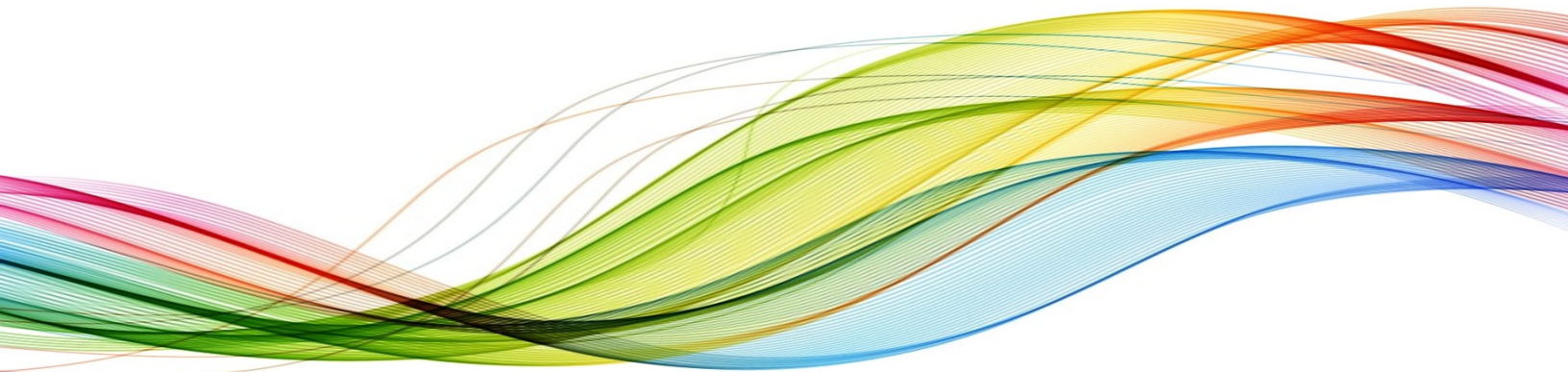




# **Community Health Needs Assessment General John J. Pershing Memorial Hospital Linn County, Missouri**

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**January 2019**

**VVV Consultants LLC  
Olathe, KS**

# **Community Health Needs Assessment**

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# I. Executive Summary

## General John J. Pershing Memorial Hospital- Linn County, MO - 2018 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 local residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Linn Co, MO 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 Harper County KS CHNA assessment began August 2018 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

#### Linn County CHNA Town Hall - "Community Health Improvements Needs"

Linn Co MO - 2018 Wave #3 CHNA				
Health Priorities Town Hall ( 38 Attendees, 124 Votes)				
on behalf of Pershing Health System PSA				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Screen, Treatment, Rehab)	27	21.8%	21.8%
2	Drugs/ Opioids	23	18.5%	40.3%
3	Suicide	19	15.3%	55.6%
4	Obesity (Nutrition/ Exercise)	10	8.1%	63.7%
5	HealthCare Transportation	9	7.3%	71.0%
6	Poverty	6	4.8%	75.8%
	<b>Total Votes:</b>	<b>124</b>	<b>100%</b>	
Other Items Noted: Food Insecurity, Dental Care, Tobacco, Single Parent Households, Specialty Clinics (Peds, Endo), Primary Care, Uninsured, Domestic Violence, Child Care, Teen Pregnancy, and Cancer.				

## b) Town Hall CHNA Findings: Areas of Strengths

### Linn County CHNA Town Hall - "Community Health Areas of Strengths"

Linn Co -Community Health "Strengths"			
#	Topic	#	Topic
1	Schools	6	Community Collaboration
2	Health Department Services	7	Exercise Opportunities
3	Access to HC Services	8	Child Care
4	Average ER Time	9	Primary Care
5	Ambulance Services	10	HC Specialists

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

**MISSOURI HEALTH RANKINGS:** According to the 2018 Robert Wood Johnson County Health Rankings, Linn County MO was ranked 54<sup>th</sup> in Health Outcomes, 73<sup>rd</sup> in Health Factors, and 35<sup>th</sup> in Physical Environmental Quality out of the 115 Counties.

**TAB 1.** Linn County's population is 12,194 (based on 2017), with a population per square mile (based on 2010) of 20.7 persons. Six percent (6.2%) of the population is under the age of 5 and 20.5% is over 65 years old. Fifty-one percent (51.2%) of Linn County is Female. Hispanic or Latinos make up 2.4% of the population and there are 2.6% of Linn County citizens that speak a language other than English at home. In Linn County, children in single parent households make up 39%. There are 832 Veterans living in Linn County.

**TAB 2.** The per capita income in Linn County is \$20,860, and 16.1% of the population in poverty. There are 6,391 total housing units with a severe housing problem of 10%. There are 1,141 total firms (based on 2012) in Linn County and an unemployment rate of 6.8%. Food insecurity is at 16%, and limited access to a store (healthy foods) at 11%.

**TAB 3.** Children eligible for a free or reduced-price lunch is at 47% and 88.2% of students graduate high school while 14.6% of students get their bachelor's degree or higher in Linn County.

**TAB 4.** The percent of births where prenatal care started in the first trimester is 79.5% and 41.9% of births in Linn County occur to unmarried women. Births where mothers have smoked during the pregnancy is at 23.8% and the percent of WIC mothers breastfeeding exclusively is 62.4%.

**TAB 5.** There is one primary care physician per 2,050 people in Linn County. Preventable hospital stays are very high at 83% compared to the comparative norm.

**TAB 6.** People getting treated for depression in Linn County is 14.2%. The age-adjusted suicide mortality rate (per 100,000) in Linn County is 16.9 which is about the comparative norm.

**TAB 7.** Thirty-four percent of adults in Linn County are obese (based on 2014), with 27% of the population physically inactive. 17% of adults drink excessively and 21% smoke. Hyperlipidemia risk is at 36.3%, while Asthma is at 7.9%. COPD is higher than the comparative norm at 16.5% as well as Osteoporosis at 8.6%.

**TAB 8.** The adult uninsured rate for Linn County is 13%.

**TAB 9.** The life expectancy rate in Linn County is 73.8 for Males and 80.1 for Females. Heart Disease Mortality rate is 52, 5.8% higher than the Missouri average. The age-adjusted Chronic Lower Respiratory Morality rate is high at 23, which is 5.1% higher than the Missouri average.

**TAB 10.** Seventy-four percent of Linn County has access to exercise opportunities and as high as 77% monitor diabetes. 56% of women in Linn County get annual mammography screenings (based on 2014).

**Key 2018 Community Feedback Conclusions:** Stakeholder feedback from residents, community leaders and providers (N=109) provided the following community insights via an online perception survey:

- Using a Likert scale, 39.5% of Linn County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Linn County stakeholders are satisfied with the following services: Ambulance Services, Child Care Services, Chiropractor Services, Dental Services, and Emergency Room Services.
- When considering past CHNA needs Drug/Substance Abuse, Mental Health Access, Affordable HC Insurance, and Obesity are some problems identified.

CHNA Wave #3		Ongoing Problem		Pressing
Linn Co - Past CHNAs health needs		Linn Co		Linn Co
Rank	Topic	Votes	%	Trend
				RANK
1	Drug / Substance Abuse	62	12.6%	
2	Mental Health Access	56	11.4%	
3	Obesity	47	9.6%	
4	Affordable HC Insurance	45	9.2%	
5	Alcohol Abuse	39	7.9%	
6	Wellness / Prevention	35	7.1%	
7	Oncology (Cancer)	30	6.1%	
8	Nutrition - Healthy Food options	29	5.9%	
9	Primary Care Access	27	5.5%	
10	Chronic Health	23	4.7%	
11	Awareness of existing HC services	22	4.5%	
12	Fitness / Exercise options	22	4.5%	
13	Personal Health Management	18	3.7%	
14	Teen Pregnancy	17	3.5%	
15	Recreational Locations	10	2.0%	
16	Sexually Transmitted Diseases (STD)	9	1.8%	
TOTALS		491	100.0%	

## **II. Methodology**

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**[VVV Consultants LLC]**

## 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.).

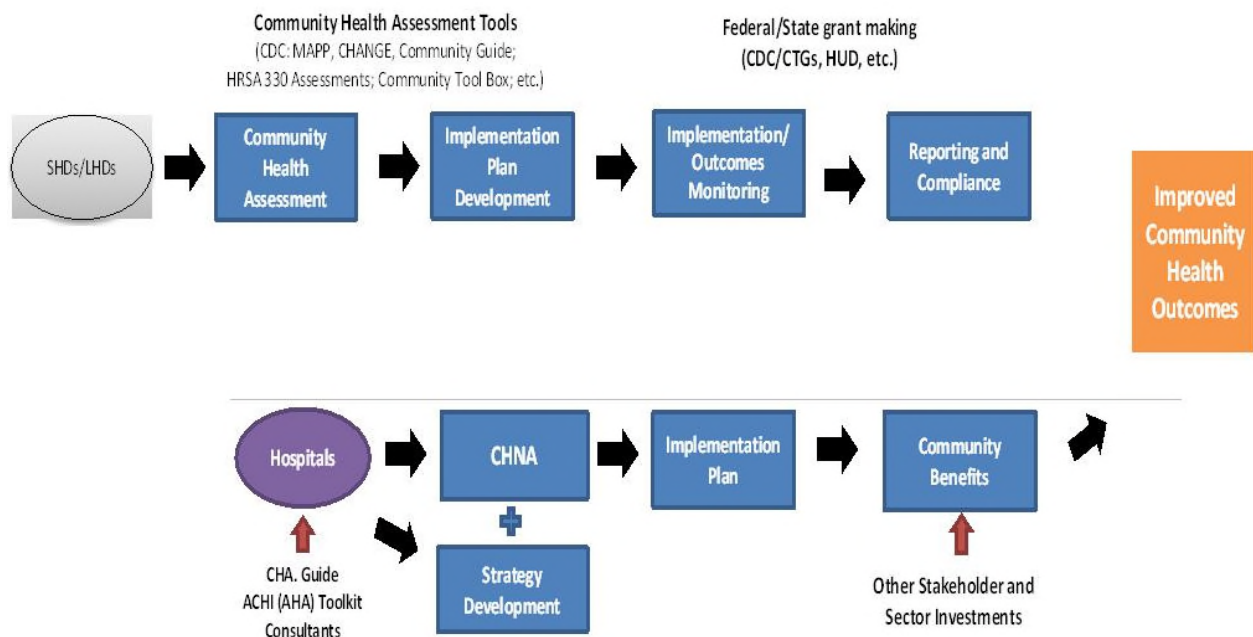
#### **JOB #2: Making a CHNA Widely Available to the Public**

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:

#### **General John J. Pershing Memorial Hospital**

**130 E Lockling St**

**Brookfield, MO 64628**

**CEO: Phil Hamilton**

**About Us:** General John J. Pershing Memorial Hospital DBA Pershing Health System is a 25-bed critical access care facility. It opened as a non-profit hospital in 1960 in Brookfield MO. Pershing Health System provides care for all ages and provides a full range of services such as: clinic, emergency department, outpatient surgery, physical therapy, occupational therapy, respiratory therapy, radiology, and lab services.

**Mission:** Let the people who care about you care for you

#### **Pershing Health System Physicians:**

Amy Creason, FNP - AMG

Karla Clubine, FNP/PNP – CMA, AMG, MMC

Kendal Geno, MD-AMG

Vivian Hall, FNP

S.P. Galvez, MD – CMA

B. K. Knowles, DO – ED

Irene Parsonson, FNP – CMA, MMC

Kelly Schwager, FNP - CMA, MMC

J. Tod Sylvara, DO – CMA

Karen Sylvara, DO – CMA, ED

Jerry L. Wait, DO – CMA, MMC

Paul Williams, DO – X-Ray



## **Linn County Health Department**

**635 South Main Street**

**Brookfield, MO 64628**

**Administrator: Krista Neblock, BHS, RN**

**Hours: 8:30 am – 4:30 pm M-F**

**About us:** The Linn County Health Department began in 1977 and currently has seven full-time employees and a part-time nutritionist, environmental sanitarian, and a breastfeeding peer counselor. The health department offers numerous clinic services, some are offered in accordance with the Missouri Department of Health and Senior Services and some are offered through private grants.

**Mission:** The Linn County Health Department is responsible for promoting and protecting health, assessing health status, prioritizing needs, developing policies, and assuring the accessibility of public and personal health services for citizens within available resources.

**Vision:** Linn County will be a county of healthy people in healthy communities.

### **Linn County Health Department Services:**

Health Education and Promotion - The health department offers a variety of health education opportunities. Please watch our calendar of events to see what classes and events we have scheduled!

Clinic Services - The health department offers numerous clinic services, some are offered in accordance with the Missouri Department of Health and Senior Services and some are offered through private grants. All services are provided with confidentiality and respect.

Disease Prevention - The health department strives to control the spread of diseases within the community. All medical providers are mandated to report communicable diseases to the health department so the department can provide follow-up and disease investigation. The department collaborates with local providers to ensure they are updated on all health alerts and aware of any diseases circulating in the county.

Environmental Services - The health department protects the public from disease through a multitude of environmental services. The environmental sanitarian inspects establishments such as: lodging, food, schools, daycares and nutrition centers. In addition, the sanitarian investigates food-borne illness outbreaks, animal bites and environmental exposure hazards. Valid sewage complaints are also investigated.

## **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](mailto: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  
Associate Consultant

## II. Methodology

### c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in May 2018 for Linn County to meet IRS CHNA requirements.

In October 2018 a meeting was called by Linn County MO to review possible CHNA collaborative options, partnering with Linn County Health Department. Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps. Outcomes from discussion lead to General John J. Pershing Memorial Hospital 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:

Pershing Health PSA Defined - Yr2017-15					103,557	(IP/OP/ER/Clinic)	
#	ZIP	NAME	ST	County	Totals	ACCUM	%
1	64628	Brookfield	MO	LINN	50,037	48.3%	48.32%
2	64658	Marceline	MO	LINN	18,631	66.3%	17.99%
3	64631	Bucklin	MO	LINN	6,236	72.3%	6.02%
4	64651	Laclede	MO	LINN	3,793	76.0%	3.66%
5	64653	Linneus	MO	LINN	3,738	79.6%	3.61%
6	64659	Meadville	MO	LINN	3,358	82.8%	3.24%
7	64674	Purdin	MO	LINN	2,321	85.1%	2.24%
8	64630	Browning	MO	LINN	953	86.0%	0.92%
9	63557	New Boston	MO	LINN	857	86.8%	0.83%
10	64660	Mendon	MO	CHARITON	2,478	89.2%	2.39%

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

<b>General John J. Pershing Memorial Hospital - Linn Co MO - CHNA Work Plan</b>			
<b>Wave #3 Project Timeline &amp; Roles 2018 (Updated)</b>			
<b>Step</b>	<b>Date</b>	<b>Lead</b>	<b>Task</b>
1	5/30/2018	VVV	Presented CHNA Wave #3 options to NW KS Alliance Network.
2	6/1/2018	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	6/18/2018	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	6/18/2018	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	6/18/2018	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	6/18/2018	VVV	Request hospital client to send KHA Patient Origin reports for CCH to document service area for FFY 14, 15, 16 (KHA key).
7	On or before 8/3/18	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	On or before 8/3/18	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	8/17/2018	VVV	Launch online survey to stakeholders - Due Date Friday 9/15/18. Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
10	July / August 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
11	Friday 8/31/2018	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	Friday 9/7/2018	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	On or before 10/10/18	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow.
14	Thursday 10/18/2018	VVV	Conduct CHNA Town Hall from 11:30am-1pm at Park Baptist Church (121 E. Park St. Brookfield, MO 64628). Review & discuss basic health data, online feedback and rank health needs.
15	On or before 11/30/18	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	On or before 12/14/18	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	On or before 1/31/2019	All	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hosC4:D21	Hosp	Hold board meetings to discuss CHNA needs, 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 Linn County Health Rankings, etc. to document current state of county health organized as follows:

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

B) 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 & 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.....	May-June 2018
Phase II: Secondary / Primary Research.....	July-Sept 2018
Phase III: Town Hall Meeting.....	October 2018
Phase IV: Prepare / Release CHNA report.....	Nov-Dec 2018

**Detail CHNA Development Steps Include:**

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

## 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.

Linn County Missouri (General John J. Pershing Memorial Hospital and Linn County Health Department) town hall meeting was held on Thursday, October 18<sup>th</sup>, 2018 at 11:30am-1pm at Park Baptist Church (121 E. Park St. Brookfield, MO 64628). Vince Vandehaar facilitated this 1 ½ hour session with thirty-eight (38) 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 Pershing Health System – Linn Co MO

**Vince Vandelaar, MBA**  
VVV Consultants LLC  
Principal / Adjunct 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
- 25+ years of experience with Tillinghast, BCBSKC, Saint Luke's

**Adjunct Professor - Marketing / Health Admin, 25+ years**

- Webster University
- Rockhurst University
- Avila University

**Heather Marine BA CNA- Collaborative Analyst**

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## 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

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## 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.

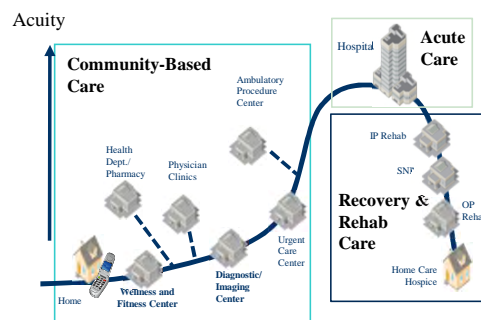
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## Purpose—Why Conduct a CHNA?

- 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)

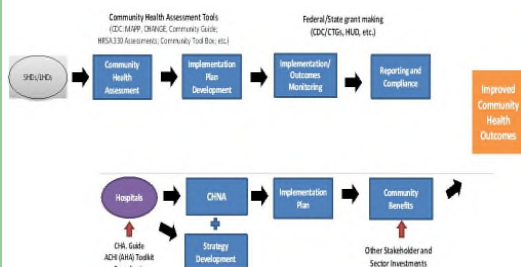
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## Future System of Care—Sg2



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



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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 & IA State Rankings

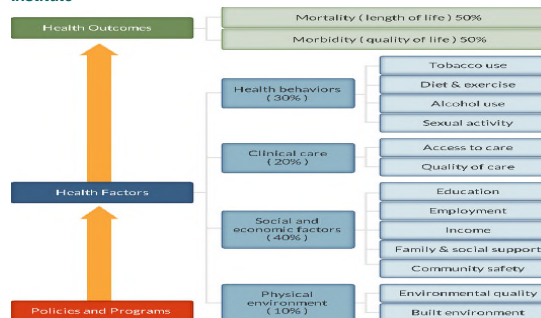
Trends: Good Same Poor

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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## County Health Rankings -

Robert Wood Johnson Foundation and University of WI Health Institute



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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%)	Air pollution: particulate matter	The average daily measure of fine particulate matter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water sanitation	Percent of population potentially exposed to water exceeding a violation level during the past year		Injury deaths	Injury mortality per 100,000
	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%)		
	Driving alone to work	Percent of the workforce that drives alone to work			
2a. Clinical Care (20%)					
Focus Area	Measure	Description	Focus Area	Measure	Description
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	Tobacco use (10%)	Adult smoking	Percent of adults that report smoking >= 100
	Primary care physicians	Ratio of population to primary care physicians		Adult obesity	Percent of adults that report a BMI >= 30
	Dentists	Ratio of population to dentists	Food environment index		
	Mental health providers	Ratio of population to mental health providers			
Quality of care (10%)	Preventable hospitalizations	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Physical inactivity		
	Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening			
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Alcohol and drug use (5%)		
2b. Social and Economic Environment (40%)					
Focus Area	Measure	Description	Focus Area	Measure	Description
Education (10%)	High school graduation	Percent of ninth-grade cohort that graduates in 4 years	Quality of life (10%)	Poor or fair life satisfaction	Percent of adults reporting fair or poor health
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	
	Children in poverty	Percent of children under age 18 in poverty		Poor birthweight	Percent of live births with low birthweight (< 3,000 grams)
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Length of life (50%)	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?

