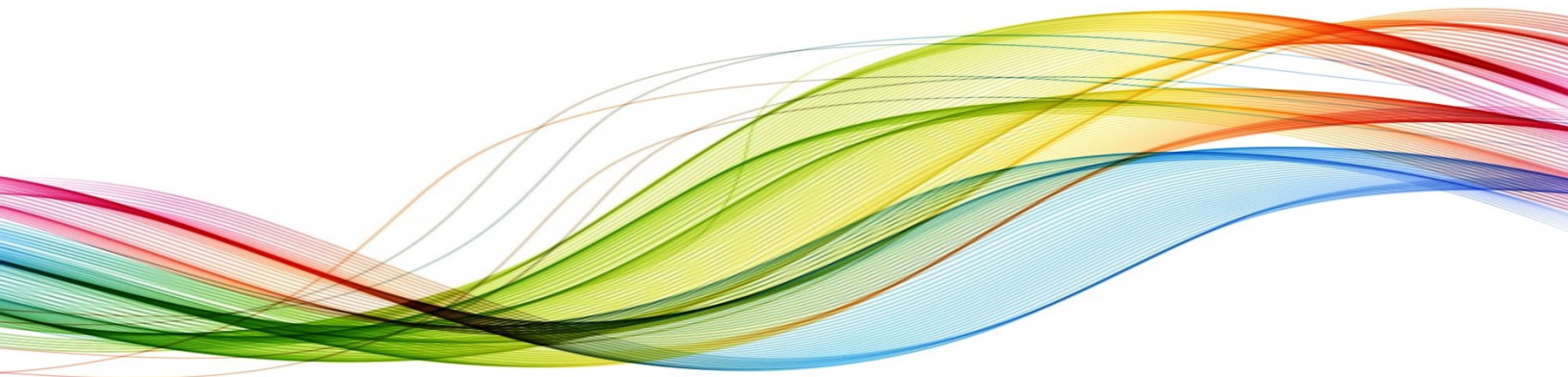# Community Health Needs Assessment
Pike County Memorial Hospital
Pike County, MO

June 2019

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
Table of Contents

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Pike County Memorial Hospital – Pike County, MO - 2019 Community Health Needs Assessment (CHNA) Wave #3

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

Pike County Memorial Hospital (PCMH) 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 Pike County, MO CHNA assessment began January 2019 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

a) County Health Area of Future Focus
PCMH – Pike County, MO Town Hall - "Community Health Improvements Needs"

2019 CHNA Health Priorities - PCMH PSA			
CHNA Wave #3 Town Hall (35 Attendees, 132 Votes)			
Pike County, MO			
# **Community Health Needs to Change and/or Improve**	**Votes**	**%**	**Accum**
1 **Mental Health (Diagnosis, Treatment, Aftercare)**	22	16.7%	16.7%
2 **Healthcare Transportation**	15	11.4%	28.0%
3 **Drug Abuse (Opioids, Meth, Cocaine, Heroin, etc.)**	13	9.8%	37.9%
4 **Public Knowledge & Perception of local HC Services**	12	9.1%	47.0%
5 **Senior Health**	10	7.6%	54.5%
6 **Poverty (Employee Readiness)**	10	7.6%	62.1%
7 **Transition of Care (Medical Handoffs)**	9	6.8%	68.9%
8 **Obesity (Nutrition / Exercise)**	9	6.8%	75.8%
Total Votes:	132	100.0%	
Other Items receiving votes: Specialists (Peds, Cardio, OBG, Derm), Public Smoking, Dental Care, Child Care, Community Collaboration / Communication, HCHAPS, Alcohol.			

b) Town Hall CHNA Findings: Areas of Strengths

PCMH – Pike County, MO CHNA Town Hall - "Community Health Areas of Strengths"

Pike County MO "Community Health Strengths"
#	Topic	#	Topic
1	Outpatient Care	6	Visiting Specialists
2	Rural Hospital / Improving Health in Area	7	Community Collaboration
3	Walk-in Clinics (Primary Care access)	8	Transportation Infrastructure
4	Health Department	9	Nurse Practitioners / Providers
5	911 System	10	Swing Bed Program

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

MISSOURI HEALTH RANKINGS: According to the 2019 Robert Woods Johnson County Health Rankings, Pike County was ranked 54th in Health Outcomes, 77th in Health Factors, and 85th in Physical Environmental Quality out of the 115 Counties.

TAB 1. Pike County's population is 18,567 (based on 2017), with a population per square mile (based on 2010) of 28 persons. Six percent (6.1%) of the population is under the age of 5 and 17.2% is over 65 years old. Hispanic or Latinos make up 2.3% of the population and there are 4.1% of Pike County citizens that speak a language other than English at home. In Pike County, children in single parent households make up 31%. There are 1,526 Veterans living in Pike County.

TAB 2. The per capita income in Pike County is $20,947, and 16.4% of the population is in poverty. There is a severe housing problem of 81%. There is an unemployment rate of 3.5%. Food insecurity is 14%, and limited access to a store (healthy foods) is 10%.

TAB 3. Children eligible for a free or reduced-price lunch is at 48% and 83.6% of students graduate high school while 15.5% of students get their bachelor's degree or higher in Pike County.

TAB 4. The percent of births where prenatal care started in the first trimester is 70.1%. Thirty-nine percent (39.3%) of births in Pike County occur to unmarried women. Births where mothers have smoked during the pregnancy is at 20.1% and the percent of babies that were born prematurely is 11.2%. Sixty-three percent (62.8%) of babies were ever breastfed over time.

TAB 5. There is one primary care physician per 3,690 people in Pike County. Patients who gave their hospital a rating of 9 or 10 out 10 are 76% and there are 65% of patients who reported Yes, They Would Definitely Recommend the Hospital.

TAB 6. Medicare population getting treated for depression in Pike County is 17.2%. There are 4.4 days out of the year that are poor mental health days.

TAB 7. Thirty-five percent (35%) of adults in Pike County are obese (based on 2019), with 26% of the population physically inactive. 18% of adults drink excessively and 23% smoke. Heart Failure (17.3%), Chronic Kidney Disease (17.9%), and Stroke (4.2%) risk are all higher than the comparative norm.

TAB 8. The adult uninsured rate for Pike County is 13%. The local Health Department is giving back to the community through Immunizations and Health Screenings.

TAB 9. The life expectancy rate in Pike County is 75.4 for Males and 79.5 for Females. Alcohol-impaired driving deaths are lower than the comparative norm (21%).

TAB 10. 46% of Pike County has access to exercise opportunities and 36% monitor diabetes. Twenty-four percent (24%) of women in Pike County get annual mammography screenings.

Key 2019 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=139) provided the following community insights via an online perception survey:

- Using a Likert scale, 56.1% of Pike County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Pike County stakeholders are satisfied with the following services: Ambulance Services, Home Health, Hospice, Outpatient Services, Pharmacy and Physician Clinics.
- When considering past CHNA needs: Behavioral health, Substance Abuse, Mental Health Services, Transportation and Drugs came up.

CHNA Wave #3		PCMH PSA N=139			
Past CHNAs health needs identified		**Ongoing Problem**			**Pressing**
#	Topic	Votes	%	Trend	RANK
1	Behavioral Health	61	59.8%		3
2	Substance Abuse	57	55.9%		2
3	Mental Health Services	55	53.9%		1
4	Transportation	48	47.1%		5
5	Drugs	47	46.1%		4
6	Dermatologists	44	43.1%		10
7	Gynecologists	42	41.2%		11
8	Obesity / Nutrition Education	42	41.2%		6
9	Pediatricians	40	39.2%		7
10	Community Health Education	32	31.4%		9
11	Healthy Behaviors	25	24.5%		12
12	Disease Management	24	23.5%		8
13	Urgent Care	18	17.7%		13
14	Online Patient Communication	16	15.7%		14
15	Telehealth Services	14	13.7%		15

II. Methodology

[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 <u>description of the community served</u> by the facility and how the community was determined;
2. A <u>description of the process</u> and methods used to conduct the CHNA;
3. The <u>identity of any and all organizations</u> with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A <u>description of how</u> 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 <u>prioritized description of all of the community needs</u> identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A <u>description of the existing health care facilities and other resources within the community</u> 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.
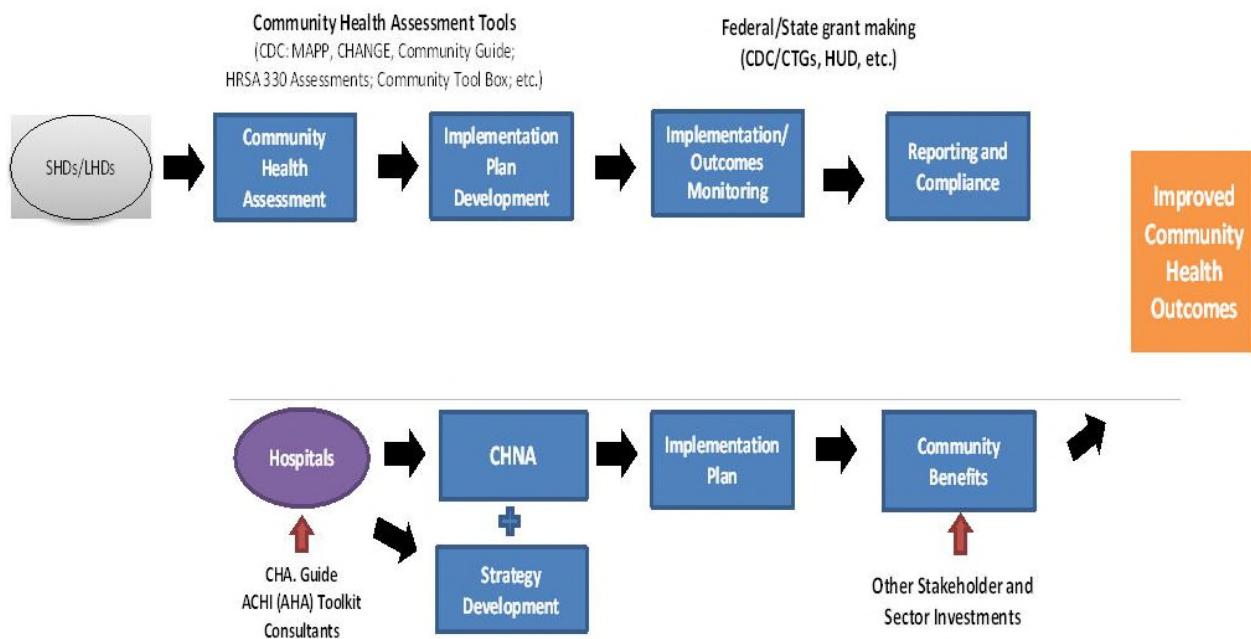
IRS Notice 2011-52 Overview

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:

Pike County Memorial Hospital
2305 Georgia Street
Louisiana, MO 63353
(573) 753-5531
CEO: Tylie Mills

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

Nursing Philosophy and Values Statement: Pike County Memorial Hospital's Nursing Philosophy is to provide the highest quality of safe and effective nursing care, incorporating the Values of *Compassion, Integrity, Patient Advocacy*, and *Action* that is reflective of our Ethics. These *Values* promote the importance of *Good Communication*, *Continuing Education*, and *Teamwork* among our staff.

Our Mission: To deliver personal, quality and accessible health care to our community.

Our Vision: To be the preferred healthcare provider of choice while sustaining health services in our community.

Our Values:
- Respect with Compassion ~ for everyone.
- Integrity with Dignity ~ in everything we do.
- Accountable and Innovative ~ for long-term growth.
- Privacy ~ for all patients.
- Teamwork ~ that exceeds expectations.

Pike County Memorial Hospital provides general medical and surgical are for inpatient, outpatient, and emergency room patients, and participates in the Medicare and Medicaid programs.

Emergency room services are available on a 24-hour per day, seven-day per week basis.

Among the services we provide are:

- o **24 Hour Emergency**
- o **Advanced Life Support Ambulances**
- o **Cardiopulmonary**
- o **Community Education**
- o **Dietary Consultation**
- o **Inpatient / Outpatient**
- o **Laboratory Services**
- o **Medical / Surgical Unit**
- o **Physical Therapy**
- o **Primary Care Clinics**
- o **Radiology**
- o **Swing Bed**
- o **Wound Care Clinic**

Pike County Health Department
Home Heath & Hospice

1 Healthcare Place
Bowling Green, MO 63334
(573) 324-2111
Administrator: Rhonda Stumbaugh, RN

Office Hours: Monday- Friday 8:00 a.m. to 4:30 p.m.

Walk-In Clinic Hours: Monday- Friday 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m.

Service Offerings:

- **Emergency Preparedness**
- **Food Safety**
- **Immunizations**
- **Maternal & Child Health**
- **Behavioral Health**
- **Preventing Public Disease**
- **Sewage & Septic System Information**
- **Support Groups**
- **Walk-In Clinics**
- **WIC**

Educational Services:

- **Baby Basics**
- **Breast Feeding Peer Counseling Program**
- **Car Seat Safety Program**
- **Diabetes Management**
- **Farm Safety for Just Kids**
- **First Aid & CPR Classes**
- **Health Education**
- **Program Presentations**
- **Safe Sitter Training**

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications

VVV Consultants LLC

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

Vince Vandehaar MBA, Principal Consultant & Adjunct (913) 302-7264
VVV@VandehaarMarketing.com

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

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

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

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

Collaborating Support:

Tessa Taylor BBA BA - VVV Consultants LLC
Associate Consultant

II. Methodology
c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in January 2019 for Pike County, Missouri to meet IRS CHNA requirements.

In January a meeting was called by PCMH (Pike County, MO) to review possible CHNA collaborative options, partnering with Pike 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 Pike County 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:

Pike County Memorial Hospital - Define PSA				I/O/E/PC	Yr 2018-16		
Zip	City	County	ST	3YR TOT	%	Accum	
63334	Bowling Green	PIKE	MO	49,669	34.7%	34.7%	
63353	Lousiana	PIKE	MO	43,930	30.7%	65.4%	
63336	Clarksville	PIKE	MO	7,747	5.4%	70.8%	
63339	Curryville	PIKE	MO	4,587	3.2%	74.0%	
63441	Frankfort	PIKE	MO	4,523	3.2%	77.1%	
63344	Eolia	PIKE	MO	3,549	2.5%	79.6%	
63330	Annada	PIKE	MO	335	0.2%	79.9%	
63433	Ashburn	PIKE	MO	131	0.1%	80.0%	
63382	Vandalia	AUDRAIN	MO	9624	6.7%	86.7%	

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

Pike County Memorial Hospital - Pike Co - CHNA Work Plan
Wave #3 Project Timeline & Roles 2019

Step	Date	Lead	Task
1	12/3/2018	VVV	Presented CHNA Wave #3 options to Hospital Alliance Network.
2	12/28/2018	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	12/4/2018 & 1/14/2019	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	1/1/2019	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	On or before 1/25/2019	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	On or before 1/25/2019	VVV	Request hospital client to send MHA Patient Origin reports for CCH to document service area for FFY 16, 17, 18 (HIDI key).
7	On or before 1/25/2019	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	2/1/2019	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	2/8/2019	VVV	Launch online survey to stakeholders - Due Date Friday **3/8/19**. Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
10	Jan-March, 2019	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
11	3/5/2019	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	3/5/2019	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	3/26/2019	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow.
14	Tuesday, 4/2/2019	VVV	Conduct CHNA Town Hall Lunch session from 11:30-1:00pm at PCMH 1st Floor Conference Room. Review & discuss basic health data, online feedback and rank health needs.
15	on or before 5/15/2019	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	on or before 5/31/2019	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	Before 8/1/2019	Hosp	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hospital fiscal year	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 Johnson Foundation: County Health Rankings, etc. to document current state of county health organized as follows:

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

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

Phase III—Quantify Community Need:

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

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

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

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

Phase I: Discovery…………………………………………………………………… Jan 2019

Phase II: Secondary / Primary Research…………………………... Feb – Mar 2019

Phase III: Town Hall Meeting.…………………………………………. April 2, 2019

Phase IV: Prepare / Release CHNA report………………………... Apr – Jun 2019

Detail CHNA Development Steps Include:

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

Pike County, Missouri (Pike County Memorial Hospital and Pike County Health Department) town hall meeting was held on Tuesday, April 2nd, 2019 from 11:30 a.m. to 1:00 p.m. at PCMH in the 1st Floor Conference Room. Vince Vandehaar facilitated this 1 ½ hour session with thirty-five (35) 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 sited 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.

Slide 1

Community Health Needs Assessment
Town Hall Meeting – Pike County MO
on behalf of Pike County Memorial Hospital

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

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

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Slide 2

**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)

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Slide 3

I. Introduction:
Background and Experience

Vince Vandehaar, MBA
VVV Consultants LLC - Principal Consultant
Olathe, KS 913 302-7264
  ➢ Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
  ➢ Focus: Strategy, Research, Deployment
  ➢ 30+ years of experience with Tillinghast, BCBSKC, Saint Luke's
Adjunct Full Professor - Marketing & MHA   31+ years
  ➢ Avila University
  ➢ Webster University
  ➢ Rockhurst University
Tessa Taylor, BBA BA - Associate Consultant
  ➢ University of Wisconsin Whitewater
  ➢ AMA Chapter President (2 years)

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Slide 4

Town Hall Participation (You)

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

4

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

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II. Review CHNA Definition

- A Community Health Needs Assessment (CHNA) is a <u>systematic collection, assembly, analysis, and dissemination of information</u> 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 <u>factors</u> that affect the health of a population and <u>determine the availability of resources</u> 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

Acuity

Community-Based Care

Acute Care

Recovery & Rehab Care

IP = inpatient; SNF = skilled nursing facility; OP = outpatient.

