Community Health Needs Assessment

Boone County, MO

On Behalf of Boone Health



September 2025

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
Table of Contents

I. Executive Summary

a) Community Health Area of Future Focus (A prioritized description of future community unmet needs identified by community discussion)
b) Town Hall CHNA Health Findings: Areas of Strengths and Areas to Change and/or Improvement.

II. Methodology

a) CHNA Scope and Purpose
b) Local Collaborating CHNA Parties (The identity of all organizations in which the organization collaborated and third parties that engaged to assist with the CHNA)
c) CHNA and Town Hall Research Process (A description of the process & methods used to conduct the CHNA, a description of how the organization considered the input of persons representing the community, an explanation of the process/ criteria used in prioritizing, and an evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA.)
d) Community Profile (A description of the community served by the facility and how the community was determined)

III. Community Health Status

a) Historical Community Health Indicators Review - Secondary Data
b) Current Community Health Status - Online Feedback Research

IV. Inventory of Existing County Health Resources

a) Community Healthcare Service Offerings
b) Provider Manpower (Local and Visiting Specialists)
c) CHNA Inventory of PSA Services and Providers (A description of the existing healthcare facilities and other resources within the community available to meet the needs identified through the CHNA)

V. Detail Exhibits

a) Patient Origin & Access to Care
b) Town Hall Attendees, Notes, and Feedback
c) Public CHNA Notice / News
d) Primary Research Detail
e) County Health Rankings & Roadmap Detail

I. Executive Summary

[VVV Consultants LLC]

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%
	Total Votes	167		

Other Items receiving votes: 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 Woods Johnson County Health Rankings, Boone Co, MO, on average was ranked 11th in Health Outcomes, 3rd in Health Factors, and 65th 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 **housing** for seniors and low income residents with adequate **transportation** to support services.	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
Communication of issues to the community via various means would be helpful. Often we are **unaware** of needs in the community. More **marketing** of what services are available, more **flexible hours.**	Better primary and secondary **public education.** 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
Reduce emphasis on fast/quick food and enhance **programs** that teach cooking and **nutritional** information. Lower food and housing costs. Healthy food is most **expensive**. More free **exercise** classes. All children take Physical Education all years in school.	**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. Many **practitioners** across multiple disciplines are not accepting **new patients**.

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 1st, 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

II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

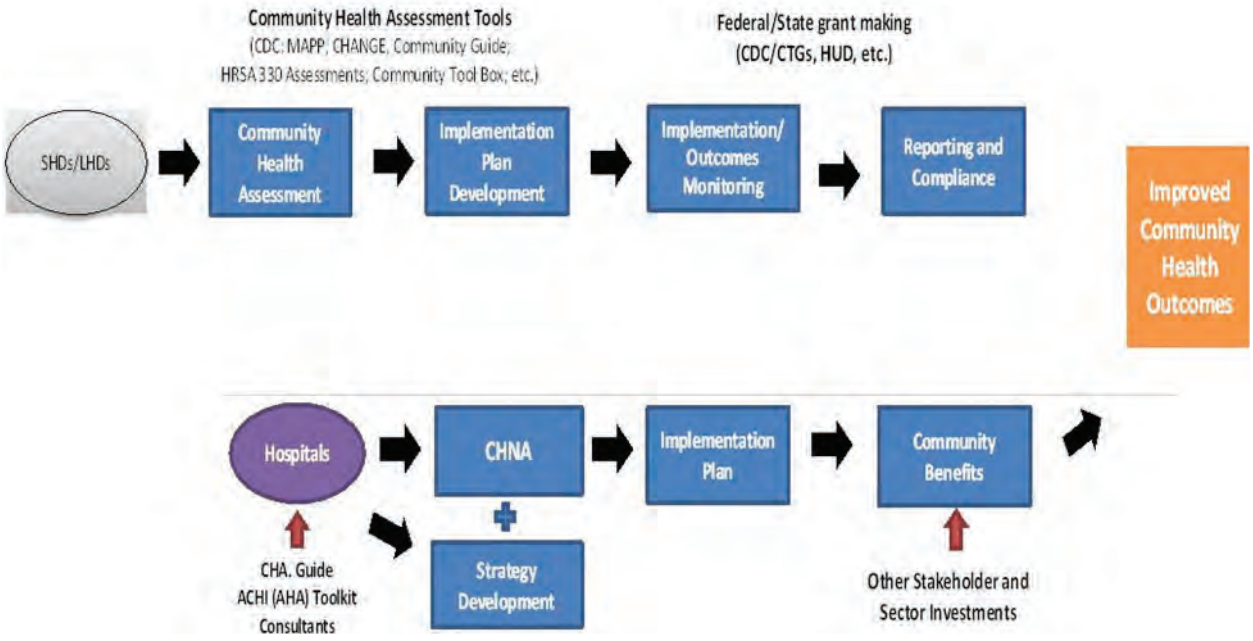
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to "Hospital Organizations"

