



**Community Health Needs Assessment**  
**Boone County, MO**  
On Behalf of Boone Health



**September 2025**

VVV Consultants LLC  
Olathe, KS

# Community Health Needs Assessment

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# I. Executive Summary

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# I. Executive Summary

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

The previous Community Health Needs Assessment for Boone Health 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 Boone County, MO CHNA began in September of 2024 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  |  |            |     |       |
|--|--|------------|-----|-------|
| Boone Health (Primary Service Area 22 Zips)  |  |            |     |       |
| Columbia, MO - 5/1/25 Town Hall: (46 Attendees, 167 Total Stakeholder Votes)   |  |            |     |       |
| #  | Community Health Needs to Change and/or Improve                        | Votes      | %   | Accum |
| 1  | Primary Care Access  | 29         | 17% | 17%   |
| 2  | Affordable Housing (No Barriers) / Homeless                            | 25         | 15% | 32%   |
| 3  | Underinsured and Uninsured   | 24         | 14% | 47%   |
| 4  | Mental Health (Prevention, Diagnosis, Placement, Providers, Aftercare) | 23         | 14% | 60%   |
| 5  | Poverty & Economic Development   | 20         | 12% | 72%   |
| 6  | Workforce  | 13         | 8%  | 80%   |
| 7  | Childcare (Affordable & Access)  | 12         | 7%  | 87%   |
| <b>Total Votes</b>   |  | <b>167</b> |     |       |
| <b>Other Items receiving votes:</b> Substance Abuse (Drugs & Alcohol), Social Isolation, Access to Disability/Autism Services, Chronic Disease Prevention & Management, First Trimester Care / Smoking Mothers, Access to Skilled Nursing Facility, and Language Barriers. |  |            |     |       |

## Town Hall CHNA Findings: Areas of Strengths

| Boone Health PSA - Community Health Strengths |   |    |                                    |
|---|---|----|------------------------------------|
| #   | Topic   | #  | Topic                              |
| 1   | Ambulances  | 10 | Invested healthcare providers      |
| 2   | Boone Health Care is in Demand                                | 11 | Low out migration                  |
| 3   | Children Services Fund  | 12 | Multiple Tertiary Hospitals        |
| 4   | Complete Medical Community (Specialties)                      | 13 | Parks and Walking Trails           |
| 5   | Education population  | 14 | Quality Health Care Providers      |
| 6   | Health Care Services for Medicaid Patients (Dent, Eye, Chiro) | 15 | Utilization of Telehealth          |
| 7   | Good MD to patient ratio                                      | 16 | Vast Network of Community Services |
| 8   | Health Department   | 17 | Veterans Services                  |
| 9   | Invested and Collaborative Stakeholders                       |    |                                    |

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

**MISSOURI HEALTH RANKINGS:** According to the 2023 Robert Wood Johnson County Health Rankings, Boone Co, MO, on average was ranked 11<sup>th</sup> in Health Outcomes, 3<sup>rd</sup> in Health Factors, and 65<sup>th</sup> in Physical Environmental Quality out of the 115 Counties.

**TAB 1.** Boone County's population is 189,462 (based on 2023 findings). About five percent (5.2%) of the population is under the age of 5, while the population that is over 65 years old is 14.1%. Children in single parent households make up a total of 22.4% compared to the rural norm of 22.9%, and 80.9% are living in the same house as one year ago.

**TAB 2.** In Boone County, the average per capita income is \$38,945 while 14.4% of the population is in poverty. The severe housing problem was recorded at 15.1% compared to the rural norm of 12.5%. Those with food insecurity in Boone County is 16.6%, and those having limited access to healthy foods (store) is 11.6%. Individuals recorded as having a long commute while driving alone is 13.9% compared to the norm of 29.9%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Boone County is 37.6%. Findings found that 94.6% of Boone County ages 25 and above graduated from high school while 51% has a bachelor's degree or higher (2022).

**TAB 4.** The percent of births where prenatal care began in the first trimester was recorded at 76.8% compared to the rural norm of 75.7%. Additionally, the percentage of births with low birth weight was 8.9%. Boone County recorded 8.6% of births occurring to teens between ages 15-19. The percent of births where mother smoked during pregnancy was 8.6% compared to the rural norm of 9.4%.

**TAB 5.** The Boone County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 845 residents. There were 2,226 preventable hospital stays in compared to the rural norm of 2,890. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 76% while patients who reported they would definitely recommend the hospital was recorded at 80%.

## Secondary Research Continued

**TAB 6.** In Boone County, adults diagnosed with depression as of 2021 was 25.1%. The age-adjusted suicide mortality rate per 100k as of 2021 was 12.7 compared to the rural norm of 15.3.

**TAB 7a – 7b.** Boone County has an obesity percentage of 33.1% and a physical inactivity percentage is 20.9%. The percentage of adults who smoke is 15%, while the excessive drinking percentage is 22.1%. Those with kidney disease is 2.7% compared to the rural norm of 2.7%. The percentage of adult individuals who were recorded with cancer was 6.5% while adults recorded with diabetes (20+) is 9.8% compared to the rural norm of 9.7%.

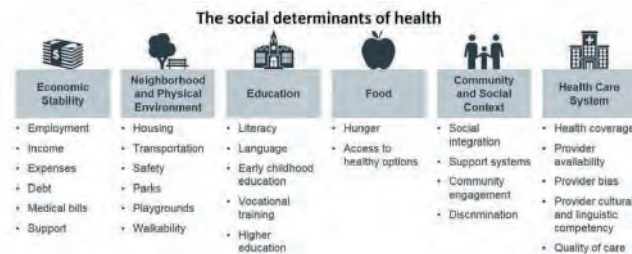
**TAB 8.** The adult uninsured rate for Boone County is 9.7% compared to the rural norm of only 11.3%.

**TAB 9.** The life expectancy rate in Boone County for males and females is roughly 78 years of age (78.2). Alcohol-impaired driving deaths for Boone County is 36.8% while age-adjusted Cancer Mortality rate per 100,000 is 164.9. The age-adjusted heart disease mortality rate per 100,000 is at 163.5.

**TAB 10.** A recorded 86.3% of Boone County has access to exercise opportunities. Continually, 50% of women have done a mammography screening compared to the rural norm of 49.1%. Adults recorded in Boone County who have had a regular routine check-up is 75.2%.

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

### Social Determinants Online Community Feedback – Boone Health PSA (N=676)



| Boone Health PSA "KEY" Social Determinant Takeaways to Improve Our Community Health  |   |
|--|---|
| Need more affordable <b>housing</b> for seniors and low income residents with adequate <b>transportation</b> to support services.  | As more <b>funds</b> and programs disappear from the federal <b>government</b> , we must work together as a community to meet the needs. <b>Community</b> building would be a top priority  |
| <b>Communication</b> of issues to the community via various means would be helpful. Often we are <b>unaware</b> of needs in the community. More <b>marketing</b> of what services are available, more <b>flexible hours</b> .  | Better primary and secondary <b>public education</b> . I think that if people are educated on <b>financial</b> matters and have <b>resources</b> available for them to turn to, the rest will fall into place   |
| Reduce emphasis on fast/quick food and enhance <b>programs</b> that teach cooking and <b>nutritional</b> information. Lower food and housing costs. Healthy food is most <b>expensive</b> . More free <b>exercise</b> classes. All children take Physical Education all years in school. | <b>Economics</b> is key. Wages have been stagnant for 30 years, yet healthcare <b>costs</b> have skyrocketed. Average incomes cannot cover care. Many services are geared to <b>Medicare</b> recipients only, leaving gaps for the 60-64 age group. Many <b>practitioners</b> across multiple disciplines are not accepting <b>new patients</b> . |

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

Community Feedback from residents, community leaders, and providers (N=676) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Boone County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 70.9%.
- Boone County stakeholders are very satisfied with some of the following services: Ambulance Services, Chiropractors, Dentists, Eye Doctor/ Optometrist, Inpatient, and Pharmacy.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health Services, Health Insurance Affordable Coverage, Housing, Substance Abuse (Alcohol & Drugs), Obesity (Nutrition & Exercise), and Food Insecurity.

During the Town Hall on May 1<sup>st</sup>, 2025, a discussion was held to evaluate the impact of any actions taken to address the 2022 significant health needs identified. The table below was reviewed in-depth asking for feedback on which needs are still pressing and ongoing, thus evaluating actions taken in 2022.

| Boone Health PSA (MO) - CHNA YR 2025 N=676 |                                      |                 |        |       |          |
|--|--------------------------------------|-----------------|--------|-------|----------|
| Past CHNA Unmet Needs Identified           |                                      | Ongoing Problem |        |       | Pressing |
| Rank                                       | Ongoing Problem                      | Votes           | %      | Trend | Rank     |
| 1  | Mental Health Services               | 279             | 13.4%  |       | 1        |
| 2  | Health Insurance Affordable Coverage | 231             | 11.1%  |       | 2        |
| 3  | Substance Abuse (Alcohol & Drugs)    | 200             | 9.6%   |       | 4        |
| 4  | Housing                              | 179             | 8.6%   |       | 3        |
| 5  | Obesity (Nutrition & Exercise)       | 166             | 8.0%   |       | 5        |
| 6  | Food Insecurity                      | 149             | 7.2%   |       | 6        |
| 7  | Healthcare Transportation            | 133             | 6.4%   |       | 9        |
| 8  | Diabetes                             | 130             | 6.3%   |       | 8        |
| 9  | Cancer                               | 108             | 5.2%   |       | 10       |
| 10   | Healthy Lifestyle                    | 108             | 5.2%   |       | 7        |
| 11   | Domestic Violence                    | 92              | 4.4%   |       | 12       |
| 12   | Smoking                              | 80              | 3.8%   |       | 13       |
| 13   | Heart & Vascular Disease             | 75              | 3.6%   |       | 14       |
| 14   | Reproductive Health                  | 72              | 3.5%   |       | 11       |
| 15   | Palliative Care                      | 41              | 2.0%   |       | 15       |
| 16   | Asthma                               | 36              | 1.7%   |       | 16       |
| Totals                                     |                                      | 2,079           | 100.0% |       |          |

# 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.).

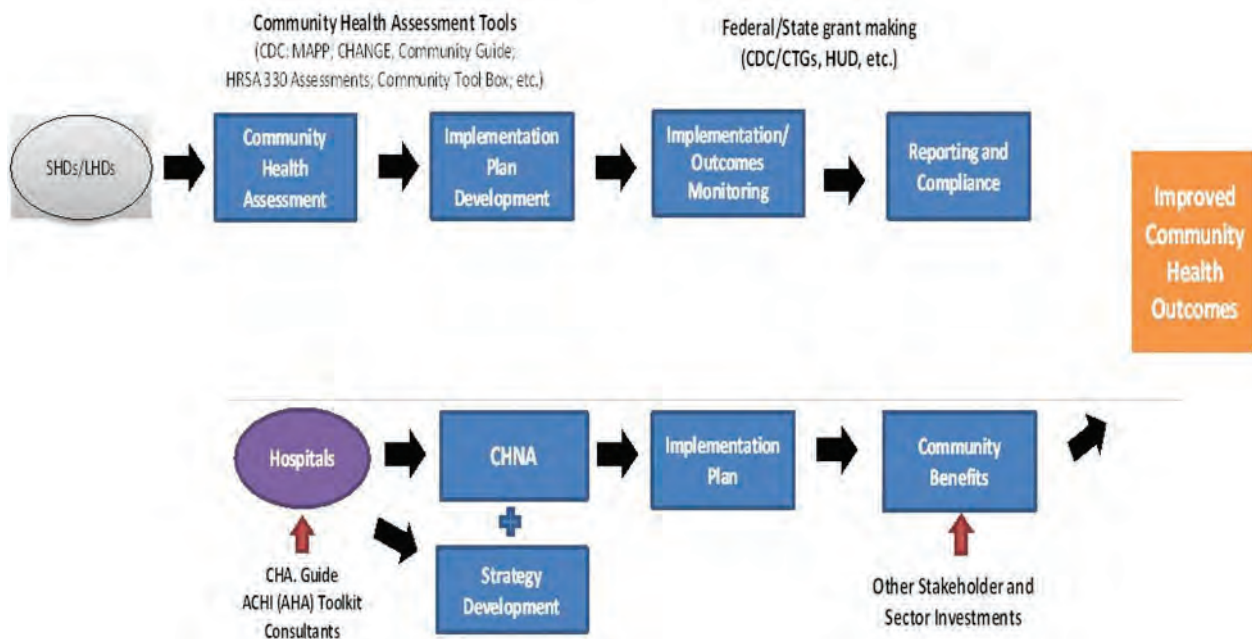
#### **JOB #2: Making a CHNA Widely Available to the Public**

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

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

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

### **Centers for Medicare & Medicaid Services Health Equity Domains**

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

#### **Domain 1: Equity as a Strategic Priority**

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

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

#### **Domain 2: Data Collection**

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

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

#### **Domain 3: Data Analysis**

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

#### **Domain 4: Quality Improvement**

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

#### **Domain 5: Leadership Engagement**

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

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

#### Sources:

The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from [https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3\\_disparities\\_july2022-6-20-2022.pdf](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:

#### **Boone Health Profile**

**1600 E. Broadway, Columbia, MO 65201**

**CEO: Brady Dubois**

**About:** Boone Health is a 392-bed full service hospital located in Columbia, Mo. It is a regional referral center located in the center of the state. The hospital provides progressive healthcare programs, services, and technology to people in 26 mid-Missouri counties.

Although the hospital is full service, areas in which Boone Health excels are cardiology, neurology, oncology, surgical, obstetrical services, orthopedics among numerous other specialties. The hospital maintains a 24-hour emergency center with hospital-based ambulance service and a helipad for incoming emergency air transportation. The hospital employs over 2000 personnel and has 650 providers on its medical staff. Boone Health is licensed by the state of Missouri and accredited by The Joint Commission (TJC).

Boone Health is currently a Magnet Hospital for its nursing excellence and has also been named the number one hospital in central Missouri and number five overall hospital in the state by U.S. News and World Report.

**Our mission** is to improve the health of the people and communities we serve. We will accomplish that mission by making Boone Health an excellent place to work and receive health care.

**Boone Health offers** the following services to its community:

- Breast Care
- Cancer Care
- Childbirth & Newborn Services
- Community Wellness
- Convenient Care
- CPR AED Training
- Diabetes and Endocrinology
- Digestive Medicine (Gastroenterology)
- Ear, Nose and Throat Services
- Emergency Department
- General Surgery
- GYN Oncology & Surgery
- Heart and Vascular Care
- Infectious Diseases
- Intensive Care
- Inpatient Rehabilitation
- Lab Services
- Neurology & Neurosurgery
- NICU
- Nutrition
- Occupational Medicine
- Orthopedic Care
- Pain Management
- Pharmacy
- Primary Care
- Pulmonary & Sleep Medicine
- Radiology
- Rheumatology
- Sleep Medicine
- Stroke Center
- Surgery
- Therapy Services
- Urology Care
- Vascular Surgery
- Wound Healing

## **Columbia/Boone County Public Health and Human Services Profile**

**1005 W Worley St, Columbia, MO 65203**

**(573) 874-7355**

**Rebecca Roesslet, Director**

**Dima Dandachi, M.D., Medical Director**

**Mission:** To promote and protect the health, safety, and well-being of the community.

**Vision:** Optimal health, safety, and well-being for all.

### **Core Values:**

- **Service:** We exist to provide the best possible service to all.
- **Communication:** We listen and respond with clear, compassionate, and timely communication.
- **Continuous Improvement:** We value excellence through planning, learning, and innovation.
- **Integrity:** We are ethical, fair, and responsible stewards of our community's resources.
- **Teamwork:** We build trust and achieve results by working together.
- **Fairness:** We value and strive for fair opportunities for all.
- **Dignity:** We respect the inherent value and worth of each person.

**Columbia/Boone County Public Health and Human Services** has the following services:

- Prevention, Disease Intervention & Case Management
- Clinical Services
- Environmental Public Health
- Health Promotion and Education
- Social Services
- WIC & Community Nutrition

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



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



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

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 February of 2025 for Boone Health in Boone County, MO to meet Federal IRS CHNA requirements.

In early September 2024, a meeting was called amongst the Boone Health 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 Boone Health 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:

| Boone Health, Columbia MO- Defined PSA 75% |                            |           | (IP/ER/OP) FFY22-24 |       |       |
|--|----------------------------|-----------|---------------------|-------|-------|
| Source HID / Internal Rec                  |                            | 3YR Total | 1,433,707           |       |       |
| #  | ZIP / City                 | County    | Total 3YR           | %     | ACCUM |
| 1  | 65203 - Columbia, MO       | Boone     | 208,299             | 14.5% | 14.5% |
| 2  | 65202 - Columbia, MO       | Boone     | 201,448             | 14.1% | 28.6% |
| 3  | 65201 - Columbia, MO       | Boone     | 126,502             | 8.8%  | 37.4% |
| 4  | 65240 - Centralia, MO      | Boone     | 64,043              | 4.5%  | 41.9% |
| 5  | 65010 - Ashland, MO        | Boone     | 35,622              | 2.5%  | 44.4% |
| 6  | 65255 - Hallsville, MO     | Boone     | 29,683              | 2.1%  | 46.4% |
| 7  | 65284 - Sturgeon, MO       | Boone     | 15,062              | 1.1%  | 47.5% |
| 8  | 65039 - Hartsburg, MO      | Boone     | 13,093              | 0.9%  | 48.4% |
| 9  | 65256 - Hartsburg, MO      | Boone     | 10,397              | 0.7%  | 49.2% |
| 10   | 65279 - Rocheport, MO      | Boone     | 9,765               | 0.7%  | 49.9% |
| 11   | 65265 - Mexico, MO         | Audrain   | 93,413              | 6.5%  | 56.4% |
| 12   | 65270 - Moberly, MO        | Randolph  | 61,156              | 4.3%  | 60.6% |
| 13   | 65251 - Fulton, MO         | Callaway  | 48,764              | 3.4%  | 64.0% |
| 14   | 65233 - Boonville, MO      | Cooper    | 45,174              | 3.2%  | 67.2% |
| 15   | 63552 - Macon, MO          | Macon     | 18,419              | 1.3%  | 68.5% |
| 16   | 65109 - Jefferson City, MO | Cole      | 17,641              | 1.2%  | 69.7% |
| 17   | 65340 - Marshall, MO       | Saline    | 15,225              | 1.1%  | 70.8% |
| 18   | 65301 - Sedalia, MO        | Pettis    | 14,902              | 1.0%  | 71.8% |
| 19   | 63501 - Kirksville, MO     | Adair     | 14,340              | 1.0%  | 72.8% |
| 20   | 65231 - Auxvasse, MO       | Callaway  | 14,281              | 1.0%  | 73.8% |
| 21   | 65248 - Fayette, MO        | Howard    | 14,141              | 1.0%  | 74.8% |
| 22   | 65254 - Glasgow, MO        | Howard    | 12,159              | 0.8%  | 75.6% |

**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, an evaluation of past CHNA needs actions taken, a facilitated group discussion will occur, and a group ranking activity to determine the most important community unmet health needs was administered.

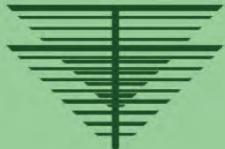
**Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:**

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

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

| <b>Boone Health - Columbia, MO</b><br><b>VVV CHNA Round #5 Work Plan - Year 2025</b> |                        |            |   |
|--|------------------------|------------|---|
| <b>Project Timeline &amp; Roles - Working Draft as of 6/17/25</b>                    |                        |            |   |
| Step   | Timeframe              | Lead       | Task  |
| 1  | 9/4/2024               | VVV / Hosp | Meeting Leadership information regarding CHNA Round #5 for review.  |
| 2  | 9/4/2024               | Hosp       | Select/approve CHNA Round #5 Option B - VVV quote—work to start 2025  |
| 3  | 2/4/2025               | VVV        | Hold Client Kick-off Meeting. Review CHNA process / timeline with leadership. Request MHA PO reports for FFY 21, 22 and 23 and hospital client to complete PSA IP/OP/ER/Clinic patient origin counts file (Use <b>ZipPSA_3yrPOrigin.xls</b> ) |
| 4  | 1/20/2025              | VVV        | Send out <b>REQCommlInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email   |
| 5  | 1/13/2025              | VVV        | Prepare CHNA Round#5 Stakeholder Feedback "online link". Send link for hospital review.   |
| 6  | February / March 2025  | VVV        | Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.  |
| 7  | On or before 2/4/2025  | VVV / Hosp | Prepare/send out PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.   |
| 8  | 3/1/2025               | 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  | 3/1/2025               | VVV        | Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 4/1/2025 for Online Survey</b>   |
| 10   | On or before 4/1/2025  | Hosp       | Prepare PR #2 story / E Mail (E#2) Request announcing upcoming Town Hall. VVV will send to CEO to review/approve.   |
| 11   | 4/14/2025              | VVV / Hosp | Place PR #2 story to local media announcing upcoming Town Hall. Request public to participate. Send E Mail (E#2) request to local stakeholders  |
| 12   | By 4/28/2025           | ALL        | Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow  |
| 13   | 5/1/2025               | VVV        | Conduct CHNA Town Hall. Time - <b>Lunch 11am - 1:00 pm at Boone Health Conference Room</b> Review & Discuss Basic health data plus RANK Health Needs.   |
| 14   | On or Before 8/15/2025 | VVV        | Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)   |
| 15   | On or Before 8/30/2025 | VVV        | Produce & Release final CHNA report. Hospital will post CHNA online (website).  |
| 16   | June 4th 2025          | Both       | Conduct Client Implementation Plan PSA Leadership meeting   |
| 17   | By 8/30/2025           | Hosp       | Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.  |

## 2025 Community Health Needs Assessment Boone Health, Columbia, MO Town Hall May 1st, 2025: 11am – 1pm




**VVV Consultants LLC**  
Olathe, Kansas 66061

VandehaarMarketing.com  
913-302-7264

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## CHNA Town Hall Team Tables A Community Conversation



**RSVP's Boone Health CHNA Town Hall Thurs, May 1, 2025, 11am-1:00pm.**

| #  | Table | Lead | Last         | First     | Organization                    | #  | Table | Lead | Last        | First    | Organization                          |
|----|-------|------|--------------|-----------|---------------------------------|----|-------|------|-------------|----------|---------------------------------------|
| 1  | A     | XX   | Dubois       | Brady     | Boone Health                    | 26 | F     | XX   | Bremer      | Jeric    | Zimmer Communications                 |
| 2  | A     |      | Buffalo      | Barbara   | City of Columbia                | 27 | F     |      | Clifford    | Jacob    | MUPD                                  |
| 3  | A     |      | Nelson       | Joanne    | Boone Co Community Serv Dept    | 28 | F     |      | Garrett     | Matt     | KOMU & Mid Missouri CW                |
| 4  | A     |      | Thomas-Brown | D'Markus  | City of Columbia                | 29 | F     |      | Hilderbrand | Brittany | Missourian                            |
| 5  | A     |      | Whorley      | Brian     | Paylient Technologies, Inc      | 30 | F     |      | Ungles      | Brian    | Show-Me State Games                   |
| 6  | B     | XX   | Cummins      | Kristin   | Boone Co Community Serv Dept    | 31 | G     | XX   | Wilson      | Drew     | Boone Health                          |
| 7  | B     |      | Baker        | Kathy     | City of Columbia                | 32 | G     |      | Abbott      | Jeanne   | Columbia Missourian                   |
| 8  | B     |      | Richards     | Kirby     | MU Family Impact Center         | 33 | G     |      | Frakes      | Rachel   | MUPD                                  |
| 9  | B     |      | Stone        | Sara      | Love Columbia                   | 34 | G     |      | Freyert     | Amanda   | Boone Health Medical Group            |
| 10 | B     |      | Zaner        | Lana      | Boone Health                    | 35 | G     |      | LEBLE       | CAITLYN  | Zimmer Communications                 |
| 11 | C     | XX   | Roberts      | Lindsey   | MU Family Impact Center         | 36 | H     | XX   | Young       | Mike     | Boone Health                          |
| 12 | C     |      | Fiege        | Michelle  | Services for Independent Living | 37 | H     |      | Arnall      | Angel    | Columbia Fire Dept                    |
| 13 | C     |      | Foster       | Nick      | City of Columbia                | 38 | H     |      | McCormick   | Matt     | Columbia Chamber of Commerce          |
| 14 | C     |      | Kuzymki      | Shannon   | Boone Health                    | 39 | H     |      | Miller      | Josiah   | Burrell Behavioral Health             |
| 15 | C     |      | Rossiter     | Rebecca   | Columbia/Boone Co Public Health | 40 | H     |      | Toski       | Mike     | Boone Health                          |
| 16 | D     | XX   | Clark        | Mary      | Love Columbia                   | 41 | I     | XX   | Christian   | Basi     | Boone Health                          |
| 17 | D     |      | Chenault     | Joanne    | Boone County Family Resources   | 42 | I     |      | Jeanne      | Butts    | Compassus Hospice and Palliative Care |
| 18 | D     |      | Jones        | Chris     | Boone Health                    | 43 | I     |      | Harviro     | Sarah    | Columbia/Boone County Public HHS      |
| 19 | D     |      | Marricks     | Melody    | Central Bank of Boone County    | 44 | I     |      | Workman     | Jenny    | Boone Health, Community Wellness      |
| 20 | D     |      | McGeheon     | Margaret  | Services for Independent Living | 45 | I     |      |             |          |                                       |
| 21 | E     | XX   | Glogner      | Peter     | Boone Health                    | 46 | J     | XX   |             |          |                                       |
| 22 | E     |      | Worsham      | Beth      | OB/G                            | 47 | J     |      |             |          |                                       |
| 23 | E     |      | Ruffe        | Fyndal    | Boone Health Medical Group      | 48 | J     |      |             |          |                                       |
| 24 | E     |      | Stephens     | Elizabeth | Columbia Missourian             | 49 | J     |      |             |          |                                       |
| 25 | E     |      | Vams         | Curtis    | KMIZ-TV                         | 50 | J     |      |             |          |                                       |

2

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

- **Opening Welcome / Introductions / Review CHNA Purpose and Process (10 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 (45 mins)*
- **Collect Community Health Perspectives**  
*Share Table Reflections to verify key takeaways*  
*Conduct an Open Community Conversation / Stakeholder Vote to determine the Most Important Unmet Needs (45 mins)*
- **Close / Next Steps (5 mins)**

3

## Introduction: Who We Are Background and Experience







**Vince Vandehaar, MBA – Principal**  
**VVV Consultants LLC (Olathe, KS) – start 1/1/09 \***

- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, CBBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA

**Olivia G Hewitt BA – Associate Consultant**  
**VVV Consultants LLC – May 2024**

- Emporia University – BS Marketing
- Hometown: Olathe, KS

**Cassandra Kahl, BHS – Director, Project Management**  
**VVV Consultants LLC – Nov 2020**

- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, WI

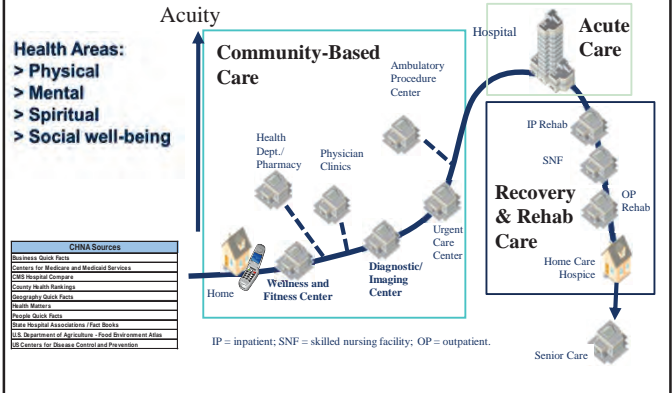
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## Town Hall Participation / Purpose & Parking Lot

- 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

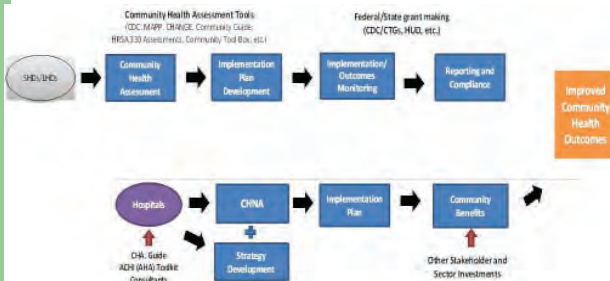
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## System of Care Delivery Birth to Grave (SG2)



7

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



8

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

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

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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

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

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## County Health Rankings Scoring

Robert Wood Johnson Foundation and University of WI Health Institute

### New County Health Rankings Model

The diagram illustrates the 'New County Health Rankings Model'. It shows a flow from 'Health Challenges' and 'Health Factors' on the left to 'Population Health and Well-Being' on the right. The 'Health Challenges' section includes 'Length of Life (HLE)' and 'Quality of Life (QOL)'. The 'Health Factors' section includes 'Behavioral Risk Factors', 'Social & Economic Factors', and 'Physical Environment'. The 'Population Health and Well-Being' section includes 'Health Status', 'Health Disparities', and 'Health Equity'. The diagram also shows a 'Community Conditions' section in the middle, which includes 'Health Disparities', 'Physical Environment', and 'Social & Economic Factors'. The 'Health Status' section includes 'Mortality', 'Morbidity', and 'Quality of Life'. The 'Health Disparities' section includes 'Racial and Ethnic Disparities', 'Geographic Disparities', and 'Socioeconomic Disparities'. The 'Physical Environment' section includes 'Air & Water Quality', 'Housing & Built', and 'Safety & Security'.

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)

#### Boone County Community Profile



#### About

Boone County is located in the U.S. state of Missouri. Centrally located the state's Mid-Missouri region, its county seat is in Columbia, which is Missouri's fourth-largest city and location of the University of Missouri. As of the 2020 U.S. Census, the county's population was listed as 183,610,<sup>1</sup> making it the state's eighth-most populous county or county equivalent. The county was organized November 16, 1820, removed from the former larger Howard County (now to the northwest) of the old federal Missouri Territory of 1812-1821, and named for the famous Western explorer and settler of Kentucky, then recently deceased Daniel Boone (1734-1820), whose kin largely populated the Boonslick area, having arrived in the 1810s on the Boone's Lick Road.<sup>2</sup>

Boone County comprises the Columbia Metropolitan Area. The towns of Ashland and Centralia are the second and third most populous towns in the county.

