COMMUNITY HEALTH NEEDS ASSESSMENT

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

JULY 2022

VVV CONSULTANTS LLC
OLATHE, KS

GUIDING YOU TO **BETTER**
Hannibal Regional

Community Health Needs Assessment
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I. Executive Summary

I. Executive Summary

Hannibal Regional Healthcare System – Marion County, MO (6 Co PSA) - 2022 Community Health Needs Assessment (CHNA) Wave #4

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

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

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

a) County Health Area of Future Focus: HRHS Primary Service Area – 6 Counties, MO

Town Hall - "Community Health Improvements Needs"

Hannibal Regional Healthcare System PSA
2022 CHNA Priorities - Unmet Needs
Marion, Lewis, Monroe, Pike, Ralls and Shelby Counties, MO
CHNA Wave #4 Town Hall - May 12, 2022
Primary Service Area (22 Attendees / 88 Total Votes)

#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	**Mental Health** (Diagnosis, Placement, Aftercare, # of Providers)	20	22.7%	23%
2	Available Workforce	13	14.8%	38%
3	Drug / Alcohol Abuse	12	13.6%	51%
4	Access to Child Care	10	11.4%	63%
5	Chronic Diseases (Cardiac, Cancer, Diabetes)	9	10.2%	73%
6	Lack of Insurance / Healthcare Costs	5	5.7%	78%
	Total Votes	88	100%	

Other needs receiving votes: Lack of Respect (Community & Family), Nutrition, HC Transportation, Vaping, Housing, Homelessness, Dental Care, Poverty, Health Education & Wellness, and Prenatal Care Services (5 rural counties)

b) Town Hall CHNA Findings: Areas of Strengths

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

Hannibal MO - Community Health Strengths Recalled			
#	Topic	#	Topic
1	Access to Providers	6	Diversity
2	Quality of Care	7	Free Clinic
3	Collaboration with Providers/Businesses	8	County Health Departments
4	Exercise Opportunities	9	Community Collaboration (Covid)
5	School District (Hannibal)	10	Economic Base with Health Benefits

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 53rd 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 19,228 (based on 2019). Six percent (6.4%) of the population is under the age of 5 and 18.3% is over 65 years old. Hispanic or Latinos make up 1.9% of the population and there are 1.2% of Marion County citizens that speak a language other than English at home. In Marion County, children in single parent households make up 23.5%. There are 2,032 Veterans living in Marion County.

TAB 2. The per capita income in Marion County is $25,069, and 14.3% of the population is in poverty. There is a severe housing problem of 11.8% and an unemployment rate of 3.2%. Food insecurity is 14.4%, and limited access to a store (healthy foods) is 5.4%.

TAB 3. Children eligible for a free or reduced-price lunch is at 50.1% and 88% of students graduate high school while 22.4% 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 82.3%. Births where mothers have smoked during the pregnancy is at 12.8% and the percent of babies that were born prematurely is 10.5%. Seventy-four percent (73.5%) of babies were ever breastfed who are on WIC.

TAB 5. There is one primary care physician per 1,100 people in Marion County. Patients who gave their hospital a rating of 9 or 10 out 10 are 65% and there are 67% of patients who reported Yes, They Would Definitely Recommend the Hospital.

TAB 6. Medicare population getting treated for depression in Marion County is 21.1%. There are 4.9 days out of the year that are poor mental health days.

TAB 7. Thirty-six percent (36.1%) of adults in Marion County are obese (based on 2019), with 33.1% of the population physically inactive. 18.6% of adults drink excessively and 23.7% smoke. The sexually transmitted infections rate per 100,000 is high at 537.8. Heart Failure (17.5%), Chronic Kidney Disease (23.4%), and Osteoporosis (6.7%) risk are all higher than the comparative norm for Marion County.

TAB 8. The adult uninsured rate for Marion County is 9.6%. 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 76,6 for Males and Females. Alcohol-impaired driving deaths are lower than the comparative norm (25%).

TAB 10. Seventy-six percent (73%) of Marion County has access to exercise opportunities and 15% monitor diabetes. Fifty percent (23%) of women in Marion County get annual mammography screenings.

Key CHNA Wave #4 Primary Research Conclusions Found:

Community Feedback from residents, community leaders and providers (N=183) provided the following community insights via an online perception survey:

- Using a Likert scale, 68.4% of CRMC 4 County PSA stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- These stakeholders are satisfied with some of the following services: Ambulance Services and Walk-In Clinic.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health, Cost of Healthcare Services, Drugs / Substance Abuse, Obesity, Poverty, Underinsured / Uninsured, Suicide, Chronic Diseases, Senior Care, and Transportation.

HRHS PSA MO (6) - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Mental Health (Diagnosis, Treatment, Aftercare, Physicians)	113	11.3%		1
2	Cost of Healthcare Services	103	10.3%		2
3	Drug / Substance Abuse	99	9.9%		3
4	Obesity (Nutrition / Exercise)	92	9.2%		4
5	Poverty	85	8.5%		5
6	Underinsured / Uninsured	83	8.3%		6
7	Transportation	58	5.8%		10
8	Smoking / Vaping	56	5.6%		11
9	Suicide	53	5.3%		7
10	Chronic Diseases	46	4.6%		8
11	Senior Care	44	4.4%		9
12	Awareness of Healthcare Services	41	4.1%		13
13	Health Apathy - Owning Your Health	41	4.1%		14
14	Violence / Domestic Abuse	37	3.7%		12
15	Palliative Care	26	2.6%		15
16	Teen Pregnancy	19	1.9%		16
	Totals	996	100.0%		

II. Methodology

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a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

1. A 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 who are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

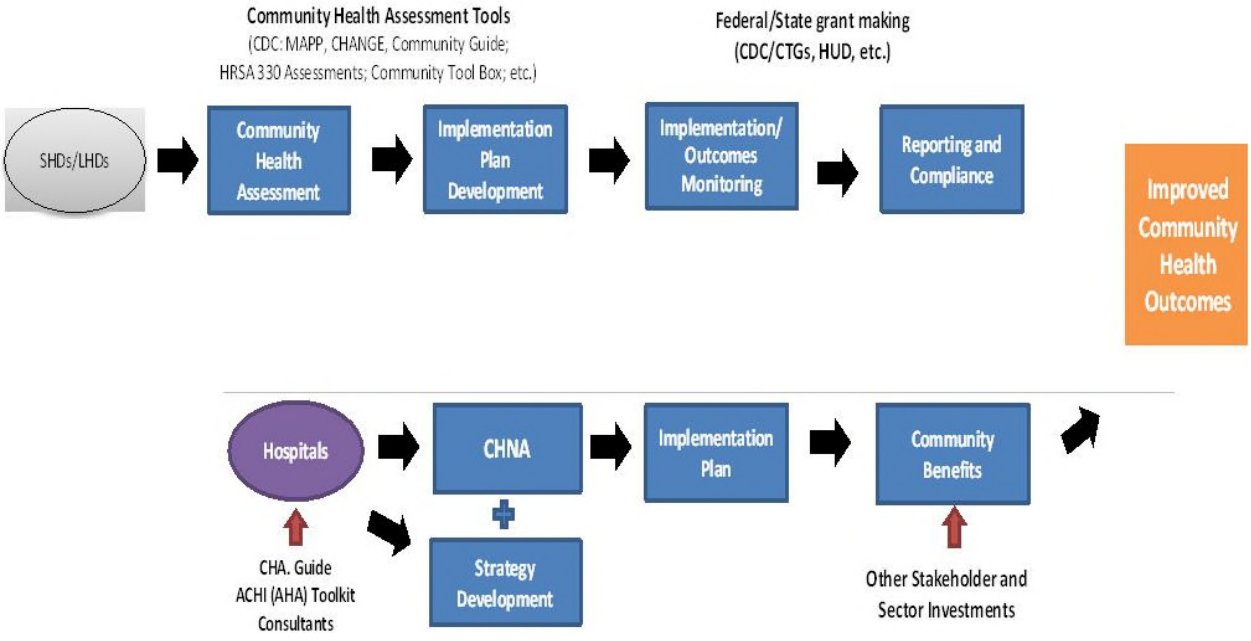
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to "Hospital Organizations"

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

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities 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 complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

Determining the Community Served

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

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals 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 Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0(3) Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

MAPP Process Overview

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

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

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

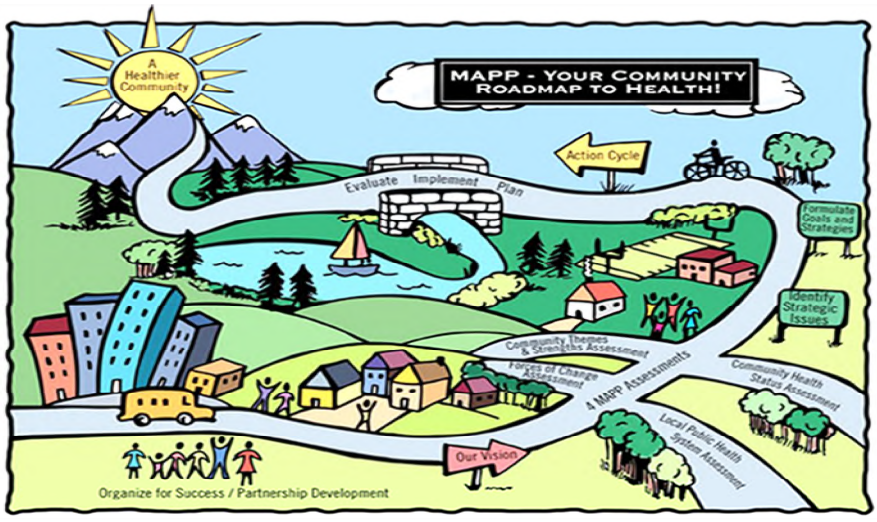
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.

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

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

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

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



Drivers of Health Assessment & Improvement Planning

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

National Voluntary Accreditation Requirements

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

CDC Grant Requirements

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

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

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

Social Determinants of Health

What Are Social Determinants of Health?

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

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

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

II. Methodology
b) Collaborating CHNA Parties

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

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

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

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

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

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

Our Values :

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

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in February of 2022 for Hannibal Regional Healthcare System (HRHS) primary service area in Missouri to meet Federal IRS CHNA requirements.

In early December 2021, a meeting was called amongst the HRHS leaders to review CHNA options in collaboration with the 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 led to the HRHS to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

To ensure proper PSA Town Hall representation (that meets the 80-20 Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Hannibal Regional Healthcare System - Define PSA					Inpatients			Outpatients		
Source: MHA, FFY 2019 - 2021		219,898	Totals - IP/OP		5,359	4,866	5,270	66,751	64,816	72,836
Patient Zip Code	County	3YR TOT	%	Accum	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21
63401-Hannibal, MO	Marion	90,573	41.2%	41.2%	2,277	2,011	2,144	27,902	26,670	29,569
63456-Monroe City, MO	Monroe	14,676	6.7%	47.9%	313	287	311	4,554	4,273	4,938
63459-New London, MO	Ralls	12,718	5.8%	53.6%	274	264	281	3,647	3,847	4,405
63461-Palmyra, MO	Marion	11,718	5.3%	59.0%	312	277	323	3,726	3,261	3,819
63334-Bowling Green, MO	Pike	9,802	4.5%	63.4%	266	223	295	2,696	2,921	3,401
63468-Shelbina, MO	Shelby	8,917	4.1%	67.5%	166	139	131	2,788	2,726	2,967
63353-Louisiana, MO	Pike	6,471	2.9%	70.4%	174	172	142	1,946	1,832	2,205
63382-Vandalia, MO	Ralls	5,806	2.6%	73.1%	135	174	184	1,578	1,806	1,929
63435-Canton, MO	Lewis	4,632	2.1%	75.2%	89	88	50	1,585	1,315	1,505
63436-Center, MO	Ralls	4,352	2.0%	77.2%	110	108	131	1,325	1,188	1,490
63441-Frankford, MO	Pike	3,043	1.4%	78.5%	62	61	75	893	920	1,032
63462-Perry, MO	Ralls	2,932	1.3%	79.9%	60	60	65	824	849	1,074

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

Phase III—Quantify Community Need:

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

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

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

Detail CHNA Development Steps Include:

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

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

Sources of community-health level indicators:

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

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

Hannibal Regional Hospital - Hannibal, MO

VVV CHNA Wave #4 Work Plan - Year 2022

Project Timeline & Roles - Working Draft as of 2/17/22 Proj Lead:

Step	Timeframe	Lead	Task
1	Dec. 2021	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	2/14/2022	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	2/28/2022	VVV	Send out **REQCommInvite Excel** file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	By 3/1/2022	VVV	Hold Kick-off Meeting & Request Hospital Client to send IHA PO reports for FFY 19, 20 and 21. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use **ZipPSA_3yrPOrigin.xls**)
5	By 3/02/2022	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Mar - April 2022	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	by 3/10/2022	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	3/10/2022	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	**3/14/2022**	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. **Cut-off 4/08/2022 for Online Survey**
10	by 4/18/2022	Hosp	Prepare/send out to leaders the PR#2 story / E Mail#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	4/18/2022	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	5/10/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	**5/12/2022**	VVV	Conduct CHNA Town Hall for a working Lunch from **11:30 am - 1:00 pm** at **TBD.** Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 9/15/22	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 9/31/22	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	TBD	VVV	Conduct Client Implementation Plan PSA Leadership meeting
17	TBD	VVV	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Community Health Needs Assessment Town Hall Meeting - 2022

On behalf of Hannibal Regional Hospital

Marion, Lewis, Monroe, Pike, Ralls and Shelby Counties, MO

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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Safe Seating Table Assignments

HRHS 2022 CHNA Town Hall - May 12th, 2022 (11:30am-1:30pm)						
#	Table	Lead	Last Name	First Nam	Organization	Title
1	A	##	Gough	Audrey	Shelby County Health Dept	RN/ADM.
2	A		Ahrens	Todd	HRHS	CEO & President
3	A		Straube	Linda	HRH	Director on board
4	A		Thornburg	Deborah	P&D Electric, Inc.	President
5	B	##	Parsons	Craig	Marion County Health Dept	Administrator
6	B		McClain	Devon		
7	B		Nicholas	Stacey	Douglass Community Services	Chief Development Officer
8	B		Wathen	Susan	HRHS	VP-HR
9	C	##	Harrington	Wendy	HRHS	
10	C		TAYLOR	TANYA	Ralls County Health Dept.	Administrator
11	C					
12	D	##				
13	D					
14	D					

2

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

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

3

Introduction: Who We Are

Background and Experience

VVV Consultants LLC

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

Cassandra Kahl, BHS – Director, Project Management
VVV Consultants LLC – *Nov 2020*
- University of Kansas – Health Sciences
- Park University - MHA
- Pharmacy Management – 2 ½ years
- Mayo Clinic PT Dept
- Hometown: Maple, WI

Consulting Associates: Hannah Foster MBA
McKenzie Green BS
- Avila University

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Town Hall Participation

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

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II. Review of a CHNA

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

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A Conversation with the Community & Stakeholders

Community members and organizations invited to CHNA Town Hall

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

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

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

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

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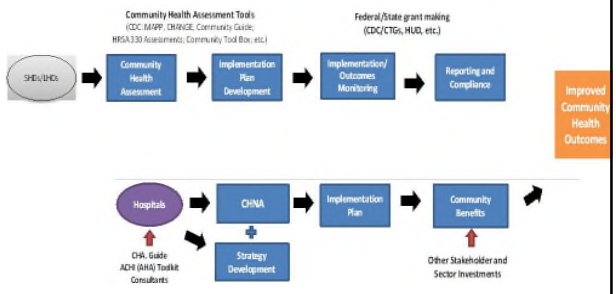
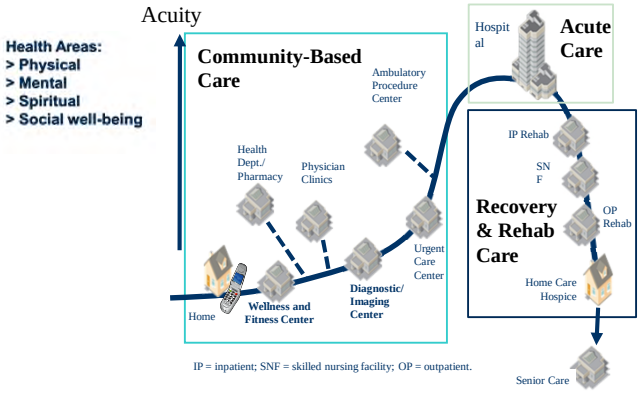
Community Health Needs Assessment
Joint Process: Hospital & Local Health Providers



8

Future System of Care—Sg2



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II. CHNA Written Report Documentation (IRS Aligned) – Table of Contents

- 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.
- A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

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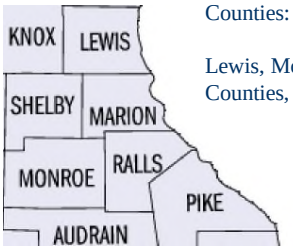
Document Community Served Primary Service Area (6 Counties)



Counties: Marion (Hannibal),

Lewis, Monroe, Pike, Ralls and Shelby Counties, MO

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III. Review Current County Health Status:

Secondary Data by 10 Tab Categories & State Rankings

Trends: Good | Same | Poor

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

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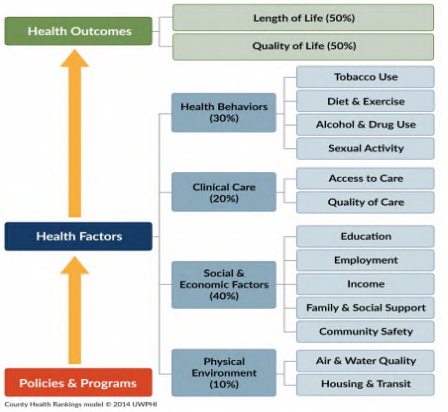
County Health Rankings -

Robert Wood Johnson Foundation and University of WI Health Institute



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IV. Collect Community Health Perspectives

Thoughts/Opinions?

