

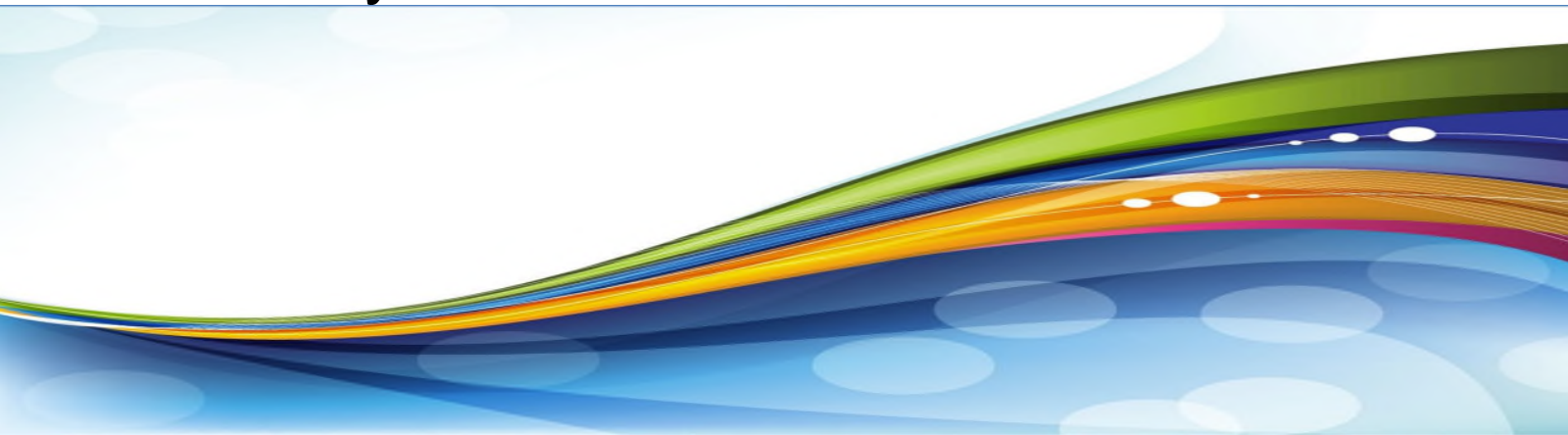


# Northeast Missouri Region

Marion, Monroe, Shelby, Ralls, Lewis and Pike, MO Counties

**Hannibal Regional Healthcare System - Primary Service Area**

**Community Health Needs Assessment Round #2**



**August 2016**

**VVW Consultants LLC  
Olathe, KS**

# Community Health Needs Assessment

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# I. Executive Summary

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[VVV Consultants LLC]

## I. Executive Summary

### Hannibal Regional Healthcare System (Primary Service Area) - 2016 Community Health Needs Assessment (CHNA)

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 local residents, to research and prioritize county health needs and document community health delivery successes. This health assessment will serve as the foundation for community health improvement efforts for the next three years. The last CHNA for Hannibal Regional Healthcare System (Primary Service Area) was published in September of 2013. (Note: The Patient Protection and Affordable Care Act (ACA) requires not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). This assessment was coordinated and produced by VVW Consultants LLC (Olathe, Kansas) under the direction of Vince Vandehaar, MBA.

The CHNA provides benefits to local health service organizations, the hospital, the public health department, as well as the community, in the following ways: 1) Increases knowledge of community health needs and resources 2) Creates a 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.

This health assessment will also serve as the foundation for meeting Commission on Cancer (CoC) criteria. The CoC is a consortium of professional, advocacy, and health care organizations whose mission is to improve survival and quality of life for persons with cancer. A navigation process that effectively addresses health care disparities and barriers to cancer care is driven by a triennial CHNA. Important CHNA benefits for Hannibal Regional Healthcare System, the local health departments and the community are as follows:

- 1) Increases knowledge of community health needs and resources;
- 2) Creates a 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.

Town Hall “Community Health Strengths” cited for Hannibal Regional Healthcare System’s Primary Service Area are as follows:

<b>Hannibal Regional Healthcare System (Primary Service Area) - Community Health "Strengths"</b>			
#	Topic	#	Topic
1	Increasing collaboration between community health partners	10	YMCA's outreach programs
2	Orthopedics	11	Securing Federal and State funding
3	Availability of technology in the hospitals	12	Breastfeeding program
4	Comprehensive Cancer care	13	Increased providers in our community
5	Douglass Community Services	14	Opportunity to train nurses
6	Increasing capacity for dentistry	15	Diversified coalition building
7	Ambulance service	16	Hannibal police department going through special needs training
8	Mental Health First Aid	17	Chiropractors
9	Smoke free businesses in Hannibal	18	Strong public health department

Town Hall “Community Health Changes and/or Improvements Ranking” cited for Hannibal Regional Healthcare System’s Primary Service Area are as follows:

<b>Community Health Needs - Town Hall Priorities</b>				
<b>Hannibal Regional Healthcare System (Primary Service Area)</b>				
MO Counties: Marion, Lewis, Monroe, Pike, Ralls and Shelby (41 Attendees, 124 Votes)				
#	Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health Services (Diagnosis / Placement / Follow-Up)	27	21.8%	21.8%
2	Substance Abuse (Heroin / Meth / Rx)	14	11.3%	33.1%
3	Insurance Coverage (Uninsured / Under-Insured)	13	10.5%	43.5%
4	Patient Health Education and Accountability	11	8.9%	52.4%
5	Obesity (Nutrition / Fitness)	11	8.9%	61.3%
6	Cost of Healthcare Services	9	7.3%	68.5%
7	Preventive Health (Wellness)	9	7.3%	75.8%
8	Provider Collaboration within PSA	7	5.6%	81.5%
<b>Total Town Hall Votes</b>		<b>124</b>		
Other health needs Items cited during Town Hall discussions: Out-of-Wedlock Births, Dental Services, Health Information Technology Collaboration, Rural Primary Care, Access to Specialty Care, Awareness of Healthcare Services, Healthcare Transportation and Cancer Screenings.				

**Key Community Health Needs Assessment Conclusions** from secondary research for Hannibal Regional Healthcare System's Primary Service Area are as follows:

MO HEALTH RANKINGS: According to the 2016 RWJ County Health Rankings study, the Northeast Missouri Region's highest State of Missouri rankings (of 115 counties including St. Louis City) were in Health Outcomes, Mortality, Morbidity, Health Factors, Social and Economic Factors and Physical Environment.

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

- TAB 1: The Northeast Missouri Region has a population of 82,342 residents as of July 1, 2015. The percent change in population in the Northeast Missouri Region from April 1, 2010 to July 1, 2015 is -1.4%. The percent of residents in the Northeast Missouri Region who are living in the same house as one year ago is 87.6%, higher than the Missouri Rural Norm of 85.4%. The percent of residents in the Northeast Missouri Region with limited access to healthy foods is 8.5%, higher than the Missouri Rural Norm of 7.2%.
- TAB 2: The percent of residents in the Northeast Missouri Region who are low income and have low access to stores is 8.6%, higher than the Missouri Rural Norm of 7.2%.
- TAB 3: In the Northeast Missouri Region, 36.0% of students are eligible for free lunch, lower than the Missouri Rural Norm of 37.4%. The percent of persons aged 25+ in the Northeast Missouri Region with a Bachelor's degree or higher is 14.2%, lower than the Missouri Rural norm of 15.8%.
- TAB 4: The number of mothers who began care in the first trimester in the Northeast Missouri Region is 123, lower than the Missouri Rural Norm of 196. The number of preterm births in the Northeast Missouri Region is 98, lower than the Missouri Rural Norm of 153. The number of infants participating in WIC in the Northeast Missouri Region is 102, lower than the Missouri Rural Norm of 167. The number of out-of-wedlock births in the Northeast Missouri Region is 320, higher than the Missouri Rural Norm of 59.
- TAB 5: The ratio of the population in the Northeast Missouri Region to primary care physicians is 3,258:1, higher than the Missouri Rural Norm of 3,174:1. The percent of patients who gave their hospital a rating of 9 or 10 on a scale from 0 to 10 in the Northeast Missouri Region is 73.5%, higher than the Missouri Rural Norm of 70.3%. The percent of patients in the Northeast Missouri Region who reported yes, they would definitely recommend the hospital is 71.0%, higher than the Missouri Rural Norm of 66.2%. The average time patients spend in the emergency department before they are seen by a healthcare professional in the Northeast Missouri Region is 20 minutes, higher than the Missouri Rural Norm of 16 minutes.

- TAB 6: The percent of alcohol-impaired driving deaths in the Northeast Missouri Region is 27.0%, lower than the Missouri Rural Norm of 30.5%.
- TAB 7: The percent of adult obesity in the Northeast Missouri Region is 33.7%, higher than the Missouri Rural Norm of 33.2%. The number of sexually transmitted infections in the Northeast Missouri Region is 270.8, higher than the Missouri Rural Norm of 260.9.
- TAB 8: The percent of residents uninsured in the Northeast Missouri Region is 17.0%, lower than the Missouri Rural Norm of 17.3%.
- TAB 9: The Heart Disease mortality rate per 100,000 population in the Northeast Missouri Region is 44.3, lower than the Missouri Rural Norm of 63.0. The Chronic Lower Respiratory Disease mortality rate per 100,000 population in the Northeast Missouri Region is 10.0; lower than the Missouri Rural Norm of 19.0. The suicide mortality rate per 100,000 in the Northeast Missouri Region is 2.0, lower than the Missouri Rural Norm of 5.
- TAB 10: The percent of access to exercise opportunities in the Northeast Missouri Region is 43.5%, lower than the Missouri Rural Norm of 45.1%.

### **Key 2016 Community Feedback Conclusions**

**In May of 2016, Hannibal Regional Healthcare System (HRHS) collected stakeholder feedback from their primary service area consumers, community leaders and groups, public and other organizations, and other providers. These stakeholders (N=181) provided the following community feedback insights via an online perception survey:**

- 68.5% of HRHS primary service area stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good, with Very Good being the highest ranking.
- HRHS primary service area stakeholders are satisfied with the following services: Ambulance, Chiropractors, Eye Doctor/Optomtrist, Home Health, Outpatient Services, Pharmacy, Primary Care and Urgent Care.
- HRHS primary service area stakeholders are not satisfied with the following services: Emergency Room, Mental Health Services and Nursing Home.
- 77.7% of HRHS primary service area stakeholders have received healthcare services outside of their community over the past two years.
- HRHS primary service area stakeholders perceive the following causes of disease or disability a problem in their community: Drugs/Substance Abuse, Mental Illness, Obesity, Poverty, Suicide, Water Quality and Wellness Education.

### **Key 2016 Cancer Community Feedback Conclusions**

- 77.3% of HRHS primary service area stakeholders would rate the overall quality of cancer care delivery in their community as Very Good or Good, with Very Good being the highest ranking.

As seen below, the community still senses a health need for Obesity (Nutrition / Fitness), Behavioral Health (Lack of Providers / Placement / Awareness / Funding and Specific Concern for Geriatric), Substance Abuse (Focus on Teens), Alcohol (Excessive Drinking), Expand Dental Services (Uninsured), Disease Management (Coordination of Care Among Providers) and Transportation for Healthcare.

<b>Hannibal Regional Healthcare System (Primary Service Area) - Hannibal, MO N=181</b>						
<b>From our last Community Health Needs Assessment (2013), a number of health needs were identified as priorities. Are any of these 2013 CHNA needs still an "Ongoing Problem" in our community?</b>						
<b>Answer Options</b>	<b>Not a Problem</b>	<b>Somewhat of a</b>	<b>Major Problem</b>	<b>Problem %</b>	<b>Response Count</b>	<b>Most Pressing</b>
<b>Obesity (Nutrition / Fitness)</b>	0	68	84	100.0%	152	3
<b>Behavioral Health (Lack of Providers / Placement / Awareness / Funding &amp; Specific Concern for Geriatric)</b>	4	52	97	97.4%	153	1
<b>Substance Abuse (Focus on Teens)</b>	7	64	79	95.3%	150	2
<b>Alcohol (Excessive Drinking)</b>	13	95	42	91.3%	150	7
<b>Expand Dental Services (Uninsured)</b>	18	72	61	88.1%	151	4
<b>Disease Management (Coordination of Care Among Providers)</b>	22	95	32	85.2%	149	5
<b>Transportation for Healthcare</b>	24	89	37	84.0%	150	6
<b>Patient Online Communication with Providers</b>	52	81	19	65.8%	152	8



# II. Methodology

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## II. Methodology

### a) Scope and Purpose

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

#### **JOB #1: Meet/Report IRS 990 Required Documentation**

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

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

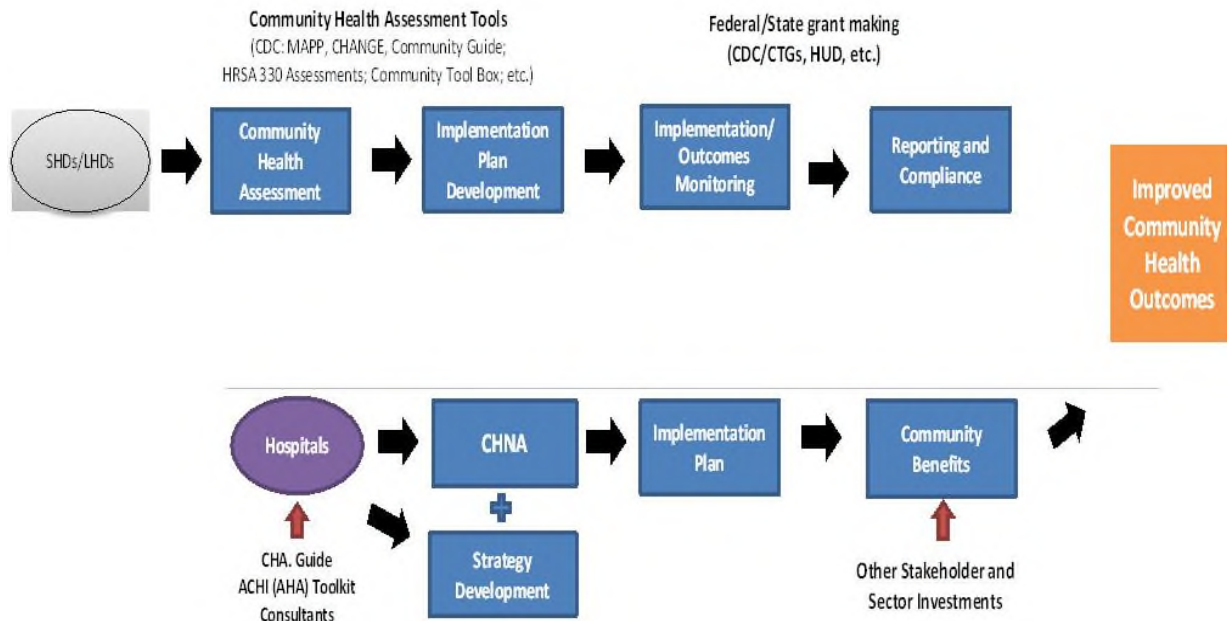
#### **JOB #2: Making a CHNA Widely Available to the Public**

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

**JOB #3: Adopt an Implementation Strategy by Hospital**

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

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



## **IRS Notice 2011-52 Overview**

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

#### **Applicability of CHNA Requirements to “Hospital Organizations”**

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

#### **How and When to Conduct a CHNA**

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2015 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.*

## Year 2015 - 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.

## **The CoC Accreditation Program**

The Cancer Program of Hannibal Regional Hospital (including the James E. Cary Cancer Center) is accredited by the American College of Surgeons, Commission on Cancer (CoC). This accreditation is granted to facilities that voluntarily commit to providing the best in cancer diagnosis and treatment and are able to comply with established CoC standards. Each cancer program must undergo a rigorous evaluation and review of its performance and compliance with the CoC standards. To maintain accreditation, facilities with accredited cancer programs must undergo an on-site review every 3 years.

### ***Five elements to achieve CoC-accredited cancer program:***

1. The clinical services provide state-of-the-art pretreatment evaluation, staging, treatment, and clinical follow-up for patients with cancer seen at the program for primary, secondary, tertiary, or end-of-life care.
2. The cancer committee leads the program through setting goals, monitoring program activity, and evaluating patient outcomes and improving care.
3. The cancer conferences provide a forum for patient consultation and contribute to physician education.
4. The quality improvement (QI) program is the mechanism for evaluating and improving patient outcomes.
5. The cancer registry and database are the basis for monitoring the quality of care.

**Requirements:** Prior to establishing the navigation process, the cancer committee conducts a community needs assessment at least once during the three-year survey cycle to identify: the needs of the population served, potential to improve cancer health disparities, and gaps in resources. The results from this community needs assessment can serve as the building blocks for program development, implementation, and evaluation. The cancer committee may delegate the responsibility for the community needs assessment and program implementation to a specified individual, subcommittee, or department. CHNA results are documented in the cancer committee minutes. A patient navigation process (driven by a community needs assessment) is established to address health care disparities and barriers to care. This navigation process is evaluated, documented, and reported to the cancer committee annually.

The community needs assessment can be used to guide the initiatives planned to comply with the community outreach standards and/or the psychosocial services eligibility criteria. The cancer committee evaluates and reports on the navigation process annually. The evaluation and report includes, but is not limited to, the following: Health disparities identified, Description of the navigation process, Population(s) served and barriers identified by the community needs assessment, Documentation of activities and metrics (outcomes/outputs) and Areas for QI, enhancement, and future directions.



## **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:

#### **Hannibal Regional Healthcare System Profile**

**6000 Hospital Drive, Hannibal, MO 63401**

**President and CEO: C. Todd Ahrens**

**About Us:** The Hannibal Regional Healthcare System (HRHS) story began when community benefactors and leaders formed Hannibal's first hospitals - Levering Hospital in 1903 and St. Elizabeth's Hospital in 1914. The merger of these two organizations in the late 1980s led to another major milestone in the evolution of strong community-based healthcare.

In 1993 the new Hannibal Regional Hospital opened its doors on a pastoral 105-acre setting which is now a thriving healthcare campus. The beautifully appointed medical campus currently includes Hannibal Regional Hospital, Hannibal Regional Medical Group, Hannibal Regional Hospital Foundation, and the James E. Cary Cancer Center.

The Hannibal Regional Healthcare System team is nearly 1,000 strong and is mission-driven, values-based and committed to preserving the vision and legacy of our founders. Our team takes pride in continuing to create and strengthen access to community-based, contemporary healthcare resources for patients, families, and the communities we serve.

**Our Mission:** Your Health is Our Mission.

**Our Values:** Respect, Integrity, Service and Excellence.

#### **Hannibal Regional Hospital Services:**

- Bone /Joint (Orthopedics)
- Cancer (Oncology)
- Emergency
- Heart (Cardiology)
- In-Patient Rehabilitation

**Additional Services:**

- Auxiliary
- Chris Coons Women's Care Center
- Diabetes Center
- Food & Nutrition
- Hannibal Children's Center
- Hannibal Regional Hospital Foundation
- Home Health
- Imaging & Radiology
- Intensive Care Unit (ICU)
- James E. Cary Cancer Center
- Joint Replacement
- Laboratory
- Pediatrics
- Pharmacy
- Physical Therapy
- Rehabilitation Services
- Sleep Lab
- Surgical Services

**Hannibal Regional Medical Group Services:**

- Audiology
- Cardiology
- Diabetes Education
- Family Practice
- Internal Medicine
- Occupational Medicine
- Otolaryngology
- Pain Management
- Pediatrics
- Plastic Surgery
- Podiatry
- Urology
- Vision

## **Marion County Health Department**

**3105 Palmyra Rd, Hannibal, MO 63401**

The Marion County Health Department is responsible for protecting and promoting the health of Marion County residents, assessing health status and needs, developing policies and priorities, and assuring the communities that public health needs are met.

Many services are available to anyone regardless of financial stature and are free of charge. Some services have a fee based on the cost of providing the service.

**Public Health** in Marion County is committed to the Core Public Health functions of assessing status of Marion County residents, policy development to meet Marion County resident's needs, and assurance that the public health needs of Marion County are met.

For further information about Public Health Services please call 573-221-1166.

- WIC
- Tuberculosis
- Pregnancy Testing
- Environmental Health
- Vital Records
- Bio-Terrorism
- Temporary Medicaid
- Emergency Preparedness
- School Health
- Communicable Disease
- Maternal & Child Health
- Case Management
- Sexually Transmitted Disease
- Daycare Consultation
- Childhood Environmental Lead Screening
- Office Visits
- Health Education
- Alliance for Substance Abuse Prevention (ASAP)
- Ticks and Tick-Borne Disease

## 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 and Owner of VVV Consultants LLC**

VVV Consultants LLC was incorporated on May 28, 2009. With over 30 years of business and faculty experience in helping providers, payors and financial service firms obtain their strategic planning and research and development needs, Vince brings in-depth health industry knowledge, research aptitude, planning expertise and energy. VVV Consultants LLC services are organized, formal processes of listening to the voice of the customer. Vince started his consulting business after working for Saint Luke's Health System (SLHS) of Kansas City for 16 years. *(Note: Saint Luke's Hospital of Kansas City, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003. The Baldrige examiners cited Vince's department as "Best Practice" in the areas of customer satisfaction, market research and evaluation efforts <Kansas City Star 3/10/04>).*

**VVV Consultants LLC** consultants have in-depth experience helping hospitals work with local health departments to engage community residents and leaders to identify gaps between existing health community resources and needs and construct detailed strategies to meet those needs, while still adhering to the hospital's mission and budget. Over the past 20 years, Vandehaar has completed eight comprehensive Baldrige aligned Community Health Needs Assessments for Saint Luke's of Kansas City System facilities (3 campuses) and was contracted to conduct two additional independent department of health consulting projects (prior to IRS 990 regs). To date, VVV has completed 55 CHNA IRS-aligned assessments for Iowa, Kansas, Missouri and Nebraska hospitals and health departments.

Vince Vandehaar, MBA is actively involved in the Kansas City community. He is a member the Greater Kansas City Employee Benefits Association, the Society for Healthcare Strategy and Market Development, the American Marketing Association Kansas City Chapter and Co-Chair of the AMA Kansas City Healthcare Special Interest Group. In addition to these roles, from 2000 to 2008, Vince served as the state chairman for MHA's Data Committee and was a member of KHA's Data Taskforce.

#### **Collaborating Consultants**

##### **Alexa Backman, MBA - VVV Consultants LLC**

##### **Associate Consultant**

Alexa supports all aspects of VVV Consultants LLC healthcare consulting services and is proficient in Microsoft Word, SurveyMonkey, Excel and PowerPoint. Alexa is client focused with a special interest in quality patient health delivery to meet customer needs. Alexa graduated from the University of Kansas with a Bachelor's Degree in Community Health Education in May of 2013. After graduation, Alexa started her career at Cerner Corporation as a Delivery Consultant. In 2015, Alexa received her MBA with a Health Care Management emphasis from RU's Helzberg School of Management.

## II. Methodology

### c) CHNA and Town Hall Research Process

Hannibal Regional Healthcare System's Community Health Needs Assessment (CHNA) process began in November 2015. At that time, an inquiry was made by Tim Polley, Vice President of Business Development, to VVV Consultants LLC to explore the possibility of conducting a comprehensive IRS-aligned CHNA. VVV Consultants LLC then reviewed CHNA experience, in-depth CHNA requirements and regulations, CHNA development options to meet IRS requirements and next steps after option approval.

#### VVV CHNA Deliverables:

- Confirm HRHS service area meets 75-25 patient origin rule.
- Uncover/document basic secondary research and health of county, organized by 10 TABS.
- Conduct Town Hall meeting to discuss secondary data and uncover/prioritize county health needs.
- Conduct and report CHNA primary research (with valid N).
- Prepare and publish IRS-aligned CHNA report that meets requirements.

To ensure proper HRHS Town Hall representation that meets the 75-25 rule, the following patient origin 3-year summary was generated to document the HRHS primary service area.

