



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



September 2022

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

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

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

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

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

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

Ray County, MO				
2022 CHNA Priorities - Unmet Needs				
On Behalf of Ray County Memorial Hospital				
CHNA Wave #4 Town Hall - July 19, 2022				
Primary Service Area (20 Attendees / 76 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Aftercare, Providers)	13	17.1%	17%
2	Housing	11	14.5%	32%
3	Access to Primary Care	10	13.2%	45%
4	Senior Care Services	7	9.2%	54%
5	Available Childcare Services	6	7.9%	62%
6	Substance Abuse (Drugs / Alcohol)	6	7.9%	70%
7	Workforce Staffing	6	7.9%	78%
	Total Votes	76	100%	
Other needs receiving votes: Housing (Accessible / Affordable / Safe), Health Education, Cost of Health Care, Access to Preventative Health, Transportation (General),				

Town Hall CHNA Findings: Areas of Strengths

Ray County, MO - Community Health Strengths Recalled			
#	Topic	#	Topic
1	Good & Clean Hospital with Friendly Staff	6	Population Growth
2	Higher Life Expectancy	7	Recognize Improvements Needed
3	Collaborative and Involved Health Dept.	8	Civic Mindedness
4	School Nurses	9	Harvesters / Outreach Programs
5	Hospice	10	EMS

Key CHNA Wave #4 Secondary Research Conclusions found:

MISSOURI HEALTH RANKINGS: According to the 2022 Robert Woods Johnson County Health Rankings, the Ray County Primary Service Area (PSA) average rank is 39th in Health Outcomes, 65th in Health Factors, and 21st in Physical Environmental Quality out of the 115 Counties.

TAB 1. Ray County average for population is 23,008 (based on 2021). Roughly six percent (5.8%) of the population is under the age of 5, while the population that is over 65 years old is 18.9%. Citizens that speak a language other than English in their home make up 1.9% of the population. Children in single parent households make up a total of 16.0% compared to the rural norm of 20.3%, and 89.1% are living in the same house as one year ago.

TAB 2. In Ray County, the average per capita income is \$32,165 while 10.0% of the population is in poverty. The severe housing problem was recorded as 9.3% compared to the rural norm of 12.6%. The food insecurity is 12.3%, and limited access to healthy foods (store) is 2.1%.

TAB 3. Children eligible for a free or reduced-price lunch average is 37.4%. Roughly eighty-nine percent (88.7%) of students graduated high school in compared to the rural norm of 88.4% and 14.1% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 74.4% and 7.1% of births have a low birth weight. Continually, 2.0% (compared to the rural norm of 1.7%) was the weighted average of teens who gave birth between 2015-2019. The percent of mothers who were reported as smoking during pregnancy was 18.6%.

TAB 5. Ray County average for primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 2,877 residents. The preventable hospital rate per 100,000 (lower is better) for hospital stays with ambulatory-care sensitive conditions is 5,793. Patients who reported “Yes”, they would definitely recommend the hospital was 76.0%. The average time patients spent in the emergency room before being seen was 107 minutes.

TAB 6. Ray County average of the Medicare population that was recorded having depression was 16.0%. The age-adjusted suicide mortality rate per 100,000 based on 2019 was 20.2. The average mentally unhealthy days last reported (2019) is 5.2 days in a one-week period of time.

TAB 7a – 7b. The average of those being reported as obese in Ray County was 36.7%, and the physical inactivity percentage is 32.2%. The percentage of adults who smoke is 22.8%, while the excessive drinking percentage is 20.1% as of 2019. The Medicare hypertension percentage is 49.1%, while the heart failure percentage is 20.9%. The percentage of individuals who were recorded having COPD was 15.4%. Continually, a recorded 7.2% have cancer amongst their Medicare population and 4.0% of individuals who have had a stroke.

TAB 8. The adult uninsured rate for Ray County average is 14.3% (based on 2019) compared to the rural norm of only 15.1%.

TAB 9. The life expectancy for both males and females is roughly seventy-six years of age (75.8). The age-adjusted cancer mortality rate per 100,000 recorded was 203.4.

TAB 10. It was recorded (2019) that an average of 37.9% have access to exercise opportunities. There are 9.1% of the population that have diabetes and 36.0% on average of women seek annual mammography screenings. Those who have had an annual check-up in Ray County with a primary care doctor was 16.6%.

Key CHNA Wave #4 Primary Research Conclusions Found:

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

- Using a Likert scale, 43.1% of Ray County PSA stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- These stakeholders are satisfied with some of the following services: Ambulance Services and Chiropractors.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health, Drug / Substance Abuse, Cost of Healthcare Services, Access to Primary Care, Access to Specialists, Awareness of Healthcare Services, Suicide, Underinsured / Uninsured, Obesity (Nutrition / Exercise), and Alcohol Abuse.

Ray County MO - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Treatment, Aftercare)	116	10.5%		1
2	Drug / Substance Abuse	103	9.3%		2
3	Cost of Healthcare Services	83	7.5%		3
4	Access to Specialists	80	7.2%		5
5	Obesity (Nutrition / Exercise)	77	7.0%		9
6	Access to Primary Care	69	6.3%		4
7	Underinsured / Uninsured	69	6.3%		8
8	Awareness of Healthcare Services	68	6.2%		6
9	Alcohol Abuse	61	5.5%		10
10	Preventative Health / Wellness	57	5.2%		11
11	Suicide	53	4.8%		7
12	Smoking / Vaping	46	4.2%		15
13	Chronic Diseases	42	3.8%		13
14	Senior Care	40	3.6%		12
15	Transportation	40	3.6%		16
16	Cancer Care	38	3.4%		14
17	Dental Care	38	3.4%		17
18	Health Apathy - Owning Your Health	24	2.2%		18
Totals		1104	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.*).

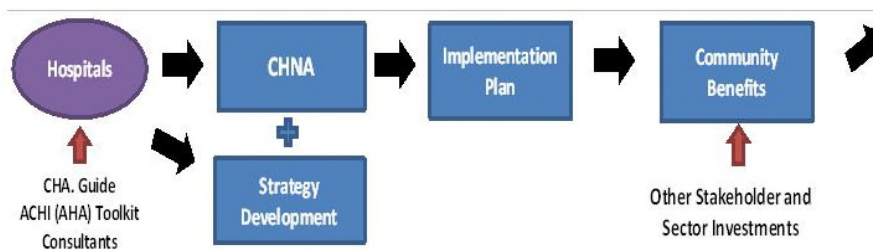
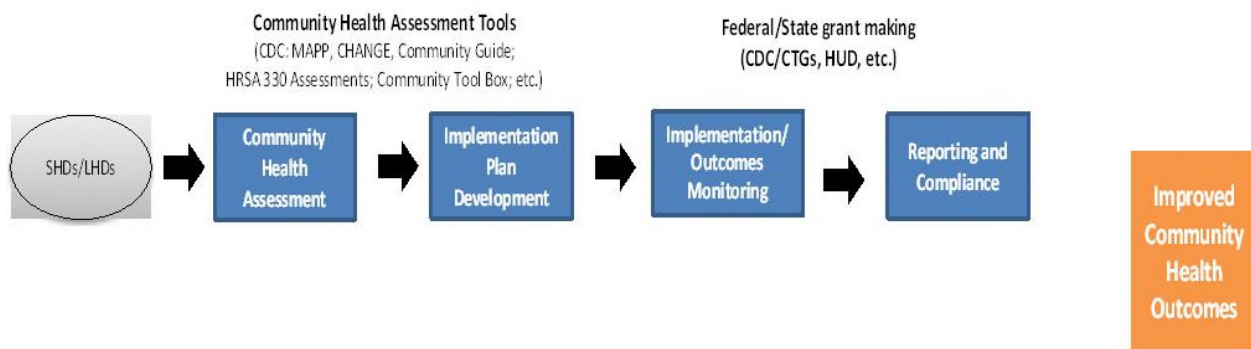
JOB #2: Making a CHNA Widely Available to the Public

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) Collaborating CHNA Parties

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

Ray County Memorial Hospital Profile

904 Wollard Blvd, Richmond, MO 64085

Chief Executive Officer: Earl Sheehy

History: Ray County Memorial Hospital is a critical access facility established in 1956 and located in Richmond, Missouri. Since then, this facility has promised to provide its' resident is their primary service area professional, dependable, and cost-effective health care.

Mission Statement: "To provide high quality health care to improve the health status of the community it serves."

Vision Statement:

- Provide high quality patient care in a cost-effective manner
- Meet and exceed our customer expectations
- Continuously strive to meet the needs of the community
- Provide a positive work environment
- Maintain compliance with state and federal regulations
- Provide and maintain positive professional staff/physician relations

Ray County Memorial Hospital offers the following services to its community:

- Cardiac Rehab
- Dietician
- Emergency Room
- Financial Assistance
- Laboratory
- Oncology
- Outpatient Clinic
- Patient Portal
- Physical Therapy
- Price Transparency
- Radiology
- Respiratory Therapy
- Senior Life Solutions
- Transitional Care

Ray County Health Department Profile

820 E Lexington St, Richmond, MO 64085

Administrator: Shelby Smithey

ABOUT US: We focus on providing our community with Lead Testing, Home Visits, Accepting Medicare and Medicaid, Vital Statistics, and Home Education Services.

Hours: Monday – Friday 8:00 a.m. – 4:30 p.m.

Services Available:

- Women, Infants and Child Care (WIC) Services - Women, Infants, & Children (WIC) is a supplemental nutrition program for pregnant and post-partum women, infants, and children under 5 years of age. Income guidelines apply. WIC services are offered every Monday and Tuesday from 8:00am to 4:30pm
- Immunizations - Childhood and adult immunizations offered. Call for more information.
- Screenings – The Types of Screenings offered are Blood Pressure, Hearing & Vision, Blood Glucose, Lead, Height & Weight.

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)

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, WI

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

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

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

Our Values :

“Community” – Industry engagement...membership AMA KC, ACHE, EPBA, Forum and SHSMD.

“Stewardship” – Fair fees based on client, project scope, turnaround time, etc.

“Integrity” – Trustworthy delivery with numerous client recommendations / endorsements.

“Experience” – Skilled consulting; Marketing careers. We understand business because we have been there!

“Growth” – Process-driven; ongoing innovational delivery.

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in May of 2022 for Ray County Memorial Hospital (RCMH) located in Richmond, MO to meet Federal IRS CHNA requirements.

In early December 2021, a meeting was called amongst the RCMH 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 RCMH 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:

Ray County Memorial Hospital - Define PSA					Inpatients			Outpatients		
Source: MHA, FFY 2019 - 2021		51,959	Totals - IP/OP		619	554	329	18,657	15,979	15,821
Patient Zip Code	County	3YR TOT	%	Accum	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21
64085-Richmond, MO	Ray	30,861	59.4%	59.4%	382	359	206	11,136	9,476	9,302
64035-Hardin, MO	Ray	2,714	5.2%	64.6%	37	21	15	930	775	936
64077-Orrick, MO	Ray	2,297	4.4%	69.0%	32	18	15	872	649	711
64084-Rayville, MO	Ray	1,457	2.8%	71.8%	19	16	12	514	436	460
64017-Camden, MO	Ray	968	1.9%	73.7%	6	11	7	376	304	264
64036-Henrietta, MO	Ray	864	1.7%	75.4%	13	12	4	237	309	289
64062-Lawson, MO	Ray	419	0.8%	76.2%	2	2	0	144	127	144
64067-Lexington, MO	Lafayette	3,189	6.1%	82.3%	39	23	13	1110	969	1035

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

Phase III—Quantify Community Need:

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

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

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

Detail CHNA Development Steps Include:

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

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.

