



# **Community Health Needs Assessment Bates County, MO**

On Behalf of Bates County Memorial Hospital



**October 2025**

VVV Consultants LLC  
Olathe, KS

# Community Health Needs Assessment

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# I. Executive Summary

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# I. Executive Summary

## Bates County Memorial Hospital (Primary Service Area) – Bates County, MO - 2025 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for *Bates County Memorial Hospital* 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 Bates County, MO CHNA began in June 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:

2025 CHNA Unmet Needs				
Bates County Memorial Hospital (Primary Service Area)				
Butler, MO - 9/18/25 Town Hall: (20 Attendees, 67 Total Stakeholder Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Crisis, Diagnosis, Treatment, Providers, Aftercare)	12	18%	18%
2	Economic Development (Poverty)	11	16%	34%
3	Childcare (Access & Affordable)	7	10%	45%
4	Spiritual Health (Hope)	7	10%	55%
5	Substance Abuse (Drugs & Alcohol)	6	9%	64%
6	Food Insecurity	4	6%	70%
7	Health Apathy	3	4%	75%
8	Home Health (Access)	3	4%	79%
9	Uninsured / Underinsured (Advantage Plans)	3	4%	84%
Total Votes		67		
Other Items receiving votes: Vaccines (Lack of), Dental, Obesity (Nutrition & Fitness), Housing (Affordable), Senior Healthcare, Community Partnerships / Collaboration, and Transportation.				

## Town Hall CHNA Findings: Areas of Strengths

Bates County, MO - Community Health Strengths Recalled			
#	Topic	#	Topic
1	Broadband Improvement	7	Oncology Access
2	Charity Care	8	Orthopedic Access
3	Infusion Center	9	Public Health
4	Mammography Program	10	Visiting Specialists

### Key CHNA Round #5 Secondary Research Conclusions found:

**MISSOURI HEALTH RANKINGS:** According to the 2023 Robert Woods Johnson County Health Rankings, Bates Co, MO, on average was ranked 40<sup>th</sup> in Health Outcomes, 81<sup>st</sup> in Health Factors, and 95<sup>th</sup> in Physical Environmental Quality out of the 115 Counties.

**TAB 1.** Bates County's population is 16,394 (2024). About six percent (5.8%) of the population is under the age of 5, while the population that is over 65 years old is 20.1%. Children in single parent households make up a total of 21.3% compared to the rural norm of 19%, and 87.5% are living in the same house as one year ago.

**TAB 2.** In Bates County, the average per capita income is \$28,444 while 13.9% of the population is in poverty. The severe housing problem was recorded at 13.5% compared to the rural norm of 10.6%. Those with food insecurity in Bates County is 17.6%, and those having limited access to healthy foods (store) is 8.7%. Individuals recorded as having a long commute while driving alone is 51.3% compared to the norm of 35.5%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Bates County is 40.5%. Findings found that 89% of Bates County ages 25 and above graduated from high school while 15.3% has a bachelor's degree or higher (2024).

**TAB 4.** The rate of births where prenatal care began in the first trimester was recorded at 78.8 (per 100) compared to the rural norm of 73.2. Additionally, the rate of births with low birth weight per 100 was recorded at 6.2. Bates County recorded a rate of 22.5 (per 1k) of births occurring to teens between ages 15-19. The rate per 100 of births where mother smoked during pregnancy was 18.4 compared to the rural norm of 15.3.

**TAB 5.** The Bates County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 8,053 residents. There were 3,085 preventable hospital stays in compared to the rural norm of 2,595. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 69% while patients who reported they would definitely recommend the hospital was recorded at 69%.

## Secondary Research Continued

**TAB 6.** In Bates County, the age-adjusted prevalence of depression among adults was recorded at 25.9% compared to the rural norm of 25%. The average number of mentally unhealthy days among the population was recorded at 5.8 days (in a seven-day period). The age-adjusted suicide mortality rate per 100k is 11.6.

**TAB 7a – 7b.** Bates County has an obesity percentage of 38.3% and a physical inactivity percentage is 27.1%. The percentage of adults who smoke is 20.8%, while the excessive drinking percentage is 19.4%. The age-adjusted prevalence of those diagnosed with diabetes among adults is 10.6%. The prevalence of COPD was recorded at 9%, while the prevalence of coronary heart disease was 6.5%. The age-adjusted prevalence of those diagnosed and living with cancer is 6.4%.

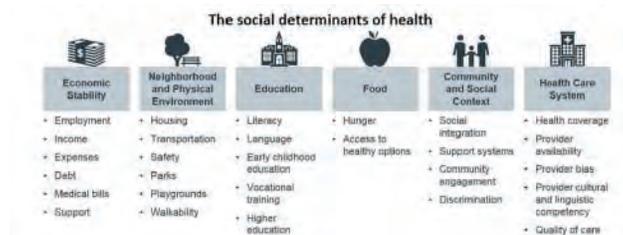
**TAB 8.** The adult uninsured rate for Bates County is 13.4% compared to the rural norm of only 12.4%.

**TAB 9.** The life expectancy rate in Bates County for males and females is roughly 75 years of age (74.7). Alcohol-impaired driving deaths for Bates County is 12.5% while age-adjusted Cancer Mortality rate per 100,000 is 200.1. The age-adjusted heart disease mortality rate per 100,000 is at 242.8 compared to the norm of 226.2.

**TAB 10.** A recorded 42.4% of Bates County has access to exercise opportunities. Continually, 36% of women have done a mammography screening compared to the rural norm of 42%. Adults recorded in Bates County who have had regular routine check-up is 72%. The age-adjusted prevalence of high blood pressure among adults was recorded at 33.2%

**Social Determinants Views Driving Community Health:** From Town Hall conversations, Economic Stability, followed by Health Care System, and Community and Social Context are impacting community health, see Sec V for a detailed analysis.

### Social Determinants Online Community Feedback – Bates County PSA (N=272)



Bates County MO "KEY" Social Determinant Takeaways to Improve Our Community Health	
lack of access to healthy food due to cost is a big problem...	More education made available to different segments of the community - thru schools, Senior Center, workplaces.
Access to quality inpatient mental health is an issue in our whole region	Need more affordable houses or apartments to rent.
We need more public transportation to help people who do not or can not drive get to appts.	Butler needs a nice walking/cycling trail for the community use

## Key CHNA Round #5 Primary Research Conclusions found:

**Community Feedback from residents, community leaders, and providers (N=272) provided the following community insights via an online perception survey:**

- Using a Likert scale, the average between Bates County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 61%.
- Bates County stakeholders are very satisfied with some of the following services: Ambulance Services, Optometry, Hospice, and Pharmacy.
- When considering past CHNA needs, the following topics came up as the most pressing: Substance Abuse, Mental Health Services, Child Care, Transportation, Community Health Center, and Urgent Care Services.

During the Town Hall on Sept. 18<sup>th</sup>, 2025, a discussion was held to evaluate the impact of any actions taken to address the significant health needs identified in 2022. The table below was reviewed in-depth asking for feedback on which needs are still pressing and ongoing, thus evaluating actions taken in 2022.

<b>Bates County Memorial Hospital PSA - CHNA 2025 N=272</b>					
<b>Past CHNA Unmet Needs Identified</b>		<b>Ongoing Problem</b>			<b>Pressing</b>
<b>Rank</b>	<b>Ongoing Problem</b>	<b>Votes</b>	<b>%</b>	<b>Trend</b>	<b>Rank</b>
1	Childcare (Safe and Affordable)	104	15.5%		3
2	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	100	14.9%		2
3	Substance Abuse (Drugs and Alcohol)	99	14.8%		1
4	Obesity (Nutrition / Exercise)	65	9.7%		9
5	Transportation (General)	63	9.4%		4
6	Visiting Specialists (Ortho, GYN, Neurology, Derm, GI)	58	8.7%		7
7	Home Health	54	8.1%		8
8	Urgent Care Services	47	7.0%		6
9	Community Health Center (Pool, Child Programs)	46	6.9%		5
10	Workforce Staffing (County-wide)	34	5.1%		10
<b>Totals</b>		<b>670</b>	<b>100.0%</b>		

# II. Methodology

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## II. Methodology

### a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital 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.).

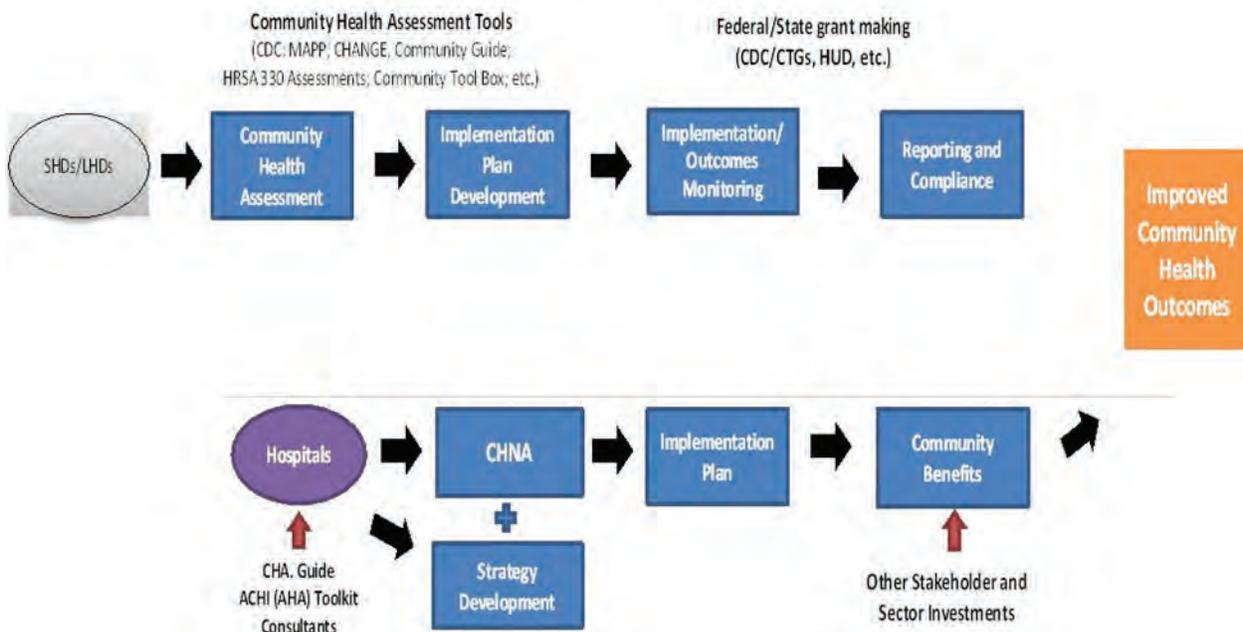
#### **JOB #2: Making a CHNA Widely Available to the Public**

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 69-545 hospital 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):**

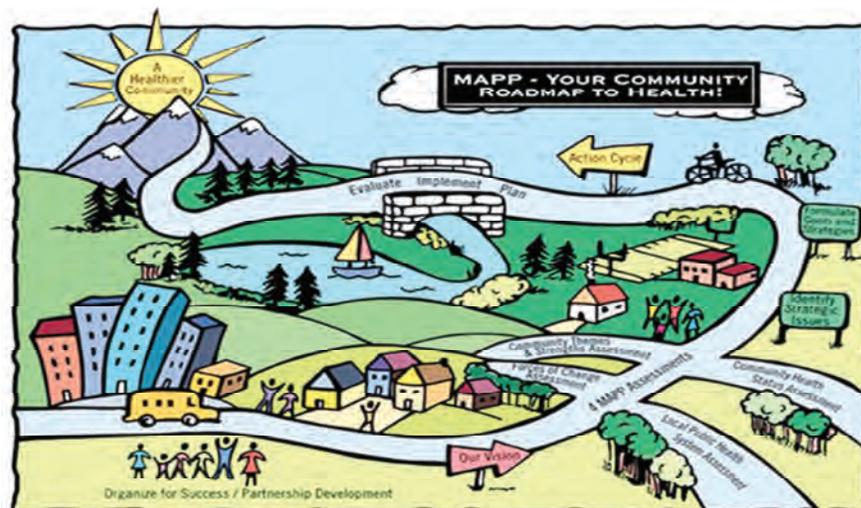
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

## 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 2030](#) external 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](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 Commitment 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:

#### **Bates County Memorial Hospital Profile**

615 W Nursery St, Butler, MO 64730

CEO: Greg Weaver

Phone: 660-200-7000

#### **About Us:**

Bates County Memorial Hospital (BCMh) is an independent, non-profit health care system located in the heart of Bates County in Butler, Missouri. We are a 60-bed acute-care hospital with more than 300 members and four rural health clinics in Adrian, Butler and Rich Hill. We offer a wide range of services including a 24-hour physician-staffed emergency department, inpatient and outpatient surgery.

**Mission – Why We Exist:** To continuously improve the health of the people of our community.

**Vision – What We Want to Be:** The provider of choice for quality patient-centered care and health services in the community.

#### **Values – Who We Are**

**Compassion—**Show sincere care and kindness for those we serve.

**Accountability—**Take responsibility for our actions.

**Respect—**Treat everyone with dignity.

**Excellence—**Achieve excellence through innovation, teamwork and doing our best.

**Smile—**Always be friendly.

#### **Our Services**

- Ambulance
- Breast Health
- Cancer Care
- Cardiology
- Cardiac-Pulmonary Rehab
- Emergency Medical Services
- Endoscopy Procedures
- Family Medicine - Rural Health Clinics
- Hospitalists
- Imaging Services (Radiology)
- Inpatient care
- Laboratory Services
- Nutrition Counseling
- Outpatient Specialty Clinics - Audiology, Cardiology, Endocrinology, ENT, Gastroenterology, Infusion Center, Nephrology, Oncology/Hematology, Ophthalmology, Orthopedics, Pain Management, Podiatry, Pulmonary, Urology
- Rehabilitation Services - Physical, Occupational, Speech
- Respiratory Care and Therapies
- Surgical Services
- Support Groups
- Telemedicine
- Wound Care

## **Bates County Health Center**

**501 N Orange St, Butler, MO 64730**

**Administrator: Jody Welston, RN**

**Hours: M-F 8:30 a.m. to 4:30 p.m. (Last Thurs of each month: 8:30 a.m. to 7:00 p.m.)**

Bates County Health Center was opened as a demonstration unit on April 1, 1975. A vote of the citizens on August 3, 1976, approved a mill tax for the continuation of the local public health agency. Since its establishment, the Bates County Health Center has been dedicated to protecting the health and well-being of the citizens of the county. Although services offered have changed over the years, we still strive to fulfill the mission of public health which is to **Prevent, Promote, and Protect** our citizens.

**Services:** The Bates County Health Center is dedicated to the prevention of disease and the maintenance of a high level of health in the family and community through education, immunization, inspection and response. A variety of health screenings, disease testing, immunizations, health education and certified birth and death certificates are offered at the Health Center. While some services are available at no cost to Bates County residents, others have a fee based on the cost of providing the service or based on fees set through Missouri State Statutes.

- Lab Screenings
- Immunizations and Vaccines
- Communicable Disease
- Temporary Medicaid
- STD/HIV
- Birth/Death Certificates
- Health Education
- WIC
- Emergency Preparedness
- Environmental Health

## 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](http://VandehaarMarketing.com))



**Introduction: Who We Are**  
Background and Experience



**Vince Vandehaar, MBA – Principal**  
VVV Consultants LLC – 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 BS – Associate**  
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

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](http://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 June of 2025 for Bates County Memorial Hospital in Bates County, MO to meet Federal IRS CHNA requirements.

In early September 2024, a meeting was called amongst the Bates County Memorial Hospital 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 the Bates County Memorial Hospital 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:

<b>Source: Internal Data</b>						
<b>Bates County Memorial Hospital - Defined PSA</b>				<b>Overall (IP/ER/OP) YR22-24</b>		
#	City	Zip	County	Total 3YR	%	ACCUM
1	Butler	64730	Bates	114,427	45.9%	45.9%
2	Adrian	64720	Bates	32,871	13.2%	59.1%
3	Rich Hill	64779	Bates	29,507	11.8%	70.9%
4	Hume	64752	Bates	5,586	2.2%	73.2%
5	Amoret	64722	Bates	4,756	1.9%	75.1%
6	Amsterdam	64723	Bates	4,496	1.8%	76.9%
7	Rockville	64780	Bates	3,509	1.4%	78.3%
8	Nevada	64772	Vernon	8,451	3.4%	81.7%
<b>Other Zips</b>				<b>45,635</b>	<b>18.3%</b>	<b>100.0%</b>

**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:

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

**Phase III—Quantify Community Need:**

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

Bates County Memorial Hospital - Butler, MO			
VVV CHNA Round #5 Work Plan - Year 2025			
Project Timeline & Roles - Working Draft as of 6/10/25			
Step	Timeframe	Lead	Task
1	9/1/2024	VVV / Hosp	Meeting Leadership information regarding CHNA Round #5 for review.
2	9/24/2025	Hosp	Select/approve CHNA Round #5 Option B - VVV quote—work to start 2025
3	6/16/2025	VVV	Hold Client Kick-off Meeting. Review CHNA process / timeline with leadership. Request KHA PO reports for FFY 21, 22 and 23 and hospital client to complete PSA IP/OP/ER/Clinic patient origin counts file (Use ZipPSA_3yrPOrigin.xls)
4	6/16/2025	VVV	Send out <b>REQCommlInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
5	6/1/2025	VVV	Prepare CHNA Wave#5 Stakeholder Feedback "online link". Send link for hospital review.
6	June / July 2025	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	6/16/2025	VVV / Hosp	Prepare/send out PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	7/18/2025	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	7/18/2025	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 8/15/2025 for Online Survey</b>
10	by 8/15/2025	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	8/15/2025	VVV / Hosp	Prepare/send out PR #2 story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	By 9/16/2025	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	9/18/2025	VVV	Conduct CHNA Town Hall. Time - <b>Lunch 11:30am - 1pm at Bates County Memorial Hospital</b> Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 10/15/2025	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 10/31/2025	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	10/28/2025	Both	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 10/30/2025	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

**2025 Community Health Needs Assessment**  
**Bates County Memorial Hospital – Bates Co**  
**Butler, MO - Town Hall Sept 18th, 2025**



**VVV Consultants LLC**  
 Olathe, Kansas 66061

VandehaarMarketing.com  
 913-302-7264

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**CHNA Town Hall Team Tables**



