Community Health Needs Assessment
Cherokee County, IA
On Behalf of Cherokee Regional Medical Center

November 2025

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 (Primary Service Area) – Cherokee County, IA - 2025 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for *Cherokee Regional Medical Center* and its primary service area was completed in 2022. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round #5 Cherokee County, IA CHNA began in May of 2025 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, providers, and other residents to research and prioritize county health needs while documenting 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 a common understanding of the priorities of the community's health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's "Mission" to deliver.

County Health Area of Future Focus on Unmet Needs

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

2025 CHNA Unmet Needs			
Cherokee Regional Medical Center (Primary Service Area)			
Cherokee Co, IA - 9/12/25 Town Hall: (33 Attendees, 115 Total Stakeholder Votes)			
# Community Health Needs to Change and/or Improve	Votes	%	Accum
1 Mental Health (Diagnosis, Treatment, Providers, Aftercare)	25	22%	22%
2 Mental Health Beds (Kids)	16	14%	36%
3 Food Insecurity	12	10%	46%
4 Preventative Health	11	10%	56%
5 Transportation (All)	9	8%	63%
6 Vaccinations	9	8%	71%
7 Obesity (Fitness & Food)	7	6%	77%
8 Childcare	6	5%	83%
Total Votes	115		
Other Items receiving votes: Insurance (Affordable & Education), Drugs (Alcohol), Housing (Safe & Affordable), Dialysis, Home Care, Drugs (Vaping), and Water Quality.			

Town Hall CHNA Findings: Areas of Strengths

	Cherokee County, IA - Community Health Strengths Recalled		
#	Topic	#	Topic
1	911 Response time	7	OB services at the hospital
2	Access to exercise facility	8	Parks and Rec
3	Education services (health)	9	Rehab Therapies
4	Hospice team	10	Rural Health Clinic has extended hours
5	Hospital & Public Health expansion	11	Scope of providers
6	Hospital administration and leadership		

Key CHNA Round #5 Secondary Research Conclusions Found:

IOWA HEALTH RANKINGS: According to the 2023 Robert Woods Johnson County Health Rankings, Cherokee Co, IA, on average was ranked 57th in Health Outcomes, 47th in Health Factors, and 40th in Physical Environmental Quality out of the 99 Counties.

TAB 1. Cherokee County's population is 11,605 (2024), while 5.6% of the population is under the age of 5 and 25.3% of the population is over 65 years old. Children in single parent households make up a total of 24.1% compared to the rural norm of 19.4%, and 87.7% are living in the same house as one year ago.

TAB 2. In Cherokee County, the average per capita income is $35,939 while 10.7% of the population is in poverty. The severe housing problem was recorded at 8.1% compared to the rural norm of 9.5%. Those with food insecurity in Cherokee County is 7.9%, and those having limited access to healthy foods (store) is 6%. Individuals recorded as having a long commute while driving alone is 16.8% compared to the norm of 25.4%.

TAB 3. Children eligible for a free or reduced-price lunch in Cherokee County is 36.9%. Findings found that 93.2% of Cherokee County ages 25 and above graduated from high school while 21.7% has a bachelor's degree or higher (2024).

TAB 4. The rate of births where prenatal care began in the first trimester was recorded at 841.1 (per 1,000) compared to the rural norm of 689.5. Additionally, the rate of births with low birth weight per 1,000 was recorded at 62. Cherokee County recorded a rate of 31 (per 1k) of births occurring to teens between ages 15-19. The percentage of infants up to 24 months that received full immunization for Cherokee County was 70.5%.

TAB 5. The Cherokee County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,917 residents. There were 2,749 preventable hospital stays in compared to the rural norm of 2,320. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 76% while patients who reported they would definitely recommend the hospital was recorded at 71%.

Secondary Research Continued

TAB 6. In Cherokee County, the age-adjusted prevalence of depression among adults was recorded at 18.6% compared to the rural norm of 18.5%. The average number of mentally unhealthy days among the population was recorded at 4.7 days (in a seven-day period). The age-adjusted suicide mortality rate per 100k is 22.9.

TAB 7a – 7b. Cherokee County has an obesity percentage of 42.5% and a physical inactivity percentage is 26.4%. The percentage of adults who smoke is 18.6%, while the excessive drinking percentage is 18.6%. The age-adjusted prevalence of those diagnosed with diabetes among adults is 9%. The prevalence of COPD was recorded at 6.6%, while the prevalence of coronary heart disease was 5.4%. The age-adjusted prevalence of those diagnosed and living with cancer is 6.4%.
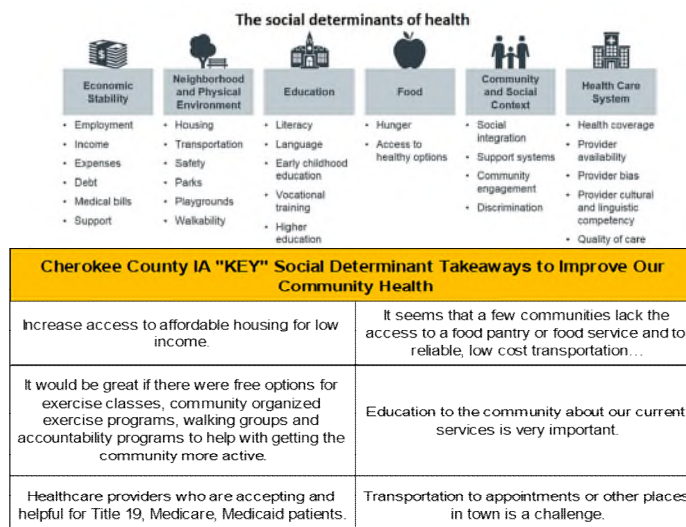
TAB 8. The adult uninsured rate for Cherokee County is 5.9% compared to the rural norm of only 6.6%.

TAB 9. The life expectancy rate in Cherokee County for males and females is roughly 78 years of age (77.9). Alcohol-impaired driving deaths for Cherokee County is 44.4% while age-adjusted Cancer Mortality rate per 100,000 is 308.5. The age-adjusted heart disease mortality rate per 100,000 is at 374.1 compared to the norm of 322.

TAB 10. A recorded 76.5% of Cherokee County has access to exercise opportunities. Continually, 53% of women have done a mammography screening compared to the rural norm of 49.3%. Adults recorded in Cherokee County who have had regular routine check-up is 72.9%. The age-adjusted prevalence of high blood pressure among adults was recorded at 29.2%

Social Determinants Views Driving Community Health: From Town Hall conversations, Economic Stability, followed by Health Care System, and Food are impacting community health, see Sec V for a detailed analysis.

Social Determinants Online Community Feedback – CRMC PSA (N=321)

The social determinants of health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
• Employment • Income • Expenses • Debt • Medical bills • Support	• Housing • Transportation • Safety • Parks • Playgrounds • Walkability	• Literacy • Language • Early childhood education • Vocational training • Higher education	• Hunger • Access to healthy options	• Social integration • Support systems • Community engagement • Discrimination	• Health coverage • Provider availability • Provider bias • Provider cultural and linguistic competency • Quality of care

Cherokee County IA "KEY" Social Determinant Takeaways to Improve Our Community Health	
Increase access to affordable housing for low income.	It seems that a few communities lack the access to a food pantry or food service and to reliable, low cost transportation…
It would be great if there were free options for exercise classes, community organized exercise programs, walking groups and accountability programs to help with getting the community more active.	Education to the community about our current services is very important.
Healthcare providers who are accepting and helpful for Title 19, Medicare, Medicaid patients.	Transportation to appointments or other places in town is a challenge.

Key CHNA Round #5 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=321) provided the following community insights via an online perception survey:

- Using a Likert scale, the 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 72%.

- Cherokee County stakeholders are very satisfied with some of the following services: Ambulance Services, Chiropractors, Home Health, Hospice, Inpatient Services, Outpatient Services, Pharmacy, Primary Care, Public Health, and Visiting Specialists.

- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health Services, Suicide, Obesity, Substance Abuse, Urgent Care, Cancer, Housing Availability, Workforce Staffing, Dialysis, and Transportation.

During the Town Hall on Sept. 12th, 2025, a discussion was held to evaluate the impact of any actions taken to address the significant health needs identified in 2022. The table below was reviewed in-depth asking for feedback on which needs are still pressing and ongoing, thus evaluating actions taken in 2022.

Cherokee Reg Med Ctr PSA - CHNA 2025 N=321					
Past CHNA Unmet Needs Identified		**Ongoing Problem**			**Pressing**
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (OP access) / Crisis Services	129	12.2%		1
2	Suicide	103	9.7%		2
3	Obesity (Nutrition / Exercise)	95	9.0%		3
4	Substance Abuse (Drugs/Alcohol/Smoking)	87	8.2%		4
5	Urgent Care	72	6.8%		5
6	Cancer	64	6.0%		6
7	Housing Availability	62	5.8%		7
8	Dialysis	60	5.7%		9
9	Workforce Staffing	60	5.7%		8
10	Awareness of Healthcare Services	59	5.6%		12
11	Transportation (All)	58	5.5%		11
12	Smoking / Vaping	58	5.5%		12
13	Title 19 Provider Coverage	35	3.3%		13
14	Disease Prevention / Wellness (Education)	31	2.9%		14
15	Access to Telehealth	28	2.6%		15
16	Single Families	26	2.5%		16
17	Hospice House	23	2.2%		17
18	Admitting Privileges	11	1.0%		18
Totals		1,061	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 definition of the community served by the hospital facility and a description of how the community was determined.
2. A description of the process and methods used to conduct the CHNA.
3. A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
4. A prioritized description of the significant health needs of the community identified through the CHNA. This includes a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.
5. A description of resources potentially available to address the significant health needs identified through the CHNA.
6. An evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding 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.
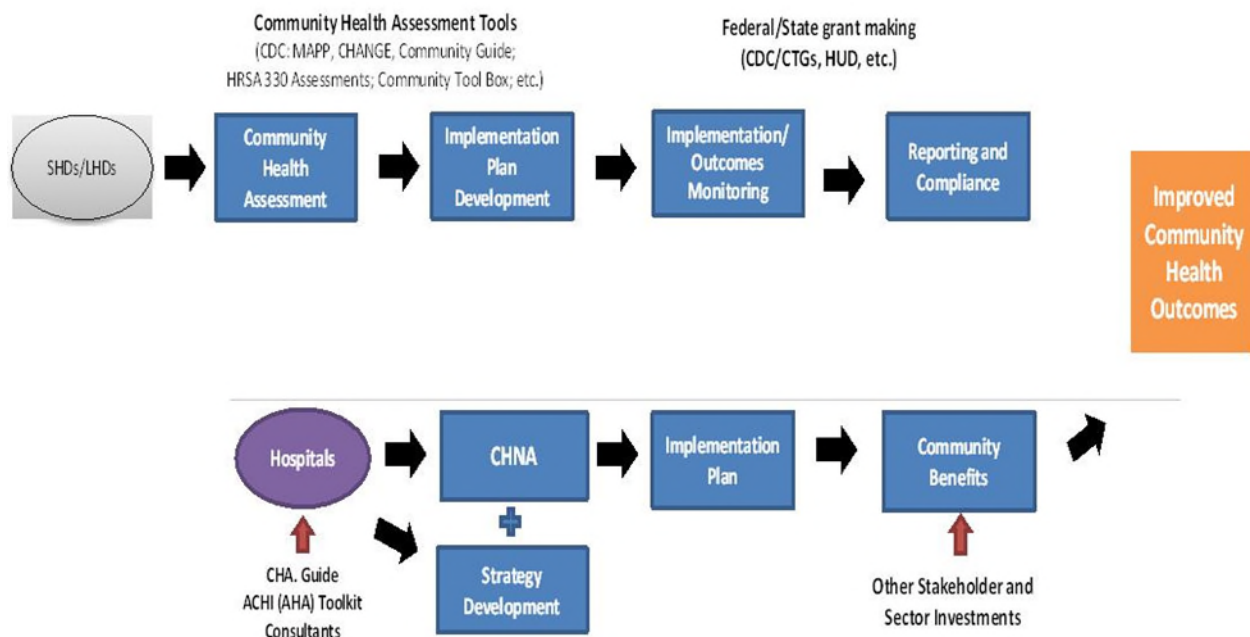
IRS Requirements Overview (Notice 2011-52)

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 <u>once every three taxable years</u>. ***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 <u>with special knowledge of or expertise in public health</u>. 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 69-545hospital 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. 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). 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.
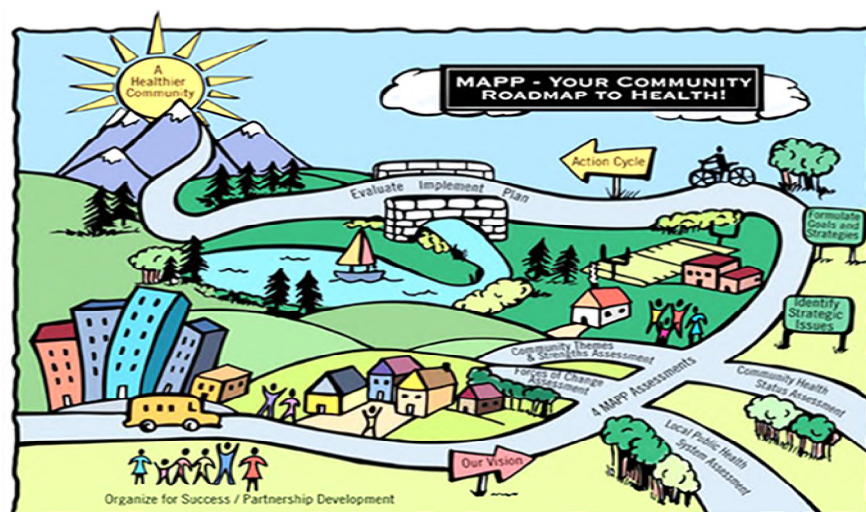
Social Determinants of Health

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.

Round #5 CHNA focuses on Social Determinants & Health Equity.

Centers for Medicare & Medicaid Services Health Equity Domains

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02).

Domain 1: Equity as a Strategic Priority

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

➢ Identifies priority populations who currently experience health disparities.
➢ Establishes health care equity goals and discrete action steps to achieve them.
➢ Outlines specific resources that are dedicated to achieving equity goals.
➢ Describes an approach for engaging key stakeholders, such as community partners.

Domain 2: Data Collection

The hospital is engaging in the following three key data collection activities.

➢ Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients
➢ Training staff in the culturally sensitive collection of demographics and SDOH information
➢ Inputting patient demographic and/ or SDOH information into structured interoperable data elements using a certified electronic health record technology.

Domain 3: Data Analysis

The hospital stratifies key performance indicators by demographic and/ or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement

The hospital participates in local, regional and or national quality improvement activities that are focused on reducing health disparities.

Domain 5: Leadership Engagement

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

➢ Annual reviews of the hospital's strategic plan for achieving health equity
➢ Annual reviews of key performance indicators stratified by demographic and/ or social factors.

Sources:
The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf

Health Equity Innovation Network. (2022, August 29). Quick Start Guide: Hospital Commission to Health Equity Measure. Retrieved from https://hqin.org/wp-content/uploads/2022/08/Quick-Start-Guide-Hospital-Commitment-to-Health-Equity-Measure.pdf

The Joint Commission (TJC) Elements of Performance - Regulatory and Accreditation Requirements Related to Health Equity and Social Determinants of Health

New and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Below are the six elements of performance.

Element of Performance 1:

The organization designates an individual to lead activities aimed at reducing healthcare disparities. **(Hospital Responsibility)**

Element of Performance 2:

The organization assesses the patient's health-related social needs and provides information about community resources and support services. **(CHNA full report- Section I and III)**

Examples of health-related social needs may include the following:

- ➢ Access to transportation
- ➢ Difficulty paying for prescriptions or medical bills.
- ➢ Education and literacy
- ➢ Food insecurity
- ➢ Housing insecurity

Element of Performance 3:

The organization identifies healthcare disparities in its patient population by stratifying quality and safety data. **(CHNA Town Hall)** Examples of sociodemographic characteristics may include but are not limited to the following: Age, Gender, Preferred Language, Race, and ethnicity.

Element of Performance 4:

The organization develops a written action plan that describes how it will address at least one of the healthcare disparities identified. **(CHNA IMPL Development Plan)**

Element of Performance 5:

The organization acts when it does not achieve or sustain goal(s) in its action plan to reduce health care disparities.

Element of Performance 6:

At least annually, the organization informs key stakeholders, identifying leaders, licensed practitioners, and staff, about its progress in reducing identified healthcare disparities. **(Hospital Responsibility)**

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) 225-1505.
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.