Ray County Memorial Hospital - Richmond, MO			
VVV CHNA Wave #4 Work Plan - Year 2022			
Project Timeline & Roles - Working Draft as of 1/19/22 Proj Lead: Earl Sheehy			
Step	Timeframe	Lead	Task
1	12/07/2021	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	12/20/2021	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	5/5/2022	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	By 5/12/2022	VVV	Hold Kick-off Meeting & Request Hospital Client to send IHA PO reports for FFY 19, 20 and 21. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	By 4/29/2022	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Jun - July 2022	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	by 5/09/2022	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	5/13/2022	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	5/13/2022	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 6/10/2022 for Online Survey
10	by 6/13/2022	Hosp	Prepare/send out to leaders the PR#2 story / E Mail#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	6/16/2022	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	7/18/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	7/19/2022	VVV	Conduct CHNA Town Hall for a working Lunch from 11:30 am - 1:00 pm at TBD . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 8/15/22	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 8/30/2022	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	9/1/2022	TBD	Conduct Client Implementation Plan PSA Leadership meeting
17	9/30/2022	TBD	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Community Health Needs Assessment Town Hall Meeting – Ray Co. (MO) on behalf of Ray County Memorial Hospital



VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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Socially Safe Seating Table Assignments

Ray County, MO 2022 CHNA Town Hall July 19th (11:30am- 1:30pm)							
#	Table	Lead	Last	First	Organization	Title	City
1	A	##	Sheehy	Earl	Ray County Hospital	CEO	Richmond
2	A		Brown	Chris	Oak ridge /shirkey health servic	CEO	RICHMOND
3	A		Nave	Jere	Ray County Hospital	Director of Nursing	Richmond
4	B	##	Hogan	Brad	Ray County Health Department	Board Chair	Richmond
5	B		Meyer	Melissa	Ray County Hospital		Warrensburg
6	B		Willim	Tonya	City of Richmond	City Administrator	Richmond
7	C	##	Mausby	April	Richmond Housing Authority	Executive Director	Richmond
8	C		Steinhaus	Ryan	Henkel Corporation		
9	C		Usher	David	Ray County Hospital	CFO	Richmond
10	D	##	santschi	Michael	Santschi Law, LLC	Owner/Attorney	Richmond
11	D		Knutter	Carrie	Kanning Dental		Richmond
12	D		Wollard	Shannon	Ray County Hospital	Public Administrator	Richmond
13	E	##	Norris	Charles	Ray County Hospital	Radiology Director	Richmond
14	E		McGauth	Peggy	Mo State Representative	Mo State Rep	Carrollton
15	E		Miller	David			Richmond

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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 (35 mins)
- V. **Close / Next Steps** (5 mins)

3

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

Intern Associate: McKenzie Green BS
- Avila University

4

CHNA Experience



2022 CHNA Wave #4 - VIV Consultants LLC Clients							
#	2021 Clients	Location	T Hall	#	2022 Clients	Location	T Hall
1	Gove Co Med Center	Owinter, KS	OnSite	22	Trinity Valley	Cambridge NE	Virtual
2	Pawnee Valley	Larned, KS	Virtual	23	G O Grape Mem Hosp	Hamburg IA	Virtual
3	Citizens Health	Colby, KS	Virtual	24	SMC	Shenandoah IA	OnSite
4	Hays Medical	Hays, KS	Virtual	26	MercyOne Centerville	Centerville IA	Virtual
5	Osborne Co Mem H	Osborne, KS	Virtual	27	Manning Regional	Manning IA	OnSite
6	Smith Co Mem Hosp	Smith Ctr, KS	Virtual	28	MercyOne Newton	Newton, IA	Virtual
7	Sheridan Co	Hoxie, KS	OnSite	29	MercyOne Elader	Elader, IA	Virtual
8	Kiowa Co	Greensburg, KS	OnSite	30	Elsworth Co Med Ctr	Elsworth, IA	OnSite
9	Pratt Reg	Pratt, KS	OnSite	31	Republic Co Hosp	Republic, KS	OnSite
10	Nemaha Valley Com	Sabetha, KS	OnSite	32	Cameron Reg PSA	Cameron, MO	OnSite
11	Sabetha Comm	Sabetha, KS	OnSite	33	Hannibal Reg PSA	Hannibal, MO	OnSite
12	Miami County	Paola, KS	OnSite	34	Melham Mem Hospital	Broken Bow NE	OnSite
13	Olathe Med	OMC JCCC	OnSite	35	Dickinson Co KS	Ablene, KS	OnSite
14	Patterson Health	Anthony KS	OnSite	36	Ray County MO	Ray County MO	OnSite
15	Trego Co	Wakeeney KS	OnSite	37	Atchison Co KS	Atchison, KS	OnSite
16	Russell Reg	Russell, KS	OnSite	38	Brown Co KS	Hawatha, KS	OnSite
17	Carroll Co MO	Carrollton, MO	OnSite	39	Cass Regional	Harrisonville, MO	OnSite
18	Cowley Co	Winfield, KS	Virtual	38	Cherokee Regional	Cherokee, IA	OnSite
19	Marion Co	Hillsboro, KS	OnSite	39	Golden Valley HC	Clinton, MO	OnSite
20	HCH Jackson Co	Holtan, KS	OnSite	40	Coffeyville Regional	Coffeyville, KS	OnSite
21	ECMC - Not Online	Kanley, KS	Virtual	41			OnSite

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Town Hall Participation (You)

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

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II. Review of a CHNA

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

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A Conversation with the Community & Stakeholders

Community members and organizations invited to CHNA Town Hall

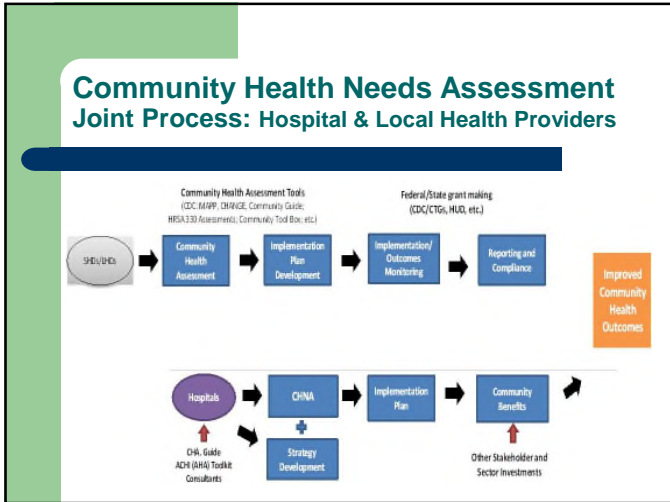
Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

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

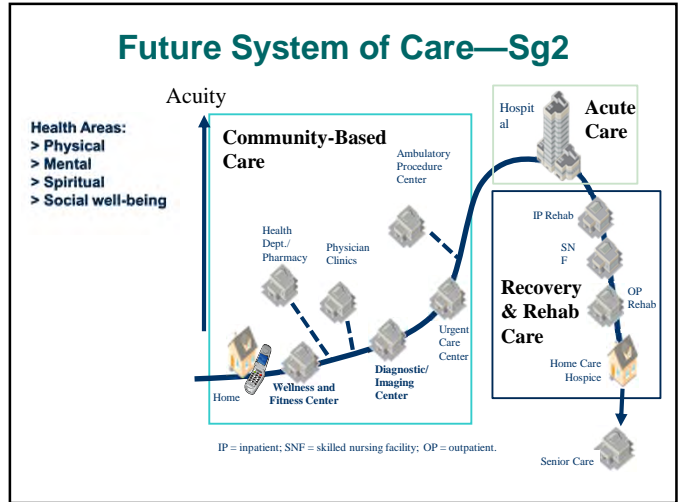
Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators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

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

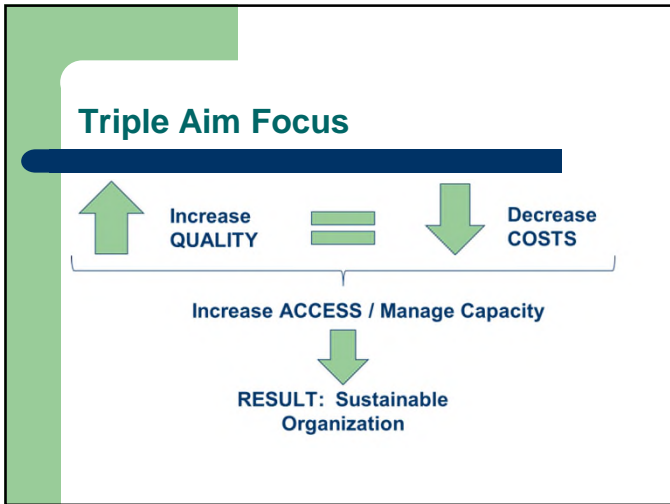
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10



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- ### II. IRS Hospital CHNA Written Report Documentation – 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

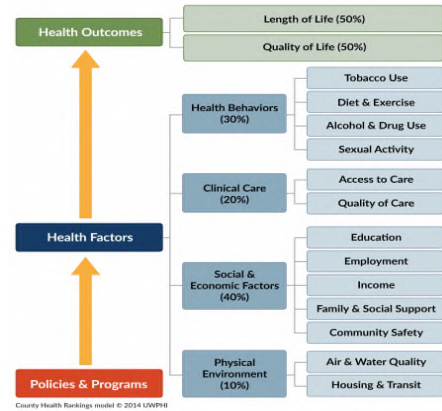
TAB 9. Mortality Profile

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



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Questions? Next Steps?

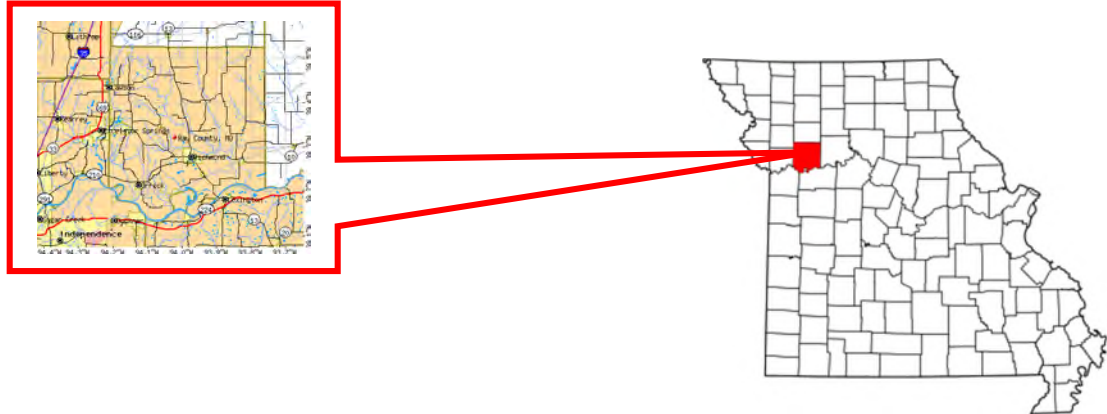
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HCF@VandelaarMarketing.com
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(913) 302-7264

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II. Methodology

d) Community Profile (A Description of Community Served)

Ray County (MO) Community Profile



The population of Ray County was estimated to be 23,916 citizens in 2021 and a population density of 42 persons per square mile.

Missouri Route 13 runs vertically throughout Ray County. Missouri Route 10 runs horizontally throughout the county. Ray County Memorial Hospital is located off of Missouri Route 13.

Ray County (MO) Community Profile

Ray County Public Airports¹

Name	USGS Topo Map
Curtis Field	Richmond
Dorton Airport	Richmond
Excelsior Springs Memorial Airport	Excelsior Springs
Lexington Municipal Airport	Lexington West

Schools in Ray County: Public Schools²

Name	Level
Dear Elem.	Elementary
Elkhorn Elementary	Elementary
Hardin-Central Elem.	Elementary
Hardin-Central High	High
Lawson High	High
Lawson Middle	Middle
Orrick Elem.	Elementary
Orrick High	High
Richmond High	High
Richmond Middle	Middle
Southwest Elem.	Elementary
Sunrise Elem.	Elementary

¹ <https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29177.cfm>

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

Ray 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	64017	Camden	RAY	542	538	-0.7%	204	202	2.6	\$25,304
2	64035	Hardin	RAY	985	1,000	1.5%	369	374	2.7	\$24,681
3	64036	Henrietta	RAY	380	376	-1.1%	114	112	2.9	\$15,581
4	64062	Lawson	RAY	6,213	6,278	1.0%	2,272	2,299	2.7	\$28,295
5	64077	Orrick	RAY	1,725	1,722	-0.2%	656	654	2.6	\$24,927
6	64084	Rayville	RAY	1,806	1,824	1.0%	657	663	2.8	\$27,024
7	64085	Richmond	RAY	8,981	9,087	1.2%	3,622	3,664	2.4	\$24,188
Totals				20,632	20,825	0.9%	7,894	7,968	2.7	\$24,286

#	ZIP	NAME	County	Population				Year 2020		Females
				Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	64017	Camden	RAY	542	89	153	72	43	271	61
2	64035	Hardin	RAY	985	159	312	121	41	494	114
3	64036	Henrietta	RAY	380	66	102	46	43	177	44
4	64062	Lawson	RAY	6,213	1,079	1,915	744	41	3,090	720
5	64077	Orrick	RAY	1,725	294	492	224	43	860	193
6	64084	Rayville	RAY	1,806	391	491	181	46	883	184
7	64085	Richmond	RAY	8,981	1,804	2,655	1,097	42	4,652	1,017
Totals				20,632	3,882	6,120	2,485	299	10,427	2,333

