



Page and Fremont Counties, IA

on behalf of Shenandoah Medical Center

Community Health Needs Assessment Round #2



March 2016

**VVV Consultants LLC
Olathe, KS**

Community Health Needs Assessment

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* Shaded lines note IRS requirements

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Shenandoah Medical Center Hospital Primary Service Area – Page and Fremont Counties, IA – 2016 Community Health Needs Assessment (CHNA) Round #2

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with local residents, to research and prioritize county health needs and document community health delivery successes. This health assessment will serve as the foundation for community health improvement efforts for the next three years. The last CHNA for Shenandoah Medical Center Hospital Primary Service Area – Page and Fremont Counties, IA was published in February of 2013. (Note: The Patient Protection and Affordable Care Act (ACA) requires not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). This assessment was coordinated and produced by VVV Consultants LLC (Olathe, Kansas) under the direction of Vince Vandehaar, MBA.

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

In order to complete their required CHNA Round #2 report, Shenandoah Medical Center has partnered with George C. Grape Community Hospital. This partnership allowed for a joint Town Hall, along with joint primary and secondary research. Below are specific findings for Shenandoah Medical Center's primary service area.

Town Hall “Community Health Strengths” cited for Shenandoah Medical Center Hospital Primary Service Area – Page and Fremont Counties, IA are as follows:

Page and Fremont Cos, IA - Community Health "Strengths"			
#	Topic	#	Topic
1	Immunizations	10	Collaboration between SMC and GCGCH
2	\$25,000,000 Addition to SMC (Page)	11	Home Health/Hospice
3	Primary Care	12	Access to Pharmacies
4	Patient Satisfaction (Fremont)	13	Rehab Therapy
5	Outpatient Services	14	Walk-In Clinic
6	Turning Pointe-Crisis Stabilization Residential Services	15	Physician Led ER Services
7	OBGYN Department (Page)	16	School Districts
8	Expansion of Healthcare Services - Orthopedics (Page)	17	Locally Grown Vegetables/Locally Raised Animals (Page)
9	Expansion of Healthcare Services - Pulmonology, Orthopedics, Cardiology (Fremont)		

Town Hall “Community Health Changes and/or Improvements Ranking” cited for Shenandoah Medical Center Hospital Primary Service Area – Page and Fremont Counties, IA are as follows:

Town Hall Community Health Needs Priorities						
Shenandoah Medical Center - PSA						
36 Town Hall Attendees - 136 total votes, 88 SMC Only Votes						
#	Health Needs to Change and/or Improve	Total Votes	%	Page only	%	Accum
1	Expand Mental Health Services (Prevention, Stabilization, Placement)	28	20.6%	18	20.5%	20.5%
2	Fight Obesity (Fitness, Nutrition- Expand Selection of Healthy Foods)	25	18.4%	17	19.3%	39.8%
3	Reduce Drug Abuse	23	16.9%	16	18.2%	58.0%
4	Improve Diabetes Services / Education	8	5.9%	7	8.0%	65.9%
5	Educate on Sexually Transmitted Infections	7	5.1%	7	8.0%	73.9%
6	Increase Access to Child Care	7	5.1%	5	5.7%	79.5%
7	Loss of Major Employer in Community (Economic Development)	5	3.7%	5	5.7%	85.2%
	Total Town Hall Votes	136		88		
	Other Items Noted: Healthcare Transportatoin, Lack of Dental Services/Insurance, Domestic Abuse, Community Health Education, After School Programs, Sudden Infant Death Syndrome, Chronic Kidney Disease, Smoking, Insurance and Affordable, Quality Rental Housing.					

Key Community Health Needs Assessment Conclusions from secondary research for Shenandoah Medical Center Hospital Primary Service Area – Page and Fremont Counties, IA are as follows:

IA HEALTH RANKINGS: According to the 2015 RWJ County Health Rankings study, Page and County's highest State of Iowa rankings (of 99 counties) were in Physical Environment, Clinical Care, Morbidity and Health Outcomes.

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

- TAB 1: Page County has a population of 15,496 residents as of 2015. The percent of change in population in Fremont County is -2.8%, higher than the Iowa rural norm of -1.7%. The percent of person in Page County living in the same home one year and over is 81.4%, lower than the Iowa rural norm of 87.5%. 28% percent of children in Page County live in single-parent households, higher than the Iowa rural norm of 25.9%. The poverty level in Page County is 15.9%, higher than the Iowa rural norm of 12.7%. The percent of residents with limited access to healthy foods is 15%, higher than the Iowa rural norm of 5.9%. The voter turnout in Page County is 46.6%, lower than the Iowa rural norm of 53.6%.
- TAB 2: Page County's per capita money income in the past 12 months equals \$23,496, lower than the Iowa rural norm of \$24,657. The mean travel time to work in Page County is 16.4 minutes, lower than the Iowa rural norm of 19.8 minutes. The percent of drivers in Page County driving alone with a long commute is 16%, lower than the Iowa rural norm of 24.9%.
- TAB 3: In Page County, 34.2% of students are eligible for the free lunch program, higher than the Iowa rural norm of 29.4%. The four-year high school graduation rate in Page County is 162, higher than the Iowa rural norm of 145. The percent of persons (25+) with a Bachelor's degree or higher in Page County is 17.4%, lower than the Iowa rural norm of 18.7%.
- TAB 4: The annual birth outcome percent preterm in Page County is 12.3%, higher than the Iowa rural norm of 8.3%. The rate of mothers who smoked during pregnancy in Page County is 93, higher than the Iowa rural norm of 62. The rate of mothers in Page County under the age of 20 in Page County is 41, higher than the Iowa rural norm of 28. The rate of out of wedlock births in Page County is 150, higher than the Iowa rural norm of 104.

- TAB 5: The ratio of the population in Page County to primary care physicians is 1,309, lower than the Iowa rural norm of 1,987. The percent of patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest) is 66%, lower than the Iowa rural norm of 74.3%. The percent of patients in Page County who reported yes, they would definitely recommend the hospital is 62%, lower than the Iowa rural norm of 72.6%.
- TAB 6: 14.9% of the Medicare population in Page County is depressed, higher than the Iowa rural norm of 14%. The percent of alcohol-impaired driving deaths in Page County is 25%, higher than the Iowa rural norm of 22.9%. The number of poor mental health days in Page County is 3.2, higher than the Iowa rural norm of 2.7.
- TAB 7: The rate of sexually transmitted infections in Page County is 382 per 1,000, higher than the Iowa rural norm of 226 per 1,000. 18.3% of the Medicare population has Chronic Kidney Disease in Page County, higher than the Iowa rural norm of 13.7%.
- TAB 8: The percent of the adult population in Page County that is uninsured is 11.1%, lower than the Iowa rural norm of 12%.
- TAB 9: The Heart Disease mortality rate in Page County is 252 per 100,000, higher than Iowa rural norm of 215 per 100,000. The Chronic Obstructive Pulmonary Disease mortality rate in Page County is 78 per 100,000, higher than the Iowa rural norm of 46 per 100,000.
- TAB 10: 79% of residents in Page County have access to exercise opportunities, higher than the Iowa rural norm of 69.9%. The percent of mammography screenings in Page County is 70.9%, lower than the Iowa rural norm of 62.9%. The percent of residents in Page County with limited access to healthy foods is 15%, higher than the Iowa rural norm of 5.9%.

Key 2016 Community Feedback Conclusions:

In January of 2016, both partner hospitals collected stakeholder feedback from their primary service area consumers, community leaders and groups, public and other organizations, and other providers (N=229). These stakeholders provided the following community feedback insights via an online perception survey specifically for Shenandoah Medical Center:

- 60.7% of SMC primary service area stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good, with Very Good being the highest ranking.
- SMC primary service area stakeholders are satisfied with Chiropractors, Pharmacy and Primary Care.
- SMC primary service area stakeholders are not satisfied with the following services: Child Care, Emergency Room, Family Planning Services, Inpatient Services, Mental Health Services, Nursing Home and Public Health Department.
- 81.1% of SMC primary service area stakeholders have received healthcare services outside of their community over the past two years.

- SMC primary service area stakeholders perceive the following causes of disease or disability a problem in their community: Diabetes, Drugs/Substance Abuse, Mental Illness, Obesity, Poverty, Teen Pregnancy and Wellness Education.

As seen below, the community still senses a health need for Drug Abuse (Pharmaceutical), Teen Pregnancy, Obesity (Exercise/Healthy Foods), Psychiatrist Services, Domestic and Sexual Abuse, Uninsured/Under-insured, Retention of Doctors, Nurses and Paramedics, Community Health Education, Community Economic Development, Healthcare Transportation Options, Health Telecommunications Infrastructure and Schools Suicide Prevention Programs.

Shenandoah Medical Center & George C. Grape Community Hospital (Primary Service Area) - Page & Fremont Counties, IA N=229						
From our last Community Health Needs Assessment (2013), a number of health needs were identified as priorities. Are any of these 2013 CHNA needs still an "Ongoing Problem" in our community?						
Answer Options	Not a Problem Anymore	Somewhat of a Problem	Major Problem	Problem %	Response Count	Most Pressing Rank
Drug Abuse (Pharmaceutical)	6	67	85	96.2%	158	4
Teen Pregnancy	8	100	54	95.1%	162	6
Obesity (Exercise / Healthy Foods)	11	58	98	93.4%	167	2
Psychiatrist Services	13	60	92	92.1%	165	1
Domestic & Sexual Abuse	13	101	42	91.7%	156	11
Uninsured / Underinsured	14	86	61	91.3%	161	7
Retention of Doctors, Nurses & Paramedics	18	70	77	89.1%	165	3
Community Health Education	20	100	42	87.7%	162	14
Community Economic Development	21	84	55	86.9%	160	9
Healthcare Transportation Options	22	82	57	86.3%	161	8
Health Telecommunications Infrastructure	25	97	35	84.1%	157	13
School Suicide Prevention Programs	26	113	17	83.3%	156	12
Veteran Care Delivery	36	89	35	77.5%	160	10
Safe Walking & Biking Paths	41	77	51	75.7%	169	5
Child & Infant Immunizations	73	71	14	53.8%	158	15

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

1. A description of the community served by the facility and how the community was determined;
2. A description of the process and methods used to conduct the CHNA;
3. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A description of how the organization considered the input of persons representing the community (*e.g., through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications;
5. A prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

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

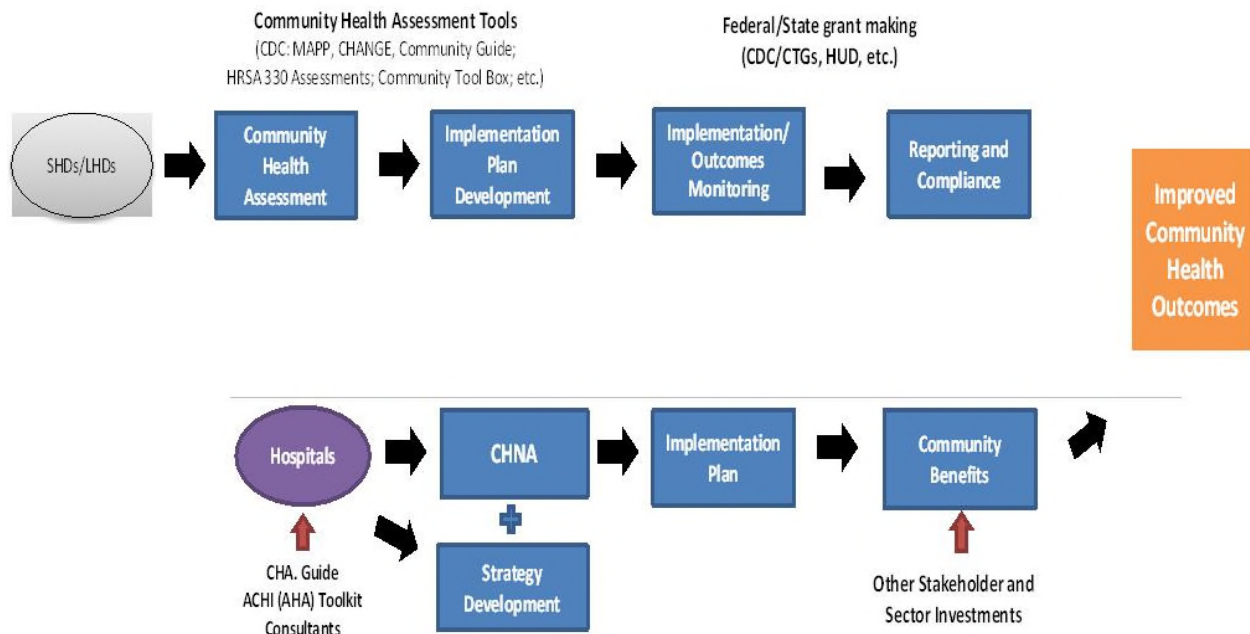
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2015 or during either of the two previous fiscal years.

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

Year 2015 - IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals

ACCOUNTING TODAY 1/2/15

The Internal Revenue Service and the Treasury Department have issued **final regulations** under the Affordable Care Act to protect patients in tax-exempt hospitals from aggressive debt collection practices and to provide other rules for charitable hospitals.

Under the **final regulations**, each Section 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis: establish written financial assistance and emergency medical care policies; limit the amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy; make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual; and conduct a community health needs assessment, or CHNA, and adopt an implementation strategy at least once every three years. The first three requirements are effective for tax years beginning after March 23, 2010 and the CHNA requirements are effective for tax years beginning after March 23, 2012.

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements. "Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a **blog post** Monday explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

She noted that as a condition of their tax-exempt status, charitable hospitals must take an active role in improving the health of the communities they serve, establish billing and collections protections for patients eligible for financial assistance, and provide patients with the information they need to apply for such assistance. "These final rules adopt the same framework of proposed regulations but simplify the compliance process for charitable hospitals, while continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

Under the new rules, hospitals cannot charge individuals eligible for financial assistance more for emergency or other medically necessary care than the amounts generally billed to patients with insurance (including Medicare, Medicaid, or private commercial insurance). In addition, every tax-exempt hospital must establish and widely publicize a financial assistance policy that clearly describes to patients the eligibility criteria for obtaining financial assistance and the method for applying for financial assistance.

Charitable hospitals are also prohibited from engaging in certain collection methods (for example, reporting a debt to a credit agency or garnishing wages) until they make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy.

In addition, each charitable hospital need to conduct and publish a community health needs assessment at least once every three years and disclose on the tax form that it files on an annual basis the steps it is taking to address the health needs identified in the assessment.

Many of the requirements have been in place since the Affordable Care Act passed in 2010, but in response to comments on the proposed regulations, the final rules also expand access to translations for patients, by lowering the threshold for having translations of financial assistance policies available from 10 percent of the community served as proposed, to five percent of the community served or population expected to be encountered by the hospital facility, or 1000 persons, whichever is less, according to McMahon. "The final rules also revise the notification requirements to maintain important protections for patients while making it easier for hospitals to comply with them," she wrote. "General notifications regarding a hospital's financial assistance policy must appear on bills and in the hospital. However, individual written and oral notifications of the hospital's financial assistance policy are now only required when a hospital plans to use extraordinary collections actions, such as reporting a debt to a credit bureau, selling the debt to a third party or garnishing wages."

While charitable hospitals must continue to make a good-faith effort to comply, the rules provide charitable hospitals with time to fully update their policies and programming to implement the changes. But if a charitable hospital fails to meet the consumer protection provisions required by the law, the hospital could have its tax-exempt status revoked. If a hospital fails to properly conduct a community health needs assessment or adopt an implementation strategy, an excise tax will apply, McMahon noted. "However, if a hospital fails to meet a requirement, but the failure is neither willful nor egregious, the hospital can correct and publicly disclose the error to have it excused, thus avoiding revocation of tax-exempt status, but the excise tax would still apply," she wrote.

II. Methodology

b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in depth profile of the local hospitals and health department CHNA partners:

Shenandoah Medical Center

CEO: Karen Cole

300 Pershing Avenue, Shenandoah, IA 51601

Phone: (712) 246-1230

At the Shenandoah Medical Center, we are deeply dedicated to serving the healthcare needs of southwest Iowa. Driven by values of Integrity, Courage and Compassion, Awareness, Respect, and Enthusiasm, we are committed to the wellness of you, your family, and our community.

Our Mission: To make a difference by providing exceptional patient care.

Our Vision: To be the Southwest Iowa Regional leader in enhancing health.

Our Values: Integrity, Teamwork, and Compassion.

Our extensive medical capabilities enable us to offer you a vast array of services. From heart care and emergency services, to long-term care, orthopedics, surgery and more - we have the expertise, medical technology, and compassion you and your family deserve, close to home. For nearly 100 years, we have provided exceptional healthcare by a caring staff in a healing environment. Our goal is to enhance the health and lives of those we serve.

Services and specialties offered at SMC include:

Behavioral Health

Cancer Care

Diabetes Care

Dialysis

Dietetics

Ear Nose Throat

Emergency Services

Heart Care

Home Health and Hospice

Internal Medicine

Laboratory

Lifeline

Long-Term Care

Medical Surgical and ICU

Neurology

OB-GYN and Women's Health

Orthopaedics

Personal Training

Physical, Occupational, Speech

Therapy

Physician Specialty Clinic

Radiology

Respiratory Therapy

Shenandoah Ambulance

Service

Sleep Center

Surgery

Page County Public Health

Public Health Administrator: Angie Hakes

112 E. Main, Clarinda, IA 51632

Phone Number: 712-850-1212

Office Hours: Monday – Friday, 8:00am to 4:30pm with some evening clinics

Page County, Iowa Public Health Office offers emergency planning, child care nurse consultant, oral health screenings, disease surveillance, hawk-i outreach, health education, immunization clinics and more.

Services:

- Public Health Emergency Preparedness
- CodeRED Emergency Notification
- Oral Health Screenings
- Disease Surveillance and Investigation
- hawk-i Outreach
- Health Education
- Health Promotion visits
- Homemaker Services
- Iowa Cancer Consortium Community Assistant Program
- Immunizations
- Lead Poisoning Prevention and Testing
- Maternal Health Education
- Tobacco Use Prevention and Control
- Screenings and Assessments
 - Blood Pressure Checks
 - Blood Sugar
 - Tuberculosis

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Consultants LLC

Company Profile: 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VINCE VANDEHAAR, MBA

Principal Consultant and Owner of VVV Consultants LLC

VVV Consultants LLC was incorporated on May 28th, 2009. With over 30 years of business and faculty experience in helping providers, payors and financial service firms obtain their strategic planning and research and development needs, Vince brings in-depth health industry knowledge, research aptitude, planning expertise and energy. VVV Consultants LLC services are organized, formal processes of listening to the voice of the customer. Vince started his consulting business after working for Saint Luke's Health System (SLHS) of Kansas City for 16 years. *(Note: Saint Luke's Hospital of Kansas City, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003. The Baldrige examiners cited Vince's department as "Best Practice" in the areas of customer satisfaction, market research and evaluation efforts <Kansas City Star 3/10/04>).*

VVV Consultants LLC consultants have in-depth experience helping hospitals work with local health departments to engage community residents and leaders to identify gaps between existing health community resources and needs and construct detailed strategies to meet those needs, while still adhering to the hospital's mission and budget. Over the past 20 years, Vandehaar has completed eight comprehensive Baldrige aligned Community Health Needs Assessments for Saint Luke's of Kansas City System facilities (3 campuses) and was contracted to conduct two additional independent department of health consulting projects (prior to IRS 990 regs). To date, VVV has completed 55 CHNA IRS-aligned assessments for Iowa, Kansas, Missouri and Nebraska hospitals and health departments.

Vince Vandehaar, MBA is actively involved in the Kansas City community. He is a member the Greater Kansas City Employee Benefits Association, the Society for Healthcare Strategy and Market Development, the American Marketing Association Kansas City Chapter and Co-Chair of the AMA Kansas City Healthcare Special Interest Group. In addition to these roles, from 2000 to 2008, Vince served as the state chairman for MHA's Data Committee and was a member of KHA's Data Taskforce.

Collaborating Consultants

Alexa Backman, MBA - VVV Consultants LLC

Associate Consultant

II. Methodology

c) CHNA and Town Hall Research Process

Shenandoah Medical Center's Community Health Needs Assessment process began in October 2015. At that time, an inquiry was made by Karen Cole, CEO to VVV Consultants LLC to explore the possibility of conducting a comprehensive IRS-aligned CHNA. On that date, VVV Consultants LLC reviewed: VVV Consultants LLC's CHNA experience, CHNA requirements (in-depth regulations), CHNA development steps/options to meet IRS requirements and next steps after option approval.

