

# **Community Health Needs Assessment**

## **Cherokee County, IA**

On Behalf of Cherokee Regional Medical Center



**October 2022**

VVV Consultants LLC  
Olathe, KS

# Community Health Needs Assessment

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# I. Executive Summary

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# I. Executive Summary

## Cherokee Regional Medical Center – Cherokee County, IA - 2022 Community Health Needs Assessment (CHNA)

The previous CHNA for Cherokee County was completed in 2019. (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 #4 Cherokee County, IA CHNA assessment began in May of 2022 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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 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. **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.

## County Health Area of Future Focus on Unmet Needs

Area Stakeholder held a community conversation to review, discuss and prioritize health delivery. Below are two tables reflecting community views and findings:

2022 CHNA Priorities - Unmet Needs				
Cherokee County, IA on Behalf of Cherokee Reg Medical Ctr				
CHNA Wave #4 Town Hall - August 25, 2022				
Primary Service Area ( 39 Attendees / 152 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (OP access) / Crisis Services	31	20.4%	20%
2	Obesity (Nutrition / Exercise)	18	11.8%	32%
3	Cancer	12	7.9%	40%
4	Disease Prevention / Wellness (Education)	12	7.9%	48%
5	Awareness of Healthcare Services	11	7.2%	55%
6	Substance Abuse (Drugs/Alcohol/Smoking)	11	7.2%	63%
7	Transportation (All)	8	5.3%	68%
8	Suicide	8	5.3%	73%
9	Dialysis	7	4.6%	78%
	<b>Total Votes</b>	<b>152</b>	<b>100%</b>	
Other unmet health needs / operational issues receiving votes: Admitting Privileges, Hospice House, Housing Availability, Urgent Care, Title 19 Provider Coverage, Workforce Staffing, Smoking / Vaping, Access to Telehealth, Single Families, Pregnancy Support Services, Involvement of Healthy Families				

## Town Hall CHNA Findings: Areas of Strengths

Cherokee, IA - Community Health Strengths Recalled			
#	Topic	#	Topic
1	Community Collaboration (Attendance and Funding)	6	Insurance Options for Business Community
2	Active Younger Populace	7	Quality of Life Options
3	Access to Providers	8	Police and Fire Support
4	Access to EMS	9	Visiting Specialists
5	Public Health	10	Strong Hospice Services

### Key CHNA Wave #4 Secondary Research Conclusions found:

**IOWA HEALTH RANKINGS:** According to the 2022 Robert Woods Cherokee County Health Rankings, Cherokee County, IA Average was ranked 25<sup>th</sup> in Health Outcomes, 79<sup>th</sup> in Health Factors, and 64<sup>th</sup> in Physical Environmental Quality out of the 99 Counties.

**TAB 1.** Cherokee County's population is 11,235 (based on 2019). About six percent (5.5%) of the population is under the age of 5, while the population that is over 65 years old is 24.7%. As of 2019, 2.7% of citizens speak a language other than English in their home. Children in single parent households make up a total of 25.4% compared to the rural norm of 18.2%, and 89.6% are living in the same house as one year ago.

**TAB 2.** In Cherokee County, the average per capita income is \$32,999 while 11.1% of the population is in poverty. The severe housing problem was recorded at 6.1% compared to the rural norm of 10.9%. Those with food insecurity in Cherokee County is 9.0%, and those having limited access to healthy foods (store) is 1.8%. Individuals recorded as having a long commute while driving alone is 17.4% compared to the norm of 25.4%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Cherokee County is 40.5%. Roughly ninety-three percent (93.1%) of students graduated high school compared to the rural norm of 90.3%, and 22.2% have a bachelor's degree or higher.

**TAB 4.** The rate per 1,000 of births where prenatal care started in the first trimester is 818.6 and 48.7 of births in Cherokee County have a low birth weight. The percent of all births occurring to teens (15-19) is 57.5 per 1,000.

**TAB 5.** The Cherokee County primary care service coverage ratio is 1 provider (county based office physician who is a MD and/or DO) to 1,415 residents. There were 5,164 preventable hospital stays in 2018 compared to the Rural Norm of 3,453.

**TAB 6.** In Cherokee County, 15.9% of the Medicare population has depression. The average mentally unhealthy days last reported (2018) is 3.6 days in a one-week period, while the age-adjusted suicide mortality rate (per 100,000) is 15.4.

**TAB 7a – 7b.** Cherokee County has an obesity percentage of 35.1% and a physical inactivity percentage is 24.2%. The percentage of adults who smoke is 19.3%, while the excessive drinking percentage is 24.7%. The Medicare hypertension percentage is 58.7%, while their heart failure percentage is 15.7%. Those with chronic kidney disease amongst the Medicare population is 25.7% compared to the rural norm of 21.0%. The percentage of individuals who were recorded with COPD was 15.7%. Cherokee County recorded as three percent of individuals having had a stroke at 3.0%.

**TAB 8.** The adult uninsured rate for Cherokee County is 6.0% (based on 2019) compared to the rural norm of only 6.2%.

**TAB 9.** The life expectancy rate in Cherokee County for males and females is eighty years of age (80.0). Alcohol-impaired driving deaths for Cherokee County is 42.9% while age-adjusted Cancer Mortality rate per 100,000 is 178.0. The age-adjusted heart disease mortality rate per 100,000 is at 165.8.

**TAB 10.** A recorded seventy-seven percent (77.5%) of Cherokee County has access to exercise opportunities. Those reported having diabetes is 11.0%. Continually, fifty-two percent (52.0%) of women in Cherokee County seek annual mammography screenings compared to the rural norm of 48.3%.

## Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=259) provided the following community insights via an online perception survey:

- Using a Likert scale, average between Cherokee County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 71.1%.
- Cherokee County stakeholders are satisfied with some of the following services: Community Collaboration (Attendance and Funding), Active Younger Populace, Access to Providers, Access to EMS, Public Health, Insurance Option for Business Community, Quality of Life Options, Police and Fire Support, Visiting Specialists, New Day Care Center, Strong Hospice Services, Health Services to the Schools, and High Quality Health Care Services.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental health (OP Access) / Crisis Services, Obesity (Nutrition / Exercise), Cancer, Disease Prevention / Wellness (Education), Awareness of Healthcare Services, Substance Abuse (Drugs / Alcohol / Smoking), Transportation (All), Suicide, and Dialysis.

Cherokee Co IA - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Treatment, Aftercare)	110	24.0%		1
2	Available Child Care (Accessible, Safe and Affordable)	91	19.9%		2
3	Obesity (Nutrition / Exercise)	84	18.3%		3
4	Drugs (Opioids, Meth, Marijuana, Acid)	73	15.9%		5
5	Awareness of Services	69	15.1%		6
6	Urgent Care	69	15.1%		4
7	Smoking / Vaping	53	11.6%		14
8	Alcohol	48	10.5%		16
9	Suicides	48	10.5%		9
10	Dialysis	47	10.3%		7
11	Adverse Childhood Experiences / Parenting Skills	43	9.4%		8
12	Chronic Illnesses	43	9.4%		10
13	Hospice House	39	8.5%		15
14	Transportation	38	8.3%		12
15	Providers (OB, Primary Care)	37	8.1%		11
16	Food Insecurity	31	6.8%		13
17	Outdoor Recreational Activities	31	6.8%		19
18	Distracted Driving	29	6.3%		17
19	Domestic Violence	25	5.5%		18
20	Eye Doctors	25	5.5%		20
21	Personal Finance for Youth	16	3.5%		21
Totals		1049	100.0%		

# II. Methodology

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## 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 that 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 who 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.*).

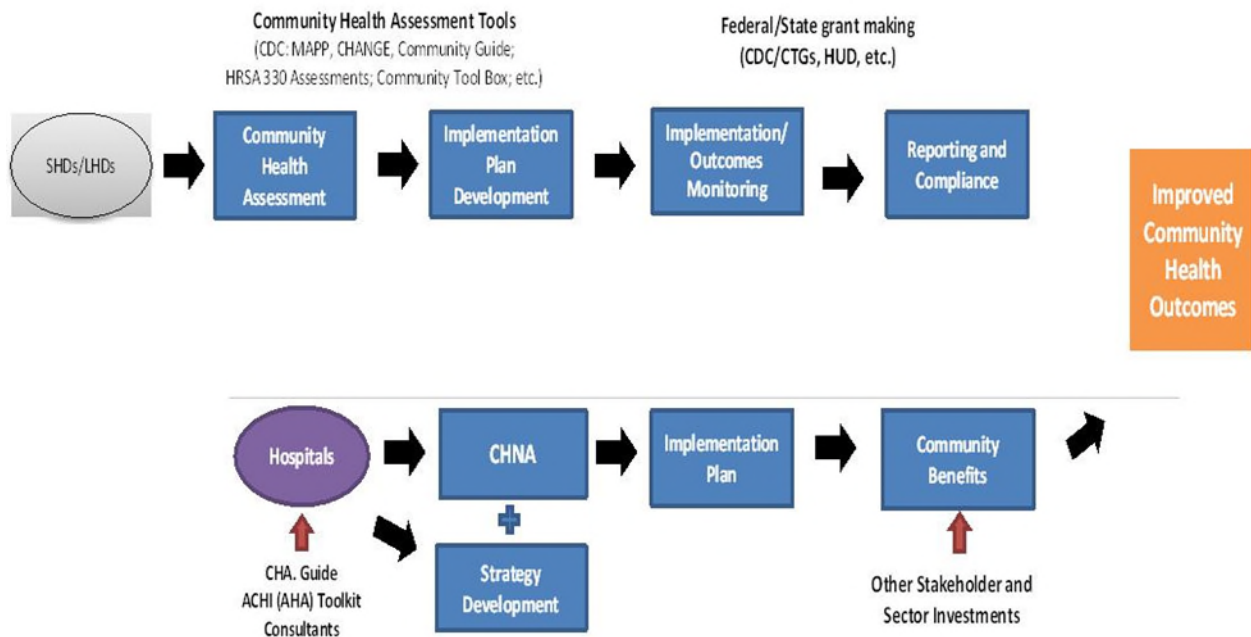
#### **JOB #2: Making a CHNA Widely Available to the Public**

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 Requirements Overview (Notice 2011-52)

### 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 complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

#### 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 Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0)(3) Last Reviewed or Updated: 21-Aug-2020**

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545 hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

### **Additional Sources of Input**

In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

### **Collaboration on CHNA Reports**

A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

### **Joint Implementation Strategies**

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations

in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

### **Adoption of Implementation Strategy**

An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body.· This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

**Acquired Facilities** A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

### **New Hospital Organizations**

An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or · The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

### **New Hospital Facilities**

A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

### **Transferred/Terminated Facilities**

A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

## **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

## MAPP Process Overview

**Mobilizing for Action through Planning and Partnerships (MAPP)** is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

**The MAPP process includes the following six phases.** It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.
3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).
4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.
5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).
6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.





## Drivers of Health Assessment & Improvement Planning

Different drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years.

### National Voluntary Accreditation Requirements

In 2011, the Public Health Accreditation Board (PHAB), in partnership with key public health organizations, launched a new national voluntary accreditation program for state, tribal, local, and territorial health departments. The standards and measures encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2). A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years. More information is available from [PHABexternal icon](#) and [CDC](#).

### CDC Grant Requirements

CDC grants often require or encourage completing a community health assessment or improvement plan. In some cases, these plans provide valuable information for identifying priority health issues or needs. Examples include ; [National Public Health Improvement Initiative \(NPHII\)](#); [Community Transformation Grants or REACH Core](#)

The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009, as adapted in [Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0 Cdc-pdf\[PDF – 536KB\]External](#), July 2011.

The Catholic Health Association defines a *community health needs assessment* as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.” Catholic Health Association, [Guide to Assessing and Addressing Community Health Needs Cdc-pdf\[PDF-1.5MB\]External](#), June 2013.

## Social Determinants of Health

What Are Social Determinants of Health?



[Social determinants of health \(SDOH\)external icon](#) are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

[Healthy People 2030external icon](#) includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the [10 Essential Public Health Services](#), public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

## II. Methodology

### b) Collaborating CHNA Parties

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

#### **Cherokee Regional Medical Center**

**300 Sioux Valley Drive, Cherokee, IA 51012**

**Phone: (712) 225-5101**

**CEO: Gary Jordan**

In 2005, Sioux Valley Memorial Hospital officially became Cherokee Regional Medical Center. Currently, CRMC serves residents of Cherokee County and the surrounding counties through a 25-bed critical access hospital; four regional clinics in Cherokee, Aurelia, Holstein and Marcus; senior housing, hospice, home health, public health, and wellness services. Cherokee Regional Medical Center continues to reexamine and renew itself in order to remain timely and true to its mission of providing quality healthcare services to the area.

#### **Providers:**

- Wesley Parker, MD
- Timothy Rice, DO
- Sean Nelson, MD
- Shelby Wigginton, MD
- Lisa Ducommun, ARNP-C
- Traci Hagen, ARNP-C
- Rebecca Mogensen-Kruger, ARNP-C
- Jeremy Vande Zande, MD
- Abby Tentinger, ARNP-C
- Patricia Harrison, MD
- Scott Murray, MD
- Timothy Taylor, DO
- Doyle Kruger, ARNP-C
- Nick Loughlin, DO
- Kristin Cedar, ARNP-C

#### **Services:**

- Ambulance
- Cardiac/Pulmonary Rehab
- Community Health
- Diabetes Education
- Home Choice/ Home Health Care
- Hospice
- Emergency/Trauma
- Laboratory
- Nursing Services
- Nutritional Services
- Occupational Health
- Obstetrics
- Pharmacy
- Physical Medicine
- Public Health
- Radiology
- Respiratory Therapy
- Senior Housing
- Specialty Clinic
- Support Groups
- Surgery
- The Fitness Center
- Wound Care

## **CHEROKEE CLINICS**

**Cherokee Regional Clinic – Cherokee**  
300 Sioux Valley Drive, Cherokee, IA 51012  
Phone: (712) 225-6265

**Cherokee Regional Clinic – Marcus**  
300 East Pine Street, Marcus, IA 51035  
Phone: (712) 376-4600

**Cherokee Regional Clinic – Holstein**  
112 North Kiel Street, Holstein, IA 51025  
Phone: (712) 368-4730

**Cherokee Regional Clinic – Aurelia**  
225 Main Street, Aurelia, IA 51005  
Phone: (712) 434-2101

### **Clinic Services:**

- Obstetrics
- Primary Care and health maintenance
- Acute Care for children and adults
- Infant and well childcare
- Adult Medicine
- Family Planning and birth control
- Routine physical exams for school, sports, camp or work
- Well-women care
- Senior health care
- Sub-specialty referrals
- Health education
- General surgery

## **SENIOR LIVING**

**The Beck**  
333 Sioux Valley Drive, Cherokee, IA 51012  
Phone: (712) 225-1185

Independent senior living communities are structured for the person who is looking for an environment that allows them the freedom to enjoy their senior years without the day-to-day management of a home and all of its responsibilities. THE BECK provides all of that and more!!!

THE BECK has 32 apartments and provides 8 solariums throughout the building for friends and family to use for clubs, visiting, card playing, etc.

THE BECK offers spacious one-, two- and three-bedroom deluxe apartments, which feature a fully equipped kitchen in each unit with an individual heating and cooling system for personal climate control. Rent includes a security system, a daily continental breakfast, noon meal (three choices each day) served in our elegant dining room, weekly apartment cleaning, central laundry facilities, enclosed garages, maintenance, utilities, sewer, water and the use of the game room, exercise area, dining room, beauty parlor and a library complete with internet access. A guest room is also available for when family members come to visit.

THE BECK offers you the privacy of your own apartment, or the company of neighbors and friends. Its location is ideal within walking distance to the hospital, doctor's office and Wellness Center. So, start enjoying your retirement years in the care-free, friendly environment of THE BECK. You will love it here!

## **FITNESS CENTER**

### **Fitness Center**

**320 Sioux Valley Drive, Cherokee, IA 51012**

**Phone: (712) 225 6858**

**Regular Hours: M-F 5:30am-9:00pm, Sat 7:30am-4:30pm, Sun 1:00pm-5:00pm**

### **Aquatic Facility:**

- 4-lane 25-yard heated pool
- Zero-degree entry pool
- Water aerobics classes (for all ages)
- Open swimming
- Two water slides
- Water mushroom
- Whirlpool

Relax in our whirlpool after a hard day of work or play or enjoy our heated swimming pool ranging in depth from 0 feet to 5 feet 6 inches.

### **Exercise Area:**

- Cardiovascular equipment
- Weight training equipment
- Special workout programs available
- Aerobic classes
- Off limits to anyone under 8th grade

The exercise area located on the second floor is available for members to use with trained staff ready to assist you in proper training techniques.

### **Gymnasium:**

- 4,200 square foot court
- A prefabricated rubber sports surface
- 95% basketball bounce return rate
- Aerobic classes
- Member activities
- Tournaments
- Summer Camps

The gymnasium will be used for open gym; you can shoot around or get involved in a pickup game. Maybe you prefer to become involved in one of the many aerobic classes or activities planned in the gymnasium.

### **Racquetball:**

- Two racquetball courts
- Tongue and grooved wood floor
- Glass viewing area
- Must be 8th grade or older to play unless accompanied by an adult

The two-racquetball courts are for members to use. The two courts may be reserved with play changing on the hour.

### **Walking / Jogging Track:**

- 3 lane walking/jogging track
- Prefabricated rubber sports surface with an additional underlay for more shock absorption
- Rest areas located around the perimeter of the track
- Strollers can be used

Surrounding the outside of the main floor is our 3-lane track. Walkers will use the inside lane and joggers the outside, and the middle will be shared. Eight laps equal one mile.

## **Cherokee Regional Medical Center Public Health**

**212 E Bow Dr, Cherokee, IA 51012**

**Administrator: Kayla Mayer**

**Hours: M-F 8:00 a.m. to 4:30 p.m.**

In 2007, Cherokee Regional Medical Center Public Health (CRMC Public Health) began providing services for Cherokee County. Since its establishment, CRMC Public Health has been dedicated to protecting the health and well-being of the citizens of the county.

**Services:** CRMC Public Health is dedicated to the prevention of disease and the maintenance of a high level of health in the family and community through education, immunization, inspection and response. While some services are available at no cost to residents of Cherokee County, others have a fee or donations based on the cost of providing the service or based on fees set through Iowa Department of Public Health guidelines and Statutes.

The following are a list of services and activities provided by CRMC Public Health:

- Vaccine for Children Provider (VFC)
- School Immunization Audits provided for all Cherokee County School, preschools, and licensed daycare centers.
- Communicable Disease Follow-up/Surveillance, Investigation and Reporting.
- Tobacco Use, Prevention and Control Community Partnerships
- Tobacco education to the area schools and work with the I-STEP (Iowa Students for Tobacco education and Prevention)
- Public Health Emergency Preparedness
- Education to WIC clinics
- Healthy Families Cherokee County – Healthy Families America Accredited
- Nursing Services
- Homemaker Services
- Medical Reserve Corp
- Suicide Prevention Coalition
- Collaboration with various local organization for the purpose of disease prevention, preparedness and educational activities.

**Immunization Program:** VFC is federally funded and provides vaccines at no cost to eligible children from birth through age 18. Eligible children include; Medicaid recipients, uninsured, underinsured (health insurance that does not cover immunizations), Native Americans and Alaska Natives. Children not meeting these criteria are advised of the options for immunizations.

CRMC Public Health holds VFC immunization clinics are held each month at the Public Health office. CRMC Public Health offers morning and afternoon clinics in order to give more options for parents to get their children immunized. Hepatitis B vaccine is provided through VFC and administered by CRMC Public Health nursing staff to all infants born at CRMC. Immunizations given are entered into the Iowa Immunization Registry Information System, commonly known as IRIS. IRIS serves as an official Electronic Health Record.

CRMC Public Health audits immunization records of those students enrolled in Cherokee County schools,

preschools and licensed daycares annually to ensure compliance with the Iowa Immunization Law.

CRMC Public Health provides education and information related to vaccine and immunization requirements, changes and alerts to local health care providers, schools and childcare/preschool providers.

**Communicable Disease Follow-up/Surveillance, Investigation and Reporting:** Iowa Department of Public Health (IDPH) collaborates with CRMC Public Health to investigate and report the occurrence of notifiable diseases. Through this information, trends are more accurately monitored; unusual occurrences of diseases (such as outbreaks) are found and appropriately responded to. This is done to better control the spread of disease and to work toward the prevention of disease.

**Tobacco Program:** The mission of the Tobacco program is to foster a social and legal climate in which tobacco use becomes undesirable and unacceptable. CRMC Public Health collaborates with the Cherokee County Decategorization Council as our Tobacco Coalition to promote Tobacco awareness, education and assistance with tobacco cessation. CRMC Public Health provides tobacco education and prevention programs to the area schools. Encouraging the schools to work with ISTEP (Iowa Students for Tobacco Education and Prevention).