#	ZIP	NAME	County	Population 2020				Average Households 2020		
				Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med \$ HH	HH \$50K+
1	64017	Camden	RAY	97.4%	0.4%	0.6%	2.6%	204	\$56,323.0	124
2	64035	Hardin	RAY	97.9%	0.1%	0.7%	1.4%	369	\$56,742.0	232
3	64036	Henrietta	RAY	93.7%	3.9%	0.5%	4.7%	114	\$40,828.0	46
4	64062	Lawson	RAY	96.2%	0.4%	0.9%	2.4%	2272	\$62,387.0	1,499
5	64077	Orrick	RAY	97.2%	0.5%	0.5%	2.7%	656	\$55,293.0	390
6	64084	Rayville	RAY	96.8%	0.6%	0.6%	2.4%	657	\$64,082.0	431
7	64085	Richmond	RAY	93.0%	3.0%	0.5%	2.8%	3622	\$47,090.0	1,870
Totals				96.0%	1.3%	0.6%	2.7%	7894	\$54,677.9	4,592

Source: ERSI Demographics

III. Community Health Status

[VVV Consultants LLC]

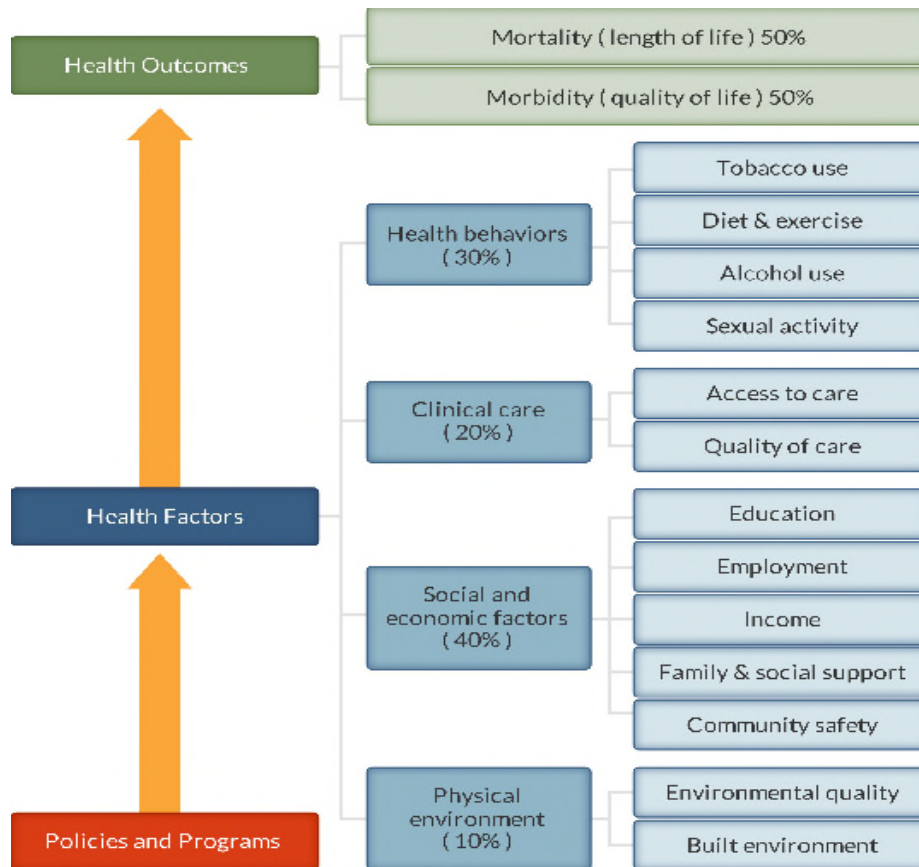
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

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

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2022 RWJ Health Rankings:

#	2022 MO Rankings - 115 MO Counties	Definitions	Ray Co	Trend	Rural 20 MO Norms
1	Health Outcomes		39		27
	Mortality	Length of Life	55		17
	Morbidity	Quality of Life	23		54
2	Health Factors		65		57
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	49		84
	Clinical Care	Access to care / Quality of Care	83		94
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	73		92
3	Physical Environment	Environmental quality	21		95
Rural 20 MO Norms: Lewis, Marion, Monroe, Pike, Ralls, Shelby, Cass, Johnson, Pettis, Lafayette, Henry, Benton, St. Clair, Bates, Venon, Cedar, Clinton, DeKalb, Caldwell, Daviess.					
http://www.countyhealthrankings.org , released 2022					

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

Tab	Health Indicator	Ray Co MO	Trend	MO State	Rural 20 MO Norm	Source
1a	a Population Estimates, July 1 2021, (V2021)	23,008		4,150,049	19,115	County Health Rankings
	d Persons under 5 years, percent, July 1, 2021, (V2021)	5.8%		6.0%	5.7%	People Quick Facts
	c Persons 65 years and over, percent, July 1, 2021, (V2021)	18.9%		17.3%	20.8%	People Quick Facts
	d Female persons, percent, July 1, 2021, (V2021)	50.1%		50.9%	50.5%	People Quick Facts
	e White alone, percent, July 1, 2021, (V2021)	95.5%		82.9%	93.7%	People Quick Facts
	f Black or African American alone, percent, July 1, 2021, (V2021)	1.5%		11.8%	2.1%	People Quick Facts
	g Hispanic or Latino, percent, July 1, 2021, (V2021)	2.6%		4.4%	3.2%	People Quick Facts
	h Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	1.9%		6.3%	3.6%	People Quick Facts
	i Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	89.1%		84.8%	86.2%	People Quick Facts
	j Children in single-parent households, percent, 2015-2019	16.0%		25.4%	20.3%	County Health Rankings
	k Total Veterans, 2015-2019	1,727		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	Ray Co MO	Trend	MO State	Rural 20 MO Norm	Source
2	a Per capita income in past 12 months (in 2017 dollars), 2015-2019	\$32,165		\$30,810	\$25,462	People Quick Facts
	b Persons in poverty, percent, 2021	10.0%		12.1%	14.0%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	9,892		2,819,383	11,121	People Quick Facts
	d Total Persons per household, 2015-2019	2.6		2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2013-2017	9.3%		13.3%	12.6%	County Health Rankings
	f Total of All firms, 2012	1,770		491,606	1,942	People Quick Facts
	g Unemployment, percent, 2019	6.9%		3.3%	4.3%	County Health Rankings
	h Food insecurity, percent, 2019	12.3%		13.3%	14.4%	County Health Rankings
	i Limited access to healthy foods, percent, 2019	2.1%		6.8%	7.6%	County Health Rankings
	j Long commute - driving alone, percent, 2019	47.5%		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	Ray Co MO	Trend	MO State	Rural 20 MO Norm	Source
3	a Children eligible for free or reduced price lunch, percent, 2019	37.4%		50.2%	53.3%	County Health Rankings
	c High school graduate or higher, percent of persons age 25 years+, 2013-2017	88.7%		89.9%	88.4%	People Quick Facts
	d Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	14.1%		29.2%	18.5%	People Quick Facts

Tab 4: Maternal / Infant Profile

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

Tab	Health Indicator	Ray Co MO	Trend	MO State	Rural 20 MO Norm	Source
4	a Number of Births Where Prenatal Care began in First Trimester, 2019 (rate per 100)	74.4		71.2	71.4	MOPHIMS
	b Number of Preterm Births, 2015-2019 (rate per 100)	8.4		10.5	9.9	MOPHIMS
	c Number of Births with Low Birth Weight, 2015-2019 (rate per 100)	7.1		8.7	8.0	MOPHIMS
	d Number of WIC Infants- Ever Breastfed, percent, 2019 (rate per 100)	58.6		73.5	74.7	MOPHIMS
	e Number of all Births Occurring to Teens (15-17), 2015-2019 (rate per 100)	2.0		1.4	1.7	MOPHIMS
	g Number of births Where Mother Smoked During Pregnancy, 2019 (rate per 100)	18.6		12.8	17.8	MOPHIMS

Missouri Resident Births (MICA)				
County	2017	2018	2019	Trend
Ray County	270	268	248	
Missouri Rural Norm (20)	277	285	286	
Missouri	73,017	73,281	72,103	

Tab 5: Hospitalization and Provider Profile

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

Tab	Health Indicator	Ray Co MO	Trend	MO State	Rural 20 MO Norm	Source
5	a Primary care physicians (MD or DO with County office) (Pop Coverage per), 2019	2877:1		1422:1	3272:1	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	5,793		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)	85.0%		73.0%	72.1%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	76.0%		72.0%	67.6%	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)	107		122	118	CMS Hospital Compare, 10/1/2015-9/30/2016

Source: Internal Records -Ray County Health Department				
#	Community Tax Dollars - Health Dept. Operations	YR 2019	YR 2020	YR 2021
1	Core Community Public Health	\$89,000	\$86,000	\$87,500
2	Child Care Inspections	\$3,475	\$3,300	\$5,000
3	Environmental Services	\$31,283	\$35,000	\$31,566
4	Home Health	\$12,295	\$10,500	\$8,000
5	Screenings: Blood pressure / STD	\$21,392	\$21,302	\$21,117
6	Vaccine - received from State	\$58,604	\$51,000	\$60,000
7	WIC Administration	\$105,382	\$104,000	\$175,500

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Ray Co MO	Trend	MO State	Rural 20 MO Norm	Source
6	a Depression: Medicare Population, percent, 2018	16.0%		21.3%	16.9%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2019 (lower is better)	20.2		18.2	16.7	World Bank
	c Poor mental health days, 2019	5.2		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	Ray Co MO	Trend	MO State	Rural 20 MO Norm	Source
7a	a Adult obesity, percent, 2019	36.7%		32.5%	36.3%	County Health Rankings
	b Adult smoking, percent, 2019	22.8%		20.1%	23.9%	County Health Rankings
	c Excessive drinking, percent, 2019	20.1%		20.5%	18.3%	County Health Rankings
	d Physical inactivity, percent, 2019	32.2%		25.5%	31.6%	County Health Rankings
	e Poor physical health days, 2019	4.4		4.2	4.7	County Health Rankings
	f Sexually transmitted infections, rate per 100k, 2019	269.4		568.1	307.7	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Health Indicator	Ray Co MO	Trend	MO State	Rural 20 MO Norm	Source
7b	a Hypertension: Medicare Population, 2018	49.1%		53.4%	49.6%	CMS
	b Hyperlipidemia: Medicare Population, 2018	33.1%		37.4%	33.0%	CMS
	c Heart Failure: Medicare Population, 2018	20.9%		16.6%	16.7%	CMS
	d Chronic Kidney Disease: Medicare Pop, 2018	12.3%		11.4%	8.4%	CMS
	e COPD: Medicare Population, 2018	15.4%		13.0%	11.3%	CMS
	f Atrial Fibrillation: Medicare Population, 2018	8.1%		7.2%	7.0%	CMS
	g Cancer: Medicare Population, 2018	7.2%		7.7%	7.2%	CMS
	h Osteoporosis: Medicare Population, 2018	4.3%		6.0%	4.8%	CMS
	i Asthma: Medicare Population, 2018	2.9%		4.0%	3.2%	CMS
	j Stroke: Medicare Population, 2018	4.0%		4.4%	4.2%	CMS

Tab 8 Uninsured Profile and Community Benefit

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

Tab	Health Indicator	Ray Co MO	Trend	MO State	Rural 20 MO Norm	Source
8	a Uninsured, percent, 2019	14.3%		11.4%	15.1%	County Health Rankings

#	Ray County Hospital	YR 2019	YR 2020	YR 2021
1	Bad Debt - Write off	\$2,917,768	\$2,439,475	\$1,952,178
2	Charity Care - Free Care Given	\$344,811	\$205,882	\$99,410

Tab 9: Mortality Profile

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

Tab	Health Indicator	Ray Co MO	Trend	MO State	Rural 20 MO Norm	Source
9	a Life Expectancy (Males & Females) 2017-2019,	75.8		77.3	76.6	County Health Rankings
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2019 (lower is better)	203.4		159.7	192.1	World Bank
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2019 (lower is better)	248.3		187.0	229.1	World Bank
	d Alcohol-impaired driving deaths, percent, 2019	NA		27.1%	27.3%	County Health Rankings

Causes of Death by County of Residence, MO 2020	Ray County, MO	%	Trend	MO Rural (20) Norm	%
All causes	105	100%		5286	100%
Malignant neoplasms	26	7.5%		1141	21.6%
Parkinson's disease	21	6.1%		72	1.4%
Symptoms and ill-defined conditions	15	4.3%		66	1.2%
Leukemia	11	3.2%		55	1.0%
All other diseases	10	2.9%		874	16.5%
Essential hypertension	8	2.3%		49	0.9%
Influenza and pneumonia	8	2.3%		76	1.4%

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	Ray Co MO	Trend	MO State	Rural 20 MO Norm	Source
10	a Access to exercise opportunities, percent, 2019	37.9%		76.7%	46.7%	County Health Rankings
	b Diabetes monitoring, percent, 2019	9.1%		11.4%	11.9%	County Health Rankings
	c Mammography screening, percent, 2019	36.0%		44.0%	40.6%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	16.6%		16.3%	16.8%	County Health Rankings
	e Percent Annual Check-Up Visit with Dentist	28.7%		24.4%	27.4%	County Health Rankings
	f Percent Annual Check-Up Visit with Eye Doctor	NA		0.0%	TBD	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 RCMH primary service area (PSA).