- Tomorrow:** What is occurring or might occur *that would affect the “health of our community?”*
- 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)

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## 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?

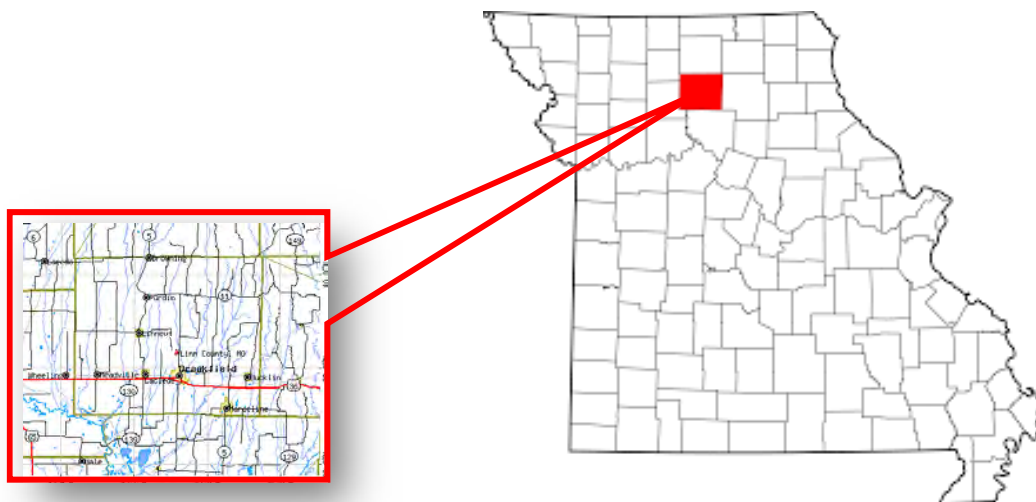
VVV Consultants LLC  
VVV@VandehaarMarketing.com  
(913) 302-7264

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## II. Methodology

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

#### Linn County (MO) Community Profile



**The population of Linn County was estimated to be 12,459 citizens** in 2018 and a population density of 20 persons per square mile. Linn County covers 615 square miles and is in the north-central part of Missouri. The county was founded in 1837 and the county seat is Linneus<sup>1</sup>.

**The major highway transportation** access to Linn County (Brookfield) is from Highway 36 that runs horizontally through Missouri. Highways 63 and 65 run vertically through Missouri and touch Highway 36. I-35 is approximately 50 miles from Linn County.

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<sup>1</sup> <https://kansas.hometownlocator.com/mo/linn/>

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

### **Linn County Pubic Airports<sup>2</sup>**

<b>Name</b>	<b>USGS Topo Map</b>
General John J Pershing Memorial Airport	Brookfield
General John J Pershing Memorial Hospital Heliport	Brookfield
North Central Missouri Regional Airport	Brookfield
Oak Ridge Farms Airport	New Boston
Saint Francis Hospital Heliport	Marceline

### **Schools in Linn County: Public Schools<sup>3</sup>**

<b>School</b>	<b>Address</b>	<b>Phone</b>	<b>Levels</b>
Brookfield Emelementary	128 Pershing Rd Brookfield, MO 64628	660-258-2241	PK-4
Brookfield High	124 Pershing Rd Brookfield, MO 64628	660-258-7242	9-12
Brookfield Middle	126 Pershing Rd Brookfield, MO 64628	660-258-7335	5-8
Bucklin Elementary	26832 Hwy 129 Bucklin, MO 64631	660-695-3225	K-6
Bucklin High	26832 Hwy 129 Bucklin, MO 64631	660-695-3225	7-12
Linn Co. Elementary	15533 Hwy Kk Purdin, MO 64674	660-244-5045	PK-5
Linn Co. High	15533 Hwy Kk Purdin, MO 64674	660-244-5035	6-12
Marceline Middle	314 E Sante Fe Marceline, MO 64658	660-376-2411	9-12
Meadville Elementary	101 W Crandall Meadville, MO 64659	660-938-4112	K-6
Meadville High	101 W Crandall Meadville, MO 64659	660-938-4112	7-12

<sup>2</sup> <https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29115.cfm>

<sup>3</sup> <https://www.publicschoolreview.com/missouri/linn-county>

## Linn County MO Detail Demographics Profile

Zip	Name	ST	County	Population			Households			Per Capita
				YR 2018	YR 2023	Chg.	YR 2018	YR 2023	Avg. Size	Income 18
63557	New Boston	MO	LINN	182	177	2.8%	77	75	2.4	\$25,192
64628	Brookfield	MO	LINN	5901	5784	2.0%	2401	2350	2.4	\$21,515
64630	Browning	MO	LINN	437	421	3.8%	175	169	2.5	\$17,960
64631	Bucklin	MO	LINN	938	910	3.1%	416	404	2.3	\$23,059
64651	Laclede	MO	LINN	644	647	-0.5%	286	287	2.3	\$30,375
64653	Linneus	MO	LINN	734	729	0.7%	294	292	2.5	\$23,239
64658	Marceline	MO	LINN	3084	2964	4.0%	1276	1222	2.4	\$22,416
64659	Meadville	MO	LINN	954	934	2.1%	366	358	2.6	\$22,360
64674	Purdin	MO	LINN	379	367	3.3%	169	164	2.2	\$20,744
<b>Totals</b>				<b>13,253</b>	<b>12,933</b>	<b>2.5%</b>	<b>5,460</b>	<b>5,321</b>	<b>2.4</b>	<b>\$22,984</b>
<b>Population YR 2018</b>										<b>Females</b>
Zip	Name	ST	County	Pop 18	Pop. 65+	Kids <18	Gen. Y	Med. Age	Females	Age 20-35
63557	New Boston	MO	LINN	77	43	45	33	46	87	17
64628	Brookfield	MO	LINN	2401	1332	1454	1276	44	3088	636
64630	Browning	MO	LINN	175	96	100	93	45	216	43
64631	Bucklin	MO	LINN	416	222	205	180	48	462	93
64651	Laclede	MO	LINN	286	151	128	125	51	326	57
64653	Linneus	MO	LINN	294	152	178	148	45	354	75
64658	Marceline	MO	LINN	1276	644	761	681	43	1590	345
64659	Meadville	MO	LINN	366	202	263	188	43	480	97
64674	Purdin	MO	LINN	169	83	90	78	45	190	36
<b>Totals</b>				<b>5,460</b>	<b>2,925</b>	<b>3,224</b>	<b>2,802</b>	<b>409</b>	<b>6,793</b>	<b>1,399</b>
<b>Population 2018</b>										<b>Aver</b>
Zip	Name	ST	County	White	Black	Amer. Ind.	Hisp.	HH Inc. 18	YR 2018	HH \$50K+
63557	New Boston	MO	LINN	179	0	0	2	\$45,886	75	35
64628	Brookfield	MO	LINN	5589	79	21	162	\$38,043	2350	920
64630	Browning	MO	LINN	428	1	2	19	\$32,791	169	53
64631	Bucklin	MO	LINN	925	1	3	18	\$40,283	404	153
64651	Laclede	MO	LINN	624	6	4	3	\$49,619	287	142
64653	Linneus	MO	LINN	718	5	3	6	\$47,276	292	140
64658	Marceline	MO	LINN	2981	13	10	69	\$43,350	1222	580
64659	Meadville	MO	LINN	941	4	0	14	\$48,532	358	178
64674	Purdin	MO	LINN	373	0	1	16	\$34,712	164	55
<b>Totals</b>				<b>12,758</b>	<b>109</b>	<b>44</b>	<b>309</b>	<b>\$42,277</b>	<b>5,321</b>	<b>2,256</b>

Source: ERSA Demographics

## **III. Community Health Status**

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[VVV Consultants LLC]

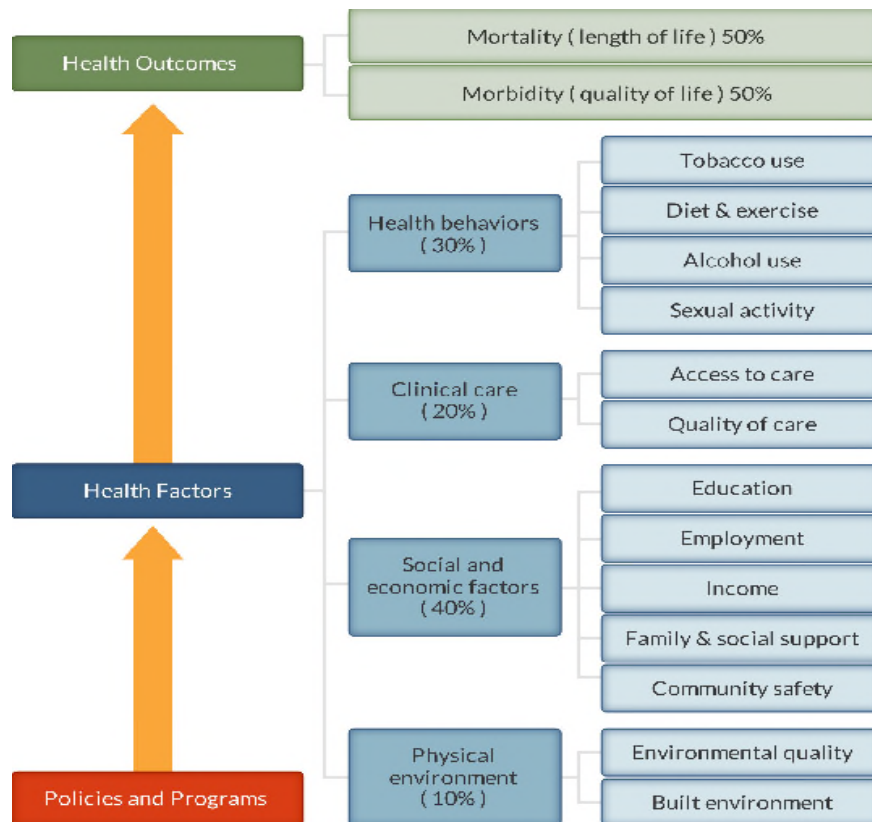
### III. Community Health Status

### a) Historical Health Statistics- Secondary Research

## Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2018 RMJ County Health Rankings and conversations from Town Hall participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model ©2012 UWPHI



## National Research – Year 2018 RWJ Health Rankings:

#	MO Rankings - 115 Counties	Definitions	Linn	TREND	Rural MO Norms
1	Health Outcomes		54		48
2	Mortality	Length of Life	58		47
3	Morbidity	Quality of Life	41		46
4	Health Factors		73		53
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	23		47
6	Clinical Care	Access to care / Quality of Care	99		68
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	89		54
8	Physical Environment	Environmental quality	35		42
<a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a> , released 2018					
Missouri Norm (N=12) includes the following counties: Linn, Macon, Chariton, Sullivan, Grundy, Daviess, Dekalb, Clinton, Caldwell, Livingston, Carroll, Adair.					

## 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	Linn Co	Trend	MO State	Rural 12 MO Norm	Source
1a	a Population estimates, July 1, 2017, (V2017)	12,194		6,113,532	12,588	People Quick Facts
b	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-4.4%		2.1%	-2.9%	People Quick Facts
c	c Population per square mile, 2010	20.7		87.1	24.1	Geography Quick Facts
d	d Persons under 5 years, percent, July 1, 2017, (V2017)	6.2%		6.1%	5.9%	People Quick Facts
e	e Persons 65 years and over, percent, July 1, 2017, (V2017)	20.5%		16.5%	19.7%	People Quick Facts
f	f Female persons, percent, July 1, 2017, (V2017)	51.2%		50.9%	49.8%	People Quick Facts
g	g White alone, percent, July 1, 2017, (V2017)	96.9%		83.1%	94.6%	People Quick Facts
h	h Black or African American alone, percent, July 1, 2017, (V2017)	0.9%		11.8%	2.7%	People Quick Facts
i	i Hispanic or Latino, percent, July 1, 2017, (V2017)	2.4%		4.2%	3.3%	People Quick Facts
j	j Foreign born persons, percent, 2012-2016	0.6%		3.9%	1.8%	People Quick Facts
k	k Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	2.6%		6.0%	4.6%	People Quick Facts
l	l Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	90.9%		84.0%	85.5%	People Quick Facts
m	m Children in single-parent households, percent, 2012-2016	39.0%		34.0%	29.4%	County Health Rankings
n	n Total Veterans, 2012-2016	832		438,100	994	People Quick Facts

### Tab 2 Economic Profile

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

Tab	Health Indicator	Linn Co	Trend	MO State	Rural 12 MO Norm	Source
2	a Per capita income in past 12 months (in 2016 dollars), 2012-2016	\$20,860		\$27,044	\$29,971	People Quick Facts
	b Persons in poverty, percent	16.1%		14.0%	16.1%	People Quick Facts
	c Total Housing units, July 1, 2017, (V2017)	6,391		2,792,506	5,981	People Quick Facts
	d Total Persons per household, 2012-2016	2.5		2.48	2.5	People Quick Facts
	e Severe housing problems, percent, 2010-2014	10.0%		15.0%	12.8%	County Health Rankings
	f Total of All firms, 2012	1,141		491,606	1,078	Business Quick Facts
	g Unemployment, percent, 2016	6.8%		4.5%	4.9%	County Health Rankings
	h Food insecurity, percent, 2015	16.0%		16.0%	14.7%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	11.0%		7.0%	8.2%	County Health Rankings
	j Long commute - driving alone, percent, 2012-2016	19.0%		31.0%	28.5%	County Health Rankings

### Tab 3 Schools Health Delivery Profile

#	School District Indicators - 2017	Brookfield	Linn County	Marceline	MEAD
1	Total # Public School Nurses	1.0	1.0	1.0	1.0
2	School nurse is part of the IEP team	No	No	yes	No
3	School Wellness Plan in place	Yes	Yes	yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	385 / 40 / NA	NA	337 / 14 / 10	118 / 6 / 5
5	HEARING: # Screened / Referred to Prof / Seen by Professional	256 / 2 / NA	NA	0242/2/2	83 / 2 / 2
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	283 / NA / NA	1/6	Approx 160 / 5	79 / 9 / 4
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	110 / 0 / 0	1/6	Do Not screen	42 / 1 / 1
8	Students served with no identified chronic health concerns	Yes	Yes	NA	Yes
9	School has a Suicide Prevention Program	Yes	Yes	yes	
10	Compliance on required vaccinations	100.0%	100.0%	98%%	100.0%

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

Tab	Health Indicator	Linn Co	Trend	MO State	Rural 12 MO Norm	Source
3	a Children eligible for free or reduced price lunch, percent, 2015-2016	47.0%		50.0%	50.9%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2012-2016	88.2%		88.8%	87.4%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	14.6%		27.6%	17.6%	People Quick Facts



#### Tab 4 Maternal and Infant Health Profile

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

Criteria - Vital Statistics	Linn Co MO	Trend	Rural 12 MO AVG
Total Live Births, 2012	133		139
Total Live Births, 2013	144		145
Total Live Births, 2014	163		143
Total Live Births, 2015	149		145
Total Live Births, 2016	125		144
Total Live Births, 2012-2016 - Five year Rate (%)	-6.0%		4.0%

#### Tab 4 Maternal and Infant Health Profile (Continued)

Tab	Health Indicator	Linn Co	Trend	MO State	Rural 12 MO Norm	Source
4 a	Percent of Births Where Prenatal Care began in First Trimester, 2014-2016	79.5%		73.6%	77.2%	MOPHIMS
b	Percentage of Premature Births, 2014-2016	10.7%		10.7%	10.7%	MOPHIMS
c	Percent of Births with Low Birth Weight, 2014-2016	7.5%		8.2%	7.2%	MOPHIMS
d	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	62.4%		72.0%	56.6%	MOPHIMS
e	Percent of all Births Occurring to Teens (15-17), 2014-2016	3.7%		1.8%	2.6%	MOPHIMS
f	Percent of Births Occurring to Unmarried Women, 2014-2016	41.9%		40.2%	36.3%	MOPHIMS
g	Percent of births Where Mother Smoked During Pregnancy, 2014-2016	23.8%		15.3%	24.0%	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	Linn Co	Trend	MO State	Rural 12 MO Norm	Source
5 a	Primary care physicians (Pop Coverage per) , 2015	2,050:1		1,300:1	1,565:1	County Health Rankings
b	Preventable hospital stays, 2015 (lower the better)	83		55	68	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	NA		79.0%	68.3%	CMS Hospital Compare, 10/1/2015-9/30/2016
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	NA		78.0%	64.1%	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)	NA		24	20	CMS Hospital Compare, 10/1/2015-9/30/2016

**Tab 5 Hospitalization/Provider Profile (Continued)**

<b>HIDI Pershing Memorial - Brookfield MO</b>					
Service Category	T	FFY17	FFY16	FFY15	FFY14
Inpatient Discharges		284	389	620	731
Total Outpatients		50,492	50,724	58,025	58,542
Emergency Visits		4,226	4,678	5,209	5,150
Surgery (36x, 49x)		749	728	740	671
Observation MOPS		167	193	265	344
Laboratory (30x, 31x)		12,827	12,556	14,086	14,800
Clinical Services		5,825	5,609	6,404	6,081
Radiology - Diagnostic		4,208	4,388	4,941	5,224
Treatment Room (761)		1,860	1,893	2,085	1,572
EKG/ECG (73x)		1,608	1,657	1,903	1,927
CT Scan (35x)		1,247	1,432	1,455	1,446
Respiratory Services		473	521	581	532
Mammography (401, 403)		382	446	449	466
Ultrasound (402)		333	310	385	452
Physical Therapy (42x)		351	300	332	316
Magnetic Resonance		153	181	260	260
Pulmonary Function		94	98	99	82
Sleep Lab (HCPC		56	82	114	68
Occupational Therapy		36	21	68	69
Cardiac Rehab (943)		36	18	31	32
Nuclear Medicine (34x)		14	15	34	33
Cardiology (48x excl.		8	18	17	22
Speech Language		22	11	8	4

