



Community Health Needs Assessment

Carroll County, MO

On Behalf of Carroll County Memorial Hospital



September 2021

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Carroll County Memorial Hospital – Carroll County, MO - 2021 Community Health Needs Assessment (CHNA)

The previous CHNA for Carroll Regional was completed in 2018. (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 Carroll County, MO CHNA assessment began May 2021 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years. **Important community CHNA Benefits** for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates common understanding of the priorities of the community’s health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8.) fulfills Hospital “Mission” to deliver.

County Health Area of Future Focus on Unmet Needs

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

Carroll County, MO				
2021 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - July 8, 2021				
TCLMH Primary Service Area (13 Attendees / 40 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Substance Abuse (Drug & Alcohol)	7	18%	18%
2	Mental Health (Diagnosis, Placement, Aftercare, Providers)	6	15%	33%
3	Obesity (Nutrition / Exercise)	6	15%	48%
4	Uninsured / Underinsured Services	5	13%	60%
5	Affordable Housing	4	10%	70%
6	Vaccination Education	4	10%	80%
Total Votes		40	100%	
Other unmet needs receiving votes: Assisted Living, Child Care, Poverty, Suicide and Transportation.				

Town Hall CHNA Findings: Areas of Strengths

Carroll Co. (MO) - "Community Health Strengths"			
#	Topic	#	Topic
1	Hospital	6	Staying at Home for Services
2	Emergency Department	7	Youth Opportunities
3	Health Department	8	Charity Care
4	Provider Retention	9	YMCA
5	Visiting Specialists	10	Cancer Care

Key CHNA Wave #4 Secondary Research Conclusions found:

MISSOURI HEALTH RANKINGS: According to the 2021 Robert Wood Johnson County Health Rankings, Carroll County, MO Average was ranked 49th in Health Outcomes, 54th in Health Factors, and 35th in Physical Environmental Quality out of the 115 Counties.

TAB 1. Carroll County's population is 8,679 (based on 2019), with a population per square mile of approximately 13.4 persons. Roughly five percent (5.1%) of the population is under the age of 5, while the population that is over 65 years old is 22.1%. As of 2019, Hispanic / Latinos make up 1.6% of the population and 4.5% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 25.2% compared to the rural norm of 20.2%, and 88.2% are living in the same house as one year ago.

TAB 2. In Carroll County, the average per capita income is \$25,715 while 13.8% of the population is in poverty. The severe housing problem was recorded as 9.9% compared to the rural norm of 11.4%. The food insecurity is 13.6%, and limited access to healthy foods (store) is 6.1%.

TAB 3. Children eligible for a free or reduced-price lunch in Carroll County is 51%. Roughly eighty-six percent (85.8%) of students graduated high school in compared to the rural norm of 88.3% and 16.7% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 81.4% and 7.9% of births in Carroll County have a low birth weight. Continually, 1.3% (compared to the rural norm of 1.5%) 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%.

TAB 5. The Carroll County primary care service coverage ratio is 1 provider (county based office physician who is a MD and/or DO) to 2,914 residents. The preventable hospital rate per 100,000 (lower is better) for hospital stays with ambulatory-care sensitive conditions is 4,928. Patients who reported “Yes”, they would definitely recommend the Carroll Co Hospitals was 77%. The average time patients spent in the ER before being seen was 82 minutes.

TAB 6. In Carroll County, 14.9% of the Medicare population has depression. The age-adjusted suicide mortality rate per 100,000 based on 2019 was 17.5. The average mentally unhealthy days last reported (2019) is 4.9 days in a one-week period of time.

TAB 7a – 7b. Carroll County has an obesity percentage of 32.9%, and the physical inactivity percentage is 24.5%. The percentage of adults who smoke is 24.8%, while the excessive drinking percentage is 18.4% as of 2019. The Medicare hypertension percentage is 56.3%, while their heart failure percentage is 13.1%. The percentage of individuals who were recorded having COPD was 9.6%. Carroll County recorded roughly seven percent of those having cancer (7.3%) amongst their Medicare population and 2.5% of individuals who have had a stroke.

TAB 8. The adult uninsured rate for Carroll County is 12.8% (based on 2019) compared to the rural norm of only 12.7%.

TAB 9. The life expectancy rate in Carroll County for Males is roughly seventy-five years of age (74.5) and roughly eighty years of age for females (80.4). Alcohol-impaired driving deaths for Carroll County was at 27.8%.

TAB 10. It was recorded (2019) that forty-eight percent (48%) of Carroll County has access to exercise opportunities. There are 22.3% of the population that have diabetes and forty-five percent (45%) of women in Carroll County seek annual mammography screenings. Those who had a routine check-up more than 2 years prior with a PCP is 17.4%, and 32.2% of those who haven't seen a dentist in over 2 years.

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=320) provided the following community insights via an online perception survey:

- Using a Likert scale, 78.9% of Carroll County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Carroll County stakeholders are satisfied with some of the following services: Emergency Room, Eye Doctor / Optometrist, Inpatient Services, Outpatient Services, Pharmacy, Primary Care, and Visiting Specialists
- When considering past CHNA needs, the following topics came up as the most pressing: Behavioral / Mental Health, Drug / Substance Abuse, Affordable Care, Affordable Housing, Employment Opportunities, Obesity, Senior Care / Support, Health Insurance, Access to Healthy / Affordable Foods, and Poverty.

Carroll Co MO - CHNA Wave #4					
Past CHNAs Unmet Needs identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Drug / Substance Abuse	130	9.8%		2
2	Behavioral / Mental Health	121	9.1%		1
3	Obesity	108	8.1%		6
4	Employment Opportunities	95	7.1%		5
5	Poverty	92	6.9%		10
6	Affordable Care	90	6.8%		3
7	Senior Care / Support	84	6.3%		7
8	Affordable Housing	80	6.0%		4
9	Access to Affordable & Health Foods	77	5.8%		9
10	Child Care	72	5.4%		12
11	Alcohol Abuse	69	5.2%		14
12	Youth Support / Services	68	5.1%		11
13	Health Insurance	65	4.9%		8
14	Transportation	64	4.8%		13
15	Exercise / Fitness	48	3.6%		15
16	Social Support	41	3.1%		17
17	Safe Environment	27	2.0%		16
Total Votes		1331			

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.*).

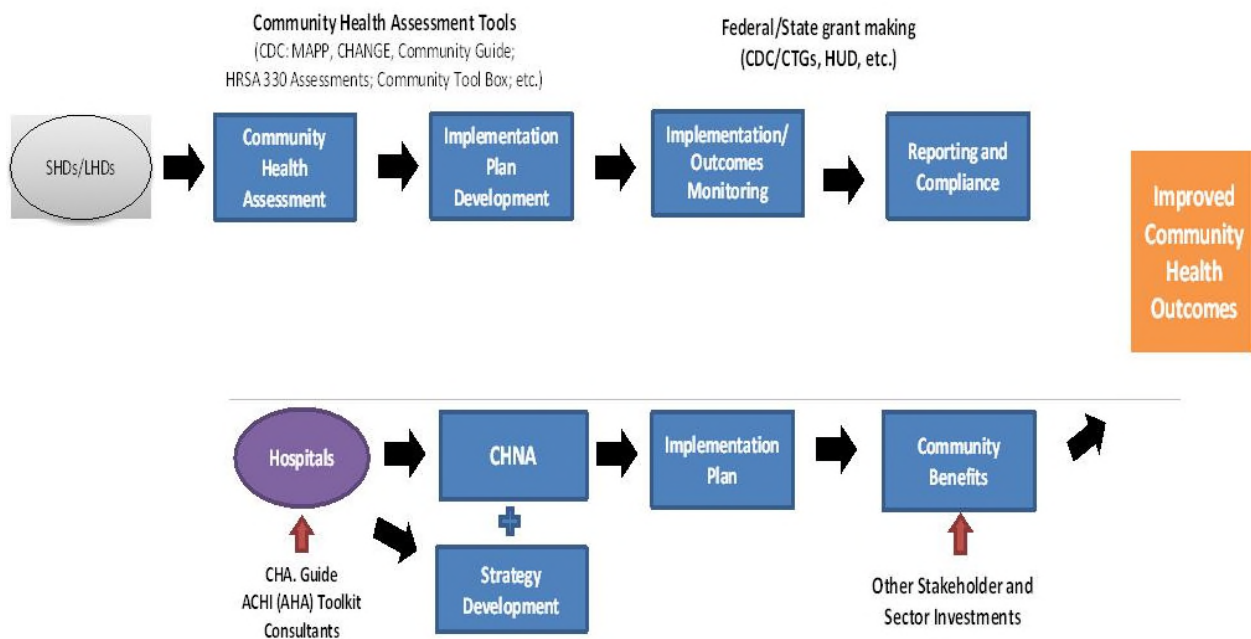
JOB #2: Making a CHNA Widely Available to the Public

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:

Carroll County Memorial Hospital Profile

1502 N. Jefferson Street, Carrollton, MO 64633
Chief Executive Officer: Scott Thoreson

History: On March 12, 1957, 51 Carroll County residents met at Ruth's restaurant with one primary goal in common. The goal was to establish a unified health care facility. On that date, Carroll County Memorial Hospital Association, a not for profit, non-tax supported corporation, was formed.

The first hospital board was comprised of the following citizens: Baker Browning, President; Robert M. Marshall Jr., 1st Vice President; H.E. (Homer) Dunham, 2nd Vice President; Travis Smith, Secretary; Ralph T. Haynes, Treasurer; C.R. (Bob) Lock; Christian F. Stipp; Louis Uhrig; Edith Furry; Alvin Reimer; Alvin Kaiser; Jack Jones; Leroy Colliver; and Ted Chrystie.

On September 20, 1965, Jack Tindle was employed as administrator. Mr. Tindle served as administrator of CCMH until his retirement in September 1998. At that time, Mr. Tindle had served a total of 33 years as administrator. Jerry Dover was employed to fulfill the role as Administrator and Chief Executive Officer where he served in this role until 2012. Jeff Tindle, the son of Jack Tindle, was announced as CEO in 2012 but has retired now with Scott Thoreson being appointed CEO July 2021. Today, CCMH is currently a 25 bed Critical Access Hospital with over 240 employees.

Mission Statement: CCMH is Dedicated to the Health and Well-being of All We Serve

Vision Statement: To be the premier healthcare destination

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

- Administration
- Admissions and Business services
- Cardiac Rehab
- Cardiopulmonary
- EKG
- Emergency Department
- Environmental Services
- Health Information
- Home Health
- Insurance Billing
- Jefferson Medical Group
- Laboratory
- Maintenance
- Nursing (Acute Care Services)
- Nutrition Services
- Outpatient Services
- Patient Advocate/Self-Pay Billing
- Pharmacy
- Pulmonary
- Radiology Services
- Rehabilitation Services
- Sleep Lab
- Surgical Services

Through the years we have helped generation after generation reach better health. Our organization has been striving to serve the needs of our region since we were established. We here at Carroll County Memorial Hospital are loyal to our community and will continue to strive for excellence in healthcare. Being part of the community has been an important goal throughout the years, and with your help and loyalty we can continue to provide health services that you can depend on.

Carroll County Health Department Profile

5 N Ely St, Carrollton, MO 64633
Administrator: Jennifer Link

Primary Focus: Provide health promotion, protection and prevention services to all people of the community by assessing health status and needs, developing policies and priorities, and assuring that the community has the information and resources needed to maximize the health of individuals.

Hours: Friday 8:00 am-12:00pm and 12:30pm-4:30pm (The first Wednesday of each month we are closed from 8:00-10:00 for Staff Meeting.) WIC is served on the first four Tuesdays and the 2nd, 3rd, and 4th Thursdays of each month (excluding holidays).

Services Available:

- Blood Pressure/Blood Sugar
- Family Planning through Green Hills F.P.
- General Public Home Visits
- Health Wellness Presentations
- HIV Testing
- Immunization/Flu Shots
- Infant Car Seat Program
- Lead Screenings
- Nursing Consultation to Day Care Providers
- Quarterly Blood Draw Clinics
- School Health Nursing
- Tuberculin Skin Testing
- Vital Records - Birth & Death Certificates
- WIC

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

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

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



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

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

Cassandra Kahl, BHS – Lead Consultant

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
 - Park University MHA (May 2021)
- Pharmacy Management (CVS) – 2 ½ years
- 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 2021 for Carroll County Memorial Hospital (CCMH) located in Carroll County, MO to meet Federal IRS CHNA requirements.

In early May 2021, a meeting was called by Carroll County Memorial Hospital 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 Carroll County Memorial Hospital CNO 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:

Carroll County Memorial Hospital - Define PSA					Inpatients			Outpatients		
Source: MHA - FFY 2018-20		65,889	Totals - IP/OP		315	326	339	22,216	21,836	20,857
Patient Zip Code	County	3YR TOT	%	Accum	FFY18	FFY19	FFY20	FFY18	FFY19	FFY20
64633-Carrollton, MO	Carroll	36,965	56.1%	56.1%	207	192	192	13,177	12,274	10,923
64668-Norborne, MO	Carroll	4,161	6.3%	62.4%	17	23	23	1323	1423	1352
64623-Bosworth, MO	Carroll	2,738	4.2%	66.6%	12	13	20	861	896	936
64622-Bogard, MO	Carroll	2,492	3.8%	70.4%	13	16	9	717	870	867
64643-Hale, MO	Carroll	2,375	3.6%	74.0%	10	7	15	800	715	828
64682-Tina, MO	Carroll	1,974	3.0%	77.0%	13	7	14	699	674	567
64639-De Witt, MO	Carroll	1,151	1.7%	78.7%	4	5	9	334	435	364
65236-Brunswick, MO	Chariton	1,600	2.4%	81.1%	4	10	11	531	515	529

© 2021 Hospital Industry Data Institute

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
Business Quick Facts
Centers for Medicare and Medicaid Services
CMS Hospital Compare, 10/1/2015-9/30/2016
County Health Rankings
Geography Quick Facts
Kansas Health Matters
Kansas Hospital Association (KHA)
People Quick Facts
U.S. Department of Agriculture - Food Environment Atlas
US Centers 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.