Chart #1 – RCMH PSA Online Feedback Response (N=211)

Ray County MO - CHNA YR 2022			
For reporting purposes, are you involved in or are you a ...? (Multiple)	Ray Co MO N=211	Trend	Wave 4 Norms N=6,384
Business / Merchant	4.0%		11.5%
Community Board Member	7.0%		9.9%
Case Manager / Discharge Planner	1.0%		0.9%
Clergy	1.0%		1.4%
College / University	1.5%		3.0%
Consumer Advocate	0.5%		1.6%
Dentist / Eye Doctor / Chiropractor	1.0%		0.8%
Elected Official - City/County	1.0%		2.3%
EMS / Emergency	1.5%		2.5%
Farmer / Rancher	7.0%		7.3%
Hospital / Health Dept	25.6%		19.8%
Housing / Builder	0.5%		0.8%
Insurance	2.0%		1.3%
Labor	2.5%		2.5%
Law Enforcement	0.5%		1.4%
Mental Health	1.5%		2.0%
Other Health Professional	7.5%		11.8%
Parent / Caregiver	13.6%		17.3%
Pharmacy / Clinic	4.5%		2.4%
Media (Paper/TV/Radio)	0.5%		0.6%
Senior Care	2.0%		3.8%
Teacher / School Admin	3.0%		7.3%
Veteran	4.0%		3.4%
Other (please specify)	6.5%		8.4%
TOTAL	211		6337
Norms: KS Counties: Dickinson, Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties: Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Ray County MO - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Ray Co MO N= 211	Trend	Wave 4 Norms N=6,815
Top Box %	8.6%		28.4%
Top 2 Boxes %	43.1%		74.0%
Very Good	8.6%		28.4%
Good	34.4%		45.6%
Average	41.1%		25.7%
Poor	12.9%		5.6%
Very Poor	2.9%		1.5%
Valid N	211		6,342
<small>Norms: KS Counties: Dickinson, Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties: Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.</small>			

Chart #3 – Overall Community Health Quality Trend

Ray County MO - CHNA YR 2022			
When considering "overall community health quality", is it...	Ray Co MO N= 211	Trend	Wave 4 Norms N=6,815
Increasing - moving up	12.5%		43.5%
Not really changing much	59.9%		45.6%
Decreasing - slipping	27.6%		10.9%
Valid N	211		6,116
<small>Norms: KS Counties: Dickinson, Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties: Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.</small>			

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

Ray County MO - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Treatment, Aftercare)	116	10.5%		1
2	Drug / Substance Abuse	103	9.3%		2
3	Cost of Healthcare Services	83	7.5%		3
4	Access to Specialists	80	7.2%		5
5	Obesity (Nutrition / Exercise)	77	7.0%		9
6	Access to Primary Care	69	6.3%		4
7	Underinsured / Uninsured	69	6.3%		8
8	Awareness of Healthcare Services	68	6.2%		6
9	Alcohol Abuse	61	5.5%		10
10	Preventative Health / Wellness	57	5.2%		11
11	Suicide	53	4.8%		7
12	Smoking / Vaping	46	4.2%		15
13	Chronic Diseases	42	3.8%		13
14	Senior Care	40	3.6%		12
15	Transportation	40	3.6%		16
16	Cancer Care	38	3.4%		14
17	Dental Care	38	3.4%		17
18	Health Apathy - Owning Your Health	24	2.2%		18
Totals		1104	100.0%		

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

Ray County MO - CHNA YR 2022			
In your opinion, what are the root causes of "poor health" in our community?	Ray Co MO N= 211	Trend	Wave 4 Norms N=6,384
Chronic disease prevention	9.2%	Yellow	13.7%
Lack of health & Wellness Education	18.0%	Red	17.8%
Lack of Nutrition / Exercise Services	13.8%	Red	13.5%
Limited Access to Primary Care	9.2%	Yellow	8.0%
Limited Access to Specialty Care	8.0%	Yellow	10.4%
Limited Access to Mental Health Assistance	20.1%	Red	23.6%
Family assistance programs	4.4%	Green	7.2%
Lack of health insurance	8.8%	Yellow	17.7%
Neglect	8.4%	Yellow	14.5%
Total Votes	211		11,217
<small>Norms: KS Counties: Dickinson, Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties: Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.</small>			

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

Ray County MO - CHNA YR 2022	Ray Co MO N=211		Trend	Wave 4 Norms N=6,384	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	67.6%	3.5%	Green	80.2%	5.2%
Child Care	25.9%	23.0%	Red	41.7%	17.3%
Chiropractors	75.4%	2.9%	Green	70.1%	6.1%
Dentists	53.2%	8.6%	Yellow	69.5%	10.6%
Emergency Room	58.5%	17.6%	Red	71.9%	9.1%
Eye Doctor/Optomtrist	45.7%	12.9%	Yellow	73.7%	7.3%
Family Planning Services	20.9%	29.9%	Red	37.1%	20.0%
Home Health	26.7%	32.6%	Red	53.3%	11.3%
Hospice	54.0%	12.4%	Yellow	62.3%	9.0%
Telehealth	21.1%	35.3%	Red	49.6%	12.7%
Inpatient Services	56.1%	8.6%	Yellow	75.3%	6.2%
Mental Health	8.9%	55.6%	Red	26.2%	37.7%
Nursing Home/Senior Living	34.1%	21.0%	Red	53.2%	14.5%
Outpatient Services	52.5%	6.5%	Yellow	74.2%	4.8%
Pharmacy	75.4%	5.8%	Yellow	86.2%	2.7%
Primary Care	44.6%	12.2%	Yellow	76.1%	6.2%
Public Health	30.7%	16.8%	Red	58.5%	8.9%
School Health	38.9%	15.3%	Red	61.1%	7.9%
Visiting Specialists	39.0%	23.5%	Red	65.0%	9.6%
Walk- In Clinic	16.8%	61.3%	Red	56.0%	19.3%

Chart #7 – Community Health Readiness

Ray Co MO - CHNA YR 2022		Bottom 2 Boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Ray Co MO N=211	Trend	Wave 4 Norms N=6,384
Behavioral / Mental Health	60.9%		37.2%
Emergency Preparedness	15.4%		9.9%
Food and Nutrition Services/Education	29.4%		17.3%
Health Screenings (as asthma, hearing, vision, scoliosis)	25.7%		12.0%
Prenatal/Child Health Programs	37.0%		14.5%
Substance Use/Prevention	56.0%		36.9%
Suicide Prevention	60.0%		39.7%
Violence Prevention	59.7%		36.8%
Women's Wellness Programs	44.0%		19.8%
Norms: KS Counties: Dickinson, Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties: Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

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

Ray County MO - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Ray Co MO N=211	Trend	Wave 4 Norms N=6,384
Yes	82.8%		73.1%
No	17.2%		26.9%
Norms: KS Counties: Dickinson, Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties: Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

Specialties:

SPECS	CTS
OBG	14
CARD	10
ORTH	9
PRIM	9
SPEC	9
PEDS	8
SURG	8
DENT	7

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

Ray County MO - CHNA YR 2022			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Ray Co MO N=211	Trend	Wave 4 Norms N=6,384
Yes	32.3%		58.4%
No	67.7%		41.6%
Norms: KS Counties: Dickinson, Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties: Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

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

Ray County MO - CHNA YR 2022			
What needs to be discussed further at our CHNA Town Hall meeting?	Ray Co MO N=211	Trend	Wave 4 Norms N=6,384
Abuse/Violence	4.2%		4.1%
Alcohol	3.1%		3.8%
Alternative Medicine	2.4%		3.0%
Breast Feeding Friendly Workplace	2.3%		1.6%
Cancer	9.0%		3.8%
Care Coordination	1.6%		2.4%
Diabetes	2.0%		2.7%
Drugs/Substance Abuse	2.0%		5.8%
Family Planning	3.2%		2.2%
Heart Disease	5.9%		2.7%
Lack of Providers/Qualified Staff	2.5%		3.9%
Lead Exposure	3.0%		0.9%
Mental Illness	2.3%		7.5%
Neglect	2.7%		2.7%
Nutrition	7.3%		4.2%
Obesity	0.2%		4.6%
Occupational Medicine	1.5%		0.8%
Ozone (Air)	3.1%		1.2%
Physical Exercise	3.6%		4.2%
Poverty	0.6%		4.0%
Preventative Health / Wellness	0.2%		4.0%
Respiratory Disease	3.2%		1.0%
Sexually Transmitted Diseases	4.9%		2.0%
Smoke-Free Workplace	4.8%		1.2%
Suicide	1.6%		5.4%
Teen Pregnancy	6.7%		3.1%
Telehealth	2.7%		2.3%
Tobacco Use	3.4%		2.2%
Transporation	2.0%		2.7%
Vaccinations	2.7%		3.4%
Water Quality	2.4%		2.0%
Health Literacy	1.9%		2.9%
Other (please specify)	0.9%		1.5%
TOTAL Votes	211		20,443

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services 2022 - Ray County, MO

Cat	HC Services Offered in County: Yes / No	Hospitals	Health	Other
Clinic	Primary Care			yes
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers			
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/weight control services			
Hosp	Birthing/LDR/LDRP Room			
Hosp	Breast Cancer			
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	yes		
Hosp	Cardiac Surgery			
Hosp	Cardiology services			
Hosp	Case Management	yes		
Hosp	Chaplaincy/pastoral care services	yes		
Hosp	Chemotherapy	yes		
Hosp	Colonoscopy	yes		
Hosp	Crisis Prevention			
Hosp	CTScanner	yes		
Hosp	Diagnostic Radioisotope Facility	yes		
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services			
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	yes		
Hosp	Genetic Testing/Counseling			
Hosp	Geriatric Services			
Hosp	Heart			
Hosp	Hemodialysis			yes
Hosp	HIV/AIDS Services			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital services	yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit			
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation room	yes		
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung			
Hosp	MagneticResonance Imaging (MRI)	yes		
Hosp	Mammograms			
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<128+ slice CT)			
Hosp	Neonatal			
Hosp	Neurological services			
Hosp	Obstetrics			
Hosp	Occupational Health Services			
Hosp	Oncology Services	yes		
Hosp	Orthopedic services	yes		
Hosp	Outpatient Surgery	yes		
Hosp	Pain Management	yes		
Hosp	Palliative Care Program			

Inventory of Health Services 2022 - Ray County, MO

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

CHNA 2022 - RCMH Primary Service Area Providers Delivering Care in Ray County, MO

# of FTE Providers Working in County	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Docs Visiting RCMH	PSA Based PA / NP
Primary Care:			
Family Practice	4.0		5.0
Internal Medicine / Geriatrician			
Obstetrics/Gynecology			
Pediatrics			
Medicine Specialists:			
Allergy/Immunology		0.05	
Cardiology		0.15	
Dermatology			
Endocrinology			
Gastroenterology			
Oncology/RADO		0.10	
Infectious Diseases			
Nephrology		0.10	
Neurology		0.10	
Psychiatry			
Pulmonary			
Rheumatology		0.05	
Surgery Specialists:		0.20	
General Surgery / Colon / Oral	1.0		
Neurosurgery			
Ophthalmology			2.0
Orthopedics		0.30	
Otolaryngology (ENT)		0.10	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc		0.15	
Urology		0.05	
Hospital Based:			
Anesthesia/Pain		0.15	
Emergency		18-rotate	
Radiology			
Pathology			
Hospitalist			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occ Medicine			
Podiatry		0.25	
Chiropractor			2.0
Audiology			
Dentists			3.0
Mental Health			
Wound Care			
TOTALS	5.0	1.70	12.0

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

2022 CHNA - Visiting Specialists to Ray County Memorial Hospital

SP	Specialty	Physician Name	Office/City	Schedule	# of Days YR	Calc FTE 240
M	Allergy	Dr Khalid	Kansas City, MO	Once a month	12	0.05
M	Cardiology	Dr Gimple	NKC, MO	1x every other month	6	0.03
M	Cardiology	Dr Bapoji	NKC, MO	1x every other month	6	0.03
M	Cardiology	Dr. Chapman	NKC, MO	Once a month	12	0.05
M	Cardiology	Dr. Barr	NKC, MO	Once a month	12	0.05
M	Nephrology	Dr Khan	Independence, MO	2x a month	24	0.10
M	Oncology	Dr Beeki	Kansas City, MO	3x a month	36	0.15
M	Rheumatology	Dr Radadiya	Nevada, MO	Once a month	12	0.05
S	Surgery	Dr Mrosak	Richmond, MO	4x a month	48	0.20
S	ENT	Dr Sleve	Lee Summitt, MO	2x a month	24	0.10
S	Orthopedic	Dr Orth	Kansas City, MO	4x a month	48	0.20
S	Orthopedic	Dr Hubbard	Carrollton, MO	2x a month	24	0.10
S	Pain Mngt	Dr Hamilton		3x a month	36	0.15
S	Urology	Dr Horwitz	North Kansas City, MO	Once a month	12	0.05
S	Vascular	Dr Chu	Independence, MO	Once a month	12	0.05
S	Vascular	Dr. Pachalla	Independence, MO	Once a month	12	0.05
H	Vein / Skin	Dr Darling	Liberty, MO	2x every other month	12	0.05
H	Podiatry	Dr Bembyenista	Independence, MO	3x a month	36	0.15
H	Podiatry	Dr Shemwell	Kansas City, MO	2x a month	24	0.10