#### Cities

- Ashland
- Centralia
- Columbia (county seat)
- Hallsville
- Rocheport
- Sturgeon

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<sup>1</sup> <https://www.census.gov/library/visualizations/interactive/2020-population-and-housing-state-data.html>

<sup>2</sup> [https://archive.org/details/bub\\_gb\\_RfAuAAAAYAAJ](https://archive.org/details/bub_gb_RfAuAAAAYAAJ)

## Boone (MO) - Detail Demographic Profile

| ZIP           | City       | ST | County | Population     |                |             | Households    |               | HH Avg Size23 | Per Capita23    |
|---------------|------------|----|--------|----------------|----------------|-------------|---------------|---------------|---------------|-----------------|
|               |            |    |        | Year 2023      | Year 2028      | 5yr CHG     | Year 2023     | Year 2028     |               |                 |
| 65010         | Ashland    | MO | BOONE  | 7,446          | 7,722          | 3.7%        | 2,795         | 2,909         | 2.6           | \$41,729        |
| 65039         | Hartsburg  | MO | BOONE  | 2,794          | 3,092          | 10.7%       | 1,058         | 1,179         | 2.6           | \$44,799        |
| 65201         | Columbia   | MO | BOONE  | 49,993         | 51,432         | 2.9%        | 19,649        | 20,478        | 2.1           | \$28,062        |
| 65202         | Columbia   | MO | BOONE  | 49,317         | 50,143         | 1.7%        | 20,170        | 20,717        | 2.4           | \$33,182        |
| 65203         | Columbia   | MO | BOONE  | 61,630         | 63,446         | 2.9%        | 25,909        | 26,880        | 2.4           | \$45,761        |
| 65211         | Columbia   | MO | BOONE  | 1,336          | 1,344          | 0.6%        | 168           | 175           | 1.5           | \$10,152        |
| 65240         | Centralia  | MO | BOONE  | 8,697          | 9,004          | 3.5%        | 3,325         | 3,474         | 2.6           | \$31,025        |
| 65255         | Hallsville | MO | BOONE  | 4,568          | 4,868          | 6.6%        | 1,746         | 1,877         | 2.6           | \$31,806        |
| 65256         | Harrisburg | MO | BOONE  | 1,727          | 1,713          | -0.8%       | 687           | 689           | 2.5           | \$43,651        |
| 65279         | Rocheport  | MO | BOONE  | 1,711          | 1,750          | 2.3%        | 648           | 672           | 2.6           | \$40,340        |
| 65284         | Sturgeon   | MO | BOONE  | 2,457          | 2,465          | 0.3%        | 976           | 993           | 2.5           | \$34,851        |
| <b>Totals</b> |            |    |        | <b>191,676</b> | <b>196,979</b> | <b>3.1%</b> | <b>77,131</b> | <b>80,043</b> | <b>2.4</b>    | <b>\$35,033</b> |

| ZIP           | City       | ST | County | Population     |               |               |               | Year 2020     |               | Females Age 20-35 |
|---------------|------------|----|--------|----------------|---------------|---------------|---------------|---------------|---------------|-------------------|
|               |            |    |        | Pop 21+        | Pop. 65+      | Kids<18       | Gen Y         | Males         | Females       |                   |
| 65010         | Ashland    | MO | BOONE  | 5540           | 1354          | 1844          | 2041          | 3,675         | 3771          | 1311              |
| 65039         | Hartsburg  | MO | BOONE  | 2117           | 507           | 646           | 750           | 1,393         | 1401          | 487               |
| 65201         | Columbia   | MO | BOONE  | 34012          | 5118          | 11371         | 7427          | 24,942        | 25051         | 9605              |
| 65202         | Columbia   | MO | BOONE  | 35662          | 6099          | 12990         | 12595         | 24,300        | 25017         | 12483             |
| 65203         | Columbia   | MO | BOONE  | 45751          | 9261          | 14741         | 14452         | 29,982        | 31648         | 15868             |
| 65211         | Columbia   | MO | BOONE  | 386            | 28            | 590           | 32            | 640           | 696           | 112               |
| 65240         | Centralia  | MO | BOONE  | 6410           | 1699          | 2180          | 2104          | 4,224         | 4473          | 1602              |
| 65255         | Hallsville | MO | BOONE  | 3420           | 802           | 1100          | 1168          | 2,280         | 2288          | 998               |
| 65256         | Harrisburg | MO | BOONE  | 1323           | 354           | 390           | 470           | 903           | 824           | 259               |
| 65279         | Rocheport  | MO | BOONE  | 1357           | 384           | 341           | 426           | 847           | 864           | 275               |
| 65284         | Sturgeon   | MO | BOONE  | 1825           | 461           | 601           | 623           | 1,152         | 1305          | 453               |
| <b>Totals</b> |            |    |        | <b>137,803</b> | <b>26,067</b> | <b>46,794</b> | <b>42,088</b> | <b>94,338</b> | <b>97,338</b> | <b>43,453</b>     |

| ZIP           | City       | ST | County | Population 2020 |             |             |             | Year 2023     |              | Soc Econ Index |
|---------------|------------|----|--------|-----------------|-------------|-------------|-------------|---------------|--------------|----------------|
|               |            |    |        | White%          | Black%      | Asian%      | Hispan%     | Housing Units | % Rentals    |                |
| 65010         | Ashland    | MO | BOONE  | 91.5%           | 0.8%        | 0.5%        | 1.9%        | 2,938         | 17%          | 62             |
| 65039         | Hartsburg  | MO | BOONE  | 91.6%           | 0.8%        | 0.5%        | 3.0%        | 1,122         | 14%          | 62             |
| 65201         | Columbia   | MO | BOONE  | 74.4%           | 9.6%        | 5.5%        | 5.8%        | 22,060        | 59%          | 52             |
| 65202         | Columbia   | MO | BOONE  | 67.2%           | 16.5%       | 3.5%        | 5.9%        | 21,956        | 32%          | 50             |
| 65203         | Columbia   | MO | BOONE  | 76.2%           | 8.6%        | 6.0%        | 4.1%        | 27,631        | 35%          | 58             |
| 65211         | Columbia   | MO | BOONE  | 76.3%           | 15.0%       | 2.8%        | 3.9%        | 170           | 78%          | 60             |
| 65240         | Centralia  | MO | BOONE  | 92.4%           | 1.0%        | 0.3%        | 2.6%        | 3,562         | 21%          | 52             |
| 65255         | Hallsville | MO | BOONE  | 90.4%           | 1.1%        | 0.5%        | 1.8%        | 1,869         | 19%          | 53             |
| 65256         | Harrisburg | MO | BOONE  | 91.9%           | 0.9%        | 0.3%        | 2.5%        | 710           | 7%           | 59             |
| 65279         | Rocheport  | MO | BOONE  | 89.6%           | 1.6%        | 2.3%        | 2.6%        | 705           | 8%           | 57             |
| 65284         | Sturgeon   | MO | BOONE  | 91.0%           | 0.6%        | 0.2%        | 2.0%        | 1,048         | 18%          | 55             |
| <b>Totals</b> |            |    |        | <b>84.8%</b>    | <b>5.1%</b> | <b>2.1%</b> | <b>3.3%</b> | <b>83,771</b> | <b>28.2%</b> | <b>56</b>      |

Source: ERSA Demographics 2023

# III. Community Health Status

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[VVV Consultants LLC]

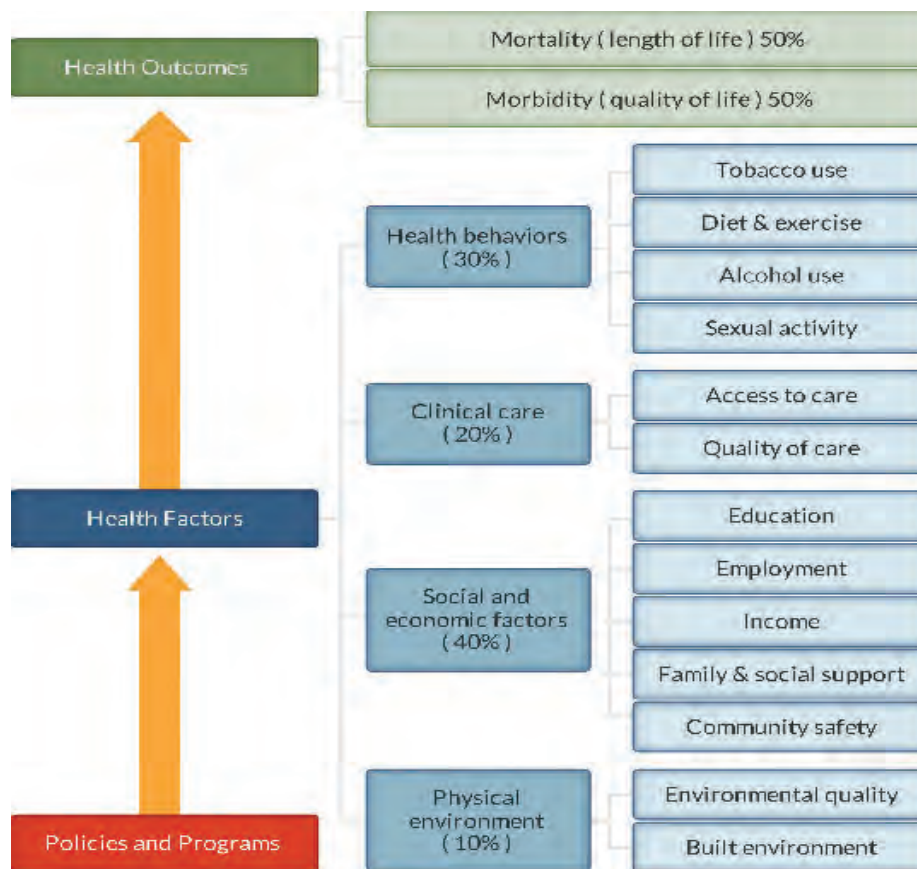
### III. Community Health Status

#### 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  | Boone Co. MO 2023 | Trend | MO BIG Co Norm (16) AVER |
|---|---------------------------------|--|-------------------|-------|--------------------------|
| 1 | <b>Health Outcomes</b>          |  | 11                |       | 37                       |
|   | Mortality                       | Length of Life   | 14                |       | 42                       |
|   | Morbidity                       | Quality of Life  | 13                |       | 33                       |
| 2 | <b>Health Factors</b>           |  | 3                 |       | 23                       |
|   | Health Behaviors                | Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity               | 4                 |       | 21                       |
|   | Clinical Care                   | Access to care / Quality of Care                                       | 2                 |       | 12                       |
|   | Social & Economic Factors       | Education, Employment, Income, Family/Social support, Community Safety | 2                 |       | 29                       |
| 3 | <b>Physical Environment</b>     | Environmental quality  | 65                |       | 71                       |

MO Big Counties Norm (16): Boone, Buchanan, Cape Girardeau, Cass, Christian, Clay, Cole, Franklin, Green, Jackson, Jefferson, Platte, St Charles, St Louis, and St Louis City)

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

## PSA Secondary Research:

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

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

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

**Tab 1: Demographic Profile**

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

| 1 | Population Health Indicators   | Boone Co. MO 2025 | Trend | MO State  | MO BIG Co Norm (16) | Source                 |
|---|--|-------------------|-------|-----------|---------------------|------------------------|
| a | Population estimates, 2020-2022 (V2023)  | 189,463           |       | 6,196,156 | 261,368             | People Quick Facts     |
| b | Persons under 5 years, percent, 2020-2022  | 5.2%              |       | 5.7%      | 5.6%                | People Quick Facts     |
| c | Persons 65 years and over, percent, 2020-2022  | 14.1%             |       | 18.3%     | 17.4%               | People Quick Facts     |
| d | Female persons, percent, 2020-2022   | 51.5%             |       | 50.7%     | 50.7%               | People Quick Facts     |
| e | White alone, percent, 2020-2022  | 80.4%             |       | 82.4%     | 83.6%               | People Quick Facts     |
| f | Black or African American alone, percent, 2020-2022                                    | 10.2%             |       | 11.7%     | 10.4%               | People Quick Facts     |
| g | Hispanic or Latino, percent, 2020-2022   | 4.5%              |       | 5.3%      | 5.6%                | People Quick Facts     |
| h | Language other than English spoken at home, percent of persons age 5 years+, 2018-2022 | 8.8%              |       | 6.3%      | 6.2%                | People Quick Facts     |
| i | Living in same house 1 year ago, percent of persons age 1 year+, 2018-2022             | 80.9%             |       | 86.4%     | 86.5%               | People Quick Facts     |
| j | Children in single-parent households, percent, 2019-2023                               | 22.4%             |       | 23.5%     | 22.9%               | County Health Rankings |
| k | Veterans, 2018-2022  | 7,866             |       | 361,097   | 13,654              | People Quick Facts     |

**Tab 2: Economic Profile**

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

| 2 | Economic - Health Indicators   | Boone Co. MO 2025 | Trend | MO State  | MO BIG Co Norm (16) | Source                 |
|---|--|-------------------|-------|-----------|---------------------|------------------------|
| a | Per capita income in past 12 months (in 2021 dollars), 2018-2022       | \$38,945          |       | \$36,754  | \$39,630            | People Quick Facts     |
| b | Persons in poverty, percent, 2020-2022                                 | 14.4%             |       | 12.0%     | 11.0%               | People Quick Facts     |
| c | Total Housing units, 2022  | 82,502            |       | 2,844,346 | 118,747             | People Quick Facts     |
| d | Persons per household, 2018-2022                                       | 2.4               |       | 2.4       | 2.4                 | People Quick Facts     |
| e | Severe housing problems, percent, 2017-2021                            | 15.1%             |       | 12.8%     | 12.5%               | County Health Rankings |
| f | Total employer establishments, 2022                                    | 4,740             |       | 153,767   | 6,831               | People Quick Facts     |
| g | Unemployment, percent, 2022  | 2.9%              |       | 3.1%      | 2.8%                | County Health Rankings |
| h | Food insecurity, percent, 2022   | 16.6%             |       | 15.0%     | 13.6%               | County Health Rankings |
| i | Limited access to healthy foods, percent, 2019                         | 11.6%             |       | 7.2%      | 7.3%                | County Health Rankings |
| j | Long commute - driving alone, percent, 2018-2022                       | 13.9%             |       | 31.7%     | 29.9%               | County Health Rankings |
| m | Households with a broadband Internet subscription, percent, 2018-2022* | 84.0%             |       | 86.6%     | 89.6%               | 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   | Boone Co. MO 2025 | Trend | MO State | MO BIG Co Norm (16) | Source                 |
|---|---|-------------------|-------|----------|---------------------|------------------------|
| a | Children eligible for free or reduced price lunch, percent, 2022-2023       | 37.6%             |       | 47.6%    | 43.2%               | County Health Rankings |
| b | High school graduate or higher, percent of persons age 25 years+, 2018-2022 | 94.6%             |       | 91.3%    | 92.9%               | People Quick Facts     |
| c | Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022    | 51.0%             |       | 31.2%    | 34.7%               | People Quick Facts     |

| #  | Boone County MO 2025 School Health Indicators                     | Columbia 93 School District | HALLSVILLE R-IV | HARRISBURG R-VIII    | SOUTHERN BOONE CO. R-I | STURGEON R-V |
|----|---|-----------------------------|-----------------|----------------------|------------------------|--------------|
| 1  | Total # Public School Nurses                                      | 30                          | 3               | 1                    | 4                      | 1            |
| 2  | School Nurse is part of the IEP team                              | yes                         | as needed       | As needed            | No                     | as needed    |
| 3  | School Wellness Plan in place (Active)                            | yes                         | Yes             | Yes                  | -                      | Updating     |
| 4  | VISION: # Screened / Referred to Prof / Seen by Professional      | 7103 / 437                  | 99 / 7 / 3      | 235/18/ 3            | 832/ 31/ 22            | yes          |
| 5  | HEARING: # Screened / Referred to Prof / Seen by Professional     | 7159 / 199                  | 123 / 2 / 1     | 235/0                | 341/ 7/ 4              | yes          |
| 6  | ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional | 2828 / 340                  | 234 / 55 /14    | 70/15/ none reported | 404/ 71/ 26            | yes          |
| 7  | SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional   | NA                          | 5 / 2 / 1       | NA                   | NA                     | no           |
| 8  | # of Students served with no identified chronic health concerns   | 9573                        | 1347            | 498                  | 1230                   | NA           |
| 9  | School has a suicide prevention program                           | yes                         | yes             | yes                  | yes                    | yes          |
| 10 | Compliance on required vaccinations (%)                           | 97%                         | 100%            | 100%                 | 96.5% (3.4% exempt)    | NA           |

**Tab 4: Maternal / Infant Profile**

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

| 4 | Maternal/Infant - Health Indicators                                       | Boone Co. MO 2025 | Trend | MO State | MO BIG Co Norm (16) | Source                 |
|---|---|-------------------|-------|----------|---------------------|------------------------|
| a | Percent of Births Where Prenatal Care began in First Trimester, 2019-2021 | 76.8%             |       | 73.1%    | 75.7%               | MOPHIMS                |
| b | Percentage of Premature Births, 2019-2021                                 | 9.7%              |       | 10.9%    | 10.6%               | MOPHIMS                |
| c | Percent of Births with Low Birth Weight, 2017-2023                        | 8.9%              |       | 8.8%     | 8.6%                | County Health Rankings |
| d | Teen Pregnancy Rate (Age 15-19) 2017-2023 Rate per 1k                     | 8.4               |       | 19.0     | 17.1                | County Health Rankings |
| e | Percent of births Where Mother Smoked During Pregnancy, 2019-2021         | 8.6%              |       | 10.1%    | 9.4%                | MOPHIMS                |
| f | Child Care Centers per 1,000 Children, 2010-2022*                         | 162.0             |       | NA       | 134.3               | County Health Rankings |

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

| # | Criteria - Vital Statistics (Births) | Boone Co MO | Trend | Missouri |
|---|--------------------------------------|-------------|-------|----------|
| a | Total Live Births, 2018              | 2,051       |       | 73,281   |
| b | Total Live Births, 2019              | 2,075       |       | 72,103   |
| c | Total Live Births, 2020              | 1,979       |       | 69,277   |
| d | Total Live Births, 2021              | 1,922       |       | 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  | Boone Co. MO 2025 | Trend  | MO State | MO BIG Co Norm (16) | Source                                    |
|---|--|-------------------|--------|----------|---------------------|---|
| a | Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2021                     | 845:1             | Green  | 1421:1   | 1709:1              | County Health Rankings                    |
| b | Preventable hospital rate per 100,000, 2022 (lower the better)   | 2,226             | Yellow | 2,938    | 2,890               | County Health Rankings                    |
| c | Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)        | 76.0%             | Yellow | 73.0%    | 70.8%               | CMS Hospital Compare, 10/1/2015-9/30/2016 |
| d | Patients Who Reported Yes, They Would Definitely Recommend the Hospital                                | 80.0%             | Green  | 72.0%    | 70.0%               | CMS Hospital Compare, 10/1/2015-9/30/2016 |
| e | Average (Median) time patients spent in the emergency department, before leaving from the visit (mins) | 182               | Red    | 122      | 188                 | CMS Hospital Compare, 10/1/2015-9/30/2016 |

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

Behavioral healthcare provides another important indicator of community health status.

| 6 | Mental - Health Indicators                                       | Boone Co. MO 2025 | Trend  | MO State | MO BIG Co Norm (16) | Source                 |
|---|--|-------------------|--------|----------|---------------------|------------------------|
| a | Age-Adjusted Prevalence of Depression Among Adults, 2021*        | 25.1%             | Red    | 22.5%    | 24.3%               | epitracking.cdc.gov    |
| b | Age-adjusted Suicide Mortality Rate per 100,000 population, 2021 | 12.7              | Yellow | 18.7     | 15.3                | World Bank             |
| c | Average Number of mentally unhealthy days, 2022                  | 5.7               | White  | 5.5      | 5.6                 | County Health Rankings |

\*\*New Social Determinant Data Resources

| CDC - 2023 U.S. County Opioid Dispensing |                 |       |                                |
|--|-----------------|-------|--------------------------------|
| State                                    | County          | FIPS  | Opioid Dispensing Rate per 100 |
| MO                                       | Boone County    | 29019 | 65.2                           |
|  | 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  | Boone Co. MO 2025 | Trend  | MO State | MO BIG Co Norm (16) | Source                 |
|----|--|-------------------|--------|----------|---------------------|------------------------|
| a  | Adult obesity, percent, 2022   | 33.1%             | Yellow | 36.7%    | 36.9%               | County Health Rankings |
| b  | Adult smoking, percent, 2022   | 15.0%             | Yellow | 17.8%    | 17.7%               | County Health Rankings |
| c  | Excessive drinking, percent, 2022                                    | 22.1%             | Red    | 21.9%    | 21.3%               | County Health Rankings |
| d  | Physical inactivity, percent, 2022                                   | 20.9%             | Yellow | 24.2%    | 23.8%               | County Health Rankings |
| e  | Age-Adjusted Prevalence of Sleeping less than 7 Hours Among Adults   | 30.6%             | White  | 34.5%    | 33.1%               | ephttracking.cdc.gov   |
| f  | Sexually transmitted infections (chlamydia), rate per 100,000 (2022) | 611.1             | Red    | 523.6    | 548.0               | County Health Rankings |

**Tab 7b: Chronic Risk Profile**

| 7b | Chronic - Health Indicators *  | Boone Co. MO 2025 | Trend | MO State | MO BIG Co Norm (16) | Source               |
|----|--|-------------------|-------|----------|---------------------|----------------------|
| a  | Age-Adjusted Prevalence of Arthritis Among Adults >=18 ,2021                                       | 26.0%             | Red   | 26.7%    | 24.9%               | ephttracking.cdc.gov |
| b  | Age-Adjusted Prevalence of Current Asthma Among Adults >=18 ,2021                                  | 9.7%              | White | 10.1%    | 9.7%                | ephttracking.cdc.gov |
| c  | Age-Adjusted Prevalence of Diagnosed Diabetes Among Adults >=18 ,2021                              | 9.8%              | White | 10.6%    | 9.7%                | ephttracking.cdc.gov |
| d  | Age-Adjusted Prevalence of Chronic Kidney Disease Among Adults >=18 ,2021                          | 2.7%              | White | 2.9%     | 2.7%                | ephttracking.cdc.gov |
| e  | Age-Adjusted Prevalence of COPD Among Adults >=18 ,2021  | 6.4%              | White | 8.6%     | 6.8%                | ephttracking.cdc.gov |
| f  | Age-Adjusted Prevalence of Coronary Heart Disease Among Adults >=18 ,2021                          | 5.6%              | White | 6.4%     | 5.5%                | ephttracking.cdc.gov |
| g  | Age-Adjusted Prevalence of Cancer Among Adults >=18 ,2021  | 6.5%              | White | 6.4%     | 6.4%                | ephttracking.cdc.gov |
| h  | Age-Adjusted Incidence Rate of Breast Cancer per 100k over 5 year period (Females Only)- 2016-2020 | 145.7             | Red   | 130.9    | 134.0               | ephttracking.cdc.gov |
| i  | Age-Adjusted Prevalence of Stroke Among Adults >=18 ,2021  | 2.7%              | White | 3.2%     | 2.8%                | ephttracking.cdc.gov |

\*\*New Social Determinant Data Resources

**Tab 8: Uninsured Profile and Community Benefit**

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

| 8 | Insurance Coverage - Health Indicators | Boone Co. MO 2025 | Trend | MO State | MO BIG Co Norm (16) | Source                 |
|---|--|-------------------|-------|----------|---------------------|------------------------|
| a | Uninsured, percent, 2022               | 9.7%              | Red   | 12.0%    | 11.3%               | County Health Rankings |

\*\*New Social Determinant Data Resources

**Tab 9: Mortality Profile**

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

| 9 | Mortality - Health Indicators   | Boone Co. MO 2025 | Trend | MO State | MO BIG Co Norm (16) | Source                 |
|---|---|-------------------|-------|----------|---------------------|------------------------|
| a | Life Expectancy, 2020 - 2022  | 78.2              |       | 75.2     | 76.0                | County Health Rankings |
| b | Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)        | 164.9             |       | 164.2    | 179.2               | World Bank             |
| c | Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better) | 163.5             |       | 202.4    | 209.5               | World Bank             |
| d | Alcohol-impaired driving deaths, percent, 2018-2022   | 36.8%             |       | 28.1%    | 30.0%               | County Health Rankings |

| MO Death Statistics by Selected Causes of Death (2018-2022) Per 100k | Boone Co MO | %      | Trend | State of MO | %      |
|--|-------------|--------|-------|-------------|--------|
| Total Deaths   | 757         | 100.0% |       | 110,985     | 100.0% |
| Cancer   | 149         | 19.7%  |       | 20,366      | 18.4%  |
| Heart Disease  | 148         | 19.5%  |       | 24,963      | 22.5%  |
| Accidents & Adverse Events   | 49          | 6.5%   |       | 7,357       | 6.6%   |
| Chronic Lower Respiratory Disease                                    | 38          | 5.0%   |       | 6,783       | 6.1%   |
| Cerebrovascular Disease  | 37          | 4.9%   |       | 4,759       | 4.3%   |
| Alzheimer's Disease  | 27          | 3.6%   |       | 3,266       | 2.9%   |
| Diabetes   | 23          | 3.1%   |       | 2,631       | 2.4%   |
| Kidney Disease   | 14          | 1.8%   |       | 2,026       | 1.8%   |
| Pneumonia  | 8           | 1.1%   |       | 1,077       | 1.0%   |

Source: National Institute on Minority Health and Health Disparities (NIH)

**Tab 10: Preventive Quality Measures Profile**

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

| 10 | Preventative - Health Indicators   | Boone Co. MO 2025 | Trend | MO State | MO BIG Co Norm (16) | Source                 |
|----|--|-------------------|-------|----------|---------------------|------------------------|
| a  | Access to exercise opportunities, percent, 2022 & 2024   | 86.3%             |       | 76.6%    | 79.5%               | County Health Rankings |
| b  | Age-Adjusted Prevalence of Hearing Disability Among Adults >=18, 2021*                             | 7.0%              |       | 8.2%     | 7.0%                | ephtracking.cdc.gov    |
| c  | Age-Adjusted Prevalence of High Cholesterol Among Adults >=18, 2021(Screened in the last 5 years)* | 32.2%             |       | 32.1%    | 31.1%               | ephtracking.cdc.gov    |
| d  | Age-Adjusted Prevalence of High Blood Pressure Among Adults >=18, 2021*                            | 30.1%             |       | 33.3%    | 31.8%               | ephtracking.cdc.gov    |
| e  | Mammography annual screening, percent, 2022  | 50.0%             |       | 46.0%    | 49.1%               | County Health Rankings |
| f  | Age-Adjusted Prevalence of Visits to Doctor for Routine Check-Up Among Adults >=18, 2021           | 75.2%             |       | 73.6%    | 75.5%               | ephtracking.cdc.gov    |
| g  | Age-Adjusted Prevalence of Visits to the Dentist Among Adults >=18, 2022                           | 66.5%             |       | 55.3%    | 62.6%               | ephtracking.cdc.gov    |
| h  | Percent Annual Check-Up Visit with Eye Doctor  | TBD               |       | TBD      | TBD                 | TBD                    |

\*\*New Social Determinant Data Resources

## PSA Primary Research:

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

**Chart #1 – Boone County, MO PSA Online Feedback Response (N=676)**

| <b>Boone Health PSA (MO) - CHNA YR 2025 N=676</b>   |                        |       |                         |
|---|------------------------|-------|-------------------------|
| For reporting purposes, are you involved in or are you a ...? (Check all that apply)  | Boone Health PSA N=676 | Trend | *Round #5 Norms N=7,561 |
| Business/Merchant   | 5.2%                   |       | 9.9%                    |
| Community Board Member  | 2.9%                   |       | 8.6%                    |
| Case Manager/Discharge Planner  | 1.7%                   |       | 1.0%                    |
| Clergy  | 0.8%                   |       | 1.3%                    |
| College/University  | 13.2%                  |       | 3.1%                    |
| Consumer Advocate   | 1.9%                   |       | 2.0%                    |
| Dentist/Eye Doctor/Chiropractor   | 0.8%                   |       | 0.7%                    |
| Elected Official - City/County  | 0.4%                   |       | 1.9%                    |
| EMS/Emergency   | 2.3%                   |       | 2.6%                    |
| Farmer/Rancher  | 1.5%                   |       | 8.1%                    |
| Hospital  | 18.2%                  |       | 21.4%                   |
| Health Department   | 1.7%                   |       | 1.4%                    |
| Housing/Builder   | 0.6%                   |       | 0.8%                    |
| Insurance   | 1.3%                   |       | 1.2%                    |
| Labor   | 0.2%                   |       | 3.3%                    |
| Law Enforcement   | 0.8%                   |       | 0.9%                    |
| Mental Health   | 3.6%                   |       | 2.5%                    |
| Other Health Professional   | 15.5%                  |       | 12.6%                   |
| Parent/Caregiver  | 13.6%                  |       | 17.4%                   |
| Pharmacy/Clinic   | 1.7%                   |       | 2.5%                    |
| Media (Paper/TV/Radio)  | 0.6%                   |       | 0.4%                    |
| Senior Care   | 4.0%                   |       | 3.9%                    |
| Teacher/School Admin  | 3.1%                   |       | 7.0%                    |
| Veteran   | 4.4%                   |       | 3.1%                    |
| <b>TOTAL</b>  | <b>478</b>             |       | <b>5,851</b>            |
| *Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic W County: Richland NE Counties: Furnas, Custer |                        |       |                         |

| <b>Typical Sample Sizes Research Studies</b> |            |           |
|--|------------|-----------|
| 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**

| <b>Boone Health PSA (MO) - CHNA YR 2025 N=676</b>   |                        |       |                         |
|---|------------------------|-------|-------------------------|
| How would you rate the "Overall Quality" of healthcare delivery in our community?   | Boone Health PSA N=676 | Trend | *Round #5 Norms N=7,561 |
| <b>Top Box %</b>  | <b>23.7%</b>           |       | <b>27.1%</b>            |
| <b>Top 2 Boxes %</b>  | <b>70.9%</b>           |       | <b>70.3%</b>            |
| Very Good   | 23.7%                  |       | 27.1%                   |
| Good  | 47.2%                  |       | 43.2%                   |
| Average   | 23.5%                  |       | 23.6%                   |
| Poor  | 4.6%                   |       | 5.0%                    |
| Very Poor   | 1.0%                   |       | 1.1%                    |
| Valid N   | <b>676</b>             |       | <b>7,538</b>            |
| <small>*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic WI County: Richland NE Counties: Furnas, Custer</small> |                        |       |                         |

**Re-evaluate Past Community Health Needs Assessment Needs & Actions Taken.**

| <b>Boone Health PSA (MO) - CHNA YR 2025 N=676</b> |                                      |                        |               |       |                 |
|---|--------------------------------------|------------------------|---------------|-------|-----------------|
| <b>Past CHNA Unmet Needs Identified</b>           |                                      | <b>Ongoing Problem</b> |               |       | <b>Pressing</b> |
| Rank  | Ongoing Problem                      | Votes                  | %             | Trend | Rank            |
| 1   | Mental Health Services               | 279                    | 13.4%         |       | 1               |
| 2   | Health Insurance Affordable Coverage | 231                    | 11.1%         |       | 2               |
| 3   | Substance Abuse (Alcohol & Drugs)    | 200                    | 9.6%          |       | 4               |
| 4   | Housing                              | 179                    | 8.6%          |       | 3               |
| 5   | Obesity (Nutrition & Exercise)       | 166                    | 8.0%          |       | 5               |
| 6   | Food Insecurity                      | 149                    | 7.2%          |       | 6               |
| 7   | Healthcare Transportation            | 133                    | 6.4%          |       | 9               |
| 8   | Diabetes                             | 130                    | 6.3%          |       | 8               |
| 9   | Cancer                               | 108                    | 5.2%          |       | 10              |
| 10  | Healthy Lifestyle                    | 108                    | 5.2%          |       | 7               |
| 11  | Domestic Violence                    | 92                     | 4.4%          |       | 12              |
| 12  | Smoking                              | 80                     | 3.8%          |       | 13              |
| 13  | Heart & Vascular Disease             | 75                     | 3.6%          |       | 14              |
| 14  | Reproductive Health                  | 72                     | 3.5%          |       | 11              |
| 15  | Palliative Care                      | 41                     | 2.0%          |       | 15              |
| 16  | Asthma                               | 36                     | 1.7%          |       | 16              |
| <b>Totals</b>                                     |                                      | <b>2,079</b>           | <b>100.0%</b> |       |                 |

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

| <b>Boone Health PSA (MO) - CHNA YR 2025 N=676</b>   |                        |       |                         |
|---|------------------------|-------|-------------------------|
| In your opinion, what are the root causes of "poor health" in our community? Please select top three. | Boone Health PSA N=676 | Trend | *Round #5 Norms N=7,561 |
| Chronic Disease Management  | 9.4%                   |       | 8.6%                    |
| Lack of Health & Wellness   | 9.9%                   |       | 11.7%                   |
| Lack of Nutrition / Access to Healthy Foods   | 11.0%                  |       | 10.7%                   |
| Lack of Exercise  | 9.4%                   |       | 14.0%                   |
| Limited Access to Primary Care  | 12.0%                  |       | 5.4%                    |
| Limited Access to Specialty Care  | 6.7%                   |       | 5.9%                    |
| Limited Access to Mental Health   | 14.4%                  |       | 14.9%                   |
| Family Assistance Programs  | 2.8%                   |       | 4.7%                    |
| Lack of Health Insurance  | 13.8%                  |       | 11.9%                   |
| Neglect   | 5.6%                   |       | 8.6%                    |
| Lack of Transportation  | 4.9%                   |       | 4.9%                    |
| <b>Total Votes</b>  | <b>1,421</b>           |       | <b>14,909</b>           |

