



# **Community Health Needs Assessment Henry and Benton County, MO**

On Behalf of Golden Valley Memorial Healthcare in partnership with  
Compass Health Network & Henry County Health Center



**January 2023**

**VVV Consultants LLC  
Olathe, KS**

# Community Health Needs Assessment

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# I. Executive Summary

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# I. Executive Summary

## Golden Valley Memorial Healthcare (Primary Service Area) – Henry and Benton County, MO - 2022 Community Health Needs Assessment (CHNA)

The previous CHNA for GVMH, Compass Health Network, and Henry County Health Center (Henry and Benton Counties, MO) was completed in 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 Henry and Benton County, MO CHNA assessment began in May of 2022 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

## County Health Area of Future Focus on Unmet Needs

Area Stakeholder held a community conversation to review, discuss and prioritize health delivery. Below are two tables reflecting community views and findings:

2022 CHNA Priorities - Unmet Needs				
Henry & Benton Co - Clinton MO				
On Behalf of Golden Valley Memorial Healthcare				
CHNA Wave #4 Town Hall - October 13th, 2022				
Primary Service Area (41 Attendees /39 voter for 156 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Substance Abuse (Drug / Alcohol / Nicotine)	23	14.7%	15%
2	Psychiatric IP Beds	14	9.0%	24%
3	Nursing Home (Available / Quality)	14	9.0%	33%
4	Housing (Affordable / Safe)	12	7.7%	40%
5	Community Education (Mental Health / Anxiety)	10	6.4%	47%
6	Chronic Disease Management (COPD, Diabetes, Cardiac, and Cancer)	10	6.4%	53%
7	Transportation (All)	8	5.1%	58%
8	Urgent Care Services (After Hours)	8	5.1%	63%
9	Senior Transitional Living	8	5.1%	69%
10	Food Insecurity (Healthy foods / Education)	8	5.1%	74%
11	Wellness Programs	8	5.1%	79%
Total Votes		156	100%	
Other needs receiving votes: Childcare (Available, Affordable, Safe), Homeless, Obesity (Nutritional / Exercise), Family Planning / Women's Health, Domestic Abuse, Crisis Intervention, Poverty, Suicide Prevention				

## Town Hall CHNA Findings: Areas of Strengths

Henry & Benton County, MO - Community Health Strengths Recalled			
#	Topic	#	Topic
1	Primary Care Provider Access (Henry Co)	6	Outpatient Services
2	Collaboration between GV, DOH, and Compass	7	Dental Services for Medicaid Patients
3	Exercise Opportunities	8	Superior quality of care
4	Community Assistance Programs	9	School Health
5	Access to Specialty Care	10	New Services (Oncology coming)

### Key CHNA Wave #4 Secondary Research Conclusions found:

**MISSOURI HEALTH RANKINGS:** According to the 2022 Robert Wood's Henry County Health Rankings, Henry County, MO Average was ranked 80<sup>th</sup> in Health Outcomes, 34<sup>th</sup> in Health Factors, and 76<sup>th</sup> in Physical Environmental Quality out of the 115 Counties. Benton County, MO Average was ranked 85 in Health Outcomes, 14<sup>th</sup> in Health Factors, and 78<sup>th</sup> in Physical Environment Quality out of the 115 counties.

**TAB 1.** Henry County's population is 15,544 (based on 2021). About six percent (5.7%) of the population is under the age of 5, while the population that is over 65 years old is 22.1%. As of 2019, 3.4% of citizens speak a language other than English in their home. Children in single parent households make up a total of 23.3% compared to the rural norm of 20.3%, and 83.9% are living in the same house as one year ago.

**TAB 2.** In Henry County, the average per capita income is \$26,944 while 13.6% of the population is in poverty. The severe housing problem was recorded at 12.0% compared to the rural norm of 12.6%. Those with food insecurity in Henry County is 16.4%, and those having limited access to healthy foods (store) is 13.8%. Individuals recorded as having a long commute while driving alone is 32.1% compared to the norm of 32.4%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Henry County is 57.8%. Roughly ninety-three percent (93.1%) of students graduated high school compared to the rural norm of 90.3%, and 22.2% have a bachelor's degree or higher.

**TAB 4.** The rate per 1,000 of births where prenatal care started in the first trimester is 818.6 and 48.7 of births in Henry County have a low birth weight. The percent of all births occurring to teens (15-19) is 57.5 per 1,000.

**TAB 5.** The Henry County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,415 residents. There were 5,164 preventable hospital stays in 2018 compared to the Rural Norm of 3,453.

**TAB 6.** In Henry County, 15.9% of the Medicare population has depression. The average mentally unhealthy days last reported (2018) is 3.6 days in a one-week period, while the age-adjusted suicide mortality rate (per 100,000) is 15.4.

**TAB 7a – 7b.** Henry County has an obesity percentage of 35.1% and a physical inactivity percentage is 24.2%. The percentage of adults who smoke is 19.3%, while the excessive drinking percentage is 24.7%. The Medicare hypertension percentage is 58.7%, while their heart failure percentage is 15.7%. Those with chronic kidney disease amongst the Medicare population is 25.7% compared to the rural norm of 21.0%. The percentage of individuals who were recorded with COPD was 15.7%. Henry County recorded as three percent of individuals having had a stroke at 3.0%.

**TAB 8.** The adult uninsured rate for Henry County is 6.0% (based on 2019) compared to the rural norm of only 6.2%.

**TAB 9.** The life expectancy rate in Henry County for males and females is eighty years of age (80.0). Alcohol-impaired driving deaths for Henry County is 42.9% while age-adjusted Cancer Mortality rate per 100,000 is 178.0. The age-adjusted heart disease mortality rate per 100,000 is at 165.8.

**TAB 10.** A recorded seventy-seven percent (77.5%) of Henry County has access to exercise opportunities. Those reported having diabetes is 11.0%. Continually, fifty-two percent (52.0%) of women in Henry County seek annual mammography screenings compared to the rural norm of 48.3%.

## Key CHNA Wave #4 Primary Research Conclusions found:

**Community Feedback from residents, community leaders and providers (N=259) provided the following community insights via an online perception survey:**

- Using a Likert scale, average between Henry & Benton County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 71.1%.
- Henry & Benton County stakeholders are satisfied with some of the following services: Community Collaboration (Attendance and Funding), Active Younger Populace, Access to Providers, Access to EMS, Public Health, Insurance Option for Business Community, Quality of Life Options, Police and Fire Support, Visiting Specialists, New Day Care Center, Strong Hospice Services, Health Services to the Schools, and High Quality Health Care Services.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental health (OP Access) / Crisis Services, Obesity (Nutrition / Exercise), Cancer, Disease Prevention / Wellness (Education), Awareness of Healthcare Services, Substance Abuse (Drugs / Alcohol / Smoking), Transportation (All), Suicide, and Dialysis.

Henry & Benton Counties MO - CHNA YR 2022 N=408					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health Specialty Services	276	30.6%		1
2	Emergency Room Services	224	24.8%		2
3	Drug Abuse (Heroin, Marijuana, Meth, Prescription)	140	15.5%		3
4	Improve Quality of Nursing Home Care Services	119	13.2%		4
5	Healthcare Transportation	106	11.8%		5
6	Visiting Specialists (PEDS, ONC, PSY, DERM, ORTH, URL)	101	11.2%		6
7	Obesity (Nutrition / Exercise)	100	11.1%		9
8	Urgent Care Services	99	11.0%		7
9	Expand Community "Wellness" Education	96	10.6%		8
10	Increase # of Dentists who take Medicaid	93	10.3%		11
11	Services for Autistic Children / Adults	73	8.1%		12
12	Provide Local Oral Surgeon Services	71	7.9%		13
13	Economic Development	65	7.2%		10
14	Pediatric Care Services	57	6.3%		14
Totals		1620	100.0%		

## II. Methodology

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## II. Methodology

### a) CHNA Scope and Purpose

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

#### **JOB #1: Meet/Report IRS 990 Required Documentation**

1. A 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.*).

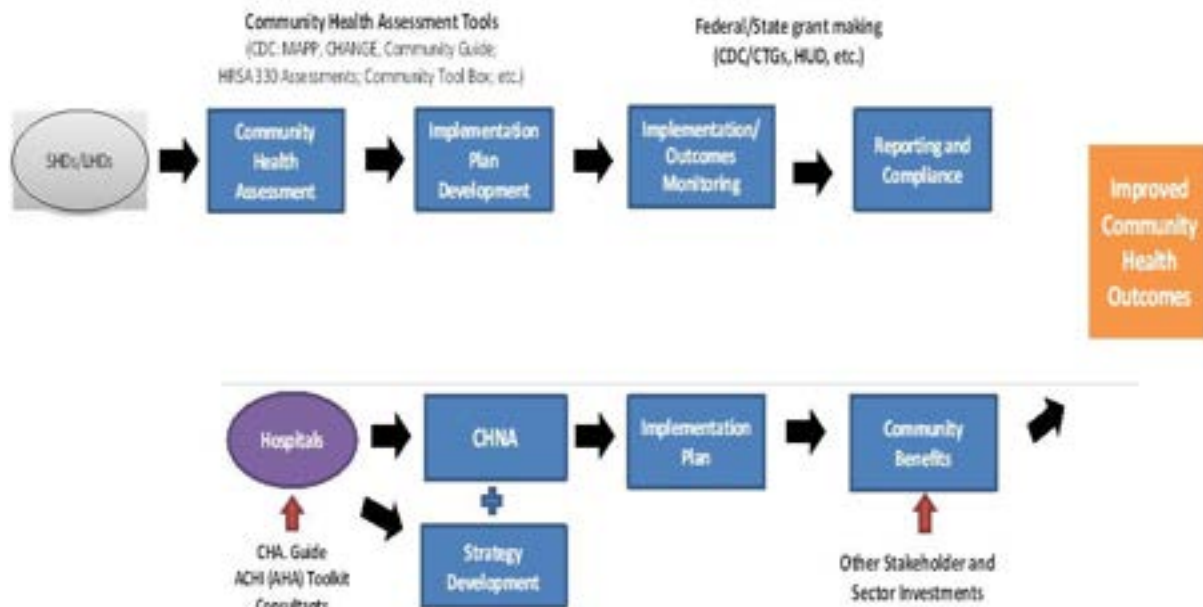
#### **JOB #2: Making a CHNA Widely Available to the Public**

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 69-545 hospital 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):**

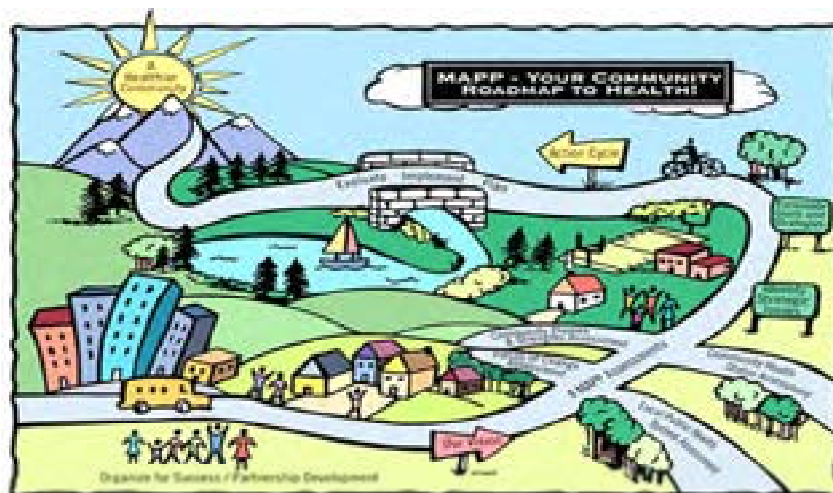
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

## **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) Local Collaborating CHNA Parties

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

#### **Golden Valley Memorial Healthcare**

**1600 N. 2nd St., Clinton, MO 64735**

**Phone: (660) 885-5511**

**CEO: Craig Thompson**

**About Us:** Golden Valley Memorial Healthcare (GVMH) is a leading not-for-profit, healthcare organization with a 56-bed hospital, 24/7 emergency department, home health services, hospice services, rehabilitation and wellness services and physician and outpatient clinics in Clinton. We also have multi-specialty physician clinics in Osceola, Warsaw and Windsor. GVMH has more than 60 providers, 11 specialty areas, 850 employees and cares for approximately 1,000 people per day.

We are recognized as one of the best in the nation for our food service, home health services, safety, specialty clinics and state-of-the art medical equipment. Our expert team is dedicated to providing exceptional quality healthcare with friendliness and compassion.

**Mission:** To provide exceptional healthcare with friendliness and compassion.

**Vision:** Great people committed to innovative healthcare; recognized by our families, friends and neighbors as the provider and employer of choice.

#### **Values:**

**QUALITY** Golden Valley Memorial Healthcare (GVMH) is committed to providing exceptional care and services.

**PROFESSIONALISM** GVMH is a learning organization that maintains a competent, qualified and progressive staff.

**ACCOUNTABILITY** GVMH is committed to its responsibility to the community and the cost effective utilization of resources and financial soundness.

**COMPASSION** GVMH is a caring organization, valuing human dignity and quality of life.

**EXCELLENCE** GVMH is committed to providing an exceptional healthcare experience.

Please note that key operating priorities embodied in our updated mission, vision and values include:

- Our organizational commitment to the provision of exceptional care and services.
- Our commitment to providing care and service with friendliness and compassion.
- Our commitment to maintain a competent, qualified and progressive staff.
- The importance of fiscal responsibility and efforts to cost-effectively utilize resources and to maintain financial soundness.

Our updated mission, vision and values statements continue to provide a framework of operating priorities that help to guide and shape the behavior of everyone at GVMH on a day-to-day basis.

We have much to be proud of at GVMH. Together, we truly do provide exceptional health and wellness services with friendliness and compassion.

**Services Directory:**

- 2 East - Surgical Unit/3 West - Medical Unit
- Birthing Center
- Botox
- Cancer Center
- Cardiac and Pulmonary Services
- Diabetes Education
- Diagnostic Imaging
- Emergency Services
- Endoscopy
- Food & Nutrition Services
- Home Services
- Hospice
- Intensive Care Unit
- Laboratory
- Medical Care Unit
- Patient & Staff Education
- Pediatrics
- Psychiatry
- Rehabilitation & Wellness
- Respiratory Therapy & EKG
- Sleep Lab
- Social Services
- Surgery
- Teleneonatology
- Teleneurology
- Urology
- Vascular Access
- Wound & Ostomy Clinic

## **Henry County Health Center**

**1800 Community Dr, Clinton, MO 64735**

**Phone: (660) 885-8193**

**Administrator: Peggy Bowles**

### **What is public health?**

Public Health is a sophisticated science for identifying and dealing with real or potential health threats to the community. Public Health's primary focus is to improve the health of communities, to prevent disease from occurring, and to save lives. HCHC does this through:

- Assessing and promoting health and safety through training and self-assessment
- Prevents or minimizes the occurrence of diseases and injuries through immunizations, community education, and nursing services
- Plans, prepares and responds to natural or man-made disasters
- Enforces public health laws and regulations

**Mission:** To create a stronger community by promoting health, providing quality resources, and protecting the overall wellness of Henry County residents.

### **Services:**

- **WIC** (M-F 8am to 4:30pm – Mon Evenings by Apt until 6:00pm)
  - Breastfeeding
  - Windsor Clinic
  - Lead Testing
- **Nursing Services**
  - Flu Shots
  - Immunizations
  - STI / HIV Testing
  - TB Testing
  - Lab Draws
- **Children and Youth Special Health Care Needs**
  - Providing health related services and case management
- **Maternal Child Health (MCH)**
  - Title V Program
- **Epidemiology**
  - Contact Tracing
  - Reportable Diseases
  - Outbreak Oversight
- **Community Programs**
  - Car Seat Program
  - Safe Cribs Program
  - Daycare Provider Education
  - CPR / First Aid
  - Vital Records
  - Emergency Preparedness
  - Teen Outreach Program in Schools
  - Distracted Driving
- **Environmental**
  - Food Handler Cards
  - Food Permits
  - Food and Septic Training
  - Septic Inspections
  - Regulations

## **Compass Health Network**

**1800 Community Dr, Clinton, MO 64735**

**Phone: (844) 853-8937**

**President / CEO: Tim Swinfard**

**About:** Compass Health Network is a nonprofit health care organization that provides a full continuum of behavioral health services and supports as well as primary and dental health services throughout Missouri. Additionally, we provide inpatient psychiatric services through Royal Oaks Hospital

Compass Health Network takes a person-centered, integrated approach to caring for our customers. This health care model focuses on treating the whole person and is a collaboration of care involving the individual customer, personal providers and, when appropriate, family members. Our efficient, effective services are enhanced by data and technology to ensure customers receive evidence-based care delivered in the right way, at the right time, and in the right place.

**Our Mission:** Inspire Hope. Promote Wellness.

**Our Vision:** Full, Productive, Healthy Lives for Everyone

**Services:** Compass Health takes a “person centered, integrated approach” to your care that focuses on treating the whole person. It is a collaboration between individual patients, their personal providers, and when appropriate, their family. It is a true team approach that assists the person/family with learning techniques to help them manage their own illnesses and also focuses on ways to prevent the onset of illnesses. Efficient and effective care is enhanced by data and technology to assure that patients receive the care they need when and where they need it. Care is delivered in a culturally and linguistically appropriate manner.

- Same day assessments
- Community Based Behavioral Health Services and Support
- Crisis Services including 23 hour crisis stabilization
- Dental
- Developmental Disabilities Support
- Family Medicine / Primary Care
- Outpatient Behavioral Health
- Pharmacy
- Residential Treatment
- Substance Use Disorders including withdrawal management

## 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](http://VandehaarMarketing.com))

#### Introduction: Who We Are Background and Experience



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,  
- Hometown: Bondurant IA



Cassandra Kahl, BHS – Director, Project Management – Nov 2009  
University of Kansas – Health Sciences  
Park University - MHA  
Hometown: Maple, WI



Hannah Foster MBA – Associate Consultant – April 2022  
MO Southern State – Joplin, MO  
Avila University – MBA with HC  
Hometown: Lee’s Summit, MO

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](http://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 July of 2022 for Golden Valley Memorial Health (GVMH) in Clinton, Missouri to meet Federal IRS CHNA requirements.

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

GVMH - Define PSA				Inpatients			ER			Outpatients			Clinic (Emp. Prov)			
Source: MHA, FFY 2019 - 2021		1,306,086	Totals - IP/OP		2,253	2,282	2,326	14,292	12,625	12,955	287,821	303,878	316,764	154,367	196,523	223,219
Patient Zip Code	County	3YR TOT	%	Accum	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21
64735	HENRY	454,210	34.8%	34.8%	856	864	797	5510	4912	5065	96880	106754	111771	52,889	67,912	76,627
65355	BENTON	220,110	16.9%	51.6%	342	398	358	1916	1839	1959	51142	51188	52956	25,773	32,239	36,887
65360	HENRY	115,229	8.8%	60.5%	171	167	181	1135	910	986	25837	26829	27718	14,158	17,137	19,894
64776	SAINT CLAIR	67,461	5.2%	65.6%	102	102	138	681	559	643	14394	15932	16600	7,925	10,385	11,550
64740	HENRY	51,475	3.9%	69.6%	90	86	88	654	571	569	10969	12069	12907	5,937	7,535	8,972
64763	SAINT CLAIR	39,987	3.1%	72.6%	72	74	85	433	445	424	8358	9152	10166	4,509	6,269	6,841
65338	BENTON	38,019	2.9%	75.5%	78	67	67	405	336	328	8988	8776	8774	4,613	5,587	6,097
65323	HENRY	27,073	2.1%	77.6%	52	29	46	350	272	288	5946	6148	6829	3,184	3,929	4,606
65326	BENTON	25,621	2.0%	79.6%	38	43	43	216	193	245	5916	5988	6252	2,995	3,692	4,161
64788	HENRY	22,760	1.7%	81.3%	51	43	51	274	183	210	4952	5160	5798	2,695	3,343	3,912
64770	HENRY	16,098	1.2%	82.5%	15	19	28	107	92	122	3232	3860	4193	1,840	2,590	2,917
64724	SAINT CLAIR	14,576	1.1%	83.7%	16	23	37	76	71	80	3217	3311	3883	1,562	2,300	2,814
65325	BENTON	9,676	0.7%	84.4%	14	14	21	99	57	70	2513	2041	2376	1,024	1,447	1,878
64738	SAINT CLAIR	8,706	0.7%	85.1%	28	10	21	65	54	65	2064	1977	2008	1,097	1,317	1,496
64726	HENRY	7,258	0.6%	85.6%	7	27	12	71	83	79	1406	1718	1852	792	1,211	1,157
64739	HENRY	7,240	0.6%	86.2%	21	12	11	77	61	73	1463	1721	1808	850	1,143	1,484

**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:

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

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:**

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

<b>Golden Valley Memorial Health - (Clinton, MO)</b> <b>VVV CHNA Wave #4 Work Plan - Year 2022</b>			
Project Timeline & Roles - Working Draft as of 6/24/22			
Step	Timeframe	Lead	Task
1	3/26/2022	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	3/31/2022	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	7/6/2022	VVV	Hold Kick-off Meeting. Send out <b>REQCommInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	7/6/2022	VVV	& Request Hospital Client to send NHA 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 <b>ZipPSA_3yrPOOrigin.xls</b> )
5	7/6/2022	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	July-Aug 2022	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	8/1/2022	VVV / Hosp	Prepare/send out PR story#1 / Email#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	8/8/2022	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	8/22/2022	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 9/22/2022 for Online Survey</b>
10	9/7/2022	Hosp	Prepare/send out to leaders the PR#2 story / Email#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	9/12/2022	VVV / Hosp	Place PR #2 story to local media / Send Email to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	10/10/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	<b>Thursday Oct. 13th, 2022</b>	VVV	Conduct CHNA Town Hall for a working Dinner 5:30pm-7pm. Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 11/15/2022	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 11/15/2022	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	Nov or Dec 2022	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 Golden Valley Memorial Healthcare Henry County  
Health Center & Compass Health Network