RSVP's Bates County CHNA Town Hall THURS 9/18/25 lunch 11:30am-1pm.						
#	Table	Lead	Last Name	First Name	Organization	Title
1	A	XX	LanCaster	Missy	Bates County Health Center	Administrator
2	A		Grote	Kathy	KC Hearing Center	President
3	A		Jennings	Linda	BCMh Board	Vice Chairman
4	A		Marquardt	Rock	BCMh	Board Member
5	A		Weavor	Greg	BCMh	CEO
6	B	XX	Liggins	Doncella	BCMh	Director, Health Information
7	B		Jones	Jerry	BCMh	Board member
8	B		RAYBOURN	SARAH	Butler Elementary School	Nurse
9	B		Gray	John	Bates Co	Northern commissioner
10	B		Lile	Don	Adrian R-III School	Superintendent
11	C	XX	Jackson	Andrea	BCMh	Marketing/PR Coordinator
12	C		Alexander	Gayle	CITY OF BUTLER	
13	C		Thornton	Melody	fm 92.1	
14	C		Welston	Jody	BCMh	Board member
15	C					

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

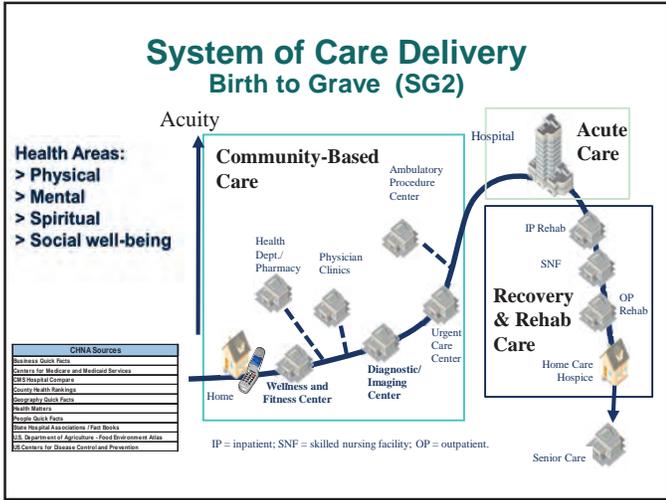
- > **Opening Welcome / Introductions / Review CHNA Purpose and Process (5 mins)**
- > **Discuss New Focus: Social Determinants of Health (5 mins)**
- > **Review Current Service Area "Health Status"**  
*Review Secondary Health Indicator Data (10 TABs)*  
*Review Community Online Feedback (30 mins)*
- > **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

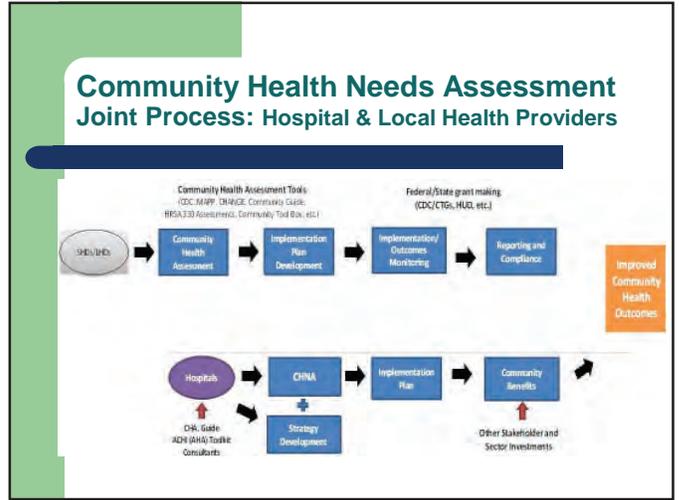
**Town Hall Participation / Purpose & Parking Lot**

- 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

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8



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### Bates County Memorial Hospital Define Service Area (Z=8)

Source: Internal Data

Bates County Memorial Hospital - Defined PSA			Overall (IP/ER/OP) YR22-24			
#	City	Zip	County	Total 3YR	%	ACCUM
1	Butler	64730	Bates	114,427	45.9%	45.9%
2	Adrian	64720	Bates	32,871	13.2%	59.1%
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8	Nevada	64772	Vernon	8,451	3.4%	81.7%
Other Zips				45,635	18.3%	100.0%

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## 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

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## 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)

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

**Documentation of a CHNA - Updated: 01-Jul-2025** <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

A hospital facility must document its CHNA in a report that is adopted by an authorized body of the hospital facility. The CHNA report must include the following items.

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.

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## 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)**

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**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**

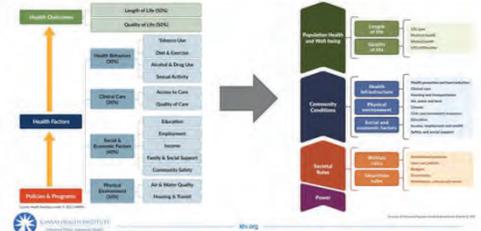
Health Indicators - Secondary Research
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TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

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**County Health Rankings Scoring**

Robert Wood Johnson Foundation and University of WI Health Institute

**New County Health Rankings Model**



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.*

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**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 that 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**)

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**Community Health Needs Assessment  
 Round #5 Year 2025**

**Thank You  
 Next Steps**



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## 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

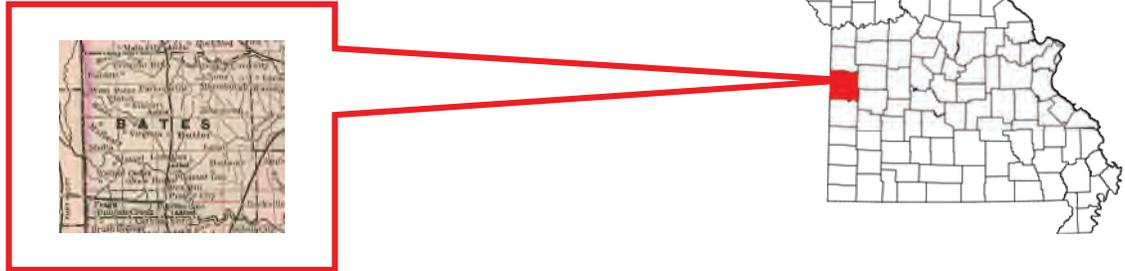
## Sources of community-health level indicators:

- [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)

#### Bates County (MO) Community Profile



The population of Bates County was estimated to be 16,091 citizens as of July 2025 and a population density of 19 persons per square mile.

U.S. Route 49 goes vertically throughout the middle of the county. U.S. Route 52 goes horizontally throughout Bates County. U.S. Route 18 goes horizontally throughout the top of the county. Bates County Memorial Hospital is located off of U.S. Route 49.

#### **Bates County Cities<sup>1</sup>**

- Adrian
- Amoret
- Amsterdam
- Butler (county seat)
- Drexel
- Rich Hill
- Rockville
- Hume

#### **Schools in Bates County: Public Schools<sup>2</sup>**

- Adrian R-III School District
- Ballard R-II School District
- Butler R-V School District
- Hume R-VIII School District
- Miami R-I School District
- Rich Hill R-IV School District

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<sup>1</sup> <https://missouri.hometownlocator.com/features/cultural,class,airport,scfips,29013.cfm>

<sup>2</sup> <https://missouri.hometownlocator.com/schools/sorted-by-county,n,bates.cfm>

## Bates (MO) - Detail Demographic Profile

ZIP	CITY	ST	County	Population			Households			Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	
64720	Adrian	MO	BATES	4,077	4,059	-0.4%	1,599	1,601	2.5	\$34,666
64722	Amoret	MO	BATES	504	498	-1.2%	190	192	2.7	\$29,600
64723	Amsterdam	MO	BATES	624	608	-2.6%	251	245	2.5	\$33,446
64730	Butler	MO	BATES	6,754	6,718	-0.5%	2,733	2,735	2.4	\$28,718
64742	Drexel	MO	BATES	2,056	2,042	-0.7%	836	836	2.5	\$36,737
64745	Foster	MO	BATES	99	92	-7.1%	36	34	2.8	\$28,656
64752	Hume	MO	BATES	669	655	-2.1%	257	255	2.6	\$29,780
64779	Rich Hill	MO	BATES	2,244	2,174	-3.1%	912	893	2.5	\$26,404
64780	Rockville	MO	BATES	563	567	0.7%	236	237	2.4	\$29,021
<b>Totals</b>				<b>17,590</b>	<b>17,413</b>	<b>-1.9%</b>	<b>7,050</b>	<b>7,028</b>	<b>2.5</b>	<b>\$30,781</b>

ZIP	CITY	ST	County	Population				Year 2020		Females
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
64720	Adrian	MO	BATES	3059	824	974	933	2,007	2070	684
64722	Amoret	MO	BATES	399	105	104	128	242	262	71
64723	Amsterdam	MO	BATES	486	132	132	153	335	289	106
64730	Butler	MO	BATES	5115	1600	1575	1563	3,303	3451	1103
64742	Drexel	MO	BATES	1550	445	485	464	1,051	1005	363
64745	Foster	MO	BATES	74	16	25	30	47	52	10
64752	Hume	MO	BATES	480	140	177	146	323	346	119
64779	Rich Hill	MO	BATES	1640	463	585	524	1,139	1105	316
64780	Rockville	MO	BATES	436	135	122	117	296	267	82
<b>Totals</b>				<b>13,239</b>	<b>3,860</b>	<b>4,179</b>	<b>4,058</b>	<b>8,743</b>	<b>8,847</b>	<b>2,854</b>

ZIP	CITY	ST	County	Population 2020				Year 2023		
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
64720	Adrian	MO	BATES	94.5%	0.4%	0.2%	1.7%	1,752	20%	50
64722	Amoret	MO	BATES	95.0%	0.4%	0.2%	0.8%	207	16%	49
64723	Amsterdam	MO	BATES	91.7%	0.3%	0.6%	1.0%	276	14%	56
64730	Butler	MO	BATES	91.1%	1.6%	0.4%	3.0%	3,081	29%	45
64742	Drexel	MO	BATES	92.8%	0.5%	0.4%	2.5%	921	17%	52
64745	Foster	MO	BATES	92.9%	1.0%	0.0%	2.0%	44	11%	44
64752	Hume	MO	BATES	95.5%	0.1%	0.4%	1.3%	295	12%	45
64779	Rich Hill	MO	BATES	93.4%	0.8%	0.3%	1.9%	1,069	16%	43
64780	Rockville	MO	BATES	93.4%	0.5%	0.2%	1.2%	317	15%	46
<b>Totals</b>				<b>93.4%</b>	<b>0.6%</b>	<b>0.3%</b>	<b>1.7%</b>	<b>7,962</b>	<b>16.7%</b>	<b>48</b>

# III. Community Health Status

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[VVV Consultants LLC]

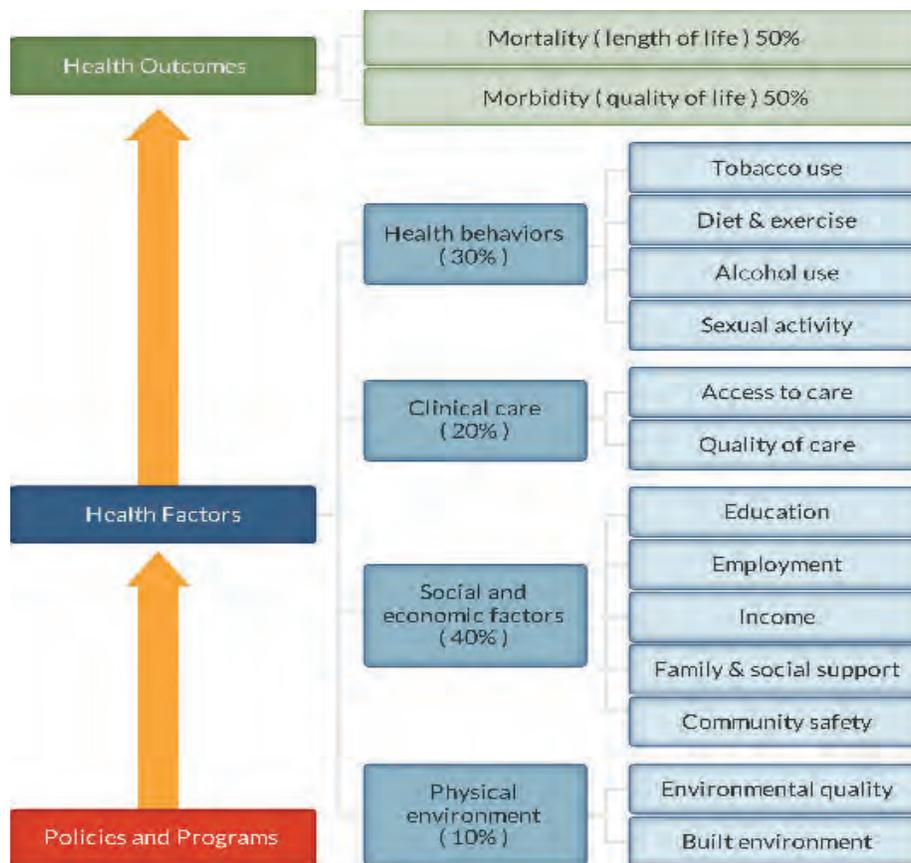
### III. Community Health Status

#### a) Historical Health Statistics- Secondary Research

##### Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 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.



County Health Rankings model ©2012 UWPHI

## National Research – Year 2023 RWJ Health Rankings:

#	2023 MO Rankings - 115 Counties	Definitions	Bates Co MO 2023	Bates Co MO 2022	MO Rural Norms (28)
1	<b>Health Outcomes</b>		40	56	43
	Mortality	Length of Life	48	63	47
	Morbidity	Quality of Life	41	44	41
2	<b>Health Factors</b>		81	76	52
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	67	54	52
	Clinical Care	Access to care / Quality of Care	103	107	65
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	73	81	49
3	<b>Physical Environment</b>	Environmental quality	95	39	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					
<a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a> , 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.*

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

**Tab 1: Demographic Profile**

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

1	Population Health Indicators	Bates Co MO 2025	Bates Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
a	Population estimates, 2024 (V2023)	16,394	11,258		6,245,466	20,319	People Quick Facts
b	Persons under 5 years, percent, 2021-2023	5.8%	6.0%		5.7%	5.8%	People Quick Facts
c	Persons 65 years and over, percent, 2021-2023	20.1%	19.6%		18.3%	22.0%	People Quick Facts
d	Female persons, percent, 2021-2023	49.5%	50.2%		50.7%	50.1%	People Quick Facts
e	White alone, percent, 2021-2023	94.7%	95.6%		82.4%	94.4%	People Quick Facts
f	Black or African American alone, percent, 2021-2023	1.7%	1.3%		11.7%	1.9%	People Quick Facts
g	Hispanic or Latino, percent, 2021-2023	2.8%	2.3%		5.3%	3.5%	People Quick Facts
h	Language other than English spoken at home, percent of persons age 5 years+, 2019-2023	2.7%	2.1%		6.6%	3.6%	People Quick Facts
i	Living in same house 1 year ago, percent of persons age 1 year+, 2019-2023	87.5%	86.4%		86.9%	88.8%	People Quick Facts
j	Children in single-parent households, percent, 2018-2022	21.3%	19.2%	-	23.5%	19.0%	County Health Rankings
k	Veterans, 2019-2023	958	1,095		354,505	1,369	People Quick Facts

**Tab 2: Economic Profile**

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

2	Economic - Health Indicators	Bates Co MO 2025	Bates Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
a	Per capita income in past 12 months (in 2021 dollars), 2018-2022	\$28,444	\$27,635	+	\$38,497	\$31,194	People Quick Facts
b	Persons in poverty, percent, 2020-2022	13.9%	14.8%	-	12.0%	13.6%	People Quick Facts
c	Total Housing units, 2024	7,194	7,838		2,858,603	9,132	People Quick Facts
d	Persons per household, 2019-2023	2.6	2.4		2.4	2.5	People Quick Facts
e	Severe housing problems, percent, 2016-2020	13.5%	11.3%	-	12.8%	10.6%	County Health Rankings
f	Total employer establishments, 2022	351	NA		153,767	416	People Quick Facts
g	Unemployment, percent, 2022	3.2%	4.0%		3.1%	3.0%	County Health Rankings
h	Food insecurity, percent, 2021	17.6%	12.9%	-	15.0%	15.6%	County Health Rankings
i	Limited access to healthy foods, percent, 2019	8.7%	1.3%	-	7.2%	8.8%	County Health Rankings
j	Long commute - driving alone, percent, 2018-2022	51.3%	48.9%	-	31.4%	35.5%	County Health Rankings
m	Households with a broadband Internet subscription, percent, 2019-2023	80.8%	NA		88.1%	81.7%	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	Bates Co MO 2025	Bates Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
a	Children eligible for free or reduced price lunch, percent, 2020-2021	40.5%	54.0%	+	47.6%	46.6%	County Health Rankings
b	High school graduate or higher, percent of persons age 25 years+, 2019-2023	89.0%	87.4%	+	91.6%	89.8%	People Quick Facts
c	Bachelor's degree or higher, percent of persons age 25 years+, 2019-2023	15.3%	16.1%	-	31.9%	19.4%	People Quick Facts

**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)	Bates Co MO 2025	Bates Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
a	Number of Births Where Prenatal Care began in First Trimester, 2021 (rate per 100)	78.8	74.9	+	73.1	73.2	MOPHIMS
b	Number of Preterm Births, 2017-2020 (rate per 100)	9.9	9.0		10.9	9.4	MOPHIMS
c	Number of Births with Low Birth Weight, 2015-2019 (rate per 100)	6.2	6.8		8.8	6.9	MOPHIMS
d	Number of all Births Occurring to Teens (15-17), 2017-2023 (rate per 1k)	22.5	1.6	-	19.0	22.2	MOPHIMS
e	Number of births Where Mother Smoked During Pregnancy, 2021 (Rate Per 100)	18.4	15.9	-	10.1	15.3	MOPHIMS
f	Child Care Centers per 1,000 Children, 2010-2022	7.1	NA		8.8	8.7	County Health Rankings

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

#	Criteria - Vital Statistics (Births)	Bates Co MO	Trend	Missouri
a	Total Live Births, 2018	172		73,281
b	Total Live Births, 2019	190		72,103
c	Total Live Births, 2020	191		69,277
d	Total Live Births, 2021	177		69,269

**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)	Bates Co MO 2025	Bates Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2021	8053:1	5440:1	-	1421:1	3276:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2021 (lower the better)	3,085	7,175	+	2,938	2,595	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	69.0%	75.0%	-	73.0%	75.1%	CMS Hospital Compare,
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	69.0%	75.0%	-	72.0%	69.8%	CMS Hospital Compare,
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	86	84		122	121	CMS Hospital Compare,

#	Community Support - Bates Co (MO) Health Dept. Operations	YR 2022	YR 2023	YR 2024
1	Core Community Public Health	\$46,416	\$54,856	\$61,619
2	Child Care Inspections	\$890	\$840	\$840
3	Environmental Services	\$0	\$0	\$0
4	Well Child Services	\$0	\$0	\$0
5	Home Health/Healthy Start/Medicaid	\$27,890	\$37,967	\$27,124
6	Immunizations/Vaccine #	1,937	1,543	1,299
	Immunizations/Vaccine/Vaxcare	\$10,337	\$11,660	\$7,856
7	Primary Care, lab, minor procedures	\$0	\$0	\$0
8	Screenings: Blood pressure / STD	\$0	\$0	\$0
9	Vaccine - received from State			
10	WIC Administration	\$75,712	\$79,410	\$101,587
	<b>Total Public Health Budget</b>	<b>\$646,170</b>	<b>\$569,906</b>	<b>\$629,291</b>

**Tab 6: Behavioral / Mental Health Profile**

Behavioral healthcare provides another important indicator of community health status.