Ray County, MO 2022 Directory

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

Ray County Dispatch	816-776-2200
Ray County AMBULANCE	816-470-3030

Municipal Non-Emergency Numbers

Police	Fire
816-776-3575	816-776-2115

Emergency Contacts

Emergency
911

Dispatch
816-776-2000

MO Highway Patrol
816-622-0800

Richmond Police Dept
205 Summit St (Richmond)
816-776-3575
816-776-2000

Lawson Police Dept
103 W 3rd St (Lawson)
816-580-7210
816-776-2000

Ray County Ambulance
10625 Lee Holt Ln (Richmond)
816-470-3030

Lawson Fire and Rescue
402 E 6th St (Lawson)
816-296-3232
816-580-3903

Excelsior Springs Police
301 S Main St (Excelsior Springs)
816-630-2000

Comm-Care
Access Crisis Intervention
888-279-8188

Homeless Hotline
KC Union Mission
816-474-4599

DHSS Elderly Abuse and Neglect Hotline
800-392-0210

Mental Health

Tri-County Mental Health Services
108 W North Main (Richmond)
816-468-0400

National Suicide Prevention Hotline
800-273-8255

Friendship Line
800-971-0016

Compassionate Ear Warmline
866-927-6327

House of Hope, Lexington
301 Broadway (Lexington)
888-259-6795

Hope House, Independence
816-461-4673

Synergy Services -Family Therapy
400 E 6th St (Parkville)
816-587-4100

Community Resources

Alzheimer's Association
800-733-1981

American Legion Post #237
816-776-8056

Missouri Valley Community Action Agency
816-776-6057

Ray County Direct Transit
213 Valley Dr (Richmond)
816-776-8058

Ray County Fellowship Senior Center
1015 W Royle St (Richmond)
816-470-5808

Ray County Health Dept
820 E Lexington St (Richmond)
816-776-5413

Salvation Army
104 E Main St (Richmond)
816-776-8191

The Good Samaritan
108 S Thompson Ave (Excelsior Springs)
816-630-2718

Health/Medical/Disabilities

Excelsior Springs Hospital
1700 Rainbow Blvd (Excelsior Springs)
816-629-2629

Ray County Memorial Hospital
904 Wollard Blvd (Richmond)
816-470-7360

Liberty Hospital
2525 Glenn Hendren Dr (Liberty)
816-781-7200

Access II Independent Living Services
660-663-2423

ACI Hotline
1-888-279-8188

Lawson Family Practice
411 N Pennsylvania (Lawson)
816-580-4081

Collaboration Works
Peggy Smith
816-423-1305

DHSS- Div of Senior & Disability Services
Ray County
573-418-1570
1-866-835-3505
816-889-2206

Doctor's Equipment Services
6021 Troost Ave (KCMO)
816-523-6644

Excelsior Springs Medical Center
Home Health
1700 Rainbow Blvd (Excelsior Springs)
816-630-6081 Ext 122

Special Needs Services of Ray Co
810 E Main (Richmond)
816-470-5045

Meritas Health
902 Wollard (Richmond)
776-2201

Ray Co Health Dept
820 E Lexington (Richmond)
776-5413

Richmond Family Clinic
420 Wollard Blvd (Richmond)
816-470-2131

Shirkey Premier Therapy
804 Wollard Blvd (Richmond)
816-776-5403

Insight Eyecare
217 S College (Richmond)
816-776-2900

Richmond Family Eye Care
201 E Franklin (Richmond)
816-776-8085

Bridge of Hope
111 W Main (Richmond)
816-520-7828

ESMC Physician's Clinic
613 6th St (Lawson)
816-580-0055

Family Support Division
1-855-373-4636
1-800-392-1261

Richey Chiropractic Clinic
39547 Business Hwy 10 (Richmond)
816-776-5678

Richmond Chiropractic Center
811 E. South St (Richmond)
816-776-3302

Lawson Chiropractic
30010 D Hwy (Lawson)
816-296-7039

Kanning Dental
205 S Spartan Dr (Richmond)
816-776-7134

KC Connect Seniors
1-800-593-7948/816-421-4980

Ray County Board of Services
200 N College St (Richmond)
816-470-5045

Home Incontinence Supplies-Medicaid
800-367-8360

Kansas City Regional Center- DMH
821 Admiral Blvd (KCMO)
816-889-3452

Lawson Manor Nursing & Rehab
210 W 8th Terr (Lawson)
816-580-3269

Special Needs Services of Ray County
810 E Main St (Richmond)
816-470-5045

Day Habilitation Program
816-470-7229

Shirkey Nursing & Rehab Center
804 Wollard Blvd (Richmond)
816-776-5403
Hospice- Ext 22 Admissions- Ext 48
Social Services- Ext 41

VA – Extended Care Coordination
816-861-4700 Ext. 52800
800-273-8255

Pharmacies

Brown's Pharmacy
149 Crown Hill Rd (Ex. Springs)
816-637-3188

C & C Discount Drug
508 Johnny Walker Ln (Richmond)
816-776-6926

Medicine Shoppe
717 E South St (Richmond)
816-776-3315

Monroe Pharmacy
412 N Pennsylvania Ave #217 (Lawson)
816-580-3415

Senior & Disabled Housing

Homeless Hotline-KC Union Mission
816-474-4599

Lawson Housing Authority
517 N Doniphan St (Lawson)
816-296-7150

Lawson Senior Citizen Housing
210 W 8th Terr (Lawson)
816-580-7100

Orrick Estates
403 Adams St (Orrick)
816-770-3735 / 816-770-3671

Richmond Estates
753 Driskell Dr (Richmond)
816-776-3957

Smith View Village
201 8th Terr (Lawson)
816-296-4999

Richmond Housing Authority
302 N. Camden
816-776-2308

Shirkey Estates Apts.
806 Wollard (Richmond)
816-776-3272

Smith Senior Village
114 Smith St (Richmond)
913-772-4344

Oak Ridge Assisted Living
403 Crispin St (Richmond)
816-776-3877

Food/Nutrition

Feed a Friend Ministry - St. John Church
1625 E Main St (Richmond)
816-776-6998

Good Samaritan Center
108 S Thompson Ave (Excelsior Springs)
816-630-2718

Ray Co Senior Center
1015 W Royle St (Richmond)
816-470-5570

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]



Ray County Memorial Hospital - Richmond, MO

MDC-IP

Federal Fiscal Year: 2021



Detail

MDC	Selected Hospital	Rank	Total Cases	ALOS	Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		0-64		65+		Male Cases		Female Cases	
					Cases	ALOS	Cases	ALOS	Cases	ALOS	Cases	ALOS	Cases	ALOS	Percent 65+	ALOS	ALOS	Cases	% Male	Cases	% Female	
04 - DS & DISOR OF RESP SYSTEM	1	88	3.9	0	0.0	7	1.7	21	4.2	22	3.8	38	4.2	68.2%	3.6	4.1	31	35.2%	57	64.8%		
23 - FACT INFL HLTH STAT & SER	2	70	11.9	0	0.0	2	7.0	10	12.2	15	17.1	43	10.3	82.9%	11.3	12.1	31	44.3%	39	55.7%		
06 - DS & DISOR OF MUSCULOSKEL	3	36	11.1	0	0.0	2	10.5	7	8.9	7	9.1	20	12.6	75.0%	9.2	11.7	4	11.1%	32	88.9%		
06 - DS & DISOR OF DIGEST SYSTEM	4	30	2.3	0	0.0	7	1.6	14	2.4	2	2.0	7	2.7	30.0%	2.1	2.6	8	26.7%	22	73.3%		
11 - DS & DISOR OF KIDNEY & URIN	5	25	5.7	0	0.0	1	11.0	0	0.0	5	4.8	19	5.7	96.0%	11.0	5.5	9	36.0%	16	64.0%		
05 - DS & DISOR OF CIRC SYSTEM	6	24	2.7	0	0.0	2	2.0	2	3.0	2	1.0	18	2.9	83.3%	2.5	2.8	14	58.3%	10	41.7%		
10 - ENDOCRINE,NUTR & METAB DIS	7	22	2.7	0	0.0	3	1.0	4	1.5	6	2.2	9	4.1	68.2%	1.3	3.3	6	27.3%	16	72.7%		
09 - DS & DISOR OF SKIN	8	7	5.4	0	0.0	2	2.0	2	13.0	2	3.5	1	1.0	42.9%	7.5	2.7	4	57.1%	3	42.9%		
07 - DS & DISOR OF HEP SYS & PA	9	6	1.7	0	0.0	2	1.0	3	2.0	1	2.0	0	0.0	16.7%	1.6	2.0	2	33.3%	4	66.7%		
01 - DS & DISOR OF NERV SYSTEM	10	5	6.0	0	0.0	0	0.0	2	2.5	1	7.0	2	9.0	60.0%	2.5	8.3	2	40.0%	3	60.0%		
18 - INFECTIOUS & PARASITIC DIS	11	5	3.6	0	0.0	0	0.0	1	5.0	0	0.0	4	3.3	80.0%	5.0	3.3	2	40.0%	3	60.0%		
03 - DS & DISOR OF EAR,NOSE,THROAT	12	4	3.5	0	0.0	0	0.0	0	0.0	1	3.0	3	3.7	100.0%	0.0	3.5	3	75.0%	1	25.0%		
16 - DS & DISOR BLD & BLD ORGANS	13	3	3.0	0	0.0	0	0.0	0	0.0	1	1.0	2	4.0	100.0%	0.0	3.0	2	66.7%	1	33.3%		
20 - SUBST USE & ORG MEN DISORD	14	2	3.0	0	0.0	1	2.0	1	4.0	0	0.0	0	0.0	0.0%	3.0	0.0	1	50.0%	1	50.0%		
21 - INJ,POIS & TOX EFF OF DRUGS	15	2	4.5	0	0.0	0	0.0	0	0.0	1	6.0	1	1.0	100.0%	0.0	4.5	0	0.0%	2	100.0%		
Overall		329	6.2	0	0.0	29	2.9	67	5.4	66	7.2	167	6.7	70.8%	4.7	6.9	119	36.2%	210	63.8%		