Services:

- Ambulance
- Cardiac/Pulmonary Rehab
- Diabetes Education
- Home Choice/ Home Health Care
- Hospice
- Emergency/Trauma
- Laboratory
- Nursing Services

- Nutritional Services
- Occupational Health
- Obstetrics
- Oncology
- Orthopedics
- Pain Clinic
- Pharmacy
- Podiatry
- Public Health
- Radiology

- Respiratory Therapy
- Senior Life Solutions
- Senior Housing
- Sleep Study
- Specialty Clinic
- Support Groups
- Surgery
- Therapy
- 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

SENIOR LIVING

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

FITNESS CENTER

Fitness Center
320 Sioux Valley Drive, Cherokee, IA 51012
Phone: (712) 225 6858

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 Statues.

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.

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 83 unique community CHNA's in KS, MO, IA, NE and WI (references found on our website VandehaarMarketing.com

Introduction: Who We Are
Background and Experience

VVV Consultants LLC

Vince Vandehaar, MBA – Principal
VVV Consultants LLC (Olathe, KS) – 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

Olivia G Hewitt BA – Associate Consultant
VVV Consultants LLC – May 2024
- Emporia University – BS Marketing
- Hometown: Olathe, KS

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

Our Mission: to research, facilitate, train, create processes to improve market performance, champion a turnaround, and uncover strategic "critical success" initiatives.

Our Vision: to meet today's challenges with the voice of the market solutions.

Our Values:
> **Engaged** – we are actively involved in community relations & boards.
> **Reliable** – we do what we say we are going to do.
> **Skilled** – we understand business because we've been there.
> **Innovative** – we are process-driven & think "out of the box."
> **Accountable** – we provide clients with a return on their investment.

II. Methodology
c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in May of 2025 for Cherokee Regional Medical Center in Cherokee County, IA to meet Federal IRS CHNA requirements.

In early October 2024, 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 the Cherokee Regional Medical Center to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

<u>VVV CHNA Deliverables:</u>

- Document Hospital Primary Service Area - meets the 80% 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% Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Source: Hospital Internal Records						
Cherokee Regional Med Ctr 2022-24				IP / OP / ER / Clinic		
#	ZIP	City	County	**3Yr TOT**	**%**	**Accum**
1	51012	Cherokee	Cherokee	119,944	48.1%	48.1%
2	51025	Holstein	Ida	22,524	9.0%	57.1%
3	51005	Aurelia	Cherokee	16,801	6.7%	63.8%
4	51035	Marcus	Cherokee	14,650	5.9%	69.7%
5	51049	Quimby	Cherokee	6,341	2.5%	72.3%
6	51014	Cleghorn	Cherokee	6,082	2.4%	74.7%
7	51002	Alta	Buena Vista	5,678	2.3%	77.0%
8	51058	Sutherland	O' Brien	5,236	2.1%	79.1%
9	51037	Meriden	Cherokee	4,979	2.0%	81.1%
10	50588	Lakeside	Buena Vista	4,779	1.9%	83.0%
11	51061	Washta	Cherokee	4,680	1.9%	84.9%
	Other Zips			37,753	15.1%	100.0%
	Grand Total			249,447	100.0%	

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 the CHNA calendar of events, explain / coach clients to complete the required participant database, and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

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

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

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

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

Cherokee Regional Medical Center - Cherokee, IA			
VVV CHNA Round #5 Work Plan - Year 2025			
Project Timeline & Roles - Working Draft as of 5/13/25			
Step	**Timeframe**	**Lead**	**Task**
1	10/18/2024	VVV / Hosp	Meeting Leadership information regarding CHNA Round #5 for review.
2	10/18/2024	Hosp	Select/approve CHNA Wave #5 Option B - VVV quote—work to start 8/1/25.
3	5/13/2025	VVV	Hold Client Kick-off Meeting. Review CHNA process / timeline with leadership. Request KHA PO reports for FFY 21, 22 and 23 and hospital client to complete PSA IP/OP/ER/Clinic patient origin counts file (Use **ZipPSA_3yrPOrigin.xls**)
4	On or before 5/30/2025	VVV	Send out **REQCommInvite Excel** file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
5	On or before 5/1/2025	VVV	Prepare CHNA Wave#5 Stakeholder Feedback "online link". Send link for hospital review.
6	June - August 2025	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	6/15/2025	VVV / Hosp	Prepare/send out PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	6/20/2025	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	6/20/2025	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. **Cut-off 7/21/2025 for Online Survey**
10	by 7/21/2025	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	7/21/2025	VVV / Hosp	Prepare/send out PR #2 story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	By 8/19/2025	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	**8/21/2025**	VVV	Conduct CHNA Town Hall. (11:30-1pm)**.** Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 10/15/2025	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 10/31/2025	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	10/28/2025	Both	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 12/31/2025	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

2025 Community Health Needs Assessment
Cherokee Regional Medical Center – Cherokee Co
Cherokee IA - Town Hall September 12th, 2025

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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CHNA Town Hall Team Tables

RSVP CRMC CHNA Town Hall - Friday 9/12/25 lunch 11am-12:30pm.

Table	Lead	Last	First	Organization	Table	Lead	Last	First	Organization
A	XX	Sickelka	Dawn	Northwest Early Childhood Iowa	E	XX	Wilkie	Traci	Cherokee Regional Medical Center
A		Anderson	Gene	Anderson Properties	E		Agnew	Mike	St. Paul's United Methodist Church
A		Jordan	Gary	Cherokee Regional Medical Center	E		Hill	Tasha	The Gardens
A		Pearson	Amber	North Star Community Credit Union	E		Klotz	Leon	Blooming House, LTD.
A		Young	Morgan	CRMC Hospice	E		Peterson	Bryan	Plains Area Mental Health Center
B	XX	Henke	Brandon	Cherokee Regional Medical Center	F	XX	Lundquist	Kent	Cherokee Regional Medical Center
B		Knippel	Jessica	Cherokee Regional Medical Center	F		Agnew	Jennifer	Cherokee Regional Medical Center
B		O'Connor	Kay	KCHE/Fuller Digital Solutions Sales	F		Goebel	Michelle	Plains Area Mental Health Center, Inc
B		Schlichting	Jodi	CRMC Fitness Center	F		Hall	David	First Church of Christ
B		Hurd	Kerry	Corteva Agriscience	F		Thomas	Steve	RJ Thomas Mfg.
C	XX	Todd	Les	Cherokee State Bank	G	XX	Mayer	Kayla	CRMC-PH dept
C		Boswell	Maddie	Mi-Sioux Opportunity	G		Fritz	Kathy	Court Appointed Special Advocate
C		Burkhart	Linda	Sanford Museum	G		Kamies	Talya	Care Initiatives
C		Evans	Lynn	Iowa Senate	G		Koch	Kayla	Cherokee Regional Medical Center
C		Lauck	Lynne	Cherokee Regional Medical Center	G		Trapp	Sheila	Central Bank
D	XX	Blankers	Craig	Cherokee Regional Medical Center	H	XX	Ivarson	Wendy	WITCC
D		Mack	Merle	Sioux Valley Memorial Hospital Assoc	H		Nelson	Debbie	Central Bank
D		Oolman	Tonya	Cherokee Regional Hospice	H		Pudenz	Theresa	City of Cherokee
D		Perrin	Brenda	Screenbuilders	H		Severson	Hannah	Cherokee Regional Medical Center
D		Voge	Dawson	Plains Area Mental Health Center	H		Springer	Dale	Community Member

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

- **Opening Welcome / Introductions / Review CHNA Purpose and Process (5 mins)**
- **Discuss New Focus: Social Determinants of Health (5 mins)**
- **Review Current Service Area "Health Status"**
  - *Review Secondary Health Indicator Data (10 TABs)*
  - *Review Community Online Feedback* **(30 mins)**
- **Collect Community Health Perspectives**
  - ***Share Table Reflections*** *to verify key takeaways*
  - ***Conduct an Open Community Conversation / Stakeholder***
  - ***Vote to determine the Most Important Unmet Needs (45 mins)***
- **Close / Next Steps (5 mins)**

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Town Hall Participation / Purpose & Parking Lot

- ALL attendees practice "Safe Engagement", working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak up) to uncover unmet health needs
- Have a little fun along the way

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Slide 8

System of Care Delivery
Birth to Grave (SG2)

Acuity

Health Areas:
> Physical
> Mental
> Spiritual
> Social well-being

Community-Based Care

Hospital

Acute Care

Ambulatory Procedure Center

Health Dept./Pharmacy

Physician Clinics

IP Rehab

SNF

Recovery & Rehab Care

OP Rehab

Urgent Care Center

Diagnostic/Imaging Center

Home Care
Hospice

Home

Wellness and Fitness Center

Senior Care

CHNA Sources
Business Quick Facts
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Geography Quick Facts
Health Matters
People Quick Facts
State Hospital Associations / Fact Books
U.S. Department of Agriculture - Food Environment Atlas
US Centers for Disease Control and Prevention

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

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Slide 9

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

Community Health Assessment Tools
(CDC: MAPP, CHANGE, Community Guide; HRSA 330 Assessments; Community Tool Box; etc.)

Federal/State grant making
(CDC/CTGs, HUD, etc.)

SHD/LHDs → Community Health Assessment → Implementation Plan Development → Implementation/Outcomes Monitoring → Reporting and Compliance → Improved Community Health Outcomes

Hospitals → CHNA + Strategy Development → Implementation Plan → Community Benefits

CHA, Guide
ACHI (AHA) Toolkit
Consultants

Other Stakeholder and Sector Investments

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Slide 10

MAXIMIZE THE VALUE OF YOUR CHNA
"The power of aligned processes"

Community Health Needs Assessment
A 8 step process to meet IRS-regs & uncover community needs

Strategic Planning
Baldridge aligned 5 step strategic planning process to find consensuses and set Critical Success Initiatives aligned to budget.

Physician Manpower Assessment
A 5 step process to discover the right mix of FTE providers by spec to service covered lives and support long-term growth.

Marketing & Community Relations
A 4 step process to build brand, increase volume for profitable service areas.

VVV Consultants LLC

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Slide 11

Cherokee Regional Medical Center
Define Service Area (Z=11)

Source: Hospital Internal Records

Cherokee Regional Med Ctr 2022-24				IP / OP / ER / Clinic	
#	ZIP	City	County	3Yr TOT	%	Accum
1	51012	Cherokee	Cherokee	119,944	48.1%	48.1%
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11	51061	Washta	Cherokee	4,680	1.9%	84.9%
		Other Zips		37,753	15.1%	100.0%
		Grand Total		249,447	100.0%	

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A Conversation with the Community & Stakeholders
Community Stakeholder – An Inclusive Conversation

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

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

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

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

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II. Review of a CHNA

- **What is a Community Health Needs Assessment (CHNA)..?**
  - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- **A CHNA's role is to….**
  - <u>Identify</u> factors that affect the health of a population and <u>determine</u> 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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Table of Contents: CHNA Written Report Documentation to meet IRS 990 CHNA Regs

Documentation of a CHNA – **Updated: 01-Jul-2025** https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

A hospital facility must document its CHNA in a report that is adopted by an authorized body of the hospital facility. The CHNA report must include the following items.

1. A definition of the community served by the hospital facility and a description of how the community was determined.
2. A description of the process and methods used to conduct the CHNA.
3. A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
4. A prioritized description of the significant health needs of the community identified through the CHNA. This includes a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.
5. A description of resources potentially available to address the significant health needs identified through the CHNA.
6. **An evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA.**

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Social Determinants of Health

Economic Stability | Education Access and Quality | Health Care Access and Quality | Neighborhood and Built Environment | Social and Community Context

Social determinants of health are the conditions in the places where people live, learn, work, play, and worship **that affect a wide range of health risks and outcomes**.

Health equity is when everyone has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

TASK A: Your Initial Thoughts on SDoH? (Small White Card)

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IV. Review Current County Health Status:

Secondary Data by 10 Tab Categories with a focus on Social Determinants with a Local Norm & 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 Scoring
Robert Wood Johnson Foundation and University of WI Health Institute

New County Health Rankings Model
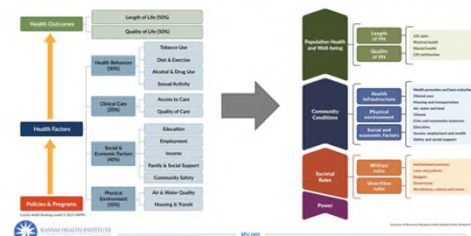
Users of the 2024 RWJ report will find representation of county health has changed significantly. *Rather than a numerical ranking, each county in a state is represented by a dot, shaded a certain color and placed on a scale from least healthy to healthiest in the nation. The new visual tool then shows where one county falls on a "continuum" of health nationally, compared to the least healthy and most healthy counties, which are unnamed in the visualization.*

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IV. Community Health Conversation: Your Perspectives / Suggestions !

Tomorrow:

What is occurring or might occur that would affect the "health of our community"?

Today:

1) What are the **Healthcare Strengths of our community t**hat contribute to health? *(BIG White Card)*
2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed**? *(Small Color Card)*
3) *What other Ideas do you have to address Social determinants? (Small White Card - A)*

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Community Health Needs Assessment Round #5 Year 2025

Thank You
Next Steps

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(913) 302-7264

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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:

| CHNA Detail Sources |
|---|
| Quick Facts - Business |
| Centers for Medicare and Medicaid Services |
| CMS Hospital Compare |
| County Health Rankings |
| Quick Facts - Geography |
| Health Matters |
| Iowa Hospital Association (IHA) |
| 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 is 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 are 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.

II. Methodology
d) Community Profile (A Description of Community Served)

Cherokee County, Iowa Community Profile
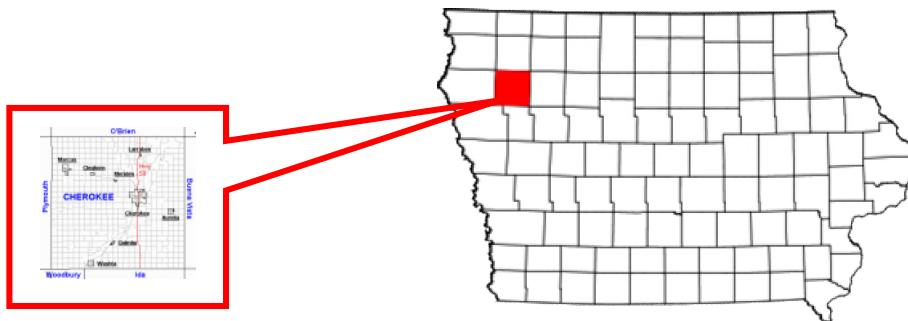
The population of Cherokee County was estimated to be 11,641 citizens in 2024 and a population density of 20 persons per square mile. Cherokee County's major cities are Aurelia, Cherokee, Cleghorn, Larrabee, Marcus, Meriden, Quimby and Washta.