Shenandoah Medical Center then decided to partner with George C. Grape Community Hospital to complete their Community Health Needs Assessment Round #2.

VVV CHNA Deliverables:

- Uncover/document basic secondary research and health of county, organized by 10 TABS.
- Conduct Town Hall meeting to discuss secondary data and uncover/prioritize county health needs.
- Conduct and report CHNA primary research.
- Prepare and publish IRS-aligned CHNA report to meet requirements.

SMC / GCH CHNA Round #2 Work Plan

Project Timeline and Roles 2015-2016

Step	Date (Start-Finish)	Lead	Task
1	9/1/2015	VVV	Sent VVV quote for review.
2	9/21/2015	Hosp	Select CHNA Option C. Approve quote and signed by CEO.
3	11/16/2015	VVV	Send out REQCommInvite Excel file. Hospital and health department to fill in PSA stakeholders names, addresses and e-mails.
4	11/16/2015	VVV	Request hospital client to send IHA PO101 and PO103 Reports to document service area for FFY 12, 13 and 14. In addition, request hospital to complete three year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or before 11/30/15	VVV	Prepare CHNA Round#2 stakeholder feedback online link. Send text link for hospital review.
6	On or before 11/30/2015	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work. Hospital to place.
7	12/7/2015	VVV	Launch and conduct online survey to stakeholders. Hospital will e-mail invite to participate to all stakeholders. Due by 1/8/16.
8	12/7/2015	VVV / Hosp	Prepare and send out PR story to local media CHNA survey announcing online CHNA Round #2 feedback. Request public to participate.
9	On or before 12/28/2015	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	12/28/2015	Hosp	Prepare and send out community Town Hall invite letter and place local ad.
11	12/28/2015	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming Town Hall. VVV will mock up PR release to media sources.
12	On or before 2/3/2016	All	Conduct conference call (<i>time TBD</i>) with hospital and health department to review Town Hall data and flow.
13	2/9/2016	VVV	Conduct CHNA Town Hall from 5:30-7pm in Sidney. Review and discuss basic health data plus rank health needs.
14	On or before 2/29/16	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital and health department.
15	On or before 3/15/16	VVV	Produce and release final CHNA report. Hospital will post CHNA online.
16	On or before 6/30/16	Hosp	Conduct client Implementation Plan PSA leadership meeting.
17	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

To meet IRS-aligned CHNA requirements, a four-phase methodology was reviewed and approved as follows:

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA hospital client and county health department. Review/confirm CHNA calendar of events, explain/coach client to complete required participant database and schedule/organize all Phase II activities.

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Iowa Hospital Association (IHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. to document current state of county health organized as follows:

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Gather historical primary research to uncover public health needs, practices and perceptions for hospital primary service areas.

Phase III—Quantify Community Need:

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

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

Post CHNA report findings to meet IRS-aligned CHNA criteria.

After consideration of CHNA stakeholders (sponsoring hospital and local health department), the CHNA Option C was selected with the following project schedule:

Phase I: Discovery.....	November 2015
Phase II: Secondary / Primary Research.....	December 2015
Phase III: Town Hall Meeting.....	February 9 th , 2016
Phase IV: Prepare / Release CHNA report.....	March 2016

Detail CHNA Development Steps Include:

Steps to Conduct Community Health Needs Assessment	
	Development Steps
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept, Mental Health Centers, Schools, Churches, Physicians etc), hold community meeting.</i>
Step # 2 Planning	<i>Prepare brief Community Health Needs Assessment Plan - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect & Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.</i>
Step # 4a Primary Research	<i>Conduct Community Roundtable (Qualitative Research). Review Secondary Research (Step3) with Community Stakeholders. Gather current opinions and identify health needs.</i>
Step # 4b Primary Research <Optional>	<i>Collect Community Opinions. (Quantitative Research). Gather current opinions (Valid sample size) regarding community health needs and healthcare practices. If appropriate, conduct Physician Manpower Assessment to determine FTE Physician need by specialty.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive Community Health Needs Assessment report (to community leaders) with Recommended Actions to improve health. < Note: Formal report will follow IRS Notice 2011-52 regs ></i>
VVV Research & Development, LLC 913 302-7264	

Overview of Town Hall Community Priority Setting Process

Each community has a wealth of expertise to be tapped for CHNA development. For this reason, a Town Hall is the perfect forum to gather community insight and provide an atmosphere to objectively consensus build and prioritize county health issues.

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to Town Hall: local hospital, public health community, mental health community, free clinics, community-based clinics, service providers, local residents, community leaders, opinion leaders, school leaders, business leaders, local government, faith-based organizations and persons (or organizations serving them), people with chronic conditions, uninsured community members, low income residents and minority groups.

Shenandoah Medical Center's Town Hall was held on Tuesday, February 9th, 2016 at Sidney Elementary School in Sidney, IA. Vince Vandelaar and Alexa Backman facilitated this 1 ½ hour session with 36 attendees. (Note: a detailed roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome and introductions.
2. Review purpose for the CHNA Town Hall and roles in the process.
3. Presentation/review of historical county health indicators (10 tabs).
4. Facilitate Town Hall participant discussion of data (probe health strengths/concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (using four dots to cast votes on priority issues). Tally and rank top community health concerns cited.
6. Close meeting by reflecting on the health needs/community voting results. Inform participants on next steps.

At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital and health department leaders via e-mail or personal conversations.

(NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting of open-end comments).

Community Health Needs Assessment Page & Fremont Counties, IA Town Hall Meeting

on behalf of Shenandoah Medical Center & George C. Grape Community Hospital



Vince Vandehaar, MBA
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Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- I. Opening / Introductions (10 mins)
- II. Review CHNA Purpose and Process (10 mins)
- III. Review Current County "Health Status" –
Secondary Data by 10 TAB Categories
Review Community Feedback Research (35 mins)
- IV. Collect Community Health Perspectives
Hold Community Voting Activity: Determine
MOST Important Health Areas (30 mins)
- I. Close / Next Steps (5 mins)

VVV Consultants LLC

I. Introduction:

Background and Experience



Vince Vandehaar, MBA
VVV Consultants LLC, Principal Consultant

- Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
- Focus : Strategy , Research , Deployment
- Over 25 years of experience with Tillinghast, BCBSKC, Saint Luke's

Adjunct Professor - Marketing / Health Admin, 26 years +

- Webster University (1988 – present)
- Rockhurst University (2010 – present)

Alexa Backman, MBA, Associate Consultant

Town Hall Participation (You)

- ALL attendees welcome to share.
 - Parking Lot
- There are no right or wrong answers.
- Only one person speaks at a time.
- Please give truthful responses.
- Have a little fun along the way.

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

II. Purpose: Why Conduct Community Health Needs Assessment?

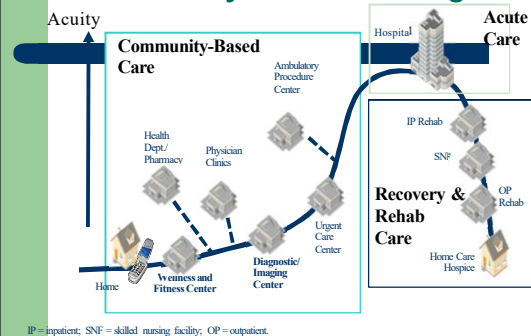
- To determine health-related trends and issues of the community.
- To understand/evaluate health delivery programs in place.
- To develop strategies to address unmet health needs.
- To meet Federal requirements – both local hospital and health department.

II. Review CHNA Definition

A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. (NOTE: Some the data has already been published by local, state and federal public health organizations. Some data will be collected today).

CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

Future System of Care Sg2



Community Health Needs Assessment Joint Process: Hospital and Health Department

The diagram illustrates the joint process for a Community Health Needs Assessment (CHNA) between a hospital and a health department. It is divided into two main horizontal tracks: the top track for the hospital and the bottom track for the health department, with a central intersection.

Hospital Track (Top):

- Community Health Assessment Tools:** Includes CDC HAP, DENVER Community Guide, and HRSA SBAs Assessments, Community Tool Box, etc.
- Federal/State grant making:** Includes CDC/CDCM, HRSA, etc.
- Process Flow:** A sequence of five blue boxes connected by arrows: **SPCHSD** (in a grey circle) → **Community Health Assessment** → **Implementation Plan Development** → **Implementation/Outcomes Monitoring** → **Reporting and Compliance**.
- Outcome:** An orange box on the right labeled **Improved Community Health Outcomes**.

Health Department Track (Bottom):

- Process Flow:** A sequence of four blue boxes connected by arrows: **Hospitals** (in a purple circle) → **CHNA** → **Implementation Plan** → **Community Benefits**.
- Inputs:**
 - An upward arrow from **ACM Guide** and **ACM JAHU Toolkit Consultative** points to the **Hospitals** circle.
 - A downward arrow from **CHNA** points to a **Strategy Development** box.
- Output:** An upward arrow from **Community Benefits** points to **Other Stakeholder and Sector Investments**.

Central Intersection:

- A double-headed arrow connects the **Community Health Assessment** box (Hospital) and the **CHNA** box (Health Department).
- A double-headed arrow connects the **Implementation Plan Development** box (Hospital) and the **Implementation Plan** box (Health Department).
- A large curved arrow on the right side of the diagram points from the top track down to the bottom track, indicating a transition or flow from the hospital's reporting phase to the health department's community benefits phase.

II. Required Written Report IRS 990 Documentation

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

III. Review Current County “Health Status”

Secondary Data by 10 TAB Categories plus 1A State Rankings

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

County Health Rankings
Robert Wood Johnson Foundation and University of WI Health Institute

The diagram illustrates the County Health Rankings model, showing the relationship between various factors and health outcomes. The model is structured as follows:

- Health Challenges** (Top Level)
- Health Factors** (Middle Level, influenced by Policies and Programs):
 - Health Behaviors (30%)
 - Chronic Care (30%)
 - Social and Determinant Factors (40%)
 - Physical Activity and Fitness (10%)
- Environmental Factors** (Bottom Level, influenced by Policies and Programs):
 - Mortality (Length of life) 50%
 - Adult Illness (Capacity of life) 50%
 - Tobacco use
 - Diet & exercise
 - Alcohol use
 - Sexual activity
 - Access to care
 - Quality of care
 - Education
 - Employment
 - Income
 - Family & social support
 - Community safety
 - Environmental quality
 - Built environment

County Health Rankings model ©2010 RWJF

1	Focus Area	Measure	Description
1	Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of five particulate matter (average annual PM2.5) in a county
		Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year
		Housing and transit (5%)	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or storage facilities
2a	Access to care (10%)	Primary care physicians	Percent of the workforce that drives alone to work. Among workers who commute in their car alone, the percent that commutes more than 30 minutes
		Mental health providers	Ratio of population to dentists
		Quality of care (10%)	Ratio of population to mental health providers
2b	Social and Economic Environment (40%)	Uninsured	Percent of population under age 65 without health insurance
		Primary care physicians	Ratio of population to primary care physicians
		Mental health providers	Ratio of population to dentists
3	Health Outcomes (30%)	Alcohol and drug use (5%)	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees
		Sexual activity (5%)	Percent of diabetic Medicare enrollees that receive public screening
		Teen births	Percent of female Medicare enrollees that receive mammography screening
3b / 3c	Morbidity / Mortality	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
		Sexually transmitted infections	Chlamydia rate per 100,000 population
		Teen births	Teen birth rate per 1,000 female population, ages 15-19
4	Length of life (60%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
		Quality of life (20%)	Poor or fair health: Percent of adults reporting fair or poor health (age-adjusted)
		Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)

IV. Collect Community Health Perspectives Ask your opinion. Your thoughts?

- 1) **Tomorrow:** What is occurring or might occur *that would affect the "health of our community"*?
- 2) **Today:** What are the *strengths* of our community that contribute to health
- 3) **Today:** Are there healthcare services in your community / neighborhood that you feel *need to be improved and / or changed*?

V. Have we forgotten anything ?

- | | |
|-------------------------------|------------------------------------|
| A Aging Services | II Hospice |
| B Chronic Pain Management | III Hospital Services |
| C Dental Care/Oral Health | IV Maternal, Infant & Child Health |
| D Developmental Disabilities | V Nutrition |
| E Domestic Violence, | VI Pharmacy Services |
| F Early Detection & Screening | VII Primary Health Care |
| G Environmental Health | VIII Public Health |
| H Exercise | IX School Health |
| I Family Planning | X Social Services |
| J Food Safety | XI Specialty Medical Care Clinics |
| K Health Care Coverage | XII Substance Abuse |
| L Health Education | XIII Transportation |
| M Home Health | XIV Other _____ |

Community Health Needs Assessment

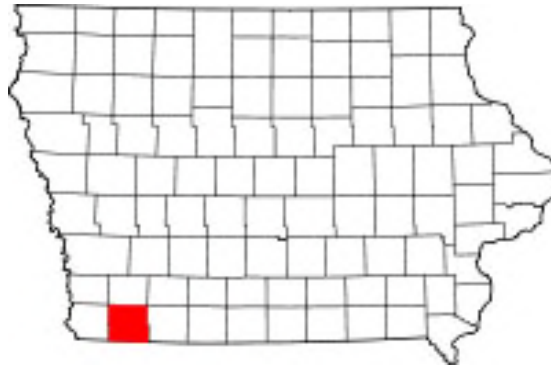
Questions Next Steps ?

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II. Methodology

d) Community Profile (A Description of Community Served)

Page County, IA Community Profile



Demographics

The population of Page County was estimated to be 15,527 in 2015, and had a -2.6% change in population from 2010–2015.¹ The county covers 534.94 square miles and includes Glenn Miller Birthplace, 20 Block Lighted Boulevard, Clarinda Treatment Complex, Bricker Butterfly House & Botanical Center, Wabash Trace Nature Trail, Home & Garden Club Garden Tour, and Shenandoah Historical Museum.² The county has an overall population density of 30. The county is located in south-western Iowa and its economy is based on agriculture, forestry (fishing and hunting) and mining (49.7%), educational (health and social services) (11.5%) and retail trade (10.5%).³

The major highway transportation is by US Highway 71, Iowa Highway 2, US Highway 59 and Iowa Highway 48.⁴

¹ <http://www.census.gov/quickfacts/table/PST045215/19145>

² <http://co.page.ia.us/community.htm>

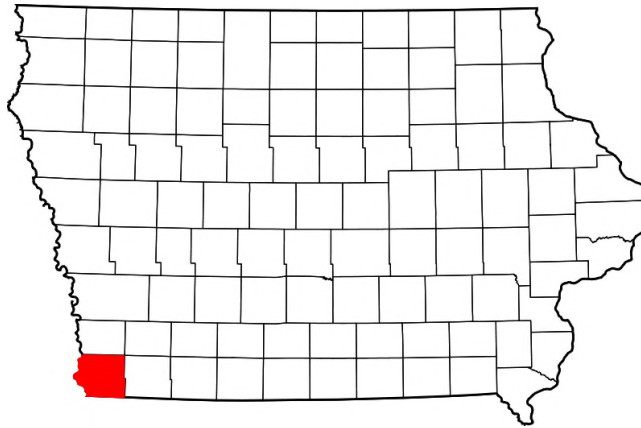
³ http://www.city-data.com/county/Page_County-IA.html#ixzz28Rk8i5Qj

⁴ US Census Bureau

II. Methodology

d) Community Profile (A Description of Community Served)

Fremont County, IA Community Profile



Fremont County Demographics

The population of Fremont County was estimated to be 6,906 in 2015, and had a -7.2% change in population from 2010–2015.¹ The county seat is Sidney. It was formed in 1847 and named for the military officer John C. Fremont.² Fremont county has an overall population density of 14 persons per square mile. The county is located in south-western Iowa and the types of industries providing employment are agriculture, forestry (fishing and hunting) and mining (56.4%).³

The major highway transportation access to Fremont County is Interstate 29, US Highway 59, US Highway 275, Iowa Highway 2 and Iowa Highway 333.⁴

¹ <http://www.census.gov/quickfacts/table/PST045215/19071>

² <http://cic.naco.org/>

³ http://www.city-data.com/county/Fremont_County-IA.html

⁴ United States Census Bureau

Page County Detail Demographic Profile

			Population			Households		HH	Per Capita
ZIP	NAME	County	YR 2014	YR 2019	Chg	YR 2014	YR 2019	Avg Size	Income 14
51601	Shenandoah	PAGE	5,907	5,827	-1.4%	2,642	2,612	2.2	\$23,337
51630	Blanchard	PAGE	172	166	-3.5%	76	74	2.3	\$25,821
51631	Braddyville	PAGE	294	280	-4.8%	140	134	2.1	\$24,611
51632	Clarinda	PAGE	7,244	7,196	-0.7%	2,623	2,610	2.2	\$22,748
51636	Coin	PAGE	418	408	-2.4%	182	178	2.3	\$26,501
51637	College Springs	PAGE	199	189	-5.0%	78	75	2.6	\$19,866
51638	Essex	PAGE	1,312	1,290	-1.7%	550	544	2.4	\$28,798
51647	Northboro	PAGE	126	122	-3.2%	54	53	2.3	\$26,256
51651	Shambaugh	PAGE	131	126	-3.8%	56	54	2.3	\$26,676
Totals			15,803	15,604	-26.4%	6,401	6,334	2.3	\$24,957

			Population				YR 2014		Females
ZIP	NAME	County	YR 2014	Pop65+	Kids<18	GenY	Males	Females	Age20_35
51601	Shenandoah	PAGE	5,907	1,381	1,398	1,555	2,801	3,106	477
51630	Blanchard	PAGE	172	36	39	39	88	84	10
51631	Braddyville	PAGE	294	63	62	78	151	143	20
51632	Clarinda	PAGE	7,244	1,381	1,662	2,226	4,080	3,164	439
51636	Coin	PAGE	418	84	96	91	211	207	26
51637	College Springs	PAGE	199	43	41	53	103	96	14
51638	Essex	PAGE	1,312	285	329	315	667	645	81
51647	Northboro	PAGE	126	26	29	26	66	60	8
51651	Shambaugh	PAGE	131	27	29	27	67	64	7
Totals			15,803	3,326	3,685	4,410	8,234	7,569	1,082

			Population				Aver	HH	
ZIP	NAME	County	White	Black	Amer In	Hisp	HH Inc 14	YR 2014	HH \$50K+
51601	Shenandoah	PAGE	5,672	23	12	255	\$51,847	2,642	1,083
51630	Blanchard	PAGE	165	2	0	4	\$58,438	76	40
51631	Braddyville	PAGE	287	0	0	3	\$51,683	140	59
51632	Clarinda	PAGE	6,526	355	75	227	\$59,124	2,623	1,223
51636	Coin	PAGE	397	8	0	10	\$60,866	182	100
51637	College Springs	PAGE	194	0	0	2	\$50,683	78	32
51638	Essex	PAGE	1,280	0	7	23	\$68,697	550	330
51647	Northboro	PAGE	119	3	0	3	\$61,263	54	29
51651	Shambaugh	PAGE	129	1	0	1	\$62,404	56	31
Totals			14,769	392	94	528	\$58,334	6,401	2,927

Source: ERSA Demographics

Fremont County Detail Demographic Profile

			Population			Households		HH	Per Capita
ZIP	NAME	County	YR 2014	YR 2019	Chg	YR 2014	YR 2019	Avg Size	Income 14
51639	Farragut	FREMONT	798	770	-3.5%	357	346	2.2	\$26,489
51640	Hamburg	FREMONT	1,760	1,714	-2.6%	751	733	2.3	\$23,692
51645	Imogene	FREMONT	290	289	-0.3%	110	110	2.6	\$25,006
51648	Percival	FREMONT	234	211	-9.8%	101	91	2.3	\$27,298
51649	Randolph	FREMONT	327	321	-1.8%	142	140	2.3	\$28,683
51650	Riverton	FREMONT	377	362	-4.0%	156	150	2.4	\$23,787
51652	Sidney	FREMONT	1,704	1,667	-2.2%	679	667	2.4	\$23,516
51653	Tabor	FREMONT	1,360	1,334	-1.9%	539	530	2.4	\$27,427
51654	Thurman	FREMONT	508	460	-9.4%	201	183	2.5	\$25,055
Totals			7,358	7,128	-35.6%	3,036	2,950	2.4	\$25,661

