



**One St. Joseph's Drive
Centerville, IA 52544
Mercyone.org**

Appanoose County Iowa
Community Health Needs Assessment Wave #3

MercyOne Centerville Medical Center Primary Service Area

May 2019

Produced by
VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

Table of Contents

I. Executive Summary

- a) County Health Area of Future Focus (A prioritized description of future community needs identified by community discussion)
- b) Town Hall CHNA Findings: Areas of Strengths and Areas to Change and/or Improve.

II. Methodology

- a) CHNA Scope and Purpose
- b) Local Collaborating CHNA parties (The identity of any and all organizations with which the organization collaborated and third parties that engaged to assist with the CHNA)
- c) CHNA & Town Hall Research Process (A description of the process & methods used to conduct the CHNA, a description of how the organization considered the input of persons representing the community, and an explanation of the process/ criteria used in prioritizing)
- d) Community Profile (A description of the community served by the facility and how the community was determined)

III. Community Health Status

- a) Historical Community Health Statistics- Secondary Data
- b) Online Research- Health Status

IV. Inventory of Existing County Health Resources

- a) A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

V. Detail Exhibits

- a) Patient Origin & Access to Care
- b) Town Hall Attendees, Notes, & Feedback (Who attended with qualifications)
- c) Public CHNA Notice / News
- d) Primary Research Detail

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

MercyOne Centerville Medical Center – Appanoose County, IA - 2019 Community Health Needs Assessment (CHNA) Wave #3

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

Appanoose Co, IA previous CHNA was completed in 2016. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #3 Appanoose County CHNA assessment began January 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

Appanoose County CHNA Town Hall - “Community Health Improvements Needs”

2019 CHNA Health Priorities - Appanoose County (IA)				
CHNA Wave #3 Town Hall (46 Attendees, 164 Votes)				
MercyOne Centerville Medical Center PSA				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Treatment, Aftercare)	28	17.1%	17.1%
2	Poverty (Employment Readiness)	21	12.8%	29.9%
3	Obesity (Nutrition / Exercise)	19	11.6%	41.5%
4	Community Knowledge of Healthcare Services	15	9.1%	50.6%
5	Parenting Education	14	8.5%	59.1%
6	Drugs (Opioids, Meth, Marijuana)	14	8.5%	67.7%
7	School Programming	12	7.3%	75.0%
8	Poor Community Perception / Health Apathy	10	6.1%	81.1%
Total Votes:		164	100.0%	
Other Items receiving votes: Chronic Diseases (Heart), School Nurses, Smoking, Sex Education / Family Planning, Doctors (Peds, Ortho, Obgyn), Water Quality, Vaccine Rates, Suicides, Transportation.				

b) Town Hall CHNA Findings: Areas of Strengths

Appanoose County CHNA Town Hall - "Community Health Areas of Strengths"

Appanoose County IA "Community Health Strengths"			
#	Topic	#	Topic
1	College Nursing Program	8	Local Newspaper
2	Community Collaboration	9	Mental Health Coalition
3	Diabetes Prevention Program	10	New Walk-In Clinic
4	Disabled Care (TenCom, Optima)	11	New Weight loss Clinic
5	EMT and Ambulance	12	Park Systems - Walking Trails
6	Every Step Hospice	13	Recreational Areas (YMCA)
7	National Alliance for Mental Illness	14	Senior Life Solutions
		15	Young Professionals

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

IOWA HEALTH RANKINGS: According to the 2019 Robert Wood Johnson County Health Rankings, Appanoose County IA was ranked 99th in Health Outcomes, 96th in Health Factors, and 55th in Physical Environmental Quality out of the 99 Counties.

TAB 1. Appanoose County's population is 12,352 (based on 2017), with a population per square mile (based on 2010) of 25.9 persons. Six percent (5.8%) of the population is under the age of 5 and 22.5% is over 65 years old. Hispanic or Latinos make up 1.9% of the population and there are 2.5% of Appanoose County citizens that speak a language other than English at home. In Appanoose County, children in single parent households make up 26%. There are 937 Veterans living in Appanoose County.

TAB 2. The per capita income in Appanoose County is \$25,543, and 16.9% of the population is in poverty. There is a severe housing problem of 12%. There is an unemployment rate of 34.8%. Food insecurity is higher at 13%, and limited access to a store (healthy foods) at 5%. Twenty-one percent of individuals have a long commute to work.

TAB 3. Children eligible for a free or reduced-price lunch is at 47% and 89.6% of students graduate high school while 18.2% of students get their bachelor's degree or higher in Appanoose County.

TAB 4. The percent of births where prenatal care started in the first trimester is 76.6%. Thirty-nine percent (39.1%) of births in Appanoose County occur to unmarried women. Births where mothers have smoked during the pregnancy is at high at 24.4% and the percent of babies up to 2 years old that receive vaccines is 62%. 73.2% of babies were ever breastfed over time and 6.4% of births occur to teen moms.

TAB 5. There is one primary care physician per 1,570 people in Appanoose County. Patients who gave their hospital a rating of 9 or 10 out of 10 are 69% and there are 68% of patients who reported Yes, They Would Definitely Recommend the Hospital.

TAB 6. Medicare population getting treated for depression in Appanoose County is 16.7%. There are 3.4 days out of the year that are poor mental health days.

TAB 7. Thirty-six percent of adults in Appanoose County are obese (based on 2014), with 34% of the population physically inactive. 18% of adults drink excessively and 16% smoke. Hypertension risk (55.3%), Hyperlipidemia (40%), Heart Failure (15.9%), Chronic Kidney Disease (17.2%), COPD (14.1%) and Asthma (7.4%) are all higher than the comparative norm.

TAB 8. The adult uninsured rate for Appanoose County is 7%.

TAB 9. The life expectancy rate in Appanoose County is 75.6 for Males and 81.2 for Females. Heart Disease Mortality rate (per 100K) is high at 226.5 and alcohol-impaired driving deaths are high (50%).