Cherokee County (IA) Cities and Towns[1]

Name	
Aurelia*	**Meriden***
Cherokee*	**Quimby***
Cleghorn*	**Washta***
Larrabee*	**Fielding**
Marcus*	**Mary Hill**

Cherokee County (IA): Public Schools[2]

Name	Level
Aurelia Elementary School	Elementary
Aurelia Middle School	Not reported
Cherokee Middle School	Middle
Mmcru High School	High
Mmcru Marcus Elementary	Elementary
River Valley Elementary	Elementary
Washington High School	High
Cherokee Elementary School	Elementary

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[1] https://iowa.hometownlocator.com/counties/cities,cfips,035,c,cherokee.cfm
[2] https://iowa.hometownlocator.com/ia/cherokee/

Cherokee County (IA) - Detail Demographic Profile

ZIP	CITY	ST	County	Population			Households		HH Avg Size23	Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028		
51005	Aurelia	IA	CHEROKEE	1,433	1,393	-2.8%	584	576	2.39	$36,548
51012	Cherokee	IA	CHEROKEE	6,389	6,257	-2.1%	2,780	2,757	2.18	$38,822
51014	Cleghorn	IA	CHEROKEE	417	405	-2.9%	182	179	2.29	$49,581
51029	Larrabee	IA	CHEROKEE	240	231	-3.8%	113	110	2.12	$63,878
51035	Marcus	IA	CHEROKEE	1,582	1,538	-2.8%	689	678	2.24	$42,660
51037	Meriden	IA	CHEROKEE	393	382	-2.8%	162	160	2.43	$48,027
51049	Quimby	IA	CHEROKEE	454	448	-1.3%	209	210	2.17	$32,549
51061	Washta	IA	CHEROKEE	431	423	-1.9%	185	183	2.33	$39,534
Totals				11,339	11,077	-2.5%	4,904	4,853	2.3	$43,950

ZIP	CITY	ST	County	Population				Year 2020		Females Age 20-35
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	
51005	Aurelia	IA	CHEROKEE	1111	356	314	307	719	714	218
51012	Cherokee	IA	CHEROKEE	5024	1,817	1,319	1,348	3,151	3,238	897
51014	Cleghorn	IA	CHEROKEE	330	107	83	104	208	209	68
51029	Larrabee	IA	CHEROKEE	201	63	37	48	122	118	42
51035	Marcus	IA	CHEROKEE	1235	398	337	341	788	794	217
51037	Meriden	IA	CHEROKEE	305	102	83	74	202	191	55
51049	Quimby	IA	CHEROKEE	362	129	89	115	231	223	65
51061	Washta	IA	CHEROKEE	325	102	102	89	234	197	69
Totals				8,893	3,074	2,364	2,426	5,655	5,684	1,631

ZIP	CITY	ST	County	Population 2020				Year 2023		Soc Econ Index
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	
51005	Aurelia	IA	CHEROKEE	91.8%	0.1%	0.1%	6.1%	651	16.0%	64.7
51012	Cherokee	IA	CHEROKEE	90.7%	1.2%	0.8%	6.6%	3,095	24.4%	55
51014	Cleghorn	IA	CHEROKEE	97.1%	0.0%	0.2%	1.7%	213	16.9%	66.2
51029	Larrabee	IA	CHEROKEE	97.1%	0.0%	0.0%	1.3%	127	3.9%	61.6
51035	Marcus	IA	CHEROKEE	92.9%	0.9%	0.2%	3.1%	773	18.5%	54.9
51037	Meriden	IA	CHEROKEE	97.2%	0.3%	0.0%	2.0%	185	20.5%	61.5
51049	Quimby	IA	CHEROKEE	96.0%	0.0%	0.0%	1.3%	242	8.3%	53.5
51061	Washta	IA	CHEROKEE	93.7%	0.2%	0.2%	3.0%	220	17.7%	60.4
Totals				94.6%	0.3%	0.2%	3.1%	5,506	15.8%	60

Source: ERSA Demographics 2023

III. Community Health Status

[VVV Consultants LLC]

III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 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.
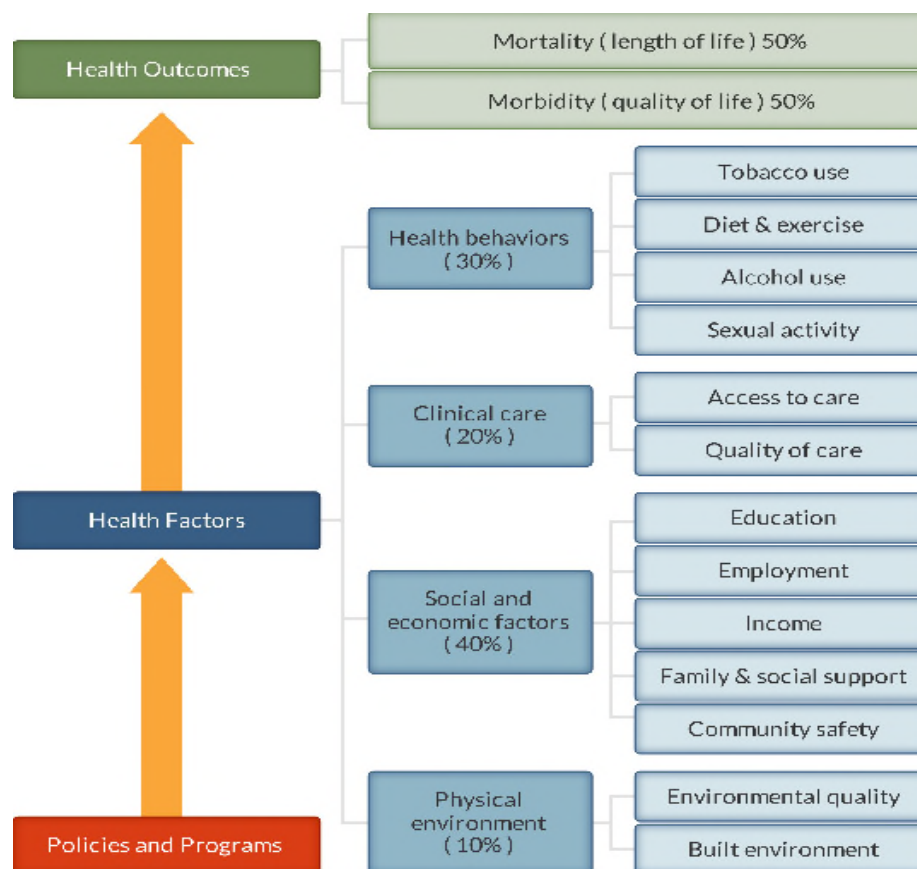
County Health Rankings model ©2012 UWPHI

National Research – Year 2023 RWJ Health Rankings:

#	2023 IA Rankings - 99 Counties	Definitions	Cherokee Co IA 2023	Cherokee Co IA 2021	Trend	Rural W IA Norm N=22
1	**Health Outcomes**		**57**	**25**	**‒**	**56**
	Mortality	**Length of Life**	**58**	**30**	**‒**	**54**
	Morbidity	**Quality of Life**	**57**	**23**	**‒**	**54**
2	**Health Factors**		**47**	**79**	**+**	**48**
	Health Behaviors	**Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy**	**58**	**72**	**+**	**56**
	Clinical Care	**Access to care / Quality of Care**	**40**	**85**	**+**	**59**
	Social & Economic Factors	**Education, Employment, Income, Family/Social Support, Community Safety**	**41**	**72**	**+**	**48**
3	**Physical Environment**	**Environmental quality**	**40**	**64**	**+**	**38**
	Rural W Iowa Norm (22): Adams, Audubon, Buena Vista, Calhoun, Carroll, Cass, Cherokee, Clay, Crawford, Fremont, Greene, Guthrie, Harrison, Ida, Mills, Monona, Montgomery, O'Brien, Page, Sac, Shelby, and Taylor					

http://www.countyhealthrankings.org, released 2023

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 2025	Cherokee Co IA 2022	Trend	State of IA	Rural W IA Norm N=22	Source
1	a	Population Estimates, July 1, 2023, (V2022)	11,605	11,235	+	3,200,517	11,553	People Quick Facts
	b	Persons under 5 years, percent, 2023	5.6%	5.5%		5.8%	5.6%	People Quick Facts
	c	Persons 65 years and over, percent, 2023	25.3%	24.7%		18.3%	23.0%	People Quick Facts
	d	Female persons, percent, 2023	49.7%	50.0%		49.8%	49.6%	People Quick Facts
	e	White alone, percent, 2023	95.5%	96.5%		89.8%	94.9%	People Quick Facts
	f	Black or African American alone, percent, 2023	1.5%	1.2%		4.4%	1.4%	People Quick Facts
	g	Hispanic or Latino, percent, 2023	5.3%	4.1%		6.9%	6.4%	People Quick Facts
	h	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	87.7%	89.6%		86.0%	88.6%	People Quick Facts
	i	Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	4.4%	2.7%		8.6%	5.4%	People Quick Facts
	j	Children in single-parent households, %, 2018-2022	24.1%	25.4%	−	20.3%	19.4%	County Health Rankings
	k	Total Veterans, 2018-2022	826	854		174,514	711	People Quick Facts

Tab 2: Economic Profile

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

Tab		Health Indicators	Cherokee Co IA 2025	Cherokee Co IA 2022	Trend	State of IA	Rural W IA Norm N=22	Source
2	a	Per capita income in past 12 months (in 2021 dollars), 2018-2022	$35,939	$32,999	+	$30,063	$35,536	People Quick Facts
	b	Persons in poverty, percent, 2023	10.7%	11.1%		11.1%	10.4%	People Quick Facts
	c	Total Housing units, 2023	5,551	5,775	−	1,438,565	5,472	People Quick Facts
	d	Total Persons per household, 2018-2022	2.2	2.0		2.4	2.3	People Quick Facts
	e	Severe housing problems, percent, 2016-2020	8.1%	6.1%	−	11.5%	9.5%	County Health Rankings
	f	Total employer establishments, 2022	345	NA		82,997	347	People Quick Facts
	g	Unemployment, percent, 2022	2.3%	2.5%		2.7%	2.4%	County Health Rankings
	h	Food insecurity, percent, 2021	7.9%	9.0%		7.5%	7.9%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019	6.0%	1.8%	−	5.7%	5.7%	County Health Rankings
	j	Long commute - driving alone, percent, 2018-2022	16.8%	17.4%	−	21.2%	25.4%	County Health Rankings

**New Social Determinant Data Resources*

Tab 3: Educational Profile

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

Tab		Health Indicators	Cherokee Co IA 2025	Cherokee Co IA 2022	Trend	State of IA	Rural W IA Norm N=22	Source
3	a	Children eligible for free or reduced price lunch, percent, 2020-2021 (ALL Schools)	36.9%	40.5%	+	40.1%	41.5%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	93.2%	93.1%		92.8%	92.1%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	21.7%	22.2%		29.7%	20.8%	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 2025	Cherokee Co IA 2022	Trend	State of IA	Rural W IA Norm N=22	Source
4	a	Number of Births Where Prenatal Care began in First Trimester, 2020-2021, Rate per 1,000	841.1	818.6	+	787.2	689.5	Iowa Health Fact Book
	b	Percent Premature Births by County, 2023	9.2%	4.7%	−	8.1%	10.2%	idph.iowa.gov
	c	Percent of Infants up to 24 months that received full Immunizations, 2024 (4-3-1-3-3-1-4)	70.5%	69.6%	+	72.4%	69.4%	idph.iowa.gov
	d	Number of Births with Low Birth Weight, 2020-2021, Rate per 1k	62.0	48.7	−	68.4	74.1	Iowa Health Fact Book
	e	Number of all Births Occurring to Teens (15-19), 2020-2021, Rate per 1k	31.0	57.5	+	40.8	43.2	Iowa Health Fact Book
	f	Mothers Who Smoked During Pregnancy: 2020-2021 (Rate per 1,000)	104.7	150.4	+	NA	126.6	Iowa Health Fact Book
	g	Child Care Centers per 1,000 Children, 2010-22**	14.7	NA		8.0	8.5	County Health Rankings

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

#	Criteria - Vital Satistics (Live Births)	Cherokee Co IA	Trend	Iowa
a	Total Live Births, 2018	122		37,597
b	Total Live Births, 2019	132		36,058
c	Total Live Births, 2020	126		36,786
d	Total Live Births, 2021	119		36,446
e	Total Live Births, 2022	120		36,004

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 2025	Cherokee Co IA 2022	Trend	State of IA	Rural W IA Norm N=22	Source
5	a	Primary Care Ratio of Population to primary care physicians (MDs / DOs only), 2021	1917:1	1415:1	+	1357:1	2222:1	County Health Rankings
	b	Rate of preventable hospital stays for ambulatory-care sensitive conditions per 100k Medicare enrollees (lower the better), 2021	2,749	5,164	+	2,330	2,320	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	76.0%	62.0%	+	73.0%	77.5%	CMS Hospital Compare
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	71.0%	59.0%	+	72.0%	71.8%	CMS Hospital Compare
	e	Average Time Patients Spent in the Emergency Dept. Before Seen by a Healthcare Professional (Mins)	129	151	+	122	108	CMS Hospital Compare

Source: Internal Records				
	Cherokee Co IA Public Health Community Benefit	YR 2024	YR 2023	YR 2022
1	Community health improvement services & community benefits operations	$985,415	$298,653	$484,984
2	Lead Tests Completed #Cherokee/#CSA	90/698	11/51	0
3	Caregiver Depression Screens #Cherokee/#CSA	19/93	0	0
4	iSmile Screens #Cherokee/#CSA	246/3435	212/1544	0
5	Ismile @ School Screens #Cherokee/#CSA	86/1192	85/355	0
6	Families connected with health resources #Cherokee/#CSA	263/3960	70/1192	0
7	Infectious Disease Investigations	10	17	7
8	Routine Immunizations Provided	1061	1662	1503
9	COVID-19 & Flu Immunizations Provided	323	541	219
10	Total Community Benefits	$985,415	$317,586	$484,984
Notes: Information taken from IRS Schedule H; section 7 "Other Benefits"				

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicators	Cherokee Co IA 2025	Cherokee Co IA 2022	Trend	State of IA	Rural W IA Norm N=22	Source
6	a	Age-Adjusted Prevalence of Depression Among Adults, 2021	18.6%	15.9%	−	18.7%	18.5%	Centers for Medicare and Medicaid Services
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2022 (lower is better)	22.9	15.4	−	14.6	17.1	Iowa Health Fact Book
	c	Poor mental health days, 2021	4.7	3.6	−	4.5	4.6	County Health Rankings

**New Social Determinant Data Resources*

CDC - 2023 U.S. County Opiod Dispensing			
State	County	FIPS	Opioid Dispensing Rate per 100
IA	Cherokee County	19035	18.6
	IA Average 2023		27.8
Source: U.S. County Opioid Dispensing Rates, 2023 | Drug Overdose | CDC Injury Center			

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 2025	Cherokee Co IA 2022	Trend	State of IA	Rural W IA Norm N=22	Source
7a	a	Adult obesity, percent, 2021	42.5%	35.1%	-	36.9%	38.5%	County Health Rankings
	b	Adult smoking, percent, 2021	18.6%	19.3%		15.5%	18.1%	County Health Rankings
	c	Excessive drinking, percent, 2021	18.6%	24.7%	+	23.1%	19.0%	County Health Rankings
	d	Physical inactivity, percent, 2021	26.4%	24.2%	-	23.8%	25.6%	County Health Rankings
	f	Sexually transmitted infections (chlamydia), rate per 100,000, 2021	347.7	NA		489.2	264.1	County Health Rankings

Tab 7b: Chronic Risk Profile   ***New Social Determinant Data Resources*

Tab		Health Indicators	Cherokee Co IA 2025	Cherokee Co IA 2022	Trend	State of IA	Rural W IA Norm N=22	Source
7b	a	Age-Adjusted Prevalence of Arthritis Among Adults >=18 ,2021	22.9%	NA		23.1%	23.0%	ephtracking.cdc.gov
	b	Age-Adjusted Prevalence of Current Asthma Among Adults >=18 ,2021	9.5%	NA		9.5%	9.5%	ephtracking.cdc.gov
	c	Age-Adjusted Prevalence of Diagnosed Diabetes Among Adults >=18 ,2021	9.0%	NA		8.7%	8.8%	ephtracking.cdc.gov
	d	Age-Adjusted Prevalence of Chronic Kidney Diseasae Among Adults >=18 ,2021	2.7%	NA		2.7%	2.7%	ephtracking.cdc.gov
	e	Age-Adjusted Prevalence of COPD Among Adults >=18 ,2021	6.6%	NA		6.4%	6.5%	ephtracking.cdc.gov
	f	Age-Adjusted Prevalence of Coronary Heart Disease Among Adults >=18, 2021	5.4%	NA		5.2%	5.2%	ephtracking.cdc.gov
	g	Age-Adjusted Prevalence of Cancer Among Adults >=18 ,2021	6.4%	NA		6.4%	6.4%	ephtracking.cdc.gov
	h	Age-Adjusted Incidence Rate of Breast Cancer per 100k over 5 year period (Females Only - Smoothed)- 2016-2020	120.4	NA		134.7	124.1	ephtracking.cdc.gov
	i	Age-Adjusted Prevalence of Stroke Among Adults >=18 ,2021	2.8%	NA		2.7%	2.7%	ephtracking.cdc.gov

Tab 8: Uninsured Profile and *Community Benefit*   ***New Social Determinant Data Resources*

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 2025	Cherokee Co IA 2022	Trend	State of IA	Rural W IA Norm N=22	Source
8	a	Uninsured, percent, 2021	5.9%	6.0%		5.8%	6.6%	County Health Rankings

#	Cherokee Regional	YR22	YR23	YR24
1	Bad Debt - Write off	$889,952	$362,373	$860,803
2	Charity Care - Free Care Given	$243,494	$221,816	$221,000

Tab 9: Mortality Profile

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

Tab		Health Indicators	Cherokee Co IA 2025	Cherokee Co IA 2022	Trend	State of IA	Rural W IA Norm N=22	Source
9	a	Life Expectancy (Male and Females), 2018-2020	77.9	80.0	-	78.1	77.6	County Health Rankings
	b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2020 (lower is better)	308.5	178.0	-	160.7	257.6	Iowa Health Fact Book
	c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2020 (lower is better)	374.1	165.8	-	162.3	322.0	Iowa Health Fact Book
	d	Age-adjusted Chronic Obstructive Pulmonary Disease Mortality Rate per 100,000 population, 2016-2020 (lower is better)	104.6	57.6	-	59.6	83.9	Iowa Health Fact Book
	e	Alcohol-impaired driving deaths, percent, 2018-2022	44.4%	42.9%	-	26.3%	26.8%	County Health Rankings

Iowa Death Statistics by Selected Causes of Death (2018-2022) Per 100k	Cherokee Co IA	Mix %	Trend	State of Iowa	%
Total Deaths (Per 100k)	782.9			785.1	
Heart Disease	170.7	21.8%		173.3	22.1%
Cerebrovascular Disease	23.7	3.0%		32.4	4.1%
Diabetes	19.9	2.5%		23.1	2.9%
Cancer	151.5	19.4%		151.3	19.3%
Chronic Lower Respiratory Disease	44.2	5.6%		41.2	5.2%
Accidents & Adverse Events	41	5.2%		45.3	5.8%

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 2025	Cherokee Co IA 2022	Trend	State of IA	Rural W IA Norm N=22	Source
10	a	Access to exercise opportunities, percent, 2022	76.5%	77.5%		79.4%	63.4%	County Health Rankings
	b	Age-Adjusted Prevalence of Hearing Disability Among Adults >=18, 2021	6.3%	NA		6.1%	8.9%	ephtracking.cdc.gov
	c	Age-Adjusted Prevalence of High Chloesterol Among Adults >=18 ,2021(Screened in the last 5 years)	29.7%	NA		29.9%	30.1%	ephtracking.cdc.gov
	d	Age-Adjusted Prevalence of High Blood Pressue Among Adults >=18 ,2021	29.2%	NA		27.9%	27.9%	ephtracking.cdc.gov
	e	Mammography annual screening, percent, 2020	53.0%	52.0%		53.0%	49.3%	County Health Rankings
	f	Age-Adjusted Prevalence of Visits to Doctor for Routine Check-Up Among Adults >=18 ,2021	72.9%	NA		72.7%	72.2%	ephtracking.cdc.gov
	g	Age-Adjusted Prevalence of Visits to the Dentist Among Adults >=18 ,2022	65.2%	NA		65.4%	64.6%	ephtracking.cdc.gov
	h	Percent Annual Check-Up Visit with Eye Doctor	TBD	TBD		TBD	TBD	TBD

**New Social Determinant Data Resources

PSA Primary Research:

For each CHNA Round #5 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Cherokee County, Iowa.

