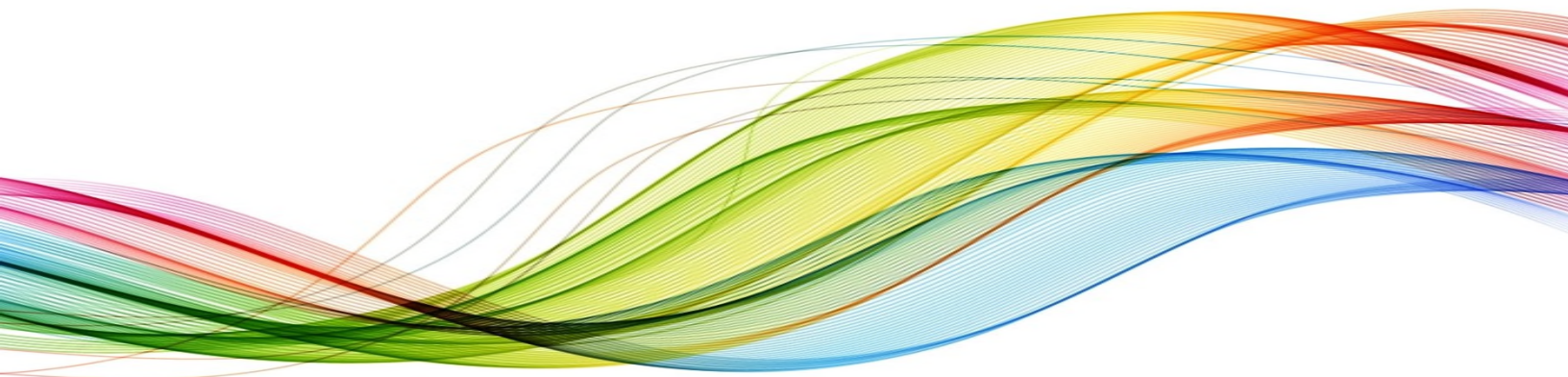




Community Health Needs Assessment
Western Missouri Medical Center
Johnson County, MO



September 2019

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Western Missouri Medical Center – Johnson County, MO - 2019 Community Health Needs Assessment (CHNA) Wave #3

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the 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.

Western Missouri Medical Center (WMMC) previous CHNA was completed in 2016. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #3 WMMC (Primary Service Area) CHNA assessment began April 2019 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

a) County Health Area of Future Focus

WMMC – Johnson County, MO: Town Hall - “Community Health Improvements Needs”

2019 CHNA Health Priorities CHNA Wave #3 Town Hall - June 11, 2019 WMMC - Primary Service Area Johnson County, MO (29 Attendees, 108 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health Services (Diagnosis / Treatment / Aftercare)	24	22.2%	22.2%
2	Homelessness / Poverty (Employment Readiness)	15	13.9%	46.3%
3	Distracted Driving (Texting) / Drunk Driving	15	13.9%	60.2%
4	Substance Abuse (Marijuana, Heroin, Opioids, Meth)	11	10.2%	32.4%
5	Affordable Healthcare Insurance (Uninsured & Underinsured)	9	8.3%	68.5%
6	Suicides	7	6.5%	75.0%
Total Votes:		108	100.0%	
Other Items receiving votes: Awareness Of HC services, STDs, Alcohol Abuse, Dental Care, School Health, Poverty, Providers (DERM, Primary Care), Housing, Diabetes and Obesity.				

b) Town Hall CHNA Findings: Areas of Strengths

WMMC – Johnson County, MO: Town Hall - “Community Health Areas of Strengths”

WMMC - Johnson County, MO "Community Health Strengths			
#	Topic	#	Topic
1	Access to Exercise Opportunities	6	Electronic Medical Records
2	Access to Healthcare Services	7	Hospital Staff / Providers
3	Ambulance / First Responders	8	Project Connect
4	Collaboration with College	9	Proximity to KC Metro
5	Community Volunteers	10	Urgent Care

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

MISSOURI HEALTH RANKINGS: According to the 2019 Robert Wood Johnson County Health Rankings, WMMC (Johnson County, MO) Average was ranked 17th in Health Outcomes, 35th in Health Factors, and 74th in Physical Environmental Quality out of the 115 Counties.

TAB 1. Johnson County’s population is 53,897 (based on 2017), with a population per square mile (based on 2010) of 63 persons. Six percent (6.3%) of the population is under the age of 5 and 12.3% is over 65 years old. Hispanic or Latinos make up 5.1% of the population and there are 3.6% of Johnson County citizens that speak a language other than English at home. Children in single parent households make up 21% and 72.6% are living in the same house as one year ago. There are 5,651 Veterans living in Johnson County.

TAB 2. The per capita income in Johnson County is \$23,304, and 12.8% of the population is in poverty. There is a severe housing problem of 79% and an unemployment rate of 4.4%. Food insecurity is 15%, and limited access to a store (healthy foods) is 6%.

TAB 3. Children eligible for a free or reduced-price lunch is at 40% and 92% of students graduate high school while 28.4% of students get their bachelor’s degree or higher in Johnson County. There are 3 Head Start Programs in Johnson County.

TAB 4. The percent of births where prenatal care started in the first trimester is 77.3%. Twenty-five percent (24.5%) of births in Johnson County occur to unmarried women. Births where mothers have smoked during the pregnancy is at 11.6% and the percent of babies that were born prematurely is 8.9%. There are 84.4% of WIC infants every breastfed in Johnson County.

TAB 5. There is one primary care physician per 2,250 people in Johnson County. Patients who gave their hospital a rating of 9 or 10 out 10 are 74% and there are 71% of patients who reported Yes, They Would Definitely Recommend the Hospital.

TAB 6. Medicare population getting treated for depression in Johnson County is 16.5%. There are 4.3 days out of the year that are considered poor mental health days. The age-adjusted suicide mortality rate per 100,000 is 13.5 in Johnson County.

TAB 7. Thirty-four percent (34%) of adults in Johnson County are obese (based on 2019), with 24% of the population physically inactive. Nineteen percent (19%) of adults drink excessively and 21% smoke. The rate per 100,000 sexually transmitted diseases is higher than the comparative norm (593.1).

TAB 8. The adult uninsured rate for Johnson County is 10%. Johnson County Community Health Services offers many services, inspections, screenings and immunizations/vaccinations in Johnson County, MO.

TAB 9. The life expectancy rate in Johnson County is 76.3 for Males and 80.3 for Females. Alcohol-impaired driving deaths for Johnson County is high, at 31%.

TAB 10. Fifty percent (50%) of Johnson County has access to exercise opportunities and 39% monitor diabetes. Thirty-nine percent (39%) of women in Johnson County get annual mammography screenings. Seventy-two percent (72.7%) of Johnson County citizens have an annual PCP checkup and 66.4% have an annual Dental checkup (based on 2016).

Key 2019 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=161) provided the following community insights via an online perception survey:

- Using a Likert scale, 49.1% of (WMMC PSA) Johnson County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- WMMC PSA stakeholders are satisfied with the following services: Ambulance Services, Child Care, Chiropractors, Dentists, Eye Doctors, Hospice, Outpatient Services, Pharmacy, and School Nurses.
- When considering past CHNA needs: Mental Health, Access to Dental Care, Suicide Prevention, Substance Use, Obesity and Awareness of Healthcare Services came up.

CHNA Wave #3 - WMMC PSA		Johnson Co N=291			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Mental Health	138	71.13%		1
2	Access to Dental Care for Uninsured	103	53.09%		4
3	Suicide Prevention	101	52.06%		2
4	Substance Use Disorder	92	47.42%		3
5	Obesity	82	42.27%		6
6	Awareness of Available Healthcare Services	81	41.75%		5
7	Physical Inactivity	65	33.51%		7
8	Inadequate Social Support	56	28.87%		8
9	Heart Disease	39	20.10%		10
10	Family Planning Services	38	19.59%		9

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

1. A description of the community served by the facility and how the community was determined;
2. A description of the process and methods used to conduct the CHNA;
3. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications;
5. A prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community that are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

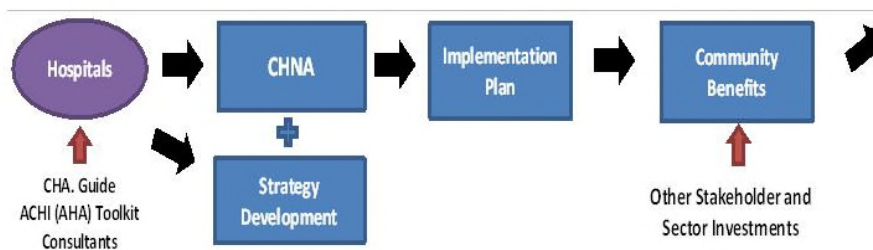
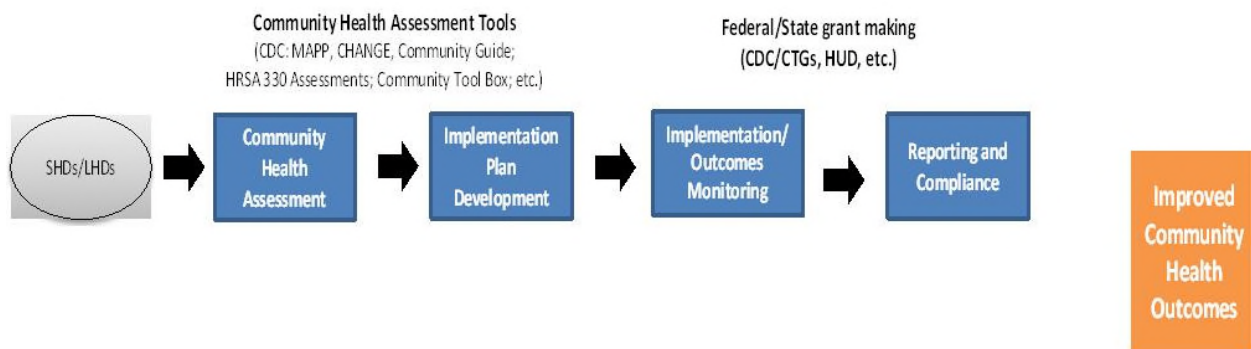
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2013 or during either of the two previous fiscal years.

Determining the Community Served

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

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility’s defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc).

Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

Under the Notice, an implementation strategy is considered to be “adopted” on the date the strategy is approved by the organization’s board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals

ACCOUNTING TODAY 1/2/15

The Internal Revenue Service and the Treasury Department have issued **final regulations** under the Affordable Care Act to protect patients in tax-exempt hospitals from aggressive debt collection practices and to provide other rules for charitable hospitals.

Under the **final regulations**, each Section 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis: establish written financial assistance and emergency medical care policies; limit the amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy; make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual; and conduct a community health needs assessment, or CHNA, and adopt an implementation strategy at least once every three years. The first three requirements are effective for tax years beginning after March 23, 2010 and the CHNA requirements are effective for tax years beginning after March 23, 2012.

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements.

"Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a blog post Monday explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

She noted that as a condition of their tax-exempt status, charitable hospitals must take an active role in improving the health of the communities they serve, establish billing and collections protections for patients eligible for financial assistance, and provide patients with the information they need to apply for such assistance. "These final rules adopt the same framework of proposed regulations but simplify the compliance process for charitable hospitals, while continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

Under the new rules, hospitals cannot charge individuals eligible for financial assistance more for emergency or other medically necessary care than the amounts generally billed to patients with insurance (including Medicare, Medicaid, or private commercial insurance). In addition, every tax-exempt hospital must establish and widely publicize a financial assistance policy that clearly describes to patients the eligibility criteria for obtaining financial assistance and the method for applying for financial assistance.

Charitable hospitals are also prohibited from engaging in certain collection methods (for example, reporting a debt to a credit agency or garnishing wages) until they make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy.

In addition, each charitable hospital needs to conduct and publish a community health needs assessment at least once every three years and disclose on the tax form that it files on an annual basis the steps it is taking to address the health needs identified in the assessment.

Many of the requirements have been in place since the Affordable Care Act passed in 2010, but in response to comments on the proposed regulations, the final rules also expand access to translations for patients, by lowering the threshold for having translations of financial assistance policies available from 10 percent of the community served as proposed, to five percent of the community served or population expected to be encountered by the hospital facility, or 1000 persons, whichever is less, according to McMahon. "The final rules also revise the notification requirements to maintain important protections for patients while making it easier for hospitals to comply with them," she wrote. "General notifications regarding a hospital's financial assistance policy must appear on bills and in the hospital. However, individual written and oral notifications of the hospital's financial assistance policy are now only required when a hospital plans to use extraordinary collections actions, such as reporting a debt to a credit bureau, selling the debt to a third party or garnishing wages."

While charitable hospitals must continue to make a good-faith effort to comply, the rules provide charitable hospitals with time to fully update their policies and programming to implement the changes. But if a charitable hospital fails to meet the consumer protection provisions required by the law, the hospital could have its tax-exempt status revoked. If a hospital fails to properly conduct a community health needs assessment or adopt an implementation strategy, an excise tax will apply, McMahon noted. "However, if a hospital fails to meet a requirement, but the failure is neither willful nor egregious, the hospital can correct and publicly disclose the error to have it excused, thus avoiding revocation of tax-exempt status, but the excise tax would still apply," she wrote.

CHNA NEWS: IRS Makes First Revocation of Hospital Not-for-Profit Status Under 501(r)

RICH DALY, HFMA SENIOR WRITER/EDITOR

Aug. 15, 2017—Charity-care reporting requirements under the healthcare reform law may have gone into effect only last October, but already one hospital has lost its not-for-profit tax status as a result. The first-time tax-status revocation under Affordable Care Act (ACA) 501(r) requirements applied to a “dual-status” 501(c)(3) hospital operated by a “local county governmental agency” and was confirmed by a redacted copy of the [tax status letter](#), which was dated Feb. 14, 2017, and posted to the IRS website in August. Neither an IRS spokeswoman nor the redacted letter identified the hospital. Loss of the 501(c)(3) exemptions eliminates the ability of hospitals to use certain employee benefit plans; likely subjects hospitals to income, property, and other taxes; bars receipt of tax-deductible contributions; and disallows use of tax-exempt bonds.

The 501(r) requirements on performing community health needs assessments (CHNAs) and offering financial assistance became effective for tax years beginning on or after Dec. 29, 2015, meaning tax-exempt hospitals operating on the calendar had to be in compliance by Jan. 1, 2016, and those with a different fiscal-year end had to be in compliance by Oct. 1, 2016.

The only enforcement information previously released by the IRS was a June 2016 letter to Sen. Charles Grassley (R-Iowa), which noted that at that point the IRS had completed 2,482 compliance reviews under 501(r). Additionally, 163 hospitals were assigned for “examination” as a result of those compliance reviews, but no further actions were identified.

The ACA requires the IRS to review the community-benefit activities of about 3,000 tax-exempt hospitals at least once every three years. This was the first time that Keith Hearle, president, Verité Healthcare Consulting, LLC, Alexandria, Va., had heard of an instance in which a hospital lost its not-for-profit status over 501(r) requirements. He has heard of several others that incurred the \$50,000 excise tax for failing to meet the CHNA requirement.

“I would be surprised if it is a one-off,” said Hearle, who has been expecting more IRS enforcement after his own reviews indicated widespread hospital vulnerability due to poor compliance.

Reasons for Revocation

Hospital 501(r) requirements include:

- [Conducting a CHNA at least once every three years](#)
- [Making the CHNA publicly available on a website](#)
- [Adopting an implementation strategy to meet the needs identified in the CHNA](#)
- Adopting a financial assistance policy and publicizing the policy, including by posting it on a website
- Limiting the amounts charged to individuals who are eligible for financial assistance
- Making individuals aware of the financial assistance policy prior to engaging in certain collection actions

Among the reasons for the IRS action against the county government hospital was its finding that the hospital did not make the CHNA widely available to the public through a website, although it had paper copies available on request. “The hospital indicated to the IRS that it might have acted on some of the recommendations included in the Implementation Strategy Report, but that a separate written implementation policy was neither drafted nor adopted,” the IRS letter stated.

Officials at the small rural hospital said they lacked the staffing to comply with 501(r) requirements. They also said they “really did not need, actually have any use for, or want their tax-exempt status under Section 501(c)(3),” according to the IRS letter. The hospital believed its tax-exempt status somehow prevented its involvement in certain payment arrangements. It had maintained 501(c)(3) status “only in case any liabilities arose relating to the prior management company that had originally obtained that status from the IRS.”

The IRS deemed the hospital’s failure “egregious” because its leaders had “neither the will, the resources, nor the staff to follow through with the” 501(r) requirements.

Widespread Vulnerability

Industry advisers worry that many hospitals could be vulnerable to IRS enforcement—if not tax-status revocation—under the new requirements. “A lot of them just assume that what they have, in terms of policy and procedure, suffices under the final regulations and have not done a lot,” said Andrew Kloeckner, a partner for Omaha-based law firm Baird Holm.

Even hospitals that have taken steps to become compliant with the requirements can face downsides, including complications with their collection efforts, which in turn can delay cash flow, Kloeckner said.

Jan Smith, a tax senior manager in Crowe Horwath’s Healthcare practice, indicated that the likelihood of a similar penalty or the likelihood of this determination setting a precedent at other hospitals may be limited. This is due to the unusual position taken by the revoked hospital’s officials that they didn’t need or want charitable status (in addition to governmental status).

“If hospitals are making a good-faith effort to comply, I would be surprised if the IRS would revoke their tax status at this stage of 501(r) examinations,” Smith said in an interview. However, she is aware of several health systems that the IRS is seeking to penalize under the CHNA tax provision.

The IRS’s 501(r) compliance reviews include the agency’s analysis of hospital websites and “other information designed to identify the hospitals with the highest likelihood of non-compliance,” IRS Commissioner John Koskinen stated in his 2016 letter to Grassley.

Justin Lowe, senior manager with the Exempt Organizations Tax Practice at Ernst & Young, underscored that hospital websites are among the publicly available information that the IRS reviews. He urged hospitals to make sure that all required documents, including the CHNA and financial assistance policy, are on the website and easily findable. Insufficient approaches to 501(r) compliance, Kloeckner said, include instances when hospitals purchase financial assistance policy templates that are provided by a consultant and not submitted for legal review, potentially leaving audit vulnerabilities. Kloeckner also urged attention on practices and procedures outside of the policies.

Small government-operated hospitals are among the most vulnerable to enforcement, Hearle said, because they may not be required to file Form 990, which provides reminders about 501(r) compliance requirements. “It’s a group of hospitals I’m concerned about,” Hearle said.

Among the financial assistance requirements with which hospitals are most likely to struggle, Hearle said, is making available lists of physicians who are associated with the hospital and who utilize the same charity care policies.

“Patients obtaining charity care from a hospital want to find physician groups through which they can get the same charity care, as opposed to some group that doesn’t offer charity care,” Hearle said.

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

II. Methodology

b) Collaborating CHNA Parties

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

Western Missouri Medical Center

403 Burkarth Rd, Warrensburg, MO 64093

President and CEO: Darinda Reberry

About Us: Western Missouri Medical Center (WMMC) is a fully-accredited acute care facility located in Warrensburg, Missouri. A not-for-profit county Medical Center, WMMC offers comprehensive health care services to residents of Johnson County and west central Missouri.

Advanced Quality Care, Right Where You Are.

After a building project that focused on comfort and convenience, WMMC nearly doubled in size. That's good news for patients because it means more of the good stuff and less waiting for it. Our goal? Offer the very latest state-of-the-art care and in-house specialists so you and your family can receive great care close to home.

A Patient-Centered Experience, A Healing Environment.

Putting patients first isn't just something we say. It's in everything we do, from our comfortable new, private rooms to our relaxing healing environment to the expert care given by our highly trained and compassionate staff.

Nationally Accredited and Award-Winning Care

Our quality of care has received national accreditations and awards.

Our Mission: Our mission is to improve the health of our greater community by providing quality health care services, exceeding the expectations of those we serve.

Our Vision: To be the regional preferred provider of exceptional health care services through these Pillars of Excellence:

- Community / Patient
- Medical Staff Engagement
- Employee Engagement
- Quality
- Clinical
- Financial Performance

Our Values:

- Accountability
- Service
- Promote teamwork
- Integrity
- Respect
- Excellence

Health Care Services: Western Missouri Medical Center takes pride in the strength of our obstetrics, surgical and specialty capabilities and inpatient services, as well as our diagnostic outpatient clinics and services. In addition, WMMC offers excellence in rehabilitation services and emergency care.

Inpatient Services: Our health care team is specially trained to provide care to pediatric, adult and elderly surgical patients.

- Diabetes Treatment
- Hospitalists
- Intensive Care Unit
- Medical Nursing Unit
- Obstetrical / Labor and Delivery Unit
- Respiratory Therapy
- Senior Behavioral Health Unit
- Social Services
- Surgical Nursing Unit
- Telemetry Unit

Physician Services: At Western Missouri Medical Center (WMMC), we offer a broad range of specialists and services to meet the healthcare needs of you and your family. From family healthcare, internal medicine, and OB/GYN care to general and orthopedic surgery, we're providing advanced treatment where you need it most-right here at home.