			Population				YR 2014		Females
ZIP	NAME	County	YR 2014	Pop65+	Kids<18	GenY	Males	Females	Age20_35
51639	Farragut	FREMONT	798	162	170	198	397	401	54
51640	Hamburg	FREMONT	1,760	377	435	472	889	871	137
51645	Imogene	FREMONT	290	57	67	71	152	138	18
51648	Percival	FREMONT	234	43	55	62	118	116	17
51649	Randolph	FREMONT	327	65	72	80	168	159	23
51650	Riverton	FREMONT	377	77	81	93	187	190	25
51652	Sidney	FREMONT	1,704	360	397	465	841	863	117
51653	Tabor	FREMONT	1,360	284	355	348	667	693	89
51654	Thurman	FREMONT	508	98	118	134	255	253	38
Totals			7,358	1,523	1,750	1,923	3,674	3,684	518

			Population				Aver	HH	
ZIP	NAME	County	White	Black	Amer In	Hisp	HH Inc 14	YR 2014	HH \$50K+
51639	Farragut	FREMONT	783	3	1	15	\$59,211	357	201
51640	Hamburg	FREMONT	1,670	19	7	89	\$55,523	751	344
51645	Imogene	FREMONT	285	1	0	2	\$65,926	110	68
51648	Percival	FREMONT	220	4	2	7	\$63,244	101	62
51649	Randolph	FREMONT	320	1	0	3	\$66,012	142	90
51650	Riverton	FREMONT	370	2	0	9	\$57,485	156	85
51652	Sidney	FREMONT	1,633	20	8	24	\$58,247	679	375
51653	Tabor	FREMONT	1,326	8	1	33	\$68,485	539	342
51654	Thurman	FREMONT	477	9	5	14	\$63,322	201	123
Totals			7,084	67	24	196	\$61,939	3,036	1,690

Source: ERSA Demographics

III. Community Health Status

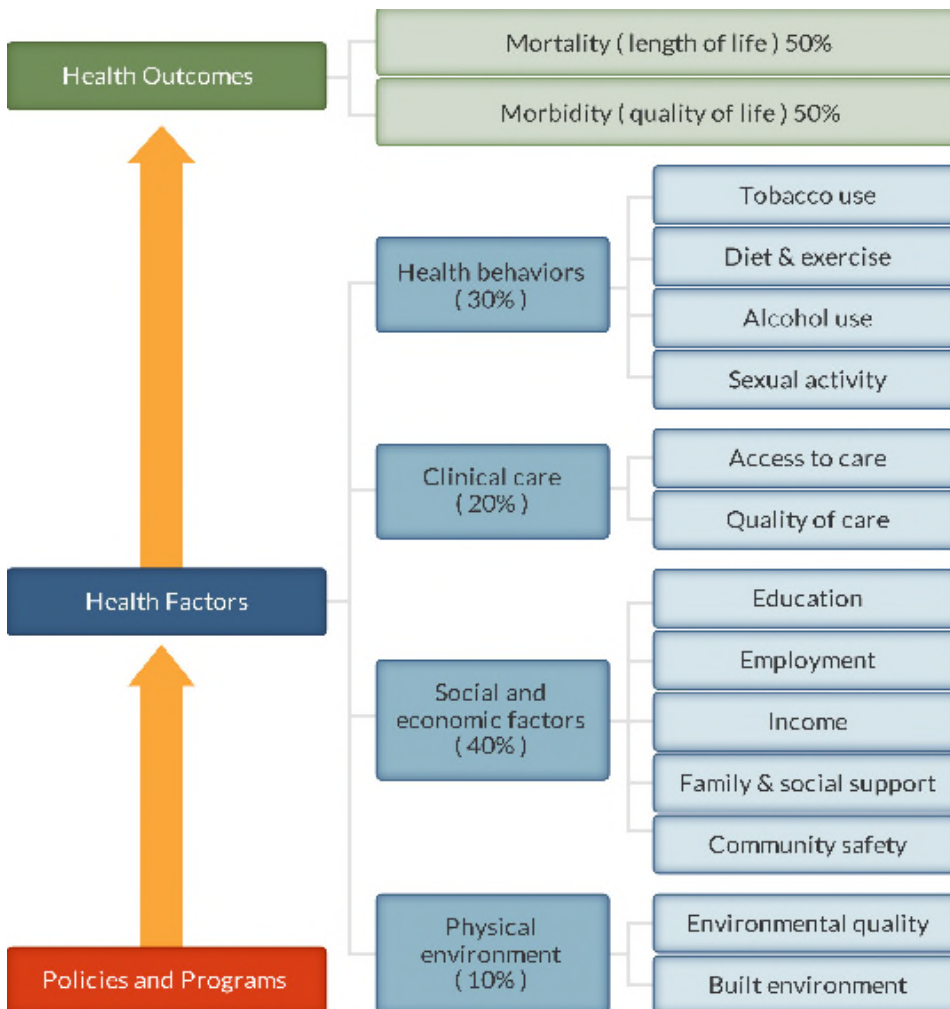
[VVV Consultants LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators and results of our recent CHNA Town Hall. To produce this profile, VVV Consultants LLC staff analyzed data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 tabs), results from the 2015 County Health Rankings and conversations from Town Hall primary research. **Each table reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.** <Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below in model, these rankings are based on a number of health factors.>



Secondary Research

2015 State Health Rankings for Page and Fremont Counties, IA

#	IA Rank of 99 Counties	Definitions	Page County	TREND	Fremont County	TREND	IA Rural NORM N=14
1	Physical Environment	Environmental quality	42		7		41
2	Health Factors		75		79		54
3	Clinical Care	Access to care / Quality of Care	51		97		64
4	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	74		70		50
5	Health Outcomes		71		86		59
6	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	70		56		52
7	Morbidity	Quality of life	50		76		49
8	Mortality	Length of life	75		87		62
Iowa Rural Norm N=14 includes the following counties: Page, Fremont, Ida, Sac, Davis, Appanoose, Marion, Poweshiek, Tama, Madison, Ringgold, Carroll, Lucas and Clayton.							
Source: http://www.countyhealthrankings.org , released 2015							

2016 State Health Rankings for Page and Fremont Counties, IA

#	IA Rank of 99 Counties	Definitions	Page County	TREND	Fremont County	TREND	IA Rural NORM N=14
1	Physical Environment	Environmental quality	42		7		32
2	Health Factors		75		79		54
3	Clinical Care	Access to care / Quality of Care	51		97		63
4	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	74		70		51
5	Health Outcomes		71		86		59
6	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	70		56		53
7	Morbidity	Quality of life	50		76		53
8	Mortality	Length of life	75		87		57
Iowa Rural Norm N=14 includes the following counties: Page, Fremont, Ida, Sac, Davis, Appanoose, Marion, Poweshiek, Tama, Madison, Ringgold, Carroll, Lucas and Clayton.							
Source: http://www.countyhealthrankings.org , released 2016							

When considering the state of community health, it's important to review published health data by topic area. Below is a summary of key tabs of information collected:

Tab 1 Demographic Profile

Tab		Health Indicator	Page County	Trend	Fremont County	Trend	State of IA	IA Rural Norm (14)	Source
1a	a	Population, 2014 Estimate	15,496		7,022		3,107,126	14,153	People Quick Facts
1a	b	Population, % Change - April 1, 2010 to July 1, 2014	-2.8%		-5.6%		2.0%	-1.7%	People Quick Facts
1a	c	Population, 2010	15,932		7,441		3,046,355	14,364	People Quick Facts
1a	d	Persons Under 5 years, Percent, 2014	5.6%		5.4%		6.3%	6.0%	People Quick Facts
1a	e	Persons Under 18 years, Percent, 2014	20.6%		22.0%		23.4%	23.4%	People Quick Facts
1a	f	Persons 65 Years and Over, Percent, 2014	20.8%		21.6%		15.8%	20.2%	People Quick Facts
1a	g	Female Persons, Percent, 2014	47.8%		50.6%		50.3%	50.3%	People Quick Facts
1a	h	White Alone, Percent, 2014	94.2%		97.6%		92.1%	96.6%	People Quick Facts
1a	i	Black or African American Alone, Percent, 2014	2.4%		0.7%		3.4%	0.7%	People Quick Facts
1a	j	Hispanic or Latino, Percent, 2014	2.9%		2.6%		5.6%	2.5%	People Quick Facts
1a	k	Foreign Born Persons, Percent, 2009-2013	2.0%		0.7%		4.5%	1.8%	People Quick Facts
1a	l	Language Other than English Spoken at Home, Pct Age 5+, 2009-2013	3.4%		1.5%		7.2%	5.2%	People Quick Facts
1a	m	Living in Same House 1 Year & Over, Percent, 2009-2013	81.4%		89.5%		84.8%	87.5%	People Quick Facts

Tab 1 Demographic Profile

Tab		Health Indicator	Page County	Trend	Fremont County	Trend	State of IA	IA Rural Norm (14)	Source
1b	a	Veterans, 2009-2013	1,590		776		226,175	1,173	People Quick Facts
1b	b	Persons per Square Mile, 2010	29.8		14.6		54.5	25.5	Geography Quick Facts
1b	c	Children in Single-Parent Households, 2015	28.0%		33.0%		29.0%	25.9%	County Health Rankings
1b	d	Poverty Levels, 2011	15.9%		11.8%		12.7%	12.7%	Iowa Health Fact Book
1b	e	Limited Access to Healthy Foods, 2015	15.0%		14.0%		6.0%	5.9%	County Health Rankings
1b	f	People 65+ with Low Access to a Grocery Store, 2010	4.5%		9.3%		3.6%	3.3%	U.S. Department of Agriculture - Food Environment Atlas
1b	g	Voter Turnout, 2012	46.6%		43.9%		53.3%	53.6%	Iowa Secretary of State

Tab 2 Economic Profile

Tab		Health Indicator	Page County	Trend	Fremont County	Trend	State of IA	IA Rural Norm (14)	Source
2	a	Per Capita Money Income in Past 12 Months (2013 dollars), 2009-2013	\$23,496		\$26,930		\$27,027	\$24,657	People Quick Facts
2	b	Housing Units in Multi-Unit Structures, Percent, 2009-2013	11.4%		5.7%		18.4%	10.5%	People Quick Facts
2	c	Persons per Household, 2009-2013	2.3		2.4		2.4	2.4	People Quick Facts
2	d	Severe Housing Problems, 2015	10.0%		9.0%		12.0%	10.6%	County Health Rankings
2	e	Retail Sales per Capita, 2007	\$10,243		\$13,599		\$13,172	\$10,006	Business Quick Facts
2	f	Total Number of Firms, 2007	1,305		588		259,931	1,421	Business Quick Facts
2	g	Unemployment, 2015	5.0%		4.2%		4.6%	4.8%	County Health Rankings
2	h	Child Food Insecurity Rate, 2013	13.1%		11.4%		12.6%	12.4%	Feeding America
2	i	Grocery stores / 1,000 pop, 2012	0.3		0.4		0.3	0.3	U.S. Department of Agriculture - Food Environment Atlas
2	j	Low-Income and Low Access to a Grocery Store, 2010	4.5%		9.3%		3.6%	3.3%	U.S. Department of Agriculture - Food Environment Atlas
2	k	SNAP participants (% eligible pop), 2010*	88.0%		88.0%		88.0%	88.0%	U.S. Department of Agriculture - Food Environment Atlas
2	l	Mean Travel Time to Work (Minutes), Workers Age 16+, 2009-2013	16.4		22.7		18.8	19.8	People Quick Facts
2	m	Long Commute - Driving Alone, 2009-2013	16.0%		33.0%		19.0%	24.9%	County Health Rankings

Tab 3 Public Schools Health Delivery Profile

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

Tab		Health Indicator	Page County	Trend	Fremont County	Trend	State of IA	IA Rural Norm (14)	Source
3	a	Students Eligible for Free Lunch (%), 2010	34.2%		33.3%		30.0%	29.4%	U.S. Department of Agriculture - Food Environment Atlas
3	e	4-Year High School Graduation Rates, 2011-2012	162		78		30,357	145	Iowa Health Fact Book
3	f	Bachelor's Degree or Higher, Percent of Persons Age 25+, 2009-2013	17.4%		20.5%		25.7%	18.7%	People Quick Facts

Tab 3 Public Schools Health Delivery Profile

#	Schools in Page County	Clarinda Academy	Clarinda CSD	South Page	Shenandoah CSD	Clarinda Lutheran	Essex Community School	#	Schools in Fremont County	Sidney	Fremont Mills	Garfield
1	Total Public School Nurses							1	Total Public School Nurses			
2	School Nurse is Part of IEP Team							2	School Nurse is Part of IEP Team			
3	School Wellness Plan in Place							3	School Wellness Plan in Place			
4	VISION: Screened / Referred to Prof / Seen by Professional							4	VISION: Screened / Referred to Prof / Seen by Professional			
5	HEARING: Screened / Referred to Prof / Seen by Professional							5	HEARING: Screened / Referred to Prof / Seen by Professional			
6	ORAL HEALTH: Educated / Screened		36/26	10/6			14/8	6	ORAL HEALTH: Educated / Screened	26/6	24/10	8/7
7	SCOLIOSIS: Screened / Referred to Prof / Seen by Professional							7	SCOLIOSIS: Screened / Referred to Prof / Seen by Professional			
8	Students Served with No Identified Chronic Health Concerns							8	Students Served with No Identified Chronic Health Concerns			
9	School has Suicide Prevention Program							9	School has Suicide Prevention Program			
10	Compliance on Required Vaccinations	71%	97%	96%	99%	83%	100%	10	Compliance on Required Vaccinations			

TAB 4 Maternal and Infant Health Profile

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

Tab		Health Indicator	Page County	Trend	Fremont County	Trend	State of IA	IA Rural Norm (14)	Source
4	a	Mothers Who Began Prenatal Care in First Trimester, 2010-2011	262		114		62,857	253	Iowa Health Fact Book
4	b	Annual Birth Outcome % Preterm, 2014	12.3%		7.9%		7.3%	8.3%	Iowa Department of Health and Environment
4	c	Low Birth Weight (<2500 Grams), 2010-2011	19		14		NA	21	Iowa Health Fact Book
4	d	Mothers Who Smoked During Pregnancy, 2010-2011	93		37		12,398	62	Iowa Health Fact Book
4	e	Mothers under Age 20, 2010-2011	41		17		5,763	28	Iowa Health Fact Book
4	f	Out-of-Wedlock Births, 2010-2011	150		54		26,106	104	Iowa Health Fact Book
4	g	Average Monthly WIC Participation per 1,000 Pop, 2014	NA		NA		2,318	NA	American Home Finding Association

TAB 4 Maternal and Infant Health Profile

Tab		Vital Statistics	*Page County	Trend	*Fremont County	Trend	State of Iowa
4	b	Total Live Births, 2010	95		82		38,574
4	c	Total Live Births, 2011	118		66		38,040
4	d	Total Live Births, 2012	114		81		38,427
4	e	Total Live Births, 2013	109		65		38,790
4	f	Total Live Births, 2014	98		76		39,465

Source: Page County is "Occurance" data, Fremont County is "Residence" data.

TAB 5 Hospitalization/Provider Profile

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

Tab		Health Indicator	Page County	Trend	Fremont County	Trend	State of IA	IA Rural Norm (14)	Source
5	a	Primary Care Physicians per 1, 2015	1309		2382		1,375	1,987	County Health Rankings
5	b	Preventable Hospital Stays, 2015	75		83		56	65	County Health Rankings
5	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	66.0%		NA		76.0%	74.3%	*CMS Hospital Compare, 1/1/14-12/31/14
5	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	62.0%		NA		75.0%	72.6%	*CMS Hospital Compare, 1/1/14-12/31/15
5	e	Average Time Patients Spent in the Emergency Department Before They Were Seen by a Healthcare Professional	NA		NA		26	29	*CMS Hospital Compare, 1/1/14-12/31/16
5	f	Medicare Hospital Spending per Patient (Medicare Spending per Beneficiary)	NA		NA		\$0.92	\$0.85	*CMS Hospital Compare, 1/1/14-12/31/17

*CMS Hospital Compare data includes 16 hospitals within our Iowa Rural Norm (14) counties.

TAB 5 Hospitalization/Provider Profile

State/County/Zip	TOTAL IP Discharges -			Shenandoah			GRAPE Mem		
	Count			Count			Count		
	12-Q1	13-Q1	14-Q1	12-Q1	13-Q1	14-Q1	12-Q1	13-Q1	14-Q1
State/County/Zip	12-Q4	13-Q4	14-Q4	12-Q4	13-Q4	14-Q4	12-Q4	13-Q4	14-Q4
Iowa									
Fremont									
51639	48	34	48	33	21	29			
51640	128	150	117	9	5	9			
51645	18	13	25	4	5	7			
51648	3		3						
51649	23	22	29	7	5	6			
51650	14	20	27	4	4	8			
51652	123	102	117	22	34	18			
51653	146	102	155		4	4			
51654	38	36	36	1	2	3			
Fremont Total	541	479	557	80	80	84			
Page									
51601	485	399	401	393	303	323			
51630	14	10	11	7	2	8			
51631	24	17	18	5	3	2			
51632	594	574	575	109	67	61			
51636	34	24	28	19	11	14			
51637	23	22	19	1	11	6			
51638	95	89	118	45	33	55			
51647	7	11	8	4	6	2			
51651	8	15	7						
51656	14	6	10	4	2				
Page Total	1,298	1,167	1,195	587	439	471			

TAB 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicator	Page County	Trend	Fremont County	Trend	State of IA	IA Rural Norm (14)	Source
6	a	Depression: Medicare Population, 2012	14.9%		11.9%		14.9%	14.0%	Centers for Medicare and Medicaid Services
6	b	Alcohol-Impaired Driving Deaths, 2015 (3 of 6 Total Driving Deaths)	25.0%		36.0%		23.0%	22.9%	County Health Rankings
6	d	Poor Mental Health Days, 2015	3.2		NA		2.6	2.7	County Health Rankings

*Mental health hospital in Page County closed in August 2015

TAB 7 Health Risk Profiles

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health. Being overweight / obese; smoking, drinking in excess, not exercising, etc. can lead to poor health.

Tab		Health Indicator	Page County	Trend	Fremont County	Trend	State of IA	IA Rural Norm (14)	Source
7a	a	Adult Obesity, 2015	33.0%		33.0%		30.0%	31.0%	County Health Rankings
7a	b	Adult Smoking, 2015	16.0%		17.0%		18.0%	19.0%	County Health Rankings
7a	c	Excessive Drinking, 2015	15.0%		12.0%		20.0%	19.8%	County Health Rankings
7a	f	Physical Inactivity, 2015	29.0%		26.0%		24.0%	26.4%	County Health Rankings
7a	g	Poor Physical Health Days, 2015	3.5		3.6		2.8	2.9	County Health Rankings
7a	h	Sexually Transmitted Infections, 2015	382		168		370	226	County Health Rankings

TAB 7 Health Risk Profiles

Tab		Health Indicator	Page County	Trend	Fremont County	Trend	State of IA	IA Rural Norm (14)	Source
7b	a	Hypertension: Medicare Population, 2012	52.3%		51.5%		51.2%	52.8%	Centers for Medicare and Medicaid Services
7b	b	Hyperlipidemia: Medicare Population, 2012	42.1%		38.6%		40.2%	41.0%	Centers for Medicare and Medicaid Services
7b	c	Heart Failure: Medicare Population, 2012	15.5%		16.0%		12.8%	14.0%	Centers for Medicare and Medicaid Services
7b	d	Chronic Kidney Disease: Medicare Population, 2012	18.3%		13.6%		13.4%	13.7%	Centers for Medicare and Medicaid Services
7b	e	COPD: Medicare Population, 2012	14.4%		16.0%		10.5%	11.0%	Centers for Medicare and Medicaid Services
7b	f	Atrial Fibrillation: Medicare Population, 2012	8.1%		8.9%		8.6%	8.8%	Centers for Medicare and Medicaid Services
7b	g	Cancer: Medicare Population, 2012	7.9%		7.6%		7.3%	7.4%	Centers for Medicare and Medicaid Services
7b	h	Osteoporosis: Medicare Population, 2012	6.7%		6.9%		5.4%	5.9%	Centers for Medicare and Medicaid Services
7b	i	Asthma: Medicare Population, 2012	3.3%		3.4%		3.5%	2.7%	Centers for Medicare and Medicaid Services
7b	j	Stroke: Medicare Population, 2012	2.4%		3.1%		2.6%	2.6%	Centers for Medicare and Medicaid Services

TAB 8 Uninsured Profiles

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

Tab		Health Indicator	Page County	Trend	Fremont County	Trend	State of IA	IA Rural Norm (14)	Source
8	a	Uninsured (Under 65), 2010	11.1%		10.7%		10.7%	12.0%	Iowa Health Fact Book

TAB 8 Uninsured Profiles

Tab	Charity Care - Shendandoah Medical Center	YR13	YR14	YR15	Trend
8	Free Care	\$777,320	\$307,216	\$170,802	
8	Bad Debt (No Pay)	\$2,821,725	\$3,350,700	\$2,284,372	
Tab	Charity Care - George C. Grape Memorial Hospital	YR13	YR14	YR15	Trend
8	Free Care	\$262,311	\$83,403	\$66,237	
8	Bad Debt (No Pay)	\$306,007	\$256,451	\$231,057	

TAB 9 Mortality Profile

The leading causes of county deaths are listed below. Areas of higher than expected are so noted.