Chart #1 – Cherokee County, IA PSA Online Feedback Response (N=321)

Cherokee Reg Med Ctr PSA - CHNA 2025 N=321			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Cherokee Reg Med Ctr PSA N=321	Trend	*Round #5 Norms N=9,357
Business/Merchant	10.8%	🟩	9.9%
Community Board Member	6.3%	🟨	8.3%
Case Manager/Discharge Planner	0.6%		1.1%
Clergy	0.6%		1.2%
College/University	1.6%		2.9%
Consumer Advocate	1.9%		1.9%
Dentist/Eye Doctor/Chiropractor	0.9%		0.7%
Elected Official - City/County	1.9%		1.9%
EMS/Emergency	2.2%		2.5%
Farmer/Rancher	7.0%	🟨	7.9%
Hospital/Health Department	15.2%	🟩	20.3%
Health Department	3.8%		1.6%
Housing/Builder	0.0%		0.7%
Insurance	0.3%		1.2%
Labor	4.1%		3.1%
Law Enforcement	0.3%		0.8%
Mental Health	7.9%	🟨	2.7%
Other Health Professional	8.2%	🟨	12.0%
Parent/Caregiver	14.6%	🟩	16.5%
Pharmacy/Clinic	2.8%		2.5%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	2.8%		3.7%
Teacher/School Admin	3.8%		7.1%
Veteran	2.2%		2.9%
TOTAL	316		7,426

*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Elllsworth, Republic, Meade, Atchison, Brown, Montgomery WI County: Richland NE Counties: Furnas, Custer

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households Regional	Firms Regional
None / Few (1-2)	200-500	50-200
Average (3-4).	500-1,000	200-1,000
Many (5+)	1,000+	1,000+

Sudman. *Applied Sampling*, (Academic Press, 1976), 87. Ibid., 30.

Quality of Healthcare Delivery Community Rating

Cherokee Reg Med Ctr PSA - CHNA 2025 N=321			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Cherokee Reg Med Ctr PSA N=321	Trend	*Round #5 Norms N=9,357
Top Box %	**28.0%**		**26.2%**
Top 2 Boxes %	**72.0%**		**68.6%**
Very Good	28.0%		26.2%
Good	43.9%		42.4%
Average	24.0%		23.8%
Poor	3.4%		5.2%
Very Poor	0.6%		1.1%
Valid N	321		9,328

*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee   Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray   KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Elllsworth, Republic, Meade, Atchison, Brown, Montgomery   WI County: Richland   NE Counties: Furnas, Custer

Re-evaluate Past Community Health Needs Assessment Needs

Cherokee Reg Med Ctr PSA - CHNA 2025 N=321					
Past CHNA Unmet Needs Identified			Ongoing Problem		Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (OP access) / Crisis Services	129	12.2%		1
2	Suicide	103	9.7%		2
3	Obesity (Nutrition / Exercise)	95	9.0%		3
4	Substance Abuse (Drugs/Alcohol/Smoking)	87	8.2%		4
5	Urgent Care	72	6.8%		5
6	Cancer	64	6.0%		6
7	Housing Availability	62	5.8%		7
8	Dialysis	60	5.7%		9
9	Workforce Staffing	60	5.7%		8
10	Awareness of Healthcare Services	59	5.6%		12
11	Transportation (All)	58	5.5%		11
12	Smoking / Vaping	58	5.5%		12
13	Title 19 Provider Coverage	35	3.3%		13
14	Disease Prevention / Wellness (Education)	31	2.9%		14
15	Access to Telehealth	28	2.6%		15
16	Single Families	26	2.5%		16
17	Hospice House	23	2.2%		17
18	Admitting Privileges	11	1.0%		18
	Totals	1,061	100.0%		

Community Health Needs Assessment "Causes of Poor Health"

Cherokee Reg Med Ctr PSA - CHNA 2025 N=321			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Cherokee Reg Med Ctr PSA N=321	Trend	*Round #5 Norms N=9,357
Chronic Disease Management	7.9%		8.4%
Lack of Health & Wellness	11.9%	🟨	11.6%
Lack of Nutrition / Access to Healthy Foods	10.7%	🟨	10.5%
Lack of Exercise	16.8%	🟥	14.0%
Limited Access to Primary Care	2.6%		5.3%
Limited Access to Specialty Care	4.6%		5.9%
Limited Access to Mental Health	16.6%	🟥	14.4%
Family Assistance Programs	4.3%		4.6%
Lack of Health Insurance	10.7%	🟨	12.0%
Neglect	7.6%		8.9%
Lack of Transportation	6.2%		5.1%
Total Votes	680		17,889
*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Elllsworth, Republic, Meade, Atchison, Brown, Montgomery WI County: Richland NE Counties: Furnas, Custer			

Community Rating of HC Delivery Services (Perceptions)

Cherokee Reg Med Ctr PSA - CHNA 2025 N=321	Cherokee Reg Med Ctr PSA N=321			*Round #5 Norms N=9,357	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	92.2%	1.1%	🟩	82.9%	3.4%
Child Care	36.5%	24.7%	🟥	40.6%	21.1%
Chiropractors	86.5%	2.1%	🟩	71.7%	6.5%
Dentists	62.6%	11.0%	🟨	64.0%	13.7%
Emergency Room	80.5%	7.8%	🟨	73.6%	7.8%
Eye Doctor/Optometrist	72.3%	6.8%	🟨	70.6%	9.6%
Family Planning Services	48.3%	16.3%	🟥	45.9%	16.5%
Home Health	79.3%	2.6%	🟩	57.9%	11.1%
Hospice/Palliative	84.3%	1.1%	🟩	65.6%	7.8%
Telehealth	50.9%	8.7%	🟨	51.0%	12.8%
Inpatient Hospital Services	79.9%	3.0%	🟩	75.6%	5.7%
Mental Health Services	41.4%	25.6%	🟥	35.7%	29.6%
Nursing Home/Senior Living	53.4%	12.4%	🟨	48.4%	17.7%
Outpatient Hospital Services	79.8%	3.7%	🟩	74.7%	5.2%
Pharmacy	90.5%	1.8%	🟩	82.9%	3.2%
Primary Care	85.8%	3.6%	🟩	76.9%	6.4%
Public Health	82.4%	3.1%	🟩	62.9%	8.6%
School Health	69.2%	6.2%	🟨	59.3%	8.3%
Visiting Specialists	78.5%	2.6%	🟩	67.9%	7.2%
*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Elllsworth, Republic, Meade, Atchison, Brown, Montgomery WI County: Richland NE Counties: Furnas, Custer					

Community Health Readiness

Cherokee Reg Med Ctr PSA - CHNA 2025 N=321	% Bottom 2 Boxes (Lower is better)		
Community Health Readiness is vital. How would you rate each? (% Poor / Very Poor)	**Cherokee Reg Med Ctr PSA N=321**	**Trend**	***Round #5 Norms N=9,357**
Behavioral/Mental Health	**29.2%**	🟥	**32.3%**
Emergency Preparedness	**5.8%**		**7.6%**
Food and Nutrition Services/Education	**12.8%**	🟨	**16.6%**
Health Wellness Screenings/Education	**8.3%**		**10.6%**
Prenatal/Child Health Programs	**5.2%**		**13.6%**
Substance Use/Prevention	**19.3%**	🟨	**33.4%**
Suicide Prevention	**27.2%**	🟥	**34.6%**
Violence/Abuse Prevention	**20.8%**	🟥	**33.0%**
Women's Wellness Programs	**15.0%**	🟨	**18.6%**
Exercise Facilities / Walking Trails etc.	**0.9%**		**14.9%**

*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Elllsworth, Republic, Meade, Atchison, Brown, Montgomery WI County: Richland NE Counties: Furnas, Custer

Healthcare Delivery "Outside our Community"

Cherokee Reg Med Ctr PSA - CHNA 2025 N=321			
In the past 2 years, did you or someone you know receive HC outside of our community?	**Cherokee Reg Med Ctr PSA N=321**	**Trend**	***Round #5 Norms N=9,357**
Yes	**64.3%**	🟨	**68.9%**
No	**35.7%**		**31.1%**

*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Elllsworth, Republic, Meade, Atchison, Brown, Montgomery WI County: Richland NE Counties: Furnas, Custer

Specialties:

Specialty	Counts
SURG	**13**
DERM	**10**
CARD	**8**
DENT	**8**
OBG	**8**
SPEC	**7**
ORTH	**6**
MAMO	**5**
OPTH	**5**

Access to Providers / Staff in our Community

Cherokee Reg Med Ctr PSA - CHNA 2025 N=321			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	**Cherokee Reg Med Ctr PSA N=321**	**Trend**	***Round #5 Norms N=9,357**
Yes	**68.4%**	🟩	**56.0%**
No	**31.6%**		**44.0%**

*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Elllsworth, Republic, Meade, Atchison, Brown, Montgomery WI County: Richland NE Counties: Furnas, Custer

What healthcare topics need to be discussed further at our Town Hall?

Cherokee Reg Med Ctr PSA - CHNA 2025 N=321			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Cherokee Reg Med Ctr PSA N=321	Trend	*Round #5 Norms N=9,357
Abuse/Violence	3.8%		3.9%
Access to Health Education	3.2%		3.4%
Alcohol	3.6%		3.6%
Alternative Medicine	3.7%		3.7%
Behavioral/Mental Health	8.6%		8.9%
Breastfeeding Friendly Workplace	1.3%		1.2%
Cancer	3.8%		2.7%
Care Coordination	2.4%		3.1%
Diabetes	1.8%		2.7%
Drugs/Substance Abuse	5.4%		6.6%
Family Planning	2.1%		2.1%
Health Literacy	2.5%		3.2%
Heart Disease	1.1%		1.6%
Housing	3.4%		5.6%
Lack of Providers/Qualified Staff	3.0%		4.8%
Lead Exposure	0.8%		0.5%
Neglect	1.7%		1.9%
Nutrition	4.4%		4.6%
Obesity	5.1%		5.5%
Occupational Medicine	0.3%		0.6%
Ozone (Air)	0.5%		0.5%
Physical Exercise	4.1%		4.9%
Poverty	3.7%		4.8%
Preventative Health/Wellness	5.6%		5.4%
Sexually Transmitted Diseases	1.5%		1.5%
Suicide	8.6%		6.0%
Teen Pregnancy	1.9%		1.7%
Telehealth	1.3%		2.1%
Tobacco Use	2.2%		2.1%
Transportation	3.5%		3.1%
Vaccinations	1.9%		2.2%
Water Quality	3.6%		2.7%
TOTAL Votes	1,027		28,077

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
	Inventory of Health Services - Cherokee County IA 2025			
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		

Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
Inventory of Health Services - Cherokee County IA 2025				
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

Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
**Inventory of Health Services - Cherokee County IA 2025**				
SERV	Patient Education Center	YES	YES	
SERV	Support Groups	YES	YES	YES
SERV	Teen Outreach Services		YES	YES
SERV	Tobacco Treatment/Cessation Program		YES	
SERV	Transportation to Health Facilities			YES
SERV	Wellness Program	YES	YES	

# of FTE Providers by Specialty	FTE Doctors		FTE Allied Staff
Providers Delivering Care in Cherokee County IA 2025			
	PSA Based DRs	**Visiting DRs ***	**PSA Based PA / NP**
Primary Care:			
Family Practice	5.0		7.0
Internal Medicine / Geriatrician			
Obstetrics/Gynecology	3.0	0.1	
Pediatrics			
Medicine Specialists:			
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	
Surgery Specialists:			
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	
Hospital Based:			
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	
Other:			
Chiropractor	7.0		
Optometrist OD	3.0		
Dentists	4.0		
TOTALS	**41.2**	**2.6**	**8.0**

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

YR 2025 - Visiting Specialists to CRMC

SPEC	Doctor Name	Group Name	Office City	Phone	Clinics	YR Days (240 days)
OB/GYN	Dr. Kasuske	Siouxland Obstetrics/GYN, P.C.	2730 Pierce St., Suite 201, Sioux City, IA 51104	712-277-2645	1st & 3rd Tues.	0.1
CARDIOLOGY	Dr Peacock/Theresa Muller ARNP	UnityPoint Health St. Luke's Cardiovascular Services.	5885 Sunnybrook Drive, Ste. L-200, Sioux City, IA 51106	712-239-6254	1st & 3rd Wed.	0.2
DERMATOLOGY	Dr. Kuwahara	Tri-State Specialists, LLP	2730 Pierce Street, Ste. 300, Sioux City, IA 51104	712-279-3849	Every 4 wks. Tues.	0.05
NEPHROLOGY	Dr. St.Hill	Renal Associates, P.C.	357 West Tower Road, Dakota Dunes, SD 57049	712-255-0829	2nd Tues.	0.1
ONCOLOGY	Dr. Javvaji	June E. Nylen Cancer Center	230 Nebraska St., Sioux City, IA 51101	712-252-9411	Telehealth only	0.1
PULMONOLOGY	Dr. S. Gupta & J. Gupta	UnityPoint Health St. Luke's Pulmonary Services	2730 Pierce Street, Ste. 401, Sioux City, IA 51104	712-255-4862	Once every other month on a Wed.	0.05
ENT	Dr. Ford	ENT Associates	Sioux City		1 to 2 Fridays a month	0.2
Neurology	Dr Adams		300 Sioux Valley Dr cherokee,, IA	712-225-1513	Every other Monday.	
NEUROSURGERY	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
ORTHOPEDICS	Dr. Nelson	Center for Neurosciences, Orthopaedics, & Spine, P.C.	575 Sioux Point Road, Dakota Dunes, SD 57049	605-217-2900	Every Thurs.	0.2
ORTHOPEDICS	Dr. Harrer/Megan Schuck ARNP	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
SURGERY	Dr. Dierking & Dr. Armstrong	Buena Vista Reg. Medical Center General Surgeons	210 East 5th Street, Storm Lake, IA 50588	712-213-5230	Armstrong every other Tues. Dierking every Wed.	0.11
UROLOGY	Dr. Caligiuri	N.W. Iowa Urologist, P.C.	1200 1st Ave. E., Suite B, Spencer, IA 51301	712-262-6216	1st, 3rd, 4th Wed	0.4
WOUND	Viola Lias ET RN, Nicole Hlnkeldey ET RN	CRMC Specialty Clinic	300 Sioux Valley Drive, Cherokee, IA 51012	712-225-6869	Cherokee M-F Holstein Mon.	0.4
PODIATRY	Dr Greaves, Dr. Oelke	CRMC Outpatient Provider Based Clinic Siouxland Podiatry Associates, P.C.	300 Sioux Valley Drive, Cherokee IA 2916 Hamilton Blvd. Upper C, Sioux City, IA 51104	712-225-1513 712-546-5462	Greaves M, W, Th, F Oelke 1st & 3rd Thurs.	0.1

Cherokee County, Iowa
<u>Emergency Numbers</u>

Police / Sheriff   **9-1-1**

Fire   **9-1-1**

Ambulance   **9-1-1**

CRMC Ambulance   **712-225-5101**

Police

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**

Fire

Aurelia Fire Department   **712-434-0185**

Cherokee Fire Department   **712-225-3906**

Cherokee MHI Fire Department   **712-225-2594**

Cleghorn Fire Department   **712-436-2474**

Marcus Fire Department   **712-376-2700**

Meriden Fire Department   **712-443-8840**

Larrabee Fire Department   **712-437-2400**

Quimby Fire Department   **712-445-2521**

Washta Fire Department   **712-447-6138**

Cherokee County, Iowa Resource Guide – 2025

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
400 N Roosevelt Ave
Cherokee, IA 51012
712-225-5728

Aurelia Daycare Inc
216 Ash St
Aurelia, IA 51005
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/Wed 7 p.m.
-Crossroads Christian Church (515 W Main St C)
Sat 9 a.m.