Outpatient Services: WMMC services offered on an outpatient basis include:

- Allergy and Asthma
- Anesthesiology
- Bariatric Surgery
- Cardiology
- Ear, Nose and Throat (ENT)
- Emergency Medicine
- Express Care
- Family Medicine
- General Surgery
- Hematology / Oncology
- Hospitalists
- Internal Medicine
- Interventional Pain Management
- Nephrology
- Neurology
- Obstetrics and Gynecology
- Ophthalmology
- Orthopedic Surgery
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Podiatry
- Pulmonology
- Psychiatry
- Radiology
- Rheumatology
- Sleep Medicine
- Urology
- Vascular Surgery
- Wound Care

Emergency Services: If you are currently having a medical emergency, please call 9-1-1. The WMMC Emergency Department offers quality, full-service emergency medical care, 24 hours a day, 7 days per week.

Johnson County Community Health Services

723 PCA Road, Warrensburg, MO 64093

Administrator: Anthony Arton

MISSION:

Johnson County Community Health Services is improving the quality of life for the communities we serve by providing quality Home Health, Public Health, and WIC services.

VISION:

Johnson County Community Health Services will be a leader in Home Health, Public Health, and WIC services.

CORE VALUES:

1. Dedicated, competent, and professional employees provide compassionate care to all clients.
2. Establish community partnerships to address unmet needs and issues.
3. Effective management of resources and programs assure continuity and growth.

About:

Johnson County Community Health Services (JCCHS) have been IMPROVING YOUR QUALITY OF LIFE since we were established in 1975. Operated under County Health Center Statutes (Chapter 205 RSMo) and an elected Board of Trustees. JCCHS was created to house a multi-purpose agency that includes Home Health, Public Health, and WIC. Our Home health care agency is federally certified and state licensed. We provide Home Health care to Johnson County, Lafayette County and Pettis County residents in their homes.

JCCHS provides services to improve quality of life for the community, our clients, and the families of our clients by providing our services under the supervision of licensed professional nurses that carry out the orders of physicians. Our Home Health team promotes independence and recovery in the home setting. Our Public health provides many services as well; vaccinations, birth and death records, environmental services, and more. WIC helps qualifying families eat healthy and stay well. All JCCHS divisions work collaboratively with area community groups and providers to address a wide range of health care and public health needs to eliminate health disparities and increase the number of healthy years that Johnson county residents live.

Public Health Nursing: Public Health is YOUR health!

Public health protects and improves the health of individuals, families, communities, and populations. Our focus is on preventing disease and injury by promoting a healthy lifestyle.

- Immunizations
- Health Screenings
- STD Testing
- Tuberculosis (TB) Tests
- Pregnancy
- CPR/AED & First Aid
- Childcare Provider Support
- Car Seat Safety
- Lead Testing
- Animal Bites

WIC: Everyone loves their unborn baby, infant, child or children and will do whatever they can to make their lives better. Our children depend on and trust us to provide for them. WIC will help you and your family eat healthy and stay well.

Benefits of WIC:

- Nutrition and health education in person or on the Web
- Nutrition counseling focused on your needs and concerns
- Breastfeeding education and support by trained staff
- Breast pumps
- Healthful foods that will save the WIC participant \$60-\$75 each month
- Help in finding health care and other community services
- WIC checks to purchase:
 - Fresh and frozen fruit and veggies
 - Baby food
 - Milk, eggs, cheese, peanut butter
 - Whole grain cereal, whole wheat breads and/or tortillas
 - 100% juice

Vital Records: Missouri birth and death records are maintained by the Department of Health and Senior Services Bureau of Vital Records. Our office is able to provide authorized individuals with certified copies of birth and death certificates who were born or died in the state of Missouri. However, we are unable to make any changes or corrections. You can contact the Missouri Bureau of Vital Records at (573) 751-6378 for more information about correcting or changing information on a certificate.

Environmental Services: Environmental Public Health includes services and resources relating to sanitation and safety inspections of food establishments, child care facilities and lodging establishments. Additionally, it includes oversight of onsite wastewater treatment system construction and technical assistance for all environmental public health concerns.

- Food Inspections
- Food Safety
- Food Safety Training
- Lodging Inspections
- On-Site Wastewater Treatment Systems
- Childcare Facility Requirements
- Drinking Water Testing

Home Health: Whether you are recovering from an operation and are too ill to take care of yourself or you have a condition which requires regular medical care, Johnson County Home Health is here to help you recover and teach you how to live more independently so you can stay at home. Our goal is to keep you out of the hospital or nursing home and, with the assistance of our home health providers, allow you to be together with your family in the comfort, security and privacy of your own home.

Our credentialed and professionally trained team of Nurses, Physical Therapists, Occupational Therapists, Speech Therapists, Certified Nurses Aide, and Medical Social Worker, along with your physician, are ready to develop your personalized home health plan and provide the most compassionate care – right from the comfort of your own home.

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Consultants LLC

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

Vince Vandehaar MBA, Principal Consultant & Adjunct (913) 302-7264

VVV@VandehaarMarketing.com

Vince provides professional business consulting services to help healthcare organizations with business strategy, research and development. Specifically, Vince facilitates strategic planning, creates proven marketing plans/tactics, prepares IRS aligned community health needs assessments and conducts both qualitative and quantitative market research studies.

Vince started his consulting firm (VVV Consultants LLC) on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. (Note: Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003). Prior to his experience at Saint Luke's, Vince worked in the payor and insurance industry for Blue Cross and Blue Shield of Kansas City; Tillinghast, a Tower's Perrin Actuarial Consulting Firm; and Lutheran Mutual Life Insurance Company.

Vince also is an Adjunct Professor teaching BA, MBA & MHA classes part time 20% of his time at Avila, Rockhurst and/or Webster University (Strategic Planning, Marketing, MHA Capstone, Marketing Research, Sales & Social Media classes) and consults the remainder of his time.

Vince is a Malcolm Baldrige coach and a professional focus group moderator. He is actively involved in the national Society for Healthcare Strategy & Market Development (SHSMD), KHA/MHA Marketing Associations, KC Employee Benefit Professional Association, Healthcare Executives Kansas City, the American Marketing Association KC Chapter and is a SG2 advocate.

Collaborating Support:

Tessa Taylor BBA BA - VVV Consultants LLC

Lead Consultant

II. Methodology

c) CHNA and Town Hall Research Process

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

In April, a meeting was called by WMMC PSA (Johnson County, MO) to review possible CHNA collaborative options, in collaboration with Johnson County Community Health Services. Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps. Outcomes from discussion lead to Western Missouri Medical Center requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Hospital : WMMC PSA Area Defined IP/OP Yr2018-16								
#		ZIP	City	ST	County	3 YR Tot	Accum	%
			TOTALS			577,572	100.0%	
1	P	64093	Warrensburg	MO	JOHNSON	261,383	45.3%	45.3%
2	P	65336	Knob Noster	MO	JOHNSON	56,134	55.0%	9.7%
3	P	64040	Holden	MO	JOHNSON	27,468	59.7%	4.8%
4	P	65305	Whiteman AFB	MO	JOHNSON	19,631	63.1%	3.4%
5	P	64019	Centerview	MO	JOHNSON	19,629	66.5%	3.4%
6	P	64761	Leeton	MO	JOHNSON	9,442	68.2%	1.6%
7	P	64733	Chilhowee	MO	JOHNSON	6,971	69.4%	1.2%
8	P	64061	Kingsville	MO	JOHNSON	3,835	70.0%	0.7%
9	P	64037	Higginsville	MO	LAYFAYETTE	28,429	75.0%	4.9%

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

Western Missouri Medical Center - CHNA Wave #3

Option C - Project Timeline and Roles 2019 (Johnson County, MO)

Step	Date (Start-Finish)	Lead	Task
1	3/25/2019	VVV	Sent VVV quote for review.
2	4/1/2019	Hosp	Select CHNA Option A/B/C. Approve and sign VVV CHNA quote.
3	4/15/2019	VVV	Send out REQCommInvite Excel file. Hospital and health department to fill in PSA stakeholders names, addresses and emails.
4	4/25/2019	VVV	Request client to send MHA PO101, PO103 and TOT223 PO Reports for FFY 16, 17 and 18. In addition, request three year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or before 04/26/2019	VVV	Prepare CHNA Wave #3 stakeholder feedback online link. Send text link for hospital review.
6	On or before 04/26/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work. Hospital to place.
7	On or before 04/26/2019	VVV / Hosp	Prepare Email request to Roster Stakeholders announcing online CHNA Wave #3 feedback. BCC email from Hospital Administration.
8	By 05/01/2019	VVV	Launch and conduct online survey to stakeholders. Hospital Admin will e-mail announcement to participate to all stakeholders. (Survey to end May 29, 2019)
9	June-July 2019	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	On or before 05/29/2019	Hosp	Prepare and send out community Town Hall invite letter and place local ad.
11	On or before 05/29/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming Town Hall. VVV will mock up PR release to media sources.
12	TBD Week prior to Town Hall	All	Conduct conference call (<i>time TBD</i>) with hospital and health department to review Town Hall data and flow.
13	Tuesday, June 11, 2019 (5:30pm-7:00pm)	VVV	Conduct CHNA Town Hall from 5:30 p.m. to 7:00 p.m. at the Community Center - Multipurpose Rooms B and C (445 E Gay St, Warrensburg, MO 64093). Review and discuss basic health data plus rank health needs.
14	On or before 9/6/2019	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital and health department.
15	On or before 9/16/2019	VVV	Produce and release final CHNA report. Hospital will post CHNA online.
16	30 days prior to end of hospital fiscal year	TBD	Hold board meetings to discuss CHNA needs and create and adopt an Implementation Plan. Communicate CHNA plan to community.

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson Foundation: County Health Rankings, etc. to document current state of county health organized as follows:

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Gather primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

Phase III—Quantify Community Need:

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

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

Post CHNA report findings to meet both PHAB and IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring county health department and hospital), the CHNA Option C was selected with the following project schedule:

Phase I: Discovery.....	Apr 2019
Phase II: Secondary / Primary Research.....	May – Jun 2019
Phase III: Town Hall Meeting.....	Jun 11, 2019
Phase IV: Prepare / Release CHNA report.....	Jul – Sept 2019

Detail CHNA Development Steps Include:

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

Overview of Town Hall Community Priority Setting Process

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

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


Western Missouri Medical Center in collaboration with Johnson County Community Health Services, town hall meeting was held on Tuesday, June 11th, 2019 from 5:30 p.m. to 7:00 p.m. at the Community Center – Multipurpose Rooms B and C (445 E Gay St, Warrensburg, MO 64093). Vince Vandehaar facilitated this 1 ½ hour session with twenty-nine (29) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

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

**Community Health Needs Assessment
Town Hall Meeting – Johnson Co MO**
on behalf of Western Missouri Medical Center
in collaboration with Johnson County Community Health Services



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

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

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

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

2

I. Introduction:

Background and Experience



Vince Vandelaar, MBA
VVV Consultants LLC - Principal Consultant
Olathe, KS 913 302-7264

- > Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
- > Focus: Strategy, Research, Deployment
- > 30+ years of experience with Tillinghast, BCBSKC, Saint Luke's

Adjunct Full Professor - Marketing & MHA 31+ years

- > Avila University
- > Webster University
- > Rockhurst University

Tessa Taylor, BBA BA - Associate Consultant

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

3

Town Hall Participation (You)

- ALL attendees welcome to share
 - Parking Lot
- There are no right or wrong answers
- Only one person speaks at a time
- Please give truthful responses
- Have a little fun along the way

4

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

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II. Review CHNA Definition

- A Community Health Needs Assessment (CHNA) is a **systematic collection, assembly, analysis, and dissemination of information about the health of the community.** (NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.)
- A CHNA's role is to identify factors that affect the health of a population and **determine the availability of resources** to adequately address those factors.

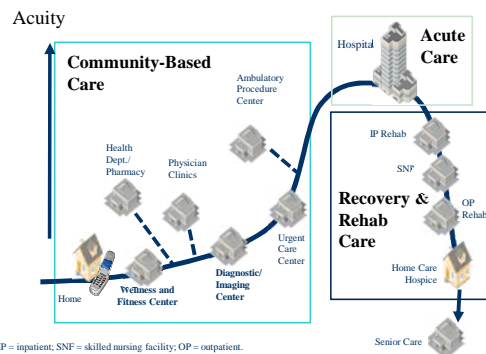
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Purpose—Why Conduct a CHNA?

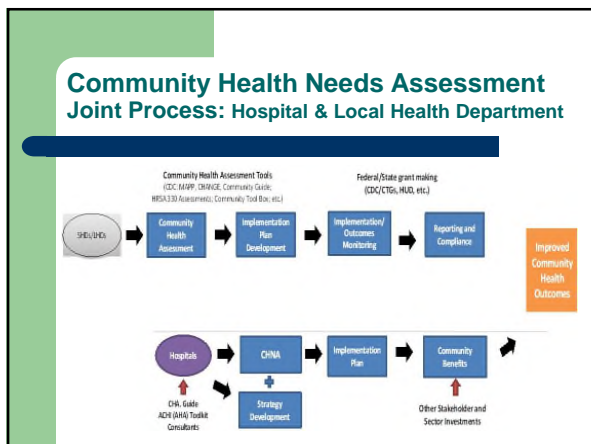
- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements – both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

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Future System of Care—Sg2



8



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II. IRS Hospital CHNA Written Report Documentation

- a description of the community served
- a description of the CHNA process
- the identity of any and all organizations and third parties which collaborated to assist with the CHNA
- a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications
- a prioritized description of all of the community needs identified by the CHNA and
- a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

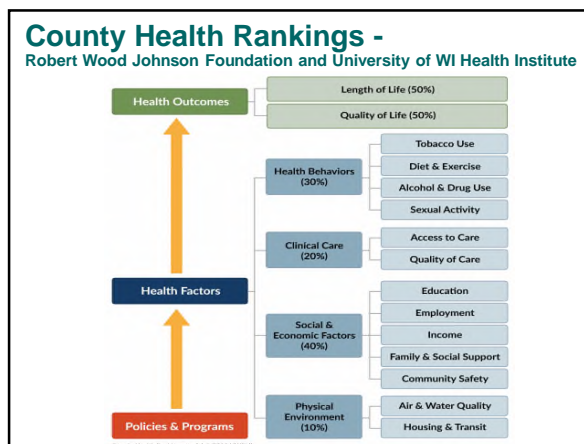
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III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

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1 Physical Environment (40%)			2b Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Particulate pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water violation	Percent of population potentially exposed to water exceeding a violation level during the past year		Injury deaths	Injury mortality per 100,000
	Heating and transit (5%)	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or bathroom facilities	3 Health Outcomes (50%)	
	Commuter change	Percent of the workforce that drives alone to work	Health Behaviors		
	Commuter change	Among workers who commute in their car alone, the percent that commutes more than 30 minutes	2c		
2 Chronic Care (10%)			3 Health Outcomes (50%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Access to care (10%)	Insurance	Percent of population under age 65 without health insurance	Tobacco use	Adult smoking	Percent of adults that report smoking = 100
	Primary care physicians	Ratio of population to primary care physicians	Drug and substance (10%)	Adult obesity	Percent of adults that report a BMI ≥ 30
Quality of care (10%)	Dentists	Ratio of population to dentists	Food environment index		Index of factors that contribute to a healthy food environment
	Mental health providers	Ratio of population to mental health providers	Physical inactivity		Percent of adults aged 20 and over reporting
	Preventable hospitalizations	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Alcohol and drug use (5%)	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
	Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening		Excessive drinking	Drugs plus heavy drinking
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Sexual activity (5%)	Sexually transmitted infections	Chlamydia rate per 100,000 population
2b Social and Economic Environment (40%)			3b / 3c Morbidity / Mortality		
Focus Area	Measure	Description	Focus Area	Measure	Description
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Peer or fair	ABR-adjusted	Percent of adults reporting fair or poor health status
	Some college	Percent of adults aged 25-44 years with some post-secondary education	Peer physical health days		Change number of physically unhealthy days reported in past 30 days (age-adjusted)
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work	Peer mental health days		Change number of mentally unhealthy days reported in past 30 days (age-adjusted)
	Income (10%)	Children in poverty	Low birthweight		Percent of live births with low birthweight at 2000 grams
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Premature death		Years of potential life lost before age 75 per 100,000 population (age-adjusted)
	Children in single-parent households	Percent of children that live in household headed by single parent			

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IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

14

Have We Forgotten Anything?

A. Aging Services	M. Hospice
B. Chronic Pain Management	N. Hospital Services
C. Dental Care/Oral Health	O. Maternal, Infant & Child Health
D. Developmental Disabilities	P. Nutrition
E. Domestic Violence,	R. Pharmacy Services
F. Early Detection & Screening	S. Primary Health Care
G. Environmental Health	T. Public Health
Q. Exercise	U. School Health
H. Family Planning	V. Social Services
I. Food Safety	W. Specialty Medical Care Clinics
J. Health Care Coverage	X. Substance Abuse
K. Health Education	Y. Transportation
L. Home Health	Z. Other _____

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Community Health Needs Assessment

Questions; Next Steps?

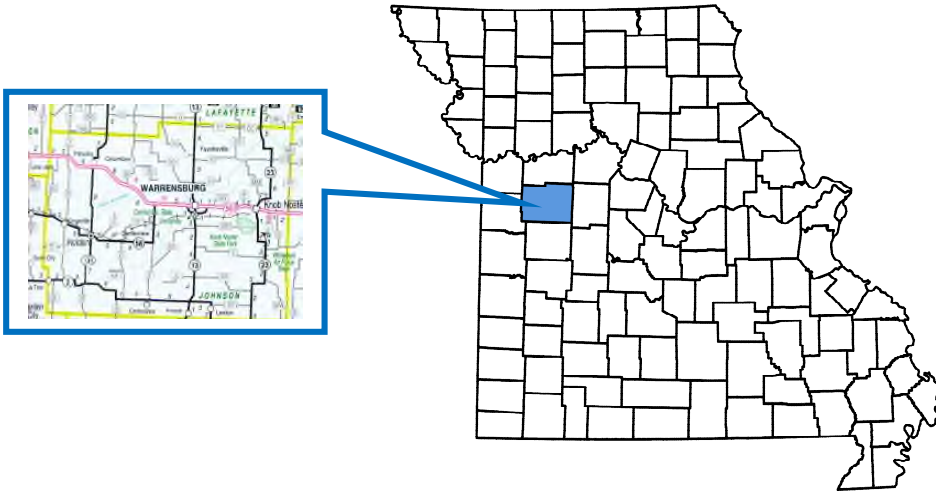
VVV Consultants LLC
VVV@VandelaarMarketing.com
(913) 302-7264

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II. Methodology

d) Community Profile (A Description of Community Served)

Johnson County, Missouri Community Profile



Demographics¹

The population of Johnson County was estimated to be 54,298 on July 1, 2019, and has a population density of 66 persons. Johnson County's main cities are Centerview, Chilhowee, Holden, Kingsville, Knob Noster, La Tour CDP, Leeton, Warrensburg and Whiteman AFP CDP.