Carroll County Memorial Hospital			
VVV CHNA Wave #4 Work Plan - Year 2021			
Project Timeline & Roles - Working Draft as of 5/06/21			
Step	Timeframe	Lead	Task
1	April 2021	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	5/11/2021	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	5/12/2021	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	5/12/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	5/18/2021	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	May - June 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	5/25/2021	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 5/25/2021	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	6/1/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 7/1/2021 for Online Survey
10	7/9/2021	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	7/12/2021	VVV / Hosp	Prepare/send out PR #2 story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	8/4/2021	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Thursday, 8/12/2021	VVV	Conduct virtual CHNA Town Hall for Lunch 4:00 pm - 5:30 pm at the Carroll County Memorial Hospital Cafeteria . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 9/02/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 9/14/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	9/1/2021	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	TBD	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Overview of Town Hall Community Priority Setting Process

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


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

Carroll County, MO Town Hall was held on Thursday August 12th, 2021, onsite following COVID-19 safety requirements. Vince Vandehaar (MBA) and Cassandra Kahl (MHA) facilitated this 1½ hour session with 15 RSVP's and 13 attendees. (Note: a detail roster of Town Hall attendees is listed in Section V).

The following Town Hall agenda was conducted:

1. Welcome & Introductions!
2. Review Purpose for the CHNA Town Hall & Process Roles
3. Present / Review of Historical County Health Indicators (10 TABS) and Primary Online survey results.
4. Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (casting 3 votes on priority issues). Tally & rank top community health concerns cited.
6. Close meeting by reflecting on the health needs / community voting results. Inform participants on “next steps.”

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



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

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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Safe Table Seating Assignments

Carroll County, MO 2021 CHNA Town Hall - August 12th 4-5:30pm

#	Table	Last	First	Organization	Title
1	A	Remble-Williams	Misty	Carroll County Memorial Hospital	Social Worker/ Case Manager
2	A	Adams	Jeff	Edward Jones	Financial Advisor
3	A	Mertensmeyer	Wade	Bayer	Board Member
4	A	Smith	Suzanne	Health Care Collaborative of Rural MO	Chief Network Dev Officer
5	B	Richard	Toniann	Health Care Collaborative of Rural MO	CEO
6	B	Gilman	Cindy	Carroll County Memorial Hospital	CNO
7	B	Hauschner	Clint	Hale R-1 School	Superintendent
8	B	Lock	Matt	Lock Steel	Board Member
9	C	Singer	Amber	Hale R-1	RN
10	C	Criqui	Kenneth	St. Mary Catholic Church	pastor
11	C	Thoreson	Scott	Carroll County Memorial Hospital	CEO
12	C				
13	D	Link	Jennifer	Carroll County Health Department	Administrator
14	D	Brown	Kevin	Carroll County Trust Company	President
15	D	Smith	Becky	community member	
16	D	Smith		Carroll County Memorial Hospital	ER Director / Rep
17	E				
18	E				
19	E				
20	E				

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

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

3

I. Introduction: Who We Are
Background and Experience



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

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



Cassandra Kahl, BHS MHA– Lead Consultant
VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences (BHS)
 - Park University - MHA
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



*NOTE: Vince started VVV Consultants LLC on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003.

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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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I. Introductions: A Conversation with the Community & Stakeholders @ Town Hall

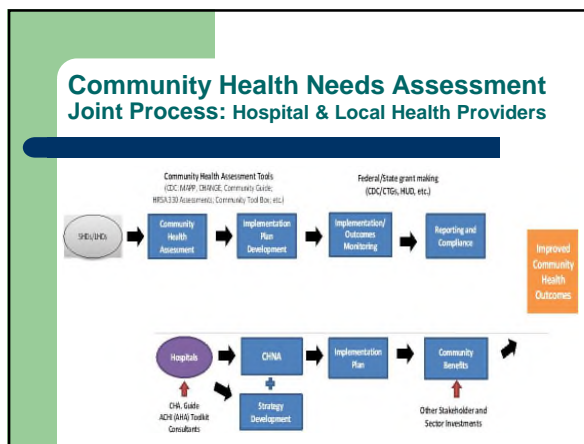
Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

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

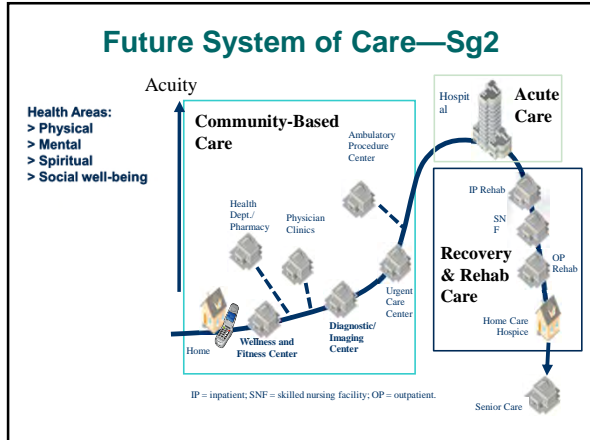
Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators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

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

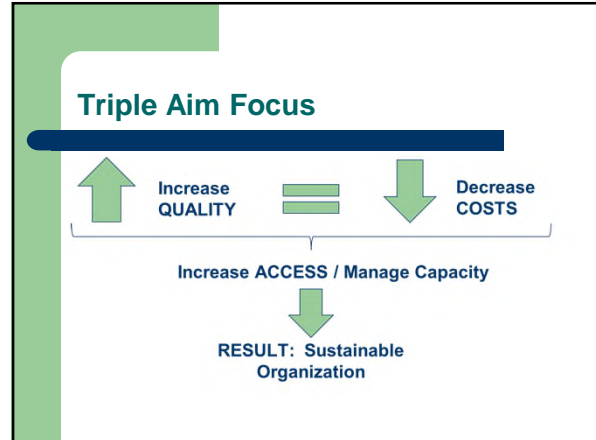
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II. IRS Hospital CHNA Written Report Documentation – Table of Contents

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

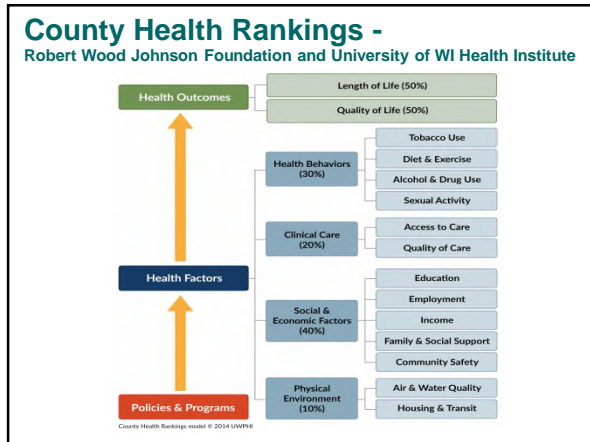
11

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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IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

14

Implementation Plan Development Meeting – Thursday Sept 2nd 11-12:30 AM

Hold the Date to Brainstorm Ideas to Address Carroll County 2021 Unmet Needs

Please RSVP – Coming Email

/

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Community Health Needs Assessment

Questions? Next Steps?

VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

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

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II. Methodology

d) Community Profile (A Description of Community Served)

Carroll Co Missouri Community Profile



The population of Carroll County MO was estimated to be 8,679 citizens in 2019 and had a -6.6% change in population from 2010–2019. The county covers 694.62 square miles. The county has an overall population density of 13.4 persons per square mile. The county is located in Northwestern Missouri and Health Care/Social Assistance, Agriculture and Manufacturing provide the most employment. The county was founded in 1833 and the county seat is Carrollton.

The major highway transportation for Carroll County MO is bisected north and south by U.S. Highway 65 and east and west by U.S. Highway 24 and Missouri Highway 10 and located midway between interstate 70 and U.S. Highway 36. BNSF and Norfolk and Southern Railroads both cross the county east to west, which allows for accessible transportation services.

Carroll County is located on the Missouri River with a commercial river port near in the eastern portion of the County, (Agri-Services of Brunswick West), with tributaries of the Grand River to the north and east.

Carroll County (MO) Community Profile

Carroll County MO Public Airport

Carrollton Memorial Airport
206 W. Washington Avenue
Carrollton, MO 64633

Schools in Carroll County: Public Schools

Adams Primary School	315 N Jefferson Carrollton, MO 64633	(660)542-2926	Grades K-1
Bosworth R-V School District	102 E Eldridge St. Bosworth, MO 64623	(660)534-7311	Grades K-12
Carrollton Elementary	207 E 9 th St Carrollton, MO 64633	(660)542-2535	Grades 2-4
Carrollton Senior High	300 E 9 th St Carrollton, MO 64633	(660)542-3472	Grades 5-12
Hale R-1 School District	518 Main Street, Hale, MO 64643	(660)565-2417	Grades K-12
Norborne R-VIII School District	405 Pirate Lane, Norborne, MO 64668	(660)593-3319	Grades K-12
Tina-Avalon R-II School District	11896 US-65 Tina, MO 64682	(660)622-4211	Grades K-12

<https://www.census.gov/quickfacts/fact/table/carrollcountymissouri/PST045219>
<https://censusreporter.org/profiles/05000US29033-carroll-county-mo/>
<https://www.carrollcomo.org/resources/at-a-glance.php>

Carroll 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
64622	Bogard	Carroll	606	580	-4.3%	246	236	2.5	\$29,947
64623	Bosworth	Carroll	537	509	-5.2%	229	217	2.3	\$28,958
64633	Carrollton	Carroll	4963	4791	-3.5%	2073	2003	2.4	\$27,479
64639	De Witt	Carroll	233	225	-3.4%	104	101	2.2	\$28,590
64643	Hale	Carroll	943	900	-4.6%	394	378	2.4	\$25,883
64668	Norborne	Carroll	1416	1377	-2.8%	607	591	2.3	\$33,833
64682	Tina	Carroll	340	327	-3.8%	130	125	2.6	\$25,996
Totals			9,038	8,709	-3.6%	3,783	3,651	2.4	\$28,669

ZIP	NAME	County	Population				Year 2020		Females
			Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
64622	Bogard	Carroll	606	120	162	79	326	280	72
64623	Bosworth	Carroll	537	106	134	64	269	268	62
64633	Carrollton	Carroll	4963	1137	1399	592	2,406	2557	602
64639	De Witt	Carroll	233	58	52	23	117	116	24
64643	Hale	Carroll	943	194	271	96	477	466	96
64668	Norborne	Carroll	1416	315	369	173	711	705	161
64682	Tina	Carroll	340	66	98	38	176	164	37
Totals			9,038	1,996	2,485	1,065	4,482	4,556	1,054

ZIP	NAME	County	Population 2020				Average Households 2020		
			Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
64622	Bogard	Carroll	595	1	1	13	\$52,082	246	133
64623	Bosworth	Carroll	522	3	2	7	\$52,444	229	124
64633	Carrollton	Carroll	4,720	124	5	99	\$41,474	2073	956
64639	De Witt	Carroll	225	3	0	2	\$57,460	104	68
64643	Hale	Carroll	916	2	6	6	\$53,859	394	230
64668	Norborne	Carroll	1,354	18	10	18	\$57,707	607	371
64682	Tina	Carroll	329	1	2	2	\$53,083	130	73
Totals			8,661	152	26	147	\$52,587	3,783	1,955

Source: ERSA Demographics

III. Community Health Status

[VVV Consultants LLC]

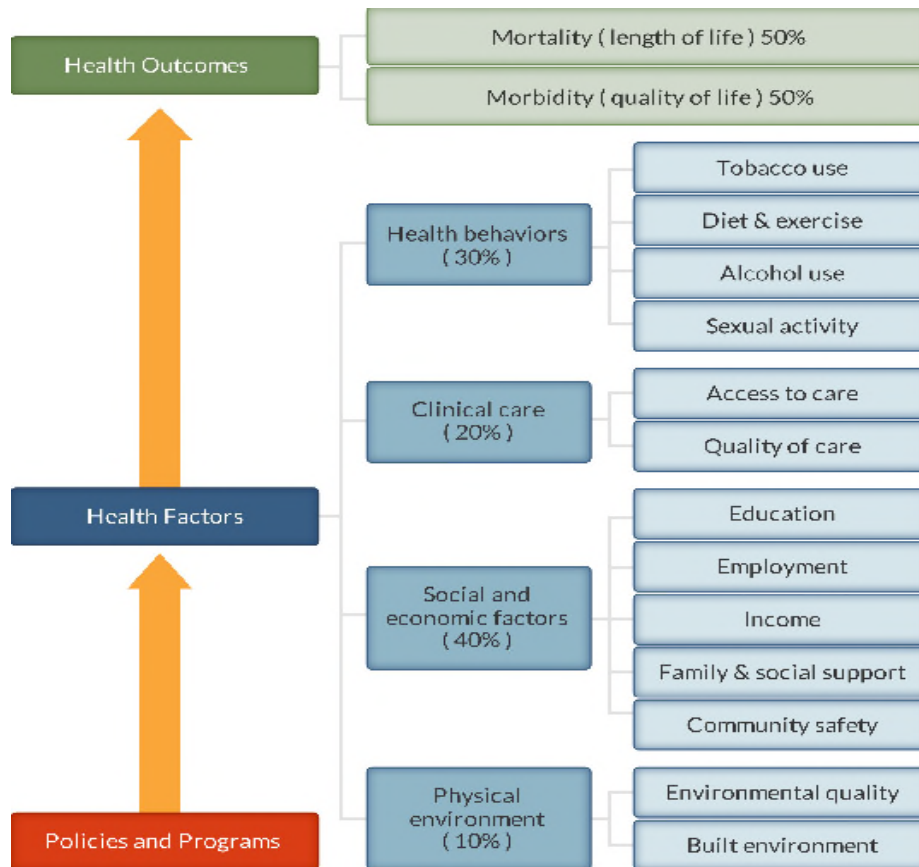
III. Community Health Status

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 2021 RWJ County Health Rankings and conversations from Town Hall participantes. 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 2021 RWJ Health Rankings:

#	2021 MO Rankings - 115 Counties	Definitions	Carroll Co MO	Trend	Rural 15 MO Norms
1	Health Outcomes		49		38
	Mortality	Length of Life	42		36
	Morbidity	Quality of Life	49		43
2	Health Factors		54		46
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	52		48
	Clinical Care	Access to care / Quality of Care	46		53
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	63		42
3	Physical Environment	Environmental quality	35		48
Rural 15 MO County Norms: Caldwell, Carroll, Chariton, Clinton, Cooper, Daviess, Dekalb, Howard, Johnson, Lafayette, Linn, Livingston, Pettis, Ray, Saline					
http://www.countyhealthrankings.org , released 2021					

