

John Fitzgibbon Memorial Hospital, Inc.

Community Health Needs Assessment

Spring 2013



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*Fitzgibbon Hospital is a
501(c)3 not-for-profit
community hospital*



Spring 2013

Dear Community Member,

In this era of changing healthcare laws, hospitals and healthcare providers must ensure their ability to provide the right care to their communities at the right time and in the most effective manner.

In order to determine what care is needed in our community, and to gain a better understanding of the community we serve, Fitzgibbon Hospital, along with key community health stakeholders, has conducted a Community Health Needs Assessment (CHNA), as required by federal law. Only by understanding our community's needs can Fitzgibbon Hospital ensure it is responsive to the people it serves, developing programs and services – sometimes in collaboration with other agencies – to best benefit the community. Special thanks to all agencies and individuals who provided input for the survey, especially our partnering agencies: Salt Fork YMCA, Saline County Health Department and Marshall Housing Authority. Additional thanks to Jack Uhrig, M.D., Melanie Elfrink, M.D., Marshall Public Schools and Powerhouse Community Development Corporation.

Our assessment incorporated components of primary data collection and secondary data analyses, which focused on the health and social needs of Fitzgibbon Hospital patrons and those living in our service area. Using assessment data, identified health needs were prioritized. Strategies for addressing the top three health needs identified within the community were adopted by the Fitzgibbon Hospital Board of Trustees, as outlined in the CHNA Implementation Plan. The plan takes into consideration the mission of the hospital, its short and long term strategic plan, the health needs of our community and input from our community partners and their respective strategic plans.

Uniting to improve the health of our community can only be beneficial for everyone. As the community's hospital, Fitzgibbon is committed to finding impactful health programs, services and strategies which will improve our community's health. Working together, we can have a healthier future in Saline County.

Sincerely,

Ronald A. Ott
President/CEO
Fitzgibbon Hospital

For more information about Fitzgibbon Hospital's 2012-2013 Community Health Needs Assessment and Implementation Plan, contact:

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Fitzgibbon Hospital Community Health Needs Assessment

I. EXECUTIVE SUMMARY

Fitzgibbon Hospital is located in Saline County which is an agriculturally focused county centrally located within the mid-Missouri region. Topography here includes large expanses of row crops and wide open spaces. The primary employers are agricultural food processing plants and related industries. Farming and agricultural-related businesses are the primary revenue base. Along with the surrounding counties, Saline County suffers from significant health disparities. The population of Saline County per the 2010 census was 23,370. Of these residents, 86.2% were White, 5.3% were African American, and 8.2% were Hispanic or Latino.

In January 2012, Fitzgibbon Hospital identified key staff members to begin work on a comprehensive Community Health Needs Assessment, under the guidance of the Board of Trustees with input regarding recommended steps from the Missouri Hospital Association. Key community health and social service stakeholders were engaged to assist in the process to ensure input from the underserved, chronically ill, low income and minority populations in our service area. Key community partners involved in the process were:

Fitzgibbon Hospital
Saline County Health Department
Salt Fork YMCA
Marshall Housing Authority

To ensure public health experts could provide their expertise the committee sought input from the following:

Saline County Health Department
Fitzgibbon Hospital primary care site nurses
Jack Uhrig, M.D., private practice physician
Melanie Elfrink, M.D., Saline County Health Department
Marshall Public School nursing staff
Rev. Charles Stephenson, executive director of Powerhouse Community Development Agency

Our primary data collection vehicle was an online 38-question survey, seeking input regarding demographics and health status. In order to seek input from the medically underserved, chronically ill and low-income individuals and to ensure input from the overall population, survey intake staff was positioned on-site at community partner locations. In addition, survey intake staff was positioned at hospital-operated rural health clinics in Marshall and Slater, MO., and the Marshall Senior Center. The survey was also available to the public via a link on the hospital's main website for a six-week period, from August 30, 2012 to October 11, 2012. Notices encouraging public input and survey completion were broadcast on local radio and distributed via the local newspaper on multiple dates during the survey period. Survey staff also conducted a series of targeted interviews and focus groups with representatives from agencies serving low-income and other medically underserved individuals.

Other primary data sources included a review of the hospital's top diagnoses codes for inpatient and outpatient care, as well as the most common reasons for hospital readmissions for same diagnosis within 30 days. Secondary data reviewed include "County Health Rankings," compiled by the Roberts

Woods Johnson Foundation, and the Missouri Hospital Association's 2012 reports, "Assessing the Health of Our Communities (Health Behaviors and Outcomes Report and AHRQ Preventable Hospitalizations)."

Primary data response to the question: "What are the most pressing health problems in our community" are as follows:

What are the most pressing health problems in our community? (Select all that apply)		
Answer Options	Response Percent	Response Count
Ability to pay for care	70.1%	241
Alcohol – dependency or abuse	36.6%	126
Alcohol – underage binge or abuse	23.5%	81
Drug abuse – prescription medications	41.0%	141
Drug abuse – illegal substances	51.5%	177
Cancer	47.1%	162
Child abuse	16.3%	56
Cost of health care	59.6%	205
Domestic violence	15.7%	54
Lack of health insurance	62.2%	214
Lack of transportation to health care services	29.1%	100
Lack of dental care	36.3%	125
Lack of prenatal care	8.1%	28
Mental health	32.3%	111
Obesity in adults	63.7%	219
Obesity in children and teenagers	48.5%	167
Prescription medication too expensive	44.5%	153
Teen pregnancy	31.7%	109
Tobacco use/smoking among adults	46.5%	160
Tobacco use/smoking among teenagers	39.5%	136
Other (please specify)		22
	<i>answered question</i>	344
	<i>skipped question</i>	46

In selecting the health issues prioritized for action, CHNA committee members and partners considered the following: social determinants of health status in our community; each agency's mission, vision, and strategic plans; and current health programming offered by each partner. Opportunities for collaboration to further improve community health status were a key focus.

After a thorough analysis of primary and secondary data, the partners agreed that the following health issues should be prioritized for action:

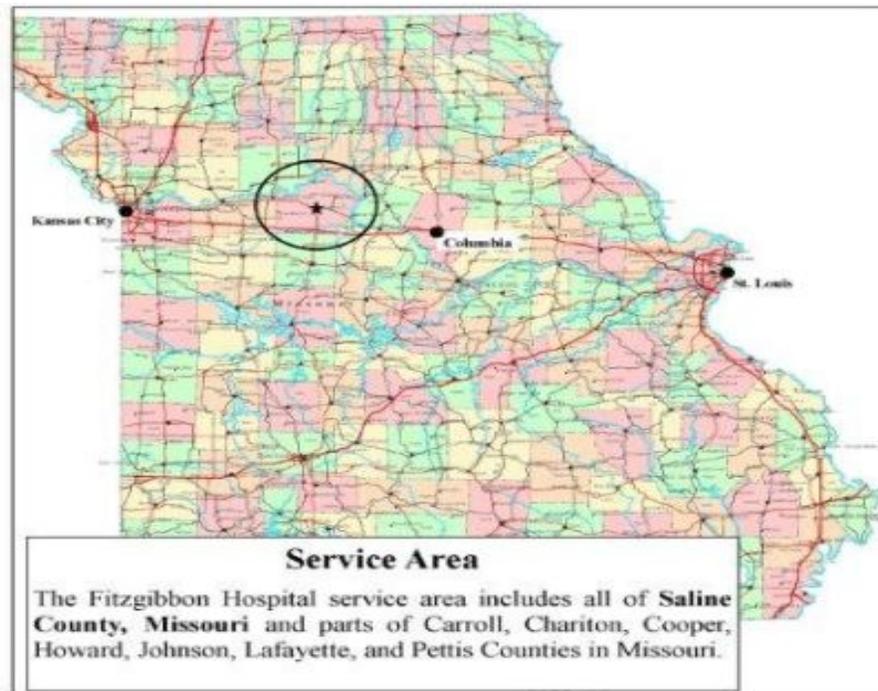
- Obesity and related chronic diseases including heart disease, high cholesterol, diabetes and high blood pressure
- Smoking and related chronic disease such as cancer, childhood asthma and chronic obstructive pulmonary disease (COPD)
- Preventative care and wellness

Fitzgibbon Hospital Community Health Needs Assessment

II. OUR COMMUNITY DEFINED

Description of the Community Served by Fitzgibbon Hospital:

Fitzgibbon Hospital is a small, rural west central Missouri hospital, located within Saline County. The Missouri River serves as the northern and much of the eastern border of Saline County. Six counties surround Saline County, with Lafayette to the west, Carroll and Chariton on the north, Howard and Cooper at the east, and Pettis to the south.



Because of the unique location of this county, along with a review of market penetration data for inpatient as well as outpatient services, Saline County was identified as the focal area of service for Fitzgibbon Hospital. The CHNA Committee examined internal discharge data and found 81% of hospital discharges were Saline County residents. The organization's secondary service area is such a small portion of the contiguous counties indicated above, consideration of health related issues for the six other counties for this purpose is felt to be impractical, as well as potentially distorting to the data found to be relative within Saline County

County Information:

Saline County was formed November 25, 1820, and was named after the salt mines that are found in the region. The county covers 756 square miles and Marshall is the county seat. Other small towns in the county include: Slater, Sweet Springs, Malta Bend, Gilliam, Nelson, Blackburn, Miami and Arrow Rock.

Zip Codes Served by Fitzgibbon Hospital:

<u>Town</u>	<u>Zip</u>	<u>County</u>	<u>Town</u>	<u>Zip</u>	<u>County</u>
Arrow Rock	64320	Saline	Brunswick	65236	Chariton
Blackburn	65321	Saline	Keytesville	65261	Chariton
Gilliam	65330	Saline	Mendon	64660	Chariton
Grand Pass	65339	Saline	Salisbury	65281	Chariton
Malta Bend	65339	Saline	Sumner	64681	Chariton
Marshall	65340	Saline	Triplett	65286	Chariton
Miami	65344	Saline	Blackwater	65332	Cooper
Napton	65340	Saline	Glasgow	65254	Howard
Nelson	65347	Saline	Alma	64001	Lafayette
Slater	65349	Saline	Concordia	64020	Lafayette
Sweet Springs	65351	Saline	Corder	64021	Lafayette
Bogard	64622	Carroll	Dover	64022	Lafayette
Bosworth	64623	Carroll	Emma	65327	Lafayette
Carrollton	64633	Carroll	Higginsville	64037	Lafayette
DeWitt	64639	Carroll	Waverly	64096	Lafayette
Hale	64643	Carroll	Green Ridge	65332	Pettis
Norborne	64668	Carroll	Hughesville	65334	Pettis
Stet	64680	Carroll	Sedalia	65301–65302	Pettis
Tina	64682	Carroll			
Wakenda	64687	Carroll			

Population:

The population density of Saline County is 30.9 persons per square mile. As shown below, the population of Saline County has declined slightly since 1980 with a 1.62% decline from 2000 to 2010.

County Populations			
1980	1990	2000	2010
24,916	23,523	23,756	23,370

Sex

Males	11,577	49.5%
Females	11,793	50.5%

Age

	Number	%
17 years & under	5,396	23.1
18 to 64 years	14,275	61.1
65 and over	3,699	15.8
Median Age	38.2	

Race

	Number	%
White	20,135	86.2
Black or African American	1,235	5.3
Hispanic or Latino (of any race)	1,925	8.2

Missouri Census Data Center: SF1 2010 Profile Report, Saline County. Retrieved on December 8, 2012 at:

http://mcdc1.missouri.edu/cgi-bin/profiler/profiler.py?profile_id=SF1_2010&geoids=05000US29195

At Risk Population:

In 2012, Saline County had 4,942 people enrolled in Medicaid (MoHealthNet). There were an average of 257 families per month receiving temporary assistance and an average of 4,584 people per month receiving food stamps. From 2007-2011 Saline County had 19.5% of its population living in poverty, compared to the Missouri state average of 14.3%, according to the Missouri Department of Social Services.

Mo Dept of Social Services: Quickfacts about DSS – Saline SFY 2012 Retrieved on January 20, 2013 at:

<http://www.dss.mo.gov/mis/cqfacts/county-quick-facts-2012/saline-quick-facts-2012.pdf>

Unique Community Characteristics:

Missouri Valley College:

Founded by Presbyterians in 1889, Missouri Valley College located in Marshall, Missouri, is a private, coeducational, career-oriented, liberal arts college with a student body of 1,400. Students attending Missouri Valley come from all 50 states and 40 foreign countries.

Salt Fork YMCA:

In communities across the nation, the YMCA is a leading voice on health and well-being. With a mission focused on balance, the YMCA brings families closer together, encourages good health and fosters connections through fitness, sports, fun and shared interests. As a result, millions of youth, adults and families are receiving the support, guidance and resources needed to achieve greater health and well-being for their spirit, mind and body.

Marshall Parks and Recreation:

The parks in Marshall are open for comfort, relaxation, fitness and family entertainment in a safe and welcoming environment for everyone. Activities are planned for all ages and venues including the modernized Marshall Aquatic Center, 18 hole golf course, 36 hole disc golf course, shelter houses and much more. The Parks Department operates a number of youth-oriented activities for health and wellness.

Butterfield Youth Services (BYS):

Established in 1963, BYB provides treatment and care for severely emotionally disturbed children through residential care, therapeutic foster care and day treatment programs in seven separate ranches and a Child and Family Therapy Center.

Other Health Data and Health Services Available in the Area:

Health Professional Shortage Area (HPSA):

In Saline County, Missouri, the population group identified as “low income” is officially classified as a Health Professional Shortage Area in all three provider types:

- Primary Care (HPSA ID #1299992964) at a score of 16
- Dental (HPSA ID #6299992976) at a score of 17
- Mental Health (HPSA ID #7299992952) at a score of 16

Medically Underserved Population (MUP):

The population in our service area qualifies as a Medically Underserved Population in that Fitzgibbon Hospital operates three federally designated Rural Health Clinics, one of which (Marshall Family Practice) has been named a National Health Services Corps approved site for both loan repayer and scholar programs, offering medical professionals who apply and are accepted into the program, forgiveness for a percent of their student loans in exchange for service at the site. Loan forgiveness varies based on years of service.