Iowa Substance Abuse Info Center
800-247-0614

Jackson Recovery
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

Quitline Iowa (tobacco & vaping cessation)
800-QUIT-NOW

National Institute on Drug Abuse Hotline
800-662-4357

Gambling Help
800-BETS-OFF

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

Iowa Teen Line
800-443-8336

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

Head Start & Early Head Start
800-859-2025

Northwest Area Education Agency
712-222-6000

CRMC Prenatal Classes
712-225-5101

Cherish Center
712-338-3333

Preschool

Aurelia (4yrs)
712-434-5595

Begindergarden, Marcus (4yrs)
712-376-2615

River Valley Preschool (4yrs)
712-447-6318

Trinity Preschool (3yrs)
712-225-1990

Schools

Alta-Aurelia School District
712-434-2284

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

Marcus, Meriden, Cleghorn, Remsen School District
Marcus Elem   712-376-4171
Remsen Elem   712-786-1101
Remsen Middle   712-786-1101
Marcus High School   712-376-4171

River Valley Community Schools (Correctionville, Cushing, Washta, Quimby)
916 Hackberry St
Correctionville, IA 51016
712-372-4656

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)
712-786-2001

CAASA
(Sexual Abuse, Human Trafficking, School Programs)
877-362-4612

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

Emergency Shelter

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

Red Cross, Cherokee
712-225-4507

Salvation Army
712-225-6301

YWCA, Ft Dodge
826 1st Ave N
Fort Dodge, IA 50501
515-573-3931

Employment

Job Corps
712-263-4192

Promise Jobs
712-233-9030

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
325 W Milwaukee Ave UNIT 2
Storm Lake, IA 50588

Workforce Development Centers
217 W 5th St
Spencer, IA 51301
712-262-1971

Environmental Health Office

Cherokee Environmental Health
Coordinator: Justin Pritts
520 W Main St C
Cherokee, IA 51012
712-225-6721

Financial Assistance

Child Support Recovery
888-229-9223

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

Mid-Sioux Outreach
712-225-3322

USDA Farm Service Agency
FSA Office –
714 8th St SE
Orange City, IA 51041
712-737-4801

Cherokee County General Relief-
712-225-6319

Food

Mid Sioux Outreach
M. W. F. 8 a.m. – 4:30 p.m.
712-225-3322

Food Stamps (DHS)
866-537-2749

Immaculate Conception Food Pantry
Tues & Thurs 8:00 a.m. – 2:00 p.m.
712-225-5393

Trinity Lutheran Food Pantry
3rd Friday of the month 5:00 p.m. – 7:00 p.m.

Foodbank of Siouxland Mobile Pantry
712-225-9741
Community Center   712-225-2715

Meals on Wheels, CRMC
712-225-5101

WIC- Cherokee
530 West Bluff
Cherokee, IA 51012
712-260-7181

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

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

Community Ministry Food Pantry
Wed 6:00 p.m. - 7:30 p.m. & Sat 9:00 a.m. - 10:30 a.m.
Marcus, IA
712-786-3488

Mobile Food Pantry
515-564-033

WIC Program
712-786-3478

Meals on Wheels
712-225-5101

Congregate Meals
712-279-6900

EBT/ Food Assistance Card
800-359-5802

Fuel Assistance Weatherization

Emergency Assistance, DHS
712-957-5135

Mid Sioux Opportunity
921 S 2nd St
Cherokee, IA 51012
712-225-3322

Dental Providers

Siouxland Community Health Center
1021 Nebraska St
Sioux City, IA 51105
712-252-2477

Promise Community Health
33 4th St NW
Sioux Center, IA 51250
712-722-1700

Pediatric Dentistry Denison
1313 Broadway
Denison, IA 51442
712-263-2111

United Community Health Center Storm Lake
715 W Milwaukee Ave
Storm Lake, IA 50588
712-213-0109

Louscher Dental
3202 1st St
Emmetsburg, IA 50536
712-852-2054

Vision & Hearing Services

Vision Impaired
800-232-5463

Hinkhouse Hearing Ltd
791 N 2nd St
Cherokee, IA 51012
712-225-4327

Health Care

Alzheimer's and Related Disorders
888-595-9864

American Cancer Society
800-227-2345

Careage Home Care
203 E Bow Dr
Cherokee, IA 51012
712-225-5129

Cherokee Family Practice
712-225-0191

Cherokee Regional Medical Clinic
300 Sioux Valley Dr
Cherokee, IA 51012
712-225-6265
*Dr. Nelson fluent in Spanish

Marcus Medical Clinic
300 East Pine St
Marcus, IA 51035
(Closed Wed)
712-376-4600

Cherokee Regional Clinic
225 Main St
Aurelia, IA 51005
712-434-2101

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

Cherokee Regional Medical Center
300 Sioux Valley Dr
Cherokee, IA 51012
712-225-5101

Child Health Specialty Clinics
1200 1st Ave E
Spencer, IA 51301
712-264-6362

Corrections Area Agency on Aging
2301 Pierce St
Sioux City, IA 51104
800-432-9209

**Cherokee County
CRMC Public Health**
712-225-2129

Sioux Valley Family Health
115 E Maple St
Cherokee, IA 51012
712-225-9003

Deaf Services Commission of Iowa
515-281-3164

Elderbridge Agency on Aging
714 10th Ave
Spencer, IA 51301
800-243-0678

Iowa Healthy Families
800-369-2229

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

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

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

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
(Senior Living)
712-225-6728

HUD Rental Assistance
800-955-2232

Autumn Park Apartments
1003 E Ridgeview Dr # 5A
Cherokee, IA 51012
712-225-2564

Furniture/Clothing

New Leaf
313 N 2nd St
Cherokee, IA 51012
712-225-4309

New To You Consignment
218 W Main St
Cherokee, IA 51012
712-225-2030

Mental Health / Therapy

Cherokee Mental Health, Inpatient Services
1251 West Cedar Loop
Cherokee, IA 51012
712-225-2594

Plains Area Mental Health
900 N 2nd St #1
Cherokee, IA 51012
712-225-2575

Care Connections
215 W 4th St Suite 6
Spencer, IA 51301
712-264-3945

Northwest Aging Assoc.
712-262-1775

Autumn's Center
201 E 11th St
Spencer, IA
712-262-2922

Rosecrance Jackson Recovery
1313 McNaughton Way
Spencer, IA 51301
800-472-9018

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

Family Solutions Services
1217 State Hwy 10
Orange City, IA 51041
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
Office:
520 West Main St
Cherokee, IA 51012
712-796-2827

Royster & Royster
117 S 2nd St
Cherokee, IA 51012
712-225-5344

Season's Center for Community Mental Health
2091 E 11th St
Spencer, IA 51301
Main Line: 712-262-2922
Toll Free Line: 800-242-5101
24/7 Crisis Line: 844-345-4569

Pregnancy / Foster Care / Adoption Supports

Bethany Christian Services USA LLC
123 Albany Ave SE
Orange City, IA 51041
712-737-4831

Pregnancy/Adoption Support
1-800-BETHANY

Foster Care / Adoption Support Group
(3rd 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

Storm Lake Cab
712-213-1037

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

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin History 2022- 2024 for IP, OP and ER – Cherokee County, IA

Inpatient Discharges - Cherokee County, Iowa Residents

Rank	Hospital / City	2022 CY	2023 CY	2024 CY
	Grand Total	945	804	839
1	Cherokee - Cherokee Regional Medical Center	475	342	363
	% of Patients Staying Home	50.3%	42.5%	43.3%
2	Sioux City - UnityPoint Health - St. Luke's	141	145	188
3	Sioux City - MercyOne Siouxland Medical Center	113	103	107
4	LeMars - Floyd Valley Healthcare	44	35	33
5	Storm Lake - Buena Vista Regional Medical Center	39	38	33

Outpatient Discharges - Cherokee County, Iowa Residents

Rank	Hospital / City	2022 CY	2023 CY	2024 CY
	Grand Total	25,327	26,761	26,137
1	Cherokee - Cherokee Regional Medical Center	19,064	20,048	19,013
	% of Patients Staying Home	75.3%	74.9%	72.7%
2	Sioux City - UnityPoint Health - St. Luke's	1,187	1,280	1,523
3	Orange City - Orange City Health System	826	974	1,210
4	LeMars - Floyd Valley Healthcare	1,085	1,213	1,189
5	Storm Lake - Buena Vista Regional Medical Center	1,021	1,025	1,087

ER Discharges - Cherokee County, Iowa Residents

Rank	Hospital / City	2022 CY	2023 CY	2024 CY
	Grand Total	3,944	4,023	4,007
1	Cherokee - Cherokee Regional Medical Center	3,263	3,409	3,262
	% of Patients Staying Home	82.7%	84.7%	81.4%
2	LeMars - Floyd Valley Healthcare	242	202	242
3	Orange City - Orange City Health System	80	64	108
4	Storm Lake - Buena Vista Regional Medical Center	101	91	103
5	Sioux City - UnityPoint Health - St. Luke's	61	71	97

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

#	Table	Lead	Attend	Last	First	Organization
1	A	XX	x	Sickelka	Dawn	Northwest Early Childhood Iowa
2	A		x	Jordan	Gary	Cherokee Regional Medical Center
3	A		x	Young	Morgan	CRMC Hospice
4	A		x		Deputy Galvin	
5	B	XX	x	Henke	Brandon	Cherokee Regional Medical Center
6	B		x	Knippel	Jessica	Cherokee Regional Medical Center
7	B		x	Schlichting	Jodi	CRMC Fitness Center
8	B		x	O'Connor	Kay	KCHE/Fuller Digital Solutions Sales
9	C	XX	x	Wester	Kelly	
10	C		x	Burkhart	Linda	Sanford Museum
11	C		x	Evans	Lynn	Iowa Senate
12	C		x	Boswell	Maddie	Mi-Sioux Opportunity
13	C		x	Schmidt	Craig	Cherokee
14	D	XX	x	Blankers	Craig	Cherokee Regional Medical Center
15	D		x	Mack	Merle	Sioux Valley Memorial Hospital Assoc
16	D		x	Ankenmen	Emily	
17	D		x	Selk	Deb	
18	E	XX	x	Wilkie	Traci	Cherokee Regional Medical Center
19	E		x	Peterson	Bryan	Plains Area Mental Health Center
20	E		x	Agnew	Mike	St. Paul's United Methodist Church
21	E		x	Hill	Tasha	The Gardens
22	F	XX	x	Lundquist	Kent	Cherokee Regional Medical Center
23	F		x	Thomas	Steve	RJ Thomas Mfg.
24	F		x	Dr. Rider	Cassady	
25	F		x		Dr. Vandelune	
26	G	XX	x	Mayer	Kayla	CRMC-PH dept
27	G		x	Fritz	Kathy	Court Appointed Special Advocate
28	G		x	Koch	Kayla	Cherokee Regional Medical Center
29	G		x	Carpenter	Sam	
30	H	XX	x	Ivarson	Wendy	WITCC
31	H		x	Springer	Dale	Community Member
32	H		x	Severson	Hannah	Cherokee Regional Medical Center
33	H		x		Deputy Woebke	

Attendance Cherokee Co, IA CHNA Town Hall 9/12/25 11am-12:30pm   N=33

Cherokee Regional Medical Center Town Hall Event Notes

Date: 9/12/2025 11am -12:30pm @ Cherokee Community Center Attendance: N=33

INTRO: Following is a recap of the community conversation during CHNA 2025 Town Hall

- Other than English, patients are speaking Spanish or Micronesian languages.
- Veterans seek care in Sioux City, Spirit Lake, Fort Dodge, or Omaha.
- The wealth gap in the county is continuing to grow.
- The school backpack program is growing, from the Rotary Club.
- Public health is going well and so is school health. Services have increased at the Health Department.
- Depression is impacting all generations. As for drugs in the community, Opioids, Meth, Alcohol, Fentanyl, Cocaine, and Vaping.
- STDs are on the rise and impacting health in the county.
- Regarding Chronic Disease, Diabetes and Cancer (Diagnosis of) are areas of focus.
- Drinking and driving is a concern according to local law enforcement present.
- The Cherokee Fitness Center has recently opened and has increased access to exercise in the county, impacting health.
- Audiology specialists are a need in the community. Many community members are leaving for that service.

Impacts from actions taken to address 2022 unmet needs:

- 24-Hour access fitness center
- Crisis response team
- Urgent Care extended hours

What is coming/occurring that will affect health of the community:

- AI Medicine
- Elderly housing closing / not enough staff
- Grant funding cuts
- Medicaid cuts (Big Beautiful Bill)
- Mental health beds (not enough)
- Vaccines (lower vaccine rates in the county)

Things going well for healthcare in the community:

- 911 Response time
- Access to exercise facility
- Education services (health)
- Hospice team
- Hospital & Public Health expansion
- Hospital administration and leadership
- OB services at the hospital
- Parks and Rec
- Rehab Therapies
- Rural Health Clinic has extended hours
- Scope of providers

Areas to improve or change in the community:

- Childcare
- Dialysis
- Drugs (Alcohol)
- Drugs (Vaping)
- Food Insecurity
- Home Care
- Housing (Safe & Affordable)
- Insurance (Affordable & Education)
- Mental Health (Diagnosis, Treatment, Providers, Aftercare)
- Mental Health Beds (Kids)
- Obesity (Fitness & Food)
- Preventative Health
- Transportation (All)
- Vaccinations
- Water Quality

Round #5 CHNA - Cherokee Co, IA PSA

Town Hall Conversation - Strengths (Big White Cards)   N=33

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
13	# of providers	13	Fitness center
4	2 grocery stores (access to food)	14	Fitness center
16	24 hr fitness center	22	Fitness center 24-hour, trails & barn aqautic, parks, skate park
10	24/7 fitness center	4	Fitness center and physical fitness resources
24	24/7 fitness center access	27	Fitness center/access to
3	911 response/emergency response	14	Gained population
2	Access to 24-hr fitness center for community	7	Good community involvement
11	Access to education	22	Good hospital care
28	Access to exercise	7	Good reputation of hospitals/clinics/providers
31	Access to exercise facility	15	HC access- expanded options
25	Access to exercise opps, FC, walking trails, parks, parks in Rec dept.	16	Health care access providers
32	Access to fitness and exercise	6	Health center
30	Access to fitness centers/exercise facility	30	Health education- WIC, shcools, hospital, and public health
17	Access to fitness/wellness	9	Health facilities
17	Access to health care	9	Hospice
31	Access to medical treatment	15	Hospice care
7	Access to providers/clinics	19	Hospital improvements
32	Access we have provide through partnership at public health	26	Hospital is active expanding and invested in community
4	Active public health	11	Increased fitness center
10	Active public health program and good school nursing	8	Increased in crisis services
21	Acute care services	21	Increased OB services
7	Adding additional services	18	Less smoking
16	Amb. Services	6	Medical staff
20	Ambulance services	5	Mental health
21	Ambulance services	16	Mental health crisis team 24 hr
22	Birth center	12	Mobile crisis team, 24/7
32	Cherokee county has made improvements	16	OB Dr.'s and facility, delivered babies
31	Chief hospital Admin and leadership	12	Outlying clinics for healthcare
4	CHK Unite FB page (unity) (info sharing)	28	People staying in the community
13	Chronic pain management	7	Prenatal care
29	Close access to specialty care	27	Provider ratio
25	Community care- reaching out	23	Providers
22	Community health	12	Public ambulance services
11	Community involvement	19	Public awareness in different catagories
27	Community partnerships	8	Public health
14	Community perception of health	11	Public health
30	Community referrals	2	Public health has a strong presence in community
1	CRC urgent care changes (hours) remitted more physicians	26	Public health is active engaging and invested
3	Crisis response team	28	Public health screenings and services
20	Crisis response team	24	Quality care
15	Crisis team mental health	9	Recreation access- pools- parks- fitness center
1	CRMC stepped in to control heartland NH preserve bed	24	Remodel
1	Diverse services at CRMC (SLS, pediatric, PT/ST/OT)	1	Robust public health
10	Do have more housing going up and additional planned	9	Schools
6	Education	12	Schools opening up to mental health
17	Education	29	Services automobile
18	Education	12	Short commutes for care
20	Education	5	Smoking
21	Education	18	Staffing
18	Emergency services	25	Suicide coalition
6	Emergency time frame	23	Suicide coalition started and growing
9	Employment opportunities	22	Surgical care options and therapy
3	ER access	10	The providers we have are quality
6	Excellent hospital	26	There are options for fitness activities (Hosp. private parks & rec and conservation)
1	Expanded community based access marcus PT, mercy one, N-1	26	There are outside programs available to communities to help w/needs
16	Extended health care hours	5	Transportation
8	Extended hours (urgent care), access at hospital	18	Transportation
10	Extended hours at rural health clinics and ED w/positive reputation	25	Up to date hospital
11	Extended hours of clinic	2	Update hospital facility/growth
24	Extended hrs in clinic	4	Urgent care on Sat.
23	Facilities (hospital, fitness center)	25	Variety of providers in our community
5	Fitness	14	Walking trails
3	Fitness access	18	Water quality/access
15	Fitness access	28	We have the provider (ratio is lower)
20	Fitness availability	5	Wellness
21	Fitness availability	8	Wellness center/activities