6	Mental - Health Indicators	Bates Co MO 2025	Bates Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
a	Age-Adjusted Prevalence of Depression Among Adults, 2021	25.9%	NA		22.5%	25.0%	Ctrs Medicare and Medicaid Services
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2022	11.6	16.1		18.7	17.0	World Bank
c	Average Number of mentally unhealthy days, 2021	5.8	4.9		5.5	5.8	County Health Rankings

\*\*New Social Determinant Data Resources

CDC - 2023 U.S. County Opioid Dispensing			
State	County	FIPS	Opioid Dispensing Rate per 100
MO	Bates County	29013	42.8
	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	Bates Co MO 2025	Bates Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
a	Adult obesity, percent, 2022	38.3%	37.9%	-	36.7%	39.9%	County Health Rankings
b	Adult smoking, percent, 2022	20.8%	24.7%	-	17.8%	21.3%	County Health Rankings
c	Excessive drinking, percent, 2022	19.4%	18.8%	-	21.9%	20.5%	County Health Rankings
d	Physical inactivity, percent, 2022	27.1%	25.0%	-	24.2%	27.6%	County Health Rankings
e	Age-Adjusted Prevalence of Sleeping less than 7 Hours Among Adults	34.7%	NA		34.5%	34.3%	ephracking.cdc.gov
f	Sexually transmitted infections (chlamydia), rate per 100,000 (2022)	315.3	183.7	-	523.6	260.2	County Health Rankings

**Tab 7b: Chronic Risk Profile** \*\*New Social Determinant Data Resources

7b	Chronic - Health Indicators **	Bates Co MO 2025	Bates Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
a	Age-Adjusted Prevalence of Arthritis Among Adults >=18 ,2021	27.4%	NA		24.4%	26.5%	ephracking.cdc.gov
b	Age-Adjusted Prevalence of Current Asthma Among Adults >=18 ,2021	10.2%	NA		10.2%	9.9%	ephracking.cdc.gov
c	Age-Adjusted Prevalence of Diagnosed Diabetes Among Adults >=18 ,2021	10.6%	NA		10.6%	10.4%	ephracking.cdc.gov
d	Age-Adjusted Prevalence of Chronic Kidney Disease Among Adults >=18 ,2021	2.9%	NA		2.9%	2.8%	ephracking.cdc.gov
e	Age-Adjusted Prevalence of COPD Among Adults >=18 ,2021	9.0%	NA		9.1%	8.4%	ephracking.cdc.gov
f	Age-Adjusted Prevalence of Coronary Heart Disease Among Adults >=18 ,2021	6.5%	NA		6.5%	6.3%	ephracking.cdc.gov
g	Age-Adjusted Prevalence of Cancer Among Adults >=18 ,2021	6.4%	NA		6.5%	6.5%	ephracking.cdc.gov
h	Age-Adjusted Incidence Rate of Breast Cancer per 100k over 5 year period (Females Only)- 2016-2020	105.1	NA		81.8	117.1	ephracking.cdc.gov
i	Age-Adjusted Prevalence of Stroke Among Adults >=18 ,2021	3.2%	NA		3.2%	3.1%	ephracking.cdc.gov

**Tab 8: Uninsured Profile and Community Benefit** \*\*New Social Determinant Data Resources

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	Bates Co MO 2025	Bates Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
a	Uninsured, percent, 2020	13.4%	13.3%		10.2%	12.4%	County Health Rankings

Source: Hospital Internal Records / BKD's Final Audit			
Bates County Memorial Hospital	YR 2022	YR 2023	YR 2024
a Bad Debt	\$4,739,704	\$4,737,964	\$4,990,106
b Charity Care	\$2,094,529	\$2,326,929	\$2,333,940
TOTAL Bad Debt and Charity	\$6,834,233	\$7,064,893	\$7,324,046

**Tab 9: Mortality Profile**

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

9	Mortality - Health Indicators	Bates Co MO 2025	Bates Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
a	Life Expectancy, 2020 - 2022	74.7	76.1	-	75.2	75.1	County Health Rankings
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	200.1	202.4		164.2	188.2	World Bank
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	242.8	238.9	-	202.4	226.2	World Bank
e	Alcohol-impaired driving deaths, percent, 2018-2022	12.5%	5.9%	-	28.1%	23.7%	County Health Rankings

MO Death Statistics by Selected Causes of Death (2018-2022) Per 100k	Bates Co MO		State of MO	
Total Deaths	1001		110,985	
Heart Disease	226	22.6%	24,963	22.5%
Cancer	167	16.7%	20,366	18.4%
Accidents & Adverse Events	76	7.6%	7,357	6.6%
Chronic Lower Respiratory Disease	85	8.4%	6,783	6.1%
Alzheimer's Disease	46	4.6%	3,266	2.9%
Cerebrovascular Disease	54	5.4%	4,759	4.3%
Kidney Disease	26	2.6%	2,026	1.8%
Diabetes	21	2.1%	2,631	2.4%

**Tab 10: Preventive Quality Measures Profile** \*\*New Social Determinant Data Resources

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	Bates Co MO 2025	Bates Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
a	Access to exercise opportunities, percent, 2022 & 2023 (Higher is better)	42.4%	36.7%	+	76.6%	46.1%	County Health Rankings
b	Age-Adjusted Prevalence of Hearing Disability Among Adults >=18, 2021	8.5%	NA		8.2%	8.1%	ephtracking.cdc.gov
c	Age-Adjusted Prevalence of High Cholesterol Among Adults >=18, 2021 (Screened in the last 5 years)	33.0%	NA		32.1%	32.2%	ephtracking.cdc.gov
d	Age-Adjusted Prevalence of High Blood Pressure Among Adults >=18, 2021	33.2%	NA		33.3%	33.0%	ephtracking.cdc.gov
e	Mammography annual screening, percent, 2017	36.0%	38.0%	-	46.0%	42.0%	County Health Rankings
f	Age-Adjusted Prevalence of Visits to Doctor for Routine Check-Up Among Adults >=18, 2021	72.0%	NA		73.6%	73.2%	ephtracking.cdc.gov
g	Age-Adjusted Prevalence of Visits to the Dentist Among Adults >=18, 2022	56.6%	NA		24.4%	56.2%	ephtracking.cdc.gov
h	Percent Annual Check-Up Visit with Eye Doctor	TBD	TBD		TBD	TBD	ephtracking.cdc.gov

## PSA Primary Research:

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

**Chart #1 – Bates County, MO PSA Online Feedback Response (N=272)**

Bates County Memorial Hospital PSA - CHNA 2025 N=272			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	BCMH PSA MO N=272	Trend	*Round #5 Norms N=9,629
Business/Merchant	10.8%		9.8%
Community Board Member	6.3%		8.3%
Case Manager/Discharge Planner	0.6%		1.0%
Clergy	0.6%		1.2%
College/University	1.6%		2.8%
Consumer Advocate	1.9%		1.9%
Dentist/Eye Doctor/Chiropractor	0.9%		0.7%
Elected Official - City/County	1.9%		1.9%
EMS/Emergency	2.2%		2.6%
Farmer/Rancher	7.0%		7.9%
Hospital/Health Department	15.2%		20.0%
Health Department	3.8%		1.5%
Housing/Builder	0.0%		0.7%
Insurance	0.3%		1.2%
Labor	4.1%		3.1%
Law Enforcement	0.3%		0.9%
Mental Health	7.9%		2.7%
Other Health Professional	8.2%		12.0%
Parent/Caregiver	14.6%		16.6%
Pharmacy/Clinic	2.8%		2.4%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	2.8%		3.8%
Teacher/School Admin	3.8%		7.0%
Veteran	2.2%		2.9%
<b>TOTAL</b>	<b>198</b>		<b>7,624</b>
<small>*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray, Bates KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown, Montgomery WI County: Richland NE Counties: Furnas, Custer</small>			

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households	Firms
	Regional	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**

Bates County Memorial Hospital PSA - CHNA 2025 N=272			
How would you rate the "Overall Quality" of healthcare delivery in our community?	BCMh PSA MO N=272	Trend	*Round #5 Norms N=9,629
<b>Top Box %</b>	<b>21.0%</b>		<b>25.4%</b>
<b>Top 2 Boxes %</b>	<b>61.0%</b>		<b>66.7%</b>
Very Good	21.0%		25.4%
Good	40.1%		41.2%
Average	30.9%		23.1%
Poor	6.3%		5.0%
Very Poor	1.8%		1.1%
Valid N	272		9,600
<small>*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray , Bates KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown, Montgomery WI County: Richland NE Counties: Furnas, Custer</small>			

**Re-evaluate Past Community Health Needs Assessment Needs**

Bates County Memorial Hospital PSA - CHNA 2025 N=272					
Past CHNA Unmet Needs Identified			Ongoing Problem		Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Childcare (Safe and Affordable)	104	15.5%		3
2	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	100	14.9%		2
3	Substance Abuse (Drugs and Alcohol)	99	14.8%		1
4	Obesity (Nutrition / Exercise)	65	9.7%		9
5	Transportation (General)	63	9.4%		4
6	Visiting Specialists (Ortho, GYN, Neurology, Derm, GI)	58	8.7%		7
7	Home Health	54	8.1%		8
8	Urgent Care Services	47	7.0%		6
9	Community Health Center (Pool, Child Programs)	46	6.9%		5
10	Workforce Staffing (County-wide)	34	5.1%		10
Totals		670	100.0%		

**Community Health Needs Assessment “Causes of Poor Health”**

Bates County Memorial Hospital PSA - CHNA 2025 N=272			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	BCMH PSA MO N=272	Trend	*Round #5 Norms N=9,629
Chronic Disease Management	6.8%		8.4%
Lack of Health & Wellness	10.2%		11.6%
Lack of Nutrition / Access to Healthy Foods	10.7%		10.5%
Lack of Exercise	14.7%		14.1%
Limited Access to Primary Care	4.0%		5.1%
Limited Access to Specialty Care	5.6%		5.9%
Limited Access to Mental Health	13.0%		14.4%
Family Assistance Programs	4.4%		4.6%
Lack of Health Insurance	12.4%		12.0%
Neglect	11.7%		9.0%
Lack of Transportation	6.5%		5.2%
<b>Total Votes</b>	<b>571</b>		<b>19,140</b>
<small>*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray, Bates KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown, Montgomery WI County: Richland NE Counties: Furnas, Custer</small>			

**Community Rating of HC Delivery Services (Perceptions)**

Bates County Memorial Hospital PSA - CHNA 2025 N=272	BCMH PSA MO N=272		Trend	*Round #5 Norms N=9,629	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	77.0%	4.5%		82.8%	3.4%
Child Care	23.8%	26.2%		40.1%	21.2%
Chiropractors	47.0%	12.0%		71.0%	6.7%
Dentists	53.7%	11.5%		63.7%	13.7%
Emergency Room	66.5%	12.7%		73.4%	7.9%
Eye Doctor/Optomestrist	66.7%	5.6%		70.5%	9.5%
Family Planning Services	31.0%	23.8%		45.5%	16.7%
Home Health	39.2%	19.8%		57.4%	11.4%
Hospice/Palliative	63.3%	5.1%		65.5%	7.7%
Telehealth	42.9%	22.4%		50.7%	13.0%
Inpatient Hospital Services	69.3%	9.4%		75.4%	5.8%
Mental Health Services	23.5%	35.5%		35.3%	29.7%
Nursing Home/Senior Living	35.3%	27.4%		48.1%	17.9%
Outpatient Hospital Services	73.5%	6.9%		74.7%	5.2%
Pharmacy	84.4%	2.0%		82.9%	3.2%
Primary Care	72.9%	7.2%		76.8%	6.4%
Public Health	53.5%	10.6%		62.6%	8.7%
School Health	53.1%	11.2%		59.2%	8.3%
Visiting Specialists	73.0%	6.4%		68.1%	7.1%
<small>*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray, Bates KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown, Montgomery WI County: Richland NE Counties: Furnas, Custer</small>					

**Community Health Readiness**

Bates County Memorial Hospital PSA - CHNA 2025 N=272		% Bottom 2 Boxes (Lower is better)	
Community Health Readiness is vital. How would you rate each? (% Poor / Very Poor)	BCMHS PSA MO N=272	Trend	*Round #5 Norms N=9,629
Behavioral/Mental Health	42.3%	Red	32.6%
Emergency Preparedness	14.0%	Yellow	7.8%
Food and Nutrition Services/Education	22.9%	Red	16.8%
Health Wellness Screenings/Education	12.4%	White	10.7%
Prenatal/Child Health Programs	34.0%	Red	14.2%
Substance Use/Prevention	49.7%	Red	33.8%
Suicide Prevention	44.6%	Red	34.9%
Violence/Abuse Prevention	46.3%	Red	33.3%
Women's Wellness Programs	32.3%	Red	19.0%
Exercise Facilities / Walking Trails etc.	41.3%	Red	15.6%
*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray, Bates KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown, Montgomery WI County: Richland NE Counties: Furnas, Custer			

**Healthcare Delivery "Outside our Community"**

**Specialties:**

Bates County Memorial Hospital PSA - CHNA 2025 N=272			
In the past 2 years, did you or someone you know receive HC outside of our community?	BCMHS PSA MO N=272	Trend	*Round #5 Norms N=9,629
Yes	77.6%	Red	69.1%
No	22.4%	White	30.9%
*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray, Bates KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown, Montgomery WI County: Richland NE Counties: Furnas, Custer			

Specialty	Counts
PRIM	12
SPEC	10
NEU	9
OBG	9
ALL	8

**Access to Providers / Staff in our Community**

Bates County Memorial Hospital PSA - CHNA 2025 N=272			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	BCMHS PSA MO N=272	Trend	*Round #5 Norms N=9,629
Yes	54.0%	Yellow	56.0%
No	46.0%	White	44.0%
*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray, Bates KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown, Montgomery WI County: Richland NE Counties: Furnas, Custer			

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

Bates County Memorial Hospital PSA - CHNA 2025 N=272			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	BCMH PSA MO N=272	Trend	*Round #5 Norms N=9,629
Abuse/Violence	4.3%	Yellow	3.9%
Access to Health Education	3.3%	White	3.4%
Alcohol	4.0%	Yellow	3.6%
Alternative Medicine	3.6%	Yellow	3.7%
Behavioral/Mental Health	7.0%	Red	8.8%
Breastfeeding Friendly Workplace	0.7%	White	1.1%
Cancer	2.7%	White	2.7%
Care Coordination	2.1%	White	3.1%
Diabetes	2.7%	White	2.7%
Drugs/Substance Abuse	7.8%	Red	6.6%
Family Planning	2.2%	White	2.1%
Health Literacy	2.3%	White	3.1%
Heart Disease	1.4%	White	1.6%
Housing	4.3%	Yellow	5.5%
Lack of Providers/Qualified Staff	3.9%	Yellow	4.8%
Lead Exposure	0.2%	White	0.5%
Neglect	2.4%	White	1.9%
Nutrition	3.8%	Yellow	4.5%
Obesity	4.9%	Yellow	5.5%
Occupational Medicine	0.8%	White	0.6%
Ozone (Air)	0.2%	White	0.5%
Physical Exercise	5.2%	Red	4.9%
Poverty	5.1%	Red	4.8%
Preventative Health/Wellness	4.3%	Yellow	5.4%
Sexually Transmitted Diseases	1.3%	White	1.5%
Suicide	4.0%	Yellow	5.9%
Teen Pregnancy	2.0%	White	1.7%
Telehealth	2.0%	White	2.1%
Tobacco Use	2.6%	White	2.1%
Transportation	4.4%	Yellow	3.2%
Vaccinations	2.3%	White	2.2%
Water Quality	2.1%	White	2.7%
<b>TOTAL Votes</b>	<b>901</b>		<b>28,978</b>
*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray, Bates KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown, Montgomery WI County: Richland NE Counties: Furnas, Custer			

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

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[VVV Consultants LLC]

## Inventory of Health Services - Bates County MO Update 2025

Cat	HC Services Offered in county: Yes / No	Hospital	HLTH 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			
Hosp	Birthing/LDR/LDRP Room			
Hosp	Breast Cancer	yes		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	yes		
Hosp	Cardiac Surgery			
Hosp	Cardiology services	yes		
Hosp	Case Management	yes		yes
Hosp	Chaplaincy/pastoral care services	yes		yes
Hosp	Chemotherapy	yes		
Hosp	Colonoscopy	yes		
Hosp	Crisis Prevention			yes
Hosp	CTScanner	yes		
Hosp	Diagnostic Radioisotope Facility	yes		
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)	yes		
Hosp	Enrollment Assistance Services	yes	yes	yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	yes		
Hosp	Genetic Testing/Counseling			
Hosp	Geriatric Services	yes	yes	yes
Hosp	Heart	yes		
Hosp	Hemodialysis			
Hosp	HIV/AIDSServices			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital services	yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit	no		
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catherterization			
Hosp	Isolation room	yes		
Hosp	Kidney	yes		
Hosp	Liver	yes		
Hosp	Lung	yes		
Hosp	MagneticResonance Imaging (MRI)	yes		
Hosp	Mammograms	yes		
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	yes		
Hosp	Neonatal			
Hosp	Neurological services	no		
Hosp	Obstetrics	no		
Hosp	Occupational Health Services	yes		yes
Hosp	Oncology Services	yes		
Hosp	Orthopedic services	yes		
Hosp	Outpatient Surgery	yes		
Hosp	Pain Management	yes		
Hosp	Palliative Care Program			yes
Hosp	Pediatric		yes	yes
Hosp	Physical Rehabilitation	yes		yes
Hosp	Positron Emission Tomography (PET)	yes		
Hosp	Positron Emission Tomography/CT (PET/CT)	yes		
Hosp	Psychiatric Services			yes

