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The IRS has set new requirements for non-profit (Section 501(c) (3)) hospitals that include completing a Community Health Needs Assessment (CHNA). Heartland Regional Medical Center (HRMC) is conducting this assessment not only due to the IRS requirement, but also because it is the right thing to do. The CHNA is vital to our mission of improving the health of individuals and communities in our region. This assessment will ensure that our efforts are directed toward the health issues that are of the most importance to the people we serve. HRMC will conduct a CHNA every three years and adopt an implementation strategy to meet the community health needs identified through the assessment.

Following best practice as specified by Missouri Hospital Association, we gathered information for the Community Health Needs Assessment from a variety of sources:

**Community Survey**

A community survey was conducted to determine the health need priorities, according to the opinion of individuals in HRMC’s service area. The survey was administered by American Viewpoint, one of the most widely-respected public opinion research and strategic message consulting firms in the United States.

**Focus Groups**

To complete the qualitative aspect of the data gathering associated with community health needs, the query was introduced to six focus groups comprised of community members, including those with broad interests and those with special knowledge of the subject. HRMC recruited all participants and LAN Resources, LLC, moderated each group.
Analysis of Existing Data

Several groups have survey data concerning health issues. A scorecard was developed from the existing data to factor in when determining the primary community health needs. To monitor our success in improving the health of the community, we have been gathering our own population health data for more than 25 years. The health scorecard represents the newer data, from July of 2012, more than three years newer than data available from national sources.

We analyzed a wide variety of data in each of these areas. Below is a list of data sources used.

- Agency for Healthcare Research and Quality (AHRQ) PQI (prevention quality indicators)
- Missouri Department of Health
- Local Behavioral Risk Factor Surveillance System (BRFSS) (stjoehealthinfo.org)
- State BRFSS
- Missouri Hospital Association (MHA) report: Assessing the Health of Our Communities
- County Health Rankings
- University of Wisconsin Population Health Institute
- St. Joseph Health Department.
- American Community Survey (ACS)
- Missouri Economic Research and Information Center (MERIC)
- Success by Six/United Way
- Head Start

The Primary Health Issues

By combining the data from the community survey, external data sources and the community focus groups, the top three community health needs were determined:

- Mental Health services
- Adult and childhood obesity
- Education on health and health resources

HRMC Current Response to These Issues

Mental Health

HRMC has an overarching mental health strategy. The plan has three phases:

Phase I – HRMC’s initiatives and services
Phase II – Community-based initiatives
Phase III – A new delivery system

Adult and Childhood Obesity

HRMC has a dual approach to managing obesity in our population; a clinical method and community programming.

Education on Health and Health Resources

HRMC offers nearly 50 educational programs throughout the year to help maintain a healthy lifestyle. These are well-advertised and most of them are free of charge.
Prior Community Benefit Reporting

In FY11, HRMC made a total community investment of $47,536,594. In addition, HRMC annually donates standby ambulance and first aid services to support community events. In 2012, HRMC donated 195 hours of ambulance time costing the organization $54,150.00.

Based on the specified primary community health needs identified in this assessment, HRMC’s community benefit giving strategy will be realigned to address community efforts dedicated to meeting these needs.

CHNA Action Plan

To fully meet the needs specified by the CHNA research results, HRMC will implement a three-year action plan.

Specific steps in the action plan include:

Mental Health Services

- Community opinion is that HRMC should take the lead in this initiative, but encourages HRMC to work with community partners. HRMC is willing to assume this role and collaborate when possible, but will address the need whether or not a partnership is possible.
- Review and update Communities of Hope community readiness, needs and resource assessment report
- Offer telemedicine to other sites

Adult and Childhood Obesity

- Continue and expand Pound Plunge and 4th Grade Challenge
- Compile a comprehensive web-based information area with calendar of all activity-based events in our area, for easy reference and planning
- Increase access to healthy food and health experts in underserved areas

Health and Health Resource Education

- Compile a comprehensive web-based information area with calendar of all health education opportunities in our area, for easy reference and planning
- Earned media stories
- Encourage HRMC caregivers to participate in education events in the community, focusing on their area of expertise
- Incorporate into primary care physician visits
# Table of Contents

**Executive Summary** ................................................................. i
  - The Primary Health Issues .................................................. ii
  - HRMC Current Response to These Issues ................................. ii
  - Prior Community Benefit Reporting ........................................ iii
  - CHNA Action Plan ............................................................... iii

**Table of Contents** ..................................................................... v

**About the Community Health Needs Assessment** ...................... 1
  - Our Vision ........................................................................... 1
  - Our Mission ......................................................................... 1
  - Our Values ........................................................................... 1
  - New Requirements for Section 501(c) (3) Status a.
  - Community Health Needs Assessment .................................... 2

**Process and Methodology** .......................................................... 3
  - Community Survey ................................................................ 3
  - Focus Groups ....................................................................... 5
  - Analysis of Existing Data ....................................................... 7

**The Primary Health Issues** ......................................................... 10
  - Mental Health ....................................................................... 10
  - Adult and Childhood Obesity .................................................. 12
  - Education on Health and Health Resources ............................. 14
  - HRMC’s Contribution to the Community ................................. 16
  - Detail of Contributions by Category ........................................ 17
  - HRMC 3-Year Community Health Needs Action Plan .............. 19
**Our Vision**
To make HRMC and our service area the best and safest place in America to receive health care and live a healthy and productive life.