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

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Table Lead Report Out..
Unmet Needs and Strengths

HRHS 2022 CHNA Town Hall - May 12th, 2022 (11:30am-1:30pm)						
#	Table	Lead	Last Name	First Nam	Organization	Title
1	A	##	Gough	Audrey	Shelby County Health Dept	RN/ADM.
2	A		Ahrens	Todd	HRHS	CEO & President
3	A		Straube	Linda	HRH	Director on board
4	A		Thornburg	Deborah	P&D Electric, Inc.	President
5	B	##	Parsons	Craig	Marion County Health Dept	Administrator
6	B		McClain	Devon		
7	B		Nicholas	Stacey	Douglass Community Services	Chief Development Officer
8	B		Wathen	Susan	HRHS	VP-HR
9	C	##	Harrington	Wendy	HRHS	
10	C		TAYLOR	TANYA	Ralls County Health Dept.	Administrator
11	C					
12	D	##				
13	D					
14	D					

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Community Health Needs Assessment

Questions? Next Steps?

VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

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

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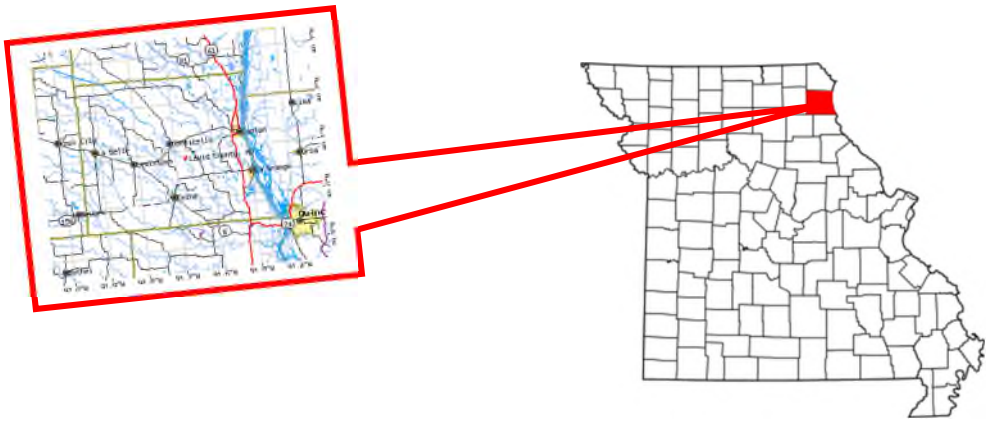
II. Methodology
d) Community Profile (A Description of Community Served)

Lewis County (MO) Community Profile



The population of Lewis County was estimated to be 9,778 citizens in 2021 and a population density of 19 persons per square mile. Lewis County is located in the northeastern portion of the state of Missouri. Highway 16 is the only highway that goes throughout the entire county.

Lewis County (MO) Community Profile

Lewis County Public Airports[1]

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

Schools in Lewis County: Public Schools[2]

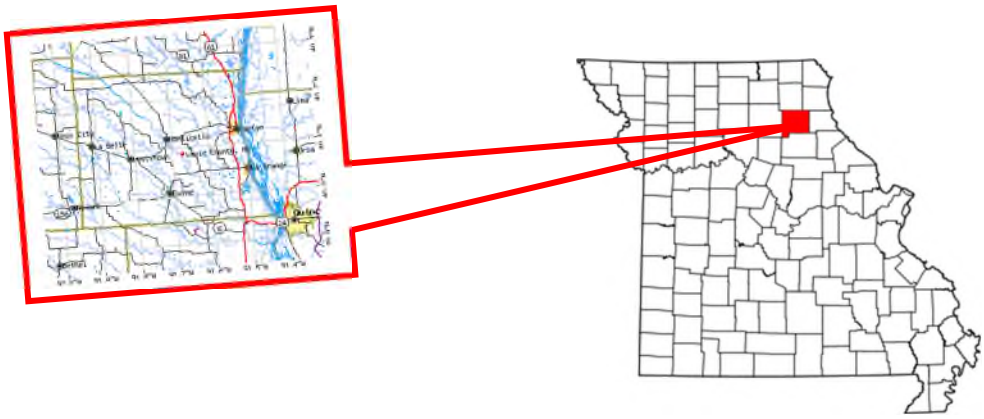
Name	Level
Canton Elem.	Elementary
Canton High	High
Highland Elem.	Elementary
Highland Jr.-Sr. High	High

[1] https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29111.cfm
https://iowa.hometownlocator.com/features/historical,class,airport,scfips,19099.cfm
[2] https://missouri.hometownlocator.com/schools/sorted-by-county,n,lewis.cfm

II. Methodology

d) Community Profile (A Description of Community Served)

Shelby County (MO) Community Profile



The population of Shelby County was estimated to be 9,778 citizens in 2021 and a population density of 19 persons per square mile.

Shelby Co is located in the northeastern portion of the state of Missouri. Missouri Route 15 goes straight through Shelby County

Shelby County (MO) Community Profile

Shelby County Public Airports[3]

Name	USGS Topo Map
Shelby County Airport	Shelbyville

Schools in Shelby County: Public Schools[4]

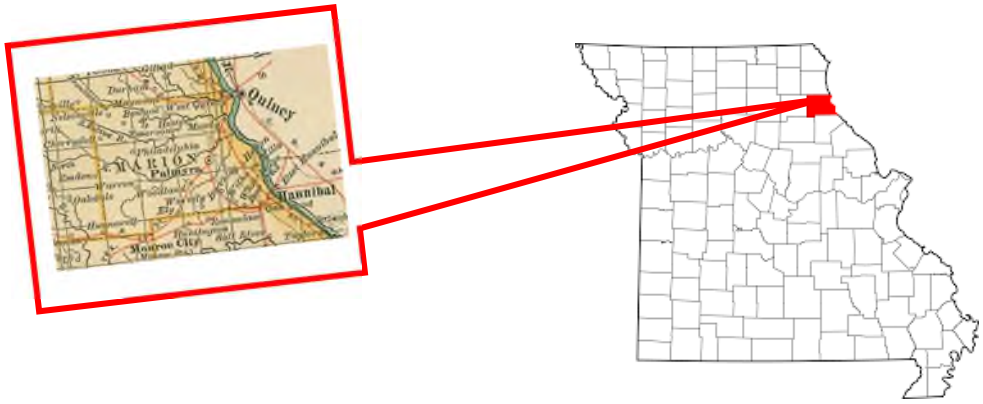
Name	Level
Clarence Elem.	Elementary
North Shelby Elem.	Elementary
North Shelby High	High
Shelbina Elem.	Elementary
South Shelby High	High
South Shelby Middle School	Middle

[3] https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29205.cfm
https://iowa.hometownlocator.com/features/historical,class,airport,scfips,19099.cfm
[4] https://missouri.hometownlocator.com/schools/sorted-by-county,n,shelby.cfm

II. Methodology

d) Community Profile (A Description of Community Served)

Marion County (MO) Community Profile



The population of Shelby County was estimated to be 28,592 citizens in 2021 and a population density of 65 persons per square mile.

Marion Co is located in the northeastern portion of the state of Missouri. Missouri Route 168 goes straight through Marion County as well as U.S. Highway 61.

Marion County (MO) Community Profile

Marion County Public Airports[5]

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

Schools in Marion County: Public Schools[6]

Name	Level
A. D. Stowell Elem.	Elementary
Early Childhood Center	Prekindergarten
Eugene Field Elem.	Elementary
Hannibal Middle	Middle
Hannibal Sr. High	High
Marion Co. Elem.	Elementary
Marion Co. High	High
Mark Twain Elem.	Elementary
Oakwood Elem.	Elementary
Palmyra Elem.	Elementary
Palmyra High	High
Palmyra Middle	Middle
Veterans Elem.	Elementary

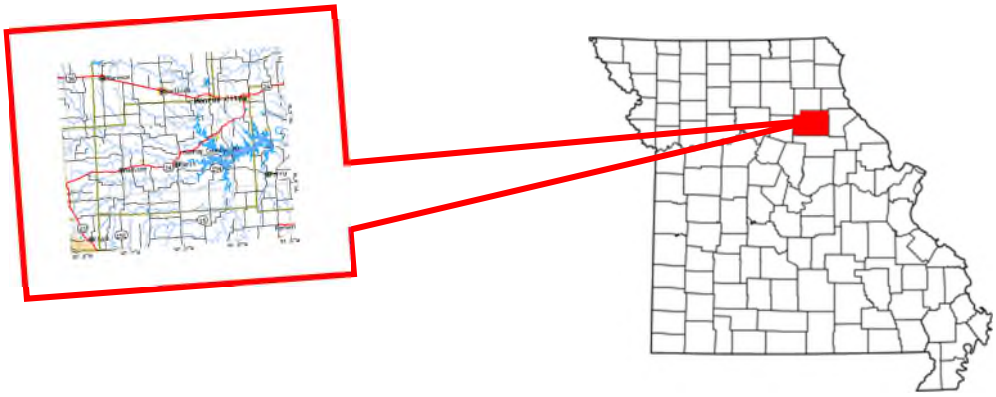
[5] https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29127.cfmhttps://iowa.hometownlocator.com/features/historical,class,airport,scfips,19099.cfm

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

II. Methodology

d) Community Profile (A Description of Community Served)

Monroe County (MO) Community Profile



The population of Monroe County was estimated to be 8,625 citizens in 2021 and a population density of 13 persons per square mile.

Monroe Co is located in the northeastern portion of the state of Missouri. Missouri Route 154 goes straight through Monroe County.

Monroe County (MO) Community Profile

Monroe County Public Airports[7]

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

Schools in Monroe County: Public Schools[8]

Name	Level
Holliday Elementary	Elementary
Madison Elem.	Elementary
Madison High	High
Middle Grove Elem.	Elementary
Monroe City Elem.	Elementary
Monroe City Middle	Middle
Monroe City R-I High	High
Paris Elem.	Elementary
Paris High	High
Paris Jr. High	Middle

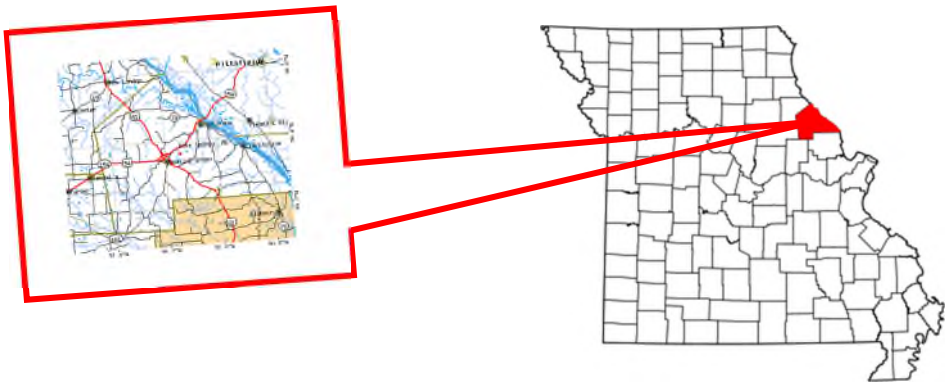
[7] https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29137.cfmhttps://iowa.hometownlocator.com/features/historical,class,airport,scfips,19099.cfm

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

II. Methodology

d) Community Profile (A Description of Community Served)

Pike County (MO) Community Profile



The population of Pike County was estimated to be 18,538 citizens in 2021 and a population density of 28 persons per square mile.

Pike Co is located in the northeastern portion of the state of Missouri. U.S. Route 61 goes straight through Pike County as well as U.S. Route 54.

Pike County (MO) Community Profile

Pike County Public Airports[9]

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

Schools in Pike County: Public Schools[10]

Name	Level
Boncl Elem.	Elementary
Bowling Green Elem.	Elementary
Bowling Green High	High
Bowling Green Middle	Middle
Clopton Elem.	Elementary
Clopton High	High
Frankford Elem.	Elementary
Louisiana Elem.	Elementary
Louisiana High	High
Louisiana Middle	Middle

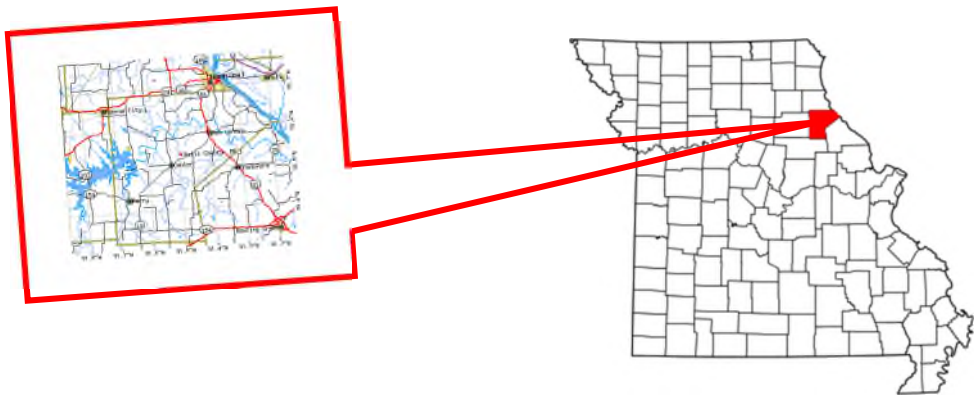
[9] https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29163.cfmhttps://iowa.hometownlocator.com/features/historical,class,airport,scfips,19099.cfm

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

II. Methodology

d) Community Profile (A Description of Community Served)

Ralls County (MO) Community Profile



The population of Ralls County was estimated to be 10,434 citizens in 2021 and a population density of 22 persons per square mile.

Ralls Co is located in the northeastern portion of the state of Missouri. U.S. Route 19 goes straight through Ralls County.