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	Carroll Co. MO	Trend	MO State	Rural 15 MO Norm	Source
1a	a Population estimates, July 1, 2019, (V2019)	8,679		6,137,428	19,739	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-6.6%		2.5%	-2.2%	People Quick Facts
	c Population per square mile, 2015	13.4		87	32.9	People Quick Facts
	d Persons under 5 years, percent, July 1, 2019, (V2019)	5.1%		6.0%	5.8%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2019	22.1%		17.3%	19.2%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	51.5%		50.9%	49.6%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	95.9%		82.9%	93.1%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017, (V2017)	1.8%		11.8%	2.3%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	1.6%		4.4%	3.4%	People Quick Facts
	j Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	4.5%		6.3%	4.0%	People Quick Facts
	k Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	88.2%		84.8%	86.7%	People Quick Facts
	l Children in single-parent households, percent, 2019	25.2%		25.4%	20.2%	County Health Rankings
	m Total Veterans, 2015-2019	502		401,779	1,486	People Quick Facts

Tab 2: Economic Profile

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

Tab	Health Indicator	Carroll Co. MO	Trend	MO State	Rural 15 MO Norm	Source
2	a Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$25,715		\$30,810	\$25,050	People Quick Facts
	b Persons in poverty, percent, 2019	13.8%		12.9%	13.4%	People Quick Facts
	c Total Housing units, July 1, 2017, (V2017)	4,650		2,819,383	8,821	People Quick Facts
	d Total Persons per household, 2015-2019	2.5		2.5	2.5	People Quick Facts
	e Severe housing problems, percent, 2015-2019	9.9%		13.3%	11.4%	County Health Rankings
	f Total of All firms, 2012	613		491,606	1,579	People Quick Facts
	g Unemployment, percent, 2019	3.2%		3.3%	3.2%	County Health Rankings
	h Food insecurity, percent, 2019	13.6%		13.3%	12.5%	County Health Rankings
	i Limited access to healthy foods, percent, 2019	6.1%		6.8%	6.6%	County Health Rankings
	j Long commute - driving alone, percent, 2019	32.9%		32.4%	41.3%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Health Indicator	Carroll Co. MO	Trend	MO State	Rural 15 MO Norm	Source
3	a Children eligible for free or reduced price lunch, percent, 2019 (All Districts)	51.0%		50.2%	49.5%	County Health Rankings
	c High school graduate or higher, percent of persons age 25 years+, 2015-2019	85.8%		89.9%	88.3%	People Quick Facts
	d Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	16.7%		29.2%	19.3%	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	Carroll Co. MO	Trend	MO State	Rural 15 MO Norm	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2019	81.4%		74.1%	60.8%	MOPHIMS
	b Percentage of Preterm Births, 2015-2019	10.1%		10.5%	8.8%	MOPHIMS
	d Percent of Births with Low Birth Weight, 2015-2019	7.9%		8.7%	7.2%	MOPHIMS
	e Percent of WIC Infants- Ever Breastfed, percent, 2019	63.4%		73.5%	66.0%	MOPHIMS
	f Percent of all Births Occurring to Teens (15-17), 2015-2019	1.3%		1.4	1.4%	MOPHIMS
	g Percent of births Where Mother Smoked During Pregnancy, 2015-2019	18.0%		12.8%	16.8%	MOPHIMS

Tab 4: Maternal / Infant Profile (Continued)

Missouri Resident Births (MICA)				
County	2017	2018	2019	Trend
Carroll County, MO	80	90	89	
Rural 15 MO Norm	259	264	260	
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	Carroll Co. MO	Trend	MO State	Rural 15 MO Norm	Source
5 a	Primary care physicians (MD or DO) (Pop Coverage per County officed doctor), 2019	2914:1		1422:1	3693:1	County Health Rankings
b	Preventable hospital stays - Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees (lower the better), 2018.	4,928		4,638	4,845	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	80.0%		82.0%	69.3%	CMS Hospital Compare, 10/1/2015-9/30/2016
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	77.0%		73.0%	64.3%	CMS Hospital Compare, 10/1/2015-9/30/2016
e	Average Time Patients Spent in the ER. before seen by a HC Professional (in Minutes)	82		122	110	CMS Hospital Compare, 10/1/2015-9/30/2016

#	MO Hospital Assoc PO103	Total Carroll Co (MO) - Inpatients		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	1358	1301	1179
2	Total IP Discharges-Age 0-17 Ped	42	34	27
3	Total IP Discharges-Age 18-44	114	106	89
4	Total IP Discharges-Age 45-64	268	251	236
5	Total IP Discharges-Age 65-74	271	256	240
6	Total IP Discharges-Age 75+	361	369	339
7	Psychiatric	105	87	67
8	Obstetric	102	102	86
#	MO Hospital Assoc PO103	CCMH (IP Only)		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	276	263	282
	CCMH IP Share - Carroll Co Only	20.3%	20.2%	23.9%
2	Total IP Discharges-Age 0-17 Ped	3	2	2
3	Total IP Discharges-Age 18-44	19	24	26
4	Total IP Discharges-Age 45-64	48	57	61
5	Total IP Discharges-Age 65-74	67	59	74
6	Total IP Discharges-Age 75+	137	121	112
7	Psychiatric	2	0	7
8	Obstetric	0	0	0
#	MO Hospital Assoc OP TOT223E	FFY2018	FFY2019	FFY2020
1	CCMH ER Share - Carroll Co Only	84.6%	84.9%	81.5%
2	CCMH OpSRG Share - Carroll Co Only	77.0%	80.2%	78.7%
3	CCMH TOT OP Vsts Share - Carroll Co Only	82.2%	80.2%	77.3%

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Carroll Co. MO	Trend	MO State	Rural 15 MO Norm	Source
6	a Depression: Medicare Population, percent, 2019	14.9%		17.8%	14.9%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2019 (lower is better)	17.5		18.2	14.9	World Bank
	c Age-Adjusted Accident Mortality Rate per 100,000 population, 2019	64.8		61.0	50.7	World Bank
	d Poor mental health days, 2019	4.9		4.5	4.8	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	Carroll Co. MO	Trend	MO State	Rural 15 MO Norm	Source
7a	a Adult obesity, percent, 2019	32.9%		32.5%	34.9%	County Health Rankings
	b Adult smoking, percent, 2019	24.8%		20.1%	23.5%	County Health Rankings
	c Excessive drinking, percent, 2019	18.4%		20.5%	19.0%	County Health Rankings
	d Physical inactivity, percent, 2019	24.5%		25.5%	28.9%	County Health Rankings
	e Poor physical health days, 2019	4.7		4.2	4.6	County Health Rankings
	f Sexually transmitted infections (Chlamydia) , rates per 100,000, 2019	363.8		568.1	345.7	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Health Indicator	Carroll Co. MO	Trend	MO State	Rural 15 MO Norm	Source
7b	a Hypertension Prevalence (%) 65+: 2018	56.3%		59.9%	57.2%	CMS
	b Hyperlipidemia Prevalence (%) 65+: 2018	40.3%		47.5%	41.5%	CMS
	c Heart Failure: Medicare Population, 2018	13.1%		15.3%	14.8%	CMS
	d Chronic Kidney Disease: Medicare Population, 2018	17.7%		25.2%	20.7%	CMS
	e COPD: Medicare Population, 2018	9.6%		13.1%	12.7%	CMS
	f Atrial Fibrillation: Medicare Population, 2018	8.1%		9.9%	10.0%	CMS
	g Cancer: Medicare Population, 2018	7.3%		9.5%	8.6%	CMS
	h Osteoporosis: Medicare Population, 2018	5.9%		7.2%	5.4%	CMS
	i Asthma: Medicare Population, 2018	2.0%		3.9%	2.7%	CMS
	j Stroke: Medicare Population, 2018	2.5%		3.6%	3.2%	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	Carroll Co. MO	Trend	MO State	Rural 15 MO Norm	Source
8	a Uninsured, percent, 2019	12.8%		11.4%	12.7%	County Health Rankings

Source: Internal Hospital Records				
#	Carroll County Memorial Hospital	YR 2018	YR 2019	YR 2020
1	Charity Care (Free Care Given)	\$293,708	\$365,656	\$285,498
2	Bad Debt Writeoffs	\$1,949,412	\$925,269	\$749,698

Tab 9: Mortality Profile

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

Tab	Health Indicator	Carroll Co. MO	Trend	MO State	Rural 15 MO Norm	Source
9	a Life Expectancy for Males, 2014	74.5		74.9	75.5	World Bank
	b Life Expectancy for Females, 2014	80.4		80.1	80.0	World Bank
	c Alcohol-impaired driving deaths, percent, 2019	27.8%		27.1%	21.1%	County Health Rankings
	d COVID Vaccine - Total fully Vaccinated Percentage, 2021	33.1%		40.7%	28.9%	NY Times

Causes of Death by County of Residence, MO 2019	Carroll Co.	%	Trend	State of MO	%
TOTAL County	107	100%		62,155	100%
Diseases of heart	38	35.5%		14,959	24.1%
Malignant neoplasms	18	16.8%		12,836	20.7%
All other diseases	18	16.8%		10,304	16.6%
Chronic lower respiratory disease	8	7.5%		3,775	6.1%
Unintentional injuries	6	5.6%		3,930	6.3%
Trachea, bronchus, and lung (Malignant Neoplasms)	4	3.7%		3,465	5.6%

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	Carroll Co. MO	Trend	MO State	Rural 15 MO Norm	Source
10	a Access to exercise opportunities, percent, 2019	48.0%		76.7%	52.5%	County Health Rankings
	b Diabetes monitoring, percent, 2019	22.3%		11.4%	12.4%	County Health Rankings
	c Mammography screening, percent, 2019	45.0%		44.0%	39.3%	County Health Rankings
	d Last had a routine physical checkup more than 2 years ago with PCP, 2016 (Percent Prevalence)	17.4%		16.3%	17.4%	MO Department of Health and Senior Services, MO Co-Level Study (CLS)
	e Last visited a dentist more than 2 years ago (Percent Prevalence), 2016	32.2%		24.4%	29.1%	MO Department of Health and Senior Services, MO Co-Level Study (CLS)

PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for Carroll Co. MO.

Chart #1 – Carroll County, MO Online Feedback Response (N=330)

Carroll Co. MO - CHNA Wave #4			
For reporting purposes, are you involved in or are you a ...?	Carroll Co MO N=330	Trend	2021 Norms N=3662
Business / Merchant	19.3%		12.5%
Community Board Member	20.7%		9.9%
Case Manager / Discharge Planner	2.0%		0.9%
Clergy	2.7%		1.4%
College / University	1.3%		4.5%
Consumer Advocate	1.3%		2.0%
Dentist / Eye Doctor / Chiropractor	4.7%		1.0%
Elected Official - City/County	2.7%		2.9%
EMS / Emergency	2.7%		2.9%
Farmer / Rancher	26.0%		10.2%
Hospital / Health Dept	22.7%		24.2%
Housing / Builder	3.3%		1.1%
Insurance	1.3%		1.3%
Labor	8.0%		3.4%
Law Enforcement	2.0%		1.1%
Mental Health	5.3%		1.7%
Other Health Professional	12.7%		13.3%
Parent / Caregiver	22.0%		21.7%
Pharmacy / Clinic	2.7%		2.7%
Media (Paper/TV/Radio)	2.0%		0.5%
Senior Care	6.0%		4.6%
Teacher / School Admin	8.7%		10.7%
Veteran	12.7%		4.3%
Other (please specify)	22.7%		10.3%
TOTAL	150		2210
Norms: Carroll Co MO plus KS Counties. Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

Chart #2 - Quality of Healthcare Delivery Community Rating

Carroll Co MO - CHNA Wave #4			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Carroll Co MO N=330	Trend	2021 Norms N=3662
Top Box %	43.7%		31.5%
Top 2 Boxes %	78.9%		74.4%
Very Good	43.7%		31.5%
Good	35.3%		42.9%
Average	15.5%		20.3%
Poor	4.6%		4.0%
Very Poor	0.9%		1.3%
Valid N	323		3,637
Norms: Carroll Co MO plus KS Counties. Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

Chart #3 – Overall Community Health Quality Trend

Carroll Co MO - CHNA Wave #4			
When considering "overall community health quality", is it...	Carroll Co MO N=330	Trend	2021 Norms N=3662
Increasing - moving up	66.3%		48.2%
Not really changing much	29.0%		44.1%
Decreasing - slipping	4.7%		7.7%
Valid N	300		3257
Norms: Carroll Co MO plus KS Counties. Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

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

Carroll Co MO - CHNA Wave #4					
Past CHNAs Unmet Needs identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Drug / Substance Abuse	130	9.8%		2
2	Behavioral / Mental Health	121	9.1%		1
3	Obesity	108	8.1%		6
4	Employment Opportunities	95	7.1%		5
5	Poverty	92	6.9%		10
6	Affordable Care	90	6.8%		3
7	Senior Care / Support	84	6.3%		7
8	Affordable Housing	80	6.0%		4
9	Access to Affordable & Health Foods	77	5.8%		9
10	Child Care	72	5.4%		12
11	Alcohol Abuse	69	5.2%		14
12	Youth Support / Services	68	5.1%		11
13	Health Insurance	65	4.9%		8
14	Transportation	64	4.8%		13
15	Exercise / Fitness	48	3.6%		15
16	Social Support	41	3.1%		17
17	Safe Environment	27	2.0%		16
Totsl Votes		1331			

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

Carroll Co MO - CHNA Wave #4			
In your opinion, what are the root causes of "poor health" in our community?	Carroll Co MO N=330	Trend	2021 Norms N=3662
Lack of health insurance	15.8%	Red	16.5%
Limited Access to Mental Health Assistance	15.3%	Red	20.4%
Neglect	14.7%	Red	12.2%
Lack of health & Wellness Education	12.1%	Yellow	14.4%
Chronic disease prevention	16.0%	Red	11.6%
Family assistance programs	5.1%	White	7.4%
Lack of Nutrition / Exercise Services	8.8%	Yellow	12.6%
Limited Access to Specialty Care	6.4%	White	9.3%
Limited Access to Primary Care	5.7%	White	6.2%
Total Votes	544		5,131
Norms: Carroll Co MO plus KS Counties.. Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