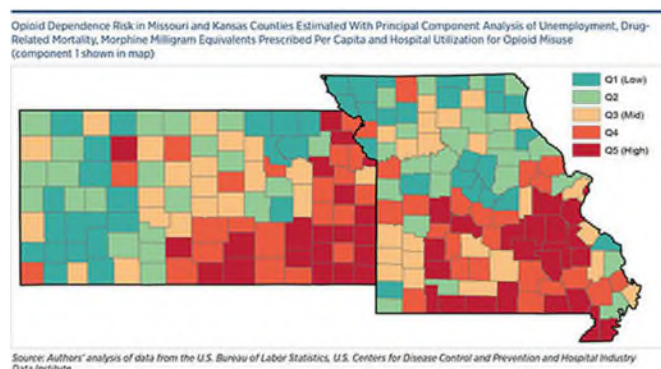
**Tab 6 Social & Rehab Services Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Linn Co	Trend	MO State	Rural 12 MO Norm	Source
6	a Depression: Medicare Population, percent, 2015	14.2%		20.0%	15.9%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	16.9		18.3	15.2	Kansas Health Matters
	c Poor mental health days, 2016	4.4		4.4	4.4	County Health Rankings



**Tab 6 Social & Rehab Services Profile (Continued)**



**Tab 7a Health Risk Profiles**

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

Tab	Health Indicator	Linn Co	Trend	MO State	Rural 12 MO Norm	Source
7a	a Adult obesity, percent, 2014	34.0%		32.0%	34.1%	County Health Rankings
	b Adult smoking, percent, 2016	21.0%		22.0%	21.5%	County Health Rankings
	c Excessive drinking, percent, 2016	17.0%		19.0%	17.0%	County Health Rankings
	d Physical inactivity, percent, 2014	27.0%		26.0%	30.1%	County Health Rankings
	e Poor physical health days, 2016	4.5		4.2	4.6	County Health Rankings
	f Sexually transmitted infections, rate per 100000, 2015	154.3		477.4	219.8	County Health Rankings

**Tab 7b Health Risk Profiles (Continued)**

Tab	Health Indicator	Linn Co	Trend	MO State	Rural 12 MO Norm	Source
7b	a Hypertension: Medicare Population, 2015	52.6%		54.6%	54.5%	CMS
	b Hyperlipidemia: Medicare Population, 2015	36.3%		41.8%	40.6%	CMS
	c Heart Failure: Medicare Population, 2015	17.5%		13.7%	14.1%	CMS
	d Chronic Kidney Disease: Medicare Pop, 2015	12.6%		18.2%	15.2%	CMS
	e COPD: Medicare Population, 2015	16.5%		13.4%	14.2%	CMS
	f Atrial Fibrillation: Medicare Population, 2015	8.2%		8.15%	8.5%	CMS
	g Cancer: Medicare Population, 2015	7.2%		7.83%	7.2%	CMS
	h Osteoporosis: Medicare Population, 2015	8.6%		5.82%	5.2%	CMS
	i Asthma: Medicare Population, 2015	7.9%		8.61%	8.0%	CMS
	j Stroke: Medicare Population, 2015	3.7%		3.87%	3.8%	CMS

### Tab 8 Uninsured Profiles/Community Invest

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	Linn Co	Trend	MO State	Rural 12 MO Norm	Source
8	a Uninsured, percent, 2015	13.0%		12.0%	13.7%	County Health Rankings

FISCAL YEAR ENDING JUNE 30TH:					
	Pershing Memorial Hospital	YR 2015	YR 2016	YR 2017 *	YR 2018*
1	Charity Care	\$385,033	\$316,022	\$55,407	\$76,898
2	Bad Debt Writeoffs/Admin Adjs. before bad debt recoveries	\$2,208,746	\$1,909,700	\$1,744,071	\$1,972,304
3	Bad debt recoveries	\$351,211	\$403,601	\$195,063	\$249,374

	Community Tax Dollars- Linn County MO Health Dept Operations	YR 2017	YR 2016	Yr 2015
1	Core Community Public Health	\$132,503	\$109,188	\$103,663
2	Child Care Inspections	\$3,008	\$2,969	\$2,927
3	Environmental Services	\$25,231	\$25,715	\$17,814
4	Immunizations/Vaccine	\$75,706	\$78,102	\$72,652
5	Primary Care, lab, minor procedures	\$60,070	\$44,155	\$43,445
6	Screenings: Blood pressure / STD	\$53,719	\$48,541	\$35,220
7	WIC Administration	\$87,701	\$77,408	\$71,392

### Tab 9 Mortality Profile

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

Tab	Health Indicator	Linn Co	Trend	MO State	Rural MO Norm	Source
9	a Life Expectancy for Males, 2014	73.8		74.9	68.9	World Bank
	b Life Expectancy for Females, 2014	80.1		80.1	80.1	World Bank
	c Alcohol-impaired driving deaths, percent, 2012-2016	NA		30.0%	26.8%	County Health Rankings



**Tab 9 Mortality Profile (Continued)**

Causes of Death by County of Residence, MO 2016	Linn County MO	Trend	Rural 12 MO AVG
<b>TOTAL</b>	<b>173</b>		<b>144</b>
Diseases of heart	52	5.8%	35
Malignant neoplasms	35	-1.1%	31
All other diseases	23	-2.0%	22
Chronic lower respiratory disease	23	5.1%	12
Cerebrovascular diseases	10	0.6%	8
Nephritis and nephrosis	6	0.9%	4
Septicemia	4	1.0%	2
Suicide	4	0.3%	3
Unintentional injuries	4	-2.3%	7
Essential hypertension	3	-0.5%	3
Influenza and pneumonia	3	-0.3%	3
...Motor vehicle crashes	2	-0.1%	2
Chronic liver disease and cirrhosis	2	0.3%	1
Alzheimer's disease	1	-2.9%	5
Congenital anomalies	1	0.3%	0
Diabetes	1	-1.6%	3
Pneumonitis due to solids and liquids	1	-0.8%	2

**Tab 10 Preventive Health 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	Linn Co	Trend	MO State	Rural 12 MO Norm	Source
10 a	Access to exercise opportunities, percent, 2016	74%		77.0%	54.3%	County Health Rankings
b	Diabetes monitoring, percent, 2014	77%		86.0%	83.6%	County Health Rankings
c	Mammography screening, percent, 2014	56%		63.0%	55.0%	County Health Rankings
d	Percent Annual Check-Up Visit with PCP	NA		NA	NA	TBD
e	Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
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 PSA. Response for Linn County online survey equals 109 residents. Below are two charts review survey demographics.

**Chart #1 – Linn Co KS PSA Online Feedback Response N=109**

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a .... ?	Linn Co N=109	Trend	Norms18 N=2852
Business / Merchant	13.4%		9.2%
Community Board Member	7.1%		7.4%
Case Manager / Discharge Planner	1.8%		1.1%
Clergy	3.6%		1.2%
College / University	0.0%		2.0%
Consumer Advocate	1.8%		1.7%
Dentist / Eye Doctor / Chiropractor	0.0%		0.3%
Elected Official - City/County	1.8%		1.8%
EMS / Emergency	2.7%		2.1%
Farmer / Rancher	5.4%		5.8%
Hospital / Health Dept	7.1%		18.7%
Housing / Builder	0.0%		0.9%
Insurance	0.9%		1.0%
Labor	3.6%		2.2%
Law Enforcement	2.7%		1.3%
Mental Health	2.7%		1.7%
Other Health Professional	9.8%		10.2%
Parent / Caregiver	19.6%		15.1%
Pharmacy / Clinic	0.0%		2.2%
Media (Paper/TV/Radio)	0.0%		0.6%
Senior Care	5.4%		2.3%
Teacher / School Admin	5.4%		5.9%
Veteran	5.4%		2.5%
Other (please specify)	17.0%		7.0%
KS Norms Include the following 15 Counties: Barton, Cowley, Edwards, Hays, Johnson, Kiowa, Linn, Miami, Nemaha, Osborne, Pawnee, Russell, Sheridan, Smith, and 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?	Linn Co N=109	Trend	Norms 2018 N=2852
Valid N	109		2852
Top Box %	9.2%		25.9%
Top 2 Boxes %	39.4%		68.9%
Very Poor	6.4%		1.3%
Poor	18.3%		5.0%
Average	35.8%		24.4%
Good	30.3%		43.0%
Very Good	9.2%		25.9%

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

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Linn Co N=109	Trend	Norms18 N=2163
Valid N	94		2614
Increasing - moving up	21.3%		46.8%
Not really changing much	55.3%		43.2%
Decreasing - slipping	23.4%		9.9%

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

CHNA Wave #3		Ongoing Problem		Pressing
Linn Co - Past CHNAs health needs		Linn Co		Linn Co
Rank	Topic	Votes	%	RANK
1	Drug / Substance Abuse	62	12.6%	1
2	Mental Health Access	56	11.4%	2
3	Obesity	47	9.6%	5
4	Affordable HC Insurance	45	9.2%	3
5	Alcohol Abuse	39	7.9%	4
6	Wellness / Prevention	35	7.1%	9
7	Oncology (Cancer)	30	6.1%	6
8	Nutrition - Healthy Food options	29	5.9%	11
9	Primary Care Access	27	5.5%	7
10	Chronic Health	23	4.7%	8
11	Awareness of existing HC services	22	4.5%	10
12	Fitness / Exercise options	22	4.5%	14
13	Personal Health Management	18	3.7%	13
14	Teen Pregnancy	17	3.5%	12
15	Recreational Locations	10	2.0%	16
16	Sexually Transmitted Diseases (STD)	9	1.8%	15
TOTALS		491	100.0%	

**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?	Linn Co N=109	Trend	Norms18 N= 2163
Votes (Larger % )	77		1860
Limited access to mental health assistance	63.6%		45.5%
Lack of awareness of existing local programs, providers, and services	57.1%		57.1%
Lack of health & wellness education	44.2%		34.7%
Case management assistance	24.7%		19.2%
Chronic disease prevention	24.7%		28.8%
Elder assistance programs	20.8%		31.5%
Family assistance programs	18.2%		23.4%
Other (please specify)	20.8%		18.4%

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

CHNA Wave #3	Linn Co N=109			Norms 2018 N=2852	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	90.0%	1.3%		86.3%	2.5%
Child Care	50.7%	14.7%		50.8%	11.2%
Chiropractors	61.5%	5.1%		76.3%	5.1%
Dentists	66.2%	9.1%		63.7%	14.9%
Emergency Room	44.3%	22.8%		70.9%	9.8%
Eye Doctor/Optomtrist	83.5%	6.3%		78.3%	4.9%
Family Planning Services	42.7%	18.7%		43.9%	14.6%
Home Health	51.3%	14.5%		57.3%	11.6%
Hospice	64.0%	12.0%		68.9%	8.1%
Inpatient Services	41.6%	19.5%		76.0%	5.8%
Mental Health	12.2%	56.8%		33.9%	28.3%
Nursing Home	41.6%	22.1%		42.4%	23.1%
Outpatient Services	59.7%	13.0%		71.1%	6.1%
Pharmacy	87.2%	1.3%		88.0%	3.1%
Physician Clinics	64.1%	11.5%		81.4%	4.2%
Public Health	60.0%	8.0%		66.1%	5.9%
School Nurse	69.4%	2.8%		58.9%	10.5%
Specialists	33.3%	34.7%		54.6%	13.4%



**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)	Linn Co N=109	Trend	Norms18 N= 2852
Prenatal / Child Health Programs	44.6%		18.6%
Substance Use Treatment & Education	36.1%		29.5%
Tobacco Prevention & Cessation Programs	36.1%		23.6%
Violence Prevention	36.1%		25.1%
Health Screenings (asthma, hearing, vision, scoliosis)	27.0%		15.2%
Food and Nutrition Services/Education	24.3%		16.1%
Caregiver Training Programs	22.1%		18.3%
Immunization Programs	21.6%		9.3%
Emergency Preparedness	20.5%		10.3%
WIC Nutrition Program	16.7%		12.8%
Sexually Transmitted Disease Testing	13.9%		10.6%
Secure Grants / Finances to Support Local Health	13.5%		17.3%
Spiritual Health Support	11.6%		13.0%
Early Childhood Development Programs	11.3%		15.1%
Women's Wellness Programs	5.6%		12.2%
Obesity Prevention & Treatment	2.7%		24.9%

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

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Linn Co N=109	Trend	Norms18 N= 2852
Valid N	78		1967
Yes	91.0%		76.4%
No	7.7%		18.1%
I don't know	1.3%		5.5%

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

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	Linn Co N=109	Trend	Norms18 N= 2852
Valid N	78		1515
Yes	25.6%		47.7%
No	23.1%		10.6%
I don't know	51.3%		40.4%

**Specialties:**

Spec	#
ORTH	16
CANC	8
OBG	8
CARD	6
SURG	6
PEDS	5
BH	4
ENDO	4
GYN	4

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

<b>CHNA Wave #3</b>			
<b>What needs to be discussed further at our CHNA Town Hall meeting?</b>	<b>Linn Co N=109</b>	<b>Trend</b>	<b>Norms18 N= 2852</b>
Abuse/Violence	4.0%		5.6%
Alcohol	4.7%		5.4%
Breast Feeding Friendly Workplace	1.3%		1.8%
Cancer	5.1%		4.4%
Diabetes	3.8%		4.5%
Drugs/Substance Abuse	8.9%		8.9%
Family Planning	2.0%		2.5%
Heart Disease	2.7%		3.4%
Lead Exposure	0.7%		0.9%
Mental Illness	11.4%		10.6%
Nutrition	3.8%		4.6%
Obesity	6.5%		8.2%
Ozone	0.2%		0.4%
Physical Exercise	4.0%		6.1%
Poverty	6.7%		6.7%
Respiratory Disease	2.0%		2.1%
Sexually Transmitted Diseases	1.6%		2.2%
Smoke-Free Workplace	2.2%		1.6%
Suicide	12.5%		8.4%
Teen Pregnancy	3.1%		3.0%
Tobacco Use	3.6%		3.4%
Vaccinations	1.8%		2.8%
Water Quality	2.4%		3.2%
Wellness Education	5.1%		6.3%

# **IV. Inventory of Community Health Resources**

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[VVV Consultants LLC]

Inventory of Health Services - Linn County MO				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	Yes		Yes
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers			Yes
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/weight Control Services			
Hosp	Birthing/LDR/LDRP Room			Yes
Hosp	Breast Cancer	Yes		Yes
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	Yes		Yes
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	Yes		Yes
Hosp	Case Management			
Hosp	Chaplaincy/Pastoral Care Services	Yes		Yes
Hosp	Chemotherapy			Yes
Hosp	Colonoscopy	Yes		Yes
Hosp	Crisis Prevention			
Hosp	CT Scanner	Yes		Yes
Hosp	Diagnostic Radioisotope Facility	Yes		
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	Yes		Yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)			
Hosp	Genetic Testing/Counseling			
Hosp	Geriatric Services	Yes		Yes
Hosp	Heart	Yes		
Hosp	Hemodialysis			
Hosp	HIV/AIDS Services		Yes	
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit			Yes
Hosp	Intermediate Care Unit	Yes		
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation Room	Yes		
Hosp	Kidney	Yes		Yes
Hosp	Liver	Yes		
Hosp	Lung	Yes		
Hosp	Magnetic Resonance Imaging (MRI)	Yes		Yes
Hosp	Mammograms	Yes		Yes
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes		
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)			
Hosp	Neonatal			
Hosp	Neurological Services			
Hosp	Obstetrics			
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services			Yes
Hosp	Orthopedic Services	Yes		Yes
Hosp	Outpatient Surgery	Yes		Yes
Hosp	Pain Management	Yes		Yes
Hosp	Palliative Care Program			Yes
Hosp	Pediatric	Yes		Yes
Hosp	Physical Rehabilitation	Yes		Yes
Hosp	Positron Emission Tomography (PET)	Yes		
Hosp	Positron Emission Tomography/CT (PET/CT)	Yes		
Hosp	Psychiatric Services			Yes
Hosp	Radiology, Diagnostic	Yes		Yes
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health			
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography (SPECT)			

Inventory of Health Services - Linn County MO				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
Hosp	Sleep Center	Yes		
Hosp	Social Work Services	Yes		
Hosp	Sports Medicine	Yes		
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services			
Hosp	Trauma Center	Yes		
Hosp	Ultrasound	Yes		Yes
Hosp	Women's Health Services	Yes	Yes	Yes
Hosp	Wound Care	Yes		
SR	Adult Day Care Program			Yes
SR	Assisted Living			Yes
SR	Home Health Services			Yes
SR	Hospice			Yes
SR	LongTerm Care			Yes
SR	Nursing Home Services			Yes
SR	Retirement Housing			Yes
SR	Skilled Nursing Care	Yes		Yes
ER	Emergency Services	Yes		
ER	Urgent Care Center			Yes
ER	Ambulance Services			Yes
SERV	Alcoholism-Drug Abuse			
SERV	Blood Donor Center			
SERV	Chiropractic Services			Yes
SERV	Complementary Medicine Services			
SERV	Dental Services			Yes
SERV	Fitness Center			Yes
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair (Annual)	Yes	Yes	
SERV	Health Information Center		Yes	
SERV	Health Screenings	Yes	Yes	Yes
SERV	Meals on Wheels	Yes		
SERV	Nutrition Programs		Yes	
SERV	Patient Education Center		Yes	
SERV	Support Groups		Yes	
SERV	Teen Outreach Services			
SERV	Tobacco Treatment/Cessation Program	Yes	Yes	Yes
SERV	Transportation to Health Facilities			
SERV	Wellness Program	Yes	Yes	

Physician Manpower 2018 - Linn County, MO			
	Supply Working in County		
# of FTE Providers	FTE County Based	# Visiting DRs	PA/NP
<b>Primary Care:</b>			
Family Practice	4.00	0.00	0.00
Internal Medicine	0.00	0.00	0.00
Obstetrics/Gynecology	0.00	2.00	0.00
Pediatrics	0.00	0.00	0.00
<b>Medicine Specialists:</b>			
Allergy/Immunology	0.00	0.00	
Cardiology	0.00	7.00	
Dermatology	0.00	3.00	
Endocrinology	0.00	0.00	
Gastroenterology	0.00	1.00	
Oncology/RADO	0.00	1.00	
Infectious Diseases	0.00	0.00	
Nephrology	0.00	0.00	
Neurology	0.00	0.00	
Psychiatry	0.00	1.00	
Pulmonary	0.00	1.00	
Rheumatology	0.00	0.00	
<b>Surgery Specialists:</b>			
General Surgery	0.00	1.00	
Neurosurgery	0.00	0.00	
Ophthalmology	0.00	1.00	
Orthopedics	0.00	2.00	
Otolaryngology (ENT)	0.00	0.00	
Plastic/Reconstructive	0.00	0.00	
Thoracic/Cardiovascular/Vasc	0.00	0.00	
Urology	0.00	2.00	
<b>Hospital Based:</b>			
Anesthesia/Pain	0.00	1.00	
Emergency	0.00	1.00	
Radiology	0.00	1.00	
Pathology	0.00	1.00	
Hospitalist *	0.00	0.00	
Neonatal/Perinatal	0.00	0.00	
Physical Medicine/Rehab	0.00	0.00	
Audiology	0.00	1.00	
Podiatry	0.00	2.00	
<b>TOTALS</b>	<b>4</b>	<b>29</b>	<b>0</b>