Discharge Data Available from: 2017 Q1 through 2022 Q1

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May 5, 2022 2:58:44 PM

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*Hospital-Specific Report



Ray County Memorial Hospital - Richmond, MO

MDC-IP

Federal Fiscal Year: 2020



Detail

MDC	Selected Hospital	Rank	Total Cases	ALOS	Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		0-64		65+		Male Cases		Female Cases	
					Cases	ALOS	Cases	ALOS	Cases	ALOS	Cases	ALOS	Cases	ALOS	Percent 65+	ALOS	ALOS	Cases	% Male	Cases	% Female	
04 - DS & DISOR OF RESP SYSTEM	1	103	3.4	1	1.0	10	3.2	27	3.5	24	3.3	41	3.5	63.1%	3.4	3.4	39	37.9%	64	62.1%		
23 - FACT INFL HLTH STAT & SER	2	97	10.7	0	0.0	4	7.3	7	8.7	19	8.9	67	11.6	88.7%	8.2	11.0	45	46.4%	52	53.6%		
06 - DS & DISOR OF DIGEST SYSTEM	3	83	3.1	1	1.0	23	2.2	24	3.3	9	2.6	26	4.0	42.2%	2.7	3.6	27	32.5%	56	67.5%		
11 - DS & DISOR OF KIDNEY & URIN	4	50	3.2	0	0.0	10	2.3	10	2.3	7	3.7	23	3.8	60.0%	2.3	3.8	17	34.0%	33	66.0%		
05 - DS & DISOR OF CIRC SYSTEM	5	45	3.0	0	0.0	0	0.0	10	2.2	4	2.0	31	3.5	77.8%	2.2	3.3	16	35.6%	29	64.4%		
08 - DS & DISOR OF MUSCULOSKEL	6	45	7.6	0	0.0	1	2.0	8	4.0	10	8.0	26	8.8	80.0%	3.8	8.6	11	24.4%	34	75.6%		
10 - ENDOCRINE,NUTR & METAB DIS	7	36	3.5	0	0.0	8	1.6	7	2.6	5	3.8	16	4.7	58.3%	2.1	4.5	12	33.3%	24	66.7%		
07 - DS & DISOR OF HEP SYS & PA	8	27	2.2	0	0.0	12	1.8	8	2.9	2	1.5	5	2.4	25.9%	2.2	2.1	12	44.4%	15	55.6%		
09 - DS & DISOR OF SKIN	9	18	5.6	0	0.0	4	7.0	3	4.0	6	5.3	5	5.6	61.1%	5.7	5.5	10	55.6%	8	44.4%		
01 - DS & DISOR OF NERV SYSTEM	10	15	6.7	0	0.0	0	0.0	7	7.0	6	4.2	2	13.5	53.3%	7.0	6.5	8	53.3%	7	46.7%		
16 - DS & DISOR BLD & BLD ORGANS	11	11	4.6	0	0.0	0	0.0	1	7.0	3	1.7	7	5.6	90.9%	7.0	4.4	6	54.5%	5	45.5%		
18 - INFECTIOUS & PARASITIC DIS	12	8	2.9	0	0.0	0	0.0	1	1.0	5	3.0	2	3.5	87.5%	1.0	3.1	5	62.5%	3	37.5%		
03 - DS & DISOR OF EAR,NOSE,THROAT	13	7	2.1	0	0.0	2	2.0	4	2.3	0	0.0	1	2.0	14.3%	2.2	2.0	4	57.1%	3	42.9%		
20 - SUBST USE & ORG MEN DISORD	14	3	2.0	0	0.0	1	3.0	2	1.5	0	0.0	0	0.0	0.0%	2.0	0.0	2	66.7%	1	33.3%		
13 - DS & DISOR OF FEMALE REPROD	15	2	5.5	0	0.0	0	0.0	1	3.0	0	0.0	1	8.0	50.0%	3.0	8.0	0	0.0%	2	100.0%		
19 - MENTAL DISEASES & DISORDERS	16	2	3.0	0	0.0	0	0.0	0	0.0	0	0.0	2	3.0	100.0%	0.0	3.0	1	50.0%	1	50.0%		
14 - PREG,CHILDBIRTH & PUSPER	17	1	1.0	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0	0.0%	1.0	0.0	0	0.0%	1	100.0%		
21 - INJ,POIS & TOX EFF OF DRUGS	18	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0	1	1.0	100.0%	0.0	1.0	1	100.0%	0	0.0%		
Overall		554	5.0	2	1.0	76	2.7	120	3.7	100	4.9	256	6.5	64.3%	3.3	6.0	216	39.0%	338	61.0%		

Discharge Data Available from: 2017 Q1 through 2022 Q1

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May 5, 2022 2:57:30 PM

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*Hospital-Specific Report



Ray County Memorial Hospital - Richmond, MO

MDC-IP

Federal Fiscal Year: 2019



Detail

MDC	Selected Hospital	Rank	Total Cases	ALOS	Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		0-64		65+		Male Cases		Female Cases	
					Cases	ALOS	Cases	ALOS	Cases	ALOS	Cases	ALOS	Cases	ALOS	Percent 65+	ALOS	ALOS	Cases	% Male	Cases	% Female	
04 - DS & DISOR OF RESP SYSTEM	1	121	3.8	1	5.0	15	2.7	42	3.7	17	3.9	46	4.2	52.1%	3.4	4.1	45	37.2%	76	62.8%		
23 - FACT INFL HLTH STAT & SER	2	114	11.9	1	1.0	1	2.0	17	12.1	24	10.9	71	12.4	83.3%	10.9	12.0	49	43.0%	65	57.0%		
06 - DS & DISOR OF DIGEST SYSTEM	3	94	3.1	1	1.0	26	2.3	28	2.8	17	3.1	22	4.7	41.5%	2.5	4.0	23	24.5%	71	75.5%		
11 - DS & DISOR OF KIDNEY & URIN	4	59	3.8	0	0.0	7	2.0	10	5.1	12	3.4	30	3.9	71.2%	3.8	3.8	27	45.8%	32	54.2%		
05 - DS & DISOR OF CIRC SYSTEM	5	56	2.8	0	0.0	2	2.5	13	2.3	8	2.4	33	3.1	73.2%	2.3	3.0	26	46.4%	30	53.6%		
10 - ENDOCRINE,NUTR & METAB DIS	6	39	2.9	0	0.0	8	2.5	15	2.5	5	3.6	11	3.5	41.0%	2.5	3.5	16	41.0%	23	59.0%		
08 - DS & DISOR OF MUSCULOSKEL	7	36	3.3	0	0.0	4	1.5	9	2.7	5	4.6	18	3.6	63.9%	2.3	3.8	11	30.6%	25	69.4%		
07 - DS & DISOR OF HEP SYS & PA	8	25	2.4	0	0.0	13	2.1	6	2.5	0	0.0	6	2.8	24.0%	2.2	2.8	10	40.0%	15	60.0%		
01 - DS & DISOR OF NERV SYSTEM	9	24	3.0	0	0.0	5	1.6	6	2.5	7	3.1	6	4.5	54.2%	2.1	3.8	10	41.7%	14	58.3%		
09 - DS & DISOR OF SKIN	10	20	3.9	0	0.0	2	2.5	6	4.0	5	4.8	7	3.6	60.0%	3.6	4.1	7	35.0%	13	65.0%		
16 - DS & DISOR BLD & BLD ORGANS	11	10	2.4	0	0.0	0	0.0	2	4.0	2	1.5	6	2.2	80.0%	4.0	2.0	4	40.0%	6	60.0%		
18 - INFECTIOUS & PARASITIC DIS	12	6	2.3	0	0.0	1	3.0	2	1.5	1	5.0	4	1.8	62.5%	2.0	2.4	4	50.0%	4	50.0%		
21 - INJ,POIS & TOX EFF OF DRUGS	13	5	1.2	0	0.0	3	1.3	1	1.0	1	1.0	0	0.0	20.0%	1.3	1.0	4	80.0%	1	20.0%		
03 - DS & DISOR OF EAR,NOSE,THROAT	14	4	2.8	0	0.0	0	0.0	1	1.0	1	1.0	2	4.5	75.0%	1.0	3.3	1	25.0%	3	75.0%		
19 - MENTAL DISEASES & DISORDERS	15	2	2.5	0	0.0	1	3.0	1	2.0	0	0.0	0	0.0	0.0%	2.5	0.0	2	100.0%	0	0.0%		
17 - MYELOPROLIFERATIVE DISORDERS	16	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0	1	1.0	100.0								

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Ray County, MO 2022 CHNA Town Hall July 19th (11:30am- 1:30pm)

#	Table	Lead	Attend	Last	First	Organization	Title
1	A	##	x	Donat	Sharon	Richmond News	Chief
2	A		x	Nave	Jere	Ray County Hospital	Director of Nursing
3	A		x	Sheehy	Earl	Ray County Hospital	CEO
4	B	##	x	Hogan	Brad	Ray County Health Dept	Board Chair
5	B		x	Russell	Robin		Citizen
6	B		x	Willim	Tonya	City of Richmond	City Administrator
7	C	##	x	Branson	Karla	Ray County Hospital	
8	C		x	Maulsby	April	Richmond Housing Authority	Executive Director
9	C		x	Thornberry	Cindy	Ray County Hospital	
10	D	##	x	Russell	Robbie	Hospital Board	
11	D		x	Schlotzhauer	Donna	Ray County Hospital	HR
12	D		x	Wollard	Shannon	Ray County	Public Administrator
13	E	##	x	Landwehr	Stefanie	Chamber of Commerce	
14	E		x	McGaugh	Peggy	Mo State Representative	Mo State Rep
15	E		x	Usher	David	Ray County Hospital	CFO
16	E		x	Norris	Charles	Ray County Hospital	Radiology Director
17	F	##	x	Curp	Michelle	Ray County Hospital	RN ER Nurse
18	F		x	Scowley	Barb	Meritas Health Richmond	Sr Practice Manager
19	F		x	Thaller	Emily	Ray County Hospital	Social Worker
20	F		x	Santschi	Michael	Santschi Law, LLC	Owner/Attorney

Ray County Memorial Hospital (NE) Town Hall Event Notes

Attendance: N=20

Date: 7/19/2022 – 11:30 a.m. to 1 p.m.

Community identified the following drugs (substance abuse) occurring in Ray County, MO: Opioids, Heroin, Marijuana, Cocaine, Methamphetamine!, Fentanyl

Strengths

- Quality Staff / Clean Hospital
- Higher Life Expectancy
- Well Rounded Health Department
- Harvester's/ Outreach programs
- Specialist
- 2 Nursing Homes (Access)
- Well Equipped Hospital
- Pharmacies
- School Nurses
- Growing Population
- Hospice Care
- Recognize Improvement Needed
- Civic Mindedness
- Hospital Proximity
- EMS

Needs-

- Additional Specialists (Endo, GYN, Orth, Pediatrics, Mental Health, GI)
- Housing (Access / Affordable / Safe)
- Awareness of Healthcare Services
- Walk-in Clinics / Urgent Care
- Cost of Health Care
- Suicide Prevention
- Mental Health (Diagnosis, Treatment, Aftercare, Facilities)
- Transportation (All)
- Substance Abuse (Drug / Alcohol)
- Daycare / Aftercare School Care
- Domestic Violence / Child Abuse
- Preventative Health / Wellness
- Exercise Opportunities (Affordable)
- Primary Care
- Hospitalists
- Teen Pregnancy
- Health Education

Wave #4 CHNA - Ray County PSA

Town Hall Conversation - Strengths (White Cards) N=19

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	Moms getting prenatal care	9	Ray Co ambulance
1	Financially better	9	Meritas Clinic
1	Ambulance	9	Harvesters food bank
1	Knowledge of needed improvements	10	EMS
1	Public health/ hospital access	10	Lower poverty level
1	Specialist are in the area	10	High rate of prenatal care
2	Physical environment	10	Community team effort
2	Length of life/ morbidity	11	We do HAVE a hospital- pretty good access
2	Population rising	11	Willingness to improve
2	Community togetherness	11	We do have a couple of exercise/yoga facilities
2	Good schools	12	Specialists
3	We have services for most needs	12	ER
3	County hospital is open	12	Hospital
3	No waiting for services where wait is long in KC	12	Public health
3	County has good population	13	Local hospital
3	Clean hospital and friendly staff	13	2 nursing homes
3	High life expectancy	13	Health dept
4	Good clean hospital with friendly staff	13	Caring doctors
4	Close to home hospital	13	Local hospice
4	Lots of pharmacies	14	Primary hospital
4	Caring hospital board	14	Ambulance
4	Involved health dept	14	Health dept
5	Good hospital	15	Outreach programs- organization
5	Involved health dept	15	Fitness centers/ yoga
5	School nurses that work together with health dept	15	Hospice care/ elderly care
5	Child screenings and vaccinations	15	EMS
6	Great facilities	15	We have organizations that provide additional/subsidized food
6	Great people (need more)	16	Emergency care- ambulance/ first responder
6	Great community involvement willing to help	16	Nursing care
7	Health dept- involved	16	City- park and rec
7	Ray Co hospital	16	Dental care
7	Ambulance	17	Well served for most essential needs
7	Hospice	17	Well located/ accessible
7	Harvesters	17	Well equipped and capable hospital/ healthcare
7	High life expectancy	17	Good schools
7	School nurses	18	Health dept
7	Pharmacies	18	Schools- safe place for children
7	Meritas Clinic- 6 providers	18	Churches and harvesters helping with food
8	Health dept	18	Pharmacy
8	Hospital	18	Hospice
8	Hospice	18	Outpatient clinic
8	Ambulance	19	Outpatient clinic/ specialists
8	Meritas Clinic	19	Hospice
8	Harvesters	19	Health dept
9	Health dept	19	Pharmacy access
9	Hospital	19	Schools
9	Hospice- SLA	19	Churches/ harvesters