Hannibal Regional Healthcare System				Yr15-13		
Rank	ZIP	City	County	Totals	%	Aksum
1	63401	Hannibal	MARION	138,963	36.2%	36.2%
2	63456	Monroe City	MONROE	33,029	8.6%	44.8%
3	63468	Shelbina	SHELBY	23,558	6.1%	51.0%
4	63461	Palmyra	MARION	18,867	4.9%	55.9%
5	63459	New London	RALLS	17,684	4.6%	60.5%
6	63435	Canton	LEWIS	17,159	4.5%	65.0%
7	63334	Bowling Green	PIKE	14,811	3.9%	68.8%
8	63353	Louisiana	PIKE	13,040	3.4%	72.2%
9	63469	Shelbyville	SHELBY	6,060	1.6%	73.8%
10	63448	La Grange	LEWIS	5,425	1.4%	75.2%

## Hannibal Regional Healthcare System CHNA Work Plan - Option C

### Project Timeline and Roles 2016

Step	Date (Start-Finish)	Lead	Task
1	2/29/2016	VVV	Sent VVV quote for review.
2	2/29/2016	Hosp	Select CHNA Option A/B/C. Approve and sign VVV CHNA quote.
3	3/15/2016	VVV	Send out REQCommInvite Excel file. Hospital and health department to fill in PSA stakeholders' names, addresses and e- mails.
4	3/15/2016	VVV	Request hospital client to send MHA HIDI PO101, PO102, PO103 & TOT223E patient reports to document service area for FFY 13, 14 and 15. In addition, request hospital to complete three year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or before 3/28/16	VVV	Prepare CHNA Round#2 stakeholder feedback online link. Send text link for hospital review.
6	4/29/2016	VVV / Hosp	Prepare and send out PR #1 story to local media announcing upcoming CHNA work. Hospital to place release.
7	5/6/2016	VVV	Launch and conduct online survey to stakeholders. Hospital will e- mail invite to participate to all Roster stakeholders.
8	5/16/2016	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
9	5/23/2016	Hosp	Prepare and send out community Town Hall invite letter and place local ad.
10	5/23/2016	VVV / Hosp	Prepare and send out PR #2 story to local media announcing upcoming Town Hall. VVV will mock up PR release to media sources.
11	On or before 6/10/2016	All	Conduct conference call ( <i>time TBD</i> ) with hospital and health department to review (practice) Town Hall data and flow.
12	6/16/2016	VVV	Conduct CHNA Town Hall from 11:30-1pm at the Shirley R. Bomar Community Center. Review and discuss basic health data plus rank health needs.
13	On or before 7/15/2016	VVV	Complete analysis. Release CHNA draft #1 and seek feedback from leaders at hospital and health department.
14	On or before 8/15/2016	VVV	Produce and release final CHNA report. Hospital will post CHNA online.
15	On or before 8/31/2016	Hosp	Conduct client Implementation Plan PSA leadership meeting.
16	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 CHNA requirements, a four-phase methodology was reviewed and approved as follows:

**Phase I—Discovery:**

Conduct a 30-minute conference call with the CHNA hospital client and county health department. Review / confirm CHNA calendar of events, explain / coach client 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 Missouri Hospital Association (MHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. to document current state of county health organized as follows:

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

B) Gather historical primary research to uncover public health needs, practices and perceptions for hospital primary service areas.

**Phase III—Quantify Community Need:**

Conduct a 90-minute Town Hall meeting with required county 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 will be administered.

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

Post CHNA report findings to meet IRS-aligned CHNA criteria.

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

Phase I: Discovery.....	March - April 2016
Phase II: Secondary / Primary Research.....	May 2016
Phase III: Town Hall Meeting.....	June 16, 2016
Phase IV: Prepare / Release CHNA report.....	August 2016

**Detail CHNA Development Steps Include:**

<b>Steps to Conduct Community Health Needs Assessment</b>	
	<b>Development Steps</b>
<b>Step #1 Commitment</b>	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, Schools, Churches and Physicians, etc.), hold community meeting.</i>
<b>Step #2 Planning</b>	<i>Prepare brief Community Health Needs Assessment Plan. List goals, objectives, purpose, outcome, roles, community involvement, etc. Hold community kick-off meeting.</i>
<b>Step #3 Secondary Research</b>	<i>Collect and report community health published facts. Gather health practice data from published secondary research sources (i.e. census, county health records, behavioral risk factors surveillance, etc.).</i>
<b>Step #4a Primary Research</b>	<i>Conduct Community Roundtable (qualitative research). Review secondary research (Step #3) with community stakeholders. Gather current opinions and identify health needs.</i>
<b>Step #4b Primary Research &lt;Optional&gt;</b>	<i>Collect community opinions (quantitative research). Gather current opinions (valid sample size) regarding community health needs and healthcare practices. If appropriate, conduct Physician Manpower Assessment to determine FTE physician need by specialty.</i>
<b>Steps #5 Reporting</b>	<i>Prepare / Present comprehensive Community Health Needs Assessment report to community leaders with recommended actions to improve health. (Note: Formal report will follow IRS Notice 2011-52 regulations).</i>
VVV Consultants LLC	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 the 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.

Hannibal Regional Healthcare System's Town Hall was held on Thursday, June 16, 2016 at the Shirley R. Bomar Community Center. Vince Vandehaar and Alexa Backman facilitated this 1½ hour session with thirty-four (34) attendees. (Note: a detailed roster of all Town Hall attendees is listed in Section V.)

The following Town Hall agenda was conducted:

1. Welcome and introductions.
2. Review purpose for the CHNA Town Hall and roles in the process.
3. Presentation/review of historical county health indicators (10 tabs).
4. Facilitate Town Hall participant discussion of data (probe health strengths/concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (using four dots to cast votes on priority issues). Tally and 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 the Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital and 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 of open-end comments).

## Community Health Needs Assessment Town Hall Meeting Hannibal Regional Healthcare System PSA



Vince Vandehaar, MBA  
VVV Consultants LLC  
Principal / Adjunct Professor

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

## 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)
- I. Close / Next Steps (5 mins)

VVV Consultants LLC

## 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
  - > Over 25 years of experience with Tillinghast, BCBSKC, Saint Luke's
- Adjunct Professor - Marketing / Health Admin, 26 years +
- > Webster University (1988 – present)
  - > Rockhurst University (2010 – present)

Alexa Backman, MBA, Associate Consultant

## 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.

## 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

## II. Purpose: Why Conduct Community Health Needs Assessment?

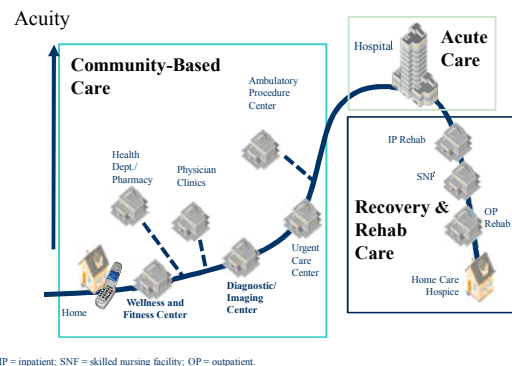
- To determine health-related trends and issues of the community.
- To understand/evaluate health delivery programs in place.
- To develop strategies to address unmet health needs.
- To meet Federal requirements – both local hospital and health department.

## II. Review CHNA Definition

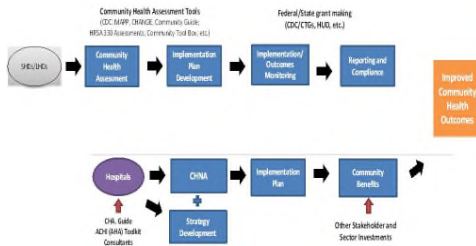
A Community Health Needs Assessment (CHNA) is a **systematic collection, assembly, analysis, and dissemination of information about the health of the community.** (NOTE: Some the data has already been collected (published) by local, state and federal public health organizations. Some data will be collected today).

CHNA's role is to identify **factors** that affect the health of a population and **determine the availability of resources** to adequately address those factors.

## Future System of Care Sg2



## Community Health Needs Assessment Joint Process: Hospital and Health Department



## II. Required Written Report IRS 990 Documentation

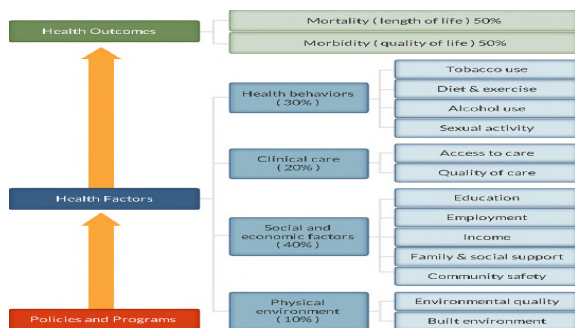
- a **description of the community served**
- a **description of the CHNA process**
- the **identity of any and all organizations & third parties** which collaborated to assist with the CHNA
- a **description of how** the organization considered the input of persons representing the community (e.g.,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

## III. Review Current County “Health Status” Secondary Data by 10 Tab Categories plus MO State Rankings

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

## County Health Rankings

Robert Wood Johnson Foundation and University of WI Health Institute



Focus Area	Measure	Description
Air and water quality (5%)	Air pollution-particulate matter	The average daily measure of fine particulate matter mass in micrograms per cubic meter (PM2.5) in a county
	Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the last year
	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or garbage facilities
Housing and transit (5%)	Driving alone to work	Percent of the workforce that drives alone to work
	Long commutes - driving alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes
Focus Area	Measure	Description
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance
	Primary care physicians	Ratio of population to primary care physicians
	Dentists	Ratio of population to dentists
	Mental health providers	Ratio of population to mental health providers
	Preventable hospital stays	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees
Quality of care (10%)	Diabetic screening	Percent of diabetic Medicare enrollees that receive medical screening
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening
Focus Area	Measure	Description
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years
	Some college	Percent of adults aged 25-44 years with some post-secondary education
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work
Income (10%)	Children in poverty	Percent of children under age 18 in poverty
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support
	Children in single-parent households	Percent of children that live in household headed by single parent
Focus Area	Measure	Description
Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Injury deaths	Injury mortality per 100,000
Focus Area	Measure	Description
Tobacco use (10%)	Adult smoking	Percent of adults that report smoking >= 100
	Adult obesity	Percent of adults that report a BMI >= 30
Food environment index		Index of factors that contribute to a healthy food environment
Physical inactivity		Percent of adults aged 20 and over reporting access to locations for physical activity
Alcohol and drug use (5%)	Excessive drinking	Single plus heavy drinking
	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
Sexual activity (5%)	Sexually transmitted infections	Chlamydia rate per 100,000 population
	Teen births	Teen birth rate per 1,000 female population, ages 15-19
Focus Area	Measure	Description
Quality of life (50%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)
	Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
	Low birthweight	Percent of live births with low birthweight (< 2500 grams)
Length of life (10%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)

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

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

## V. 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 _____                     |

## Community Health Needs Assessment

### Questions Next Steps?

VVV Consultants LLC  
[vmvandehaar@aol.com](mailto:vmvandehaar@aol.com)  
 913 302-7264

## II. Methodology

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

#### Marion County, Missouri Community Profile



#### Demographics

**The population of Marion County** was estimated to be 28,880 on July 1, 2015, and had a 0.3% change in population from April 1, 2010–July 1, 2015.<sup>1</sup> According to the United States Census Bureau, its county seat is Palmyra. Unique from most third class counties in the state Marion has two courthouses, the second located in Hannibal. Marion County is part of the Hannibal, MO Metropolitan Statistical Area, which is included in the Quincy-Hannibal, IL-MO Combined Statistical Area. The county has a total area of 444 square miles, of which 437 square miles is land and 7.4 square miles is water.<sup>2</sup> Marion County's population density is 66 persons per square mile and its industries providing employment are Educational (health and social services) (21.2%), Agriculture (forestry, fishing and hunting, and mining) (18.3%), Construction (10.5%), and Professional (scientific, management, administrative, and waste management services) (10.0%).<sup>3</sup>

**The major highway transportation** is by I-72, US-24, US-36, US-61, Route 6 and Route 168.<sup>4</sup>

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<sup>1</sup> <http://www.census.gov/quickfacts/table/PST045215/29127>

<sup>2</sup> U.S. Census Bureau

<sup>3</sup> [http://www.city-data.com/county/Marion\\_County-MO.html](http://www.city-data.com/county/Marion_County-MO.html)

<sup>4</sup> U.S. Census Bureau

## Hannibal Regional Healthcare System - PSA Detail Demographic Profile

Zip	Name	County	Population			Households		HH	Per Capita
			YR 2014	YR 2019	Chg.	YR 2014	YR 2019	Avg. Size	Income 14
63401	Hannibal	MARION	21,767	21,837	0.3%	8,651	8,693	2.4	\$18,806
63454	Maywood	MARION	1,059	1,059	0.0%	424	425	2.5	\$21,500
63461	Palmyra	MARION	6,065	6,178	1.9%	2,367	2,421	2.5	\$20,344
63463	Philadelphia	MARION	641	656	2.3%	243	250	2.6	\$17,666
63471	Taylor	MARION	605	614	1.5%	250	255	2.4	\$24,733
<b>Totals</b>			<b>30,137</b>	<b>30,344</b>	<b>6.0%</b>	<b>11,935</b>	<b>12,044</b>	<b>2.5</b>	<b>\$20,610</b>

Zip	Name	County	Population				YR 2014		Females
			YR 2014	Pop. 65+	Kids <18	Gen. Y	Males	Females	Age 20_35
63401	Hannibal	MARION	21,767	3,535	5,632	6,769	10,491	11,276	2,189
63454	Maywood	MARION	1,059	186	248	276	540	519	73
63461	Palmyra	MARION	6,065	1,071	1,619	1,770	2,968	3,097	510
63463	Philadelphia	MARION	641	94	173	190	317	324	61
63471	Taylor	MARION	605	112	145	158	306	299	42
<b>Totals</b>			<b>30,137</b>	<b>4,998</b>	<b>7,817</b>	<b>9,163</b>	<b>14,622</b>	<b>15,515</b>	<b>2,875</b>

Zip	Name	County	Population				Aver	HH	
			White	Black	Amer. Ind.	Hisp.	HH Inc. 14	YR 2014	HH \$50K+
63401	Hannibal	MARION	19,501	1,383	46	391	\$46,584	8,651	3,187
63454	Maywood	MARION	1,030	8	1	11	\$53,699	424	191
63461	Palmyra	MARION	5,790	133	7	57	\$51,671	2,367	1,060
63463	Philadelphia	MARION	630	2	0	2	\$46,600	243	91
63471	Taylor	MARION	598	1	1	1	\$59,853	250	141
<b>Totals</b>			<b>27,549</b>	<b>1,527</b>	<b>55</b>	<b>462</b>	<b>\$51,681</b>	<b>11,935</b>	<b>4,670</b>

Source: ERSA Demographics

## Monroe County, Missouri Community Profile



### Demographics

**The population of Monroe County** was estimated to be 8,583 on July 1, 2015, and had a -2.9% change in population from April 1, 2010–July 1, 2015.<sup>1</sup> According to the United States Census Bureau, its county seat is Paris. The county has a total area of 670 square miles, of which 648 square miles is land and 23 square miles is water.<sup>2</sup> Monroe County's population density is 13 persons per square mile and its industries providing employment are Arts (entertainment, recreation, accommodation and food services) (24.0%), Agriculture (forestry, fishing and hunting, and mining) (18.7%), Professional (scientific, management, administrative, and waste management services) (17.0%), Educational (health and social services) (15.2%) and Manufacturing (11.7%).<sup>3</sup>

**The major highway transportation** is by U.S. Route 24, U.S. Route 36, US-61, Route 15, Route 107 and Route 151.<sup>4</sup>

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<sup>1</sup><http://www.census.gov/quickfacts/table/PST045215/29137>

<sup>2</sup> U.S. Census Bureau

<sup>3</sup> [http://www.city-data.com/county/Monroe\\_County-MO.html](http://www.city-data.com/county/Monroe_County-MO.html)

<sup>4</sup> U.S. Census Bureau



## Hannibal Regional Healthcare System - PSA Detail Demographic Profile

Zip	Name	County	Population			Households		HH Avg. Size	Per Capita Income 14
			YR 2014	YR 2019	Chg.	YR 2014	YR 2019		
63456	Monroe City	MONROE	4,230	4,292	1.5%	1,738	1,770	2.4	\$18,806
65258	Holliday	MONROE	518	514	-0.8%	207	206	2.5	\$19,607
65263	Madison	MONROE	1,877	1,860	-0.9%	735	729	2.6	\$18,481
65275	Paris	MONROE	2,456	2,460	0.2%	1,047	1,057	2.3	\$21,077
65282	Santa Fe	MONROE	173	186	7.5%	72	78	2.4	\$22,247
65283	Stoutsville	MONROE	371	368	-0.8%	174	174	2.1	\$24,468
<b>Totals</b>			<b>9,625</b>	<b>9,680</b>	<b>6.7%</b>	<b>3,973</b>	<b>4,014</b>	<b>2.4</b>	<b>\$20,781</b>

Zip	Name	County	Population				YR 2014		Females Age 20_35
			YR 2014	Pop. 65+	Kids <18	Gen. Y	Males	Females	
63456	Monroe City	MONROE	4,230	781	1,068	1,156	2,098	2,132	341
65258	Holliday	MONROE	518	99	130	138	260	258	40
65263	Madison	MONROE	1,877	347	536	494	939	938	138
65275	Paris	MONROE	2,456	593	525	601	1,198	1,258	175
65282	Santa Fe	MONROE	173	35	30	39	95	78	11
65283	Stoutsville	MONROE	371	83	68	80	198	173	22
<b>Totals</b>			<b>9,625</b>	<b>1,938</b>	<b>2,357</b>	<b>2,508</b>	<b>4,788</b>	<b>4,837</b>	<b>727</b>

Zip	Name	County	Population				Aver		
			White	Black	Amer. Ind.	Hisp.	HH Inc. 14	YR 2014	HH \$50K+
63456	Monroe City	MONROE	3,895	192	16	53	\$45,387	1,738	642
65258	Holliday	MONROE	503	1	2	3	\$49,064	207	83
65263	Madison	MONROE	1,826	1	8	25	\$47,195	735	287
65275	Paris	MONROE	2,330	72	7	16	\$48,671	1,047	386
65282	Santa Fe	MONROE	169	1	2	0	\$53,453	72	40
65283	Stoutsville	MONROE	358	3	4	3	\$52,170	174	77
<b>Totals</b>			<b>9,081</b>	<b>270</b>	<b>39</b>	<b>100</b>	<b>\$49,323</b>	<b>3,973</b>	<b>1,515</b>

Source: ERSA Demographics

## Shelby County, Missouri Community Profile



### Demographics

**The population of Shelby County** was estimated to be 6,128 on July 1, 2015, and had a -3.8% change in population from April 1, 2010–July 1, 2015.<sup>1</sup> According to the United States Census Bureau, its county seat is Shelbyville. The county has a total area of 502 square miles, of which 501 square miles is land and 1.5 square miles is water.<sup>2</sup> Shelby County's population density is 12 persons per square mile and its industries providing employment are Agriculture (forestry, fishing and hunting, and mining) (16.9%), Construction (15.7%), Manufacturing (13.5%), Educational (health and social services) (12.4%), and Arts (entertainment, recreation, accommodation and food services) (11.2%).<sup>3</sup>

**The major highway transportation** is by Interstate 72, U.S. Route 36, US-61, Route 15, Route 151 and Route 168.<sup>4</sup>

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<sup>1</sup> <http://www.census.gov/quickfacts/table/PST045215/29205>

<sup>2</sup> U.S. Census Bureau

<sup>3</sup> [http://www.city-data.com/county/Shelby\\_County-MO.html](http://www.city-data.com/county/Shelby_County-MO.html)

<sup>4</sup> U.S. Census Bureau

## Hannibal Regional Healthcare System - PSA Detail Demographic Profile

Zip	Name	County	Population			Households		HH	Per Capita
			YR 2014	YR 2019	Chg.	YR 2014	YR 2019	Avg. Size	Income 14
63434	Bethel	SHELBY	663	663	0.0%	231	231	2.8	\$18,396
63437	Clarence	SHELBY	1,477	1,446	-2.1%	605	592	2.3	\$20,213
63439	Emden	SHELBY	164	167	1.8%	67	68	2.4	\$21,343
63443	Hunnewell	SHELBY	507	505	-0.4%	218	217	2.3	\$20,717
63450	Lentner	SHELBY	84	82	-2.4%	34	33	2.4	\$19,118
63451	Leonard	SHELBY	245	240	-2.0%	97	95	2.4	\$20,456
63468	Shelbina	SHELBY	2,603	2,557	-1.8%	1,054	1,034	2.4	\$17,858
63469	Shelbyville	SHELBY	1,220	1,219	-0.1%	503	503	2.4	\$20,471
<b>Totals</b>			<b>6,963</b>	<b>6,879</b>	<b>-6.9%</b>	<b>2,809</b>	<b>2,773</b>	<b>2.4</b>	<b>\$19,822</b>

Zip	Name	County	Population				YR 2014		Females
			YR 2014	Pop. 65+	Kids <18	Gen. Y	Males	Females	Age 20_35
63434	Bethel	SHELBY	663	106	187	185	341	322	62
63437	Clarence	SHELBY	1,477	305	401	372	731	746	117
63439	Emden	SHELBY	164	29	44	45	82	82	15
63443	Hunnewell	SHELBY	507	109	116	129	251	256	39
63450	Lentner	SHELBY	84	20	21	22	40	44	7
63451	Leonard	SHELBY	245	42	74	65	121	124	21
63468	Shelbina	SHELBY	2,603	571	633	680	1,272	1,331	202
63469	Shelbyville	SHELBY	1,220	235	313	326	608	612	109
<b>Totals</b>			<b>6,963</b>	<b>1,417</b>	<b>1,789</b>	<b>1,824</b>	<b>3,446</b>	<b>3,517</b>	<b>572</b>

Zip	Name	County	Population				Aver		HH	
			White	Black	Amer. Ind.	Hisp.	HH Inc. 14	YR 2014	HH \$50K+	
63434	Bethel	SHELBY	639	1	1	6	\$52,177	231	94	
63437	Clarence	SHELBY	1,430	22	4	20	\$48,320	605	232	
63439	Emden	SHELBY	158	1	0	2	\$51,691	67	29	
63443	Hunnewell	SHELBY	492	5	3	5	\$47,984	218	82	
63450	Lentner	SHELBY	81	1	0	1	\$46,164	34	13	
63451	Leonard	SHELBY	238	3	1	4	\$50,621	97	37	
63468	Shelbina	SHELBY	2,553	21	6	30	\$43,458	1,054	333	
63469	Shelbyville	SHELBY	1,189	4	2	13	\$49,287	503	210	
<b>Totals</b>			<b>6,780</b>	<b>58</b>	<b>17</b>	<b>81</b>	<b>\$15,467</b>	<b>2,809</b>	<b>1,030</b>	

Source: ERSA Demographics

## Ralls County, Missouri Community Profile



### Demographics

**The population of Ralls County** was estimated to be 10,196 on July 1, 2015, and had a 0.3% change in population from April 1, 2010–July 1, 2015.<sup>1</sup> According to the United States Census Bureau, its county seat is New London. Ralls County is part of the Hannibal, MO Metropolitan Statistical Area, which is included in the Quincy-Hannibal, IL-MO Combined Statistical Area. The county has a total area of 484 square miles, of which 470 square miles is land and 14 square miles is water.<sup>2</sup> Ralls County's population density is 22 persons per square mile and its industries providing employment are Professional (scientific, management, administrative, and waste management services) (18.4%), Transportation (warehousing and utilities) (17.3%), Retail trade (16.5%), and Agriculture (forestry, fishing and hunting, and mining) (13.3%).<sup>3</sup>

**The major highway transportation** is by Interstate 72, U.S. Route 24, U.S. Route 36, U.S. Route 54, U.S. Route 61, Route 19, Route 79 and Route 154.<sup>4</sup>

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<sup>1</sup> <http://www.census.gov/quickfacts/table/PST045215/29173>

<sup>2</sup> U.S. Census Bureau

<sup>3</sup> [http://www.city-data.com/county/Ralls\\_County-MO.html](http://www.city-data.com/county/Ralls_County-MO.html)

<sup>4</sup> U.S. Census Bureau

## Hannibal Regional Healthcare System - PSA Detail Demographic Profile

Zip	Name	County	Population			Households		HH	Per Capita
			YR 2014	YR 2019	Chg.	YR 2014	YR 2019	Avg. Size	Income 14
63436	Center	RALLS	1,084	1,084	0.0%	454	456	2.5	\$18,578
63459	New London	RALLS	4,526	4,520	-0.1%	1,810	1,816	2.6	\$22,572
63462	Perry	RALLS	1,548	1,580	2.1%	707	724	2.5	\$20,953
<b>Totals</b>			<b>7,158</b>	<b>7,184</b>	<b>1.9%</b>	<b>2,971</b>	<b>2,996</b>	<b>2.5</b>	<b>\$20,701</b>