**VVV Consultants LLC**  
Olathe, Kansas 66061

VandehaarMarketing.com  
913-302-7264

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## TEAM Table Assignments

**Henry & Benton Counties, MO CHNA Town Hall Oct 13th (5:30-7pm)**

#	Team	Lead	Last	First	Organization	#	Team	Lead	Last	First	Organization
1	A	##	Adkins	Kyle	GVMH	25	G	##	Bowles	Peggy	Henry Health Dept
2	A		Amy	Jenkins	WILS	26	G		Meier	Christian	Clinton School District
3	A		Bigler	Dara	SFCC	27	G		Nasalroad	Debi	WC MO Comm Action Agency
4	A		Boyles	Rachel	GVMH	28	G		OBERKROM	JAMES	HENRY COUNTY SHERIFF
5	B	##	Bullock	Don	1st Bap., Windsor	29	H	##	Overson	Sandra	Compass Health
6	B		Corson	Jennifer	Clinton School District	30	H		Schreck	Linda	WC MO Comm Action Agency
7	B		Dixon	Deborah	HCHC	31	H		Shields	Richard	Henry Co Prosecuting Attorney
8	B		Dody	Debbie	MU Extension	32	H		Valentine	Taylor	WC MO Comm Action Agency
9	C	##	Faulconer	Christine	GVMH	33	I	##	Thompson	Craig	GVMH
10	C		Dull	Tara	GVMH	34	I		Stasheim	Ernie	JNB Bank / Co Health Board
11	C		Garnett	Dave	Hawthorn	35	I		Stewart	Sarah	Compass Health
12	C		Glasscock	Tim	GVMH and Compass	36	I		Wagner	Joanne	GVMH
13	D	##	Hall	Dana	Henry County Health Center	37	J	##	Ruck	Donni	Compass Health
14	D		Bayless	Jerrri		38	J		Bullock	Karen	1st Bap., Windsor
15	D		Henderson	Jessika	GVMH	39	J		Huff	Jennifer	GVMH
16	D		Huf	Allen	Public Official	40	J		Walrath	Ranee	GVMH
17	E	##	Journey	Vincent	Henry CO Off of Emergency MNGT	41	K	##	Studer	Lea	GVMH
18	E		Johns	James		42	K		Bellamy	Bruce	GVMH
19	E		Kelley	Colleen	Clinton Healthcare & Rehab Ctr	43	K		Bayless	Jerri	
20	E		Lowe	G.R.	Aviation Fabricators	44	K				
21	F	##	Junnette	Hayes	GVMH						
22	F		Mickey	Charla	Clinton Healthcare & Rehab Ctr						
23	F		Maggi	Christy	City of Clinton						
24	F		Mark	Dawson	Greater Clinton area chamber						

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## 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)

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## Introduction: Who We Are

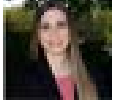
Background and Experience






**Vince Vandehaar, MBA – Principal**  
VVV Consultants LLC – start 1/1/09 \*

- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



**Hannah Foster – Associate Consultant**  
VVV Consultants LLC – April 2022

- MO Southern State – Joplin, MO
- Avila University – MBA with HC
- Hometown: Lee's Summit, MO



**Cassandra Kahl, BHS – Director, Project Management**  
VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, MI

\*NOTE: Vince started VVV Consultants LLC in 11/2008, after working for Saint Luke's Health System of Kansas City for 16 years. Saint Luke's Hospital of KC, SLHC's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2005.

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## CHNA Experience



2022 CHNA Wave #4 Clients - VVV Consultants LLC as of 8/9/22 N=46							
#	ST	Clients from 1/1/21	Location	#	ST	Clients from 1/1/21	Location
1	KS	Cove Co Med Center	Quincy, KS	24	IA	SAC	Shenandoah IA
2	KS	Roemer Valley	Larned, KS	25	IA	MercyOne Centerville	Centerville IA
3	KS	Citizens Health	Colby, KS	26	IA	Manning Regional	Manning IA
4	KS	Hays Medical	Hays, KS	27	IA	MercyOne Newton	Newton IA
5	KS	Osborne Co Mem H	Osborne, KS	28	IA	MercyOne Elmer	Elmer IA
6	KS	Smith Co Mem Hosp	Smith Ctr, KS	29	IA	Elsworth Med	Elsworth, KS
7	KS	Sherridan Co	Hiale, KS	30	KS	Republic Co Hosp	Republic, KS
8	KS	Kiowa Co	Greensburg, KS	31	MO	Camren Reg PSA	Camren, MO
9	KS	Fratt Reg	Fratt, KS	32	MO	Hannibal Reg PSA	Hannibal, MO
10	KS	Nemaha Valley Com	Sabetha, KS	33	NE	Bellevue Reg MC	Bellevue, NE
11	KS	Saline County	Sabetha, KS	34	KS	Moundridge	Moundridge, KS
12	KS	Miami County	Pisba, KS	35	MO	Bay County MO	Bay County MO
13	KS	Glathe Med	GMU JCCC	36	KS	MHS	Abilene, KS
14	KS	Pattonson Health	Altamont, KS	37	KS	Coffeyville Regional	Coffeyville, KS
15	KS	Wakeney Co	Wakeney, KS	38	KS	Amberwell - Alchison	Alchison, KS
16	KS	Russell Reg	Russell, KS	39	KS	Amberwell - Hawatha	Hawatha, KS
17	MO	Carroll Co MO	Carrollton, MO	40	IA	Cherokee Regional	Cherokee, IA
18	KS	Cowley Co	Wrayfield, KS	41	MO	Cap Regional	Jaytonville, MO
19	KS	Marion Co	Hillsboro, KS	42	KS	Comm Memorial HC	Marysville, KS
20	KS	HCJ Jackson Co	Hollon, KS	43	KS	SW Medical Center	Liberal, KS
21	KS	CCMC - Not Online	Kinsley, KS	44	MO	Golden V Compass DOH	Clinton, MO
22	NE	Tal Valley	Cambridge NE	45	MO	Bates co Mem Hospital	Butler, MO
23	IA	G.C. Grape Mem Hosp	Hamburg IA	46	MO	Cedar Co Mem Hosp	Edorado Springs MO

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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
- Please give truthful responses – Serious community conversation.
- Purpose: Update unmet needs for 2022
- 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.

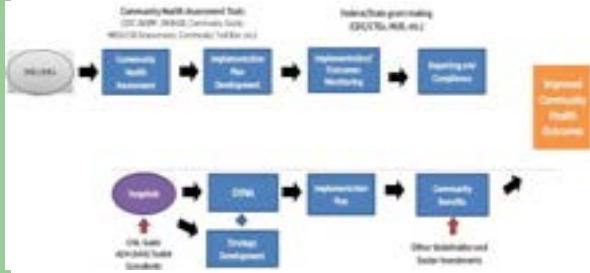
**Community leaders and groups:** The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEOs of large businesses (local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

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

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

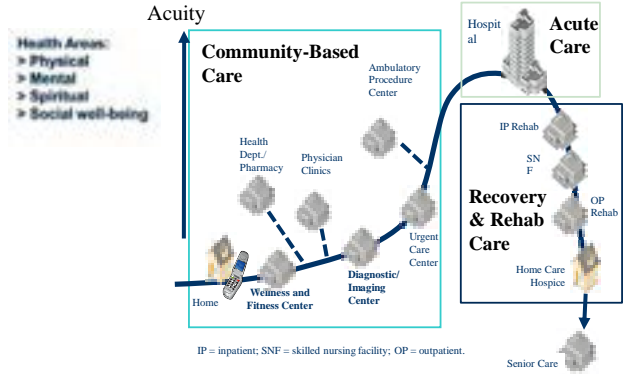
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## Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



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## Future System of Care—Sg2



10

## Triple Aim Focus



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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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### 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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### Community Health Needs Assessment

#### Questions Next Steps?



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Olathe, KS 66061

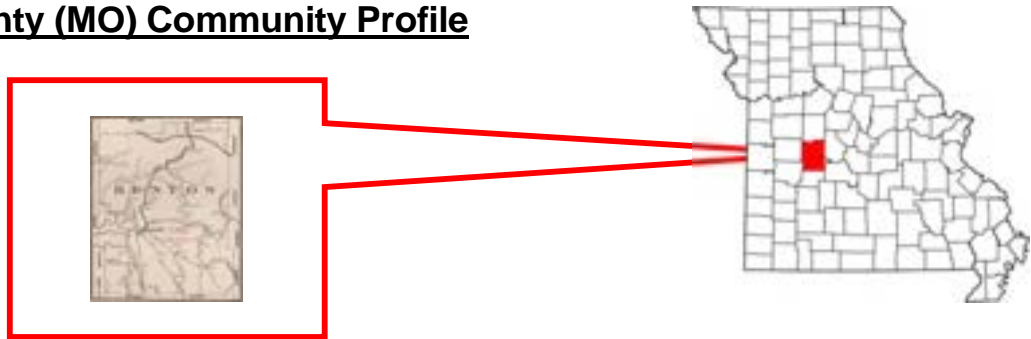
VVV@VandehaarMarketing.com  
HCF@VandehaarMarketing.com  
(913) 302-7264

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## II. Methodology

### d) Community Profile (A Description of Community Served)

#### Benton County (MO) Community Profile



**The population of Benton County was estimated to be 19,295 citizens** as of July 2022 and a population density of 27 persons per square mile.

U.S Route 65 goes vertically throughout the middle of the county. Missouri Route 7 runs throughout the bottom half of the county. U.S. Route 52 runs throughout the top of the county. Golden Valley Memorial Hospital is located off of Missouri Route 7.

## **Benton County (MO) Community Profile**

### **Benton County Public Airports<sup>1</sup>**

<b>Name</b>	<b>USGS Topo Map</b>
<a href="#">Lincoln Municipal Airport</a>	Lincoln
<a href="#">Miller Airport</a>	Climax Springs
<a href="#">Warsaw Municipal Airport</a>	Lincoln SE

### **Schools in Benton County: Public Schools<sup>2</sup>**

<b>Name</b>	<b>Level</b>
<a href="#">Cole Camp Elem.</a>	Elementary
<a href="#">Cole Camp High</a>	High
<a href="#">Cole Camp Middle</a>	Middle
<a href="#">Cole Camp Preschool</a>	Prekindergarten
<a href="#">John Boise Middle</a>	Middle
<a href="#">Lincoln Elem.</a>	Elementary
<a href="#">Lincoln High</a>	High
<a href="#">North Elem.</a>	Elementary
<a href="#">Ruth Mercer Elem.</a>	Not reported
<a href="#">South Elem.</a>	Elementary
<a href="#">Warsaw High</a>	High

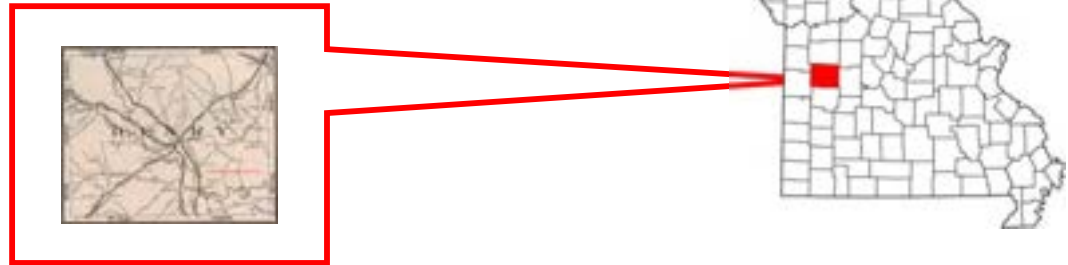
<sup>1</sup> <https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29015.cfm>

<sup>2</sup> <https://missouri.hometownlocator.com/schools/sorted-by-county,n,benton.cfm>

## II. Methodology

### d) Community Profile (A Description of Community Served)

#### Henry County (MO) Community Profile



**The population of Henry County was estimated to be 21,792 citizens** as of July 2022 and a population density of 31 persons per square mile.

U.S. Route 13 goes vertically throughout the middle of the county. Missouri Route 7 runs throughout the top left of the county. U.S. Route 52 runs throughout the bottom half of the county. U.S. Route 18 runs horizontally throughout the county. Golden Valley Memorial Hospital is located off of Missouri Route 7.

#### Henry County (MO) Community Profile

## Henry County Public Airports<sup>1</sup>

Name	USGS Topo Map
<a href="#">Brownsberger Airport</a>	Johnstown
<a href="#">Clinton Regional Airport</a>	Gaines
<a href="#">Ferros Ranch-Aero</a>	Clinton North
<a href="#">George Bud Church Memorial Hospital Heliport</a>	Clinton North

## Schools in Henry County: Public Schools<sup>2</sup>

Name	Level
<a href="#">Calhoun Early Childhood Ctr.</a>	Prekindergarten
<a href="#">Calhoun Elem.</a>	Elementary
<a href="#">Calhoun High</a>	High
<a href="#">Clinton Early Childhood Center</a>	Prekindergarten
<a href="#">Clinton Intermediate School</a>	Elementary
<a href="#">Clinton Middle</a>	Middle
<a href="#">Clinton Sr. High</a>	High
<a href="#">Davis Elem.</a>	Elementary
<a href="#">Henry Elem.</a>	Elementary
<a href="#">Leesville Elem.</a>	Elementary
<a href="#">Montrose Elem.</a>	Elementary
<a href="#">Montrose High</a>	High
<a href="#">Shawnee Elem.</a>	Elementary
<a href="#">Windsor Elem.</a>	Elementary
<a href="#">Windsor High</a>	High

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<sup>1</sup> <https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29083.cfm>

<sup>2</sup> <https://missouri.hometownlocator.com/schools/sorted-by-county,n,henry.cfm>

## Henry County, MO - Detail Demographic Profile

#	ZIP	NAME	County	Population			Households		HH	Per Capita
				Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	64726	Blairstown	HENRY	573	578	0.9%	235	237	2.4	\$28,815
2	64735	Clinton	HENRY	13,701	13,704	0.0%	5,932	5,950	2.3	\$28,661
3	64739	Creighton	HENRY	1,070	1,102	3.0%	429	444	2.5	\$29,332
4	64740	Deepwater	HENRY	1,965	1,934	-1.6%	866	852	2.3	\$25,441
5	64770	Montrose	HENRY	907	884	-2.5%	405	396	2.2	\$28,904
6	64788	Urich	HENRY	1,297	1,292	-0.4%	548	547	2.4	\$25,334
7	65323	Calhoun	HENRY	1,072	1,068	-0.4%	426	425	2.5	\$25,760
8	65360	Windsor	HENRY	4,835	4,842	0.1%	1,857	1,857	2.6	\$21,683
<b>Totals</b>				<b>25,420</b>	<b>25,404</b>	<b>-0.1%</b>	<b>10,698</b>	<b>10,708</b>	<b>2.4</b>	<b>\$26,741</b>

#	ZIP	NAME	County	Population				Year 2020		Females
				Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	# Age 20-35
1	64726	Blairstown	HENRY	573	122	149	67	280	293	64
2	64735	Clinton	HENRY	13,701	3,348	3,660	1,558	6,635	7,066	1,466
3	64739	Creighton	HENRY	1,070	196	274	130	541	529	114
4	64740	Deepwater	HENRY	1,965	592	407	177	994	971	169
5	64770	Montrose	HENRY	907	208	229	89	458	449	88
6	64788	Urich	HENRY	1,297	275	359	149	630	667	136
7	65323	Calhoun	HENRY	1,072	222	305	114	558	514	115
8	65360	Windsor	HENRY	4,835	944	1,507	600	2,367	2,468	598
<b>Totals</b>				<b>25,420</b>	<b>5,907</b>	<b>6,890</b>	<b>2,884</b>	<b>12,463</b>	<b>12,957</b>	<b>2,750</b>

#	ZIP	NAME	County	Population 2020				Households 2020		
				Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med \$ HH	# HH \$50K+
1	64726	Blairstown	HENRY	95.1%	0.2%	0.2%	4.2%	235	\$52,652	135
2	64735	Clinton	HENRY	94.0%	1.9%	0.6%	2.8%	5932	\$48,814	3,099
3	64739	Creighton	HENRY	96.7%	0.7%	0.5%	2.1%	429	\$52,326	259
4	64740	Deepwater	HENRY	96.2%	0.4%	0.9%	2.6%	866	\$44,413	387
5	64770	Montrose	HENRY	96.9%	1.2%	0.1%	1.2%	405	\$48,991	200
6	64788	Urich	HENRY	95.8%	0.8%	0.7%	3.0%	548	\$44,542	270
7	65323	Calhoun	HENRY	96.5%	0.1%	0.6%	2.0%	426	\$53,529	246
8	65360	Windsor	HENRY	94.7%	0.3%	1.1%	3.6%	1857	\$44,391	887
<b>Totals</b>				<b>95.8%</b>	<b>0.7%</b>	<b>0.6%</b>	<b>2.7%</b>	<b>10698</b>	<b>\$48,707</b>	<b>5,483</b>

Source: ERSI Demographics

## Benton County, MO - Detail Demographic Profile

#	ZIP	NAME	County	Population			Households		HH	Per Capita
				Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	65325	Cole Camp	BENTON	3,205	3,206	0.0%	1,321	1,324	2.4	\$21,045
2	65326	Edwards	BENTON	2,105	2,142	1.8%	1,044	1,065	2.0	\$24,627
3	65335	Ionia	BENTON	360	372	3.3%	155	160	2.3	\$25,201
4	65338	Lincoln	BENTON	3,283	3,345	1.9%	1,399	1,429	2.3	\$19,876
5	65355	Warsaw	BENTON	11,114	11,323	1.9%	5,109	5,219	2.2	\$22,520
<b>Totals</b>				<b>20,067</b>	<b>20,388</b>	<b>1.6%</b>	<b>9,028</b>	<b>9,197</b>	<b>2.2</b>	<b>\$22,654</b>

#	ZIP	NAME	County	Population				Year 2020		Females
				Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	# Age 20-35
1	65325	Cole Camp	BENTON	3,205	793	806	363	1,589	1,616	332
2	65326	Edwards	BENTON	2,105	815	317	136	1,078	1,027	129
3	65335	Ionia	BENTON	360	65	108	47	179	181	43
4	65338	Lincoln	BENTON	3,283	981	804	327	1,588	1,695	313
5	65355	Warsaw	BENTON	11,114	3,991	2,082	829	5,669	5,445	783
<b>Totals</b>				<b>20,067</b>	<b>6,645</b>	<b>4,117</b>	<b>1,702</b>	<b>10,103</b>	<b>9,964</b>	<b>1,600</b>

#	ZIP	NAME	County	Population 2020				Households 2020		
				Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med \$ HH	# HH \$50K+
1	65325	Cole Camp	BENTON	96.8%	0.0%	0.8%	1.9%	1321	\$40,433	564
2	65326	Edwards	BENTON	95.7%	0.7%	0.7%	1.7%	1044	\$37,398	394
3	65335	Ionia	BENTON	94.7%	0.3%	0.0%	6.9%	155	\$43,293	75
4	65338	Lincoln	BENTON	95.8%	0.4%	0.9%	2.3%	1399	\$32,780	492
5	65355	Warsaw	BENTON	95.1%	0.8%	0.9%	2.3%	5109	\$35,649	1,994
<b>Totals</b>				<b>95.6%</b>	<b>0.4%</b>	<b>0.6%</b>	<b>3.0%</b>	<b>9028</b>	<b>\$37,911</b>	<b>3,519</b>

Source: ERSI Demographics

# III. Community Health Status

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[VVV Consultants LLC]