Airports in Johnson County²

Name	USGS Topo Map
Ferguson Farms Airport	Windsor
Fletcher Field	Warrensburg West
Friends Field	Chapel Hill
Lake Sexton Airport	Burtville
Short Air Airport	Centerview
Skyhaven Airport	Warrensburg West
Western Missouri Medical Center Heliport	Warrensburg East
Whiteman Air Force Base	Burtville

¹ <https://missouri.hometownlocator.com/mo/johnson/>

² <https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29101.cfm>

Schools in Johnson County

School	Address	Phone	Levels
Chilhowee Elem	101 Hwy 2 Chilhowee, MO 64733	660-678-4511	PK-6
Chilhowee High	101 Hwy 2 Chilhowee, MO 64733	660-678-4511	7-12
Crest Ridge Elem	94 NW 58 Hwy Centerview, MO 64019	660-656-3315	PK-6
Crest Ridge High	92 NW 58 Hwy Centerview, MO 64019	660-656-3391	7-12
Holden Elem	1903 S Market Holden, MO 64046	816-732-6071	PK-5
Holden High	1901 S Main Holden, MO 64046	816-732-553	9-12
Holden Middle	301 Eagle Dr Holden, MO 64040	816-732-4125	6-8
Kingsville Elem	101 E Adriatic Kingsville, MO 64061	816-597-3422	PK-6
Kingsville High	101 E Adriatic Kingsville, MO 64061	816-597-3422	7-12
Knob Noster Elem	405 E Wimer Knob Noster, MO 65336	660-563-3019	PK-4
Knob Noster High	504 S Washington Knob Noster, MO 65336	660-563-2283	9-12
Knob Noster Middle	211 E Wimer Knob Noster, MO 65336	660-563-2260	5-8
Leeton Elem	500 N Main Leeton, MO 64761	660-653-4731	PK-5
Leeton High	500 N Main Leeton, MO 64761	660-653-4314	9-12
Leeton Middle	500 N Main Leeton, MO 64761	660-653-4314	6-8
Maple Grove Elem	950 Hamilton St, Warrensburg, MO 64093	660-422-5770	K-2
Martin Warren Elem	105 S Maguire Warrensburg, MO 64093	660-747-7160	3-5
Ridge View Elem	215 S Ridgeview Dr Warrensburg, MO 64093	660-747-6013	PK-2
Sterling Elem	522 E Gay St Warrensburg, MO 64093	660-747-7478	3-5
Warrensburg High	1411 S Ridgeview Dr Warrensburg, MO 64093	660-747-2262	9-12
Warrensburg Middle	640 E Gay St Warrensburg, MO 64093	660-747-5612	6-8
Whiteman A.F.B. Elem	120 Houx Dr Whiteman Afb, MO 65305	660-563-3028	PK-4

Demographics - Johnson Co (MO)

Demographics - Johnson Co (MO)										
Zip	Name	ST	County	Population			Households			Per Capita
				YR 2018	YR 2023	Chg.	YR 2018	YR 2023	Size	Inc 18
64019	Centerview	MO	JOHNSON	2474	2484	0.4%	903	910	3	\$26,811
64040	Holden	MO	JOHNSON	6465	6362	-1.6%	2511	2473	3	\$25,283
64061	Kingsville	MO	JOHNSON	3576	3582	0.2%	1404	1410	3	\$29,648
64093	Warrensburg	MO	JOHNSON	28779	28814	0.1%	10491	10503	2	\$22,156
64733	Chilhowee	MO	JOHNSON	1093	1074	-1.7%	428	421	3	\$26,207
64761	Leeton	MO	JOHNSON	1638	1653	0.9%	632	638	3	\$23,554
65305	Whiteman Air Force Base	MO	JOHNSON	2689	2708	0.7%	660	667	3	\$15,408
65336	Knob Noster	MO	JOHNSON	5952	5900	-0.9%	2337	2315	3	\$23,710
Totals				52,666	52,577	-0.2%	19,366	19,337	3	\$24,097
Zip	Name	ST	County	Pop18 65+	Pop18 <=18	Females	White	Black	Amer. Ind.	Hisp.
64019	Centerview	MO	JOHNSON	403	642	1235	2348	25	19	63
64040	Holden	MO	JOHNSON	1160	1496	3251	6106	70	42	193
64061	Kingsville	MO	JOHNSON	644	766	1759	3400	34	23	87
64093	Warrensburg	MO	JOHNSON	3392	7576	14415	24615	1912	175	1268
64733	Chilhowee	MO	JOHNSON	197	260	536	1046	5	8	11
64761	Leeton	MO	JOHNSON	272	429	784	1562	7	12	34
65305	Whiteman Air Force Base	MO	JOHNSON	62	994	1196	2138	247	12	314
65336	Knob Noster	MO	JOHNSON	599	1803	2902	4945	418	31	480
Totals				6,729	13,966	26,078	46,160	2,718	322	2,450
Percentages				12.8%	26.5%	49.5%	87.6%	5.2%	0.6%	4.7%

III. Community Health Status

[VVV Consultants LLC]

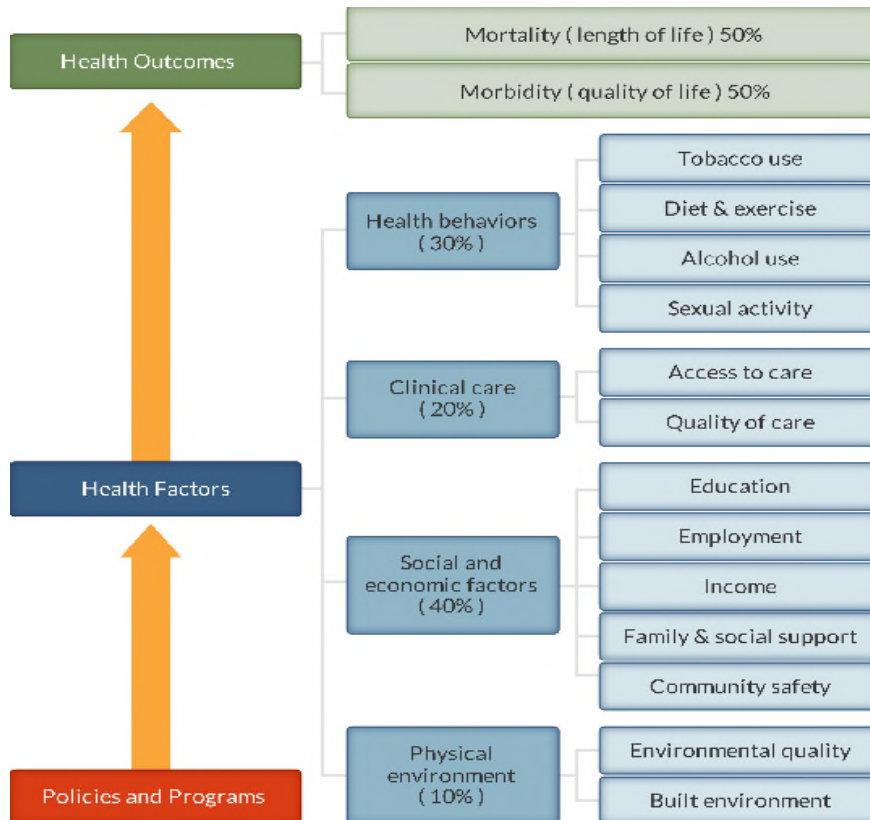
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2019 RWJ County Health Rankings and conversations from Town Hall participants. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2019 RWJ Health Rankings:

#	2019 MO Rankings - 115 Counties	Definitions	Johnson Co MO	Rural 20 MO Norms
1	Health Outcomes		17	47
	Mortality	Length of Life	23	51
	Morbidity	Quality of Life	22	44
2	Health Factors		35	53
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	60	50
	Clinical Care	Access to care / Quality of Care	44	65
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	16	49
3	Physical Environment	Environmental quality	74	60
http://www.countyhealthrankings.org , released 2019				
Rural 20 MO Norms: Lewis, Marion, Monroe, Pike, Ralls, Shelby, Cass, Johnson, Pettis, Lafayette, Henry, Benton, St. Clair, Bates, Venon, Cedar, Clinton, DeKalb, Caldwell, Daviess.				

PSA Secondary Research:

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

Tab 1 Demographic Profile

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

Tab	Health Indicator	Johnson Co-WMMC PSA	Trend	MO State	Rural 20 MO Norm	Source
1a	a Population estimates, July 1, 2017, (V2017)	53,897		6,113,532	23,322	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	2.5%		2.1%	-1.3%	People Quick Facts
	c Population per square mile, 2010	63		87	37	People Quick Facts
	d Persons under 5 years, percent, July 1, 2017, (V2017)	6.3%		6.1%	5.9%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2017	12.3%		16.5%	19.8%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	48.4%		50.9%	49.2%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	89.2%		83.1%	94.2%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017, (V2017)	5.1%		11.8%	2.8%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	4.4%		4.2%	2.7%	People Quick Facts
	j Foreign born persons, percent, 2013-2017	2.7%		4.0%	1.4%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	3.6%		6.0%	3.7%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	72.6%		84.3%	85.0%	People Quick Facts
	m Children in single-parent households, percent, 2019	21.0%		33.0%	29.3%	County Health Rankings
	n Total Veterans, 2013-2017	5,651		424,605	2,005	People Quick Facts

Tab 2 Economic/Business Profile

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

Tab	Health Indicator	Johnson Co-WMMC PSA	Trend	MO State	Rural 20 MO Norm	Source
2	a Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$23,304		\$28,282	\$23,290	People Quick Facts
	b Persons in poverty, percent, 2017	12.8%		13.4%	14.7%	People Quick Facts
	c Total Housing units, July 1, 2017, (V2017)	22,306		2,792,506	10,685	People Quick Facts
	d Total Persons per household, 2012-2016	2.5		2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2010-2014	79.0%		82.0%	80.3%	County Health Rankings
	f Total of All firms, 2012	3,451		491,606	1,845	People Quick Facts
	g Unemployment, percent, 2019	4.4%		3.8%	4.0%	County Health Rankings
	h Food insecurity, percent, 2019	15.0%		15.0%	13.9%	County Health Rankings
	i Limited access to healthy foods, percent, 2019	6.0%		7.0%	8.2%	County Health Rankings
	j Long commute - driving alone, percent, 2019	30.0%		32.0%	34.4%	County Health Rankings

Tab 3 Educational Profile

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

Tab	Health Indicator	Johnson Co-WMMC PSA	Trend	MO State	Rural 20 MO Norm	Source
3	a Children eligible for free or reduced price lunch, percent, 2019	40.0%		51.0%	54.2%	County Health Rankings
	b Number of Head Start Programs, 2018	3		379	3	US Department of Health & Human Services, Administration for Children and Families. 2018.
	c High school graduate or higher, percent of persons age 25 years+, 2013-2017	92.0%		89.2%	87.7%	People Quick Facts
	d Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	28.4%		28.2%	17.0%	People Quick Facts

Tab 4 Maternal and Infant Profile

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

Missouri Resident Births (MICA)				
County	2015	2016	2017	Trend
Johnson Co	714	701	716	
Missouri	75,042	74,664	73,017	

Source: DHSS - MOPHIMS - Birth MICA

Tab 4 Maternal and Infant Profile (Continued)

Tab	Health Indicator	Johnson Co-WMMC PSA	Trend	MO State	Rural 20 MO Norm	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2017 (rate per 100)	77.3%		72.5%	73.5%	MOPHIMS
	b Percentage of Preterm Births, 2013-2017 (rate per 100)	8.9%		10.4%	9.1%	MOPHIMS
	c Percent of Births with Low Birth Weight, 2013-2017 (rate per 100)	6.9%		8.4%	7.3%	MOPHIMS
	d Percent of WIC Infants- Ever Breastfed, percent, 2016 (rate per 100)	84.4%		73.0%	74.3%	MOPHIMS
	e Percent of all Births Occurring to Teens (15-17), 2013-2017 (rate per 100)	1.0%		1.6%	1.6%	MOPHIMS
	f Percent of Births Occurring to Unmarried (out-of-wedlock) women, 2013-2017 (rate per 100)	24.5%		40.2%	37.5%	MOPHIMS
	g Percent of births Where Mother Smoked During Pregnancy, 2013-2017 (rate per 100)	11.6%		14.5%	19.4%	MOPHIMS

Tab 5 Hospitalization/Provider Profile

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

Tab	Health Indicator	Johnson Co-WMMC PSA	Trend	MO State	Rural 20 MO Norm	Source
5	a Primary care physicians (MD or DO) (Pop Coverage per), 2019	2,250:1		1,420:1	3,370:1	County Health Rankings
	b Preventable hospital stays - Rate of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (lower the better), 2017.	79		57	69	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	74.0%		73.0%	65.1%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	71.0%		71.0%	67.3%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	58		46	45	CMS Hospital Compare, 10/1/2015-9/30/2016

Tab 5 Hospitalization/Provider Profile (Continued)

#	Inpatient - MHA PO103	Johnson Co MO- ALL IP			
		Trend	FFY18	FFY17	FFY16
1	Total Discharges		5,924	6,167	5,870
2	Pediatric Age 0-17		275	273	262
3	Adult Medical/Surgical Age 18-44		672	653	603
4	Adult Medical/Surgical Age 45-64		1,256	1,328	1,298
5	Adult Medical/Surgical Age 65-74		825	866	784
6	Adult Medical/Surgical Age 75+		1,047	1,148	1,124
7	Psychiatric		553	498	501
8	Obstetric		655	731	662
#	Inpatient - KHA PO103	WMMC Only			
		Trend	FFY18	FFY17	FFY16
1	Total Discharges		2,186	2,344	2,227
2	Pediatric Age 0-17		29	33	24
3	Adult Medical/Surgical Age 18-44		223	205	175
4	Adult Medical/Surgical Age 45-64		391	370	363
5	Adult Medical/Surgical Age 65-74		228	259	221
6	Adult Medical/Surgical Age 75+		408	458	459
7	Psychiatric		14	19	22
8	Obstetric		442	511	487
#	MHA TOT223E - PCMH	Trend	FFY18	FFY17	FFY16
	Total Johnson Co MO - ER visits		20,926	20,196	19,431
	WMMC ER - Johnson Co Only		67.9%	68.0%	68.0%

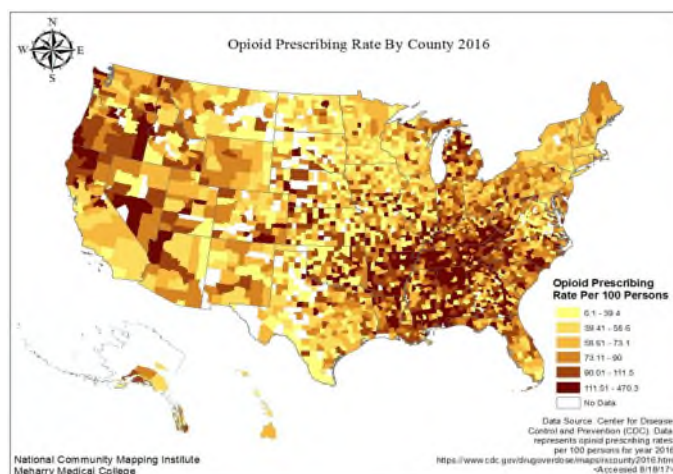
Tab 6 Behavioral Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Johnson Co-WMMC PSA	Trend	MO State	Rural 20 MO Norm	Source
6	a Depression: Medicare Population, percent, 2015	16.5%		20.0%	16.7%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	13.5		18.5	15.5	World Bank
	c Poor mental health days, 2019	4.3		4.4	4.4	County Health Rankings

Tab 6 Behavioral Profile (Continued)

Opioid Prescription Rate per 100 – 2017 (Johnson Co=49.0 and State of MO = 71.8)



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	Johnson Co-WMMC PSA	Trend	MO State	Rural 20 MO Norm	Source
7a	a Adult obesity, percent, 2019	34.0%	Red	32.0%	34.2%	County Health Rankings
	b Adult smoking, percent, 2019	21.0%	Yellow	22.0%	21.1%	County Health Rankings
	c Excessive drinking, percent, 2019	19.0%	Red	19.0%	17.0%	County Health Rankings
	d Physical inactivity, percent, 2019	24.0%	Yellow	25.0%	27.9%	County Health Rankings
	e Poor physical health days, 2019	4.3	Yellow	4.2	4.5	County Health Rankings
	f Sexually transmitted infections, rate per 100k, 2019	593.1	Red	507.0	273.9	County Health Rankings

Tab 7b Risk Indicators & Factors Profile

Tab	Health Indicator	Johnson Co-WMMC PSA	Trend	MO State	Rural 20 MO Norm	Source
7b	a Hypertension: Medicare Population, 2015	52.2%	Yellow	54.6%	52.1%	CMS
	b Hyperlipidemia: Medicare Population, 2015	39.0%	Yellow	41.8%	38.2%	CMS
	c Heart Failure: Medicare Population, 2015	11.6%	Green	13.7%	13.8%	CMS
	d Chronic Kidney Disease: Medicare Pop, 2015	15.2%	Yellow	18.2%	15.6%	CMS
	e COPD: Medicare Population, 2015	11.6%	Green	13.4%	14.5%	CMS
	f Atrial Fibrillation: Medicare Population, 2015	8.6%	Yellow	8.2%	8.6%	CMS
	g Cancer: Medicare Population, 2015	7.6%	Yellow	7.8%	7.3%	CMS
	h Osteoporosis: Medicare Population, 2015	4.5%	Yellow	5.8%	4.6%	CMS
	i Asthma: Medicare Population, 2015	7.1%	Yellow	8.6%	8.1%	CMS
	j Stroke: Medicare Population, 2015	3.5%	Yellow	3.9%	3.7%	CMS

Tab 8a Uninsured Profile/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	Johnson Co-WMMC PSA	Trend	MO State	Rural 20 MO Norm	Source
8	a Uninsured, percent, 2019	10.0%		11.0%	12.3%	County Health Rankings
	b Percent of Insured Pop Receiving Medicaid, 2013-2017	12.8%		16.3%	18.9%	US Census Bureau, American Community Survey, 2013-17

Source Hospital Internal Records					
Western Missouri Medical Center		Trend	YR 2018	YR 2017	YR 2016
1	Bad Debt.. Have Insurance Can't Pay Bill		\$11,740,025	\$11,507,764	\$12,483,929
2	Charity Care .. Free Care given		\$2,003,205	\$1,580,043	\$1,885,441

Johnson County Community Health Services provides the following:

Source: Internal Records - Johnson County Community Health Services				
	Community Tax Dollars - Johnson County MO	YR 2018	YR 2017	Yr 2016
1	Core Community Public Health	\$83,682	\$82,631	\$113,275
2	Child Care Inspections	\$3,960	\$3,315	\$3,700
3	Environmental Services	\$48,049	\$48,138	\$33,470
4	Home Health	\$1,117,385	\$919,707	\$1,003,028
5	Immunizations/Vaccine	\$32,931	\$25,722	\$21,938
6	Lab procedures	206	228	178
7	Screenings: Blood pressure / STD	284 / 257	275 / 206	266 / 136

Tab 9 Mortality Profile

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

Tab	Health Indicator	Johnson Co-WMMC PSA	Trend	MO State	Rural 20 MO Norm	Source
9	a Life Expectancy for Males, 2014	76.3		74.9	75.0	World Bank
	b Life Expectancy for Females, 2014	80.3		80.1	79.9	World Bank
	c Alcohol-impaired driving deaths, percent, 2019	31.0%		29.0%	25.3%	County Health Rankings

Tab 9 Mortality Profile (Continued)

Causes of Death by County of Residence, MO 2016	Johnson Co	%	TREND	State of MO	%
TOTAL County	442	100%		61,866	100%
Diseases of heart	130	29.4%		14,818	24.0%
Malignant neoplasms	81	18.3%		12,969	21.0%
All other diseases	66	14.9%		9,741	15.7%
Pneumonitis due to solids & liquids	34	7.7%		592	1.0%
Chronic lower respiratory disease	26	5.9%		3,941	6.4%
Unintentional injuries	24	5.4%		3,773	6.1%
...Motor vehicle crashes	16	3.6%		994	1.6%
Cerebrovascular diseases	14	3.2%		3,159	5.1%
Nephritis and nephrosis	12	2.7%		1,515	2.4%
Suicide	11	2.5%		1,515	2.4%
Diabetes mellitus	10	2.3%		1,606	2.6%

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	Johnson Co-WMMC PSA	Trend	MO State	Rural 20 MO Norm	Source
10	a Access to exercise opportunities, percent, 2019	50.0%		76.0%	46.0%	County Health Rankings
	b Diabetes monitoring, percent, 2019	39.0%		43.0%	39.3%	County Health Rankings
	c Mammography screening, percent, 2019	39.0%		44.0%	34.9%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP (Have a regular Doctor), 2016	72.7%		NA	79.1%	MO Department of Health and Senior Services, MO Co-Level Study (CLS). 2016.
	e Percent Annual Check-Up Visit with Dentist (Within last 12 months), 2016	66.4%		NA	55.9%	MO Department of Health and Senior Services, MO Co-Level Study (CLS). 2016.
	f Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

b) Online Research- Health Status

PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for WMMC PSA. Response for WMMC PSA online survey equals 291 residents. Below are multiple charts reviewing survey demographics.

Chart #1 – WMMC PSA Online Feedback Response N=291

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	WMMC PSA N=291	Trend	Rural Norms 26 Co N=4,658
Business / Merchant	11.4%		9.7%
Community Board Member	8.2%		8.3%
Case Manager / Discharge Planner	2.5%		1.3%
Clergy	1.3%		1.4%
College / University	8.2%		2.2%
Consumer Advocate	2.5%		1.8%
Dentist / Eye Doctor / Chiropractor	0.0%		0.6%
Elected Official - City/County	3.8%		2.1%
EMS / Emergency	3.2%		2.5%
Farmer / Rancher	9.5%		6.0%
Hospital / Health Dept	35.4%		18.4%
Housing / Builder	0.6%		0.6%
Insurance	0.6%		1.0%
Labor	0.0%		2.2%
Law Enforcement	0.6%		1.7%
Mental Health	2.5%		2.7%
Other Health Professional	22.2%		10.8%
Parent / Caregiver	20.9%		15.6%
Pharmacy / Clinic	4.4%		2.3%
Media (Paper/TV/Radio)	0.6%		0.6%
Senior Care	3.8%		2.7%
Teacher / School Admin	7.0%		5.9%
Veteran	6.3%		2.9%
Unemployed / Other	12.0%		7.0%

Rural 26 Norms Include the following counties: Appanoose IA, Barton, Butler KS, Carroll IA, Cowley, Decatur IA, Edwards, Ellsworth, Fremont IA, Furnas NE, Marion MO, Hays, Hoxie, Jasper IA, Kiowa, Johnson MO, Linn, Miami, Nemaha, Osborne, Page IA, Pawnee, Pike MO, Russell, Smith, Trego.