Zip	Name	County	Population				YR 2014		Females
			YR 2014	Pop. 65+	Kids <18	Gen. Y	Males	Females	Age 20_35
63436	Center	RALLS	1,084	243	253	262	535	549	76
63459	New London	RALLS	4,526	771	1,143	1,269	2,276	2,250	347
63462	Perry	RALLS	1,548	343	320	378	799	749	103
<b>Totals</b>			<b>7,158</b>	<b>1,357</b>	<b>1,716</b>	<b>1,909</b>	<b>3,610</b>	<b>3,548</b>	<b>526</b>

Zip	Name	County	Population				Aver	HH	
			White	Black	Amer. Ind.	Hisp.	HH Inc. 14	YR 2014	HH \$50K+
63436	Center	RALLS	1,051	10	0	10	\$44,014	454	171
63459	New London	RALLS	4,312	104	15	54	\$56,418	1,810	913
63462	Perry	RALLS	1,507	5	3	38	\$45,856	707	263
<b>Totals</b>			<b>6,870</b>	<b>119</b>	<b>18</b>	<b>102</b>	<b>\$48,763</b>	<b>2,971</b>	<b>1,347</b>

Source: ERSA Demographics

## Lewis County, Missouri Community Profile



### Demographics

**The population of Lewis County** was estimated to be 10,207 on July 1, 2015.<sup>1</sup> According to the United States Census Bureau, its county seat is Monticello. Lewis County is of the Quincy, IL–MO Metropolitan Statistical Area. The county has a total area of 511 square miles, of which 505 square miles is land and 5.8 square miles is water.<sup>2</sup> Lewis County's population density is 20 persons per square mile and its industries providing employment are Educational (health and social services) (21.6%), Agriculture (forestry, fishing and hunting, and mining) (20.3%), Construction (11.5%), and Manufacturing (10.8%).<sup>3</sup>

**The major highway transportation** is by U.S. Route 61, Route 6, Route 81 and Route 156.<sup>4</sup>

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<sup>1</sup> <http://www.census.gov/quickfacts/table/PST045215/29111>

<sup>2</sup> U.S. Census Bureau

<sup>3</sup> [http://www.city-data.com/county/Lewis\\_County-MO.html](http://www.city-data.com/county/Lewis_County-MO.html)

<sup>4</sup> U.S. Census Bureau

## Hannibal Regional Healthcare System - PSA Detail Demographic Profile

Zip	Name	County	Population			Households		HH	Per Capita
			YR 2014	YR 2019	Chg.	YR 2014	YR 2019	Avg. Size	Income 14
63435	Canton	LEWIS	3,931	3,995	1.6%	1,352	1,378	2.5	\$17,414
63438	Durham	LEWIS	435	437	0.5%	173	175	2.5	\$19,485
63440	Ewing	LEWIS	1,313	1,304	-0.7%	538	536	2.3	\$19,430
63447	La Belle	LEWIS	1,151	1,151	0.0%	440	442	2.4	\$15,776
63448	La Grange	LEWIS	1,609	1,635	1.6%	689	702	2.3	\$20,382
63452	Lewistown	LEWIS	1,187	1,173	-1.2%	485	479	2.4	\$18,654
63457	Monticello	LEWIS	320	322	0.6%	108	109	2.9	\$19,093
63473	Williamstown	LEWIS	195	198	1.5%	81	82	2.4	\$24,150
<b>Totals</b>			<b>10,141</b>	<b>10,215</b>	<b>4.0%</b>	<b>3,866</b>	<b>3,903</b>	<b>2.5</b>	<b>\$19,298</b>

Zip	Name	County	Population				YR 2014		
			YR 2014	Pop. 65+	Kids <18	Gen. Y	Males	Females	Age 20_35
63435	Canton	LEWIS	3,931	664	1,094	1,321	1,902	2,029	481
63438	Durham	LEWIS	435	72	107	116	225	210	33
63440	Ewing	LEWIS	1,313	217	313	392	706	607	96
63447	La Belle	LEWIS	1,151	230	296	311	597	554	87
63448	La Grange	LEWIS	1,609	295	385	447	793	816	141
63452	Lewistown	LEWIS	1,187	232	291	339	605	582	80
63457	Monticello	LEWIS	320	61	95	76	161	159	22
63473	Williamstown	LEWIS	195	32	71	43	98	97	13
<b>Totals</b>			<b>10,141</b>	<b>1,803</b>	<b>2,652</b>	<b>3,045</b>	<b>5,087</b>	<b>5,054</b>	<b>953</b>

Zip	Name	County	Population				Aver		HH	
			White	Black	Amer. Ind.	Hisp.	HH Inc. 14	YR 2014	HH \$50K+	
63435	Canton	LEWIS	3,643	188	6	53	\$48,164	1,352	516	
63438	Durham	LEWIS	421	2	0	9	\$48,995	173	66	
63440	Ewing	LEWIS	1,249	6	7	28	\$46,659	538	191	
63447	La Belle	LEWIS	1,070	46	3	22	\$40,284	440	112	
63448	La Grange	LEWIS	1,440	114	3	42	\$47,588	689	253	
63452	Lewistown	LEWIS	1,143	15	9	10	\$45,285	485	156	
63457	Monticello	LEWIS	308	3	2	5	\$55,970	108	48	
63473	Williamstown	LEWIS	186	3	0	4	\$58,138	81	35	
<b>Totals</b>			<b>9,460</b>	<b>377</b>	<b>30</b>	<b>173</b>	<b>\$48,885</b>	<b>3,866</b>	<b>1,377</b>	

Source: ERSA Demographics

## Pike County, Missouri Community Profile



### Demographics

**The population of Pike County** was estimated to be 18,348 on July 1, 2015, and had a -0.9% change in population from April 1, 2010–July 1, 2015.<sup>1</sup> According to the United States Census Bureau, its county seat is Bowling Green. The county has a total area of 685 square miles, of which 670 square miles is land and 14 square miles is water.<sup>2</sup> Pike County's population density is 28 persons per square mile and its industries providing employment are Manufacturing (23.1%) and Professional (scientific, management, administrative, and waste management services) (17.2%).<sup>3</sup>

**The major highway transportation** is by U.S. Route 54, U.S. Route 61, Route 79 and Route 161.<sup>4</sup>

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<sup>1</sup> <http://www.census.gov/quickfacts/table/PST045215/29163>

<sup>2</sup> U.S. Census Bureau

<sup>3</sup> [http://www.city-data.com/county/Pike\\_County-MO.html](http://www.city-data.com/county/Pike_County-MO.html)

<sup>4</sup> U.S. Census Bureau



## Hannibal Regional Healthcare System - PSA Detail Demographic Profile

Zip	Name	County	Population			Households		HH Avg. Size	Per Capita Income 14
			YR 2014	YR 2019	Chg.	YR 2014	YR 2019		
63330	Annada	PIKE	116	120	3.4%	58	60	2.0	\$27,153
63334	Bowling Green	PIKE	8,601	8,628	0.3%	2,459	2,465	2.6	\$17,103
63336	Clarksville	PIKE	1,395	1,426	2.2%	607	622	2.3	\$21,533
63339	Curryville	PIKE	1,061	1,107	4.3%	380	396	2.8	\$17,992
63344	Eolia	PIKE	1,547	1,553	0.4%	581	584	2.6	\$20,408
63353	Louisiana	PIKE	4,542	4,527	-0.3%	1,904	1,901	2.4	\$19,156
63433	Ashburn	PIKE	71	70	-1.4%	29	29	2.5	\$18,107
63441	Frankford	PIKE	1,219	1,273	4.4%	499	523	2.4	\$21,039
<b>Totals</b>			<b>18,552</b>	<b>18,704</b>	<b>13.4%</b>	<b>6,517</b>	<b>6,580</b>	<b>2.4</b>	<b>\$20,311</b>

Zip	Name	County	Population				YR 2014		Females Age 20_35
			YR 2014	Pop. 65+	Kids <18	Gen. Y	Males	Females	
63330	Annada	PIKE	116	23	23	32	61	55	8
63334	Bowling Green	PIKE	8,601	1,143	1,826	3,345	5,274	3,327	629
63336	Clarksville	PIKE	1,395	285	296	367	720	675	101
63339	Curryville	PIKE	1,061	172	291	290	545	516	79
63344	Eolia	PIKE	1,547	240	432	464	783	764	133
63353	Louisiana	PIKE	4,542	946	1,098	1,267	2,204	2,338	398
63433	Ashburn	PIKE	71	14	16	20	38	33	6
63441	Frankford	PIKE	1,219	233	285	345	638	581	92
<b>Totals</b>			<b>18,552</b>	<b>3,056</b>	<b>4,267</b>	<b>6,130</b>	<b>10,263</b>	<b>8,289</b>	<b>1,446</b>

Zip	Name	County	Population				Hisp.	Aver HH Inc. 14	HH	
			White	Black	Amer. Ind.	YR 2014			HH \$50K+	
63330	Annada	PIKE	111	4	0	0	\$54,307	58	23	
63334	Bowling Green	PIKE	7,304	1,115	18	115	\$51,606	2,459	1,041	
63336	Clarksville	PIKE	1,291	69	1	20	\$49,476	607	218	
63339	Curryville	PIKE	1,020	21	4	17	\$50,033	380	158	
63344	Eolia	PIKE	1,447	63	6	23	\$53,535	581	279	
63353	Louisiana	PIKE	4,164	174	11	154	\$45,446	1,904	633	
63433	Ashburn	PIKE	67	2	0	1	\$44,331	29	11	
63441	Frankford	PIKE	1,177	21	5	16	\$51,158	499	221	
<b>Totals</b>			<b>16,581</b>	<b>1,469</b>	<b>45</b>	<b>346</b>	<b>\$49,987</b>	<b>6,517</b>	<b>2,584</b>	

Source: ERSA Demographics

# **III. Community Health Status**

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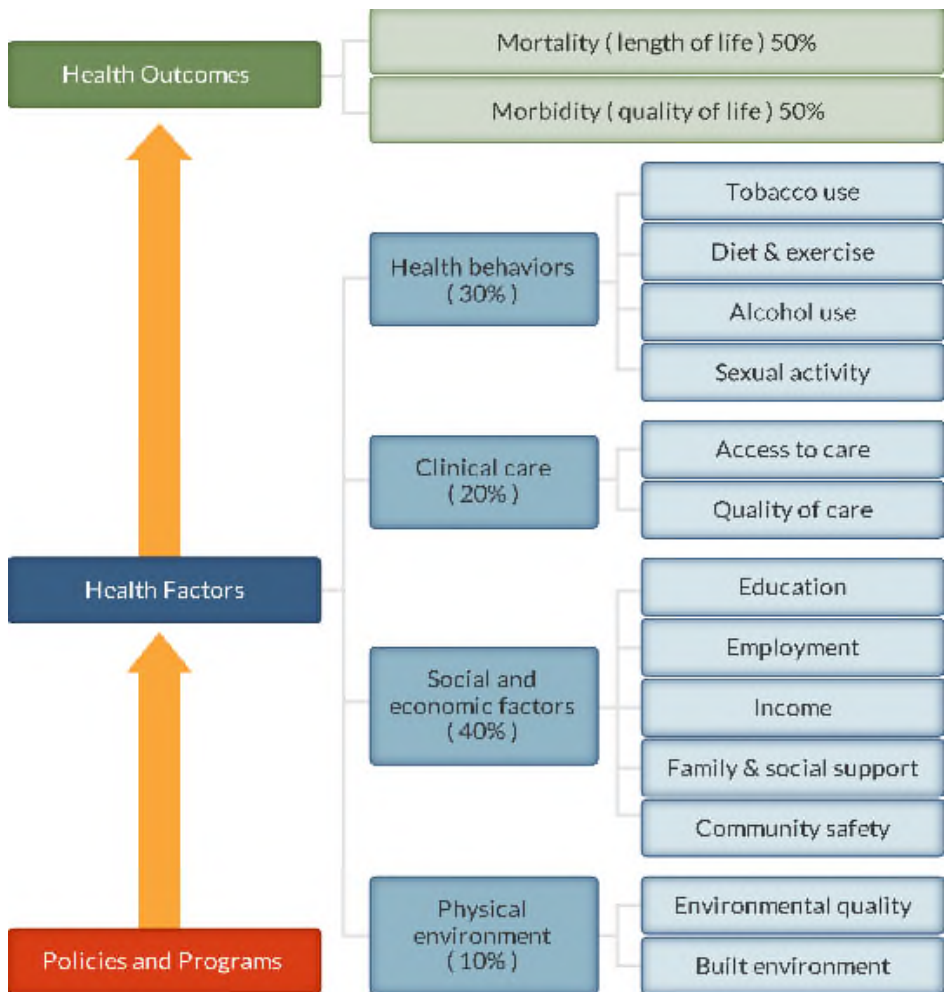
[VVV Consultants LLC]

### III. Community Health Status

#### a) Historical Health Statistics

#### Health Status Profile

This section of the CHNA reviews published quantitative community health indicators and results of our recent CHNA Town Hall. To produce this profile, VVV Consultants LLC staff analyzed 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 2015 County Health Rankings and conversations from Town Hall primary research. **Each table 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 in model, these rankings are based on a number of health factors.>



County Health Rankings model ©2012 UWPHI

# Secondary Research

## 2016 State Health Rankings for Northeast Missouri Region (6 Counties)

#	MO Rank of 114 Counties	Definitions	NE MO Reg (6) AVG	TREND	MO RURAL NORM (26) AVG
1	Health Outcomes		44		49
2	Mortality	Length of Life	39		52
3	Morbidity	Quality of Life	54		48
4	Health Factors		40		51
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	52		51
6	Clinical Care	Access to care / Quality of Care	62		65
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	36		50
8	Physical Environment	Environmental quality	39		38
<a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a> , released 2016					
Missouri Rural Norm (N=26) includes the following counties: Lewis, Marion, Monroe, Pike, Ralls, Shelby, Audrain, Bates, Benton, Henry, Johnson, Lafayette, Macon, Pettis, St. Clair, DeKalb, Sullivan, Ray, Caldwell, Daviess, Cass, Clinton, Andrew, Harrison, Phelps and Vernon.					

#	MO Rank of 114 Counties	Definitions	NE MO Reg (6)	Lewis	Marion	Monroe	Pike	Ralls	Shelby
1	Health Outcomes		44	31	54	21	57	16	85
2	Mortality	Length of Life	39	28	56	2	47	21	82
3	Morbidity	Quality of Life	54	36	52	83	68	11	72
4	Health Factors		40	40	45	27	80	17	29
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	52	84	88	26	64	20	32
6	Clinical Care	Access to care / Quality of Care	62	64	13	55	98	67	73
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	36	16	42	41	67	17	32
8	Physical Environment	Environmental quality	39	21	53	23	92	28	14
<a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a> , released 2016									
Missouri Rural Norm (N=26) includes the following counties: Lewis, Marion, Monroe, Pike, Ralls, Shelby, Audrain, Bates, Benton, Henry, Johnson, Lafayette, Macon, Pettis, St. Clair, DeKalb, Sullivan, Ray, Caldwell, Daviess, Cass, Clinton, Andrew, Harrison, Phelps and Vernon.									

When considering the state of community health, it's important to review published health data by topic area. Below is a summary of key tabs of information collected:

**Tab 1a Demographic Profile**

Tab	Health Indicator	NE MO Reg (6)	Trend	State of MO	MO Rural Norm (26)	Source
1a a	Population estimates, July 1, 2015, (V2015)	82,342		6,083,672	22,762	People Quick Facts
1a b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)	-1.4%		1.6%	-1.6%	People Quick Facts
1a c	Population, Census, April 1, 2010	82,888		5,988,927	22,849	People Quick Facts
1a d	Persons under 5 years, percent, July 1, 2014, (V2014)	5.7%		6.2%	5.7%	People Quick Facts
1a e	Persons under 18 years, percent, July 1, 2014, (V2014)	22.6%		23.0%	22.7%	People Quick Facts
1a f	Persons 65 years and over, percent, July 1, 2014, (V2014)	18.7%		15.4%	18.5%	People Quick Facts
1a g	Female persons, percent, July 1, 2014, (V2014)	49.3%		50.9%	49.5%	People Quick Facts
1a h	White alone, percent, July 1, 2014, (V2014) (a)	94.2%		83.5%	94.4%	People Quick Facts
1a i	Black or African American alone, percent, July 1, 2014, (V2014) (a)	3.5%		11.8%	2.7%	People Quick Facts
1a j	Hispanic or Latino, percent, July 1, 2014, (V2014) (b)	1.6%		4.0%	3.0%	People Quick Facts
1a k	Foreign born persons, percent, 2010-2014	1.1%		3.9%	1.8%	People Quick Facts
1a l	Language other than English spoken at home, percent of persons age 5 years+, 2010-2014	3.2%		6.1%	4.0%	People Quick Facts
1a m	Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014	87.6%		83.9%	85.4%	People Quick Facts

Tab	Health Indicator	NE MO Reg (6)	Lewis	Marion	Monroe	Pike	Ralls	Shelby
1a a	Population estimates, July 1, 2015, (V2015)	82,342	10,207	28,880	8,583	18,348	10,196	6,128
1a b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)	-1.4%	NA	0.3%	-2.9%	-0.9%	0.3%	-3.8%
1a c	Population, Census, April 1, 2010	82,888	10,211	28,781	8,840	18,516	10,167	6,373
1a d	Persons under 5 years, percent, July 1, 2014, (V2014)	5.7%	5.8%	6.3%	5.2%	5.9%	5.2%	5.8%
1a e	Persons under 18 years, percent, July 1, 2014, (V2014)	22.6%	22.8%	23.5%	22.6%	21.9%	21.8%	23.1%
1a f	Persons 65 years and over, percent, July 1, 2014, (V2014)	18.7%	18.0%	16.9%	20.8%	16.5%	19.3%	20.6%
1a g	Female persons, percent, July 1, 2014, (V2014)	49.3%	5.0%	51.6%	49.4%	44.8%	49.6%	50.3%
1a h	White alone, percent, July 1, 2014, (V2014) (a)	94.2%	94.2%	91.5%	94.7%	90.4%	96.8%	97.7%
1a i	Black or African American alone, percent, July 1, 2014, (V2014) (a)	3.5%	3.3%	5.2%	2.8%	7.6%	1.2%	0.7%
1a j	Hispanic or Latino, percent, July 1, 2014, (V2014) (b)	1.6%	1.6%	1.6%	1.2%	2.2%	1.2%	1.6%
1a k	Foreign born persons, percent, 2010-2014	1.1%	1.8%	1.5%	0.6%	1.2%	0.5%	1.0%
1a l	Language other than English spoken at home, percent of persons age 5 years+, 2010-2014	3.2%	4.3%	2.6%	3.7%	3.6%	1.4%	3.4%
1a m	Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014	87.6%	88.0%	86.5%	85.7%	83.3%	90.4%	91.6%

**Tab 1b Demographic Profile**

Tab	Health Indicator	NE MO Reg (6)	Trend	State of MO	MO Rural Norm (26)	Source
1b a	Veterans, 2010-2014	7,255		466,762	2,066 AVG	People Quick Facts
1b b	Population per square mile, 2010	26.9		87.1	36.4	Geography Quick Facts
1b c	Children in single-parent households, 2016	29.5%		33.0%	28.9%	County Health Rankings
1b d	Persons in poverty, percent	15.9%		15.5%	16.5%	People Quick Facts
1b e	Limited access to healthy foods, 2016	8.5%		6.0%	7.2%	County Health Rankings
1b f	Seniors, low access to store (%), 2010	3.9%		NA	3.2%	U.S. Department of Agriculture - Food Environment Atlas
1b g	Registered Voters in Missouri, 2012	55,436		4,190,936	15,502	Missouri Secretary of State

Tab	Health Indicator	NE MO Reg (6)	Lewis	Marion	Monroe	Pike	Ralls	Shelby
1b a	Veterans, 2010-2014	7,255	846	2,282	853	1,828	941	505
1b b	Population per square mile, 2010	26.9	20.2	65.9	13.6	27.6	21.6	12.7
1b c	Children in single-parent households, 2016	29.5%	26.0%	41.0%	25.0%	31.0%	28.0%	26.0%
1b d	Persons in poverty, percent	15.9%	14.3%	18.0%	15.8%	18.9%	11.6%	16.6%
1b e	Limited access to healthy foods, 2016	8.5%	16.0%	6.0%	1.0%	10.0%	3.0%	15.0%
1b f	Seniors, low access to store (%), 2010	3.9%	7.3%	2.3%	0.9%	4.0%	1.7%	7.3%
1b g	Registered Voters in Missouri, 2012	55,436	6,661	19,274	5,965	11,394	7,475	4,667

**Tab 2 Economic Profile**

Tab	Health Indicator	NE MO Reg (6)	Trend	State of MO	MO Rural Norm (26)	Source
2 a	Per capita income in past 12 months (in 2014 dollars), 2010-2014	\$20,855		\$26,006	\$21,403	People Quick Facts
2 b	Housing units, July 1, 2014, (V2014)	38,343		2,735,742	10,243	People Quick Facts
2 c	Persons per household, 2010-2014	2.4		2.5	2.5	People Quick Facts
2 d	Severe housing problems, 2016	10.2%		15.0%	11.7%	County Health Rankings
2 e	Total retail sales per capita, 2012	\$10,024		\$15,036	\$10,104	Business Quick Facts
2 f	All firms, 2012	1,050		491,606	1,818	Business Quick Facts
2 g	Unemployment, 2016	5.7%		6.1%	6.1%	County Health Rankings
2 h	Food Insecurity Rate, 2013	15.0%		16.8%	15.1%	Feeding America
2 i	Grocery stores/1,000 pop, 2012	0.2		NA	0.2	U.S. Department of Agriculture - Food Environment Atlas
2 j	Low income & low access to store (%), 2010	8.6%		NA	7.2%	U.S. Department of Agriculture - Food Environment Atlas
2 k	SNAP participants (% eligible pop), 2010*	89.0%		NA	89.0%	U.S. Department of Agriculture - Food Environment Atlas
2 l	Mean travel time to work (minutes), workers age 16 years+, 2010-2014	22.3		23.1	23.5	People Quick Facts
2 m	Long commute - driving alone, 2016	31.7%		30.0%	32.1%	County Health Rankings

Tab	Health Indicator	NE MO Reg (6)	Lewis	Marion	Monroe	Pike	Ralls	Shelby
2 a	Per capita income in past 12 months (in 2014 dollars), 2010-2014	\$20,855	\$19,514	\$22,731	\$20,303	\$18,738	\$23,588	\$20,256
2 b	Housing units, July 1, 2014, (V2014)	38,343	4,497	12,884	4,819	7,828	5,136	3,179
2 c	Persons per household, 2010-2014	2.4	2.5	2.4	2.4	2.5	2.5	2.4
2 d	Severe housing problems, 2016	10.2%	12.0%	10.0%	9.0%	13.0%	8.0%	9.0%
2 e	Total retail sales per capita, 2012	\$10,024	\$8,423	\$17,691	\$9,192	\$10,286	\$5,099	\$9,454
2 f	All firms, 2012	1,050	672	2,385	654	1,365	585	637
2 g	Unemployment, 2016	5.7%	5.2%	5.5%	6.6%	5.7%	5.3%	6.0%
2 h	Food Insecurity Rate, 2013	15.0%	14.2%	16.3%	15.5%	15.6%	12.8%	15.3%
2 i	Grocery stores/1,000 pop, 2012	0.2	0.2	0.2	0.2	0.2	0.3	0.3
2 j	Low income & low access to store (%), 2010	8.6%	16.2%	6.2%	1.3%	10.0%	2.9%	14.9%
2 k	SNAP participants (% eligible pop), 2010*	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%
2 l	Mean travel time to work (minutes), workers age 16 years+, 2010-2014	22.3	23.7	18.7	26.0	22.0	22.1	21.5
2 m	Long commute - driving alone, 2016	31.7%	46.0%	20.0%	41.0%	28.0%	28.0%	27.0%