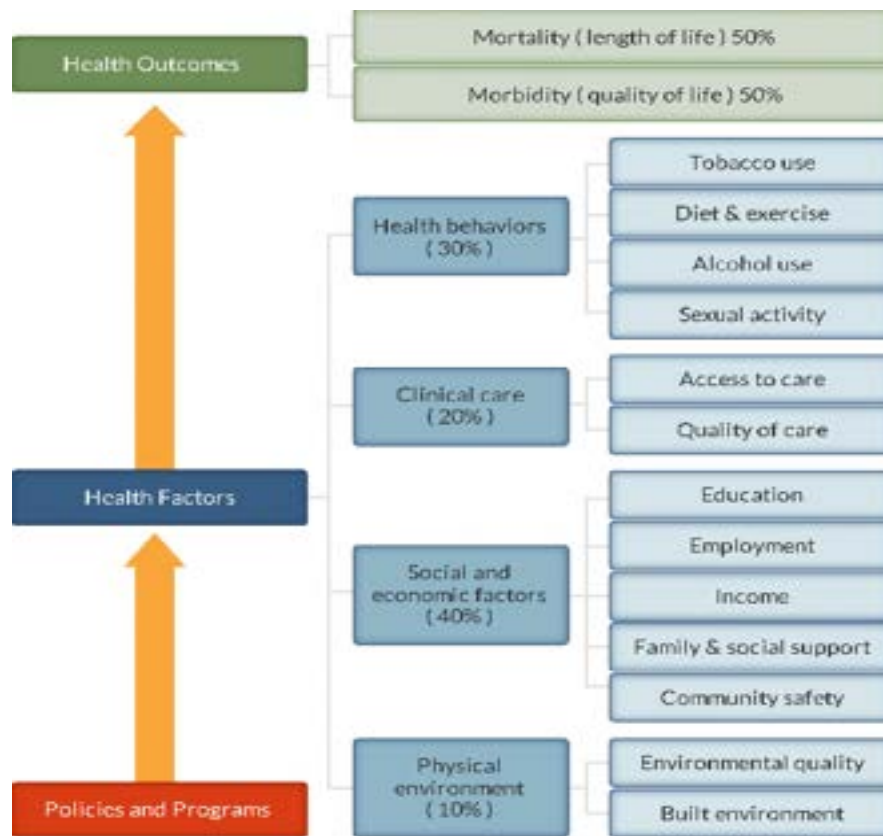
### III. Community Health Status

#### a) Historical Health Statistics- Secondary Research

##### Health Status Profile

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

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ's model uses 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	Henry Co MO	Trend	Benton Co MO	MO Norms (23)
1	<b>Health Outcomes</b>		80		85	27
	Mortality	Length of Life	78		94	17
	Morbidity	Quality of Life	78		61	54
2	<b>Health Factors</b>		34		14	57
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	71		66	84
	Clinical Care	Access to care / Quality of Care	28		84	94
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	79		98	92
3	<b>Physical Environment</b>	Environmental quality	76		78	95
MO Norms (23): Adair, Barton, Bates, Benton, Caldwell, Carroll, Cass, Cedar, Clinton, Dade, Henry, Hickory, Johnson, Lafayette, Livingston, Macon, Pettis, Polk, Randolph, Ray, Saline, St. Clair, Vernon						
<a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a> , released 2022						

## PSA Secondary Research:

When studying community health, it is 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	Henry Co MO	Trend	Benton Co MO	MO State	MO Rural Norms (23)	Source
1a	a Population Estimates, July 1 2021, (V2021)	15,544		14,783	4,150,049	19,115	County Health Rankings
	d Persons under 5 years, percent, July 1, 2021, (V2021)	5.7%		4.6%	6.0%	5.7%	People Quick Facts
	c Persons 65 years and over, percent, July 1, 2021, (V2021)	22.1%		31.2%	17.3%	20.8%	People Quick Facts
	d Female persons, percent, July 1, 2021, (V2021)	50.8%		49.9%	50.9%	50.5%	People Quick Facts
	e White alone, percent, July 1, 2021, (V2021)	95.5%		96.3%	82.9%	93.7%	People Quick Facts
	f Black or African American alone, percent, July 1, 2021, (V2021)	1.2%		0.6%	11.8%	2.1%	People Quick Facts
	g Hispanic or Latino, percent, July 1, 2021, (V2021)	2.6%		2.1%	4.4%	3.2%	People Quick Facts
	h Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	3.4%		3.6%	6.3%	3.6%	People Quick Facts
	i Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	83.9%		88.0%	84.8%	86.2%	People Quick Facts
	j Children in single-parent households, percent, 2015-2019	23.3%		19.8%	25.4%	20.3%	County Health Rankings
	k Total Veterans, 2015-2019	2,293		1,966	401,779	1,835	People Quick Facts

**Tab 2: Economic Profile**

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

Tab	Health Indicator	Henry Co MO	Trend	Benton Co MO	MO State	MO Rural Norms (23)	Source
2	a Per capita income in past 12 months (in 2017 dollars), 2015-2019	\$26,944		\$24,317	\$30,810	\$25,462	People Quick Facts
	b Persons in poverty, percent, 2021	13.6%		16.8%	12.1%	14.0%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	10,983		14,274	2,819,383	11,121	People Quick Facts
	d Total Persons per household, 2015-2019	2.3		2.4	2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2013-2017	12.0%		14.7%	13.3%	12.6%	County Health Rankings
	f Total of All firms, 2012	2,213		1,802	491,606	1,942	People Quick Facts
	g Unemployment, percent, 2019	3.7%		4.8%	3.3%	4.3%	County Health Rankings
	h Food insecurity, percent, 2019	16.4%		16.5%	13.3%	14.4%	County Health Rankings
	i Limited access to healthy foods, percent, 2019	13.8%		4.7%	6.8%	7.6%	County Health Rankings
	j Long commute - driving alone, percent, 2019	32.1%		38.6%	32.4%	34.7%	County Health Rankings

**Tab 3: Educational Profile**

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

Tab	Health Indicator	Henry Co MO	Trend	Benton Co MO	MO State	MO Rural Norms (23)	Source
3	a Children eligible for free or reduced price lunch, percent, 2019	57.8%		77.5%	50.2%	53.3%	County Health Rankings
	c High school graduate or higher, percent of persons age 25 years+, 2013-2017	87.8%		84.5%	89.9%	88.4%	People Quick Facts
	d Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	15.9%		13.0%	29.2%	18.5%	People Quick Facts

#	School Health Indicators	Sherwood Cass R-VIII	Davis R-XII	Montrose R-XIV	Shawnee R-III	Clinton	Lakeland R-III	Henry Co. R-I	Calhoun R-VIII	Leesville R-IX	Lincoln R-II	Cole Camp R-I	Warsaw R-IX
1	Total Public School Nurses	NA	1	0	0	3	1	0	0	0	NA	NA	NA
2	School Nurse Part of IEP Team	NA	1	0	0		1	0	0	0	NA	NA	NA
3	Active School Wellness Plan	NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA	NA	NA
4	VISION: # Screened / Referred to Prof / Seen by Professional	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
8	Students Served with No Identified Chronic Health Concerns	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
9	School has Suicide Prevention Program	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
10	Compliance on Required Vaccinations	NA	NA	100%	100%	NA	100%	100%	100%	NA	NA	NA	NA

**Tab 4: Maternal / Infant Profile**

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

Tab	Health Indicator	Henry Co MO	Trend	Benton Co MO	MO State	MO Rural Norms (23)	Source
4	a Number of Births Where Prenatal Care began in First Trimester, 2019 (rate per 100)	67.6		64.5	71.2	71.4	MOPHIMS
	b Number of Preterm Births, 2015-2019 (rate per 100)	9.7		9.5	10.5	9.9	MOPHIMS
	c Number of Births with Low Birth Weight, 2015-2019 (rate per 100)	8.5		8.1	8.7	8.0	MOPHIMS
	d Number of WIC Infants - Ever Breastfed, percent, 2019 (rate per 100)	76.2		76.2	73.5	74.7	MOPHIMS
	e Number of all Births Occurring to Teens (15-17), 2015-2019 (rate per 100)	2.5		2.4	1.4	1.7	MOPHIMS
	g Number of births Where Mother Smoked During Pregnancy, 2019 (rate per 100)	22.8		23.9	12.8	17.8	MOPHIMS

Missouri Resident Births (MICA)				
County	2017	2018	2019	Trend
Henry County	235	243	318	
Benton County	171	183	158	
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.

Tab	Health Indicator	Henry Co MO	Trend	Benton Co MO	MO State	MO Rural Norms (23)	Source
5	a Primary care physicians (MD or DO with County office) (Pop Coverage per), 2019	1282:1		3856:1	1422:1	3276:1	County Health Rankings
	b Preventable hospital stays - Rate of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees. (lower the better), 2018	4,889		4,792	4,638	4,498	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	71.0%		NA	73.0%	70.8%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	68.0%		NA	72.0%	66.8%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e Average Time Patients Spent in the Emergency Dept. before seen by a Healthcare Professional (minutes)	189		NA	122	120	CMS Hospital Compare, 10/1/2015-9/30/2016

**Tab 6: Behavioral / Mental Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Henry Co MO	Trend	Benton Co MO	MO State	MO Rural Norms (23)	Source
6	a Depression: Medicare Population, percent, 2018	18.8%		18.0%	21.3%	16.9%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2019 (lower is better)	19.9		21.9	18.2	16.7	World Bank
	c Poor mental health days, 2019	5.1		5.1	4.5	5.0	County Health Rankings

**Tab 7a: Risk Indicators & Factors Profile**

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

Tab	Health Indicator	Henry Co MO	Trend	Benton Co MO	MO State	MO Rural Norms (23)	Source
7a	a Adult obesity, percent, 2019	32.1%		34.3%	32.5%	36.3%	County Health Rankings
	b Adult smoking, percent, 2019	25.0%		24.5%	20.1%	23.9%	County Health Rankings
	c Excessive drinking, percent, 2019	18.7%		18.2%	20.5%	18.3%	County Health Rankings
	d Physical inactivity, percent, 2019	29.1%		29.8%	25.5%	31.6%	County Health Rankings
	e Poor physical health days, 2019	5.0		5.0	4.2	4.7	County Health Rankings
	f Sexually transmitted infections, rate per 100k, 2019	382.2		194.0	568.1	307.7	County Health Rankings

**Tab 7b: Chronic Risk Profile**

Tab	Health Indicator	Henry Co MO	Trend	Benton Co MO	MO State	MO Rural Norms (23)	Source
7b	a Hypertension: Medicare Population, 2018	55.8%		54.7%	59.9%	56.1%	CHS
	b Hyperlipidemia: Medicare Population, 2018	35.0%		43.0%	47.5%	39.5%	CHS
	c Heart Failure: Medicare Population, 2018	15.2%		14.1%	15.3%	14.4%	CHS
	d Chronic Kidney Disease: Medicare Pop, 2018	22.5%		18.8%	25.2%	20.0%	CHS
	e COPD: Medicare Population, 2018	15.1%		16.7%	13.1%	14.0%	CHS
	f Atrial Fibrillation: Medicare Population, 2018	8.6%		9.2%	9.9%	9.0%	CHS
	g Cancer: Medicare Population, 2018	7.7%		6.9%	9.5%	8.0%	CHS
	h Osteoporosis: Medicare Population, 2018	4.0%		4.7%	7.2%	5.2%	CHS
	i Asthma: Medicare Population, 2018	2.8%		2.9%	3.9%	3.3%	CHS
	j Stroke: Medicare Population, 2018	3.5%		3.1%	3.6%	3.1%	CHS

**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	Henry Co MO	Trend	Benton Co MO	MO State	MO Rural Norms (23)	Source
8	a Uninsured, percent, 2019	12.8%		16.5%	11.4%	15.1%	County Health Rankings

Golden Valley Memorial Hospital	YR 2019	YR 2020 +	YR 2021 +
1 Bad Debt	\$12,176,635	\$12,742,344	\$11,101,075
2 Charity Care	\$3,261,153	\$4,565,595	\$7,336,499

Compass Health Network	YR 2019	YR 2020	YR 2021
Pathways Charity Care (MO Counties Service Area)	\$11,379,000	\$2,590,000	\$2,195,000

Henry County Health Center	YR 2019	YR 2018	YR 2021
Community Nursing Services Provided	\$27,737	\$42,066	\$44,915

**Tab 9: Mortality Profile**

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

Tab	Health Indicator	Henry Co MO	Trend	Benton Co MO	MO State	MO Rural Norms (23)	Source
9 a	Life Expectancy (Males & Females) 2017-2019,	75.7		76.1	77.3	76.6	County Health Rankings
	Age-adjusted Cancer Mortality Rate per 100,000 population, 2019 (lower is better)	206.4		202.4	159.7	192.1	World Bank
	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2019 (lower is better)	265.7		238.9	187.0	229.1	World Bank
c	Alcohol-impaired driving deaths, percent, 2019	20.0%		31.3%	27.1%	27.3%	County Health Rankings

Causes of Death by County of Residence, MO 2020	Henry Co MO	%	T	Benton Co MO	%	MO Rural Norm	%
<b>TOTAL</b>	<b>308</b>	<b>100%</b>		<b>317</b>	<b>100%</b>	<b>259</b>	<b>100%</b>
Diseases of heart	95	30.8%		63	19.9%	56	16.1%
Malignant neoplasms	62	20.1%		72	22.7%	63	18.2%
All other diseases	42	13.6%		52	16.4%	43	12.4%
Unintentional injuries	26	8.4%		21	6.6%	18	5.2%
Other malignant neoplasms	22	7.1%		21	6.6%	16	4.7%
Trachea, bronchus, and lung	21	6.8%		26	8.2%	16	4.5%
Chronic lower respiratory disease	21	6.8%		25	7.9%	15	4.3%

**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	Henry Co MO	Trend	Benton Co MO	MO State	MO Rural Norms (23)	Source
10 a	Access to exercise opportunities, percent, 2019	44.9%		31.1%	76.7%	46.7%	County Health Rankings
b	Diabetes monitoring, percent, 2019	19.6%		14.8%	11.4%	11.9%	County Health Rankings
c	Mammography screening, percent, 2019	41.0%		43.0%	44.0%	40.6%	County Health Rankings
d	Percent Annual Check-Up Visit with PCP	NA		NA	16.3%	16.8%	TBD
e	Percent Annual Check-Up Visit with Dentist	NA		NA	24.4%	27.4%	TBD
f	Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	NA	TBD

## PSA Primary Research:

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

**Chart #1 – Henry and Benton County, MO Online Feedback Response (N=259)**

Henry Benton Co KS - CHNA YR 2022			
For reporting purposes, are you involved in or are you a ...? (Multiple)	Henry & Benton CO MO N=408	Trend	Wave 4 Norms N=8,781
Business / Merchant	4.7%	Green	13.9%
Community Board Member	2.7%	Yellow	12.5%
Case Manager / Discharge Planner	0.8%	White	1.3%
Clergy	2.2%	White	2.0%
College / University	3.3%	Yellow	4.5%
Consumer Advocate	1.4%	White	2.1%
Dentist / Eye Doctor / Chiropractor	1.1%	White	1.2%
Elected Official - City/County	0.5%	White	2.8%
EMS / Emergency	1.1%	White	3.3%
Farmer / Rancher	6.8%	Green	9.3%
Hospital / Health Dept	19.7%	White	24.7%
Housing / Builder	1.9%	White	1.2%
Insurance	2.2%	White	1.7%
Labor	2.5%	Yellow	4.2%
Law Enforcement	0.8%	White	1.7%
Mental Health	3.8%	Yellow	2.8%
Other Health Professional	12.6%	Green	15.1%
Parent / Caregiver	10.1%	Green	22.2%
Pharmacy / Clinic	2.2%	White	3.1%
Media (Paper/TV/Radio)	2.5%	Yellow	0.9%
Senior Care	3.6%	Yellow	4.7%
Teacher / School Admin	5.2%	Green	9.6%
Veteran	1.9%	White	4.3%
Other (please specify)	6.3%	White	10.9%
<b>TOTAL</b>	<b>365</b>		<b>8177</b>
<small>Norms <b>KS Counties:</b> Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Haper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheldon, Kiowa, Pratt, Ellsworth, Republic, Seward. <b>MO Counties:</b> Benton, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co. <b>IA Counties:</b> Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton. <b>NE Counties:</b> Custer &amp; Furns</small>			

**Chart #2 - Quality of Healthcare Delivery Community Rating**

Henry & Benton Counties MO - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Henry & Benton CO MO N=408	Trend	Wave 4 Norms N=8,781
Top Box %	23.4%		24.8%
Top 2 Boxes %	63.1%		68.3%
Very Good	23.4%		24.8%
Good	39.7%		43.5%
Average	28.3%		28.1%
Poor	7.4%		7.6%
Very Poor	1.2%		2.4%
Valid N	408		8,724

Henry & Benton Counties: Atchison, Boone, Cooper, Jackson, Marion, Randolph, St. Francois, Taney, Vernon, Warren, Johnson, Kamiah, Ditt, Paines, Greig, Shannon, Knox, Pratt, Edwards, Republic, Seward, M.B. Counties: Benton, Carroll, Callaway, Clinton, Dallas, DeKalb, Lewis, Warren, Wayne, Pike, Holt, Ripley, Ray, Shelby Co. IA, Cassiopolis, Cass, Cherokee, Fremont, Page, Appleton, Carroll, Jasper, Clinton, M.B. Counties: Clinton & Fulton

**Chart #3 – Overall Community Health Quality Trend**

Henry & Benton Counties MO - CHNA YR 2022			
When considering "overall community health quality", is it...	Henry & Benton CO MO N=408	Trend	Wave 4 Norms N=8,781
Increasing - moving up	49.6%		41.2%
Not really changing much	39.8%		46.1%
Decreasing - slipping	10.6%		12.8%
Valid N	408		7,856

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

Henry & Benton Counties MO - CHNA YR 2022 N=408					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health Specialty Services	276	30.6%		1
2	Emergency Room Services	224	24.8%		2
3	Drug Abuse (Heroin, Marijuana, Meth, Prescription)	140	15.5%		3
4	Improve Quality of Nursing Home Care Services	119	13.2%		4
5	Healthcare Transportation	106	11.8%		5
6	Visiting Specialists for Peds, Onc, Psych, Derm, Ortho, U	101	11.2%		6
7	Obesity (Nutrition / Exercise)	100	11.1%		9
8	Urgent Care Services	99	11.0%		7
9	Expand Community "Wellness" Education	96	10.6%		8
10	Increase # of Dentists who take Medicaid	93	10.3%		11
11	Services for Autistic Children / Adults	73	8.1%		12
12	Provide Local Oral Surgeon Services	71	7.9%		13
13	Economic Development	65	7.2%		10
14	Pediatric Care Services	57	6.3%		14
Totals		1620	100.0%		

**Chart #5 - Community Health Needs Assessment “Causes of Poor Health”**

Henry & Benton Counties MO - CHNA YR 2022			
In your opinion, what are the root causes of "poor health" in our community?	Henry & Benton CO MO N=408	Trend	Wave 4 Norms N=8,781
Chronic disease prevention	11.6%	Red	13.0%
Lack of health & Wellness Education	13.1%	Red	16.5%
Lack of Nutrition / Exercise Services	9.7%	Yellow	12.7%
Limited Access to Primary Care	8.5%	White	9.2%
Limited Access to Specialty Care	8.3%	White	10.6%
Limited Access to Mental Health Assistance	13.4%	Red	21.5%
Family assistance programs	8.0%	White	7.2%
Lack of health insurance	17.1%	Red	17.8%
Neglect	10.3%	Red	12.9%
Total Votes	749		14,552

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

Henry & Benton Co MO - CHNA YR 2022	Henry & Benton CO MO N=408		Trend	Wave 4 Norms N=8,781	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
Ambulance Services	73.2%	5.9%	Green	78.9%	5.9%
Child Care	34.7%	21.9%	Red	39.9%	18.0%
Chiropractors	50.6%	10.3%	Yellow	67.6%	6.7%
Dentists	55.1%	10.6%	Yellow	67.0%	11.2%
Emergency Room	37.7%	30.4%	Red	67.9%	11.6%
Eye Doctor/Optomtrist	62.5%	6.6%	Yellow	72.0%	7.6%
Family Planning Services	43.1%	17.7%	Red	36.5%	19.5%
Home Health	62.6%	10.2%	Yellow	53.2%	11.2%
Hospice	70.0%	8.3%	Yellow	61.5%	9.5%
Telehealth	47.0%	17.4%	Red	46.4%	14.4%
Inpatient Services	66.3%	7.7%	Yellow	71.4%	8.5%
Mental Health	31.6%	32.0%	Red	24.9%	37.5%
Nursing Home/Senior Living	25.0%	36.7%	Red	48.8%	15.8%
Outpatient Services	67.9%	5.2%	Green	70.6%	5.9%
Pharmacy	77.0%	4.4%	Green	83.1%	3.2%
Primary Care	68.8%	8.4%	Yellow	72.0%	7.7%
Public Health	50.8%	11.8%	Red	55.5%	10.2%
School Health	50.4%	11.4%	Red	57.5%	9.0%
Visiting Specialists	51.2%	14.6%	Red	61.4%	11.0%

**Chart #7 – Community Health Readiness**

Henry & Benton Co MO- CHNA YR 2022	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Henry & Benton CO MO N=408	Trend	Wave 4 Norms N=8,781
Behavioral / Mental Health	30.1%	Yellow	37.4%
Emergency Preparedness	14.5%	Red	10.7%
Food and Nutrition Services/Education	17.2%	Yellow	17.9%
Health Screenings (as asthma, hearing, vision, scoliosis)	12.5%	Yellow	12.7%
Prenatal/Child Health Programs	13.4%	Yellow	13.7%
Substance Use/Prevention	39.3%	Red	37.0%
Suicide Prevention	33.8%	Yellow	38.9%
Violence Prevention	38.7%	Red	36.5%
Women's Wellness Programs	16.5%	Yellow	19.9%

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

**Chart #8a – Healthcare Delivery “Outside our Community”**

Henry & Benton Co MO - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Henry & Benton CO MO N=408	Trend	Wave 4 Norms N=8,781
Yes	51.0%	Yellow	50.0%
No	49.0%	Yellow	50.0%

**Specialties:**

Spec	Cts
SURG	10
CARD	9
NEU	9
ORTH	7
PEDS	7
EMER	6
DERM	5

**Chart #8b – Healthcare Delivery “Outside our Community”**

Henry & Benton Co MO - CHNA YR 2022			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Henry & Benton CO MO N=408	Trend	Wave 4 Norms N=8,781
Yes	53.5%	Yellow	54.9%
No	46.5%	Yellow	45.1%