TAB 10. 67% of Appanoose County has access to exercise opportunities and as high as 84% monitor diabetes. 55% of women in Appanoose County get annual mammography screenings (based on 2014).

Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=224) provided the following community insights via an online perception survey:

- Using a Likert scale, 51.3% of Appanoose County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Appanoose County stakeholders are satisfied with the following services: Chiropractors and Pharmacy.
- When considering past CHNA needs: Mental Health Services, Substance Abuse, Obesity, Family Planning, PCPs, and Economic Development came up.

CHNA Wave #3		Appanoose Co N=224			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Mental Health Services	124	75.15%	Red	1
2	Substance Abuse	94	56.97%	Red	2
3	Obesity	80	48.48%	Red	6
4	Family Planning	66	40.00%	Yellow	4
5	Transportation	64	38.79%	Yellow	7
6	Primary Care Physicians	60	36.36%	Yellow	3
7	Uninsured	58	35.15%	Yellow	8
8	Personal Health / Wellness Education	55	33.33%	Yellow	10
9	Economic Development	47	28.48%	Yellow	5
10	Emergency Facilities	44	26.67%	Yellow	9
11	Eye Doctors	40	24.24%	White	13
12	Veteran Care	38	23.03%	White	11
13	Urgent Care / After-hours Care	31	18.79%	White	12
14	YMCA Funding	30	18.18%	White	14
15	Walk-in Clinics	24	14.55%	White	15
16	Community Healthcare Directory	17	10.30%	White	16
17	FTE Nurses	11	6.67%	White	17

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

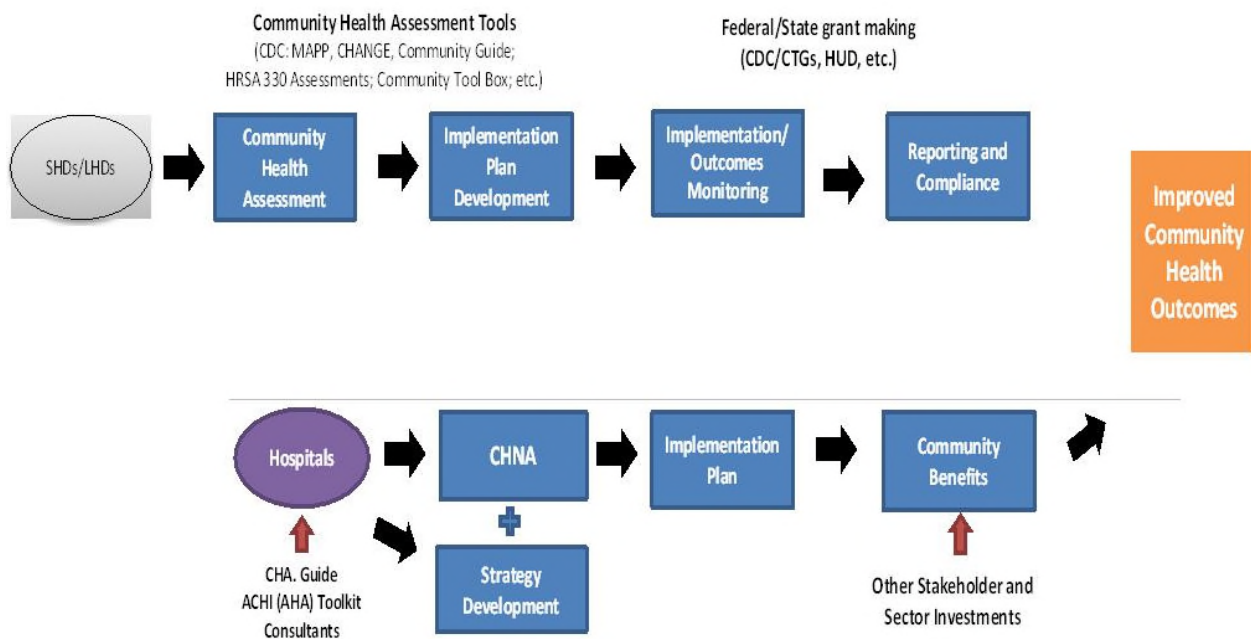
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

ACCOUNTING TODAY 1/2/15

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

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

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements.

“Charitable hospitals represent more than half of the nation’s hospitals and play a key role in improving the health of the communities they serve,” wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a blog post Monday explaining the requirements. “But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals.”

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

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

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

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

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

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

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

RICH DALY, HFMA SENIOR WRITER/EDITOR

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

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

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

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

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

Reasons for Revocation

Hospital 501(r) requirements include:

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

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

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

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

Widespread Vulnerability

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

II. Methodology

b) Collaborating CHNA Parties

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

MercyOne Centerville Medical Center

**One St. Joseph's Dr
Centerville, Iowa 52544
(641) 437-4111
Interim CEO: Ann Young**

About Us: MercyOne Centerville Medical Center has served Centerville and Appanoose County for over 100 years. The hospital, community, and healthcare have all changed radically since 1910 when the Sisters of Mercy began their ministry here. The hospital has changed physical locations twice.

Our current technologies such as surgical lasers, color flow Doppler ultrasound, C.T., MRI, laparoscopic surgery, P.E.T. scans and telemedicine existed only in the minds of science fiction writers of the day.

But with regard to healthcare in our area, there are things that haven't changed. The vision of Catherine McAuley and her Sisters of Mercy has not wavered in Centerville. Although the faces have changed and the numbers have increased, the compassion, excellence, and dedication of the doctors and hospital employees has been as constant as the daily rising of the sun.

All of us at MercyOne Centerville Medical Center - Centerville are privileged to be in the position of serving in a ministry of healing. The author Julianna Casey noted that healthcare is about people who are vulnerable and anxious interacting with people who seek to alleviate suffering, to heal, and to accompany others in their struggles. In all of MercyOne Centerville Medical Center's endeavors beginning with wellness/health promotion and ending with faith based hospice services, it is our Mission to promote the well-being of people in the communities we serve by living the values that define and guide all of our actions.