Through the Tobacco Program, area medical professionals are provided with current information for Tobacco prevention and cessation tools and resources.

**Emergency Preparedness:** An all-hazards response plan is prepared and integrated into the CRMC Public Health Emergency Plan. Staff is prepared to respond to a public health emergency which is any threat to public health and safety such as an infectious disease epidemic or any event that has the potential for significant health impact to the community, such as a bioterrorism event. They are also prepared to respond in support roles in other types of emergencies or disasters.

CRMC Public Health is a member of the 3B Service Area which is composed of five adjoining counties. The General Membership of the 3B Service Area is comprised of 21 voting members: six hospitals, five public health agencies, five emergency medical assistance (EMA) agencies, and five emergency medical services (EMS) agencies.

*CRMC Public Health is a member of the Cherokee County Healthcare Coalition. In September of 2015, the HCC formed the Cherokee County Medical Reserve Corps (MRC), a group of locally organized volunteers from both medical and non-medical backgrounds. The goal of the MRC is to strengthen the health and safety of the community through participation in emergencies and disasters as well as promotion of everyday healthy living via health fairs and other community events.*

**WIC:** Mid-Sioux Opportunity contracts with CRMC Public Health nursing to provide prenatal educational nursing visits to Maternal Health clients at the monthly Cherokee WIC Clinic & MHC postpartum home visits.

**Healthy Families:**

CRMC Public Health is contracted by the Northwest Early Childhood Iowa Council (NECI) to provide Healthy Families America services in Cherokee County. Effective Jan 1, 2018, new Best Practice Standards were adopted and will remain in effect until December 31, 2021. The standards are based upon 12 research-based critical elements and are used to measure site performance for accreditation. This in-home family program provides support to families of young children (prenatally-5years of age) who may be at risk of neglect or maltreatment. Screening assessments, locating community resources, engaging parents with information to enhance their parenting skills. This work is geared to promote successful parenting and normal growth and development of our youngest citizens of Cherokee County.

**Nursing and Homemaker Services:** Nursing home visits are provided on skilled and health

maintenance levels. The skilled level provides intervention for the acutely ill or unstable condition with specified medical diagnoses and includes a plan of care from a licensed physician. Nursing (Health Maintenance) includes teaching and nursing interventions that assist consumers in managing a chronic condition and maintaining and preventing worsening of a consumer's condition through a self-care model.

The Homemaker Service provides a combined role of personal care assistance along with tasks that promote consumer health and safety through maintaining a clean home environment.

**Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP):**

The Cherokee County CHNA & HIP began February of 2016 and will continue until February of 2021. We were able to collaborate with the 2013 Cherokee Regional Medical Center (CRMC) CHNA & HIP. Due to our participation, we were allowed to use the 2013 CRMC assessment as a tool to develop our 2016 HIP. Our work on the 2013 plan, analysis of the updated statics listed in the *2015 County Health Rankings: Measures and National/State Results*, and consultation with IDPH resulted in our decision to concentrate our efforts on obesity reduction.

**Suicide Prevention**

In 2018 the Cherokee County Board of Health asked CRMC Public Health to work on education and find resources for Suicide prevention measures. This resulted in a collaboration of several community organizations including Cherokee Regional Medical Center, coming together to form a Suicide Prevention Coalition. Educational opportunities, work in the community to bring awareness of the issues, warning signs and resources for help has resulted in these efforts.



## II. Methodology

### b) Collaborating CHNA Parties Continued

#### Consultant Qualifications:

VVV Consultants LLC 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based “boutique” healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 70 unique community CHNA’s in KS, MO, IA and NE (references found on our website [VandehaarMarketing.com](http://VandehaarMarketing.com))



**Introduction: Who We Are**  
Background and Experience



**Vince Vandehaar, MBA – Principal**  
VVV Consultants LLC – *start 1/1/09 \**

- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke’s Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



**Hannah Foster – Associate Consultant**  
VVV Consultants LLC – *April 2022*

- MO Southern State – Joplin, MO
- Avila University – MBA with HC
- Hometown: Lee’s Summit, MO



**Cassandra Kahl, BHS – Director, Project Management**  
VVV Consultants LLC – *Nov 2020*

- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, WI

VVV Consultants LLC (EIN 27-0253774) began as “VVV Research & Development INC” in early 2009 and converted to an LLC on 12/24/12. Web: [VandehaarMarketing.com](http://VandehaarMarketing.com)

**Our Mission:** to research, facilitate, train, and create processes to improve healthcare delivery and uncover strategic “critical success” initiatives.

**Our Vision:** meeting today’s challenges with the voice of the market.

#### Our Values:

“Community” – Industry engagement...membership AMA KC, ACHE, EPBA, Forum and SHSMD.

“Stewardship” – Fair fees based on client, project scope, turnaround time, etc.

“Integrity” – Trustworthy delivery with numerous client recommendations / endorsements.

“Experience” – Skilled consulting; Marketing careers. We understand business because we have been there!

“Growth” – Process-driven; ongoing innovational delivery.

## II. Methodology

### c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in May of 2022 for Cherokee Regional Medical Center located in Cherokee County, IA to meet Federal IRS CHNA requirements.

In May 2022, a meeting was called amongst the Cherokee Regional Medical Center leaders to review CHNA collaborative options. <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 led to NMC 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 two-year summary was generated documenting patient draw by zips as seen below:

<i>Source: Hospital Internal Records</i>						
<b>Hospital : Cherokee Regional Med Ctr Yrs 2019-21 IP/OP/ER/Clinic</b>						
#	ZIP	City	County	3Yr TOT	%	Accum
1	51012	Cherokee, IA	Cherokee	91,070	50.4%	50.4%
2	51025	Holstein, IA	Ida	16,128	8.9%	59.3%
3	51005	Aurelia, IA	Cherokee	12,970	7.2%	66.4%
4	51035	Marcus, IA	Cherokee	10,622	5.9%	72.3%
5	51014	Cleghorn, IA	Cherokee	4,944	2.7%	75.1%
6	51049	Quimby, IA	Cherokee	4,816	2.7%	77.7%
7	51058	Sutherland, IA	O'Brien	3,976	2.2%	79.9%
8	51037	Meriden, IA	Cherokee	3,749	2.1%	82.0%
9	51061	Washta, IA	Cherokee	3,576	2.0%	84.0%
10	51002	Alta, IA	Buena Vista	3,244	1.8%	85.8%

**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 valid health indicator sources cited to document current state of county health organized as follows:

<b>Health Indicators - Secondary Research</b>
<b>TAB 1. Demographic Profile</b>
<b>TAB 2. Economic Profile</b>
<b>TAB 3. Educational Profile</b>
<b>TAB 4. Maternal and Infant Health Profile</b>
<b>TAB 5. Hospital / Provider Profile</b>
<b>TAB 6. Behavioral / Mental Health Profile</b>
<b>TAB 7. High-Risk Indicators &amp; Factors</b>
<b>TAB 8. Uninsured Profile</b>
<b>TAB 9. Mortality Profile</b>
<b>TAB 10. Preventative Quality Measures</b>

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

**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 unmet health needs was administered.

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

Complete full documentation to create each CHNA sections documented in Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on hospital website to meet government CHNA regulation criteria.

**Detail CHNA Development Steps Include:**

<p align="center"><b>Development Steps to Create Comprehensive Community Health Needs Assessment</b></p>	
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 &amp; 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 &amp; Primary Data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health). &lt; Note: Formal report will follow IRS Notice 2011-52 regs &amp; PHAB requirements. &gt;</i>
<p>VVV Consultants, LLC Olathe, KS 913 302-7264</p>	

## Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (county specific) sources of community-health level indicators:

<b>CHNA Detail Resources</b>
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention


## Sources of community-health level indicators:

- [County Health Rankings and Roadmaps](#)  
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)  
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)  
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The [Selected Metropolitan/ Micropolitan Area Risk Trends](#) project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- [CDC Wonder](#) Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- [Center for Applied Research and Engagement Systems external icon](#)  
Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- [Community Commons external icon](#)  
Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- [Dartmouth Atlas of Health Care external icon](#)  
Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- [Disability and Health Data System](#)  
Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- [Heart Disease and Stroke Prevention's Data Trends & Maps](#)  
View health indicators related to heart disease and stroke prevention by location or health indicator.
- [National Health Indicators Warehouse external icon](#)  
Indicators categorized by topic, geography, and initiative.
- [US Census Bureau external icon](#)  
Key source for population, housing, economic, and geographic information.
- [US Food Environment Atlas external icon](#)  
Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- [Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon](#)  
Research, statistics, data, and systems.
- [Environmental Public Health Tracking Network](#)  
System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- [Health Research and Services Administration Data Warehouse external icon](#)  
Research, statistics, data, and systems.
- [Healthy People 2030 Leading Health Indicators external icon](#)  
Twenty-six leading health indicators organized under 12 topics.
- [Kids Count external icon](#)  
Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a [mobile site external icon](#).
- [National Center for Health Statistics](#)  
Statistical information to guide actions and policies.
- [Pregnancy Risk Assessment and Monitoring System](#)  
State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)  
Interactive database system with customized reports of injury-related data.
- [Youth Risk Behavior Surveillance System](#)  
Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.



Specific project CHNA roles, responsibilities, and timelines are documented in the following calendar.

Cherokee Regional Medical Center			
VVV CHNA Wave #4 Work Plan - Year 2022			
Project Timeline & Roles - Working Draft as of 6/10/2022			
Step	Timeframe	Lead	Task
1	February 2022	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	2/11/2022	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	6/9/2022	VVV	Hold Kick-off Meeting. Send out <b>REQCommInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	7/1/2022	VVV	& Request Hospital Client to send NHA PO reports for FFY 19, 20 and 21. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use <b>ZipPSA_3yrPOrigin.xls</b> )
5	By 7/1/2022	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	July- August 2022	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	7/1/2022	VVV / Hosp	Prepare/send out PR story#1 / Email#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	7/4/2022	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	7/18/2022	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 8/5/2022 for Online Survey</b>
10	By 7/25/2022	Hosp	Prepare/send out to leaders the PR#2 story / Email#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	7/25/2022	VVV / Hosp	Place PR #2 story to local media / Send Email to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	8/22/2022	ALL	Conduct conference call at 9:30 a.m. with Hospital / Public HLTH to review Town Hall data / flow
13	8/25/2022	VVV	Conduct CHNA Town Hall for a working <b>Lunch (11:30a-1:00p)</b> . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 9/8/2022	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 9/16/2022	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	On or Before 9/29/2022	VVV	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 9/29/2022	VVV	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.



## Community Health Needs Assessment Town Hall Meeting – Cherokee County IA on behalf of Cherokee Regional Medical Center

**VVV Consultants LLC**  
Olathe, Kansas 66061

VandehaarMarketing.com  
913-302-7264

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### TEAM Table Assignments

Cherokee County, IA 2022 CHNA Town Hall 8/25 (11:30 -1pm)						
#	Table	Lead	Last	First	Organization	Title
1	A	##	Bush	Lori	Cherokee Regional Medical Center	Clinic Director
2	A		Flikeid	Brian	Aurelia PD / Marcus PD	Chief of Police
3	A		Jordan	Gary	Cherokee Regional Medical center	CEO
4	A		Roof	Jamie	J.Roof Accounting	
5	B	##	Ivarson	Lynn	Cherokee Regional Medical Center	Foundation Board Member
6	B		Alesch	Kristopher	Cherokee County Sheriff's Office	Chief Deputy
7	B		Knippel	Jessica	Cherokee Regional Medical Center	Patient Experience Manager
8	B		Mayer	Kayla	Public Health	Manager
9	C	##	Beck	Stephanie	Cherokee Regional Medical Center	Marketing Manager
10	C		Bringle	Lisa	Rolling Hills	Coord of Disability Serv
11	C		Carpenter	Casey	Cherokee Fire Department	Chief
12	C		Schlichting	Jodi	Cherokee Regional Medical center	Manager
13	D	##	Oolman	Tonya	Cherokee Regional Home Health and Hospice	Manager
14	D		Ellis	Linda	Rosecrance Jackson Centers	Prevention Specialist
15	D		Wilkie	Traci	Cherokee Regional Medical center	RN
16	D		Zarr	Stephanie		Realtor
17	E	##	Lundquist	Kent	Cherokee Regional Medical center	VP Marketing
18	E		Foresman	Meagan	Cherokee Regional Hospice	Social Worker/Bereavement Co
19	E		Riggert	Jonathan	Trinity Lutheran Church	Pastor
20	F	##	Henson	Lexi	Cherokee Regional Medical center	Nurse Manager
21	F		Berglund	Julie	Cherokee Regional Medical Center	Senior Housing Manager
22	F		Trapp	Sheila		
	F		James	Nate	City of Cherokee	Chief of Police

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## Community Health Needs Assessment (CHNA) Onsite Town Hall Discussion Agenda

- I. Opening / Introductions (5 mins)
- II. Review CHNA Purpose and Process (5 mins)
- III. Review Current County "Health Status"
  - Secondary Data by 10 TAB Categories
  - Review Community Feedback Research (40 mins)
- IV. Collect Community Health Perspectives
  - Hold Community Voting Activity
  - Determine Most Important Unmet Needs (35 mins)
- V. Close / Next Steps (5 mins)

3

## Introduction: Who We Are Background and Experience







**Vince Vandehaar, MBA – Principal**  
VVV Consultants LLC – start 1/1/09 \*

- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA

**Hannah Foster – Associate Consultant**  
VVV Consultants LLC – April 2022

- MO Southern State – Joplin, MO
- Avila University – MBA with HC
- Hometown: Lee's Summit, MO

**Cassandra Kahl, BHS – Director, Project Management**  
VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, WI

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## II. Review of a CHNA

- **A Community Health Needs Assessment (CHNA) is a....**
  - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- **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.
- **Purpose of a CHNA – Why Conduct One?**
  - Determine health-related trends and issues of the community
  - Understand / evaluate health delivery programs in place.
  - Meet Federal requirements – both local hospital and health department
  - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

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## A Conversation with the Community & Stakeholders

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.

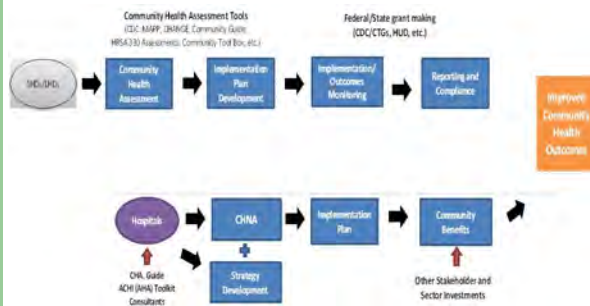
**Community leaders and groups:** The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (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

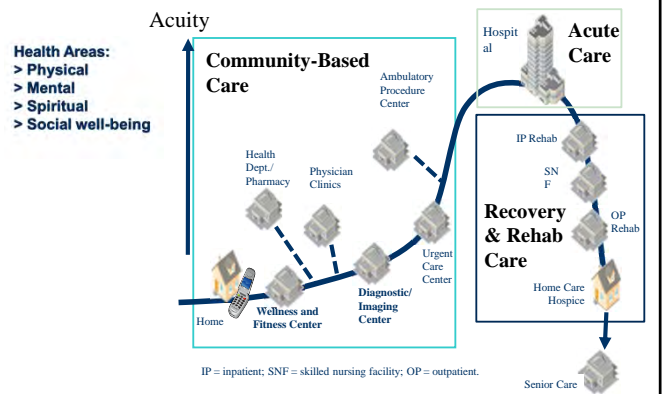
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## Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



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## Future System of Care—Sg2



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

Trends: **Good** **Same** **Poor**

#### Health Indicators - Secondary Research

TAB 1. Demographic Profile

TAB 2. Economic Profile

TAB 3. Educational Profile

TAB 4. Maternal and Infant Health Profile

TAB 5. Hospital / Provider Profile

TAB 6. Behavioral / Mental Health Profile

TAB 7. High-Risk Indicators & Factors

TAB 8. Uninsured Profile

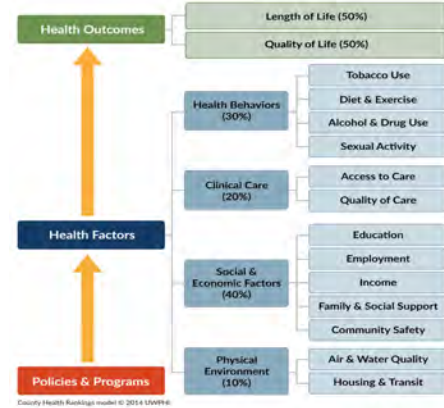
TAB 9. Mortality Profile

TAB 10. Preventative Quality Measures

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## County Health Rankings -

Robert Wood Johnson Foundation and University of WI Health Institute



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### IV. Collect Community Health Perspectives Thoughts/Opinions?

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

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## Community Health Needs Assessment



VVV Consultants LLC  
601 N Mahaffie  
Olathe, KS 66061

### Questions? Next Steps?

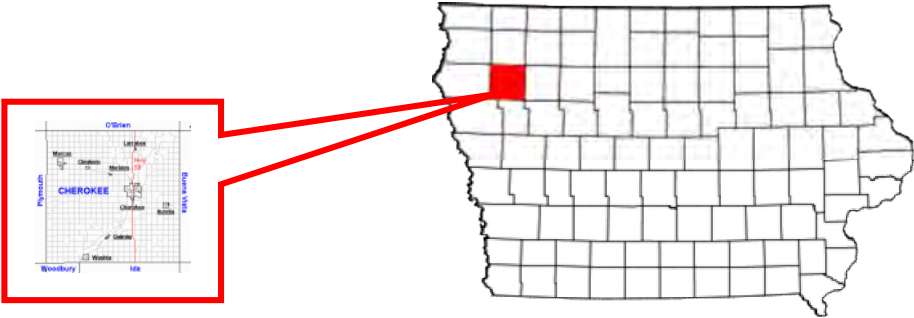
VVV@VandelaarMarketing.com  
HCF@VandelaarMarketing.com  
CJK@VandelaarMarketing.com  
(913) 302-7264

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## II. Methodology

### d) Community Profile (A Description of Community Served)

#### Cherokee County, Iowa Community Profile



The population of Cherokee County was estimated to be 11,621 citizens in 2019 and a population density of 20 persons per square mile. Cherokee County's major cities are Aurelia, Cherokee, Cleghorn, Larrabee, Marcus, Meriden, Quimby and Washta.