## Inventory of Health Services - Bates County MO Update 2025

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

<b>Providers Delivering Care in Bates County, MO - 2025</b>			
<b># of FTE Providers by Specialty</b>	<b>FTE Providers</b>		<b>FTE Allied Staff</b>
	<b>PSA Based MD/DO</b>	<b>Visiting Providers</b>	<b>PSA Based PA / NP</b>
<b>Primary Care:</b>			
Family Practice	3.0		3.5
Internal Medicine / Geriatrician			
Obstetrics/Gynecology			
Pediatrics			
<b>Medicine Specialists:</b>			
Allergy/Immunology			
Cardiology	1.0		
Dermatology			
Endocrinology	0.1	0.1	
Gastroenterology	0.3	0.3	
Oncology/RADO	0.2	0.2	0.2
Infectious Diseases			
Nephrology	0.1	0.1	0.1
Neurology			
Psychiatry			
Pulmonary	0.1	0.1	
Rheumatology			
Podiatry	0.1	0.1	
Wound			
<b>Surgery Specialists:</b>			
General Surgery / Colon / Oral	1.0		
Neurosurgery			
Ophthalmology	0.1	0.1	
Orthopedics	0.1	0.1	
Otolaryngology (ENT)			
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology	0.2	0.2	
<b>Hospital Based:</b>			
Anesthesia/Pain	0.1	0.1	
Emergency**			
Radiology/Telemedicine***			
Pathology	0.1	0.1	
Hospitalist	2.0		
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occ Medicine			
Podiatry	0.1	0.1	
<b>Other:</b>			
Audiology	0.1	0.1	
Optometrist OD	2.0		
Dentists	2.0		
<b>TOTALS</b>	<b>12.7</b>	<b>1.7</b>	<b>3.8</b>

## Visiting Specialists Coming to Bates County Memorial Hospital - 2025

<i>Specialty</i>	<i>Provider Name</i>		<i>Group Name</i>	<i>Group City</i>	<i>Detail Days</i>	<i>Days in Clinic Per Month</i>
<b>Audiology</b>	Minnie	Baldrige	KC Hearing Center	Belton, MO	Every Monday, Tuesday and Wednesday	12-15
<b>Cardiovascular</b>	Jeffrey	Bissing	BCMh Cardiology	Butler, MO	Monday – thursday	16
<b>Endocrinology</b>	Susana	D'Amico	St. Lukes Endocrinology	Lee's Summit	1st, 2nd & 3rd Tuesday	3
<b>Gastrointestinal</b>	Todd	Kilgore	Summit GI	Lee's Summit	1st & 3rd Tuesday	2
<b>Gastrointestinal</b>	Frank	Totta	Summit GI	Lee's Summit	1st & 3rd Tuesday	2
<b>Gastrointestinal</b>	Namin	Farid	Jackson County Gastroenterology	Blue Springs, MO		
<b>Nephrology</b>	Ryan	Lustig	Kansas City Kidney Consult.	Kansas City	4th Monday and Thursday	2
<b>Oncology / Hematology</b>	Jaswinder	Singh	Mid Americal Cancer Care	Kansas City	Every Friday	4
<b>Ophthamology</b>	Cooper	Rodgers	Grin Eye Care		(Surgery) 1 day/month	1
<b>Orthopedics</b>	Jon	Blake			Mondays	4
<b>Pain</b>	Matthew	Nadler	Midwest Pain Institute, LLC	Leawood KS	Every Wednesday & Friday	8
<b>Podiatry</b>	Robert	Shemwell	Robert A. Shemwell, DPM	North Kansas City	Every Friday	4
<b>Pulmonology</b>	Timothy	Smith	Pulmonary Physicians of St. Joseph	Kansas City	Every Tuesday	4
<b>Urology</b>	Herre	William	Kansas City Urology Care	Kansas City	2 <sup>nd</sup> & 4 <sup>th</sup> Wednesday	2

# **Bates County, Missouri**

## **2025 Area Healthcare Services**

### **Emergency Numbers**

**Police/Sheriff            911**

**Fire                            911**

**Ambulance                911**

### **Non-Emergency Numbers**

**Bates County Sheriff**

**660-679-3232**

**Bates County Ambulance**

**660-200-7070**

# **RESOURCE LIST**

Updated 6/26/2025

## **ALZHEIMER'S ASSOCIATION**

Missouri Chapter (417)886-2199

## **AREA AGENCY ON AGING (KANSAS)**

Helps with Respite Care and Homemaker services etc.....

South E. Kansas (620)431-2980

E. Central (785)242-7200 / 800-633-5621

Adult/Child Abuse hotline (800)922-5330

## **AREA AGENCY ON AGING (MISSOURI)**

Butler:

Senior Center (660)679-5830

Rich Hill

Kerns Senior Center (417)395-2225

Nevada (417)667-5847

Adult/Child Abuse Hotline (800)392-3738

## **ASSISTED LIVING/RCF'S**

Butler:

Bristol Manor \$2132 private 679-3661 Fax 679-3661

RCF will accept Medicaid as long as Social Security is over \$900.00 a month.

Nevada:

Bristol Manor (417)667-5700

Morningside (417)667-3883

Appleton City:

Countryside Estates (660)476-2311

Clinton:

Joy Adult Care (Residential Care Facility) (660)885-7412

Jefferson Gardens (660)383-4766

Bristol Manor \$2100 (660)885-8391

## **CANCER RESOURCES**

Cancer Action	(816)350-8882	
(Transportation, Prescription, Nutrition, Ostomy & Lymphedema Assistance for KC area)		
Needy Meds	(800)503-6897	
(Prescription Assistance Portal)		
United Women's Breast Cancer Grant	(877)829-2873	
Breast Cancer Charities of America	(936)231-8460	Fax 936-321-8462
(Breast Cancer Only- \$500 for RENT or UTILITIES)		
The Catherine Fund	info@catherinefund.org	
(Breast Cancer Only- General Assistance)		
The Patient Advocate Foundation	(800)532-5274	
(Breast Cancer Only- Lymphedema, Durable Medical Equipment & Transportation)		
The Pink Fund	(877)234-7465	
Cancer Care Financial Assistance	(800)813-4673	
(Transportation, Pain Medication Assistance, Lymphedema)		
Art Bra Lymphedema Garment Fund	<a href="https://www.bracouturekc.com/">https://www.bracouturekc.com/</a>	
Andrew "Pooh" Madden Foundation	(512)827-9040	
(General living expense assistance for cancer patients, ages 18-35)		
Brenda Mehling Cancer Fund	(800)878-9184	
(General living expense assistance for cancer patients, ages 18-40)		
Blue Note Fund	(877)422-2030	
The Leukemia and Lymphoma Society	(800)955-4572	
(\$100 Financial Aid Form & Co-Pay Assistance for Blood Cancer Patients)		
Lymphoma Research Foundation	(800)500-9976	
(\$300-500 Transportation for Lymphoma Patients. Call to request application)		
Be the Match Transplant Support Asst Grant:	(800)627-7692	
(\$1000 grant only for stem cell/bone marrow transplants with unrelated donors)		
Sarcoma Alliance	(415)381-7236	
Mission4Maureen	(440)840-6497	

## **CANCER SOCIETY (AMERICAN)**

Joplin office (Bates County)	(417)659-8247 / 1-888-379-2233
Topeka Office	(785)273-4462
Kansas City Office	(816)842-7111
Cancer Info Line	(800)227-2345
Reach to Recovery	(800)227-2345
Hope Lodge in KS	(816)218-7200
Cancer treatment Centers of America	(888)921-1265

## **CHAPLAINS**

Mike Humphrey	(660)424-3077
Jeremy Henderson	(417) 380-7783

## **CHILD SERVICES**

ParentLink	(800)552-8522
Head Start	
Adrian	(816)297-8829
Nevada	(660)234-8791
Parents as Teachers	
El Dorado Springs	(417)876-3112
First Steps Regional office	(866)583-2392
WIC-Butler	(660)679-6108
Bates County Family Services	(660)679-3174
Bureau of Special Health Care Needs	
Region 3	(660)351-6992
Child Abuse Hotline/Mo.	(800)392-3738
Child Abuse Hotline/KS	(800)922-5330
Daycare for Children:	
Magic Years	(660)679-5437
Kingdom Kids (Adrian)	(816)297-2008

## **COMMUNICATING WITH PERSON OF LIMITED ENGLISH PROFICIENCY**

- a. Cyracom Language Solutions is the provider for BCMH
- b. This line is available 24 hours a day, 7 days a week
- c. Contact the nursing supervisor for help
- d. The phone used must have conferencing capabilities.
- e. Dial **1-800-481-3293** (you may need to dial 8 first) or use Ipad for web access  
<https://video.cyracom.com>
- f. Enter your account number - **501021030**
- g. Enter your pin number - **0630**
- h. For further instructions – refer to Hospital Wide Policy

You may also contact one of the following:

Able Hands  
P.O. Box 659  
Liberty, MO 64069  
info@ablehands.net  
24/7/365

Contact: Michelle Brooks or Robin Rinkenbaugh  
816-838-4263 (phone)  
816-817-1020 (fax)

Deaf Expressions  
P.O. Box 19181  
Lenexa, KS 66285  
assist@deafexpression.com  
24/7/365

Contact: Sandy Casper  
913-268-3323 (phone)  
913-268-5500 (fax)

Sign Language Specialists, Inc.  
P.O. Box 954  
Lee's Summit, MO 64063  
info@signlanguagespecialist.com  
24/7/365  
Contact: Kenna Wright or Lisa Bolding  
816-246-8770 (phone)  
816-246-8531 (fax)

**COUNTY/CITY/GOVT. INFO.**

Butler:

Circuit Clerk	(660)679-5171
Public Administrator	(660)200-7225 office
Juvenile Officer	(660)679-4434
Circuit Court	(660)679-3188
Library	(660)679-4321
University Extension Office	(660)679-4167
Sheriff's Dept. for Bates County	(660)679-3232
Police Dept:	
Butler	(660)679-6131
Adrian	(816)297-2106
Rich Hill	(417)395-2222
Nevada Social Security Office	
120 S Commerce Dr, Nevada 64772	(800)772-1213
Unemployment-Nevada	(417)448-1177
Kansas City Public Administrator	(816)881-3775

## **COUNTY HEALTH CENTERS**

Bates County Health Dept.	(660)679-6108
Cass County	(816)380-8425
St. Clair	(417)646-8157
Appleton City	(660)476-2121
Vernon County	(417)667-7418
Cedar County	(417)276-6416
Henry County	(660)885-8193

## **DAYCARE FOR SENIORS**

Bristol Manor (\$65 / day)	(660)679-3661
Medicalodge (charge is half of daily rate)	(660)679-3179

## **DENTISTS**

Bates County Dental Center	(660)679-6767
Clinton Family Dentistry	(660)885-3632
Nevada Family Dentistry	(417)667-3006
Custom Dental of Harrisonville	(816)925-0887
Compass Health	(844)853-8937

## **DEPT. OF SOCIAL SERVICES**

### Family Support Divisions:

Bates County	(660)679-3174
Cass County	(816)380-3597
Vernon County	(855)373-4636
St. Clair County	(417)646-8165
Henry County	(660)885-5531
Jackson County	(816)881-3171
Kansas Child/Adult hotline	(800)922-5330

## **DOCTORS/Clinics**

High Street Clinic	(660)200-7135
-James Patterson, Bre Thompson	
Nursery Street Clinic	(660)200-7133
-James Miller, Abby Shubert, Lauren Miller	
Adrian Family Care Clinic	(816)297-2640
-Laura Thiem, James Wirkkula	
Rich Hill Family Care Clinic	(417)395-2155
-Lori King	
Dr. Joyce	(660)200-7134
Appleton City Rural Health Clinic	(660)476-2121

## **DOMESTIC VIOLENCE SHELTERS**

**Local Advocate** – Donna Morris – can transport victims of Adult Abuse  
(660)679-7503 / 679-5699

Harrisonville:  
Hope Haven (816)380-2833 or 380-4663

Belton:  
Belton Police Department (816)331-5522  
Includes Placements for people outside of Belton

Nevada:  
Moss House (417)667-7171  
24 Hour Hotline (800)398-4271

Kansas City:  
Newhouse (816)471-5800  
Rose Brooks/ Domestic Violence Hotline (816)861-6100  
Joyce Williams (913)321-0951  
Domestic Violence Crisis Line (800)799-7233  
Hope House (816) 461-4673

**Survival Adult Abuse Center**  
Warrensburg (660)429-1088

## **DURABLE MEDICAL EQUIPMENT**

Aerocare (Nevada)	(417)667-6224	Fax 417-667-6324
Apria (Clinton)	(660)885-8129	Fax 660 885- 8350
Kansas City Home Medical Equipment	(816) 908-2977	
Gillen Pharmacy-Harrisonville	(816)884-5115	
Jay Hatfield Mobility – Lees Summit	(816)600-5124	Fax 1-816-600-5149
Lincare	(660) 885-4416	Fax 660 956 0493
Physician Medical-Eldorado	(417)876-5601	
Wal-Mart	(660)679-3151	
Auburn Pharmacy – Rich Hill	(417)395-4700	
Auburn Pharmacy – Nevada	(417)667-7802	
Summers Pharmacy	(660)679-5002	
Physicians Medical-Nevada	(417)667-3214	Fax 417 876 5604

## **ELDER LAW FIRM**

KC Elder Law (913)338-5713  
9225 Indian Creek Pkwy #1100  
Overland Park, KS. 66210

## **EMERGENCY SERVICES/low income-energy assistance**

Food Pantry	(660)679-3951
Division of Family Services-energy assistance	(660)679-3174
Osage Valley Round-up program	(660)679-3131
West Central emergency utility assistance	(660)476-2185
Ministerial Alliance - Archie – JP Williams	(816)430-5515

## **EYES**

Dr. Noe, Miller and Miller	(660)679-3261
Rehab Services for the Blind	(800)592-6004
Blind Rehab Services Kansas City	(816)889-2677
Eyecare	(816)792-4754

## **FIRE DEPT.**

Adrian	(816)297-2106
Amoret	(816)925-3206
Amsterdam	(816)267-3306
Butler	(660)679-6323
Foster	(660)832-4442
Rich Hill	(417)395-2222
Rockville	(660)598-4000

## **FOOD PANTRY**

Community Food Pantry	(660)679-3951
Appleton City Food Pantry	(660)476-2185

## **FUNERAL HOMES**

Schowengerdt	(660)679-6555
Mullinax	(660)679-0009
Atkinson Funeral Home (Adrian)	(816)297-2211
Coffel-Schneider Funeral Home (Hume)	(816)643-7531
Hill & Son Funeral Home (Appleton City)	(660)476-2135
Heuser (Rich Hill)	(417)395-2213
Mullinax (Drexel)	(816)657-4400

## **GROUP HOMES**

Willow Creek Group Homes (Adrian)	(816)297-8956
Four Seasons Group Home (Adrian)	(816)297-8787
Ranch of Hope (Adrian)	(660)424-4080

## **HEARING IMPAIRED**

- Cyracom Language Solutions is the provider for BCMH (sign language)  
This line is available 24 hours a day, 7 days a week  
Contact the nursing supervisor for help  
The phone used must have conferencing capabilities.  
Use Ipad for web access <https://video.cyracom.com>  
Enter your account number - **501021030**  
Enter your pin number - **0630**  
For further instructions – refer to Hospital Wide Policy

Mo. Commission for the Deaf	(573)526-5205	
Whole Person	(816)561-0304	
Deaf Expressions	(913)268-3323	
Mo Association for the Deaf	moadshowme.org	
Better Hearing Institute	(800)327-9355	
KS Commission for the Deaf	(785)368-7471	Fax 785-368-7467
American Society for Deaf Children	(800)942-2372	
Cap-tel phones for hearing impaired – free of charge based on qualifying application	(800)233-9130	
American Speech – language hearing	(800)638-8255	

## **HOME HEALTH CARE**

Amedisys	(816)524-7355	Fax (816)524-7354
Carter Healthcare	(816)363-1560	Fax (888)622-4329
Cedar County	(417)876-5477	
Golden Valley Home Health	(660)885-5088	Fax (660)885-7756
VNA Home Health	(816)627-6210	Fax (816)627-6235
Cox Joplin	(800)749-6555	
Integrity Ft Scott	(660)223-1191	Fax (866)688-6602
Terrace Home Health	(816)441-0000	
Traditions Home Health	(816) 350-2600	Fax (816) 350-2865

## **HOMEMAKER SERVICES**

To increase or decrease a person's homemaker services through the state  
(417)895-6455

To make a referral or increase services for Medicaid Pts – Call Aging/ Disability Support  
division – call only to start new homemaker services (866)835-3505

Appleton City/ West Central	(660)476-2185	
On My Own Inc.	(417)667-7007	
Quality Homecare	(660)679-6733	
Harrisonville	(816)380-3222	
Care Connections (ask for Artricia)	(660)679-5830 or (417)667-5847	
West Central	(660)476-2185	
Four Seasons	(660)890-2130	
Smiles Home Care	(803)408-1197	
At Home Independence	(417)448-8960	

## **HOMELESS SHELTERS**

Hotline for the Homeless	(816)474-4599	
City Union Mission-10 <sup>th</sup> and Troost	(816)474-9380	
Shelter KC	(816)421-7643	
Souls Harbor -- 915 S Main, Joplin MO	(417)623-4358	
Harbor Light	(913)232-5400	Fax 913-323-5455
reStart	(816)472-5664	
Hope Faith Ministries	(816)471-4673	

## **HOSPICE**

Good Shepherd	(816)822-2292	Fax 816-822-2298
Great Lakes Caring	(816)444-4611	Fax 816-444-9480
Promedica Hospice	(660)679-4300	Fax 660-679-0700
Kindred	(888)822-1222	Fax 816-795-1711
St. Croix Hospice	(816)380-3913	Fax 816-380-3912
Three Rivers Hospice	(816)295-0544	Fax 866-577-0333
Twin Lakes Hospice	(800)328-5446	Fax 660-890-2018
Village Hospice	(816)525-0986	Fax 816-251-8019
VNA Hospice	(816) 531-1200	
Amedisys Hospice	(816) 478-8900	Fax 816-478-8901

## **HOSPICE HOUSE**

Kansas City Hospice House	(816)941-1000
Northcare Hospital House	(816)691-1215
St Lukes Hospice House	(816)502-8900
Olathe Health Hospice House	(913)324-8988