**Tab 3 Public Schools Health Delivery Profile**

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

Tab	Health Indicator	NE MO Reg (6)	Trend	State of MO	MO Rural Norm (26)	Source
3 a	Students Eligible for Free Lunch (%), 2010	36.0%		NA	37.4%	U.S. Department of Agriculture - Food Environment Atlas
3 b	High school graduate or higher, percent of persons age 25 years+, 2010-2014	86.3%		88.0%	86.5%	People Quick Facts
3 c	Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	14.2%		26.7%	15.8%	People Quick Facts

Tab	Health Indicator	NE MO Reg (6)	Lewis	Marion	Monroe	Pike	Ralls	Shelby
3 a	Students Eligible for Free Lunch (%), 2010	36.0%	36.8%	41.3%	37.0%	37.8%	30.8%	32.2%
3 b	High school graduate or higher, percent of persons age 25 years+, 2010-2014	86.3%	87.4%	83.9%	89.3%	79.1%	88.4%	89.6%
3 c	Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	14.2%	13.4%	18.4%	14.0%	12.2%	13.3%	13.6%



**TAB 4 Maternal and Infant Health Profile**

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

Tab	Health Indicator	NE MO Reg (6)	Trend	State of MO	MO Rural Norm (26)	Source
4 a	Care Began First Trimester, 2013	123		53,335	196	Missouri Department of Health and Senior Services
4 b	Preterm Births (less than 37 Weeks Gestation), 2008-2012	98		47,443	153	Missouri Department of Health and Senior Services
4 c	Low Birth Weight, 2008-2012	68		31,138	101	Missouri Department of Health and Senior Services
4 d	Infants Participating in WIC, 2012	102		43,767	167	Missouri Department of Health and Senior Services
4 e	Teen Pregnancy Rate Under Age 18, 2009-2013	18		11,913	39	Missouri Department of Health and Senior Services
4 f	Out-of-Wedlock Births, 2009-2013	320		154,226	59	Missouri Department of Health and Senior Services
4 g	Mother Smoked During Pregnancy, 2013	38		13,155	59	Missouri Department of Health and Senior Services

Tab	Health Indicator	NE MO Reg (6)	Lewis	Marion	Monroe	Pike	Ralls	Shelby
4 a	Birth Care Began First Trimester, 2013	123	88	302	68	139	86	52
4 b	Preterm Births (less than 37 Weeks Gestation), 2008-2012	98	61	224	59	129	60	57
4 c	Low Birth Weight, 2008-2012	68	30	149	49	101	43	34
4 d	Infants Participating in WIC, 2012	102	79	244	63	145	34	47
4 e	Teen Pregnancy Rate Under Age 18, 2009-2013	18	17	43	6	29	9	3
4 f	Out-of-Wedlock Births, 2009-2013	320	209	826	165	453	163	103
4 g	Mother Smoked During Pregnancy, 2013	38	24	104	22	46	19	14

**TAB 4 Maternal and Infant Health Profile**

Tab	Missouri Department of Health and Senior Services, Vital Statistics	NE MO Reg (6) Totals	Trend	State of MO
4	a Total Live Births, 2010	977		76,718
4	b Total Live Births, 2011	990		76,069
4	c Total Live Births, 2012	934		75,400
4	d Total Live Births, 2013	959		75,244
4	e Total Live Births, 2014	957		75,104

Tab	Missouri Department of Health and Senior Services, Vital Statistics	NE MO Reg (6) Totals	Lewis	Marion	Monroe	Pike	Ralls	Shelby
4	a Total Live Births, 2010	977	116	372	97	221	101	70
4	b Total Live Births, 2011	990	109	383	96	219	103	80
4	c Total Live Births, 2012	934	108	350	85	236	86	69
4	d Total Live Births, 2013	959	117	389	91	196	102	64
4	e Total Live Births, 2014	957	114	351	87	228	98	79

### 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	NE MO Reg (6)	Trend	State of MO	MO Rural Norm (26)	Source
5 a	Primary care physicians, 2016	3258:1		1,420:1	3,174:1	County Health Rankings
5 b	Preventable hospital stays, 2016	66		59	71	County Health Rankings
5 c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	76.0%		71.0%	70.3%	CMS Hospital Compare, 7/1/14-6/30/15
5 d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	72.0%		70.0%	66.2%	CMS Hospital Compare, 7/1/14-6/30/15
5 e	Average Time Patients Spent in the Emergency Department Before They Were Seen by a Healthcare Professional	20		20	16	CMS Hospital Compare, 7/1/14-6/30/15

Tab	Health Indicator	NE MO Reg (6)	Lewis	Marion	Monroe	Pike	Ralls	Shelby
5 a	Primary care physicians, 2016	3258:1	3,380	1,160	2,920	3,730	5,100	NA
5 b	Preventable hospital stays, 2016	66	58	65	57	86	68	63
5 c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	76.0%	NA	76.0%	NA	NA	NA	NA
5 d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	72.0%	NA	72.0%	NA	NA	NA	NA
5 e	Average Time Patients Spent in the Emergency Department Before They Were Seen by a Healthcare Professional	20	NA	20	NA	NA	NA	NA

### TAB 5 Hospitalization/Provider Profile

Listed below is Patient Origin by Region – Inpatient and Market Penetration by Service Type – Outpatient data collected by the Missouri Hospital Association (MHA) through the Hospital Industry Data Institute (HIDI).

#	HRHS MHA (IP FFY 2015)	Totals PSA	Mix %	Marion	Ralls	Pike	Lewis	Monroe	Shelby
1	Total Discharges FFY15	4,035	100%	2,378	408	463	215	326	245
2	Total IP Discharges, Age 0-17	69	1.7%	51	7	7	1	1	2
3	Total IP Discharges, Age 18-44	223	5.5%	144	20	28	6	15	10
4	Total IP Discharges, Age 45-64	824	20.4%	512	76	82	32	80	42
5	Total IP Discharges, Age 65-74	664	16.5%	352	101	81	41	43	46
6	Total IP Discharges, Age 75+	1,130	28.0%	677	105	109	62	102	75
7	Obstetric	570		326	49	80	36	43	36
8	Surgical %	22.8%		18.8%	24.5%	26.3%	27.4%	18.7%	20.8%
#	HRHS MHA (IP FFY 2014)	Totals PSA	Mix %	Marion	Ralls	Pike	Lewis	Monroe	Shelby
1	Total Discharges FFY14	4,204	100%	2,539	410	489	269	263	234
2	Total IP Discharges, Age 0-17	66	1.6%	46	6	9	2	0	3
3	Total IP Discharges, Age 18-44	293	7.0%	180	43	31	13	16	10
4	Total IP Discharges, Age 45-64	910	21.6%	581	99	80	39	51	60
5	Total IP Discharges, Age 65-74	675	16.1%	397	86	61	54	44	33
6	Total IP Discharges, Age 75+	1,142	27.2%	694	85	118	83	83	79
7	Obstetric	559		324	44	95	39	32	25
8	Surgical %	25.5%		19.9%	23.4%	29.0%	30.9%	21.3%	28.6%
#	HRHS MHA (IP FFY 2013)	Totals PSA	Mix %	Marion	Ralls	Pike	Lewis	Monroe	Shelby
1	Total Discharges FFY13	4,280	100%	2,589	505	485	252	249	200
2	Total IP Discharges, Age 0-17	80	1.9%	51	7	11	6	2	3
3	Total IP Discharges, Age 18-44	320	7.5%	194	46	29	11	20	20
4	Total IP Discharges, Age 45-64	896	20.9%	578	107	80	46	51	34
6	Total IP Discharges, Age 65-74	714	16.7%	395	94	93	51	41	40
6	Total IP Discharges, Age 75+	1,106	25.8%	688	106	112	69	68	63
7	Obstetric	596		345	78	82	36	34	21
8	Surgical %	28.8%		23.2%	23.8%	32.8%	34.5%	26.5%	32.0%

#	HRHS MHA PO (FFY 15) TOT223E	Totals PSA	Mix %	Marion	Ralls	Pike	Lewis	Monroe	Shelby
1	Total OP Visits	45,485	100.0%	27,561	4,738	3,378	2,532	3,732	3,544
2	Emergency Department	15,663	34.4%	10,882	1,729	917	587	930	618
3	Surgery	2,538	5.6%	1,314	340	322	234	183	145
4	Observation	663	1.5%	386	91	83	23	41	39
5	Clinical Services	9,045	19.9%	5,121	1,103	835	567	869	550
#	HRHS MHA PO (FFY 14) TOT223E	Totals PSA	Mix %	Marion	Ralls	Pike	Lewis	Monroe	Shelby
1	Total OP Visits	45,028	100.0%	27,750	4,467	2,737	2,751	3,584	3,739
2	Emergency Department	14,512	32.2%	10,260	1,512	837	523	852	528
3	Surgery	2,794	6.2%	1,540	352	313	244	166	179
4	Observation	1,020	2.3%	627	104	107	53	73	56
5	Clinical Services	8,971	19.9%	5,145	1,070	803	673	783	497
#	HRHS MHA PO (FFY 13) TOT223E	Totals PSA	Mix %	Marion	Ralls	Pike	Lewis	Monroe	Shelby
1	Total OP Visits	47,719	100.0%	29,493	4,821	2,971	2,907	3,786	3,741
2	Emergency Department	14,485	30.4%	10,301	1,541	814	551	803	475
3	Surgery	2,781	5.8%	1,480	366	330	270	188	147
4	Observation	563	1.2%	347	70	53	27	40	26
5	Clinical Services	10,432	21.9%	5,785	1,279	1,031	754	986	597

**TAB 6 Social & Rehab Services Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	NE MO Reg (6)	Trend	State of MO	MO Rural Norm (26)	Source
6 a	Depression: Medicare Population, 2012	15.5%		19.7%	16.6%	Centers for Medicare and Medicaid Services
6 b	Alcohol-impaired driving deaths, 2016	27.0%		33.0%	30.5%	County Health Rankings
6 c	Poor mental health days, 2016	3.8		3.7	3.8	County Health Rankings

Tab	Health Indicator	NE MO Reg (6)	Lewis	Marion	Monroe	Pike	Ralls	Shelby
6 a	Depression: Medicare Population, 2012	15.5%	12.7%	20.5%	15.4%	15.7%	13.6%	14.9%
6 b	Alcohol-impaired driving deaths, 2016	27.0%	33.0%	18.0%	42.0%	21.0%	23.0%	25.0%
6 c	Poor mental health days, 2016	3.8	3.8	3.9	3.8	3.8	3.5	3.9

### TAB 7a Health Risk Profiles

Knowing community health risk factors and disease patterns can aid in the understanding of next steps to improve health. Being overweight / obese; smoking, drinking in excess, not exercising, etc. can lead to poor health.

Tab	Health Indicator	NE MO Reg (6)	Trend	State of MO	MO Rural Norm (26)	Source
7a	a Adult obesity**, 2016	33.7%		31.0%	33.2%	County Health Rankings
7a	b Adult smoking, 2016	20.8%		21.0%	20.5%	County Health Rankings
7a	c Excessive drinking, 2016	15.3%		16.0%	15.3%	County Health Rankings
7a	d Physical inactivity**, 2016	30.3%		26.0%	30.5%	County Health Rankings
7a	e Poor physical health days, 2016	4.1		4.1	4.1	County Health Rankings
7a	f Sexually transmitted infections**, 2016	270.8		453.8	260.9	County Health Rankings

Tab	Health Indicator	NE MO Reg (6)	Lewis	Marion	Monroe	Pike	Ralls	Shelby
7a	a Adult obesity**, 2016	33.7%	36.0%	36.0%	31.0%	31.0%	35.0%	33.0%
7a	b Adult smoking, 2016	20.8%	21.0%	22.0%	20.0%	22.0%	19.0%	21.0%
7a	c Excessive drinking, 2016	15.3%	16.0%	15.0%	15.0%	16.0%	16.0%	14.0%
7a	d Physical inactivity**, 2016	30.3%	35.0%	30.0%	30.0%	30.0%	29.0%	28.0%
7a	e Poor physical health days, 2016	4.1	4.1	4.3	4.1	4.2	3.6	4.2
7a	f Sexually transmitted infections**, 2016	270.8	265.4	417.5	264.3	328.6	253.0	96.2

**TAB 7b Health Risk Profiles**

Tab	Health Indicator	NE MO Reg (6)	Trend	State of MO	MO Rural Norm (26)	Source
7b a	Hypertension: Medicare Population, 2012	51.2%		54.8%	53.7%	Centers for Medicare and Medicaid Services
7b b	Hyperlipidemia: Medicare Population, 2012	40.0%		42.3%	39.9%	Centers for Medicare and Medicaid Services
7b c	Heart Failure: Medicare Population, 2012	15.1%		13.7%	14.1%	Centers for Medicare and Medicaid Services
7b d	Chronic Kidney Disease: Medicare Population, 2012	15.3%		16.4%	13.9%	Centers for Medicare and Medicaid Services
7b e	COPD: Medicare Population, 2012	12.4%		13.2%	13.9%	Centers for Medicare and Medicaid Services
7b f	Atrial Fibrillation: Medicare Population, 2012	8.5%		8.1%	8.7%	Centers for Medicare and Medicaid Services
7b g	Cancer: Medicare Population, 2012	7.5%		7.8%	7.4%	Centers for Medicare and Medicaid Services
7b h	Osteoporosis: Medicare Population, 2012	5.1%		5.9%	4.9%	Centers for Medicare and Medicaid Services
7b i	Asthma: Medicare Population, 2012	3.3%		4.8%	3.8%	Centers for Medicare and Medicaid Services
7b j	Stroke: Medicare Population, 2012	3.1%		3.6%	3.3%	Centers for Medicare and Medicaid Services

Tab	Health Indicator	NE MO Reg (6)	Lewis	Marion	Monroe	Pike	Ralls	Shelby
7b a	Hypertension: Medicare Population, 2012	51.2%	52.9%	52.5%	51.7%	50.8%	47.0%	52.3%
7b b	Hyperlipidemia: Medicare Population, 2012	40.0%	41.6%	40.0%	44.8%	33.7%	40.8%	38.9%
7b c	Heart Failure: Medicare Population, 2012	15.1%	14.7%	16.3%	14.1%	17.1%	13.1%	15.5%
7b d	Chronic Kidney Disease: Medicare Population, 2012	15.3%	17.2%	19.2%	13.0%	16.2%	12.5%	13.7%
7b e	COPD: Medicare Population, 2012	12.4%	12.9%	14.6%	12.9%	13.5%	8.1%	12.4%
7b f	Atrial Fibrillation: Medicare Population, 2012	8.5%	9.0%	8.7%	8.3%	8.9%	7.8%	8.2%
7b g	Cancer: Medicare Population, 2012	7.5%	7.4%	6.9%	7.2%	7.9%	8.1%	7.7%
7b h	Osteoporosis: Medicare Population, 2012	5.1%	5.6%	5.7%	5.5%	3.5%	5.2%	5.1%
7b i	Asthma: Medicare Population, 2012	3.3%	2.9%	4.0%	3.5%	3.1%	2.8%	3.7%
7b j	Stroke: Medicare Population, 2012	3.1%	2.6%	3.1%	3.1%	2.8%	2.8%	4.0%

**TAB 8 Uninsured Profiles**

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	NE MO Reg (6)	Trend	State of MO	MO Rural Norm (26)	Source
8	a Uninsured, 2016	17.0%		15.0%	17.3%	County Health Rankings

Tab	Health Indicator	NE MO Reg (6)	Lewis	Marion	Monroe	Pike	Ralls	Shelby
8	a Uninsured, 2016	17.0%	17.0%	14.0%	20.0%	17.0%	15.0%	19.0%

Source: Hospital Internal Records					
	Hannibal Regional Healthcare System	YR 2013	YR 2014	YR 2015	Trend
1	Bad Debt	\$7,504,487	\$8,305,156	\$6,148,263	
2	Charity Care	\$7,053,835	\$9,491,248	\$8,470,309	



### TAB 9 Mortality Profile

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

Tab	Health Indicator	NE MO Reg (6)	Trend	State of MO	MO Rural Norm (26)	Source
9 a	Life Expectancy for Males, 2004-2012	75.4		74.6	74.6	Missouri Department of Health and Senior Services
9 b	Life Expectancy for Females, 2004-2012	79.8		79.7	79.3	Missouri Department of Health and Senior Services
9 c	Heart Disease Mortality, 2014	44.3		14,210	63	Missouri Department of Health and Senior Services
9 d	Chronic Lower Respiratory Disease Mortality, 2014	10		3,739	19	Missouri Department of Health and Senior Services
9 e	Suicides, 2014	2		1,004	5	Missouri Department of Health and Senior Services

Tab	Health Indicator	NE MO Reg (6)	Lewis	Marion	Monroe	Pike	Ralls	Shelby
9 a	Life Expectancy for Males, 2004-2012	75.4	75.7	74.5	75.1	75.0	76.5	75.5
9 b	Life Expectancy for Females, 2004-2012	79.8	79.7	78.6	81.5	78.3	81.5	79.1
9 c	Heart Disease Mortality, 2014	44	34	100	33	52	22	25
9 d	Chronic Lower Respiratory Disease Mortality, 2014	10	5	22	3	24	6	2
9 e	Suicides, 2014	2	4	4	1	0	3	1

**TAB 9 Mortality Profile**

#	Causes of Death by County of Residence, Missouri Department of Health and Senior Services, 2014	NE MO Reg (6) Totals	%	Trend	State of MO	%
	<b>All Causes</b>	927	100.0%		58,141	100.0%
1	Heart Disease	266	28.7%	4.3%	14,210	24.4%
2	Cancer	212	22.9%	0.5%	13,009	22.4%
3	Other Diseases (Residual)	87	9.4%	-2.6%	6,983	12.0%
4	Chronic Lower Respiratory Diseases	62	6.7%	0.3%	3,739	6.4%
5	Cerebrovascular Disease (Stroke)	54	5.8%	0.6%	3,010	5.2%
6	Alzheimer's Disease	30	3.2%	-0.3%	2,047	3.5%
7	All Other Accidents and Adverse Effects	29	3.1%	-1.0%	2,377	4.1%
8	Kidney Disease (Nephritis/Nephrotic Syndrome/Nephrosis)	24	2.6%	0.1%	1,446	2.5%
9	Pneumonia and influenza	24	2.6%	0.3%	1,317	2.3%
10	Diabetes	21	2.3%	-0.2%	1,413	2.4%
11	Other digestive diseases	19	2.0%	-0.2%	1,319	2.3%
12	Motor Vehicle Accidents	14	1.5%	0.2%	779	1.3%

#	Causes of Death by County of Residence, Missouri Department of Health and Senior Services, 2014	NE MO Reg (6) Totals	%	Lewis	%	Marion	%	Monroe	%	Pike	%	Ralls	%	Shelby	%
	<b>All Causes</b>	927	100.0%	101	100.0%	338	100.0%	97	100.0%	211	100.0%	95	100.0%	85	100.0%
1	Heart Disease	266	28.7%	34	33.7%	100	29.6%	33	34.0%	52	24.6%	22	23.2%	25	29.4%
2	Cancer	212	22.9%	25	24.8%	67	19.8%	22	22.7%	52	24.6%	29	30.5%	17	20.0%
3	Other Diseases (Residual)	87	9.4%	9	8.9%	37	10.9%	9	9.3%	18	8.5%	5	5.3%	9	10.6%
4	Chronic Lower Respiratory Diseases	62	6.7%	5	5.0%	22	6.5%	3	3.1%	24	11.4%	6	6.3%	2	2.4%
5	Cerebrovascular Disease (Stroke)	54	5.8%	5	5.0%	18	5.3%	3	3.1%	14	6.6%	7	7.4%	7	8.2%
6	Alzheimer's Disease	30	3.2%	0	0.0%	18	5.3%	1	1.0%	3	1.4%	7	7.4%	1	1.2%
7	All Other Accidents and Adverse Effects	29	3.1%	5	5.0%	14	4.1%	3	3.1%	3	1.4%	0	0.0%	4	4.7%
8	Kidney Disease (Nephritis/Nephrotic Syndrome/Nephrosis)	24	2.6%	0	0.0%	10	3.0%	1	1.0%	7	3.3%	2	2.1%	4	4.7%
9	Pneumonia and influenza	24	2.6%	3	3.0%	9	2.7%	5	5.2%	4	1.9%	0	0.0%	3	3.5%
10	Diabetes	21	2.3%	3	3.0%	8	2.4%	4	4.1%	5	2.4%	0	0.0%	1	1.2%
11	Other digestive diseases	19	2.0%	2	2.0%	4	1.2%	0	0.0%	8	3.8%	1	1.1%	4	4.7%
12	Motor Vehicle Accidents	14	1.5%	1	1.0%	5	1.5%	4	4.1%	2	0.9%	2	2.1%	0	0.0%

**TAB 10 Preventive Health Profile**

The following table reflects future health of the counties. This information also is an indicator of community awareness of preventative measures.

Tab	Health Indicator	NE MO Reg (6)	Trend	State of MO	MO Rural Norm (26)	Source
10 a	Access to exercise opportunities, 2016	43.5%		76.0%	45.1%	County Health Rankings
10 b	2-Year-Old Coverage of Individual Vaccines and Selected Vaccination Series, 2012	NA		NA	NA	NA
10 c	Diabetic monitoring, 2016	84.3%		86.0%	84.3%	County Health Rankings
10 d	Mammography screening, 2016	57.7%		62.0%	56.4%	County Health Rankings
10 e	Percent Annual Check-Up Visit with PCP	NA		NA	NA	TBD
10 f	Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
10 g	Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

Tab	Health Indicator	NE MO Reg (6)	Lewis	Marion	Monroe	Pike	Ralls	Shelby
10 a	Access to exercise opportunities, 2016	43.5%	41.0%	74.0%	45.0%	43.0%	21.0%	37.0%
10 b	2-Year-Old Coverage of Individual Vaccines and Selected Vaccination Series, 2012	NA	NA	NA	NA	NA	NA	NA
10 c	Diabetic monitoring, 2016	84.3%	84.0%	85.0%	89.0%	80.0%	87.0%	81.0%
10 d	Mammography screening, 2016	57.7%	55.0%	64.0%	62.0%	57.0%	50.0%	58.0%
10 e	Percent Annual Check-Up Visit with PCP	NA	NA	NA	NA	NA	NA	NA
10 f	Percent Annual Check-Up Visit with Dentist	NA	NA	NA	NA	NA	NA	NA
10 g	Percent Annual Check-Up Visit with Eye Doctor	NA	NA	NA	NA	NA	NA	NA

## Community Feedback Research

For a CHNA, it's also important to gather community perspective from key stakeholders on their views of progress to address the baseline CHNA needs documented three years ago. Below are findings of this online community primary research:

### Question 1—Overall Quality of Healthcare Delivery

Hannibal Regional Healthcare System (Primary Service Area) - Hannibal, MO N=181						
1. Three years ago, HRHS completed a Community Health Needs Assessment. This assessment identified a number of health needs for our community. Today, we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community?						
Answer Options	Very Good	Good	Fair	Poor	Very Poor	Valid N
Hannibal Regional Healthcare System PSA N=181	33	91	50	6	1	181
Top 2 Boxes (Very Good / Good)	68.5%					
Option C Stakeholders Round #2	873	1,887	733	94	18	3,605
Top 2 Boxes (Very Good / Good)	76.6%					

### Question 2—Overall Quality of Cancer Care Delivery

Hannibal Regional Healthcare System (Primary Service Area) - Hannibal, MO N=181						
2. How would you rate the "Overall Quality" of cancer care delivery in our community??						
Answer Options	Very Good	Good	Fair	Poor	Very Poor	Valid N
Hannibal Regional Healthcare System PSA N=181	57	76	32	6	1	172
Top 2 Boxes (Very Good / Good)	77.3%					

**Question 7—Requested Discussion Items for Town Hall Agenda**

<b>Hannibal Regional Healthcare System (Primary Service Area) - Hannibal, MO N=181</b>			
<b>7. Are there any other health needs from the list below that we need to discuss at our upcoming CHNA Town Hall meeting?</b>	<b>Option C Stakeholders Round #2 Bottom 2 Boxes</b>	<b>HRHS PSA N=181</b>	<b>TREND</b>
Abuse / Violence	4.7%	3.7%	
Alcohol	4.9%	3.5%	
Cancer	4.9%	2.3%	
Diabetes	5.0%	4.8%	
Drugs / Substance Abuse	7.9%	9.5%	
Family Planning	2.8%	1.8%	
Heart Disease	3.8%	3.5%	
Lead Exposure	0.7%	0.6%	
Mental Illness	9.1%	12.0%	
Nutrition	5.0%	4.2%	
Obesity	7.9%	9.2%	
Ozone	0.6%	0.3%	
Physical Exercise	5.8%	4.8%	
Poverty	5.3%	7.2%	
Respiratory Disease	2.2%	0.7%	
Sexual Transmitted Diseases	2.3%	1.1%	
Suicide	5.2%	10.5%	
Teen Pregnancy	3.5%	1.8%	
Tobacco Use	3.9%	2.8%	
Vaccinations	3.9%	2.1%	
Water Quality	3.3%	6.2%	
Wellness Education	5.9%	5.4%	
Some Other Need (specify below)	1.4%	1.7%	
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	

