Community Health Needs Assessment

Cameron Regional Medical Center

Clinton, Caldwell, DeKalb, and Daviess County, MO

September 2025

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
Table of Contents

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Cameron Regional Medical Center – Cameron, MO (4 Counties PSA) - 2025 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Cameron Regional Medical Center (CRMC) and its primary service area was completed in 2022. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Clinton, DeKalb, Caldwell, and Daviess County, Missouri CHNA began in January of 2025 and was facilitated/created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders, providers, and other residents to research and prioritize county health needs while documenting community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Important community CHNA Benefits for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates 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.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's "Mission" to deliver.

County Health Area of Future Focus on Unmet Needs

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

Cameron Regional Medical Center PSA				
2025 CHNA Unmet Needs - 4/24/25				
Cameron, MO Town Hall: (29 Attendees, 112 Total Stakeholder Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	18	16%	16%
2	Childcare (Access / Hours)	14	13%	29%
3	Fight Poverty	12	11%	39%
4	Housing (Access/Affordable/Safe)	11	10%	49%
5	Workforce (Qualified)	10	9%	58%
6	Uninsured / Underinsured	9	8%	66%
7	Substance Abuse (Alcohol & Drugs)	8	7%	73%
8	Preventative Health (Community Health)	7	6%	79%
	Total Votes	112		
Other Items receiving votes: Domestic Violence, Staffing Senior Care, Nutrition (Access), Transportation, Access to Exercise (Deserts), Chronic Diseases, Cost of Care, Maternal Health				

Town Hall CHNA Findings: Areas of Strengths

Cameron Regional Medical Center PSA - Community Health Strengths			
#	Topic	#	Topic
1	Access to Healthcare (all levels physicians and clinics)	7	Hospice and Home Health
2	Ambulance/ER services	8	Law Enforcement
3	County Office	9	Schools
4	Dedicated community stakeholders	10	YMCA

Key CHNA Round #5 Secondary Research Conclusions found:

MISSOURI HEALTH RANKINGS: According to the 2023 Robert Woods Johnson County Health Rankings, CRMC 4 Co Primary Service Area (PSA) average rank is 41st in Health Outcomes, 58th in Health Factors, and 56th in Physical Environmental Quality out of the 115 Counties.

TAB 1. Among the four counties, Clinton County had a population high of 21,548, while the county with the highest population of children under the age of 5 was Daviess County at 6.9%. When it came to children living in single-parent households, Clinton county had the low of 14.6% compared to the high in Dekalb County of 18.8%.

TAB 2. The average per capita income was recorded highest in Clinton County at $31,924, while the highest percentage of persons in poverty was recorded in Daviess County at 15.3%. Those with severe housing problems was most problematic in Caldwell County at 12.7% while DeKalb County had a low of 7.1%. Households with broadband internet subscriptions was most prominent in Clinton County at 83.2%.

TAB 3. Children eligible for a free or reduced-price lunch was found to be highest in Daviess County at 52.1% compared to the low in Clinton County at 29.7%. Additionally, Clinton County recorded 93.8% of adults 25 and older having a high school degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is highest among Clinton County (77%) compared to the lowest recorded percentage in Caldwell County (63%). The percentage of births where the mother smoked during pregnancy tied at 22.8% among both DeKalb and Caldwell County. When it comes to teen pregnancy rates (ages 15-17), DeKalb had the lowest percentage of 1.1% compared to the highest of 11.7% in Caldwell County.

TAB 5. The primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 8,897 residents in Caldwell County (highest). The preventable hospital rate per 100,000 (lower is better) for hospital stays with ambulatory-care sensitive conditions was found to be lowest Daviess County of only 2,801. Additionally, patients who gave their hospital a rating of 9 or 10 on a scale 0-10; DeKalb ranked highest at 68%.

TAB 6. The age-adjusted prevalence of depression among adults was found to be highest among Daviess County with a percentage of 26.2%. The age-adjusted suicide mortality rate per 100,000 is recorded highest in Caldwell County with a rank of 21.6.

Secondary Research Continued

TAB 7a – 7b. Adult obesity was recorded in 2021 with the highest percentage being among Caldwell County at 40%. Caldwell also came in first with the highest percentage of adults smoking at 24.3%. The age-adjusted prevalence of diabetes was recorded lowest in Clinton County in 2021 at 9.3%. The prevalence of chronic kidney disease discovered Caldwell County to be highest with a percentage of 2.9%. Lastly, the prevalence of COPD among adults recorded he highest percentage in Caldwell county as well at 9.4%.

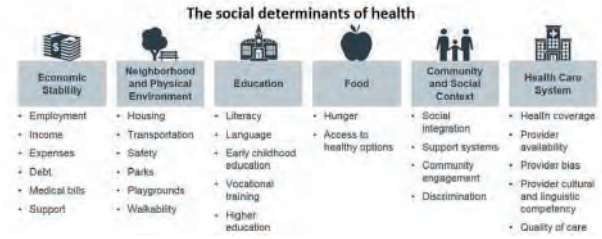
TAB 8. When it comes to adults being recorded as uninsured among these 28 counties (MO rural norm county), it was found that Daviess came in first with the highest percentage of 16.1% compared to DeKalb County at 11.2%.

TAB 9. The life expectancy for both males and females is best in Clinton County with a striking 76.4 average while Caldwell averages a life span of 74.4. Daviess County was found to have the highest number of age-adjusted heart disease mortality rate (per 100,000) with a recording of 236.9. The alcohol impaired driving deaths percentage appeared highest at 31.3% in Clinton County to conclude this Health indicator tab.

TAB 10. The county with the lowest percentage of access to exercise opportunities was recorded in Daviess County at 10.9% compared to the highest in DeKalb County at 49.5%. The age-adjusted prevalence of high blood pressure among adults was recorded to be highest in DeKalb County at 34.2%. Lastly, the age-adjusted prevalence of visits to a doctor for a routine check-up among adults is seen highest among the population in DeKalb County at 73.5%.

Social Determinants Driving Community Health: From Town Hall conversations the Economy followed by Community/Social Support, Neighborhood / Physical Environment, and Provider Access are impacting community health, see Sec V for a detailed analysis.

Social Determinants Online Community Feedback – Cameron, MO (N=260)



"KEY" Social Determinant Takeaways to Improve Our Community Health Cameron, MO PSA Online Open End Comments	
Keep clinics open. Give families access to their healthcare providers by not limiting the days they work.	I feel that all of these determinants are unable to impove until the econmic stability is improved. It very hard to improve the econmic stability when the economy is currently in a crisis.
We could benefit from mental health counseling services, transportation to and from doctors and a large gym for all ages	Have a "Get Cameron healthy " ongoing campaign. Community walks and activities that get people and families moving. Family health days that draw in young and old to help promote healthy lifestyle and diets.
affordable housing for low income and regular income families.	A comprehensive informational guide to what is available and where and how to contact.

Key CHNA Round #5 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=260) provided the following community insights via an online perception survey:

- Using a Likert scale, the average among CRMC primary service area stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 59.1%.

- CRMC stakeholders are very satisfied with some of the following services: Ambulance Services, Hospice / Palliative Care, and Pharmacy.

- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health Services, Affordable / Safe Childcare, Affordable Housing, Substance Abuse, Long Term Care Staffing / Training, Lack of Health Insurance, Adult Daycare, Transportation, Senior Care, and Reimbursement for Providers.

During the Town Hall on April 24th, 2025, a discussion was held to evaluate the impact of any actions taken to address the 2022 significant health needs identified. The table below was reviewed in-depth asking for feedback on which needs are still pressing and ongoing, thus evaluating actions taken in 2022.

CRMC PSA (MO) - CHNA YR 2025 N=260					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Placement, Providers, Aftercare)	125	15.1%		1
2	Affordable / Safe Childcare	114	13.8%		2
3	Affordable Housing	95	11.5%		3
4	Substance Abuse (Meth, Opioids & Vaping)	84	10.2%		4
5	Long Term Care Staffing / Training	64	7.7%		5
6	Adult Daycare	61	7.4%		7
7	Lack of Health Insurance	50	6.0%		6
8	Transportation (Outside Clinton)	46	5.6%		8
9	Senior Care (Transportation)	34	4.1%		9
10	Reimbursement for Providers	28	3.4%		10
11	Drinking	25	3.0%		12
12	Lack of Comprehensive (4 County) Healthcare Resource Guide	23	2.8%		15
13	School Health	23	2.8%		11
14	Awareness of HC Providers	23	2.8%		13
15	Health Wellness Education (Diabetes)	22	2.7%		14
16	Lack of Health Department Reimbursement	10	1.2%		16
	Totals	827	100.0%		

II. Methodology

II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

1. A definition of the community served by the hospital facility and a description of how the community was determined.
2. A description of the process and methods used to conduct the CHNA.
3. A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
4. A prioritized description of the significant health needs of the community identified through the CHNA. This includes a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.
5. A description of resources potentially available to address the significant health needs identified through the CHNA.
6. An evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA.

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

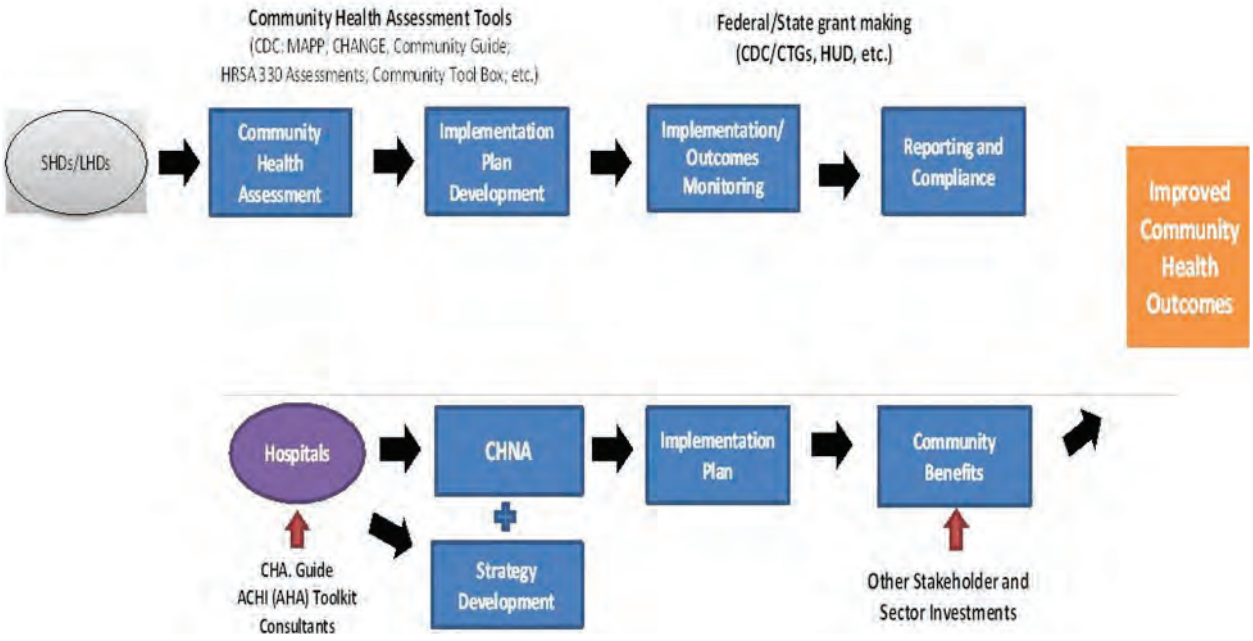
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to "Hospital Organizations"

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

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public.*** **The CHNA requirements are effective for taxable years beginning after March 23, 2012**. As a result, a hospital organization with a June 30 fiscal year end must complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0(3) Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Additional Sources of Input
In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Collaboration on CHNA Reports
A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

Joint Implementation Strategies
As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and

nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Adoption of Implementation Strategy
An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body.· This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

Acquired Facilities A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

New Hospital Organizations
An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of:The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or · The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

New Hospital Facilities
A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

Transferred/Terminated Facilities
A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

MAPP Process Overview

Mobilizing for Action through Planning and Partnerships (MAPP) is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

The MAPP process includes the following six phases. It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.

2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.

3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).

4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.

5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).

6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.

Social Determinants of Health

What Are Social Determinants of Health?

Social determinants of health (SDOH)external icon are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

Healthy People 2030external icon includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the 10 Essential Public Health Services, public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Round #5 CHNA focuses on Social Determinants & Health Equity.

Centers for Medicare & Medicaid Services Health Equity Domains

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02). (Although these measures will not be required until 2024, it is highly recommended that hospitals begin tracking them in 2023.)

Domain 1: Equity as a Strategic Priority

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

Domain 2: Data Collection

The hospital is engaging in the following three key data collection activities.

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients
- Training staff in the culturally sensitive collection of demographics and SDOH information
- Inputting patient demographic and/ or SDOH information into structured interoperable data elements using a certified electronic health record technology.

Domain 3: Data Analysis

The hospital stratifies key performance indicators by demographic and/ or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement

The hospital participates in local, regional and or national quality improvement activities that are focused on reducing health disparities.

Domain 5: Leadership Engagement

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

- Annual reviews of the hospital's strategic plan for achieving health equity
- Annual reviews of key performance indicators stratified by demographic and/ or social factors.

Sources:
The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf

Health Equity Innovation Network. (2022, August 29). Quick Start Guide: Hospital Commission to Health Equity Measure. Retrieved from https://hqin.org/wp-content/uploads/2022/08/Quick-Start-Guide-Hospital-Commitment-to-Health-Equity-Measure.pdf

The Joint Commission (TJC) Elements of Performance - Regulatory and Accreditation Requirements Related to Health Equity and Social Determinants of Health

New and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Below are the six elements of performance.

Element of Performance 1:

The organization designates an individual to lead activities aimed at reducing healthcare disparities. **(Hospital Responsibility)**

Element of Performance 2:

The organization assesses the patient's health-related social needs and provides information about community resources and support services. **(CHNA full report- Section I and III)**

Examples of health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills.
- Education and literacy
- Food insecurity
- Housing insecurity

Element of Performance 3:

The organization identifies healthcare disparities in its patient population by stratifying quality and safety data. **(CHNA Town Hall)** Examples of sociodemographic characteristics may include but are not limited to the following: Age, Gender, Preferred Language, Race, and ethnicity.

Element of Performance 4:

The organization develops a written action plan that describes how it will address at least one of the healthcare disparities identified. **(CHNA IMPL Development Plan)**

Element of Performance 5:

The organization acts when it does not achieve or sustain goal(s) in its action plan to reduce health care disparities.

Element of Performance 6:

At least annually, the organization informs key stakeholders, identifying leaders, licensed practitioners, and staff, about its progress in reducing identified healthcare disparities. **(Hospital Responsibility)**

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:

Cameron Regional Medical Center

1600 E Evergreen St,
Cameron, MO 64429
(816) 632-2101
Administrator: Joseph F. Abrutz, Jr.

At Cameron Regional Medical Center, our mission is to provide high-quality, compassionate healthcare to the communities we serve. As a trusted healthcare provider, we take pride in offering a wide range of medical services tailored to meet the unique needs of our patients and their families.

Founded on the principles of care, integrity, and innovation, Cameron Regional Medical Center has been a cornerstone of the region's health and wellness. Our facilities and dedicated team of professionals ensure that every patient receives exceptional care in a welcoming and supportive environment.

Large Enough to Heal; Small Enough to Care.

Services:

- Athletic Training
- Cardiac Rehab
- Cardiology
- Comfort Care Hospice
- Dermatology
- Ear, Nose, & Throat
- Echo Vascular
- Emergency Department
- Endocrinology
- Family Medicine
- Gastroenterology
- Gerontology
- Gynecology/Obstetrics
- Health & Wellness
- Hematology
- Home Health/Helping Hand
- Hospitalists
- Imaging/Radiology
- Infusion Clinic
- Intensive Care Unit
- Internal Medicine
- Laboratory
- Medical/Surgery (Inpatient)
- Neurology
- Occupational Therapy
- Oncology
- Orthopedics
- Pain Management
- Pharmacy
- Physiatry
- Physical Therapy & Rehabilitation
- Podiatry
- Psychiatry
- Pulmonary Medicine
- Rehabilitation (Inpatient)
- Renal Dialysis Nephrology
- Rheumatology
- Sleep Medicine
- Speech Therapy
- Swing-Bed Services
- Urology
- Vascular Surgery
- Women’s Health

Clinton County Health Department

106 Bush St
Plattsburg, MO 64477
(816) 539-2144
Administrator: Blair Shock
Monday-Friday 8AM-Noon & 1PM-5PM
Closed on National & State Holidays

Services:

- Birth and Death Certificates
- Traumatic Brain Injury
- Environmental Health
- Food Establishment Inspections
- Immunizations
- WIC

Diseases:

- COVID-19
- Sexually Transmitted Disease / HIV Prevention and Testing

Caldwell County Health Department

255 W Main St
Kingston, MO 64650
(816) 586-2311
Administrator: Tracy Carmen

Mission: Our mission is to deliver the essential public health services of prevention, promotion, and protection to the citizens of Caldwell County.

Services:

- WIC Services
- Immunizations
- Child Care Health Consultations
- Vital Records
- Health Screenings
- Lab Services
- CPR/AED/First Aid training
- Smoking Cessation
- Maternal Child Health
- Emergency Preparedness
- Environmental
- Epidemiology

Tri-County Health Department

302 North Park Street, Stanberry, MO 64489
(660) 783-2707
Satellite Office: 302 S Washington St, Maysville, MO 64469
(816) 449-5706
Administrator: Lilli Parsons

Mission: Tri-County Health Department will promote and aid in maintaining the health of the population of DeKalb, Gentry and Worth counties through establishing goals and affect outcomes through strategic planning, assessments, policy development and assurance.

Services:

- American Red Cross CPR Classes
- STD Testing, Treatment, and Prevention
- Rapid COVID-19 Testing
- Rapid Drug Testing
- Emergency/Disaster Planning
- Child Care Consultation for Area Daycares
- Disease Control and Prevention
- Blood Pressure Screenings
- Glucose Screenings
- Cholesterol Screening
- Communicable Disease Reporting
- Environmental Health Services
- Lead/Hemoglobin Screenings
- Vital Records: Birth and Death Certificates
- WIC*
- Immunizations
- Temporary Medicaid for Pregnant Women Who Qualify
- Pregnancy Tests
- Safe Sitter Classes
- Safe Cribs Program (No Cost Cribs)
- Free Car Seat and Installation
- Annual Reproductive Wellness Exams
- Contraception Counseling and Supplies
- Pregnancy Screening and Counseling
- Reproductive Life Planning
- Breast and Cervical Cancer Screenings
- STI and HIV Prevention, Screening, Treatment, and Immunizations
- Preconception Care
- Basic Infertility Services
- Free Bicycle Helmet

Daviess County Health Department

609A S Main St, Gallatin, MO 64640
(660) 663-2414
Administrator: ReCail King

Prevent. Promote. Protect.

Services:

- Adult and Children Immunizations
- Blood Pressure and Blood Sugar Screenings
- Medication Set-Up
- Home Visits
- Blood Lead Testing and Case Management
- Tuberculosis Testing and Case Management
- HIV Testing
- Blood Draws (with doctor's order)
- Routine Injections (with doctor's order)
- Pregnancy Testing
- General Health Education (Prevention and Wellness)
- WIC Nutritional Program
- Car Seat Program
- CPR and First Aid Classes
- Health Education Classes
  - Diabetic Health
  - Mental Health
  - Breastfeeding
- Birth and Death Certificates
- Immunization Records
- Well Water Testing
- Sewer Permits
- Restaurant Inspections

II. Methodology
b) Collaborating CHNA Parties Continued

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

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 83 unique community CHNA's in KS, MO, IA, NE and WI (references found on our website VandehaarMarketing.com

VVV Consultants LLC (EIN 27-0253774) began as "VVV Research & Development INC" in early 2009 and converted to an LLC on 12/24/12. Web: VandehaarMarketing.com

Our Mission: to research, facilitate, train, create processes to improve market performance, champion a turnaround, and uncover strategic "critical success" initiatives.

Our Vision: to meet today's challenges with the voice of the market solutions.

Our Values:

Engaged – we are actively involved in community relations & boards.
Reliable – we do what we say we are going to do.
Skilled – we understand business because we've been there.
Innovative – we are process-driven & think "out of the box."
Accountable – we provide clients with a return on their investment.

II. Methodology

c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in January of 2025 for Cameron Regional Medical Center to meet Federal IRS CHNA requirements.

In early July 2024, a meeting was called amongst the Cameron Regional Medical Center leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to Cameron Regional Medical Center to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

CRMC - MHA Defined Primary Serv Area				Overall (IP/ER/OP) FFY24-22			
#	ZIP	City	County	State	Total 3YR	%	ACCUM
1	64429	Cameron	CLINTON	MO	51,625	35%	34.6%
2	64644	Hamilton	CALDWELL	MO	12,058	8%	42.7%
3	64640	Gallatin	DAVIESS	MO	11,769	8%	50.6%
4	64469	Maysville	DEKALB	MO	7,051	5%	55.3%
5	64465	Lathrop	CLINTON	MO	4,410	3%	58.3%
6	64649	Kidder	CALDWELL	MO	3,316	2%	60.5%
7	64424	Bethany	HARRISON	MO	3,109	2%	62.6%
8	64670	Pattonsburg	CLINTON	MO	3,019	2%	64.6%
9	64477	Plattsburg	CLINTON	MO	2,735	2%	66.5%
10	64601	Chillicothe	LIVINGSTON	MO	2,660	2%	68.3%
11	64671	Polo	CALDWELL	MO	2,589	2%	70.0%
12	64624	Braymer	CALDWELL	MO	2,545	2%	71.7%
13	64689	Winston	DAVIESS	MO	2,437	2%	73.3%
14	64497	Weatherby	DEKALB	MO	2,394	2%	74.9%
15	64648	Jamesport	DAVIESS	MO	2,357	2%	76.5%
16	64474	Osborn	DEKALB	MO	2,301	2%	78.1%
17	64620	Altamont	DAVIESS	MO	2,058	1%	79.5%

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Phase III—Quantify Community Need:

Conduct a 90-minute Town Hall meeting with required community primary service area residents. At each Town Hall meeting, CHNA secondary data will be reviewed, an evaluation of past CHNA needs actions taken, a facilitated group discussion will occur, and a group ranking activity to determine the most important community unmet health needs was administered.

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

Complete full documentation to create each CHNA section documented in the Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on the hospital website to meet government CHNA regulation criteria.

Specific project CHNA roles, responsibilities, and timelines are documented in the following calendar.