## Visiting Specialists to General John J. Pershing Memorial Hospital - 2018

<b>SPECIALTY</b>	<b>Physician Name/Group</b>	<b>Appointments</b>	<b>Schedule</b>	<b># of Days Yearly</b>	<b>Calc FTE</b>
OB GYN	Dr. Ankur Agrawal and Dr. Yulia Peniston	Call 660-258-1183	First & Third Mondays	96	0.40
Cardiology	Missouri Heart Center	Call 573-256-7700	Every Thursday	48	0.20
Dermatology	Dr. Lloyd, Dr. Jonathan Cleaver and Dr. David Cleaver	Call 660-627-7546	4th Monday Monthly	60	0.25
Gastroenterology	Dr. Peter Cleavinger	Call 660-258-1183	Every Wednesday	60	0.25
General Surgery	Dr. Andrew Johnson	Call 660-258-1183	1st & 3rd Friday	144	0.60
Ophthalmology	Dr. Andrew Moyes	Call 816-746-9800	2nd Monday Monthly	60	0.25
Orthopedic	Dr. Peter Buchert	Call 573-876-8652	4th Tuesday	12	0.05
Audiology	Michelle Woodward, MS, CCC-A	Call 800-626-2777	2nd & 4th Thursdays	24	0.10
Podiatry	Erich G. Eriksen, D.P.M. and Eric James, D.P.M.	Call 660-258-1183	2nd & 4th Tues / 2nd & 4th Thurs	60	0.25
Urology	Dr. Mike Kozminski	Call 816-232-8877	2nd Wednesday Monthly	12	0.05
<b>TOTALS</b>					<b>2.35</b>

# Health Services Directory

## Linn County, Missouri

### EMERGENCY NUMBERS

**Police – Fire – Ambulance – Sheriff**

<b>Linn County Sheriff's Department</b>	<b>660-895-5312</b>
<b>Missouri State Highway Patrol</b>	<b>800-525-5555</b>
<b>Brookfield Police</b>	<b>660-258-3385</b>
<b>Marceline Police</b>	<b>660-376-2242</b>
<b>Air Evac Life Team</b>	<b>660-627-3300</b>

**Or (Toll Free) 800-627-3300**

<b>Under Water Rescue and Recovery</b>	<b>660-376-2242</b>
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	<b>Police</b>	<b>Fire</b>	<b>Ambulance</b>
<b>Brookfield</b>	<b>911</b>	<b>911</b>	<b>911</b>
<b>Browning</b>	<b>911</b>	<b>911</b>	<b>911</b>
<b>Bucklin</b>	<b>911</b>	<b>911</b>	<b>911</b>
<b>Laclede</b>	<b>911</b>	<b>911</b>	<b>911</b>
<b>Linneus</b>	<b>911</b>	<b>911</b>	<b>911</b>
<b>Marceline</b>	<b>911</b>	<b>911</b>	<b>911</b>
<b>Meadville</b>	<b>911</b>	<b>911</b>	<b>911</b>
<b>Purdin</b>	<b>911</b>	<b>911</b>	<b>911</b>

## **NON EMERGENCY NUMBERS**

### **Brookfield**

Police: 660-258-3385

Fire: 660-258-3332

Ambulance: 660-258-2262

### **Browning**

Fire: 660-946-4144

### **Bucklin**

Police: 660-695-3773

Fire: 660-695-3221

### **Laclede**

Fire: 660-963-2345

### **Linneus**

Fire: 660-895-5572

### **Marceline**

Police: 660-376-2242

Fire: 660-376-3556

### **Meadville**

Fire: 660-938-4414

### **Purdin**

Fire: 660-244-3675

## **OTHER EMERGENCY NUMBERS**

### **Child Abuse Hotline**

800-392-3738 or 800-392-3738

### **TDD**

800-669-8689

### **Domestic Violence Hotline**

800-799-SAFE

### **Women's Domestic Violence**

660-359-3297

### **Drug Abuse Hotline**

800-662-HELP

### **Elderly Abuse/Neglect Hotline for Missouri**

800-392-0210

### **TDD**

800-669-8819

### **FBI (KC)**

816-512-8200

### **Girls & Boys Town Hotline**

800-448-3000

### **TDD**

800-448-1833

### **Green Hills Women's Shelter**

880-942-0649

### **National Center for Missing and Exploited Children**

800-843-5678

### **National Council on Alcoholism Hope Line**

800-NCA-CALL

### **National Runaway Switchboard (for children)**

800-321-4000

### **National Suicide Prevention Lifeline**

800-273-TALK (8255)

### **Poison Control Center**

800-222-1222

### **Poison Control Hotline**

800-366-8888

### **Suicide and Mental Health**

888-279-8188

### **U.S. Marshall Service (Fugitive Investigations)**

816-512-2000

### **Youth Crisis Runaway Hotline (for children)**

800-HIT-HOME

## **HEALTH SERVICES**

### **Chiropractors**

#### **Relief Chiropractic, Dr. Amanda Engelhard**

660-376-3331

127 Main St, Marceline, MO 64658

Watson Chiropractic, Brent Watson  
660-258-4646  
316 N. Main , Brookfield, MO 64628

### **Dentists/Orthodontists**

Family Dental Center of Marceline  
660-376-8000

McCoy/Samples  
626 W. Lockling, Brookfield  
660-258-3371

### **Home Health Services**

ServeLink/Linn County Health Department  
660-258-7251  
635 S Main, Brookfield, MO 64628

Pyramid Home Health  
800-690-1753  
Columbia, MO

Northeast Regional Home Health  
660-627-2787  
Kirksville, MO

St. Luke's Home Care  
888-303-7576

### **Hospices**

Hospice Compassus (portions of Linn  
County) 660-385-4400

St. Lukes Hospice (portions of Linn County)  
660-646-2199

Home Care of Mid-Missouri Hospice  
660-263-1517

Hospice Advantage  
660-663-2168

Hospice of Northeast Missouri (portions of  
Linn County)  
660-627-9711

Mercy Home Health & Mercy Hospice  
417-820-5550

Oxford HealthCare (Macon & Chariton  
County) 573-474-1530

### **Hospitals**

Pershing Memorial Hospital  
660-258-2222  
130 E Lockling Av, Brookfield, MO 64628

- 24 Hour Physician Staffed ER
- Laboratory
- Cardiac Rehab
- Outpatient Surgery
- CMA-walk in Clinic
- Respiratory Therapy
- Home Health Services
- Skilled Nursing Care
- Hospice Services
- Specialty Clinics
- Inpatient Acute Care
- Telemedicine

### **Medical Equipment**

Heartland Medical Equipment  
800-844-1112  
1003 Hwy 65 N, Carrollton, MO 64653

Collins Medical Equipment  
660-359-4407

Community Medical Equipment  
660-263-1700

Linn Care  
800-383-0950

Hometown's Healthy Living Store  
660-646-0400

### **Mental Health Services**

Maglio, Chris, PhD, Licensed Psychologist  
660-665-7805  
117 E Washington, Kirksville, MO 63501

North Central Missouri Mental Health  
Center  
660-258-7810  
1 Center Dr, Brookfield, MO 64628

Northeast Missouri Health Clinic – Federally  
Qualified Health Center  
Gutensohn Clinic  
660-626-2206  
700 W Jefferson, Kirksville, MO 63501

Preferred Family Health Care (Alcohol and  
Substance Abuse)  
660-258-4188  
1 Center Dr, Brookfield, MO 64628

### **Nursing Homes**

Bristol Manor of Brookfield (assisted living)  
660-258-5065  
338 Thompson, Brookfield, MO 64628

Bristol Manor of Marceline (assisted living)  
660-376-2210  
102 W Hayden, Marceline, MO 64658

Life Care Center of Brookfield  
660-258-3367  
315 Hunt, Brookfield, MO 64628

McLarney Manor  
660-258-7402  
116 E Pratt, Brookfield, MO 64628

Pioneer Skilled Nursing Center  
660-376-2001  
1500 S Main St USA, Marceline, MO 64658

### **Occupational, Physical, & Speech Therapies**

Brookfield Physical Therapy  
660-258-7892  
223 N Main, Brookfield, MO 64628

- Stacie Malloy, DPT
- Chretien Gillman, PTA

PEAK Sport & Spine Marceline  
660-376-0500  
Fax: 660-376-0502  
225 W Hayden, Marceline, MO 64658

- Golden, Dawn, PTA
- Williams, Shelly, PT

Life Care Center of Brookfield  
660-258-3367  
Fax: 660-258-3903  
315 Hunt Street, Brookfield, MO 64628

Pershing Memorial Hospital  
660-258-2222  
130 E Lockling Av, Brookfield, MO 64628

Preferred Family Healthcare (Alcohol and  
Substance Abuse)  
660-258-4188  
1 Center Dr, Ste 4, Brookfield, MO 64628

Truman State University Speech and  
Hearing Clinic  
660-785-7414

- Speech and Hearing  
660-785-7425  
121 Barnett Hall, Truman University,  
Kirksville, MO 63501
- Communications  
660-785-4669  
122 Barnett Hall, Truman University,  
Kirksville, MO 63501

### **Optometrists**

Premier Eyecare Associates  
660-258-7409 or (Toll Free) 800-737-1116  
431 S Main, Brookfield, MO 64628

- Brodmerkle, Bruce L, OD
- Sloan, Robert D, DO
- Moyes, Andrew L, MD
- Thompson, Duane A, DO

### **Pharmacies**

Green Hills Pharmacy  
660-258-2122  
206 N Main, Brookfield, MO 64628

Wal-Mart Pharmacy  
660-258-7404  
937 Park Circle Dr, Brookfield, MO 64628

Heartland Pharmacy  
800-844-1112  
1003 Hwy 65 N, Carrollton, MO 64653

## **Physicians and Clinics**

Michael Holtz, Advanced Medical Express  
Clinic 660-268-4006  
624 W. Lockling, Brookfield, MO 64628

Crist, Michael R, DO  
660-258-3397  
814 Fairlane Dr, Brookfield, MO 64628

Family Health Center of Marceline  
660-376-2038  
225 W Hayden St, Ste 200, Marceline, MO  
64658

- Betty Noll, MD

Northeast Missouri Health Council Pediatric  
Clinic  
800-357-6355

Community Medical Associates  
660-258-8237  
125 E Lockling Ave, Brookfield, MO 64628

- Parsonson, Irene, FNP
- Hall, Vivian, FNP
- Sylvara, Karen, DO
- Sylvara, Tod, DO
- Wait, Jerry, DO
- Galvez, Sisenando P, Jr, MD

Applegate Medical Group  
660-258-8237  
125 E. Lockling, Brookfield, MO 64628

- Geno, Kendal, MD
- Clubine, Karla, FNP
- Creason, Amy FNP

Meadville Medical Clinic  
660-938-4213  
101 E. Hayward, Meadville, MO 64659

- Wait, Jerry, DO
- Schwager, Kelly, FNP

## **Veterinarians**

Brookfield Veterinary Clinic  
660-258-3308  
26695 Hwy 11, PO Box 348, Brookfield, MO  
64628

- Gordon, Todd, DVM

- Sparks, Jeff, DVM
- Sprouse, Harland, DVM

Marceline Veterinary Clinic  
660-376-2107  
715 S Missouri, Marceline, MO 64658

- Sheerman, James, DVM
- Sheerman, John, DVM

Montgomery Veterinary Clinic  
660-258-7452  
124 E Helm, Brookfield, MO 64628

- Montgomery, James, DVM
- Montgomery, Ryan, DVM

## **LOCAL GOVERNMENT-COMMUNITY- SOCIAL SERVICES**

### **Chamber of Commerce**

Brookfield Chamber of Commerce  
660-258-7255  
306 N Main, Brookfield, MO 64628

Marceline Chamber of Commerce  
660-376-3528  
116 N Main St USA, Marceline, MO 64658

### **Childcare Information**

Trinity Daycare  
660-258-7020  
224 S. Main, Brookfield, MO 64628

Kinderland Preschool  
660-376-2422  
223 E Santa Fe, Marceline, MO 64658

Imagination Station  
660-258-5226  
510 S Monroe, Brookfield, MO 64628

Child Abuse and Neglect Services  
Missouri Department of Social Services  
660-258-3388 or (Toll Free) 800-392-3738

Children and Youth  
Parents as Teachers – Brookfield R-III  
660-258-2159

Bucklin R-II  
660-695-3225

Linn County R-I, Purdin  
660-244-5035

Marceline R-V 660-376-6017

Meadville R-IV 660-938-4111

Women, Infants and Children  
660-258-7251  
Linn County Health Department  
635 S Main, Brookfield, MO

### **City Offices Information**

Brookfield City Clerk-Collector-Treasurer  
660-258-3377  
116 W Brooks, Brookfield, MO 64628

Browning City Offices  
660-946-4215  
313 W Main, Browning, MO 64630

Bucklin City Offices  
660-695-3773

Laclede City Offices  
660-963-2215  
607 Pershing Dr, Laclede, MO 64651

Linneus City Offices  
660-895-5133

Marceline City Hall  
660-376-3528  
116 N Main St USA, Marceline, MO 64658

Meadville City Clerk  
660-938-4999  
Meadville, MO 64659

Purdin City Offices  
660-244-3202

### **Community Centers**

Brookfield Community Center  
660-258-2577  
1 Center Dr, Brookfield, MO 64628

Browning Community Building  
660-946-4215

Bucklin Community Building  
660-695-3773

Cotton Cavanah Youth Center  
660-244-3122  
201 S Main St USA, Marceline, MO 64658

Laclede Community Building  
660-963-2215

Linneus Community Building  
660-895-5515  
103 W Park, Linneus, MO 64653

Meadville Community Building  
660-938-4999

Purdin Community Center  
660-244-3122  
402 C St, Purdin, MO 64674

Walsworth Community Building Inc  
660-376-2249  
124 E Ritchie, Marceline, MO 64658

### **Disability**

Bureau of Special Health Care Needs  
660-385-3125  
<http://extension.missouri.edu/parentlink>

Kirksville Regional Center  
660-646-4180

Children with Disabilities  
660-785-2500

Linn County Senate Bill 40  
660-258-2877  
102 Fairgrounds Road, Brookfield, MO 64628

Missouri Department of Elementary and  
Secondary Education Vocational  
Rehabilitation  
866-572-4049

Missouri Department of Health and Senior Services  
660-258-3388

Missouri Region II Planning and Coordination Council for Developmental Disabilities  
880-621-6062

Rural Advocates for Independent Living  
660-681-7245  
For Macon Area  
877-684-4542

Social Security Administration  
660-646-4870  
26 Hwy, Chillicothe, MO 64601

Social Security Administration  
800-772-1213 or TDD 800-325-0778  
Website: [www.ssa.gov](http://www.ssa.gov)

### **Domestic Violence/Family Violence**

Domestic Violence, Women  
660-895-5589  
108 N High St, Linneus, MO 64653

Green Hills Women's Shelter  
(Toll Free) 800-942-0649 or 660-359-3297

Linn County Victims Advocate  
660-375-5890

### **Eye Care Services**

Lion's Club (Greg Meissen)  
660-376-2983

### **Family Services**

Al-Anon Family Group  
800-356-9996

Green Hills Community Action Agency  
660-258-2211  
105 W John, Brookfield, MO 64628

Linn County Division of Family Services  
660-258-3388  
103 Forrest Dr, Brookfield, MO 64628

Rural Advocates for Independent Living  
660-681-7245  
For Macon Area  
877-684-4542

Tiffany In Home Service  
660-258-2360  
413 S Main, Brookfield, MO 64628

Women, Infants and Children  
660-258-7251  
Linn County Health Department  
635 S Main, Brookfield, MO 64628

### **Funeral Homes**

Delaney Funeral Home Inc  
660-376-2040  
1720 N Missouri, Marceline, MO 64658

Delaney Funeral Home Inc  
660-695-3440  
41 Locust St, Bucklin, MO 64631

Renshaw Funeral Chapel  
660-695-3277  
32 Oak St, Bucklin, MO 64631

Rhodes Funeral Home 660-258-7221  
216 Linn, Brookfield, MO 64628

Ruschmeier Funeral Home  
660-946-4218  
206 Hwy 5, Browning, MO 64630

Wright Funeral Home  
660-258-5050  
1201 W Helm, Brookfield, MO 64628

Wright- Funeral Home  
660-938-4313  
107 E Hayward, Meadville, MO 64659

### **Head Start Programs**

Brookfield A – Head Start  
660-258-7571  
Immaculate Conception School  
210 W John, Brookfield, MO 64628



Brookfield B – Head Start  
660-258-7035  
304 Beverly St, Brookfield, MO 64628

### **Health Department**

Linn County Health Department  
660-258-7251  
635 S Main, Brookfield, MO 64628

### **Health Education/Schools/Colleges/ Universities Wellness Programs**

Brookfield Area Career Center  
660-258-2682  
122 Pershing Rd, Brookfield, MO 64628

Diabetes Support Team  
660-785-1802

Green Hills Community Action Agency  
660-258-2211

North Central Missouri YMCA  
660-258-2388  
1140 W Helm, Brookfield, MO 64628

Northeast Missouri Area Health Education  
Center  
660-385-6491

Parents as Teachers – Brookfield R-III  
660-258-2159

Bucklin R-II  
660-695-3225

Linn County R-I, Purdin  
660-244-5035

Marceline R-V  
660-376-6017

Meadville R-IV  
660-938-4111

Workout for Wellness  
660-376-3664  
124 E Truman, Marceline, MO 64658

### **Housing – General**

Brookfield Housing Authority  
660-258-3959  
61 Joyce Pl, Brookfield, MO 64628

Marceline Housing Authority  
660-376-3101  
229 West Hauser St., Cedar Brooke  
Square, Marceline, MO 64658

### **Newspapers**

Linn County Leader  
660-258-7237  
107 N Main, Brookfield, MO 64628

### **Nutritional Services**

Brookfield Ministries  
660-258-7719  
300 S Main, Brookfield, MO 64628

Brookfield Nutrition Site  
660-258-2577  
1 Center Dr, Brookfield, MO 64628

Marceline Nutrition Program  
660-376-3103  
229 West Hauser St., Cedarbrooke Square,  
Marceline MO 64658

### **Senior Services**

Brookfield Senior Center  
660-258-2577  
1 Center Dr, Brookfield, MO

Northwest Missouri Area Agency on Aging  
660-726-3800 or (Toll Free) 888-844-5626  
211 S Polk, Albany, MO 64402

Social Security  
Social Security Administration  
660-646-4870 or (Toll Free) 800-772-1213  
613 Walnut, Chillicothe, MO 64601

### **Transportation**

OATS (Brookfield, MO)  
660-258-2009 or (Toll Free) 880-654-6287  
Or TTY users call Relay Missouri  
800-735-2966

Voice users call Relay Missouri  
800-735-2466

### **Veterans' Services**

Veteran's Administration Information Line  
(Toll Free)  
800-392-3761

### **STATE AND NATIONAL INFORMATION SERVICES-SUPPORT GROUPS-HELP LINES**

Advocacy for Long Term Care Patients  
Ombudsman (Senior Information Line)  
800-211-2116

### **AIDS**

AIDS (Missouri)  
573-751-9071

AIDS Hotline (24 hours a day, 7 days per  
week)  
800-342-2437  
Spanish (8:00 am – 2:00 am, 7 days per  
week)  
800-344-7432

TTY for Deaf (10:00 am – 10:00 pm Monday  
through Friday)  
800-243-7889

National AIDS Information Clearinghouse  
800-458-5231

Missouri State AIDS Hotline  
800-533-AIDS (2437)