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Slide 9

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

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Slide 10
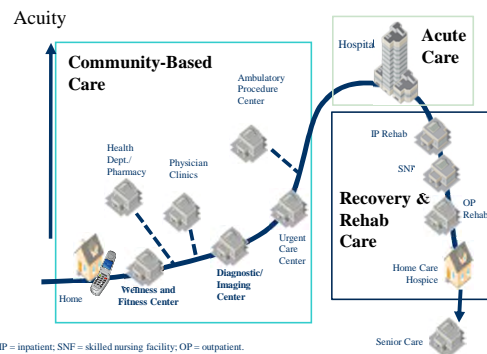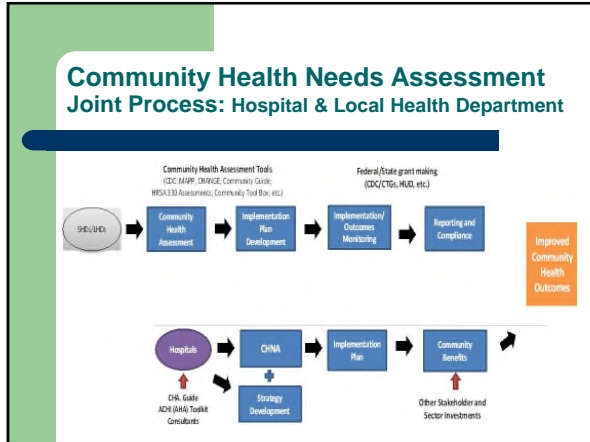
II. IRS Hospital CHNA
Written Report Documentation

- a <u>description of the community served</u>
- a <u>description of the CHNA process</u>
- the <u>identity of any and all organizations and third parties</u> which collaborated to assist with the CHNA
- a <u>description of how</u> 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 <u>prioritized description of all of the community needs identified by the CHNA</u> and
- a <u>description of the existing health care facilities and other resources within the community</u> available to meet the needs identified through the CHNA

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Slide 11

A description of the community served
Pike County Memorial Hospital

Primary Service Area (PSA) **(Internal Records)**

Pike County Memorial Hospital - Define PSA				I/O/E/PC	Yr 2018-16	
Zip	City	County	ST	3YR TOT	%	Accum
63334	Bowling Green	PIKE	MO	49,669	34.7%	34.7%
63353	Lousiana	PIKE	MO	43,930	30.7%	65.4%
63336	Clarksville	PIKE	MO	7,747	5.4%	70.8%
63339	Curryville	PIKE	MO	4,587	3.2%	74.0%
63441	Frankfort	PIKE	MO	4,523	3.2%	77.1%
63344	Eolia	PIKE	MO	3,549	2.5%	79.6%
63330	Annada	PIKE	MO	335	0.2%	79.9%
63433	Ashburn	PIKE	MO	131	0.1%	80.0%
63382	Vandalia	AUDRAIN	MO	9624	6.7%	86.7%

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Slide 12

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

Trends: Good Same Poor

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

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County Health Rankings -
Robert Wood Johnson Foundation and University of WI Health Institute
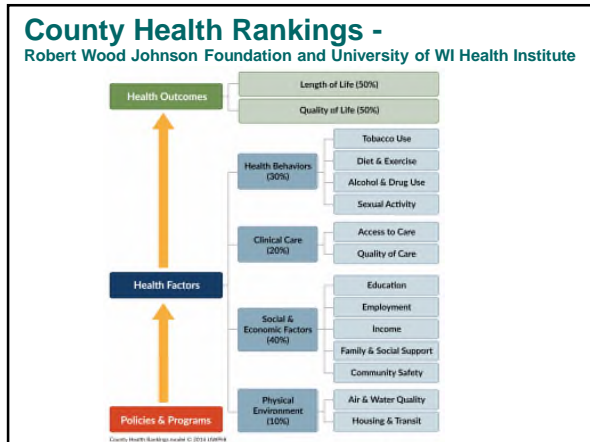
13

IV. Collect Community Health Perspectives
Ask your opinion. Your thoughts?

1) <u>Today</u>: What are the *strengths* of our community that contribute to health?
   (White card)

2) <u>Today</u>: Are there healthcare services in your community / neighborhood that you feel *need to be improved and / or changed*?
   (Color card)

3) <u>Tomorrow</u>: What is occurring or might occur *that would affect the "health of our community?"*

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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?

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II. Methodology
d) Community Profile (A Description of Community Served)

Pike County (MO) Community Profile
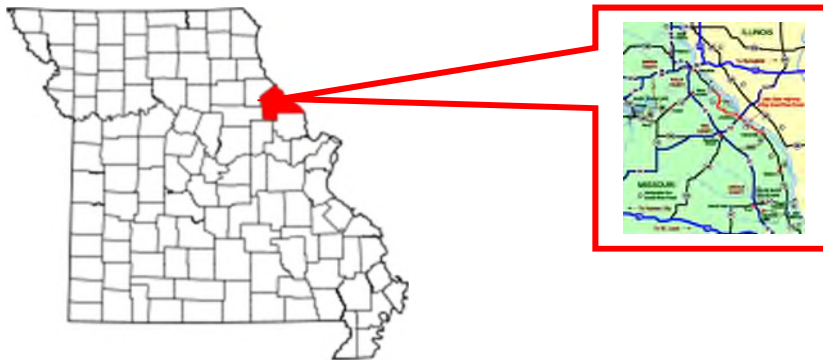
The population of Pike County was estimated to be 18,625 citizens in 2018 and a population density of 28 persons per square mile. The major cities in Pike County are: Bowling Green, Clarksville, Curryville, Frankford and Louisiana.

Pike County Pubic Airports[1]

Name	USGS Topo Map
Barber Airport	Annada
Bowling Green Municipal Airport	Bowling Green
Mark Twain Air Park	Louisiana
Walker Airport	Ashburn

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[1] https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29163.cfm

Schools in Pike County: Public Schools[2]

School	Address	Phone	Levels
Boncl Elem	23526 Pike 9247 Louisiana, MO 63353	573-754-4103	PK-8
Bowling Green Elem	700 West Adams St Bowling Green, MO 63334	573-324-2042	PK-5
Bowling Green High	700 West Adams St Bowling Green, MO 63334	573-324-5341	9-12
Bowling Green Middle	700 West Adams St Bowling Green, MO 63334	573-324-2181	6-8
Clopton Elem	28176 Hwy Ww Clarksville, MO 63336	573-485-2488	PK-6
Clopton High	28176 Hwy Ww Clarksville, MO 63336	573-242-3546	7-12
Frankford Elem	500 School St Frankford, MO 63441	573-784-2550	K-5
Louisiana Elem	500 Haley Ave Louisiana, MO 63353	573-754-6904	PK-5
Louisiana High	3321 W Georgia St Louisiana, MO 63353	573-754-6181	9-12
Louisiana Middle	3321 W Georgia St Louisiana, MO 63353	573-754-5340	6-8

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[2] https://missouri.hometownlocator.com/schools/sorted-by-county,n,pike.cfm

Demographics - Pike Co (MO)

Zip	Name	ST	County	Population YR 2018	Population YR 2023	Chg.	Households YR 2018	Households YR 2023	Size	Per Capita Inc 18
63330	Annada	MO	PIKE	152	155	2.0%	75	76	2	$39,111
63334	Bowling Green	MO	PIKE	8682	8685	0.0%	2473	2462	3	$20,548
63336	Clarksville	MO	PIKE	1370	1373	0.2%	588	586	2	$28,099
63339	Curryville	MO	PIKE	1127	1125	-0.2%	396	395	3	$20,028
63344	Eolia	MO	PIKE	1433	1417	-1.1%	529	521	3	$24,613
63353	Louisiana	MO	PIKE	4527	4472	-1.2%	1867	1839	2	$22,302
63433	Ashburn	MO	PIKE	91	92	1.1%	33	33	3	$20,057
63441	Frankford	MO	PIKE	1117	1123	0.5%	457	457	2	$21,533
Totals				**18,499**	**18,442**	**-0.3%**	**6,418**	**6,369**	**3**	**$24,536**
Zip	Name	ST	County	Pop18 65+	Pop18 <=18	Females	White	Black	Amer. Ind	Hisp.
63330	Annada	MO	PIKE	34	30	76	144	5	0	0
63334	Bowling Green	MO	PIKE	1318	1760	3384	7335	1120	17	150
63336	Clarksville	MO	PIKE	312	283	664	1257	68	1	28
63339	Curryville	MO	PIKE	219	292	555	1080	20	5	22
63344	Eolia	MO	PIKE	239	391	706	1332	58	6	30
63353	Louisiana	MO	PIKE	997	1052	2323	4088	178	14	198
63433	Ashburn	MO	PIKE	20	19	44	84	3	1	2
63441	Frankford	MO	PIKE	233	249	534	1075	20	3	18
Totals				**3,372**	**4,076**	**8,286**	**16,395**	**1,472**	**47**	**448**
Percentages				**18.2%**	**22.0%**	**44.8%**	**88.6%**	**8.0%**	**0.3%**	**2.4%**

III. Community Health Status

[VVV Consultants LLC]

III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2019 RWJ County Health Rankings and conversations from Town Hall 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.>
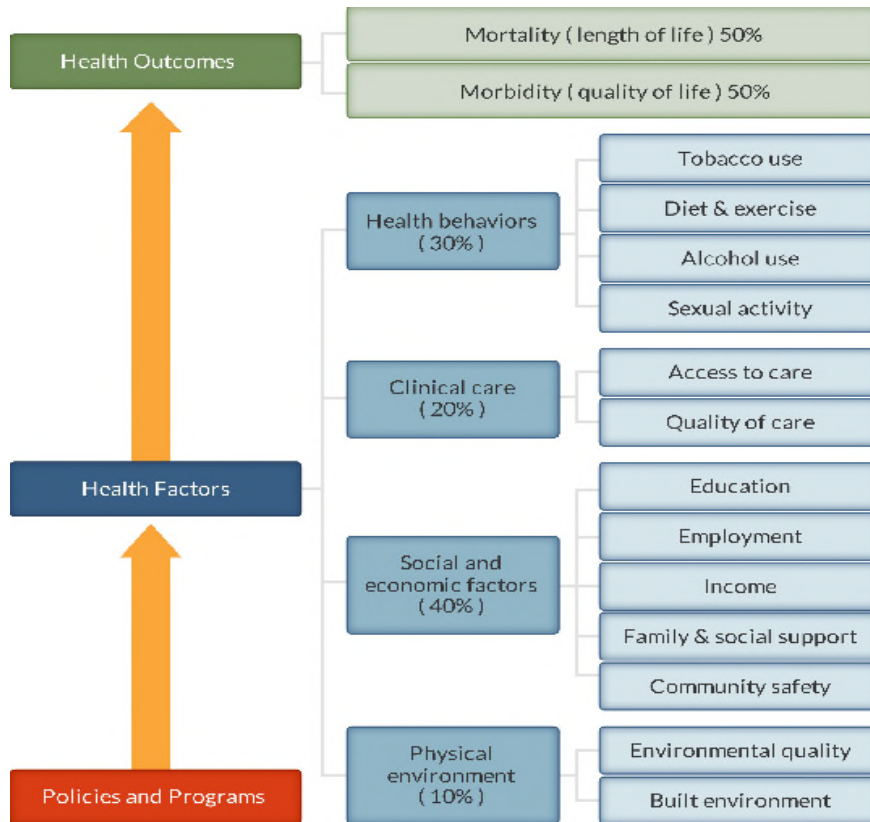
County Health Rankings model ©2012 UWPHI

National Research – Year 2019 RWJ Health Rankings:

#	2019 MO Rankings - 115 Counties	Definitions	Pike Co	TREND	Rural 20 MO Norms
1	**Health Outcomes**		54		48
	Mortality	Length of Life	39		51
	Morbidity	Quality of Life	62		44
2	**Health Factors**		77		53
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	80		52
	Clinical Care	Access to care / Quality of Care	97		62
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	47		48
3	**Physical Environment**	Environmental quality	85		59
http://www.countyhealthrankings.org, released 2019					
Rural 20 MO Norms: Lewis, Marion, Monroe, Pike, Ralls, Shelby, Cass, Johnson, Pettis, Lafayette, Henry, Benton, St. Clair, Bates, Venon, Cedar, Clinton, DeKalb, Caldwell, Daviess.					

PSA Secondary Research:

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

Tab 1 Demographic Profile

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

Tab		Health Indicator	Pike Co	Trend	MO State	Rural 20 MO Norm	Source
1a	a	Population estimates, July 1, 2017, (V2017)	18,567		6,113,532	23,322	People Quick Facts
	b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	0.3%		2.1%	-1.3%	People Quick Facts
	c	Population per square mile, 2010	28		87	37	People Quick Facts
	d	Persons under 5 years, percent, July 1, 2017, (V2017)	6.1%		6.1%	5.9%	People Quick Facts
	e	Persons 65 years and over, percent, July 1, 2017, (V2017)	17.2%		16.5%	19.8%	People Quick Facts
	f	Female persons, percent, July 1, 2017, (V2017)	45.0%		50.9%	49.2%	People Quick Facts
	g	White alone, percent, July 1, 2017, (V2017)	90.1%		83.1%	94.2%	People Quick Facts
	h	Black or African American alone, percent, July 1, 2017, (V2017)	7.8%		11.8%	2.8%	People Quick Facts
	i	Hispanic or Latino, percent, July 1, 2017, (V2017)	2.3%		4.2%	2.7%	People Quick Facts
	j	Foreign born persons, percent, 2013-2017	1.3%		4.0%	1.4%	People Quick Facts
	k	Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	4.1%		6.0%	3.7%	People Quick Facts
	l	Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	82.8%		84.3%	85.0%	People Quick Facts
	m	Children in single-parent households, percent, 2019	31.0%		33.0%	29.3%	County Health Rankings
	n	Total Veterans, 2013-2017	1,526		424,605	2,005	People Quick Facts

Tab 2 Economic Profile

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

Tab		Health Indicator	Pike Co	Trend	MO State	Rural 20 MO Norm	Source
2	a	**Per capita income in past 12 months (in 2017 dollars), 2013-2017**	**$20,947**	🟥	**$28,282**	**$23,290**	People Quick Facts
	b	**Persons in poverty, percent**	**16.4%**	🟥	**13.4%**	**14.7%**	People Quick Facts
	c	Total Housing units, July 1, 2017, (V2017)	7,921		2,792,506	10,685	People Quick Facts
	d	Total Persons per household, 2012-2016	2.4	🟨	2.5	2.4	People Quick Facts
	e	Severe housing problems, percent, 2010-2014	81.0%	🟨	82.0%	80.3%	County Health Rankings
	f	Total of All firms, 2012	1,365		491,606	1,845	People Quick Facts
	g	Unemployment, percent, 2019	3.5%	🟨	3.8%	4.0%	County Health Rankings
	h	Food insecurity, percent, 2019	14.0%	🟨	15.0%	13.9%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019	10.0%	🟥	7.0%	8.2%	County Health Rankings
	j	Long commute - driving alone, percent, 2019	27.0%	🟩	32.0%	34.4%	County Health Rankings

Tab 3 Schools Health Delivery Profile

Tab		Health Indicator	Pike Co	Trend	MO State	Rural 20 MO Norm	Source
3	a	**Children eligible for free or reduced price lunch, percent, 2019**	**48.0%**	🟨	**51.0%**	**54.2%**	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2013-2017	83.6%	🟥	89.2%	87.7%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	15.5%	🟥	28.2%	17.0%	People Quick Facts

The following School Screening data was collected:

#	Pike County Schools	Louisiana R-II School District
1	**Total # Public School Nurses**	**1**
3	**School Wellness Plan in place (Active)**	**Yes**
4	**VISION: # Screened / Referred to Prof / Seen by Professional**	**291/25/11**
5	**HEARING: # Screened / Referred to Prof / Seen by Professional**	**89/1/1**
6	**ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional**	**200/26/20**
7	**SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional**	**2/0/0**
8	**# of Students served with no identified chronic health concerns**	**610**
9	**School has a suicide prevention program**	**Yes**
10	**Compliance on required vaccinations (%)**	**100%**

Tab 4 Maternal and Infant Health Profile

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

Missouri Resident Births (MICA)				
County	**2015**	**2016**	**2017**	**Trend**
Pike	228	215	223	
Missouri	75,042	74,664	73,017	

Tab 4 Maternal and Infant Health Profile (Continued)

Tab		Health Indicator	Pike Co	Trend	MO State	Rural 20 MO Norm	Source
4	a	**Percent of Births Where Prenatal Care began in First Trimester, 2017 (rate per 100)**	**70.1%**		**72.5%**	**73.5%**	MOPHIMS
	b	Percentage of Preterm Births, 2013-2017 (rate per 100)	**11.2%**		**10.4%**	**9.1%**	MOPHIMS
	c	Percent of Births with Low Birth Weight, 2013-2017 (rate per 100)	**8.0%**		**8.4%**	**7.3%**	MOPHIMS
	d	**Percent of WIC Infants- Ever Breastfed, percent, 2016 (rate per 100)**	**62.8%**		**73.0%**	**74.3%**	MOPHIMS
	e	Percent of all Births Occurring to Teens (15-17), 2013-2017 (rate per 100)	**1.5%**		**1.6%**	**1.6%**	MOPHIMS
	f	**Percent of Births Occurring to Unmarried (out-of-wedlock) women, 2013-2017 (rate per 100)**	**39.3%**		**40.2%**	**37.5%**	MOPHIMS
	g	**Percent of births Where Mother Smoked During Pregnancy, 2013-2017 (rate per 100)**	**20.1%**		**14.5%**	**19.4%**	MOPHIMS

Tab 5 Hospitalization/Provider Profile

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

Tab		Health Indicator	Pike Co	Trend	MO State	Rural 20 MO Norm	Source
5	a	**Primary care physicians (MD or DO) (Pop Coverage per), 2019**	**3,690:1**		**1,420:1**	**3,370:1**	County Health Rankings
	b	**Preventable hospital stays, 2019 (lower the better)**	**5,497**		**4,743**	**5,272**	County Health Rankings
	c	**Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)**	**76.0%**		**73.0%**	**65.1%**	CMS Hospital Compare, 10/1/2015-9/30/2016
	d	**Patients Who Reported Yes, They Would Definitely Recommend the Hospital**	**65.0%**		**71.0%**	**67.3%**	CMS Hospital Compare, 10/1/2015-9/30/2016
	e	**Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)**	**45**		**46**	**45**	CMS Hospital Compare, 10/1/2015-9/30/2016

Tab 5 Hospitalization/Provider Profile (Continued)

#	Inpatient - MHA PO103	Pike Co - ALL IP		
		FFY18	FFY17	FFY16
1	Total Discharges	2391	2334	2,319
2	Pediatric Age 0-17	83	109	80
3	Adult Medical/Surgical Age 18-44	232	217	219
4	Adult Medical/Surgical Age 45-64	530	504	553
5	Adult Medical/Surgical Age 65-74	372	412	373
6	Adult Medical/Surgical Age 75+	558	480	521
7	Psychiatric	181	198	147
8	Obstetric	228	217	217