#### Cherokee County (IA) Public Airports<sup>1</sup>

Name	USGS Topo Map
<a href="#">Cherokee County Regional Airport</a>	Cherokee South

#### Cherokee County (IA): Public Schools<sup>2</sup>

Name	Level
<a href="#">Alta-Aurelia Middle Sch</a>	Middle
<a href="#">Aurelia Elementary School</a>	Not reported
<a href="#">Aurelia Elementary School</a>	Elementary
<a href="#">Aurelia Middle School</a>	Not reported
<a href="#">Cherokee Middle School</a>	Middle
<a href="#">Mmcru High School</a>	High
<a href="#">Mmcru Marcus Elementary</a>	Elementary
<a href="#">River Valley Elementary</a>	Elementary
<a href="#">Washington High School</a>	High

<sup>1</sup> <https://iowa.hometownlocator.com/features/countyfeatures,scfips,19035,c,cherokee.cfm>

<sup>2</sup> <https://iowa.hometownlocator.com/ia/cherokee/>

## Cherokee County, IA - Detail Demographic Profile

		Population					Households		HH	Per Capita
	ZIP	NAME	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	51005	Aurelia	CHEROKEE	1,453	1,400	-3.65%	607	586	2.3	\$34,129
2	51012	Cherokee	CHEROKEE	6,392	6,202	-2.97%	2,809	2,728	2.2	\$31,681
3	51014	Cleghorn	CHEROKEE	452	443	-1.99%	196	193	2.3	\$49,372
4	51029	Larrabee	CHEROKEE	290	287	-1.03%	129	129	2.3	\$41,404
5	51035	Marcus	CHEROKEE	1,630	1,574	-3.44%	697	673	2.3	\$36,952
6	51037	Meriden	CHEROKEE	380	374	-1.58%	181	178	2.1	\$51,692
7	51049	Quimby	CHEROKEE	508	488	-3.94%	216	208	2.4	\$34,584
8	51061	Washta	CHEROKEE	494	475	-3.85%	206	199	2.4	\$39,887
<b>Totals</b>				<b>11,599</b>	<b>11,243</b>	<b>-3.07%</b>	<b>5,041</b>	<b>4,894</b>	<b>2.3</b>	<b>\$39,963</b>

		Population					Year 2020			Females
	ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	MEDAGE	Females	Age 20-35
1	51005	Aurelia	CHEROKEE	1,453	342	381	166	48	719	138
2	51012	Cherokee	CHEROKEE	6,392	1,704	1,599	686	49	3,251	599
3	51014	Cleghorn	CHEROKEE	452	111	106	49	50	222	42
4	51029	Larrabee	CHEROKEE	290	69	61	33	52	141	30
5	51035	Marcus	CHEROKEE	1,630	470	406	159	50	839	144
6	51037	Meriden	CHEROKEE	380	89	93	40	50	186	34
7	51049	Quimby	CHEROKEE	508	120	133	56	46	243	49
8	51061	Washta	CHEROKEE	494	110	132	57	46	242	53
<b>Totals</b>				<b>11,599</b>	<b>3,015</b>	<b>2,911</b>	<b>1,246</b>	<b>390</b>	<b>5,843</b>	<b>1,089</b>

		Population 2020						Average Households 2020		
	ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
1	51005	Aurelia	CHEROKEE	94.43%	0.62%	0.21%	4.89%	\$607	63,491	395
2	51012	Cherokee	CHEROKEE	92.24%	2.05%	0.33%	5.40%	\$2,809	52,522	1,497
3	51014	Cleghorn	CHEROKEE	96.02%	0.66%	0.00%	3.10%	\$196	78,184	140
4	51029	Larrabee	CHEROKEE	97.24%	0.69%	0.00%	3.79%	\$129	70,364	97
5	51035	Marcus	CHEROKEE	97.12%	0.00%	1.23%	2.02%	\$697	63,982	453
6	51037	Meriden	CHEROKEE	96.32%	0.53%	0.00%	3.16%	\$181	70,879	129
7	51049	Quimby	CHEROKEE	98.23%	0.00%	0.39%	2.17%	\$216	59,065	133
8	51061	Washta	CHEROKEE	96.96%	0.00%	0.20%	3.24%	\$206	75,460	147
<b>Totals</b>				<b>96.07%</b>	<b>0.57%</b>	<b>0.29%</b>	<b>3.47%</b>	<b>\$630</b>	<b>533,947</b>	<b>2,991</b>

Source: ERSI Demographics

# III. Community Health Status

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[VVV Consultants LLC]

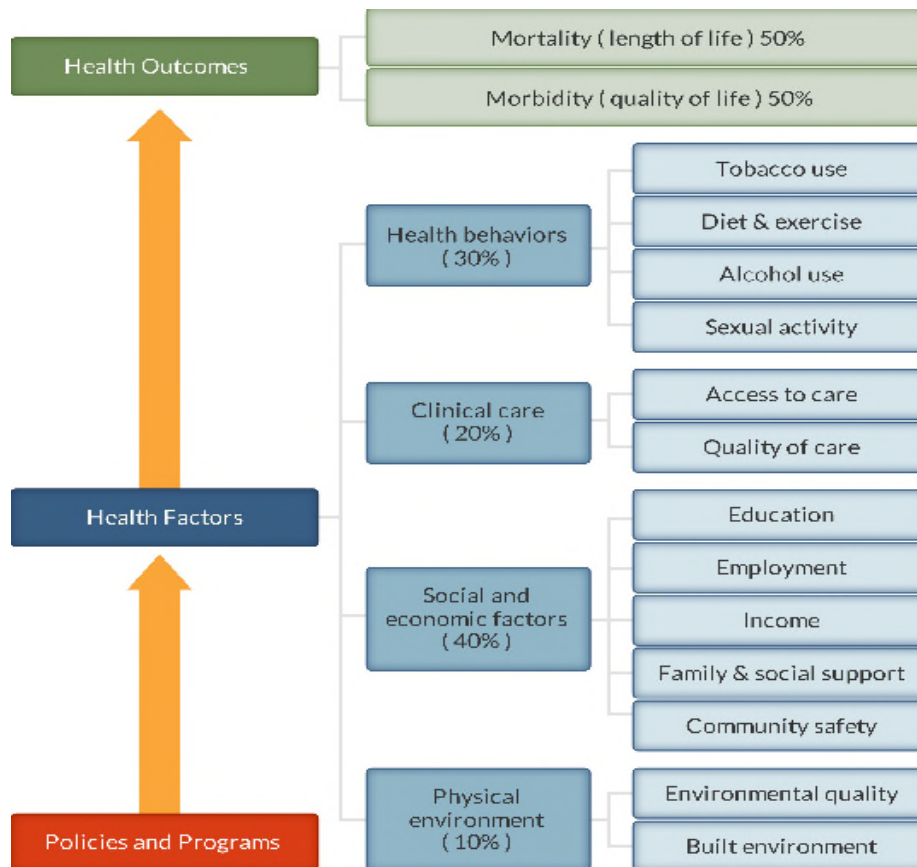
### III. Community Health Status

#### 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 2020 RWJ County Health Rankings and conversations from Town Hall participates. 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 uses a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

## National Research – Year 2022 RWJ Health Rankings:

#	IA Rankings - 99 Counties	Definitions	Cherokee Co. IA	Trend	Rural IA Co Norm N=17
1	<b>Health Outcomes</b>		25		63
	Mortality	Length of Life	30		63
	Morbidity	Quality of Life	23		63
2	<b>Health Factors</b>		79		66
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	72		64
	Clinical Care	Access to care / Quality of Care	85		57
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	72		67
3	<b>Physical Environment</b>	Environmental quality	64		48
Rural IA Norm (N=17) includes the following counties: Appanoose, Carroll, Marion, Fremont, Decatur, Cherokee, Mahaska, Poweshiek, Marshall, Davis, Monroe, Ringgold, Clarke, Clayton, Wayne, Lucas, Jasper.					

<http://www.countyhealthrankings.org>, released 2022

## PSA Secondary Research:

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

*Note: Each Tab has been trended to reflect County trends to NORM.*

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

**Tab 1: Demographic Profile**

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

Tab	Health Indicators	Cherokee Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
1	a Population estimates, 2019	11,235		3,193,079	15,627	County Health Rankings
	d Persons under 5 years, percent, July 1, 2021, (V2021)	5.5%		6.2%	6.0%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2021, (V2021)	24.7%		17.5%	21.4%	People Quick Facts
	f Female persons, percent, July 1, 2021, (V2021)	50.0%		50.2%	49.7%	People Quick Facts
	g White alone, percent, July 1, 2021, (V2021)	96.5%		90.6%	96.0%	People Quick Facts
	h Black or African American alone, percent, July 1, 2021, (V2021)	1.2%		4.1%	1.3%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2021, (V2021)	4.1%		6.3%	4.6%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	2.7%		8.3%	6.7%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	89.6%		85.2%	87.1%	People Quick Facts
	m Children in single-parent households, %, 2015-2019	25.4%		21.0%	18.2%	County Health Rankings
	n Total Veterans, 2015-2019	854		185,671	1,135	People Quick Facts

**Tab 2: Economic Profile**

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

Tab	Health Indicators	Cherokee Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
2	a Per capita income in past 12 months (in 2018 dollars), 2015-2019	\$32,999		\$30,063	\$28,706	People Quick Facts
	b Persons in poverty, percent, 2021	11.1%		10.2%	11.3%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	5,775		1,418,626	7,323	People Quick Facts
	d Total Persons per household, 2015-2019	2.0		2.4	2.3	People Quick Facts
	e Severe housing problems, percent, 2013-2017	6.1%		11.9%	10.9%	County Health Rankings
	f Total of All firms, 2012	1,235		259,121	1,402	People Quick Facts
	g Unemployment, percent, 2019	2.5%		2.7%	2.8%	County Health Rankings
	h Food insecurity, percent, 2018	9.0%		9.7%	9.6%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	1.8%		5.6%	6.5%	County Health Rankings
	j Long commute - driving alone, percent, 2015-2019	17.4%		20.6%	25.4%	County Health Rankings

**Tab 3: Educational Profile**

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

Tab	Health Indicators	Cherokee Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
3	a Children eligible for free or reduced price lunch, percent, 2018-2019 (ALL Schools)	40.5%		42.5%	47.0%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	93.1%		92.1%	90.3%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	22.2%		28.6%	20.0%	People Quick Facts



**Tab 4: Maternal / Infant Profile**

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

Tab	Health Indicators	Cherokee Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source	
4	a	Number of Births Where Prenatal Care began in First Trimester, 2018-2019, Rate per 1,000	818.6		787.2	679.7	Iowa Health Fact Book
	b	Percent Premature Births by County, 2020	4.7%		8.1%	7.9%	idph.iowa.gov
	c	2 Year Old Immunizations for the 4-3-1-3-3-1-4 by IRIS Population, 2020	69.6%		72.4%	67.3%	idph.iowa.gov
	d	Number of Births with Low Birth Weight, 2018-2019, Rate per 1k	48.7		68.4	61.3	Iowa Health Fact Book
	e	Number of all Births Occurring to Teens (15-19), 2018-2019, Rate per 1k	57.5		40.8	45.2	Iowa Health Fact Book
	g	Number of births Where Mother Smoked During Pregnancy, 2018-2019, Rate per 1,000	150.4		112.6	216.9	Iowa Health Fact Book

#	Criteria - Vital Statistics (Rate per 1,000)	Cherokee Co.	Trend	Iowa	IA Rural Norm (17)
a	Total Live Births, 2016	11		12.5	12.5
b	Total Live Births, 2017	10.7		12.2	12.0
c	Total Live Births, 2018	9.2		11.9	11.4
d	Total Live Births, 2019	10.9		11.9	11.6
e	Total Live Births, 2020	11.8		11.4	11.3

Source: Iowa Public Health

**Tab 5: Hospitalization and Provider Profile**

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

Tab	Health Indicators	Cherokee Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source	
5	a	Primary Care (MDs / DOs only) Ratio of population to primary care physicians, 2018	1415:1		1,390:1	2252:1	County Health Rankings
	b	Rate of preventable hospital stays for ambulatory-care sensitive conditions per 100k Medicare enrollees (lower the better), 2018	5,164		3,536	3,453	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	62.0%		NA	79.5%	CMS Hospital Compare
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	59.0%		NA	74.4%	CMS Hospital Compare
	e	Average Time Patients Spent in the Emergency Dept. Before Seen by a Healthcare Professional (Mins)	151		NA	120	CMS Hospital Compare

**Tab 6: Behavioral / Mental Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicators	Cherokee Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
6	a Depression: Medicare Population, percent, 2017	15.9%		19.3%	17.6%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2015-2019 (lower is better)	15.4		14.6	17.3	Iowa Health Fact Book
	c Poor mental health days, 2018	3.6		3.5	3.8	County Health Rankings

**Tab 7a: Risk Indicators & Factors Profile**

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

Tab	Health Indicators	Cherokee Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
7a	a Adult obesity, percent, 2017	35.1%		34.3%	37.4%	County Health Rankings
	b Adult smoking, percent, 2018	19.3%		17.4%	20.2%	County Health Rankings
	c Excessive drinking, percent, 2018	24.7%		25.8%	24.0%	County Health Rankings
	d Physical inactivity, percent, 2017	24.2%		22.6%	25.9%	County Health Rankings
	e Poor physical health days, 2018	3.2		3.1	3.4	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000, 2018	18.0		14682	42.9	County Health Rankings

**Tab 7b: Chronic Risk Profile**

Tab	Health Indicators	Cherokee Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
7b	a Hypertension: Medicare Population, 2017	58.7%		54.2%	55.3%	Centers for Medicare and Medicaid Services
	b Hyperlipidemia: Medicare Population, 2017	46.4%		44.6%	42.4%	Centers for Medicare and Medicaid Services
	c Heart Failure: Medicare Population, 2017	15.7%		13.0%	13.7%	Centers for Medicare and Medicaid Services
	d Chronic Kidney Disease: Medicare Pop, 2017	25.7%		21.6%	21.0%	Centers for Medicare and Medicaid Services
	e COPD: Medicare Population, 2017	15.7%		10.9%	11.3%	Centers for Medicare and Medicaid Services
	f Atrial Fibrillation: Medicare Population, 2017	8.8%		9.1%	8.9%	Centers for Medicare and Medicaid Services
	g Cancer: Medicare Population, 2017	9.2%		7.7%	7.1%	Centers for Medicare and Medicaid Services
	h Osteoporosis: Medicare Population, 2017	7.0%		6.3%	5.9%	Centers for Medicare and Medicaid Services
	i Asthma: Medicare Population, 2017	3.0%		3.9%	3.0%	Centers for Medicare and Medicaid Services
	j Stroke: Medicare Population, 2017	3.0%		2.8%	2.8%	Centers for Medicare and Medicaid Services

**Tab 8: Uninsured Profile and Community Benefit**

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 Indicators	Cherokee Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
8	a Uninsured, percent, 2016	6.0%		5.6%	6.2%	County Health Rankings

#	Cherokee Regional	YR21	YR20	YR19
1	Bad Debt - Write off	\$913,883	\$857,480	\$603,937
2	Charity Care - Free Care Given	\$180,119	\$432,672	\$532,401

**Tab 9: Mortality Profile**

The leading causes of county deaths from Vital Statistics are listed below.

Tab	Health Indicators	Cherokee Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
9	a Life Expectancy (Male and Females), 2017-2019	80.0		79.4	78.5	County Health Rankings
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2018 (lower is better)	178.0		160.7	175.8	Iowa Health Fact Book
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	165.8		162.3	175.9	Iowa Health Fact Book
	e Age-adjusted Chronic Obstructive Pulmonary Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	57.6		47.3	52.9	Iowa Health Fact Book
	f Alcohol-impaired driving deaths, percent, 2013-2017	42.9%		26.8%	29.3%	County Health Rankings

**Tab 10: Preventive Quality Measures Profile**

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

Tab	Health Indicators	Cherokee Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
10	a Access to exercise opportunities, percent, 2019	77.5%		82.9%	70.0%	County Health Rankings
	b Diabetes prevalence, percent, 2017, adults aged 20+ with diagnosed diabetes	11.0%		9.9%	12.2%	County Health Rankings
	c Mammography screening, percent, 2018	52.0%		52.0%	48.3%	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

## PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Cherokee Co IA.

**Chart #1 – Cherokee County, IA Online Feedback Response (N=259)**

<b>Cherokee County IA - CHNA YR 2022</b>			
For reporting purposes, are you involved in or are you a ...? (Multiple)	Cherokee Co IA N=259	Trend	Wave 4 Norms N=7,542
Business / Merchant	4.9%		12.3%
Community Board Member	4.1%		10.8%
Case Manager / Discharge Planner	1.2%		1.1%
Clergy	1.2%		1.7%
College / University	1.2%		3.3%
Consumer Advocate	0.8%		1.8%
Dentist / Eye Doctor / Chiropractor	0.4%		1.0%
Elected Official - City/County	0.8%		2.4%
EMS / Emergency	4.9%		3.0%
Farmer / Rancher	6.9%		8.1%
Hospital / Health Dept	16.7%		22.0%
Housing / Builder	0.4%		0.9%
Insurance	0.8%		1.4%
Labor	2.8%		2.8%
Law Enforcement	0.4%		1.4%
Mental Health	4.1%		2.3%
Other Health Professional	13.8%		13.2%
Parent / Caregiver	15.9%		19.4%
Pharmacy / Clinic	2.8%		2.7%
Media (Paper/TV/Radio)	1.2%		0.6%
Senior Care	3.7%		4.0%
Teacher / School Admin	2.8%		7.9%
Veteran	1.2%		3.7%
Other (please specify)	6.9%		9.3%
<b>TOTAL</b>	<b>259</b>		<b>7013</b>
Norms: <b>KS Counties:</b> Atchison, Brown, Dickinson, Jackson, Marion, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; <b>MO Counties:</b> Cass, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer & Furnis.			

**Chart #2 - Quality of Healthcare Delivery Community Rating**

<b>Cherokee Co IA - CHNA YR 2022</b>			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Cherokee Co IA N=259	Trend	Wave 4 Norms N=7,542
Top Box %	25.5%		26.0%
Top 2 Boxes %	71.0%		68.7%
Very Good	25.5%		26.0%
Good	45.6%		42.7%
Average	22.4%		24.6%
Poor	4.6%		5.3%
Very Poor	1.9%		1.5%
Valid N	259		7,494
<small>Norms: <b>KS Counties:</b> Atchison, Brown, Dickinson, Jackson, Marion, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; <b>MO Counties:</b> Cass, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer &amp; Furnis.</small>			

**Chart #3 – Overall Community Health Quality Trend**

<b>Cherokee Co IA - CHNA YR 2022</b>			
When considering "overall community health quality", is it...	Cherokee Co IA N=259	Trend	Wave 4 Norms N=7,542
Increasing - moving up	48.4%		42.9%
Not really changing much	36.8%		45.4%
Decreasing - slipping	14.8%		11.7%
Valid N	259		6,775
<small>Norms: <b>KS Counties:</b> Atchison, Brown, Dickinson, Jackson, Marion, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; <b>MO Counties:</b> Cass, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer &amp; Furnis.</small>			

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

Cherokee Co IA - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Treatment, Aftercare)	110	24.0%		1
2	Available Child Care (Accessible, Safe and Affordable)	91	19.9%		2
3	Obesity (Nutrition / Exercise)	84	18.3%		3
4	Drugs (Opioids, Meth, Marijuana, Acid)	73	15.9%		5
5	Awareness of Services	69	15.1%		6
6	Urgent Care	69	15.1%		4
7	Smoking / Vaping	53	11.6%		14
8	Alcohol	48	10.5%		16
9	Suicides	48	10.5%		9
10	Dialysis	47	10.3%		7
11	Adverse Childhood Experiences / Parenting Skills	43	9.4%		8
12	Chronic Illnesses	43	9.4%		10
13	Hospice House	39	8.5%		15
14	Transportation	38	8.3%		12
15	Providers (OB, Primary Care)	37	8.1%		11
16	Food Insecurity	31	6.8%		13
17	Outdoor Recreational Activities	31	6.8%		19
18	Distracted Driving	29	6.3%		17
19	Domestic Violence	25	5.5%		18
20	Eye Doctors	25	5.5%		20
21	Personal Finance for Youth	16	3.5%		21
Totals		1049	100.0%		

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

Cherokee County IA - CHNA YR 2022			
In your opinion, what are the root causes of "poor health" in our community?	Cherokee Co IA N=259	Trend	Wave 4 Norms N=7,542
Chronic disease prevention	15.4%		11.7%
Lack of health & Wellness Education	13.4%		14.8%
Lack of Nutrition / Exercise Services	10.4%		11.2%
Limited Access to Primary Care	5.4%		6.7%
Limited Access to Specialty Care	5.8%		8.6%
Limited Access to Mental Health Assistance	20.6%		19.5%
Family assistance programs	5.4%		5.9%
Lack of health insurance	14.5%		14.9%
Neglect	9.1%		11.8%
<b>Total Votes</b>	<b>259</b>		<b>12,588</b>
Norms: <b>KS Counties:</b> Atchison, Brown, Dickinson, Jackson, Marion, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; <b>MO Counties:</b> Cass, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer & Furnis.			

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

Cherokee County IA - CHNA YR 2022	Cherokee Co IA N=259		Trend	Wave 4 Norms N=7,542	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	83.6%	3.0%	Green	80.4%	5.7%
Child Care	35.2%	16.7%	Red	41.4%	16.6%
Chiropractors	81.1%	1.2%	Green	70.4%	6.2%
Dentists	69.5%	8.4%	Yellow	69.7%	10.7%
Emergency Room	67.3%	12.7%	Red	71.5%	9.1%
Eye Doctor/Optometrst	65.5%	5.5%	Green	73.7%	7.7%
Family Planning Services	35.3%	18.3%	Red	36.5%	19.8%
Home Health	70.6%	7.4%	Yellow	53.9%	11.0%
Hospice	79.4%	6.7%	Yellow	63.2%	9.0%
Telehealth	50.0%	12.0%	Red	48.4%	13.2%
Inpatient Services	73.8%	7.9%	Yellow	74.4%	7.7%
Mental Health	21.7%	33.5%	Red	25.3%	37.1%
Nursing Home/Senior Living	44.8%	14.1%	Red	51.6%	14.4%
Outpatient Services	72.4%	4.3%	Green	73.3%	4.9%
Pharmacy	79.6%	7.4%	Yellow	85.2%	2.9%
Primary Care	78.4%	5.6%	Green	75.5%	6.3%
Public Health	70.2%	5.6%	Green	57.7%	9.4%
School Health	63.5%	8.8%	Yellow	59.9%	8.3%
Visiting Specialists	72.8%	7.4%	Yellow	67.4%	9.7%

**Chart #7 – Community Health Readiness**

Cherokee County IA - CHNA YR 2022	Bottom 2 boxes		
	Cherokee Co IA N=259	Trend	Wave 4 Norms N=7,542
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)			
Behavioral / Mental Health	35.0%	Red	36.9%
Emergency Preparedness	6.9%	Yellow	9.8%
Food and Nutrition Services/Education	16.6%	Red	17.0%
Health Screenings (as asthma, hearing, vision, scoliosis)	13.3%	Yellow	12.0%
Prenatal/Child Health Programs	9.3%	Yellow	14.0%
Substance Use/Prevention	22.9%	Red	36.6%
Suicide Prevention	21.7%	Red	39.1%
Violence Prevention	23.4%	Red	36.4%
Women's Wellness Programs	18.5%	Red	19.4%

Norms: **KS Counties:** Atchison, Brown, Dickinson, Jackson, Marion, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; **MO Counties:** Cass, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties:** Custer & Furnis.