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

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

| Boone Health PSA (MO) - CHNA YR 2025 N=676 | Boone Health PSA N=676 |                | Trend | *Round #5 Norms N=7,561 |                |
|--|------------------------|----------------|-------|-------------------------|----------------|
|  | Top 2 boxes            | Bottom 2 boxes |       | Top 2 boxes             | Bottom 2 boxes |
| Ambulance Services                         | 86%                    | 2.2%           |       | 83.1%                   | 3.3%           |
| Child Care                                 | 46%                    | 15.2%          |       | 39.8%                   | 21.9%          |
| Chiropractors                              | 68%                    | 5.0%           |       | 70.3%                   | 7.2%           |
| Dentists                                   | 78%                    | 4.3%           |       | 62.2%                   | 14.8%          |
| Emergency Room                             | 62%                    | 11.6%          |       | 73.7%                   | 7.7%           |
| Eye Doctor/Optomtrist                      | 82%                    | 2.1%           |       | 71.1%                   | 9.1%           |
| Family Planning Services                   | 52%                    | 15.1%          |       | 46.3%                   | 16.3%          |
| Home Health                                | 51%                    | 14.9%          |       | 56.8%                   | 11.1%          |
| Hospice/Palliative                         | 64%                    | 9.6%           |       | 65.2%                   | 7.9%           |
| Telehealth                                 | 59%                    | 8.3%           |       | 52.1%                   | 12.0%          |
| Inpatient Hospital Services                | 77%                    | 4.9%           |       | 75.8%                   | 5.7%           |
| Mental Health Services                     | 38%                    | 29.0%          |       | 34.6%                   | 29.4%          |
| Nursing Home/Senior Living                 | 42%                    | 21.2%          |       | 48.3%                   | 18.6%          |
| Outpatient Hospital Services               | 71%                    | 5.4%           |       | 75.0%                   | 5.1%           |
| Pharmacy                                   | 85%                    | 4.2%           |       | 82.7%                   | 3.0%           |
| Primary Care                               | 66%                    | 13.0%          |       | 76.7%                   | 6.4%           |
| Public Health                              | 57%                    | 11.6%          |       | 62.7%                   | 8.8%           |
| School Health                              | 54%                    | 11.4%          |       | 59.4%                   | 8.1%           |
| Visiting Specialists                       | 55%                    | 12.7%          |       | 68.6%                   | 7.1%           |

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

**Community Health Readiness**

| Boone Health PSA (MO) - CHNA YR 2025<br>N=676                                     |                           | % Bottom 2 Boxes<br>(Lower is better) |                            |
|---|---------------------------|---------------------------------------|----------------------------|
| Community Health Readiness is vital. How would you rate each? (%Poor / Very Poor) | Boone Health PSA<br>N=676 | Trend!                                | *Round #5 Norms<br>N=7,561 |
| Behavioral/Mental Health  | 33.9%                     | Red                                   | 32.1%                      |
| Emergency Preparedness  | 10.8%                     | Yellow                                | 7.1%                       |
| Food and Nutrition Services/Education   | 14.5%                     | Yellow                                | 16.0%                      |
| Health Wellness Screenings/Education  | 12.4%                     | Yellow                                | 9.9%                       |
| Prenatal/Child Health Programs  | 8.3%                      | Green                                 | 13.6%                      |
| Substance Use/Prevention  | 26.4%                     | Red                                   | 32.9%                      |
| Suicide Prevention  | 26.9%                     | Red                                   | 34.4%                      |
| Violence/Abuse Prevention   | 29.3%                     | Red                                   | 32.5%                      |
| Women's Wellness Programs   | 16.7%                     | Yellow                                | 18.2%                      |
| Exercise Facilities / Walking Trails etc.   | 4.1%                      | Green                                 | 15.1%                      |

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

**Healthcare Delivery "Outside our Community"**

**Specialties:**

| Boone Health PSA (MO) - CHNA YR 2025 N=676  |                           |       |                            |
|---|---------------------------|-------|----------------------------|
| In the past 2 years, did you or someone you know receive HC outside of our community? | Boone Health PSA<br>N=676 | Trend | *Round #5 Norms<br>N=7,561 |
| Yes   | 30.2%                     | Green | 68.7%                      |
| No  | 69.8%                     |       | 31.3%                      |

| Specialty | Counts |
|-----------|--------|
| PRIM      | 16     |
| EMER      | 12     |
| PEDS      | 6      |
| SURG      | 6      |
| TRAV      | 6      |
| NEU       | 3      |
| OTHR      | 3      |
| POD       | 3      |

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

| Boone Health PSA (MO) - CHNA YR 2025 N=676  |                           |       |                            |
|---|---------------------------|-------|----------------------------|
| Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community? | Boone Health PSA<br>N=676 | Trend | *Round #5 Norms<br>N=7,561 |
| Yes   | 35.4%                     | Red   | 55.9%                      |
| No  | 64.6%                     |       | 44.1%                      |

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

| <b>Boone Health PSA (MO) - CHNA YR 2025 N=676</b>  |                        |        |                         |
|--|------------------------|--------|-------------------------|
| What needs to be discussed further at our CHNA Town Hall meeting? Top 3  | Boone Health PSA N=676 | Trend  | *Round #5 Norms N=7,561 |
| Abuse/Violence   | 3.6%                   | Yellow | 3.9%                    |
| Access to Health Education   | 3.7%                   | Yellow | 3.5%                    |
| Alcohol  | 2.1%                   | White  | 3.7%                    |
| Alternative Medicine   | 2.6%                   | White  | 3.7%                    |
| Behavioral/Mental Health   | 8.5%                   | Red    | 9.3%                    |
| Breastfeeding Friendly Workplace   | 1.4%                   | White  | 1.2%                    |
| Cancer   | 1.4%                   | White  | 2.7%                    |
| Care Coordination  | 4.5%                   | Yellow | 3.2%                    |
| Diabetes   | 2.1%                   | White  | 2.7%                    |
| Drugs/Substance Abuse  | 5.5%                   | Red    | 6.7%                    |
| Family Planning  | 1.9%                   | White  | 2.1%                    |
| Health Literacy  | 4.3%                   | Yellow | 3.2%                    |
| Heart Disease  | 1.4%                   | White  | 1.6%                    |
| Housing  | 4.3%                   | Yellow | 5.9%                    |
| Lack of Providers/Qualified Staff  | 7.9%                   | Red    | 5.1%                    |
| Lead Exposure  | 0.2%                   | White  | 0.5%                    |
| Neglect  | 1.5%                   | White  | 2.0%                    |
| Nutrition  | 3.9%                   | Yellow | 4.6%                    |
| Obesity  | 4.9%                   | Red    | 5.6%                    |
| Occupational Medicine  | 0.6%                   | White  | 0.6%                    |
| Ozone (Air)  | 0.5%                   | White  | 0.5%                    |
| Physical Exercise  | 3.9%                   | Yellow | 5.0%                    |
| Poverty  | 5.2%                   | Red    | 4.8%                    |
| Preventative Health/Wellness   | 5.7%                   | Red    | 5.6%                    |
| Sexually Transmitted Diseases  | 1.4%                   | White  | 1.5%                    |
| Suicide  | 3.8%                   | Red    | 6.1%                    |
| Teen Pregnancy   | 1.3%                   | White  | 1.7%                    |
| Telehealth   | 1.7%                   | White  | 2.1%                    |
| Tobacco Use  | 1.5%                   | White  | 2.1%                    |
| Transportation   | 3.3%                   | White  | 3.0%                    |
| Vaccinations   | 3.4%                   | White  | 2.2%                    |
| Water Quality  | 2.2%                   | White  | 2.6%                    |
| <b>TOTAL Votes</b>   | <b>2,256</b>           |        | <b>22,005</b>           |
| *Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Davless, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic WI County: Richland NE Counties: Furnas, Custer |                        |        |                         |

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

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[VVV Consultants LLC]

| Inventory of Health Services 2025 - Boone Health Primary Service Area |   |          |             |       |
|---|---|----------|-------------|-------|
| Cat   | Healthcare Services Offered in County: Yes / No       | Hospital | Health Dept | Other |
| Clinic  | Primary Care  | Yes      | Yes         | Yes   |
| Hosp  | Alzheimer Center                                      |          |             |       |
| Hosp  | Ambulatory Surgery Centers                            | Yes      |             |       |
| Hosp  | Arthritis Treatment Center                            |          |             |       |
| Hosp  | Bariatric / Weight Control Services                   | Yes      |             | Yes   |
| Hosp  | Birthing / LDR / LDRP Room                            | Yes      |             |       |
| Hosp  | Breast Cancer / Screening                             | Yes      | Yes         |       |
| Hosp  | Burn Care   | Yes      |             |       |
| Hosp  | Cardiac Rehabilitation                                | Yes      |             |       |
| Hosp  | Cardiac Surgery                                       | Yes      |             |       |
| Hosp  | Cardiology Services                                   | Yes      |             |       |
| Hosp  | Case Management                                       | Yes      | Yes         | Yes   |
| Hosp  | Chaplaincy / Pastoral Care Services                   | Yes      |             | Yes   |
| Hosp  | Chemotherapy  | Yes      |             |       |
| Hosp  | Colonoscopy   | Yes      |             |       |
| Hosp  | Crisis Prevention                                     | Yes      | Yes         | Yes   |
| Hosp  | CT Scanner  | Yes      |             | Yes   |
| Hosp  | Diagnostic Radioisotope Facility                      | Yes      |             |       |
| Hosp  | Diagnostic / Invasive Catheterization                 | Yes      |             |       |
| Hosp  | Electron Beam Computed Tomography (EBCT)              |          |             |       |
| Hosp  | Insurance Enrollment Assistance Services              | Yes      | Yes         | Yes   |
| Hosp  | Extracorporeal Shock Wave Lithotripter (ESWL)         | Yes      |             |       |
| Hosp  | Fertility Clinic                                      | Yes      |             |       |
| Hosp  | FullField Digital Mammography (FFDM)                  | Yes      |             |       |
| Hosp  | Genetic Testing / Counseling                          | Yes      |             |       |
| Hosp  | Geriatric Services                                    | Yes      | Yes         | Yes   |
| Hosp  | Heart   | Yes      |             | Yes   |
| Hosp  | Hemodialysis  | Yes      |             | Yes   |
| Hosp  | HIV / AIDS Services                                   | Yes      | Yes         |       |
| Hosp  | Image-Guided Radiation Therapy (IGRT)                 | Yes      |             |       |
| Hosp  | Inpatient Acute Care - Hospital Services              | Yes      |             |       |
| Hosp  | Intensity-Modulated Radiation Therapy (IMRT) 161      | Yes      |             |       |
| Hosp  | Intensive Care Unit                                   | Yes      |             |       |
| Hosp  | Intermediate Care Unit                                | Yes      |             |       |
| Hosp  | Interventional Cardiac Catheterization                | Yes      |             |       |
| Hosp  | Isolation room  | Yes      |             |       |
| Hosp  | Kidney  | Yes      |             |       |
| Hosp  | Liver   | Yes      |             |       |
| Hosp  | Lung  | Yes      |             |       |
| Hosp  | MagneticResonance Imaging (MRI)                       | Yes      |             | Yes   |
| Hosp  | Mammograms  | Yes      |             | Yes   |
| Hosp  | Mobile Health Services                                | Yes      | Yes         |       |
| Hosp  | Multislice Spiral Computed Tomography (<64 slice CT)  | Yes      |             | Yes   |
| Hosp  | Multislice Spiral Computed Tomography (<64+ slice CT) | Yes      |             |       |
| Hosp  | Neonatal  | Yes      |             |       |
| Hosp  | Neurological services                                 | Yes      |             |       |
| Hosp  | Obstetrics / Prenatal                                 | Yes      | Yes         | Yes   |
| Hosp  | Occupational Health Services                          | Yes      |             | Yes   |
| Hosp  | Oncology Services                                     | Yes      |             | Yes   |
| Hosp  | Orthopedic Services                                   | Yes      |             | Yes   |
| Hosp  | Outpatient Surgery                                    | Yes      |             | Yes   |
| Hosp  | Pain Management                                       | Yes      |             | Yes   |
| Hosp  | Palliative Care Program                               | Yes      |             | Yes   |
| Hosp  | Pediatric   | Yes      |             | Yes   |
| Hosp  | Physical Rehabilitation                               | Yes      |             | Yes   |
| Hosp  | Positron Emission Tomography (PET)                    | Yes      |             |       |
| Hosp  | Positron Emission Tomography/CT (PET/CT)              | Yes      |             |       |

| Inventory of Health Services 2025 - Boone Health Primary Service Area |  |          |             |       |
|---|--|----------|-------------|-------|
| Cat   | Healthcare Services Offered in County: Yes / No        | Hospital | Health Dept | Other |
| Hosp  | Psychiatric Services                                   | Yes      | Yes         | Yes   |
| Hosp  | Radiology, Diagnostic                                  | Yes      |             | Yes   |
| Hosp  | Radiology, Therapeutic                                 | Yes      |             | Yes   |
| Hosp  | Reproductive Health                                    | Yes      |             | Yes   |
| Hosp  | Robotic Surgery  | Yes      |             |       |
| Hosp  | Shaped Beam Radiation System 161                       | Yes      |             |       |
| Hosp  | Single Photon Emission Computerized Tomography (SPECT) | Yes      |             |       |
| Hosp  | Sleep Center   | Yes      |             | Yes   |
| Hosp  | Social Work Services                                   | Yes      | Yes         | Yes   |
| Hosp  | Sports Medicine  | Yes      |             |       |
| Hosp  | Stereotactic Radiosurgery                              | Yes      |             |       |
| Hosp  | Swing Bed Services                                     |          |             |       |
| Hosp  | Transplant Services                                    | Yes      |             |       |
| Hosp  | Trauma Center  | Yes      |             |       |
| Hosp  | Ultrasound   | Yes      |             | Yes   |
| Hosp  | Women's Health Services                                | Yes      | Yes         | Yes   |
| Hosp  | Wound Care   | Yes      |             | Yes   |
| SR  | Adult Day Care Program                                 |          |             | Yes   |
| SR  | Assisted Living  |          |             | Yes   |
| SR  | Home Health Services                                   |          |             | Yes   |
| SR  | Hospice  | Yes      |             | Yes   |
| SR  | LongTerm Care  | Yes      |             | Yes   |
| SR  | Nursing Home Services                                  | Yes      |             | Yes   |
| SR  | Retirement Housing                                     |          |             | Yes   |
| SR  | Skilled Nursing Care                                   | Yes      |             | Yes   |
| ER  | Emergency Services                                     | Yes      |             |       |
| ER  | Urgent Care Center                                     | Yes      |             | Yes   |
| ER  | Ambulance Services                                     | Yes      |             |       |
| SERV  | Alcoholism-Drug Abuse                                  | Yes      | Yes         | Yes   |
| SERV  | Blood Donor Center                                     |          |             | Yes   |
| SERV  | Chiropractic Services                                  |          |             | Yes   |
| SERV  | Complementary Medicine Services                        | Yes      |             | Yes   |
| SERV  | Dental Services  | Yes      |             | Yes   |
| SERV  | Fitness Center   |          |             | Yes   |
| SERV  | Health Education Classes                               | Yes      | Yes         | Yes   |
| SERV  | Health Fair (Annual)                                   | Yes      |             |       |
| SERV  | Health Information Center                              | Yes      | Yes         |       |
| SERV  | Health Screenings                                      | Yes      | Yes         |       |
| SERV  | Meals on Wheels  | Yes      |             | Yes   |
| SERV  | Nutrition Programs                                     | Yes      | Yes         |       |
| SERV  | Patient Education Center                               | Yes      |             |       |
| SERV  | Support Groups   | Yes      |             | Yes   |
| SERV  | Teen Outreach Services                                 |          | Yes         | Yes   |
| SERV  | Tobacco Treatment / Cessation Program                  | Yes      | Yes         |       |
| SERV  | Transportation to Health Facilities                    | Yes      | Yes         | Yes   |
| SERV  | Wellness Program                                       | Yes      | Yes         |       |

## YR 2025 Update - Physician Manpower - Boone Health PSA

| # of FTE Providers                  | Supply Working in Service Area |                                  |                |
|-------------------------------------|--------------------------------|----------------------------------|----------------|
|                                     | PSA Based MD or DO             | Visiting DRs to Boone Hosp (FTE) | PSA Based APPS |
| <b>Primary Care:</b>                |                                |                                  |                |
| Family Practice                     | 110                            |                                  | 31             |
| Internal Medicine                   | 32                             |                                  | 1              |
| Obstetrics/Gynecology               | 30                             |                                  | 1              |
| Pediatrics                          | 95                             | 15.0                             | 1              |
| <b>Medicine Specialists:</b>        |                                |                                  |                |
| Allergy/Immunology                  | 1                              |                                  | 3              |
| Cardiology                          | 29                             |                                  | 27             |
| Dermatology                         | 15                             |                                  | 15             |
| Endocrinology                       | 14                             |                                  | 3              |
| Gastroenterology                    | 22                             |                                  | 5              |
| Oncology/RADO                       | 16                             |                                  | 3              |
| Infectious Diseases                 | 8                              |                                  | 0              |
| Nephrology                          | 15                             |                                  | 3              |
| Neurology                           | 19                             |                                  | 5              |
| Psychiatry                          | 26                             |                                  | 12             |
| Pulmonary                           | 25                             |                                  | 11             |
| Rheumatology                        | 4                              |                                  | 0              |
| <b>Surgery Specialists:</b>         |                                |                                  |                |
| General Surgery                     | 19                             |                                  | 20             |
| Neurosurgery                        | 8                              |                                  | 2              |
| Ophthalmology                       | 22                             |                                  | 1              |
| Orthopedics                         | 34                             |                                  | 17             |
| Otolaryngology (ENT)                | 12                             |                                  | 1              |
| Plastic/Reconstructive              | 5                              |                                  | 2              |
| Thoracic/Cardiovascular/Vasc        | 5                              |                                  | 4              |
| Urology                             | 11                             |                                  | 2              |
| <b>Hospital Based Specialists:</b>  |                                |                                  |                |
| Anesthesia/Pain                     | 51                             |                                  | 55             |
| Emergency                           | 83                             |                                  | 19             |
| Radiology                           | 49                             |                                  | 2              |
| Pathology                           | 25                             |                                  | 4              |
| Hospitalist *                       | 56                             |                                  | 6              |
| Neonatal/Perinatal / Maternal Fetal | 15                             |                                  | 13             |
| Physical Medicine/Rehab             | 20                             |                                  | 49             |
| Others                              | 2                              |                                  | 14             |
| Audiology                           | 35                             |                                  |                |
| Chiropractors                       | 76                             |                                  |                |
| Optometrist                         | 12                             |                                  |                |
| Dentists                            | 9                              |                                  |                |
| Podiatry                            | 8                              |                                  |                |
| <b>TOTALS</b>                       | <b>989</b>                     | <b>15.0</b>                      | <b>332</b>     |

\*\* Pediatric Cardiology Washington University (St. Louis) -monthly one 8-hour shift every second Wed.

# Area Health Services Directory

## Boone County Year 2025

### Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

### Non-Emergency Numbers

Boone County Sheriff (573) 875-1111

Boone County Ambulance (573) 815-6823

Boone County Fire (573) 447-5000

### **Adoption and Foster Care**

Central Missouri Foster Care & Adoption  
1704 Christy Court Ste 400  
Jefferson City, MO 65101  
(573) 298-0258

Coyote Hill Foster Care Ministries  
9501 W Coyote Hill Road  
Harrisburg MO 65256-0001  
(573) 874-0179

KVC Missouri  
409 Vandiver West Bldg. 7  
Columbia MO 65202  
1-844-424-3577

### **Assisted Living/Nursing Homes**

EverTrue - Lenoir Woods  
3710 Lenoir St  
Columbia MO 65201-5463  
(573) 876-5800

Baptist Homes of Ashland  
5751 Baptist Home Ave  
Ashland MO 65010-9707  
(573) 657-0506

Bluff Creek Terrace Assisted Living  
3104 Bluff Creek Dr  
Columbia MO 65201-3524  
(573) 815-9111

Colony Pointe  
1510 Chapel Hill Rd  
Columbia MO 65203-5457  
(573) 234-1193

Solstice Senior Living  
109 N Keene St  
Columbia MO 65201-6883  
(573) 443-2007

### **Associations/Organizations**

Missouri State High School Activities Assoc.  
1 N Keene St  
Columbia MO 65201-6645  
(573) 875-4880

Assistance League of Mid-MO/  
Upscale Resale  
1729 W Broadway Ste 1A  
Columbia MO 65203-1112  
(573) 445-3848

Columbia Board of REALTORS®  
311 Bernadette Dr. Suite A  
Columbia MO 65203  
(573) 446-2400

First Chance for Children  
1002 Fay Street  
Columbia MO 65201-4716  
(573) 777-1815

Home Builders Association Of Columbia  
2531 Bernadette Drive  
Columbia Mo 65203  
573-443-8622

Missouri Pork Association  
6235 W Cunningham Dr  
Columbia MO 65202-9811  
(573) 445-8375

Missouri Press Association  
802 Locust St  
Columbia MO 65201-7799  
(573) 449-4167

Missouri School Boards' Association  
2100 I 70 Dr SW  
Columbia MO 65203-4685  
(573) 445-9951

Show-Me State Games  
1400 Rock Quarry Rd Entrance # 5  
Columbia MO 65211-0001  
(573) 882-2101

The District  
11 S 10th St  
Columbia MO 65201-5009  
(573) 442-6816

The Loop  
14 Business Loop 70 E  
Columbia MO 65203

The Missouri Symphony  
29 S 9th Street Suite 211  
Columbia MO 65201  
(573) 875-0600

The Mizzou Advancement & Alumni Association  
123 Reynolds Alumni Ctr  
Columbia MO 65211-0001  
(573) 882-6611

University of Missouri Flagship Council  
3610 Buttonwood, Suite 200  
Columbia MO 65201  
(573) 886-8929

### **Business Services**

First Mid Insurance Group  
300 Ellis Blvd  
Jefferson City MO 65101  
(309) 981-7834  
RADAR  
1111 Madison St Suite 105  
Columbia MO 65203  
(573) 777-4199

M & T Government Solutions LLC  
500 East Walnut Street Suite 102  
Columbia MO 65201  
1-573-424-1018

Main Street Summit  
307 N. 10th Street  
Columbia MO 65203

Mid Missouri Drug Testing Collections, Inc.  
405 B Bernadette Dr  
Columbia MO 65203  
(573) 234-1872

The Fishman Center for Entrepreneurship –  
Columbia College  
1001 Rogers 109 New Hall  
Columbia MO 65201  
(573) 876-1128

### **Chiropractors**

Focus on Health Chiropractic  
4200 Merchant St Ste 105  
Columbia MO 65203-5816  
(573) 777-5900

Restoration Chiropractic  
1413 Grindstone Plaza Dr. Ste 109  
Columbia MO 65201  
(573) 476-1000

The Wellness Way-Columbia  
2401 Bernadette Dr Suite 209  
Columbia MO 65203  
(573) 443-6828

### **Counseling**

Compass Health Incorporated  
3501 Berrywood Dr  
Columbia MO 65201  
(573) 875-6607

First Presbyterian Church  
16 Hitt St  
Columbia MO 65201-7936  
(573) 442-1164

The Counseling Hub  
2804 Forum Blvd. Suite 4  
Columbia MO 65203  
(573) 586-3204

### **Day Care & Child Development**

Super Start Preschool and  
Infant Care  
300 Portland St, 100 100  
Columbia MO 65201  
(573) 645-6967

Tiger Tots Child Development  
Center  
1609 Paris Road Ste 101  
Columbia Missouri 65201  
(573) 441-0919

### **Dentists**

Warren A. Lawson, DDS MSD  
601 W Nifong Blvd Ste 4B  
Columbia MO 65203  
(573) 256-2121

Bear Creek Family Dental  
2601 Rangeline St, Suite 111  
Columbia MO 65202  
(573) 355-5870

Bryan G. Foote, DDS, LLC  
601 W Nifong Blvd Ste 4A  
Columbia MO 65203-6804  
(573) 449-2311

Central Missouri Orthodontists  
1100 Club Village Dr. Suite 103  
Columbia MO 65203-1997  
(573) 446-7259

Chase Patton, DDS  
3005 Falling Leaf Ct  
Columbia Missouri 65201  
(573) 875-7040

Colin A Malaker DDS PC  
3408 Buttonwood Dr  
Columbia MO 65201  
(573) 256-7891

Columbia Dentistry for Children  
1000 W Nifong Blvd #6-130  
Columbia MO 65203  
(573) 874-1990

CoMo Pediatric Dentistry LLC  
1316 Old 63 South, Suite 201  
Columbia MO 65203  
(573) 443-2544

Dentistry By Design  
1101 Club Village Dr 106  
Columbia MO 65203

Letrisha A. Thomas DDS, PC  
DBA Thomas Family Dental  
1 E. Broadway; Suite A  
Columbia MO 65203  
(573) 449-2858

Mary Davis, DDS, LLC  
3111 Keene Court  
Columbia MO 65201  
573-442-1869

ProDental  
1700 East Pointe Drive,  
Suite 300  
Columbia MO 65201  
(573) 443-1525

Sally C. Powell, DDS, LLC  
2001 Corona Dr Ste. 301  
Columbia MO 65203-5924  
(573) 474-8566

Summit Dental  
2310 Forum Blvd, Suite A  
Columbia MO 65203  
(573) 446-0032

Willett Dental Associates  
1601 Chapel Hill Rd Ste C  
Columbia MO 65203-5459  
(573) 445-5300

### **Developmental Disabilities**

Boone Supported Living, LLC  
2412 Forum Blvd  
Columbia MO 65203  
(573) 514-7662

Impact Support Services  
1605 Chapel Hill Rd Suite B  
Columbia MO 65203  
(573) 474-9446

Boone County Family  
Resources  
2700 W Ash St  
Columbia MO 65203  
(573) 874-1995

Woodhaven  
1405 Hathman Pl  
Columbia MO 65201-5552  
(573) 875-6181

### **Drug Stores & Pharmacies**

Shangri-La South  
3919 Peachtree Dr.  
Columbia MO 65203  
1-888-991-9222

D&H Drugstore  
1814 Paris Rd  
Columbia MO 65201-5538  
(573) 777-7373

Flow's Pharmacy  
1506 East Broadway  
Columbia MO 65201  
(573) 449-5366

Kilgore's Medical Pharmacy  
1608 Chapel Hill Rd, Ste. E  
Columbia MO 65203-4373  
(573) 442-0194

### **Education**

Christian Fellowship School  
4600 Christian Fellowship Rd  
Columbia MO 65203-0200  
(573) 445-8565

Columbia Area Career Center  
4203 S Providence Rd  
Columbia MO 65203-7199  
(573) 214-3800

Columbia Board of Education  
1818 W Worley St  
Columbia MO 65203-1038  
(573) 214-3400

Columbia College  
1001 Rogers St  
Columbia MO 65216-0001  
(573) 875-8700

Fr. Tolton Catholic High School  
3351 E Gans Rd  
Columbia MO 65201-8989  
(573) 445-7700

Moberly Area Community  
College (MACC)  
601 Business Loop 70 W Ste  
216  
Columbia MO 65203-2599  
(573) 234-1067

Stephens College  
1200 E Broadway  
Columbia MO 65215-0001  
(573) 876-7210

University of Missouri  
111 Jesse Hall  
Columbia MO 65211-6300  
(573) 882-4523

Central Methodist University  
1400 Forum Blvd Ste 16  
Columbia MO 65203  
(660) 248-6378

Columbia Academy for  
Learning and Enrichment  
2201 West Nifong Boulevard  
Columbia, MO 65203-9556  
(573) 777-1300

Columbia Independent School  
1801 N Stadium Blvd  
Columbia MO 65202-1330  
(573) 777-9250

Ellis Fischel Cancer Center  
1 Hospital Drive DC018.0  
Columbia MO 65212  
(573) 882-2100

Escuelita Alegría: Spanish  
Immersion Preschool  
16 Hitt Street  
Columbia MO 65201  
(573) 823-8085

Grade A Plus Incorporated  
601 Business Loop 70 W  
Ste 106  
Columbia Missouri 65203  
(573) 213-6095

Job Point  
400 Wilkes Blvd  
Columbia MO 65201-4340  
(573) 474-8560

Missouri Charter Public School  
Association  
2300 Main St. Suite 900  
Kansas City MO 64108  
(314) 776-3551

Missouri Community College  
Association (MCCA)  
2420 HYDE PARK ROAD,  
SUITE B  
JEFFERSON  
CITY Missouri 65109  
(573) 634-8787

Mizzou Online  
136 Clark Hall  
Columbia MO 65211  
(573) 884-3153

MU Adventure Club  
101 Park DeVille Drive Ste D  
Columbia MO 65203  
(573) 884-2562

MU Health Care Women's  
Hospital  
404 N Keene Street DC 519  
Columbia MO 65201  
(573) 884-0724  
Ranken Technical College  
Ranken Technical College

4431 Finney Avenue  
Saint Louis MO 63113  
(314) 286-3305

Robert J. Trulaske, Sr. College  
of Business  
407 Cornell Hall  
Columbia MO 65211-6300  
(573) 882-6688

State Tech Foundation  
1 Technology Drive  
Linn MO 65051  
(573) 897-5135

The Mizzou Advancement &  
Alumni Association  
123 Reynolds Alumni Ctr  
Columbia MO 65211-0001  
(573) 882-6611

Tiger Tots Child Development  
Center  
1609 Paris Road Ste 101  
Columbia Missouri 65201  
(573) 441-0919

University of Missouri - College  
of Education  
118 Hill Hall  
Columbia MO 65211  
(573) 882-0243

University of Missouri - MU  
Testing Services  
406 S. 6th Street, 3 Parker Hall  
Columbia MO 65211  
(573) 882-4801

University of Missouri College  
of Veterinary Medicine  
W205 Vet Med Bldg  
Columbia MO 65211-0001  
(573) 884-2215

University of Missouri  
Department of Intercollegiate  
Athletics  
Mizzou Arena Ste 200 1  
Champions Drive  
Columbia MO 65211-3090  
(573) 882-2061

University of Missouri  
Extension - Boone County  
Office  
1012 N. Highway UU  
Columbia MO 65203  
(573) 445-9792

University of Missouri School of  
Medicine  
1 Hospital Dr MA204, DC018  
Columbia MO 65212-0001  
(573) 884-0298

University of Missouri School of  
Music  
135 Fine Arts Bldg  
Columbia MO 65211  
(573) 882-2604

University of Missouri Sinclair  
School of Nursing  
S215 School of Nursing  
Columbia MO 65211  
(573) 882-0278

University of Missouri System  
321 University Hall  
Columbia MO 65211-3020  
(573) 882-2011

**Funeral Homes & Memorial Parks**

Bach-Yager Funeral Chapel  
1610 N Garth Ave  
Columbia MO 65202-1551  
(573) 441-2932

Memorial Funeral Home  
Cemetery & Crematory  
1217 Business Loop 70 W  
Columbia MO 65202-1331  
(573) 443-3173

Missouri River Monument Co.  
1436 W Ashley Rd  
Boonville MO 65233-2112  
(660) 882-7773

Parker-Millard Funeral Service  
and Crematory  
12 E Ash St  
Columbia MO 65203-4121  
(573) 442-7112

**Government**

Boone County Community  
Services Department  
107 N. 7th St.  
Columbia MO 65201  
(573) 886-4298

Boone County Government  
801 E Walnut St Rm. 333  
Columbia MO 65201-7732  
(573) 886-4305

City of Columbia  
701 E Broadway  
Columbia MO 65201  
(573) 874-2479

Mid Missouri Fisher House  
800 Hospital Drive  
Columbia MO 65201  
(573) 601-9348

Boone County Family  
Resources  
2700 W Ash St  
Columbia MO 65203  
(573) 874-1995

Boone County Regional Sewer  
District  
1314 N 7th St  
Columbia MO 65201-3902  
(573) 443-2774

Columbia Housing Authority  
201 Switzler St  
Columbia MO 65203-4156  
(573) 443-2556

Columbia Police Officers Assn.,  
FOP #26  
1301 Vandiver Dr Ste 102  
Columbia MO 65202-3918

Grote & Associates Inc.  
PO Box 638  
Columbia MO 65205  
(573) 256-7060

Missouri Job Center - Columbia  
101 Park De Ville Dr Ste E  
Columbia MO 65203  
(573) 441-6361

MODOT  
1511 Missouri Blvd  
Jefferson City MO 65102  
(573) 751-7685

Office of Congressman Mark  
Alford  
2401 Bernadette Dr. Suite 117  
Columbia MO 65203  
(573) 540-6600

Polsinelli PC  
630 Bolivar St Ste 201  
Jefferson City MO 65101-1716  
573-636-8135