#	Inpatient - KHA PO103	PCMH Only		
		FFY18	FFY17	FFY16
1	Total Discharges	240	244	299
2	Pediatric Age 0-17	1	0	0
3	Adult Medical/Surgical Age 18-44	12	9	9
4	Adult Medical/Surgical Age 45-64	42	44	55
5	Adult Medical/Surgical Age 65-74	58	66	72
6	Adult Medical/Surgical Age 75+	126	125	160
7	Psychiatric	1	0	2
8	Obstetric	0	0	1

#	MHA TOT223E - PCMH	FFY18	FFY17	FFY16
	Emergency Department	60.2%	57.9%	66.3%

Tab 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicator	Pike Co	Trend	MO State	Rural 20 MO Norm	Source
6	a	Depression: Medicare Population, percent, 2015	17.2%		20.0%	16.7%	Centers for Medicare and Medicaid Services
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	15.4		18.5	15.5	World Bank
	c	Poor mental health days, 2019	4.4		4.4	4.4	County Health Rankings

Tab 6 Social & Rehab Services Profile (Continued)

Opioid Prescription Rate per 100, 2017.　　Pike County = 82　　Missouri = 71.8
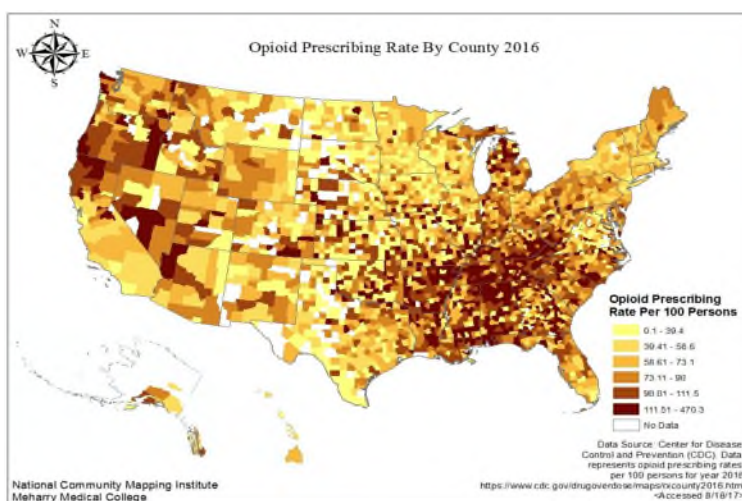
Tab 7a Health Risk Profiles

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

Tab		Health Indicator	Pike Co	Trend	MO State	Rural 20 MO Norm	Source
7a	a	Adult obesity, percent, 2019	35.0%		32.0%	34.2%	County Health Rankings
	b	Adult smoking, percent, 2019	23.0%		22.0%	21.1%	County Health Rankings
	c	Excessive drinking, percent, 2019	18.0%		19.0%	17.0%	County Health Rankings
	d	Physical inactivity, percent, 2019	26.0%		25.0%	27.9%	County Health Rankings
	e	Poor physical health days, 2019	4.4		4.2	4.5	County Health Rankings
	f	Sexually transmitted infections, rate per 100k, 2019	267.1		507.0	273.9	County Health Rankings

Tab 7b Health Risk Profiles (Continued)

Tab		Health Indicator	Pike Co	Trend	MO State	Rural 20 MO Norm	Source
7b	a	Hypertension: Medicare Population, 2015	51.1%		54.6%	52.1%	CMS
	b	Hyperlipidemia: Medicare Population, 2015	32.2%		41.8%	38.2%	CMS
	c	Heart Failure: Medicare Population, 2015	17.3%		13.7%	13.8%	CMS
	d	Chronic Kidney Disease: Medicare Pop, 2015	17.9%		18.2%	15.6%	CMS
	e	COPD: Medicare Population, 2015	14.1%		13.4%	14.5%	CMS
	f	Atrial Fibrillation: Medicare Population, 2015	8.8%		8.2%	8.6%	CMS
	g	Cancer: Medicare Population, 2015	7.7%		7.8%	7.3%	CMS
	h	Osteoporosis: Medicare Population, 2015	3.8%		5.8%	4.6%	CMS
	i	Asthma: Medicare Population, 2015	7.7%		8.6%	8.1%	CMS
	j	Stroke: Medicare Population, 2015	4.2%		3.9%	3.7%	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	Pike Co	Trend	MO State	Rural 20 MO Norm	Source
8	a	**Uninsured, percent, 2019**	13.0%		11.0%	12.3%	County Health Rankings

#	**Pike County Memorial Hospital**	**YR16**	**YR17**	**YR18**
1	**Bad Debt - Write off**	**$2,179,491**	**$2,218,133**	**$2,225,535**
2	**Financial Assistant Charge Write Off**	**$41,973**	**$9,879**	**$26,074**

Local Health Department Community Support is as follows:

	Source: Internal Records - Pike County MO			
	Local Health Dept Programs	**YR 2016**	**YR 2017**	**YR 2018**
1	**Core Public Health (CD + Env)**	**$50,939**	**$50,939**	**$52,794**
2	**Child Care Health Consultation**	**$5,182**	**$8,495**	**$14,781**
3	**MCH (Maternal Child Health)**	**$20,877**	**$20,877**	**$20,991**
4	**PHEP (Emergency Preparedness)**	**$17,938**	**$17,938**	**$17,938**
5	**WIC Administration**	**$106,558**	**$96,682**	**$93,202**
6	**Breastfeeding Peer Counselor**	**$10,542**	**$9,672**	**$9,781**
7	*Services:* **Immunizations- (VFC+Private), Screenings:Blood pressure/ STD /lab, Mental Health Services, Home Health & Hospice Services, Public Health Home Visits.**			

Tab 9 Mortality Profile

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

Tab		Health Indicator	Pike Co	Trend	MO State	Rural 20 MO Norm	Source
9	a	Life Expectancy for Males, 2014	75.4		74.9	75.0	World Bank
	b	Life Expectancy for Females, 2014	79.5		80.1	79.9	World Bank
	c	**Alcohol-impaired driving deaths, percent, 2019**	21.0%		29.0%	25.3%	County Health Rankings

Tab 9 Mortality Profile (Continued)

Causes of Death by County of Residence, MO 2016	Pike Co MO	Trend	Rural 20 MO Norms
TOTAL	204		265
Diseases of heart	60		65
Malignant neoplasms	48		55
All other diseases	20		41
Chronic lower respiratory disease	12		18
Cerebrovascular diseases	15		13
Nephritis and nephrosis	7		7
Septicemia	2		3
Suicide	10		5
Unintentional injuries	11		11
Essential hypertension	0		2
Influenza and pneumonia	3		6
Chronic liver disease and cirrhosis	1		2
Alzheimer's disease	9		8
Congenital anomalies	1		1
Diabetes	3		7
Pneumonitis due to solids and liquids	0		4

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	Pike Co	Trend	MO State	Rural 20 MO Norm	Source
10	a	Access to exercise opportunities, percent, 2019	46.0%		76.0%	46.0%	County Health Rankings
	b	Diabetes monitoring, percent, 2019	36.0%		43.0%	39.3%	County Health Rankings
	c	Mammography screening, percent, 2019	24.0%		44.0%	34.9%	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 PCMH PSA. Response for Pike County (PCMH PSA) online survey equals 139 residents. Below are several charts that review survey demographics.

Chart #1 – PCMH PSA Online Feedback Response   N=139

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a .... ?	**PCMH PSA N=139**	**Trend**	**Rural Norms 24 Co N=4,206**
Business / Merchant	25.3%		9.6%
Community Board Member	13.8%		8.3%
Case Manager / Discharge Planner	1.1%		1.2%
Clergy	3.4%		1.4%
College / University	2.3%		2.0%
Consumer Advocate	0.0%		1.7%
Dentist / Eye Doctor / Chiropractor	0.0%		0.6%
Elected Official - City/County	5.7%		2.1%
EMS / Emergency	5.7%		2.4%
Farmer / Rancher	9.2%		6.0%
Hospital / Health Dept	23.0%		17.8%
Housing / Builder	1.1%		0.6%
Insurance	1.1%		1.0%
Labor	2.3%		2.4%
Law Enforcement	3.4%		1.6%
Mental Health	2.3%		2.3%
Other Health Professional	19.5%		10.3%
Parent / Caregiver	17.2%		15.2%
Pharmacy / Clinic	2.3%		2.3%
Media (Paper/TV/Radio)	1.1%		0.6%
Senior Care	2.3%		2.7%
Teacher / School Admin	16.1%		5.7%
Veteran	3.4%		2.8%
Unemployed / Other	16.1%		6.5%
Rural 24 Norms Include the following counties: Appanoose IA, Barton, Carroll IA, Cowley, Decatur IA, Edwards, Ellsworth, Fremont IA, Furnas NE, Marion MO, Hays, Hoxie, Jasper IA, Kiowa, Linn, Miami, Nemaha, Osborne, Page, Pawnee, Pike MO, Russell, Smith, Trego.			

Chart #2 – Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	PCMH PSA N=139	Trend	Rural Norms 24 Co N=4,206
Top Box %	13.7%		23.1%
Top 2 Boxes %	56.1%		68.2%
Very Poor	2.2%		1.2%
Poor	7.2%		4.8%
Average	33.8%		25.4%
Good	42.4%		45.1%
Very Good	13.7%		23.1%

Chart #3 – Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	PCMH PSA N=139	Trend	Rural Norms 24 Co N=4,206
Increasing - moving up	53.2%		43.4%
Not really changing much	25.9%		38.9%
Decreasing - slipping	12.2%		9.5%

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

CHNA Wave #3		PCMH PSA N=139			
Past CHNAs health needs identified		**Ongoing Problem**			**Pressing**
#	**Topic**	**Votes**	**%**	**Trend**	**RANK**
1	Behavioral Health	61	59.8%		3
2	Substance Abuse	57	55.9%		2
3	Mental Health Services	55	53.9%		1
4	Transportation	48	47.1%		5
5	Drugs	47	46.1%		4
6	Dermatologists	44	43.1%		10
7	Gynecologists	42	41.2%		11
8	Obesity / Nutrition Education	42	41.2%		6
9	Pediatricians	40	39.2%		7
10	Community Health Education	32	31.4%		9
11	Healthy Behaviors	25	24.5%		12
12	Disease Management	24	23.5%		8
13	Urgent Care	18	17.7%		13
14	Online Patient Communication	16	15.7%		14
15	Telehealth Services	14	13.7%		15

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?	**PCMH PSA N=139**	**Trend**	**Rural Norms 24 Co N=4,206**
Finance & Insurance Coverage*	26.2%		7.2%
Lack of awareness of existing local programs, providers, and services	17.8%		19.4%
Limited access to mental health assistance	15.7%		17.4%
Elder assistance programs	8.7%		10.1%
Lack of health & wellness education	9.4%		12.0%
Family assistance programs	6.3%		7.7%
Chronic disease prevention	8.0%		10.2%
Case management assistance	4.9%		6.5%
Other (please specify)	2.8%		5.7%

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

CHNA Wave #3	PCMH PSA N=139		Trend	Rural Norms 24 Co N=4,206	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
Ambulance Services	68.6%	3.9%		86.0%	2.7%
Child Care	46.1%	13.7%		51.0%	12.0%
Chiropractors	61.2%	6.1%		76.9%	4.9%
Dentists	25.0%	32.0%		59.7%	17.0%
Emergency Room	61.4%	12.9%		70.1%	9.6%
Eye Doctor/Optometrist	54.5%	19.8%		73.9%	8.0%
Family Planning Services	37.4%	23.2%		39.2%	18.3%
Home Health	73.0%	4.0%		56.4%	10.6%
Hospice	85.0%	3.0%		67.6%	7.7%
Inpatient Services	59.8%	11.3%		74.9%	5.9%
Mental Health	19.8%	34.4%		24.5%	36.2%
Nursing Home	14.1%	36.4%		47.3%	17.1%
Outpatient Services	62.2%	4.1%		75.3%	4.4%
Pharmacy	83.7%	1.0%		88.5%	2.4%
Physician Clinics	74.0%	4.2%		79.0%	4.5%
Public Health	62.5%	7.3%		63.1%	6.7%
School Nurse	65.6%	5.4%		61.3%	9.4%
Specialists	51.5%	18.2%		56.9%	13.2%

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)	PCMH PSA N=139	Trend	Rural Norms 24 Co N=4,206
Early Childhood Development Programs	15.5%		11.1%
Emergency Preparedness	8.2%		8.5%
Food and Nutrition Services/Education	17.3%		13.7%
Health Screenings (asthma, hearing, vision, scoliosis)	16.3%		13.1%
Immunization Programs	5.1%		6.5%
Obesity Prevention & Treatment	40.8%		31.1%
Prenatal / Child Health Programs	17.5%		11.3%
Sexually Transmitted Disease Testing	18.4%		15.1%
Spiritual Health Support	16.3%		11.6%
Substance Use Treatment & Education	42.9%		32.4%
Tobacco Prevention & Cessation Programs	39.8%		27.8%
Violence Prevention	40.2%		31.5%
Women's Wellness Programs	20.4%		15.9%
WIC Nutrition Program	8.2%		6.8%
Poverty / Financial Health	41.1%		32.6%

Chart #8 – Healthcare Delivery "Outside our Community"

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	**PCMH PSA N=139**	**Trend**	**Rural Norms 24 Co N=4,206**
Yes	**48.5%**		**48.4%**
No	**14.1%**		**12.0%**
I don't know	**37.4%**		**39.0%**

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

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	**PCMH PSA N=139**	**Trend**	**Rural Norms 24 Co N=4,206**
Yes	**90.0%**		**81.1%**
No	**5.0%**		**13.9%**
I don't know	**5.0%**		**5.0%**

Specialties:

SPS	CTS
DENT	14
EYE	11
CARD	10
DERM	9
OBG	9
PEDS	8
SURG	8
PRIM	6

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

Community Health Needs Assessment Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	**PCMH PSA N=139**	**Trend**	**Rural Norms 24 Co N=4,206**
Abuse/Violence	6.7%	🟥	5.5%
Alcohol	5.0%	🟥	5.2%
Breast Feeding Friendly Workplace	1.0%		1.7%
Cancer	3.1%	🟨	4.1%
Diabetes	3.6%	🟨	4.2%
Drugs/Substance Abuse	10.1%	🟥	9.4%
Family Planning	2.1%		2.8%
Heart Disease	3.1%	🟨	3.2%
Lead Exposure	1.3%		0.9%
Mental Illness	9.0%	🟥	10.9%
Nutrition	4.0%	🟥	4.7%
Obesity	6.9%	🟥	8.0%
Environmental Health	2.1%		1.0%
Physical Exercise	3.8%	🟨	6.1%
Poverty	6.9%	🟥	7.1%
Lung Disease	1.1%		1.9%
Sexually Transmitted Diseases	1.3%		2.3%
Smoke-Free Workplace	2.1%		1.6%
Suicide	6.9%	🟥	7.3%
Teen Pregnancy	3.8%	🟨	3.2%
Tobacco Use	3.8%	🟨	3.7%
Vaccinations	3.2%	🟨	2.8%
Water Quality	2.1%		3.5%
Wellness Education	4.2%	🟥	6.1%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
Clinic	Primary Care	YES		
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers	YES		
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/weight control services	YES		
Hosp	Birthing/LDR/LDRP Room			
Hosp	Breast Cancer	YES		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	YES		
Hosp	Cardiac Surgery			
Hosp	Cardiology services	YES		
Hosp	Case Management	YES		
Hosp	Chaplaincy/pastoral care services	YES		
Hosp	Chemotherapy	YES		
Hosp	Colonoscopy	YES		
Hosp	Crisis Prevention			
Hosp	CTScanner	YES		
Hosp	Diagnostic Radioisotope Facility			
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	YES		
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	YES		
Hosp	Genetic Testing/Counseling	YES		
Hosp	Geriatric Services	YES		
Hosp	Heart	YES		
Hosp	Hemodialysis			
Hosp	HIV/AIDSServices			
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			
Hosp	Interventional Cardiac Catherterization			
Hosp	Isolation room			
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung	YES		
Hosp	MagneticResonance Imaging (MRI)	YES		
Hosp	Mammograms	YES		
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<128+ slice CT)			
Hosp	Neonatal			
Hosp	Neurological services			
Hosp	Obstetrics			

Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
Inventory of Health Services in Pike County MO - 2019				
Hosp	Occupational Health Services	YES		
Hosp	Oncology Services	YES		
Hosp	Orthopedic services	YES		
Hosp	Outpatient Surgery	YES		
Hosp	Pain Management	YES		
Hosp	Palliative Care Program			
Hosp	Pediatric	YES		
Hosp	Physical Rehabilitation	YES		
Hosp	Positron Emission Tomography (PET)	YES		
Hosp	Positron Emission Tomography/CT (PET/CT)	YES		
Hosp	Psychiatric Services	YES		YES
Hosp	Radiology, Diagnostic	YES		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health			
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography (SPECT)			
Hosp	Sleep Center	YES		
Hosp	Social Work Services	YES		
Hosp	Sports Medicine	YES		
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	YES		
Hosp	Transplant Services			
Hosp	Trauma Center			
Hosp	Ultrasound	YES		
Hosp	Women's Health Services	YES		
Hosp	Wound Care	YES	YES	
SR	Adult Day Care Program			
SR	Assisted Living			
SR	Home Health Services		YES	
SR	Hospice			
SR	LongTerm Care			YES
SR	Nursing Home Services			YES
SR	Retirement Housing			YES
SR	Skilled Nursing Care	YES	YES	YES
ER	Emergency Services	YES	YES	
ER	Urgent Care Center	YES		
ER	Ambulance Services	YES		YES
SERV	Alcoholism-Drug Abuse			
SERV	Blood Donor Center			
SERV	Chiropractic Services	YES		YES
SERV	Complementary Medicine Services			
SERV	Dental Services			
SERV	Fitness Center	YES		
SERV	Health Education Classes	YES	YES	
SERV	Health Fair (Annual)	YES	YES	
SERV	Health Information Center			
SERV	Health Screenings	YES	YES	
SERV	Meals on Wheels			YES
SERV	Nutrition Programs			YES

Inventory of Health Services in Pike County MO - 2019				
Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
SERV	Patient Education Center			
SERV	Support Group: Diabetic			YES
SERV	Teen Outreach Services		YES	
SERV	Tobacco Treatment/Cessation Program		YES	
SERV	Transportation to Health Facilities	YES		YES
SERV	Wellness Program	YES		

Providers Delivering Care in Pike County MO - 2019

# of FTE Providers by Specialty	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visting DRs *	PSA Based PA / NP
Primary Care:			
Family Practice	3.0		6.0
Internal Medicine / Geriatrician	0.0		
Obstetrics/Gynecology	0.0	0.0	
Pediatrics	0.0	0.0	
Medicine Specialists:			
Allergy/Immunology	0.0	0.0	
Cardiology	0.0	0.0	
Dermatology	0.0	0.0	
Endocrinology	0.0	0.0	
Gastroenterology	0.0	0.0	
Oncology/RADO	0.0	0.0	
Infectious Diseases	0.0	0.0	
Nephrology	0.0	0.0	
Neurology	0.0	0.0	
Psychiatry	0.0	0.0	
Pulmonary	0.0	0.0	
Rheumatology	0.0	0.0	
Surgery Specialists:			
General Surgery / Colon / Oral	0.0	0.0	
Neurosurgery	0.0	0.0	
Ophthalmology	0.0	0.0	
Orthopedics	0.0	0.0	
Otolaryngology (ENT)	0.0	0.0	
Plastic/Reconstructive	0.0	0.0	
Thoracic/Cardiovascular/Vasc	0.0	0.0	
Urology	0.0	0.0	
Hospital Based:			
Anesthesia/Pain	0.0	0.0	
Emergency	0.0	0.0	
Radiology	0.0	0.0	
Pathology	0.0	0.0	
Hospitalist	0.0	0.0	
Neonatal/Perinatal	0.0	0.0	
Physical Medicine/Rehab	0.0	0.0	
Occ Medicine	0.0	0.0	
Podiatry	0.0	0.0	
Chiropractor	0.0	0.0	
Optometrist OD	0.0	0.0	
Dentists	0.0	0.0	
TOTALS	3.0	0.0	6.0
* Total # of FTE Specialists serving community who office outside PSA.			

