

**Truman Medical Centers
Health Sciences District**

Community Health Needs
Assessment

June 2019

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Introduction

Truman Medical Center (TMC) Health Sciences District, Kansas City's only downtown hospital, is strongly committed to meeting the healthcare needs of the underserved, while also offering a wide range of specialized medical services to all segments of the community. The hospital is part of Truman Medical Centers, a two-hospital, 600-bed, not-for-profit healthcare system, the largest and most comprehensive safety net healthcare system in Jackson County and Kansas City, Missouri. In addition, TMC is an academic medical center, the primary teaching facility for the University of Missouri Kansas City. Close to 30% of physicians who practice in the Kansas City region completed training at TMC.

Recognized as a critical area resource for advanced specialized healthcare, TMC is constantly working to deliver the best possible medical care for our patients. Quality, innovation, teamwork and compassion are at the heart of all we do. TMC's tagline is: "Better. For Everyone." It is a simple statement, but it has profound significance. It is what we stand for, it is the focus of our work, and it is our promise to our patients and community.

Truman Medical Centers is one of America's Essential Hospitals. This unique network of hospitals and health systems is recognized for its dedication to high-quality care for all, including the most vulnerable. In this role, TMC is a primary provider of essential community services that touch all people, including trauma and burn care, disaster response, public health, preventive services, and medical education. Further, as an Essential Hospital, TMC has a duty to assure health equity; meaning there is a focus on continuous improvement in reducing disparities by providing care that is equitable and culturally competent. TMC leadership is focused on improving population health, and to achieve that goal the focus is on understanding barriers to care and addressing them in ways that meet patient need.

Mission: Truman Medical Centers is an academic health center providing accessible, state-of-the-art quality healthcare to our community regardless of the ability to pay.

Vision: Leading the way to a healthy community.

Overview

Process & Priorities

Assessing the needs of the community is an integral part of TMC's day-to-day operations. As a safety net provider with a significant population of uninsured patients, it is critical to TMC's survival to assure provision of care that meets community need and keeps the costs of care as reasonable as possible. Community health needs assessments were previously completed in 2013 and 2016. As with the prior assessments, the 2019 process included the following steps:

Define Community. As part of this phase, TMC examined the current patient data file and other documentation of defined geographic service area for Health Sciences District and Lakewood facilities. This included:

- Define geographic service area
- Define specific target populations with broader reach than the geographic service area

Identify Partners. TMC has many partners. As part of its ongoing work in meeting community need, TMC engages these organizations in strategic planning and in helping identify organizational priorities. During this phase, TMC completed the following:

- Established an inventory of TMC involvement in community-based partnerships
- Identified consumers and engaged them through focus groups and surveys

Secondary Data: TMC assembled a broad set of data to measure and evaluate health status, health statistics and the incidence rates of disease, illness and accidents using secondary data sources. This phase of the assessment focused on not only on health outcomes, but also on factors that influence future health, such as health and wellness habits, experiences accessing care and attitudes that influence healthy behavior.

Primary Data. This effort to measure and evaluate health status, health statistics and the incidence rates of disease, illness and accidents used Truman Medical Centers data. The primary data collection effort focused on health outcomes and factors that influence health, such as homelessness, insurance coverage and health care system utilization for specific conditions; specific to the TMC patient experience.

Aggregated Data. TMC assimilated Secondary and Primary data sets into a combined comprehensive report and overview of the TMC service areas and patients. The aggregated data report is reflected throughout this report.

Identify & Prioritize Issues. This phase engaged the board, organizational leadership, key constituents and community partners to identify and prioritize community health issues; using the results of the data analysis. Multiple surveys were utilized during this process, with delineation of responses between TMC staff/leadership and the community overall.

Develop & Implement Strategies. This process is ongoing at TMC, and includes engaging the board, organizational leadership, key constituents and community partners to identify the strategic direction for the organization and results in a set of strategies to address prioritized community health issues. This process, which extends well beyond the community health needs assessment, includes:

- Developing strategies in collaboration with intersectional partners to solve existing community health problems.
- Identifying and building upon community assets and direct them toward resolving health problems.
- Leading efforts in the community to link individuals with preventive, health promotion and other health services.
- Developing plans to address key issues not currently being addressed.

As with the 2012 and 2016 CHNA, a survey was prepared and distributed to Truman Medical Centers' community partners and separately to TMC staff. As part of the survey process, respondents were asked to select issues, and also to consider services that they believe could be strengthened relative to availability, access or quality. These results are being used to inform decision-making relative to these issues. Responses linked to the final priorities included in this report are reflected with the respective issues.

Tables 1 and 2 on the following pages reflect a comparison of the final priorities as ranked by TMC Health Sciences District staff/leadership and those of TMCs community partners. After analysis of responses, and considering the unique focus of TMC as an academic medical center and safety net health system, the following issues emerged: Access to Integrated Care; Chronic Disease; Behavioral Health; Maternal & Infant Health; and Violence Prevention.

Table 1 – TMC Health Sciences District Team Priorities

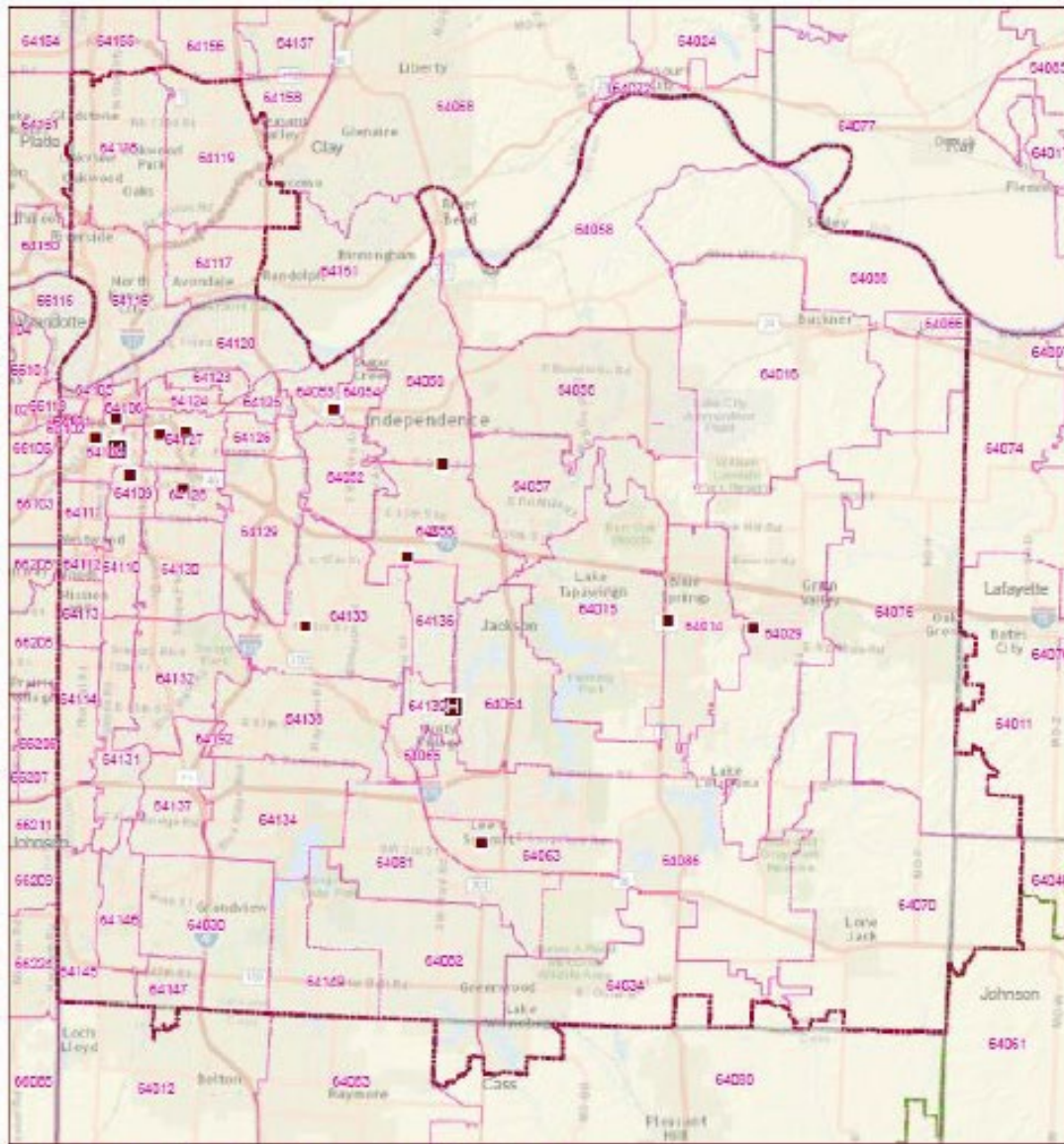
	1 - MOST IMPORTANT	2ND MOST IMPORTANT	3RD MOST IMPORTANT	4TH MOST IMPORTANT	5TH MOST IMPORTANT	6TH MOST IMPORTANT	7TH MOST IMPORTANT	TOTAL	WEIGHTED AVERAGE
Behavioral Health/Mental Health Issues	22.46% 62	25.36% 70	19.93% 55	10.51% 29	10.87% 30	6.16% 17	4.71% 13	276	5.01
Chronic Diseases (Obesity, Diabetes, Heart Disease, etc.)	19.92% 50	24.30% 61	11.55% 29	14.34% 36	12.35% 31	9.16% 23	8.37% 21	251	4.64
Integrated, patient-centered care and services	32.16% 64	12.06% 24	9.05% 18	11.56% 23	8.04% 16	13.57% 27	13.57% 27	199	4.54
Violence Prevention (abuse, neglect, homicide, suicide, etc.)	16.06% 35	11.47% 25	17.89% 39	15.60% 34	15.60% 34	9.63% 21	13.76% 30	218	4.13
Maternal & Infant Health (family planning, teen pregnancy, WIC, etc.)	8.45% 18	14.55% 31	21.60% 46	16.43% 35	12.21% 26	15.02% 32	11.74% 25	213	3.99
Substance use disorders (tobacco, alcohol, drugs)	9.13% 19	10.58% 22	15.87% 33	18.75% 39	16.35% 34	15.38% 32	13.94% 29	208	3.75
Access to Public Transportation	9.17% 11	10.00% 12	10.83% 13	20.00% 24	14.17% 17	17.50% 21	18.33% 22	120	3.54
Access to Healthy Foods	8.73% 11	7.94% 10	10.32% 13	15.08% 19	21.43% 27	12.70% 16	23.81% 30	126	3.34
Services for Seniors	8.41% 9	8.41% 9	13.08% 14	10.28% 11	16.82% 18	20.56% 22	22.43% 24	107	3.30
Access to Pharmacy Services	7.14% 11	9.09% 14	8.44% 13	16.88% 26	16.88% 26	23.38% 36	18.18% 28	154	3.30
Dental Care/Oral Health	1.83% 2	6.42% 7	11.01% 12	11.01% 12	21.10% 23	27.52% 30	21.10% 23	109	2.90
School Health Services	1.43% 1	11.43% 8	11.43% 8	7.14% 5	15.71% 11	22.86% 16	30.00% 21	70	2.87

Table 2 – Community Partner Priorities

	1 - MOST IMPORTANT	2ND MOST IMPORTANT	3RD MOST IMPORTANT	4TH MOST IMPORTANT	5TH MOST IMPORTANT	6TH MOST IMPORTANT	7TH MOST IMPORTANT	TOTAL	WEIGHTED AVERAGE
Dental care/Oral health	0.00% 0	0.00% 0	18.18% 2	18.18% 2	9.09% 1	18.18% 2	36.36% 4	11	5.36
Substance use disorders (tobacco, alcohol, drugs)	0.00% 0	11.11% 1	11.11% 1	22.22% 2	11.11% 1	22.22% 2	22.22% 2	9	4.89
School health services	12.50% 1	0.00% 0	12.50% 1	25.00% 2	12.50% 1	12.50% 1	25.00% 2	8	4.63
Healthy food access	14.29% 1	0.00% 0	14.29% 1	28.57% 2	0.00% 0	14.29% 1	28.57% 2	7	4.57
Maternal & infant health (family planning, teen pregnancy, WIC, etc.)	6.67% 1	6.67% 1	20.00% 3	0.00% 0	46.67% 7	6.67% 1	13.33% 2	15	4.47
Access to public transportation	10.00% 1	20.00% 2	10.00% 1	10.00% 1	10.00% 1	30.00% 3	10.00% 1	10	4.20
Services for seniors	9.09% 1	9.09% 1	27.27% 3	18.18% 2	0.00% 0	27.27% 3	9.09% 1	11	4.09
Violence prevention (abuse, neglect, homicide, suicide, etc.)	9.09% 1	27.27% 3	9.09% 1	9.09% 1	27.27% 3	9.09% 1	9.09% 1	11	3.82
Chronic diseases (obesity, diabetes, heart disease, etc.)	12.50% 2	37.50% 6	6.25% 1	12.50% 2	6.25% 1	18.75% 3	6.25% 1	16	3.44
Integrated, patient-centered care and services	44.44% 8	5.56% 1	11.11% 2	16.67% 3	11.11% 2	0.00% 0	11.11% 2	18	2.89
Behavioral health/Mental health	50.00% 8	18.75% 3	12.50% 2	6.25% 1	6.25% 1	6.25% 1	0.00% 0	16	2.19