Community Health Centers:

While no Community Health Centers (Federally Qualified Health Centers) are located in Saline County, several physician practices operate as Provider-Based Rural Health Clinics:

- Marshall Family Practice, Marshall, MO
- Missouri Valley Physicians, Marshall, MO
- Akeman-McBurney Clinic, Slater, MO

I-70 Community Hospital-Sweet Springs, MO, which is a 15-bed critical access, for-profit hospital located in the southwestern part of Saline County. It also operates a Rural Health Clinic.

An extensive listing of health care and health services provided in the community is detailed in Section IV, Resource Inventory.

Fitzgibbon Hospital Community Health Needs Assessment

III. PROCESS, COMMUNITY INPUT AND FINDINGS

Fitzgibbon Hospital President and CEO, Ronald Ott, identified key hospital personnel to serve on the newly formed CHNA Committee in early 2012. The Committee was charged with the following responsibilities:

- Interpreting and understanding CHNA requirements and deadlines
- Identifying primary and secondary data sources
- Identifying key community partners along with targeted interview and focus group contacts
- Developing the organization's CHNA instrument and methodology
- Developing targeted interview questions including identification of our community's population health experts
- Compiling and interpreting the data accumulated through surveys, targeted interviews and focus groups
- Achieving consensus, with our identified community partners, citizens and public health experts, in identifying the top health issues facing our community
- Identifying the top 3 health issues for Saline County with Management Executive Council approval
- Communicating with the Management Executive Council for input and project re-direction if necessary
- Developing Fitzgibbon Hospital's implementation strategy to address the findings of the CHNA
- Reporting periodically to and approval by the Fitzgibbon Hospital Board of Trustees

Specifically, the following Fitzgibbon Hospital employees served on the CHNA Committee:

<u>Name</u>	<u>Title</u>
Roberta Nienhueser, CPA	CFO, Liaison to hospital Board of Trustees
Nancy Harris	Controller
Amy Weber	Manager, Managed Care, Business Development
Roberta Griffitt, RN, MSN, CHPN	Manager, Community Services
Michael Winterton	Manager, Fitzgibbon Outpatient Clinics
Mary Keller	Foundation Officer

Monthly committee meetings convened beginning in March 2012. Members of the CHNA committee sought guidance from the Missouri Hospital Association via phone conference call and email and attended its series of educational conference calls on conducting a Community Health Needs Assessment. They also reviewed resultant MHA-published "Issue Briefs" which provided a step-by-step guide for hospitals. Representatives from the committee attended an MHA-sponsored conference, "Implementing Your CHNA Plan: The Next Steps" to glean information about how most effectively to collaborate as a community. In addition, the CHNA committee convened a conference call from the organization's accounting firm, BKD, LLP to ensure action steps would result in compliance with the Patient Protection and Affordable Care Act requirements.

The committee considered the feasibility and cost involved to utilize either an outside consulting firm or independent contractor to perform the CHNA on its behalf. The committee concluded that existing staff had the expertise and relationships with key health care providers and public health experts to successfully engage stakeholders in community health and conduct the CHNA on its own. Thorough consideration of these many forms of guidance resulted in the committee's decision to utilize "Survey Monkey," a recommended online survey tool as its primary survey instrument. Staff-conducted targeted interviews and small focus groups would be supplemental sources of primary data, to ensure input from representatives of public health and underserved sectors of the population.

In preparing to conduct the CHNA, the committee took an in-depth look at the hospital's service region and primary data sources. The committee pulled and analyzed diagnoses and demographic data for inpatient admissions and outpatient services rendered for the prior 12-month period and reviewed similar data from the Hospital Industry Data Institute. Secondary data included the Robert Wood Johnson Foundation's "County Health Rankings" and the Missouri Hospital Association Community Health Profile 2010, county health data. A comprehensive schedule of area agencies, community organizations and large employers was compiled together with our interview schedule as appendix section of this report.

In selecting partnering agencies for development of the CHNA, the committee analyzed the hospital's geographic service area, which includes more than 35 zip codes, patient demographic data, agency participation readiness, agency viability and agency maturity. The goal was to select organizations with a true pulse of public health awareness, as well as agencies which represent demographics paralleling those of the community at large. This included input from agencies serving lower socioeconomic status individuals, chronically ill individuals and the medically underserved. (See Appendix 3) Community partners, targeted interviews and focus groups were chosen from the 65340 (Marshall, MO) and 65349 (Slater, MO) zip code areas.

Secondary Data:

Secondary data on the health status of our community is plentiful. Pertinent highlights and secondary data were analyzed from the a widely recognized source of data collection, County Health Rankings & Roadmaps website, published by the respected Robert Woods Johnson Foundation. The Community Health Status Indicators website offered through the U.S. Department of Health & Human Services, as well as the Missouri Hospital Association were consulted.

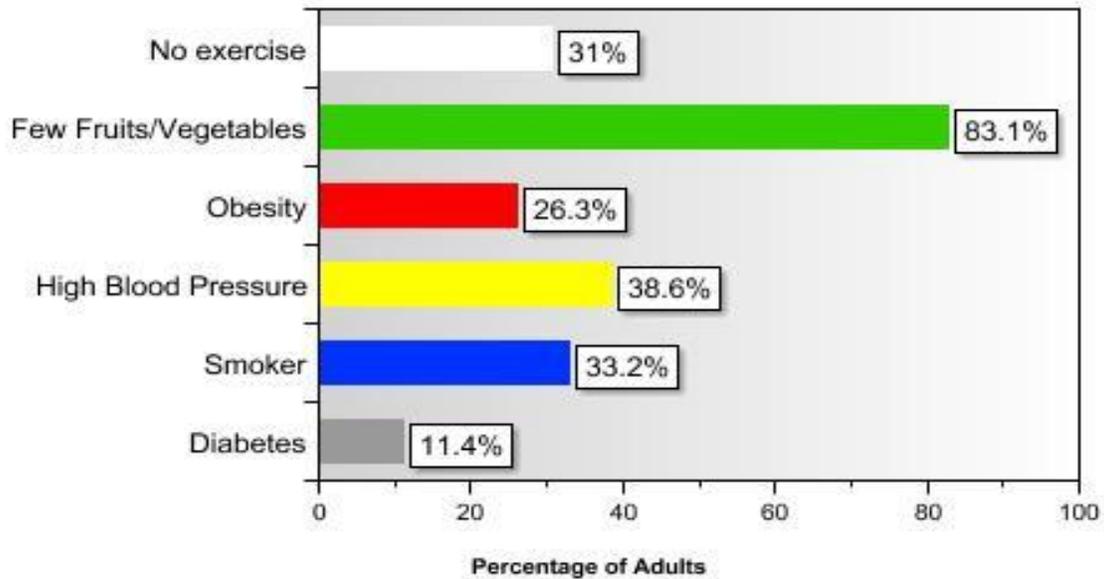
Health Outcomes: *County Health Rankings* represent how healthy a county is. Two types of health outcomes are measured: how long people live (mortality) and how healthy people feel while alive (morbidity). Overall, Saline ranks 50th out of 115 Missouri counties in health outcomes.

Health Factors: Health factors in the *Robert Woods Johnson County Health Rankings*, displayed on the following graph, represent what influences the health of a county. Four types of health factors are measured: health behaviors, clinical care, social/economic, and physical environment factors. Each of these factors is based on several measures. A fifth set of factors influencing health (genetics and biology) is not included in the *Rankings*. Saline County ranks 47th in Health Factors among 115 Missouri counties.

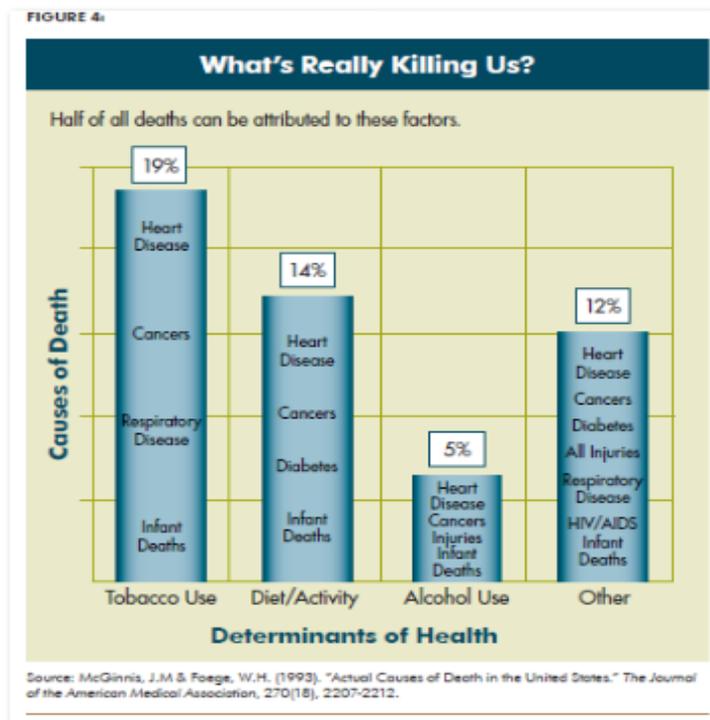
2012	Saline County	National Benchmark*	Missouri	Rank (of 115)
Health Outcomes				50
Mortality				65
Premature death	8,719	5,466	7,981	
Morbidity				31
Poor or fair health	15%	10%	16%	
Poor physical health days	2.7	2.6	3.6	
Poor mental health days	3.7	2.3	3.7	
Low birthweight	7.5%	6.0%	8.1%	
Health Factors				47
Health Behaviors				81
Adult smoking	28%	14%	24%	
Adult obesity	31%	25%	31%	
Physical inactivity	30%	21%	28%	
Excessive drinking	19%	8%	17%	
Motor vehicle crash death rate	27	12	19	
Sexually transmitted infections	258	84	438	
Teen birth rate	42	22	44	
Clinical Care				16
Uninsured	19%	11%	15%	
Primary care physicians	869:1	631:1	1,015:1	
Preventable hospital stays	87	49	75	
Diabetic screening	89%	89%	84%	
Mammography screening	70%	74%	65%	
Social & Economic Factors				62
High school graduation	85%		86%	
Some college	51%	68%	61%	
Unemployment	8.3%	5.4%	9.6%	
Children in poverty	27%	13%	21%	
Inadequate social support	22%	14%	19%	
Children in single-parent households	38%	20%	32%	
Violent crime rate	177	73	518	
Physical Environment				31
Air pollution-particulate matter days	0	0	0	
Air pollution-ozone days	0	0	7	
Access to recreational facilities	13	16	10	
Limited access to healthy foods	2%	0%	8%	
Fast food restaurants	52%	25%	47%	

* 90th percentile, i.e., only 10% are better. Note: Blank values reflect unreliable or missing data

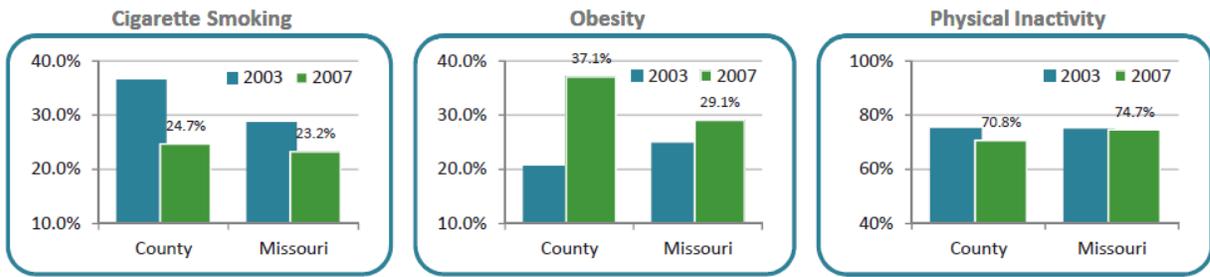
Risk Factors for Premature Death in Saline County, 2009



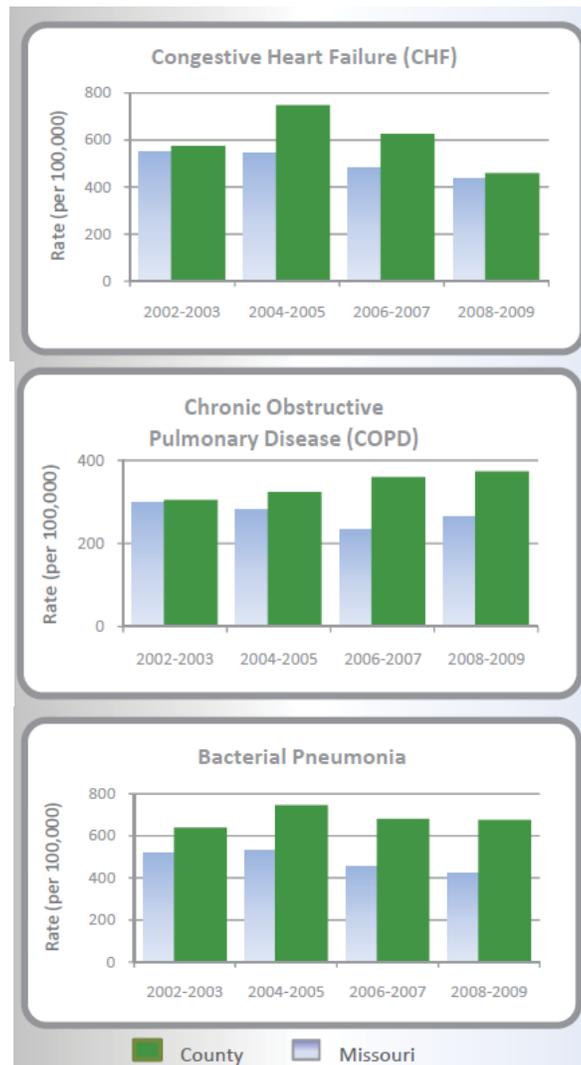
Missouri Hospital Association: The Missouri Hospital Association published a 2010 report, “*Assessing the Health of Our Communities: Health Behaviors and Outcomes Report*”, outlining county level data regarding health outcomes for the population. The report cites a landmark study by McGinnis and Foegen in 1993 which details how about half of all deaths in the United States are a result of lifestyle choices.



Saline County data illustrate disturbing differences between state and local health behaviors.