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

Carroll Co. MO- CHNA Wave #4	Carroll Co MO N=330		Trend	2021 Norms N=3662	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
Ambulance Services	39.1%	29.8%	Red	78.1%	7.4%
Child Care	55.6%	9.3%	Yellow	44.2%	14.9%
Chiropractors	60.9%	9.8%	Yellow	69.7%	5.6%
Dentists	78.4%	5.4%	Yellow	72.7%	10.4%
Emergency Room	83.4%	3.1%	Green	75.5%	7.9%
Eye Doctor/Optomtrist	79.2%	3.6%	Green	77.5%	6.4%
Family Planning Services	44.1%	14.2%	Red	41.5%	15.6%
Home Health	69.1%	6.9%	Yellow	53.8%	10.1%
Hospice	67.5%	6.4%	Yellow	61.6%	9.3%
Telehealth	56.2%	8.0%	Yellow	53.3%	9.7%
Inpatient Services	81.9%	3.2%	Green	80.7%	4.9%
Mental Health	35.1%	22.3%	Red	30.9%	32.4%
Nursing Home/Senior Living	49.8%	12.4%	Red	64.6%	9.6%
Outpatient Services	80.8%	4.7%	Green	77.3%	4.4%
Pharmacy	92.2%	1.8%	Green	88.6%	2.4%
Primary Care	81.3%	3.3%	Green	79.6%	5.0%
Public Health	62.6%	6.3%	Yellow	65.9%	7.0%
School Health	70.6%	5.5%	Yellow	67.4%	6.2%
Visiting Specialists	78.7%	4.3%	Green	67.5%	8.8%
Walk- In Clinic	54.5%	20.1%	Red	57.5%	19.5%
Norms: Carroll Co MO plus KS Counties.. Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell					

Chart #7 – Community Health Readiness

Carroll Co. MO - CHNA Wave #4		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Carroll Co MO N=330	Trend	2021 Norms N=3662
Behavioral / Mental Health	24.9%		30.3%
Emergency Preparedness	8.4%		8.3%
Food and Nutrition Services/Education	12.7%		14.9%
Health Screenings (as asthma, hearing, vision, scoliosis)	10.6%		9.9%
Prenatal/Child Health Programs	12.0%		10.5%
Substance Use/Prevention	30.3%		34.1%
Suicide Prevention	36.0%		36.1%
Violence Prevention	31.0%		32.4%
Women's Wellness Programs	12.7%		15.8%
Norms: Carroll Co MO plus KS Counties.. Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

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

Specialties:

Carroll Co MO - CHNA Wave #4			
In the past 2 years, did you or someone you know receive HC outside of our community?	Carroll Co MO N=330	Trend	2021 Norms N=3662
Yes	63.5%		73.2%
No	36.5%		26.8%
Valid N	211		2,221
Norms: Carroll Co MO plus KS Counties.. Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

Specialty	Total
CARD	7
ORTH	6
SURG	6
SPEC	5
VETS	5
FEM	4
MAMO	4
DERM	3
PRIM	3

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

Carroll Co MO - CHNA Wave #4			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Carroll Co MO N=330	Trend	2021 Norms N=3662
Yes	78.3%		63.8%
No	21.7%		36.2%
Valid N	207		2064
Norms: Carroll Co MO plus KS Counties.. Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

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

Carroll Co MO - CHNA Wave #4			
What needs to be discussed further at our CHNA Town Hall meeting?	Carroll Co MO N=330	Trend	2021 Norms N=3662
Abuse/Violence	4.4%	Yellow	4.2%
Alcohol	4.0%	Yellow	4.6%
Alternative Medicine	3.5%	Yellow	3.6%
Breast Feeding Friendly Workplace	1.0%	White	1.1%
Cancer	3.4%	Yellow	2.7%
Care Coordination	1.9%	White	2.5%
Diabetes	4.2%	Yellow	2.9%
Drugs/Substance Abuse	7.9%	Red	6.6%
Family Planning	2.7%	White	1.9%
Heart Disease	2.6%	White	1.9%
Lack of Providers/Qualified Staff	1.9%	White	3.9%
Lead Exposure	1.0%	White	0.4%
Mental Illness	7.9%	Red	9.0%
Neglect	2.7%	White	2.5%
Nutrition	3.3%	Yellow	3.9%
Obesity	6.0%	Red	6.1%
Occupational Medicine	0.7%	White	0.6%
Ozone (Air)	0.5%	White	0.6%
Physical Exercise	3.5%	Yellow	4.0%
Poverty	4.6%	Yellow	4.7%
Preventative Health / Wellness	4.2%	Yellow	4.7%
Respiratory Disease	0.0%	White	0.1%
Sexually Transmitted Diseases	1.7%	White	1.4%
Smoke-Free Workplace	0.0%	White	0.1%
Suicide	7.1%	Red	7.1%
Teen Pregnancy	3.1%	Yellow	2.0%
Telehealth	1.4%	White	2.4%
Tobacco Use	2.8%	White	2.3%
Transporation	3.2%	Yellow	2.4%
Vaccinations	3.9%	Yellow	3.4%
Water Quality	2.1%	White	2.3%
Health Literacy	2.2%	White	2.7%
Other (please specify)	0.7%	White	1.8%
TOTAL Votes	1078		9,745
Norms: Carroll Co MO plus KS Counties. Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - Carroll Co, MO YR 2021				
Cat	HC Services Offered in County: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	Yes	No	No
Hosp	Alzheimer Center	No	No	No
Hosp	Ambulatory Surgery Centers	No	No	No
Hosp	Arthritis Treatment Center	Yes	No	No
Hosp	Bariatric / Weight Control Services	No	No	No
Hosp	Birthing / LDR / LDRP Room	No	No	No
Hosp	Breast Cancer	Yes	No	No
Hosp	Burn Care	No	No	No
Hosp	Cardiac Rehabilitation	Yes	No	No
Hosp	Cardiac Surgery	No	No	No
Hosp	Cardiology Services	yes	No	No
Hosp	Case Management	Yes	No	No
Hosp	Chaplaincy / Pastoral Care Services	yes	No	Yes
Hosp	Chemotherapy	yes	No	No
Hosp	Colonoscopy	Yes	No	No
Hosp	Crisis Prevention	No	No	No
Hosp	CT Scanner	Yes	No	No
Hosp	Diagnostic Radioisotope Facility	Yes	No	No
Hosp	Diagnostic / Invasive Catheterization	No	No	No
Hosp	Electron Beam Computed Tomography (EBCT)	No	No	No
Hosp	Enrollment Assistance Services	Yes	No	No
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	Yes	No	No
Hosp	Fertility Clinic	No	No	No
Hosp	FullField Digital Mammography (FFDM)	Yes	No	No
Hosp	Genetic Testing / Counseling	No	No	No
Hosp	Geriatric Services	Yes	No	yes
Hosp	Heart	yes	No	No
Hosp	Hemodialysis	No	No	No
Hosp	HIV / AIDSServices	No	Yes	No
Hosp	Image-Guided Radiation Therapy (IGRT)	No	No	No
Hosp	Inpatient Acute Care - Hospital Services	Yes	No	No
Hosp	Intensity - Modulated Radiation Therapy (IMRT) 16'	No	No	No
Hosp	Intensive Care Unit	No	No	No
Hosp	Intermediate Care Unit	Yes	No	No
Hosp	Interventional Cardiac Catheterization	No	No	No
Hosp	Isolation room	yes	No	No
Hosp	Kidney	No	No	No
Hosp	Liver	No	No	No
Hosp	Lung	yes	No	No
Hosp	Magnetic Resonance Imaging (MRI)	Yes	No	No
Hosp	Mammograms	Yes	No	No
Hosp	Mobile Health Services	yes	No	No
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	No	No	No
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	Yes	No	No
Hosp	Neonatal	No	No	No
Hosp	Neurological Services	yes	No	No
Hosp	Obstetrics	No	No	No
Hosp	Occupational Health Services	Yes	No	No
Hosp	Oncology Services	yes	No	No
Hosp	Orthopedic Services	Yes	No	No
Hosp	Outpatient Surgery	yes	No	No
Hosp	Pain Management	Yes	No	No
Hosp	Palliative Care Program	No	No	No
Hosp	Pediatric	No	No	No

Inventory of Health Services - Carroll Co, MO YR 2021				
Cat	HC Services Offered in County: Yes / No	Hospital	Health Dept	Other
Hosp	Physical Rehabilitation	Yes	No	No
Hosp	Positron Emission Tomography (PET)	yes	No	No
Hosp	Positron Emission Tomography / CT (PET/CT)	Yes	No	No
Hosp	Psychiatric Services	yes	No	yes
Hosp	Radiology, Diagnostic	Yes	No	No
Hosp	Radiology, Therapeutic	No	No	No
Hosp	Reproductive Health	No	No	No
Hosp	Robotic Surgery	No	No	No
Hosp	Shaped Beam Radiation System 161	No	No	No
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No	No	No
Hosp	Sleep Center	Yes	No	No
Hosp	Social Work Services	Yes	No	yes
Hosp	Sports Medicine	yes	No	No
Hosp	Stereotactic Radiosurgery	No	No	No
Hosp	Swing Bed Services	Yes	No	No
Hosp	Transplant Services	No	No	No
Hosp	Trauma Center	No	No	No
Hosp	Ultrasound	Yes	No	No
Hosp	Women's Health Services	Yes	No	No
Hosp	Wound Care	Yes	No	No
SR	Adult Day Care Program	No	No	yes
SR	Assisted Living	No	No	No
SR	Home Health Services	yes	No	Yes
SR	Hospice	No	No	Yes
SR	LongTerm Care	no	No	Yes
SR	Nursing Home Services	Yes	No	Yes
SR	Retirement Housing	No	No	Yes
SR	Skilled Nursing Care	Yes	No	Yes
ER	Emergency Services	Yes	No	No
ER	Urgent Care Center	no	No	No
ER	Ambulance Services	No	No	Yes
SERV	Alcoholism - Drug Abuse	No	No	yes
SERV	Blood Donor Center	No	No	No
SERV	Chiropractic Services	No	No	Yes
SERV	Complementary Medicine Services	Yes	No	No
SERV	Dental Services	No	No	Yes
SERV	Fitness Center	Yes	No	Yes
SERV	Health Education Classes	Yes	yes	Yes
SERV	Health Fair (Annual)	no	No	No
SERV	Health Information Center	Yes	Yes	No
SERV	Health Screenings	Yes	Yes	Yes
SERV	Meals on Wheels	Yes	No	No
SERV	Nutrition Programs	Yes	No	Yes
SERV	Patient Education Center	Yes	Yes	No
SERV	Support Groups	No	No	Yes
SERV	Teen Outreach Services	No	No	Yes
SERV	Tobacco Treatment / Cessation Program	Yes	No	No
SERV	Transportation to Health Facilities	No	No	Yes
SERV	Wellness Program	Yes	Yes	No

YR 2021 Physician Manpower - Carroll Co, MO			
Number of FTE Providers	Supply Working in County		
	MD/DO County Based	Visiting Providers	PA/NP County Based
Primary Care:			
Family Practice	3		5
Hospitalist	4		
Medicine Specialists:			
Cardiology		0.6	
Neurology			
Behavioral Health	1	0.1	
Pulmonary		0.2	
Rheumatology	1	0.1	
Allergy/Asthma		0.05	
Audiology		0.15	
Gastroenterology		1	
Hematology/Oncology		0.2	
Nephrology		0.1	
Sleep Studies		0.2	
Surgery Specialists:			
General Surgery		1.2	
Neurosurgery		0.1	
Orthopedics		1.2	
Otolaryngology (ENT)		0.1	
Urology		0.05	
Vascular		0.05	
Hospital Based:			
Anesthesia/Pain		0.4	
Emergency			1
Radiology			
Pathology			
Podiatry	1	0.4	
Others			
Eye Doctors			
Dentists			
Chiro			
TOTALS	10.0	6.2	6.0

Visiting Specialists to Carroll Co Memorial Hospital - YR 2021						240
Specialty	Physician Name	Group	Office Location	Schedule	# of Days Yearly	Calc FTE
Allergy & Asthma	Dr. Jim Sterner	Kansas City Allergy and Asthma Associates, P.A.	Kansas City	First Monday	12	0.05
Audiology	Dr. Sara Gabriel	Professional Hearing Center (Ascentist Physicians Group LLC)	Belton/Liberty, MO	Every Friday	52	0.22
Behavioral Health	Dr. Kristin Parkinson	Columbia Psychiatry	Columbia, MO	1st, 3rd & 5th Fridays	26	0.11
Cardiology	Dr. Karl Akin	Midwest Heart and Vascular Specialists, HCA Midwest Health	Overland Park, KS	Wednesdays	16	0.07
Cardiology	Dr. Paul Chu	Midwest Heart and Vascular Specialists, HCA Midwest Health	Overland Park, KS	Wednesdays	16	0.07
Cardiology	Dr. Sarat Pachalla	Midwest Heart and Vascular Specialists, HCA Midwest Health	Overland Park, KS	Wednesdays	16	0.07
ENT	Dr. John C. Ellis	Ascentist Ear, Nose & Throat	Leawood, KS	1st, 3rd & 5th Fridays	24	0.10
Gastroenterology	Dr. Kelsey Able	Consultants in Gastroenterology, P.C.	Kansas City	Thursdays	9	0.04
Gastroenterology	Dr. Jonathan Hortwitz	Consultants in Gastroenterology, P.C.	Kansas City	Thursdays	9	0.04
Gastroenterology	Dr. Thomas Jones	Consultants in Gastroenterology, P.C.	Kansas City	Thursdays	9	0.04
Gastroenterology	Dr. Samuel Schowengerdt	Consultants in Gastroenterology, P.C.	Kansas City	Thursdays	9	0.04
Gastroenterology	Dr. Thomas Shireman	Consultants in Gastroenterology, P.C.	Kansas City	Thursdays	9	0.04
Hematology/Oncology	Dr. Nicholas Shuler	Mid-America Cancer Care	Kansas City	Tuesdays	52	0.22
Pain Management	Dr. Dennison Hamilton	Dennison R. Hamilton Orthopedic Pain Management	Kansas City	1st, 2nd, 3rd & 5th Wednesdays, and 2nd Tuesdays	48	0.20
Pain Management	Dr. Bradford Noble	Noble Pain Management	Columbia, MO	Once a month	12	0.05
Neurology	Dr. Muhammad Shoab	Shoab Neurological Services, PLLC	Liberty, MO	Three times a month	36	0.15
Orthopedic	Dr. Greg Hubbard	Carroll County Memorial Hospital	Carrollton, MO	Mondays, Tuesdays, Thursdays	144	0.60
Orthopedic	Dr. John Eggers	Orthopedic Health of Kansas City	Kansas City	4th Monday	12	0.05
Podiatry	Dr. Ryan Frank	Heartland Podiatry, P.C.	Lees Summit, MO	Tuesdays	52	0.22
Podiatry	Dr. Eric James	Hedrick Medical Center	Chillicothe, MO	2nd & 4th Monday	24	0.10
Pulmonology	Dr. Scott Eveloff	Menorah Medical Center	Leawood, KS	Thursdays	52	0.22
Rheumatology	Dr. Emily Larson	Mosaic Life Care	St. Joseph	Twice a month	24	0.10
General Surgery	Dr. Jeremy Stayton	Carroll County Memorial Hospital	Carrollton, MO	Mondays, Thursdays	24	0.10
General Surgery	Dr. Daniel Mrosak	Ray County Memorial Hospital	Richmond, MO	Tuesdays	52	0.22
Tele-Nephrology	Dr. Kunal Malhotra	University of Missouri Nephrology	Columbia, MO	Mondays	52	0.22
Urology	Dr. Bradley Moore	Phoenix Urology	St. Joseph	Twice a month	24	0.10
Vascular	Dr. James Foster	Kansas City Vascular and General Surgery	Overland Park, KS	1st Monday	12	0.05
Wound Care	Dr. Andy Horine	Jefferson Medical Group	Carrollton, MO			
TOTALS						3.45