**Chart #8a – Healthcare Delivery “Outside our Community”**

Cherokee County IA - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Cherokee Co IA N=259	Trend	Wave 4 Norms N=7,542
Yes	61.3%		72.4%
No	38.7%		27.6%
Norms: <b>KS Counties:</b> Atchison, Brown, Dickinson, Jackson, Marion, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; <b>MO Counties:</b> Cass, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer & Furnis.			

**Specialties:**

Specialty	CTS
OPHTH	11
EMER	9
SURG	8
CARD	7
NEU	7
ORTH	7
OBG	5

**Chart #8b – Healthcare Delivery “Outside our Community”**

Cherokee County IA - CHNA YR 2022			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Cherokee Co IA N=259	Trend	Wave 4 Norms N=7,542
Yes	60.0%		57.8%
No	40.0%		42.2%
Norms: <b>KS Counties:</b> Atchison, Brown, Dickinson, Jackson, Marion, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; <b>MO Counties:</b> Cass, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer & Furnis.			



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

<b>Cherokee County IA - CHNA YR 2022</b>			
<b>What needs to be discussed further at our CHNA Town Hall meeting?</b>	<b>Cherokee Co IA N=259</b>	<b>Trend</b>	<b>Wave 4 Norms N=7,542</b>
Abuse/Violence	2.3%		4.0%
Alcohol	3.8%		3.8%
Alternative Medicine	2.0%		3.0%
Breast Feeding Friendly Workplace	3.0%		1.7%
Cancer	9.7%		4.4%
Care Coordination	1.2%		2.3%
Diabetes	3.2%		2.7%
Drugs/Substance Abuse	3.9%		5.5%
Family Planning	3.1%		2.3%
Heart Disease	4.4%		3.1%
Lack of Providers/Qualified Staff	2.0%		3.8%
Lead Exposure	2.1%		1.1%
Mental Illness	2.4%		6.9%
Neglect	3.4%		2.8%
Nutrition	4.3%		4.3%
Obesity	0.8%		4.2%
Occupational Medicine	1.2%		0.9%
Ozone (Air)	4.7%		1.4%
Physical Exercise	6.7%		4.4%
Poverty	0.7%		3.6%
Preventative Health / Wellness	0.4%		3.6%
Respiratory Disease	3.9%		1.3%
Sexually Transmitted Diseases	3.6%		2.2%
Smoke-Free Workplace	5.4%		1.6%
Suicide	1.5%		5.0%
Teen Pregnancy	5.0%		3.3%
Telehealth	1.5%		2.2%
Tobacco Use	2.6%		2.2%
Transportation	2.4%		2.6%
Vaccinations	2.7%		3.4%
Water Quality	2.3%		2.0%
Health Literacy	2.6%		2.9%
Other (please specify)	1.5%		1.5%
<b>TOTAL Votes</b>	<b>259</b>		<b>22,907</b>

# **IV. Inventory of Community Health Resources**

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[VVV Consultants LLC]

<b>Inventory of Health Services - Cherokee County IA 2022</b>				
<b>Cat</b>	<b>HC Services Offered in county: Yes / No</b>	<b>Hospitals</b>	<b>HLTH Dept</b>	<b>Other</b>
Clinic	Primary Care	YES		YES
Hosp	Alzheimer Center			YES
Hosp	Ambulatory Surgery Centers	YES		
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/weight control services	YES		
Hosp	Birthing/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		YES
Hosp	Chaplaincy/pastoral care services	YES		YES
Hosp	Chemotherapy	YES		
Hosp	Colonoscopy	YES		
Hosp	Crisis Prevention		YES	YES
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/AIDSServices			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital services	YES		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit			
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catherterization			
Hosp	Isolation room	YES		
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung			
Hosp	MagneticResonance Imaging (MRI)	YES		
Hosp	Mammograms	YES		
Hosp	Mobile Health Services	YES		
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<128+ slice CT)	YES		
Hosp	Neonatal			
Hosp	Neurological services	YES		
Hosp	Obstetrics	YES		

<b>Inventory of Health Services - Cherokee County IA 2022</b>				
<b>Cat</b>	<b>HC Services Offered in county: Yes / No</b>	<b>Hospitals</b>	<b>HLTH Dept</b>	<b>Other</b>
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	YES		
Hosp	Pediatric			
Hosp	Physical Rehabilitation	YES		YES
Hosp	Positron Emission Tomography (PET)			
Hosp	Positron Emission Tomography/CT (PET/CT)			
Hosp	Psychiatric Services	YES		YES
Hosp	Radiology, Diagnostic	YES		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health			
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography (SPECT)			
Hosp	Sleep Center	YES		
Hosp	Social Work Services	YES	YES	YES
Hosp	Sports Medicine	YES		YES
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	YES		YES
Hosp	Transplant Services			
Hosp	Trauma Center	YES		
Hosp	Ultrasound	YES		
Hosp	Women's Health Services	YES	YES	YES
Hosp	Wound Care	YES		
SR	Adult Day Care Program			YES
SR	Assisted Living			YES
SR	Home Health Services	YES		YES
SR	Hospice	YES		YES
SR	LongTerm Care			YES
SR	Nursing Home Services			YES
SR	Retirement Housing	YES		YES
SR	Skilled Nursing Care	YES	YES	YES
ER	Emergency Services	YES		
ER	Urgent Care Center			
ER	Ambulance Services	YES		YES
SERV	Alcoholism-Drug Abuse			YES
SERV	Blood Donor Center			
SERV	Chiropractic Services			YES
SERV	Complementary Medicine Services			
SERV	Dental Services			YES
SERV	Fitness Center	YES		YES
SERV	Health Education Classes	YES	YES	YES
SERV	Health Fair (Annual)	YES	YES	YES
SERV	Health Information Center		YES	
SERV	Health Screenings	YES	YES	
SERV	Meals on Wheels	YES		
SERV	Nutrition Programs	YES	YES	YES

<b>Inventory of Health Services - Cherokee County IA 2022</b>				
<b>Cat</b>	<b>HC Services Offered in county: Yes / No</b>	<b>Hospitals</b>	<b>HLTH Dept</b>	<b>Other</b>
<b>SERV</b>	<b>Patient Education Center</b>	<b>YES</b>	<b>YES</b>	
<b>SERV</b>	<b>Support Groups</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
<b>SERV</b>	<b>Teen Outreach Services</b>		<b>YES</b>	<b>YES</b>
<b>SERV</b>	<b>Tobacco Treatment/Cessation Program</b>		<b>YES</b>	
<b>SERV</b>	<b>Transportation to Health Facilities</b>			<b>YES</b>
<b>SERV</b>	<b>Wellness Program</b>	<b>YES</b>	<b>YES</b>	

## Providers Delivering Care in Cherokee County IA 2022

# of FTE Providers by Specialty	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visiting DRs *	PSA Based PA / NP
<b>Primary Care:</b>			
Family Practice	5.0		7.0
Internal Medicine / Geriatrician			
Obstetrics/Gynecology	3.0	0.1	
Pediatrics			
<b>Medicine Specialists:</b>			
Allergy/Immunology			
Cardiology		0.2	
Dermatology		0.1	
Endocrinology			
Gastroenterology			
Oncology/RADO		0.1	
Infectious Diseases			
Nephrology		0.1	
Neurology	1.0		
Psychiatry	4.0		
Pulmonary		0.1	
Rheumatology		0.1	
Podiatry	1.0	0.1	
Pain / Wound		0.4	
<b>Surgery Specialists:</b>			
General Surgery / Colon / Oral		0.1	
Neurosurgery		0.1	
Ophthalmology			
Orthopedics		0.4	
Otolaryngology (ENT)		0.2	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology		0.4	
<b>Hospital Based:</b>			
Anesthesia/Pain			1.0
Emergency	4.2		
Radiology	1.0		
Pathology			
Hospitalist/Telehealth			
Neonatal/Perinatal		0.1	
Physical Medicine/Rehab	5.0		
Occ Medicine	2.0		
Podiatry	1.0	0.1	
<b>Other:</b>			
Chiropractor	7.0		
Optometrist OD	3.0		
Dentists	4.0		
<b>TOTALS</b>	<b>41.2</b>	<b>2.6</b>	<b>8.0</b>

\* Total # of FTE Specialists serving community whose office is outside PSA.

## Visiting Specialists serving Cherokee County IA - Updated 2022

SPEC	Doctor Name	Group Name	Office City	Phone	Clinics	YR Days (240 days)
<i>OB/GYN</i>	Dr. Eastman/Dr. Kasuske	Siouxland Obstetrics/GYN, P.C.	2730 Pierce St., Suite 201, Sioux City, IA 51104	712-277-2645	1st & 3rd Tues.	0.1
<i>CARDIOLOGY</i>	Drs. Arteaga, Peacock, Pham, Sharaf, Pierson	UnityPoint Health St. Luke's Cardiovascular Services.	5885 Sunnybrook Drive, Ste. L-200, Sioux City, IA 51106	712-239-6254	Every Wed.	0.2
<i>DERMATOLOGY</i>	Dr. Kuwahara	Tri-State Specialists, LLP	2730 Pierce Street, Ste. 300, Sioux City, IA 51104	712-279-3849	Every 4 wks. Tues.	0.05
<i>NEPHROLOGY</i>	Dr. Chua, Erlandson, Lugman	Renal Associates, P.C.	357 West Tower Road, Dakota Dunes, SD 57049	712-255-0829	1st & 2nd Tues.	0.1
<i>ONCOLOGY</i>	Dr. Javvaji	June E. Nysten Cancer Center	230 Nebraska St., Sioux City, IA 51101	712-252-9411	2nd & 4th Thurs.	0.1
<i>PULMONOLOGY</i>	Dr. S. Gupta & J. Gupta	UnityPoint Health St. Luke's Pulmonary Services	2730 Pierce Street, Ste. 401, Sioux City, IA 51104	712-255-4862	2nd Tues.	0.05
<i>RHEUMATOLOGY</i>		Center for Neurosciences Orthopaedics & Spine, P.C.	575 Sioux Point Road, Dakota Dunes, SD 57049	605-217-2901	1st & 2nd Thurs.	0.1
<i>ENT</i>	Dr. Jorgensen	Northwest Iowa Ear, Nose, & Throat	920 North Grand Ave., Spencer, IA 51301	712-262-7028	Every Wed.	0.2
<i>NEUROSURGERY</i>	Dr. Matt Johnson	Center for Neurosciences Orthopaedics & Spine, P.C.	575 Sioux Point Road, Dakota Dunes, SD 57049	605-217-2901	1st & 3rd Wed.	0.1
<i>ORTHOPEDECS</i>	Dr. Nelson	Center for Neurosciences, Orthopaedics, & Spine, P.C.	575 Sioux Point Road, Dakota Dunes, SD 57049	605-217-2900	Every Thurs.	0.2
<i>ORTHOPEDECS</i>	Dr. Harrer	N.W. Iowa Bone, Joint, & Sports Surgeons	1200 1st Ave E., Suite C, Spencer, IA 51301 1525 West 5th Street, Pod C, Storm Lake, IA 50588	SPENCER 712-262-3658; STORM LAKE 712-213-8015	Every Mon.	0.2
<i>SURGERY</i>	Dr. Dierking & Dr. Armstrong	Buena Vista Reg. Medical Center General Surgeons	210 East 5th Street, Storm Lake, IA 50588	712-213-5230	1st, 3rd & 4th Wed.	0.11
<i>UROLOGY</i>	Dr. Christ & Dr. Caligiuri	N.W. Iowa Urologist, P.C.	1200 1st Ave. E., Suite B, Spencer, IA 51301	712-262-6216	Mon., Wed.,	0.4
<i>MATERNAL FETAL MED / PERINATOLOGY</i>	Dr. Al Fleming	UPH-Maternal Fetal Medicine	2730 Pierce Street, Ste. 205, Sioux City, IA 51104	712-279-3384	3rd Fri.	0.05
<i>WOUND</i>	Viola Lias, ET/WOCN/FCN	CRMC Specialty Clinic	300 Sioux Valley Drive, Cherokee, IA 51012	712-225-6869	Thurs. & Fri.	0.4
<i>HEARING AID</i>	Paulo Nascimento	Jorgensen Hearing Center	920 North Grand Ave., Spencer, IA 51301	712-262-4124	Every Wed.	0.2
<i>PODIATRY</i>	Dr. Oelke	Siouxland Podiatry Associates, P.C.	2916 Hamilton Blvd. Upper C, Sioux City, IA 51104	712-546-5462	1st & 3rd Thurs.	0.1

# **Cherokee County, Iowa**

## **Emergency Numbers**

<b>Police / Sheriff</b>	<b>9-1-1</b>
<b>Fire</b>	<b>9-1-1</b>
<b>Ambulance</b>	<b>9-1-1</b>
<b>CRMC Ambulance</b>	<b>712-225-5101</b>

### **Police**

<b>Cherokee Co Sheriff's Department</b>	<b>712-225-6728</b>
<b>Aurelia Police Department</b>	<b>712-434-5912</b>
<b>Cherokee Police Department</b>	<b>712-225-6728</b>
<b>Marcus Police Department</b>	<b>712-376-4715</b>

### **Fire**

<b>Aurelia Fire Department</b>	<b>712-434-0185</b>
<b>Cherokee Fire Department</b>	<b>712-225-3906</b>
<b>Cherokee MHI Fire Department</b>	<b>712-225-2594</b>
<b>Cleghorn Fire Department</b>	<b>712-436-2474</b>
<b>Marcus Fire Department</b>	<b>712-376-2700</b>
<b>Meriden Fire Department</b>	<b>712-443-8840</b>
<b>Larrabee Fire Department</b>	<b>712-437-2400</b>
<b>Quimby Fire Department</b>	<b>712-445-2521</b>
<b>Washta Fire Department</b>	<b>712-447-6138</b>



## **Cherokee County, Iowa Resource Guide – 2022**

### **Abuse-Child/Adult**

Sexual Assault or Human Trafficking  
877-362-4612  
Human Trafficking Hotline  
888-373-7888

Centers Against Abuse and Sexual Assault  
(CAASA)  
712-225-5003

Domestic Violence: Family Crisis Center  
(FCC)  
800-382-5603

Department of Human Services – Central  
Intake  
800-362-2178

### **Child Care**

Cherokee Daycare  
712-225-5728

Aurelia Daycare Inc  
712-434-2521

Child Care Resource and Referral – Cassie  
Reuter (Mid Sioux Services)  
Remsen, IA  
712-786-2001 or 877-216-8481

Child Care Assistance Programs / Dept of  
Human Services  
866-448-4605

DECAT Project / Community Partnerships  
for Protecting Children (CPPC)  
Orange City, IA  
712-737-2943 ext. 298

## **Department of Human Services – Cherokee County**

Primghar, IA 712-957-5135  
Centralized Intake 800-362-2178

Statewide Child Abuse Hotline (24 hrs/day)  
1-800-362-2178

Service Area Administrator – Tom Bouska  
712-328-4860

Income Maintenance Supervisors  
Carol O'Tool 712-792-4391  
Brett Nation 712-328-5680

Service Supervisors  
Tom Jorgensen / Kaisha Netton / Travis  
Heaton  
712-225-0833

Parent Partner Program  
Melony Gravenish 712-229-9738

Cherokee/Ida Drug Endangered Children  
(DEC) Team  
Melony Gravenish 712-229-9738

WISA – Adult (Medical & Food for disabled  
or over 65) 712-328-5660  
WISA – Spanish 712-224-5645  
WISA – FIP / Food (if under 65 or have  
minor children) 712-792-3082

Customer Service (change in address,  
income or family) 877-347-5678

### **Drug and Alcohol Abuse**

Alcohol and Drug Abuse Counseling  
800-996-3784

Alcoholics Anonymous - AA  
712-252-1333  
Meetings: St Paul Church (531 Main St)  
Mon 8pm, Wed 8pm, Fri 8pm

Iowa Substance Abuse Info Center  
800-247-0614

Jackson Recovery  
800-472-9018  
Cherokee Office – Adult/Adolescent  
Outpatient  
712-225-2441

Plains Area Mental health  
712-225-2575  
800-325-1192  
(Outpatient, Substance Abuse Services,  
DOT assessments and Co-occurring  
Treatment)  
Integrated Health Home Services  
712-225-2575 ext. 2304

Narcotics Anonymous - NA (24 hr Helpline)  
712-279-0733  
Meetings: St Paul Church (531 Main St)  
Thurs 7pm

National Institute on Drug Abuse Hotline  
800-662-4357

Problem Gambling  
800-BETS-OFF

Season's Center (Outpatient Services)  
800-242-5101

### **Early Childhood Iowa (ECI)**

Northwest Early Childhood Iowa (NECI)  
Director: Takysia Larsen  
Orange City, IA  
712-707-9599

### **Education**

#### Birth to 3 Education & Intervention

Healthy Families Cherokee County  
CRMC Public Health  
712-225-2129

Early Head Start  
712-540-5299

Early Head Start  
800-352-9040 ext. 6340

Northwest Area Education Agency  
712-222-6000

Parent Education  
712-737-2943 ext. 298

CRMC Prenatal Classes  
712-225-5101

#### Preschool

Aurelia  
712-434-5595

Beginnergarden, Marcus  
712-376-2615

Cherokee Headstart  
712-225-5849

Early Childhood Learning Center, Cherokee  
712-225-6774

River Valley Preschool, Washta  
712-447-6318

Trinity Preschool (3 & 4 yr olds), Cherokee  
712-225-4332

#### Schools

Alta-Aurelia School District  
712-434-2284

Cherokee Community School  
712-225-6767  
HSED – Jolleen Heater

Marcus, Meriden, Cleghorn, Remsen Union  
School District

Marcus Elem 712-376-4171

Marcus Middle 712-376-4171

Remsen Elem 712-786-1101

Remsen Middle 712-786-1101

River Valley Community Schools  
(Correctionville, Cushing, Washta, Quimby)  
712-372-4420

### Other

CRMC Sibling Classes  
712-225-5101

Boys Town – Spencer Office  
712-262-5035

Cherokee County Extension Service  
712-225-6196

Mid Sioux Opportunity Inc  
Remsen, IA  
FaDSS (Family Development & Self-  
Sufficiency)  
712-786-3483

CAASA  
(Sexual Abuse, Human Trafficking, School  
Programs)  
712-225-5003

Lutheran Services of Iowa (Pregnancy  
Prevention / Education on Sexual health)  
866-409-2351

Western Iowa Tech Community College  
Cherokee, IA  
712-225-0238

### **Emergency Shelter**

County General Relief Assistance  
Director: Lisa Bringle  
712-261-6700

Council on Sexual Assault & Domestic  
Violence (CSADV)  
800-982-7233

Red Cross, Cherokee  
712-225-4507

Salvation Army  
712-225-6301

YWCA, Ft Dodge  
515-573-3931

### **Employment**

Job Corps  
712-263-4192

Promise Jobs  
712-233-9030 ext. 5

Vocational Rehab Services  
Storm Lake IVRS (Mon & Thurs)  
712-732-7238  
Cherokee IVRS (Tues & Wed)  
712-225-6913  
IVRS Rehab Supervisor: Lori Kolbeck  
VR Counselor: Cherokee and BV County  
Susan Irwin

Workforce Development Centers  
Spencer, IA  
712-262-1971

### **Environmental Health Office**

Environmental Health Coordinator: Justin  
Pritts  
Cherokee, IA  
712-225-6721

### **Financial Assistance**

Child Support Recovery  
888-229-9223

Department of Human Services  
Primghar, IA  
866-536-2749

Farm Loan Programs  
FSA Office – Orange City, IA  
712-737-4801

## **Food**

Mid Sioux Opportunity Food Pantry  
(M-W-F) 712-225-3322

Food Stamps (DHS)  
866-537-2749

IC Food Pantry (Tues & Thurs 10a-2:30p)  
712-225-5393

Trinity Lutheran Food Pantry  
(3<sup>rd</sup> Wed/month 3-6p)

Foodbank of Siouland Mobile Pantry  
712-225-9741  
(2<sup>nd</sup> Thurs/month 1:15-2:15p)  
Community Center 712-225-2715