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

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

<b>Henry &amp; Benton Co MO - CHNA YR 2022</b>			
What needs to be discussed further at our CHNA Town Hall meeting?	Benton Co KS N=408	Trend	Wave 4 Norms N=8,781
Abuse/Violence	5.5%	Red	4.0%
Alcohol	3.0%	Yellow	3.7%
Alternative Medicine	2.7%	White	2.9%
Breast Feeding Friendly Workplace	2.3%	White	1.9%
Cancer	6.7%	Red	4.8%
Care Coordination	2.5%	White	2.2%
Diabetes	1.9%	White	2.6%
Drugs/Substance Abuse	2.8%	White	5.0%
Family Planning	2.7%	White	2.5%
Heart Disease	6.1%	Red	3.5%
Lack of Providers/Qualified Staff	1.3%	White	3.5%
Lead Exposure	3.0%	Yellow	1.4%
Mental Illness	1.8%	White	6.1%
Neglect	4.4%	Red	3.0%
Nutrition	4.7%	Red	4.7%
Obesity	0.8%	White	3.6%
Occupational Medicine	2.5%	White	1.1%
Ozone (Air)	3.2%	Yellow	1.8%
Physical Exercise	3.7%	Yellow	4.4%
Poverty	1.0%	White	3.1%
Preventative Health / Wellness	1.0%	White	3.1%
Respiratory Disease	2.6%	White	1.6%
Sexually Transmitted Diseases	6.1%	Red	2.6%
Smoke-Free Workplace	3.4%	Yellow	2.0%
Suicide	2.1%	White	4.4%
Teen Pregnancy	5.2%	Red	3.7%
Telehealth	2.4%	White	2.4%
Tobacco Use	1.8%	White	2.2%
Transportation	2.1%	White	2.4%
Vaccinations	4.3%	Red	3.3%
Water Quality	2.4%	White	2.1%
Health Literacy	2.8%	White	2.7%
Other (please specify)	1.0%	White	1.4%
<b>TOTAL Votes</b>	<b>1549</b>		<b>27,641</b>

# IV. Inventory of Community Health Resources

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[VVV Consultants LLC]

<b>Inventory of HC Services - Henry / Benton Counties MO</b>				
<b>Cat</b>	<b>Healthcare Services Offered in County: Yes / No</b>	<b>Hospital</b>	<b>Health Dept.</b>	<b>Other</b>
Clinic	Primary Care	Yes		Yes
Hosp	Alzheimer Center			Yes
Hosp	Ambulatory Surgery Centers			
Hosp	Arthritis Treatment Center	Yes		
Hosp	Bariatric / Weight Control Services	Yes		
Hosp	Birthing / LDR / LDRP Room	Yes		
Hosp	Breast Cancer Services	Yes		
Hosp	Burn Care	Yes		
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	Yes		
Hosp	Case Management	Yes		Yes
Hosp	Chaplaincy / Pastoral Care	Yes		
Hosp	Chemotherapy	Yes		
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention			Yes
Hosp	CT Scanner	Yes		
Hosp	Diagnostic Radioisotope Facility	Yes		
Hosp	Diagnostic / Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance	Yes	Yes	Yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	Yes		
Hosp	Fertility Services	Yes		
Hosp	Full Field Digital Mammography (FFDM)	Yes		Yes
Hosp	Genetic Testing / Counseling			
Hosp	Geriatric Services	Yes	Yes	Yes
Hosp	Heart Services	Yes		
Hosp	Hemodialysis			Yes
Hosp	HIV / AIDS Services	Yes		
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care Services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit	Yes		
Hosp	Intermediate Care Unit	Yes		
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation Room	Yes		
Hosp	Kidney Services	Yes		Yes
Hosp	Liver Services	Yes		
Hosp	Lung Services	Yes		
Hosp	Magnetic Resonance Imaging (MRI)	Yes		
Hosp	Mammograms	Yes		Yes
Hosp	Mobile Health Services	Yes		Yes
Hosp	Multi-slice Spiral Computed Tomography (<64 Slice CT)	Yes		
Hosp	Multi-slice Spiral Computed Tomography (64+ Slice CT)	Yes		
Hosp	Neonatal Services	Yes		
Hosp	Neurological services	Yes		
Hosp	Obstetrics Services	Yes		
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services	Yes		
Hosp	Orthopedic Services	Yes		
Hosp	Outpatient Surgery	Yes		
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program			Yes
Hosp	Pediatric Services	Yes		Yes

<b>Inventory of HC Services - Henry / Benton Counties MO</b>				
<b>Cat</b>	<b>Healthcare Services Offered in County: Yes / No</b>	<b>Hospital</b>	<b>Health Dept.</b>	<b>Other</b>
Hosp	Physical Rehabilitation	Yes		
Hosp	Positron Emission Tomography (PET)			
Hosp	Positron Emission Tomography / CT (PET / CT)	Yes		
Hosp	Psychiatric Services	Yes		Yes
Hosp	Radiology, Diagnostic	Yes		
Hosp	Radiology, Therapeutic	Yes		
Hosp	Reproductive Health	Yes		
Hosp	Robotic Surgery	Yes		
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography	Yes		
Hosp	Sleep Center	Yes		
Hosp	Social Work	Yes	Yes	Yes
Hosp	Sports Medicine	Yes		
Hosp	Stereotactic Radiosurgery	Yes		
Hosp	Swing Bed Services			Yes
Hosp	Transplant Services			
Hosp	Trauma Center -Level IV			
Hosp	Ultrasound	Yes		Yes
Hosp	Women's Health Services	Yes		Yes
Hosp	Wound Care	Yes		
SR	Adult Day Care Program			Yes
SR	Assisted Living			Yes
SR	Home Health	Yes		Yes
SR	Hospice	Yes		Yes
SR	Long-term Care			Yes
SR	Nursing Home			Yes
SR	Retirement Housing			Yes
SR	Skilled Nursing Care			Yes
ER	Emergency Services	Yes		
ER	Urgent Care Center			
ER	Ambulance Services	Yes		Yes
SERV	Alcoholism-Drug Abuse Services			Yes
SERV	Blood Donor Center	Yes		
SERV	Chiropractic Services			Yes
SERV	Complementary Medicine Services	Yes	Yes	Yes
SERV	Dental Services			Yes
SERV	Fitness Center	Yes		Yes
SERV	Health Education Classes	Yes		Yes
SERV	Health Fair	Yes		Yes
SERV	Health Information Center	Yes	Yes	Yes
SERV	Health Screenings	Yes	Yes	Yes
SERV	Meals on Wheels			Yes
SERV	Nutrition Program	Yes	Yes	Yes
SERV	Patient Education Center	Yes	Yes	Yes
SERV	Support Groups	Yes		Yes
SERV	Teen Outreach Services			Yes
SERV	Tobacco Treatment / Cessation Program	Yes		Yes
SERV	Transportation to Health Facilities	Yes		Yes
SERV	Wellness Program	Yes		Yes

<b>Providers Delivering Care - Henry and Benton Co</b>			
<b>FTE Providers Working in PSA</b>	<b>Physicians</b>		<b>Allied Staff</b>
	<b>FTE MD / DO</b>	<b>Visiting DR*</b>	<b>FTE NP / PA</b>
<b>Primary Care:</b>			
Family Practice	13.2	0.20	9.2
Internal Medicine / Geriatrics	4.0	0.00	0.0
Obstetrics / Gynecology	1.3	0.00	1.0
Pediatrics	1.0	0.00	1.0
<b>Medicine Specialists:</b>			
Allergy / Immunology	0.2	0.00	0.2
Cardiology	0.0	1.10	0.0
Dermatology	0.0	0.40	0.0
Endocrinology	0.0	0.00	0.0
Gastroenterology	0.0	0.00	0.0
Oncology / Radiology	0.0	0.85	1.0
Infectious Disease	0.0	0.00	0.0
Nephrology	0.0	0.20	0.0
Neurology	1.0	0.00	1.0
Psychiatry	1.0	0.00	0.8
Pulmonary	1.0	0.00	0.0
Rheumatology	1.0	0.00	0.0
<b>Surgery Specialists:</b>			
General Surgery / Colon / Oral	3.0	0.00	0.0
Neurosurgery	0.0	0.30	0.0
Ophthalmology	1.0	0.00	0.0
Orthopedics	1.0	0.00	1.0
Otolaryngology	0.8	0.00	0.8
Plastic / Reconstructive Surgery	0.0	0.00	0.0
Thoracic / Cardiovascular / Vascular Surgery	0.0	0.10	0.0
Urology	1.0	0.00	0.0
<b>Hospital Based:</b>			
Anesthesia / Pain Management	0.3	0.25	0.6
Bariatric & Metabolic		0.10	
Emergency Medicine	0.0	10.00	
Radiology	3.0	0.20	0.0
Pathology	0.0	0.60	0.0
Hospitalist	0.0	8.00	0.0
Maternal Fetal Medicine	0.0	0.30	0.0
Physical Medicine / Rehabilitation	0.0	0.00	0.0
Occupational Medicine	0.0	0.00	0.0
Podiatry	1.0	0.00	0.0
<b>Other:</b>			
Chiropractic	0.0	0.00	0.0
Optometry	1.0	0.00	0.0
Dental	5.0	0.00	0.0
<b>TOTALS</b>	<b>40.8</b>	<b>22.60</b>	<b>16.6</b>

\*FTE Specialists serving the community whose office is outside the PSA.

## Visiting Specialists To GVMH - Year 2023

Specialty	Physician Name	GroupName	Office Location	Schedule	Days per Month	FTE
Bariatric & Metabolic	Scott, Steven	Bariatric & Metabolic Specialist of Kansas City	Kansas City, MO	2nd Wednesday telemed only	1	
Bariatric & Metabolic	Tann, John	Bariatric & Metabolic Specialist of Kansas City	Kansas City, MO	4th Thursday telemed only	1	
Cardiology	Blackburn, Timothy	Midwest Heart and Vascular	Kansas City, MO	M-F	20	
Cardiology	Rios, David	Midwest Heart and Vascular	Kansas City, MO	Covers Blackburn's vacation	2	
Maternal Fetal Medicine	Parrott, Jessica	Maternal Fetal Medicine Group	Kansas City, MO	Every other Tuesday, Every Thursday telemed only	6	
Nephrology	Al-Absi, Ahmed	Kidney Consultants	Kansas City, MO	3rd & 4th Weds	2	
Nephrology	Mohialdeen, Mohammed	Kidney Consultants	Kansas City, MO	1st & 3rd Friday	2	
Neurosurgery	Textor, Laura NP	Midwest Neurosurgery Associates	Kansas City, MO	2nd & 3rd Friday	2	
Neurosurgery	Chilton, Jonathan	Midwest Neurosurgery Associates	Kansas City, MO	Every Tuesday telemed only	4	
Oncology & Hematology	Nair, Kiron	MidAmerica Cancer Care	Kansas City, MO	Mon/Wed/Thu, every 4th Friday	13	
Oncology & Hematology	Singh, Jaswinder	MidAmerica Cancer Care	Kansas City, MO	Every Tuesday	4	
Vascular Surgery	Cameron, Jeffrey	KC Vascular & General Surgery	Kansas City, MO	Every 3rd Tuesday	1	
Vascular Surgery	Cates, Joe	KC Vascular & General Surgery	Kansas City, MO	Every 3rd Monday	1	

# Henry and Benton Counties, MO 2022 Healthcare Resources Directory

## Emergency Numbers

<b>Police/Sheriff</b>	<b>911</b>
<b>Fire</b>	<b>911</b>
<b>Ambulance</b>	<b>911</b>
<b>Suicide Hotline</b>	<b>988</b>

## Non-Emergency Numbers

	<b><i>Sheriff</i></b>	<b><i>Ambulance</i></b>
<b>Clinton</b>	(660) 885-7021	(660) 890-7180
<b>Warsaw</b>	(660) 438-6135	

## Other Rural Non-Emergency Numbers

<b>Clinton Police</b>	(660) 885-6121
<b>Warsaw Police</b>	(660) 438-5262
<b>Clinton Fire</b>	(660) 885-2560

## **Hospitals**

Golden Valley Memorial Healthcare  
1600 N. Second St.  
Clinton, MO 64735  
660-885-5511

## **Clinics**

### ***Clinton***

#### **Cardiology**

Cardiology Clinic, Cardiac Care  
1600 N. Second  
Clinton, MO 64735  
660-885-5511

#### **Dermatology**

Viseslav Tonkovic-Capin, MD  
Dermatology  
Golden Valley Medical – Clinton  
1600 N. Second  
Clinton, MO 64735  
660-885-5511

Marija Tonkovic-Capin, MD  
Dermatology  
Golden Valley Medical – Clinton  
1600 N. Second  
Clinton, MO 64735  
660-885-5511

#### **Diabetic Education**

Diabetic Education  
1600 North Second Street  
Clinton MO 64735  
660-885-5511

#### **Ear, Nose and Throat / Otolaryngology**

Richard H. Woodland, DO  
Ear, Nose and Throat/Otolaryngology  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-885-8171

#### **Endoscopy**

Golden Valley Memorial Healthcare  
1600 N 2<sup>nd</sup> St.  
Clinton Mo 64735  
660-885-5511

## **Family Practice**

Brendan P. Bagley, MD  
Family Practice  
Golden Valley Medical – Clinton  
1602 North Second Street  
Clinton, MO 64735  
660-885-8171

Brian K. Bellamy, MD  
Family Practice  
Golden Valley Medical – Clinton  
1602 North Second Street  
Clinton, MO 64735  
660-885-8171

Bruce G. Bellamy, MD  
Family Practice  
Golden Valley Medical – Clinton  
1602 North Second Street  
Clinton, MO 64735  
660-885-8171

Savannah Ericksen  
Family Practice  
1602 North Second Street  
Clinton, MO 64735  
660-885-8171

Amie Christensen-Etters, MD  
Family Practice  
1602 North Second Street  
Clinton, MO 64735  
660-885-8171

Crystal L. Jones, M.D.  
Family Practice  
1602 North Second Street  
Clinton, MO 64735  
660-885-8171

Elizabeth A. Logan, DO  
Family Practice  
1602 North Second Street  
Clinton, MO 64735  
660-885-8171

Manik Mehra, MD  
Family Practice  
Golden Valley Medical – Clinton  
1602 North Second Street  
Clinton, MO 64735  
660-885-8171

Mark P. Snell, DO  
Family Medicine

Golden Valley Medical – Clinton  
1602 North Second Street  
Clinton, MO 64735  
660-885-8171

Bradley M. Townsend, MD  
Family Practice  
Clinton Medical Clinic  
1413 S. 2<sup>nd</sup> St  
Clinton, MO 64735  
660-885-7776

Gus S. Wetzel, MD  
Family Practice  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-885-8171

Michelle Brown, FNP-BC  
Family Practice  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-885-8171

Jamie Ketterman, NP-C, CDE  
Family Practice  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-885-8171

Brenda Messer, NP  
Family Practice  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-885-8171

Laura Noble, FNP-BC  
Family Practice  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-885-8171

Emily Truitt  
Family Practice  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-885-8171

### **General Surgery**

Sunanda G. Ghosh, MD

General Surgery  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-885-8171

Gregory Sainnovall  
General Surgery  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-885-8171

Rob Wetzel, MD  
General Surgery  
Golden Valley Medical – Clinton  
1602 North Second Street  
Clinton, MO 64735  
660-885-8171

### **Internal Medicine**

Erik M. Miller, D.O.  
Internal Medicine  
Golden Valley Medical – Warsaw  
1771 Commercial  
Warsaw, MO 65355  
660-438-5193

Alice Ruttiger, DO, FACOI  
Internal Medicine  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-885-8171

Mark D. Vogt, DO, FACP  
Internal Medicine  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-885-8171

### **Neurology**

Ali Ebrahim  
Neurology  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-885-8171

Rebecca Fredrich, NP  
Neurology  
Golden Valley Medical – Clinton

1602 N. Second  
Clinton, MO 64735  
660-885-8171

**Obstetrics and Gynecology**

Doug MacFarlane  
OB/GYN  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-890-8171

Adam Newman  
OB/GYN  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-890-8171

Renee Baker, FNP-BC  
OB/GYN  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-890-8171

**Oncology**

Oncology Clinic  
Golden Valley Memorial Healthcare –  
Outpatient Treatment Center  
1600 N. Second  
Clinton, MO 64735  
660-890-7266

**Ophthalmology**

E. Glenn Sanford, M.D.  
Ophthalmology  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-885-8171

Dan Weber OD  
Ophthalmology  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-885-8171

**Orthopedic Surgery**

Kathy Ervie, Physician Assistant  
Orthopedic Surgery  
Golden Valley Medical – Clinton

603 E. Gaines Dr  
Clinton, MO 64735  
660-890-8445

James L. Womack, MD  
Orthopedic Surgery  
Golden Valley Medical – Clinton  
603 E. Gaines Dr  
Clinton, MO 64735  
660-890-8445

**Pain Management**

Gustin Bateman, MD  
Pain Management  
1600 N. Second  
Clinton, MO 64735  
660-885-5511

Karl Kaake, MD  
Pain Management  
1600 N. Second  
Clinton, MO 64735  
660-885-5511

**Pediatrics**

Aften Anderson, MD  
Pediatrics  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-890-8443

Emily Baker, FNP-BC  
Pediatrics  
Golden Valley Medical – Clinton  
1602 N. Second  
Clinton, MO 64735  
660-890-8443

**Podiatry**

Garrett J. Child, DPM  
Golden Valley Medical – Clinton  
603 E. Gaines Dr  
Clinton, MO 64735  
660-890-8445

**Psychiatry**

Aneel Ursani, M.D.  
Golden Valley Medical – Clinton  
1602 North Second Street  
Clinton, MO 64735  
660-885-8171

Michelle Tremain PMHNP-BC  
Golden Valley Medical – Clinton  
1602 North Second St  
Clinton, MO 64735  
660-885-8171

Angela Heck, MSW, LCSW  
Golden Valley Medical – Clinton  
1602 North Second St  
Clinton, MO 64735  
660-885-8171

Shanda Watson, MS, MSW, LCSW  
Golden Valley Medical – Clinton  
1602 North Second St  
Clinton, MO 64735  
660-885-8171

### **Pulmonology**

Essam Elkady, MD, FCCP  
Golden Valley Memorial Healthcare  
1600 N. Second  
Clinton, MO 64735  
660-890-7194

### **Rheumatology**

Zahara Rehman, MD  
Rheumatology  
1602 N. Second  
Clinton, MO 64735  
660-890-8512

### **Urology**

Joseph Myers, M.D.  
Urology  
1602 N. Second  
Clinton, MO 64735  
660-890-8512

### **Wound Care**

Wound / Skin Care Clinic  
Golden Valley Memorial Healthcare  
1600 N. Second  
Clinton, MO 64735  
660-890-7245

## **Warsaw**

### **Cardiology**

Cardiology Clinic  
Golden Valley Medical – Warsaw  
1771 Commercial  
Warsaw, MO 65355  
660-438-5193

### **Diabetic Education**

Diabetic Education  
Golden Valley Medical – Warsaw  
1771 Commercial  
Warsaw, MO  
660-438-5193

### **Family Medicine with Obstetrics**

Cassie White, DO  
Family Medicine with Obstetrics  
Golden Valley Medical – Warsaw  
1771 Commercial  
Warsaw, MO  
660-438-5193

Drew A. Smith, MD  
Family Medicine with Obstetrics  
Golden Valley Medical – Warsaw  
1771 Commercial  
Warsaw, MO

### **Family Practice**

Amber B. Campbell, DO  
Family Practice  
Golden Valley Medical – Warsaw  
1771 Commercial  
Warsaw, MO 65355  
660-438-5193

Erik M. Miller, DO  
Family Practice  
Golden Valley Medical – Warsaw  
1771 Commercial  
Warsaw, MO 65355  
660-438-5193

Collin Campbell FNP-C  
Family Practice  
Golden Valley Medical – Warsaw  
1771 Commercial  
Warsaw, MO 65355  
660-438-5193

Myles Edwards, PA  
Physician Assistant  
Golden Valley Medical – Warsaw  
1771 Commercial  
Warsaw, MO 65355

660-438-5193

Leah Rogers, PA-C  
Physician Assistant  
Golden Valley Medical – Warsaw  
1771 Commercial  
Warsaw, MO 65355  
660-438-5193

**Urology**

Joseph Myers, M.D.  
Urology  
Golden Valley Medical – Warsaw  
1771 Commercial  
Warsaw, MO 65355  
660-438-5193

**Wound Care**

Wound / Skin Care Clinic  
Golden Valley Medical – Warsaw  
1771 Commercial  
Warsaw, MO 65355  
660-438-5193

Michael Carozza, MD  
OB/GYN  
Bothwell Health Center- Truman Lake  
1765 Commercial St  
Warsaw Mo 65355  
660-438-6800

William Decker, MD  
Radiation Oncology  
Bothwell Health Center- Truman Lake  
1765 Commercial St  
Warsaw Mo 65355  
660-438-6800

Sarah Hasek, MD  
Bothwell Health Center- Truman Lake  
1765 Commercial St  
Warsaw Mo 65355  
660-438-6800

David Kuhlmann, MD  
Sleep Medicine  
Bothwell Health Center- Truman Lake  
1765 Commercial St  
Warsaw Mo 65355  
660-438-6800

Loraine Nolla, MD  
OB/GYN  
Bothwell Health Center- Truman Lake  
1765 Commercial St

Warsaw Mo 65355  
660-438-6800

David Oberkrom  
OB/GYN  
Bothwell Health Center- Truman Lake  
1765 Commercial St  
Warsaw Mo 65355  
660-438-6800

Matt Triplett, MD  
Hem/Onc  
Bothwell Health Center- Truman Lake  
1765 Commercial St  
Warsaw Mo 65355  
660-438-6800