Service Area

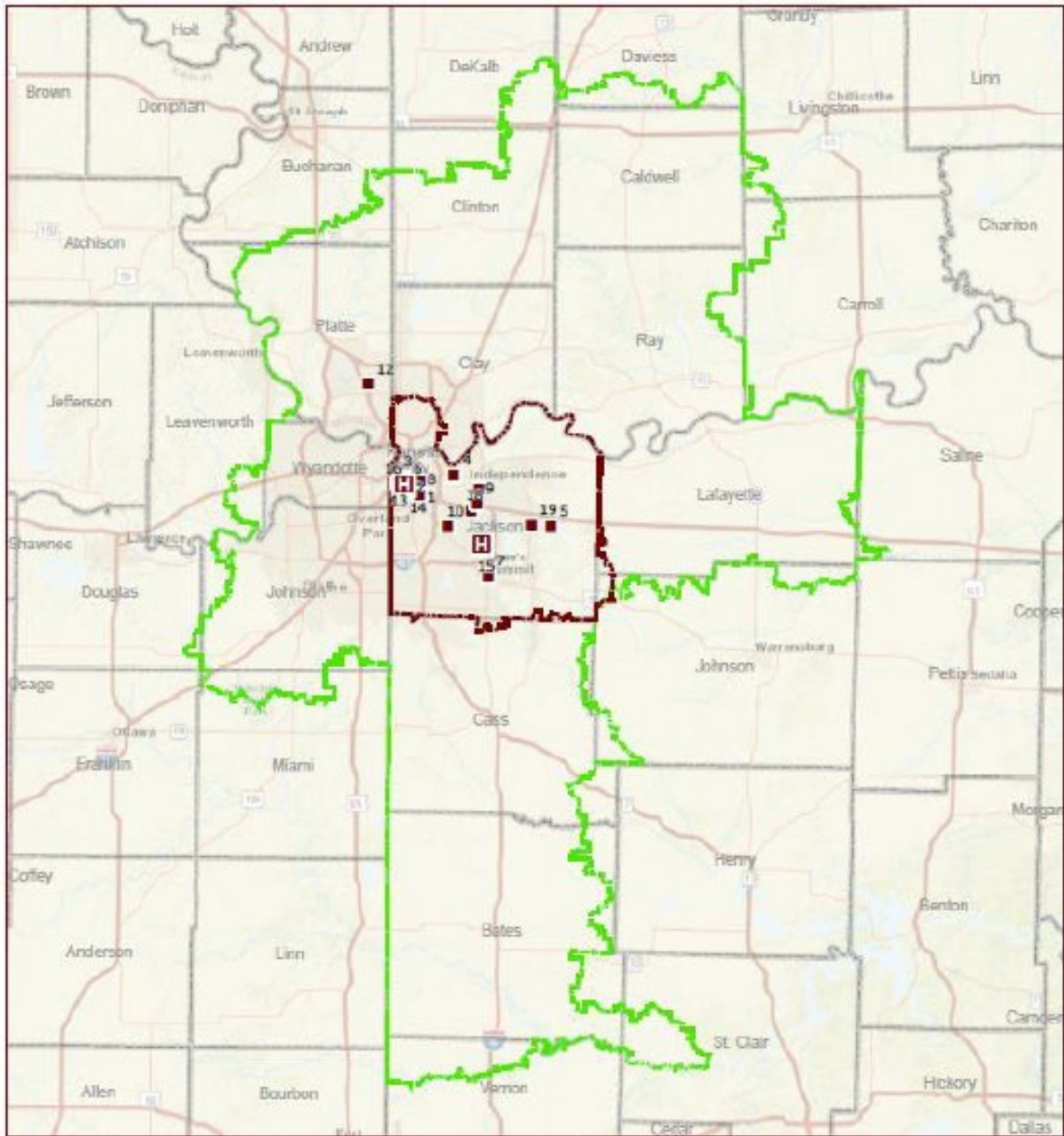
The TMC Health Sciences District geographic service area includes 58 zip codes in its primary service area. This primary service area is home to 734,201 people (ACS 2013-2017). The service area comprises the urban core of Kansas City, along with the suburban and rural communities that surround the Kansas City metro area.



TMC Zip Codes & Primary Service Area



As a regional health care system, TMC serves a much larger geographic region, as reflected in the map below:



The region is also home to several Federally Qualified Health Centers, including KC CARE, Swope Health Services and Samuel U Rodgers Health Center. Further, Kansas City is home to multiple hospitals, including Children’s Mercy, St. Luke’s, the University of Kansas Medical Center, Centerpoint, St. Mary’s Medical Center, Research Medical Center, St. Joseph Medical Center, Lee’s Summit Medical Center and the Veteran’s Hospital.

Special Populations

TMC Health Sciences District serves a number of special populations in addition to the general population of the service area. These populations tend to be low income, high risk patients with care needs that exceed those of the general population. As part of the Community Health Needs Assessment, populations of specific focus include those with dual eligibility, individuals who are homeless, incarcerated individuals and overall populations at-risk due to social and economic disadvantage.

Dual Eligibles

According to the Kaiser Family Foundation, “about 9 million people in the United States are covered by both Medicare and Medicaid, including low-income seniors and younger people with disabilities. These dual eligible beneficiaries have complex and often costly health care needs, and have been the focus of many recent initiatives and proposals to improve the coordination of their care aimed at both raising the quality of their care while reducing its costs.”

Dual eligibles are much poorer and have greater health needs than other Medicare beneficiaries. More than half have annual incomes of less than \$10,000, while only 8 percent of all other Medicare beneficiaries are as poor. Dual eligibles are also more likely to be disabled; live in an institution, such as a nursing home; and report poor health status. Dual eligibles are considerably more likely than other Medicare beneficiaries to suffer from chronic health conditions, such as diabetes, chronic lung disease, and Alzheimer’s disease.

In calendar year 2018, TMC Health Sciences District provided services to 8,279 dual eligible patients through 72,912 visits; an average of 8.8 visits per patient during the year. These visits are inclusive of both outpatient and inpatient care, as well as individuals admitted for inpatient rehabilitation care.

Patients who are Incarcerated

TMC provides direct services to city and county jail inmates. In 2018, TMC provided care to 884 inmates through 1,674 visits. These patients are seen in multiple settings, from outpatient clinics to emergency care and inpatient admissions. TMC provides high quality care in a safe environment, assuring the security of patients at all times.

Teen Mothers

TMC continues to provide prenatal and delivery care to the region’s low-income and high-risk mothers. experienced a 29.4% decrease in the number of babies born to teen mothers from 2011 to 2018. From 136 babies in 2011, to 96 babies in 2018 (60 born at the Health Sciences

District hospital), babies born to mothers age 13-17 represented 2.2% of all births at Health Sciences District in 2018. This is down from 4.6% in 2012. As a system, TMC delivers nearly one-third of all babies born in Jackson County.

Sickle Cell

TMC Health Sciences District hospital is also home to the region's sickle cell treatment center. In 2018, TMC provided specialized disease management services to 156 individual patients through 2,668 visits (an average of 17 visits per patient).

Demographic and Socioeconomic Overview

The TMC Health Sciences District service area is home to 734,201 people. Jackson County, Missouri has 604.48 square miles in land area and a population density of 1,139.08 persons per square mile. The population is 8.95% Hispanic (of any race).

Total Population	734,201
Total Area in Square Miles	640.48
Persons Per Square Miles	1,139.08

Total Population by Gender

Gender	Total	Percent
Male	356,540	48.56%
Female	377,661	51.44%

Total Population by Age

Age Groups	Total	Percent
Age 0 to 17	173,776	23.67%
Age 18-64	459,720	62.62%
Age 65 and up	100,705	13.72%

Total Population by Race/Ethnicity

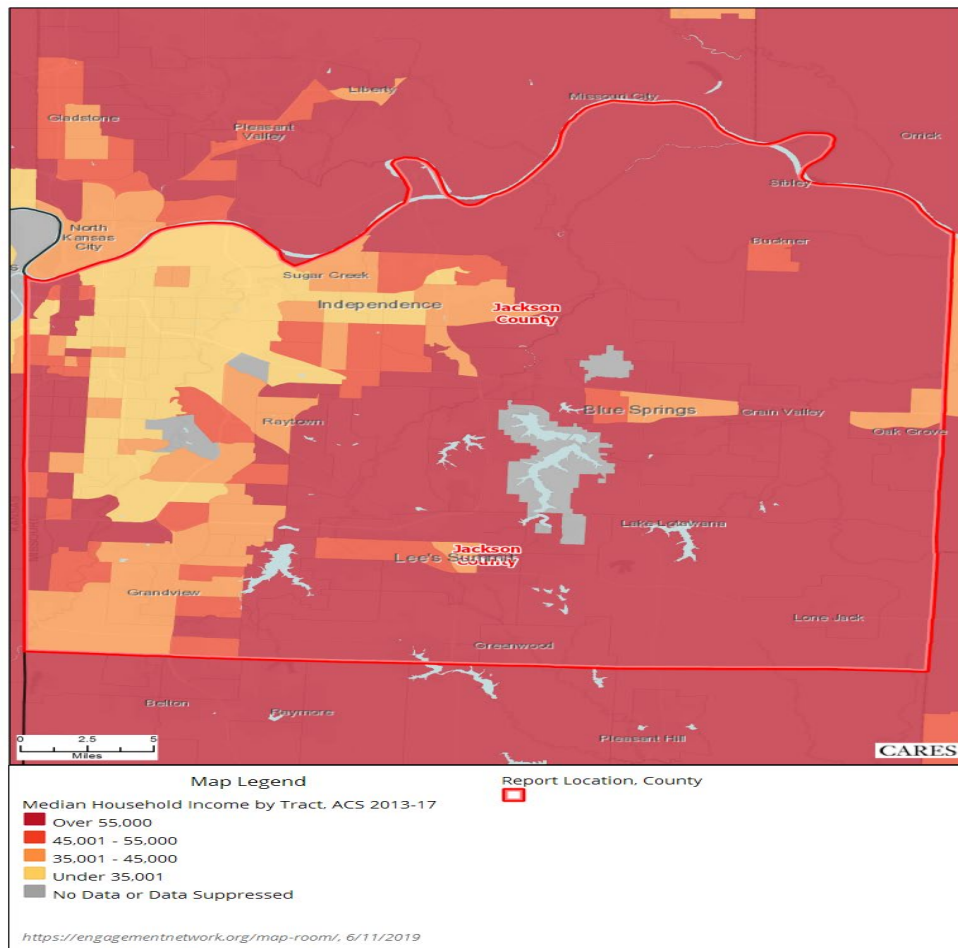
The racial composition of TMC's Health Sciences District service area includes two primary categories: White and African American. These two categories comprise 90.06% of the customers within the Health Sciences District area. Racially, the TMC Health Sciences District service area reflects the greater Jackson County, Missouri racial mix, with 67.31% White, 22.75% African American, 2.06 % Asian, 0.46% Native American/Alaskan Native, 0.29% Native Hawaiian/Pacific Islander, 4.0% reporting some other race, and 3.13% reporting multiple races.

Race/Ethnicity	TMC Service Area Total	TMC Service Area Percent	Missouri Percent
White	494,185	67.31%	82.38%
Black	166,997	22.75%	11.57%
Asian	15,113	2.06%	1.86%
Native American/Alaska Native	3,376	0.46%	0.43%
Native Hawaiian/Pacific Islander	2,158	0.29%	0.1%
Some Other Race	29,381	4.00%	1.17%
Multiple Race	22,991	3.13%	2.49%
Hispanic	65,695	8.95%	4.02%

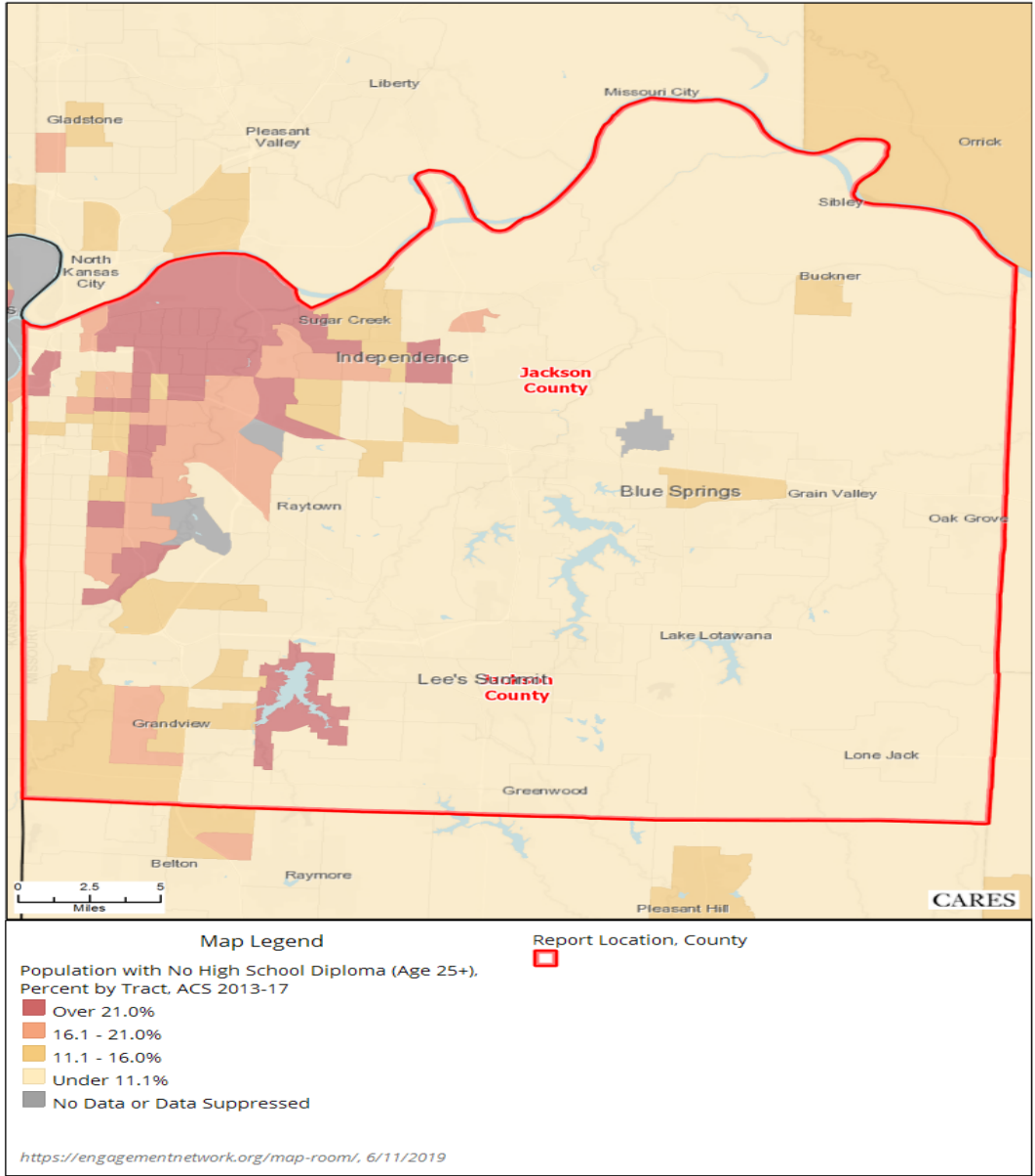
Vulnerable Populations are those regions where there are a high rate of individuals living at or below 100% Federal Poverty Level and where 25% or more of the area population have less than a high school education. The table below details those indicators.