**Our Mission**
To improve the health of individuals and communities located in the HRMC region and provide the right care, at the right time, in the right place, at the right cost with outcomes second to none.

**Our Values**
Our vision and mission will be achieved through exercise of our core values:

- Respect
- Honesty
- Compassion
- Trust
- Integrity
- Service
The IRS has set new requirements for non-profit (Section 501(c) (3)) hospitals that include completing a Community Health Needs Assessment (CHNA). HRMC is conducting this assessment not only due to the IRS requirement, but also because it is the right thing to do. The CHNA is vital to our mission of improving the health of individuals and communities in our region. This assessment will ensure that our efforts are directed toward the health issues that are of the most importance to the people we serve. HRMC will conduct a CHNA every three years and adopt an implementation strategy to meet the community health needs identified through the assessment.

**New requirements for Section 501(c) (3) Status a. Community Health Needs Assessment**

- The organization must conduct a “community health needs assessment” (CHNA) not less frequently than every three years and adopt an implementation strategy to meet the community health needs identified through the assessment.

- A CHNA must include input from persons “representing the broad interests of the community served by the hospital facility,” including those “with special knowledge of or expertise in public health.”

- The assessment must be made widely available to the public.

- Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years.

- The CHNA requirements are effective for taxable years beginning after March 23, 2012.
Community Survey

A community survey was conducted to determine the health need priorities, according to the opinion of individuals in HRMC’s service area. We sincerely thank all of the respondents to the survey for their valuable input. The survey was administered by American Viewpoint, one of the most widely-respected public opinion research and strategic message consulting firms in the United States. Founded in 1985 by Linda DiVall, the company has established a national reputation for outstanding quantitative and qualitative research in politics, corporate affairs, public policy and government relations. Interviews were conducted August 27-29, 2012 with 500 residents across the service area. Approximately 25 percent of interviews conducted with cell phone only households. The margin of error for the full sample (n=500) is +/- 4.4 percent at the 95 percent confidence level.

The sample included men and women between from the ages of 18 to more than 65, with household incomes ranging from below $20K to above $50K. Among the respondents were those who had lived in St. Joseph for less than five years to those who had lived in the community all their lives.

The respondents were asked to respond to this question: What do you think is the biggest and 2nd biggest health challenge in the community?

They were given a list of ten health issues to choose from:

• Adult Obesity
• Childhood Obesity
• Breast Cancer
• Dental Care
• Lung Cancer
• Mental Health
• Illegal Drug Use
• Heart Disease
• Diabetes
• Smoking
Of the respondents, 38 percent considered adult obesity to be the biggest health issue facing our community. When combined with 20 percent ranking of childhood obesity, the issue of weight and the inherent health risk factors involved dominated the response. Heart disease followed at 24 percent and the third issue ranked was illegal drug use at 21 percent. However, when considering the interconnectivity of the issue of illegal drug use and mental health, theoretically, these combined represent 28 percent of responses, which elevates these issues combined to the second most pressing need.

Adult obesity is seen as the biggest health challenge facing the area and is of even greater concern when combined with child obesity. Clearly promoting the Pound Plunge will be important to show the active role HRMC is taking in tackling the most important health challenges facing the area.
Focus Groups

To complete the qualitative aspect of the data gathering associated with community health needs, the query was introduced to six focus groups on November 8 and 9, 2012, comprised of community members, including those with broad interests and those with special knowledge of the subject. Thank you to all of the participants who gave their time and expertise in this endeavor. HRMC recruited all participants and LAN Resources, LLC, moderated each group. At the beginning of each session, the focus group participants were given a blank sheet of paper and were asked to write down the first word or short phrase that came to mind when asked the question, “What is the number one health concern of our community?” The papers were collected and the group discussed each of the responses to ensure they knew what resources are currently in place through HRMC and to verify that the need was seen as important by the majority of the group.

The groups represented:

• Physicians (2 focus groups)
• Community members
• Clinical staff - registered nurses and care managers
• Hospital leadership
• Community health leaders

The results from the focus groups were surprisingly similar for all. In all groups, 100 percent expressed the opinion that mental health issues are not being adequately addressed in our community. Resources in our area are not sufficient to meet the ever-growing need for both inpatient and outpatient mental health treatment. The wait time for an appointment with a psychiatric provider is generally four to six weeks. The agencies dedicated to providing mental health services operate in silos and there is no coordinated effort. A community mental health steering committee formerly met on a regular basis to discuss issues and provide direction, but this committee is not currently active. This void has brought about more fragmentation of time, effort and resources. A designated leader or organizer needs to emerge to take control of this health issue in our area. A community member expressed his frustration with this issue, “Huge deficit in the community with mental health. Nearly impossible to find help for those people, especially inpatient needs or those that need overnight services. It is probably one of the worst crises in health care.” A psychiatrist from HRMC also paints a grim picture of the situation, “It takes about two months to see a doctor. Getting an appointment is a huge issue. Within our larger area, especially North Central, there are no mental health providers available. We get a lot of referrals from that area. Finding long-term care is difficult. Those services are limited to nursing homes, which require a Level 2 screening and being nonviolent to get care. This causes a problem discharging patients since they have no place to go.”