Ralls County (MO) Community Profile

Ralls County Public Airports[11]

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

Schools in Ralls County: Public Schools[12]

Name	Level
Mark Twain Jr. High	Middle
Mark Twain Sr. High	High
Ralls County Elementary	Elementary

[11] https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29173.cfmhttps://iowa.hometownlocator.com/features/historical,class,airport,scfips,19099.cfm

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

Marion Co, MO - Detail Demographic Profile

			Population				Households		HH	Per Capita
#	ZIP	NAME	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	63401	Hannibal	MARION	21,939	21,859	-0.4%	8,722	8,704	2.4	$23,947
2	63454	Maywood	MARION	1,140	1,130	-0.9%	455	452	2.5	$27,922
3	63461	Palmyra	MARION	6,136	6,180	0.7%	2,391	2,409	2.5	$24,858
4	63463	Philadelphia	MARION	631	634	0.5%	241	242	2.6	$32,415
5	63471	Taylor	MARION	584	583	-0.2%	242	242	2.4	$38,954
Totals				30,430	30,386	-0.1%	12,051	12,049	2.5	$29,619

				Population				Year 2020		Females
#	ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	63401	Hannibal	MARION	21,939	4,173	6,861	2,733	40	11,408	2,794
2	63454	Maywood	MARION	1,140	243	293	110	47	559	117
3	63461	Palmyra	MARION	6,136	1,241	1,891	685	42	3,136	711
4	63463	Philadelphia	MARION	631	108	190	65	41	323	79
5	63471	Taylor	MARION	584	121	150	62	47	288	59
Totals				30,430	5,886	9,385	3,655	217	15,714	3,760

				Population 2020				Average Households 2020		
#	ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med $ HH	HH $50K+
1	63401	Hannibal	MARION	89.6%	5.7%	0.3%	2.3%	8722	$45,572	4,275
2	63454	Maywood	MARION	96.9%	0.7%	0.1%	1.1%	455	$55,272	277
3	63461	Palmyra	MARION	95.3%	1.9%	0.2%	1.3%	2391	$53,320	1,368
4	63463	Philadelphia	MARION	97.9%	0.3%	0.0%	0.6%	241	$67,722	171
5	63471	Taylor	MARION	98.6%	0.2%	0.2%	0.2%	242	$73,214	188
Totals				95.7%	1.8%	0.1%	1.1%	12051	$59,020	6,279

Source: ERSI Demographics

Pike Co, MO - Detail Demographic Profile

			Population				Households		HH	Per Capita
#	ZIP	NAME	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	63330	Annada	PIKE	124	128	3.2%	63	66	2.0	$39,408
2	63334	Bowling Green	PIKE	8,809	8,871	0.7%	2,523	2,548	2.6	$17,592
3	63336	Clarksville	PIKE	1,100	1,109	0.8%	497	502	2.2	$29,209
4	63339	Curryville	PIKE	1,103	1,121	1.6%	391	399	2.8	$21,443
5	63344	Eolia	PIKE	1,585	1,586	0.1%	581	581	2.7	$24,107
6	63353	Louisiana	PIKE	4,640	4,626	-0.3%	1,954	1,953	2.3	$21,952
7	63433	Ashburn	PIKE	55	56	1.8%	22	23	2.5	$22,839
8	63441	Frankford	PIKE	1,162	1,178	1.4%	481	488	2.4	$23,871
Totals				18,578	18,675	0.5%	6,512	6,560	2.4	$25,053

				Population				Year 2020		Females
#	ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	63330	Annada	PIKE	124	30	29	14	48	61	11
2	63334	Bowling Green	PIKE	8,809	1,379	2,402	1,515	39	3,411	818
3	63336	Clarksville	PIKE	1,100	260	278	149	46	537	115
4	63339	Curryville	PIKE	1,103	225	332	134	42	542	110
5	63344	Eolia	PIKE	1,585	279	488	204	40	780	177
6	63353	Louisiana	PIKE	4,640	1,114	1,272	517	45	2,386	500
7	63433	Ashburn	PIKE	55	15	14	6	49	26	5
8	63441	Frankford	PIKE	1,162	251	306	134	45	565	120
Totals				18,578	3,553	5,121	2,673	353	8,308	1,856

				Population 2020				Average Households 2020		
#	ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med $ HH	HH $50K+
1	63330	Annada	PIKE	96.0%	3.2%	0.0%	0.0%	63	$59,055	43
2	63334	Bowling Green	PIKE	84.3%	13.0%	0.2%	1.8%	2523	$47,496	1,307
3	63336	Clarksville	PIKE	90.6%	5.7%	0.0%	2.5%	497	$47,656	262
4	63339	Curryville	PIKE	96.1%	1.6%	0.4%	2.0%	391	$50,086	204
5	63344	Eolia	PIKE	93.2%	4.0%	0.3%	2.0%	581	$50,731	314
6	63353	Louisiana	PIKE	90.2%	3.9%	0.3%	4.5%	1954	$39,955	834
7	63433	Ashburn	PIKE	92.7%	3.6%	0.0%	3.6%	22	$43,924	11
8	63441	Frankford	PIKE	96.6%	1.4%	0.3%	1.8%	481	$47,146	238
Totals				92.5%	4.6%	0.2%	2.3%	6512	$48,256	3,213

Source: ERSI Demographics

Lewis Co, MO - Detail Demographic Profile

			Population				Households		HH	Per Capita
#	ZIP	NAME	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	63435	Canton	LEWIS	3,982	3,887	-2.4%	1,380	1,345	2.5	$20,406
2	63438	Durham	LEWIS	286	279	-2.4%	114	112	2.5	$25,586
3	63440	Ewing	LEWIS	1,355	1,321	-2.5%	565	553	2.3	$24,187
4	63447	La Belle	LEWIS	1,137	1,122	-1.3%	436	431	2.4	$17,831
5	63448	La Grange	LEWIS	1,481	1,454	-1.8%	637	627	2.3	$25,947
6	63452	Lewistown	LEWIS	1,175	1,147	-2.4%	479	468	2.4	$22,527
7	63457	Monticello	LEWIS	285	280	-1.8%	106	105	2.6	$27,785
8	63473	Williamstown	LEWIS	289	284	-1.7%	122	120	2.4	$25,525
Totals				9,990	9,774	-2.2%	3,839	3,761	2.4	$23,724

				Population				Year 2020		Females
#	ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	63435	Canton	LEWIS	3,982	729	1,564	433	35	2,047	578
2	63438	Durham	LEWIS	286	60	80	27	45	139	30
3	63440	Ewing	LEWIS	1,355	258	379	151	43	626	135
4	63447	La Belle	LEWIS	1,137	248	351	125	42	545	115
5	63448	La Grange	LEWIS	1,481	314	407	165	44	756	178
6	63452	Lewistown	LEWIS	1,175	247	324	129	45	583	118
7	63457	Monticello	LEWIS	285	60	92	24	44	143	25
8	63473	Williamstown	LEWIS	289	60	99	27	41	143	29
Totals				9,990	1,976	3,296	1,081	339	4,982	1,208

				Population 2020				Average Households 2020		
#	ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med $ HH	HH $50K+
1	63435	Canton	LEWIS	93.0%	3.8%	0.3%	1.3%	1380	$44,003	648
2	63438	Durham	LEWIS	96.2%	0.3%	0.0%	1.0%	114	$50,538	62
3	63440	Ewing	LEWIS	94.3%	0.4%	0.8%	4.1%	565	$48,701	283
4	63447	La Belle	LEWIS	93.0%	3.5%	0.4%	3.5%	436	$35,697	157
5	63448	La Grange	LEWIS	89.8%	6.0%	0.3%	0.7%	637	$52,427	357
6	63452	Lewistown	LEWIS	95.7%	1.0%	1.3%	1.3%	479	$44,931	223
7	63457	Monticello	LEWIS	95.4%	0.7%	1.1%	1.4%	106	$58,534	73
8	63473	Williamstown	LEWIS	95.8%	1.0%	0.0%	1.0%	122	$51,898	69
Totals				94.2%	2.1%	0.5%	1.8%	3839	$48,341	1,872

Source: ERSI Demographics

Monroe Co, MO - Detail Demographic Profile

			Population				Households		HH	Per Capita
#	ZIP	NAME	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	63456	Monroe City	MONROE	4,286	4,260	-0.6%	1,751	1,743	2.4	$22,982
2	65258	Holliday	MONROE	529	520	-1.7%	209	205	2.5	$22,856
3	65263	Madison	MONROE	2,014	1,980	-1.7%	778	767	2.6	$21,583
4	65275	Paris	MONROE	2,404	2,376	-1.2%	1,020	1,008	2.3	$23,085
5	65282	Santa Fe	MONROE	111	109	-1.8%	44	44	2.5	$21,787
6	65283	Stoutsville	MONROE	395	391	-1.0%	183	182	2.2	$27,695
Totals				9,739	9,636	-1.1%	3,985	3,949	2.4	$23,331

				Population				Year 2020		Females
#	ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	63456	Monroe City	MONROE	4,286	903	1,225	477	44	2,149	457
2	65258	Holliday	MONROE	529	113	149	64	44	266	59
3	65263	Madison	MONROE	2,014	413	615	210	43	1,001	209
4	65275	Paris	MONROE	2,404	676	579	265	51	1,241	238
5	65282	Santa Fe	MONROE	111	29	22	12	54	51	9
6	65283	Stoutsville	MONROE	395	106	80	36	54	181	30
Totals				9,739	2,240	2,670	1,064	289	4,889	1,002

				Population 2020				Average Households 2020		
#	ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med $ HH	HH $50K+
1	63456	Monroe City	MONROE	92.0%	3.8%	0.4%	1.6%	1751	$44,397	838
2	65258	Holliday	MONROE	97.0%	0.2%	0.4%	1.1%	209	$45,839	98
3	65263	Madison	MONROE	96.8%	0.0%	0.5%	1.9%	778	$43,443	345
4	65275	Paris	MONROE	94.9%	2.7%	0.3%	0.9%	1020	$41,663	438
5	65282	Santa Fe	MONROE	98.2%	0.0%	0.9%	0.0%	44	$52,327	26
6	65283	Stoutsville	MONROE	95.7%	0.8%	1.3%	1.3%	183	$52,844	107
Totals				95.8%	1.3%	0.6%	1.1%	3985	$46,752	1,852

Source: ERSI Demographics

Ralls Co, MO - Detail Demographic Profile

			Population			Households		HH	Per Capita
#	ZIP	NAME	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	63436	Center	RALLS	1,186	1,218	2.7%	501	517	2.3	$24,376
2	63459	New London	RALLS	4,208	4,223	0.4%	1,678	1,689	2.5	$28,226
3	63462	Perry	RALLS	1,534	1,547	0.8%	693	700	2.2	$26,414
4	63467	Saverton	RALLS	20	20	0.0%	7	7	2.9	$21,340
Totals				6,948	7,008	0.9%	2,879	2,913	2.5	$25,089

				Population				Year 2020		Females
#	ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	63436	Center	RALLS	1,186	298	319	110	48	597	110
2	63459	New London	RALLS	4,208	845	1,189	460	44	2,117	439
3	63462	Perry	RALLS	1,534	396	362	145	50	744	137
4	63467	Saverton	RALLS	20	3	5	2	45	7	2
Totals				6,948	1,542	1,875	717	187	3,465	688

				Population 2020				Average Households 2020		
#	ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med $ HH	HH $50K+
1	63436	Center	RALLS	96.2%	1.1%	0.1%	1.0%	501	$51,166.0	285
2	63459	New London	RALLS	94.4%	2.7%	0.4%	1.2%	1678	$58,418.0	1,041
3	63462	Perry	RALLS	96.8%	0.4%	0.3%	2.4%	693	$46,728.0	355
4	63467	Saverton	RALLS	100.0%	0.0%	0.0%	0.0%	7	$66,362.0	5
Totals				96.9%	1.0%	0.2%	1.2%	2879	$55,668.5	1,686

Source: ERSI Demographics

Shelby Co, MO - Detail Demographic Profile

			Population				Households		HH	Per Capita
#	ZIP	NAME	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	63434	Bethel	SHELBY	704	707	0.4%	243	243	2.8	$23,242
2	63437	Clarence	SHELBY	1,408	1,377	-2.2%	571	556	2.4	$22,201
3	63439	Emden	SHELBY	159	158	-0.6%	64	64	2.4	$27,012
4	63443	Hunnewell	SHELBY	377	367	-2.7%	170	166	2.2	$27,515
5	63450	Lentner	SHELBY	124	120	-3.2%	53	51	2.3	$22,999
6	63451	Leonard	SHELBY	270	270	0.0%	107	106	2.4	$23,649
7	63468	Shelbina	SHELBY	2,471	2,374	-3.9%	993	952	2.4	$20,703
8	63469	Shelbyville	SHELBY	1,177	1,150	-2.3%	487	475	2.4	$25,651
Totals				6,690	6,523	-2.5%	2,688	2,613	2.4	$24,122

				Population				Year 2020		Females
#	ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	63434	Bethel	SHELBY	704	122	225	81	40	337	87
2	63437	Clarence	SHELBY	1,408	335	418	150	44	709	141
3	63439	Emden	SHELBY	159	27	51	17	40	77	20
4	63443	Hunnewell	SHELBY	377	98	95	40	49	193	36
5	63450	Lentner	SHELBY	124	34	31	14	49	61	10
6	63451	Leonard	SHELBY	270	51	91	27	40	134	30
7	63468	Shelbina	SHELBY	2,471	611	687	277	46	1,259	258
8	63469	Shelbyville	SHELBY	1,177	250	351	134	42	582	135
Totals				6,690	1,528	1,949	740	350	3,352	717

				Population 2020				Average Households 2020		
#	ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med $ HH	HH $50K+
1	63434	Bethel	SHELBY	94.7%	0.1%	0.1%	1.8%	243	$47,718.0	126
2	63437	Clarence	SHELBY	95.0%	1.8%	0.2%	2.7%	571	$40,379.0	254
3	63439	Emden	SHELBY	96.2%	0.0%	0.0%	1.3%	64	$47,083.0	33
4	63443	Hunnewell	SHELBY	96.3%	1.1%	0.8%	2.4%	170	$50,456.0	85
5	63450	Lentner	SHELBY	95.2%	1.6%	0.0%	1.6%	53	$45,395.0	25
6	63451	Leonard	SHELBY	95.6%	1.5%	0.4%	3.0%	107	$41,242.0	48
7	63468	Shelbina	SHELBY	97.2%	0.9%	0.2%	2.3%	993	$39,301.0	393
8	63469	Shelbyville	SHELBY	95.9%	0.5%	0.2%	2.0%	487	$47,761.0	243
Totals				95.8%	0.9%	0.2%	2.1%	2688	$44,916.9	1,207

Source: ERSI Demographics

III. Community Health Status

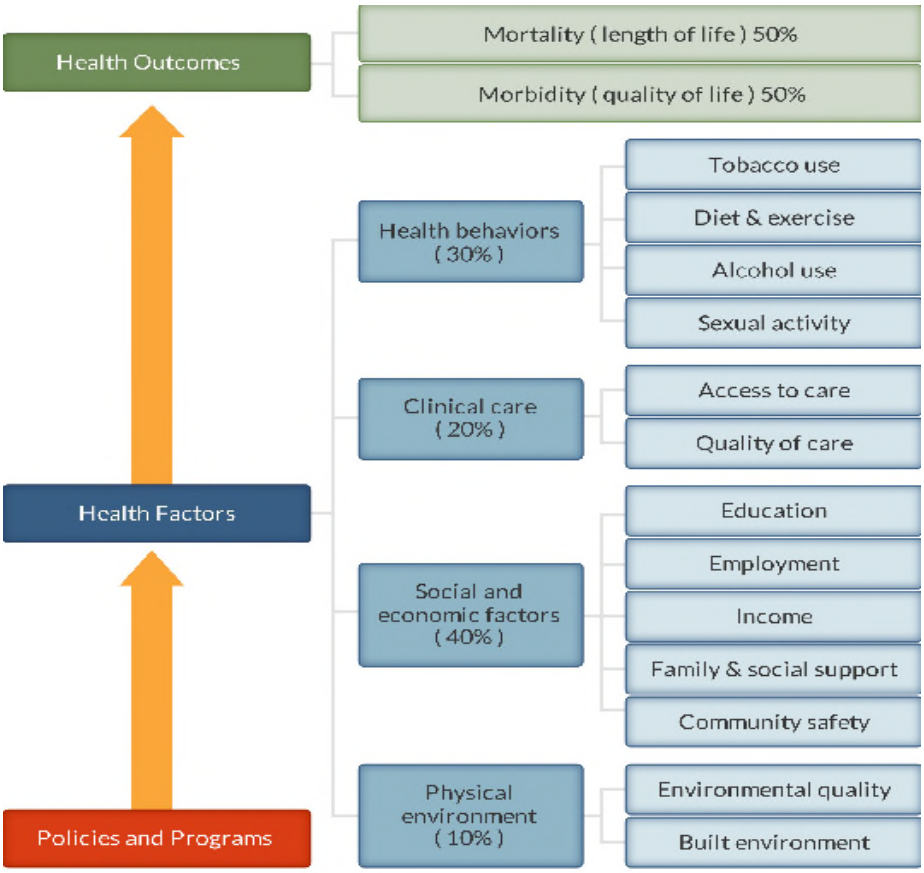
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

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

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2022 RWJ Health Rankings:

#	2022 MO Rankings - 115 Counties	Definitions	Marion Co	NE MO Reg (6 Co) Avg	Rural 20 MO Norms
1	Health Outcomes		50	48	47
	Mortality	Length of Life	37	49	48
	Morbidity	Quality of Life	53	46	48
2	Health Factors		75	61	52
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	67	47	58
	Clinical Care	Access to care / Quality of Care	49	84	65
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	29	64	51
3	Physical Environment	Environmental quality	49	24	51

http://www.countyhealthrankings.org, released 2022

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.