We know you will find our web site information interesting. In our hospital we foster a commitment to continuous quality improvement. Please help us in that endeavor by using the e-mail connection located in the site to contact us with comments, questions, and suggestions.

Thank you for allowing us to serve you.

Our Vision: MercyOne will set the standard for a personalized and radically convenient system of health services.

Our Mission: MercyOne serves with fidelity to the Gospel as a compassionate, healing ministry of Jesus Christ to transform the health of our communities.

Our Cultural Beliefs:

- Be ONE: I benefit from and strengthen Mercy Health Network.
- Personalize Care: Your experience. My responsibility.
- Own It! I own my actions to deliver our key results.
- Improve Daily: I make improvements every day for those we serve including each other.
- Innovate: I imagine and embrace bold new ideas to revolutionize health.

MercyOne Centerville Medical Center offers the following services:

- Anesthesia
- Cancer Care
- Clinic
- Diabetes Education
- Emergency Room
- Gift Shop
- Health Coach Service
- Laboratory
- Long Term Care
- Medical/Surgical Unit
- Nutrition Services
- Outpatient Infusion
- Radiology (Imaging)
- Rehabilitation Services
- Respiratory Therapy
- Senior Life Solutions
- SHIP
- Sleep Studies
- Special Care Unit
- Specialist Clinic
- Surgery

Appanoose County Public Health

209 E Jackson St

Centerville, Iowa 52544

(641) 437-4332

Administrator: Kristopher Laurson

Office Hours: Monday- Friday 8:00 a.m. to 4:00 p.m.

Our Mission: As public health professionals, we strive to promote physical and mental health and prevent disease, injury, and disability.

We protect and improve the health of individuals, families, and our community.

Our Services:

- IDSS-Iowa Disease Surveillance System
- VFC Program-Vaccines for Children
- School/Licensed Day Care Immunization Audit Screenings
- Flu Clinics
- Health Education/Promotion
- Adult Immunizations
- Blood Pressure Screening Clinics
- Child Health Screening Services
- Maternal Health Screening
- I-Smile
- Iowa Care for Yourself
- Sliding Scale Nursing Visits
- Transitional Care Visits
- Care for Yourself Program

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

Associate Consultant

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in January 2019 for Appanoose County, Iowa to meet IRS CHNA requirements.

In January a meeting was called by Appanoose Co IA to review possible CHNA collaborative options, partnering with Appanoose 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 lead to MercyOne Centerville Medical Center requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Hospital : Mercy Medical Centerville -Define PSA					Yr 2016-18		
#	ZIP	City	ST	County	Tot I/O/E	%	Accum
		Grand Total			85,382	100%	100%
1	52544	Centerville	IA	APPANOOSE	49,356	57.8%	57.8%
2	52571	Moravia	IA	APPANOOSE	5,115	6.0%	63.8%
3	52572	Moulton	IA	APPANOOSE	5,027	5.9%	69.7%
4	52574	Mystic	IA	APPANOOSE	3,902	4.6%	74.3%
5	52549	Cincinnati	IA	APPANOOSE	3,264	3.8%	78.1%
6	52555	Exline	IA	APPANOOSE	1,614	1.9%	80.0%
7	52581	Plano	IA	APPANOOSE	1,008	1.2%	81.1%
8	52594	Unionville, IA	IA	APPANOOSE	809	0.9%	82.1%
9	52593	Udell	IA	APPANOOSE	567	0.7%	82.8%
10	63565	Unionville, MO	MO	PUTNAM	3,848	4.5%	87.3%

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

MercyOne Centerville Medical Center - CHNA Work Plan

Wave #3 Project Timeline & Roles 2019

Step	Date	Lead	Task
1	Dec, 2018	VVV	Presented CHNA Wave #3 options to Central IA Mercy
2	12/5/2018	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	12/5/2018	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	12/5/2018	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	1/7/2019	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	1/7/2019	VVV	Request hospital client to send IHA Patient Origin reports for hospital to document service area for FFY 16, 17, 18.
7	1/7/2019	VVV	Prepare CHNA stakeholder feedback online link. Send test link for hospital client to review. Prepare / release PR #1 and e-mail #1 drafts.
8	1/25/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	1/18/2019	VVV	Launch online survey to stakeholders - Due Friday 2/22/19 . Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
10	Jan-Feb 2019	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
11	on or before 2/25/2019	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	3/1/2019	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	3/22/2019	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow.
14	Thursday, March 28, 2019	VVV	Conduct CHNA Town Hall lunch session 11:30-1:00 pm at Manhattan Restaurant on Hwy 5 South Centerville. Review & discuss basic health data, online feedback and rank health needs.
15	Before 5/30/2019	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	By 6/14/2019	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	TBD	TBD	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days before fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

Phase III—Quantify Community Need:

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

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

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

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

Phase I: Discovery.....	Jan 2019
Phase II: Secondary / Primary Research.....	Jan – Feb 2019
Phase III: Town Hall Meeting.....	Mar 28, 2019
Phase IV: Prepare / Release CHNA report.....	Apr – May 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.

Appanoose County, Iowa (MercyOne Centerville Medical Center and Appanoose County Public Health) town hall meeting was held on Thursday, March 28th, 2019 from 11:30 a.m. to 1:00 p.m. at Manhattan Restaurant (Hwy 5 South Centerville). Vince Vandehaar facilitated this 1 ½ hour session with forty-six (46) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

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



**Community Health Needs Assessment
Town Hall Meeting – Appanoose County, IA
on behalf of Mercy Medical Center- Centerville**

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

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

1

**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 Vandehaar, MBA
VVV Consultants LLC - Principal Consultant
Olathe, KS 913 302-7264