Carroll County Missouri Resource **Guide 2021**

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

Carroll County Sheriff's Office	660-542-2200
Carrollton Fire Department	660-542-2178
Carroll County Ambulance	660-542-1808

Municipal Non-Emergency Numbers

	<u>Police</u>	<u>Fire</u>
Bogard		660-731-5722
Bosworth		660-534-7747
Carrollton	660-542-3128	660-542-2178
De Witt		660-549-3481
Hale	660-565-2340	660-565-2992
Norborne	660-593-3737	660-593-2775
Tina		660-622-4555

County Officials

Sheriff Jewell McCoy
106 S. Folger
Carrollton, MO 64633
660-542-2200

Carrollton Chief of Police
Chris Looney
1320 US-65
Carrollton, MO 64633
660-542-3128

Carroll County Public Administrator
Linda Leabo
8 S. Main St
Carrollton, MO 64633
660-542-3276

Circuit Clerk
Janet Horine
660-542-1466

Prosecuting Attorney
Cassandra Brown
660-542-0323

Chief Juvenile Officer
Charity Richey
660-542-0780

Rural Development- Chillicothe
660-646-6222

Vocational Rehabilitation
660-530-5660

Probation and Parole
Karoleen Harris
660-542-0125

Churches

Carrollton United Methodist Church
660-542-0277

First Baptist Church
660-542-3006

First Christian Church
660-542-0247

Immanuel Lutheran Church
660-542-2064

Southside Baptist Church
660-542-3164

St. Mary's Catholic Church
660-542-1259

First Assembly of God
660-542-1741

First Presbyterian Church
816-542-3210

Virginia Street Baptist Church
816-542-0367

Public/Social Services Resources

Missouri Valley Human Resource
16 S. Folger St.
Carrollton, MO 64633
660-542-0418

Carrollton Public Library
1 N Folger St.
Carrollton, MO 64633
660-542-0183

Carrollton Area Career Center
305 E. 10th St.
Carrollton, MO 64633
660-542-0000

Opportunity Enterprises Inc.
908 E. Bolen Ave.
Carrollton, MO 64633
660-542-1401

Carrollton DMV
1 S Main St.
Carrollton, MO 64633
660-542-2889

Carroll County Family Support Division
660-542-0656

Help Services
12 S. Monroe St.
Carrollton, MO 64633
660-542-0321

Food Distribution Center
H.E.L.P. Services
14 W Washington Ave
Carrollton, MO 64633
660-542-0321

Hospital

Carroll County Memorial Hospital
1502 N. Jefferson St.
Carrollton, MO 64633
660-542-1695

County Health Department

Carroll County Health Department
5 N Ely St,
Carrollton, MO 64633
660-542-3247

Health Services

Jefferson Medical Group
1403 N Jefferson St.
Carrollton, MO 64633
660-542-1695

Care Connection
106 West Young P.O. Box 1078
Warrensburg, MO 64093
660-747-3107

Burrell Behavioral health
305 N. Mason St.
Carrollton, MO 64633
660-542-1403
www.burrellcenter.com

IHS Providers

Advantage Nursing Services, Inc.
866-383-3535

Help at Home, Inc.
816-756-1111

Pyramid Homemaker Services, Inc.
800-430-2975

Tiffany Care Centers, Inc.
660-258-2360

CDS Providers

Access II independent Living Center
660-663-2423

Blue Skies home Care LLC
816-662-2583

Quality Care of Preston, LLC
417-345-4707

Rural Advocates for Independent Living
660-627-7245

Tri-County Group XV, Inc.
800-430-2975

Housing/Facilities

Carroll House
307 Grand Ave.,
Carrollton, MO 64633
660-542-1599

Carrollton Housing Authority
107 N. Monroe St.,
Carrollton, MO 64633
660-542-3787

Life Care Center of Carrollton,
300 Lifecare Ln,
Carrollton, MO 64633
660-542-0155

Five Acres Group Home
1410 N. Main St.,
Carrollton,
660-542-2700

Spring Manor Group Home and
Apartments
212 Spring St.
Carrollton, MO 64633
660-542-0086

Meadow Ridge Apartments
1108 E. 10th St.,
Carrollton, MO 64633
660-542-1100

Jefferson Park Apartments
1 Jefferson Park Dr.,
Carrollton, MO 64633
660-542-1311

State of Missouri Contacts

Consumer Protection Hotline
1-800-392-8222

Experience Works
1-866-976-5939

Legal Aid
800-892-2943

Medicaid Fraud Hotline:
1-800-286-3932

Attorney General
573-751-3321

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Inpatient Origin Reports

HIDI - Inpatient Origin by County

Federal Fiscal Year - 2020

Hospital Name	Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Newborn		Obstetric		Psychiatric		Total Cases	Total %	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%			
Carroll County Memorial Hospital - Carrollton, MO	2	0.7%	26	9.2%	61	21.6%	74	26.2%	112	39.7%		0.0%		0.0%	7	2.5%	282	100%	
North Kansas City Hospital - North Kansas City, MO		0.0%	6	3.8%	31	19.5%	43	27.0%	64	40.3%	6	3.8%	7	4.4%	2	1.3%	159	100%	
Centerpoint Medical Center - Independence, MO		0.0%	17	14.2%	38	31.7%	31	25.8%	27	22.5%	2	1.7%	3	2.5%	2	1.7%	120	100%	
University of Missouri Health Care - Columbia, MO	7	8.6%	6	7.4%	23	28.4%	10	12.3%	14	17.3%	10	12.3%	10	12.3%	1	1.2%	81	100%	
Fitzgibbon Hospital - Marshall, MO		0.0%	4	5.3%	6	7.9%	1	1.3%	9	11.8%	29	38.2%	27	35.5%		0.0%	76	100%	
Hedrick Medical Center - Chillicothe, MO		0.0%	1	1.6%	2	3.3%	3	4.9%	18	29.5%	18	29.5%	18	29.5%	1	1.6%	61	100%	
Saint Luke's Hospital of Kansas City - Kansas City, MO		0.0%	5	8.8%	14	24.6%	11	19.3%	16	28.1%	7	12.3%	4	7.0%		0.0%	57	100%	
Liberty Hospital - Liberty, MO		0.0%	4	7.5%	3	5.7%	5	9.4%	17	32.1%	12	22.6%	12	22.6%		0.0%	53	100%	
Research Medical Center - Kansas City, MO		0.0%	4	8.9%	10	22.2%	10	22.2%	13	28.9%		0.0%		0.0%	8	17.8%	45	100%	
The University of Kansas Health System - Kansas City, KS		0.0%	2	5.9%	8	23.5%	18	52.9%	2	5.9%	1	2.9%	1	2.9%	2	5.9%	34	100%	
Boone Hospital Center - Columbia, MO		0.0%	1	3.6%	7	25.0%	10	35.7%	10	35.7%		0.0%		0.0%		0.0%	28	100%	
Ray County Memorial Hospital - Richmond, MO		0.0%	2	7.4%	5	18.5%	6	22.2%	14	51.9%		0.0%		0.0%		0.0%	27	100%	
Children's Mercy Kansas City - Kansas City, MO	12	80.0%		0.0%		0.0%		0.0%		0.0%	3	20.0%		0.0%		0.0%	15	100%	
Saint Luke's North Hospital - Barry Road - Kansas City, MO		0.0%	1	7.1%	2	14.3%	1	7.1%	10	71.4%		0.0%		0.0%		0.0%	14	100%	
Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO		0.0%	0.0%	2	16.7%	4	33.3%	1	8.3%	1	8.3%	1	8.3%	3	25.0%	3	25.0%	12	100%
Saint Luke's East Hospital - Lees Summit, MO		0.0%	1	10.0%	3	30.0%	2	20.0%	1	10.0%	1	10.0%	2	20.0%		0.0%	10	100%	
Royal Oaks Hospital - Windsor, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	10	100.0%	10	100%	
Menorah Medical Center - Overland Park, KS		0.0%	5	55.6%	3	33.3%		0.0%	1	11.1%		0.0%		0.0%		0.0%	9	100%	
Saint Luke's North Hospital - Smithville - Smithville, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	9	100.0%	9	100%	
Children's Mercy Hospital Kansas - Overland Park, KS	6	100.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	6	100%	
Saint Luke's South Hospital - Overland Park, KS		0.0%		0.0%	2	40.0%	2	40.0%	1	20.0%		0.0%		0.0%		0.0%	5	100%	
Truman Medical Center Hospital Hill - Kansas City, MO		0.0%		0.0%	4	80.0%		0.0%		0.0%	1	20.0%		0.0%		0.0%	5	100%	
Cameron Regional Medical Center Inc. - Cameron, MO		0.0%		0.0%		0.0%	1	20.0%	3	60.0%	1	20.0%		0.0%		0.0%	5	100%	
Bothwell Regional Health Center - Sedalia, MO		0.0%		0.0%		0.0%		0.0%	2	50.0%	1	25.0%	1	25.0%		0.0%	4	100%	
Heartland Behavioral Health Services - Nevada, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	4	100.0%	4	100%	
CenterPointe Hospital of Columbia - Columbia, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	4	100.0%	4	100%	
Overland Park Regional Medical Center - Overland Park, KS		0.0%	1	25.0%	1	25.0%	1	25.0%		0.0%	1	25.0%		0.0%		0.0%	4	100%	
Lee's Summit Medical Center - Lees Summit, MO		0.0%		0.0%	2	66.7%		0.0%	1	33.3%		0.0%		0.0%		0.0%	3	100%	
Mercy Hospital Springfield - Springfield, MO		0.0%	1	33.3%		0.0%		0.0%	2	66.7%		0.0%		0.0%		0.0%	3	100%	
Barnes-Jewish Hospital - St. Louis, MO		0.0%		0.0%	2	66.7%		0.0%	1	33.3%		0.0%		0.0%		0.0%	3	100%	
Lafayette Regional Health Center - Lexington, MO		0.0%	1	33.3%		0.0%	1	33.3%		0.0%		0.0%		0.0%	1	33.3%	3	100%	
Moberly Regional Medical Center - Moberly, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	3	100.0%	3	100%	
Nevada Regional Medical Center - Nevada, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	100.0%	2	100%	
St. Mary's Medical Center - Blue Springs, MO		0.0%		0.0%	2	100.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	100%	
Excelsior Springs Hospital - Excelsior Springs, MO		0.0%		0.0%	1	50.0%	1	50.0%		0.0%		0.0%		0.0%		0.0%	2	100%	
Landmark Hospital of Columbia - Columbia, MO		0.0%		0.0%	1	50.0%	1	50.0%		0.0%		0.0%		0.0%		0.0%	2	100%	
Long-Term Acute Care Hospital, Mosaic Life Care at St. Joseph - St. Joseph, MO		0.0%		0.0%		0.0%	2	100.0%		0.0%		0.0%		0.0%		0.0%	2	100%	
Crittenton - Kansas City, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	100.0%	2	100%	
Mosaic Medical Center - Maryville - Maryville, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	100.0%	2	100%	
Osage Beach Center for Cognitive Disorders - Osage Beach, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100.0%	1	100%	
Cass Regional Medical Center - Harrisonville, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100.0%	1	100%	
Pershing Memorial Hospital - Brookfield, MO		0.0%		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%		0.0%	1	100%	
Phelps Health - Rolla, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100.0%	1	100%	
The Rehabilitation Institute of St. Louis - St. Louis, MO		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100%	
Poplar Bluff Regional Medical Center - Poplar Bluff, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100.0%	1	100%	
AdventHealth Shawnee Mission - Shawnee Mission, KS		0.0%	1	100.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100%	
Missouri Residents/Minnesota Hospitals		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100%	
Western Missouri Medical Center - Warrensburg, MO		0.0%		0.0%		0.0%		0.0%		0.0%	1	100.0%		0.0%		0.0%	1	100%	
Samaritan Hospital - Macon, MO		0.0%		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%		0.0%	1	100%	
Rusk Rehabilitation Hospital - Columbia, MO		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100%	
Grand Total	27	2.3%	89	7.5%	236	20.0%	240	20.4%	339	28.8%	95	8.1%	86	7.3%	67	5.7%	1179	100%	

Inpatient Origin Reports (Continued)