Meals on Wheels, CRMC  
712-225-5101

WIC- Cherokee  
712-225-3322

Shepards Table (1<sup>st</sup> Tues/mon 6-7)

Evangelical Free Church – Meriden, IA  
712-443-8283

Community Ministry Food Pantry  
(Wed 6-7:30p, Sat 9-10:30a)  
Marcus, IA  
712-786-3488

EBT/ Food Assistance Card  
800-359-5802

## **Fuel Assistance Weatherization**

Emergency Assistance, DHS  
712-957-5135

Mid Sioux Opportunity  
Cherokee, IA  
712-225-3322

## **Health Care**

Alzheimer's and Related Disorders  
888-595-9864

American Cancer Society  
800-227-2345

Careage Home Care, Cherokee  
712-225-5129

Cherokee Family Practice  
712-225-0191

Cherokee Regional Clinic  
712-225-6265

Cherokee Regional Clinic  
Marcus, IA (Closed Wed)  
712-376-4600

Cherokee Regional Clinic  
Aurelia, IA  
712-434-2101

CRMC Home Choice / Hospice / Public  
Health  
712-225-6459

Cherokee Regional Medical Center  
712-225-5101

Child Health Specialty Clinics  
Spencer, IA  
712-264-6362

Corrections Area Agency on Aging  
800-432-9209  
Sioux City, IA  
712-279-6900  
Deaf Services Commission of Iowa  
515-281-3164

Elderbridge Agency on Aging  
800-243-0678  
Spencer, IA  
712-262-1775

HAWK-I Children's Health Insurance  
Program (CHIP)  
800-257-8563

**Managed Care Organizations:**

Iowa Total Care           833-404-1061  
Americorp                 800-600-4441

Poison Control  
800-222-1222

SHIIP (State of IA Senior Health Insurance  
Information Program) CRMC  
712-225-1501 ext. 148

Shriner's Hospital  
800-237-5055

Vision Impaired  
800-232-5463

Hinkhouse Hearing Ltd  
Cherokee, IA  
712-225-4327

WISA – Medical  
712-255-2621

**Iowa State Extension and Outreach**

Cherokee                   712-225-6196  
Iowa State university Extension Hotlines:  
AnswerLine               800-262-3804  
Beginning Farmer Center   877-232-1999  
Bets Off                   800-238-7633

Healthy Families Line       800-369-2229  
Iowa Concern               800-447-1985  
Teen Line                   800-443-8336

**Juvenile Court Services**

JV Court Officer – Audra O'neil  
712-749-2564

JV Services Supervisor – Steve Kremer  
712-225-2669

YES Detention Center  
712-225-5777

**Law Enforcement**

Cherokee Co Sheriff's Department  
712-225-6728

Aurelia Police Department  
712-434-5912

Cherokee Police Department  
712-225-6728

Marcus Police Department  
712-376-4715

**Legal Assistance**

Attorney General  
515-281-5164

Cherokee County Attorney – Ryan Kolpin  
712-225-2835

Asst. Cherokee County Attorney – Kristal  
Phillips  
712-225-3143

Cherokee Co Clerk of Court  
Courthouse               712-225-6744  
Iowa Civil Rights Commission  
515-281-4121

Legal Aid  
Sioux City, IA  
800-532-1275

Rural Concern Hotline, Attorney  
800-447-1985

### **Low Rent Housing**

Northwest Iowa Housing Authority  
712-252-4520

Lewis Apartments  
712-225-6728

Autumn Park Apartments  
712-225-2564

### **Mental Health / Therapy**

Cherokee Mental Health, Inpatient Services  
712-225-2594

Plains Area Mental health  
712-225-2575

Integrated Health Home Services  
712-225-2575 ext. 2304

Family Solutions Services  
Orange City, IA  
712-707-9222

CRMC Hospice Grief Support  
712-25-6459

Northwest Aging Association  
Spencer, IA  
712-262-1775

Pathways (in-office therapy)  
712-225-2811

Rolling Hills Community Services  
Region Coordinator: Lisa Bringle  
Cherokee, IA  
712-261-6700

Royster and Royster  
Cherokee, IA  
712-225-5344

Season's Center for Community Mental  
Health  
Spencer, IA  
712-262-2922  
800-242-5101

Lutheran Services of Iowa  
Behavioral Health Intervention Specialist  
888-457-4692

### **Pregnancy / Foster Care / Adoption Supports**

Bethany Christian Services USA LLC  
Orange City, IA  
712-737-4831

Foster Care / Adoption Support Group  
(3<sup>rd</sup> Wed each Month)  
Meriden, IA  
712-443-8385

Supply Closet (clothes, bedding, car seats,  
highchairs, etc.)  
712-229-3982

### **Transportation**

Siouxland Regional Transit (SRTS)  
ADA Accessible, Schedule 24 hrs in  
advance  
800-881-2076

## **National Hotlines and Resources**

Suicide Prevention  
800-273-8255 or text HELLO to 741741

Domestic Violence  
800-799-7233 or text SUPPORT to 741741

Bullying  
800-420-1479 or text HOME to 741741

Self-harm  
800-366-8288 or text CONNECT to 741741

LGBTQ  
866-488-7386 or text START 678678

Sexual Assault  
800-656-4673 or text HOME to 741741

Abortion  
866-439-4523 or text HELPLINE to 313131

Infant and Child Loss  
800-944-4773 or text HELLO to 741741

Grief and Loss  
800-445-4808  
Or text CARE to 839863

Eating Disorders  
800-931-2237 or text NEDA to 741741

Mental Health  
800-950-6264 or text NAMI to 741741

Translation for LEP individuals facing  
serious to life of well-being  
515-282-8269 option 5 and use code 7092

# V. Detail Exhibits

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[VVV Consultants LLC]



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## a) Patient Origin Source Files

[VVV Consultants LLC]

# Patient Origins 2019-2021

Inpatient Destination Summary Report by County/State - January - December 2019														
Cherokee County Only														
Source: IHA	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Ames, Mary Greeley	3	0.25%	0	0	3	0	0	10	0.21%	0	0	10	0	0
Atlantic, Cass Co Mem	2	0.17%	1	1	0	0	0	11	0.23%	5	6	0	0	0
Carroll, St. Anthony Reg	4	0.34%	0	4	0	0	0	30	0.64%	0	30	0	0	0
Cedar Rapids, St Luke's	3	0.25%	0	1	1	1	0	47	1.00%	0	4	19	24	0
Cherokee, Reg Med Center	604	50.84%	58	72	86	115	273	1939	41.19%	127	185	259	387	981
Clive, MercyOne Rehab		0.08%	0	0	0	1	0	15	0.32%	0	0	0	15	0
Council Bluffs, CHI Hlth	1	0.08%	0	1	0	0	0	1	0.02%	0	1	0	0	0
Council Bluffs, Jennie Ed	8	0.67%	0	4	3	0	1	35	0.74%	0	16	17	0	2
Des Moines, IMMC	3	0.25%	0	0	2	0	1	10	0.21%	0	0	8	0	2
Dunes Surgical	55	4.63%	0	2	19	26	8	128	2.72%	0	3	34	68	23
Fort Dodge, Trinity	3	0.25%	1	1	0	0	1	13	0.28%	4	4	0	0	5
Iowa City, U of I Hosp	17	1.43%	0	2	6	6	3	145	3.08%	0	11	99	16	19
LeMars, Floyd Valley	53	4.46%	11	13	7	6	16	158	3.36%	23	30	30	24	51
Manning, Manning Regional	1	0.08%	0	0	1	0	0	3	0.06%	0	0	3	0	0
Orange City, Org Cty Hlth	22	1.85%	5	4	2	4	7	78	1.66%	13	11	8	10	36
Ottumwa, Ottumwa Reg	1	0.08%	0	0	0	1	0	13	0.28%	0	0	0	13	0
Sheldon, Sanford Med Ctr		0.17%	1	1	0	0	0	4	0.08%	2	2	0	0	0
Sioux City, Mercy Med	159	13.38%	1	14	30	48	66	869	18.46%	2	83	166	272	346
Sioux City, St Luke's	187	15.74%	20	30	58	42	37	934	19.84%	93	102	249	257	233
Spencer, Spencer Hospital	18	1.52%	1	11	1	2	3	77	1.64%	2	41	2	25	7
Spirit Lake, Lakes Reg	2	0.17%	0	0	0	1	1	7	0.15%	0	0	0	2	5
Storm Lake, Buena Vista	34	2.86%	9	11	3	7	4	128	2.72%	20	25	5	53	25
Waterloo, Allen Hosp	2	0.17%	0	0	1	1	0	16	0.34%	0	0	8	8	0
Waterloo, Covenant	2	0.17%	0	1	0	1	0	33	0.70%	0	32	0	1	0
West Des Moines, Meth	1	0.08%	0	0	0	0	0	3	0.06%	0	0	0	0	3
<b>TOTAL</b>	<b>1188</b>	<b>100.00%</b>	<b>108</b>	<b>173</b>	<b>223</b>	<b>262</b>	<b>422</b>	<b>4707</b>	<b>100.00%</b>	<b>291</b>	<b>586</b>	<b>917</b>	<b>1175</b>	<b>1738</b>

Inpatient Destination Summary Report by County/State - January - December 2020														
Cherokee County Only														
Source: IHA	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Carroll, St. Anthony Reg	2	0.20%	0	1	1	0	0	20	0.45%	0	4	16	0	0
Cedar Rapids, St Luke's	5	0.49%	2	1	1	0	1	49	1.10%	7	1	38	0	3
Cherokee, Reg Med Center	539	52.79%	62	67	71	101	238	1867	41.84%	127	223	219	351	947
Council Bluffs, CHI Hlth	3	0.29%	1	1	0	0	1	15	0.34%	5	4	0	0	6
Council Bluffs, Jennie Ed	5	0.49%	0	4	1	0	0	23	0.52%	0	18	5	0	0
Denison, Crawford Co Mem	1	0.10%	1	0	0	0	0	8	0.18%	8	0	0	0	0
Des Moines, IA, Lutheran	2	0.20%	1	0	1	0	0	12	0.27%	5	0	7	0	0
Des Moines, IMMC	3	0.29%	0	1	1	1	0	9	0.20%	0	6	1	2	0
Des Moines, Mercy Med	1	0.10%	0	0	1	0	0	4	0.09%	0	0	4	0	0
Dubuque, Mercy Medical	1	0.10%	1	0	0	0	0	5	0.11%	5	0	0	0	0
Dunes Surgical	34	3.33%	0	3	14	13	4	78	1.75%	0	6	32	29	11
Iowa City, U of I Hosp	16	1.57%	0	3	8	5	0	299	6.70%	0	36	236	27	0
LeMars, Floyd Valley	59	5.78%	13	14	3	8	21	164	3.68%	29	29	7	26	73
Orange City, Org Cty Hlth	26	2.55%	7	9	3	2	5	68	1.52%	14	23	8	3	20
Ottumwa, Ottumwa Reg	1	0.10%	0	1	0	0	0	11	0.25%	0	11	0	0	0
Sheldon, Sanford Med Ctr	4	0.39%	2	2	0	0	0	6	0.13%	3	3	0	0	0
Sioux City, Mercy Med	113	11.07%	1	11	29	26	46	730	16.36%	1	64	198	108	359
Sioux City, St Luke's	156	15.28%	17	31	38	27	43	935	20.95%	151	93	262	146	283
Spencer, Spencer Hospital	19	1.86%	1	7	4	2	5	58	1.30%	2	24	8	2	22
Spirit Lake, Lakes Reg	1	0.10%	0	0	0	0	1	1	0.02%	0	0	0	0	1
Storm Lake, Buena Vista	28	2.74%	7	9	4	3	5	94	2.11%	13	18	17	8	38
Waterloo, Covenant	1	0.10%	0	1	0	0	0	4	0.09%	0	4	0	0	0
West Des Moines, Meth W	1	0.10%	0	0	0	1	0	2	0.04%	0	0	0	2	0
<b>TOTAL</b>	<b>1021</b>	<b>100.00%</b>	<b>116</b>	<b>166</b>	<b>180</b>	<b>189</b>	<b>370</b>	<b>4462</b>	<b>100.00%</b>	<b>370</b>	<b>567</b>	<b>1058</b>	<b>704</b>	<b>1763</b>

**Inpatient Destination Summary Report by County/State - January - December 2021**

**Cherokee County Only**

Source: IHA	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
			Ames, Mary Greeley	2	0.21%	0	1			1	0	0	16	0.38%
Belmond, Iowa Specialty	1	0.11%	0	1	0	0	0	1	0.02%	0	1	0	0	0
Carroll, St. Anthony Reg	4	0.42%	0	3	1	0	0	11	0.26%	0	9	2	0	0
Cedar Rapids, St Luke's	3	0.32%	2	0	1	0	0	27	0.65%	8	0	19	0	0
Cherokee, Reg Med Center	475	50.32%	49	69	80	74	203	1585	38.09%	107	156	279	273	770
Council Bluffs, CHI Hlth	2	0.21%	1	1	0	0	0	10	0.24%	4	6	0	0	0
Council Bluffs, Jennie Ed	2	0.21%	0	1	1	0	0	19	0.46%	0	5	14	0	0
Davenport, Genesis	1	0.11%	0	1	0	0	0	5	0.12%	0	5	0	0	0
Des Moines, IA, Lutheran	3	0.32%	1	0	0	0	2	18	0.43%	8	0	0	0	10
Des Moines, IMMC	6	0.64%	0	1	1	2	2	66	1.59%	0	3	10	40	13
Des Moines, Mercy Med	2	0.21%	1	1	0	0	0	30	0.72%	26	4	0	0	0
Dunes Surgical	34	3.60%	0	3	20	8	3	60	1.44%	0	8	33	12	7
Fort Dodge, Trinity	4	0.42%	1	1	1	0	1	16	0.38%	3	3	3	0	7
Ida Grove, Hom Mem Hosp	2	0.21%	0	0	0	1	1	12	0.29%	0	0	0	3	9
Iowa City, U of I Hosp	14	1.48%	1	2	8	3	0	192	4.61%	1	12	162	17	0
LeMars, Floyd Valley	57	6.04%	10	12	8	8	19	149	3.58%	21	26	21	18	63
Orange City, Org Cty Hlth	23	2.44%	7	9	3	0	4	61	1.47%	14	22	9	0	16
Primghar, Baum Harmon Mer	1	0.11%	0	1	0	0	0	31	0.75%	0	31	0	0	0
Sioux City, Mercy Med	105	11.12%	0	15	26	25	39	734	17.64%	0	89	234	186	225
Sioux City, St Luke's	156	16.53%	26	35	32	28	35	898	21.58%	184	96	1661	173	284
Spencer, Spencer Hospital	8	0.85%	1	4	1	1	1	27	0.65%	2	9	11	2	3
Spirit Lake, Lakes Reg	1	0.11%	0	0	0	0	1	4	0.10%	0	0	0	0	4
Storm Lake, Buena Vista	36	3.81%	14	11	5	2	4	96	2.31%	29	23	15	6	23
Waterloo, Covenant	1	0.11%	1	0	0	0	0	1	0.02%	1	0	0	0	0
West Des Moines, Meth	1	0.11%	0	0	0	0	1	92	2.21%	0	0	0	0	92
<b>TOTAL</b>	<b>944</b>	<b>100.00%</b>	<b>115</b>	<b>172</b>	<b>189</b>	<b>152</b>	<b>316</b>	<b>4161</b>	<b>100.00%</b>	<b>408</b>	<b>510</b>	<b>987</b>	<b>730</b>	<b>1526</b>

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## b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

# Cherokee (IA) Town Hall Event Notes

Attendance: N=39

Date: 8/25/2022 – 11:00 a.m. to 1 p.m.

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## **Community identified the following drugs (substance abuse) occurring in Cherokee, IA: Meth, Marijuana, Heroine, and Fentanyl.**

### **2 RNs in each town (?)**

#### **Marketing is going well**

#### **Strengths-**

- Community Collaboration (Attendance and Funding)
- Active Younger Populace
- Access to Providers
- Access to EMS
- Public Health
- Insurance Options for Business Community
- Quality of Life Options
- Police and Fire Support
- Visiting Specialists
- New Day Care Center
- Strong Hospice Services
- Health Services to the Schools
- High Quality Health Care Services

#### **Needs-**

- Mental Health/Crisis Services
- Single Families
- Outpatient Mental Health
- Substance Abuse
- Chronic Disease Management
- Hospice House
- Mental Health Stigma
- Title 19 Provider Coverage
- Housing Availability
- Workforce Staffing
- Dialysis
- Obesity (Nutrition / Exercise)
- Urgent Care
- Transportation (All)
- Primary Care Provider Care Access to Hospital
- Neglect / Senior Health
- Awareness of Services
- Smoking / Vaping
- Pregnancy Support Services
- Involvement of Healthy Families
- Lack of Advance Care Directives
- Cancer
- Disease Prevention / Wellness (Education)
- Suicide
- Pharmacy Hours
- Access to Telehealth

# Wave #4 CHNA - Cherokee County IA

## Town Hall Conversation - Strengths (White Cards) N=39

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	Large regional medical center	22	Mental health/ plans
2	Low poverty	22	Public health in town
2	Many getting employment in town	23	Bringing specialist here
2	Low free lunch numbers	23	Opportunities for exercise
2	Good provider access	24	Trails/ activity
2	Public health	24	ER/ amb
3	Wellness center	24	Health care
3	Public health	24	Child care coming
3	Resource availability	24	Community collaboration and financial support
3	Specialty providers visiting	25	Availability of specialists
4	Efforts to add mental health services	25	Provider access
4	Specialty drs coming to community	25	Access to insurance
4	Efforts to impact addiction	25	Exercise opportunities
4	Efforts to connect with individuals in judicial system- needs	25	New daycare
4	Bike/ walking trails/ indoor facilities	25	Ambulance/ ER
5	Younger generation who have more interest in wellness moving to area	25	Quality care/ outcomes
5	Availability of physical exercise places (fitness center, bike path)	25	Active younger population
5	Options of seeing specialist in Cherokee verses traveling	25	Quality of life
5	Resources available- community support	25	Hospice
5	People that are willing to keep trying	25	Police and fire
6	Specialists	26	Wellness access to facilities/ activities
6	Fitness center	26	VA support
6	Public health	26	Expanding and delivering better access to specialized care
6	Hospital improvements	27	The people- they care, step up
6	Hospital technology	27	More available activities- trails, pools
7	Access to fitness centers	27	More providers
7	Housing cleared out a lot of rundown and unhealthy housing	27	Hospital
7	Emergency response- police, fire, and medical	27	Senior health services
8	Fitness center	27	Trusting law enforcement
8	Specialists that come here	27	Hospice
8	Women's health services	27	Educational opportunities after high school
8	Ambulance services	27	Senior life
8	Outdoor recreation	27	Community collaboration and financial support
9	Trails/ outdoor recreation	27	Active younger population
9	Access to PCP	27	Access to providers
10	Improving access to care- expanded primary care clinic hours, provider based endoneurology	27	Public health
10	Fitness center- strength/ opportunity	27	Quality of health

# Wave #4 CHNA - Cherokee County IA

## Town Hall Conversation - Strengths (White Cards) N=39

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
10	Trails initiative in our community- address	27	Police and fire
10	MDs/DDs per population	27	Specialists coming in
10	Schools	27	Active schools
11	Community partnerships	28	Easy access to health care (primary)
11	Committed school districts	28	Many options for fitness center
11	Availability of resources	28	Very involved community members
11	Access to outdoor recreation	28	Low unemployment job opportunities
11	Access to healthcare (more hours- evenings and Saturdays)	28	Education opportunities beyond high school
11	Access to wellness center	29	Great providers to choose from local PCP's within therapy departments
11	Number of providers	29	Wellness center, trails committees, events to promote health (walking 5k's)
11	Hospice	29	Senior life solutions
11	Hospital	29	Hospice
11	Local businesses offering insurance	29	Trusting law enforcement
11	Active younger population	30	Local knowledge
11	EMS/ police/ fire	30	Great people
11	Visiting HS specialists	30	Trails
11	New daycare center opening	30	Dedication to community/ pride
12	Providers- access to appointments	30	Insurance provided
12	Hospital	31	Active health care community- physical
12	Hospice	31	Suicide awareness program
12	Schools	31	Good business
12	Fitness center	32	Facilities
13	Medical doctors access to care	32	Providers- access to appointments
13	Public health programs- non smoking	32	Outdoor recreation (trails)
13	Emergency care	32	Indoor recreation (wellness centers, gyms)
13	Transport to major care hospital (amb)	32	Communication available (radio, paper)
13	EMS services	33	Access to first responders
13	County services	33	Access to doctors/ emergency services
13	Sheriff and police department, fire, emergency	33	Safe neighborhoods/ low crime violence
13	Hospice	33	Clean, improving education system
14	Access to care	33	Access to community college
14	Great resources for physical activity- wellness center, trails	33	Many spiritual communities
14	Schools- academic markers	33	MHI
14	More provider services- endocrinologist, neurology, vascular	33	Circo
15	Median income (county wide)	34	Exercise opportunities/ trails, wellness centers
15	Financially sound health care ctr	34	Medical facilities
15	Fitness center	34	Number of providers
15	Access to healthcare	34	Law enforcement
16	Trails/ wellness center- opportunities for activity	35	Community collaboration
16	Hospital/ clinics/ eye/ dentist/ chiropractor	35	Active younger population
16	School lunch/ backpack program	35	Access to doctors/ emergency services