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

Adjunct Full Professor - Marketing & MHA 31+ years


- Avila University
- Webster University
- Rockhurst University

Tessa Taylor, BBA BA - Associate Consultant

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

3

**Core Consulting Focus
Direction / Homework / Deployment**



<p>Strategy Strategic Plan Marketing Plan</p> <p>Research Market Demand Assessment News Review: ACO Hospitals / Payers, etc.</p>	<p>Community Health Needs Assessment Physician Manpower Assessment Patient / Provider Focus Groups Competition Research Marketing Performance Audit New Product Development Customer Satisfaction Research Market Brand Tracking</p>	<p>Development More Marketing Support Scorecard Development Website Deployment Referral Tracking Relational Marketing HCAHPS Quality Coaching MACRA / MIPS</p>
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VVV Consultants LLC – Olathe KS
913 302-7264

4

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

5

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

6

II. Review CHNA Definition

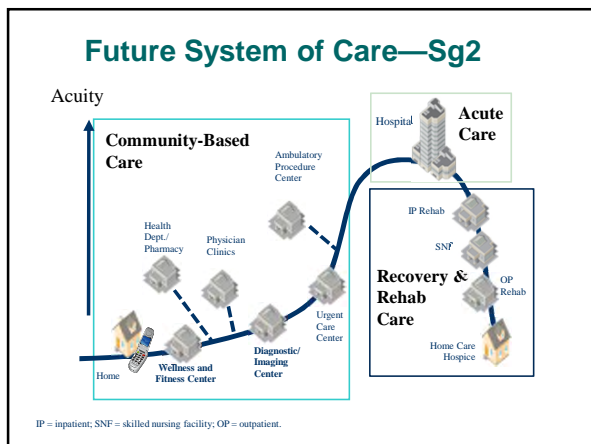
- A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. *(NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected 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.

7

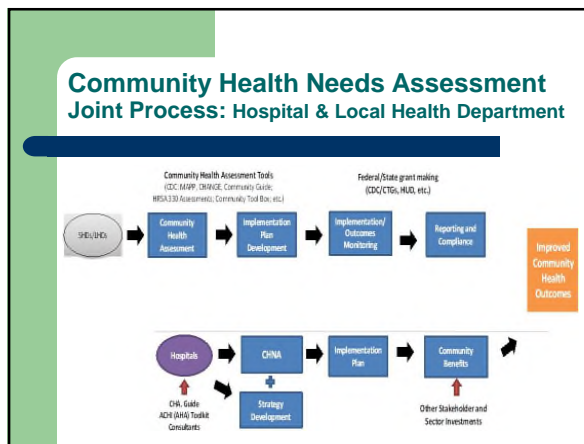
Purpose—Why Conduct a CHNA?

- 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)

8



9



10

II. IRS Hospital CHNA Written Report Documentation

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

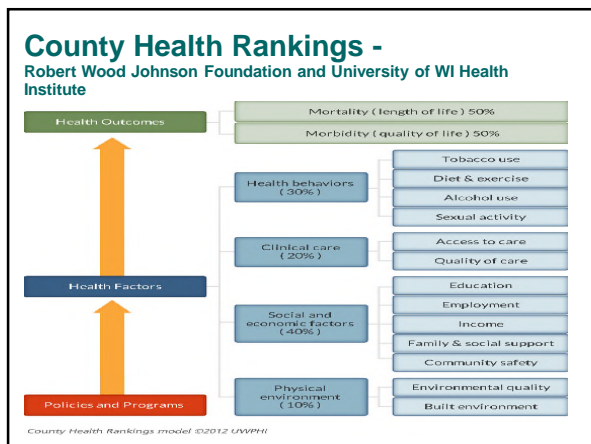
11

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

12



13

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?"

14

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
q. Exercise	u. School Health
h. Family Planning	v. Social Services
i. Food Safety	w. Specialty Medical Care Clinics
j. Health Care Coverage	x. Substance Abuse
k. Health Education	y. Transportation
l. Home Health	z. Other _____

15

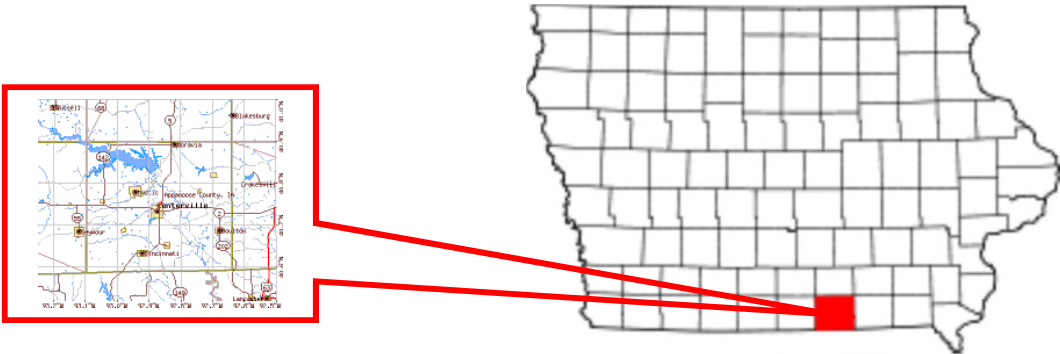
Community Health Needs Assessment Questions; Next Steps?

VVV Consultants LLC
VVV@VandehaarMarketing.com
(913) 302-7264

16

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

Appanoose County (IA) Community Profile



The population of Appanoose County was estimated to be 12,509 citizens in 2018 and a population density of 25 persons per square mile. The major cities in Appanoose County are Centerville, Cincinnati, Exline, Moravia, Moulton, Mystic, Numa, Plano, Rathbun, Udell and Unionville.

