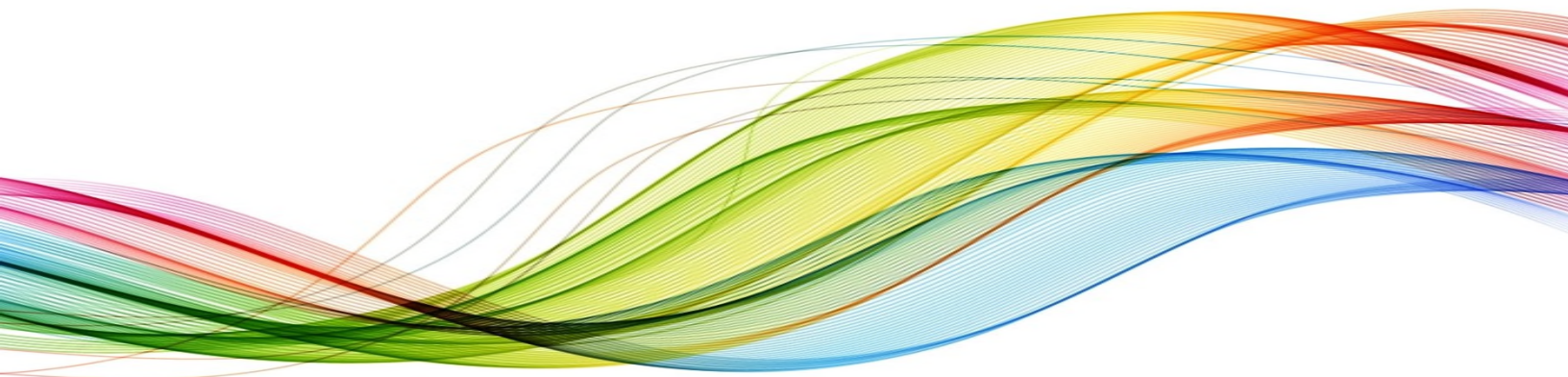




Community Health Needs Assessment
Cherokee Regional Medical Center
Cherokee County, IA



November 2019

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

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

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Cherokee Regional Medical Center (CRMC) previous CHNA was completed in 2016. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #3 CRMC (Primary Service Area) CHNA assessment began August 2019 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Important community CHNA Benefits for both the local hospital and the health department, are as follows: 1) Increases knowledge of community health needs and resources 2) Creates common understanding of the priorities of the community’s health needs 3) Enhances relationships and mutual understanding between and among stakeholders 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5) Provides rationale for current and potential funders to support efforts to improve the health of the community 6) Creates opportunities for collaboration in delivery of services to the community and 7) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8) fulfills Hospital “Mission” to deliver quality health care.

a) County Health Area of Future Focus

CRMC – Cherokee County, IA: Town Hall - “Community Health Improvements Needs”

2019 CHNA Health Priorities				
Cherokee Regional Medical Center - Primary Service Area				
CHNA Wave #3 Town Hall - Oct 16, 2019				
Cherokee County, IA (37 Attendees, 143 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Obesity (Nutrition / Exercise)	22	15.4%	15.4%
2	Mental Health (Diagnosis, Treatment, Aftercare)	20	14.0%	29.4%
3	Providers (OB, Primary Care)	17	11.9%	41.3%
4	Urgent Care	13	9.1%	50.3%
5	Drugs (Opioids, Meth, Marijuana, Heroin, Acid)	11	7.7%	58.0%
6	Available Child Care (Accessable, Safe and Affordable)	9	6.3%	64.3%
7	Smoking / Vaping	9	6.3%	70.6%
8	Suicides	9	6.3%	76.9%
9	Adverse Childhood Experiences / Parenting Skills	8	5.6%	82.5%
Total Votes:		143	100.0%	
Other Items receiving votes: Personal Finance Education for Youth, Eye Doctors, Alcohol, Dialysis, Transportation, Awareness of Services, Hospice House, Food Insecurity, Chronic Illnesses, Domestic Violence, Distracted Driving and Outdoor Recreational Activities.				

b) Town Hall CHNA Findings: Areas of Strengths

CRMC – Cherokee County, IA: Town Hall - “Community Health Areas of Strengths”

CRMC - Cherokee County, IA "Community Health Strengths"			
#	Topic	#	Topic
1	Access to Wellness Center	8	Prenatal Care
2	Address Hunger with Initiatives	9	Quality of Care / Personal Touch
3	Charity Care	10	Quality Providers in County
4	Community Collaboration	11	Safety / Law Enforcement
5	Home Health and Hospice	12	School Screenings
6	Local Access to Specialists / Clinics	13	Suicide Prevention Coalition
7	Medical Facilities	14	Walking Paths

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

IOWA HEALTH RANKINGS: According to the 2019 Robert Wood Johnson County Health Rankings, Cherokee County, IA was ranked 59th in Health Outcomes, 37th in Health Factors, and 14th in Physical Environmental Quality out of the 99 Counties.

TAB 1. Cherokee County’s population is 11,321 (based on 2018), with a population per square mile (based on 2010) of 21 persons. Six percent (5.8%) of the population is under the age of 5 and 24% is over 65 years old. Hispanic or Latinos make up 4% of the population and there are 3.7% of Cherokee County citizens that speak a language other than English at home. Children in single parent households make up 35% and 88.8% are living in the same house as one year ago. There are 903 Veterans living in Cherokee County.

TAB 2. The per capita income in Cherokee County is \$30,973, and 9.6% of the population is in poverty. There is a severe housing problem of 6% and an unemployment rate of 2.5%. Food insecurity is 11%, and limited access to a store (healthy foods) is only 2%.

TAB 3. Children eligible for a free or reduced-price lunch is at 39% and 90.7% of students graduate high school while 19.5% of students get their bachelor’s degree or higher in Cherokee County.

TAB 4. The percent of births where prenatal care started in the first trimester is 83.1%. Thirty percent (29.9%) of births in Cherokee County occur to unmarried women. Births where mothers have smoked during the pregnancy is at 19.2% and the percent of babies that were born prematurely is 7.8%. There are 71.3% of 2-year old’s that are covered with vaccines.

TAB 5. There is one primary care physician per 1,640 people in Cherokee County. Patients who gave their hospital a rating of 9 or 10 out 10 are 74% and there are 68% of patients who reported Yes, They Would Definitely Recommend the Hospital.

TAB 6. Medicare population getting treated for depression in Cherokee County is 15.8%. There are 3.3 days out of the year that are considered poor mental health days. The age-adjusted suicide mortality rate per 100,000 is 11.5 in Cherokee County.

TAB 7. Thirty-four percent (34%) of adults in Cherokee County are obese (based on 2015), with 26% of the population physically inactive. Nineteen percent (19%) of adults drink excessively and 14% smoke. The rate per 100,000 sexually transmitted diseases is lower than the comparative norm (241.9). Hypertension (54.1%), Hyperlipidemia (42.2%), Chronic Kidney Disease (21.6%), COPD (14.4%) and Cancer (9%) risk are all higher than the competitive norm

TAB 8. The adult uninsured rate for Cherokee County is 9% (based on 2016).

TAB 9. The life expectancy rate in Cherokee County is 77.7 for Males and 82.7 for Females. Alcohol-impaired driving deaths for Cherokee County is high, at 33%.

TAB 10. Seventy-seven percent (77%) of Cherokee County has access to exercise opportunities and 91% monitor diabetes. Fifty-three percent (53%) of women in Cherokee County get annual mammography screenings.

Key 2019 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=337) provided the following community insights via an online perception survey:

- Using a Likert scale, 69.4% of Cherokee County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Cherokee County stakeholders are satisfied with the following services: Ambulance Services, Chiropractors, Home Health, Hospice, Inpatient Services, Outpatient Services, Pharmacy, Public Health, and School Nurse.
- When considering past CHNA needs: Access to Acute Mental Health Services, Drugs / Opioids / Medication Management and Obesity Prevention came up.

CHNA Wave #3 - Year 2019		Cherokee Co IA N=337			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Access to Acute Mental Health Services	199	80.2%		1
2	Drugs / Opioids / Medication Management	165	66.5%		2
3	Obesity Prevention	129	52.0%		3
4	Parenting Skills	117	47.2%		4 Tie
5	Transition of Care	87	35.1%		4 Tie
6	Domestic Violence	48	19.4%		6

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

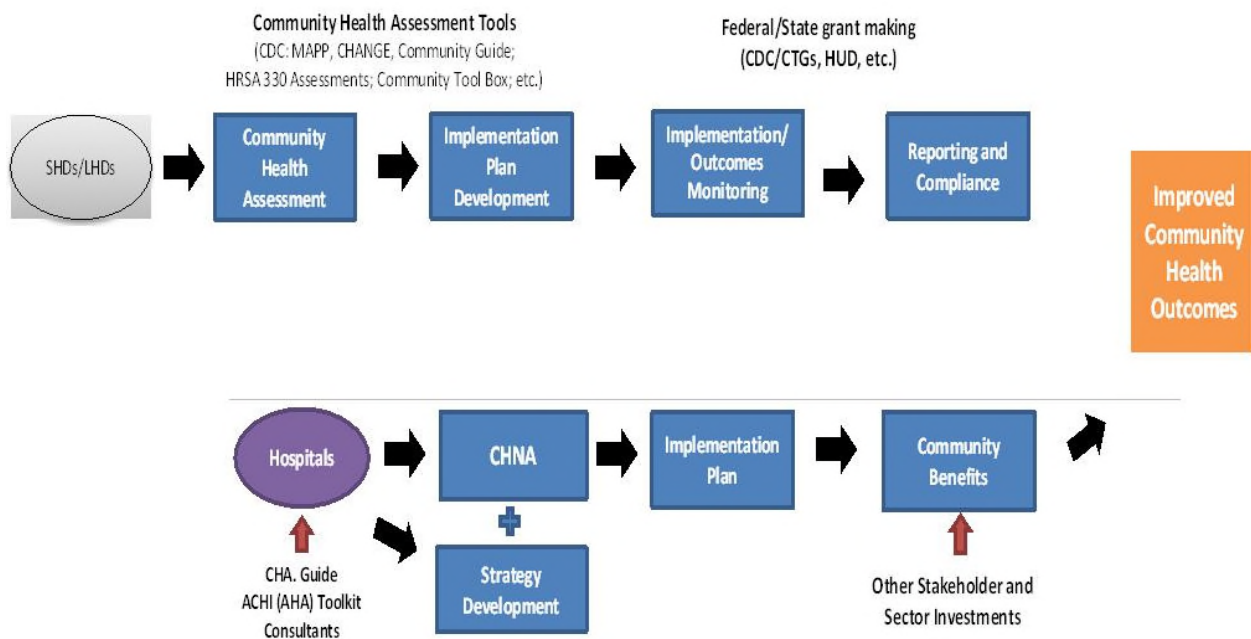
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2013 or during either of the two previous fiscal years.

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

II. Methodology

b) Collaborating CHNA Parties

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

Cherokee Regional Medical Center

300 Sioux Valley Drive, Cherokee, IA 51012

Phone: (712) 225-5101

CEO: Gary Jordan

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

Providers:

- Wesley Parker, MD
- Timothy Rice, DO
- Seth Winterton, MD
- Brenda DeRoo, PA-C, ARNP-C
- Lisa Ducommun, ARNP-C
- Traci Hagen, ARNP-C
- Rebecca Mogensen-Kruger, ARNP-C
- Karen Rupp, ARNP-C
- Abby Tentinger, ARNP-C
- Patricia Harrison, MD
- Scott Murray, MD
- Timothy Taylor, DO
- Doyle Kruger, ARNP-C
- Daniel Moore, PA-C

Services:

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

CHEROKEE CLINICS

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

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

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

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

Clinic Services:

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

SENIOR LIVING

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

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

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

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

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

WELLNESS CENTER

Wellness Center

320 Sioux Valley Drive, Cherokee, IA 51012

Phone: (712) 225 6858

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

Aquatic Facility:

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

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

Exercise Area:

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

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

Gymnasium:

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

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

Racquetball:

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

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

Walking / Jogging Track:

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

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

Cherokee Regional Medical Center Public Health

1000 South Second St, Cherokee, IA 51012

Administrator: Lynn Ivarson

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

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

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

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

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

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

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

CRMC Public Health audits immunization records of those students enrolled in Cherokee County schools, preschools and licensed daycares annually to ensure compliance with the Iowa Immunization Law.

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

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

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

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

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

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

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

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

Healthy Families:

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

Nursing and Homemaker Services: Nursing home visits are provided on skilled and health maintenance levels. The skilled level provides intervention for the acutely ill or unstable condition with specified medical diagnoses and includes a plan of care from a licensed physician. Nursing (Health

Maintenance) includes teaching and nursing interventions that assist consumers in managing a chronic condition and maintaining and preventing worsening of a consumer's condition through a self-care model.

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

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

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

Suicide Prevention

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

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Consultants LLC

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

Vince Vandehaar MBA, Principal Consultant & Adjunct (913) 302-7264

VVV@VandehaarMarketing.com

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

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

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

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

Collaborating Support:

Tessa Taylor BBA BA - VVV Consultants LLC

Lead Consultant

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in August 2019 for Cherokee Regional Medical Center (CRMC) to meet IRS CHNA requirements.

In August, a meeting was called by Cherokee Regional Medical Center (Cherokee County, IA) to review possible CHNA collaborative options, in collaboration with Cherokee County Public Health. 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 Cherokee Regional requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Source: Hospital Internal Records		Define Primary Service Area YR 2018-16						
Cherokee Regional Medical Center				17,059	16,643	151,491	I/O/E/C patients	
#	ZIP	City	County	Pop18	Pop23	Total	%	ACCUM
1	51012	Cherokee, IA	CHEROKEE	6,316	6,113	81,023	53.5%	53.5%
2	51025	Holstein, IA	IDA	1,905	1,873	12,784	8.4%	61.9%
3	51005	Aurelia, IA	CHEROKEE	1,445	1,396	11,504	7.6%	69.5%
4	51035	Marcus, IA	CHEROKEE	1,612	1,545	8,834	5.8%	75.3%
5	51014	Cleghorn, IA	CHEROKEE	462	442	4,222	2.8%	78.1%
6	51049	Quimby, IA	CHEROKEE	517	501	3,899	2.6%	80.7%
7	51037	Meriden, IA	CHEROKEE	346	335	3,442	2.3%	83.0%
8	51061	Washta, IA	CHEROKEE	496	478	3,392	2.2%	85.2%
9	51002	Alta, IA	BUENA VISTA	2,681	2,669	3,303	2.2%	87.4%
10	51058	Sutherland, IA	OBRIEN	995	1,008	2,562	1.7%	89.1%
11	51029	Larrabee, IA	CHEROKEE	284	283	2,528	1.7%	90.8%

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

Cherokee Regional Medical Center - CHNA Wave #3

Option C - Project Timeline and Roles 2019 (Cherokee County, IA)

Step	Date (Start-Finish)	Lead	Task
1	7/15/2019	VVV	Sent VVV quote for review.
2	7/30/2019	Hosp	Select CHNA Option A/B/C. Approve and sign VVV CHNA quote.
3	8/6/2019	VVV / Hosp	Hold Kickoff call/ meeting. Send out REQCommInvite Excel file. Hospital to fill in PSA stakeholders names, addresses and emails.
4	8/6/2019	VVV	Request client to send IHA PO101, PO103 and TOT223 PO Reports for FFY 16, 17 and 18. In addition, request three year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or before 8/6/2019	VVV	Prepare CHNA Wave #3 stakeholder feedback online link. Send text link for hospital review.
6	On or before 8/23/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work. Hospital to place.
7	On or before 8/23/2019	VVV / Hosp	Prepare Email request to Roster Stakeholders announcing online CHNA Wave #3 feedback. BCC email from Hospital Administration.
8	By 9/3/2019	VVV	Launch and conduct online survey to stakeholders. Hospital Admin will e-mail announcement to participate to all stakeholders. (Survey to end October 4, 2019)
9	Sept-Oct	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	On or before 10/4/2019	Hosp	Prepare and send out community Town Hall invite letter and place local ad.
11	On or before 10/4/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming Town Hall. VVV will mock up PR release to media sources.
12	TBD Week prior to Town Hall	All	Conduct conference call (<i>time TBD</i>) with hospital and health department to review Town Hall data and flow.
13	Wednesday, October 16th, 2019 (12:30pm-2:00pm)	VVV	Conduct CHNA Town Hall from 12:30 p.m. to 2:00 p.m. at CRMC in the large Conference Room. Review and discuss basic health data plus rank health needs.
14	On or before 11/29/2019	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital and health department.
15	On or before 12/16/2019	VVV	Produce and release final CHNA report. Hospital will post CHNA online.
16	30 days prior to end of hospital fiscal year	TBD	Hold board meetings to discuss CHNA needs and create and adopt an Implementation Plan. Communicate CHNA plan to community.