Visiting Specialists to PCMH						1.5
SPECIALTY	*Physician Name*	*Group*	Office Location (City/State)	*SCHEDULE*	# of Days YR (240)	*Calc FTE*
Cardiology	Venkat, Arun, MD	SSM Health Medical Group	Bridgeton, MO	Every Thursday	48	0.20
Cardiology	Davison, Glenn, MD	St. Luke's Health System	Kansas City, MO	1st Monday	12	0.05
Cardiology	Ellison, James, MD	St. Luke's Health System	Kansas City, MO	3rd Monday	12	0.05
Endocrinology	Harris, Sharon, MD	Quincy Medical Group	Quincy, IL	2nd Thursday/Friday of month	24	0.10
Neurology	Kinsella, Laurence, MD	SSM Health	Fenton, MO	2nd, 4th Wednesday	24	0.10
Neurology	Hake, Austin, MD	Quincy Medical Group	Quincy, IL	1st & 3rd Mondays of Month	24	0.10
Pulmonology	Colbert, Brooke, MD	SSM Health	Wentzville, MO	1st, 3rd Tuesday	24	0.10
Rheumatology	Hoffmann, Sandra, MD	Mandalla Medical Services	Saint Louis, MO	1st, 3rd Friday	24	0.10
General Surgery	Polavarapu, Harsha, MD	Blessing Health System	Quincy, IL	2nd, 4th Wednesday	48	0.20
Ophthalmology	Lee, Steven, MD	Ophthalmology Consultants	Saint Louis, MO	First Tuesday	12	0.05
Orthopedic/Sports Med	Melander, Matthew, DO	Signature Medical Group	O'Fallon, MO	Every Tuesday	48	0.20
Pain Management	Manchanda, Vivek, MD	Madison Medical Center OP Clinic	Fredericktown, MO	2nd, 4th Monday	24	0.10
Podiatry	Freel, Douglas, DPM	Blessing Health System	Quincy, IL	1st, 3rd Wednesday	24	0.10
Others: Athletic Training (2), Counseling Services (2), Physical Therapy (4), and PTA (1)						

Emergency Numbers

Police/Sheriff 911
Fire   911
Ambulance   911

Non-Emergency Numbers

Pike County Sheriff   (573) 324-3202
Pike County Ambulance   (573) 754-5531

Municipal Non-Emergency Numbers

	Police	Fire
Louisiana	(573) 754-4021	(573) 754-3535
Bowling Green	(573) 324-3200	(573) 324-3200
Clarksville	(573) 242-9657	(573) 242-3336
Eolia	(573) 485-7310	(573) 485-7013
Frankford	(573) 784-2618	(573) 784-2618
Curryville	(573) 324-3143	(573) 324-3143

Alcohol Abuse, Drug Abuse, & Rehabilitation Services

<u>**Treatment**</u>

Bridgeway Behavioral Health
http://www.bridgewaybh.com/

Troy's Office
(636) 244-1500
Alcoholism Program-outpatient
1011 E. Cherry St
Troy, Mo 63379

St. Charles Office
*Men and women's residential
(636) 244-1000
*SATOP
(636) 244-1142
*Adolescence substance abuse programs
(636) 244-1300
*Outpatient Programs
(636) 244- 1200
1570 S. Main
St. Charles, Mo 63303

Center Pointe Hospital
http://centerpointehospital.com/

St. Charles Outpatient Clinic
(800) 345-5407
4801 Weldon Spring Parkway
St. Charles Mo 63304

St. Peter's Outpatient Clinic
(636) 244- 2625
4905 Mexico Road Suite 100
St. Peters Mo, 63376

Pike County Behavioral Health Services (Outpatient Counseling)
(573) 324-2111
Rolando Vasquez LCSW

PCMH Clinics
(573) 324-5300   Tarrah Hickerson LCSW
(573) 754-4584   Sara Scott LCSW

The Aviary Recovery Center
(888) 998-8655
Residential Program
(844) 419-8515
22933 Hwy. 61
Eolia, Mo 63344

Intensive Outpatient Program (IOP)
1391 Smizer Mill Road Suite 101
Fenton, Mo 63026
(888) 900-2516

Turning Point Recovery Centers
(Hannibal Council for Alcohol and Drug Abuse)
http://turningpointrc.org/
*Bowling Green- men and women's outpatie*nt
(573) 324-2929/1-800-498-5396
1420 BUS 61 South Unit G
Bowling Green Mo. 63334
Monday 9a-6p & Friday 10a-3p

Hannibal- Detox 24/7, SATOP, Social Setting, Drug
(573) 248-1196/ 1-800-498-5396
46 Communications Dr
 Hannibal, Mo 63401
Monday thru Friday 8a-5p

Mexico- Men and Women's Outpatient, SATOP
(573) 851-8828
201 E. Monroe Suite 103
Mexico, Mo 65265
Monday thru Thursday: 8a-5p, Friday 8a-12p

<u>**Alcoholics Anonymous Groups**</u>

Never Organized Group
(573) 629- 8078 (Alyssa R.)
Christian Church Basement
(573) 253-5874 (Kathy H.)
(573) 591- 1798 (Malarie)
15 N. High St.
Bowling Green, Mo 63334
Wednesdays: 8p & Fridays: 7p

Came to Believe Group
St. Joseph's Catholics Church

(573) 754-5063 (Bob)
509 N 3rd Street
Louisiana, Mo 63353
Tuesdays: 8p (12x12 study)
Thursdays: 8p & Fridays: 11a

Church of Nazarene
(573) 324-2450
807 S Court
Bowling Green, Mo 63334
Mondays: 6p & Thursday: 12p

Vandalia Fairgrounds
(573) 594- 3107
Mondays/Saturdays: 8p
Last Monday of the month Birthdays + speaker & cake

Resources

SAMHSA
www.samsha.gov
Mo Dept of Mental Health
www.dmh.mo.gov
Join Together Partnership@ drugfree.org
Alcoholics Anonymous – District 13 of Missouri
(573) 231-5818

Assistance with Housing, Clothing, Food, Etcetera…

NECAC
(573) 324-2207

Housing Authority
*Louisiana
(573) 754-4434
522 Tella Jane Ln
*Bowling Green
(573) 324-5203
510 W. Champ Clark Dr #109

The Community Bargin Shop
(636) 970-9274
West Georgia St.
Louisiana, Mo 63353
Tuesday-Saturday 10a-3p

The Clothing Room (Louisiana)
(573)-754-4078
203 Georgia St.
Wed 9a to 12p & Sat. 12p to 2:30p

Pike Resale Shop
(573)-324-5569
Mon-Thur 7:30a to 3p

The Hope Center, Chapel, and Food Pantry
(573) 324-6255
30 N. Court
Tuesdays, Thursdays, and
Bowling Green, Mo 63334
Saturdays: 10a-12p

Louisiana Community Food Pantry
(573) 754- 2421
414 Georgia St.
Mondays/Fridays 9a-12p
Lousiana, Mo 63353
2nd/4th Wednesdays 330p-630p

Meals on Wheels
 Bowling Green
(573) 324-5001
- Monday, Tuesday, Wednesday, Friday
Louisiana
(573) 754-6511
10a-12:30p

Pike Pioneers Senior Center
Bowling Green
(573) 324-5001
Louisiana
(573) 754-6511

Child Care & Assistance for Children with Special Needs

Child Care Aware
866-892-3228
1000 Executive Parkway
St. Louis, MO 63141   8a-5p

First Steps in Pike County
(660) 665-8860

Head Start
Bowling Green
(573)324-0167
1903 W. Locust St
8a-4:30p
Louisiana
(573) 754-5471
130 Memorial Dr
8a-4:30p

Early Head Start
Bowling Green
(573) 324-0167
19030 W. Locust St
8a-4:30p
Louisiana
(573) 754- 5471
130 Memorial Dr
8a-4:30p

The Learning Center
(573) 324-5153
801 US-61 Bus
Bowling Green, Mo 63334

Mo Department of Social Services
Family Support Division
(573) 324-2243
(Child Care Assistance)

Twin Pike Family YMCA
(Before & After School Programs)
Bowling Green, Mo
      (573)324-9991
Clarksville, Mo
      (573)242-3546
Frankford, Mo
      (573)784-2550
BONCL
      (573)754-5412
Louisiana, Mo
      (573) 754-6904

Child Care -Licensed Home Daycares

Jerry Betts
(573) 324-3644
719 W. Centennial Ave.
Bowling Green, Mo 63334

Mandy Burnett
 (573) 324-6845
512 S. 15th St
Bowling Green, Mo 63334

Kristy Cannon
(573) 324-3951
420 Mc Ward Dr.
Bowling Green, Mo 63334

Karen Tophinke
(573) 324-2171
501 N. St. Charles St.
Bowling Green, Mo 63334

Roberta Orf
(573) 470-1223
1011 Highway 161
Bowling Green, Mo 63334

Rachel Guritz
(573) 253-5887
16 E Park Dr
Bowing Green, MO 63334

Just Like Home Daycare
Joyce Luebrecht
 (573) 324-5580
100 N. Science
Curryville, Mo 63339

Rita Baker
(573) 725-5020
3519 Hickory Dr.
Louisiana, Mo 63353

Wanda Pursiful
(573)-754-3799
121 18th St.
Louisiana, Mo 63353

Alyssa Sloan
(573) 213-5040
W South St.
Bowling Green, MO 63334

Living Water Ministries Inc.
(573) 485-6337
125 Living Water Ln
Eolia, MO 63344

Churches & Ministerial Alliances/Associations

Bowling Green-Churches

Ardent Worship Ministries
(573) 721-7467
15610 Pike 292

Church of the Nazarene
(573) 324-2450
807 S. Court St.
Bowling Green, Mo 63334

Cyrene Baptist Church
(573) 324-5648
20988 Pike 307

First Christian Church
(573) 324-5215
15 N. High
Bowling Green, Mo 63334

Eastern Missouri Cowboy Church
(573) 221-8429
Bowling Green, Mo 63334

Edgewood Baptist Church
(573) 324-5065
21224 Highway WW
Bowling Green, Mo 63334

First Presbyterian Church of Bowling Green
(573) 324-2477
205 W. Centennial St.
Bowling Green, Mo 63334

First United Methodist Church
(573) 324-3589
8 N. Broadway
Bowling Green, Mo 63334

Friendship Baptist Church
(573)324-9840
1410 Bus. Highway 61 S.
Bowling Green, Mo 63334

Good Shepherd Lutheran Church
(573) 754-6120
1806 W. Main
Bowling Green, Mo 63334

Immanuel Baptist Church
(573) 324-3669
219 S 16th St

The Morning Star Fellowship
(573) 324-6727
15855 Highway 61

New Hartford Baptist Church
(573) 669-5353
720 W Centennial Ave

Mt. Zion Baptist Church
(573) 470-5750
316 S Pearl St
(573) 470-9464

St. Clement Catholic Church
(573) 324-5545
21509 Hwy. 161
Bowling Green, MO 63334

Second Baptist Church
(573) 324-3113
319 W. Church St

Wesley Chapel United Methodist Church
(573) 324- 2246
220 S. Science
Bowling Green, Mo 63334

White Rose Baptist Church
 (573) 324-2414

1117 W. Locust St.
Bowling Green, Mo 63334

<u>Louisiana-Churches</u>
Baptist – Independent

Faith Baptist
(573) 754-5278
2101 West Georgia
Louisiana, Mo 63353

Emmanuel Baptist Church
(573) 754-4273
20418 Highway 54
Louisiana, Mo 63353

Maryland Street Baptist (Missionary)
(573) 754-4111
407 Maryland St.
Louisiana, Mo 63353

First Baptist Church (Southern)
(573) 754-6905
608 S. Carolina St.
Louisiana, Mo 63353

Grassy Creek Baptist Church
(573) 754-5732
16935 Highway YY
Louisiana, Mo 63353

Noix Creek Baptist Church
(573) 754-4622
13057 Pike 252
Louisiana, Mo 63353

St. Joseph Catholic Church
(573) 754-6609
N. 3rd St.
Louisiana, Mo 63353

First Christian Church
(573) 754-5557
517 S. Carolina St.
Louisiana, Mo 63353

Calvary Episcopal Church
(573) 754-6423

704 Georgia St.
Louisiana, Mo 63353

New Jerusalem Tabernacle of Praise
(573) 754-4007
1600 S. Carolina St.
Louisiana, Mo 63353

River of Life Church
(573) 754-5151
3523 Georgia St.
Louisiana, Mo 63353

Trinity Lutheran Church
(573) 754-6120
3405 Georgia St.
Louisiana, Mo 63353

Bethel AME
(573) 754-4990
6th and Tennessee St.
Louisiana, Mo 63353

Centenary United Methodist
(573) 754-4412
600 S. Carolina St.
Louisiana, Mo 63353

First Presbyterian
(573) 754 5012
121 S. 8th St.
Louisiana, Mo 63353

Elmwood Presbyterian
(573) 754- 5012
106 S. 30th St.
Louisiana, Mo 63353

Buffalo Presbyterian
(573) 754-5667
Bessie Blackmore
24579 Pike 248
Louisiana, MO 63353

Pike County's Blessed Hope
(573) 754-2723
Rev Terry Cook
14777 Highway D

Louisiana, Mo 63353

Praying Hands Assembly
(573) 754-4530
900 N. Carolina St.
Louisiana, Mo 63353

Clarksville-Churches

Clarksville United Methodist
(573) 754-4412
101 N 2nd St,
Clarksville, MO 63336

Mary Queen of Peace Catholic
(573) 242-3730
811 S Highway 79
Clarksville, MO 63336

Clarksville Christian Church
(573) 242-3631
500 S 2nd St,
Clarksville, MO 63336

Green Chapel Baptist
(573) 242-3341
PO Box 34,
Clarksville, MO 63336

Ramsey Creek Baptist
(573) 242-3261
20389 Highway W,
Clarksville, MO 63336

Paynesville, Bethel AME Church
(573)847-2266
Joanne Hammuck
(573)560-0048
218 West Hill St. (Hwy H)
Paynesville, MO

Calumet Presbyterian
(573) 242-3767
26308 Pike 2471
Clarksville, MO 63336

Counseling

Pike County Behavioral Health Services
(573) 324-2111

Pike County Health Department
Rolando Vazquez, LCSW
Outpatient counseling and substance abuse
counseling

Pike County Memorial Hospital Clinics
(573) 324-5300 - BG
Tarrah Hickerson, LCSW
(573) 754-4584 - LA
Sara Scott, LCSW

Clarity Healthcare
(573) 603-1460
141 Communication Dr.
Hannibal, MO
(Office hours in Bowling Green)

Shelley Nacke
(573) 470-2656

Bowling Green Counseling and Consulting
(573) 324-5550
Bowling Green, MO 63334

The Arthur Center
(573) 582-1234
340 Kelley Parkway
Mexico, MO 65265

Family Resource Center
(573) 221-7027
109 Virginia Street Suite 117
Hannibal, Missouri 63401

Mark Twain Area Counseling Center
(573) 221- 2120
917 Broadway
Hannibal, MO 63401

White Oak Counseling
(573) 221-2111
1221 Market St.
Hannibal, Mo 63401

Pike County Health Department,
Home Health & Hospice – Grief Support
(573) 324-2111

Dentists Accepting Medicaid

Hannibal Dental Group
(573)221-1227
2727 St. Mary's Ave.
Hannibal, Mo 63401
(Accept Medicaid for children
20 years old and younger)

Clarity Healthcare
(573) 603-1460
141 Communication Dr.
Hannibal, MO 63401

Community Dental Center
(660) 727-1500
248 N Morgan St
Kahoka, MO 63445

Northeast Missouri Health Counsel*
(660) 627-5757
402 W Jefferson Street 2nd floor
Kirksville, MO
*Need letter from primary physician
of medical necessity for dental work.