Appanoose County Pubic Airports¹

Name	USGS Topo Map
Centerville Municipal Airport	Centerville West

¹ <https://iowa.hometownlocator.com/features/cultural,class,airport,scfips,19007.cfm>

Schools in Appanoose County: Public Schools²

School	Address	Phone	Levels
Centerville Community Preschool	838 S 18th St Centerville, IA 52544	641-856-0628	PK-K
Centerville High	600 Chs Drive Centerville, IA 52544	641-856-0813	9-12
Central Ward Elementary	320 Drake Ave Centerville, IA 52544	641-856-0709	K-2
Garfield Elementary	505 E Walsh St Centerville, IA 52544	641-856-0759	K-2
Howar Junior High	850 S Park St Centerville, IA 52544	641-856-0760	7-8
Lakeview Elementary	1800 S 11st St Centerville, IA 52544	641-856-0637	3-6
Lincoln Elementary	603 N 10th St Centerville, IA 52544	641-856-0749	K-2
Moravia Elementary	507 N Trussell Ave Moravia, IA 54571	641-724-3311	PK-6
Moravia High	505 N Trussell St Moravia, IA 52571	641-724-3241	7-12
Moulton Elementary	305 E 8th Moulton, IA 52572	641-642-3665	PK-6
Moulton-Udell High	305 E 8th Moulton, IA 52572	641-642-8131	7-12

² <https://iowa.hometownlocator.com/schools/sorted-by-county,n,appanoose.cfm>

Demographics - Appanoose Co (IA)

Demographics - Appanoose Co (IA)											
Zip	Name	ST	County	Population			Households			Per Capita	
				YR 2018	YR 2023	Chg.	YR 2018	YR 2023	Size	Inc 18	
52544	Centerville	IA	APPANOOSE	7665	7482	-2.4%	3397	3322	2	\$25,577	
52549	Cincinnati	IA	APPANOOSE	687	666	-3.1%	269	261	3	\$22,763	
52555	Exline	IA	APPANOOSE	320	313	-2.2%	140	137	2	\$25,917	
52571	Moravia	IA	APPANOOSE	1353	1323	-2.2%	595	583	2	\$27,375	
52572	Moulton	IA	APPANOOSE	1157	1133	-2.1%	487	476	2	\$22,746	
52574	Mystic	IA	APPANOOSE	779	767	-1.5%	332	329	2	\$19,939	
52581	Plano	IA	APPANOOSE	346	346	0.0%	160	161	2	\$29,076	
52593	Udell	IA	APPANOOSE	137	136	-0.7%	55	55	2	\$35,187	
52594	Unionville	IA	APPANOOSE	392	395	0.8%	174	176	2	\$33,975	
Totals				12,836	12,166	-5.2%	5,609	5,500	2	\$26,951	
Zip	Name	ST	County	Pop18 65+	Pop18 <=18	Females	White	Black	Amer. Ind.	Hisp.	
52544	Centerville	IA	APPANOOSE	1738	1740	3971	7315	78	31	163	
52549	Cincinnati	IA	APPANOOSE	154	165	331	667	0	4	6	
52555	Exline	IA	APPANOOSE	72	74	155	301	0	2	4	
52571	Moravia	IA	APPANOOSE	330	303	687	1323	4	1	22	
52572	Moulton	IA	APPANOOSE	274	294	584	1123	0	3	12	
52574	Mystic	IA	APPANOOSE	178	154	385	758	7	0	14	
52581	Plano	IA	APPANOOSE	93	67	169	339	1	0	5	
52593	Udell	IA	APPANOOSE	30	32	67	136	0	0	1	
52594	Unionville	IA	APPANOOSE	80	104	190	386	0	0	4	
Totals				2,949	2,933	6,539	12,348	90	41	231	
Percentages				23.0%	22.8%	50.9%	96.2%	0.7%	0.3%	1.8%	

III. Community Health Status

[VVV Consultants LLC]