Indicators	Total	Percent
Population In Poverty	116,841	16.2%
Population 25 years and older with less than High School Education	50,405	10.16%

The socio-economic data reflects the TMC Health Sciences District service area has a large number of people in poverty status. The median household income in Jackson County (\$50,652) is slightly lower than the state (\$51,542) and national (\$57,652) levels. For a large portion of the zip code service area, median household incomes are below \$35,000 as shown in the map below.

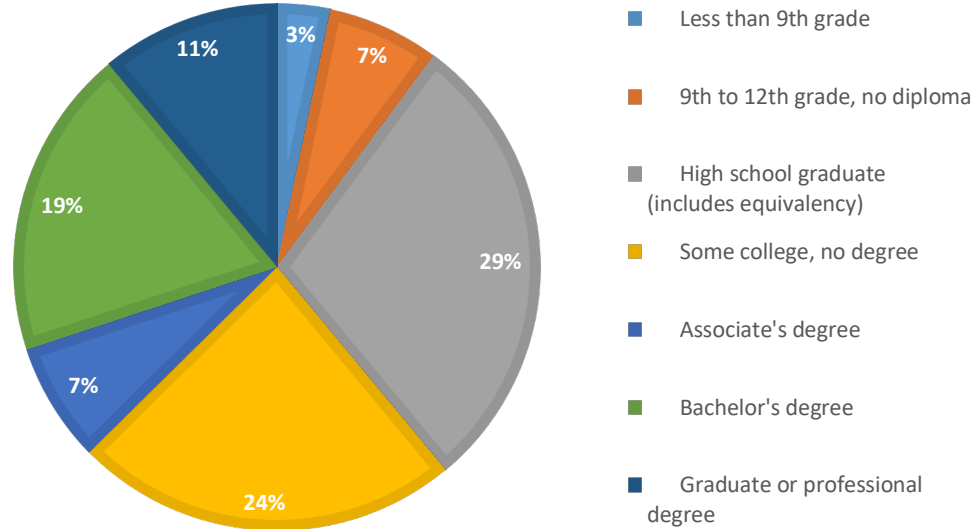


The same pattern holds true for education levels. For the Jackson County area, 10.13% of county residents have no more than a high school education. When looking at zip-code level data however, the areas served by TMC Health Sciences District have higher rates of those with less than a high school education.



Of the 496,246 people age 25 and over in the TMC Health Sciences District service area, 39% do not have any education beyond high school. Only 30.1% of this population has a Bachelor’s degree or higher education.

TMC HEALTH SCIENCES DISTRICT EDUCATIONAL ATTAINMENT OF POPULATION AGE 25 AND OLDER

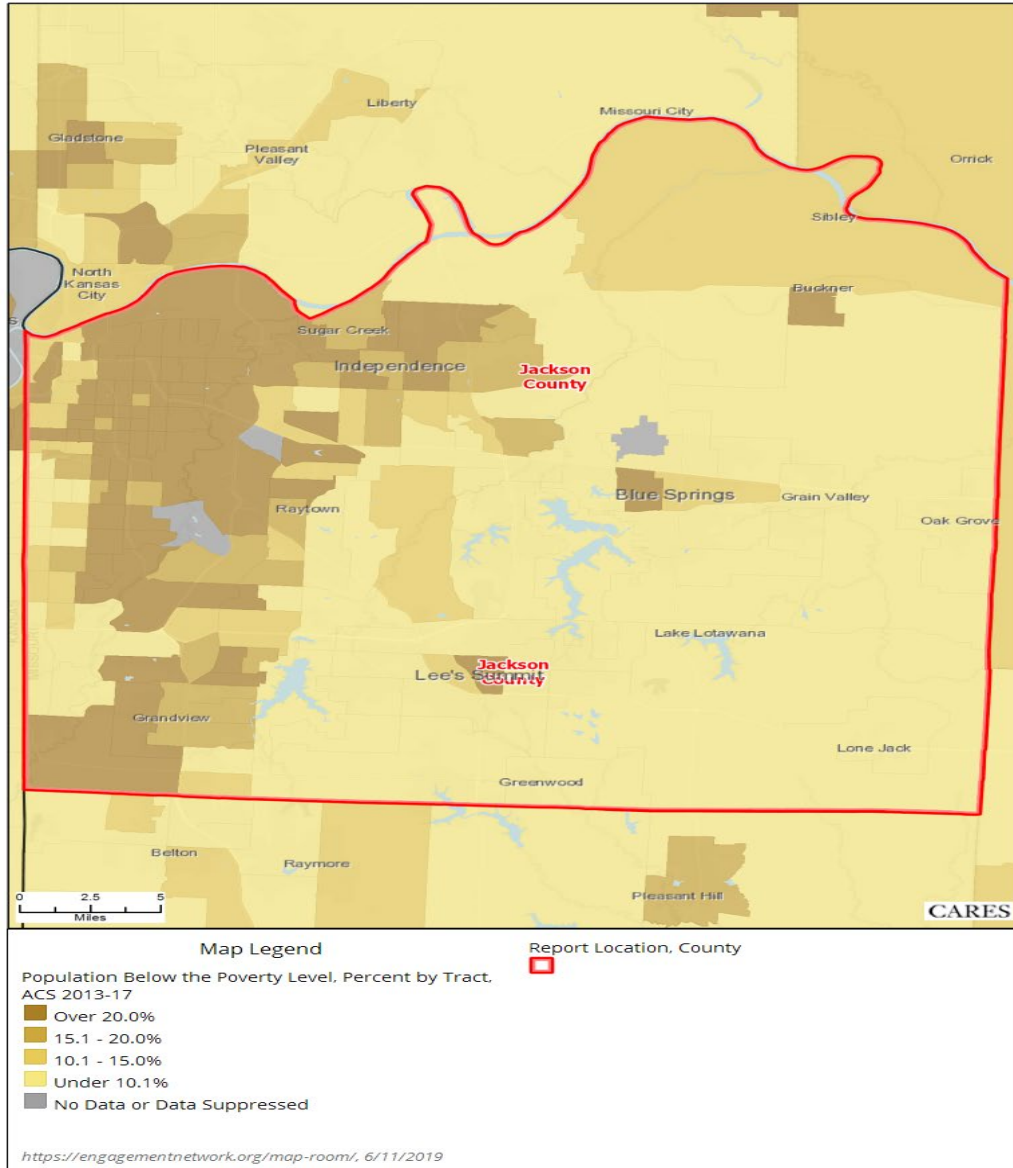


Education is one of the strongest predictors of health: the more schooling people have the better their health is likely to be. Lower levels of education translate to higher levels of risky health behaviors such as smoking, being overweight, or having a low level of physical activity. A good education leads to good health in several ways, including higher earning potential. Higher incomes lead to housing in safer neighborhoods, healthier foods, and better medical care and health insurance. Higher education levels also support healthier behavior choices by offering people access to health information and tools to acquire help and resources such as smoking cessation programs. Higher education levels also indicate higher comprehension levels, so that patients can understand and follow physician recommendations. Education also helps people to find and maintain social support, strengthen social networks, and mitigate stress, all of which help people maintain a sense of control over their lives, an outcome which is associated with better health.¹

The TMC Health Sciences District service area has a higher rate of individuals living below 200% of the Federal Poverty Level (FPL) when compared to Jackson County, Missouri and the United States overall. For the zip code area served by TMC's Health Sciences District location, approximately 35.5% are living in households with income below 200% of the Federal Poverty

¹ Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. *Prev Chronic Dis* 2007;4(4). http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm. Accessed 12 June 2019.

Level, or 256,643 individuals. Of those, 116,841, or 16.2%, are below 100% of the Federal Poverty Level, as compared to the state level of 14.63% and the national level of 14.58%. As noted with the median family income and education levels, TMC Health Sciences District’s zip-code service area has significantly higher FPL rates than most of the county.



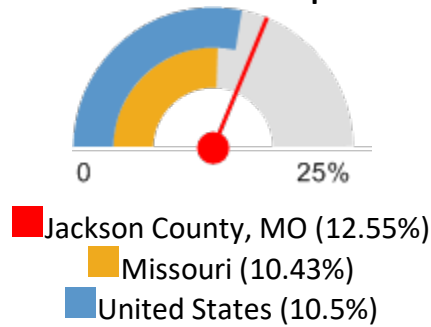
It is even more compelling to note that 23.76% or 38,467 children aged 0-17 in Jackson County are living in households with income below the Federal Poverty Level (FPL). The rates are even higher for the zip-code areas served by TMC Health Sciences District.

Poverty has long been recognized as a contributor to death and disease. In turn, poor health contributes to reduced income, creating a negative loop of low income leading to poor health

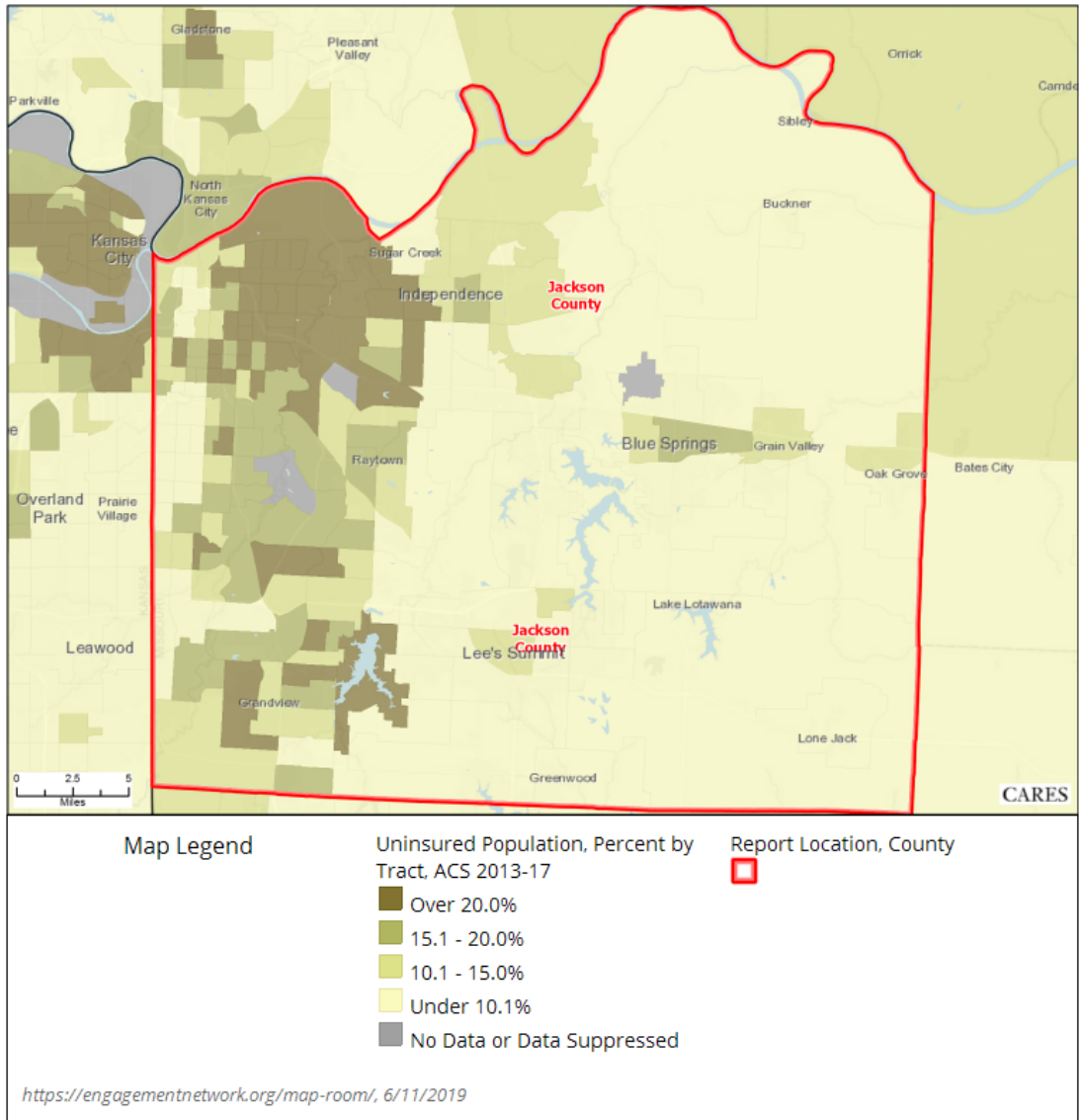
leading to lower income. Poverty, unemployment, and lack of educational attainment affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Lack of insurance often plays a significant role in an individual's decision-making regarding whether or not to seek primary and preventive health care services. Lack of coverage also typically means that people have limited choices in terms of where they may seek care. A higher rate of Jackson County, Missouri residents lack health insurance when compared to Missouri and the U.S. overall.

Percent Uninsured Population



The rates for uninsured individuals in the northwestern area of Jackson County are even higher, as shown in the map below. For several of the service area zip codes, the uninsured rate is over 20%. The map also shows a relatively strong division between the western portion of the county and the eastern portion, reflecting the urban and suburban/rural divide.