Chelsea Castell, FNP  
Bothwell Health Center- Truman Lake  
1765 Commercial St  
Warsaw Mo 65355  
660-438-6800

Lindsey Graham PA-C  
Bothwell Health Center- Truman Lake  
1765 Commercial St  
Warsaw Mo 65355  
660-438-6800

Megan Ray, WHNP  
Bothwell Health Center- Truman Lake  
1765 Commercial St  
Warsaw Mo 65355  
660-438-6800

Jamie Reed, PA-C  
Bothwell Health Center- Truman Lake  
1765 Commercial St  
Warsaw Mo 65355  
660-438-6800

Karen Walters, FNPBC  
Bothwell Health Center- Truman Lake  
1765 Commercial St  
Warsaw Mo 65355  
660-438-6800

Katy Trail Community Health-Warsaw  
1751 N Dam Access Road  
Warsaw Mo 65355  
877-733-5824

***Windsor***

**Diabetic Education**

Diabetic Education

Golden Valley Medical – Windsor  
100 S. Tebo  
Windsor, MO 65360  
660-647-2147

### **Family Practice with OB**

Jennifer Blair, D.O.  
Family Practice with OB  
Golden Valley Medical – Windsor  
100 S. Tebo  
Windsor, MO 65360  
660-647-2147

### **Family Practice**

Alicia Albers, MD  
Family Practice  
Golden Valley Medical – Windsor  
100 S. Tebo  
Windsor, MO 65360  
660-647-2147

Katie Terry, FNP-BC  
Family Practice  
Golden Valley Medical – Windsor  
100 S. Tebo  
Windsor, MO 65360  
660-647-2147

Dr. Dorna Armbrister  
Family Practice  
Compass Health  
1800 Community Drive,  
Clinton, MO 64735  
844-853-8937

Dr. Jason Meler  
Family Practice  
Compass Health  
1800 Community Drive,  
Clinton, MO 64735  
844-853-8937

Dr. Kara Meler  
Family Practice  
Compass Health  
1800 Community Drive,  
Clinton, MO 64735  
844-853-8937

### **Urology**

Joseph Myers, M.D.  
Urology  
Golden Valley Medical – Windsor

100 S. Tebo  
Windsor, MO 65360  
660-647-2147

### **Wound Care**

Wound / Skin Care Clinic  
Golden Valley Medical – Windsor  
100 S. Tebo  
Windsor, MO 65360  
660-647-2147

### **Children and Youth**

Boys and Girls Town National Hotline  
1-800-448-3000  
[www.girlsandboystown.org](http://www.girlsandboystown.org)

Child / Adult Abuse and Neglect Hotline  
800-922-5330

Child Abuse National Hotline  
800-422-4453  
800-222-4453 (TDD)  
[www.childhelp.org](http://www.childhelp.org)

Child Abuse National Hotline  
1-800-4-A-CHILD (422-4453)  
[www.childabuse.com](http://www.childabuse.com)

Children and Youth with Special Health  
Care Needs – Henry County Health Center  
660-885-8193

Child Find of America  
1-800-426-5678

Child Help USA National Child Abuse  
Hotline  
1-800-422-4453

National Runaway Switchboard  
1-800-RUNAWAY  
[www.1800runaway.org/](http://www.1800runaway.org/)

National Society for Missing and Exploited  
Children  
1-800-THE-LOST (843-5678)  
[www.missingkids.com](http://www.missingkids.com)

Parents Anonymous Help Line  
800-345-5044  
<http://www.parentsanonymous.org/palIndex10.html>

Runaway Line  
800-621-4000  
800-621-0394 (TDD)  
<http://www.1800runaway.org/>

### **Eye Doctors**

Eyecare Specialties  
1104 E. Ohio Street  
Clinton, MO  
660-885-7116

Parks Optical  
106 W. Jefferson Street  
Clinton, MO 64735  
660-885-2800

Wal-Mart Supercenter - Clinton  
1712 E. Ohio Street  
Clinton, MO 64735  
660-885-5536

Sedalia Eye Associates  
103 Cottonwood Street  
Warsaw, MO 65355

Wal-Mart Supercenter – Warsaw  
1712 E. Ohio Street  
Clinton, MO 64735  
660-885-5536

### **Dentists**

Gillis Family Dentistry  
1108 E Ohio Street  
Clinton, MO 64735  
Krystal Gillis  
660-885-6933

Celebrate Dental & Braces  
906 E Ohio Street  
Clinton, MO 64735  
660-885-6114

Compass Health Network  
1800 Community Drive  
Clinton, MO 64735  
Dr. Taylor Rogers  
Dr. Samantha Mahoney  
844-853-8937

Compass Health Network  
2000 N Gaines Drive  
Clinton, MO 64735  
Dr. Casey Zook  
Dr. Richard Campos  
Dr. Abena Asante Mante

844-853-8937

University Park Orthodontics  
702 E. Ohio Street  
Clinton, MO 6735  
660-885-6944

James E. Spring, DDS  
601 Commercial Street  
Warsaw, MO 65355  
660-438-7355

Stephanie Eaton  
1631 Commercial Street  
Warsaw, MO 65355  
660-438-5139

Paul Griner, DDS  
106 E. Colt Street  
Windsor, MO 65360  
660-647-3133

### **Disability Services**

American Disability Group  
877-790-8899

American Association of People with  
Disabilities (AAPD)  
[www.aapd.com](http://www.aapd.com)

American Council for the Blind  
1-800-424-8666  
[www.acb.org](http://www.acb.org)

Americans with Disabilities Act Information  
Hotline  
1-800-514-0301  
1-800-514-0383 (TTY)  
[www.ada.gov](http://www.ada.gov)

National Center for Learning Disabilities  
1-888-575-7373  
[www.nclld.org](http://www.nclld.org)

National Library Services for Blind &  
Physically Handicapped  
[www.loc.gov/nls/](http://www.loc.gov/nls/)  
1-800-424-8567

## **Environment**

Environmental Services, Food Inspections,  
Septic Inspections, Water Testing, Lead  
Testing – Henry County Health Center  
660-885-8193

Environmental Protection Agency  
1-800-223-0425  
913-321-9516 (TTY)  
[www.epa.gov](http://www.epa.gov)

## **Fitness Centers**

Clinton Community Center  
1004 E. Sedalia Avenue  
660-885-2181

GVMH Wellness Center - Windsor  
100 S. Tebo Street  
Windsor, MO 65360  
660-647-4000

## **Food and Drug**

Center for Food Safety and Applied  
Nutrition  
1-888-SAFEFOOD (723-3366)  
[www.cfsan.fda.gov/](http://www.cfsan.fda.gov/)  
[www.healthfinder.gov/](http://www.healthfinder.gov/)

US Consumer Product Safety Commission  
800-638-2772  
800-638-8270 (TDD)  
[www.cpsc.gov](http://www.cpsc.gov)

USDA Meat and Poultry Hotline  
1-888-674-6854  
1-800-256-7072 (TTY)  
[www.fsis.usda.gov/](http://www.fsis.usda.gov/)

U.S. Food and Drug Administration  
1-888-INFO-FDA  
1-888-463-6332  
[www.fsis.usda.gov/](http://www.fsis.usda.gov/)

## **Health Departments**

Henry County Health Center  
1800 Community Drive, Suite A  
Clinton, MO 64735  
660-885-8193  
[www.henrycohealth.org](http://www.henrycohealth.org)

Benton County Health Dept.  
1238 Commercial Street Warsaw  
660-438-2876

## **Home Health**

GVMH Home Services  
1617 N. Second  
660-885-5088

## **Hospice**

GVMH Hospice  
725 E. Ohio St.  
Clinton, MO 64735  
660-890-2014

Twin Lakes Hospice - Warsaw  
304 W. Main St.  
Warsaw, MO 65355  
660-438-9700

## **Legal Services**

Missouri Attorney General's Office  
Supreme Court Building  
207 W. High St.  
P.O. Box 899  
Jefferson City, MO 65102  
573-751-3321  
Fax: 573-751-0774

## **Medicaid**

U.S. Department of Health and Human  
Services

Centers for Medicare and Medicaid  
Services  
800-MEDICARE (800-633-4227) or  
877-486-2048 (TTY)  
[www.cms.hhs.gov](http://www.cms.hhs.gov)

## **Medicare**

Social Security Administration  
1612 Imperial Drive  
West Plains, MO 65775  
1-866-614-2741  
1-800-772-1213  
TTY: 1-800-325-0778  
Office Hours: Monday - Friday:  
09:00 Am - 03:30 Pm

## **Mental Health Services**

Compass Health – Clinton  
1800 Community Drive  
Clinton, MO 64735  
660-885-8131

Compass Health Network- Warsaw  
17571 N. Dam Access Rd.  
Warsaw, MO 65355  
Seth Casey, LMSW  
Therapy  
844-853-8937

Royal Oaks Hospital  
307 N. Main Street  
Windsor, MO 65360  
660-647-2182

Missouri Department of Mental Health  
573-751-4122  
1-800-364-9687  
Fax: 573-751-8224

Mental Health America  
1-800-969-6MHA (969-6642)

National Alliance for the Mentally Ill  
Helpline  
1-800-950-6264  
703-516-7227 (TTY)  
www.nami.org

National Institute of Mental Health  
1-866-615-6464  
1-866-415-8051 (TTY)  
www.nimh.nih.gov

Suicide Prevention Hotline  
1-800-SUICIDE [784-2433]  
www.hopeline.com

## **National and State Agencies**

Missouri Child Abuse Hotline  
Toll-Free: 800-392-3738  
Local: 573-751-3448

Missouri Coalition Against Domestic and  
Sexual Violence  
217 Oscar Dr., Suite A  
Jefferson City, MO 65101  
573-634-4161

National Domestic Violence Hotline  
800-799-7233  
www.ndvh.org  
www.thehotline.org

National Sexual Assault Hotline  
800-656-4673

Federal Bureau of Investigation  
St. Louis Office  
2222 Market Street  
St. Louis, MO  
314-231-4324

Federal Bureau of Investigation  
866-483-5137

Missouri Road Conditions  
MoDOT  
Central Office  
105 W. Capitol Avenue  
Jefferson City, MO 65102  
1-888 ASK MODOT  
(1-888-275-6636)

Poison Control Center  
800-222-1222  
www.aapcc.org

Suicide Prevention Hotline  
800-SUICIDE  
800-442-HOPE  
http://hopeline.com  
800-273-TALK  
www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills  
800-424-8802

## **Alcohol and Drug Treatment Programs**

A 1 A Detox Treatment  
1-800-757-0771

Recovery Connection  
1-800-993-3869

Able Detox-Rehab Treatment  
1-800-577-2481 (NATIONAL)

Abuse Addiction Agency  
1-800-861-1768  
www.thewatershed.com

Al-Anon Family Group  
1-888-4AL-ANON (425-2666)  
[www.al-anon.alateen.org](http://www.al-anon.alateen.org)

Alcohol and Drug Abuse Hotline  
800-ALCOHOL

Alcohol and Drug Addiction Treatment Programs  
1-800-510-9435

Alcohol and Drug Helpline  
1-800-821-4357

Alcoholism/Drug Addiction Treatment Center  
800-477-3447

Mothers Against Drunk Driving  
1-800-GET-MADD (438-6233)  
[www.madd.org](http://www.madd.org)

National Council on Alcoholism and Drug Dependence, Inc.  
1-800-NCA-CALL (622-2255)  
[www.ncadd.org](http://www.ncadd.org)

Compass Health Network  
1800 Community Drive  
Clinton, MO 64735  
660-885-8131

### **National Health Services**

AIDS / HIV Center for Disease Control and Prevention  
800-CDC-INFO  
888-232-6348 (TTY)  
<http://www.cdc.gov/hiv/>

AIDS/STD National Hot Line  
800-342-AIDS  
800-227-8922 (STD line)

American Health Assistance Foundation  
800-437-2423  
[www.ahaf.org](http://www.ahaf.org)

American Heart Association  
800-242-8721  
[www.americanheart.org](http://www.americanheart.org)

American Lung Association  
800-586-4872

American Stroke Association  
1-888-4-STROKE  
[www.americanheart.org](http://www.americanheart.org)

Center for Disease Control and Prevention  
800-CDC-INFO  
888-232-6348 (TTY)  
<http://www.cdc.gov/hiv/>

Elder Care Helpline  
[www.eldercarelink.com](http://www.eldercarelink.com)  
Eye Care Council  
800-960-EYES  
[www.seetolearn.com](http://www.seetolearn.com)

National Health Information Center  
800-336-4797  
[www.health.gov/nhic](http://www.health.gov/nhic)

National Cancer Information Center  
800-227-2345  
866-228-4327 (TTY)  
[www.cancer.org](http://www.cancer.org)

National Institute on Deafness and Other Communication Disorders Information Clearinghouse  
800-241-1044  
800-241-1055 (TTY)  
[www.nidcd.nih.gov](http://www.nidcd.nih.gov)

### **Nutrition**

American Dietetic Association  
1-800-877-1600  
[www.eatright.org](http://www.eatright.org)

American Dietetic Association Consumer Nutrition Hotline  
800-366-1655

Missouri Coordinated School Health Coalition  
P.O. Box 309  
Columbia, MO 65205  
[info@healthykidsmo.org](mailto:info@healthykidsmo.org)

Henry County Health Center  
WIC and Nutrition Services  
Clinton Location: 660-885-8193  
573-751-6204  
800-392-8209  
Fax: 573-526-1470  
[info@health.mo.gov](mailto:info@health.mo.gov)

Community Food and Nutrition Assistance  
573-751-6269  
800-733-6251  
CACFP@health.mo.gov

### **Pharmacy**

Summers Pharmacy  
605 E. Pawnee Ave.  
Clinton, MO  
660-885-3034

CVS  
1501 E. Ohio St.  
Clinton, MO 64735  
660-890-0707

Wal-mart - Clinton  
1712 E. Ohit St.  
Clinton, MO 64735  
660-885-5536

Walgreen's  
412 Pawnee Dr.  
Clinton, MO 64735  
660-885-4020

Merryfield Pharmacy  
200 W. Benton St.  
Windsor, MO 65360  
660-647-2134

J&D Truecare Pharmacy  
1330 Commercial  
Warsaw, MO 65355  
660-438-7331

Wal-Mart - Warsaw  
103 W .Polk St.  
Warsaw, MO 65355  
660-438-2207

Boring's Rexall Drug  
161 W. Main St.  
Warsaw, MO 65355  
660-438-7331

### **Rehab**

GMMH Rehab & Wellness  
1200 E. Ohio St.  
Clinton, MO 64735  
660-890-7190

SERC

109 W. Franklin  
Clinton, MO 64735  
660-383-1280

GVMH Rehab and Wellness - Warsaw  
1771 Commercial St.  
Warsaw, MO 65355  
660-428-1146

GVMH Rehab and Wellness - Windsor  
100 S. Tebo St.  
Windsor, MO 65360  
660-647-4000

### **Senior Services**

Active Aging Resource Center  
109 S. Main St.  
Gallatin, MO 64640  
660-663-2828

Missouri Veteran's Home  
1111 Euclid  
Cameron, MO 64429  
816-632-6010

NWMO Area Agency on Aging  
504 US Hwy. 136  
Box 265  
Albany, MO 64402  
660-726-3800

Alzheimer's Association  
1-800-487-2585

American Association of Retired Persons  
1-888-OUR-AARP (687-2277)  
[www.aarp.org](http://www.aarp.org)

Americans with Disabilities Act Information  
Line  
1-800-514-0301  
1-800-514-0383 [TTY]  
[www.usdoj.gov/crt/ada](http://www.usdoj.gov/crt/ada)

American Association of Retired Persons  
888-687-2277  
[www.aarp.org](http://www.aarp.org)

Eldercare Locator  
1-800-677-1116  
[www.eldercare.gov/eldercare/public/home.  
asp](http://www.eldercare.gov/eldercare/public/home.asp)

Federal Information Center  
1-800-333-4636  
[www.FirstGov.gov](http://www.FirstGov.gov)

U.S. Department of Veterans Affairs  
1-800-513-7731  
[www.kcva.org](http://www.kcva.org)

Education (GI Bill)  
1-888-442-4551

Health Resource Center  
877-222-8387

Insurance Center  
800-669-8477

Veteran Special Issue Help Line Includes  
Gulf War / Agent Orange Helpline  
800-749-8387

U.S. Department of Veterans Affairs  
Mammography Helpline  
888-492-7844

Memorial Program Service [includes status  
of headstones and markers]  
800-697-6947

Telecommunications Device for the Deaf /  
Hearing Impaired  
800-829-4833 (TTY)  
[www.vba.va.gov](http://www.vba.va.gov)

Welfare Fraud Hotline  
800-432-3913

# V. Detail Exhibits

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[VVV Consultants LLC]

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## a.) Patient Origin Source Files

[VVV Consultants LLC]



HIDI Market IP Discharges by Hospitals Yr18-21		Henry County MO					Benton County MO			
#	Hospitals	4Yr Vsts	Yr18	Yr19	Yr20	Yr21	Yr18	Yr19	Yr20	Yr21
<b>Overall Totals - IP Discharges</b>		<b>26,238</b>	<b>2953</b>	<b>3120</b>	<b>2840</b>	<b>2744</b>	<b>3656</b>	<b>3891</b>	<b>3524</b>	<b>3510</b>
1	Golden Valley Memorial Healthcare - Clinton, MO	7,354	543	502	505	506	1,282	1,432	1,273	1,311
2	Bothwell Regional Health Center - Sedalia, MO	3,592	902	854	775	737	98	90	69	67
3	Research Medical Center - Kansas City, MO	3,154	204	249	228	192	578	630	598	475
4	Saint Luke's Hospital of Kansas City - Kansas City, MO	1,537	132	153	121	92	337	302	220	180
5	University of Missouri Health Care - Columbia, MO	1,357	260	341	266	279	48	55	51	57
6	Saint Luke's East Hospital - Lees Summit, MO	1,056	85	109	57	50	218	238	177	122
7	The University of Kansas Health System - Kansas City, KS	810	94	84	90	76	106	116	124	120
8	Western Missouri Medical Center - Warrensburg, MO	633	41	33	25	25	121	142	109	137
9	Children's Mercy Kansas City - Kansas City, MO	523	68	46	25	37	98	82	76	91
10	Boone Hospital Center - Columbia, MO	508	96	111	123	106	18	22	15	17
11	Lake Regional Health System - Osage Beach, MO	451	106	116	103	95	2	16	5	8
12	Centerpoint Medical Center - Independence, MO	431	25	26	40	54	41	39	73	133
13	Royal Oaks Hospital - Windsor, MO	417	33	49	30	38	67	90	65	45

HIDI Market OP Visits by Hospitals Yr18-21		Henry County MO					Benton County MO			
#	Hospitals	4Yr Vsts	Yr18	Yr19	Yr20	Yr21	Yr18	Yr19	Yr20	Yr21
<b>Overall Totals - OP Visits</b>		<b>1,175,278</b>	<b>170,908</b>	<b>183,970</b>	<b>192,342</b>	<b>208,253</b>	<b>104,245</b>	<b>102,822</b>	<b>101,956</b>	<b>110,782</b>
1	Golden Valley Memorial Healthcare - Clinton, MO	964,394	152,422	165,441	174,990	188,817	71,726	70,177	67,669	73,152
2	Bothwell Regional Health Center - Sedalia, MO	87,826	1,915	1,652	1,837	1,895	19,095	18,268	20,565	22,599
3	University of Missouri Health Care - Columbia, MO	25,363	1,512	1,422	1,300	1,395	4,846	5,098	4,947	4,843
4	The University of Kansas Health System - Kansas City, KS	14,107	1,826	1,939	2,126	2,278	1,299	1,528	1,595	1,516
5	Western Missouri Medical Center - Warrensburg, MO	12,106	2,325	2,365	2,389	2,706	634	544	556	587
6	Children's Mercy Kansas City - Kansas City, MO	8,575	1,534	1,620	1,284	1,566	714	712	465	680
7	Cass Regional Medical Center - Harrisonville, MO	6,469	1,648	1,501	1,405	1,593	81	69	85	87
8	Saint Luke's Hospital of Kansas City - Kansas City, MO	6,238	1,277	1,305	993	1,023	442	460	353	385
9	Lake Regional Health System - Osage Beach, MO	5,055	23	67	41	48	1,151	1,193	1,179	1,353
10	Saint Luke's East Hospital - Lees Summit, MO	4,328	779	864	688	725	306	389	284	293
11	Research Medical Center - Kansas City, MO	4,174	780	873	569	738	256	286	319	353
12	Bates County Memorial Hospital - Butler, MO	3,504	748	812	795	871	44	47	78	109
13	Children's Mercy Hospital Kansas - Overland Park, KS	2,698	642	537	389	439	189	191	131	180
14	Boone Hospital Center - Columbia, MO	2,651	76	70	64	161	457	472	492	859
15	Citizens Memorial Hospital - Bolivar, MO	2,337	171	200	259	301	249	338	335	484