Round #5 CHNA - Cherokee Co, IA PSA

Town Hall Conversation - Weaknesses (Color Cards)   N= 33

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
21	Access for under/not insured	1	Mental health bed availability
2	Access to afforable food that is healthy	1	Mental health couseling availability
27	Access to afforable healthy food	26	Mental health emerg. Care providers
28	Access to care due to inability to pay- resource navigation	13	Mental health for seniors, esp. still at home
31	Access to care for dental, OB, eye care so people don't travel out of town	5	Mental health provider availability
32	Access to child care	14	Mental health providers and beds
30	Access to child care (licensed centers)	18	Mental health services
7	Access to dialysis services	25	Mental health- where to go, especially young
28	Access to food	9	More access to mental health services
2	Access to health living- safe home, safe water, safe transportation	12	More dentists/eye Dr.s
2	Access to mental health needs in a timely manor (when in crisis)	12	More discussions regarding STD's
7	Access to mental health services- crisis care	12	More exercise/nutrition promotion
27	Access to MH supports	9	More health care providers
7	Access to more female OB/family physicians	12	More isurance acceptance
2	Access to oral care- nee dentist that take medicaid	12	More mental health access
7	Access to substance abuse resources	9	More mental health providers/evaluators/physicians
31	Adding health care providers- Obs, family practice	15	Need access for schools
5	Adult obesity	11	Need additional oncology services
14	Affordable health foods	25	Need dentists, eye dr, & MDs
14	Affordable housing	11	Need more education on diet/substance abuse
17	Alcohol abuse	15	No residential mental health beds locally
9	Alcohol abuse/smoking and vaping	6	Not enough education
24	Behavioral care access	15	Not enough mental health providers
28	Cancer	1	OB & capturing availabile volume
6	Charity funding	17	Obesity
17	Child care	18	Obesity
25	Child care	19	Obesity
11	Child care access/quality care	20	Obesity
21	Chronic disease-> cancer	16	Obesity awareness-> Healthier food options
16	Concern awareness/preventative	28	Oral health for adults
4	Cost	21	Out of county services
19	Depression	30	Palliative care (loop hole patients/zero quality for hospice or homehealth)
22	Depression	1	Physical activity
11	Diabetes/heart/kidney/diet related/prevent	18	Poverty
14	Dialysis	19	Poverty
32	Dialysis treatments	17	Poverty level
20	Domestic violence	29	Preventative care- Pt's to get preventative care test
26	Drug and alcohol insane	14	Preventative health on drugs, smoking, vaping,alcohol
6	Drugs	14	Preventative on diabetes and heart health
10	Drunk driving	13	Pricing for fitness, partner w/business
6	Education	4	Privacy
6	Empathy	30	Private care help
27	Encouragement attend fun activities/exercise	27	Providers that accept medicare
26	Eye and ear doctors	16	Quality of health care
24	Food access	2	Reduce substance abuse
25	Food insecurities	16	Smoking
21	Food insecurity	26	Specialists
26	Food insecurity	9	Substance abuse
18	Food security	10	Substance abuse
6	Grant funding	16	Substance abuse
5	High # single parent homes	18	Substance Abuse
8	Housing afforable	19	Substance abuse
25	Housing variety	20	Substance abuse
31	Improve suicide rates	22	Substance abuse
31	Improve vaccine rates	3	Substance abuse treatment
23	Increase education and outreach re: drugs with school	10	Suicide
23	Increase education in schools re: healthy eating habits	20	Suicide
24	Insurance education to pts.	28	Suicide
8	Jobs- available	5	Suicide and attempted
3	Lifestyle choices education	4	Talking
31	Make people more aware	4	To have services
6	Medicare cuts	24	Transportation
3	Mental health	27	Transportation
19	Mental health	30	Transportation for elderly/disabled
20	Mental health	13	Transportation out of Cherokee
22	Mental health	3	Trauma care
29	Mental health	10	Under or uninsured
6	Mental health	13	VA access
17	Mental health (more providers)	29	Vaccines
11	Mental health @ crisis moments	5	Vaping and substance abuse
8	Mental health access	4	Water quality
10	Mental health access	8	Water quality
21	Mental health access	30	Willingness to see midlevel practioners
23	Mental health access or understanding		

Round #5 CHNA - Cherokee Co, IA PSA

Town Hall Conversation - Actions from 2022 Unmet Needs (Small White Cards)   N= 33

Card #	What were the impacts from actions taken to address the 2022 unmet needs?	Card #	What were the impacts from actions taken to address the 2022 unmet needs?
26	24 hour access to fitness center	14	N/A
9	Added urgent care	15	N/A
20	Amb. Services 97.99%- green	16	N/A
20	Child care 48.3%- red	17	N/A
26	Crisis services	18	N/A
29	Food banks	19	N/A
20	Mental health 41.4%- red	21	N/A
1	N/A	22	N/A
2	N/A	23	N/A
3	N/A	24	N/A
4	N/A	25	N/A
5	N/A	27	N/A
6	N/A	28	N/A
7	N/A	30	N/A
8	N/A	13	Substance- offered opportunities to the public for vaping education
10	N/A	26	Suicide prevention coalition continued
11	N/A	26	Urgent care extended hours
12	N/A		

Round #5 CHNA - Cherokee Co IA

Social Determinants "A" Card Themes (N = 32 with 61 Votes): E=22, N=1, ED=2, C=9, F=11 & P=16

The social determinants of health
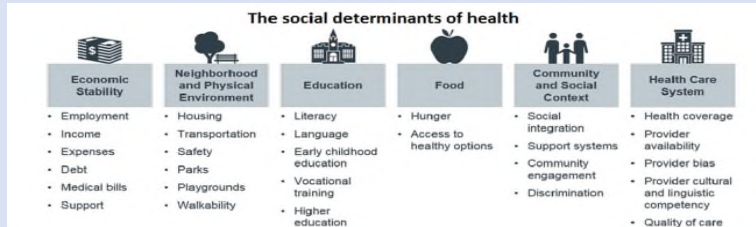
Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
1	E	Economy social	16	E	Economic
1	E	Economy county	16	C	Social/family
2	E	Economy	17	E	Economic stability
2	P	Health Care	17	P	Health Care
3	E	Economy social and community	18	E	Economic stability
3	F	Food social and community	18	P	Health Care access and quality
4	E	Economic stability	19	C	Social and community
4	P	Health Care access abd quality	19	E	Economic stability
4	F	Food	20	F	Food hunger
5	F	Food	20	E	Economic stability
5	P	Health Care	21	E	Economic stability
6	ED	Education	21	E	Economic social
6	P	Health Care	22	E	Economy
7	P	Provider availability	22	C	Social
7	P	Health Care coverage	23	F	Food
8	E	Economy	23	P	Health Care access
8	P	Health Care access	24	F	Food
9	P	Health Care access and quality	24	N	Neighborhood
9	E	Economic stability	25	E	Economic ability
10	F	Food	25	C	Social and community context
10	ED	Education	26	E	Economic
11	P	Health Care access	26	F	Access to health food
11	C	Social and community context	27	E	Economic
12	E	Economic stability	27	C	Social
12	C	Community and social context	28	C	Social context
13	E	Economic	28	P	Health Care system
13	P	Health Care access	29	E	Economic- elderly
14	P	Health Care access and quality	29	F	Food
14	F	Food	30	F	Food
15	E	Economic	30	P	Access and quality
15	C	Social and community context			

EMAIL Request to CHNA Stakeholders

From: Gary Jordan, CEO
Date: 6/20/2025
To: Community Leaders, Providers, Hospital Board and Staff
Subject: CHNA Round #5 Community Online Feedback Survey – Cherokee Co. IA

Cherokee Regional Medical Center – Cherokee County, IA; will be working with other area providers over the next few months to update the 2022 Cherokee County, IA Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in Cherokee County in order to complete the 2025 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2016, 2019, and 2022 CHNA reports while collecting up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete this comprehensive report. To accomplish this work, a short online survey has been developed for community members to take. Please visit our hospital webpage, facebook page, or utilize the link below to complete this survey.

LINK: https://www.surveymonkey.com/r/CherokeeRegMedicalCenter_2025CHNA

All community residents and business leaders are encouraged to **complete the 2025 online CHNA survey by July 21st, 2025.** All responses are confidential.

Please Hold the Date A community Town Hall is scheduled for **Friday, September 12th, 2025 for lunch from 11:00-12:30 pm at Cherokee Regional Medical Center.** This meeting is to discuss the survey findings and identify unmet needs.

If you have any questions about CHNA activities, please call (712) 225-5101

Thank you for your time and participation.

PR#1 News Release

<u>Local Contact:</u> Hannah Severson
Media Release: 6/20/2025

2025 Community Health Needs Assessment to be Hosted by Cherokee Regional Medical Center

Over the next few months, **Cherokee Regional Medical Center** will be working together with other area community leaders to update the Cherokee County, IA 2025 Community Health Needs Assessment (CHNA). Today we are requesting Cherokee County community members' input regarding current healthcare delivery and unmet resident needs.

The goal of this assessment update is to understand progress from past community health needs assessments conducted in 2022, 2019 and 2016, while collecting up-to-date community health perceptions and ideas. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

A brief community survey has been developed to accomplish this work. <Note: The CHNA survey link can be accessed by visiting Cherokee Regional Medical Center website and/or Facebook page. You may also utilize the QR code below for quick access.

All community residents and business leaders are encouraged to complete this online survey by **July 21st, 2025**. In addition, a CHNA Town Hall meeting to discuss the survey findings and identify unmet needs will be held on **Friday, September 12th, 2025, for lunch from 11am-12:30pm**. More info to come soon! Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (712) 225-5101

EMAIL #2 Request Message

From: XXX
Date: 8/16/25
To: Area Community Leaders, Providers and Hospital Board & Staff
Subject: CRMC Community Health Needs Assessment Town Hall lunch– September 12, 2025

Cherokee Regional Medical Center will host a Town Hall Community Health Needs Assessment (CHNA) luncheon on Friday, September 12th. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Cherokee, IA. **Note: This event will be held on Friday, September 12th from 11 a.m. - 12:30 p.m. at Cherokee Regional Medical Center with check-in starting at 10:45am.**

We hope you find the time to attend this important event. All business leaders and residents are encouraged to join us. To adequately prepare for this event, it is imperative all RSVP who plan to attend town hall.

LINK: https://www.surveymonkey.com/r/CRMC_TownHall_RSVP

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (xxx) xxx-xxxx.

Join Cherokee Regional Medical Center CHNA Town Hall Friday, September 12, 2025.

Media Release: 08/16/25

To gauge the overall community health needs of residents, **Cherokee Regional Medical Center**, in conjunction with other area providers, invites the public to participate in a Community Health Needs Assessment Town Hall roundtable on **Friday, September 12th for lunch from 11 a.m. to 12:30 p.m.** located at the **Cherokee Regional Medical Center.**

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, is vital everyone planning to attend this event RSVPs. Please visit our hospital website and social media sites to obtain the link to complete your RSVP OR please utilize the QR code below.

We hope that you will be able to join us for this discussion on <u>September 12th.</u> Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (xxx) xxx-xxxx.

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d.) Primary Research Detail

[VVV Consultants LLC]

						CHNA 2025 Community Feedback: Cherokee Regional PSA (IA) N=321

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1021	51012	Good	ACC	FINA	TRAN	Increase access to affordable housing for low income. Increase access to transportation for medical appointments. Need for more community wellness and health awareness programs such as diabetes, heart disease, smoking, vaping, women's health. Increase suicide awareness and prevention.
1285	51012	Good	ACC	FIT	FINA	I would love a 24 hr access gym that is a monthly payment. Different level of fitness classes at different hours for different ages would be amazing. I personally can't afford the 6 month or 1 year payment but a monthly 24 hr option I could budget better.
1295	51025	Very Good	ACC	NUTR	POV	It seems that a few communities lack the access to a food pantry or food service and to reliable, low cost transportation. The elderly and low income families would benefit from both.
1283	50588	Very Good	AWARE	FAC		I think the community just needs to be more aware of the facilities at Cherokee Regional, they offer a ton of different programs for all walks of life.
1197	51012	Average	AWARE			Host more community events to raise awareness and drive community engagement for all ages.
1253	51012	Good	DOCS	SEN	TRAN	Healthcare providers who are accepting and helpful for Title 19, Medicare, Medicaid patients. Elderly Transportation programs that are available after "normal Operating Hours" is crucial and not readily available here in Cherokee and non-existent in outlaying county communities. Access to hotel/overnight stay for relatives is something to look at. Dental Title 19
1165	51012	Average	DRUG	ALC	SPRT	There needs to be more help and information for addiction hitting people of this community. Alcoholism runs rampant and many don't even realize they have a problem. Support for them and/or their families need to be more readily available. Drugs are another problem altogether.
1016	51012	Very Good	ECON	DRUG	MH	I think economic stability and social community support both have a correlation to potential substance abuse, domestic violence and mental health issues
1176	51012	Very Poor	ECON	SAFE	RURAL	Quality jobs, Education, Housing, Safe environments, Healthcare all need to be addressed at the State level to advance SDOH. Des Moines needs to listen to rural living and lives.
1061	51012	Good	ECON	WAG	POV	I believe our community is changing in is overall economic structure and with limited options for high-paying jobs we need to be able to provide services for low-inconne families including education to avoid inundated emergency services for non-emergent needs from Medicaid families.
1174	51012	Very Good	ECON			Economic stability - Agricultural ups and downs really affect our families in this area.
1186	51012	Average	ECON			Economic stability with our small community has been affected.
1158	51012	Good	EDU	INSU	CHIR	I think educating the public on what is available in our community would help. I also think insurance plays a big part of the problem (not just with our community), it plays a big part in determining whether its worth it to go. I would rather "deal with the problem" if it wasn't covered by insurance than just going to the doctor, chiropractor, dentist, etc. and paying for it outright.
1143	51014	Good	EDU	NUTR		More info to educate on diet.
1209	51006	Average	EDU	PHAR	HH	Education to the community about our current services is very important. For example, we have a pharmacy technician at Main Street that was recently certified in the Community Health Program and can help patients with setting up medications in their home that do not qualify for home health. I don't think most of the community is aware of this.
1189	Cherokee	Poor	EDU	SH	MH	need education in schools about mental health and suicide
1096	51012	Average	EDU	SH	TRAV	For number one there is plenty of education access for elementary through high school. Its the college part that needs more to it. The college in town only offers so much so if you want to go to school for anything else you have to travel. There needs to be more access to mental health services and awareness.
1220	51014	Good	EDU	VACC	MH	Continued education on the importance of vaccines. Adding additional providers specific to mental health care.
1145		Average	EDU			Community education meetings
1302	51012	Very Good	EDU			I think health care, education access and quality, could be address by the larger employers and have more on-site programming.
1182	51012	Good	EDU			I would suggest a quarterly seminar/forum to discuss these issues, possibly to be recorded so that those who could not attend may receive this information on demand. If not a seminar/forum, possibly a health care blog that provides education on the social determinants that impact healthcare delivery.
1022	51049	Very Good	EMER	WAIT	MH	Somehow make it easier to get placement for patients in ER that end up staying for over 24 hours waiting for placement in a Mental Health facility.
1102	51012	Good	FINA	HOUS	SEN	There is a need for "affordable" housing options for elderly. Simple single level housing or apartments all at ground level. A good example of these types of houses is what they are doing in different parts of Spirit Lake, IA.
1027	51029	Average	FINA	SERV	SPEC	Financial counselors, SHIP volunteer, food banks, more telehealth services that we don't already offer. Bring more specialists in.
1315	51012	Very Good	FINA			Keeping costs low would be a great start
1147	51012	Good	FIT	EDU	MH	Our society has become less social. The fitness center does a great job getting people together. Perhaps educate our community on the importance of building community in our neighborhoods. We have become a society of consumers. Having too many possessions can cause mental strife— educating families might help with that.
1036	51239	Good	FIT			It would be great if there were free options for exercise classes, community organized exercise programs, walking groups and accountability programs to help with getting the community more active.
1208	51012	Very Good	FUND			Increased State and Federal funding