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

B) Gather primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

Phase III—Quantify Community Need:

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

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

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

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

Phase I: Discovery.....	Aug 2019
Phase II: Secondary / Primary Research.....	Sept 2019
Phase III: Town Hall Meeting.....	Oct 16 th , 2019
Phase IV: Prepare / Release CHNA report.....	Nov 2019

Detail CHNA Development Steps Include:

Development Steps to Create Comprehensive Community Health Needs Assessment	
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, schools, churches, physicians etc.), prepare project quote.</i>
Step # 2 Planning	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold community kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect and report community health published facts. Gather data health practice data from published secondary research sources (i.e. census, county health records, behavioral risk factors surveillance, etc.)</i>
Step # 4a Primary Research - Town Hall prep	<i>Collect community opinions. (quantitative research). Gather stakeholders / community opinions regarding community health needs and healthcare practices.</i>
Step # 4b Primary Research - Conduct Town Hall	<i>Conduct "Conversation with Community" Town Hall (qualitative research). Review secondary & primary data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
Steps # 5 Reporting	<i>Prepare and present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (actions to improve health). (Note: formal report will follow IRS Notice 2011-52 regs & PHAB requirements.)</i>
VVV Consultants, LLC Olathe, KS (913) 302-7264	

Overview of Town Hall Community Priority Setting Process

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

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


Cherokee Regional Medical Center (Cherokee County, IA) town hall meeting was held on Wednesday, October 16th, 2019 from 12:30 p.m. to 2:00 p.m. in the CRMC Main Conference Room (300 Sioux Valley Drive, Cherokee, IA 51012). Vince Vandehaar facilitated this 1 ½ hour session with thirty-seven (37) attendees. (Note: a detailed roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome & Introductions
2. Review Purpose for the CHNA Town Hall & Process Roles
3. Present / Review of Historical County Health Indicators (10 TABS)
4. Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (using 4 dots to cast votes on priority issues). Tally & rank top community health concerns cited.
6. Close meeting by reflecting on the health needs / community voting results. Inform participants on “next steps.”

At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail or personal conversations. NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting strengths & items to change or improve.

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



Vince Vandelaar, MBA
VVV Consultants LLC
Principal / Adjunct Full Professor

Olathe, Kansas 66061
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**Community Health Needs Assessment (CHNA)
Town Hall Discussion Agenda**

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

2

I. Introduction:
Background and Experience



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

- > Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
- > Focus: Strategy, Research, Deployment
- > 30+ years of experience with Tillinghast, BCBSKC, Saint Luke's

Adjunct Full Professor - Marketing & MHA 31+ years

- > Avila University
- > Webster University
- > Rockhurst University



Tessa Taylor, BBA BA – Lead Consultant

- > University of Wisconsin-Whitewater: AMA Chapter President (2 years)
- > KAHCC Member
- > AMAKC Healthcare SIG Co-Chair, Board Member

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Town Hall Participation (You)

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

4

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

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II. Review CHNA Definition

- A Community Health Needs Assessment (CHNA) is a **systematic collection, assembly, analysis, and dissemination of information about the health of the community.** (NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.)
- A CHNA's role is to identify factors that affect the health of a population and **determine the availability of resources** to adequately address those factors.

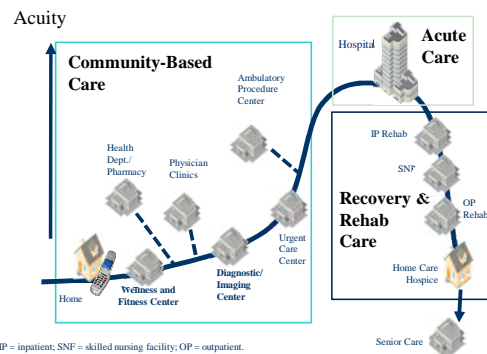
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Purpose—Why Conduct a CHNA?

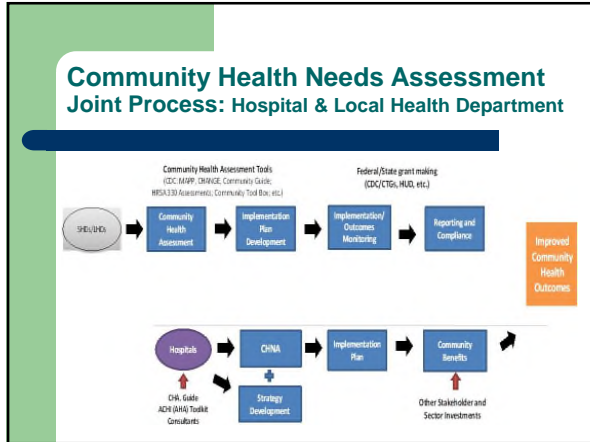
- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements – both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

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Future System of Care—Sg2



8



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II. IRS Hospital CHNA Written Report Documentation

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

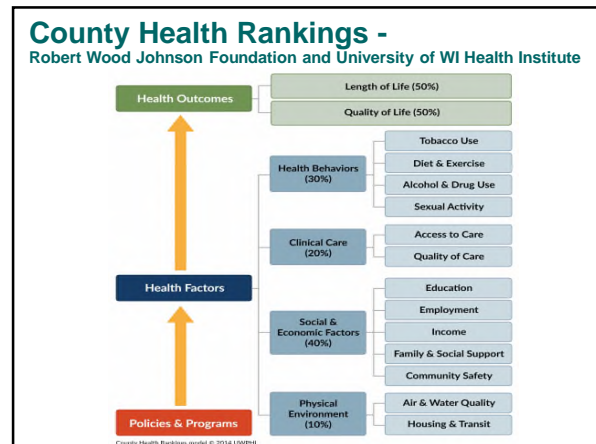
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III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

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

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1. Physical Environment (40%)			2b. Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Particulate pollution index	The average daily measure of the particulate matter in micrograms per cubic meter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
Housing and transit (5%)	Drinking water violation	Percent of population potentially exposed to water exceeding a violation level during the past year	Injury deaths	Injury mortality	Injury mortality rate per 100,000
	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or bathroom facilities			
	Driving alone to work	Percent of the workforce that drives alone to work			
	Commute time	Among workers who commute to their job alone, the percent that commutes more than 30 minutes			
2. Chronic Care (20%)			3. Health Outcomes (20%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Access to care (10%)	Insurance	Percent of population under age 65 without health insurance	Tobacco use	Adult smoking	Percent of adults that report smoking = 100
Primary care physicians	Ratio of population to primary care physicians		Adult obesity	Percent of adults that report a BMI ≥ 30	
	Dentists	Ratio of population to dentists	Food environment index		Index of factors that contribute to a healthy food environment
Mental health providers	Ratio of population to mental health providers		Physical inactivity	Percent of adults aged 25 and over reporting	
Quality of care (10%)	Preventable hospitalizations	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Alcohol and drug use (5%)	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
	Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening		Excessive drinking	Drugs plus heavy drinking
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening			
2b. Social and Economic Environment (40%)			3b / 3c. Morbidity / Mortality		
Focus Area	Measure	Description	Focus Area	Measure	Description
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Peer or fair	Percent of adults reporting fair or poor health status	
Employment (10%)	Some college	Percent of adults aged 25-44 years with some post-secondary education	Peer physical health days	Change number of physically unhealthy days reported in past 30 days (age-adjusted)	
	Unemployment	Percent of population age 16+ unemployed but seeking work	Peer mental health days	Change number of mentally unhealthy days reported in past 30 days (age-adjusted)	
Income (10%)	Children in poverty	Percent of children under age 18 in poverty	Low birthweight	Percent of live births with low birthweight at 2000 grams	
Family and social support (5%)	Children in single-parent households	Percent of children that live in household headed by single parent	Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)

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

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

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Have We Forgotten Anything?

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

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Community Health Needs Assessment

Questions; Next Steps?

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Olathe, KS 66061

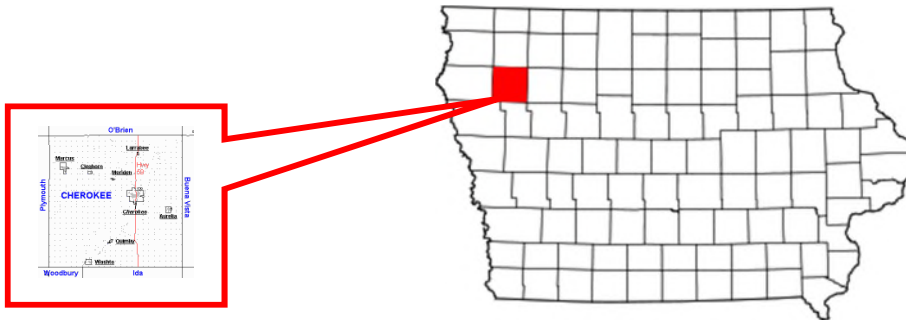
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II. Methodology

d) Community Profile (A Description of Community Served)

Cherokee County, Iowa Community Profile



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

Cherokee County (IA) Public Airports¹

Name	USGS Topo Map
Cherokee County Regional Airport	Cherokee South
Sand Field	Granville East
Sioux Valley Memorial Hospital Heliport	Charter Oak

Cherokee County (IA): Public Schools²

Name	Address	Phone	Levels
Aurelia Elem	300 Ash St Aurelia, IA 51005	712-434-5595	PK-5
Aurelia Middle	300 Ash St Aurelia, IA 51005	712-434-5595	6-8
Cherokee Middle	206 E Indian St Cherokee, IA 51012	712-225-6750	5-8
Early Childhood Learning Center	400 N Roosevelt Cherokee, IA 51012	712-225-6774	PK
Marcus-Meriden-Cleghorn Jr/Sr High	400 E Fenton St Marcus, IA 51035	712-376-4172	7-12
River Valley Elem	100 South 5th St Washta, IA 51061	712-447-6318	PK-6
Roosevelt Elem	929 North Roosevelt Cherokee, IA 51012	712-225-6760	PK-4
Washington High	600 W Buff St Cherokee, IA 51012	712-225-6755	9-12

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

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

ERSI Demographics - Cherokee Co (IA)

ERSI Demographics - Cherokee Co (IA)										
Zip	Name	ST	County	Population			Households			Per Capita
				YR 2018	YR 2023	Chg.	YR 2018	YR 2023	Size	Inc 18
51005	Aurelia	IA	CHEROKEE	1445	1396	-3.4%	598	578	2	\$28,135
51012	Cherokee	IA	CHEROKEE	6316	6113	-3.2%	2755	2665	2	\$27,520
51014	Cleghorn	IA	CHEROKEE	462	442	-4.3%	198	190	2	\$34,605
51029	Larrabee	IA	CHEROKEE	284	283	-0.4%	126	126	2	\$33,329
51035	Marcus	IA	CHEROKEE	1612	1545	-4.2%	686	659	2	\$33,502
51037	Meriden	IA	CHEROKEE	346	335	-3.2%	163	158	2	\$37,724
51049	Quimby	IA	CHEROKEE	517	501	-3.1%	224	218	2	\$27,130
51061	Washta	IA	CHEROKEE	496	478	-3.6%	206	199	2	\$31,524
Totals				11,478	11,093	-3.4%	4,956	4,793	2	\$31,684
Zip	Name	ST	County	Pop18 65+	Pop18 <=18	Females	White	Black	Amer. Ind.	Hisp.
51005	Aurelia	IA	CHEROKEE	343	317	715	1369	8	3	64
51012	Cherokee	IA	CHEROKEE	1598	1346	3213	5884	100	19	297
51014	Cleghorn	IA	CHEROKEE	107	95	229	445	3	0	13
51029	Larrabee	IA	CHEROKEE	63	50	138	276	2	0	10
51035	Marcus	IA	CHEROKEE	387	362	812	1565	0	21	30
51037	Meriden	IA	CHEROKEE	79	71	171	332	2	0	11
51049	Quimby	IA	CHEROKEE	117	115	251	508	0	2	11
51061	Washta	IA	CHEROKEE	105	115	243	482	0	1	16
Totals				2,799	2,471	5,772	10,861	115	46	452
Percentages				24.4%	21.5%	50.3%	94.6%	1.0%	0.4%	3.9%

III. Community Health Status

[VVV Consultants LLC]

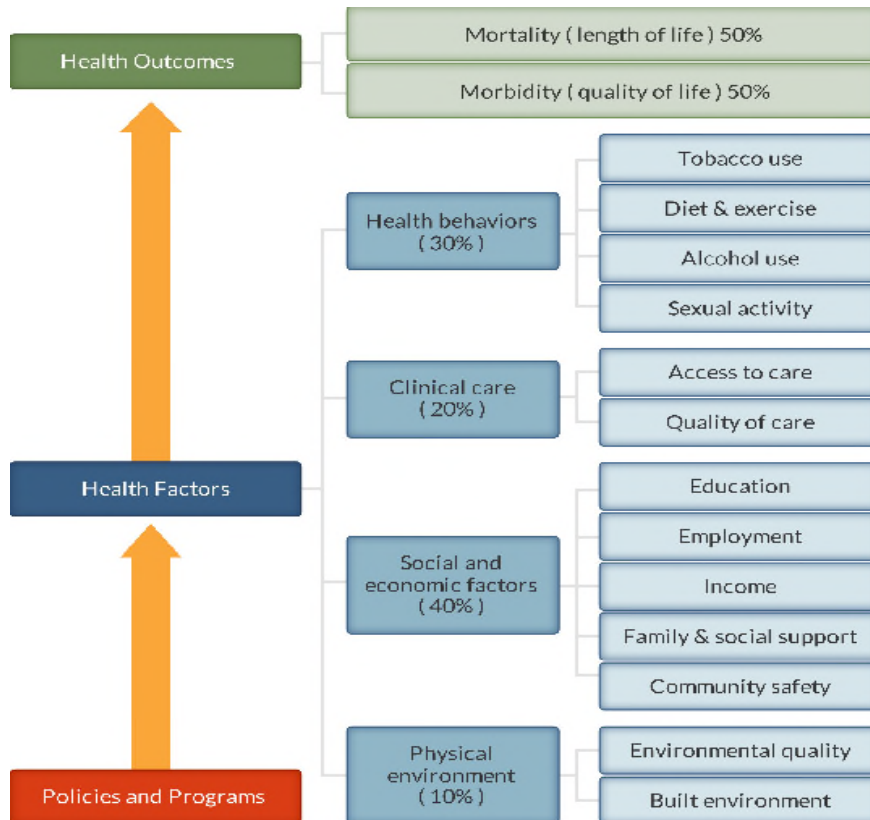
III. Community Health Status

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 2019 RWJ County Health Rankings and conversations from Town Hall participants. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2019 RWJ Health Rankings:

#	IA Rankings - 99 Counties	Definitions	Cherokee Co IA	TREND	Rural IA Co Norm N=13
1	Health Outcomes		59		66
	Mortality	Length of Life	57		64
	Morbidity	Quality of Life	61		68
2	Health Factors		37		62
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	40		58
	Clinical Care	Access to care / Quality of Care	71		59
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	30		64
3	Physical Environment	Environmental quality	14		41
Rural SC IA Norm (N=13) includes the following counties: Appanoose, Marion, Decatur, Cherokee, Poweshiek, Marshall, Davis, Monroe, Ringgold, Clarke, Wayne, Lucas, Jasper.					
http://www.countyhealthrankings.org , released 2019					

PSA Secondary Research:

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

Tab 1 Demographic Profile

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

Tab	Health Indicator	Cherokee Co IA	Trend	State of IA	Rural IA Co Norm N=13	Source
1a	a Population estimates, July 1, 2018, (V2018)	11,321		3,156,145	15,887	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	-6.2%		3.6%	-1.8%	People Quick Facts
	c Population per square mile, 2010	20.9		54.5	28.9	People Quick Facts
	d Persons under 5 years, percent, July 1, 2018, (V2018)	5.8%		6.3%	6.3%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2018, (V2018)	24.0%		17.1%	20.2%	People Quick Facts
	f Female persons, percent, July 1, 2018, (V2018)	49.7%		50.2%	50.1%	People Quick Facts
	g White alone, percent, July 1, 2018, (V2018)	96.5%		90.7%	96.2%	People Quick Facts
	h Black or African American alone, percent, July 1, 2018, (V2018)	1.1%		4.0%	1.1%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2018, (V2018)	4.0%		6.2%	4.9%	People Quick Facts
	j Foreign born persons, percent, 2013-2017	1.7%		5.0%	2.9%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	3.7%		7.6%	7.2%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	88.8%		84.7%	86.4%	People Quick Facts
	m Children in single-parent households, percent, 2013-2017	35.0%		29.0%	27.7%	County Health Rankings
	n Total Veterans, 2013-2017	903		193,451	1,070	People Quick Facts

Tab 2 Economic/Business Profile

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

Tab	Health Indicator	Cherokee Co IA	Trend	State of IA	Rural IA Co Norm N=13	Source
2	a Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$30,973		\$30,063	\$26,293	People Quick Facts
	b Persons in poverty, percent, 2015	9.6%		12.1%	12.6%	Iowa Health Fact Book
	c Total Housing units, July 1, 2018, (V2018)	5,783		1,409,650	7,275	People Quick Facts
	d Total Persons per household, 2013-2017	2.1		2.4	2.4	People Quick Facts
	e Severe housing problems, percent, 2011-2015	6.0%		12.0%	11.8%	County Health Rankings
	f Total of All firms, 2012	1,235		259,121	1,381	People Quick Facts
	g Unemployment, percent, 2017	2.5%		3.1%	3.7%	County Health Rankings
	h Food insecurity, percent, 2016	11.0%		12.0%	12.0%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	2.0%		6.0%	5.5%	County Health Rankings
	j Long commute - driving alone, percent, 2013-2017	17.0%		20.0%	25.1%	County Health Rankings

Tab 3 Educational Profile

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

Tab	Health Indicator	Cherokee Co IA	Trend	State of IA	Rural IA Co Norm N=13	Source
3	a Children eligible for free or reduced price lunch, percent, 2016-2017	39.0%		41.0%	46.2%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2013-2017	90.7%		91.8%	90.0%	People Quick Facts
	c Bachelor’s degree or higher, percent of persons age 25 years+, 2013-2017	19.5%		27.7%	19.0%	People Quick Facts

Tab 4 Maternal and Infant Profile

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

Total Number of Births - Iowa						
	2013	2014	2015	2016	2017	Trend
Cherokee Co	128	138	134	127	121	
Iowa	39,013	39,685	39,467	39,223	38,408	

Tab 4 Maternal and Infant Profile (Continued)

Tab	Health Indicator	Cherokee Co IA	Trend	State of IA	Rural IA Co Norm N=13	Source	
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2015-2016	83.1%		78.6%	75.0%	Iowa Health Fact Book
	b	Percent Premature Births by County, 2017	7.8%		7.4%	7.9%	idph.iowa.gov
	c	2 Year-Old Coverage of Individual Vaccines, 2015	71.3%		67.0%	68.5%	idph.iowa.gov
	d	Percent of Births with Low Birth Weight, 2015-2016	7.7%		6.8%	7.0%	Iowa Health Fact Book
	e	Percent Ever Breastfed Over Time, 2017	79.0%		81.5%	80.2%	idph.iowa.gov
	f	Percent of all Births Occurring to Teens (15-19), 2015-2016	4.6%		4.4%	5.1%	Iowa Health Fact Book
	g	Percent of Out of Wedlock Births, 2015-2016	29.9%		35.1%	31.8%	Iowa Health Fact Book
	h	Percent of births Where Mother Smoked During Pregnancy, 2015-2016	19.2%		18.0%	21.2%	Iowa Health Fact Book

Tab 5 Hospitalization/Provider Profile

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

Tab	Health Indicator	Cherokee Co IA	Trend	State of IA	Rural IA Co Norm N=13	Source	
5	a	Primary Care (MDs / DOs only) Pop Coverage , 2016	1,640: 1		1,390: 1	1,768: 1	County Health Rankings
	b	Preventable Hospital Stays: Rate of hospital stays for ambulatory-care sensitive conditions per 100k Medicare enrollees (lower the better)	5,240		2,765	3,577	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	74.0%		78.0%	76.4%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	68.0%		76.0%	71.4%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e	Average Time Patients Spent in the Emergency Dept. Before Seen by a Healthcare Professional (Mins)	NA		42	47	CMS Hospital Compare, 10/1/2015-9/30/2016

Tab 5 Hospitalization/Provider Profile (Continued)

IHA Inpatient Utilization	YR18	YR17	YR16	YR18	YR17	YR16
Overall - Cherokee Co IA	1,301	1,323	1,307	5,815	5,535	5,357
Pediatric Age 0-17	102	109	126	1,085	909	1,022
Adult Medical/Surgical Age 18-44	151	181	226	1,538	1,427	1,388
Adult Medical/Surgical Age 45-64	234	277	276	1,321	1,342	1,280
Adult Medical/Surgical Age 65-74	261	239	245	766	760	693
Adult Medical/Surgical Age 75+	553	517	434	1,105	1,097	974
IHA Inpatient Utilization	YR18	YR17	YR16	YR18	YR17	YR16
Cherokee Regional only	732	757	690	4,054	4,124	4,016
% Cherokee Reg - Cherokee Co only	56%	57%	53%	70%	75%	75%
Pediatric Age 0-17	66	70	72	706	746	848
Adult Medical/Surgical Age 18-44	77	81	108	1,012	1,081	1,047
Adult Medical/Surgical Age 45-64	76	100	106	927	921	905
Adult Medical/Surgical Age 65-74	119	127	112	565	546	476
Adult Medical/Surgical Age 75+	394	379	292	844	830	740

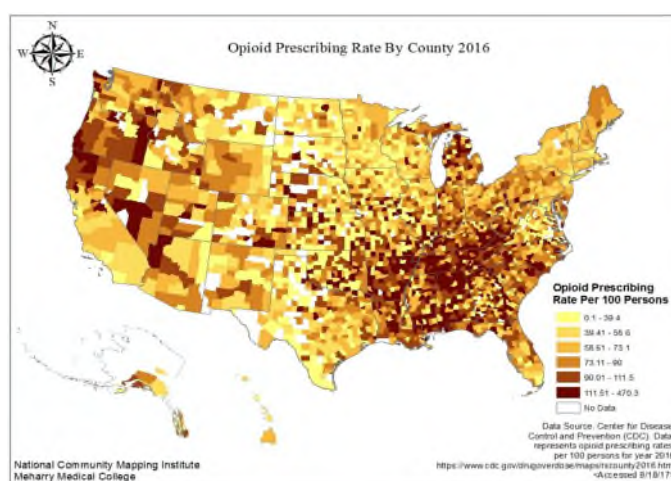
Tab 6 Behavioral Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Cherokee Co IA	Trend	State of IA	Rural IA Co Norm N=13	Source
6	a Depression: Medicare Population, percent, 2015	15.8%		16.7%	15.6%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2013-2017 (lower is better)	11.5		13.3	15.6	Iowa Health Fact Book
	c Poor mental health days, 2016	3.3		3.3	3.3	County Health Rankings

Tab 6 Behavioral Profile (Continued)

Opioid Prescription Rate per 100 – 2017 (Cherokee Co= 38.6 and State of IA = 56.4)



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 Indicator	Cherokee Co IA	Trend	State of IA	Rural IA Co Norm N=13	Source
7a	a Adult obesity, percent, 2015	34.0%		32.0%	34.0%	County Health Rankings
	b Adult smoking, percent, 2016	14.0%		17.0%	15.3%	County Health Rankings
	c Excessive drinking, percent, 2016	19.0%		22.0%	19.2%	County Health Rankings
	d Physical inactivity, percent, 2015	26.0%		23.0%	28.2%	County Health Rankings
	e Poor physical health days, 2016	3.0		2.9	3.1	County Health Rankings
	f Sexually transmitted infections, rate per 100,000, 2016	241.9		415.6	259.9	County Health Rankings

Tab 7b Risk Indicators & Factors Profile

Tab	Health Indicator	Cherokee Co IA	Trend	State of IA	Rural IA Co Norm N=13	Source
7b a	Hypertension: Medicare Population, 2015	54.1%		51.0%	50.7%	Centers for Medicare and Medicaid Services
b	Hyperlipidemia: Medicare Population, 2015	42.2%		40.1%	38.1%	Centers for Medicare and Medicaid Services
c	Heart Failure: Medicare Population, 2015	15.2%		12.2%	13.1%	Centers for Medicare and Medicaid Services
d	Chronic Kidney Disease: Medicare Pop, 2015	21.6%		15.5%	14.9%	Centers for Medicare and Medicaid Services
e	COPD: Medicare Population, 2015	14.4%		10.7%	10.5%	Centers for Medicare and Medicaid Services
f	Atrial Fibrillation: Medicare Population, 2015	9.4%		8.8%	8.8%	Centers for Medicare and Medicaid Services
g	Cancer: Medicare Population, 2015	9.0%		7.0%	6.6%	Centers for Medicare and Medicaid Services
h	Osteoporosis: Medicare Population, 2015	6.5%		5.3%	5.2%	Centers for Medicare and Medicaid Services
i	Asthma: Medicare Population, 2015	6.6%		6.5%	6.0%	Centers for Medicare and Medicaid Services
j	Stroke: Medicare Population, 2015	2.4%		3.1%	2.9%	Centers for Medicare and Medicaid Services

Tab 8a Uninsured Profile/Community Benefit

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

Tab	Health Indicator	Cherokee Co IA	Trend	State of IA	Rural IA Co Norm N=13	Source
8 a	Uninsured, percent, 2016	6.0%		5.0%	7.2%	County Health Rankings

#	Cherokee Regional	YR18	YR17	YR16
1	Bad Debt - Write off	\$682,912	\$888,177	\$676,659
2	Charity Care - Free Care Given	\$528,291	\$113,518	\$118,607

Cherokee Regional also has Community Benefits, listed below.

Source: Internal Records				
	Community Benefit Dollars-Cherokee Co IA	YR 2018	YR 2017	YR 2016
1	Community health improvement services & community benefits operations	\$ 624,081	\$ 474,951	\$ 507,811
2	Health professions education	\$ 2,000	\$ 3,000	\$ 1,500
3	Cash and in-kind contributions for community benefit	\$ 85,531	\$ 32,344	\$ 21,233
Total Community Benefits		\$ 711,612	\$ 510,295	\$ 530,544
Notes: Information taken from IRS Schedule H; section 7 "Other Benefits"				

Tab 8a Uninsured Profile/Community Benefit (Continued)

There are Public School Nurses at the following schools in Cherokee County.

#	Cherokee County IA 2018-2019	Cherokee	River Valley	Alta Aurelia	MMCRU
1	Total # Public School Nurses	1 RN/1 CNA	1	1PT	1
2	School Wellness Plan in place (Active)	Yes	Yes	IN PLACE, BUT NOT ACTIVE	No
3	VISION: # Screened / Referred to Prof / Seen by Professional	200 /NA/NA	45/1	pre-4th gr	pre-4th gr
4	HEARING: # Screened / Referred to Prof / Seen by Professional	5131 ??/?	257/49	4 yr olds-2nd gr	AEA All Pre K-4th
5	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	200 /NA/NA	114 / 71	1	K required
6	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	N/A	NA	NA	NA
7	# of Students served with no identified chronic health concerns	1,200	280	9	NA
8	School has a suicide prevention program	No	No	Yes	No
9	Compliance on required vaccinations (%)	100%	98%	99%	100%

Tab 9 Mortality Profile

The leading causes of county deaths are listed below.

Tab	Health Indicator	Cherokee Co IA	Trend	State of IA	Rural IA Co Norm N=13	Source
9 a	Life Expectancy for Males, 2014	77.7		77.5	76.3	Institute for Health Metrics and Evaluation
b	Life Expectancy for Females, 2014	82.7		81.5	81.7	Institute for Health Metrics and Evaluation
c	Age-adjusted Cancer Mortality Rate per 100,000 population, 2011-2015 (lower is better)	148.4		168.9	179.9	Iowa Health Fact Book
d	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	148.7		166.0	183.6	Iowa Health Fact Book
e	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	46.8		46.8	46.9	Iowa Health Fact Book
f	Alcohol-impaired driving deaths, percent, 2013-2017	33.0%		28.0%	21.2%	County Health Rankings

Tab 10 Preventive Quality Measures Profile

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

Tab	Health Indicator	Cherokee Co IA	Trend	State of IA	Rural IA Co Norm N=13	Source
10 a	Access to exercise opportunities, percent, 2018	77.0%		83.0%	71.4%	County Health Rankings
b	Diabetes monitoring, percent, 2014	91.0%		90.0%	90.5%	County Health Rankings
c	Mammography screening, percent, 2016	53.0%		49.0%	61.6%	County Health Rankings
e	Percent Annual Check-Up Visit with PCP	NA		NA	NA	TBD
f	Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
g	Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

b) Online Research- Health Status

PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for Cherokee County, IA. Responses for Cherokee County online survey equals 337 residents. Below are multiple charts reviewing survey demographics.

Chart #1 – Cherokee County, IA Online Feedback Response N=337

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	Cherokee Co IA N=337	Trend	Rural Norms 36 Co N=6,690
Business / Merchant	12.4%	Green	11.6%
Community Board Member	6.8%	Green	9.0%
Case Manager / Discharge Planner	0.6%	White	1.3%
Clergy	0.9%	White	1.5%
College / University	1.2%	Yellow	2.4%
Consumer Advocate	0.6%	White	1.9%
Dentist / Eye Doctor / Chiropractor	0.6%	White	0.6%
Elected Official - City/County	2.4%	Yellow	2.2%
EMS / Emergency	3.0%	Yellow	2.7%
Farmer / Rancher	5.6%	White	6.8%
Hospital / Health Dept	14.8%	Green	19.9%
Housing / Builder	0.0%	White	0.7%
Insurance	2.7%	Yellow	1.2%
Labor	3.3%	Yellow	2.4%
Law Enforcement	0.9%	White	1.7%
Mental Health	2.1%	Yellow	2.8%
Other Health Professional	8.9%	Green	12.1%
Parent / Caregiver	16.6%	Green	17.9%
Pharmacy / Clinic	2.1%	Yellow	2.5%
Media (Paper/TV/Radio)	0.6%	White	0.5%
Senior Care	2.4%	Yellow	3.1%
Teacher / School Admin	6.5%	Green	7.3%
Veteran	3.6%	Yellow	3.2%
Unemployed / Other	1.8%	White	8.3%

Rural 36 Norms Include the following counties: Appanoose IA, Atchison KS, Barton, Bates MO, Benton MO, Brown KS, Butler KS, Carroll IA, Cass MO, Cherokee IA, Clinton MO, Cowley, Decatur IA, Dickinson KS, Edwards, Ellsworth KS, Fremont IA, Furnas NE, Hays, Henry MO, Hoxie, Jasper IA, Johnson MO, Kiowa, Linn, Marion MO, Miami, Montgomery KS, Nemaha, Osborne, Page IA, Pawnee, Pike MO, Russell KS, Smith, Trego.