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

MAPP Process Overview

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

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

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

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

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

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

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

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



Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

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

Centers for Medicare & Medicaid Services Health Equity Domains

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

Domain 1: Equity as a Strategic Priority

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

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

Domain 2: Data Collection

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

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

Domain 3: Data Analysis

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

Domain 4: Quality Improvement

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

Domain 5: Leadership Engagement

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

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

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

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

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

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

Element of Performance 1:

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

Element of Performance 2:

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

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

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

Element of Performance 3:

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

Element of Performance 4:

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

Element of Performance 5:

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

Element of Performance 6:

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

II. Methodology
b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospital and Health Department CHNA partners:

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



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

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

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

Our Values:

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

II. Methodology

c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in 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 HIDI / 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	201,446	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	15,862	1.1%	47.5%
8	65039 - Hartsburg, MO	Boone	13,093	0.9%	48.4%
9	65256 - Harrisburg, 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:

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

Phase III—Quantify Community Need:

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

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

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

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

Boone Health - Columbia, MO VVV CHNA Round #5 Work Plan - Year 2025 Project Timeline & Roles - Working Draft as of 6/17/25			
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 **ZipPSA_3yrPOrigin.xls**)
4	1/20/2025	VVV	Send out **REQCommInvite Excel** file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
5	1/13/2025	VVV	Prepare CHNA Round#5 Stakeholder Feedback "online link". Send link for hospital review.
6	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. **Cut-off 4/1/2025 for Online Survey**
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 - **Lunch 11am - 1:00 pm at Boone Health Conference Room** 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

1

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
1	A	XX	Dubois	Brady	Boone Health
2	A		Buffaloe	Barbara	City of Columbia
3	A		Nelson	Joanne	Boone Co Community Serv Dept
4	A		Thomas-Brown	D'Markus	City of Columbia
5	A		Whorley	Brian	Paytient Technologies, Inc
6	B	XX	Cummins	Kristin	Boone Co Community Serv Dept
7	B		Baker	Kathy	City of Columbia
8	B		Richards	Kirby	MU Family Impact Center
9	B		Stone	Sara	Love Columbia
10	B		Zerrer	Lana	Boone Health
11	C	XX	Roberts	Lindsey	MU Family Impact Center
12	C		Fierge	Michelle	Services for Independent Living
13	C		Foster	Nick	City of Columbia
14	C		Kuczynski	Shannon	Boone Health
15	C		Roesslet	Rebecca	Columbia/Boone Co Public Health
16	D	XX	Clark	Mary	Love Columbia
17	D		Chenault	Joanie	Boone County Family Resources
18	D		Jones	Chris	Boone Health
19	D		Marcks	Melody	Central Bank of Boone County
20	D		McGeehon	Margaret	Services for Independent Living
21	E	XX	Glogger	Peter	Boone Health
22	E		Worsham	Beth	KRCG
23	E		Riffle	Kyndal	Boone Health Medical Group
24	E		Stephens	Elizabeth	Columbia Missourian
25	E		Varns	Curtis	KMIZ-TV

#	Table	Lead	Last	First	Organization
26	F	XX	Bremer	Aric	Zimmer Communications
27	F		Clifford	Jacob	MUPD
28	F		Garrett	Matt	KOMU 8 & Mid Missouri CW
29	F		Hilderbrar	Brittany	Missourian
30	F		Ungles	Bruce	Show-Me State Games
31	G	XX	Wilkinson	Drew	Boone Health
32	G		Abbott	Jeanne	Columbia Missourian
33	G		Frakes	Rachel	MUPD
34	G		Frevert	Amanda	Boone Health Medical Group
35	G		LEIBLE	CARLA	Zimmer Communications
36	H	XX	Young	Mike	Boone Health
37	H		Arnall	Angel	Columbia Fire Dept
38	H		McCormic	Matt	Columbia Chamber of Commerce
39	H		Miller	Joseph	Burrell Behavioral Health
40	H		Todai	Mike	Boone Health
41	I	XX	Christian	Basi	Boone Health
42	I		Jeanne	Butts	Compassus Hospice and Palliative Care
43	I		Varvaro	Sarah	Columbia/Boone County Public HHS
44	I		Workman	Jenny	Boone Health, Community Wellness
45	I				
46	J	XX			
47	J				
48	J				
49	J				
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, BCBS of KC,**
- **Tillinghast Towers Perrin, and Lutheran Mutual Life**
- **Hometown: Bondurant IA**