Give Kids A Smile
(636) 397 -6453
340-A Mid Rivers Mall Drive
St. Peters, MO 63376

Dentists – Local

Stephen Chismarich DDS
(573) 324-2238
310 W Main
Bowling Green, MO 63334

Kevin Harrell DDS
(573) 324-6969
520 W. Main
Bowling Green, MO 63334

Frank Thomalla
(573) 754-6307
Raintree Mall
Louisiana, MO 63353

Michael Vallor
(573) 754-4030
211 Georgia
Louisiana, MO 63353

Education and Training

Bowling Green R1 School District
Superintendent Office
(573) 324-5441
High School Office
(573) 324-5341
        *700 W Adams St
Middle School Office
(573) 324-2181
        *W Maple St
Elementary Office
(573) 324 –2042
        *S Sixth St
Frankford Office
(573) 784-2550
        *500 School St

BONCL
(573) 754-5412
23523 Pike 9247

Clopton Schools (Pike Co R 3)
        *28179 Hwy WW
        Clarksville, Mo 63336
Superintendent Office
(573) 242-3546
High Office
(573) 242-3546
Elementary Office
(573) 485-2488
Pike/Lincoln Tech
(573) 485-2900
        *342 Vo Tech Rd
        Eolia, Mo 63344

Louisiana Schools
        *3321 Georgia St--63353
Superintendent Office
(573) 754-4261
High School Office
(573) 754-6181
Middle School Office
(573) 754-5340
Elementary Office
(573) 754-6904
        *500 Haley Ave

St. Clement Catholic School
(573) 324-2166
        *21493 Hwy 161
        Bowling Green, Mo 63334
Pike County Christian School
(573) 324-2700
        *203 E Maple St
        Curryville, Mo 63339

GED Programs
Pike Lincoln Tech Center
(573) 485-2900
Tuesdays & Thursdays 6-9p
NECAC
(573) 324-2207

Missouri Career Center (Unemployment Office)
(573)248-2520
203 N. 6th St.
Hannibal, Mo 63401

Job Corps
1-877-261-8580

Pike County Health Dept.
(573) 324-2111
1 Health Care Place
Bowling Green, MO 63334

Pike County Memorial Hospital
(573) 754-5531
2305 Georgia St.
Louisiana, Mo 63353

University of Missouri Extension
(573) 324-5464

115 W. Main
Bowling Green, MO 63334

Vocational Rehabilitation
(573) 248-2410
Hannibal, Mo 63401

Pike Lincoln VoTech
(573) 485-2900

Hannibal VoTech
(573) 221-4430

Hannibal-Lagrange College
(573) 221-3675

Moberly Area Community College
(660) 263- 4100

St. Charles Community College
(636) 922-8000

Missouri Baptist College
(314) 434-1115

Emergencies

24 Hour Crisis Hotline
(573)-582-1234
Arthur Center
Mexico, MO

Child Abuse
1-800-392-3738

Elderly Abuse
1-800-392-0210

Pike County Memorial Hospital
(573) 754-5531
2305 Georgia St.
Louisiana, Mo 63353

Domestic Violence
*Avenues (Local)
1-800-678-7713
*National Hotline

1-800-799-7233

Poison Control
1-800-222-1222

Suicide Hotline
1-800-232-4636

Suicide Lifeline
1-800-273-TALK (8255)

AIDS/STD
1-800-232-4636

Gambling
1-888-238-7633

Disaster Distress Help Line
1-800-985-5990

American Red Cross Disaster Services
24-hour line
314-516-2700

General Help

United Way

The Salvation Army
1-800-533-6865
Pike Contact:
(573) 324-2207

American Red Cross
(636) 397-1074

The Trimble House
(573) 754-5369
Louisiana, Mo 63353

NECAC
(573) 324- 2207

Division of Family Services
(573) 324-2243

Dept. of Health and Senior Services
(573) 324-2243

Ministerial Alliance
Bowling Green (Mike Gillen)
(573) 324-3918
Louisiana (Randall Cone)
(573) 754-3285

St. Vincent DePaul
(314) 881-6000

House of Hope
(636) 970-9274

Hope Center
(573) 324-6255

Options for Women
Call: (573) 213-5115
Text: (573) 222-0891

Health Care Services

Pike County Health Department, Home Health & Hospice
(573) 324-2111
1 Health Care Place
Bowling Green, MO 63334

Pike County Memorial Hospital
(573) 754-5531
2305 Georgia St.
Louisiana, MO 63353

Medical Clinics
Bowling Green Medical Group
(573) 324-3333
905 S Business 161
Bowling Green, MO 63334

Pike County Memorial Hospital Clinics -BG
(573) 324-5300
1051 West Adams
Bowling Green, MO 63334

Pike County Memorial Hospital Clinics - Louisiana
(573) 754-4584
2305 Georgia St
Louisiana, MO 63353

Pike County Memorial Hospital Walk-In Clinic
(573) 324-5562
1420 S Business 61 Suite D, E, F
Louisiana, MO 63353

Hannibal Clinic - BG
(573) 324-2063
710 Bus Hwy 61 S
Bowling Green, MO 63334

Hannibal Regional Medical Group - BG
(573) 324-2241
8 Town Center Drive
Bowling Green, MO 63334

Hannibal Regional Medical Group - Louisiana
(573) 754-5555
211 S 3rd
Louisiana, MO 63353

Tri-County Women's Health Care - OB/GYN
(636) 327-3100
801 Medical Drive, Suite 400
Wentzville, MO

Clarity Healthcare
(573) 603-1460
141 Communication Dr.
Hannibal, MO 63401

Outpatient Services (PT, OT, Speech, Rehab, lab, Sports Medicine, etc)

Advanced Physical Therapy & Sports
(573) 324-6079

Pike County Health Department, Home Health & Hospice
(573) 324-2111

Pike County Memorial Hospital
(573) 754-5531

Pike County Memorial Hospital Physical Therapy/ Sports Medicine
(573) 324-3105

Certified Athletic Trainers/Athletic Enhancement
(573) 754-5531
Concussion Tests

Pharmacies
County Market Pharmacy
(573) 324-3383
PO Box 442
Bowling Green, MO 63334

Bowling Green Pharmacy & Hearing Aid Center
(573) 324-2112
8 N Court St.
Bowling Green, MO 63334

Family Drug
(573) 754-4551
301 Georgia
Louisiana, MO 63353

Wal-Mart Pharmacy
(573) 324-0004

Intellectual & Developmental Disabilities

Pike County Senate Bill 40
(573) 324-5493
Executive Director- Pete Breting
900 Independence Dr.
Bowling Green, Mo 63334

Pike County Agency for Developmental Disability (PCADD)
(573) 324-3875
Executive Director- David Griffith
900 Independence Dr.
Bowling Green, Mo 63334

Champ Clark Service Coordination
(573) 324-6226
Executive Director- Wendy MacLaughlin
912 Hwy 161
Bowling Green, Mo 63334

Legal Aid
Legal Services of Eastern Missouri
(573) 248-1111
1-800-767-2018

Long Term Care Facilities

Bowling Green Residential (Assisted Living)
(573) 324-5560
119 W Centennial Ave
Bowling Green, Mo 63334

Country View Nursing Home
(573) 324-2216
2106 W Main St.
Bowling Green, Mo 63334

Lynn's Heritage House (Assisted Living) (573) 754-4020
800 Kelly Lane
Louisiana, Mo 63353

Maple Grove Nursing Home
(573) 754-5456
2407 Kentucky St.
Louisiana, Mo 63353

Adult Daycare Services

Country View Nursing Home
(573) 324-2216
2106 W Main St.
Bowling Green, Mo 63334

Maple Grove Nursing Home
(573) 754-5456
2407 Kentucky St.
Louisiana, Mo 63353

A.C.E.S. (Activity Center for Elderly Services
(573) 221- ACES (2237)

125 S 6th St
Hannibal, MO

Mental Health Resources

Hotlines/Crisis Lines

Arthur Center- Mexico

Crisis line: 1-800-833-2064

National Suicide Prevention Lifeline
1-800-273-TALK(8255)

Crisis Nursery –St. Louis
Wentzville
(636) 887-3070
St. Charles
(636) 947-0600
FREE emergency care and support for
families with children birth through age 12

Youth America Hotline – Counseling for Teens by teens
1-877-YOUTHLINE(968-8454)

KUTO (Kids Under Twenty One) Crisis Hotline

1-888-644-5886

Veterans Crisis Line
1-800-273-8255 Press 1

Postpartum Depression
1-800-773-6667

Online emotional support
www.crisischat.org

IMALIVE – online Crisis network suicide and crisis
www.imalive.org

Warm Lines/Help Lines/Peer support Lines (NON-CRISIS)

NAMI Missouri (serving Pike County)

Warm Line: 1-800-374-2138
Not a crisis line;
For individuals that need someone to talk to,
but are not a danger to themselves or others
    9am-5pm weekdays
    3pm-9pm on weekends/holidays

Help Line:
1-800-374-2138
Can answer general questions
such as "what do I do" or "where do I go"

Mental Health America of the Heartland
"Compassionate Ear Warm Line"
1-866-WARMEAR (927-6327
739 Minnesota Avenue
Kansas City, KS 66101

Community Counseling Center's Consumer Advisory Board
TLC Warm Line   1-877-626-0638
402 S. Silver Springs Road
Cape Girardeau, MO 63703

Mental Health Resources- Counseling Services
Pike County Behavioral Health Services
(573) 324-2111

Pike County Health Department
Contact: Rolando Vazquez LCSW

Pike County Memorial Hospital Clinics
Bowling Green
(573) 324-5300
Louisiana
(573) 754-5531
Contact: Tarrah Hickerson, LCSW or Sara Scott, LCSW

Shelley Nacke
(573) 470-2656
120 ½ West Main
Bowling Green, MO 63334

Bowling Green Counseling and Consulting
(573) 324-5550
Heather Miller
740 Business Hwy 61 South Suite B
Bowling Green, MO 63334

Advantage Counseling
(573) 581-8151
7888 Audrain Rd.
Mexico, MO 65265-5816

Troy Counseling Center
(636) 462-4367
550 2nd St
Troy, MO 63379

Behavioral Health Centers/Clinics

Mark Twain Behavioral Health
(Psychiatrist Available)
    *917 Broadway
(573) 211-2120
    Hannibal, MO 63401
    *24 Hour Crisis
800-356-5395

Crider Health Center
1-800-574-2422
    *1032 Crosswinds Court
(636) 332-6000
    Wentzville, MO 63385
    *Compass Health Network
(636) 528-2070
    5 Dandelion Dr
    Troy, Mo 63379

Arthur Center
1-800-833-2064 (crisis)
340 Kelley Parkway
1-866-401-6661
Mexico, Mo 65265
(573) 582-1234
Monday-Friday 8a-6p
3rd Saturday 8a-4p

Blessing Behavioral Health
(217) 224-4453
927 Broadway
Quincy, IL 62301

Mid-West Behavioral Health
(636) 528-1996
395 Travis Boulevard
Troy, Mo 65212

Missouri Psychiatric Center
(573) 884-1300
3 Hospital Dr
Columbia, Mo 65212

Preferred Family Health Centers
www.pfh.org

*Hannibal Clinic
(573) 248-3811
4355 Paris Gravel Rd
Hannibal, Mo 63401

*Mexico Workforce Partnership
(573) 581- 2661
 109 E Promenade St
 Mexico, Mo 65265

*Troy Office
(636) 528-7726
269 Firehouse Lane
Troy, Mo 63379

Comprehensive Health Services
(573) 248-1372
12677 Heavenly Acres Dr
New London, MO 63459

Transportation

Medicaid Medical
1-866-269-5927

Oats
1-800-269-6287

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin by Region - Inpatient

Pike, MO Residents Treated in HIDI Reporting Area

Federal Fiscal Year: 2016

Kansas Discharge Data Available From 2014 Q 1 through 2018 Q 4

Hospital	Total Discharges		Pediatric Age 0-17		Adult Medical/Surgical Age 18-44		Age 45-64		Age 65-74		Age 75+		Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Hannibal Regional Hospital - Hannibal, MO	448	19.3%	5	1.1%	19	4.2%	86	19.2%	78	17.4%	99	22.1%	0		80	17.9%	81	18.1%	26.6%
Pike County Memorial Hospital - Louisiana, MO	299	12.9%	0		9	3.0%	55	18.4%	72	24.1%	160	53.5%	2	0.7%	1	0.3%	0		
SSM Health St. Joseph Hospital - Lake St. Louis, MO	255	11.0%	2	0.8%	27	10.6%	46	18.0%	34	13.3%	34	13.3%	2	0.8%	55	21.6%	55	21.6%	22.4%
SSM Health St. Joseph Hospital - St. Charles, MO	185	8.0%	0		28	15.1%	42	22.7%	31	16.8%	28	15.1%	51	27.6%	3	1.6%	2	1.1%	22.7%
St. Luke's Hospital - Chesterfield, MO	167	7.2%	4	2.4%	5	3.0%	41	24.6%	24	14.4%	56	33.5%	0		20	12.0%	17	10.2%	35.3%
University of Missouri Health Care - Columbia, MO	155	6.7%	9	5.8%	24	15.5%	58	37.4%	23	14.8%	22	14.2%	6	3.9%	7	4.5%	6	3.9%	37.4%
Mercy Hospital St. Louis - St. Louis, MO	98	4.2%	7	7.1%	23	23.5%	21	21.4%	9	9.2%	14	14.3%	4	4.1%	9	9.2%	11	11.2%	38.8%
SSM Health DePaul Hospital - St. Louis - Bridgeton, MO	90	3.9%	0		12	13.3%	27	30.0%	20	22.2%	25	27.8%	6	6.7%	0		0		36.7%
Barnes-Jewish Hospital - St. Louis, MO	89	3.8%	0		23	25.8%	35	39.3%	16	18.0%	11	12.4%	2	2.2%	1	1.1%	1	1.1%	47.2%
Blessing Hospital - Quincy, IL	81	3.5%	0		6	7.4%	22	27.2%	9	11.1%	12	14.8%	26	32.1%	3	3.7%	3	3.7%	11.1%
SSM Health St. Mary's Hospital - Audrain - Mexico, MO	59	2.5%	0		5	8.5%	13	22.0%	7	11.9%	10	16.9%	0		13	22.0%	11	18.6%	35.6%
Boone Hospital Center - Columbia, MO	52	2.2%	0		4	7.7%	20	38.5%	10	19.2%	16	30.8%	0		1	1.9%	1	1.9%	53.8%
SSM Health Cardinal Glennon Children's Hospital - St. Louis, MO	41	1.8%	39	95.1%	2	4.9%	0		0		0		0		0		0		34.1%
Progress West Hospital - O Fallon, MO	40	1.7%	0		5	12.5%	3	7.5%	0		1	2.5%	0		15	37.5%	16	40.0%	25.0%
SSM Health St. Mary's Hospital - Jefferson City, MO	37	1.6%	0		2	5.4%	24	64.9%	8	21.6%	1	2.7%	1	2.7%	0		1	2.7%	54.1%
Missouri Baptist Medical Center - St. Louis, MO	32	1.4%	2	6.3%	1	3.1%	16	50.0%	4	12.5%	5	15.6%	0		2	6.3%	2	6.3%	34.4%
SSM Health St. Louis University Hospital - St. Louis, MO	24	1.0%	0		5	20.8%	7	29.2%	3	12.5%	6	25.0%	3	12.5%	0		0		41.7%
CenterPointe Hospital - St. Charles, MO	16	0.7%	0		0		0		0		0		16	100.0%	0		0		
Mercy Hospital Lincoln - Troy, MO	15	0.6%	0		1	6.7%	6	40.0%	5	33.3%	3	20.0%	0		0		0		13.3%
Mercy Hospital South - St. Louis, MO	14	0.6%	0		2	14.3%	6	42.9%	0		0		4	28.6%	1	7.1%	1	7.1%	14.3%
Missouri Residents/Other Illinois Hospitals	13	0.6%	0		0		2	15.4%	0		1	7.7%	10	76.9%	0		0		
Barnes-Jewish St. Peters Hospital - St. Peters, MO	12	0.5%	0		1	8.3%	6	50.0%	5	41.7%	0		0		0		0		33.3%
St. Louis Children's Hospital - St. Louis, MO	12	0.5%	11	91.7%	0		0		0		0		0		1	8.3%	0		16.7%
SSM Health St. Clare Hospital - Fenton, MO	10	0.4%	0		2	20.0%	3	30.0%	0		2	20.0%	1	10.0%	1	10.0%	1	10.0%	20.0%
SSM Health St. Mary's Hospital - St. Louis - Richmond Heights, MO	10	0.4%	0		1	10.0%	2	20.0%	0		0		2	20.0%	5	50.0%	0		20.0%
Rusk Rehabilitation Center - Columbia, MO	7	0.3%	0		0		2	28.6%	2	28.6%	3	42.9%	0		0		0		
Mercy Rehabilitation Hospital St. Louis - Chesterfield, MO	7	0.3%	0		1	14.3%	1	14.3%	1	14.3%	2	28.6%	2	28.6%	0		0		
Fulton Medical Center, LLC - Fulton, MO	6	0.3%	0		0		0		2	33.3%	3	50.0%	1	16.7%	0		0		
Other Hospitals	42	1.8%	1	2.4%	10	23.8%	9	21.4%	8	19.0%	7	16.7%	7	16.7%	0		0		21.4%
Hospital Total	**2,316**	**100.0%**	**80**	**3.5%**	**218**	**9.4%**	**553**	**23.9%**	**371**	**16.0%**	**521**	**22.5%**	**147**	**6.3%**	**217**	**9.4%**	**209**	**9.0%**	**25.6%**