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	WMMC PSA N=291	Trend	Rural Norms 26 Co N=4,658
Top Box %	13.1%		21.9%
Top 2 Boxes %	49.1%		66.3%
Very Poor	1.7%		1.2%
Poor	7.6%		5.2%
Average	41.2%		26.8%
Good	36.1%		44.4%
Very Good	13.1%		21.9%

Chart #3 – Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	WMMC PSA N=291	Trend	Rural Norms 26 Co N=4,658
Increasing - moving up	35.7%		42.4%
Not really changing much	38.8%		39.0%
Decreasing - slipping	14.4%		10.1%

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

CHNA Wave #3 - WMMC PSA		Johnson Co N=291			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Mental Health	138	71.13%		1
2	Access to Dental Care for Uninsured	103	53.09%		4
3	Suicide Prevention	101	52.06%		2
4	Substance Use Disorder	92	47.42%		3
5	Obesity	82	42.27%		6
6	Awareness of Available Healthcare Services	81	41.75%		5
7	Physical Inactivity	65	33.51%		7
8	Inadequate Social Support	56	28.87%		8
9	Heart Disease	39	20.10%		10
10	Family Planning Services	38	19.59%		9

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

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	WMMC PSA N=291	Trend	Rural Norms 26 Co N=4,658
Finance & Insurance Coverage*	25.9%		12.5%
Lack of awareness of existing local programs, providers, and services	13.9%		18.9%
Limited access to mental health assistance	19.0%		17.5%
Elder assistance programs	9.5%		9.8%
Lack of health & wellness education	9.7%		11.8%
Family assistance programs	5.6%		7.5%
Chronic disease prevention	9.2%		10.0%
Case management assistance	4.6%		6.4%
Other (please specify)	2.5%		5.5%

Note: *Finance & Insurance Coverage Norm is for 12 counties.

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

CHNA Wave #3 - WMMC PSA	Johnson Co N=291		Trend	Rural Norms 26 Co N=4,658	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
Ambulance Services	86.2%	1.1%		85.4%	2.4%
Child Care	68.6%	3.8%		51.7%	11.7%
Chiropractors	80.0%	2.2%		75.2%	5.0%
Dentists	81.1%	4.7%		61.7%	15.6%
Emergency Room	46.4%	21.6%		67.8%	10.5%
Eye Doctor/Optometrist	88.2%	1.6%		74.3%	7.5%
Family Planning Services	47.2%	12.4%		41.0%	17.4%
Home Health	62.7%	6.5%		57.9%	9.7%
Hospice	69.9%	4.4%		68.2%	7.1%
Inpatient Services	64.5%	7.5%		73.5%	6.3%
Mental Health	15.1%	41.9%		23.8%	36.5%
Nursing Home	33.3%	19.4%		43.7%	18.6%
Outpatient Services	71.4%	3.8%		74.9%	4.3%
Pharmacy	82.7%	4.9%		87.9%	2.5%
Physician Clinics	66.3%	7.1%		78.3%	4.6%
Public Health	62.9%	6.3%		62.0%	7.5%
School Nurse	68.3%	2.4%		62.6%	8.7%
Specialists	56.1%	10.0%		57.5%	12.7%

Chart #7 – Community Health Readiness

Community Health Needs Assessment Wave #3		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	WMMC PSA N=291	Trend	Rural Norms 26 Co N=4,658
Early Childhood Development Programs	5.8%	Yellow	10.7%
Emergency Preparedness	5.7%	Yellow	8.2%
Food and Nutrition Services/Education	10.5%	Red	13.6%
Health Screenings (asthma, hearing, vision, scoliosis)	15.0%	Red	13.1%
Immunization Programs	5.2%	Yellow	6.5%
Obesity Prevention & Treatment	29.4%	Red	31.5%
Prenatal / Child Health Programs	7.7%	Yellow	11.1%
Sexually Transmitted Disease Testing	13.8%	Red	14.9%
Spiritual Health Support	8.8%	Yellow	11.5%
Substance Use Treatment & Education	31.0%	Red	33.0%
Tobacco Prevention & Cessation Programs	31.6%	Red	28.1%
Violence Prevention	24.6%	Red	31.4%
Women's Wellness Programs	12.9%	Red	15.9%
WIC Nutrition Program	4.2%	White	6.7%
Poverty / Financial Health	31.2%	Red	33.5%

Note: The calculated Norm for Poverty/Financial Health is for 8 counties.

Chart #8 – Healthcare Delivery “Outside our Community”

Specialties:

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	WMMC PSA N=291	Trend	Rural Norms 26 Co N=4,658
Yes	86.7%	Yellow	81.0%
No	8.0%	White	13.9%
I don't know	5.3%	White	5.1%

SPS	CTS
CARDIO	12
SURG	11
DERM	10
PC	9
URL	8
ORTHO	8
OB/GYN	7
IMAGE	6
NEURO	6

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

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	WMMC PSA N=291	Trend	Rural Norms 26 Co N=4,658
Yes	39.3%	Yellow	47.8%
No	18.8%	Yellow	12.2%
I don't know	42.0%	Red	39.4%

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

Community Health Needs Assessment Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	WMMC PSA N=291	Trend	Rural Norms 26 Co N=4,658
Abuse/Violence	4.1%	Yellow	5.4%
Alcohol	3.5%	Yellow	5.0%
Breast Feeding Friendly Workplace	1.6%	White	1.7%
Cancer	2.9%	White	3.9%
Diabetes	5.2%	Red	4.3%
Drugs/Substance Abuse	8.0%	Red	9.5%
Family Planning	2.6%	White	2.7%
Heart Disease	2.1%	White	3.1%
Lead Exposure	1.0%	White	0.9%
Mental Illness	12.6%	Red	11.0%
Nutrition	3.6%	Yellow	4.6%
Obesity	6.1%	Red	7.8%
Environmental Health	2.5%	White	1.2%
Physical Exercise	4.0%	Yellow	5.9%
Poverty	6.8%	Red	7.2%
Lung Disease	0.9%	White	1.8%
Sexually Transmitted Diseases	3.6%	Yellow	2.4%
Smoke-Free Workplace	1.3%	White	1.5%
Suicide	9.1%	Red	7.4%
Teen Pregnancy	2.6%	White	3.1%
Tobacco Use	3.4%	Yellow	3.6%
Vaccinations	5.1%	Red	2.9%
Water Quality	2.5%	White	3.4%
Wellness Education	4.9%	Yellow	6.0%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services WMMC PSA - 2019

Cat	Healthcare Services Offered - ALL Delivery Locations Yes/No	Hospital	Health Dept	Others
Clinic	Primary Care	Yes		
Hosp	Alzheimer Center			Yes
Hosp	Ambulatory Surgery Centers			
Hosp	Arthritis Treatment Center			
Hosp	Bariatric / Weight Control Services	Yes		
Hosp	Birthing / LDR / LDRP Room	Yes		
Hosp	Breast Cancer / Screening	Yes	Yes	
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	Yes		
Hosp	Case Management	Yes	Yes	
Hosp	Chaplaincy / Pastoral Care Services	Yes		
Hosp	Chemotherapy	Yes		
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention			Yes
Hosp	CT Scanner	Yes		
Hosp	Diagnostic Radioisotope Facility	Yes		
Hosp	Diagnostic / Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Insurance Enrollment Assistance Services	Yes	Yes	
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	Full Field Digital Mammography (FFDM)	Yes		
Hosp	Genetic Testing / Counseling	Yes		
Hosp	Geriatric Services	Yes		
Hosp	Heart Services			
Hosp	Hemodialysis			Yes
Hosp	HIV / AIDS Services			Yes
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital s=Services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit	Yes		
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation Room	Yes	Yes	
Hosp	Kidney Services			
Hosp	Liver Services			
Hosp	Lung Services			
Hosp	Magnetic Resonance Imaging (MRI)	Yes		
Hosp	Mammograms	Yes		
Hosp	Mobile Health Services	Yes		Yes
Hosp	Multislice Spiral Computed Tomography (<64 Slice CT)			
Hosp	Multislice Spiral Computed Tomography (64+ Slice CT)	Yes		
Hosp	Neonatal Services	Yes		Yes
Hosp	Neurological Services	Yes		
Hosp	Obstetrics / Prenatal	Yes	Yes	
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services	Yes		
Hosp	Orthopedic Services	Yes		
Hosp	Outpatient Surgery	Yes		
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program			
Hosp	Pediatric Services	Yes		
Hosp	Physical Rehabilitation	Yes		
Hosp	Positron Emission Tomography (PET)			

Inventory of Health Services WMMC PSA - 2019

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

Providers Delivering Care in Johnson County, MO			
WMMC Primary Service Area - 2019			
# of FTE Providers working in county	PSA Based MD's or DO's	On Site Visiting Specialists	PSA Based PA / NP
Primary Care:			
Family Practice	8.0		9.0
Internal Medicine / Geriatrician	5.0		
Obstetrics/Gynecology	4.0		4.0
Pediatrics	5.0		
Medicine Specialists:			
Allergy/Immunology			
Cardiology		0.6	
Dermatology			
Endocrinology			
Gastroenterology			
Oncology/RADO		0.4	
Infectious Diseases			
Nephrology	1.0	0.1	
Neurology			
Psychiatry	1.0		
Pulmonary	2.0		
Rheumatology	1.0		
Surgery Specialists:			
General Surgery / Colon / Oral	2.0		
Neurosurgery			
Ophthalmology			
Orthopedics	3.0		
Otolaryngology (ENT)			
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology		0.5	
Hospital Based:			
Anesthesia/Pain		0.5	
Emergency			
Radiology	1.0		
Pathology			
Hospitalist		1.0	
Neonatal/Perinatal			
Physical Medicine/Rehab		0.2	
Occ Medicine			
Podiatry			
Chiropractor			
Audiology			
Dentists			
Mental Health			
Wound Care		0.6	
TOTALS	33.0	3.3	13.0

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

Visiting Specialists Delivering Care at WMMC - 2019

240

Specialty	Last Name	First Name	Group	Schedule	AVG # of Days per MM	FTE
Medicine Specialists:						
Cardiology	CHAN	PAUL	St. Luke's Cardiovascular Consultants	MONDAY-FRIDAY	1	0.1
	RADER	VALERIE	St. Luke's Cardiovascular Consultants	MONDAY-FRIDAY	1	0.1
	RIVAS-GOTZ	CARLOS	St. Luke's Cardiovascular Consultants	MONDAY-FRIDAY	1	0.1
	TANENBAUM	ROBERT	St. Luke's Cardiovascular Consultants	MONDAY-FRIDAY	1	0.1
	UPADHYAYA	DEEPA	St. Luke's Cardiovascular Consultants	MONDAY-FRIDAY	1	0.1
	CHHATRIWALLA	ADNAN	St. Luke's Cardiovascular Consultants	MONDAY-FRIDAY	1	0.1
	MCCRARY	JUSTIN	St. Luke's Cardiovascular Consultants	MONDAY-FRIDAY	1	0.1
Nephrology/Tele-Med	AWAD	AHMED	KC Kidney Associates	TWICE A MONTH	2	0.1
Hematology/Oncology	SMELTZER	JACOB	St. Luke's Cancer Institute	EVERY THURSDAY	4	0.2
	TOLENTINO	ADDISON	St. Luke's Cancer Institute	EVERY TUESDAY	4	0.2
	BRISENO KENNEY	LARA	St. Luke's Cancer Institute		4	0.2
Hospital Based:						
Anesthesia/Pain						
	CROOK	SHAWN	Sheridan Healthcorp, Inc.	ONCE PER MONTH	1	0.1
	LONG	BEVERLY	Sheridan Healthcorp, Inc.	WEEKLY	1	0.1
	MEHRER	MICHAEL	Sheridan Healthcorp, Inc.	WEEKLY	1	0.1
	MONTALBANO	ANDREW	Sheridan Healthcorp, Inc.	WEEKLY	1	0.1
	SMITH	SCOTT	Sheridan Healthcorp, Inc.	WEEKLY	1	0.1
	THORPE	JAYME	Sheridan Healthcorp, Inc.	WEEKLY	1	0.1
	PERKINS	TY	Sheridan Healthcorp, Inc.	WEEKLY	1	0.1
Hospitalist	EDWARDS	SHELLEY	St. Luke's Hospitalists	BACK-UP/FILL-IN	0	0.0
	FANGMAN	ANTHONY	St. Luke's Hospitalists	BACK-UP/FILL-IN	0	0.0
	LAWSON	GINA	St. Luke's Hospitalists	BACK-UP/FILL-IN	0	0.0
	Nolker	Stephen	St. Luke's Hospitalists		12	0.6
	Griffin	Mary	St. Luke's Hospitalists		8	0.4
Physical Med and Rehab	Killman	Mark		EVERY MONDAY	4	0.2
Wound Care	ROBINSON	LEON, JR.	AWP	EVERY OTHER WED	2	0.1
	Long	Stephanie	Family Praticce Associates	ONCE PER WEEK	4	0.2
	Switzner	Diane	Surgical Services of Warrensburg	Once Per Week	4	0.2
	Ghazali	Amira	Surgical Services of Warrensburg	ONCE PER WEEK	4	0.2

Johnson County, MO Area Healthcare Services

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

Johnson County Sheriff	660-747-6469
Johnson County Ambulance	660-747-5735
Johnson County Fire Dept	816-732-8675

Local Resources

Child Support Enforcement

(660) 543-7962
505 Ridgeview Dr, Suite A, Warrensburg

Community Clothes Closet

Hours: Tuesday, Thursday, & Saturday 9:00
am – 12:00 pm

Department of Social Services

- Family & Youth Division
(660) 543-7900
505B Ridgeview Dr. Suite A, Warrensburg
- Family Support Division Info Hotline
(855) 373-9994

Food Pantry & Outreach Services

Food Pantry located on Culton & College,
Warrensburg.
Hours: Tuesday & Thursday 1:00 - 4:00 pm &
Saturday 9:00 - 11:00 am (Must go to office
to schedule appointment)

Fuller Center for Housing

(660) 429-2763

Grief Support Group – WSBG First Baptist Church as of 01/2017

(660) 747-9186

Head Start

- Warrensburg
(660) 429-1144
330 E. Gay St, Warrensburg
- Knob Noster
(660) 563-3751

Johnson County Board of Services

(660) 747-9404

Johnson County Cancer Foundation

(660) 747-9511

Johnson County Emergency Management

(660) 747-2666
122 Hout St #A, Warrensburg

Johnson County Sheltered Workshop

(660) 747-7990
607 N Ridgeview Dr, Warrensburg

Johnson County United Way

(660) 747-5174 - Jennifer English, Executive
Director

Legal Aid of Western Missouri

(660) 747-7101 or (816) 474-6750
305 N. Holden St, P.O. Box 396 Warrensburg

Missouri Valley Community Action Agency

(660) 747-2245
Fax (660) 429-5557
124 N. Holden St, Warrensburg

New Beginnings

(660) 429-3800
208 E. Gay St, Warrensburg
Hours: Monday & Thursday 12:00 – 7:00 pm,
Wednesday 1:00 – 3:00 pm

OATS Bus (Seniors Only)

- Sedalia Office
(800) 276-6287
- Local - Warrensburg Senior Center
(660) 827-2611 or (866) 269-5927

Pathways

(660) 747-7127

Pathways Adult Residential Recovery

(660) 747-1355

Pathways Community Behavioral Healthcare, Inc.

(660) 747-2286

Recovery Lighthouse, INC

(660) 429-2222
107 E. Culton St, Warrensburg

Salvation Army Store

120 N. Holden St, Warrensburg

Salvation Army Social Services
123 N. Holden St, Warrensburg

School District Offices & Parents as Teachers

- Warrensburg R-VI
438 E Market St, Warrensburg
- Holden R-III
1612 S. Main St, Holden
- Crestridge R-VII
92 NW 58 Hwy, Centerview
- Kingsville R-I
101 E Adriatic St, Kingsville
- Leeton R-X
500 N. Main St, Leeton
- Chilhowee R-IV
101 SW State Route 2, Chilhowee
- Knob Noster R-VIII
401 E Wimer St, Knob Noster
- Concordia R-2
204 SW 11th St, Concordia
- Lafayette Co. C-I
805 W. 31st St, Higginsville
- Odessa R-VII
701 South Third Street, Odessa

UCM Speech and Hearing Clinic
TTY (660) 543-4993

Survival House Adult Abuse
Hotline: (660) 429-2847
Office: (660) 429-1088
National: (800) 846-7597

Veteran's Supported Housing (Catholic Charities)
(800) 875-4377

Warrensburg Chamber of Commerce
660-747-3168

Warrensburg City Hall
(660) 747-9131

Warrensburg Senior Center
(660) 747-2624
445 E Gay St, Warrensburg

West Central Independent Living Solutions (WILS)

(660) 422-7883
TTY (660) 422-7894
Toll Free (800) 236-5175
610 N. Ridgeview Dr, Warrensburg

Western Missouri Medical Center
(660) 747-2500
Lactation Consultant: (660) 262-7519

Whiteman AFB Family Advocacy
(660) 687-4341

Whiteman AFB Airman and Family Readiness Center *Military ID required to participate in WAFB classes.*
(660) 687-7132

Regional, State, and National Resources

American Red Cross – KC Area
(816) 931-8400

Child Abuse Prevention Association (CAPA)
(816) 252-8388
www.childabuseprevention.org

Child Care Aware of Missouri
(800) 200-9017

Domestic Violence Hotline – Metro KC Area
(816) 468-5463

Domestic Violence Hotline – National
(800) 799-SAFE (7233)
www.ndvh.org

Family Support Division – State Office
(573) 751-3221

First Call Alcohol Drug Prevention & Recovery (NCADD) – KC Metro
(816) 361-5900
633 E. 63rd St, Kansas City, MO 64110-3301

Health Clinics, Free or Income Based Help

- Rodgers - Lafayette
(660) 259-3823
- Mercy & Truth Med. Missions – Raytown
(913) 248-9962
- Swope Parkway – KC
(816) 923-5800
- Katy Trail Community Health – Sedalia
(660) 826-4774

Homeless Information Center – Metro KC Area

(816) 842-1199

Housing Authority

(866) 441-7352

Missouri Career Center – Job Service

(660) 530-5627
215 E. 5th St, Sedalia

Missouri Child Abuse & Neglect Hotline

(800) 392-3738
- Outside Missouri (573) 751-3448

National Council on Child Abuse & Family Violence

(202) 429-6695
www.nccafv.org

National Suicide Prevention Lifeline

(800) 273-TALK (8255)
www.nationalpreventionlifeline.org

Parent Link

(800) 552-8522

Parental Helpline

(800) 367-2543

Parents Anonymous of Missouri

(909) 621-6184 ext. 218
www.parentsanonymous.org

Poison Control

(800) 222-1222

Prevent Child Abuse America – National

(800) CHILDREN (244-5373)
www.preventchildabuse.org

Valley Hope Alcohol & Drug Treatment Center

(800) 544-5101
Boonville, MO

Johnson County Community Health Services

(660) 747-6121
Fax (660) 747-1294
723 PCA Rd, Warrensburg
www.johnsoncountyhealth.org

Immunization Clinic

Hours: Everyday 8:00 am to 4:30 pm

Environmental Health

Ext. 258

WIC (Women, Infants, and Children)

(660) 747-2012

Adult Literacy Program

(660) 429-5442
432 N. Holden St (Trails Regional Library),
Warrensburg

Alcoholics Anonymous – Warrensburg

(660) 747-6313
Meetings held 7 days a week

Big Brothers & Big Sisters

(660) 429-1991
608 N. College St. Warrensburg

Bittersweet Place

(660) 624-3030

Care Connection

(660) 747-3107 or (800) 748-7826

Catholic Charities – Veteran’s Services

(816) 344-3699 or (816) 659-8308

Emergency

Poison Control

800-222-1222

Johnson County Missouri Sheriff
660-747-6469

Johnson County Ambulance
660-747-5735
For emergency call 911

Warrensburg Fire Department
660-747-9136
For emergency call 911

**Western Missouri Medical Center
Emergency Care**
403 Burkarth Road, Warrensburg, MO 64093
24 hours / day | 7 days / week

Abuse Help and Support

Survival House
660-429-1088

Child Abuse Prevention Association (CAPA)
816-252-8388

Domestic Violence Hotline – Metro KC Area
816-HOT-LINE (468-5463)

Domestic Violence Hotline – National
800-799-SAFE (7233)

Missouri Child Abuse & Neglect Hotline
800-392-3738

**National Council on Child Abuse & Family
Violence**
202-429-6695

Parental Helpline
800-367-2543

Prevent Child Abuse America
800-244-5373

UCM Victim Advocacy Hotline and Support
660-441-4855

Child Resource

Big Brothers & Big Sisters
660-426-1991

Head Start
660-429-1144

Parents as Teachers – Warrensburg
660-747-7424

Child Care Aware of Missouri
800-200-9017

Building Blocks Pediatrics
660-262-7415

WIC (Women, Infant, Children) Benefits
660-747-2012

Classes and Education

Breastfeeding Class at JCCHS
660-747-2012
Offered on the 4th Wednesday of January,
April, July and October.