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



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

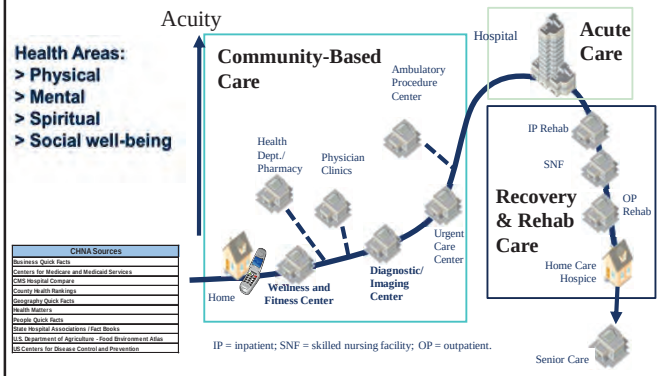
4

Town Hall Participation / Purpose & Parking Lot

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

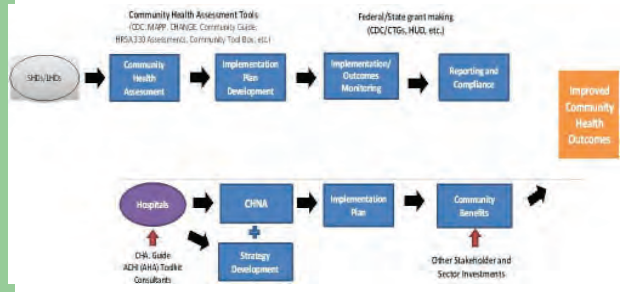
6

System of Care Delivery
Birth to Grave (SG2)



7

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



8

A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

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

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

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

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

10

II. Review of a CHNA

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

11

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

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

12

Social Determinants of Health



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

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

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

13

IV. Review Current County Health Status:

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

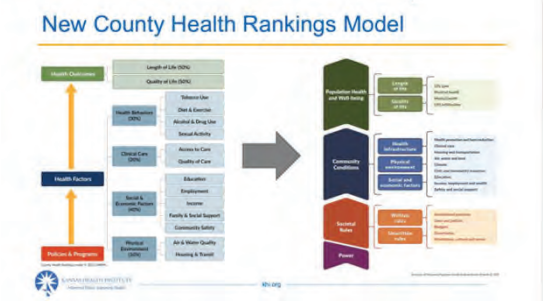
Trends: Good | Same | Poor

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

14

County Health Rankings Scoring

Robert Wood Johnson Foundation and University of WI Health Institute



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

15

IV. Community Health Conversation: Your Perspectives / Suggestions !

Tomorrow:

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

Today:

1) What are the **Healthcare Strengths of our community** 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)***

40

Community Health Needs Assessment Round #5 Year 2025

Thank You

Next Steps

VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

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

42

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,[1] 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.[2]

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

---

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

[2] https://archive.org/details/bub_gb_RfAuAAAAYAAJ

Boone (MO) - Detail Demographic Profile

				Population			Households			
ZIP	City	ST	County	Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	Per Capita23
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
Totals				**191,676**	**196,979**	**3.1%**	**77,131**	**80,043**	**2.4**	**$35,033**

				Population				Year 2020		Females
ZIP	City	ST	County	Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
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
Totals				**137,803**	**26,067**	**46,794**	**42,088**	**94,338**	**97,338**	**43,453**

				Population 2020				Year 2023		
ZIP	City	ST	County	White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
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
Totals				**84.8%**	**5.1%**	**2.1%**	**3.3%**	**83,771**	**28.2%**	**56**

Source: ERSA Demographics 2023

III. Community Health Status

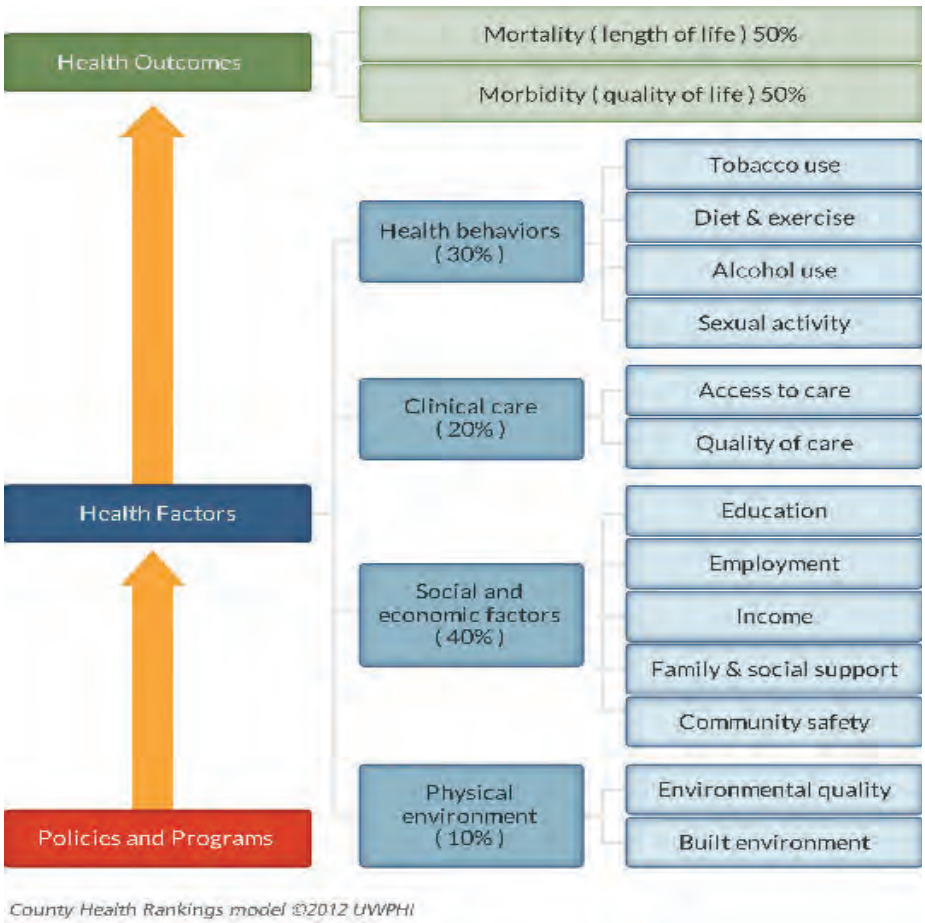
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

