Community Health Needs Assessment

Ray County, MO

On Behalf of Ray County Hospital & Healthcare

September 2025

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
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I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Ray County Hospital and Healthcare (Primary Service Area) – Ray County, MO - 2025 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Ray County Hospital and Healthcare and its primary service area was completed in 2022. (Note: The Patient Protection and Affordable Care Act (ACA) require 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 Ray County, MO CHNA began in March of 2025 and was facilitated/created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

Important community CHNA Benefits for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates a common understanding of the priorities of the community's health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's "Mission" to deliver.

County Health Area of Future Focus on Unmet Needs

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

2025 CHNA Unmet Needs

Ray County Hospital & Healthcare (Primary Service Area)

Ray Co, MO - 8/26/25 Town Hall: (32 Attendees, 107 Total Stakeholder Votes)

#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	19	18%	18%
2	Childcare (all ages)	13	12%	30%
3	Providers (PRIM & PEDS)	11	10%	40%
4	Underinsured / Uninsured	9	8%	49%
5	Community Communication	8	7%	56%
6	HC Literacy	7	7%	63%
7	Early Intervention (School)	7	7%	69%
8	Housing (Affordable)	6	6%	75%
9	Substance Abuse (Drugs)	6	6%	80%
	Total Votes	107		

Other Items receiving votes: Parenting Education, Transportation (all & under 65), Visiting Specialists (Pain, OB, ONC, ENDO, GI), Domestic Violence, Homeless (Youth & Teens), Family Planning, and Prenatal Care.

Town Hall CHNA Findings: Areas of Strengths

Ray County, MO - Community Health Strengths Recalled			
#	Topic	#	Topic
1	988 Mobile Crisis Unit	8	Project Guardian
2	Addressing care	9	Ray County Coalition
3	Ambulance Services	10	Schools
4	Food Pantry and Backpack Program	11	Skilled Rehab
5	Health Department	12	SSS Program
6	Hospital	13	Transportation for Seniors and Disabled
7	Programs Available & Collaborating Together		

Key CHNA Round #5 Secondary Research Conclusions found:

MISSOURI HEALTH RANKINGS: According to the 2023 Robert Woods Johnson County Health Rankings, Ray Co, MO, on average was ranked 47th in Health Outcomes, 86th in Health Factors, and 82nd in Physical Environmental Quality out of the 115 Counties.

TAB 1. Ray County's population is 23,182 (based on 2023 findings). About six percent (5.8%) of the population is under the age of 5, while the population that is over 65 years old is 19.8%. Children in single parent households make up a total of 18.5% compared to the rural norm of 19.2%, and 89.6% are living in the same house as one year ago.

TAB 2. In Ray County, the average per capita income is $35,601 while 12.6% of the population is in poverty. The severe housing problem was recorded at 10.2% compared to the rural norm of 11%. Those with food insecurity in Ray County is 11.6%, and those having limited access to healthy foods (store) is 2.1%. Individuals recorded as having a long commute while driving alone is 50.5% compared to the norm of 35.4%.

TAB 3. Children eligible for a free or reduced-price lunch in Ray County is 40.7%. Findings found that 89.7% of Ray County ages 25 and above graduated from high school while 15.1% has a bachelor's degree or higher.

TAB 4. The percentage of births where prenatal care began in the first trimester was recorded at 69.4% compared to the rural norm of 70.8%. Additionally, the percentage of births with low birth weight was 9%. Ray County recorded 2.6% of births occurring to teens between ages 15-19. The percentage of births where mother smoked during pregnancy was 22.7% compared to the rural norm of 16.9%.

TAB 5. The Ray County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 4,602 residents. There were 4,016 preventable hospital stays in compared to the rural norm of 2,806. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 73% while patients who reported they would definitely recommend the hospital was recorded at 64%.

Secondary Research Continued

TAB 6. The age-adjusted prevalence of depression among adults as of 2021 was reported at 25% in Ray County. The age-adjusted suicide mortality rate per 100k was 21.1 compared to the rural norm of 17.

TAB 7a – 7b. Ray County has an obesity percentage of 36.5% and a physical inactivity percentage is 27.5%. The percentage of adults who smoke is 22.3%, while the excessive drinking percentage is 16.8%. The age-adjusted prevalence of diagnosed diabetes is 10% compared to the rural norm of 10.4%. The age-adjusted prevalence of chronic kidney disease is 2.7%, while the prevalence of coronary heart disease is 6%. The age-adjusted prevalence of cancer among adults is 6.4%.

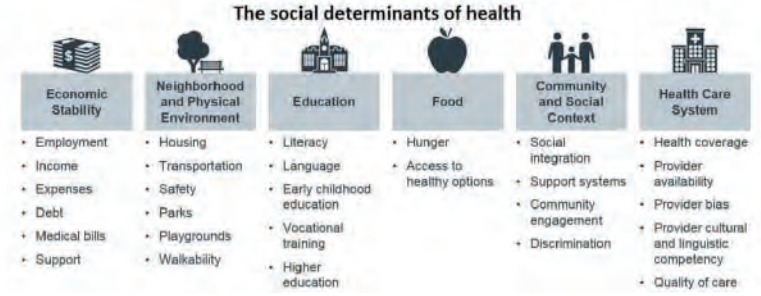
TAB 8. The adult uninsured rate for Ray County is 11.8% compared to the rural norm of only 13.5%.

TAB 9. The life expectancy rate in Ray County for males and females is roughly 75 years of age (74.5). The alcohol-impaired driving deaths for Ray County is 31% while age-adjusted Cancer Mortality rate per 100,000 is 205.5. The age-adjusted heart disease mortality rate per 100,000 is at 250.8.

TAB 10. A recorded 60.1% of Ray County has access to exercise opportunities. Continually, 36% of women have done a mammography screening compared to the rural norm of 40.7%. Adults recorded in Ray County who have had regular routine check-up is 73.1%. The age-adjusted prevalence of high blood pressure among adults is recorded at 32.1%.

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

Social Determinants Online Community Feedback – Ray Co Hospital PSA (N=149)



Ray County MO "KEY" Social Determinant Takeaways to	
Transporation and education are the greatest areas lacking. and specific, goal oriented, and individualized education is what is lacking.	There needs to be more **collaboration** between the facilities and organizations that involved trying to care for the community
Add more **Quality Health Care Services** available to people	A **YMCA** or something similar could be built in our town for people to access...
Economic Stability could help improve many SDH issues.	**homeless shelter** would be nice in our area for the needy ...

Key CHNA Round #5 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=149) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Ray County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 40.9%.

- Ray County stakeholders are very satisfied with some of the following services: Ambulance Services, Chiropractors and Pharmacy.

- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health Services, Substance Abuse, Transportation, Housing Availability, Obesity, Awareness of Healthcare Services, Uninsured / Underinsured, Suicide, Economic Development / Poverty, and Family / Social Support.

During the Town Hall on August 26th, 2025, a discussion was held to evaluate the impact of any actions taken to address the significant health needs identified in 2022. The table below was reviewed in-depth asking for feedback on which needs are still pressing and ongoing, thus evaluating actions taken in 2022.

Ray County Hospital and Healthcare PSA - CHNA YR 2025 N=149					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (OP access) / Crisis Services	49	15.3%		1
2	Substance Abuse (Drugs/Alcohol/Smoking)	37	11.5%		2
3	Uninsured and / or Underinsured	25	7.8%		7
4	Transportation (All)	24	7.5%		3
5	Housing Availability	24	7.5%		4
6	Obesity (Nutrition / Exercise)	21	6.5%		5
7	Economic Development / Poverty	21	6.5%		9
8	Awareness of Healthcare Services	20	6.2%		6
9	Suicide	19	5.9%		8
10	Disease Prevention / Wellness (Education)	18	5.6%		12
11	Access to Dental Care for Uninsured	17	5.3%		11
12	Family / Social Support	17	5.3%		10
13	Smoking / Vaping	17	5.3%		14
14	Workforce Staffing	12	3.7%		13
	Totals	321	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.).

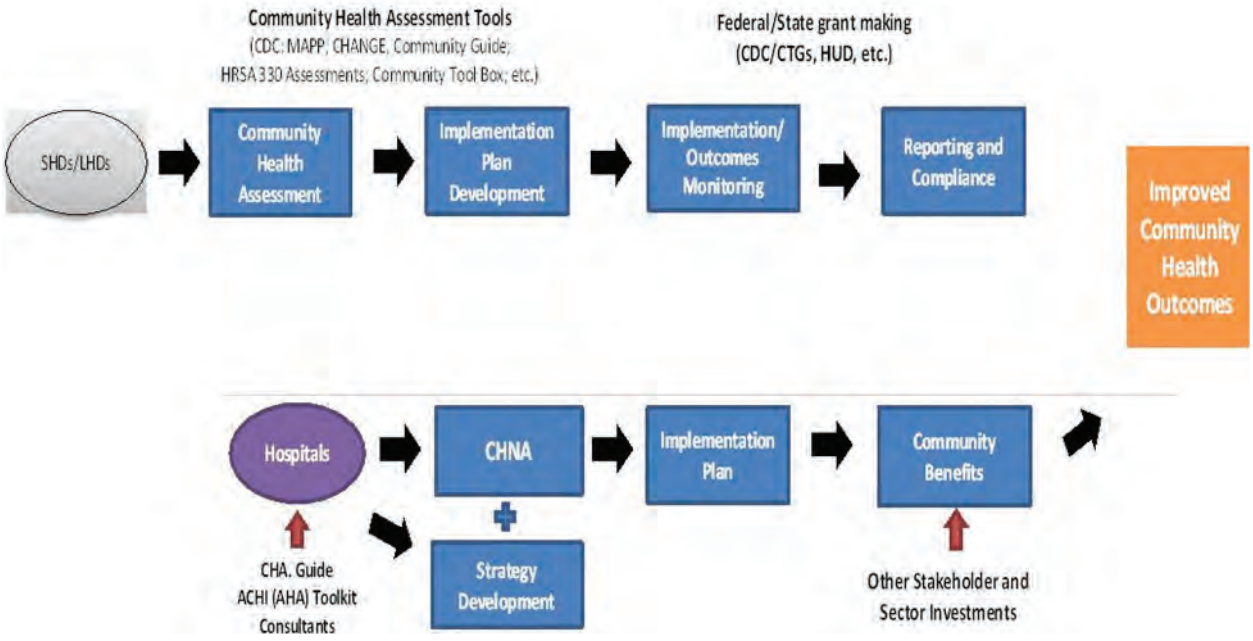
JOB #2: Making a CHNA Widely Available to the Public

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:

Ray County Hospital and Healthcare Profile

904 WOLLARD BLVD. RICHMOND, MO 64085
Interim CEO: Earl Sheehy

History: Ray County Memorial Hospital is a critical access facility established in 1956 and located in Richmond, Missouri. Since then, this facility has promised to provide its' resident is their primary service area professional, dependable, and cost-effective health care. Ray County Hospital and Healthcare exists to ensure that our region has access to a full range of high-quality health services close to home. Through the dedication of our talented staff and support of our generous community, we provide exceptional care to our friends, families, and neighbors.

Mission Statement: Ray County Hospital and Healthcare is a guardian of exceptional health services for our community, ensuring that families have access to high-quality care when and where they need it.

Vision Statement: Through strong local governance, Ray County Hospital and Healthcare will lead the nation in defining and advancing the future of rural health.

Ray County Hospital & Healthcare offers the following services to its community:

- Cardiac Rehab
- Dietary Services
- Emergency Department
- Laboratory Services
- Oncology
- Outpatient Clinic
- Pulmonary
- Radiology
- Respiratory Therapy
- Senior Life Solutions
- Surgery
- Therapy Services
- Transitional Care

Ray County Health Department Profile

820 E. Lexington Street Richmond, MO 64085
816-776-5413
Monday-Friday: 8:00am – 4:30pm
Shelby Smithey, RN, BSN, Administrator

About Us: We focus on providing our community with Lead Testing, Home Visits, Accepting Medicare and Medicaid, Vital Statistics, and Home Education Services.

Services:

- WIC
- Immunizations
- Blood Pressure Screenings
- Hearing & Vision Screenings
- Blood Glucose Screenings
- Lead Screenings
- Height & Weight Screenings
- STD Screenings

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 June of 2025 for Ray County Hospital and Healthcare in Ray County, MO to meet Federal IRS CHNA requirements.

In early June 2025, a meeting was called amongst the Ray County Hospital and Healthcare 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 Ray County Hospital and Healthcare 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:

Source: MHA HIDI Data				62,759		
Ray County Hospital & Healthcare - Defined PSA				Overall (IP/ER/OP) YR22-24		
#	ZIP	City	County	Total 3YR	%	ACCUM
1	64085	Richmond, MO	Ray	38,253	61.0%	61.0%
2	64035	Hardin, MO	Ray	3,287	5.2%	66.2%
3	64077	Orrick, MO	Ray	2,881	4.6%	70.8%
4	64084	Rayville, MO	Ray	1,744	2.8%	73.6%
5	64036	Henrietta, MO	Ray	1,736	2.8%	76.3%
6	64017	Camden, MO	Ray	1,263	2.0%	78.3%
7	64062	Lawson, MO	Ray	465	0.7%	79.1%
8	64067	Lexington, MO	Lafayette	3,919	6.2%	85.3%

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.