Of the 280,174 households in the Jackson County area, approximately 30.62% are considered to be cost burdened, or households where housing costs exceed 30% of the total household income. For the western portion of the county, that rate often exceeds 35%, again reflecting the urban and suburban/rural division of the county. The same area also has a higher percentage of substandard housing, with many zip codes in the county having rates over 34%, compared to the Missouri average of 27.11%. Substandard housing is owner and/or renter occupied housing units have at least one of the following conditions: Lacking complete plumbing facilities; lacking complete kitchen facilities; having 1.01 or more occupants per room; selected monthly owner cost as a percentage of household income greater than 30%; and gross rent as a percentage of household income greater than 30%.

Behavioral Health

According to the CDC, Mental disorders are common in the United States.

- In the U.S., about one in four adults and one in five children have diagnosable mental disorders (National Institute of Mental Health).
- Mental disorders are the leading cause of disability among ages 15-44 in the United States and Canada combined (National Institute of Mental Health).
- The cost of lost earnings alone due to major mental disorders in the United States is around \$193 billion each year (Kessler et al., 2008).

Suicide

Suicide is a major public health concern. Over 41,000 people die by suicide each year in the United States; it is the 10th leading cause of death overall according to the Center for Disease Control. Suicide is tragic. But it is often preventable. Knowing the risk factors for suicide and who is at risk can help reduce the suicide rate. Suicide does not discriminate. People of all genders, ages, and ethnicities can be at risk for suicide. But people most at risk tend to share certain characteristics. The main risk factors for suicide are:

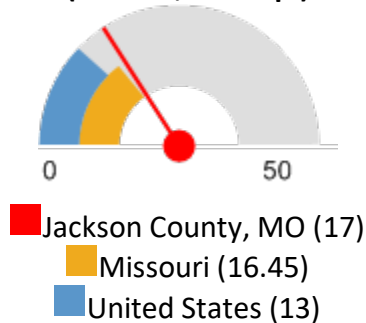
- Depression, other mental disorders, or substance abuse disorder
- A prior suicide attempt
- Family history of a mental disorder or substance abuse
- Family history of suicide
- Family violence, including physical or sexual abuse
- Having guns or other firearms in the home
- Incarceration, being in prison or jail
- Being exposed to others' suicidal behavior, such as that of family members, peers, or media figures.

Much of the research about suicide focuses on individual mental health problems, but that is not the only possible cause of suicide. Suicides can and do arise from factors apparently unrelated to victims' psychological problems. Research indicates that a number of social factors are correlated with suicide rates, including such economic indicators as unemployment rates, poverty rates, and various other measures of hardship. A number of social and political indicators are also correlated with suicide, including levels of urbanization and degrees of social cohesion in a community. Communities with high levels of fragmentation (high divorce rates, high residential turnover, low levels of home ownership) have higher suicide rates. It is also compelling to note that different demographic groups have different suicide rates. For example, suicide rates are highest among white males and Native Americans and lowest among women of color.²

² <https://www.rwif.org/en/blog/2012/06/examining-suicide-from-a-population-health-perspective.html>

The suicide rate (per 100,000 population) for Jackson County is 17.0, compared to the Missouri rate of 16.45 and the national rate of 13, as shown in the chart below.

**Suicide, Age-Adjusted Death Rate
(Per 100,000 Pop.)**



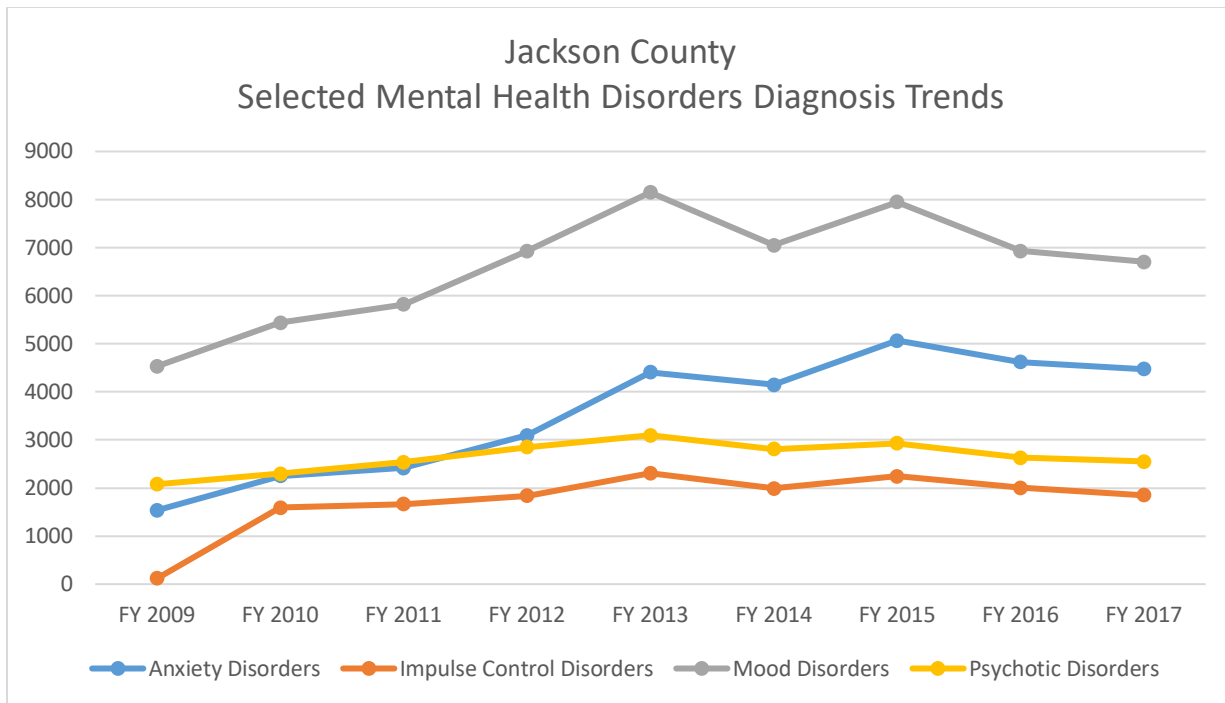
Students (6th-12th grade) in Jackson County were asked about their mental health as part of the 2018 Missouri Student Survey. According to responses, 12.4% had considered suicide in the last year (2018), 10.4% made a plan, and 5.7% actually attempted, resulting in an injury. In 2017, 142 Jackson County residents committed suicide, according to the Missouri Department of Health and Senior Services. Nationally, males are about four times more likely to commit suicide than females. Older males have higher rates of suicide than younger males and this holds true for the 2017 data, with 52 males aged 45-64 committing suicide.

Behavioral Health Disorders

Individual struggling with serious mental illness are at higher risk for homicide, suicide, and accidents as well as chronic conditions including cardiovascular and respiratory diseases and substance abuse disorders. In state fiscal year 2017, 12,722 Jackson County residents received treatment for serious mental illness at publicly funded facilities. Of those, the majority were treated for mood disorders (6,702) and anxiety disorders (4,476). While there is data on those who receive treatment, data on mental health in the general population is very limited, especially at the local level.

In Western Missouri, 18.8% of those 18 and older had a mental illness in the past year with 4.5% having a serious mental illness. Serious mental illness is defined as any of the mental disorders asked about and 'these disorders resulted in substantial impairment in carrying out major life activities'.

Approximately 6.8% of Western Missouri residents ages 18+ had at least one major depressive episode in the past year. A major depressive episode is characterized by an extended period of depressed mood, loss of interest or pleasure, and impaired functioning. Typically, females are more likely to report having had a major depressive episode.



Alcohol and Substance Abuse

Substance use disorder changes normal desires and priorities. It changes normal behaviors and interferes with the ability to work, go to school, and to have good relationships with friends and family. In 2014, 20.2 million adults in the U.S. had a substance use disorder and 7.9 million had both a substance use disorder and another mental illness according to the National Institute of Mental Health.

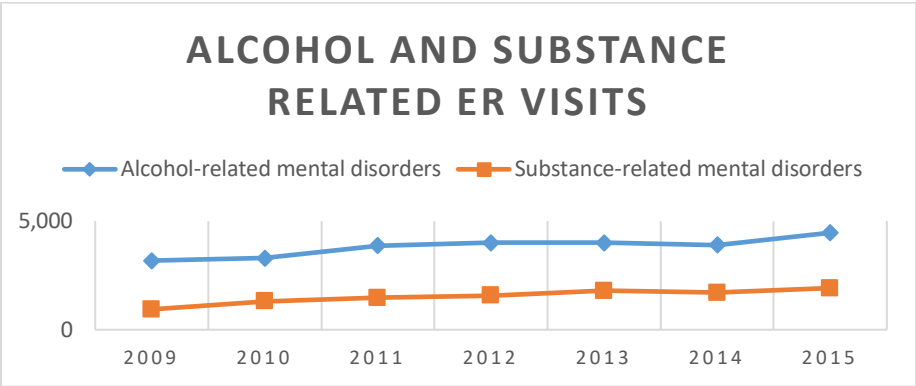
The availability of county-level data on substance use and abuse is limited. The Missouri Student Survey can provide estimates for youth in most Missouri counties. This survey is administered in even-numbered years to 6th through 12th grade students in participating school districts. Youth who use alcohol are at greater risk of developing abuse problems later in life. An estimated 8.4% of youth in Jackson County reported using alcohol in the last 30 days, 11.8% reporting electronic cigarette use, 8.5% took a prescription that wasn't theirs, and 7.8% used marijuana. Additionally, 48.7% reported that it would be easy to get alcohol and 39.8% reported it would be easy to get marijuana. Students also indicated that 31.7% felt their peers would believe it was "pretty cool or very cool" if they smoked marijuana. The percentage for e-cigs was 29.0% and 23.3% for alcohol.

The data for 2015, shown below, indicate the number of alcohol and substance related visits to the emergency room. It's interesting to note that alcohol abuse increases through age 64, while substance abuse peaks in the age 25-44 group and then decreases.

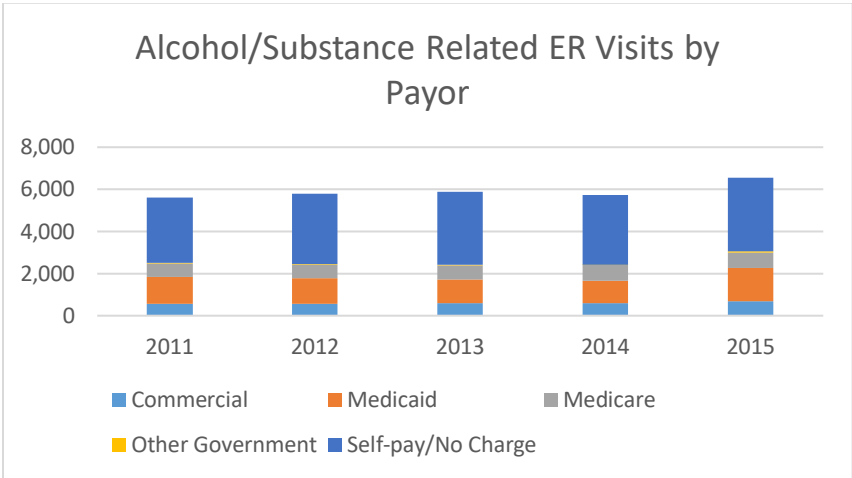
Alcohol/Substance Related Emergency Room Visits, Jackson County, 2013						
	Age 0-14	Age 15-24	Age 25-44	Age 45-64	Age 65+	Total All Ages
Alcohol-related mental disorders	5	288	1491	2539	142	4465
Substance-related mental disorders	6	311	1169	388	43	1917
Total	11	599	2660	2927	185	6382

Rates Per 1,000; Age Adjustment Uses 2000 Standard Population

Alcohol and substance abuse related emergency room visits have been increasing over the past seven years in Jackson County, as shown in the chart below.



The majority of alcohol and substance related ER visits in the zip code service area were classified as self-pay/no charge, or 56.3% for the five-year time period specified in the chart below. Medicaid covered 21% of visits, followed by Medicare at 11.7% and commercial insurance covered approximately 10% of visits.



TMC's Focus for CHNA Impact

The opioid crisis has become predominant in the community. TMC will continue to model integrated primary care and intensive mental health/substance abuse services, including development of a clinic designed specifically to assist patients with medication-assisted therapy to address their addiction.

As part of this model, TMC will continue to work with the local law enforcement community on Crisis Intervention training and Trauma-Informed Care approaches to assure individuals in crisis are effectively directed to care.

Chronic Disease

Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation’s \$3.3 trillion in annual health care costs. According to the CDC, six in ten adults in the US have a chronic disease and four in ten adults have two or more chronic disease. Many chronic diseases are caused by a short list of risk behaviors including smoking or exposure to secondhand smoke, poor nutrition, lack of physical activity and/or excessive alcohol use. Chronic diseases include heart disease, cancer, stroke, diabetes, and arthritis.

Impact in the TMC Service Area			
Health Issue	Jackson County	Missouri	U.S.
Diabetes Prevalence	11.1%	10.52%	9.28%
Obesity Prevalence	32.5%	32%	28.3%
Asthma Prevalence	16%	14.2%	13.4%
Percent Population Smoking Cigarettes (Age-Adjusted)	22.2%	23.2%	18.1%
Heart Disease Mortality (per 100,000) Healthy People 2020 Target: <100.8	85.2	115..23	99.6
Cancer Mortality (per 100,000) Healthy People 2020 Target: <160.6	179	175.88	160.9
Stroke Mortality (per 100,000) Healthy People 2020 Target: <33.8	40.6	41.02	36.9

Asthma Prevalence

Asthma is a chronic disease that affects the airways in the lungs. During an asthma attack, airways become inflamed, making it hard to breathe. Asthma attacks can be mild, moderate, or serious — and even life threatening. Asthma costs the United States \$56 billion each year. In the last decade, the proportion of people with asthma in the United States grew by nearly 15%, according to the CDC. Asthma related Emergency Room visits have increased since the 2009 time period, as shown in the table below.