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

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



National Research – Year 2023 RWJ Health Rankings:

#	2023 MO Rankings - 115 Counties	Definitions	Boone Co. MO 2023	Trend	MO BIG Co Norm (16) AVER
1	Health Outcomes		11		37
	Mortality	Length of Life	14		42
	Morbidity	Quality of Life	13		33
2	Health Factors		3		23
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	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	Physical Environment	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

a

***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	40	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 Satistics (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		1421:1	1709:1	County Health Rankings
	b	Preventable hospital rate per 100,000, 2022 (lower the better)	2,226		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%		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%		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		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%		22.5%	24.3%	ephtracking.cdc.gov
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2021	12.7		18.7	15.3	World Bank
	c	Average Number of mentally unhealthy days, 2022	5.7		5.5	5.6	County Health Rankings

***New Social Determinant Data Resources*

CDC - 2023 U.S. County Opiod 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%		36.7%	36.9%	County Health Rankings
	b	Adult smoking, percent, 2022	15.0%		17.8%	17.7%	County Health Rankings
	c	Excessive drinking, percent, 2022	22.1%		21.9%	21.3%	County Health Rankings
	d	Physical inactivity, percent, 2022	20.9%		24.2%	23.8%	County Health Rankings
	e	Age-Adjusted Prevalence of Sleeping less than 7 Hours Among Adults	30.6%		34.5%	33.1%	ephtracking.cdc.gov
	f	Sexually transmitted infections (chlamydia), rate per 100,000 (2022)	611.1		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%		26.7%	24.9%	ephtracking.cdc.gov
	b	Age-Adjusted Prevalence of Current Asthma Among Adults >=18 ,2021	9.7%		10.1%	9.7%	ephtracking.cdc.gov
	c	Age-Adjusted Prevalence of Diagnosed Diabetes Among Adults >=18 ,2021	9.8%		10.6%	9.7%	ephtracking.cdc.gov
	d	Age-Adjusted Prevalence of Chronic Kidney Diseasae Among Adults >=18 ,2021	2.7%		2.9%	2.7%	ephtracking.cdc.gov
	e	Age-Adjusted Prevalence of COPD Among Adults >=18 ,2021	6.4%		8.6%	6.8%	ephtracking.cdc.gov
	f	Age-Adjusted Prevalence of Coronary Heart Disease Among Adults >=18, 2021	5.6%		6.4%	5.5%	ephtracking.cdc.gov
	g	Age-Adjusted Prevalence of Cancer Among Adults >=18 ,2021	6.5%		6.4%	6.4%	ephtracking.cdc.gov
	h	Age-Adjusted Incidence Rate of Breast Cancer per 100k over 5 year period (Females Only)- 2016-2020	145.7		130.9	134.0	ephtracking.cdc.gov
	i	Age-Adjusted Prevalence of Stroke Among Adults >=18 ,2021	2.7%		3.2%	2.8%	ephtracking.cdc.gov

***New Social Determinant Data Resources*

Tab 8: Uninsured Profile and *Community Benefit*

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

8		Insurance Coverage - Health Indicators	Boone Co. MO 2025	Trend	MO State	MO BIG Co Norm (16)	Source
	a	Uninsured, percent, 2022	9.7%		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 om 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 Chloesterol 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 Pressue 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)

Boone Health PSA (MO) - CHNA YR 2025 N=676			
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%
TOTAL	478		5,851

