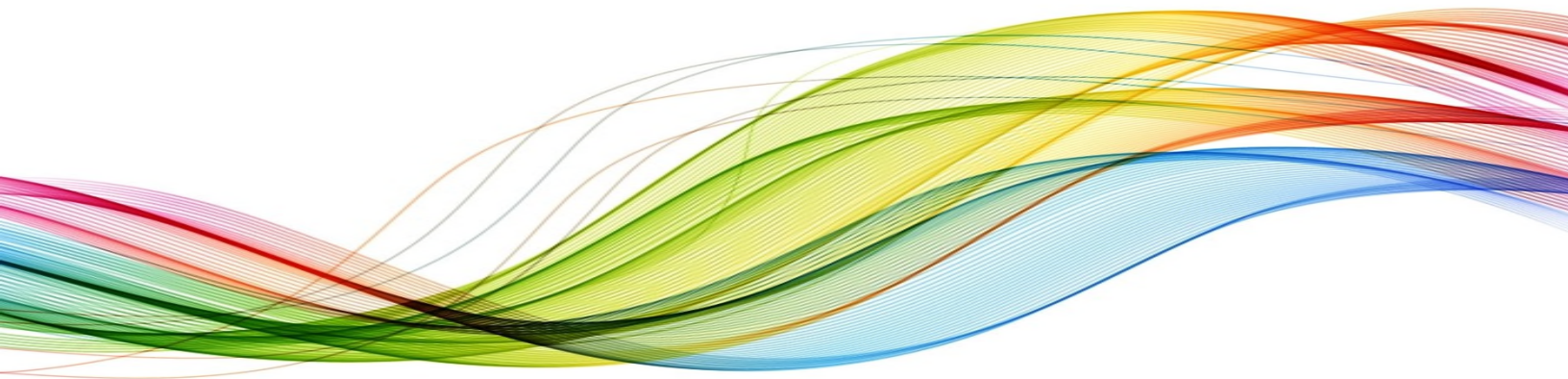




Community Health Needs Assessment

Shenandoah Medical Center

Page County, Iowa



March 2019

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Shenandoah Medical Center – Page County, IA - 2019 Community Health Needs Assessment (CHNA) Wave #3

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 the local residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Page Co, IA previous CHNA was completed in 2016. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #3 Page County CHNA assessment began Fall 2018 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Important community CHNA Benefits for both the local hospital and the health department, are as follows: 1) Increases knowledge of community health needs and resources 2) Creates 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, and 8) fulfills Hospital "Mission" to deliver quality health care.

a) County Health Area of Future Focus

Page County CHNA Town Hall - "Community Health Improvements Needs"

2019 CHNA Health Priorities - Page County (IA)				
CHNA Wave #3 Town Hall (36 Attendees, 140 Votes) PSA Shenandoah Medical Center & Clarinda Regional Health Center				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis / Treatment / Aftercare)	26	18.6%	18.6%
2	Drug Abuse (Opioid / Meth)	24	17.1%	35.7%
3	Chronic Diseases	19	13.6%	49.3%
4	Awareness of Services	14	10.0%	59.3%
5	Dentists (Offering Medicaid)	12	8.6%	67.9%
6	Reproductive Health Education	10	7.1%	75.0%
7	Affordable Insurance (HC)	8	5.7%	80.7%
Total Votes:		140	100.0%	
Other Items receiving votes: HealthCare Transportation, Affordable Housing, Provider Retention, Dialysis Services, Violence/Abuse, Visiting Specialists (Pul/ENT/Rhu/Endo/Psych/Cardiac), Unemployment (Economic Development), Heart Disease.				

b) Town Hall CHNA Findings: Areas of Strengths

Page County CHNA Town Hall - “Community Health Areas of Strengths”

Page County - Community Health "Strengths"			
#	Topic	#	Topic
1	Access to Advocay	6	Food Pantrys
2	Ambulance Services	7	Schools
3	Clarinda Free Clinic	8	Physical Therapy/ Rehab Services
4	Community Engagement	9	Primary Care
5	DR to Patient Ratio	10	Public Health / Hospital Collaboration

Key CHNA Wave#3 Secondary Research Conclusions are as follows:

MISSOURI HEALTH RANKINGS: According to the 2018 Robert Woods Johnson County Health Rankings, Page County IA was ranked 74th in Health Outcomes, 93rd in Health Factors, and 71st in Physical Environmental Quality out of the 99 Counties.

TAB 1. Page County’s population is 15,224 (based on 2017), with a population per square mile (based on 2010) of 29.8 persons. Five percent (5.1%) of the population is under the age of 5 and 21.8% is over 65 years old. Forty-seven percent (47.3%) of Page County is Female. Hispanic or Latinos make up 3.4% of the population and there are 3.4% of Page County citizens that speak a language other than English at home. In Page County, children in single parent households make up 25%. There are 1,014 Veterans living in Page County.

TAB 2. The per capita income in Page County is \$25,739, and 15.7% of the population is in poverty. There are 7,197 total housing units with a severe housing problem of 9%. There are 1,358 total firms (based on 2012) in Page County and an unemployment rate of 5.1%, which is higher than the comparative norm. Food insecurity is at 13%, and limited access to a store (healthy foods) high, at 13%.

TAB 3. Children eligible for a free or reduced-price lunch is at 43% and 89.8% of students graduate high school while 20.6% of students get their bachelor’s degree or higher in Page County. There are two public nurses at the Shenandoah CSD schools.

TAB 4. The percent of births where prenatal care started in the first trimester is 54.3% and 45.1% of births in Page County occur to unmarried women. 12% of babies are born prematurely in Page County, although the total live birth counts have gone down since 2013. Births where mothers have smoked during the pregnancy is at high at 29.4% and the percent babies up to 2 years old that receive vaccines is 61%.

TAB 5. There is one primary care physician per 1,290 people in Page County. Preventable hospital stays are at 62. Seventy-six percent of patients give their hospital a rating of 9 or 10 out of 10, while 75% of patients would definitely recommend the Hospital.

TAB 6. There are 17.7% of people getting treated for depression in Page County and 3.3 days out of the year that are poor mental health days. Page County has a very high Opioid prescription rate at 100.7 per 100.

TAB 7. Thirty-eight percent of adults in Page County are obese (based on 2014), with 25% of the population physically inactive. 19% of adults drink excessively and 17% smoke. Hypertension risk is higher than the comparative norm at 56.8%, while COPD is at 14.6%. Hyperlipidemia is high (45.6%), Chronic Kidney Disease is 21.1%, Heart Failure is at 14.9% and Asthma is 7.5% in Page County.

TAB 8. The adult uninsured rate for Page County is 7%. The Page County Public Health Department invested \$51,505 in 2018 on core community public health.

TAB 9. The life expectancy rate in Page County is 76.7 for Males and 80.8 for Females. Heart Disease Mortality rate (per 100,000) is high at 204 as well as the Cancer Mortality rate at 179.4. The age-adjusted Chronic Lower Respiratory Morality rate is high at 59.1, and alcohol-impaired driving deaths are as high as 25% in Page County.

TAB 10. 82% percent of Page County has access to exercise opportunities and as high as 89% monitor diabetes. Sixty-nine percent of women in Page County get annual mammography screenings (based on 2014).

Key 2019 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=307) provided the following community insights via an online perception survey:

- Using a Likert scale, 73.6% of Page County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Page County stakeholders are satisfied with the following services: Ambulance Services, Chiropractors, Eye Doctors, Inpatient Services, Outpatient Services, and Pharmacy.
- When considering past CHNA needs: Mental Health, Drug Abuse, Obesity, Suicide Prevention and Retaining Providers are some problems identified.

CHNA Wave #3		Page Co N=307			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Mental Health (Prevention, Placement, Aftercare)	162	14.0%		1
2	Drug Abuse	125	10.8%		2
3	Obesity (Nutrition/Exercise)	109	9.4%		3
4	Suicide Prevention	76	6.6%		6
5	Retain Providers	71	6.1%		9
6	Awareness of Local Healthcare Services	70	6.0%		4
7	Child Care Access	67	5.8%		7
8	Available Insurance	64	5.5%		5
9	Economic Development	59	5.1%		8
10	Senior Care	56	4.8%		10
11	Teen Pregnancy	54	4.7%		11
12	Diabetes	53	4.6%		12
13	Sexually Transmitted Diseases	39	3.4%		13
14	Domestic/Sexual Abuse	37	3.2%		15
15	Veteran Care	37	3.2%		14
16	Walking Trails/Biking Paths	35	3.0%		16
17	Internet/Telecommunications	28	2.4%		18
18	Child/Infant Immunization	17	1.5%		17

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital 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.).

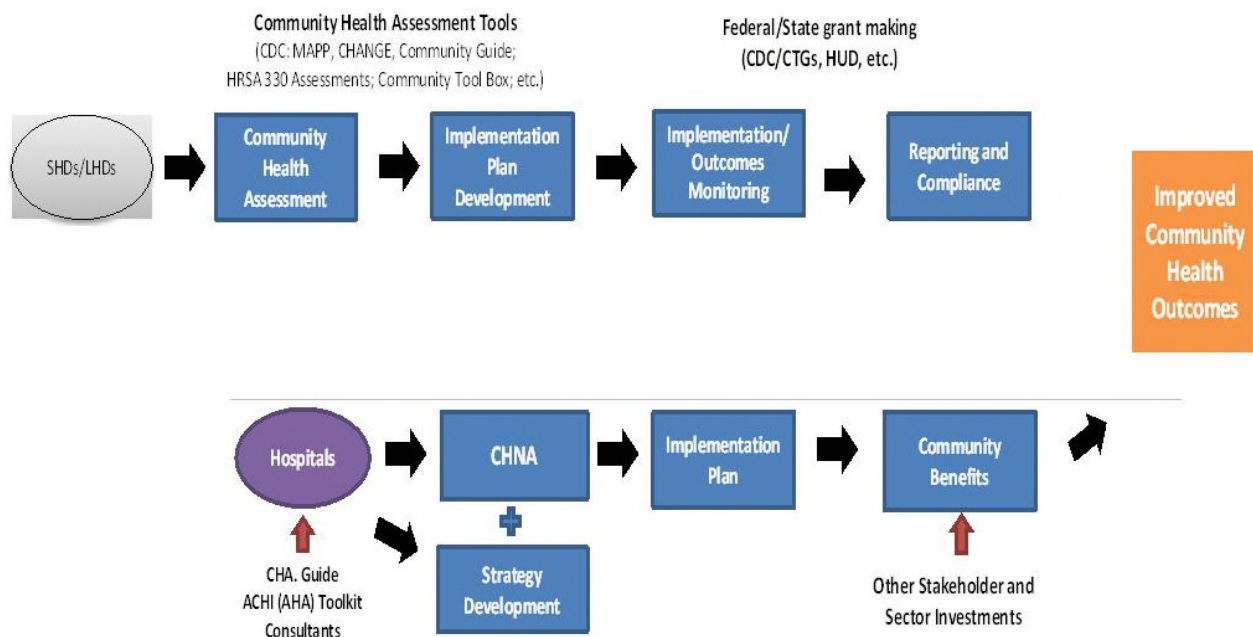
JOB #2: Making a CHNA Widely Available to the Public

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, 2013 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.*

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 needs 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.

CHNA NEWS: IRS Makes First Revocation of Hospital Not-for-Profit Status Under 501(r)

RICH DALY, HFMA SENIOR WRITER/EDITOR

Aug. 15, 2017—Charity-care reporting requirements under the healthcare reform law may have gone into effect only last October, but already one hospital has lost its not-for-profit tax status as a result. The first-time tax-status revocation under Affordable Care Act (ACA) 501(r) requirements applied to a “dual-status” 501(c)(3) hospital operated by a “local county governmental agency” and was confirmed by a redacted copy of the [tax status letter](#), which was dated Feb. 14, 2017, and posted to the IRS website in August. Neither an IRS spokeswoman nor the redacted letter identified the hospital. Loss of the 501(c)(3) exemptions eliminates the ability of hospitals to use certain employee benefit plans; likely subjects hospitals to income, property, and other taxes; bars receipt of tax-deductible contributions; and disallows use of tax-exempt bonds.

The 501(r) requirements on performing community health needs assessments (CHNAs) and offering financial assistance became effective for tax years beginning on or after Dec. 29, 2015, meaning tax-exempt hospitals operating on the calendar had to be in compliance by Jan. 1, 2016, and those with a different fiscal-year end had to be in compliance by Oct. 1, 2016.

The only enforcement information previously released by the IRS was a June 2016 letter to Sen. Charles Grassley (R-Iowa), which noted that at that point the IRS had completed 2,482 compliance reviews under 501(r). Additionally, 163 hospitals were assigned for “examination” as a result of those compliance reviews, but no further actions were identified.

The ACA requires the IRS to review the community-benefit activities of about 3,000 tax-exempt hospitals at least once every three years. This was the first time that Keith Hearle, president, Verité Healthcare Consulting, LLC, Alexandria, Va., had heard of an instance in which a hospital lost its not-for-profit status over 501(r) requirements. He has heard of several others that incurred the \$50,000 excise tax for failing to meet the CHNA requirement.

“I would be surprised if it is a one-off,” said Hearle, who has been expecting more IRS enforcement after his own reviews indicated widespread hospital vulnerability due to poor compliance.

Reasons for Revocation

Hospital 501(r) requirements include:

- Conducting a CHNA at least once every three years
- Making the CHNA publicly available on a website
- Adopting an implementation strategy to meet the needs identified in the CHNA
- Adopting a financial assistance policy and publicizing the policy, including by posting it on a website
- Limiting the amounts charged to individuals who are eligible for financial assistance
- Making individuals aware of the financial assistance policy prior to engaging in certain collection actions

Among the reasons for the IRS action against the county government hospital was its finding that the hospital did not make the CHNA widely available to the public through a website, although it had paper copies available on request. “The hospital indicated to the IRS that it might have acted on some of the recommendations included in the Implementation Strategy Report, but that a separate written implementation policy was neither drafted nor adopted,” the IRS letter stated.

Officials at the small rural hospital said they lacked the staffing to comply with 501(r) requirements. They also said they “really did not need, actually have any use for, or want their tax-exempt status under Section 501(c)(3),” according to the IRS letter. The hospital believed its tax-exempt status somehow prevented its involvement in certain payment arrangements. It had maintained 501(c)(3) status “only in case any liabilities arose relating to the prior management company that had originally obtained that status from the IRS.”

The IRS deemed the hospital’s failure “egregious” because its leaders had “neither the will, the resources, nor the staff to follow through with the” 501(r) requirements.

Widespread Vulnerability

Industry advisers worry that many hospitals could be vulnerable to IRS enforcement—if not tax-status revocation—under the new requirements. “A lot of them just assume that what they have, in terms of policy and procedure, suffices under the final regulations and have not done a lot,” said Andrew Kloeckner, a partner for Omaha-based law firm Baird Holm.

Even hospitals that have taken steps to become compliant with the requirements can face downsides, including complications with their collection efforts, which in turn can delay cash flow, Kloeckner said.

Jan Smith, a tax senior manager in Crowe Horwath’s Healthcare practice, indicated that the likelihood of a similar penalty or the likelihood of this determination setting a precedent at other hospitals may be limited. This is due to the unusual position taken by the revoked hospital’s officials that they didn’t need or want charitable status (in addition to governmental status).

“If hospitals are making a good-faith effort to comply, I would be surprised if the IRS would revoke their tax status at this stage of 501(r) examinations,” Smith said in an interview. However, she is aware of several health systems that the IRS is seeking to penalize under the CHNA tax provision.

The IRS’s 501(r) compliance reviews include the agency’s analysis of hospital websites and “other information designed to identify the hospitals with the highest likelihood of non-compliance,” IRS Commissioner John Koskinen stated in his 2016 letter to Grassley.

Justin Lowe, senior manager with the Exempt Organizations Tax Practice at Ernst & Young, underscored that hospital websites are among the publicly available information that the IRS reviews. He urged hospitals to make sure that all required documents, including the CHNA and financial assistance policy, are on the website and easily findable. Insufficient approaches to 501(r) compliance, Kloeckner said, include instances when hospitals purchase financial assistance policy templates that are provided by a consultant and not submitted for legal review, potentially leaving audit vulnerabilities. Kloeckner also urged attention on practices and procedures outside of the policies.