Asthma Related Emergency Room Visits – Jackson County						
2009	2010	2011	2012	2013	2014	2015
5,023	5,382	5,362	6,346	5,579	6,034	6,000

As noted above, the percent of adults with asthma in Jackson County (16%) is higher than state (14.2%) and national (13.4%) rates. At the state and national levels, asthma rates are highest among non-Hispanic blacks when compared to other races/ethnicities.

Tobacco Usage (Adult)

In the Jackson County area an estimated 110,552, or 22.2% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Diabetes Prevalence (Adult)

Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the seventh leading cause of death in the United States, according to the CDC. Diabetes is a prevalent problem in the U.S., and it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. For the Jackson County area, the age adjusted rate of the population with diagnosed diabetes is 11.1%, as compared to the state (10.52%) and national (9.28%) rates. The number of emergency room visits related to diabetes has increased since 2009, but remained fairly stable since then.

Diabetes Related Emergency Room Visits – Jackson County						
2009	2010	2011	2012	2013	2014	2015
1,715	2,064	1,968	2,080	1,924	1,960	1,969

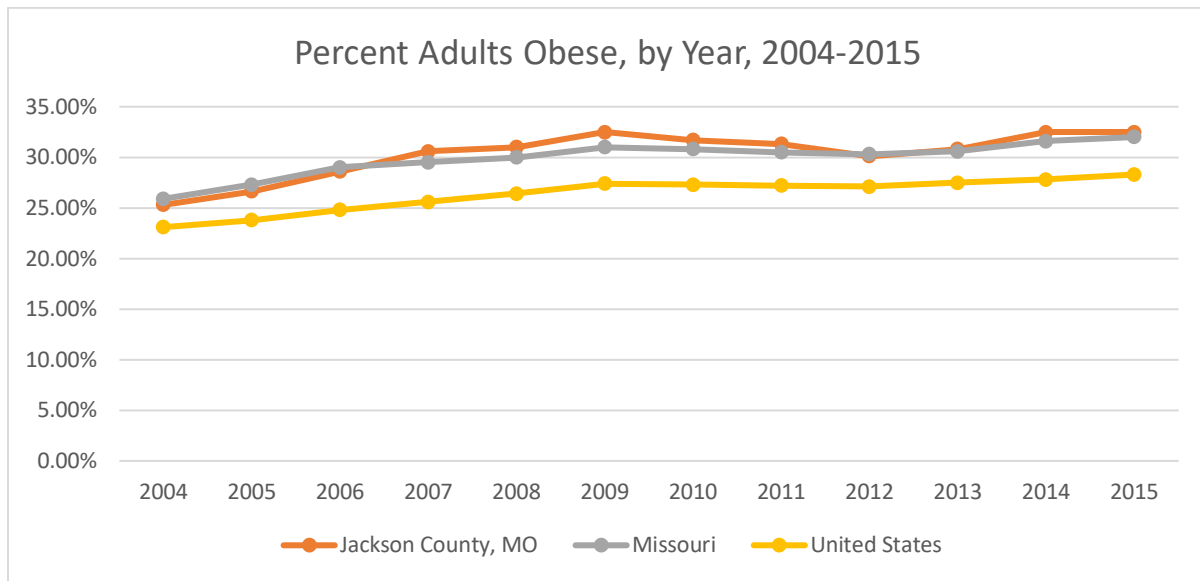
Obesity (Adult)

The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight, according to the CDC. This indicator reports the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Jackson County, MO	506,378	166,092	32.5%
Missouri	4,530,175	1,456,902	32%
United States	238,842,519	67,983,276	28.3%

Obesity rates have been steadily increasing since 2004 at the local, state, and national levels. The rate for Jackson County has increased from 25.3% to 32.5% during the specified time

period. According to the CDC, the estimated annual medical cost of obesity in the United States was \$147 billion in 2008 US dollars; the medical cost for people who have obesity was \$1,429 higher than those of normal weight.



Fast Food Restaurants

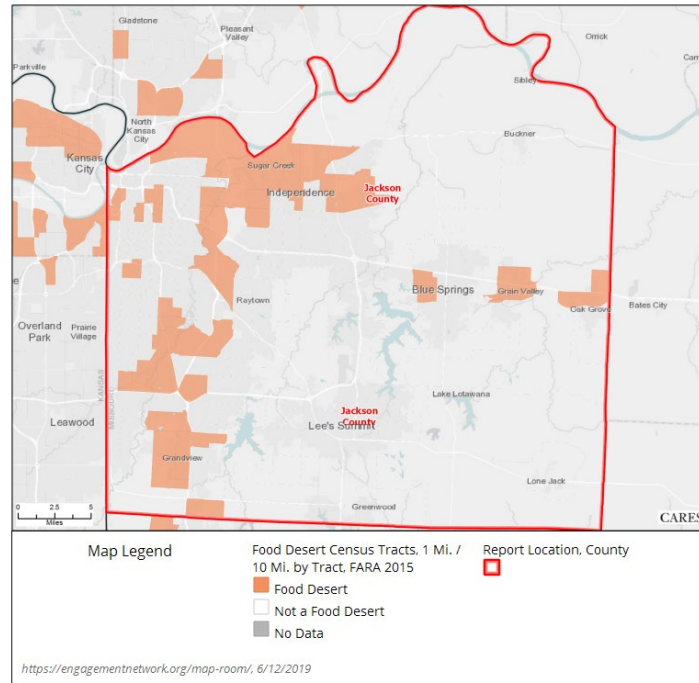
In Jackson County, there are 72.98 fast food restaurants per 100,000 population. This is higher than the state rate of 69.34, but lower than the national rate of 77.06. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Grocery Store Access & Food Deserts

There are 15.87 grocery stores per 100,000 population in Jackson County, as compared to the state rate of 17.72 and the national rate of 21.18. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Food deserts are areas that lack access to affordable fruits, vegetables, whole grains, low-fat milk, and other foods that make up a full and healthy diet (1). Many Americans living in rural, minority, or low-income areas are subjected to food deserts and may be unable to access

affordable, healthy foods, leaving their diets lacking essential nutrients. Rural, minority, and low-income areas are often the sites of food deserts because they lack large, retail food markets and have a higher number of convenience stores, where healthy foods are less available. Because there is no standard definition of a food desert, estimates of how much of the population is affected vary by quite a bit. However, it's safe to say that many Americans have limited access to affordable nutritious foods because they do not live near a supermarket or large grocery store. Several areas in Jackson County are considered food deserts, as shown in the map below.



Physical Inactivity (Adult)

Within the report area, 112,768 or 21.8% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Regular physical activity is vital for healthy aging. It can help delay, prevent, or manage many costly chronic diseases faced by adults 50 years or older. Physical activity can also reduce the risk of premature death. Despite these benefits, 31 million adults age 50 or older are inactive. Adults who cannot meet Physical Activity Guidelines (i.e., 150 minutes of moderate-intensity aerobic activity a week) should be as active as their abilities or conditions allow.

Getting any amount of physical activity still offers some health benefits. Some is better than none. Helping inactive people become more active is an important step towards better health. Communities that offer design enhancements and healthy lifestyle programs can create a culture that supports physical activity.

TMC's Focus for CHNA Impact

Because chronic diseases impact a significant number of TMC's patients, and their prevalence in the community is high, the focus in this area is on continuous improvement of programs and services across all initiatives. Community need, and patient demand, will continue to be monitored with services tailored to meet need. Chronic disease self-management programs will be delivered in neighborhood settings to encourage participation, and patients with significant, and co-occurring conditions will be encouraged to enroll in specialty programs for assistance with medication management, self-care and other supportive services.

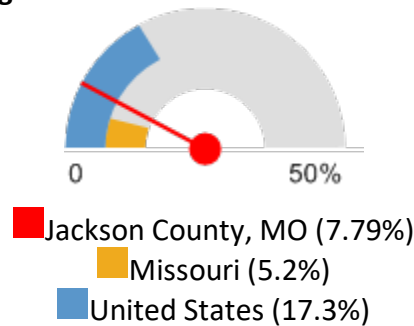
Maternal and Infant Health

According to the CDC, pregnancy and childbirth have a huge impact on the physical, mental, emotional, and socioeconomic health of women and their families. Pregnancy-related health outcomes are influenced by a woman's health and other factors like race, ethnicity, age, and income.

Lack of Prenatal Care

Prenatal care can help keep expectant mothers and babies healthy. Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care, according to the Office of Women's Health. This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Percentage Mothers with Late or No Prenatal Care



Births

Nearly half of all births in Jackson County are covered by Medicaid, or approximately 45.77%. At the state level, approximately 42% of births in 2015 were covered by Medicaid according to data collected by the Henry J Kaiser Family Foundation.

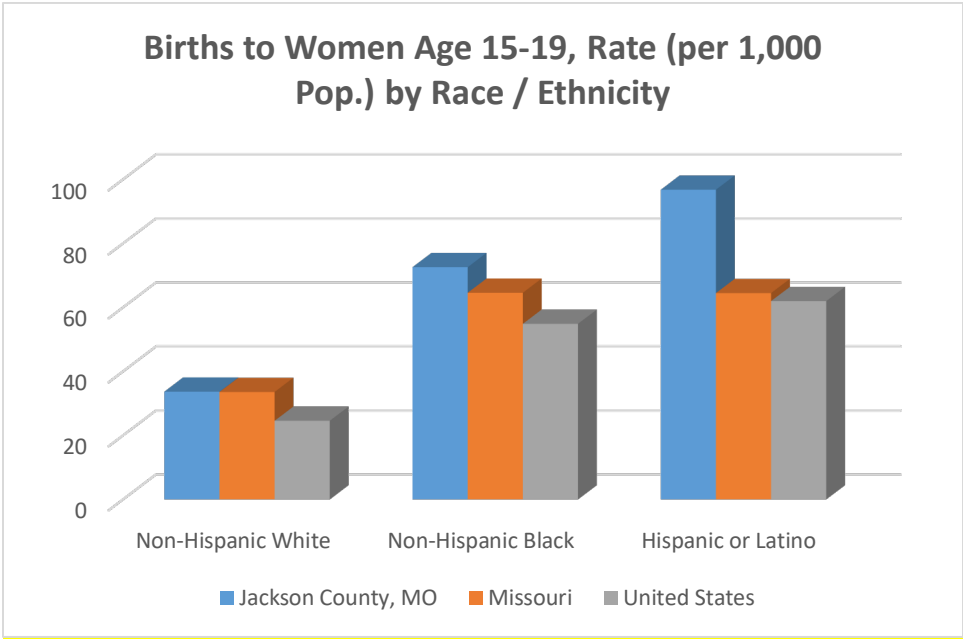
2017 Jackson County Births by Payor		
Medicaid	Non-Medicaid	Total
4,255	5,040	9,295

Teen Pregnancy

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children according to the CDC.

- In 2010, teen pregnancy and childbirth accounted for at least \$9.4 billion in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers.
- Pregnancy and birth are significant contributors to high school dropout rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, whereas approximately 90% of women who do not give birth during adolescence graduate from high school.
- The children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.

The rate of total births to women age 15 - 19 per 1,000 female population in Jackson County is significantly higher at 52.2, as compared to the state (39.5) and national (36.6) rates. The birth rate among teens ranges widely when reviewing the data by Race/Ethnicity. While the teen birth rate is higher in Jackson County than in Missouri and the U.S., it is significantly higher among Hispanic teens as shown in the chart below. The Hispanic teen pregnancy rate was 96.8 per 1,000 population, as compared to the non-Hispanic White rate of 33.7 and the non-Hispanic Black rate of 72.6.³



³ US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County

Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.⁴

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Jackson County, MO	51,420	422	8.2
Missouri	399,460	2,876	7.2
United States	20,913,535	136,369	6.5

⁴ US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#). 2006-10. Source geography: County

Low Birth Weight

This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.⁵

Area	Percent Low Birth Weight
Jackson County	8.4%
Missouri	8%
U.S.	8.2%

TMC's Focus for CHNA Impact

TMC's primary focus relative to the CHNA is to expand its community outreach and education efforts to bring more pregnant women into care earlier in their pregnancies. Furthering this approach, efforts under the "Access" area will place clinical points of care in neighborhoods throughout the service area offering more immediate access to providers.

⁵ US Department of Health & Human Services, [Health Indicators Warehouse](#). Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2006-12. Source geography: County

Access and Integration

Emergency Department Utilization

Utilization of the hospital emergency department for non-emergency conditions is an indicator of low access to primary care. This access can be impacted by multiple factors; low income, education level, lack of insurance, and employment that places limits on a persons' ability to have time off of work to see a health care provider.

Emergency Department visits are categorized using the Canadian Triage and Acuity Scale (CTAS) The CTAS levels are designed such that level 1 represents the sickest patients and level 5 represents the least ill group of patients. Explanation and examples of cases which would fall under each category are listed below.

Level 1 – Resuscitation Conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions. Examples of types of conditions that would be Level 1 are: Cardiac/Respiratory arrest, major trauma, shock states, unconscious patients, severe respiratory distress.

Level 2 – Emergent Conditions that are a potential threat to life limb or function, requiring rapid medical intervention or delegated acts. Examples of types of conditions which would be Level 2 are altered mental states, head injury, severe trauma, neonates, MI, overdose and CVA.

Level 3 – Urgent Conditions that could potentially progress to a serious problem requiring emergency intervention. May be associated with significant discomfort or affecting ability to function at work or activities of daily living. Examples of types of conditions which would be Level 3 are moderate trauma, asthma, GI bleed, vaginal bleeding and pregnancy, acute psychosis and/or suicidal thoughts and acute pain.

Level 4 - Less Urgent (Semi urgent) Conditions that are related to patient age, distress, or potential for deterioration or complications would benefit from intervention or reassurance within 1-2 hours. Examples of conditions which would be Level 4 are headache, corneal foreign body and chronic back pain.