*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

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

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

Quality of Healthcare Delivery Community Rating

Boone Health PSA (MO) - CHNA YR 2025 N=676			
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
Top Box %	23.7%		27.1%
Top 2 Boxes %	70.9%		70.3%
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	676		7,538

*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

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

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%		

Community Health Needs Assessment "Causes of Poor Health"

Boone Health PSA (MO) - CHNA YR 2025 N=676			
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%
Total Votes	1,421		14,909

*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			*Round #5 Norms N=7,561	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	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/Optometrist	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 N=676	% Bottom 2 Boxes (Lower is better)		
Community Health Readiness is vital. How would you rate each? (% Poor / Very Poor)	Boone Health PSA N=676	Trend	*Round #5 Norms N=7,561
Behavioral/Mental Health	33.9%		32.1%
Emergency Preparedness	10.8%		7.1%
Food and Nutrition Services/Education	14.5%		16.0%
Health Wellness Screenings/Education	12.4%		9.9%
Prenatal/Child Health Programs	8.3%		13.6%
Substance Use/Prevention	26.4%		32.9%
Suicide Prevention	26.9%		34.4%
Violence/Abuse Prevention	29.3%		32.5%
Women's Wellness Programs	16.7%		18.2%
Exercise Facilities / Walking Trails etc.	4.1%		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"

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 N=676	Trend	*Round #5 Norms N=7,561
Yes	30.2%		68.7%
No	69.8%		31.3%

Specialties:

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 N=676	Trend	*Round #5 Norms N=7,561
Yes	35.4%		55.9%
No	64.6%		44.1%

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

Boone Health PSA (MO) - CHNA YR 2025 N=676			
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%		3.9%
Access to Health Education	3.7%		3.5%
Alcohol	2.1%		3.7%
Alternative Medicine	2.6%		3.7%
Behavioral/Mental Health	8.5%		9.3%
Breastfeeding Friendly Workplace	1.4%		1.2%
Cancer	1.4%		2.7%
Care Coordination	4.5%		3.2%
Diabetes	2.1%		2.7%
Drugs/Substance Abuse	5.5%		6.7%
Family Planning	1.9%		2.1%
Health Literacy	4.3%		3.2%
Heart Disease	1.4%		1.6%
Housing	4.3%		5.9%
Lack of Providers/Qualified Staff	7.9%		5.1%
Lead Exposure	0.2%		0.5%
Neglect	1.5%		2.0%
Nutrition	3.9%		4.6%
Obesity	4.9%		5.6%
Occupational Medicine	0.6%		0.6%
Ozone (Air)	0.5%		0.5%
Physical Exercise	3.9%		5.0%
Poverty	5.2%		4.8%
Preventative Health/Wellness	5.7%		5.6%
Sexually Transmitted Diseases	1.4%		1.5%
Suicide	3.8%		6.1%
Teen Pregnancy	1.3%		1.7%
Telehealth	1.7%		2.1%
Tobacco Use	1.5%		2.1%
Transportation	3.3%		3.0%
Vaccinations	3.4%		2.2%
Water Quality	2.2%		2.6%
TOTAL Votes	2,256		22,005

*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, Ellisworth, Republic WI County: Richland NE Counties: Furnas, Custer

IV. Inventory of Community Health Resources

[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 Catherterization	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
Primary Care:			
Family Practice	110		31
Internal Medicine	32		1
Obstetrics/Gynecology	30		1
Pediatrics	95	15.0	1
Medicine Specialists:			
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
Surgery Specialists:			
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
Hospital Based Specialists:			
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		
TOTALS	989	15.0	332
** 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 Hosptial 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

[VVV Consultants LLC]

a.) Patient Origin Source Files

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
	Total	830,679	808,601	810,875

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
	Total	17,022	16,725	16,319

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
	Total	102,571	98,057	93,920

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	Gloggner	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	Todai	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

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 (Asshta).
- 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.
- Theres 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 homing	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 expecting's	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

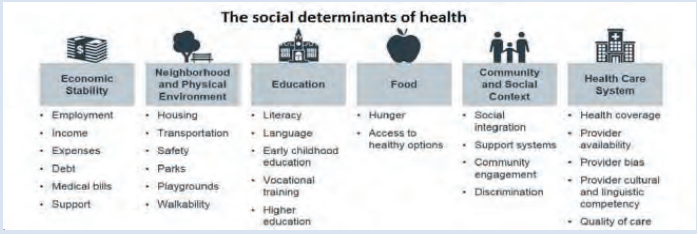
Round #5 CHNA - Boone Health PSA

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

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

Please Hold the Date A community Town Hall is scheduled for **Thursday, May 1st, 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

Boone Health conducting Community Health Needs Assessment

Atira Feliciano, KOMU 8 Digital Producer Mar 4, 2025 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 1st. 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

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 | 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
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

[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 opportuinities 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 this 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	COLLAB	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. https://www.showmeboone.com/community-services/upward-mobility/
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.