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Cherokee Co IA N=337	Trend	Rural Norms 36 Co N=6,690
Top Box %	19.9%		21.1%
Top 2 Boxes %	69.4%		65.1%
Very Poor	2.1%		1.3%
Poor	3.9%		5.7%
Average	24.0%		27.4%
Good	49.6%		44.1%
Very Good	19.9%		21.1%

Chart #3 – Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Cherokee Co IA N=337	Trend	Rural Norms 36 Co N=6,690
Increasing - moving up	43.3%		41.0%
Not really changing much	38.3%		39.0%
Decreasing - slipping	11.6%		11.2%

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

CHNA Wave #3 - Year 2019		Cherokee Co IA N=337			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Access to Acute Mental Health Services	199	80.2%		1
2	Drugs / Opioids / Medication Management	165	66.5%		2
3	Obesity Prevention	129	52.0%		3
4	Parenting Skills	117	47.2%		4 Tie
5	Transition of Care	87	35.1%		4 Tie
6	Domestic Violence	48	19.4%		6

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

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Cherokee Co IA N=337	Trend	Rural Norms 36 Co N=6,690
Finance & Insurance Coverage*	21.0%		15.8%
Lack of awareness of existing local programs, providers, and services	16.3%		17.5%
Limited access to mental health assistance	19.8%		16.9%
Elder assistance programs	7.7%		8.9%
Lack of health & wellness education	11.8%		11.4%
Family assistance programs	5.4%		7.2%
Chronic disease prevention	11.4%		10.5%
Case management assistance	4.4%		6.7%
Other (please specify)	2.3%		5.1%

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

CHNA Wave #3 - 2019	Cherokee Co IA N=337			Rural Norms 36 Co N=6,690	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	87.3%	2.0%		85.0%	2.6%
Child Care	38.3%	15.2%		49.4%	12.2%
Chiropractors	81.0%	2.4%		73.6%	4.9%
Dentists	68.1%	7.9%		63.5%	13.5%
Emergency Room	77.2%	6.3%		66.6%	11.9%
Eye Doctor/Optomtrist	57.3%	13.3%		74.2%	7.1%
Family Planning Services	34.7%	18.6%		39.6%	17.8%
Home Health	77.5%	2.4%		59.8%	9.3%
Hospice	86.6%	1.2%		71.7%	5.9%
Inpatient Services	76.4%	4.1%		73.0%	6.1%
Mental Health	22.4%	30.5%		23.9%	35.6%
Nursing Home	52.9%	9.1%		42.6%	18.9%
Outpatient Services	75.0%	4.0%		74.2%	4.4%
Pharmacy	84.1%	3.6%		87.1%	2.4%
Physician Clinics	70.4%	6.0%		76.1%	5.3%
Public Health	68.8%	3.3%		58.8%	8.4%
School Nurse	68.1%	4.8%		63.7%	7.7%
Specialists	69.4%	6.0%		58.3%	12.3%

Chart #7 – Community Health Readiness

Community Health Needs Assessment Wave #3		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Cherokee Co IA N=337	Trend	Rural Norms 36 Co N=6,690
Early Childhood Development Programs	6.9%	Yellow	10.0%
Emergency Preparedness	6.3%	Yellow	8.9%
Food and Nutrition Services/Education	11.0%	Red	14.0%
Health Screenings (asthma, hearing, vision, scoliosis)	9.7%	Yellow	14.5%
Immunization Programs	2.9%	Yellow	6.6%
Obesity Prevention & Treatment	25.4%	Red	33.3%
Prenatal / Child Health Programs	9.4%	Yellow	11.4%
Sexually Transmitted Disease Testing	6.2%	Yellow	15.8%
Spiritual Health Support	13.8%	Red	12.0%
Substance Use Treatment & Education	22.7%	Red	33.8%
Tobacco Prevention & Cessation Programs	22.0%	Red	29.6%
Violence Prevention	18.6%	Red	32.0%
Women's Wellness Programs	14.0%	Red	16.2%
WIC Nutrition Program	4.4%	Yellow	6.5%
Poverty / Financial Health	19.7%	Red	34.7%

Chart #8 – Healthcare Delivery “Outside our Community”

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Cherokee Co IA N=337	Trend	Rural Norms 36 Co N=6,690
Yes	81.4%	Yellow	81.2%
No	13.0%	Yellow	13.6%
I don't know	5.7%	Yellow	5.2%

Specialties:

Spec	CTS
SURG	26
OBG	24
ORTH	21
CANC	9
CARD	9
DENT	9
DERM	9
EYE	9
BH	8
URL	8

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

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	Cherokee Co IA N=337	Trend	Rural Norms 36 Co N=6,690
Yes	51.8%	Green	47.6%
No	10.5%	Yellow	12.3%
I don't know	37.7%	Yellow	39.6%

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

Community Health Needs Assessment Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	Cherokee Co IA N=337	Trend	Rural Norms 36 Co N=6,690
Abuse/Violence	3.6%	Yellow	5.5%
Alcohol	4.6%	Yellow	4.8%
Breast Feeding Friendly Workplace	1.6%	White	1.7%
Cancer	3.7%	Yellow	3.7%
Diabetes	4.6%	Yellow	4.2%
Drugs/Substance Abuse	8.6%	Red	9.3%
Family Planning	2.6%	White	2.7%
Heart Disease	3.0%	Yellow	3.0%
Lead Exposure	0.3%	White	0.8%
Mental Illness	11.6%	Red	10.5%
Nutrition	4.1%	Yellow	4.7%
Obesity	6.0%	Red	7.5%
Environmental Health	2.5%	White	1.5%
Physical Exercise	5.8%	Red	5.7%
Poverty	4.7%	Yellow	6.9%
Lung Disease	1.3%	White	1.7%
Sexually Transmitted Diseases	2.2%	White	2.4%
Smoke-Free Workplace	0.7%	White	1.5%
Suicide	8.5%	Red	7.3%
Teen Pregnancy	2.1%	White	3.1%
Tobacco Use	3.5%	Yellow	3.6%
Vaccinations	3.0%	Yellow	2.9%
Water Quality	2.1%	White	3.2%
Wellness Education	6.8%	Red	5.9%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services in Cherokee County IA 2019				
Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
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/AIDS Services			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital services	YES		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit			
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation room	YES		
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung			
Hosp	Magnetic Resonance 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			
Hosp	Obstetrics	YES		

Inventory of Health Services in Cherokee County IA 2019				
Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
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

Inventory of Health Services in Cherokee County IA 2019				
Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
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	

Providers Delivering Care in Cherokee County IA 2019

# of FTE Providers by Specialty	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visiting DRs *	PSA Based PA / NP
Primary Care:			
Family Practice	4.0		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			
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			2.0
Emergency	3.0		2.0
Radiology	1.0		
Pathology			
Hospitalist			
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	38.0	2.6	11.0

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

Visiting Specialists serving Cherokee County IA 2019

SPEC	Doctor (FN/LN)	Group Name	Office City	Phone	Clinics	YR Days (240 days)
CARDIOLOGY	Drs. Arteaga, Hartman, Hoos-Thompson, Kanuri, Majerus, Peacock, Pham, Sharaf, Sykes, Taylor, Zajac	UnityPoint Health St. Luke's Cardiovascular Services.	5885 Sunnybrook Drive, Ste. L-200, Sioux City, IA 51106	712-239-6254	Every 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
ENT	Dr. Jorgensen	Northwest Iowa Ear, Nose, & Throat	920 North Grand Ave., Spencer, IA 51301	712-262-7028	Every Wed.	0.2
HEARING AID	Paulo Nascimento	Jorgensen Hearing Center	920 North Grand Ave., Spencer, IA 51301	712-262-4124	Every Wed.	0.2
MATERNAL FETAL MED / PERINATOLOGY	Dr. Al Fleming	UPH-Maternal Fetal Medicine	2730 Pierce Street, Ste. 205, Sioux City, IA 51104	712-279-3384	3rd Fri.	0.05
NEPHROLOGY	Dr. Chua, Erlandson, Joson, Luqman	Renal Associates, P.C.	357 West Tower Road, Dakota Dunes, SD 57049	712-255-0829	1st & 2nd Tues.	0.1
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
OB/GYN	Dr. Eastman	Siouxland Obstetrics/GYN, P.C.	2730 Pierce St., Suite 201, Sioux City, IA 51104	712-277-2645	1st & 3rd Tues.	0.1
ONCOLOGY	Dr. Abu-Erreish	June E. Nylan Cancer Center	230 Nebraska St., Sioux City, IA 51101	712-252-9411	2nd & 4th Thurs.	0.1
ORTHOPEDECS	Dr. Nelson	Center for Neurosciences, Orthopaedics, & Spine, P.C.	575 Sioux Point Road, Dakota Dunes, SD 57049	605-217-2900	Every Thurs.	0.2
ORTHOPEDECS	Dr. Harrer	N.W. Iowa Bone, Joint, & Sports Surgeons	1200 1st Ave E., Suite C, Spencer, IA 51301 1525 West 5th Street, Pod C, Storm Lake, IA 50588	SPENCER 712-262-3658; STORM LAKE 712-213-8015	Every Mon.	0.2
PODIATRY	Dr. Antonopoulos	UnityPoint Health Foot & Ankle Clinic	2730 Pierce Street, Ste. 402 Sioux City, IA 51104	712-279-1865	1st Tues.	0.05
PODIATRY	Dr. Oelke	Siouxland Podiatry Associates, P.C.	2916 Hamilton Blvd. Upper C, Sioux City, IA 51104	712-546-5462	1st & 3rd Thurs.	0.1
PULMONOLOGY	Drs. Gupta, Kharbanda, Sahasranaman	UnityPoint Health St. Luke's Pulmonary Services	2730 Pierce Street, Ste. 401, Sioux City, IA 51104	712-255-4862	2nd Tues.	0.05
RHEUMATOLOGY	Dr. Wisco	Center for Neurosciences Orthopaedics & Spine, P.C.	575 Sioux Point Road, Dakota Dunes, SD 57049	605-217-2901	1st & 2nd Thurs.	0.1
SURGERY	Dr. Dierking	Buena Vista Reg. Medical Center General Surgeons	210 East 5th Street, Storm Lake, IA 50588	712-213-5230	1st, 3rd & 4th Wed.	0.11
UROLOGY	Dr. Christ	N.W. Iowa Urologist, P.C.	1200 1st Ave. E., Suite B, Spencer, IA 51301	712-262-6216	Mon., Wed.,	0.4
WOUND/OSTOMY	Viola Lias, ET/WOCN/FCN	CRMC Specialty Clinic	300 Sioux Valley Drive, Cherokee, IA 51012	712-225-6869	Thurs. & Fri.	0.4

Cherokee County, Iowa

Emergency Numbers

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 2019

Abuse-Child/Adult

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

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

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

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

Child Care

Cherokee Daycare
712-225-5728

Aurelia Daycare Inc
712-434-2521

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

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

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

Department of Human Services – Cherokee County

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

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

Service Area Administrator – Tom Bouska
712-328-4860

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

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

Parent Partner Program
Melony Gravenish 712-229-9738

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

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

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

Drug and Alcohol Abuse

Alcohol and Drug Abuse Counseling
800-996-3784

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

Iowa Substance Abuse Info Center
800-247-0614

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

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

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

National Institute on Drug Abuse Hotline
800-662-4357

Problem Gambling
800-BETS-OFF

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

Early Childhood Iowa (ECI)

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

Education

Birth to 3 Education & Intervention

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

Early Head Start
712-540-5299

Early Head Start
800-352-9040 ext. 6340

Northwest Area Education Agency
712-222-6000

Parent Education
712-737-2943 ext. 298

CRMC Prenatal Classes
712-225-5101

Preschool

Aurelia
712-434-5595

Beginnergarden, Marcus
712-376-2615

Cherokee Headstart
712-225-5849

Early Childhood Learning Center, Cherokee
712-225-6774

River Valley Preschool, Washta
712-447-6318

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

Schools

Alta-Aurelia School District
712-434-2284

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

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

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

Other

CRMC Sibling Classes
712-225-5101

Boys Town – Spencer Office
712-262-5035

Cherokee County Extension Service
712-225-6196

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

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

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

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

Emergency Shelter

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

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

Red Cross, Cherokee
712-225-4507

Salvation Army
712-225-6301

YWCA, Ft Dodge
515-573-3931

Employment

Job Corps
712-263-4192

Promise Jobs
712-233-9030 ext. 5

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

Workforce Development Centers
Spencer, IA
712-262-1971

Environmental Health Office

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

Financial Assistance

Child Support Recovery
888-229-9223

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

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

Food

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

Food Stamps (DHS)
866-537-2749

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

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

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

Meals on Wheels, CRMC
712-225-5101

WIC- Cherokee
712-225-3322

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

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

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

EBT/ Food Assistance Card
800-359-5802

Fuel Assistance Weatherization

Emergency Assistance, DHS
712-957-5135

Mid Sioux Opportunity
Cherokee, IA
712-225-3322

Health Care

Alzheimer's and Related Disorders
888-595-9864

American Cancer Society
800-227-2345

Careage Home Care, Cherokee
712-225-5129

Cherokee Family Practice
712-225-0191

Cherokee Regional Clinic
712-225-6265

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

Cherokee Regional Clinic
Aurelia, IA (Closed T/Th)
712-434-2101

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

Cherokee Regional Medical Center
712-225-5101

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

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

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

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

Managed Care Organizations:
Iowa Total Care 833-404-1061
Americorp 800-600-4441

Poison Control
800-222-1222

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

Shriner's Hospital
800-237-5055

Dr. Veit's Office
Cherokee, IA
712-225-6431

Vision Impaired
800-232-5463

Hinkhouse Hearing Ltd
Cherokee, IA
712-225-4327

WISA – Medical
712-255-2621

Iowa State Extension and Outreach

Cherokee 712-225-6196

Iowa State university Extension Hotlines:
AnswerLine 800-262-3804
Beginning Farmer Center 877-232-1999
Bets Off 800-238-7633
Healthy Families Line 800-369-2229
Iowa Concern 800-447-1985
Teen Line 800-443-8336

Juvenile Court Services

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

JV Services Supervisor – Steve Kremer
712-225-2669

YES Detention Center
712-225-5777

Law Enforcement

Cherokee Co Sheriff's Department
712-225-6728

Aurelia Police Department
712-434-5912

Cherokee Police Department
712-225-6728

Marcus Police Department
712-376-4715

Legal Assistance

Attorney General
515-281-5164

Cherokee County Attorney – Ryan Kolpin
712-225-2835

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

Cherokee Co Clerk of Court
Courthouse 712-225-6744

Iowa Civil Rights Commission
515-281-4121

Legal Aid
Sioux City, IA
800-532-1275

Rural Concern Hotline, Attorney
800-447-1985

Low Rent Housing

Northwest Iowa Housing Authority
712-252-4520

Lewis Apartments
712-225-6728

Autumn Park Apartments
712-225-2564

Mental Health / Therapy

Cherokee Mental Health, Inpatient Services
712-225-2594

Plains Area Mental health
712-225-2575

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

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

CRMC Hospice Grief Support
712-25-6459

Northwest Aging Association
Spencer, IA
712-262-1775

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

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

Royster and Royster
Cherokee, IA
712-225-5344

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

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

Pregnancy / Foster Care / Adoption Supports

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

Foster Care / Adoption Support Group
(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

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]