Cameron Regional Medical Center

VVV CHNA Round #5 Work Plan - Year 2025

Project Timeline & Roles - Working Draft as of 6/19/25

Step	Timeframe	Lead	Task
1	7/2/2024	VVV / Hosp	Meeting CEO information regarding CHNA Round #5 for review.
2	On or before 7/15/24	Hosp	Select/approve CHNA Round #5 Option B - VVV quote—work to start 1/1/25.
3	1/28/2025	VVV	Hold Client Kick-off Meeting. Review CHNA process / timeline with leadership. Request MHA PO reports for FFY 22, 23 and 24 and hospital client to complete PSA IP/OP/ER/Clinic patient origin counts file (Use **ZipPSA_3yrPOrigin.xls**)
4	1/28/2025	VVV	Send out **REQCommInvite Excel** file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
5	1/13/2025	VVV	Prepare CHNA Round#5 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan 2025 - March 2025	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	1/28/2025	VVV / Hosp	Prepare/send out PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	On or Before 2/14/2025	Hosp	Place PR story to local media CHNA survey announcing "online CHNA Round #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	2/14/2025	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. **Cut-off 3/17/25 for Online Survey**
10	On or Before 3/10/25	VVV / Hosp	Prepare PR #2 story / E Mail (E#2) Request announcing upcoming Town Hall. VVV will send to CEO to review/approve.
11	On or Before 3/17/2025	Hosp	Place PR #2 story to local media announcing upcoming Town Hall. Request public to participate. Send E Mail (E#2) request to local stakeholders
12	4/22/2025	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	**April, 24th 2025**	VVV	Conduct CHNA Town Hall. **Lunch 11:30 - 1:00pm (CRMC Branch Offices 214 McElwain).** Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 6/1/25	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 6/30/25	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	August 19 2025	Both	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 9/30/2025	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

2025 Community Health Needs Assessment
Cameron Regional Medical Center

Cameron, MO Town Hall April 24th, 2025

VVV Consultants LLC

Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

CHNA Town Hall Team Tables

RSVPs Cameron Regional CHNA Town Hall 4/24 11:30am-1pm

#	Table	Lead	Last	First	Organization	#	Table	Lead	Last	First	Organization
1	A	XX	Arthur	Carol	CRMC	19	E	XX	Boyle	Kelly	CRMC
2	A		Carrel	AJ	Clinton County Sheriff's Office	20	E		CARTER	MISTY	CRMC
3	A		Blackburn	Amanda	Caldwell County Health Department	21	E		Doornink	Richard	
4	A		Mort	Amy	CRMC	22	E		Klippenstein	Stephanie	Home Health
5	A		Buschmann	Billi	Hill Crest Manor	23	F	XX	SMITH	MALLORY	CRMC
6	B	XX	Thomas	Karen	Green Hills Community Action Agency	24	F		Soncrant	Samantha	Green Hills Women's Shelter
7	B		A Mr	Joe	CRMC	25	F		Ott	Sydney	CRMC
8	B		Baker	Mark	Insurance	26	F		Crowley	Tammy	Clinton County Health Department
9	B		King	RaCail	Daviess County Health Department	27	G	XX	Batson	Jenny	Green Hills Women's Shelter
10	C	XX	Brown	Rachel	MU Extension	28	G		Snow	Connie	Hill Crest Manor
11	C		LYKINS	JESSICA	CRMC	29	G		Mary	Fletchall	Young at heart
12	C		Washam	Sarah	Hill Crest Manor	30	G		Cooley	Karie	CRMC
13	C		Earley	Staci	RE/MAX Partners & Chamber	31	H	XX	Lewis	Amy	Centurion Health Care-CRCC
14	C		MCDONALD	TERESA	TRICOUNTY HEALTH DEPARTMENT	32	H		A Langley	Beth	OATS Transit - NW
15	D	XX	Taylor	Tracy	Foundation	33	H		Eiberger	Mary Jo	Cameron Regional YMCA
16	D		Pulley	Brandy		34	H		Jones	Nathan	Cameron Ambulance District
17	D		Cooper	Darcie	CRMC Home Health	35	I	XX	Miller	Freda	Young At Heart Resources
18	D		Carman	Tracy	Caldwell County Health Department	36	I		Rains	Lance	City of Cameron, Mo
						37	I		Youtsey	Mandy	Clinton County Sheriff's Office
						38	I		Robinson	Matt	Cameron Schools

2

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

- **Opening Welcome / Introductions / Review CHNA Purpose and Process (5 mins)**
- **Discuss New Focus: Social Determinants of Health (5 mins)**
- **Review Current Service Area "Health Status"**
  - *Review Secondary Health Indicator Data (10 TABs)*
  - *Review Community Online Feedback* **(30 mins)**
- **Collect Community Health Perspectives**
  - ***Share Table Reflections*** *to verify key takeaways*
  - ***Conduct an Open Community Conversation / Stakeholder Vote to determine the Most Important Unmet Needs*** ***(45 mins)***
- **Close / Next Steps (5 mins)**

3

Introduction: Who We Are

Background and Experience

Vince Vandehaar, MBA – Principal
VVV Consultants LLC (Olathe, KS) – *start 1/1/09 **
- **Adjunct Full Professor @ Avila & Webster Universities**
- **35+ year veteran marketer, strategist and researcher**
- **Saint Luke's Health System, BCBS of KC,**
- **Tillinghast Towers Perrin, and Lutheran Mutual Life**
- **Hometown: Bondurant IA**

Olivia G Hewitt BA – Associate Consultant
VVV Consultants LLC – May 2024
- **Emporia University – BS Marketing**
- **Hometown: Olathe, KS**

Cassandra Kahl, BHS – Director, Project Management
VVV Consultants LLC – *Nov 2020*
- **University of Kansas – Health Sciences**
- **Park University - MHA**
- **Hometown: Maple, WI**

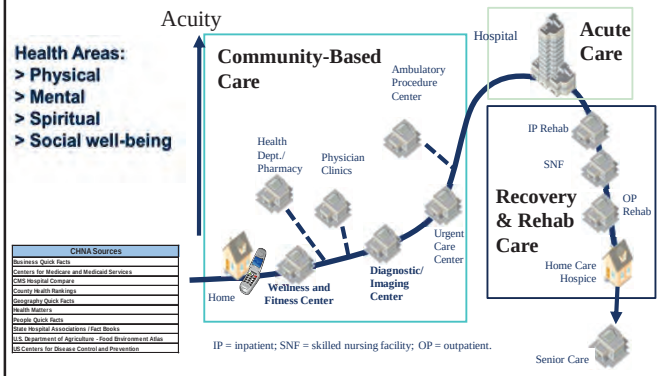
4

Town Hall Participation / Purpose & Parking Lot

- ALL attendees practice “Safe Engagement”, working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak up) to uncover unmet health needs
- Have a little fun along the way

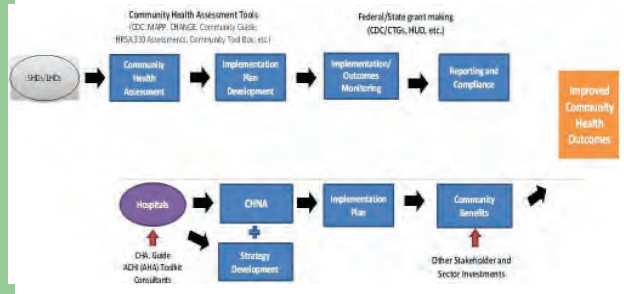
6

System of Care Delivery
Birth to Grave (SG2)



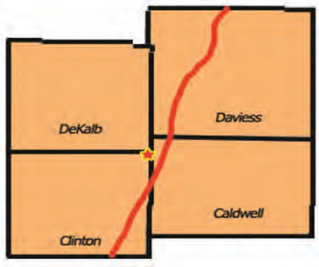
7

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



8

Breakdown of the Community Served (PSA):
Clinton, DeKalb, Caldwell and Daviess Counties



9

A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

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

10

II. Review of a CHNA

- What is a Community Health Needs Assessment (CHNA)..?
  - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- A CHNA's role is to….
  - Identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.
- Purpose of a CHNA – Why Conduct One?
  - Determine health-related trends and issues of the community
  - Understand / evaluate health delivery programs in place.
  - Meet Federal requirements – both local hospital and health department
  - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

11

CHNA Written Report Documentation to meet IRS 990 CHNA Requirements: Table of Contents

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

12

Social Determinants of Health

Social determinants of health are the conditions in the places where people live, learn, work, play, and worship **that affect a wide range of health risks and outcomes**.

Health equity is when everyone has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

TASK A: Your Initial Thoughts on SDoH? (Small White Card)

13

IV. Review Current County Health Status:

Secondary Data by 10 Tab Categories with a focus on Social Determinants with a Local Norm & State Rankings

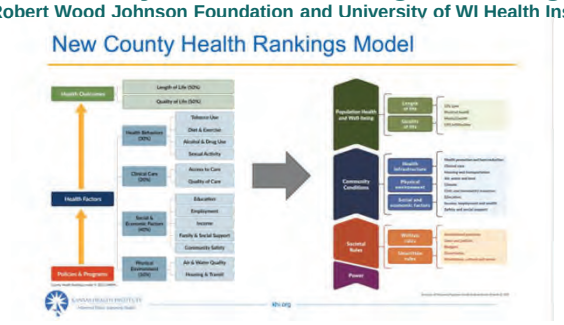
Trends: Good | Same | Poor

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

14

County Health Rankings Scoring

Robert Wood Johnson Foundation and University of WI Health Institute



Users of the 2024 RWJ report will find representation of county health has changed significantly. ***Rather than a numerical ranking, each county in a state is represented by a dot, shaded a certain color and placed on a scale from least healthy to healthiest in the nation. The new visual tool then shows where one county falls on a "continuum" of health nationally, compared to the least healthy and most healthy counties, which are unnamed in the visualization.***

15

IV. Community Health Conversation: Your Perspectives / Suggestions !

Tomorrow:

What is occurring or might occur that would affect the "health of our community"?

Today:

1) What are the **Healthcare Strengths of our community t**hat contribute to health? ***(BIG White Card)***
2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed**? ***(Small Color Card)***
3) *What other Ideas do you have* ***to address Social determinants****? **(Small White Card - A)***

38

Community Health Needs Assessment Round #5 Year 2025

VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

Thank You

Next Steps

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

40

Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (County specific) sources of community-health level indicators:

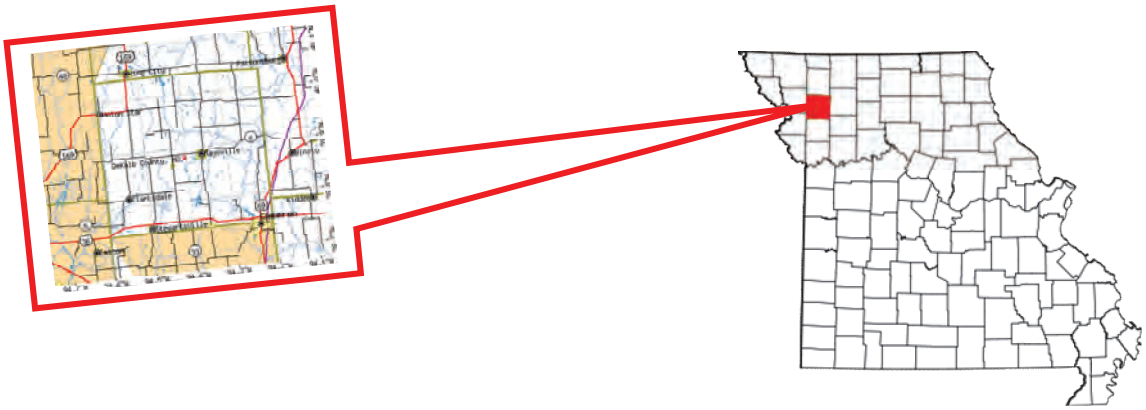
CHNA Detail Sources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Health Matters
Missouri Hospital Association (MHA)
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention

Sources of community-health level indicators:

- County Health Rankings and Roadmaps
  The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- Prevention Status Reports (PSRs)
  The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- Behavioral Risk Factor Surveillance System
  The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The Selected Metropolitan/ Micropolitan Area Risk Trends project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- CDC Wonder Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- Center for Applied Research and Engagement Systems external icon
  Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- Community Commons external icon
  Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- Dartmouth Atlas of Health Care external icon
  Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- Disability and Health Data System
  Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- Heart Disease and Stroke Prevention's Data Trends & Maps
  View health indicators related to heart disease and stroke prevention by location or health indicator.
- National Health Indicators Warehouse external icon
  Indicators categorized by topic, geography, and initiative.
- US Census Bureau external icon
  Key source for population, housing, economic, and geographic information.
- US Food Environment Atlas external icon
  Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon
  Research, statistics, data, and systems.
- Environmental Public Health Tracking Network
  System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- Health Research and Services Administration Data Warehouse external icon
  Research, statistics, data, and systems.
- *Healthy People 2030* Leading Health Indicators external icon
  Twenty-six leading health indicators are organized under 12 topics.
- Kids Count external icon
  Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a mobile site external icon.
- National Center for Health Statistics
  Statistical information to guide actions and policies.
- Pregnancy Risk Assessment and Monitoring System
  State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- Web-based Injury Statistics Query and Reporting System (WISQARS)
  Interactive database system with customized reports of injury-related data.
- Youth Risk Behavior Surveillance System
  Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

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

DeKalb County (MO) Community Profile



DeKalb County is located in the northwest portion of the U.S. state of Missouri. As of the 2020 census, the population was 11,029.[1] Its county seat is Maysville.[2] The county was organized February 25, 1845 and named for General Johann de Kalb, Baron de Kalb, of the Revolutionary War. DeKalb County is part of the St. Joseph, MO-KS Metropolitan Statistical Area, which is also included in the Kansas City-Overland Park-Kansas City, MO-KS Combined Statistical Area.[3]

According to the U.S. Census Bureau, the county has a total area of 426 square miles (1,100 km2), of which 421 square miles (1,090 km2) is land and 4.5 square miles (12 km2) (1.0%) is water.[4]

Cities:

- Cameron
- Clarksdale
- Maysville (county seat)
- Osborn
- Stewartsville
- Union Star

---

[1] https://www.census.gov/library/visualizations/interactive/2020-population-and-housing-state-data.html

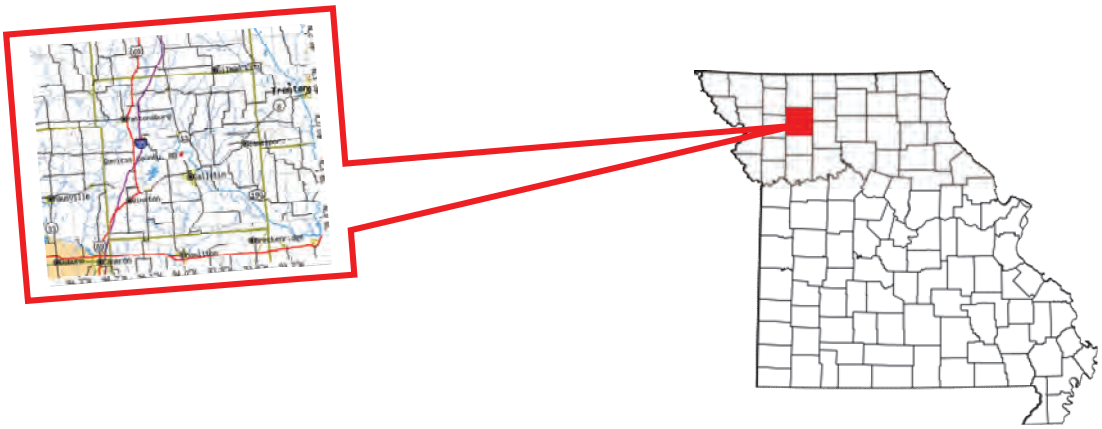
[2] https://web.archive.org/web/20110531210815/http://www.naco.org/Counties/Pages/FindACounty.aspx

[3] https://books.google.com/books?id=9V1IAAAAMAAJ&pg=PA103#v=onepage&q&f=false

[4] https://web.archive.org/web/20131021170230/http://www.census.gov/geo/maps-data/data/docs/gazetteer/counties_list_29.txt

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

Daviess County (MO) Community Profile



Daviess County is a county located in the U.S. state of Missouri. As of the 2020 census, the population was 8,430.[5] Its county seat is Gallatin. The county was organized December 29, 1836, from Ray County and named for Major Joseph Hamilton Daveiss, a soldier from Kentucky who was killed in 1811 at the Battle of Tippecanoe.[6]

According to the U.S. Census Bureau, the county has a total area of 569 square miles (1,470 km2), of which 563 square miles (1,460 km2) is land and 5.8 square miles (15 km2) (1.0%) is water.[7]

Cities:

- Coffey
- Gallatin (county seat)
- Gilman City
- Jamesport
- Pattonsburg

5 https://www.census.gov/library/visualizations/interactive/2020-population-and-housing-state-data.html

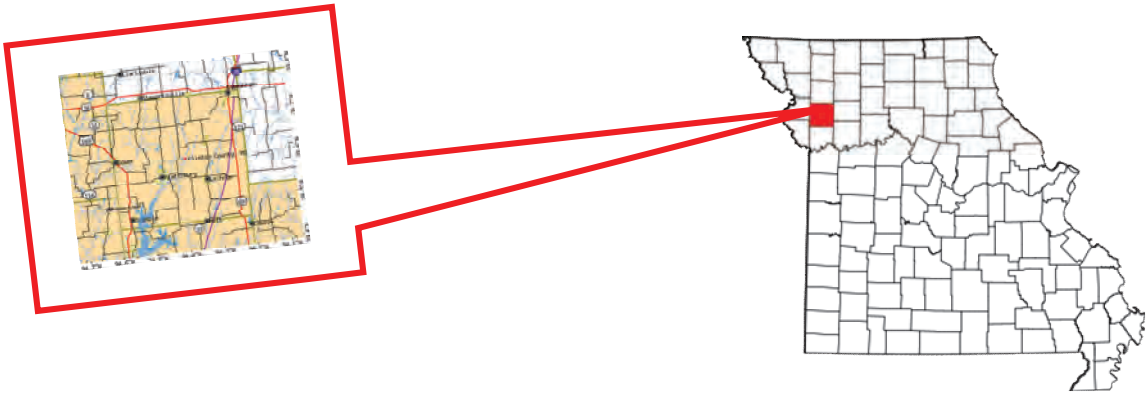
6 https://archive.org/details/bub_gb_RfAuAAAAYAAJ

7 https://web.archive.org/web/20131021170230/http://www.census.gov/geo/maps-data/data/docs/gazetteer/counties_list_29.txt

II. Methodology

d) Community Profile (A Description of Community Served)

Clinton County (MO) Community Profile



Clinton County is located north of Kansas City and south of St. Joseph. With a strong agricultural heritage and rich history, Clinton County is positioned to take the next step in the 21st century. Centrally located within the county, Plattsburg serves as the county seat with all county offices and services located in the courthouse at 207 N. Main Street. I-35 and Missouri Highway 169 take travelers north and south through the county, serving as the main corridors for Holt, Lathrop, and Cameron on I-35; Trimble and Gower on Hwy 169.

Cameron is known as "Crossroads of the Nation" and enjoys their position on I-35 and Missouri Highway 36, which also is marked as the southward bend on the Chicago-Kansas City Expressway Route 110 from Chicago to Kansas City.

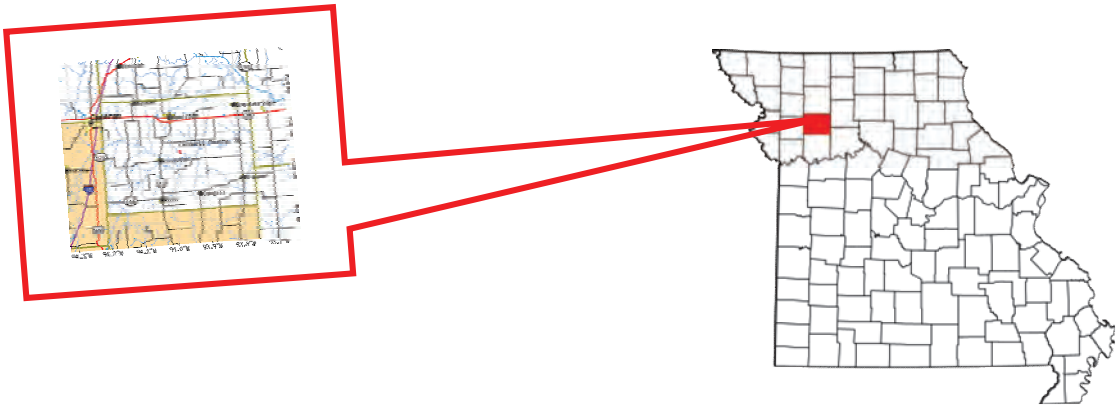
Cities:

- Cameron (partly in DeKalb County)
- Gower (partly in Buchanan County)
- Holt (partly in Clay County)
- Lathrop
- Osborn (partly in DeKalb County)
- Plattsburg (county seat)
- Trimble

II. Methodology

d) Community Profile (A Description of Community Served)

Caldwell County (MO) Community Profile



Caldwell County is a county located in Missouri, United States. As of the 2020 census, the county's population was 8,815. It is part of the Kansas City metropolitan area.[8] Its county seat is Kingston. The county was organized December 29, 1836, and named by Alexander Doniphan to honor John Caldwell, who participated in George Rogers Clark's Native American Campaign of 1786 and was the second Lieutenant Governor of Kentucky.[9]

According to the U.S. Census Bureau, the county has a total area of 430 square miles (1,100 km2), of which 426 square miles (1,100 km2) is land and 3.2 square miles (8.3 km2) (0.8%) is water.[10]

Cities:

- Braymer
- Breckenridge
- Cowgill
- Hamilton
- Kidder
- Kingston (county seat)
- Polo

---

8 https://www.census.gov/library/visualizations/interactive/2020-population-and-housing-state-data.html

9 https://web.archive.org/web/20110531210815/http://www.naco.org/Counties/Pages/FindACounty.aspx

10 https://web.archive.org/web/20131021170230/http://www.census.gov/geo/maps-data/data/docs/gazetteer/counties_list_29.txt

Clinton (MO) - Detail Demographic Profile

				Population			Households			
ZIP	NAME	ST	County	Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	Per Capita23
64429	Cameron	MO	CLINTON	11,545	11,462	-0.7%	3,857	3,844	2.4	$25,789
64454	Gower	MO	CLINTON	2,633	2,599	-1.3%	962	958	2.7	$29,797
64465	Lathrop	MO	CLINTON	4,722	4,734	0.3%	1,836	1,849	2.6	$37,455
64477	Plattsburg	MO	CLINTON	3,391	3,403	0.4%	1,401	1,415	2.3	$32,242
64492	Trimble	MO	CLINTON	1,814	1,919	5.8%	742	791	2.4	$37,272
64493	Turney	MO	CLINTON	549	540	-1.6%	220	219	2.5	$39,299
Totals				**24,654**	**24,657**	**0.5%**	**9,018**	**9,076**	**2.5**	**$33,642**

				Population				Year 2020		Females
ZIP	NAME	ST	County	Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
64429	Cameron	MO	CLINTON	8779	2033	2634	2999	6,276	5269	2533
64454	Gower	MO	CLINTON	1972	581	641	607	1,332	1301	445
64465	Lathrop	MO	CLINTON	3586	919	1083	1201	2,378	2344	841
64477	Plattsburg	MO	CLINTON	2641	811	711	789	1,660	1731	555
64492	Trimble	MO	CLINTON	1381	356	415	470	903	911	285
64493	Turney	MO	CLINTON	425	127	119	133	279	270	81
Totals				**18,784**	**4,827**	**5,603**	**6,199**	**12,828**	**11,826**	**4,740**

				Population 2020				Year 2023		
ZIP	NAME	ST	County	White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
64429	Cameron	MO	CLINTON	87.4%	5.4%	0.7%	2.7%	4,307	31%	50
64454	Gower	MO	CLINTON	95.2%	0.4%	0.1%	1.3%	1,050	18%	63
64465	Lathrop	MO	CLINTON	92.4%	0.3%	0.3%	2.3%	2,020	17%	51
64477	Plattsburg	MO	CLINTON	88.1%	3.9%	0.4%	3.1%	1,565	19%	52
64492	Trimble	MO	CLINTON	91.2%	0.5%	0.3%	2.6%	771	13%	55
64493	Turney	MO	CLINTON	92.9%	0.4%	0.0%	3.6%	241	13%	47
Totals				**91.2%**	**1.8%**	**0.3%**	**2.6%**	**9,954**	**18.6%**	**53**

Source: ERSA Demographics 2023

Caldewell (MO) - Detail Demographic Profile

				Population			Households			
ZIP	City	ST	County	Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	Per Capita23
64624	Braymer	MO	CALDWELL	1,581	1,574	-0.4%	636	634	2.4	$28,947
64625	Breckenridge	MO	CALDWELL	529	527	-0.4%	224	224	2.4	$26,964
64637	Cowgill	MO	CALDWELL	570	567	-0.5%	241	241	2.4	$30,851
64644	Hamilton	MO	CALDWELL	2,861	2,830	-1.1%	1,114	1,108	2.5	$27,550
64649	Kidder	MO	CALDWELL	943	938	-0.5%	351	350	2.7	$33,309
64650	Kingston	MO	CALDWELL	705	701	-0.6%	255	254	2.3	$28,931
64671	Polo	MO	CALDWELL	1,961	1,957	-0.2%	800	807	2.5	$32,523
Totals				**9,150**	**9,094**	**-0.5%**	**3,621**	**3,618**	**2.4**	**$29,868**

				Population				Year 2020		Females
ZIP	City	ST	County	Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
64624	Braymer	MO	CALDWELL	1172	384	387	366	780	801	251
64625	Breckenridge	MO	CALDWELL	406	106	117	121	273	256	98
64637	Cowgill	MO	CALDWELL	442	132	125	132	303	267	91
64644	Hamilton	MO	CALDWELL	2087	613	732	639	1,433	1428	488
64649	Kidder	MO	CALDWELL	712	171	218	237	480	463	148
64650	Kingston	MO	CALDWELL	543	139	156	183	404	301	113
64671	Polo	MO	CALDWELL	1485	446	455	441	986	975	289
Totals				**6,847**	**1,991**	**2,190**	**2,119**	**4,659**	**4,491**	**1,478**

				Population 2020				Year 2023		
ZIP	City	ST	County	White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
64624	Braymer	MO	CALDWELL	94.2%	0.6%	0.2%	0.9%	767	16%	54
64625	Breckenridge	MO	CALDWELL	93.8%	0.9%	0.0%	0.9%	301	11%	46
64637	Cowgill	MO	CALDWELL	92.5%	0.0%	0.5%	1.1%	275	12%	50
64644	Hamilton	MO	CALDWELL	94.3%	0.2%	0.2%	2.3%	1,308	21%	46
64649	Kidder	MO	CALDWELL	94.2%	0.4%	0.2%	1.8%	403	10%	50
64650	Kingston	MO	CALDWELL	90.9%	3.8%	0.1%	2.3%	296	26%	54
64671	Polo	MO	CALDWELL	91.9%	0.4%	0.5%	2.4%	1,005	17%	48
Totals				**93.1%**	**0.9%**	**0.2%**	**1.7%**	**4,355**	**16.2%**	**50**

Source: ERSA Demographics 2023

Daviess (MO) - Detail Demographic Profile

				Population			Households			
ZIP	City	ST	County	Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	Per Capita23
64620	Altamont	MO	DAVIESS	497	498	0.2%	204	206	2.4	$36,249
64636	Coffey	MO	DAVIESS	246	244	-0.8%	102	101	2.4	$34,629
64640	Gallatin	MO	DAVIESS	3,253	3,215	-1.2%	1,290	1,283	2.5	$29,268
64647	Jameson	MO	DAVIESS	304	304	0.0%	120	120	2.5	$32,796
64648	Jamesport	MO	DAVIESS	1,824	1,820	-0.2%	674	674	2.7	$30,875
64654	Lock Springs	MO	DAVIESS	17	16	-5.9%	7	7	2.4	$43,910
64670	Pattonsburg	MO	DAVIESS	1,044	1,037	-0.7%	394	393	2.5	$31,457
64689	Winston	MO	DAVIESS	658	654	-0.6%	238	238	2.8	$31,414
Totals				**7,843**	**7,788**	**-1.1%**	**3,029**	**3,022**	**2.5**	**$33,825**

				Population				Year 2020		Females
ZIP	City	ST	County	Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
64620	Altamont	MO	DAVIESS	395	139	98	110	259	238	69
64636	Coffey	MO	DAVIESS	172	39	70	50	136	110	37
64640	Gallatin	MO	DAVIESS	2357	734	864	721	1,620	1633	489
64647	Jameson	MO	DAVIESS	217	58	86	74	155	149	37
64648	Jamesport	MO	DAVIESS	1230	347	573	380	891	933	311
64654	Lock Springs	MO	DAVIESS	12	3	5	6	10	7	2
64670	Pattonsburg	MO	DAVIESS	774	238	258	256	532	512	169
64689	Winston	MO	DAVIESS	512	181	139	143	329	329	97
Totals				**5,669**	**1,739**	**2,093**	**1,740**	**3,932**	**3,911**	**1,211**