Breastfeeding Class at WMMC
660-262-7514
Meets the first Tuesday of every month

Child Birthing Class
660-262-7514
Meets first and second Wednesday of every
month

CPR/AED & First Aid Class
660-747-6121

Infant Care Class
660-262-7514
Meets the third Thursday of every other
month

Educational Assistance

Adult Literacy Program
660-429-5442

UCM Office of Student Financial Services
660-543-8266

Veterans Upward Bound (VUB)
660-543-8124

Elderly and Aging Resources

Care Connection
800-748-7826

Warrensburg Senior Center
660-747-2624
Bridges Senior Behavioral Health Unit
660-262-7590

Employment Assistance

RISE Community Services
660-747-7990

**Missouri Department of Elementary &
Secondary Education Vocational
Rehabilitation**
660-530-5560

Missouri Career Center
660-530-5627

Family Assistance

Family Support Division Information Line
855-373-4636

Connected Hearts
660-441-3047 or 660-909-2622

Salvation Army Social Services
660-422-4304

Whiteman AFB Family Advocacy
660-687-4341

Family Support Division – State Office
573-751-3221

**Johnson County Extension Office (University
of Missouri)**
660-747-3193

**Family Planning Services – Katy Trail
Community Health (Sedalia)**
660-826-4774

Room 29:11
660-747-8632

Food and Clothing Assistance

Life Church of the Nazarene
660-747-89-49
603 E. Hale Lake Rd, Warrensburg, MO 64093

Shiloh Missionary Baptist Church
660-747-5608

Community Clothes Closet
660-429-0170
251 SE HWY 13, Warrensburg, MO 64093
Hours: Tuesday, Thursday, & Saturday from
9:00 am – Noon

The Food Center
660-747-2241

ECHO (Early Childhood Hunger Operation)
816-714-9311
117 E. Hunt St, Warrensburg, MO 64093

Health Care

New Beginnings
660-429-3800
Hours: Monday & Thursday 12 – 7 pm &
Wed 1 – 3 pm

Compass Health
660-747-7127

Western Missouri Medical Center
660-747-2500

**Western Missouri Medical Center –
Directory of Services**
660-747-2500

Western Missouri Medical Center – Express Care Clinic
660-262-7580

Health Clinics – Katy Trail Community Health (Sedalia)
660-826-4774

Health Clinics – Swope Parkway (Kansas City)
816-923-5800

Health Clinics – Rogers (Lafayette County)
660-259-3823

Housing Assistance

Destiny House
660-422-6200

Fuller Center
660-429-2763

Missouri Valley Community Action Agency
660-747-2245

Veteran’s Supported Housing (Catholic Charities)
800-875-4377

Homeless Information Center (Metro KC Area)
816-842-1199

Housing Authority – Warrensburg
866-441-7352

Legal Assistance

Legal Aid of Western Missouri
660-747-7101

County / Local Government

Warrensburg City Hall
660-747-9131

County Clerk Office
300 N Holden St, Warrensburg, MO 64093
660-747-6161

Justice Center Prosecuting Attorney
101 W Market St, Warrensburg, MO 4093
660-422-7400

Recorder of Deeds
300 N Holden St, Warrensburg, MO 64093
660-747-6811

County Treasurer
300 N Holden St, Warrensburg, MO 64093
660-747-7411

County Commissioners
300 N Holden St, Warrensburg, MO 64093
660-747-2112

County Auditor
300 N Holden St, Warrensburg, MO 64093
660-747-2633

County Surveyor
425 N Holden St, Warrensburg, MO 64093
660-747-9512

Economic Development
300 N Holden St, Suite 301, Warrensburg, MO 64093
660-747-0244

Emergency Management
122 Hout St, Warrensburg, MO 64093
660-747-2666

Johnson County Collector
1310 S Maguire St, Ste A, Warrensburg, MO 64093
660-747-5531

County Assessor
1310 S Maguire St, Ste A, Warrensburg, MO 64093
660-747-9822

County Coroner Office

617 N Maguire St, Warrensburg, MO 64093
660-238-4832

Johnson County Sheriff

278 SW 871, Centerview, MO 64019
660-747-6469

Mental Health Support & Resources**Compass Health**

660-747-6313

National Suicide Prevention Lifeline

800-273-8255

Johnson County Board of Services

660-747-2619

Missouri Department of Mental Health

573-751-4122

Non-Profit Assistance**Johnson County Cancer Foundation**

660-909-3361

Johnson County United Way

660-747-5174

West Central Independent Living Solutions (WiLs)

660-422-7883

American Red Cross – KC Area

816-931-8400

Substance Abuse Help**Alcoholics Anonymous – Warrensburg**

660-624-4132

Compass Health – Adult Residential Recovery

660-747-1355

Compass Health

660-747-6313

Recovery Lighthouse, INC

660-429-2222

First Call Alcohol/Drug prevention & Recovery

816-361-5900

Valley Hope Alcohol & Drug Treatment Center

800-544-5101

Support Groups**Diabetes Ask the Educator Support Group**

660-262-7425

Mom to Mom Breastfeeding Support Group

660-262-7519

Bariatrics Support Group

660-747-5558

Different Strokes for Different Folks

660-262-7536

Therapy Resources**UCM Speech & Hearing Clinic**

660-543-4933 (TTY)

Western Missouri Medical Center – Therapy Services

- Physical Therapy – 660-262-7536

- Speech Therapy – 660-262-7536

- Occupational Therapy – 660-262-7536

- Pediatric Rehab – 660-262-7536

Transportation Assistance**OATS Bus (Seniors Only)**

866-269-5927



WMMC Area Health Care Providers

Breastfeeding Services

Ruthie Porter, RN, BSN, IBCLC

Hours : Monday — Friday 9:00 am — 2:00 pm

Address : 403 Burkarth Rd

Warrensburg, Mo 64093

Phone : (660) 262-7519

CARDIOLOGY

Cardiac and Pulmonary Rehabilitation

Hours : Monday, Wednesday, Friday 6:30 am — 5:00 pm;

Tuesday, Thursday 8:00 am — 4:00 pm

Address : 403 Burkarth Rd

Warrensburg, MO 64093

Phone : (660) 262-7538

Hours : Monday — Friday 8:00 am — 5:00 pm

Address : 427 Burkarth Rd, Innes 1, Suite C

Warrensburg, Mo 64093

Phone : (660) 262-7314

CLINICAL NUTRITION SERVICES

Hours : By Appointment

Address : 403 Burkarth Rd

Warrensburg, Mo 64093

Phone : (660) 262-7501

Scheduling : (660) 262-7370

EAR, NOSE, AND THROAT

Hours : Monday — Thursday 8:00 am — 5:00 pm

Friday 8:00 am — 4:00 pm

Address : 407 Burkarth Rd, Suite 302

Warrensburg, Mo 64093

Phone : (660) 747-5558

ENDOCRINOLOGY

Hours : Tuesday 8:00 am — 4:00 pm

Address : 403 Burkarth Rd

Warrensburg, Mo 64093

Phone : (660) 262-7321

Warrensburg Express Care

Jill Cobb, FNP-BC

Patricia Gawf Garcia, FNP-BC

Kenyon Hagen, BC/FNP

Hours : Monday — Friday 8:00 am — 8:00 pm

Saturday & Sunday 8:00 am — 2:00 pm

Address : 427 Burkarth, Innes 1, Suite A

Warrensburg, MO 64093

Phone : (660) 262-7580

FAMILY MEDICINE

Central Family & Sports Medicine

Hours : Monday — Friday 8:00 am — 5:00 pm

Address : 407 E. Russell Ave, Building C

Warrensburg, Mo 64093

Phone : (660) 747-5114

Family Practice of Central Missouri —Higginsville

Hours : Monday — Friday 8:00 am — 5:00 pm

Address : 1200 W 22nd St,

Higginsville, Mo 64037

Phone : (660) 584-7751

Family Practice of Central Missouri —Warrensburg

Hours : Monday — Friday 8:00 am — 5:00 pm

Address : 513 Burkarth Rd,

Warrensburg, Mo 64093

Phone : (660) 747-7751

Douglas Anderson, M.D.

Dana Brewington, M.D.

David Glover, M.D.

Drew Glover, M.D.

Brent Hoke, D.O.

Angela Phelps, M.D.

Stephanie Long, M.D.

Jayne Brockhaus, M.D.

Jason Snowden, M.D.

David Pulliam, D.O.

Jacquelyn Addington, RN-BSN, CNRN, FNP

Kendra Butner, R.N., MSN, BC/FNP, CDE

Kenyon Hagen, BC/FNP

Haley Maxon, MSN, BC/FNP

Stephanie Long, M.D.

Jayne Brockhaus, M.D.

Jason Snowden, M.D.
David Pulliam, D.O.
Kendra Butner, R.N., MSN, BC/FNP, CDE

Western Missouri Family Healthcare — Concordia

Hours : Monday — Friday 8:00 am — 5:00 pm
Address : 905 S. Main St,
Concordia, Mo 64020
Phone : (660) 463-7966

Western Missouri Family Healthcare — Knob Noster

Hours : Monday — Friday 8:00 am — 5:00 pm
Address : 600 E. Allen St, Suite A,
Knob Noster, Mo 65360
Phone : (660) 563-5555

Kenyon Hagen, BC/FNP
Haley Maxon, MSN, BC/FNP
Sarah Kirchhoff, M.D.
Jacquelyn Addington, RN-BSN, CNRN, FNP
Muhammad Asif, M.D.
Debbie Freels, FNP-BC
Patricia Gawf Garcia, FNP-BC
Jacquelyn Addington, RN-BSN, CNRN,
FNP
Jackie Yates, D.O.
Rebecca Seelinger, FNP-BC

GENERAL SURGERY

Surgical Services

Address : 407 Burkarth Rd, Suite 302
Warrensburg, Mo 64093
Phone : (660) 747-5558
Hours : Monday — Thursday 8:00 am — 5:00 pm
Friday 8:00 am — 4:00 pm
Amira Ghazali, M.D.
Brandon Machicao, D.O.
Diane Switzner, M.D.

GYNECOLOGY

Women's Health (OB/GYN)

Address : 415-A Burkarth Rd
Warrensburg, Mo 64093
Phone : (660) 429-2228
Hours : Monday — Friday 8:00 am — 5:00 pm
Ashley Alumbaugh, M.D.

Lynn Birchmier, D.O.
Deborah Gregory, D.O.
Tracey Arwood, MSN, CNM
Christy Evers, DNP, CNM
Amanda Hill, MSN, CNM
Krysta Ramirez-Henry, CNM
Adonius Wright, WHNP-BC, ANP-BC

HORMONE REPLACEMENT THERAPY

Lynn Birchmier, D.O.
Adonius Wright, WHNP-BC, ANP-BC
Hours : Monday — Friday 9:00 am — 5:00 pm
Address : 415-A Burkarth Rd,
Warrensburg, Mo 64093
Phone : (660) 429-2228

INTERNAL MEDICINE

Warrensburg Internal Medicine

Jayendra Astik, M.D.
Bradford Carper, D.O.
Stuart Smith, D.O.
Syed Hasan, M.D.
Hours : Monday — Friday 8:00 am — 5:00 pm
Address : 511 Burkarth Rd, Warrensburg, Mo 64093
Phone : (660) 747-8154

Western Missouri Internal Medicine

Hours : Monday — Thursday 8:00 am — 5:00 pm;
Friday 8:00 am — 12:00 pm
Address : 514 Burkarth Rd, Warrensburg, Mo 64093
Phone : (660) 429-2128

LABORATORY

Clinical Laboratory

Hours : Outpatient Procedures: Monday — Friday
6:00 am — 5:30 pm;
24/7 for Emergency and Inpatient needs.
For after hour or weekend laboratory needs
patients will need to register for lab services
through the Emergency Room registration desk.
Address : 403 Burkarth Rd, Warrensburg, Mo 64093
Phone : (660) 262-7450

NEPHROLOGY

Ahmed Awad, D.O.

Hours : One Tuesday/month from 8:30am — 4pm

Phones Answered Monday — Thursday 8:00 am — 5:00 pm; Friday 8:00 am — 4:00 pm

Address : 407 Burkarth, Suite 302

Warrensburg, Mo 64093

Phone : (660) 262-7420

NEUROLOGY

Hours : Tuesdays/Thursdays 9am — 4pm

Address : 427 Burkarth Rd, Innes 1, Suite C,

Warrensburg, Mo 64093

Phone : (660) 262-7314

OBSTETRICS

Text Box: Obstetrics

Hours : 24/7

Address : 403 Burkarth Rd,

Warrensburg, Mo 64093

Schedule a Tour : (660) 262-7514

Ashley Alumbaugh, M.D.

Lynn Birchmier, D.O.

Jayne Brockhaus, M.D.

Deborah Gregory, D.O.

Stephanie Long, M.D.

David Pulliam, D.O.

Jason Snowden, M.D.

Tracey Arwood, MSN, CNM

Amanda Hill, MSN, CNM

Women's Health (OB/GYN)

Hours : Monday — Friday 8:00 am — 5:00 pm

Address : 415-A Burkarth Rd,

Warrensburg, Mo 64093

Phone : (660) 429-2228

Ashley Alumbaugh, M.D.

Lynn Birchmier, D.O.

Deborah Gregory, D.O.

Tracey Arwood, MSN, CNM

Christy Evers, DNP, CNM

Amanda Hill, MSN, CNM

Krysta Ramirez-Henry, CNM

Adonius Wright, WHNP-BC, ANP-BC

OCCUPATIONAL THERAPY

Hours : Monday — Friday 7:30 am — 6:00 pm

Address : 403 Burkarth Road

Warrensburg, Mo 64093

Phone : (660) 262-7536

Central Scheduling : (660) 262-7370

ONCOLOGY

Hours : Monday, Tuesday and Thursday

9:00 am — 4:30 pm

Address : 403 Burkarth Road

Warrensburg MO 64093

Phone : (660) 262-7321

ORTHOPEDICS

Greg Bliss, M.D.

Dana Brewington, M.D.

Drew Glover, M.D.

Aaron Rupp, D.O.

Christopher Wittgren, D.O.

Hours : Monday — Thursday 8:00 am — 5:00 pm

Friday 8:00 am — 4:00 pm

Address : 407 Burkarth Rd, Suite 201,

Warrensburg, Mo 64093

Phone : (660) 747-2228

PAIN MANAGEMENT

Pain Center

Ihab Doss, M.D.

Hours : Monday — Thursday 7:00 am — 4:00 pm;

Friday 7:00 am — 12:00 pm

Address : 407 Burkarth Road, Suite 301,

Warrensburg, Mo 64093

Phone : (660) 262-7520

PEDIATRIC REHABILITATION

Pediatric Rehabilitation Services

Hours : Monday — Friday 7:30 am — 6:00 pm

Address : 403 Burkarth Rd,

Warrensburg Mo 64093

Phone : (660) 262-7536

PEDIATRICS

Text Box: Muhammad Asif, M.D., Jackie Yates, D.O.

Building Blocks Pediatrics

Hours : Monday — Friday 8:00 am — 5:00 pm
Address : 510 Foster Lane, Suite 201
Warrensburg, Mo 64093
Phone : (660) 262-7415

Text Box: Douglas Anderson, M.D.
Dana Brewington, M.D. David Glover, M.D.
Drew Glover, M.D. Brent Hoke, D.O.
Angela Phelps, M.D.

Central Family & Sports Medicine

Hours : Monday — Friday 8:00 am — 5:00 pm
Address : 407 E. Russell Ave, Building C
Warrensburg, Mo 64093
Phone : (660) 747-5114
Stephanie Long, M.D.
Jayne Brockhaus, M.D.
Jason Snowden, M.D.
David Pulliam, D.O.
Jacquelyn Addington, RN-BSN, CNRN, FNP
Kendra Butner, R.N., MSN, BC/FNP, CDE
Kenyon Hagen, BC/FNP
Haley Maxon, MSN, BC/FNP
Stephanie Long, M.D.
Jayne Brockhaus, M.D.

Family Practice of Central Missouri —Higginsville

Hours : Monday — Friday 8:00 am — 5:00 pm
Address : 1200 W 22nd St,
Higginsville, Mo 64037
Phone : (660) 584-7751

Family Practice of Central Missouri —Warrensburg

Douglas Anderson, M.D.
Dana Brewington, M.D.
David Glover, M.D.
Drew Glover, M.D.
Brent Hoke, D.O.
Angela Phelps, M.D.
Hours : Monday — Friday 8:00 am — 5:00 pm
Address : 513 Burkarth Rd,
Warrensburg, Mo 64093
Phone : (660) 747-7751

Western Missouri Family Healthcare Knob Noster

Hours : Monday — Friday 8:00 am — 5:00 pm
Address : 600 E. Allen St, Suite A,
Knob Noster, Mo 65360
Phone : (660) 563-5555
Jason Snowden, M.D.
David Pulliam, D.O.
Kendra Butner, R.N., MSN, BC/FNP, CDE
Kenyon Hagen, BC/FNP
Haley Maxon, MSN, BC/FNP
Muhammad Asif, M.D.
Debbie Freels, FNP-BC
Patricia Gawf Garcia, FNP-BC
Jacquelyn Addington, RN-BSN, CNRN, FNP
Jackie Yates, D.O.
Rebecca Seelinger, FNP-BC

PHYSICAL THERAPY

Hours : Monday — Friday 7:30 am — 6:00 pm
Address : 403 Burkarth Rd,
Warrensburg, Mo 64093
Phone : (660) 262-7536
Central Scheduling : (660) 262-7370

PULMONOLOGY

Cardiac and Pulmonary Rehabilitation

Hours : Monday, Wednesday,
Friday 6:30 am — 5pm
Tuesday, Thursday 8:00 am — 4:00 pm
Address : 403 Burkarth Rd,
Warrensburg, MO 64093
Phone : (660) 262-7538
Mark Pluym, M.D.
Hours : Monday — Thursday 8:00 am — 5:00 pm;
Friday 8:00 am — 4:00 pm
Address : 407 Burkarth Rd, Suite 302,
Warrensburg, Mo 64093
Phone : (660) 262-7401

RADIOLOGY

Diagnostic Imaging

John Waddell, M.D.

Hours : Monday — Friday 7:00 am — 5:30 pm

24-hour Emergency Services

Address : 403 Burkarth Rd,

Warrensburg, Mo 64093

Phone : (660) 262-7530

Scheduling : (660) 262-7370

RESPIRATORY THERAPY

Hours : 24/7

Address : 403 Burkarth Rd,

Warrensburg, Mo 64093

Phone : (660) 262-7360

Phone : (660) 747-2500 ext. 4230

RHEUMATOLOGY

Thomas Scott, M.D.

Hours : Wednesday 8:30 am — 4:00 pm;

Phones answered Monday — Thursday 8:00 am —

5:00 pm; Friday 8:00 am — 4:00 pm

Address : 407 Burkarth Rd, Suite 302,

Warrensburg, Mo 64093

Phone : (660) 262-7420

SENIOR BEHAVIORAL HEALTH

Marcie Shea, M.D.

Hours : 24/7

Address : 403 Burkarth Rd,

Warrensburg, Mo 64093

Phone : (660) 262-7590

SLEEP MEDICINE

Pediatric Sleep Medicine

Jackie Yates, D.O.

Scott Eveloff, M.D.

Hours : Call to Schedule an Appointment Monday

— Thursday 8:30 am — 4:30 pm; Friday 8:30 - 4pm

Address : 403 Burkarth Rd, Suite 303

Warrensburg, Mo 64093

Phone : (660) 262-7362

Sleep Center

Hours : Monday — Thursday 8:30 — 4:30 pm

Friday 8:30 — 4:00 pm

Address : 403 Burkarth Rd, Suite 303

Warrensburg, Mo 64093

Phone : (660) 262-7362

SPEECH THERAPY

Hours : Monday — Friday 7:30 am — 6:00 pm

Address : 403 Burkarth Rd,

Warrensburg, Mo 64093

Phone : (660) 262-7536

Central Scheduling : (660) 262-7370

SPORTS MEDICINE

Central Family & Sports Medicine

Douglas Anderson, M.D.

Dana Brewington, M.D.

David Glover, M.D.

Drew Glover, M.D.

Brent Hoke, D.O.

Christopher Wittgren, D.O.

Aaron Rupp, D.O.

Hours : Monday — Friday 8:00 am — 5:00 pm

Address : 407 E. Russell Ave, Building C,

Warrensburg, Mo 64093

Phone : (660) 747-5114

Western Missouri Bone & Joint

Hours : Monday — Thursday 8:00 am — 5:00 pm;

Friday 8:00 am — 4:00 pm

Address : 407 Burkarth Rd, Suite 201,

Warrensburg, Mo 64093

Phone : (660) 747-2228

UROLOGY

Hours : Monday 8:30 am — 5:00 pm

Address : 407 Burkarth Rd, Suite 302,

Warrensburg, Mo 64093

Phone : (816) 444-5525

WOUND CARE

ICU/Telemetry

Hours : 24/7

Address : 403 Burkarth,
Warrensburg, Mo 64093

Phone : (660) 747-5274

Amira Ghazali, M.D.

Deborah Gregory, D.O.

Stephanie Long, M.D.

Diane Switzner, M.D.