HIDI - Inpatient Origin by County																					
Federal Fiscal Year - 2019																					
Hospital Detail by County		Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Newborn		Obstetric		Psychiatric		Total Cases	Total %		
Hospital Name	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%			
Carroll County Memorial Hospital - Carrollton, MO	2	0.8%	24	9.1%	57	21.7%	59	22.4%	121	46.0%		0.0%		0.0%		0.0%		0.0%	263	100%	
North Kansas City Hospital - North Kansas City, MO		0.0%	4	2.2%	29	16.0%	58	32.0%	76	42.0%	7	3.9%	5	2.8%	2	1.1%		1.1%	181	100%	
Centerpoint Medical Center - Independence, MO	1	0.7%	17	11.1%	34	22.2%	38	24.8%	52	34.0%	4	2.6%	7	4.6%		0.0%		0.0%	153	100%	
Fitzgibbon Hospital - Marshall, MO	1	1.1%	2	2.2%	7	7.6%	2	2.2%	7	7.6%	35	38.0%	35	38.0%	3	3.3%		3.3%	92	100%	
Hedrick Medical Center - Chillicothe, MO		0.0%	4	5.0%	9	11.3%	9	11.3%	21	26.3%	18	22.5%	19	23.8%		0.0%		0.0%	80	100%	
University of Missouri Health Care - Columbia, MO	3	3.8%	12	15.4%	21	26.9%	10	12.8%	12	15.4%	4	5.1%	7	9.0%	9	11.5%		11.5%	78	100%	
Liberty Hospital - Liberty, MO		0.0%	2	2.8%	13	18.3%	11	15.5%	11	15.5%	16	22.5%	16	22.5%	2	2.8%		2.8%	71	100%	
Saint Luke's Hospital of Kansas City - Kansas City, MO		0.0%	5	7.6%	29	43.9%	12	18.2%	14	21.2%	2	3.0%	4	6.1%		0.0%		0.0%	66	100%	
Research Medical Center - Kansas City, MO		0.0%	15	30.0%	2	4.0%	7	14.0%	9	18.0%		0.0%		0.0%	17	34.0%		34.0%	50	100%	
Boone Hospital Center - Columbia, MO		0.0%	2	4.9%	13	31.7%	12	29.3%	11	26.8%	1	2.4%	2	4.9%		0.0%		0.0%	41	100%	
Children's Mercy Kansas City - Kansas City, MO	23	92.0%		0.0%		0.0%		0.0%		0.0%	1	4.0%	1	4.0%		0.0%		0.0%	25	100%	
Ray County Memorial Hospital - Richmond, MO		0.0%	3	12.5%	8	33.3%	2	8.3%	11	45.8%		0.0%		0.0%		0.0%		0.0%	24	100%	
The University of Kansas Health System - Kansas City, KS		0.0%	1	4.8%	9	42.9%	4	19.0%	3	14.3%	1	4.8%	1	4.8%	2	9.5%		9.5%	21	100%	
Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO		0.0%	0.0%	3	15.8%	9	47.4%	2	10.5%	2	10.5%	2	10.5%	1	5.3%		5.3%	19	100%		
Saint Luke's North Hospital -- Barry Road - Kansas City, MO		0.0%	0.0%	6	40.0%	2	13.3%	7	46.7%		0.0%		0.0%		0.0%		0.0%	15	100%		
Royal Oaks Hospital - Windsor, MO		0.0%	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	15	100.0%	15	100%		
Lafayette Regional Health Center - Lexington, MO		0.0%	1	8.3%	2	16.7%	5	41.7%	4	33.3%		0.0%		0.0%		0.0%		0.0%	12	100%	
Saint Luke's East Hospital - Lees Summit, MO		0.0%	1	14.3%	2	28.6%	2	28.6%	2	28.6%		0.0%		0.0%		0.0%		0.0%	7	100%	
Truman Medical Center Hospital Hill - Kansas City, MO		0.0%	1	16.7%	2	33.3%		0.0%		0.0%	1	16.7%	1	16.7%	1	16.7%		16.7%	6	100%	
Heartland Behavioral Health Services - Nevada, MO		0.0%	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	6	100.0%	6	100%		
Saint Luke's North Hospital -- Smithville - Smithville, MO		0.0%	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	5	100.0%	5	100%		
Mosaic Medical Center -- Maryville - Maryville, MO		0.0%	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	5	100.0%	5	100%		
Rusk Rehabilitation Hospital - Columbia, MO		0.0%	0.0%	2	50.0%	1	25.0%	1	25.0%		0.0%		0.0%		0.0%		0.0%	4	100%	4	100%
Signature Psychiatric Hospital - Kansas City, MO		0.0%	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	4	100.0%	4	100%		
Children's Mercy Hospital Kansas - Overland Park, KS	2	50.0%		0.0%		0.0%		0.0%		0.0%	1	25.0%		0.0%	1	25.0%		25.0%	4	100%	
Lee's Summit Medical Center - Lees Summit, MO		0.0%		0.0%	1	25.0%	3	75.0%		0.0%		0.0%		0.0%		0.0%		0.0%	4	100%	
Menorah Medical Center - Overland Park, KS		0.0%	4	100.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	4	100%	
St. Mary's Medical Center - Blue Springs, MO		0.0%	0.0%		0.0%		0.0%	1	33.3%	2	66.7%		0.0%		0.0%		0.0%		3	100%	
CenterPointe Hospital of Columbia - Columbia, MO		0.0%	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	3	100.0%	3	100%		
Bothwell Regional Health Center - Sedalia, MO		0.0%	0.0%		0.0%		0.0%	1	33.3%		0.0%	1	33.3%	1	33.3%		0.0%		3	100%	
Crittendon - Kansas City, MO		0.0%	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	3	100.0%	3	100%		
Wright Memorial Hospital - Trenton, MO		0.0%	0.0%		0.0%		0.0%	2	100.0%		0.0%		0.0%		0.0%		0.0%		2	100%	
Truman Medical Center Lakewood - Kansas City, MO		0.0%	0.0%		0.0%		0.0%		0.0%		0.0%	1	50.0%	1	50.0%		0.0%		2	100%	
Barnes-Jewish Hospital - St. Louis, MO		0.0%	1	50.0%	1	50.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	100%	
Lakeland Behavioral Health System - Springfield, MO		0.0%	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	100.0%	2	100%		
Overland Park Regional Medical Center - Overland Park, KS		0.0%	1	50.0%		0.0%	1	50.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	100%	
Kindred Hospital Northland - Kansas City, MO		0.0%	1	50.0%		0.0%		0.0%	1	50.0%		0.0%		0.0%		0.0%		0.0%	2	100%	
Saint Luke's South Hospital - Overland Park, KS		0.0%	0.0%		0.0%		0.0%	1	50.0%	1	50.0%		0.0%		0.0%		0.0%		2	100%	
Cameron Regional Medical Center Inc. - Cameron, MO		0.0%	0.0%		0.0%		0.0%	1	50.0%		0.0%		0.0%		0.0%	1	50.0%		2	100%	
Missouri Residents/Iowa Hospitals		0.0%	2	100.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	100%	
Missouri Residents/Arkansas Hospitals	1	100.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100%	
Providence Medical Center - Kansas City, KS		0.0%		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100%	
St. Louis Children's Hospital - St. Louis, MO	1	100.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100%	
Missouri Residents/Other Illinois Hospitals		0.0%	1	100.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100%	
CoxHealth - Springfield, MO		0.0%	1	100.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100%	
Missouri Residents/Wyoming Hospitals		0.0%		0.0%		0.0%		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%	1	100%	
SSM Health St. Mary's Hospital - Jefferson City - Jefferson City, MO		0.0%	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100.0%	1	100%		
Blessing Hospital - Quincy, IL		0.0%	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100.0%	1	100%		
Pershing Memorial Hospital - Brookfield, MO		0.0%	0.0%	1	100.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		1	100%	
Mercy Hospital Springfield - Springfield, MO		0.0%	0.0%		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%		0.0%		1	100%	
Cass Regional Medical Center - Harrisonville, MO		0.0%	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100.0%	1	100%		
Nevada Regional Medical Center - Nevada, MO		0.0%	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100.0%	1	100%		
Missouri Residents/Minnesota Hospitals		0.0%	0.0%		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%		0.0%		1	100%	
Missouri Baptist Medical Center - St. Louis, MO		0.0%	0.0%		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%		0.0%		1	100%	
AdventHealth Shawnee Mission - Shawnee Mission, KS		0.0%	1	100.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100%	
Missouri Residents/Kansas Hospitals		0.0%	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	100.0%	1	100%		
Grand Total	34	2.6%	106	8.1%	251	19.3%	256	19.7%	369	28.4%	96	7.4%	102	7.8%	87	6.7%	1301	100%			

Inpatient Origin Reports (Continued)

HIDI - Inpatient Origin by County																		
Federal Fiscal Year - 2018																		
Hospital Name	Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Newborn		Obstetric		Psychiatric		Total Cases	Total %
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%		
Carroll County Memorial Hospital - Carrollton, MO	3	1.1%	19	6.9%	48	17.4%	67	24.3%	137	49.6%	0	0.0%	2	0.7%	276	100%		
Centerpoint Medical Center - Independence, MO		0.0%	18	10.2%	53	29.9%	41	23.2%	50	28.2%	5	2.8%	7	4.0%	3	1.7%	177	100%
North Kansas City Hospital - North Kansas City, MO		0.0%	9	5.3%	43	25.3%	50	29.4%	49	28.8%	9	5.3%	9	5.3%	1	0.6%	170	100%
University of Missouri Health Care - Columbia, MO	8	7.9%	21	20.8%	18	17.8%	11	10.9%	13	12.9%	7	6.9%	7	6.9%	16	15.8%	101	100%
Fitzgibbon Hospital - Marshall, MO		0.0%	1	1.1%	7	7.9%	5	5.6%	5	5.6%	35	39.3%	34	38.2%	2	2.2%	89	100%
Hedrick Medical Center - Chillicothe, MO		0.0%	2	2.7%	10	13.5%	11	14.9%	12	16.2%	17	23.0%	20	27.0%	2	2.7%	74	100%
Research Medical Center - Kansas City, MO		0.0%	8	12.7%	12	19.0%	7	11.1%	13	20.6%		0.0%		0.0%	23	36.5%	63	100%
Liberty Hospital - Liberty, MO		0.0%	4	7.8%	5	9.8%	10	19.6%	15	29.4%	8	15.7%	8	15.7%	1	2.0%	51	100%
Boone Hospital Center - Columbia, MO		0.0%	1	2.0%	12	24.5%	14	28.6%	10	20.4%	5	10.2%	7	14.3%		0.0%	49	100%
The University of Kansas Health System - Kansas City, KS		0.0%	3	6.7%	11	24.4%	17	37.8%	9	20.0%		0.0%		0.0%	5	11.1%	45	100%
Ray County Memorial Hospital - Richmond, MO		0.0%	6	14.0%	13	30.2%	5	11.6%	18	41.9%		0.0%		0.0%	1	2.3%	43	100%
Saint Luke's Hospital of Kansas City - Kansas City, MO		0.0%	5	12.5%	10	25.0%	9	22.5%	8	20.0%	3	7.5%	4	10.0%	1	2.5%	40	100%
Children's Mercy Kansas City - Kansas City, MO	24	92.3%	1	3.8%		0.0%		0.0%		0.0%	1	3.8%		0.0%		0.0%	26	100%
Saint Luke's North Hospital -- Barry Road - Kansas City, MO		0.0%	2	12.5%	4	25.0%	5	31.3%	5	31.3%		0.0%		0.0%		0.0%	16	100%
Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO		0.0%	1	7.1%	3	21.4%	3	21.4%	2	14.3%	1	7.1%	1	7.1%	3	21.4%	14	100%
Bothwell Regional Health Center - Sedalia, MO		0.0%	1	9.1%		0.0%		0.0%	4	36.4%	3	27.3%	3	27.3%		0.0%	11	100%
Royal Oaks Hospital - Windsor, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	10	100.0%	10	100%
Heartland Behavioral Health Services - Nevada, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	7	100.0%	7	100%
Lafayette Regional Health Center - Lexington, MO		0.0%		0.0%	3	42.9%	2	28.6%	2	28.6%		0.0%		0.0%		0.0%	7	100%
Children's Mercy Hospital Kansas - Overland Park, KS		100.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	7	100%
St. Mary's Medical Center - Blue Springs, MO	7	100.0%	1	14.3%	1	14.3%	1	14.3%	4	57.1%		0.0%		0.0%		0.0%	7	100%
Saint Luke's East Hospital - Lees Summit, MO		0.0%		0.0%	1	14.3%	4	57.1%	2	28.6%		0.0%		0.0%		0.0%	7	100%
Saint Luke's North Hospital -- Smithville - Smithville, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		5	100.0%	5	100%	
Saint Luke's South Hospital - Overland Park, KS		0.0%		0.0%	1	20.0%	3	60.0%	1	20.0%		0.0%		0.0%		0.0%	5	100%
Mosaic Medical Center -- Maryville - Maryville, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		5	100.0%	5	100%	
Crittenton - Kansas City, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		4	100.0%	4	100%	
Menorah Medical Center - Overland Park, KS		0.0%	3	75.0%		0.0%	1	25.0%		0.0%		0.0%			0.0%	0.0%	4	100%
Western Missouri Medical Center - Warrensburg, MO		0.0%	2	50.0%		0.0%		0.0%		0.0%	1	25.0%	1	25.0%		0.0%	4	100%
Kindred Hospital Northland - Kansas City, MO		0.0%	2	66.7%		0.0%	1	33.3%		0.0%		0.0%				0.0%	3	100%
Barnes-Jewish Hospital - St. Louis, MO		0.0%	2	66.7%		0.0%	1	33.3%		0.0%		0.0%				0.0%	3	100%
Signature Psychiatric Hospital - Kansas City, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		3	100.0%	3	100%	
Landmark Hospital of Columbia - Columbia, MO		0.0%		0.0%	2	66.7%	1	33.3%		0.0%		0.0%				0.0%	3	100%
Truman Medical Center Hospital Hill - Kansas City, MO		0.0%		0.0%	1	33.3%		0.0%		0.0%		0.0%	1	33.3%	1	33.3%	3	100%
AdventHealth Shawnee Mission - Shawnee Mission, KS		0.0%		0.0%	1	50.0%	1	50.0%		0.0%		0.0%				0.0%	2	100%
Lakeland Behavioral Health System - Springfield, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		2	100.0%	2	100%	
Cameron Regional Medical Center Inc. - Cameron, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		2	100.0%	2	100%	
Nevada Regional Medical Center - Nevada, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		2	100.0%	2	100%	
Overland Park Regional Medical Center - Overland Park, KS		0.0%	1	50.0%		0.0%	1	50.0%		0.0%		0.0%				0.0%	2	100%
Missouri Residents/Georgia Hospitals		0.0%		0.0%	2	100.0%		0.0%		0.0%		0.0%				0.0%	2	100%
Rusk Rehabilitation Hospital - Columbia, MO		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%				0.0%	1	100%
Two Rivers Behavioral Health System (Closed 1/19) - Kansas City, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		1	100.0%	1	100%	
Lake Regional Health System - Osage Beach, MO		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%				0.0%	1	100%
Missouri Residents/Iowa Hospitals		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%				0.0%	1	100%
St. Joseph Medical Center - Kansas City, MO		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%				0.0%	1	100%
Missouri Residents/Kansas Hospitals		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		1	100.0%	1	100%	
Missouri Residents/Tennessee Hospitals		0.0%		0.0%		0.0%		0.0%	1	100.0%		0.0%				0.0%	1	100%
Lee's Summit Medical Center - Lees Summit, MO		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%				0.0%	1	100%
Truman Medical Center Lakewood - Kansas City, MO		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%				0.0%	1	100%
Christian Hospital - St. Louis, MO		0.0%		0.0%	1	100.0%		0.0%		0.0%		0.0%				0.0%	1	100%
Moberly Regional Medical Center - Moberly, MO		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		1	100.0%	1	100%	
SSM Health Saint Louis University Hospital - St. Louis, MO		0.0%	1	100.0%		0.0%		0.0%		0.0%		0.0%				0.0%	1	100%
Missouri Residents/Michigan Hospitals		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		1	100.0%	1	100%	
Missouri Residents/Minnesota Hospitals		0.0%		0.0%		0.0%		0.0%	1	100.0%		0.0%				0.0%	1	100%
Grand Total	42	3.1%	114	8.4%	268	19.7%	271	20.0%	361	26.6%	95	7.0%	102	7.5%	105	7.7%	1358	100%