Small government-operated hospitals are among the most vulnerable to enforcement, Hearle said, because they may not be required to file Form 990, which provides reminders about 501(r) compliance requirements. “It’s a group of hospitals I’m concerned about,” Hearle said.

Among the financial assistance requirements with which hospitals are most likely to struggle, Hearle said, is making available lists of physicians who are associated with the hospital and who utilize the same charity care policies.

“Patients obtaining charity care from a hospital want to find physician groups through which they can get the same charity care, as opposed to some group that doesn’t offer charity care,” Hearle said.

Public Health Criteria:

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes: systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

DOMAIN 1 includes 4 STANDARDS:

- **Standard 1.1** - Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2** - Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3** - Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4** - Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

Required CHNA Planning Process Requirements:

- a. Participation by a wide range of community partners.
- b. Data / information provided to participants in CHNA planning process.
- c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
- d. Community assets & resources identified.
- e. A description of CHNA process used to set priority health issues.

Seven Steps of Public Health Department Accreditation (PHAB):

1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

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: Matt Sells
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	Physician Specialty Clinic
Cancer Care	Radiology
Diabetes Care	Respiratory Therapy
Dialysis	Shenandoah Ambulance
Dietetics	Service
Ear Nose Throat	Sleep Center
Emergency Services	Surgery
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	

Page County Public Health

Public Health Administrator: Jessica Erdman

112 E. Main, Clarinda, IA 51632

Phone Number: 712-850-1212

Office Hours: Monday – Friday, 8:00am to 4:30pm (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 Vandelaar MBA, Principal Consultant & Adjunct (913) 302-7264

VVV@VandelaarMarketing.com

Vince provides professional business consulting services to help healthcare organizations with business strategy, research and development. Specifically, Vince facilitates strategic planning, creates proven marketing plans/tactics, prepares IRS aligned community health needs assessments and conducts both qualitative and quantitative market research studies.

Vince started his consulting firm (VVV Consultants LLC) on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. (Note: Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003). Prior to his experience at Saint Luke's, Vince worked in the payor and insurance industry for Blue Cross and Blue Shield of Kansas City; Tillinghast, a Tower's Perrin Actuarial Consulting Firm; and Lutheran Mutual Life Insurance Company.

Vince also is an Adjunct Professor teaching BA, MBA & MHA classes part time 20% of his time at Avila, Rockhurst and/or Webster University (Strategic Planning, Marketing, MHA Capstone, Marketing Research, Sales & Social Media classes) and consults the remainder of his time.

Vince is a Malcolm Baldrige coach and a professional focus group moderator. He is actively involved in the national Society for Healthcare Strategy & Market Development (SHSMD), KHA/MHA Marketing Associations, KC Employee Benefit Professional Association, Healthcare Executives Kansas City, the American Marketing Association KC Chapter and is a SG2 advocate.

Collaborating Support:

Tessa Taylor BBA BA - VVV Consultants LLC
Associate Consultant

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in Fall 2018 for Page County, Iowa to meet IRS CHNA requirements.

In November 2018 a meeting was called by Page Co IA to review possible CHNA collaborative options, partnering with Page County Public Health and Clarinda Regional Health Center. Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps. Outcomes from discussion lead to Shenandoah Medical Center requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80-20 Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80-20 Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

SMC Define Primary Service Area			I/O/E/C	YR 2015-17	
Zip	City	County	TOTALS	%	Accum
Patient Totals - 3 year			156,308	100.0%	100.0%
51601	Shenandoah	Page	98,823	63.2%	63.2%
51632	Clarinda	Page	13,131	8.4%	71.6%
51638	Essex	Page	11,076	7.1%	78.7%
51636	Coin	Page	4,181	2.7%	81.4%
51647	Northboro	Page	1,370	0.9%	82.3%
51630	Blanchard	Page	1,310	0.8%	83.1%
51637	College Springs	Page	1,032	0.7%	83.8%
51631	Braddyville	Page	962	0.6%	84.4%
51656	Yorktown	Page	251	0.2%	84.5%
51651	Shambaugh	Page	228	0.1%	84.7%
51639	Farragut	Fremont	8,104	5.2%	89.9%
51652	Sidney	Fremont	6,709	4.3%	94.2%

Specific CHNA roles, responsibility and project timelines are document by the following calendar.

Page Co IA - CHNA Wave#3 Work Plan
Project Timeline and Roles 2018-2019

Step	Date (Start-Finish)	Lead	Task
1	7/22/2018	VVV	Sent VVV quote for review.
2	9/22/2018	Hosp	Select CHNA Option C. Approve quote and signed by CEO
3	11/7/2018	All	Hold Kickoff CHNA call with SMC Administration
3	11/7/2018	VVV	Send out REQCommInvite Excel file. Hospital and health department to fill in PSA stakeholders names, addresses and e-mails.
4	11/7/2018	VVV	Request hospital client to send IHA PO Reports (see sample formats) to document service area for YR 15, 16 and 17. 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 11/30/2018	VVV	Prepare CHNA Round#2 stakeholder feedback online link. Send text link for hospital review.
6	On or before 11/30/2018	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work. Hospital to place.
7	12/4/2018	VVV	Launch and conduct online survey to stakeholders. Hospital will e-mail invite to participate to all stakeholders. Due by 1/8/16.
8	12/4/2015	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 12/31/2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	On or before 1/9/2019	Hosp	Prepare and send out community Town Hall invite letter and place local ad.
11	On or before 1/9/2019	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 1/18/2019	All	Conduct conference call (<i>time TBD</i>) with hospital and health department to review Town Hall data and flow.
13	Wednesday 2/13/2019	VVV	Conduct CHNA Town Hall 11:30am-1pm at the Greater Shenandoah Historical Society Museum. Review & discuss basic health data / online PSA findings. Rank HC Needs.
14	On or before 3/22/2019	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital and health department.
15	On or before 3/31/2019	VVV	Produce and release final CHNA report. Hospital will post CHNA online.
16	On or before 5/30/2019	Hosp	Conduct client Implementation Plan PSA leadership meeting.
17	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings tp discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm CHNA calendar of events, explain / coach clients 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 Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson Foundation: 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 primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

Phase III—Quantify Community Need:

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

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

Post CHNA report findings to meet both PHAB and IRS CHNA criteria.

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

Phase I: Discovery.....	Nov 2018
Phase II: Secondary / Primary Research.....	Dec 2018 - Jan 2019
Phase III: Town Hall Meeting.....	Feb 12, 2019
Phase IV: Prepare / Release CHNA report.....	Feb – Mar 2019

Detail CHNA Development Steps Include:

Development Steps to Create Comprehensive Community Health Needs Assessment	
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, schools, churches, physicians etc.), prepare project quote.</i>
Step # 2 Planning	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold community kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect and 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 - Town Hall prep	<i>Collect community opinions. (quantitative research). Gather stakeholders / community opinions regarding community health needs and healthcare practices.</i>
Step # 4b Primary Research - Conduct Town Hall	<i>Conduct "Conversation with Community" Town Hall (qualitative research). Review secondary & primary data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
Steps # 5 Reporting	<i>Prepare and present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (actions to improve health). (Note: formal report will follow IRS Notice 2011-52 regs & PHAB requirements.)</i>
VVV Consultants, LLC Olathe, KS (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.


Page County, Iowa (Shenandoah Medical Center, in partnership with Page County Public Health and Clarinda Regional Health Center) town hall meeting was held on Wednesday, February 13th from 11:30 a.m.-1:00 p.m. at the Greater Shenandoah Historical Society Museum. Vince Vandehaar facilitated this 1 ½ hour session with thirty-eight (38) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome & Introductions
2. Review Purpose for the CHNA Town Hall & Process Roles
3. Present / 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 4 dots to cast votes on priority issues). Tally & 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 / 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 strengths & items to change or improve.

Community Health Needs Assessment
Town Hall Meeting - Page County IA
 on behalf of Shenandoah Medical Center, Clarinda Regional Health Center and Page County Health Department



Vince Vandelaar, MBA
VVV Consultants LLC
 Principal / Adjunct Professor

Olathe, Kansas 66061
 VVV@VandelaarMarketing.com
 913-302-7264


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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)
- V. Close / Next Steps (5 mins)

2

I. Introduction:
 Background and Experience



Vince Vandelaar, MBA
VVV Consultants LLC - Principal Consultant
 Olathe, KS 913 302-7264

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

Adjunct Full Professor - Marketing & MHA 31+ years

- Avila University
- Webster University
- Rockhurst University

Tessa Taylor, BBA BA - Associate Consultant

- University of Wisconsin Whitewater
- AMA Chapter President (2 years)

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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

4

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

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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 collected / published by Local, State and Federal public health organizations. Some data will be collected today.)
- A CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

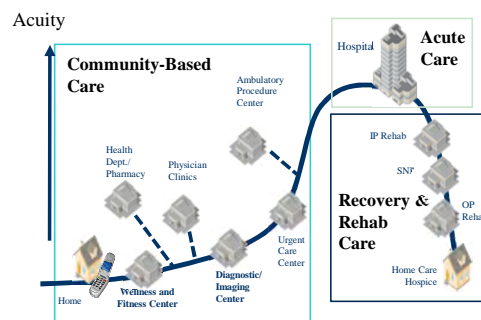
6

Purpose—Why Conduct a CHNA?

- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements -- both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

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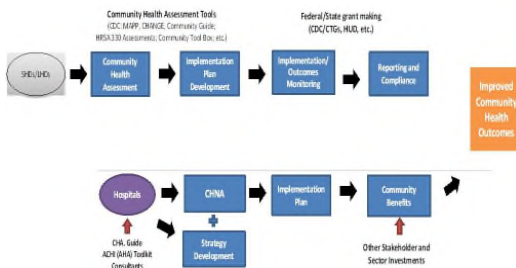
Future System of Care—Sg2



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

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



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II. IRS Hospital CHNA Written Report 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

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III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

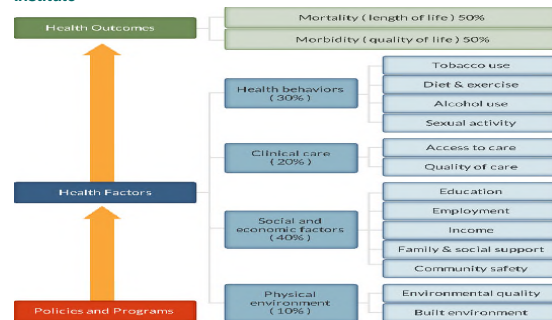
Trends: Good Same Poor

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

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County Health Rankings -

Robert Wood Johnson Foundation and University of WI Health Institute



County Health Rankings model ©2012 RWJF

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1. Physical Environment (10%)			2b. Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Air pollution: particulate matter	The average daily measure of fine particulate matter (PM2.5) in a county	Community safety (5%)	Violent crime rate per 100,000	Violent crime rate per 100,000 population
	Drinking water sanitation	Percent of population potentially exposed to water exceeding a violation level during the past year		Injury deaths	Injury mortality per 100,000
	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or bathroom facilities	3. Health Outcomes (50%)	Health Outcomes	
	Driving alone to work	Percent of the workforce that drives alone to work		Health Outcomes	
2a. Clinical Care (20%)			4. Health Outcomes (50%)	Health Outcomes	
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance		Health Outcomes	
	Primary care physicians	Ratio of population to primary care physicians		Health Outcomes	
	Dentists	Ratio of population to dentists		Health Outcomes	
	Mental health providers	Ratio of population to mental health providers		Health Outcomes	
Quality of care (10%)	Preventable hospitalizations	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees		Health Outcomes	
	Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening		Health Outcomes	
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening		Health Outcomes	
				Health Outcomes	
2b. Social and Economic Environment (40%)			2b. Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Education (10%)	High school graduation	Percent of ninth-grade cohort that graduates in 4 years	Quality of life (10%)	Poor or fair self-reported health	Percent of adults reporting fair or poor health (age-adjusted)
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Prior physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
	Unemployment	Percent of population age 16+ unemployed but seeking work		Prior mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
	Income (10%)	Children in poverty		Poor birthweight	Percent of live births with low birthweight at 2000 grams
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
	Children in single-parent households	Percent of children that live in household headed by single parent			

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

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

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Have We Forgotten Anything?

A. Aging Services	M. Hospice
B. Chronic Pain Management	N. Hospital Services
C. Dental Care/Oral Health	O. Maternal, Infant & Child Health
D. Developmental Disabilities	P. Nutrition
E. Domestic Violence,	R. Pharmacy Services
F. Early Detection & Screening	S. Primary Health Care
G. Environmental Health	T. Public Health
H. Exercise	U. School Health
I. Family Planning	V. Social Services
J. Food Safety	W. Specialty Medical Care Clinics
K. Health Care Coverage	X. Substance Abuse
L. Health Education	Y. Transportation
M. Home Health	Z. Other _____

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Community Health Needs Assessment Questions; Next Steps?

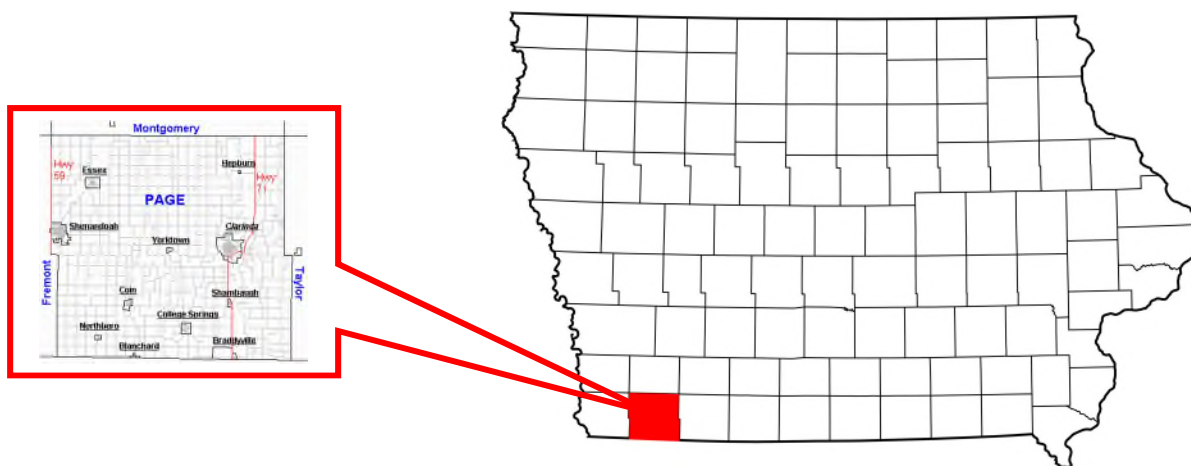
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(913) 302-7264

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II. Methodology

d) Community Profile (A Description of Community Served)

Page County (IA) Community Profile



The population of Page County was estimated to be 15,691 citizens in 2018 and a population density of 29 persons per square mile. Page County covers 535 square miles and lies on the south line of Nebraska.¹

The major highway transportation access to Page County is US Highway 59, US Highway 71, Iowa Highway 2 and Iowa Highway 333.