In addition, the Missouri Hospital Association published a companion document, *“Assessing the Health of Our Communities: AHRQ Preventable Hospitalizations”* (MHA, 2010) providing county-level quality indicators for preventable hospitalizations that are also alarming. In statewide priority conditions of congestive heart failure, chronic obstructive pulmonary disease, and bacterial pneumonia (two of which are chronic illnesses), Saline County ranks higher in these preventable hospitalizations than Missouri averages.



Health Care Coalition of Lafayette County: The committee also considered the findings of a comprehensive health needs assessment conducted by Shoreline Inc., on behalf of the Health Care Coalition of Lafayette County in 2009. Published results of the survey, which was designed to elicit health care concerns faced by persons aged 65 and over also were reviewed. There were a total of 817 respondents from the area counties of Lafayette, Carroll, Saline and Ray. Although only 15.6% of the participants were from Saline County, seniors clearly experience a range of diminished health related to chronic disease, including depression and anxiety, high blood pressure, heart problems, diabetes and pain. In addition, those with advanced age, 80 and older face barriers with seeking medical care due to a lack of transportation.

Missouri Valley Community Action Agency (MVCAA): MVCAA, a not-for-profit, community action agency serves Carroll, Chariton, Johnson, Lafayette, Pettis, Saline and Ray counties. It administers federal and state funds and oversees programs for those in poverty. In 2011, the agency conducted an assessment of community needs related to employment, education, housing, income, nutrition, and health care. The MVCAA report closely mirrors the Saline County data outlined in the County Health Rankings as it relates to health outcomes, health factors, clinical care and social and economic factors.

Primary Data:

Prior to launching our survey tool for the general public, the Committee sought input from the broader interests of the community served by the hospital. Selection of partners and locations for focus groups and targeted interviews ensured input from experts in public health and the underserved. Proposed questions for inclusion in the survey were presented to representatives from partner agencies. Revisions and input was considered prior to collecting the primary data.

Online survey – In the interest of budgetary restrictions and post-survey analytical capacity, the committee selected “Survey Monkey” as its primary tool.

Dissemination of Survey Tool:

The survey was available to the public via a link on the hospital’s main website for a six-week period, from August 30, 2012 to October 11, 2012. Notices encouraging public input and survey completion were broadcast on local radio and cable TV and distributed via the local newspaper on multiple dates during the survey period. News articles appeared on the front page of the area daily newspaper in addition to several advertisements run as a public service by the Democrat-News. There were multiple links to the Fitzgibbon website via the area daily newspaper and radio station. Partnering agencies also posted links on their website direct to the survey tool.

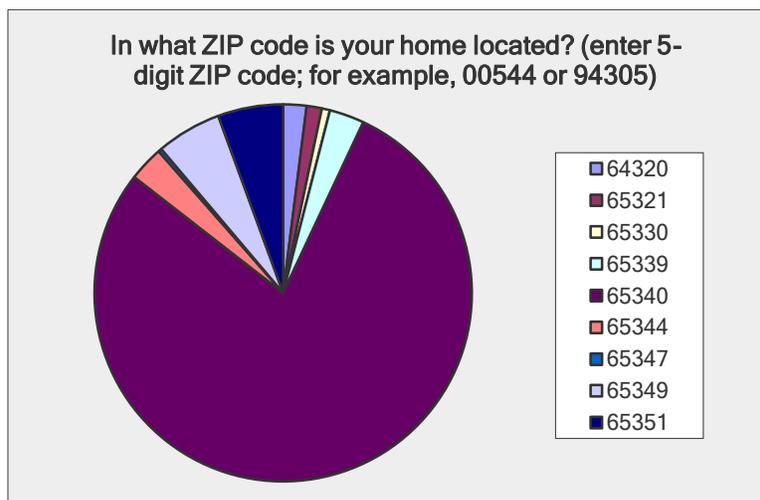
The committee publicized the availability of the online survey via a comprehensive media plan utilizing the following methods of dissemination:

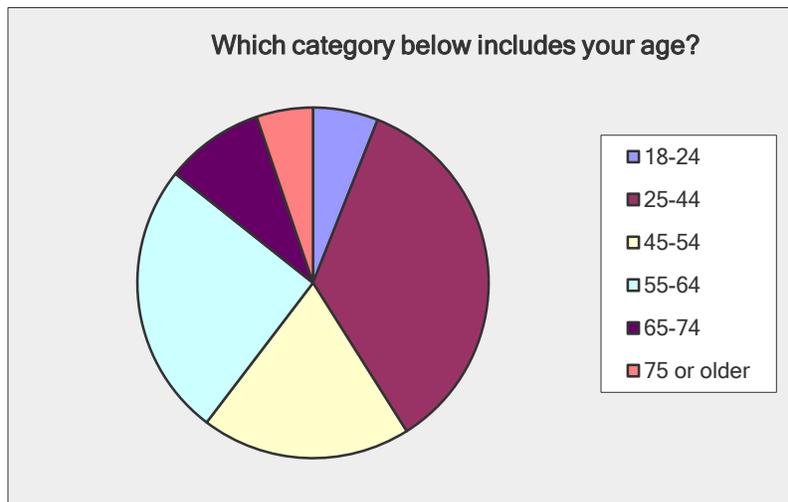
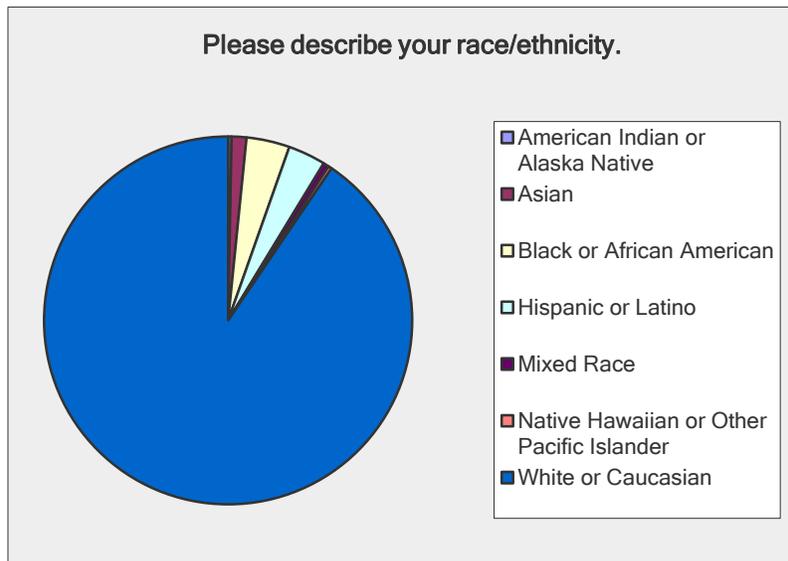
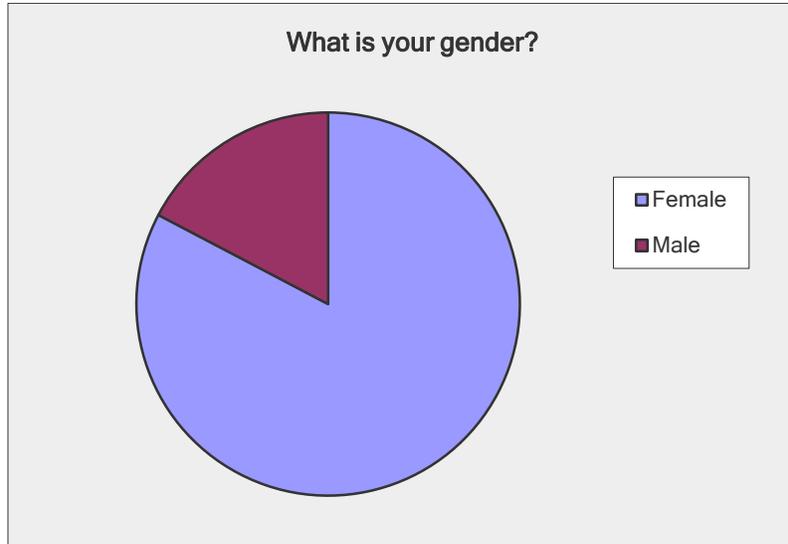
- *The Democrat-News* daily newspaper
- *The Slater News-Rustler* weekly newspaper
- *The Santa Fe Times* weekly newspaper
- *The Sweet Springs Herald* weekly newspaper
- Windjammer Cable-rolling public service announcement

- KMMO radio – public service announcements, advertising spots and “Community Spotlight” interview.
- KMZU radio news release and ads
- KRLI radio news release and ads
- Letters to civic groups and governmental officials
- Letters to area school districts
- Letters to private physician and dental practices
- Letters to community action agencies and mental health agencies
- Fitzgibbon Hospital employee email notification
- Fitzgibbon Hospital phone “on-hold” messaging
- Fitzgibbon Hospital employee newsletter, internal “intranet” and video bulletin board
- Partner email notification with request to distribute to client base via email and newsletter
- Marshall Chamber of Commerce
- Marshall Ministerial Alliance bulletins
- Promotional flier distribution

To ensure individuals without access to computers or internet had the opportunity to provide their input, a management staff member stationed himself onsite at the following partner agencies with a dedicated laptop: Marshall Housing Authority, Marshall Senior Center, Saline County Health Department and the Salt Fork YMCA. This occurred periodically over a period of 11 days. He personally solicited individuals to complete the survey, answered questions and assisted in troubleshooting, if necessary. However, a very limited number of respondents were willing to complete the on-line survey at any of these locations. While this may represent a gap in information, in order to ensure input from the underserved, we engaged representatives from public health, and agencies serving the chronically ill via targeted interviews and focus groups.

Paper surveys were also distributed upon request. A total of 390 community members provided feedback via the survey tool. Demographic synopsis of those who completed the on-line survey tool follows:





Focus Groups and Targeted Interviews:

To supplement actual survey results and to ensure input from public health experts and those with significant expertise in managing those with chronic disease, another strategy chosen to gain feedback about potential health care needs was through targeted interviews and focus groups. During these sessions, hospital representatives went on-site to the agencies and asked a series of open-ended questions, as recommended by the Missouri Hospital Association. Open discussion ensued and answers to questions were recorded and later analyzed. The goal was to garner excellent, basic qualitative feedback about healthcare issues with individuals who could best articulate facts about the population's health because of years serving this population. These community members, detailed below, add another unique perspective of community health issues.

Focus Groups:

1. Marshall Public School nursing staff, 9/12/12 (Maggie Hirt, LPN, 5 years as school nurse; Laura Stewart, LPN, 13 years; Virgie Simmerman, LPN, 32 years; Vicki Tucker, LPN, 12 years; Rosie Hammer, LPN, 15 years; Nancy Wiseman, RN, 7 years); targeted population from this group were children from the broad spectrum of socioeconomic groups who attend public school in Marshall.
2. Saline County Health Department staff 10/3/12 (Lisa Thomas, R.N., 7 years in health department; Beth Thomason, Children & Youth Special Healthcare Needs [CYSHN] service coordinator, 6 years; Leslie Pointer, R.N., 4.5 years; Anna Barlow, Registered Dietitian, 9 years; Elizabeth Frerking, R.N., 7 years; Karen Meyer, Environmental Public Health Specialist, 3.5 years; Terri Gates, CYSHN support staff, 16 years; Tara Brewer, CYSHN service coordinator, 7 years); targeted population were public health experts serving lower socioeconomic groups; the health department provides reduced-cost health services and (WIC) Women's, Infant and Children's services.
3. Fitzgibbon Community Services nursing staff 9/14/12 (Amy Johnson, R.N., 6 years experience in home care; Dana Melies, LPN, 21 years; Deborah Waller, R.N., 6 years; Jacquelyn Mach, LPN, 23 years; Sharon Carver, R.N., 17 years; Rochelle Koch, R.N., 1 ½ years; Carol Henning, R.N, 10+ years; Roberta Griffitt, R.N., 16 years; Ann Aulgur, R.N., 16 years; Lynne Chevalier, LPN, 16 years); targeted populations were the frail, elderly or disabled patients with chronic disease.
4. Marshall Family Practice nursing staff 12/6/12 (Cindy Crawford, R.N., & Kym Lane, LPN); targeted population was broad spectrum of patients receiving care in a Rural Health Clinic setting serving many low-income patients with chronic disease. This site is participating in a state demonstration project acting as a Primary Care Health Home for the Medicaid population.

Targeted Interviews:

1. Charles Stephenson, Powerhouse Community Development Corporation executive director, conducted on 9/12/12; a social advocacy organization whose targeted population includes youth, former prison inmates and other community members with an emphasis on public-private partnerships and collaboration toward self-sufficiency, health, parenting and community safety.

2. Jack Uhrig, M.D., Missouri Valley Physicians primary care provider, conducted on 9/7/12; private practice physician with more than 30 years of internal medicine practice experience; targeted population includes broad spectrum of community and those with chronic disease.
3. Melanie Elfrink, M.D., Saline County Health Department, conducted on 9/18/12; former private practice primary care physician who serves patients at the Saline County Public Health Department seeing those primarily with limited resources.
4. David Hayes, executive director, Marshall Housing Authority, conducted on 8/21/12; targeted population includes low income, elderly and individuals who are income-eligible for public housing assistance.
5. Lisa Huesgen, R.N., Cargill industries nurse, 10/9/12; lead nurse at local food processing plant, one of the largest employers in the community with a large Spanish-speaking employment base.

Targeted Interview and Focus Group Feedback:

The analysis of direct survey responses validated secondary data findings. The health needs facing our community identified via focus groups and targeted interviews are as follows: obesity, chronic diseases (heart disease, lung disease, diabetes, etc), abuse/neglect, mental health issues, uninsured and under-insured individuals, tobacco use and unhealthy behaviors, such as sedentary lifestyles.

These groups identified the most beneficial services available as: Fitzgibbon Hospital, primary care providers, Ministerial Alliance, Powerhouse Community Development Corp, the Saline County Health Department, local pharmacies offering low-cost generic medications and the local food pantry.

The two biggest gaps in services and resources identified are the lack of urgent care for after hours medical care and medical services available for uninsured or under-insured.

The most-cited recommendations made were:

1. Promotion of services that already exist in the community as many lack knowledge about what is available, and also to develop a centralized directory for those services and other resources for easy reference.
2. Increase easy access to preventative care services, including on-site clinic days at industrial work sites.
3. Engaging the Hispanic population for input about health services needed.
4. Engaging the fast food industry to offer healthier selections.