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
						CHNA 2025 Community Feedback: Cherokee Regional PSA (IA) N=321
1151	51012	Good	GOV	FINA	NUTR	find a way to better help the "middle class" who don't qualify for government assist or reduced meal costs but somehow we still cannot afford the healthy groceries! we are stuck in between and it is not fair. we need cheaper costs for healthy foods for our families.
1234	51012	Good	H2O			Checking our water supply. Waste water management. More restrictions on herbicides and pesticide use in the county and community. Get our community to consider better leaders that push for better environmental conservations
1190	51058	Poor	HOUS	FINA	INSU	I think that if the community would use the grants available to provide affordable housing this would help with some of the housing issues. And landlords should actually take care of their properties and not raise rent. Also, doctors should be more through when it comes to prescribing meds that are not covered by insurance
1172	51012	Very Good	HOUS	NUTR	RESO	I believe housing will improve as I see a couple more options are being built right now. The homes within Cherokee appear quite old and the overall class of Cherokee people is somewhat low with no ability or means to improve these homes. These old homes may be contributing to poor health but also a lot of poor dietary choices as well. Most of our food options are not healthy and the places that sell the cheapest food is usually loaded with calories and poor nutrition. The intellectully level to understand health concerns is often low as well. Quite a bit of substance abuse is seen as well. We have developed a great crisis team and emergency response team as well as a suicide prevention team which is great strides. I wish healthcare providers would take the time to push patients to be healthier. Often times it may be the patients own doing but also they don't understand it or they don't understand the resources and taking a pill is easier instead of fixing the problem. A lot of diabetics need more in depth help and a lot of western medicine doesn't address the need for a more holistic approach to an individuals entire life directing them as more of a coach rather than giving more pills or not diving deep into hormonal health.
1206	51012	Good	HOUS	PREV		Affordable housing. Assistance in passing for wellness/physical acivities
1089	51012	Average	HOUS	PRIM	NUTR	1. Bring in companies that offer skilled labor jobs instead of chasing them away because our county and city leaders are unwilling to provide tax breaks to these companies. 2. The housing market is extremely too high for the average income. Young families and single individuals are unable to afford a decent home at today's current market prices. It has gotten way out hand. The same can be said for rental rates. 3. Not having access to a primary physician during hours when a person is not at work is a problem. Most people can't afford to lose time off for an appointment or are even able to get time off for an their appointments. As far as good food goes there needs to be a much larger and longer time for a community farmers market.
1179	51012	Good	HOUS	RESO		With a ton of new housing going up in the south end of Cherokee, it would be nice to see a simple community park in that area as well. Spring Lake park playground is very outdated and far enough away that parents would not feel comfortable sending their children there. It would be great to see a simple playground go up on the north end of Aster drive to encourage all of those children to get outside and away from screens.
1095	51012	Average	HOUS	TRAN		I think we are still lacking in variety for housing options and very lacking in public transportation options.
1073	51012	Average	HOUS	TRAN		need more housing that is income based. more transportation
1159	51012	Good	INSU	NUTR	HH	Get information about ShareRide out there for Medicaid patients. Its little known in this area and free to them. More food drives available where things could possibly be delivered to people who cannot get out to get things. Home visits to patients who are shut in, this could include providers and wound care going as a team.
1185	51012	Average	MAN			In person case management to assist people in navigating difficult systems
1004	51061	Very Good	MH	HOUS	SEN	mental health help, better assistance programs for families in need, affordable housing, assistance for the elderly
1107	50588	Very Good	MH	SPRT		Mental Health support is vital for all around good health. Public Health, schools and hospital should all coordinate to support this issue.
1303	51012	Average	MH			Mental Health services will continue to be an underserved area in Iowa until some type of reform is reached. It is sad to see the individuals that slip through the cracks until it is nearly too late.
1033	51012	Very Good	NUTR	ACC		Food- increasing access to healthy foods and teaching g people how to use/cook healthy foods.
1307	51012	Average	NUTR	H2O	ALT	More organic options in town, better farmers markets, less overhead crop spraying, cleaner water, access to holistic health
1196	51012	Average	NUTR	MH		The hospital should offer meals on wheels daily or weekly as well as if you see patients are suffering from medical or mental issues maybe have a management team that goes every so often to check up on people... things can change in minutes to days to months from when people see the dr and may be too ashamed to go seek help but if help came to them that might help. Also maybe a crisis txt from CRMC that woudl be helpful for people to feel heard too.
1235	51025	Average	NUTR	SEN	SPRT	Community meal sites for older generations (65+) that can also help with food access & social engagement. Transportation services to assist in getting to needed appts, errands, ect to help patients that cannot get out and about without assistance. Support those who do struggle with day-to-day needs like appts, travel, companionship & home care. (All things a Community Health Worker could help with.) Assisting in discharge from ER- checking in with patients at home or assigning a worker to help keep tabs on patients who do request the extra help. -Something that could be added as part of the ER discharge or even Clinic visit discharge as an option for patients to request as needed.
1191	51012	Average	OTHR			For many who work outside of the home, it is difficult to attend most of the events that happen. Most employers do not allow for that.

						Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
ID	Zip	Rating	c1	c2	c3	
1081	51012	Good	OTHR			Neighborhood / Environment
1157	51037	Good	OWN			People seem not to step forward enorder to help themselves or the community, lots of laziness in my eyes. Selfish in a way.
1173	51049	Poor	PREV	FINA	MH	The wellness center cost is outrageous! You can't expect people to try and get healthier at the cost per day it takes to get in the building. The hours also are not adequate unless you have 24/7 access which again is EXPENSIVE. There is less and less kids can do in our community and it shows by the rapid decline in mental health amongst our younger generation. They battle depression, anxiety, adhd, etc....there's no outlet for them. It's a lose lose situation
1054	51014	Good	PREV	REF	SERV	Being more involved with preventative care for these patients. Getting them referred or assessed appropriately for services that will help them and not just assume that they won't qualify.
1263	51035	Very Good	PREV			Lack of a wellness center in our town.
1039	51012	Good	Q			good
1028	51012	Very Good	QUAL			I think officials are continuing to work hard to improve whatever area needed and I'm fine with that. I trust them.
1154	51012	Average	QUAL			it is good
1163	51012	Good	RESO	COMM		The community needs to continue to work to find resources that can be utilized in these areas. Need for further communication in the community regarding these areas to find resources.
1011	51050	Average	RESO			getting the community to know what resources are out there is hard
1246	51012	Good	SCH	NUTR	RESO	I feel like appointments that we have done at big hospitals/larger communities we are e asked more questions about the stability in our living situation. I've asked what they do if they find patients need help in certain areas and they have solutions to all the questions they ask. They have boxes of food, they have connections to shelters and rehabs and make effort to get those people there asap, they give information for benefits and state programs, and much more resources to fit that individuals needs.
1032		Good	SCREE			People need to come in and get their screenings, there's a mindset that it's a waste of money for them to tell me that I'm fine but it's important and without them the problem is often found too late to do anything about it.
1250	51012	Good	SEN	HOUS		More senior housing options
1053	51012	Good	SEN	SPRT		I've had an opportunity to work with many seniors. Many have just enough to survive. There needs to be more programs to help those people. And more programs to help caregivers.
1273	51012	Very Good	SERV	ECON		Continue to offer services after 5:00 for working people. Bring in industry that offers many jobs.
1239	51012	Good	SH	NUTR	HOUS	As far as health improvement, I feel that a lot of the foods offered within the school system are ultra processed, as someone who tries to prepare healthy meals for my family, it is difficult when they are at school and have access to the ultra processed food, they start to want this more than a home cooked meal. I am grateful for this also as some kids have limited access to any foods at all. It looks like there are some apartments going up in town which is great and will hopefully provide more housing opportunities for our community. I think our local churches do a great job with offering food pantry access in town, it seems like this is always busy serving many families in need.
1092	51012	Very Good	SPIR			I think the churches should be involved in solving these problems. Not to preach but to help
1267	51012	Good	SPIR			Spiritual wellness is the most important aspect of our lives, and it's pretty low in Cherokee.
1221	51012	Very Good	SPRT	NUTR	SERV	I personally think we have ways for people to get support in all of these places but I think people who need these often don't know where to go for help. I'm not sure the best way to get information to people about support other than continuing to post information in restaurants and grocery stores. I personally don't think the people who need these services know how and where to look for them.
1132	51012	Very Good	SPRT			support
1280		Average	SPRT			To make anything work, you have to have the individual/family buy into any program that will help them. Some individuals do not like being told what to do and how to make things better. People have to want to help themselves before anyone can help them.
1256	51012	Good	TOB			I think Cherokee has a culture of tobacco and alcohol use that are more prevalent than in other places within Iowa.
1088	51012	Good	TRAN	ACC	NUTR	We need public transportation and access to healthy foods.
1237	51012	Good	TRAN	DENT	INSU	Cheaper transit service. Dental and vision providers accepting Medicaid paid services for disabled adults.
1047	51012	Average	TRAN	FINA	HOUS	We currently only have 1 public transportation and they are not always friendly or able to accept people for rides, more options are needed. Housing is not affordable for 95% of the residents.
1113	51029	Very Good	TRAN	HOUS	MH	more affordable transportation, need more affordable housing options, and needing more mental health prevention in the youth. needing more educationDrug/vaping prevention in youth.
1243	51012	Very Good	TRAN	SCH	HOUS	Transportation to appointments or other places in town is a challenge. We do have the SRTS bus but seems like if you arent scheduling this in advance, there are no transportation options. Affordable housing is also a challenge and quantity of housing.
1288	51012	Very Good	TRAN	SCH	RESO	Lack of public transportation prevents people from attending appointments Lack of resources prevents many of our community members from obtaining the care and/or medical supplies they need
1025	51012	Very Good	TRAN	SEN		need better transportation options for seniors

ID	Zip	Rating	c1	c2	c3	CHNA 2025 Community Feedback: Cherokee Regional PSA (IA) N=321
						Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1318	51025	Good	TRAN	SPRT	EDU	I would like to see the community partner with CRMC for more transportation options. I would to see more mental health support. I would like long term care to have more education on infection prevention.
1262	51012	Good	TRAN			Huge need for transportation.
1187	51012	Very Good	TRAN			More transportation for non drivers.
1002	51012	Good	TRAN			Provide additional transportation options besides SRTS
1252	51012	Very Good	TRAN			Transportation is a major concern with no bus, limited or no taxi, etc
1001	51012	Very Good	WAG	HOUS	NUTR	Better paying jobs, adequate housing and education on nutrition for parents!
1059		Good	WAG			more jobs
1091	51012	Good	WEB	EDU		Continue to use social media such as FB to educate the community

ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
						CHNA 2025 Community Feedback: Cherokee Regional PSA (IA) N=321
1165	51012	Average	ALC	DRUG	ACC	Drinking being one of the only things people feel they can do here. Drugs being so easily accessible for those who are drawn to that lifestyle. Addiction is big here.
1166	51012	Poor	CANC			pesticides and farming practices - skyrocketing cancer rates
1200	51012	Good	DRUG	ALC		Drug and alcohol abuse
1016	51012	Very Good	DRUG			Substance abuse
1198		Very Good	EDU	SH	DRUG	Lack of knowledge getting to the schools about substance abuse.
1158	51012	Good	EDU			Education
1065	51049	Average	FINA	FIT		Can't afford to become a member to a wellness center/ gym
1151	51012	Good	FINA	NUTR	SERV	Cost of healthy foods and cost of healthcare services
1219	51005	Average	FINA	NUTR		Grocery costs are high, cheaper to buy junk than it is fresh fruit or veggies. Fareway's fresh produce usually looks old and won't last long once you buy it and HyVee's fresh produce is overpriced.
1050	51037	Very Good	FINA			Expenses
1315	51012	Very Good	FINA			Paying for it
1303	51012	Average	INSU	DENT		Lack of Medicaid accepting dental practices
1142	51012	Very Good	INSU	FINA		health care premiums are too expensive and cover less
1185	51012	Average	MANG	PHY	MH	Lack of ongoing case management for physical and mental health
1307	51012	Average	NUTR	ALT		Need cleaner food options and a better network of holisitic practioners.
1237	51012	Good	NUTR	FINA		Eating healthy foods is expensive.
1143	51014	Good	NUTR	PREV		Families consuming a diet of all processed foods and thinking this is "healthy". Screens as babysitters.
1052		Very Good	NUTR			Poor eating habits
1269	51012	Very Good	OTHR			chemical contamination of land and water and air
1305	51035	Good	OTHR			Technology- social media + video games + cell phones/tablets
1261	51012	Average	OWN			Lack of patient motivation
1159	51012	Good	OWN			Laziness
1292	51029	Very Good	OWN			people not taking care of there self
1257	51035	Good	OWN			self neglect
1311	68022	Good	PREV			I don't know anyone in really poor health that isn't being treated/helped.
1027	51029	Average	PSY			Such as psych nurse practitioner
1130	51012	Very Good	QUAL	PREV		how to change people to want to do better - quality of living
1173	51049	Poor	RURAL	POV	FINA	We are a smaller rural community, income is tight with the rising costs of food and cost of living. People can't afford to pay their co pays and the medication if need be.

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1213	51012	Good	ACC	NUTR	SEN	More access to food for elderly, meals on wheels that are not frozen
1024	51012	Good	ALC	SMOK		Underage drinking, smoking, and vaping programs that monitor minors more carefully.
1316	51012	Very Good	ALT	CLIN		Holistic doctors and urgent care
1307	51012	Average	ALT	PREV	CANC	Need holistic care! Shop local farmers, encourage cleaner options, CLEAN WATER, awareness of cancer and crop spraying.
1167	51012	Average	CANC	RURAL	ENDO	Cancer and general health seems to be much worse in rural areas due to chemicals, pesticides, hormones, etc. in our food. Anything that is "good" for you costs at least 2x as much. Price of the Cherokee Fitness Center has basically doubled and if you are under 18, very limited times you can go. Also, more options for specialty care and urgent care.
1142	51012	Very Good	CC	NUTR		Food assistance for daycares
1050	51037	Very Good	CLIN	HRS		Urgent Care that is open nights and weekends.
1154	51012	Average	CLIN			free health clinic for the community
1203	51012	Very Good	CLIN			Health care clinics so you do not have to go for a health check up with contagious people. Clinics only for continued health not because I am sick and need care.
1158	51012	Good	CLIN			I think urgent care would be a huge one.
1009	50588	Average	CLIN			Urgent Care
1189	Cherokee	Poor	CLIN			urgent care
1278	51012	Good	CLIN			Urgent Care
1143	51014	Good	DENT	INSU	CLIN	Dentist to cover state insurance patients. Walk in/urgent care
1237	51012	Good	DENT	OPTH	SERV	A community health center that provides dental, vision, medical services to all.
1253	51012	Good	DENT	SEN		Low Cost Dental and vision for elderly, Title 19 patients and the general public.
1200	51012	Good	DENT			We need to have dental offices that will take GOVT INS .
1181	51012	Poor	DIAB	EDU	FINA	diabetes education would likely be helpful. medication management. Maybe even classes aimed at helping with some more advanced life skills - financial management, how to get a mortgage for housing etc.
1001	51012	Very Good	DIAL	CANC		Dialysis, more cancer treatment options
1183	51012	Good	DIAL			Dialisys
1111	51012	Very Good	DIAL			Dialysis
1172	51012	Very Good	DOCS	MRKT	OBG	Health coach that providers are on board with and are able to refer if they don't have the time themselves to address patient's more in depth. It has become a more business driven approach rather than patient focused approach. Better advertisement of services offered here with social media presence and tailored to a younger crowd where appropriate such as OB, peds, teens etc. They use social media more. Gear it towards the intended audience.
1209	51006	Average	DOH	EDU		More health fairs or educational type fairs.
1073	51012	Average	DOH	POV	DOCS	need a community heath center that is for low income should have to leave town to go for a doctor vist at a community health center
1321	51002	Very Good	DRUG	RESO		Substance Abuse resources. Rehab and counseling services
1292	51029	Very Good	DRUG			stop drug use
1146	51049	Average	DRUG			substance use/abuse
1304	51012	Very Good	EDU	CANC	OBES	Programs for specific conditions: Parkinsons Weight Loss Cancer
1276	51012	Good	EDU	DIAB	NUTR	Education regarding diabetes management, cooking for 2, health cooking options, cooking on a budget, asthma education
1231	51012	Good	EDU	SPRT	MH	gardening and healthy cooking education. Support groups for mental health issues.
1092	51012	Very Good	EDU	SPRT		Parenting classes
1315	51012	Very Good	EDU			Free education
1235	51025	Average	EMER	SPRT	NUTR	Discharge from ER support or after surgery support. Transformational services. Grocery delivery/pickup orders to help those with food insecurity General support (companionship) for those struggling at home but do not qualify for home health, nursing home, ect. (Community Health Workers) .
1082	51012	Good	EMER			An emergency preparedness course at the community center?
1075	51012	Poor	ENDO	DIAB		Endologist for diabetes
1216	51005	Average	ENDO	FEM		An Endocrinologist, women's health,
1095	51012	Average	FEM	SPEC		Womens specialty health care needs
1036	51239	Good	FIT	OWN	MH	Something to incorporate exercise, accountability, healthy eating and a community of togetherness - will improve more than just obesity - it will also support mental health!
1150	51049	Good	FIT	PREV	POV	Wellness/exercise programs for low income residents
1002	51012	Good	FIT			Exercise classes in the evening for the working folks!
1262	51012	Good	FIT			We need to expand the Fitness Center
1241	51012	Good	HH	HOSP	SEN	In home services for individuals that don't meet the strict criteria of home health services, aren't hospice appropriate, and for those that financially do not apply for other services that are offered. There is a large gap in care for elderly individuals that are able to be at more but need a bit more assistance. There are always families/individuals looking for "private pay help" to assist with CNA/homemaker services.
1273	51012	Very Good	HOSP	MH		Hospice house. Mental health care after 5:00pm
1089	51012	Average	HRS	ALT		Later office hours. More holistic health services.
1096	51012	Average	MH	ACC		More mental health access
1114	51012	Very Good	MH	AWARE		Mental health awareness.
1163	51012	Good	MH	DRUG		Further outreach for mental health and substance abuse as well as those who screen positive for disparities.
1248	51012	Good	MH	PREV	NUTR	mental health wellness/nutrition
1302	51012	Very Good	MH	SUIC		More Mental health issues addressed and a suicidal hot line
1027	51029	Average	MH	TRAN	SCH	Mental health, working with our law enforcement and our local MHI. Transportation to appts.
1185	51012	Average	MH			case management, intensive mental health- CRMC and CMHI work together to meet community MH needs
1087	51012	Average	MH			Mental health
1294	51005	Average	MH			Mental health