Outpatient Origin Reports

Outpatient Market Penetration By Service Type			
Carroll County Memorial Hospital - Carroll Co, MO County by Federal Fiscal Year: 2020	Total Visits	Carrollton, MO	
		Visits	%
Emergency Department	3,218	2,621	81.4%
Ambulatory Surgical Care	64	51	79.7%
Operating Room Services - General Classification	539	424	78.7%
Actual total visits	92,330	71,344	77.3%
© 2021 Hospital Industry Data Institute			

Outpatient Market Penetration By Service Type			
Carroll County Memorial Hospital - Carroll Co, MO County by Federal Fiscal Year: 2019	Total Visits	Carrollton, MO	
		Visits	%
Emergency Department	3,686	3,128	84.9%
Ambulatory Surgical Care	95	81	85.3%
Operating Room Services - General Classification	632	507	80.2%
Actual total visits	99,833	80,103	80.2%
© 2021 Hospital Industry Data Institute			

Outpatient Market Penetration By Service Type			
Carroll County Memorial Hospital - Carroll Co, MO County by Federal Fiscal Year: 2018	Total Visits	Carrollton, MO	
		Visits	%
Emergency Department	3,912	3,310	84.6%
Ambulatory Surgical Care	499	412	82.6%
Operating Room Services - General Classification	440	339	77.0%
Actual total visits	99,284	81,595	82.2%
© 2021 Hospital Industry Data Institute			

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Carroll County Memorial Hospital Town Hall Meeting Attendance: N=13

Carroll County, MO 2021 CHNA Town Hall - August 12th 4-5:30pm							
#	Table	Attend	Lead	Last	First	Organization	Title
1	A	X	##	Kemble-Williams	Misty	Carroll County Memorial Hospital	Social Worker Case Manager
2	A			Adams	Jeff	Edward Jones	Financial Advisor
3	A	X		Mertensmeyer	Wade	Bayer	Board Member
4	A	X		Smith	Suzanne	Health Care Collaborative of Rural MO	Chief Network Dev Officer
	A	X		Braun	Tim	CCMH	COO
5	B	X	##	Richard	Toniann	Health Care Collaborative of Rural MO	CEO
6	B	X		Gilman	Cindy	Carroll County Memorial Hospital	CNO
7	B	X		Heussner	Clint	Hale R-1 School	Superintendent
8	B			Lock	Matt	Lock Steel	Board Member
9	C	X	##	Singer	Amber	Hale R-1	RN
10	C	X		Criqui	Kenneth	St. Mary Catholic Church	pastor
11	C	X		Thoreson	Scott	Carroll County Memorial Hospital	CEO
13	D	X	##	Link	Jennifer	Carroll County Health Department	Administrator
14	D	X		Brown	Kevin	Carroll County Trust Company	President
15	D	X		Smith	Becky	community member	

NOTES: Carroll Co. – Carroll County Memorial Hospital

Date: 8/12/2021 – 4:00 p.m. to 5:30 p.m.

Established Needs/Strengths: Small Group Session

Attendance: N = 12

Needs

- Child Care
- Mental Health (Diagnosis, Treatment, Aftercare, Providers)
- Obesity
- Drug / Substance / Alcohol Abuse
- Poverty
- Affordable Housing
- Uninsured / Underinsured
- Neglect
- Suicide
- Assisted Living
- Vaccination Education
- Transportation

Strengths

- Hospital / ER
- Health Department
- Provider Retention
- Visiting Specialists
- Staying Home for Services
- Cancer Care
- Youth Opportunities
- YMCA
- Physician Coverage / Availability
- Charity Care
- Pharmacy
- Prenatal Care

Wave #4 CHNA - Carroll Co MO

Carrollton, MO: Town Hall Conversation - Strengths (White Cards) N=13

Card #	Code	What are the strengths of our community that contribute to health?	Card #	Code	What are the strengths of our community that contribute to health?
1	HOSP	Overall hospital ratings	5	DOH	Health Department
1	OBG	OB Care	6	DOCS	Physician Coverage
1	PNEO	Prenatal Care	6	ACC	Community utilizing facility and not seeking services outside the county
1	ADOL	Youth Opportunities (YMCA)	6	EMER	ER
2	SPEC	Visiting Specialists	6	FINA	Charity Care
2	FP	Family Medicine Providers	7	RET	Excellent provider retention
2	STFF	Staff at organization (patient centered)	7	ACC	Community based access
2	FAC	Market Area- Distance from other competitors and from KC/Colombia	7	QUAL	Trusted source for services
3	EMER	ER	8	PNEO	Prenatal Care is good
3	PRIM	Primary Care	8	HOSP	Happy with hospital services
3	BH	Therapy Treatment	8	DOCS	Enough providers available
3	PHAM	Pharmacy	9	HOSP	Hospital
4	HOSP	Hospital	9	EMER	ER
5	QUAL	Overall Health care provided in good	10	HOSP	Patients gave hospital a good rating
5	SPEC	Offer several outpatient/specialty clinics to meet health needs	10	PNEO	Prenatal Care
5	DOCS	Adequate number of physicians to meet medical needs	10	RET	Provider Retention
5	EMER	ER	10	ACC	Patients stay at home to receive care

Wave #4 CHNA - Carroll County MO

Carrollton, MO - Town Hall Conversation - Weaknesses (Color Cards) N=13

Card #	Code	What are the weaknesses of our community that contribute to health?	Card #	Code	What are the weaknesses of our community that contribute to health?
1	INSU	Need help for under/un-insured	6	HOUS	Affordable housing
1	HOUS	Affordable housing	6	OBES	Obesity
1	CC	Child care	7	DRUG	Drug Abuse
1	ADOL	More youth activities	7	BH	Mental Health
1	BH	Mental Health care	7	OBES	Obesity
1	NEG	Neglect	7	BH	Depression
1	SUIC	Suicide	7	SUIC	Suicide
1	OBES	Obesity care	8	BH	Mental Health
1	DRUG	Drug/Substance Abuse	8	CC	Child care
1	ALC	Alcohol Abuse	8	VACC	Vaccination Education
1	SMOK	Too many smokers	8	OBES	Obesity
1	ASLV	Assisted living	9	BH	Behavioral Health/Mental Illness
1	POV	Help for people in poverty	9	NEG	Neglect
1	TRANS	Transportation	9	DRUG	Drug Abuse
2	SS	Expanded collaboration for social care services	9	INSU	Uninsured
2	DRUG	Expanded integration for substance abuse/treatment	9	HOUS	Affordable housing
3	FINA	Cost of health care	9	AMB	Ambulance
3	INSU	No insurance	10	DRUG	No services for drug/alcohol
3	VETS	Veterns help	10	ALC	No services for drug/alcohol
3	ALC	Alcohol Abuse	10	BH	Minimal mental health services
3	CANC	Cancer	10	OBES	Obesity
4	SUIC	Suicide	10	INSU	Services for the underinsured
4	OBES	Obesity	10	SUIC	Suicide
4	DRUG	Drug Abuse	10	ASLV	Assisted living
4	ALC	Alcohol Abuse	10	VACC	Vaccination Education
5	DRUG	Drug use	10	TRANS	Transportation
5	ECON	Population decline	11	BH	Mental Health
5	HOUS	Housing	11	SUIC	Suicide
5	ECON	Lack of employment opportunities	11	OBES	Obesity
5	INSU	Health insurance	11	FIT	Fitness
6	DRUG	Opiod use	11	DRUG	Substance abuse
6	BH	Mental Health	11	CHRON	Chronic diseases
6	POV	Poverty	11	SMOK	Smoking mothers

c) Public Notice & Requests

[VVV Consultants LLC]

To: Carroll Co Roster Stakeholders
From: Cindy Gilman
Date: June 10, 2021
Subject: Reminder to complete online 2021 Community Health Needs Assessment Feedback

Monday July 1st, 2021, is the last day to complete Carroll County Memorial Hospital's 2021 Community Health Needs Assessment Online Feedback Survey.

If you haven't already done so, we highly encourage you to complete this confidential health survey! Results of this assessment will guide CCMH in addressing current & future health care needs, as well as fulfilling both federal and state healthcare reform mandates. Note: If you have already completed this survey, we would appreciate you passing this email message on to other key area leaders that the deadline is approaching.

Active link to share your thoughts is below:

https://www.surveymonkey.com/r/CHNA2021_CarrollCo

Again, thank you for your participation and insights. More information will be coming on CCMH's CHNA Town Hall on August 12th... hold the date for afternoon session.

Carroll County begins 2021 Community Health Needs Assessment.

Media Release: 05/25/21

Over the next few months, **Carroll County Memorial Hospital (CCMH)** will be working with area providers to update the 2018 Carroll County Community Health Needs Assessment. Therefore, they are seeking input from the community regarding healthcare needs in order to complete the 2021 CHNA update.

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 2015 and 2018 assessment reports while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed in order to gather feedback and accomplish this work. Please visit our website and social media sites to access the link to complete the online survey for the 2021 CHNA.

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Thursday, July 1st**. In addition, please **HOLD the date** for the Town Hall meeting potentially scheduled for **Tuesday, August 10th OR Thursday August 12th**. More information will be coming soon regarding the dates and the RSVP. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (502) 732-3230

###

EMAIL #2 Request Message (Cut & Paste)

From: Cindy Gilman, Chief Nursing Officer

Date: 07/13/2021

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Carroll County Community Health Needs Assessment 2021

Carroll County Memorial Hospital is hosting a scheduled Town Hall Meeting for the 2021 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs for Carroll County. This event will be held on **Thursday, August 12th, 2021 from 4:00 p.m. – 5:30 p.m.** at the **4 Corners Cafe**.

All business leaders and residents are encouraged to join us for this meeting, but it is imperative that you complete an RSVP to properly adhere to safety guidelines. We hope you find the time to attend this important event by following the link below to complete your RSVP for August 12th.

LINK: https://www.surveymonkey.com/r/CHNA2021_CarrollCoRSVP

Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event.

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (502) 732-3230

Carroll County Memorial Hospital Hosts Local Town Hall Event for the 2021 Community Health Needs Assessment.

Media Release: 07/14/21

Carroll County Memorial Hospital has scheduled the Town Hall meeting for the 2021 Community Health Needs Assessment on **Thursday, August 12th, from 4:00 p.m. – 5:30 p.m.** located at the **4 Corners Cafe**. During this event, we will review the community health indicators and gather feedback opinions on key community health needs for Carroll County.

Due to Covid and state-wide guidelines, we must ensure the safety of our community members during this on-site meeting. Therefore, those who wish to attend must RSVP to adequately prepare for this social distanced gathering. You may do this by visiting the Carroll County Memorial Hospital website and social media sites to obtain the link and complete your RSVP. We hope you can find the time to join us for this important event on August 12th, 2021.

Note> If you RSVP, additional information will be released to you a few days prior to the event.

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (502) 732-3230

###

Email – Reminder to Attend Town Hall

Cut and Paste Message to stakeholder roster

Carroll County Memorial Hospital needs your attendance and participation. The 2021 Carroll County Community Health Needs Assessment (CHNA) Town Hall event for CCMH is almost here and it is vital that we confirm your RSVP.

This CHNA Town Hall is being held on **Thursday, August 12th, from 4:00 p.m. – 5:30 p.m. at . 4 Corners Café.** If you are unable to attend this event, please pass this email on to others in your organization or to other community leaders to attend on your behalf. You can RSVP using link below:

https://www.surveymonkey.com/r/CHNA2021_CarrollCoRSVP

Note: To keep things socially safe and keeping Covid guidelines in mind, we ask that you arrive 10 mins early to seat you accordingly and begin right away at 4:00 p.m.

We look forward to seeing you all on Thursday, August 12th, as we gather for an important community event.

Thank you for your time and support!