**Inpatient Destination Summary Report by County/State
For January - December 2016**

Cherokee

	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Ames, Mary Greeley	3	0.23 %	0	1	1	0	1	26	0.49 %	0	6	17	0	3
Carroll, St. Anthony Reg	2	0.15 %	0	1	0	1	0	5	0.09 %	0	3	0	2	0
Cedar Rapids, St Luke's	4	0.31 %	2	1	1	0	0	44	0.83 %	17	3	24	0	0
Cherokee, Reg Med Center	690	52.79 %	72	108	106	112	292	2329	43.75 %	162	291	429	361	1086
Council Bluffs, CHI Hlth	4	0.31 %	0	1	1	1	1	35	0.66 %	0	28	4	1	2
Council Bluffs, Jennie Ed	3	0.23 %	0	1	2	0	0	13	0.24 %	0	5	8	0	0
Des Moines, IA. Lutheran	2	0.15 %	0	0	0	2	0	13	0.24 %	0	0	0	13	0
Des Moines, IMMC	2	0.15 %	1	0	0	1	0	20	0.38 %	5	0	0	15	0
Des Moines, Mercy Med	3	0.23 %	1	0	1	0	1	10	0.19 %	6	0	2	0	2
Dunes Surgical	65	4.97 %	0	0	24	29	12	115	2.16 %	0	0	45	49	21
Fort Dodge, Trinity	1	0.08 %	0	1	0	0	0	4	0.08 %	0	4	0	0	0
Iowa City, U of I Hosp	13	0.99 %	0	2	9	2	0	60	1.13 %	0	15	42	3	0
Lake City, Stewart Mem	3	0.23 %	1	2	0	0	0	5	0.09 %	2	3	0	0	0
LeMars, Floyd Valley	55	4.21 %	10	10	5	8	22	192	3.61 %	24	24	21	38	85
Mason City, Mercy Medical	2	0.15 %	0	2	0	0	0	3	0.06 %	0	3	0	0	0
Orange City, Org Cty Hlth	26	1.99 %	9	9	5	2	1	104	1.95 %	23	24	14	40	3
Sheldon, Sanford Med Ctr	1	0.08 %	0	1	0	0	0	2	0.04 %	0	2	0	0	0
Sioux Center, Sx Cen Hlt	1	0.08 %	0	0	1	0	0	2	0.04 %	0	0	2	0	0
Sioux City, Mercy Med	188	14.38 %	5	30	51	48	54	1043	19.59 %	12	153	240	328	310
Sioux City, St Luke's	175	13.39 %	16	38	57	30	34	1047	19.67 %	166	219	363	155	144
Spencer, Spencer Hospital	13	0.99 %	0	8	3	0	2	34	0.64 %	0	24	5	0	5
Storm Lake, Buena Vista	50	3.83 %	9	10	9	9	13	215	4.04 %	20	23	64	28	80
Waterloo, Allen Hosp	1	0.08 %	0	0	0	0	1	2	0.04 %	0	0	0	0	2
TOTAL	1307	100.00 %	126	226	276	245	434	5323	100.00 %	437	830	1280	1033	1743

**Inpatient Destination Summary Report by County/State
For January - December 2017**

Cherokee

	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Carroll, St. Anthony Reg	2	0.15 %	1	1	0	0	0	6	0.11 %	3	3	0	0	0
Cherokee, Reg Med Center	757	57.22 %	70	81	100	127	379	2775	51.52 %	184	203	342	419	1627
Council Bluffs, CHI Hlth	4	0.30 %	0	1	1	2	0	16	0.30 %	0	3	2	11	0
Council Bluffs, Jennie Ed	4	0.30 %	0	4	0	0	0	19	0.35 %	0	19	0	0	0
Des Moines, IA. Lutheran	4	0.30 %	2	1	0	1	0	36	0.67 %	9	3	0	24	0
Des Moines, Mercy Med	2	0.15 %	0	0	1	1	0	17	0.32 %	0	0	1	16	0
Dubuque, Finley	1	0.08 %	0	0	1	0	0	12	0.22 %	0	0	12	0	0
Dunes Surgical	62	4.69 %	0	1	28	19	14	100	1.86 %	0	2	40	35	23
Iowa City, U of I Hosp	28	2.12 %	0	9	9	8	2	250	4.64 %	0	97	93	51	9
LeMars, Floyd Valley	37	2.80 %	5	11	3	2	16	121	2.25 %	11	40	11	7	52
Mason City, Mercy Medical	1	0.08 %	0	0	1	0	0	5	0.09 %	0	0	5	0	0
Orange City, Org Cty Hlth	25	1.89 %	5	6	4	0	10	73	1.36 %	9	12	16	0	36
Ottumwa, Ottumwa Reg	1	0.08 %	0	1	0	0	0	5	0.09 %	0	5	0	0	0
Primghar, Baum Harmon Mer	1	0.08 %	0	1	0	0	0	2	0.04 %	0	2	0	0	0
Sheldon, Sanford Med Ctr	1	0.08 %	0	1	0	0	0	2	0.04 %	0	2	0	0	0
Sioux Center, Sx Cen Hlt	1	0.08 %	0	0	1	0	0	3	0.06 %	0	0	3	0	0
Sioux City, Mercy Med	148	11.19 %	2	15	56	33	42	758	14.07 %	6	65	273	133	281
Sioux City, St Luke's	171	12.93 %	18	32	55	31	35	827	15.35 %	84	150	227	144	222
Spencer, Spencer Hospital	24	1.81 %	0	6	10	4	4	104	1.93 %	0	25	54	16	9
Storm Lake, Buena Vista	48	3.63 %	6	9	7	11	15	252	4.68 %	13	21	65	44	109
Waterloo, Covenant	1	0.08 %	0	1	0	0	0	3	0.06 %	0	3	0	0	0
TOTAL	1323	100.00 %	109	181	277	239	517	5386	100.00 %	319	655	1144	900	2368

**Inpatient Destination Summary Report by County/State
For January - December 2018**

Cherokee

	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Ames, Mary Greeley	1	0.08 %	0	1	0	0	0	2	0.04 %	0	2	0	0	0
Carroll, St. Anthony Reg	3	0.23 %	0	3	0	0	0	13	0.24 %	0	13	0	0	0
Cedar Rapids, St Luke's	1	0.08 %	0	1	0	0	0	5	0.09 %	0	5	0	0	0
Cherokee, Reg Med Center	732	56.26 %	66	77	76	119	394	2770	50.24 %	157	194	348	460	1611
Clarinda, Clarinda Reg.	1	0.08 %	0	0	1	0	0	6	0.11 %	0	0	6	0	0
Council Bluffs, CHI Hlth	5	0.38 %	2	2	1	0	0	30	0.54 %	9	5	16	0	0
Council Bluffs, Jennie Ed	6	0.46 %	0	2	4	0	0	31	0.56 %	0	8	23	0	0
Des Moines, IA. Lutheran	3	0.23 %	1	0	2	0	0	31	0.56 %	3	0	28	0	0
Des Moines, IMMC	1	0.08 %	0	0	1	0	0	25	0.45 %	0	0	25	0	0
Des Moines, Mercy Med	1	0.08 %	0	0	1	0	0	43	0.78 %	0	0	43	0	0
Dubuque, Mercy Medical	1	0.08 %	0	1	0	0	0	5	0.09 %	0	5	0	0	0
Dunes Surgical	63	4.84 %	0	5	29	17	12	122	2.21 %	0	8	57	29	28
Fort Dodge, Trinity	3	0.23 %	0	0	0	2	1	13	0.24 %	0	0	0	5	8
Iowa City, U of I Hosp	18	1.38 %	0	0	10	8	0	94	1.70 %	0	0	74	20	0
LeMars, Floyd Valley	57	4.38 %	8	10	4	11	24	280	5.08 %	23	29	15	110	103
Orange City, Org Cty Hlth	22	1.69 %	6	6	8	2	0	61	1.11 %	14	14	25	8	0
Ottumwa, Ottumwa Reg	1	0.08 %	0	0	1	0	0	12	0.22 %	0	0	12	0	0
Pocahontas, Pocahon Comm	1	0.08 %	0	1	0	0	0	2	0.04 %	0	2	0	0	0
Sioux City, Mercy Med	106	8.15 %	0	6	31	34	35	622	11.28 %	0	42	205	189	186
Sioux City, St Luke's	211	16.22 %	16	30	47	52	66	1053	19.10 %	50	105	250	265	383
Spencer, Spencer Hospital	17	1.31 %	0	3	5	4	5	66	1.20 %	0	4	15	25	22
Spirit Lake, Lakes Reg	2	0.15 %	0	0	0	1	1	4	0.07 %	0	0	0	1	3
Storm Lake, Buena Vista	37	2.84 %	3	3	10	10	11	170	3.08 %	5	6	21	60	78
Waterloo, Covenant	4	0.31 %	0	0	3	1	0	34	0.62 %	0	0	23	11	0
Webster City, Van Diest	4	0.31 %	0	0	0	0	4	20	0.36 %	0	0	0	0	20
TOTAL	1301	100.00 %	102	151	234	261	553	5514	100.00 %	261	442	1186	1183	2442

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Cherokee County, Iowa CHNA Town Hall - Wednesday, October 16th from 12:30 p.m. to 2:00 p.m. N=37

#	Attend	Last Name	First Name	Organization	Title	City	State	Zip Code
1	1	Anderson	Bill	CAEDC	Executive Director	Cherokee	IA	51012
2	1	Beck	Stephanie	Cherokee Regional Medical Center	Marketing Manager	Cherokee	IA	51012
3	1	Berglund	Julie	Cherokee Regional Medical Center	Administration	Cherokee	IA	51012
4	1	Blunkers	Craig	Cherokee Regional Medical Center	ER Manager	Cherokee	IA	51012
5	1	Bringle	Lisa	Cherokee County Community Services	Service Coordinator	Cherokee	IA	51012
6	1	Brown	Jillian	Cherokee County School District	RN	Cherokee	IS	51012
7	1	Caldwell	Jonathan	Cherokee County Ministerial	Pastor of Oakdale EFC, Chairman of CCMA	Cherokee	IA	51012
8	1	Call	Andrew	Careage Hills	Administrator	Cherokee	IA	51012
9	1	Carlson	Janice	CRMC Public Health	ARNP	Cherokee	IA	51012
10	1	Conley	Marla	Community Member		Cherokee	IA	51012
11	1	Conley	Mickey	Community Member		Cherokee	IA	51012
12	1	Conley	Theresa	Cherokee Regional Medical Center	HR	Cherokee	IA	51012
13	1	Dewey	Kim	Aurelia First United Methodist Church	Pastor	Aurelia	IA	51005
14	1	Drey	Melissa	Plains Area Mental Health	Crisis Services Coordinator	Sac City	IA	50583
15	1	Friedrich	Angela	Cherokee Regional Medical Center	Director of Nursing	Cherokee	IA	51033
16	1	Grout	Philip	Hy-Vee	Director	Cherokee	IA	51012
17	1	Guan	Patrick	Hy-Vee	Pharmacy Manager	Cherokee	IA	51012
18	1	Hale	Shawn	Careage Hills	Plant Ops	Cherokee	IA	51012
19	1	Hansen	Harlan	Community Member		Marcus	IA	51035
20	1	Henson	Lexi	Cherokee Regional Clinic	Clinic Manager	Cherokee	IA	51012
21	1	Ivarson	Lynn	Cherokee Regional Medical Center	Home choice, hospice and Public Health Nurse Manager	Cherokee	IA	51012
22	1	Jordan	Gary	Cherokee Regional Medical Center	CEO	Cherokee	IA	51012
23	1	Knippel	Jessica	Cherokee Regional Medical Center		Cherokee	IA	51012
24	1	Lauck	Lynne	Cherokee Regional Medical Center	Lab Manager	Cherokee	IA	51012
25	1	Lundquist	Kent	Cherokee Regional Medical Center	VP of Development and Support Services	Cherokee	IA	51012
26	1	Mohn	Connie	Cherokee Regional Medical Center	Director Regulatory/Compliance	Cherokee	IA	51012
27	1	Osborn	Scott	Community Member		Cherokee	IA	51012
28	1	Pritts	Justin	Cherokee County EMA	Coordinator	Cherokee	IA	51012
29	1	Ricer, MD	Dr.	Cherokee Regional Medical Center	Provider	Cherokee	IA	51012
30	1	Ruehle	Dawn	Cherokee Regional Medical Center	Pharmacist	Cherokee	IA	51012
31	1	Schlenger	Melissa	Cherokee Regional Medical Center	Social Worker	Cherokee	IA	51012
32	1	Schlichting	Jodi	CRMC Wellness Center	Manager	Cherokee	IA	51012
33	1	Sickelka	Dawn	DCAT/CPPC	Coordinator	Cherokee	IA	51012
34	1	Snider	Vicki	Rosecrance Jackson Centers	Prevention Specialist	Cherokee	IA	51012
35	1	Trapp	Sheila	Community Member		Cherokee	IA	51012
36	1	Wester	Sara	Cherokee Regional Medical Center	BS, MT (ASCP), MPA Public Health Supervisor	Cherokee	IA	51012
37	1	Winterton, MD	Dr.	Cherokee Regional Medical Center	Provider	Cherokee	IA	51012

Cherokee Regional Medical Center – Cherokee County, IA CHNA Town Hall

October 16, 2019 12:30-2:00pm N=37

Notes:

School take-home backpacks are going on. This has gone up since last year.

Drugs: Opioids, Meth, Marijuana- high levels of THC, some Heroin, some Acid

Vaping is prevalent.

Chronic Diseases more prevalent: Hypertension, Hyperlipidemia, Kidney, COPD, Cancer.

Alcohol-impaired driving is high.

New business to appear in next 6 months in Cherokee.

Strengths:

- Local Access to Specialists / Clinic
- Suicide Prevention Coalition
- Access to Physical Activities / Walking Paths
- Quality of Care / Personal Touch on Care Delivery
- Medical Facilities
- Safety / Law Enforcement
- School Screenings
- Home Health and Hospice
- Charity Care
- Quality Providers
- Community Collaboration
- Address Hunger with groups
- Prenatal Care

Things to Improve:

- Awareness of services
- Hospice House
- Outdoor recreational activities
- Suicides
- Providers (OB, PC, Psych)
- Food Insecurity
- Senior health
- Mental health (Diagnosis, Treatment, Aftercare)
- Available Child Care (Safe and Affordable)
- Alcohol
- Smoking / Vaping
- Transportation
- Housing (Safe and Affordable)
- Chronic Illnesses
- Drug Abuse
- Distracted Driving
- Bullying (Social Media)
- Domestic Violence
- Adverse Childhood Experiences
- Personal Finance Education – youth
- Parenting Skills
- Eye Doctors
- Urgent Care

Wave #3 CHNA - Cherokee Regional PSA

Town Hall Conversation - Strengths (Color Cards) N= 37

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
4	ACC	Progressive services	11	NUTR	Addressing hunger - improve condition
14	ACC	Access to hospital/ER	19	NUTR	Group working on not enough to eat
17	ACC	Size - many choices for service	29	NUTR	Backpack program
22	ACC	Healthcare	30	NUTR	Backpack program
24	ACC	Access to care	31	NUTR	Backpack program
34	ACC	More services starting (surgeries, senior mental health)	31	NUTR	Food pantry
27	AGE	Excellent care of aging population	33	NUTR	Backpack program
29	AGE	More surgeries and senior options - specialty clinics	2	OBG	Women's health
21	AMB	Ambulance	3	OBG	Women's health
5	BH	Mental institute and outpatient services	10	OP	Outpatient services
25	BH	Many facilities with behavioral health and substance abuse	23	OP	Outpatient services
28	BH	Incorporating new mental health services	1	OTHR	Technology up to date
17	CANC	Cancer treatment - here locally	10	OTHR	Community groups dedicated to help
29	CLIN	Clinic outreach	12	OTHR	Good community support
28	CORP	Collaboration between many agencies and community stakeholders	13	OTHR	Room full of people from various sectors that care
2	DOCS	Local access to high-end services and providers	16	OTHR	Good comm members willing to help
3	DOCS	Local access to high-end providers	18	OTHR	Community cohesion/involvement
13	DOCS	Have an active PH and providers	18	OTHR	Rural/family centered
18	DOCS	Multiple physicians	18	OTHR	Safety
15	DOH	Strong public health	19	OTHR	Charity care
10	ECON	Unemployment	19	OTHR	Community collaboration
13	ECON	Businesses are interested	19	OTHR	Safe community
14	ECON	Unemployment rate low	22	OTHR	Cooperation
27	ECON	Low unemployment	22	OTHR	forward-looking
2	EMER	Emergency	23	OTHR	Charity care/community benefit
17	EMER	Emergency room	25	OTHR	Manny coalitions/meetings in works
21	EMER	ED Dept	29	OTHR	AED Program 30 in school districts
12	FAC	Very nice medical facilities	31	OTHR	Easy appointment setting
19	FAC	Medical facilities	3	PEDS	School-aged screenings
2	FIT	Access to activity	6	PEDS	Childhood screenings and assessment
3	FIT	Access to gyms/activity	8	PEDS	School screenings
5	FIT	Wellness center and gyms	9	PEDS	School screenings
8	FIT	Available wellness centers	14	PEDS	Screenings for children
11	FIT	Wellness center, walking trails	20	PEDS	School health screenings
12	FIT	Wellness centers	27	PEDS	Great care for kids inside-outside school (screenings)
15	FIT	Wellness center	32	PEDS	School screenings
17	FIT	Wellness center- exercise, fitness options	2	PNEO	Prenatal care
18	FIT	Wellness center	3	PNEO	Prenatal care
19	FIT	Fitness opportunities- walking paths	6	PNEO	Prenatal care
26	FIT	Fitness center	25	PNEO	Prenatal care
7	FP	Wellness screenings	32	PNEO	Prenatal care
19	FP	Screenings	16	PRIM	Primary care providers
23	FP	Screening exams	6	QUAL	Quality healthcare
7	HH	Home health and hospice resources	19	QUAL	Quality of care - personal care
8	HH	Home health/hospice	20	QUAL	Quality health care provided in the county
9	HH	Home health	7	REC	Wellness center and walking trails access
12	HH	Great home health hospice staff	9	REC	Access to WC: paths
15	HH	HH/hospice	12	REC	Trails 5-2-1-0
21	HH	Home health hospice	13	REC	Trails committee - Cherokee
29	HH	Hospice/Home health	15	REC	Walking trails
10	HOSP	Hospital > end of life care	26	REC	Walking paths in county communities
13	HOSP	Have a hospital that's interested	29	SMOK	Smoking education