#	2021 MO Rankings - 115 Counties	Definitions	NE MO Reg (6 Co) Avg	Marion	Lewis	Monroe	Pike	Ralls	Shelby	Rural 20 MO Norms
1	Health Outcomes		55	50	94	35	61	19	70	47
	Mortality	Length of Life	48	37	93	30	56	3	71	48
	Morbidity	Quality of Life	64	53	92	51	57	62	67	48
2	Health Factors		60	75	64	79	97	32	15	52
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	54	67	79	70	76	16	15	58
	Clinical Care	Access to care / Quality of Care	65	49	82	57	75	60	64	65
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Comm Safety	43	29	47	55	77	32	19	51
3	Physical Environment	Environmental quality	42	49	28	80	46	41	6	51

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

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

Tab		Health Indicator	Marion Co MO	Trend	NE MO Reg (6 Co) Avg	Rural 20 MO Norm	MO State	Source
1a	a	Population estimates, 2019	19,228		9,358	15,811	4,150,049	County Health Rankings
	d	Persons under 5 years, percent, July 1, 2021, (V2021)	6.4%		5.9%	5.9%	6.0%	People Quick Facts
	c	Persons 65 years and over, percent, July 1, 2021, (V2021)	18.3%		20.5%	20.5%	17.3%	People Quick Facts
	d	Female persons, percent, July 1, 2021, (V2021)	51.4%		49.1%	49.2%	50.9%	People Quick Facts
	e	White alone, percent, July 1, 2021, (V2021)	91.5%		93.8%	94.0%	82.9%	People Quick Facts
	f	Black or African American alone, percent, July 1, 2021, (V2021)	5.0%		3.5%	2.8%	11.8%	People Quick Facts
	g	Hispanic or Latino, percent, July 1, 2021, (V2021)	1.9%		1.9%	2.8%	4.4%	People Quick Facts
	h	Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	1.2%		2.7%	3.6%	6.3%	People Quick Facts
	i	Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	85.0%		88.0%	86.0%	84.8%	People Quick Facts
	j	Children in single-parent households, percent, 2015-2019	23.5%		23.1%	21.0%	25.4%	County Health Rankings
	k	Total Veterans, 2015-2019	2,032		1,009	1,897	401,779	People Quick Facts

Tab		Health Indicator	NE MO Reg (6 Co) Avg	Marion	Lewis	Monroe	Pike	Ralls	Shelby	Source
1a	a	Population estimates, 2019	9,358	19,228	6,502	6,198	12,809	7,281	4,131	County Health Rankings
	d	Persons under 5 years, percent, July 1, 2021, (V2021)	5.9%	6.4%	6.0%	5.3%	5.8%	5.0%	6.6%	People Quick Facts
	c	Persons 65 years and over, percent, July 1, 2021, (V2021)	20.5%	18.3%	18.8%	24.0%	17.8%	22.2%	21.8%	People Quick Facts
	d	Female persons, percent, July 1, 2021, (V2021)	49.1%	51.4%	49.8%	49.1%	44.7%	49.7%	49.7%	People Quick Facts
	e	White alone, percent, July 1, 2021, (V2021)	93.8%	91.5%	94.1%	93.9%	90.0%	96.4%	97.0%	People Quick Facts
	f	Black or African American alone, percent, July 1, 2021, (V2021)	3.5%	5.0%	3.2%	2.9%	7.8%	1.4%	0.9%	People Quick Facts
	g	Hispanic or Latino, percent, July 1, 2021, (V2021)	1.9%	1.9%	1.9%	1.7%	2.3%	1.3%	2.2%	People Quick Facts
	h	Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	2.7%	1.2%	2.3%	5.0%	3.1%	1.0%	3.6%	People Quick Facts
	i	Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	88.0%	85.0%	87.6%	91.1%	84.7%	92.5%	86.8%	People Quick Facts
	j	Children in single-parent households, percent, 2015-2019	23.1%	23.5%	24.6%	26.1%	22.8%	23.6%	17.9%	County Health Rankings
	k	Total Veterans, 2015-2019	1,009	2,032	800	733	1,197	887	405	People Quick Facts

Tab 2: Economic Profile

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

Tab		Health Indicator	Marion	Trend	NE MO Reg (6 Co) Avg	Rural 20 MO Norm	MO State	Source
2	a	Per capita income in past 12 months (in 2017 dollars), 2015-2019	$25,069		$24,355	$25,229	$30,810	People Quick Facts
	b	Persons in poverty, percent. 2021	14.3%		13.8%	13.6%	12.1%	People Quick Facts
	c	Total Housing units, July 1, 2019, (V2019)	13,109		6,473	10,759	2,819,383	People Quick Facts
	d	Total Persons per household, 2015-2019	2.3		2.4	2.4	2.5	People Quick Facts
	e	Severe housing problems, percent, 2013-2017	11.8%		9.9%	11.9%	13.3%	County Health Rankings
	f	Total of All firms, 2012	2,385		1,050	1,845	491,606	People Quick Facts
	g	Unemployment, percent, 2019	3.2%		3.4%	3.5%	3.3%	County Health Rankings
	h	Food insecurity, percent, 2019	14.4%		13.0%	13.4%	13.3%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019	5.4%		9.9%	8.2%	6.8%	County Health Rankings
	j	Long commute - driving alone, percent, 2019	20.5%		31.4%	35.6%	32.4%	County Health Rankings

Tab 2: Economic Profile (Continued)

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), 2015-2019	$24,355	$25,069	$22,739	$24,697	$22,297	$27,023	$24,304	People Quick Facts
	b	Persons in poverty, percent. 2021	13.8%	14.3%	14.4%	13.0%	14.9%	11.4%	14.6%	People Quick Facts
	c	Total Housing units, July 1, 2019, (V2019)	6,473	13,109	4,546	4,854	7,931	5194	3,201	People Quick Facts
	d	Total Persons per household, 2015-2019	2.4	2.3	2.4	2.3	2.5	2.5	2.4	People Quick Facts
	e	Severe housing problems, percent, 2013-2017	9.9%	11.8%	9.6%	8.4%	10.7%	10.6%	8.2%	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	3.4%	3.2%	3.2%	4.2%	3.6%	3.1%	3.0%	County Health Rankings
	h	Food insecurity, percent, 2019	13.0%	14.4%	12.5%	13.4%	12.9%	11.4%	13.2%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019	9.9%	5.4%	16.9%	5.8%	9.9%	2.2%	19.5%	County Health Rankings
	j	Long commute - driving alone, percent, 2019	31.4%	20.5%	43.7%	40.0%	31.1%	28.1%	24.8%	County Health Rankings

Tab 3: Educational Profile

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

Tab		Health Indicator	Marion	Trend	NE MO Reg (6 Co) Avg	Rural 20 MO Norm	MO State	Source
3	a	Children eligible for free or reduced price lunch, percent, 2019	50.1%		49.1%	51.5%	50.2%	County Health Rankings
	c	High school graduate or higher, percent of persons age 25 years+, 2013-2017	88.0%		88.4%	88.3%	89.9%	People Quick Facts
	d	Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	22.4%		16.0%	17.6%	29.2%	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	49.1%	50.1%	47.3%	49.5%	52.1%	41.7%	54.0%	County Health Rankings
	c	High school graduate or higher, percent of persons age 25 years+, 2013-2017	88.4%	88.0%	88.5%	89.3%	84.2%	89.7%	90.7%	People Quick Facts
	d	Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	16.0%	22.4%	12.6%	12.4%	15.6%	14.9%	18.1%	People Quick Facts

Tab 4: Maternal / Infant Profile

Tracking maternal / infant care patterns are vital in understanding the foundation of family health. Changes in birth rates are occurring across the nation. Below you will find the birth rates for the PSA.

Tab		Health Indicator	Marion	Trend	NE MO Reg (6 Co) Avg	Rural 20 MO Norm	MO State	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2019 (rate per 100)	82.3%		79.3%	72.3%	71.2%	MOPHIMS
	b	Percentage of Preterm Births, 2015-2019 (rate per 100)	10.5%		10.6%	9.5%	10.5%	MOPHIMS
	c	Percent of Births with Low Birth Weight, 2015-2019 (rate per 100)	8.7%		8.9%	7.9%	8.7%	MOPHIMS
	d	Percent of WIC Infants- Ever Breastfed, percent, 2019 (rate per 100)	73.5%		80.9%	76.0%	73.5%	MOPHIMS
	e	Percent of all Births Occurring to Teens (15-17), 2015-2019 (rate per 100)	1.1%		1.0%	1.4%	1.4%	MOPHIMS
	g	Percent of births Where Mother Smoked During Pregnancy, 2019 (rate per 100)	12.8%		16.1%	16.7%	12.8%	MOPHIMS

Tab 4: Maternal / Infant Profile (Continued)

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, 2019 (rate per 100)	79.3%	82.3%	81.4%	74.2%	64.4%	90.1%	83.3%	MOPHIMS
	b	Percentage of Preterm Births, 2015-2019 (rate per 100)	10.6%	10.5%	11.2%	8.3%	9.7%	11.3%	12.4%	MOPHIMS
	c	Percent of Births with Low Birth Weight, 2015-2019 (rate per 100)	8.9%	8.7%	9.5%	7.3%	8.7%	10.3%	9.0%	MOPHIMS
	d	Percent of WIC Infants- Ever Breastfed, percent, 2019 (rate per 100)	80.9%	73.5%	75.0%	89.2%	76.5%	87.9%	83.3%	MOPHIMS
	e	Percent of all Births Occurring to Teens (15-17), 2015-2019 (rate per 100)	1.0%	1.1%	1.2%	0.8%	1.2%	1.0%	0.5%	MOPHIMS
	g	Percent of births Where Mother Smoked During Pregnancy, 2019 (rate per 100)	16.1%	12.8%	26.3%	13.5%	17.0%	14.4%	12.5%	MOPHIMS

Changes in birth rates are occurring across the nation. Below you will find the birth rates for the PSA**.**

Missouri Resident Births (MICA)				
County	2017	2018	2019	Trend
Marion County	363	354	360	
Lewis County	125	135	99	
Monroe County	88	94	90	
Pike County	223	215	202	
Ralls County	115	93	91	
Shelby County	72	82	72	
NE MO Reg (6 Co) Avg	164	162	152	
Missouri	73,017	73,281	72,103	

Source: DHSS - MOPHIMS - Birth MICA

Tab 5: Hospitalization and Provider Profile

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

	Health Indicator	Marion	Trend	NE MO Reg (6 Co) Avg	Rural 20 MO Norm	MO State	Source
a	Primary care physicians (MD or DO with County office) (Pop Coverage per), 2019	1100:1		3550:1	3,370:1	1422:1	County Health Rankings
b	Preventable hospital stays - Rate of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees. (lower the better), 2018	8,075		5,772	5,291	4,638	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	65.0%		71.5%	70.9%	73.0%	CMS Hospital Compare, 10/1/2015-9/30/2016
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	67.0%		65.5%	66.6%	72.0%	CMS Hospital Compare, 10/1/2015-9/30/2016
e	Average Time Patients Spent in the Emergency Dept. before seen by a Healthcare Professional (minutes)	146		146	124	NA	CMS Hospital Compare, 10/1/2015-9/30/2016

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), 2018	5,772	8,075	5,793	4,907	5,185	5,528	5,145	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	71.5%	65.0%	NA	NA	78.0%	NA	NA	CMS Hospital Compare, 10/1/2015-9/30/2016
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	65.5%	67.0%	NA	NA	64.0%	NA	NA	CMS Hospital Compare, 10/1/2015-9/30/2016
	e	Average Time Patients Spent in the Emergency Dept. before seen by a Healthcare Professional (minutes)	146	146	NA	NA	145	NA	NA	CMS Hospital Compare, 10/1/2015-9/30/2016

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicator	Marion	Trend	NE MO Reg (6 Co) Avg	Rural 20 MO Norm	MO State	Source
6	a	Depression: Medicare Population, percent, 2018	21.1%		16.6%	16.5%	21.3%	Centers for Medicare and Medicaid Services
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2019 (lower is better)	14.4		13.9	16.1	18.2	World Bank
	c	Poor mental health days, 2019	4.9		4.9	4.9	4.5	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, 2018	16.6%	21.1%	14.0%	15.1%	18.5%	17.3%	13.4%	Centers for Medicare and Medicaid Services
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2019 (lower is better)	13.9	14.4	12.8	11.6	15.4	16.5	12.8	World Bank
	c	Poor mental health days, 2019	4.9	4.9	4.9	4.9	4.8	4.8	5.0	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab		Health Indicator	Marion	Trend	NE MO Reg (6 Co) Avg	Rural 20 MO Norm	MO State	Source
7a	a	Adult obesity, percent, 2019	36.1%		34.7%	35.0%	32.5%	County Health Rankings
	b	Adult smoking, percent, 2019	23.7%		24.0%	24.0%	20.1%	County Health Rankings
	c	Excessive drinking, percent, 2019	18.6%		19.3%	19.1%	20.5%	County Health Rankings
	d	Physical inactivity, percent, 2019	33.1%		27.4%	28.5%	25.5%	County Health Rankings
	e	Poor physical health days, 2019	4.8		4.7	4.7	4.2	County Health Rankings
	f	Sexually transmitted infections, rate per 100k, 2019	537.8		266.7	302.0	568.1	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	34.7%	36.1%	39.6%	38.3%	40.9%	26.3%	27.1%	County Health Rankings
	b	Adult smoking, percent, 2019	24.0%	23.7%	24.1%	24.9%	24.4%	23.2%	23.9%	County Health Rankings
	c	Excessive drinking, percent, 2019	19.3%	18.6%	19.1%	20.0%	18.8%	19.8%	19.5%	County Health Rankings
	d	Physical inactivity, percent, 2019	27.4%	33.1%	26.4%	27.9%	28.1%	25.7%	23.2%	County Health Rankings
	e	Poor physical health days, 2019	4.7	4.8	4.7	4.7	4.6	4.6	4.7	County Health Rankings
	f	Sexually transmitted infections, rate per 100k, 2019	266.7	537.8	250.8	185.8	215.4	244.5	166.1	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab		Health Indicator	Marion	Trend	NE MO Reg (6 Co) Avg	Rural 20 MO Norm	MO State	Source
7b	a	Hypertension: Medicare Population, 2018	56.8%		55.2%	56.1%	59.9%	CMS
	b	Hyperlipidemia: Medicare Population, 2018	42.8%		41.4%	40.7%	47.5%	CMS
	c	Heart Failure: Medicare Population, 2018	17.5%		16.0%	14.9%	15.3%	CMS
	d	Chronic Kidney Disease: Medicare Pop, 2018	23.4%		23.2%	22.3%	25.2%	CMS
	e	COPD: Medicare Population, 2018	16.1%		14.8%	14.7%	13.1%	CMS
	f	Atrial Fibrillation: Medicare Population, 2018	9.1%		8.5%	9.1%	9.9%	CMS
	g	Cancer: Medicare Population, 2018	8.5%		8.6%	8.0%	9.5%	CMS
	h	Osteoporosis: Medicare Population, 2018	6.7%		5.5%	5.0%	7.2%	CMS
	i	Asthma: Medicare Population, 2018	4.3%		3.7%	3.5%	3.9%	CMS
	j	Stroke: Medicare Population, 2018	2.9%		3.3%	3.3%	3.6%	CMS