Ray County Hospital and Healthcare - Richmond, MO VVV CHNA Round #5 Work Plan - Year 2025 Project Timeline & Roles - Working Draft as of 7/9/25			
Step	**Timeframe**	**Lead**	**Task**
1	7/1/2025	VVV / Hosp	Meeting Leadership information regarding CHNA Round #5 for review.
2	7/2/2025	Hosp	Select/approve CHNA Wave #5 Option B - VVV quote—work to start 8/1/25.
3	On or before 7/9/2025	VVV	Hold Client Kick-off Meeting. Review CHNA process / timeline with leadership. Request MHA PO reports for FFY 22, 23 and 24 and hospital client to complete PSA IP/OP/ER/Clinic patient origin counts file (Use **ZipPSA_3yrPOrigin.xls**)
4	7/9/2025	VVV	Send out **REQCommInvite Excel** file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
5	On or before 7/9/2025	VVV	Prepare CHNA Round#5 Stakeholder Feedback "online link". Send link for hospital review.
6	July - August 2025	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	7/9/2025	VVV / Hosp	Prepare/send out PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	7/16/2025	VVV	Place PR story to local media CHNA survey announcing "online CHNA Round #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	7/16/2025	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. **Cut-off 8/15/2025 for Online Survey**
10	by 8/1/2025	VVV / Hosp	Prepare/send out PR #2 story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
11	8/15/2025	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
12	By 8/25/2025	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	**8/26/2025**	VVV	Conduct CHNA Town Hall. Lunch 11am - 1pm **(Hospital Anex)** Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 10/15/2025	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 10/31/2025	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	9/19/2025	Both	Conduct Client Implementation Plan PSA Leadership meeting. Zoom 10am-12pm.
17	On or Before 10/31/2025	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

2025 Community Health Needs Assessment
Ray County Hospital and Healthcare
Richmond, MO Town Hall August 26th, 2025

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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Introduction: Who We Are
Background and Experience Since 2009

VVV Consultants LLC

4

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

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

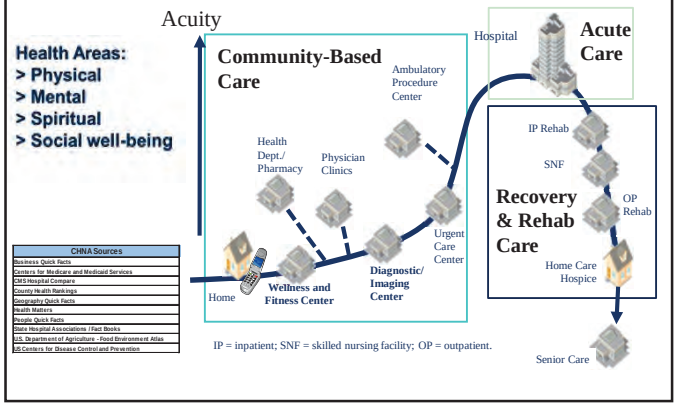
3

Town Hall Participation / Purpose & Parking Lot

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

6

System of Care Delivery
Birth to Grave (SG2)



IP = inpatient; SNF = skilled nursing facility; OP = outpatient.

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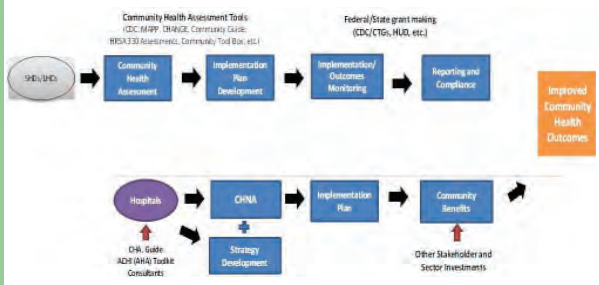
Community Health Needs Assessment
Joint Process: Hospital & Local Health Providers



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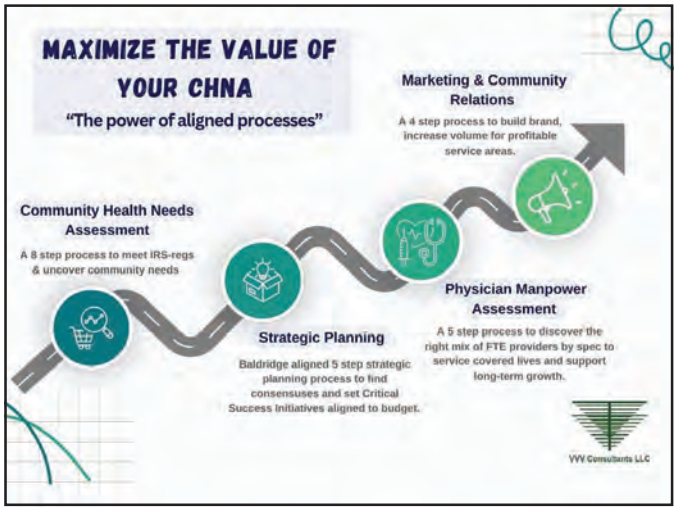

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A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

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

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

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

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

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II. Review of a CHNA

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

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

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

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

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

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Social determinants of health 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)

14

IV. Review Current County Health Status:

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

Trends: Good | Same | Poor

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

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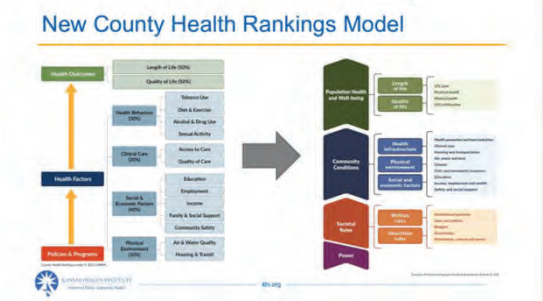
County Health Rankings Scoring

Robert Wood Johnson Foundation and University of WI Health Institute



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

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Ray 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

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

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IV. Community Health Conversation: Your Perspectives / Suggestions !

Tomorrow:

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

Today:

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

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Tables – Share Table Conversations Unmet Needs

RSVP's Ray Co, MO CHNA Town Hall - Tues,8/26/25 11am-1pm.

#	Table	Lead	Last	First	Organization	Title
1	A	XX	Greenwood	Margaret	Ray County Hospital/Project Guardian	Community Health Worker
2	A		Dixon Gorham	Janet	Chamber of Commerce	
3	A		GOODLOE	MONA	Ray County Transportation	
4	A		Nave	Jere	Ray County Hospital and Healthcare	CNO
5	A		Thompson	Ashley	Project Guardian	CHW
6	B	XX	Hanes	Misty	Access II Wellness	Marketing Manager
7	B		Harrison	June	Chamber of Commerce	
8	B		Negrete	Lauren	MARC	Integrated Care /CSN Coor
9	B		Sheehy	Earl	Ray County Hospital and Healthcare	CEO
10	B		Hisle	Stacy	Ray County Library	Director
11	C	XX	Gorenflo	Peggy	Beacon Mental Health	CBHL Manager
12	C		Letzig	Frazier	Chamber of Commerce	
13	C		Mallory	Rankin	Children's Division	Supervisor
14	C		Taylor	Jayne	Chamber of Commerce	Director
15	C		Thaller	Emily	Ray County Hospital and Healthcare	LMSW
16	D	XX	Braun	Tim	Ray County Hospital and Healthcare	Exec Dir, Population Health
17	D		Letzig	Pat	Chamber of Commerce	
18	D		Quiroz	Jose	Ray County Hospital and Healthcare	Marketing Director
19	D		Schachtele	Karen	Department of Social Services Tech Assist	Critical Event Safety Analyst
20	D		Williams	Janet	Children's Division	Circuit Manager
21	E	XX	Smithey	Shelby	Ray County Health Department	Administrator
22	E		Leeds	Jessica	Richmond School Dist/Parents as Teachers	Coordinator
23	E		Mathews	Donna	Chamber of Commerce	
24	E		Scowley	Barbara	NKC Health Richmond	
25	E		Williams	Kayleen	House of Hope	Family Support Specialist
26	F	XX	Sethi	TJ	University of Missouri Extension	Field Specialist in Nutrition a
27	F		Hopkins	Melissa	Richmond School Dist/Parents as Teachers	Parent Educator
28	F		Presson	Maggie	Chamber of Commerce	
29	F		Pride	Susan	Chamber of Commerce	
30	F		QUICK	ALICIA	HARDIN POLICE DEPARTMENT	CHIEF OF POLICE
31	G	XX	Arnold	Amanda	HCC Network	COO
32	G		Baskins	Lori	Ray County Court	Judge
33	G		Hanes	Misty	Access II Wellness	Marketing Manager
34	G		Jones	Katelin	SNS of Ray County	Office manager
35	G		Violett	Caitlyn	Beacon Mental Health	Director of Access and Crisis

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Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

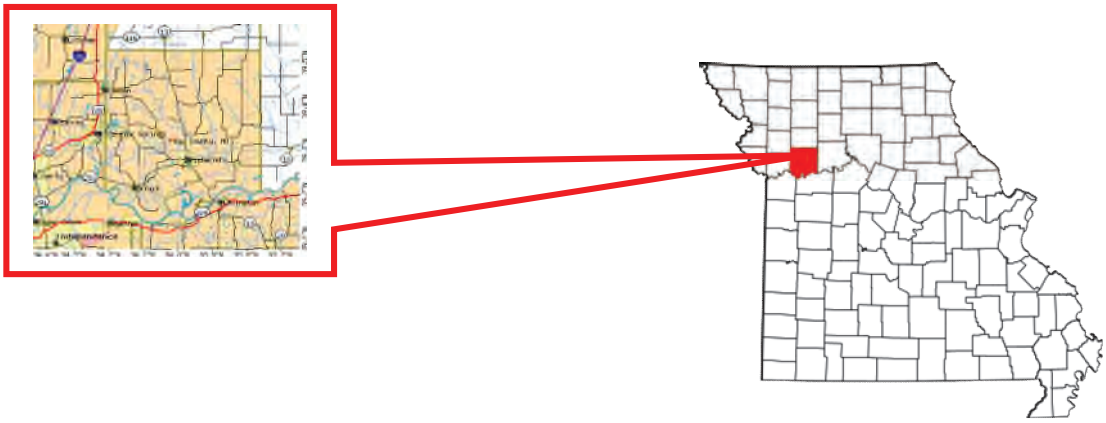
Sources of community-health level indicators:

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

II. Methodology

d) Community Profile (A Description of Community Served)

Ray County (MO) Community Profile



Ray County Missouri was organized in 1820 and on January 1, 1821, when Missouri became a state, it was one of the original 14 counties and at that time included the entire northwest corner of the state. It was named after the Honorable John Ray, a state legislator. Richmond became the permanent county seat on September 24, 1827.

Adjacent Counties:

- Caldwell County (north)
- Carroll County (east)
- Lafayette County (south)
- Jackson County (southwest)
- Clay County (west)
- Clinton County (northwest)

Major highways:

- Route 10
- Route 13
- Route 210

Ray County (MO) - Detail Demographic Profile

				Population			Households			
ZIP	NAME	ST	County	Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	Per Capita23
64017	Camden	MO	RAY	558	545	-2.3%	220	219	2.54	$30,917
64035	Hardin	MO	RAY	956	961	0.5%	355	366	2.68	$29,278
64036	Henrietta	MO	RAY	294	327	11.2%	105	113	2.46	$26,025
64062	Lawson	MO	RAY	6,266	6,231	-0.6%	2,290	2,295	2.72	$39,160
64077	Orrick	MO	RAY	1,477	1,456	-1.4%	606	608	2.44	$34,989
64084	Rayville	MO	RAY	1,554	1,549	-0.3%	632	642	2.46	$39,650
64085	Richmond	MO	RAY	8,801	8,741	-0.7%	3,642	3,644	2.38	$32,567
Totals				**19,906**	**19,810**	**0.9%**	**7,850**	**7,887**	**2.5**	**$33,227**

				Population				Year 2020		Females
ZIP	NAME	ST	County	Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
64017	Camden	MO	RAY	418	103	136	145	270	288	101
64035	Hardin	MO	RAY	727	184	218	221	471	485	167
64036	Henrietta	MO	RAY	228	57	66	74	143	151	64
64062	Lawson	MO	RAY	4621	1229	1581	1548	3,142	3124	1140
64077	Orrick	MO	RAY	1137	287	325	378	751	726	232
64084	Rayville	MO	RAY	1223	368	316	370	808	746	234
64085	Richmond	MO	RAY	6544	1847	2149	2069	4,254	4547	1474
Totals				**14,898**	**4,075**	**4,791**	**4,805**	**9,839**	**10,067**	**3,412**