Wave #3 CHNA - Cherokee Regional PSA

Town Hall Conversation - Strengths (Color Cards) N= 37

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
15	HOSP	Strong hospital	5	SPEC	Having specialists come to our hospital
16	HOSP	Hospice	14	SPEC	Availability to specialists
19	HOSP	Hospice programs and home health	16	SPEC	Specialty providers
24	HOSP	Hospice care	17	SPEC	Specialty clinic to bring in more doctors
31	HOSP	Hospice program	17	SPEC	Connections with big, more specialized treatment
32	HOSP	Hospice	19	SPEC	Mobile access to specialists
33	HOSP	Hospice	32	SPEC	Specialty clinic
34	HOSP	Hospice	1	STFF	Customer service
29	INSU	Assistance with Medicaid applications and education	17	SUIC	Coalition for suicide prevention
30	INSU	Medicaid/insurance assistance	29	SUIC	Suicide awareness coalition
31	INSU	Presumptive availability for Medicare	32	SUIC	Suicide prevention
34	INSU	Offer help applying for Medicaid	2	VACC	Vaccinations
22	MAN	Leadership	19	VACC	Vaccination programs
26	MAN	Leadership willing to look at realities	21	WELL	Wellness
12	MDLV	Many experienced mid-level providers	22	WELL	Education
23	NH	Nursing home care			

Wave #3 CHNA - Cherokee Regional PSA

Town Hall Conversation - Weakness (Color Cards) N= 37

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
9	ACC	Economically access to care vs ED	29	KID	Child care
11	ACC	Economic access to care	31	KID	After school care
19	AGE	Senior housing, transport	2	MRKT	Educate/awareness: where to go for support/providers
25	ALC	Drinking	3	MRKT	Increased awareness resources
4	AMB	Ambulance transfer	19	MRKT	Better advertising of community health
6	AMB	Ambulance transfer	23	MRKT	There has been FREE community ed on alcohol, vaping, Rx's, and cannabis every week since June and no attendance from community
2	BH	Mental health	16	NH	More senior housing
3	BH	Mental health	7	NUTR	Food insecurity
4	BH	Access to mental health services	9	NUTR	Nutritional education - healthy life styles
5	BH	Mental health services	11	NUTR	Food insecurity
6	BH	Better access to mental health services	11	NUTR	Nutrition
7	BH	Mental health resources/access	13	NUTR	Food access/security (take care of our own)
8	BH	Access to mental health services	21	NUTR	Food insecurity
11	BH	Mental health access/substance abuse	30	NUTR	Food/nutrition/lifestyle diet
12	BH	Access to mental health and substance abuse providers/services	30	NUTR	Food insecurity (community garden)
12	BH	Places for people to go in crisis MH or substance	31	NUTR	Food pantry/meals on wheels
13	BH	Access to community based mental health care	2	OBES	Obesity/dietary/physical wellness
14	BH	More mental health services	3	OBES	Decrease in obesity
18	BH	Mental health	4	OBES	Obesity prevention
18	BH	Behavioral health	5	OBES	Obesity/wellness
19	BH	Need mental health -not jail's job -stigma, diagnosis, treat	8	OBES	Obesity
20	BH	Mental health awareness - Services that are in community	11	OBES	Obesity
21	BH	Mental health access/substance abuse	15	OBES	Obesity/nutrition education/Food insecurity
23	BH	Mental health - break stigma	17	OBES	Obesity rates
25	BH	Mental health	19	OBES	Obesity- eat, exercise
26	BH	Access to substance/mental health treatment	21	OBES	Obesity prevention
27	BH	Mental health services	23	OBES	Obesity/activity
28	BH	Mental health	30	OBES	Obesity
29	BH	Access to mental health	6	OBG	More family practice/OB providers
2	CANC	Cancer	14	OBG	Need to diversify OB offerings - more education on pregnancy/birth
2	CHRON	Chronic illness	16	OBG	OB
5	CHRON	Chronic disease management/coaches	17	OBG	More providers (female/OB)
17	CHRON	Chronic disease coaching	28	OBG	Pregnancy caregivers/OB
19	CHRON	Chronic kidney, diabetes	29	OBG	OBGYN female
30	CHRON	Hypertension, cholesterol	12	OTHR	Community collaboration to make things happen
30	DIAB	Diabetes	16	OTHR	Community garden
19	DIAL	Need dialysis unit in our hospital	17	OTHR	Community garden
3	DOCS	Increase in providers	18	OTHR	Bully/social media
4	DOCS	Securing providers	18	OTHR	Sex trafficking awareness
9	DOCS	More providers/doctors	18	OTHR	Tomorrow ^non English speaking population (packing plant)
14	DOCS	More physicians	19	OTHR	Bullying
19	DOCS	Need a country doctor -simple -cash	24	OTHR	Engagement of residents with education of all kinds

Wave #3 CHNA - Cherokee Regional PSA

Town Hall Conversation - Weakness (Color Cards) N= 37

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
26	DOCS	Increase doctors/med staff	24	OTHR	Engage communities of faith/civic organizations in outreach
3	DRUG	Decrease substance abuse	30	PHARM	Medication adherence - 90 day fills
15	DRUG	Drug/alcohol awareness	29	PRIM	Primary caregivers
19	DRUG	Need less drug and alcohol abuse	22	PSY	Trauma and the long term emotional and physical impacts -education on what happened to you v. what's wrong with you
20	DRUG	SA awareness	8	REC	More outdoor rec
23	DRUG	Substance abuse - break stigma	11	REC	More outdoor recreation
25	DRUG	Drugs	12	REC	Affordable health activities during winter months
31	DRUG	Opioid abuse/alcohol/DUI	16	REC	Connect walking trails
13	ECON	Reduce population loss (e.g. Jobs, recreation)	17	REC	Connectivity of trails
22	ECON	Managed care and the low reimbursements and limited funding	4	SMOK	Vaping
11	EYE	Eye doctor	6	SMOK	Information on vaping
31	EYE	Eye doctor availability/eye care	7	SMOK	Smoking ed
5	FAM	Family planning/counseling	15	SMOK	Tobacco/nicotine cessation or education
21	FAM	Family planning -with young adults/teens	18	SMOK	Juuling/drugs in the schools
23	FAM	Single families and support	21	SMOK	Smoking (mothers) (vaping education)
23	FAM	Family planning	18	STD	STD
28	FAM	Single family households	9	STRK	Screens for stroke and stemi rest
30	FAM	Single parents	11	STRK	Identifying stroke/stemi risk
21	FINA	Financial education -with young adults/teens	11	SUIC	Suicide rate/prevention
15	FIT	Fitness/physical education	15	SUIC	Suicide awareness prevention
30	FIT	Physical activity	23	SUIC	Suicide rates
16	HOSP	Hospice house	26	SUIC	Depression/suicide
17	HOSP	Hospice house	24	TRAN	Transportation to medical/lousiness hub
20	INSU	Medical care for those on fixed income with limited insurance	26	TRAN	Transportation
26	INSU	Insurance	1	URG	Need urgent care
30	INSU	6% no insurance	7	URG	After hours care
1	KID	More in-home day care needed	11	URG	Urgent care
2	KID	Child care	12	URG	Urgent care
4	KID	Child care with education to support other issues	13	URG	Urgent care option in lieu of ER
6	KID	Child care facilities	16	URG	Urgent care
7	KID	Child care	17	URG	Urgent care
8	KID	Child care	18	URG	Weekend urgent care
10	KID	Child care	19	URG	urgent care needed
11	KID	Child care	10	WELL	education - obesity
15	KID	Child care access/parenting assistance	10	WELL	Wellness
16	KID	Child care	13	WELL	Community education (e.g. Suicide, diabetes)
17	KID	Child care	28	WELL	Going to schools - vaping, drugs, alcohol
19	KID	Child care - safe and affordable	29	WELL	Education on backpack program - county wide?
25	KID	Child care	29	WELL	Alcohol/vaping/opioid education
27	KID	Child care	31	WELL	Health education - HTN/opioid/smoking/mental
28	KID	Child care			

c) Public Notice & Requests

[VVV Consultants LLC]

Subject: Cherokee Regional Medical Center- Community Health Needs Assessment 2019 Online Feedback Survey

Cherokee Regional Medical Center is working on their 2019 Cherokee County IA Community Health Needs Assessment (CHNA). (*Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c) (3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years.*)

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2016 CHNA report and to collect up-to-date community health perceptions and needs. To accomplish this work, a short online survey has been developed: https://www.surveymonkey.com/r/CherokeeCo_IA_CHNA_2019

All community residents and business leaders are encouraged **to participate in the survey by Friday, October 4th**.

VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential.

Thank you in advance for your time and support by participating in this important request. If you know anyone else who might be interested in participating, please share the above survey link or encourage them to access the Community Health Needs Assessment (CHNA) survey on the Cherokee Regional Medical Center website at www.cherokeermc.org.

Also, please hold **Wednesday, October 16th from 12:30 p.m. to 2:00 p.m. to attend the 2019 CHNA Town Hall**. More information to come soon. A light lunch will be provided starting at 12:15 p.m.

Sincerely,

Gary W. Jordan, FACHE
Chief Executive Officer
Cherokee Regional Medical Center
712-225-1505

Cherokee Regional Medical Center
300 Sioux Valley Drive
Cherokee, Iowa 51012

PRESS RELEASE

CONTACT:

Kent Lundquist
712.225.3368 ext. 202
Klundquist@cherokeermc.org

August 29, 2019- For Immediate Release!

Cherokee Regional Medical Center Requests Community Health Needs Assessment Feedback

Over the next three months, **Cherokee Regional Medical Center** is working to update the 2016 Cherokee Regional Community Health Needs Assessment (CHNA). The goal of this assessment update is to understand progress in addressing community health needs cited in the 2016 CHNA report and to collect up-to-date community health perceptions.

To accomplish this work, a short online survey has been developed. Please go the following link to complete the survey...https://www.surveymonkey.com/r/CherokeeCo_IA_CHNA_2019.

If you prefer, you may also access the CHNA feedback link on the CRMC website at www.cherokeermc.org or on the CRMC Facebook page. If you are not able to access the survey electronically but would still like to participate, you may stop by the CRMC Wellness Center during regular business hours and the staff will help you gain access to the survey.

All area community residents and business leaders are encouraged **to participate in the survey by Friday, October 4th**.

Thank you in advance for your participation. “This work is key to determine the health direction for our county,” comments Gary Jordan, CEO of Cherokee Regional Medical Center, “and we hope that all community stakeholders will take advantage of this opportunity to provide input into the future of healthcare delivery in our community.”

VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential.

If you have any questions about CHNA activities, please call Julie Berglund at (712) 225-1505. Please hold **Wednesday, October 16th from 12:30 p.m. to 2:00 p.m. to attend the 2019 CHNA Community Town Hall**. More information to come soon. A light lunch will be provided starting at 12:15 p.m.

CHRONICLE TIMES

CRMC seeks input for Health Needs study

Wednesday, September 11, 2019

Cherokee Regional Medical Center is working on their 2019 Cherokee County Community Health Needs Assessment (CHNA).

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

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2016 CHNA report and to collect up-to-date community health perceptions and needs.

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VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential.

Thank you in advance for your time and support by participating in this important request. If you know anyone else who might be interested in participating, please share the above survey link or encourage them to access the Community Health Needs Assessment (CHNA) survey on the Cherokee Regional Medical Center website at www.cherokeeermc.org.

Also, please hold Wednesday, October 16th from 12:30 p.m. to 2:00 p.m. to attend the 2019 CHNA Town Hall. More information to come soon. A light lunch will be provided starting at 12:15 p.m.

Subject: Cherokee Regional Medical Center- Cherokee County CHNA Town Hall Meeting – Oct 16th

Cherokee Regional Medical Center is working to update their 2016 Cherokee County, Iowa Community Health Needs Assessment (CHNA). The goal of this assessment update is to understand progress in addressing community health needs cited in the 2016 CHNA report and to collect up-to-date community health perceptions.

To accomplish this work, a short online survey has been developed and results will be shown at an upcoming Community Town Hall meeting. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

The Cherokee County Town Hall Meeting is on Wednesday, October 16th from 12:30 p.m. to 2:00 p.m. at CRMC in the Large Conference Room (300 Sioux Valley Dr, Cherokee, IA 51012). A light lunch will be provided starting at 12:15 p.m.

Please RSVP here if you plan to

attend: https://www.surveymonkey.com/r/CherokeeIA_CHNA_RSVP_2019

If you have any questions about CHNA activities, please call Julie Berglund at (712) 225-1505.

Sincerely,

Gary W. Jordan, FACHE
Chief Executive Officer
Cherokee Regional Medical Center
712-225-1505

Cherokee Regional Medical Center
300 Sioux Valley Drive
Cherokee, Iowa 51012

PRESS RELEASE

CONTACT:

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Klundquist@cherokeermc.org

September 27, 2019- For Immediate Release!

Cherokee County Community Health Needs Assessment Town Hall Meeting Scheduled for Wednesday, October 16th

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Please RSVP no later than October 15, 2019, by accessing the link below if you plan to attend:
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“This work is key to determine the health direction for our county,” comments Gary Jordan, CEO of Cherokee Regional Medical Center, “and we hope that all community stakeholders will take advantage of this opportunity to provide input into the future of healthcare delivery in our community.”