Additionally, 100 percent agreed obesity and weight management in both children and adults is a major issue. The majority indicated that tools exist to address this problem, but that more education is needed to enable adults to manage their weight and help prevent weight issues in children. One community health leader commented, “People are living off limited resources and can’t afford healthy food. People lack the knowledge of basic nutrition to use their money wisely. How can we partner better with Second Harvest Community Food Bank to provide more healthy food to the needy?” A physician also stated, “The problem with obesity is that dieting is really difficult. The one way to combat that is to promote more activity. There are so many activities available to do, but we never advertise, so no one knows.”

The third most pressing problem as determined by focus group participants (80 percent) is lack of education on health and health resources. Again, almost all agreed that the tools and resources exist for people to better manage their own health; the problem seems to lie with education and making the information readily accessible. A nurse commented, “We
Analysis of Existing Data

Several groups have survey data concerning health issues. A scorecard was developed from the existing data to factor in when determining the primary community health needs.

### Community-Core Competency Scorecard

<table>
<thead>
<tr>
<th>Core Competency</th>
<th>Measure</th>
<th>U.S.</th>
<th>MO</th>
<th>Buchanan County</th>
<th>Buchanan County Compared to U.S.</th>
<th>Buchanan County Compared to MO</th>
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</thead>
<tbody>
<tr>
<td>Delivering Best and Safest</td>
<td>Preventable Hospitalization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Smoking Attributable Deaths (per 100,000)</td>
<td>247.8</td>
<td>152.2</td>
<td>178.9</td>
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<td>+</td>
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<tr>
<td></td>
<td>Access to affordable healthcare — Uninsured Rate (% uninsured)</td>
<td>15.1</td>
<td>12.8</td>
<td>11.6</td>
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<tr>
<td>Individual Health Improvement</td>
<td>Nutrition/Obesity (% BMI 30+)</td>
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<td>31.0</td>
<td>32.0</td>
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<td></td>
<td>Physical Activity (% yes last 30 days)</td>
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<td>72.8</td>
<td>49.5</td>
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<tr>
<td></td>
<td>Mental Health (% 0 days poor or mental health keep you from doing activity)</td>
<td>66.0</td>
<td>64.0</td>
<td>24.1</td>
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<tr>
<td></td>
<td>Current Smoking Rate</td>
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<td>28.0</td>
<td>19.0</td>
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<tr>
<td></td>
<td>Substance Abuse/Binge Drinking</td>
<td>14.8</td>
<td>15.6</td>
<td>17.0</td>
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<tr>
<td>Community Health Improvement</td>
<td>Income/Poverty (% below poverty)</td>
<td>15.9</td>
<td>13.5</td>
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<td>Education (% 25 yrs old with 4 year degree)</td>
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<td>16.4</td>
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<td></td>
<td>Employment/Work (% uninsured)</td>
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<td>7</td>
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<td>Housing</td>
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<td>The Economy: Weekly Wages</td>
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</table>
HRMC’s role is much more than a hospital. We are a fully engaged community partner in addressing the health and social issues in our region. St. Joseph and the area present unique health and social challenges. We recognize that the major health problems of our community are based in human behaviors, which in turn have their root in basic human conditions. Our efforts address all levels of what we call the health pyramid, the actual physical conditions forming only the tip.

We have programs in place to address a wide variety of human behaviors that influence health. Community outreach health improvement initiatives help those in our community change the human behaviors that put their health at risk. To reach the root causes, HRMC seeks to address the human conditions that affect health, to chip away the foundation of the health pyramid. HRMC’s long term goal is to “flip the triangle” or spend more time and resources on the human condition, health promotion and illness prevention so that less is needed for acute care for illness and disease due to improved community and individual health.

To monitor our success in improving the health of the community, we have been gathering our own population health data for more than 25 years. The health scorecard shown to the left represents the newer data, from July of 2012, more than three years newer than data available from national sources. The category best and safest represents data collected that impacts the top of the pyramid; delivering the best and safest care to our patients. Individual health improvement involves the community outreach programs we provide to improve the health of those in our service area. Community health improvement represents our efforts to modify the root causes of the risky behaviors that affect physical health.
We analyze a wide variety of data in each of these areas. Below is a list of the analyzed measures in each competency and the data sources used.

Core Competency: Delivering Best and Safest

The measures in this area are preventable hospitalizations, smoking-attributable deaths and access to affordable health care.