¹ <https://iowa.hometownlocator.com/ia/page/>

Page County (IA) Community Profile

Page County Pubic Airports²

Name	USGS Topo Map
Henn Landing Strip	Westboro
Schenck Landing Strip	Clarinda South
Name	USGS Topo Map
Shenandoah Municipal Airport - SDA	Shenanoah

Schools in Page County: Public Schools³

School	Address	Phone	Levels
Clarinda Academy	1820 N 16th Clarinda, IA 51632	712-542-3103	7-12
Clarinda High School	100 N. Cardinal Dr Clarinda, IA 51632	712-542-5167	9-12
Clarinda Middle School	305 E. Glenn Miller Dr Clarinda, IA 51632	712-542-2132	5-8
Essex Elementary School	111 Forbes St Essex, IA 51638	712-379-3114	PK-5
Essex Junior-Senior High School	111 Forbes St Essex, IA 51638	712-379-3115	6-12
Garfield Elementary School	901 S 15th Clarinda, IA 51632	712-542-4510	PK-4
Shenandoah Elementary School	601 Dr. Creighton Circle Shenandoah, IA 51601	712-246-2520	PK-4
Shenandoah High School	1000 Mustang Dr Shenandoah, IA 51601	712-246-4727	9-12
Shenandoah Middle School	601 Dr. Creighton Circle Shenandoah, IA 51601	712-246-2520	5-8
South Page Elementary School	606 Iowa Ave College Springs, IA 51637	712-582-3212	PK-6
South Page Senior High School	606 Iowa Ave College Springs, IA 51637	712-582-3211	7-12

² <https://iowa.hometownlocator.com/features/historical,class,airport,scfips,19145.cfm>

³ <https://iowa.hometownlocator.com/schools/sorted-by-county,n.page.cfm>

III. Community Health Status

[VVV Consultants LLC]

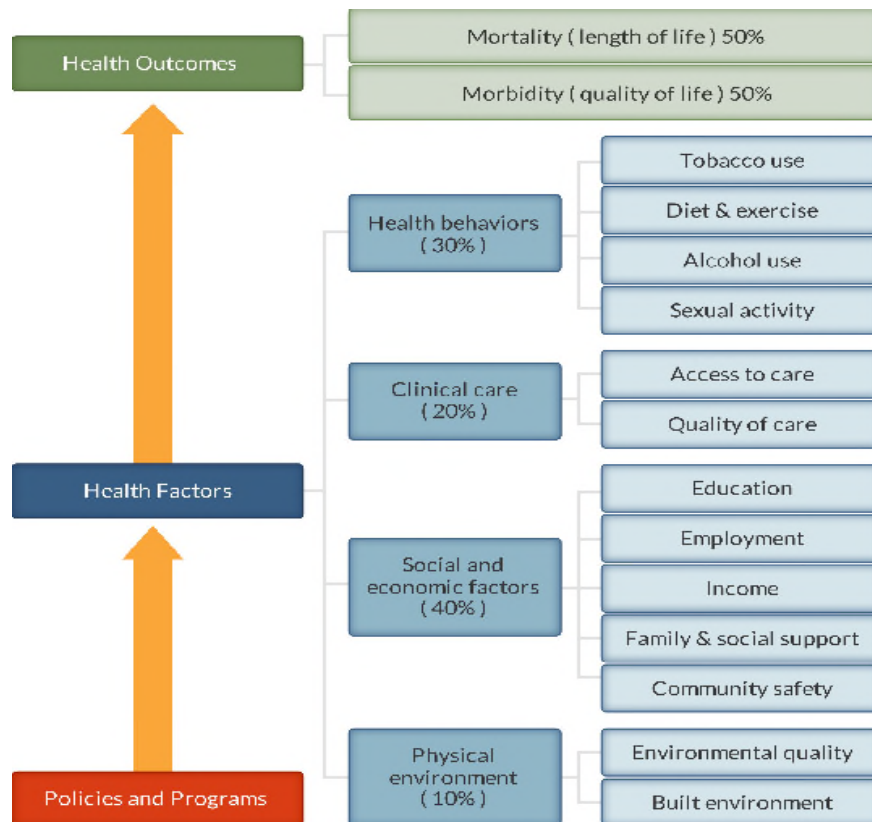
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2018 RWJ County Health Rankings and conversations from Town Hall participants. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ's model use a number of health factors to rank each county.>



County Health Rankings model ©2012 UWPHI

National Research – Year 2018 RWJ Health Rankings:

#	IA Rankings - 99 Counties	Definitions	Page Co IA	TREND	Rural W IA Norm N=12
1	Health Outcomes		74		61
	Mortality	Length of Life	78		59
	Morbidity	Quality of Life	66		57
2	Health Factors		93		57
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	97		59
	Clinical Care	Access to care / Quality of Care	51		67
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	88		50
3	Physical Environment	Environmental quality	71		45
Rural W IA Norm (N=12) includes the following counties: Fremont, Mills, Montgomery, Carroll, Crawford, Greene, Audubon, Calhoun, Ida, Sac, Lucas.					
http://www.countyhealthrankings.org , released 2018					

PSA Secondary Research:

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

Tab 1 Demographic Profile

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

Tab	Health Indicator	Page Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
1a	a Population estimates, July 1, 2017, (V2017)	15,224		3,145,711	11,190	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-4.5%		3.2%	-4.0%	People Quick Facts
	c Population per square mile, 2010	29.8		54.5	22.2	People Quick Facts
	d Persons under 5 years, percent, July 1, 2017, (V2017)	5.1%		6.3%	6.0%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2017, (V2017)	21.8%		16.7%	21.3%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	47.3%		50.3%	49.8%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	94.1%		91.1%	96.6%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017, (V2017)	2.6%		3.8%	1.1%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	3.4%		6.0%	4.8%	People Quick Facts
	j Foreign born persons, percent, 2013-2017	2.6%		5.0%	2.7%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	3.4%		7.6%	4.5%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	82.7%		84.7%	86.9%	People Quick Facts
	m Children in single-parent households, percent, 2012-2016	25.0%		29.0%	28.1%	County Health Rankings
	n Total Veterans, 2013-2017	1,014		193,451	777	People Quick Facts

Tab 2 Economic Profile

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

Tab	Health Indicator	Page Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
2	a Per capita income in past 12 months (in 2016 dollars), 2013-2017	\$25,739		\$30,063	\$28,510	People Quick Facts
	b Persons in poverty, percent, 2015	15.7%		12.1%	10.8%	Iowa Health Fact Book
	c Total Housing units, July 1, 2017, (V2017)	7197		1,398,016	5362	People Quick Facts
	d Total Persons per household, 2013-2017	2.2		2.4	2.3	People Quick Facts
	e Severe housing problems, percent, 2010-2014	9.0%		12.0%	9.9%	County Health Rankings
	f Total of All firms, 2012	1358		259121	1094	People Quick Facts
	g Unemployment, percent, 2016	5.1%		3.7%	3.6%	County Health Rankings
	h Food insecurity, percent, 2015	13.0%		12.0%	11.3%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	13.0%		6.0%	7.0%	County Health Rankings
	j Long commute - driving alone, percent, 2012-2016	13.0%		20.0%	22.7%	County Health Rankings

Tab 3 Schools Health Delivery Profile

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

*If the student has an IEP and health condition / **Not required /

*****Most current data 2017-18 per state report

#	Schools in Page County IA	Shenandoah CSD (High School)	Shenandoah CSD (Elem School)
1	Total # Public School Nurses	1	1
2	School Nurse is part of the IEP team	Yes*	Only if the student has a IHP
3	School Wellness Plan in place (Active)	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	Not required in high school	Recommended for K and 3rd graders. K turned in 57/94 with 3 referrals. 3rd grade turned in 31/86 with 2 referrals.
5	HEARING: # Screened / Referred to Prof / Seen by Professional	15/1/1	All elementary students are screened K-4th grade.
6	ORAL HEALTH: # Educated / # Screened	0/84	All kindergartners turn in dental screenings or are screened by Nurse. I Smile performs screenings and sealants on all 2nd and 3rd grade students providing consent to do so.
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	0**	0
8	# of Students served with no identified chronic health concerns	300	No estimate available.
9	School has a suicide prevention program	No	yes
10	Compliance on required vaccinations (%)	96.84% *****	99.39%

Tab 3 Schools Health Delivery Profile (Continued)

Tab		Health Indicator	Page Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
3	a	Children eligible for free or reduced price lunch, percent, 2015-2016	43.0%		41.0%	44.6%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2013-2017	89.8%		91.8%	91.0%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	20.6%		27.7%	18.8%	People Quick Facts

Tab 4 Maternal and Infant Health Profile

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

#	Criteria - Vital Statistics	Page Co IA	Trend	State of IA	IA W Rural 12 Norm
a	Total Live Births, 2013	171		39,013	156
b	Total Live Births, 2014	175		39,685	161
c	Total Live Births, 2015	164		39,467	165
d	Total Live Births, 2016	162		39,223	161
e	Total Live Births, 2017	154		38,408	157
f	Change 2013 to 2017	-17		-605	1
	http://www.healthdata.org/us-county-profiles				

Tab 4 Maternal and Infant Health Profile (Continued)

Tab		Health Indicator	Page Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2015-2016	54.3%		78.6%	66.4%	Iowa Health Fact Book
	b	Percent Premature Births by County, 2017	12.0%		7.4%	6.8	idph.iowa.gov
	c	2 Year-Old Coverage of Individual Vaccines, 2015	61.0%		67.0%	65.8%	idph.iowa.gov
	d	Percent of Births with Low Birth Weight, 2015-2016	7.1%		6.8%	6.2%	Iowa Health Fact Book
	e	Percent Ever Breastfed Over Time, 2017	74.7%		81.5%	70.4%	idph.iowa.gov
	f	Percent of all Births Occurring to Teens (15-19), 2015-2016	7.4%		4.4%	5.4%	Iowa Health Fact Book
	g	Percent of Births Occurring to Unmarried Women, 2015-2016	45.1%		35.1%	36.9%	Iowa Health Fact Book
	h	Percent of births Where Mother Smoked During Pregnancy, 2015-2016	29.4%		18.0%	23.5%	Iowa Health Fact Book

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 Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
5	a	PCP (MDs / DOs only) (Pop Coverage per) , 2015	1290 / 1		1360 / 1	2470 / 1	County Health Rankings
	b	Preventable hospital stays, 2015 (lower the better)	62		49	62	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	76.0%		78.0%	80.0%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	75.0%		76.0%	78.5%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e	Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	31		42	33	CMS Hospital Compare, 10/1/2015-9/30/2016

Tab 5 Hospitalization/Provider Profile (Continued)

Page County (IHA)		Inpatient		
Hospital		YR17	YR16	YR15
Report Totals:		1,191	1,254	1,151
Shenandoah - Shenandoah Medical Center		434	511	447
Clarinda - Clarinda Regional Health Center		337	351	353
MRKT Share - Local Hospitals		64.7%	68.7%	69.5%
Page County (IHA)		Emergency		
Hospital		YR17	YR16	YR15
Report Totals:		7,149	7,349	8,138
Clarinda - Clarinda Regional Health Center		3,492	3,533	3,743
Shenandoah - Shenandoah Medical Center		3,019	3,179	3,812
MRKT Share - Local Hospitals		91.1%	91.3%	92.8%

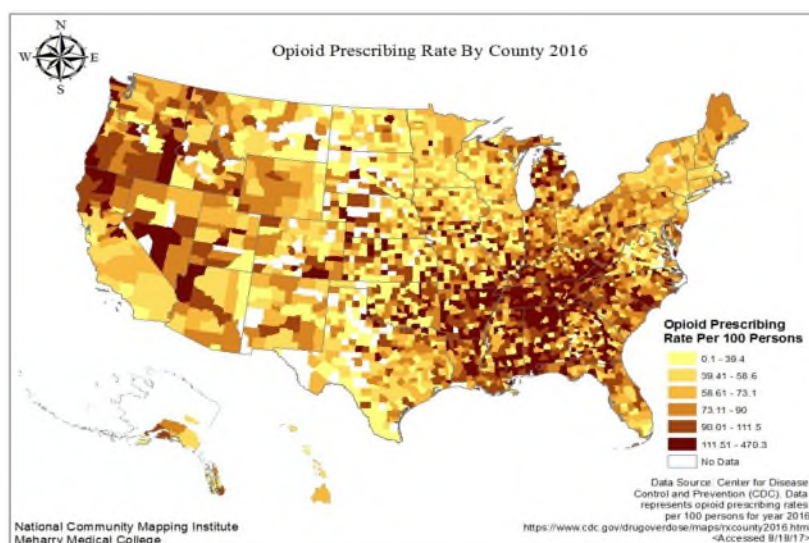
Tab 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicator	Page Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
6	a	Depression: Medicare Population, percent, 2015	17.7%		16.7%	14.0%	Centers for Medicare and Medicaid Services
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2012-2016 (lower is better)	9.6		13.3	15.5	Iowa Health Fact Book
	c	Poor mental health days, 2016	3.3		3.3	3.2	County Health Rankings

Tab 6 Social & Rehab Services Profile (Continued)

Opioid Prescription Rate per 100, 2017. Page County = 100.7 Iowa = 56.4



Tab 7a Health Risk Profiles

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health.

Tab	Health Indicator	Page Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
7a	a Adult obesity, percent, 2014	38%		32%	34.3%	County Health Rankings
	b Adult smoking, percent, 2016	17%		17%	15.1%	County Health Rankings
	c Excessive drinking, percent, 2016	19%		22%	19.8%	County Health Rankings
	d Physical inactivity, percent, 2014	25%		25%	29.7%	County Health Rankings
	e Poor physical health days, 2016	3.2		2.9	3.0	County Health Rankings
	f Sexually transmitted infections, rate per 100000, 2015	290.4		388.9	238.7	County Health Rankings

Tab 7b Health Risk Profiles (Continued)

Tab	Health Indicator	Page Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
7b	a Hypertension: Medicare Population, 2015	56.8%		51.0%	53.9%	Centers for Medicare and Medicaid Services
	b Hyperlipidemia: Medicare Population, 2015	45.6%		40.1%	40.9%	Centers for Medicare and Medicaid Services
	c Heart Failure: Medicare Population, 2015	14.9%		12.2%	13.6%	Centers for Medicare and Medicaid Services
	d Chronic Kidney Disease: Medicare Pop, 2015	20.1%		15.5%	15.6%	Centers for Medicare and Medicaid Services
	e COPD: Medicare Population, 2015	14.6%		10.7%	11.6%	Centers for Medicare and Medicaid Services
	f Atrial Fibrillation: Medicare Population, 2015	8.2%		8.80%	9.1%	Centers for Medicare and Medicaid Services
	g Cancer: Medicare Population, 2015	8.0%		7.04%	7.7%	Centers for Medicare and Medicaid Services
	h Osteoporosis: Medicare Population, 2015	6.3%		5.32%	5.7%	Centers for Medicare and Medicaid Services
	i Asthma: Medicare Population, 2015	7.5%		6.53%	6.5%	Centers for Medicare and Medicaid Services
	j Stroke: Medicare Population, 2015	3.8%		3.09%	3.4%	Centers for Medicare and Medicaid Services

Tab 8 Uninsured Profiles/Community Invest

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 Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
8	a Uninsured, percent, 2015	7.0%		6.0%	6.6%	County Health Rankings

Tab 8	Shendandoah Medical Center	YR16	YR17	YR18
a	Free Care	\$33,416	\$492,045	\$258,982
b	Bad Debt (No Pay)	\$1,765,587	\$3,487,921	\$2,547,553
	Clarinda Regional Healthcare	YR16	YR17	YR18
a	Free Care	\$26,537	\$16,127	\$21,445
b	Bad Debt (No Pay)	\$1,149,344	\$1,438,159	\$1,370,491

Tab 8 Uninsured Profiles/Community Invest (Continued)

Also, the Public Health Department provided various community benefit numbers for the last three years.