Safe Choice HIV Prevention & Technical  
Assistance Hotline  
800-878-2437

### **Alcohol**

Al-Anon/Alateen World Service Office  
888-425-2666  
Missouri  
816-373-8566  
Website: <http://www.missouri-al-anon.org>

Al-Anon Family Group Information  
800-356-9996  
Alcoholics Anonymous  
Website: <http://www.alcoholics-anonymous.org>

Data Center & Clearinghouse for Drugs &  
Crime  
800-666-3332

Drug Information & Treatment  
800-788-2800

Missouri State Bureau of Narcotics and  
Dangerous Drugs  
573-751-6400

National Council on Alcoholism & Drug  
Dependence Hotline  
800-622-2255

National Alcohol/Drug Abuse Hotline  
800-662-4357

Reach-Out State Dept of Mental Health &  
Substance Abuse  
800-522-9054  
(Drug and Alcohol Information Assistance  
Service)

Seeking Answers About Substances (12-15  
yr. old).  
573-547-1292  
406 N Spring St, Ste 4, Perryville, MO  
63775

Seeking Answers About Substances (16-21  
yr. old).  
573-547-1292  
406 N Spring St, Ste 4, Perryville, MO  
63775

### **Allergy Information**

Allergy Information Center  
800-727-5400  
Children Mercy Hospital and Clinics.  
816-234-1605  
Kansas City, MO, 64108

St. Louis University, School of Medicine  
314-268-2700  
St. Louis, MO, 63104

St. John's Medical Clinic.  
417-820-2222  
Springfield, MO, 65807

## **STATE AND NATIONAL INFORMATION SERVICES-SUPPORT GROUPS-HELP LINES**

### **Alzheimer's**

Alzheimer's Association (SE Missouri  
Chapter)  
888-833-1641

Alzheimer's Association National  
Information Line  
800-272-3900  
Website: <http://www.alz.org/>

Alzheimer's Disease Education & Referral  
Ctr (Nationwide)  
800-438-4380

### **Arthritis**

National Arthritis Foundation  
800-283-7800  
Website: <http://www.arthritis.org/>

Northeast Missouri Regional Arthritis Center  
660-626-2049

### **Cancer**

American Cancer Society  
800-227-2345 or 800-684-2733  
Website: <http://www.cancer.org/>  
National Cancer Institute Cancer  
Information  
800-422-6237

### **Child Abuse/Family Violence**

Childhelp SA National Child Abuse Hotline  
800-422-4453  
Website: <http://www.childhelpusa.org/>

National Child Safety Council Childwatch  
800-222-1464

National Child Abuse/Neglect/Family  
Violence  
800-394-3366

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

National Resource Center for Child Abuse &  
Neglect  
800-227-5242

Prevent Child Abuse America (Parenting  
guidance)  
800-244-5373  
Website: <http://www.preventchildabuse.org/>

CDC National Immunization Information  
Hotline  
800-232-2522

### **Child Health**

Immunization Hotline  
800-232-2522

National SIDS & Infant Death Program  
Support Center  
800-638-7437  
SIDS (Sudden Infant Death)  
Website: <http://sids-network.org>

### **Children and Youth Services**

Boys' Town National Hotline  
800-448-3000  
Website: <http://www.boystown.org/>

Missing & Exploited Children National  
Hotline 800-843-5678 (THE LOST)

Missouri Child Support General  
Information 800-859-7999  
Missouri Department of Social Services  
Missouri Parents Act  
877-876-2831  
Website: <http://www.ptimpact.com>

National Runaway Switchboard  
800-621-4000 or 800-231-6946

National Juvenile Justice Clearinghouse  
800-638-8736

National Youth Crisis Hotline  
800-448-4663 (HIT HOME)

Truman State University Speech and  
Hearing Clinic  
660-785-7414

- Speech and Hearing  
660-785-7425  
121 Barnett Hall, Truman University,  
Kirksville, MO 63301
- Communications  
660-785-4669  
122 Barnett Hall, Truman University,  
Kirksville, MO 63301

## **Civil Rights**

American Civil Liberties Union (Eastern  
Missouri) 314-361-2111  
4557 Laclede Avenue, St. Louis, MO 63108  
Website (National): <http://www.aclu.org/>

Missouri Human Rights Commission  
573-751-4091

## **Crisis Intervention**

National Suicide & Crisis Hotline 800-  
784-2433(SUICIDE)  
Website: <http://www.suicidehotlines.com/>

## **Cystic Fibrosis**

Cystic Fibrosis Foundation  
800-344-4823  
Missouri  
314-721-2490 or 314-268-6439  
Website: <http://www.cff.org>

## **Dental Services**

Citizen for Missouri's Children  
314-647-2003  
One Campbell Plaza, Ste 2A, St. Louis,  
Missouri 63139

Provides dental services for low-income  
children.

D-Dent  
800-522-9510  
Comprehensive dental care for 65 and older  
persons in lower income or the  
developmentally disabled; includes dental  
care, dentures, etc.

Miles for Smiles  
417-328-6334

## **Diabetes**

American Diabetes Association  
800-342-2383(DIABETES)  
Missouri Office: 314-822-5490  
Website: <http://www.diabetes.org/>

Diabetes Support Team  
660-785-1802

## **Disability Services**

Ability Network, Inc  
573-483-3000  
13384 Lakewood Dr., Genevieve, MO  
63670

AT&T National Special Needs Center  
800-233-1222

Christopher Reeve Paralysis Foundation  
800-225-0292  
Website: <http://www.apacure.org/>

Missouri Parents Act  
877-876-2831  
Website: <http://www.ptimpact.com>

MO-AHEAD (Association for Higher  
Education and Disability  
314-513-4583  
Website:  
<http://www.stlcc.edu/access/moahead/>

Paralyzed Veterans of America  
800-424-8200  
Website: <http://www.pva.org/>

SEMO Alliance For Disability  
Independence, Inc. 573-651-6464  
121 South Broadview Plaza, Ste 12, Cape  
Girardeau, MO 63703

### **Domestic Violence/Family Violence**

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

REACH-OUT  
800-522-9054  
(Mental Health, Substance Abuse,  
Domestic/Sexual Violence)

Regional Family Crisis Center  
573-547-2480

### **Down Syndrome**

Down Syndrome Guild of Greater Kansas  
City  
913-384-4848

- Allison, Amy, Director
- McCurry, Kathy, Linn County  
Contact: 660-258-7204

National Down Syndrome Society  
800-221-4602  
Website: <http://www.ndss.org>

### **Drugs/Narcotics Abuse and Prevention**

Data Center & Clearinghouse for Drugs &  
Crime  
800-666-3332

Drug Information & Treatment National  
Clearinghouse  
800-788-2800 or 800-729-6629

National Alcohol/Drug Abuse Hotline  
800-662-4357

Partnership for a Drug-Free America  
800-624-0100

National Council on Alcoholism & Drug  
Dependence Hotline  
800-622-2255

Seeking Answers About Substances (12-15  
yr. old).  
573-547-1292  
406 N Spring St, Ste 4, Perryville, MO  
63775

Seeking Answers About Substances (16-21  
yr. old).  
573-547-1292  
406 N Spring St, Ste 4, Perryville, MO  
63775

### **Eldercare**

Eldercare Locator  
800-677-1116

U.S. Administration on Aging  
Website: <http://www.elderweb.com>

### **Eye Services**

American Council of the Blind  
800-424-8666  
Website: <http://acb.org/>

Eye Care America Hotline  
800-222-3937

Optometry Board  
800-725-6723  
Retinitis Pigmentosa International  
800-344-4877

Visual Services Information Line  
800-829-3255  
Service for 55 years of age and older and  
legally blind.

### **Headache**

National Brain Injury Foundation Family  
Helpline  
800-444-6443  
Missouri: 800-377-6442  
Website: <http://www.biausa.org/>

National Headache Foundation  
800-843-2256  
Website: <http://www.headaches.org/>

## **Health Information**

National Health Information Center  
800-336-4797

National Immunization Information Hotline  
800-232-2522

National Sexually Transmitted Diseases  
Hotline  
800-227-8922

Missouri Poison Control Center  
800-222-1222

Safe Choice HIV Prevention & Technical  
Assistance Hotline  
800-878-2437

WIC (Women, Infant and Children) Hotline  
800-835-5465  
Missouri Department of Health and Senior  
Services

## **Hearing and Speech**

American Speech-Language- Hearing  
Association  
800-638-8255  
Website: <http://www.asha.org>  
International Hearing Society Hearing Aid  
Help Line  
800-521-5247

Truman State University Speech and  
Hearing Clinic  
660-785-7414  
Barnett Hall 121, Kirksville, MO 63501

## **Heart**

American Heart Association  
800-242-8721  
2600 I-70 Dr. NW, Columbia, MO 65201  
573-446-3000  
Website: <http://www.americanheart.org/>

## **Kidney**

American Kidney Fund (M-F, 8:00 am - 4:00  
pm)  
800-638-8299

National Kidney Foundation  
800-622-9010  
Missouri : 800-489-9585  
Website: <http://www.kidney.org>

## **Legal Services**

American Civil Liberties Union  
314-361-2111  
4557 Laclede Ave, St. Louis, MO 63108  
Website: <http://www.aclu.org>

Legal Services of Southern Missouri  
800-444-4863  
2872 S Meadowbrook, Springfield, MO  
65807

Legal Services of Eastern Missouri, Inc.  
314-534-4200  
4232 Forest Park Av, St. Louis, Missouri  
63108

Missouri Bar Association  
573-635-2811  
Website: <http://www.mobar.org>

Missouri Human Rights Commission  
573-751-4091

Missouri State Attorney General  
573-751-3321

Customer Protection Hotline  
800-392-8222  
207 W High St, PO Box 899, Jefferson City,  
MO 65102 Website:  
<http://www.ago.state.mo.us/>

## **Liver**

American Liver Foundation (Hepatitis/Liver  
Disease Helpline)  
800-223-0179 Website:  
<http://www.liverfoundation.org>

## **Lung**

American Lung Association  
800-586-4872

Southeast Missouri Office  
573-651-3313  
PO Box 482, Cape Girardeau, MO 63702  
Website: <http://www.lungusa.org>

Lung Line Information Service (National)  
800-222-5864  
(National Jewish Hospital)

### **Mental Health**

Missouri Department of Mental Health  
800-364-9687  
PO Box 687, Jefferson City, MO 65101  
Website: <http://www.dmh.missouri.gov>

Missouri Mental Health Counselors  
Association  
800-341-3363  
905 B Eastland Plaza, PMB #101, Jefferson  
City, MO 65101

### **Parkinson's Disease**

American Parkinson's Disease Association  
800-223-2732  
Missouri: 314-362-3299  
Website: <http://www.apdaparkinson.org>

### **Protective Services**

Child Abuse Hotline (Nights & Weekends)  
800-392-3738

Child Help USA (Child Abuse Hotline)  
800-422-4453 (4ACHILD)  
TDD 800-222-4453  
Website: <http://www.childhelpusa.org/>

Legal Services of Southern Missouri  
800-444-4863  
2872 S Meadowbrook, Springfield, MO  
65807

Missouri Department of Social Services  
800-735-2966  
Call for local county office number. Website:  
<http://www.dss.state.mo.us>

National Runaway Switchboard  
800-621-4000 or 800-231-6946

Parental STRESS Helpline  
800-367-2543

### **Rehabilitation Services**

Rehabilitation Services for Blind  
800-592-6004

SE Missouri Office  
573-472-5240  
106 Arthur St, Ste E, PO Box 369, Sikeston,  
MO 63801

### **Senior Information**

AARP State Information Center  
800-424-3410  
Website: <http://www.aarp.org/>

Eldercare Locator  
800-677-1116

Missouri Department of Health and Senior  
Services  
573-751-6400  
PO Box 570, Jefferson City, MO 65102  
Missouri State Division on Aging  
660-646-5770  
708-A Washington, Chillicothe, MO 64601

Ombudsman (Senior Information Line)  
800-211-2116

### **Suicide**

National Suicide & Crisis Hotline  
800-784-2433 (SUICIDE)  
Will route to local area.  
Website: <http://www.suicidehotlines.com/>

### **Transport Services for Patients**

National Patient Air Transport Help Line  
800-296-1217  
Website: <http://www.patienttravel.org/>

### **Veterans' Services**

Department of Veterans Affairs Toll Free  
Hotline 800-827-1000  
Will route to local area.  
Website: <http://www.va.gov>

# **V. Detail Exhibits**

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**[VVV Consultants LLC]**



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## a) Patient Origin Source Files

[VVV Consultants LLC]



## Inpatient Discharge Four-Period Trend Report

Period 1: Federal Fiscal Year 2014

Period 2: Federal Fiscal Year 2015

Period 3: Federal Fiscal Year 2016

Period 4: Federal Fiscal Year 2017

Dynamic Column Selection: Hospital, Patient Zip Code, Age Group

Hospital	Patient Zip Code	Age Group	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent
			Count	Count	Change	Count	Change	Count	Change	Case Share	Case Share	Change	Case Share	Change	Case Share	Change
Pershing Memorial Hospital - Brookfield, MO	06482-Sandy Hook, CT	75+	1	0	-100.00%	1		0	-100.00%	0.14%	0	-100.00%	0.26%		0	-100.00%
	<b>06482-Sandy Hook, CT - Total</b>		<b>1</b>	<b>0</b>	<b>-100.00%</b>	<b>1</b>		<b>0</b>	<b>-100.00%</b>							
	33928-Estero, FL	75+	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	
	<b>33928-Estero, FL - Total</b>		<b>1</b>	<b>0</b>	<b>-100.00%</b>	<b>0</b>		<b>0</b>								
	51031-Le Mars, IA	45-64	0	0		1		0	-100.00%	0	0		0.26%		0	-100.00%
	<b>51031-Le Mars, IA - Total</b>		<b>0</b>	<b>0</b>		<b>1</b>		<b>0</b>	<b>-100.00%</b>							
	63109-St. Louis, MO	18-44	0	0		0		1		0	0		0		0.35%	
	<b>63109-St. Louis, MO - Total</b>		<b>0</b>	<b>0</b>		<b>0</b>		<b>1</b>								
	63304-St. Charles, MO	75+	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	
	<b>63304-St. Charles, MO - Total</b>		<b>1</b>	<b>0</b>	<b>-100.00%</b>	<b>0</b>		<b>0</b>								
	63501-Kirkville, MO	45-64	0	1		0	-100.00%	0		0	0.16%		0	-100.00%	0	
	<b>63501-Kirkville, MO - Total</b>		<b>0</b>	<b>1</b>		<b>0</b>	<b>-100.00%</b>	<b>0</b>								

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## Inpatient Discharge Four-Period Trend Report

Period 1: Federal Fiscal Year 2014

Period 2: Federal Fiscal Year 2015

Period 3: Federal Fiscal Year 2016

Period 4: Federal Fiscal Year 2017

Dynamic Column Selection: Hospital, Patient Zip Code, Age Group

Hospital	Patient Zip Code	Age Group	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent
			Count	Count	Change	Count	Change	Count	Change	Case Share	Case Share	Change	Case Share	Change	Case Share	Change
Pershing Memorial Hospital - Brookfield, MO	63532-Bevier, MO	75+	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	
	<b>63532-Bevier, MO - Total</b>		<b>1</b>	<b>0</b>	<b>-100.00%</b>	<b>0</b>		<b>0</b>								
	63534-Callao, MO	45-64	2	0	-100.00%	1		0	-100.00%	0.27%	0	-100.00%	0.26%		0	-100.00%
	<b>63534-Callao, MO - Total</b>		<b>2</b>	<b>0</b>	<b>-100.00%</b>	<b>1</b>		<b>0</b>	<b>-100.00%</b>							
	63539-Ethel, MO	65-74	0	1		0	-100.00%	0		0	0.16%		0	-100.00%	0	
		75+	4	0	-100.00%	0		0		0.55%	0	-100.00%	0		0	
	<b>63539-Ethel, MO - Total</b>		<b>4</b>	<b>1</b>	<b>-75.00%</b>	<b>0</b>	<b>-100.00%</b>	<b>0</b>								
	63545-Green City, MO	65-74	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	
	<b>63545-Green City, MO - Total</b>		<b>1</b>	<b>0</b>	<b>-100.00%</b>	<b>0</b>		<b>0</b>								
	63552-Macon, MO	45-64	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	
		65-74	0	1		0	-100.00%	0		0	0.16%		0	-100.00%	0	
		75+	0	0		0		1		0	0		0		0.35%	
	<b>63552-Macon, MO - Total</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>-100.00%</b>	<b>1</b>								
	63556-Milan, MO	18-44	0	2		0	-100.00%	0		0	0.32%		0	-100.00%	0	
		65-74	0	1		0	-100.00%	0		0	0.16%		0	-100.00%	0	

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 Kansas Discharge Data Available From 2012-10-01 through 2018-03-31  
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## Inpatient Discharge Four-Period Trend Report

Period 1: Federal Fiscal Year 2014

Period 2: Federal Fiscal Year 2015

Period 3: Federal Fiscal Year 2016

Period 4: Federal Fiscal Year 2017

Dynamic Column Selection: Hospital, Patient Zip Code, Age Group

Hospital	Patient Zip Code	Age Group	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent
			Count	Count	Change	Count	Change	Count	Change	Case Share	Case Share	Change	Case Share	Change	Case Share	Change
Pershing Memorial Hospital - Brookfield, MO	63556-Milan, MO - Total		0	3		0	-100.00%	0								
	63557-New Boston, MO	65-74	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	
		75+	6	4	-33.33%	6	50.00%	3	-50.00%	0.82%	0.65%	-21.40%	1.54%	139.07%	1.06%	-31.51%
	63557-New Boston, MO - Total		7	4	-42.86%	6	50.00%	3	-50.00%							
	63558-New Cambria, MO	0-17	1	0	-100.00%	1		0	-100.00%	0.14%	0	-100.00%	0.26%		0	-100.00%
		18-44	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	
		45-64	1	2	100.00%	3	50.00%	0	-100.00%	0.14%	0.32%	135.81%	0.77%	139.07%	0	-100.00%
		65-74	0	2		1	-50.00%	0	-100.00%	0	0.32%		0.26%	-20.31%	0	-100.00%
		75+	7	3	-57.14%	1	-66.67%	1	0	0.96%	0.48%	-49.47%	0.26%	-46.87%	0.35%	36.97%
	63558-New Cambria, MO - Total		10	7	-30.00%	6	-14.29%	1	-83.33%							
	63566-Winigan, MO	65-74	0	0		3		2	-33.33%	0	0		0.77%		0.70%	-8.69%
	63566-Winigan, MO - Total		0	0		3		2	-33.33%							
	64029-Grain Valley, MO	75+	0	2		0	-100.00%	0		0	0.32%		0	-100.00%	0	
	64029-Grain Valley, MO - Total		0	2		0	-100.00%	0								
	64030-Grandview, MO	75+	0	0		1		0	-100.00%	0	0		0.26%		0	-100.00%

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Kansas Discharge Data Available From 2012-10-01 through 2018-03-31

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## Inpatient Discharge Four-Period Trend Report

