, Pastoral Care	Hannibal Regional Healthcare System	Hannibal	MO	63401
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	1	Colgrove	Robin	Marketing	Hannibal Regional Healthcare System			
Directors or staff of health and human services organizations.	1	Cooper	Stephanie	CEO	Douglass Community Services	Hannibal	MO	63401
Directors or staff of health and human services organizations.	1	Damron	Denise	Executive Director	United Way of the Mark Twain Area	Hannibal	MO	63401
Directors or staff of health and human services organizations.	1	Dugger	Tom		Families and Communities Together	Hannibal	MO	63401
Healthcare Vice President	1	Dunham	Ann	Compliance Officer	Hannibal Regional Healthcare System	Hannibal	MO	63401
Public health officials/board members	1	Gough	Audrey	Administrator	Shelby County Health Dept	Shelbyville	MO	63469
Community leaders	1	Grogan	Soneeta			Hannibal	MO	63401
Community leaders	1	Hall	Heath	President	Board of Public Works	Hannibal	MO	63401
Healthcare System CEO	1	Harrington	Wendy	CEO Foundation	Hannibal Regional Healthcare System	Hannibal	MO	63401
Law enforcement agencies-Chiefs Police.	1	Hill	Sha-Shona	Probation and Parole Officer II	District 03 Probation and Parole Office	Hannibal	MO	63401
Local colleges and universities	1	Johnson	Wendy	President	Moberly Area Community College	Hannibal	MO	63401
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	1	Keyser	Patrick	Marketing	Hannibal Regional Healthcare System			
Law enforcement agencies-Chiefs Police.	1	Knickerbocker	Kevin	District Administrator	District 03 Probation and Parole Office	Hannibal	MO	63401
Board Member	1	Kurz	Bradley	HRHS Board Member		Hannibal	MO	63401
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	1	Lalande	Dave	Marketing	Hannibal Regional Healthcare System			
Leaders in other not-for-profit health care organizations	1	Lauterbach	Kerri	Service Coordinator	Beth Haven - Company			63401
Healthcare Vice President	1	Leverenz	Julie		Hannibal Regional Healthcare System	Hannibal	MO	63401
Community leaders	1	Maune	Chris	Foundation Dev.				
Public health officials/board members	1	McBride	Jean	Administrator	Marion County Health Department	Hannibal	MO	63401
Public health officials/board members	1	McWilliams	Crystal	RN, PH Supervisor	Marion County Health Department	Hannibal	MO	63401
Individuals with business and economic development experience.	1	Mehaffy	Corey	Director	NEMO Economic Development Council	Hannibal	MO	63401
Political, appointed and elected officials.	1	Nichols	Brian		U.S. Rep Sam Graves' Office			
Local colleges and universities	1	See	Amy	Resource Coordinator/Advisor	MACC	Hannibal	MO	63401
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	1	Swisher	Sara	Marketing	Hannibal Regional Healthcare System			
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	1	Vannoy	Katie	RN/MCH NURSE	Shelby County Health Department	SHELBYVILLE	MO	63469
Healthcare Vice President	1	Wathen	Susan		Hannibal Regional Healthcare System	Hannibal	MO	63401
Foundation Board Member	1	Wetton	Stephen	HRHS Board Member		Hannibal	MO	63401
Directors or staff of health and human services organizations.	1	Wosman	Amanda	Director - Patient Centered Medical Home	Preferred Family Healthcare/Clarity	Hannibal	MO	63401

Hannibal Regional Healthcare System
(Marion County MO) Town Hall Notes
Tuesday, April 16, 2019 11:30 a.m. to 1:00 p.m. N=31

Drugs: Opioids (all ages), Meth, Heroin

Strengths:

- Collaborative Community Partnerships
- Public Health
- Walk-In Services
- Trusted Services in our Community
- Mental Health Services (children and teens)
- Specialty Providers
- Available Providers at Hospital
- JOHEGO App
- Park Systems
- Free Clinic
- Highway Infrastructure - Transportation
- Schools
- Early Childhood Education

Things to Improve:

- Medical Transportation
- Senior Health
- Suicides
- Loneliness
- Family Planning / Support
- Nutrition / Healthy Eating
- Abuse / Violence (Men)
- Communication about Available Healthcare Services
- Health Accountability / Apathy
- Poverty
- Palliative Care
- Smoking (Tobacco use)
- Teen pregnancy
- Chronic Care Management (Diabetes, COPD)
- Mental Health / Depression (Diagnosis, treatment, Aftercare)
- Drug Abuse (Opioid, Meth, Heroin)

Wave #3 CHNA - Hannibal Regional Healthcare System PSA

Town Hall Conversation - Strengths (Color Cards) N= 31

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	Access to multiple services in rural communities	12	FAC	Healthcare facilities
4	ACC	Variety of healthcare choices in community	17	FAC	Facilities
13	ACC	Access to care	24	FAC	Gym access for working out along with parks
14	ACC	Access to care	27	FAC	Access to exercise facilities
26	ACC	Access to healthcare	1	FINA	Amount of charity care decreased from 2017
26	ACC	Diversity of care available (physician practices/specialites offered in area)	17	FINA	Charity care
27	ACC	Access to healthcare	23	FINA	Slide fee scale
29	ACC	Expanding health care access - new doc office	24	FINA	Sliding scales
31	ACC	Access to healthcare - now available in 3 towns	4	FIT	73% access to exercise
7	ALL	Growth of healthcare system	11	HOSP	Hannibal regional hospital improvements and additions to improve services provided
8	BH	MTBA, Clarity	13	HOSP	Strong Hospital
11	BH	Mark Twain Behavioral Health services ner building and services they provide	28	HOSP	Hospital
22	BH	More mental health outpatient than before	30	HOSP	Local hospital
23	BH	Mental health/drug courts - expanded to pike county	26	INSU	Insured % (as MO has Medicaid gap)
24	BH	More mental healthcare services in our area than known MTBH	1	KID	Amount of childrens services isnt as high, again more providers working together
17	CANC	Cancer care	3	KID	Services to school children at public schools
9	CLIN	Non-emergency walk in services	9	KID	Many resources for children and teens
12	CLIN	Free clinic	13	KID	Schools involoved in care
13	CLIN	Plupician clinics	23	KID	Youth services (including substance use)
17	CLIN	Free clinic	24	KID	Youth services
1	CORP	Ability for community to work together to address needs	26	KID	Community initiatives to combat child centered health issues (access to healthcare, food, etc.)
2	CORP	Several health organizations	25	KID	Children on free/reduced lunch, BMI on children in schools
5	CORP	Community involvement - HRF - support/volunteers donations - collaborate - partnerships	5	MRKT	Promotion - promote services/access to local healthcare quality etc.
8	CORP	Human resources	8	MRKT	Community awareness of programs
9	CORP	Collaboration between providers and agencies	18	MRKT	Marketing
14	CORP	Care management	22	MRKT	Public involvement in promoting healthcare initiatives
15	CORP	Community service collaboration	2	NH	Nursing home collaborative
17	CORP	Partner support and community support	25	NUTR	Affordable healthy food
20	CORP	Buisness/community cooperation (needs)	2	OTHR	Staying competitive with services
30	CORP	Work together for goal	5	OTHR	Trust satisfaction - willingness to stay local and seek treatment
23	DENT	Mobile dental unit	15	OTHR	Spiritual support in community
24	DENT	Mobile dental unit - 17 schools	17	OTHR	Spiritual support
2	DOCS	Increased providers being recruited	28	OTHR	Rural area
3	DOCS	Number of health care providers	29	OTHR	Close knit community
6	DOCS	Healthcare providers	29	OTHR	Rural area
8	DOCS	Number of providers	30	OTHR	Independent
10	DOCS	Variety and access to quality healthcare providers with cooperation across entities	30	OTHR	Common sense
11	DOCS	# of providers in our area	31	OTHR	Close knit communities