Tab		Health Indicator	Page County	Trend	Fremont County	Trend	State of IA	IA Rural Norm (14)	Source
9	a	Life Expectancy for Females, 2009	80.8		81.0		82.0	81.3	Institute for Health Metrics and Evaluation
9	b	Life Expectancy for Males, 2009	76.3		76.4		77.3	76.4	Institute for Health Metrics and Evaluation
9	c	Infant Deaths, 2007-2011	NA		NA		998	9	Iowa Health Fact Book
9	d	Heart Disease Mortality, 2006-2010	252		93		35154	215	Iowa Health Fact Book
9	e	Chronic Obstructive Pulmonary Disease Mortality, 2006-2010	78		37		NA	46	Iowa Health Fact Book
9	f	Suicides, 2007-2011	11		NA		1843	12	Iowa Health Fact Book

TAB 9 Mortality Profile

#	Causes of Death by County of Residence, Iowa Health Fact Book 2013	Trend	Page County	%	Trend	Fremont County	%	State of IA	%
	All Causes		1,028	100.0%		423	100.0%	138,412	100.0%
1	Heart Disease	-0.9%	252	24.5%	-3.4%	93	22.0%	35,154	25.4%
2	All Cancer	0.3%	239	23.2%	-0.7%	94	22.2%	31,766	23.0%
3	Chronic Obstructive Pulmonary Disease	6.3%	78	7.6%	7.4%	37	8.7%	1,824	1.3%
4	Lung Cancer	-0.8%	57	5.5%	1.4%	33	7.8%	8,838	6.4%
5	Stroke	4.1%	53	5.2%	4.9%	25	5.9%	1,422	1.0%
6	Pneumonia/Influenza	1.8%	45	4.4%	0.0%	11	2.6%	3,569	2.6%
7	Accidents and Adverse Effects	-0.4%	42	4.1%	-0.5%	17	4.0%	6,233	4.5%
8	Diabetes Mellitus	1.0%	38	3.7%	-0.4%	10	2.4%	3,770	2.7%
9	Colorectal Cancer	0.8%	32	3.1%	1.2%	15	3.5%	3,234	2.3%
10	Alzheimer's Disease	-1.9%	28	2.7%	-0.3%	18	4.3%	6,331	4.6%

TAB 10 Preventive Health Profile

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

Tab		Health Indicator	Page County	Trend	Fremont County	Trend	State of IA	IA Rural Norm (14)	Source
10	a	Access to Exercise Opportunities, 2015	79.0%		61.0%		79.0%	69.9%	County Health Rankings
10	b	2-Year-Old Coverage of Individual Vaccines and Selected Vaccination Series, 2012	70.0%		60.0%		71.0%	67.0%	Iowa Immunization Program
10	d	Diabetic Monitoring, 2015	87.0%		80.0%		89.0%	88.4%	County Health Rankings
10	e	Mammography Screening, 2015	70.9%		54.9%		66.4%	62.9%	County Health Rankings
10	f	Limited Access to Healthy Food, 2015	15.0%		14.0%		6.0%	5.9%	County Health Rankings
10	g	Percent Annual Check-Up Visit with PCP	NA		NA		NA	NA	TBD
10	h	Percent Annual Check-Up Visit with Dentist	NA		NA		NA	NA	TBD
10	i	Percent Annual Check-Up Visit with Eye Doctor	NA		NA		NA	NA	TBD

Community Feedback Research

For CHNA Round #2, it is also important to gather community perspective from key stakeholders on their views of progress to address baseline CHNA needs documented three years ago. Below are findings of this online community primary research:

Question 1—Overall Quality Ranking

Shenandoah Medical Center & George C. Grape Community Hospital (PSA) - Page and Fremont Counties, IA N=229						
1. Three years ago, a Community Health Needs Assessment was completed. This assessment identified a number of health needs for our community. Today, we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community?						
Answer Options	Very Good	Good	Fair	Poor	Very Poor	Valid N
Page and Fremont Counties N=229	30	109	72	16	2	229
Top 2 Boxes (Very Good / Good)	60.7%					
Page County Only N=105	14	43	34	13	1	105
Top 2 Boxes (Very Good / Good)	54.3%					
Fremont County Only N=51	8	29	12	1	1	51
Top 2 Boxes (Very Good / Good)	72.5%					
Option C Round #2 Stakeholder Totals	546	1,168	437	72	15	2,238
Top 2 Boxes (Very Good / Good)	76.6%					

Questions 5 & 6—Community Ranking of Healthcare Services 2015

Shenandoah Medical Center & George C. Grape Community Hospital (PSA) - Page and Fremont Counties, IA N=229					
5. How would our community rate each of the following ?	Option C Stakeholders Round #2 Bottom 2 Boxes	Page & Fremont Cos N=229	Trend	Page Co ONLY N=105	Fremont Co ONLY N=51
Ambulance Services	3.9%	7.6%		1.0%	23.5%
Child Care	16.5%	13.4%		6.4%	26.9%
Chiropractors	5.6%	1.9%		1.1%	2.2%
Dentists	13.6%	8.9%		5.9%	16.7%
Emergency Room	5.6%	11.7%		14.7%	6.1%
Eye Doctor / Optometrist	6.2%	5.4%		2.0%	12.5%
Family Planning Services	16.4%	27.1%		22.2%	39.6%
Home Health	12.2%	8.0%		8.4%	6.0%
Hospice	8.7%	7.7%		6.7%	10.4%
Inpatient Services	4.5%	13.1%		16.5%	8.5%
Mental Health Services	31.1%	42.9%		30.9%	63.0%
Nursing Home	13.2%	17.6%		16.3%	22.2%
Outpatient Services	3.2%	8.5%		11.0%	6.1%
Pharmacy	2.8%	2.5%		2.0%	4.2%
Primary Care	5.1%	3.6%		4.9%	2.1%
Public Health Department	4.2%	11.1%		12.4%	8.3%
School Nurse	7.0%	7.1%		3.7%	13.6%
Visiting Specialists	7.3%	5.6%		7.1%	4.2%

Question 7—Receiving Healthcare Services Outside our Community

Shenandoah Medical Center & George C. Grape Community Hospital (PSA) - Page and Fremont Counties, IA N=229					
7. Over the past 2 years, did you or do you know someone who received health care services outside of our community?	Option C Stakeholders Round #2 Bottom 2 Boxes	Page & Fremont Cos N=229	Trend	Page Co ONLY N=105	Fremont Co ONLY N=51
Yes	78.8%	81.1%		81.9%	75.0%
No	12.9%	13.1%		14.3%	15.4%
Don't know	8.3%	5.7%		3.8%	9.6%
TOTALS	100.0%	100.0%		100.0%	100.0%

Question 8—Requested Discussion Items for Town Hall Agenda

Shenandoah Medical Center & George C. Grape Community Hospital (PSA) - Page and Fremont Counties, IA N=229					
8. Are there any other health needs that we need to discuss at our upcoming CHNA Town Hall meeting?	Option C Stakeholders Round #2 Bottom 2 Boxes	Page & Fremont Cos N=229	Trend	Page Co ONLY N=105	Fremont Co ONLY N=51
Abuse / Violence	4.7%	4.1%		4.2%	3.6%
Alcohol	4.9%	4.0%		4.4%	2.9%
Cancer	5.5%	4.4%		4.4%	3.9%
Diabetes	5.0%	5.4%		5.3%	5.4%
Drugs / Substance Abuse	7.4%	7.6%		7.7%	6.8%
Family Planning	2.8%	3.4%		3.5%	3.9%
Heart Disease	3.8%	4.2%		3.9%	5.0%
Lead Exposure	0.7%	1.1%		0.6%	1.8%
Mental Illness	7.7%	10.1%		9.7%	9.3%
Nutrition	5.1%	3.8%		3.5%	5.0%
Obesity	8.1%	8.7%		8.3%	9.6%
Ozone	0.9%	0.4%		0.4%	0.7%
Physical Exercise	6.1%	4.9%		4.8%	5.7%
Poverty	4.8%	6.5%		7.2%	5.0%
Respiratory Disease	2.4%	1.9%		1.7%	2.5%
Sexual Transmitted Diseases	2.2%	3.6%		3.9%	3.6%
Suicide	4.3%	3.6%		4.0%	3.6%
Teen Pregnancy	4.0%	5.4%		5.9%	3.9%
Tobacco Use	4.1%	3.5%		3.9%	3.6%
Vaccinations	4.7%	2.6%		2.9%	2.9%
Water Quality	3.5%	3.5%		3.7%	3.2%
Wellness Education	6.0%	5.8%		5.0%	6.8%
Some Other Need (please specify below)	1.2%	1.4%		1.5%	1.4%
TOTAL	100.0%	100.0%		100.0%	100.0%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services 2016 - Page and Fremont Counties, IA

Cat	HC Services Offered in County: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	YES		
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers	YES		
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/Weight Control Services	YES		
Hosp	Birthing/LDR/LDRP Room			
Hosp	Breast Cancer	YES		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	YES		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	YES		
Hosp	Case Management	YES		
Hosp	Chaplaincy/Pastoral Care Services	YES		
Hosp	Chemotherapy	YES		
Hosp	Colonoscopy	YES		
Hosp	Crisis Prevention			
Hosp	CT Scanner	YES		
Hosp	Diagnostic Radioisotope Facility			
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	YES		
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	YES		
Hosp	Genetic Testing/Counseling	YES		
Hosp	Geriatric Services	YES		
Hosp	Heart	YES		
Hosp	Hemodialysis			
Hosp	HIV/AIDS Services			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital Services	YES		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit	YES		
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation room			
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung	YES		
Hosp	Magnetic Resonance Imaging (MRI)	YES		
Hosp	Mammograms	YES		
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<128+ slice CT)			
Hosp	Neonatal			
Hosp	Neurological Services			
Hosp	Obstetrics			
Hosp	Occupational Health Services	YES		
Hosp	Oncology Services	YES		
Hosp	Orthopedic Services	YES		
Hosp	Outpatient Surgery	YES		
Hosp	Pain Management	YES		
Hosp	Palliative Care Program			
Hosp	Pediatric			
Hosp	Physical Rehabilitation	YES		
Hosp	Positron Emission Tomography (PET)	Yes		

Inventory of Health Services 2016 - Page and Fremont Counties, IA

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

Physician Manpower Tallies			
Page and Fremont Counties, IA			
Specialties	DR Office in Either Page / Fremont	Visiting DRs to Page / Fremont	PAs and NPs in Page / Fremont
Primary Care:			
Family Practice	9.0	3.0	2.0
Internal Medicine	0.0	0.0	0.0
Obstetrics/Gynecology	2.0	2.0	1.0
Pediatrics	0.0	0.0	1.0
Medicine Specialists:			
Allergy/Immunology	0.0	2.0	
Cardiology	0.0	6.0	
Dermatology	0.0	1.0	
Endocrinology	0.0	0.0	
Gastroenterology	0.0	1.0	
Oncology/Radiation Oncology	1.0	6.0	1.0
Infectious Diseases	0.0	0.0	
Nephrology	0.0	6.0	
Neurology	0.0	5.0	2.0
Psychiatry	0.0	4.0	1.0
Pulmonary	0.0	1.0	
Rheumatology	0.0	0.0	
Surgery Specialists:			
General Surgery	2.0	0.0	
Neurosurgery	0.0	0.0	
Ophthalmology	0.0	2.0	
Orthopedics	1.0	7.0	4.0
Otolaryngology (ENT)	0.0	1.0	
Plastic/Reconstructive	0.0	0.0	
Thoracic/Cardiovascular/Vascular	0.0	1.0	
Urology	0.0	2.0	
Hospital Based:			
Anesthesia/Pain	0.0	1.0	1.0
Emergency	4.0	19.0	
Radiology (Telemedicine)	0.0	42.0	1.0
Pathology	0.0	4.0	
Hospitalist	1.0	0.0	
Neonatal/Perinatal	0.0	0.0	
Physical Medicine/Rehab	0.0	1.0	
Podiatry	0.0	3.0	
Chiropractor	0.0	0.0	
Eye (Primary Care)	0.0	0.0	
Dentist	0.0	1.0	
TOTALS	12.0	121.0	14.0

YR 2016 - Visiting Specialists to Page and Fremont Counties, IA

SPEC	Doctor (FN/LN)	Office City	Group Name	Location	Clinics
ALL	Brett Kettelhutt	Omaha	Allergy, Asthma, Immunology Associates	SMC	Monthly
ALL	Salvatore Zieno	Bellevue	Clarinda Medical Associates	Clarinda	Monthly
CV	Scott Coatsworth	Lincoln	Bryan Heart	Clarinda	2x Monthly
CV	Ryan Whitney	Clarinda	Clarinda Medical Associates	Clarinda	2x Monthly
CV	Matthew McLeay	Omaha	Midwest Pulmonary Critical Care	Grape	Monthly
CV	Haysam Akkad	Omaha	NE Health System Clarkson Heart Center	Grape	Monthly
CV	Haysam Akkad	Omaha	NE Health System Clarkson Heart Center	SMC	Every Wed
CV	Omar Nass	Lincoln	Nebraska Heart Institute	Grape	Monthly
CV	Rebecca Rundlett	Lincoln	Nebraska Heart Institute	Grape	Monthly
DERM	James Shehan	Omaha	Alegent Health	Clarinda	1st and 3rd Thurs
DERM	Olivia Woita, NP	Council Bluffs	Radiant Complexions Dermatology Clinic	Clarinda/Grape	Monthly
EMG	Stuart Oxford	Omaha	Alegent Health	Clarinda	Monthly
ENDO	Junping Yang	St Joseph	Heartland Endocrinology	Clarinda	Monthly
ENT	David Sjulín	Omaha	Boys Town Hosp	SMC	2nd and 4th Tues
ENT	Salvatore Zieno	Bellevue	Clarinda Medical Associates	Grape	Monthly
ENT	Trent Quinlan	Omaha	ENT Specialists	Clarinda	Monthly
ENT	Phillip Linquist	Des Moines	Iowa Head and Neck PC	Clarinda	Monthly
GAS	Tyron Alli	Omaha	Midwest Gastrointestinal Associates	SMC	Monthly
GYN	Michael Woods	Bellevue	Bellevue OBGYN Associates, PC	Grape	Monthly
NEP	Jennifer Fillaus	Omaha	NMC Nephrology	SMC	Monthly
NEP	Judd Bauer	Omaha	Omaha Nephrology	SMC	1st Thurs
NEP	David Goldner	Omaha	Omaha Nephrology	SMC	3rd Thurs and 4th Weds
NEU	Scott Goodman	Omaha	Neurological Consultants of Nebraska	Grape	Monthly
NEU	Scott Goodman	Omaha	Neurological Consultants of Nebraska	SMC	2x Monthly
NEUS	Keith Lodhia	Omaha	Midwest Neurosurgery	Clarinda	Monthly
NEUS	Keith Lodhia	Omaha	Midwest Neurosurgery	SMC	2nd Mon
NEUS	John Hain	Omaha	Neurological Surgery	SMC	1st Mon
OBG	Jorge Sotolongo	Council Bluffs	Metro OBGYN LLC	Clarinda	2x Monthly
ONC	Sakeer Hussain	Council Bluffs	Heartland Hematology and Oncology L.L.P	Clarinda	2x Monthly
ONC	Paven Kumar Tandra	Omaha	Nebraska Medicine	SMC	Tues and Thurs
ONG	Stacey Parker-Brueggermann	Council Bluffs	Heartland Oncology	SMC	1st and 3rd Tues
ONG	Susan Kambhu	Omaha	Medical Oncology Hematology PC	SMC	Every Fri
OPHTH	Kathryn Hodges	Omaha	Midwest Eye Care	SMC	
OPHTH	Michael Halsted	Omaha	Midwest Eye Care	SMC	
ORT	Huy Trinh	Council Bluffs	Miller Orthopedic Affiliates, P.C.	Clarinda	Monthly
ORT	Roy Abraham	Council Bluffs	Miller Orthopedic Affiliates, P.C.	Grape	2x Monthly
ORT	Thomas Atteberry	Council Bluffs	Miller Orthopedic Affiliates, P.C.	Clarinda	2x Monthly
ORT	Charles Burt	Omaha	Nebraska Orthopedic Associates	Clarinda	2x Monthly
ORT	Joshua Urban	Omaha	Nebraska Orthopedic Associates	Clarinda	Monthly
ORT	Steven Goebel	Omaha	Nebraska Orthopedic Associates	SMC	2nd and 4th Weds
ORT	Steven Hagan	Omaha	Nebraska Orthopedic Associates	SMC	1st and 3rd Weds
ORT	Michael Morrison	Omaha	Omaha Orthopedic	SMC	Every Tues
ORT	Jacob Keough	Omaha	Orthomedics	Clarinda	Monthly
PHY	Stuart Oxford	Omaha	Alegent Health	Grape	Monthly
PHY	Stuart Oxford	Omaha	Alegent Health	SMC	Monthly
POD	Gregory Stanislav	Schleswig	Family Medicine Associates	Grape	2x Monthly
PUL	Lon Keim	Omaha	NMC Nephrology	SMC	2nd and 4th Weds
PUL	Timothy Lieske	Linc	Lincoln Pulmonary/Critical Care	Clarinda	Monthly
SRG	David Bendorf	Harlan	Myrtue Medical Clinic	Grape	2x Monthly
SRG	James Scott	Omaha	Omaha Center For Surgery	Grape	2x Monthly
URL	Gernon Longo	Omaha	The Urology Center	SMC	1st and 3rd Mon
URL	Michael Kroeger	Omaha	The Urology Center	Clarinda	Monthly
URL	Stephen Lim	Omaha	The Urology Center	Clarinda	Monthly
URL	Larry Siref	Omaha	UNMC Urology	Grape	Monthly
VAS	Robert Hibbard	Lincoln	Bryan LGH Heart Institute	Clarinda	Monthly
VAS	David Vogel	Omaha	Surgery Center of the Heartland	SMC	1st and 3rd Mon
VAS	Stuart Myers	Lincoln	Vascular Surgical Associates	Clarinda	Monthly

Page and Fremont Healthcare Resource Directory

Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

Page County Sheriff (712) 542-5193

Fremont County Sheriff (712) 374-2673

Municipal Non-Emergency Numbers

	Police	Fire
Clarinda	(712) 542-2194	(712) 542-2194
Shenandoah	(712) 246-3512	(712) 246-2300
Shenandoah (part)	(712) 246-3512	(712) 246-2300
Sidney	(712) 374-2365	(712) 374-2204
Tabor	(712) 629-2295	(712) 629-2295

Abuse – Adult and Child

Adult and Child Abuse Hotline (24 hrs.)	1-800-362-2178
Boystown Hotline Number	1-800-448-3000
Catholic Charities Family Crisis Hotline (24 hrs.)	712-328-0266 or 1-888-612-0266
Child Protective/CINA Services (M-F, 8 a.m. to 4:30 p.m.)	1-877-683-0323
Department of Human Services: Montgomery County	712-623-4838 or 1-888-623-4838
Domestic Abuse Hotline	1-800-942-0333
Family Crisis Support Network (24 hrs. Cass, Audubon, Adair, and Shelby)	712-243-6615 or 1-800-696-5123
Family Crisis Support Network (24 hrs. Montgomery and Page)	712-623-3328 or 1-866-647-9596
Iowa Concern Hotline	1-800-447-1985
Rural Iowa Crisis Center (24 hrs. Taylor)	641-782-2706
Southwest Iowa Batter's Education Program	712-542-3501 or 1-888-486-9599