Additional Internal Primary Data from Fitzgibbon Hospital:

Factors Contributing to Hospital Re-Admissions Within 30-days:

Rene Boland, RN, MSN, Clinical Nurse Specialist at Fitzgibbon Hospital, scrutinizes patient charts for factors that may have led to a patient's readmission within 30 days of discharge. She examines potential failures in care, including whether evidence-based standards of care were followed. This data is then shared with hospital staff through a continuous performance improvement project. The goal is to reduce unnecessary patient readmissions and determine if alternative care settings or interventions could help avert future acute events.

This process revealed the top seven diagnoses for patient readmissions as: chronic obstructive pulmonary disease, pneumonia, heart failure, cardiac arrhythmia, pancreatic disorders, cellulitis, and urinary/kidney Infections.

CHNA Committee Overall Findings:

The CHNA committee aggregated and analyzed primary and secondary data sources at length. The committee compared the raw secondary and primary data and took inventory of existing services and programming which address identified health needs. Consideration of community resources, budgetary constraints, available personnel and hospital “mission and vision” were all considerations in selecting which health needs to prioritize and address through the CHNA implementation plan strategy. The committee used a Decision Matrix (see below) in determining the following health needs which will be targeted for interventions by the CHNA committee in the implementation plan:

- Obesity and related chronic diseases including heart disease, high cholesterol, diabetes and high blood pressure
- Smoking and related chronic disease such as cancer, childhood asthma and chronic obstructive pulmonary disease (COPD)
- Preventative care and wellness

Additional health concerns were identified by respondents to the online survey, targeted interviews and focus groups. When the online survey asked, “What are the most pressing health problems in our community” the response rate showed the following issues at 30% or more:

- Cost and ability to pay for care
- Alcohol and drug abuse
- Cancer
- Lack of health insurance
- Lack of dental care
- Mental Health concerns
- Cost of prescription medication
- Teen pregnancy

While a community stakeholder group was made aware of these findings, a clear correlation between disease states identified in both primary and secondary data showed intervention into the three targeted health issues of obesity, tobacco use and increasing awareness of health and wellness would be the most impactful to the highest number of residents in our community. Additionally, interventions into these areas were within the scope and mission of the agencies who agreed to collaborate on interventions. An outward “ripple effect,” however, of increasing awareness of healthy behaviors may create a secondary positive impact on the issues not targeted for direct interventions, as noted above. The collaborative group of community stakeholders (see Implementation Plan) developed targeted strategies to address the prioritized issues and were given detailed findings of the community health needs assessment.

In determining the final priority for implementation, the committee used the Roberts Woods Johnson Foundation County Health Rankings Model, (see Implementation Plan) together with the following Decision Matrix. Rankings for the Decision Matrix were based on frequency of response and analysis and

tabulation of discussion points which mentioned these factors during targeted interviews and focus groups.

Decision Matrix

	Survey Tool Priority	Focus Group Priority	Targeted Interview Priority	Secondary Data Priority
Obesity	High	High	High	High
Smoking	High	High	High	High
Preventive Care and Wellness	High	High	High	High
Need for Urgent or “after hours” care	High	High	High	N/A
Cost and Ability to pay for care	High	High	High	Medium
Alcohol and drug abuse	Medium	Medium	Low	High
Cancer	Medium	Low	Low	Low
Lack of Health Insurance	High	Medium	Medium	Medium
Lack of Dental Care	Low	Medium	Low	Medium
Mental Health Concerns	Low	Medium	Medium	Medium
Cost of prescription medication	Medium	High	Low	Medium
Teen Pregnancy	Low	Low	Low	High

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IV. RESOURCE INVENTORY

Saline County has a variety of resources available which may address the health needs identified through the CHNA process.

The following is a description of existing health care facilities serving members of our community, taken from Missouri Department of Health and Senior Services Community Data Profiles.

	2008	2009	2010	2011
Fitzgibbon Hospital, Marshall, MO				
Licensed Beds	60	60	60	60
In Patient Days	8,513	8,292	9,054	8,543
Occupancy Percent	38.9%	37.9%	41.3%	39.0%
Discharges	2,427	2,637	2,424	2,347
Average Length of Stay	3.5	3.1	3.7	3.6
Bothwell Hospital, Sedalia, MO				
Licensed Beds	180	180	180	160
In Patient Days	28,913	26,499	25,560	24,129
Occupancy Percent	44.0%	40.3%	38.9%	41.3%
Discharges	6,405	5,868	5,884	5,660
Average Length of Stay	4.5	4.5	4.3	4.3
University Hospital, Columbia, Mo.				
Licensed Beds	395	n/a	383	n/a
In Patient Days	77,707	71,751	87,842	108,812
Occupancy Percent	n/a	n/a	62.8%	n/a
Discharges	14,126	13,752	16,744	21,831
Average Length of Stay	5.5	5.2	5.2	5.0
Boone Hospital, Columbia, Mo				
Licensed Beds	394	394	394	400
In Patient Days	78,841	75,820	75,664	76,387
Occupancy Percent	54.8%	52.7%	52.6%	52.3%
Discharges	15,545	17,352	17,007	17,467
Average Length of Stay	5.1	4.4	4.4	4.4
I-70 Community Hospital, Sweet Springs, Mo				
Licensed Beds	15	15	15	15
In Patient Days	1,099	1,134	1,090	1,189
Occupancy Percent	20.1%	20.7%	19.9%	21.7%
Discharges	212	220	183	249
Average Length of Stay	5.0	5.2	6.0	4.8

Fitzgibbon Hospital also owns and operates the following physician practices in Saline and Chariton Counties:

Marshall Family Practice, located on the hospital campus in the professional building. It is staffed by 3 FTE physicians (two full-time and two part-time) and one full-time nurse practitioner in the specialty of family practice. It operates as a provider-based rural health clinic.

Marshall Surgical Associates, also located on the hospital campus, employs one general surgeon and related support staff.

Marshall Women's Care, also located in the professional building on the hospital campus, employs one full-time OB/GYN and two certified nurse midwives. It operates as a provider-based rural health clinic.

Marshall Orthopedic and Sports Medicine Clinic, located on the hospital campus, currently employs one orthopedic physician and one physician assistant and related support staff.

Grand River Medical Clinic in Brunswick, MO., in adjacent Chariton County, is currently staffed by one fulltime nurse practitioner and three part-time physicians. It operates as a provider-based Rural Health Clinic.

Akeman McBurney Medical Clinic in Slater, Mo., is currently staffed by one full-time nurse practitioner and two part-time physicians. It operates as a provider-based Rural Health Clinic.

Fitzgibbon Mental Health is located on the hospital campus, employs one full-time psychiatrist and two LSCWs. It operates as a provider-based Rural Health Clinic.

A variety of outpatient specialty physicians are also available for the community through contract clinic arrangement via Fitzgibbon Hospital. These physicians visit and schedule patients on a part-time basis in the areas of rheumatology, pain management, sleep disorders, oncology, radiation oncology, neurology, podiatry, wound care, ENT.

Fitzgibbon Hospital offers a full range of outpatient/ancillary services for its community, including cancer center with chemotherapy and radiation therapy; surgery, cardiac/pulmonary wellness, respiratory therapy care, emergency care, laboratory, hospice, mammography, electro cardiology, peripheral vascular studies, diagnostic radiology, ultrasound, CT, MRIs, echocardiography, nuclear medicine, physical, speech and occupational therapies, observation care, sleep lab, home health, community education, in-home services and certified dietician. Community education around asthma care and diabetic counseling are also available.

The following additional independent physician clinics exist in Marshall: Missouri Valley Physicians (six physicians and multiple nurse practitioners) also operates Doctor's Weight and Wellness weight loss clinic and a retail pharmacy; Mid-Missouri Family Health (one physician and one nurse practitioner); Central Missouri Women's Health Care (one part-time OB/GYN); Marshall Lifestyle Clinic, privately operated alternative medicine clinic; Elfrink Surgical LLC (one surgeon)

Additional Health and Healthy Lifestyle Resources serving Saline County:

Saline County Health Department (SCHD)-located in Marshall, the mission of the SCHD is to provide quality services to protect, maintain and enhance the health of the citizens of Saline County. Many services are available regardless of financial status and are free of charge. Some clinics have financial guidelines and reasonable fees based the cost of providing the service.

Services available include: Personal Health Services such as flu shots, WIC and Youth Special Healthcare Needs; Environmental Health Services such as lodging establishment inspections, child care facility inspections and air quality inspections; Health Education and Promotion such as smoking cessation and breastfeeding classes; Vital Records.

Peak Performance Physical Therapy and Sports Medicine, offers a variety of physical and sports related therapies.

Wellness Adult Day Healthcare Center-focusing on adult day care for our community.

Salt Fork YMCA -located in Marshall, the Y is a leading voice on health and well-being. Services offered include adult and youth classes, aquatics, blood drives, Active Older Adult trips.

Marshall Parks & Recreational Department-operates a comprehensive recreation complex for the public including aquatics, golf, disc golf, tennis courts, baseball diamonds, skate board park, walking trails, archery, horseshoes, playground areas and picnic areas. All are available for free or a nominal fee.

SNAP Fitness-membership for profit company operating in Marshall.

Additional resources available to meet health-related concerns in general:

- Burrell Behavioral Health
- Missouri Valley College Counseling Program
- Alcoholics Anonymous
- Marshall Public Schools-Parents As Teachers Program
- Powerhouse Community Action Agency
- Missouri Valley Community Action Agency
- University of Missouri Extension
- Marshall Farmer's Market
- DIGS (homeless teen shelter)
- Lighthouse Shelter (domestic violence shelter)
- Marshall Ministerial Alliance
- Division of Family Services

In addition to community resources delineated above, Fitzgibbon Hospital has implemented specialized programs and interventional services which specifically meet the needs of chronically ill and otherwise underserved. These programs and interventions are designed to help chronically ill and those suffering from our top inpatient diagnoses to avert future acute events and avoid readmission to the hospital.

Re-Structuring Primary Care:

Fitzgibbon Hospital is participating in a Missouri HealthNet Demonstration project designed to improve primary care services for Medicaid participants with chronic illnesses. Marshall Family Practice, a rural health clinic provided by Fitzgibbon Hospital, is currently implementing the Patient Centered Medical Home model as a means to achieve accessible, high-quality primary care to those who are most vulnerable.

Marshall Family Practice is transforming operations in order to become a Health Home, an alternative approach to the delivery of primary care that promises better patient experience and better results than traditional care. The Health Home has many characteristics of the Patient Centered Medical Home, but

is customized to meet the specific needs of low-income patients with chronic medical conditions. This approach broadens the scope of primary care through a team of collaborating providers (including non-physician support staff), patient engagement, enhanced access, as well as coordination of care throughout the continuum. This paradigm shift can redefine how chronic disease is addressed, challenging primary care to treat the whole patient, not just the acute condition.

The Health Home model is based on the premise there should be a better way to deliver healthcare, while simultaneously lowering costs. This model focuses on overhauling the foundation of primary care practice, while supporting high quality chronic disease care. An important concept is the recognition of the patient's central accountability for their own health care. A proactive, prepared practice team facilitates patients to take an active role in their care achieving improved health outcomes. This model promises to be a logical step to address the complexity of care required by persons with chronic illness, many who are frail, debilitated, and facing multiple barriers to address their needs. The purpose is to prevent further disability, optimizing function and well-being, while decreasing urgent or emergent health care interventions because of disease exacerbation. Through this intervention, the organization will address the burden of chronic illness within this rural community, especially for those most vulnerable.

The Project RED (Re-Engineered Discharge) intervention is a patient-centered, standardized approach to discharge planning and discharge education, initially developed through research funded by the Agency for Healthcare Research and Quality (AHRQ). Of the 39.5 million hospital discharges per year, 19% of patients have a post-discharge adverse event and 20% of Medicare patients are readmitted within 30 days. The Project RED intervention is aimed at improving the patient's preparedness for self care and at reducing the likelihood of readmission.

Hospital Engagement Network: The Health Research & Educational Trust (HRET), an affiliate of the American Hospital Association (AHA), has been awarded a contract by the Centers for Medicare and Medicaid Services to support their Partnership for Patients (PfP) campaign. PfP is a public-private partnership that intends to help improve the quality, safety and affordability of health care for all Americans. The project will help hospitals adopt new practices that have the potential to reduce inpatient harm by 40 percent and readmissions by 20 percent over the contract.

The PfP will focus on ten areas for quality improvement. Within these areas, HRET will support the implementation of proven best practices and lessons learned through the use of webinars and educational sessions to hospitals participating in the partnership. HRET will provide this education and training with the nearly 1,800 hospitals recruited by its 33 state hospital association partners in support of their quality improvement efforts in the targeted areas:

- Adverse drug events (ADE)
- Catheter-associated urinary tract infections (CAUTI)
- Central line-associated blood stream infections (CLABSI)
- Injuries from falls and immobility
- Obstetrical adverse events
- Pressure ulcers
- Surgical site infections
- Venous thromboembolism (VTE)
- Ventilator-associated pneumonia (VAP)
- Preventable readmissions

As a Hospital Engagement Network (HEN) HRET will help identify solutions already working to reduce health care acquired conditions, and establish ways to spread them to other hospitals and health care providers. HENs will work to develop learning collaboratives for hospitals and provide a wide array of initiatives and activities to improve patient safety. Intensive training programs will be conducted to teach and support hospitals in making patient care safer, provide technical assistance so that hospitals can achieve quality measurement goals, and establish and implement a system to track and monitor hospital progress in meeting quality improvement goals.

Asthma Ready™ Communities: a Missouri program aimed at improving asthma care through educating teachers, school nurses and other pediatric health care professionals.

Funded by the Missouri Foundation for Health, the Centers for Disease Control and additional federal grants, this one-of-a-kind program uses a unique combination of live instruction and web-based lessons to teach Missouri's professionals how to help asthma patients based on expert guidelines developed through research. So far, more than 900 professionals have been effectively educated through the Asthma Ready Communities TM program.

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V. DISSEMINATION PLAN

CHNA Report Release date: no later than April 30, 2013 via www.fitzgibbon.org

Press release by April 30, 2013, to *The Marshall Democrat-News* daily newspaper and online via www.marshallnews.com with link through to the complete report on the hospital website.

Printed copies to be available upon written request to (660) 886-7431. Copies can be picked up in the Human Resources Department.