Wave #3 CHNA - Hannibal Regional Healthcare System PSA

Town Hall Conversation - Strengths (Color Cards) N= 31

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?
12	DOCS	Primary care providers	31	OTHR	Small school districts (2)
16	DOCS	Health services/providers	23	PHAR	340b pharmacy program - inhalers and epipens to schools for little to no cost
18	DOCS	Providers	5	PHY	Programming - senior/physical therapy etc.
19	DOCS	Availability of local care/primary care/providers	23	PHY	Addiction medicine program - outreach
20	DOCS	Good health care available	26	PHY	Access to substanc abuse treatment options
21	DOCS	Good medical options	11	POV	Clarity health - what they provide to low income population such as dental visits to local schools
22	DOCS	Significant amount of medical providers	14	QUAL	Quality care
24	DOCS	Access to healthcare providers	15	QUAL	Quality healthcare - continuing expanding
28	DOCS	Providers	19	QUAL	Quality of facilities and providers
9	DOH	Community health organizations - clarity - preffered family	26	QUAL	Quality of care
10	DOH	Strong community health services that are well develeped	7	REC	Excellent park system - free access!
12	DOH	Public health dept	7	REC	Strong YMCA
13	DOH	Health department	12	REC	Parks/outdoor activities
19	DOH	Continued to expand focus to community health and beyond the medical campus	12	REC	YMCA
27	DOH	Public health	21	REC	Recreation
29	DOH	Schools/health dept great relationship	17	SPEC	# of specialty providers
30	DOH	Public health	23	TEL	Telehealth - integrated school-based
31	DOH	Strong health department - access to services	6	TRAN	Highway infastructure - 61 & I72
25	DOH	Public health - Better	20	VACC	Vaccination/physical programs
23	DRUG	CIT & Opioid consortium	1	WELL	Wide variety of people providing information, not just providers
24	DRUG	Opioid consortium	6	WELL	Educational resources
7	ECON	Economic development initiatives	18	WELL	Education
4	EMER	40 minute emergency room wait	19	WELL	Wellness activities
5	FAC	Facilities - access to services/new technology	20	WELL	Wellness events - Hannibal city, park events
10	FAC	Investment made into quality diagnostic equipment and facilities is much better than comparable rural areas			

Wave #3 CHNA - Hannibal Regional Healthcare System PSA

Town Hall Conversation - Weakness (Color Cards) N= 31

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?
1	ACC	Access to care in more rural communities	28	MRKT	Need positive social/media coverage
29	ALC	Alcohol use	26	NH	Nursing Homes
5	BH	Mental health	1	NUTR	Nutrition impact on health
8	BH	Mental health	2	NUTR	Food insecurities
9	BH	Lack of education for mental health services	7	NUTR	Food insecurities
9	BH	Inpatient menatal health - none	14	NUTR	Access to healthy food/diet/obesity
10	BH	Awareness of outpatient mental health services	16	NUTR	Food insecurities
11	BH	Awareness of mental health services	19	NUTR	Access to healthy food for elderly, disabled, poverty - level, chronically ill
11	BH	Inpatient mental health	31	NUTR	Access to affordable food/healthy food
16	BH	Acess to mental health services	31	NUTR	Nutritionist - health education
17	BH	Mental health provider shortage	3	OBES	Obesity
18	BH	Mental health facilities/beds	10	OBES	Obesity/diabetes
19	BH	Mental health access	17	OBES	Obesity
20	BH	Depression	21	OBES	Obesity issues - access to fitness/wellness
21	BH	Depression - loneliness	26	OBES	Obesity
22	BH	More mental health services	29	OBES	Obesity
24	BH	Behavioral services for seniors	30	OBES	Need data on obesity of all age groups
25	BH	Mental health care	31	OBES	Obesity
26	BH	Mental health	5	OTHR	Palliative care
27	BH	Mental health	6	OTHR	Water quality
29	BH	Mental health	7	OTHR	Apathy
11	CARD	Need an interventional cardiologist	8	OTHR	Family- single/grandparents
7	CHRON	Chronic health issues - coordination of care	9	OTHR	Inappropriate use of medical services
13	CLIN	Increased number of integrated school-based clinics	15	OTHR	Water Quality - 5% too high
3	COMM	Communication	20	OTHR	Healthy lifestyle choices/culture
6	COMM	Communications at the provider level	20	OTHR	Housing
6	COMM	Communications with poor about services offered	29	OTHR	Attitude, accountability
7	COMM	Communicate between entities	19	PHY	Drug treatment/recovery programs
28	COMM	Communications between health care facilities	20	PHY	More PT-centered medical homes in which those with chronic disease are coached
3	CORP	Relationship with competition	4	POV	Poverty as a determinate to health care and health
13	DENT	Increase coverage area for mobile dental unit	5	POV	Assistance to needy
25	DENT	Adult dental care without medicaid that is affordable	6	POV	Poverty - obesity, smoking, transportation, communications
8	DIAB	Diabetes	10	POV	Poverty
14	DIAB	Diabetes prevention, reversal diets	16	POV	Persons in poverty
15	DIAB	diabetes an issue	17	POV	Poverty issues
29	DIAB	Diabetes	20	POV	Poverty
30	DOH	Need to increase knowledge of P.H. to community	27	POV	Poverty
31	DOH	Information about public health	29	POV	Poverty
5	DRUG	Drug problem, meth, heroin	6	SMOK	Smoking education
8	DRUG	Drug abuse	10	SMOK	Reduce smoking in population
9	DRUG	Addressing opioid use	14	SMOK	Tobacco/smoking cessation
15	DRUG	Opioid use too high	15	SMOK	23% smoking while pregnant
17	DRUG	Drug use	15	SMOK	e-cigs with teens
21	DRUG	Drug addiction - treatments?	17	SMOK	Tobacco use
21	DRUG	Drug addiction - treatments?	29	SMOK	Tobacco use

Wave #3 CHNA - Hannibal Regional Healthcare System PSA

Town Hall Conversation - Weakness (Color Cards) N= 31

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?
23	DRUG	Programs designed to lower illegal drug use as a substitute product for lack of access to prescription pain killers	26	SMOK	Smoking while pregnant
24	DRUG	Drug education and treatment	27	STD	STI'S
27	DRUG	Opioids	29	STD	STD
29	DRUG	Opioid	1	SUIC	Lessen the impact of suicide
12	FAC	Location of medical facilities	22	SUIC	Ways to bring suicide numbers down and reach people needing assistance
17	FAM	Family planning/birth rate/STDs/Preg. Education	25	SUIC	Suicide awareness
20	FAM	Family support	8	TPRG	Teen pregnancy
27	FAM	Single parent households	10	TPRG	Teen pregnancy
3	FINA	Costs/prices	7	TRAN	Transportation
7	FINA	\$	24	TRAN	Non-emergency medical transportation
15	FINA	cost of healthcare	25	TRAN	Transportation for all ages
14	FIT	Exercise/physical activity/obesity	30	TRAN	Transportation
31	FIT	Fitness, walking trails	17	VIO	Violence
24	HH	Home health - utilizing all available services PT and OT	21	VIO	Violence/abuse
1	HRT	Heart disease impact	20	VIO	Violence
31	HRT	Heart disease	24	VIO	Domestic/sexual abuse resources
1	INSU	Uninsured/incompensated care	25	VIO	Sexual abuse treatment for males
2	INSU	Barriers to care > ins/uninsured	3	WELL	ED
16	INSU	Access to insurance/underinsured	7	WELL	Education
26	INSU	% of uninsured	14	WELL	Health education
3	MAMO	MAMS	21	WELL	Wellness/preventative education/promotion
26	MAMO	Mammography screening	23	WELL	Education to improve and treat obesity > programs that are affordable and accessible to a wide range of demographics
23	MRKT	marketing of all services to community	28	WELL	Health education
27	MRKT	Knowledge of public health services	31	WELL	Community health classes

c) Public Notice & Requests

[VVV Consultants LLC]

EMAIL Request to HRHS CHNA Stakeholders

(Send via Wendy's Email ... paste message add subject line BCC all stakeholders emails from roster.

From: Wendy Harrington, Foundation President and CEO

Date: February 18, 2019

To: Community Leaders, Providers and Hospital Board / Dept Leaders

Subject: CHNA 2019 Wave #3 Online Feedback Survey

Hannibal Regional Healthcare System is updating the 2016 Community Health Needs Assessment. (*Note:* This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c) (3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years.)

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2016 CHNA report and to collect up-to-date community health perceptions and needs. To accomplish this work, a short online community survey has been developed: https://www.surveymonkey.com/r/MarionCo_CHNA2019

All community residents and healthcare leaders are encouraged to complete the 2019 CHNA Online Feedback Survey by **Friday, March 15th, 2019**. All CHNA responses are confidential. Vince Vandelaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, Kansas) has been retained to conduct this CHNA research.