Patient Origin by Region - Inpatient

Pike, MO Residents Treated in HIDI Reporting Area

Federal Fiscal Year: 2017

Kansas Discharge Data Available From 2014 Q 1 through 2018 Q 4

Hospital	Total Discharges		Pediatric Age 0-17		Adult Medical/Surgical Age 18-44		Age 45-64		Age 65-74		Age 75+		Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Hannibal Regional Hospital - Hannibal, MO	492	21.1%	7	1.4%	26	5.3%	109	22.2%	80	16.3%	98	19.9%	1	0.2%	87	17.7%	84	17.1%	26.6%
SSM Health St. Joseph Hospital - Lake St. Louis, MO	265	11.4%	3	1.1%	36	13.6%	54	20.4%	26	9.8%	39	14.7%	3	1.1%	55	20.8%	49	18.5%	23.0%
Pike County Memorial Hospital - Louisiana, MO	244	10.5%	0		9	3.7%	44	18.0%	66	27.0%	125	51.2%	0		0		0		
SSM Health St. Joseph Hospital - St. Charles, MO	159	6.8%	1	0.6%	12	7.5%	30	18.9%	26	16.4%	28	17.6%	60	37.7%	1	0.6%	1	0.6%	24.5%
University of Missouri Health Care - Columbia, MO	134	5.7%	10	7.5%	32	23.9%	37	27.6%	24	17.9%	21	15.7%	8	6.0%	1	0.7%	1	0.7%	34.3%
St. Luke's Hospital - Chesterfield, MO	117	5.0%	1	0.9%	4	3.4%	25	21.4%	32	27.4%	43	36.8%	0		6	5.1%	6	5.1%	58.1%
Mercy Hospital St. Louis - St. Louis, MO	106	4.5%	2	1.9%	19	17.9%	28	26.4%	20	18.9%	13	12.3%	3	2.8%	11	10.4%	10	9.4%	36.8%
Blessing Hospital - Quincy, IL	102	4.4%	0		6	5.9%	21	20.6%	13	12.7%	24	23.5%	29	28.4%	5	4.9%	4	3.9%	19.6%
SSM Health DePaul Hospital - St. Louis - Bridgeton, MO	102	4.4%	0		4	3.9%	27	26.5%	22	21.6%	30	29.4%	18	17.6%	1	1.0%	0		30.4%
Barnes-Jewish Hospital - St. Louis, MO	94	4.0%	1	1.1%	19	20.2%	34	36.2%	23	24.5%	5	5.3%	2	2.1%	6	6.4%	4	4.3%	41.5%
Boone Hospital Center - Columbia, MO	66	2.8%	1	1.5%	2	3.0%	15	22.7%	22	33.3%	18	27.3%	0		4	6.1%	4	6.1%	51.5%
SSM Health St. Mary's Hospital - Audrain - Mexico, MO	62	2.7%	0		3	4.8%	10	16.1%	8	12.9%	9	14.5%	10	16.1%	12	19.4%	10	16.1%	16.1%
SSM Health Cardinal Glennon Children's Hospital - St. Louis, MO	62	2.7%	58	93.5%	2	3.2%	0		0		0		2	3.2%	0		0		17.7%
Progress West Hospital - O Fallon, MO	37	1.6%	0		3	8.1%	2	5.4%	6	16.2%	0		0		13	35.1%	13	35.1%	21.6%
Missouri Baptist Medical Center - St. Louis, MO	31	1.3%	0		2	6.5%	6	19.4%	7	22.6%	5	16.1%	0		6	19.4%	5	16.1%	58.1%
SSM Health St. Louis University Hospital - St. Louis, MO	27	1.2%	0		5	18.5%	13	48.1%	2	7.4%	1	3.7%	4	14.8%	2	7.4%	0		40.7%
St. Louis Children's Hospital - St. Louis, MO	27	1.2%	24	88.9%	3	11.1%	0		0		0		0		0		0		18.5%
Barnes-Jewish St. Peters Hospital - St. Peters, MO	26	1.1%	0		4	15.4%	10	38.5%	10	38.5%	2	7.7%	0		0		0		61.5%
Mercy Hospital Lincoln - Troy, MO	22	0.9%	0		4	18.2%	5	22.7%	4	18.2%	9	40.9%	0		0		0		18.2%
Capital Region Medical Center - Jefferson City, MO	21	0.9%	0		9	42.9%	8	38.1%	3	14.3%	1	4.8%	0		0		0		33.3%
Missouri Residents/Other Illinois Hospitals	16	0.7%	0		1	6.3%	1	6.3%	1	6.3%	1	6.3%	13	81.3%	0		0		
Mercy Hospital South - St. Louis, MO	14	0.6%	0		1	7.1%	2	14.3%	0		1	7.1%	0		6	42.9%	2	14.3%	2	14.3%	14.3%
CenterPointe Hospital - St. Charles, MO	14	0.6%	0		0		0		0		0		14	100.0%	0		0		
SSM Health St. Mary's Hospital - Jefferson City, MO	12	0.5%	0		0		4	33.3%	2	16.7%	0		5	41.7%	1	8.3%	0		25.0%
Rusk Rehabilitation Center - Columbia, MO	10	0.4%	0		1	10.0%	6	60.0%	2	20.0%	1	10.0%	0		0		0		
SSM Health St. Clare Hospital - Fenton, MO	10	0.4%	0		7	70.0%	1	10.0%	2	20.0%	0		0		0		0		20.0%
Mercy Rehabilitation Hospital St. Louis - Chesterfield, MO	8	0.3%	0		1	12.5%	4	50.0%	3	37.5%	0		0		0		0		
Mercy Hospital Washington - Washington, MO	7	0.3%	0		0		3	42.9%	0		0		0		2	28.6%	2	28.6%	42.9%
Fulton Medical Center, LLC - Fulton, MO	5	0.2%	0		0		0		2	40.0%	1	20.0%	2	40.0%	0		0		
Other Hospitals	42	1.8%	1	2.4%	3	7.1%	5	11.9%	5	11.9%	6	14.3%	18	42.9%	2	4.8%	2	4.8%	21.4%
Hospital Total	**2,334**	**100.0%**	**109**	**4.7%**	**217**	**9.3%**	**504**	**21.6%**	**412**	**17.7%**	**480**	**20.6%**	**198**	**8.5%**	**217**	**9.3%**	**197**	**8.4%**	**25.6%**

Patient Origin by Region - Inpatient
Pike, MO Residents Treated in HIDI Reporting Area
Federal Fiscal Year: 2018
Kansas Discharge Data Available From 2014 Q 1 through 2018 Q 4

Hospital	Total Discharges Cases	%	Pediatric Age 0 - 17 Cases	%	Adult Medical/Surgical Age 18 - 44 Cases	%	Age 45 - 64 Cases	%	Age 65 - 74 Cases	%	Age 75+ Cases	%	Psychiatric Cases	%	Obstetric Cases	%	Newborn Cases	%	Surg %
Hannibal Regional Hospital - Hannibal, MO	509	21.3%	5	1.0%	45	8.8%	92	18.1%	80	15.7%	122	24.0%	0		85	16.7%	80	15.7%	22.8%
SSM Health St. Joseph Hospital - Lake St. Louis, MO	355	14.8%	3	0.8%	38	10.7%	79	22.3%	42	11.8%	79	22.3%	2	0.6%	60	16.9%	52	14.6%	14.9%
Pike County Memorial Hospital - Louisiana, MO	240	10.0%	1	0.4%	12	5.0%	42	17.5%	58	24.2%	126	52.5%	1	0.4%	0		0		
University of Missouri Health Care - Columbia, MO	150	6.3%	3	2.0%	37	24.7%	57	38.0%	23	15.3%	17	11.3%	5	3.3%	4	2.7%	4	2.7%	34.7%
St. Luke's Hospital - Chesterfield, MO	134	5.6%	0		7	5.2%	23	17.2%	36	26.9%	40	29.9%	0		14	10.4%	14	10.4%	35.1%
Blessing Hospital - Quincy, IL	127	5.3%	2	1.6%	13	10.2%	27	21.3%	16	12.6%	28	22.0%	33	26.0%	4	3.1%	4	3.1%	19.7%
SSM Health St. Joseph Hospital - St. Charles, MO	120	5.0%	0		7	5.8%	23	19.2%	14	11.7%	16	13.3%	57	47.5%	2	1.7%	1	0.8%	17.5%
SSM Health DePaul Hospital - St. Louis - Bridgeton, MO	100	4.2%	0		5	5.0%	24	24.0%	9	9.0%	32	32.0%	30	30.0%	0		0		17.0%
Barnes-Jewish Hospital - St. Louis, MO	92	3.8%	0		24	26.1%	29	31.5%	16	17.4%	13	14.1%	2	2.2%	5	5.4%	3	3.3%	38.0%
Mercy Hospital St. Louis - St. Louis, MO	77	3.2%	7	9.1%	14	18.2%	21	27.3%	10	13.0%	7	9.1%	2	2.6%	9	11.7%	7	9.1%	41.6%
Boone Hospital Center - Columbia, MO	67	2.8%	0		3	4.5%	23	34.3%	17	25.4%	15	22.4%	0		5	7.5%	4	6.0%	49.3%
Progress West Hospital - O Fallon, MO	55	2.3%	1	1.8%	1	1.8%	7	12.7%	6	10.9%	3	5.5%	0		19	34.5%	18	32.7%	40.0%
SSM Health St. Mary's Hospital - Audrain - Mexico, MO	49	2.0%	0		1	2.0%	5	10.2%	5	10.2%	6	12.2%	7	14.3%	12	24.5%	13	26.5%	10.2%
SSM Health Cardinal Glennon Children's Hospital - St. Louis, MO	47	2.0%	45	95.7%	1	2.1%	0		0		0		1	2.1%	0		0		21.3%
Missouri Baptist Medical Center - St. Louis, MO	36	1.5%	1	2.8%	2	5.6%	15	41.7%	8	22.2%	6	16.7%	0		2	5.6%	2	5.6%	44.4%
Mercy Hospital Lincoln - Troy, MO	27	1.1%	0		1	3.7%	12	44.4%	5	18.5%	9	33.3%	0		0		0		11.1%
Capital Region Medical Center - Jefferson City, MO	20	0.8%	0		3	15.0%	5	25.0%	7	35.0%	5	25.0%	0		0		0		35.0%
Barnes-Jewish St. Peters Hospital - St. Peters, MO	20	0.8%	0		1	5.0%	10	50.0%	5	25.0%	4	20.0%	0		0		0		35.0%
SSM Health St. Louis University Hospital - St. Louis, MO	19	0.8%	0		5	26.3%	7	36.8%	3	15.8%	3	15.8%	1	5.3%	0		0		47.4%
SSM Health St. Mary's Hospital - St. Louis - Richmond Heights, MO	17	0.7%	0		3	17.6%	2	11.8%	1	5.9%	1	5.9%	4	23.5%	4	23.5%	2	11.8%	17.6%
Missouri Residents/Other Illinois Hospitals	16	0.7%	0		0		4	25.0%	0		6	37.5%	6	37.5%	0		0		31.3%
St. Louis Children's Hospital - St. Louis, MO	14	0.6%	14	100.0%	0		0		0		0		0		0		0		21.4%
CenterPointe Hospital - St. Charles, MO	14	0.6%	0		0		0		0		0		14	100.0%	0		0		
Mercy Hospital South - St. Louis, MO	11	0.5%	0		1	9.1%	2	18.2%	0		2	18.2%	2	18.2%	2	18.2%	2	18.2%	36.4%
SSM Health St. Mary's Hospital - Jefferson City, MO	7	0.3%	0		0		1	14.3%	0		1	14.3%	5	71.4%	0		0		14.3%
St. Luke's Des Peres Hospital - St. Louis, MO	7	0.3%	0		2	28.6%	1	14.3%	1	14.3%	3	42.9%	0		0		0		85.7%
Barnes-Jewish West County Hospital - St. Louis, MO	6	0.3%	0		3	50.0%	1	16.7%	0		2	33.3%	0		0		0		66.7%
Mercy Rehabilitation Hospital St. Louis - Chesterfield, MO	6	0.3%	0		1	16.7%	2	33.3%	3	50.0%	0		0		0		0		
Rusk Rehabilitation Center – Columbia, MO	5	0.2%	0		0		1	20.0%	3	60.0%	1	20.0%	0		0		0		
SSM Health St. Clare Hospital - Fenton, MO	5	0.2%	0		0		3	60.0%	1	20.0%	1	20.0%	0		0		0		20.0%
Christian Hospital - St. Louis, MO	5	0.2%	0		0		1	20.0%	1	20.0%	3	60.0%	0		0		0		80.0%
Other Hospitals	34	1.4%	1	2.9%	2	5.9%	11	32.4%	2	5.9%	7	20.6%	9	26.5%	1	2.9%	1	2.9%	17.6%
Hospital Total	**2,391**	**100.0%**	**83**	**3.5%**	**232**	**9.7%**	**530**	**22.2%**	**372**	**15.6%**	**558**	**23.3%**	**181**	**7.6%**	**228**	**9.5%**	**207**	**8.7%**	**22.9%**

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Community CHNA TOWN HALL - Stakeholders & Community leaders April 2nd, 2019 11:30am-1:00pm Pike County, MO N=35								
Cat	Attend	Lastname	First name	Title	Organization	City	ST	Zip
City/Community planners and development officials.	X	Ardeneaux	Kiffany	City Council Ward 2	City Council	Louisiana	MO	63353
Directors or staff of health and human services organizations.	X	Beauchamp	Tommy	Paramedic	Pike County Memorial Hospital	Louisiana	MO	63353
Education officials and staff - school superintendents, principals, teachers and school nurses.	X	Booth	Michelle	Practical Nursing Coordinator	Pike Lincoln Technical Center	Louisiana	MO	63353
Healthcare Board members	X	Chamberlain	Larry	Treasurer, Board of Trustees	Pike County Memorial Hospital	Bowling Green	MO	63334
Directors or staff of health and human services organizations.	X	Ebers	Layne	Dir Human Resources	Pike County Memorial Hospital	Louisiana	MO	63353
Law enforcement agencies-Chiefs Police.	X	Epperson	April Epperson	Chief	Louisiana Police Dept.	Louisiana	MO	63353
City/Community planners and development officials.	X	Evans	Nancy	Ward 1 Council Person	City of Louisiana	Louisiana	MO	63353
Public health officials/board members	X	Gamm	Kim	Public Health Coordinator	Pike County Health Department	Bowling Green	MO	63334
Political, appointed and elected officials.	X	Gamm	Chris	Presiding	Pike Commission	Bowling Green	MO	63334
Physicians.	X	Giles	Dolly	DON	PCMH	Louisiana	MO	63353
Family Nurse Practitioner	X	Harris	Rachel	FNP	Pike County Memorial Hospital	Louisiana	MO	63353
Family Nurse Practitioner	X	Hunn	Jennifer	FNP	PCMH - BG Clinic	Bowling Green	MO	63334
Physicians.	X	Jennings	Casey	DO	Pike County Memorial HOspital	Louisiana	MO	63353
Directors or staff of health and human services organizations.	X	Kniess	Sandy	Materials Management Director	Pike County Memorial Hospital	LOUISIANA	MO	63353
Healthcare Board members	X	Lockard	Allen	Secretary, Board of Trustees	Pike County Memorial Hosp.	Eolia	MO	63344
The Foundation board members	X	Logan	Clay			Louisiana	MO	63344
The hospital or organization's board members	X	Mills	Tylie	CEO	Pike County Memorial Hospital	Louisiana	MO	63353
City/Community planners and development officials.	X	Neff	Maggie	Director	UEDC	Louisiana	MO	63353
Directors or staff of health and human services organizations.	X	Oakes	Keith	Director of Rehab	Pike County Memorial Hospital	Louisiana	MO	63353
Directors or staff of health and human services organizations.	X	Pitzer	Lisa	Infection Control Director	PCMH	Louisiana	MO	63353
Community leaders	X	Powelson	Paulette	CQI Director	PCMH	Louisiana	MO	63353
Housing advocates - administrators of housing programs: homeless shelters, low-income-family housing and senior housing.	X	Roberts	Chandra	Pike County Coordinator	NECAC	Bowling Green	MO	63334
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Schneidler	Tami		PCMH Clinic	Louisiana	MO	63353
Licensed Clinical Social Worker	X	Scott	Sara	LCSW	Pike County Memorial Hospital	Louisiana	MO	63353
Public health officials/board members	X	Stumbaugh	Rhonda	Administrator	Pike County Health Department, Home Health and	Bowling Green	MO	63334
PRESS (Paper, TV, Radio)	X	Thorp	Adam	Editor	Louisiana Press Journal	Louisiana	MO	63353
The hospital or organization's board members	X	Tran	Ann	CFO	Pike County Memorial Hospital	Louisiana	MO	63353
Directors or staff of health and human services organizations.	X	Vanhooser	Reesa	ED/EMS Director	PCMH	Louisiana	MO	63353
Directors or staff of health and human services organizations.	X	Wommack	Casey	Business Office Director	Pike County Memorial Hospital	Louisiana	MO	63353
Directors or staff of health and human services organizations.	X	Woods	Todd	Director of Plant Operations	PCMH	Lousisana	MO	63353

Pike County Memorial Hospital Town Hall Notes (Pike County, MO)
Tuesday, April 2nd, 2019 11:30am-1:00pm   N=35

- o There are many Veterans in Pike County, but they go to Columbia for care.
- o There are homeless people in Pike County.
- o Drugs problems in Pike County: Opioids, Meth, Cocaine, Heroin, Adderall, E (party drugs), E-cigs.
- o Things changing in community: slowing economy, shift of county population, prison employee turnover and operations.