Wave #4 CHNA - Ray County PSA

Town Hall Conversation - Weaknesses (Color Cards) N=19

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	Drug use/ mental health	12	Transportation
1	Food insecurity	13	Mental health
1	Need more primary care providers	13	Drug abuse
1	Adult obesity	13	Suicide rate
1	Awareness of services available (social media)	13	Smoking
2	Communication with community	13	Obesity
2	Doctor ratio	13	Primary care
2	Need walk in clinic	14	Awareness of services
2	Housing	14	Advertise preventative care services
2	Child care	14	Awareness of health
3	Housing	14	Financial help awareness
3	Mental health	14	Provide more speciality services
3	Providers	14	Health care foundation awareness
3	Community center	15	Mental health services
3	Preventative health programs	15	Education for community
3	Urgent care	15	Drug problem
4	Housing	15	Lack of doctors in community
4	More providers	15	Cost of healthcare/ lack of insurance
4	Mental health	15	Facebook use for advertising
4	Community center	16	Housing (affordable/ accessible/ safe)
4	Preventative health programs	16	Additional providers- FP & Nurse Practitioner
4	Urgent care	16	Mental health
5	Additional specialists (endo/gyn)	16	Community center-YMCA- exercise opportunity
5	Additional PCP's	16	Preventative health programs
5	Additional mental health providers	16	Urgent care
5	Urgent care facility	16	Substance abuse
5	Educate for stop smoking/ getting vaccinated	16	Need nursing home staff
5	Better low income housing	17	Awareness of specialist
6	More primary care	17	Increase PCP
6	Public knowledge of health care	17	No walk in clinic
6	Public perception	17	OBG having to commute out of town
6	Need more direct services to mental health	17	Mental health specialist/ clinics
6	Better low income housing	17	Increase free lunch for children
7	Drug abuse	17	Communication in community
7	Teen pregnancy	17	Child care
7	Uninsured	17	Housing
7	Exercise opportunities	18	Mental health access/ depression
7	Mental health	18	Uninsured
8	Kids- not having food/ meals	18	Preventative care
8	Education- no smoking mothers	18	Nursing homes
8	Easy access to health care (minute clinic)	18	Suicide
8	Need more specialists	18	Transportation access for seniors
8	Make outreach programs	18	Child care/ day care
8	Daycare- affordable	18	Treatment centers
9	Substance abuse	18	Hospitalist
9	Mental health	18	Support groups
9	Wider selection	19	Mental health
10	Need more primary care providers/ access	19	Drinking
10	Chronic disease	19	Smoking
10	Drug abuse	19	Teen pregnancy
10	Domestic violence	19	Domestic violence
10	Reliable child care	19	Child abuse/ neglect
11	Primary providers	19	Day cares
11	Depression	19	After school programs
11	Suicide	19	Housing

Wave #4 CHNA - Ray County PSA

Town Hall Conversation - Weaknesses (Color Cards) N=19

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
11	Quality healthcare	19	Suicide prevention
11	Access to primary care	19	Drug treatment
12	Mental health- care/ facilities	19	Child care for after school
12	Housing availability- especially accessible	19	Transportation
12	Preventative care to reduce health issues	19	Uninsured
12	Child care options- not enough	19	Preventative care
12	Domestic violence- adults/children (safe place)	19	Nursing homes

Community Health Needs Assessment

Luana Bloom

May 11,
2022

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

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

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

LINK: https://www.surveymonkey.com/r/CHNA2022_RayCountyMemHosp_MO

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **June 10th, 2022**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Tuesday, July 19th, 2022**, for Lunch from **11:30 a.m. - 1:00 p.m.** Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (816)-470-7366

PR#1 News Release

Local Contact: Earl Sheehy

Media Release: 5/13/2022

Ray County Seeks the Community's Input on Local Health Needs

Over the next few months, **Ray County Memorial Hospital (RCMH)** will be working with area providers to update the 2019 Ray County Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in order to complete the 2022 CHNA.

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

A brief community survey has been developed in order to accomplish this work. The survey can be accessed by visiting the RCMH website or the RCMH Facebook page if you would like to participate in providing this important feedback.

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **June 10th, 2022**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Tuesday, July 19th, 2022** for lunch from **11:30 a.m. - 1:00 p.m.** Please, stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (816) 470-5432

EMAIL #2 Request Message (Cut & Paste to Key Stakeholder)

From: Earl Sheehy, CEO

Date: 06/09/2022

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Ray County Health Needs Assessment 2022 Town Hall Event

Memorial Health System will host a 2022 CHNA lunch Town Hall Meeting on Tuesday July 19th. The purpose of this meeting is to review published community health indicator, view online survey results and discuss/determine key community health unmet needs.

All business leaders and residents are encouraged to join us for this important meeting. This event will be held on **Tuesday, July 19th**, from **11:00 a.m. – 1:00 p.m. at the Hospital Annex Building**. A light lunch will be provided starting at 11:15 a.m.

To adequately prepared for this social safe meeting, it is imperative that those attending to RSVP the link below before July 17th. Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event.

LINK: <https://www.surveymonkey.com/r/RayCo>

Thanks in advance for your time and support

If you have any questions regarding CHNA activities, please call (816) 470-5432

Ray County Memorial Hospital (MO) Hosts Community Health Town Hall

Media Post: 6/09/2022

Ray County Memorial Hospital will be hosting a Town Hall Meeting for the 2022 Community Health Needs Assessment (CHNA) on **Tuesday, July 19th, 2022 from 11:00 a.m. – 1:00 p.m. at the Hospital Annex Building.**

This community meeting will consist of reviewing area health indicators, viewing online survey results, and gathering feedback opinions on key unmet community health needs.

To properly prepare for this important meeting, it is imperative that community members RSVP if they desire to attend 2022 CHNA Town Hall event on Tuesday **7/19/22**. NOTE: If you are interested in attending, please visit Ray County Memorial Hospital's website or Facebook page to obtain the link to complete your RSVP. Those who RSVP will be emailed additional information a few days prior to event.

We hope you find the time to join us for this discussion!

Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (816) 470-5432

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2022 Community Feedback: Ray Co MO (N=211)

ID	Zip	Rating	Movement	c1	c2	c3	Q4. In your opinion, what are the root causes of "poor health" in our community?
1108	64067	Average	Not really changing much	ALL			All the above
1188	64093	Average	Not really changing much	AWARE	EDUC		LACK OF AWARENESS/EDUCATION
1135	64085	Poor	Decreasing - slipping downward	BED			Stigma attached to needing/wanting help, our community and medical providers are very judgmental and dismissive
1156	64624	Good	Decreasing - slipping downward	BH			So many people with mental health needs come to our ER depart. We need more GPs.
1103	64035	Average	Not really changing much	FINA	DRUG		High priced drugs
1121	64035	Good	Not really changing much	FINA			cost
1138	64035	Average	Not really changing much	FINA			Cost is also a huge factor as people can't afford to pay a high copay or pay out of pocket until their high deductible is met for examples.
1187	64085	Good	Increasing - moving up	FINA			income
1153		Good	Decreasing - slipping downward	OWN			People not taking action with their own health.
1068	64084	Average	Decreasing - slipping downward	PREV	EDUC		Preventive education

CHNA 2022 Community Feedback: Ray Co MO (N=211)

ID	Zip	Rating	Movement	c1	c2	c3	Q7. Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1068	64084	Average	Decreasing - slipping downward	AMB			No, I had to call paramedics when 83 year old Mom locked herself out of house in 7 degree weather for hours. They should have put my DPOA in place and took her to the hospital but she didn't want to go, she signed a release. We had significant problems all weekend with her BP and cognitive changes. I got her to her PCP Monday who was very upset as she was dehydrated and having complications from hypothermia. She still has lasting affects.
1089	64085	Average	Decreasing - slipping downward	BH			No, We need psychiatrists and counselors
1127	64077	Very Good	Not really changing much	BH	SUIC	DRUG	No, Mental health services, including for suicide prevention, substance abuse, and physical abuse is not easily available/accessible and there is minimal community awareness of what services are available. There is little to no walk-in clinic/urgent care service
1160	64017	Poor	Not really changing much	BH	FEM	PEDS	No, Mental Health Care Services, Women's Health Services, Pediatric Services, OB Services
1026	64085	Good	Not really changing much	CLIN			No, No urgent care is close, have to use the emergency room
1073	64085	Average	Not really changing much	CLIN	PRIM	HRS	No, Having an urgent care option available would be great. Or walk in hours at PCP offices.
1075	64067	Good	Not really changing much	CLIN			No, URGENT CARE CLINICS
1086	64085	Very Good	Decreasing - slipping downward	CLIN			No, Access to care
1090	64085	Good	Decreasing - slipping downward	CLIN			No, Need an urgent care
1141	64671	Very Good	Not really changing much	CLIN			Need an urgent care facility.
1170	64085	Average	Not really changing much	CLIN			No, same day clinics not available
1044	64035	Poor	Decreasing - slipping downward	DERM	FEM	PREV	No, Access to dermatologist, women's health, preventative care.
1003	64093	Average	Not really changing much	DOCS	PRIM		No, pcp
1022	64085	Good	Not really changing much	DOCS	BH		No, Not enough doctors, therapists, psychiatrist
1024	64097	Average	Decreasing - slipping downward	DOCS			No, we need more local healthcare providers
1034		Good	Increasing - moving up	DOCS			We have dr's We just don't have dr's that want to admit to our facility
1051	64036	Average	Decreasing - slipping downward	DOCS	SCH		No, Doctors aren't available. When it takes 2 weeks or more to get into a doctor it's crazy. I'll be better or dead before I can get in for an appointment
1069	64085	Good	Decreasing - slipping downward	DOCS	ACC		No, Some of the doctors on call are hard to contact when they are needed
1080	64085	Average	Not really changing much	DOCS			No, It takes a lot for Meritas to answer their phone and they are always so booked up I switched providers.
1082	64085	Average	Not really changing much	DOCS			No, Need more physicians
1084	64085	Good	Not really changing much	DOCS	NURSE	STFF	No, We need more physicians and nursing staff at our hospital are leaving and going elsewhere
1101	64085	Good	Decreasing - slipping downward	DOCS	QUAL		No, We need more dedicated physicians to our community and hospital.
1118	64035	Average	Not really changing much	DOCS			No, Lack of available physicians is an issue
1119	64085	Good	Not really changing much	DOCS			No, doctors
1134	64085	Average	Decreasing - slipping downward	DOCS	SCH		No, It can take more than a week to get in to see a doctor when you need one.
1136	64085	Good	Increasing - moving up	DOCS	NURSE		No, More doctors and nurses needed
1139	64624	Average	Decreasing - slipping downward	DOCS	HRS		No, More providers, more times of availability
1143	64085	Average	Not really changing much	DOCS	QUAL		No, good doctors
1154	64085	Good	Decreasing - slipping downward	DOCS			No, Need more doctors
1156	64624	Good	Decreasing - slipping downward	DOCS			No, If you are actually ill moderate to severe you cannot get into the only Drs. office in town. You have to come to our ER or go to Liberty for urgent care.
1169	64068	Average	Not really changing much	DOCS	SPEC		No, We need more physicians, specialist clinics
1184	64085	Good	Not really changing much	DOCS			No, More Doctors
1193	64085	Good	Decreasing - slipping downward	DOCS			No, Few local doctors, can't keep up with local population
1198	64085	Average	Decreasing - slipping downward	DOCS			No, Doctors are needed badly!
1204	64085	Good	Increasing - moving up	DOCS			No, It seems as though in the winter when everyone is passing the flu bug or virus it's hard to get into the doctor
1014	64085	Poor	Not really changing much	EMER	STFF		No, The ER seemed very under staffed.
1029	64085	Poor	Decreasing - slipping downward	EMER	QUAL		No, ER is a joke.
1039	64085	Poor	Not really changing much	FINA			No, If you can't pay for dr you can't go
1194	64085	Good	Decreasing - slipping downward	FINA			No, the cost is so high no patient will go in and there are now no home town doctors all new doctors work and live outside the community
1137	64017	Good	Not really changing much	FP			No, Family practice
1182	64085	Average	Not really changing much	FP			No, Only 2 family practices in the county. Hard to get DR appointments at times.
1187	64085	Good	Increasing - moving up	FP			No, Need more Independent Family Physicians
1135	64085	Poor	Decreasing - slipping downward	HRS	QUAL		No, After 5pm until 8-9 am your choice is drive to city or go to the band aid station
1013	64085	Very Poor	Not really changing much	NO	WAIT		No, I spent three hours waiting for an X-ray
1108	64067	Average	Not really changing much	NO			I don't know
1110	64155	Good	Increasing - moving up	NO			No, Not enough specialists
1163	64633	Poor	Decreasing - slipping downward	NO			No, EVERYWHERE
1025	64084	Good	Not really changing much	PRIM			No, Need more Primary Doctors
1063		Average	Not really changing much	PRIM			No, There's not enough pcp
1064	64077	Average	Decreasing - slipping downward	PRIM	DENT	OPHT	No, It's not always easy to get in to see primary care, dentist, or optometrist.
1065	64084	Average	Not really changing much	PRIM			No, Primary care
1076	64085	Average	Not really changing much	PRIM	PULM		No, Primary care drs and pulmonologist
1092	64084	Average	Decreasing - slipping downward	PRIM	CLIN		No, not enough PCP to see when needed, easier to get into urgent care
1093	64085	Good	Not really changing much	PRIM			No, NEED MORE PRIMARY CARE PHYSICIANS
1157	64085	Good	Not really changing much	PRIM			No, Need more primary care physicians
1158	64085	Very Good	Increasing - moving up	PRIM			No, Limited PCP's in area
1168	64085	Average	Not really changing much	PRIM			No, NEED PRIMARY CARE PHYSICIANS
1019	64085	Poor	Not really changing much	QUAL	PRIM		No, better quality primary care,