Thank you in advance for your time and support in participating with this important request. Also, please hold **Tuesday, April 16th** to attend the CHNA Community Town Hall from 11:30-1:00pm at the Rialto Banquet Hall in Hannibal, MO. A light lunch will be provided.

Sincerely,

Wendy Harrington

A discussion about meeting local health needs

By [Trevor McDonald](#)

Hannibal Courier-Post reporter 2/20/19 Posted at 5:30 PM

Hannibal Regional Healthcare System will conduct 2019 Community Health Needs Assessment and host community town hall to discuss findings

Hannibal Regional Healthcare System has been busy sharing this year's Community Health Needs Assessment (CHNA) throughout the community, focusing on how to meet the community's health needs most effectively through local discussion.

Dr. Wendy Harrington, vice president – development at Hannibal Regional, said the assessment helps show trends that evolved from the last study conducted in 2016 and how to implement care for specific areas that might reflect a new trend or an area of growing need. And she said she looks forward to the chance to share the findings of the assessment with community members during the CHNA Community Town Hall from 11:30 a.m. to 1 p.m. Tuesday April 16 at the Rialto Banquet Hall at 603 Broadway.

“We really enjoy doing this study, because we then take the results — we have a Regional Steering committee that is composed of a number of health care leaders and providers and laypeople — then we use that to guide our decision to how we serve our community,” she said. “So it will be interesting to see if we're seeing the same trends, or if we have affected change in some of the areas such as obesity or coordination of care.”

Harrington said that the assessment is a federal requirement for non-profit hospitals like Hannibal Regional, but she stressed that they are taking a leadership role in community health care by opening a regular conversation that helps identify where health needs are greatest.

“Once the findings are done after the town hall meeting, we will review the report — our Regional Steering Committee, which meets quarterly, will then look at where we were, where we want to go, what the community said — and if that needs to alter the programs we’re offering or how we all work together, we will do that to make sure we’re meeting the actual health needs in the community,” she said. “So it’s a great way to get the community and their voice in the delivery of health care in Northeast Missouri.”

Harrington said that the CHNA has been shared throughout the community so far, with about 400 emails being sent out, and partners will help bring that number to at least 500. All community members and healthcare providers are encouraged to complete the brief online survey by Friday, March 15,

at https://www.surveymonkey.com/r/MarionCo_CHNA2019

trevor.mcdonald@courierpost.com

EMAIL Reminder to HRHS Stakeholders

(Send via Wendy's Email ... paste message add subject line BCC all stakeholders' emails from roster.)

From: Wendy Harrington, Foundation President and CEO

Date: March 15, 2019

To: Community Leaders, Providers and Hospital Board / Dept Leaders

Subject: CHNA Town Hall -Tuesday April 16th

To Community Leaders:

Hannibal Regional Healthcare System is updating their Community Health Needs Assessment (CHNA) report. The goal of work is to understand progress in addressing community health needs cited in the 2016 report and to discuss current community health priorities.

To continue this work, a HRHS (Marion County) **Town Hall will be held on Tuesday, April 16th from 11:30 a.m. to 1:00 p.m. at Rialto Banquet Hall at 603 Broadway.** A light lunch will be provided starting at 11:15 a.m.

Please RSVP here if you plan to attend:

https://www.surveymonkey.com/r/HRHS_MarionCo_RSVP2019

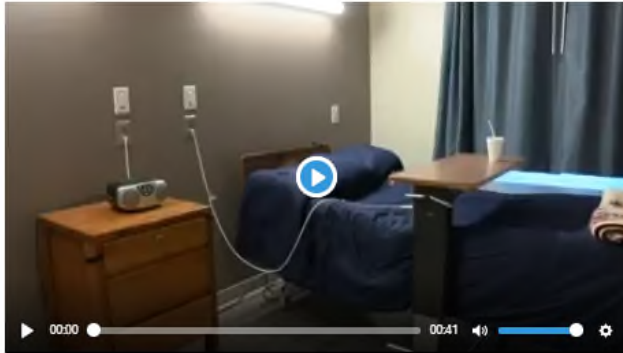
Vince Vandehaar, principal consultant at VVV Consultants LLC from Olathe, Kansas, has been hired to facilitate this meeting. Thank you.

For more information contact: Chris Maune at chris.maune@hannibalregional.org.

Hannibal Regional Healthcare System News PR

Community input needed for health needs assessment survey

4:37 am February 27, 2019 NEWS, TOP STORIES



How do you feel about the healthcare provided in your community?

Well, Hannibal Regional Healthcare System wants to know!

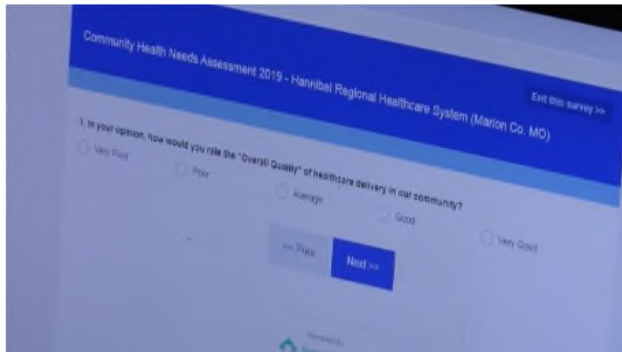
They are asking community residents and healthcare leaders to complete their 2019 CHNA Online Feedback Survey by Friday, March 15 2019.

Results will be used to help update, Hannibal Regional Healthcare System's 2016 Community Health Needs Assessment (CHNA).

"We just think this is a great opportunity to hear from our community, Hannibal Regional is committed to guiding our community to better and when we hear the options of those that use our services it allows us to better serve our whole community," Hannibal Regional Healthcare System VP Of Development Wendy Harrington said.

According to Hannibal Regional officials, all responses are confidential and the survey should take around 5 minutes to complete.

To fill out the survey click here.



WGEM STORMTRAK FORECAST



COLDER AND MOSTLY CLOUDY TODAY, SNOW CHANCES AND FRIGID THIS WEEKEND

February 27, 2019

Cloudy skies are expected this morning with patchy freezing drizzle possible early on. Untreated roads, sidewalks and parking lots may be slippery, so use caution

[Read More >](#)

CONNECT WITH WGEM



TOP STORIES

Oregon man arrested for drug trafficking in Scott Co. Illinois

3 arrested in McDonough Co. for possession of meth

Mom pleads not guilty in connection to deadly house fire

Gavin to be retried, defense wants change of venue

Cigarette causes vehicle fire in Keokuk

Kansas City, MO: Residents Who Drive A JEEP COMPASS Should Check This Out



EVERGLITE

Community input needed for health needs assessment survey

WGEM TV February 27, 2019 How do you feel about healthcare provided in your community? Well, Hannibal Regional Healthcare System wants to know!
<https://wgem.com/2019/02/27/community-input-needed-for-health-needs-assessment-survey/>

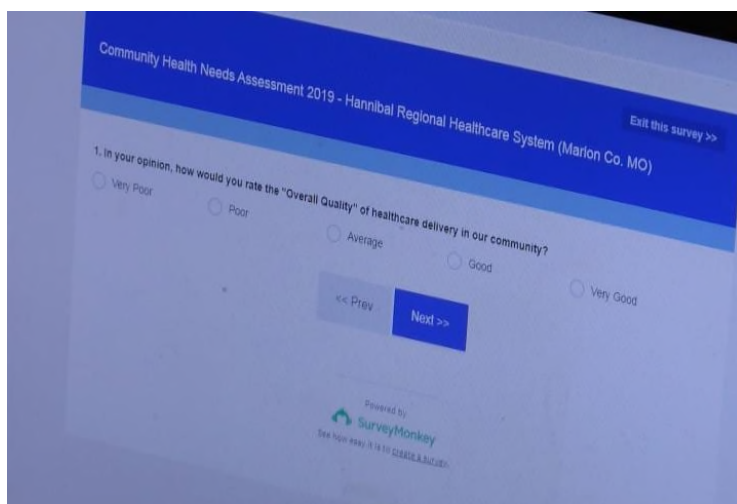
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According to Hannibal Regional officials, all responses are confidential and the survey should take around 5 minutes to complete.