### Questions 8-9—Rating of Healthcare Services

Hannibal Regional Healthcare System (Primary Service Area) - Hannibal, MO N=181			
8. How would you rate each of the following services?	Option C Stakeholders Round #2 Bottom 2 Boxes	HRHS PSA N=181	TREND
Ambulance Services	3.6%	3.0%	
Child Care	13.4%	5.7%	
Chiropractors	4.7%	3.7%	
Dentists	11.7%	5.9%	
Emergency Room	7.7%	12.9%	
Eye Doctor / Optometrist	7.0%	4.5%	
Family Planning Services	15.6%	6.0%	
Home Health	9.5%	3.2%	
Hospice	6.2%	6.8%	
Inpatient Services	3.5%	5.3%	
Mental Health Services	34.3%	53.7%	
Nursing Home	11.7%	14.2%	
Outpatient Services	2.7%	0.8%	
Pharmacy	2.3%	0.8%	
Primary Care	4.2%	2.2%	
Public Health Department	4.4%	7.2%	
School Nurse	6.5%	5.2%	
Urgent Care	0.0%	3.2%	
Visiting Specialists	8.1%	7.1%	

### Question 10—Healthcare Services Outside of PSA

Hannibal Regional Healthcare System (Primary Service Area) - Hannibal, MO N=181			
10. Over the past two years, did you or someone you know receive healthcare services outside of our community?	Option C Stakeholders Round #2 Bottom 2 Boxes	HRHS PSA N=181	TREND
Yes	78.8%	77.7%	
No	14.0%	18.0%	
Don't know	7.2%	4.3%	
TOTALS	100.0%	100.0%	

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

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[VVV Consultants LLC]

<b>Inventory of Health Services - Northeast Missouri Region</b>				
<b>Cat</b>	<b>Healthcare Services Offered in Marion, Lewis, Monroe, Pike, Ralls and Shelby, MO Counties - Yes / No</b>	<b>Hospitals</b>	<b>Health Depts.</b>	<b>Others</b>
Clinic	Primary Care	Yes		Yes
Hosp	Alzheimer Center			Yes
Hosp	Ambulatory Surgery Centers	Yes		Yes
Hosp	Arthritis Treatment Center	Yes		
Hosp	Bariatric / Weight Control Services	Yes		Yes
Hosp	Birthing / LDR / LDRP Room	Yes		
Hosp	Breast Cancer / Screening	Yes	Yes	Yes
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery	Yes		
Hosp	Cardiology Services	Yes		
Hosp	Case Management	Yes	Yes	Yes
Hosp	Chaplaincy / Pastoral Care Services	Yes		Yes
Hosp	Chemotherapy	Yes		Yes
Hosp	Colonoscopy	Yes		Yes
Hosp	Crisis Prevention			Yes
Hosp	CT Scanner	Yes		Yes
Hosp	Diagnostic Radioisotope Facility	Yes		
Hosp	Diagnostic / Invasive Catheterization	Yes		
Hosp	Electron Beam Computed Tomography (EBCT)	Yes		
Hosp	Insurance Enrollment Assistance Services	Yes	Yes	Yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	Yes		
Hosp	Fertility Clinic	Yes		
Hosp	Full Field Digital Mammography (FFDM)	Yes		Yes
Hosp	Genetic Testing / Counseling			
Hosp	Geriatric Services	Yes	Yes	Yes
Hosp	Heart	Yes		Yes
Hosp	Hemodialysis	Yes		Yes
Hosp	HIV / AIDS Services		Yes	Yes
Hosp	Image-Guided Radiation Therapy (IGRT)	Yes		
Hosp	Inpatient Acute Care - Hospital Services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	Yes		
Hosp	Intensive Care Unit	Yes		
Hosp	Intermediate Care Unit	Yes		
Hosp	Interventional Cardiac Catheterization	Yes		
Hosp	Isolation room	Yes	Yes	
Hosp	Kidney	Yes		Yes
Hosp	Liver	Yes		Yes
Hosp	Lung	Yes		Yes
Hosp	Magnetic Resonance Imaging (MRI)	Yes		Yes
Hosp	Mammograms	Yes		Yes
Hosp	Mobile Health Services	Yes	Yes	Yes
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes		
Hosp	Multislice Spiral Computed Tomography (64+ slice CT)	Yes		
Hosp	Neonatal			Yes
Hosp	Neurological Services	Yes		Yes
Hosp	Obstetrics / Prenatal	Yes	Yes	Yes
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services	Yes		
Hosp	Orthopedic Services	Yes		Yes
Hosp	Outpatient Surgery	Yes		Yes
Hosp	Pain Management	Yes		Yes
Hosp	Palliative Care Program	Yes		
Hosp	Pediatric	Yes		Yes
Hosp	Physical Rehabilitation	Yes		



<b>Inventory of Health Services - Northeast Missouri Region</b>				
<b>Cat</b>	<b>Healthcare Services Offered in Marion, Lewis, Monroe, Pike, Ralls and Shelby, MO Counties - Yes / No</b>	<b>Hospitals</b>	<b>Health Depts.</b>	<b>Others</b>
Hosp	Positron Emission Tomography (PET)	Yes		Yes
Hosp	Positron Emission Tomography / CT (PET/CT)	Yes		Yes
Hosp	Psychiatric Services			Yes
Hosp	Radiology, Diagnostic	Yes		Yes
Hosp	Radiology, Therapeutic	Yes		
Hosp	Reproductive Health	Yes	Yes	
Hosp	Robotic Surgery			Yes
Hosp	Shaped Beam Radiation System 161	Yes		
Hosp	Single Photon Emission Computerized Tomography (SPECT)	Yes		
Hosp	Sleep Center	Yes		Yes
Hosp	Social Work Services	Yes	Yes	Yes
Hosp	Sports Medicine	Yes		Yes
Hosp	Stereotactic Radiosurgery	Yes		
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services			
Hosp	Trauma Center			Yes
Hosp	Ultrasound	Yes		Yes
Hosp	Women's Health Services	Yes	Yes	Yes
Hosp	Wound Care	Yes	Yes	Yes
SR	Adult Day Care Program	Yes		Yes
SR	Assisted Living	Yes		Yes
SR	Home Health Services	Yes	Yes	Yes
SR	Hospice	Yes	Yes	Yes
SR	Long-Term Care	Yes	Yes	Yes
SR	Nursing Home Services	Yes		Yes
SR	Retirement Housing	Yes		Yes
SR	Skilled Nursing Care	Yes		Yes
ER	Emergency Services	Yes		
ER	Urgent Care Center	Yes		Yes
ER	Ambulance Services			Yes
SERV	Alcoholism-Drug Abuse		Yes	Yes
SERV	Blood Donor Center	Yes		Yes
SERV	Chiropractic Services			Yes
SERV	Complementary Medicine Services	Yes		
SERV	Dental Services			Yes
SERV	Fitness Center			Yes
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair (Annual)	Yes	Yes	Yes
SERV	Health Information Center	Yes	Yes	Yes
SERV	Health Screenings	Yes	Yes	Yes
SERV	Meals on Wheels			Yes
SERV	Nutrition Programs	Yes	Yes	Yes
SERV	Patient Education Center	Yes	Yes	Yes
SERV	Support Groups	Yes	Yes	Yes
SERV	Teen Outreach Services		Yes	Yes
SERV	Tobacco Treatment / Cessation Program	Yes	Yes	
SERV	Transportation to Health Facilities			Yes
SERV	Wellness Program	Yes	Yes	Yes

<b>Providers Delivering Care in Northeast Missouri Region HRHS - Primary Service Area (6 Counties)</b>			
<b># of FTE Providers Working in NE MO Region</b>	<b>FTE Physicians</b>		<b>FTE Allied Staff</b>
	<b>PSA-Based DRs</b>	<b>Visiting DRs*</b>	<b>PSA-Based PA / NP</b>
<b>Primary Care:</b>			
Family Practice	32.0	34.3	66.3
Internal Medicine/Geriatrician	8.5		8.5
Obstetrics/Gynecology	5.0	1.0	6.0
Pediatrics	7.0	1.0	8.0
<b>Medicine Specialists:</b>			
Allergy/Immunology	1.0		1.0
Cardiology	5.9	1.0	6.9
Dermatology	1.3	3.0	4.3
Endocrinology	0.6		0.6
Gastroenterology	1.0		1.0
Oncology/Hematology/Radiology	2.0	1.0	3.0
Infectious Diseases	0.2		0.2
Nephrology	1.0		1.0
Neurology	2.0		2.0
Psychiatry	6.0	2.0	8.0
Pulmonary	2.3		2.3
Rheumatology	3.0		3.0
<b>Surgery Specialists:</b>			
General Surgery/Colon/Oral	5.3		5.3
Neurosurgery			
Ophthalmology	1.9		1.9
Orthopedics	4.2		4.2
Otolaryngology	2.7		2.7
Plastic/Reconstructive	1.0		1.0
Thoracic/Cardiovascular/Vascular	0.0		
Urology	1.0		1.0
<b>Hospital Based:</b>			
Anesthesia/Pain	4.0	6.0	10.0
Emergency	12.6		12.6
Radiology	6.3		6.3
Pathology	3.5		3.5
Hospitalist	4.5		4.5
Neonatal/Perinatal			
Physical Medicine/Rehab	0.3		0.3
Occupational Medicine	0.5		0.5
Podiatry	3.0		3.0
Chiropractor			
Optometrist	4.0		4.0
Dentist	2.0		2.0
<b>TOTALS</b>	<b>135.6</b>	<b>49.3</b>	<b>184.9</b>

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

## Visiting Specialists to Northeast Missouri Region

**NE MO Region Includes: Marion, Lewis, Monroe, Pike, Ralls and Shelby Counties**

<i>Specialty</i>	<i>Physician Name/Group</i>	<i>Office Location</i>	<i>Schedule</i>	<i>Annual Days</i>	<i>Location of Outreach Clinic</i>
Cardiology	SSM Blessing MO Heart Cardinal Glennon	St. Louis, MO Quincy, IL Columbia, MO St. Louis, MO	PCMH Weekly As Needed As Needed As Needed	26 Varies Varies Varies	Louisiana, MO Hannibal, MO Hannibal, MO Hannibal, MO
Dermatology	University of MO/Derm	Columbia, MO	As Needed	Varies	Via Telehealth in Hannibal, MO
General Surgeon	Dr. Peril Blessing	Mexico, MO Quincy, IL	Weekly Weekly	26 Varies	Louisiana, MO Hannibal, MO
Hematology / Oncology	MO Cancer Associates	Columbia, MO	As Needed	Varies	Hannibal, MO
Hospitalist	Mercy Virtual	St. Louis, MO	As Needed	Varies	Via Telehealth in Hannibal, MO
Ophthalmology	Dr. Lee Dr. Gira QMG	St. Louis, MO St. Louis, MO St. Louis, MO	Monthly Weekly Daily	12 26 365	Louisiana, MO Hannibal, MO Hannibal, MO
Orthopedic	Dr. Albus	St. Joseph, MO / St. Charles, MO	Weekly	26	Louisiana, MO
Pediatrics	Cardinal Glennon Children's Medical Center	St. Louis, MO	As Needed	Varies	Via pediatric TeleED in Hannibal, MO
Pulmonary	Dr. Culbert	Troy, MO	PCMH Bi-Weekly	13	Louisiana, MO
Pain Management	Dr. Manchanda		2x / Month	24	Louisiana, MO
Anesthesia	Bill Wall, CRNA		As Needed	Varies	Louisiana, MO

# Health Services Directory Northeast Missouri Region

(Marion, Lewis, Monroe, Pike, Ralls and Shelby, Missouri Counties)

## Emergency Numbers

<b>Police / Sheriff</b>	<b>911</b>
<b>Fire</b>	<b>911</b>
<b>Ambulance</b>	<b>911</b>

## Non-Emergency Numbers

	<b>Sheriff</b>	<b>Ambulance</b>
<b>Lewis</b>	(573) 767-5311	(573) 288-3952
<b>Marion</b>	(573) 221-0678	(573) 769-7023
<b>Monroe</b>	(660) 327-5175	(660) 327-4252
<b>Pike</b>	(573) 324-3335	(573) 735-4112
<b>Ralls</b>	(573) 985-5611	(573) 221-2117
<b>Shelby</b>	(573) 633-2161	(573) 735-4112

## Municipal Non-Emergency Numbers

<b>City</b>	<b>County</b>	<b>Police</b>	<b>Fire</b>
Hannibal	Marion	(573) 221-0987	(573) 221-0657
Palmyra	Marion	(573) 769-5540	(573) 769-3411
Monroe City	Monroe	(573) 735-4431	(573) 735-4405
Bowling Green	Pike	(573) 324-3200	(573) 324-5451
Louisiana	Pike	(573) 754-4021	(573) 754-5400
Canton	Lewis	(573) 288-4412	(573) 288-3313
LaGrange	Lewis	(573) 655-4611	
Shelbina	Shelby	(573) 588-0111	

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# General Online Healthcare Resources

## Doctors and Dentists--General

[AMA Physician Select: Online Doctor Finder](#) (American Medical Association) [DocFinder](#) (Administrators in Medicine) [Find a Dentist](#) (Academy of General Dentistry) [Find a Dentist: ADA Member Directory](#) (American Dental Association) [Physician Compare](#) (Centers for Medicare & Medicaid Services)

## Hospitals and Clinics--General

[Find a Health Center](#) (Health Resources and Services Administration) [Find a Provider: TRICARE Provider Directories](#) (TRICARE Management Activity) [Hospital Quality Compare](#) (Centers for Medicare & Medicaid Services)

## Doctors and Dentists--Specialists

[ACOG's Physician Directory](#) (American College of Obstetricians and Gynecologists) [ACR: Geographic Membership Directory](#) (American College of Rheumatology) [American College of Surgeons Membership Directory](#) (American College of Surgeons) [American Osteopathic Association D.O. Database](#) (American Osteopathic Association) [ASGE: Find a Doctor](#) (American Society for Gastrointestinal Endoscopy) [Cancer Genetics Services Directory](#) (National Cancer Institute) [Child and Adolescent Psychiatrist Finder](#) (American Academy of Child and Adolescent Psychiatry) [Dystonia: Find a Health Care Professional](#) (Dystonia Medical Research Foundation) [Expert Locator: Immunologists](#) (Jeffrey Modell Foundation) [Find a Dermatologic Surgeon](#) (American Society for Dermatologic Surgery) [Find a Dermatologist](#) (American Academy of Dermatology) [Find a Gastroenterologist](#) (American College of Gastroenterology) [Find a Gynecologic Oncologist](#) (Society of Gynecologic Oncologists) [Find a Hand Surgeon](#) (American Society for Surgery of the Hand) [Find a Hematologist](#) (American Society of Hematology) [Find a Neurologist](#) (American Academy of Neurology) [Find a Pediatric Dentist](#) (American Academy of Pediatric Dentistry) [Find a Pediatrician or Pediatric Specialist](#) (American Academy of Pediatrics) [Find a Periodontist](#) (American Academy of Periodontology) [Find a Physical Medicine & Rehabilitation Physician](#) (American Academy of Physical Medicine and Rehabilitation) [Find a Plastic Surgeon](#) (American Society of Plastic Surgeons) [Find a Podiatrist](#) (American Podiatric Medical Association) [Find a Thyroid Specialist](#) (American Thyroid Association) [Find a Urologist](#) (American Urological Association) [Find an ACFAS Physician](#) (American College of Foot and Ankle Surgeons) [Find an Allergist/Immunologist: Search](#) (American Academy of Allergy, Asthma, and Immunology) [Find an Endocrinologist](#) (Hormone Health Network) [Find an Eye M.D.](#) (American Academy of Ophthalmology) [Find an Interventional Radiologist](#) (Society of Interventional Radiology) [Find an Oncologist](#) (American Society of Clinical Oncology) [Find an Oral and Maxillofacial Surgeon](#) (American Association of Oral and Maxillofacial Surgeons) [Find an Orthopaedic Foot and Ankle MD](#) (American Orthopaedic Foot and Ankle Society) [Find an Otolaryngologist \(ENT\)](#) (American Academy of Otolaryngology--Head and Neck Surgery) [Finding an Eye Care Professional](#) (National Eye Institute) [GI Locator Service](#) (American Gastroenterological Association)

## Other Healthcare Providers

[AMTA's Find a Massage Therapist](#) (American Massage Therapy Association) [Cancer Genetics Services Directory](#) (National Cancer Institute) [Find a Diabetes Educator](#) (American Association of Diabetes Educators) [Find a Genetic Counselor](#) (National Society of Genetic Counselors) [Find a Midwife](#) (American College of Nurse-Midwives) [Find a Nurse Practitioner](#) (American Academy of Nurse Practitioners) [Find a Physical Therapist](#) (American Physical Therapy Association) [Find a Professional: Online Directory of Audiology and Speech-Language Pathology Programs](#) (American Speech-Language-Hearing Association) [Find a Registered Dietitian](#) (Academy of Nutrition and Dietetics) [Find a Therapist](#) (Anxiety Disorders Association of America) [Find an Audiologist](#) (American Academy of Audiology) [Manual Lymphatic Drainage Therapists](#) (National Lymphedema Network) [National Register of Health Service Providers in Psychology](#) (National Register of Health Service Providers in Psychology) [NCCAOM: Find Nationally Certified Practitioners](#) (National Certification Commission for Acupuncture and Oriental Medicine) [Search for an Emergency Contraception Provider in the United States](#) (Princeton University, Office of Population Research)

## Hospitals and Clinics--Specialized

[Accredited Birth Centers](#) (Commission for the Accreditation of Birth Centers) [Alzheimer's Disease Research Centers](#) (National Institute on Aging) [Cystic Fibrosis Foundation: Find a Chapter](#) (Cystic Fibrosis Foundation) [Cystic Fibrosis Foundation: Find an Accredited Care Center](#) (Cystic Fibrosis Foundation) [Dialysis Facility Compare](#) (Centers for Medicare & Medicaid Services) [FDA Certified Mammography Facilities](#) (Food and Drug Administration) [Find a Free Clinic](#) (National Association of Free Clinics) [Find an Indian Health Service Facility](#) (Indian Health Service) [Find Treatment Centers](#) (American Cancer Society) [Genetics Clinic Directory Search](#) (University of Washington) [Locate a Sleep Center in the United States by Zip Code](#) (American Academy of Sleep Medicine) [MDA ALS Centers](#) (Muscular Dystrophy Association) [Mental Health Services Locator](#) (Substance Abuse and Mental Health Services Administration) [NCI Designated Cancer Centers](#) (National Cancer Institute) [Neurofibromatosis Specialists](#) (Children's Tumor Foundation) [Post-Polio Directory 2011: Post-Polio Clinics, Health Professionals, Support Groups](#) (Post-Polio Health International including International Ventilator Users Network) [Spina Bifida Clinic Directory](#) (Spina Bifida Association of America) [Substance Abuse Treatment Facility Locator](#) (Substance Abuse and Mental Health Services Administration) [Transplant Center Search Form](#) (BMT InfoNet) [U.S. NMDP Transplant Centers](#) (National Marrow Donor Program) [VA Health Care Facilities Locator & Directory](#) (Veterans Health Administration) [Where to Donate Blood](#) (AABB) [Where to Donate Cord Blood](#) (National Marrow Donor Program)

## Other Healthcare Facilities and Services

[Alzheimer's Disease Resource Locator](#) (Fisher Center for Alzheimer's Research Foundation) [American College of Radiology Accredited Facility Search](#) (American College of Radiology) [APA District Branch / State Association Directory](#) (American Psychiatric Association) [Directory of Organizations \(Deafness and Communication Disorders\)](#) (National Institute on Deafness and Other Communication Disorders) [Dog Guide Schools in the United States](#) (American Foundation for the Blind) [Eldercare Locator](#) (Dept. of Health and Human Services) [Find a Hospice or Palliative Care Program](#) (National Hospice and Palliative Care Organization) [Find Services \(for People with Vision Loss\)](#) (American Foundation for the Blind) [Find Urgent Care Centers by State](#) (Urgent Care Association of America) [Genetic Testing Laboratory Directory](#) (University of Washington) [Home Health Compare](#) (Centers for Medicare & Medicaid Services) [Medicare: Helpful Contacts](#) (Centers for Medicare & Medicaid Services) [Muscular Dystrophy Association Clinics and Services](#) (Muscular Dystrophy Association) [National Foster Care and Adoption Directory Search](#) (Children's Bureau) [Nursing Home Compare](#) (Centers for Medicare & Medicaid Services) [Organizations That Offer Support Services](#) (National Cancer Institute) [Poison Control Centers](#) (American Association of Poison Control Centers) [Resources and Information for Parents about Braille](#) (American Foundation for the Blind) [State-Based Physical Activity Program Directory](#) (Centers for Disease Control and Prevention) [TSA Chapters in the USA](#) (Tourette Syndrome Association) [Violence against Women: Resources by State](#) (Dept. of Health and Human Services, Office on Women's Health) [Where to Find Hair Loss Accessories and Breast Cancer Products](#) (American Cancer Society)

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# V. Detail Exhibits

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[VVV Consultants LLC]

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# Patient Origin and Access

[VVV Consultants LLC]



**Patient Origin by Region - Inpatient**  
 Marion, MO Residents Treated in HIDI Reporting Area  
 Federal Fiscal Year: 2013  
 Kansas Discharge Data Available From 2011 Q 1 through 2016 Q 1

Hospital	Total Discharges		Pediatric		Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %		
	Cases	%	Age 0 - 17	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases		%	
Hannibal Regional Hospital - Hannibal, MO	2,589	59.2%	51	2.0%	194	7.5%	578	22.3%	395	15.3%	688	26.6%	17	0.7%	345	13.3%	321	12.4%	23.2%
Blessing Hospital - Quincy, IL	761	17.4%	19	2.5%	53	7.0%	131	17.2%	89	11.7%	176	23.1%	167	21.9%	65	8.5%	61	8.0%	18.7%
University Hospital and Clinics - Columbia, MO	255	5.8%	16	6.3%	49	19.2%	82	32.2%	39	15.3%	25	9.8%	32	12.5%	6	2.4%	6	2.4%	50.2%
Barnes-Jewish Hospital - St. Louis, MO	173	4.0%	1	0.6%	39	22.5%	64	37.0%	31	17.9%	26	15.0%	3	1.7%	4	2.3%	5	2.9%	46.2%
Boone Hospital Center - Columbia, MO	98	2.2%	0		5	5.1%	34	34.7%	32	32.7%	20	20.4%	1	1.0%	3	3.1%	3	3.1%	76.5%
St. Alexius Hospital, Broadway Campus - St. Louis, MO	97	2.2%	0		4	4.1%	9	9.3%	1	1.0%	0		83	85.6%	0		0		6.2%
St. Louis Children's Hospital - St. Louis, MO	46	1.1%	45	97.8%	1	2.2%	0		0		0		0		0		0		28.3%
Missouri Residents/Other Illinois Hospitals	31	0.7%	1	3.2%	4	12.9%	9	29.0%	1	3.2%	4	12.9%	7	22.6%	2	6.5%	3	9.7%	35.5%
Moberly Regional Medical Center - Moberly, MO	28	0.6%	0		0		0		1	3.6%	1	3.6%	26	92.9%	0		0		7.1%
Howard A. Rusk Rehabilitation Center - Columbia, MO	28	0.6%	1	3.6%	5	17.9%	9	32.1%	5	17.9%	8	28.6%	0		0		0		
SSM Health Cardinal Glennon Children's Hospital - St. Louis, MO	26	0.6%	25	96.2%	1	3.8%	0		0		0		0		0		0		42.3%
Mercy Hospital St. Louis - St. Louis, MO	20	0.5%	3	15.0%	3	15.0%	1	5.0%	3	15.0%	7	35.0%	1	5.0%	1	5.0%	1	5.0%	55.0%
Lakeland Behavioral Health System - Springfield, MO	16	0.4%	0		0		0		0		0		16	100.0%	0		0		
Missouri Baptist Medical Center - St. Louis, MO	15	0.3%	0		3	20.0%	3	20.0%	3	20.0%	0		0		3	20.0%	3	20.0%	26.7%
SSM Health St. Louis University Hospital - St. Louis, MO	14	0.3%	0		3	21.4%	4	28.6%	0		1	7.1%	6	42.9%	0		0		14.3%
CenterPointe Hospital - St. Charles, MO	14	0.3%	0		0		0		0		0		14	100.0%	0		0		
Fulton Medical Center - Fulton, MO	13	0.3%	0		0		1	7.7%	0		2	15.4%	10	76.9%	0		0		
SSM Health DePaul Hospital - St. Louis - Bridgeton, MO	13	0.3%	0		3	23.1%	1	7.7%	0		0		9	69.2%	0		0		23.1%
St. Anthony's Medical Center - St. Louis, MO	12	0.3%	0		0		1	8.3%	3	25.0%	1	8.3%	7	58.3%	0		0		16.7%
SSM Health St. Mary's Hospital -	10	0.2%	0		0		0		0		0		10	100.0%	0		0		