				Population 2020				Year 2023		
ZIP	City	ST	County	White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
64620	Altamont	MO	DAVIESS	95.6%	0.6%	0.0%	0.6%	279	7%	58
64636	Coffey	MO	DAVIESS	96.3%	0.8%	0.8%	0.8%	128	13%	53
64640	Gallatin	MO	DAVIESS	93.7%	0.4%	0.3%	1.8%	1,792	17%	48
64647	Jameson	MO	DAVIESS	95.1%	0.7%	0.3%	1.3%	142	15%	45
64648	Jamesport	MO	DAVIESS	93.8%	0.1%	0.2%	1.7%	763	17%	46
64654	Lock Springs	MO	DAVIESS	100.0%	0.0%	0.0%	0.0%	12	17%	56
64670	Pattonsburg	MO	DAVIESS	96.2%	0.4%	0.4%	0.7%	476	14%	48
64689	Winston	MO	DAVIESS	94.8%	0.3%	0.0%	1.2%	274	8%	58
Totals				**95.7%**	**0.4%**	**0.3%**	**1.0%**	**3,866**	**13.6%**	**52**

Source: ERSA Demographics 2023

Dekalb (MO) - Detail Demographic Profile

				Population			Households			
ZIP	City	ST	County	Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	Per Capita23
64422	Amity	MO	DEKALB	259	257	-0.8%	107	107	2.4	$30,356
64430	Clarksdale	MO	DEKALB	757	750	-0.9%	331	332	2.3	$39,383
64469	Maysville	MO	DEKALB	2,213	2,199	-0.6%	863	869	2.5	$32,426
64474	Osborn	MO	DEKALB	729	732	0.4%	328	333	2.2	$35,423
64490	Stewartsville	MO	DEKALB	2,010	2,031	1.0%	807	824	2.5	$32,990
64494	Union Star	MO	DEKALB	932	925	-0.8%	398	398	2.3	$34,143
64497	Weatherby	MO	DEKALB	538	539	0.2%	189	191	2.8	$32,094
Totals				**7,438**	**7,433**	**-0.2%**	**3,023**	**3,054**	**2.4**	**$33,831**

				Population				Year 2020		Females
ZIP	City	ST	County	Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
64422	Amity	MO	DEKALB	197	53	60	62	129	130	43
64430	Clarksdale	MO	DEKALB	611	185	140	184	394	363	120
64469	Maysville	MO	DEKALB	1667	472	520	565	1,129	1084	426
64474	Osborn	MO	DEKALB	578	158	142	188	384	345	124
64490	Stewartsville	MO	DEKALB	1560	424	431	498	1,029	981	343
64494	Union Star	MO	DEKALB	714	201	211	230	492	440	145
64497	Weatherby	MO	DEKALB	431	116	102	144	345	193	106
Totals				**5,758**	**1,609**	**1,606**	**1,871**	**3,902**	**3,536**	**1,307**

				Population 2020				Year 2023		
ZIP	City	ST	County	White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
64422	Amity	MO	DEKALB	94.2%	0.0%	0.0%	4.2%	135	21%	63
64430	Clarksdale	MO	DEKALB	95.0%	0.0%	0.1%	3.4%	357	12%	59
64469	Maysville	MO	DEKALB	94.0%	1.6%	0.2%	1.7%	977	21%	52
64474	Osborn	MO	DEKALB	92.7%	0.0%	0.3%	1.8%	349	23%	64
64490	Stewartsville	MO	DEKALB	92.0%	0.6%	0.1%	2.2%	862	19%	57
64494	Union Star	MO	DEKALB	93.8%	0.3%	0.6%	1.5%	434	15%	58
64497	Weatherby	MO	DEKALB	84.2%	10.2%	0.2%	1.7%	225	12%	54
Totals				**92.3%**	**1.8%**	**0.2%**	**2.4%**	**3,339**	**17.6%**	**58**

Source: ERSA Demographics 2023

III. Community Health Status

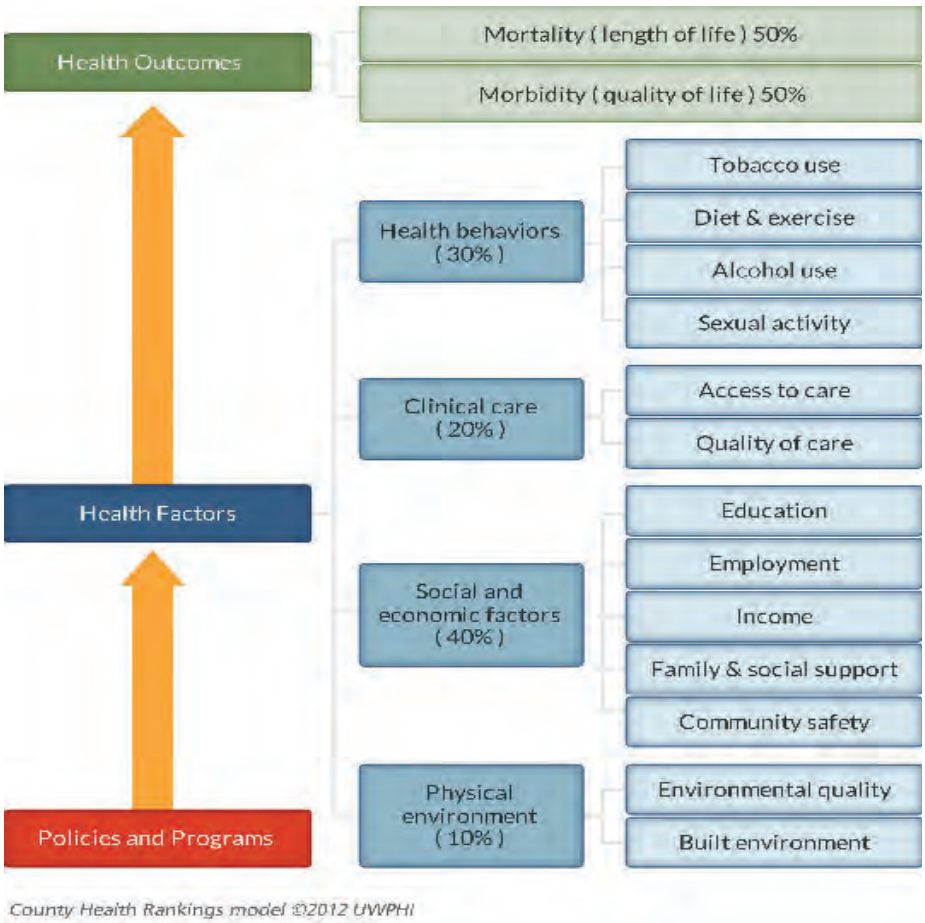
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participates*. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.*

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



National Research – Year 2023 RWJ Health Rankings:

#	2023 MO Rankings - 115 Counties	Definitions	Clinton Co, MO 2025	Dekalb Co, MO 2025	Caldwell Co, MO 2025	Daviess Co, MO 2025	MO Rural Norms (28)
1	Health Outcomes		9	53	86	14	43
	Mortality	Length of Life	11	83	82	12	47
	Morbidity	Quality of Life	15	14	90	25	41
2	Health Factors		31	37	90	72	52
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	22	27	80	62	52
	Clinical Care	Access to care / Quality of Care	49	57	110	112	65
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	38	44	79	63	49
3	Physical Environment	Environmental quality	49	27	61	7	49

MO Norms (28): Andrew, Atchison, Bates, Benton, Caldwell, Carroll, Cass, Cedar, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Hickory, Holt, Johnson, Lafayette, Livingston, Mercer, Pettis, Polk, Ray, St. Claire, Saline, Vernon, Worth

http://www.countyhealthrankings.org, released 2023

PSA Secondary Research:

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

Note: Each Tab has been trended to reflect County trends to NORM.

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Tab 1: Demographic Profile

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

1		Population Health Indicators	T	Clinton Co, MO 2025	Dekalb Co, MO 2025	Caldwell Co, MO 2025	Daviess Co, MO 2025	MO State	MO Rural Norms (28)	Source
	a	Population estimates, 2020-2022 (V2023)		21,548	9,899	8,955	8,551	6,196,156	20,130	People Quick Facts
	b	Persons under 5 years, percent, 2020-2022		5.6%	5.4%	5.9%	6.9%	5.7%	5.8%	People Quick Facts
	c	Persons 65 years and over, percent, 2020-2022		19.3%	21.3%	20.2%	22.3%	18.3%	22.0%	People Quick Facts
	d	Female persons, percent, 2020-2022		49.4%	47.8%	48.9%	49.7%	50.7%	50.1%	People Quick Facts
	e	White alone, percent, 2020-2022		94.9%	93.2%	94.9%	96.9%	82.4%	94.4%	People Quick Facts
	f	Black or African American alone, percent, 2020-2022		1.5%	3.7%	1.0%	0.6%	11.7%	1.9%	People Quick Facts
	g	Hispanic or Latino, percent, 2020-2022		2.8%	2.5%	2.4%	1.8%	5.3%	3.5%	People Quick Facts
	h	Language other than English spoken at home, percent of persons age 5 years+, 2018-2022		1.9%	2.8%	2.4%	9.6%	6.3%	3.8%	People Quick Facts
	i	Living in same house 1 year ago, percent of persons age 1 year+, 2018-2022		90.0%	85.2%	88.3%	88.1%	86.4%	88.3%	People Quick Facts
	j	Children in single-parent households, percent, 2018-2022		14.6%	18.8%	18.3%	16.8%	24.0%	19.2%	County Health Rankings
	k	Veterans, 2018-2022		1,562	857	767	560	361,097	1,394	People Quick Facts

Tab 2: Economic Profile

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

2		Economic - Health Indicators	T	Clinton Co, MO 2025	Dekalb Co, MO 2025	Caldwell Co, MO 2025	Daviess Co, MO 2025	MO State	MO Rural Norms (28)	Source
	a	Per capita income in past 12 months (in 2021 dollars), 2018-2022		$31,924	$25,591	$29,673	$29,497	$36,754	$29,689	People Quick Facts
	b	Persons in poverty, percent, 2020-2022		12.7%	12.7%	12.5%	15.3%	12.0%	14.5%	People Quick Facts
	c	Total Housing units, 2022		9,157	4,278	4,298	4,123	2,844,346	9,097	People Quick Facts
	d	Persons per household, 2018-2022		2.6	2.5	2.5	2.7	2.4	2.5	People Quick Facts
	e	Severe housing problems, percent, 2016-2020		10.4%	7.1%	12.7%	11.0%	12.7%	11.0%	County Health Rankings
	f	Total employer establishments, 2022		384	218	160	164	153,767	416	People Quick Facts
	g	Unemployment, percent, 2022		2.8%	2.6%	2.8%	2.4%	2.5%	2.5%	County Health Rankings
	h	Food insecurity, percent, 2021		11.7%	10.7%	13.8%	10.9%	11.6%	12.5%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019		3.1%	6.4%	7.8%	5.4%	7.2%	8.8%	County Health Rankings
	j	Long commute - driving alone, percent, 2018-2022		51.7%	43.2%	52.9%	38.5%	31.7%	35.4%	County Health Rankings
	m	Households with a broadband Internet subscription, percent, 2018-2022		83.2%	77.7%	80.4%	77.9%	86.6%	79.9%	People Quick Facts

***New Social Determinant Data Resources*

Tab 3: Educational Profile

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

3		Education - Health Indicators	T	Clinton Co, MO 2025	Dekalb Co, MO 2025	Caldwell Co, MO 2025	Daviess Co, MO 2025	MO State	MO Rural Norms (28)	Source
	a	Children eligible for free or reduced price lunch, percent, 2020-2021		29.7%	31.8%	47.4%	52.1%	44.2%	43.5%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2018-2022		93.8%	89.2%	89.8%	87.1%	91.3%	89.9%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022		22.3%	14.6%	16.8%	20.1%	31.2%	19.0%	People Quick Facts

YR 2025	Clinton Co				DeKalb Co			
School Districts Indicators	Plattsburg	Cameron R-1	East Buchanan C-1	Lathrop	Osborn	Stewartsville C-2	Maysville	Union Star
Total # Public School Nurses		4	1	2.5	1	1	1	1

YR 2025	Caldwell Co				Daviess Co				
School Districts Indicators	Polo R-7	Hamilton	Braymer	Cowgill	Gallatin R-V_	North Daviess R-3	Pattonsburg	Winston	Jamesport
Total # Public School Nurses	1	2	1	1	1	1	0.25	0.25	0.25

Tab 4: Maternal / Infant Profile

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

4		Maternal/Infant - Health Indicators (Access/Quality)	T	Clinton Co, MO 2025	Dekalb Co, MO 2025	Caldwell Co, MO 2025	Daviess Co, MO 2025	MO State	MO Rural Norms (28)	Source
	a	Percent of Births Where Prenatal Care began in First Trimester, 2019-2021		77.0	67.6	63.0	70.6	73.1	70.8	MOPHIMS
	b	Percentage of Premature Births, 2019-2021		9.5	9.7	9.9	9.5	10.9	9.5	MOPHIMS
	c	Percent of Births with Low Birth Weight, 2019-2021		8.2	8.5	9.1	7.6	8.7	7.3	MOPHIMS
	d	Teen Pregnancy Rate (Age 15-17) 2017-2021		5.1	1.1	11.7	8.1	8.9	5.9	MOPHIMS
	e	Percent of births Where Mother Smoked During Pregnancy, 2019-2021		16.2	22.8	22.8	13.0	10.1	16.9	MOPHIMS
	f	Child Care Centers per 1,000 Children, 2010-2022		9.9	4.9	7.8	3.4	8.8	8.7	County Health Rankings

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

#	Criteria - Vital Satistics (Births)	Clinton Co	DeKalb Co	Caldwell Co	Daviess Co	CRMC PSA (4 Co) Avg	Missouri
a	Total Live Births, 2018	223	102	108	129	141	73,281
b	Total Live Births, 2019	235	81	101	119	134	72,103
c	Total Live Births, 2020	238	105	95	121	140	69,277
d	Total Live Births, 2021	231	87	100	104	131	69,269

Source: https://healthapps.dhss.mo.gov/MoPhims/QueryBuilder?qbc=BM&q=1&m=1

Tab 5: Hospitalization and Provider Profile

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

5		Hospital/Provider - Health Indicators (Access/Quality)	T	Clinton Co, MO 2025	Dekalb Co, MO 2025	Caldwell Co, MO 2025	Daviess Co, MO 2025	MO State	MO Rural Norms (28)	Source
	a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2021		1637:1	3699:1	8897:1	8399:1	1421:1	3276:1	County Health Rankings
	b	Preventable hospital rate per 100,000, 2021 (lower the better)		3,510	3,384	3,697	2,801	3,016	2,806	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)		54.0%	71.0%	NA	NA	73.0%	75.1%	CMS Hospital Compare,
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital		55.0%	68.0%	NA	NA	72.0%	69.8%	CMS Hospital Compare,
	e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)		108	189	NA	NA	122	121	CMS Hospital Compare,

2025 Community Benefit Contributions - CRMC PSA Health Departments (4 Co)

		Clinton Co MO			Daviess Co MO		
	Health Services	YR 2022	YR 2023	YR 2024	YR 2022	YR 2023	YR 2024
1	Core Community Public Health $$	$56,410	$67,366	$80,830	$43,303	$58,435	$64,937
2	Child Care Inspections $$	$840	$600	$600	$1,462	$1,595	$2,497
3	Environmental Services $$	$78,534	$63,646	$63,669	$35,577	$40,589	$41,818
4	Immunizations/Vaccine (Counts)	3,414	1,837	1,474	2216	1811	1369
5	WIC Administration $$	$66,532	$91,080	$99,980	$53,856	$42,171	$45,122
6	Other				$15,170	$17,718	$18,644
					$6,437	$1,982	$957

		Caldwell Co MO			Dekalb Co MO (Counts)		
	Health Services	YR 2022	YR 2023	YR 2024	YR 2022	YR 2023	YR 2024
1	Core Community Public Health $$	$48,223	$48,223	$48,223	$29,756	$31,057	$34,225
2	Child Care Inspections $$	$600	$240	$360	$0	$0	$0
3	Environmental Services $$	N/A	N/A	N/A	$0	$0	$0
4	Immunizations/Vaccine (Counts)	1,848	1,553	1,393	377	400	407
5	WIC Administration $$	$73,560	$68,871	$77,084	$20,366	$19,089	$21,993
6	Other (Wic Case Load #)	1529	1475	1557			

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

6		Mental - Health Indicators	T	Clinton Co, MO 2025	Dekalb Co, MO 2025	Caldwell Co, MO 2025	Daviess Co, MO 2025	MO State	MO Rural Norms (28)	Source
	a	Age-Adjusted Prevalence of Depression Among Adults, 2021		23.5%	22.7%	24.7%	26.2%	22.5%	25.0%	Ctrs Medicare and Medicaid Services
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2021		18.3	14.6	21.6	20.9	18.7	17.0	World Bank
	c	Average Number of mentally unhealthy days, 2021		5.1	5.0	5.5	5.3	5.2	5.4	County Health Rankings

***New Social Determinant Data Resources*

CDC - 2023 U.S. County Opiod Dispensing

State	County	FIPS	Opioid Dispensing Rate per 100
MO	Clinton County	29049	38.9
MO	Caldwell County	29025	30.6
MO	Daviess County	29061	23.2
MO	DeKalb County	29063	3.4
	MO Average 2023		47.0

Source: U.S. County Opioid Dispensing Rates, 2023 | Drug Overdose | CDC Injury Center

Tab 7a: Risk Indicators & Factors Profile

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

7a		High-Risk - Health Indicators	T	Clinton Co, MO 2025	Dekalb Co, MO 2025	Caldwell Co, MO 2025	Daviess Co, MO 2025	MO State	MO Rural Norms (28)	Source
	a	Adult obesity, percent, 2021		36.6%	38.4%	40.0%	37.2%	37.6%	39.1%	County Health Rankings
	b	Adult smoking, percent, 2021		20.5%	21.5%	24.3%	22.3%	18.1%	22.4%	County Health Rankings
	c	Excessive drinking, percent, 2021		18.2%	18.0%	16.1%	16.6%	19.3%	16.2%	County Health Rankings
	d	Physical inactivity, percent, 2021		24.5%	27.5%	30.0%	27.4%	24.2%	27.8%	County Health Rankings
	e	Ade-Adjusted Prevalence of Sleeping less than 7 Hours Among Adults		33.5%	33.5%	38.1%	34.0%	34.5%	34.3%	ephtracking.cdc.gov
	f	Sexually transmitted infections (chlamydia), rate per 100,000 (2021)		234.9	207.2	101.2	226.2	517.4	264.1	County Health Rankings

Tab 7b: Chronic Risk Profile

7b		Chronic - Health Indicators **	T	Clinton Co, MO 2025	Dekalb Co, MO 2025	Caldwell Co, MO 2025	Daviess Co, MO 2025	MO State	MO Rural Norms (28)	Source
	a	Age-Adjusted Prevalence of Arthritis Among Adults >=18 ,2021		25.6%	25.2%	28.0%	26.6%	24.4%	26.5%	ephtracking.cdc.gov
	b	Age-Adjusted Prevalence of Current Asthma Among Adults >=18 ,2021		9.5%	9.3%	10.2%	10.2%	10.2%	9.9%	ephtracking.cdc.gov
	c	Age-Adjusted Prevalence of Diagnosed Diabetes Among Adults >=18 ,2021		9.3%	10.5%	10.8%	10.2%	10.6%	10.4%	ephtracking.cdc.gov
	d	Age-Adjusted Prevalence of Chronic Kidney Diseasae Among Adults >=18 ,2021		2.6%	2.8%	2.9%	2.8%	2.9%	2.8%	ephtracking.cdc.gov
	e	Age-Adjusted Prevalence of COPD Among Adults >=18 ,2021		7.5%	7.9%	9.4%	8.6%	9.1%	8.4%	ephtracking.cdc.gov
	f	Age-Adjusted Prevalence of Coronary Heart Disease Among Adults >=18, 2021		5.8%	6.3%	6.8%	6.4%	6.5%	6.3%	ephtracking.cdc.gov
	g	Age-Adjusted Prevalence of Cancer Among Adults >=18 ,2021		6.5%	6.3%	6.5%	6.4%	6.5%	6.5%	ephtracking.cdc.gov
	h	Age-Adjusted Incidence Rate of Breast Cancer per 100k over 5 year period (Females Only)-2016-2020		121.7	163.5	118.1	116.5	81.8	117.1	ephtracking.cdc.gov
	i	Age-Adjusted Prevalence of Stroke Among Adults >=18 ,2021		2.8%	3.1%	3.3%	3.1%	3.2%	3.1%	ephtracking.cdc.gov

***New Social Determinant Data Resources*

Tab 8: Uninsured Profile and *Community Benefit*

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

8		Insurance Coverage - Health Indicators	T	Clinton Co, MO 2025	Dekalb Co, MO 2025	Caldwell Co, MO 2025	Daviess Co, MO 2025	MO State	MO Rural Norms (28)	Source
	a	Uninsured, percent, 2020		11.6%	11.2%	15.3%	16.1%	11.3%	13.5%	County Health Rankings

***New Social Determinant Data Resources*

	CRMC Internal Records	2024	2023	2022
1	Bad Debt	$19,117,706	$18,148,326	$16,860,864
2	Charity Care	$132,413	$211,804	$216,578

Tab 9: Mortality Profile

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

9		Mortality - Health Indicators	T	Clinton Co, MO 2025	Dekalb Co, MO 2025	Caldwell Co, MO 2025	Daviess Co, MO 2025	MO State	MO Rural Norms (28)	Source
	a	Life Expectancy, 2018 - 2020		76.4	77.3	74.4	77.1	75.8	76.1	County Health Rankings
	b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)		198.5	171.1	192.3	188.5	164.2	188.2	World Bank
	c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)		201.7	224.1	213.5	236.9	202.4	226.2	World Bank
	e	Alcohol-impaired driving deaths, percent, 2017-2021		31.3%	NA	25.0%	15.8%	27.8%	26.0%	County Health Rankings

MO Death Statistics by Selected Causes of Death (2018-2022) Per 100k	Clinton Co	%	DeKalb Co	%	Caldwell Co	%	Daviess Co	%	Missouri	%
TOTAL Deaths	926	100%	859	100%	951	100%	840	100%	110,985	100%
Heart Disease	171	18.5%	193	22.5%	165	17.3%	226	26.9%	24,963	22.5%
Cancer	179	19.3%	176	20.5%	163	17.2%	148	17.6%	20,366	18.4%
Chronic Lower Respiratory Disease	69	7.5%	62	7.2%	85	9.0%	46	5.5%	6,783	6.1%
Accidents & Adverse Events	50	5.4%	51	5.9%	77	8.0%	46	5.5%	7,357	6.6%
Alzheimer's Disease	42	4.6%	39	4.5%	*	NA	32	3.8%	3,266	2.9%
Cerebrovascular Disease	41	4.4%	27	3.1%	39	4.1%	44	5.3%	4,759	4.3%
Diabetes	33	3.5%	22	2.6%	*	NA	*	NA	2,631	2.4%
Kidney Disease	16	1.7%	*	NA	30	3.2%	*	NA	2,026	1.8%

Tab 10: Preventive Quality Measures Profile

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

10		Preventative - Health Indicators	T	Clinton Co, MO 2025	Dekalb Co, MO 2025	Caldwell Co, MO 2025	Daviess Co, MO 2025	MO State	MO Rural Norms (28)	Source
	a	Access to exercise opportunities, percent, 2022 & 2023 (Higher is better)		42.8%	49.5%	36.4%	10.9%	76.9%	48.4%	County Health Rankings
	b	Age-Adjusted Prevalence of Hearing Disability Among Adults >=18, 2021		7.6%	8.1%	8.6%	8.2%	8.2%	8.1%	ephtracking.cdc.gov
	c	Age-Adjusted Prevalence of High Chloesterol Among Adults >=18 ,2021(Screened in the last 5 years)		32.9%	31.9%	30.7%	33.6%	32.1%	32.2%	ephtracking.cdc.gov
	d	Age-Adjusted Prevalence of High Blood Pressue Among Adults >=18 ,2021		32.7%	34.2%	32.7%	33.3%	33.3%	33.0%	ephtracking.cdc.gov
	e	Mammography annual screening, percent, 2017		44.0%	41.0%	36.0%	33.0%	45.0%	40.7%	County Health Rankings
	f	Age-Adjusted Prevalence of Visits to Doctor for Routine Check-Up Among Adults >=18 ,2021		73.1%	73.5%	72.9%	73.3%	73.6%	73.2%	ephtracking.cdc.gov
	g	Age-Adjusted Prevalence of Visits to the Dentist Among Adults >=18 ,2022		63.1%	55.6%	51.2%	52.6%	24.4%	56.2%	ephtracking.cdc.gov

***New Social Determinant Data Resources*

PSA Primary Research:

For each CHNA Round #5 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Clinton, Caldwell, Daviess, and DeKalb County, Missouri.

Chart #1 – Clinton, Caldwell, Daviess, and DeKalb County, MO PSA Online Feedback Response (N=260)

CRMC PSA (MO) - CHNA YR 2025 N=260			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	CRMC PSA N=260	Trend	*Round #5 Norms N=6,672
Business/Merchant	6.5%		10.1%
Community Board Member	4.5%		9.2%
Case Manager/Discharge Planner	0.8%		1.0%
Clergy	1.6%		1.3%
College/University	1.2%		2.2%
Consumer Advocate	0.8%		2.0%
Dentist/Eye Doctor/Chiropractor	0.4%		0.7%
Elected Official - City/County	1.2%		2.0%
EMS/Emergency	2.4%		2.6%
Farmer/Rancher	7.7%		8.6%
Hospital	19.4%		22.0%
Health Department	2.8%		1.4%
Housing/Builder	0.0%		0.8%
Insurance	2.0%		1.3%
Labor	2.0%		3.6%
Law Enforcement	0.4%		0.9%
Mental Health	3.2%		2.5%
Other Health Professional	16.6%		12.6%
Parent/Caregiver	13.8%		17.7%
Pharmacy/Clinic	3.6%		2.6%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	2.4%		3.9%
Teacher/School Admin	6.1%		7.5%
Veteran	0.4%		2.9%
TOTAL	247		5168

*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic WI: Richland

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households Regional	Firms Regional
None / Few (1-2)	200-500	50-200
Average (3-4).	500-1,000	200-1,000
Many (5+)	1,000+	1,000+

Sudman. *Applied Sampling,* (Academic Press, 1976), 87. Ibid., 30.