# Wave #4 CHNA - Cherokee County IA

## Town Hall Conversation - Strengths (White Cards) N=39

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
16	Fresh food (HyVee, farmers market)	35	Health insurance
17	Community/ shareholder involvement (set meetings- suicide prevention- SART)	35	Quality of life
18	Community supported hospital	35	Visiting specialists
18	Away of preventative health providers	35	Day care center
19	Access to primary specialty for rural area	35	School
19	Commitment of care	36	Providers and facilities
19	Strong medical services	36	Overall health and wellness of community
19	Quality of care	36	Community involvement and support
19	Strong community	36	Specialists
20	Outside recreation areas	36	Wellness center and programs
20	Strong NP PA staff	37	Provider availability
20	Cooperative local leadership	37	Strong ambulance services
20	Active younger population	37	Fitness opportunities
20	Size of hospital	37	Medical facilities
21	New providers	37	Public health service availability
21	Diabetic education	38	Exercise- hospital and wellness
21	Clinics- 4	38	Culture- plays, symphonies
21	PT- 3 towns	38	Quality of life
21	SLS	38	Excellent administration and council
21	Nice facility, updated equipment	38	Museum and planetarium
21	Output specialties	38	Excellent parks
21	Ortho surgery	38	Hospital
21	PH	38	Growth in population and students
21	Fitness center	39	Number of chiropractors
22	Hospital services	39	Specialty services
22	Fitness center/ 2 gyms	39	Schools and mental health
22	Walking trail	39	Public health



# Wave #4 CHNA - Cherokee County IA

## Town Hall Conversation - Weaknesses (Color Cards) N= 39

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	Mental health support	19	Mental health assistance access
1	Affordable/ available child care	19	Awareness of services
1	Health and wellness- obesity	19	Providers
1	Emergency room/ urgent care	19	Youth drugs
1	Drugs	19	Teen pregnancy/ sexual activity
1	Provider awareness and recruitment	19	Cancer support and treatment
2	Childhood experience/ family parental assistance	20	Child care
2	Youth education- drugs/ alcohol, teen pregnancy	20	Nutrition services
2	Mental health/ behavioral assistance	20	Education on resources- awareness
2	Housing- availability, safe and affordable	20	Housing
2	Neglect- seniors, food disparity	20	Mental health
3	Pediatricians	21	Mit in jails
3	Dental/ vision access for T-19	21	Local access to crisis mitt- knowledge, education
3	Pharmacy availability	21	Parenting skills/ how parental actions affect the growth of their kids leading up to adults
3	Child care	21	Housing- it's quality but not quantity
3	Urgent care	22	Local primary care
4	Allow private practice PCD full access to scope of practice	22	Covid/ get vaccinated
4	Access to services/ non discriminatory against PCP's	22	Eye doctor
4	Continuity of care	22	Mental health access (state?)
4	PT education	22	Child care
4	Youth mental health	22	Title 19 eye doctors
4	Rural suicide rates	22	Title 19 dentists
4	PT satisfaction/ confidence	23	Teenage pregnancy
4	Chronic illness managed by PCO	23	Child care access
5	Mental health emergency placements	23	Domestic violence
5	non-medical transportation	23	Housing
5	Pregnancy center- support services	23	ER wait times
5	Senior supports- family in area	24	Public awareness/ education (exercise, nutrition, physical activity)
6	Single family support	24	Continue to improve trails, biking's, walking, events to get people out
6	Alcohol abuse	24	Drug education
6	Suicide prevention	24	Access to health education
6	Dialysis program (kidney)	24	Mental health awareness
7	Preventative care	25	Access to specialty providers (mental health therapists)
7	Mental health	25	Lack of affordable transportation for seniors
7	Transportation	25	Obesity/ poor physical exercise
7	Child care	25	Lack of nutrition, access to affordable health foods
7	Teen pregnancy	25	Lack of child care, especially for newborns/ infants
7	Obesity	25	Poor completion of advance directives
8	Awareness for suicide help	26	Better teen education (drugs, tobacco, etc.)
8	Availability of services	26	Provider active involvement
8	% of smoking/ vaping	26	Mental health screening

## Wave #4 CHNA - Cherokee County IA

### Town Hall Conversation - Weaknesses (Color Cards) N= 39

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
8	Health care	26	Drugs/ ETOH education
8	Specialty clinics (cancer)	27	Restriction of local providers
9	Mental health access	27	ER professionalism
9	Teen pregnancy/ smoking	27	Mental health
9	Drug use (meth)	27	Drug abuse/ physical abuse
9	Obesity	28	Awareness of services
9	Child care	28	Drugs and alcohol
10	Working together	28	Suicide- mental health services
10	Utilizing resources	28	Cancer
11	Specialty doctors here more often	28	Urgent care
11	Community involvement	28	Hospice house
11	Healthy food choices at restaurants	28	Dental services
11	Stigma on getting help	29	Access to specialty- especially cancer doctors and treatment here
11	Transportation	29	Education and awareness on advance care planning
11	Land availability	29	Hospice house
11	Aging provider population	30	Lack of child care options
11	Housing	30	Too many suicides
12	Need elderly care	30	Increased mental health patients/ no placements
12	Housing availability	30	Teen pregnancies too high
12	Reliable transportation	30	More access to specialists
12	Aging provider population	31	Parent outreach
12	Land availability for expanded services	31	Additional insurance acceptance for vision, dental
13	Chronic care management	31	Mental health
13	Education on disease prevention	32	Senior health
13	Transportation/ access to care	32	Obesity
13	Access to telehealth	32	Diabetes/ kidney disease
13	Obesity and the effects	32	Education- health
13	Childhood obesity	32	Distracted driving
14	Mobile health crisis	32	Exercise
14	Rural access health care	32	Drugs and alcohol use
14	Childhood obesity	33	Vaping- smoke/ nicotine free
14	Child care	33	Obesity- education
14	Collaboration	33	Teen pregnancy
14	Access to care	33	Drugs/ alcohol
14	Insurance offering	33	Mental health
14	Quality life	34	Dialysis center here- closest is 20 miles away
15	Utilization of mobile crisis response	34	Drinking and driving- make drinking and smoking unpopular, don't "let it slide"
15	Coalition participation	34	Leave mental health to another agency of professionals
15	Access to health care for rural persons	34	Drugs- more crackdown by law enforcement
15	Transportation	35	Access to mental health
15	Chronic care management	35	Obesity/ activity/ nutrition
15	Chronic disease prevention	35	Single parenthood/ teen births/ poverty/ D.V.
15	Youth to adult obesity	35	Drugs
15	ER/ urgent care	35	Alcohol/ drinking and driving
15	Child care- back up options	35	Smoking/ tobacco/ smoke- free workplace
15	Mental health services	35	Senior health/ mental health/ support

## Wave #4 CHNA - Cherokee County IA

### Town Hall Conversation - Weaknesses (Color Cards) N= 39

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
15	Senior health	35	Health education/ chronic disease prevention
15	Outpatient mental health access	35	Urgent care
15	Neglect	36	Kidney disease- information
15	Substance abuse- alcohol and drugs	36	Walk-ins for ER
16	Alcoholism/ drug use	37	Expand mental health
16	Mental health awareness and culture	37	Teens and drugs
16	Child care that is safe/ accurate ratios	37	Obesity
16	Chronic illness prevention education programs/ outreach	37	Attract workforce
16	Communication on local resources	37	Housing
17	Mental health	38	Mental health access
17	Child care/ day care facilities	38	Vaping/ smoking
17	Drugs	38	Staffing for health care services
17	Suicides	38	Obesity
17	Cancer	38	Housing
18	Child care	38	Drugs- illegal
18	Mental health	39	Child care
18	Obesity	39	Mental health
18	Opioids	39	Drug use/ addiction- access to these
18	Housing/ rentals	39	ED problem
		39	Obesity initiatives

## EMAIL #1 Request Message (Cut & Paste)

**From:** Gary Jordan, CEO

**Date:** 6/24/2022

**To:** Community Leaders, Providers and Hospital Board and Staff

**Subject:** 2022 Cherokee County, IA Community Health Needs Assessment

**Cherokee Regional Medical Center** is working with other community health providers to update the 2022 Cherokee County, IA Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2016 and 2019 CHNA reports and to collect up-to-date community health perceptions.

VVW Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential if you choose to participate in this online survey.

To gather community feedback, a short and confidential online survey has been developed. To access this survey, please utilize the link below to participate.

**LINK:**

<https://www.surveymonkey.com/r/CherokeeReg>



All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **August 5<sup>th</sup>, 2022**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, August 25<sup>th</sup>, 2022**, for Dinner from **Lunch 11:30 a.m. – 1:00 p.m.** Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call Gary @ (XXX)-XXX-XXXX

## **PR#1 News Release**

Local Contact: Gary Jordan, CEO

**Media Release: 6/24/22**

# **Cherokee Regional Medical Center Seeks Community Input on Local Health Needs**

Over the next few months, **Cherokee Regional Medical Center (CRMC)** will be working with area providers to update the 2019 Cass County Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in order to complete the 2022 CHNA.

VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2016 and 2019 assessment reports, while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed in order to accomplish this work. The survey can be accessed by visiting the hospital website or the CRMC Facebook page if you would like to participate in providing this important feedback.

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **August 5<sup>th</sup>, 2022**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, August 25<sup>th</sup>, 2022** for dinner from **11:30 a.m. - 1:00 p.m.** Please, stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call Gary @ **(XXX)-XXX-XXXX**



## EMAIL #2 Request Message

**From:** Gary Jordan

**Date:** 7/25/2022

**To:** Community Leaders, Providers and Hospital Board and Staff

**Subject:** 2022 Community Health Needs Assessment Town Hall Event – August 25<sup>th</sup>, 2022

**Cherokee Regional Medical Center** is hosting a community town hall event for the 2022 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs for Cherokee County. This event will be held on **Thursday, August 25<sup>th</sup>**, from **11:30 a.m. – 1:00 p.m. at XXX**.

All business leaders and residents are encouraged to join us for this important meeting. In order to adequately prepared for this town hall meeting, it is imperative that those attending RSVP. We hope you find the time to attend this important event by following the link below to complete your RSVP for August 25<sup>th</sup>. Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event. Please use the link or scan the QR code below to RSVP.

**LINK:** [https://www.surveymonkey.com/r/Cherokee\\_RSVP](https://www.surveymonkey.com/r/Cherokee_RSVP)



**Scan QR code to RSVP!**

*Thanks in advance for your time and support*

If you have any questions regarding CHNA activities, please call Gary @ (xxx) xxx-xxx

# Join Cherokee Regional Medical Center for the 2022 CHNA Town Hall Event

Media Release: 07/25/2022

**Cherokee Regional Medical Center** will be hosting a Town Hall meeting for the 2022 Community Health Needs Assessment on **Thursday, August 25<sup>th</sup> at XXX** from **11:30 a.m. to 1:00 p.m.** During this meeting, we will review the community health indicators and gather feedback opinions on key community needs for Cherokee County.

In order for us to adequately prepare for this Town Hall event, it is imperative that all those who wish to attend; please RSVP. Please visit the Cherokee Regional Medical Center website, or social media sites (Facebook) to obtain the link to complete your RSVP! For convenience, you may also utilize the QR code below that will take you directly to the RSVP site. We hope that you find the time to join us for this important event on August 25<sup>th</sup>. Thanks in advance for your time and support!



**Scan QR code to RSVP!**

If you have any questions regarding CHNA activities, please call Gary @ (xxx) xxx-xxx

## d.) Primary Research Detail

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[VVV Consultants LLC]



## CHNA 2022 Community Feedback: Cherokee Co IA (N=259)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1121	51012	Good	Increasing - moving up	CHRON	ECON		Chronic Disease, Limited income
1055	51014	Very Good	Decreasing - slipping downward	CHRON	FIT	MH	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1155	51025	Very Good	Increasing - moving up	CHRON	FIT	MH	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1193	51012	Good	Increasing - moving up	CHRON	FIT	NUTR	Chronic Disease, Lack of Nutrition/Exercise Services, Dr vanderlune not being at your facility. But I do like his new clinic
1112	51012	Average	Decreasing - slipping downward	CHRON	INSU	SPEC	Chronic Disease, Limited Access Specialty Care, Lack of Health Insurance
1006	51012	Good	Increasing - moving up	CHRON	INSU		Chronic Disease, Lack of Health Insurance
1029	51012	Good	Increasing - moving up	CHRON	INSU	FINA	Chronic Disease, Lack of Health Insurance, People can't afford to pay for it
1106	51012	Good	Increasing - moving up	CHRON	INSU		Chronic Disease, Lack of Health Insurance
1139	51012	Very Good	Increasing - moving up	CHRON	INSU	NEG	Chronic Disease, Lack of Health Insurance, Neglect
1226	51012	Good	Increasing - moving up	CHRON	INSU	NEG	Chronic Disease, Lack of Health Insurance, Neglect
1010	51012	Good	Not really changing much	CHRON	INSU	NEG	Chronic Disease, Lack of Health Insurance, Neglect
1071	51012	Very Good	Not really changing much	CHRON	INSU	NH	Chronic Disease, Lack of Health Insurance, Old age
1099	51012	Very Good	Not really changing much	CHRON	INSU	NEG	Chronic Disease, Lack of Health Insurance, Neglect
1035		Average	Decreasing - slipping downward	CHRON	MH	INSU	Chronic Disease, Limited Access to Mental Health, Lack of Health Insurance
1150		Average	Decreasing - slipping downward	CHRON	MH	SPEC	Chronic Disease, Limited Access Specialty Care, Limited Access to Mental Health
1028	51012	Good	Increasing - moving up	CHRON	MH	SPRT	Chronic Disease, Limited Access to Mental Health, Family Assistance programs
1038	51012	Very Good	Increasing - moving up	CHRON	MH	PREV	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health, Lack of Health & Wellness is not because it isn't available but because of a lack of using the services,
1080	51014	Very Good	Increasing - moving up	CHRON	MH		Chronic Disease, Limited Access to Mental Health
1116	51012	Average	Increasing - moving up	CHRON	MH	INSU	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance
1125	51012	Very Good	Increasing - moving up	CHRON	MH	SPRT	Chronic Disease, Limited Access to Mental Health, Family Assistance programs
1130	51033	Average	Increasing - moving up	CHRON	MH	SPEC	Chronic Disease, Limited Access Specialty Care, Limited Access to Mental Health
1131	51012	Very Good	Increasing - moving up	CHRON	MH	SPRT	Chronic Disease, Limited Access to Mental Health, Family Assistance programs
1135	51035	Average	Increasing - moving up	CHRON	MH	NEG	Chronic Disease, Limited Access to Mental Health, Neglect
1141	51037	Very Good	Increasing - moving up	CHRON	MH	INSU	Chronic Disease, Limited Access to Mental Health, lack of providers/facilities that will take state Medicaid or HMO/Medicare replacement plans.
1154	51012	Good	Increasing - moving up	CHRON	MH	NEG	Chronic Disease, Limited Access to Mental Health, Neglect
1175	51012	Good	Increasing - moving up	CHRON	MH	DENT	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health, lack of dentistry willing to see Medicaid patients
1215	50588	Very Good	Increasing - moving up	CHRON	MH	NEG	Chronic Disease, Limited Access to Mental Health, Neglect
1228	51012	Good	Increasing - moving up	CHRON	MH	SPRT	Chronic Disease, Limited Access to Mental Health, Family Assistance programs
1239	51012	Good	Increasing - moving up	CHRON	MH		Chronic Disease, Limited Access to Mental Health
1243	51029	Very Good	Increasing - moving up	CHRON	MH	INSU	Chronic Disease, Limited Access to Mental Health, Lack of Health Insurance
1259	51012	Very Good	Increasing - moving up	CHRON	MH	AWARE	Chronic Disease, Limited Access to Mental Health, Lack of Awareness of services available locally
1049	51012	Good	Not really changing much	CHRON	MH	NEG	Chronic Disease, Limited Access to Mental Health, Neglect
1104	51012	Good	Not really changing much	CHRON	MH	SPEC	Chronic Disease, Limited Access Specialty Care, Limited Access to Mental Health
1134	51012	Average	Not really changing much	CHRON	MH	INSU	Chronic Disease, Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1159		Very Good	Not really changing much	CHRON	MH	INSU	Chronic Disease, Limited Access to Mental Health, Lack of Health Insurance
1231	51035	Very Good	Not really changing much	CHRON	MH	FINA	Chronic Disease, Limited Access to Mental Health, Lack of available funds/cash
1232	51005	Good	Not really changing much	CHRON	MH	INSU	Chronic Disease, Limited Access to Mental Health, Lack of Health Insurance
1233	51012	Good	Not really changing much	CHRON	MH	INSU	Chronic Disease, Limited Access to Mental Health, Lack of Health Insurance
1152	51005	Average	Decreasing - slipping downward	CHRON	NUTR	NEG	Chronic Disease, Lack of Nutrition/Exercise Services, Neglect
1195		Average	Decreasing - slipping downward	CHRON	NUTR	MH	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1075	51012	Good	Increasing - moving up	CHRON	NUTR	FIT	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services
1091	51012	Very Good	Increasing - moving up	CHRON	NUTR	MH	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1235	51012	Good	Increasing - moving up	CHRON	NUTR	MH	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1063	51012	Good	Not really changing much	CHRON	NUTR	INSU	Chronic Disease, Lack of Nutrition/Exercise Services, Lack of Health Insurance
1043	51012	Very Good		CHRON	NUTR	MH	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1036		Good	Increasing - moving up	CHRON	OWN		Chronic Disease, Non compliant patients
1168	51049	Average	Decreasing - slipping downward	CHRON	PREV	MH	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health, Neglect
1172		Average	Decreasing - slipping downward	CHRON	PREV	FIT	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services