Source: Page County Public Health (IA)				
	Community Benefits	YR 2016	YR 2017	Yr 2018
1	Core Community Public Health	\$58,376	\$65,149	\$51,505
2	Environmental Services	\$17,172	\$25,508	\$39,540
3	Immunizations/Vaccine \$\$	\$10,645	\$9,735	\$8,661
	Immunizations/Vaccine ## *	337	279	293
4	Screenings: Blood pressure / STD **	\$0	\$0	\$0
5	Vaccine ## - received from State	104	49	33
6	Other Services:			
	Tobacco Prevention	\$55,839	\$60,322	\$59,975
	Emergency Preparedness	\$9,646	\$6,491	\$9,273
	Homemaker: Other funding not from State	\$8,702	\$9,735	\$5,990
	Child Burial Grant	\$64,183	\$28,128	\$0
	Medicaid \$\$	\$1,292	\$372	\$769
	Medicare Flu	\$110	\$2,738	\$2,078
	Immunizations Private Pay	\$4,890	\$4,716	\$7,091
	County Funding	\$66,701	\$89,017	\$105,501
	Other/Misc Funding	\$1,535	\$7,638	\$11,152
	Maternal/Child Health	\$4,271	\$9,759	\$5,034
* VFC vaccines combined with private, VFC portion stated below in section 9				
** Section 8 is part of section 1, cannot separate				

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 Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
9 a	Life Expectancy for Males, 2014	76.7		77.5	77.1	Institute for Health Metrics and Evaluation
b	Life Expectancy for Females, 2014	80.8		81.9	81.9	Institute for Health Metrics and Evaluation
c	Age-adjusted Cancer Mortality Rate per 100,000 population, 2010-2014 (lower is better)	179.4		168.9	175.7	Iowa Health Fact Book
d	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2010-2014 (lower is better)	204.0		166.0	163.5	Iowa Health Fact Book
e	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 population, 2010-2014 (lower is better)	59.1		46.8	49.1	Iowa Health Fact Book
f	Alcohol-impaired driving deaths, percent, 2012-2016	25.0%		27.0%	23.8%	County Health Rankings

Tab 9 Mortality Profile (Continued)

Total IOWA by Selected Causes of Death - 2017	Page Co IA	%	Trend	State of IA 2017	%
Total Deaths	196	100.0%		30246	100.0%
Major Cardiovascular Diseases	69	35.2%		9,208	30.4%
All Other Diseases	34	17.3%		5,284	17.5%
Malignant Neoplasms,	30	15.3%		6,418	21.2%
Unintentional Injuries	23	11.7%		1,488	4.9%
Chronic Lower Respiratory Diseases	18	9.2%		1,934	6.4%
Diabetes Mellitus	10	5.1%		911	3.0%
Alzheimer's Disease	6	3.1%		1,602	5.3%
Other External Causes	6	3.1%		3,401	11.2%

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 Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
10	a Access to exercise opportunities, percent, 2016	82.0%		83.0%	71.9%	County Health Rankings
	b Diabetes monitoring, percent, 2014	89.0%		90.0%	89.1%	County Health Rankings
	c Mammography screening, percent, 2014	69.0%		69.0%	65.1%	County Health Rankings
	e Percent Annual Check-Up Visit with PCP	NA		NA	NA	TBD
	f Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
	g Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

b) Online Research- Health Status

PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for PSA. Response for Page County online survey equals 307 residents. Below are two charts review survey demographics.

Chart #1 – Page Co IA PSA Online Feedback Response N=307

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	Page Co N=307	Trend	Rural Norms 17 N=2890
Business / Merchant	9.1%		9.3%
Community Board Member	7.1%		7.3%
Case Manager / Discharge Planner	1.7%		1.0%
Clergy	0.3%		1.0%
College / University	1.7%		1.9%
Consumer Advocate	1.1%		1.5%
Dentist / Eye Doctor / Chiropractor	1.7%		0.4%
Elected Official - City/County	1.4%		1.9%
EMS / Emergency	2.8%		2.0%
Farmer / Rancher	6.0%		6.0%
Hospital / Health Dept	23.6%		18.0%
Housing / Builder	0.0%		0.7%
Insurance	0.9%		1.0%
Labor	1.7%		2.2%
Law Enforcement	1.1%		1.2%
Mental Health	2.6%		1.7%
Other Health Professional	8.2%		8.5%
Parent / Caregiver	15.1%		15.0%
Pharmacy / Clinic	2.6%		2.1%
Media (Paper/TV/Radio)	0.3%		0.5%
Senior Care	1.4%		2.3%
Teacher / School Admin	3.4%		5.4%
Veteran	2.3%		2.7%
Other (please specify)	4.0%		6.3%
Rural Norms Include the following 17 counties: Barton, Cowley, Edwards, Fremont IA, Furnas, Ellis, Sheridan, Kiowa, Linn, Miami, Nemaha, Osborne, Page IA, Pawnee, Russell, Smith, Trego.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Page Co N=307	Trend	Rural Norms 17 Co
Valid N	307		2890
Top Box %	16.9%		25.3%
Top 2 Boxes %	73.6%		70.0%
Very Poor	0.3%		1.1%
Poor	3.9%		4.7%
Average	22.1%		23.9%
Good	56.7%		44.8%
Very Good	16.9%		25.3%

Chart #3 – Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Page Co N=307	Trend	Rural Norms 17 Co
Valid N	307		2890
Increasing - moving up	51.8%		44.3%
Not really changing much	30.6%		38.8%
Decreasing - slipping	9.4%		8.9%

Chart #4 – Re-evaluate Past Community Health Needs Assessment Needs

CHNA Wave #3		Page Co N=307			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Mental Health (Prevention, Placement, Aftercare)	162	14.0%		1
2	Drug Abuse	125	10.8%		2
3	Obesity (Nutrition/Exercise)	109	9.4%		3
4	Suicide Prevention	76	6.6%		6
5	Retain Providers	71	6.1%		9
6	Awareness of Local Healthcare Services	70	6.0%		4
7	Child Care Access	67	5.8%		7
8	Available Insurance	64	5.5%		5
9	Economic Development	59	5.1%		8
10	Senior Care	56	4.8%		10
11	Teen Pregnancy	54	4.7%		11
12	Diabetes	53	4.6%		12
13	Sexually Transmitted Diseases	39	3.4%		13
14	Domestic/Sexual Abuse	37	3.2%		15
15	Veteran Care	37	3.2%		14
16	Walking Trails/Biking Paths	35	3.0%		16
17	Internet/Telecommunications	28	2.4%		18
18	Child/Infant Immunization	17	1.5%		17

Chart #5 - Community Health Needs Assessment “Causes of Poor Health”

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Page Co N=307	Trend	Rural Norms 17 Co N=2890
Poverty (Employment Readiness)	22.4%		4.3%
Lack of awareness of existing local programs, providers, and services	16.0%		21.5%
Limited access to mental health assistance	20.8%		16.5%
Elder assistance programs	5.3%		11.8%
Lack of health & wellness education	12.2%		13.1%
Family assistance programs	4.6%		8.4%
Chronic disease prevention	9.6%		10.7%
Case management assistance	4.6%		7.1%
Other (please specify)	4.5%		6.5%

Chart #6 – Community Rating of HC Delivery Services (Perceptions)

CHNA Wave #3	Page Co N=307			Rural Norms 17 Co N=2890	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	90.0%	1.4%		86.8%	2.4%
Child Care	58.2%	7.7%		49.3%	12.7%
Chiropractors	74.1%	2.0%		75.9%	5.2%
Dentists	73.6%	5.8%		61.7%	16.4%
Emergency Room	70.3%	6.2%		71.8%	8.8%
Eye Doctor/Optomtrist	88.9%	1.9%		76.8%	6.8%
Family Planning Services	38.1%	17.3%		41.9%	15.8%
Home Health	53.2%	5.9%		56.2%	11.2%
Hospice	52.5%	7.0%		65.8%	8.1%
Inpatient Services	70.1%	4.4%		76.6%	5.0%
Mental Health	22.0%	42.4%		26.5%	33.0%
Nursing Home	44.4%	12.7%		46.6%	17.5%
Outpatient Services	75.6%	3.4%		76.6%	4.4%
Pharmacy	77.1%	1.0%		88.8%	2.4%
Physician Clinics	76.6%	5.3%		80.5%	4.3%
Public Health	59.4%	8.9%		63.5%	6.7%
School Nurse	61.7%	7.0%		59.7%	10.3%
Specialists	73.7%	5.9%		56.5%	13.6%

Chart #7 – Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Page Co N=307	Trend	Rural Norms 17 Co N=2890
Ability to Secure Grants / Finances to Support Local Health	13.2%		14.9%
Caregiver Training Programs	17.2%		17.2%
Early Childhood Development Programs	12.1%		9.7%
Emergency Preparedness	9.0%		7.7%
Food and Nutrition Services/Education	10.5%		12.0%
Health Screenings (asthma, hearing, vision, scoliosis)	3.5%		11.2%
Immunization Programs	27.6%		3.5%
Obesity Prevention & Treatment	8.3%		28.1%
Prenatal / Child Health Programs	19.3%		8.3%
Sexually Transmitted Disease Testing	13.8%		11.2%
Spiritual Health Support	21.2%		7.7%
Substance Use Treatment & Education	35.2%		26.2%
Tobacco Prevention & Cessation Programs	24.2%		23.3%
Violence Prevention	28.8%		25.6%
WIC Nutrition Program	5.7%		5.3%
Women's Wellness Programs	9.6%		12.8%

Chart #8 – Healthcare Delivery “Outside our Community”

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Page Co N=307	Trend	Rural Norms 17 N=2890
Yes	77.4%		80.0%
No	15.9%		15.2%
I don't know	6.7%		4.8%

Chart #8 – Healthcare Delivery “Outside our Community” (Continued)

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	Page Co N=307	Trend	Rural Norms 17 N=2890
Yes	54.8%		47.2%
No	11.0%		10.9%
I don't know	34.3%		41.0%

Specialties:

SPS	CTS
SPEC	21
SURG	15
OBG	12
ONC	12
ORTH	12
PEDS	12
DERM	11
DENT	10
CARD	9
GAS	8

Chart #9 – What HC topics need to be discussed in future Town Hall Meeting

Community Health Needs Assessment Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	Page Co N=307	Trend	Rural Norms 17 N=2890
Abuse/Violence	4.1%		5.5%
Alcohol	4.0%		5.6%
Breast Feeding Friendly Workplace	1.5%		1.8%
Cancer	2.7%		4.7%
Diabetes	3.2%		4.5%
Drugs/Substance Abuse	9.5%		9.6%
Family Planning	2.2%		2.6%
Heart Disease	1.8%		3.4%
Lead Exposure	0.6%		1.0%
Mental Illness	13.4%		10.8%
Nutrition	3.6%		4.8%
Obesity	7.4%		8.7%
Ozone	0.4%		0.4%
Physical Exercise	5.3%		6.6%
Poverty	7.7%		7.3%
Respiratory Disease	1.8%		2.2%
Sexually Transmitted Diseases	3.3%		2.4%
Smoke-Free Workplace	1.6%		1.7%
Suicide	6.6%		7.8%
Teen Pregnancy	4.7%		3.4%
Tobacco Use	2.8%		3.7%
Vaccinations	2.0%		2.6%
Water Quality	3.0%		3.8%
Wellness Education	6.7%		6.9%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services 2019 - Page County IA				
Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH 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	Birth/LDR/LDRP Room	YES		
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	CTScanner	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)	YES		
Hosp	Neonatal			
Hosp	Neurological services			
Hosp	Obstetrics	YES		
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	YES		
Hosp	Physical Rehabilitation	YES		
Hosp	Positron Emission Tomography (PET)	YES		
Hosp	Positron Emission Tomography/CT (PET/CT)	YES		
Hosp	Psychiatric Services	YES		YES
Hosp	Radiology, Diagnostic	YES		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health			
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			

Inventory of Health Services 2019 - Page County IA				
Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
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			YES
SR	Home Health Services		YES	YES
SR	Hospice			YES
SR	LongTerm 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		YES
SERV	Alcoholism-Drug Abuse			
SERV	Blood Donor Center			
SERV	Chiropractic Services			YES
SERV	Complementary Medicine Services			
SERV	Dental Services			YES
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		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 Assessment			
Page County, IA - SMC and CRHC			
Specialties	DR Office in Page Co	Visiting DRs to Page Co	PAs and NPs in Page Co
Primary Care:			
Family Practice	7.0	0.0	12.0
Internal Medicine	2.5	0.0	1.0
Obstetrics/Gynecology	3.0	1.0	2.0
Pediatrics	1.5	0.0	0.0
Medicine Specialists:			
Allergy/Immunology	0.0	1.5	0.0
Cardiology	0.0	3.0	0.0
Dermatology	0.0	3.0	0.0
Endocrinology	0.0	2.0	0.0
Gastroenterology	0.0	1.0	0.0
Oncology/Radiation Oncology	0.0	9.0	0.0
Infectious Diseases	0.0	0.0	0.0
Nephrology	0.0	2.0	0.0
Neurology	0.0	1.0	0.0
Psychiatry	0.0	2.0	1.0
Pulmonary	0.0	1.0	0.0
Rheumatology	0.0	0.0	0.0
Surgery Specialists:			
General Surgery	2.0	0.0	0.0
Neurosurgery	0.0	1.0	0.0
Ophthalmology	0.0	2.0	0.0
Orthopedics	1.0	4.0	0.0
Otolaryngology (ENT)	0.0	2.5	0.0
Plastic/Reconstructive	0.0	0.0	0.0
Thoracic/Cardiovascular/Vascular	0.0	2.0	0.0
Urology	0.0	2.0	0.0
Hospital Based:			
Anesthesia/Pain	0.0	0.0	4.0
Emergency	3.0	0.0	2.0
Radiology (Telemedicine)	0.0	14.0	0.0
Pathology	0.0	14.0	0.0
Hospitalist	0.0	0.0	2.0
Neonatal/Perinatal	0.0	1.0	0.0
Physical Medicine/Rehab	0.0	0.0	0.0
Podiatry	0.0	5.0	0.0
Chiropractor	0.0	0.0	0.0
Eye (Primary Care)	0.0	0.0	0.0
Dentist	0.0	0.0	0.0
TOTALS	12.0	74.0	24.0

YR 2019 - Visiting Specialists to SMC (Page Co, IA)

SPEC	Doctor (FN/LN)	Group Name	Office City	Phone	Clinics	YR Days
ALL	Brett Kettlehut	Allergy Asthma & Immunology	Omaha	(402) 391-1800	Monthly	12
CV	Haysam Akkad	Clarkson Heart Center	Omaha	(402) 552-2320	Weekly	48
DERM	Stephanie Lee, ARNP	College Park Specialty Center	Overland Park	(913) 469-6447	Monthly	12
ENT	David Sjulín	Boys Town Otolaryngology	Omaha	(531) 355-6800	2x Monthly	24
GAS	Tyron Alli	Gastrointestinal Associates	Omaha	(402) 397-7057	1x Monthly	12
IR	Robert Forbes	Diagnostic Radiology PC	Omaha	(402) 397-7100	Weekly	48
MFM	Teresa Berg	Nebraska Medicine	Omaha	(402) 559-6150	Monthly	12
NEPH	David Goldner	Omaha Nephrology	Omaha	(402) 354-2070	3 x Monthly	36
NEPH	Jennifer Fillaus	Nebraska Medicine	Omaha	(402) 559-4015	Monthly	12
NEU	Scott Goodman	Nebraska Medicine	Omaha	(402) 552-2650	Monthly	12
NEUS	Keith Lodhia	Midwest Neurosurgery	Omaha	(402) 398-9243	Monthly	12
ONC	Sakeer Hussain	Heartland Hematology and Oncology L.L.P	Council Bluffs	(712) 322-4136	1x Monthly	12
ONC	Robert Warner	Heartland Hematology and Oncology L.L.P	Council Bluffs	(712) 322-4136	2x Monthly	24
ONC	Kristin Markel, ARNP	Heartland Hematology and Oncology L.L.P	Council Bluffs	(712) 322-4136	1x Monthly	12
POD	Andrew Stanislav	Southwest Iowa Foot and Ankle	Council Bluffs	(712) 623-5178	Weekly	48
POD	Jef Kiley	Southwest Iowa Foot and Ankle	Council Bluffs	(712) 623-5178	Weekly	48
PULM	Lon Keim	Pulmonary Associates	Omaha	(712) 552-9700	2x Monthly	24
URL	Gernon Longo	The Urology Center PC	Omaha	(402) 397-9800	2x Monthly	24
VAS	David Vogel	Nebraska Medicine	Omaha	(402) 552-3015	2x Monthly	24

Page Co, Iowa - Healthcare Resource Directory

Emergency Numbers

Police/Sheriff **911**

Fire **911**

Ambulance **911**

Non-Emergency Numbers

Page County Sheriff (712) 542-5193

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) 374-2274
Tabor	(712) 629-2295	(712) 629-2295
Hamburg	(712) 382-1313	(712) 382-1303

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	515-725-3333
Hispanic Center, Shenandoah	712-246-2153
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	515-281-5655
Iowa Department on Aging	515-725-3326
Iowa Division of Labor	515-242-5870
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	1-712-323-6863
Long-term Care Ombudsman	1-866-236-1430
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	712-382-0644