A flier describing the online and printed access to the report will be published in materials distributed at the Fitzgibbon Hospital 2013 Community Health Fair, on April 27, 2013, and will be distributed to partner sites for broad distribution to their client base. These partners were specifically selected to ensure feedback from vulnerable and medically underserved populations.

A letter describing access points for the complete CHNA report will be mailed to the community partners, focus group and targeted interview participants by April 30, 2013.

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VI. APPENDICES

Appendix 1 Reference List

Appendix 2 Raw Survey Results

Appendix 3 Interviews and Focus Group Schedule

Appendix 4 Focus Group and Targeted Interview Questions

Appendix 5 CHNA Publicity Plan

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Appendix 1 Reference List

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**Appendix 2
Raw Survey Results**

[SEE ATTACHED]

1. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

		Response Percent	Response Count
64320		2.0%	6
65321		1.3%	4
65330		0.7%	2
65339		3.0%	9
65340		78.7%	240
65344		3.0%	9
65347		0.3%	1
65349		5.6%	17
65351		5.6%	17
Other (please specify)			86
answered question			305
skipped question			85

2. What is your gender?

		Response Percent	Response Count
Female		82.7%	320
Male		17.3%	67
answered question			387
skipped question			3

3. Please describe your race/ethnicity.

		Response Percent	Response Count
American Indian or Alaska Native		0.3%	1
Asian		1.3%	5
Black or African American		3.8%	15
Hispanic or Latino		3.3%	13
Mixed Race		0.5%	2
Native Hawaiian or Other Pacific Islander		0.3%	1
White or Caucasian		90.5%	353
	Other (please specify)		1

answered question 390

skipped question 0

4. Which category below includes your age?

		Response Percent	Response Count
18-24		6.0%	23
25-44		35.0%	134
45-54		19.3%	74
55-64		25.3%	97
65-74		9.1%	35
75 or older		5.2%	20
	answered question		383
	skipped question		7

5. Which category below includes the age of a second person living in your household?

		Response Percent	Response Count
0-35 months		2.7%	9
3-5		1.2%	4
6-12		2.1%	7
13-17		3.9%	13
18-24		5.7%	19
25-44		31.1%	103
45-54		19.6%	65
55-64		19.0%	63
65-74		10.6%	35
75 or older		3.9%	13
answered question			331
skipped question			59

6. Which category below includes the age of a third person living in your household?

		Response Percent	Response Count
0-35 months		14.7%	27
3-5		10.3%	19
6-12		19.6%	36
13-17		17.9%	33
18-24		18.5%	34
25-44		10.9%	20
45-54		4.9%	9
55-64		0.5%	1
65-74		1.1%	2
75 or older		1.6%	3
		answered question	184
		skipped question	206

7. Which category below includes the age of a fourth person living in your household?

		Response Percent	Response Count
0-35 months		22.0%	24
3-5		11.9%	13
6-12		21.1%	23
13-17		21.1%	23
18-24		11.9%	13
25-44		5.5%	6
45-54		4.6%	5
55-64		1.8%	2
65-74		0.0%	0
75 or older		0.0%	0
		answered question	109
		skipped question	281

8. Which category below includes the age of a fifth person living in your household?

		Response Percent	Response Count
0-35 months		29.1%	16
3-5		5.5%	3
6-12		34.5%	19
13-17		10.9%	6
18-24		7.3%	4
25-44		3.6%	2
45-54		5.5%	3
55-64		3.6%	2
65-74		0.0%	0
75 or older		0.0%	0
answered question			55
skipped question			335

9. Which category below includes the age of a sixth person living in your household?

		Response Percent	Response Count
0-35 months		52.0%	13
3-5		4.0%	1
6-12		20.0%	5
13-17		0.0%	0
18-24		4.0%	1
25-44		16.0%	4
45-54		0.0%	0
55-64		0.0%	0
65-74		0.0%	0
75 or older		4.0%	1
answered question			25
skipped question			365

10. During the past 12 months, have you received a flu shot?

		Response Percent	Response Count
Yes		74.3%	284
No		25.7%	98
answered question			382
skipped question			8

11. Have you ever been told by a doctor you had high blood pressure?

		Response Percent	Response Count
Yes		35.9%	137
No		64.1%	245
answered question			382
skipped question			8

12. If yes, are you taking medicine prescribed for your high blood pressure?

		Response Percent	Response Count
Yes		81.8%	112
No		18.2%	25
answered question			137
skipped question			253

13. Have you ever been told you should lose weight for health reasons?

		Response Percent	Response Count
Yes		32.9%	125
No		67.1%	255
answered question			380
skipped question			10

14. Are you currently trying to lose weight?

		Response Percent	Response Count
Yes		59.2%	226
No		40.8%	156
answered question			382
skipped question			8

15. If yes, how are you trying to lose weight?

		Response Percent	Response Count
Eating fewer calories		17.0%	38
Increasing physical activity		4.5%	10
Both		78.6%	176
answered question			224
skipped question			166

16. During the past month have you participated in any physical activities or exercise, such as running, walking, bicycling, golf, etc.?

		Response Percent	Response Count
Yes		84.3%	323
No		15.7%	60
answered question			383
skipped question			7

17. If yes, how many times a week do you take part in this activity?

		Response Percent	Response Count
1-2 days		43.4%	137
3-4 days		43.4%	137
5-7 days		13.3%	42
answered question			316
skipped question			74

18. Do you use any tobacco products: cigarettes, cigars or chewing tobacco?

		Response Percent	Response Count
Yes		13.8%	52
No		86.2%	326
answered question			378
skipped question			12

**19. Have you ever been told by a doctor that you have one of the following conditions?
(Select all that apply)**

		Response Percent	Response Count
Adult asthma		16.0%	29
Angina or heart disease (coronary artery disease)		7.2%	13
Bacterial pneumonia		4.4%	8
Cancer		14.9%	27
CHF (congestive heart failure)		4.4%	8
COPD (chronic obstructive pulmonary disease)		4.4%	8
Diabetes or high blood sugar		17.7%	32
Heart attack		4.4%	8
High cholesterol		54.1%	98
Hypertension (high blood pressure)		55.8%	101
Stroke		3.3%	6
		answered question	181
		skipped question	209

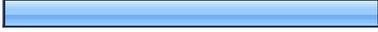
20. Has a child in your household (age 17 or younger) been told by a doctor that they have one of the following conditions? (Select all that apply)

		Response Percent	Response Count
Asthma		65.8%	25
Diabetes		5.3%	2
Overweight or obesity		39.5%	15
answered question			38
skipped question			352

21. If a child in your household has asthma, how many times during the past 12 months did you visit an emergency room because of the asthma?

		Response Percent	Response Count
1		55.6%	5
2		11.1%	1
3		0.0%	0
4		11.1%	1
5		11.1%	1
6		0.0%	0
7		0.0%	0
8		11.1%	1
9		0.0%	0
10		0.0%	0
More than 10 times		0.0%	0
answered question			9
skipped question			381

22. Has a child in your household (age 17 or younger) used the following? (Select all that apply)

		Response Percent	Response Count
Alcohol		56.3%	9
Drugs		31.3%	5
Cigarettes/Cigars		56.3%	9
Chewing tobacco		31.3%	5
answered question			16
skipped question			374

23. Has a child in your household (age 17 or younger) become pregnant?

		Response Percent	Response Count
Yes		0.6%	1
No		99.4%	161
answered question			162
skipped question			228

24. Are you aware that anyone in your household is having unprotected sex or been diagnosed with a sexually transmitted disease?

		Response Percent	Response Count
Yes		3.5%	10
No		96.5%	273
answered question			283
skipped question			107

25. How long has it been since you last visited a doctor for a routine check up? (A routine check-up is a general visit, not a visit for a specific injury, illness or condition.)

		Response Percent	Response Count
Within the past year		72.2%	275
Within the past two years		13.1%	50
Within the past five years		5.0%	19
5 or more years ago		7.1%	27
Never		2.6%	10
answered question			381
skipped question			9

26. If your last visit was more than two years ago, the reason for the delay is because you –

		Response Percent	Response Count
Do not have a medical condition that requires any care		47.8%	44
Do not see the value in health screenings		2.2%	2
Could not schedule due to work or personal conflicts with normal business hours		13.0%	12
Could not afford the payments due, regardless of insurance status		37.0%	34
Could not arrange transportation		0.0%	0
answered question			92
skipped question			298

27. Do you have a doctor you can go to?

		Response Percent	Response Count
Yes		95.3%	361
No		4.7%	18
answered question			379
skipped question			11

28. Do you have a dentist you can go to?

		Response Percent	Response Count
Yes		88.2%	329
No		11.8%	44
answered question			373
skipped question			17

29. Do you have a mental health specialist you can go to?

		Response Percent	Response Count
Yes		13.0%	48
No		14.9%	55
N/A		72.2%	267
answered question			370
skipped question			20

30. Do you have a substance abuse counselor you can go to?

		Response Percent	Response Count
Yes		3.3%	12
No		10.9%	40
N/A		85.9%	316
answered question			368
skipped question			22

31. If you or a household member used a hospital emergency room in the past 12 months, was it due to:

		Response Percent	Response Count
An injury or illness that required immediate attention		75.9%	126
An injury or illness that did not require immediate attention but it was the most convenient/only service available at the time		19.3%	32
An ongoing illness		4.8%	8
answered question			166
skipped question			224

32. Has anyone in your household had any difficulty finding a doctor within the past two years?

		Response Percent	Response Count
Yes		12.2%	45
No		87.8%	325
answered question			370
skipped question			20

33. If yes, why did you have trouble finding a doctor?

		Response Percent	Response Count
Couldn't get a convenient appointment		15.2%	5
Didn't know how to get in contact with one		6.1%	2
Doctor was not taking new patients		48.5%	16
No transportation		0.0%	0
Would not accept your insurance		30.3%	10
Other (please specify)			13
answered question			33
skipped question			357

34. Have you or anyone in your household had any difficulty finding a doctor that treats specific illnesses or conditions in your area within the past 2 years?

		Response Percent	Response Count
Yes		16.4%	61
No		83.6%	311
answered question			372
skipped question			18

35. If yes, what kind of specialist did you look for?

		Response Percent	Response Count
Bone and joint specialist		8.3%	4
Cancer specialist		4.2%	2
Children's specialist		16.7%	8
Dentist		6.3%	3
Diabetes specialist		10.4%	5
Heart specialist		12.5%	6
Lung and Breathing specialist		10.4%	5
Mental Health specialist		4.2%	2
Nerve and Brain specialist		14.6%	7
Women's health specialist		12.5%	6
Other (please specify)			14
answered question			48
skipped question			342

36. About how long has it been since you had your blood cholesterol level checked?

		Response Percent	Response Count
Within the past year		65.7%	245
Within the past two years		12.3%	46
Within the past five years		8.6%	32
Over five years ago		2.1%	8
Never		11.3%	42
answered question			373
skipped question			17

37. About how long has it been since your blood was checked for diabetes (A1C lab)?

		Response Percent	Response Count
Within the past year		49.9%	184
Within the past two years		11.7%	43
Within the past five years		6.2%	23
Over five years ago		3.3%	12
Never		29.0%	107
answered question			369
skipped question			21

38. How long has it been since you had an exam or screening for colon cancer?

		Response Percent	Response Count
Within the past year		13.6%	50
Within the past two years		11.4%	42
Within the past five years		10.1%	37
Over five years ago		8.2%	30
Never		56.7%	208
answered question			367
skipped question			23

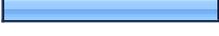
39. How long has it been since your last mammogram for breast cancer?

		Response Percent	Response Count
Within the past year		37.8%	138
Within the past two years		7.4%	27
Within the past five years		6.0%	22
Over five years ago		4.7%	17
Never		28.2%	103
N/A (male)		15.9%	58
answered question			365
skipped question			25

40. How long has it been since your last Pap Smear for female-related cancers?

		Response Percent	Response Count
Within the past year		41.8%	151
Within the past two years		17.2%	62
Within the past five years		9.7%	35
Over five years ago		13.3%	48
Never		1.4%	5
N/A (male)		16.6%	60
answered question			361
skipped question			29

41. What are the most pressing health problems in our community? (Select all that apply)

		Response Percent	Response Count
Ability to pay for care		70.1%	241
Alcohol – dependency or abuse		36.6%	126
Alcohol – underage binge or abuse		23.5%	81
Drug abuse – prescription medications		41.0%	141
Drug abuse – illegal substances		51.5%	177
Cancer		47.1%	162
Child abuse		16.3%	56
Cost of health care		59.6%	205
Domestic violence		15.7%	54
Lack of health insurance		62.2%	214
Lack of transportation to health care services		29.1%	100
Lack of dental care		36.3%	125
Lack of prenatal care		8.1%	28
Mental health		32.3%	111
Obesity in adults		63.7%	219
Obesity in children and teenagers		48.5%	167
Prescription medication too expensive		44.5%	153
Teen pregnancy		31.7%	109
Tobacco use/smoking among adults		46.5%	160
Tobacco use/smoking among teenagers		39.5%	136

answered question	344
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skipped question	46
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42. In your opinion, what medical services are most needed in our community? (Select all that apply)

		Response Percent	Response Count
Adult primary care services		45.4%	143
Alcohol and drug abuse treatment		40.3%	127
Cancer treatment		26.3%	83
Counseling/mental health services		41.3%	130
Diabetes care		34.3%	108
Emergency/trauma care		34.6%	109
Heart care services		36.2%	114
Orthopedic care (bone and joint)		25.7%	81
Pediatric services		42.2%	133
Women's services, such as obstetrics/gynecological services		34.0%	107

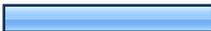
Other (please specify)

40

answered question	315
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skipped question	75
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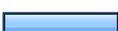
43. Please select the types of health education services most needed in our community.