Quality of Healthcare Delivery Community Rating

CRMC PSA (MO) - CHNA YR 2025 N=260			
How would you rate the "Overall Quality" of healthcare delivery in our community?	CRMC PSA N=260	Trend	*Round #5 Norms N=6,672
Top Box %	22.0%		28.0%
Top 2 Boxes %	59.1%		70.8%
Very Good	22.0%		28.0%
Good	37.1%		42.8%
Average	32.4%		23.4%
Poor	7.3%		4.8%
Very Poor	1.2%		1.0%
Valid N	259		6,649

*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic WI: Richland

Re-evaluate Past Community Health Needs Assessment Needs & Past Actions

CRMC PSA (MO) - CHNA YR 2025 N=260					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Placement, Providers, Aftercare)	125	15.1%		1
2	Affordable / Safe Childcare	114	13.8%		2
3	Affordable Housing	95	11.5%		3
4	Substance Abuse (Meth, Opioids & Vaping)	84	10.2%		4
5	Long Term Care Staffing / Training	64	7.7%		5
6	Adult Daycare	61	7.4%		7
7	Lack of Health Insurance	50	6.0%		6
8	Transportation (Outside Clinton)	46	5.6%		8
9	Senior Care (Transportation)	34	4.1%		9
10	Reimbursement for Providers	28	3.4%		10
11	Drinking	25	3.0%		12
12	Lack of Comprehensive (4 County) Healthcare Resource Guide	23	2.8%		15
13	School Health	23	2.8%		11
14	Awareness of HC Providers	23	2.8%		13
15	Health Wellness Education (Diabetes)	22	2.7%		14
16	Lack of Health Department Reimbursement	10	1.2%		16
	Totals	827	100.0%		

Community Health Needs Assessment "Causes of Poor Health"

CRMC PSA (MO) - CHNA YR 2025 N=260			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	CRMC PSA N=260	Trend	*Round #5 Norms N=6,672
Chronic Disease Management	10.5%		8.5%
Lack of Health & Wellness	10.2%		11.8%
Lack of Nutrition / Access to Healthy Foods	11.0%		10.7%
Lack of Exercise	11.7%		14.5%
Limited Access to Primary Care	4.3%		4.5%
Limited Access to Specialty Care	6.0%		5.9%
Limited Access to Mental Health	16.0%		14.9%
Family Assistance Programs	4.3%		5.0%
Lack of Health Insurance	13.6%		11.8%
Neglect	6.6%		8.9%
Lack of Transportation	5.7%		4.9%
Total Votes	580		13,079

*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellisworth, Republic WI: Richland

Community Rating of HC Delivery Services (Perceptions)

CRMC PSA (MO) - CHNA YR 2025 N=260	CRMC PSA N=260			*Round #5 Norms N=6,672	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	80%	1.7%		83.0%	3.5%
Child Care	29%	32.5%		39.5%	22.5%
Chiropractors	63%	6.4%		70.4%	7.5%
Dentists	69%	5.9%		60.6%	16.0%
Emergency Room	61%	8.3%		75.4%	7.0%
Eye Doctor/Optometrist	74%	5.5%		70.4%	9.8%
Family Planning Services	35%	23.6%		46.4%	16.0%
Home Health	68%	6.4%		58.0%	10.6%
Hospice/Palliative	77%	3.8%		65.9%	7.7%
Telehealth	38%	26.9%		52.0%	12.2%
Inpatient Hospital Services	62%	7.3%		76.0%	5.7%
Mental Health Services	27%	39.6%		35.0%	28.9%
Nursing Home/Senior Living	31%	25.4%		48.9%	18.4%
Outpatient Hospital Services	66%	7.3%		75.7%	5.0%
Pharmacy	75%	4.3%		82.8%	2.8%
Primary Care	77%	5.6%		78.7%	5.3%
Public Health	60%	8.3%		64.1%	8.2%
School Health	58%	10.0%		60.5%	7.6%
Visiting Specialists	66%	7.7%		69.7%	6.7%

*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellisworth, Republic WI: Richland

Community Health Readiness

CRMC PSA (MO) - CHNA YR 2025 N=260	% Bottom 2 Boxes (Lower is better)		
Community Health Readiness is vital. How would you rate each? (% Poor / Very Poor)	CRMC PSA N=260	Trend	*Round #5 Norms N=6,672
Behavioral/Mental Health	41.4%		31.4%
Emergency Preparedness	7.5%		6.6%
Food and Nutrition Services/Education	15.0%		15.7%
Health Wellness Screenings/Education	10.2%		9.3%
Prenatal/Child Health Programs	19.3%		13.2%
Substance Use/Prevention	43.1%		32.9%
Suicide Prevention	39.4%		34.5%
Violence/Abuse Prevention	39.8%		32.4%
Women's Wellness Programs	25.1%		17.8%
Exercise Facilities / Walking Trails etc.	24.5%		15.6%

*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic WI: Richland

Healthcare Delivery "Outside our Community"

CRMC PSA (MO) - CHNA YR 2025 N=260			
In the past 2 years, did you or someone you know receive HC outside of our community?	CRMC PSA N=260	Trend	*Round #5 Norms N=6,672
Yes	66.1%		71.9%
No	33.9%		28.1%

Specialties:

Specialty	Counts
CARD	11
PRIM	10
OBG	9
CLIN	6
FEM	5
PEDS	5

Access to Providers / Staff in our Community

CRMC PSA (MO) - CHNA YR 2025 N=260			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	CRMC PSA N=260	Trend	*Round #5 Norms N=6,672
Yes	48.3%		58.7%
No	51.7%		41.3%

What healthcare topics need to be discussed further at our Town Hall?

CRMC PSA (MO) - CHNA YR 2025 N=260			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	CRMC PSA N=260	Trend	*Round #5 Norms N=6,672
Abuse/Violence	3.2%		3.9%
Access to Health Education	3.4%		3.5%
Alcohol	2.1%		3.8%
Alternative Medicine	3.5%		3.8%
Behavioral/Mental Health	9.9%		9.4%
Breastfeeding Friendly Workplace	1.1%		1.1%
Cancer	2.1%		2.9%
Care Coordination	2.6%		3.1%
Diabetes	2.4%		2.8%
Drugs/Substance Abuse	7.0%		6.9%
Family Planning	3.2%		2.1%
Health Literacy	1.7%		3.1%
Heart Disease	1.5%		1.6%
Housing	3.6%		6.2%
Lack of Providers/Qualified Staff	4.4%		4.7%
Lead Exposure	0.7%		0.6%
Neglect	1.4%		2.0%
Nutrition	3.6%		4.7%
Obesity	5.4%		5.7%
Occupational Medicine	0.7%		0.6%
Ozone (Air)	0.2%		0.4%
Physical Exercise	3.9%		5.2%
Poverty	4.4%		4.8%
Preventative Health/Wellness	4.2%		5.6%
Sexually Transmitted Diseases	2.2%		1.5%
Suicide	6.5%		6.4%
Teen Pregnancy	2.8%		1.7%
Telehealth	2.9%		2.2%
Tobacco Use	2.1%		2.2%
Transportation	3.0%		3.0%
Vaccinations	2.1%		2.1%
Water Quality	2.1%		2.8%
TOTAL Votes	906		18,923

*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Elllsworth, Republic WI: Richland

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

2025 Inventory of Healthcare Services - CRMC PSA

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

2025 Inventory of Healthcare Services - CRMC PSA

Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept.	Other
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography			
Hosp	Sleep Center	yes		
Hosp	Social Work Services	yes		yes
Hosp	Sports Medicine	yes		
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	yes		
Hosp	Transplant Services			
Hosp	Trauma Center - Level IV			
Hosp	Ultrasound	yes		
Hosp	Women's Health Services	yes	yes	yes
Hosp	Wound Care	yes		yes
SR	Adult Day Care Program			
SR	Assisted Living			yes
SR	Home Health Services	yes		yes
SR	Hospice	yes		yes
SR	Long-Term Care			yes
SR	Nursing Home Services			yes
SR	Retirement Housing			yes
SR	Skilled Nursing Care	yes		yes
ER	Emergency Services	yes		
ER	Urgent Care Center			
ER	Ambulance Services			yes
SERV	Alcoholism-Drug Abuse		yes	yes
SERV	Blood Donor Center			
SERV	Chiropractic Services			yes
SERV	Complementary Medicine Services			
SERV	Dental Services			yes
SERV	Fitness Center			yes
SERV	Health Education Classes	yes	yes	yes
SERV	Health Fair (Annual)	yes	yes	yes
SERV	Health Information Center	yes	yes	yes
SERV	Health Screenings	yes	yes	yes
SERV	Meals-on-Wheels	yes		yes
SERV	Nutrition Programs	yes	yes	yes
SERV	Patient Education Center	yes		
SERV	Support Groups	yes	yes	yes
SERV	Teen Outreach Services		yes	yes
SERV	Tobacco Treatment / Cessation Program	yes	yes	yes
SERV	Transportation to Health Facilities	yes		yes
SERV	Wellness Program	yes	yes	yes

Providers Delivering Care at CRMC - YR 2025

FTE Providers Working in Cameron, MO	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visting DRs*	PSA Based PA/NP/CRNA
Primary Care:			
Family Practice	6.0		20.0
Internal Medicine / Geriatrician	3.0		
Obstetrics / Gynecology	2.0		
Pediatrics			
Medicine Specialists:			
Allergy / Immunology			
Cardiology		0.9	
Dermatology		0.8	
Ear Nose and Throat		0.5	
Endocrinology		0.1	
Gastroenterology		0.2	
Oncology/Radiology		0.1	
Infectious Diseases		0.0	
Nephrology	1.0	0.1	
Neurology		0.5	
Pain Management		0.1	
Physiatry		0.4	
Psychiatry		0.8	
Pulmonary		0.2	
Rheumatology		0.2	
Vascular		0.2	
Surgery Specialists:			
General Surgery / Colon / Oral	3.0	0.2	
Neurosurgery		0.1	
Ophthalmology			
Orthopedics		0.7	
Otolaryngology		0.5	
Plastic / Reconstructive			
Thoracic / Cardiovascular / Vascular		0.2	
Urology		0.6	
Hospital Based:			
Anesthesia / Pain			3.0
Emergency	2.0	2.4	
Radiology		0.1	
Pathology		0.1	
Hospitalist			
Neonatal / Perinatal			
Physical Medicine / Rehab	0.4		
Occupational Medicine			1.0
Podiatry	0.4		
Chiropractor			
Optometrist			
Dentist			
TOTALS	**17.8**	**10.0**	**24.0**

*Total FTE Specialists serving community who office outside PSA.

Visiting Specialists to CRMC PSA - 2025 Update

Name	Specialty	Group Name	Group Location	MM # Days	FTE
Sajjad Ahmad	Cardiology	Mosaic Life Care	St. Joseph, MO	2	0.1
Nina Assefa	Cardiology	Mosaic Life Care	St. Joseph, MO	2	0.1
Bhaskar Bhardwaj	Cardiology	Mosaic Life Care	St. Joseph, MO	2	0.1
Andrew Boerkircher	Cardiology	Mosaic Life Care	St. Joseph, MO	2	0.1
Mohan Hindupur	Cardiology	Mosaic Life Care	St. Joseph, MO	2	0.1
Ricard Ramos	Cardiology	Mosaic Life Care	St. Joseph, MO	2	0.1
Brian Roe	Cardiology	Mosaic Life Care	St. Joseph, MO	2	0.1
Arvind Sharma	Cardiology	Mosaic Life Care	St. Joseph, MO	2	0.1
Sisir Siddamsetti	Cardiology	Mosaic Life Care	St. Joseph, MO	2	0.1
Marija Tonkovic	Dermatology	Premier Specialty Network	Kansas City, MO	7	0.4
Viseslav Tonkovic	Dermatology	Premier Specialty Network	Kansas City, MO	7	0.4
Peter Gochee	Ear, Nose & Throat	Premier Specialty Network	Kansas City, MO	9	0.5
Yaser Mounla	Endocrinology	Independent Practitioner	Kansas City, MO	2	0.1
Syed Jafri	Gastroenterology	Independent Practitioner	Kansas City, MO	1	0.1
Ahmed Saeed	Gastroenterology	Independent Practitioner	Kansas City, MO	1	0.1
Muhammad Shoaib	Neurology	Independent Practitioner	Kansas City, MO	10	0.5
Stephen Reintjes, Jr.	Neurosurgery/Spinal Surgery	North Kansas City Hospital	North Kansas City, MO	1	0.1
Muhammad Salamat	Oncology	Independent Practitioner	Kansas City, MO	2	0.1
Gregory Barnhill	Orthopedics	KC Orthopedics-OSI	Kansas City, MO	4	0.2
Alan Cornett	Orthopedics	KC Orthopedics-OSI	Kansas City, MO	4	0.2
David Dugan	Orthopedics	KC Orthopedics-OSI	Kansas City, MO	4	0.2
Angela Walker	Orthopedics, Foot & Ankle Spec	KC Orthopedics-OSI	Kansas City, MO	2	0.1
Raza Jafri	Pain Management	Independent Practitioner	Kansas City, MO	2	0.1
Mary Jo Middleton	Physiatry	Premier Specialty Network	Kansas City, MO	8	0.4
Thomas Bembynista	Podiatry	Premier Specialty Network	Kansas City, MO	3	0.2
Robert Shemwell	Podiatry	Independent Practitioner	Kansas City, MO	3	0.2
David Ash	Psychiatry	Independent Practitioner	Kansas City, MO	3	0.2
Kashif Hameed	Psychiatry	Psychiatric Care Professionals, P.A.	Overland Park, KS	2	0.1
Chacy Lancaster	Psychiatry	Independent Practitioner	Kansas City, MO	3	0.2
Zafar Mahmood	Psychiatry	Independent Practitioner	Kansas City, MO	2	0.1
Faheem Arain	Psychiatry/Child Psychiatry	Independent Practitioner	Kansas City, MO	3	0.2
Badr Jandali	Pulmonary	Premier Specialty Network	Kansas City, MO	1	0.1
Damien Stevens	Pulmonary/Sleep Medicine	Premier Specialty Network	Kansas City, MO	2	0.1
Shashank Radadiya	Rheumatology	Premier Specialty Network	Kansas City, MO	2	0.1
Damandeep Walia	Rheumatology	Premier Specialty Network	Kansas City, MO	2	0.1
Eugene Lee	Urology	Premier Specialty Network	Kansas City, MO	4	0.2
Moben Mirza	Urology	Premier Specialty Network	Kansas City, MO	4	0.2
Colby Souders	Urology	Premier Specialty Network	Kansas City, MO	4	0.2
Richard Coats	Vascular Surgery	Vascular & Interventional Specialists	Lee's Summit, MO	1	0.1
Brian McCroskey	Vascular Surgery	Ascentist Physician's Group, LLC	Leawood, KS	2	0.1

CHNA - Cameron Regional PSA(4Counties)

Health Services Directory

Emergency Numbers

Police/Sheriff 911
Fire 911
Ambulance911

Non-Emergency Numbers

	Sheriff	Ambulance
Clinton	(816)539-2156	(816)539-2123
Caldwell	(816)586-2681	(816)586-3801
Daviess	(660)663-2031	(660)663-3535
DeKalb	(816)449-5802	(816)449-5515

Municipal Non-Emergency Numbers

Cameron Police	(816)632-6521
Cameron Fire	(816)632-2345
Cameron Ambulance	(816) 632-6377
MO State Highway Patrol	(800) 525-5555

Abuse Hotlines

Adult Abuse Hotline
(800) 392-0120

Suicide Prevention Hotline
(800) 442-HOPE
988
http://hopeline.com
(800) 273-TALK
www.988lifeline.org

Substance Abuse Referral
(800) 662-4357

Missouri Child Abuse Hotline
Toll-Free: (800) 392-3738

Child Abuse National Hotline
(800) 422-4453
(800) 222-4453 (TDD)
www.childhelp.org

Missouri Coalition against Domestic and Sexual Violence
217 Oscar Dr., Suite A
Jefferson City, MO 65101
(573) 634-4161

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

National Sexual Assault Hotline
(800) 656-4673

Alcohol and Drug Treatment Programs (Substance Abuse Programs)

Family Guidance
101 W. 3rd Street
Cameron, MO 64429
(816) 632-6161

National Drug & Alcohol Crisis Treatment Center
(800) 757-0771

Substance Abuse & Mental Health Treatment
(800) 662-4357

Al-Anon Family Group
(888) 4AL-ANON (425-2666)
www.al-anon.alateen.org

MO Department of Mental Health Treatment Location Services
(573) 75-4842
(800)575-7480

Mothers Against Drunk Driving
(800) MADD Help
www.madd.org

National Council on Alcoholism and Drug Dependence, Inc.
(667)262-2869
www.ncadd.org

Assisted Living

The Village
320 E. Little Brick Road
Cameron, MO 64429
(816) 632-7611

Bristol Manor
920 N. Harris
Cameron, MO 64429
(816) 632-6133

Bristol Manor
604 S. Polk
Maysville, MO 64469
(816) 449-2741

Children and Youth

Green Hills Women's Shelter
P.O. Box 107
Cameron, MO 64429
(816) 632-4900

Family Guidance
101 W. 3rd Street
Cameron, MO 64429
(816) 632-6161

Cameron Head Start
1015 W 4th Street
Cameron, MO 64429
(816) 632-7887

Maysville Head Start
206 N. Hillcrest
Maysville, MO 64469
(816) 233-8281

Green Hills Head Start
205 W. 18th Street
Trenton, MO 64683
(660) 359-2214

Boys and Girls Town National Hotline
(800) 448-3000
www.boystown.org

Child Find of America
(800) 426-5678
Childfindofamerica.org

National Runaway Switchboard
(800) RUNAWAY
www.1800runaway.org/

National Society for Missing and Exploited Children
(800) THE-LOST (843-5678)
www.missingkids.org

Parents Anonymous Help Line
(855) 427-2736
http://www.parentsanonymous.org

Chiropractors

Cameron Chiropractic LLC
Beth Anne West, DC
1809 N. Walnut St.
Cameron, MO 64429
(816) 632-6201

Performance Plus
1115 W. Grand
Cameron, MO 64429
(816) 232-5113

Well Adjusted Chiropractic
Dr. Marjorie Rhoads D.C., RN
409 E. 3rd St.
Cameron, MO 64429
(816) 632-4405

O'Rourke Wellness Center
21505 MO 190
Jamesport, MO 64648
(660) 684-6500

Lathrop Chiropractic Center Inc.
Kyle L. Beane, DC
119 Pine St.
Lathrop, MO 64465
(816) 740-6822

Dawn Leibrandt DC
410 Pine St.
Lathrop, MO 64465
(816) 740-6800

Innate Way Family Chiropractic
Dr. Sarah Connelly
500 S. Davis, Ste. B
Hamilton, MO 64644

Balance Point Chiropractic
101 S. Davis
Hamilton, Missouri 64644
(816) 895-6379

Medical Clinics/Physicians

Willowbrook Women's Center
210 N Main St.
Cameron, MO 64429
(816) 244-7824

Cameron Specialists in Internal Medicine
Medical Plaza I
1608 East Evergreen; Suite "D"
Cameron, MO 64429
(816) 632-3945
Laeeq Azmat, M.D., Medical Director
Muhammad Amin, M.D.
Amy Daily, Family Nurse Practitioner
Marci Cline, Family Nurse Practitioner

Jamesport Outreach Clinic
409 West Auberry Grove
P. O. Box 140
Jamesport, MO 64648
(660) 684-6252
Terry Lienhop, D.O., Medical Director
Lindsay Ortega, Family Nurse Practitioner

Braymer Clinic
109 Main Street
Braymer, MO 64624
(660) 645-2218
William Irby, D.O.

Plattsburg Family Medicine
214 North Main
Plattsburg, MO 64477
(816) 930-2041 or 539-3366
Laeeq Azmat, M.D., Medical Director
Amanda Wood, Family Nurse Practitioner

Westside Medical Offices
Medical Plaza I
1608 East Evergreen; Suite "A;" Box 439
Cameron, MO 64429
(816) 632-5424
Ly Phan, M.D.
Muhammad Amin, M.D.
Jacob Rash, M.D.
Michelle Petersen, Doctor of Nursing

R. Kassal, M.D.
602-D Lana Dr.
Cameron, MO 64429
(816) 632-4500

Larry Dickinson, D.O.
100 E. Johnson St.; Box 98
Gallatin, MO 64640
(660) 663-2800 or (660) 663-3705

Walnut Medical Clinic
921 N. Walnut
Cameron, MO64429
(816) 632-2111 or (816) 632-8407
Laura Harbison, D.O., Medical Director
Kendall DeSelms, D.O.
Dawn Estes, Family Nurse Practitioner
Marci Cline, Family Nurse Practitioner
Joshua Barnes, Family Nurse Practitioner
Renee Rouse, Physician's Assistant

Hamilton Family Health Center
103 North Davis
Hamilton, MO 64644
(816) 583-7839
Muhammad Amin, M.D., Medical Dir.
Jessica Gilgour, Family Nurse Practitioner
Dorothy Milburn, Family Nurse Practitioner

Polo Family Health Center
198 Main Street
Polo, MO 64671
(660) 354-2550
Arihant Jain, M.D., Medical Director
Amy Daily, Family Nurse Practitioner
Jessica Gilgour, Family Nurse Practitioner

Lathrop Medical Clinic
P. O. Box 233
106 North Street
Lathrop, MO 64465
(816) 740-3282 (K.C.) or (816) 528-4622
Arihant Jain, M.D., Medical Director
Laeeq Azmat, M.D.
Amanda Wood, Family Nurse Practitioner

Gallatin Family Medicine Clinic
502 South Main
Gallatin, MO 64640
(660) 663-3751
Muhammad Amin, M.D., Medical Director
Amy Heldenbrand, Family Nurse Practitioner

Cameron Medical Clinic
Medical Plaza II
1600 East Evergreen; Suite "C"
Cameron, MO 64429
(816) 632-2139
Sam Barton, D.O., Medical Director
Cristi Campbell, Doctor of Nursing Practice
Jacob Barton, Family Nurse Practitioner

Bethany Health Services/Bethany Dialysis
903 North 25th Street
Bethany, MO 64424
(660)-425-7333
Shahzad Shafique, M.D.
Cassi Deskins, Family Nurse Practitioner
Joshua Barnes, Family Nurse Practitioner

James Neely, D.O.
1600 E. Evergreen
Cameron, MO 64429
(816) 649-3230

Cameron Renal Dialysis & Nephrology Clinic
Medical Plaza III
1600 East Evergreen; Suite "A"
Cameron, MO 64429
(816) 649-3398
Shahzad Shafique, M.D., Medical Director

NW Missouri Obstetric s& Gynecology
221 E. Seventh Street
Cameron, MO 64429
(816) 632-6100
Barry Littlejohn, M.D.
Dennis Albino, M.D.

Eagleville Medical Clinic
12050 12th Street
Eagleville, MO 64442
(660) 867-5414
Jackie Miller, D.O., Medical Director
Joshua Barnes, Family Nurse Practitioner

Maysville Family Health Clinic
1007 S. Polk
Maysville, MO 64469
(816) 449-2123
Fred Kiehl, D.O., Medical Director
Elisa Vinyard, D.O.
Terry Lienhop, D.O.
Heather Willits, Family Nurse Practitioner

King City Family Health
200 E. Vermont
King City, MO 64463
Jackie Miller, D.O., Medical Director
Darci Kloepping, Family Nurse Practitioner

Access II Wellness
101 Industrial Parkway
Gallatin, Missouri 64640
(660) 663-2423

Hamilton Medical Clinic
1 Cross Street; Box 248
Hamilton, MO 64644
(816) 583-2151
William Irby, D.O.