				Population 2020				Year 2023		
ZIP	NAME	ST	County	White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
64017	Camden	MO	RAY	91.9%	0.2%	0.0%	1.8%	240	17%	51
64035	Hardin	MO	RAY	94.5%	0.6%	0.3%	1.8%	396	14%	47
64036	Henrietta	MO	RAY	92.2%	0.3%	0.0%	0.7%	132	17%	43
64062	Lawson	MO	RAY	91.3%	0.3%	0.3%	2.6%	2,434	12%	55
64077	Orrick	MO	RAY	92.5%	0.3%	0.0%	2.7%	665	14%	51
64084	Rayville	MO	RAY	91.2%	0.4%	0.5%	2.3%	695	7%	55
64085	Richmond	MO	RAY	89.0%	1.9%	0.5%	2.7%	3,961	30%	49
Totals				**91.8%**	**0.6%**	**0.2%**	**2.1%**	**8,523**	**15.8%**	**50**

Source: ERSA Demographics 2023

III. Community Health Status

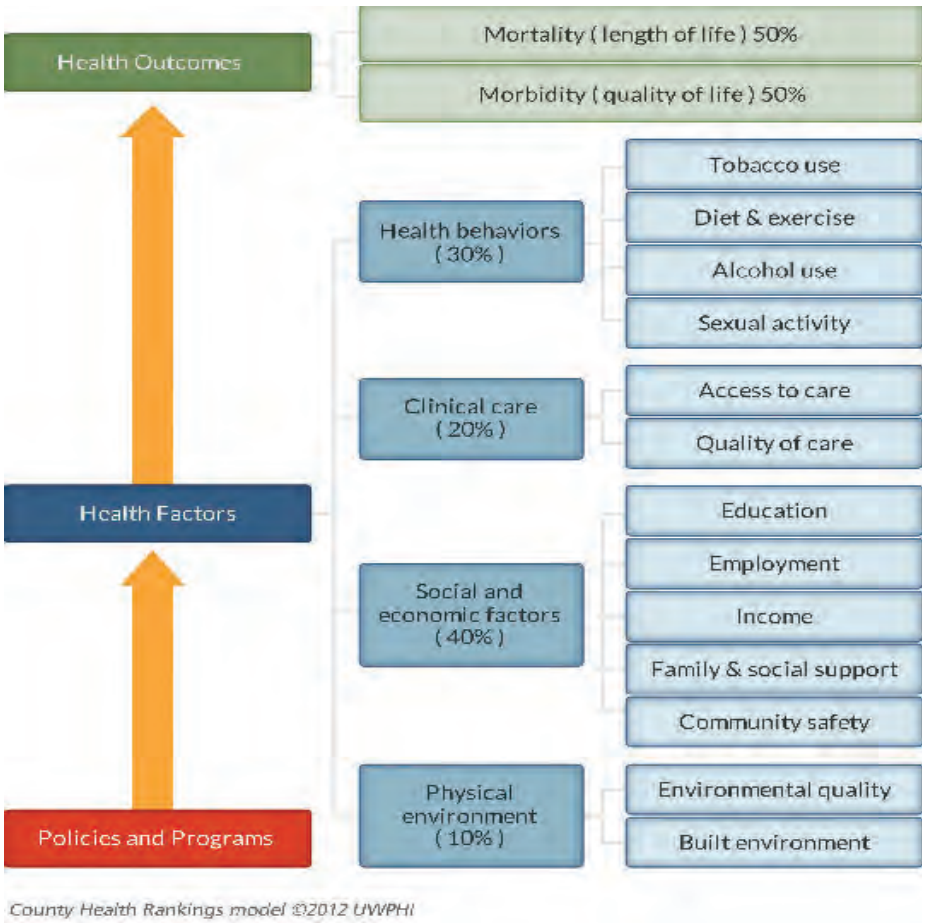
III. Community Health Status

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	Ray Co, MO 2023	Ray Co, MO 2022	MO Rural Norms (28)
1	Health Outcomes		47	39	43
	Mortality	Length of Life	55	55	47
	Morbidity	Quality of Life	35	23	41
2	Health Factors		86	65	52
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	72	49	52
	Clinical Care	Access to care / Quality of Care	86	83	65
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	86	73	49
3	Physical Environment	Environmental quality	82	21	49
MO Norms (28): Andrew, Atchison, Bates, Benton, Caldwell, Carroll, Cass, Cedar, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Hickory, Holt, Johnson, Lafayette, Livingston, Mercer, Pettis, Polk, Ray, St. Claire, Saline, Vernon, Worth					

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

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

1		Population Health Indicators	Ray Co MO 2025	Ray Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
	a	Population estimates, 2020-2022 (V2023)	23,182	23,008		6,196,156	20,130	People Quick Facts
	b	Persons under 5 years, percent, 2020-2022	5.8%	5.8%		5.7%	5.8%	People Quick Facts
	c	Persons 65 years and over, percent, 2020-2022	19.8%	18.9%		18.3%	22.0%	People Quick Facts
	d	Female persons, percent, 2020-2022	49.7%	50.1%		50.7%	50.1%	People Quick Facts
	e	White alone, percent, 2020-2022	95.0%	95.5%		82.4%	94.4%	People Quick Facts
	f	Black or African American alone, percent, 2020-2022	1.4%	1.5%		11.7%	1.9%	People Quick Facts
	g	Hispanic or Latino, percent, 2020-2022	3.0%	2.6%		5.3%	3.5%	People Quick Facts
	h	Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	2.5%	1.9%		6.3%	3.8%	People Quick Facts
	i	Living in same house 1 year ago, percent of persons age 1 year+, 2018-2022	89.6%	89.1%		86.4%	88.3%	People Quick Facts
	j	Children in single-parent households, percent, 2018-2022	18.5%	16.0%	-	24.0%	19.2%	County Health Rankings
	k	Veterans, 2018-2022	1,522	1,727		361,097	1,394	People Quick Facts

Tab 2: Economic Profile

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

2		Economic - Health Indicators	Ray Co MO 2025	Ray Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
	a	Per capita income in past 12 months (in 2021 dollars), 2018-2022	$35,601	$32,165	+	$36,754	$29,689	People Quick Facts
	b	Persons in poverty, percent, 2020-2022	12.6%	10.0%	-	12.0%	14.5%	People Quick Facts
	c	Total Housing units, 2022	9,954	9,892	+	2,844,346	9,097	People Quick Facts
	d	Persons per household, 2018-2022	2.6	2.6		2.4	2.5	People Quick Facts
	e	Severe housing problems, percent, 2016-2020	10.2%	9.3%	-	12.7%	11.0%	County Health Rankings
	f	Total employer establishments, 2022	357	NA		153,767	416	People Quick Facts
	g	Unemployment, percent, 2022	3.3%	6.9%	+	2.5%	2.5%	County Health Rankings
	h	Food insecurity, percent, 2021	11.6%	12.3%	+	11.6%	12.5%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019	2.1%	2.1%		7.2%	8.8%	County Health Rankings
	j	Long commute - driving alone, percent, 2018-2022	50.5%	47.5%	-	31.7%	35.4%	County Health Rankings
	m	Households with a broadband Internet subscription, percent, 2018-2022	83.6%	NA		86.6%	79.9%	People Quick Facts

***New Social Determinant Data Resources*

Tab 3: Educational Profile

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

3		Education - Health Indicators	Ray Co MO 2025	Ray Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
	a	Children eligible for free or reduced price lunch, percent, 2020-2021	40.7%	37.4%	-	44.2%	43.5%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2018-2022	89.7%	88.7%	+	91.3%	89.9%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	15.1%	14.1%		31.2%	19.0%	People Quick Facts

#	CHNA 2025 School Health - Ray County, MO	Richmond R-XVI
1	Total Public School Nurses	4*
2	School Nurse is part of the IEP Team	when applicable
3	Active School Wellness Plan	yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	437/96/40
5	HEARING: # Screened / Referred to Prof / Seen by Professional	0
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	56/9/?
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	0
8	Students Served with No Identified Chronic Health Concerns	1,317
9	School has a Suicide Prevention Program	yes
10	Compliance on Required Vaccinations	yes

Tab 4: Maternal / Infant Profile

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

4		Maternal/Infant - Health Indicators (Access/Quality)	Ray Co MO 2025	Ray Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
	a	Percent of Births Where Prenatal Care began in First Trimester, 2019-2021	69.4	74.4	-	73.1	70.8	MOPHIMS
	b	Percentage of Premature Births, 2019-2021	11.5	8.4	-	10.9	9.5	MOPHIMS
	c	Percent of Births with Low Birth Weight, 2019-2021	9.0	7.1	-	8.7	7.3	MOPHIMS
	d	Teen Pregnancy Rate (Age 15-17) 2017-2021	2.6	2.0		8.9	5.9	MOPHIMS
	e	Rate of births Where Mother Smoked During Pregnancy, 2019-2021	22.7	18.6	-	10.1	16.9	MOPHIMS
	f	Child Care Centers per 1,000 Children, 2010-2022	5.4	NA		8.8	8.7	County Health Rankings

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

#	Criteria - Vital Satistics (Births)	Ray Co MO	Trend	Missouri
a	Total Live Births, 2018	268		73,281
b	Total Live Births, 2019	248		72,103
c	Total Live Births, 2020	264		69,277
d	Total Live Births, 2021	258		69,269

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

Tab 5: Hospitalization and Provider Profile

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

5		Hospital/Provider - Health Indicators (Access/Quality)	Ray Co MO 2025	Ray Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
	a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2021	4602:1	2877:1	-	1421:1	3276:1	County Health Rankings
	b	Preventable hospital rate per 100,000, 2021 (lower the better)	4,016	5,793		3,016	2,806	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	73.0%	85.0%	-	73.0%	75.1%	CMS Hospital Compare,
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	64.0%	76.0%	-	72.0%	69.8%	CMS Hospital Compare,
	e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	106	107		122	121	CMS Hospital Compare,

Source: Internal Records -Ray County Health Department				
#	Community Contribution - Health Dept. Operations	YR 2024	YR 2023	YR 2022
	County Tax Dollars Received	$ 365,719	$ 391,673	$ 398,568
1	Core Community Public Health	$155,380	$128,199	$135,282
2	Child Care Inspections	$5,000	$5,000	$5,000
3	Environmental Services	$90,965	$83,420	$79,866
4	Home Health (No nursing)	$5,000	$5,000	$5,000
5	Screenings:TB/STD/BP/LEAD/BG,etc	$34,530	$28,488	$30,063
6	Vaccine - received from State	$138,118	$113,954	$120,250
7	WIC Administration (Federally Funded)	$194,220	$179,580	$185,255
**totals above are for labor costs only, does not include supplies/equipment/utilities				

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

6		Mental - Health Indicators	Ray Co MO 2025	Ray Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
	a	Age-Adjusted Prevalence of Depression Among Adults, 2021 New	25.0%	NA		22.5%	25.0%	Ctrs Medicare and Medicaid Services
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2021	21.1	20.2	-	18.7	17.0	World Bank
	c	Average Number of mentally unhealthy days, 2021	5.5	5.2	-	5.2	5.4	County Health Rankings

***New Social Determinant Data Resources*

CDC - 2023 U.S. County Opiod Dispensing			
State	County	FIPS	Opioid Dispensing Rate per 100
MO	Ray County	29177	25.9
	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	Ray Co MO 2025	Ray Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
	a	Adult obesity, percent, 2021	36.5%	36.7%		37.6%	39.1%	County Health Rankings
	b	Adult smoking, percent, 2021	22.3%	22.8%		18.1%	22.4%	County Health Rankings
	c	Excessive drinking, percent, 2021	16.8%	20.1%	+	19.3%	16.2%	County Health Rankings
	d	Physical inactivity, percent, 2021	27.5%	32.2%		24.2%	27.8%	County Health Rankings
	e	Ade-Adjusted Prevalence of Sleeping less than 7 Hours Among Adults	34.8%	NA		34.5%	34.3%	ephtracking.cdc.gov
	f	Sexually transmitted infections (chlamydia), rate per 100,000 (2021)	352.1	269.4	-	517.4	264.1	County Health Rankings

Tab 7b: Chronic Risk Profile

7b		Chronic - Health Indicators **	Ray Co MO 2025	Ray Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
	a	Age-Adjusted Prevalence of Arthritis Among Adults >=18 ,2021	25.5%	NA		24.4%	26.5%	ephtracking.cdc.gov
	b	Age-Adjusted Prevalence of Current Asthma Among Adults >=18 ,2021	9.7%	NA		10.2%	9.9%	ephtracking.cdc.gov
	c	Age-Adjusted Prevalence of Diagnosed Diabetes Among Adults >=18 ,2021	10.0%	NA		10.6%	10.4%	ephtracking.cdc.gov
	d	Age-Adjusted Prevalence of Chronic Kidney Diseasae Among Adults >=18 ,2021	2.7%	NA		2.9%	2.8%	ephtracking.cdc.gov
	e	Age-Adjusted Prevalence of COPD Among Adults >=18 ,2021	8.1%	NA		9.1%	8.4%	ephtracking.cdc.gov
	f	Age-Adjusted Prevalence of Coronary Heart Disease Among Adults >=18, 2021	6.0%	NA		6.5%	6.3%	ephtracking.cdc.gov
	g	Age-Adjusted Prevalence of Cancer Among Adults >=18 ,2021	6.4%	NA		6.5%	6.5%	ephtracking.cdc.gov
	h	Age-Adjusted Incidence Rate of Breast Cancer per 100k over 5 year period (Females Only)-2016-2020	91.8	NA		81.8	117.1	ephtracking.cdc.gov
	i	Age-Adjusted Prevalence of Stroke Among Adults >=18 ,2021	3.0%	NA		3.2%	3.1%	ephtracking.cdc.gov