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, 2018	55.2%	56.8%	55.4%	54.7%	54.9%	54.5%	54.9%	CMS
	b	Hyperlipidemia: Medicare Population, 2018	41.4%	42.8%	43.5%	43.8%	34.7%	43.9%	39.8%	CMS
	c	Heart Failure: Medicare Population, 2018	16.0%	17.5%	15.5%	14.8%	17.7%	14.9%	15.5%	CMS
	d	Chronic Kidney Disease: Medicare Pop, 2018	23.2%	23.4%	26.1%	20.6%	23.3%	23.6%	22.2%	CMS
	e	COPD: Medicare Population, 2018	14.8%	16.1%	15.9%	14.2%	13.0%	15.3%	14.1%	CMS
	f	Atrial Fibrillation: Medicare Population, 2018	8.5%	9.1%	8.3%	9.0%	8.2%	8.7%	7.6%	CMS
	g	Cancer: Medicare Population, 2018	8.6%	8.5%	7.9%	7.7%	8.6%	8.0%	10.8%	CMS
	h	Osteoporosis: Medicare Population, 2018	5.5%	6.7%	6.3%	4.8%	4.8%	5.9%	4.6%	CMS
	i	Asthma: Medicare Population, 2018	3.7%	4.3%	3.0%	3.9%	3.6%	3.7%	3.6%	CMS
	j	Stroke: Medicare Population, 2018	3.3%	2.9%	2.6%	4.0%	3.2%	3.8%	3.3%	CMS

Tab 8 Uninsured Profile and *Community Benefit*

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

Tab		Health Indicator	Marion	Trend	NE MO Reg (6 Co) Avg	Rural 20 MO Norm	MO State	Source
8	a	Uninsured, percent, 2019	9.6%		12.1%	13.0%	11.4%	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
8	a	Uninsured, percent, 2019	12.1%	9.6%	11.2%	12.9%	12.7%	11.8%	14.5%	County Health Rankings

Source: Hospital Internal Records

#	Hannibal Regional Healthcare System	YR 2019	YR 2020	YR 2021
1	Bad Debt	$6,239,386	$5,539,577	$6,220,435
2	Charity Care	$7,835,262	$11,150,188	$7,132,554

Tab 9: Mortality Profile

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

Tab		Health Indicator	Marion	Trend	NE MO Reg (6 Co) Avg	Rural 20 MO Norm	MO State	Source
9	a	Life Expectancy (Males & Females) 2017-2019,	76.6		77.4	77.2	77.3	County Health Rankings
		Age-adjusted Cancer Mortality Rate per 100,000 population, 2019 (lower is better)	198.1		189.8	192.2	159.7	World Bank
		Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2019 (lower is better)	232.1		225.9	229.6	187.0	World Bank
	c	Alcohol-impaired driving deaths, percent, 2019	25.0%		21.1%	23.9%	27.1%	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 (Males & Females) 2017-2019,	77.4	76.6	75.4	78.7	76.5	80.8	76.7	County Health Rankings
		Age-adjusted Cancer Mortality Rate per 100,000 population, 2019 (lower is better)	189.8	198.1	199.8	174.4	192.3	188.2	186.1	World Bank
		Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2019 (lower is better)	225.9	232.1	260.6	213.5	242.9	174.7	231.7	World Bank
	c	Alcohol-impaired driving deaths, percent, 2019	21.1%	25.0%	40.0%	14.3%	22.2%	25.0%	0.0%	County Health Rankings

Death rates are changing every year by cause. Below you will find the death rates by occurrence for the PSA

Causes of Death by County of Residence, MO 2019	NE MO Reg (6 Co) Avg	%	Marion Co	%	Lewis Co	%	Monroe Co	%	Pike Co MO	%	Ralls Co	%	Shelby Co	%
TOTAL	944	100%	347	100%	108	100%	114	100%	195	100%	105	100%	75	100%
Diseases of heart	237	25.1%	90	25.9%	29	26.9%	30	26.3%	47	24.1%	21	20.0%	20	26.7%
Malignant neoplasms	205	21.7%	70	20.2%	21	19.4%	28	24.6%	43	22.1%	26	24.8%	17	22.7%
All other diseases	134	14.2%	48	13.8%	12	11.1%	14	12.3%	30	15.4%	15	14.3%	15	20.0%
...Other malignant neoplasms	69	7.3%	21	6.1%	8	7.4%	9	7.9%	11	5.6%	11	10.5%	9	12.0%
Cerebrovascular diseases	69	7.3%	24	6.9%	14	13.0%	3	2.6%	16	8.2%	8	7.6%	4	5.3%
Unintentional injuries	58	6.1%	22	6.3%	8	7.4%	3	2.6%	12	6.2%	10	9.5%	3	4.0%
...Trachea, bronchus, and lung	48	5.1%	18	5.2%	4	3.7%	7	6.1%	7	3.6%	8	7.6%	4	5.3%
Chronic lower respiratory disease	46	4.9%	14	4.0%	3	2.8%	9	7.9%	10	5.1%	8	7.6%	2	2.7%
Alzheimer's disease	43	4.6%	19	5.5%	2	1.9%	7	6.1%	10	5.1%	2	1.9%	3	4.0%
Nephritis and nephrosis	33	3.5%	11	3.2%	3	2.8%	5	4.4%	8	4.1%	2	1.9%	4	5.3%

Tab 10: Preventive Quality Measures Profile

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

Tab		Health Indicator	Marion	Trend	NE MO Reg (6 Co) Avg	Rural 20 MO Norm	MO State	Source
10	a	Access to exercise opportunities, percent, 2019	76.3%		40.6%	46.4%	76.7%	County Health Rankings
	b	Diabetes monitoring, percent, 2019	15.0%		13.2%	12.3%	11.4%	County Health Rankings
	c	Mammography screening, percent, 2019	50.0%		45.7%	41.0%	44.0%	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
10	a	Access to exercise opportunities, percent, 2019	40.6%	76.3%	17.2%	46.4%	46.0%	14.7%	43.2%	County Health Rankings
	b	Diabetes monitoring, percent, 2019	13.2%	15.0%	13.5%	16.6%	14.1%	6.2%	13.5%	County Health Rankings
	c	Mammography screening, percent, 2019	45.7%	50.0%	40.0%	48.0%	38.0%	53.0%	45.0%	County Health Rankings

PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for HRHS primary service area (PSA).

Chart #1 – HRHS PSA Online Feedback Response (N=183)

HRHS PSA MO (6) - CHNA YR 2022 N=183			
For reporting purposes, are you involved in or are you a ...? (Multiple)	Hannibal Reg MO PSA N=183	Trend	Wave 4 Norms N=6,104
Business / Merchant	17.7%		10.1%
Community Board Member	16.7%		9.1%
Case Manager / Discharge Planner	0.5%		0.9%
Clergy	0.0%		1.4%
College / University	1.6%		2.8%
Consumer Advocate	0.5%		1.5%
Dentist / Eye Doctor / Chiropractor	1.0%		0.8%
Elected Official - City/County	0.5%		2.1%
EMS / Emergency	2.1%		2.3%
Farmer / Rancher	2.1%		6.3%
Hospital / Health Dept	8.9%		17.5%
Housing / Builder	0.5%		0.7%
Insurance	0.0%		1.1%
Labor	1.6%		2.1%
Law Enforcement	0.5%		1.2%
Mental Health	2.6%		1.8%
Other Health Professional	12.0%		10.9%
Parent / Caregiver	15.6%		15.4%
Pharmacy / Clinic	1.6%		2.0%
Media (Paper/TV/Radio)	0.0%		0.5%
Senior Care	1.6%		3.4%
Teacher / School Admin	2.6%		6.8%
Veteran	2.1%		3.1%
Other (please specify)	7.8%		7.7%
TOTAL	192		5688

Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties Furnas Co (NE), Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Shelby Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton.

Chart #2 - Quality of Healthcare Delivery Community Rating

HRHS PSA MO (6) - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Hannibal Reg MO PSA N=183	Trend	Wave 4 Norms N=6,104
Top Box %	17.8%		29.3%
Top 2 Boxes %	68.4%		74.0%
Very Good	17.8%		29.3%
Good	50.6%		44.7%
Average	25.3%		23.1%
Poor	5.2%		4.7%
Very Poor	1.1%		1.2%
Valid N	174		5,888
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties Furnas Co (NE), Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Shelby Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton.			

Chart #3 – Overall Community Health Quality Trend

HRHS PSA MO (6) - CHNA YR 2022			
When considering "overall community health quality", is it...	Hannibal Reg MO PSA N=183	Trend	Wave 4 Norms N=6,104
Increasing - moving up	47.3%		46.4%
Not really changing much	38.3%		44.3%
Decreasing - slipping	14.4%		9.3%
Valid N	167		5,308
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties Furnas Co (NE), Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Shelby Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton.			

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

HRHS PSA MO (6) - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Mental Health (Diagnosis, Treatment, Aftercare, Physicians)	113	11.3%		1
2	Cost of Healthcare Services	103	10.3%		2
3	Drug / Substance Abuse	99	9.9%		3
4	Obesity (Nutrition / Exercise)	92	9.2%		4
5	Poverty	85	8.5%		5
6	Underinsured / Uninsured	83	8.3%		6
7	Transportation	58	5.8%		10
8	Smoking / Vaping	56	5.6%		11
9	Suicide	53	5.3%		7
10	Chronic Diseases	46	4.6%		8
11	Senior Care	44	4.4%		9
12	Awareness of Healthcare Services	41	4.1%		13
13	Health Apathy - Owning Your Health	41	4.1%		14
14	Violence / Domestic Abuse	37	3.7%		12
15	Palliative Care	26	2.6%		15
16	Teen Pregnancy	19	1.9%		16
	Totals	996	100.0%		

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

HRHS PSA MO (6) - CHNA YR 2022			
In your opinion, what are the root causes of "poor health" in our community?	Hannibal Reg MO PSA N=183	Trend	Wave 4 Norms N=6,104
Chronic disease prevention	9.3%		12.4%
Lack of health & Wellness Education	17.3%		15.6%
Lack of Nutrition / Exercise Services	9.8%		11.8%
Limited Access to Primary Care	6.8%		6.4%
Limited Access to Specialty Care	8.5%		9.1%
Limited Access to Mental Health Assistance	17.6%		20.9%
Family assistance programs	3.5%		6.4%
Lack of health insurance	15.1%		15.8%
Neglect	12.1%		13.1%
Total Votes	398		9,901
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties Furnas Co (NE), Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Shelby Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton.			

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

HRHS PSA MO (6) - CHNA YR 2022	Hannibal Reg MO PSA N=183			Wave 4 Norms N=6,104	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	77.4%	4.5%		80.9%	5.4%
Child Care	40.7%	16.3%		43.8%	16.0%
Chiropractors	61.5%	9.2%		69.9%	6.3%
Dentists	77.4%	8.0%		71.3%	10.2%
Emergency Room	64.4%	10.4%		73.7%	8.2%
Eye Doctor/Optometrist	78.4%	6.0%		75.4%	7.1%
Family Planning Services	39.2%	20.8%		38.9%	18.8%
Home Health	50.8%	9.5%		54.5%	10.5%
Hospice	54.8%	12.1%		62.9%	8.8%
Telehealth	50.0%	16.9%		51.0%	11.5%
Inpatient Services	70.6%	8.7%		77.5%	5.8%
Mental Health	18.9%	54.5%		27.9%	35.5%
Nursing Home/Senior Living	23.2%	29.6%		55.9%	13.2%
Outpatient Services	67.9%	6.9%		76.2%	4.4%
Pharmacy	67.4%	9.1%		87.5%	2.3%
Primary Care	73.1%	3.1%		79.0%	5.3%
Public Health	34.9%	19.8%		62.1%	7.5%
School Health	52.7%	11.6%		63.6%	7.0%
Visiting Specialists	42.1%	14.3%		66.6%	9.0%
Walk- In Clinic	75.4%	3.7%		58.2%	17.3%

Chart #7 – Community Health Readiness

HRHS PSA MO (6) - CHNA YR 2022	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Hannibal Reg MO PSA N=183	Trend	Wave 4 Norms N=6,104
Behavioral / Mental Health	50.8%		35.4%
Emergency Preparedness	14.1%		9.2%
Food and Nutrition Services/Education	21.1%		15.9%
Health Screenings (as asthma, hearing, vision, scoliosis)	11.8%		11.0%
Prenatal/Child Health Programs	8.9%		12.3%
Substance Use/Prevention	39.5%		35.3%
Suicide Prevention	44.0%		37.7%
Violence Prevention	39.8%		35.1%
Women's Wellness Programs	14.7%		17.9%
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties Furnas Co (NE), Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Shelby Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton.			

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

HRHS PSA MO (6) - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Hannibal Reg MO PSA N=183	Trend	Wave 4 Norms N=6,104
Yes	58.1%		72.3%
No	41.9%		27.7%
Valid N	129		3,799
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties Furnas Co (NE), Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Shelby Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton.			

Specialties

Specialty	Counts
ORTH	7
SURG	7
CARD	3
EMER	3
OPTH	3
PRIM	3
PEDS	2

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

HRHS PSA MO (6) - CHNA YR 2022			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Hannibal Reg MO PSA N=183	Trend	Wave 4 Norms N=6,104
Yes	53.1%		61.3%
No	46.9%		38.7%
Valid N	128		3625
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties Furnas Co (NE), Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Shelby Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton.			