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	712-629-7215
First Baptist Church - Hamburg	712-382-2591
First Baptist Church - Malvern	712-624-8257
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, Shenandoah	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	712-542-3720
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	515-281-3747
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	712-246-2520
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	515-243-8137
Displaced Homemaker Program	712-623-9505 or 800-432-5852
Easter Seals for Disabled Farmers	515-289-1933
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

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)	712-246-7129
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 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 Joni Ernst	202-224-3254 D.C. or 515-234-4574 H.Q.
Cindy Azne- Representative	202-225-5476 D.C.
Or Council Bluffs Office	712-890-3117
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 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	712-246-7400
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]

a) Patient Origin Source Files

[VVV Consultants LLC]

Page County (IHA)	Inpatient		
Hospital	YR17	YR16	YR15
Report Totals:	1,191	1,254	1,151
Shenandoah - Shenandoah Medical Center	434	511	447
Clarinda - Clarinda Regional Health Center	337	351	353
MRKT Share - Local Hospitals	64.7%	68.7%	69.5%
Page County (IHA)	Emergency		
Hospital	YR17	YR16	YR15
Report Totals:	7,149	7,349	8,138
Clarinda - Clarinda Regional Health Center	3,492	3,533	3,743
Shenandoah - Shenandoah Medical Center	3,019	3,179	3,812
MRKT Share - Local Hospitals	91.1%	91.3%	92.8%
Red Oak - Montgomery Co. Memorial Hospital	354	296	300
Others	112	122	100
Hamburg - George C Grape Community Hospital	73	96	74
Council Bluffs - Methodist Jennie Edmundson Hospital	58	77	63
Council Bluffs - CHI Health Mercy Council Bluffs	41	46	46

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Page Co CHNA Wave #3 Town Hall - WED 2/13/2019 11:30-1:00pm N=38

Attend	Last	First	Organization	Title	City	ST	ZIP
1	Babe	Heather	Shenandoah Medical Center	provider	Shenandoah	IA	51601
1	Brown	Maggie	Clarinda Regional Health Center	HR and Regulatory Affairs	Clarinda	IA	51632
1	Bruce	Danelle	Southwest Iowa MHDS Region	Disability Services Director	Council Bluffs	IA	51503
1	Christiansen	Haley	Shenandoah Medical Center	HR Manager	Shenandoah	IA	51601
1	Dougherty	Chuck	Shenandoah Medical Center	CIO	Shenandoah	IA	51601
1	Erdman	Jessica	Page County Public Health	Administrator	Clarinda	IA	51632
1	Erickson	Diamond	Page County Public Health	Nurse	Clarinda	IA	51632
1	Farwell	Elaine	Clarinda Chamber of Commerce	Executive Director	Clarinda	IA	51632
1	Folsom	Ashlee	Nebraska AIDS Project Southwest Iowa	Prevention and Outreach Specialist for SW IA	Omaha	NE	68114
1	Gallagher	Joan	Taylor County Public Health	Administration	Bedford	IA	50839
1	Gilmore	Molly	Clarinda Regional Health Center	Population Health Manager	Clarinda	IA	51632
1	Grebert	Dennis	Shenandoah Medical Center	Board Member	Shenandoah	IA	51601
1	Gredys	Ashely	Shenandoah Medical Center	Foundation Director	Shenandoah	IA	51601
1	Hanna	Suzanne	Shenandoah Medical Center	RN/Care Coordinator	Shenandoah	IA	51601
1	Henstorf	Kurt	First Heritage Bank	President	Shenandoah	IA	51601
1	Hobson	Mary	WestRidge Quality Care	Social Services Director	Clarinda	IA	51632
1	Jonathan	Moe	Shenandoah Medical Center	COO	Shenandoah	IA	51601
1	Jones	Greg	Clarinda Regional Health Center	Director of Ancillary Services	Clarinda	IA	51632
1	Kloberdans	Ed	Shenandoah Medical Center	Board Member	Shenandoah	IA	51601
1	Lindquist	Tina	Shenandoah Medical Center	Executive Assistant	Shenandoah	IA	51601
1	Livengood	Kimm	Shenandoah Medical Center	Chronic Care Nurse	Shenandoah	IA	51601
1	Maynes	Katie	Shenandoah Medical Center	Marketing Specialsit	Shenandoah	IA	51601
1	McKee	Diane	Catholic Charities	Program Manager	Council Bluffs	IA	51503
1	Mersnick	Frann	League of Human Dignity	Outreach Coordinator	Council Bluffs	IA	51501
1	Morris	Chuck	Clarinda Regional Health Center	Marketing Director	Clarinda	IA	51632
1	Neal	Kaley	Shenandoah Medical Center	CFO	Shenandoah	IA	51601
1	Nordyke	Chuck	Clarinda Regional Health Center	CEO	Clarinda	IA	51632
1	Oswald	Amanda	Shenandoah Medical Center	Clinic Director	Shenandoah	IA	51601
1	Powers	Brandy	Page County Public Health	Assistant Administrator	Clarinda	IA	51632
1	Riedel	Renee	Clarinda Economic Development	Executive Director	Clarinda	IA	51632
1	Roop	Amy	Clarinda Regional Health Center	Director of Clinic and IT	Clarinda	IA	51632
1	Runyan	Cheryl	Crestview Care Center	Administrator	Clarinda	IA	51632
1	Sells	Matt	Shenandoah Medical Center	CEO	Shenandoah	IA	51601
1	Sharma	Sapana	Catholic Charities DV/SA Program				
1	Sleyster	Rick	First Presbyterian Church	Rev.	Shenandoah	IA	51601
1	Spiegel	Ryan	Shenandoah Medical Center	Director of Marketing	Shenandoah	IA	51601
1	Tarascio	Victoria	Miller Orthopedic Specialists		Council Bluffs	IA	51503
1	Witthoft	Sue	Elm Heights	Administrator	Shenandoah	IA	51601

Page County IA: Town Hall Meeting Notes 2/13/2019 11:30am-1:00pm N=38

Tab 1: There is a Veteran Clinic, but people go to Omaha.

Tab 2: Poverty is a problem.

Tab 3: Healthy school lunches. School nurses / health is good.

Tab 4: Vaccines are good.

Tab 6: Suicide could be an issue, but data doesn't say so. Yes, opioids are a problem. Other drugs: Meth, synthetics-Fentanyl. Adderall is overused.

Tab 7: Smoking- e-cig problems. Alcohol is a problem. Underreported STI screenings. There is a lack of safety-net services. Diabetes numbers?

Tab 8: Public health information is good.

Tab 10: Access to exercise should be green---is it correct? Outside exercise options compared to options indoor gyms need to be improved?

Strengths:

- Good School Systems
- Primary Care
- Wait times in ER are low
- Food Pantry's
- Physical Therapy and Rehab services
- Hospital collaboration
- Community Engagement
- Doctor to Patient ratio
- Public Health Dept collaboration
- Clarinda Free Clinic
- Access to Advocacy
- Ambulance Services

Things to Improve:

- Drug Abuse (Opioid/Meth)
- Affordable Housing
- Mental Health (Diagnosis / Care/ After care)
- Reproductive Health Education
- Unemployment (economic Development)
- Senior Care
- Violence/abuse
- Awareness of services
- HC transportation
- Affordable HC insurance
- Teen HC services
- Provider retention
- Obesity / nutrition / wellness / access to healthy foods
- Community development (outdoor walking areas)
- Medicaid at Dentists
- Specialty Providers (Pul/ENT/Rhu/Endo/Psych/Cardiac)
- COPD- Pulmonary
- Chronic Diseases / Heart Disease
- Dialysis Services

Wave #3 CHNA - Page County IA

Town Hall Conversation - Strengths (Color Cards) N= 40

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
2	ACC	Access to healthcare	18	EDU	School district/education
4	ACC	Access to healthcare	19	EDU	Strong Schools
5	ACC	Good access to healthcare	14	EMER	Crisis Response
6	ACC	Multiple resources	20	EMER	ER
11	ACC	Availability of services/groups	23	EMER	Emergency services
14	ACC	Health care Access	24	EMER	Emergency services
15	ACC	Resources are available	25	EMER	Emergency Services
17	ACC	Primary Provider Access	2	EMS	EMS and ER
18	ACC	Access to primary care providers	5	EMS	EMS is very valuable and strong
19	ACC	Access to primary care providers	19	EMS	Lifenet and EMS
21	ACC	Employee access to wellness center	21	EMS	EMS
21	ACC	Range of Services	18	FAC	Healthcare facility
23	ACC	Healthcare services available locally	28	FAC	Adequate Facilities
24	ACC	Range of Services	10	FIT	Access to exercise
26	ACC	Hospital Access	14	FIT	Access to exercise
27	ACC	Access to Care	17	FIT	Access to fitness options
28	ACC	Access to Healthcare	18	FIT	Exercise availability
29	ACC	Access to providers	30	FIT	Access to exercise
31	ACC	Access to Care	13	FP	Family Practice providers
33	ACC	Access to advocacy services	1	HOSP	2 hospitals for care access
35	ACC	Number of services	2	HOSP	2 hospitals
36	ACC	Access to advocacy services	7	HOSP	2 great hospitals in our community
2	AGE	Long term care facilities	10	HOSP	2 Hospitals
1	AMB	Good reports on ambulance/ER	12	HOSP	Hospitals working together
14	AMB	Strong Ambulance Service	15	HOSP	Good hospitals
16	AMB	Ambulance Services	16	HOSP	Critical Care Access Hospital
20	AMB	Ambulance Services	8	IP	Inpatient care
26	BH	Mental Health Crisis Center	13	IP	Inpatient Care
2	CHUR	Numerous faith development/churches	19	IP	Inpatient Care
4	CHUR	Faith development	3	NH	Great nursing homes
1	CLIN	Walk-in clinic available for care	3	NUTR	Food pantries
3	CLIN	Free Clinic	4	NUTR	Food Pantry
7	CLIN	Nodaway Valley Free Clinic	6	NUTR	Sprouts garden
10	CLIN	Free Clinic	14	NUTR	Food Pantry
14	CLIN	Free Clinic	14	NUTR	Food Pantry
16	CLIN	Free Clinic	33	NUTR	Food Security
17	CLIN	Free Clinic	36	NUTR	Food security
18	CLIN	Free Clinic	1	OBG	OBGYN full time providers
20	CLIN	Providers/Walk in Clinic	11	OBG	OBGYN services
22	CLIN	Collaborative Health Clinics	3	PHY	PT/OT
5	COMM	Willingness of hospitals/ pub health to collaborate	21	PHY	PT
12	COMM	Public Health Collaboration	23	PHY	Rehab services
18	COMM	Partnership	24	PHY	PT/OT
28	COMM	Partnerships	13	PNEO	Prenatal services- available
31	COMM	Willingness to collaborate	6	PREV	Screenings preventatives
32	COMM	Partnerships	14	PREV	Preventative Care
35	COMM	Collaboration	19	PREV	Preventative Care
36	COMM	Collaboration	3	PRIM	PCP
2	CORP	Community part willingness to lead	14	PRIM	Access Primary Care
3	CORP	Community events	16	PRIM	Primary Care Providers
4	CORP	Community participation	21	PRIM	PCP
5	CORP	Willingness of people to stand up as community leaders	31	PRIM	Primary Care Providers

Wave #3 CHNA - Page County IA

Town Hall Conversation - Strengths (Color Cards) N= 40

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
8	CORP	Community Collaboration	5	QUAL	Number of educated young individuals
9	CORP	Community Serving agencies working together	9	QUAL	# of providers/quality of providers
14	CORP	Community Identity	12	QUAL	People who care get involved
15	CORP	Committee People that want to make improvements	12	QUAL	Dedicated providers
26	CORP	Community working together	14	QUAL	Sense of Common Good
26	CORP	Several Community Programs	31	QUAL	Overall satisfaction
29	CORP	Communities working together	2	REC	Walking path
33	CORP	Community	3	REC	Good walking path at Leid Center
34	CORP	Strong community leaders	4	REC	Walking path/Lied Center
35	CORP	Community involvement	7	REC	Parks- trails and access to exercise
36	CORP	Community Involvement	11	REC	Outdoor space for rec
36	CORP	Strong Community Leaders	27	REC	Fitness Centers
36	CORP	Community Participation	33	SMOK	Smoking cessation program
3	DOCS	Good doctor to patient ratio	36	SMOK	Smoking cessation
10	DOCS	PT Ratio	1	SPEC	Offer specialists at clinics
25	DOCS	Providers	3	SPEC	Specialists come to us
30	DOCS	Good ratio of docs for population	16	SPEC	Specialty Clinics
31	DOCS	Recruiting	22	SPEC	Access to specialty clinics
32	DOCS	Number of providers	23	SPEC	Outreach specialty services
36	DOCS	Providers	27	SPEC	Access to specialty clinics
7	DOH	Public Health Department	30	TRAV	Small commute for work
9	DOH	Public Health	14	VET	VA Clinic
10	DOH	You have Public Health	16	VET	VA Programs
20	DOH	Public Health/VA	17	VET	VA Clinic
7	DRUG	Application for federal grant money for opioid education	19	VET	VA Clinic
2	ECON	Economic development	29	WAIT	Low ER Wait Time
2	EDU	Education- good school system	30	WAIT	Low wait ER times
3	EDU	Schools	3	WELL	Community wellness programs
4	EDU	Great Schools	20	WELL	Wellness/Health Awareness
14	EDU	Schools	24	WELL	Wellness Services
15	EDU	Good schools	20	WELL	Wellness/Health Awareness
			24	WELL	Wellness Services

Wave #3 CHNA - Page County IA

Town Hall Conversation - Weakness (Color Cards) N= 40

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
2	ACC	more services for teens and parents	27	MRKT	Awareness of Services
5	ALZ	Alzheimers support groups	28	MRKT	Awareness of local health services
1	BH	Mental Health	32	MRKT	Awareness of Services
2	BH	More mental health providers and resources	35	MRKT	Awareness of available services
3	BH	More mental health services	36	MRKT	Awareness of local health services
3	BH	Mental Health	37	MRKT	Awareness of local healthcare providers
4	BH	More mental health providers and resources	1	NUTR	Better access to affordable food and restaurants
5	BH	Behavioral Services	19	NUTR	Healthy Foods
6	BH	More access to mental health	29	NUTR	Limited access to food
7	BH	Health Behavior	31	NUTR	Healthier Food Options
7	BH	Access to mental healthcare	2	OBES	Obesity
8	BH	Mental Health	4	OBES	Obesity
9	BH	Mental Health	9	OBES	Obesity Numbers
10	BH	Mental Health	24	OBES	Obesity Rates
11	BH	Mental Health Service	25	OBES	Obesity
12	BH	Mental health awareness and training	25	OBES	Blood pressure
19	BH	Mental Health	26	OBES	Obesity
20	BH	Mental health	27	OBES	Obesity
23	BH	Mental Health	29	OBES	Adult/Child obesity
24	BH	Access to mental health services	30	OBES	Obesity
26	BH	Mental Health	32	OBES	Obesity
27	BH	Mental Health Providers	35	OBES	Obesity rates
29	BH	Mental Health	36	OBES	Obesity
30	BH	Mental Health	37	OP	More community support for outpatient services
31	BH	Mental Health Providers	6	OTHR	Spiritual health support
32	BH	MH Awareness	10	OTHR	Employment readiness
33	BH	Mental Health Services	25	OTHR	Anything to equalize social determinants of health
34	BH	Long time mental health care	36	OTHR	Unemployment
36	BH	Mental Health	39	OTHR	Unemployed
39	BH	Mental Health Access	22	PEDS	Peds doctors
40	BH	Mental Health care Availability	23	PEDS	Pediatric Providers
6	CARD	Cardiovascular Diabetes	9	PNEO	Prenatal Program
5	CHRON	Chronic Disease prevention	23	PNEO	Prenatal care in 1st semester
6	CHRON	Chronic Disease prevention	10	POP	Population decline
20	CHRON	Chronic Disease	1	POV	More charity care
29	CHRON	Chronic Disease	5	POV	Homeless people
30	CHRON	Chronic Care	6	POV	Employment/Poverty
33	CHRON	Chronic disease prevention	6	POV	Homlessness
37	CHRON	Management of chronic conditions	7	POV	Food insecurity
38	CHRON	Chronic conditions	7	POV	Poverty
9	CLIN	Clinic	8	POV	Poverty
21	CLIN	Free Clinic, MH, substance abuse	9	POV	Poverty numbers concerning communitywide
3	CORP	A place to meet/hang out that isn't a bar or restaurant	27	POV	Poverty
5	DENT	Medicare/Medicaid dentistry	28	POV	Poverty/Food insecurity
18	DENT	Dentists who don't take medicaid	30	POV	Food insecurity
25	DENT	Dentists that accept medicaid	32	POV	Poverty
5	DIAL	Dialysis	32	POV	Food Insecurity
28	DOCS	Provider Rentention	33	POV	Food insecurities
2	DRUG	Drug use	33	POV	Poverty
3	DRUG	Drug problem	34	POV	Food insecurity