		Response Percent	Response Count
Alcohol abuse		45.7%	144
Alzheimer's disease		31.4%	99
Asthma		17.5%	55
Cancer screening		37.5%	118
Child abuse/family violence		34.9%	110
Diabetes		43.8%	138
Diet and/or exercise		70.2%	221
Drug abuse		47.6%	150
HIV/AIDS		15.6%	49
Sexually transmitted diseases		30.8%	97
Smoking cessation and/or prevention		50.8%	160
Stress management		57.1%	180
	Other (please specify)		12
answered question			315
skipped question			75

44. What ideas or suggestions do you have for improving the overall health of the area/community?

	Response Count
	79
answered question	79
skipped question	311

45. What is your highest level of education?

		Response Percent	Response Count
Left high school without a diploma		1.1%	4
High school diploma		15.9%	58
GED (High school equivalent)		1.1%	4
Currently attending or have some college		17.0%	62
2-year college degree		20.1%	73
4-year college degree		27.2%	99
Graduate-level degree		17.6%	64
	answered question		364
	skipped question		26

46. Including yourself, how many adults in your household are retired?

		Response Percent	Response Count
None		72.4%	268
1		16.5%	61
2		10.0%	37
3		0.5%	2
4 or more		0.5%	2
answered question			370
skipped question			20

47. Including yourself, how many adults (18+) in your household are employed full time, year-round?

		Response Percent	Response Count
None		15.7%	57
1		33.1%	120
2		44.6%	162
3		5.8%	21
4 or more		0.8%	3
answered question			363
skipped question			27

48. How many household members DO NOT HAVE health insurance?

		Response Percent	Response Count
None		79.3%	284
1		11.5%	41
2		6.7%	24
3		1.7%	6
4 or more		0.8%	3
answered question			358
skipped question			32

49. Do you have trouble getting transportation to health care services?

		Response Percent	Response Count
Yes		2.2%	8
No		97.8%	355
answered question			363
skipped question			27

50. How many miles, one way, do you travel to see a doctor?

		Response Percent	Response Count
1-5		47.9%	172
6-10		11.1%	40
11-20		13.1%	47
21-30		12.3%	44
Over 30		15.6%	56
answered question			359
skipped question			31

51. How many miles, one way, do you travel to a hospital?

		Response Percent	Response Count
1-5		52.4%	189
6-10		11.9%	43
11-20		13.6%	49
21-30		9.4%	34
Over 30		12.7%	46
answered question			361
skipped question			29

52. Counting all income sources from everyone in your household, what was the combined household income last year?

		Response Percent	Response Count
Less than \$20,000		9.7%	35
\$20,000 - \$49,000		24.8%	89
\$50,000 - \$89,999		27.9%	100
\$90,000 - \$129,999		15.0%	54
\$130,000 - \$149,999		2.5%	9
\$150,000 or more		4.7%	17
Don't know		3.1%	11
Prefer not to answer		12.3%	44
answered question			359
skipped question			31

53. How would you describe your housing situation?

		Response Percent	Response Count
Own house or condo		73.8%	270
Rent a house, apartment or room		21.0%	77
Living in a group home		0.0%	0
Living temporarily with a friend or relative		3.0%	11
Multiple families/households sharing an apartment or house		0.8%	3
Living in a shelter		0.0%	0
Living in a motel		0.0%	0
Living in senior housing or assisted living		1.4%	5
Homeless/living on street		0.0%	0
	Other (please specify)		3
		answered question	366
		skipped question	24

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Page 1, Q1. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

1	65233	Oct 11, 2012 10:29 AM
2	64633	Oct 10, 2012 6:25 AM
3	65301	Oct 9, 2012 11:43 PM
4	65236	Oct 9, 2012 12:49 PM
5	64001	Oct 9, 2012 12:24 PM
6	65301	Oct 8, 2012 5:59 AM
7	65327	Oct 1, 2012 7:19 AM
8	65301	Sep 28, 2012 9:29 AM
9	64633	Sep 27, 2012 11:29 PM
10	65233	Sep 25, 2012 2:49 AM
11	64633	Sep 22, 2012 4:58 PM
12	65301	Sep 21, 2012 3:45 PM
13	65350	Sep 21, 2012 3:35 PM
14	64021	Sep 21, 2012 3:11 PM
15	664633	Sep 20, 2012 3:39 PM
16	65281	Sep 19, 2012 6:33 AM
17	65333	Sep 13, 2012 10:59 AM
18	64633	Sep 11, 2012 9:11 PM
19	65233	Sep 11, 2012 2:20 PM
20	64067	Sep 11, 2012 8:39 AM
21	65236	Sep 10, 2012 12:13 PM
22	65333	Sep 10, 2012 8:20 AM
23	64633	Sep 10, 2012 7:11 AM
24	65230	Sep 8, 2012 1:13 PM
25	65230	Sep 8, 2012 1:08 PM
26	65270	Sep 6, 2012 10:52 PM
27	64623	Sep 6, 2012 12:59 PM

Page 1, Q1. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

28	65301	Sep 6, 2012 10:53 AM
29	65301	Sep 6, 2012 8:37 AM
30	65322	Sep 5, 2012 12:59 PM
31	65274	Sep 5, 2012 10:42 AM
32	64643	Sep 5, 2012 6:28 AM
33	65325	Sep 5, 2012 5:30 AM
34	64020	Sep 4, 2012 8:16 PM
35	65350	Sep 4, 2012 7:27 PM
36	65201	Sep 4, 2012 3:49 PM
37	65261	Sep 4, 2012 3:14 PM
38	64093	Sep 4, 2012 2:55 PM
39	64022	Sep 4, 2012 11:31 AM
40	65301	Sep 4, 2012 10:04 AM
41	65261	Sep 4, 2012 8:49 AM
42	64633	Sep 4, 2012 6:22 AM
43	65236	Sep 4, 2012 1:49 AM
44	64020	Sep 3, 2012 6:25 PM
45	64633	Sep 3, 2012 5:50 PM
46	65301	Sep 3, 2012 1:06 PM
47	64001	Sep 3, 2012 12:53 PM
48	64622	Sep 3, 2012 12:51 PM
49	64622	Sep 3, 2012 12:51 PM
50	65236	Sep 3, 2012 12:40 PM
51	65333	Sep 3, 2012 12:37 PM
52	65301	Sep 3, 2012 12:36 PM
53	65301	Sep 2, 2012 11:46 PM
54	65609	Sep 2, 2012 5:06 AM

Page 1, Q1. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

55	65301	Sep 1, 2012 2:46 PM
56	64037	Sep 1, 2012 1:43 PM
57	65301	Aug 31, 2012 9:02 PM
58	65350	Aug 31, 2012 2:52 PM
59	65301	Aug 31, 2012 2:36 PM
60	65301	Aug 31, 2012 11:40 AM
61	64001	Aug 31, 2012 10:08 AM
62	65203	Aug 31, 2012 7:25 AM
63	65202	Aug 30, 2012 10:12 PM
64	64643	Aug 30, 2012 1:12 PM
65	64096	Aug 30, 2012 1:02 PM
66	65236	Aug 30, 2012 1:02 PM
67	65301	Aug 30, 2012 12:27 PM
68	65202	Aug 30, 2012 12:00 PM
69	64651	Aug 30, 2012 11:58 AM
70	65301	Aug 30, 2012 11:48 AM
71	65301	Aug 30, 2012 11:47 AM
72	65301	Aug 30, 2012 11:34 AM
73	65233	Aug 30, 2012 11:33 AM
74	65301	Aug 30, 2012 11:01 AM
75	65348	Aug 30, 2012 10:39 AM
76	64633	Aug 30, 2012 10:33 AM
77	65236	Aug 30, 2012 10:26 AM
78	65301	Aug 30, 2012 10:01 AM
79	65301	Aug 30, 2012 9:56 AM
80	65355	Aug 30, 2012 9:46 AM
81	64660	Aug 30, 2012 9:43 AM

Page 1, Q1. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

82	65340	Aug 30, 2012 9:40 AM
83	65261	Aug 30, 2012 9:40 AM
84	64020	Aug 29, 2012 12:55 PM
85	65301	Aug 29, 2012 11:25 AM
86	64096	Aug 28, 2012 3:42 PM

Page 1, Q3. Please describe your race/ethnicity.

1	Afghan	Sep 3, 2012 8:54 AM
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Page 10, Q33. If yes, why did you have trouble finding a doctor?

1	Never got a return call when I left message about setting up an appointment as a new patient.	Oct 9, 2012 12:38 PM
2	NO INSURANCE	Sep 30, 2012 3:52 PM
3	██████████ fire patients from their clinic because it takes them more than a couple months to pay off a bill, but they see them until the bill is paid in full then tell them they can't see them anymore. These payments were made regularly. We were patients there for 40 some years. At least we made the effort to pay our bill and did so which is more than i can say many others that are still being seen there.	Sep 21, 2012 8:34 PM
4	Pediatrician not available. Multiple doctors off on the same day. Doctor on call overbooked.	Sep 13, 2012 10:11 AM
5	Preferred pediatrician availability. Unreturned phone calls. Frequent Pediatric Physician changes at MO Valley Physicians.	Sep 13, 2012 9:58 AM
6	Unable to go for initial visit as I do not insurance and can not afford a medical exam. (Veterans widows pensioners have no ins. coverage.)	Sep 1, 2012 6:17 PM
7	BROTHER/SELF PAY/ ON DISABILITY	Sep 1, 2012 2:56 PM
8	could not pay the copay	Aug 30, 2012 5:53 PM
9	Hard to get into	Aug 30, 2012 4:29 PM
10	no insurance	Aug 30, 2012 11:52 AM
11	Marshall needs a pediatrician!!! A good one!	Aug 30, 2012 9:49 AM
12	No Insurance...	Aug 29, 2012 4:43 PM
13	Non-professionalism of doctors in my area.	Aug 29, 2012 12:30 PM

Page 11, Q35. If yes, what kind of specialist did you look for?

1	Check ups by Gynecological Oncologist for yearly checks since having Ovarian cancer	Oct 9, 2012 12:42 PM
2	MS	Sep 25, 2012 9:13 AM
3	Most of the above listed specialists we have sought aren't available in saline county	Sep 21, 2012 8:45 PM
4	It would only let me check one....I have looked for a heart specialist also.	Sep 14, 2012 9:33 AM
5	DERMOTOLIGIST	Sep 5, 2012 12:45 PM
6	ORAL SURGEN	Sep 3, 2012 1:13 PM
7	ALLERGIST	Sep 2, 2012 2:08 AM
8	GI	Sep 1, 2012 10:10 PM
9	skin	Sep 1, 2012 2:20 PM
10	urologist, pediatric surgeon	Aug 30, 2012 10:44 AM
11	Dermatologist	Aug 30, 2012 10:35 AM
12	Dermatologist	Aug 30, 2012 10:06 AM
13	Dermatologist	Aug 29, 2012 11:42 AM
14	Dermatologist	Aug 22, 2012 12:48 PM

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Page 11, Q41. What are the most pressing health problems in our community? (Select all that apply)

1	homeless	Oct 1, 2012 8:12 AM
2	There seems to be no access to a dentist that takes Medicaid for the adult senior age group.	Oct 1, 2012 5:41 AM
3	need for upscale assist living for both men and women. much like blosser home for ladies maybe connected with the hospital in some way.	Sep 28, 2012 2:50 PM
4	lack of urgent care facility	Sep 28, 2012 2:31 PM
5	lack of inexpensive dental care	Sep 28, 2012 7:59 AM
6	lack of real attention from a doctor, especially you own doctor at the hospital. I don't like the hospitalist system.	Sep 27, 2012 5:10 PM
7	My answers would be a guess; I don't know.	Sep 27, 2012 3:19 PM
8	Actually they have all become most pressing in our communities. They have only received bandaid solutions. We all need to be aware of the battles within our community.	Sep 14, 2012 9:33 AM
9	lack of an athletic trainer at marshall high school	Sep 13, 2012 4:29 PM
10	Very poor parenting skills that gets passed on from one generation to another!!	Sep 13, 2012 8:29 AM
11	Mental health for children	Sep 13, 2012 5:54 AM
12	They are all there---just find the correct family	Sep 11, 2012 9:17 PM
13	I think all are problems within our community. I am not sure which are most pressing.	Sep 8, 2012 4:16 PM
14	[REDACTED]	Sep 6, 2012 6:34 AM
15	NON-COMPLIANCE WITH MEDICATIONS	Sep 2, 2012 2:08 AM
16	[REDACTED]	Sep 1, 2012 3:09 PM
17	stds(college,high school age), frail elderly care, need to acute rehab, need for urgent care	Sep 1, 2012 2:04 PM
18	1. over medicated by doctor 2. accounts for nearly 1/3 of annual expenses 3. prescription drugs are unnecessarily high!	Aug 31, 2012 10:09 AM
19	We need an Urgent care facility people can go to or a facility for people with no health insurance. I know of people that have had what appears to be a broken ankle or foot (more then one) or has needed medications for infection but had no insurance so just has swollen necks faces legs foot or bad coughs etc case they cant afford to see a doctor. We need a medical place people can go to if they have to see a doctor and not feel like they have to pay an arm and a leg. Like in Jeff city they have a community center that has a sliding scale and fees are minimum of \$5-\$20 because they have no insurance. They also dont have to have it right then but r reminded to bring a copay next time even if they pay a couple dollars at a time.	Aug 30, 2012 6:15 PM

Page 11, Q41. What are the most pressing health problems in our community? (Select all that apply)

20	I am not from this community so I can only guess.	Aug 30, 2012 10:05 AM
21	Weekend URGENT care	Aug 30, 2012 8:08 AM
22	Lack of specialists, cardiology, pulmonology	Aug 29, 2012 10:07 AM

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Page 11, Q42. In your opinion, what medical services are most needed in our community? (Select all that apply)