Level 5 - Non-Urgent Conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem with or without evidence of deterioration. The investigation or interventions for some of these illnesses or injuries could be delayed or even referred to other areas of the hospital or health care system. Examples of types of conditions which would

be Level 5 are sore throat, URI, mild abdominal pain which is chronic or recurring, with normal vital signs, vomiting alone and diarrhea alone.

In calendar year 2018, the Health Sciences District Emergency Department had 32,218 patients who made 63,301 visits. These visits fell into the CTAS as follows:

Level 1	Level 2	Level 3	Level 4	Level 5
1,760	7,890	33,395	17,795	613

Note: 1,848 visits did not have a 1-5 acuity assigned; these are typically victims of violence who are assigned an acuity of 'Blackout'.

Lack of a Consistent Source of Primary Care

According to UDS Mapper data for the TMC Health Sciences District zip code service area, 13.24% of adults have delayed or not sought care due to cost, and 18.8% have no usual source of care. Primary care providers are responsible for screening all major health-related conditions and can help manage chronic conditions to improve quality of life. Primary care providers can help deliver care that is appropriate to the individual, because they develop a relationship with patients and know the intricacies of situations and health histories.

Dental Care

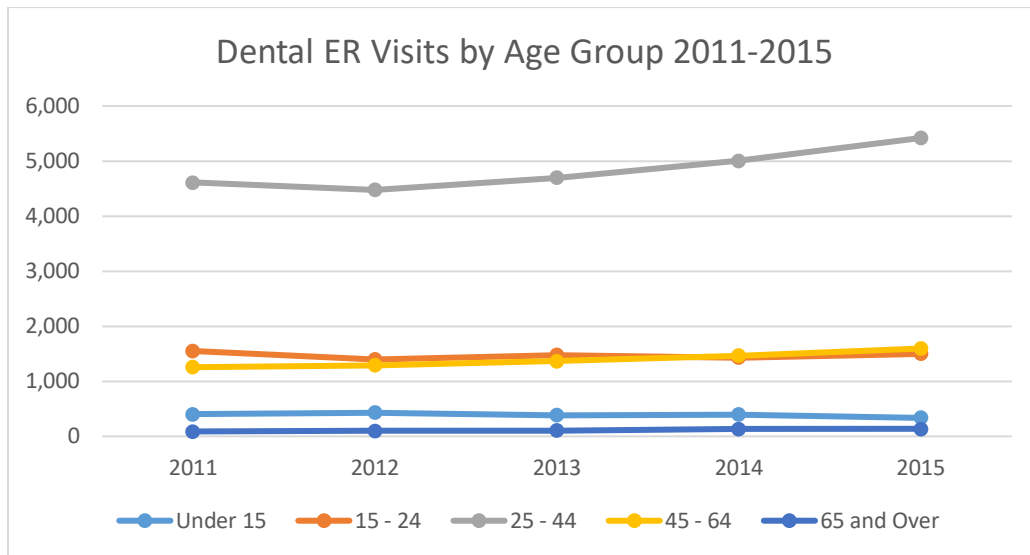
TMC provides safety net dental services to medically underserved children and adults in Eastern Jackson County, Missouri. Medicaid is a primary payment source for TMC dental patients. Missouri Department of Health and Senior Services data show that 139,676 people in Jackson County were enrolled in Medicaid as of December 2016, including 83,521 children age 17 and under. A lack of dental providers that will accept Medicaid patients ensures that TMC serves patients far beyond its primary service area.

There were 8,735 Emergency Department visits related to disorders of the teeth and jaw in Jackson County in 2015, for a rate of 13.13 per 1,000. The table below reflects the number of ER visits per year from 2009 through 2015, showing a significant increase over the time period.

Dental Related Emergency Room Visits – Jackson County						
2009	2010	2011	2012	2013	2014	2015
7,263	7,549	7,533	7,365	7,750	8,211	8,735

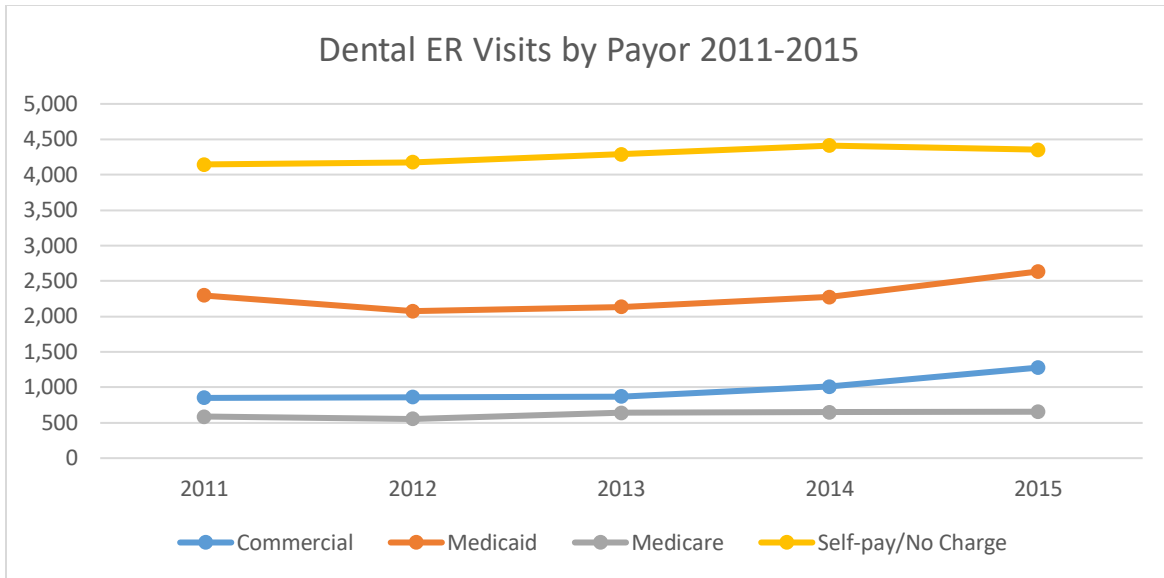
In Jackson County, 17.7% of adults age 18 and older self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This is slightly lower than the state rate of 20.2% and higher than the national rate of 15.7%.⁶

The chart below shows the number of dental related ER visits from 2011 through 2015 for the zip code area served by TMC Health Sciences District. Those aged 25 to 44 are most likely to need treatment, and that trend has been increasing since 2012, while the number of visits by those in other age groups has remained fairly consistent.



During the 2011 – 2015 time period, slightly over half (52.1%) of dental related emergency room visits in the zip code area were classified as Self-Pay/No Charge, followed by Medicaid (27.8%). Less than 12% were covered by commercial insurance.

⁶ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County



TMC's Focus for CHNA Impact - Access

Access is an overarching theme in TMC's CHNA. As an Essential Hospital, TMC is the safety net health system for the greater Kansas City region. In this capacity, TMC has a continual focus on assuring access; access to outpatient clinical care, access to specific target populations, and access to services needed by the community at large. With the community continuing to experience a shortage of primary care providers, TMC remains committed to working with the three Federally Qualified Health Centers to assure access to specialty care.

Through a variety of mechanisms, TMC will continue its efforts to increase access to all types of care, for all community members. Using a health equity approach, which recognizes the impact of socio-ecological factors on a persons' ability to access health care, TMC continues to identify locations for direct outreach, including community-based clinics and community-based health education. This approach is an underlying theme to everything TMC undertakes; with staff members educated in cultural competence and trauma-informed care. This approach was designed to create an atmosphere of welcome for all who interact with TMC.

Because of this focus, TMC will continue its goal of being the provider of choice for key health conditions which include Sickle Cell disease, HIV and other chronic conditions that disproportionately impact minority populations in the greater Kansas City region.

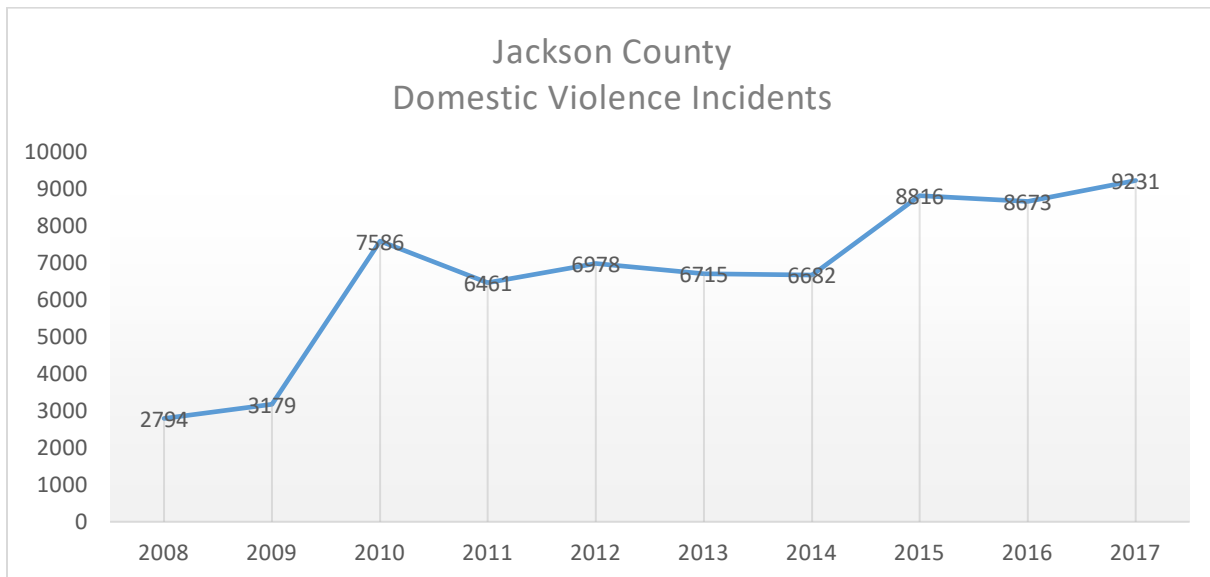
Violence Prevention

According to the CDC, the different forms of violence—child abuse and neglect, youth violence, intimate partner violence, sexual violence, elder abuse, and suicide are interconnected and share the same root causes. Understanding the overlapping causes of violence and the things that can protect people and communities can help us better prevent violence in all its forms. Research indicates:

- Victims of one form of violence are likely to experience other forms of violence.
- People who have been violent in one context (e.g., toward peers) are likely to be violent in another context (e.g., toward dating partners).
- The different forms of violence share common consequences that have health effects across the lifespan such as mental, emotional, physical or social problems. These consequences may contribute to chronic health effects such as cancer, cardiovascular disease, lung disease, or diabetes.
- Different forms of violence share common risk and protective factors.

Violence related incidents are key indicators of the overall health in a community. Higher rates of domestic violence, child abuse and neglect, and out-placement of children to settings other than their home, are all indicative of underlying behavioral health issues.

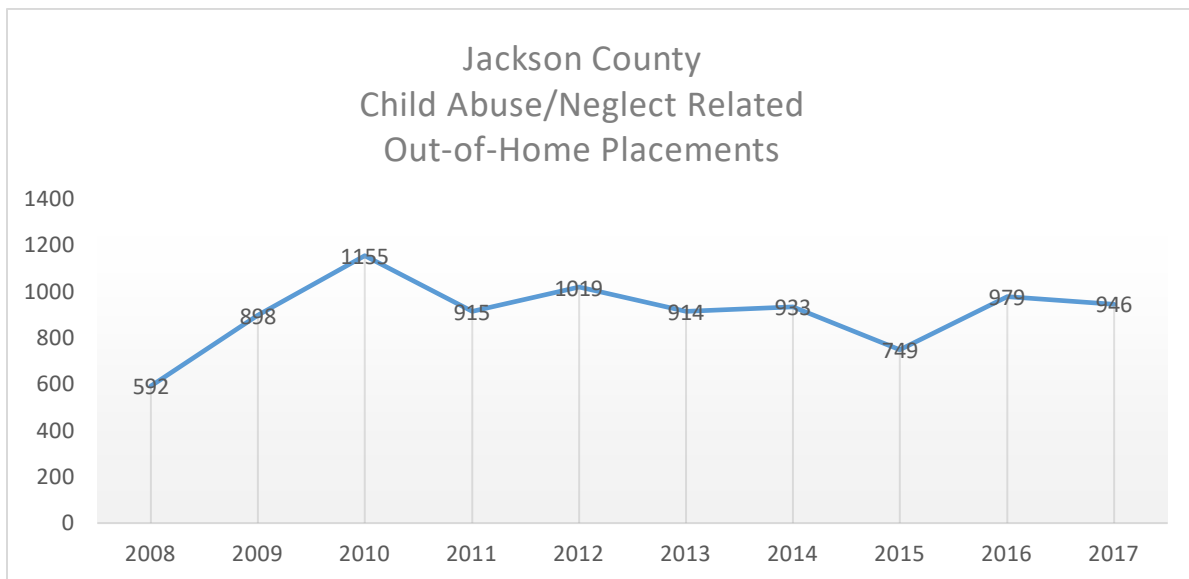
The rate of domestic violence incidents, as reported by the Missouri State Highway Patrol, has been steadily increasing over the past ten years. This could potentially be due to increased awareness and reporting of incidents, but the trend is alarming, nonetheless.



The Centers for Disease Control states that child abuse and neglect result from the interaction of a number of individual, family, societal, and environmental factors. Child abuse and neglect are not inevitable—safe, stable, and nurturing relationships and environments are key for prevention. Preventing child abuse and neglect can also prevent other forms of violence, as various types of violence are interrelated and share many risk and protective factors, consequences, and effective prevention tactics. Children who are abused and neglected may suffer immediate physical injuries such as cuts, bruises, or broken bones, as well as emotional and psychological problems, such as impaired socio-emotional skills or anxiety.