**GVMH Market/Case Share, Five Year - Inpatient\***

Patient Zip Code	2017		2018		2019		2020	
	Cases	Share Percent	Cases	Share Percent	Cases	Share Percent	Cases	Share Percent
64735-Clinton, MO	811	38.3%	901	39.8%	853	38.9%	863	39.0%
65355-Warsaw, MO	368	21.1%	383	21.6%	342	18.8%	397	22.5%
65360-Windsor, MO	174	25.9%	183	28.5%	171	27.1%	166	29.9%
64776-Osceola, MO	103	19.0%	115	21.3%	102	19.3%	102	21.2%
64740-Deepwater, MO	106	36.7%	108	40.0%	89	33.3%	86	30.0%
64763-Lowry City, MO	92	33.5%	79	32.6%	72	27.4%	74	30.1%
65338-Lincoln, MO	65	14.7%	92	21.5%	78	17.1%	67	16.8%
64788-Urich, MO	53	29.6%	49	24.6%	51	26.8%	43	28.5%
65326-Edwards, MO	40	15.3%	31	11.3%	38	12.9%	43	15.2%
64730-Butler, MO	32	2.5%	60	4.9%	32	2.6%	41	4.1%
65323-Calhoun, MO	44	32.4%	64	36.6%	52	35.9%	29	23.2%
64726-Blairstown, MO	10	23.3%	15	28.8%	7	14.0%	27	50.9%
64701-Harrisonville, MO	16	0.7%	17	0.7%	10	0.4%	25	1.2%
64724-Appleton City, MO	32	9.9%	37	14.5%	16	5.2%	23	8.6%
64761-Leeton, MO	23	11.3%	29	12.6%	22	10.9%	22	10.9%
65301-Sedalia, MO	13	0.3%	24	0.5%	15	0.3%	20	0.4%
64770-Montrose, MO	21	18.3%	40	27.6%	15	16.1%	19	16.8%
64720-Adrian, MO	29	5.0%	18	3.4%	20	3.7%	17	3.4%
64733-Chilhowee, MO	17	13.9%	17	13.5%	16	15.4%	17	11.9%
64040-Holden, MO	13	1.3%	13	1.3%	5	0.5%	15	1.7%
64747-Garden City, MO	20	3.9%	19	3.4%	15	3.0%	14	3.1%
65325-Cole Camp, MO	16	4.4%	28	6.8%	14	3.5%	14	3.8%
64093-Warrensburg, MO	19	0.6%	17	0.6%	8	0.3%	13	0.5%
64739-Creighton, MO	12	11.3%	13	12.4%	21	15.0%	12	9.8%
64738-Collins, MO	20	13.2%	15	8.9%	28	13.9%	10	6.7%

GVMH Market/Case Share, Five Year - Outpatient*								
Patient Zip Code	2017		2018		2019		2020	
	Cases	Share Percent	Cases	Share Percent	Cases	Share Percent	Cases	Share Percent
64735-Clinton, MO	97,260	92.5%	101,435	92.7%	96,880	92.4%	106,754	93.3%
65355-Warsaw, MO	47,617	70.9%	52,110	73.5%	51,142	74.8%	51,188	74.7%
65360-Windsor, MO	24,742	84.0%	26,638	85.9%	25,837	85.5%	26,829	87.0%
64776-Osceola, MO	13,272	77.4%	15,617	80.5%	14,394	77.7%	15,932	79.5%
64740-Deepwater, MO	11,499	89.3%	11,697	89.6%	10,969	88.9%	12,069	90.8%
64763-Lowry City, MO	7,465	83.9%	8,373	86.6%	8,358	85.4%	9,152	87.3%
65338-Lincoln, MO	9,005	63.6%	9,680	66.2%	8,988	65.9%	8,776	64.5%
65323-Calhoun, MO	5,328	89.9%	5,962	90.1%	5,946	91.0%	6,148	90.2%
65326-Edwards, MO	5,814	62.0%	6,209	63.5%	5,916	63.6%	5,988	64.2%
64788-Urich, MO	4,718	76.4%	5,043	76.1%	4,952	77.4%	5,160	80.2%
64093-Warrensburg, MO	3,554	7.9%	3,641	7.0%	3,905	7.3%	4,218	7.4%
64770-Montrose, MO	3,485	73.5%	3,756	74.3%	3,232	70.8%	3,860	75.4%
64761-Leeton, MO	3,389	62.6%	3,341	60.8%	3,604	60.7%	3,728	62.7%
65301-Sedalia, MO	2,096	2.6%	2,778	3.4%	3,017	3.9%	3,371	4.1%
64724-Appleton City, MO	3,193	41.8%	3,613	49.6%	3,217	44.3%	3,311	46.5%
64733-Chilhowee, MO	2,800	68.2%	2,958	68.1%	2,660	66.0%	3,018	67.9%
64730-Butler, MO	2,062	8.3%	2,506	9.9%	1,974	7.3%	2,241	8.4%
65325-Cole Camp, MO	2,568	29.5%	3,033	33.0%	2,513	30.2%	2,041	23.2%
64738-Collins, MO	1,739	53.6%	2,021	57.3%	2,064	55.4%	1,977	55.5%
65332-Green Ridge, MO	1,586	34.8%	1,533	33.6%	1,595	37.0%	1,839	41.3%
64739-Creighton, MO	1,437	49.4%	1,496	50.9%	1,463	50.3%	1,721	57.7%
64726-Blairstown, MO	1,475	81.9%	1,689	82.5%	1,406	83.4%	1,718	82.1%
64747-Garden City, MO	1,493	18.6%	1,504	19.1%	1,404	19.1%	1,552	21.8%
64040-Holden, MO	908	7.9%	1,061	9.1%	1,011	8.6%	1,383	12.1%
64720-Adrian, MO	1,460	14.2%	1,317	12.9%	1,226	12.1%	1,139	11.4%
64701-Harrisonville, MO	905	3.2%	879	3.2%	751	2.8%	1,137	4.5%
65336-Knob Noster, MO	749	6.5%	789	6.4%	817	6.6%	1,099	8.4%
65774-Weaubleau, MO	610	38.3%	698	38.5%	703	31.1%	772	34.0%
64744-El Dorado Springs, MO	447	2.3%	728	4.0%	737	4.1%	721	4.1%
65335-Ionia, MO	611	53.8%	668	54.3%	766	59.1%	650	58.0%
65779-Wheatland, MO	732	18.6%	819	21.1%	800	18.9%	594	14.7%
65634-Cross Timbers, MO	431	33.1%	539	37.5%	491	33.8%	556	35.7%
65324-Climax Springs, MO	600	19.0%	593	17.3%	565	16.9%	445	14.1%
65674-Humansville, MO	265	6.0%	360	7.7%	523	10.3%	436	8.9%
65735-Quincy, MO	395	68.0%	383	62.4%	359	59.2%	406	63.8%
64780-Rockville, MO	516	30.4%	409	26.9%	396	26.8%	402	26.2%
65337-La Monte, MO	330	7.9%	335	7.7%	294	7.9%	328	7.7%
64019-Centerview, MO	335	7.4%	311	6.7%	265	5.6%	308	6.3%
64012-Belton, MO	280	0.6%	231	0.5%	283	0.6%	287	0.6%
64725-Archie, MO	225	5.4%	360	8.5%	319	7.6%	287	7.0%
65668-Hermitage, MO	228	7.6%	332	11.7%	379	11.7%	246	8.0%
65305-Whiteman Air Force Base, MO	44	1.0%	90	2.0%	80	1.7%	210	4.6%
65732-Preston, MO	132	9.9%	154	12.2%	185	13.9%	200	14.0%
64783-Schell City, MO	242	13.7%	188	12.5%	139	8.9%	196	12.9%
64080-Pleasant Hill, MO	217	1.1%	206	1.0%	174	0.9%	194	1.0%
64772-Nevada, MO	140	0.4%	171	0.6%	197	0.7%	190	0.6%
64779-Rich Hill, MO	144	2.2%	159	2.4%	214	3.1%	189	2.7%

Other Zips								
Patient Zip Code	2017		2018		2019		2020	
	Cases	Share Percent	Cases	Share Percent	Cases	Share Percent	Cases	Share Percent
65078-Stover, MO	264	3.0%	317	3.6%	211	2.6%	175	2.1%
65785-Stockton, MO	129	1.5%	193	2.3%	189	2.0%	166	1.8%
64083-Raymore, MO	84	0.2%	141	0.4%	282	0.7%	165	0.5%
65020-Camdenton, MO	147	0.5%	121	0.4%	135	0.4%	147	0.5%
64076-Odessa, MO	167	1.1%	106	0.7%	174	1.1%	140	1.0%
64037-Higginsville, MO	188	1.5%	104	0.8%	135	1.0%	139	1.1%
65650-Flemington, MO	58	2.9%	115	5.1%	148	5.8%	135	5.2%
65724-Pittsburg, MO	91	3.9%	174	7.2%	171	6.4%	121	4.3%
64078-Peculiar, MO	98	0.7%	157	1.1%	100	0.7%	118	0.8%
64020-Concordia, MO	64	0.8%	111	1.3%	113	1.5%	109	1.5%
65613-Bolivar, MO	134	0.5%	180	0.7%	169	0.6%	108	0.4%
64050-Independence, MO	51	0.1%	44	0.1%	152	0.3%	105	0.2%
64015-Blue Springs, MO	51	0.1%	65	0.1%	57	0.1%	104	0.2%
65803-Springfield, MO	45	0.1%	38	0.0%	61	0.1%	99	0.1%
64056-Independence, MO	28	0.1%	31	0.1%	153	0.4%	95	0.3%
65084-Versailles, MO	61	0.4%	64	0.5%	67	0.5%	95	0.7%
64067-Lexington, MO	56	0.4%	23	0.1%	113	0.7%	92	0.6%
65350-Smithton, MO	57	1.6%	21	0.6%	49	1.6%	92	2.8%
65807-Springfield, MO	50	0.1%	37	0.0%	71	0.1%	92	0.1%
64750-Harwood, MO	42	5.5%	119	13.5%	71	9.6%	91	12.0%
65714-Nixa, MO	59	0.1%	78	0.2%	63	0.1%	90	0.1%
65649-Fair Play, MO	13	0.6%	37	1.6%	68	2.6%	89	3.1%
65536-Lebanon, MO	74	0.1%	73	0.1%	77	0.1%	88	0.1%
65037-Gravois Mills, MO	58	0.5%	57	0.5%	49	0.4%	84	0.7%
65802-Springfield, MO	56	0.1%	70	0.1%	58	0.1%	82	0.1%
64052-Independence, MO	72	0.2%	55	0.1%	70	0.1%	81	0.2%
65345-Mora, MO	109	11.7%	93	10.7%	98	13.2%	81	9.7%
64061-Kingsville, MO	109	2.1%	91	1.8%	159	2.8%	80	1.7%
64644-Hamilton, MO	0		41	0.5%	68	0.8%	72	0.9%
64722-Amoret, MO	22	2.0%	81	6.7%	63	5.5%	71	5.5%
64801-Joplin, MO	38	0.0%	40	0.1%	84	0.1%	69	0.1%
65787-Roach, MO	77	2.4%	57	1.7%	75	2.4%	69	2.3%
64075-Oak Grove, MO	72	0.4%	87	0.4%	120	0.6%	68	0.4%
65767-Urbana, MO	66	2.2%	42	1.3%	71	2.0%	67	2.0%
64030-Grandview, MO	60	0.1%	51	0.1%	82	0.2%	63	0.1%
64034-Greenwood, MO	13	0.1%	28	0.3%	55	0.5%	62	0.6%
65101-Jefferson City, MO	44	0.1%	41	0.1%	30	0.0%	62	0.1%
64055-Independence, MO	42	0.1%	97	0.1%	79	0.1%	61	0.1%
65340-Marshall, MO	66	0.2%	62	0.2%	73	0.2%	60	0.2%
64081-Lees Summit, MO	43	0.1%	58	0.2%	54	0.1%	59	0.2%
64082-Lees Summit, MO	60	0.3%	19	0.1%	38	0.2%	59	0.3%
64029-Grain Valley, MO	60	0.2%	21	0.1%	71	0.2%	57	0.2%
64085-Richmond, MO	25	0.1%	19	0.1%	38	0.2%	57	0.3%
64752-Hume, MO	71	3.6%	77	4.0%	59	3.2%	57	3.5%
64742-Drexel, MO	93	3.0%	71	2.0%	78	2.3%	54	1.6%
64063-Lees Summit, MO	37	0.1%	32	0.1%	73	0.2%	52	0.2%
65672-Hollister, MO	13	0.1%	8	0.0%	23	0.1%	52	0.3%

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**b.) Town Hall Attendees, Notes, &  
Feedback**

**[VVV Consultants LLC]**

## Henry & Benton Counties, MO CHNA Town Hall - Oct. 13th (5:30-7:00pm)

#	Team	Lead	Last	First	Organization	#	Team	Lead	Last	First	Organization
1	A	##	Adkins	Kyle	GVMH	25	G	##	Bowles	Peggy	Henry Health Dept
2	A		Amy	Jenkins	WILS	26	G		Meier	Christian	Clinton School District
3	A		Bigler	Dara	SFCC	27	G		Nasalroad	Debi	WC MO Comm Action Agency
4	A		Boyles	Rachel	GVMH	28	G		OBERKROM	JAMES	HENRY COUNTY SHERIFF
5	B	##	Bullock	Don	1st Bapt., Windsor	29	H	##	Overton	Saundra	Compass Health
6	B		Corson	Jennifer	Clinton School District	30	H		Schreck	Linda	WC MO Comm Action Agency
7	B		Dixon	Deborah	HCHC	31	H		Shields	Richard	Henry Co Prosecuting Attorney
8	B		Dody	Debbie	MU Extension	32	H		Valentine	Taylor	WC MO Comm Action Agency
9	C	##	Faulconer	Christine	GVMH	33	I	##	Thompson	Craig	GVMH
10	C		Dull	Tara	GVMH	34	I		Staashelm	Ernie	UMB Bank / Co Health Board
11	C		Garnett	Dave	Hawthorn	35	I		Stewart	Sarah	Compass Health
12	C		Glasscock	Tim	GVMH and Compass	36	I		Wagner	Joanne	GVMH
13	D	##	Hall	Dana	Henry County Health Center	37	J	##	Kuck	Donni	Compass Health
14	D		Bayless	Jerri		38	J		Bullock	Karen	1st Bapt., Windsor
15	D		Henderson	Jessica	GVMH	39	J		Huff	Jennifer	GVMH
16	D		Huf	Allen	Public Official	40	J		Walrath	Ranae	GVMH
17	E	##	Journey	Vincent	Henry CO Off of Emergency MNGT	41	K	##	Studer	Lea	GVMH
18	E		Johns	James		42	K		Bellamy	Bruce	GVMH
19	E		Kelley	Colleen	Clinton Healthcare & Rehab Ctr	43	K				
20	E		Lowe	G. R.	Aviation Fabricators	44	K				
21	F	##	Lynnette	Hayes	GVMH						
22	F		Mackey	Charla	Clinton Healthcare & Rehab Ctr						
23	F		Maggi	Christy	City of Clinton						
24	F		Mark	Dawson	Greater clinton area chamber						

# Henry & Benton County, MO Town Hall Event Notes

Attendance: N=41

Date: 10/13/2022 – 5:30 p.m. to 7 p.m.

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**Community identified the following drugs (substance abuse) occurring in Clinton, MO:** Opioids, Meth, Fentanyl, Marijuana, and alcohol.

## **Strengths**

- Primary Care Provider Access (Henry Co)
- Collaboration between Golden Valley, Health Dept, and Compass
- Golden Valley, Health Dept, and Compass
- Exercise Opportunities
- Community Assistance Programs
- Access to Specialty Care
- Outpatient Services
- New Services (Oncology coming)
- Dental Services for Medicaid Patients
- Superior quality of care
- School Health

## **Needs**

- Transportation (All)
- Childcare (Available, Affordable, Safe)
- Urgent Care Services (After Hours)
- Community Education (Mental Health / Anxiety)
- Housing (Affordable / Safe)
- Appropriate Education on ED Services
- Obesity (Nutritional / Exercise)
- Family Planning / Women's Health
- Homeless
- Domestic Abuse
- Suicide Prevention (Education)
- Substance Abuse (Drug / Alcohol / Nicotine)
- Psychiatric IP Beds
- Crisis Intervention
- Chronic Disease Management (COPD, Diabetes, Cardiac, and Cancer)
- Senior Transitional Living
- Respite Care for Adults
- Food Insecurity (Healthy foods / Education)
- Nursing Home (Available / Quality)
- Wellness Programs
- Poverty

# Wave #4 CHNA - Henry & Benton County, MO

## Town Hall Conversation - Strengths (White Cards) N=37

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	Many specialities close to home	20	Access to care-PCP hospital
2	Family Staff	20	Multi-specialty providers
3	Availability of special providers	20	BCH health and Compass (OP)
3	Cancer Care	20	Community Resources-WIC, Food pantry, Church
3	Expanded clinic care/access/hours	20	Job availability
3	Quality/safe care	21	Maternity-substance abuse
4	Loads of passion by health community	21	Providers
4	Lots of quality access	21	Mental health IP services
5	Visting specialist	21	MCD availability of services
5	Access to care	22	Access to providers
5	Appt. availability	22	Access to medical services (PT, OT, Specialty)
5	Quality/safe care and services	22	Access to vaccinations
6	Access to care	22	STD testing
6	Specialists	23	Access to healthcare close to home
6	Dental	23	Cancer center/Radiation
6	New Services	23	Onology
7	Cordinations and responses	23	Capacity of providers for area
7	High quality unit opening at hospitals (Austims)	24	Physicians/access to care
7	Use of telehealth services	24	Specialty care
8	Healthcare facilities collaboration	24	Hospital as largest employer
8	Ambulance services	24	Close to nature
8	Quality schools and support for schools	24	Transitional care
8	Access to Mental Health services	25	Healthcare infrastructure
8	Adequate funding for emergency services	25	Community physical activity resources
9	Physician Access	26	Medical Care
9	School graduation rate	26	Access healthcare
9	Ambulance/ ER services	26	Access to hym/physical exercise
9	3 entities with collaboration	26	School health
10	Ambulance services	26	Collaboration between intities
10	Access to health care	27	Access to healthcare
10	Quality schools-support from community	27	Increasing access dental services
10	Adequate funding	27	Access to a gym
10	Access to Mental Health services (compass)	27	Collaboration among healthcare professionals (health dept, compass and GUMH)
11	Community care	27	Crime rate
11	Collab/communication	28	Access to care in town
11	Number of services available	28	Local Cancer care
12	Health care Hospital	28	Mental health care
12	Ambulance services	28	Opportunities for exams
12	Mental Health offerings	29	Access to healthcare
12	Urgent care services-limited	29	Caring people
13	Great Health care	29	Concern for county
14	Access to speciality healthcare	29	Positive outlook
14	Primary care	29	Practice
14	Outpatient support services	30	Providers have increased
14	Community collaboration (healthcare)	30	Mental Health access-better
14	Hospital based ambulance	31	Access to care
15	Specialty care provider access	31	Primary care
15	Primary care provider access	31	Collaboration
15	Quality healthcare facilities	32	Community support
15	Collaboration of healthcare entities (Amb. services)	32	Healthcare access
15	Focus on immunizations in school districts	32	Access to facilities (public)

## Wave #4 CHNA - Henry & Benton County, MO

### Town Hall Conversation - Strengths (White Cards) N=37

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
15	Number of healthcare services available	33	Access to hospital/clinic
16	Availability of good quality of resources	33	Service groups (rotary/optimists)
16	Dedicated professionals	33	Many community resources
16	Strong community	34	Hospital
16	Home health	34	Healthcare
17	Urgent care	34	Compass
18	Vaccinations	34	Cancer Care
18	Progressive hospital	35	Hospital/clinic
18	Available of food	35	Compass
18	Quality of care for mothers	35	Cancer Care
18	County health	36	Expanding healthcare services
19	Access to care-PCP	36	Community support for schools
19	Mental Health-negative wait time to access	36	Low Cost of living
19	Community Resc - food pantry/local funds churches	37	Accessability to doctors
19	Visiting specialists-though some are limited	37	Mental health-short term progress
19	Employment opportunities	37	ER access
		37	Long term care facilities

## Wave #4 CHNA - Henry & Benton County, MO

### Town Hall Conversation - Weaknesses (Color Cards) N= 40

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	Quality of nursing homes care	22	Assidental living/Nursing home
1	Urgent care	22	Housing
1	Telehelath	22	Exercise opportunity
1	Housing	22	ER
1	Preventative services	22	Health education substance
1	Cancer	23	New provider specialty
1	Childcare	23	Drug teaching/precaution
1	Emergency Department	23	Smoking classes
2	Reduce tobacco use-access/education	23	Drug treatment
2	Create mindset with youth-break the cycle	24	STD
2	Schools allocate resources for food security	24	Substance abuse
2	Attract more industry to raise avergae wage	24	Emergency room services
2	Work with restaurants for healthy options	24	Urgent Care service
3	Improve cost of childcare	24	Nursing home/ senior living
3	Improve drug use/substance abuse in schools	24	Lack of plant based medicine
3	Make community aware of mental health services	25	Assisting the under insured or uninsured
3	More mental health for adults	25	Public transportation
3	Suicide prevention	26	Housing
4	RAD ONE	26	Maternal home care
4	ER	26	Economic Development
4	Mental health	26	Obesity
4	Annual check up	27	NH care
5	Access to liveable housing	27	Transportation (public)
5	Chronic health conditions	27	Access to care
5	Cancer rates	27	Economic Development (JOBS)
5	Access to BH for acure crisis care	28	Cancer
5	Access to childcare	28	Obesity
6	Substance abuse	28	Heart disease
6	Violence	28	Substance abuse
6	Mental health	28	Mental Health
6	Poverty	29	Senior Services
6	Economic development	29	Outreach to communities
6	Exercise/physical health	29	Heart disease
6	Suicide prevention	29	Cancer
6	Parent Education/responsibility	29	Housing
7	Food insecurity /free-reduced meals	30	Acces to resources
7	Healthy food/health and nutrition education	30	Homelessness
7	Substance abuse-access/care	30	Community awareness/education
7	Suicide awareness/prevention	30	Public/medical transportation
7	Obesity	30	Substance abuse
7	Economic development	30	Community involvement
7	Transportation	31	Drugs and alcohol
7	Housing	31	Cancer
7	Homeless	31	Heart disease
8	Access to impacient mental health services	31	Housing
8	Access to affordable housing	31	Obesity
8	Access to educrinology services	32	Drug abuse
8	Appropriate ED utilization (throughout)	33	Poverty/economic opp.
8	Decrease uninsured; increase benefit usage	34	Economic Opportunity
8	Assisted living/transitional living	34	Affordable Housing
8	Food insecurity /free-reduced lunch	34	Mental Health Services
8	Homelessness	34	Youth suicide/mental health prevention
8	Susbtance abuse	34	Drug abuse prevention
9	Phych bed access	35	Suicide prevention/education (risk factors/signs)
9	Door to dorr ED time	35	Health foods-obesity