Healogics

Hours : Monday — Friday 8:00 am — 4:30 pm

Address : 403 Burkarth Rd,
Warrensburg, Mo 64093

Phone : (660) 262-7575

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin by Region - Inpatient
 Johnson, MO Residents Treated in HIDI Reporting Area
 Federal Fiscal Year: 2016
 Total Pediatric Adult Medical/Surgical



Hospital Cases	Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Western Missouri Medical Center - Warrensburg, MO	2,227	37.9%	24	1.1%	175	7.9%	363	16.3%	221	9.9%	459	20.6%	22	1.0%	487	21.9%	476	21.4%	18.3%
Saint Luke's East Hospital - Lees Summit, MO	701	11.9%	1	0.1%	70	10.0%	193	27.5%	127	18.1%	180	25.7%	5	0.7%	63	9.0%	62	8.8%	21.5%
Saint Luke's Hospital of Kansas City - Kansas City, MO	546	9.3%	0		89	12.6%	179	32.8%	123	22.5%	111	20.3%	4	0.7%	34	6.2%	26	4.8%	41.6%
Research Medical Center - Kansas City, MO	467	8.0%	3	0.6%	62	13.3%	85	18.2%	41	8.8%	40	8.6%	223	47.8%	7	1.5%	6	1.3%	19.5%
Lee's Summit Medical Center - Lees Summit, MO	419	7.1%	0		42	10.0%	149	35.6%	93	22.2%	131	31.3%	4	1.0%	0		0		20.0%
Centerpoint Medical Center - Independence, MO	194	3.3%	2	1.0%	33	17.0%	57	28.4%	32	16.5%	32	16.5%	2	1.0%	19	9.8%	17	8.8%	43.8%
Children's Mercy Kansas City - Kansas City, MO	178	3.0%	174	97.8%	0		0		0		0		0		1	0.6%	3	1.7%	28.7%
University of Kansas Health System - Kansas City, KS	163	2.8%	4	2.5%	31	19.0%	51	31.3%	35	21.5%	27	16.6%	8	4.9%	5	3.1%	2	1.2%	31.9%
Bothwell Regional Health Center - Sedalia, MO	78	1.3%	0		14	17.9%	24	30.8%	6	7.7%	13	16.7%	2	2.6%	9	11.5%	10	12.8%	24.4%
St. Mary's Medical Center - Blue Springs, MO	78	1.3%	0		10	12.8%	26	33.3%	17	21.8%	26	32.1%	0		0		0		37.2%
University of Missouri Health Care - Columbia, MO	67	1.1%	5	7.5%	19	28.4%	24	35.6%	5	7.5%	4	6.0%	5	7.5%	3	4.5%	2	3.0%	55.2%
Golden Valley Memorial Healthcare - Clinton, MO	58	1.0%	0		4	6.9%	16	27.6%	8	13.8%	19	32.8%	0		6	10.3%	5	8.6%	36.2%
Menorah Medical Center - Overland Park, KS	51	0.9%	0		13	25.5%	18	35.3%	9	17.6%	8	15.7%	1	2.0%	1	2.0%	1	2.0%	51.0%
Royal Oaks Hospital - Windsor, MO	48	0.8%	0		0		0		0		0		48	100.0%	0		0		
Cass Regional Medical Center - Harrisonville, MO	42	0.7%	0		2	4.8%	12	28.6%	6	14.3%	11	26.2%	11	26.2%	0		0		16.7%
Truman Medical Center Lakewood - Kansas City, MO	41	0.7%	0		2	4.9%	7	17.1%	6	14.6%	0		8	19.5%	9	22.0%	9	22.0%	17.1%
Two Rivers Behavioral Health System - Kansas City, MO	41	0.7%	0		0		0		0		0		40	97.6%	1	2.4%	0		
St. Joseph Medical Center - Kansas City, MO	39	0.7%	0		2	5.1%	11	28.2%	7	17.9%	12	30.8%	0		4	10.3%	3	7.7%	56.4%
Saint Luke's South - Overland Park, KS	38	0.6%	0		7	18.4%	11	28.9%	11	28.9%	7	18.4%	0		1	2.6%	1	2.6%	44.7%
Children's Mercy Hospital Kansas - Overland Park, KS	38	0.6%	37	97.4%	0		0		0		0		1	2.6%	0		0		
Truman Medical Center Hospital Hill - Kansas City, MO	32	0.5%	2	6.2%	5	15.6%	5	15.6%	0		2	6.2%	15	46.9%	2	6.2%	1	3.1%	21.9%
Crittendon - Kansas City, MO	32	0.5%	0		0		0		0		0		32	100.0%	0		0		
Boone Hospital Center - Columbia, MO	28	0.5%	2	7.1%	0		10	35.7%	3	10.7%	7	25.0%	0		3	10.7%	3	10.7%	57.1%
North Kansas City Hospital - North Kansas City, MO	26	0.4%	0		2	7.7%	13	50.0%	6	23.1%	3	11.5%	0		1	3.8%	1	3.8%	61.5%
AdventHealth Shawnee Mission - Shawnee Mission, KS	25	0.4%	0		6	24.0%	10	40.0%	5	20.0%	1	4.0%	1	4.0%	1	4.0%	1	4.0%	60.0%
St. Alexius Hospital, Broadway Campus - St. Louis, MO	17	0.3%	0		0		0		1	5.9%	0		16	94.1%	0		0		5.9%
Heartland Behavioral Health Services - Nevada, MO	16	0.3%	0		0		0		0		0		16	100.0%	0		0		
Overland Park Regional Medical Center - Overland Park, KS	16	0.3%	3	18.8%	2	12.5%	1	6.2%	1	6.2%	4	25.0%	0		3	18.8%	2	12.5%	25.0%
Belton Regional Medical Center - Belton, MO	15	0.3%	0		1	6.7%	8	53.3%	4	26.7%	2	13.3%	0		0		0		66.7%
Missouri Residents/Nebraska Hospitals	10	0.2%	0		8	80.0%	1	10.0%	0		0		1	10.0%	0		0		
Saint Luke's North Hospital - Smithville - Smithville, MO	10	0.2%	1	10.0%	0		0		0		0		9	90.0%	0		0		
Saint Luke's North Hospital - Barry Road - Kansas City, MO	10	0.2%	0		3	30.0%	1	10.0%	1	10.0%	5	50.0%	0		0		0		10.0%
Lafayette Regional Health Center - Lexington, MO	9	0.2%	0		1	11.1%	6	66.7%	2	22.2%	0		0		0		0		
Kindred Hospital Kansas City - Kansas City, MO	9	0.2%	0		0		4	44.4%	2	22.2%	3	33.3%	0		0		0		11.1%
Nevada Regional Medical Center - Nevada, MO	7	0.1%	0		0		0		0		0		7	100.0%	0		0		
Fitzgibbon Hospital - Marshall, MO	7	0.1%	0		1	14.3%	0		0		0		6	85.7%	0		0		
Barnes-Jewish Hospital - St. Louis, MO	7	0.1%	0		3	42.9%	2	28.6%	2	28.6%	0		0		0		0		42.9%
Missouri Residents/Minnesota Hospitals	6	0.1%	0		2	33.3%	1	16.7%	0		3	50.0%	0		0		0		50.0%
Mercy Hospital Springfield - Springfield, MO	6	0.1%	0		2	33.3%	0		3	50.0%	1	16.7%	0		0		0		66.7%
Mosaic Life Care at St. Joseph Med Center - St. Joseph, MO	6	0.1%	0		0		2	33.3%	3	50.0%	1	16.7%	0		0		0		50.0%
Kindred Hospital Northland - Kansas City, MO	6	0.1%	0		1	16.7%	4	66.7%	0		1	16.7%	0		0		0		16.7%
Liberty Hospital - Liberty, MO	5	0.1%	0		2	40.0%	0		1	20.0%	0		0		1	20.0%	1	20.0%	
Other Hospitals	51	0.9%	4	7.8%	9	17.6%	4	7.8%	3	5.9%	12	23.5%	14	27.5%	1	2.0%	4	7.8%	15.7%
Hospital Total	5,870	100.0%	262	4.5%	603	10.3%	1,298	22.1%	784	13.4%	1,124	19.1%	501	8.5%	662	11.3%	636	10.8%	24.3%

Patient Origin by Region - Inpatient
 Johnson, MO Residents Treated in HIDI Reporting Area
 Federal Fiscal Year: 2017
 Total Pediatric Adult Medical/Surgical



Hospital Cases	Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Psychiatric		Obstetric		Newborn		Surg %	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%		
Western Missouri Medical Center - Warrensburg, MO	2,344	38.0%	33	1.4%	205	8.7%	370	15.8%	259	11.0%	458	19.5%	19	0.8%	511	21.8%	489	20.9%	17.9%	
Saint Luke's East Hospital - Lees Summit, MO	809	13.1%	2	0.2%	95	11.7%	212	26.2%	158	19.5%	205	25.3%	8	1.0%	70	8.7%	59	7.3%	16.4%	
Saint Luke's Hospital of Kansas City - Kansas City, MO	572	9.3%	1	0.2%	80	14.0%	159	27.8%	120	21.0%	122	21.3%	5	0.9%	51	8.9%	34	5.9%	39.2%	
Lee's Summit Medical Center - Lees Summit, MO	454	7.4%	0		52	11.5%	183	40.3%	91	20.0%	121	26.7%	7	1.5%	0		0		18.5%	
Research Medical Center - Kansas City, MO	442	7.2%	0		55	12.4%	71	16.1%	45	10.2%	52	11.8%	198	44.8%	12	2.7%	9	2.0%	20.4%	
Centerpoint Medical Center - Independence, MO	181	2.9%	1	0.6%	22	12.2%	46	25.4%	41	22.7%	36	19.9%	0		18	9.9%	17	9.4%	40.3%	
University of Kansas Health System - Kansas City, KS	177	2.9%	2	1.1%	62	35.0%	54	30.5%	29	16.4%	16	9.0%	14	7.9%	0		0		35.6%	
Children's Mercy Kansas City - Kansas City, MO	172	2.8%	168	97.7%	1	0.6%	0		0		0		1	0.6%	1	0.6%	1	0.6%	20.9%	
Bothwell Regional Health Center - Sedalia, MO	78	1.3%	0		9	11.5%	23	29.5%	7	9.0%	4	5.1%	0		17	21.8%	18	23.1%	34.6%	
St. Mary's Medical Center - Blue Springs, MO	78	1.3%	0		5	6.4%	21	26.9%	32	41.0%	20	25.6%	0		0		0		26.9%	
Golden Valley Memorial Healthcare - Clinton, MO	77	1.2%	0		7	9.1%	18	23.4%	9	11.7%	24	31.2%	0		10	13.0%	9	11.7%	23.4%	
Saint Luke's South - Overland Park, KS	66	1.1%	0		7	10.6%	29	43.9%	11	16.7%	14	21.2%	1	1.5%	2	3.0%	2	3.0%	42.4%	
University of Missouri Health Care - Columbia, MO	61	1.0%	8	13.1%	8	13.1%	23	37.7%	5	8.2%	4	6.6%	8	13.1%	3	4.9%	2	3.3%	54.1%	
Menorah Medical Center - Overland Park, KS	49	0.8%	1	2.0%	8	16.3%	18	36.7%	9	18.4%	5	10.2%	0		5	10.2%	3	6.1%	57.1%	
Truman Medical Center Lakewood - Kansas City, MO	45	0.7%	0		3	6.7%	7	15.6%	2	4.4%	7	15.6%	4	8.9%	12	26.7%	10	22.2%	15.6%	
Children's Mercy Hospital Kansas - Overland Park, KS	43	0.7%	43	100.0%	0		0		0		0		0		0		0		0	
Royal Oaks Hospital - Windsor, MO	41	0.7%	0		1	2.4%	0		0		0		40	97.6%	0		0		0	
Cass Regional Medical Center - Harrisonville, MO	39	0.6%	0		1	2.6%	11	28.2%	7	17.9%	8	20.5%	12	30.8%	0		0		5.1%	
Two Rivers Behavioral Health System - Kansas City, MO	36	0.6%	0		0		0		0		0		36	100.0%	0		0		0	
North Kansas City Hospital - North Kansas City, MO	31	0.5%	0		2	6.5%	12	38.7%	3	9.7%	12	38.7%	0		1	3.2%	1	3.2%	48.4%	
Truman Medical Center Hospital Hill - Kansas City, MO	29	0.5%	0		5	17.2%	12	41.4%	1	3.4%	0		10	34.5%	1	3.4%	0		31.0%	
Crittendon - Kansas City, MO	29	0.5%	3	10.3%	0		0		0		0		26	89.7%	0		0		0	
AdventHealth Shawnee Mission - Shawnee Mission, KS	28	0.5%	0		4	14.3%	3	10.7%	2	7.1%	2	7.1%	4	14.3%	7	25.0%	6	21.4%	28.6%	
Heartland Behavioral Health Services - Nevada, MO	20	0.3%	0		0		0		0		0		20	100.0%	0		0		0	
Boone Hospital Center - Columbia, MO	19	0.3%	1	5.3%	1	5.3%	3	15.8%	5	26.3%	5	26.3%	0		2	10.5%	2	10.5%	52.6%	
Fitzgibbon Hospital - Marshall, MO	17	0.3%	0		0		0		0		0		17	100.0%	0		0		0	
St. Joseph Medical Center - Kansas City, MO	17	0.3%	0		0		2	11.8%	6	35.3%	7	41.2%	0		1	5.9%	1	5.9%	41.2%	
Belton Regional Medical Center - Belton, MO	16	0.3%	0		0		9	56.2%	4	25.0%	2	12.5%	1	6.2%	0		0		50.0%	
Signature Psychiatric Hospital - Kansas City, MO	13	0.2%	0		0		0		0		0		13	100.0%	0		0		0	
Overland Park Regional Medical Center - Overland Park, KS	12	0.2%	4	33.3%	0		0		0		2	16.7%	0		3	25.0%	3	25.0%	16.7%	
Mosaic Medical Center - Maryville, MO	11	0.2%	0		0		0		0		0		11	100.0%	0		0		0	
Saint Luke's North Hospital - Smithville - Smithville, MO	10	0.2%	0		0		0		0		0		10	100.0%	0		0		0	
Nevada Regional Medical Center - Nevada, MO	9	0.1%	0		0		0		0		0		7	77.8%	1	11.1%	1	11.1%	0	
Rusk Rehabilitation Center - Columbia, MO	9	0.1%	0		3	33.3%	1	11.1%	1	11.1%	4	44.4%	0		0		0		0	
Missouri Residents/Kansas Hospitals	7	0.1%	0		1	14.3%	0		0		0		6	85.7%	0		0		14.3%	
Missouri Residents/Nebraska Hospitals	7	0.1%	0		2	28.6%	4	57.1%	0		0		1	14.3%	0		0		14.3%	
Lakeland Behavioral Health System - Springfield, MO	7	0.1%	0		0		0		0		0		7	100.0%	0		0		0	
Liberty Hospital - Liberty, MO	7	0.1%	0		1	14.3%	3	42.9%	1	14.3%	2	28.6%	0		0		0		28.6%	
Kindred Hospital Kansas City - Kansas City, MO	7	0.1%	0		1	14.3%	3	42.9%	3	42.9%	0		0		0		0		28.6%	
Missouri Residents/Georgia Hospitals	6	0.1%	0		0		3	50.0%	1	16.7%	0		0		1	16.7%	1	16.7%	16.7%	
Olathe Medical Center Inc. - Olathe, KS	6	0.1%	0		0		0		4	66.7%	0		0		1	16.7%	1	16.7%	50.0%	
Saint Luke's North Hospital - Barry Road - Kansas City, MO	6	0.1%	0		0		2	33.3%	1	16.7%	3	50.0%	0		0		0		0	
Missouri Residents/Minnesota Hospitals	5	0.1%	0		1		4	80.0%	0		0		0		0		0		0	
Freeman Health System - Joplin, MO	5	0.1%	0		0		0		0		2		3		0		0		0	
St. Alexius Hospital, Broadway Campus - St. Louis, MO	5	0.1%	0		0		0		0		0		5		0		0		0	
Lafayette Regional Health Center - Lexington, MO	5	0.1%	0		0		3		2		0		0		0		0		0	
Other Hospitals	60	1.0%	6	10.0%	11	18.3%	19	20.0%	7		11		4		60.0%		1		1	
Hospital Total	6,167	100.0%	273	4.4%	653	10.6%	1,328	21.5%	866	14.0%	1,148	18.6%	498	8.1%	731	11.9%	670	10.9%	22.3%	

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Patient Origin by Region - Inpatient
 Johnson, MO Residents Treated in HIDI Reporting Area
 Federal Fiscal Year: 2018
 Total Pediatric Adult Medical/Surgical



Hospital Cases	Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Western Missouri Medical Center - Warrensburg, MO	2,186	36.9%	29	1.3%	223	10.2%	391	17.9%	228	10.4%	408	18.7%	14	0.6%	442	20.2%	451	20.6%	17.9%
Saint Luke's East Hospital - Lees Summit, MO	783	13.2%	0		82	10.5%	197	25.2%	155	19.8%	212	27.1%	6	0.8%	69	8.8%	62	7.9%	21.1%
Saint Luke's Hospital of Kansas City - Kansas City, MO	537	9.1%	0		75	14.0%	144	26.8%	127	23.6%	118	22.0%	5	0.9%	36	6.7%	32	6.0%	36.9%
Research Medical Center - Kansas City, MO	462	7.8%	3	0.6%	73	15.8%	81	17.5%	64	13.9%	60	13.0%	160	34.6%	12	2.6%	9	1.9%	25.8%
Lee's Summit Medical Center - Lees Summit, MO	386	6.5%	1	0.3%	48	12.4%	147	38.1%	87	22.5%	93	24.1%	9	2.3%	1	0.3%	0		20.7%
Children's Mercy Kansas City - Kansas City, MO	194	3.3%	184	94.8%	7	3.6%	0		0		0		0		2	1.0%	1	0.5%	22.2%
Centerpoint Medical Center - Independence, MO	179	3.0%	2	1.1%	23	12.8%	45	25.1%	31	17.3%	31	17.3%	0		24	13.4%	23	12.8%	33.5%
University of Kansas Health System - Kansas City, KS	160	2.7%	2	1.2%	28	17.5%	58	36.2%	26	16.2%	20	12.5%	26	16.2%	0		0		38.8%
Golden Valley Memorial Healthcare - Clinton, MO	80	1.4%	0		11	13.8%	17	21.2%	9	11.2%	10	12.5%	1	1.2%	17	21.2%	15	18.8%	22.5%
University of Missouri Health Care - Columbia, MO	73	1.2%	5	6.8%	14	19.2%	30	41.1%	3	4.1%	4	5.5%	13	17.8%	3	4.1%	1	1.4%	46.6%
Bothwell Regional Health Center - Sedalia, MO	69	1.2%	0		14	20.3%	12	17.4%	2	2.9%	17	24.6%	1	1.4%	11	15.9%	12	17.4%	31.9%
Menorah Medical Center - Overland Park, KS	62	1.0%	0		6	9.7%	18	29.0%	12	19.4%	10	16.1%	0		8	12.9%	8	12.9%	51.6%
Truman Medical Center Hospital Hill - Kansas City, MO	57	1.0%	0		14	24.6%	11	19.3%	6	10.5%	3	5.3%	14	24.6%	5	8.8%	4	7.0%	28.1%
Two Rivers Behavioral Health System - Kansas City, MO	52	0.9%	0		0		0		0		0		52	100.0%	0		0		
Royal Oaks Hospital - Windsor, MO	48	0.8%	1	2.1%	0		0		0		0		47	97.9%	0		0		
St. Mary's Medical Center - Blue Springs, MO	48	0.8%	0		5	10.4%	13	27.1%	14	29.2%	16	33.3%	0		0		0		35.4%
Signature Psychiatric Hospital - Kansas City, MO	42	0.7%	0		0		0		0		0		42	100.0%	0		0		
Children's Mercy Hospital Kansas - Overland Park, KS	41	0.7%	40	97.6%	0		0		0		0		1	2.4%	0		0		
Truman Medical Center Lakewood - Kansas City, MO	40	0.7%	0		4	10.0%	10	25.0%	2	5.0%	3	7.5%	7	17.5%	7	17.5%	7	17.5%	15.0%
Saint Luke's North Hospital -- Smithville - Smithville, MO	37	0.6%	0		0		1	2.7%	0		0		36	97.3%	0		0		
North Kansas City Hospital - North Kansas City, MO	34	0.6%	0		2	5.9%	9	26.5%	13	38.2%	4	11.8%	0		3	8.8%	3	8.8%	44.1%
Cass Regional Medical Center - Harrisonville, MO	32	0.5%	0		6	18.8%	10	31.2%	7	21.9%	6	18.8%	3	9.4%	0		0		21.9%
Nevada Regional Medical Center - Nevada, MO	26	0.4%	0		0		0		0		0		26	100.0%	0		0		
Crittendon - Kansas City, MO	26	0.4%	0		0		0		0		0		26	100.0%	0		0		
Boone Hospital Center - Columbia, MO	24	0.4%	0		1	4.2%	5	20.8%	9	37.5%	7	29.2%	0		1	4.2%	1	4.2%	66.7%
Saint Luke's South - Overland Park, KS	23	0.4%	0		6	26.1%	7	30.4%	8	34.8%	2	8.7%	0		0		0		30.4%
AdventHealth Shawnee Mission - Shawnee Mission, KS	22	0.4%	0		2	9.1%	3	13.6%	4	18.2%	1	4.5%	6	27.3%	3	13.6%	3	13.6%	45.5%
Overland Park Regional Medical Center - Overland Park, KS	19	0.3%	3	15.8%	1	5.3%	4	21.1%	1	5.3%	2	10.5%	0		4	21.1%	4	21.1%	36.8%
Belton Regional Medical Center - Belton, MO	18	0.3%	0		1	5.6%	10	55.6%	3	16.7%	2	11.1%	2	11.1%	0		0		50.0%
Missouri Residents/Kansas Hospitals	14	0.2%	1	7.1%	1	7.1%	2	14.3%	1	7.1%	1	7.1%	8	57.1%	0		0		21.4%
Heartland Behavioral Health Services - Nevada, MO	11	0.2%	0		0		0		0		0		11	100.0%	0		0		
Mosaic Medical Center -- Maryville, MO	11	0.2%	0		0		0		0		0		11	100.0%	0		0		
Barnes-Jewish Hospital - St. Louis, MO	9	0.2%	0		4	44.4%	4	44.4%	0		1	11.1%	0		0		0		44.4%
Saint Luke's North Hospital -- Barry Road - Kansas City, MO	9	0.2%	0		4	44.4%	2	22.2%	1	11.1%	0		0		2	22.2%	0		44.4%
Kindred Hospital Northland - Kansas City, MO	8	0.1%	0		2	25.0%	5	62.5%	1	12.5%	0		0		0		0		12.5%
Lakeland Behavioral Health System - Springfield, MO	7	0.1%	0		0		0		0		0		7	100.0%	0		0		
St. Joseph Medical Center - Kansas City, MO	6	0.1%	0		1	16.7%	2	33.3%	2	33.3%	1	16.7%	0		0		0		16.7%
Missouri Residents/Other Illinois Hospitals	5	0.1%	0		2	40.0%	2	40.0%	1	20.0%	0		0		0		0		60.0%
Missouri Residents/Nebraska Hospitals	5	0.1%	0		0		1	20.0%	1	20.0%	0		1	20.0%	1	20.0%	1	20.0%	40.0%
Providence Medical Center - Kansas City, KS	5	0.1%	0		2	40.0%	2	40.0%	0		1	20.0%	0		0		0		60.0%
Other Hospitals	74	1.2%	4	5.4%	10	13.5%	13	17.6%	7	9.5%	14	18.9%	18	24.3%	4	5.4%	4	5.4%	23.0%
Hospital Total	5,924	100.0%	275	4.6%	672	11.3%	1,256	21.2%	825	13.9%	1,047	17.7%	553	9.3%	655	11.1%	641	10.8%	23.2%