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)
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.

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)
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 acces 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	COLLAB	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

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)
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.

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)
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--emrlergency 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, co-morbitities, 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 nutiritional 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			Suppport 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 ifalse 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 isssues 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 childen ; more low income dental services for adults w/o insurance; lower income housing needs to increase with a one time application fee so peope 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 clincs/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 heathy 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	Bariactric 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 provde 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 recepients to improve their health & well-being. Recepients 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 desribed 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 Sucide 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.

Year 2025 - Let Your Voice Be Heard!

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	◯	◯	◯	◯	◯
Child Care	◯	◯	◯	◯	◯
Chiropractors	◯	◯	◯	◯	◯
Dentists	◯	◯	◯	◯	◯
Emergency Room	◯	◯	◯	◯	◯
Eye Doctor/Optometrist	◯	◯	◯	◯	◯
Family Planning Services	◯	◯	◯	◯	◯
Home Health	◯	◯	◯	◯	◯
Hospice/Palliative	◯	◯	◯	◯	◯
Telehealth	◯	◯	◯	◯	◯

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

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

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

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

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

- [ ] Mental Health Services
- [ ] Substance Abuse (Alcohol & Drugs)
- [ ] Obesity (Nutrition & Exercise)
- [ ] Healthcare Transportation
- [ ] Housing
- [ ] Health Insurance Affordable Coverage
- [ ] Food Insecurity
- [ ] Diabetes
- [ ] Heart & Vascular Disease
- [ ] Cancer
- [ ] Asthma
- [ ] Healthy Lifestyle
- [ ] Reproductive Health
- [ ] Domestic Violence
- [ ] Palliative Care
- [ ] Smoking

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

- [ ] Mental Health Services
- [ ] Substance Abuse (Alcohol & Drugs)
- [ ] Obesity (Nutrition & Exercise)
- [ ] Healthcare Transportation
- [ ] Housing
- [ ] Health Insurance Affordable Coverage
- [ ] Food Insecurity
- [ ] Diabetes
- [ ] Heart & Vascular Disease
- [ ] Cancer
- [ ] Asthma
- [ ] Healthy Lifestyle
- [ ] Reproductive Health
- [ ] Domestic Violence
- [ ] Palliative Care
- [ ] Smoking

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

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

Other (Be Specific).

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

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

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

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

◯ Yes ◯ No

If yes, please specify the services received

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

- ◯ Yes
- ◯ No

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

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

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

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

Other (Please specify).

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

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

Other (Please specify).

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

e.) County Health Rankings & Roadmap Detail

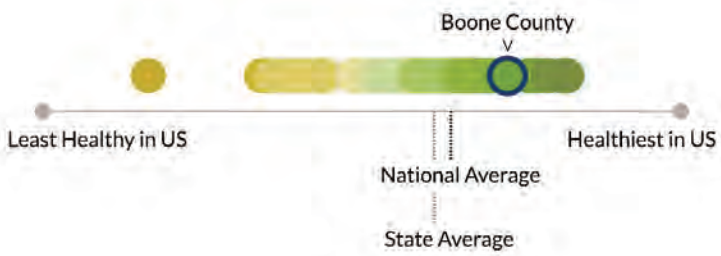
Boone County 2025

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.

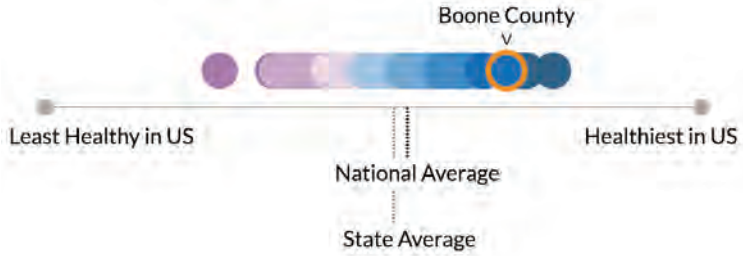
County Health Rankings & Roadmaps
A Healthier Nation, County by County

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

Health Outcomes



Health Factors



Population: 189,463

Population Health and Well-being				
Length of life		Boone County	Missouri	United States
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)		Boone County	Missouri	United States
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%

VVV Consultants LLC

VVV Consultants LLC

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

Olivia Hewitt, BS
Associate
OGH@VandehaarMarketing.com

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

HQ Office:

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

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

Implementation Plan 2025

A. Community Health Needs To Be Addressed

I. Heart and Vascular: Heart Disease

RATIONALE:

According to the American Heart Association, heart disease is the leading cause of death in the United States. Roughly 130.6 million adults live with some form of cardiovascular disease, which includes conditions such as high blood pressure, coronary heart disease, heart failure and stroke. Heart disease is among the most widespread and costly health problems facing the nation today. The Centers for Disease Control Chronic Disease Facts reports that heart disease and stroke cost the United States healthcare system roughly $223.2 billion per year in direct medical costs. The leading controllable risk factors for heart disease are:

- Blood pressure
- Cholesterol
- Tobacco use
- Blood sugar
- Unhealthy diet and physical inactivity
- Overweight and obesity

Over time, these risk factors cause changes in the heart and blood vessels that can lead to heart attacks, heart failure, and strokes. It is critical to address risk factors early in life to prevent these devastating events and other potential complications of chronic cardiovascular disease.