**Health - Managed Care**

CenterPointe Hospital of  
Columbia  
1201 International Drive  
Columbia MO 65202  
(573) 615-2001

Family Focus Eyecare  
725 S SCOTT BLVD Suite 101  
Columbia MO 65203  
(573) 268-0468

MU Health Care Occupational  
Medicine  
2003 W. Broadway Ste 100  
Columbia MO 65203  
(573) 256-7637

CSL Plasma  
1325 Grindstone Plaza Dr #107  
Columbia MO 65201  
(573) 615-1642

Meals On Wheels of Columbia  
800 Hospital Dr  
Columbia MO 65201-5275  
(573) 886-7554

Performance Eyecare  
30 E Southampton Dr Unit 109  
Columbia MO 65203  
(573) 874-3937

**Health & Fitness  
Clubs/Personal Training**

HOTWORX 24 Hour Infrared  
Fitness Studio  
2703 E. Broadway Suite 127  
Columbia MO 65201  
(573) 777-9679

Mid-MO Personal Training LLC  
dba The Exercise Coach  
1517 Chapel Hill Rd Ste 200  
Columbia MO 65203  
(573) 818-7983

OHM Fitness  
1406 Forum Blvd suite 101  
columbia MO 65203  
(573) 424-3183

Orangetheory Fitness -  
Columbia  
3103 W. Broadway #115  
Columbia MO 65203  
(573) 381-0388

Planet Fitness  
2101 W. Broadway Suite JJ  
Columbia MO 65202  
(573) 355-5858

Simple Solutions Fitness  
3930 South Providence Road  
Ste. B  
Columbia MO 65203  
(573) 443-1495

**Health & Well Being**

MidMo Cryo  
3408 Oakland Place  
Columbia MO 65202  
(573) 298-5466

Retuva Dry Eye and MedSpa  
3301 W. Broadway Business  
Park Ct Suite E  
Columbia MO 65023  
(573) 890-4283

Achieve Balance Chiropractic  
2700 Forum Blvd  
Columbia MO 65203-5615  
(573) 442-5520

Acupuncture of Columbia Inc  
900 Rain Forest Pkwy Ste B  
Columbia MO 65202  
(573) 303-5522

Alzheimer's Association  
Greater Missouri Chapter  
2609 E. Broadway Ste 119  
Columbia MO 65201  
(573) 443-8665

American Heart Association  
PO Box 411364  
St. Louis MO 63141  
(573) 814-9908

Columbia Foot Care  
1121 Business Loop 70 Suite  
2B  
Columbia MO 65201  
(573) 356-7566

Healium  
1906 Corona Rd. Ste 200  
Columbia MO 65203  
(573) 214-0504

KVC Missouri  
409 Vandiver West Bldg. 7  
Columbia MO 65202  
1-844-424-3577

Lumia, Inc. (Lumia Med Spa)  
2011 Chapel Plaza Ct Ste 111  
Columbia MO 65203  
(573) 222-0158

Navigate Wellness, LLC  
2100 E Broadway Suite 105  
Columbia MO 65201  
(573) 220-8336

Restoration Chiropractic  
1413 Grindstone Plaza Dr. Ste  
109  
Columbia MO 65201  
(573) 476-1000

Softwave Therapy Columbia  
2401 Bernadette Dr, STE 209  
Columbia MO 65203  
(573) 289-0944

Transform Yourself, LLC  
7 S. Blue Jay Way  
Columbia MO 65203  
(314) 440-8184

Valley Hope of Boonville  
1415 W Ashley Rd  
Boonville MO 65233  
(660) 882-6547

### **Health Food**

Golden Nutrition  
2703 E Broadway 139  
Columbia MO 65201  
(816) 721-0090

### **Healthcare Organizations/Equipment**

Boone Health  
1600 E Broadway  
Columbia MO 65201-5844  
(573) 815-8000

Phoenix Home Care, Inc.  
1410 I 70 Dr SW Ste 100  
Columbia MO 65203-2068  
(573) 442-9911

Surgery Center at the Forum  
1410 Forum Katy Parkway Ste  
102  
Columbia Missouri 65203  
(573) 397-6556

Body of Health, LLC  
401 N. Keene Street Suite  
102 Suite 102  
Columbia MO 65201  
(573) 615-4848

Boone Health Medical Group  
1600 E Broadway  
Columbia MO 65201  
(573) 815-8000

Boone Hospital Foundation  
1600 E. Broadway, Box 88  
Columbia MO 65201  
(573) 815-2801

HiTek Limb & Brace O & P  
1101 Lakeview Ave  
Columbia MO 65201  
(573) 817-1792

Masonic Home of Missouri  
6033 Masonic Dr Ste A  
Columbia MO 65202-6538  
(573) 814-4663

Missouri Cardiovascular  
Specialist/MO Heart Center  
1605 E Broadway Ste 300  
Columbia MO 65201-5843  
(573) 256-7700

Retina Associates of Missouri,  
P.C.  
3600 Amron Court  
Columbia MO 65202  
573-874-1616

### **Home Health Care**

Phoenix Home Care, Inc.  
1410 I 70 Dr SW Ste 100  
Columbia MO 65203-2068  
(573) 442-9911

Gentle Hands United In Home  
Care LLC  
2909 Falling Leaf Ln Ste D  
Columbia MO 65201  
(573) 590-0449

Home Instead  
3400 Broadway Business Park  
CT #102  
Columbia MO 65203  
(573) 442-4333

Kilgore Respiratory Services  
1815 Chapel Hill Suite 210  
Columbia MO 65203-5420  
(573) 442-8338

Nurses and Company Home  
Healthcare Services  
1513 Union Ave. Ste. 2200  
Moberly Missouri 65270  
(660) 263-1517

Village Caregiving  
3610 Buttonwood Dr Suite 233  
Columbia MO 65201  
(573) 801-8129

### **Hospice**

ACG Hospice  
303 N Keene St Ste 306  
Columbia MO 65201  
(573) 542-0920

Compassus Hospice &  
Palliative Care  
303 N Keene St  
Columbia MO 65201-6673  
(573) 443-8360

## **Hospitals**

Boone Health  
1600 E Broadway  
Columbia MO 65201-5844  
(573) 815-8000

CenterPointe Hospital of  
Columbia  
1201 International Drive  
Columbia MO 65202  
(573) 615-2001

Friends of Mid-Missouri Fisher  
House - Columbia MO  
PO Box 30681  
Columbia MO 65205  
(573) 723-1092

Harry S. Truman Memorial  
Veterans' Hospital  
800 Hospital Dr  
Columbia MO 65201-5275  
(573) 814-6000

MU Health Care  
One Hospital Dr  
Columbia MO 65212-0001  
(573) 882-4141

Rusk Rehabilitation Hospital  
315 Business Loop 70 W  
Columbia MO 65203-3248  
(573) 817-2703

MU Health Care Missouri  
Orthopaedic Institute  
1100 Virginia Ave  
Columbia MO 65212-0001  
(573) 882-3104

MU Health Care Women's  
Hospital  
404 N Keene Street DC 519  
Columbia MO 65201  
(573) 884-0724

## **Insurance**

Assured Partners Insurance  
Agency  
1515 Chapel Hill Rd  
Columbia MO 65203  
(573) 874-3102

Buchholz Insurance Agency  
914 College Ave Ste 1  
Columbia, Missouri MO 65201  
(573) 629-6125

Columbia Insurance  
2102 White Gate Drive  
Columbia MO 65202  
(573) 474-6193

MEM  
101 N Keene St  
Columbia MO 65201-6619  
(573) 499-9714

Shelter Insurance Companies-  
Main Office  
1817 W Broadway  
Columbia MO 65218-0001  
(573) 445-8441

TIG Advisors  
200 E Southampton Dr Ste 200  
Columbia MO 65203  
(573) 875-4800

American Family Insurance  
5617 Abercorn Dr.  
Columbia MO 65203  
(314) 707-4474

American Family Mutual  
Insurance Company, S.I.  
3710 Atwood Ct  
Columbia MO 65202  
(608)243-6500 (ext. 48976)

Collin McCarty Insurance &  
Investment  
106 Corporate Lake Drive  
Columbia MO 65203  
(573) 256-2960

COUNTRY Financial - Matt  
Bear, Agent  
914 N COLLEGE AVE STE 1  
COLUMBIA MO 65201  
(573) 442-0318

First State Insurance Agency  
300 Diego Drive  
Columbia MO 65203  
(573) 818-3523

Harrison Agency, Inc.  
2100 White Gate Dr  
Columbia MO 65202-3637  
(573) 474-9537

Innovated Holdings, Inc.  
19 S. 6 St  
Columbia MO 65201  
(573) 817-2481

Insurance Plus LLC  
1604 B Business Loop 70W  
Columbia MO 65202  
(573) 615-0291

Kasmann Insurance Agency,  
Inc  
116 N Garth Ave  
Columbia MO 65203  
(573) 442-1105

LaBrunerie Financial Services,  
Inc.  
601 W Nifong Blvd Ste 3B  
Columbia MO 65203-6804  
(573) 449-5313

Legacy Advisors  
401 Locust St Suite 202  
Columbia MO 65201  
(573) 554-5975

Mutual of Omaha Companies  
910 N College Ave Ste 5  
Columbia MO 65201-4797  
(573) 449-0359

Senior Benefit Services, a  
Division of MMG, Inc.

801 Gray Oak Dr  
Columbia MO 65201-3731  
(573) 443-5007

Senior Marketing Specialists, a  
Division of MMG, Inc.  
801 Gray Oak Dr  
Columbia MO 65201-3731  
(573) 443-3155

Shelter Insurance - Krista  
Kippenberger Agency  
1729 W Broadway Ste 8  
Columbia MO 65203  
(573) 445-1749

Shelter Insurance - Mike  
Messer Agency LLC  
908 Rain Forest Pkwy Ste C  
Columbia MO 65202-1657  
(573) 442-5291

Shelter Insurance - Valerie  
Ninichuck Agency  
1729 West Broadway Ste 8  
Columbia MO 65203  
(573) 615-4090

Signature Adjustment Group  
LLC  
503 E Nifong Blvd. #146  
Columbia MO 65201  
(816) 516-8374

State Farm Insurance - Brian  
Hazelrigg, Agent  
2415 Carter Ln Ste 100  
Columbia MO 65201-5898  
(573) 445-1687

State Farm Insurance - Phyllis  
Nichols, Agent  
1006 West Blvd N Ste102  
Columbia MO 65203-2475  
(573) 443-8727

State Farm Insurance -  
Stephanie Wilmsmeyer, Agent  
2609 E Broadway Ste 214  
Columbia MO 65201-6398  
(573) 445-5774

SuretyBonds.com  
803 E Walnut Street 5th Floor  
Columbia MO 65201  
(800) 308-4358

True Line Title Company, LLC  
110 E Ash St  
Columbia MO 65203-4123  
(573) 442-5554

Winter-Dent & Company  
3610 Buttonwood Dr, STE 310  
Columbia MO 65201  
(573) 449-8100

### **Legal Services**

Evans & Dixon L.L.C.  
3621 Discovery Parkway, Suite  
107  
Columbia MO 65201-4210  
(573) 777-8823

Duckworth Injury Law  
1001 Cherry St Suite 104  
Columbia MO 65201  
(573) 630-3825

### **Libraries**

Daniel Boone Regional Library  
100 W. Broadway  
Columbia Missouri 65203  
(573) 443-3161

### **Long Term Care Insurance**

Harrison Agency, Inc.  
2100 White Gate Dr  
Columbia MO 65202-3637  
(573) 474-9537

### **Medical - Clinics & Medical Groups**

CenterPointe Hospital of  
Columbia  
1201 International Drive  
Columbia MO 65202  
(573) 615-2001

Liberty Family Medicine  
2614 Forum Blvd Suite 100  
Columbia Missouri 65203  
(573) 445-5366

Preferred Clarity Healthcare  
1805 E Walnut Street  
Columbia MO 65201  
(573) 476-0030

Advanced Radiology of  
Columbia  
311 N Keene St  
Columbia MO 65201-6623  
(573) 442-1788

Andrew Stone Optometry  
2012 Cherry Hill Dr Ste 201  
Columbia MO 65203-5882  
(573) 445-7750

Big Tree Medical  
200 Corporate Lake Dr.  
Columbia MO 65203  
(573) 814-1170

Boone Health Medical Group  
1600 E. Broadway, 65201

- Breast Care
- Cancer Care
- Childbirth & Newborn Services
- Community Wellness
- Convenient Care
- CPR AED Training
- Diabetes and Endocrinology
- Digestive Medicine (Gastroenterology)
- Ear, Nose and Throat Services
- Emergency Department
- General Surgery
- GYN Oncology & Surgery

- Heart and Vascular Care
- Infectious Diseases
- Intensive Care
- Inpatient Rehabilitation
- Lab Services
- Neurology
- Neurosurgery & Spine Center
- NICU
- Occupational Medicine
- Orthopaedic Care
- Pain Management
- Pharmacy
- Primary Care
- Pulmonary & Sleep Medicine
- Radiology
- Rheumatology
- Sleep Medicine
- Stroke Center
- Surgery
- Therapy Services
- Urology Care
- Vascular Surgery
- Wound Healing

Boone Medical Group High  
Risk Breast Clinic  
1605 E. Broadway  
Columbia, MO 65201  
Broadway Medical Plaza 2,  
Suite 200

Concannon Plastic Surgery  
3115 Falling Leaf Lane  
Columbia MO 65201  
(573) 999-7546

GameDay Mens Health  
108 E Green Meadows Rd Unit  
6  
Columbia MO 65203  
(573) 255-8660

Lancaster Medical Associates,  
LLC  
201 W Broadway Bldg 1 Suite  
B  
Columbia MO 65203  
(573) 721-9141

Boone Health Neurosurgery  
1605 E. Broadway, Suite 100  
Columbia MO 65201  
(573) 815-8242

Missouri ONDAMED  
29 S. 9th Suite 205  
Columbia MO 65201  
(573) 815-0662

Nichols Mohs & Skin Surgery  
303 N Keene St Ste 201  
Columbia MO 65201-7193  
(573) 876-1000

RAWmedical LLC  
3706 Cross Timber Ct  
Columbia MO 65203  
(573) 445-1977

Select Physical Therapy  
105 N Keene Street Suite 101  
Columbia MO 65201  
(573) 874-0001

Synergos Medical, LLC  
401 North Keene St  
Columbia MO 65201  
(573) 424-8045

The Hero Clinic  
103A Corporate Lake Drive  
Columbia MO 65203  
(573) 415-2444

The Longevity Clinic  
100 S Keene St  
Columbia MO 65201  
(573) 968-6822

University of Missouri School of  
Medicine  
1 Hospital Dr MA204, DC018  
Columbia MO 65212-0001  
(573) 884-0298

Women's Health Associates  
1601 E Broadway Ste 100  
Columbia MO 65201-5821  
(573) 443-8796

Women's Wellness Center, Inc.  
4718 Forum Blvd  
Columbia MO 65203  
(573) 449-9355

**Medical - Equipment &  
Services**

American Air Filter International  
(AAF Flanders)  
2100 Nelwood Dr  
Columbia MO 65202-2392  
(573) 514-6180

D&H Drugstore  
1814 Paris Rd  
Columbia MO 65201-5538  
(573) 777-7373

Kilgore's Medical Pharmacy  
1608 Chapel Hill Rd, Ste. E  
Columbia MO 65203-4373  
(573) 442-0194

Nanova Biomaterials, Inc.  
3806 Mojave Ct  
Columbia MO 65202-4041  
(573) 875-6682

**Mental Health Services**

Avant Supported Living  
1805 W Worley St  
Columbia MO 65203  
(573) 207-2070

Boone Supported Living, LLC  
2412 Forum Blvd  
Columbia MO 65203  
(573) 514-7662

CenterPointe Hospital of  
Columbia  
1201 International Drive  
Columbia MO 65202  
(573) 615-2001

HeartSpace Clinic  
201 W. Broadway Bldg. 2, Ste.  
F  
Columbia MO 65203  
(573) 214-0436

Better Together Mental Health  
LLC  
3610 Buttonwood Dr, Suite  
200, Columbia,  
Columbia MO 65201  
1-573-355-8844

Compass Health Incorporated  
3501 Berrywood Dr  
Columbia MO 65201  
(573) 875-6607

Crowned Counseling-Dr.  
Christine Woods  
601 E. Broadway Suite 304  
Columbia MO 65201  
(573) 825-0672

Fortitude Recovery Services  
305 Reedsport Ridge  
Columbia MO 65203  
(813) 591-7403

Healthy Minds, LLC  
1000 W. Nifong Blvd 2-208  
Columbia MO 65203  
(573) 447-7456

KVC Missouri  
409 Vandiver West Bldg. 7  
Columbia MO 65202  
1-844-424-3577

Resilient Counseling LCSW PC  
401 West Boulevard  
North Suite D  
Columbia MO 65203  
(573) 606-8290

**Not-for-Profit Organization**

Big Brothers Big Sisters of  
Central Missouri  
4250 E Broadway Ste 1067  
Columbia MO 65201-9093  
(573) 874-3677

Boys & Girls Clubs of Columbia  
1200 N 7th St  
Columbia MO 65201-4514  
(573) 874-1697

Christina Bohn Foundation  
1900 S. Fairview Rd.  
Columbia MO 65203  
(817) 690-6350

CMSE & CMSE Giving  
Gardens  
4040 Bearfield Rd  
Columbia MO 65201  
(573) 442-6935

Columbia Art League  
207 S 9th St  
Columbia Missouri 65201  
(573) 443-8838

Columbia Chamber of  
Commerce  
300 S Providence Rd  
Columbia MO 65203  
(573) 874-1132

Confluence Church  
P.O. Box 1074  
Columbia MO 65205  
(660) 988-2940

Fr. Tolton Catholic High School  
3351 E Gans Rd  
Columbia MO 65201-8989  
(573) 445-7700

Fresh Start Sober Living  
Programs  
1101 Grand Ave  
Columbia MO 65203  
(573) 219-2170

Heart of Missouri United Way  
105 E Ash St Ste 300  
Columbia MO 65203-4147  
(573) 443-4523

Impact Support Services  
1605 Chapel Hill Rd Suite B  
Columbia MO 65203  
(573) 474-9446

LOVE Columbia  
1209 E Walnut  
Columbia MO 65201  
(573) 256-7662

Preferred Clarity Healthcare  
1805 E Walnut Street  
Columbia MO 65201  
(573) 476-0030

Scouting America - Great  
Rivers Council  
6081 W Van Horn Tavern Rd  
Columbia Missouri 65203  
(573) 449-2561

Services For Independent  
Living  
1401 Hathman Pl  
Columbia MO 65201-5552  
(573) 874-1646

Sporting Kansas City  
300 Wyandotte St  
Kansas City MO 64105

St. Raymond's Society  
3501 Lansing Ave.  
Columbia MO 65201  
(573) 777-1498

Steve & Marybeth Bohn  
1900 S. Fairview Rd.  
Columbia MO 65203  
(817) 690-6350

The Source Summit Global  
PO Box 85  
Columbia MO 65205  
(573) 823-9679

University of Missouri  
111 Jesse Hall  
Columbia MO 65211-6300  
(573) 882-4523

Alzheimer's Association  
Greater Missouri Chapter  
2609 E. Broadway Ste 119  
Columbia MO 65201  
(573) 443-8665

American Heart Association  
PO Box 411364  
St. Louis MO 63141  
(573) 814-9908

American Red Cross  
1511 South Providence  
Columbia MO 65203  
(573) 338-3773

Arrow Rock Lyceum Theatre  
114 High Street  
Arrow Rock Missouri 65320  
(660) 837-3311

Assistance League of Mid-  
MO/Upscale Resale  
1729 W Broadway Ste 1A  
Columbia MO 65203-1112  
(573) 445-3848

Boone County Family  
Resources  
2700 W Ash St  
Columbia MO 65203  
(573) 874-1995

Boone County History &  
Culture Center  
Columbia MO 65201-5460  
(573) 268-8611

Brightli  
3401 Berrywood Dr Ste 204  
Columbia MO 65201-6515  
(573) 777-8450

Catholic Charities of Central  
and Northern Missouri - JC  
1015 Edmonds St  
Jefferson City MO 65109  
(573) 635-7719

Central Missouri Community  
Action  
807-B N Providence Rd  
Columbia MO 65203-4359  
(573) 443-8706

Central Missouri Foster Care &  
Adoption  
1704 Christy Court Ste 400  
Jefferson City MO 65101  
(573) 298-0258

Central Missouri Humane  
Society  
616 Big Bear Blvd  
Columbia MO 65202-3739  
(573) 443-7387

Columbia Center for Urban  
Agriculture  
1769 W Ash St.  
Columbia MO 65203  
(573) 514-4174

Columbia Independent School  
1801 N Stadium Blvd  
Columbia MO 65202-1330  
(573) 777-9250

Columbia Police Officers Assn.,  
FOP #26  
1301 Vandiver Dr Ste 102  
Columbia MO 65202-3918

Columbia Public Schools  
Foundation  
PO Box 1234  
Columbia MO 65205-1234

Columbia Second Chance  
24687 Hwy 179  
Boonville MO 65233  
(573) 476-4352

Columbia Women's Ministry  
1900 North Providence  
Rd. Suite 210  
Columbia MO 65202  
(573) 447-6242

Combat Veterans Motorcycle  
Association Chapter 4-7  
P.O. Box 63  
Moberly MO 65270  
(816) 956-2166

Community Foundation of  
Central Missouri  
2635 S Providence Rd. #104  
Columbia MO 65203  
(573) 530-8885

Compass Health Incorporated  
3501 Berrywood Dr  
Columbia MO 65201  
(573) 875-6607

Connections to Success  
601 Business Loop 70 W Suite  
218  
Columbia MO 65201  
(636) 940-8027

Coyote Hill Foster Care  
Ministries  
9501 W Coyote Hill Road  
Harrisburg MO 65256-0001  
(573) 874-0179

Day Dreams Foundation  
1 E Broadway Ste C  
Columbia Missouri 65203  
(573) 214-2600

Dream Tree Academy 573  
800 Cherry St Suite 201  
Columbia MO 65201  
(573) 777-9704

Easterseals Midwest  
918 Bernadette Dr  
Columbia MO 65203-5007  
(573) 874-3777

Feeding Missouri  
2306 Bluff Creek Dr.  
Columbia MO 65201  
(573) 999-0529

First Chance for Children  
1002 Fay Street  
Columbia MO 65201-4716  
(573) 777-1815

FPIN - Family Physicians  
Inquiries Network  
1902 Corona Rd, Suite 201  
Columbia MO 65203  
(573) 256-2066

Fun City Youth Academy  
2101 W Broadway, Suite 103,  
PMB 108  
Columbia MO 65203  
(573) 256-1436

Girl Scouts of the Missouri  
Heartland  
PO Box 10747  
Springfield MO 65808  
1-877-312-4764

GO COMO - Columbia Public  
Transit  
126 N. 10th St.  
Columbia MO 65201  
(573) 874-2489

Heart of Missouri - Girls on the  
Run  
PO Box 30064  
Columbia MO 65205  
(573) 239-7241

Heart of Missouri CASA  
105 East Ash St Suite 102  
Columbia MO 65203  
(573) 442-4670

Home Builders Association Of  
Columbia  
2531 Bernadette Drive  
Columbia Mo 65203  
573-443-8622

in2Action  
1403 Lakewood Drive Unit-C  
Columbia MO 65202  
(573) 424-4388

James & Annelle Whitt  
Entrepreneurial Development  
Foundation  
3805 Keystone Ct  
Columbia MO 65203  
(573) 289-2095

Job Point  
400 Wilkes Blvd  
Columbia MO 65201-4340  
(573) 474-8560

Junior Achievement in Central  
Missouri  
2501A Bernadette Dr  
Columbia MO 65203  
(573) 514-7105

K9s On The Front Line  
3811 Collin Ct  
Jefferson City MO 65101  
(573) 338-9204

KVC Missouri  
409 Vandiver West Bldg. 7  
Columbia MO 65202  
1-844-424-3577

Local Motion  
201 W. Broadway, Building 2,  
Suite A  
Columbia Missouri 65203  
(573) 999-9894

Magnolia Ministry  
4838 Meadow Lark Lane  
Columbia MO 65201  
(573) 821-6433

Maplewood Barn Community  
Theatre  
2900 E Nifong Blvd  
Columbia MO 65201  
(573) 227-2276

Masonic Home of Missouri  
6033 Masonic Dr Ste A  
Columbia MO 65202-6538  
(573) 814-4663

Meals On Wheels of Columbia  
800 Hospital Dr  
Columbia MO 65201-5275  
(573) 886-7554

Midwest Special Needs Trust  
PO Box 7629  
Columbia MO 65205  
(573) 256-5055

Missouri Association of  
Secondary School Principals  
207 Peach Way Ste 102  
Columbia MO 65203  
(573) 445-5071

Missouri Connections for  
Health  
601 W. Nifong Blvd. Suite 3A  
Columbia MO 65203  
(573) 817-8300

Missouri Higher Education  
Loan Authority (MOHELA)  
555 Vandiver Dr  
Columbia MO 65202-1508  
(636) 733-3726

Missouri Intergovernmental  
Risk Management Association  
3002 Falling Leaf Ct  
Columbia MO 65201  
(573) 817-2554

Missouri River Relief  
914 College Ave Ste 2  
Columbia MO 65201  
(573) 268-2546

Missouri Women's Business  
Center  
807B N Providence Rd  
Columbia MO 65201  
(573) 818-2980

Mobility Worldwide MO-  
Columbia  
4825 E Meyer Industrial Dr  
Columbia MO 65201  
(573) 886-7877

My Life Clinic  
802 N Providence Rd #2  
Columbia MO 65203  
(573) 874-3561

New Horizons Community Support Services, Inc.  
1408 Hathman Place  
Columbia MO 65201-5551  
(573) 443-0405

NextGen Under 30 Foundation  
3240 W Britton Rd Ste 101  
Oklahoma City OK 73120  
(405) 816-3338

Orthopedic Foundation for Animals (OFA)  
2300 E Nifong Blvd  
Columbia MO 65201-3806  
(573) 442-0418

Powerhouse Community Development Corporation  
601 Business Loop 70 West Suite 204  
Columbia MO 65201  
(573) 723-6030

Ragtag Film Society  
10 Hitt Street  
Columbia MO 65201  
(573) 441-8504

Ranken Technical College  
4431 Finney Avenue  
Saint Louis MO 63113  
(314) 286-3305

Renew Missouri  
501 Fay St. Suite 206  
Columbia MO 65201  
(573) 303-0394

Ronald McDonald House Charities of Mid-Missouri  
1110 S College Ave  
Columbia MO 65201  
(573) 554-5455

Shoes from the Heart  
30271 State Hwy DD 30271 St Hwy DD  
Macon MO 63552  
(660) 839-0024

Show-Me Central Habitat for Humanity  
1305 Business Loop 70 E  
Columbia Mo 65201  
(573) 499-1202

The Food Bank for Central & Northeast Missouri  
2101 Vandiver Dr  
Columbia MO 65202-1910  
(573) 474-1020

The Missouri Symphony  
29 S 9th Street Suite 211  
Columbia MO 65201  
(573) 875-0600

The Salvation Army  
1108 W Ash St  
Columbia MO 65203-2140  
(573) 442-3229

Thompson Foundation for Autism & Neurodevelopment  
205 Portland Street  
Columbia MO 65201  
(573) 884-0777

True North of Columbia  
PO Box 1367  
Columbia MO 65205-1367  
(573) 875-0503 ext 2102

TRYPS Children's Theater  
2300 Bernadette Dr #918  
Columbia MO 65203  
(573) 449-4536

University of Missouri Extension  
301 Whitton Hall  
Columbia MO 65211  
(573) 884-3153

University of Missouri Flagship Council  
3610 Buttonwood, Suite 200  
Columbia MO 65201  
(573) 886-8929

Urban Empowerment  
2402 Industrial Drive  
Columbia MO 65202  
(573) 474-3163

Voluntary Action Center  
403A Vandiver Dr  
Columbia MO 65202-1663  
(573) 874-2273

Welcome Home, Inc.  
2120 Business Loop 70 East  
Columbia MO 65201-4569  
(573) 443-8001

Woodhaven  
1405 Hathman Pl  
Columbia MO 65201-5552  
(573) 875-6181

### **Optometrists & Optical Labs**

Family Focus Eyecare  
725 S SCOTT BLVD Suite 101  
Columbia MO 65203  
(573) 268-0468

Andrew Stone Optometry  
2012 Cherry Hill Dr Ste 201  
Columbia MO 65203-5882  
(573) 445-7750

### **Pharmaceuticals**

Nextrx Pharmacy  
2909 Falling Leaf Ln Ste A  
Columbia MO 65201  
(573) 545-5278

Essential Isotopes  
1513 Research Park Dr  
Columbia MO 65211-0001  
(573) 882-0245

Flow's Pharmacy  
1506 East Broadway  
Columbia MO 65201  
(573) 449-5366

### **Physical Therapy**

Peak Sport and Spine  
3301 Berrywood Dr Ste 204  
Columbia MO 65201-6622  
(573) 449-8771

Select Physical Therapy  
105 N Keene Street Suite 101  
Columbia MO 65201  
(573) 874-0001

### **Physicians & Surgeons**

Boone Health  
1600 E Broadway  
Columbia MO 65201-5844  
(573) 815-8000

Cayce Dermatology Center & Medical Spa  
2011 Corona Rd Ste 207  
Columbia MO 65203-5830  
(573) 234-1000

Columbia Orthopaedic Group  
1 S Keene St  
Columbia MO 65201-7199  
(573) 443-2402

Liberty Family Medicine  
2614 Forum Blvd Suite 100  
Columbia Missouri 65203  
(573) 445-5366

Restoration Eye Care - Timothy D. McGarity, M.D., PC.