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CHRONICLE TIMES

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Friday, October 4, 2019

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d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

CHNA 2019 Community Feedback: CRMC - Cherokee County, IA N=337

ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1179		Average	Decreasing - slipping downward	ACC	AGE		older doctors and limited choice in doctors
1128	51012	Good	Increasing - moving up	ACC	BH		We have an excellent hospital who strives to increase services for their local residents and surrounds communities. We are working on additional mental health services that will assist people in crisis while meeting them where they are instead of hospitalizations or ER visits.
1174	51035	Good	Increasing - moving up	ACC	COMM		more provider options and updates on treatments
1309	51012	Good	Increasing - moving up	ACC	COMM		Our hospital has made improvements the last few years and have more to offer the community.
1140	51012	Average	Not really changing much	ACC	DIAB		Challenging to make appointments for routine care - diabetes appointments specifically.
1075	51012	Average	Decreasing - slipping downward	ACC	EMER	NURS	It seems as though there are not enough Providers in the area to handle the needs of this population. The ER is like a clinic and also understaffed.
1150	51012	Very Good	Increasing - moving up	ACC	FAC		Improved facilities and new tests
1292	51035	Good	Increasing - moving up	ACC	FAC		More specialty doctors and high tech equipment are available.
1305	51029	Good	Increasing - moving up	ACC	FAC		New services, newer technology provided
1069	51012	Average	Not really changing much	ACC	MAN		need more doctors. more benefits for employees
1328	51012	Good	Decreasing - slipping downward	ACC	QUAL	FEM	Not enough physicians , not enough personal responsibility from staff for attention to detail, follow through, too much not my job syndrome. Staff won't put aside personal time to come to meetings, to come in for shifts, and other job duties. OB= not enough physicians to deliver babies
1057	51012	Good	Decreasing - slipping downward	ACC	QUAL		We can't see our primary doctor when we like or we have to wait a few days. Then, we usually see an ARNP and they don't make the same decisions we feel our primary would make. We don't have the greatest experiences with the ARNPs.
1238	51005	Poor	Decreasing - slipping downward	ACC	STFF	QUAL	Lack of good doctors at the medical center. We have to see nurses because of the lack of good doctors.
1240	51029	Good	Decreasing - slipping downward	ACC	STFF	QUAL	we need more doctors in town
1086		Good	Increasing - moving up	ACC	STFF	SURG	having the outside drs coming in helps so we don't have to drive. I truly enjoyed having dr menke come to cherokee to do my 2 shoulder surgeries in 2011 or so. Then in 2017, Dr peacock came here to help with my care.
1013	51014	Poor	Decreasing - slipping downward	ACC	STFF		Not enough doctors. Can rarely get in same day for things like strep or flu.
1111	51014	Average	Increasing - moving up	ACC	STFF		facilities are improving and expanding within the county, but less doctors and specialists available on regular basis
1211	51012	Average	Not really changing much	ACC	STFF		I would say the hospital expanding to try to offer more service is good, but losing our best doctor didn't help.
1237	51012	Average	Not really changing much	ACC	STFF		Need more doctors
1253	51012	Average	Decreasing - slipping downward	ACC	STFF		We lack adequate physicians and resources that can meet the needs of our community.
1276	51012	Good	Not really changing much	ACC	STFF		We need more doctors.
1205	51012	Good	Increasing - moving up	ACC	SURG		getting more specialized surgeons and surgery at CRMC
1170		Good	Increasing - moving up	ACC	VETS	BH	I feel there have been more specialty doctors coming to our area. VA is working on making access for Veterans more local. Geriatric mental health is coming to CRMC. Mental health is a huge piece of overall community health quality and I feel this is a great step in the right direction to provide increased mental health services.
1026		Good	Increasing - moving up	ACC			There seems to be an increasing amount of services brought into the community.
1060	51012	Average	Not really changing much	ACC			we cant seem to get any more doctors.
1064	51012	Average	Decreasing - slipping downward	ACC			Not at many doctors.
1089	51014	Good	Increasing - moving up	ACC			alot more specialty doctors offered
1101	51012	Good	Increasing - moving up	ACC			More specialty Doctors coming in.
1119	51012	Very Good	Increasing - moving up	ACC			New clinic, services provided regionally.
1127	51012	Good	Increasing - moving up	ACC			Hospital continues to expand and the trails committee is continuing to expand
1139	51012	Average	Not really changing much	ACC			Need to recruit new physicians
1149	51012	Average	Decreasing - slipping downward	ACC			Need of more/new doctors.
1182	51049	Very Good	Increasing - moving up	ACC			More services being added for wellness services.
1243	51035	Very Good	Increasing - moving up	ACC			The medical field is advancing and as a community we have more availability to specialized resources than ever before.

CHNA 2019 Community Feedback: CRMC - Cherokee County, IA N=337

ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1252	51025	Average	Decreasing - slipping downward	ACC			Harder to see dr and when an appointment is cancelled, the rescheduled date is a month out.
1262	51012	Good	Not really changing much	ACC			Having access to specialists is helpful, but it feels like it takes longer to see a GP now
1279		Very Good	Increasing - moving up	ACC			More specialty drs are coming to Cherokee
1287	51050	Good	Decreasing - slipping downward	ACC			In our little community we really do not have many physicians to choose from, which is very sad.
1294	51012	Very Good	Increasing - moving up	ACC			More and more specialist doctors are coming.
1331	51012	Good	Increasing - moving up	ACC			More programs to help patients succeed.
1335	51012	Very Good	Increasing - moving up	ACC			More health care providers are coming with additional services
1039	51012	Poor	Decreasing - slipping downward	AGE			Aging population
1112	51049	Very Good	Increasing - moving up	AGE			the people in Cherokee county is getting older, and we will need more health care
1017	51012	Good	Not really changing much	ALL	FAC		New Clinic - but not much change in number or type of doctors and specialty clinic topics or services
1070	51012	Good	Not really changing much	ALL			I feel there still is room for improvement in practicing "patient care" first in our community.
1264	51012	Good	Not really changing much	BH	DRUG		A lot of mental health and substance abuse issues being overlooked and stigmatized
1319	51005	Good	Not really changing much	BH			mental health continues to be a large problem without any current resolutions that seem to make a difference
1118		Average	Not really changing much	COMM	CORP		We don't seem to have many activities in the community to get people involved.
1019	51012	Good	Not really changing much	COMM			We need to be more involved with the community, schools, wellness checks.
1281	51012	Very Good	Increasing - moving up	CORP	ALL		Overall the schools, parks, and hospitals have been improving the community as a whole
1107	51012	Good	Increasing - moving up	CORP	COMM	FIT	Development of trails, youth activities and many social events that make it inviting to get out and move around!
1230	51049	Good	Not really changing much	DIAB			need more improvement in programs to assist with dealing with diseases such as diabetes
1247	51012	Very Poor	Decreasing - slipping downward	DRUG	CONF	ACC	More drugs and no medical professionals the people can trust
1234	51035	Good	Increasing - moving up	FAC	ACC		Facility is getting bigger/nicer, there are newer faces within the hospital, and I hear more and more people using the healthcare facilities.
1265	51012	Very Good	Increasing - moving up	FAC	OTHR		New technology
1227		Very Poor	Decreasing - slipping downward	FAC	QUAL		Worried too much on appearance of building and not enough on the personal quality care of each individual patient
1224	51049	Very Good	Increasing - moving up	FAC	STFF		recent improvements to CRMC with the clinic and new providers.
1161	51012	Good	Increasing - moving up	FAC			advances in medicine, treatment
1203	51061	Good	Increasing - moving up	FAC			I think there are some areas that need to improve. I feel we could get some new equipment to help with diagnostics and the hospital rooms need to be remodeled and updated.
1052	51012	Good	Decreasing - slipping downward	FEM	DIAL	ACC	Not competitive enough with surrounding hospitals on services offered. Including but not limited to: ob/gyn services, dialysis, continuity of care
1108	51012	Good	Decreasing - slipping downward	FINA	NEG	AGE	People moving in that are not able to afford health care and/or don't care to keep up with their health. And the community is aging so more health issues.
1027		Average	Decreasing - slipping downward	FINA	NEG		Not as many people can afford or just don't want to take care of themselves
1046		Very Good	Increasing - moving up	FIT	CORP		I feel more emphasis has been put on being active and I hope to see this continue (trail department, fun runs, etc.)
1133	51050	Very Good	Decreasing - slipping downward	FIT			You see so many young people wanting to sit on computers, play stations, phones, and ipads. We need to figure out a way to get the younger generation outside and being active.
1167	51012	Average	Increasing - moving up	FIT			increased walking path and activity from their efforts.
1159	51012	Good	Not really changing much	HH	PREV	CORP	Community members seem to perpetuate bad health habits to their children. I feel sad for children raised by parents who don't encourage healthy living.
1003	51005	Good	Increasing - moving up	HH			Able to keep people in homes longer with home care services.
1191	51049	Good	Not really changing much	NEG			I think there is a portion of people willing to do more for their health but there is also a portion that give no thought at all to their health.
1040	51012	Good	Not really changing much	NO			I don't see much change.
1198	51014	Good	Not really changing much	NO			Our county rankings have stayed pretty stable during the last five years.
1004	51012	Average	Decreasing - slipping downward	OBES	SMOK	DRUG	obesity, inactivity, smoking, drugs (hear about it in schools too)
1082	51014	Good	Decreasing - slipping downward	OBES			Obesity

CHNA 2019 Community Feedback: CRMC - Cherokee County, IA N=337

ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1078	51005	Good	Not really changing much	OTHR			I am newer to the community so I wasn't sure how to answer this.
1072	51049	Good	Increasing - moving up	PSY	ORTH	ACC	If the hospital is bringing in a new psychiatric clinic this will be so beneficial to our community, to that service locally. Also it is so nice to have orthopedic surgery here now. The more specialty Dr. that can come here the better for our community.
1330	51012	Good	Not really changing much	QUAL	ACC		Staying status quo. need more doctors to meet our needs
1135	51037	Average	Not really changing much	QUAL	BH		Some things are changing like having screenings for depression at physicals but your Drs still don't really understand how to treat it.
1145	51005	Very Good	Increasing - moving up	QUAL	FIT	CORP	Highly professional providers in county. Increased options for wellness activities. Communities embracing opportunities for recreation.
1229		Very Poor	Decreasing - slipping downward	QUAL	OP		More concerned eith appearance instead of eduacting staff with what is needed in medical and compassionate caring for patients. Not equipped for the medical and after surgical procedures when it comes to caring for post surgical patients.
1097	51012	Average	Not really changing much	QUAL			even with new facilities it seems like quality is not quite there yet
1117	51016	Good	Increasing - moving up	QUAL			Healthcare is always improving and updating and CRMC is keeping up with the times and doing their best to provide the best care and with convenience added
1123	51012	Good	Not really changing much	QUAL			Going through the motions
1130	51012	Average	Decreasing - slipping downward	QUAL			Just feels like Drs do not care anymore
1181	51058	Poor	Not really changing much	QUAL			Provider doesn't do much more than required.
1220	51012	Good	Not really changing much	REC	ACC		Building a trail in the flood zone, have to question that decision? All rural areas struggle getting doctors and Cherokee is no exception as getting in quickly to see dr is sometimes an issue
1322	51012	Very Good	Increasing - moving up	REC	ACC		Improvement of trail system. Having clinics in several towns in the county.
1168	51012	Average	Increasing - moving up	REC			There has been more focus on healthy initiatives.
1088	51012	Very Good	Increasing - moving up	STFF	ACC	FAC	staff, physicians, technology and continue improvement in state of the art equipment.
1041	51012	Good	Not really changing much	STFF	ACC	WAIT	We need more drs. I really dislike needing to see a dr and not being able to see my primary dr. Unless I want to wait a month or more
1212	51012	Poor	Decreasing - slipping downward	STFF	QUAL		Need better doctors
1020	51029	Good	Increasing - moving up	STFF			Hospital is adding more physicians and specialists to their staff
1173		Good	Increasing - moving up	STFF			one necessary; firing, one unfortunate retirement, one relic who should retire.
1299	51012	Good	Increasing - moving up	SURG			added total knee and total hip surgeries at CRMC this past year

CHNA 2019 Community Feedback: CRMC - Cherokee County, IA N=337

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1038	51012	Average	Not really changing much	ACC	BH	FIT	More trails systems, better access to mental health care, subsidized gym memberships, healthy foods cooking classes
1307	51012	Very Good	Increasing - moving up	ACC	CHIR		More shared services with Chiropractors
1121	51012	Average	Not really changing much	ACC	DIAL	SPEC	bring more specialty options - look at a dialysis unit or oncology unit
1039	51012	Poor	Decreasing - slipping downward	ACC	DOCS		Hire more doctors.
1240	51029	Good	Decreasing - slipping downward	ACC	FAC	AGE	Low income housing and retirement communities
1163	51035	Average	Not really changing much	ACC	FAM		Parenting resources
1272		Average	Not really changing much	ACC	FP	OBG	More family practice physicians. Specifically family practice physicians who will see obstetrics patients and deliver babies locally
1032	51012	Very Poor	Decreasing - slipping downward	ACC	FP	QUAL	More quality family physicians!
1029	51012	Good	Not really changing much	ACC	OTHR		New programs
1117	51016	Good	Increasing - moving up	ACC	PLAS	WELL	Recently Childrens was visiting to let us know they're going to have out reach clinics in Sioux City for more convenience for families which is great. Plastic surgery. Better nutrition counseling and opportunities.
1237	51012	Average	Not really changing much	ACC	WELL		I feel we are stagnant in what is offered and so limited currently; prevention programs non existent
1001	51012	Average	Increasing - moving up	ACC			more hands on e
1192	51012	Average	Increasing - moving up	ACC			I dont know Hard to find Dr that want to come to a town this size
1012	51012	Average	Increasing - moving up	AGE			elder needs
1066	51012	Good	Increasing - moving up	ALL			I'm not sure what all is missing--chemo, dialysis, radiation, etc., elderly care who want to stay in their homes but require help.
1309	51012	Good	Increasing - moving up	ALZ	AGE	NH	Alzheimer's and dementia care. There is one nursing home in Cherokee that has a unit that is specialized to take care of these individuals. At the most it can accommodate 15 people. There is more than 15 people in this community that could use Alzheimer's and dementia care.
1078	51005	Good	Not really changing much	BH	ACC	FINA	More mental health programs could be done, more financial health trainings
1333	51012	Very Good	Not really changing much	BH	ACC	KID	Improved access to mental health services. Much more needs to be done in the schools regarding childhood obesity... active kids, PE, etc.
1107	51012	Good	Increasing - moving up	BH	ACC		Mental Health services are needed .
1141	51346	Good	Not really changing much	BH	ACC		Therapy services
1160	51035	Good	Not really changing much	BH	ACC		Mental health services in MMCRU district is completely lacking. Parents have to drive for services - which is limiting to MANY - and inhibiting to a child's school day.
1174	51035	Good	Increasing - moving up	BH	ACC		mental health needs some help. We are very limited on a local basis and any referrals are at least 30-60 miles away.
1177	51012	Good	Increasing - moving up	BH	ACC		Need more mental health providers
1201	51035	Good	Not really changing much	BH	ACC		more help for those with mental health issues
1203	51061	Good	Increasing - moving up	BH	ACC		There needs to be more mental health help
1125	51012	Very Good	Increasing - moving up	BH	COMM		Broaden mental health services and awareness
1023	51012	Good	Not really changing much	BH	CORP		Mental health normalization. Churches?
1294	51012	Very Good	Increasing - moving up	BH	DRUG	FAC	We need Mental Health hospital to open up again for full time patients and drug problems!
1253	51012	Average	Decreasing - slipping downward	BH	DRUG	OBG	Free & accessible mental health counseling Free & Accessible drug rehabilitation Free & Accessible pregnancy prevention/ women's health
1211	51012	Average	Not really changing much	BH	DRUG	WELL	Mental health absolutely needs to be addressed. I believe we also need to see more drug education for our youth and community as a whole.
1292	51035	Good	Increasing - moving up	BH	DRUG		We strongly need something that can address/help those with mental illness/suicidal ideations. Also need a service that can help with the drug abuse our community seems to have.
1258	51012	Very Good	Increasing - moving up	BH	FAC		Mental Health care and more beds for mental health care.
1068	51012	Good	Increasing - moving up	BH	FINA		Suicide prevention/counseling. Make Mental Health services available for a reasonable price.
1152	51012	Very Good	Not really changing much	BH	IP	DRUG	Mental health services and inpatient substance abuse programs are a huge concern. There are never open beds for those in need
1325	51012	Good	Not really changing much	BH	KID		Mental health programs need to be expanded, child care