The data sources used:

- Agency for Healthcare Research and Quality (AHRQ) PQI (prevention quality indicators)
- Missouri Hospital Association (MHA)
- Missouri Department of Health
- Local Behavioral Risk Factor Surveillance System (BRFSS) (Stjoehealthinfo.org)
- State BRFSS

Core Competency: Individual Health Improvement

The measures in this area are current smoking rate, physical activity, obesity, substance abuse and mental health.

The data sources used:

- Missouri Hospital Association (MHA) report: Assessing the Health of Our Communities
- County Health Rankings
- University of Wisconsin Population Health Institute
- St. Joseph Health Department.

Core Competency: Community Health Improvement

The measures in this area are income/poverty, education, employment, early life experience, housing and community.

The data sources used:

- American Community Survey (ACS)
- Missouri Economic Research and Information Center (MERIC)
- Success by Six/United Way,
- Head Start
By combining the data from the community survey, external data sources and community focus groups, the top three community health needs were determined:

- Mental Health services
- Adult and childhood obesity
- Education on health and health resources

**HRMC current response to these issues:**

**Mental Health**

*HRMC has an overarching mental health strategy. The plan has three phases:*

- **Phase I – HRMC’s initiatives and services**
- **Phase II – Community-based initiatives**
- **Phase III – A new delivery system**

**Phase I – HRMC**

To address the growing need for Mental Health services, HRMC has an inpatient Mental Health Unit. This consists of a 24-bed acute care, inpatient, adult psychiatric unit, serving persons age 18 years and older, including the geriatric population. Through contractual agreement with the Missouri Department of Mental Health, the unit provides services for a 19-county region in northwest Missouri. We also serve the HRMC region which includes northwest Missouri and adjacent counties in Kansas, Iowa and Nebraska. The unit provides care to an average 23 patients per day with an average stay of six days.

**As part of a mental health services plan, an 8-bed medical-behavioral unit was opened on a patient floor to address the need for more psychiatric inpatient services. This unit averages six to seven patients per day with an average stay of five days.**

Many psychiatric patients enter the medical center through the Emergency Department (ED). To better serve them, a mental health team was formed to strategize the care and streamline the placement of mental health patients. A Psychiatric Evaluation Service was formed within the ED, providing three secure treatment areas, with one-on-one observation coverage, staffed 12 hours a day by psychiatric trained clinicians, who remain in-house and on-call for the other 12 hours.

To meet the increasing need for outpatient mental health services, in August 2011 HRMC opened HRMC Psychiatric Clinic. We offer individual outpatient mental health services for adult and adolescent patients who need to be assessed and treated for a variety of psychiatric conditions. Outpatient services include:

- Psychiatric evaluations
- Individual evaluations conducted by psychiatric nurse specialists and social workers
- Mental health diagnostic assessment and evaluation
- Medication management
Programs available include:

- Mental Health
- Relapse prevention
- Cognitive behavioral therapy
- Family therapy
- Educational sessions regarding addiction and dependency
- Educational sessions regarding dual diagnosis of mental health and substance abuse diagnosis

HRMC has also recently begun providing electroconvulsive therapy (ECT), a medical treatment most commonly used in patients with major depression or bipolar disorder that have not responded to other treatments. ECT is the gold standard therapy for severe depression. It is pain-free, very safe and works more quickly and in most cases more effectively than most medications, with fewer side effects.

Phase II – Community-based Initiatives

To better serve the needs of mental health patients outside the inpatient setting, HRMC has developed an outreach plan. One of the completed steps was bringing a Mental Health Community Services Team Leader on board to oversee Phase II. Expanding and enhancing outpatient services are also planned. These efforts include a partial hospitalization program in downtown St. Joseph, a location closer to a concentration of those seeking mental health services, expanding care management to all outpatient services and increasing outpatient clinic hours to meet increased volume. Phase II also involves collaborating with correctional facilities, primary care physicians, HRMC’s Pain Center and Northwest Health Services federally qualified health center.

Phase III – A New Delivery System

This new system involves integration with all local and regional mental health providers. The goals of this phase are to provide community-based assessment, triage, care management and measurement of outcomes. Phase III may also involve expanding the continuum of care, including residential care facilities. In an ideal system, the partners in Phase III would collaborate on financing, governance, and filling the gaps in care.

• Individual therapy
• Family therapy
• Couple therapy
• Substance abuse counseling

The five providers at the clinic (two part time psychiatrists, two part time nurse practitioners and one full time licensed certified social worker) see 550-600 patients per month.

In November of 2012 HRMC introduced The Intensive Outpatient Program (IOP). This is a group program for patients needing alternatives to safely cope with substance abuse issues, who require more structure and support than available through individual outpatient therapy and those with a mental health diagnosis. The IOP Program is conveniently scheduled during evening hours. It offers structured, group therapy sessions by trained professionals.
Adult and Childhood Obesity

HRMC has a dual approach to managing obesity in our population; a clinical method and community programming.

In Heartland Clinic, when a patient sees their primary care physician, automated text from our electronic medical record is pulled into the patient’s record and prints with departure instructions based on the patient’s documented age, height, weight and body mass index (BMI). Providers also have the ability to select educational information on other topics regarding diet and exercise.