Child abuse and neglect can also have a tremendous impact on lifelong health and wellbeing if left untreated. For example, exposure to violence in childhood increases the risks of injury, future victimization and perpetration, substance abuse, sexually transmitted infections, delayed brain development, reproductive health problems, involvement in sex trafficking, non-communicable diseases, lower educational attainment, and limited employment opportunities. Chronic abuse may result in toxic stress and make victims more vulnerable to problems such as post-traumatic stress disorder, conduct disorder, and learning, attention, and memory difficulties.

According to reports and data from the Missouri Office of State Courts Administrator, out of home placements as a result of child abuse or neglect have remained relatively stable since 2011, as shown in the chart below.



Jackson County has a high rate of violent crime when compared to the state and nation. Violent crime includes homicide, rape, robbery, and aggravated assault. The rate of violent crime per

100,000 population in Jackson County is 822.5, as compared to the state rate of 442.8 and the national rate of 379.7.⁷ This indicator is relevant because it assesses community safety.

Sexually Transmitted Diseases

The CDC estimates that there are more than 19.7 million new STIs in the United States each year. While most of these STIs will not cause harm, some have the potential to cause serious health problems, especially if not diagnosed and treated early. Young people (ages 15-24) are particularly affected, accounting for half (50 percent) of all new STIs, although they represent just 25 percent of the sexually experienced population.

Rates of sexually transmitted infections are relevant because they are a measure of poor health status and indicate the prevalence of unsafe sex practices. The Jackson County, Missouri area has high rates of chlamydia, gonorrhea, and HIV/AIDS when compared to state and national rates, as shown in the table below. Rates are per 100,000.

	Chlamydia	Gonorrhea	HIV/AIDS
Jackson County	812.2	360.7	472.9
Missouri	507	188.7	234
U.S.	497.3	145.8	362.3

TMC’s Focus for CHNA Impact

Under this area, TMC will participate in the Aim for Peace initiative. This intervention model is designed specifically to reduce retaliatory violence. As a Level 1 Trauma Center, TMC experiences a significant volume of gang-related emergency department visits. As a result, staff are trained to identify potentially violent situations and engage the Aim for Peace model to diffuse situations.

⁷ Federal Bureau of Investigation, *FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-14. Source geography: County*

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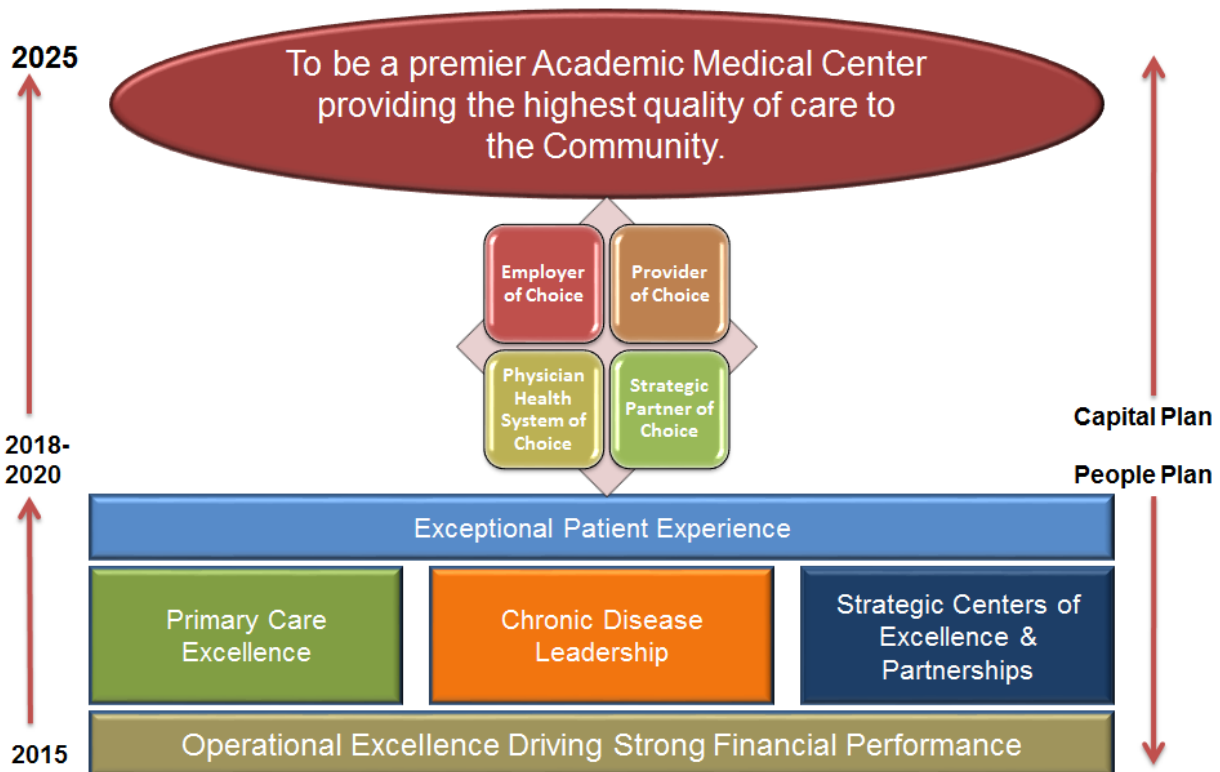
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United Way of Greater Kansas City (Outpatient clinics to the uninsured)
R.A. Bloch Cancer Foundation (Cancer Center)
Hall Family Foundation (NanoKnife)

TMC Strategic Plan (2018 Executive Summary)



TRUMAN MEDICAL CENTERS

14

The Truman Medical Center (TMC) Board of Directors, Charitable Foundation Board, Executive Leadership, Medical Department Chairs, Ambassadors, staff and select community members convened on February 22, 2019, for the 4th Annual Strategic Planning Retreat. The goal of the Annual Strategic Planning Retreat is to ensure the TMC 2025 Strategic Plan, originally executed in 2015, is responsive to the changing environments of the physical campuses, educational mission, consumer demand, healthcare landscape, the community, and state and federal government. The result is an annual Executive Summary Update that outlines TMC's focus for the coming year and works to ensure the information is accessible and relevant to every member of the faculty and staff and the work they do within the organization.

Traditional Academic Medical Centers (AMCs) like TMC have shaped healthcare delivery for over a century. This delivery model combines clinical care with medical education and research. Consumer pressures for more integrated, patient-centric and cost-effective healthcare services,

have forced AMCs to reevaluate how they adapt to consumer-driven healthcare which became the initial topic of discussion at the Retreat.

Burdened by challenging government at the local, state and federal levels and escalating operating costs, TMC continues to be financially challenged in remaining true to its mission of *caring for everyone regardless of their ability to pay*. To remain essential, TMC must meet marketplace service demands for excellent clinical care while supporting exceptional medical training and research. The near future at TMC requires continued scrutiny of the changing healthcare landscape, objective assessment of opportunities and threats, improvement of the culture as it relates to how we think about the experience for the patient, and the ability to reposition strategically if needed to remain relevant in meeting population needs.

The following goals were outlined for TMC:

- Be a high-performing health system by focusing on Throughput, Coordination of Care and Access to care and services across the organization
- Transform the TMC Culture to **Patients First** by removing the negative noise from the patient experience
- Be adaptive to consumer needs and be prepared for every encounter regardless of location and condition

The many challenges and uncertainties of the health care market can be overwhelming and are many times not completely under an executive's control. By focusing on the "knowns" and taking steps to understand, stay current and move towards performance-based benefits, TMC will be positioned for success. When asked the question, "*What three things should keep TMC leadership up at night, and what should we do to address them...*" retreat feedback highlighted a desire for focus on culture, accountability and sustainability. Possible activities include:

- Rebranding to capitalize on the University Health brand success - including transformation of the culture in support of a patient-centeredness approach, excellent customer service and a safe environment for everyone
- Performance Improvement – ensure capacity meets or exceeds demand and inefficiencies are mitigated
- Develop funding model(s) which results in financial stability--no longer dependent on government support

Policymakers continuously evaluate the need for safety-net health systems. Their goal is to guide improvement in delivery systems while preserving the essential services provided by safety-net health systems in communities. The third topic had the groups consider *safety-net organizations in 2028 and the role they will play in the overall system of care*. Even within the new environment of choice and competition, essential safety net providers, like TMC, continue to be relied upon to play a critical role in providing access to health care for consumers who fall

outside the market-- primarily members of the poorest and most disadvantaged groups. To meet this demand, TMC is focused on the following initiatives to support this important role in the system of care:

- Formalize the preventative work TMC already does. Integrate a preventative care approach within all service lines and be incentivized for the services provided across the community
- Integration of enhanced technology services to support consumer demands and self-management of conditions – Home Based Monitoring, Virtual Visits and Mobile-Friendly Tools and Apps
- Identify strategic partnerships for the services and support we do not provide or can no longer afford to provide

Regular review and revision of the strategic focus, including mission and vision statements, is a vital component of the strategic planning process. This Executive Update Summary guides our business strategies and decisions with a focus on the rapidly changing health care environment based on current and future forecasted needs. The 2019 focus is consistent with TMC’s mission and demonstrates the continued commitment TMC has to the community and TMC’s recognition that continuous evaluation and improvement is crucial to future success.

Truman Medical Centers has a unique position. As both an academic medical center AND a safety net health system, TMC brings high need/high risk patients into a teaching/learning environment. The synthesis is a reputation of high quality health care, improved health outcomes, and cost efficiency.



This model creates significant value for ALL patients.

Truman Medical Centers By the Numbers

Fiscal Year Ending June 30, 2018

Medical Staff & Employees

TMC Employees	4,357
Health Sciences District	3,086
Lakewood	1,271

Employee Race/Ethnicity Demographics

Asian	4.7%
Black or African-American	26.7%
Hispanic/Latino	5.7%
White/Caucasian	59.7%
American Indian/Alaskan Native	0.4%
Native Haw/Other Pacific Islander	0.1%
Other	2.7%

Medical Staff	625
Physicians Board Certified	93%
Physicians Board Eligible	7%
Physicians Fellowship Trained	52%

Medical Residents	593
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Nursing Staff	1,348
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Direct Care Nurse Education Level	
Bachelor's Degree or above	73%

Direct Care Certified Nurses	
Including APRN and CRNA	26%

Patients & Demographics

Patient - Racial Demographics

Asian	1%
Black or African-American	33%
White/Caucasian	50%
Other	16%

Patient - Ethnicity

Hispanic/Latino	8%
Non Hispanic/Latino	92%

Patient Distribution by Payor

	117,907
Commercial (34,535)	29%
Medicaid (33,716)	29%
Self-Pay (28,118)	24%
Medicare (19,093)	16%
Other (2,445)	2%

Patients with Chronic Disease* HSD LW

Asthma	6,675	2,977
Heart Failure	2,453	822
Coronary Artery Disease	12,156	5,808
COPD	4,313	1,874
Diabetes	10,726	5,123
Hypertension	20,235	8,683
Obesity	8,243	3,918
Sickle Cell	420	81

*60% of all TMC patients have at least one of these chronic diseases

Recognitions of Quality

Baby Friendly - HSD - Baby Friendly USA, Inc - Designation
Baby Friendly - LW - Baby Friendly USA, Inc - Designation
Community Mental Health Center Healthcare Home - TMC BH Certification
Mammography - Eastland - ACR Designation
TMC HSD ED - Level 1 Trauma Center - Designation
Most Wired Hospital - 2011-2018
HIMSS - EMRAM & O-EMRAM Stage 7 Revalidation
TJC - Advanced Certification, Total Joint Replacement Hips/Knees - LW
TJC - Advanced Certification, Palliative Care - HSD
TJC - Certification for BH Health Home - HSD
PCMH - Level 3 - NCOA Recognition
HEI (Healthcare Equality Index) 2018 LGBTQ Healthcare Equality Leader - Designation
Level II STEMI Center - HSD - MO DHSS Designation
Center for Sleep Health - HSD - AASM Accreditation
Cardiac Rehabilitation Program - HSD - AACVPR Certification
Nuclear Cardiology/General Nuclear Medicine - HSD - IACN/PET Accreditation
Echocardiography - Adult Transthoracic - HSD & LW - IAC Accreditation
Echocardiography - Adult Transesophageal - HSD & LW - IAC Accreditation
Echocardiography - Adult Stress - HSD & LW - IAC Accreditation

v.10-18-18

Truman Medical Centers By the Numbers

Fiscal Year Ending June 30, 2018

	Health Sciences District	Lakewood	Total
Licensed Beds			
Acute Care	249	110	359
Long Term Care	-	188	188
Hospitalized Patients	16,817	5,785	22,602
Patient Days			
Acute Care ¹	72,507	20,556	93,063
Long Term Care	-	61,290	61,290
Average Daily Census			
Acute Care ¹	199	56	255
Long Term Care	-	168	168
Births	1,838	1,590	3,428
Emergency Department Visits²	59,788	27,040	86,828
Trauma Admissions	1,395	-	1,395
Surgical Cases³	8,035	3,118	11,153
Clinical Visits			
Medical/Surgical	194,393	133,333	327,726
Behavioral Health	143,675	19,463	163,138
Number of Unduplicated Patients	69,386	48,521	117,907
Jackson County Health Department Encounters	-	125,167	125,167
Women/Infant/Children (WIC) Visits	29,814	91,496	121,310

Behavioral Health

Number of Patients	9,611
Admissions ⁴	2,288

Uncompensated Care ^{pre-audit (in millions)}

At Cost	\$117
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Fiscal Year 2018 Revenue ^{pre-audit (in millions)}

Gross Revenue	\$954
Net Operating Revenues	\$561

1 Includes Neonatal Intensive Care Unit and Behavioral Health.

2 Excludes left without being seen.

3 Includes Cesarean Sections.

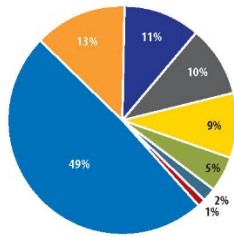
4 Included in Health Sciences District Acute Care Admissions.