Advocacy Groups

Alliance for Mentally Ill of Iowa (NAMI)	515-254-0417
Attorney General's Consumer Protection Division	515-281-5926
Commission of Veterans Affairs	1-800-827-1000
Division of Latino Affairs	515-281-4080
Elder Affairs Department	1-800-532-3213
Hispanic Center, Shenandoah	712-246-2081
Iowa Association of Area Agencies on Aging	1-866-468-7887
Iowa Commission on Status of Women	1-800-558-4427
Iowa Compass (disabilities)	1-800-779-2001
Iowa Department Human Rights	515-281-7283
Iowa Department on Aging	515-242-3333
Iowa Division of Labor	515-281-3606
Iowa Ombudsman	1-888-426-6283
Iowa Protection and Advocacy	515-278-2502 or 1-800-779-2502
Latino Resource Center – Southwest Iowa	712-623-3591
League of Human Dignity	1-800-843-5774
Long-term Care Ombudsman	515-242-3327
National Catholic Rural Life (farm issues)	515-270-2634
National Eldercare Locator	1-800-677-1116
Senior Health Insurance Information Program	1-800-351-4664

Churches – Special Programs and Counseling

United Methodist Church of Faith and Hope, Angel Food Program	712-215-2941
Assembly of God - Food pantry, pastoral counseling	712-246-4262
Assembly of God Church - Hamburg	712-382-1836

Church of Christ - Hamburg	712-382-2791
Church of Christ - Randolph	712-374-3322
Cowboy Church - Randolph	712-310-5111
Emmanuel Lutheran Church (ELCA) - Short-term pastoral counseling	712-246-3287
Family Worship Center - Malvern	712/624-8611
First Presbyterian Church - Randolph	712-374-2433
First Baptist Church - Hamburg	712-382-2591
First Baptist Church - Malvern	402/344-2408
First Baptist Church	712-542-4362
First Baptist Church, Pastor Gary Fuller - Food pantry, pastoral counseling	712-246-3190
First Christian Church - Tabor	712/629-3885
First Methodist Church - Hamburg	712-382-2036
First Presbyterian Church, Rev. Rick Sleyster - Adult Haven (second and fourth Thurs. of month, 1 to 4 p.m., adult daycare)	712-246-3592
First United Methodist Church - Food pantry, sew and share	712-542-3719
Free Methodist Church - Hamburg	712-382-2036
Nazarene Parsonage - Tabor	712/629-3045
Nishna Valley Christian Church, Rev. Jack Langley - Pastoral counseling	712-246-5125
Reorganized Church Of Jesus Christ Of Latter Day Saints - Tabor	712/629-5715
Shenandoah Ministerial Association Crisis Fund – referral needed	712-246-1970
St Patrick Catholic Church - Imogene	712/386-2123
St. Mary's Catholic Church, Father Vern Smith	712-246-1718
St.Mary's Catholic Church - Hamburg	712-382-2871
Trinity Presbyterian Church, Pastor Leslie Traylor - Salvation Army	712-542-2987
United Congregational Church of Christ - Farragut	712-385-8602
United Methodist Church - Randolph	712-374-2521
United Methodist Church - Farragut	712-385-8352
United Methodist Church - Malvern	712/624-8320
United Methodist Church - Randolph	712-625-3811
United Methodist Church of Faith and Hope, Coin Circuit	712-583-3334
United Trinity Church - Hamburg	712-382-2856
Victory Life Christian Church - Randolph	712-374-3032

Clothing

Clarinda Community Center Thrift Shop (9 a.m. to 12 p.m. 1 to 4 p.m.)	712-542-3161
West Page Improvement Center	712-246-4564
Sheppards Frock – Sidney	712-374-2023

Disability Services

Child Health Specialty Clinics	1-866-652-0041
Children at Home	800-993-4345
Department of Human Services: Red Oak	712-623-4838
Easter Seals Rural Solutions	515-309-1783
Glenwood Resource Center	712-527-4811

Iowa AgrAbility Project	515-294-8520
Iowa Client Assistance Program	1-800-652-4298
Iowa Compass	1-800-779-2001
Iowa Protection and Advocacy	515-278-2502
Iowa Vocational Rehabilitation Services	712-542-5414
Iowa Western Job Placement	712-325-3282
League of Human Dignity	1-800-843-5774
Loess Hills AEA 13	800-432-5804
Loess Hills Glenwood Office	712-527-5261 or 800-886-5261
Lutheran Social Service of Iowa – children’s respite	1-866-409-2352
Nishna Productions	712-246-1242
Nishna Productions Inc.	712-246-1269
Pacific Place	712-622-8144
Southwest Iowa Case Management	712-542-3584
Specialized Support Services	1-800-440-7129
Speech to Speech (hard of hearing, deaf, and speech disability)	1-877-735-1007
Veterans Administration Outpatient Clinic, Shenandoah	712-246-0092
Waubonsie Mental Health Center	712-542-2388 or 1-800-432-1143
West Central Development	712-624-8172

Drug and Alcohol Abuse

Alcohol and Drug Abuse Counseling	1-800-454-8966
Alcoholics Anonymous - Council Bluffs	712-328-9979
Alcoholics Anonymous – Millard, NE	402-895-9911
Clarinda Police Department – non emergency	712-542-2194
Free People from Tobacco	712-246-2332 or 1-800-944-3446
Mercy Hospital - Council Bluffs, Family Service	712-328-5000
Page County Drug Enforcement Officer	712-246-3512
Page County General Relief	712-542-2983
Quitline Iowa – Free, confidential way to quit smoking	1-800-784-8669
River Bluffs - Alcohol Treatment	712-322-5540
Shenandoah Police Department	712-246-3512
Southwest Iowa Families, Inc	712-542-3501
Zion Recovery Services, Clarinda	712-542-4481
Zion Recovery Services, Shenandoah	712-246-4832

Education

(GED, Adult Basic Skills Literacy)	712-325-3266
Clarinda Academy	712-542-3103
Clarinda Community School (administration)	712-542-5165
Clarinda Lied Public Library	712-542-2416

Clarinda Lutheran School	712-542-3657
Coin Public Library	712-583-3684
Denison Job Corps	712-263-4192 ext.119
Early Headstart	800-698-5886
Essex Community School	712-379-3115
Essex Lied Public Library	712-379-3355
Family Crisis Support Network (Montgomery and Page)	712-623-3328 or 1-866-647-9596
Farragut Community School	712-385-8132
Fostering Literacy (local call for Clarinda)	712-850-1050
Fremont-Mills Elementary	712-629-6555
Fremont-Mills High School	712-629-2325
Green Hills Area Education Association	712-623-2559
Growing Strong Families: Fremont	712-374-2351
Growing Strong Families: Page	712-542-5171
Hamburg Elementary	712-382-2017
Hamburg High School	712-382-2703
Iowa College Student Aid Commission	515-281-3501
Iowa Compass	1-800-779-2001
Iowa Compass (Iowan/Disabilities)	800-779-2001
Iowa Concern Hotline	800-447-1985
Iowa Exceptional Parent Center	515-782-4453
Iowa Western Community College	800-432-5852
Iowa Western Community College: Council Bluffs office	1-800-432-5852
Iowa Western Community College: Clarinda campus	712-542-5117
Iowa Western Community College: Shenandoah campus	712-246-1499
Iowa Workforce Development	712-263-6102
ISU Answer Line (Home Economics Hotline)	800-262-3804
ISU Answerline (home economics hotline)	1-800-262-3804
ISU Extended and Continuing Education	1-800-262-0015
ISU Hortline (Horticulture Hotline)	515-294-3108
ISU/Mills County Extension Service	712-624-8616
League of Human Dignity	1-800-843-5774
Loess Hills AEA 13	800-432-5804
M.A.Y. Mentoring Program	712-246-1581
Nishna Productions	712-246-1242
Planned Parenthood of Mid Iowa	712-623-5522
Promise Jobs	712-246-3735
Shenandoah Alternative School	712-246-6161
Shenandoah Elementary & Middle Schools	712-246-2520
Shenandoah High School	712-246-4727
Shenandoah Public Library	712-246-2315
Sidney Elementary School	712-374-2647

Sidney High School	712-374-2731
South Page High School	712-582-3211
Specialized Support Services	1-800-440-7129
The Nest (parenting education for new parents)	712-542-3501
Vocational Rehabilitation	712-243-5346 or 712-328-3821
Vocational Rehabilitation	712-542-5414
Work Incentive Act	712-246-5649
Workforce Development: Clarinda	712-542-6563
Workforce Development: Shenandoah	712-246-4470

Emergency Shelters and Disaster Services

Catholic Charities	712-328-3086
Civil Defense Disaster Services	712-246-4254
Clarinda Youth Shelter	712-542-3103
County General Relief Assistance	712-542-4254 or 1-866-630-4254
Domestic Violence Program	712-328-0266 or 888-612-0266
Family Crisis Support Network (24 hrs Montgomery and Page)	1-866-647-9596 or 712-623-3328
Family Crisis Support Network (24 hrs. Cass, Audubon, Adair, and Shelby)	1-800-696-5123
Girls & Boys Town Based Service National Hotline	1-800-448-3000
Micah House	712-323-4416
Page County Emergency Management (Rod Riley)	712-246-4254 or 1-877-899-0007
Page County Veterans Affairs (Rod Riley)	712-246-4254 or 1-877-899-0007
Phoenix House – (24 Crisis call 712-328-0266)	712-256-2059
Red Cross	712-246-3230
Rural Iowa Crisis Center (Taylor County)	1-641-782-2706
Salvation Army: Clarinda: Trinity Presbyterian Church, Pastor Leslie Traylor	712-542-2987
Turning Pointe – Clarinda	712-542-2388
West Central Development	712-374-3367

Employment

Experience Work: Clarinda	712-542-6563
Experience Work: Shenandoah	712-246-4470
Iowa Concern Hotline	1-800-447-1985
League of Human Dignity	1-800-843-5774
Promise Jobs	712-246-3735
Proteus (agricultural workers)	1-800-372-6031
Senior Aids (West Central Community Action)	712-246-2585
Specialized Support Services	712-623-5940
Vocational Rehabilitation	712-542-5414

Work Incentive Act	712-246-5649
Workforce Development: Clarinda	712-542-6563
Workforce Development: Shenandoah	712-246-4470

Economic Development

Better Business Bureau	515-284-4525
Displaced Homemaker Program	712-623-9505 or 800-432-5852
Easter Seals for Disabled Farmers	515-274-1529
Employee Assistant Hotline	800-EAP-IOWA
FREDCO (Fremont County Econ. Development Corp)	712-374-3268
Hamburg Area Community Development	712-382-1462
Iowa State Center. For Industrial Research & Service	515-290-1134
Iowa Western Community College Job Placement	712-325-3394
Iowa Workforce Development Center	712-527-5214
ISU Outreach	712-624-8616
Nishna Productions, Inc.	712-624-8638
Proteus	800-372-6031
RC&D Golden Hills	712-482-3029
Rural Development Resource Center	712-623-5521
SCORE (Service Corp of Retired Executives)	712-325-1000
Small Business Development Center	800-373-7232
Vocational Rehabilitation	712-243-5346

Environmental

Iowa Department of Natural Resources	712-243-1934
Fremont County Sanitarian	712-374-3355

Financial

Consumer Credit Counseling	515-287-6428
County General Relief Assistance	712-542-2983
Department of Human Services: Clarinda	712-623-4838 or 1-888-623-4838
Farm Service Agency	712-542-5137
Iowa State University – (ISU) Extension – Page County	712-542-5171
S.W. Regional Extension Office	712-769-2600
Social Security Administration: District Office	641-782-2114 or 1-866-613-2827
Social Security Administration: Teleservice Center	1-800-772-1213
Southwest Iowa Case Management	712-542-3584
Veterans Affairs (Rod Riley)	712-246-4254 or 1-877-899-0007
West Central Development	712-624-8172
Alissa McGuinness – ObamaCare	712-246-4200

Food

Angel Food Program (pre-ordered boxes of food, pick up at specific times)	712-583-3334 or 712-215-2941
Child Care Food Program	918-274-0123
Clarinda Community Center Thrift Shop – referral needed (9 a.m. to 12 p.m.)	712-542-3161
Congregate Meal Site - Clarinda Senior Center (Lied Center)	712-542-2932
Congregate Meal Site - Shenandoah	712-246-5200
County General Relief Assistance	712-542-2983
Dept of Human Service (DHS)	712-527-4803
FaDSS (Family Development Program)	712-246-2585
Faith, Food, and Fellowship – Sunday 5 p.m. – United Methodist Church	712-542-3719
First United Methodist Church – Clarinda (Sew and Share Pantry)	712-542-3719
Fremont Co. Veterans Affairs	712-374-2275
Fremont County General Assistance	712-374-6409
Meals on Wheels (Clarinda Hospital)	712-542-2176
Meals on Wheels (Shenandoah Hospital)	712-246-1230
Page County Veterans Affairs (Rod Riley)	712 246-4254 or 1-877-899-0007
Share Iowa Program	800-344-1107
Shenandoah Food Pantry – referral needed (M-W-F, 9 a.m.-12:00 p.m.)	712-246-3190
West Central Community Action	712-374-3367
West Page Improvement Center	712-246-4564
Women, Infant, and Children (WIC)	641-782-8431
WIC	

Fuel Assistance

Department of Human Services	712-527-4803
General Relief	712-527-5621
Page County Veterans Affairs (Rod Riley)	712-246-4254
Southwest Iowa Planning Council	1-866-279-4720
West Central Community Action	712-246-2585

Health Care

Alegent Health Mercy Hospital of Corning	641-322-3121
Alegent Health Psychiatric Associates	712-246-1901
American Cancer Society	1-800-227-2345
Angels Care Home Health	712-246-2454
Child Health Specialty Clinic	1-866-652-0041
Child Health Specialty Clinic	866-652-0041
Clarinda Regional Health Center	712-542-2176
Clarinda Regional Health Center Bone Density	712-542-8221
Clarinda Regional Health Center Cardiac Rehab	712-542-8299
Clarinda Regional Health Center Clarinda Medical Associates	712-542-8330

Clarinda Regional Health Center Diabetes Education	712-542-8263
Clarinda Regional Health Center Dietitian Services	712-542-8323
Clarinda Regional Health Center Digital Mammography	712-542-8221
Clarinda Regional Health Center Physical, Occupational, Speech Therapy	712-542-8224
Clarinda Regional Health Center Respiratory Therapy	712-542-8275
Clarinda Regional Health Center Specialty Clinics	712-542-8216
Clarinda Regional Health Center Surgery Center	712-542-8349
Community Hospital of Fairfax, MO	660-686-2211
County General Relief Assistance	712-542-2983
Dental for Disabled Children	319-356-1517
Department of Human Services: Clarinda	712-623-4838 or 1-888-623-4838
Elm Heights – Shenandoah	712-246-4627
Fremont County Medical Center	712-374-6005
Fair Oaks – Shenandoah	712-264-2055
Fremont County Public Health	712-374-2685
George C. Grape Community Hospital	712-382-1515
Goldenrod Manor Care Center (skilled nursing facility)	712-542-5621
Grape Community Hospital – Hamburg, IA	712-382-1515
Hamburg Medical Clinic	712-382-2626
Hawk-I (children’s health insurance)	800-257-8563
Hawk-I Healthy Kids of Iowa	1-800-257-8563
Healthy Families	800-369-2229
Heartland Hospice - Montgomery County serves Page County	712-623-7194
Home Sweet Home, Inc. (home care)	712-542-4181 or 1-800-362-1600
Hospice with Heart – Glenwood	712-527-4660
Hospice Education Institute	1-800-331-1620
Iowa Association of Area Agencies on Aging	1-866-468-7887
Iowa Commission for the Blind	1-800-362-2587
Iowa Compass	1-800-779-2001
Iowa Concern Hotline	1-800-447-1985
Iowa Department for the Blind	515-281-1333
Iowa Department of Elder Affairs	515-242-3333
Iowa Tobacco Quit Line	800-784-8669
League of Human Dignity	712-323-6863
Long-term Care Ombudsman	515-725-3308
Maternal and Child Health Center of Southwest Iowa	1-800-369-2229
Mercy Mental Health	402-328-5311
Methodist Health System Senior Services	402-331-1111
Methodist Physician Clinic-Tabor	712-629-2022
Montgomery County Memorial Hospital – Red Oak, IA	712-623-7000

National Eldercare Locator	1-800-677-1116
National Poison Control Center	1-800-222-1222
Nodaway Valley Free Clinic – First, second, and third Thurs. of the month, 7 to 9 p.m., Clarinda Outpatient clinic, contact John Clark, Clarinda	712-542-3719
Nurses on Call	712-542-5068
Page County Public Health	712-246-2332 or 1-800-944-3446
Southwest Iowa Dental – Takes Medicaid	712-246-2180
Dr. Lathrope – Glenwood – Takes Medicaid	712-527-4854
Planned Parenthood of Mid Iowa	712-623-5522
Poison Prevention Center	800-955-9119
Prime Home Care and Compassionate Care (hospice)	712-542-1504
Respite Care	800-432-9209
Senior Health Insurance Information Program	1-800-351-4664
Sexually Transmitted Diseases Hotline (10 a.m.-10 p.m.)	1-800-227-8922
Shenandoah Medical Center	712-246-1230
Shenandoah Medical Center Aquatic Therapy	712-246-7000
Shenandoah Medical Center Cardiac/Pulmonary Rehab	712-246-7104
Shenandoah Medical Center Diabetic/Diet Education	712-246-7278
Shenandoah Medical Center Home Health and Hospice	712-246-7317
Shenandoah Medical Center Message Therapy	712-246-7000
Shenandoah Medical Center Occupational Health	712-246-7415
Shenandoah Medical Center Personal Training/Performance Enhancement	712-246-7325
Shenandoah Medical Center Physical/Occupational/Speech Therapy	712-246-7000
Shenandoah Medical Center Wellness Program	712-246-7325
Shenandoah Outpatient Clinic	712-246-7400
Sidney Medical Clinic	712-374-2649
SMC Clinic Sidney IA	712-374-6005
Southwest 8 Senior Services	1-800-432-9209
Southwest Iowa Families, Inc	712-542-3501
Southwest Iowa Home Health	712-374-2685
St. Francis Hospital and Health Services – Maryville, MO	660-562-2600
St. Mary's Hospital—Nebraska City	402-873-3321
Tabor Medical Clinic	712-629-2975
Teen Health Line (Iowa Department of Human Services)	1-800-443-8336
Veterans Administration Outpatient Clinic, Shenandoah	712-246-0092
Windsor Manor	712-246-2194

Housing

West Central Community Action	712-374-3367
Low Rent Housing-Sidney	712-374-2644
Low Rent Housing-Hamburg	712-382-1557
Low Rent Housing-Tabor	712-629-1645
Department of Human Services	712-527-4803

General Relief	712-527-5621
Low Rent Housing-Malvern	712-624-8561
Rural Development	712-243-2107
Southern IA Regional Housing Authority	641-782-8585

Low Income Apartments

Admiral Manor-Farragut	712-385-8113
Autumn Park	712-246-4898
Clarinda Low Rent Housing	712-542-2912
Clarinda West Apartments	712-542-2249
Hodges Ridge Apartments-Sidney	712-374-2322
Timber Creek Apartments	712-542-4075
Forest Park Manor	712-246-3213
Meadow Run Apartments	712-542-2249
Shenwood Apartments	712-246-2340
Southwest Iowa Habitat for Humanity	712-246-1821
Valley View Apartments	712-246-2044
Waubonsie Apartments-Sidney	712-374-2322

Legal

Attorney General	515-281-5164
Consumer Protection Division	515-281-5926
Farm Division	515-281-5351
Environmental Law Division	515-281-5351
Crime Victim Assistance Division	515-281-5044 or 1-800-373-5044
Child Support Recovery Unit	1-888-229-9223
Clarinda Correctional Facility	712-542-5634
Fremont County Attorney	712-374-2751
Iowa Concern Hotline, Attorney	1-800-447-1985
Iowa Legal Aid, Southwest Iowa Regional office	1-800-432-9229
Iowa Mediation Service	712-262-7007
Iowa Public Employees' Retirement System (automated)	1-800-622-3849
Juvenile Court Services	712-623-4886
Lawyer Referral Service	800-532-1108
Legal Services Corp. of Iowa	800-432-9229
Page County Attorney	712-542-2514
Prairie Fire	515-244-5671
University of Iowa Law Clinic	319-335-9023
Women Resource and Action Center (divorce information)	319-335-1486
Youth Law Hotline	800-728-1172

Legislators

Iowa Senate	515-281-3371
Iowa House	515-281-3221
Senator Charles Grassley	202-224-3744 D.C. or 515-234-4890 H.Q.
Senator Tom Harkin	202-224-3254 D.C. or 515-234-4574 H.Q.
Steve King- Representative	202-225-4426 D.C.
Or Council Bluffs Office	712-325-1405
Iowa Attorney General	515-281-5164
Attorney General - Consumer Protection	515-281-5926
For all other State agencies call Capitol Complex Switchboard	515-281-5011