## Wave #4 CHNA - Henry & Benton County, MO

### Town Hall Conversation - Weaknesses (Color Cards) N= 40

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
9	Pediatrician courage	35	Opioids/education
9	Nepholsy/Dematology/Cardiology Coverage	35	Housing
9	Housing	35	Childcare
9	Transportation Access	36	Rural care of people at home
9	Broad Access	37	Mental health-long term treatment 3-6 months
9	Insurance coverage	37	Affordable Housing
9	Price Transparency	37	Dental.denture for medicaid-affordable
9	Support care	37	Obesity
9	Advocacy and Navigation	37	Substance abuse programs-long term program
9	Education	38	ER-wait times
9	RAD	38	Access to mental health (hospitalization)
10	Access to transportation, wifi	38	Better access to walk-in clinics
10	Coverage-insurance	38	Housing
10	Support beyond health/dr/hospital	38	Childcare
10	Advocacy/navigation	39	Substance abuse
10	Education	39	Childcare
11	Access to RAD Onc locally	39	Health insurance
11	ER wait time/service	39	Housing
11	Uninsured/underinsured	39	STD
11	Workforce challenge	39	Teen pregnancy
11	Healthcare transportation	39	Heart.cardiac education awareness
12	STD/STI	39	Depression/anxiety/suicide
12	Obesity access to exercise for all levels	39	Urgent care-after hours
12	Late for urgent care oversight weekend	40	New Cancer center
12	Co-pay assistance	40	ER-time frame
12	Phych care	17	Susbtance abuse
13	Availability of affordable, safe housing	17	Access to IP
13	Healthcare education, improve all over health	17	Availability of MCD Services
13	Family planning and education/more focus on teens	17	Homeless services/resources
13	Mental health access	17	Appt. availability-even though there's access
13	Substance abuse, education, benefits marijuana	18	Substance use
13	Domestic abuse	18	Anxiety/depression
14	Cancer	18	Obesity
14	Heath disease	18	Healthy community
14	Urgent care services-24hr care, expansion	18	Appointment availability
14	Mental health specialties	18	Poverty
14	Single parent households	18	Homelessness
15	Mental health	18	Single parent family
15	Drug info	18	Food insecurity for health foods
15	Mothers with family	18	Childcare
15	Retirement facilities	19	ER care
15	Wellness	19	Availability to get appts.
15	Available health	19	Teen pregnancy/substance abuse
15	Coverage insurance	19	Cost of food and rent
16	Chronic disease	19	Care for elderly
16	Smoking/mothers smoking	20	Opioid, substance abuse issues
16	Sud	20	Short-term, rental housing
16	Social-single parent family/poverty/food insecurity	20	ED times/ ED utilization (quality)
16	Uninsured-underinsured	21	Substance abuse
16	Support for all adult caregivers	21	Mental health
17	Poverty	21	Housing(low income, homeless)
17	Chronic disease		

## EMAIL #1: Request to Henry County CHNA Stakeholders

**From:** Christine Faulconer, Peggy Bowles, and Donni Kuck

**Date:** August 22, 2022

**To:** Community Leaders, Providers, Hospital Board and Leadership

**Subject:** Henry & Benton Co - Community Health Needs Assessment 2022 Online Feedback Survey

**Golden Valley Memorial Hospital, in partnership with Compass Health Network and Henry County Health Department,** are working on their 2022 Henry and Benton County MO Community Health Needs Assessment (CHNA). (*Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c) (3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years.*)

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2019 CHNA report and to collect up-to-date community health perceptions and needs. To accomplish this work, a short online survey has been developed. Please scan the QR code below or use the following link:

[https://www.surveymonkey.com/r/HenryBenton\\_CHNA2022](https://www.surveymonkey.com/r/HenryBenton_CHNA2022)



Scan me to take the survey!

All community residents and business leaders are encouraged **to participate in the survey by Friday, September 22<sup>nd</sup>.**

VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential.

Thank you in advance for your time and support by participating in this important request. Also, please hold **Thursday, October 13<sup>th</sup> from 5:30 p.m. to 7:00 p.m. at xxx.** A light dinner will be provided starting at 5:15 p.m.

Sincerely,

Christine Faulconer, Peggy Bowles, and Donni Kuck

# GVMH, Compass Health and Health Dept Requests Community Health Needs Assessment Feedback

**Media Release:** August 22<sup>nd</sup>, 2022

**Contact:** [cfaulconer@gvmh.org](mailto:cfaulconer@gvmh.org), [peggy.bowles@lpha.mo.gov](mailto:peggy.bowles@lpha.mo.gov), [dkuck@compasshn.org](mailto:dkuck@compasshn.org)

**Golden Valley Memorial Hospital, in partnership with Compass Health Network and Henry County Health Department,** are working on their 2022 Henry and Benton County MO Community Health Needs Assessment (CHNA). (*Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c) (3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years.*)

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Scan me to take the survey!

All community residents and business leaders are encouraged **to participate in the survey by Friday, September 22<sup>nd</sup>**. (*Note: you can also find CHNA feedback link on the GVMH, Compass and Henry Co Health Dept Websites and Facebook pages.*)

VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential.

Thank you in advance for your participation. “This work is key to determine the health direction for our county,” comments Craig Thompson, CEO of Golden Valley Memorial Hospital, “and we hope that all community stakeholders will take advantage of this opportunity to provide input into the future of healthcare delivery in our community.”

Thank you in advance for your time and support by participating in this important request. Also, please hold **Tuesday, October 15<sup>th</sup> from 5:30 p.m. to 7:00 p.m.** A light dinner will be provided starting at 5:15 p.m.

Sincerely,

Christine Faulconer, Peggy Bowles, and Donni Kuck

## Email #2 – Town Hall Invite

**From:** Craig Thompson, Peggy Bowles, Donni Kuck

**Date:** Sept 16, 2022

**To:** Community Leaders, Providers, Hospital Board and leadership

**Subject:** Henry & Benton Co – CHNA Community Town Hall, October 13<sup>th</sup>, 2022

**Golden Valley Memorial Healthcare, in partnership with Compass Health Network and Henry County Health Center, are working on their 2022 Henry and Benton County MO Community Health Needs Assessment (CHNA).**

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2019 CHNA report and to collect up-to-date community health perceptions and needs. To accomplish this work, a short online survey has been developed and results will be presented at a Community Town Hall. VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this countywide research.

**The Henry and Benton County, Missouri CHNA Town Hall working dinner meeting is on Thursday, October 13<sup>th</sup> from 5:30 p.m. to 7:00 p.m. in Rotary Club Building (200 W Franklin St, Clinton, MO 64735). A light dinner will be provided starting at 5:15 p.m.**

**Please RSVP at the following link or scan the QR code for the October 13<sup>th</sup> Town Hall:**

[https://www.surveymonkey.com/r/HenryBenton\\_TownHall\\_RSVP2022](https://www.surveymonkey.com/r/HenryBenton_TownHall_RSVP2022)



Scan me to RSVP!

Thank you in advance for your time and support in participating with this important request. If you seek any additional information or have any questions regarding this assessment, please contact me.

Sincerely,

Craig Thompson, Peggy Bowles, and Donni Kuck

# Henry and Benton County, MO CHNA Community Town Hall – October 13<sup>th</sup>, 2022

**Media Release:** September 16<sup>th</sup>, 2022

**Contact:** Craig Thompson, Peggy Bowles, or Donni Kuck

**Golden Valley Memorial Healthcare, in partnership with Compass Health Network and Henry County Health Center,** are working on their 2022 Henry and Benton County MO Community Health Needs Assessment (CHNA).

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2019 CHNA report and to collect up-to-date community health perceptions and needs. To accomplish this work, a short online survey has been developed and results will be presented at a Community Town Hall. VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this countywide research.

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**Please RSVP here or scan the QR code below for the Oct 13<sup>th</sup> Town Hall:**

[https://www.surveymonkey.com/r/HenryBenton\\_TownHall\\_RSVP2022](https://www.surveymonkey.com/r/HenryBenton_TownHall_RSVP2022)



Scan me to RSVP!

*Thank you in advance for your time and support in participating with this important request. If you seek any additional information or have any questions regarding this assessment, please contact Lea Studer at 660-890-7306.*

## d.) Primary Research Detail

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[VVV Consultants LLC]

## CHNA 2022 Community Feedback: Henry & Benton Counties MO (N=408)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1033	64740	Very Good	Increasing - moving up	BED			more unbiased help, for everyone
1356	65360	Average	Increasing - moving up	BED			to many quotas to meet no time for beside manner
1065	65301	Average	Increasing - moving up	BH	SPEC		Mental health needs and special needs assistance for families
1045	64735	Average	Decreasing - slipping downward	DOCS	SCH		dr too busy wait to long for appt
1047	64763	Good	Not really changing much	DRUG			Drugs
1053	65360	Very Good	Not really changing much	DRUG			Drug/alcohol abuse
1076	64735	Very Good	Increasing - moving up	DRUG			The use of drugs and crime rate
1251		Poor	Decreasing - slipping downward	DRUG			drug addiction
1408	65338	Good	Not really changing much	EDU	FINA	NUTR	Limited health literacy, ability to afford health services and healthy food
1365	64735	Average	Not really changing much	FINA	NUTR		When people "Can't afford" to be healthy, they'll go for the Cheaper McDonald's burger every time.
1029	64735	Very Good	Increasing - moving up	FINA			Lack of ability to afford or pay.
1134	65301	Good	Increasing - moving up	FINA			Lack of Money
1188	64735	Average	Not really changing much	FINA			money
1335	65360	Very Good	Increasing - moving up	FINA			cost of healthcare services
1337	64735	Very Good	Increasing - moving up	FINA			Lack of monetary funds that needed for a healthy lifestyle
1397	64735	Good	Decreasing - slipping downward	FINA			Cost of services too high
1317	64735	Good	Not really changing much	INSU			unaffordable health care/insurance
1058	64735	Good	Not really changing much	NEGL			Neglect of the party of the patient, not our health care.
1093	64724	Good	Not really changing much	NH	OWN		A lot of elderly in our community that are hesitant to seek Healthcare.
1126	64740	Good	Decreasing - slipping downward	NUTR	EDUC		Lack of inexpensive healthy foods, along with education
1384	65360	Good	Increasing - moving up	NUTR	FINA		Food costs, it's hard to make good choices when it's more expensive.
1006		Very Good	Increasing - moving up	POV	FINA		Ignorance. Lack of motivation; poverty or unwilling to part with \$ for healthcare but will spend \$\$ for another tatoo
1222	64735	Average	Not really changing much	POV			Poverty
1281	65355	Good	Increasing - moving up	POV			Generational Poverty
1357	64726	Very Good	Increasing - moving up	PREV	COVD		putting off of preventative services due to fear of covid, the requirement to wear masks, and/or expense.
1010	64735	Very Good	Increasing - moving up	PREV			Living in a rural area - most people are resistant to seeking healthcare advice until it's too late
1182	65779	Poor	Decreasing - slipping downward	PRIM			I switched to Bothwell services to have a stable PCP. Get est. with a PCP only for them to leave.
1044	65326	Average	Not really changing much	SERV	QUAL		I believe we offer services but the patient population is poor/low income with lack of QUALITY assistance programs and therapy services
1007		Very Good	Increasing - moving up	TRAN			Lack of transportation
1200	64770	Average	Decreasing - slipping downward	TRAN			lack of Transportation

**CHNA 2022 Community Feedback: Henry & Benton Counties MO (N=408)**

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1182	65779	Poor	Decreasing - slipping downward	AMB	EMER	WAIT	NO!! No Cath lab. Transferred for anything serious. Then hope there's an ambulance available. The wait for an ambulance can be 45 mins for a 911 call. 3 to 4 hours for transfer out of ER.
1044	65326	Average	Not really changing much	BH	COUN		Mental health providers and therapists
1188	64735	Average	Not really changing much	BH	PEDS		Mental health. Not much for children.
1030	64740	Good	Not really changing much	BH			Mental health access in crisis situations is poor.
1065	65301	Average	Increasing - moving up	BH			Mental health workers
1220	64735	Very Good	Decreasing - slipping downward	BH			Not enough for mental health
1107	64735	Very Poor	Decreasing - slipping downward	CHRON			There are no chronic pain clinics, staff is only available for no more than 15 minutes, consumers are put into a box in those few minutes that is frequently the wrong box thus not helping consumer
1173	64735	Average	Not really changing much	CLIN	HRS	SCH	I have tried to use the walk in clinic on Sunday afternoon during the available hours only to find they left early because it was slow or they already had the appointment slots filled
1033	64740	Very Good	Increasing - moving up	CLIN			There could be more urgent Care like the walk-in clinics that CVS and Walgreens have in the city
1129	65360	Very Good	Increasing - moving up	CLIN			We do not have urgent care or hospital.
1391	64735	Good	Increasing - moving up	DERM	SCH	ENDO	Last time dermatology services were needed, the wait time was several months. Endocrinology services in this area are also needed.
1074	64776	Average	Increasing - moving up	DERM	SURG		no dermatologist or oral surgeon available most times
1337	64735	Very Good	Increasing - moving up	DERM			Dermatology
1194	64735	Good	Increasing - moving up	DOCS	EMER		NEED MORE PROVIDER COVERAGE IN THE ER
1047	64763	Good	Not really changing much	DOCS	RET		Several of the good providers have or are leaving, and the ones that are not as good or caring are still here.
1169	65360	Poor	Decreasing - slipping downward	DOCS	SCH	CLIN	Windsor clinic needs more providers. It is difficult to schedule an appointment. Walk ins are schedule and not actually available
1201	65325	Average	Decreasing - slipping downward	DOCS	SCH		I think the providers are here but getting an appointment timely and the insurance and healthcare field has handicapped the providers in their treatment approach and prolonged the delivery of appropriate treatment.
1356	65360	Average	Increasing - moving up	DOCS	SCH		Good doctors are always booked to the max and you always feel like they are running from one room to another somewhat listen but things get missed or forgotten and you don't feel like anyone is really listening to you and you just continue to suffer from same issues with no resolve.
1383	64735	Good	Increasing - moving up	DOCS	SCH		long wait to get into a Dr or other appointment
1110	64735	Very Good	Decreasing - slipping downward	DOCS	SPEC		it should not take greater than 3 weeks to get in to see a physician or even a specialty clinic
1086	65355	Very Good	Decreasing - slipping downward	DOCS			We need more providers in our area to take care of the patient load.
1087	65355	Average	Not really changing much	DOCS			Providers are needed in all areas of service
1170	65360	Poor	Decreasing - slipping downward	DOCS			Windsor needs more providers in the clinic
1379	64735	Average	Decreasing - slipping downward	DOCS			We need more Full Time MD's AND OD's
1385	64776	Poor	Increasing - moving up	DOCS			not enough doctors for the area
1344	64776	Good	Increasing - moving up	EMER	CLIN	BH	Emergency/Urgent care needs to be increased as well as these services tied to Mental Health patients needs
1370	64770	Very Good	Not really changing much	EMER	CLIN	SPEC	ED staff Walk-in Clinic providers/staff Specialty providers (cardiac, nephrology, GI, dermatology)
1154	64735	Average	Increasing - moving up	EMER	CLIN		Emergency rooms are typically understaffed and the walk in clinic
1290	64735	Average	Not really changing much	EMER	DOCS		Not all the time have long waiting period in the ER. If's on the weekend have two doctors in the ER with help the community.
1106	64776	Very Good	Increasing - moving up	EMER	NURSE		Sometimes the ER will need more nurses then they have. I understand that some of that is covid related, but more would be good.
1200	64770	Average	Decreasing - slipping downward	EMER	STFF		a bigger Emergency Room and staff. People leave the ER daily without being seen in a timely fashion. It has been up to 12 people a day at times. Only 32 patients are expected in a 24 hour time frame. Look at how many people live in Henry & Benton County alone.
1366	64735	Very Good	Increasing - moving up	EMER			ER staffing is very concerning
1008	64735	Very Good	Increasing - moving up	FAM	CLIN	HRS	We need more family practice providers as well as an Urgent Care or Walk In Clinic with more available hours. We also need more nurses in all areas.
1142	64735	Good	Increasing - moving up	HRS	DOCS	SCH	I love the fact that our community has extended hours. However I have a family member who was very sickly and could never see the same provider. She has a primary care provider but those appointments had to be scheduled out a month in advance. Sometimes things that doctors see can be subjective and seeing multiple doctors for the same thing is not in the best interest. These were not 2nd opinions...just continual ear problems.
1214	65338	Average	Increasing - moving up	HRS	SCH		Weekend care or having to go to go to another county for after hours or weekend care. Waiting weeks to get in to see a primary care physician and be told to go to Urgent care if you can't wait.
1040	64735	Good	Increasing - moving up	HRS			need more on eve and weekends
1066	64735	Poor	Decreasing - slipping downward	HRS			You've got to have facilities that care enough to work over if need be
1365	64735	Average	Not really changing much	HRS			More evening openings for people who work during the day.
1084		Average	Not really changing much	IM	FAM	SCH	We need more internal medicine and family doctors. Most aren't taking new patients.
1015	64788	Average	Not really changing much	NH	STFF		All fields are in short supply, which causes needs of listening to patients, helping the elderly, and no being able to provide the very needs for community
1114	63026	Good	Increasing - moving up	NURSE	STFF		Nurses and medical staff
1215	65325	Poor	Decreasing - slipping downward	NURSE			not enough nurses to staff facilities
1384	65360	Good	Increasing - moving up	OBG	FEM		OB options are limited, scarce if you are seeking care from a female OB.
1397	64735	Good	Decreasing - slipping downward	OBG			Need more/ new OB/GYN providers
1339	64735	Very Good	Increasing - moving up	OPHT			There is a need for retinal services that are now only available 30 to 90 miles from this area.

CHNA 2022 Community Feedback: Henry & Benton Counties MO (N=408)							
ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1155		Average	Increasing - moving up	ORTH	SPEC		We only have one Orthopedic Specialist, more services are needed.
1396	64735	Average	Decreasing - slipping downward	PEDS			Our community needs more pediatricians
1018	65360	Average	Not really changing much	PRIM	SCH		I have to make an appointment for my primary care Dr a month in advance. When you choose a Dr that's who you want to see. Not a walk in Dr that doesn't know you.
1057	65360	Poor	Decreasing - slipping downward	PRIM	SCH		Again, to many Primary Care Physicians not accepting new patients. Some of our older doctors retire and we have a hard time finding a Primary Care Physician. This leads to having to go to the walk-in, less concern for the patients needs. Walk-in providers doesn't know the patients history. I have a 90 year old father that does not have a Primary Care Physician. He has had several TIA's and he has to be shuffled from the hospital to whoever the attending is at the hospital.
1353	64735	Very Good	Increasing - moving up	PRIM			need more PCP's especially Windsor and Warsaw
1183	64724	Good	Decreasing - slipping downward	QUAL			Appleton City needs better care!!!
1140	64770	Average	Not really changing much	SCAN			No ultrasound technicians in the emergency room after hours
1294	65355	Poor	Not really changing much	SCH	DOCS		Husband has a throat that hurts and feels like it has a huge lump in it and has to wait over a month for an appointment with his own dr. Was told no one else available and can only suggest the walk in clinic
1149	65355	Good	Increasing - moving up	SCH	SPEC	PRIM	It is sometimes hard to get in to see your primary or specialty drs.
1361	64040	Average	Not really changing much	SCH	SPEC		hard to get last minute appointments with some doctors. specialty is scheduled months out
1308	65355	Average	Not really changing much	SCH	TRAV		Long waits for appts. Travel to outside counties to receive care
1005	64735	Good	Increasing - moving up	SCH			Appointments can be too far out at times
1124	64735	Good	Increasing - moving up	SCH			Access to appointments in a timely manner not 3 mos out!!!
1181	64735	Average	Increasing - moving up	SCH			Appointments a month or more in future
1185	65355	Average	Not really changing much	SCH			sometimes hard to get an appt
1212	65338	Poor	Decreasing - slipping downward	SCH			unable to get urgent appointment with physicians.
1009	65360	Average	Increasing - moving up	SPEC	DOCS	QUAL	There are specific doctors/specialists that are not providing quality care, but there are not other options in the community for alternate providers.
1078	64740	Average	Decreasing - slipping downward	SPEC			We need specialties in house 24/7
1091	64735	Average	Increasing - moving up	SPEC			not enough specialists
1113	65360	Good	Not really changing much	SPEC			More specialists it took me over 3 weeks to see a doctor while in extreme pain
1076	64735	Very Good	Increasing - moving up	STFF	QUAL		In our hospital we have the staff, there are so many of us willing to step up and get the job done and be available when needed.
1277	64735	Good	Increasing - moving up	STFF	SCAN		We are short staffed EVERYWHERE. It negatively impacts healthcare delivery every day. critical tests such as ultrasound are unavailable after hours or weekends. The time to get patients to a vital test seems to be getting longer and longer.
1150	63100	Good	Increasing - moving up	STFF			There are too few medical staff to take care of all those people
1293	64735	Good	Increasing - moving up	STFF			I understand, like everywhere there is a shortage of workers.
1402	64726	Average	Not really changing much	TELE			Telehealth needs to be more viable
1012	65323	Average	Not really changing much	WAIT	DOCS		There are days that when you have to wait an hour passed your scheduled appointment at the clinic to actually see your doctor for your appointment.
1019	64735	Good	Not really changing much	WAIT			Too much wait times
1387	64735	Good	Increasing - moving up	WIC	DOCS	SCH	The WIC is almost always down a provider. Meaning we have to turn patients away.