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Hospital	Total Discharges		Pediatric		Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %		
	Cases	%	Age 0 - 17	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases		%	
Jefferson City, MO																			
The Rehabilitation Institute of St. Louis - St. Louis, MO	10	0.2%	0		0		7	70.0%	2	20.0%	1	10.0%	0		0		0		
SSM Health St. Mary's Hospital - Audrain - Mexico, MO	9	0.2%	0		1	11.1%	3	33.3%	2	22.2%	3	33.3%	0		0		0		55.6%
SSM Health St. Joseph Hospital - St. Charles, MO	8	0.2%	0		1	12.5%	2	25.0%	0		0		5	62.5%	0		0		25.0%
Putnam County Memorial Hospital - Unionville, MO	7	0.2%	0		0		0		0		0		7	100.0%	0		0		
Barnes-Jewish West County Hospital - St. Louis, MO	7	0.2%	0		3	42.9%	2	28.6%	1	14.3%	1	14.3%	0		0		0		71.4%
Missouri Residents/Kentucky Hospitals	6	0.1%	0		4	66.7%	2	33.3%	0		0		0		0		0		66.7%
Landmark Hospital of Columbia - Columbia, MO	6	0.1%	0		1	16.7%	3	50.0%	1	16.7%	1	16.7%	0		0		0		
SSM Health St. Mary's Hospital - St. Louis - Richmond Heights, MO	6	0.1%	0		2	33.3%	0		1	16.7%	0		1	16.7%	1	16.7%	1	16.7%	33.3%
St. Luke's Hospital - Chesterfield, MO	6	0.1%	0		2	33.3%	4	66.7%	0		0		0		0		0		33.3%
Other Hospitals	47	1.1%	2	4.3%	8	17.0%	13	27.7%	7	14.9%	7	14.9%	8	12.8%	2	4.3%	2	4.3%	29.8%
<b>Hospital Total</b>	<b>4,371</b>	<b>100.0%</b>	<b>164</b>	<b>3.8%</b>	<b>389</b>	<b>8.9%</b>	<b>963</b>	<b>22.0%</b>	<b>617</b>	<b>14.1%</b>	<b>972</b>	<b>22.2%</b>	<b>428</b>	<b>9.8%</b>	<b>432</b>	<b>9.9%</b>	<b>406</b>	<b>9.3%</b>	<b>25.7%</b>



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	Cases	%	Cases	%	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+	Cases	%	Cases	%	Cases	%					
Hannibal Regional Hospital - Hannibal, MO	2,539	58.3%	46	1.8%	180	7.1%	581	22.9%	397	15.6%	694	27.3%	16	0.6%	324	12.8%	301	11.9%	19.9%
Blessing Hospital - Quincy, IL	738	17.0%	20	2.7%	87	11.8%	122	16.5%	113	15.3%	129	17.5%	150	20.3%	59	8.0%	58	7.9%	17.1%
University Hospital and Clinics - Columbia, MO	320	7.4%	20	6.2%	77	24.1%	98	30.6%	32	10.0%	28	8.8%	39	12.2%	16	5.0%	10	3.1%	44.7%
Barnes-Jewish Hospital - St. Louis, MO	178	4.1%	0		26	14.6%	82	46.1%	28	15.7%	28	15.7%	5	2.8%	7	3.9%	2	1.1%	37.1%
Boone Hospital Center - Columbia, MO	82	1.9%	0		7	8.5%	37	45.1%	22	26.8%	16	19.5%	0		0		0		70.7%
St. Alexius Hospital, Broadway Campus - St. Louis, MO	80	1.8%	0		6	7.5%	3	3.8%	0		0		71	88.8%	0		0		3.8%
St. Louis Children's Hospital - St. Louis, MO	34	0.8%	33	97.1%	1	2.9%	0		0		0		0		0		0		32.4%
CenterPointe Hospital - St. Charles, MO	33	0.8%	0		0		0		0		0		33	100.0%	0		0		
SSM Health Cardinal Glennon Children's Hospital - St. Louis, MO	31	0.7%	31	100.0%	0		0		0		0		0		0		0		16.1%
Fulton Medical Center - Unionville, MO	30	0.7%	0		0		0		0		0		30	100.0%	0		0		
SSM Health St. Mary's Hospital - Jefferson City, MO	28	0.6%	0		0		0		0		0		28	100.0%	0		0		
SSM Health St. Joseph Hospital - St. Charles, MO	28	0.6%	0		1	3.6%	1	3.6%	1	3.6%	0		25	89.3%	0		0		3.6%
Missouri Residents/Other Illinois Hospitals	22	0.5%	2	9.1%	2	9.1%	4	18.2%	2	9.1%	8	36.4%	3	13.6%	1	4.5%	0		45.5%
Moberly Regional Medical Center - Moberly, MO	17	0.4%	0		0		0		0		0		17	100.0%	0		0		
Lakeland Behavioral Health System - Springfield, MO	16	0.4%	0		0		0		0		0		16	100.0%	0		0		
SSM Health St. Mary's Hospital - Audrain - Mexico, MO	15	0.3%	0		0		2	13.3%	5	33.3%	3	20.0%	1	6.7%	2	13.3%	2	13.3%	66.7%
Howard A. Rusk Rehabilitation Center - Columbia, MO	15	0.3%	0		3	20.0%	9	60.0%	3	20.0%	0		0		0		0		
Landmark Hospital of Columbia - Columbia, MO	13	0.3%	0		2	15.4%	4	30.8%	3	23.1%	4	30.8%	0		0		0		
Fulton Medical Center - Fulton, MO	12	0.3%	0		0		0		0		4	33.3%	8	66.7%	0		0		
SSM Health DePaul Hospital - St. Louis	12	0.3%	0		1	8.3%	1	8.3%	0		1	8.3%	9	75.0%	0		0		8.3%



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	Cases	%	Cases	%	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+	Cases	%	Cases	%	Cases	%					
- Bridgeton, MO																			
SSM Health St. Louis University Hospital - St. Louis, MO	12	0.3%	0		1	8.3%	6	50.0%	0		0		5	41.7%	0		0		8.3%
Mercy Hospital St. Louis - St. Louis, MO	11	0.3%	0		4	36.4%	2	18.2%	1	9.1%	1	9.1%	2	18.2%	1	9.1%	0		63.6%
Missouri Residents/Minnesota Hospitals	7	0.2%	1	14.3%	2	28.6%	2	28.6%	2	28.6%	0		0		0		0		57.1%
Heartland Behavioral Health Services - Nevada, MO	6	0.1%	0		0		0		0		0		6	100.0%	0		0		
Barnes-Jewish West County Hospital - St. Louis, MO	6	0.1%	0		2	33.3%	3	50.0%	1	16.7%	0		0		0		0		100.0%
St. Luke's Hospital - Chesterfield, MO	6	0.1%	1	16.7%	1	16.7%	2	33.3%	0		0		0		1	16.7%	1	16.7%	50.0%
SSM Health St. Mary's Hospital - St. Louis - Richmond Heights, MO	5	0.1%	0		0		1	20.0%	1	20.0%	0		0		1	20.0%	2	40.0%	
Missouri Baptist Medical Center - St. Louis, MO	5	0.1%	0		1	20.0%	1	20.0%	2	40.0%	1	20.0%	0		0		0		80.0%
Other Hospitals	51	1.2%	0		4	7.8%	16	31.4%	12	23.5%	7	13.7%	8	15.7%	2	3.9%	2	3.9%	29.4%
<b>Hospital Total</b>	<b>4,352</b>	<b>100.0%</b>	<b>154</b>	<b>3.5%</b>	<b>408</b>	<b>9.4%</b>	<b>977</b>	<b>22.4%</b>	<b>625</b>	<b>14.4%</b>	<b>924</b>	<b>21.2%</b>	<b>472</b>	<b>10.8%</b>	<b>414</b>	<b>9.5%</b>	<b>378</b>	<b>8.7%</b>	<b>22.5%</b>



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	Cases	%	Age 0 - 17	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases		%	
Hannibal Regional Hospital - Hannibal, MO	2,378	57.4%	51	2.1%	144	6.1%	512	21.5%	352	14.8%	677	28.5%	3	0.1%	326	13.7%	313	13.2%	18.8%
Blessing Hospital - Quincy, IL	765	18.5%	14	1.8%	72	9.4%	154	20.1%	106	13.9%	141	18.4%	144	18.8%	68	8.9%	66	8.6%	15.9%
University Hospital and Clinics - Columbia, MO	295	7.1%	11	3.7%	57	19.3%	82	27.8%	49	16.6%	42	14.2%	39	13.2%	9	3.1%	6	2.0%	43.1%
Barnes-Jewish Hospital - St. Louis, MO	131	3.2%	0		14	10.7%	45	34.4%	35	26.7%	25	19.1%	2	1.5%	5	3.8%	5	3.8%	47.3%
Boone Hospital Center - Columbia, MO	81	2.0%	0		3	3.7%	25	30.9%	24	29.6%	25	30.9%	0		2	2.5%	2	2.5%	66.7%
St. Alexius Hospital, Broadway Campus - St. Louis, MO	57	1.4%	0		1	1.8%	4	7.0%	3	5.3%	2	3.5%	47	82.5%	0		0		1.8%
SSM Health Cardinal Glennon Children's Hospital - St. Louis, MO	45	1.1%	45	100.0%	0		0		0		0		0		0		0		33.3%
St. Louis Children's Hospital - St. Louis, MO	36	0.9%	35	97.2%	1	2.8%	0		0		0		0		0		0		33.3%
Missouri Residents/Other Illinois Hospitals	32	0.8%	2	6.2%	6	18.8%	6	18.8%	5	15.6%	3	9.4%	5	15.6%	3	9.4%	2	6.2%	40.6%
SSM Health St. Joseph Hospital - St. Charles, MO	31	0.7%	1	3.2%	1	3.2%	4	12.9%	1	3.2%	0		24	77.4%	0		0		9.7%
Putnam County Memorial Hospital - Unionville, MO	27	0.7%	0		0		0		0		0		27	100.0%	0		0		
Moberly Regional Medical Center - Moberly, MO	21	0.5%	0		0		0		1	4.8%	1	4.8%	19	90.5%	0		0		
Lakeland Behavioral Health System - Springfield, MO	20	0.5%	0		0		0		0		0		20	100.0%	0		0		
Howard A. Rusk Rehabilitation Center - Columbia, MO	20	0.5%	0		4	20.0%	7	35.0%	5	25.0%	4	20.0%	0		0		0		
CenterPointe Hospital - St. Charles, MO	19	0.5%	0		0		0		0		0		19	100.0%	0		0		
Mercy Hospital St. Louis - St. Louis, MO	18	0.4%	0		5	27.8%	5	27.8%	3	16.7%	1	5.6%	1	5.6%	2	11.1%	1	5.6%	27.8%
Missouri Baptist Medical Center - St. Louis, MO	13	0.3%	0		0		2	15.4%	8	61.5%	3	23.1%	0		0		0		38.5%
SSM Health DePaul Hospital - St. Louis - Bridgeton, MO	12	0.3%	0		2	16.7%	0		2	16.7%	1	8.3%	7	58.3%	0		0		16.7%
SSM Health St. Mary's Hospital - Jefferson City, MO	11	0.3%	0		0		0		0		0		11	100.0%	0		0		



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	Cases	%	Age 0 - 17	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases		%	
SSM Health St. Mary's Hospital - Audrain - Mexico, MO	10	0.2%	0		0		6	60.0%	0		4	40.0%	0		0		0		100.0%
SSM Health St. Louis University Hospital - St. Louis, MO	9	0.2%	0		0		4	44.4%	1	11.1%	2	22.2%	2	22.2%	0		0		11.1%
St. Anthony's Medical Center - St. Louis, MO	7	0.2%	0		0		0		0		4	57.1%	3	42.9%	0		0		14.3%
SSM Health St. Mary's Hospital - St. Louis - Richmond Heights, MO	7	0.2%	0		1	14.3%	0		0		0		3	42.9%	3	42.9%	0		14.3%
Northeast Regional Medical Center - Kirksville, MO	6	0.1%	0		0		1	16.7%	0		0		3	50.0%	2	33.3%	0		16.7%
The Rehabilitation Institute of St. Louis - St. Louis, MO	6	0.1%	0		0		5	83.3%	0		1	16.7%	0		0		0		
CoxHealth - Springfield, MO	5	0.1%	0		2	40.0%	1	20.0%	0		0		2	40.0%	0		0		
Mercy Hospital Jefferson - Festus, MO	5	0.1%	0		0		2	40.0%	0		0		3	60.0%	0		0		20.0%
Des Peres Hospital - St. Louis, MO	5	0.1%	0		1	20.0%	4	80.0%	0		0		0		0		0		80.0%
Other Hospitals	68	1.6%	3	4.4%	4	5.9%	15	22.1%	15	22.1%	12	17.6%	16	23.5%	1	1.5%	2	2.9%	25.0%
<b>Hospital Total</b>	<b>4,140</b>	<b>100.0%</b>	<b>162</b>	<b>3.9%</b>	<b>318</b>	<b>7.7%</b>	<b>884</b>	<b>21.4%</b>	<b>610</b>	<b>14.7%</b>	<b>948</b>	<b>22.9%</b>	<b>394</b>	<b>9.5%</b>	<b>422</b>	<b>10.2%</b>	<b>402</b>	<b>9.7%</b>	<b>21.8%</b>

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# Town Hall Attendees Notes and Feedback

[VVV Consultants LLC]

**Hannibal Regional Healthcare System (Hannibal, MO) - Primary Service Area  
CHNA Round #2 Town Hall Meeting, June 16, 2016 N=34**

IRS Category	Last Name	First Name	Organization	Street	City	Zip	State
Directors or staff of health and human services organizations.	Anderson	Betty	Hannibal Free Clinic	160 Progress Rd	Hannibal	63401	MO
Representatives from businesses - owners/CEOs of large businesses (local or large corporations with local branches.)	Broughton	Barbara	Century 21	3817 McMasters Ave	Hannibal	63401	MO
Representatives from businesses - owners/CEOs of large businesses (local or large corporations with local branches.)	Broughton	Gary	Century 21	3817 McMasters Ave	Hannibal	63401	MO
Physicians/HRHS Board Member.	Bukstein	Michael	Hannibal Clinic	123 Medical Drive	Hannibal	63401	MO
Local clergy and congregational leaders.	Clark	Allen	Hannibal Regional Healthcare System	6500 Hospital Drive	Hannibal	63401	MO
Public safety officials.	Clemens	John	Marion & Ralls County Ambulance Districts	142 Jaycee Dr	Hannibal	63401	MO
Directors or staff of health and human services organizations.	Cooper	Stephanie	Douglass Community Services	711 Grand Ave	Hannibal	63401	MO
Directors or staff of health and human services organizations.	Dryden	Jessie	Common Sense for an Uncommon Bond	5007 Wyanlonda St	Hannibal	63401	MO
Directors or staff of health and human services organizations.	Dugger	Tom	F.A.C.T.	4106 W. Ely Rd	Hannibal	63401	MO
Leaders in other not-for-profit health care organizations	Dunham	Anne	Hannibal Regional Healthcare System	6500 Hospital Drive	Hannibal	63401	MO
Leaders in other not-for-profit health care organizations.	Evans	Jeff	Hannibal Clinic	100 Medical Dr	Hannibal	63401	MO
Public health officials/board members.	Gough	Audrey	Shelby County Health Department	700 E Main PO Box	Shelbyville	63469	MO
Education officials and staff - school superintendents, principals, teachers and school nurses.	Gulick	John	University of Missouri Extension Office	100 S Main St	Palmyra	63461	MO
Local clergy and congregational leaders.	Hampton	Brandon	First Assembly of God	1901 Missouri St	Hannibal	63401	MO

**Hannibal Regional Healthcare System (Hannibal, MO) - Primary Service Area  
CHNA Round #2 Town Hall Meeting, June 16, 2016 N=34**

IRS Category	Last Name	First Name	Organization	Street	City	Zip	State
Leaders in other not-for-profit health care organizations	Harrington	Wendy	Hannibal Regional Healthcare System	6500 Hospital Drive	Hannibal	63401	MO
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Jones	Patty	Hannibal Regional Healthcare System	6500 Hospital Drive	Hannibal	63401	MO
Leaders in other not-for-profit health care organizations.	Leverenz	Julie	Hannibal Regional Healthcare System	6500 Hospital Drive	Hannibal	63401	MO
Leaders in other not-for-profit health care organizations.	McVicker	Paul	Hannibal Regional Healthcare System	6500 Hospital Drive	Hannibal	63401	MO
Public safety officials.	Miller	George	Marion & Ralls County Ambulance Districts	142 Jaycee Dr	Hannibal	63401	MO
Local clergy and congregational leaders.	Miller	Michael	Hannibal Regional Healthcare System	6500 Hospital Drive	Hannibal	63401	MO
Local clergy and congregational leaders.	Mitchell	Victoria	Hannibal Regional Healthcare System	214 N 4th	Hannibal	63401	MO
Public safety officials.	Murfin	Eric	Marion & Ralls County Ambulance Districts	142 Jaycee Dr	Hannibal	63401	MO
Public safety officials.	Nemes	John	Marion & Ralls County Ambulance Districts	2333 Palmyra Rd	Hannibal	63401	MO
Leaders in other not-for-profit health care organizations.	Nemes	Mark	Hannibal Regional Healthcare System	6500 Hospital Drive	Hannibal	63401	MO
Local clergy and congregational leaders.	Pashia	Ronald	God's Harvesters Inc	PO Box 922	Hannibal	63401	MO
Leaders in other not-for-profit health care organizations.	Polley	Tim	Hannibal Regional Healthcare System	6500 Hospital Drive	Hannibal	63401	MO
Leaders in other not-for-profit health care organizations.	Prater	Judy	Pike County Memorial Hospital	2305 Georgia St	Louisiana	63353	MO
Leaders in other not-for-profit health care organizations.	Schipper	Leah	Hannibal Regional Healthcare System	6500 Hospital Drive	Hannibal	63401	MO



**Hannibal Regional Healthcare System (Hannibal, MO) - Primary Service Area  
CHNA Round #2 Town Hall Meeting, June 16, 2016 N=34**

IRS Category	Last Name	First Name	Organization	Street	City	Zip	State
Leaders in other not-for-profit health care organizations.	Schwend	Andrew	Preferred/Clarity Healthcare	141 Communication Dr	Hannibal	63401	MO
Political, appointed and elected officials.	Shumake	Lindell	District 6	1101 Central Ave	Hannibal	63401	MO
Leaders in other not-for-profit health care organizations.	Thomas	John	Clarity Healthcare	141 Communication Dr	Hannibal	63401	MO
Local clergy and congregational leaders.	Vaughn	Larry	Hannibal Regional Healthcare System	4 Patricia Lane	Hannibal	63401	MO
Leaders in other not-for-profit health care organizations.	Wosman	Amanda	Hannibal Regional Healthcare System	6500 Hospital Drive	Hannibal	63401	MO
Health insurers.	Zanger	Clare	Trust GDC Insurance Services	123 N 6th St	Hannibal	63401	MO

## **Hannibal Regional Healthcare System (Primary Service Area) - Community Health Needs Assessment Meeting**

6.16.16

N=34

### Community Members Present:

- Parents
- Those working with the uninsured
- Foundations
- Ambulance district
- Providers
- Nursing homes
- Fitness centers
- Marion, Pike, Shelby and Ralls County representation
- Missouri State Representative
- Farmers

### TAB 1: Demographic Profile

- Veterans going to Kirksville or Columbia for care
- Community doesn't perceive themselves to be as active in politics as they should be

### TAB 2: Economic/Business Profile

- "In Lewis County, 60% of the residents used to commute"

### TAB 3: Educational Profile

- "Some of the food programs in the schools are not enough"

### TAB 6: Behavioral Profile

- "There isn't a low drinking rate in the community anymore"

### TAB 9: Mortality Profile

- "The suicide rate is not right"

### TAB 10: Preventive Quality Measures Profile

- "We don't think mammographies are being tracked correctly"

### Impacting Health in our Community:

- The election
- Recruited physicians
- Insurance carriers pulling out of the marketplace (United, Coventry)

### STRENGTHS:

- Increasing collaboration between community health partners
- YMCA's outreach programs

- Orthopedics
- Securing Federal and State funding
- Availability of technology in the hospitals
- Breastfeeding program
- Comprehensive Cancer care
- Increased providers in our community
- Douglass Community Services
- Opportunity to train nurses
- Increasing capacity for dentistry
- Diversified coalition building
- Ambulance service
- Hannibal police department going through special needs training
- Mental Health First Aid
- Chiropractors
- Smoke free businesses in Hannibal
- Strong public health department

WEAKNESSES:

- Obesity (nutrition/fitness)
- Healthcare transportation
- Cost of healthcare services
- Patient accountability/education
- Dental services education
- Rural primary care
- Access to specialty care
- Senior care
- Substance abuse (heroin, meth, rx)
- Health information technology collaboration
- Preventive health
- Awareness of healthcare services
- Cancer screenings
- Access to mental health (diagnosis, placement, follow-up)
- Uninsured/under-insured
- Provider collaboration
- Out-of-wedlock births

## Community Health Needs Assessment

### Hannibal Regional Healthcare System PSA - Strengths (White Cards) N=

#	Today: What are the strengths of our community that contribute to health?	#	Today: What are the strengths of our community that contribute to health?
1	Preventable	48	Regional healthcare system with newer, modern facilities
2	Options for low-income/uninsured	49	Technology
3	Exercise is free- push-ups, etc.	50	Services available, not access
4	Education is free- library	51	Diversified strategy to address multiple needs at once- coalition and communication among organizations is vastly improving
5	HRHS patient experience scores	52	Sodalis Nature Trail
6	Improved access to mental health services (clarity, free clinic, ERE)	53	Community support
7	Improved access to dental health	54	Walkway
8	Securing funding to improve access to health services	55	Health education
9	Mobile health services/i.e. dental in schools	56	Bringing in new providers
10	Not for profits assistance with health and wellness: United Way-Douglass, Salvation Army, service clubs, YMCA-youth and adult programs, free clinic	57	Working on patient centered care
11	Cancer care	58	MH collaborative
12	Outpatient care (ambulatory)	59	Cancer center in community
13	Choices of providers	60	HRHS works in community organizations for services
14	Breadth of services available	61	Providers
15	Provider commitment to community	62	Healthcare- increased physicians to choose from
16	Free health promotion programs such as mental health first aid, extension office, diabetes self-management classes, etc.	63	Screening opportunities
17	Many health and exercise awareness programs in community	64	Cancer treatment
18	Strong values and compassionate	65	Orthopedics
19	Close knit/capable	66	Nurses training opportunities
20	Presence of free clinic for those who qualify	67	Free clinic
21	Improved cardiac resuscitation	68	Volunteerism
22	Expanded Parks and Rec programs for all ages. New park/trails	69	Nursing home/assisted living
23	Breastfeeding supportive OBGYNs/Peds/Hospital-not sure about local WIC office though	70	Chiropractic
24	Ambulance/EMT responders and programs (Cardinal Glennon Assoc.)	71	We are having these conversations- an important start
25	HPD going through special needs (Autism) training-mental health	72	We have made improvements w/ the feel of HRHS
26	Hannibal schools detection/acknowledgment/education and planning for those with special needs	73	Clinics
27	Partnerships to provide services	74	Hospital
28	Access to specialists	75	Cancer
29	Places to exercise- YMCA/Anytime Fitness (others)	76	Home health
30	Availability for healthcare in Marion County- HRH/emergent care/ambulatory clinic/clinic in Walmart	77	Nursing home