To fill out the survey [click here](#).



d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

CHNA 2019 Community Feedback - HRHS 6 Co MO PSA N=270

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1258	63401	Average	Not really changing much	ACC	INSU		Adequate number of providers in the area with a few exceptions. Problem is access to providers as there is a high rate of low income individuals who struggle to pay \$25 for anything.
1001	63461	Average	Not really changing much	ACC	URL	TRAN	Yes, finding adequate providers. Hannibal only has 1 urologist and he does not accept all patients. In addition transportation for wheelchair bound patients to Quincy is non existent for self pay individuals. There are no resources to get someone to a Quincy doctor if they are wheelchair bound.
1073	63401	Good	Not really changing much	ADD	IP		Addiction counseling, inpatient addiction recovery facilities.
1105	63469	Very Poor	Decreasing - slipping downward	AGE	POV		More care for aging new seniors with low income!!
1083	63401	Very Good	Not really changing much	ALL	BH		More emphasis on wellness for all populations - not just at risk/underserved. More funding, providers, resources for mental health.
1164		Average	Increasing - moving up	BH	ADD		Mental health and addiction resources being more easily accessible and available in more timely, including aftercare programs offered.
1099	63347	Good	Increasing - moving up	BH	CARD		More mental health providers and services in the area. Interventional cardiology provider on staff full time.
1235	63461	Good	Not really changing much	BH	DRUG		Crisis stabilization for persons experiencing a mental health crisis or substance use disorder crisis.
1015	63401	Average	Not really changing much	BH	DRUG	MRKT	Mental Health for all ages! Childhood trauma, mental health assessments in school and appropriate counseling, affordable counseling for all ages. Substance treatment is still lacking. Too many people that Narcan could have changed the outcome. The hospital and the clinic need to do more public information programs that are free and in the community, not just out at their facilities. Many people have transportation issues and going to the West end of town is not possible.
1220		Good	Increasing - moving up	BH	DRUG	DENT	Mental health. Substance abuse. Dental health for those in poverty
1196	63459	Good	Increasing - moving up	BH	DRUG		There always seems to be a need for mental health services and more drug recovering centers.
1249	63435	Good	Increasing - moving up	BH	INSU		Improved access to Mental Health (both inpatient and outpatient) Better acceptance of Missouri Medicaid with for-profit entities (specialties not elsewhere available locally such as orthopedics)
1024	63401	Very Good	Increasing - moving up	BH	INSU	TRAN	Improvement needed around mental health. This issue is difficult for health organizations, due to long-term nature of the disease process and lack of insurance coverage to provide on an ongoing basis for these needs. Ways to continue to engage community partnerships in identifying individuals with health conditions requiring monitoring or treatment, but who forego seeking care due to monetary/transportation restrictions.
1069	63401	Good	Increasing - moving up	BH	INSU		Mental health Cost of healthcare
1207	63336	Good	Not really changing much	BH	IP		Inpatient Mental Health Services accessability
1035	63401	Very Good	Not really changing much	BH	IP		Mental health/inpatient psych
1100	63468	Average	Not really changing much	BH	NUTR		BEHAVIORAL HEALTH, NUTRITIONAL SUPPORT SERVICES, ADOLESCENT HEALTH/WELLNESS
1059	63401	Average	Decreasing - slipping downward	BH	OP		Outpatient mental health care.
1155	63401	Good	Not really changing much	BH	PSY		Mental health care for patients at Hannibal Regional Hospital. No psychiatrist available to assess patients who come to the hospital for mental health reasons. Not enough psychiatrists or treatment programs for the local population.
1130	63401	Average	Not really changing much	BH	TRAN	ACC	Mental health Access to locations-transportation After care-access to services after discharge
1148	63401	Good	Not really changing much	BH	URG		Easier/more access to mental health care and an urgent care center.
1150		Good	Not really changing much	BH	URG		Easier/more access to mental health services. This area needs an urgent care center.
1219	63456	Good	Not really changing much	BH	WAIT	ACC	We need more mental health support. The waiting period for people to receive the proper and timely attention to their deep rooted problems is detrimental to their lives and those close to them. Mental health is an epidemic that needs to be more seriously addressed by medical and mental health professionals nationwide. Our rural area is suffering because of lack in resources and cuts that were made when we lost our psychiatric care with HRH. As a high school counselor that is sad.
1270		Very Good	Increasing - moving up	BH			Behavioral health
1014		Good	Increasing - moving up	BH			mental health
1113	63468	Very Good	Increasing - moving up	BH			Mental health
1179	63461	Good	Increasing - moving up	BH			Mental health
1245	63401	Good	Not really changing much	BH			Mental Health
1248	63501	Good	Increasing - moving up	BH			Mental Health
1101	63401	Average	Increasing - moving up	BH			Mental health facility at hospital needs to be added back.
1212	63456	Average	Not really changing much	BH			Mental health resources need to increase
1224	63401	Average	Not really changing much	BH			Mental Health Services
1225	63401	Very Good	Increasing - moving up	BH			Mental health services
1010	63459	Good	Not really changing much	BH			Mental health services have been lacking for many years. As this affects overall health, it is vital that we offer more opportunities to address mental health issues.
1154	63401	Good	Not really changing much	BH			Mental health.
1189	63401	Good	Increasing - moving up	BH			Mental health

CHNA 2019 Community Feedback - HRHS 6 Co MO PSA N=270

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1216	63401	Very Good	Increasing - moving up	BH			Mental illness
1021	63401	Good	Increasing - moving up	BH			Mental/Behavioral Health needed Mobile Health units in areas of need
1255	63401	Good	Increasing - moving up	BH			Phyc Behavior Health Needs Lacking. Front line care access has improved.
1042	63434	Average	Not really changing much	BH			There is a huge need for Mental Health services
1143	63334	Good	Increasing - moving up	BH			We need mental health counseling services.
1218	63461	Average	Decreasing - slipping downward	BILL			Affordability and an increase in holistic and/or natural practices
1092	63401	Average	Decreasing - slipping downward	BILL			Assistance with medical bills.
1098		Average	Not really changing much	BILL			Billing and pricing of services need to be worked on.
1107		Good	Not really changing much	BILL			High costs in Hannibal vs driving to larger area. Billing takes forever and is inconsistent.
1191	63401	Average	Decreasing - slipping downward	BILL			Prices need to be competitive with the industry in other communities where patients are going for healthcare (Columbia, St. Louis, Quincy, etc.). Healthcare within the community needs to take the focus off of making money & instead move the focus to Caring for the community. Patients shouldn't have to leave the community to "shop" for cheaper care & for healthcare providers that are not using predatory collection practices. Health Care within the community needs to reflect a true non-profit mentality.
1037	63401	Average	Not really changing much	BILL			Pricing for procedure needs to become more transparent.
1203	63401	Good	Increasing - moving up	BILL			Some procedures or tests are to high compared to other areas like St. Louis.
1061	63456	Good	Not really changing much	BILL			The cost of doctor visits is prohibitive for some.
1188	63459	Good	Not really changing much	BILL			We need a clearer comparison of costs for various healthcare services.
1119	62306	Poor	Decreasing - slipping downward	BILL			Yes Contracts between Hospitals, Clinics, Insurance companies, and third party vendors (i.e. Edge Park Medical Supply, and Byrem Medical Supply) need to be eliminated, not just changed These contracts have allowed "price fixing" witch used to be illegal. For example a Dexcom CGM blood sugar monitor, fair market value \$750 to a max of \$1,100 dollars . was billed to insurance for \$5,872 dollars. Things like this NEED CHANGED!!
1029	63401	Average	Decreasing - slipping downward	CARD	ORTH	BH	unreliable cardiology and ICU services; inaccessible Orthopedics services; non-existent mental health services
1229	63401	Good	Not really changing much	CARD	PUL	SPEC	Cardio pulmonary specialists
1246	63436	Average	Increasing - moving up	CARD			cardiac care
1253		Average	Increasing - moving up	CARD			cardiac care
1251	63401	Very Good	Increasing - moving up	CARD			It is disappointing that we haven't had a good interventional cardiologist since Dr. Mikal left.
1141	63401	Very Good	Increasing - moving up	CLIN	QUAL		I used to have a doctor at the Hannibal Clinic. After having a doctor there for some time, I changed to a doctor at the Hannibal Regional Healthcare System. I am very happy with my new doctor. I will never go back to the Hannibal Clinic. I was also told by someone who worked at Hannibal Clinic that they triple book their appointments. That's why it is like an assembly line. It is not like that at all with my new doctor. HRH is going in the correct direction!
1064	63401	Good	Increasing - moving up	CLIN			Demand at the Free Clinic seems quite high -- is it "at capacity"?
1074	63401	Good	Not really changing much	CLIN			The Hannibal Clinic/Blessing connection is ridiculous.
1163	62305	Average	Increasing - moving up	COMM	ACC		Better coordination/communication between providers internally with electronic systems and timely accessibility of services.
1192	63459	Very Poor	Decreasing - slipping downward	COMM	CORP	BILL	Where do we begin.... The entire system has internal communication problems. Everyone is so compartmentalized and the right hand doesn't seem to know what the left hand is doing. You talk a good game with your services offered, but the reality is you can barely provide full care in any category at your facility due to under staffing, under training, and under equipping your departments. You're missing the patient part of the patient-centered care. Not only are services significantly more affordable by going to Columbia or St. Louis, they're also far more consistent and capable in those locations. If it isn't an emergency, why would anyone want less capable services for higher costs? And if it is an emergency, God help the patient! You have to hope services are available, the right doctor is working, and the nursing staff has someone with some real experience (preferably from a more capable system) is working when you have no choice but to go to HRH. Then you have to hope that you will get sent to the most appropriate place to get the longer term care you need. You really should look at better models of healthcare systems (like Mayo) and find practical applications of their principles to improve your services. You can dismiss this as a rant of someone that didn't like their bill (not the case) or whatever justification makes you feel better. However, the reality is there are many better healthcare systems out there for you to model after.
1257		Very Poor	Decreasing - slipping downward	COMM			Better communication between dr and patient. Quicker return calls to pharmacy for refills. Better follow up after surgeries