Plattsburg Medical Clinic
400 Clay Avenue
Plattsburg, MO 64477
Jane Anne Bell, M.D.
Kelle Lawson, FNP-C
(816) 415-3460

Dentists/Orthodontists

Mark L Carr, DDS
312 N. Walnut St.
Cameron, MO 64429
(816) 632-5812

CosMedic Dentistry
315 Little Brick Road
Cameron, MO 64429
(816) 632-6700

John A Dorsch, DDS, MS
123 E. 4th St.
Cameron, MO 64429
(816) 632-3200

Ed Kavanaugh, DDS
222 N. Walnut St.
Cameron, MO 64429
(816) 632-2746

Kay Kong, DDS
Cameron Dental Center
1720 N. Walnut; #E
Cameron, MO 64429
(816) 632-6657

Cameron Elk's Lodge
Mobile Dental Unit
(Free services to the mentally afflicted)
Cameron, MO 64429
(816) 632-7987
Mobile Unit: 573-690-6003
Home Office: 816-404-6904

Douglas A Wyckoff, DDS
1801 N. Walnut St.
Cameron, MO 64429
(816) 632-2822

David Bennett, Jr., DDS
Jamesport Dental Clinic
204 S. Williams St.
Jamesport, MO 64648
(660) 684-6680

Thomas Courtney, DDS
302 Park Avenue
Stewartsville, MO 64490
(816) 669-3611

David Moyer, DDS
106 N. Main
Plattsburg, MO 64477
(816) 539-2707

Disability Services

American Disability Group
855-577-5684

American Association of People with Disabilities (AAPD)
www.aapd.com

American Council for the Blind
1-800-424-8666www.acb.org

Americans with Disabilities Act Information Hotline
1-800-514-0301
1-800-514-0383 (TTY)
www.ada.gov
www.usdoj.gov/crt/ada

National Center for Learning Disabilities
1-888-575-7373
www.ncld.org

National Library Services for Blind & Physically Handicapped
www.loc.gov/nls/
1-800-424-8567

Durable Medical Equipment

Maxicare Inc
610 N. Walnut St.
Cameron, MO 64429
(816) 632-6658

American Home Patient
512 Lana Drive
Cameron, MO 64429
(816) 632-2183

Environment

Clinco Sheltered Industries (Recycling)
1205 W. Grand Avenue
Cameron, MO 64429
(816) 632-3966

Environmental Protection Agency
1-800-223-0425
913-321-9516 (TTY)
www.epa.gov

Region D Recycling & Waste Management District
P. O. Box 139; 114 Main
Clarksdale, MO 64430
(816) 393-5250

Eye Doctors/Optometrists

Bethany Eye Center
2707 Miller St.
Bethany, MO 64424
660-425-8116

Murphy Watson Burr Eye Center
610 Lana Drive
Cameron, MO 64429
(816)632-3501
mwbec.com

Premier Eye Center
614 E. 9th
Trenton, MO 64683
660-359-5621

Fitness Centers

Cameron Regional YMCA
1903 N. Walnut
Cameron MO 64429
(816) 632-3811

Anytime Fitness
603 E. Platte Clay Way
Cameron, MO 64429
(816) 632-6200

Access II Fitness
101 Industrial Parkway
Gallatin, Missouri 64640
(660) 663-2423

Food and Drug

US Consumer Product Safety Commission
(800) 638-2772 or (800) 638-8270 (TDD)
www.cpsc.gov

USDA Meat and Poultry Hotline
(888) 674-6854 or (800) 256-7072 (TTY)
www.fsis.usda.gov/

U.S. Food and Drug Administration
(888) INFO-FDA or (888) 463-6332
www.fsis.usda.gov

Health Departments

Caldwell County Health Department
255 W. Main; Box 66
Kingston MO 64650
(816) 586-2311

Clinton County Health Department
106 Bush St.
Plattsburg MO 64477
(816) 539-2144

Daviess County Health Department
609A S. Main St.
Gallatin MO 64640
(660) 663-2414

(DeKalb) Tri-County Health Department
302 S. Washington
Maysville MO 64469
(816) 449-5706
(660) 783-2707

Home Health

CRMC Home Health Agency
214 McElwain Dr., Ste. B
Cameron MO 64429
(816) 632-5124

Hospice

CRMC Comfort Care Hospice
214 McElwain Dr., Ste. A
Cameron MO 64429
(816) 632-4411

Three Rivers Hospice
500 Lana Drive
Cameron, MO 64429
(816) 632-2910

Hospice Advantage
117 N Main St.
Gallatin, MO 64640
(660) 663-2168

Hospital/Medical Center

Cameron Regional Medical Center
1600 E. Evergreen; P.O. Box 557
Cameron MO 64429
(816) 632-2101
(800) 852-0659

Housing Options

Cameron Manor
600 Northland Dr.
Cameron, MO 64429
(816)632-3009

Cameron Villa Apartments
605 Cameron Villa Dr.
Cameron, MO 64429
(816) 632-7555

Willow Brook Apartments
1111 Ensign Terrace B
Cameron, MO 64429
(816)632-4663

St. Patrick's Manor
514 Northland Dr.
Cameron, MO 64429
(816)632-1684

In-Home Services

CRMC Home Health Agency
214 McElwain Dr., Ste. B
Cameron MO 64429
(816) 632-5124

Tiffany In-Home Services
520 Lana Drive, A100
Cameron, MO 64429
(816) 632-1609

Access II Independent Living Center
101 Industrial Parkway
Gallatin, Missouri 64640
(660) 663-2423

Inpatient Physical Rehabilitation

Cameron Regional Medical Center
Inpatient Rehabilitation Unit
1600 East Evergreen; P. O. Box 557
Cameron, MO 64429
(816) 649-3344
(816) 649-3316
(800) 852-0659, Ext. 3344

Legal Services

Missouri Attorney General's Office
Supreme Court Building
207 W. High St.
P.O. Box 899
Jefferson City, MO 65102
573-751-3321

Legal Aid
(800) 892-2101

Medicaid

U.S. Dept. of Health & Human Services
Centers for Medicare and Medicaid Services
(877) 267-2323
TTY Toll-Free: (866) 226-1819
www.Medicaid.gov

MO Health Net
(800) 392-2161

Medicare

Social Security Administration
1612 Imperial Drive
West Plains, MO 65775
(866) 614-2741
(800) 772-1213 or TTY: (800) 325-0778

U.S. Dept. of Health& Human Services
Centers for Medicare and Medicaid Services
(800) MEDICARE (800-633-4227)
www.cms.hhs.gov

Mental Health Services

CRMC Outpatient Psychiatric Services
Outpatient Clinic 1
1600 East Evergreen
Cameron, Missouri 64429
(816) 649-3230

Family Guidance
609 Platte Clay Way
Cameron, MO 64429
(816) 632-6161Emergency: (888) 279-8188

Green Hills Women's Shelter
P.O. Box 107
Cameron, MO 64429
(816) 632-4900

Crittenton Children's Center
10918 Elm Ave.
Kansas City, MO 64134

Kansas City VA Medical Center
4801 Linwood Blvd.
Kansas City, MO 64128
(816)861-4700 Ext. 52641

Mosaic Life Care at St. Joseph
5325 Faraon St.
St. Joseph, MO 64506
(816)271-7273

Research Psychiatric Center
2323 E. 63rd St.
Kansas City, MO 64130
(816)444-8161

Signature Psychiatric Hospital at
Liberty Hospital
4th Floor East
Liberty, MO 64068
(816)691-5103

St. Joseph Medical Center
1000 Carondelet Dr.
Kansas City, MO 64114
(816)943-5800

St. Luke's North
601 S. 169 HWY
Smithville, MO 64089
(816)532-7160

Truman Hospital Hill
2301 Holmes St.
Kansas City, MO 64106
(816)404-3807

Truman Hospital Recovery
1000 E. 24thSte 2E
Kansas City, MO 64108
(816)404-5850

Truman Lakewood
7900 Lee's Summit Rd.
Kansas City, MO 64139
(816)404-7360

North Kansas City Hospital
2900 Clay Edwards Drive
Kansas City, MO 64116
(816)691-5101

Missouri Department of Mental Health
(573) 751-4122
(800) 364-9687
Fax: (573) 751-8224

Mental Health America
(800) 969-6MHA (969-6642)

National Alliance for the Mentally Ill Helpline
(800) 950-6264
703-516-7227 (TTY)
www.nami.org

National Institute of Mental Health
(866) 615-6464
(866) 415-8051 (TTY)
www.nimh.nih.gov

North Central Mo Mental Health Center
1601 E. 28th St.
Trenton, MO 64683
(660) 359-4487

Suicide Help Line
(800) SUICIDE [784-2433]
www.hopeline.com

Trinity Professional Counseling Services, LLC
Amy Taft, LPC
318 N. Pine
Cameron, MO 64429
(816) 425-1382

Ministerial Alliances/Pastoral

Russ Hamilton
318 N. Pine
Cameron, MO 64429
(816) 632-3605
William Kirkemo, President

Cameron Ministerial Alliance
206 Lovers Lane
Cameron, MO. 64429
(816) 632-7812
Robert Nelson, President

Gallatin Ministerial Alliance
Lake Viking Community Church
18842 Otter Ave.
Gallatin, Mo. 64640
(660) 663-7433

Rev. Erick Derks
Methodist Church
104 W. Samuel
Hamilton, MO 64644
(816) 583-2325

Bill Radford
Plattsburg Ministerial Alliance
301 W. Broadway
Plattsburg, MO 64477
(816) 539-3246

Ron Malott
Lathrop Ministerial Alliance
Lathrop First Baptist Church
413 Center St.
Lathrop, MO. 64465
(816)-740-6612

Dan Kercher
Cameron (816) 786-9122

Greg Dixon
Maysville Ministerial Alliance
300 W. Main St.
Maysville, MO 64469
(816) 449-2731

National and State Agencies

Federal Bureau of Investigation
St. Louis Office
2222 Market Street, St. Louis, MO
(314) 589-2500

Federal Bureau of Investigation
(866) 483-5137

Missouri Road Conditions MoDOT
Central Office
105 W. Capitol Avenue
Jefferson City, MO 65102
(888) ASK MODOT
(888 275 6636)

Poison Control Center
800-222-1222
www.aapcc.org

Toxic Chemical and Oil Spills
800-424-8802

National Health Services

American Lung Association
(800) lungusa
www.lung.org

American Heart Association
(800) 242-8721
www.heart.org

AIDS/HIV Center for Disease Control and Prevention
(800) CDC-INFO
(888) 232-6348 (TTY)
http://www.cdc.gov/hiv

AIDS/STD National Hot Line
(800) 342-AIDS
(800) 227-8922 (STD line)

Bright Focus Foundation
(800) 437-2423
www.ahaf.org

American Stroke Association
(888) 4-STROKE
www.strokeassociation.org

Center for Disease Control and Prevention
(800) CDC-INFO(888) 232-6348
(TTY)http://www.cdc.gov/hiv

Eye Care Council
(800) 960-EYES
www.seetolearn.com

National Health Information Center
(800) 336-4797
www.health.gov/nhic
National Cancer Information Center
(800) 227-2345 (American Cancer Society)
(866) 228-4327 (TTY)
www.cancer.org

National Institute on Deafness and Other Communication Disorders Information Clearinghouse
(800) 241-1044
(800) 241-1055 (TTY)
www.nidcd.nih.gov

Nursing Homes/Skilled Nursing

Cameron Nursing & Rehab
801 Euclid; Box 438
Cameron MO 64429
(816) 632-7254

Nick's Healthcare
253 E. Hwy. 116
Plattsburg, MO 64477
(816) 539-2376

Oakridge of Plattsburg
205 E. Clay Avenue
Plattsburg, MO 64477
(816) 930-3020

Quail Run
1405 W. Grand
P.O. Box 525
Cameron, MO 64429
(816) 632-2151

Sunset Home
1201 S. Polk
Maysville, MO 64469
(816) 449-2158

Daviess County Nursing & Rehab
1337 W. Grand
Gallatin, MO 64640
(660) 663-2197

Hillcrest Manor
801 S. Colby
Hamilton, MO 64644
(816) 583-2119

Lawson Manor & Rehab
210 West Eighth Terrace
Lawson, MO 64062
(816) 580-3269

Golden Age Nursing Home
12498 SE Hwy 116
Braymer, MO 64624
(660) 645-2243

Bristol Manor
920 N. Harris Street
Cameron, MO 64429
(816) 632-6133

Missouri Veteran's Home
1111 Euclid Ave.
Cameron, MO 64429
(816) 632-6010

Nutrition& Meals -
(See "Health Departments" as well)

Caldwell County Nutrition Center
410 Main St.
P. O. Box 72
Polo, MO. 64671
(660) 354-2213

Harrison County Council on Aging
1316 S. 25th; Suite 200
Bethany, MO. 64464
(660) 425-3220

Clinton County Senior Center
113 N. Main
P. O. Box 176
Plattsburg, MO. 64477
(816) 539-2211

Active Aging Resource Center
109 S. Main
P. O. Box 272
Gallatin, MO. 64640
(660) 663-2828

Pattonsburg multi-Purpose Center
401 Chestnut
P. O. Box 33
Pattonsburg, MO. 64670
(660) 367-2121

DeKalb Senior Center
530 E. Hwy 6
P. O. Box 123
Maysville, MO. 64469
(816) 449-5435

Albany Ministerial Alliance Food Pantry
302 N. Smith
Albany, MO 64402
(660) 726-5818

Caldwell County Food Pantry
303 No. Davis
Hamilton, MO 64644
(816) 465-0306

Cameron Food Pantry
302 N. Walnut
Cameron, MO 64429
(816) 724-0080

Harrison County Food Pantry
702 N. 25th Street
Bethany, MO 64424
(660) 646-2231

Lathrop Outreach Committee Food Pantry
400 Center Street
Lathrop, MO 64465
(816) 405-2072

Plattsburg Food Pantry
117 W. Maple
Plattsburg, MO 64477
(816) 592-0480

Gallatin 7th Day Adventist Food Pantry
1207 S. Clay
Gallatin, MO 64640
(660) 663-2478

King City Ministerial Alliance Food Pantry
1113 N. Connecticut
King City, MO 64463
(660) 535-6327

Living Hope Food Pantry
118 W. Main Street
Maysville, MO 64469
(816) 449-2163

Harvesters
3801 Topping Ave.
Kansas City, MO 64129

Cameron Meals on Wheels (CRMC)
(816) 649-3277

American Dietetic Association
(800) 877-1600
www.eatright.org

American Dietetic Association Consumer Nutrition Hotline
(800) 366-1655

Missouri Coordinated School Health Coalition
PO Box 309; Columbia, MO 65205
info@healthykidsmo.org

WIC and Nutrition Services
(573)751-6204
(800) 392-8209
Fax: (573) 526-1470
info@health.mo.gov

Community Food and Nutrition Assistance
(573) 751-6269
(800) 733-6251
CACFP@health.mo.gov

Pharmacies

The Drug Store
610 N. Walnut St.
Cameron, MO 64429
(816) 632-7211

Northwest Pharmacy Services
103 Cross Street
Hamilton, MO 64644
(816) 583-2881

Randolph Pharmacy
301 S. Polk St.
Maysville, MO 64469
(816) 449-2700

Walmart Pharmacy
2000 N. Walnut St.
Cameron, MO 64429
(816) 632-2282

CVS Pharmacy
400 W. Clay Ave.
Plattsburg, MO 64477
(816) 539-2121

Cameron Family Pharmacy
1303 N. Walnut St.
Cameron, MO 64429
Jill Saunders, PharmD
(816) 632-2201

Physicians –See Medical Clinics/Physicians

Renal Dialysis Services

Cameron Renal Dialysis & Nephrology Clinic
Medical Plaza III
1600 East Evergreen; Suite “A”
Cameron, MO 64429
(816) 649-3398
Shahzad Shafique, M.D., Medical Director

Bethany Renal Dialysis
903 North 25th Street
Bethany, MO 64424
(660)-425-7333
Shahzad Shafique, M.D.

Senior Services

Active Aging Resource Center
109 S. Main St.
Gallatin, MO 64640
(660) 663-2828

Clinton County Senior Center
113 N. Main
P. O. Box 176
Plattsburg, MO. 64477
(816) 539-2211

Active Aging Resource Center
109 S. Main
P. O. Box 272
Gallatin, MO. 64640
(660) 663-2828

Pattonsburg multi-Purpose Center
401 Chestnut
P. O. Box 33
Pattonsburg, MO. 64670
(660) 367-2121
DeKalb Senior Center
530 E. Hwy 6
P. O. Box 123
Maysville, MO. 64469
(816) 449-5435

Missouri Veteran's Home
1111 Euclid
Cameron, MO 64429
(816) 632-6010

Caldwell County Nutrition Center
410 Main St.
P. O. Box 72
Polo, MO. 64671
(660) 354-2213

Harrison County Council on Aging
1316 S. 25th; Suite 200
Bethany, MO. 64464
660-425-3220

Young at Heart Resources
809 N. 13th St.
Box 265
Albany, MO 64402
(888)-844-5626

Alzheimer's Association
(800) 272-3900
www.alz.org

Elderly Abuse & Neglect
(800) 392-0210

American Association of Retired Persons
(AARP)
1-888-OUR-AARP (687-2277)
www.aarp.org

Americans with Disabilities Act Info Line
(800) 514-0301
(800) 514-0383 [TTY]
www.usdoj.gov/crt/ada

Eldercare Locator
(800) 677-1116
www.eldercare.gov/eldercare/public/home.asp

Elder Care Helpline
www.eldercarelink.com

Federal Information Center
(800) 333-4636
www.FirstGov.gov

Education (GI Bill)
(888) 442-4551

U.S. Department of Veterans Affairs
(800) 513-7731
www.kcva.org

Health Resource Center
(877) 222-8387

Veteran's Benefits Administration
(800) 669-8477

Veterans Special Issue Help Line
Includes Gulf War/Agent Orange Helpline
(800) 749-8387

Income Verification and Means Testing
(800) 929-8387

U.S. Department of Veterans Affairs
Mammography Helpline
(888) 492-7844

Veterans Administration
(800) 827-1000

Memorial Program Service (includes status of headstones and markers)
(800) 697-6947

Telecommunications Device for the Deaf/Hearing Impaired
(800) 829-4833 (TTY)
www.vba.va.gov

Debt Management
(800) 827-0648

Welfare Fraud Hotline
(800) 432-3913

Transportation

Cameron Regional Medical Center
(For network health care services)
1600 E. Evergreen; P. O. Box 557
Cameron, MO 64429
(800) 852-0659, Ext. 3341
(816) 649-3341

OATS
Beth Langley, Regional Director
1306 S. 58th Street
St. Joseph, MO 64507-7757
(816) 279-3131

OATS Home Office
2501 Maguire Blvd., Ste. 101
Columbia, MO 65201-8252
(573) 443-4516 or (800) 831-9219

Utilities

Community Action Partnership
Cameron Office
1015 West 4th St.
Cameron, MO 64429
(816) 649-5229

Energy Assistance (LIHEAP)
(855) 373-4636

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

Patient Origin History 2022- 2024 for IP, OP and ER – Clinton County, MO

Clinton County, MO Residents				
#	Inpatient - MHA HIDI	FFY24	FFY23	FFY22
1	Liberty Hospital - Liberty, MO	778	685	675
2	Cameron Regional Medical Center Inc. - Cameron, MO	352	382	408
	% of Patients Receiving Care at Home	14.6%	16.9%	19.2%
3	Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO	422	328	257
4	North Kansas City Hospital - North Kansas City, MO	261	281	228
5	The University of Kansas Health System - Kansas City, KS	99	139	94
6	Saint Luke's North Hospital -- Barry Road - Kansas City, MO	128	90	103
7	Children's Mercy Kansas City - Kansas City, MO	76	84	95
	Other Hospitals	287	274	270
	Total	2,403	2,263	2,130

Clinton County, MO Residents				
#	Outpatients - MHA HIDI	FFY24	FFY23	FFY22
1	Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO	11,269	15,421	20,270
2	Cameron Regional Medical Center Inc. - Cameron, MO	12,952	12,701	12,219
	% of Patients Receiving Care at Home	28.1%	25.9%	23.4%
3	Liberty Hospital - Liberty, MO	6,150	5,995	5,762
4	The University of Kansas Health System - Kansas City, KS	3,288	3,314	2,909
5	North Kansas City Hospital - North Kansas City, MO	3,025	2,849	2,765
6	Children's Mercy Kansas City - Kansas City, MO	2,956	2,635	2,461
7	Saint Luke's North Hospital -- Barry Road - Kansas City, MO	1,787	1,719	1,536
8	Saint Luke's Hospital of Kansas City - Kansas City, MO	1,228	1,053	956
	Other Hospitals	3,513	3,427	3,324
	Total	46,168	49,114	52,202

Clinton County, MO Residents				
#	Emergency - MHA HIDI	FFY24	FFY23	FFY22
1	Cameron Regional Medical Center Inc. - Cameron, MO	2,475	2,624	2,278
	% of Patients Receiving Care at Home	30.6%	32.6%	31.7%
2	Liberty Hospital - Liberty, MO	2,096	2,166	2,057
3	Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO	1,049	952	812
4	Saint Luke's North Hospital -- Barry Road - Kansas City, MO	670	644	563
5	North Kansas City Hospital - North Kansas City, MO	622	574	488
6	Children's Mercy Kansas City - Kansas City, MO	419	377	350
7	Excelsior Springs Hospital - Excelsior Springs, MO	299	247	199
8	The University of Kansas Health System - Kansas City, KS	102	105	99
	Other Hospitals	369	360	344
	Total	8,101	8,049	7,190

Patient Origin History 2022- 2024 for IP, OP and ER – Caldwell County, MO

Caldwell County, MO Residents				
#	Inpatient - MHA HIDI	FFY24	FFY23	FFY22
1	Liberty Hospital - Liberty, MO	277	290	270
2	Cameron Regional Medical Center Inc. - Cameron, MO	169	184	203
	% of Patients Receiving Care at Home	14.6%	15.6%	17.5%
3	Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO	152	157	125
4	North Kansas City Hospital - North Kansas City, MO	150	137	138
5	Saint Luke's Hospital of Kansas City - Kansas City, MO	70	80	82
6	The University of Kansas Health System - Kansas City, KS	74	61	68
7	Hedrick Medical Center - Chillicothe, MO	33	58	51
	Other Hospitals	230	215	220
	Total	1,155	1,182	1,157

Caldwell County, MO Residents				
#	Outpatients - MHA HIDI	FFY24	FFY23	FFY22
1	Cameron Regional Medical Center Inc. - Cameron, MO	7,047	7,423	7,258
	% of Patients Receiving Care at Home	30.0%	31.0%	28.8%
2	Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO	3,533	3,987	5,436
3	Hedrick Medical Center - Chillicothe, MO	3,176	3,197	2,861
4	Liberty Hospital - Liberty, MO	2,242	2,165	2,144
5	The University of Kansas Health System - Kansas City, KS	1,652	1,767	1,748
6	North Kansas City Hospital - North Kansas City, MO	1,172	1,046	1,236
7	Children's Mercy Kansas City - Kansas City, MO	991	942	1,000
8	Excelsior Springs Hospital - Excelsior Springs, MO	751	676	691
9	Ray County Hospital and Healthcare - Richmond, MO	663	607	638
	Other Hospitals	2,231	2,146	2,189
	Total	23,458	23,956	25,201

Caldwell County, MO Residents				
#	Emergency - MHA HIDI	FFY24	FFY23	FFY22
1	Cameron Regional Medical Center Inc. - Cameron, MO	1,030	1,223	1,038
	% of Patients Receiving Care at Home	27.8%	32.2%	30.4%
2	Liberty Hospital - Liberty, MO	744	736	631
3	Hedrick Medical Center - Chillicothe, MO	495	501	478
4	Ray County Hospital and Healthcare - Richmond, MO	276	263	228
5	Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO	287	256	202
6	North Kansas City Hospital - North Kansas City, MO	225	221	228
7	Excelsior Springs Hospital - Excelsior Springs, MO	171	154	184
8	Children's Mercy Kansas City - Kansas City, MO	121	120	120
	Other Hospitals	361	330	303
	Total	3,710	3,804	3,412

Patient Origin History 2022- 2024 for IP, OP and ER – Daviess County, MO

Daviess County, MO Residents				
#	Inpatient - MHA HIDI	FFY24	FFY23	FFY22
1	Cameron Regional Medical Center Inc. - Cameron, MO	200	175	229
	% of Patients Receiving Care at Home	21.6%	22.2%	25.5%
2	Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO	221	139	129
3	Liberty Hospital - Liberty, MO	115	105	86
4	North Kansas City Hospital - North Kansas City, MO	76	61	67
5	Saint Luke's Hospital of Kansas City - Kansas City, MO	74	51	57
6	The University of Kansas Health System - Kansas City, KS	32	46	54
7	Hedrick Medical Center - Chillicothe, MO	13	37	65
	Other Hospitals	197	176	212
	Total	928	790	899

Daviess County, MO Residents				
#	Outpatients - MHA HIDI	FFY24	FFY23	FFY22
1	Cameron Regional Medical Center Inc. - Cameron, MO	7,796	7,122	6,975
	% of Patients Receiving Care at Home	35.1%	31.6%	28.2%
2	Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO	4,462	5,332	7,247
3	Wright Memorial Hospital - Trenton, MO	2,169	1,996	2,086
4	Harrison County Community Hospital - Bethany, MO	1,927	1,934	2,186
5	Hedrick Medical Center - Chillicothe, MO	1,183	1,414	1,528
6	The University of Kansas Health System - Kansas City, KS	1,022	944	984
7	Children's Mercy Kansas City - Kansas City, MO	900	956	1,068
8	Liberty Hospital - Liberty, MO	910	864	777
	Other Hospitals	1,814	1,964	1,866
	Total	22,183	22,526	24,717

Daviess County, MO Residents				
#	Emergency - MHA HIDI	FFY24	FFY23	FFY22
1	Cameron Regional Medical Center Inc. - Cameron, MO	1,106	1,106	1,083
	% of Patients Receiving Care at Home	38.0%	39.6%	38.0%
2	Wright Memorial Hospital - Trenton, MO	420	419	489
3	Harrison County Community Hospital - Bethany, MO	315	262	309
4	Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO	279	242	251
5	Liberty Hospital - Liberty, MO	221	211	188
6	Hedrick Medical Center - Chillicothe, MO	161	183	181
7	Children's Mercy Kansas City - Kansas City, MO	103	124	104
8	North Kansas City Hospital - North Kansas City, MO	72	66	69
	Other Hospitals	230	181	173
	Total	2,907	2,794	2,847

Patient Origin History 2022- 2024 for IP, OP and ER – DeKalb County, MO

Dekalb County, MO Residents				
#	Inpatient - MHA HIDI	FFY24	FFY23	FFY22
1	Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO	662	689	673
2	Cameron Regional Medical Center Inc. - Cameron, MO	212	212	212
	% of Patients Receiving Care at Home	13.3%	46.2%	42.6%
3	North Kansas City Hospital - North Kansas City, MO	143	159	145
4	The University of Kansas Health System - Kansas City, KS	153	114	141
5	Saint Luke's Hospital of Kansas City - Kansas City, MO	80	76	107
6	Liberty Hospital - Liberty, MO	69	64	54
7	Children's Mercy Kansas City - Kansas City, MO	51	41	40
	Other Hospitals	227	1,490	1,579
	Total	1,597	1,490	1,579

Dekalb County, MO Residents				
#	Outpatients - MHA HIDI	FFY24	FFY23	FFY22
1	Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO	18,693	20,880	23,344
	% of Patients Receiving Care at Home	54.0%	57.8%	60.8%
2	Cameron Regional Medical Center Inc. - Cameron, MO	7,280	7,045	7,354
3	The University of Kansas Health System - Kansas City, KS	2,764	2,646	2,383
4	North Kansas City Hospital - North Kansas City, MO	1,254	1,215	1,147
5	Children's Mercy Kansas City - Kansas City, MO	941	979	925
6	Saint Luke's Hospital of Kansas City - Kansas City, MO	685	689	602
7	Liberty Hospital - Liberty, MO	473	487	439
8	Saint Luke's North Hospital -- Barry Road - Kansas City, MO	372	299	253
	Other Hospitals	2,132	1,883	1,972
	Total	34,594	36,123	38,419