Mental Health and Emotional Support

Alegent Behavioral Health	712-246-1901
Alegent Psychiatric Association	712-328-2609
Alzheimer's Greater Chapter of IA – Creston	1-800-272-3900
Area Education Association Support Groups (ADD, Down's Syndrome)	712-623-2559
Catholic Charities	712-328-3086 or 1-800-227-3002
Clarinda Mental Health Institute	712-542-2161
Clarinda Regional Health Center	712-542-2176
Displaced Homemaker IWCC	800-432-5852
Families and Friends of Children with Autism	712-322-7354
Family Service Treatment Services	712-527-3429
Gambling Bets-Off	800-BET-SOFF
Girls & Boys Town Based Services National Hotline	800-448-3000
H.O.P.E. Center (Tues. – Thurs. 10 a.m. to 4 p.m.)	712-542-2122
Heartland Family Services	800-422-1407
Immanuel Family Counseling Center	712-623-7000
International Gamblers Anonymous	1-213-386-8789
Iowa Compass (disabilities)	1-800-779-2001
Iowa Concern Hotline	1-800-447-1985
Iowa Gambling Treatment Program	1-800-Bets-Off
Lutheran Social Service of Iowa	1-866-409-2352
Lutheran Social Services	712-323-1558
Mental Health Case Management	712-542-3584
National Runaway Switchboard	1-800-621-4000
Nishna Productions	712-246-1242
Parkinson's Disease/Alzheimer's Support Group – Clarinda	712-542-5161
Rehabilitation Treatment Services	712-527-9699
S.W. 8 Senior Service	800-432-9209
Shenandoah Medical Center (Childbirth classes, cancer support group, diabetes support, home health care, hospice, prenatal childbirth class, parenting classes, prostate cancer support; overeaters anonymous, widow/widower support group)	712-246-1230

Shenandoah Medical Center Mental Health Service	712-246-7390
Southwest 8 Senior Services	1-800-432-9209
Southwest IA Families	888-486-959
Southwest Iowa Case Management	712-542-3584
Southwest Iowa Families, Inc	712-542-3501 or 1-888-486-9599
Specialized Support Services	1-800-440-7129
Teen Line (24 hrs.)	1-800-443-8336
Teenline	800-443-8336
Terrace View Residential	712-542-3530
Hope 4 Iowa (Crisis Call/24hr)	844-673-4469
Lasting Hope (Mercy Hospital Inpt Psych Placement)	844-6734469
Veterans Administration Outpatient Clinic, Shenandoah	712-246-0092
Waubonsie Mental Health Center	712-542-2388 or 1-800-432-1143

Refugee Services

Bureau of Refugee Services	800-362-2780
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Senior Citizen Services

Aging Information and Referral and Alzheimer's Disease	1-800-235-5503
Adult Daycare (Goldenrod Manor)	712-542-5621
Clarinda Senior Center (Lied Center)	712-542-2932
Clarinda Area Volunteers	712-542-2161, ext 13329#
Goldenrod Manor Care Center (skilled nursing facility)	712-542-5621
First Presbyterian Church, Rev. Rick Sleyster - Adult Haven (second and fourth Thurs. of month, 1 to 4 p.m., adult daycare)	712-246-3592
Iowa Department of Elder Affairs	515-242-3333
Iowa Association of Area Agencies on Aging	1-866-468-7887
Iowa Legal Aid (hotline for Iowans 60 and over)	1-800-992-8161
Long-term Care Ombudsman	515-249-7424
Meals on Wheels (Shenandoah Medical Center)	712-246-1230
Meals on Wheels (Clarinda Hospital)	712-542-2176
National Eldercare Locator	1-800-677-1116
Page County Homemaker Services	712-246-2332
Senior Aids (West Central Community Action)	712-246-2585
Senior Health Insurance Information Program	1-800-351-4664
Social Security Administration	1-800-772-1213
Social Security Administration - Creston	641-782-7263 or 1-866-613-2827
Southwest 8 Senior Services	1-800-432-9209
State of Iowa Elder Abuse (24 hrs.)	1-800-362-2178
Seniors Helping Seniors	712-326-3064 or 888-773-0605


Transportation

Faith-In Action	712-313-0131
Greyhound Bus Lines (info.)	1-800-231-2222
Iowa Compass (disabilities)	1-800-779-2001
Page County Passengers and Clarinda RIDE taxi	712-542-7950
Southwest Iowa Planning Council	712-243-4196
Southwest Iowa Transit Agency	1-800-842-8065

V. Detail Exhibits

[VVV Consultants LLC]

Patient Origin and Access

 IOWA HOSPITAL ASSOCIATION	TOTAL IP Discharges			TOTAL OP Visits		
	12-Q1	13-Q1	14-Q1	12-Q1	13-Q1	14-Q1
	12-Q4	13-Q4	14-Q4	12-Q4	13-Q4	14-Q4
Fremont County Zips						
51639 Farragut	48	34	48	866	1,254	1,292
51640 Hamburg	128	150	117	1,260	1,310	1,227
51645 Imogene	18	13	25	142	245	268
51648 Percival	3	0	3	21	18	23
51649 Randolph	23	22	29	176	217	234
51650 Riverton	14	20	27	214	276	310
51652 Sidney	123	102	117	1,121	1,177	1,168
51653 Tabor	146	102	155	299	369	360
51654 Thurman	38	36	36	157	119	133
Fremont Total	541	479	557	4,256	4,985	5,015
Page County Zips						
51601 Shenandoah	485	399	401	6,761	11,814	12,903
51630 Blanchard	14	10	11	220	206	235
51631 Braddyville	24	17	18	533	513	334
51632 Clarinda	594	574	575	9,143	6,962	8,247
51636 Coin	34	24	28	473	671	694
51637 College	23	22	19	200	211	283
51638 Essex	95	89	118	1,060	1,588	1,766
51647 Northboro	7	11	8	193	259	221
51651 Shambaugh	8	15	7	136	63	78
51656 Yorktown	14	6	10	82	68	82
Page Total	1,298	1,167	1,195	18,801	22,356	24,845

Town Hall Attendees Notes and Feedback

[VVVConsultants, LLC]

Page and Fremont Counties, IA

Town Hall Roster, N=36 Date: 2/10/16

IRS Cat	First Name	Last Name	Organization	Address
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Karen	Cole	SMC	300 Pershing Ave, Shenandoah, IA 51601
Political, appointed and elected officials.	Twila	Larson	Fremont County Economic Development Corporation	Box 736, 807 Indiana, Sidney, IA 51652
Directors or staff of health and human service organizations.	Angie	Hakes	Page County Public Health	208 W Nishna Rd # B, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Leslie	Brooks	Grape Community Hospital Foundation	2959 US-275, Hamburg, IA 51640
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Tim	Grollmes	SMC	300 Pershing Ave, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Andrea	Richardson	SMC	300 Pershing Ave, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Karen	Cole	SMC, CEO and President	300 Pershing Ave, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Matt	Sells	SMC, CFO	300 Pershing Ave, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Darren	Osborne	Grape Community Hospital	2959 US-275, Hamburg, IA 51640
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Mike	O'Neal	Grape Community Hospital	2959 US-275, Hamburg, IA 51640
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Amanda	Oswald	SMC	300 Pershing Ave, Shenandoah, IA 51601
Other health professionals.	Mary Anne	Gibson	Waubonsie Mental Health Center	300 Park Ave, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Brian	Kingsolver	Grape Community Hospital Foundation	2959 US-275, Hamburg, IA 51640
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Sue	Hanna	SMC	300 Pershing Ave, Shenandoah, IA 51601
Directors or staff of health and human service organizations.	Wendy	Moyer	Fremont County Public Health	301 Main St, Sidney, IA 51652
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Matt	Blaha	SMC	300 Pershing Ave, Shenandoah, IA 51601
Directors or staff of health and human service organizations.	Jamie	Behrends	Fremont County Public Health	301 Main St, Sidney, IA 51652
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Bethann	McCalla	SMC	300 Pershing Ave, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Brenda	Young	SMC	300 Pershing Ave, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Melissa	Godfread	SMC	300 Pershing Ave, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Chris	Isaacson	SMC	300 Pershing Ave, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Roger	Jones	SMC	300 Pershing Ave, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Keli	Royal	SMC	300 Pershing Ave, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Todd	Isaacson	SMC	300 Pershing Ave, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Kay	Wing	SMC	300 Pershing Ave, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Scott	King	SMC	300 Pershing Ave, Shenandoah, IA 51601
Political, appointed and elected officials.	Gregg	Connell	Shenandoah Chamber & Industry Association	100 Maple St, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Shan	Lock	SMC	300 Pershing Ave, Shenandoah, IA 51601
Other health professionals.	Katie	Abold	Waubonsie Mental Health Center	300 Park Ave, Shenandoah, IA 51601
Other health professionals.	Jessica	Coburn	Turning Pointe Crisis Stabilization Residential Services	111 South 20th St, Clarinda, IA 51632
Other health professionals.	Shelley	Moheng	Turning Pointe Crisis Stabilization Residential Services	111 South 20th St, Clarinda, IA 51632
Directors or staff of health and human service organizations.	Kala	Clark	Southwest Iowa Home Health/Fremont County Public Health	301 Main St, Sidney, IA 51652
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Rick	Jamison	Grape Community Hospital	2959 US-275, Hamburg, IA 51640
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Craig	Wells	Grape Community Hospital	2959 US-275, Hamburg, IA 51640
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Chuck	Dougherty	SMC	300 Pershing Ave, Shenandoah, IA 51601
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Joe	Pimentel	SMC	300 Pershing Ave, Shenandoah, IA 51601

Community Health Needs Assessment

Page and Fremont Cos, IA - Strengths (Color Cards) N=36

#	Today: What are the strengths of our community that contribute to health?
1	New crisis stabilization residential services- Turning Pointe through Waubonsie
2	New crisis response programs being created through MHDS Region (in progress)
3	Strong OBGYN services and high patient satisfaction rates
4	Rural urogynecology services
5	Updating of hospital space
6	Dialysis center
7	Radiation oncology services/full-time hematology/oncology services
8	Physician staffed ER
9	New free STD clinic services
10	Increasing number of providers
11	More space, larger building
12	Expansion services
13	Vaccination program
14	Infusion center
15	Updates labor and delivery
16	Physician staffed ER
17	Growth of services offered
18	Full time new orthopedic surgeon at SMC
19	Addition of space at SMC- clinic space improving in new addition at SMC
20	Adding additional OBGYN in June- only rural OBGYN and specialized in urogynecology
21	Vaccinations
22	Childcare
23	Growth of services
24	Space
25	Depth and breadth of services
26	Dialysis center
27	Radiation oncology
28	Physician led ER
29	Immunizations
30	Strong medical centers
31	Improved access
32	Home health and hospice
33	Immunizations
34	Pharmacy
35	Dentists
36	Home health
37	Hospice
38	Immunizations
39	Primary and specialty care

Community Health Needs Assessment

Page and Fremont Cos, IA - Strengths (Color Cards) N=36

#	Today: What are the strengths of our community that contribute to health?
40	New crisis stabilization center
41	New mental health program (CSRS)
42	Collaboration between hospitals
43	Walk in clinic
44	Specialty clinic
45	Dietary/nutrition
46	Access to providers- walk in clinic
47	Access to wellness opportunities
48	Emergency services- ambulance
49	Access to specialty care
50	Outpatient service offering
51	Expansion of the hospital in Shenandoah
52	STI clinic free to public in Shenandoah
53	Opening of the walk in clinic
54	Outpatient services- great rehab department
55	Great home health
56	Uninsured numbers lower
57	Hospital expansion
58	Outpatient services/availability
59	Rehab therapy
60	Outpatient services
61	Pharmacy
62	Home health
63	Public health
64	Outpatient services
65	Elderly population
66	Specialty care
67	Outpatient services increased
68	Expansion of SMC outpatient center
69	Better access to same day medical care
70	Better technology
71	Orthopedic surgeon
72	Dentists
73	Expanded after hours care
74	Physician led ER services
75	School health education
76	Vaccinations
77	Scope of services available
78	Shenandoah downtown
79	Education

Community Health Needs Assessment

Page and Fremont Cos, IA - Strengths (Color Cards) N=36

#	Today: What are the strengths of our community that contribute to health?
80	Technology
81	Quality of providers
82	Expansion of services
83	Orthopedic surgeon
84	Expansion of healthcare services
85	Ped doctor
86	Small schools
87	Critical access hospital
88	Active downtown
89	School system
90	Full time orthopedic surgeon- new service
91	Urogynecologist
92	Pulmonology
93	VA community based outpatient clinic
94	25 million dollar addition to SMC
95	Affordable care act participation
96	Aggressive recruitment of doctors and support staff
97	Primary care- patient satisfaction
98	Pharmacy
99	Chiropractors
100	Inpatient
101	Outpatient
102	Emergency services
103	Good schools in Fremont County (Sidney)
104	Good hospital
105	Patient satisfaction scores
106	Primary care
107	Chiropractors
108	Pharmacy
109	Home health
110	Pharmacy
111	Chiropractors
112	Primary care
113	Visiting specialists
114	Public health department
115	ER
116	Inpatient services
117	Home health
118	Expansion and remodel at SMC
119	Childhood immunization trends

Community Health Needs Assessment

Page and Fremont Cos, IA - Strengths (Color Cards) N=36

#	Today: What are the strengths of our community that contribute to health?
120	Immunization rates
121	Veteran services
122	More providers
123	25 million dollar hospital expansion/renovation
124	Two fitness centers
125	Local grown animals/vegetables
126	Collaboration
127	Outpatient services
128	Two fitness centers
129	Locally grown plants/vegetables
130	Locally raised animals
131	Shenendoah facility renovation/expansion
132	Collaboration between Grape Community Hospital and SMC
133	Low suicide
134	Low teen pregnancy
135	Immunizations
136	Suicide rates below
137	Teen pregnancy below
138	Low depression
139	Immunizations
140	Community collaboration through hometown pride- working together
141	On chart- depression numbers
142	Good suicide numbers

Community Health Needs Assessment

Page and Fremont Cos, IA - Weakness (White Cards) N=36

#	Today: What are the weaknesses of our community that contribute to health?
1	Local foods
2	Community health education
3	Domestic abuse
4	Child care accessibility
5	After school program
6	STD education
7	Doctor availability/stability
8	Mental health services
9	Access to locally grown food
10	Lack of primary care providers
11	Community education
12	Lack of child care providers
13	County position on mental health
14	Sexually transmitted diseases
15	Placement for acute psychiatric episodes
16	Drug abuse
17	Mental health offerings
18	Teen pregnancy
19	Drug abuse
20	Transportation
21	Sexual education
22	Sexually transmitted diseases
23	Psychiatry services/mental health
24	Pharmacology- prescription abuse
25	Loss of large employer
26	Acute psychiatric placement
27	Teen pregnancy
28	Ambulance services
29	Child care
30	Drug abuse
31	Obesity
32	Underinsured
33	Doctors
34	Psychiatrist/mental health
35	Family planning
36	Mental health
37	Drugs/substance abuse
38	Obesity
39	Teen pregnancy
40	Diabetes

Community Health Needs Assessment

Page and Fremont Cos, IA - Weakness (White Cards) N=36

#	Today: What are the weaknesses of our community that contribute to health?
41	Address mental health issues
42	Address obesity
43	We need more providers- dental, OB, peds
44	Need flouride in local water
45	Teen education on risky behaviors/sex/pregnancy
46	Obesity- acces to free or low cost activity centers- YMCA? Place for kids to go
47	Mental health services- where to refer?
48	Drugs/alcohol- where do they go?
49	Drug abuse
50	Specialties
51	Nursing home (trends are changing)
52	Child immunizations (1-6)
53	Mental health care/facilities
54	No flouride
55	Diabetes
56	Affordable quality housing
57	Drugs
58	Psychiatric services- NONE!
59	No flouride in water- no sealant program, no dental providers
60	Specialty doctor access
61	Need to improve/increase preventive measures- mammograms
62	Obesity: no walking paths, sidewalks in dispair, no sidewalk to high school from town, no gyms
63	Phychiatric services
64	Increase number of primary care providers
65	Access to birth control for teens
66	Access to dental services
67	Obesity
68	Drug abuse
69	Domestic abuse
70	Healthy foods
71	Employment
72	Smoking
73	Breast screening
74	Dental- Medicaid
75	No psychiatrist or mental health providers or get in timely
76	Underinsured individuals
77	Changes in Medicaid
78	Transportation availability and cost of what is available
79	Grocery- special dietary needs i.e. gluten, etc.

Community Health Needs Assessment

Page and Fremont Cos, IA - Weakness (White Cards) N=36

#	Today: What are the weaknesses of our community that contribute to health?
80	Poor rental opportunities
81	Minimal mental health
82	Transportation
83	Behavioral health
84	Drug abuse
85	Transportation
86	Poor housing options
87	Lack of support for phychiatric services/mental health
88	Transportation- lack and cost is too high for many families
89	Increase mental health prescribers- psychiatrists, ARNPs, Pas
90	Water quality
91	Drinking
92	Mental health
93	STDs
94	Drug abuse
95	COPD
96	Obesity
97	ER
98	SIDs
99	Public health has few if any professional staff
100	Drugs
101	Obesity
102	SIDs
103	Drinking
104	Healthy foods
105	STDs
106	Child care
107	COPD
108	Smoking
109	Public health
110	Need more local law support
111	Issues with drug use/abuse
112	Obesity
113	Healthy eating
114	Behavioral health
115	Structured after school programs
116	Rental housing
117	Behavioral health
118	Domestic abuse treatment
119	Structured activities after school

Community Health Needs Assessment

Page and Fremont Cos, IA - Weakness (White Cards) N=36

#	Today: What are the weaknesses of our community that contribute to health?
120	Housing
121	Family emphasis, education, values, counseling
122	Teen pregnancy
123	Public transportation
124	Substance abuse recovery
125	Sedentary (non-fitness) lifestyles due to small towns making heavy involvement in extracurricular activities for kids causing imbalances stress/anxiety levels
126	Child care
127	Retention of providers
128	Primary care providers
129	Pediatrics
130	Access to mental/behavioral services
131	Child care
132	Primary care providers
133	Teen pregnancy and smoking during pregnancy
134	Pulmonology
135	Child care
136	Obesity
137	Kidney disease
138	Transportation
139	STDs
140	Obesity
141	Teen pregnancy
142	Mental health
143	Child care
144	Mental health services
145	Teen pregnancy
146	Psychiatric services
147	Pregnant women smoking
148	Child care
149	Behavioral health/psychiatric services
150	Primary care providers
151	Need more structured school activities i.e. a YMCA like in Red Oak
152	Need more family planning- last in the state in teen pregnancies
153	Domestic abuse prevention services
154	Dental insurance

Community Members Present:

- Providers
- Elected officials (Chamber)
- Parents
- Those taking care of the elderly
- Veterinarian
- Business people
- Farmers
- Health Department people
- People who took an aspirin this morning
- People working in rehab/nursing homes
- Nobody from the schools

TAB 1: Demographic Profile

- Both counties have their own pharmacies, both at the hospital and stand alone
- Have hospice in both counties
- There is not a very good range of healthy foods in the grocery stores

TAB 2: Economic/Business Profile

- People are traveling to Omaha/Council Bluffs or Maryville for work

TAB 3: Educational Profile

- Parents are saying their kids have to get screened before starting school, it must just an issue with keeping track of them.