PROGRAM GOALS:

a) To improve cardiovascular health and quality of life for participants who have or are at risk for heart disease or stroke through prevention, detection, education and access to treatment of risk factors for heart disease.

b) Implement community-based blood pressure checks to increase early identification and provide information on symptoms related to cardiovascular events and stroke.

PROGRAM OBJECTIVES:

a) Screen 450 adults for high blood pressure.

b) Provide individuals with on-site education and materials to increase their knowledge of healthy lifestyle changes to help manage their condition.

ACTION PLAN:

a) Boone Health's Community Wellness team of health professionals will provide blood pressure screenings and education.

b) Individuals with high blood pressure ranges will be referred to the appropriate health care provider and/or will be encouraged to seek medical attention.

RANGES:

Healthy: <120/80

Stage 1 Hypertension: Systolic between 130-139, Diastolic between 80-89

Hypertension Crisis: Systolic over 180, Diastolic over 120

c) Offer re-screening between six months and one year to determine any changes to risk factor behaviors.

d) Community Wellness staff will provide on-site counseling for individuals identified as at-risk, and the importance of calling 911. They will also review the signs and symptoms of a stroke will participants.

EXPECTED OUTCOMES:

a) Early detection and prevention of heart disease and stroke.

b) Healthy lifestyle changes among those at risk for the disease.

OUTCOMES MEASUREMENT:

a) Document number of total individuals screened.

b) Document number of individuals screened with out-of-range blood pressures.

c) Offer re-screening at six months and one year to determine any changes in risk factors for cardiovascular disease.

d) Adjust focus of programs based on feedback.

II. Diabetes: Pre-diabetes and Diabetes Mellitus (Type 2 Diabetes)

RATIONALE:

According to the Centers for Disease Contral and Prevention (CDC), more than 40.1 million adults have diabetes, and an estimated 8.7 million to 11 million people in the United States do not know they have diabetes. Diabetes is the seventh leading cause of death in the United States, and the leading cause of kidney failure, non-traumatic lower-extremity amputations and adult blindness. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy and stroke.

PROGRAM GOALS:

a) To increase early detection of pre-diabetes and improve the quality of life for all persons who have, or are at risk for diabetes through prevention, detection, education and access to treatment of risk factors for pre-diabetes.

b) Implement community-based use of HbA1C testing for clients who screen in the prediabetes range, are known pre-diabetics, or have diabetes. Education will also be provided to better assess overall health as it relates to blood glucose levels.

PROGRAM OBJECTIVES:

a) Screen 450 adults each year for glucose. We will also partner with other local organizations: Boone County Health Department, Compass Health Network – Family Health Center, The ARC and other community organizations.
b) Provide individuals with on-site education and materials to increase their knowledge of healthy lifestyle changes to help manage their condition.

ACTION PLAN

a) Boone Health's Community Wellness team of health professionals will provide HbA1c screenings.
b) Individuals within the ranges will be referred to the appropriate health care provider and/or encouraged to seek medical attention.

RANGES:

Normal: <5.6

Pre-diabetic: 5.7-6.4%

Diabetic: >6.5%

c) Provide information on nutrition counseling and/or diabetes education resources as well as provide on-site individualized counseling for those identified as at-risk.
d) Offer re-screening between six months and one year to determine any changes in risk factors behaviors.

EXPECTED OUTCOMES:

a) Increase early detection of pre-diabetes and bring awareness to those individuals who have an elevated blood glucose level but are unaware.
b) Increase awareness of making healthy lifestyle changes among individuals at risk for diabetes or who already have diabetes.

OUTCOMES MEASUREMENT

a) Document number of total individuals screened for diabetes.
b) Document number of individuals screened with a result in elevated blood glucose range.
c) Provide 6-month follow-up screening.

III. Skin Cancer

RATIONALE:

One in five Americans will develop some type of skin cancer over the course of a lifetime. With early detection and treatment, most skin cancers are treatable. Early detection and treatment of any form of skin cancer is essential both to prevent the disease from spreading to other areas of the body and to achieve better outcomes. Research has shown that most skin cancers are detected by patients rather than doctors. Learning how to examine your own skin can promote skin health and can dramatically reduce the risk of having significant problems with skin cancer.