## CHNA 2022 Community Feedback: Cherokee Co IA (N=259)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1199	51012	Poor	Decreasing - slipping downward	CHRON	PREV	PRIM	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance, Neglect
1202	51014	Good	Decreasing - slipping downward	CHRON	PREV	NUTR	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Limited Access to Mental Health, Lack of Health Insurance, Neglect
1227		Good	Decreasing - slipping downward	CHRON	PREV	NUTR	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1004		Good	Increasing - moving up	CHRON	PREV	PRIM	Chronic Disease, Lack of Health & Wellness, Limited Access to Primary Care
1072	51049	Good	Increasing - moving up	CHRON	PREV	NEG	Chronic Disease, Lack of Health & Wellness, Neglect
1133	51012	Very Good	Increasing - moving up	CHRON	PREV		Chronic Disease, Lack of Health & Wellness
1229	51012	Very Good	Increasing - moving up	CHRON	PREV	MH	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health
1020	51012	Good	Not really changing much	CHRON	PREV	MH	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health
1066	51012	Very Good	Not really changing much	CHRON	PREV	SPRT	Chronic Disease, Lack of Health & Wellness, Family Assistance programs
1089	51012	Good	Not really changing much	CHRON	PREV	MH	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health
1094	51012	Good	Not really changing much	CHRON	PREV	SPEC	Chronic Disease, Lack of Health & Wellness, Limited Access Specialty Care
1127	51012	Good	Not really changing much	CHRON	PREV	MH	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health
1166	51012	Average	Not really changing much	CHRON	PREV	SPEC	Chronic Disease, Lack of Health & Wellness, Limited Access Specialty Care
1241	51061	Average	Not really changing much	CHRON	PREV	PRIM	Chronic Disease, Lack of Health & Wellness, Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1253		Very Good		CHRON	PREV	MH	Chronic Disease, Lack of Health & Wellness, Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1114	51025	Good	Increasing - moving up	CHRON	PRIM	NEG	Chronic Disease, Limited Access to Primary Care, Lack of Health Insurance, Neglect
1164		Good	Increasing - moving up	CHRON	PRIM	MH	Chronic Disease, Limited Access to Primary Care, Limited Access to Mental Health
1217	51012	Good	Increasing - moving up	CHRON	PRIM	MH	Chronic Disease, Limited Access to Primary Care, Limited Access to Mental Health, Lack of Health Insurance, Health education
1126	51047	Average	Decreasing - slipping downward	CHRON	SPRT	PREV	Chronic Disease, Lack of Health & Wellness, Family Assistance programs, The focus of health needs to be proactive- not reactive. And financially possible.
1144	51012	Good	Increasing - moving up	CHRON	SPRT	INSU	Chronic Disease, Family Assistance programs, Lack of Health Insurance
1203	51012	Average	Decreasing - slipping downward	CHRON			Chronic Disease
1219	51012	Good	Increasing - moving up	CHRON			Chronic Disease
1058	51012	Good	Not really changing much	CHRON			Chronic Disease
1097	51037	Good	Increasing - moving up	FIT	MH	INSU	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Lack of Health Insurance, Neglect
1088		Good	Increasing - moving up	INSU	NEG		Lack of Health Insurance, Neglect
1002	51025	Very Good	Not really changing much	INSU	NEG		Lack of Health Insurance, Neglect
1187	51012	Good	Not really changing much	INSU	SPEC		Limited Access Specialty Care, Lack of Health Insurance
1039		Good	Increasing - moving up	INSU			Lack of Health Insurance
1045	51035	Good	Not really changing much	INSU			Lack of Health Insurance
1138		Very Good	Not really changing much	INSU			Lack of Health Insurance
1156	51012	Very Good	Not really changing much	MH	FIT	OWN	Limited Access to Mental Health, lack of self discipline to exercise
1021	51012	Good	Increasing - moving up	MH	INSU		Limited Access to Mental Health, Lack of Health Insurance
1061	51012	Very Good	Increasing - moving up	MH	INSU	NEG	Limited Access to Mental Health, Lack of Health Insurance, Neglect
1213	51012	Good	Increasing - moving up	MH	INSU	SPEC	Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1223		Good	Increasing - moving up	MH	INSU		Limited Access to Mental Health, Lack of Health Insurance, unable to afford medical care even with health insurance. People do not qualify for state aid yet still have to choose between paying medical bills and feeding their families. Cost of health care is too much
1050	51005	Good	Not really changing much	MH	INSU		Limited Access to Mental Health, Lack of Health Insurance
1100	51012	Good	Not really changing much	MH	INSU	NEG	Limited Access to Mental Health, Lack of Health Insurance, Neglect
1123	51012	Good	Not really changing much	MH	INSU	FINA	Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance, Not a lack of insurance per se but how unaffordable insurance deductibles and maximum out of pocket are for the majority. No wonder patients refuse routine testing, let alone diagnostic exams.
1162	51012	Average	Not really changing much	MH	INSU	SPEC	Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1176		Good	Not really changing much	MH	INSU	SPEC	Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1137	51012	Average	Not really changing much	MH	NEG	SPEC	Limited Access Specialty Care, Limited Access to Mental Health, Neglect
1037	51005	Average	Not really changing much	MH	SPEC		Limited Access Specialty Care, Limited Access to Mental Health
1136	51012	Very Good	Increasing - moving up	MH	SPRT	INSU	Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance
1237	51012	Good	Increasing - moving up	MH	SPRT	INSU	Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance
1128	51012	Good	Not really changing much	MH	SPRT	NEG	Limited Access to Mental Health, Family Assistance programs, Neglect
1249	51012	Very Good	Not really changing much	MH	SPRT	INSU	Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance, Neglect
1251	51058	Very Good	Increasing - moving up	MH			Limited Access to Mental Health
1041	51012	Very Good	Not really changing much	MH			Limited Access to Mental Health
1208	51012	Good	Not really changing much	MH			Limited Access to Mental Health
1247	51012	Average	Decreasing - slipping downward	NEG			Neglect

## CHNA 2022 Community Feedback: Cherokee Co IA (N=259)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1171		Good	Increasing - moving up	NEG			Neglect
1240	51012	Average	Not really changing much	NEG			Neglect
1073	51012	Good	Decreasing - slipping downward	NUTR	FIT	INSU	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Lack of Health Insurance
1008	51061	Good	Increasing - moving up	NUTR	FIT	INSU	Lack of Nutrition/Exercise Services, Lack of Health Insurance, patient's worry about expense of healthcare.
1067	51061	Good	Increasing - moving up	NUTR	FIT	MH	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Lack of Health Insurance
1076	51012	Good	Increasing - moving up	NUTR	FIT	INSU	Lack of Nutrition/Exercise Services, Lack of Health Insurance, Neglect
1086	51049	Very Good	Increasing - moving up	NUTR	FIT	INSU	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Lack of Health Insurance
1160	51020	Good	Increasing - moving up	NUTR	FIT		Lack of Nutrition/Exercise Services
1177		Good	Increasing - moving up	NUTR	FIT	INSU	Lack of Nutrition/Exercise Services, Family Assistance programs, Lack of Health Insurance
1023	51014	Good	Not really changing much	NUTR	FIT		Lack of Nutrition/Exercise Services
1115		Good	Not really changing much	NUTR	FIT	PREV	Lack of Health & Wellness, Lack of Nutrition/Exercise Services
1118	51049	Very Good	Not really changing much	NUTR	FIT	PRIM	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Primary Care
1129		Good	Not really changing much	NUTR	FIT	MH	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Family Assistance programs
1169	51050	Poor	Not really changing much	NUTR	FIT	INSU	Lack of Nutrition/Exercise Services, Family Assistance programs, Lack of Health Insurance
1206	51012	Good	Not really changing much	NUTR	FIT	MH	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Neglect
1220	51012	Good	Not really changing much	NUTR	FIT	PREV	Lack of Nutrition/Exercise Services
1244	51012	Very Good	Not really changing much	NUTR	FIT	PREV	Lack of Nutrition/Exercise Services, People use food as entertainment. There are not enough things to do outside of restaurants.
1221	51029	Very Good	Decreasing - slipping downward	NUTR	MH	NEG	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Neglect, In response to lack of Nutrition/Exercise service I would specifically say lack of affordable access and outreach for these programs. My family can afford but not all families can.
1025	51012	Very Good	Increasing - moving up	NUTR	MH	NEG	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance, Neglect
1077		Average	Increasing - moving up	NUTR	MH	INSU	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Lack of Health Insurance
1252	51035	Average	Increasing - moving up	NUTR	MH	NEG	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Neglect
1192	51012	Poor	Decreasing - slipping downward	NUTR	PRIM	INSU	Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Lack of Health Insurance
1003	51012	Good	Decreasing - slipping downward	PREV	FIT	MH	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1062	51012	Very Good	Increasing - moving up	PREV	FIT	NUTR	Lack of Health & Wellness
1012	51012	Very Good	Not really changing much	PREV	FIT	INSU	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Lack of Health Insurance
1148	51005	Very Good	Not really changing much	PREV	FIT	MH	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1095	51012 d	Good	Increasing - moving up	PREV	INSU		Lack of Health & Wellness, Lack of Health Insurance
1186	51012	Average	Not really changing much	PREV	INSU	SPEC	Lack of Health & Wellness, Limited Access Specialty Care, Lack of Health Insurance
1005	51012	Good	Increasing - moving up	PREV	MH	NEG	Lack of Health & Wellness, Limited Access to Mental Health, Neglect
1053	51058	Very Good	Increasing - moving up	PREV	MH	INSU	Lack of Health & Wellness, Limited Access to Mental Health, Lack of Health Insurance
1074		Very Good	Increasing - moving up	PREV	MH	NEG	Lack of Health & Wellness, Limited Access to Mental Health, Neglect
1110	51029	Very Good	Increasing - moving up	PREV	MH	NEG	Lack of Health & Wellness, Limited Access to Mental Health, Neglect
1211	51012	Good	Increasing - moving up	PREV	MH	INSU	Lack of Health & Wellness, Limited Access to Mental Health, Lack of Health Insurance
1064	51012	Good	Not really changing much	PREV	MH	POV	Lack of Health & Wellness, Limited Access to Mental Health, Neglect, Poverty & being uneducated
1068	51012	Average	Not really changing much	PREV	MH	NEG	Lack of Health & Wellness, Limited Access Specialty Care, Limited Access to Mental Health, Neglect
1119	51012	Very Good	Not really changing much	PREV	MH	INSU	Lack of Health & Wellness, Limited Access to Mental Health, Lack of Health Insurance
1153	51005	Very Good	Not really changing much	PREV	MH	SPRT	Lack of Health & Wellness, Limited Access to Mental Health, Family Assistance programs
1196	51012	Average	Not really changing much	PREV	MH	INSU	Lack of Health & Wellness, Limited Access to Mental Health, Lack of Health Insurance
1113	51012	Very Good	Increasing - moving up	PREV	NEG		Lack of Health & Wellness, Neglect
1011	51012	Good	Increasing - moving up	PREV	NUTR	FIT	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Neglect
1015	51012	Average	Increasing - moving up	PREV	NUTR	MH	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1147	51012	Good	Increasing - moving up	PREV	NUTR	NEG	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Neglect
1173	51029	Very Good	Increasing - moving up	PREV	NUTR	NEG	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Neglect
1185	51025	Good	Increasing - moving up	PREV	NUTR	FIT	Lack of Health & Wellness, Lack of Nutrition/Exercise Services
1234	51012	Average	Increasing - moving up	PREV	NUTR	FIT	Lack of Health & Wellness, Lack of Nutrition/Exercise Services
1242	51035	Average	Increasing - moving up	PREV	NUTR	MH	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1132	51012	Very Good	Not really changing much	PREV	NUTR	MH	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Lack of more affordable nutrition. May fast food places are much more cost effective and the healthier options are more spendy. I don't think there is a lack of health & Wellness but there is a lack of people utilizing all the options we have.

## CHNA 2022 Community Feedback: Cherokee Co IA (N=259)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1245	51012	Good	Not really changing much	PREV	NUTR	MH	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1182	51025	Poor	Decreasing - slipping downward	PREV	PRIM	MH	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance
1105		Good	Increasing - moving up	PREV	PRIM	INSU	Lack of Health & Wellness, Limited Access to Primary Care, Lack of Health Insurance
1170	51050	Poor	Not really changing much	PREV	PRIM	MH	Lack of Health & Wellness, Limited Access to Primary Care, Limited Access to Mental Health, Family Assistance programs
1200	51012	Average	Not really changing much	PREV	PRIM	MH	Lack of Health & Wellness, Limited Access to Primary Care, Limited Access to Mental Health
1030	51025	Good	Not really changing much	PREV	SPRT	NEG	Lack of Health & Wellness, Family Assistance programs, Neglect
1189	51012	Average	Not really changing much	PREV	SPRT	INSU	Lack of Health & Wellness, Family Assistance programs, Lack of Health Insurance
1157	51012	Very Good	Increasing - moving up	PREV			Lack of Health & Wellness
1158	51012	Poor	Decreasing - slipping downward	PRIM	FP		Limited Access to Primary Care
1145	51012	Average	Not really changing much	PRIM	FP		Limited Access to Primary Care
1103	51012	Very Poor	Decreasing - slipping downward	PRIM	MH	SPEC	Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health
1163	51049	Average	Decreasing - slipping downward	PRIM	MH	SPEC	Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health
1230	51014	Very Poor	Decreasing - slipping downward	PRIM	MH	SPEC	Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health
1007	51035	Good	Increasing - moving up	PRIM	MH	INSU	Limited Access to Primary Care, Limited Access to Mental Health, Lack of Health Insurance
1111	51012	Very Poor	Not really changing much	PRIM	MH	SPEC	Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health
1120	51005	Average	Not really changing much	PRIM	MH	INSU	Limited Access to Primary Care, Limited Access to Mental Health, Lack of Health Insurance
1201	51012	Poor	Decreasing - slipping downward	PRIM	NEG		Limited Access to Primary Care, Neglect
1184	51012	Poor	Decreasing - slipping downward	PRIM	SPEC		Limited Access to Primary Care, Limited Access Specialty Care
1191	51012	Average	Decreasing - slipping downward	PRIM			Limited Access to Primary Care
1207	51012	Average	Not really changing much	PRIM			Limited Access to Primary Care
1069	51012	Good	Increasing - moving up	SPEC	REF		Limited Access Specialty Care, #1 - People not taking recommended care of themselves. Your specialty care center is one of the best features in CRMC. The facility area and personnel could and should be increased.
1083	51029	Very Good	Not really changing much	SPRT	INSU	NEG	Family Assistance programs, Lack of Health Insurance, Neglect
1093	51005	Average	Not really changing much	SPRT	INSU	SPEC	Limited Access Specialty Care, Family Assistance programs, Lack of Health Insurance
1198	51012	Poor	Decreasing - slipping downward	SPRT	NUTR		Family Assistance programs, I'm poor but not poor enough to get assistance with stuff like food or whatever



## CHNA 2022 Community Feedback: Cherokee Co IA (N=259)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1163	51049	Average	Decreasing - slipping downward	ACC	DOCS	PART	No, Dr. VandeLune has a growing practice in the community and should be allowed to care for his patients in Cherokee county at the local hospital instead of forcing them outside of the county for services.
1199	51012	Poor	Decreasing - slipping downward	ACC	DOCS		Yes, Dr VanderLune is always available
1201	51012	Poor	Decreasing - slipping downward	ACC	DOCS		No, Dr Vandelune needs to be able to see his patients at Cherokee Regional Hospital
1217	51012	Good	Increasing - moving up	ACC	DOCS	QUAL	No, Dr. VandeLune has no access to his patients when they are hospitalized at CRMC. How is that accessible Healthcare? Access is important, so is continuity of care and transparency between providers.
1200	51012	Average	Not really changing much	ACC	DOCS	STFF	No, My provider needs access to see me at the hospital, the world is short staffed
1103	51012	Very Poor	Decreasing - slipping downward	ACC	SCH	RUSH	No, You can not get in to see a provider when you are actually sick! When you do get in, they only spend a seconds with you and never get a diagnosis or proper care and it's been this way for years!
1145	51012	Average	Not really changing much	ACC	SCH	DOCS	No, I have issues seeing a provider and I always have to see a different one.
1234	51012	Average	Increasing - moving up	ACC	STFF	SCH	No, Sometimes health providers are not available, too many gone when staff is already minimal.
1112	51012	Average	Decreasing - slipping downward	CARD	NEP	OBG	No, Cardiovascular specialists, Kidney specialists, Lung specialists, OBGYNs, Eye Doctors
1221	51029	Very Good	Decreasing - slipping downward	CLIN	EMER		Yes, Yes but I also feel like an urgent care clinic would come in handy and ease up some of the non-emergency visits in the ER.
1182	51025	Poor	Decreasing - slipping downward	CLIN	HRS		No, Need urgent care in evening. Especially in smaller towns
1105		Good	Increasing - moving up	CLIN	HRS	EMER	No, As stated before, I feel like we need an urgent care. We've made improvements with extending the clinic hours, but I do feel like more could be done. Nothing is worse than a child having a terrible earache on a Saturday and knowing you either have to pay for an ER visit or wait until Monday morning.
1010	51012	Good	Not really changing much	CLIN	IP	MH	No, Need and Urgent Care and in-patient behavioral health unit. Also, a dialysis center.
1064	51012	Good	Not really changing much	CLIN	MH	PSY	No, Urgent Care, Mental Health, therapy
1147	51012	Good	Increasing - moving up	CLIN	SCH		No, Clinic appointments are challenging to obtain sometimes when needed.
1045	51035	Good	Not really changing much	CLIN	STFF	NURSE	No, I feel that Abby Tentinger is so full in our Marcus Clinic all year round that she could definitely use more help. She is very well liked and with one provider one nurse and one receptionist it can be a lot. We could use help in our clinic all year round.
1003	51012	Good	Decreasing - slipping downward	DIAG	DOCS		Getting patients in to see the right provider for their conditions has been a problem.
1158	51012	Poor	Decreasing - slipping downward	DOCS	ACC		No, You need more qualified providers. You have an extremely well qualified and respected doctor in Cherokee that you won't let see patients in your facility. I don't think you fully comprehend the impact this has on this community not to mention your facility. Even granting him the chance to do rounds to see JUST HIS patients would be mutually beneficial. You underestimate how many people avoid you because Dr. VandeLune isn't able to see them there. I am definitely one. I would not ever plan on coming up there unless it was absolutely necessary. Unless there is absolutely no other choice I will travel to another ER just so I can be seen by him. You want specifics? Why not explain how doc Rice I is able to continue practicing there when he did the exact. same. thing. Not to mention the nurses involved. It's curious how he is there and VandeLune is not.
1172		Average	Decreasing - slipping downward	DOCS	ACC	TRAV	No, I have to choose whether I want to go to CRMC where my provider is not allowed, or out of town so I can get the top health needs I need from my provider.
1144	51012	Good	Increasing - moving up	DOCS	DENT	POD	No, We have a shortage of Dr, be it medical, dental, podiatry, eye.
1203	51012	Average	Decreasing - slipping downward	DOCS	EMER		No, Admitting doctors and to be able to have my doctor see me at the hospital if admitted
1135	51035	Average	Increasing - moving up	DOCS	STFF	CLIN	No, It would be nice to have a few more providers, especially M.D.s or D.O.s available in the clinic.
1242	51035	Average	Increasing - moving up	EMER	EMS	PHAR	No, Emergency room personnel, paramedics/EMTs, pharmacists, psychiatrists, dietitians, diabetic consult or educator
1093	51005	Average	Not really changing much	EMER	STFF	DOCS	Yes, except some of the care givers in the er
1104	51012	Good	Not really changing much	EMER	SURG	TRAV	No. My husband needed emergency surgery twice, and the surgeons had to come from a long way to do it. We waited for over an hour for them to get here.
1177		Good	Increasing - moving up	EMER	WAIT		Late. Night emergency services. Had to wait for a doctor to come from Storm. Lake for treatment.
1058	51012	Good	Not really changing much	EMER	WAIT	DOCS	No, ER can be slow when waiting for a Dr.
1137	51012	Average	Not really changing much	HRS	CLIN		No, Our previous community had extended evening clinic hours (maybe until 8 p.m.?) and Saturday morning hours, which is helpful when children are sick.
1166	51012	Average	Not really changing much	HRS	CLIN		No, Need either more after hours and weekend hours or urgent care services
1175	51012	Good	Increasing - moving up	IM	CLIN	OBG	No, large need for internal medicine in clinic large need for social work in clinic large need for additional OB provider/coverage HUGE need for nursing and MA staff in clinic
1211	51012	Good	Increasing - moving up	MH	IP	ACC	No, Mental health services are poor. Access to inpatient mental health is poor.