CHNA 2019 Community Feedback: CRMC - Cherokee County, IA N=337

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1216	51012	Poor	Not really changing much	BH	PEDS		More mental health for kids in school. Those kids are going through so much change that they could use help
1135	51037	Average	Not really changing much	BH	QUAL		Mental health is horrible in this community. Royster would be an excellent partnership as they have far more provider stability then other mental health services in town.
1165	51002	Good	Increasing - moving up	BH	QUAL		Stronger Mental Health Programs
1080	51012	Good	Increasing - moving up	BH			Mental health
1069	51012	Average	Not really changing much	CHIR	COMM		chiropractic and pt working or combining together
1230	51049	Good	Not really changing much	CHRON	WELL	ACC	disease assistance programs for working people's schedules
1075	51012	Average	Decreasing - slipping downward	CLIN	ACC	BH	I believe a Walk in clinic would be so beneficial to this community. This would allow the Dr.'s office's to handle the needs of the community in regards to preventive and maintenance care. The focus could be on wellness. We also need to work with the Mental Health Professionals to possibly open a clinic specializing in these disorders. We have a lot to do to improve.
1213	51029	Good	Not really changing much	CLIN	ACC	KID	Acute care or extended clinic hours. Child care is a big void in our community also
1041	51012	Good	Not really changing much	CLIN	ACC		Acute care clinic. A child's weekend earache shouldn't cost \$300 when all they need are antibiotics and not be in pain till Monday (if they can get an appt with the dr on Monday)
1095	51037	Good	Increasing - moving up	CLIN	EMER		Start clinic or fast track at ER with a different structure.
1289	51037	Good	Increasing - moving up	CLIN	EMER		Develop clinic apart from ER for lesser health concerns around the clock.
1186	51029	Average	Not really changing much	COMM	AGE	WELL	Community Health center like Storm Lake has, home medical supplies, oxygen, etc... Elderly community, Independent, Assisted, Nuring home, pharmacy, little main street for personal cares, haircuts, where no transportation is needed and social workers or case managers are available to help the elderly, we have a large amount of baby boomers, retiring. Partner with WIT and the University of Iowa to bring more nursing programs to NW Iowa to replace our aging working population.
1236	51012	Average	Decreasing - slipping downward	COMM	BH	DRUG	I really don't know but I think there should be some partnering with someone regarding mental health, and drug issues in this town.
1145	51005	Very Good	Increasing - moving up	COMM	BH		Focus on continued discussions to reduce the stereotyped stigma of mental health issues.
1262	51012	Good	Not really changing much	COMM	BH		Ideally, medical physicians would be in closer contact with mental health professionals to provide care for the whole person.
1297	51012	Good	Not really changing much	COMM	CORP	WELL	Our medical providers go into the schools for programs more? Community members (not just business owners) meeting with healthcare providers about concerns or ideas for improvement
1226	51012	Good	Not really changing much	COMM	OTHR		How about a town hall meeting to discuss the issues in this survey, so people can participate.
1330	51012	Good	Not really changing much	COMM	QUAL		I think we have and have had many good health programs just need to continue and be active instead of letting them slide.
1219	51005	Average	Not really changing much	COMM	WELL		Family fitness. Health and wellness program for the entire family to attend and participate.
1328	51012	Good	Decreasing - slipping downward	COMM	WELL		Expand Tobacco education to include Vaping information, and the dangers.
1082	51014	Good	Decreasing - slipping downward	COMM			I don't believe that the average resident is aware of all the current existing programs.
1164	51012	Average	Not really changing much	COMM			Publicize available services better.
1264	51012	Good	Not really changing much	COMM			Better together group where providers and specialists come together from the community
1298	51012	Good	Increasing - moving up	CORP	COMM	SNUR	just partner more with the community and do more outreach programs - use the schools more (contracted school nurse)
1010	51012	Good	Decreasing - slipping downward	CORP	GEN		I think it would be nice to partner with local business to fund free screenings for low income citizens or maybe back to school physicals/eye, hearing, dental screenings.
1181	51058	Poor	Not really changing much	CORP	WELL	AMB	Age appropriate exercise gatherings. Food/nutrition information. Understanding disease cause. Ambulance . I'm sure. I don't know how a partnership might look.
1020	51029	Good	Increasing - moving up	CORP	WELL		Programs involving families doing fun/educational/healthy activities together that aren't costly to the families that participate
1320	51005	Good	Increasing - moving up	CORP	WELL		More community activities promoting healthy lifestyles, and ones that are kid friendly or kid oriented
1327	51012	Average	Increasing - moving up	CORP	WELL		Partner with the big companies to do health screenings and presentations on different health issues.
1334	51012	Good	Increasing - moving up	CORP	WELL		corporate wellness programs for bigger business in town offering some sort of wellness center benefit

CHNA 2019 Community Feedback: CRMC - Cherokee County, IA N=337

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1004	51012	Average	Decreasing - slipping downward	CORP			Partner with city, county to make safer walking paths, sidewalks, etc. to be able to walk safely to schools, health care providers. Some sidewalks are in disrepair, or there isn't even access to a sidewalk
1131	51012	Good	Not really changing much	CORP			Not sure. Partnerships with large employers would probably be easiest.
1198	51014	Good	Not really changing much	CORP			School and/or community gardens, walking school buses, a bike rental program for the Trails, diabetes management/prevention groups, health coaches for chronic diseases, vending machine content rating (red, yellow, green item ratings), partnering with area restaurants to offer more healthy options/substitutions, walking clubs for the trails, an increase in group mental health sessions, smoking cessation groups to include vaping. Partnerships with the schools, area businesses, volunteer groups, and healthcare agencies are necessary for many of these ideas.
1018	51012	Average	Not really changing much	DIAL	ACC		Need our own dialysis unit and technician
1150	51012	Very Good	Increasing - moving up	DIAL	ACC		Kidney dialysis, so patients don't have to go out of town
1305	51029	Good	Increasing - moving up	DIAL	BH	OTHR	dialysis support groups behavioral health
1030	51012	Good	Not really changing much	DIAL	CANC	ACC	Need dialysis in Cherokee. More cancer specialists.
1016	51012	Good	Increasing - moving up	DIAL	CLIN	ACC	Dialysis unit and technicians on site. Need health center--not ER.
1171	51012	Good	Increasing - moving up	DIAL	OP	BH	Dialysis Same Day Surgery Mental Health
1064	51012	Average	Decreasing - slipping downward	DIAL	SPEC		Dialysis, independent physician clinics
1007	51012	Average	Not really changing much	DIAL			A kidney dialysis unit
1017	51012	Good	Not really changing much	DIAL			Dialysis,
1060	51012	Average	Not really changing much	DIAL			dialysis
1065	51012	Average	Not really changing much	DIAL			dialysis
1188	51014	Very Good	Not really changing much	DRUG	ACC		A place for detoxing from alcohol abuse would be great for our community. Not having to wait to get in for treatment is vital.
1224	51049	Very Good	Increasing - moving up	DRUG	EMER	ACC	Can we develop a way to get patients placed in drug rehab sooner than they are now so as to eliminate these patients staying in ER for an extended period of time.
1159	51012	Good	Not really changing much	DRUG	OBES	WELL	Tobacco use programs for children- easier to never start than to quit. Obesity awareness- nutrition and wellness programs.
1081	51012	Very Good	Increasing - moving up	DRUG			Substance abuse services
1166	51035	Very Good	Increasing - moving up	DRUG			drug abuse.
1283	51012	Good	Increasing - moving up	DRUG			Further emphasis and additional funding for opioid epidemic.
1026		Good	Increasing - moving up	EMER	CLIN	ACC	Emergent care, flexible clinic hours, figuring out how to have consistent mental health providers/BHIS type workers for families
1072	51049	Good	Increasing - moving up	FAM	WELL	COMM	Family support to encourage stronger and healthier families in all ways-spiritual,emotional, physically and financially
1310		Good	Increasing - moving up	FINA	COMM		I have a lot of patients express concern regarding the cost of healthcare. Patients end of re-admitted because they are not able to afford medications. Is there more WE can do as a community to help people afford medications/doctor's appointments. Patients also express trouble with transportation to appointments/home from hospital discharge. I have had patient's states they plan to walk home from the hospital to their home in Cleghorn along highway 3.
1033	51037	Poor	Not really changing much	FINA	REC		Less expensive wellness center.
1301	51012	Average	Not really changing much	FIT	AGE		Physical activity in all stages of life but especially the population in 50's on up.
1245	51014	Very Good	Increasing - moving up	FIT	FINA		Health and Fitness at an affordable price
1329	51012	Very Good	Increasing - moving up	FIT	KID	OP	Affordable or free exercise programs. Affordable child care. Outpatient mental health services expanded.
1204	51035	Good	Not really changing much	FIT			an exercise program for later in the day
1112	51049	Very Good	Increasing - moving up	GEN			health screening
1275	51012	Average	Decreasing - slipping downward	HRT	DIAB	WELL	Heart disease and diabetes education. Urgent care for more affordable after hours healthcare.
1322	51012	Very Good	Increasing - moving up	HSP	BH	GER	Maybe a hospice house. Child/adolescent mental health inpatient. Geriatric inpatient mental health.

CHNA 2019 Community Feedback: CRMC - Cherokee County, IA N=337

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1092	51012	Good	Not really changing much	HSP			a hospice house would be beneficial
1311	51012	Good	Increasing - moving up	IP	ACC	OTHR	transitional rehab for inpatients that do not want to go to a NH but they need intensive therapy that hospital is not able to provide. we need a "rehab " facility, not connected to the hospital or nursing homes, younger patients and those that do not want to go to the nursing home, would benefit from aggressive therapy but the hospital is not able to provide as much aggressive treatment as they need
1267	51012	Very Good	Increasing - moving up	KID	BH	WELL	Daycare/learning rich environment. Better access to mental health care services. Wellness initiative
1162	51029	Very Good	Increasing - moving up	KID			daycare and preschool
1247	51012	Very Poor	Decreasing - slipping downward	MAN	OTHR		Case managers to make sure people transition and get everything they need on discharge. Also someone that people can go to after discharge with questions.
1088	51012	Very Good	Increasing - moving up	NUTR	AGE	OBES	Nutrition for all including the elderly. I think obesity is a reason for many of individuals health problems. Elderly, especially those living alone, have awful diets.
1073	51012	Good	Increasing - moving up	OBES	FINA		a program that can help with obesity for people that have issues affording what is available
1268	51012	Good	Not really changing much	OBES	FIT	WELL	Let's work on obesity and overall fitness. Maybe a health fair? Develop a community guide to list all of the health/social services in our community and contact information for those organizations. I think a lot of people just don't know what resources are out there and who to turn to for help for specific situations. I've seen these guides in other communities.
1127	51012	Good	Increasing - moving up	OBES	PREV		Obesity prevention
1102	51012	Good	Not really changing much	OTHR	ASLV		Someone needs to develop a transition program for homeowners to go to assisted living. I talk to people all the time that are having trouble "keeping up" a house but know nothing about alternatives so simply stay stuck and unhappy.
1087	51012	Good	Increasing - moving up	OTHR	CORP		weight loss support & counseling (i.e. similar to weight watchers)
1285	51061	Good	Not really changing much	OTHR	CORP		Weight loss activities
1067	51025	Very Good	Increasing - moving up	OTHR			See previous comment on Lifeline screenings
1105	51012	Good	Increasing - moving up	OTHR			not sure at this time- love seeing the Trail Runs, etc.
1128	51012	Good	Increasing - moving up	OTHR			We welcome more involvement in the Rolling Hills Community Services Taskforces which are held the first Thursday of each month beginning at 9 and going through noon.
1182	51049	Very Good	Increasing - moving up	OTHR			Violence and gun safety in the family.
1008	51012	Average	Not really changing much	PEDS	WELL		working with kids and sex education.
1335	51012	Very Good	Increasing - moving up	PSY	WELL		Possibly a coalition of programs concentrating on psychiatric health.
1259	51012	Poor	Not really changing much	QUAL	COMM		Why don't you look at bv hospital and clinics to see how they work and how good their doctors and even staff are. I live in Cherokee and my whole family goes to storm lake for health Carr because Cherokee has crap health care.
1044	51012	Average	Not really changing much	QUAL	DOCS		Yes by getting better doctors.
1266	51012	Very Good	Decreasing - slipping downward	REC	OTHR		Public Swimming lessons should be free to all residents (children) of Cherokee. HS Seniors should take AHA CPR Training and become certified before graduation. We need to have an Open Gym at the Wellness Center for children (ages 8-12) after school during the winter months for 1.5 hours not just for people that can afford it. We need to finish funding the meals during the Summer for all School Aged children. First aid classes for all 4th graders — 5th graders —and 6th graders. Learning the Heimlich maneuver and identifying cardiac arrest. TEACH MENTAL HEALTH identification to all professionals.
1215	51012	Good	Increasing - moving up	SNUR	ACC	BH	Our schools need more school nursing care. Also, more screenings for students. Mental health for students needs to be considered as we have more depressed and anxious students.
1184	51012	Very Good	Increasing - moving up	TEL	ACC	AGE	possibly telehealth for more outreach clinics so that our older population don't have to drive so far to see specialist but realize some of that is necessary. Maybe some support groups for caregivers, alzheimers, parkinsons, taking care of self, etc.
1043	51012	Average	Increasing - moving up	TRAN			Transportation for many is difficult or too expensive to go to appointments
1180	51012	Very Good	Not really changing much	URG	ACC	BH	need urgent care services and quicker availability of mental health services

CHNA 2019 Community Feedback: CRMC - Cherokee County, IA N=337

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1113	51012	Average	Not really changing much	URG			Urgent Care facility
1119	51012	Very Good	Increasing - moving up	URG			Urgent Care clinic for after hours.
1168	51012	Average	Increasing - moving up	URG			Urgent Care Option
1189	51012	Average	Not really changing much	URG			Urgent care is needed
1281	51012	Very Good	Increasing - moving up	URG			Urgent Care
1299	51012	Good	Increasing - moving up	WELL	ACC	FIT	more health and wellness, more access to a variety of physical activity; physical activity education, nutrition education - good health starts with an active lifestyle and an appropriate diet
1191	51049	Good	Not really changing much	WELL	ACC		I would love to see a relatively intense program on nutrition and wellness that would be covered by insurance or very low cost. Cost of education in this area reduces the chances of health improvements and increases risks.
1137	51035	Good	Decreasing - slipping downward	WELL	BH	COMM	Nutrition and healthy lifestyle classes. Wellness programs that are affordable. Suicide prevention and awareness.
1116	51012	Good	Not really changing much	WELL	COMM		Educational information at the school level - build a relationship with the children.
1028	51035	Average	Not really changing much	WELL	FIT		Offer wellness classes in small rural towns. Exercise classes, yoga instructors
1057	51012	Good	Decreasing - slipping downward	WELL	KID		If there was a foundation to help make the Wellness center free to kids, I believe that would help keep kids busy in areas that are meant to improve their well being. Updating playgrounds around town.
1331	51012	Good	Increasing - moving up	WELL	KID		It would be nice to see the hospital go into the schools kind of like how the police used to do D.A.R.E. Give kids the facts about drugs/smoking/vaping/alcohol and the side affects of these.
1005	51012	Average	Not really changing much	WELL	PREV		More health programs, prevention and education on diseases and illness.
1104	51012	Average	Decreasing - slipping downward	WELL			Movement education
1154	51012	Good	Decreasing - slipping downward	WELL			community ed classes would be a start
1194	51012	Very Good	Increasing - moving up	WELL			Several years ago there was a "class" that was open to the public that cost approx 20.00. The class was lead by the Nutritionist and we met every Monday evening for 2 or so months and learned about all aspects of nutrition, spiritual health, losing weight, etc. We did activities, games, discussions, etc. and it was very helpful. Would like to see something like that again.
1286	51012	Good	Not really changing much	WELL			Dangers of vaping

Let Your Voice Be Heard!

Cherokee Regional Medical Center is partnering with area providers to update the 2016 Cherokee County, IA Community Health Needs Assessment (CHNA). To collect current community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is October 4th, 2019.

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

- Very Poor Poor Average Good Very Good

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

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

Why? (please specify)

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Access to Acute Mental Health Services | <input type="checkbox"/> Obesity Prevention |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Parenting Skills |
| <input type="checkbox"/> Drugs / Opioids / Medication Management | <input type="checkbox"/> Transition of Care |

6. Which past health assessment of our community need is NOW the "most pressing" for improvement? Please select top THREE.

- | | |
|--|---|
| <input type="checkbox"/> Access to Acute Mental Health Services | <input type="checkbox"/> Obesity Prevention |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Parenting Skills |
| <input type="checkbox"/> Drugs / Opioids / Medication Management | <input type="checkbox"/> Transition of Care |

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

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

Other (please specify)

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

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

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialists/Medical Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Early Childhood Development Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty/Financial Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, wellness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

- Yes
- I don't know
- No

If YES, please specify the healthcare services received.



13. Are our healthcare organizations, providers and community members actively working together to address/improve health in our community?

- Yes
- I don't know
- No

Please explain



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



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

- | | | |
|--|---|--|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Smoke-Free Workplace |
| <input type="checkbox"/> Breast Feeding Friendly Workplace | <input type="checkbox"/> Nutrition/Access to Food | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Environmental health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Drugs/Substance Abuse | <input type="checkbox"/> Physical Exercise | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Poverty | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Wellness Education |

Other (please specify)

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

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

Other (please specify)

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



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