1410 Forum Katy Pkwy Ste 100  
Columbia MO 65203  
(573) 441-7070

Advanced Radiology of Columbia  
311 N Keene St  
Columbia MO 65201-6623  
(573) 442-1788

Columbia Psychiatry, LLC  
1000 W Nifong Bldg 2 Ste 208  
Columbia MO 65203  
(573) 447-7456

Columbia Surgical Associates  
3220 Bluff Creek Dr Ste 100  
Columbia MO 65201-3225  
(573) 443-8773

Concannon Plastic Surgery  
3115 Falling Leaf Lane  
Columbia MO 65201  
(573) 999-7546

Jerry D. Kennett, MD  
1605 E Broadway Ste 300  
Columbia MO 65201-8023  
(573) 256-7700

Missouri Cardiovascular Specialist/MO Heart Center  
1605 E Broadway Ste 300  
Columbia MO 65201-5843  
(573) 256-7700

Missouri ONDAMED  
29 S. 9th Suite 205  
Columbia MO 65201  
(573) 815-0662

Missouri Pain Management Specialists LLC  
1600 East Broadway Box 67  
Columbia MO 65201  
(573) 815-2700

MU Health Care Missouri Orthopaedic Institute  
1100 Virginia Ave  
Columbia MO 65212-0001  
(573) 882-3104

Women's Health Associates  
1601 E Broadway Ste 100  
Columbia MO 65201-5821  
(573) 443-8796

### **Recreation**

Sky Zone  
1201 American Parkway  
Columbia MO 65202-1175  
(573) 309-9600

Bertha's Beans  
14 South 2nd St  
Columbia Missouri 65203  
(573) 554-5407

Cedar Creek Resort And RV Park  
3251 Pine Tree Dr  
Columbia MO 65201-1706  
(573) 239-8340

### **Rehabilitation**

Peak Sport and Spine  
3301 Berrywood Dr Ste 204  
Columbia MO 65201-6622  
(573) 449-8771

Select Physical Therapy  
105 N Keene Street Suite 101  
Columbia MO 65201  
(573) 874-0001

SoftWave By Molotherapy  
3600 I70 dr. SE suite e  
Columbia MO 65201  
(573) 777-9779

### **Retirement Community**

EverTrue - Lenoir Woods  
3710 Lenoir St  
Columbia MO 65201-5463  
(573) 876-5800

The Terrace Retirement Community  
1408 Business Loop 70 W  
Columbia MO 65202-1300  
(573) 875-2538

Baptist Homes of Ashland  
5751 Baptist Home Ave  
Ashland MO 65010-9707  
(573) 657-0506

Mill Creek Village Assisted Living  
1990 W Southhampton Drive  
Columbia MO 65203  
(573) 381-2510

Solstice Senior Living  
109 N Keene St  
Columbia MO 65201-6883  
(573) 443-2007

### **Senior Citizen Services**

EverTrue - Lenoir Woods  
3710 Lenoir St  
Columbia MO 65201-5463  
(573) 876-5800

Services For Independent Living  
1401 Hathman Pl  
Columbia MO 65201-5552  
(573) 874-1646

The Bluffs  
3105 Bluff Creek Drive  
Columbia MO 65201  
(573) 442-6060

The Terrace Retirement Community  
1408 Business Loop 70 W  
Columbia MO 65202-1300  
(573) 875-2538

Aging Best (Central Missouri Area Agency on Aging)  
201 W. Broadway Ste. 1-E  
Columbia MO 65203  
(573) 443-5823

Bluff Creek Terrace Assisted Living  
3104 Bluff Creek Dr  
Columbia MO 65201-3524  
(573) 815-9111

Colony Pointe  
1510 Chapel Hill Rd  
Columbia MO 65203-5457  
(573) 234-1193

Gentry Estates  
4150 Bethel St  
Columbia MO 65203-6816  
(573) 443-0437

Life Care Partners of Mid-Missouri, LLC  
3909 Iguana Dr  
Columbia MO 65202  
(660) 851-1881

Meals On Wheels of Columbia  
800 Hospital Dr  
Columbia MO 65201-5275  
(573) 886-7554

Mill Creek Village Assisted Living  
1990 W Southhampton Drive  
Columbia MO 65203  
(573) 381-2510

**Social Services**

Catholic Charities of Central  
and Northern Missouri -  
Columbia  
1240 E. Brown School Road  
Columbia MO 65202  
(573) 635-7719

Feel Good Forever  
5106 Columbia Gorge Pkwy  
Columbia MO 65201  
(660) 651-9673

DeafLEAD  
2505 W Ash St  
Columbia MO 65203  
(573) 445-5005

Missouri Disability  
Empowerment  
1408 Keegan Court  
Columbia MO 65203  
(573) 228-8876

Powerhouse Community  
Development Corporation  
601 Business Loop 70 West  
Suite 204  
Columbia MO 65201  
(573) 723-6030

**Speech Therapy**

Therapy Unlimited, LLC  
4200 Merchant St Ste. 103  
Columbia MO 65203  
(573) 777-8783

**Transportation**

Davison Distribution, LLC  
12250 S Route N  
Columbia MO 65203  
(573) 657-9707

First Last Mile Valet Service  
PO Box 85  
Columbia MO 65205  
(573) 415-0230

GO COMO - Columbia Public  
Transit  
126 N. 10th St.  
Columbia MO 65201  
(573) 874-2489

MO-X/Doc & Norm Direct  
303 Business Loop 70 E  
Columbia MO 65201-3907  
(573) 256-1991

**Veterinarians**

Forum Animal Hospital  
2200 Chapel Plaza Ct  
Columbia MO 65203-6393  
(573) 446-3227

Noah's Ark Animal Hospital &  
Bird Clinic  
1003 N Fairview Rd  
Columbia MO 65203-4663  
(573) 445-1388

Rock Bridge Animal Hospital,  
PC  
5095 S Providence Rd  
Columbia MO 65203-7190  
(573) 443-4501

Rolling Hills Veterinary Hospital  
210 S Keene St  
Columbia MO 65201-6694  
(573) 449-3791

University of Missouri College  
of Veterinary Medicine  
W205 Vet Med Bldg  
Columbia MO 65211-0001  
(573) 884-2215

# 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 OP, IP and ER – Boone County, MO

| Boone County, MO Residents |  |                |                |                |
|----------------------------|--|----------------|----------------|----------------|
| #                          | Outpatient - MHA HIDI  | FFY24          | FFY23          | FFY22          |
| 1                          | University of Missouri Health Care - Columbia, MO                    | 591,059        | 576,225        | 598,000        |
| 2                          | Boone Hospital Center - Columbia, MO                                 | 224,110        | 220,823        | 201,486        |
|                            | % of Patients Staying Home   | 27.0%          | 27.3%          | 24.8%          |
| 3                          | Capital Region Medical Center - Jefferson City, MO                   | 4,960          | 2,357          | 2,300          |
| 4                          | Barnes-Jewish Hospital - St. Louis, MO                               | 1,275          | 1,074          | 1,060          |
| 5                          | SSM Health St. Mary's Hospital - Jefferson City - Jefferson City, MO | 1,248          | 1,017          | 1,087          |
| 6                          | The University of Kansas Health System - Kansas City, KS             | 713            | 704            | 539            |
| 7                          | Moberly Regional Medical Center - Moberly, MO                        | 941            | 396            | 399            |
|                            | Other Hospitals  | 6,373          | 6,005          | 6,004          |
|                            | <b>Total</b>   | <b>830,679</b> | <b>808,601</b> | <b>810,875</b> |

| Boone County, MO Residents |  |               |               |               |
|----------------------------|--|---------------|---------------|---------------|
| #                          | Inpatients - MHA HIDI  | FFY24         | FFY23         | FFY22         |
| 1                          | University of Missouri Health Care - Columbia, MO                    | 10,293        | 10,218        | 9,736         |
| 2                          | Boone Hospital Center - Columbia, MO                                 | 5,109         | 4,972         | 5,103         |
|                            | % of Patients Staying Home   | 30.0%         | 29.7%         | 31.3%         |
| 3                          | Rusk Rehabilitation Hospital - Columbia, MO                          | 291           | 291           | 261           |
| 4                          | CenterPointe Hospital of Columbia - Columbia, MO                     | 228           | 261           | 229           |
| 5                          | Barnes-Jewish Hospital - St. Louis, MO                               | 196           | 182           | 196           |
| 6                          | SSM Health St. Mary's Hospital - Jefferson City - Jefferson City, MO | 83            | 77            | 83            |
| 7                          | St. Louis Children's Hospital - St. Louis, MO                        | 72            | 69            | 60            |
|                            | Other Hospitals  | 619           | 534           | 560           |
|                            | <b>Total</b>   | <b>17,022</b> | <b>16,725</b> | <b>16,319</b> |

| Boone County, MO Residents |  |                |               |               |
|----------------------------|--|----------------|---------------|---------------|
| #                          | Emergency - MHA HIDI   | FFY24          | FFY23         | FFY22         |
| 1                          | University of Missouri Health Care - Columbia, MO                    | 79,752         | 77,849        | 75,079        |
| 2                          | Boone Hospital Center - Columbia, MO                                 | 19,173         | 17,639        | 16,228        |
|                            | % of Patients Staying Home   | 18.7%          | 18.0%         | 17.3%         |
| 3                          | Capital Region Medical Center - Jefferson City, MO                   | 924            | 449           | 412           |
| 4                          | SSM Health St. Mary's Hospital - Jefferson City - Jefferson City, MO | 527            | 487           | 534           |
| 5                          | Moberly Regional Medical Center - Moberly, MO                        | 371            | 139           | 149           |
| 6                          | Lake Regional Health System - Osage Beach, MO                        | 113            | 99            | 111           |
| 7                          | Barnes-Jewish Hospital - St. Louis, MO                               | 139            | 77            | 102           |
|                            | Other Hospitals  | 1,571          | 1,317         | 1,304         |
|                            | <b>Total</b>   | <b>102,571</b> | <b>98,057</b> | <b>93,920</b> |

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

[VVV Consultants LLC]

**Attendance Boone Health PSA CHNA Town Hall 5/22/25 11am-1pm N=46**

| #  | Table | Lead | Attend | Last         | First     | Organization   |
|----|-------|------|--------|--------------|-----------|--|
| 1  | A     | XX   | X      | Dubois       | Brady     | Boone Health   |
| 2  | A     |      | X      | Whorley      | Brian     | Paytient Technologies, Inc                             |
| 3  | A     |      | X      | Thomas-Brown | D'Markus  | City of Columbia                                       |
| 4  | A     |      | X      | Nelson       | Joanne    | Boone Co Community Serv Dept                           |
| 5  | B     | XX   | X      | Cummins      | Kristin   | Boone Co Community Serv Dept                           |
| 6  | B     |      | X      | Baker        | Kathy     | City of Columbia                                       |
| 7  | B     |      | X      | Richards     | Kirby     | MU Family Impact Center                                |
| 8  | B     |      | X      | Zerrer       | Lana      | Boone Health   |
| 9  | B     |      | X      | Stone        | Sara      | Love Columbia  |
| 10 | C     | XX   | X      | Roberts      | Lindsey   | MU Family Impact Center                                |
| 11 | C     |      | X      | Fierge       | Michelle  | Services for Independent Living                        |
| 12 | C     |      | X      | Foster       | Nick      | City of Columbia                                       |
| 13 | C     |      | X      | Roesslet     | Rebecca   | Columbia/Boone Co Public Health                        |
| 14 | C     |      | X      | Kuczynski    | Shannon   | Boone Health   |
| 15 | D     | XX   | X      | Clark        | Mary      | Love Columbia  |
| 16 | D     |      | X      | Jones        | Chris     | Boone Health   |
| 17 | D     |      | X      | Chenault     | Joanie    | Boone County Family Resources                          |
| 18 | D     |      | X      | Marcks       | Melody    | Central Bank of Boone County                           |
| 19 | E     | XX   | X      | Gloggnner    | Peter     | Boone Health   |
| 20 | E     |      | X      | Varns        | Curtis    | KMIZ-TV  |
| 21 | E     |      | X      | Stephens     | Elizabeth | Columbia Missourian                                    |
| 22 | E     |      | X      | Riffie       | Kyndal    | Boone Health Medical Group                             |
| 23 | F     | XX   | X      | Bremer       | Aric      | Zimmer Communications                                  |
| 24 | F     |      | X      | Hilderbrand  | Brittany  | Missourian   |
| 25 | F     |      | X      | Ungles       | Bruce     | Show-Me State Games                                    |
| 26 | F     |      | X      | Clifford     | Jacob     | MUPD   |
| 27 | F     |      | X      | Garrett      | Matt      | KOMU 8 & Mid Missouri CW                               |
| 28 | G     | XX   | X      | Wilkinson    | Drew      | Boone Health   |
| 29 | G     |      | X      | Frevert      | Amanda    | Boone Health Medical Group                             |
| 30 | G     |      | X      | LEIBLE       | CARLA     | Zimmer Communications                                  |
| 31 | G     |      | X      | Abbott       | Jeanne    | Columbia Missourian                                    |
| 32 | G     |      | X      | Frakes       | Rachel    | MUPD   |
| 33 | H     | XX   | X      | Young        | Mike      | Boone Health   |
| 34 | H     |      | X      | Arnall       | Angel     | Columbia Fire Dept                                     |
| 35 | H     |      | X      | Miller       | Joseph    | Burrell Behavioral Health                              |
| 36 | H     |      | X      | McCormick    | Matt      | Columbia Chamber of Commerce                           |
| 37 | H     |      | X      | Today        | Mike      | Boone Health   |
| 38 | I     | XX   | X      | Basi         | Christian | Boone Health   |
| 39 | I     |      | X      | Butts        | Jeanne    | Compassus Hospice and Palliative Care                  |
| 40 | I     |      | X      | Workman      | Jenny     | Boone Health, Community Wellness                       |
| 41 | I     |      | X      | Varvaro      | Sarah     | Columbia/Boone County Public Health and Human Services |
| 42 | J     | XX   | X      | Rodriguez    | Katherine | Columbia Fire Department                               |
| 43 | J     |      | X      | Clayton      | Ed        | Boone Health   |
| 44 | J     |      | X      | Lee          | Patrick   | Services for Independent Living                        |
| 45 | J     |      | X      | Esser        | Kelsey    | The Current Therapy Services                           |
| 46 | J     |      | X      | Lawrence     | Chris     | Chris Lawrence & Associates, LLC                       |

# Boone Health Town Hall Event Notes

Date: 5/1/2025 – 11:00 a.m. -1 p.m. @ Boone Health Attendance: N=46

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

- Other than English, the community is speaking Spanish, Arabic, Swahili, Korean, ASL, Chinese, Creole, and African (Ashta).
- For care, veterans are going to either the 8 VA Clinics or The Veterans Hospital.
- There is a large economic gap in the county. The economic gap is also continuing to grow according to the community.
- The community voiced concern for affordable healthy foods. There is access, but it is not affordable.
- As for school health, second and fourth grade screenings are happening.
- There is a need for Primary Care Providers.
- As for drugs in the community, there is high concern for Fentanyl and Meth. Marijuana is also impacting health with it now being legal in MO.
- STD is an issue in the county, according to the health department.
- There is a rise in Dementia and Alzheimer's Disease. As for Chronic Diseases, Chronic Psychiatric and Arthritis are a concern. Many patients with Chronic Diseases are not seeking appropriate care/receiving appropriate care.

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

- AI impact
- Autistic Services
- Changes in Federal Funding / Programming
- Climate Issues
- Healthier population due to new medicine
- Loss of health-related data / Central Repository – Health Quality
- Major cuts to Medicaid
- Miss information on vaccines and western medicine
- NIH funding decrease
- Pandemics
- Potential Economic Instability / Recession
- Provider and Payer Relations
- Rural health access
- Tariffs impact

Things going well for healthcare in the community:

- Ambulances
- Boone Health Care is in Demand
- Children Services Fund
- Complete Medical Community (Specialties)
- Education population
- Health Care Services for Medicaid Patients (Dent, Eye, Chiro)
- Good MD to patient ratio
- Health Department
- Invested and Collaborative Stakeholders
- Invested healthcare providers
- Low out migration
- Multiple Tertiary Hospitals
- Parks and Walking Trails
- Quality Health Care Providers
- Utilization of Telehealth
- Vast Network of Community Services
- Veterans Services

Areas to improve or change in the community:

- Access to Disability/Autism Services
- Access to Neurology Services
- Access to Skilled Nursing Facility
- Childcare (Affordable & Access)
- Chronic Disease Prevention & Management
- Education on ER
- First Trimester Care / Smoking Mothers
- Homeless
- Injury Prevention
- Inpatient Recovery Beds
- Language Barriers
- Mental Health (Prevention, Diagnosis, Placement, Providers, Aftercare)
- No Barrier and Affordable Housing
- Opioid Dispensing
- Poverty & Economic Development
- Primary Care Access
- Reliable Broadband (Affordable)
- Retain Graduating Techs
- Social Isolation
- Specialty Care Services Access
- Substance Abuse (Drugs & Alcohol)
- Underinsured and Uninsured
- Violence Prevention
- Workforce

## Round #5 CHNA - Boone Health PSA

### Town Hall Conversation - Strengths (Big White Cards) N=46

| Card # | What are the strengths of our community that contribute to health? | Card # | What are the strengths of our community that contribute to health? | Card # | What are the strengths of our community that contribute to health? |
|--------|--|--------|--|--------|--|
| 34     | Ability to stay local for care                                     | 10     | Easy access to free spaces for working out                         | 9      | Number of providers  |
| 8      | Access to five hospitals   | 37     | Economic center  | 18     | Number of specialists care above average                           |
| 15     | Access   | 29     | Education access & quality   | 6      | On site health screenings  |
| 33     | Access   | 6      | Educated & skilled providers & specialists                         | 36     | Opportunities to exercise  |
| 29     | Access & availability of specialty care                            | 39     | Educated populations   | 21     | Orthopedics/spine surgery  |
| 37     | Access for exercise/physical activity                              | 19     | Educated populations/aware   | 4      | Overall access to care   |
| 20     | Access to ambulance  | 15     | Education  | 34     | Overall community health   |
| 29     | Access to care   | 37     | Education  | 36     | Overall community health   |
| 31     | Access to care   | 24     | Education level  | 13     | Parks & access to outdoor spaces                                   |
| 20     | Access to different hospitals                                      | 34     | Education level  | 16     | Partnerships - community/businesses                                |
| 4      | Access to exercise   | 26     | Education population   | 12     | Patients are satisfied with healthcare received                    |
| 35     | Access to exercise   | 35     | Educational profile  | 6      | Pediatric care in community  |
| 18     | Access to exercise facilities                                      | 42     | Educational systems  | 11     | People are nice & generous   |
| 5      | Access to fitness facilities & activities                          | 3      | Emergency services   | 25     | Pharmacy   |
| 1      | Access to fitness/recreation                                       | 29     | EMS services   | 30     | Pharmacy access  |
| 12     | Access to food   | 23     | Engagement   | 39     | Pharmacy/dentists, eye doctors                                     |
| 20     | Access to gyms, walking trails, etc.                               | 26     | Exercise   | 23     | Physical exercise access   |
| 5      | Access to health care facilities                                   | 39     | Exercise opportunities   | 19     | Preventative care  |
| 24     | Access to healthcare   | 19     | Exercise options   | 42     | Public health infrastructure                                       |
| 13     | Access to healthcare in the community                              | 23     | Financial access   | 1      | Public school programs (CPS specifically)                          |
| 34     | Access to healthcare providers                                     | 27     | Focusing more on addiction   | 9      | Quality  |
| 41     | Access to healthcare specialists                                   | 27     | Focusing more on healthy foods                                     | 18     | Quality care   |
| 44     | Access to hospital services locally                                | 27     | Focusing more on mental health                                     | 41     | Quality education  |
| 38     | Access to many specialties   | 44     | Geographic hub   | 37     | Quality of care  |
| 12     | Access to parks & trails   | 43     | Good cancer care treatment   | 16     | Quality of providers & facilities                                  |
| 34     | Access to parks, trails, & gyms                                    | 40     | Good customer service  | 17     | Quality of providers & facilities                                  |
| 24     | Access to physical activity  | 39     | Good level of services & providers                                 | 19     | Research & hospital facilities                                     |
| 41     | Access to physical activity  | 40     | Good MP to patient ratio   | 37     | Residents staying for care   |
| 41     | Access to social inclusion   | 29     | Good overall MD  | 34     | Resources  |
| 5      | Access to specialist   | 11     | Good resources   | 25     | Resources outside community resources                              |
| 35     | Access to specialist   | 1      | Great ambulance crews  | 30     | Robust healthcare system & specialty care                          |
| 9      | Access to supportive care  | 7      | Health care facilities - number                                    | 14     | Safe environment   |
| 38     | Access to testing  | 9      | Health care retention - care close to home                         | 8      | Satisfaction & services received                                   |
| 38     | Access to vaccines   | 7      | Health Dept. - city/county collaborations                          | 36     | Satisfaction with health facilities                                |
| 10     | Access to varied specialties                                       | 22     | Health of population is relatively good                            | 8      | Service/care in county   |
| 2      | Acknowledgement of mental/behavioral health needs                  | 6      | Health providers caring & engaged & staying                        | 43     | Services   |
| 15     | Active community   | 29     | Healthcare & quality providers                                     | 25     | Services provided by hospital                                      |
| 19     | Addressing housing   | 23     | Healthcare access  | 11     | Some basics are working  |
| 28     | Adequate specialists   | 42     | Healthcare providers   | 4      | Specialty care   |
| 30     | Ambulance providers  | 24     | Healthcare transportation  | 14     | Specialty providers  |
| 2      | Ambulance services   | 28     | High confidence in the system                                      | 8      | Stakeholders invested in Boone Health                              |
| 13     | Ambulance services   | 12     | High quality healthcare  | 18     | State of the art facilities  |
| 4      | Ambulances   | 38     | High-quality care  | 12     | Staying in the county to get care                                  |
| 15     | Assistance - places that offer help (food banks)                   | 36     | Highly educated  | 28     | Strong culture & appreciation for exercise                         |
| 32     | At home care for residents   | 40     | Highly educated  | 30     | Strong data collection   |
| 3      | Availability   | 32     | Highly educated community  | 8      | Strong Health Dept.  |
| 26     | Availability of health specialties                                 | 1      | Hospitals/Ers  | 21     | Strong hospitals   |
| 38     | Availability of pediatric primary care                             | 8      | Improvement since last review                                      | 28     | Strong public health sector  |
| 18     | Bike paths/trails  | 35     | In county care   | 11     | Structures like hospitals  |
| 22     | Broad healthcare spectrum of care                                  | 35     | Inpatient bed access   | 13     | Supportive & engaged Health Dept.                                  |
| 28     | Capable healthcare centers   | 4      | Inpatient care   | 25     | Telehealth   |
| 34     | Children & youth prevention programs                               | 43     | Inpatient options (medical)  | 1      | Telehealth & other technology like translation                     |
| 30     | Children's mental health tax                                       | 32     | Large resource pool  | 21     | Tertiary level care for region                                     |
| 20     | Children's service fund  | 26     | Life expectings  | 32     | Three hospitals  |
| 43     | Choice   | 20     | Low numbers leaving county for care                                | 33     | Three hospitals  |
| 31     | Choices for healthcare providers & hospitals                       | 5      | Low unemployment   | 16     | Trails/biking/outdoor options for physical health                  |
| 31     | Choices for long term care   | 40     | Many access points to healthcare                                   | 2      | Two health systems   |
| 7      | Clean air  | 7      | Many subspecialty providers  | 33     | Urgent care & convenience care clinics                             |
| 22     | Community satisfied with services                                  | 24     | Mental health providers in school                                  | 16     | Variety of providers/resources locally                             |
| 16     | Community wellness/educational outreach                            | 13     | Mental health resources  | 2      | Veteran services   |
| 23     | County draw on services  | 7      | MU & other education institutions                                  | 29     | Veteran services   |
| 15     | Diverse medical treatment options                                  | 36     | Multiple hospital settings   | 25     | Water quality  |
| 9      | Diverse population   | 40     | Multiple hospitals   | 17     | Wellness programs  |
| 41     | Diversity  | 10     | Multiple hospitals & clinics                                       | 35     | Young population   |
| 3      | Diversity/services available                                       | 10     | New technology in healthcare                                       | 39     | Young population   |

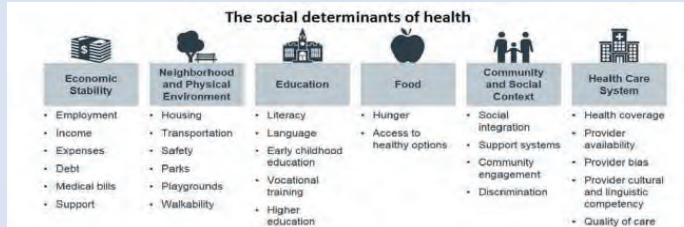
## Round #5 CHNA - Boone Health PSA

Town Hall Conversation - Weaknesses (Color Cards) N= 46

| Card # | What are the weaknesses of our community that contribute to health? | Card # | What are the weaknesses of our community that contribute to health? | Card # | What are the weaknesses of our community that contribute to health? |
|--------|---|--------|---|--------|---|
| 16     | 1st trimester care for mothers                                      | 5      | Economic stability  | 31     | Mental health resources   |
| 15     | Access  | 42     | ED screenings - awareness   | 34     | Mental health services  |
| 14     | Access for unemployed   | 2      | Educate on telehealth/options to care                               | 41     | Mental health services  |
| 43     | Access to affordable nutritious food                                | 23     | Education on disease process & next steps                           | 5      | Mental health/depression  |
| 25     | Access to alternative housing                                       | 35     | ER - capacity   | 45     | Mental health/homeless  |
| 38     | Access to autism treatment  | 22     | ER use awareness of alternatives                                    | 22     | MH services/awareness of resources                                  |
| 40     | Access to care  | 6      | Exercise  | 20     | More mental health - better access                                  |
| 29     | Access to childcare   | 6      | Food  | 21     | More mental health resources  |
| 18     | Access to drugs/rehabilitation                                      | 44     | Food access   | 17     | More preventative care  |
| 10     | Access to education on food/healthy lifestyle                       | 25     | Food access & quality   | 9      | More work on actively exercising                                    |
| 38     | Access to free/low cost mental health                               | 12     | Food affordability  | 9      | Need more primary care providers                                    |
| 1      | Access to healthcare - underserved                                  | 13     | Food affordability  | 9      | Need to provide better food options                                 |
| 37     | Access to healthcare/primary  | 11     | Food insecurity   | 7      | No barrier housing  |
| 29     | Access to healthy foods   | 16     | Food insecurity   | 18     | Number of primary care/IM physicians                                |
| 32     | Access to mental health care  | 18     | Food insecurity   | 31     | Number of quality providers   |
| 25     | Access to mental health services                                    | 33     | Food insecurity   | 39     | Number of quality staff   |
| 39     | Access to mental health services                                    | 36     | Food insecurity   | 6      | Obesity   |
| 34     | Access to neurology   | 28     | Food security   | 14     | Obesity   |
| 7      | Access to numbers, including transportation                         | 27     | Good affordable healthcare  | 33     | Obesity   |
| 16     | Access to primary care  | 17     | Have hospitals - provider pool resources                            | 30     | Opioid dispensing rate  |
| 34     | Access to primary care  | 31     | Health insurance expectations                                       | 3      | Pay & income gap  |
| 19     | Access to primary care providers                                    | 1      | Health literacy   | 38     | Pay physicians/psychiatrists higher salary                          |
| 25     | Access to primary care providers                                    | 13     | Healthcare access - coverage & affordability                        | 40     | PCP access  |
| 2      | Access to providers - quicker access                                | 33     | Healthcare for women  | 46     | Physicians in community   |
| 8      | Access to qualified providers & staff                               | 24     | Healthier food  | 34     | Poverty   |
| 32     | Access to quality & affordable childcare                            | 13     | Healthy lifestyle   | 37     | Poverty   |
| 29     | Access to safe, affordable housing                                  | 16     | Homelessness & housing insecurities                                 | 1      | Poverty - children, seniors   |
| 46     | Access to specialists   | 2      | Hospital rooms - cleaning/prepared                                  | 36     | Poverty gap   |
| 46     | Add high complex psych  | 8      | Housing   | 29     | Poverty level   |
| 22     | Addressing substance use  | 15     | Housing   | 1      | Prenatal care   |
| 41     | Affordability   | 19     | Housing   | 2      | Prescriptions based on blood work                                   |
| 27     | Affordable & flexible childcare                                     | 26     | Housing   | 18     | Preventative care education to public                               |
| 3      | Affordable accessibility of child care                              | 32     | Housing   | 24     | Primary care  |
| 27     | Affordable accessible transportation                                | 43     | Housing   | 22     | Primary care providers  |
| 30     | Affordable child care   | 36     | Housing affordability   | 26     | Primary care providers  |
| 12     | Affordable childcare  | 28     | Housing stability   | 33     | Primary care providers  |
| 5      | Affordable food/food insecurity                                     | 45     | Improve ability to pay for care of population                       | 5      | Provider - insurance conflict                                       |
| 27     | Affordable healthy foods  | 45     | Improve economic access to care                                     | 27     | Provider staffing   |
| 3      | Affordable housing  | 4      | Improve transportation  | 35     | Providers/staffing  |
| 30     | Affordable housing  | 45     | Increase capacity of providers                                      | 38     | Recruit psychiatry  |
| 35     | Affordable housing  | 23     | Increase family practice providers                                  | 12     | Recruitment   |
| 40     | Affordable housing  | 17     | Innovative  | 9      | Reduce drugs in community   |
| 35     | Affordable insurance  | 7      | Inpatient substance use BEOS.                                       | 12     | Reduce to stigma of mental health                                   |
| 10     | Alcohol & drug awareness/prevention                                 | 6      | Insurance   | 46     | Residency program   |
| 28     | Alcohol misuse  | 9      | Insurance   | 17     | Resources for uninsured   |
| 30     | Alcohol use   | 10     | Insurance   | 34     | Rural healthcare  |
| 14     | Alcohol use in college  | 34     | Insurance   | 37     | Senior care & related issues  |
| 37     | Alcohol/substance abuse   | 42     | Insurance - reimbursements  | 5      | Senior healthcare   |
| 2      | Anthem's MU Health Care negotiations                                | 18     | Insurance access & availability                                     | 44     | Smoking mother (pregnant)   |
| 4      | Availability of affordable housing                                  | 15     | Insurance cost  | 25     | Social isolation  |
| 12     | Awareness of resources in place                                     | 39     | Insurance cover   | 26     | Social isolation  |
| 3      | Behavior health access  | 3      | Lack of access to PCP outside of Columbia                           | 29     | Social/community engagement & inclusion                             |
| 20     | Better insurance or affordability                                   | 26     | Lack of adequate insurance  | 1      | Specialty care - children disabilities                              |
| 4      | Better internet access  | 43     | Lack of adequate insurance  | 41     | Staffing  |
| 20     | Better use of education resources                                   | 41     | Lack of preventative measures                                       | 22     | STIs  |
| 15     | Broadband   | 43     | Lack of primary care providers                                      | 13     | Substance abuse   |
| 4      | Career coaches to help workers earn higher wages                    | 10     | Lack of providers   | 16     | Substance abuse   |
| 6      | Childcare   | 32     | Language barrier for resources                                      | 39     | Substance abuse   |
| 11     | Childcare   | 27     | Language barriers   | 11     | Substance use   |
| 24     | Childcare   | 41     | Language barriers   | 24     | Substance use   |
| 36     | Childcare   | 3      | Limited resources outside of Columbia                               | 28     | Substance use   |
| 43     | Childcare   | 46     | Lower deductible health plans                                       | 38     | Suicide   |
| 37     | Childcare access & cost   | 17     | Make them responsive & efficient                                    | 6      | Time to get appointment   |
| 25     | Childcare access/affordability                                      | 31     | Mammogram screenings  | 19     | Transportation  |
| 42     | Childcare access/affordability                                      | 10     | Mental health   | 32     | Transportation  |
| 44     | Childcare access/affordability                                      | 13     | Mental health   | 40     | Transportation  |
| 35     | Childcare affordability   | 19     | Mental health   | 42     | Treatment centers for mental health                                 |
| 15     | Childcare needs   | 24     | Mental health   | 36     | Uninsured   |
| 8      | Chronic disease   | 36     | Mental health   | 8      | Uninsured community   |
| 22     | Chronic disease prevention  | 23     | Mental health - drug/treatment center                               | 5      | Uninsured/underinsured  |
| 31     | Cost of care  | 11     | Mental health access  | 7      | Uninsured/underinsured  |
| 23     | Decreased ER time   | 16     | Mental health access  | 11     | Uninsured/underinsured  |
| 45     | Direct to hospital subscriptions                                    | 28     | Mental health access  | 33     | Uninsured/underinsured  |
| 35     | Drinking & driving  | 30     | Mental health access  | 44     | Uninsured/underinsured  |
| 25     | Drug abuse treatment  | 44     | Mental health awareness/impact                                      | 14     | Urgent med delivery   |
| 12     | Easy access to prevention/primary care                              | 14     | Mental health diagnosis & health                                    | 4      | Violence prevention   |
| 26     | Economic disparities  | 38     | Mental health options   | 42     | Wait times for PCP & ER   |
| 39     | Economic disparities  | 7      | Mental health providers/ case managers                              |        |   |

## Round #5 CHNA - Boone Health PSA

Social Determinants "A" Card Themes (N = 46 with 88 Votes): E=35, N=6, ED=5, C=5, F=6 & P=31



| Card # | Code | First Impressions on Social Determinants Impacting Delivery | Card # | Code | First Impressions on Social Determinants Impacting Delivery |
|--------|------|---|--------|------|---|
| 5      | C    | Social & community context                                  | 42     | ED   | Education access & quality                                  |
| 18     | C    | Social & community context                                  | 6      | F    | Food  |
| 25     | C    | Social & community context                                  | 16     | F    | Food  |
| 28     | C    | Social & community context                                  | 17     | F    | Food  |
| 35     | C    | Social & community context                                  | 29     | F    | Food  |
| 2      | E    | Economic stability  | 40     | F    | Food  |
| 3      | E    | Economic stability  | 12     | F    | Food security   |
| 4      | E    | Economic stability  | 1      | N    | Neighborhood/environment                                    |
| 7      | E    | Economic stability  | 2      | N    | Neighborhood/environment                                    |
| 8      | E    | Economic stability  | 10     | N    | Neighborhood/environment                                    |
| 9      | E    | Economic stability  | 20     | N    | Neighborhood/environment                                    |
| 11     | E    | Economic stability  | 27     | N    | Neighborhood/environment                                    |
| 13     | E    | Economic stability  | 32     | N    | Neighborhood/environment                                    |
| 14     | E    | Economic stability  | 3      | P    | Access & quality  |
| 15     | E    | Economic stability  | 1      | P    | Healthcare access   |
| 16     | E    | Economic stability  | 4      | P    | Healthcare access   |
| 18     | E    | Economic stability  | 5      | P    | Healthcare access   |
| 20     | E    | Economic stability  | 8      | P    | Healthcare access   |
| 21     | E    | Economic stability  | 10     | P    | Healthcare access   |
| 22     | E    | Economic stability  | 11     | P    | Healthcare access   |
| 24     | E    | Economic stability  | 12     | P    | Healthcare access   |
| 25     | E    | Economic stability  | 14     | P    | Healthcare access   |
| 26     | E    | Economic stability  | 22     | P    | Healthcare access   |
| 27     | E    | Economic stability  | 23     | P    | Healthcare access   |
| 28     | E    | Economic stability  | 24     | P    | Healthcare access   |
| 29     | E    | Economic stability  | 29     | P    | Healthcare access   |
| 30     | E    | Economic stability  | 36     | P    | Healthcare access   |
| 31     | E    | Economic stability  | 6      | P    | Healthcare access & quality                                 |
| 32     | E    | Economic stability  | 7      | P    | Healthcare access & quality                                 |
| 33     | E    | Economic stability  | 13     | P    | Healthcare access & quality                                 |
| 34     | E    | Economic stability  | 16     | P    | Healthcare access & quality                                 |
| 35     | E    | Economic stability  | 17     | P    | Healthcare access & quality                                 |
| 36     | E    | Economic stability  | 19     | P    | Healthcare access & quality                                 |
| 37     | E    | Economic stability  | 21     | P    | Healthcare access & quality                                 |
| 38     | E    | Economic stability  | 26     | P    | Healthcare access & quality                                 |
| 39     | E    | Economic stability  | 31     | P    | Healthcare access & quality                                 |
| 40     | E    | Economic stability  | 33     | P    | Healthcare access & quality                                 |

## EMAIL Request to CHNA Stakeholders

**From:** Boone Health

**Date:** 3/1/2025

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

**Subject:** CHNA Round #5 Community Online Feedback Survey – Boone Co. MO

Boone Health – Boone County, MO; will be working with other area providers over the next few months to update the 2022 Boone Health Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in Boone County in order to complete the 2025 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2016, 2019, and 2022 CHNA reports while collecting up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete this comprehensive report. To accomplish this work, a short online survey has been developed for community members to take. Please visit our hospital webpage, facebook page, or utilize the link below to complete this survey.