## **HOSPITALS**

Ascension ViaChristi – Pittsburg, KS	(620)231-6100	
Bates County Memorial Hospital	(660)200-7000	
Belton Regional	(816)348-1200	Fax 816-348-1214
Boone County – Columbia	(573)815-8000	
Bothwell – Sedalia	(660)826-8833	
Cass County Medical Center	(816)380-3474	Fax 816-331-9530
Cedar County – Eldorado Springs	(417)876-2511	
CenterPoint Hospital	(816)698-7000	
Children’s Mercy Hospital	(816)234-3000	
Children’s Mercy East	(816)478-5200	
Children’s Mercy Blue Valley	(913)717-4700	
Children’s Mercy South	(913)696-8000	
Children’s Mercy Transport team	(800)466-3729	

Citizens Memorial Hospital- Bolivar	(417)326-6000	
Cox Barton County – Lamar	(417)681-5100	
Cox Med Cen – Springfield	(417)269-6000	
Ellett Memorial Hospital (Appleton City)	(660)476-2111	Fax 660-476-5591
Ellis- Fischell Cancer Center	(573)882-2100	
Freeman Hospital West - Joplin	(417)347-1111	
Freeman Hospital East – Joplin	(417)347-1111	
Golden Valley Memorial Hospital (Clinton)	(660)885-5511	Fax 660-885-5012
ER Fax	(660)885-2619	
Kansas Institute	(913)730-1100	
KC Cancer Center – Lee’s Summit	(913)574-2350	
KU Med Center	(913)588-1227	
Lake Ozark Reg	(573)348-8000	
Lee’s Summit Medical Center	(816)282-5000	
Liberty Hospital	(816)781-7200	
Menorah	(913)498-6000	
Mercy- Joplin	(417)782-2727	
Mercy- Lebanon	(417)533-6100	
Nevada Regional Medical Center	(417)667-3355	Fax 417-448-3847
North KC hospital	(816)691-2000	
Overland Park Regional	(913)541-5000	
Research	(816)276-4000	
Shawnee Mission Medical Center	(913)676-2000	
St. Joseph	(816)942-4400	
ER	(816)943-2711	
Admitting	(816)943-2264	Fax 816-943-4560
Medical records	(816)943-2116	
St. Mary’s	(816)228-5900	
St. Luke’s	(816)932-2000	
Transfer nurse	(816)932-2801	
Transfer team	(816)932-6200	
St. Luke’s North	(816)891-6000	
St. Luke’s South	(913)317-7000	
St. Luke’s East	(816)347-5000	
Truman Medical Center	(816)404-1000	
Truman Medical Center East	(816)404-7000	
University of MO	(573)882-4141	
VA Medical Center KC	(816)861-4700	
Columbia	(573)814-6000	
Leavenworth	(913)682-2000	
Nevada Clinic	(417)448-8905	Fax 417-549-6218
Warrensburg Clinic	(816)922-2500	

**HOUSING FOR LOW-INCOME**

Butler Estates	(660)679-4156
Housing Assistance / HUD	(561)981-5337

**HOUSING FOR SENIORS**

Rural Development	(660)679-6114
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**Butler:**

Butler Plaza (660)679-5589

**Adrian:**

Houston Plaza (Judy Ball) (816)297-4203

**Harrisonville:**

Harrisonville Properties II (816)380-4884  
 Harrisonville Senior Housing (816)884-6331  
 Harrisonville Heights (816)887-2492

**Archie:**

Senior Housing (816)293-5511

**Lifeline**

Kathy Cravens (660) 679-4666  
 Life Alarm (800)780-5433  
 1-800-Lifeline  
 Helping Hands through On My Own (800)362-8852  
 American Senior Safety-888-931-1010

**LONG TERM ACUTE CARE HOSPITAL**

Kindred Northland LTAC	(816)420-6300	Fax 866-711-1976
Research Select Specialty	(816)276-3300	Fax 816-276-3377
Promise – Overland Park	(913)652-3267	Fax 913-549-9221
Providence – Kansas	(913)596-4000	

**MEALS ON WHEELS**

Senior Center-Butler, Adrian, Rich Hill, Hume	(660)679-5830	Fax 660-679-0620
Appleton City -- call Lowry City	(417)644-7718	
Henry County	(660)885-3482	

**MEDICAID**

Determine eligibility	(800)392-2161
To Apply	(660)679-3174
Fax completed application to	(660)679-3894
They will fax authorization for medical record release to fill out and it must be faxed back when completed	
Precert	(800)766-0686
Medicaid Exception forms for DME	(800)392-8030 option 2

## **MENTAL HEALTH/INPATIENT**

### **MISSOURI:**

#### **Harrisonville:**

Cass Medical Center (Sage Behavioral Health-older adults)  
(816)887-0793 Fax 816-380-1871

#### **Nevada:**

Heartland (Children) (417)667-2666 Fax 417-448-5683  
Nevada Regional (417)667-3355  
Direct line for New Beginnings (417)448-3677 Fax 417-448-2492

#### **El Dorado:**

Southwest Psychiatric Rehab (417)876-5700 Fax 573 234-2062

#### **Springfield:**

Lakeland Regional Hospital (417)895-9169 Fax: 417-268-9757  
Ages 4-17 & 60+  
Cox North (417)269-1571

#### **Kansas City:**

Research Psych Call Center (816)444-8161  
Intensive outpatient / partial hospitalization program  
Truman Medical Center Behavioral Health (816)404-5709  
Adult unit  
KU Medical Center-Adult (913)588-6455  
Child (913)588-6450  
Shawnee Mission Medical Center (913)676-2000 / 2528  
Crittenton (Children)-Raytown (816)765-6600  
St. Luke's of Smithville psych unit (816)532-3700 Fax 816-532-7163  
Accept adult Medicaid  
VA Hospital - veterans only (816)861-4700  
Prairie Ridge Psychiatric Hospital – Acute (913)334-0294  
Ages 6 – 18 Missouri Medicaid accepted  
St. Joe Hospital- geri psych (816) 943-5800 Fax 816-943-5854

#### **Windsor:**

Royal Oaks (800)456-2634

#### **Bolivar:**

Parkview Citizens Memorial (geriatric) (417)328-6305 Fax 417-488-7025  
Burrell Behavioral Health (417)777-6717

#### **Marshall:**

Transitions at Fitzgibbons Hospital (660)886-7800

#### **Joplin:**

Mercy Hospital (417)781-7337  
Freeman -- Stephen's unit (417)347-5800  
Geri-psych unit (417)347-3627

**Liberty:**

Signature Psychiatric Hospital (816)691-5103

**St Louis:**

VA St Louis (314)652-4100  
18 + / 65 +  
Hawthorn Children's' Psych Hosp (314)512-7800  
Under 18  
St Louis Behavioral Medicine Inst. (314)534-0200  
18 + / 65 +  
Barnes & Jewish Hospital (314)747-3000  
18 + call Dr. Access line (314)747-3251  
Metropolitan St.Louis Psych Center (314)877-0500  
St Louis Psych Rehab Center (314)877-6500

**Crystal City:**

Jefferson Regional Med Center (636)933-1000  
18 + / 65 +

**Kennett:**

Twin Rivers Regional Medical Center Behavioral Health  
18 + / 65 + (573)888-4522

**Maryville:**

St Francis Hospital Behavioral Health Services  
18 + / 65 + (660)562-2600

**Jefferson City:**

St Mary's Health Center Beh Health Unit  
18 + (573)761-7000

**Sullivan:**

Missouri Baptist Hospital (573)468-4186  
18 + / 65 +

**Hayti:**

Pemiscot Memorial Health Systems (573)359-3290  
18 + / 65 +

**St Charles:**

St Joseph Health (636)947-5014  
18 +

**St Joseph:**

Northwest Psych Rehab Center (St Joe Hospital)  
18 + / 65 + (816)387-2300

Heartland Regional Med Center (816)271-7273  
18 +

**Cape Girardeau:**

Southeast Mo Hosp Psych (573)657-5595  
18 + / 65 +

**Poplar Bluff:**

Poplar Bluff Reg Med Center (573)686-5311  
 18 +  
**Columbia:**  
 Harry S Truman Mem VA Hospital (573)814-6000  
 18 + / 65 +  
 Missouri Psychiatric Center (573)884-1300  
 24 HOUR CRISIS LINE (this is also Pathways 24-hour-line)  
 Children and adults  
 ACI MENTAL HEALTH CRISIS LINE (800)833-3915

**Weldon Spring:**  
 Center Pointe Hospital (636)441-7300  
 Under 18 / 18 + / 65 +

**Cameron:**  
 Cameron Regional Med Center Beh Health  
 65 + (816)632-2101

**Wentzville:**  
 SSM Health Care (636)327-1010  
 Under 18

**Bridgeton:**  
 SSM DePaul Health Center (314)344-6000  
 Under 18 / 18 + / 65 +

**Moberly:**  
 Moberly Reg Med Center Behavioral Health  
 18 + / 65 + (660)263-8400

**Sikeston:**  
 Missouri Delta Med Center (573)471-1600  
 65 +

**Fulton :**  
 Fulton State Hospital (573)592-4100

**Rolla:**  
 Center for Psychiatric Services (573)458-7444  
 18 + - accepts Medicaid

**KANSAS:**

**Garden City:**  
 St Catherine Hospital (620)272-2222  
 12 +

**Salina:**  
 Salina Regional Health Center (785)452-7000  
 18 +

**Liberal:**  
 Southwest Medical Center (620)626-4333  
 18+

**Topeka:**  
 Stormont Vail West (785)270-4600

5 +  
**Leavenworth:**  
 Cushing Memorial Hosp (913)684-1101  
 18 +  
**Olathe:**  
 Cottonwood Springs (913)353-3000 Fax 913-289-4045  
**Overland Park:**  
 Marilliac Center Inc. (913)663-5437  
 Ages 5 – 17  
**Newton:**  
 Prairie View Inc. (316)284-6400  
 18 +  
**Hutchinson:**  
 Hutchinson Reg Med Cen (620)665-2001  
 18 + (620)513-3400  
**Hays:**  
 Wheatland Psych Hospital (785)624-6000  
 5 – 18  
**Wichita:**  
 Via Christi Behavioral Health (316)858-3882  
 12 +

## **ARKANSAS**

Pinnacle Pointe Beh Health Care – Little Rock (501)223-3322  
 Children 5 – 17  
 Rivendell Beh Health – Benton (800)264-5640  
 18 under / 18 +  
 Vantage Point of Northwest Ark – Fayetteville (800)545-4673  
 Under 18 / 18 + / 65 +  
 University of Arkansas Adult Inpatient Facility – Little Rock  
 (501)686-7000

## **IOWA**

Keokuk Area Hosp Beh Health – Keokuk (319)524-7150 (8745)  
 18 + / 65+  
 Jennie Edmundson Mem Hosp Beh Health – Council Bluffs  
 18 + / 65+ (712)396-6044  
 Great River Med Center Beh Health – West Burlington  
 18+ / 65+ (319)768-1000  
 Finley Hospital – Dubuque (563)589-2460  
 65+  
 Mercy Medical Center – Sioux city (712)279-2438  
 18+ / 65+  
 Mercy Med Center Franklin Center – Des Moines  
 Under 18 / 18+ / 65+ (515)247-3121  
 Mercy Med Center – Clinton (563)244-5555  
 Under 18 / 18+ / 65+  
 Mercy Greeley Med Center – Ames (515)239-2011

Under 18 / 18+ / 65+

**OKLAHOMA**

Rolling Hills – Ada	(800)522-9505
Under 18 / 18+ / 65+	
Brookhaven Hospital – Tulsa	(918)438-4257 / 888-298-4673
Cedar Ridge – Oklahoma City	(405)605-6111      Fax 405-424-0457
Under 18 / 18+ / 65+	
Layreate Psych Hospital – Tulsa	(918)481-4000 / 918-494-2200
Parkside Psych Hospital – Tulsa	(918)588-8888
18 + / 18 under	

**COLORADO**

Denver Children’s Hospital – Aurora	(720)777-1234 / 720-777-2540
4 - 18	

**MENTAL HEALTH COUNSELING/OUTPATIENT**

<b>Employee Assistance Program</b>	<b>(800)-624-5544</b>
For BCMH employees	

**Butler:**

Compass Health—Drug / ETOH	(844)853-8937
Breonna Smith, LCSW BCMH	(660)200-7000

**Nevada:**

Butler Davidson Counseling Services	(417)667-9608
Nevada Mental Health Services	(417)667-8352
Allied Mental Health	(417) 682-5757
Compass Health	(844)853-8937

**Rich Hill:**

Alliance Mental Health	(417)395-2727
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**Harrisonville:**

Cass County Psychological Services	(816)380-4010
Compass Health	(844)853-8937
The Wellness Counseling Center	(816)974-7378

## ***MOWS/60&disabled***

Butler-Senior Center	(660)679-5830
Rich Hill-Senior Center	(417)395-2225
Appleton City (St. Clair County) (Senior Center)	(660)476-2026
Clinton (Henry County)	(660)885-3482

## ***NURSING HOMES***

### **Appleton City:**

Appleton City Manor	(660)476-2128	Fax 660-476-5567
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### **Bates County:**

Medicalodge (Alzheimer's Unit Available)	(660)679-3179	Fax 660-679-6524
Butler Center Baptist Homes of Adrian	(660)679-6158 (816) 260-3033	Fax 660-679-4243

### **Harrisonville:**

Meadow View Health & Rehabilitation Alzheimer unit available	(816)380-2622	
Crown Care Center	(816)380-6525	Fax 816 884-3240
Golden Years	(816)380-4731	Fax 816 380-5547

### **Nevada:**

Nathan Richard Health Care Center	(417)667-8889	
Moore-Few Care Center-SNF	(417)448-3841	
Medicalodge of Nevada	(417)667-5064	Fax 417 667-8154

### **El Dorado Springs:**

Community Springs Healthcare	(417)876-2531	
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### **Missouri Veterans Home**

Warrensburg, MO

(660)543-5064

### **Clinton**

Clinton Healthcare and Rehab	(660)885-5571	Fax 660-885-6249
Westwood Living Center	(660)885-8196	

### ***Brain Injury / Trach Nursing Homes***

Four Seasons – Sedalia (230 bed / 30 brain)	(660)826-8803	
Will take Bariatric Pt's – average age at their facility is 40 years old		
Carthage Health and Rehab	(417)358-1937	

## ***ORGAN DONATION***

Will Body Program at KU Med Center  
Midwest Eye Bank

(913)588-2735  
call Gary Schowengerdt

### **PHARMACIES**

Wal-Mart	(660)679-3163
Summers Pharmacy-Butler	(660)679-5002
Kreisler Pharmacy-Adrian	(816)297-8833 / 800-964-4344
Summers Pharmacy-Appleton City	(660)476-2142
AuBurn Pharmacy-Rich Hill	(417)395-4700
Apria Pharmacy (infusion therapy)	(800)726-3481

### **POLICE**

Adrian	(816)297-2106
Bates County Sheriff's Department	(660)679-3232
Butler	(660)679-6131
Rich Hill	(417)395-2222

### **PREGNANCY:**

Planned Parenthood in Grandview	(913)345-1400
Planned Parenthood in Independence	(816)252-3800
Birthright- Nevada	(417)448-1771

### **PSYCHIATRISTS:**

Compass Health	(844)853-8937
Dr. Trobaugh	(417)667-2666
Mark Stewart	(417)667-3355
MENTAL HEALTH CRISIS LINE	(800)833-3915
New Beginnings	(417)448-3677

### **PUBLIC ADMINISTRATOR**

Brenda Doody	(660)200-7225
Kelsey Westerhold	(417)448-2570

### **REHAB HOSPITALS**

Mid America Rehab	(913)491-2400	Fax 866-324-0563
Provides Transport		
Rehab Hospital of Overland Park	(913)967-5222	Fax 913-544-1959
St.Lukes Rehab Institute	(816)932-2000	Fax 816-251-9595
Rehab Institute of KC	(816)751-7700	
outpatient only		
Menorah Rehab	(913)201-5128	Fax 913-498-6142
St. Joseph Hospital Rehab	(816)943-2576	
Rusk Rehab in Columbia	(573)817-2703	

Research Medical Center Inpt Rehab (816) 276-4000  
Johnson County Rehab Hospital (913) 372-7800

**Prosthesis:**

Hanger Prosthesis -  
Overland Park (913)498-1540  
Independence (816)478-4318  
Horizon Orthotic & Prosthetic (816)268-4673

**SCHOOL DISTRICTS-BATES COUNTY**

Adrian	(816)297-4460	
Ballard	(816)297-2656	Fax 816-297-4002
Butler	(660)679-0653	
Appleton City	(660)476-2118	Fax 660-476-5564
Drexel	(816)657-4715	
Hume	(660)643-7411	
Miami	(660)852-3269	Fax 660-267-3630
Rich Hill	(417)395-2418	

**SUPPORT GROUPS**

- Butler AA meeting every Tuesday at 8pm above the old Police Dept.
- Butler NA (Narcotics Anonymous)-M, W, and F at 7-8pm-old police Dept.
- Passaic AA meeting at Chuck's shop every Friday at 8pm
- BCMH Support Groups – Meeting Room A/B 2-3 pm
  - Weight Management – 1<sup>st</sup> Thursday
  - Grief and Loss Support – 2<sup>nd</sup> Thursday
  - Diabetes – 3<sup>rd</sup> Thursday
  - Quit Smoking – 4<sup>th</sup> Thursday
- Harrisonville AA meeting every night at 8pm on square
- Nevada-AA meetings-301 S. Pine-For more info.-417-667-9850/800-273-3707
- Golden Valley Education Dept in Clinton – 660-885-2253 - Can give support group information in that area
- Nevada Regional Ed Dept. – 417-448-3622
- Celebrate Recovery = Immanuel Baptist Church – Butler – every Monday at 7:15 pm – held in house to the south of church

**SUBSTANCE ABUSE COUNSELING – OUTPATIENT**

Compass Health	(844)853-8937
CMHC-Nevada	(417)667-8352
1 <sup>st</sup> Step Behavioral Health	(877)256-2215

## **SUBSTANCE ABUSE COUNSELING-INPATIENT**

Royal Oaks (dual diagnoses)	(800)456-2634
Valley Hope-Boonville, MO	(660)882-6547
Comprehensive Mental Health	(816)254-3652
Compass Health-Adult Residential	(844)853-8937
Multiple locations	
Simmering Center	(417)320-6380
New Directions-Joplin	(417)347-7730
Lafayette House-Joplin	
Phoenix House-Columbia	(573)875-8880
Salvation Army ARC - long term rehab	
David Forte	(816)421-5434
(This is for individuals who are disaffiliated with the community and have either or both substance abuse or mental health issues --- it is a 6 month to 1 year program located on 13 E 10 <sup>th</sup> Street in KC. They do not accept registered sex offenders or arsonists.)	
New Vision-multiple locations	(800)939-2273
SE MO Behavioral Health (multiple locations)	(800)455-5749
Bridgeway Behavioral Health	(636)224-1000
Preferred Family Healthcare-multiple locations	(816)474-7677
Midwest Institute for Addiction	(314)569-2253
(multiple locations)	