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 May 31, 2019

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

CHNA 2019 WMMC (Johnson County, MO) Town Hall - June 11th 5:30 pm - 7:00 pm N=29

Category	ATTEND	Last Name	First Name	Title	Organization	City	ST	Zip
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	1	Alvested	Scott	Community Outreach Coordinator	Johnson County Community Health Services	Warrensburg	MO	64093
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	1	Arton	Anthony	Administrator	Johnson County Community Health Services	Warrensburg	MO	64093
Representatives from businesses - owners/CEOs of large businesses (local or large corporations with local branches.)	1	Breeding	Karen	CRE	Cerner Corp.	Kansas City	MO	64137
Mental health providers.	1	Button	Christopher	Mental Health Flight Commander	509th Medical group	Whiteman AFB	MO	65305
Representatives from businesses - owners/CEOs of large businesses (local or large corporations with local branches.)	1	Campbell	Kathryn	Sr. Project Manager	Cerner	Kansas City	MO	64137
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	1	Carlyle	Tara	Director of Communications & Development	WMMC	Warrensburg	MO	64093
City/Community planners and development officials.	1	Carrol	Barbara	Director of Community development	City of Warrensburg	Warrensburg	MO	64093
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	1	Collins	Teresa	Volunteer Coordinator	WMMC	Warrensburg	MO	64093
Representatives from businesses - owners/CEOs of large businesses (local or large corporations with local branches.)	1	Davis	Drew		Cerner	Kansas City	MO	64137
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	1	Hudson	Dee	President	WMMC Foundation	Warrensburg	MO	64093
Public health officials/board members	1	Jensen	Breann	Health Educator	Lafayette County Health Dept	Lexington	MO	64067
Local colleges and universities	1	Kiger	Amy	Director	University of Central Missouri, Campus Community Health	Warrensburg	MO	64093
People without titles, but identified by others as "community leaders".	1	Koepke	Jennifer			Warrensburg	MO	64093
City/Community planners and development officials.	1	Lewis	Drew	President	Johnson County Economic Development Corporation	Warrensburg	MO	64093
Representatives from businesses - owners/CEOs of large businesses (local or large corporations with local branches.)	1	Menke	Julie		Cerner ITWX	Kansas City	MO	64137
People without titles, but identified by others as "community leaders".	1	Miller	Dane	N/A	Self	Warrensburg	MO	64093
Coalitions working on health or other issues.	1	Morris	Dawn	Community Mental Health Liaison	Compass Health	Warrensburg	MO	64093
Parents, caregivers and other consumers of health care in the community.	1	Nordvall	Chris	Community Childcare Coordinator	Johnson County Community Health Services	Warrensburg	MO	64093
Public safety officials.	1	Oxley	Doyle	Assistant Chief	Warrensburg Fire Department	Warrensburg	MO	64093
Other health professionals	1	Polychronis	Paul	Board Certified Psychologist		Warrensburg	MO	64093
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	1	Reberry	Darinda	CEO	WMMC	Warrensburg	MO	64093
Local colleges and universities	1	Rutt	Beth	Director of Student Activities and Student Recreation & Wellness	University of Central Missouri	Warrensburg	MO	64093
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	1	Schmutz	Ellie	Marketing Manager	WMMC	Warrensburg	MO	64093
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	1	Snapp	Jennie	Development Coordinator	WMMC	Holden	MO	64040
Community leaders	1	Stauffer	Kay	Board of Trustees	Johnson County Community Health Services	Warrensburg	MO	64093
PRESS (Paper, TV, Radio)	1	Sterling	Sue		Warrensburg Daily Star-Journal	Warrensburg	MO	64093
Leaders civic or service clubs-chamber of commerce, veterans organizations, Lions, Rotary, etc.	1	Taylor	Suzanne	Executive Director	Warrensburg Chamber of Commerce	Warrensburg	MO	64093
The hospital organization's board members.	1	White	Rita	Trustee	WMMC	Warrensburg	MO	64093
Education officials and staff - school superintendents, principals, teachers and school nurses.	1	Woon	Jeanne	Assistant Director, Counseling Center, HUM 131	UCM	Warrensburg	MO	64093

Western Missouri Medical Center – Johnson County, MO CHNA Town Hall Notes

Tuesday, June 11th, 2019 5:30 p.m. to 7:00 p.m. N= 29

Drug Problems: Opioids, Meth, Marijuana – medicinal, Heroin.

Opioid prescription- sensitive for Doctors.

Alcohol is a problem in Johnson County.

Changing:

Only County with College and Military Base. (this makes Us different) – Population change

Legalizing marijuana.

Affordable care act, changes.

Strengths:

- Collaboration with College, Community Health, Military Base, Hospital
- Access to Healthcare Services
- Mother Care / Baby Care
- Urgent Care
- Hospital Staff / Services / Doctors / etc
- School Health / Nurses
- Community Volunteers
- Access to Exercise Opportunities
- Proximity to KC Metro
- Electronic Medical Records
- Ambulance – First Responders / Partnerships
- Project Connect

Things to Improve:

- Suicides
- Awareness of HC services
- STDs
- Substance Abuse (Drugs)
- Diabetes
- Obesity (Nutrition / Exercise)
- Alcohol Abuse
- Homelessness
- Housing
- Derm, PC - Doctors
- Dental Care
- School Health
- Mental Health
- Distracted Driving (+Alcohol)
- Poverty (Employee Readiness)
- Health Insurance (Affordable, Education, Knowledge, Access)

Wave #3 CHNA - WMMC PSA

Town Hall Conversation - Strengths (Color Cards) N= 29

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
3	ACC	Access	9	OTHR	military presence
5	ACC	Access to care with integrated system	9	OTHR	University
11	AMB	Ambulance service - stabilized	10	OTHR	Urban adjacent
24	AMB	Good ambulance	10	OTHR	College and air base pop 18-24 higher
12	BH	Passion for mental health suicide prevention particularly for those in military	12	OTHR	Growing community
23	BH	Talk2me - mental health awareness	13	OTHR	Strong community support between partners and members of community
12	COMM	Hospital communication and involvement - outside of box thinking	15	OTHR	Groups addressing concern - identifying concerns
24	COMM	Integrated comm with electronic record	15	OTHR	Strong volunteerism to assist
24	COMM	Project comm connect	15	OTHR	Outreach
3	CORP	Partnership between WMMC, community health, WAFB, UCM	16	OTHR	Positive volunteer spirit among professionals
17	CORP	Hospital leadership willing to engage with community	16	OTHR	Good relationship between community and U an Whiteman
20	CORP	Great leadership	17	OTHR	Strong public library system
8	DENT	Dental care for warrensburg school district serves pre k - 12th grade. Katy trail and local dentists	18	OTHR	Positive perception of medical services overall
10	DENT	Dental care to schools	19	OTHR	Community groups/interactions; opportunities
16	DOCS	Good number of docs per population	20	OTHR	State of the art equipment
20	DOCS	Quality docs	20	OTHR	Terrific BOT
22	DOCS	Providers involvement with patients	21	OTHR	Community groups
26	DOCS	Physicians to patient ratio	21	OTHR	Churches, churches, churches everywhere
14	DOH	Strong public health dept	21	OTHR	Diversity
2	DRUG	Opioid use is 49% compared to 79%	21	OTHR	School system
10	DRUG	Opioids didn't seem to be a concern	23	OTHR	Community interaction
23	DRUG	Low opioid numbers	24	OTHR	TCD designations
18	EMER	Emergency wait times have improved	24	PATA	High tech diagnostic equipment for detection and imaging
19	EMER	ED improvements	2	PHARM	We have controlled prescriptions better than most counties
20	EMER	Trauma	13	PHARM	County has Rx monitoring program
23	EMER	ED improvements	26	PHARM	Rx concerns are low
26	EMER	Improved ER quality and reduced wait times	23	POV	Project community connect - poverty
14	EMS	Active first response	5	PRIM	Primary care
15	EMS	First responders - strong	10	PRIM	Primary care
19	EMS	EMR's	24	PRIM	We HAVE primary care physicians
23	EMS	EMR	26	PRIM	Exceptional primary care providers
23	EMS	1st responders	7	PSY	Bridges - senior psychiatric care
26	FAC	Exceptional facilities	10	QUAL	Average quality
3	FEM	New beginnings pregnancy center	13	QUAL	Quality of care at WMMC is good
1	FIT	Access to health/fitness facilities	17	REC	Trail expansion - spirit trail and rock island
5	FIT	Exercise/fitness	21	REC	Opportunities for outdoor activities: state park; parks and rec
25	FIT	Access to exercise whether one takes advantage	3	SNUR	Every school in wbg has a nurse at least LPN
27	FIT	Access to exercise facilities	6	SPEC	WMMC has been trying to recruit MDS to JOCO
6	HOSP	WE have a hospital in JOCO! WMMC	8	SPEC	Increase of specialist that come to our local hospital
9	HOSP	WMMC	10	SPEC	Specialist coming to area

Wave #3 CHNA - WMMC PSA

Town Hall Conversation - Strengths (Color Cards) N= 29

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
10	HOSP	Have a hospital	11	SPEC	We have a variety of doctors and specialists
11	HOSP	We have a local hospital	22	SPEC	Recruitment of specialty providers and FP doctors in county
15	HOSP	Strong services available - hospital and comm health	26	SPEC	Vast specialties here
16	HOSP	New health center (WMMC)	20	STRK	Stroke
19	HOSP	Hospital, staff, docs, facilities, specialties, certifications compared to other rural communities	22	STRK	Stroke, STEMI, Trauma
24	HOSP	We HAVE a hospital	5	SUIC	Suicide hotline
5	IP	Inpatient stay	23	TPRG	Low teen pregnancy rate
8	NUTR	Food insecurity is addressed by pantries in the university, churches and communities	5	URG	Express care
10	NUTR	Food insecurity - pantries avail	6	URG	Urgent care center in community
13	NUTR	We have many sources provideing food to the young and seniors aw well as low income	8	URG	Creation of an urgent care center
17	NUTR	Active farmers market	9	URG	Express care/urgent
22	OBG	OB program	10	URG	Creation of urgent care
26	OBG	Obstetrics care	18	VACC	Per survey - perception of immunization
27	OBG	OB care	12	VETS	Veterans hospital and outreach
1	OTHR	University	1	WELL	Education level of county
1	OTHR	WAFB	12	WELL	University/schools - education of health care, preventative care
2	OTHR	When it comes to general healthcare, most people think we are improving/maintaining, not sliding backwards	14	WELL	Education
4	OTHR	Diverse population brings many perspectives to the table	15	WELL	Position to education with current services
6	OTHR	Proximity to a major metropolitan area	25	WELL	Interact/knowledge of health issues

Wave #3 CHNA - WMMC PSA

Town Hall Conversation - Weakness (Color Cards) N= 29

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
2	ACC	Access to health services	12	KID	Need more early childhood slots
1	ALC	Alcohol abuse prevention	14	MAMO	Use mammo
2	ALC	Drinking	23	MAMO	Mammos
5	ALC	Substance abuse - Drinking	25	MAMO	Mammo screening - increase screenings
9	ALC	Substance abuse - alcohol	27	MAMO	Mammography
12	ALC	Alcohol misuse	2	NUTR	Nutrition
13	ALC	Alcohol	5	NUTR	Diet - low quality foods/processed
1	BH	Mental health therapy services	7	NUTR	Food insecurity
5	BH	Mental health therapy services	15	NUTR	Food - healthy options outside warrensburg
6	BH	Do we have a lack of mental health	2	OBES	Obesity
7	BH	Depression	9	OBES	Obesity
8	BH	Mental health access	13	OBES	Obesity
9	BH	Mental health facilities	20	OBES	Address Obesity
10	BH	Mental health	7	OTHR	Serve housing
11	BH	Access to ceises mental health assessment and placement and treatment	14	OTHR	MVA mortalities/both alcohol and non-alcohol related
12	BH	Mental health providers - telehealth no always paid for	16	OTHR	Public perception of bad service
13	BH	Mental health care availability	19	OTHR	Our community needs to embrace growth through community investment
14	BH	Mental health access	20	OTHR	Awareness of services
15	BH	Mental health crisis services	21	OTHR	information center for dissemination of health related information
16	BH	Mental health options - day programs	21	OTHR	little or no coordination of delivery of health care services
17	BH	Mental health access	22	OTHR	Awareness of services - hospital lacking
17	BH	Mental health facilities	23	OTHR	Patient portal
18	BH	mental health and substance abuse care/resources	25	OTHR	Lack of awareness to existing programs
20	BH	Access to mental health	27	OTHR	Health care awareness
22	BH	Lack of mental health providers within immediate area	14	PATA	Increase diagnostic screening
26	BH	More psychiatric and mental health services at the hospital	16	PATA	Hospital lab at a covered in-network lab or common health insurance plans - now that they own all the doctors
26	BH	Community efforts to increase awareness and understanding about mental health issues	6	POV	Homelessness as a health concern
27	BH	Mental health	7	POV	Poverty
3	COMM	Agencies need to be more flexible in working together to find solutions to comm issues	8	POV	Housing/homelessness
1	CORP	Enhanced collaboration/cooperation amongst community partners	8	POV	Poverty
19	CORP	Better perception of hosp leaders to people staying	9	POV	Poverty
7	DERM	Need dermatologist	14	POV	Affordable care for poverty population
8	DERM	Dermatology	2	PRIM	Inprove number of PCP visits
9	DERM	Dermatology	1	PSY	Psychiatric med mgmt services
13	DERM	Derm	24	PSY	Need inpatient psychiatric beds
2	DIAB	Diabetes	2	SMOK	Smoking
4	DIAB	Diabetes education more available to the public	5	SMOK	Substance abuse - Smoking
20	DIAB	Address Diabetes	9	SMOK	Substance abuse - vaping
8	DOCS	Occupational docs - for screenings etc.	9	SPEC	More specialties

Wave #3 CHNA - WMMC PSA

Town Hall Conversation - Weakness (Color Cards) N= 29

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
10	DOCS	Recruit docs	10	SPEC	Specialities
18	DOCS	Need more providers - difficult to get appointments with PC physician	13	SPEC	Do need more specialities
19	DOCS	Will attract better doctors	14	SPEC	More specialty care both inpatient and outpatient as appropriate
21	DOH	regional health	17	SPEC	Access to specialists
23	DOH	School health screenings/visits	20	SPEC	Add specialists - especially derm
5	DRUG	Substance abuse - illegal	23	SPEC	Specialists
7	DRUG	Substance abuse	25	SPEC	Recruit additional specialists - weekly visits
9	DRUG	Substance abuse - mj	27	SPEC	Specialist
13	DRUG	Substance abuse	2	STD	STDs
16	DRUG	Substance abuse programs	5	STD	STD's
23	DRUG	Opioids	9	STD	STD rate
10	EMER	ER	11	STD	Access to STI prevention methods
14	EMER	ER throughout	23	STD	STDs
23	EMER	ED throughput	7	SUIC	Suicide
24	EMER	WMMC emergency room is burdened with emergency psych patients for whom no bed is available	10	SUIC	Suicide prevention
21	EYE	Eye care	20	SUIC	Address suicide
5	FIT	Exercise	22	SUIC	Attention to suicide rate within community and to NAFB. Our base has the highest rate of suicide of military bases
19	HOSP	Mak hospital easier - retention	23	SUIC	Suicide prevention marketing
6	INSU	Insurance availability?	27	SUIC	Suicide
9	INSU	Options for those with no insurance	8	URG	Urgent care - overnight
10	INSU	Medicaid expand	20	VIO	Address violence
11	INSU	Insurance /options for those with no insurance	6	WELL	How to educate about programs or available services
12	INSU	Advocate/educate public about health insurance problems	12	WELL	Vaping, pot, alcohol education
9	KID	More early childhood costs	25	WELL	Need for community/hospital health fair

c) Public Notice & Requests

[VVV Consultants LLC]

E-MAIL MESSAGE to Stakeholder List

From: Darinda Reberry, CEO

Date: April 22, 2019

To: Community Leaders, Providers and Hospital Board and Staff

Subject: CHNA Round #3 Online Survey 2019

Western Missouri Medical Center is partnering with other community health providers to update the 2016 Community Health Needs Assessment. (Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years).

Your feedback and suggestions regarding community health delivery are very important to collect in order to complete the 2019 Community Health Needs Assessment and implementation plan updates.

To accomplish this work, a short online survey has been developed:

https://www.surveymonkey.com/r/WMMC_JohnsonCo_CHNA2019

CHNA Round #3 due date for survey completion is Friday, May 31st. All responses are confidential. Thank you in advance for your time and support in participating with this important request.

Also, please hold June 11th from 5:30 – 7pm in order to attend our CHNA Round #3 Town Hall at Warrensburg Community Center, Multipurpose Room BC.

Sincerely,
Darinda Reberry
CEO

Hospital starts process for health needs assessment

By Sue Sterling sue.sterling@dsjnow.com 4/30/19

WARRENSBURG — Western Missouri Medical Center will conduct another Community Health Needs Assessment this year, CEO Darinda Reberry said Friday, April 26.

The hospital must conduct the assessment every three years “to prove how (a non-profit) hospital puts money back into the community,” she said.

The requirement, enforced by the Internal Revenue Service under the Affordable Care Act, is designed to improve the health of communities by addressing needs identified by a broad spectrum of people served by the hospital.

WMMC partnered with Johnson County Community Health Services to do the last assessment, which identified top concerns as: a lack of mental health services; obesity; lack of access to dental care for uninsured and under-insured residents; substance abuse; suicide; and family planning.

Community partners undertook projects in the various areas identified as concerns, Reberry said, including implementing a mental health text for help line.

The same consultant, Vince Vandelaar of VVV Consultants LLC, Olathe, Kansas, has been engaged to help with this year’s assessment, she said. A survey to determine health concerns will be launched May 1, with the goal of getting 300 responses, Reberry said.

A town hall meeting will be held June 11 at the Warrensburg Community Center to present an overview of the health of the county and to decide top priorities, she said. An analysis will be completed in August, she said, and a meeting held to decide on implementing goals and to “set standards for the next three years.”

Johnson County, MO Community Health Needs Assessment Survey

Let's shape the future of healthcare for our community together!

Please go to https://www.surveymonkey.com/r/WMMC_JohnsonCo_CHNA2019 and share your thoughts regarding health needs for you, your family and our community.

This survey takes approximately 10 minutes and all responses are kept completely anonymous. Your feedback will help inform future health care programming and services for your community. This survey ends Friday, May 31st.

Thank you in advance for your time and support in participating with this important request.

Also, please hold **June 11th from 5:30 – 7pm** in order to attend our CHNA Round #3 Town Hall at Warrensburg Community Center, Multipurpose Room BC.

Thank you!

Western Missouri Medical Center is partnering with other community health providers to update the 2016 Community Health Needs Assessment. (Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years).



JOHNSON COUNTY
COMMUNITY HEALTH SERVICES
Home Health • Public Health • WIC

Johnson County, MO Community Health Needs Assessment

COMMUNITY TOWN HALL MEETING

Western Missouri Medical Center and Johnson County Community Health Services
invite you to a Town Hall meeting discussing our greater community's health.

TUESDAY, JUNE 11, 2019

**5:30 – 7:00 pm
Community Center
Multipurpose Room BC**

A light dinner will be provided.

THE PUBLIC IS INVITED TO ATTEND.

Please join us for this opportunity to share your opinions and suggestions to improve health care delivery in Johnson County, MO.