***New Social Determinant Data Resources*

Tab 8: Uninsured Profile and *Community Benefit*

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

8		Insurance Coverage - Health Indicators	Ray Co MO 2025	Ray Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
	a	Uninsured, percent, 2020	11.8%	14.3%	+	11.3%	13.5%	County Health Rankings

#	Ray County Hospital	YR 2024	YR 2023	YR 2022
1	Bad Debt - Write off	$3,538,607	$1,893,603	$2,404,006
2	Charity Care - Free Care Given	$133,913	$73,766	$101,050

Tab 9: Mortality Profile

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

9		Mortality - Health Indicators	Ray Co MO 2025	Ray Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
	a	Life Expectancy, 2018 - 2020	74.5	75.8	-	75.8	76.1	County Health Rankings
	b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	205.5	203.4		164.2	188.2	World Bank
	c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	250.8	248.3	-	202.4	226.2	World Bank
	e	Alcohol-impaired driving deaths, percent, 2017-2021	31.0%	NA		27.8%	26.0%	County Health Rankings

MO Death Statistics by Selected Causes of Death (2018-2022) Per 100k	Ray Co MO	%	Trend	State of MO	%
Total Deaths	1009			110,985	
Heart Disease	215	21.3%		24,963	22.5%
Cancer	199	19.7%		20,366	18.4%
Accidents & Adverse Events	73	7.2%		7,357	6.6%
Chronic Lower Respiratory Disease	65	6.4%		6,783	6.1%
Alzheimer's Disease	40	4.0%		3,266	2.9%
Cerebrovascular Disease	37	3.6%		4,759	4.3%
Kidney Disease	23	2.3%		2,026	1.8%
Diabetes	22	2.1%		2,631	2.4%
Pneumonia	18	1.7%		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	Ray Co MO 2025	Ray Co MO 2022	Trend	MO State	MO Rural Norms (28)	Source
	a	Access to exercise opportunities, percent, 2022 & 2023 (Higher is better)	60.1%	37.4%	+	76.9%	48.4%	County Health Rankings
	b	Age-Adjusted Prevalence of Hearing Disability Among Adults >=18, 2021	7.8%	NA		8.2%	8.1%	ephtracking.cdc.gov
	c	Age-Adjusted Prevalence of High Chloesterol Among Adults >=18 ,2021(Screened in the last 5 years)	31.2%	NA		32.1%	32.2%	ephtracking.cdc.gov
	d	Age-Adjusted Prevalence of High Blood Pressue Among Adults >=18 ,2021	32.1%	NA		33.3%	33.0%	ephtracking.cdc.gov
	e	Mammography annual screening, percent, 2017	36.0%	36.0%		45.0%	40.7%	County Health Rankings
	f	Age-Adjusted Prevalence of Visits to Doctor for Routine Check-Up Among Adults >=18 ,2021	73.1%	NA		73.6%	73.2%	ephtracking.cdc.gov
	g	Age-Adjusted Prevalence of Visits to the Dentist Among Adults >=18 ,2022	53.8%	28.7%	+	24.4%	56.2%	ephtracking.cdc.gov
	h	Percent Annual Check-Up Visit with Eye Doctor	NA	NA		NA	NA	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 Ray County, Missouri.

Chart #1 – Ray County, MO PSA Online Feedback Response (N=149)

Ray County Hospital and Healthcare PSA - CHNA YR 2025 N= 149			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Ray Co, MO PSA N=149	Trend	*Round #5 Norms N=8,575
Business/Merchant	7.3%		9.9%
Community Board Member	4.0%		8.6%
Case Manager/Discharge Planner	4.0%		1.1%
Clergy	0.0%		1.2%
College/University	0.0%		3.0%
Consumer Advocate	3.2%		2.0%
Dentist/Eye Doctor/Chiropractor	0.8%		0.7%
Elected Official - City/County	0.8%		1.9%
EMS/Emergency	2.4%		2.5%
Farmer/Rancher	3.2%		8.0%
Hospital/Health Department	33.9%		20.7%
Health Department	0.8%		1.3%
Housing/Builder	0.8%		0.7%
Insurance	1.6%		1.2%
Labor	0.8%		3.0%
Law Enforcement	0.0%		0.9%
Mental Health	4.0%		2.5%
Other Health Professional	4.8%		12.1%
Parent/Caregiver	12.9%		16.8%
Pharmacy/Clinic	2.4%		2.4%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	4.0%		3.7%
Teacher/School Admin	6.5%		7.3%
Veteran	1.6%		2.9%
TOTAL	34		6,823

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

Ray County Hospital and Healthcare PSA - CHNA YR 2025 N=149			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Ray Co Mem PSA N=149	Trend	*Round #5 Norms N=8,575
Top Box %	**6.0%**		**26.1%**
Top 2 Boxes %	**40.9%**		**69.0%**
Very Good	6.0%		26.1%
Good	34.9%		43.0%
Average	42.3%		24.4%
Poor	16.1%		5.3%
Very Poor	0.7%		1.2%
Valid N	149		8,546

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

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

Ray County Hospital and Healthcare PSA - CHNA YR 2025 N=149					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (OP access) / Crisis Services	49	15.3%		1
2	Substance Abuse (Drugs/Alcohol/Smoking)	37	11.5%		2
3	Uninsured and / or Underinsured	25	7.8%		7
4	Transportation (All)	24	7.5%		3
5	Housing Availability	24	7.5%		4
6	Obesity (Nutrition / Exercise)	21	6.5%		5
7	Economic Development / Poverty	21	6.5%		9
8	Awareness of Healthcare Services	20	6.2%		6
9	Suicide	19	5.9%		8
10	Disease Prevention / Wellness (Education)	18	5.6%		12
11	Access to Dental Care for Uninsured	17	5.3%		11
12	Family / Social Support	17	5.3%		10
13	Smoking / Vaping	17	5.3%		14
14	Workforce Staffing	12	3.7%		13
	Totals	321	100.0%		

Community Health Needs Assessment "Causes of Poor Health"

Ray County Hospital and Healthcare PSA - CHNA YR 2025 N= 149			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Ray Co, MO N=149	Trend	*Round #5 Norms N=8,575
Chronic Disease Management	8.4%		8.5%
Lack of Health & Wellness	9.3%		11.7%
Lack of Nutrition / Access to Healthy Foods	4.8%		10.6%
Lack of Exercise	6.0%		13.9%
Limited Access to Primary Care	6.6%		5.4%
Limited Access to Specialty Care	3.0%		5.9%
Limited Access to Mental Health	10.2%		14.4%
Family Assistance Programs	3.9%		4.6%
Lack of Health Insurance	9.0%		12.0%
Neglect	17.1%		8.9%
Lack of Transportation	5.4%		5.0%
Total Votes	333		17,064

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

Community Rating of HC Delivery Services (Perceptions)

Ray County Hospital and Healthcare PSA - CHNA YR 2025 N=149	Ray Co Mem PSA N=149			*Round #5 Norms N=8,575	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	72.6%	2.6%		82.5%	3.5%
Child Care	23.3%	25.0%		40.3%	21.3%
Chiropractors	66.4%	2.6%		71.1%	6.8%
Dentists	47.0%	17.1%		63.6%	14.0%
Emergency Room	66.1%	6.8%		73.4%	7.7%
Eye Doctor/Optometrist	26.1%	28.7%		69.9%	10.0%
Family Planning Services	27.8%	33.0%		45.4%	16.7%
Home Health	24.3%	39.1%		56.5%	11.7%
Hospice/Palliative	51.3%	13.7%		65.2%	7.9%
Telehealth	21.9%	27.4%		50.6%	13.1%
Inpatient Hospital Services	56.9%	7.8%		75.3%	5.8%
Mental Health Services	18.3%	57.4%		34.8%	30.1%
Nursing Home/Senior Living	28.7%	17.4%		48.0%	18.2%
Outpatient Hospital Services	55.3%	7.0%		74.5%	5.2%
Pharmacy	69.0%	3.4%		82.7%	3.2%
Primary Care	50.7%	18.7%		76.3%	6.6%
Public Health	33.9%	17.4%		61.7%	9.0%
School Health	45.1%	8.8%		58.7%	8.3%
Visiting Specialists	32.7%	22.1%		67.3%	7.3%

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

Community Health Readiness

Ray County Hospital and Healthcare PSA - CHNA YR 2025 N= 149	% Bottom 2 Boxes (Lower is better)		
Community Health Readiness is vital. How would you rate each? (% Poor / Very Poor)	Ray Co, MO N=149	Trend	*Round #5 Norms N=8,575
Behavioral/Mental Health	61.3%		32.7%
Emergency Preparedness	18.9%		7.7%
Food and Nutrition Services/Education	32.4%		17.0%
Health Wellness Screenings/Education	32.9%		10.8%
Prenatal/Child Health Programs	37.3%		13.9%
Substance Use/Prevention	53.5%		34.1%
Suicide Prevention	53.2%		35.0%
Violence/Abuse Prevention	53.5%		33.7%
Women's Wellness Programs	32.4%		18.8%
Exercise Facilities / Walking Trails etc.	25.0%		15.6%

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

Healthcare Delivery "Outside our Community"

Ray County Hospital and Healthcare PSA - CHNA YR 2025 N=149			
In the past 2 years, did you or someone you know receive HC outside of our community?	Ray Co, MO N=149	Trend	*Round #5 Norms N=8,575
Yes	67.4%		69.1%
No	32.6%		30.9%

Specialties:

Spec	Counts
CARD	6
SPEC	5
EMER	4
SURG	4

Access to Providers / Staff in our Community

Ray County Hospital and Healthcare PSA - CHNA YR 2025 N=149			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Ray Co, MO N=149	Trend	*Round #5 Norms N=8,575
Yes	44.1%		55.4%
No	55.9%		44.6%

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

Ray County Hospital and Healthcare PSA - CHNA YR 2025 N=149	Ray Co Mem PSA N=149			*Round #5 Norms N=8,575	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	72.6%	2.6%		82.5%	3.5%
Child Care	23.3%	25.0%		40.3%	21.3%
Chiropractors	66.4%	2.6%		71.1%	6.8%
Dentists	47.0%	17.1%		63.6%	14.0%
Emergency Room	66.1%	6.8%		73.4%	7.7%
Eye Doctor/Optometrist	26.1%	28.7%		69.9%	10.0%
Family Planning Services	27.8%	33.0%		45.4%	16.7%
Home Health	24.3%	39.1%		56.5%	11.7%
Hospice/Palliative	51.3%	13.7%		65.2%	7.9%
Telehealth	21.9%	27.4%		50.6%	13.1%
Inpatient Hospital Services	56.9%	7.8%		75.3%	5.8%
Mental Health Services	18.3%	57.4%		34.8%	30.1%
Nursing Home/Senior Living	28.7%	17.4%		48.0%	18.2%
Outpatient Hospital Services	55.3%	7.0%		74.5%	5.2%
Pharmacy	69.0%	3.4%		82.7%	3.2%
Primary Care	50.7%	18.7%		76.3%	6.6%
Public Health	33.9%	17.4%		61.7%	9.0%
School Health	45.1%	8.8%		58.7%	8.3%
Visiting Specialists	32.7%	22.1%		67.3%	7.3%

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

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services 2025 - Ray County, MO				
Cat	HC Services Offered in County: Yes / No	Hospitals	Health	Other
Clinic	Primary Care			yes
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers			
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/weight control services			
Hosp	Birthing/LDR/LDRP Room			
Hosp	Breast Cancer			
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	yes		
Hosp	Cardiac Surgery			
Hosp	Cardiology services			
Hosp	Case Management	yes		
Hosp	Chaplaincy/pastoral care services	yes		
Hosp	Chemotherapy	yes		
Hosp	Colonoscopy	yes		
Hosp	Crisis Prevention			
Hosp	CTScanner	yes		
Hosp	Diagnostic Radioisotope Facility	yes		
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services			
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	yes		
Hosp	Genetic Testing/Counseling			
Hosp	Geriatric Services			
Hosp	Heart			
Hosp	Hemodialysis			yes
Hosp	HIV/AIDSServices			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital services	yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit			
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catherterization			
Hosp	Isolation room	yes		
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung			
Hosp	MagneticResonance Imaging (MRI)	yes		
Hosp	Mammograms			
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<128+ slice CT)			
Hosp	Neonatal			
Hosp	Neurological services			
Hosp	Obstetrics			
Hosp	Occupational Health Services			
Hosp	Oncology Services	yes		
Hosp	Orthopedic services	yes		
Hosp	Outpatient Surgery	yes		
Hosp	Pain Management	yes		
Hosp	Palliative Care Program			