1	Urgent Care	Oct 1, 2012 2:12 PM
2	It seems the local hospitals are not comfortable caring for pediatric patients. There is also a need for a hospice house to meet all the needs for those dying and require specialized care to control symptoms. There is also a need for mental health treatment for the elderly with other physical health problems and those who are dying but have mental health issues.	Oct 1, 2012 5:41 AM
3	urgent care facility is absolutely necessary! emergency/trauma facility needs more physician coverage, recently took a family member to er and was placed in cubicle almost immediately, at approximately 1:30/2:00 pm, was not seen by a doctor until 7:15 pm and that is unacceptable!	Sep 28, 2012 2:31 PM
4	a good neurologist...	Sep 25, 2012 9:13 AM
5	Free or low cost medical care based on income.	Sep 18, 2012 6:48 PM
6	Elderly care; shut-ins "out-of-site", and "out-of-mind.". Transportation- issue. OATS bus helps, however....other issues, awareness limited....	Sep 18, 2012 4:26 PM
7	Ageing in place, home health care services and how to pay for them.	Sep 15, 2012 9:31 PM
8	All of the above are needed within our community. I would say Diabetes care is the most needed as the others exist.	Sep 14, 2012 9:33 AM
9	and rehabilitation services from sports injuries for high school kids. An athletic trainer at marshall high school would be a big improvement.	Sep 13, 2012 4:29 PM
10	After hours & weekend medical care for non-emergency related illness.	Sep 13, 2012 10:15 AM
11	Urgent care center for non-emergency related illnesses after 4 pm or weekends!!!	Sep 13, 2012 10:04 AM
12	Urgent Care to avoid emergency room visits	Sep 13, 2012 7:30 AM
13	Again, I am not sure which are most needed.	Sep 8, 2012 4:16 PM
14	ear, nose and throat doctor services	Sep 8, 2012 9:45 AM
15	Let our own doctor take care of us at the hospital	Sep 5, 2012 4:34 PM
16	URGENT CARE	Sep 3, 2012 11:13 AM
17	urgent care	Sep 3, 2012 9:22 AM
18	Affordable/sliding scale fee for initial physical exam that would include blood work for diabetes, cholesterol, comprehensive thyroid panel and nutritional assessment/education.	Sep 1, 2012 6:47 PM
19	STROKE REHAB	Sep 1, 2012 3:09 PM
20	dentist	Sep 1, 2012 2:20 PM
21	urgent care center to bridge gap between pcp and er	Sep 1, 2012 2:04 PM

Page 11, Q42. In your opinion, what medical services are most needed in our community? (Select all that apply)

22	Family Practice	Aug 31, 2012 10:43 PM
23	Urgent care facility	Aug 31, 2012 10:23 PM
24	URGENT CARE CLINIC	Aug 31, 2012 9:05 PM
25	DOCTORS ARE NOT TRAINED/EDUCATED TO ADMINISTER TO CARE OF ELDERLY; TAKE A PILL!	Aug 31, 2012 10:09 AM
26	urgent care clinic for non-emergent issues	Aug 31, 2012 7:45 AM
27	A community health service where doctors can rotate some service for the community to see these patients that are low income, have severe problems they feel they cant go to the er because of cost, dont have insurance but need their broken bone looked at or their sore throat looked at etc. and where they feel someone cares about their health. I had been in the medical feild for over 30 years and at one point could not work and had chest pain twice which ended up being stress but i went in the first time, then a year later the episode lated 4 hours before i went to the hospital and i over heard a nurse say she happened to be here one year exactly this week for the same thing dont u find that funny ? she said this to a doctor and i heard it and he said yes it is. That was very unprofessional and untimely on my part but I never went back to that facility until I discussed this with their ceo. Watch what u say and do because you dont feel the same as this person and you dont know what exactly their problem is , including level of their pain.	Aug 30, 2012 6:15 PM
28	NEED A URGENT CARE CENTER	Aug 30, 2012 12:45 PM
29	We do not have many specialty providers for children, such as pediatricians, dentists willing to see/treat young children, ENT's, etc.	Aug 30, 2012 11:43 AM
30	lymphedema therapy	Aug 30, 2012 10:44 AM
31	After-hours, non-emergency services	Aug 30, 2012 10:35 AM
32	I am not from this community so I can only guess.	Aug 30, 2012 10:05 AM
33	Weekend Urgent Care	Aug 30, 2012 8:08 AM
34	Many of our friends have had bad experiences with the hospitalists serving at the emergency room. They don't seem as experienced or dedicated as our regular doctors.	Aug 29, 2012 3:48 PM
35	Urgent care services	Aug 29, 2012 1:47 PM
36	Nutrition	Aug 29, 2012 1:41 PM
37	help for the middle class paying for care that have insurance, but can't afford to use it. or the hospital/mvp "fire" them for non-payment	Aug 29, 2012 10:30 AM
38	A clinic that is open later and open on the weekends. An urgent care that is not the ER.	Aug 29, 2012 8:57 AM
39	[REDACTED]	Aug 29, 2012 8:56 AM

Page 11, Q42. In your opinion, what medical services are most needed in our community? (Select all that apply)

40	After hours non-emergent care; diatetic counseling and education	Aug 22, 2012 12:48 PM
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Page 11, Q43. Please select the types of health education services most needed in our community.

1	Doctors need education on other types of dementia. They call it all alzheimers and prescribe too many wrong drugs.	Sep 27, 2012 5:10 PM
2	Copd	Sep 21, 2012 8:45 PM
3	Lactation services	Sep 20, 2012 3:48 PM
4	Stress related to being a caregiver for an elderly family member. Group therapy/education by health care staff.	Sep 15, 2012 9:31 PM
5	preventing young children from getting involved in sex to early in life. (Middle School age)	Sep 13, 2012 8:29 AM
6	STROKE PREVENTION	Sep 1, 2012 3:09 PM
7	THE PUBLIC NEEDS TO BE EDUCATED. PUT PICTURES OF A DISEASED LUNG IN EVERY DOCTORS OFFICE; WAITING ROOMS.	Aug 31, 2012 10:09 AM
8	Child hood obesity	Aug 30, 2012 6:15 PM
9	ALL ABOVE	Aug 30, 2012 12:45 PM
10	I am not from this community so I can only guess.	Aug 30, 2012 10:05 AM
11	how to get care on a budget	Aug 29, 2012 10:30 AM
12	Needs to be a diet program that isn't at a cost unreasonable to most families as is the one at MVP.	Aug 29, 2012 8:56 AM

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Page 11, Q44. What ideas or suggestions do you have for improving the overall health of the area/community?

1	THEY NEED TO REALLY CARE ABOUT THE PACIENT BECAUSE NOBODY IS PERFECT	Oct 24, 2012 9:55 AM
2	NEED TO MEET THE NEEDS OF MENTAL HEALTH PATIENTS. LONG WAITING LISTS FOR PATIENTS WHO NEED HELP NOW. NEED MORE PUBLIC EDUCATION OF MENTAL HEALTH ISSUES.	Oct 9, 2012 11:49 PM
3	Advertising your doctors, their specialities and a contact number in a monthly MD magazine. We drove from Sedalia MO to Fitzgibbons hospital for an ER visit (horse kicked husbands forearm) because Bothwell Hosp. and local Dr.s (asked many friends for referrals. None were made for Sedalia) are disappointing and have no follow thru (ex: Gen.Med Dr. never told me of high cholesterol-a RA specialist pointed it out and said how surprised he was the Gen. Med. never mentioned it. Never had High Cholesterol in 50yrs, though in family history). Don't trust Dr. care anymore.	Oct 8, 2012 6:19 AM
4	Have an Urgent Care facility for people to go to after the clinic closes. I get tired of taking my children to the "emergency" room for an injury and having Medicaid patients using the "emergency" room for a doctor visit.	Oct 1, 2012 2:12 PM
5	Community education to instruct in basic home management. Including balanced meals, health risks related to smoking, obesity, drug abuse, lack of exercise, ect. Also instruction in financial management. It seems there is a certain population that induce health problems and related financial problems due to their lifestyle.	Oct 1, 2012 5:41 AM
6	PROVIDING SERVICES FOR PATIENTS WHO DO NOT HAVE INSURANCE THAT WILL NOT BANKRUPT THEM	Sep 30, 2012 3:54 PM
7	See suggestion in answer to question #40	Sep 28, 2012 2:31 PM
8	Better availability of a doctor at all rest homes. When a problem occurs, it's too long before the person gets a doctor's attention.	Sep 27, 2012 5:10 PM
9	I have found what I needed. Wish respect for this hospital was better.	Sep 27, 2012 3:19 PM
10	I prefer primary doctors not hospitalists.	Sep 26, 2012 2:42 PM
11	Do away with the hospitalists..... don't know of one person who cares for this arrangement or feels secure using the ER at Fitz. We were certainly led down the wrong path after taking the advise of the hospitalist with my mother-in-law two years ago	Sep 25, 2012 9:13 AM
12	We need a better grocery store nearer to the College.	Sep 25, 2012 8:21 AM
13	Listen to the patients, they know their bodies. Need educators that don't talk down to people such as nutrition for diabetics, help them devise menus that work for that individual not some textbook character. Nice for weight loss patients as well.	Sep 21, 2012 8:45 PM
14	Lactation education will improve the outcome of our community by making long lasting health benefits if the community gets the education.	Sep 20, 2012 3:48 PM
15	More physicians, health cost assistance, better insurance coverage, wellness education and programs	Sep 20, 2012 1:49 PM

Page 11, Q44. What ideas or suggestions do you have for improving the overall health of the area/community?

16	That if a person who has no insurance pays thier bill in the first billing cycle that a discount (like at University Physicians in Columbia MO) be given	Sep 19, 2012 11:53 AM
17	OFFER MORE TEACHING FOR DIFFERENT ILLNESSES AND FREE SCREENINGS FOR CERTAIN CONDITIONS	Sep 18, 2012 9:44 PM
18	FINANACIAL BUDGETING	Sep 18, 2012 8:20 PM
19	Low cost care to reduce the ER visits by individuals with medicaid.	Sep 18, 2012 6:48 PM
20	More health related meetings for the public.	Sep 18, 2012 4:47 PM
21	Linkage, outreach services to inform, educate, close "gaps"	Sep 18, 2012 4:26 PM
22	affordable healthcare	Sep 16, 2012 2:38 PM
23	We need more sidewalks in all the neighborhoods. More of the rural parts of the county need recreation opportunities like walking on trails. DNR & DOC should have these in place everywhere.	Sep 15, 2012 9:31 PM
24	With diabetes so very common in our communities, I feel a special care area would be very beneficial. One that assists with choosing the best insulin/med treatment along with the best insurance choices to pay for the treatment. A dietitian, personal trainers, foot person; one that can build insoles right there and fit you with shoes etc. Eye doctor. Everything the diabetic needs to control the devastating effects of this chronic disease. A sharing support group.	Sep 14, 2012 9:33 AM
25	Hire an athletic trainer at marshall and Slater high schools	Sep 13, 2012 4:29 PM
26	I would like to see more specialists come to our hospital if they are not available on staff at the present.	Sep 13, 2012 4:06 PM
27	Lower cost dental services for families that do not qualify for Medicaid. Family health fair days widely publicized.	Sep 13, 2012 10:04 AM
28	I don't use a doctor enough to give you enough informaton for many of these questions. I think the doctors we have try hard but it is hard to get specialists because of the size of our community.	Sep 13, 2012 7:35 AM
29	Affordable health care, and less rude business managers at [REDACTED]	Sep 13, 2012 5:54 AM
30	More skilled nursing beds in Skilled Nursing Unit, as well as more of those wonderful nurses! More staffing throughout senior living facilities. Never enough caring assistants for the aging population. Would be great if doctors/personnel could make house calls . . . Well, you asked for suggestions! Thank you for including the public's ideas.	Sep 12, 2012 9:36 AM
31	Make the y available to all if possible. More help for low encome children to get correct food,fruits and vegetables.,encourage all to walk ,run ,ride bikes.,roller skates.. Parents have to be role models .keep obese kids and adults to be strong in mind and body, and dress to the best advantage,even if it's from a thrift shop, Stop any from be ing made. Fun of their body. Weight watchers cost but many have results . Start young with good food and limit TV and video ,encourage	Sep 11, 2012 9:01 PM

Page 11, Q44. What ideas or suggestions do you have for improving the overall health of the area/community?

	playing out side in safe areas. Teaching new moms to exercise and start wee ones to move and be free ,not always in play pens or in strOllers ,restrains are for protection but restrick movement. We help moms and dads before the baby is born,perhaps we need them all to have programs for parnent classes to deal with all that is new to them. Good luck in all you have done and are doing for Our community. THANKS Our language with hardly a notice like 'curb feelers.'	
32	Obesity and weight management programs are needed. More people would prefer having their family doctor vs. a hospital doctor while in the hospital.	Sep 11, 2012 8:23 AM
33	actually have emergency room workers that actually treat the patient as an emergency case, I have witnessed Dr's and Nurses just sitting around and not getting up when the patient was brought in the room	Sep 10, 2012 7:35 PM
34	English speaking hospital doctors or easy to understand foreign hospital doctors (or interpreters)	Sep 8, 2012 9:45 AM
35	SOMETIME IN THE EMERGENCY DEPARMENT THEY TAKE THEIR TIME TO ATEND THE PEOPLE O FOR DISCHARGE AND THEY SAY THERE BUSY BUT IS NOT TRUE.	Sep 7, 2012 12:04 PM
36	None	Sep 7, 2012 10:19 AM
37	we need more mental health professionals	Sep 6, 2012 8:29 PM
38	Support group for family of cancer victims and family of alzheimers pts	Sep 6, 2012 11:01 AM
39	having aplace where you can go excercise for free thought the ymca was for lower income families but wrong again !	Sep 6, 2012 6:34 AM
40	We need No-Pay or Low Cost Mental Health Services - No matter what your income is. Many times those who qualify for assistance can use Mental Health Services because they don't have to pay for it out-of-pocket. Those who work, but may not have extra income many times do not have the money to seek counseling and the like because they cannot really afford it. Even if their health insurance covers part of the cost, sometimes co-pays or co-insurance is still not affordable. The same could be said for Drug and Alcohol Counseling. No-Pay or Low Cost Weight Loss and Healthy Living assistance would be good as well. Also, there could be more Dentist here.	Sep 5, 2012 8:13 PM
41	See # 39	Sep 5, 2012 4:34 PM
42	Use facility to best ability to treat all kinds of disorders	Sep 4, 2012 9:54 PM
43	SEVERAL OTHER AGENCIES GIVE ymca MEMBERSHIPS AT A DISCOUNT TO THERE EMPLOYEES I THINK FITZGIBBON NEEDS TO OFFER THE SAME AS SOME ONE LIKE THE HAB CENTER OR CONAGRA DOES	Sep 4, 2012 3:01 PM
44	Better transportation to places like Columbia for specialist care also a system to assist those who slip through the cracks,folks who have no government backed insurance	Sep 4, 2012 10:10 AM
45	we need a free clinic. When my daughter was younger i took her to the health office and paid for her birth control pills. I know not all young girls have a good	Sep 4, 2012 6:39 AM

Page 11, Q44. What ideas or suggestions do you have for improving the overall health of the area/community?