## Community Health Needs Assessment

### Hannibal Regional Healthcare System PSA - Strengths (White Cards) N=

#	Today: What are the strengths of our community that contribute to health?	#	Today: What are the strengths of our community that contribute to health?
31	Various outdoor activities encouraging physical activity- "Get up, Get active"	78	Orthopedics
32	Anytime Fitness	79	YMCA
33	Hospital care	80	Overall healthcare provided, cancer treatment, orthopedics
34	Preferred family services	81	Excellent hospital, positive patient experiences
35	Local hospital- critical access	82	Free clinic
36	Rural health clinic- NPs	83	Volunteerism
37	Local YMCA and outreach programs	84	Home health
38	Strong foundation	85	Increased public education
39	Active community leaders	86	Improved cardiac resuscitation
40	Emergency providers- ambulance	87	Close knit, highly capable community
41	Ministerial	88	Strategic location in NE Missouri
42	Rural community	89	Strong values including compassion
43	Smoke free in Hannibal	90	Community Heads only CPR
44	School health	91	Access to two health facilities
45	Department of health	92	Top notch ambulance
46	Network of resource providers- CHART, Living Better	93	Access to two different air ambulance services
47	BIG (HRHS) is inclusive of smaller players in the region	94	Strong values

## Community Health Needs Assessment

### Hannibal Regional Healthcare System PSA - Weakness (Color Cards) N=34

#	Today: What are the weaknesses of our community that contribute to health?	#	Today: What are the weaknesses of our community that contribute to health?
1	Access to mental health providers	57	Mental health/substance abuse
2	Dental services	58	Rural healthcare physicians
3	Vocational training	59	Need more mental health beds
4	Nursing homes- care, cleanliness (senior care)	60	Mental health services
5	Mental health practices/clinics- PTSD, combat Vets	61	Access to care
6	Drugs/substance abuse is high	62	Insurance coverage
7	Mental health data/care is low	63	More primary care physicians in outlying areas
8	Economics/jobs are low- causes depression and anxiety	64	More mental health providers
9	War over 14 years in our country	65	Improve sidewalks/walkways in Hannibal
10	More Medicaid providers	66	New mental health hospital coming in Columbia
11	Access for individuals that have no insurance	67	Mental health, access to mental healthcare- beds
12	Transportation access	68	Dental health
13	Increased access to better nutrition for special populations	69	Access to care/transportation to it in rural areas
14	Teen drug use	70	Community alignment
15	Diet education	71	Mental health
16	Exercise opportunities	72	Health education (out to communities)
17	Suicide, especially with youth	73	Connect resources (companies, walkways, exercises)
18	Quality	74	Election
19	Mental health	75	New physicians
20	Dentists	76	Insurance pulling out
21	Insurance reform	77	Drug problems
22	Providers working together	78	Suicides
23	Mental health services	79	Out of wedlock births
24	Affordable Care Act	80	Mental and behavioral health- more providers and inpatient centers
25	Mis-information	81	Better location or additional location for free/low cost care
26	Disconnect of preventive health with other health issues	82	Behavioral health
27	Pregnant mothers under 20 with no insurance or access to a doctor	83	Palliative care
28	Obesity	84	Drug abuse
29	Substance abuse, including alcohol in teens	85	Election
30	Mental healthcare	86	New physicians
31	Need to change perspective related to resolutions for improving quality of health to shift focus towards preventive health (i.e. 80-90% of serotonin produced in gut- mental health tied to food/nutrition)	87	Insurance carriers pulling out
32	Water quality- beer is safer than water	88	Mental or behavior treatment
33	Mental health- data	89	Agencies helping or enabling
34	Sensitivity/awareness- education campaign	90	Education in schools
35	Nutrition in nursing homes is deplorable	91	Preventive health
36	Hospital poaching physicians from clinic	92	Reduced length of stay in emergency
37	Physicians leaving the community due to relationships- one cardiologist already left, our surgeon and our OB may leave	93	Overtly address obesity

## Community Health Needs Assessment

### Hannibal Regional Healthcare System PSA - Weakness (Color Cards) N=34

#	Today: What are the weaknesses of our community that contribute to health?	#	Today: What are the weaknesses of our community that contribute to health?
38	Access for uninsured	94	Better conduction/collaboration between pre and post-acute providers (physician offices)
39	Coordination among providers	95	Crisis mental health services
40	Reduce destructive competition	96	Collaboration and coordination of health services (i.e. HIT)
41	Health literacy of population	97	Public transportation needed
42	Listen to the community regarding needs	98	CPR education in schools- as of August 28th law in effect that seniors have to have completed CPR and basic first aid
43	Cost of services	99	Access/diagnosis/placement for mental health
44	Need a way (on a grand scale) to make all programs promoted in an effective way	100	Cancer screenings
45	Weekend healthcare coverage	101	Improve stroke and cardiac education
46	Alcohol and drug abuse programs	102	More public education/awareness
47	Children living in poverty	103	Community health wellness
48	How many kids are coach-surfing	104	CPR requirement for schools
49	Election	105	Better public education
50	Dental care (preventive)	106	Increased communication between agencies
51	Adequate food for children	107	Inter-agency cooperation towards common goals
52	Exercise facility for low income	108	Community-based education
53	Veteran education	109	Health screenings
54	Out-of-wedlock births	110	Mental health services
55	Heart disease/chronic diseases	111	Community transportation
56	Obesity		

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# Public Notice and Invitation

[VWV Consultants LLC]



# HRHS asks public to participate in Community Health Needs Assessment survey

*Over the next three months, Hannibal Regional Healthcare System will be updating the 2013 Community Health Needs Assessment (CHNA).*

Posted May. 24, 2016 at 10:38 AM

HANNIBAL

Over the next three months, Hannibal Regional Healthcare System will be updating the 2013 Community Health Needs Assessment (CHNA). This assessment update is a follow-up to meet final IRS regulations released on Jan. 2, 2015, requiring all 501(c)(3) hospitals to conduct a community health needs assessment and adopt an implementation strategy at least once every three years.

The goal of this assessment update is to understand the progress made in addressing community health needs cited in the 2013 CHNA report and to collect up-to-date community health perceptions and needs. To start this work, a short online community survey has been developed: <https://www.surveymonkey.com/r/HRHS2016>

All community residents and healthcare leaders are encouraged to complete the 2016 CHNA Round #2 Online Survey by Thursday, June 2, and to attend the upcoming scheduled Town Hall on Thursday, June 16, from 11:30 a.m. to 1 p.m. at the Shirley Bomar Community Center in Hannibal. Lunch will be provided.

“We hope that the community and health professionals will take advantage of this opportunity to provide input into the future of healthcare delivery in our community,” Tim Polley, Vice President of Business Development, said.

Vince Vandelaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, Kansas) has been retained to conduct this CHNA research. If you have any questions about project, please contact Amanda Wosman at 573-629-3346.

**From:** Tim Polley, Vice President of Business Development

**Date:** April 2016

**To:** Community Leaders, Providers and Hospital Board and Staff

**Subject:** CHNA Round #2 Online Survey 2016

**Hannibal Regional Healthcare System** is partnering with other community health providers to update the 2013 Community Health Needs Assessment. *(Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c) (3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years.)*

Your feedback and suggestions regarding community health delivery are very important to collect; in order to complete our 2016 Community Health Needs Assessment and implementation plan.

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

<https://www.surveymonkey.com/r/HRHS2016>

The CHNA Round #2 Online Survey due date is June 2, 2016. All responses are confidential. Thank you in advance for your time and support in participating with this important request.

Also, please hold **Thursday, June 16<sup>th</sup> to attend the CHNA Round #2 Town Hall** from 11:30-1pm at the Shirley Bomar Community Center in Hannibal. A light lunch will be provided.

Sincerely,

Tim Polley  
Vice President of Business Development

# Press Release #2

## **COMMUNITY CALENDAR: Public Invited to Attend Hannibal Regional Healthcare System Town Hall to Improve Healthcare**

**WHAT:** Hannibal Regional Healthcare System will host a town hall meeting to gather the public's input about identifying unmet community health needs and improving the delivery of healthcare in Hannibal Regional Healthcare System's primary service area. A light lunch will be provided.

**WHO:** All members of the community interested in the future of healthcare delivery are invited to attend. Vince Vandehaar of VVV Consultants LLC from Olathe, Kansas, will facilitate the meeting.

**WHEN:** Thursday, June 16 from 11:30-1:00p.m.

**WHERE:** Shirley R. Bomar Community Center in Hannibal

**HOW:** RSVP by contacting Amanda Wosman at 573-629-3346

Date: May 2016

Dear Community Member,

You may have heard that Hannibal Regional Healthcare System is partnering with other healthcare providers to perform a Community Health Needs Assessment. We need your input on the current state of health delivery in our community and your thoughts on the most important health needs that our community needs to address.

On Thursday, June 16, you are invited to attend a Hannibal Regional Healthcare System (Primary Service Area) Town Hall meeting. We have retained the services of Vince Vandehaar and VVV Consultants LLC from Olathe, KS, to facilitate this meeting and prepare our report.

Your input is valuable, and will be incorporated into our final report. Please join us on **Thursday, June 16 from 11:30-1:00p.m.** at the Shirley R. Bomar Community Center in Hannibal. A light lunch will be served starting at 11:30a.m.

We look forward to seeing you at the Town Hall meeting, and appreciate your input.

Sincerely,

Tim Polley  
Vice President of Business Development



# Community Health Needs Assessment

Over the next three months, Hannibal Regional Healthcare System, and Community Partners, will be updating the 2013 Community Health Needs Assessment (CHNA). The goal of this assessment update is to understand progress in addressing community health needs cited in the 2013 CHNA report and to collect up-to-date community health perceptions and needs.

Visit

<https://www.surveymonkey.com/r/HRHS2016>  
online by June 2, 2016 to participate

This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c) (3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years.

Please also join us for a Town Hall Meeting on  
Thursday, June 16, 2016 at the Shirley R. Bomar Community  
Center in Hannibal from 11: 30 a.m. - 1:00 p.m.

For more information contact Amanda Wosman at 573-629-3346.



GUIDING YOU TO BETTER

Hannibal Regional  
Healthcare System

[hannibalregional.org](http://hannibalregional.org) | 573-248-1300



# *Community* Health Needs Assessment

This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c) (3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years.

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# *Community* Health Needs Assessment

Over the next three months, Hannibal Regional Healthcare System will be updating the 2013 Community Health Needs Assessment (CHNA). The goal of this assessment update is to understand progress in addressing community health needs cited in the 2013 CHNA report and to collect up-to-date community health perceptions and needs.

Visit

**<https://www.surveymonkey.com/r/HRHS2016>**

by June 2, 2016 to participate



GUIDING YOU TO **BETTER**

Hannibal Regional  
Healthcare System

# Community Health Needs Assessment



Hannibal Regional  
Healthcare System  
6500 Hospital Drive  
Hannibal, MO 63401

This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c) (3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years.

Visit <https://www.surveymonkey.com/r/HRHS2016>  
by June 2, 2016 to participate in the survey.

Please join us for a Town Hall Meeting on  
Thursday, June 16, 2016 at the  
Shirley R. Bomar Community Center in  
Hannibal from 11:30 am - 1:00 pm.

For more information contact  
Amanda Wosman at 573-629-3346.



Dear ,

Hannibal Regional Healthcare System held a Community Health Need Assessment (CHNA) Round #2 Town Hall meeting on June 16, 2016. During this Town Hall session, a list of community health needs were discussed and prioritized as listed below.

Hannibal Regional Healthcare System - Primary Service Area	
Counties: Marion, Lewis, Monroe, Pike, Ralls and Shelby (41 Attendees, 124 Vo	
#	Health Needs to Change and/or Improve
1	Mental Health Services (Diagnosis / Placement / Follow-Up)
2	Substance Abuse (Heroin, Meth, Rx)
3	Insurance Coverage - Uninsured / Under-insured
4	Patient Health Education and Accountability
5	Obesity (Nutrition / Fitness)
6	Cost of Healthcare Services
7	Preventive (Wellness) Health
8	Provider Collaboration within PSA

Now, we need to take a second step to develop an implementation plan to address each community health need cited. HRHS values your input as a community health stakeholder and want to invite you to a working lunch meeting to gather community health improvement ideas. Please note that during this meeting, we will review the list of community health needs, assign leaders and then brainstorm how we will address each of these issues. The details of the meeting are as follows:

**Date: Wednesday August 10<sup>th</sup>, 2016**

**Time: 11:30 – 1:00 p.m.**

**Location: HRHS Board Room (3<sup>rd</sup> floor of Hannibal Regional Medical Building)**

Please R.S.V.P. to Leah Schipper at 573-406-1605 or [leah.schipper@hrhonline.org](mailto:leah.schipper@hrhonline.org) regarding your attendance. Thank you for your continued support as we complete our Community Health Needs Assessment work for Round #2. We truly appreciate your time and energy.

Sincerely,

Tim Polley  
Vice President, Business Development

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# Detail Primary Research Primary Service Area

[VVV Consultants LLC]

# Community Health Needs Assessment Round #2 Community Feedback

## Methodology

A community feedback survey was created on behalf of the CHNA client to gather primary service area stakeholder feedback on health perception and progress in addressing previous CHNA community needs. All community residents were encouraged to take the survey online by entering the following address into their personal browser:

<https://www.surveymonkey.com/r/HRHS2016>.

In addition, an invite letter was sent to all primary service area stakeholders (i.e. Schools, County, City, Clergy, Public Health Leaders).

Below is a summary of public response:

Hannibal Regional Healthcare System (Primary Service Area) - Hannibal, MO N=181		
12. For reporting purposes, are you involved in or are you a...?	Option C Stakeholders Round #2 Bottom 2 Boxes	HRHS PSA N=181
Board Member	4.4%	6.6%
Business / Merchant	5.6%	4.3%
Case Manager / Discharge	0.7%	0.7%
Civic Club / Chamber	4.6%	5.9%
Charitable Foundation	2.5%	3.3%
Clergy / Congregational Leader	1.2%	1.3%
College / University	2.4%	3.0%
Consumer Advocate	1.3%	2.0%
Consumers of Health Care	8.7%	11.8%
Dentist	0.2%	0.0%
Economic Development	1.3%	1.0%
Education Official / Teacher	4.5%	4.9%
Elected Official (City / County)	1.5%	1.0%
EMS / Emergency	1.5%	0.3%
Farmer / Rancher	3.9%	3.9%
Health Department	1.8%	1.6%
Hospital	11.6%	3.6%
Housing / Builder	0.4%	0.0%
Insurance	0.9%	1.0%
Labor	1.2%	0.0%
Law Enforcement	0.6%	0.7%
Low Income / Free Clinics	0.7%	1.3%
Mental Health	1.5%	2.6%
Nursing	8.4%	8.2%
Other Health Professional	6.3%	5.2%
Parent / Caregiver	10.5%	8.5%
Pharmacy	0.5%	0.0%
Physician (MD / DO)	0.9%	3.0%
Physician Clinic	1.4%	2.0%
Press (Paper, TV, Radio)	0.4%	0.7%
Senior Care / Nursing Home	1.4%	2.0%
Social Worker	1.0%	1.3%
Veteran	1.8%	1.3%
Welfare / Social Service	0.8%	1.6%
Other (please note below)	3.8%	5.6%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>

<b>KEY - CHNA Open End Comments</b>				
<b>CODE</b>	<b>Physician Specialty</b>		<b>CODE</b>	<b>Physician Specialty</b>
ALLER	Allergy/Immunology		ONC	Oncology/Radiation Oncology
AES	Anesthesia/Pain		OPHTH	Ophthalmology
CARD	Cardiology		ORTH	Orthopedics
DERM	Dermatology		ENT	Otolaryngology (ENT)
EMER	Emergency		PATA	Pathology
ENDO	Endocrinology		PEDS	Pediatrics
FP	Family Practice (General)		PHY	Physical Medicine/Rehabilitation
GAS	Gastroenterology		PLAS	Plastic/Reconstructive
SUR	General Surgery		PSY	Psychiatry
GER	Gerontology		PUL	Pulmonary
HEM	Hematology		RAD	Radiology
IFD	Infectious Diseases		RHE	Rheumatology
IM	Internal Medicine		VAST	Thoracic/Cardiovascular/Vascular
NEO	Neonatal/Perinatal		URL	Urology
NEP	Nephrology		MDLV	Mid-Level
NEU	Neurology		SURG	Surgery
NEUS	Neurosurgery		TEL	Telemedicine
OBG	Obstetrics/Gynecology (Delivery)			

<b>KEY - CHNA Open End Comments</b>				
<b>Code</b>	<b>Healthcare Themes</b>		<b>Code</b>	<b>Healthcare Themes</b>
VIO	Abuse/Violence		NURSE	More Nurse Availability
ACC	Access to Care		NEG	Neglect
AGE	Aging (Senior Care/Assistance)		NH	Nursing Home
AIR	Air Quality		NUTR	Nutrition
ALC	Alcohol		OBES	Obesity
ALT	Alternative Medicine		ORAL	Oral Surgery
ALZ	Alzheimer's		ORTHOD	Orthodontist
AMB	Ambulance Service		OTHR	Other
ASLV	Assisted Living		OP	Outpatient Services/Surgeries
AUD	Auditory		OZON	Ozone
BACK	Back/Spine		PAIN	Pain Management
BD	Blood Drive		PARK	Parking
BRST	Breastfeeding		PHAR	Pharmacy
CANC	Cancer		DOCS	Physicians
CHEM	Chemotherapy		FLU	Pneumonia / Flu
KID	Child Care		FOOT	Podiatrist
CHIR	Chiropractor		POD	Podiatrist
CHRON	Chronic Diseases		POV	Poverty
CLIN	Clinics (Walk-In, etc.)		PNEO	Prenatal

## KEY - CHNA Open End Comments

Code	Healthcare Themes	Code	Healthcare Themes
COMM	Communication	PREV	Preventative Healthcare
CORP	Community Lead Healthcare	PRIM	Primary Care:
CONF	Confidentiality	PROS	Prostate
DENT	Dentists	DOH	Public Health Department
DIAB	Diabetes	QUAL	Quality of care
DIAL	Dialysis	REC	Recreation
DUP	Duplication of Services	RESP	Respiratory Disease
ECON	Economic Development	NO	Response "No Changes," etc.
EMER	Emergency Room	SANI	Sanitary Facilities
EMS	EMS	SNUR	School Nurse
EYE	Eye Doctor/Optomtrist	STD	Sexually Transmitted Diseases
FAC	Facility	SMOK	Smoking
FAM	Family Planning Services	SS	Social Services
FEM	Female (OBG)	SPEC	Specialist Physician care
FINA	Financial Aid	SPEE	Speech Therapy
FIT	Fitness/Exercise	STRK	Stroke
ALL	General Healthcare Improvement	DRUG	Substance Abuse (Drugs/Rx)
GEN	General Practice	SUIC	Suicide
GOV	Government	TPRG	Teen Pregnancy
HRT	Heart Care	THY	Thyroid
HIV	HIV/AIDS	TOB	Tobacco Use
HH	Home Health	TRAN	Transportation
HSP	Hospice	TRAU	Trauma
HOSP	Hospital	TRAV	Travel
MAN	Hospital Management	ALCU	Underage Drinking
INFD	Infidelity	INSU	Uninsured/Underinsured
IP	Inpatient Services	URG	Urgent Care/After Hours Clinic
LEAD	Lead Exposure	VACC	Vaccinations
BIRT	Low Birth Weight	VETS	Veteran Care
LOY	Loyalty	WAG	Wages
MAMO	Mammogram	WAIT	Wait Times
MRKT	Marketing	H2O	Water Quality
STFF	Medical Staff	WELL	Wellness Education/Health Fair
BH	Mental Health Services	WIC	WIC Program

### CHNA Community Feedback 2016

#### Hannibal Regional Healthcare System (Primary Service Area) - Hannibal, MO N=181

ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in Marion, Ralls, Monroe, Shelby or Pike County that you feel need to be improved and/or changed?
1147	63382	Fair	ACC	INSUR		Additional access to programs that help uninsured or under-insured.
1061	63401	Fair	ACC	SERV		Bring back some services that are not available due to physicians leaving.
1175	63434	Fair	ACC			It is very hard to get a lot because we live in a rural community - as long as we drive at least 50 miles we can get to something.
1178	63469	Fair	AMB	DOH		Salt River Ambulance Base, Shelby County Health Department.
1135	62305	Good	BH	DENT		Behavioral health, dental.
1142	63401	Fair	CARD	PEDS	MH	Cardiac, pediatric and mental health needs are not being met.
1109	63401	Very Good	CARD	SUR	COST	How about open heart surgery in Hannibal? Lower cost of healthcare from and in all facilities.
1123	63401	Good	CARD			Cardiac.
1016	63401	Fair	CARD			Cardio.
1050	63401	Very Good	CARD			Expanded cardiac care services.
1134	63401	Very Good	CHRON			Chronic disease management.
1091	63461	Good	CLIN	CARD	DIAB	We need a HRHS clinic in Palmyra. At least a blood pressure, diabetes assessment- something like that.
1160	63468	Good	CLIN	COMM	EMER	Providers of healthcare in the outreach clinics of HRH need to become more involved in the communities they serve. And if you are going to have a 'same day appointment' concept then that truly needs to be a true statement. Stitches in a minor accident need to be addressed in the outreach clinics i.e.: Shelbina; NOT sent to the emergency room.
1163	63469	Fair	CLIN	DOCS	ACC	Living in Shelby County there are not a lot of options for us. The new Doctor at the Clinic is very picky on who he takes. Living in a small rural community he should not get that option. We need a doctor who is a people person. In a small community everyone talks (and everybody knows everybody) and if one old lady or man has problems with new doctor they will and have already told all their friends at the senior housing, plus a handful more. This deters other patients from going to the doctor because they would have to find another one or drive an hour plus. This letting older clients miss their check ups and become really sick before they do something about their health.
1116	63459	Good	CLIN	DOCS	COMM	I find it confusing that the hospital and clinic doctors are separate.
1044	63401	Very Good	CLIN	DOCS	PRIM	The community would be better served by having HRHS put its resources into improving the community's health, such as they are doing with the Free Clinic, rather than trying to eliminate their competition by recruiting doctors that last health assessment showed we didn't need, i.e. primary care.
1064	63435	Fair	CLIN	MH	DENT	Need more clinics in low income areas. Need more mental health and dental options for low income people. Need in-patient drug rehab.
1167	63451	Fair	CLIN			Open clinic.
1001	63401	Good	COMM	DOCS	CLIN	I would like to see better communication avenues between Hannibal Regional Physicians and Hannibal Clinic Physicians. I also see a lack of communication between the hospitalists and the patient's primary physician.

## CHNA Community Feedback 2016

### Hannibal Regional Healthcare System (Primary Service Area) - Hannibal, MO N=181

ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in Marion, Ralls, Monroe, Shelby or Pike County that you feel need to be improved and/or changed?
1066	63401	Good	COMM			There is many wrong diagnoses at HRH. I would take the chance to go to Blessing in Quincy.
1085	63454	Fair	COST	DOCS		Hrh cost is ridiculous! Although they write off some people's charges but over charge and sue others! Physicians received yeti mugs for Dr day, ridiculous.
1088	63401	Good	COST	INSUR		High cost of hospital care is a barrier, too many people have to go out of town due to insurance requirements or high cost of Hannibal Regional hospital.
1040	63401	Poor	COST	OP	SUR	Decrease the cost of hospital fees. Increase outpatient surgery availability at lower cost that hospital costs.
1053	63459	Good	DOCS	CLIN	DENT	I feel we need more physicians to buy into the Free Clinic. It would be nice if we could offer better dental assistance to our community. especially to the people with very limited resource. Mental health is another topic of interest.
1049	63401	Very Good	DOCS	CLIN		Improvement in the hospital working with local physicians. I understand that the hospital is trying to kick out the clinic out of the community. This is stupid.
1022	63459	Fair	DOCS	COMM		Patient teaching when leaving the hospital, make sure a care giver is involved.
1098	63459	Good	DOCS	DENT		We only have 2 providers in our community and no dentists. These are two items that would be a benefit to our community.
1104	63468	Fair	DOCS	LOC		This is probably not realistic but I wish we had a doctor or NP in the Shelbina clinic that lived IN Shelbina. When people live in the town where they work I think it improves everyone's experience. We also need a doctor who will see the whole family.
1028	63401	Good	DOCS	OBG	DERM	More doctors so you can get in when needed. Obgyn, Dermatologist.
1110	63401	Fair	DOCS	PRIM	STAFF	Shortage of doctors in primary care and specialties and shortage of nursing care.
1095	63469	Fair	DOH	DOCS	DENT	I live in Shelbyville and there are no healthcare services in town except for the County Health Department, which has a few nurses, or the ambulance district. If I want to see a doctor or dentist or pick up a prescription from a pharmacy, I have to go to Shelbina. It would be nice if those services were available in Shelbyville.
1039	63461	Good	ED	MRKT	CLIN	Hannibal needs better education visible (flyers and billboards) within the community on when to visit a clinic, versus express care, versus the ER. This would help with more appropriate usage of each area. Hannibal also needs better advertisement of available resources within the community for different populations of people.
1166	63401	Fair	EMER	SPEC	HOSP	Emergency room services More doctors who specialize. Hospitalists - they don't really know you, treat you, then discharge you to never see you again.
1065	63401	Good	EMER	STAFF		Our emergency room. I myself know several people who have been miss diagnosed one ending in death. Also several have been treated rudely by nurses.