LINK: [https://www.surveymonkey.com/r/BooneHealth\\_2025CHNA](https://www.surveymonkey.com/r/BooneHealth_2025CHNA)

All community residents and business leaders are encouraged to **complete the 2025 online CHNA survey by April 1<sup>st</sup>, 2025**. All responses are confidential.

**Please Hold the Date** A community Town Hall is scheduled for **Thursday, May 1<sup>st</sup>, 2025, for lunch from 11:00-1:00 pm in the Boone Health Conference Room**. This meeting is to discuss the survey findings and identify unmet needs.

If you have any questions about CHNA activities, please call 573-815-8000

*Thank you for your time and participation.*

# Community Health Needs Assessment Survey

External

**Christian Basi**

9:12 AM (4  
minutes ago)

Good morning, everyone!

Every three years, Boone Health is required by federal law to conduct a Community Health Needs Assessment. Part of the assessment is a communitywide survey.

**I would very much appreciate anything you can do to help us spread the word.** It's critical that we reach as much of the population as possible. In fact – please consider sending the link around to your staff and having them complete the survey. As people who constantly know about the issues facing our region, every one of you can provide an important perspective for the survey.

I'm happy to talk for any type of interviews over the next several days. (Please note that I'm working remotely on Friday, so I might be a bit tough to catch that day.)

A full press release is below with various links to access the survey. Let me know if you have any questions.

Thanks so much for your help in getting this information out to the public. Also, please mark your calendars for a Town Hall on May 1 where we will be inviting community leaders to come discuss the results of the survey. Frankly, we would love for your newsroom and station leaders to attend in their role as community leaders.

Thank you so much!!

Christian

**Christian Basi**

Director, Marketing & Communications | [Boone Health](#)  
Office: 573.815.3514 Cell: 573.228.0886 | [Christian.Basi@boone.health](mailto:Christian.Basi@boone.health)

# Boone Health conducting Community Health Needs Assessment

[Atira Feliciano, KOMU 8 Digital Producer](https://www.komu.com/news/midmissourinews/boone-health-conducting-community-health-needs-assessment/article_7f02aa7c-f912-11ef-8148-53623913cdea.html) Mar 4, 2025 [https://www.komu.com/news/midmissourinews/boone-health-conducting-community-health-needs-assessment/article\\_7f02aa7c-f912-11ef-8148-53623913cdea.html](https://www.komu.com/news/midmissourinews/boone-health-conducting-community-health-needs-assessment/article_7f02aa7c-f912-11ef-8148-53623913cdea.html)

Boone Health is asking residents for feedback on the current delivery of health care and unmet needs in Boone County.

Boone Health conducts a survey as part of the Community Health Needs Assessment every three years, as required by federal law. The survey evaluates health changes to identify actions needed to support the needs of the community.

The anonymous [CHNA survey is available to complete online](#) and can also be accessed through the [Boone Health website](#).

All community residents and business leaders are encouraged to complete this online survey by April 1. A town all meeting to discuss the survey findings and identify unmet needs will be held on May 1.

“As we begin our assessment, it is critical that we hear from the community about our health needs,” said Brady Dubois, president and CEO of Boone Health.

Boone Health said the goal of this assessment update is to understand progress from past community health needs assessments conducted in 2022, 2019 and 2016, while collecting up-to-date community health perceptions and ideas.

VVV Consultants LLC, an independent research firm from Olathe, Kansas, is conducting the countywide research.

## EMAIL #2 Request Message

**From:** Christian Basi

**Date:** 4/1/25

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

**Subject:** Boone County Community Health Needs Assessment Town Hall lunch– May 1 ,2025

**Boone Health** will host a Town Hall Community Health Needs Assessment (CHNA) luncheon on Thursday May 1<sup>st</sup>. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Boone Co, MO. **Note: This event will be held on Thursday, May 1st, 2025, for lunch from 11am-1:00pm at the Boone Health Conference Room with check-in starting at 10:45am.**

We hope you find the time to attend this important event. All business leaders and residents are encouraged to join us. To adequately prepare for this event, it is imperative all RSVP who plan to attend town hall.

LINK: [https://www.surveymonkey.com/r/BooneHealth\\_THall\\_RSVP](https://www.surveymonkey.com/r/BooneHealth_THall_RSVP)



*Thanks in advance for your time and support!*

If you have any questions regarding CHNA activities, please call 573-815-8000



**Boone Health**

1600 E Broadway,  
Columbia, MO 65201  
www.boone.health  
Phone: 573.815.8000

Media Contact: Christian Basi | [Christian.Basi@Boone.Health](mailto:Christian.Basi@Boone.Health) | 573.815.3514

April 7, 2025

**FOR IMMEDIATE RELEASE**

**MEDIA ADVISORY:**

**Boone Health hosting Community Health Needs Assessment Town Hall**

*The May 1 event is open to the public and will review results of a community wide survey.*

**WHAT:** To understand the community health needs of mid-Missouri residents, Boone Health, along with other area providers, will host a Community Health Needs Assessment Town Hall. Participants at the public event will identify and prioritize the community health needs.

**WHO:** The public is invited to attend, ***however RSVPs are required.***

To RSVP, either click here:

[https://www.surveymonkey.com/r/BooneHealth\\_THall\\_RSVP](https://www.surveymonkey.com/r/BooneHealth_THall_RSVP)

or utilize the QR code below:



**WHEN:** 11 a.m. to 1 p.m., Thursday, May 1. Check-in will begin at 10:45 a.m.

**NOTE:** This community discussion fulfills federal and state mandates regarding community health needs. This assessment is required every three years.

###

**About Boone Health**

Boone Health is a mid-Missouri health care network of primary care offices, private practice clinics, outpatient services and affiliated hospitals, including Boone Hospital Center, a 392-bed full-service hospital and regional referral center located in Columbia, Mo. The hospital provides progressive health care programs, services and technology to residents in 26 mid-Missouri counties. Boone Hospital Center is ranked as a Top 100 Hospital by Healthgrades and is the only mid-Missouri hospital to be designated as a 5-Star hospital by the Centers for Medicare & Medicaid Services and a Magnet® Hospital for Nursing Excellence by the American Nurses Credentialing Center.

## d.) Primary Research Detail

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[VVV Consultants LLC]

| CHNA 2025 Community Feedback: Boone Health PSA (N=676) |       |           |        |       |       |   |
|--|-------|-----------|--------|-------|-------|---|
| 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)  |
| 1547   | 65203 | Good      | ACC    | DOCS  |       | Many of these social determinants impact a patient/client's ability to travel TO/access health care. I'd like to see our community improve/increase providers going to vulnerable/underserved areas of our community.   |
| 1141   |       | Good      | ACC    | EDU   | AWARE | Access to all is important, but so is personal accountability. Access to quality education exists, but personal/family accountability is lacking. Having a core set of values and rules that teach mutual respect and reinforce personal responsibility is a must at all levels. Ensuring that all individuals are welcome and have knowledge/awareness/access to core services and opportunities is a must.  |
| 1268   | 65101 | Good      | ACC    | EDU   | ECON  | Access to quality education in an environment that is economically stable is a necessity for the improvement of our community.  |
| 1363   | 65201 | Very Good | ACC    | FINA  | PRIM  | Access to quality health services for all is very important - many cannot access healthcare or if they do it is at a very high price that is not affordable to them or causes financial problems in other areas of their lives, I hear people say they are one big medical stay away from economic instability - things to support to help with this is transportation assistance, helping community understand how to navigate the health system (where to go when - ex. hospital, primary care, urgent care) and where to find resources that serve the un and underinsured (such as FQHCs, etc.), connecting patients with community resources to support in these areas. We also have a wide spectrum of resources available based on the neighborhood you live in (ex. access to grocery stores nearby vs. gas station for those without transportation) |
| 1385   | 60423 | Very Good | ACC    | FINA  | RESO  | Having free busses to the grocery store for students without cars.  |
| 1214   | 65202 | Good      | ACC    | FINA  | SERV  | Just more free or low-cost access to these services   |
| 1647   | 65202 | Good      | ACC    | FINA  |       | These things not only need to be available but affordable and welcoming. They also need to be transparent; all services should not only have the associated pricing but also have options for ways to get help or distribute pricing over time.   |
| 1230   | 65203 | Good      | ACC    | INSU  | TRAN  | There are people in our community who need more access to healthcare services and more affordable insurance, including transportation those appointments. We need to figure out how to help those who are unhoused in our community and how to provide food to those who are in need so that they are not standing on the street begging. I wish I had more ideas and suggestions for how to help but this is not my area of expertise and I would like to see our city leaders do more to help support.  |
| 1512   | 65039 | Average   | ACC    | MH    | INSU  | porovider faster access to mental health care; and to medical care ,whether medically insured or not. Bring down housing costs.Lobby government to keep medicaid funds available.   |
| 1139   | 65010 | Very Good | ACC    | MH    |       | People that want help and seek it can find it. You can't fix generational mentality about food, money & entitlement.  |
| 1394   | 65201 | Good      | ACC    | NUTR  | POV   | some areas may be less fortunate and probably need more access to health foods and affordable health care   |
| 1449   | 66224 | Good      | ACC    | NUTR  |       | More access to fresh fruit and vegetables close to campus   |
| 1345   | 65203 | Good      | ACC    | PREV  | EDU   | A easily available (not just by computer) Centralized Listing of available Health and Wellness education programs and support in the county.  |
| 1264   | 65039 | Average   | ACC    | QUAL  | DOCS  | We need more access to quality health services by increasing the number of primary care providers in the area   |
| 1348   | 65202 | Good      | ACC    | QUAL  |       | Access to quality health care.  |
| 1226   | 65202 | Average   | ACC    | SERV  |       | More accessibility to timely health care services.  |
| 1022   | 65202 | Average   | ACC    | SPRT  | CULT  | Free monthly programs available to outreach the community and ask how they could be better served, more social support groups, encourage leadership within different cultural groups  |
| 1379   | 65251 | Good      | ACC    | TRAN  |       | Better access to transportation Have more resources for food, housing, and support. Mental health stigma Better reach for healthy food options that are not expensive   |
| 1466   | 63025 | Good      | ACC    |       |       | Maybe just more community programs to help people gain access to healthcare   |
| 1284   | 65202 | Very Good | ACC    |       |       | Universal health care.  |
| 1381   | 65203 | Very Good | ADMIN  | SPRT  |       | Input from community and healthcare leaders in tandem with a supportive active Mayor.   |
| 1399   | 63005 | Good      | AWARE  | ACC   |       | Spreading more awareness and having more places to go to find information about this topic  |
| 1034   | 65202 | Average   | AWARE  |       |       | Awareness   |
| 1361   | 65203 | Average   | BED    |       |       | Treat every patient as if it were your loved one.   |
| 1565   | 65202 | Very Good | CLIN   | HOUS  | SEN   | neighborhood clinics, affordable housing for seniors or apartments for seniors.   |
| 1161   | 65203 | Very Good | CLIN   | MH    | EDU   | More mobile health clinics in low income areas are needed. In addition, at least one or two classes in middle school and high school that address the root causes of (and solutions to) mental and physical health problems and that also teach critical thinking skills. Much of our population lacks such skills.   |
| 1052   | 65203 | Very Good | COLLAB | PREV  | HOUS  | Partner with others in the community on SDOH. Don't reinvent the wheel in order to get "take credit". Don't duplicate efforts. We will never have optimal health in our community if we don't address root causes. There are some really excellent programs that pair hospitals, housing and unsheltered people.  |
| 1045   | 65203 | Good      | COMM   | AWARE | SPRT  | More communication to our community about what IS available. I am not sure what types of support is offered in these areas.   |
| 1103   | 65255 | Good      | COMM   | AWARE |       | Communication of issues to the community via various means would be helpful. Often we are unaware of needs in the community.  |

| CHNA 2025 Community Feedback: Boone Health PSA (N=676) |       |           |      |            |       |  |
|--|-------|-----------|------|------------|-------|--|
| 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)   |
| 1628   | 65201 | Very Poor | COMM | MH         | SUIC  | Before everyone had cell phones life was better. Now everyone is in their own heads on their phones oblivious to what is going on around them. People are isolated and communicating is a big fat zero. Non existent if you will. Then, a mental health problem happens, oh let's put him in a psych ward because it's beyond our capab. Makes a person who ALREADY WONDERS WHETHER THEY'RE LOVED OR NOT SUICIDAL. ALL IN THE NAME OF: "HELP." THIS IS HOW MY BROTHER DIED AFTER RECEIVING SERVICES.   |
| 1202   |       | Very Good | COMM |            |       | Band together and let our voices be heard!   |
| 1410   | 61354 | Good      | COMM |            |       | Check up on individuals  |
| 1494   |       | Good      | CULT |            |       | Acknowledge the impact of White systems on People of Color and Black people  |
| 1270   | 65201 | Good      | DEM  | SPRT       | ACC   | Little assistance to dementia care, limited programs for dementia day care, limited access to caregiver support for dementia caregivers  |
| 1172   | 65251 | Good      | DOCS | CLIN       | EDU   | Universities and larger providers are going to have to provide care through satellite clinics in smaller communities. This is a good way to educate health care students and provide needed care to underserved populations.   |
| 1033   | 65203 | Very Good | DOCS | COLLA<br>B | PRIM  | Recruitment of more physicians and a structure for acute needs with collaborating physicians (NP etc) when PCP is not available.   |
| 1550   | 65203 | Good      | DOCS | DENT       | PRIM  | Increase supply of providers, dentists, veterinarians, primary care, specialists especially that don't accept Medicare.  |
| 1112   | 65201 | Poor      | DOCS | NURSE      | FUND  | Recruit more experienced doctors and nurses to area, have doctors/specialists use telemed, prioritize funding on critical areas such as neurology, elder care, etc.  |
| 1216   | 65233 | Good      | DOCS | SCH        | EMER  | It seems like our doctors are so busy that you have to schedule appointments weeks in advance. This doesn't work for illnesses. A lot of the urgent care patients end up going to ER in Columbia. This means a great deal of money will be spent for co-payments from 2 care facilities if the patient doesn't have good insurance. We need more doctors available to provide services in a more timely manner.  |
| 1160   | 65201 | Very Good | DOCS |            |       | More doctors available   |
| 1368   | 65203 | Good      | ECON | AWARE      | CHRON | Economic stability, specifically uncertainty, is huge right now. Clear, consistent, transparent messaging from leaders around what will stay the same and what may change is important. Focus on bringing awareness of chronic stress (workplace, basic needs, societal, familial) as a root cause of health problems to improve health care outcomes.   |
| 1613   | 65202 | Very Good | ECON | FINA       | INSU  | Economics is key. Wages have been stagnant for 30 years, yet healthcare costs have skyrocketed. Average incomes cannot cover care. Many services are geared to Medicare recipients only, leaving gaps for the 60-64 age group. And, many practitioners across multiple disciplines are not accepting new patients.   |
| 1016   | 65203 | Average   | ECON | FINA       | WAG   | Hard to disentangle any of these from the others, but I know that economic instability makes it difficult to access healthcare. I am insured through my job, but I would have had to pay an extra \$900/month to insure him on my plan. We are not wealthy by any means, and he is currently unemployed, but because of our tax filing last year, he is not eligible for the premium subsidy through the marketplace. A decent marketplace plan would cost \$600/month, so we opted for catastrophic only for this year. Cost of living has skyrocketed; wages and salaries have not. This is not being recognized in these subsidies.   |
| 1087   | 65203 | Very Good | ECON | HOME       | HOUS  | Economic stability is an ongoing concern for the poorest among our population here and elsewhere. It factors into the other determinants. I believe the planned Opportunity Campus is a great step in addressing the problem of homelessness, but more needs to be done for families on the brink of losing their housing, including counseling and job-finding support. Programs and mentorships to educate their children about personal finances could help break the cycle as well.  |
| 1540   | 65203 | Good      | ECON | HOUS       |       | One thought would be to actively engage with Boone County's Upward Mobility project addressing Jobs & Workforce Development, Early Grade Literacy and Fair and Inclusive Housing. <a href="https://www.showmeboone.com/community-services/upward-mobility/">https://www.showmeboone.com/community-services/upward-mobility/</a>  |
| 1375   | 65203 | Average   | ECON | NUTR       | SPRT  | You need to hone in on anything you can do to help with economic stability, such as ending food insecurity in our town and state. This goes hand in glove with social and community support. We'd love to think we have this in Columbia but we really don't. There isn't a structure that covers everyone. If you go to a church, sure, but many don't and many don't want to be beholden to such an entity for help. So we need to do way better there. 2. Finding attractive meal options in a healthy diet for people that in the main are eating junk food for breakfast, lunch, and dinner is going to be key. Simply giving out samples and recipes isn't going to cut it. You need to walk beside people in their own homes, and help them. Train community chefs and nutrition coaches from existing public housing residents. They have the privilege to step into folks lives that really need it, right where they live. Structures and support need to be put in place that makes asking for such help easy and a no-brainer, and for coach neighbors in the know, to make it easy for them to give such help. 3. I favor block party healthy eating banquets. Also way more vegetable gardens than we have now in all possible areas of town but definitely in every single public project woth land. We need to be creating a food forest and teaching people not only how to garden it, but how to use its produce to prepare delicious meals such that they will not only not miss the junk food, but will vastly prefer their own gourmet cooking. |

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| 1562   | 65203 | Very Poor | ECON | POV  |      | Stop letting sonmany people that don't even try to work a real job free everything from the state so people that actually need it get the help. It's the WORKING that need Healthcare and resources bot the the people that sit home and get TANF and a grand in food stamps  |
| 1174   | 65203 | Good      | ECON |      |      | Economic stability  |
| 1356   | 65201 | Very Good | EDU  | ACC  |      | Education Access is difficult for working parents, perhaps offering online and/or recorded courses that can be viewed at people's convenience.  |
| 1210   | 65203 | Good      | EDU  | ACC  |      | Education has been suffering due to a problem with credibility. I have heard from people time and again that they don't believe or don't trust the information they are getting from subject matter experts. I'm afraid that I don't have a solution for this, but it is the root cause of a great many other issues. We can't make progress in education if people don't believe what they're taught, and we can't make progress on pretty much anything else if education is lacking. How do we make it so that people can trust our doctors?   |
| 1454   | 64064 | Good      | EDU  | DISA |      | More educational tools for children with learning disabilities  |
| 1131   |       | Average   | EDU  | DOH  | WAG  | Better primary and secondary public education, ie, smaller class size, better pay for teachers, better nutrition at school.   |
| 1196   | 65201 | Very Good | EDU  | ECON | SPRT | 1) Education Access and Quality: We live in a highly educated community with the colleges and university programs well established and identified in this community. Access appears to be good and availability great. I would assess the quality to be above average. But lacking rural community connection could be improved and facilitated better. Making "feeder" connections more visible. 2) Economic Stability: This is a national problem given the nature of current Executive Branch administration and leadership. Across the board, economic stability is fractured and affected by who is in leadership at the top of government hierarchy. 3) Social / Community support: A grassroots movement of engagement and supporting neighbor-to-neighbor connection and community is lacking. Police, Fire and Social Services are lacking enough staff and community engagement. 4) Neighborhood / Environment: Support and encouragement to be engaged and involved in community seems essential. Community policing seems an obvious need that has within it a component of behavioral health, social service and treatment placement. A social worker involved in police care would go a long way to access to services offered in the community. 5) Access to Quality Health Services: Currently, it appears ample and sustainable...except for rural communities such as nearby Mexico, Missouri, and other nearby towns, villages, and cities. Within Boone County there appear to be ample quality health services, but lacking the rural connections. |
| 1567   | 65202 | Good      | EDU  | EMER | AMB  | Educate on what a true emergency is before calling 911 Ambulances are being treated like taxis by the poor and homeless.  |
| 1182   | 65203 | Good      | EDU  | FINA | RESO | I think that if people are educated on financial matters and have resources available for them to turn to, the rest will fall into place. Financial stability leads to less stress, better health, and stability as it pertains to housing and food.  |
| 1108   | 65203 | Very Good | EDU  | PREV |      | Importance of good parenting skills. Good health is important at all stages of life. Educating the importance living a good healthy lifestyle, preventing health issues, understanding how family health history/genetics and lifestyle can have an impact on your health.  |
| 1064   | 65203 | Very Good | EDU  | QUAL | PREV | Getting people motivated to participate actively in their own healthcare via a healthy lifestyle is a barrier that I don't know how to overcome. How do we even begin to educate them as to how a healthy lifestyle will benefit them? Inexpensive food often is unhealthy. We have many different & quality services in our community. Would a central 'clearinghouse' so to speak, help people locate & access the services they need? Improved public safety (more law enforcement) might improve the quality of life in many neighborhoods. But the city must buy in to that belief if the police force is to be properly supported. People aren't going to be concerned about diet & exercise if they have inadequate or no housing & live in a culture of violence. I feel our public school system does an inadequate job of preparing students for work & college. Employers report it is common for them to interview local high school graduates that have such dismal reading & writing skills as to be unemployable.  |
| 1607   | 65203 | Good      | EDU  | SH   | NUTR | All starts with the failing education system. Schools no longer team home economics. How to prepare health food, handle their finances. I also believe control what SNAP can be used to purchase would help.  |
| 1360   | 65202 | Very Good | EDU  | SH   |      | We need to find ways to break out of our usual bubbles to educate and provide services to more people. Maybe host events across the city or county at schools to screen and provide options.  |
| 1593   | 65201 | Good      | EDU  | SPRT |      | In my opinion parents have become overwhelmed and tired from the ongoing demands and just do not know or care to help their children outside of the school day. This is impacting kids in ways that are detrimental to their growth and ability to thrive as an adult.  |
| 1384   | 63379 | Good      | EDU  | SPRT |      | More education and support for the whole community  |
| 1600   | 65255 | Average   | EDU  | SPRT |      | other family members being a voice for the ones whom are unable, educating, there are a lot of community members who barely have a roof over their head or family support   |
| 1450   | 63303 | Good      | EDU  |      |      | Educate everyone, be more strict on certain policies  |
| 1626   | 65203 | Good      | EDU  |      |      | Education needs to be improved with a return to teaching academics.   |

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| 1445   | 65201 | Very Good | EDU  |      |         | I think the college campus does a good job of education of health but surrounding neighborhoods could be better educated  |
| 1544   | 65203 | Good      | FAC  | SERV | EMER    | To have an impact on the social determinants of health, Boone Hospital needs to be more involved in community efforts such as Boone County's Upward Mobility Project that specifically address many of these items. I would also recommend that Boone Hospital be open to collaborating with the MU Hospital on working with the Boone County Community Services Department's Health and Justice Coordinating Council that is currently being developed. This would help save on those individuals who are the "familiar faces" of emergency rooms and hospital visits. |
| 1455   | 65203 | Very Good | FINA | CC   | HOUS    | Affordability of childcare, housing, food   |
| 1340   | 65255 | Very Good | FINA | EDU  | SERV    | Spend money on providing basic needs and education, with an emphasis on excellent customer service and compassion and respect, and bridge the gap between the lack of education and access to vital resources and give people hope for a better future.   |
| 1046   | 65203 | Average   | FINA | PHAR |         | A community health care plan that would bring in universal affordable and easily accessible health care like a Kaiser Permanente type program as well as national health care as in Europe that's not driven by corporate greed.  |
| 1510   | 65010 | Very Good | FINA | POV  | CC      | Making the income requirements not so high for benefits for food and child care. Having more low income housing in nice neighborhoods.  |
| 1659   | 65203 | Good      | FINA | SH   |         | Money is not always the answer. Teaching health in schools is important   |
| 1552   | 65203 | Average   | FINA | SPRT | FUND    | The root issue is money. None of these problems can be solved without it. Specific programs can be designed by public health experts, but if you cant get funding then it doesn't matter. Our local reps and stakeholders need to push state and federal lawmakers to get more tax revenue or other breaks so that facilities can actually enact the programs needed to address SDOH and other community health issues  |
| 1549   | 65203 | Good      | FINA | STFF |         | It costs too much, and every place is short staffed.  |
| 1635   | 65270 | Very Poor | FINA |      |         | Use the money your stealing from us and use it properly. That's black and white. Actually help the people you always say your going to help. Better yet just call Elon Musk and ask him to audit you.   |
| 1601   | 65202 | Very Good | FIT  |      |         | Get people to exercise before medication  |
| 1065   | 65255 | Good      | FUND | GOV  | COLLA B | As more funds and programs disappear from the federal government, we must work together as a community to meet the needs. Community building would be a top priority....caring for your neighbor, working together to solve problems. If that could be accomplished I believe the rest will follow.   |
| 1283   | 65203 | Very Good | FUND | SERV |         | Continue to provide city funding to applying programs through the Human Services Commission and Human Services office, Continue to provide vaccination and other health related services through the county health department and Compass facility on Worley.   |
| 1145   | 65203 | Very Good | FUND |      |         | Obviously: more funding.  |
| 1545   | 65583 | Very Good | FUND |      |         | With funding constraints as they are i am not sure how to combat this.  |
| 1543   | 65202 | Average   | GOV  | FINA | PREV    | the more the government gets involved in health related issues the worse the cost, availability and care become. Our food supply and toxins in the air have made us less healthy. Very few doctors address this issue. Medical schools need to once again emphasize health and wellness while caring for patients. Throwing medications and procedures at patients rather than altering lifestyle choices will not fix this sickness we all struggle with. Americans are less healthy than ever.  |
| 1309   | 65256 | Average   | GOV  | MAN  |         | City leadership needs to change.  |
| 1587   |       | Very Good | GOV  | RESC |         | Recent federal government cuts are impacting state and local healthcare responses, delivery of care, and research. Housing is also such a huge element impacting health.  |
| 1077   | 65202 | Average   | GOV  |      |         | Tax the rich :)   |
| 1075   | 65203 | Average   | GOV  |      |         | Unfortunately, you are asking this question when every service is going to be worse because of the attack on our government by the current administration.  |
| 1162   | 65010 | Very Good | GOV  |      |         | Yes... be mindful when voting in the next election  |
| 1234   | 65201 | Good      | HOME | ACC  | MH      | We have to find a way to take better care of our homeless population and provide better access to mental health services.   |
| 1618   | 65201 | Average   | HOME | DRUG |         | The homeless are ruining our communities. Laws need to be enforced about panhandling and trespassing and public drug use and drunkenness.   |
| 1206   | 65256 | Good      | HOME | MH   | HOUS    | Need a solution to the homeless issue. And to get mental health services to needed. Housing always an issue not sure how to address. And the CRIME  |
| 1120   | 65202 | Good      | HOME | RESO | SPRT    | I feel like more homeless and mentally ill people will be bused to Columbia when the facility on Business Loop opens. I don't know that Columbia will have the resources needed to support those people.  |
| 1186   | 65202 | Average   | HOME |      |         | Homeless is out of control and needs to be addressed.   |
| 1464   | 63501 | Good      | HOME |      |         | I think we need to have more homeless shelters in our community   |
| 1019   | 65202 | Good      | HOUS | CC   | TRAN    | Lack of affordable housing and childcare severely limit opportunities for area families, and our public transit is very limited. These all put up barriers for families to access career ladders and economic opportunities.  |
| 1351   | 65203 | Good      | HOUS | FINA | EDU     | I think affordable housing is of increasing concern. It would be good to have easy, basic cooking classes for preparing healthy food - for us non-cooks who are trying to eat healthier.  |
| 1486   | 65203 | Average   | HOUS | FINA | POV     | Need more affordable housing for seniors and low income residents with adequate transportation to support services.   |
| 1555   | 65203 | Good      | HOUS | FINA | PREV    | Housing. We need more affordable housing so people can have the bare minimum of safety and security on which to build a healthy life  |