For example, the following is automatically included for all patients age two and above, regardless of BMI:

Unless your provider provides specific instructions on diet, exercise or weight control please take these health improvement tips into consideration.

DIET:
Changing the way you eat can reduce many risk factors. It can lower your cholesterol, blood pressure and weight. Your diet doesn’t have to be bland and boring to be healthy. Eat a diet rich in vegetables and fruits, with whole grains, high fiber foods, lean meats and poultry, fish at least twice a week, and fat free or 1 percent fat dairy products.

EXERCISE:
Regular exercise such as walking strengthens your heart and improves the flow of blood. Check with your Primary Physician about how much exercise is best for you. Studies show that people who exercise are the most likely to lose weight and keep it off. Exercise burns calories. It helps build muscle to make your body stronger. Exercise gives you energy, curbs your appetite, decreases stress, and helps you sleep better. Make exercise part of your weight management plan.
HRMC also offers bariatric surgery right here in our community. HRMC Weight Management Center has been designated as a Bariatric Surgery Center of Excellence® (BSCOE) by the American Society for Metabolic and Bariatric Surgery (ASMBS). HRMC Bariatric Center is unique by offering two bariatric surgeons, a program manager, dietitian, psychologist, physical therapist and a bariatric nurse practitioner for a multi-disciplinary team approach.

Children’s Mercy Hospital has provided monthly outreach clinics at HRMC’s Lakeside Pediatrics for many years. This partnership has expanded to a larger and more kid-friendly outreach clinic — Children’s Mercy Kansas City—Heartland Specialty Clinics, here at HRMC. The new location is now home to Children’s Mercy Cardiology and Endocrine/Diabetes clinics. The expansion enables the clinics to add additional specialties in the future, such as child/adolescent-weight loss, to help address childhood obesity. Children’s Mercy consistently ranks among the leading children’s hospitals in the nation and was the first hospital in Missouri and Kansas to earn the prestigious Magnet designation for excellence in patient care from the American Nurses Credentialing Center.

To address adult obesity in our community and to promote the adoption of healthier lifestyles, HRMC developed Pound Plunge. The event began as a community partnership between HRMC and radio station K-JO 105.5. The two collaborated to develop a fun event that would bring the community together and promote healthy lifestyles. This 12-week weight-loss competition challenges teams of four, individuals or corporate teams to adopt a healthy lifestyle and lose weight in the process. Teams and individuals register online; attend a Kick-Off event, weekly weigh-ins and Fitness sessions while competing for great prizes. At the beginning of its seventh year, in the past six years, more than 12,000 people have taken the Pound Plunge, losing more than 80,000 pounds. During 2012, Robert C. Betts, Jr., participated and won the grand prize of the Pound Plunge. “I had some health issues I really needed to address, and I needed a healthy regimen. The Pound Plunge was the best thing for me,” says Robert. Robert considers the experience “life changing” and he is hoping it has the same impact on his friend. Robert will be participating in the 2013 Pound Plunge with a friend and his goal is already set — he hopes to lose another 50 pounds. “No one really realizes how your life improves after losing that kind of weight. I really recommend it to anybody that wants to lose weight, eat healthy and exercise. It’s amazing how great you will feel.”

To address the increasing issue of childhood obesity, HRMC introduced the 4th Grade Challenge, in a partnership with the St. Joseph School District. Childhood obesity is a problem within the St. Joseph school district, with 33 percent of grade school children meeting the CDC definition of obese and more than two-thirds considered overweight. The 4th Grade Challenge is a program created for children who are at the age when they can begin to make choices for themselves. The objective of the program is to improve these students’ health by providing an eight week curriculum with fun, hands-on activities designed to encourage healthy eating habits, exercise and making wise lifestyle choices. The 4th Grade Challenge began its fifth year in September 2012. Originally implemented in four schools, it was expanded to included eight schools in 2009, and now includes all sixteen elementary schools in the St. Joseph School District. One fourth grade student commented, “The 4th Grade Challenge taught me that if you have a lot more weight on your body, you can’t do half the things you used to do.” Another said, “It taught me to look at labels and find foods that are good for me, and that I can’t just eat a lot of junk food and to exercise more.” HRMC has also engaged members of the St. Joseph Chamber of Commerce Health and Productivity Roundtable to help teach students the lifelong value of healthy choices.

Using adult volunteers from business achieves two goals, the adults provide valuable assistance with the program, and the adults themselves also learn the value and benefits of a healthy lifestyle, which makes them outstanding ambassadors for workplace wellness.