Wave #3 CHNA - Page County IA

Town Hall Conversation - Weakness (Color Cards) N= 40

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
4	DRUG	Drug use	21	PREV	Need preventative education
5	DRUG	Drug Abuse	25	PREV	Well preventative care
6	DRUG	Drug Abuse	36	PREV	Wellness and Prevention
8	DRUG	Opiod drugs/addiction	38	PREV	Wellness/Prevention
19	DRUG	Drug use	7	QUAL	Lack of knowledge
24	DRUG	Drug Abuse	35	QUAL	Test results response
26	DRUG	Opiod drugs/addiction	19	SMOK	Smoking cessation
28	DRUG	Opiod/drugs	23	SMOK	Smoking cessation
29	DRUG	Opioids	26	SMOK	Smoking cessation
30	DRUG	Drug use	12	SPEC	Add additional service lines(specialities)
31	DRUG	Process for drug addiction	20	SPEC	Specialty docs
32	DRUG	Sub use	24	SPEC	Specialty Providers
33	DRUG	Drug abuse/misuse	36	SPEC	More specialty providers
36	DRUG	Drug Abuse	37	SPEC	More specialty providers
37	DRUG	Opiod monstrosity	19	STD	STD Education
39	DRUG	Drug Abuse Treatment	21	STD	STD Screening
4	ECON	Economic Challenges	22	STD	STDs
24	ECON	Fiscal Opportunities	23	STD	STDs
34	ECON	Financial circumstances	36	STD	STD's
5	FAM	Family planning for teens	39	STD	STD's and family planning
12	FAM	Better reproductive service/education	8	SUIC	Suicide Education
1	FIT	Better access for exercise	10	TECH	Internet/Fiber
4	FIT	Access to exercise	1	TOB	Youth education on tobacco prevention
31	FIT	Gym	22	TPRG	Teen pregnancy
10	HOUS	Housing	3	TRAN	Transportation
33	HOUS	Lack of affordable housing	4	TRAN	Transportation to appointments
34	HOUS	Affordable housing	5	TRAN	Transportation
36	HOUS	Affordable Housing	6	TRAN	Transportation
11	INSU	Insurance coverage	11	TRAN	Transportation
26	INSU	Insurance Availability	22	TRAN	Transportation
28	INSU	Uninsured	33	TRAN	Transportation-> Appointments
29	INSU	Healthcare affordability	36	TRAN	Transportation
36	INSU	Uninsured/Underinsured	38	TRAN	Access/Transportation
38	INSU	Underinsured	8	TRAV	Travel to care
39	INSU	Uninsured	33	VIO	Violence Prevention
8	KID	Child care access	34	VIO	Community discussions on violence prevention
34	KID	Access to childcare and transportation	3	WELL	Support groups
8	MRKT	Awareness of services	12	WELL	Education on wellness and preventative education
12	MRKT	Awareness Of medical/mental health services	20	WELL	Education on wellness and preventative education
21	MRKT	Need to advertise availability of services	12	WELL	Education on wellness and preventative education
22	MRKT	Awareness of programs/supports offered	20	WELL	Education on wellness and preventative education

c) Public Notice & Requests

[VVV Consultants LLC]

E Mail CHNA Request

From: Matthew Sells, President and CEO

To: Page County IA - Stakeholders & Key Staff

Date: 12/4/18

Subject: 2018 CHNA Community Feedback Request

Over the next three months, **Shenandoah Medical Center (SMC), Clarinda Regional Health Center (CRHC) and Page County Health Department** are partnering together to conduct a 2019 Page County (IA) Community Health Needs Assessment (CHNA).

Your feedback / suggestions regarding current community health are very important to collect in order to complete our comprehensive 2019 Community Health Needs Assessment and Implementation Plan.

To accomplish this work, a short online survey has been developed. All responses are confidential. Thank you in advance for your time and support in participating with this important request.

Please complete CHNA Round #3 online survey by Friday, January 4th 2019.

https://www.surveymonkey.com/r/PageCoIA_CHNA_2019

In addition, please **hold Tuesday, February 12, 2019 (11:30-1pm)** to attend a working lunch session at the Greater Shenandoah Historical Museum. More information will be coming in early January.



Shenandoah Medical Center (SMC), Clarinda Regional Health Center (CRHC) and Page County Health Department are partnering together to conduct a 2019 Page County (IA) Community Health Needs Assessment (CHNA).

In addition to serving as a useful tool for problem identification, CHNAs also become an instrument for evaluating community success in addressing priority health concerns. CHNAs typically include data from well-established sources, as well as data collected from community members during the town hall meeting. Vince Vandehaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, KS) has been retained to conduct this community wide research.

To continue this work, you are invited to a Page County Town Hall meeting on **Wednesday, February 13th from 11:30 a.m. to 1:00 p.m. in the Delmonico Room of the Greater Shenandoah Historical Society Museum at 800 W. Sheridan Ave. Shenandoah, IA 51601.** Through this process, we will be able to learn what specific county-wide health areas require the most urgent attention.

Please RSVP by clicking on the following link:

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

Thank you for your consideration and participation. If you have any questions about CHNA activities, please contact Tina at tindquist@smchospital.com, 712-246-7101.



For Immediate Release

Released: January 10, 2019

Contact: Tina Lindquist, Shenandoah Medical Center

SMC, CRHC and Page Co. Health Dept to host Page County, IA Community Health Needs Assessment Town Hall Feb 13th, 2019

Shenandoah Medical Center (SMC), Clarinda Regional Health Center (CRHC) and Page County Health Department (PCPH) are partnering together to invite the public to participate in a Community Health Needs Assessment Town Hall roundtable on **Wednesday, February 13th from 11:30 a.m. to 1:00 p.m.** The Town Hall roundtable will be held in the **Delmonico Room of the Greater Shenandoah Historical Society Museum at 800 W. Sheridan Ave. in Shenandoah.** A light lunch will be served at 11:15 a.m.

This event is being held to identify and prioritize the health needs of Page County residents. Feedback from the event will also serve to fulfill both federal and state mandates. Vince Vandehaar, principal consultant at VVV Consultants LLC. from Olathe, Kansas, has been hired to facilitate this meeting.

"Every community has different health care needs" states CRHC CEO Chuck Nordyke. "We hope to get input from a broad set of our county residents to help focus our facilities' efforts on improving health." said Matthew Sells, President and CEO of SMC.

For more information, please contact, Tina Lindquist at tlindquist@smchospital.com.

d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

CHNA 2019 Community Feedback - Page County IA N=307

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1007	51601	Good	Increasing - moving up	ACC	CLIN		Access to doctor care. Limited hours unless you use walk in clinic
1299	51636	Good	Increasing - moving up	ACC	EMER	BH	Patient access to care, Emergency center care and mental health care.
1192	51566	Good	Increasing - moving up	ACC	EMER	CLIN	Providing evening and weekend walk in coverage is very important. Too expensive to go to ER when not really needed. After hours pharmacy would also be helpful. When a patient goes to one of the after hours facilities, the pharmacies are not open that late.
1117	51632	Good	Not really changing much	ACC			a business where a patient may purchase/rent durable medical equipment and supplies such as compression stockings, knee scooters, etc.
1156		Poor	Decreasing - slipping downward	ACC			Access to care (too many students must travel to CB or Neb for ortho, PT, mental health, etc.)
1184	51601	Good	Increasing - moving up	ADD	DRUG		Partnering with existing organization in enhanced response to addictions and opioid addictions in particular.
1213		Average	Decreasing - slipping downward	ALL	BH		health care utilization, mental health
1066		Good	Not really changing much	ALL			there is always room for improvement
1222		Good	Increasing - moving up	ALL			All services need to be improved
1176	51601	Average	Increasing - moving up	BH	ACC		mental health is an issue -- access to practitioners
1002	51601	Good	Increasing - moving up	BH	CHRON	FINA	Mental Health, and Chronic diseases. There is not enough funding for either of these areas. We have no mental health facilities to send individuals that are in serious need. Chronic diseases are so expensive that some patients can not afford the treatment or we can't get funding for them.
1195	51632	Good	Increasing - moving up	BH	CHRON		Mental health care is a problem. Access to a licensed psychiatrist or psychologist is impossible. We also need better options for caring for our chronically mentally ill and demented patients. The MHI used to offer this option but we no longer have options for these folks.
1207	51632	Very Good	Decreasing - slipping downward	BH	CHRON		Mental health and chronic disease management are two huge challenges moving forward.
1271	51632	Good	Increasing - moving up	BH	CHRON		health related factors, mental health, chronic disease
1106	51601	Very Good	Increasing - moving up	BH	DRUG	ALC	Mental health, drug/alcohol abuse
1053	51601	Good	Decreasing - slipping downward	BH	DRUG		mental health drug rehab
1134	50833	Average	Decreasing - slipping downward	BH	DRUG		Mental Health Here in our county is a need Drug Use especially Meth is raising
1250	51632	Good	Increasing - moving up	BH	DRUG		I think mental health issues need addressed more and the growing drug issues
1026	51601	Good	Not really changing much	BH	ECON	SPEC	Availability to mental health services, community economics/demographics, continued recruitment of specialists
1255	51632	Very Good	Increasing - moving up	BH	FAC		Mental health is a major concern in our area. It is difficult to find beds and adequate treatment for these patients.
1132	50857	Good	Not really changing much	BH	POV		mental health for sure and for those who have no ins due to lack of income.
1276	51632	Good	Increasing - moving up	BH	POV		The Regional mental health funding out of Council Bluffs must be encouraged to provide much needed funding to the service providers. For some reason, the Region thinks hiring service coordinators themselves is a solution; it is not. The providers that are actually providing mental health services need more money to operate and less hassles from the Region when specific funding is needed for residents of the county. An issue that was not addressed anywhere in the survey is homelessness. There is nothing available. We have people living in tents at the park in the winter because there is nothing available.
1171	51601	Poor	Not really changing much	BH	PRIM	POV	Need to work on mental health resources and primary care physician resources to help those who are in poverty level.
1044	51601	Good	Not really changing much	BH	REC		more inpatient mental health facilities. Our community needs a community fitness center for all ages i.e. YMCA. Kids don't have a good place to go and play on a daily basis especially when it's cold outside.
1224	51632	Average	Increasing - moving up	BH	SPEC	PEDS	Needs to be increased availability for mental health services. Increased availability of specialist that will see pediatric patients.
1157	51632	Very Good	Increasing - moving up	BH	SUIC		mental health care is very poor in this area, the rate of suicide or attempted suicide is very high meth use is very high in sw iowa
1019	51601	Good	Increasing - moving up	BH	TELE		Mental/Behavioral Health needs more providers. Takes too long to see a psychiatrist or an ARNP in this field. I know one of the area's mental health facilities is offering telehealth at their office here in Shenandoah.
1289	51601	Good	Not really changing much	BH	TRAN	ACC	MENTAL health-lack of services in our local area. TRANSPORTATION-very limited after 3pm, increase cost for rural people. In town its \$2.00 for a ride to see your doctor if you are over 60 but rural and under 60 pay a much higher rate. ACCESS to CARE for TEENS- STI testing, treatment, birth control, education for prevention
1139	51651	Good	Increasing - moving up	BH	WELL		We need an increase in mental health specialists / providers. Especially ones with prescriptive authority. Also, increased access to health knowledge (programs, in-services, school talks, etc.)
1011	51638	Good	Increasing - moving up	BH			More Mental Health resources (medical providers and counselors) who see all insurance types
1014		Average	Not really changing much	BH			There needs to be more services that are readily available for mental health issues.
1037	51601	Good	Increasing - moving up	BH			access to mental health

CHNA 2019 Community Feedback - Page County IA N=307

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1049		Very Good	Not really changing much	BH			Mental healrh
1050	51601	Good	Increasing - moving up	BH			more accessibility to mental health services
1057		Average	Increasing - moving up	BH			The number of mental health doctors in the area of mental health. Not therapists, but ones that can actually prescribe medications for mental health issues such as bipolar depression
1061	51645	Good	Not really changing much	BH			Mental health availability esp for teens/children
1063	51601	Average	Increasing - moving up	BH			mental health resources
1067	51638	Good	Not really changing much	BH			What does the community have related to support groups.. not just AA type groups but groups for teens wanting to talk/vent, parenting groups, loss of loved ones groups.. this would relate to mental health in my opinion
1073	51601	Average	Not really changing much	BH			Mental health services, substance abuse treatment
1087	64491	Very Good	Increasing - moving up	BH			I would like if we got more mental health focused providers in the area, which I know they've been looking but I think it would be wonderful for our patients
1092	51601	Good	Increasing - moving up	BH			mental health
1113	51601	Good	Increasing - moving up	BH			Access to mental health care
1121	51601	Good	Decreasing - slipping downward	BH			Mental Health is hurting! Takes a long time to find placement for these patients at appropriate higher levels of care.
1131	51601	Average	Increasing - moving up	BH			mental health
1145	51601	Average	Not really changing much	BH			promoting mental health in a positive way not just focusing on people who have a diagnosis, but on how people can maintain mental health. (yoga, mindfulness) decreasing suicides & drug use.
1147	51601	Good	Increasing - moving up	BH			Access to mental health care
1150		Very Good	Increasing - moving up	BH			Mental health issues need to be enhanced, primarily due to state political issues.
1153	51632	Good	Increasing - moving up	BH			Mental health needs addressed
1160	51638	Good	Increasing - moving up	BH			Mental health access
1165	51632	Very Good	Increasing - moving up	BH			Mental Health
1166	51653	Good	Increasing - moving up	BH			Mental Health services
1172	51601	Average	Not really changing much	BH			We definitely need more resources for mental health issues in our community.
1181	51601	Good	Not really changing much	BH			We need more mental health support
1193	51638	Good	Increasing - moving up	BH			Mental health providers are needed.
1200	51601	Very Good	Increasing - moving up	BH			availability of mental health services, especially prescribers
1201	51638	Good	Increasing - moving up	BH			Mental health department lacks in the number of providers at the clinic
1205		Very Good	Increasing - moving up	BH			Mental health... desperately
1208	51632	Good	Not really changing much	BH			psych. A psychiatrist would help much.
1209	51601	Good	Not really changing much	BH			More access to mental health services
1217	51632	Good	Decreasing - slipping downward	BH			Mental health
1220	51632	Good	Not really changing much	BH			Mental Health is a huge concern.
1232	51632	Good	Increasing - moving up	BH			I wish there was more places for people in a mental health crisis to go.
1234	51646	Good	Not really changing much	BH			MENTAL HEATH ISSUES
1235	51652	Average	Increasing - moving up	BH			MENTAL HEALTH
1237	51632	Good	Not really changing much	BH			mental health more available
1292	51632	Poor	Not really changing much	BH			low cost health care needs and mental health
1297	51601	Good	Increasing - moving up	BH			More access to high-quality mental health services is needed.
1300	51601	Good	Increasing - moving up	BH			Mental health needs to be a higher priority across the state.
1305		Average	Not really changing much	BH			mental health for youth,
1307	51652	Very Good	Increasing - moving up	BH			Need more psychiatric providers
1182		Average	Not really changing much	BILL			billing issues and accuracy wait times to just pay a bill lab wait times
1291	51601	Good	Increasing - moving up	BILL			Billing is a nightmare. Getting bills from 8 months ago is not acceptable.
1006	64482	Good	Increasing - moving up	CHRON	WELL		I feel that Chronic Care Management/Patient Centered Medical Home needs improvement not only in keeping patient's out of the ER but also keeping them from having multiple appointments in a short time span for issues that can be resolved at home. I think that more patient education should be provided.
1126	51601	Average	Increasing - moving up	CLIN	DOCS		Ability to make an appointment when ill. Walk-in clinic is supposed to be available but one never knows if it is. There seems to be a need for good family practitioners like Dr. Babe. Dr. Wilkenson took Mondays off and Dr. Smith takes Friday off, so that is three days without office time for them. Mary Tuggle, the phone nurse, was a phenomenally good service to patients but her position has never been refilled. Dr. Akkad is allowed to see way too many patients. No one doubts his competence but people are looking for other cardiologists who can spend more than three minutes with them. The wellness center should provide classes or special times for elderly and very heavy/out of shape people as they do for young athletes. There is a great need for more water exercise space.
1099	51632	Average	Not really changing much	CLIN			longer walk in hours at both clinics, especially on the week ends
1221		Good	Increasing - moving up	CLIN			More walk in clinics