## **TRANSPORTATION**

Reserve-a-ride/Medicaid (Logistic Care)	(866)269-5927
OATS-Bates County area Office	(800)276-6287
Senior Taxi	(660)679-6322
PAR-Provide a ride-Volunteer	(660)679-5830
Med Coach (long distance interstate transfers)	(727)530-7972
Jefferson Bus Lines Depots:	
Nevada	(800)451-5333
Kansas City	(816)221-2885
Clinton	(800)451-5333
Harrisonville	(800)451-5333
Rich Hill	(800)451-5333
New Growth Transit	(417)283-7991

## **VETERANS ADMINISTRATION**

VA Transfers/VA Hospital in KC	(816)861-4700
--- ask for transfer nurse-page her	
VA Benefits	(800)827-1000
Disabled American Veterans	(816)765-8787
VA Clinic - Nevada 322 S Prewitt St	(417)448-8905
Warrensburg Home	(660)543-5064
American Veterans Care Coordination and Advocates	
Help veterans and surviving spouses, families,	

caregivers free of charge to understand and apply  
for aide and attendance (855)380-4400

[vcchc.com](http://vcchc.com)

VA Crisis Line

(800)273-8255

**WEB SITES:**

[www.medicare.gov/](http://www.medicare.gov/)

links to : Nursing Home Compare  
Home Health Compare  
Dialysis Compare  
Publications  
Helpful contacts  
Medicare eligibility  
Physician directory  
Supplier directory  
Prescription drug and other assistance programs

[www.mydss.mo.gov/healthcare](http://www.mydss.mo.gov/healthcare)

links to: Medicaid instructions and application  
Division of Medical Services Home Page

# V. Detail Exhibits

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[VVV Consultants LLC]

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## a.) Patient Origin Source Files

[VVV Consultants LLC]

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

<b>Bates County, Missouri Residents</b>				
#	Inpatients - MHA HIDI	YR24	YR23	YR22
1	Research Medical Center - Kansas City, MO	408	332	298
2	Bates County Memorial Hospital - Butler, MO	284	266	372
	% of Patients Staying Home	13.7%	12.9%	18.6%
2	St. Joseph Medical Center - Kansas City, MO	119	128	115
3	Nevada Regional Medical Center - Nevada, MO	91	126	132
4	Menorah Medical Center - Overland Park, KS	119	110	95
5	The University of Kansas Health System - Kansas City, KS	110	108	101
	Other Hospitals	943	985	887
	<b>Total</b>	<b>2,074</b>	<b>2,055</b>	<b>2,000</b>

<b>Bates County, Missouri Residents</b>				
#	Outpatients - MHA HIDI	YR24	YR23	YR22
1	Bates County Memorial Hospital - Butler, MO	40,532	37,715	37,734
	% of Patients Staying Home	61.7%	60.8%	62.4%
2	Golden Valley Memorial Healthcare - Clinton, MO	5,444	5,363	4,623
3	Cass Regional Medical Center - Harrisonville, MO	4,707	4,746	4,277
4	The University of Kansas Health System - Kansas City, KS	2,826	2,722	2,511
5	Nevada Regional Medical Center - Nevada, MO	1,864	1,660	2,122
6	Children's Mercy Kansas City - Kansas City, MO	1,358	1,384	1,273
7	St. Joseph Medical Center - Kansas City, MO	1,161	1,294	1,225
8	Children's Mercy Hospital Kansas - Overland Park, KS	772	769	719
	Other Hospitals	6,982	6,428	6,003
	<b>Total</b>	<b>65,646</b>	<b>62,081</b>	<b>60,487</b>

<b>Bates County, Missouri Residents</b>				
#	Emergency - MHA HIDI	YR24	YR23	YR22
1	Bates County Memorial Hospital - Butler, MO	6,502	6,595	6,502
	% of Patients Staying Home	62.6%	63.9%	67.0%
2	Cass Regional Medical Center - Harrisonville, MO	1,320	1,322	1,102
3	Nevada Regional Medical Center - Nevada, MO	212	317	332
4	Research Medical Center - Kansas City, MO	402	234	181
5	Belton Regional Medical Center - Belton, MO	272	264	225
6	Ellett Memorial Hospital - Appleton City, MO	176	188	155
	Others	1,507	1,400	1,209
	<b>Total</b>	<b>10,391</b>	<b>10,320</b>	<b>9,706</b>

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

[VVV Consultants LLC]

**Attendance Bates Co, MO CHNA Town Hall 9/18/25 11:30-1pm N=20**

#	Table	Lead	Attend	Last	First	Organization
1	A	XX	x	LanCaster	Missy	Bates County Health Center
2	A		x	Jennings	Linda	BCMh Board
3	A		x	Mccord	Elisabeth	BCMh
4	A		x	Floyd	Terri	BCMh
5	B	XX	x	Weavor	Greg	BCMh
6	B		x	Jones	Jerry	BCMh
7	B		x	RAYBOURN	SARAH	Butler Elementary School
8	B		x	Cook	Daniel	BCMh
9	C	XX	x	Jackson	Andrea	BCMh
10	C		x	Welston	Jody	BCMh
11	C		x	Page	Kori	BCMh
12	C		x	Jennings	Robert	BaCo Transport
13	D	XX	x	Shubert	Abigayle	BCMh FCC
14	D		x	Dahmer	Candi	Bates County Memorial Hospital
15	D		x	Klinksick	Jennifer	BCMh
16	D		x	Crary	Dr. Ben	BCMh
17	E	XX	x	Keating	Kim	BCMh
18	E		x	Wainscott	Jenny	BCMh
19	E		x	Henderson	Pastor Jeremy	Nazarene Church, Butler; BCMh Chaplain
20	E		x	Cook	Tricia	BCMh Family Care Clinic

# Bates County Memorial Hospital Town Hall Event Notes

Date: 9/18/2025 11:30 a.m. -1 p.m. Education Room Attendance: N=20

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

- Other than seeking care at BCMH, the community may go to St. Lukes, HCA, KU, or Research for a higher level of care.
- The population reported in 2022 appears incorrect while 2025 looks accurate according to the community.
- Other than English, Spanish, Mandarin, and German are being spoken in the community.
- Veterans go to Nevada (Clinic), Belton (Clinic), Kansas City (Hospital) for care. Many veterans go to the BCMH Clinic.
- The community shared that many people must pick up extra jobs to make ends meet. There is new business coming to Bates County, however, there is a growing wealth gap.
- There is access to healthy foods, however it is more expensive.
- Access to broadband has increased (Connexon). Broadband is not affordable and a barrier for community members.
- School health is struggling, specifically dental care.
- There is a worry for lack of vaccines in the community.
- Mental Health is a concern for kids and teens. Depression is a concern for all ages, specifically young adults/teens/children.
- Mothers go to Kansas City (HCA, St. Lukes, Overland Park, Advent Health), Golden Valley, or Nevada to deliver babies.
- There is a need for Childcare in the community. More specifically
- As for providers, there is a need for RHE, OBG, ENT, OT (for special needs).
- Drugs are prevalent in the community specifically, opioids, marijuana, fentanyl, meth, heroin, and cocaine.
- Chronic diseases are a concern specifically for COPD and kidney disease do to high smoking in the county.
- The Coffman and Adrian Fitness Hub gyms have opened, increasing access to fitness.

## Review of past actions taken for the 2022 unmet needs:

- There was new growth in transportation, however still limited.
- Urgent Care opened on the square (Henderson – Private)
- YMCA is in the process.

## What is coming/occurring that will affect health of the community:

- Big Beautiful Bill Impact
- Higher cost of healthcare
- Insurance changes
- Lack of vaccinations
- License Clinic Social Worker coming
- OBG provider coming
- YMCA

## Things going well for healthcare in the community:

- Broadband Improvement
- Charity Care
- Infusion Center
- Mammography Program
- Oncology Access
- Orthopedic Access
- Public Health
- Visiting Specialists

## Areas to improve or change in the community:

- Childcare (Access & Affordable)
- Community Partnerships / Collaboration
- Dental
- Obesity (Nutrition & Fitness)
- Senior Healthcare
- Spiritual Health (Hope)
- Economic Development (Poverty)
- Food Insecurity
- Health Apathy
- Home Health (Access)
- Substance Abuse (Drugs & Alcohol)
- Transportation
- Housing (Affordable)
- Mental Health (Crisis, Diagnosis, Treatment, Providers, Aftercare)
- Uninsured / Underinsured (Advantage Plans)
- Vaccines (Lack of)

## Round #5 CHNA - Bates Co MO PSA

### Town Hall Conversation - Strengths (Big White Cards) N=20

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
2	"At present" financially stable but increase challenge in future	8	Inpatient/ER/FCC care
16	Access and primary care	16	Internet access
3	Access to health care provider- coming July	12	Large group of specialty physicians in our hospital
4	Accessibility- specialty services	7	LCSW (working on)
2	Active/growing outpatient specialty clinic, physicians from KC come down	12	Local health care (hospital, clinics)
3	Addition of local gyms	8	Mammography
11	Addition of YMCA	10	Mammography program
17	Addition of YMCA	4	Mammos
17	Ambulance	7	Mammos
5	Babies care is coming back to local providers	6	Many specialty providers
2	Bates County has a hospital	1	Mental health
11	BCHC	5	New provider coming
10	BCMh adding providers to OPC	9	New provider coming to town
11	BCMh working on more providers	15	New providers
3	Broadband	18	New providers
12	Broadband	6	New providers coming
15	Broadband	7	OB/GYN (working on)
13	Broadband internet	14	Provider- coming in future
6	Cancer care	13	Providers
6	Charity care and services	14	Quality health care providers
1	Childcare	7	Rheumatology (working on)
8	Community support	9	Services offered at health Dept.
10	Community YMCA	13	Specialty care
14	Current providers	17	Specialty clinics and infusion center
4	Dr. coming	3	Specialty providers in OPC
4	Emergency	1	Substance abuse
15	ER time	16	Surgical services
18	ER time	3	Transportation has improved
5	ER wait times are good	5	Trying to educate community about local services provided
8	Financial assistance program	18	Urgent care services
8	Fitness centers	17	Urgent care
16	Good access to specialty care- ortho	10	Urgent care clinics
12	Good public health office	9	Urgent care in town
15	Health care offerings	7	YMCA
9	Infusion center	12	YMCA
10	Infusion center	13	YMCA
11	Infusion center	15	YMCA
13	Infusion center	5	YMCA coming- to help with childcare
16	Infusion center/oncology	9	YMCA- coming to town

## Round #5 CHNA - Bates Co, MO PSA

### Town Hall Conversation - Weaknesses (Color Cards) N= 20

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
3	Access to care	6	Home health services
14	Access to health food	4	Housing
15	Access to therapies or for those w/mental health and special needs	17	Housing
2	Access to vaccines	7	Housing- affordable
1	Affordable housing	11	Housing insecurity
9	Affordable housing	18	Image in community (improved access to health care)
15	Alcohol and drug abuse	1	Impact of change about vaccines
12	Anti-vaxers	13	Increase in non-vaccinations
3	Apathy	11	Insurance education/help applying
12	BBB (higher cost of health care)	1	Lack of community involvement
12	Changes in insurance	3	Mental health
4	Changes to marketplace and medicaid	4	Mental health
17	Child care	7	Mental health
1	Childcare	9	Mental health
4	Childcare	10	Mental health
7	Childcare	14	Mental health
8	Childcare	18	Mental health
14	Childcare	2	Mental health services
18	Childcare	16	Mental health services
2	Childcare centers	6	Mental health services for youth
5	Childcare/senior care	5	Mental health support, provider, crisis
13	Children mental health	1	MH providers
7	Community involvement	15	Need for quality/affordable childcare
9	Community involvement	6	Need of licensed daycares
18	Continued financial visibility of hospital. Again community support	7	New businesses
12	Daycare	4	Obesity
12	Dental	13	Poor dental care
17	Depression	5	Poverty
8	Depression/mental health	14	Poverty
6	Disease management for COPD/obesity	4	Preventative care
16	Domestic violence	17	Preventative care
15	Domestic violence/abuse	1	Senior health care
10	Drug abuse support	2	Senior living/housing
1	Drug- alcohol	2	Specialty- providers
9	Drug and alcohol abuse counseling	1	Spiritual health
5	Drug and alcohol abuse interventions/education	15	Spiritual health
15	Economic instability	4	Substance abuse
17	Economy	8	Substance abuse
10	ETOH abuse	14	Substance abuse
5	Food insecurity	7	Substance abuse counseling
8	Food insecurity	13	Therapies for children with special needs
10	Food insecurity	1	Transportation
13	Food insecurity	8	Transportation
16	Food insecurity	9	Transportation
1	Health apathy	16	Uninsured/under insured
4	Health apathy	3	Vaccinations
5	Health apathy	10	Vaccinations
7	Healthy foods	16	Vaccinations
6	Higher cost of health care		

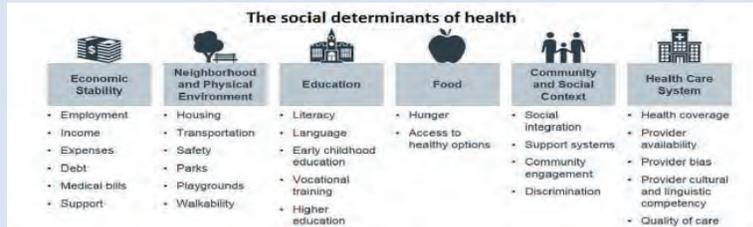
## Round #5 CHNA - Bates Co, MO PSA

### Town Hall Conversation - Actions from 2022 Unmet Needs (Small White Cards) N= 20

Card #	What were the impacts from actions taken to address the 2022 unmet needs?	Card #	What were the impacts from actions taken to address the 2022 unmet needs?
15	Childcare- in school	12	N/A
1	Code 1 opened (BH to improve)	13	N/A
6	Community health center	16	N/A
6	Home health	17	N/A
3	Introduction of Code 1	1	Need LCSW
14	Lack of social workers	15	Substance- Code 1
3	LCSW not available	14	Transportation
6	LCSW worker	1	Urgent care
18	Licensed social	3	Urgent care access
4	N/A	14	Urgent care has opened up in town
5	N/A	7	Urgent care- on square
8	N/A	7	Visiting specialists have expanded
9	N/A	2	We had immediately busy, LCSW, but we can't seem to keep one
10	N/A	3	YMCA and childcare
11	N/A	1	YMCA to come for childcare

# Round #5 CHNA - Bates Co MO PSA

Social Determinants "A" Card Themes (N = 20 with 51 Votes): E=16, N=5, ED=3, C=5, F=7 & P=15



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
14	C	Community and social community context	3	F	Food
1	C	Family support	7	F	Food
4	C	Social and community context	8	F	Food
6	C	Social and community context	10	F	Food
13	C	Social and community context	18	F	Food- processed food
5	E	Economic	11	N	Affordable housing
16	E	Economic	4	N	Childcare
3	E	Economic stability	1	N	Transportation
4	E	Economic stability	4	N	Transportation
6	E	Economic stability	11	N	Transportation
7	E	Economic stability	2	P	Access (mental health)
9	E	Economic stability	2	P	Cost of care
13	E	Economic stability	4	P	Domestic Violence
14	E	Economic stability	5	P	Health care access
15	E	Economic stability	16	P	Health care access
17	E	Economic stability	17	P	Health care access
2	E	Economy	15	P	Health care access and quality
8	E	Economy	18	P	Health care access and quality
12	E	Economy	4	P	Home health
10	E	Economy stability	1	P	Insurance
1	E	Finances	11	P	Lack of insurance
12	ED	Education	4	P	Mental health
18	ED	Education	4	P	Obesity
9	ED	Education access	4	P	Substance abuse
1	F	Food	4	P	Visiting specialist
2	F	Food			

# Help Shape the Future of Health in Bates County: CHNA Community Online Feedback Survey – Bates County, MO

Inbox



**Andrea K. Jackson**

3:22 PM (10 minutes ago)

to info

Bates County Memorial Hospital is working with other local providers to update the **2022 Community Health Needs Assessment (CHNA)** for Bates County, Missouri. As part of this effort, we're asking community members to share their input on local health needs through a short, confidential survey.

This 2025 update builds on the findings from previous assessments in 2016, 2019, and 2022. We're looking to understand where we've made progress, and where needs remain unmet, based on the community's current experiences and ideas.

We invite all Bates County residents and business leaders to complete the survey by **August 15, 2025**. Your feedback will help us better plan for the future of local health care.

### Take the Survey Now:

[https://www.surveymonkey.com/r/BatesCoMO\\_CHNA\\_2025](https://www.surveymonkey.com/r/BatesCoMO_CHNA_2025)

### Save the Date:

A **Community Town Hall** will be held on **Thursday, September 18, 2025**, from **11:30 a.m. – 1:00 p.m.** at **Bates County Memorial Hospital**. Join us for lunch and a discussion of survey findings and future priorities.

If you have questions about the CHNA process, please call Andrea Jackson at **(660) 200-7313** and leave a message with your name and a contact number, or email [ajackson@bcmhospital.com](mailto:ajackson@bcmhospital.com).

Thank you for helping us build a healthier Bates County, together!

Regards,

Andrea Jackson

Marketing / Public Relations Coordinator | Human Resources

Bates County Memorial Hospital

615 West Nursery St | PO Box 370 | Butler, MO 64730

[ajackson@bcmhospital.com](mailto:ajackson@bcmhospital.com)

[www.bcmhospital.com](http://www.bcmhospital.com)

Office: 660-200-7313

## What Does a Healthier Bates County Look Like to You?



### Your Voice Matters: Take the 2025 Community Health Needs Assessment Survey

Bates County Memorial Hospital is partnering with other local healthcare providers to update the **2022 Community Health Needs Assessment (CHNA)** for Bates County, Missouri. This important assessment helps identify key health needs and priorities in our community, and we want to hear from you.

#### Why Your Input Matters

The goal of the **2025 CHNA** is to build on the progress made since the previous assessments in **2016, 2019, and 2022**. We're looking to:

- Measure improvements in health outcomes and services
- Identify unmet needs in the community
- Gather current perceptions about health and healthcare access

#### Take the Survey by August 15

We've created a **short, confidential online survey** to collect input from residents and business leaders across the county. The survey takes just a few minutes to complete and will remain open through **August 15, 2025**.