Period 1: Federal Fiscal Year 2014

Period 2: Federal Fiscal Year 2015

Period 3: Federal Fiscal Year 2016

Period 4: Federal Fiscal Year 2017

Dynamic Column Selection: Hospital, Patient Zip Code, Age Group

Hospital	Patient Zip Code	Age Group	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent
			Count	Count	Change	Count	Change	Count	Change	Case Share	Case Share	Change	Case Share	Change	Case Share	Change
Pershing Memorial Hospital - Brookfield, MO	MO															
	64030-Grandview, MO - Total		0	0		1		0	-100.00%							
	64079-Platte City, MO	0-17	0	1		0	-100.00%	0		0	0.16%		0	-100.00%	0	
	64079-Platte City, MO - Total		0	1		0	-100.00%	0								
	64601-Chillicothe, MO	45-64	2	0	-100.00%	0		0		0.27%	0	-100.00%	0		0	
		65-74	1	1	0	0	-100.00%	1		0.14%	0.16%	17.90%	0	-100.00%	0.35%	
		75+	0	3		4	33.33%	0	-100.00%	0	0.48%		1.03%	112.51%	0	-100.00%
	64601-Chillicothe, MO - Total		3	4	33.33%	4	0	1	-75.00%							
	64623-Bosworth, MO	18-44	1	3	200.00%	0	-100.00%	0		0.14%	0.48%	253.71%	0	-100.00%	0	
		45-64	2	2	0	0	-100.00%	0		0.27%	0.32%	17.90%	0	-100.00%	0	
		65-74	2	0	-100.00%	0		0		0.27%	0	-100.00%	0		0	
		75+	3	0	-100.00%	0		0		0.41%	0	-100.00%	0		0	
	64623-Bosworth, MO - Total		8	5	-37.50%	0	-100.00%	0								
	64624-Braymer, MO	45-64	0	0		1		0	-100.00%	0	0		0.26%		0	-100.00%
64624-Braymer, MO - Total		0	0		1		0	-100.00%								

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## Inpatient Discharge Four-Period Trend Report

Period 1: Federal Fiscal Year 2014

Period 2: Federal Fiscal Year 2015

Period 3: Federal Fiscal Year 2016

Period 4: Federal Fiscal Year 2017

Dynamic Column Selection: Hospital, Patient Zip Code, Age Group

Hospital	Patient Zip Code	Age Group	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent
			Count	Count	Change	Count	Change	Count	Change	Case Share	Case Share	Change	Case Share	Change	Case Share	Change
Pershing Memorial Hospital - Brookfield, MO	64631-Bucklin, MO	75+	17	15	-11.76%	7	-53.33%	6	-14.29%	2.33%	2.42%	4.03%	1.80%	-25.62%	2.11%	17.40%
	<b>64631-Bucklin, MO - Total</b>		<b>33</b>	<b>35</b>	<b>6.06%</b>	<b>12</b>	<b>-65.71%</b>	<b>11</b>	<b>-8.33%</b>							
	64633-Carrollton, MO	18-44	0	1		0	-100.00%	0		0	0.16%		0	-100.00%	0	
		45-64	1	1	0	0	-100.00%	0		0.14%	0.16%	17.90%	0	-100.00%	0	
		65-74	1	1	0	0	-100.00%	0		0.14%	0.16%	17.90%	0	-100.00%	0	
		75+	3	0	-100.00%	0		0		0.41%	0	-100.00%	0		0	
	<b>64633-Carrollton, MO - Total</b>		<b>5</b>	<b>3</b>	<b>-40.00%</b>	<b>0</b>	<b>-100.00%</b>	<b>0</b>								
	64635-Chula, MO	65-74	0	0		1		0	-100.00%	0	0		0.26%		0	-100.00%
	<b>64635-Chula, MO - Total</b>		<b>0</b>	<b>0</b>		<b>1</b>		<b>0</b>	<b>-100.00%</b>							
	64638-Dawn, MO	65-74	2	0	-100.00%	0		0		0.27%	0	-100.00%	0		0	
	<b>64638-Dawn, MO - Total</b>		<b>2</b>	<b>0</b>	<b>-100.00%</b>	<b>0</b>		<b>0</b>								
	64639-De Witt, MO	45-64	3	1	-66.67%	0	-100.00%	1		0.41%	0.16%	-60.70%	0	-100.00%	0.35%	
		65-74	0	0		1		0	-100.00%	0	0		0.26%		0	-100.00%
		75+	0	1		0	-100.00%	0		0	0.16%		0	-100.00%	0	
	<b>64639-De Witt, MO - Total</b>		<b>3</b>	<b>2</b>	<b>-33.33%</b>	<b>1</b>	<b>-50.00%</b>	<b>1</b>	<b>0</b>							

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## Inpatient Discharge Four-Period Trend Report

Period 1: Federal Fiscal Year 2014

Period 2: Federal Fiscal Year 2015

Period 3: Federal Fiscal Year 2016

Period 4: Federal Fiscal Year 2017

Dynamic Column Selection: Hospital, Patient Zip Code, Age Group

Hospital	Patient Zip Code	Age Group	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent
			Count	Count	Change	Count	Change	Count	Change	Case Share	Case Share	Change	Case Share	Change	Case Share	Change
Pershing Memorial Hospital - Brookfield, MO	64625-Breckenridge, MO	0-17	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	
	<b>64625-Breckenridge, MO - Total</b>		<b>1</b>	<b>0</b>	<b>-100.00%</b>	<b>0</b>		<b>0</b>								
	64628-Brookfield, MO	0-17	2	2	0	3	50.00%	4	33.33%	0.27%	0.32%	17.90%	0.77%	139.07%	1.41%	82.63%
		18-44	28	9	-67.86%	10	11.11%	7	-30.00%	3.83%	1.45%	-62.10%	2.57%	77.09%	2.46%	-4.12%
		45-64	52	64	23.08%	20	-68.75%	27	35.00%	7.11%	10.32%	45.11%	5.14%	-50.19%	9.51%	84.91%
		65-74	76	74	-2.63%	45	-39.19%	23	-48.89%	10.40%	11.94%	14.80%	11.57%	-3.08%	8.10%	-29.99%
		75+	201	174	-13.43%	130	-25.29%	92	-29.23%	27.50%	28.06%	2.07%	33.42%	19.08%	32.39%	-3.07%
	<b>64628-Brookfield, MO - Total</b>		<b>359</b>	<b>323</b>	<b>-10.03%</b>	<b>208</b>	<b>-35.60%</b>	<b>153</b>	<b>-26.44%</b>							
	64630-Browning, MO	45-64	1	1	0	0	-100.00%	0		0.14%	0.16%	17.90%	0	-100.00%	0	
		65-74	4	0	-100.00%	0		2		0.55%	0	-100.00%	0		0.70%	
		75+	0	1		3	200.00%	1	-66.67%	0	0.16%		0.77%	378.15%	0.35%	-54.34%
	<b>64630-Browning, MO - Total</b>		<b>5</b>	<b>2</b>	<b>-60.00%</b>	<b>3</b>	<b>50.00%</b>	<b>3</b>	<b>0</b>							
	64631-Bucklin, MO	0-17	0	0		0		1		0	0		0		0.35%	
		18-44	3	5	66.67%	1	-80.00%	0	-100.00%	0.41%	0.81%	96.51%	0.26%	-68.12%	0	-100.00%
		45-64	5	5	0	1	-80.00%	3	200.00%	0.68%	0.81%	17.90%	0.26%	-68.12%	1.06%	310.92%
		65-74	8	10	25.00%	3	-70.00%	1	-66.67%	1.09%	1.61%	47.38%	0.77%	-52.19%	0.35%	-54.34%

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## Inpatient Discharge Four-Period Trend Report

Period 1: Federal Fiscal Year 2014

Period 2: Federal Fiscal Year 2015

Period 3: Federal Fiscal Year 2016

Period 4: Federal Fiscal Year 2017

Dynamic Column Selection: Hospital, Patient Zip Code, Age Group

Hospital	Patient Zip Code	Age Group	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent
			Count	Count	Change	Count	Change	Count	Change	Case Share	Case Share	Change	Case Share	Change	Case Share	Change
Pershing Memorial Hospital - Brookfield, MO	64643-Hale, MO	0-17	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	
		18-44	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	
		45-64	2	2	0	0	-100.00%	0		0.27%	0.32%	17.90%	0	-100.00%	0	
		65-74	1	0	-100.00%	0		1		0.14%	0	-100.00%	0		0.35%	
		75+	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	
	<b>64643-Hale, MO - Total</b>		<b>6</b>	<b>2</b>	<b>-66.67%</b>	<b>0</b>	<b>-100.00%</b>	<b>1</b>								
	64651-Laclede, MO	45-64	2	2	0	2	0	0	-100.00%	0.27%	0.32%	17.90%	0.51%	59.38%	0	-100.00%
		65-74	11	1	-90.91%	2	100.00%	3	50.00%	1.50%	0.16%	-89.28%	0.51%	218.77%	1.06%	105.46%
		75+	8	20	150.00%	20	0	7	-65.00%	1.09%	3.23%	194.76%	5.14%	59.38%	2.46%	-52.06%
	<b>64651-Laclede, MO - Total</b>		<b>21</b>	<b>23</b>	<b>9.52%</b>	<b>24</b>	<b>4.35%</b>	<b>10</b>	<b>-58.33%</b>							
	64653-Linn, MO	0-17	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	
		18-44	1	0	-100.00%	0		1		0.14%	0	-100.00%	0		0.35%	
		45-64	3	0	-100.00%	1		3	200.00%	0.41%	0	-100.00%	0.26%		1.06%	310.92%
		65-74	1	2	100.00%	0	-100.00%	3		0.14%	0.32%	135.81%	0	-100.00%	1.06%	
		75+	5	5	0	4	-20.00%	6	50.00%	0.68%	0.81%	17.90%	1.03%	27.51%	2.11%	105.46%
	<b>64653-Linn, MO - Total</b>		<b>11</b>	<b>7</b>	<b>-36.36%</b>	<b>5</b>	<b>-28.57%</b>	<b>13</b>	<b>160.00%</b>							
	64658-Marceline, MO	0-17	1	1	0	0	-100.00%	0		0.14%	0.16%	17.90%	0	-100.00%	0	
		18-44	13	8	-38.46%	4	-50.00%	0	-100.00%	1.78%	1.29%	-27.44%	1.03%	-20.31%	0	-100.00%

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## Inpatient Discharge Four-Period Trend Report

Period 1: Federal Fiscal Year 2014

Period 2: Federal Fiscal Year 2015

Period 3: Federal Fiscal Year 2016

Period 4: Federal Fiscal Year 2017

Dynamic Column Selection: Hospital, Patient Zip Code, Age Group

Hospital	Patient Zip Code	Age Group	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent
			Count	Count	Change	Count	Change	Count	Change	Case Share	Case Share	Change	Case Share	Change	Case Share	Change
Pershing Memorial Hospital - Brookfield, MO	64658-Marceline, MO	45-64	41	27	-34.15%	10	-62.96%	4	-60.00%	5.61%	4.35%	-22.36%	2.57%	-40.97%	1.41%	-45.21%
		65-74	30	23	-23.33%	15	-34.78%	7	-53.33%	4.10%	3.71%	-9.61%	3.86%	3.95%	2.46%	-36.08%
		75+	83	65	-21.69%	39	-40.00%	44	12.82%	11.35%	10.48%	-7.67%	10.03%	-4.37%	15.49%	54.53%
	<b>64658-Marceline, MO - Total</b>		<b>168</b>	<b>124</b>	<b>-26.19%</b>	<b>68</b>	<b>-45.16%</b>	<b>55</b>	<b>-19.12%</b>							
	64659-Meadville, MO	18-44	0	1		0	-100.00%	0		0	0.16%		0	-100.00%	0	
		45-64	3	0	-100.00%	1		0	-100.00%	0.41%	0	-100.00%	0.26%		0	-100.00%
		65-74	1	1	0	1	0	0	-100.00%	0.14%	0.16%	17.90%	0.26%	59.38%	0	-100.00%
		75+	4	11	175.00%	9	-18.18%	3	-66.67%	0.55%	1.77%	224.23%	2.31%	30.40%	1.06%	-54.34%
	<b>64659-Meadville, MO - Total</b>		<b>8</b>	<b>13</b>	<b>62.50%</b>	<b>11</b>	<b>-15.38%</b>	<b>3</b>	<b>-72.73%</b>							
	64660-Mendon, MO	18-44	0	0		1		0	-100.00%	0	0		0.26%		0	-100.00%
		45-64	0	2		0	-100.00%	1		0	0.32%		0	-100.00%	0.35%	
		65-74	0	0		2		0	-100.00%	0	0		0.51%		0	-100.00%
		75+	5	11	120.00%	5	-54.55%	2	-60.00%	0.68%	1.77%	159.39%	1.29%	-27.55%	0.70%	-45.21%
	<b>64660-Mendon, MO - Total</b>		<b>5</b>	<b>13</b>	<b>160.00%</b>	<b>8</b>	<b>-38.46%</b>	<b>3</b>	<b>-62.50%</b>							
	64661-Mercer, MO	65-74	0	0		0		1		0	0		0		0.35%	
	<b>64661-Mercer, MO - Total</b>		<b>0</b>	<b>0</b>		<b>0</b>		<b>1</b>								
	64668-	65-74	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	

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## Inpatient Discharge Four-Period Trend Report

Period 1: Federal Fiscal Year 2014

Period 2: Federal Fiscal Year 2015

Period 3: Federal Fiscal Year 2016

Period 4: Federal Fiscal Year 2017

Dynamic Column Selection: Hospital, Patient Zip Code, Age Group

Hospital	Patient Zip Code	Age Group	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent
			Count	Count	Change	Count	Change	Count	Change	Case Share	Case Share	Change	Case Share	Change	Case Share	Change
Pershing Memorial Hospital - Brookfield, MO	Norborne, MO															
	64668-Norborne, MO - Total		1	0	-100.00%	0		0								
	64674-Purdin, MO	18-44	2	0	-100.00%	1		0	-100.00%	0.27%	0	-100.00%	0.26%		0	-100.00%
		45-64	1	1	0	2	100.00%	2	0	0.14%	0.16%	17.90%	0.51%	218.77%	0.70%	36.97%
		65-74	2	0	-100.00%	0		0		0.27%	0	-100.00%	0		0	
		75+	12	12	0	5	-58.33%	3	-40.00%	1.64%	1.94%	17.90%	1.29%	-33.59%	1.06%	-17.82%
	64674-Purdin, MO - Total		17	13	-23.53%	8	-38.46%	5	-37.50%							
	64676-Rothville, MO	18-44	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	
		45-64	1	0	-100.00%	0		1		0.14%	0	-100.00%	0		0.35%	
		65-74	0	0		1		0	-100.00%	0	0		0.26%		0	-100.00%
		75+	3	3	0	5	66.67%	1	-80.00%	0.41%	0.48%	17.90%	1.29%	165.64%	0.35%	-72.61%
	64676-Rothville, MO - Total		5	3	-40.00%	6	100.00%	2	-66.67%							
	64681-Sumner, MO	45-64	4	2	-50.00%	1	-50.00%	0	-100.00%	0.55%	0.32%	-41.05%	0.26%	-20.31%	0	-100.00%
		75+	15	8	-46.67%	4	-50.00%	1	-75.00%	2.05%	1.29%	-37.12%	1.03%	-20.31%	0.35%	-65.76%
	64681-Sumner, MO - Total		19	10	-47.37%	5	-50.00%	1	-80.00%							
	64683-Trenton, MO		75+	0	0		0		1		0	0		0		0.35%

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## Inpatient Discharge Four-Period Trend Report

Period 1: Federal Fiscal Year 2014

Period 2: Federal Fiscal Year 2015

Period 3: Federal Fiscal Year 2016

Period 4: Federal Fiscal Year 2017

Dynamic Column Selection: Hospital, Patient Zip Code, Age Group

Hospital	Patient Zip Code	Age Group	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent
			Count	Count	Change	Count	Change	Count	Change	Case Share	Case Share	Change	Case Share	Change	Case Share	Change
Pershing Memorial Hospital - Brookfield, MO	64683-Trenton, MO - Total		0	0		0		1								
	64688-Wheeling, MO	45-64	1	1	0	0	-100.00%	0		0.14%	0.16%	17.90%	0	-100.00%	0	
		75+	6	4	-33.33%	2	-50.00%	1	-50.00%	0.82%	0.65%	-21.40%	0.51%	-20.31%	0.35%	-31.51%
	64688-Wheeling, MO - Total		7	5	-28.57%	2	-60.00%	1	-50.00%							
	65236-Brunswick, MO	45-64	2	2	0	0	-100.00%	0		0.27%	0.32%	17.90%	0	-100.00%	0	
		75+	3	2	-33.33%	0	-100.00%	1		0.41%	0.32%	-21.40%	0	-100.00%	0.35%	
	65236-Brunswick, MO - Total		5	4	-20.00%	0	-100.00%	1								
	65261-Keytesville, MO	18-44	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	
		45-64	0	1		1	0	0	-100.00%	0	0.16%		0.26%	59.38%	0	-100.00%
		65-74	0	2		0	-100.00%	0		0	0.32%		0	-100.00%	0	
		75+	3	1	-66.67%	1	0	6	500.00%	0.41%	0.16%	-60.70%	0.26%	59.38%	2.11%	721.83%
	65261-Keytesville, MO - Total		4	4	0	2	-50.00%	6	200.00%							
	65270-Moberly, MO	65-74	0	0		0		1		0	0		0		0.35%	
	65270-Moberly, MO - Total		0	0		0		1								
	65281-Salisbury,	75+	2	0	-100.00%	0		0		0.27%	0	-100.00%	0		0	

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## Inpatient Discharge Four-Period Trend Report

Period 1: Federal Fiscal Year 2014

Period 2: Federal Fiscal Year 2015

Period 3: Federal Fiscal Year 2016

Period 4: Federal Fiscal Year 2017

Dynamic Column Selection: Hospital, Patient Zip Code, Age Group

Hospital	Patient Zip Code	Age Group	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent
			Count	Count	Change	Count	Change	Count	Change	Case Share	Case Share	Change	Case Share	Change	Case Share	Change
Pershing Memorial Hospital - Brookfield, MO	<b>66210-Overland Park, KS - Total</b>		0	0		0		1								
	66212-Overland Park, KS	75+	2	0	-100.00%	0		0		0.27%	0	-100.00%	0		0	
	<b>66212-Overland Park, KS - Total</b>		2	0	-100.00%	0		0								
	89102-Las Vegas, NV	45-64	1	0	-100.00%	0		0		0.14%	0	-100.00%	0		0	
	<b>89102-Las Vegas, NV - Total</b>		1	0	-100.00%	0		0								
	<b>Pershing Memorial Hospital - Brookfield, MO - Total</b>		731	620	-15.18%	389	-37.26%	284	-26.99%							
<b>Overall - Total</b>			731	620	-15.18%	389	-37.26%	284	-26.99%							

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## Inpatient Discharge Four-Period Trend Report