Dekalb County, MO Residents				
#	Emergency - MHA HIDI	FFY24	FFY23	FFY22
1	Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO	1,786	1,573	1,376
2	Cameron Regional Medical Center Inc. - Cameron, MO	1,158	1,073	1,196
	% of Patients Receiving Care at Home	30.2%	30.4%	34.7%
3	North Kansas City Hospital - North Kansas City, MO	191	218	168
4	Children's Mercy Kansas City - Kansas City, MO	121	110	130
5	Liberty Hospital - Liberty, MO	110	137	101
6	The University of Kansas Health System - Kansas City, KS	84	81	74
7	Saint Luke's North Hospital -- Barry Road - Kansas City, MO	73	73	56
8	Saint Luke's Hospital of Kansas City - Kansas City, MO	53	52	87
9	Mosaic Medical Center - Albany - Albany, MO	40	41	35
	Other Hospitals	216	176	223
	Total	3,832	3,534	3,446

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Attendance Cameron Regional Medical Center PSA CHNA Town Hall 4/24/25 11:30-1pm N=29						
#	Table	Lead	Attend	Last	First	Organization
1	A	XX	x	Arthur	Carol	CRMC
2	A		x	Mort	Amy	CRMC
3	B	XX	x	A Mr	Joe	CRMC
4	B		x	King	RaCail	Daviess County Health Department
5	C	XX	x	Brown	Rachel	MU Extension
6	C		x	LYKINS	JESSICA	CRMC
7	C		x	Washam	Sarah	Hill Crest Manor
8	C		x	Earley	Staci	RE/MAX Partners & Chamber
9	C		x	MCDONALD	TERESA	TRICOUNTY HEALTH DEPARTMENT
10	D	XX	x	Taylor	Tracy	Foundation
11	D		x	Pulley	Brandy	
12	D		x	Cooper	Darcie	CRMC Home Health
13	E	XX	x	Boyle	Kelly	CRMC
14	E		x	CARTER	MISTY	CRMC
15	E		x	Klippenstein	Stephanie	Home Health
16	F	XX	x	Soncrant	Samantha	Green Hills Women's Shelter
17	F		x	Ott	Sydney	CRMC
18	F		x	Crowley	Tammy	Clinton County Health Department
19	F		x	Stahl	Katie	CRMC
20	G	XX	x	Batson	Jenny	Green Hills Women's Shelter
21	G		x	Snow	Connie	Hill Crest Manor
22	G		x	Cooley	Karie	CRMC
23	G		x	Eiberger	Mary Jo	Cameron Regional YMCA
24	H	XX	x	Miller	Freda	Young At Heart Resources
25	H		x	Rains	Lance	City of Cameron, Mo
26	H		x	Robinson	Matt	Cameron Schools
27	I		x	Leitterman	Janet	Cameron Historical Society
28	I		x	Earley	Dan	RE/MAX Partners
29	I		x	Shock	Blair	Clinton Co Health Department

Cameron Regional Medical Center Town Hall Event Notes

Date: 4/24/2025 – 11am-12:30 pm. @ CRMC Admin Building Attendance: N=29

INTRO: Following is a recap of the community conversation during CHNA 2025 Town Hall

- Other than English, the PSA is speaking Spanish, German, Dutch, and ASL.
- For care, veterans are going to the veteran's clinic and nursing home in Cameron and for hospital care Kansas City or Leavenworth.
- There are community members living in poverty in the PSA as well as larger income divide.
- Long commutes are affecting nutrition and mental health in the community.
- Broadband is an issue statewide.
- Add one time school nurse to Plattsburg*
- There is a rise in mothers who are not using prenatal healthcare (distrust in western medicine)
- Amish are in predominantly Daviess County MO, then Caldwell.
- The PSA needs childcare (all ages - especially preschool) Dekalb lacks infants and toddlers.
- There is a long wait for mental health services through the hospital.
- The Health Departments is working on education and prevention health/vaccinations.
- Depression in the PSA is higher than reported – all ages.
- As for drugs, the community has concern with alcohol, tobacco, marijuana, youth overdoses, vaping, mom's smoking nicotine and marijuana, fentanyl, and meth. The community views both alcohol and drugs as forms of substance use disorders.
- STD rates have improved since they were last reported.
- Chronic Diseases: Heart disease and Cancer (Colorectal Cancer), increase in younger individuals.

<u>Areas going well in the community:</u>

- Access to healthcare (all levels physicians and clinics)
- Ambulance/ER services
- County Office
- Dedicated community stakeholders
- Hospice and Home Health
- Law Enforcement
- Schools
- YMCA

<u>Areas to improve or change in the community:</u>

- Access to Exercise (Deserts)
- Affordable Healthy Foods
- Childcare (Access / Hours)
- Chronic Diseases
- Cost of Care
- Fight Poverty
- Housing (Access/Affordable/Safe)
- Maternal Health
- Mental Health (Diagnosis, Treatment, Aftercare, Providers)
- Nutrition (Access)
- Preventative Health (Domestic Violence and Community Health)
- Senior Health
- Staffing Senior Care
- Substance Abuse (Alcohol & Drugs)
- Timely Resource Distribution
- Transportation
- Uninsured / Underinsured
- Workforce (Qualified)

Round #5 CHNA - Cameron MO PSA

Town Hall Conversation - Strengths (Big White Cards) N=29

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	Availability of doctors/services	9	Hospital svc.	20	Diverse provider specialties
1	Immunizations have improved	9	Fitness	20	Hospice/ home health
1	Education for community by health department	9	Ambulance	21	Improved STDs
1	Efficient EMS services	9	Law enforcement	21	Access to care
1	Dedicated community involvement	10	Available hospital care	21	Healthcare - transportation - CRMC van
2	Number of available healthcare providers	11	Education	22	Access to PCP
2	Community food pantries	11	Access to physical activity	22	Transportation (CRMC)
2	Local hospital services - transportation	11	Access to childcare	22	Improved STD rates (education)
2	Local libraries with internet service	11	Transportation	22	Low opiod Rx rates
3	Access to hospital - all levels of care	12	School health - especially younger	22	Patients able to get local access to a variety specialty doc.
3	Low language barrier	12	Health dept education	23	Adding more mental health care
3	Available exercise sources	12	Education by CRMC	23	Maternity services
3	Education	12	Clinton Co transportation	23	Great EMS/ ambulance care
3	School	13	Compassionate caregivers	23	Transportation for patients to receive healthcare
4	CRMC network of providers in 4 counties	13	Willingness to improve	23	Helping patients stay at home
4	School social workers/nurses	13	Agriculture	24	Adequate access to primary care/drs, etc.
4	Ambulance/police/fire	13	Small class size	24	Health dept for wlc, vaccines, etc.
4	Strong/engaged health depts.	14	EMS	24	Psychiatrist available
5	Education	14	Specialty physicians at CRMC	25	Access to care - hospital offerings
5	Ambulance services	14	CRMC transportation	25	Number of physicians & clinics
5	Transportation	15	School health	25	Health depts
5	Healthcare accessibility	15	Relationship with school	25	ER services
5	Location of services	15	Provider variety	25	Ambulance services
6	Quality healthcare providers and services	15	Accessibility	26	Great ambulance service
6	Location - good for things not available	15	Community support	26	Access to multiple specialties at CRMC
6	School system	16	Healthcare delivery	27	School health assessments
6	Public safety systems	16	Huge publicc health presence	27	Primary care available
6	The people/care about the community	16	Dedicated community stakeholders	27	CRMC available
7	Local comprehensive care availability	16	Lively healthcare scene	27	Variety of doctors available
7	Improving access to mental health resources	16	Strong EMT, pharmacy	27	County health offices available
7	Strong family & social support systems	17	Healthcare	28	Mental health
8	Education overall	17	Food	28	Opioid dispensing
8	Strong county health	17	Schools	28	STDs better
8	Access to care	18	Patient education - STDs	28	Healthcare availibility
8	Transportation for care	18	Providing transportation	28	Hospice & home health
8	Community wants what is best	19	Providers coming to the area		

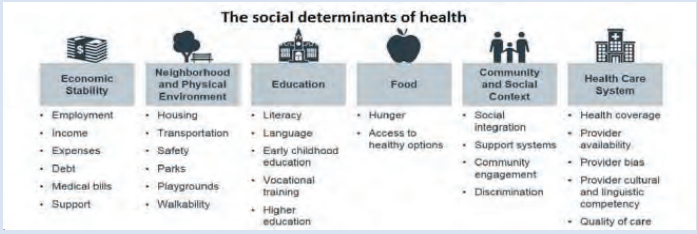
Round #5 CHNA - Cameron MO PSA

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

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	Mental health	12	Senior health (family care giving - demetia)	22	Transportation
1	Transportation	12	Domestic violence	22	DV & SV
1	Qualified staff	12	Food insecurity	23	Keeping providers in one location
1	Cost of care	12	Childcare	23	Adding affordable childcare
1	Affordable healthy foods	13	Affordable housing	23	Adding jobs for health clinics
2	Maternal health	13	Vaping/smoking	24	Affordable housing
2	Nutrition access	13	Broadband access	24	Drugs - moms
2	Access to exercise	13	Better annual checkups	24	Childcare - 0-3 & 4-5
2	Workforce (qualified)	13	Childcare B-3	24	Affordable & safe daycare
2	Senior health	14	Affordable housing	24	Long-term staffing
3	Housing (access, afford, safe)	14	Substance abuse	24	Workforce
3	Poverty	14	Opioids	24	Non-vacciners
3	Childcare	14	Workforce	24	Appointment wait times
3	Underinsured & uninsured	14	Mental health	25	Population education on health ins
3	Substance abuse (alcohol & drugs)	15	Children drug prevention	25	Childcare needs
4	Timely resource distribution	15	Underinsured & uninsured	25	Educate schools - nursing & childcare needs
4	Chronic diseases	15	Preventative care/vaccinations	25	Childcare needs
4	Preventative health	15	Childcare	25	Public transportation
5	Economic development/work closer to home	15	Workforce issues	25	Delivery of food pantry items
5	Housing affordability	15	Mental health	26	Poverty
5	Vocational school	15	Substance abuse education	26	Childcare available
5	Mental health	15	Affordable housing	26	Substance abuse/ children especially
5	Childcare (all ages)	15	Lack of healthcare	26	Public transportation - affordable
6	Internet availability	16	Substance abuse	26	Workforce
6	Psychiatric services	16	Access to quality care	26	Underinsured & uninsured
6	Childcare	16	Mental health	27	School nurse
6	Affordable quality insurance	16	Affordable healthcare (underinsured)	27	Drug/alcohol abuse
6	Food insecurity	16	Workforce	27	Childcare newborn - school age
6	Workforce issues	17	Mental health access	27	Caldwell co. involvement
7	Hours of availability for healthcare providers	17	Enviomental	27	Education/awareness
7	Childcare services (safe & affordable)	17	Transportation in small towns	27	Poverty
7	Qualified staffing for long term care facilities	17	Daycare access	28	Affordable/private pay counseling
7	Domestic violence awareness	17	Funding for programs that support health	28	Drug/alcohol treatment
8	Mental health	17	Increase professional degrees in population	28	Affordable low income housing/homeless shelter
8	Drug abuse	18	Connection to medical & social care	28	Higher pay for workers
8	Workforce	18	Maternal health	28	Resources - massage, diabetic, counseling, etc.
8	Women's health	18	Community driven prevention	29	Mental health & counseling
8	Insurance	18	Community access to physical activity/nutrition	29	Substance abuse
8	Amish	18	Childcare	29	Chronic diseases
8	Internet	19	Housing	29	Children - security, food, childcare
8	Housing (affordable & safe)	19	Access to health insurance	29	Senior health insurance
8	Poverty	19	Workforce	30	Change teen pregnancy outcomes
9	Childcare/daycare availability	19	Access to mental health	30	Improve info & access for behavioral health
9	Workforce - training availability	20	Maternal care & education	30	Improve senior care
9	Education about smoking/vaping	20	Affordable housing	30	Change the drug use amonst kids
9	Mental health	20	Need more childcare	30	Improve access to affordable housing
9	Housing	20	Need more family practice provider & staff	31	Housing (rentals & affordable)
10	Access to affordable healthy food	20	Mental health	31	Childcare - preschool
10	Poor access to specific healthcare needs	21	Under school age childcare	31	Low income - economics
10	Cost of care - underinsured/uninsured	21	Substance abuse	31	Suicide & mental health - apathy
10	Lack of local, accessable exercise opportunities	21	Workforce	31	Qualified workers - all areas
10	Housing costs	21	Transportation (outside of HC)	32	Childcare services (safe & affordable)
11	Access to quality childcare	21	Diverse education - HC	32	Housing (affordable & safe)
11	Underinsured & uninsured	21	Mental health	32	Mental health needs
11	Transportation for seniors & low income	22	Mental health	32	School health
11	Access to mental health	22	Childcare	32	Substance abuse
11	Access to healthy food	22	Affordable housing		
12	Mental health (including seniors)	22	Substance abuse (alcohol & drugs)		

Round #5 CHNA - Cameron MO PSA

Social Determinants "A" Card Themes (N = 29 with 61 Votes): E=26, N=9, ED=2, C=13, F=3 & P=8



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
1	C	Social	6	E	Economy
2	C	Social & community context	13	E	Economy
6	C	Social & community context	16	E	Economy
7	C	Social & community context	20	E	Economy
8	C	Social & community context	21	E	Economy
10	C	Social & community context	24	E	Economy
13	C	Social & community context	25	E	Economy
14	C	Social & community context	27	E	Economy
18	C	Social & community context	21	ED	Education
19	C	Social & community context	4	ED	Education & qualities
22	C	Social & community context	8	F	Food
24	C	Social & community context	15	F	Food
28	C	Social & community context	3	F	Food impacting health
1	E	Economic	25	N	Neighborhood
10	E	Economic	18	N	Neighborhood & built environment
15	E	Economic	19	N	Neighborhood & built environment
2	E	Economic stability	23	N	Neighborhood & built environment
3	E	Economic stability	3	N	Neighborhood environment
5	E	Economic stability	14	N	Neighborhood environment
7	E	Economic stability	15	N	Neighborhood environment
9	E	Economic stability	20	N	Neighborhood environment
11	E	Economic stability	16	N	Neighborhood/physical environment
12	E	Economic stability	5	P	Access to care
14	E	Economic stability	17	P	Health care
17	E	Economic stability	27	P	Health care
22	E	Economic stability	9	P	Health care access
23	E	Economic stability	26	P	Health care access
26	E	Economic stability	29	P	Health care access
28	E	Economic stability	11	P	Health care access & quality
29	E	Economic stability	12	P	Health care access & quality
4	E	Economy			

Subject: CHNA Round #5 – Online Community Feedback Survey

Cameron Regional Medical Center will be working with area providers and key stakeholders over the next few months to update the 2022 Clinton, Caldwell, DeKalb, and Daviess Counties Community Health Needs Assessment (CHNA). To this end, we are seeking input from business leaders and community members throughout the four counties regarding the health care needs of this area in order to complete the 2025 CHNA.

The goal of this CHNA update process is to determine progress made in addressing community health needs as cited in the 2016, 2019, and 2022 CHNA reports, while collecting up-to-date health perceptions and ideas for the four-county area.

Your feedback and suggestions regarding current health care delivery are especially important in order for us to complete this comprehensive CHNA report. To accomplish this work, a short online survey has been developed for completion by business leaders and community members in the four counties. Please visit CRMC's website or Facebook page, or utilize the link below to complete this survey.

LINK: https://www.surveymonkey.com/r/CameronRegional_CHNA2025

All community residents and business leaders are encouraged to complete the 2025 online CHNA survey by March 17th, 2025, in order for an adequate number of responses and meaningful results to be realized. All responses are confidential.

Please Hold the Date: A community Town Hall has been scheduled for Thursday, April 24th, 2025, from 11:30 a.m. until 1:00 p.m. at 214 McElwain Drive in Cameron (CRMC Branch Offices). This meeting will be held to discuss survey findings and identify unmet health care needs in the four-county area. More information on this meeting will be forthcoming.

If you have any questions about CHNA activities, please call Cameron Regional Medical Center at (816) 649-3332.

We thank you for your time and participation!

CRMC E-mail
2-14-25

2025 Community Health Needs Assessment to be Hosted by Cameron Regional Medical Center

Over the next few months, Cameron Regional Medical Center will be working together with other area/community leaders to update the Clinton, Caldwell, DeKalb, and Daviess County, Missouri 2022 Community Health Needs Assessment (CHNA). We are requesting Clinton, Caldwell, DeKalb, and Daviess County community members' input regarding current health care delivery and unmet residents' health needs.

The goal of this assessment update is to understand progress made from past Community Health Needs Assessments as conducted in 2016, 2019 and 2022, while collecting up-to-date community health perceptions and ideas.

A brief online community survey has been developed to accomplish this work. Please note: The CHNA survey link can be accessed by visiting the Cameron Regional Medical Center website and/or Facebook page. You may also utilize the QR code below for quick access:

All community residents and business leaders are encouraged to complete this online survey by March 17th, 2025, in order for an adequate number of responses and meaningful results to be obtained. In addition, Cameron Regional Medical Center will hold a CHNA Town Hall meeting to discuss the survey findings and identify unmet health needs on Thursday, April 24th, 2025, from 11:30 a.m. - 1:00 p.m. at CRMC's Branch Offices at 214 McElwain Drive in Cameron. More information on this meeting will be forthcoming.

Cameron Regional appreciates the input of the four-county area in this effort to effectively and accurately determine the health care needs of the four-county area. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this four-county CHNA research.

If you have any questions regarding CHNA activities, please call Cameron Regional Medical Center at (816) 649-3332.

###

Press Release
2-14-25

Cameron Regional Medical Center to Hold CHNA Town Hall Thursday, April 24

To gauge the overall community health needs of area residents, Cameron Regional Medical Center invites the public to participate in a Community Health Needs Assessment Town Hall on Thursday, April 24, from 11:30 a.m. to 1:00 p.m. at CRMC's Branch Offices located at 214 McElwain Drive in Cameron. Check-in will begin at 11:15 a.m., with lunch being provided.

This event is being held to identify and prioritize the unmet health care needs of Caldwell, Clinton, Daviess, and DeKalb Counties. Findings from this Town Hall discussion will be used to develop a three-year action plan that will fulfill both federal and state mandates.

All business leaders, health care providers, and residents are encouraged to attend.

To adequately prepare for this event, it is important for everyone planning to attend to RSVP. For this purpose, please visit the following website or utilize the QR code below:

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

Questions regarding CRMC's CHNA activities can be addressed to (816) 649-3332.

###

CRMC Press Release: 4/1/25
Contact: Carol Arthur - (816) 649-3226

From: Carol Arthur, CRMC Assistant Administrator

Date: 4/1/25

To: Area Business & Community Leaders, Physicians, Providers, CRMC Board, & Staff

Subject: Clinton, Caldwell, DeKalb, and Daviess Counties -
Community Health Needs Assessment Town Hall with Lunch - April 24, 2025

Cameron Regional Medical Center (CRMC) will host a Town Hall Community Health Needs Assessment (CHNA) luncheon on April 24, 2025. The purpose of this meeting will be to review results of the recent online survey, evaluate community health indicators, and gather additional community feedback on key unmet health needs for Clinton, Caldwell, DeKalb, and Daviess Counties. **Note: This event will be held on Thursday, April 24, 2025, from 11:30 a.m. - 1:00 p.m. at CRMC's Branch Offices located at 214 McElwain Drive in Cameron, with check-in starting at 11:15 a.m.**

We hope you can join us for this important event! All business leaders and residents are encouraged to attend. In order for us to adequately prepare for this event, it is important that you RSVP via the link or QR Code below if you plan to attend the Town Hall.

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

Thank you in advance for your time and effort!

If you have any questions regarding CRMC's CHNA activities, please call (816) 649-3332.

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2025 Community Feedback: CRMC PSA (MO) N=260

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1233	64640	Average	ACC	CLIN	DOCS	Increase of provider availability and access to multiple clinics. Closing clinics and limiting provider availability is a huge problem now.
1222	64640	Average	ACC	CLIN	DOCS	Make healthcare more available. Stop closing clinics and putting all providers in one location with limited availability.
1253	64429	Average	ACC	DOCS	EMER	Access to physicians and medical services after hours besides ER
1113	64429	Average	ACC	EDU		Access and education are big points to these.
1045		Average	ACC	SPRT	EDU	The loss of green hills community agencies in surrounding areas impacted the access to care/support for many social/health and education issues.
1144	64469	Good	CC	YOUTH		Work place daycare such as schools. More workshops on social issues for teens. School improvement.
1231	64620	Poor	CLIN	DOCS		Keep clinics open. Give families access to their healthcare providers by not limiting the days they work. Closing the Pattonsburg Medical Clinic and limiting the amount of days Renee Rouse is available to see her patients is going to have a major effect on the healthcare in this area.
1199	64649	Average	CLIN	MOB	RURAL	We need a large RV, decked out to be a mobile clinic and drive it to our more rural areas, including the Amish and provide PCP appointments.
1077	64429	Average	CLIN	PREV	OBES	A free clinic for underprivileged/mental/drug abuse. Community wide healthy/wellness fair (talk about childhood obesity, processed foods, show alternatives) Home Ec back in school, get kids cooking and gardening! If we start with the kids maybe we will create healthier adults.
1236	64649	Good	CLIN	RURAL		Quit closing clinics and decreasing the number of providers. Obviously, if the concern was really about community needs the decisions that are being made would HELP the community instead of HURTING the community. Now you've added to the healthcare problem. The people making these decisions obviously are clueless and have no idea about the health care needs in rural communities.
1084	64670	Average	CLIN			Yea open our clinics up, is this a joke?
1208	64640	Good	DOH			Lack of public interest is a problem
1142	64648	Average	ECON	ACC		Poor socioeconomic conditions plays a major factor in healthcare delivery.
1048	64640	Average	ECON	QUAL		Unfortunately I feel that all of these determinants are unable to impove until the econmic stability is improved. It very hard to improve the econmic stability when the economy is currently in a crisis.
1165	64465	Good	ECON			Economic Stability
1170	64474	Very Good	ECON			In the name of supposed "Economic Development," Cameron has become a meth town. This is a disgrace and detrimental to community health.
1102	64640	Poor	ECON			Need more cash flow in the community.
1246	64650	Good	EDU	FINA	SPRT	1. Need for various education opportunities for the community that aren't specific to healthcare, but could help improve lives of community members by reducing stress, improving finances, helping to create healthy families as a whole.
1134	64429	Good	EDU	FINA		Education and finances
1029	64644	Poor	EDU	QUAL	FINA	Education is reasonably accessible within the counties. The issue is with parents not sending their kids to school. There should be more strict laws about mandatory attendance. Unfortunately the quality is poor due to a lack of teachers. Educators were meant to go to school and earn a degree. These "teachers" that do no have education degrees are unfit to teach. Grades have suffered drastically reflecting this. More food pantries, thrift stores should open to provide people that don't have the means to buy such luxuries. Access to quality care is fair in the area. The hospital offers a free van service but only within the counties. The oats bus is too expensive
1157	64429	Average	EDU	SPRT	QUAL	1- CRMC does a good job of providing education to the community 2- There will be no economic stability in a community that is corrupt with money (city of cameron) 3- I do not feel there is a lot of community support in any aspect 4-environment- until the drug abuse and mental health issues can be fixed, this will be an ongoing issue. 5- no issues from my perspective- the community seems to disagree (also must not the 'quality' of those who complain on this topic are also very noncompliant people.
1168	64636	Good	EDU			A comprehensive informational guide to what is available and where and how to contact.
1118	64506	Average	EDU			More education fairs
1037	64429	Good	EMER	PRIM	DOCS	Have limit of number on visits to ER and urgent care. Instruction people to get PCPs. I feel they won't get as sick if they have ONE provider instead of bouncing around to different doctors.
1162	64429	Very Good	FAC	FUND		More federal and state programs directed towards our healthcare facilities and providers to provide funding for these programs.
1124	64649	Very Good	FINA	HOUS	MH	More affordable housing. That's a basic human right and shouldn't be something so hard to obtain. Plus food the prices are insane it's hard to keep good foods in the house. Mental health is horrible and so is drugs and suicide need more awareness and how to help each other
1012	64429	Good	FINA	HOUS		Increase low-cost housing
1019	64497	Good	FINA	HOUS		more affordable housing is needed
1159	64429	Good	FINA	NUTR	SCH	The rising cost of living and food prices have caused people to choose between basic living standards and health. They will forgo paying for dr appointments and medications just to cover their cost of living. Jobs in this area pay poorly but rent and utilities keep going up. How can a person be able to bother with health when survival is the most important
1150	64640	Average	FINA	SERV	QUAL	CRMC costs for service are comparable to facilities that provide much better care
1186	64644	Average	FINA			Address cuts being made to budgets

CHNA 2025 Community Feedback: CRMC PSA (MO) N=260

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1090	64497	Good	FINA			Mostly comes down to money. Does the individuals and how they spend money and what they think is important or not, but what to budget on. With all things going up in price make it very difficult for everyone.
1211	64670	Good	HOUS	ACC	NH	Need more housing available. Nursing home needs improvement or need more available.
1035	64644	Good	HOUS	FINA	POV	affordable housing for low income and regular income families.
1167	64474	Very Good	HOUS	FINA		Housing!!! This area needs affordable housing BAD!!!!!
1072	64429	Good	HOUS	NH		Feel we need nice independent housing for seniors.
1098	64429	Good	HOUS	QUAL	FINA	Huge need for affordable housing Need more programs for mildly mentally challenged adults that don't qualify for clinco - but can't get good paying jobs (in between) assistance for that group
1193	64429	Average	HOUS	TRAN		housing and transportation are the top things people struggle with I believe.
1055	64469	Good	HOUS			Housing
1091	64429	Good	HRS	HOUS	ACC	access- extended hours, at different locations, improve housing availability,
1200	64644	Average	MH	COUN	TRAN	We could benefit from mental health counseling services, transportation to and from doctors and a large gym for all ages
1191	64082	Good	MH	NH		mental health for minors
1018	64477	Good	MH	OP	PSY	we definitely need to get a mental health facility for in patient and out patient needs for therapy, psychiatry for diagnosing and medication subscribing and drug abuse/addiction that is affordable for patients
1011	64670	Good	MRKT	EDU		Promoting more community education
1138		Very Good	MRKT	SH		Just keep advertising and promoting your programs in schools
1074		Average	NH	EDU	CHRON	Beginning with our Senior population, when providing meal services include on site education programs on health and welfare, managing chronic diseases. I'm not sure what is going on the Caldwell Co Nutrition Center. If that service were running smoothly it would be a good place to access a group of people in need of services. As well as the Won by One center in Hamilton.
1187	64644	Good	NH	RESO		I think some Seniors and their Spouses could benefit from a Adult Day Care Center so a Spouse could catch a break from providing care 100% of the time.
1112	64424	Average	NUTR	HRS		Nutritional teachings with better access to non-processed foods. These need to also be offered outside of work hours In society or requirements are pressing and continuing to offer or expand nontraditional hours for healthcare is a must.
1070	64465	Very Good	NUTR	TRAN		Food and transportation
1088		Very Good	NUTR			Do we have meals on wheels for shutins?
1147	64429	Very Good	PREV	PHAR	FINA	Healthy lifestyles and pharmaceuticals need to be under control. Some medicine should not cost $400 a month
1015	64429	Average	PREV	QUAL		While I am someone who personally agrees these are very important to improve community health, there are too many selfish, misguided, ignorant people who refuse to believe that we should take care of and help one another for the betterment of the whole. So I wouldn't even know how to go about improving other than moving to a better state.
1080	64429	Average	PREV	REC	NUTR	Have a "Get Cameron healthy " ongoing campaign. Community walks and activities that get people and families moving. Family health days that draw in young and old to help promote healthy lifestyle and diets.
1008	64429	Good	QUAL	PHAR	HOUS	Qualified teachers in our district with better college preparedness efforts with students. More jobs in community. Pharmacy hours to be expanded later in evening. Affordable housing.
1034	64506	Average	QUAL			It starts at the very bottom as to the public placing all these as their own personal priority to then put people in place in our community who also have the same goal in mind to drive this. This is a community effort not a single individual.
1031	64429	Very Good	QUAL			Okey
1257	64644	Average	RESO	SERV		More areas for community members to do activities
1220	64670	Average	RURAL	TRAV	CLIN	Living in rural areas it is difficult to have to travel so far for good quality health services. During winter time, when my children are sick I now am going to have to travel 30 minutes to reach clinics in Cameron. We need clinics in our rural towns.
1073	64429	Very Good	SERV	TRAN	SCH	on demand shuttle service to ensure patients challenged with transportation can make appointments
1139	64429	Very Good	SH			Start by teaching the importance of all of these things to the kids in school.
1258	64429	Very Good	SPRT	CULT		Support and foster a strong family culture with both parents present.
1023	64429	Good	SPRT	EDU	NUTR	Create a system of delving out "referring" anyone who is seen, calls, insinuates, acts out in any capicity to a person who can respond with knowledge and instruction if desired on how to help said individual. Make sure they have a support network and are educated in the basics of healthy nutrition, and eating, sleeping and working/exercising our minds and bodies. If people choose to live an unhealthy lifestyle, we can at least make it difficult to do.
1017	64062	Very Good	SPRT	EDU	PRIM	Support and continue education to the public that it is not what facility who go to but rather which doctor/primary provider you come in contact with
1078	64689	Average	SPRT	NH	RURAL	3.) we need more community and social support for our seniors. more people going out to rural homes to check on our elderly
1057	64465	Very Good	SPRT			Community support
1032	64670	Good	SW			More social workers
1182	64429	Average	TRAN	FINA	HOUS	Need an actual cab/transportation company - not just 1 vehicle. Better affordable housing- build more 2-3 bedroom duplexes.
1133	64429	Average	TRAN	HOUS	MH	More vans for transportation. Better housing options for families. More mental health awareness/support. More focus on healthy living - better food options!