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| 1134 |       | Average   | HOUS | FINA  | TRAN | affordable housing needs to be a county priority; followed up with access to affordable health tx programs, then better community transportation  |
| 1383 | 65203 | Good      | HOUS | FINA  |      | I believe better housing/more affordable would significantly help out community.  |
| 1121 | 65203 | Good      | HOUS | MH    | VACC | Required treatment before entering housing for homeless with mental illness and substance use. Required treatment for these people in housing. Inpatient psych holds on dangerous homeless people. This is low hanging fruit option. Limited numbers. Huge need. Huge danger. Greater ROI over long term treatment. And mandatory vaccinations. No vaccination then no school, no job, no public transportation or services, no travel.   |
| 1378 | 65203 | Good      | HOUS | NUTR  | TRAN | We need affordable housing located in areas that have access to healthy food and to healthcare services. Our public transportation is abysmal to nonexistent and that needs to be addressed. More funding and support for our educators and public schools. Pretty much do the opposite of everything our federal government is currently doing.  |
| 1534 | 65202 | Good      | HOUS | POV   |      | Safe affordable housing is difficult to find in Columbia, MO, particularly for those around the poverty line.   |
| 1119 | 65202 | Very Good | HOUS | RESO  | WAG  | I've lived in Columbia nineteen years. Since I've lived here there has been continuous talk about affordable housing and still very little has been done. It is cheaper to live in the suburbs of St. Louis than it is here. I work with a group at my church that helps people either rent, utilities, food, etc. I've noticed that many employees hire people for part time jobs instead of full time, so their salary is not enough for day to day living.   |
| 1500 | 65203 | Average   | HOUS | TRAIN | WAG  | Affordable housing: workforce training and getting community into jobs gives purpose; livable wages.  |
| 1154 | 65203 | Good      | INSU | ACC   |      | We have a lot of people in low, paying jobs with little or no health insurance, and little or no access to health services.   |
| 1215 | 65233 | Average   | INSU | EMER  |      | I think bringing back a small copay for Medicaid clients-such as \$5 for ER visit and \$3 for doctor's visits which would eliminate using ERs for simple conditions.  |
| 1591 | 65202 | Poor      | INSU | FINA  | SERV | Health insurance is not affordable, coverage is shrinking, services lacking   |
| 1485 | 65202 | Average   | INSU | GOV   |      | continue access to Medicaid and other government assistance programs for health   |
| 1156 | 65202 | Good      | MAN  | HH    | PRIM | Increased case management, home visits, easier access to pcp  |
| 1319 | 65201 | Very Good | MH   | AWARE | TRAN | I think there are services out there. There seems to be a disconnect in sharing of information. It seems that people who need services have a variety of places to contact. How do people know where to call or who to call first? If someone is in mental health crisis who should the helper person contact? If a person needs to know where to find more affordable places to rent who should they contact? If a person is a veteran in need of healthcare, housing etc? What VA office should they contact first? I don't know the answer but maybe have information directory of services. Maybe have it broken down into categories food , housing, mental health etc. I feel like people don't even know where to start calling. This directory would be shared with a variety of service agencies, schools, healthcare offices, mental health counseling etc. Transportation will continue to be an undertaking. Public transportation is unworkable at the present time. It's unconscionable to ask drivers to work in an unsafe environment. It is unsafe for people trying to get to work or appointments to ride. Maybe go to charging bus fees to make the troubled riders maybe decide not to ride. |
| 1133 | 65201 | Good      | MH   | HOME  | DRUG | Need to provide mental health services to everyone, not just the homeless who may be suffering drug/alcohol problems. Social media has become a plague on the country, allowing trolls to make nasty comments to people without showing their faces. Young people need to be taught how to interact in a healthy manner and develop social relationships which are face-to-face and not based on the opinions of some anonymous cowards.  |
| 1616 | 65201 | Average   | MH   | HOME  | VIO  | Provide mental health services and housing to homeless individuals. Help homeless and disabled get social security benefits. Classes on impulse control for juveniles at risk for violent behavior, substance abuse or homelessness.  |
| 1061 | 65203 | Good      | MH   | SPRT  | MRKT | I recently learned that the majority of people in our city jail suffer from severe mental health issues, and also that there is more violent crime in Columbia than the general public is aware of. The lack of intact families is a HUGE PROBLEM! We are happy to provide "family planning", but are we providing information and classes on the importance of family stability and how to maintain it? How to be a good dad & mom? What does a healthy meal look like? Advertise classes at the foodbank. So many have not had role models, and the community suffers in countless ways with kids on the streets, teens with guns, no interest in/or ability to pay for health care, so many things!  |
| 1205 | 65203 | Very Good | MH   |       |      | longer term mental health assistance  |
| 1031 | 65010 | Good      | MH   |       |      | Too many mental health issues- lack of biblical teaching- 10 commandments taught at church, schools and home. This teaching needs to be teamed with Grace provided by Jesus Christ.   |
| 1158 | 65202 | Average   | MRKT | AWARE | HRS  | More marketing of what services are available, more flexible hours, services offered where need exists  |
| 1437 | 65201 | Average   | MRKT | NUTR  | EDU  | Having posters in local grocery stores or partnering with local businesses to advertise healthy products they have would be a good way to promote healthy foods. In addition, making it known where the closest health service is to them is really important and can help.   |
| 1566 | 65203 | Good      | MRKT |       |      | Do not focus on delivery, just offer/advertise the services.  |

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| 1021 |       | Poor      | NEG  | PRIM | EDU   | One of the most neglected items by Primary care providers and not properly funded by the Provider. Important educate, work with public health and resources to come up with a comprehensive plan.  |
| 1386 | 63122 | Very Good | NUTR | ACC  |       | i think whole, unprocessed, nutritional foods should be more accessible to non-athletes  |
| 1650 | 65251 | Very Good | NUTR | EDU  |       | reduce emphasis on fast/quick food and enhance programs that teach cooking and nutritional information   |
| 1257 | 65240 | Very Good | NUTR | HOUS | FIT   | Lower food and housing costs. Healthy food is most expensive. More free exercise classes. All children take Physical Education all years in school. All younger kids get recess 3 times a day like I had growing up. My generation is more well adjusted than the current one! Fresh air, sunshine and exercise! Less problems with kids if they get their energy out playing!   |
| 1675 | 65203 | Very Good | NUTR | HOUS | TRAN  | We have partnered with the Food Bank to try to address food insecurity. Affordable housing and transportation remain an issue.   |
| 1422 | 60433 | Good      | NUTR | TRAN | TOB   | Less food deserts, easy access to free transportation, higher taxes on tobacco products.   |
| 1272 | 65255 | Average   | OTHR | ECON |       | Getting people back to work  |
| 1519 | 65255 | Good      | OTHR |      |       | Don't just talk about it in committees be part of the solution.  |
| 1631 | 65201 | Average   | OWN  |      |       | Not sure but I think we have made it easy for people to be lazy and not work anymore   |
| 1069 | 65039 | Good      | OWN  |      |       | Personal responsibility  |
| 1564 | 65203 | Very Good | OWN  |      |       | Public expectation that someone else is responsible for providing for their needs; lack of personable reponsibility fostered by the nanny state mentality; lack of work ethic in the predominately liberal boone county mentality  |
| 1637 | 65203 | Good      | POV  | INSU | CHRON | Having a greater outreach to low income, uninsured, and chronic disease management would be beneficial. Patients are inappropriately using--and being referred to--emrergency departments, leading to overcrowding. MANY of these visits could be handled through primary care, walk in clinics, and community medicine. Educating the community on available resources and holding walk-in and after hours clinics could help.  |
| 1563 | 65203 | Poor      | POV  | PREV |       | It actually comes down to poverty and that requires a whole revamp in terms of prevention and approaches to wellness. Address poverty.   |
| 1353 | 65270 | Average   | PREV | HRS  |       | Possibly. More community wellness opportunities. Neighborhood group to do's. Some what like neighborhood watch meetings but walks. Engagement . "Host yards" -select homes open there yard to the neighborhood. {Example}. From 6:30-9:30 p.m on thursday, Friday and Saturday of the first week in June the Smiths at 123 USA St. Rotating who's yard each week. And engurage "bbq contest" , "worst dressed contest" , " yard / street tic tac toe." And other games of that nature. "Story/ movie in the back yard" |
| 1169 | 65203 | Poor      | PRIM | ACC  | TRAN  | having primary care available in a timely manner and right now for us and others- transportation that is affordable  |
| 1664 | 65256 | Good      | PRIM | DOCS |       | pay incentives to get more Primary Care Docs to sign on to work in Columbia for 3+ years.  |
| 1254 | 65010 | Good      | PRIM | GAS  |       | #5- Bring more PCP doctors to the area. Bring more GI doctors to the area.   |
| 1089 | 65265 | Good      | QUAL | ECON | RESO  | I have very specific ideas and and thoughts for these. To try to provide as much insight, without over elaborating...we have to change the delivery of Healthcare and lead change, instead of following suit. We cannot control the economy, but we can provide resources, access and build a preventative model to reward healthy people in our community and ultimately turn that into a progressive reward for us as providers in our practices.  |
| 1594 | 65203 | Very Good | QUAL | EDU  | RESO  | 1) Continuing to provide high quality public education and integrating an engaging health/nutrition curriculum 2) Providing services to connect the unemployed with job opportunities and resources 3) Providing more opportunities for the community to come together around events held by businesses and institutions 4) Investing in neighborhood cleanup initiatives 5) Providing access to the uninsured and helping people navigate health insurance processes.   |
| 1444 | 65203 | Good      | QUAL | INSU |       | For one thing, Columbia is a healthcare hub for the entire region. When patients are transported here (and are unhomed), unfortunately, the municipalities bringing them here don't take responsibility for them after care, so they stay, exacerbating the issues around unhomed. Suddenly we have all these people, many with mental challenges, comorbidities, no insurance or means of support....how do we overcome this?   |
| 1296 | 65201 | Average   | QUAL | MAN  | SPRT  | Access to quality health services is the main determinant based on my experience as a community case manager. There is not enough access to quality services for individuals on state healthcare - generally those who need the support the most.  |
| 1533 | 65203 | Average   | QUAL | PRIM | RUSH  | Access to quality health services. We need more specialties as well as more providers. Many who have family medicine as their primary doctors tell me they have little to no access to specialty doctors so there health has suffered or they feel like just another number and that they do not get enough time with there provider. That was one reason I had to switch to internal medicine to even see the specialist I needed.  |
| 1598 | 65201 | Average   | QUAL |      |       | i could go on for hours about how to improve these fields  |
| 1344 | 65201 | Average   | REC  | ACC  | FINA  | Acces to walking inside a building on cold days. Not the mail. And you don't have to pay. Cheaper on ARK. Cost to much for some people.  |
| 1184 | 65201 | Very Good | REC  | EDU  | FIT   | Get rid of drive throughs If people walked more they'd be healthier But so many just sit in cars.  |

## CHNA 2025 Community Feedback: Boone Health PSA (N=676)

| 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)   |
|------|-------|-----------|-------|------|-------|--|
| 1568 | 65256 | Good      | REC   | MRKT | FIT   | Publicize trails and make gym access easier and more affordable.   |
| 1447 | 65203 | Good      | REC   | POV  | ACC   | Improving lower income parks!!! Douglass park is in a lower income area, but many of people in the community don't use it or avoid because of drug dealing and gang activity that happens within different areas of the park. More access for a fun & safe park to play in for the younger kids in that live there.  |
| 1280 | 65203 | Very Good | RESO  | ACC  | PREV  | I'd say the community needs more activities/ businesses, events that don't have alcohol. Everything has a bar attached to it, making it difficult to regulate healthy habits.  |
| 1063 | 65203 | Very Poor | RESO  | COMM | TRAN  | #5, #4, #2 in that order. New residents and those lacking resources including communication and transportation are really out of luck, and cannot enjoy the preferable preventative care. Chronic or other conditions go untreated until emergency occurs, with of course worse outcomes. I have moved a lot, lived in big cities and rural, and CoMo is the absolute worst in accessibility. I currently have to travel out of town to get care - both preventative and specialty care. This is dangerous and really unacceptable. I only have insurance for MU System. Boone seems much better system, but tends to charge (much) more and not as many services.   |
| 1463 | 65201 | Good      | SAFE  |      |       | There needs to be more room for safe environments  |
| 1330 | 65203 | Good      | SCREE |      |       | Continue to do free screenings   |
| 1282 | 65201 | Very Good | SEN   | TRAN | YOUTH | Services for the elderly - perhaps an in-home visit or transportation to a group activity. Services for young children-interventions for kids in unstable households. I don't know if that's a 'buddy' system or something more formal, but someone to check in with kids and if possible help their parents access services as needed.  |
| 1204 | 65202 | Good      | SERV  | ACC  | SERV  | There are numerous agencies and not for profits that provide outreach services, but the information on what each does is not coordinated in a manner that person can access a "menu" of services to match the individuals need whether as a consumer or volunteer of that service. Such coordination would be helpful and require continued monitoring to ensure the information is up to date and accurate.   |
| 1043 | 65202 | Good      | SERV  | ACC  |       | Being more strategic about where new services are built. Many seem to be added to the south side of town but really it's the north side that needs them the most.  |
| 1453 | 65202 | Very Good | SERV  | HOME | QUAL  | One good idea is to create better health services and homes for the homeless. This would be through higher quality community centers.  |
| 1294 | 65201 | Good      | SERV  |      |       | Don't have suggestions to improve these areas right now BUT you can't rely on the city of Columbia to provide these services. The city doesn't have enough funds to address all these social issues.   |
| 1590 | 65255 | Good      | SERV  |      |       | Unsure how often public/community meetings are held but this would be a great way for people to express their ideas and then do small group break out sessions to come up with ideas.  |
| 1078 | 63559 | Very Good | SH    | EDU  | PREV  | Talk to school age kids about the importance of healthy habits. Discussion needs to be addressed as early as possible. Also, kids and adults need a safe place if unpreventable events happen.   |
| 1277 | 65201 | Poor      | SH    | NUTR | WAG   | we need to provide after-school programs that can provider academic and nutritional support, school-based health care- especially for mental health, vocational training/funding for low-income families could also help. We need higher wages and increased financial literacy. We need more services for families of children- especially children who have severe behaviors (currently the option is to sign over custody to CD). We need safe and affordable transition housing and a focus on public transportation.  |
| 1324 | 65203 | Average   | SPIR  | SPRT | MH    | I think belonging to a religious community is a powerful means of social and community support, mental and spiritual health. The relegation of religion to a "private matter" has been deleterious. I'm unsure of the overall benefits of marijuana dispensaries in the city. Even though it's legal, perhaps some education on the negative effects of prolonged use is needed. It would be nice if the dispensaries could be denied a license even with marijuana remaining legal. Affordable housing is currently a very big problem. Could there be incentives for residents to open B&Bs or for more low income housing?  |
| 1376 | 65201 | Very Good | SPRT  | EDU  | MH    | Support and encourage intact nuclear families. Encourage people to wait for marriage to engage in marital relations. Find and treat causes of women's health problems instead of using oral contraceptives. Educate especially mothers and daughters in their own reproductive systems to develop appreciation for their own beauty and value. Teacher men and boys that real men respect their mothers, daughters and other young women and wait for marriage to engage in marital relations. Such behavior overall results in better mental and physical health, stronger Families provide support for each other with better nutrition and health, less mental illness, less poverty and less homelessness. |
| 1288 | 65039 | Very Good | SPRT  | REF  | ECON  | Neighborhood. Support in Community areas is needed. Social/Community. There are many community services but no central referral point as a first step. Economic Stability is needed because priorities can push preventative care down the choice tree. Education is crucial again as a central referral point could minimize applications with several choices.   |
| 1451 | 65201 | Good      | SPRT  | RESO | ACC   | I think there could be a little more social and community support. I feel like we have access to a lot of resources in this county, but they aren't always utilized.   |

## CHNA 2025 Community Feedback: Boone Health PSA (N=676)

| 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)   |
|------|-------|-----------|-------|-------|-------|--|
| 1289 | 65274 | Poor      | SPRT  | RESO  | PREV  | If a family/individual is working, they often are above income guidelines to qualify for assistance. However, they are still struggling and living from paycheck to paycheck. Health related items/procedures/preventative measures and nutrition or often the things that are neglected due to cost. Somehow make these things more affordable?   |
| 1017 | 65203 | Good      | SPRT  | RESO  |       | Get people in need involved in community activities. Even if you are in need, you can still help others.   |
| 1124 | 65203 | Average   | SPRT  | SERV  |       | Trump has taken control and is cutting all the critical support services. Health of the general public will only deteriorate.  |
| 1573 | 65279 | Average   | SPRT  | SH    | FINA  | In order to have better outreach in these areas, care needs to be easily accessible. These include after business hours availability to those that can not take time away from their jobs during the day or pull their children from school/daycare. The biggest challenge is convenience. As soon as one obstacle is in the way (ie inability to take leave from work during business hours) it becomes impossible for a potential patient to see past that hurdle to even address other potential hurdles (cost/quality of care/insurance coverage for said quality of care).  |
| 1557 | 65203 | Good      | SPRT  | TRAN  | EDU   | Improved community support for transportation, utility assistance, and food access. This requires education to those needing assistance as well.   |
| 1645 | 65203 | Very Good | SPRT  |       |       | Support Boone Hospital   |
| 1084 | 65203 | Good      | SPRT  |       |       | Support family unit  |
| 1346 | 65203 | Good      | TRAIN | ACC   | GOV   | We need more businesses coming in for jobs and training to get people out of poverty. And something HAS to be done about the insurance companies. That's more on a national level, but people have to have access to health care with low premiums, however I do NOT want the Fed Government taking it over. They need to regulate the ins companies, but more.  |
| 1059 | 65203 | Good      | TRAN  | ACC   | DRUG  | I think our public transportation needs to be drastically improved. I also think we need better access to addiction services and help for the homeless and severe drug addicts.  |
| 1325 | 65202 | Very Good | TRAN  | FIT   | FINA  | 1. It would be lovely (not sure how) if public transportation were more frequent and more accessible: improves access to health care, exercise, work, etc. 2. Increase financial literacy at school, writing, communication skills 3. Social and faith initiatives in target areas of COMO where young men feel they need to carry a gun to feel safe  |
| 1560 | 65203 | Good      | TRAN  | FUND  |       | Transportation is a huge barrier to access resources that fall under each social determinants category. There's a lack of funding in the community to pay for transportation.  |
| 1080 | 65203 | Good      | TRAN  | HOME  |       | The Medicaid transport system is poor Not enough drivers? We have at least one driver who will leave if pt not out in circle drive when he arrives. Don't know if this is our problem or theirs though Columbia provides alot of services for homeless but many still here   |
| 1269 | 65202 | Good      | TRAN  | PARK  | ACC   | Medical Transportation is limited and handicap accessible transportation is limited. I had a stroke and ambulate with a walker. I can drive but handicap accessible parking limits where I can go. I have a limited distance that I can walk.  |
| 1111 | 65203 | Very Good | TRAN  | POV   | ACC   | The majority of residents have access to transportation services, however, those who are low income experience inefficiencies in public transportation for both work & access to health services.  |
| 1083 | 65202 | Average   | TRAN  | RESO  | FINA  | I think medical transportation services remains a huge problem. We constantly have patient's unable to make it to appts. or surgeries due to lack of adequate transportation. More resources with wider time options are needed. That means we need multiple new services in place that patient's can use their insurance to cover cost of or just adding more staff to current services with wider time options for pickups/dropoffs. If a patient needs to be picked up at 4am to make it to their 5:30am check in for surgery at the hospital then they should be able to arrange transportation to do that. There should also be an option on standby for patient's that are needing to get in for appts surgeries quickly. That way the 3 day rule would not apply to these situations. As far as economic stability goes, absolutely everything is overpriced currently. Food is a major problem right now for people and is making it very hard for people to even get basic options such as eggs for their family. How can they eat healthy when fruits/meat/vegetables are simply to expensive to afford for a lot of working families. This is a huge problem. So is the housing market right now. Houses/cost of building materials is so high currently that you have whole generations of people unable to buy their first homes after being done with college simply because they want over 300,000 dollars for slab homes with no basement/garage. It's just not feasible and it makes absolutely no sense. |
| 1267 | 65203 | Very Good | TRAN  | RESO  | SH    | I need more time to wrote this out but would love to give my input. Transportation. Maybe hosting community gatherings with teachings, screenings & resources in actual neighborhoods not just at Stephen's Park kinda thing. Partner with local schools to help integrate Boone & the Boone teachings early with people in the community. 100% Boone Ambassadors would be amazing. This is off topic, but I feel Boone used to be so well untangled in the community. That all changed maybe 8 years ago.   |
| 1256 | 65284 | Average   | TRAN  | RURAL | SCH   | Easy access transportation for rural settings for appointments in the "big city".  |
| 1571 | 65203 | Good      | TRAN  | SCH   | AWARE | Better transportation for disabled people to get to their healthcare appointments. As previously stated, I am aware there are some programs, but the driver(s) were not reliable   |

## CHNA 2025 Community Feedback: Boone Health PSA (N=676)

| 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)   |
|------|-------|-----------|------|------|--------|--|
| 1339 | 65203 | Good      | TRAN | SCH  | HOUS   | Transportation to appointments, access to stable affordable housing, food instability and ability to get food resources, need to visit folks in community for signing up/assessments/safety and involvement in accountability of landlords for repairs, treatment towards residents and general maintenance. |
| 1054 | 65010 | Good      | TRAN | SEN  |        | Transportation for people in lower SES groups and the elderly/disabled is severely lacking. Some exists within the city limits but many people seeking care live in the county or smaller towns around Columbia.   |
| 1316 | 65101 | Very Good | TRAN | SERV |        | transportation to and from health services   |
| 1655 | 65203 | Good      | TRAN | SERV |        | We need better/more reliable public transportation in our community. Additionally, we better snow removal services so people can have access to healthcare and emergent needs during snow storms.  |
| 1218 | 65233 | Very Good | TRAN | SH   | COLLAB | TRANSPORTATION, COMMUNITY INFORMATION ACTIVITIES, BETTER SCHOOL COLLABORATION WITH CHILDREN AND FAMILIES   |
| 1446 | 65201 | Good      | TRAN | WAIT | STFF   | Transportation support needs to more regulated and organized some patients have to wait way to long to be taken back out of the facility and the responsibility gets put on the healthcare workers there and takes them away from their job.   |
| 1588 | 65203 | Average   | TRAN |      |        | Para transit should cover more areas.  |
| 1011 | 65202 | Good      | TRAN |      |        | Public bus transportation is a good start, but the routes and times don't make it an easy option   |
| 1331 | 65203 | Very Good | TRAN |      |        | Public transportation that meets the needs of people without their own transportation.   |
| 1014 | 65202 | Average   | TRAN |      |        | transportation   |
| 1094 |       | Good      | TRAN |      |        | Transportation to and from the hospital  |
| 1199 | 65203 | Average   | VACC | EDU  |        | This is nationwide need to counter the trend toward believing quack conspiracy crap like RFK saying measles are caused by poor diet and increasing skepticism in vaccines. Find a way to counter this and you will change the world for the better.  |
| 1237 | 65201 | Good      | VACC | RESO | HOME   | Importance of vaccines to stop spreading disease. Mental Health issues are ramped in this community. Resources from the State, if solicited properly, might greatly help with the homelessness and Food Insecurity.  |
| 1122 | 65201 | Good      | WAG  | INSU |        | Creating living wage jobs with good health insurance will solve other underlying social problems.  |
| 1481 | 65251 | Good      | WAG  |      |        | low paying jobs creates several issues   |
| 1010 | 65270 | Average   | WAIT | SPEC | SPRT   | #5 needs big improvements! Wait times to see a provider, especially a specialist, are outrageous! More community outreach, screenings, and education   |

## CHNA 2025 Community Feedback: Boone Health PSA (N=676)

| ID   | Zip   | Rating    | c1    | c2   | c3   | Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)  |
|------|-------|-----------|-------|------|------|---|
| 1112 | 65201 | Poor      | ACC   | NEU  |      | Limited access to Neurology and Skilled Nursing.  |
| 1571 | 65203 | Good      | CANC  | SCH  |      | My father tried using OATS for his chemo treatments but the driver kept not showing up then reporting that my father was the one who was not showing up. My father missed multiple appointments because of this and OATS kept sending the same unreliable driver    |
| 1019 | 65202 | Good      | CC    |      |      | Lack of childcare   |
| 1368 | 65203 | Good      | CHRON |      |      | chronic stress  |
| 1344 | 65201 | Average   | CHRON |      |      | Not knowing it a disease.   |
| 1054 | 65010 | Good      | DOCS  | SERV |      | Lack of competent providers and services  |
| 1134 |       | Average   | DRUG  | ACC  |      | limited access to drug abuse tx programs  |
| 1325 | 65202 | Very Good | EDU   | SEN  | ACC  | Time & knowledge: someone to help elderly, those technologically challenged, those with low visibility, low mobility or hearing, to access and manage the pieces of their health care system. it's really hard if you don't have a person and have multiple issues. |
| 1210 | 65203 | Good      | EDU   |      |      | Health education. People don't know what is and isn't good for them.  |
| 1340 | 65255 | Very Good | EDU   |      |      | Lack of education   |
| 1653 | 65240 | Average   | EDU   |      |      | Lack of Education about Health overall.   |
| 1115 |       | Good      | EDU   |      |      | Lack of education and low understanding of health information.  |
| 1533 | 65203 | Average   | EDU   |      |      | Lack of knowledge about what providers/specialty they actually need   |
| 1319 | 65201 | Very Good | EMER  |      |      | Residents don't care about their health until they show up in ER  |
| 1249 |       | Good      | FF    |      |      | Lack of follow up   |
| 1481 | 65251 | Good      | FINA  | ACC  |      | low pay in healthcare makes a lack of health care services  |
| 1095 |       | Very Good | FINA  | INSU |      | Cost of services/lack of insurance & inability to pay   |
| 1561 | 65203 | Good      | FINA  | INSU |      | Healthcare is Cost prohibitive despite having insurance for many.   |
| 1204 | 65202 | Good      | FINA  | PHAR |      | Expense of health care and prescriptions  |
| 1600 | 65255 | Average   | FINA  |      |      | costs of healthcare   |
| 1327 | 65240 | Very Good | FINA  |      |      | Financial concerns  |
| 1522 | 65201 | Good      | FINA  |      |      | No one can afford anything!   |
| 1552 | 65203 | Average   | FINA  |      |      | The rising cost of healthcare, having to choose between meds and food   |
| 1277 | 65201 | Poor      | GOV   | PHY  | POV  | broken criminal justice and rehabilitation services- we criminalize poverty   |
| 1635 | 65270 | Very Poor | GOV   |      |      | Politicians   |
| 1199 | 65203 | Average   | GOV   |      |      | Rising disbelief in science and government institutions as modeled by Donald Trump and RFK.   |
| 1031 | 65010 | Good      | HOME  | DRUG |      | Homeless community growing- probably due to substance abuse.  |
| 1066 | 65255 | Very Good | INSU  | FINA |      | Even when insured, costs are prohibitive  |
| 1021 |       | Poor      | INSU  | FINA |      | Health insurance covers very little and high deductible   |
| 1270 | 65201 | Good      | NUTR  | DEM  |      | SAD diet. Limited help for dementia care and caregivers.  |
| 1139 | 65010 | Very Good | NUTR  | FINA | POV  | Healthy foods are mostly unaffordable to low income households.   |
| 1527 | 65285 | Poor      | NUTR  |      |      | The current food pyramid is a scam. People should not be eating most of their calories in carbohydrates. We should be mostly meat, some veggies, few fruit. Very little if any grains. grains.  |
| 1239 | 65203 | Very Good | OTHR  |      |      | Not being a healthcare provider, these are not relevant to me.  |
| 1389 | 65202 | Good      | OTHR  |      |      | Proportions that are normalized   |
| 1376 | 65201 | Very Good | OWN   | NUTR |      | Lack of personal responsibility for basic good nutrition and how to cook from scratch.  |
| 1564 | 65203 | Very Good | OWN   | DOH  | EDU  | Lack of motivation if false information from public health official/department and CDC,   |
| 1628 | 65201 | Very Poor | OWN   | FINA | COMM | Lack of sleep. Due to various causes, isolation, family miscommunication, finances, not enough food or unable to pay high rent  |
| 1353 | 65270 | Average   | OWN   | PREV |      | Life long bad habits/ bad lifestyles. One generation passing on bad choices to the next generation and like some back woods hillbillies no one changes a thing. But then again what do you change it to when all you know is what's not working                     |
| 1281 | 65202 | Good      | OWN   |      |      | apathy toward one's own health  |
| 1518 |       | Very Good | OWN   |      |      | Lack of motivation of community   |
| 1585 | 65203 | Average   | OWN   |      |      | Poor self care and desire to care for self.   |
| 1131 |       | Average   | POV   |      |      | Poverty   |
| 1512 | 65039 | Average   | POV   |      |      | poverty   |
| 1616 | 65201 | Average   | POV   |      |      | Poverty   |
| 1083 | 65202 | Average   | PRIM  | DOCS | SCH  | Primary care at Boone specifically is hard to get into and they have providers that are canceling appointments inappropriately. Lack of respect for the patients is a current problem.  |
| 1336 |       | Very Poor | QUAL  |      |      | BOONE NOT CARING ABOUT mEDICARE PATIENTS.   |
| 1283 | 65203 | Very Good | QUAL  |      |      | Hesitancy to get healthcare due to past bad experiences - biases.   |
| 1566 | 65203 | Good      | QUAL  |      |      | lack of cleanliness   |
| 1063 | 65203 | Very Poor | SCH   | EMER |      | Cannot get appointments in reasonable time to be effective, only can receive care in emergency room.  |
| 1196 | 65201 | Very Good | SCH   | STFF |      | Lack of reliable appointment scheduling and staffing  |
| 1645 | 65203 | Very Good | SMOK  |      |      | Smoking   |
| 1108 | 65203 | Very Good | SPRT  | EDU  |      | Family environment, parental guidance.  |
| 1549 | 65203 | Good      | STFF  |      |      | Short staffed   |
| 1494 |       | Good      | TRAU  |      |      | Racial Trauma   |

## CHNA 2025 Community Feedback: Boone Health PSA (N=676)

| ID   | Zip   | Rating    | c1     | c2    | c3    | Q13. What "new" community health programs should be created to meet current community health needs?  |
|------|-------|-----------|--------|-------|-------|--|
| 1029 | 65233 | Poor      | ACC    | POV   | SPRT  | Programs offered more frequently and assessible to low income patient's families. Also maybe opportunities for individuals to come talk to patients/families in the hospital about programs.   |
| 1064 | 65203 | Very Good | ACC    | SERV  |       | I do not know other than a centralized clearinghouse to allow for easy identification of and access to services.   |
| 1325 | 65202 | Very Good | ACC    |       |       | Unsure about "new". Just need to better access what is there.  |
| 1319 | 65201 | Very Good | AWARE  |       |       | I don't really know what community health programs there are. There seems to be a hodgepodge of non for profits and for profit health programs already but you have to know where to look  |
| 1513 | 65203 | Good      | CARD   | SCREE |       | More heart health screenings-maybe a limited echo for athletes in high school so there aren't any sudden deaths from undetected heart issues in athletes.  |
| 1019 | 65202 | Good      | CC     | FINA  |       | Childcare subsidies to make it affordable for all families.  |
| 1295 | 65202 | Average   | CHRON  | EDU   |       | help for autoimmune diseases/ disorders. chronic illness help.   |
| 1099 | 65255 | Poor      | CHRON  | PREV  |       | those who have multitude of health issues  |
| 1486 | 65203 | Average   | CLIN   | ACC   |       | Triage or urgent care where the most needy communities are located.  |
| 1041 | 64001 | Very Good | CLIN   | ACC   |       | Urgent Care closer to Alma, Concordia, Marshall, Corder etc.   |
| 1279 | 65202 | Good      | CLIN   | DRUG  | SERV  | Mobile units that can offer medical, health, substance abuse treatments.   |
| 1106 | 65039 | Average   | CLIN   | EDU   | FUND  | Mobile integrated health, free education/health screenings, potentially grant-funded consumer incentive healthy lifestyle programs.  |
| 1061 | 65203 | Good      | CLIN   | HRS   | EDU   | Provide 24-7 walk-in clinics in the first ward, with security present and no narcotics available. Provide counseling in these clinics. Provide K-12 schools with health care facilities for students (more than the nurses office). Parents must be included in medical decisions for their children under 18. |
| 1565 | 65202 | Very Good | CLIN   | MRKT  | HOME  | neighborhood clinics. advertising one phone number that people can call to get started instead of getting the runaround. homeless are getting better attention than seniors.   |
| 1637 | 65203 | Good      | CLIN   | MRKT  | SERV  | Walk-in and after hours clinics. Free clinics. Advertising those services more heavily! Most patients don't realize there are any free or sliding scale services.  |
| 1360 | 65202 | Very Good | CLIN   | NUTR  |       | Putting clinics in grocery stores or Walmart.  |
| 1493 | 65201 | Poor      | CLIN   | OTHR  |       | There is an urgent and substantial demand for doctors who specialize in tick-related illness. The growing issue of tick related diseases requires urgent attention. There are so many people in our community suffering from tick-illness with no providers to help.   |
| 1161 | 65203 | Very Good | CLIN   | POV   |       | Mobile health clinics in low income neighborhoods..  |
| 1226 | 65202 | Average   | CLIN   | PRIM  | SCH   | Walk - in clinics associated with an individuals primary and/or specialty providers in addition to actual appointments with providers - like a "sick call" time frame or percentage of time slot allotments.   |
| 1227 | 63559 | Good      | CLIN   | RURAL | ACC   | More remote sites for care.  |
| 1581 | 65201 | Average   | CLIN   | SCH   |       | More urgent care and primary appointments available  |
| 1089 | 65265 | Good      | COLLAB | DOH   | RURAL | You need to develop a strategy to link and collaborate public health services and resources with chronic disease management and preventative care. This would be a new program for rural providers and nurses to be the boots to reach all the people that can't reach or make it to providers.                |
| 1560 | 65203 | Good      | COLLAB | PREV  |       | More coordinated system between City/County, court system, and health care system to help reduce frequent use by folks repeatedly in the system.   |
| 1052 | 65203 | Very Good | COLLAB | VIO   | PREV  | How about partnering with the city and county on violence prevention   |
| 1103 | 65255 | Good      | COMM   | RESO  | NUTR  | Communication of resources in the community for food, health care and housing.   |
| 1270 | 65201 | Good      | DEM    | SEN   |       | Dementia support. Elder care.  |
| 1154 | 65203 | Good      | DENT   | FINA  | INSU  | Dental services for low income, and or people with no dental insurance.  |
| 1512 | 65039 | Average   | DENT   | SH    | POV   | suggest a free dental program in schools for children ; more low income dental services for adults w/o insurance; lower income housing needs to increase with a one time application fee so people are not spending hundreds of dollars looking for housing  |
| 1197 | 65203 | Good      | DOCS   | NUTR  | PREV  | Mobile health vans-take to neighborhoods where residents have a harder time getting to the doctor and doing BP, blood sugar, skin checks, nutrition assessment, medicine prescriptions, if a referral is needed-help them navigate the system  |
| 1533 | 65203 | Average   | DOCS   | POV   |       | More providers and more access to health information and services available either through a website or even back home they would have mobile providers for low income communities.  |
| 1508 | 65202 | Good      | DOCS   | PRIM  |       | In home physician (PA, NP) options fir family care.  |
| 1192 | 65201 | Very Good | DOCS   | PRIM  |       | More doctors and primary care doctors  |
| 1628 | 65201 | Very Poor | DOCS   | VACC  | PREV  | You guys are supposed to be Doctors, Healers, all WE know is THIS ISNT WORKING YOUR WAY.. OTHER COUNTRIES DO NOT POISON THEIR FOODS, DRUGS AND VACCINES.   |
| 1120 | 65202 | Good      | DOCS   |       |       | Not sure. We just need more providers in general.  |
| 1437 | 65201 | Average   | DOH    | ACC   |       | Community health programs for college students encouraging ways to get exercise that are accessible and not interfering with studying.   |
| 1446 | 65201 | Good      | DOH    | SERV  |       | More health drives   |
| 1284 | 65202 | Very Good | DOH    | SPRT  | FINA  | There are many great community health programs out there, but they are not supported at a higher level. Our community can only do so much without support from financial payers.   |
| 1296 | 65201 | Average   | DOH    | STFF  | WAG   | Public or non profit programs that actually pay their staff enough to have a low turn over so that they can provide quality care to the individuals they serve.  |
| 1547 | 65203 | Good      | DOH    |       |       | A community health innovation incubator bringing together experts from across the community to foster solutions.   |
| 1601 | 65202 | Very Good | DOH    |       |       | Community health   |
| 1372 | 65203 | Average   | DOH    |       |       | I wish we socialized healthcare  |
| 1617 | 65203 | Average   | DRUG   | MH    | DIAB  | substance abuse therapy, mental health therapy, diabetes and weight loss therapy   |
| 1059 | 65203 | Good      | DRUG   | SPRT  | HOME  | Addiction help services. Help for the homeless, such as stipends, support, and health services to get them on their feet.  |
| 1631 | 65201 | Average   | DRUG   |       |       | Substance abuse  |
| 1450 | 63303 | Good      | DRUG   |       |       | Substance abuse programs   |
| 1600 | 65255 | Average   | EDU    | ACC   |       | Need multiple ways for the community to receive information  |
| 1124 | 65203 | Average   | EDU    | ECON  |       | Provide education and employment opportunities.  |
| 1046 | 65203 | Average   | EDU    | INSU  | ACC   | Better information regarding existing programs that serve needs. A general clearing house of all options and a pooled self insured county/state/national option for health care.   |