## CHNA Community Feedback 2016

### Hannibal Regional Healthcare System (Primary Service Area) - Hannibal, MO N=181

ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in Marion, Ralls, Monroe, Shelby or Pike County that you feel need to be improved and/or changed?
1078	63401	Good	EMS			We need 911 emergency responders in all areas of the community.
1071	62356	Very Good	ENT	DIAB		Hearing/Nerve Healthcare Services and Diabetic Doctors.
1150	63401	Fair	HOL	COMM		I think all hospitals, Hannibal Regional included, should be more holistic in their care and have better communication throughout the entire system.
1058	63401	Good	INSUR	CLIN	EMER	Even though we have had extreme health care /insurance changes in our country in the last few years we have a small population in our community that does not have coverage for health care. The free clinic makes you wait to be approved before they will see you and the E R is the only urgent care available to people who don't have insurance. These people can not afford to be seen because of the cost. This is taking people out of Hannibal to Quincy because Blessing has a financial program to help. I have worked for over 40 years and am unemployed at this time. We live on my husbands disability so there is no extra money for health care for me. I would love to seek care with my friends and family in Hannibal but I fall through the cracks here.
1179	63401	Good	INSUR	DENT	MH	Access to Medicaid dentists. Access to mental health services. Access to drug abuse awareness/prevention programs.
1093	63456	Good	INSUR	DENT	PEDS	I have BCBS, dental insurance is not accepted by most practices in this area. Limited number of providers for some care. Ex. Pediatric, out side Hannibal Clinic, not many options for number is cases.
1180	63459	Fair	INSUR	DOCS	COST	The problem I face is that my doctor is covered by my healthcare plan but many of the test and services are not covered. This makes the cost for the services and tests extremely high if I want to stay local.
1146	63401	Good	INSUR			Still people with no insurance, who can't / don't get medical care.
1055	63401	Very Good	IP	MH	EMER	Inpatient care for adults and children with emotional/mental health disorders. Too many are traveling great distance for care or don't receive care. The ER is not a treatment facility for this.
1108	63401	Good	IP	MH		Inpatient Mental Health services.
1106	63401	Good	IP	MH		Inpatient Mental Health services.
1107	63401	Good	IP	MH		Inpatient Mental Health services.
1101	63459	Good	MH	BAR		Psychiatric services, bariatric surgery
1031	63461	Fair	MH	CARD		Adult mental health, Cardiologist.
1148	63334	Very Good	MH	CLIN		Additional Mental Health services. Local walk-in clinic in Bowling Green.
1181	63334	Good	MH	COMM	TRANS	Highly visible community focus on wellbeing and better personal choices Mental Health resources Continued collaboration among providers Public Transportation to encourage continued community engagement when personal transportation is not an option (aged, infirmed, special needs, etc.).
1014	63401	Fair	MH	COMM		Mental health services. Hospital needs to be more cooperative and work with mental health providers to assist with information sharing which is in accordance with HIPPA and continuity of care and treatment. It is detrimental to the community for HRH to be less than helpful and less than cooperative when there are so few services for mental health in this community. HRH talks a good talk but does little in real time.
1083	63401	Good	MH	DENT		Mental health issues. Dental care for adults.



### CHNA Community Feedback 2016

#### Hannibal Regional Healthcare System (Primary Service Area) - Hannibal, MO N=181

ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in Marion, Ralls, Monroe, Shelby or Pike County that you feel need to be improved and/or changed?
1162	63456	Good	MH	DOCS	CLIN	Mental Health. More physician participation at the Free Clinic. More dentists participation at the Free Clinic.
1090	63459	Very Good	MH	DRUG	ALC	We need to get something back in our community for mental health and addiction of drugs and alcohol.
1002	63401	Good	MH	DRUG		Mental Health and Drug addiction.
1041	63401	Fair	MH	ELD		Hannibal does not offer geri psych services which are strongly needed in this community.
1032	63401	Fair	MH	ELD		Need mental help for seniors in area.
1019	63459	Fair	MH	INSUR	CHEMO	Adult psychiatry is needed; Financial assistance for patients affording chemotherapy would be beneficial.
1157	63401	Good	MH	INSUR		None that I know of for Healthcare. We are in disparate need of mental health for the under/non insured.
1122	63456	Good	MH	IP		Mental health in patient resources.
1046	63459	Good	MH	WELL		More access to mental health services especially psychiatry. More wellness programs.
1130	63401	Very Good	MH			Increase the access to psychiatric care providers and counselors.
1139	63401	Very Good	MH			Mental health.
1121	63347	Good	MH			Mental health availability.
1068	63401	Good	MH			Mental health care.
1149	63401	Very Good	MH			Mental Health is a real need in this area.
1174	63469	Very Good	MH			Mental Health services, residential mental health ward.
1006	63401	Fair	MH			Mental health services.
1080	63435	Very Good	MH			Mental health.
1138	63401	Very Good	MH			We need more mental health services.
1131	63334	Very Good	MH			We need psychiatric care in a very bad way in the community.
1042	63401	Fair	NH	COMM	CLIN	Being a nursing home, I feel that much improvement must be made and better communication between clinic and hospital physicians, hospital, families and nursing center.
1009	63461	Very Good	NH			Nursing home health care.
1089	63401	Good	OP	WAIT	COST	Outpatient services on a timely basis. More free care for homeless and underprivileged. More specialist physicians. Mental Health.
1105	63401	Fair	PREV	MH		Preventative Health. Mental Health.
1034	63456	Good	PRIM			There are 2 times the number of primary care providers in the area which will cause good providers to leave due to not enough work.
1052	63401	Very Good	QUAL			I am extremely pleased with the availability of healthcare in the Hannibal area.
1036	63401	Good	QUAL			I can see very little change overall.

### CHNA Community Feedback 2016

#### Hannibal Regional Healthcare System (Primary Service Area) - Hannibal, MO N=181

ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in Marion, Ralls, Monroe, Shelby or Pike County that you feel need to be improved and/or changed?
1035	63401	Good	SERV	CLIN		Expand services at free clinic
1117	63401	Good	SPEC	DERM	WAIT	Some specialty areas, such as dermatology, need more physicians so patients are able to get appointments.
1100	63401	Good	SPEC	ONC	CARD	More access to specialists. Another medical oncologist and interventional cardiologist especially. More access to preventative/wellness services.
1082	63401	Good	SPEC	WAIT	EMER	More trained doctors that are really good in specialized areas. Seems like several good doctors we have had lately we have lost to bigger cities. One heart specialist moved on and he was excellent. We need to improve the wait time when going to the emergency room. Seems like you wait forever at the ER. Also a need for a public pharmacy at the hospital. When you go to the ER in the middle of the night when local pharmacies are closed and are prescribed medication you have to waiting a pharmacy opens to get meds. A hospital pharmacy would be a available all hours to meet those needs.
1024	63461	Fair	SUR	STAFF		The Med Surg department needs to do better. There is a lack of nurse care at the hospital in general. I think it is ridiculous that you got rid of most LPN's and so now the RN/BSN's have to do ten times the work and don't do that good of a job at times.
1025	63459	Poor	SUR			More surgeons.
1176	63439	Good	TELE			Maintain or improve the general medical services available in the satellite communities.
1143	63469	Fair	URG	PRIM	CANC	Accessibility in Shelby Co - no urgent care; evenings or weekends. Having difficulty finding a quality English speaking PCP. For cancer care or anything major I would go to St Louis.
1165	63469	Good	WAIT	ALL		It would be nice to have a dr. office opened on weekends, specifically for allergy shots. It is hard to take kids out of school and activities for that.
1133	63435	Good	WAIT	CLIN		When you say Community I am talking about Canton, and I feel at least one night of extended hours or a Saturday every other week would be a great benefit.
1127	63441	Good	WAIT	EMER		I would like to see extended hours so people aren't going to the emergency room only because it's the only option available.
1169	63469	Good	WAIT			More open appointment times. When you are sick, you can't wait a week to get in and see a doctor so you start going outside of the community for your healthcare needs.
1075	63401	Fair	WAIT			Timing.
1010	63401	Good	WELL	EXER	NUTR	Our community needs a wellness program designed for preventative care (exercise, healthy eating initiatives, etc.).

### CHNA Community Feedback 2016

#### Hannibal Regional Healthcare System (Primary Service Area) - Hannibal, MO N=181

ID	Zip	Overall HC Rating	c1	c2	c3	Over the past two years, did you or someone you know receive healthcare services outside of our community? If yes, please specify the healthcare services received.
1167	63451	Fair	ARTH	SPEC		Arthritis specialist.
1100	63401	Good	BARNS	WASHU	BLESS	Follow up appointments at Barnes/Wash U; Some experiences at Blessing/QMG.
1089	63401	Good	CANC	CARD	PEDS	Cancer, heart, peds, GI.
1010	63401	Good	CANC	MU		Cancer treatment at University of Missouri Hospital.
1001	63401	Good	CANC	SURG		Cancer surgery.
1140	63401	Good	CANC			Cancer.
1099	63401	Fair	CANC			Cancer treatment.
1150	63401	Fair	CANC			Received cancer treatment elsewhere.
1142	63401	Fair	CARD	CANC	SURG	Cardiac, cancer, surgical, neuro.
1091	63461	Good	CARD	MAMM		Cardiology and mammogram.
1133	63435	Good	CARD	SURG	ORTH	Heart by-pass and pacemaker later on. Knee replacement.
1078	63401	Good	CARD			Cardiac ablation.
1121	63347	Good	CARD			Cardiac cath.
1115	63401	Good	CARD			Heart surgery.
1093	63456	Good	CHEMO	PEDS		Late term affects of Chemo for children.
1162	63456	Good	COLON	GBLAD	SURG	Colonoscopy, gall bladder, shoulder surgery.
1135	62305	Good	COLON			Colonoscopy.
1088	63401	Good	COST			Multiple services at lower cost.
1180	63459	Fair	DENT	MH		Dental, mental health.
1015	62301	Good	DENT			Dental.
1105	63401	Fair	DENT			Dental.
1059	63401	Good	DERM	CANC		Dermatologist, cancer dr.
1050	63401	Very Good	DERM	ORTH	SURG	Dermatology, back surgery, podiatry.
1076	62361	Good	EMER	PRIM	DENT	Emergency services, primary care, dental, chiropractic, optometric.
1066	63401	Good	EMER			Emergency room.
1054	63401	Good	EMER			ER.
1149	63401	Very Good	ENT			Balance, Vertigo, Cochlear Implant.
1139	63401	Very Good	GAS			Gastroenterology.
1158	63469	Good	ICU			ICU.
1092	63401	Fair	IP	BLESS	SURG	Admission at blessing hospital for surgery.
1058	63401	Good	IP	PRIM		Inpatient hospital for husband, all of my health care.
1046	63459	Good	KID	SURG	CARD	Kidney transplant, bypass surgery, heart ablation.
1159	63459	Fair	MH	HOL		Mental Health and Alternative (Holistic) Healthcare.
1087	63401	Good	MH			Mental healthcare.
1147	63382	Fair	MI			Treatment for MI.
1025	63459	Poor	MU			University of Missouri.
1134	63401	Very Good	MY	ORTH		Columbia Orthopedic.
1022	63459	Fair	NEUR			Neurology.

### CHNA Community Feedback 2016

#### Hannibal Regional Healthcare System (Primary Service Area) - Hannibal, MO N=181

ID	Zip	Overall HC Rating	c1	c2	c3	Over the past two years, did you or someone you know receive healthcare services outside of our community? If yes, please specify the healthcare services received.
1042	63401	Fair	NH	ORTH	MU	Some of the nursing home residents admitted had ortho procedures in Columbia, Mo.
1041	63401	Fair	NH	ORTH		Some of our nursing home residents have ortho procedures done out of community.
1163	63469	Fair	OBG	BOONE		OB - Boone Hospital.
1174	63469	Very Good	OBG	CANC		Ovarian cancer.
1146	63401	Good	OBG	ONC		Gyn Oncology.
1177	63469	Fair	OBG	SURG		Radical hysterectomy.
1117	63401	Good	OBG			OB/GYN.
1148	63334	Very Good	OPT	DERM		Optometry, Dermatology.
1104	63468	Fair	OPT	POD		Eye dr, foot dr.
1090	63459	Very Good	OPT	PT		Eye care, physical therapy.
1007	63401	Very Good	OPT	SPEC		Eye specialist.
1008	63401	Good	OPT	SPEC		Eye specialist.
1036	63401	Good	OPT	SURG		Eye surgery.
1098	63459	Good	ORTH	EMER		Joint replacements, emergency services.
1095	63469	Fair	ORTH	MH	OPT	Pelvic Floor Specialist in Hannibal, Mental Health Therapy in Macon, Eye doctor in Macon, Dermatologist in Kirksville.
1002	63401	Good	ORTH	OPT		Ortho, Eye.
1169	63469	Good	ORTH	PEDS		Ortho service (adult and child).
1032	63401	Fair	ORTH	SURG	BARN	Back surgery at Barnes.
1082	63401	Good	ORTH			Orthopedic and Parkinson's/mobility specialists trained in specific areas.
1110	63401	Fair	ORTHO	MU		Orthopedic care in Columbia.
1055	63401	Very Good	PAIN	NEUR	SURG	Pain Management, Neurologist, surgeons not available in local area.
1179	63401	Good	PEDS	ONC		Pediatric oncology.
1035	63401	Good	PEDS	SPEC	EMER	Specialty pediatrics; Out of town emergency.
1014	63401	Fair	PRIM	MU	BLESS	Medical at University MO; Medical at Blessing.
1011	63461	Very Good	PRIM	OBG		General health and gyn.
1175	63434	Fair	PRIM	SPEC		Most everything is outside our community.
1075	63401	Fair	PRIM			General.
1037	63459	Good	PRIM			Lived in different state received primary care.
1086	63401	Good	SPEC	MAYO		Mayos specialist.
1068	63401	Good	SPEC			Advanced specialties not available here.
1116	63459	Good	SPEC			Specialist.
1127	63441	Good	SPEC			Treated for hemorrhoids and referred outside of community for band placement.
1043	63461	Good	STL	PEDS		Sr. Louis Children's - Newborn care.
1053	63459	Good	STL			had to be seen on a workman's comp case. Had to drive to Saint Louis office was dirty and the equipment especially the exam table was old and torn. Looked very unprofessional.

**CHNA Community Feedback 2016**

**Hannibal Regional Healthcare System (Primary Service Area) - Hannibal, MO N=181**

ID	Zip	Overall HC Rating	c1	c2	c3	Over the past two years, did you or someone you know receive healthcare services outside of our community? If yes, please specify the healthcare services received.
1131	63334	Very Good	STLUK	ENDO		St Lukes endocrinology.
1128	63401	Very Good	STROK			Stroke.
1166	63401	Fair	SURG	CANC		Surgery and cancer treatment.
1028	63401	Good	THY			Thyroid.
1061	63401	Fair	TRAV			While traveling and for services not provided.
1178	63469	Fair	URG			Urgent care services.
1143	63469	Fair	URGEN	PEDS	CANC	Urgent care. Pediatrics. Cancer. Emergency services. Geriatric wellness and testing.
1006	63401	Fair	VA	IACTY		VA services through the Iowa City VA.
1009	63461	Very Good	WOM			General women's healthcare.
1160	63468	Good	WOUND	CLIN		Wound care at specialized wound clinic.

## CHNA Round #2 Feedback 2016 - Hannibal Regional Healthcare System (Primary Service Area)

Let Your Voice Be Heard!

Hannibal Regional Healthcare System is updating its Community Health Needs Assessment in partnership with other area health providers. Feedback from this survey will identify current health issues in our community. Participation is voluntary and all answers will be kept confidential.

All CHNA Round #2 online feedback is due by Noon on Tuesday, June 7th. Thank you for your participation.

## CHNA Round #2 Feedback 2016 - Hannibal Regional Healthcare System (Primary Service Area)

### Part I: Introduction

1. Three years ago, HRHS completed a Community Health Needs Assessment. This assessment identified a number of health needs for our community. Today, we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community?

	Very Good	Good	Fair	Poor	Very Poor
Healthcare Delivery:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## CHNA Round #2 Feedback 2016 - Hannibal Regional Healthcare System (Primary Service Area)

2. How would you rate the "Overall Quality" of cancer care delivery in our community?

	Very Good	Good	Fair	Poor	Very Poor
Cancer Care Delivery:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## CHNA Round #2 Feedback 2016 - Hannibal Regional Healthcare System (Primary Service Area)

3. Are there healthcare services in your community / neighborhood that you feel need to be improved and/or changed? (Please be specific).

**CHNA Round #2 Feedback 2016 - Hannibal Regional Healthcare System (Primary Service Area)**

4. From our last Community Health Needs Assessment (2013), a number of health needs were identified as priorities. Are any of these 2013 CHNA needs still an "Ongoing Problem" in our community?

	Not a Problem Anymore	Somewhat of a Problem	Major Problem
Behavioral Health – Lack of Providers, Placement, Awareness and Funding (Specific Concern for Geriatric)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity (Nutrition/Fitness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expand Dental Services – Uninsured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disease Management – Coordination of Care Among Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (Excessive Drinking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse (Focus on Teens)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation for Healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Online Communication with Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CHNA Round #2 Feedback 2016 - Hannibal Regional Healthcare System (Primary Service Area)**

5. Which 2013 CHNA health needs are most pressing today? (Please select top three needs).

- |   |  |
|---|--|
| <input type="checkbox"/> Behavioral Health – Lack of Providers, Placement, Awareness and Funding (Specific Concern for Geriatric) | <input type="checkbox"/> Alcohol (Excessive Drinking)                |
| <input type="checkbox"/> Obesity (Nutrition/Fitness)  | <input type="checkbox"/> Substance Abuse (Focus on Teens)            |
| <input type="checkbox"/> Expand Dental Services – Uninsured   | <input type="checkbox"/> Transportation for Healthcare               |
| <input type="checkbox"/> Disease Management – Coordination of Care Among Providers  | <input type="checkbox"/> Patient Online Communication with Providers |

**CHNA Round #2 Feedback 2016 - Hannibal Regional Healthcare System (Primary Service Area)**

6. Patient navigation and access leading to quality cancer care delivery are critically important. What are your opinions on the following cancer services delivery statements?

	Yes	No
<p>Our community has appropriate access to "Cancer Specialists"</p> <p>If "No", please explain.</p> <input style="width: 400px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>
<p>Our community has adequate prevention and early detection cancer services (i.e. genetic counseling and cancer risk assessments, mammograms, skin cancer screenings)</p> <p>If "No", please explain.</p> <input style="width: 400px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>
<p>Our community has appropriate cancer inpatient, outpatient and clinic services</p> <p>If "No", please explain.</p> <input style="width: 400px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>
<p>Our community has quality end of life cancer support services (i.e. supportive and palliative care, hospice care, pastoral care)</p> <p>If "No", please explain.</p> <input style="width: 400px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>



**CHNA Round #2 Feedback 2016 - Hannibal Regional Healthcare System (Primary Service Area)**

7. Are there any other health needs from the list below that we need to discuss at our upcoming CHNA Town Hall meeting? (Please select all that need to be on our agenda).

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Abuse / Violence        | <input type="checkbox"/> Mental Illness              | <input type="checkbox"/> Suicide            |
| <input type="checkbox"/> Alcohol                 | <input type="checkbox"/> Nutrition                   | <input type="checkbox"/> Teen Pregnancy     |
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Obesity                     | <input type="checkbox"/> Tobacco Use        |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Ozone (Air)                 | <input type="checkbox"/> Vaccinations       |
| <input type="checkbox"/> Drugs / Substance Abuse | <input type="checkbox"/> Physical Exercise           | <input type="checkbox"/> Water Quality      |
| <input type="checkbox"/> Family Planning         | <input type="checkbox"/> Poverty                     | <input type="checkbox"/> Wellness Education |
| <input type="checkbox"/> Heart Disease           | <input type="checkbox"/> Respiratory Disease         |   |
| <input type="checkbox"/> Lead Exposure           | <input type="checkbox"/> Sexual Transmitted Diseases |   |
| <input type="checkbox"/> Other (please specify)  |  |   |

**CHNA Round #2 Feedback 2016 - Hannibal Regional Healthcare System (Primary Service Area)**

8. How would you rate each of the following services? (Please select one box per row).

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

**CHNA Round #2 Feedback 2016 - Hannibal Regional Healthcare System (Primary Service Area)**

9. How would you rate each of the following services? (Continued, please select one box per row).

	Very Good	Good	Fair	Poor	Very Poor	N/A
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CHNA Round #2 Feedback 2016 - Hannibal Regional Healthcare System (Primary Service Area)**

10. Over the past two years, did you or someone you know receive healthcare services outside of our community?

Yes

Don't Know

No

If yes, please specify the healthcare services received

**CHNA Round #2 Feedback 2016 - Hannibal Regional Healthcare System (Primary Service Area)**

11. What is your home zip code?

**CHNA Round #2 Feedback 2016 - Hannibal Regional Healthcare System (Primary Service Area)**

Demographics

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Board Member                   | <input type="checkbox"/> Elected Official - City / County | <input type="checkbox"/> Other Health Professional  |
| <input type="checkbox"/> Business / Merchant            | <input type="checkbox"/> EMS / Emergency                  | <input type="checkbox"/> Parent / Caregiver         |
| <input type="checkbox"/> Case Manager / Discharge       | <input type="checkbox"/> Farmer / Rancher                 | <input type="checkbox"/> Pharmacy                   |
| <input type="checkbox"/> Civic Club / Chamber           | <input type="checkbox"/> Health Department                | <input type="checkbox"/> Physician (MD / DO)        |
| <input type="checkbox"/> Charitable Foundation          | <input type="checkbox"/> Hospital                         | <input type="checkbox"/> Physician Clinic           |
| <input type="checkbox"/> Clergy / Congregational Leader | <input type="checkbox"/> Housing / Builder                | <input type="checkbox"/> Press (Paper, TV, Radio)   |
| <input type="checkbox"/> College / University           | <input type="checkbox"/> Insurance                        | <input type="checkbox"/> Senior Care / Nursing Home |
| <input type="checkbox"/> Consumer Advocate              | <input type="checkbox"/> Labor                            | <input type="checkbox"/> Social Worker              |
| <input type="checkbox"/> Consumers of Health Care       | <input type="checkbox"/> Law Enforcement                  | <input type="checkbox"/> Veteran                    |
| <input type="checkbox"/> Dentist                        | <input type="checkbox"/> Low Income / Free Clinics        | <input type="checkbox"/> Welfare / Social Service   |
| <input type="checkbox"/> Economic Development           | <input type="checkbox"/> Mental Health                    |   |
| <input type="checkbox"/> Education Official / Teacher   | <input type="checkbox"/> Nursing                          |   |
| <input type="checkbox"/> Other (please specify)         |   |   |

## CHNA Round #2 Feedback 2016 - Hannibal Regional Healthcare System (Primary Service Area)

You have just completed the Community Health Needs Assessment Survey. Thank you for your participation. By hitting "Done," you are submitting your responses and giving others an opportunity to complete the same survey.

Again, thank you for your participation.

# CHNA Report Contact :



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