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1026	63401	Good	Increasing - moving up	COMM			better communication between healthcare buildings, ie: medical group and hospital...often times my information is not forwarded between facilities
1031	63459	Very Good	Increasing - moving up	COMM			Communication between doctor offices and communication between the hospital and Dr. offices.
1166	62363	Average	Decreasing - slipping downward	COMM			Making sure patients are well before sending them home; patients are readmissions because they are being sent home still sick
1044	63401	Good	Increasing - moving up	COMM			More cooperation among all Providers
1080	63334	Very Good	Increasing - moving up	COMM			More emphasis on collaboration and health coaching
1262	63401	Good	Increasing - moving up	COMM			Reaching more patients and encourage them to have regular follow up.
1118	62365	Good	Increasing - moving up	COMM			When I call HRMG, I would really like for the person I am speaking with to identify themselves with the office and their name. All I get is Hannibal regional hospital. It's frustrating when u r calling a specific Dr. Ex: Hannibal regional medical group, Dr imhof's office, this is Christy speaking. How may I help you?
1020	63401	Good	Increasing - moving up	CORP	COMM		a sense of community instead of competition to other facilities.
1109		Good	Increasing - moving up	CORP	COMM		I wish ALL of the buildings could get along together and share information.
1183		Good	Increasing - moving up	CORP	COMM		Improved cooperation between all medical facilities.
1082	63401	Good	Not really changing much	CORP	COMM		The relationship between HRH/HRMG and Hannibal Clinic/Blessing Hosp. is poor at best. That needs a lot of improvement. Probably won't improve until some of the older doctors at the Hannibal Clinic leave!!
1232	63401	Very Good	Increasing - moving up	CORP			Clinic and hospital need to put aside their differences and put the patient first.
1250	63401	Very Good	Increasing - moving up	CORP			Cooperation between all healthcare providers
1111		Average	Not really changing much	CORP			Everyone needs to get along—hrh, blessing, Hannibal clinic, qmg, they need to act as one, they are all here to take care of patients
1081	63459	Good	Not really changing much	CORP			local health providers working better together
1032	63401	Poor	Not really changing much	DENT	BH		Dental care, mental health care
1112	62365	Average	Decreasing - slipping downward	DENT	EYE	SPEC	dental services & vision services & more speciality doctors.
1057	63401	Average	Not really changing much	DENT			Dental care
1030	63463	Good	Increasing - moving up	DIAB	FIT		need to add another diabetic doctor or a nurse practitioner to that office as it takes several months to see the doctor. Also the hospital pushes wellness but will not open a gym for the employees.
1132		Average	Not really changing much	DOCS	QUAL		the dr's own a dme company and are referring patients to themselves to make money for themselves. They aren't obligated to the national starks law since it's considered rural. Patients should be given a choice. And are not being given one
1108	63401	Good	Not really changing much	DOCS			more Dr. so mine doesn't feel rushed so he can see the next person.
1122	62365	Good	Not really changing much	DOCS			yes it needs to clarify if Hannibal clinic doctors are going to be able to continue to practice at the hospital. There is to many stories and drama floating around and is effecting the patients.
1047	63401	Very Good	Increasing - moving up	DRUG	PHAR		We desperately need a Prescription Drug Monitoring Program. In addition to curtailing the chance for more illicit drug trafficking through multiple prescriptions, I feel this is a contributing factor to the heroin, fentanyl and opioid epidemic.
1127		Poor	Decreasing - slipping downward	EMER	BH		Er, mental health,
1268	63401	Average	Decreasing - slipping downward	EMER	COMM	SPEC	Emergency room services Follow up on services Qualified specialists
1065	63456	Average	Not really changing much	EMER	WAIT	QUAL	ER needs to be more patient friendly. No one needs/wants to sit in the ER for 12 hours, nor should they have to wait that long to be seen/diagnosed.
1077		Very Good	Increasing - moving up	EMER	WAIT	ORTH	The Emergency Room reputation and at times it takes too long to get on a doctors schedule specifically orthopedics.
1237	63436	Good	Not really changing much	EMER			Care in the ER by physicians and nurses. They don't seem to do critical thinking.
1071	63401	Average	Increasing - moving up	FAC	ACC		Accessible facility in the downtown area.
1193	63459	Good	Increasing - moving up	HH	COMM	INSU	We need to provide a more robust home health. Continue to look at more integrated ways to communicate with the community. Target the population that are not as fortunate with having insurance or not knowing hoW to obtain resources in the community
1095	63401	Average	Decreasing - slipping downward	HOSP	QUAL		Hospital. The idea of hospitalist isn't working quality of doctors and management of hospital is sad
1240	63401	Average	Decreasing - slipping downward	HOSP			Safe hospital services are lacking.
1223	63435	Average	Not really changing much	HRT	STRK		Better care for patients for heart and stroke health issues.
1085	63401	Average	Not really changing much	INSU	CONF	MRKT	More access for those who are uninsured/under insured, more emphasis on privacy, more community education and learning opportunities, making sure doctors are following up on patient concerns instad of shrugging off whatnthey would consider more minor problems
1256	63401	Very Good	Increasing - moving up	INSU			Insurance discounts offered to employer plans that are commensurate with St. Louis, Columbia and Springfield, IL
1167	63401	Good	Decreasing - slipping downward	IP			There is a continuing growing need for inpatient psych beds in Missouri and especially in our community.
1045	63461	Good	Not really changing much	MAMO			Really hate the person who now reads my mammogram is not in network...Thanks to you not working out a deal in state
1261	63401	Very Good	Increasing - moving up	MAN			Advancement of the reach and mission of HRHS