## CHNA 2022 Community Feedback: Cherokee Co IA (N=259)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1244	51012	Very Good	Not really changing much	MH	SCH	ACC	No, Mental Health services are not easily accessible. Can get in for an initial visit at the community mental health but following appointments are not easy to get into. Private practitioners are very difficult to access.
1125	51012	Very Good	Increasing - moving up	MH	SERV	DOCS	No, Mental Health Services are lacking providers
1069	51012	Good	Increasing - moving up	NEP	DIAL	TRAV	No, For many years this hospital has not provided local help for our community people to receive information and service for kidney dialysis and kidney health. Many of our people have suffered and died in those years. They have had to travel elsewhere to get the help we could and should have given them here in our hospital with our people who cared here. Please find a way.
1130	51033	Average	Increasing - moving up	NEU	OBG	MH	No, Neurology is in dire need. There is also an urgent need for OB/GYNs and for mental health counselors.
1071	51012	Very Good	Not really changing much	NO			not sure at all times....really not able to answer this one
1230	51014	Very Poor	Decreasing - slipping downward	NURSE	STFF		No, We need nurses! Why are we firing nurses when they are so short staffed?! Doesn't make any sense! You're burning out what nurses you have remaining and soon no one will want to work in that dump. Problem is with the higher ups! Work for top down and make changes. Fire the people making these stupid decisions.
1004		Good	Increasing - moving up	NURSE	STFF	HH	No, We need nursing staff especially in home health/hospice and nursing homes.
1126	51047	Average	Decreasing - slipping downward	NURSE			No, NURSES
1227		Good	Decreasing - slipping downward	PEDS	SPEC		No, Need pediatric specialists: Child health Specialty Clinic, Pediatricians, ect.
1192	51012	Poor	Decreasing - slipping downward	PRIM	ACC	DOCS	No, I believe that if I go to crmc, I can't use my primary care provider. If you let doctor Vandelune back the access of care would be a yes.
1164		Good	Increasing - moving up	PRIM	CLIN	SCH	No, Clinic is full for primary and people are going to non-associated clinics in town.
1120	51005	Average	Not really changing much	PRIM	DOCS	EMER	No, Not enough QUALITY primary care providers. ER should be staffed with more individuals that are DO's or MD's and not DNP, NP, or ARNP. Check other surrounding hospitals for how they staff their ER.
1233	51012	Good	Not really changing much	PRIM	SCH	STFF	No, Need more primary care providers. They're over worked and their schedules are over packed. Smaller case loads for them would allow quicker turn around time with patients and better patient satisfaction as their provider wouldn't be as late to appt times and they'd have more time to sit and listen to the patient, building better patient rapport.
1011	51012	Good	Increasing - moving up	PRIM	STFF	CLIN	No, Can always increase physician and primary care staff. Can always consider increasing staff at the PT clinic.
1089	51012	Good	Not really changing much	SCH	HRS		More appts after normal working hours
1099	51012	Very Good	Not really changing much	SCH	WAIT	SPEC	No, May take three or four months to get to see a specialist locally.
1073	51012	Good	Decreasing - slipping downward	SERV			No, Don't know for-sure but am curious about out of county or state services used by our local residents
1176		Good	Not really changing much	SPEC	DOCS	RET	More specialists in our community. Many of our doctors are reaching retirement age.
1232	51005	Good	Not really changing much	STFF	SCH	ACC	No, Health care provider numbers are decreasing. This makes it difficult to get appts, schedule surgeries etc.
1134	51012	Average	Not really changing much	STFF			No, not enough staff
1076	51012	Good	Increasing - moving up	WAIT	SCH	PRIM	No, Sometimes I need to wait 2 weeks to see my provider, Sometimes I need to wait 2 weeks to see my provider.
1106	51012	Good	Increasing - moving up	WAIT	SCH		No, Sometimes you have to wait weeks to get an appointment.
1150		Average	Decreasing - slipping downward	WAIT	SPEC	HH	No. Long waits for specialists, home health unable to take patients due to staffing
1186	51012	Average	Not really changing much	WAIT	STFF	SPEC	No, Any specialized you need to wait for staff to come to clinic so longer treatment time due to lack of temporary services

## CHNA 2022 Community Feedback: Cherokee Co IA (N=259)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1172		Average	Decreasing - slipping downward	ACC	DOCS		By allowing Dr. V have access to taking care of me as a patient when I am sick. This shouldn't be a question. Patient care comes first over petty bull crap and I absolutely believe that this is unfair to him and his patients. Not allowing access to someone who is trying to take care of his patients because he CARES is wrong. & it's giving us patients no choice but to go elsewhere.
1215	50588	Very Good	Increasing - moving up	ADOL	SUIC	PREV	Adolescent suicide information/prevention.
1186	51012	Average	Not really changing much	ALL			Nothing new until you improve what you have going on which I have no idea what you offer.
1244	51012	Very Good	Not really changing much	ALT	HOSP		A wholistic health center where all my needs can be met under one roof. Also, a hospice house.
1112	51012	Average	Decreasing - slipping downward	AWARE	MRKT		Unsure of current community health programs.
1220	51012	Good	Not really changing much	AWARE	SERV		The awareness of the programs already in place
1193	51012	Good	Increasing - moving up	CANC	SPRT		Cancer support groups
1127	51012	Good	Not really changing much	CANC	SPRT	ALZ	cancer support group, alzheimer's support group, maybe some type of health and wellness
1029	51012	Good	Increasing - moving up	CC	FAC		I think it would be amazing if the hospital had a daycare they operated for the community and for the employees.
1150		Average	Decreasing - slipping downward	CC			child care
1159		Very Good	Not really changing much	CC			Day care
1004		Good	Increasing - moving up	CHRON			Palliative care, chronic disease management
1221	51029	Very Good	Decreasing - slipping downward	CLIN	CC	TRAIN	Urgent care clinic. Getting involved with the Cherokee Daycare making sure they have properly trained staff, I think more of the public would trust that daycare more if it had the hospital backing it. You could also offer discounts for hospital staff ☺ That's what it was like for Orange City daycare.
1185	51025	Good	Increasing - moving up	CLIN	HRS		Urgent care in the evenings
1068	51012	Average	Not really changing much	CLIN	PEDS		Urgent Care Pediatrics
1055	51014	Very Good	Decreasing - slipping downward	CLIN			Urgent Care Center
1145	51012	Average	Not really changing much	CLIN			Urgent Care
1073	51012	Good	Decreasing - slipping downward	CORP			Possible creation of a citizen input group to make valuable suggestions
1242	51035	Average	Increasing - moving up	DIAB	PREV	PHAR	Diabetic education program; healthy eating/exercise wellness program with dietitians and fitness trainers; clinic pharmacist as a provider to see patients & review medication regimens/lifestyle habits, modify medications and consult on these changes where necessary; higher completion of Medicare annual wellness visits (can also be completed by pharmacists) including advanced care planning for 65+
1133	51012	Very Good	Increasing - moving up	DIAL	ACC		Access to dialysis treatment
1075	51012	Good	Increasing - moving up	DIAL			dialysis.
1002	51025	Very Good	Not really changing much	DIAL			dialysis
1192	51012	Poor	Decreasing - slipping downward	DOCS	QUAL	ACC	Patient care as a whole should be a need right now. I don't want to go to crmc where I will be treated by random doctors that know nothing about me. Think about me as a patient wanting her doctor there so she feels comfortable and not awkward around someone she doesn't know. I believe letting doctor V come back to treat his patients that ended up in the hospital is what the community needs. By all means is not a want it's a NEED!
1163	51049	Average	Decreasing - slipping downward	DRUG	COUN	MH	Drug addiction is a problem in the county with very little information on treatment or counseling available. Mental health continues to be a real issue for the State of Iowa and nationally and with the state closing and cutting mental health facilities this places a burden onto the counties. Patients are being placed in emergency rooms for holds, diagnosis and treatment that the hospitals are not qualified to do. This poses a danger to the staff and other patients in the facility.
1010	51012	Good	Not really changing much	DRUG	MH		Addiction treatment and therapy.
1104	51012	Good	Not really changing much	DRUG			Addiction specialists in town
1247	51012	Average	Decreasing - slipping downward	EDU	AWARE		education, what's needed and what's here. maybe the people running the show need to be rotated to a different job.
1173	51029	Very Good	Increasing - moving up	EDU	SPRT	NUTR	Need more educational programs for community, healthy eating, etc.
1229	51012	Very Good	Increasing - moving up	FEM	MH		Women's health Mental health
1023	51014	Good	Not really changing much	FIT	NH	SERV	Exercise groups for young people. Not the elderly ladies in the pool. There is no reason Cherokee can't start a group for women that want to better themselves. And no that doesn't mean a 5k. Something to hold themselves accountable to. Something to look forward to.
1155	51025	Very Good	Increasing - moving up	FIT	NUTR	EDU	Physical Activities, Nutrition Services and Education
1072	51049	Good	Increasing - moving up	HOSP	CHRON		Palliative care Hospice House
1152	51005	Average	Decreasing - slipping downward	HOSP	HH		hospice house and dialysis would be very beneficial to the community
1137	51012	Average	Not really changing much	HRS	CLIN		I would appreciate extended evening hours at the clinic.
1063	51012	Good	Not really changing much	INSU			Insure
1069	51012	Good	Increasing - moving up	MH	ACC		Focus on the physical needs of people. We have lots of mental health facilities and personnel to cover the needs when they are requested, both inside CRMC and outside.
1182	51025	Poor	Decreasing - slipping downward	MH	CLIN		More mental health services in all...small town evening urgent care
1175	51012	Good	Increasing - moving up	MH	DENT	FIT	mental health resources dentist that accepts Medicaid popups at community events to discuss wellness easier access to fitness for low SES patients
1199	51012	Poor	Decreasing - slipping downward	MH	DRUG	EDU	Hospital needs to work with local mental health and substance abuse providers. This area lacks education in these areas along with the Hospital
1233	51012	Good	Not really changing much	MH	NH	SPRT	Mental health group therapy meetings- like senior life solutions but for all age groups and broken down into age categories.
1103	51012	Very Poor	Decreasing - slipping downward	MH			Children's Mental Health would be a great place to start or just cleaning up what we have here already before trying to add something new.
1243	51029	Very Good	Increasing - moving up	MH			mental health

## CHNA 2022 Community Feedback: Cherokee Co IA (N=259)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1041	51012	Very Good	Not really changing much	MH			Mental health needs
1050	51005	Good	Not really changing much	MH			More mental health services
1196	51012	Average	Not really changing much	MH			More mental health providers.
1206	51012	Good	Not really changing much	MH			Mental Health
1198	51012	Poor	Decreasing - slipping downward	NEG	SPRT		Loneliness groups? Like a way for people who really don't have anything can do can meet up and have fun with new people? I don't know. Some shit like that
1234	51012	Average	Increasing - moving up	NH	FIT	MRKT	Starting to have more "senior" fitness opportunities, but not well advertised.
1061	51012	Very Good	Increasing - moving up	NH	SPRT		Elderly perhaps ! More training for young parents.
1178		Good		NH			Elder care
1130	51033	Average	Increasing - moving up	NO			I'm not sure I have an adequate answer here.
1126	51047	Average	Decreasing - slipping downward	NUTR	EDU	REC	Community Gardens! - where the community is free learn about how to raise their own food using restorative/permaculture practices with focus on diversity and ecology; to participate in the care and management of the garden promoting outdoor time and exercise and knowledge of the outdoors; where they can affordably or free of cost reap the benefits of the bounty and learn how to cook and preserve the bounty. This single hobby/activity addresses multiple health practice deficiencies.
1118	51049	Very Good	Not really changing much	NUTR	EDU		nutritional education
1148	51005	Very Good	Not really changing much	NUTR	FIT	COUN	Diet and exercise programs/counseling
1011	51012	Good	Increasing - moving up	NUTR	PUL	PREV	Expand on nutrition/sleep health programs. Expand on physical activity programs - fall prevention, general health/wellness, strengthening, aerobic exercise, and exercise programs for specific diagnoses including neurological conditions. Expand on self maintenance for mental health - relaxation, tai chi, yoga, stress management
1067	51061	Good	Increasing - moving up	NUTR			Dietitian
1176		Good	Not really changing much	OBES	NH	HOSP	Obesity group. Elderly help and education. Hospice in home services and family support.
1058	51012	Good	Not really changing much	OBES			Obesity
1028	51012	Good	Increasing - moving up	OBG	FEM	MH	OB, Women's Health, depression or anxiety groups or mental health groups in general, Postpartum groups or first time parent groups
1008	51061	Good	Increasing - moving up	OPHTH	DENT		Eye Care and Dentistry for Adults & Children
1066	51012	Very Good	Not really changing much	OTHR			ACES
1245	51012	Good	Not really changing much	PREV	CC	ADOL	General wellness. Safe place for kids to gather.
1228	51012	Good	Increasing - moving up	PREV	DENT	POV	Some type of preventative dental program for impoverished families.
1110	51029	Very Good	Increasing - moving up	PREV	EDU	AWARE	prevention and education programs on obesity and high blood pressure more awareness and education on mental health CPR 1st aid classes readily available
1235	51012	Good	Increasing - moving up	PREV	FEM	MH	Injury prevention training for young athletes Women's health programs for new moms Mental health programs those under age 65 Health screenings for diabetes/ high cholesterol
1166	51012	Average	Not really changing much	PREV	REC	ADOL	Health and Wellness classes and activities, more recreational activities for children, adolescents, adults, and families
1217	51012	Good	Increasing - moving up	PRIM	ACC	DOCS	Community health "needs" should include being able to use your PCP while hospitalized at CRMC. Dr. VandeLunes patients are not allowed that "need".
1184	51012	Poor	Decreasing - slipping downward	PRIM			All family physicians should have hospital privileges!!
1158	51012	Poor	Decreasing - slipping downward	QUAL			I think it would be best for everyone if you would improve what you have before you try to jump into something new. Otherwise you will just end up with one more thing done halfway instead of having the best of what you are already doing. That's what it should be about, correct? The best patient care and experience? Then work on that first.
1115		Good	Not really changing much	REC	MH	CC	A walking group or challenge utilizing the new walking paths. Mental health support including children.
1213	51012	Good	Increasing - moving up	REC			more trails for walking and biking
1132	51012	Very Good	Not really changing much	SERV	AWARE	SPRT	Our community has a lot to offer people to be healthier. I think people often don't know where to get information or services. If there is a way to educate the youth about mental health awareness more and what to do if you need help I think that would be a great service. Also programs for girls and boys about their health as they have different needs and concerns. For example, do girls know where to turn if they are wanting birth control, feminine products, or just needing information about female specific needs.
1232	51005	Good	Not really changing much	SERV	QUAL		Not sure about need for new services. Need to strengthen current services.
1088		Good	Increasing - moving up	SERV			We have many offerings. We can only service those who wish to use them.
1099	51012	Very Good	Not really changing much	SMOK	EDU	RESO	Smoking cessation workshops.
1003	51012	Good	Decreasing - slipping downward	SMOK	OBES	SS	Vaping, THC (Dab) pen education. Obesity Clinic- access to a health coach A Social Worker in the CLINIC to connect patients to resources.
1089	51012	Good	Not really changing much	SMOK	TEEN	EDU	Vaping, sexual diseases, pregnancy prevention, working with young children and parents, substance abuse, nutrition with younger kids/ schools
1083	51029	Very Good	Not really changing much	SPRT	AWARE	MRKT	None. We have the programs they just need to be better utilized and supported with better awareness of the programs
1177		Good	Increasing - moving up	SPRT	FIT	NH	A program for getting to a healthy weight and fitness for senior citizens
1154	51012	Good	Increasing - moving up	SPRT	OBES	MH	More support groups locally like weight watchers, loss of loved ones, dealing with depression.
1121	51012	Good	Increasing - moving up	SPRT	POV	RESO	Programs for struggling parents kids
1086	51049	Very Good	Increasing - moving up	SPRT	SH	TRAU	Programs to eliminate the need for any more school closures and lockdowns- these lockdowns have done much damage to younger children!
1135	51035	Average	Increasing - moving up	SPRT	SUI	MH	We need to find some program to help address the problem of suicide and mental health.
1064	51012	Good	Not really changing much	SPRT			I don't know that it can be made mandatory, but many would benefit from parenting classes.
1168	51049	Average	Decreasing - slipping downward	STD	EDU		STD education
1025	51012	Very Good	Increasing - moving up	SUI	MH	EDU	Suicide help mental health basic life saving skills
1020	51012	Good	Not really changing much	TRAN	FF	SCH	I feel like a better medical transportation service maybe affiliated with the hospital to pick patients up and bring them up to appointments would Help promote better follow through and follow up on medical conditions there is very limited taxi or transportation services at this time. It is very limiting to patients to get to their scheduled appointments.



Let Your Voice Be Heard!

**In 2019, Cherokee Regional Medical Center surveyed our community to assess health needs. Today, we request your input again in order to create a 2022 Cherokee, IA Community Health Needs Assessment (CHNA).**

**To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. Note: Survey deadline will be extended to Wed, August 10th, 2022.**

**While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention!**

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

- Very Good     Good     Average     Poor     Very Poor

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

- Increasing - moving up     Not really changing much     Decreasing - slipping downward

Please specify why.

3. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.

4. In your opinion, are there healthcare services in our community/your neighborhood that you feel need to be improved, worked on and/or changed? (Be specific)

5. From our past CHNA, 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"/> Adverse Childhood Experiences / Parenting Skills       | <input type="checkbox"/> Hospice House                                   |
| <input type="checkbox"/> Alcohol  | <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare) |
| <input type="checkbox"/> Available Child Care (Accessible, Safe and Affordable) | <input type="checkbox"/> Obesity (Nutrition / Exercise)                  |
| <input type="checkbox"/> Awareness of Services                                  | <input type="checkbox"/> Outdoor Recreational Activities                 |
| <input type="checkbox"/> Chronic Illnesses                                      | <input type="checkbox"/> Personal Finance for Youth                      |
| <input type="checkbox"/> Dialysis   | <input type="checkbox"/> Providers (OB, Primary Care)                    |
| <input type="checkbox"/> Distracted Driving                                     | <input type="checkbox"/> Smoking / Vaping                                |
| <input type="checkbox"/> Domestic Violence                                      | <input type="checkbox"/> Suicides  |
| <input type="checkbox"/> Drugs (Opioids, Meth, Marijuana, Acid)                 | <input type="checkbox"/> Transportation                                  |
| <input type="checkbox"/> Eye Doctors  | <input type="checkbox"/> Urgent Care                                     |
| <input type="checkbox"/> Food Insecurity  |  |

6. Which past CHNA needs are NOW the "most pressing" for improvement? Please select top three.

- |   |  |
|---|--|
| <input type="checkbox"/> Adverse Childhood Experiences / Parenting Skills       | <input type="checkbox"/> Hospice House                                   |
| <input type="checkbox"/> Alcohol  | <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare) |
| <input type="checkbox"/> Available Child Care (Accessible, Safe and Affordable) | <input type="checkbox"/> Obesity (Nutrition / Exercise)                  |
| <input type="checkbox"/> Awareness of Services                                  | <input type="checkbox"/> Outdoor Recreational Activities                 |
| <input type="checkbox"/> Chronic Illnesses                                      | <input type="checkbox"/> Personal Finance for Youth                      |
| <input type="checkbox"/> Dialysis   | <input type="checkbox"/> Providers (OB, Primary Care)                    |
| <input type="checkbox"/> Distracted Driving                                     | <input type="checkbox"/> Smoking / Vaping                                |
| <input type="checkbox"/> Domestic Violence                                      | <input type="checkbox"/> Suicides  |
| <input type="checkbox"/> Drugs (Opioids, Meth, Marijuana, Acid)                 | <input type="checkbox"/> Transportation                                  |
| <input type="checkbox"/> Eye Doctors  | <input type="checkbox"/> Urgent Care                                     |
| <input type="checkbox"/> Food Insecurity  |  |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Chronic Disease                     | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness           | <input type="checkbox"/> Family Assistance programs      |
| <input type="checkbox"/> Lack of Nutrition/Exercise Services | <input type="checkbox"/> Lack of Health Insurance        |
| <input type="checkbox"/> Limited Access to Primary Care      | <input type="checkbox"/> Neglect                         |
| <input type="checkbox"/> Limited Access Specialty Care       |  |

Other (Be Specific).

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	<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"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optomertist	<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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice/Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	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/Senior Living	<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"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	<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 and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings/Education	<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"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse 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"/>

11. Do you have any Covid-19 worries and/or concerns in regards to Community Health delivery?

- Yes  No

If yes, please specify your thoughts.



12. Over the past 2 years, did you or someone in your household receive healthcare services outside of your county?

- Yes  No

If yes, please specify the services received



13. Access to care is vital. Are there enough providers/staff available at the right times to care for you and your community?

- Yes  No

If NO, please specify what is needed where. Be specific.



14. What "new" community health programs should be created to meet current community health needs?



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.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Abuse/Violence                   | <input type="checkbox"/> Health Literacy                   | <input type="checkbox"/> Poverty                       |
| <input type="checkbox"/> Access to Health Education       | <input type="checkbox"/> Heart Disease                     | <input type="checkbox"/> Preventative Health/Wellness  |
| <input type="checkbox"/> Alcohol                          | <input type="checkbox"/> Housing                           | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alternative Medicine             | <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Behavioral/Mental Health         | <input type="checkbox"/> Lead Exposure                     | <input type="checkbox"/> Teen Pregnancy                |
| <input type="checkbox"/> Breastfeeding Friendly Workplace | <input type="checkbox"/> Neglect                           | <input type="checkbox"/> Telehealth                    |
| <input type="checkbox"/> Cancer                           | <input type="checkbox"/> Nutrition                         | <input type="checkbox"/> Tobacco Use                   |
| <input type="checkbox"/> Care Coordination                | <input type="checkbox"/> Obesity                           | <input type="checkbox"/> Transportation                |
| <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Occupational Medicine             | <input type="checkbox"/> Vaccinations                  |
| <input type="checkbox"/> Drugs/Substance Abuse            | <input type="checkbox"/> Ozone (Air)                       | <input type="checkbox"/> Water Quality                 |
| <input type="checkbox"/> Family Planning                  | <input type="checkbox"/> Physical Exercise                 |  |

Other (Please specify).

16. For reporting purposes, are you involved in or are you a....? 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 66544 or 65305



**VWV Consultants LLC**



## **VWV Consultants LLC**

**Vince Vandelaar, MBA**

*Principal & Adjunct Professor*

[VWV@VandelaarMarketing.com](mailto:VWV@VandelaarMarketing.com)

**Hannah Foster, MBA**

*Associate Consultant*

[HCF@VandelaarMarketing.com](mailto:HCF@VandelaarMarketing.com)

**Cassandra Kahl, BHS MHA**

*Director, Project Management*

[CJK@VandelaarMarketing.com](mailto:CJK@VandelaarMarketing.com)

HQ Office:

601 N Mahaffie, Olathe, KS 66061

(913) 302-7264

<http://vandelaarmarketing.com>

**VWV 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