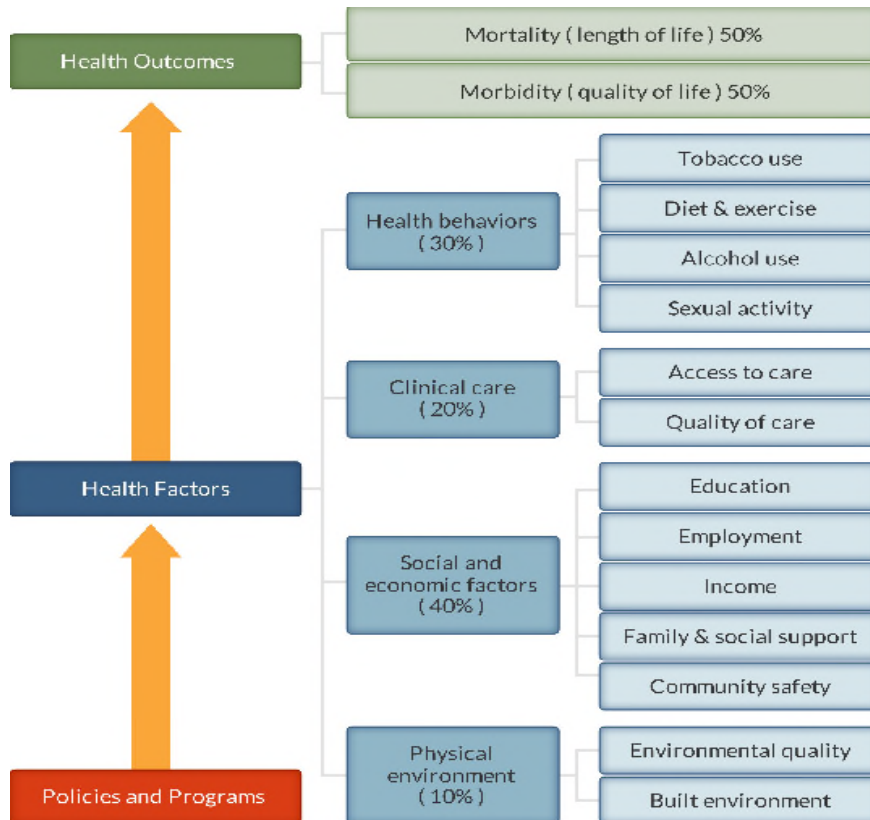
III. Community Health Status

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	Appanoose Co IA	TREND	Rural SC IA Norm N=12
1	Health Outcomes		99		67
	Mortality	Length of Life	96		64
	Morbidity	Quality of Life	98		68
2	Health Factors		96		64
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	94		60
	Clinical Care	Access to care / Quality of Care	90		58
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	94		67
3	Physical Environment	Environmental quality	55		43
Rural SC IA Norm (N=12) includes the following counties: Appanoose, Marion, Decatur, 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	Appanoose Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
1a	a Population estimates, July 1, 2017, (V2017)	12,352		3,145,711	16,267	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-4.2%		3.2%	-1.5%	People Quick Facts
	c Population per square mile, 2010	25.9		54.5	29.6	People Quick Facts
	d Persons under 5 years, percent, July 1, 2017, (V2017)	5.8%		6.3%	6.3%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2017, (V2017)	22.5%		16.7%	19.9%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	50.6%		50.3%	50.1%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	96.8%		91.1%	96.1%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017, (V2017)	0.8%		3.8%	1.1%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	1.9%		6.0%	5.0%	People Quick Facts
	j Foreign born persons, percent, 2013-2017	0.9%		5.0%	3.0%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	2.5%		7.6%	7.5%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	88.1%		84.7%	86.2%	People Quick Facts
	m Children in single-parent households, percent, 2012-2016	26.0%		29.0%	27.1%	County Health Rankings
	n Total Veterans, 2013-2017	937		193,451	1,084	People Quick Facts

Tab 2 Economic Profile

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

Tab	Health Indicator	Appanoose Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
2	a Per capita income in past 12 months (in 2016 dollars), 2013-2017	\$25,543		\$30,063	\$25,903	People Quick Facts
	b Persons in poverty, percent, 2015	16.9%		12.1%	12.8%	Iowa Health Fact Book
	c Total Housing units, July 1, 2017, (V2017)	6,647		1,398,016	7,399	People Quick Facts
	d Total Persons per household, 2013-2017	2.3		2.4	2.4	People Quick Facts
	e Severe housing problems, percent, 2010-2014	12.0%		12.0%	12.3%	County Health Rankings
	f Total of All firms, 2012	1,388		259,121	1,393	People Quick Facts
	g Unemployment, percent, 2016	4.8%		3.7%	3.9%	County Health Rankings
	h Food insecurity, percent, 2015	13.0%		12.0%	12.1%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	5.0%		6.0%	5.8%	County Health Rankings
	j Long commute - driving alone, percent, 2012-2016	21.0%		20.0%	25.8%	County Health Rankings

Tab 3 Schools Health Delivery Profile

Tab	Health Indicator	Appanoose Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
3	a Children eligible for free or reduced price lunch, percent, 2015-2016	47.0%		41.0%	46.8%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2013-2017	89.6%		91.8%	90.0%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	18.2%		27.7%	19.0%	People Quick Facts

The following School Screening data was collected:

#	Appanoose Co IA - 2019 School Indicators	Central	Lakeview	Howar	CHS	Moulton	Moriavia
1	Total Public School Nurses	1.5 FTE (- 1 FT (40 hrs) and 1 PT (20 hrs)				.3 FTE (12 hrs)	NA
2	School Nurse is part of the IEP Team	Yes	Yes	Yes	Yes	Yes	NA
3	Active School Wellness Plan	Yes	Yes	Yes	Yes	No	NA
4	VISION: # Screened / Referred to Prof / Seen by Professional	107 / Unk / Unk	89 / Unk / Unk	0	0	Unknown	NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	107 / +6 / unknown	89 / +3 / unknown	0	0	173 / unk / unk	NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	107 / +17 / unknown	408 / +29 / unknown	73 / +6 / unknown	0	54 / unk / unk	NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	Not Recom	Not Recom	Not Recom	Not Recom	Not Recom	NA
8	Students Served with No Identified Chronic Health Concerns	222	379	275	396	172	NA
9	School has a Suicide Prevention Program	No	No	No	No	No	NA
10	Compliance on Required Vaccinations	100%	100%	100%	100%	99%	NA
	Total Students Enrolled	228	408	283	410	187	NA

Tab 4 Maternal and Infant Health Profile

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

#	Criteria - Vital Statistics	Appanoose Co IA	Trend	State of IA	Rural SC IA 12 Norm
a	Total Live Births, 2013	140		39,013	197
b	Total Live Births, 2014	136		39,685	201
c	Total Live Births, 2015	157		39,467	191
d	Total Live Births, 2016	155		39,223	208
e	Total Live Births, 2017	123		38,408	189
f	Change 2013 to 2017	-17		-605	-8
http://www.healthdata.org/us-county-profiles					

Tab 4 Maternal and Infant Health Profile (Continued)

Tab	Health Indicator	Appanoose Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
4 a	Percent of Births Where Prenatal Care began in First Trimester, 2015-2016	76.6%		78.6%	74.4%	Iowa Health Fact Book
b	Percent Premature Births by County, 2017	8.0%		7.4%	7.9%	idph.iowa.gov
c	2 Year-Old Coverage of Individual Vaccines, 2015	62.0%		67.0%	68.3%	idph.iowa.gov
d	Percent of Births with Low Birth Weight, 2015-2016	7.1%		6.8%	6.9%	Iowa Health Fact Book
e	Percent Ever Breastfed Over Time, 2017	73.2%		81.5%	80.4%	idph.iowa.gov
f	Percent of all Births Occurring to Teens (15-19), 2015-2016	6.4%		4.4%	5.2%	Iowa Health Fact Book
g	Percent of Births Occurring to Unmarried Women, 2015-2016	39.1%		35.1%	32.0%	Iowa Health Fact Book
h	Percent of births Where Mother Smoked During Pregnancy, 2015-2016	24.4%		18.0%	21.3%	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	Appanoose Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
5 a	PCP (MDs / DOs only) (Pop Coverage per) , 2015	1,570 / 1		1360 / 1	1779 / 1	County Health Rankings
b	Preventable hospital stays, 2015 (lower the better)	59		49	49	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	69.0%		78.0%	76.6%	CMS Hospital Compare, 10/1/2015-9/30/2016
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	68.0%		76.0%	71.7%	CMS Hospital Compare, 10/1/2015-9/30/2016
e	Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	NA		42	47	CMS Hospital Compare, 10/1/2015-9/30/2016