Inventory of Health Services 2025 - Ray County, MO

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

YR 2025 - Physician Manpower - Ray Co MO			
# of FTE Providers	Supply Working in County		
	County Based MD or DO	Visiting DRs to Hospital (FTE)	County based PA / NP
Primary Care:			
Family Practice	4		5
Internal Medicine			
Obstetrics/Gynecology		0.1	
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Cardiology		0.2	
Dermatology			
Endocrinology			
Gastroenterology			
Oncology/RADO			
Infectious Diseases			
Nephrology			
Neurology			
Psychiatry			
Pulmonary			
Rheumatology		0.1	
Surgery Specialists:			
General Surgery		0.2	
Neurosurgery			
Ophthalmology			2
Orthopedics		0.8	
Otolaryngology (ENT)		0.1	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology		0.1	
Hospital Based Specialists:			
Anesthesia/Pain		0.3	
Emergency	1		
Radiology			
Pathology			
Podiatry		0.1	
Hospitalist *			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Dentistry			3
TOTALS	5	1.9	10

YR 2025 - Visiting Specialists to Ray County Hospital & Healthcare

Specialty	Provider Name	Office Location	Schedule	Days per Month	FTE
Cardiology	Drew Allen, D.O, Mauricio Anaya-Cineros, M.D. Srinivas Bapoje, M.D. Mahmoud Elsayed, M.D. Stephen Gimple, M.D. David Hahn, M.D. Zafir Hawa, MN.D. Christopher Janish, M.D. Rajya Maly, M.D. Justin Maxfield. M.D. Richard Mills, M.D. James Mitchell, M.D. L. Brick Rigden, M.D. Steven K. Starr, M.D. Heath Wilt, M.D.	North Kansas City Cardiology	Clinic, Physicians rotate clinic every other Tuesday	2	**0.10**
Cardiology	Candi Calvert, A.N.P.-C	North Kansas City Cardiology	Clinic every other Tuesday	2	**0.10**
Obstetrics/Gynecology	Dr. Amanda Healy	Overland Park Regional Medical Center	Clinic on Tuesdays and Wednesdays	2	**0.10**
Rheumatology	Shashank Radadiya, M.D.	Allen County Regional Hospital	Second Monday of each month	1	**0.05**
Nephrology	Abid Khan, M.D.	Midwest Nephrology Clinic	Out Patient Clinic by appointment	NA	**NA**
General Surgery	Dr. Daniel Mrosak	Lafayette Regional Health Center	Wednesdays	4	**0.20**
ENT	Dr. Daniel Sleve	ENT Associates of Greater Kansas City	1st and 3rd Thursday	2	**0.10**
Orthopedic	Charles Orth, D.O. (Surgery)	North Kansas City Hospital	Wednesdays	4	**0.20**
Orthopedic	Michael Justice, D.O. (Surgery)	Overland Park Regional Medical Center.	Wednesdays	4	**0.20**
Orthopedic	Sheilahanne Niemeyer, NP (Clinic Only)	Saint Luke's East Hospital	Wednesdays	4	**0.20**
Orthopedic	Raymond Jarman, M.D.	Lafayette Regional Health Center	Tuesdays	4	**0.20**
Urology	Gregory Horwitz M.D.	Kansas City Urology Care	2nd Friday of each month	1	**0.05**
Radiology		Diagnostic Imaging Consultants of Kansas City			
Podiatry	Thomas Bembynista, DPM	KC Foot Care	1st and 3rd Mondays by appointment	2	**0.10**
Holistic Pain Management	Trent Blackwill DNAP	Holistic Pain Management	Every Other Thursday	2	**0.10**
Holistic Pain Management	David DeMint, CRNA	Holistic Pain Management	Every Other Thursday	2	**0.10**

Ray County, MO 2025 Directory

Emergency Numbers

Police/Sheriff	**911**
Fire	**911**
Ambulance	**911**

Non-Emergency Numbers

Ray County Dispatch	816-776-2000
Ray County AMBULANCE	816-470-3030
Ray County Sheriff	816-290-5323

Municipal Non-Emergency Numbers

Richmond Police	816-776-3575
Richmond Fire	816-776-2115
Lawson Police	816-580-7210
Lawson Fire	816-580-3903

Abuse Hotlines

Adult Abuse Hotline
(800) 392-0120

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

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

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

Synergy Services/Safehaven
Program Manager: Andrea Raya
400 E. Sixth St.
Parkville, MO 64152
Domestic Violence Hotline: 816-321-7050
Youth Crisis Hotline: 816-741-8700
Children's Center Hotline: 816-321-7060
www.synergyservices.org

House of Hope
301 Broadway
Lexington, MO 64067
Hotline: 888-259-6795
Office: 660-259-4766
Shelter: 660-259-4967
Fax: 660-259-6768
www.lexingtonhouseofhope.org

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

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

National Sexual Assault Hotline
(800) 656-4673

Substance Abuse Referral
(800) 662-4357

Counseling

Center for Counseling and Training
213 W. Mason St., Suite B
Odessa, MO 64076

Center for Counseling and Training
601 NW Jefferson St., Suite 5A
Blue Springs, MO 64014

Alcohol and Drug Treatment Programs
(Substance Abuse Program)

North Central Missouri Drug
120 W Main St,
Richmond, MO 64085
(816) 494-5685

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

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

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

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

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

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

Assisted Living

Oak Ridge of Richmond
403 Crispin St,
Richmond, MO 64085
(816) 776-3435

Shirkey Nursing & Rehabilitation Center
804 Wollard Blvd,
Richmond, MO 64085
(816) 776-5403

Children and Youth

Community Services
Missouri Valley Community Action Agency (MVCAA)
42455 Business Hwy 10,
Richmond, MO 64085
(816) 776-6057

Head Start Center
42455 Business Hwy 10,
Richmond, MO 64085
(816) 776-5577

Early Learning Center
42455 Business Hwy 10,
Richmond, MO 64085
(816) 776-2255

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

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

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

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

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

Chiropractors

Hatfield Family Chiropractic formally known as Richey Chiropractic Clinic
39547 MO-10 BUS,
Richmond, MO 64085
(816) 776-5678

Dr. Ryan Lauck
811 E South St,
Richmond, MO 64085
(816) 776-3302

Medical Clinics/Physicians

Ray County Hospital and Healthcare
904 Wollard Blvd,
Richmond, MO 64085
(816) 470-5432

NKC Health Primary Care – Richmond
902 Wollard Blvd,
Richmond, MO 64085
(816) 776-2201
Sara Speaker, FBP-BC
Family Practice Physician

Richmond Family Clinic
420 Wollard Blvd,
Richmond, MO 64085
(816) 470-2131

Bridge of Hope – Richmond
111 W Main St,
Richmond, MO 64085
(816) 520-7828

Tri County Community Mental
820 E Lexington St,
Richmond, MO 64085
(816) 470-3555

Dentists/Orthodontists

Richmond Family Dentistry
201 S College St,
Richmond, MO 64085
(816) 776-7200

Kanning Dental- Richmond
205 S Spartan Dr,
Richmond, MO 64085
(816) 776-7134
Dr. Matthew Tippin, DDS

Disability Services

Special Needs Services of Ray County
810 E Main St,
Richmond, MO 64085
(816) 470-5045

Ray County Board of Services
200 N College St,
Richmond, MO 64085
(816) 470-7140

American Disability Group
855-577-5684

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

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

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

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

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

Eye Doctors/Optometrists

Richmond Family Eye Care
201 E Franklin St # 9,
Richmond, MO 64085
(816) 776-8085

Walmart Vision & Glasses
908 Walton Way,
Richmond, MO 64085
(816) 776-6918

Environment

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

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

Health Departments

Ray County Health Department
820 E Lexington St,
Richmond, MO 64085
(816) 776-5413

Hospice

Shirkey Hospice & Palliative Care
701 Wollard Blvd,
Richmond, MO 64085
(660) 542-1679

Hospital/Medical Center

Ray County Hospital and Healthcare
904 Wollard Blvd,
Richmond, MO 64085
(816) 470-5432

Housing Options

Richmond Housing Authority
302 N Camden St,
Richmond MO, 64085
(816) 776-2308
(816) 776-2562

In-Patient Rehabilitation

Shirkey Nursing & Rehabilitation Center
804 Wollard Blvd,
Richmond, MO 64085
(816) 776-5403

Legal Services

Stanley M Thompson Law Office
121 E Lexington St,
Richmond, MO 64085
(816) 776-8787

Ray County Clerk
100 W Main St,
Richmond, MO 64085
(816) 776-4503

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

Medicaid

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

MO Health Net
(800) 392-2161

Medicare

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

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

Mental Health Services

Special Needs Services of Ray County
810 E Main St,
Richmond, MO 64085
(816) 470-5045

Tri County
108 W N Main St,
Richmond, MO 64085
(816) 468-0400

Tri County Community Mental
820 E Lexington St,
Richmond, MO 64085
(816) 470-3555

Ray County Board of Services
200 N College St,
Richmond, MO 64085
(816) 470-7140

Ray County Hospital and Healthcare
904 Wollard Blvd,
Richmond, MO 64085
(816) 470-5432

Ray County Health Department
820 E Lexington St,
Richmond, MO 64085
(816) 776-5413
Missouri Department of Mental Health
(573) 751-4122
(800) 364-9687
Fax: (573) 751-8224

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

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

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

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

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

Ministerial Alliances/Pastoral

Christian Fellowship Ministry
40513 W 134th St,
Richmond, MO 64085
(816) 776-3997

Richmond Assembly Of God
303 S College St,
Richmond, MO 64085
(816) 624-2557

United Christian Presbyterian Church
501 N Spartan Dr,
Richmond, MO 64085
(816) 776-6494

Cotton Creek Cowboy Chapel
40706 E 144th St,
Richmond, MO 64085
(816) 301-6909

Messenger Chapel
601 S Thornton St,
Richmond, MO 64085
(816) 534-0465

National and State Agencies

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

Federal Bureau of Investigation
(866) 483-5137

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

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

Toxic Chemical and Oil Spills
800-424-8802

National Health Services

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

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

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

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

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

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

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

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

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

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

Nursing Homes/Skilled Nursing

Shirkey Nursing & Rehabilitation Center
804 Wollard Blvd,
Richmond, MO 64085
(816) 776-5403

Oak Ridge of Richmond
403 Crispin St,
Richmond, MO 64085
(816) 776-3435

Ray County Hospital and Healthcare
904 Wollard Blvd,
Richmond, MO 64085
(816) 470-5432

Lawson Manor & Rehab
210 W 8th Terrace,
Lawson, MO 64062
(816) 580-3269

Nutrition & Meals

Ray County Senior Center- Food Distribution Center
1015 W Royle St,
Richmond, MO 64085
(816) 470-5808

Ray County Family Support Division
901 E Lexington St,
Richmond, MO 64085
(855) 373-4636

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

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

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

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

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

Pharmacies

C & C Discount Pharmacy
508 Johnny Walker Ln Apt B,
Richmond, MO 64085
(816) 776-6926

Red Cross Pharmacy
320 E Lexington St,
Richmond, MO 64085

Walmart Pharmacy
908 Walton Way,
Richmond, MO 64085
(816) 776-8577

Harps Food Store
508 Johnny Walker Ln,
Richmond, MO 64085
(816) 776-2535

Physicians- See Medical Clinics/Physicians

Renal Dialysis Services

Fresenius Kidney Care Letholt
910 Stonner Lp,
Richmond, MO 64085
(800) 881-5101

Senior Services

Ray County Senior Center
1015 W Royle St,
Richmond, MO 64085
(816) 470-5808

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

Elderly Abuse & Neglect
(800) 392-0210

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

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

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

Elder Care Helpline
www.eldercarelink.com

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

Education (GI Bill)
(888) 442-4551

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

Health Resource Center
(877) 222-8387

Veteran's Benefits Administration
(800) 669-8477

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

Income Verification and Means Testing
(800) 929-8387
U.S. Department of Veterans Affairs
Mammography Helpline
(888) 492-7844

Veterans Administration
(800) 827-1000

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

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

Debt Management
(800) 827-0648

Welfare Fraud Hotline
(800) 432-3913

American Legion & Ray County Veterans Memorial Community Building
312 Clark St,
Richmond, MO 64085
(816) 776-8056

Ray County Clerk
100 W Main St,
Richmond, MO 64085
(816) 776-4503

Ray County Family Support Division
901 E Lexington St,
Richmond, MO 64085
(855) 373-4636

Ray County Board of Services
200 N College St,
Richmond, MO 64085
(816) 470-7140

Transportation

Ray County Transportation Inc
213 Valley Dr,
Richmond, MO 64085
(816) 776-8058

Ray County Senior Center
1015 W Royle St,
Richmond, MO 64085
(816) 470-5808

Ray County Senior Center- Food Distribution Center
1015 W Royle St,
Richmond, MO 64085
(816) 470-5808

Utilities

Missouri Valley Community Action Center
42455 Business, MO-10,
Richmond, MO 64085
(816) 776-6057

Ray County Board of Services
200 N College St,
Richmond, MO 64085
(816) 470-7140

Ray County Family Support Division
901 E Lexington St,
Richmond, MO 64085
(855) 373-4636

Richmond Housing Authority
302 N Camden St,
Richmond MO, 64085
(816) 776-2308
(816) 776-2562