CHNA 2025 Community Feedback: CRMC PSA (MO) N=260						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1237	64429	Poor	TRAN	NH	SCH	We need more transport especially for the nursing homes so pts can get to the services and dr appointments
1024	64649	Good	TRAN	SUIC	AMB	I feel like we do not have a nonemergent transport system for patients suffering with suicidal and or homicidal ideation. Our ambulance service isn't big enough to do that and our van drivers will not transport

CHNA 2025 Community Feedback: CRMC PSA (MO) N=260						
ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1019	64497	Good	CHRON			patient non compliance of chronic care
1231	64620	Poor	CLIN	DOCS		The main cause is closing clinics and limiting providers.
1236	64649	Good	CLIN	QUAL	DOCS	The closing of clinics and pushing out quality providers
1081	64429	Poor	EDU			Educational level of majority of population
1037	64429	Good	EMER	CLIN	PRIM	The community uses the ER and urgent care for their PCP.
1220	64670	Average	FINA	POV	CLIN	In our lower income smaller towns, it's harder to make a trip to the doctor now that the local clinics are closing.
1170	64474	Very Good	FINA	SERV		Financial considerations; i.e., cost of health care services
1119	64429	Average	INSU			Insurance companies fail!
1187	64644	Good	NUTR	FIT		Healthy lifestyles, exercise, excessive anything, being informed of potential health problems before they develop,
1111	64670	Very Good	OWN			Lack of patience self motivation
1022	64429	Very Poor	POV	FINA		Low income
1222	64640	Average	QUAL	CLIN		The poor health in our community is about to get a lot worse with the closing of clinics.
1246	64650	Good	WEB	MH	FINA	Increase in social media use creating poor mental health. Financial strains on families in our community could be a source of stress, physical abuse, poor nutrition.

CHNA 2025 Community Feedback: CRMC PSA (MO) N=260

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1009	64429	Good	ACC	CC	MH	better access for child care and better access for mental health issues
1236	64649	Good	ACC	DOCS		We don't need "new" health programs. We NEED access to our providers.
1112	64424	Average	ACC	NUTR		Access to fresh produce and a farm to table movement to improve access to locally raised pork, beef, chicken, etc.
1091	64429	Good	AWARE	MH	INSU	more awareness in schools for students, mental health, under insured
1170	64474	Very Good	CANC	SPRT		Cancer Support Group; Possibly, a Caregivers' Support Group
1019	64497	Good	CHRON	EDU		more chronic care education
1176	64670	Average	CLIN	HRS		Urgent care 24 hours not by appointment like the one in Cameron
1094	64430	Average	CLIN			More clinics open and not closed up
1159	64429	Good	CLIN			Non traditional times for clinic
1092	64670	Very Good	CLIN			Nothing new is going to happen in our community. Leaving the clinic open would be the only way to continue health needs in this community
1217	64670	Average	CLIN			Opening the clinic back up.
1054	64429	Average	CLIN			Urgent care
1118	64506	Average	CLIN			Urgent care facility, long term care i.e. LTACH
1106	64429	Very Good	CLIN			Urgent care.
1024	64649	Good	COUN	DOM	DRUG	Councilors staffed by Crmc for domestic abuse, substance abuse and or alcoholism
1206	64647	Very Good	DERM			Determoligist
1199	64649	Average	DIAB	EDU	SPRT	More diabetes, and chronic disease education. More grief support groups. I don't know what is currently available to be able to suggest something 'new'.
1220	64670	Average	DOCS	FINA	POV	Having doctors available in our lower income rural communities
1075	64493	Poor	DOCS			Maybe a full-time doctor
1168	64636	Good	DRUG	EDU		Drug/alcohol abuse treatment and/or education
1004	64429	Very Good	DRUG	MH		Drug rehabilitation Mental heslth
1067	64463	Good	DRUG	SPRT		substance abuse support
1179	64429	Very Good	DRUG			Addiction care
1225	64429	Poor	EDU	MH	DRUG	More education about 988 and the telehealth option when a mental health screened is not available in person. Drug and Alcohol treatment is needed as is transportation for health care.
1074		Average	EDU	MH		Health education and mental health.
1037	64429	Good	EDU	SH		Need sex education back in the school and needs to be at the appropriate ages. Giving the "talk" in third grade and then talking about STIs and those type of things in a gym assembly is not going to get through to these kids. especially since STI numbers are going up.
1138		Very Good	EDU			I really don't know but we need to keep educating our students and parents to help break the cycle
1045		Average	EMER	MH	CC	-emergency/urgent care for mental health -community garden for food assist -affordable child care / child care at jobs that have a certain number of employees -return of access to plan parenthood, etc for womens care and birth control needs -affordable health/gym facilities for exercise -affordable insurance offered to employees with pharmacy benefits
1025	64465	Average	FINA	CC	SH	Affordable, safe, and educational childcare with staff that supports kindergarten readiness both academically and socially and emotionally, children's health services at schools, and mental health for children and adults.
1062	64429	Average	FINA	CC		Affordable childcare
1186	64644	Average	FINA	EDU		How to pay out of pockets costs (education)
1048	64640	Average	FINA	FIT	ACC	An affordable handicap accessible gym. There is one in Daviess county but it small and limited to handicap individuals. There needs to be a large facility with a reasonable monthly fee. Most handicap people in the area collect disability and are on a tight monthly budget and are unable to spare money for a gym memebership
1194	64625	Good	FINA	MH	SPRT	Free/Affordable Mental Health Support for all ages
1034	64506	Average	FIT	PREV	NH	Exercise programs. Health wellness programs. A YMCA, safe places for the elderly to exercise.
1228	64429	Good	FIT			Bigger facility for ladies gym.
1031	64429	Very Good	FIT			Gyms
1029	64644	Poor	FIT			Handicap fitness centers
1028	64429	Average	HOSP			Hospice house
1167	64474	Very Good	HOUS	FINA		Again affordable housing
1036	64429	Average	HRS	CLIN		weekend health care
1119	64429	Average	INSU	BILL		Understanding insurance and how things are billed.
1253	64429	Average	INSU			Care for families who Don't have insurance etc
1157	64429	Average	MH	AWARE	DRUG	Mental health awareness. Not just awareness, but work towards a program to help combat the issue. I do know there are a few people in the community who are working on this, but I think CRMC could be helpful as well. Drugs and alcohol are a HUGE issue and I don't see any way to combat this. People dont quit being stupid unless they WANT to, and most of them dont.
1175		Good	MH	EDU	RESO	Mental health education and resources
1237	64429	Poor	MH	EMS	SPRT	We need community health teams for behavioral health and frequent fliers. Programs such as community paramedic. We need support and funding to get these programs started and the hospital and county should help foot the bill
1246	64650	Good	MH	FINA	RESO	To improve mental health and create stable families, classes teaching financial literacy would help improve health outcomes. Also providing resources for sports gambling addictions which are now impacting families ability to afford care and reduce stress.
1200	64644	Average	MH	FIT		Mental Health Coaching and a large gym for all ages to be able to walk, run, fitness classes and lift weights.
1113	64429	Average	MH	RESO		Mental health resources
1057	64465	Very Good	MH	SERV		MENTAL HEALTH SERVICES
1018	64477	Good	MH	THER	PHAR	mental health facility for therapy, psychiatry for diagnosing and subscribing medications and drug abuse/addiction counseling.
1139	64429	Very Good	MH	YOUTH		Childrens mental health services
1100	64640	Good	MH			adult mental health
1064	64429	Good	MH			Mental Health
1038	64625	Good	MH			Mental health
1101	64640	Good	MH			Mental health

CHNA 2025 Community Feedback: CRMC PSA (MO) N=260						
ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1102	64640	Poor	MH			Mental health
1134	64429	Good	MH			Mental health
1135	64474	Good	MH			Mental health care
1011	64670	Good	MH			Mental health needs
1191	64082	Good	MH			Minor mental Healthcare
1078	64689	Average	NH	SPRT	RESO	a "social" home visiting agency that goes out to rural communities to help seniors with house cleaning, going to community events, shopping and paying bills
1022	64429	Very Poor	NH			Programs for senior citizens
1001	64429	Very Good	NH			Senior center
1077	64429	Average	NUTR	EDU		Young adults do not know how to manage food properly. I know several that don't know how to shop/plan meals and cook on a budget (SNAP recipients). Bring the community together and teach them.
1211	64670	Good	OBES			More for weight loss
1182	64429	Average	OP	CHRON	CLIN	Acute Care Clinic- not for managing chronic ailments. Maybe Urgent Care or 24 hour/day clinic.
1015	64429	Average	OTHR			The importance of caring for one another and not being a selfish asshole.
1150	64640	Average	PEDS			Pediatrics,
1142	64648	Average	PREV	ACC		I don't have a suggestion for anything new. Most people just need opportunity for more health programs.
1188	64649	Average	PREV	ACC		Wellness visits at no cost in all towns monthly
1008	64429	Good	PREV	FIT	DIAB	More regular (monthly) wellness focused programs that could potentially be held at Mutual Building. Walking groups, senior exercise groups-collaborate with YMCA, healthy meal prep- beyond just the diabetic classes (like interactive freezer meal prep maybe)
1133	64429	Average	PREV	LAB	RESO	Incentives for those trying to focus on wellness and better health. The annual FREE blood work at CRMC is a wonderful resource for the community!
1162	64429	Very Good	PSY			Adult psych
1197	64429	Good	QUAL			i think the Hospital is doing a good job
1233	64640	Average	QUAL			You need to quit trying to create new programs and focus on the needs of your current patients.
1160	64429	Very Good	RESO	NUTR		Community gardens, increase of farmers market
1080	64429	Average	RESO	SERV		Regular community building, fun health activities for adults and families.
1149	64429	Poor	RESP			Lung doctor.
1073	64429	Very Good	SCH			on demand patient appointment shuttle
1231	64620	Poor	SERV	QUAL	CLIN	We don't need new. We need to improve what we have. Open clinics and give people access to their providers instead of taking them away.
1111	64670	Very Good	SERV	QUAL		Would say probably just need to beef up existing services.
1187	64644	Good	SERV			Adult Day Care Center
1058	64670	Very Good	SERV			Adult daycares
1023	64429	Good	SERV			Create a community based recommendation system. That allows people to truthfully tell their story of illness or accident and the recovery services they received. What works and what doesn't for their particular need without being threatened to be "removed" or "canceled".
1017	64062	Very Good	SERV			Just continue to refine and advance the existing service
1144	64469	Good	SPRT	HRS		Not sure of new programs but more needed in evenings for those who work days.
1222	64640	Average	SPRT			No need to programs are needed. Focus on making the ones you have better.
1124	64649	Very Good	SUIC	EDU		Suicide awareness
1230	64649	Average	TRAN	MH		Transportation for mental health
1183	64671	Average	TRAN	MH		Transportation, mental health
1193	64429	Average	TRAN			I think we have enough community programs we just need to offer transportation to get these people to see who they need to see.
1208	64640	Good	YOUTH	EDU		Start young with children and attempt to Make a change in mindset

Year 2025 - Let Your Voice Be Heard!

Cameron Regional Medical Center along with area providers have begun the process of updating a comprehensive community-wide 2025 Community Health Needs Assessment (CHNA) to identify unmet health needs for Clinton, Caldwell, DeKalb, and Daviess County, MO. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2025 online feedback deadline is set for March 19th, 2025.

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

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

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

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

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	◯	◯	◯	◯	◯
Mental Health Services	◯	◯	◯	◯	◯
Nursing Home/Senior Living	◯	◯	◯	◯	◯
Outpatient Hospital Services	◯	◯	◯	◯	◯
Pharmacy	◯	◯	◯	◯	◯
Primary Care	◯	◯	◯	◯	◯
Public Health	◯	◯	◯	◯	◯
School Health	◯	◯	◯	◯	◯
Visiting Specialists	◯	◯	◯	◯	◯

4. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.

5. In your opinion, are there healthcare services in our community/your neighborhood that you feel need to be improved, worked on and/or changed? (Please be specific)

6. From our past CHNA and other rural communities, a number of health needs have been identified as priorities. Are any of these an ongoing problem for our community? Please select top three.

- [ ] Mental Health (Diagnosis, Placement, Providers, Aftercare)
- [ ] Substance Abuse (Meth, Opioids & Vaping)
- [ ] Lack of Comprehensive (4 County) Healthcare Resource Guide
- [ ] Affordable / Safe Childcare
- [ ] School Health
- [ ] Long Term Care Staffing / Training
- [ ] Reimbursement for Providers
- [ ] Awareness of HC Providers
- [ ] Senior Care (Transportation)
- [ ] Transportation (Outside Clinton)
- [ ] Adult Daycare
- [ ] Health Wellness Education (Diabetes)
- [ ] Affordable Housing
- [ ] Lack of Health Insurance
- [ ] Lack of Health Department Reimbursement
- [ ] Drinking

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

- [ ] Mental Health (Diagnosis, Placement, Providers, Aftercare)
- [ ] Substance Abuse (Meth, Opioids & Vaping)
- [ ] Lack of Comprehensive (4 County) Healthcare Resource Guide
- [ ] Affordable / Safe Childcare
- [ ] School Health
- [ ] Long Term Care Staffing / Training
- [ ] Reimbursement for Providers
- [ ] Awareness of HC Providers
- [ ] Senior Care (Transportation)
- [ ] Transportation (Outside Clinton)
- [ ] Adult Daycare
- [ ] Health Wellness Education (Diabetes)
- [ ] Affordable Housing
- [ ] Lack of Health Insurance
- [ ] Lack of Health Department Reimbursement
- [ ] Drinking

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

- [ ] Chronic Disease Management
- [ ] Lack of Health & Wellness
- [ ] Lack of Nutrition / Access to Healthy Foods
- [ ] Lack of Exercise
- [ ] Limited Access to Primary Care
- [ ] Limited Access to Specialty Care
- [ ] Limited Access to Mental Health
- [ ] Family Assistance Programs
- [ ] Lack of Health Insurance
- [ ] Neglect
- [ ] Lack of Transportation

Other (Be Specific).

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	○	○	○	○	○
Emergency Preparedness	○	○	○	○	○
Food and Nutrition Services/Education	○	○	○	○	○
Health Wellness Screenings/Education	○	○	○	○	○
Prenatal/Child Health Programs	○	○	○	○	○
Substance Use/Prevention	○	○	○	○	○
Suicide Prevention	○	○	○	○	○
Violence/Abuse Prevention	○	○	○	○	○
Women's Wellness Programs	○	○	○	○	○
Exercise Facilities / Walking Trails etc.	○	○	○	○	○

10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? Be Specific

11. Over the past 2 years, did you or someone in your household receive healthcare services outside of your county?

- ◯ Yes
- ◯ No

If yes, please specify the services received

12. Access to care is vital. Are there enough providers/staff available at the right times to care for you and your community?

- ◯ Yes
- ◯ No

If NO, please specify what is needed where. Be specific.

13. What "new" community health programs should be created to meet current community health needs?

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

- [ ] Abuse/Violence
- [ ] Access to Health Education
- [ ] Alcohol
- [ ] Alternative Medicine
- [ ] Behavioral/Mental Health
- [ ] Breastfeeding Friendly Workplace
- [ ] Cancer
- [ ] Care Coordination
- [ ] Diabetes
- [ ] Drugs/Substance Abuse
- [ ] Family Planning
- [ ] Health Literacy
- [ ] Heart Disease
- [ ] Housing
- [ ] Lack of Providers/Qualified Staff
- [ ] Lead Exposure
- [ ] Neglect
- [ ] Nutrition
- [ ] Obesity
- [ ] Occupational Medicine
- [ ] Ozone (Air)
- [ ] Physical Exercise
- [ ] Poverty
- [ ] Preventative Health/Wellness
- [ ] Sexually Transmitted Diseases
- [ ] Suicide
- [ ] Teen Pregnancy
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Transportation
- [ ] Vaccinations
- [ ] Water Quality

Other (Please specify).

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

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

Other (Please specify).

16. For reporting analysis, please enter your home 5-digit ZIP code.

e.) County Health Rankings & Roadmap Detail

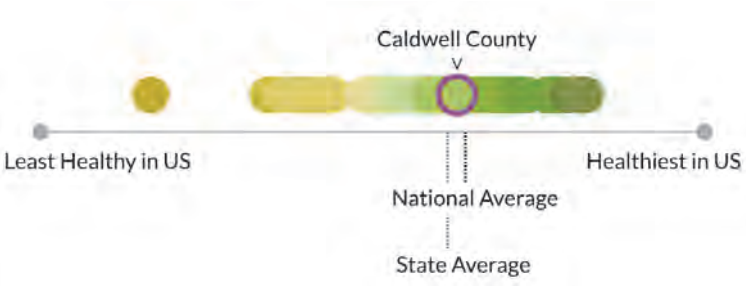
Caldwell County 2025

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years. Each Missouri county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation. The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes and Health Factors on the continuum.

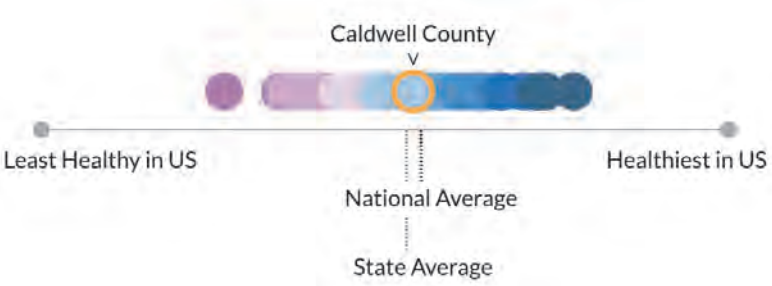
County Health Rankings & Roadmaps
A Healthier Nation, County by County

https://www.countyhealthrankings.org/health-data/missouri/caldwell?year=2025

Health Outcomes



Health Factors



Population: 8,955

Length of life	Caldwell County	Missouri	United States
Premature Death	9,700	10,000	8,400

Additional Length of life (not included in summary) +

Quality of life	Caldwell County	Missouri	United States
Poor Physical Health Days	5.0	4.2	3.9
Low Birth Weight	9%	9%	8%
Poor Mental Health Days	5.9	5.5	5.1
Poor or Fair Health	20%	17%	17%

Additional Quality of life (not included in summary)	Caldwell County	Missouri	United States
Frequent Physical Distress	15%	13%	12%
Diabetes Prevalence	11%	10%	10%
HIV Prevalence	240	254	387
Adult Obesity	40%	37%	34%
Frequent Mental Distress	19%	18%	16%
Suicides	36	19	14
Feelings of Loneliness	33%	32%	33%

Note: Blank values reflect unreliable or missing data.

The annual County Health Rankings & Roadmaps data release provides a snapshot of the health of each county in two summaries: Health Factors (which measure issues that can shape the health outcomes) and Health Outcomes (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the "drivers" for health of this county.

What do these drivers mean? The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

Health Factors: Drivers with the greatest impact on health, Caldwell County, MO - 2025

Health infrastructure	Caldwell County	Missouri	United States
Flu Vaccinations	41%	47%	48%
Access to Exercise Opportunities	36%	77%	84%
Food Environment Index	7.2	6.6	7.4
Primary Care Physicians	8,900:1	1,420:1	1,330:1
Mental Health Providers	2,990:1	380:1	300:1
Dentists	4,470:1	1,600:1	1,360:1
Preventable Hospital Stays	3,402	2,938	2,666
Mammography Screening	35%	46%	44%
Uninsured	13%	10%	10%

Physical environment	Caldwell County	Missouri	United States
Severe Housing Problems	12%	13%	17%
Driving Alone to Work	79%	76%	70%
Long Commute - Driving Alone	55%	31%	37%
Air Pollution: Particulate Matter	7.0	7.5	7.3
Drinking Water Violations	Yes		
Broadband Access	82%	88%	90%
Library Access	1	2	2

Social and economic factors	Caldwell County	Missouri	United States
Some College	57%	67%	68%
High School Completion	91%	92%	89%
Unemployment	3.1%	3.1%	3.6%
Income Inequality	3.8	4.5	4.9
Children in Poverty	15%	15%	16%
Injury Deaths	127	104	84
Social Associations	15.7	11.4	9.1
Child Care Cost Burden	23%	31%	28%

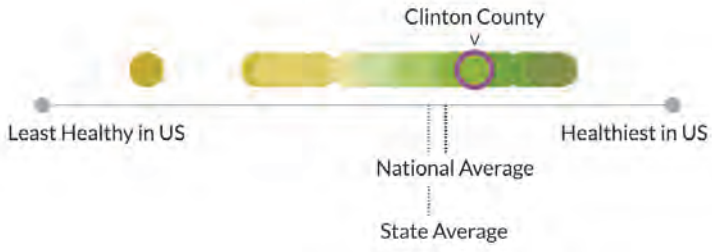
Clinton County 2025

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years. Each Missouri county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation. The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes and Health Factors on the continuum.

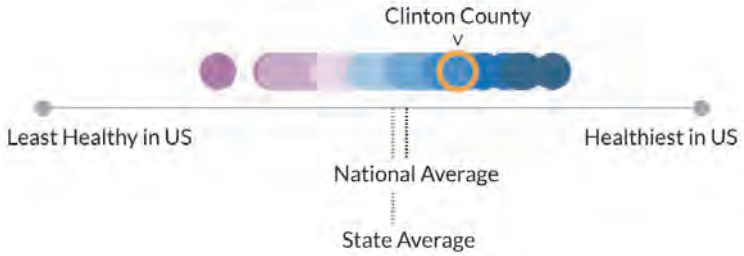
County Health Rankings & Roadmaps
A Healthier Nation, County by County

hhttps://www.countyhealthrankings.org/health-data/missouri/clinton?year=2025

Health Outcomes



Health Factors



Population: 21,548

Length of life	Clinton County	Missouri	United States
Premature Death	8,600	10,000	8,400

Additional Length of life (not included in summary) +

Quality of life	Clinton County	Missouri	United States
Poor Physical Health Days	4.5	4.2	3.9
Low Birth Weight	8%	9%	8%
Poor Mental Health Days	5.8	5.5	5.1
Poor or Fair Health	18%	17%	17%

Additional Quality of life (not included in summary)	Clinton County	Missouri	United States
Frequent Physical Distress	14%	13%	12%
Diabetes Prevalence	9%	10%	10%
HIV Prevalence	106	254	387
Adult Obesity	38%	37%	34%
Frequent Mental Distress	20%	18%	16%
Suicides	12	19	14
Feelings of Loneliness	32%	32%	33%

Note: Blank values reflect unreliable or missing data.