TAB 4: Maternal and Infant Health Profile

- Not enough prenatal care happening in our communities

TAB 5: Hospitalization/Provider Profile

- Fremont believes their satisfaction scores would be about the same as Page

TAB 7: Risk Indicators and Factors Profile

- Doctor in the room said the obesity percentage used to be around 20%

TAB 8: Uninsured Profile

- People in our communities believe the current uninsured rate is about 20%

TAB 10: Preventive Profile

- SMC is in an ACO so they should be able to get some of this tracking data within the next couple of years

Primary Research:

- SMC surprised by the uninsured/underinsured perceived problem because they have noticed a big difference with Medicaid expansion in Iowa
- SMC noticed in the hard data that Sexually Transmitted Infections was a red, but it did not come up as a problem in the soft data
- Losing Eadon's Corporation in Shenandoah (local business)
- Losing a high school in Farragut (not wanted from the public, State's decision)

STRENGTHS:

- Immunizations
- \$25,000,000 addition to SMC (Page)
- Primary Care
- Patient satisfaction (Fremont)
- Outpatient services
- Turning Point—Crisis Stabilization Residential Services
- Strong OBGYN department (Page)
- Expansion of healthcare services—Orthopedics (Page)
- Expansion of healthcare services—Pulmonology, Orthopedics, Cardiology (Fremont)
- Collaboration between SMC and GCGCH
- Home Health and Hospice
- Access to Pharmacies
- Rehab Therapy
- Walk-in Clinic
- Physician led ER services
- Good school districts
- Locally grown vegetables and locally raised animals (Page)

WEAKNESSES:

- Obesity (fitness and nutrition)
- Drug abuse
- Mental health services (prevention, stabilization, placement)
- Healthcare transportation
- Insurance
- Diabetes
- Lack of dental services/insurance
- Breast Cancer screenings (Fremont)
- Water quality (Fremont)
- Affordable, quality rental housing
- After school programs
- Domestic abuse
- Access to child care
- Selection of healthy foods
- Loss of major employer in the community

- Smoking
- Sexually Transmitted Infections education
- Community health education
- Sudden Infant Death Syndrome (Page)
- Chronic Kidney Disease (Page)

Public Notice and Invitation

[VVV Consultants, LLC]

Round #2 Community Health Needs Assessment – Shenandoah Medical Center and George C. Grape Community Hospital to partner

Media Release 12/01/2015

Over the next three months, Shenandoah Medical Center and George C. Grape Community Hospital will be partnering to update their Community Health Needs Assessment for Fremont and Page Counties. (*Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a community health needs assessment and adopt an implementation strategy at least once every three years).*

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2013 CHNA report and to collect up-to-date community health needs and perceptions. To accomplish this work, a short online survey has been developed: https://www.surveymonkey.com/r/SMC_GCGCH

All community residents and business leaders are encouraged to **complete the 2016 online CHNA survey by January 8th, 2016** and to attend the upcoming scheduled **Town Hall on February 2nd, 2016 from 5:30-7pm in Sidney**. “We hope that the community and health professionals will take advantage of this opportunity to provide input into the future of healthcare delivery in community,” comments Karen Cole, CEO at SMC. “We hope all community residents can participate, as well” added Mike O’Neal, CEO at George C. Grape Community Hospital.

Vince Vandehaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, Kansas) has been retained to conduct this community research. If you have any questions about CHNA activities, please call Darren Osborne, Director of Marketing and Strategic Development, at George C. Grape Community Hospital at (712) 382-1515 or Tim Grollmes, Clinic/Practice Administrator, at Shenandoah Medical Center at (712) 246-1230.

****Note: The Town Hall meeting was postponed until 2/9/16 due to weather conditions.***

From: CEO

Date: December 1st, 2015

To: Community Leaders, Providers and Hospital Board and Staff

Subject: CHNA Round #2 Online Survey 2016

Shenandoah Medical Center and George C. Grape Community

Hospital are partnering with other community health providers to update the 2013 Community Health Needs Assessment. (*Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years*).

Your feedback and suggestions regarding community health delivery are very important to collect in order to complete the 2016 Community Health Needs Assessment and implementation plan updates.

To accomplish this work, a short online survey has been developed:

https://www.surveymonkey.com/r/SMC_GCGCH

CHNA Round #2 due date for survey completion is January 8th, 2016.

All responses are confidential. Thank you in advance for your time and support in participating with this important request.

Sincerely,

Karen Cole
CEO

Shenandoah Medical Center

Mike O'Neal
CEO

George C. Grape Community Hospital

****Note: The Town Hall meeting was postponed until 2/9/16 due to weather conditions.***

YOUR Logo

Date: January 14, 2016

Dear Community Member,

You may have heard that Shenandoah Medical Center and George C. Grape Community Hospital are partnering with other healthcare providers to perform a Community Health Needs Assessment. We need your input on the current state of health delivery in our community and your thoughts on the most important health needs that our community needs to address.

On Tuesday, February 2nd, you are invited to attend a Fremont and Page Counties Town Hall meeting. We have retained the services Vince Vandelaar and VVV Consultants LLC from Olathe, KS, to facilitate this meeting and prepare our report.

Your input is valuable, and will be incorporated into our final report. Please join us on Tuesday, February 2nd, from 5:30-7:00 p.m. in Sidney. A light dinner will be served starting at 5:00 p.m.


We look forward to seeing you at the Town Hall meeting, and appreciate your input.

Sincerely,

Karen Cole
CEO, Shenandoah Medical Center

Mike O'Neal
CEO, George. C. Grape Community Hospital

****Note: The Town Hall meeting was postponed until 2/9/16 due to weather conditions.***



Shenandoah Medical Center and
George C. Grape Community Hospital
will be sponsoring a
Town Hall Meeting on Tuesday, February 2nd
from 5:30 to 7:00 p.m.
in Sidney.

Public is invited to attend.
A light dinner will be provided

Please join us for this opportunity to share your opinions
and suggestions to improve health care delivery
in Page and Fremont Counties, IA.

Thank you in advance for your participation.

Detail Primary Research Primary Service Area

[VVV Consultants LLC]

Community Health Needs Assessment Round #2 Community Feedback

Methodology

A community feedback survey was created on behalf of the CHNA client to gather primary service area stakeholder feedback on health perception and progress in addressing previous CHNA community needs. All community residents were encouraged to take the survey online by entering the following address into personal browser:

https://www.surveymonkey.com/r/SMC_GCGCH. In addition, an invite letter was sent to all primary service area stakeholders (i.e. Schools, County, City, Clergy, Public Health Leaders).

Below is a summary of public response:

Shenandoah Medical Center and George C. Grape Community Hospital (Primary Service Area) - Page and Fremont Counties, IA N=229				
10. For reporting purposes, are you involved in or are you a...	Option C Stakeholders Round #2 Bottom 2 Boxes	Page & Fremont Cos N=229	Page Co ONLY N=105	Fremont Co ONLY N=51
Board Member	4.2%	2.9%	3.8%	1.6%
Business / Merchant	5.5%	3.5%	4.3%	3.3%
Case Manager / Discharge	0.7%	1.8%	1.6%	2.5%
Civic Club / Chamber	4.3%	2.1%	2.2%	1.6%
Charitable Foundation	2.6%	2.1%	3.2%	0.8%
Clergy / Congregational Leader	1.1%	1.5%	1.1%	2.5%
College / University	1.8%	1.8%	2.2%	1.6%
Consumer Advocate	1.0%	0.6%	1.1%	0.0%
Consumers of Healthcare	8.5%	8.0%	9.1%	5.7%
Dentist	0.2%	0.6%	0.5%	0.8%
Economic Development	1.2%	0.9%	1.6%	0.0%
Education Official / Teacher	4.3%	1.8%	2.2%	0.8%
Elected Official (City / County)	1.7%	2.1%	2.7%	0.8%
EMS / Emergency	1.4%	1.8%	2.2%	0.8%
Farmer / Rancher	4.3%	5.0%	4.8%	6.6%
Health Department	1.5%	2.7%	2.7%	2.5%
Hospital	13.2%	12.1%	9.7%	17.2%
Housing / Builder	0.3%	0.3%	0.0%	0.8%
Insurance	0.8%	0.0%	0.0%	0.0%
Labor	1.4%	2.1%	2.2%	1.6%
Law Enforcement	0.6%	0.0%	0.0%	0.0%
Low Income / Free Clinics	0.5%	0.3%	0.0%	0.8%
Mental Health	1.3%	0.9%	1.1%	0.8%
Nursing	8.8%	10.6%	9.7%	12.3%
Other Health Professional	6.4%	5.9%	5.4%	5.7%
Parent / Caregiver	11.8%	12.4%	10.2%	14.8%
Pharmacy	0.6%	0.6%	0.5%	0.0%
Physician (MD / DO)	0.5%	0.9%	1.1%	0.8%
Physician Clinic	1.3%	1.8%	2.7%	0.8%
Press (Paper, TV, Radio)	0.2%	0.0%	0.0%	0.0%
Senior Care / Nursing Home	1.4%	2.7%	3.2%	0.8%
Social Worker	0.8%	1.5%	1.1%	2.5%
Veteran	2.0%	4.7%	3.2%	6.6%
Welfare / Social Service	0.6%	0.3%	0.0%	0.8%
Other	3.2%	4.1%	4.8%	1.6%
TOTAL	100.0%	100.0%	100.0%	100.0%

KEY - CHNA Open End Comments			
CODE	Physician Specialty		CODE Physician Specialty
ALLER	Allergy/Immunology		ONC Oncology/Radiation Oncology
AES	Anesthesia/Pain		OPHTH Ophthalmology
CARD	Cardiology		ORTH Orthopedics
DERM	Dermatology		ENT Otolaryngology (ENT)
EMER	Emergency		PATA Pathology
ENDO	Endocrinology		PEDS Pediatrics
FP	Family Practice (General)		PHY Physical Medicine/Rehabilitation
GAS	Gastroenterology		PLAS Plastic/Reconstructive
SUR	General Surgery		PSY Psychiatry
GER	Gerontology		PUL Pulmonary
HEM	Hematology		RAD Radiology
IFD	Infectious Diseases		RHE Rheumatology
IM	Internal Medicine		VAST Thoracic/Cardiovascular/Vascular
NEO	Neonatal/Perinatal		URL Urology
NEP	Nephrology		MDLV Mid-Level
NEU	Neurology		SURG Surgery
NEUS	Neurosurgery		TEL Telemedicine
OBG	Obstetrics/Gynecology (Delivery)		

KEY - CHNA Open End Comments			
Code	Healthcare Themes		Code Healthcare Themes
VIO	Abuse/Violence		NURSE More Nurse Availability
ACC	Access to Care		NEG Neglect
AGE	Aging (Senior Care/Assistance)		NH Nursing Home
AIR	Air Quality		NUTR Nutrition
ALC	Alcohol		OBES Obesity
ALT	Alternative Medicine		ORAL Oral Surgery
ALZ	Alzheimers		ORTHOD Orthodontist
AMB	Ambulance Service		OTHR Other
ASLV	Assisted Living		OP Outpatient Services/Surgeries
AUD	Auditory		OZON Ozone
BACK	Back/Spine		PAIN Pain Management
BD	Blood Drive		PARK PARKING
BRST	Breastfeeding		PHAR Pharmacy
CANC	Cancer		DOCS Physicians
CHEM	Chemotherapy		FLU Pneumonia / Flu
KID	Child Care		FOOT Podiatrist
CHIR	Chiropractor		POD PODIATRIST
CHRON	Chronic Diseases		POV Poverty
CLIN	Clinics (Walk-In, etc.)		PNEO Prenatal

KEY - CHNA Open End Comments

Code	Healthcare Themes		Code	Healthcare Themes
COMM	Communication		PREV	Preventative Healthcare
CORP	Community Lead Healthcare		PRIM	Primary Care:
CONF	Confidentiality		PROS	Prostate
DENT	Dentists		DOH	Public Health Department
DIAB	Diabetes		QUAL	Quality of care
DIAL	Dialysis		REC	Recreation
DUP	Duplication of Services		RESP	Respiratory Disease
ECON	Economic Development		NO	Response "No Changes," etc.
EMER	Emergency Room		SANI	Sanitary Facilities
EMS	EMS		SNUR	School Nurse
EYE	Eye Doctor/Optometrlist		STD	Sexually Transmitted Diseases
FAC	Facility		SMOK	Smoking
FAM	Family Planning Services		SS	Social Services
FEM	Female (OBG)		SPEC	Specialist Physician care
FINA	Financial Aid		SPEE	Speech Therapy
FIT	Fitness/Exercise		STRK	Stroke
ALL	General Healthcare Improvement		DRUG	Substance Abuse (Drugs/Rx)
GEN	General Practice		SUIC	Suicide
GOV	Government		TPRG	Teen Pregnancy
HRT	Heart Care		THY	Thyroid
HIV	HIV/AIDS		TOB	Tobacco Use
HH	Home Health		TRAN	Transportation
HSP	Hospice		TRAU	Trauma
HOSP	Hospital		TRAV	Travel
MAN	Hospital Management		ALCU	Underage Drinking
INFD	Infidelity		INSU	Uninsured/Underinsured
IP	Inpatient Services		URG	Urgent Care/After Hours Clinic
LEAD	Lead Exposure		VACC	Vaccinations
BIRT	Low Birth Weight		VETS	Veteran Care
LOY	Loyalty		WAG	Wages
MAMO	Mammogram		WAIT	Wait Times
MRKT	Marketing		H2O	Water Quality
STFF	Medical Staff		WELL	Wellness Education/Health Fair
BH	Mental Health Services		WIC	WIC Program

CHNA Round #2 Community Feedback 2015					
SMC/GCGCH Primary Service Area - Page and Fremont Counties, IA					
ID	ZIP	c1	c2	c3	Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed?
1143	51601	ACC	DIAB	STI	Access for teens and low income for birth control, Diabetic Dr is a huge need!, every monthly or Every other month Fremont county needs for STI and birthcontrol
1195	51632	ACC	INSUR	SUBST	Access is challenging especially in the current environment or managed care, change and uncertainties. Closing of MHI without community based services in place had a negative impact. Long waits for substance abuse treatment services and mental health treatment. Loss of Planned Parenthood depleted already scarce services for the poor and under-insured.
1179	51601	ACC	MH	COST	Access to mental health services for youth and low income families
1045	51601	ALT			More alternatives including natural birthing options, options for homeopathic medicines
1044	51601	BILL	STAFF	TRAV	billing needs to be locally handled; not outsourced to Omaha nurses need to return your calls every time not just sometimes long-time employees should not be let go for younger ones to save money and then patients see traveling professions from who knows where instead of their friends and neighbors the auxiliary should have been valued more
1178	51632	CANC	INFUS	CLIN	BEING ABLE TO GET CHEMO TREATMENT EVEN ON HOLIDAYS & WEEKENDS WHEN THE INFUSUION CLINIC IS CLOSED
1080	51601	CANC	ORTHO		addition of chemo center and growing this division loss of ortho group from omaha ne
1224	51601	CARD	PRIM	LAB	Cardiology. Primary PCI cath lab would be great.
1121	51646	CLIN	STAFF	EMER	Clinics do not have enough staff to efficiently treat patients. Patients report to the local emergency rooms with clinic complaints which drives up healthcare costs. Local emergency rooms are small, requiring to wait to be seen. Limited access to specialty care
1007	51601	CLIN	SURG	CANC	Walk-In Clinic and Surgery in Shenandoah. I have second-hand knowledge that there has been at least one misdiagnosis in the clinic that was immediately identified when the patient went to a facility in Omaha, and a problem with healing from breast cancer surgery. While these may be isolated instances, they are a cause for concern.
1227	51601	CLIN	TRANS	WAIT	*Medical clinics should be able to provide local transportation for their clients with the lack of available transportation. *Availability of clinic night/weekend hours for busy families who do not have regular 8-5 work hours. *Full day once a week dedicated solely to
1200	51601	CLIN	URG		Extended walk in clinic hours or urgent care
1161	51638	CLIN	WAIT	PAIN	Deliver what you advertise. If a walk-in clinic is open until 7PM then it needs to be open until 7PM. If you are taking new patients then I should be able to get an appointment within a week. If you advertise that you have pain management provider then should be able to get into the clinic.
1084	51652	CLIN	WAIT		availability to get person(s) into the clinics to be seen
1114	51653	CLIN	WAIT		Clinic hours in Tabor
1138	51601	CLIN	WAIT		I appreciate the walk-in clinic due to distance and time it would take away from families here in Sidney.
1147	51638	CLIN			Adding the "same day" clinic has been wonderful.
1192	51632	CLIN			SMC added a walk-in clinic and that was desperately needed.

CHNA Round #2 Community Feedback 2015					
SMC/GCGCH Primary Service Area - Page and Fremont Counties, IA					
ID	ZIP	c1	c2	c3	Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed?
1039	51638	COMM	DOCS	EMER	continuity of care they give their patients. I had a friend that I was to pick up when she was discharged. she called in the morning and said she could go home. I told her to call me when she was ready. I called at 1pm and still she was not ready. The hospital called me and said she was ready at 3:55pm. I was on a conference call and told them I would be there between 4:30 and 5pm. I got there at 5 and she did not have her paper work done. It was almost 6pm before we were able to leave. I also believe Dr. Bean has no business being a physician. I took my son to the ER for severe pain. He laid there for 3 hours and the only thing they did was blood work and one xray. They did not give him anything for pain until we were ready to leave. It is cruel to let someone lye there for 3 hours in pain. Dr. Bean was rude and demeaning to us as well.
1130	51632	COST			More resources and allocation of healthcare for the working poor.
1063	51650	DENT	INSUR	PEDS	Access to Dentists who will see children with Medicaid. I would like to see each hospital have an outpatient Dentist available to see
1062	51650	DENT	PEDS	INSUR	Need for Dentists who will see children age one and older who have Medicaid.
1053	51652	DENT	PEDS	MH	There is a lack of dental providers to adequately service this area. Pediatric health specialties are few, and there is a desperate need for mental health programs.
1166	51650	DERM	MRKT	CLIN	YES. WE NEED A DERMATOLGIST AND WE NEED MORE ADVERTISING FOR OUR SIDNEY CLINIC SO PEOPLE KNOW IT IS OUT THERE.
1152	51601	DERM	SURG		Dermatology services in Shenandoah, expansion of surgeries performed at SMC.
1181	51601	DERM			1. REGAINING A POSITIVE COMMUNITY OUTLOOK 2. Need for dermatologists
1111	51601	DERM			Adding Dermatology perhaps.
1191	51601	DERM			Need a dermatologist in Shen
1046	51601	DERM			Need Dermatology
1205	51632	DIAB	MH		There is a need for them to handle more complicated patients. i.e I was referred out for surgery because I'm pre-diabetic, am over weight and take psych meds.
1162	51632	DOCS	COMM	CLIN	dr's who actually return phone calls on lab results. (Shenandoah Physicians Clinic is good about that, not Clarinda)
1005	51636	DOCS	MDLVL	FIN	Physicians and ARNPS interested in the people they serve rather than the hospital's financial crisis.
1070	51640	DOCS	PRIM		George C. Grape Community needs more doctors at Medical PC.
1199	51601	DOCS	WAIT	CLIN	Doctor availability. Efficiency of scheduling an appointment at the clinic. Friendliness and professionalism of front desk at clinic.
1048	51601	DOCS	WAIT		It's hard to get into see a doctor...seems always full up when you call and it may be days before you can get in.
1215	51601	DOCS	WAIT		More providers, longer hours, availability,
1171	51632	DOCS			Better doctors
1034	51640	DOCS			Hamburg needs a REAL DOCTOR, she is a joke nurses are Horrible and are behind the times don't trust them
1022	51601	DOCS			Yes more and better Doctors and not getting rid of the Doctors who come here for out patient care. Dr. Morrison for one.
1145	51639	EMER			A lot of incompetence in the SMC ED providers. It seems like a hang nail is too much for some providers to handle and ship them off to Omaha.
1164	51601	EMER			Emergency Room care could use some improvement overall.
1017	51638	EMER			Emergency room is inconsistent in it's care. Sometimes very poor, other times OK.
1059	51640	EMS	TRANS	FAC	Ems availability and transfer to other facilities