Strengths:
- Hospital in rural area
- Improving health in county
- Outpatient care
- Walk-in clinics (primary care access)
- Health Department
- 911 system
- Visiting Specialists
- Taking care close to home
- Community Collaboration
- Transportation (Roads and Highways) Infrastructure
- Nurse Practitioners and providers for rural area
- Swing bed program

Things to Improve:
- Obesity (eating/exercise)
- Mental health
- Alcohol
- Drug Abuse
- Healthcare Transportation
- Dental Care
- Senior Care
- Poverty
- Child Care
- Specialists (Peds, Cardio, OBYGN, Derm)
- Transition of Care
- High School Degree
- Public Perception (knowledge of care)
- HCHAPS
- Smoking (in public buildings)
- Community Collaboration and communication

Wave #3 CHNA - PCMH PSA

Town Hall Conversation - Strengths (Color Cards) N= 35

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?
13	ACC	Good access/ roads & highways	18	EMS	New 911 system will improve emergency response
33	ACC	Offering more care options	20	EMS	Ambulance centralized 911
34	ACC	Local access i.e. ED department	2	FAC	YMCA - access to exercise
15	ALC	Reported low drinking and driving	3	FAC	YMCA in Pike Co
15	ALL	Community thinks care is increasing	10	FAC	Fitness center
28	AMB	Ambulance - 2 locations	27	FAC	YMCA in Louisiana and Vandalia
21	BH	Mental health services for uninsured, underserved through GRANT	14	GOV	A lot of elected officials see the problem and are striving for change
32	CHRON	Available chronic care management such as diabetic educatoin/support	23	HH	Home health helps so much in our community
1	CLIN	Walk-in clinics	9	HOSP	We do have a hospital
3	CLIN	Access to urgent care/clinics/dialysis clinic	10	HOSP	First entry level hospital
10	CLIN	More walk-in clinics	11	HOSP	PCMH
11	CLIN	Clinics in the community	12	HOSP	PCMH for immediate care
13	CLIN	Hospital clinics	19	HOSP	Hospice/home health
18	CLIN	Walk-in clinic very beneficial	19	HOSP	Swingbed program @ PCMH
21	CLIN	Increase in acute care clinics/walk in clinics recently	20	HOSP	Hospital access - RHC's/ walk-in
22	CLIN	Clinic and physician availabiliy with walk ins	22	HOSP	PCMH outside community support
23	CLIN	Walk-in clinics	23	HOSP	Community feels that the hospital/medical care is getting better
26	CLIN	Increase in awalk in clinics	27	HOSP	Critical access hospital
28	CLIN	Good clinics	28	HOSP	Critical care hosptial
22	COMM	Communication with ocmmunity leaders	29	HOSP	We have a community hospital, clinics, and health department
5	CORP	Collaboration of agencies	31	HOSP	Community hospital
5	CORP	Several peopleare very interested in changing lives/ and the county. (dedicated people live here)	1	OP	Outpatient
6	CORP	Community outreach	6	OP	Outpatient
8	CORP	Overall vision to needs from the health care community	26	OP	Outpatient service
9	CORP	We have a dedicated group of people who care about and promote the county and the people who reside here!	34	OP	Outpatient services (PT Dept)
11	CORP	More partnering in community	17	ORTH	Orthopedic care
13	CORP	Good working relationship between hospital and law enforcement	18	ORTH	Hospital has increased orthopedic services
16	CORP	People willing to work towards change	2	OTHR	Churches - places for religious expression
19	CORP	Collaboration between agencies	3	OTHR	Quality school system/education
19	CORP	Outreach by agencies (ex. YMCA grograms, food bank, trimble house)	4	OTHR	People you know/ close to home personal care
25	CORP	Community collaboration	12	OTHR	Giving people
29	CORP	People and organizations are willing to work together	13	OTHR	Many concerned citizens
30	CORP	Community involvement	22	OTHR	Community pride
31	CORP	Community support	25	OTHR	Small community/rural relationships - come together in times of need
34	CORP	Strong community board	30	OTHR	Support structures (churches etc...)
1	DOCS	Doctors	24	PHARM	Pharmacy!
4	DOCS	Transfer to highest level of care when needed	26	PHARM	Pharmacy
6	DOCS	Physicians	2	PHY	Physical therapy
28	DOCS	Doctors	4	PHY	Excellent SWB, Rehab (PT)

Wave #3 CHNA - PCMH PSA					
Town Hall Conversation - Strengths (Color Cards) N= 35					
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?
29	DOCS	Number of providers but increase marketing on education of services	7	PHY	PT
32	DOCS	Stable care numbers/services	5	PRIM	Access to primary care docs
34	DOCS	Providers	25	PRIM	Primary health care/ acute and urgent care added
1	DOH	Health Dept	32	PRIM	Primary care services
3	DOH	Public health dept - WIC	4	SPEC	Specialists so pt don't have to drive to xyz
9	DOH	We do have a great health dep	6	SPEC	Specialists
10	DOH	Health Dept good resources	20	SPEC	Specialties for rural area, resources/just pull together
12	DOH	Community health to fill in gaps	21	SPEC	Different specialty physicians that has been mad available (though limited amount of days)
16	DOH	Health Dept	25	SPEC	Specialty care is improving
18	DOH	Strong public health	32	SPEC	New specialty services being offered
20	DOH	Public health	33	SPEC	Have some specialties
21	DOH	Public health programs	34	SPEC	Specialist providers (orthopedics and general surgery)
24	DOH	Health department	4	SS	Improved LCSW (2) - better to social visits
25	DOH	Community health	17	STFF	Adding NP's/PA's
27	DOH	Health Dept	18	STFF	Have increased # of practitioners in clinics
28	DOH	Health care dept - hospice	20	STFF	Nurse practitioners
30	DOH	Public health department	33	STFF	Good hospital staff
31	DOH	Health department/hospice options	17	SUR	General surgery care physician
32	DOH	Great helath department/hospice options	2	URG	Urgent care in BG
2	ECON	Opportunities for opening business	7	URG	Urgent care
33	ECON	Financial conditions of hospital and public health	24	URG	Acute care clinics
19	EMER	Access to emergency care	21	VACC	VFC providers for free vaccine for uninsured/underinsured
1	EMS	EMS	17	VETS	Increase of veteran services
11	EMS	Establishing centralized 911 response to ensure safety in the community	5	WAIT	Wait time in ER same as national average
13	EMS	911	27	WELL	Free school physicals
15	EMS	Good score on EMS	2	WIC	WIC
17	EMS	911 Services	26	WIC	WIC help for preganant women
17	EMS	Helicopter on site for emergency			

Wave #3 CHNA - PCMH PSA

Town Hall Conversation - Weakness (Color Cards) N= 35

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
20	ACC	Affordable access to healthcare/options	28	MRKT	Community should know more about the services offered in the area
22	ACC	Access to care	8	MRKT	Marketing to our population
31	ACC	Access to services > free clinic? Meds cabinet?	12	MRKT	Marketing
20	AGE	Senior care/follow up/nursing home satisfaction	16	MRKT	Awareness of services
2	BH	Mental health services/provider	18	MRKT	Marketing - advertising
3	BH	Mental health availability	19	MRKT	Marketing/advertising services
4	BH	Need response to drug and mental health issues	31	MRKT	Knowledge of services
5	BH	Behavioral health	3	NH	Nursing home quality care
6	BH	Mental health care routine and emergent	5	NH	Nursing homes
7	BH	Behavioral health	9	NH	Nursing home
9	BH	Mental health	14	NH	Nursing home care/staffing
11	BH	Mental/Behavioral health services	16	NH	Elder care facilities
12	BH	Mental health	17	NH	Nursing homes
13	BH	Mental health classes/groups/provider	23	NH	Need improved nursing home care and number of homes
16	BH	Mental/bahvioral care	27	NH	Quality of nursing homes
20	BH	Mental health access	28	NH	Increase services/help for the seniors - surrounding nursing homes are full and falling apart
22	BH	Establish access to BH services	2	NUTR	Access to healthy food
23	BH	Need mental health care	6	NUTR	Food outreach for school/poor
27	BH	Behavioral health	14	NUTR	Healthy and cost effective food options
28	BH	All aspects of mental/behavioral health and substance abuse	5	OBES	Obesity/exercise (start in schools)
29	BH	Mental health services	17	OBES	Obesity/nutrition/healthy eating
31	BH	Mental health	18	OBES	Obesity educate
32	BH	Improve mental health services	25	OBES	More resources for active people to decrease obesity level
6	CARD	2nd cardiologist in community	10	OBG	OB/PEDS access
8	CARD	Increase cardiology (St. Luke's)	29	OBG	OB services
8	COMM	Increase number of responses on HCAHPS	1	OTHR	Affordable housing
17	COMM	Online patient communication	25	OTHR	Need to increase youth who are graduating high school
27	COMM	Community awareness	30	OTHR	Improve access to technology internet service
26	CORP	Need to organize the different agencies	4	OTHR	Address medication reconciliation between providers and transitions in care
30	CORP	Community engagement in health	6	OTHR	Transitions in care
3	DENT	Dental services	11	OTHR	Sub. All services
8	DENT	Increase dental care	12	OTHR	Perceptions
17	DENT	Dental care access	21	OTHR	Share of resources
18	DENT	Bring in dentist	19	PEDS	Ped care
29	DENT	Dental services	33	PEDS	Pediatricians - we have youth and all the providers are in Marian county
4	DOCS	Need to recruit more physicians (MD or DO)	2	PNEO	Easier access for prenatal care or education
8	DOCS	Increase number of providers (doctors, PCP, and dermatology)	5	POV	Grants/poverty levels
13	DOCS	Need more providers	20	POV	Poverty
18	DOCS	More physicians	27	POV	Food insecurity
22	DOCS	Increase providers, potential increase specialty	4	PREV	Need to offer more preventative services
23	DOCS	Add new providers - dentists, mental health	17	PREV	Prevention/mgmt of CHF OCKD

Wave #3 CHNA - PCMH PSA

Town Hall Conversation - Weakness (Color Cards) N= 35

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
24	DOCS	Recruit more young doctors	14	PSY	Psychiatric care
3	DRUG	Substance abuse/opioid addiction	10	QUAL	Quality of care- medsurg
12	DRUG	Drugs	32	REC	More activities for youth and families
13	DRUG	Drug/alcohol classes/groups/rehab	33	REC	With nothing for kids to do in the area more are turning to drugs, drinking, and sex
14	DRUG	Tracking system in Pike Co. for opioid RX's that connects to all systems	5	SMOK	Smoking/vaping - education in schools
20	DRUG	Substance abuse	27	SMOK	Smoking in buildings
25	DRUG	Plan to address addition for drugs and alcohol	31	SMOK	tobacco cessation dz/state management > heart death issues
1	ECON	Jobs with benefits - incentives	33	SMOK	So many moms are smoking while pregnant. They say "I turned out fine so will the baby"
7	ECON	Jobs	1	SPEC	More specialties
14	ECON	More economic into community	15	SPEC	Increase number of specialist providers
15	ECON	Increase economy	16	SPEC	More specialist providers visiting PCMH
15	ECON	decrease unemployment > more business	18	SPEC	Being in more specialist
16	ECON	Economic conditions	11	SUIC	Decrease suicide rate
18	ECON	Need jobs	33	SUIC	Help for suicide
21	ECON	Economic growth	3	TRAN	Lack of transportation causes high no show rates in clinics
25	ECON	Develop ways to improve growth or economic development	4	TRAN	Transportation for patients to get to appointments
26	ECON	Economics - poverty level is up	5	TRAN	Transportation
8	EYE	Increase eye care	6	TRAN	Transportation to care
16	EYE	Eye care/dental care providers	9	TRAN	Transportation
19	FAM	Health for young families	11	TRAN	Transportation
30	FEM	Bettwe women's health/maternal health	14	TRAN	Transportation to/from hospital
7	FIT	Physical activity	15	TRAN	Transportation
19	FIT	Adult activity	17	TRAN	Transportation for elderly to get care
22	FIT	Access to healthy livinf (food, exercise)	20	TRAN	Transportation
24	FIT	Add more free exercise activities	21	TRAN	Transportation
14	HOSP	Improve image of hospital and quality care	30	TRAN	Transportation - other than medical
32	HOSP	public view of PCMH	31	TRAN	Transportation
2	HRT	Better follow up for htn/CAD patients to lower deaths	7	WELL	Press education
5	INSU	Economic/Insurance decreased people to work	8	WELL	Increase education on stroke and heart
11	INSU	Decrease number of uninsured	9	WELL	Education (food, smoking, etc.)
13	INSU	More help needed for self-pay patients or for patients unable to pay for insurance	13	WELL	Education
17	INSU	Insurance/payer issues - better ways to collect without negative perception	15	WELL	More community education services
21	INSU	Finance and insurance coverage	16	WELL	Wellness programs
33	INSU	Insurance - most people dropped insurance once trump signed the new law. Because they can't afford it	18	WELL	Educaiton of health choices
2	IP	Improving inpatient care	19	WELL	Education to young families about how pike county can help raise your family
3	IP	Inpatient physicians available	22	WELL	Educate community on need for screenings
23	KID	Improve child care	24	WELL	Classes on nutrition
30	KID	More child care	24	WELL	Classes on exercise
32	MAMO	improve mammogram screening	26	WELL	More county-wide emphasis on health care education

c) Public Notice & Requests

[VVV Consultants LLC]

E Mail #1 CHNA Request

(From PCMC's CEO email …. Cut/ Paste message BCC Stakeholders)

From:
To: Pike Co MO – CHNA Stakeholders
Date: February 11, 2019

Subject: 2019 CHNA Community Feedback Survey- Pike County

Over the next three months Pike County Memorial Hospital will be updating their past Pike County, Missouri Community Health Needs Assessment (CHNA).

Your feedback and suggestions regarding current community health are very important to collect in order to complete our comprehensive 2019 Community Health Needs Assessment and Implementation Plan.

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

https://www.surveymonkey.com/r/PikeCo_CHNA2019

All responses are confidential. Thank you in advance for your time and support in participating with this important request. **Please complete CHNA Wave #3 online survey by Friday, March 8, 2019.**

NOTE: **Please hold Tuesday April 2nd, 2019 (11:30-1:00 p.m.)** to attend a working lunch CHNA Town Hall at PCMH in the 1st Floor Conference Room. More information will be coming in late March.

PRESS RELEASE   2/11/2019

Contact: Tylie Mills

PCMH seeking Community Feedback for 2019 Health Needs Assessment

Louisiana, MO   In order to gauge the overall healthcare needs of Pike County MO residents, Pike County Memorial Hospital invites area residents to participate in a Community Health Needs Assessment (CHNA) online feedback survey. The goal of this assessment is to understand progress in addressing community health and to collect up-to-date community health perceptions.

To accomplish this work, a short online survey has been developed and can be accessed by visiting the following website or going to PCMH's Facebook page:

https://www.surveymonkey.com/r/PikeCo_CHNA2019

Vince Vandehaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, KS) has been retained to conduct this community wide research. All community residents are encouraged to **complete the confidential CHNA 2019 online survey by Friday, March 8, 2019.** and to attend the upcoming scheduled Town Hall on Tuesday, April 2nd from 11:30-1:00pm at PCMH in the 1st Floor Conference Room.

"This Community Health Needs Assessment will be an opportunity to review our communities' health needs, obtain our patients' experiences and make suggestions to improve healthcare delivery within our service area," said Tylie Mills PCMH's CEO.

If you seek any additional information or have any questions regarding this assessment, please contact Sherry Grote at sgrote@pcmhmo.org or call (573)754-5531.

Email #2 – Town Hall Invite

To: Stakeholders, Staff, Community Leaders (Cut and BCC to Stakeholder list)
From: Tylie Mills
Subject: Pike County – Community Health Needs Assessment Town Hall April 2nd
Date: March 8th, 2019

Pike County Memorial Hospital (PCMH) invites area residents to participate in a Community Health Needs Assessment (CHNA) Town Hall roundtable on **Tuesday, April 2nd from 11:30 a.m. to 1:00 p.m. in the PCMH 1st Floor Conference Room at PCMH.** A light lunch will be served at 11:15 a.m.

Please RSVP here:
https://www.surveymonkey.com/r/PikeCo_CHNA2019_RSVP

This event is being held to identify and prioritize the health needs of Pike County residents. Feedback from the event will also serve to fulfill both federal and state mandates. Vince Vandehaar, principal consultant at VVV Consultants LLC. from Olathe, Kansas, has been hired to facilitate this meeting.

If you seek any additional information or have any questions regarding this assessment, please contact Sherry Grote at sgrote@pcmhmo.org or call (573)754-5531.

Sincerely,

Tylie Mills
Pike County Memorial Hospital CEO

For Immediate Release

Released: March 8th, 2019

Contact: Tylie Mills

Pike County - Community Health Needs Assessment Town Hall April 2nd

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Please RSVP here:
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If you seek any additional information or have any questions regarding this assessment, please contact Sherry Grote at sgrote@pcmhmo.org or call (573)754-5531.

d) Primary Research Detail
Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

							CHNA 2019 Community Feedback - Pike Co MO N=139
ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1096	63334	Average	Not really changing much	ACC	QUAL		Better quality and access for various tests
1001	63353	Average	Decreasing - slipping downward	ACC			Indigent health services available. Healthy living available at reduces or no cost.
1070		Good	Increasing - moving up	AGE	NUTR	CANC	Elder health disease management prevention, diet and exercise-supervised, surgeon, cancer care, urgent care,
1082	63334	Good	Increasing - moving up	BH	DRUG		behavioral health, mental health, tackling the drug problem are all issues that need to be looked at
1069	63334	Good	Increasing - moving up	BH	IP	OBG	Mental health inpatient help. Whether it is helping to find placement or helping by admitting. Also OB/gym services.
1023		Good	Increasing - moving up	BH	PSY		Mental health services, especially psychiatry
1056	63339	Good	Increasing - moving up	BH			Mental healthcare needs to be addressed especially for our children
1102	63334	Average	Increasing - moving up	BH			More emphasis is needed on mental health care, especially for those with Medicaid.
1127	63334	Good	Increasing - moving up	BH			Not-for profit Mental health care facility
1132	63334	Good	Increasing - moving up	BH			Need more Mental health services.
1138	62366	Very Good	Not really changing much	BH			Behavioral Health
1026	63334	Average	Not really changing much	BILL	TELE	BH	one is the area of billing i was given a big bill when seems someone jumped the gun before even my insurance responded to cover it as for pike county health department i was denied telehealth based on united healthcare(my medicare) not covering but the ones to start ball rolling refused to take my medicaid they only went with the medicare and said thats ALL they needed rolando has been trying to give me contact information to remedy issue so dont have to go to NEXT COUNTY to resolve issue with telehealth snafu other then that not much can say other then lack of mental health providers in area
1080	63336	Good	Decreasing - slipping downward	CARD	DERM		Cardiology and Dermatology
1047	63359	Good	Not really changing much	CARD	DOCS	BH	Increase in Cardiology services Increase in physicians that can do hospital in prep for Pwp and JFO retirement Better mental health psych services
1045	63334	Good	Decreasing - slipping downward	CARD	STFF		one more cardiologist to serve the community and not from Quincy....who wants to go there??? Did u survey this first? Staff retention big problem.
1091	63353	Very Good	Not really changing much	CLIN	AGE		Maybe some "clinics" outside of the normal delivery system. Blood pressure screenings etc, maybe at the Senior Center etc.
1095	63459	Average	Decreasing - slipping downward	CLIN	HOSP		Walk in clinics, pike county memorial hospital
1123	63353	Average	Not really changing much	CLIN	TRAN	AGE	Free clinic available. Available transport to and from doctor appointment for more than elderly
1008	63353	Good	Increasing - moving up	CLIN			Central dispatch for 911, which I know is currently being worked on which is great for our community. I would like to see x-ray capability in the walk-in clinic.
1046	63334	Good	Increasing - moving up	COMM	CORP	NUTR	We need to continue to foster collaboration among healthcare providers and elevate awareness of better health habits. Patient Centered Medical Homes which incorporate health coaches and navigators into their model could be especially beneficial to underserved populations in Pike County.
1134		Good	Increasing - moving up	COMM	WAIT		Bed side manners, response time, decrease weight times
1036	63334	Average	Decreasing - slipping downward	COMM			Communication between doctors, patients, nurses, and agencies involved in patient care
1077		Good	Increasing - moving up	COMM			Making sure patients understand their diagnosis, and any changes happening in the plan of care.
1137	63353	Very Good	Decreasing - slipping downward	DENT	BH		Dentistry. Mental health
1071	63336	Average	Increasing - moving up	DERM	IM	NUTR	Always feel there is room for improvement. Would like dermatology, true intefnal med, nutrition classes, healthy diet and exercise programs (possibly in cooperation with PT, dietary and Y) i feel many looking for improved health go to y but no one there yo show them appropriate exercise technique. Good health starts with taking care. Prevention. Also more GP
1049	62366	Good	Increasing - moving up	DERM	URL		dermatology and urinary specialist
1130	63353	Very Good	Increasing - moving up	DERM			A dermatologist is needed in the area.
1089	63334	Average	Not really changing much	EMER	SPEC		Pike County Memorial hospital emergency room quality. More highly qualified specialist in the area.
1113	63334	Very Good	Increasing - moving up	EMER	WAIT		ER services are great but the time you have to spend there seems to be a long time
1090	63334	Poor	Not really changing much	EMER			Emergency room quality