Period 1: Federal Fiscal Year 2014

Period 2: Federal Fiscal Year 2015

Period 3: Federal Fiscal Year 2016

Period 4: Federal Fiscal Year 2017

Dynamic Column Selection: Hospital, Patient Zip Code, Age Group

Hospital	Patient Zip Code	Age Group	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent	Period 1	Period 2	Percent	Period 3	Percent	Period 4	Percent
			Count	Count	Change	Count	Change	Count	Change	Case Share	Case Share	Change	Case Share	Change	Case Share	Change
Pershing Memorial Hospital - Brookfield, MO	MO															
	<b>65281-Salisbury, MO - Total</b>		2	0	-100.00%	0		0								
	65286-Triplett, MO	75+	0	3		0	-100.00%	2		0	0.48%		0	-100.00%	0.70%	
	<b>65286-Triplett, MO - Total</b>		0	3		0	-100.00%	2								
	65452-Crocker, MO	75+	0	0		1		0	-100.00%	0	0		0.26%		0	-100.00%
	<b>65452-Crocker, MO - Total</b>		0	0		1		0	-100.00%							
	66048-Leavenworth, KS	75+	1	1		0	-100.00%	0		0.14%	0.16%	17.90%	0	-100.00%	0	
	<b>66048-Leavenworth, KS - Total</b>		1	1		0	-100.00%	0								
	66111-Kansas City, KS	18-44	0	1		0	-100.00%	0		0	0.16%		0	-100.00%	0	
	<b>66111-Kansas City, KS - Total</b>		0	1		0	-100.00%	0								
	66210-Overland Park, KS	75+	0	0		0		1		0	0		0		0.35%	

Discharge Data Available From 2012-10-01 through 2018-03-31

Kansas Discharge Data Available From 2012-10-01 through 2018-03-31

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Jun 29, 2018 12:21:02 PM

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## b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

**CHNA TOWN HALL - Pershing Health PSA Stakeholders & Community leaders**  
**11:30-1pm 10/18/18 N=38**

Category	Attend	Last	First	Organization	Address	City	ST	Zip
Local clergy and congregational leaders.	X	Blakely	David	Park Baptist church	121 E. Park	Brookfield	MO	64628
Leaders in other not-for-profit health care organizations	X	Ballard	Katherine	PMH	310 E. Lockling	Brookfield	MO	
Leaders in other not-for-profit health care organizations	X	Burch	Cathy	PMH Aux	310 E. Lockling	Brookfield	MO	64628
	X	Christy	Jolene					64628
Education officials and staff / school nurses.	X	Collins	Kyle	Brookfield's School District		Brookfield	MO	64628
Directors or staff of health and human services organizations.	X	Cooper	Brenda	LCHD				64628
Business people and merchants (e.g., who sell tobacco, alcohol, or other drugs).	X	Crowley	Jeffrey	Servelink Home Health	1510 E. 9th PO Box 308	Brookfield	MO	64628
Directors or staff of health and human services organizations.	X	Ehrich	Alisha	Linn County Health Department	635 S. Main	Brookfield	MO	64628
Leaders in other not-for-profit health care organizations	X	Engberg	Wendy	PMH	310 E. Lockling	Brookfield	MO	64628
Mental health providers.	X	Floyd	Tammy	North Central Missouri Mental Health Center	1100 W. Helm	Brookfield	MO	64628
Physicians.	X	Geno	Kendal	Pershing Hospital	130 E. Lockling	Brookfield	MO	64628
The hospital board leadership members.	X	Hamilton	Phil	Pershing Hospital	130 E. Lockling	Brookfield	MO	64628
Public safety officials.	X	Henke	Jeff	BPD				64628
Public safety officials.	X	Hughs	Stuart	BPD				64628
Leaders in other not-for-profit health care organizations	X	Kelley	Leland	PMH Aux	310 E. Lockling	Brookfield	MO	64628
Directors or staff of health and human services organizations.	X	Krista	Neblock	Linn County Health Department	635 S. Main	Brookfield	MO	64628
Public safety officials.	X	Lavers	Sol	Fire Department				
	X	McIntyre	Jim	Bank of Brookfield				
Education officials and staff / school nurses.	X	Montgomery	Tonia	Brookfield R-3				64628
	X	Norris	Laura	9th Circuit				64653
	X	Parn	Kiersten	Wright Funeral Home				
Directors or staff of health and human services organizations.	X	Roush	Janet	Lchd				646428
Healthcare Board members	X	Routledge	Gary	Pershing Hospital				
Leaders in other not-for-profit health care organizations	X	Rulon	Joyce	PMH Aux	310 E. Lockling,	Brookfield	MO	64628
	X	Schrader	Diana					
Directors or staff of health and human services organizations.	X	Severa	Amber	LCHD				64628
Leaders in other not-for-profit health care organizations	X	Sharp	Tania	Heartland Physicians Corporation	P.O. Box 151	Kirksville	MO	63501
Local clergy and congregational leaders.	X	Smith	Joe	Pershing Hospital	310 E. Lockling	Brookfield	MO	64628
Welfare and social service agency staff.	X	Spencer	Jean	RAIL	203 East 2nd St.	Kirksville	MO	63552
Public safety officials.	X	Stallo	Jamie	Brookfield PD	116 W. Brooks	Brookfield	MO	64628
Leaders in other not-for-profit health care organizations	X	Summer	Tammy	PMH Aux	310 E. Lockling	Brookfield	MO	64628
Leaders in other not-for-profit health care organizations	X	Thompson	Marge	PMH Aux	310 E. Lockling	Brookfield	MO	64628
Healthcare Board members	X	Thudium	Bill	Pershing Hospital	310 E. Lockling	Brookfield	MO	
Directors or staff of health and human services organizations.	X	Tornow	Amber	LCHD				64628
	X	Waddill	Renae	Park Baptist Church				64628
The Foundation board members	X	Wampler	Heidi	Senior Center/Meals on Wheels		Brookfield	MO	64628
	X	Welch	Cali	NCMMH				64683
Leaders in other not-for-profit health care organizations	X	Woodside	Lorna	PMH	310 E. Lockling	Brookfield	MO	64628

## **Linn County, Missouri Town Hall**

### **General John J. Pershing Memorial Hospital**

**10/18/2018**

**Attendees: 38**

#### Notes:

Yes, school screenings going on.

Bad data on Tab 6 because no one wants to talk about it, very private.

Physical environment that affects our health: Air, Lead, Radon, things out of my control messing with my health.

Kirksville has a VA clinic. Most of the veterans in the room go to Pershing Memorial for their health care.

Schools and churches are sending backpacks home with kids with food. It is increasing throughout the county.

Health department does WIC. Numbers have stayed pretty consistent over the last couple of years.

Yes, we need more primary care in our county.

4.8 out of 5 on the patient satisfaction survey.

30 minutes wait time to be seen by a medical professional in the ER.

Worried about depression in the community no matter what the age. Too much suicide.

Opioids are an issue in the county.

Drinking and driving definitely happening, a lot.

Cancer is higher in Linn county versus the State of Missouri.

Neoplasms might be higher due to high smoking rates.

People in town hall disagree with the amount of access to exercise. In town there is access to exercise but outside of town there are not a lot of options.

Health department has a mammogram van that comes out yearly.

Supplied resources to our Ambulance Services to improve.

If we had more health and wellness education would they come? Probably not.

Transportation is a hindering factor in people getting healthcare.

Drugs out there: Meth, Marijuana, Cocaine, Heroin (very little but its here).

Legalization of marijuana will affect the health of the community.

### **Strengths**

- Increasing specialists in the clinics
- Collaboration amongst community and providers
- Health Department Services
- 7-day access to physician clinics
- Average time in the ER
- Ambulance
- Schools
- Exercise opportunities in the city

### **Weaknesses**

- Health care Transportation
- Specialty Clinics – Peds, Endo
- Tobacco Cessation
- Drugs/ Opioids
- Primary Care
- Single Parent Households
- Poverty
- Teen Pregnancy
- Cancer
- Access to Behavioral Health
- Suicide
- Food Insecurity
- Uninsured
- Domestic Violence
- Obesity
- Child Care
- Dental Care

## Wave #3 CHNA - Linn County MO

### Town Hall Conversation - Strengths (White 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?
1	ACC	Access to vaccines	25	DOH	Health department - WIC, immunizations
1	ACC	Community services	27	DOH	Health department services
5	ACC	Access to primary care , urgent care, clinics	28	DOH	Health department services
9	ACC	Access to physical activity	5	EDU	Health education at health department
10	ACC	Access to services	24	EDU	School
10	ACC	Access to physician clinics 7 days a week	26	EDU	Our schools
11	ACC	Access to mental health psychiatrist	29	EDU	Schools - services from families
11	ACC	7 days access to physician clinics	8	EMER	Emergency services - healthcare (EMS, first responders)
29	ACC	Community care options	19	EMER	ER and hospital services available
18	AGE	Senior care	21	EMER	Average time in ER
26	AGE	Senior care	6	FIT	Exercise
28	AGE	Reasonably good senior care providers , options	7	FIT	Walking trails / exercise options
29	AGE	Senior care	10	FIT	Exercise facilities
2	ALL	Community agencies/ organizations that want to help improve outcomes for our community members	20	FIT	Available exercise facilities
2	ALL	The majority of the population recognizes the struggles that our community members face	6	HB	Mental health
24	ALL	Caring community working to improve life in general	3	HOSP	Hospital
25	ALL	A caring health system	17	HOSP	Hospital Care
4	AMB	Great ambulance	24	HOSP	Hospital availability
12	AMB	1st responders & ambulance	6	LAW	Enforcement (drugs)
13	AMB	Ambulance	8	LAW	Drug enforcement
14	AMB	Ambulance	17	NUTR	WIC
15	AMB	Ambulance services	23	NUTR	Food insecurity - believe this is not accurate - think its higher
16	AMB	Ambulance / air	15	OTHR	Many people appreciate the care we have
17	AMB	Ambulance	21	OTHR	Life expectancy
18	AMB	Ambulance	13	QUAL	Patient care
24	CLIN	Availability of specialist clinics	5	REC	YMCA access to exercise facility & equipment
7	COLLA B	Collaboration of community organizations	11	REC	YMCA
14	COLLA B	Collaborative community	14	REC	Local YMCA / walking trails
25	CORP	Involved community & school	17	REC	YMCA
28	CORP	Community connection - businesses, schools, clergy, healthcare providers	5	SCREE	Screenings - Health department, schools, hospital screenings at YMCA
3	DOCS	Quality providers	14	SCREE	School screenings
4	DOCS	Health care providers	18	SCREE	School screenings
16	DOCS	Relatively new physician and two new NP's in county. But lost a couple.	19	SCREE	School health screenings - hearing, vision, dental care, scoliosis
20	DOCS	Wonderful providers - need more doctors	20	SCREE	Health resources at school
23	DOCS	Doctor to patient ratio / using nurse practitioners making it feasible	27	SNUR	School nurse
3	DOH	Health department - vaccines / WIC	16	SPEC	Increase in specialist over past year in OP clinic

<b>Wave #3 CHNA - Linn County MO</b>					
<b>Town Hall Conversation - Strengths (White Cards) N= 29</b>					
<b>Card #</b>	<b>C1</b>	<b>Today: What are the strengths of our community that contribute to health?</b>	<b>Card #</b>	<b>C1</b>	<b>Today: What are the strengths of our community that contribute to health?</b>
4	DOH	Greath health department - WIC programs, immunizations	17	SPEC	Specialist
14	DOH	Good county health department - free flu shots	18	SPEC	More specialists coming to our area
15	DOH	Building communities for better health grant given to health department	20	SPEC	Increase in specialist
16	DOH	HD	14	TRAV	Local health care - Acute care clinic
17	DOH	Health department	26	TRAV	Local services for families
18	DOH	Health department	10	WELL	Crisis intervention team involvement
22	DOH	Health department services	1	WELL	school health services



Wave #3 CHNA - Linn County MO					
Town Hall Conversation - Weaknesses (Color Cards) N= 31					
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?
1	BH	Mental health	12	MRKT	Knowledge of mental health resources
2	BH	Access to mental health providers (both treatment and crisis)	16	MRKT	Information on services
3	BH	Mental health	1	NUTR	Health foods - expensive
4	BH	Mental health	5	NUTR	Nutrition
5	BH	Mental health providers	6	NUTR	Food insecurity (access to healthy affordable food)
6	BH	We need a higher quantity of mental health services (better equipped to deal with community needs)	8	NUTR	Food insecurity
6	BH	Access to behavioral health (start younger)	18	NUTR	Diet changes
7	BH	Access to behavioral health (affordable)	21	NUTR	Nutrition needs / access to
8	BH	Mental health	25	NUTR	Nutrition to address obesity
9	BH	Mental health providers	26	NUTR	Food insecurity
10	BH	More access to mental health providers, psychiatrist, and therapist	29	NUTR	More access to healthy foods
13	BH	Mental health	2	OB	Unwed mothers
14	BH	Mental evaluation	3	OB	Unwed mothers / 1 person in household
15	BH	Access to mental health	19	OB	Unwed mothers
16	BH	Access to mental health services	1	OBES	Obesity - need affordable exercise places
17	BH	Depression	3	OBES	Obesity
17	BH	Mental health issues	6	OBES	Obesity
18	BH	More and timely access to mental health	7	OBES	Obesity
20	BH	Mental health issues	17	OBES	Obesity
21	BH	Depression / mental health	24	OBES	Obesity awareness
23	BH	Mental health intervention / education	28	OBES	Obesity
24	BH	Depression / mental health	5	OTHR	Act D. living
25	BH	Access to mental health	6	OTHR	Teen raping
26	BH	Mental health - education	16	OTHR	ACE (adverse childhood events) , number of children in foster care
27	BH	Depression	23	OTHR	Population % change
28	BH	Mental illness	24	PNEO	Prenatal care in our town / have to travel
29	BH	Mental health access	11	POV	Poverty rates - impact on families
30	BH	Mental health	23	POV	Poverty - family at risk factors
31	BH	Public education on mental health assistance, availability and other services	24	POV	Poverty
4	CANC	Cancer	25	POV	Unemployment and poverty
17	CANC	Cancer rate	28	POV	Poverty
20	CANC	Address cancer issue	22	PREV	Preventative - to avoid cancer
24	CANC	Cancer	25	PREV	Prevention of suicide
25	CANC	Cancer	1	PRIM	Primary care - need pediatricians
20	CHIR	Chiropractors	9	PRIM	Primary care providers
30	CHRON	Chronic health problems	19	PRIM	More access to primary care
2	CLIN	More clinics to provide specialty treatment, screenings	19	PUL	Pulmonary disease
20	DENT	Dental	10	REC	YMCA is not easy access or affordable
21	DENT	Dental accessibility	3	SEPC	Specialty care
22	DENT	Need more dentists	1	SMOK	Smoking
23	DENT	Access to dental care	6	SMOK	Smoking rate
24	DENT	Dental care	7	SMOK	Smoking rate + teen vaping
25	DENT	Dental care	9	SMOK	Tobacco abuse
27	DIAB	Diabetes	15	SMOK	Tobacco and e cigarette
2	DOCS	Physicians	16	SMOK	Maternal, smoking rate / tobacco in general

## Wave #3 CHNA - Linn County MO

### Town Hall Conversation - Weaknesses (Color Cards) N= 31

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	DOCS	physicians	18	SMOK	Smoking cessation
4	DOCS	Number of physicians	22	SMOK	Forums to stop smoking
20	DOCS	More doctors and Nps	29	SMOK	Smoke free facilities
20	DOCS	Better provider cooperation	22	SPEC	Need more specialists
26	DOCS	More physicians	1	SUIC	Suicide
2	DRUG	Drug abuse	3	SUIC	Suicide
3	DRUG	Drug abuse / opiod	11	SUIC	Suicide mortality rate
5	DRUG	Drug use / abuse	15	SUIC	Suicide
6	DRUG	We need better access to substance abuse treatment (affordable , effective)	17	SUIC	Suicide rate
7	DRUG	Drug abuse	19	SUIC	Suicide/ depression
14	DRUG	Drug evaluation	23	SUIC	Suicide prevention
18	DRUG	Access to opiod addiction therapy	26	SUIC	Suicide prevention
20	DRUG	Address opiod	27	SUIC	Suicide
21	DRUG	Drug / alcohol abuse / opioids	28	SUIC	Suicide
22	DRUG	Drug awareness + disease and outcome	1	TPRG	Teen pregnancy
26	DRUG	Drug/ opioid	1	TRANS	Transportation
27	DRUG	Drugs	2	TRANS	Transportation
28	DRUG	Substance abuse intervention	3	TRANS	Transportation to medical appoitments
30	DRUG	Drug / substance abuse	9	TRANS	Transportation
19	ECON	Economy	10	TRANS	Transportation
11	EDU	Education on mental health / access	20	TRANS	Transportation
29	EDU	Find ways to get more people "informal" educated on preventative measures or wellness topics	21	TRANS	Transportation for healthcare
14	FIT	Access to exercise in rural areas	24	TRANS	Healthcare transportation
26	HOSP	Medical RNs	25	TRANS	Transportation
27	HRT	Heart disease	26	TRANS	Transportation to health care facilities
3	INSU	Uninsured	27	TRANS	Transportation to doctors
10	INSU	Insurance	29	TRANS	Transportation
11	INSU	Uninsured population	30	TRANS	Transportation
24	INSU	Affordable insurance	31	TRANS	Need improved transportation offoptunities to access health
26	INSU	Uninsured patients	6	VIO	Violence
24	KID	Childcare	8	VIO	Violence
25	KID	Child care	12	WELL	Personal well being
			15	WELL	Well being

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## c) Public Notice & Requests

[VVV Consultants LLC]

# General John J. Pershing Memorial Hospital requests community input on health needs survey for Linn County MO.

**Media Release:** August 3, 2018

**Contact:** Phil Hamilton, CEO and Heather Wood, BSW

Over the next three months, General John J. Pershing Memorial Hospital will be updating the 2015 Linn County MO service area Wave #3 Community Health Needs Assessment (CHNA).

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2015 CHNA report and to collect up-to-date community health perceptions. <Note: ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation. Each hospital, even those that serve overlapping populations, must submit a separate CHNA.>

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

<https://www.surveymonkey.com/r/LinnCoCHNA>

All community residents are encouraged to complete the 2018 CHNA Wave #3 online survey by **Saturday, September 17, 2018**. < Note: you can find CHNA feedback link on GJJPMH's website & Facebook page.>

"Every community has different health care needs," said Phil Hamilton, CEO of John J. Pershing Memorial Hospital, "we hope to get input from a broad set of county residents to help us focus our efforts on improving health."

Vince Vandelaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, KS) has been retained to conduct this community wide research. If you have any questions about CHNA activities, please call Heather Wood at 660-258-2222 ex. 1129

# E Mail CHNA Request

**From:** Phil Hamilton, CEO and Heather Wood, BSW

**To:** Linn County MO - Stakeholders & Key Staff

**Date:** 8/17/18

**Subject:** Linn County MO – 2018 CHNA Community Feedback Survey

Over the next three months, General John J. Pershing Memorial Hospital will be updating the past Linn County Community Health Needs Assessment (CHNA).

Your feedback / suggestions regarding current community health are very important to collect in order to complete our comprehensive 2018 Community Health Needs Assessment and Implementation Plan.

**To accomplish this work, a short online survey has been developed.** All responses are confidential. Thank you in advance for your time and support in participating with this important request. **Please complete CHNA Round #3 online survey by Saturday, September 15, 2018.**

<https://www.surveymonkey.com/r/LinnCoCHNA>

In addition, please **hold Thursday October 18, 2018 (11:30-1pm)** to attend a working lunch CHNA Town Hall at the Park Baptist Church. More information will be coming in late September.