CHNA 2025 Community Feedback: Cherokee Regional PSA (IA) N=321						
ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1220	51014	Good	MH			Mental health programs for kids in the community.
1176	51012	Very Poor	MH			Mental Health. The State needs to reopen the ones that they closed.
1004	51061	Very Good	MH			more mental health help
1113	51029	Very Good	MRKT	EDU		Advertisement of Vaping prevention programs. Education on the dangerous effects of artificial colors dyes, and flavorings, especially in children.
1102	51012	Good	NO			I don't have a need for any new programs.
1173	51049	Poor	NO			No clue. But best of luck.
1033	51012	Very Good	NUTR	EDU	OBES	Nutrition education. Obesity prevention, reduction in vaping especially with youth , increase physical activity, cancer screening/prevention
1061	51012	Good	NUTR	EDU	SUIC	Nutrition education, community outreach, suicide awareness and prevention
1239	51012	Good	NUTR	FINA	ACC	Healthy eating and living on a budget. Programs on how to garden and harvest own produce and vegetables that are offered at little or no cost. Community garden project, maybe more than one for each side of town giving everyone access to these items.
1151	51012	Good	NUTR	FINA		free or reduced cost of fruits and vegetables available for all community members to enjoy
1147	51012	Good	NUTR	FINA		Providing nutritious meals on a budget. How to stretch a food budget. Not sure you could reach the population that needs that. Healthy living for families.
1285	51012	Good	NUTR	FIT	HRS	Nutrition/fitness classes for all ages and times of days.
1246	51012	Good	NUTR	FIT	MH	Most people diets are trash, they don't exercise, and they don't have great mental health. Educating the community to eat well, think well, move well is a good start.
1232	51012	Good	NUTR	FIT	SEN	Nutrition and fitness, including for seniors,
1076	51037	Good	NUTR			Teaching people about nutrition, meal planning, etc. Health starts with what we consume.
1088	51012	Good	OBES	YOUTH	CANC	Childhood obesity program and Prevent Cancer program
1138		Average	ORTH			knee replacement, repair.
1162	51012	Good	OWN			We have it all right now!!! If a person doesn't truly WANT to get healthier, more "new" programs will not solve their dilemma.
1314	51012	Poor	PEDS	DOCS		Pediatric docts
1196	51012	Average	PHONE	EMER	DENT	Crisis Text Hotlines from local professionals. Urgent Care , ER dental, affordable rates.
1021	51012	Good	PREV	EDU	SUIC	Prevention and education for all health issues. Suicide awareness and stigma reduction for accessing behavioral health services., with increased partnerships amongst community leaders; schools, Plains Area, pharmacies, general public. Need for additional behavioral health targeted towards adolescents. High suicide rate for this population. Public acceptance of mental health training, seeking services.
1229	51005	Good	PREV	FINA		Affordable wellness programs
1065	51049	Average	PREV	NUTR		More affordable wellness programs, ways to help people get healthier foods.
1234	51012	Good	PREV	SCREE	DOH	Preventive screening fairs. So that people can see what they can do to prevent diseases but also the information of how to get screened early to catch disease early
1263	51035	Very Good	PREV			A wellness center in Marcus.
1187	51012	Very Good	REC			More walking and Biking trails.
1295	51025	Very Good	SEN	SPRT	EDU	Senior Support Groups. Perhaps for a meal and educational/support topics.
1039	51012	Good	SEN			elder care
1107	50588	Very Good	SERV	MAN		Coordination of services to meet all health care needs.
1159	51012	Good	SERV	SEN		I think just more services to help elderly people. They don't understand technology and their care is lacking because of that.
1238	51012	Average	SH	YOUTH	POV	After school programs. Kids programs. Wellness programs more afforadble for low income
1066	51012	Good	SPRT	ACC	AWARE	I think programs are available. The problem is getting people to participate.
1053	51012	Good	SPRT			I believe we need a major program to aid the caregivers that are subject to burnout.
1206	51012	Good	SPRT			Programs are good but maybe could be promoted more to those not "in the choir"
1186	51012	Average	SUIC	PREV		Somehow need more suicide prevention into schools in smaller informal groups for more participation.
1243	51012	Very Good	SUIC	PREV		Suicide prevention needs to be a top priority due to recent tragic events.
1157	51037	Good	SUIC	YOUTH	SH	Something or anything dealing with suicide. Seems to be a huge problem, younger kids, especially in the MMCRU schools.
1254	51049	Very Good	SUIC			Suide programs
1174	51012	Very Good	SUIC			We have a high rate of suicide with your people, what are we missing so they don't feel so helpless
1266	51005	Very Good	TELE			telehealth expansion
1318	51025	Good	VACC	EDU	TRAN	Trusted community leaders hosting Q&A events on vaccines. Culturally informed prenatal education. Transportation and childcare during prenatal appointments. Free or subsidized home assessments by public health workers. Collaboration with local contractors to fix hazards. Education on mold prevention, fire safety, and aging-in-place modifications. "Prescription Produce" where physicians give vouchers for fruits and vegetables.
1219	51005	Average	YOUTH	SPRT		More programs for poor and underprivileged children and adults.

Cherokee Regional Medical Center (Cherokee Co, IA) along with area providers have begun the process of updating a comprehensive community-wide 2025 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2025 online feedback deadline is set for August 15th, 2025.

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	○	○	○	○	○
Child Care	○	○	○	○	○
Chiropractors	○	○	○	○	○
Dentists	○	○	○	○	○
Emergency Room	○	○	○	○	○
Eye Doctor/Optometrist	○	○	○	○	○
Family Planning Services	○	○	○	○	○
Home Health	○	○	○	○	○
Hospice/Palliative	○	○	○	○	○
Telehealth	○	○	○	○	○

3. How would our community area residents rate each of the following health services? (Continued)

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	◯	◯	◯	◯	◯
Mental Health Services	◯	◯	◯	◯	◯
Nursing Home/Senior Living	◯	◯	◯	◯	◯
Outpatient Hospital Services	◯	◯	◯	◯	◯
Pharmacy	◯	◯	◯	◯	◯
Primary Care	◯	◯	◯	◯	◯
Public Health	◯	◯	◯	◯	◯
School Health	◯	◯	◯	◯	◯
Visiting Specialists	◯	◯	◯	◯	◯

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

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

6. From our past CHNA, a number of health needs have been identified as priorities. Are any of these an ongoing problem for our community? Please select top three.

☐ Mental Health (OP access) / Crisis Services ☐ Admitting Privileges

☐ Obesity (Nutrition / Exercise) ☐ Hospice House

☐ Cancer ☐ Housing Availability

☐ Disease Prevention / Wellness (Education) ☐ Urgent Care

☐ Awareness of Healthcare Services ☐ Title 19 Provider Coverage

☐ Substance Abuse (Drugs/Alcohol/Smoking) ☐ Workforce Staffing

☐ Transportation (All) ☐ Smoking / Vaping

☐ Suicide ☐ Access to Telehealth

☐ Dialysis ☐ Single Families

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

☐ Mental Health (OP access) / Crisis Services ☐ Admitting Privileges

☐ Obesity (Nutrition / Exercise) ☐ Hospice House

☐ Cancer ☐ Housing Availability

☐ Disease Prevention / Wellness (Education) ☐ Urgent Care

☐ Awareness of Healthcare Services ☐ Title 19 Provider Coverage

☐ Substance Abuse (Drugs/Alcohol/Smoking) ☐ Workforce Staffing

☐ Transportation (All) ☐ Smoking / Vaping

☐ Suicide ☐ Access to Telehealth

☐ Dialysis ☐ Single Families

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

- [ ] Chronic Disease Management
- [ ] Lack of Health & Wellness
- [ ] Lack of Nutrition / Access to Healthy Foods
- [ ] Lack of Exercise
- [ ] Limited Access to Primary Care
- [ ] Limited Access to Specialty Care
- [ ] Limited Access to Mental Health
- [ ] Family Assistance Programs
- [ ] Lack of Health Insurance
- [ ] Neglect
- [ ] Lack of Transportation

Other (Be Specific).

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	○	○	○	○	○
Emergency Preparedness	○	○	○	○	○
Food and Nutrition Services/Education	○	○	○	○	○
Health Wellness Screenings/Education	○	○	○	○	○
Prenatal/Child Health Programs	○	○	○	○	○
Substance Use/Prevention	○	○	○	○	○
Suicide Prevention	○	○	○	○	○
Violence/Abuse Prevention	○	○	○	○	○
Women's Wellness Programs	○	○	○	○	○
Exercise Facilities / Walking Trails etc.	○	○	○	○	○

10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? Be Specific

11. 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

12. 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.

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

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

- [ ] Abuse/Violence
- [ ] Access to Health Education
- [ ] Alcohol
- [ ] Alternative Medicine
- [ ] Behavioral/Mental Health
- [ ] Breastfeeding Friendly Workplace
- [ ] Cancer
- [ ] Care Coordination
- [ ] Diabetes
- [ ] Drugs/Substance Abuse
- [ ] Family Planning

- [ ] Health Literacy
- [ ] Heart Disease
- [ ] Housing
- [ ] Lack of Providers/Qualified Staff
- [ ] Lead Exposure
- [ ] Neglect
- [ ] Nutrition
- [ ] Obesity
- [ ] Occupational Medicine
- [ ] Ozone (Air)
- [ ] Physical Exercise

- [ ] Poverty
- [ ] Preventative Health/Wellness
- [ ] Sexually Transmitted Diseases
- [ ] Suicide
- [ ] Teen Pregnancy
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Transportation
- [ ] Vaccinations
- [ ] Water Quality

Other (Please specify).

[   ]

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

- [ ] Business/Merchant
- [ ] Community Board Member
- [ ] Case Manager/Discharge Planner
- [ ] Clergy
- [ ] College/University
- [ ] Consumer Advocate
- [ ] Dentist/Eye Doctor/Chiropractor
- [ ] Elected Official - City/County

- [ ] EMS/Emergency
- [ ] Farmer/Rancher
- [ ] Hospital
- [ ] Health Department
- [ ] Housing/Builder
- [ ] Insurance
- [ ] Labor
- [ ] Law Enforcement

- [ ] Mental Health
- [ ] Other Health Professional
- [ ] Parent/Caregiver
- [ ] Pharmacy/Clinic
- [ ] Media (Paper/TV/Radio)
- [ ] Senior Care
- [ ] Teacher/School Admin
- [ ] Veteran

Other (Please specify).

[   ]

16. For reporting analysis, please enter your home 5-digit ZIP code.

[   ]

e.) County Health Rankings & Roadmap Detail
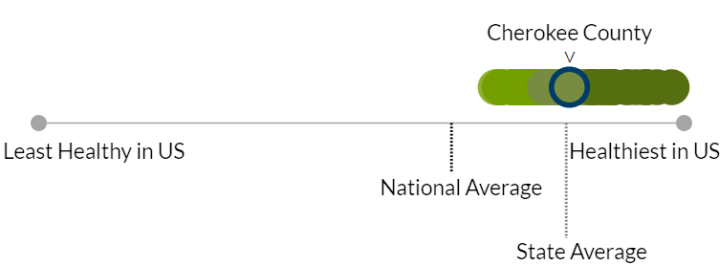
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Cherokee County   2025

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years. Each Iowa county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation. The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes and Health Factors on the continuum.
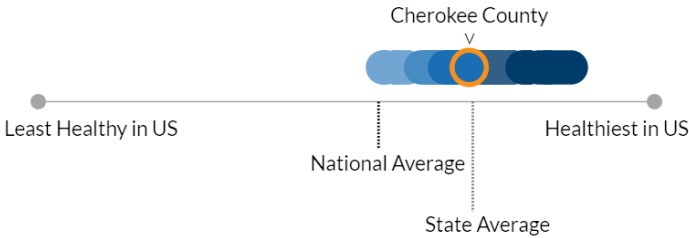
County Health Rankings & Roadmaps
A Healthier Nation, County by County

Health Outcomes

Cherokee County

Least Healthy in US — Healthiest in US

National Average

State Average

Health Factors

Cherokee County

Least Healthy in US — Healthiest in US

National Average

State Average

Population: 11,605

Population Health and Well-being				
Length of life	Cherokee County	Iowa	United States	—
Premature Death	7,000	7,200	8,400	⌄
Additional Length of life (not included in summary)				+
Quality of life	Cherokee County	Iowa	United States	—
Poor Physical Health Days	3.8	3.5	3.9	⌄
Low Birth Weight	6%	7%	8%	⌄
Poor Mental Health Days	5.1	4.7	5.1	⌄
Poor or Fair Health	16%	16%	17%	⌄
Additional Quality of life (not included in summary)				+

Note: Blank values reflect unreliable or missing data.

The annual County Health Rankings & Roadmaps data release provides a snapshot of the health of each county in two summaries: Health Factors (which measure issues that can shape the health outcomes) and Health Outcomes (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the "drivers" for health of this county.

What do these drivers mean? The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

Health Factors: Drivers with the greatest impact on health, Cherokee County, IA - 2025

Health infrastructure		Cherokee County	Iowa	United States	—
Flu Vaccinations	～	43%	54%	48%	⌄
Access to Exercise Opportunities		66%	80%	84%	⌄
Food Environment Index		8.4	8.5	7.4	⌄
Primary Care Physicians	～	1,920:1	1,390:1	1,330:1	⌄
Mental Health Providers		730:1	470:1	300:1	⌄
Dentists	～	3,830:1	1,410:1	1,360:1	⌄
Preventable Hospital Stays	～	2,764	2,364	2,666	⌄
Mammography Screening	～	57%	54%	44%	⌄
Uninsured	～	5%	5%	10%	⌄

Physical environment		Cherokee County	Iowa	United States	—
Severe Housing Problems		8%	11%	17%	⌄
Driving Alone to Work		80%	77%	70%	⌄
Long Commute - Driving Alone		18%	21%	37%	⌄
Air Pollution: Particulate Matter	～	7.0	7.4	7.3	⌄
Drinking Water Violations		No			⌄
Broadband Access		85%	88%	90%	⌄
Library Access		4	3	2	⌄

Social and economic factors		Cherokee County	Iowa	United States	—
Some College		64%	70%	68%	⌄
High School Completion		93%	93%	89%	⌄
Unemployment	～	2.5%	2.9%	3.6%	⌄
Income Inequality		4.5	4.2	4.9	⌄
Children in Poverty	～	13%	13%	16%	⌄
Injury Deaths		95	73	84	⌄
Social Associations		19.1	14.2	9.1	⌄
Child Care Cost Burden		21%	23%	28%	⌄

VVV Consultants LLC

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