HRMC is a partner in the Social Innovation for Missouri grant. Through this grant, community gardens were created at two St. Joseph elementary schools and two more are planned. Children learn about the benefits of eating fruits and vegetables as part of the learning experience combined with the gardens. Healthy cooking classes are also offered in the schools.
HRMC offers many educational programs to help maintain a healthy lifestyle. Some events and seminars include:

- Diabetes Expo for patients and families
- Spirit of Women Day of Dance – health education for women and families
- Educational programs through Human Motion Institute:
  - Joint and Arthritis
  - Spine Health
  - Sports Injury and Prevention
  - Concussion Identification and Management
  - Stroke Education
  - Fall Prevention
- Diabetes Symposium for providers
- Colorectal Health Symposium – public health education on this disease
- Breast cancer awareness events
- Pound Plunge
- 4th Grade Challenge
- Men’s Tune Up Prostate Screening – health education for men
- Heart Walk – heart health education
- Lung and Skin Cancer Screening Seminar
- Clinic Minute – monthly television spot featuring public health information
- Spiritual Health Services Education:
  - Advance care planning education
  - Grief and Loss education series
  - Kid’s Palooza focused on assisting children with grief
- End-of-life care education to nursing care facilities and community groups provided by Hands of Hope Hospice
- Care Management, the Learning Center and the Call Center provide support for community health education.
- Care management works with patients one-on-one to understand their health conditions and gain health literacy around how to access the system and best practices for optimum health.
• The care management team also provides content and expertise for Senior Health Club luncheons and performs a variety of ad hoc community outreach efforts such as going to the food kitchen to meet with community members.

• The call center provides both general health information to callers and a service to triage and direct callers to the most appropriate venue of care.

• The Learning Center provides centralized resources for chronic condition education such as diabetes, congestive heart failure, hypertension, etc.

• Heartland Counseling provides:
  - Workshops or presentations on certain topics such as workplace stress, conflict resolution, etc. for area employers
  - Career fairs for local schools
  - Assistance with the “JUMP Program” a mentoring program for pregnant and parenting teens

• 5th Grade Challenge session on building healthy bones and another on bystander CPR

• Coffee Talk – health education presentation at local shopping mall open to the public

• Disaster Services:
  - Emergency Preparedness for St. Joseph School District nurses
  - Community Emergency Response Team (CERT) Program for all schools
  - Emergency Preparedness Coalition
  - Disaster preparedness

• Health education combined with community gardens at schools

• Healthy cooking classes at four schools this school year

• Blood pressure screenings and Home Health education public events

• Head Start screenings

*These are well-advertised and most of them are free of charge.*
## HRMC’s Contribution to the Community
(Excluding Foundation Grant Activities)

<table>
<thead>
<tr>
<th></th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Patient Service Revenue (Audit)</strong></td>
<td>$472,249,149</td>
<td>$513,081,174</td>
<td>$552,721,981</td>
</tr>
<tr>
<td>Adjust to Heartland Reporting Format:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision for Uncollectible Accounts</td>
<td>($34,165,170)</td>
<td>($38,657,155)</td>
<td>($42,559,843)</td>
</tr>
<tr>
<td>Federal Reimbursement Allowance</td>
<td>($23,879,375)</td>
<td>($21,342,085)</td>
<td>($15,363,718)</td>
</tr>
<tr>
<td>Adjusted Net Patient Service Revenue</td>
<td>$414,204,604</td>
<td>$453,081,934</td>
<td>$494,798,420</td>
</tr>
<tr>
<td>Net Operating Income</td>
<td>$29,072,244</td>
<td>$24,822,426</td>
<td>$32,432,344</td>
</tr>
</tbody>
</table>

## Our Investment in Community Care

<table>
<thead>
<tr>
<th></th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care (at Actual Cost)</td>
<td>$9,784,000</td>
<td>$12,775,000</td>
<td>$13,151,000</td>
</tr>
<tr>
<td>Uncompensated Care (at Actual Cost)</td>
<td>$15,270,000</td>
<td>$16,790,793</td>
<td>$19,146,866</td>
</tr>
<tr>
<td>Un-reimbursed Care (at Actual Cost Less Payments)</td>
<td>$7,035,000</td>
<td>$10,686,000</td>
<td>$15,349,000</td>
</tr>
<tr>
<td>Community Care Contributions</td>
<td>$32,089,000</td>
<td>$40,251,793</td>
<td>$47,646,866</td>
</tr>
</tbody>
</table>

## Other Community Investment:

<table>
<thead>
<tr>
<th></th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Education</td>
<td>$101,199</td>
<td>$113,087</td>
<td>$139,896</td>
</tr>
<tr>
<td>Community Health Services</td>
<td>$3,204,191</td>
<td>$2,962,175</td>
<td>$4,112,216</td>
</tr>
<tr>
<td>Community Building — Taxes</td>
<td>$1,147,127</td>
<td>$1,211,243</td>
<td>$1,293,325</td>
</tr>
<tr>
<td>Community Building — Economic Development</td>
<td>$248,000</td>
<td>$681,554</td>
<td>$677,302</td>
</tr>
<tr>
<td>Community Building — Benevolence</td>
<td>$2,794,279</td>
<td>$1,475,333</td>
<td>$1,086,423</td>
</tr>
<tr>
<td>Community Support Activities</td>
<td>$192,711</td>
<td>$290,669</td>
<td>$294,115</td>
</tr>
<tr>
<td>Total Community Contributions</td>
<td>$7,687,507</td>
<td>$6,734,060</td>
<td>$7,603,277</td>
</tr>
<tr>
<td>Total Community Investfent</td>
<td>$39,776,507</td>
<td>$46,985,853</td>
<td>$55,250,143</td>
</tr>
</tbody>
</table>