CHNA 2019 Community Feedback - Page County IA N=307

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1110		Good	Increasing - moving up	COMM	EMER		guidelines for walk in need to be marketed more. Not many patients know what walk in will and wont see so we move patients to er quite frequently
1004	51632	Good	Not really changing much	COMM			We assess health-related factors, but what is the next step? Do we have policies that address determinants of health and how to provide interventions to the patients to get them the help they need?
1030	51639	Good	Increasing - moving up	COMM			COMMUNICATION between departments--can be very chaotic and confusing if the patient is here for more than one appointment.
1115	51601	Very Good	Increasing - moving up	COMM			Continued partnership opportunities between SMC and CRHC.
1169	51503	Good	Increasing - moving up	CONF	INSU	STD	Page county has very few resources for confidential access to reproductive health services for people who are uninsured. Birth control, pregnancy testing, STI testing and treatment are all hard to access for youth and uninsured/under insured people
1012	51632	Good	Increasing - moving up	DENT			Parent education for children dental needs and assessments
1197	51639	Good	Increasing - moving up	DERM			Increase dermatology services as providers are limited.
1273	51601	Very Good	Increasing - moving up	DERM			You r working on the lack of dermatology on regular daily or at least weekly basis so really no complaints.
1261	51632	Poor	Decreasing - slipping downward	DOCS	QUAL		Clarinda needs better doctors that give a damn
1137	51632	Very Good	Not really changing much	DOH			I feel there needs to be an increase in public education in this community to make people aware of the causes and treatments for pneumonia and COPD.
1074	51601	Good	Increasing - moving up	DRUG	ALCU		We need drug and alcohol counseling for teens.
1183	51638	Very Good	Increasing - moving up	DRUG	BH		Drug Addiction and Mental Health
1187		Good	Increasing - moving up	DRUG			drug abuse
1270	51652	Average	Decreasing - slipping downward	DRUG			I'm a little concerned about the legalized marijuana i Iowa. The use/misuse and any trickle down side effects need to be tracked(how it may be affecting other family members, how is it kept safe from family members, does it interfere with job/workforce, long-term side effects, etc.)
1016		Very Good	Increasing - moving up	HH			Home healthcare for patients with limited income or none. for CNA to help assist after nursing home or hospital stays.
1031		Good	Increasing - moving up	HOSP			I use to work at another hospital that received Clarinda's specimens. 90% of the time, the samples were mislabeled. When I went to Clarinda as a patient, my samples were mislabeled several times. I'm VERY pleased that Shenandoah does not have this mistake
1151	51501	Poor	Decreasing - slipping downward	IM			More internal medicine physicians
1112	51601	Average	Not really changing much	INSU	TPRG		The need for private birth control for our youth. If they seen their physician then their parents are notified because it goes through insurance and they are billed for the office visit. Many don't want their parents knowing they are in need.
1174	51652	Good	Increasing - moving up	INSU			We need more coverage by providers.
1227	51632	Average	Increasing - moving up	INSU			I feel like insurance limitations are our biggest problem
1228	51632	Average	Not really changing much	KID	DOH		Increase well child check up and eliminate "sports physicals". Report shots given in IRIS,the Ia Dept of Public Health database. Report blood lead tests to IDPH. Health providers-keep ahead of prescription renewals so the patient doesn't run out of meds then get an appt with their health provider.
1301	51601	Poor	Decreasing - slipping downward	MAN			Starts from the top, clean house, and start over
1051	51601	Good	Increasing - moving up	MRKT			I think that a lot of people that need to know we offer this aren't hearing about it. Getting the news out there needs to be worked on.
1035	51632	Good	Increasing - moving up	NO			Not that I can think of at this time.
1043		Good	Increasing - moving up	NO			no
1054	51601	Good	Not really changing much	NO			No
1100	64446	Good	Not really changing much	NO			I am not able to say at this time.
1124	51632	Average	Increasing - moving up	NO			Not at this time.
1140	51601	Good	Increasing - moving up	NO			not sure
1161	51601	Very Good	Increasing - moving up	NO			I am satisfied.
1023	51632	Good	Not really changing much	NUTR	FIT		No cost/Low cost health programs for families: all ages (ie, healthy eating, exercise classes for parents AND kids) = family goals, action plans, and engagement
1244	51601	Very Good	Increasing - moving up	OBES	BH		A focus on obesity may help with lots of overall health issues in our community including but not limited to depression, COPD, GERT, high BP, etc.
1175	51601	Very Good	Increasing - moving up	OBES	DRUG		Obesity, narcotic abuse, illegal substance abuse
1246	51601	Very Good	Increasing - moving up	OBES	NUTR		I will would to meet with someone and they give me a 2-4 week simple plan to eat the appropriate foods and serving sizes and other tips to drop some weight. Let's start with just 5 pounds.
1009	51601	Very Good	Increasing - moving up	OBES	SMOK		We have a high population of over weight smokers. That is affecting the health of the next generation
1225	51632	Good	Decreasing - slipping downward	OBES	URL	BH	Obesity. Mental health & urology (surgery)
1136	51601	Poor	Not really changing much	OBG	DERM		High risk OB doctors. More access to specialty doctors like dermatologist.
1163		Good	Increasing - moving up	OBG			Improvement in hospital obstetrics areas
1219	51632	Average	Increasing - moving up	OBG			Clarinda has 2 amazing pediatric doctors but why no OB doctors
1296		Average	Not really changing much	OBG			Yes. Obstetrics.
1303	51632	Average	Not really changing much	OBG			Clarinda needs Obstetrics.

CHNA 2019 Community Feedback - Page County IA N=307

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1094	51601	Good	Not really changing much	POV			health-related factors - developing more resources for the financial unstable population we come across frequently (for food, meds, necessary housing items)
1143	51601	Very Poor	Decreasing - slipping downward	POV			Shenandoah is a very low poverty area we need more doctors that care about patients and there health regardless of three situation and want there patients to succeed and be healthy not just a quota or paycheck or passing out pills
1162	51652	Average	Decreasing - slipping downward	POV			Poor sick people moving into the county
1290	51503	Good		PREV	WELL		Preventive health, Health education customize to focus pressing issues which could include diet, exercise, smoking, alcohol apart from age appropriate screening
1238	51601	Good	Decreasing - slipping downward	PRIM	BILL		Ability to get appointments with primary care doctors in a timely manner. Billing needs improved as hard to read statements and bills not sent out in timely manner. Not enough detail on statements.
1064	51636	Good	Decreasing - slipping downward	PRIM			training and increased awareness on the impact of childhood and adult trauma on the health of citizens; primary care providers should be much more aware of the impact of trauma and incorporate appropriate trauma services into their healthcare services.
1210	51632	Average	Increasing - moving up	QUAL	POV		healthcare costs and quality of time with your physician needs to improve, it is not affordable. Need to improve the time on a waiting list and we need respite care and home for abused women and people in general that need to leave a household or the homeless.
1090	51601	Average	Not really changing much	SMOK	NUTR	ALC	Health related factors such as smoking, eating, and drinking habits. Feel we need for education and help for people.
1288	51601	Very Good	Not really changing much	SMOK	NUTR	ALC	health-related factors (i.e. smoking, eating and drinking habits etc)
1280	51632	Good	Decreasing - slipping downward	SMOK	NUTR	BH	smoking with those E cigs has increased. Seems our food choices are continuing to be poor. Mental health is a crisis we need more options for mental health care. Chronic disease seems to be younger and on the rise. those are the top issues that we could focus on.
1109	51601	Good	Increasing - moving up	SMOK			smoking
1123	51601	Good	Not really changing much	SPEC	DERM	ORTHO	Have more specialists available in each community. Such as dermatologist, oral surgeon, and others that could be available one day a week depending on need.
1078	51601	Good	Increasing - moving up	SPEC			Area hospitals should work together to provide more local specialty services instead of competing and providing the same specialty services.
1179	51601	Good	Increasing - moving up	STD	WELL	DENT	Healthcare directed towards adolescents and young adults. Safe sexual practices in order to prevent STI's are not being taught to this age group. Page County has very high STI rates compared to other counties in the region. Lack of dental care for Medicaid patients in an issue in Page County. Obesity is also a concern everywhere.
1084	51637	Average	Not really changing much	STD			STD rates among high school aged children
1185	51601	Good	Increasing - moving up	STFF	ACC		Better access to receiving healthcare in a quick manner. Not have all the medical staff not being available at the same time or having Fridays off.
1177	51601	Average	Not really changing much	TPRG			Teen pregnancy and sexual education at all levels
1186	50864	Good	Not really changing much	TRAN	POV	BH	I have no suggestions on how to address it, but transportation is a chronic problem - both hours available and affordability. Social workers at both facilities do a great job of trying to connect people to resources to help meet their needs, but poverty continues to be a barrier for folks getting the care they need. There continues to be a need for high quality psychiatric prescribers - doctors or midlevel.
1167		Good	Decreasing - slipping downward	TRAN	SPEC	ACC	need to help people find transportation to appointments including dialysis need more specialists to come to community, for example neurology, endocrinology, mental health professionals that can prescribe. If they are already coming, many of them are booked out months
1022	51601	Good	Not really changing much	TRAN			transportation is lacking for rural Iowa.
1116	51632	Good	Not really changing much	TRAN			Transportation to and from medical appointments. More options are needed.
1122	51601	Very Good	Increasing - moving up	TRAN			These small towns need a better transportation system that allows them to get to and from clinic appointments and ER visits. Transportation is a significant barrier to access to health care.
1274	51537	Good	Increasing - moving up	TRAV	CLIN		Working with the local WIC Clinics in the area, not just Page county, but surrounding areas. There are patients that live in those communities, but feel that they have to drive other places, when they have resources closer to them.
1048	51601	Poor	Decreasing - slipping downward	TRAV	HOSP		Trying to provide patient care locally, ie, keeping patients in hospital locally rather than transferring them to the cities.
1033	51601	Average	Increasing - moving up	TRAV			Any areas of improvement would require we were located in a metropolitan area
1302	51632	Very Good	Increasing - moving up	URG	BH		Availability of urgent cares and more mental health services
1266	51601	Good	Increasing - moving up	WAIT	BH		I find it hard to get into my primary care doctor. I do not visit the clinic regularly. However, when I need to see my doctor she is always full. It usually takes a three to four days to get in to her. She is very knowledgeable and I would rather see her then who happens to be available. Quality mental health for children is always a need.
1055	51601	Poor	Decreasing - slipping downward	WAIT	QUAL		Cannot get appts. in a timely manner, quality of care, misdiagnosis.

CHNA 2019 Community Feedback - Page County IA N=307

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1065	51638	Average	Not really changing much	WAIT			I don't go to the doctor often, but when I am sick it's practically impossible to get a same day appointment.
1267		Good	Increasing - moving up	WAIT			Wait times for the walk in clinic could be improved.
1275	51601	Good	Increasing - moving up	WAIT			Timely answers to medical tests. Results, diagnosis and treatment options can take weeks.
1294	51601	Good	Increasing - moving up	WAIT			Shorter wait times for ER visits
1189	51601	Good	Increasing - moving up	WELL	DRUG		more community education, services to combat meth abuse
1283	51601	Good	Increasing - moving up	WELL	ECON		I think socio-economic factors are a big determinant in our local health care, and while community groups have done what they can to educate and encourage, there is only so much that can be done, if people aren't willing to accept their own responsibility. A long way of saying, no, I think all is being done, but those factors will be an ongoing concern.
1020	51601	Average	Increasing - moving up	WELL	TPRG		Greater attention and a push for the education and resources for the sexual health of high school age students would be a benefit. I've noticed an upward trend of teen pregnancy and sti's in that age group.
1029	51632	Average	Not really changing much	WELL			In community health they need to understand the importance of health care and not abuse it
1218	51640	Good	Not really changing much	WELL			I think we talk more about it and more information to read and resource
1226	50864	Good	Not really changing much	WELL			Yes I think we need more community outreach & education

CHNA 2019 Community Feedback - Page County IA N=307

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1039	51638	Good	Not really changing much	ACC	REC	SNUR	So much of health ties into opportunities & access - with a higher proportion of elderly & lower income, access to recreation (walking/biking) would create a social aspect to increase emotional health, attachment to community, and physical health. Essex is starting a "Walking Program" for kids during school year in school gym when school resumes - giving kids the opportunity to walk & increase activity level, for "prizes". Many smaller schools like Essex have a school nurse one day a week - less access. I think there are definitely opportunities to partner with smaller communities - via school, Essex Community Club, city and developing education & recreational/activity for all ages.
1155	51638	Average	Not really changing much	AGE	HH		Assistance with elderly care in the home
1228	51632	Average	Not really changing much	ALL			Why not strengthen what is already out there so a dent can be made into the data that shows we need to improve?
1090	51601	Average	Not really changing much	ALZ	WELL		Dementia caregiver support groups - for the caregiver and family members Dementia prevention - more education to help patients possible learn things to prevent dementia
1280	51632	Good	Decreasing - slipping downward	BH	AGE	STD	I would like to see more health options for seniors 65+ and look into some more STD health prevention for our teenagers.
1112	51601	Average	Not really changing much	BH	DENT	FAM	Mental Health, Dental for Medicaid patients and Family Planning for our youth.
1073	51601	Average	Not really changing much	BH	DRUG	OP	More mental health services. More providers to treat mental health in an outpatient setting. Perhaps partner with Zion to offer more substance abuse education to schools and offer more access to treatment. Mental health including substance abuse is a huge problem in southwest Iowa.
1074	51601	Good	Increasing - moving up	BH	DRUG		Teen and young adults need better programs for mental health and drug treatment
1165	51632	Very Good	Increasing - moving up	BH	OBG		mental health services, ob
1103	51601	Good	Increasing - moving up	BH	SUIC		Mental Health Services are always needed. We do have limited resources here and they are often hard to get in to see. There are a lot of preteens and teens in the community who could benefit from a program for suicide prevention and a safe place to discuss their issues.
1122	51601	Very Good	Increasing - moving up	BH	TRAN		Mental Health needs to be more available 24/7 in the community. Free or low cost transportation for health care needs needs to be available 24/7.
1297	51601	Good	Increasing - moving up	BH			Mental Health contract with the Schools to provide direct services to students and families.
1250	51632	Good	Increasing - moving up	BH			Mental Health Services
1210	51632	Average	Increasing - moving up	BH			Respite and more mental health care programs in the rural areas
1209	51601	Good	Not really changing much	BH			Mental health services
1201	51638	Good	Increasing - moving up	BH			Mental health out reach
1183	51638	Very Good	Increasing - moving up	BH			More Mental Health providers
1181	51601	Good	Not really changing much	BH			Need localized mental health resources
1178	51646	Good	Not really changing much	BH			mental Health
1172	51601	Average	Not really changing much	BH			New mental health facility.
1157	51632	Very Good	Increasing - moving up	BH			MENTAL HEALTH
1151	51501	Poor	Decreasing - slipping downward	BH			More mental health programs
1140	51601	Good	Increasing - moving up	BH			We don't have enough mental health providers the waiting list to see one is months out
1134	50833	Average	Decreasing - slipping downward	BH			Mental Health
1093	51601	Very Good	Increasing - moving up	BH			We need more access for Mental Health issues
1092	51601	Good	Increasing - moving up	BH			mental health
1224	51632	Average	Increasing - moving up	CHRON	DIAB	BH	Chronic Disease Management Diabetes Education Increased Mental Health Services availability
1292	51632	Poor	Not really changing much	CLIN	INSU		Low cost clinics, assistance with insurance information, 24 hour clinic so we dont have an ER bill for a night visit.
1273	51601	Very Good	Increasing - moving up	COMM	CORP		We have good partners within the county services and NE Med Partnerships between the school and clinic for health, wellness and nutrition.
1266	51601	Good	Increasing - moving up	COMM			Collaboration is key. Bring existing groups together so that everyone knows what is out there for services for families.
1220	51632	Good	Not really changing much	COMM			I would like to see more of a group effort with the hospitals and the communities they serve. As well as working with other hospitals to address the needs of our perspective communities.
1226	50864	Good	Not really changing much	CORP	COMM		Partner with city and county to provide free to reasonable health care to employees
1049		Very Good	Not really changing much	CORP	FINA		Partnering with CRHC is a great idea! Developing a community garden with cooking classes
1094	51601	Good	Not really changing much	CORP	NUTR		Stop competing. If one facility offers orthopedic services, the other shouldn't compete, try to offer something else so we have more local options available. I think a Community Paramedicine program would benefit the entire area.
1078	51601	Good	Increasing - moving up	CORP			