Thank you in advance for your participation!



JOHNSON COUNTY
COMMUNITY HEALTH SERVICES
Home Health • Public Health • WIC

E-MAIL MESSAGE to Stakeholder List

From: Darinda Reberry, CEO

Date: May 28, 2019

To: Community Leaders, Providers and Hospital Board and Staff

Subject: CHNA Town Hall Meeting – June 11

Western Missouri Medical Center is partnering with other community health providers to update the 2016 Community Health Needs Assessment. (Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years).

Your feedback and suggestions regarding community health delivery are very important to collect in order to complete the 2019 Community Health Needs Assessment and implementation plan updates.

To accomplish this work, a short online survey has been developed and results will be shown at the **Community Town Hall meeting on June 11th from 5:30 p.m. – 7:00 p.m. at Warrensburg Community Center, Multipurpose Room BC.**

If you plan to attend the Johnson County, MO (WMMC) Town Hall on June 11th, please RSVP here:

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

Sincerely,
Darinda Reberry
CEO

WMMC community town hall meeting set for June 11

May 29, 2019



WARRENSBURG — Western Missouri Medical Center will soon be in the process of updating the 2016 Johnson County Community Health Needs Assessment.

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2016 CHNA report and to collect current community health perceptions.

To accomplish this assessment, a short online survey has been developed and results will be shown at a community town hall meeting on Tuesday, June 11.

The meeting is scheduled from 5:30 to 7 p.m. at the Warrensburg Community Center, 445 E. Gay St.

Those planning to attend should RSVP at [surveymonkey.com/r/WMMC_CHNA_RSVP](https://www.surveymonkey.com/r/WMMC_CHNA_RSVP).

“We hope that the community and health professionals will take advantage of this opportunity to provide important input into the future of healthcare delivery in our county,” Darinda Reberry, president/CEO, said.

For questions about CHNA activities, (660) 262-7464.

This assessment update is a follow-up to meet final IRS regulations released on January 2, 2015, requiring all 501©3 hospitals to conduct a community health needs assessment and adopt an implementation strategy at least once every three years.

d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

CHNA 2019 Community Feedback - WMMC PSA N=291

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community? Please select top THREE.
1176	6409	Very Good	Increasing - moving up	DENT	INSU		Lack of dental care for medicaid and medicare insurances
1238	64040	Good	Not really changing much	DRUG	FAC		Lack of substance abuse facilities
1146	64093	Good	Increasing - moving up	FINA	NUTR	OBES	inability to afford healthy foods, so families use cheap, hi carb foods to bridge the gap, leading to more obesity
1023	65336	Average	Increasing - moving up	FIT			Physical Inactivity
1249	64093	Very Poor	Decreasing - slipping downward	GOV			Local government politics
1121	64096	Average	Increasing - moving up	NO			NOT FROM THIS COMM.
1064	64093	Good	Increasing - moving up	NUTR	ALC	DRUG	Better self care in diet, Avoiding tobacco, alcohol, and drugs
1252	64733	Poor	Decreasing - slipping downward	OTHR	BH	DRUG	I can really only select one. I would choose "Awareness of existing local programs, providers, and services", but I truly believe that even if health care providers focused on "Awareness", most people who needs the services would still not utilize them. It goes back to a previous question. Mental Disabilities/Issues and Substance Abuse trump all, or should I say, take priority over health care.
1178	64093	Good	Not really changing much	OTHR			stupidity. lack of concern/caring about their health in general. not taking personal responsibility for their health, wanting to blame others for their problems, then we the patient doesn't take meds/do treatments the hospital is stuck "fixing" them for the short term only for them to come back time and time and time again..... we often see the same patients for the same problems, and probably loose lots of money because we are supposed to treat them like a "customer" instead of the patient they are. we are not here to wait on them and give them a 5 star hotel experience, but that is what it is like anymore.
1099	64093	Average	Increasing - moving up	OTHR			Attitude and taking ownership of one's own health
1126	64093	Very Good	Increasing - moving up	OTHR			Personal responsibility
1010	64061	Average	Increasing - moving up	POV			poverty
1039	64093	Average	Decreasing - slipping downward	QUAL	DOCS		Terrible experiences with doctors

CHNA 2019 Community Feedback - WMMC PSA N=291

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1048	64093	Average	Not really changing much	ACC	PSY		More resources and access for psychiatric patients.
1096	64093	Average	Decreasing - slipping downward	ACC	REC	FIT	I think it would be helpful to get with the city and create more safe walking/running/biking areas; accessibility to the baseball and soccer parks so that kids and parent can safely walk/run/ride bikes to these areas as well. The west side of town has no safe places to walk/run/ride bikes. A walking program or club would be beneficial as well. Improved access to the gym for those who are low income.
1066	64093	Average	Not really changing much	ACC			bigger organizations can help increase access
1122	64037	Poor	Decreasing - slipping downward	AGE			More programs for the elderly
1255	64093	Average	Decreasing - slipping downward	ALT			holistic health care
1282	64093	Very Good	Increasing - moving up	BH	CLIN		There needs to be a mental behavioral health clinic or program.
1291	64093	Very Good	Increasing - moving up	BH	CLIN		There needs to be a mental behavioral health clinic or program.
1271	64093	Good	Decreasing - slipping downward	BH	DOCS	CORP	We definately need more Mental Health doctors in the community. Also pair up more with VA services/clinic here in town.
1274	64019	Good	Increasing - moving up	BH	DRUG	WAIT	In our community, mental health and substance abuse are hot topics. I know that they wait to get into Pathways for a counselor is about 2 months. I have no idea what options are out there for the communities outside of Warrensburg but I would venture to guess that they are limited and also very busy. Also, there aren't very many options for substance abuse help. I think the growing opioid epidemic is something that could really be addressed in our communities.
1283	64019	Good	Increasing - moving up	BH	DRUG	WAIT	In our community, mental health and substance abuse are hot topics. I know that they wait to get into Pathways for a counselor is about 2 months. I have no idea what options are out there for the communities outside of Warrensburg but I would venture to guess that they are limited and also very busy. Also, there aren't very many options for substance abuse help. I think the growing opioid epidemic is something that could really be addressed in our communities.
1162	64040	Very Good	Increasing - moving up	BH	DRUG		Mental health and substance abuse seem to be on the rise across the nation. I would like to see a collaboration to offer more interventional services offered or see information on what is already in place.
1165	64733	Average	Not really changing much	BH	DRUG		Mental health/ substance abuse help
1113		Average	Decreasing - slipping downward	BH	FINA		MENTAL AND AFORDABLE HEALTHK CARE
1120			Not really changing much	BH	KID		Mental Health for kids
1198	64093	Very Good	Increasing - moving up	BH	PEDS	FAM	More behavior therapists and counselors specializing in pediatrics! Family support for children with ADD/ADHD, autism, anxiety, ODD
1117	64019	Average	Not really changing much	BH	POV	OTHR	A lack of mental health providers (compared to need) is a critical barrier to overcoming poverty, crime, and housing crises.
1212	64040	Poor	Decreasing - slipping downward	BH	SUIC	PREV	Programs to address mental health issues and suicide prevention. Partnering with the schools and maybe Pathways.
1112	64061	Average	Not really changing much	BH	WAIT	CLIN	Immediate access to mental health for counseling and medication. I understand that some people wait weeks for an appointment. We need this as a walk-in at Walgreens, Auburn, and the hospital please.
1131	64093	Average	Not really changing much	BH	WAIT		Mental health support is what we need. I do not recommend partnering with Pathways/Compass they tend to want to monopolize the game and then services are delayed for those most in need. The wait times for med management and therapy are unacceptable and lead to increased crisis by those waiting.
1209	64093	Average	Decreasing - slipping downward	BH	WAIT		need more mental health....takes too long for pts to get help
1158	64093	Good	Increasing - moving up	BH	WELL	DRUG	Mental health screenings need to be as standard as physicals, pregnancy, and STD testing. We need programs to promote physical activity and proper nutrition. We need more blunt education on tobacco, alcohol, and drug use and abuse.

CHNA 2019 Community Feedback - WMMC PSA N=291

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1246	64093	Good	Not really changing much	BH			Additional mental health providers
1237	65336	Good	Increasing - moving up	BH			I feel we really need to address the mental health system.
1082		Average	Decreasing - slipping downward	BH			Mental Health
1238	64040	Good	Not really changing much	BH			mental health programs need to be more prevalent
1188	64093	Very Good	Not really changing much	CANC	BH	DRUG	Support groups for cancer, mental health, substance abuse.
1191	64093	Average	Decreasing - slipping downward	CORP	COMM	BH	First, the existing health programs need to work together and communicate better. There needs to be more mental health services, a homeless shelter and education about resources for our low income residents and for the providers serving those residents.
1027	64093	Good	Increasing - moving up	CORP	COMM		I am not able to determine what programs should need to be created...I don't know the depth of the needs we have. You should be partnering and sharing your progress.
1010	64061	Average	Increasing - moving up	CORP	DENT	BH	Katy Trail in Sedalia might want to partner with the clinic in Kingsville to bring additional dental and mental healthcare services to the community. Katy Trail has good services and these are needed in the western part of the county. We need a facility like Harmony Gardens in the western part of the county.
1229	64093	Average	Not really changing much	CORP	HOSP		Make Warrensburg Hospital St Lukes East
1249	64093	Very Poor	Decreasing - slipping downward	CORP	PSY	OP	Partner with HCA. Research Psychiatric Center in Kansas City Missouri at 6363 E 63rd Street for people who need mental health services immediately. That's you're best option for people here in Warrensburg for Mental health and have them refer them to an outpatient psychiatrist and therapist for treatment. Until you guys can come up with something here.
1104		Good	Increasing - moving up	CORP	QUAL		Existing program need to be expanded...we don't need "more"...just better utilization and enhanced services
1103	64093	Good	Not really changing much	CORP			Don't need "more" Just need the existing to expand services and collaborate with each other
1139	64093	Good	Increasing - moving up	CORP			I don't know what level of cooperation is presently happening, but there should be maximum partnering.
1049	64093	Very Good	Increasing - moving up	CORP			Not a new program but get rid of our community health director
1280	64093	Good	Not really changing much	CORP			The experts engaged in this process are doing a good job of collaborating with all resources
1289	64093	Good	Not really changing much	CORP			The experts engaged in this process are doing a good job of collaborating with all resources
1135	64093	Poor	Not really changing much	DENT	DOCS	INSU	I would suggest a quarterly visit from Katy Trail dentist bus to Johnson County. I would also like to see doctors come together to do quarterly health screening and renewal of prescriptions for those without insurance.
1193		Very Good	Not really changing much	DENT	EYE	INSU	dental and vision for those without insurance
1101		Good	Increasing - moving up	DENT	INSU	POV	One day a month offered dental care at a lower price for people with no health insurance or low income.
1176	6409	Very Good	Increasing - moving up	DENT	INSU		Could we work with exterior dental providers to come in once a week or once a month and provide care to medicade or medicare insurance holders?
1017	64019	Average	Increasing - moving up	DENT			free dental clinic
1075	64093	Very Good	Increasing - moving up	DERM	DENT	POV	Dermatology and dental care for the poor are needs I earlier identified in this questionnaire.
1221	64093	Good	Not really changing much	DERM			DERMATOLOGY
1127	64761	Very Good	Increasing - moving up	DERM			I would love to see a dermatologist come to our community once a week.
1128	64761	Very Good	Increasing - moving up	DERM			It would be nice if a dermatologist came to our area once a week.
1134	64093	Good	Not really changing much	DIAB			Programs for peoples with history of diabetes accessing Diabetes medical products like Dexcon and pumps. Dexcon has proven to drastically improve my management and I only wish I had it sooner.

CHNA 2019 Community Feedback - WMMC PSA N=291

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1223	64093	Good	Not really changing much	DOH	BH		A comprehensive community health services directory so the community has information necessary to access healthcare providers more easily. The same as above but specifically for all levels of mental health care.
1264		Average	Not really changing much	DRUG	WELL		Yes, narcotic education. Take back drug programs.
1168		Very Good	Not really changing much	FEM	POV		The loss of Planned Parenthood was a huge blow. Our population is not well-off financially and cannot generally afford the care provided at our clinics. We need another program for low-income patients.
1033	65336	Average	Not really changing much	FEM	POV		Women's health care services. we need planned parenthood back so that low income women can get health services!
1273	65336	Very Good	Increasing - moving up	FEM			Planned parenthood Dementia/Alzheimer's support group
1146	64093	Good	Increasing - moving up	FEM			we need planned parenthood to come back
1145	65336	Average	Decreasing - slipping downward	FINA	CLIN	OTHR	Tara Napoleone-Clifford is a diversity consultant- hire her. She has trained other medical professionals. I'm tired of seeing medical professionals misgendering, using dead names, ignoring spouses, and treating people of color with less respect. Get a mobile clinic that can go out to the smaller towns and do basics- blood pressure, heart health, vaccines, wellness checks. Start a free clinic.
1228	64093	Average	Not really changing much	FIT	COMM	CORP	There was the fitness challenge but that bombed after the first few weeks and communication was terrible about what was going on. I just stopped doing it. I wouldn't start anything new if there is not dedicated leadership.
1015	64093	Very Good	Increasing - moving up	FP	DOCS		Family doctors seem to be aging and we will need more younger doctors in our community when they decide to retire.
1004	65336	Poor	Not really changing much	GAS			WMMC needs a GI specialist.
1242	65336	Average	Not really changing much	H2O			Evaluation of what is actually in the water. Testing for pesticides used 40 years ago actually waste money. Testing for Prozac and currently used pesticide's like neonicotinoids in the water supply would be more appropriate. Removing Prozac and neonicotinoids from the water would have more benefit on health.
1130	64093	Poor	Decreasing - slipping downward	HOSP	CORP		Sell the Hospital to St Luke's Health System or HCA Midwest Health to get new policies in place.
1051	64019	Poor	Decreasing - slipping downward	HOSP	CORP		WMMC should not control all aspects of care in Johnson County
1143	64093	Average	Not really changing much	HOSP	MRKT	INSU	The hospital is missing opportunity to market to UCM employees as the premiere insurance provider (come do flu shots on campus, etc.)
1098	64093	Average	Increasing - moving up	IP	BH		Potentially partner with Compass Health to provide inpatient mental health services?
1184	64093	Good	Increasing - moving up	KID	BH	SPEC	children behavior specialist are greatly needed.
1252	64733	Poor	Decreasing - slipping downward	KID	BH	WELL	Our children are more and more often struggling with mental issued such as anxiety. This is leading to self-harm, depression, thoughts of suicide, etc. Schools (especially rural schools) lack the resources to deal with these issues.
1138	65336	Poor	Decreasing - slipping downward	KID			We need more programs on child development.
1136	64093	Average	Not really changing much	OBES	BH	HOSP	Support groups like Take off pounds Sensibly (TOPS) is cheaper for people to afford than Weight Watchers. Support groups for such as grief, Alzhiemers, caregivers. Care connection has several programs they offer but can not get the hospital to work with them to get programs brought in.
1216	64035	Average	Not really changing much	OBES	CHRON	DIAB	Obesity, chronic illness programs, pre-diabetes programs
1231	65301	Average	Increasing - moving up	OBES	WELL		Obesity education - Sedalia has a Healthy U Program that is very nice and informative
1013	64093	Average	Decreasing - slipping downward	OTHR	FAM	INSU	We need still need case managers or support for families so they can get their Medicaid and so that folks can understand the health care they have or don't have.

CHNA 2019 Community Feedback - WMMC PSA N=291

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1012	64093	Average	Decreasing - slipping downward	OTHR			A resource that is current and updated frequently for all to share on services available in the area.
1160	65336	Average	Decreasing - slipping downward	OTHR			Ongoing surveillance of needs of the community.
1227	64019	Good	Increasing - moving up	PATA			Cath lab
1225	64093	Good	Increasing - moving up	PEDS	DENT	URG	Pediatric dentistry, more available urgent cares within the area or open slots for acute care at Peds clinics
1161	64093	Good	Not really changing much	PEDS			Pediatric counseling
1097	64093	Average	Not really changing much	POV	DRUG	BH	More help for the homeless, rehab for addiction facilities, Mental health facilities,
1155	64093	Good	Increasing - moving up	POV	FAM	SS	Young, financially challenged parents need assistance in parenting skills and support. Surely coordinated effort is possible between health providers and social service .
1099	64093	Average	Increasing - moving up	POV			healthcare for the poor/homeless
1050	64093	Very Good	Increasing - moving up	PSY			more psych options for treatment
1107	64093	Good	Not really changing much	REC	DOH	WELL	partner with existing boards like Parks and Rec and dept of health and human services, or centers for the aging to develop attainable, affordable education and opportunities for residents of this community
1125	64093	Average	Not really changing much	SUIC	BH	DRUG	SUICIDE PREVENTION, MENTAL HEALTH SERVICES, SUBSTANCE ABUSE PROGRAMS
1009	64093	Very Good	Increasing - moving up	SUIC	PREV	BH	Suicide prevention is an increasing concern as is availability of mental health services. These are not new!
1169	64093	Average	Not really changing much	SUIC	PREV	BH	teen suicide interventions/ prevention through the school districts. Better mental health for children and access to dental care within the community.
1189	64063	Good	Not really changing much	SUIC	PREV	DRUG	suicide prevention and drug programs in schools would be greatly appreciated by the community- mental health is another topic of concern in the community- people just don't know where to go. The sign in front of the hospital is a good tool for having someone to talk to but do people really read it- maybe more advertisement is social settings- mail outs
1172	65336	Very Good	Not really changing much	SUIC	PREV		need more for teenage suicide prevention
1187	64093	Average	Not really changing much	TPRG	WELL	BH	Sex education for teens. Mental health care for everyone.
1148	64093	Very Good	Increasing - moving up	TRAN	AGE		Better transportation for the elderly. Should not have to wait 3-4 hours to get back to NH or Home. Time is precious. Plus cost of transportation for elderly is high if need to use outside of OATS due to extremely long wait.
1116	64037	Poor	Decreasing - slipping downward	TRAN			NEED MORE ASSISTANCE FOR TRANSPORTATION CONCERNS
1034	65336	Average	Not really changing much	URG	SPEC		Better urgent cares. Cleaner urgent cares that are open longer. Bring in more specialists more often.
1281	64093	Good	Increasing - moving up	VETS	ACC		improve access to health care for veterans
1290	64093	Good	Increasing - moving up	VETS	ACC		improve access to health care for veterans
1167	64093	Good	Not really changing much	WELL	FIT	OBES	Any programs that promote activity and fight obesity.
1080	65336	Good	Not really changing much	WELL	KID		health coaching, wellness programs for children, etc.
1062	64093	Average	Decreasing - slipping downward	WELL	NUTR	FIT	I would like to see the Community Center and hospital team up for nutrition and exercise programs all year long and not just the beginning of the year and people can sign up at anytime and not just the beginning.
1124	64093	Good	Not really changing much	WELL			Awareness and public meetings
1177	64093	Good	Decreasing - slipping downward	WELL			Education programs

Let Your Voice Be Heard!

Western Missouri Medical Center (WMMC) requests your input in order to create a 2019-2021 Johnson County, Missouri Community Health Needs Assessment (CHNA). To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Friday, May 31st, 2019.

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

- Very Poor Poor Average Good Very Good

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

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

Why? (please specify)

3. In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and/or changed? (Please be specific.)

4. In your own words, what is the general community perception of healthcare providers (i.e. hospitals, doctors, public health, etc.) serving our community? (Please be specific.)

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

- | | |
|---|---|
| <input type="checkbox"/> Access to Dental Care for Uninsured | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Awareness of Available Healthcare Services | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Family Planning Services | <input type="checkbox"/> Physical Inactivity |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Substance Use Disorder |
| <input type="checkbox"/> Inadequate Social Support | <input type="checkbox"/> Suicide Prevention |

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

- | | |
|---|---|
| <input type="checkbox"/> Access to Dental Care for Uninsured | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Awareness of Available Healthcare Services | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Family Planning Services | <input type="checkbox"/> Physical Inactivity |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Substance Use Disorder |
| <input type="checkbox"/> Inadequate Social Support | <input type="checkbox"/> Suicide Prevention |

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

- Health & wellness education
- Chronic disease prevention
- Limited access to mental health assistance
- Case management assistance
- Elder assistance programs
- Family assistance programs
- Awareness of existing local programs, providers, and services
- Finance & Insurance coverage

Other (please specify)



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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optomtrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

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

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

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

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

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

12. In the past 2 years, did you or someone you know receive healthcare services outside of our community?

- Yes
- No
- I don't know

If YES, please specify the healthcare services received.

13. Are our healthcare organizations, providers and community members actively working together to address/improve health in our community?

- Yes
- No
- I don't know

Please explain

14. What "new" community health programs should be created to meet current community health needs?
Can we partner somehow with others?

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

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

Other (please specify)

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

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

Other (please specify)

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



VVV Consultants LLC

Vince Vandehaar, MBA

Principal & Adjunct Professor

(913) 302-7264 (C)

VVV@VandehaarMarketing.com

Tessa E. Taylor, BBA BA

Lead Consultant

(920) 250-3722 (C)

TET@VandehaarMarketing.com

Office:

601 N Mahaffie, Olathe, KS 66061

<http://vandehaarmarketing.com/>

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