PROGRAM GOALS:

a) Increase early detection of skin cancer through the number of individuals screened for skin cancer.

b) Implement community-based skin cancer checks to increase early identification related to skin cancer; to better assess overall health as it relates to skin cancer.

PROGRAM OBJECTIVES:

a) Screen 150 adults each year for skin cancer using Boone Health's Mobile Health Unit. We will also partner with other local organizations: Boone County Health Dept., Compass Health Network - Family Health Center, The ARC, and other community organizations.

b) Provide individuals with on-site education and materials to increase their knowledge of healthy lifestyle changes to help manage their condition.

ACTION PLAN:

a) Boone Health's Community Wellness team of health professionals will provide skin cancer screenings.

b) Individuals who are identified to have an abnormal or suspicious lesion will receive a skin cancer screening report form with documented findings and any abnormalities will be documented with subject's personal phone.

c) Participants found to have an abnormal or suspicious lesion will be advised to follow up with their primary care physician or dermatologist. If the participant does not currently have a primary care physician, resources will be provided to direct participants to follow-up care.

d) Participants will be educated on the proper way to conduct self-examination, proper use of sunscreen, as well as the best sunscreen to use.

EXPECTED OUTCOMES:

a) Early detection of skin cancer and while also bringing awareness to those individuals at higher risk for skin cancer.

b) Improve knowledge of self-examination of skin and skin cancer prevention.

OUTCOMES MEASUREMENT:

a) Document number of total individuals screened.

b) Document number of individuals with abnormal findings.

c) Participants will receive a follow-up letter reminding them to schedule an appointment with a healthcare provider and/or dermatologist.

d) Provide 12-month follow-up screening.

B. NEEDS NOT ADDRESSED BY THIS IMPLEMENTATION PLAN

While heart disease, diabetes and skin cancer are our prioritized health needs, Boone Health will continue to offer the following programs and services to address the following:

Access to Care/Uninsured

Boone Hospital Center will continue to provide counseling to assist patients with determining eligibility for and enrollment in coverage, means-tested, and financial assistance programs.

Asthma/COPD

Boone Hospital Center offers pulmonary rehabilitation for eligible patients, including patients with COPD. Columbia/Boone County Public Health and Human Services offers smoking cessation programs. Boone Hospital Center refers patients and members of the community to these programs.

Cancer

Boone Hospital Center provides clinical screenings for breast, colorectal, lung, and other cancers.

Coordination of Care

Coordination of care between inpatient, outpatient and primary care settings will continue to be a priority for patient care at Boone Hospital Center.

Cultural Literacy

As Boone County continues to grow and become more diverse, cultural literacy becomes increasingly important. Boone Health recognizes and continually addresses the need for increased cultural literacy to improve patient care, health literacy, and coordination of care, including translation services. County resources include refugee and immigration services, El Centro Latino for Spanish-speaking residents, and Services for Independent Living to support the needs of the disabled.

Food Insecurity

Boone Hospital Center has a dedicated partnership with The Food Bank for Central and Northeast Missouri for patients. Inpatients who screen positive for food insecurity receive a

voucher at discharge for a Share Box which contains non-perishable food items. They also receive information for local resources that can offer long-term support.

Healthy Lifestyle

Education about leading a healthy lifestyle and empowering people to reduce their risk of preventable disease continues to be an important part of Boone Hospital Center's mission to improve the health of the people and communities we serve.

Health Literacy

Health literacy and patient education continues to be an important part of Boone Hospital Center's patient care and community health programs, including programs and general education about the risks, prevention and management of heart disease, diabetes and skin cancer.

Obesity

Boone Hospital Center's community wellness and patient care programs address the contributing factors of obesity and disorders comorbid with obesity, including heart disease and diabetes.

Currently, Boone Hospital Center does not have programs or resources to directly address these identified health needs. Boone Hospital Center supports the Boone County Health Department and other programs that help address the below needs.

Mental Health / Substance Abuse

Boone County's Community Services Department and Children's Service Fund and the Public Health and Human Services Department are working with community partners to explore how to improve access to outpatient mental health services, destigmatize use of mental health services, and reduce substance abuse. County mental health resources include Burrell Behavioral Health's Family Health Program, Compass Health Network, Family Access Center of Excellence, Missouri Psychiatric Center, MU Bridge Program & The Center Project, MU Psychological Services Clinic, New Horizons and Phoenix Programs for substance abuse treatment.

Injury and Violence

Boone County's Public Health and Human Services Department has assembled a Safe and Healthy Neighborhood action team, which collaborates with the community to improve neighborhood safety and reduce crime.

Dental Care

Access to affordable dental care, especially for adults, remains an area of need in Boone County. The Public Health and Human Services Department's acute dental pain relief program helps adults with demonstrated financial need and no access to dental insurance to receive x-rays and simple procedures.