## Community Investment as a Percentage of:

<table>
<thead>
<tr>
<th></th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Patient Service Revenues</td>
<td>9.60%</td>
<td>10.37%</td>
<td>11.17%</td>
</tr>
<tr>
<td>Net Operating Income</td>
<td>136.82%</td>
<td>189.29%</td>
<td>170.36%</td>
</tr>
<tr>
<td>Other Community Investment — % of Operating Income</td>
<td>26.44%</td>
<td>27.13%</td>
<td>23.44%</td>
</tr>
<tr>
<td>Category</td>
<td>FY10</td>
<td>FY11</td>
<td>FY12</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td><strong>Community Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Pastoral Education</td>
<td>$10,360</td>
<td>$9,868</td>
<td>$8,830</td>
</tr>
<tr>
<td>Pregnancy Community Care Management</td>
<td>$36,806</td>
<td>$18,731</td>
<td>$43,126</td>
</tr>
<tr>
<td>Wellness Center Community Services</td>
<td>$39,033</td>
<td>$64,488</td>
<td>$67,941</td>
</tr>
<tr>
<td>Lowell C. Kruse Scholarship (25 years)</td>
<td>$15,000</td>
<td>$20,000</td>
<td>$20,000</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$101,199</strong></td>
<td><strong>$113,087</strong></td>
<td><strong>$139,896</strong></td>
</tr>
<tr>
<td><strong>Community Health Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Clinic</td>
<td>$194,128</td>
<td>$234,194</td>
<td>$241,295</td>
</tr>
<tr>
<td>Ambulance (Net Losses)</td>
<td>$1,207,065</td>
<td>$869,034</td>
<td>$1,744,044</td>
</tr>
<tr>
<td>ED Van (FY12 add)</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>CAN (Community Action Network)</td>
<td>$0</td>
<td>$176,324</td>
<td>$615,529</td>
</tr>
<tr>
<td>Peds Van</td>
<td>$234,714</td>
<td>$219,435</td>
<td>$243,082</td>
</tr>
<tr>
<td>Senior Health</td>
<td>$23,702</td>
<td>$18,829</td>
<td>$8,513</td>
</tr>
<tr>
<td>Youth Health</td>
<td>$104,952</td>
<td>$109,832</td>
<td>$108,735</td>
</tr>
<tr>
<td>Community Health Line (Uncompensated Portion)</td>
<td>$1,439,630</td>
<td>$1,334,527</td>
<td>$1,151,019</td>
</tr>
<tr>
<td><strong>Community Health Services</strong></td>
<td><strong>$3,204,191</strong></td>
<td><strong>$2,962,175</strong></td>
<td><strong>$4,112,216</strong></td>
</tr>
<tr>
<td><strong>Community Building — Taxes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real Estate Taxes Paid</td>
<td>$1,147,127</td>
<td>$1,211,243</td>
<td>$1,293,325</td>
</tr>
<tr>
<td><strong>Community Building — Economic Development</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Communities Annual Gift</td>
<td>$100,000</td>
<td>$100,000</td>
<td>$100,000</td>
</tr>
<tr>
<td>Sponsorships — Chief’s Training Camp</td>
<td>$0</td>
<td>$436,554</td>
<td>$423,302</td>
</tr>
<tr>
<td>HRMC — Chamber of Commerce</td>
<td>$48,000</td>
<td>$45,000</td>
<td>$54,000</td>
</tr>
<tr>
<td>HRMC — 21st Century Jobs</td>
<td>$100,000</td>
<td>$100,000</td>
<td>$100,000</td>
</tr>
<tr>
<td><strong>Community — Economic Development</strong></td>
<td><strong>$248,000</strong></td>
<td><strong>$681,554</strong></td>
<td><strong>$677,302</strong></td>
</tr>
<tr>
<td>Category</td>
<td>FY10</td>
<td>FY11</td>
<td>FY12</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Charitable Trust (Actual Amount Spent)</td>
<td>$597,357</td>
<td>$1,144,843</td>
<td>$671,433</td>
</tr>
<tr>
<td>Success by 6 Additional</td>
<td>$206,400</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>University of Minnesota Graduate Program</td>
<td>$500,000</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Sponsorships — Routine @ 50%</td>
<td>$66,500</td>
<td>$75,756</td>
<td>$97,757</td>
</tr>
<tr>
<td>Ag Expo Center ($350,000 Committed)</td>
<td>$87,500</td>
<td>$87,500</td>
<td>$87,500</td>
</tr>
<tr>
<td>Transportation Cost and Indigent Care</td>
<td>$0</td>
<td>$0</td>
<td>$17,093</td>
</tr>
<tr>
<td>United Way — Corporate</td>
<td>$168,770</td>
<td>$155,234</td>
<td>$193,665</td>
</tr>
<tr>
<td>Jamaica Mission Trip</td>
<td>$10,000</td>
<td>$12,000</td>
<td>$18,975</td>
</tr>
<tr>
<td>Ortho Supplies to Haitian Relief (Synthes)</td>
<td>$1,157,752</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Community Benevolence</td>
<td>$2,794,279</td>
<td>$1,475,333</td>
<td>$1,086,423</td>
</tr>
</tbody>
</table>