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1228		Very Good	Increasing - moving up	MAN			Improvement in paperwork systems
1068	52632	Poor	Decreasing - slipping downward	MDLV	IM		Nurse practitioners are NO substitute for internal med specialists - or even MD's or DO's. Our experience has been extremely poor with NP's.
1079	62301	Very Good	Increasing - moving up	MRKT			Clarification of Independence Needed: Folks are very confused with the current adds Blessing is running and think the Hospital was part of that clinic purchase.
1072	63401	Very Good	Increasing - moving up	NEP	NEU	RHE	Need Nephrology, Neurology and a full time Rheumatology
1011		Poor	Decreasing - slipping downward	NEU			Neurology
1243		Good	Increasing - moving up	NURSE			Need better and more nursing facilities.
1128	63401	Average	Increasing - moving up	NURSE			Yes,at the hospital,need more nurses as they always seem to be short staffed.
1200	63459	Good	Increasing - moving up	NUTR	POV		we as a community need to take a bigger step in decreasing the daily hunger that occurs.
1239		Very Good	Increasing - moving up	ORTH			Orthopedics is not up on available treatments
1178	63401	Average	Not really changing much	PEDS			Not enough of certain doctors, like pediaticians.
1039		Very Good	Increasing - moving up	PLAS			Plastic Surgery
1106	63435	Good	Not really changing much	POV	INSU		Help for the working poor. Not able to afford insurance, but work and make too much to get any help. Desperately needing healthcare.
1234	63401	Good	Increasing - moving up	POV			Every patient needs to have someone responsible to support ones with low education levels
1075	65263	Average	Increasing - moving up	POV			More care for the poor.
1205	63456	Average	Not really changing much	PSY	IP		Need psychiatry services and inpatient treatment availability.
1260	63401	Good	Increasing - moving up	PSY	NEU	URL	Psychiatry, Neurology, Urology
1259	63401	Very Good	Increasing - moving up	PSY	OPHT		psychiatry, ophthalmology services
1028	63401	Good	Increasing - moving up	PSY			More psychiatric services/physicians are always needed.
1046	63353	Poor	Decreasing - slipping downward	QUAL	COMM	CONF	You need to quit being so greedy first of all, it is not like you are not making any money. Secondly you need to treat humans with humanity, not as cattle to herd through for as many dollars as you can rack up. People need to be treated with dignity and respect. A lot of nurses are go between, they are the communication between the doctor and the patient and they need to be of much higher quality, pay them better and you will get higher quality. I have heard them gossiping about patients many times. Feel their attitudes about a patient and how they are, are settled before the patient is ever seen, they seem to have too big and influence on the doctors around here. The nurses at PCMH are much better. You also use a lot of Nurse Practitioners who's only interest seems to be in showing off that they are next down from being a true doctor, and throwing their weight around. You get very poor care from them. I think this is where greed comes in for I am sure they and the poor attitude nurses are "lower on the chain" and cost you much less.
1103	63401	Poor	Not really changing much	QUAL			Attitudes of nurses and doctors. Not everybody who walks through those doors is a doctor shopping addict. Except for allergies and common colds once in awhile I am rarely sick. My doctor died several years ago and I didn't get another because I'm rarely sick. I felt as if I were being laughed at and treated like a criminal because of that. Shameful. Nobody should be treated disrespectfully. Ever heard of benefit of the doubt? Maybe those disrespectful people will someday have my problems and be treated as I was. That's called karma, baby.
1017	62360	Good	Increasing - moving up	RHE	SPEC		I see that HRMG is finally going to have a rheumatologist. I think it is important to have full-time specialists that are involved in the community as well as primary medical providers.
1197	63401	Good	Increasing - moving up	RHE			Rheumatology needs to be more prominent.
1040		Very Good	Increasing - moving up	SPEC	CLIN		Continue adding new specialties and partnerships with more well-known clinics in the bigger cities.
1008	63401	Good	Increasing - moving up	SPEC	NEU	URL	More speciality providers, i.e., neurology, urology, etc.
1003	65201	Average	Not really changing much	SPEC	TRAN	ACC	Yes, limited specialists, limited transportation for those in wheelchairs who are not on Medicaid and services are not available in Hannibal. This can effectivley preclude receiving necessary medical services or requires large expenses from transportation services to receive medical care.
1070		Average	Not really changing much	SPEC	TRAV		access to healthcare specialties, 1 may exist, however of their schedule does not allow for timely appointment or if physician does not take new patient, then either patient cannot be seen or must travel a long distance.
1104	62362	Average	Increasing - moving up	SPEC	TRAV		Coordination of patient care when patients are in the hospitals. Lack of access to quality specialists without traveling to St. Louis or Springfield.
1182		Good	Decreasing - slipping downward	SPEC			Need more quality local specialists.
1009	63459	Average	Decreasing - slipping downward	SPEC			Local care is good, but specialist care is in need.
1049		Good	Not really changing much	SS	AGE		specialty services are rarely available to the patient outside of regular business hours.
1242	63459	Good	Increasing - moving up	STRK	CARD		We need a way to coordinate care and social services for senior adults and the disabled when the leave the hospital so they are not readmitted.
							Expand stroke and cardiac care

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1267	63334	Average	Decreasing - slipping downward	SURG	NEU	CORP	More local services are needed for surgical procedures, neurological, etc. A healthy alliance between the clinic and the hospital would be a good start.
1004	63401	Very Good	Increasing - moving up	TELE			Add online appointment scheduling
1093	63459	Very Good	Increasing - moving up	TELE			People, especially younger people, are seeking healthcare through different avenues (virtual, telehealth). We have to keep up with all avenues of healthcare delivery to capture patients across the line span.
1055	63401	Average	Increasing - moving up	TRAU	SPEC	CORP	Some level of trauma center. More specialties made available. Increase level of cooperation in the area.
1129	63461	Very Good	Decreasing - slipping downward	TRAV	INSU		Again having to travel to receive medical treatments, due to insurance not being accepted when purchased locally
1238	63401	Very Good	Not really changing much	URG			Urgent care quality.
1034	63401	Good	Not really changing much	URL	BH	DERM	Would like to see a urologist who works with InterStim implants instead of having to go to Columbia. Would like to see HRMG have on-staff mental health employees, dermatologists, and orthopedists instead of having to go to outside clinics.
1012	63461	Good	Not really changing much	URL	TRAN		Yes, Urology options need to increase in Hannibal. Also transportation options for wheelchair bound patients to Quincy for doctor visits. There are no options if you are not receiving Medicare.
1186	63459	Good	Increasing - moving up	WAIT	EMER		Emergency room - slow
1053	63401	Good	Not really changing much	WAIT			Nurse response time
1185		Good	Increasing - moving up	WAIT			Speed of when you can get into the doctor and then speed of when you are in the office. Seems like we sit for awhile before the doctor comes in.
1252	62305	Poor	Increasing - moving up	WELL	NUTR	EMER	education - I think many people do not understand how important annual & preventative care are for long-term health; education - there is a big gap in our community where it comes to understanding how basic simple changes can drastically improve your health (movement, eating more veggies, eating less fast food, watching less tv, drinking water, avoiding energy drinks), the ER is too quick to Rx pain meds as well, creating a culture of pain med seeking folks - big hand in the opiate crisis
1199	63401	Very Good	Increasing - moving up	WELL			Doctor presented open forums on specific topics always a learning tool.
1138	62343	Good	Increasing - moving up	WELL			Education
1269	63401	Very Good	Increasing - moving up	WELL			wellness programs