#### [Start the Survey Now](#)

#### Save the Date

As part of this project, BCMH will host a **Community Town Hall** to share findings from the survey and continue the conversation. All are welcome to attend.

#### Thursday, September 18, 2025

11:30 a.m. – 1:00 p.m. (Lunch provided)

Bates County Memorial Hospital

If you have any questions about the CHNA process or how to participate, please call **(660) 200-7313**. Kindly leave a voicemail with your name and contact number.

Thank you for helping us plan for a healthier future. **Your voice truly makes a difference.**

All the best,

Andrea Jackson

Marketing / Public Relations Coordinator | Human Resources  
Bates County Memorial Hospital

# You're Invited: Community Health Needs Assessment Town Hall – September 18

**Andrea K. Jackson**

Fri, Aug 22, 4:43 PM  
(1 day ago)

to info, Gregory, me, Olivia

Bates County Memorial Hospital, together with local healthcare partners, invites you to join us for a **Community Health Needs Assessment (CHNA) Town Hall luncheon** on:

- **Thursday, September 18, 2025**
- **11:30 a.m. – 1:00 p.m.** (Check-in begins at 11:15 a.m.)
- **Education Center, Bates County Memorial Hospital**

This event will share the results of the 2025 CHNA survey and provide an opportunity for discussion around the most pressing health needs in Bates County and the surrounding area. Your perspective is important, and your input will help guide future health planning and services in our community.

**Please RSVP here:** [https://www.surveymonkey.com/r/BCMh\\_THall\\_RSVP](https://www.surveymonkey.com/r/BCMh_THall_RSVP)

(You may also use the QR code below.)



We encourage community members, business leaders, and partners across Bates County to attend. Lunch will be provided.

Thank you for your continued support as we work together to shape the future of health in our community.

If you have any questions, please call **660-200-7072**.

Andrea Jackson

Marketing / Public Relations Coordinator | Human Resources

Bates County Memorial Hospital

615 West Nursery St | PO Box 370 | Butler, MO 64730

[ajackson@bcmhospital.com](mailto:ajackson@bcmhospital.com)

[www.bcmhospital.com](http://www.bcmhospital.com)

Office: 660-200-7313

**HIPAA Confidentiality Notice**



## BATES COUNTY MEMORIAL HOSPITAL PRESS RELEASE

FOR MEDIA INQUIRIES PLEASE CONTACT ANDREA JACKSON, MARKETING/PR COORDINATOR, 660-200-7313, [ajackson@bcmhospital.com](mailto:ajackson@bcmhospital.com)

**AUGUST 20, 2025**

### BATES COUNTY MEMORIAL HOSPITAL INVITES COMMUNITY TO CHNA TOWN HALL ON SEPTEMBER 18

Bates County Memorial Hospital, along with local healthcare partners, invites the community to take part in a **Community Health Needs Assessment (CHNA) Town Hall on Thursday, September 18, from 11:30 a.m. to 1:00 p.m.** in the **BCMh Education Center**. Lunch will be provided.

This open discussion is an opportunity to share the results of the 2025 CHNA survey, hear feedback from residents, and work together to identify the top health priorities for Bates County and the surrounding area. Your input will help guide future planning and ensure local health services reflect the needs of our community.

#### Event Details

- **Event:** Community Health Needs Assessment (CHNA) Town Hall
- **Date:** Thursday, September 18, 2025
- **Time:** 11:30 a.m. – 1:00 p.m.
- **Location:** BCMH Education Center, 615 W. Nursery, Butler, MO
- **Details:** Lunch will be provided. Open to all community members.

To help us prepare, please RSVP in advance. You can register through the link on our **hospital website** or **Facebook page**, or by scanning the QR code below.



We hope you'll join us in shaping the future of health care in Bates County. If you have questions about CHNA activities, please call **660-200-7072**.

## d.) Primary Research Detail

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[VVV Consultants LLC]

## CHNA 2025 Community Feedback: BCMH PSA (MO) N=277

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)
1142	64730	Good	ACC	NUTR	FINA	I think that the lack of access to healthy food due to cost is a big problem not just for our area of overall the whole state
1253	64730	Good	ADOL	REC	FIT	Pay more attention to activities for our youth., and healthy activities for adults. Walking trails a community center that would cater to all ages
1071	64720	Very Poor	ALL	EDU	ECON	The 5 social determinants listed are all severely lacking in Bates County, and the hospital has done little to nothing to address them despite repeated community feedback. Education on health topics is minimal, economic instability is rampant, and there are no real programs providing social or community support for our most vulnerable. Housing is scarce and often unsafe, transportation is almost nonexistent for those without a vehicle, and access to quality health services—especially mental health—is virtually absent. The hospital's refusal to prioritize mental health care is a major barrier to overall community wellness. We need tangible, actionable plans—not another assessment that gets ignored—to expand mental health services, create reliable transportation programs, develop partnerships for affordable housing, and invest in prevention and education programs that meet people where they are. Without real action, these needs will remain unmet, and our community will continue to suffer.
1014	64730	Poor	ALL			I could write a book on this. This should be a separate survey in itself.
1045	64730	Average	ALL			It is going downhill fast with Trump's changes. What can we as citizens do?
1224		Good	AWARE	OWN	SH	I feel that things are available but folks just don't seem to take the time to utilize what is provided. Maybe the school is a good place to start with making sure the parents are notified of services available to them.
1053	64720	Poor	BED	MH	DRUG	Fighting the stigma and actually caring and not treating people like trash because they don't fit the norm. The stigma for mental health and substance abuse. Low school performance, lack of helping kids who are higher risk, people in grief, and in mental crisis all need help and outreach.
1003	64724	Good	DIAB	NUTR	HOUS	With the prevalence of diabetes, a "true" diabetic education would be great. St. Luke's Plaza has an excellent program. This would be a great model for reference. Food insecurity is here to stay. Improving a food pantry with healthy foods and produce would be a great addition. Create shopping lists to match each family/patient need to assist them in making proper food choices. As to housing, West Central Community Action Agency would be a good resource to address housing issues.
1032	64720	Average	DOCS	NURSE	RURAL	Dr and nurses live in our community and and work in the local health care Clinic just like educators live and work in our community and know the people.
1088	64730	Poor	DRUG	PART		The opioid addiction is such a huge part of this county. The food bank employees had to ask for education on Narcan because they had individuals passing out due to overdoses in the parking lot. This is unacceptable this county received funding to combat Opioid addiction and where is that funding sitting? At the hands of the judge for drug court to decide where it should go. The same place its been for over 6 months. People need to talk to each other in the county to see what makes sense. That's not happening. The community leaders need to put there personal agendas aside and do what's best for the community.
1124	64720	Good	DRUG			1) We need better drug rehabilitation services in our area.
1030		Average	ECON			Our communities disabled, unemployed and/or chose to to work population is my biggest concern due to its negative impact on all areas of health and wellness.
1016	64730	Very Poor	ECON	NUTR	ACC	County is poor, food access is limited for the county.. thank god for carpenters cup! Housing options are terrible nothing for families trying to get back on their feet, nothing for the homeless... no public transportation other than the senior taxi... county could benefit from some recovery housing and more community support for drug rehabilitation and keep it local... shouldn't have to ship out for rehabs the need is high in bates county... need some local rehabs and recovery housing Local...
1020	64730	Good	ECON	SPRT	TRAN	There are a lot of poor, disabled and elderly in this community yet there doesn't seem to be very much support and care available to them. Transportation for home bound or wheelchair patients is nonexistent. The Oats Bus should have a stair climber chair to help these people get out of their houses or there should be another service that deals with this. It also takes forever when a patient comes home for HomeHealth to come in an evaluate and offer only minimum help for those who are not ambulatory
1263	64730	Very Good	ECON			Sad to say but seems like anywhere there is a county seat town there seems to be a lot of welfare people. Some people can't help it and need those services, some folks are to lazy to work
1236	64730	Very Good	ECON			TOO EASY TO GET \$\$ AND NOT WORK...GENERATIONAL
1232	64780	Good	EDU	AWARE	PREV	Education regarding help that is available and prevention
1265	64730	Good	EDU	NH	ECON	Transparency in the food pantry and senior service, senior services needs more help maybe a high school project if we talk community. Jobs are not here, people are related in silos so others are broke and in welfare but they want a job but they are limited by transportation or employment opportunity. Housing is a truck, people need to work and past rent I don't want to pay rent to someone that doesn't work but I believe in helpful housing fit a short term and community service until the money is returned to the community.

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1149	64730	Good	EDU	NUTR	FIT	Take education to various communities within the county... not only specific health subjects, but also healthy low cost food shopping, gardening, preserving. Exercise groups (used to be held at health center) for different age groups. Not all kids play sports... not all elderly can do full aerobics etc.
1163	64730	Average	EDU	OWN		Education starts in the home people have to want to be healthy but showing a pill at people is not the answer.. helping make decisions on health would be better
1223	64730	Very Good	EDU	SH	NH	Maybe more education available to parents thru the schools, as well as senior care education at Senior Center. The hospital does a good job making education available - provide more??
1222	64730	Good	EDU	SH	NH	More education made available to different segments of the community - thru schools, Senior Center, workplaces
1214	64730	Average	EDU	TRAN	FEM	It seems this initiative could start with more education/communication via social media/online portals. Although there is a lack of resources with transportation, somehow individuals can make their way online. Maybe having some information there would be a start, and then expand from there. I know there are articles and things published to the hospital page, but maybe expanding what platforms are used would be beneficial. I think administration getting out into the community is a good thing also. As far as womens health/OB education, I think we would benefit from classes/education on various topics- breastfeeding/sleep training/etc. In my personal experience, this was all provided to me through my OB office which is still an hour away and not ideal to travel with a newborn and recovering from delivery. I could expand on this, but those are my initial thoughts.
1165	64730	Very Good	EDU			Keep educating
1204	64730	Very Good	EDU			More education opportunities in various places and businesses around county
1213	64730	Good	EDU			Too many people in this area, get their news online from VERY unreliable news sources & then refuse the healthcare necessary because they believe the lies.
1226	nous su	Poor	EMER			Even if the county had the money, which it doesn't, I don't think it could alter the ingrained habits of what is a pretty unhealthy population. You can't change human behavior so I would focus the budget on emergency services . . . primarily stabilization or patients and the ability to quickly transport them to larger, more capable facilities in KC. I'm not trying to knock BCMH. It does what it can with what it has . . . but the resources are pretty limited
1251	64730	Good	FINA	PHAR	INSU	We need things like medicines and services to be more affordable and more and more people are being denied on Medicare and Medicaid.
1146	64730	Average	FINA	PREV	EDU	More financial health and wellness guidelines
1158	64730	Poor	FINA	SH	RUSH	Quit over charging all hospital services for people that have health insurance. School needs to spend their money on education instead of new gyms. PCP's need to actually take 15 minutes to listen to patient. Need housing options for low income families. Need a grocery store to compete with Walmart so they actually have to compete for the business.
1051	64779	Very Good	FINA	SPRT		Our poor county needs more money for programs
1087	64730	Good	FIT	CC	NH	I believe having a YMCA would help with the childcare situation. Ideally, a new Assisted Living and Nursing home are needed for the aging. A good mental health practice, too.
1192	64730	Good	FIT	REC	HH	Free community center like El Dorado Springs MO has. Home Health for follow up care
1090	64730	Good	FIT	REC		Butler needs a nice walking/cycling trail for the community use. It's been discussed several times. I guess there's not a good place/property to put in one.
1029	64730	Poor	FIT	REC		Our area has a few walking areas with the trail by the pool and the track open to the public. Neither of these is lit up
1113	64730	Good	HH	NH		We do need more people to do home health to stay with elderly people in their homes that don't want to go to a nursing home.
1069	64730	Good	HOUS	ECON	IP	Housing and work force are issues. Access to quality inpatient mental health is an issue in our whole region
1233	64730	Average	HOUS	ECON	SPRT	Smaller 1-2 bedroom Housing options for young adults/older adults. Having the city work with new businesses (tax incentives, etc). to bring revenue, younger population, and more dollars to the county to assist with programs.
1080	64720	Good	HOUS	NUTR	FINA	I worry about being able to stay in my own home with the rising cost of food, utilities, taxes and insurance. I can walk to most of the places I need to, but many cannot.
1102	64730	Very Good	HOUS	NUTR	SPRT	Cheaper housing would be great, food prices are high, there does not seem to be any kind of "community" support for those who are stuck in their homes.
1070	64770	Good	HOUS			Affordable housing
1009	64730	Very Good	HOUS			More housing is needed for sure. It's a low income county and most towns in the county are low income. So why aren't we doing more to allow businesses into our larger cities and incentivize residents to the area with more low income housing options. If areas like Raymore/Belton can do it locations in Bates County could as well if growth was really allowed.
1133	64779	Good	HOUS			Need improvement with homes for homeless
1205	64730	Very Good	HOUS			Need more affordable houses or apartments to rent.
1257	64722	Very Good	HOUS			There is a severe lack of affordable housing in Bates County. We need more affordable rentals.
1046	64730	Very Good	INSU	AWARE		Keep up to date on things the hospital has to offer that insurance doesn't pay. Feedback for patients to give to keep up

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1036	64720	Average	INSU	MH	DRUG	The community as a whole needs help with lack of insurance, mental health services and drug addiction help
1123	64730	Good	NUTR	ACC		We need a grocery store near the square that sells healthy foods, no liquor, beer or cigarettes.
1208	64724	Good	NUTR	HOUS	DRUG	Food and housing are provided to the community, drugs are the issue.
1154	64724	Average	NUTR	MH		Food--need a grocery store, Aldi would be most beneficial. Mental health services
1132	64752	Very Good	NUTR	MH		Money is tight everywhere, cutting SNAP funds will hurt, but hopefully a different funding maybe, will come around. People do not know nutrition well enough. They need that for better mental health too. And their children.
1098	64778	Very Good	OTHR			I feel they are doing a fantastic job at Bates County Memorial Hospital!
1240	64730	Average	OWN			Each person should be more responsible for their own choices and behaviors.
1262	64730	Average	OWN			I agree with this statement. I feel the sense of entitlement is growing and has become a huge deterrent to the community. There is a lack of self-respect and pride. I am seeing this attitude in my grandchildren. I don't have any answers.
1055	64723	Good	OWN			I believe a lot of the people in our community are lazy and looking for a hand out. It makes me sad that they aren't willing to start the process by helping themselves!!!
1218	64742	Average	OWN			People have to want to improve themselves - even with all of the best resources available to them it won't make a difference if they don't try.
1047	64720	Good	PART			Vote intentionally. Talk to candidates to find out if these topics are even on their radar. If they aren't, then get them on their radar by talking to them. Stay in contact with elected officials and hold them accountable for supporting these needs in our community.
1040	64730	Average	PART			What happened to the free community health assessments? I'm talking about going into the education room and getting bloodwork drawn and vitals checked
1129	64730	Good	SH	PART		Reaching out to the schools or law enforcement those types of agencies to make healthcare available for services they see a need for.
1234	64720	Average	SH	PREV	SPRT	I feel the education should start in our schools and hope that it could bring in the parents (caregivers) into learning more about health/wellness which hopefully lead to community support. Some communities in our area are more supportive than others. It would be nice to get everyone on the same page.
1268	64730	Very Good	SPRT			More community events to engage people as a group and in person. Many people do not socialize in person due to social media so are therefore not involved in their communities.
1076	64779	Good	TRAN	ACC	FF	Im sure its been addressed before but transportation for our community for all as in a transit system from rich hill to butler would be a boon to our community access. For home owners that are disabled or with children and limited funds for home repair when discharging patients from er or in patient or outpatient services, if there were a program that collaborated with west central perhaps home life could be better for discharged patients when they are let go to homes with faulty bathrooms or uneven flooring. For people helping themselves for economic stability I would present that our community create a job reentry program for those that have applied for entry level jobs with no call backs and if our community is hard pressed to offer a reentry program perhaps using resource grants to offer community members to make a small stipend in a program per month.
1195	64730	Good	TRAN	ACC	NUTR	More accessible taxi services to get to appointments. Dietary/nutrition classes for prevention of obesity and chronic disease
1178	64730	Very Good	TRAN	HOUS		Transportation for all individuals (not just senior or Medicaid) and resources for homeless.
1021	64730	Good	TRAN	IP		If there is a taxi service in Bates county it would be helpful if we had vouchers we could give patients that do not have transportation. We have been known to keep inpatient patients unnecessarily another day because they didn't have a ride.
1140	64730	Average	TRAN			Locally funded transportation for people who do not receive it free through their insurance
1169	64720	Average	TRAN			Transportation for the elderly is not existent
1120	63401	Good	TRAN			Transportation seems to be an issue with some. Many are not aware of some the options available to them
1246	64730	Very Good	TRAN			We need local transportation just for Bates Co. then a another service to take people to appointments out of town
1111	64730	Good	TRAN			We need more public transportation to help people who do not or can not drive get to appts.
1272	64730	Very Good	TRAN			We need transportation for for non-seniors . A "cab" for any age.
1197	64730	Average	WAG	HOUS		Unfortunately until wages increase and housing costs decrease there is a huge gap. "Scumlords" need to be held responsible for what their properties look like, rent for and improvements

### CHNA 2025 Community Feedback: BCMH PSA (MO) N=277

ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1208	64724	Good	DRUG			Addiction
1234	64720	Average	EDU	SH		Education needs to start in the schools on all programs available.
1259		Poor	FINA	ACC		I feel that we have a large group of low income that have that receive most of the services they need but the mid-income earners lack access to medical and wellness services because of either lack of Health Insurance or the cost of care.
1050	64720	Good	FINA	ECON	DRUG	Poor community, lack of jobs, high drug use.
1203	64730	Good	FINA	INSU		Some still can't go because of what have to pay after insurance
1040	64730	Average	FINA			Cost
1236	64730	Very Good	FINA			LOW INCOME JOBS, GENERATIONAL
1126		Good	FINA			Money
1021	64730	Good	OBG			Need a Gynecologist
1218	64742	Average	OTHR			Too much screen time on social media
1226	nous su	Poor	OWN	MH	PREV	Many residents are seemingly not so interested in developing and maintaining healthy habits. I suppose there could be a mental health aspect at play (depression, etc) but often it seems people are oblivious to their own condition . . . thinking they can do as they wish (smoke, drink, eat poorly, not exercise, substance abuse, etc) and suffer no repercussions or consequences.
1268	64730	Very Good	OWN	PREV		Lack of interest in taking care of oneself, often until it's too late to prevent illness.
1240	64730	Average	OWN			Poor choices
1263	64730	Very Good	OWN			Poor choices by parents
1252		Poor	PEDS			Zero pediatric services
1014	64730	Poor	PREV			Focus needs to be placed on prevention not treatment.
1102	64730	Very Good	SPEC	TRAN		several family members have a hereditary disease but there are no specialists here in this field and quite a few have transportation problems to other health facilities outside the county i