## CHNA 2022 Community Feedback: Henry & Benton Counties MO (N=408)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1188	64735	Average	Not really changing much	ALT	BH		Functional medicine for adults and children, mental health for children and increased for adults.
1260		Poor	Decreasing - slipping downward	AMB			Addition of another ambulance so that we don't have to wait 30 minutes for an ambulance to come from Osceola or Windsor.
1252	41129	Good	Increasing - moving up	AWARE	BED		The most important thing is to enhance the health awareness of the community staff, classify the garbage, everyone should be more patient and treat the medical staff.
1150	63100	Good	Increasing - moving up	AWARE	STFF	EQUIP	The first is people's health awareness, the second is the increase in medical personnel and equipment, and finally timely materials.
1006		Very Good	Increasing - moving up	BED			Flexible jobs. People in community to work at whatever hob they are capable. Willingness to treat LBG, etc without judgement
1234	66955	Very Poor	Not really changing much	BED			Service attitude
1002	65735	Good	Not really changing much	BH	CC	EDUC	Creation of programs to help with mental health needs and resources, and not just where to get help - patients won't seek care because they don't have anyone to care for their animals, pick kids up from school, etc. and part of the education needs to speak to resources available that will help problem solve issues at home that are preventing patients from seeking care
1140	64770	Average	Not really changing much	BH	DRUG		Mental health awareness programs and substance abuse prevention
1299	64735	Good	Decreasing - slipping downward	BH	DRUG		We HAVE to focus on mental health and substance abuse. With three murders in our town in a 5 week time period, it is imperative that we focus on mental health and do better with access to substance abuse treatment. This is a critical need in our community!
1397	64735	Good	Decreasing - slipping downward	BH	DRUG		Mental Health and drug abuse support
1132	65338	Average	Increasing - moving up	BH	INSU		FREE childrens mental health when not on medicaid or insurance (fix it before it is too late)
1059	64735	Very Good	Increasing - moving up	BH	IP		Better access to mental/behavioral health providers and inpatient programs.
1008	64735	Very Good	Increasing - moving up	BH	SUIC	DRUG	We need more accessible local care for Mental Health issues, including suicide prevention and drug addiction. We need more accountability for nursing home care providers and better care for nursing home residents.
1030	64740	Good	Not really changing much	BH			Mental Health crisis services. To include hospitalization
1038	64735	Good	Not really changing much	BH			Mental health program education for teens
1050	64740	Average	Increasing - moving up	BH			Behavioral needs met
1065	65301	Average	Increasing - moving up	BH			Mental health coaching
1086	65355	Very Good	Decreasing - slipping downward	BH			Mental health
1105	64735	Very Good	Not really changing much	BH			Mostly placement for mental health issues
1113	65360	Good	Not really changing much	BH			Local mental health services in windsor including programs for autism in children and adults
1153	64735	Good	Increasing - moving up	BH			something to do with mental health
1221	64735	Average	Not really changing much	BH			Increased mental health
1306		Very Good	Increasing - moving up	BH			Mental healthcare facility.
1200	64770	Average	Decreasing - slipping downward	CHRON	OBES	BH	Chronic conditions: Hypertension; COPD; CHF; Obesity; & Depression should be addressed. Therapy for drug users; alcoholics; psychotherapy. Grief therapy.
1107	64735	Very Poor	Decreasing - slipping downward	CHRON			Chronic pain clinic
1357	64726	Very Good	Increasing - moving up	CLIN	BH	IP	Expanded Walk In Clinic, or Urgent Care Mental Health Services-inpatient
1209	65338	Average	Not really changing much	CLIN	CHRON		urgent care, chronic disease education
1161	64735	Good	Increasing - moving up	DENT			Dental
1125	64735	Good	Increasing - moving up	DERM	ONC		Dermatologist, oncologists
1330	66544	Good	Increasing - moving up	DOCS	EQUIP		The first is the environment, the second is the professional doctors, and then the advanced medical equipment
1191	12201	Good	Not really changing much	DOCS	FAC		To meet the reasonable needs of patients, increase the medical service level of doctors, and build more good facilities
1183	64724	Good	Decreasing - slipping downward	DOCS	OBG		More doctors and OB care
1261	64735	Average	Decreasing - slipping downward	DOCS	QUAL		Physicians who would do their jobs in the hospital and not send them somewhere else for the same care to be given
1154	64735	Average	Increasing - moving up	DOCS	SPEC	EMER	More doctors for the clinic or specific doctors that just do the clinic. On call staff for certain equipment in the emergency room.
1142	64735	Good	Increasing - moving up	DOCS			Don't rely on Nurse Practitioners. If primary doctors are so overloaded that they can't see their patients, maybe they need to limit the number of new patients and the clinic should look to hire more doctors.
1271	64735	Poor	Decreasing - slipping downward	DRUG	FAM	FIT	Drug programs, parenting, self respect/mental well-being and nutrition. Exercise and clean water program
1134	65301	Good	Increasing - moving up	DRUG	VIO	PREV	anti-drug, anti-domestic violence, encourage wellness visits
1053	65360	Very Good	Not really changing much	DRUG			Drug use prevention/treatment in the community - outside of schools for adults
1072	64735	Good	Not really changing much	DRUG			drug addiction
1099	64735	Good	Not really changing much	DRUG			DRUG ABUSE PREVENTION
1100	64770	Very Good	Increasing - moving up	DRUG			Drug abuse
1207	64735	Average	Increasing - moving up	DRUG			I think there is a huge drug problem in our community and I think it needs to be talked about more. There needs to be more than just compass and NA meetings for these people with addictions. I feel like the drug problem running rapid in Clinton and Windsor especially really needs to addressed instead of being swept under the rug.
1281	65355	Good	Increasing - moving up	DRUG			Drug court/rehabilitation programs
1382		Very Good	Increasing - moving up	DRUG			out reach for drug abuse treatment
1049	43420	Good	Increasing - moving up	EDUC			We need to carry out ideological education consciously.
1073	64735	Average	Not really changing much	EMER	INSU	DERM	Emergency Dept. that isn't out of network for insurances from local businesses. Dermatology.
1233	68001	Poor	Decreasing - slipping downward	EQUIP			Physicians other than those all associated with the same parent entity.
1270	21045	Good	Not really changing much	FAC	STFF		Advanced equipment
1135	53523	Good	Not really changing much	FAC			More medical facilities and staff
1373	64735	Very Good	Increasing - moving up	FAC			Create new facilities and teams
							Long term care is a concern. Facilities in the area have very low star ratings
1087	65355	Average	Not really changing much	FAM	DOH	EDUC	More access for family services care local. Local health department and local healthcare services working together to educate community on how to access services needed. basically: Who can I call fro help? or Where do i go for help?
1333	64735	Very Good	Increasing - moving up	FAM			Parenting classes

## CHNA 2022 Community Feedback: Henry & Benton Counties MO (N=408)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1078	64740	Average	Decreasing - slipping downward	FEM			IVF and womens health programs
1076	64735	Very Good	Increasing - moving up	FF	REF		We need a specific case management system where when high risk patients are released someone is following up for a specific amount of time to ensure they are getting the care that they need, and can answer any questions they may have. They could also initiate referrals and this way readmission rates would slow down.
1175	64735	Very Good	Not really changing much	FINA	EDUC		Programs to help people budget and survive with little or no finances. So they can seek medical and dental services.
1124	64735	Good	Increasing - moving up	FINA	NH		Seniors need help with financial and a warm hand off!
1181	64735	Average	Increasing - moving up	FIT	NUTR		Exercise/ nutrition programs for senior citizens. Keep therapy pool open to public year around.
1057	65360	Poor	Decreasing - slipping downward	FIT	OBES	CARD	The Windsor area would benefit from a place to exercise. For obesity and cardiac.
1074	64776	Average	Increasing - moving up	FIT			fitness classes for families maybe yoga
1304	65360	Good	Increasing - moving up	FIT			A fitness facility would be wonderful!
1179	64735	Average	Not really changing much	FUND	INSU	NEG	Some kind of funding for uninsured people so people don't die of neglect
1292	64735	Very Good	Increasing - moving up	HOUS	TRAN		Affordable housing and public transportation
1063	64735	Very Good	Not really changing much	HOUS			Homeless shelter?
1029	64735	Very Good	Increasing - moving up	IP	PSY		Need inpatient psychiatric care
1060	64735	Very Good	Increasing - moving up	IP			Larger availability for inpatient behavioral health services.
1095	64735	Very Good	Increasing - moving up	NH			Geriatric care
1185	65355	Average	Not really changing much	NUTR	FIT		focus on nutrition and exercise awareness
1005	64735	Good	Increasing - moving up	NUTR			Natural foods and plant based diets
1324	64735	Good	Not really changing much	NUTR			Healthy eating programs/camps for children, families, groups
1184	65360	Good	Increasing - moving up	OBES	NUTR	NH	More info to obesity,heart danger,not enough nutrition info,elderly food help.
1316	64735	Very Good	Increasing - moving up	OBES	NUTR		Obesity and nutrition
1194	64735	Good	Increasing - moving up	OBES			SOMETHING TO ADDRESS OBEISTY.
1301	64770	Poor	Not really changing much	OBES			Obesity care
1092	64763	Very Good	Increasing - moving up	OPHT	BH	SUIC	Eye Care places Mental Health help suicide
1339	64735	Very Good	Increasing - moving up	OPHT			Find a way to bring medical retinal services to Clinton.
1396	64735	Average	Decreasing - slipping downward	PEDS	BH	SPEC	We need pediatricians and pediatric mental health providers, not to mention specialty providers such as Dermatology, Gastroenterology, Endocrinology, etc.
1044	65326	Average	Not really changing much	PEDS	SCH		More pediatric programs to test/treat autism/adhd as well as therapy for those individuals and families - less wait times for these programs
1366	64735	Very Good	Increasing - moving up	PNEO	CLIN	PEDS	Expanded Prenatal Care Urgent Care Clinic Expanded Pediatric options In Home and Nursing home Quality are severly lacking
1173	64735	Average	Not really changing much	PNEO			Prenatal classes
1222	64735	Average	Not really changing much	POV	TRAN	ACC	Programs that focus on the help for the underprivileged. Bathing and laundry access for the homeless or nearly homeless.. Access to Transportation. While we have all these. Access is limited by costly transportation. On the surface it doesn't seem too expensive but when they have limited resources and need several trips per month it really takes alot of their very limited income.
1371	64735	Very Good	Increasing - moving up	PREV	DRUG		The focus on wellness and preventative. Drug awareness programs.
1137	leracklo	Very Good	Increasing - moving up	PREV	FINA	NURSE	More prevention, reduce service costs, nursing waiting time reduced.
1257	95817	Very Good	Increasing - moving up	PREV	TRAIN		Disease-based medical model, prevention and health management-based medical model; this paper considers community health construction after long-term development. At present, it has entered a new stage, and all-round training and health management are the new community
1022	64735	Very Good	Increasing - moving up	PREV			Wellness
1066	64735	Poor	Decreasing - slipping downward	PREV			Preventive health and getting to the root cause of the disease and not have the band aid fix
1214	65338	Average	Increasing - moving up	PREV			Wellness and preventative care services
1408	65338	Good	Not really changing much	PREV			Establish wellness hours, times when community members can have their blood pressure and glucose checked and get referrals to PCPs if needed.
1028	64735	Good	Increasing - moving up	PSY			Need a psychiatric unit
1056	64735	Poor	Not really changing much	QUAL			None, focus on improving where we are currently lacking would be key before try to introduce something new. The healthcare community keeps adding new "stuff" but it isn't make the daily services provided any better.
1219	64735	Good	Increasing - moving up	SERV	BH	PEDS	Increased services for indigent people. Increased mental health. Increased pediatric services.
1081	64735	Good	Increasing - moving up	SERV			More access to health services
1245	10004	Very Good	Not really changing much	SERV			Improve services and health care
1246	76011	Good	Increasing - moving up	SERV			Improve services and health care
1275	64735	Very Good	Not really changing much	SH			Programs at schools to teach kids about physical and mental issues; general care and why it's important to have check ups and follow doctor's orders; and avoiding poor health choices...
1004	64776	Good	Not really changing much	SMOK			smoking cessation programs. not just meetings and counseling.
1110	64735	Very Good	Decreasing - slipping downward	SMOK	FEM	BH	smoking cessation, womens health and birth control options, mental health programs for those who dont have insurance but need help
1071	64735	Average	Not really changing much	SPEC	SCH		more specialty clinics and faster access to specialty care
1356	65360	Average	Increasing - moving up	SPRT	OBES	BH	More free support groups, weightloss, depression, abuse, single mothers/Fathers. Most people struggling and not getting help from their busy doctors could use support but joining Weightwatchers cost and you can't afford that.
1314	64735	Very Good	Increasing - moving up	SPRT	PULM	DIAB	Support groups for Pulmonary, Grief, Diabetes
1144	64735	Very Good	Increasing - moving up	SPRT			Cystic Fibrosis Awareness/Support Group
1312	64770	Average	Increasing - moving up	SPRT			Meetings help once a month on how to fill out paperwork for various reasons.
1114	63026	Good	Increasing - moving up	STFF	EDUC	TRAIN	Increase the workforce and expand education programs to train more nurses and other health care providers.
1165	64788	Good	Increasing - moving up	SUIC	SH		Too much teen suicide lately. Would be nice if you could visit the schools to talk about this.
1064	64788	Very Good	Not really changing much	SURG			A local oral surgeon would be great.
1090	20009	Average	Increasing - moving up	TECH			Adding smart Devices
1402	64726	Average	Not really changing much	TELE	DOH		More telehealth options; and public health outreach programs

### CHNA 2022 Community Feedback: Henry & Benton Counties MO (N=408)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1380	64776	Good	Increasing - moving up	TRAN	HANDI		Transportation for wheel chair bound patients.
1009	65360	Average	Increasing - moving up	TRAN	HH		improved transportation options, especially for those living outside city limits. Also, increased home health care providers. We need more options for increased levels of help in homes for patients that may not qualify for skilled nursing/nursing home level of care.
1308	65355	Average	Not really changing much	TRAN	SPEC		Transportation if not specialist avail in county
1122	64776	Average	Increasing - moving up	TRAN			Transportation
1387	64735	Good	Increasing - moving up	VACC	PREV	INSU	Free Vaccine clinic and wellness clinic outside of the building. "Taking health care to you". I was one told by a patient that we are to "snoody" for her to see a PCP here at the clinic. Need to seem more open help the entire community instead of jsut people with health insurance. Health care is so expensive and people should not have to worry about the cost of getting their child vaccinated before school starts because they don't have health insurance. Hosting a Medicaid application seminar. Someone for SS and the BO there to answer any questions.
1016	64735	Very Poor	Decreasing - slipping downward	VET	PHARM		Va approved care with prescription access
1126	64740	Good	Decreasing - slipping downward	VIO	FEM		Confidential help for abused women

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**In 2019, Golden Valley Memorial Healthcare, in partnership with Compass Health Network and Henry County Health Department surveyed our community to assess health needs. Today, we request your input again in order to create a 2022 Henry and Benton County, MO Community Health Needs Assessment (CHNA).**

**To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. Survey deadline will Friday, September 23rd, 2022.**

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

1. In your opinion how would you rate the overall quality of healthcare delivery in your community?

- Very Good    Good    Average    Poor    Very Poor

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

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

Please specify why.

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

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

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

- |  |  |
|--|--|
| <input type="checkbox"/> Awareness of mental health specialty services | <input type="checkbox"/> Improve quality of nursing home care services   |
| <input type="checkbox"/> Expand community Wellness education           | <input type="checkbox"/> Increase mental health eligibility access Placement   |
| <input type="checkbox"/> Increase of dentists home care Medicaid       | <input type="checkbox"/> Increase visiting specialists for Pediatrics oncology Psychiatry dermatology orthopedics rology |
| <input type="checkbox"/> Emergency department                          | <input type="checkbox"/> Less emergency room Wait time   |
| <input type="checkbox"/> Drug use heroin marijuana meth Prescription   | <input type="checkbox"/> Obesity nutrition exercise  |
| <input type="checkbox"/> Economic development                          | <input type="checkbox"/> Provide local oral surgeon services   |
| <input type="checkbox"/> Encourage Pediatric care services             | <input type="checkbox"/> Services for autistic children adults   |
| <input type="checkbox"/> Healthcare transportation                     | <input type="checkbox"/> Urgent care services  |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Awareness of mental health specialty services | <input type="checkbox"/> Improve quality of nursing home care services   |
| <input type="checkbox"/> Expand community Wellness education           | <input type="checkbox"/> Increase mental health eligibility access Placement   |
| <input type="checkbox"/> Increase of dentists home care Medicaid       | <input type="checkbox"/> Increase visiting specialists for Pediatrics oncology Psychiatry dermatology orthopedics rology |
| <input type="checkbox"/> Emergency department                          | <input type="checkbox"/> Less emergency room Wait time   |
| <input type="checkbox"/> Drug use heroin marijuana meth Prescription   | <input type="checkbox"/> Obesity nutrition exercise  |
| <input type="checkbox"/> Economic development                          | <input type="checkbox"/> Provide local oral surgeon services   |
| <input type="checkbox"/> Encourage Pediatric care services             | <input type="checkbox"/> Services for autistic children adults   |
| <input type="checkbox"/> Healthcare transportation                     | <input type="checkbox"/> Urgent care services  |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Chronic disease                     | <input type="checkbox"/> Limited access to mental health |
| <input type="checkbox"/> Lack of health Wellness             | <input type="checkbox"/> Family assistance programs      |
| <input type="checkbox"/> Lack of nutrition exercise services | <input type="checkbox"/> Lack of health Insurance        |
| <input type="checkbox"/> Limited access to Primary care      | <input type="checkbox"/> Neglect                         |
| <input type="checkbox"/> Limited access specialty care       |  |

Other specific:

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

	Very Good	Good	Fair	Poor	Very Poor
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye doctor optometrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home Admission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other, please specify

10. Community health readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Behavioral Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence Use Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Do you have any COVID-19 worries and/or concerns in regards to community health delivery?

- Yes  No

If yes please specify your thoughts.

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

- Yes  No

If yes please specify the services received

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

- Yes  No

If no please specify what is needed here. Be specific.

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

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Abuse violence                   | <input type="checkbox"/> Health literacy             | <input type="checkbox"/> Poverty                       |
| <input type="checkbox"/> Access to health education       | <input type="checkbox"/> Heart disease               | <input type="checkbox"/> Preventative health Wellness  |
| <input type="checkbox"/> Alcohol                          | <input type="checkbox"/> Housing                     | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Alternative medicine             | <input type="checkbox"/> Lack of Providers qualified | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Behavioral mental health         | <input type="checkbox"/> Lead exposure               | <input type="checkbox"/> Teen Pregnancy                |
| <input type="checkbox"/> Breastfeeding friendly Workplace | <input type="checkbox"/> Neglect                     | <input type="checkbox"/> Telehealth                    |
| <input type="checkbox"/> Cancer                           | <input type="checkbox"/> Nutrition                   | <input type="checkbox"/> Tobacco use                   |
| <input type="checkbox"/> Care coordination                | <input type="checkbox"/> Obesity                     | <input type="checkbox"/> Transportation                |
| <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Occupational medicine       | <input type="checkbox"/> Vaccinations                  |
| <input type="checkbox"/> Drugs substance use              | <input type="checkbox"/> Oneir                       | <input type="checkbox"/> Water quality                 |
| <input type="checkbox"/> Family Planning                  | <input type="checkbox"/> Physical exercise           |  |

Other Please specify .

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Business merchant              | <input type="checkbox"/> Emergency             | <input type="checkbox"/> Health Professional  |
| <input type="checkbox"/> Community board member         | <input type="checkbox"/> Farmer rancher        | <input type="checkbox"/> Parent caregiver     |
| <input type="checkbox"/> Case manager discharge Planner | <input type="checkbox"/> Hospital health dept. | <input type="checkbox"/> Pharmacy clinic      |
| <input type="checkbox"/> Clergy                         | <input type="checkbox"/> Housing builder       | <input type="checkbox"/> Media Paper radio    |
| <input type="checkbox"/> College university             | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Senior care          |
| <input type="checkbox"/> Consumer advocate              | <input type="checkbox"/> Mayor                 | <input type="checkbox"/> Teacher school admin |
| <input type="checkbox"/> Dentist physician chiropractor | <input type="checkbox"/> Law enforcement       | <input type="checkbox"/> Veteran              |
| <input type="checkbox"/> Elected official - city county | <input type="checkbox"/> Mental health         |   |

Other Please specify .

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



VVV Consultants LLC



## VVV Consultants LLC

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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