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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?
1242	63459	Good	Increasing - moving up	ACC			Expansion of healthcare to those in middle income
1269	63401	Very Good	Increasing - moving up	ACC			expanded services
1225	63401	Very Good	Increasing - moving up	ALL	TRAV		Not sure how to answer but feel we have so much to offer in our rural area currently and there but is always room for improvements. Personally I don't feel a need to seek out STL or Columbia for my healthcare needs but know others do.
1010	63459	Good	Not really changing much	ALL			Rather than looking for "new" programs, the key is to find innovative ways to engage the public and make them see the value of improved health and wellness and how it can lead to a longer and more productive life.
1268	63401	Average	Decreasing - slipping downward	ALL			should work on the ones we have to improve them instead of jumping on "new" ones
1073	63401	Good	Not really changing much	BH	DRUG		Public mental health and substance abuse prevention and intervention programs would be beneficial if available at no charge to the public.
1083	63401	Very Good	Not really changing much	BH	DRUG	NUTR	Something like the Blue Zones that emphasizes a lifestyle of healthier choices and wellness. More mental health and substance abuse resources/programs at all levels.
1178	63401	Average	Not really changing much	BH	DRUG	NUTR	More mental health programs needed, substance abuse assistance needed, nutrition classes with free transportation.
1235	63461	Good	Not really changing much	BH	DRUG		Crisis stabilization for persons experiencing a mental health crisis or substance use crisis.
1026	63401	Good	Increasing - moving up	BH	DRUH		mental health and substance abuse is a huge problem in our community
1212	63456	Average	Not really changing much	BH	EMER		More mental health services for both emergency and long term mental health management
1099	63347	Good	Increasing - moving up	BH	INSU		Increased access and insurance for mental health
1132		Average	Not really changing much	BH	IP		There is definitely a lack of mental health programs in the area. We need an inpatient facility
1013	63537	Very Good	Increasing - moving up	BH	KID		Kirksville needs more Mental Health providers, for children younger than 12 and group sessions as well
1245	63401	Good	Not really changing much	BH	PSY	IP	Mental Health and psychiatric care, especially inpatient
1009	63459	Average	Decreasing - slipping downward	BH			mental health facilities
1025	63401	Good	Increasing - moving up	BH			more mental health
1029	63401	Average	Decreasing - slipping downward	BH			MENTAL HEALTH SERVICES!!!!!!!!!!!!
1042	63434	Average	Not really changing much	BH			Again, more mental health programs are needed. 13 suicides in a small community in 3 years is too many. 1 is too many
1062	63401	Good	Increasing - moving up	BH			Mental health
1074	63401	Good	Not really changing much	BH			Mental Health services
1082	63401	Good	Not really changing much	BH			Mental illness here in Hannibal has been all but forgotten!
1101	63401	Average	Increasing - moving up	BH			Mental health
1113	63468	Very Good	Increasing - moving up	BH			Need mental health facility.
1137	63459	Average	Increasing - moving up	BH			Mental health education
1138	62343	Good	Increasing - moving up	BH			Mental health
1143	63334	Good	Increasing - moving up	BH			Mental Health facilities/counselors are needed. Unsure who to partner with.
1179	63461	Good	Increasing - moving up	BH			Mental Health - perhaps you can partner with MTBH.
1193	63459	Good	Increasing - moving up	BH			Mental health is an issues we are rural and low income with no insurance.
1199	63401	Very Good	Increasing - moving up	BH			Not new, but more emphasis on Mental Health.
1224	63401	Average	Not really changing much	BH			Mental Health
1228		Very Good	Increasing - moving up	BH			Mental health
1246	63436	Average	Increasing - moving up	BH			Mental health programs
1255	63401	Good	Increasing - moving up	BH			Yes Behavior Health
1061	63456	Good	Not really changing much	BILL	CORP		Partnering with current local providers rather than creating new offices and providers seems more cost effective.
1045	63461	Good	Not really changing much	BILL			The problem is you already "partner" with an out of state entity which makes my bill higher.
1106	63435	Good	Not really changing much	BILL			reasonable sliding fee scales. Do it on your own. You can overtake Quincy in a heartbeat.
1122	62365	Good	Not really changing much	BILL			Maybe something that highlights like a program or screenings at a reduced rate. This might help those that are under insured or don't treat as they should do to cost. I know HRMG has programs like this sometimes but I don't think they are advertised very well.
1256	63401	Very Good	Increasing - moving up	BILL			Be more competitive in your rates and discounts with local employer plans.
1186	63459	Good	Increasing - moving up	CANC			early cancer screening
1197	63401	Good	Increasing - moving up	CLIN	INSU		The Free Clinic is working with the uninsured. That could be better supported.

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1046	63353	Poor	Decreasing - slipping downward	CLIN	SS	BILL	Balance!!! I have vestibular problems myself and am amazed at how many people around here also do. A specializing in balance clinic would bring a lot of people here. You need to focus more on what you can provide than trying to, for instance, grab some of the emergency room patients away from PCMH. Also there needs to be more aid. The social services women are real snots and seem to accuse you of trying to rip the system off before they ever meet you. I am told that 80% of the prescriptions the pharmacist fills are not picked up and they think it is because people simply cannot afford medication. I know people who literally pick food one month and medication the other. You advertise your clinic here as being a free one for people who cannot afford services yet the only thing I have heard them offer is half price if you pay in cash at your visit. Many cannot do that.
1105	63469	Very Poor	Decreasing - slipping downward	CLIN			Yes small town clinics!!
1108	63401	Good	Not really changing much	COMM			Support groups, better communication on what is out there for people who may need help.
1119	62306	Poor	Decreasing - slipping downward	CORP	BILL		There needs to be a legally empowered group of doctors, and patients that have the legal ability to Dissolve, fine, jail. and put a stop to any pricing contacts between Dr. Offices, Clinics, Insurance Companies, Medical Equipment Companies, and Pharmacies, or other Health Care agencies.
1024	63401	Very Good	Increasing - moving up	CORP	CHRON		Seek to further strengthen partnerships with other non-profit and faith-based groups to identify ways to improve (or identify those at risk) the health of those with chronic health conditions, who due to poverty or other factors cannot afford to seek care in traditional ways (clinic/hospital).
1080	63334	Very Good	Increasing - moving up	CORP	COMM		Providers need to collaborate to enhance access to resources and services and navigate through healthcare delivery; A diagnostic center with physicians collaborating to render a diagnosis would be useful for those struggling to determine the underlying cause of symptoms
1118	62365	Good	Increasing - moving up	CORP	TRAV		Partnering with someone local would be a huge win for our community. Not someone where I have to drive 2 hours away.
1044	63401	Good	Increasing - moving up	CORP			Community Healthcare Worker Program. Families And Communities Together has a certified Community Healthcare Worker.
1092	63401	Average	Decreasing - slipping downward	CORP			Work more cohesively with local agencies, create a position that focuses on partnerships and collaboration.
1163	62305	Average	Increasing - moving up	CORP			Connecting with churches to see if they have areas of interest among their members to help people in the community ie: reaching out to those who are elderly and/or homebound
1168	62325	Good	Increasing - moving up	CORP			partner w/ Blessing Hospital
1259	63401	Very Good	Increasing - moving up	CORP			larger health networks
1261	63401	Very Good	Increasing - moving up	CORP			Local or regional partnerships do not seem to be a positive concept in the area as those who could partner appear to be motivated by the desire to drive patients away from the system.
1032	63401	Poor	Not really changing much	DENT	POV		Low cost dental clinic
1069	63401	Good	Increasing - moving up	DENT	POV		Dental for the poor
1258	63401	Average	Not really changing much	DIAB			The simple message that diabetes management is crucial for future health. Incredible ignorance of importance of diabetes management and treatment.
1068	52632	Poor	Decreasing - slipping downward	DOCS			Too much "partnering" already - we need to get more MD's and DO's into Keokuk proper.
1081	63459	Good	Not really changing much	DRUG	ADD		there should be more to prevent prescription drug addiction and drug addiction in our community. We should have a prescription drug monitoring program.
1134	63401	Good	Increasing - moving up	DRUG	AGE		More substance abuse education and treatment availability, help for seniors an vs prescription drugs and education on Medicare supplement plans.
1200	63459	Good	Increasing - moving up	DRUG	NUTR	POV	to improve on programs relating to substance abuse, hunger and wellness.
1075	65263	Average	Increasing - moving up	DRUG	POV		Substance abuse; services to the poor.
1203	63401	Good	Increasing - moving up	DRUG	TPRG	OBES	Drug education, Teen pregnancy, Health and Obesity
1017	62360	Good	Increasing - moving up	DRUG			Substance abuse prevention is a big topic. How can we as a community know that it is not always appropriate to give narcotics like candy when a patient leaves the hospital?
1020	63401	Good	Increasing - moving up	DRUG			substance abuse clinic
1047	63401	Very Good	Increasing - moving up	DRUG			An opioid crisis group for family members, survivors, and folks on the journey to recovery.
1189	63401	Good	Increasing - moving up	DRUG			Do more to reduce drug abuse.
1220		Good	Increasing - moving up	DRUG			System to monitor controlled substances
1229	63401	Good	Not really changing much	DRUG			Drug/opioid use and or abuse
1234	63401	Good	Increasing - moving up	DRUG			Drug education
1071	63401	Average	Increasing - moving up	FIT	OBES	REC	Fitness related "meet up" clubs, etc. Weight loss education that offers proven options from reputable but different schools of thought, etc.
1166	62363	Average	Decreasing - slipping downward	IP	BH		Inpatient Mental Health
1167	63401	Good	Decreasing - slipping downward	IP	PSY		Inpatient psych facilities