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ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1076	64779	Good	ACC	ADOL	SPEC	I would like to see a better access to care programs for teenagers for specialists in our local out patient clinics. Kansas city children's memorial hospital should not always have to be the answer for appointments in my opinion.
1106	64730	Average	ALL			All programs
1271	64752	Average	ALL			Before creating new programs, the current programs should be utilized
1240	64730	Average	ALL			Use and improve what you have.
1065	64730	Very Good	AUD			Hearing test/ examination center
1080	64720	Good	AWARE	NUTR	EDU	More awareness on healthy eating and lifestyle choices. Nutrition classes on the local level would be nice.
1082	64720	Average	CC	CLIN		More childcare options. More urgent care options
1039	64780	Average	CC	HRS		Affordable Childcare for all hours of day and night
1169	64720	Average	CC	OBG	TRAN	Child care, obgyn, elderly transportation, food access
1073	64730	Very Good	CC	PREV		child and infant wellness
1129	64730	Good	CC			More Childcare providers
1164	64730	Average	CLIN	EMER		Urgent care to avoid ER visits after hours
1229	64752	Good	CLIN			Urgent care
1221	64730	Average	COUN			Aba therapy for kids
1257	64722	Very Good	DERM	OBG	OP	Need dermatology and gynecology Dr to see patients in outpatient clinic
1021	64730	Good	DIAB	EDU		Diabetic Education
1016	64730	Very Poor	DRUG	COUN	MH	Drug and Alcohol Rehabilitation services beyond just compass health.... Compass health can only do so much they end up having to ship out of the county... bates county could use more mental health services outside of just compass health...
1124	64720	Good	DRUG	COUN		Rehabilitation for drugs and alcohol.
1120	63401	Good	DRUG	MH		Addiction recovery services and mental health
1210	64730	Good	DRUG	PREV		substance abuse programs and prevention
1053	64720	Poor	EDU	DRUG	OBG	Free tutoring, detox and MAT places, maternity care especially for sud.
1234	64720	Average	EDU	PREV	ALT	Education. Health wellness. Holistic healthcare.
1222	64730	Good	EDU	PREV		Healthy Living 101 - common sense tips
1223	64730	Very Good	EDU			Caregiver classes
1224		Good	EDU			Common Sense parenting Caregiver Class
1226	mous su	Poor	EMER	SPRT	QUAL	None. Concentrate on improving existing emergency services. The county doesn't have the resources to add "new" services or programs. Attempting to do so would likely mean new programs or services are about half-funded and of lower quality
1088	64730	Poor	EMS			Community Paramedics utilized them.
1197	64730	Average	FAC	OBG		So sad there is a beautiful hospital locally but no OB services
1238	64720	Very Good	FEM	OBG	NH	Womens health - HRT therapies and other gynecological services Memory Care programs, Adult Daycare
1214	64730	Average	FEM	PEDS		I feel like I am being repetitive, but womens health/pediatric healthcare keep coming to mind here.
1175	64723	Very Good	FINA	PREV	CANC	Free healthcare screenings for all patients. Cancer , diabetes, etc
1207	64730	Good	FIT	CC		Supervised exercise Sponsored childcare, not just private daycare
1009	64730	Very Good	FIT	DERM	OBG	YMCA, dermatology, OBGYN, rheumatology, mental health counseling
1103	64720	Good	FIT	EDU		Indoor facilities for exercise,walking, water aerobics, classes there for all kinds of health issues
1178	64730	Very Good	FIT	FINA		Exercise group classes that people can attend for a reasonable price.
1247	64730	Very Good	FIT	MH	EDU	YMCA, mental health, health & disease education
1105	64780	Good	FIT	NUTR	EDU	Workout programs, walking trails, healthy cooking classes
1091	64724	Very Good	FIT	PREV		Gym or ymca open to the public or indoor pool to promote exercise and preventative wellness opportunities.
1022	64730	Very Good	FIT	REC	ADOL	I think a community center would be a great addition to our town. A place for kids and teens to go to hang out, play sports indoors, etc.
1116	64725	Very Good	FIT	REC	FINA	A community center offering exercise and activities for families and senior citizens.. not all seniors can afford the cost. A discounted price needs to be offered.
1263	64730	Very Good	FIT	REC		A community center like Harrisonville has would be lovely.
1020	64730	Good	FIT	REC		Exercise areas, maybe pathways for walking wide enough and paved so that even wheel chair bound patients can go down them
1190		Good	FIT	SPEC	IP	More walking trails, more specialty services offered for inpatient patients (even telehealth), and more mental health programs
1023	64730	Average	FIT			Fitness programs or fitness center that incl walking track
1217	64730	Average	FIT			local ymca
1204	64730	Very Good	FIT			Make the Butler Aquatic Center a year round pool for exercise and rehab. Terminate immediately the YMCA - do not need another gym and TERRIBLE location
1111	64730	Good	FIT			Open public exercise classes.
1003	64724	Good	FIT			Virtual marathons would be fun. Pickle ball league.
1205	64730	Very Good	FIT			YMCA
1208	64724	Good	HH			Home health
1192	64730	Good	HH			Home health agency
1246	64730	Very Good	HRS	CLIN		Urgent care for weekends only.
1134	64730	Very Good	HSPT			It seems that more temporary in hospital care might be helpful.im not a fan of hospitleist
1069	64730	Good	IP	MH		Inpatient mental health unit
1268	64730	Very Good	IP	MH		Inpatient mental illness
1095	64720	Average	MH	AWARE		Mental Health Awareness and help
1047	64720	Good	MH	CC	DRUG	Mental health, childcare, substance abuse treatment, healthy/affordable/safe exercise and food availability in all areas of the county.

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ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1213	64730	Good	MH	DRUG		More Mental Health Programs & Substance Abuse/Recovery
1071	64720	Very Poor	MH	HOUS	TRAN	Bates County needs new community health programs that truly address mental health, housing, transportation, and preventive care. The hospital must start learning how to partner with other local organizations and community resources rather than operating in isolation. One entity cannot meet all the needs of this county alone, and the current approach is failing residents. We need programs built on collaboration, open communication, and shared goals—not territorial attitudes or shutting out others who are willing to help. This includes partnering with mental health providers, housing agencies, transportation services, and nonprofits to create a coordinated system of care that actually works for the people who live here.
1087	64730	Good	MH			Mental and Behavioral
1057	64730	Very Good	MH			Mental health care
1051	64779	Very Good	MH			Need free mental health services
1260	64078	Very Good	MOB	TRAN		Just an idea Southwest Kansas has now a mobile medical RV that visits certain communities a couple times a month for the people that have limited transportation or do not want or can not drive to Butler, Adrian or Rich hill.
1029	64730	Poor	NH			More outreach for seniors
1162	64730	Good	NH			senior care
1232	64780	Good	NO			can't think of any
1142	64730	Good	NO			I am not sure
1036	64720	Average	NO			I have no idea
1046	64730	Very Good	NO			None that I can see
1149	64730	Good	NO			See above
1256	64730	Good	NO			Unknown
1163	64730	Average	NUTR	FIT		Heathy nutrition and exercise programs
1195	64730	Good	NUTR	OBES	CHRON	Dietary classes for obesity and other chronic disease Work-out programs for those new to exercise
1113	64730	Good	NUTR			Help in nutrition.
1024	64730	Good	OBES	FIT	NUTR	Obesity exercise nutrition
1230	64730	Good	OBES	MH	HOUS	Obesity, mental health, homelessness
1251	64730	Good	OBG	DIAL		We need our gynecology back and women need to be able to have their babies here and not have to go out of town. That makes it hard if you can't stay in town. Also dialysis. My sister has to go all the way to Harrisonville for dialysis and that runs havoc on gas and time and adds stress to family.
1245	64720	Good	OBG	PT		OB/GYN care A therapy pool
1212	64752	Average	OBG			Maternity
1266	64730	Good	ONC			radiation treatment for cancer patients
1236	64730	Very Good	OWN			SELF ESTEEM
1032	64720	Average	REC	ADOL		Community centers I. Each town as On stick Hill Kern center. Local health care teens
1253	64730	Good	REC			Community health center
1045	64730	Average	RET	DOCS		Recruitment of more community based physicians.
1158	64730	Poor	SPRT	INSU	FINA	Programs to stop insurance and insured patient abuse. Over charging our residence only makes them go to the city. Actual mental health, instead of pill pushing that leads to drug addicts.
1090	64730	Good	SPRT	NUTR	DIAB	Programs for dieting, healthy eating, diabetes, obesity, drug and alcohol abuse.
1014	64730	Poor	SPRT			Creating "new programs" is not the answer!!!
1218	64742	Average	SPRT			We don't need any more programs - don't waste money on programs.
1265	64730	Good	SS	CONF	SPRT	Case managers would answer all community needs. The research collected would outline all community needs. A grant would help achieve this and possible pay a staff salary. A case manager department would have to be bound by hipa since we gossip so much but families as I disclosed earlier need direction. And all of your seniors should have power if attorneys and advanced directives in their chart. This is the only place that doesn't keep this in file so you don't understand what the families are going through to help their members. Research and development should be done annually to adjust needs assessed fit the community and I thank you that you are asking. Now let's collaborate with the water department to slow down the kidney disease and any other disease in our community. But you have to begin be collecting information and analyzing it as a whole with the services offered and utilized. My needs are not like my neighbors so is up to you to sort out and I think a research data collection process should not be filed but reviewed. A case manager to report individual family needs.
1132	64752	Very Good	TRAIN			Training on being a better parent.
1127	64720	Average	WOU			Wound Care

**Bates County Memorial Hospital (Bates Co, MO) 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. 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 August 15th, 2025.**

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

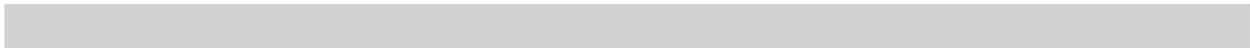
- Very Good   
  Good   
  Average   
  Poor   
  Very Poor

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

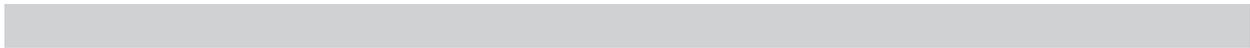
	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>				
Child Care	<input type="radio"/>				
Chiropractors	<input type="radio"/>				
Dentists	<input type="radio"/>				
Emergency Room	<input type="radio"/>				
Eye Doctor/Optomtrist	<input type="radio"/>				
Family Planning Services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

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

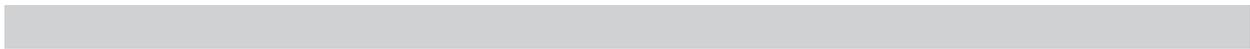
	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	<input type="radio"/>				
Mental Health Services	<input type="radio"/>				
Nursing Home/Senior Living	<input type="radio"/>				
Outpatient Hospital Services	<input type="radio"/>				
Pharmacy	<input type="radio"/>				
Primary Care	<input type="radio"/>				
Public Health	<input type="radio"/>				
School Health	<input type="radio"/>				
Visiting Specialists	<input type="radio"/>				



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.

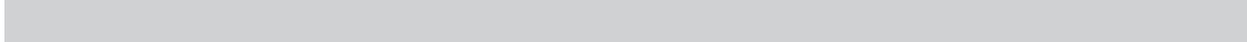


5. In your opinion, are there healthcare services in our community/your neighborhood that you feel need to be improved, worked on and/or changed? (Please be specific)



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

- |   |   |
|---|---|
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Providers) | <input type="checkbox"/> Home Health  |
| <input type="checkbox"/> Substance Abuse (Drugs and Alcohol)                        | <input type="checkbox"/> Obesity (Nutrition / Exercise)                         |
| <input type="checkbox"/> Workforce Staffing (County-wide)                           | <input type="checkbox"/> Community Health Center (Pool, Child Programs)         |
| <input type="checkbox"/> Transportation (General)                                   | <input type="checkbox"/> Visiting Specialists (Ortho, GYN, Neurology, Derm, GI) |
| <input type="checkbox"/> Childcare (Safe and Affordable)                            | <input type="checkbox"/> Urgent Care Services                                   |



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

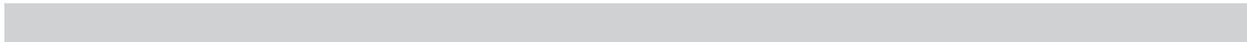
- |   |   |
|---|---|
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Providers) | <input type="checkbox"/> Home Health  |
| <input type="checkbox"/> Substance Abuse (Drugs and Alcohol)                        | <input type="checkbox"/> Obesity (Nutrition / Exercise)                         |
| <input type="checkbox"/> Workforce Staffing (County-wide)                           | <input type="checkbox"/> Community Health Center (Pool, Child Programs)         |
| <input type="checkbox"/> Transportation (General)                                   | <input type="checkbox"/> Visiting Specialists (Ortho, GYN, Neurology, Derm, GI) |
| <input type="checkbox"/> Childcare (Safe and Affordable)                            | <input type="checkbox"/> Urgent Care Services                                   |



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

- |  |  |
|--|--|
| <input type="checkbox"/> Chronic Disease Management                  | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness                   | <input type="checkbox"/> Family Assistance Programs      |
| <input type="checkbox"/> Lack of Nutrition / Access to Healthy Foods | <input type="checkbox"/> Lack of Health Insurance        |
| <input type="checkbox"/> Lack of Exercise                            | <input type="checkbox"/> Neglect                         |
| <input type="checkbox"/> Limited Access to Primary Care              | <input type="checkbox"/> Lack of Transportation          |
| <input type="checkbox"/> Limited Access to Specialty Care            |  |

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	<input type="radio"/>				
Emergency Preparedness	<input type="radio"/>				
Food and Nutrition Services/Education	<input type="radio"/>				
Health Wellness Screenings/Education	<input type="radio"/>				
Prenatal/Child Health Programs	<input type="radio"/>				
Substance Use/Prevention	<input type="radio"/>				
Suicide Prevention	<input type="radio"/>				
Violence/Abuse Prevention	<input type="radio"/>				
Women's Wellness Programs	<input type="radio"/>				
Exercise Facilities / Walking Trails etc.	<input type="radio"/>				

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

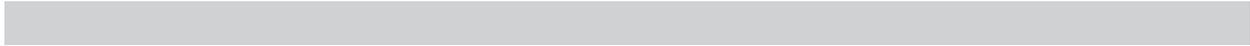
If yes, please specify the services received

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.



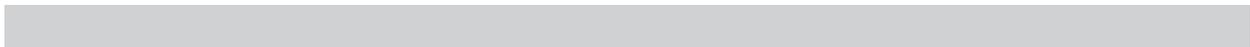
13. What "new" community health programs should be created to meet current community health needs?



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.

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

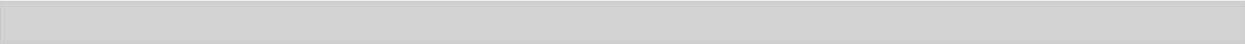
Other (Please specify).



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

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

Other (Please specify).



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

## e.) County Health Rankings & Roadmap Detail

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[VVV Consultants LLC]

# Bates County

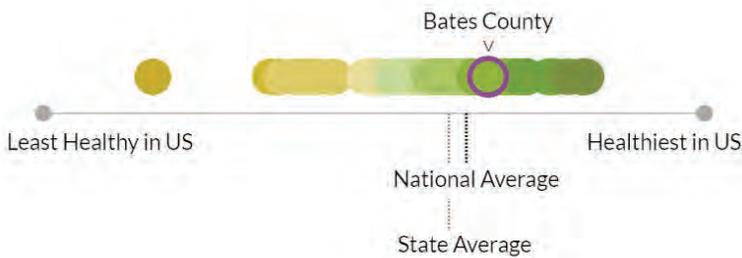
# 2025

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.

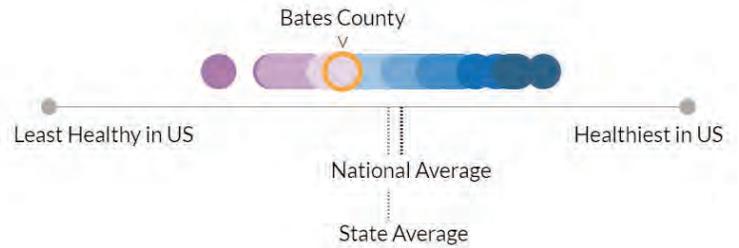


<https://www.countyhealthrankings.org/health-data/missouri/bates?year=2025>

## Health Outcomes



## Health Factors



**Population: 16,242**

Population Health and Well-being				
	Bates County	Missouri	United States	
Length of life				—
Premature Death	9,400	10,000	8,400	∨
Additional Length of life (not included in summary) +				
Quality of life				—
Poor Physical Health Days	5.1	4.2	3.9	∨
Low Birth Weight	7%	9%	8%	∨
Poor Mental Health Days	6.0	5.5	5.1	∨
Poor or Fair Health	19%	17%	17%	∨
Additional Quality of life (not included in summary) +				

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, Bates County, MO - 2025

Health infrastructure		Bates County	Missouri	United States	
Flu Vaccinations		30%	47%	48%	▼
Access to Exercise Opportunities		42%	77%	84%	▼
Food Environment Index		6.7	6.6	7.4	▼
Primary Care Physicians		8,050:1	1,420:1	1,330:1	▼
Mental Health Providers		1,350:1	380:1	300:1	▼
Dentists		4,040:1	1,600:1	1,360:1	▼
Preventable Hospital Stays		3,085	2,938	2,666	▼
Mammography Screening		36%	46%	44%	▼
Uninsured		13%	10%	10%	▼
Physical environment		Bates County	Missouri	United States	
Severe Housing Problems		14%	13%	17%	▼
Driving Alone to Work		79%	76%	70%	▼
Long Commute - Driving Alone		51%	31%	37%	▼
Air Pollution: Particulate Matter		7.4	7.5	7.3	▼
Drinking Water Violations		Yes			▼
Broadband Access		81%	88%	90%	▼
Library Access		2	2	2	▼
Social and economic factors		Bates County	Missouri	United States	
Some College		46%	67%	68%	▼
High School Completion		89%	92%	89%	▼
Unemployment		3.2%	3.1%	3.6%	▼
Income Inequality		4.7	4.5	4.9	▼
Children in Poverty		16%	15%	16%	▼
Injury Deaths		99	104	84	▼
Social Associations		13.6	11.4	9.1	▼
Child Care Cost Burden		31%	31%	28%	▼



**VWV Consultants LLC**



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**VWV 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