	<p>talking relationship with their parents and cant afford to pay for birth control thats why we have so many young girls preg or having babies. Plus if a females doesn't have health insurence they can't afford to pay for a PAP smear or any other females issues that need to be takin care off</p>	
46	<p>THE COMMUNITY IS IN NEED OF A DIABETES SPECIALIST AND THE HOSPITAL IN SEDALIA, NEEDS MUCH IMPROVEMENT WITH THEIR EMPLOYEES AND CARE</p>	<p>Sep 3, 2012 1:13 PM</p>
47	<p>Missouri weather is so unpredictable, it is either hot or cold to walk out side. The YMCA is so expensive that a lot of people can't effort to pay monthly membership. I think free or cheap exercise places will encourage people to do more activities and be envolve in the health of their own, family and community.</p>	<p>Sep 3, 2012 9:22 AM</p>
48	<p>meetings at places like the library or senior center for health education</p>	<p>Sep 3, 2012 6:35 AM</p>
49	<p>STOP MEDICAIDE/ MOCARE USE ABUSE BY CHARGING A CO-PAY UP FRONT FOR USAGE, PROTECT FUNDS FOR MEDICARE; HAVE TESTING GUIDLINES NOT TO EXCEED QUALITY OF LIFE.</p>	<p>Sep 1, 2012 3:09 PM</p>
50	<p>Acute rehab center, urgent care center, preschool care (day care/head start approved),</p>	<p>Sep 1, 2012 2:04 PM</p>
51	<p>GET RID OF THE AFFORDABLE HEALTH CARE LAW</p>	<p>Aug 31, 2012 3:49 PM</p>
52	<p>A TARGTED MONTHLY CAMPAIGN AGAINST SMOKING; DIABETES; WELLNESS & OVER PRESCRIBING OF PRESCRIPTION DRUGS.</p>	<p>Aug 31, 2012 10:09 AM</p>
53	<p>Listed above already. Community health center for low/no income families and for those without insurances and who need medical attention but cant afford the er. More community awareness on childhood obesity. Alcohol and drug abuse and stress and community excercise that doesnt cost an arm and a leg.</p>	<p>Aug 30, 2012 6:15 PM</p>
54	<p>urgent care</p>	<p>Aug 30, 2012 12:47 PM</p>
55	<p>Banning smoking in all public places</p>	<p>Aug 30, 2012 12:05 PM</p>
56	<p>make healthcare more accessible</p>	<p>Aug 30, 2012 11:55 AM</p>
57	<p>improving awareness of skin cancer prevention and need the for covered outside play areas for children Health fairs that focus more on children</p>	<p>Aug 30, 2012 10:44 AM</p>
58	<p>Keep building awareness. Also, to ensure confidentiality for those seeking treatment of drug and/or mental illness, etc.</p>	<p>Aug 30, 2012 10:35 AM</p>
59	<p>I really feel that this area could benefit from a substance abuse inpatient facility and a detox (social or medical)</p>	<p>Aug 30, 2012 10:23 AM</p>
60	<p>Getting a pediatriician with evening, weekend hours available &/or an urgent care facility</p>	<p>Aug 30, 2012 9:52 AM</p>
61	<p>WE NEED A URGENT CARE CLINIC TO TAKE THE BURDEN OFF OUR ER S</p>	<p>Aug 30, 2012 9:42 AM</p>
62	<p>offer people the abliility to see a doctor on the weekends and holidays not the</p>	<p>Aug 30, 2012 9:16 AM</p>

Page 11, Q44. What ideas or suggestions do you have for improving the overall health of the area/community?

	emergency room and it be covered by insurance.	
63	Extended office hours during week and weekend. Should have an urgent care vs. emergency. Better patient transfer times whether it's in or out of hospital/community.	Aug 30, 2012 9:05 AM
64	Expanding services until 6 on Friday is great but what happens on Sat/Sun when a child wakes up screaming with ear ache, sore throat etc....Weekends are when we end up using ER or driving an hour to urgent care.	Aug 30, 2012 8:08 AM
65	Greater availability and public awareness of birth control services. Continued education for low income persons as to how to use medical services appropriately. Early intervention for children and all persons to diagnose health problems before these problems become severe.	Aug 29, 2012 8:41 PM
66	Offer freenhealth care survices one a month somewhere	Aug 29, 2012 4:46 PM
67	Again the emergency room and not being treated by or getting to talk to your regular dr.	Aug 29, 2012 3:48 PM
68	If the person doesnt want to take the time to go to the dr. than you make them go. Not everybody knows who to get a ride to dr. office More help in home I was taol mom got too much money to have anyone to help take care of her house. so pay for it	Aug 29, 2012 3:08 PM
69	The hospital should work closely with the YMCA to provide comprehensive nutrition/fitness education and activities.	Aug 29, 2012 1:41 PM
70	Continue to offer a broad spectrum of services as needed. Bring specialists here from Columbia/KC to reduce travel. The emergency clinic that was just added is a great idea. Any way to reduce cost (eliminate ER visits, etc.) should be priority.	Aug 29, 2012 1:17 PM
71	Present this questionair/survey in written form to those with out an IP. Have copies at the Housing Aithority, have churches distribute. The Mar-Saline Branch of the NAACP can assist with distribution to African American Communities.	Aug 29, 2012 12:57 PM
72	Get a quick Care clinic so people don't have to wait at the ER room for 2-3 hours	Aug 29, 2012 12:48 PM
73	[REDACTED]	Aug 29, 2012 12:38 PM
74	I think the hospital needs to re-look at the "financial assistance" program. I am a working single mother and I did all the necessary paperwork to see about getting financial assistance. I wasn't able to get a single penny. I work my butt off to make ends meet and support me and my child. I do have health insurance, but I have a high deductible. I can't afford to get any other insurance (my work pays about \$400) towards my insurance, and I have to pay the rest, which is over \$100 a month. How am I supposed to pay over \$2200 for an MRI I had done? You call the business office and can't get anything done. Now, I am paying what I can afford \$25.00 a month. Do you have any idea how long it will take me to get it paid off? Like 8 years to be fully paid off. There ought to be more things in place to help the "working poor." I didn't ask for my entire bill to be "forgiven". I	Aug 29, 2012 11:42 AM

Page 11, Q44. What ideas or suggestions do you have for improving the overall health of the area/community?

	owe the bill and I will work on paying it. But, come on. I couldn't even get part of it wrote-off?	
75	working folks don't get medicaid or medicare to help pay the cost, so we pay out of pocket for services we can't afford. you address this issue, you help solve the problem of untreated conditions	Aug 29, 2012 10:30 AM
76	More Specialist located at the hospital. A cath lab at the hospital with heart specialists.	Aug 29, 2012 9:27 AM
77	Affordable diet program. Look at the staff that are in power and why the turn-over at hospital. Good compassionate doctors leave due to disrespectfulness from upper management.	Aug 29, 2012 8:56 AM
78	encourage physicians to utilize health care options and hospital close to home thereby providing volume needed to bring additional specialist or services	Aug 22, 2012 3:33 PM
79	No smoking ordinances at local restaurants and businesses	Aug 22, 2012 12:48 PM

Page 12, Q53. How would you describe your housing situation?

1	own family farm	Sep 15, 2012 9:33 PM
2	LIVING WITH INLAWS OWN A HOUSE AND LOOKING TO BUY A HOUSE	Sep 4, 2012 6:38 AM
3	3 YEAR OLDER SIBLING HAS ALL THE DIFFICULTIES	Sep 1, 2012 3:11 PM

**Fitzgibbon Hospital
Community Health Needs Assessment**

Appendix 3
Interviews & Focus Group Schedule

[SEE ATTACHED]

Primary Data Gathering Schedule					
Agency	Demographic represented	Name of contact	Interview Who?	Data collection method	Assigned To:
Saline County Health Dept.	Low Income, Uninsured, chronic disease, STD's	Lisa Thomas	Staff	interview and onsite laptop	Amy/Mary
		Melanie Elfrink, M.D.		interview onsite laptop	Roberta Bob Mahoney
Marshall Housing Authority	Low Income, Race, Chronic disease, STDs?	David Hayes	David Hayes, Mary	interview and onsite laptop	Mary/Amy
			Ann Napier, Debbie Dobbins		Bob Mahoney
Marshall Senior Center	Seniors, low income, those with barriers	Kathy Tyre	Kathy Tyre, Peggy Cooper	onsite laptop/Focus Group-Board	Mary/Bob Mahoney
Salt Fork YMCA	All ages/incomes, same service area	Suzanne Smith	Suzanne Smith, Lisa McComas	interview and onsite laptop	Mary/Bob Mahoney
			Linzi Leimkeuhler		
School district nurses	Low income, chronic disease	Nancy Weismann, R.N.	MPD school nurses	Focus Group	Amy/Mary
		Ryan Huff, superintendent			
Cargill	Latino	Lisa Huesgen		interview and onsite laptop	Mary
Marshall Family Practice	All - including Medicaid			onsite laptop	Michael
Akeman McBurney Medical Clinic	All - including Medicaid			onsite laptop	Michael
MVP	All, especially chronically ill	Jack Uhrig, M.D.		Interview	Amy
					Amy
Letters of invitation/announcement distributed inviting groups to go to www.fitzgibbon.org to take survey					
Agency					
FH Board of Trustees					
FH Fund Development Council					
Civic Clubs					
Marshall Public Library Board					
YMCA Board					

Community Health Needs Assessment 2013

Saline County Health Board					
MSDC Board					
Chamber of Commerce					
Powerhouse Ministeries					
Nursing Home Administrators					
Saline County Commissioners					
Marshall City Council					
Marshall Ministerial Alliance					
MVRHEA					
Dr. Kelly/Dr. Thompson					
Marshall Park Board					
MVC School Nurses					
Inter-Agency Council					
Area school districts					

**Fitzgibbon Hospital
Community Health Needs Assessment**

Appendix 4

Focus Group and Targeted Interview Questions

[SEE ATTACHED]



**Community Health Needs Assessment
2012 Focus Group/Targeted Interview Questions**

Fitzgibbon Hospital is conducting a Community Health Needs Assessment as a requirement of the Affordable Care Act. The overarching goal of the project is to ensure the hospital - and its key community partners, when applicable - are responsive to the needs of the community and are strategically planning programs to meet identified needs. Input from at-risk population groups and experts in public health are essential to conducting a successful survey. We value your expertise in these areas and thank you in advance for agreeing to work with us on this important initiative.

Focus Group Facilitator(s):

Agency/Business/Group Being Interviewed: _____

Date of Focus group: _____ Start Time: _____ End Time: _____

Meeting Location:

Describe the demographic served by the agency being interviewed:

Participant Name/Title/Credentials/Yrs. of Service:

In your opinion:

Question 1: What are the most serious health issues facing our community?

Question 2: What are the most beneficial health resources or services in our community?

Question 3: What gaps in health services or resources do you see in our community?

Question 4: What is your perception of Fitzgibbon Hospital and of specific programs and services?

Question 5: What is your perception of the physician and medical services in our community?

Question 6: What suggestions do you have for improving the overall health of the area/community?

**Fitzgibbon Hospital
Community Health Needs Assessment**

**Appendix 5
Publicity Plan**

[SEE ATTACHED]

CHNA 2013 Publicity Plan:					
<u>Media or Source:</u>	<u>Type of Marketing:</u>	<u>Launch Date:</u>	<u>Description:</u>	<u>Duration:</u>	<u>Completed:</u>
Newspaper					
Dem. News	Press Release, Ad		line classified, banner, free spot	September	8/29/2012
Slater	Press Release				8/29/2012
Santa Fe Times	Press Release				8/29/2012
Sweet Springs	Press Release				8/29/2012
Windjammer Cable	Rolling Ad	9/10-9/16	invite to take online survey	1 wk.	9/4/2012
Radio/KMMO/KMZU/KRLI					
KMMO	Spotlight		CHNA overview; survey invite		9/11/2012
	PSA				
	Press Release				8/29/2012
KMZU/KRLI	PSA/Press Release		no-service area is north of river		
FH Phone System			On hold system plays CHNA ad		
Outside Agencies	Letter	8/31/2012	Survey invite		
FH Board of Trustees			Sept. Board packet??		
Civic Clubs	have list				9/4/2012
YMCA Board					8/24/2012
Health Dept. Board					
MSDC Board	Bill Riggins				9/4/2012
Chamber Board	have list				9/4/2012
Powerhouse Ministries	Charles Stephenson		Targeted Interview		9/25/2012
Saline Co. Commission	Tom Stallings				9/5/2012
Marshall City Council	Mark Gooden				9/5/2012
Ministerial Alliance	David VanHorn				9/4/2012
MVRHEA					9/5/2012
Dr. Jerry Kelly					9/5/2012
Dr. Paul Thompson					9/5/2012
Marshall Park Board	Jeff Stubblefield				9/5/2012
MVC School Nurses					9/5/2012

Inter-Agency Council					9/4/2012
Saline Co. Mental Health	Jackie Carton				9/4/2012
Fund Dev. Council		9/5/2012			9/5/2012
FH Staff/Employees	MOX	8/29/2012	CHNA Intro & survey invite	month	8/31/2012
	Outlook				
	FH Publicity	8/29/2012	CHNA Cards	month	8/30/2012
	Cafeteria		"		"
	Timeclocks		"		"
	Mailboxes		"		9/4/2012
	Staff Meetings	8/30/2012	Ops Council		8/30/2012
FIN	FIN	9/4/2012	Survey Invite	month	8/31/2012
FH Phone on hold system					9/1/2012
Outside Web Links:					
MPS	www.marshallschools.com		letter as MVRHEA		
Chamber of Commerce	www.marshallchamber.com		emailed info 8.28/letter 9/5/12		
Democrat News	www.marshallnews.com		Banner ad		
Saline County Health Dept	www.saline.lphamo.org				
Marshall Senior Center	www.goaging.com		emailed info 8.28		
YMCA	www.saltforkymca.org		emailed info 8.28		
KMMO	www.kmmo.com				
MSDC-Bill Riggins			letter mailed 9/5/12		
Newletter request:					
Marshall Housing Auth.	emailed info 8.27				9/1/2012
Marshall Senior Center	emailed info 8.28				
Marshall Chamber	emailed info 8.28				
Churches-Ministerial Allianc	emailed info 8.31				