Ray County Public Water Supply
10110 Leathers Rd,
Richmond, MO 64085
(816) 776-2691

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

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

Ray County, Missouri Residents				
#	Inpatients - MHA HIDI	YR24	YR23	YR22
1	North Kansas City Hospital - North Kansas City, MO	749	718	717
2	Liberty Hospital - Liberty, MO	720	712	660
3	Ray County Hospital and Healthcare - Richmond, MO	199	181	144
	% of Patients Staying Home	27.8%	27.0%	28.2%
4	The University of Kansas Health System - Kansas City, KS	167	136	145
5	Saint Luke's Hospital of Kansas City - Kansas City, MO	86	94	68
	Other Hospitals	778	817	811
	Total	2,699	2,658	2,545

Ray County, Missouri Residents				
#	Outpatients - MHA HIDI	YR24	YR23	YR22
1	Ray County Hospital and Healthcare - Richmond, MO	12,029	11,830	12,028
	% of Patients Staying Home	24.5%	24.8%	25.2%
2	Excelsior Springs Hospital - Excelsior Springs, MO	8,601	8391	9068
3	Liberty Hospital - Liberty, MO	6,251	6071	6401
4	North Kansas City Hospital - North Kansas City, MO	5,338	5190	5088
5	The University of Kansas Health System - Kansas City, KS	4,892	4,378	4078
6	Children's Mercy Kansas City - Kansas City, MO	2,956	2,823	2896
7	Lafayette Regional Health Center - Lexington, MO	2,519	2443	2063
8	Saint Luke's Hospital of Kansas City - Kansas City, MO	1,163	1,193	1008
	Other Hospitals	5,314	5,389	5,020
	Total	49,063	47,708	47,650

Ray County, Missouri Residents				
#	Emergency - MHA HIDI	YR24	YR23	YR22
1	Ray County Hospital and Healthcare - Richmond, MO	4,610	4,593	4,300
	% of Patients Staying Home	36.7%	38.4%	37.3%
2	Excelsior Springs Hospital - Excelsior Springs, MO	2439	1991	2161
3	Liberty Hospital - Liberty, MO	1993	1980	1963
4	North Kansas City Hospital - North Kansas City, MO	1299	1274	1093
5	Lafayette Regional Health Center - Lexington, MO	711	687	663
6	Children's Mercy Kansas City - Kansas City, MO	408	394	472
	Others	1,106	1,042	879
	Total	12,566	11,961	11,531

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Attendance Ray Co, MO CHNA Town Hall 8/26/25 11am-1pm N=32						
#	Table	Lead	Attend	Last	First	Organization
1	A	XX	x	Greenwood	Margaret	Ray County Hospital/Project Guardian
2	A		x	Dixon Gorham	Janet	Chamber of Commerce
3	A		x	GOODLOE	MONA	Ray County Transportation
4	A		x	Nave	Jere	Ray County Hospital and Healthcare
5	A		x	Thompson	Ashley	Project Guardian
6	B	XX	x	Hanes	Misty	Access II Wellness
7	B		x	Harrison	June	Chamber of Commerce
8	B		x	Negrete	Lauren	MARC
9	B		x	Sheehy	Earl	Ray County Hospital and Healthcare
10	C	XX	x	Gorenflo	Peggy	Beacon Mental Health
11	C		x	Letzig	Frazier	Chamber of Commerce
12	C		x	Taylor	Jayne	Chamber of Commerce
13	C		x	Thaller	Emily	Ray County Hospital and Healthcare
14	D	XX	x	Braun	Tim	Ray County Hospital and Healthcare
15	D		x	Letzig	Pat	Chamber of Commerce
16	D		x	Quiroz	Jose	Ray County Hospital and Healthcare
17	D		x	Schachtele	Karen	Department of Social Services Tech Assist
18	D		x	Williams	Janet	Children's Division
19	E	XX	x	Smithey	Shelby	Ray County Health Department
20	E		x	Leeds	Jessica	Richmond School Dist/Parents as Teachers
21	E		x	Mathews	Donna	Chamber of Commerce
22	E		x	Williams	Kayleen	House of Hope
23	F	XX	x	Presson	Maggie	Chamber of Commerce
24	F		x	Pride	Susan	Chamber of Commerce
25	G	XX	x	Arnold	Amanda	HCC Network
26	G		x	Breen	Suzan	SNS of Ray County Director
27	G		x	Brunworth	Susan	Chamber
28	G		x	Jones	Katelin	SNS of Ray County
29	H	XX	x	Stock	Whitney	Lawson R-XIV
30	H		x	Donat	Sharon	The Richmond News
31	H		x	Millisaw	Christal	Shirkey Hospice
32	H		x	Porcell	Bill	Shirkey Board

Ray County Memorial Hospital Town Hall Event Notes

Date: 8/26/2025 – 11-1 p.m. @ The Annex Attendance: N=32

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

- Other than English, Spanish, Chinese, and ASL are being spoken.
- Vets got to the VA hospital in Kansas City, or the clinic in Warrensburg or Excelsior.
- Poverty has increased in the past few years. The community voices concern about the growing wealth gap.
- School lunch prices have been raised and there will be a drastic drop in Harvester's food donations. Food insecurity is a large concern for the community.
- Broadband access is limited in the rural areas.
- The community is going to either Liberty, North Kansas City, Independence, CenterPoint, Lee Summit, or Warrensburg for OB services.
- Childcare is a need in the community, especially low-income families, infants, before and after school care. There is a need for subsidized childcare providers. The community shared that the lack of childcare is driving unemployment and workforce shortages.
- There is a need for healthcare providers in the service area.
- Depression is a growing concern for preteens, 40s, and adults.
- As for drugs there is concern for Meth, Fentanyl, Marijuana, Alcohol, and Opioids.
- There is a concern for growing STD rates.
- There is a concern for Chronic Diseases, especially COPD, Diabetes, and Parkinson's.

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

- Big Beautiful Bill impacts to funding
- Department of Health and Vaccines.
- Doctor student loans
- Family planning education
- Healthcare super groups
- J1 Wavers reduced
- Lack of awareness on health services
- Provider shortages

<u>Things going well for healthcare in the community:</u>

- 988 Mobile Crisis Unit
- on needs identified
- Ambulance Services
- Food Pantry and Backpack Program
- Health Department
- Hospital
- Addressing care based
- Programs Available & Collaborating Together
- Project Guardian
- Ray County Coalition
- Schools
- Skilled Rehab
- SSS Program
- Transportation for Seniors and Disabled

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

- Childcare (all ages)
- Community Communication
- Domestic Violence
- Early Intervention (School)
- Family Planning
- HC Literacy
- Homeless (Youth & Teens)
- Housing (Affordable)
- Mental Health (Diagnosis, Treatment, Aftercare, Providers)
- Parenting
- Prenatal Care
- Providers (PRIM & PEDS)
- Substance Abuse (Drugs)
- Transportation (all & under 65)
- Underinsured / Uninsured
- Visiting Specialists (Pain, OB, ONC, ENDO, GI)

Round #5 CHNA - Ray Co MO PSA

Town Hall Conversation - Strengths (Big White Cards) N=32

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
11	988 implementation	26	Law enforcements
18	988 mobile	18	Local hosp
21	988 mobile crisis	21	Local resources assisting the community
8	A lot of service agencies	23	Lots of community programs for SDOH
25	Ability to discuss what's missing (taking initiative)	4	Love new improvements from project guardian like transportation to services
2	Access to ER	25	Mental health program- SSS
24	Access to free services (need to educate)	10	Mobile clinics unit with 988
12	Access to health care	28	No response
15	Active health dept.	14	Nursing facility and SR care
18	Active health dept.	22	Obtaining a OBGYN
27	Active hospital	6	Our hospital
27	Addressing care based on needs /OB care	20	Pallative care/hospice
13	Ambulance	6	Pharamacies
18	Ambulance	9	Pockets of prevention
6	Ambulance nearby	22	Programs in community
17	Ambulance service	15	Project guardian
9	Available at a distance	18	Project guardian
9	Awareness	21	Project guardian
18	Back packs	14	Project guardian 988
3	Bringing awareness/training to schools	10	Project guardian attention to social determinates of health
19	Broadband access	20	Providers we do have
26	Churches	3	Providing health to interventions in school
22	CHWs/Porject guardian	26	Provisions available Hospital
3	Community forums/collaborating services	18	Ray County Coalition
12	Community garden- free food	27	Ray County Coalition
21	Community/social support	4	Ray County Coalition raising awareness to kick drug use and alcohol
11	Dedicated individuals that want to improve community	20	Resources
22	ED	18	School
20	Emergency services	27	School districts
13	ER	6	Schools
5	Excellent Dr	13	Schools
12	Exercise	14	Schools
18	Food pantries	26	Schools- work with youths
17	Food pantries and back pack	2	Schools/education
15	Food pantries/back pack programs	22	Services at health dept.
7	Funding available to improve the health of the population	24	Services overall
5	Good ambulance service	13	Skilled rehab options
5	Good variety of Spec. in outpatient clinic	17	Small community
23	Have a ED/Hospital	14	Small community that cares, under utilized church and minister
23	Have many services available to community	19	Social community (family) access
19	Health care access	15	SSS
24	Health department (vaccines)	16	SSS free mental health counseling (grants)
6	Health dept.	11	Stigma improvement
14	Health dept.	15	Still have a hospital
17	Health dept.	7	Strong community-based organizations
27	Health dept.	7	Strong youth advocacy groups
7	Health dept. is strong	9	Technology & improved capabilities
11	Health dept.- therapy services	19	Transportation for appointments (direct not public)
1	Help for school lunch payment so children not embarassed	14	Transportation for SR
7	Hospital	20	Transportation for SR
24	Hospital/Ed	21	Transportation for SR
13	Hospitals	4	Uninsured have been going down even if they're high than average
24	Implementing more programs and organizations	17	We have people to talk about issues
25	Improving things based on needs (obgyn @RCMAL)	16	We have people willing to identify/talk about problems and ways to improve
9	Informed decisions	3	Working w/outside agencies to provide needed items (car seats and diapers)

Round #5 CHNA - Ray Co, MO PSA

Town Hall Conversation - Weaknesses (Color Cards) N= 32

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
11	Acces to day care	7	Stigma
28	Access for elderly populations	23	Substance abuse
7	Access to care	30	Substance abuse
15	Access to care	4	Substance use abuse
17	Access to employment	18	Suicide
11	Access to health care	30	Suicide
27	Access to health foods	13	Suicide counselers
19	Access to prenatal care	23	Transportation
27	Access to primary care	26	Transportation
6	Access to provider avilability (working parents)	2	Transportation for medical care, especially elderly
14	Alcohol	18	Uninsured (debt is causing the behavioral health for younger generations)
28	Apathy to the truth	4	Uninsured/underserved
24	Artificial intelligence	6	Where to look for information
29	Assistance to families in need	12	Where to work out? How?
30	Available housing	16	Youth lack of concern for STDs
10	Awareness of resources	22	Youth suicide
29	Awareness of what is provided	30	Homeless
18	Behavioral health	26	Homelessness
12	Better communication, more reactive to needs	6	Homelessness resources
17	Better food options	3	Hospital needs more tech like ultrasounds
12	Better use of tax dollars going to need of community	4	Housing availability
30	Big beautiful bill	21	Identify those with SDOH needs
30	Capped student loans	5	Improve family/social support- this is a driver for DV, poverty, and family planning
26	Child care	28	In home/community access
22	Child care funding	5	Increase mental health services
29	Child care, older adult care	27	Increase sud rates
6	Childcare	30	J-1 waivers
15	Childcare access/affordability	7	Knowledge of available resources
29	Counceling of youth- interaction	11	Knowledge of services
21	Crisis center/mental health	30	Lack of child care (pre-school)
24	Daycare- older adult	8	Lack of honest vaccine information
22	Depression	16	Lack of knowledge for how to assist seniors
14	Direct transport (more transport)	30	Lack of mental health providers
15	Domestive violence	1	Lack of pediatricians
10	Drinking	30	Lack of personnel
14	Drugs illicit	30	Lack of preventative care
14	Drugs legal	22	Languages (Spanish and Chinese)
3	Early interventions in school	27	Low health literacy
18	Education	4	Maternal smoking
19	Education about health care and chronic diseases	19	Mental health
14	Education about services	26	Mental health
30	Education on parenting	17	Mental health access
22	Emergency	1	Mental health interventions (vitrual and in-person)
19	Environmental services/safety	4	Mental health providers/treatment
9	Family planning	11	Mental health services
30	Family planning	10	Mental health/depression/suicide
22	Food	15	Mental health/substance use
7	Food insecurities	2	Mental heatlh services to include depression, prevention, and family relationships
4	Food insecurity	13	More access to mental health
23	Food insecurity	23	More crisis services
2	Food resources	9	More doctors- but if no help/insurance doesn't matter if help is available
6	Funding (budget cuts)	9	More free programs for obesity health and stop smoking
3	General need more awareness to services	25	More health projects that address obesity
28	Health care costs and affordability monopolies	9	More mental health services
11	Help for domestice violence	25	More mental health services
21	Home care	25	More pediatric services
11	Home health	13	More providers
26	Home health	25	More providers for area
22	Home issues	25	More senior services