CHNA Round #2 Community Feedback 2015					
SMC/GCGCH Primary Service Area - Page and Fremont Counties, IA					
ID	ZIP	c1	c2	c3	Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed?
1057	51640	EMS	WAIT		Rescue Squad response and response time
1061	51652	FAC	ACT		A facility for indoor activities in Sidney is needed.
1128	51601	FAC			hospital
1133	51601	FP	CLIN		more family practice providers better walk-in clinic coverage
1222	68152	FP	IM	PEDS	More family med dr- need internal med dr- need pediatrician-
					there would be a benefit to adding additional General Practitioner staff to adjunct with the walk in clinic personnel, and allow for increased follow through
1180	51501	GP	CLIN	STAFF	HOSPICE. MENTAL HEALTH , MORE FREE CLINIC FOR VACCINES
1155	51652	HOSP	MH	CLIN	internal medicine, dermatology
1183	51632	IM	DERM		Mental health services need more accessibility. Wellness activities and health fair activities need to be marketed to the people on Obama care/ Title 19.
1228	51639	MH	ACC	WELL	Mental Health Alzheimer Care
1185	51601	MH	ALZ		Broaden therapy specialist-women's health, pediatrics, etc
1212	51652	MH	OBGYN	PEDS	Mental Health needs; more prevention programs such as teen pregnancy & suicide offered in the schools
1158	51632	MH	PREV	TEEN	Many thanks to the mental health people but in today's climate there is always a need for more. Probably something additional for elderly-- but maybe not.
1002	51601	MH	SEN		Access to mental health treatment
1122	51601	MH			Mental health
1115	51601	MH			Mental Health
1149	51601	MH			Mental Health services needs improvement.
1021	51601	MH			More mental health providers.
1108	51601	MH			more mental health services in fremont county
1131	51650	MH			Need more mental/behavior health providers
1141	51601	MH			I would like to see programs aimed at major health issues such as obesity, diabetes, fitness programs for people who struggle with these issues. And maybe they are available, but I just not aware of them. So maybe just need to get the word out. We have fitness centers, but people who are in poor/fair health need actual guidance. I would like to see programs aimed at beginners and support for those people who want to be healthier, but just don't know where or how to begin.
1177	50864	OBES	DIAB	EXER	outpatient services, EMS availability and transfer services
1058	51640	OP	EMS	TRAN	Child dental care. Medicare/Medicaid accepting. Child dental is very important to health.
1132	51601	PEDS	DENT	INSUR	Pediatrician Dermatologist
1210	51652	PEDS	DERM		Pediatrician and more fitness opportunities
1189	51601	PEDS	EXER		There needs to be more pediatric services available in Fremont County as well as mental health services. The area would also benefit greatly from some type of medical transport service as the local volunteers are not able to keep up.
1168	51652	PEDS	MH	TRAN	pediatricians, OB services, faster ER care
1157	51638	PEDS	OBGYN	EMER	1. Pediatric Primary Care 2. Meet the needs of mental health patients
1067	51640	PEDS	PRIM	MH	pediatric
1068	51640	PEDS			Prevention of teen pregnancy, drug use (prescription, OTC, and illegal), increased childhood screenings for developmental delays
1204	50833	PREV	TEEN	SUBST	Yes. Primary care service
1099	51601	PRIM			I seek my families health care needs in Red Oak. All is excellent.
1163	51601	ROAK			Additional local services for the community
1184	51601	SERV			Would like to see more variety of services
1009	51632	SERV			I always felt that these services were through the court and social services for at need children
1209	51601	SOCSE			

CHNA Round #2 Community Feedback 2015					
SMC/GCGCH Primary Service Area - Page and Fremont Counties, IA					
ID	ZIP	c1	c2	c3	Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed?
1008	51652	SPEC	DOCS	OP	Grape Community Hospital and Shenandoah Medical Center. Grape Community Hospital double charges when seeing a specialty doctor in their outpatient center. If a patient travels to the specialty doctors office it is half the cost. Also the nurses at Grape Community lack courtesy and kindness. Visitors frequently hear them talking about their nuisance patients. Shenandoah Medical Center lacks quality in the care provided.
1071	51650	SPEC	DOCS	STAFF	More specialty doctors available. Retaining nurses
1123	51535	SPEC	DOCS	WAIT	the need for specialty providers to be based in the community , rather than having to wait for doctors from Omaha or Des Moines and such to come maybe once a month and have to wait so long to get in for an appointment
1113	51601	SPEC	PEDS		More specialty doctors (especially pediatric) available
1103	51639	SPEC			I believe that the health care for the Shenandoah Medical Center is very adequate for this small community. I do realize that there is a difference between health care specialties between a 6000 people population and a 500,000 population. but for what we have I think that we do very well here and are among one of the most outstanding rural hospitals in the area.
1004	51636	STAFF	DOCS	CLIN	Knowledgeable staff, physicians, walk in clinics, labs, education, etc
1028	51601	STAFF	EMER	WELL	SMC needs to improve front desk competency. Several people I know and I have called to make appts and been told we must wait weeks. We found that if you call the doc's nurse, they have time, sometimes the same day. We are not comfortable with the competence of one of the ER docs. Would like to see a class or time at Wellness Center for elderly and morbidly obese who cannot perform difficult exercise instead of making them just come in with others. Does not seem to be nearly enough time to get everyone who needs it in for water exercise.
1033	51639	STAFF	PEDS	DOCS	same page . Also remember first impression are important and nurses can make or break an appt. also same day sick for kids besides a walkin clinic with dr you can never get in for appointments. We have a peds de in Omaha because of this we call and are guarantee same day appt for a sick child and by the time we would have call Smc we have driven the hour to Omaha see the dr and are back home that's how much work it takes to get an appt at the clinic. That clinic serves tittle 19 PTA more efficient than private pay or ones with private health ins. Another issue Dr's many of the better Dr's people want to see aren't taking new PT'a there's a reason cause people want them not the other old Dr's who aren't up in today's medicine and thinking out of the box and plus they are nicer and smile unlike the ones who are just there for the paycheck not the care of the good anymore open up dr babe and dr issacson schedulw they need
1014	51601	STAFF	SAFE		Staff turnover at the Shenandoah hospital is very high. Studies show this contributes to an unsafe environment. I do not feel safe receiving care at this facility.
1218	51601	STAFF			Customer service, treating people with respect
1190	51601	SURG	NEO		Surgery and BMI. I don't get it if your a hospital you should be able to preform surgery on anyone. Neonatal I don't understand why we send all that money to Omaha when we could have a little unit here
1229	51632	TRANS	CLIN	DOCS	Transportation to the clinic, more flexible hours to accomodate working families, physicians telling their patients they are VFC providers, which means the doctors can give the child their shots at their well child check instead of having patient/child go to Public Health. During routine sports physicals give the adolscent their routine immunizations, and promote the HPV vaccination.

CHNA Round #2 Community Feedback 2015					
SMC/GCGCH Primary Service Area - Page and Fremont Counties, IA					
ID	ZIP	c1	c2	c3	Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed?
1160	51638	TRANS	WAIT	EMER	Shenandoah always transferring pt.'s out and not keeping simple problems within the hospital. Waiting for hours in the ER, nurses not personable they would rather send you to another hospital so they don't have to deal with you. Grape gives personal service and attention.
1064	51551	URG			Urgent care after-hours for young families
1037	51601	WAIT	BILL	FAC	Yes, one can never get an appointment when you call. You usually have to wait a week or two. Billing system is very poor. Bills should be sent out immediately if there is a balance due not six to nine months later. Entrance is very very poor for people who are handicapped or have trouble walking.
1206	51601	WAIT	CLIN	EMER	The ability to see a physician in our clinic seems to be an issue. Even the Walk In Clinic has problems with supplying care in a timely manner. Many are forced to use the Emergency Room if there is an issue that needs attention in a timely manner. Services in our rural communities are forcing people to go to urban areas to get care that should be available locally.
1032	51638	WAIT	DOCS		ability to get in to see a dr in a timely manner
1024	51601	WAIT	DOCS		Appointment availability. You can't get in to see your doctor when you need them.
1219	51601	WAIT	DOCS		have friends who have to wait a week or so to see a dr. this needs to be changed
1038	51601	WAIT	DOCS		If you are ill and call for an appointment with your family doctor you cannot see your doctor. They need to be a better scheduling patients. Why do I have to see someone other than my family doctor when I am ill and really need to be seen?
1040	51601	WAIT	DOCS		When I called for appointment was told it would be at least two months.....we need more doctors".....what do you think..... Jim Holland
1052	51632	WAIT	EMER	EMS	In Shenandoah services needs to be rendered faster. Why do ER nurses have to wait for ems to do procedures
1211	51638	WAIT	EMER	ENT	Availability of appointments in a timely manner without having to use er for sore throats and earaches
1134	51601	WAIT	IMMUN	CLIN	more appointments available, flu shot/immunization clinics and possibly offered at schools,
1116	51639	WAIT	MAMM	PEDS	EARLIER HOURS FOR MAMMOGRAPHY. PEDIATRICIANS ARE GREATLY NEEDED
1231	51601	WAIT	PRIM	DOCS	better availability of primary doctors better access to surgery and other services that usually require travel to Omaha
1047	51639	WAIT	PRIM	DOCS	The waiting time to see a primary care physician is too long.
1139	51640	WELL	EXER		I feel that the Wellness Center in Hamburg should be made bigger. Since it was moved, it seems like the space is cramped. I think the weights should be in one room, the tread-mills in another room and the elliptical in another room. Also, there should be more tread-mills and at least other elliptical machine. Also, floor space for some type of exercise classes would be nice.

CHNA Round #2 Community Feedback 2015					
SMC/GCGCH Primary Service Area - Page and Fremont Counties, IA					
ID	ZIP	c1	c2	c3	Over the past two years, did you or someone you know receive healthcare services outside of our community?
1080	51601	ACUTE			Acute care went to another community for service
1093	51652	ARTH	SPEC		arthritis specislists
1046	51601	BIOP			biopsy
1061	51652	CANC			Cancer treatment
1062	51650	CANC			treatment for breast cancer
1047	51639	CARD	ONC		cardiology & oncology
1070	51640	CARD	SURG		bypass surgery
1166	51650	CARD	SURG		Heart surgery
1156	51632	CARD			Blood pressure
1108	51601	CARD			cardiology
1088	51640	CHI			CHI health
1152	51601	CRHC	CNBLFF		Clarinda, Council Bluffs
1120	51646	CRHC			Clarinda regional health center
1132	51601	DENT	SURG		dentistry, surgery, etc
1037	51601	DENT			Dental care
1159	51632	DERM	NEURO		dermatology, neurology,
1086	51640	DERM			dermatology
1168	51652	DERM			dermatology
1145	51639	DERM			dermatology
1133	51601	DIAB	SPEC	CREIGH	diabetes specialist @ Creighton
1014	51601	EMER	NEURO		ER, neurology
1004	51636	EMER	SMC	INSUR	ER. got to SMC WITH BP 240/170 and some unqualified person at the window wanted all my insurance info while 2 maintenance guys stood looking over her shoulder. so we left and went to Clarinda zmedical Center where I was immediately evaluated by a nurse in private. that is where I will always go for treatment.
1162	51632	EMER			Emergency room for possible Fx
1099	51601	ENDO			endocrine
1073	51640	ENT			emt
1164	51601	ENT			Ent
1008	51652	ENT			ENT
1059	51640	FAC			Hospital
1113	51601	GALL	SURG		Gallbladder surgery
1155	51652	GP	OBGYN	ORTHO	general care, OBGYN, Ortho, Neurology, Allergies, ENT
1232	51601	IP	CANC		hospitalized and chemo treatment
1034	51640	IP	SURG		In patient surgery
1052	51632	MH	OBGYN	GP	Mental health, OB, general family, ortho, dental, vision. The majority of these are not offered in my community and for many families, they are looking for a medical home. If I am going to travel for a some services, I dont want to have to try to navigate a regular PCP at home, with an OB across the river, and a peds to the north. Healthcare is confusing enough at times, and the managing the many locations is
1151	51652	MH	SUBST	VA	mental health, substance abuse treatment, VA, surgery, dental
1040	51601	NEB			use services in nebraska
1022	51601	NERO			Neurology
1114	51653	NEURO	DERM	ORTHO	neurologist, dermatologist, orthopedic
1078	51652	NEURO	OMHA		Neurologist in Omaha
1068	51640	NEURO	ORTHO		Spine surgeon
1136	51640	NEURO			Neurologist
1039	51638	NEURO			neurology
1129	51649	NEURO			Neurology
1075	64482	NMC	SURG	MADNA	NMC in-patient and surgery, Madonna in Bellevue
1138	51601	OBGYN	MRYVLL		gynecologist at Maryville, MO
1167	51601	OBGYN	PEDS		obstetrics and pediatrician
1054	51639	OBGYN	PEDS		Women's health, pediatrician
1077	51640	OBGYN			child birth

CHNA Round #2 Community Feedback 2015					
SMC/GCGCH Primary Service Area - Page and Fremont Counties, IA					
ID	ZIP	c1	c2	c3	Over the past two years, did you or someone you know receive healthcare services outside of our community?
1019	51601	OBGYN			GYN
1219	51601	OBGYN			OB
1024	51601	OBGYN			OBGYN
1023	51640	OBGYN			OBGYN
1053	51652	OBGYN			women's health
1071	51650	OMHA	PAIN	CLIN	Omaha, NE - Pain & Spine Clinic
1131	51650	ORTHO	ALL		services for broken bone, asthma/allergy routine followup
1103	51639	ORTHO	CANC		Joint replacement, cancer treatment
1076	51649	ORTHO	COL	SURG	Back surgery, Colon surgery
1002	51601	ORTHO	EMER	BAR	orthopedic, emergency, bariatric care
1160	51638	ORTHO	FLLCTY		Total Hip Replacement at Falls City by Dr. Samani. Dr. Rowen wasn't here yet.
1124	51601	ORTHO	OMHA		Knee or hip replacement in Omaha
1121	51646	ORTHO	SURG		Back Surgery/Orthopedic
1016	51640	ORTHO			Joint replacements
1195	51632	ORTHO			Ortho
1158	51632	PEDS	DENT	INSUR	Pediatric dentist, any dentist that would accept Iowa Health & Wellness Insurance, Children's drs at children's spec. center, OB/GYN in Red Oak, MFM specialists in Omaha, genetics at Munroe Meyer Institute in Omaha
1005	51636	PEDS	PRIM		Childrens physicians for Routine appts and Dr's for adult checkups
1143	51601	PEDS	SPEC	NEURO	peds, speciality services - neuro, ortho, cardiac
1044	51601	PEDS			Pediatric Services
1045	51601	PEDS			pediatrics
1163	51601	POD	SPEC		Foot and Ankle specialist
1149	51601	POD	SURG		foot surgery
1057	51640	POD			Foot injury, it was a timing issue that caused me to go outside the community for services
1107	51601	PRIM	PT		Primary Care & DOT Physical
1115	51601	PRIM			Primary care
1165	51640	PRIM			primary care physician
1111	51601	RAD	VAS		IR procedure, Vasectomy
1058	51640	RAD	VAS		IR Procedure, Vasectomy
1100	51639	RAD			MRI
1029	51638	RHEU	SPEC		rheumatology specialist
1074	51640	RHEU			Rhuematology
1072	51650	SPEC	DIAB	CARD	Seeing a specialist for diabetes and heart condition
1063	51650	SPEC	ORTHO		Specialized orthopedic care
1122	51601	SPEC			needed something not offered in area
1083	51601	SPEC			Speciality services
1043	51601	STROKE			Stroke resulting in death
1050	51601	SURG			specialized surgery
1006	51601	SURG			Surgery
1081	51601	SURG			surgical
1161	51638	VASC	CARD	MAMM	VA services, heart care, mamogram
1157	51638	VASC	DOCS		vascular Doctor for legs

CHNA Round #2 Community & Stakeholder Feedback 2016 on behalf of Shenandoah Medical Center & George C. Grape Community Hospital (IA)

Let Your Voice Be Heard!

Shenandoah Medical Center and George C. Grape Community Hospital are working together to update their 2013 Community Health Needs Assessments. Community feedback from this survey will identify current health issues and success in our community. Participation is voluntary and all answers will be kept confidential.

All CHNA Round #2 feedback is due by January 15th, 2016. Thank you for your participation.

CHNA Round #2 Community & Stakeholder Feedback 2016 on behalf of Shenandoah Medical Center & George C. Grape Community Hospital (IA)

Part I: Introduction

1. Three years ago, Shenandoah Medical Center (SMC) and George C. Grape Community Hospital (GCH) completed their required Community Health Needs Assessment. This assessment identified a number of health needs for our community. Today, we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community?

	Very Good	Good	Fair	Poor	Very Poor
Health Rating:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHNA Round #2 Community & Stakeholder Feedback 2016 on behalf of Shenandoah Medical Center & George C. Grape Community Hospital (IA)

2. Are there healthcare services in your community / neighborhood that you feel need to be improved and/or changed? (Please be specific).

CHNA Round #2 Community & Stakeholder Feedback 2016 on behalf of Shenandoah Medical Center & George C. Grape Community Hospital (IA)

3. From our last Community Health Needs Assessment (2013), a number of health needs were identified as priorities. Are any of these 2013 CHNA needs still an "Ongoing Problem" in our community?

	Not a Problem Anymore	Somewhat of a Problem	Major Problem
School Suicide Prevention Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Telecommunications Infrastructure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe Walking & Biking Paths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare Transportation Options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child & Infant Immunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatrist Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic & Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Abuse (Pharmaceutical)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity (Exercise / Healthy Foods)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Health Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uninsured / Underinsured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retention of Doctors, Nurses & Paramedics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Economic Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veteran Care Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHNA Round #2 Community & Stakeholder Feedback 2016 on behalf of Shenandoah Medical Center & George C. Grape Community Hospital (IA)

4. Which 2013 CHNA health needs are most pressing today for improvement? (Please select top three needs).

- | | |
|---|--|
| <input type="checkbox"/> School Suicide Prevention Programs | <input type="checkbox"/> Obesity (Exercise / Healthy Foods) |
| <input type="checkbox"/> Health Telecommunications Infrastructure | <input type="checkbox"/> Community Health Education |
| <input type="checkbox"/> Safe Walking & Biking Paths | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Healthcare Transportation Options | <input type="checkbox"/> Uninsured / Underinsured |
| <input type="checkbox"/> Child & Infant Immunizations | <input type="checkbox"/> Retention of Doctors, Nurses & Paramedics |
| <input type="checkbox"/> Psychiatrist Services | <input type="checkbox"/> Community Economic Development |
| <input type="checkbox"/> Domestic & Sexual Abuse | <input type="checkbox"/> Veteran Care Delivery |
| <input type="checkbox"/> Drug Abuse (Pharmaceutical) | |

CHNA Round #2 Community & Stakeholder Feedback 2016 on behalf of Shenandoah Medical Center & George C. Grape Community Hospital (IA)

5. How would community members rate each of the following services? (Please select one box per row).

	Very Good	Good	Fair	Poor	Very Poor	N/A
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor / Optometrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHNA Round #2 Community & Stakeholder Feedback 2016 on behalf of Shenandoah Medical Center & George C. Grape Community Hospital (IA)

6. How would our community members rate each of the following? (Continued, please select one box per row).

	Very Good	Good	Fair	Poor	Very Poor	N/A
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHNA Round #2 Community & Stakeholder Feedback 2016 on behalf of Shenandoah Medical Center & George C. Grape Community Hospital (IA)

7. Over the past two years, did you or someone you know receive healthcare services outside of our community?

- ☐ Yes
 ☐ Do Not know
 ☐ No

If yes, please specify the healthcare services received:

CHNA Round #2 Community & Stakeholder Feedback 2016 on behalf of Shenandoah Medical Center & George C. Grape Community Hospital (IA)

8. Are there any other health needs from the list below that we need to discuss at our upcoming CHNA Town Hall meeting? (Please select all that need to be on our agenda).

- | | | |
|--|--|---|
| <input type="checkbox"/> Abuse / Violence | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drugs / Substance Abuse | <input type="checkbox"/> Physical Exercise | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Poverty | <input type="checkbox"/> Wellness Education |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Respiratory Disease | |
| <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Sexual Transmitted Diseases | |
| <input type="checkbox"/> Other (please specify) | | |

CHNA Round #2 Community & Stakeholder Feedback 2016 on behalf of Shenandoah Medical Center & George C. Grape Community Hospital (IA)

9. What is your home zip code?

CHNA Round #2 Community & Stakeholder Feedback 2016 on behalf of Shenandoah Medical Center & George C. Grape Community Hospital (IA)

Demographics

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Board Member (Local) | <input type="checkbox"/> Elected Official - City / County | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Business / Merchant | <input type="checkbox"/> EMS / Emergency | <input type="checkbox"/> Parent / Caregiver |
| <input type="checkbox"/> Case Manager / Discharge | <input type="checkbox"/> Farmer / Rancher | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Civic Club / Chamber | <input type="checkbox"/> Health Department | <input type="checkbox"/> Physician (MD / DO) |
| <input type="checkbox"/> Charitable Foundation | <input type="checkbox"/> Hospital | <input type="checkbox"/> Physician Clinic |
| <input type="checkbox"/> Clergy / Congregational Leader | <input type="checkbox"/> Housing / Builder | <input type="checkbox"/> Press (Paper, TV, Radio) |
| <input type="checkbox"/> College / University | <input type="checkbox"/> Insurance | <input type="checkbox"/> Senior Care / Nursing Home |
| <input type="checkbox"/> Consumer Advocate | <input type="checkbox"/> Labor | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Consumers of Health Care | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Low Income / Free Clinics | <input type="checkbox"/> Welfare / Social Service |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> Education Official / Teacher | <input type="checkbox"/> Nursing | |
| <input type="checkbox"/> Other (please specify) | | |

CHNA Round #2 Community & Stakeholder Feedback 2016 on behalf of Shenandoah Medical Center & George C. Grape Community Hospital (IA)

You have just completed the Community Health Needs Assessment Survey. Thank you for your participation. By hitting "Next," you are submitting your responses and giving others an opportunity to complete the same survey.

Again, thank you for your participation.

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