## CHNA 2025 Community Feedback: Boone Health PSA (N=676)

| ID   | Zip   | Rating    | c1   | c2     | c3   | Q13. What "new" community health programs should be created to meet current community health needs?   |
|------|-------|-----------|------|--------|------|---|
| 1010 | 65270 | Average   | EDU  | PREV   | CARD | EDUCATE and screen! Focus on prevention. Diet, exercise, modifiable risk factors, early interventions, signs and symptoms. Heavy focus on HTN, cardiovascular disease, diabetes.  |
| 1595 | 65202 | Good      | EDU  | SERV   |      | Health literacy programs  |
| 1162 | 65010 | Very Good | EDU  | SH     |      | Education... Presentations in schools and community facilities  |
| 1199 | 65203 | Average   | EDU  | VACC   |      | Education about vaccines.   |
| 1527 | 65285 | Poor      | EDU  |        |      | None, just need to educate people on a proper human diet.   |
| 1550 | 65203 | Good      | EMER | DENT   | OTHR | Community emergency dental care, emergency veterinary services.   |
| 1209 | 65202 | Very Good | EMER | MH     | RESO | More emergency mental health resources  |
| 1312 | 65287 | Poor      | EMER | PRIM   | SCH  | Having a quick care that is not ER/Urgent care. Due to not having a primary care provider to see someone for weeks out if someone is sick/hurt. This could be more helpful for someone to get better. Then for the quick care to schedule a follow up with a doctor.  |
| 1514 | 65202 | Good      | EMS  |        |      | Community paramedics  |
| 1656 | 65202 | Average   | ENDO | ACC    | MH   | Anything with reproductive health, making healthcare accessible and anything with mental health   |
| 1549 | 65203 | Good      | FAC  | CLIN   | FINA | More non-hospital, affordable clinics/treatment centers.  |
| 1659 | 65203 | Good      | FAC  |        |      | Bigger hospital   |
| 1239 | 65203 | Very Good | FEM  | ACC    |      | Women's specific health care! Abortion accessibility!   |
| 1267 | 65203 | Very Good | FEM  | CC     | MH   | More women's health & post natal groups would be great. Childcare programs would boost women's physical & mental health which is where I believe a large percentage of issues stem from. Kids healthy eating clubs. Food is so easily accessible we have to nip it in the bud early or at least help kids know to question what makes the food they ingest. Heart health walks.   |
| 1063 | 65203 | Very Poor | FEM  | PREV   | ENDO | WOMENS exclusive care - all ages. Combine routine primary care with reproductive health (not obstetrics). Women have distinctive special needs that would best be treated in a holistic manner.   |
| 1091 | 65202 | Poor      | FEM  | PREV   |      | Women's total health.   |
| 1017 | 65203 | Good      | FIT  | ACC    |      | Free exercise programs  |
| 1389 | 65202 | Good      | FIT  | ACC    |      | More exercise availability  |
| 1385 | 60423 | Very Good | FIT  | EDU    | NUTR | Free health classes and education to help diets   |
| 1406 | 63385 | Good      | FIT  | NUTR   |      | More push for gyms and healthy diets  |
| 1257 | 65240 | Very Good | FIT  | REC    | NUTR | Free exercise classes in parks, public places, corporations. Access to healthy foods  |
| 1487 | 65201 | Good      | GAS  | INSU   | MH   | Bariatric programs that are affordable and is covered by insurance. Mental health providers.  |
| 1500 | 65203 | Average   | GAS  | MH     |      | Geriatric mental health providers; more mental health services.   |
| 1519 | 65255 | Good      | GAS  |        |      | bariatric   |
| 1507 | 65202 | Average   | GAS  |        |      | BOONE BARIATRICS  |
| 1156 | 65202 | Good      | HH   |        |      | Home health visits  |
| 1618 | 65201 | Average   | HOME |        |      | Homeless need to be reined in because they are ruining our communities.   |
| 1348 | 65202 | Good      | HOME |        |      | Pop up health care stations especially near the homeless shelters   |
| 1427 | 65211 | Good      | HOSP | SEN    |      | Better hospice centers/nursing homes  |
| 1230 | 65203 | Good      | HOUS | HOME   | MH   | Helping to get food to those who need it. Helping to house those who are unhoused. More mental health care providers so that we can shorten the current waitlists.  |
| 1282 | 65201 | Very Good | HOUS | NUTR   | PREV | Stable housing for those who are housing insecure; same with consistent access to nutritious food. Those two things need to happen before people will work on their health, preventative appointments, etc.   |
| 1453 | 65202 | Very Good | HOUS |        |      | I believe there needs to be more focus on the unhoused population of Columbia.  |
| 1121 | 65203 | Good      | INSU | DOCS   | ACC  | Make Boone Hospital physicians all accept Medicare to stay in practice. Mandate Medicare assignment accepted in all physician practices.  |
| 1444 | 65203 | Good      | INSU | FINA   | HOME | Better insurance coverages for patients with little or no income, more caregivers, address the homeles  |
| 1216 | 65233 | Good      | INSU | FINA   | SEN  | If a person is not eligible for Medicaid or a veteran many health programs are too expensive for senior citizens to take advantage of.  |
| 1573 | 65279 | Average   | INSU | FINA   |      | Any program that educates citizens on health insurance plans INCLUDING their current plans and specifically their personal plans pricing (negotiated pricing) with medical care in their area. It's exhausting being blindsided by rate changes and the lack of transparency of insurance/medical provider costs that are specific to an individuals current plan. Not to mention the lack of guidance on the appeals process for claims, I consider myself to be very involved and thorough in educating myself on my medical availability and I struggle to navigate appeals and medical codes. It seems like this day in age everyone needs to have a health Care advocate on retainer much like a wealthy individual would have a lawyer in retainer. Absolutely exhausting, especially when a lot of the work/follow up has to be performed during times when most individuals are working! If it's hard for myself (barely above pay check to paycheck) I can't even imagine the obstacles present for those with much lower financial means. |
| 1594 | 65203 | Very Good | INSU | SAFE   | NUTR | 1. Community events about how to access health insurance 2. Continuation of maintaining a good trail system and continuing to expand safe sidewalks and outdoor areas for recreation. 3. Nutrition education programs - how to cook healthy on a budget   |
| 1235 | 65201 | Average   | INSU |        |      | Boone Health to reinstate accepting my insurance  |
| 1384 | 63379 | Good      | INSU |        |      | help on health insurance  |
| 1578 | 65201 | Average   | MH   | ACC    |      | Mental health accessibility   |
| 1616 | 65201 | Average   | MH   | CLIN   | HOUS | Mental health/health clinics for homeless to diagnosed possible disabilities so they can receive benefits and get access to Healthcare and housing. Reproductive health classes. Impulse control classes.   |
| 1217 | 65202 | Good      | MH   | COLLAB |      | Anything that improves mental health. Bring people together, increase interactions and feelings of belonging, etc.  |
| 1555 | 65203 | Good      | MH   | DOCS   |      | We need more mental health professionals so that people don't have to wait to be seen   |
| 1346 | 65203 | Good      | MH   | DRUG   |      | More mental health and drug rehab programs maybe. I'm not sure since thankfully, I nor my family need these programs, but seems as those there are a lot that do need them.   |
| 1522 | 65201 | Good      | MH   | FINA   |      | affordable mental health would be a good starting point   |
| 1664 | 65256 | Good      | MH   | IP     |      | we need more Mental Health beds for inpatient care  |
| 1074 | 65201 | Good      | MH   | PREV   | OBES | Mental Health General Health and Wellness Weight Management   |
| 1181 | 65255 | Average   | MH   | PRIM   |      | mental health, primary care   |
| 1205 | 65203 | Very Good | MH   | SERV   | DRUG | more mental health clinics that provide services for kids, poor and substance abuse   |

## CHNA 2025 Community Feedback: Boone Health PSA (N=676)

| ID   | Zip   | Rating    | c1    | c2   | c3   | Q13. What "new" community health programs should be created to meet current community health needs?  |
|------|-------|-----------|-------|------|------|--|
| 1675 | 65203 | Very Good | MH    | SERV | PRIM | Mental health is an issue and there need to be enhanced programs around mental health. We also need to grow primary care to create access points.  |
| 1535 | 65203 | Very Good | MH    | SERV |      | Mental Health assistance programs.   |
| 1016 | 65203 | Average   | MH    | SPRT | EDU  | Something to combat the emotional and mental exhaustion of fighting to survive the onslaught of fascism, unlawful deportations, gun violence, racism, misogyny, you name it. Something to support queer and trans youth, who may currently feel like the government is trying to erase them (because it is). Something that combats disinformation coming from anti-vax Kennedy. I don't know man. What community health programs were needed at the end of other empires?   |
| 1322 | 65203 | Good      | MH    | SPRT |      | Maybe not "new"- but I have yet to see how the CCBHC in our county has responded to or met the needs of individuals with a mental health challenge. An ongoing concern for our community is access to mental health support. Individuals in a mental health crisis are often involved with the criminal justice system or hospitalized without a proper transition plan in place upon their release. Without appropriate support, these individuals are stuck in a vicious cycle and may end up permanently incarcerated or institutionalized. The DOJ found Missouri in violation of Title II of the ADA by unnecessarily institutionalizing adults with mental health disabilities in nursing facilities, because we failed to provide community-based mental health services. |
| 1158 | 65202 | Average   | MH    | VIO  |      | Mental health/dubstance abuse centers  |
| 1363 | 65201 | Very Good | MH    | WAIT | VACC | Access to mental health resources - especially for those in crisis to ensure they are getting care from a behavioral health provider and not in a hospital or jail. Short term access for mental health resources until someone can get into a provider so they aren't living with whatever they are seeking care for for months while waiting for an appointment. Health literacy programs would also be great - to ensure all know how to understand the information they get, when to go to doctor, when to get vaccines and why, etc.  |
| 1381 | 65203 | Very Good | MH    |      |      | Mental health  |
| 1050 | 65201 | Average   | MH    |      |      | Mental health  |
| 1174 | 65203 | Good      | MH    |      |      | Mental health care   |
| 1147 | 65202 | Average   | MH    |      |      | mental health evaluations.   |
| 1466 | 63025 | Good      | MH    |      |      | Mental Health Outreach   |
| 1655 | 65203 | Good      | MH    |      |      | Mental health services   |
| 1012 | 65203 | Good      | MH    |      |      | More mental health   |
| 1339 | 65203 | Good      | NURSE | SEN  | HOUS | Community Visiting RN to asses all Medicaid recipients, elderly living in public housing for good care & services. Preventative and addressing needs that would otherwise lead to crisis management.   |
| 1460 | 65714 | Average   | NUTR  | ACC  |      | Food insecurity programs, we need more produce prescription programs to feed people  |
| 1468 | 64429 | Good      | NUTR  | ACC  |      | Fresh foods for food pantries (items other than non perishables)   |
| 1449 | 66224 | Good      | NUTR  | ACC  |      | Transportable farmers market   |
| 1510 | 65010 | Very Good | NUTR  | CC   | HOME | FOOD, CHILD CARE, HOME CARE HEALTH for working people. The program guidelines right now make it impossible for working people to get the help they need. For instance I was two dollars over to get food stamps and I made 24,000 a year for 2 household.  |
| 1163 | 65201 | Average   | NUTR  | DOH  | VIO  | Nutrition guidance, perhaps public forums on grocery shopping, recipes on tight budgets, etc. Also, information on where to find help in domestic violence situations  |
| 1650 | 65251 | Very Good | NUTR  | EDU  | PREV | Cooking and nutrition information, reading food labels (ingredients), serving sizes and caloric intake, physical exercise  |
| 1021 |       | Poor      | NUTR  | EDU  | PREV | Diet and lifestyle - may not be new. Food Pyramids taught or recommended by FDA is joke and creating more health problems. Use of computers and sedentary lifestyle is killing our population.   |
| 1327 | 65240 | Very Good | NUTR  | EDU  |      | More cooking/healthy diet opportunities. There are really not any cooking classes or nutrition classes   |
| 1351 | 65203 | Good      | NUTR  | EDU  |      | Very basic cooking classes to focus on healthy and tasty foods   |
| 1379 | 65251 | Good      | NUTR  | MH   | RESO | More farmer markets that help with food insecurities, better mental health in schools, resources for families struggling for food costs and healthy lifestyles   |
| 1543 | 65202 | Average   | NUTR  | PREV |      | nutrition and healthy lifestyle emphasis   |
| 1386 | 63122 | Very Good | NUTR  |      |      | better food in the dining halls  |
| 1388 | 65201 | Good      | NUTR  |      |      | Farmers markets near campus.   |
| 1538 | 65202 | Good      | NUTR  |      |      | IDK - more community gardens with the price of food expected to increase?  |
| 1122 | 65201 | Good      | NUTR  |      |      | Nutrition programs could positively help the area health conditions.   |
| 1165 | 65203 | Very Good | NUTR  |      |      | Nutrition!!!   |
| 1598 | 65201 | Average   | OBES  | PREV | MH   | weight loss support groups non secular addiction help at will mental health services   |
| 1069 | 65039 | Good      | OBES  |      |      | Local compounded GLP-1 for obesity   |
| 1324 | 65203 | Average   | OBG   |      |      | Birth centers that promote natural births.   |
| 1283 | 65203 | Very Good | OTHR  |      |      | More case management assistance for complex patients   |
| 1344 | 65201 | Average   | OTHR  |      |      | Stay warm all year around.Able to work outside in nice weather. But I live in Missouri.  |
| 1215 | 65233 | Average   | PAIN  | EDU  | ALT  | Healthy alternative classes for topics such as pain management, alternative treatments, etc and especially smoking cessation classes   |
| 1078 | 63559 | Very Good | PHAR  | FINA | PREV | Ways to make prescriptions more affordable and providing ways for people to live a more healthy lifestyle.   |
| 1445 | 65201 | Very Good | PREV  | ACC  | POV  | More preventative measures and healthcare access to poorer communities   |
| 1340 | 65255 | Very Good | PREV  | ACC  |      | Wellness stations  |
| 1563 | 65203 | Poor      | PREV  | FEM  | EMER | Wellness for older women and menopause care that isn't just HRT. More urgent care vs. ER. Alzheimer's specialist. But I don't see how you can do any of this when people are losing care, doctors are being criminalized, and the economy is going south.  |
| 1022 | 65202 | Average   | PREV  | NUTR | INSU | Increased wellness checks to decrease re hospitalization, access to healthier foods, insurance education, parenting classes, mental health awareness courses   |
| 1045 | 65203 | Good      | PREV  | NUTR | SH   | Health, wellness, nutrition information for young, school age children (possible partner with schools at every level to provide training/information). Also health and wellness information for the elderly.   |
| 1356 | 65201 | Very Good | PREV  | OBES | EDU  | Wellness programs that include obesity education, exercise, nutrition education  |
| 1564 | 65203 | Very Good | PREV  | PEDS |      | Basic first aide. And how to care for a cold, fever, basic infant & child care,  |
| 1451 | 65201 | Good      | PREV  |      |      | Focusing more on living healthy lifestyles   |
| 1463 | 65201 | Good      | PREV  |      |      | More preventative care   |
| 1410 | 61354 | Good      | PRIM  | ACC  |      | Free healthcare checkups   |

## CHNA 2025 Community Feedback: Boone Health PSA (N=676)

| ID   | Zip   | Rating    | c1    | c2   | c3   | Q13. What "new" community health programs should be created to meet current community health needs?  |
|------|-------|-----------|-------|------|------|--|
| 1264 | 65039 | Average   | PRIM  | DOCS |      | More primary care providers  |
| 1552 | 65203 | Average   | PRIM  | PREV | DIAB | Free wellness checks including labs and follow up, for anyone who wants them. Follow up programs for diabetes compliance, and free mental health screenings, or at least more access to such   |
| 1113 | 65202 | Poor      | PRIM  | PREV |      | Free health check events.  |
| 1585 | 65203 | Average   | PRIM  | PREV |      | Free healthcare.   |
| 1080 | 65203 | Good      | PSY   | HOME |      | A inpatient psychiatric facility esp for homeless population   |
| 1534 | 65202 | Good      | PSY   | IP   |      | Inpatient psychiatric care for individuals with concurrent medical needs.  |
| 1237 | 65201 | Good      | RET   | VACC | DOH  | Better recruitment from these Hospitals for more Drs. Pushing Vaccines or you can't go to Public Schools and maybe walk-in clinics or outreach for Mental Health.  |
| 1316 | 65101 | Very Good | SCREE | STFF |      | health screenings on site at businesses for employees  |
| 1142 | 65203 | Good      | SEN   | MH   |      | Seniors ways to meet other seniors would improve mental health and lessen social isolation   |
| 1186 | 65202 | Average   | SEN   | SERV |      | Free or discounted activities for seniors.   |
| 1361 | 65203 | Average   | SEN   |      |      | Care for elderly.  |
| 1213 | 65256 | Poor      | SERV  | ACC  | PREV | There are too many programs that provide needs that don't require the participation of recipients to improve their health & well-being. Recipients take, but don't feel inclined to take charge of their circumstances   |
| 1613 | 65202 | Very Good | SERV  | ACC  |      | Community oversight board to broadly oversee services, and to provide a website that links across disciplines and facilities for easy access to what services are available.   |
| 1133 | 65201 | Good      | SERV  | ACC  |      | There are enough programs. Make those more accessible to those in need of such programs.   |
| 1204 | 65202 | Good      | SERV  | ACC  |      | Would prefer current programs measure what is provided compared to what is being utilized. Avoid costly surveys conducted by outside entities and go directly to the citizens of the community. Consider conducting short surveys where people congregate such as outside grocery stores, public library, Osher's Lifelong Learning participants. Involve local churches and religious groups to conduct the survey within their congregation.   |
| 1288 | 65039 | Very Good | SERV  | CLIN |      | Service like the Clinics by MU ay HyVee are good but enough locations available.   |
| 1544 | 65203 | Good      | SERV  | DOH  |      | There isn't any new community health programs that need to be created. Boone Hospital needs to work with existing programs that are currently happening. These include Boone County's Upward Mobility and Health and Justice Coordinating Council and the programs with the Columbia/Boone County Public Health and Human Services Department.   |
| 1376 | 65201 | Very Good | SERV  | EDU  | NUTR | No new programs. Focus current programs on stabilizing nuclear families with married mother and father raising children. Stop providing birth control as a quick fix. Focus on education and saving sex til marriage. Educate in basic nutrition and food prep, etc as described in previous responses.  |
| 1383 | 65203 | Good      | SERV  | HOUS | POV  | Programs helping find affordable housing. Especially in regard to those who suffer from poor credit or lack of renting history.  |
| 1083 | 65202 | Average   | SERV  | MH   | DRUG | Need more services to aid in mental health/substance abuse and recovery. Obesity/weight management.  |
| 1111 | 65203 | Very Good | SERV  | QUAL |      | I don't think we need to develop a new program. I think we need to enhance the programs we have.   |
| 1054 | 65010 | Good      | SERV  | QUAL |      | Less "new" and more focus on the lack of what already exists.  |
| 1023 | 65203 | Good      | SERV  | TRAN | ACC  | I feel like there should be more opportunities to go where people are and not expect them to come to you especially with the lack of public transport in our community.  |
| 1075 | 65203 | Average   | SERV  |      |      | If we are able to keep all our current programs it will be a win.  |
| 1331 | 65203 | Very Good | SERV  |      |      | More on-line programs.   |
| 1462 | 65201 | Good      | SMOK  |      |      | Quit smoking or smoke free areas   |
| 1394 | 65201 | Good      | SPEC  |      |      | more specialists   |
| 1145 | 65203 | Very Good | SPRT  | EDU  | PREV | Support and programming for women. If the mom is healthy and educated and supported, the health of the family will be exponentially better.  |
| 1593 | 65201 | Good      | SPRT  | EDU  |      | Parenting classes to help parents of at risk youth, to help them understand the impact they have on their child, and to help them understand what is best for their child  |
| 1378 | 65203 | Good      | SPRT  | SERV | GOV  | In this climate, we need to fight to keep support the programs we already have that the federal government wants to cut which will have huge impacts on our community, such as Medicaid, and Title I preschool.  |
| 1087 | 65203 | Very Good | SPRT  |      |      | I can't think of new programs as much as supporting those that already exist.  |
| 1390 | 65201 | Good      | SPRT  |      |      | More support groups  |
| 1567 | 65202 | Good      | STD   | SUIC | EMS  | Sri/std testing sites anonymous Suicide prevention text lines Community paramedic intergrated healthcare   |
| 1210 | 65203 | Good      | STFF  | CLIN |      | This may sound silly but some sort of "staff bios" thing on the hospitals' and clinics' sites that let people see how much work and study the staff put into the expertise that they have. Also, some kind of "town hall" meetings where people can "ask a doctor" questions about some of the weird stuff that has been in the news lately. The goal would be to increase confidence in doctors as people who aren't just puppets for big pharma or some nonsense like that, but people who are genuinely smart and don't dismiss new ideas or concerns out of hand. I know this isn't as simple as opening a smoking cessation clinic, but I feel strongly that this is a big issue today and affects every part of health care. |
| 1169 | 65203 | Poor      | STFF  | EMER | CLIN | available medical personal- find a way to serve non-emergency issues NOT in the emergency room   |
| 1571 | 65203 | Good      | STFF  | PSY  |      | I think improving hiring standards for most programs would help significantly. Opening more psychiatric jobs would help with the overburden on them  |
| 1269 | 65202 | Good      | STROK | PREV | FIT  | Stroke prevention, stroke rehabilitation, more exercise programs   |
| 1196 | 65201 | Very Good | SW    | SPRT | MH   | Social work within the community policing, and support of behavioral health or mental health services.   |
| 1206 | 65256 | Good      | TEEN  | PREV |      | Teen pregnancy prevention.   |
| 1454 | 64064 | Good      | THER  |      |      | Therapists   |
| 1422 | 60433 | Good      | TOB   | SMOK |      | I think groups to quit vaping and smoking should be available.   |
| 1455 | 65203 | Very Good | TOB   |      |      | Tobacco flavor ban   |
| 1218 | 65233 | Very Good | TRAN  | SERV |      | TRANSPORTATION AND INFORMATION SERVICES  |
| 1334 | 65201 | Average   | TRAN  |      |      | Transportation   |
| 1246 | 65203 | Good      | VIO   |      |      | Domestic violence,   |
| 1496 | 65039 | Very Good | YOUTH | OBES |      | I'm very concerned with Childhood obesity.   |
| 1247 | 65255 | Very Good | YOUTH | PREV |      | Kids wellness or healthy habit-related program.  |

**Boone Health (Boone Co Primary Service Area) 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 April 1st, 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"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child Care               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chiropractors            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dentists                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emergency Room           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eye Doctor/Optomtrist    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family Planning Services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Home Health              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospice/Palliative       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Telehealth               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

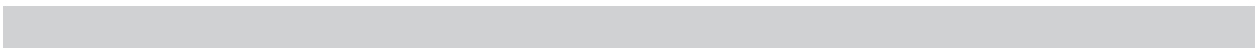
|                              | Very Good             | Good                  | Fair                  | Poor                  | Very Poor             |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|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



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



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



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

- |   |   |
|---|---|
| <input type="checkbox"/> Mental Health Services               | <input type="checkbox"/> Heart & Vascular Disease |
| <input type="checkbox"/> Substance Abuse (Alcohol & Drugs)    | <input type="checkbox"/> Cancer                   |
| <input type="checkbox"/> Obesity (Nutrition & Exercise)       | <input type="checkbox"/> Asthma                   |
| <input type="checkbox"/> Healthcare Transportation            | <input type="checkbox"/> Healthy Lifestyle        |
| <input type="checkbox"/> Housing                              | <input type="checkbox"/> Reproductive Health      |
| <input type="checkbox"/> Health Insurance Affordable Coverage | <input type="checkbox"/> Domestic Violence        |
| <input type="checkbox"/> Food Insecurity                      | <input type="checkbox"/> Palliative Care          |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Smoking                  |



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

- |   |   |
|---|---|
| <input type="checkbox"/> Mental Health Services               | <input type="checkbox"/> Heart & Vascular Disease |
| <input type="checkbox"/> Substance Abuse (Alcohol & Drugs)    | <input type="checkbox"/> Cancer                   |
| <input type="checkbox"/> Obesity (Nutrition & Exercise)       | <input type="checkbox"/> Asthma                   |
| <input type="checkbox"/> Healthcare Transportation            | <input type="checkbox"/> Healthy Lifestyle        |
| <input type="checkbox"/> Housing                              | <input type="checkbox"/> Reproductive Health      |
| <input type="checkbox"/> Health Insurance Affordable Coverage | <input type="checkbox"/> Domestic Violence        |
| <input type="checkbox"/> Food Insecurity                      | <input type="checkbox"/> Palliative Care          |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Smoking                  |



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

# Boone County

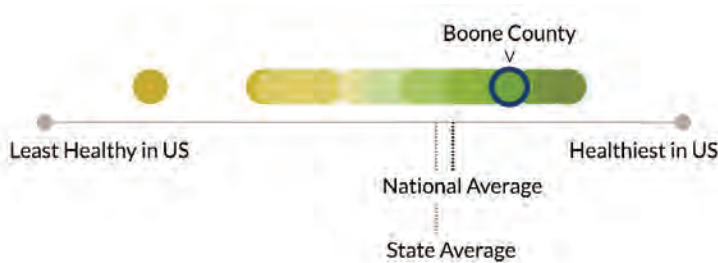
# 2025

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.

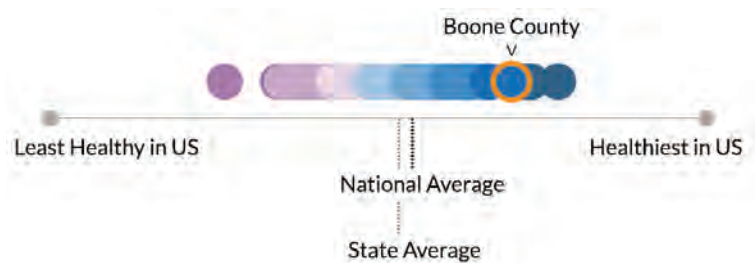


<https://www.countyhealthrankings.org/health-data/missouri/boone?year=2025>

## Health Outcomes



## Health Factors



**Population: 189,463**










| Population Health and Well-being                       |              |          |               |   |
|--|--------------|----------|---------------|---|
|  | Boone County | Missouri | United States |   |
| Length of life   |              |          |               | — |
| Premature Death  | 7,500        | 10,000   | 8,400         | ∨ |
| Additional Length of life (not included in summary) +  |              |          |               |   |
| Quality of life  | Boone County | Missouri | United States | — |
| Poor Physical Health Days                              | 4.2          | 4.2      | 3.9           | ∨ |
| Low Birth Weight                                       | 9%           | 9%       | 8%            | ∨ |
| Poor Mental Health Days                                | 5.7          | 5.5      | 5.1           | ∨ |
| Poor or Fair Health                                    | 15%          | 17%      | 17%           | ∨ |
| Additional Quality of life (not included in summary) — |              |          |               |   |
| Frequent Physical Distress                             | 12%          | 13%      | 12%           | ∨ |
| Diabetes Prevalence                                    | 10%          | 10%      | 10%           | ∨ |
| HIV Prevalence   | 163          | 254      | 387           | ∨ |
| Adult Obesity  | 33%          | 37%      | 34%           | ∨ |
| Frequent Mental Distress                               | 17%          | 18%      | 16%           | ∨ |
| Suicides   | 16           | 19       | 14            | ∨ |
| Feelings of Loneliness                                 | 32%          | 32%      | 33%           | ∨ |

Note: Blank values reflect unreliable or missing data.

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

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

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

| Health infrastructure             |   | Boone County | Missouri | United States |
|-----------------------------------|---|--------------|----------|---------------|
| Flu Vaccinations                  |    | 54%          | 47%      | 48%           |
| Access to Exercise Opportunities  |   | 86%          | 77%      | 84%           |
| Food Environment Index            |   | 7.4          | 6.6      | 7.4           |
| Primary Care Physicians           |    | 840:1        | 1,420:1  | 1,330:1       |
| Mental Health Providers           |   | 220:1        | 380:1    | 300:1         |
| Dentists                          |    | 1,340:1      | 1,600:1  | 1,360:1       |
| Preventable Hospital Stays        |    | 2,226        | 2,938    | 2,666         |
| Mammography Screening             |    | 50%          | 46%      | 44%           |
| Uninsured                         |   | 8%           | 10%      | 10%           |
| Physical environment              |   | Boone County | Missouri | United States |
| Severe Housing Problems           |   | 16%          | 13%      | 17%           |
| Driving Alone to Work             |   | 76%          | 76%      | 70%           |
| Long Commute - Driving Alone      |   | 16%          | 31%      | 37%           |
| Air Pollution: Particulate Matter |  | 7.9          | 7.5      | 7.3           |
| Drinking Water Violations         |   | No           |          |               |
| Broadband Access                  |   | 90%          | 88%      | 90%           |
| Library Access                    |   | 1            | 2        | 2             |
| Social and economic factors       |   | Boone County | Missouri | United States |
| Some College                      |   | 79%          | 67%      | 68%           |
| High School Completion            |   | 95%          | 92%      | 89%           |
| Unemployment                      |  | 2.5%         | 3.1%     | 3.6%          |
| Income Inequality                 |   | 5.0          | 4.5      | 4.9           |
| Children in Poverty               |  | 12%          | 15%      | 16%           |
| Injury Deaths                     |   | 70           | 104      | 84            |
| Social Associations               |   | 10.5         | 11.4     | 9.1           |
| Child Care Cost Burden            |   | 35%          | 31%      | 28%           |



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## **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