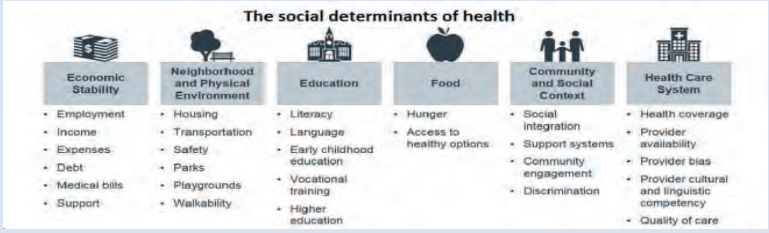
Round #5 CHNA - Ray Co, MO PSA

Town Hall Conversation - Actions from 2022 Unmet Needs (Small White Cards) N= 32

Card #	What were the impacts from actions taken to address the 2022 unmet needs?	Card #	What were the impacts from actions taken to address the 2022 unmet needs?
31	50% of participants are now eligible for medical 50% have private insurance	6	N/A
12	988 implementation	14	N/A
31	Activity program free to all 3244 participants in 2024	15	N/A
12	Additional CBHL- mental health	16	N/A
3	Awareness of health care services	20	N/A
25	Awareness of health care services	24	N/A
25	Economic development	1	Counseling available for younger generations mental health
19	Economic development, poverty	5	No idea
25	Family support	21	No idea
2	Food- lack of personal	27	No idea
17	Good- 988 mobile crisis unit	29	No idea
9	Hospital has dentist- underutilized	23	None
1	Housing	31	Underinsured access to free mental health and substance recovery
22	I feel like there are resources but a lack of understanding	18	Reduce substandard housing
4	I'm not sure what has happened in the past	1	Substance abuse
25	Increase community events	26	Substance abuse
13	Insurance providers opened shop	28	Substance abuse needs more
25	Interventions in schools- suicide	1	Suicide
12	Jane mh services	7	Transportation
1	Mental health	1	Underinsured
19	Mental health	25	Uninsured
25	Mental health	10	Uninsured and underinsured
26	Mental health	11	Unknown
8	Mental health has become more accepted by patients due to increase	30	Unsure at this point

Round #5 CHNA - Ray Co MO

Social Determinants "A" Card Themes (N = 32 with 64 Votes): E=15, N=5, ED=9, C=15, F=3 & P=17



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
1	E	Economic stability	16	ED	Education
1	P	Health care system	17	C	Social and community context
2	E	Economic stability	17	E	Economic stability
2	ED	Education access	18	E	Economic
2	F	Quality of food	18	C	Family/community
3	P	Health care access	19	P	Health care
3	C	Social and community context	19	C	Social and community
4	E	Economic stability	20	E	Economic
4	P	Health care access	20	P	Health care
5	P	Access	21	E	Economic stability
5	C	Social and community context	21	ED	Education
6	C	Family support	22	ED	Education
6	E	Economic stability	22	E	Economic
6	P	Health care	23	P	Health care
7	P	Health care acces and quality	23	F	Food
7	N	Neighborhood & build environment	24	C	Family support
8	P	Health care access	24	E	Economy
8	N	Education	25	E	Economic stability
9	E	Economic stability	25	ED	Education access
9	C	Support systems	26	ED	Education
10	N	Neighborhood & build environment	26	C	Social and community context
10	F	Food	27	P	Health care
11	E	Economic stability	27	C	Social and community
11	P	Health care access	28	C	Social community (no church listed)
12	P	Health care access and quality	28	P	Health
12	E	Economic stability	29	ED	Education access and quality
13	C	Access	29	P	Health care access and quality
14	ED	Education	30	C	Social community
14	C	Family support/lack there of	30	ED	Literacy
15	P	Health care	31	P	Health care access and quality
15	N	Neighborhood	31	C	Social and community context
16	E	Economic	31	N	Housing

EMAIL Request to CHNA Stakeholders

From: XXX
Date: 7/16/2025
To: Community Leaders, Providers, Hospital Board and Staff
Subject: CHNA Round #5 Community Online Feedback Survey – Ray Co. MO

Ray County Hospital has shifted gears with our approach to completing our 2025 Community Health Needs Assessment (CHNA) report. Ray County Hospital and Healthcare will continue with the same methodology used back in 2022. Moving ahead, we have modified our questions to gather additional community stakeholder opinions and ideas. If you participated in the previous survey, those responses have been recorded and will be incorporated in this new study.

Ray County Hospital and Healthcare – Ray County, MO; will be working with other area providers over the next few months to update the 2022 Ray County, MO Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in Ray 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/RayCo2025_CHNA_Feedback

All community residents and business leaders are encouraged to **complete the 2025 online CHNA survey by August 15th, 2025.** All responses are confidential.

Please Hold the Date A community Town Hall is scheduled for **Tuesday, August 26th, 2025, for lunch from 11:00-1:00 pm at Ray County Hospital and Healthcare.** This meeting is to discuss the survey findings and identify unmet needs.

If you have any questions about CHNA activities, please call (816) 470-5432

Thank you for your time and participation.

PR#1 News Release

Local Contact: XXX
Media Release: 7/16/2025

2025 Community Health Needs Assessment to be Hosted by Ray County Hospital and Healthcare

Ray County Hospital and Healthcare has shifted gears with the approach to completing the 2025 Community Health Needs Assessment (CHNA) report. Ray County Hospital and Healthcare will continue with the same methodology used back in 2022. Over the next few months, Ray County Hospital and Healthcare will be working together with other area community leaders to update the Ray County, MO 2022 Community Health Needs Assessment (CHNA). Today we are requesting Ray County community members' input regarding current healthcare delivery and unmet resident needs.

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, KS has been retained to conduct this countywide research.

A brief community survey has been developed to accomplish this work. <Note: The CHNA survey link can be accessed by visiting Ray County Hospital and Healthcare website and/or Facebook page. You may also utilize the QR code below for quick access.

All community residents and business leaders are encouraged to complete this online survey by **August 15th, 2025**. In addition, a CHNA Town Hall meeting to discuss the survey findings and identify unmet needs will be held on **Tuesday, August 26th, 2025, for lunch from 11am-1:00pm**. More info to come soon! Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (816) 470-5432

EMAIL #2 Request Message

From: XXX
Date: 8/6/25
To: Area Community Leaders, Providers and Hospital Board & Staff
Subject: Ray County Community Health Needs Assessment Town Hall lunch– August 26th, 2025

Ray County Hospital and Healthcare will host a Town Hall Community Health Needs Assessment (CHNA) luncheon on Tuesday, August 26th. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Ray Co, MO. **Note: This event will be held on Tuesday, August 26th from 11 a.m. - 1 p.m. at Ray County Hospital and Healthcare 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/RayCounty_TownHallRSVP

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (xxx) xxx-xxxx

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Join Ray County Hospital & Healthcare CHNA Town Hall Tuesday, August 26, 2025.

Media Release: 08/04/25

To gauge the overall community health needs of residents, **Ray County Hospital and Healthcare**, in conjunction with other area providers, invites the public to participate in a Community Health Needs Assessment Town Hall roundtable on **Tuesday, August 26th for lunch from 11a.m. to 1 p.m.** located at the **Ray County Hospital and Healthcare.**

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, is vital everyone planning to attend this event RSVPs. Please visit our hospital website and social media sites to obtain the link to complete your RSVP OR please utilize the QR code below.

We hope that you will be able to join us for this discussion on August 26th. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (620) 285-3161.

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d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2025 Community Feedback: Ray County Hospital (N=149)

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)
1052	64067	Good	ACC	FINA		Make things more accessible and affordable
1050	64085	Good	AWARE			There is not enough awareness for the existing programs we have. So many people could benefit from programs that they don't even know exist.
1075	64067	Average	CORP	FUND		We should come together as a community, brainstorm what agencies are able to assist with certain tasks and also seek out funding together to ensure there is enough funding, but that we're not competing for funds leaving other agencies struggling.
1073	64085	Good	CORP			more community activities open to all, more incentives to participate in events
1019	64085	Poor	DOCS	STFF	CORP	We need more physicians, better staffing, people who actually care and live in this community to be community liasons between the hospital and the community. Promote positive things that are happening at the hospital and in health care.
1081	64085	Average	ECON	HOUS		All five are difficult to address. Economic Stability could help improve many SDH issues. Locating employment in this community is low-skilled labor at low wage. Not a driver for economic stability. Housing stability could be addressed with economic stability; however, lack of affordable housing creates its own issues. Seems like a dog chasing it tail.
1021	64084	Good	EDU	ACC	SERV	If there are good supports in the areas which I marked fair or poor it is because 1) people are not well informed, thus how is this information getting out to those in need? 2) How is the public the citizens to know where to access this information? 3) In regards to what health care other than ER how are they letting the public know what services the Ray County Hospital can offer.
1001	64085	Good	EDU	ADOL	SH	Educating youth in schools with strickter policies
1101	64067	Good	FINA	ECON		Try to avoid raising prices of everything on this list. People are having a hard time affording all of life's essentials as it is.
1108	64085	Good	FIT	NUTR		A YMCA or something similar could be built in our town for people to access for the above 5 listed things. More "organic" or healthy food driven restaurants would be beneficial.
1026	64085	Average	HOUS	NUTR	SPRT	homeless shelter would be nice in our area for the needy, be it in need of housing, a hot meal, or any rehabilitation needs
1096	64035	Average	HOUS	TRAN	NUTR	housing, transportation, food, employment
1004	64085	Poor	INSU			Affordable insurance
1093	64035	Good	INSU			uninsured
1098	64035	Good	MRKT	AWARE		There are programs - just need to be out there promoting
1047	64085	Average	OTHR			I am not sure what needs to be done.
1037	64085	Good	OTHR			n/a
1058	64085	Good	OTHR			NO
1063	64085	Poor	OTHR			no ideas at this time
1031	64085	Good	OTHR			none
1018	64668	Good	PART	CORP		There needs to be more collaboration between the facilities and organizations that involved trying to care for the community population that are dealing with SDOH issues.
1086	64085	Poor	PART			Stop picking and choosing what organizations to work with.
1002		Average	PRIM	TRAN		Primary Care / transportation
1102	64085	Average	QUAL	SERV		Add more Quality Health Care Services available to people
1099	64085	Poor	SPRT	AWARE	MRKT	We need more resources available and then communication on services that are available. People may not know that there are resources out there and how to gain access to these resources.
1091	64085	Very Good	SPRT	PART	ECON	Increase social interaction in neighborhoods to make people feel part of a community. Improve community support, giving those who have more opportunities to help those who don't. Sometimes people just need to be asked to realize the need. More economic job opportunities would improve our community.
1103	64067	Good	SPRT	SH	EDU	I believe we need much more early intervention in our schools—particularly at the middle and high school levels. These are critical years in a child's development, when they begin forming their values, habits, and long-term perspectives. We often talk about wanting our children to grow up and be better than we were, but I think we're missing valuable opportunities to actually teach them how to do that. There should be more structured education around life skills, emotional intelligence, healthy relationships, goal-setting, and personal responsibility. These aren't just "extras"—they are essential tools for lifelong success. In addition to school-based intervention, I would love to see the creation of a transportation service similar to the OATS Bus, but focused specifically on employment and child care needs. Imagine a service that runs Monday through Friday with scheduled stops across local counties and cities. It could help working families get their children to safe, reliable child care while also ensuring parents can get to and from work efficiently. Transportation is often one of the biggest barriers for low-income or rural families, and a service like this could be transformative in helping people stay employed and consistent in both their work and parenting responsibilities. Investing in these kinds of community supports—early education and practical resources—doesn't just help individual families; it builds a stronger, healthier future for everyone.