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

HRHS PSA MO (6) - CHNA YR 2022 N=183			
What needs to be discussed further at our CHNA Town Hall meeting?	Hannibal Reg MO PSA N=183	Trend	Wave 4 Norms N=6,104
Abuse/Violence	2.3%		4.1%
Alcohol	3.3%		3.9%
Alternative Medicine	1.8%		3.1%
Breast Feeding Friendly Workplace	3.7%		1.4%
Cancer	14.3%		3.1%
Care Coordination	1.0%		2.5%
Diabetes	3.5%		2.8%
Drugs/Substance Abuse	5.7%		6.3%
Family Planning	2.6%		2.1%
Heart Disease	10.4%		2.2%
Lack of Providers/Qualified Staff	5.3%		4.1%
Lead Exposure	4.7%		0.6%
Mental Illness	1.4%		8.4%
Neglect	6.3%		2.6%
Nutrition	7.9%		3.9%
Obesity	0.8%		5.3%
Occupational Medicine	2.2%		0.7%
Ozone (Air)	6.5%		0.8%
Physical Exercise	9.2%		4.2%
Poverty	0.8%		4.5%
Preventative Health / Wellness	0.4%		4.5%
Respiratory Disease	6.3%		0.5%
Sexually Transmitted Diseases	7.9%		1.7%
Smoke-Free Workplace	9.4%		0.6%
Suicide	1.8%		6.0%
Teen Pregnancy	7.1%		2.4%
Telehealth	1.6%		2.3%
Tobacco Use	4.1%		2.2%
Transporation	3.5%		2.8%
Vaccinations	5.5%		3.6%
Water Quality	3.1%		2.0%
Health Literacy	3.3%		3.2%
Other (please specify)	1.4%		1.6%
TOTAL Votes	779		17,828

IV. Inventory of Community Health Resources

Inventory of Health Services - NE Missouri Region (6 Counties) YR 2022				
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 2022

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 2022

HRHS - Primary Service Area

# 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	30.0		
Internal Medicine/Geriatrician	17.0		
Obstetrics/Gynecology	6.0		
Pediatrics	9.0		
Medicine Specialists:			
Allergy/Immunology	1.0		
Cardiology	8.0	5.0	
Dermatology	2.0	2.0	
Endocrinology	1.0		
Gastroenterology	3.0		
Oncology/Hematology/Radiology	7.0	1.0	
Infectious Diseases	0.0		
Nephrology	3.0		
Neurology	1.0		
Psychiatry	6.0		
Pulmonary	5.0	1.0	
Rheumatology	2.0		
Surgery Specialists:			
General Surgery/Colon/Oral	9.0	2.0	
Neurosurgery	0.0		
Ophthalmology	3.0	3.0	
Orthopedics	3.0	1.0	
Otolaryngology	2.0		
Plastic/Reconstructive	1.0		
Thoracic/Cardiovascular/Vascular	3.0		
Urology	5.0		
Hospital Based:			
Anesthesia/Pain	7.0	2.0	
Emergency	10.0		
Radiology	5.0		
Pathology	2.0		
Hospitalist	10.0	1.0	
Neonatal/Perinatal	0.0	1.0	
Physical Medicine/Rehab	2.0		
Occupational Medicine	2.0		
Podiatry	3.0		
Chiropractor	9.0		
Optometrist	2.0		
Dentist	2.0		
TOTALS	181.0	19.0	0.0

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

Visiting Specialists to Hannibal Regional - YR 2022

NE MO Region Includes (6 counties): Marion, Lewis, Monroe, Pike, Ralls and Shelby Counties

Specialty	Physician Name/Group	Office Location	Schedule	Annual Days	Location of Outreach Clinic	FTE
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	

2022 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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Family Practice
Hannibal Regional Medical Group
Canton, MO 63435

James Thornton, MD
Pediatrician
Hannibal Clinic
Hannibal, MO 63401

Ivan Trinh, MD
OB/GYN
Hannibal Clinic

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

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

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

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

Eric Sieck, MD
Opthamology
Quincy Medical Group
Hannibal, MO 63401

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

Mathew Strasser, DO
Internal Medicine
Hannibal Regional Medical Group

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

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

Robert Troiani, MD
General Surgery
Hannibal Regional Medical Group

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

Jeanette Vander Bol, NP
Family Practice
Hannibal Regional Medical Group

Omar Villarroel, MD
Pediatrician
Hannibal Regional Hospital

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

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

Tonya Stamper, NP
Family Practice
Blessing Physician Services

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

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

Claudia Timbrook, FNP
Family Practice
Hannibal, MO 63401

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

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

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

Susan Voss, FNP
Dermatology
Riverside Dermatology
Hannibal, MO 63401

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

Robert Weller, MD
Opthamology
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

Market/Case Share- Inpatient*

Hannibal Regional Hospital - Hannibal, MO

Dynamic Column Selection: Patient County

		2019		2020		2021	
#	Patient County	Cases	Shr%	Cases	Shr%	Cases	Shr%
	Overall - Total	**5,359**		**4,866**		**5,270**	
1	Marion, MO	2,649	56.4%	2,336	54.6%	2,517	55.0%
2	Pike, MO	559	22.7%	512	23.9%	583	27.1%
3	Ralls, MO	461	49.2%	443	46.8%	494	52.4%
4	Monroe, MO	327	28.3%	322	29.3%	340	31.5%
5	Shelby, MO	282	32.0%	222	30.5%	232	31.3%
6	Lewis, MO	203	14.7%	186	14.4%	151	11.7%

Inpatient Discharge Five-Period Trend Report

Period 3: Federal Fiscal Year 2019

Period 4: Federal Fiscal Year 2020

Period 5: Federal Fiscal Year 2021

Column Selection: Hospital, Age Group - Marion County MO Only

Hospital	Age Group	Period 3 Count	Period 4 Count	Period 5 Count
Barnes-Jewish Hospital - St. Louis, MO	0-17	3	4	3
	18-44	25	41	28
	45-64	46	67	58
	65-74	52	35	37
	75+	39	22	36
Barnes-Jewish Hospital - St. Louis, MO - Total		**165**	**169**	**162**
Blessing Hospital - Quincy, IL	0-17	131	90	84
	18-44	246	246	234
	45-64	239	231	242
	65-74	166	139	159
	75+	200	215	166
Blessing Hospital - Quincy, IL - Total		**982**	**921**	**885**
Boone Hospital Center - Columbia, MO	0-17	0	0	1
	18-44	2	2	5
	45-64	26	19	22
	65-74	25	34	18
	75+	27	18	12
Boone Hospital Center - Columbia, MO - Total		**80**	**73**	**58**
Hannibal Regional Hospital - Hannibal, MO	0-17	326	294	308
	18-44	523	470	487
	45-64	614	571	559
	65-74	443	409	471
	75+	743	592	692
Hannibal Regional Hospital - Hannibal, MO - Total		**2,649**	**2,336**	**2,517**
University of Missouri Health Care - Columbia, MO	0-17	22	25	22
	18-44	67	98	78
	45-64	121	113	129
	65-74	66	71	63
	75+	47	42	69
University of Missouri Health Care - Columbia, MO - Total		**323**	**349**	**361**
Overall - Total		**4,621**	**4,233**	**4,528**

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Inpatient Discharge Five-Period Trend Report

Period 3: Federal Fiscal Year 2019

Period 4: Federal Fiscal Year 2020

Period 5: Federal Fiscal Year 2021

Column: Hospital, Age Group - Ralls, MO, Shelby, MO, Pike, MO, Lewis, MO, Monroe, MO ONLY

Hospital	Age Group	Period 3 Count	Period 4 Count	Period 5 Count
Barnes-Jewish Hospital - St. Louis, MO	0-17	1	6	6
	18-44	39	37	43
	45-64	88	72	53
	65-74	61	49	54
	75+	31	33	27
Barnes-Jewish Hospital - St. Louis, MO - Total		**220**	**197**	**183**
Blessing Hospital - Quincy, IL	0-17	155	114	134
	18-44	294	226	252
	45-64	309	305	312
	65-74	245	225	239
	75+	304	314	374
Blessing Hospital - Quincy, IL - Total		**1,307**	**1,184**	**1,311**
Boone Hospital Center - Columbia, MO	0-17	39	57	47
	18-44	57	73	58
	45-64	98	64	75
	65-74	160	127	98
	75+	203	146	168
Boone Hospital Center - Columbia, MO - Total		**557**	**467**	**446**
Hannibal Regional Hospital - Hannibal, MO	0-17	248	220	241
	18-44	343	321	339
	45-64	384	327	369
	65-74	358	335	340
	75+	499	482	511
Hannibal Regional Hospital - Hannibal, MO - Total		**1,832**	**1,685**	**1,800**
Pike County Memorial Hospital - Louisiana, MO	0-17	0	0	0
	18-44	4	9	4
	45-64	47	46	36
	65-74	63	55	54
	75+	179	140	92
Pike County Memorial Hospital - Louisiana, MO - Total		**293**	**250**	**186**
SSM Health St. Joseph Hospital - Lake Saint Louis - Lake St. Louis, MO	0-17	61	47	44
	18-44	102	71	63
	45-64	82	62	78
	65-74	42	51	40
	75+	61	48	57
SSM Health St. Joseph Hospital - Lake Saint Louis - Lake St. Louis, MO - Total		**348**	**279**	**282**
University of Missouri Health Care - Columbia, MO	0-17	100	114	72
	18-44	157	199	154
	45-64	254	221	179
	65-74	162	154	165
	75+	131	143	125
University of Missouri Health Care - Columbia, MO - Total		**804**	**831**	**695**
Overall - Total		**6,819**	**6,211**	**6,154**

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Market/Case Share 2019-2021- Outpatient*
Hannibal Regional Hospital - Hannibal, MO

	2019		2020		2021	
Patient County	**Cases**	**Shr %**	**Cases**	**Shr %**	**Cases**	**Shr %**
Marion, MO	32,302	65.7%	30,711	66.4%	34,253	66.9%
Ralls, MO	6,611	52.1%	6,406	53.9%	7,376	57.2%
Shelby, MO	4,591	32.8%	4,373	33.3%	4,841	32.4%
Monroe, MO	4,454	24.3%	4,318	25.3%	5,138	25.6%
Pike, MO	6,460	16.5%	6,707	17.7%	7,716	20.6%
Lewis, MO	3,189	23.1%	2,921	22.0%	3,353	22.6%

	2019		2020		2021	
Patient Zip Code	**Cases**	**Shr %**	**Cases**	**Shr %**	**Cases**	**Shr %**
63401-Hannibal, MO	27,902	72.9%	26,670	73.8%	29,569	73.9%
63456-Monroe City, MO	4,554	64.4%	4,273	63.8%	4,938	66.0%
63459-New London, MO	3,647	62.0%	3,847	65.9%	4,405	66.8%
63461-Palmyra, MO	3,726	44.1%	3,261	42.9%	3,819	45.4%
63334-Bowling Green, MO	2,696	17.2%	2,921	18.9%	3,401	21.8%
63468-Shelbina, MO	2,788	44.0%	2,726	44.8%	2,967	44.5%
63353-Louisiana, MO	1,946	15.4%	1,832	15.1%	2,205	18.2%
63382-Vandalia, MO	1,578	16.3%	1,806	20.2%	1,929	27.1%
63435-Canton, MO	1,585	31.6%	1,315	27.4%	1,505	28.5%
63436-Center, MO	1,325	55.8%	1,188	58.3%	1,490	61.1%
63462-Perry, MO	824	25.9%	849	28.6%	1,074	37.2%
63441-Frankford, MO	893	40.5%	920	44.7%	1,032	48.7%
63469-Shelbyville, MO	969	39.4%	750	34.2%	810	34.7%
62301-Quincy, IL	881	1.5%	869	1.5%	798	1.3%
62305-Quincy, IL	803	2.8%	732	2.6%	633	2.0%
63448-La Grange, MO	594	23.1%	457	19.5%	525	20.4%
63339-Curryville, MO	385	20.3%	450	25.2%	462	26.5%
63463-Philadelphia, MO	397	40.7%	386	41.7%	441	43.3%
63443-Hunnewell, MO	409	62.1%	472	64.2%	429	59.1%
62312-Barry, IL	437	21.9%	463	25.7%	403	22.7%
63445-Kahoka, MO	345	6.0%	354	6.1%	402	6.8%
63440-Ewing, MO	310	19.5%	362	21.1%	400	22.1%
63452-Lewistown, MO	298	20.1%	345	22.8%	358	21.8%

b.) Town Hall Attendees, Notes, & Feedback

HRHS 2022 CHNA Town Hall Attendance - May 12th, 2022 (11:30am-1:30pm)							
#	Table	Lead	Attend	Last Name	First Name	Organization	Title
1	A	##	x	Gough	Audrey	Shelby County Health Dept	RN/ADM.
2	A		x	Harrington	Wendy	HRHS	
3	A		x	Leake	Rhonda	HNB National Bank	VP Human Resources
4	B	##	x	Parsons	Craig	Marion County Health Dept	Administrator
5	B		x	Nicholas	Stacey	Douglass Community Services	Chief Development Officer
6	B		x	Wathen	Susan	HRHS	VP-HR
7	C	##	x	Johnson	Wendy	MACC Hannibal	Director
8	C		x	Abts	Eric	YMCA of Hannibal	CEO
9	C		x	Nowell	Craig	General Mills, Inc.	Health, Safety, Security and Environ. Manager
10	C		x	Swisher	Sara	HRHS	
11	D	##	x	Benedict	Hal	HNB National Bank	EVP/CFO
12	D		x	Collier	Chad	City of Hannibal	Assistant Director of Central Services
13	D		x	Johnson	Susan	Hannibal School District #60	Superintendent
14	D		x	Nichols	Bryan	Office of Congressman Sam Graves	Communications Director
15	E	##	x	Stewart	Beverly	Hannibal Board of Public Works	Human Resource Administrator
16	E		x	Disselhorst	McKenzie	Hannibal Area Chamber of Commerce	Executive Director
17	E		x	Epley	Randy	Hannibal Regional Hospital	
18	E		x	Maune	Chris	HRHS	
19	F	##	x	Mehaffy	Corey	HREDC	Executive Director
20	F		x	Ahrens	Todd	HRHS	CEO & President
21	F		x	Matz	Robert	HLGU	Vice President for Academic Administration
22	F		x	McClain	Devon		

Hannibal Regional (MO) Town Hall Event Notes

Attendance: N=22

Date: 5/12/2022 – 11:30 a.m. to 1:00 p.m.

Identified Drugs of Concern: Opioids, Fentanyl, Meth, Marijuana

Strengths

- Access to Providers
- Quality of Care
- Economic Development / Health Benefits
- Collaboration Amongst Providers & Business Community
- Exercise Opportunities
- School District (Hannibal)
- Charity Care
- Community Support Resources
- Collaboration with Covid
- Diversity
- Free Clinic Access
- County Health Departments
- Community Medical Investments

Needs

- Mental Health / Coping
- Drug, Alcohol and Substance Abuse
- Lack of Respect
- Health Insurance / Cost
- Housing
- Chronic Diseases (cardiac, cancer, diabetes)
- Workforce
- Prenatal Care
- Access to Child Care
- Homelessness
- Nutrition / Health Foods
- Transportation
- Vaping
- Dental Care
- Poverty
- Health Education / Literacy

Wave #4 CHNA - Hannibal MO PSA 6 Co

Town Hall Conversation - Strengths (White Cards) N=22

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	# of doctors	13	Good access to providers
1	Rate of higher education	13	Well run covid vaccination program
1	Access to physical wellness facility	13	Great partnership between HRMG/ business
1	Generosity of HRHS w/ those in poverty	14	Number of providers in our area
1	Strong infastructure attracts surrounding areas	14	Education opportunities (health)
2	Primary care	14	Variety of health providers
2	Strength of healthcare providers	14	Free clinic
2	Public education & secondary	14	County health dept & HRH working w/ communities in need
2	Collaboration among community partners	15	Community support & leadership
2	Economic development	15	Improving healthcare providers
3	Providers/ access to care	15	Variety of health providers
3	Wellness opportunities- YMCA/ trail	15	Festivals & tourism- community growth
3	Infastructure investment	15	Improving diversity
3	Communication	16	Rural health clinics w/ nurse practioners & physicans
3	Partnerships w/ departments & other stakeholders	16	Speciality providers (pediatricians in rural clinics)
4	Supplemental resources (Salv. Army, HAYS, UW, PFH, etc)	16	Access to opportunities for physical activites
4	Access to medical care	17	Improvements in heart care services
4	Food insecurity supports	17	Brought in many new providers to HRHS
5	Quality	17	Several walk in clinics
5	Access to exercise	17	Covid vaccine clinics
5	Infant health	17	Built on or remodeled to meet new/ changing patient needs
5	Infastructure	18	Variety of providers in Marion
5	Education	18	Jobs that offer healthcare
5	Supplemental resources	18	Vaccine clinics
6	Good healthcare facilities	19	New providers
6	Knowledgable staff/ providers	19	Access to clinics
6	Availability of food in community (during Covid especially)	19	Mass events
7	Physical fitness	19	Industry has healthcare benefits
7	Education	19	Access to physical activities
8	Access to providers- all levels	19	Collaborations
8	Access to recreation	19	School district
8	Job availability	19	County health departments
8	Strong healthcare system	19	Community investments
8	School system	20	Growing healthcare offerings
9	Primary care	20	Access to areas to exercise
9	Ambulance	20	Community collaborations
9	Exercise/ physical fitness (parks, YMCA)	20	Rural- lower crime rates
9	Births	20	Healthcare & public health leaders
9	Donations	21	Primary care providers/ access
10	# of providers	21	Public school services
10	Charitable care	21	Speciality care
10	Access to emergency care	21	Free clinic
10	Parks/ fitness	21	Parks access & YMCA
11	Primary care providers/ locations	22	Regional hospital (HRH)