The annual County Health Rankings & Roadmaps data release provides a snapshot of the health of each county in two summaries: Health Factors (which measure issues that can shape the health outcomes) and Health Outcomes (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the "drivers" for health of this county.

What do these drivers mean? The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

Health Factors: Drivers with the greatest impact on health, Clinton County, MO - 2025

Health infrastructure	Clinton County	Missouri	United States
Flu Vaccinations	47%	47%	48%
Access to Exercise Opportunities	43%	77%	84%
Food Environment Index	8.0	6.6	7.4
Primary Care Physicians	1,640:1	1,420:1	1,330:1
Mental Health Providers	2,690:1	380:1	300:1
Dentists	2,370:1	1,600:1	1,360:1
Preventable Hospital Stays	3,342	2,938	2,666
Mammography Screening	44%	46%	44%
Uninsured	10%	10%	10%

Physical environment	Clinton County	Missouri	United States
Severe Housing Problems	12%	13%	17%
Driving Alone to Work	80%	76%	70%
Long Commute - Driving Alone	51%	31%	37%
Air Pollution: Particulate Matter	7.7	7.5	7.3
Drinking Water Violations	No		
Broadband Access	86%	88%	90%
Library Access	4	2	2

Social and economic factors	Clinton County	Missouri	United States
Some College	55%	67%	68%
High School Completion	94%	92%	89%
Unemployment	3.0%	3.1%	3.6%
Income Inequality	3.8	4.5	4.9
Children in Poverty	11%	15%	16%
Injury Deaths	70	104	84
Social Associations	6.6	11.4	9.1
Child Care Cost Burden	30%	31%	28%

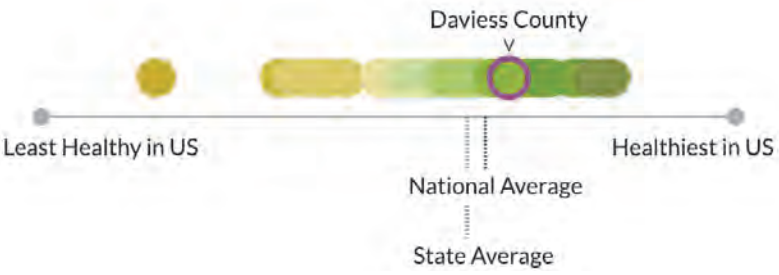
Davies County 2025

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years. Each Missouri county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation. The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes and Health Factors on the continuum.

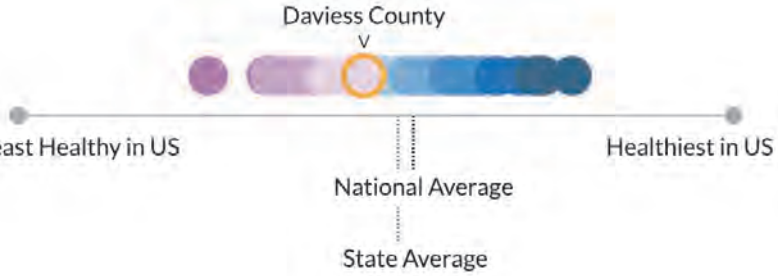
County Health Rankings & Roadmaps
A Healthier Nation, County by County

https://www.countyhealthrankings.org/health-data/missouri/daviess?year=2025

Health Outcomes



Health Factors



Population: 8,551

Length of life	Daviess County	Missouri	United States
Premature Death	9,100	10,000	8,400

Additional Length of life (not included in summary)

Quality of life	Daviess County	Missouri	United States
Poor Physical Health Days	5.1	4.2	3.9
Low Birth Weight	6%	9%	8%
Poor Mental Health Days	5.9	5.5	5.1
Poor or Fair Health	23%	17%	17%

Additional Quality of life (not included in summary)	Daviess County	Missouri	United States
Frequent Physical Distress	17%	13%	12%
Diabetes Prevalence	11%	10%	10%
HIV Prevalence	158	254	387
Adult Obesity	37%	37%	34%
Frequent Mental Distress	21%	18%	16%
Suicides	33	19	14
Feelings of Loneliness	32%	32%	33%

Note: Blank values reflect unreliable or missing data.

The annual County Health Rankings & Roadmaps data release provides a snapshot of the health of each county in two summaries: Health Factors (which measure issues that can shape the health outcomes) and Health Outcomes (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the "drivers" for health of this county.

What do these drivers mean? The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

Health Factors: Drivers with the greatest impact on health, Davies County, MO - 2025

Health infrastructure	Daviess County	Missouri	United States
Flu Vaccinations	24%	47%	48%
Access to Exercise Opportunities	11%	77%	84%
Food Environment Index	7.7	6.6	7.4
Primary Care Physicians	8,400:1	1,420:1	1,330:1
Mental Health Providers	4,280:1	380:1	300:1
Dentists	4,220:1	1,600:1	1,360:1
Preventable Hospital Stays	2,182	2,938	2,666
Mammography Screening	31%	46%	44%
Uninsured	16%	10%	10%

Physical environment	Daviess County	Missouri	United States
Severe Housing Problems	12%	13%	17%
Driving Alone to Work	71%	76%	70%
Long Commute - Driving Alone	40%	31%	37%
Air Pollution: Particulate Matter	7.3	7.5	7.3
Drinking Water Violations	No		
Broadband Access	79%	88%	90%
Library Access	<1	2	2

Social and economic factors	Daviess County	Missouri	United States
Some College	47%	67%	68%
High School Completion	86%	92%	89%
Unemployment	2.8%	3.1%	3.6%
Income Inequality	4.2	4.5	4.9
Children in Poverty	18%	15%	16%
Injury Deaths	91	104	84
Social Associations	7.1	11.4	9.1
Child Care Cost Burden	29%	31%	28%

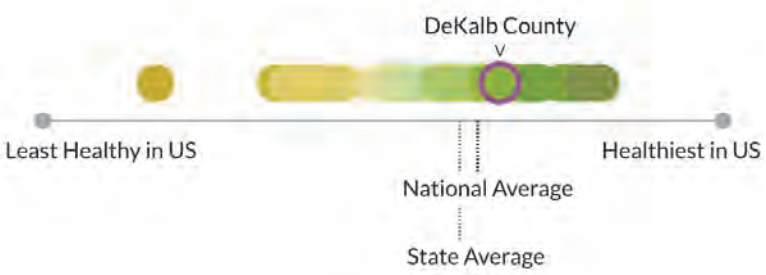
DeKalb County 2025

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years. Each Missouri county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation. The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes and Health Factors on the continuum.

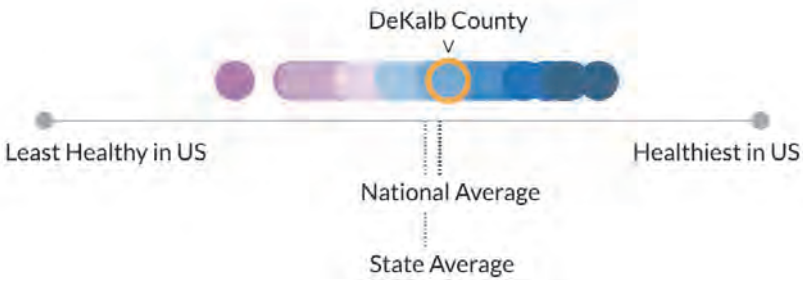
County Health Rankings & Roadmaps
A Healthier Nation, County by County

https://www.countyhealthrankings.org/health-data/missouri/dekalb?year=2025

Health Outcomes



Health Factors



Population: 9,899

Length of life	DeKalb County	Missouri	United States
Premature Death	9,700	10,000	8,400
Additional Length of life (not included in summary)			
Quality of life	**DeKalb County**	**Missouri**	**United States**
Poor Physical Health Days	4.5	4.2	3.9
Low Birth Weight	8%	9%	8%
Poor Mental Health Days	5.4	5.5	5.1
Poor or Fair Health	19%	17%	17%
Additional Quality of life (not included in summary)	**DeKalb County**	**Missouri**	**United States**
Frequent Physical Distress	14%	13%	12%
Diabetes Prevalence	10%	10%	10%
HIV Prevalence		254	387
Adult Obesity	42%	37%	34%
Frequent Mental Distress	18%	18%	16%
Suicides	24	19	14
Feelings of Loneliness	31%	32%	33%

Note: Blank values reflect unreliable or missing data.

The annual County Health Rankings & Roadmaps data release provides a snapshot of the health of each county in two summaries: Health Factors (which measure issues that can shape the health outcomes) and Health Outcomes (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the "drivers" for health of this county.

What do these drivers mean? The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

Health Factors: Drivers with the greatest impact on health, DeKalb County, MO - 2025

Health infrastructure	DeKalb County	Missouri	United States
Flu Vaccinations	40%	47%	48%
Access to Exercise Opportunities	49%	77%	84%
Food Environment Index	7.8	6.6	7.4
Primary Care Physicians	3,700:1	1,420:1	1,330:1
Mental Health Providers		380:1	300:1
Dentists	11,340:1	1,600:1	1,360:1
Preventable Hospital Stays	2,463	2,938	2,666
Mammography Screening	46%	46%	44%
Uninsured	10%	10%	10%
Physical environment	**DeKalb County**	**Missouri**	**United States**
Severe Housing Problems	7%	13%	17%
Driving Alone to Work	77%	76%	70%
Long Commute - Driving Alone	48%	31%	37%
Air Pollution: Particulate Matter	7.4	7.5	7.3
Drinking Water Violations	No		
Broadband Access	80%	88%	90%
Library Access		2	2
Social and economic factors	**DeKalb County**	**Missouri**	**United States**
Some College	38%	67%	68%
High School Completion	89%	92%	89%
Unemployment	2.9%	3.1%	3.6%
Income Inequality	4.2	4.5	4.9
Children in Poverty	12%	15%	16%
Injury Deaths	89	104	84
Social Associations	9.7	11.4	9.1
Child Care Cost Burden	29%	31%	28%

VVV Consultants LLC

Vince Vandehaar, MBA
Principal & Adjunct Professor
VVV@VandehaarMarketing.com

Olivia Hewitt, BS
Associate Consultant
OGH@VandehaarMarketing.com

Cassandra Kahl, BHS MHA
Director, Project Management
CJK@VandehaarMarketing.com

HQ Office:

601 N Mahaffie, Olathe, KS 66061
(913) 302-7264
http://vandehaarmarketing.com/

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

2025 CHNA Implementation Plan - Cameron Regional Medical Center

Round #5 CHNA Health Needs Tactics Year 1 of 3 starting 10/1/25 through 9/30/26

	CHNA Health Areas of Need	T	"Specific Actions" to Address Community Health Need or "Reasons Why Hospital Will Not"	Identified "Lead"	Identified Partners	Timeframe	(Hours)	$$$
1	**Mental Health (Diagnosis, Treatment, Aftercare, # of Providers)**	a	**Continue to recruit additional psych resources to PSA. Continue to investigate Tele Psych service offerings.**	CRMC / Family Guidance	4H_FFA, Aux, HC_Exten, Clerg, Clinic, Club, EMS, DOH, Hosp, Law Enf, MH, Drug/Alc, School, Sen, Teen, Trans, Other			$25,000
		b	**Build Recovery support community partners. Create programs to help addicts & their families. Continue to provide drug testing for patients. Recruit providers to visit community to provide outpatient treatment.**					
		c	**Collaborate with community elementary, middle, and high schools to educate students on mental health (de-stigmatize mental health conditions, suicide prevention and social media bullying).**					$500
		d	**Promote new 988 24 hours Suicide / Crisis hotline to community. Explore a texting 24-hour crisis hotline.**					
		e	**Continue to educate all medical staff including EMS and Police officers regarding mental health delivery issues and how to address them. Provide continuing education courses to staff, lunch and learn presentations, etc. to keep them current in terms of treating mental health issues.**					$15,000
		f	**Continue to maintain a Community Inventory of Services to document the availability of mental health resources, including hours of service. Make the Inventory available to the public as needed. Document mental health services by age categories (focus on age 12 and under).**			Ongoing		$750
		g	**Continue CRMC's program of free transport services for Mental Health patients.**					$12,500
		h	**Continue to offer depression screenings by CRMC primary care physicians. Provide more behavioral health services at CRMC primary care clinics (MIPS measure).**					$7,500
		i	**Continue Suicide prevention training at schools. Develop and sponsor an anti-suicide campaign. Continue to educate the community about the importance of behavioral health screenings (schools, hospitals, veterans, admin, etc.)**					
		j	**Continue to explore / develop relationships with key community partners in the area of mental health for collective impact. Develop additional mental health support groups @ DOH at 4 PSA Health Depts. Implement aftercare for schools and teen children.**					$1,200
		k	**Explore hosting a well known Guest Speaker to come to community to share on de-stigmatize mental health treatment.**					

2025 CHNA Implementation Plan - Cameron Regional Medical Center

Round #5 CHNA Health Needs Tactics Year 1 of 3 starting 10/1/25 through 9/30/26

	CHNA Health Areas of Need	T	"Specific Actions" to Address Community Health Need or "Reasons Why Hospital Will Not"	Identified "Lead"	Identified Partners	Timeframe	(Hours)	$$$
		l	Continue Outpatient community-based programs. Promote Mental Health Service offerings using CRMC billboards, newspaper, website, etc. Educate community on placement process and options thru CRMC physicians, clinics, and E.R. Brainstorm new ideas to promote visible campaign efforts.					$11,000
		m	Educate community on mental health diagnosis, treatment and aftercare options. Have local providers share their insights on MH options / best practices.					$1,500
		n	Start a "It's OK" screening program. Encourage & increase depression screenings through primary care physicians, Health Dept, schools, and clinics. Important to address at each visit (h above).					
2	Childcare (Access / Affordable)	a	Assist with recruitment of childcare providers to PSA through grants, start-ups etc. Educate young families on childcare community options / resources.(Parents as teachers program / DECAT / Ext)	Health Depts (4 Co.) / YMCA	Aux, Cham, Club, Co, City, EcDev, DOH, Hosp, Ind, School, Sen, SS, ST, Teen, Other			
	This health need is a community Social determinant, thus not part Hospital's Mission or Critical operations. Will partner with others as appropriate.	b	Continue Child Care Support education i.e., teen babysitting classes etc. Continue to provide support for licensure, i.e., CPR classes, health/safety, and self defense class.					$500
		c	Visit local daycare facilities to understand delivery. Evaluate and access child care needs in the community to determine number of child care providers needed. Create a directory of all services.					
		d	Collaborate with local schools, churches, fitness centers etc. to consider / provide child care services for community residents. Focus service delivery on ages 0-5 years old.					
		e	Encourage local firms to establish affordable child care "on site" options to support employees. Utilize YMCA "Kids Inc" Program and the Clinic Organization (that includes: Churches, YMCA, Second Harvest, etc.)					
		f	Encourage business / local schools to provide after hours programing / child care services for community.					
		g	Investigate adding autistic/special needs child care services. Educate all families on child care community options / resources.					
		h	Work with Missouri Department of Health for advocacy to adjust child care licensing laws. Educate legislators on regulations that deter new child care providers.					

2025 CHNA Implementation Plan - Cameron Regional Medical Center

Round #5 CHNA Health Needs Tactics Year 1 of 3 starting 10/1/25 through 9/30/26

	CHNA Health Areas of Need	T	"Specific Actions" to Address Community Health Need or "Reasons Why Hospital Will Not"	Identified "Lead"	Identified Partners	Timeframe	(Hours)	$$$
3	**Fight Poverty - Economic Development**	a	**Continue to offer and fund youth employment programs, mentorship, and leadership development, particularly for teens in high-poverty neighborhoods. Build pipelines from high school to college and careers.**	4 County Chamber & Econ Development	Aux, Cham, Clerg, Club, Co, City, EcDev, DOH, Hosp, Hous, Ind, School, SS, ST, Trans, Other			
	This health need is a community Social determinant, thus not part Hospital's Mission or Critical operations. Will partner with others as appropriate.	b	**Create a class that offers help on resume and interview skills hosted by local community HR reps. Involve all PSA churches, schools and local government leaders to man program. Continue utilizing Library computers / resume assistance.**					
		c	**Continue to support & develop PSA Economic Development Plan to decrease poverty / increase employment readiness. Continue to report PSA business growth / expansion plans.**					
		d	**Develop / offer transportation services to impoverished individuals seeking work to assist with getting to and from employer.**					
		e	**Continue to promote WIC and food stamp programs. Launch money management education seminars or classes.**					
		f	**Continue to seek grants, low-interest loans, and technical assistance to small businesses owned by residents of underserved communities. Support worker-owned co-ops and social enterprises that create local jobs.**					
		g	**Continue to support school career development. Launch classes in the high school setting and continue hospital shadowing program.**					$3,500
		h	**Develop online credential depository for career development. Partner with organizations to continue classes that offer help on resume and interview skills. Continue to promote / utilize Library resources.**					
		i	**Launch money management education seminars or classes. Encourage individuals to open up a savings account and offer tips on paying off debt.(In Schools with Banks)**					
4	**Housing (Access/Affordable/Safe)**	a	**Continue expand to build Countywide Housing Development Plan that would address affordable / safe housing for residents.**	4 County Commission	Asst. Liv, Aux, Cham, Club, Co, City, EcDev, DOH, Hosp, Hous, Ind, SS, ST, Other			
	This health need is a community Social determinant, thus not part Hospital's Mission or Critical operations. Will partner with others as appropriate.	b	**Start / Explore "Habitat for Humanity" program. Teach technical skills (weekend workshops) to rehab houses for resell. Promote program.**					
		c	**Encourage banks to offer mortgage loans to first time home buyers and/or allow loans which aid in improvement of existing housing.**					
		d	**Research possible housing options for vacant buildings to turn into affordable & safe housing. Ask County to share in development.**					

2025 CHNA Implementation Plan - Cameron Regional Medical Center

Round #5 CHNA Health Needs Tactics Year 1 of 3 starting 10/1/25 through 9/30/26

	CHNA Health Areas of Need	T	"Specific Actions" to Address Community Health Need or "Reasons Why Hospital Will Not"	Identified "Lead"	Identified Partners	Timeframe	(Hours)	$$$
		e	Recruit Builders to County. Research options for housing estates new building development. Explore potential new apartment complex development.					
		f	Investigate grant writing to fund public / safe housing. If available, designate community lead to work to attain the necessary grant.					
		g	Offer rental tenant support resources such a unique payment plans. Evaluate county income to assist in accurate rent collection in the area to expand housing options for individuals.					
		h	Explore the area and process of building a new apartment complex specifically for young families and potentially the elderly as two separate developments.					
		i	Explore housing options with local Homeless agency programs.					
5	Workforce (Qualified)	a	Continue to offer Hospital Scholarships via four separate programs. Continue Internship / Shadowing program opportunities. Continue to support college and high school students on health care career options.	Schools & Chamber	4H_FFA, Aux, Cham, HC_Exten, Clinic, Club, Co, City, EcDev, DOH, Hosp, Hous, Ind, School, SS, ST, Teen, Trans, Other			$48,000
		b	Continue Hospital Training Program to build skills with current staff. Continue to build career ladder to support workforce development.					$12,500
		c	Continue to work with Work Force Advisory / other community leaders to retain existing businesses and recruit new businesses / in the PSA. Host tours and networking events.					
		d	Develop partner relationships with area providers for collective recruitment. Identify/contact key collaborative partners to possibly share workforce & equipment.					
		e	Continue business reimbursement for continued adult education with hospital as lead along with other business partners.					$15,500
		f	Encourage local businesses to host job fairs to promote their open positions for all education levels. (no degree, GED, etc.)					
		g	Launch formal "Welcome to the Community" recruiting program.					
		h	Promote and advertise surrounding area college job fairs to students / unemployed within in the county.					
6	Uninsured / Underinsured	a	Advocate for Medicaid expansion. Understand OBBB impact. Support Missouri Hospital Association lobbying efforts.	CRMC & PSA Insurance Brokers	Aux, Cham, HC_Exten, Clinic, Co, City, DOH, HH_Hosp, Hosp, Ind, MH, School, Sen, SS, ST, Other			

2025 CHNA Implementation Plan - Cameron Regional Medical Center

Round #5 CHNA Health Needs Tactics Year 1 of 3 starting 10/1/25 through 9/30/26

	CHNA Health Areas of Need	T	"Specific Actions" to Address Community Health Need or "Reasons Why Hospital Will Not"	Identified "Lead"	Identified Partners	Timeframe	(Hours)	$$$
	This health need is a community Social determinant, thus not part Hospital's Mission or Critical operations. Will partner with others as appropriate.	b	Continue to build Patient Financial Assistance Program to educate public on payment options at the hospital. Update data base to make user friendly for CMS Transparency web reporting and price transparency.					$23,500
		c	Launch partnership with local nonprofits that specialize in health access to provide free or low-cost insurance navigation services.					
		d	Explore the formation of a local resident committee that helps with education of Health Insurance options.					
		e	Hold public town hall to continue to assess & understand specific barriers to insurance coverage in the community .					
		f	Continue with CRMC's filing for Presumptive Eligibility status for assisting patients with Medicaid enrollment					$18,000
		g	Provide assistance to help uninsured individuals navigate issues related to medical debt or disputes with insurance companies. Continue to expand marketplace enrollment assistance & education. Help residents enroll into Medicaid / ACA insurance coverage.					$32,000
		h	Monitor changes to Federal health insurance policies for rural health organizations.					
		i	Continue to research grant funding opportunities for uninsured and underinsured.					
7	Substance Abuse (Alcohol & Drugs)	a	Continuing AA program that meets weekly. Help support program through additional funding or communication of information to community members. Increase availability.	CRMC / NW Health	4H_FFA, Aux, HC_Exten, Clerg, Clinic, Club, Co, City, EMS, DOH, Hosp, Law Enf, MH, Drug/Alc, School, SS, ST, Teen, YMCA			
		b	Recruit additional drug counselors to PSA to increase access to counseling/support for alcohol & drug abusers and their families. Treat abusers as patients who have a health need rather than addicts.					$8,500
		c	Assist schools on their effects to educate youth on the dangers of smoking / vaping. Explore possible Substance Abuse Speakers @ school assemblies/community events through grant capacities.					
		d	Continue to add too Pain Management services. Continue to educate providers on the benefits of homeopathic / alternative treatment options. If needed, maintain up-to-date provider education/training.					$12,000
		e	Partner with Law enforcement / create task force to explore how to stop black market sales of prescription meds. Buy back or have drop off bins.					$500
		f	Build Recovery support community partners. Create programs to help addicts & their families. Continue to provide drug testing for patients. Recruit providers to visit community to provide outpatient treatment.					

2025 CHNA Implementation Plan - Cameron Regional Medical Center

Round #5 CHNA Health Needs Tactics Year 1 of 3 starting 10/1/25 through 9/30/26

	CHNA Health Areas of Need	T	"Specific Actions" to Address Community Health Need or "Reasons Why Hospital Will Not"	Identified "Lead"	Identified Partners	Timeframe	(Hours)	$$$
		g	Support substance abuse counseling for community members. Educate the schools and local community organizations on signs of drug abuse. Continue CRMC Resource Directory and County Website) to promote community resources for substance abuse (listed above).					
		h	Continue and expand to offer / create meaningful community youth activities to keep youth engaged and active. Research prevalent issues leading to drug abuse by adolescents.					
		i	Develop educational handouts for medical providers to distribute when prescribing schedule II drugs. Commercials, texts, phone calls, radio, etc.					$750
		j	Continue to build community awareness on drug abuse resources. Coordinate all community marketing activities among Stakeholders. Develop educational promotions (both digital & traditional handouts) for community. Launch social media campaign to combat drug abuse and drunk driving.					
		k	Collect & report statistics on arrests, wrecks, and nonfatal overdoses. Report community findings / make recommendations on next steps.					
		l	Continue to offer Guidance Counselors and group sessions at schools (on prevention and community education).					
		m	Continue to seek Alcohol & Drug Abuse GRANT funding. Expand "no drinking" school educational program.					
8	Preventative Health (Community Education)	a	Develop and launch an 'Owning Your Own Health' program to enhance Medicare Wellness Visits through integrated exercise and healthy lifestyle initiatives. Prioritize partnerships with County / local programs and Senior Center classes to foster group engagement and improve overall community health	CRMC & 4 County Health Department	4H_FFA, HC_Exten, Clinic, Club, Fit, DOH, HH_Hosp, Hosp, School, Sen, SS, Teen, Trans, YMCA, Other			$1,250
		b	Collaborate with community health entities (Hospital, County Health Department etc.) to promote early detection and treatment for cancer, heart disease and diabetes. Continue Clinic Reminder Program to encourage residents to visit their providers regularly for preventative screenings and follow-ups.					$4,500
		c	Explore a back to school Carnival. Partner with Rec and Parks to promote these activities.					
		d	Maintain and regularly update the community Facebook page and website to serve as a central hub for HEALTH information, including links to local service providers, schools, churches, and community programs. Ensure content is current, accessible, and engaging to enhance community connection and resource awareness.					
		e	Explore a community Wellness Challenge to bring people together to participate in wellness/exercise activities.					

2025 CHNA Implementation Plan - Cameron Regional Medical Center

Round #5 CHNA Health Needs Tactics Year 1 of 3 starting 10/1/25 through 9/30/26

	CHNA Health Areas of Need	T	"Specific Actions" to Address Community Health Need or "Reasons Why Hospital Will Not"	Identified "Lead"	Identified Partners	Timeframe	(Hours)	$$$
		f	Explore a partnership with PSA Fitness & Wellness Centers to promote community wellness. Provide complimentary introductory classes to get people motivated and involved.					
		g	Launch a "Walk With Ease" or similar outreach program to help enhance healthy behaviors in the community.					
		h	Continue Hospital's low cost physicals for PSA athletes. Support PSA school health programs. Continue CRMC Annual Health Fair with extensive free Lab/Blood work, free screenings, and information on relevant health topics.					$147,500
		i	Continue Hospital's regularly-scheduled free public education sessions on a variety of medical topics, such as Urology, stroke, pain, etc.					$11,500
	Overall Total Contribution							**$414,950**