**Kansas City's
Essential Hospital.**

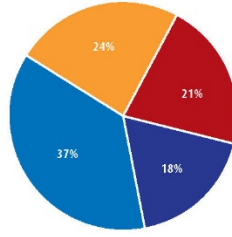


© 2018/THCFY18 Data Sheet/10-18-18

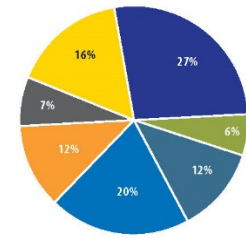
TMC FY18 FISCAL SNAPSHOT*



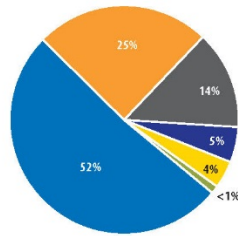
NET OPERATING REVENUE SOURCE (\$561M)
 ■ Medicaid: 49% ■ Other: 9%
 ■ Medicare: 13% ■ City: 5%
 ■ Commercial: 11% ■ County: 2%
 ■ DSH: 10% ■ Self-Pay: 1%



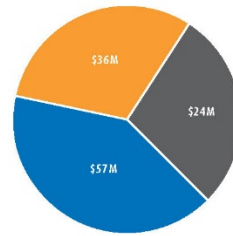
PATIENT DISTRIBUTION BY CHARGES
 ■ Medicaid: 37% ■ Medicare: 24%
 ■ Self-Pay: 21% ■ Commercial: 18%



SERVICE LINE (by charges)
 ■ General Medicine: 27% ■ Surgery: 12%
 ■ Emergency Services: 20% ■ Behavioral Health: 7%
 ■ Specialty Medicine: 16% ■ Orthopedic: 6%
 ■ Womens and Childrens: 12%



EXPENSES (in millions)
 ■ Salaries & Benefits: \$290 52%
 ■ Purch. Serv & Prof Fees: \$137 25%
 ■ Supplies & Other: \$75 14%
 ■ FRA Tax: \$25 5%
 ■ Depreciation: \$21 4%
 ■ Interest & Insurance: \$5 <1%
 TOTAL: \$553 100%



UNINSURED CARE
 ■ Medicaid and Medicare DSH Funded: \$57M
 ■ City/County Support: \$36M
 ■ Unfunded Care: \$24M
 Total Cost of Care: \$117M

*PRE-AUDIT

TMC FY18 FISCAL SNAPSHOT* – (continued)

KEY FINANCIAL RATIOS*

	FY18 ACTUAL	FY19 GOAL	LONG TERM HEALTHY TARGET
Days Cash on Hand:	15	12	25-50
Net Accounts Receivable Days:	60	60	51
Current Ratio:	1.5	1.5	1.9
Operating Margin:	1.4%	1.3%	1-3%

UNINSURED CARE (AT COST) FY 2010 to FY 2019 (\$ in Millions)



*PRE-AUDIT

TMC STATS FY18

	Health Sciences District	Lakewood	Total
Licensed Beds	249	298	547
Acute Care	249	110	359
Long Term Care	-	188	188
Hospitalized Patients	16,817	5,785	22,602
Patient Days	72,507	81,846	154,353
Acute Care	72,507	20,556	93,063
Long Term Care	-	61,290	61,290
Average Daily Census	71,255	31,972	103,227
Acute Care	199	56	255
Long Term Care	-	168	168
Births	1,838	1,590	3,428
Emergency Department Visits	59,788	27,040	86,828
Trauma	1,395	-	1,395
Surgical Cases	8,035	3,118	11,153
Clinic Visits	338,068	152,796	490,864
Medical/Surgical	194,393	133,333	327,726
Behavioral Health	143,675	19,463	163,138
Number of Unduplicated Patients	69,386	48,521	117,907
Jackson County Health Department Encounters	-	125,167	125,167
Women/Infant/Children (WIC) Visits	29,814	91,496	121,310
Medical Staff	-	-	625
Medical Residents	-	-	593

2

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Alignment to Other Community Assessment Plans

Truman Medical Centers is proud to partner with multiple health-focused organizations in the greater Kansas City region. Of particular note, relative to the Community Health Needs Assessment, TMC has priorities aligned with the Jackson County Health Department and Kansas City Health Department’s Community Health Improvement Plans.

The Jackson County Health Department’s assessment identified the following three issues

Community Members’ Priorities	Stakeholders Priorities
Distracted Driving	Overweight/Obesity
Overweight/Obesity	Alcohol/Drug Use
Alcohol/Drug Use	Mental Health

The Kansas City Health Department’s Community Health Improvement Plan includes the following issues:

1. Improve health through improvements to our education system
2. Improve health through the mitigation of violent crime
3. Improve health through improvements in economic opportunity
4. Improve health through increased utilization of mental health care and preventative services
5. Improve health through improvements to our built environment

Reflecting on these assessments, TMC’s priorities have clear alignment. From increasing access to clinical preventive services, illness care and public health services and interventions, to encouraging active living and healthy eating and addressing the issue of violence, TMC is committed to improving the health of its community.

TMC provides paths to impact these issues through direct patient care, as well as through engagement in community-wide health improvement efforts that include expanding access to health care services through new primary care access points, and delivery of neighborhood based programs such as mobile care, healthy foods and chronic disease self-management classes.

Moving forward, TMC remains an active community partner and stakeholder in Kansas City’s Community Health Improvement planning process and in the implementation of the recently approved 2016-2021 CHIP for building a Culture of Health and a Healthier Kansas City.

References

U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Community Health Needs Assessment Report (www.chna.org)

UDS Mapper (www.udsmapper.org)

Centers for Disease Control and Prevention, National Vital Statistics Systems

Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death

MO Department of Health and Senior Services, MICA

MO State Highway Patrol, UCR Query, Domestic Violence Reports

MO Juvenile Court Annual Reports

MO Department of Mental Health; Behavioral Health Epidemiology Workgroup; Community Behavioral Health Profiles

MO Department of Social Services, Children's Services Division, Missouri Child Abuse/Neglect Annual Reports

Truman Medical Center Electronic Medical Records

Kansas City Community Health Improvement Plan

Jackson County Health Department Community Health Assessment

Survey Instruments and Results

Health Sciences District Staff Survey and Results

1. TMC-Hospital Hill - Staff Priorities

This survey link is for distribution to TMC staff working at the Hospital Hill campus. There is a separate survey for community members and partner organizations. If you need a link to that survey, please contact Suzanne Alewine at 573-632-2700 or via e-mail at suzanne@cabllc.com.

* 1. From the list below, pick the 7 items that you believe are most important for Truman Medical Centers - Hospital Hill (Downtown Kansas City) to focus on.

Select the number 1 button in the 'Rank' column for the issue you think is most important; number 2 button for the issue that is 2nd most important to you, and so on through the number 7.

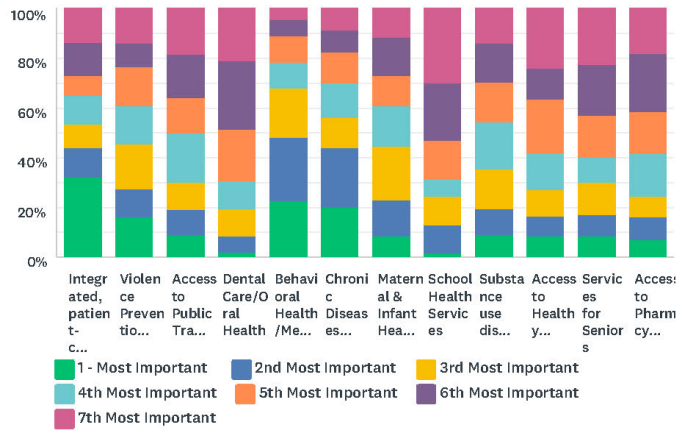
Use each number (1 through 7) only one time.

	1 - Most Important	2nd Most Important	3rd Most Important	4th Most Important	5th Most Important	6th Most Important	7th Most Important
Integrated, patient-centered care and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence Prevention (abuse, neglect, homicide, suicide, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Public Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Care/Oral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Health/Mental Health Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Diseases (Obesity, Diabetes, Heart Disease, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal & Infant Health (family planning, teen pregnancy, WIC, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorders (tobacco, alcohol, drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Healthy Foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for Seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Pharmacy Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Q1 From the list below, pick the 7 items that you believe are most important for Truman Medical Centers - Hospital Hill (Downtown Kansas City) to focus on. Select the number 1 button in the 'Rank' column for the issue you think is most important; number 2 button for the issue that is 2nd most important to you, and so on through the number 7. Use each number (1 through 7) only one time.

Answered: 293 Skipped: 0



	1 - MOST IMPORTANT	2ND MOST IMPORTANT	3RD MOST IMPORTANT	4TH MOST IMPORTANT	5TH MOST IMPORTANT	6TH MOST IMPORTANT	7TH MOST IMPORTANT	TOTAL	WEIGHTED AVERAGE
–	32.16%	12.06%	9.05%	11.56%	8.04%	13.57%	13.57%		
Integrated, patient-centered care and services	64	24	18	23	16	27	27	199	4.54
–	16.06%	11.47%	17.89%	15.60%	15.60%	9.63%	13.76%		
Violence Prevention (abuse, neglect, homicide, suicide, etc.)	35	25	39	34	34	21	30	218	4.13
–	9.17%	10.00%	10.83%	20.00%	14.17%	17.50%	18.33%		
Access to Public Transportation	11	12	13	24	17	21	22	120	3.54
–	1.83%	6.42%	11.01%	11.01%	21.10%	27.52%	21.10%		
Dental Care/Oral Health	2	7	12	12	23	30	23	109	2.9
–	22.46%	25.36%	19.93%	10.51%	10.87%	6.16%	4.71%		
Behavioral Health/Mental Health Issues	62	70	55	29	30	17	13	276	5.01
–	19.92%	24.30%	11.55%	14.34%	12.35%	9.16%	8.37%		
Chronic Diseases (Obesity, Diabetes, Heart Disease, etc.)	50	61	29	36	31	23	21	251	4.64
–	8.45%	14.55%	21.60%	16.43%	12.21%	15.02%	11.74%		
Maternal & Infant Health (family planning, teen pregnancy, WIC, etc.)	18	31	46	35	26	32	25	213	3.99
–	1.43%	11.43%	11.43%	7.14%	15.71%	22.86%	30.00%		
School Health Services	1	8	8	5	11	16	21	70	2.87
–	9.13%	10.58%	15.87%	18.75%	16.35%	15.38%	13.94%		
Substance use disorders (tobacco, alcohol, drugs)	19	22	33	39	34	32	29	208	3.75
–	8.73%	7.94%	10.32%	15.08%	21.43%	12.70%	23.81%		
Access to Healthy Foods	11	10	13	19	27	16	30	126	3.34
–	8.41%	8.41%	13.08%	10.28%	16.82%	20.56%	22.43%		
Services for Seniors	9	9	14	11	18	22	24	107	3.3
–	7.14%	9.09%	8.44%	16.88%	16.88%	23.38%	18.18%		
Access to Pharmacy Services	11	14	13	26	26	36	28	154	3.3

Community Survey

Truman Medical Centers is completing a Community Health Needs Assessment as part of its on-going effort to meet the health-related needs of the community and its patients. This survey is targeted to community organizations. The survey should take less than 10 minutes.

* 1. Name of your organization.

* 2. My responses relate most directly to:

- TMC - Hospital Hill (Downtown)
- TMC Lakewood (Independence)
- Both Hospital Locations

3. From the list below, pick the 7 items you believe are most important for Truman Medical Centers to focus on.

Select the number 1 button in the "Rank" column for the issue you think is most important; number 2 button for the issue that is 2nd most important to you, and so on through the number 7.

Use each number (1 through 7) only 1 time. Not every issue will be ranked.

	1 - Most Important	2nd Most Important	3rd Most Important	4th Most Important	5th Most Important	6th Most Important	7th Most important
Integrated, patient-centered care and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence prevention (abuse, neglect, homicide, suicide, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care/Oral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral health/Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic diseases (obesity, diabetes, heart disease, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal & infant health (family planning, teen pregnancy, WIC, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorders (tobacco, alcohol, drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy food access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Below is a list of community services that are typically important in addressing the health needs of a community. Please check any services you think need strengthening in terms of:

Availability - The availability of health care services impacts an individual's quality of life. Availability refers to the existence of services in convenient locations with hours of operation that reflect patient and community needs. While services may exist (i.e. be available), it may not necessarily mean they are accessible (refer to the next item).

Access - "Access to health care measures accessibility to needed primary care, health care specialists, and emergency treatment. While having health insurance is a crucial step toward accessing the different aspects of the health care system, health insurance by itself does not ensure access. There are barriers to access in some populations due to lack of transportation, lack of knowledge, long waits to get an appointment, low health literacy, and inability to pay." <http://www.countyhealthrankings.org/health-factors/access-care>

Quality - The services available are high quality and designed to meet patient and community needs.

You may check more than one box for each item, and you may leave items blank. You do not need a response for each item - mark only those you think need improvement.

Remember, this question asks you to identify any areas where you believe we have an opportunity to strengthen services (i.e. choose the items that you believe have room for improvement).

	Availability	Access	Quality
Health Care Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Care/Oral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Self Management (i.e. nutrition, exercise, taking medications, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aging Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Pain Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Safety Net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Availability	Access	Quality
Environmental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Detection and Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice/End of Life Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal, Infant and Child Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

5. What changes should be made to improve programs, or access to programs, for medical, dental and/or mental health care? (Please select up to 3 items)

- Increase funding
- Improve communication so community members are aware of resources
- Find new ways to bring providers to area
- Single point of access for care
- Place services in neighborhoods

Other (please specify)

6. Please list your zip code:

ZIP/Postal Code:

We appreciate your time and participation in this survey. Please contact Suzanne Alewine at 573-632-2700, or via e-mail at suzanne@cabllc.com if you have any questions regarding the survey or its intended use.