Wave #4 CHNA - Hannibal MO PSA (6 Counties)

Town Hall Conversation - Weaknesses (Color Cards) N=22

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	Food insecurity	11	Treatment of chronic disease
1	Greying population	12	Mental health (more resources/ more access)
1	Transportation	12	Poverty
1	Prenatal care outer counties	12	Chronic diseases (heart, diabetes, cancer, obesity)
1	Mental health	12	Culture
1	Telehealth	12	Lack of all servies in rural counties
1	Family planned sex ed	12	Cost
1	Affordable childcare	12	Child care
1	Affordable housing	13	Mental health- resources & depression
1	Outer county emergency care	13	Obesity- health wellness education & nutrition
2	Depression- mental health access	13	Drug rehabilitation options (abuse/ addicition)
2	Opioids/ drugs	13	Food insecurity
2	Sexually transmitted infections	13	Chronic health education
2	Uninsured/ affordable healthcare	14	Preventable care
2	Lack of education (health education)	14	Nutrition
3	Mental health services	14	Mental health/ drug abuse
3	Childcare options	14	Cost
3	Healthcare literacy	14	Health care education
3	Expand free clinic access	15	Mental health
3	Nice rental options	15	Childhood obesity (impacts chronic health/ mental health/ etc)
3	Healthy food access	15	Child care (# of providers)
4	Patient transportation after 5 pm	15	Drug abuse
4	Senior services (health fairs)	15	Insurance coverage (use PCP more, counsel/ diagnose kids sooner)
4	Keep bringing in new specialities	16	Mental health options
5	Affordable child care- smaller community	16	Cost of health care (insurance)
5	Providers in area counties	16	Drug abuse
5	Housing	16	Homeless population
5	Drugs	17	Mental health
5	Nursing home staffing	17	Child care
5	Mental health	17	Drugs/ opioids
5	Transportation to healthcare	17	Neglect
6	Patient transportation	17	Poverty
6	Food insecurity	18	Children in single parent households
6	Access/ nutrition	18	Housing problems
6	Vaping	18	Mental health access/ depression
6	Access to affordable insurance	18	Cost
6	Poverty	18	Child care
6	Chronic diseases	18	Average time in ER
6	Health/ education wellness	19	Drug issues
6	Lack of child care & teachers	19	School nutrition/ child nutrition
7	Mental health	19	Mental health services
7	Heart care	20	Mental health services
7	Access to child care	20	Opioid/ drug abuse
7	Drugs/ opioids	20	Housing shortage
7	Chronic diseases	20	Single parent households & need for child care
8	Lack of child care workforce	20	Culture of resilience among adults/ youth
8	Vaping- NO BIG DEAL	20	Attract/ retaining individuals to community
8	Healthier food options	21	Mental health
8	Public school education- test scores	21	Greater access/ annual visits
8	Dropping standard for RESPECT among youth	21	Cardiology services
9	Treatment of chronic disease	21	Child care accessibility
9	Substance abuse	21	Cancer
9	Annual dr visits	22	Obesity
9	Mental health services/ coping	22	Costs
9	Child care	22	Drugs
9	Healthier food options	22	Mental health
9	Cost of health care	22	Chronic diseases
10	Access to behavioral health	23	Mental health availability
10	Substance abuse	23	Cost of health care
10	Child care availability	23	Drug abuse
11	Amount of meds (pain) given why ask	23	Homeless population

EMAIL #1 Request Message (Cut & Paste)

From: Wendy Harrington, CEO
Date: 3/10/2022
To: Community Leaders, Providers and Hospital Board and Staff
Subject: 2022 Community Health Needs Assessment Online Survey

Hannibal Regional Hospital is partnering with other community health providers to update the 2019 Community Health Needs Assessment for Marion, Lewis, Monroe, Pike, Ralls, and Shelby counties. The goal of this assessment update is to understand progress in addressing community health needs cited in past assessment reports while collecting up-to-date community health perceptions and ideas. Therefore, we are seeking input from the community regarding healthcare needs in order to complete the 2022 CHNA report. VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research.

To gather community feedback, a short and confidential online survey has been developed. Please utilize the link below to complete this request.

LINK: https://www.surveymonkey.com/r/CHNA2022_HannibalRegional

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **Friday, April 8th.** In addition, please **HOLD the date** for the Town Hall meeting scheduled for lunch on **Thursday, May 12th.** Please stay on the lookout for more information to come soon regarding the RSVP and Town Hall location.

Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (XXX)XXX-XXXX.

From: Maune, Chris J
Sent: Monday, March 28, 2022 2:17 PM
Subject: Hannibal Regional Press Release

For immediate release:

Hannibal Regional Seeks Public Participation for

2022 Community Health Needs Assessment

Hannibal, MO - Over the next few months, Hannibal Regional Healthcare System will be working with the local community to update the 2019 Community Health Needs Assessment (CHNA) for the following six counties: Marion, Lewis, Monroe, Pike, Ralls, and Shelby. They are seeking input from community members regarding the healthcare needs in order to complete this work for the 2022 CHNA. The goal of this assessment update is to understand progress in addressing community health needs cited in both the 2016 and 2019 assessment reports, while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed in order to accomplish this work. The survey can be accessed by visiting the Hannibal Regional website and clicking on the Community Health link.

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by Thursday, April 14th, 2022. In addition, please HOLD the date for the Town Hall meeting scheduled Thursday, May 12th, 2022 for lunch from 11:30 a.m. - 1:00 p.m at Hannibal Regional. The time and support of all community members is greatly appreciated. For more information regarding CHNA activities, please call (573) 629-3577.

###

Chris Maune, MHA
Development Coordinator
Hannibal Regional
6000 Hospital Drive | Hannibal, MO
573.629.3577

EMAIL #2 Reminder to HRHS Stakeholders

From: Wendy Harrington, Foundation President, and CEO
Date: April 19, 2022,
To: Community Leaders, Providers and Hospital Board / Dept Leaders
Subject: CHNA Town Hall -Thursday May 12th, 2022

To Community Leaders:

Hannibal Regional Healthcare System (HRHS) is updating their Community Health Needs Assessment (CHNA) report. To continue this work, a CHNA **Town Hall will be held on Tuesday, April 16th from 11:30 a.m. to 1:00 p.m. at** HRHS's Community Rooms A & B. Note: a light lunch will be provided starting at 11:15 a.m.

The goal of work is to understand progress in addressing community health needs cited from past CHNA reports and to discuss current community health priorities. Vince Vandehaar, principal consultant at VVV Consultants LLC from Olathe, Kansas, has been selected again to facilitate this meeting.

While Covid is still upon us, we must ensure the safety of our community members. To do so, please RSVP today to confirm your socially safe seat. Thank you for your participation; we look forward to your attendance.
https://www.surveymonkey.com/r/HannibalReg_2022CHNA_TownHall_RSVP

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

Hannibal Regional Healthcare System Community Health Needs Town Hall

Media Release April 19, 2022

Hannibal Regional Healthcare System (HRHS) is updating their 2022 Community Health Needs Assessment (CHNA) report. To continue this work, Hannibal Regional Healthcare System will host a community Town Hall meeting on **Thursday May 12th, from 11:30 a.m. – 1:00 p.m**. at **Hannibal Regional's Community Meeting Rooms A & B.**

During this event, we will review published community health indicators and online survey feedback opinions on key community health needs for HRHS service area. Vince Vandehaar, principal consultant at VVV Consultants LLC from Olathe, Kansas, has been contracted again to facilitate this meeting.

Note: While Covid is still upon us, we must ensure the safety of our community members. To do so, please visit the HRHS's website to complete a RSVP by May 9th to confirm your socially safe seat.

https://www.surveymonkey.com/r/HannibalReg_2022CHNA_TownHall_RSVP

For more information about our CHNA Town Hall please contact: Chris Maune at chris.maune@hannibalregional.org.

##

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2022 Community Feedback: Hannibal Regional PSA (N=183)

ID	Zip	Rating	Movement	c1	c2	c3	Q4 In your opinion, what are the root causes of "poor health" in our community?
1114	63401	Good	Increasing - moving up	AWARE			Limited knowledge
1119	63401	Very Good	Increasing - moving up	AWARE			Healthcare is available, but the community often times does not utilize what is available to them.
1020	63401	Average	Increasing - moving up	CORP			Citizen education
1024	63461	Average	Not really changing much	DRUG			Drug abuse
1027	63401	Good	Increasing - moving up	EDU			Health Literacy
1122	63401	Very Good	Increasing - moving up	EDUC			Low level of medical education
1137	63459	Good	Not really changing much	FEM			Women's health
1057	63441	Average	Increasing - moving up	FINA	EDU		Lack of knowledge regarding affordable options for healthcare; low healthcare literacy especially when it comes to insurance benefits
1155	63353	Poor	Decreasing - slipping downward	FINA			cost of medical care
1123	63461	Average	Increasing - moving up	FINA			Overall cost
1044	63461	Average	Not really changing much	FINA			high cost of care
1072	63401	Good	Not really changing much	FINA			Cost of care, underinsured
1126	63401	Good	Not really changing much	FINA			Lack of ability to pay for services. You can have all the services in the world, but if the people that need them can't afford them, its a moot point.
1105	63401	Very Good	Increasing - moving up	OTHR			Apathy
1153	63461	Good	Not really changing much	OTHR			Self neglect and apathy
1165	63461	Good	Not really changing much	OTHR			Learned behavior - generations of families live this way.
1034	63401	Average	Decreasing - slipping downward	OWN			It's easier to be unhealthy
1012	63401	Good	Increasing - moving up	OWN			Personal responsibility and choices, healthy parenting
1163	63401	Good	Increasing - moving up	PREV			I feel like affordable exercise services
1033	63401	Good	Not really changing much	PREV			I feel like we need more "preventative" care/services
1014	63401	Average	Not really changing much	PRIM			Limited access to primary care is a slippery slope i feel. There are plenty of providers out there but often times building that rapport with someone often fails and then patients would rather sit and suffer than go back to a primary care provider that they did not connect with rather than rock the boat and look for a new provider in the same practice for fear of retaliation or it "looking bad on their chart."

CHNA 2022 Community Feedback: Hannibal Regional PSA (N=183)

ID	Zip	Rating	Movement	c1	c2	c3	Q7 Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1109	63401	Average	Decreasing - slipping downward	BH	HRS		No mental healthcare after hours
1158	63459	Good	Decreasing - slipping downward	BH	NH		Inpatient mental health. Senior care in home
1003	63401	Good	Not really changing much	BH	OPTH	DENT	We do not have enough mental health providers, we do not have enough vision care and dental care for low income and patients with no health insurance
1143	63401	Poor	Decreasing - slipping downward	BH	STFF	PHAR	More mental health counselors Pharmacy that actually maintain their staff also.
1124	63461	Good	Decreasing - slipping downward	BH			Lack of mental health- months to get in
1152	63401	Good	Decreasing - slipping downward	BH			Mental health therapists
1019	63401	Very Good	Increasing - moving up	BH			Mental health providers
1068	63459	Very Good	Increasing - moving up	BH			I don't there are any mental staff available. No beds for mental
1077	63456	Good	Increasing - moving up	BH			Need more readily available mental health providers
1176	63401	Very Good	Increasing - moving up	BH			No one in our home has needed mental health services, but we know families who have needed them, and they are lacking in Hannibal.
1177	63401	Good	Increasing - moving up	BH			There are not enough mental health professionals
1046	63434	Poor	Not really changing much	BH			In person mental health is non existent in our county.
1100	63401	Average	Not really changing much	BH			Mental Health
1111	63401	Average	Not really changing much	BH			mental health providers
1136	63401	Good	Not really changing much	BH			Mental health
1169	63401	Good	Not really changing much	BH			Mental Health Care Providers
1118	63468	Average	Decreasing - slipping downward	CLIN			If we call up to the clinic, it's 3-4 days for an appointment so we have to drive 40 minutes to the walk in clinic for things like respiratory infections, eye infection etc…
1027	63401	Good	Increasing - moving up	COL	CARD		Colorectal surgeon Open heart surgery
1028	63459	Average	Not really changing much	DENT	DOCS	BH	There are very limited providers in our county and no dental or mental health services.
1029	63437	Good	Increasing - moving up	DENT			Dental
1076	63401	Good	Increasing - moving up	DERM	ORTH		I think a dermatologist is needed and more treatments for spinal issues
1115	63401	Good	Increasing - moving up	DERM			Dermatology
1153	63461	Good	Not really changing much	DOCS	COMM		It seems like many of the providers are all gone out of the office at that same time, and some providers it takes days for the office to return phone calls.
1091	63401	Good	Decreasing - slipping downward	DOCS	STFF		There is a lot of turnover in Doctors in our area.
1155	63353	Poor	Decreasing - slipping downward	DOCS	STFF		I feel there is always a lack in providers. The providers we do have, have so much on their plates i am sure it is hard to keep up. We could use more PCP in this area.
1032	63452	Average	Increasing - moving up	DOCS			With HRH you never know if they will have a provider or if you are going to be transferred to another hospital.
1038	63401	Good	Increasing - moving up	DOCS			Lack of providers for quicker appointments.
1159	62365	Average	Not really changing much	DOCS			Not enough good doctors you have lost some really good doctors to letting Blessing buy Hannibal clinic Hannibal regional medical group should of purchased it not Blessing .
1035	63353	Poor	Decreasing - slipping downward	EMER	CLIN	DOCS	competent staff and physicians in emergency and walk-in clinics.
1181	63401	Good	Increasing - moving up	FEM	PEDS	CARD	Need more womens care, pediatricians, cardiology care at all times, mental health
1065	63401	Average	Decreasing - slipping downward	HRS	FINA		Working families often have to take time off work to access services. In a time where inflation is ridiculous, and money is even more tight, missing work can be detrimental. We must also consider those at risk of losing their job when caring for their family requires work to be missed.
1167	63401	Good	Decreasing - slipping downward	HRS			More later hours for services.
1037	63459	Good	Not really changing much	HRS			Hours of operation for providers need to be outside "bankers hours of 9-5pm" so that the working class can still access the services after they get off work and not have to do it only on the weekends.
1107	63443	Average	Not really changing much	HRS			depends on what hours the providers work and if they are willing to see patients
1137	63459	Good	Not really changing much	HRS			We are required to utilize the emergency room at off hours.
1127	63401	Good	Decreasing - slipping downward	NO			I'm not sure
1099	63401	Good	Increasing - moving up	NO			I can't really judge because I am in excellent health, thank heavens.
1012	63401	Good	Increasing - moving up	OTHR			depends on specific needs
1087	63401	Very Good	Decreasing - slipping downward	PRIM	CUL		Primary care/English speaking Drs.
1117	63334	Average	Not really changing much	PRIM	WAIT		primary care wait times are high
1059	63401	Good	Not really changing much	RHE	URL		rheumatologist, plastic surgery, urologist,
1156	63336	Average	Decreasing - slipping downward	SCH			I was trying to make an appointment for a general checkup and was told by my doctor's secretary that since I had not been there in two years, I would be considered a new patient and had to wait over 30 days to get an appointment at an office I had been going to for over 20 years - and where all of my records were kept.
1088	63334	Good	Increasing - moving up	SCH			Sometimes difficult to get in to physician....2-4 week wait