CHNA 2025 Community Feedback: Ray County Hospital (N=149)						
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)
1007	64077	Good	TRAN	EDU	OWN	Transporation and education are the greatest areas lacking. and specific, goal oriented, and individualized education is what is lacking. most services are honestly available, people just can't get to them or don't know how to (or lack the initiative/motivation) to appropriately utilize them. when they are presented/offered in a generic way, with no follow-up, people don't recognize how it can apply, be utilized, and be beneficial to them. what are the steps? what comes next? how can this help me grow, not just get me through a temporary problem, or become my new "normal"?
1072	64077	Good	TRAN	EDU		transportation and education services for the underprivileged
1097		Average	TRAN	FAC	NH	The hospital should have a transport van available to assist the elderly since that is the majority of our clients are
1105	64085	Good	TRAN	SH	DOH	Citizens would need to vote for policies that would support Public Transit, Schools, Public Libraries, Health Department, Ideal Industries, etc. Local businesses should pay above minimum wage and provide health insurance.
1062	64035	Average	TRAN			additional transportation services
1043	64037	Good	TRAN			Need transportation

CHNA 2025 Community Feedback: Ray County Hospital (N=149)						
ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1021	64084	Good	FF	FINA		When I worked at a large hospital we had a medication assistant who helped patients as well as those who came in to find assistance in getting their medications. It was sad to see how many especially elderly who were going without needed medication due to the cost.
1056	64085	Average	FINA	TRAN		Ultimately money, someone might have money but not the amount needed for specific health needs, or to cover transportation somewhere, or even the right money to help purchase items needed for their health and wellness.
1066	64085	Average	FINA			financial instability
1063	64085	Poor	FIT			I come from a community where you could walk or ride a bike on the sidewalks and roads without fearing for your life. That cannot happen here. Sidewalks are rare and the roads are so narrow there is barely enough room for two vehicles let alone someone walking or riding a bike. Not everyone can afford or wants to pay for a gym membership.
1026	64085	Average	NUTR	DRUG		lack of self-control with food, drugs, etc
1103	64067	Good	POV			Generational Poverty

CHNA 2025 Community Feedback: Ray County Hospital (N=149)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
2013	64119	Poor	ACC			We don't need more programs. We need the ones we have to be more accessible.
1001	64085	Good	ADOL			Focus on youth !
1086	64085	Poor	ALL			Pay more attention to the ones right in front of you and work with them. Stop being territorial.
2002	64067	Average	AUD	FINA		Hearing for people who need help to get hearing aids, they are completely unaffordable
1101	64067	Good	AUD			I believe a hearing specialist, someone to help people with hearing aids or ways to get hearing aids
1047	64085	Average	AUD			Make hearing services more available. Audiologist
1046	64085	Poor	CANC			Cancer treatment would be nice. More and more people are being diagnosed daily and the only option is to drive quite a distance for quality doctors.
1099	64085	Poor	CLIN	FIT	PHY	Urgent care clinic, more outdoor acivities such as walking/biking trails, an indoor pool with exercise classes and use for therapy patients.
2009	64085	Poor	CLIN	SPRT	AWARE	Wellness clinics, support systems and knowing in community what is available to help others
2028	64037	Good	CLIN			med spa, ketamine clinic
1002		Average	CLIN			Urgent Care
1072	64077	Good	CLIN			urgent care
1026	64085	Average	CLIN			URGENT CARE FACILITY VS USING EMERGENCY ROOM
1093	64035	Good	DIAB	OBES		diabetes education, weight management
1096	64035	Average	DIAB	OBES		diabetes education, weight management
1098	64035	Good	DIAB	OBES		Diabetes education, weight management
2012	64085	Average	DOCS	EMER		Just better doctors due the ER
2039	64085	Good	ECON	INSU		Unemployment office and Medicaid need to get together to make sure people are not abusing the system to free up resources for people who actually need it
2014	64671	Average	EDU	NUTR		More health education, especially around nutrition.
1007	64077	Good	EDU	PEDS	CHRON	community health education programs, in all facets: parenting/pediatric illness/family, chronic illness and management (COPD, CHF, Renal, etc.), financial planning/management/growth/wealth literacy, medication management, nutrition, household management and planning, and transportation services/resources. people don't know how to 'adult' anymore
1018	64668	Good	EDU	REF	SPRT	There are a lot of programs available to the area. Better education of patients and referrals to the existing organizations would be beneficial.
1003	64085	Poor	FAM	FINA		Family Planning, income based clinics
1025	64084	Good	FINA	SERV		Free service that those can go to
1052	64067	Good	FIT	COUN	NUTR	Free Exercise Classes, Free consults with Therapists about, Diets, mental health etc.
1066	64085	Average	FIT	NUTR	OTHR	fitness nutrition community garden
1073	64085	Good	FIT	OTHR		emphasis on exercise and fitness, utilizing churches for access to meeting areas
2036	64085	Poor	FIT			Personally trainers
1105	64085	Good	FIT			Upkeep on outdoor activity areas. Example: the new frisbee golf course needs to be maintained. We could use more natural walking trails and safe bicycle lanes.
1083	64085	Average	GAS	PUL		Gastro doctor, Pulmonary doctor
1069	64035	Good	HH	NH		More in-home services for the elderly and disabled.
2026	64035	Very Good	HH			Home health care
2019	64085	Average	HOUS			I would say fix your own house first then worry about the whole community.
1050	64085	Good	HRS	CLIN		Am urgent care
1053		Average	HRS	MH	HOUS	72 hour crisis mental health facility and a homeless facility
2004	64085	Average	INSU	OTHR		Need to find a way to pay for inmates' medical care because the hospital does not get paid for it. Maybe county funds or a grant could allow for the jail to have their own NP.
2034	64085	Good	MH	AWARE		Mental health services for the community. Maybe an open house to let people know about services.
1088		Poor	MH	DRUG		mental health services including substance abuse treatment
1091	64085	Very Good	MH	EDU	SAFE	Mental health workshops - stress relief, coping skills to handle family problems, etc. Safe house for abused women and their children
1019	64085	Poor	MH	EDU		Mental health programs that work Community health education any would be great
2037	64062	Good	MH	FINA		Stigma regarding mental health treatment. Mental health resources available for low income families within the community are non existent.
2018	64085	Average	MH	INSU		Mental health. Bring in mental health Medicaid providers, even if only on a rotating schedule.
2040	64085	Good	MH	PART		MENTAL HEALTH services; DO NOT partner with Compass Health.
2029	64085	Average	MH	PEDS		Mental Health, Pediatrics
1034	64085	Very Good	MH	PHY		Mental health assistant and rehab
2035	64085	Good	MH	PSY	OTHR	Offer mental health counseling and psychiatry and medication management
2030	64085	Good	MH	PUL	CHRON	mental illness needs; pulmonary needs; copd needs
1081	64085	Average	MH	RURAL		New? No, address the current need with the current programs. Assist Beacon Mental Health in locating and hiring counselors. Rural hospitals are a tough nut to crack, focus on that.
2025	64084	Average	MH	STFF	PART	I think people count of Beacon Mental Health and they are short of staff. One year later and organizations are still not working together for the common good.
2001	64085	Average	MH			mental health
2010	64035	Average	MH			Mental Health
2011	64085	Good	MH			MENTAL HEALTH

CHNA 2025 Community Feedback: Ray County Hospital (N=149)						
ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1043	64037	Good	MH			Mental health
1055	64085	Good	MH			Mental health
1108	64085	Good	MH			MENTAL HEALTH
1062	64035	Average	MH			Mental Health programs
2023	64085	Poor	MH			Mental health providers
2007	64085	Average	MH			Mental Health Services
2020	64085	Average	MOB	CHRON	INSU	mobile health clinic, wellness programs for chronically ill, case management support for uninsured
2005	64085	Good	MRKT	SPRT	SPEC	Advertisement of current programs and specialists.
1075	64067	Average	NUTR	HOUS	ACC	Additional healthy food programs, longer term housing programs that give people a leg up to maintain housing, additional eviction prevention and utility assistance programs. More access to healthcare and mental health services.
1004	64085	Poor	NUTR			quality of food
2033	64085	Very Poor	OBES			Obesity
1005	64085	Very Good	OTHR			Anything to bring families together; family bonding
1063	64085	Poor	OTHR			I don't know.
1037	64085	Good	OTHR			i'm not sure
2024	64085	Average	OTHR			Idk
2038	64084	Average	OTHR			na
1058	64085	Good	OTHR			NA
2031	64085	Good	OTHR			Na
2008	64035	Average	OTHR			None
2027	64085	Good	OTHR			not sure
2032	64085	Poor	OTHR			Not sure
1031	64085	Good	OTHR			unknown
2022	64084	Good	OTHR			Unsure at this time
1102	64085	Average	PHAR			In outpatient pharmacy in hospital, more specialty doctors
2016	65321	Poor	PREV			more preventative care
1051	64085	Average	PREV			Wellness
2021	64085	Average	QUAL	SERV		New? No. Focus on providing basic quality heath care. Focus on improving existing programs.
2015	64085	Average	RET			Recruit vision
2006	64085	Average	SAFE	MH	DRUG	Assistance with domestic violence/mental health/substance abuse/social support
1021	64084	Good	SPRT	NH	EDU	Again there needs to be better programs for our elderly and get the information out so they know
1028	64085	Average	SPRT			Better to support the existing ones.
2003	64085	Average	STD	EDU		STD Education
1103	64067	Good	TRAN	CC		Transportation for work and childcare- I am not fully sure on what we can do to achieve this goal but it would be amazing for our communities.

Year 2025 - Let Your Voice Be Heard!

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

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2025 online feedback deadline is set for August 15th, 2025.

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

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

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	◯	◯	◯	◯	◯
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	◯	◯	◯	◯	◯
Physician Clinics / 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, 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 (OP access) / Crisis Services
- [ ] Obesity (Nutrition / Exercise)
- [ ] Access to Dental Care for Uninsured
- [ ] Disease Prevention / Wellness (Education)
- [ ] Awareness of Healthcare Services
- [ ] Substance Abuse (Drugs/Alcohol/Smoking)
- [ ] Transportation (All)
- [ ] Suicide
- [ ] Family / Social Support
- [ ] Housing Availability
- [ ] Workforce Staffing
- [ ] Smoking / Vaping
- [ ] Economic Development / Poverty
- [ ] Uninsured and / or Underinsured

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

- [ ] Mental Health (OP access) / Crisis Services
- [ ] Obesity (Nutrition / Exercise)
- [ ] Access to Dental Care for Uninsured
- [ ] Disease Prevention / Wellness (Education)
- [ ] Awareness of Healthcare Services
- [ ] Substance Abuse (Drugs/Alcohol/Smoking)
- [ ] Transportation (All)
- [ ] Suicide
- [ ] Family / Social Support
- [ ] Housing Availability
- [ ] Workforce Staffing
- [ ] Smoking / Vaping
- [ ] Economic Development / Poverty
- [ ] Uninsured and/or Underinsured

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 Education
- [ ] 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
- [ ] Elderly Assistance Programs

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.	○	○	○	○	○
Early Childhood Development	○	○	○	○	○
Obesity Prevention & Treatment	○	○	○	○	○
Sexually Transmitted Disease (STD)	○	○	○	○	○

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
- [ ] Domestic Abuse
- [ ] Drugs/Substance Abuse
- [ ] Environmental Health
- [ ] 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

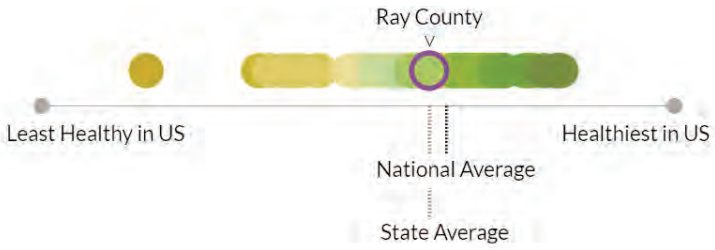
Ray County 2025

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.

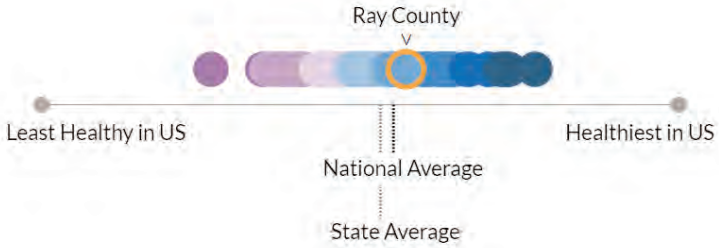
County Health Rankings & Roadmaps
A Healthier Nation, County by County

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

Health Outcomes



Health Factors



Population: 23,182

Population Health and Well-being				
Length of life		Ray County	Missouri	United States
Premature Death		11,100	10,000	8,400
Additional Length of life (not included in summary)				
Quality of life		Ray County	Missouri	United States
Poor Physical Health Days		5.0	4.2	3.9
Low Birth Weight		8%	9%	8%
Poor Mental Health Days		5.9	5.5	5.1
Poor or Fair Health		19%	17%	17%
Additional Quality of life (not included in summary)				

Note: Blank values reflect unreliable or missing data.

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

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

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

Health infrastructure	Ray County	Missouri	United States
Flu Vaccinations	45%	47%	48%
Access to Exercise Opportunities	62%	77%	84%
Food Environment Index	8.1	6.6	7.4
Primary Care Physicians	4,600:1	1,420:1	1,330:1
Mental Health Providers	2,580:1	380:1	300:1
Dentists	7,700:1	1,600:1	1,360:1
Preventable Hospital Stays	3,301	2,938	2,666
Mammography Screening	40%	46%	44%
Uninsured	12%	10%	10%

Physical environment	Ray County	Missouri	United States
Severe Housing Problems	10%	13%	17%
Driving Alone to Work	79%	76%	70%
Long Commute - Driving Alone	53%	31%	37%
Air Pollution: Particulate Matter	7.3	7.5	7.3
Drinking Water Violations	No		
Broadband Access	83%	88%	90%
Library Access	<1	2	2

Social and economic factors	Ray County	Missouri	United States
Some College	52%	67%	68%
High School Completion	90%	92%	89%
Unemployment	3.3%	3.1%	3.6%
Income Inequality	4.3	4.5	4.9
Children in Poverty	13%	15%	16%
Injury Deaths	106	104	84
Social Associations	10.0	11.4	9.1
Child Care Cost Burden	26%	31%	28%

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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