CHNA 2019 Community Feedback - Page County IA N=307

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1193	51638	Good	Increasing - moving up	DENT	POV		More availability of dental care to low income families.
1246	51601	Very Good	Increasing - moving up	DERM			Need Dr. of Dermatology.
1025	51639	Very Good	Increasing - moving up	DIAB			diabetes
1050	51601	Good	Increasing - moving up	DRUG	BH		There is need for more substance abuse treatment and more mental health treatment.
1270	51652	Average	Decreasing - slipping downward	DRUG			I think drug abuse/use in our community is a great concern. I think legalizing marijuana needs to be closely monitored.
1200	51601	Very Good	Increasing - moving up	DRUG			More providers needed in the substance abuse area. Currently only Zion Recovery Services
1180	51601	Good	Increasing - moving up	ENDO	KID		Endocrinology needs and more access to childcare
1124	51632	Average	Increasing - moving up	FAM			Parenting classes and education with area wide strategies would benefit people in these communities.
1004	51632	Good	Not really changing much	FIT			access to exercise
1189	51601	Good	Increasing - moving up	HOSP	BH		another hospitals and mental health facilities
1136	51601	Poor	Not really changing much	HSP	OBG	BH	Hospice, high risk OB, mental health
1088	51601	Good	Increasing - moving up	IP	PSY		inpatient psychiatric services, short term "acute" psychiatric services
1243	51651	Good	Not really changing much	KID	COMM		It would be nice to partner with children's hospital. Having to go every 6 months at least is difficult and especially in the winter
1067	51638	Good	Not really changing much	KID			I think partnering with the schools would be great! Health starts young. I would LOVE to see the schools integrate more that 2 recesses for preschool-elementary. Many BOYS NEED that extra movement to stay focused and get in trouble less at school. This could lessen the need for some ADD meds. Big health need in my view and other boy moms opinion
1037	51601	Good	Increasing - moving up	MRKT			I don't have enough information on the current programs to have a valid opinion.
1051	51601	Good	Increasing - moving up	NO			I would need more time to think on this
1197	51639	Good	Increasing - moving up	OBES	BH		obesity, mental health issues
1002	51601	Good	Increasing - moving up	OBES	STD		We need more awareness that there is a Board certified Obesity Management physician in Shenandoah. Free STD testing, some kind of education in the schools on STD.
1227	51632	Average	Increasing - moving up	OBES			Weight management programs
1166	51653	Good	Increasing - moving up	OBES			Comprehensive obesity management
1106	51601	Very Good	Increasing - moving up	OBES			Obesity counseling
1061	51645	Good	Not really changing much	OBES			child obesity/wellness
1054	51601	Good	Not really changing much	OBES			More need for both Adults AND Children for obesity and getting healthy.!
1009	51601	Very Good	Increasing - moving up	OBES			Obesity awareness.
1303	51632	Average	Not really changing much	OBG			Again, obstetrics in Clarinda.
1296		Average	Not really changing much	OBG			Obstetrics.
1091	51632	Good	Increasing - moving up	PHY			Pt. medication set up/management
1207	51632	Very Good	Decreasing - slipping downward	POP			Population Health
1260	51640	Good	Not really changing much	POV	INSU		I'm handicapped. Awareness in the community sucks when it comes to our needs. If you are rich you can buy what you need to cope, if poor like just middle class, expenses are big, insurance does not exist, it's hard to ask others for help as it is dehumanizing to beg.
1023	51632	Good	Not really changing much	POV			No cost / low cost programs for families to engage family involvement in healthy lifestyles (as previously outlined)
1026	51601	Good	Not really changing much	PREV	INSU	REC	Preventative care - coupling with insurance companies. if you make all your wellness visits, decrease A1C, decrease smoking, regularly attend the gym, etc, - decrease insurance premiums.
1275	51601	Good	Increasing - moving up	PREV			Prevention services using outside providers would be an advantage to many residents
1044	51601	Good	Not really changing much	PSY	STD		We need more psych facilities in the whole state of Iowa. More teaching on STD's in schools need to be done in this area. We are one of the leading counties on STD's.
1116	51632	Good	Not really changing much	PSY			psychiatric services are needed in Clarinda
1225	51632	Good	Decreasing - slipping downward	REC	BH	OBES	Heart healthy activities. Mental health opportunities. Community education to prevent obesity.
1192	51566	Good	Increasing - moving up	REC	FIT		Exercise facilities and the help with cost.
1126	51601	Average	Increasing - moving up	REC	ORTH		Year around water exercise for arthritic and inform exercise treatment.
1298	51601	Very Good	Increasing - moving up	REC			I think many new programs are being initiated at this point. A community fitness center that would include equipment from the current medical facility, the city owned fitness center with the addition of a gym, walking area, meeting rooms for community health education etc. would be awesome.
1217	51632	Good	Decreasing - slipping downward	SPEC			Specialty services
1019	51601	Good	Increasing - moving up	SPEE	NUTR		We are currently partnering with Clarinda and sharing a speech therapist. Another area could be a dietician as we have a great need for some additional help in this department.
1289	51601	Good	Not really changing much	STD	BH		Access to care for TEENS, STI testing and treatment, birth control. More mental health providers.
1169	51503	Good	Increasing - moving up	STD	CONF		STD testing/treatment and access to birth control -- confidential and sliding -fee

CHNA 2019 Community Feedback - Page County IA N=307

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1179	51601	Good	Increasing - moving up	STD	VACC	AGE	STI testing and education in schools. Education on the importance of adolescent vaccines and dr checkups. More Elderly care programs (elderly exercise initiatives, fall prevention, diabetes prevention).
1301	51601	Poor	Decreasing - slipping downward	STD			sex education -- it is needed very much
1177	51601	Average	Not really changing much	STD			Comprehensive sexual education
1033	51601	Average	Increasing - moving up	STD			A quick and cheap STD testing program should be available. Douglas County tests for around \$20, and we do not have a facility that can test this cheaply and I feel this is a big deterrent to people being tested. People do not have hundreds of dollars to spend for STD testing and are not going to travel to Omaha just for this service.
1195	51632	Good	Increasing - moving up	TRAN	ACC		We need better public transportation so patrons can access care more effectively.
1174	51652	Good	Increasing - moving up	TRAN	BH		Affordable Transportation and mental health outreach
1274	51537	Good	Increasing - moving up	TRAV	WIC		Working with West Central Community Action and the WIC Program. There are patients that live in surrounding areas that often have to travel for other services when they are in their local communities.
1302	51632	Very Good	Increasing - moving up	URG	BH		share urgent care hours, one weekend Clarinda, one weekend Shenandoah. Inpatient Mental Health unit
1276	51632	Good	Increasing - moving up	VET	BH	POV	The VA office (not the local Page Co VA), must understand vets need mental health services without having to travel to Omaha or Des Moines. There are providers in the area but the VA refuses to pay providers for the service. In addition, a homeless shelter is needed.
1161	51601	Very Good	Increasing - moving up	VET			Veteran health
1011	51638	Good	Increasing - moving up	VIO	ALC	DRUG	Assist financially with Domestic Violence program (Holly's Hope) to help victims with safe housing, Alcohol and Drug treatment facility and programs are needed in this community as well
1139	51651	Good	Increasing - moving up	WELL			Community support groups / educational classes for specific health needs or life events (young mother support group, STI prevention talks, cardiac patient support groups etc.)
1013	51601	Good	Increasing - moving up	WELL			More community wellness opportunities
1012	51632	Good	Increasing - moving up	WELL			More integrated education in health fairs and schools

Community Health Needs Assessment Wave #3 YR 2019 - Shenandoah Medical Center & Clarinda Regional Health Center/ Page County IA

Let Your Voice Be Heard!

Shenandoah Medical Center, Clarinda Regional Health Center and Page County Health Department are partnering together to update the 2016 Page County (IA) Community Health Needs Assessment (CHNA). To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery since last CHNA report.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention to complete online survey! Deadline to participate is Friday, January 4, 2019.

Community Health Needs Assessment Wave #3 YR 2019 - Shenandoah Medical Center & Clarinda Regional Health Center/ Page County IA

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

- | | |
|---------------------------------|---------------------------------|
| <input type="radio"/> Very Poor | <input type="radio"/> Good |
| <input type="radio"/> Poor | <input type="radio"/> Very Good |
| <input type="radio"/> Average | |

Community Health Needs Assessment Wave #3 YR 2019 - Shenandoah Medical Center & Clarinda Regional Health Center/ Page County IA

2. When considering "overall community health quality", is it ...

- | | |
|--|--|
| <input type="radio"/> Increasing - moving up | <input type="radio"/> Decreasing - slipping downward |
| <input type="radio"/> Not really changing much | |

Why? (please specify)

3. Past Community Health Needs Assessment's (CHNA's) review areas like health resources, patient access to care, health-related factors (i.e. smoking, eating and drinking habits etc), social determinants of health, health care utilization, area health status (i.e. mortality, mental health, chronic disease rates etc.), and community economics & demographics.

In your opinion, are there any Healthcare services or delivery issues that you feel need to be improved, worked on and/or changed? (Please be specific)

4. In your own words, what is the general community perception of Healthcare providers (i.e. hospitals, doctors, public health, etc.) serving our community? (Be specific)

5. From past CHNAs, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Available Insurance | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Awareness of Local Healthcare Services | <input type="checkbox"/> Economic Development | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Child Care Access | <input type="checkbox"/> Internet/Telecommunications | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Child/Infant Immunization | <input type="checkbox"/> Mental Health (Prevention, Placement, Aftercare) | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity (Nutrition/Exercise) | <input type="checkbox"/> Veteran Care |
| <input type="checkbox"/> Domestic/Sexual Abuse | <input type="checkbox"/> Retain Providers | <input type="checkbox"/> Walking Trails/Biking Paths |

Community Health Needs Assessment Wave #3 YR 2019 - Shenandoah Medical Center & Clarinda Regional Health Center/ Page County IA

6. Which past CHNA need is the "most pressing" for improvement? Please select top THREE.

- | | | |
|---|---|--|
| <input type="checkbox"/> Available Insurance | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Awareness of Local Healthcare Services | <input type="checkbox"/> Economic Development | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Child Care Access | <input type="checkbox"/> Internet/Telecommunications | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Child/Infant Immunization | <input type="checkbox"/> Mental Health (Prevention, Placement, Aftercare) | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity (Nutrition/Exercise) | <input type="checkbox"/> Veteran Care |
| <input type="checkbox"/> Domestic/Sexual Abuse | <input type="checkbox"/> Retain Providers | <input type="checkbox"/> Walking Trails/Biking Paths |

Community Health Needs Assessment Wave #3 YR 2019 - Shenandoah Medical Center & Clarinda Regional Health Center/ Page County IA

7. In your opinion, what are the root causes of "poor health" in our community? Please select top THREE.

- | | |
|---|--|
| <input type="checkbox"/> Lack of health & wellness education | <input type="checkbox"/> Elder assistance programs |
| <input type="checkbox"/> Chronic disease prevention | <input type="checkbox"/> Family assistance programs |
| <input type="checkbox"/> Limited access to mental health assistance | <input type="checkbox"/> Lack of awareness of existing local programs, providers, and services |
| <input type="checkbox"/> Case management assistance | <input type="checkbox"/> Poverty |

Other (please specify)

Community Health Needs Assessment Wave #3 YR 2019 - Shenandoah Medical Center & Clarinda Regional Health Center/ Page County IA

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care Services	<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"/>
Dental Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optomtrist Services	<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"/>
Home Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community Health Needs Assessment Wave #3 YR 2019 - Shenandoah Medical Center & Clarinda Regional Health Center/ Page County IA

9. How would our community area residents rate each of the following health services? Con't

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<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"/>
Nursing Home Services	<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"/>
Pharmaceutical Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Treatment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community Health Needs Assessment Wave #3 YR 2019 - Shenandoah Medical Center & Clarinda Regional Health Center/ Page County IA

10. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Caregiver Training Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Childhood Development Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food & Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Secure Grants / Finances to Support Local Health Initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, scoliosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Community Health Readiness is vital. How would you rate each of the following? (Continued)

	Very Good	Good	Fair	Poor	Very Poor
Spiritual Health Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal / Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Disease Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment & Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Prevention & Cessation Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In the past 2 years, did you or someone you know receive Healthcare services outside of our community?

- ☐ Yes
 ☐ I don't know
 ☐ No

If YES, please specify the healthcare services received.

13. Are our Healthcare organizations, providers and stakeholders actively working together to address community health?

☐ Yes

☐ I don't know

☐ No

Please explain

Community Health Needs Assessment Wave #3 YR 2019 - Shenandoah Medical Center & Clarinda Regional Health Center/ Page County IA

14. What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others? (Please be specific)

Community Health Needs Assessment Wave #3 YR 2019 - Shenandoah Medical Center & Clarinda Regional Health Center/ Page County IA

15. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? (Please select all that apply)

☐ Abuse/Violence

☐ Lead Exposure

☐ Sexually Transmitted Diseases

☐ Alcohol

☐ Mental Illness

☐ Smoke-Free Workplace

☐ Breast Feeding Friendly Workplace

☐ Nutrition

☐ Suicide

☐ Cancer

☐ Obesity

☐ Teen Pregnancy

☐ Diabetes

☐ Ozone

☐ Tobacco Use

☐ Drugs/Substance Abuse

☐ Physical Exercise

☐ Vaccinations

☐ Family Planning

☐ Poverty

☐ Water Quality

☐ Heart Disease

☐ Respiratory Disease

☐ Wellness Education

16. For reporting purposes, are you involved in or are you currently part of any of the following? (Please select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Business / Merchant | <input type="checkbox"/> EMS / Emergency | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Community Board Member | <input type="checkbox"/> Farmer / Rancher | <input type="checkbox"/> Parent / Caregiver |
| <input type="checkbox"/> Case Manager / Discharge Planner | <input type="checkbox"/> Hospital / Health Dept | <input type="checkbox"/> Pharmacy / Clinic |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Housing / Builder | <input type="checkbox"/> Media (Paper/TV/Radio) |
| <input type="checkbox"/> College / University | <input type="checkbox"/> Insurance | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Consumer Advocate | <input type="checkbox"/> Labor | <input type="checkbox"/> Teacher / School Admin |
| <input type="checkbox"/> Dentist / Eye Doctor / Chiropractor | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Elected Official - City/County | <input type="checkbox"/> Mental Health | |

Other (please specify)

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 00544 or 95305



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VVV Consultants LLC is an Olathe, KS based “boutique” healthcare consulting firm specializing in Strategy; Research and Business Development services. We partner with clients. Plan the Work; Work the Plan