**Community Building — Support Activities:**

- **Community Alliance Financial Support**
  - FY10: $12,000
  - FY11: $12,000
  - FY12: $12,000

- **City/County Joint Communication System — Annual**
  - FY10: $14,000
  - FY11: $67,669
  - FY12: $67,798
  - (Initial Capital Contribution $165,000)

- **Dream Initiative Funding**
  - FY10: $0
  - FY11: $23,775
  - FY12: $12,701

- **Riverside Corridor Master Plan**
  - FY10: $9,413
  - FY11: $5,000
  - FY12: $19,450

- **Uptown Redevelopment Corp Support**
  - FY10: $121,298
  - FY11: $144,425
  - FY12: $142,475

- **FMV $1 lease — County HazMat Facility on Frederick**
  - FY10: $36,000
  - FY11: $37,800
  - FY12: $39,690

- **Community Support Activities**
  - FY10: $192,711
  - FY11: $290,669
  - FY12: $294,115

*St Joseph Business Park — Loan on new Business Park — $350,000 in FY12*

In addition, HRMC annually donates standby ambulance and first aid services to support community events. In 2012, HRMC donated 195 hours of ambulance time costing the organization $54,150.00.

Based on the specified primary community health needs identified in the assessment, HRMC’s community benefit giving strategy will be realigned to address community efforts dedicated to meeting these needs.
CHNA Action Plan

To fully meet the needs specified by the CHNA research results, HRMC will implement a three-year action plan.

### HRMC 3-Year Community Health Needs Action Plan

<table>
<thead>
<tr>
<th>Health Need</th>
<th>Proposed Actions</th>
<th>Community Partners</th>
</tr>
</thead>
</table>
| Mental Health Services | • Community opinion is that HRMC should take the lead in this initiative, but encourages HRMC to work with community partners. HRMC is willing to assume this role and collaborate when possible, but will address the need whether or not a partnership is possible.  
- Align HRMC mental health action plan with community plan  
- Engage new partners  
- Incorporate peer-to-peer support  
- Encourage HRMC caregivers who have knowledge to volunteer peer-to-peer support  
- Identify resources for adolescent mental health services  
• Review and update Communities of Hope community readiness, needs and resource assessment  
- Publish and make available for use:  
  ° Guide targeted to those families and youth entering the system for the first time  
  ° Services and expertise guide focused on providing information to those with specialized needs for services  | Family Guidance Center  
Social Welfare Board free clinic  
The Center  
InterServ  
Northwest Health Services  
Federally Qualified Health Center  
Salvation Army  
St. Joseph Police Department  
Buchanan County Sheriff’s Office  
St. Joseph Health Department  
Northwest Missouri Psychiatric Rehabilitation Center  
Community Action Partnership  
AFL-CIO Community Services  
Circle of Hope  
Focus Empowerment Group |
| Adult and Childhood Obesity | • Continue and expand Pound Plunge and 4th Grade Challenge  
- Develop an app to allow participants to track progress throughout the year  
- Investigate grant opportunity for researcher to measure the long-term success of Pound Plunge and 4th Grade Challenge  
- Consider expanding to private and area schools  
- Combine 4th Grade Challenge with AHS curriculum  
- Embed Project Fit into 4th Grade Challenge programming  
- Encourage HRMC caregivers to volunteer their time for 4th Grade Challenge and Pound Plunge  
• Compile a comprehensive web-based information area with calendar of all activity-based events in our area, for easy reference and planning  
- Investigate SIM grant funding to build this tool  
• Increase access to healthy food and health experts in underserved areas | K-JO 105.5  
St. Joseph School District  
Parks and recreation  
St. Joseph Metro Chamber of Commerce  
St. Joseph Convention and Visitors Bureau  
YWCA  
YMCA  
Missouri Western State University  
Local fitness clubs  
Social Innovation In Missouri Committee  
Second Harvest Community Food Bank  
Open Door Food Kitchen Providers |
| Health and Health Resource Education | • Compile a comprehensive web-based information area with calendar of all health education opportunities in our area, for easy reference and planning  
• Earned media stories  
• Encourage HRMC caregivers to participate in health education events in the community, focusing on their area of expertise  
• Incorporate into primary care physician visits | St. Joseph Health Department  
Local media |
www.heartland-health.com

Heartland Regional Medical Center (HRMC)
5325 Faraon Street, St. Joseph, Missouri
816.271.6000

Heartland Health Business Plaza (HHBP)
137 North Belt Highway, St. Joseph, Missouri
816.271.1247

Heartland Clinics
located throughout the region