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## d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

CHNA Community Feedback - Linn Co 2018						
ID	Zip	Overall	Movement	c1	c2	# In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1018	64628	Average	Not really changing much	ACC	BH	more access to mental health services more information/education regarding health conditions and screening
1101	64628	Poor	Not really changing much	ACC	FP	There needs to be more primary care practitioners.
1019	64659	Poor	Decreasing - slipping downward	ACC	OTHR	adult immunization compliance and provider education on adult immunizations and importance of
1012	64628	Average	Not really changing much	ACC		many people bypass local hospital to go to Columbia or KC
1055	64628	Average	Increasing - moving up	ALL		I was disappointed when CMA changed their hours to match that of other offices instead of having the extended hours later in the evening. This causes a financial burden on families that have to take off work or are forced to now go to the ER rather than visiting the clinic.
1079	64601	Average	Decreasing - slipping downward	ALL		IN MY OPINION ALL THE ABOVE MENTION NEED IMPROVEMENT. WE NEED TO BE CONCERNED TO BE MORE INVOLVED WITH OUR STATE AND FEDERAL PEOPLE IN ORDER TO BRING OUR LOCAL HOSPITALS , NURSING HOMES & LONG TERM CARE FACILITIES UP TO SPEED WIT THE LARGER INSTITUTIONS IN THE CITIES.
1069	64658	Good	Not really changing much	ALL		Linn County Health Department- would like to see them more active in the community of Marceline.
1042	64658	Poor	Not really changing much	ALL		The hospital in my opinion is being mismanaged... people drive an hour and a half to go to hospitals... will not go to Brookfield... I've been told by at least a dozen people to let them die trying to get to Columbia vs. Going to Brookfield
1047	64658	Average	Not really changing much	BH	ACC	mental health care; good medical care
1058	64628	Poor	Not really changing much	BH	ALL	Better trained staff, willing to help with mental health and not just 96 them, work with Missouri Mental Health (which is located in Brookfield!)
1050	64628	Poor	Not really changing much	BH	PSY	We need more vast variety of local mental health resources (psychiatrists, behavioral health centers, therapists, etc.). This is the struggle of a rural community that obviously cannot be overcome quickly.
1097	64651	Average	Increasing - moving up	BH	SMOK	I believe there is room for improvement in every area. Mental health seems to be a growing concern in our area. I feel like our area lacks an interest in smoking cessation, but could truly use to go smoke free! I feel like most people want to be healthy and lose weight, but they are not willing to put in the work of exercising and eating right! Diabetes is also a huge concern (which relates to eating right and exercising). We need to continue to gain more knowledgeable Doctors and get rid of some who are dragging our system down.
1022	64659	Average	Decreasing - slipping downward	BH	SMOK	Yes, health-related factors like you mentioned (smoking, eating/drinking habits) need continual education and improvement. I also think there's a big need for mental health help - we've had a large increase in suicides and other mental health issues in the past few years.
1032	64674	Average	Decreasing - slipping downward	BH	SUIC	I don't think people are utilizing our mental health clinic. I'm not sure if it is a stigma problem or that they are unaware. Suicide is an increasing problem in our area and needs addressed. The lack of doctors in the area makes it hard for a person to be able to see the same doctor all the time. It is great that we have the walk in clinic available but you don't always get to see the same person.
1082	64674	Good	Not really changing much	BH	SUIC	Mental health issues.... toooooo many suicides in this area
1053	64628	Poor	Decreasing - slipping downward	BH		Mental and medical healthcare providers accepting Medicaid.
1028	64628	Average	Decreasing - slipping downward	BH		Mental Health
1039	64628	Very Poor	Not really changing much	BH		MENTAL HEALTH
1077	64628	Average	Not really changing much	BH		Mental health
1074	64658	Average	Not really changing much	BH		Mental Health accessibility for working patients/parents is absolutely horrible in our area. Especially for those that can not afford to take off work and/or drive to Kirksville or Trenton.
1013	64628	Poor	Not really changing much	BH		Mental Health Issues
1051		Very Poor	Not really changing much	BH		Mental Health issues need to stop being ignored by a hospital that is required by law to treat
1020	64628	Good	Not really changing much	BH		county. Far above statistically the number one might expect. Even when someone with mental health problems is identified they often can't get the help they need
1008		Good	Increasing - moving up	BH		More mental health to deal with all the problems in our community
1057	64628	Good	Not really changing much	BH		Over abuse of the "mental health" status. An excuse to obtain Adderall, Xanax etc.
1106	64628	Good	Not really changing much	BH		Special needs behavioral health aba therapy. Teaches not just the kiddos how to deal with negative behavior but teaches the parents about how to handle these behaviors.
1076	64628	Average	Decreasing - slipping downward	BH		We desperately need mental health providers.
1009	64628	Good	Not really changing much	COMM	ALL	I think providers need to increase communication in an effort to better coordinate a patient's care.



## CHNA Community Feedback - Linn Co 2018

ID	Zip	Overall	Movement	c1	c2	#	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1016	64628	Good	Decreasing - slipping downward	COMM	OTHR		I think the services are great, its just the self discipline that individuals lack.
1081	64628	Good	Increasing - moving up	DENT			Dental options are slim in the area.
1056	65261	Very Good	Not really changing much	DRUG	BH		alcohol and drug abuse; mental health
1048	64658		Not really changing much	DRUG			drinking and drug habits
1037		Very Poor	Not really changing much	EMER			EMR sevice is terrible you spent hours before someone calls you back to the room and no is waiting in the room
1095	64674	Average	Not really changing much	FP	SMOK		A major problem that we face is a lack of primary care physicians. As a nurse I feel that individuals use the clinic as a primary doctor because they do not have other options. In turn, the clinic does not provide continuity of care and a lot of things fall through the cracks with patients. This is a big problem! Also heart disease is the number one cause of death in our county (with smoking being a contributing factor), yet the hospital still allows patients and employees to smoke. No other hospital in the surrounding areas allow this, so why does our hospital?
1090	64628	Very Poor	Decreasing - slipping downward	FP	TRANS		We need more Dr. in this community, no matter the illness we have to travel great distances for medical attention, Even telecommunications would be better than what we have now.
1010	64628	Poor	Decreasing - slipping downward	INSU			Healthcare is an insurance scam, without insurance one is basically bandaged and left to die.
1078	64628	Very Good	Increasing - moving up	NO			No, everyone at Pershing works hard to educate the community on new services and their care is fantastic
1100	64631	Poor	Decreasing - slipping downward	NUTR	SMOK		Health related habits needs to be worked on. I cannot believe the amount of people who smoke and restaurants that still allow smoking. I think access to care needs to be improved by having more doctors available and affordable.
1088	64628	Average	Not really changing much	NUTR			Eating habits need be improved.
1062	64628	Good	Increasing - moving up	OTHR			Simplified access points at admission and web based access to records and bills
1094	64628	Very Good	Increasing - moving up	PREV	NUTR		I feel there is a certain demographic of people who are under-educated and low income who are not aware of preventive medicine and nutrition. Perhaps we need a family based medical attention.
1049	63552	Average	Not really changing much	PSY			more counseling services , especially psychiatrist
1017		Good	Increasing - moving up	PSY			Psychiatry services are needed, our permanent Medicaid status has attracted lots of new drug addicted citizens, chronic mental health issues , and social issues for children of these families
1102	64658	Average	Not really changing much	RHE			Need monthly rheumatologist visiting
1007	64628	Poor	Not really changing much	SPEC	EMER		need for general practitioners/physicians is high long waits in emergency room, sometimes can not be helped as rooms might be full
1063	64628	Very Good	Not really changing much	SPEC	FP		Need to try to get more specialty doctors for OP.
1003	64628	Good	Not really changing much	SPEC	FP		physician recruitment. Small town not much incentive to set up a practice. Lack of Family Phys graduating from Med Schools. With few candidates willing to move to area should retry Tela Med practices. Linn Co Health Dept and Pershing Hospital work together to answer County Health issues. Community Partners work on economics with the health field partners. Hyw 36/ CKC110 will become greater transport systems across MO. Need for emergency services will become the main medical services without local Physicians. As with other rural states, some cities/towns will see growth most will not see economical improvements that would cause increased medical expansion.
1104	64628	Average	Decreasing - slipping downward	SPEC			More frequent visits by specialists to reduce commuting.
1091		Good	Not really changing much	SPEC			More MD's.
1089	64651	Good	Increasing - moving up	TPRG			Teen pregnancy
1084	64628	Average	Decreasing - slipping downward	TRAN	ASLV		More transportation services need to be provided every day for elderly community to get to medical appointments, both locally and out of area...and it needs to be affordable!!
1064	64653	Poor	Decreasing - slipping downward		FP		Primary care doctors

CHNA Community Feedback - Linn Co 2018							
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?
1091		Good	Not really changing much	ACC	DOCS		Need more MD's..
1074	64658	Average	Not really changing much	ACC			Evening or weekend availability for counselors/psychologists.
1028	64628	Average	Decreasing - slipping downward	ACC			Local Healthcare network
1071	64628	Poor	Not really changing much	ACC			Look up Big Tree Medical in Columbia MO. Get them to come to Brookfield and you would see a massive difference in every aspect!!!!
1012	64628	Average	Not really changing much	AGE	FIT		aging population needs low impact exercise to keep fit and active
1010	64628	Poor	Decreasing - slipping downward	BD			Blood work screening more than once a year, can't afford to have the hospital here do it.
1076	64628	Average	Decreasing - slipping downward	BH	ACC		We need more mental health providers maybe partner with Preferred???
1053	64628	Poor	Decreasing - slipping downward	BH	DRUG	ACC	Mental health services, drug prevention, access to psychiatric services.
1081	64628	Good	Increasing - moving up	BH	EDU	WELL	Mental health, schools, community leaders, coaches work together to give a support system to those facing issues.
1032	64674	Average	Decreasing - slipping downward	BH	FIT	INSU	More collaboration with the mental health clinic, hospital and physicians to address the growing suicide problem. Schools should be involved in this as well. Weight loss program that people don't have to pay for and places they could go to exercise. Insurance is one of the biggest problems and this is going to have to be more at a state and federal level but our local government should be pushing to get this.
1047	64658	Average	Not really changing much	BH	FIT	OBES	Mental and physical health are tied together. NCMMH does not do a great job addressing mental health needs. Maybe partnering with the hospital or other agencies would help. Obesity needs to be addressed in a big way too. Create more programs to address this as well
1021	64659	Good	Not really changing much	BH	KID		Huge shortage in mental health care for adolescents & adults. After school youth programs.
1058	64628	Poor	Not really changing much	BH			MENTAL HEALTH CARE
1060	64628	Average	Decreasing - slipping downward	BH			Mental health courses and groups
1082	64674	Good	Not really changing much	BH			Mental health awareness
1106	64628	Good	Not really changing much	BH			Assembly forums in the schools, industries and churches that we offer, specifically mental health services.
1024	64628	Very Good	Not really changing much	CHEM	ACC		Radiation and chemo treatment place in Brookfield/Marceline.
1109	64628	Good	Not really changing much	CHEM			diolosis, radiation and chemo treatment
1101	64628	Poor	Not really changing much	CHRON	TRAU	PRIM	chronic disease management with diabetes, heart disease, tobacco cessation mental health services for youth and adults. Trauma informed care for the amount of children in foster care who's parents are on drugs and leaving them in care of grandparents. More access to primary care providers
1009	64628	Good	Not really changing much	COMM	MAN		Care Management for all ages should be implemented. Yes, increase communication among providers and organizations.
1016	64628	Good	Decreasing - slipping downward	COMM			Just make sure everyone is on the same page and keep working. Health Care of all kinds is a never ending process
1056	65261	Very Good	Not really changing much	DRUG	BH	WELL	something to help people with substance abuse and mental health needs. Free/low cost education programs and counseling may help to meet the needs of people who cannot afford help and are "stuck in rut"
1050	64628	Poor	Not really changing much	DRUG	WELL	BH	Substance abuse programs within the school (local adult organization, like Linn County Recovery Outreach) organizing presentations/q&a's with the students to provide a "real life" take on the effects of substance abuse. This could have a much greater impact that a presentation by a mental health professional or someone who has never experienced the effects first hand. I think we should allow the children to be scared instead of sugar coating the dangers of drug and alcohol abuse for them. They need to know what can really happen to them if they are not careful with themselves and no one could present that better than an individual who has experienced the struggle.

CHNA Community Feedback - Linn Co 2018							
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?
1049	63552	Average	Not really changing much	DRUG			Get drugs off the streets and change the attitude area has toward pot, meth, opioids, etc.
1063	64628	Very Good	Not really changing much	DRUG			Substance abuse programs
1018	64628	Average	Not really changing much	EDU	CHRON		chronic health education
1036	63552	Good	Increasing - moving up	HH			Partner with in-home and CDS agencies.
1039	64628	Very Poor	Not really changing much	HH			Pershing to be taken over by an entity that provides real healthcare
1099	64628	Average	Decreasing - slipping downward	INSU			for health care.to cover people that can't get medicaid
1022	64659	Average	Decreasing - slipping downward	MRKT	DOH		Could partner with churches and businesses to increase awareness and networking in community. More public service and awareness campaigns letting people know that programs and help is available.
1007	64628	Poor	Not really changing much	MRKT			just getting the word out there for all of us is important
1069	64658	Good	Not really changing much	NUTR	WELL		Farmer's Market or Co-op Education regarding healthy food prep
1102	64658	Average	Not really changing much	OBES			Obesity
1046	64658	Good	Increasing - moving up	OTHR			Celebrate Recovery
1051		Very Poor	Not really changing much	OTHR			CIT which Pershing Hospital refuses to participate
1057	64628	Good	Not really changing much	OTHR			It has to start with people wanting to improve. Too many people want the recognition of what "they" have done instead of focusing on fixing the concerns.
1088	64628	Average	Not really changing much	OTHR			Partner with Hedrick Medical Center with family medical doctors
1017		Good	Increasing - moving up	POV			create a pathway to deal with the homeless and get the services they need to become productive healthy members of the community
1094	64628	Very Good	Increasing - moving up	PREV	ACC		I think the hospital, the health department, and community health care providers should work together to form preventive courses and partner with large employers, the school, Linn County Ministries and anywhere there are a lot of people.
1097	64651	Average	Increasing - moving up	PREV			More programs that focus on preventative care and wellness as opposed to always having to "fix" people when they get sick. It really will take people getting into the right mindset that they need to care for themselves prior to healthcare issues becoming a concern.
1066	64658	Poor		QUAL	DOCS		You can just start with Doctors that actually care about patients. I was told by a doctor at Pershing hospital that he didn't know what Trigeminal Neuralgia was and didn't want to know. I was looking for a PCP to help me.
1100	64631	Poor	Decreasing - slipping downward	SMOK	ACC		Smoking cessation would be a great one by working to make restaurants non smoking. Offer healthcare services in linn county where you don't always get referred to another facility.
1104	64628	Average	Decreasing - slipping downward	SUIC	DRUG	OTHR	I'd like to see some sort of interdenominational Chaplaincy program at our hospital, and have that program tied into local emergency services and the like. Suicide prevention and drug abuse are Spiritual issues as much as they are health issues. People without hope or a positive vision of their futures seek drug & alcohol, or even suicide as means of escapism.
1055	64628	Average	Increasing - moving up	SUIC	TRAU		understanding Trauma (emotional not physical) Suicide prevention programs
1084	64628	Average	Decreasing - slipping downward	TRANS			Affordable transportation is needed for elderly to get around town on a daily basis, not just certsin days of the week that OATS provides, needs to be daily
1019	64659	Poor	Decreasing - slipping downward	VACC			I would like to work on a program to increase shingles and pneumonia vaccine rates among adults.
1062	64628	Good	Increasing - moving up	WELL	CHRON	PREB	Community wellness and chronic disease prevention

## Let Your Voice Be Heard!

**Pershing Health System requests your input in order to create a 2018-19 Linn County (MO) 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 Saturday, September 21, 2018.**

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. Past Community Health Needs Assessments (CHNA's) review area health resources, patient access to care, health-related factors (i.e. smoking, eating and drinking habits etc), social determinants of health, health care utilization, area health status (i.e. mortality, mental health, chronic disease rates etc.), and community economics & demographics.

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? (Be specific)

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

- |  |  |
|--|--|
| <input type="checkbox"/> Affordable HC Insurance           | <input type="checkbox"/> Obesity                             |
| <input type="checkbox"/> Alcohol Abuse                     | <input type="checkbox"/> Oncology (Cancer)                   |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Personal Health Management          |
| <input type="checkbox"/> Chronic Health                    | <input type="checkbox"/> Primary Care Access                 |
| <input type="checkbox"/> Drug / Substance Abuse            | <input type="checkbox"/> Recreational Locations              |
| <input type="checkbox"/> Fitness / Exercise options        | <input type="checkbox"/> Sexually Transmitted Diseases (STD) |
| <input type="checkbox"/> Mental Health Access              | <input type="checkbox"/> Teen Pregnancy                      |
| <input type="checkbox"/> Nutrition - Healthy Food options  | <input type="checkbox"/> Wellness / Prevention               |

6. Which past CHNA need is NOW the "most pressing" for improvement? Please Select Top Three.

- |  |  |
|--|--|
| <input type="checkbox"/> Affordable HC Insurance           | <input type="checkbox"/> Obesity                             |
| <input type="checkbox"/> Alcohol Abuse                     | <input type="checkbox"/> Oncology (Cancer)                   |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Personal Health Management          |
| <input type="checkbox"/> Chronic Health                    | <input type="checkbox"/> Primary Care Access                 |
| <input type="checkbox"/> Drug / Substance Abuse            | <input type="checkbox"/> Recreational Locations              |
| <input type="checkbox"/> Fitness / Exercise options        | <input type="checkbox"/> Sexually Transmitted Diseases (STD) |
| <input type="checkbox"/> Mental Health Access              | <input type="checkbox"/> Teen Pregnancy                      |
| <input type="checkbox"/> Nutrition - Healthy Food options  | <input type="checkbox"/> Wellness / Prevention               |

7. In your opinion, what are the root causes of "poor health" in our community? Please Select Top Three.

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of health & wellness education        | <input type="checkbox"/> Elder assistance programs   |
| <input type="checkbox"/> Chronic disease prevention                 | <input type="checkbox"/> Family assistance programs  |
| <input type="checkbox"/> Limited access to mental health assistance | <input type="checkbox"/> Lack of awareness of existing local programs, providers, and services |
| <input type="checkbox"/> Case management assistance                 |  |

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/Optometrlist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice	<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? **Con't**

	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	<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
Caregiver Training Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Ability to secure Grants / Finances to Support Local Health Initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, scoliosis)	<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? Continue

	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 ☐ I don't know
- ☐ No

If YES, please specify the healthcare services received.

13. Are our healthcare organizations, providers and stakeholders actively working together to address community health?

- ☐ Yes ☐ I don't know
- ☐ No

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           | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Cancer                            | <input type="checkbox"/> Obesity             | <input type="checkbox"/> Teen Pregnancy                |
| <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Ozone               | <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"/> Respiratory Disease | <input type="checkbox"/> Wellness Education            |

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

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

Other (please specify)

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



## Report Contact:

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