CHNA 2022 Community Feedback: Ray Co MO (N=211)

ID	Zip	Rating	Movement	c1	c2	c3	Q7. Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1007	64085	Average	Not really changing much	SCH	ACC		No, I reside in Richmond and commute to the city for work. I need access after 5pm for providers.
1030	64067	Average	Not really changing much	SCH			No, APPTS ARE ALWAYS WEEKS OUT
1074	64085	Average	Not really changing much	SCH	PRIM		No, Takes several days to get scheduled with a primary care physician or nurse practitioner.
1091	64085	Average	Decreasing - slipping downward	SCH			No, You can't get into Meritas without a 2-3 week wait.
1138	64035	Average	Not really changing much	SCH	CLIN		No, Not always able to get an appointment the same day at Meritas Richmond clinic. No urgent care in area.
1148	64085	Average	Decreasing - slipping downward	SCH			No, Call Meritas sometimes can't be seen for a few days
1161	64067	Very Poor	Decreasing - slipping downward	SCH	HRS		No, we need more walk-in availability, same day appointments, some form of care that would allow emergency rooms to be used for emergencies, not colds
1133	64035	Very Poor	Decreasing - slipping downward	SPEC			No, I go outside county to see specialists
1188	64093	Average	Not really changing much	SPEC			No, SPECIALISTS
1001	64085	Good	Not really changing much	STFF	NURSE		No, Nursing staff should be increased at RCMH
1153		Good	Decreasing - slipping downward	STFF			No, We have low census at this time, but if our census returns to normal or what it was 3 years ago we are very under staffed.
1207	64671	Average	Decreasing - slipping downward	STFF	WAIT		No, Just like everywhere else, there are not enough staff. Wait times have become longer.
1036	64085	Average	Decreasing - slipping downward	WAIT	DOCS		No, Need more Dr's to decrease wait time for dr appt.
1145	64035	Average	Decreasing - slipping downward	WAIT			No, People talk about having to wait for appointments.

CHNA 2022 Community Feedback: Ray Co MO (N=211)

ID	Zip	Rating	Movement	c1	c2	c3	Q8. What "new" community health programs should be created to meet current community health needs?
1092	64084	Average	Decreasing - slipping downward	AWARE			Outreach, let them know what we have. Promote the services that are local so people don't think they need to go elsewhere.
1006	64024	Very Good	Not really changing much	BH			Mental health
1007	64085	Average	Not really changing much	BH	OBG	NUTR	mental health, prenatal, nutritional services, specialty programs for special diseases (migraines, food allergies, diabetes, gi disorders, etc.)
1009	64068	Very Good	Increasing - moving up	BH	OBG		Domestic Violence services, Better access to mental health services, Access to OB/GYN
1013	64085	Very Poor	Not really changing much	BH	DRUG		Mental health and drug addiction
1022	64085	Good	Not really changing much	BH			Mental health services
1051	64036	Average	Decreasing - slipping downward	BH			Mental health. Even if it's telehealth, we need something that is cost effective because a lot of insurance doesn't cover mental health
1057	64085	Average	Not really changing much	BH			Mental health, not through tri county. Wait time is too long
1058	64085	Average	Not really changing much	BH			Free Mental Health Seminar
1073	64085	Average	Not really changing much	BH	CLIN		Infusion center. Women/children abuse assistance- like house of hope in Lexington, Mo. Urgent care or walk in hours for primary care doctor
1076	64085	Average	Not really changing much	BH			Need mental health care
1080	64085	Average	Not really changing much	BH			Mental health program/care
1082	64085	Average	Not really changing much	BH	DRUG		Need better community outreach in regards to mental health and substance abuse
1084	64085	Good	Not really changing much	BH			Mental Health
1089	64085	Average	Decreasing - slipping downward	BH			Mental Health programs
1110	64155	Good	Increasing - moving up	BH			Mental health
1120	64085	Average	Not really changing much	BH			Mental health
1129	64085	Average	Not really changing much	BH	DRUG		Mental health and drug/alcohol abuse
1135	64085	Poor	Decreasing - slipping downward	BH	DRUG		Non judgmental Mental health and substance abuse assistance
1145	64035	Average	Decreasing - slipping downward	BH			Getting mental health easier to access in a more timely way.
1152	64085	Good	Not really changing much	BH			Access to mental health providers - something similar to HCC would be great
1154	64085	Good	Decreasing - slipping downward	BH			Mental health. Some programs for young families.
1160	64017	Poor	Not really changing much	BH	SUIC	AWARE	Mental health care services and awareness, suicide prevention, programs to make mental health services more accessible to community members, mental health programs in schools for youth.
1161	64067	Very Poor	Decreasing - slipping downward	BH	FINA	INSU	we definitely needs more mental health resources, more financial aid programs, more affordable insurance programs. fee-based programs for the middle class, not just the lower class
1167	64085	Good	Not really changing much	BH			Access to mental health services
1169	64068	Average	Not really changing much	BH	TELE		Mental Health services, specialty telehealth clinics
1178				BH			Expanding mental health.
1184	64085	Good	Not really changing much	BH			mental health
1190	64024	Good	Not really changing much	BH	FINA		More affordable mental/substance abuse options with good access
1207	64671	Average	Decreasing - slipping downward	BH	INSU		Mental health. It is seriously lacking. What Is provided won't accept certain insurances it won't cover certain areas.
1026	64085	Good	Not really changing much	CLIN	DRUG	BH	Urgent care, substance abuse programs(rehab & prevention), mental health care, Health & wellness screenings/classes in our schools and published rates for services for the uninsured
1075	64067	Good	Not really changing much	CLIN			URGENT CARE CLINICS
1119	64085	Good	Not really changing much	CLIN	ACC		Easier access to clinics/out patient clinics.
1127	64077	Very Good	Not really changing much	CLIN	HRS	BH	An off hours walk in clinic and at least more awareness of the mental health services that are available
1149	64085	Good	Not really changing much	CLIN	DOCS		need like an urgent care when you can't get into the doctor office for a week and it is not an emergency
1156	64624	Good	Decreasing - slipping downward	CLIN	DOCS	AWARE	Open another clinic with general practitioners. Advertise more about procedures available and for the doctors who have been faithful to the community for several years.
1159	64085	Average	Decreasing - slipping downward	CLIN	DOCS		Urgent care, more Drs
1168	64085	Average	Not really changing much	CLIN			URGENT CARE
1194	64085	Good	Decreasing - slipping downward	CLIN	FINA		Minute care center where patients can get meds and see a Nurse Practitioner at a cash price that's affordable. Increase CMS reimbursements, stop big ins for bundling and delaying patient care by telling patient s where to get service. patients are told to go to a diagnostic center to save the Big ins money. Hospitals need to be able to provide the same service and price with all services at a cash price- Affordable. a CT should not be 3000.00 dollars
1148	64085	Average	Decreasing - slipping downward	DERM	PULM	CARD	More outpatient clinics at RCMH, maybe dermatologist? Pulmonary? Others such as cardiac are full and take awhile to get appt
1014	64085	Poor	Not really changing much	DOCS	AWARE		More doctors offices or knowledge of drs in the area.
1064	64077	Average	Decreasing - slipping downward	DOCS			I don't know that we need anything new, but we need to improve on the current programs. Amd recruit more physicians.
1121	64035	Good	Not really changing much	DOCS			more Doctors
1211	64085	Average	Not really changing much	DOCS	EMER		Better ER doctors. Georger is a rude arrogant man that doesn't take anyone's needs seriously.
1029	64085	Poor	Decreasing - slipping downward	DRUG			Drug rehabilitation instead of sending to jail.
1204	64085	Good	Increasing - moving up	DRUG	ALC	BH	Drug & Alcohol Abuse, Mental Health
1182	64085	Average	Not really changing much	EDUC	CHRON		Classes- educational classes on chronic illnesses
1208	64067	Average	Not really changing much	EDUC			Education to general public
1099	64085	Average	Not really changing much	FEM	BH		women's health programs, mental health programs
1151	64085	Poor	Decreasing - slipping downward	FEM			Women's Health
1024	64097	Average	Decreasing - slipping downward	FINA	FAM	TRAIN	low income, family based, more education for medical workers
1060	64017	Poor	Decreasing - slipping downward	FIT	ALT		Some kind of exercise program for seniors offered on a regular basis A holistic alternative to medicine would be welcomed
1173	64633	Good	Not really changing much	FIT			Affordable exercise program.
1136	64085	Good	Increasing - moving up	FUND			More need to fund and upgrade existing programs

CHNA 2022 Community Feedback: Ray Co MO (N=211)

ID	Zip	Rating	Movement	c1	c2	c3	Q8. What "new" community health programs should be created to meet current community health needs?
1174	64633	Good	Not really changing much	FUND			The community programs are in place. Growing these programs is vital to keep up with the demand for services.
1201	64085	Good	Decreasing - slipping downward	HH	CLIN		Home health services. Urgent care facility
1035	64085	Poor	Decreasing - slipping downward	NH	SUIC	BH	More sufficient senior care, suicide and mental health resources, addiction counseling
1068	64084	Average	Decreasing - slipping downward	NH			We need programs for our elderly. Classes to help with education for fall prevention, medication changes, care givers classes, care givers support groups, the benefits of exercise for elderly. Now more than ever there should be a Grief Support classes for this County. Many have lost loved ones.
1153		Good	Decreasing - slipping downward	OBG	BH		OB/GYN, Mental health providers, More specialty clinics, Access to Domestic Violence support, there is none in this county.
1137	64017	Good	Not really changing much	OWN			Education on self care
1141	64671	Very Good	Not really changing much	PEDS			Pediatrics
1054	64085	Good	Not really changing much	PREV	FIT	SUIC	More wellness classes and maybe some sort of free exercise programs; mental health and wellness programs, suicide prevention—a only aimed at adults but students as well.
1090	64085	Good	Decreasing - slipping downward	PREV	SUIC	BH	health and wellness suicide mental health
1098	64085	Average	Decreasing - slipping downward	PREV	SCH	COMO	Health and wellness programs, school programs, community outreach
1187	64085	Good	Increasing - moving up	PREV	FIT		Wellness..... sidewalks would help with people walking there is a lack of.
1086	64085	Very Good	Decreasing - slipping downward	PULM	DIAB		Pulmonary, Diabetic specialist
1030	64067	Average	Not really changing much	SPEC			MORE SPECIALISTS
1195	64035	Average	Not really changing much	SPEC			more specialty clinics,
1158	64085	Very Good	Increasing - moving up	SPRT	BH		Group support to address mental health issues
1102	64035	Average	Increasing - moving up	SUIC	BH		Suicide and mental health

Let Your Voice Be Heard!

In 2019, Ray County Memorial Hospital Completed a Community Health Needs Assessment (CHNA). Today, we request your input again in order to start and update our 2022 Ray County Community Health Needs Assessment (CHNA).

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

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

1. In your opinion, how would you rate the "Overall Quality" of healthcare delivery in 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, worked on and/or changed? (Be specific)

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

- | | |
|--|---|
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare) | <input type="checkbox"/> Smoking / Vaping |
| <input type="checkbox"/> Cost of Healthcare Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Underinsured / Uninsured |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Cancer Care |
| <input type="checkbox"/> Obesity (Nutrition / Exercise) | <input type="checkbox"/> Dental Care |
| <input type="checkbox"/> Awareness of Healthcare Services | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Health Apathy - Owning Your Health | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Chronic Diseases | <input type="checkbox"/> Access to Primary Care |
| <input type="checkbox"/> Senior Care | <input type="checkbox"/> Access to Specialists |

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

- | | |
|--|---|
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare) | <input type="checkbox"/> Smoking / Vaping |
| <input type="checkbox"/> Cost of Healthcare Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Underinsured / Uninsured |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Cancer Care |
| <input type="checkbox"/> Obesity (Nutrition / Exercise) | <input type="checkbox"/> Dental Care |
| <input type="checkbox"/> Awareness of Healthcare Services | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Health Apathy - Owning Your Health | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Chronic Diseases | <input type="checkbox"/> Access to Primary Care |
| <input type="checkbox"/> Senior Care | <input type="checkbox"/> Access to Specialists |

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 (Be Specific).



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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<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/Optomertist	<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/Senior Living	<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"/>
Walk-In Clinic Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
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"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse 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 2 years, did you or someone in your household receive healthcare services outside of your County?

Yes

No

If yes, please specify the services received

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

Yes

No

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

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

Yes

No

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

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

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> 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 Staff | <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 Abuse | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Exercise | |

Other (Please specify).



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

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

Other (Please specify).



18. For analysis purposes, what is your home ZIP code? (Please enter 5-digit ZIP code; for example, 65305)



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VWV 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