CHNA 2022 Community Feedback: Hannibal Regional PSA (N=183)

ID	Zip	Rating	Movement	c1	c2	c3	Q7 Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1089	63401	Good	Not really changing much	SCH			Scheduling Is An Issue, I always have to schedule months in advance, if not a year. If I have to cancel, they can't get me in for weeks. I am a young, healthy, woman so I understand my priority, just annoying.
1069	63401	Good	Not really changing much	SPEC	GAS		I feel that there are some areas that could use a few more specialists. GI care is very vague here for an example.
1081	63401	Good	Increasing - moving up	SPEC	SCH		Referral time is too long. Speciality too long to schedule.
1010	63401	Good	Increasing - moving up	SPEC	WAIT		The wait for specialist appointments is very long in many cases.
1004	63401	Very Good	Increasing - moving up	SPEC			Need more specialists
1057	63441	Average	Increasing - moving up	SPEC			General providers, yes. Specialty providers, no.
1173	63469	Very Good	Increasing - moving up	SPEC			need more specialties
1174	63401	Very Good	Not really changing much	STFF	COVD		I am not sure there are enough hospital staff providers. I believe the hospital is heavily supplementing with traveling nurses etc. Not sure how much of this is the shortage of nurses and how much is burn out from the Covid-19 pandemic. The constant moving target of the mask/vaccination mandates (federal) have been ridiculous and have caused a lot of division in the workforce.
1086	63401	Average	Decreasing - slipping downward	STFF	EQUIP		Lack of staff or equipment
1113	63401	Good	Decreasing - slipping downward	URL	ORTH		urology, orthopedics

CHNA 2022 Community Feedback: Hannibal Regional PSA (N=183)

ID	Zip	Rating	Movement	c1	c2	c3	Q8 What "new" community health programs should be created to meet current community health needs?
1136	63401	Good	Not really changing much	ACC	AWARE		Greater patient access to needed services. Perhaps it is available, but the community is not always aware.
1023	63456	Average	Increasing - moving up	AWARE	PRIM	BH	It isn't new but there needs to be more awareness of the school-based health services that provide both primary care and behavioral health services.
1166	63463	Average	Not really changing much	BH	ALT		Access to mental health care. Access to more holistic medicine
1048	63462	Good	Increasing - moving up	BH	DOCS		Need more mental health resources overall and physicians/NPs in the rural clinics.
1065	63401	Average	Decreasing - slipping downward	BH	DRUG	HRS	Mental health, behavioral health and substance abuse instruction and support at the middle school and high school levels. More evening and weekend appointment times available for specialists and mental/behavioral health providers.
1026	63401	Very Good	Increasing - moving up	BH	DRUG		Mental Health and Drug abuse health
1063	63401	Average	Increasing - moving up	BH	DRUG		Mental health, substance abuse
1077	63456	Good	Increasing - moving up	BH	DRUG	SUIC	More support for kids around mental health, drug abuse, suicide.
1052	63401	Good	Not really changing much	BH	DRUG	SUIC	Anything in the areas of mental/behavioral health, substance abuse, suicide. Also nutrition.
1111	63401	Average	Not really changing much	BH	EDU		Mental health support groups, parent support groups, comprehensive adolescent/teen sex education programs. Collaborating with Girl Scouts(Adults) to come teach health programs at local schools.
1103	63401	Poor	Increasing - moving up	BH	FINA		More options for people to access mental health doctors and for those with no insurance or once to especially have access.
1163	63401	Good	Increasing - moving up	BH	FINA		I feel like mental health has still such a stigma surrounded around it. I feel like in the community clarity is still seen as a “low income” and somehow services for into-gents. I feel if the hospital added back services or partnered with other health systems made that stigma may lessen. I feel in the community the perception is that the hospital doesn’t care about this population and has written them off
1030	63401	Very Good	Increasing - moving up	BH	HSP		Mental health and hospice choices for terminally ill patients
1044	63461	Average	Not really changing much	BH	IP		inpatient mental health at hospital
1159	62365	Average	Not really changing much	BH	NH		Mental health services. More senior programs people cant afford Nursing homes anymore.
1091	63401	Good	Decreasing - slipping downward	BH	SUIC		Mental Health and Suicide help and information.
1158	63459	Good	Decreasing - slipping downward	BH			Mental health
1019	63401	Very Good	Increasing - moving up	BH			Mental health
1038	63401	Good	Increasing - moving up	BH			Mental Health
1051	63461	Very Good	Increasing - moving up	BH			Mental health to take pressure of Emergency Room services
1081	63401	Good	Increasing - moving up	BH			Health programs through school districts.
1084	63461	Very Good	Increasing - moving up	BH			More mental health (MTBH is wonderful but I think a more immediate type of care is necessary).
1090	63454	Good	Increasing - moving up	BH			depression support group
1105	63401	Very Good	Increasing - moving up	BH			Inpatient Mental Health is a significant need for our community.
1106	63401	Good	Increasing - moving up	BH			Mental Health - Inpatient and Outpatient
1110	63469	Good	Increasing - moving up	BH			Mental health
1123	63461	Average	Increasing - moving up	BH			Mental health providers that are aware of trauma, ACEs, and generational patterns
1134	63401	Good	Increasing - moving up	BH			Mental Health home.
1144	63401	Good	Increasing - moving up	BH			More complete mental services. The ability to commit someone locally without taking them 2 hours away.
1151	63456	Good	Increasing - moving up	BH			Mental health for our young adults… we have some great people but feel we need more
1168	63401	Good	Increasing - moving up	BH			Mental health
1181	63401	Good	Increasing - moving up	BH			Mental health
1017	63401	Good	Not really changing much	BH			There could be several things mentioned but even though it is a difficult service to provide in today’s world “mental health” seems to be one of the most if not the most needed programs.
1037	63459	Good	Not really changing much	BH			Mental Health, long-term care facilities. However, just "cleaning up" the services that are in the community would be a tremendous help.
1046	63434	Poor	Not really changing much	BH			Mental health services, physical health programs, childcare programs
1059	63401	Good	Not really changing much	BH			I am not sure but I know we really need more mental health programs (which I forgot about in earlier questions). We need help here not just to transfer to another place outside our community
1071	63401	Very Good	Not really changing much	BH			Acute MH services are desperately needed in this community.
1155	63353	Poor	Decreasing - slipping downward	BILL	FINA		I feel like there needs to be more financial assistance/forgiveness programs instead of turning everyone into collections. Times are tough for people to have this type of worry and feel they cannot get appropriate medical care because even with insurance they still cannot afford their bills.
1119	63401	Very Good	Increasing - moving up	CAANC			Expand cancer screening/awareness programs that are provided.
1008	63401	Very Good	Increasing - moving up	CARD			I believe our community would benefit from increased options when it comes to cardiac care and/or more intensive cardiac procedures that can be performed in our community.
1126	63401	Good	Not really changing much	CLIN	BH		We need to focus on bolstering the ones that are working. We don't need NEW. We need expanded services at places like the free clinic, places that have sliding scales based on income, and expanding our existing mental health services.
1149	63456	Average	Increasing - moving up	CLIN			Walk in clinic in monroe city Missouri. You can never get in and who wants to drive 20 miles when you don’t feel good.
1116	63459	Poor	Not really changing much	CLIN			Urgent care for ralls
1153	63461	Good	Not really changing much	COMM			Better communication between the agencies that provide the same type of care. And that the people answering the phones have the correct information to actually send people in the right direction to get the help they are looking for. Not a new program but a more coordinated program.

CHNA 2022 Community Feedback: Hannibal Regional PSA (N=183)

ID	Zip	Rating	Movement	c1	c2	c3	Q8 What "new" community health programs should be created to meet current community health needs?
1035	63353	Poor	Decreasing - slipping downward	CORP	HRS		outreach programs to community, civic organizations. Community health care that works other than bankers hours.
1028	63459	Average	Not really changing much	DENT	BH		More dental and mental health services in the smaller communities.
1029	63437	Good	Increasing - moving up	DENT			Dental services
1076	63401	Good	Increasing - moving up	DERM	ORTH		Dermatolgist and back pain surgery
1169	63401	Good	Not really changing much	DOCS	EDU		The number of needed practitioners is increasing due to the overall health of individuals decreasing - thus, effort to educate individuals on the need for them to take care of their own health is needed (I say this as I sit here and drink my daily soda).
1139	63401	Average	Increasing - moving up	DRUG	SUIC	NH	More drug abuse and suicide programs. We need more supervision and help with senior care.
1068	63459	Very Good	Increasing - moving up	DRUG	TPRG	POV	Drug abuse, teen pregnancy, psychiatric care, wellness for the poor and homeless
1167	63401	Good	Decreasing - slipping downward	DRUG			Drugs
1160	63401	Very Good	Increasing - moving up	DRUG			Expand substance abuse care/treatment.
1131	63468	Average	Not really changing much	EDU			more educational classes for the public
1004	63401	Very Good	Increasing - moving up	EDU	PREV	OWN	I believe we need more education that deals with prevention. So much of healthcare today is needed because as a society we don't take care of ourselves.
1053	63401	Good	Decreasing - slipping downward	EDU			Understanding Insurance 101 Medicare Replacement Plans: What You Need to Know!
1109	63401	Average	Decreasing - slipping downward	EDU			Parenting classes, stress prevention classes, exercise and nutrition programs. Need to be held in places people can come with feeling intimidated or outclassed.
1012	63401	Good	Increasing - moving up	EDUC			More health education to parents and in schools
1020	63401	Average	Increasing - moving up	EDUC			Establish a program that models good health behavior and recognize those success stories
1143	63401	Poor	Decreasing - slipping downward	FINA			Low cost price controlled healthcare that everyone can use
1137	63459	Good	Not really changing much	HRS			Online and overnight availability
1140	63334	Good	Not really changing much	HRS			More reliable and flexible hours.
1025	63401	Good	Increasing - moving up	IP	BH		We need some type of inpatient mental health treatment facility.
1127	63401	Good	Decreasing - slipping downward	NO			Not sure
1083	63459	Very Good	Increasing - moving up	NO			no opinion
1099	63401	Good	Increasing - moving up	NO			That I can't answer, but I have told you my areas of concern.
1070	63401	Very Good	Not really changing much	NO			I have no opinion on this.
1003	63401	Good	Not really changing much	NUTR	DENT	OPTH	nutrition, dental and vision programs for low income persons and persons with no health insurance
1165	63461	Good	Not really changing much	NUTR	OBES		Nutrition- exercise programs for beginners/very obese/low income.
1129	63401	Average	Not really changing much	NUTR	PREV		Wellness and nutrition, disease prevention
1089	63401	Good	Not really changing much	NUTR			-Nutrition education within schools -donations for better nutrition within the schools
1162	63368	Good	Increasing - moving up	OBES	BH		Obesity treatment in rural areas. Mental health counselors in the rural area
1174	63401	Very Good	Not really changing much	OWN			Some sort of motivators for people to engage wellness programs. A buddy system or something needs to be established to create a "reason" for people to become active. Leagues, competitions, lessons etc. Perhaps youth programs that provide access to bikes, running shoes, athletic equipment etc.
1176	63401	Very Good	Increasing - moving up	POV	BH		Resources for area homeless and impoverished Mental health resources
1033	63401	Good	Not really changing much	PREV			Preventative Health Care, beginning at the pre-school level and continuing on through adulthood
1161	63401	Good	Increasing - moving up	REC			MORE SIDEWALKS - I love the walking trail - wish we had sidewalks everywhere!
1107	63443	Average	Not really changing much	SCH	BH		providers opening schedules to see patient. developing a way to address mental health in this region
1021	63401	Good	Increasing - moving up	SMOK			Vaping is a new gateway drug. We don't talk enough about it.
1086	63401	Average	Decreasing - slipping downward	STFF			Education for Healthcare workers
1124	63461	Good	Decreasing - slipping downward	STFF			Not sure- just think current ones need more staff and funding.
1093	63401	Good	Not really changing much	TPRG			More teenage pregnancy prevention. Family Planning ?
1098	63461	Very Good	Increasing - moving up	TRAN			Transportation service
1100	63401	Average	Not really changing much	TRAN			Organized transportation to get to appts. For health care for those who do not drive, or no longer drive.
1156	63336	Average	Decreasing - slipping downward	SPRT	SERV	QUAL	No "new" ones. Make the old ones work, and become more a part of the community and provide truly caring service.
1122	63401	Very Good	Increasing - moving up	PALL	SPEC		Palliative care

Let Your Voice Be Heard!

In 2019, Hannibal Regional Healthcare System surveyed the community to assess health needs. Today, we request your input again in order to update our 2022 Community Health Needs Assessment (CHNA).

To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! The deadline to participate in this survey is April 14th, 2022

* 1. To begin, for analysis purposes, what is your home ZIP code? (Please enter 5-digit ZIP code; for example, 65305)

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

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

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

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

Please specify why.

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

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

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

- [ ] Mental Health (Diagnosis, Treatment, Aftercare, Physicians)
- [ ] Cost of Healthcare Services
- [ ] Drug / Substance Abuse
- [ ] Poverty
- [ ] Obesity (Nutrition / Exercise)
- [ ] Awareness of Healthcare Services
- [ ] Health Apathy - Owning Your Health
- [ ] Chronic Diseases
- [ ] Palliative Care
- [ ] Senior Care
- [ ] Smoking / Vaping
- [ ] Suicide
- [ ] Transportation
- [ ] Teen Pregnancy
- [ ] Underinsured / Uninsured
- [ ] Violence / Domestic Abuse

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

- [ ] Mental Health (Diagnosis, Treatment, Aftercare, Physicians)
- [ ] Cost of Healthcare Services
- [ ] Drug / Substance Abuse
- [ ] Poverty
- [ ] Obesity (Nutrition / Exercise)
- [ ] Awareness of Healthcare Services
- [ ] Health Apathy - Owning Your Health
- [ ] Chronic Diseases
- [ ] Palliative Care
- [ ] Senior Care
- [ ] Smoking / Vaping
- [ ] Suicide
- [ ] Transportation
- [ ] Teen Pregnancy
- [ ] Underinsured / Uninsured
- [ ] Violence / Domestic Abuse

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

- [ ] Chronic Disease
- [ ] Lack of Health & Wellness
- [ ] Lack of Nutrition/Exercise Services
- [ ] Limited Access to Primary Care
- [ ] Limited Access Specialty Care
- [ ] Limited Access to Mental Health
- [ ] Family Assistance programs
- [ ] Lack of Health Insurance
- [ ] Neglect

Other (Be Specific).

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

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

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

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

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

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

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

- ◯ Yes
- ◯ No

If yes, please specify your thoughts.

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

- ◯ Yes
- ◯ No

If yes, please specify the services received

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

- ◯ Yes
- ◯ No

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

15. Outcome of care is also vitally important. Is the outcome / delivery of care fulfilling the needs for you and the community?

- ◯ Yes
- ◯ No

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

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

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

- [ ] Abuse/Violence
- [ ] Access to Health Education
- [ ] Alcohol
- [ ] Alternative Medicine
- [ ] Behavioral/Mental Health
- [ ] Breastfeeding Friendly Workplace
- [ ] Cancer
- [ ] Care Coordination
- [ ] Diabetes
- [ ] Drugs/Substance Abuse
- [ ] Family Planning
- [ ] Health Literacy
- [ ] Heart Disease
- [ ] Housing
- [ ] Lack of Providers/Qualified Staff
- [ ] Lead Exposure
- [ ] Neglect
- [ ] Nutrition
- [ ] Obesity
- [ ] Occupational Medicine
- [ ] Ozone (Air)
- [ ] Physical Exercise
- [ ] Poverty
- [ ] Preventative Health/Wellness
- [ ] Sexually Transmitted Diseases
- [ ] Suicide
- [ ] Teen Pregnancy
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Transportation
- [ ] Vaccinations
- [ ] Water Quality

Other (Please specify).

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

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

Other (Please specify).

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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