CHNA 2019 Community Feedback - Pike Co MO N=139

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1084	63353		Not really changing much	EMS	COMM	DOCS	I feel that we need to make sure that we have the proper amount of EMS available to the public at all times. If there is a transfer, then we need to bring in a transfer team to do so. I think that our doctors especially need to work on their people skills, or we are going to start loosing a lot of patients to out of town physicians. They also need to make themselves more available to the patients instead of having such a limited schedule. Physicians needs to be held accountable for their work just like any other employee would be, no matter their rank. They should have discipline for their actions (hold on paycheck for not getting notes done, etc.). I feel as being in the health care system, the physicians are the ones making us money, but they aren't helping do so when they don't get their work done. So I think that getting them to be responsible is a HUGE task. I also feel like we need to bring more specialtys to the area, as we are an older community and a lot of the elderly aren't able to get out of the area to get to their appointments anymore. If we are able to do that then we are able to meet their needs.
1122	63344	Good	Not really changing much	HH			Home visits by medical staff is a great idea. Case management of difficult situations would help, including medical, nursing, and social services.
1055	63105	Very Good	Not really changing much	HOSP	QUAL		More OR procedures capability.
1024	63334	Average	Not really changing much	INSU			Cost for under insured or non-insured families
1044	63353	Poor	Decreasing - slipping downward	INSU			Revisit of insurance plans accepted by hospital as not all plans offered by local employers are accepted by the hospital.
1126	63336	Very Poor	Decreasing - slipping downward	INSU			Prices of tests. When insurance is so high and we have to pay even higher deductibles help us out. Offer discounts if bills are paid.
1087	63353	Good	Increasing - moving up	NUTR	DENT		Community food needs seem to be increasing. We are down to one dentist in the community.
1051	63353	Average	Decreasing - slipping downward	OBG	WELL	CLIN	gyn services, wellness programs in a non-fee setting, free clinics for impoverished population
1057	63330	Poor	Increasing - moving up	ONC	MRKT	ACC	Oncology services are needed. Education on health care. Our community doesn't have the education to know when to use what services. Emergency vs. Clinic vs. Urgent Care vs. stay home
1028	63334	Good	Increasing - moving up	PEDS	BH		Adding of a local full time Pediatrician. More mental health services.
1021		Very Poor	Not really changing much	PEDS	DOCS	QUAL	1) We need more peds' docs. Denise Foster is the only one I will send my kids to. 2) Other docs need to actually DO THEIR JOB and diagnose the condition properly. Strep has NEVER gone away, in a YEAR. I have called CDC on this issue. It seems as though medical professionals are not keeping up with the viruses and any new strains that develop. They misdiagnose, prescribe ineffective medications and the situation never gets any better. Is the water contributing to this situation? There is no excuse for this perpetual sickness. Spend a little more time with the patients, figure out the real issue and prescribe the correct medication, correct dosage and follow up on the strain AND the patient.
1112	63441	Average	Increasing - moving up	PEDS	OBG		We could use an actual pediatrician as well as an OB doctor.
1081	63334	Average	Not really changing much	PEDS			pediatrics
1105	63353	Poor	Decreasing - slipping downward	POV			more care for the poor
1114	63344	Very Good	Increasing - moving up	PRIM	SPEC		It is always good to survey, as in this event, to see if other services are needed. Providing primary care and speciality services within the county are always helpful.
1061	63334	Poor	Not really changing much	PRIM			Access to Primary Care Physicians
1009	63336	Average	Increasing - moving up	PSY	TELE		We need to have a psychiatrist available in Pike County. I have had comments for peopel we support regarding the Telehealth and most would like to see the psychiatrist in person instead via the screen.
1020	63353	Poor	Increasing - moving up	QUAL	DOCS		More doctors who are like Dr. Cole Scherder. He's professional but friendly. He puts his patients first and doesn't treat you like just another patient. He is doesn't use outdated methods and procedures. He just sets the standard that all doctors and healthcare service employees should strive for.
1041	63334	Average	Decreasing - slipping downward	QUAL			More focus on quality patient care
1092		Good	Increasing - moving up	SPEC	DERM	ENT	More Spealists. Like dermatology or ENT
1035	63441	Average	Not really changing much	SPEC	PEDS	CARD	Need specialty doctors at the hospital. pediatrics, cardiology, neurology, etc.
1053	62363	Good	Not really changing much	SPEC	TELE		Access to more specialty care either by providers in a clinic setting or remote access, telemedicine
1037		Good	Not really changing much	SPEC			more specialists in area.
1136	63334	Average	Not really changing much	SPEC			I feel that we need more specialist coming to our communities.
1086	63353	Good	Increasing - moving up	SURG			It would be nice to have more surgical options in Pike County, MO.
1003	63353	Average	Decreasing - slipping downward	TRAN	CLIN		transportation for elderly that is convenient and affordable. Free clinic
1059	63353	Average	Decreasing - slipping downward	TRAN	CORP		transportation issues increased community outreach
1139	63344	Good	Increasing - moving up	TRAN			transportation
1034	63353	Average	Not really changing much	TRAV	ACC		more procedures done local

							In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
ID	Zip	Overall	Movement	c1	c2	c3	
1075	63441	Average	Increasing - moving up	WAIT	AMB		Yes, there are health care services or delivery issues that desperately need to be improved. The first one is that we have 18,000 people living in this county and the wait time for ambulances from either PCMH or from outside of the county is ridiculous. I know firsthand that our county's ambulances take way too long to arrive in communities such as Frankford. In my opinion, more ambulances in this county would lower response time and help save lives.
1079	63336	Good	Increasing - moving up	WAIT	SPEC	DERM	We need quicker results for diagnostic testing. More specialists need to be added-Dermatology would be nice.
1007	63336	Average	Not really changing much	WAIT			ability to get appointments when needed and not have to go to emergency room
1088	63353	Good	Increasing - moving up	WELL	PSY	EMER	More community education, better psyche care in ER setting to prevent prolonged placement.

CHNA 2019 Community Feedback - Pike Co MO N=139

CHNA 2019 Community Feedback - Pike Co MO N=139

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1012	63401	Poor	Not really changing much	ACC			Look outside to other organizations that provide services to Pike County who may not have offices here.
1078		Average	Increasing - moving up	AGE	TRAN	KID	I think the elderly in our community are neglected. Once you are no longer able to drive, your social networking becomes very limited. We also need better child care options.
1008	63353	Good	Increasing - moving up	AGE			Adult daycare.
1027	63353	Good	Increasing - moving up	BH	DRUG		mental Health and Substance abuse for all ages
1107	63334	Very Good	Increasing - moving up	BH	INSU		More access to mental health services for low income or non insured. More patient assistance for those unable to afford medication
1082	63334	Good	Increasing - moving up	BH	ONC	TRAN	mental health, oncology outreach services to help people not have to drive so far,
1009	63336	Average	Increasing - moving up	BH	PEDS	TRAN	We need mental health care: psychaitrist that comes to this county. We need pediatric doctors in this area. Transportation is an issue for most low income families.
1138	62366	Very Good	Not really changing much	BH	SNUR	DOH	mental health wellness. Could partner more with schools and Public Health
1122	63344	Good	Not really changing much	BH	SPEC		We need mental health and specialists
1014	63353	Average	Not really changing much	BH			mental and behavior health
1056	63339	Good	Increasing - moving up	BH			Mental health concerns
1139	63344	Good	Increasing - moving up	BH			behavioral health,
1088	63353	Good	Increasing - moving up	CARD	TRAV		Add another cardiologist to replace dr Bollis. People are upset about his absence & want care at st lukes hospital.
1090	63334	Poor	Not really changing much	CLIN	INSU		The community is confused on what clinic is affiliated with what local hospital. There needs to be accessibility for families with no insurance or poor insurance. There should be a language translator at every community facility.
1004	63461	Average	Increasing - moving up	CLIN	WAIT		Satellite clinics in the rural areas of Curryville, Clarksville, etc, if not there already. I heard Louisiana folks have to go to BG one day a week to see a doctor.
1051	63353	Average	Decreasing - slipping downward	COMM	TRAN	INSU	wellness partners, transportation needs, financial aid for indigent patients.
1021		Very Poor	Not really changing much	CORP	BH		I am not sure if partnering is the answer. The community itself has to care about making a difference before it can reach out and partner with other entities. Diseases, conditions and mental health awareness needs improved so residents feel supported versus simply disregarded.
1057	63330	Poor	Increasing - moving up	CORP	COMM		I think that quarterly meeting with all health care providers should happen. This doesn't include doctors. I feel that they don't have their pulse on the needs of community. .
1043	62366	Very Good	Increasing - moving up	CORP	DERM	IM	yes can partner. need dermatology. internal medicine.
1003	63353	Average	Decreasing - slipping downward	CORP	HH	HOSP	If Hospital and Home Health would truly put the community first, there is nothing that couldn't be done
1011	63401	Good	Increasing - moving up	CORP			Establish a Community Healthcare Worker Program. Families And Communities Together
1074		Good	Increasing - moving up	CORP			Community meetings Yes
1084	63353		Not really changing much	DERM	DRUG	PEDS	Dermatology Substance Abuse Safe House Child Psych Obesity Clinic OBGYN ENT
1064	63334	Good	Increasing - moving up	DOCS	COMM		More doctors meeting with the public, like free seminars
1024	63334	Average	Not really changing much	DRUG	FEM		Substance abuse treatment with residential care. Women's health
1041	63334	Average	Decreasing - slipping downward	DRUG			SUBSTANCE ABUSE EDUCATION
1047	63359	Good	Not really changing much	DRUG			addressing the addiction to opioids - substance abuse
1081	63334	Average	Not really changing much	FEM	FAM	DERM	women's health and family planning, yes dermatology - yes pediatrics - yes mental health - yes can try SSM, BJC, Mercy
1046	63334	Good	Increasing - moving up	HH	CHRON	DIAB	patient centered medical homes within primary care clinics targeted to support those with chronic diseases such as diabetes
1079	63336	Good	Increasing - moving up	HH	DERM		Home visits for patients. Dermatology added to our area.
1080	63336	Good	Decreasing - slipping downward	INSU			Help with financial assistance/insurance coverage.
1068	63353	Good	Decreasing - slipping downward	KID	DRUG	ALCU	I really think there needs to be more emphasis on our youth. DARE for our kids is in 5th grade and that is basically it other than health class. Drugs, alcohol, jewels and vaping and other situations the kids are facing. Many of these kids could use mental and social support.
1127	63334	Good	Increasing - moving up	KID			Child day-care and night-care for parents who work nights
1123	63353	Average	Not really changing much	MRKT	POV		Make public aware of currently available help. Food pantries bcccp, free clinics,welness programs available free of charge.
1109	63334	Good	Increasing - moving up	NEU			Dementia caregivers support group
1061	63334	Poor	Not really changing much	NUTR	FIT		Diet and exercise programs in the schools.
1036	63334	Average	Decreasing - slipping downward	NUTR	OBES		nutrition- having a class that is offered (for little or no cost because a lot of people will not be able to afford it) to teach people about healthy eating and obesity
1048	63459	Good	Increasing - moving up	NUTR	POV		Loaves and Fishes to feed anyone who wants a hot meal no matter the circumstances or financial background, no judging, just feed God's Sheep.
1017	63339	Good	Not really changing much	OBES	BH		Obesity and Mental Health

CHNA 2019 Community Feedback - Pike Co MO N=139

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?
1071	63336	Average	Increasing - moving up	OBES	BH	NUTR	Obesity prevention starting with school age children, parental awareness if how to promote healthy mental growth, elder care and health promotion, diet snd nutrition as it effects health, elderly diet and exercise, Transportation for healthcare Partner with schools, Y, public and hime health. Spiritual care when ots hospitalized
1086	63353	Good	Increasing - moving up	OBES	NUTR		Weight Watchers
1126	63336	Very Poor	Decreasing - slipping downward	OBES	PEDS		Weight lose, pediatricians,
1069	63334	Good	Increasing - moving up	OBG	BH		OB/gym and mental health assistance
1055	63105	Very Good	Not really changing much	ORTH	OBES		Arthritis awareness and obesity
1132	63334	Good	Increasing - moving up	PEDS	DRUG		Pediatrics, substance abuse services
1089	63334	Average	Not really changing much	PNEO	DRUG	INSU	Prenatal programs, Quality substance abuse program for families with no insurance of poor insurance coverage. There is a need for more qualified specialist in the area.
1102	63334	Average	Increasing - moving up	PSY	BH		Psychiatric services are desperately needed!
1053	62363	Good	Not really changing much	SPEC	ACC		Partner to obtain services from specialty physician services.
1033	63353	Average	Not really changing much	SPEC			don't know how to attract specialists
1075	63441	Average	Increasing - moving up	STD	DOCS		Our community needs to do a better job of providing information about STD and HIV/AIDS testing. Our community needs to do a better job of attracting physicians to our county hospital.
1026	63334	Average	Not really changing much	TRAN	TRAV		if can get a more local office for clarity or arthur center would be nice transport to other counties is tad bit much when must see behavioral/mental health providers dealing with logisticare then the rides to and from when could do so with in the community of bowling green would be nice
1095	63459	Average	Decreasing - slipping downward	TRAN			Better transportation for families who need it to get the help
1091	63353	Very Good	Not really changing much	WELL	NUTR	AGE	Programs outside the facility that might reach more people. Nutrition education at the food pantry, senior health education at the Trimble House etc.
1001	63353	Average	Decreasing - slipping downward	WELL			wellness and long term disease management
1044	63353	Poor	Decreasing - slipping downward	WELL			More frequent free/open health assessment fairs
1020	63353	Poor	Increasing - moving up	WIC			WIC cards instead of checks

Pike County Memorial Hospital (PCMH) requests your input in order to create a 2019-2021 Pike County, Missouri Community Health Needs Assessment (CHNA). To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery. Survey funded by PCMH.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention!   Deadline to participate is Friday, March 8th, 2019.

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

◯ Very Poor ◯ Poor ◯ Average ◯ Good ◯ Very Good

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

◯ Increasing - moving up   ◯ Decreasing - slipping downward

◯ Not really changing much

Why? (please specify)

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

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

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

☐ Behavioral Health

☐ Community Health Education

☐ Dermatologists

☐ Disease Management

☐ Drugs

☐ Gynecologists

☐ Healthy Behaviors

☐ Mental Health Services

☐ Obesity / Nutrition Education

☐ Online Patient Communication

☐ Pediatricians

☐ Substance Abuse

☐ Telehealth Services

☐ Transportation

☐ Urgent Care

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

☐ Behavioral Health

☐ Community Health Education

☐ Dermatologists

☐ Disease Management

☐ Drugs

☐ Gynecologists

☐ Healthy Behaviors

☐ Mental Health Services

☐ Obesity / Nutrition Education

☐ Online Patient Communication

☐ Pediatricians

☐ Substance Abuse

☐ Telehealth Services

☐ Transportation

☐ Urgent Care

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

☐ Health & wellness education   ☐ Elder assistance programs

☐ Chronic disease prevention   ☐ Family assistance programs

☐ Limited access to mental health assistance   ☐ Awareness of existing local programs, providers, and services

☐ Case management assistance   ☐ Finance & Insurance coverage

Other (please specify)

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	○	○	○	○	○
Child Care	○	○	○	○	○
Chiropractors	○	○	○	○	○
Dentists	○	○	○	○	○
Emergency Room	○	○	○	○	○
Eye Doctor/Optometrist	○	○	○	○	○
Family Planning Services	○	○	○	○	○
Home Health	○	○	○	○	○
Hospice	○	○	○	○	○

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	○	○	○	○	○
Mental Health	○	○	○	○	○
Nursing Home	○	○	○	○	○
Outpatient Services	○	○	○	○	○
Pharmacy	○	○	○	○	○
Physician Clinics	○	○	○	○	○
Public Health	○	○	○	○	○
School Nurse	○	○	○	○	○
Specialists/Medical Providers	○	○	○	○	○

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

	Very Good	Good	Fair	Poor	Very Poor
Early Childhood Development Programs	○	○	○	○	○
Emergency Preparedness	○	○	○	○	○
Food and Nutrition Services/Education	○	○	○	○	○
Poverty/Financial HEalth	○	○	○	○	○
Health Screenings (such as asthma, hearing, vision, wellness)	○	○	○	○	○
Immunization Programs	○	○	○	○	○
Obesity Prevention & Treatment	○	○	○	○	○

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

	Very Good	Good	Fair	Poor	Very Poor
Spiritual Health Support	○	○	○	○	○
Prenatal / Child Health Programs	○	○	○	○	○
Sexually Transmitted Disease Testing	○	○	○	○	○
Substance Use Treatment & Education	○	○	○	○	○
Tobacco Prevention & Cessation Programs	○	○	○	○	○
Violence Prevention	○	○	○	○	○
Women's Wellness Programs	○	○	○	○	○
WIC Nutrition Program	○	○	○	○	○

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 community members actively working together to address/improve health in our community?

○ 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.)

☐ Abuse/Violence	☐ Mental Illness	☐ Suicide
☐ Alcohol	☐ Nutrition/Access to Food	☐ Teen Pregnancy
☐ Breast Feeding Friendly Workplace	☐ Obesity	☐ Tobacco Use
☐ Cancer	☐ Environmental health	☐ Vaccinations
☐ Diabetes	☐ Physical Exercise	☐ Water Quality
☐ Drugs/Substance Abuse	☐ Poverty	☐ Wellness Education
☐ Family Planning	☐ Lung Disease	☐ N/A
☐ Heart Disease	☐ Sexually Transmitted Diseases	☐ Infant Deaths
☐ Lead Exposure	☐ Smoke-Free Workplace	☐ Traffic Safety

Other (please specify)

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

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

Other (please specify)

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

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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