If you any questions or change in RSVP for this Town Hall meeting, please call (502) 732-3230

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2021 Community Feedback: Carroll Co MO (N=330)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1217		Good	Increasing - moving up	ALL			A lot of these "problems" are nationwide. National healthcare system needs overall reform.
1227	64633	Average	Not really changing much	ECON	POV	FINA	Lack of living wages, excessive tax burdens, excessive utility costs.
1034	64633	Very Good	Decreasing - slipping downward	EDU			Education and the programs to support health education.
1084	64633	Very Good	Increasing - moving up	EDU	POV		Uneducated low income families
1291		Average	Increasing - moving up	EDU			Poor education
1189	64633	Average	Not really changing much	FINA			Affordable care
1063	65305	Average	Not really changing much	FIT	ACC	FINA	Not having the money or time to go to a health and fitness center
1243	64633	Very Good	Not really changing much	FIT	NUTR	OWN	Sedentary Lifestyle, poor diet, unhealthy habits.
1176		Good	Increasing - moving up	NUTR			We are a convenience and on the go culture that does not take time to prepare nutritious meals and eat together as families. Sugar, fat, and salt seem to dictate food choices.
1178	64643	Very Good	Increasing - moving up	OBES	OWN		Obesity and extra equipment for those that don't take care of their health needs
1266	64633	Good	Increasing - moving up	OBES			Obesity
1246	64601	Average	Not really changing much	OBES	NUTR		Our diet is crap, I believe obesity is caused more by diet than lack of exercise.
1068	64633	Good	Increasing - moving up	OWN	ADOL		Lack of responsibility on parents/guardians part. Some only are concerned for their own needs and the kids needs come second.
1031	64633	Very Good	Increasing - moving up	OWN	COMM	NH	Poor patient compliance. Communicating the services available to our elderly.
1112	64633	Average	Increasing - moving up	OWN	EDU		Not wanting to change/lack of education
1277	64601	Very Good	Increasing - moving up	OWN	FF		while services are available non-compliance is a huge issue. Accountability for choices made in regards to diet, health and wellness.
1145	64623	Good	Increasing - moving up	OWN	FIT		No desire to be fit. Don't want to do the work
1279	64633	Good	Increasing - moving up	OWN	SMOK	DRUG	patients neglecting their own health or behaviors that are damaging to health. Smoking, drugs substance abuse of many kinds. Lack of motivation
1284	64633	Very Good	Increasing - moving up	OWN			also laziness amongst the people who need some of these services
1290	64633	Very Good	Not really changing much	OWN			lack of motivation given to much so therefore don't want to be employed
1041	66611	Very Poor	Decreasing - slipping downward	REF			Give you tyenol an send you home. So if your heart attach gets worse come on back.
1138	64633	Average	Not really changing much	SMOK			Smoking

CHNA 2021 Community Feedback: Carroll Co MO (N=330)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1016	66213	Good	Not really changing much	AMB			Ambulance improvement
1059	64633	Poor	Decreasing - slipping downward	BED			we got people in the field, but not the right caring people
1288	64633	Good	Increasing - moving up	BH	DRUG		not for mental health or addiction issues.
1100	64633	Good	Not really changing much	BH	SCH		I can only see my psychiatrist once every 3 months because she's the only psychiatrist in town.
1021	64633	Good	Increasing - moving up	CLIN	URG	PHARM	Need walk in clinics all day + evening + weekends. Need weekend pharmacy
1129	64623	Poor	Increasing - moving up	CLIN	URG		There is no walk-in clinic/non-urgent options.
1137	64633	Poor	Decreasing - slipping downward	CONF			Plus I don't want their staff gossiping about my health and medical visits. You have a lot of 'party girls' there
1010	64633	Average	Increasing - moving up	DOCS	CLIN		Need more doctors at the clinic
1324	64633	Very Good	Increasing - moving up	DOCS			I think our community could use 1 or 2 more providers
1246	64601	Average	Not really changing much	DOCS			More private practice doctors.
1138	64633	Average	Not really changing much	DOCS			Need more capable doctors
1041	66611	Very Poor	Decreasing - slipping downward	EMER	DOCS		Older MDs in ER.
1189	64633	Average	Not really changing much	EMER	DOCS		Need emergency room doctors
1002	65202	Average	Not really changing much	FINA	BILL		Not if you don't have the money to pay
1199	64633	Very Good	Increasing - moving up	HRS	ACC		Evenings and weekends are not available unless you go thru the ER
1127	64633	Average	Increasing - moving up	HRS			No dr in Jefferson Med on sat. Makes people go out of town or go to ER when it's not an emergency
1291		Average	Increasing - moving up	HRS			No Saturday hours
1265	64633	Very Good	Increasing - moving up	OBG	PEDS		OBGYN and Pediatric Care would be appreciated
1153	64668	Good	Increasing - moving up	ORTH	NEU		Orthopedic. Neurology
1034	64633	Very Good	Decreasing - slipping downward	PRIM	SCH	WAIT	There is a problem getting your primary dr. Last time it was 10 days to get to an appt.
1289	64096	Good	Not really changing much	PRIM			Primary care, dental, behavioral health including psychiatry
1040		Good	Not really changing much	RET	DOCS	TRAV	Too many health professionals want to work in urban areas instead of helping to improve health care in rural areas
1119	64682	Average	Not really changing much	RUSH	ACH		Times they are there and time with patients are short. They do not listen to problem
1165	64643	Average	Not really changing much	RUSH			Maybe numbers good but seems docs too busy
1299	64633	Good	Decreasing - slipping downward	SCH	HRS		Many gone to other towns now for the day
1094	64633	Good	Increasing - moving up	SCH	WAIT		Some times, you might have to wait for an appointment, and you need help right then.
1033	64633	Poor	Increasing - moving up	SCH			Once a month is a bit too sparse...
1273	64668	Average	Not really changing much	SCH	PART		When calling to schedule appointments at jmg you are not offered openings at any of the other clinics for the provider of your choice unless you specifically ask for the other clinic availability
1026	64660	Very Good	Not really changing much	SCH	WAIT		Takes to long to get in to c the Dr
1053	65340	Very Good	Increasing - moving up	URG	CLIN	SCH	An urgent care or late walk-in-type clinic would be helpful. Also, Hospital providers are typically booked solid
1068	64633	Good	Increasing - moving up	URG	WAIT	SCH	An Urgent Care would be suitable for those times when you don't need a to go to the E.R. but you can't get in to see your primary and it is something that can't wait for 3 or 4 days to see a doctor about. It would still be run through the hospital just no appointment like an office visit but first come first served like an E.R.
1031	64633	Very Good	Increasing - moving up	WAIT	ACC		There are times when it is hard to see a physician for cold or fever.
1222	64633	Good	Not really changing much	WAIT	SCH	BH	As many doctors as we have and staff and I've still had to wait days and even a week to get in, and I cant be the only one. Not to mention the mental care here is very poor. They only take select insurances leaving everyone else without desperately needed services.
1306	64633	Very Good	Not really changing much	WAIT			The times are the problem.

CHNA 2021 Community Feedback: Carroll Co MO (N=330)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1324	64633	Very Good	Increasing - moving up	ADOL	BH		Youth Mental Health
1178	64643	Very Good	Increasing - moving up	ADOL	DRUG	SMOK	More information and help for adolescents and teenage age youth. In regard to drugs and tobacco
1063	65305	Average	Not really changing much	ADOL	REC		Youth and recreational activities for families,singles,parent/cpls
1271	64633	Average	Not really changing much	ALC	DRUG	BH	Ones that target specific issues that are seen throughout the county, such as alcohol abuse, drug abuse, mental health, etc.
1029	64601	Average	Not really changing much	ALL			More help in every category.
1059	64633	Poor	Decreasing - slipping downward	BED	DOCS		caring drs that actually want to get to the root of the problem, not just throw a drug at it and hope it works
1004	64633	Poor	Decreasing - slipping downward	BH	ECON	CLIN	1. Mental Health _ 2. More Jobs that pay decent,instead of driving out of town to work 3. Walk in Clinic for weekend so people do NOT HAVE TO GO TO ER. That is a lot of \$\$\$ if they go to ER. most folks do NOT have Insurance
1034	64633	Very Good	Decreasing - slipping downward	BH	NUTR		Caring for the elderly. Nutrition programs.
1137	64633	Poor	Decreasing - slipping downward	BH			Mental health
1231	64633	Good	Increasing - moving up	BH	ACC		Available mental health at anytime of day for anyone that would need it. Not be put off for days when someone needs help right away.
1141	64633	Good	Increasing - moving up	BH	AMB		Need more mental health providers. Ambulance services are poor.
1238	64633	Good	Increasing - moving up	BH	CC		More mental health care , childcare and care for young families with babies.
1005	64633	Very Good	Increasing - moving up	BH	DRUG		Mental Health Drug Abuse
1316	64633	Very Good	Increasing - moving up	BH	DRUG		Mental Health Substance Abuse
1241	64633	Very Good	Increasing - moving up	BH	DRUG		More mental health and substance abuse options.
1049	64633	Very Good	Increasing - moving up	BH	INSU		More mental health services. Medicaid.
1283	64633	Good	Increasing - moving up	BH	NH		Behavioral health Senior living help
1309	64633	Good	Increasing - moving up	BH	OP	DRUG	Mental Health and Outpatient drug/alcohol treatment.
1247	64622	Very Good	Increasing - moving up	BH	SUIC	EDU	Mental Health Programs, Suicide Prevention, Education for resources for both at schools
1038	64633	Very Good	Increasing - moving up	BH			Any help in the area of mental health
1035	64096. Done	Good	Increasing - moving up	BH			Councelers
1075	64633	Good	Increasing - moving up	BH			Mental Health
1199	64633	Very Good	Increasing - moving up	BH			Mental health
1254	64643	Very Good	Increasing - moving up	BH			Mental health programs targeted toward poor and/or retired seniors.
1135		Very Good	Increasing - moving up	BH			More mental health options
1040		Good	Not really changing much	BH	DRUG	SPRT	In person mental health and substance abuse programs and counseling. Support groups too
1223	64096	Very Good	Not really changing much	BH	DRUG		Mental health, substance abuse,
1222	64633	Good	Not really changing much	BH	INSU	DOH	Mental health, access for people without insurance.. a fully functional health department, more widely accepted insurances.
1197	64085	Very Good	Not really changing much	BH			Mental health
1311	64633	Good	Not really changing much	CANC	PREV		Maybe more cancer screenings
1204	64668	Good	Increasing - moving up	CC	BH		Child care and mental health
1053	65340	Very Good	Increasing - moving up	CC	BH	DURG	Increased child care options Mental health is non-existent Substance abuse recovery is non-existent
1021	64633	Good	Increasing - moving up	CLIN	PHARM	HRS	Walk in Clinics- so people don't have to use ER+ evening pharmacy
1277	64601	Very Good	Increasing - moving up	CLIN	URG	HRS	walkin clinics, urgent care (not emergent), weekend clinics
1293	64668	Good	Increasing - moving up	COMM			Communicating what services that is provided.
1045	64633	Very Good	Not really changing much	COVD	VACC	FIT	An all out Covid vaccination plan. Also more adult fitness options such as pickleball courts, open play tennis times, walking and running groups.
1152	64639	Good	Increasing - moving up	DENT	FINA		Free dental clinic. Affordable.
1301	64668	Very Good	Decreasing - slipping downward	DIAL			dialysis
1329	64633	Very Good	Increasing - moving up	DOCS			More doctors
1026	64660	Very Good	Not really changing much	DOCS			More Drs
1281	65321	Very Good	Increasing - moving up	DRUG	ALC	NUTR	Drug and alcohol abuse and nutrition
1288	64633	Good	Increasing - moving up	DRUG	ALC	INSU	Substance/alcohol abuse programs needed...some type of program that doesn't require insurance as most addicts at time of reaching out for help usually have no insurance that covers these types of issues.
1153	64668	Good	Increasing - moving up	DRUG	BH		Drug addiction, mental Health
1305	65236	Very Good	Increasing - moving up	DRUG	EDU		More drug education. Our rural towns have a lot of drug problems.
1112	64633	Average	Increasing - moving up	DRUG	FEM	SUIC	Substance/alcohol abuse programs, Women's health, and Suicide prevention
1190	64633	Very Good	Increasing - moving up	DRUG			Drug addiction programs.
1312	64633	Good	Increasing - moving up	DRUG			Drug/substance abuse
1126	64601	Good	Increasing - moving up	DRUG			Substance abuse
1185	64633	Very Good	Not really changing much	DRUG	PREV	BH	Alcohol and drug abuse prevention and mental health support.
1079	64668	Good	Not really changing much	EDU	AWARE		I think education is needed the most. People are very uneducated around here about healthcare, whether it be what's affordable or even what's available.
1189	64633	Average	Not really changing much	EMER	DOCS	CLIN	Full time emergency room doctors and doctor owned clinics
1145	64623	Good	Increasing - moving up	ENDO			Endocrinologist
1010	64633	Average	Increasing - moving up	FAM			Family Health
1292		Good	Increasing - moving up	FEM	CLIN		Womens Health Clinic
1273	64668	Average	Not really changing much	FEM	OBG	PNEO	Women's health, ob/gyn for prenatal and overall women's health.
1154	64688	Average	Decreasing - slipping downward	FF			Someone to call folks at home to check on patients.
1276	64633	Poor	Decreasing - slipping downward	FIT	NUTR		Gym accessibility, healthy food choices, community activities
1299	64633	Good	Decreasing - slipping downward	FIT	NUTR	PRNT	Jazzercise, weight watchers, parenting class, new diabetic class/nutrition

CHNA 2021 Community Feedback: Carroll Co MO (N=330)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1127	64633	Average	Increasing - moving up	FIT	AMB	TRAIN	Free DNA testing, free use of Jefferson Park fitness area, more training for Ambulance crew, a new senior center for elderly activities and meals cheap enough that the elderly can afford to eat a good nutritious meal at least 1 time a day, free pool access to everyone over 50 (some medications have a sun sensitivity to them) and the elderly are more sensitive to sun exposure, free access to elderly staying home with home health making 2 trips a day to make sure they are eating right, taking medications as ordered, keeping track of B/P, finger sticks and blood sugar levels monitored closely..
1233	64633	Good	Increasing - moving up	FIT	FINA		Affordable exercises
1078	64633	Very Good	Increasing - moving up	FIT	NH	ASS	Exercise program and access for elderly at all times of the day.
1044	64633	Good	Not really changing much	FIT	HOSP		Water aerobics at the hospital pool
1328	64668	Good	Not really changing much	FOOD			food share other than carrollton
1314	64633	Good	Increasing - moving up	HH	FF		Hospital to Home

Let Your Voice Be Heard!

In 2018, Carroll County Memorial Hospital surveyed the community to assess health needs. Today, we request your input again in order to create a 2021 Carroll County (MO) Community Health Needs Assessment (CHNA). To gather current service area feedback, a short online survey has been created to evaluate current community health needs.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Thursday, July 15th, 2021.

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 past CHNAs, 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"/> Access to Affordable & Health Foods | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Affordable Care | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Safe Environment |
| <input type="checkbox"/> Behavioral / Mental Health | <input type="checkbox"/> Senior Care / Support |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Social Support |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Employment Opportunities | <input type="checkbox"/> Youth Support / Services |
| <input type="checkbox"/> Exercise / Fitness | |

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

- | | |
|--|---|
| <input type="checkbox"/> Access to Affordable & Health Foods | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Affordable Care | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Safe Environment |
| <input type="checkbox"/> Behavioral / Mental Health | <input type="checkbox"/> Senior Care / Support |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Social Support |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Employment Opportunities | <input type="checkbox"/> Youth Support / Services |
| <input type="checkbox"/> Exercise / Fitness | |

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/Optometrlist	<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 Carroll 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. What "new" community health programs should be created to meet current community health needs?

15. Are there any other health needs (listed below) that need to be discussed further at our upcoming 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).

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

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

Other (Please specify).

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