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1104	62362	Average	Increasing - moving up	MRKT	AGE	ACC	Better information for elderly, access to community health resources-- particularly for prescriptions would be very helpful.
1129	63461	Very Good	Decreasing - slipping downward	MRKT			More media or brochures available so community is more aware of what is provided to improve their health
1237	63436	Good	Not really changing much	NEU			HRHS desperately needs a neurologist.
1093	63459	Very Good	Increasing - moving up	NUTR	FIT	OBES	We need to focus on nutrition and fitness and obesity in the schools as well as in the rest of the community. Partner with YMCA, nutrition centers, schools???
1060	63401	Very Good	Increasing - moving up	NUTR	REC	FIT	More wellness programs with employers is always a plus. Wellness and nutrition programming in the schools starting with the grade schools is important to help kids develop good habits and healthy lifestyles. Perhaps sponsoring more races (runs/cycling) in the community to expose more people to the opportunities. Working with someone like Ultramax to administer the events and the CVB to help promote.
1015	63401	Average	Not really changing much	NUTR	SNUR		More classes in the community regarding healthy food choices and have these classes in the evening for working individuals. FACT has had a couple, but they are during the day and working individuals are unable to attend. Also, make the classes family centered or have different age groups as the focus. The school nurse program is not truly supported by the school well. The school nurses need more substitute nurses for the days a nurse is out instead of having schools without a nurse. Also, they need biannual training so as to develop the role to the level it is capable of being.
1139	63461	Very Good	Not really changing much	NUTR			Partnering with elementary schools to establish healthy habits
1160	63353	Average	Increasing - moving up	NUTR			nutrition specialist
1100	63468	Average	Not really changing much	OBES			WE NEED A PROGRAM TO ADDRESS THE LACK OF RECOGNITION OF OBESITY IN OUR CHILDREN
1079	62301	Very Good	Increasing - moving up	OP			Again : Quincy Medical Group Outpatient possible if approval is not obtained and in patient corporation possibilities.
1103	63401	Poor	Not really changing much	OTHR			I would suggest empathy training along with intensive study of the King James Bible, particularly the parts about how you are to treat others, and the parts about greed. You could partner with local pastors and receive their guidance if you have any questions about the above comments. God is watching.
1181	63401	Good	Increasing - moving up	OTHR			Make individuals take financial literacy courses. Partner with banks to present in LMI areas.
1188	63459	Good	Not really changing much	POV	ACC		I think we need to figure out how to help people living in poverty have access to healthcare.
1021	63401	Good	Increasing - moving up	POV	TRAN		Mobile health access in poverty areas.
1191	63401	Average	Decreasing - slipping downward	PREV	WELL		Public education & outreach; Prevention & Wellness programs; Financial assistance & medical debt reduction programs to encourage the poor to receive health care before it becomes an expensive problem
1077		Very Good	Increasing - moving up	PREV			Wellness and preventive care.
1107		Good	Not really changing much	PREV			Teacher/Childcare worker preventative health programs.
1196	63459	Good	Increasing - moving up	PREV			There needs to be a beneficial, sustainable prevention & wellness program that will engage people to be more receptive and accountable for their health.
1218	63461	Average	Decreasing - slipping downward	PREV			More preventative programs
1155	63401	Good	Not really changing much	PSY	DENT	AGE	1. Psychiatrist available to assess ER patients 2. Low cost dental programs 3. Affordable places for senior citizens to live where neighbors are involved in their lives so they are not isolating and lonely. 4. Volunteers to visit with elderly and mentally ill patients in their homes weekly to assist them with their issues and needs. 5. Adopt a grandparent where families would become actively involved with a senior citizen.
1202	63456	Good	Not really changing much	PSY			Psychiatry
1205	63456	Average	Not really changing much	PSY			Psychiatry services.
1207	63336	Good	Not really changing much	PSY			Need for psychiatric beds. Not sure who hospital can partner with
1192	63459	Very Poor	Decreasing - slipping downward	QUAL			It's probably best if you don't focus on "new" and, instead, focus on the fundamentals of providing quality basic services that are reliable, consistent, & affordable.
1057	63401	Average	Not really changing much	REC	FIT		Walking/running/bicycling/hiking clubs with regular group events.
1059	63401	Average	Decreasing - slipping downward	REC	NUTR		Build multiuse greenway trails. Support a local farmers market.
1052	63401	Good	Increasing - moving up	REC			Family Case Management partnering with the school district, YMCA, Kids in Motion
1219	63456	Good	Not really changing much	SNUR	MRKT		School/healthcare liaison - community resource liaison to educate people in our communities on what resources are available.
1003	65201	Average	Not really changing much	SPEC			Increased availability of specialist (i.e. urology). Resources to meet healthcare needs not met by the community (i.e. handicap access able transportation to medical appointments outside of the community/neighborhood communities).
1262	63401	Good	Increasing - moving up	SPEC			Expand specialty providers.
1130	63401	Average	Not really changing much	STFF			Community health workers

CHNA 2019 Community Feedback - HRHS 6 Co MO PSA N=270

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?
1001	63461	Average	Not really changing much	TRAN	AGE	SPEC	Options for transportation of wheelchair bound patients especially elderly. Often times their doctors are in Quincy and do not have a way to see them there. Especially when seeing a specialist not available in Hannibal.
1012	63461	Good	Not really changing much	TRAN	SPEC		Transportation to our of town appointments for wheelchair bound patients. More specialists.
1031	63459	Very Good	Increasing - moving up	TRAN			We can partner with local churches to try to get volunteers to take patients back and forth for their doctor appointments/treatments.
1112	62365	Average	Decreasing - slipping downward	TRAV			with Barnes and Columbia so you don't have to travel if you have a limited budget.
1240	63401	Average	Decreasing - slipping downward	WELL	ACC		Create a program for all health care providers that centers on patient care, customer service and compassion for all regardless of income and/or insurance.
1037	63401	Average	Not really changing much	WELL	AGE		Community education programs need to be enhanced and hours expanded. Elderly members may not be able to attend evening offerings.
1085	63401	Average	Not really changing much	WELL	BH		More health education programs and mental health programs/groups for every one.
1018	63401	Average	Not really changing much	WELL	DRUG	DOH	education on how to sign up for health insurance, more community outreach programs that are welcoming to ALL, substance abuse programs, Larger/better public health facility and resources.
1065	63456	Average	Not really changing much	WELL	NUTR		Provide more free seminars to the elderly, young mother's, caregivers (i.e.) nutrition, hygiene, medications
1055	63401	Average	Increasing - moving up	WELL			Community health & wellness programs with all segments working together to increase awareness of how to prevent many illnesses & conditions.
1217	63401	Very Good	Increasing - moving up	WELL			Wellness
1252	62305	Poor	Increasing - moving up	WELL			wellness awareness, blue zones education (again! + more), making healthy cool at the schools
1260	63401	Good	Increasing - moving up	WELL			patient Participation and education

Let Your Voice Be Heard!

Hannibal Regional Healthcare System requests your input in order to update their 2016 Community Health Needs Assessment (CHNA). To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery. Survey funded by HRHS.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Friday, March 15th, 2019.

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", is it ...

- 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.

- | | |
|--|--|
| <input type="checkbox"/> Cost of Healthcare Services | <input type="checkbox"/> Patient Health Education and Accountability |
| <input type="checkbox"/> Insurance Coverage | <input type="checkbox"/> Preventive Health (Wellness) |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Provider Collaboration within area |
| <input type="checkbox"/> Obesity (Nutrition / Fitness) | <input type="checkbox"/> Substance Abuse |

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

- | | |
|--|--|
| <input type="checkbox"/> Cost of Healthcare Services | <input type="checkbox"/> Patient Health Education and Accountability |
| <input type="checkbox"/> Insurance Coverage | <input type="checkbox"/> Preventive Health (Wellness) |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Provider Collaboration within area |
| <input type="checkbox"/> Obesity (Nutrition / Fitness) | <input type="checkbox"/> Substance Abuse |

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

- | | |
|---|--|
| <input type="checkbox"/> Health & wellness education | <input type="checkbox"/> Elder assistance programs |
| <input type="checkbox"/> Chronic disease prevention | <input type="checkbox"/> Family assistance programs |
| <input type="checkbox"/> Limited access to mental health assistance | <input type="checkbox"/> Awareness of existing local programs, providers, and services |
| <input type="checkbox"/> Case management assistance | <input type="checkbox"/> 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optomtrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialists/Medical Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty/Financial Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, wellness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal / Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Disease Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment & Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Prevention & Cessation Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.)

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

Other (please specify)

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

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

Other (please specify)

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



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