Tab 5 Hospitalization/Provider Profile (Continued)

	Inpatient			Outpatient		
	YR16	YR17	YR18 3Q	YR16	YR17	YR18 3Q
IHA Inpatient Utilization						
Total - Appanoose Co IA	1,810	1,703	1,183	9,629	9,477	7,278
Pediatric Age 0-17	226	190	143	1,477	1,442	994
Adult Medical/Surgical Age 18-44	336	306	206	2,682	2,513	1,893
Adult Medical/Surgical Age 45-64	442	395	277	2,813	2,696	2,012
Adult Medical/Surgical Age 65-74	347	364	231	1,354	1,306	1,077
Adult Medical/Surgical Age 75+	459	448	326	1,493	1,621	1,302
IHA Inpatient Utilization	YR16	YR17	YR18 3Q	YR16	YR17	YR18 3Q
Mercy Medical Centerville (only)	617	434	283	6,828	6,495	4,942
% Centerville	34%	25%	24%	71%	69%	68%
Pediatric Age 0-17	76	33	7	1,108	1,031	715
Adult Medical/Surgical Age 18-44	93	33	7	1,925	1,716	1,305
Adult Medical/Surgical Age 45-64	116	67	39	1,749	1,676	1,268
Adult Medical/Surgical Age 65-74	117	96	60	896	866	701
Adult Medical/Surgical Age 75+	215	205	170	1,150	1,206	953

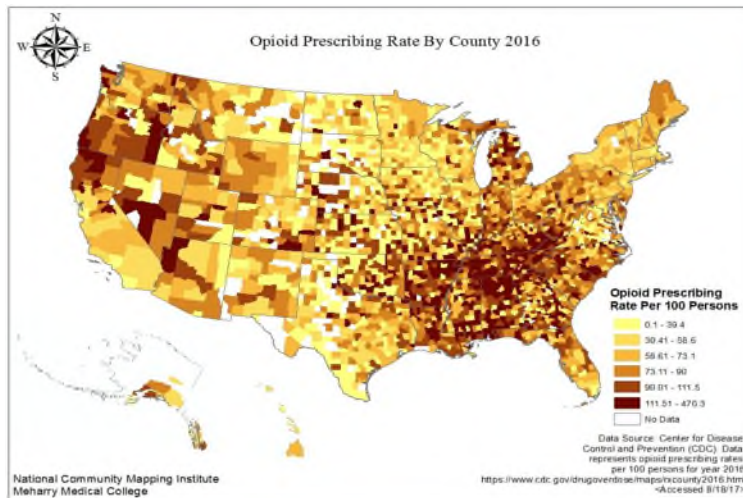
Tab 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Appanoose Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
6	a Depression: Medicare Population, percent, 2015	16.7%		16.7%	15.6%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2012-2016 (lower is better)	13.6		13.3	16.0	Iowa Health Fact Book
	c Poor mental health days, 2016	3.4		3.3	3.4	County Health Rankings

Tab 6 Social & Rehab Services Profile (Continued)

Opioid Prescription Rate per 100, 2017. Appanoose County = 103.5 Iowa = 56.4



Tab 7a Health Risk Profiles

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

Tab	Health Indicator	Appanoose Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
7a	a Adult obesity, percent, 2014	36.0%		32.0%	34.0%	County Health Rankings
	b Adult smoking, percent, 2016	16.0%		17.0%	15.4%	County Health Rankings
	c Excessive drinking, percent, 2016	18.0%		22.0%	19.3%	County Health Rankings
	d Physical inactivity, percent, 2014	34.0%		25.0%	28.3%	County Health Rankings
	e Poor physical health days, 2016	3.3		2.9	3.1	County Health Rankings
	f Sexually transmitted infections, rate per 100,000, 2015	173.8		388.9	261.4	County Health Rankings

Tab 7b Health Risk Profiles (Continued)

Tab	Health Indicator	Appanoose Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
7b	a Hypertension: Medicare Population, 2015	55.3%		51.0%	50.4%	Centers for Medicare and Medicaid Services
	b Hyperlipidemia: Medicare Population, 2015	40.0%		40.1%	37.8%	Centers for Medicare and Medicaid Services
	c Heart Failure: Medicare Population, 2015	15.9%		12.2%	12.9%	Centers for Medicare and Medicaid Services
	d Chronic Kidney Disease: Medicare Pop, 2015	17.2%		15.5%	14.3%	Centers for Medicare and Medicaid Services
	e COPD: Medicare Population, 2015	14.1%		10.7%	10.2%	Centers for Medicare and Medicaid Services
	f Atrial Fibrillation: Medicare Population, 2015	7.5%		8.8%	8.7%	Centers for Medicare and Medicaid Services
	g Cancer: Medicare Population, 2015	6.0%		7.0%	6.3%	Centers for Medicare and Medicaid Services
	h Osteoporosis: Medicare Population, 2015	3.3%		5.3%	5.1%	Centers for Medicare and Medicaid Services
	i Asthma: Medicare Population, 2015	7.4%		6.5%	5.9%	Centers for Medicare and Medicaid Services
	j Stroke: Medicare Population, 2015	2.9%		3.1%	3.0%	Centers for Medicare and Medicaid Services

Tab 8 Uninsured Profiles / Community Invest

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

Tab	Health Indicator	Appanoose Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
8	a Uninsured, percent, 2015	7.0%		6.0%	7.3%	County Health Rankings

#	Mercy Medical Center - Centerville	Fiscal 16	Fiscal 17	Fiscal 18
1	Bad Debt - Write off	\$297,412	\$455,260	\$572,272
2	Charity Care - Free Care Given	\$119,306	\$464,388	\$666,872

Local Health Department Community Support is as follows:

#	Community Tax Dollars- Appanoose Co IA Health Dept Operations	FY 2015	FY 2016	FY 2017
1	Core Community Public Health	\$88,630	\$171,640	\$98,423
2	Environmental Services	\$38,200	\$42,000	\$45,000
3	Home Health	\$24,000	\$26,000	\$26,000
4	Immunizations/Vaccine	\$15,000	\$11,125	\$8,500
5	Screenings: Blood pressure	\$1,665	\$2,030	\$2,147
6	Vaccine - received from State	N/A	N/A	\$17,580
7	WIC Administration*	\$55,000	\$55,000	\$55,000

* WIC provided in Appanoose County by American Home Finding Association

Tab 9 Mortality Profile

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

Tab	Health Indicator	Appanoose Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
9 a	Life Expectancy for Males, 2014	75.6		77.5	76.2	Institute for Health Metrics and Evaluation
b	Life Expectancy for Females, 2014	81.2		81.9	81.6	Institute for Health Metrics and Evaluation
c	Age-adjusted Cancer Mortality Rate per 100,000 population, 2010-2014 (lower is better)	156.9		168.9	182.5	Iowa Health Fact Book
d	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2010-2014 (lower is better)	226.5		166.0	186.5	Iowa Health Fact Book
e	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 population, 2010-2014 (lower is better)	42.7		46.8	46.9	Iowa Health Fact Book
f	Alcohol-impaired driving deaths, percent, 2012-2016	50.0%		27.0%	20.2%	County Health Rankings

Tab 9 Mortality Profile (Continued)

Total IOWA by Selected Causes of Death - 2017	Appanoose Co IA	%	Trend	State of IA 2017	%
Total Deaths	154	100.0%		30246	100.0%
Major Cardiovascular Diseases	54	35.1%		9,208	30.4%
All Other Diseases	20	13.0%		5,284	17.5%
Malignant Neoplasms	34	22.1%		6,418	21.2%
Unintentional Injuries	10	6.5%		1,488	4.9%
Chronic Lower Respiratory Diseases	9	5.8%		1,934	6.4%
Diabetes Mellitus	NA			911	3.0%
Alzheimer's Disease	7	4.5%		1,602	5.3%
Other External Causes	NA			3,401	11.2%

<https://tracking.idph.iowa.gov/People-Community/Deaths/Select-Causes/Suicide>

Tab 10 Preventive Health Profile

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

Tab	Health Indicator	Appanoose Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
10	a Access to exercise opportunities, percent, 2016	67.0%		83.0%	70.9%	County Health Rankings
	b Diabetes monitoring, percent, 2014	84.0%		90.0%	90.4%	County Health Rankings
	c Mammography screening, percent, 2014	55.0%		69.0%	62.3%	County Health Rankings
	e Percent Annual Check-Up Visit with PCP	NA		NA	NA	TBD
	f Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
	g Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

b) Online Research- Health Status

PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for PSA. Response for Appanoose County online survey equals 224 residents. Below are two charts review survey demographics.

Chart #1 – Appanoose Co IA PSA Online Feedback Response N=224

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	Appanoose Co IA N=224	Trend	Rural Norms 21 N=3,648
Business / Merchant	9.3%		9.0%
Community Board Member	8.4%		7.8%
Case Manager / Discharge Planner	0.9%		1.1%
Clergy	2.2%		1.1%
College / University	1.3%		1.9%
Consumer Advocate	3.1%		1.6%
Dentist / Eye Doctor / Chiropractor	0.4%		0.5%
Elected Official - City/County	1.3%		1.9%
EMS / Emergency	3.1%		2.3%
Farmer / Rancher	3.1%		5.7%
Hospital / Health Dept	12.8%		16.9%
Housing / Builder	0.9%		0.6%
Insurance	2.2%		1.1%
Labor	3.1%		2.2%
Law Enforcement	0.0%		1.5%
Mental Health	4.0%		2.1%
Other Health Professional	13.3%		9.4%
Parent / Caregiver	13.7%		14.8%
Pharmacy / Clinic	3.1%		2.3%
Media (Paper/TV/Radio)	0.0%		0.5%
Senior Care	4.0%		2.5%
Teacher / School Admin	3.5%		5.3%
Veteran	3.1%		2.7%
Unemployed / Other	3.1%		5.3%
Rural 21 Norms Include the following 17 counties: Appanoose IA, Barton, Carroll IA, Cowley, Decatur IA, Edwards, Fremont IA, Furnas NE, Hays, Sheriton, Jasper IA, Kiowa, Linn MO, Miami, Nemaha, Osborne, Page IA, Pawnee, Russell, Smith, Trego.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Appanoose Co IA N=224	Trend	Rural Norms 21 Co N=3648
Top Box %	9.8%	Red	23.3%
Top 2 Boxes %	51.3%	Red	68.5%
Very Poor	3.1%	Yellow	1.2%
Poor	6.7%	Yellow	5.0%
Average	38.4%	Red	25.0%
Good	41.5%	Yellow	45.2%
Very Good	9.8%	Red	23.3%

Chart #3 – Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Appanoose Co IA N=224	Trend	Rural Norms 21 Co N=3648
Increasing - moving up	40.2%	Yellow	42.7%
Not really changing much	38.8%	Yellow	39.7%
Decreasing - slipping	12.1%	Red	9.6%

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

CHNA Wave #3		Appanoose Co N=224			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Mental Health Services	124	75.15%	Red	1
2	Substance Abuse	94	56.97%	Red	2
3	Obesity	80	48.48%	Red	6
4	Family Planning	66	40.00%	Yellow	4
5	Transportation	64	38.79%	Yellow	7
6	Primary Care Physicians	60	36.36%	Yellow	3
7	Uninsured	58	35.15%	Yellow	8
8	Personal Health / Wellness Education	55	33.33%	Yellow	10
9	Economic Development	47	28.48%	Yellow	5
10	Emergency Facilities	44	26.67%	Yellow	9
11	Eye Doctors	40	24.24%		13
12	Veteran Care	38	23.03%		11
13	Urgent Care / After-hours Care	31	18.79%		12
14	YMCA Funding	30	18.18%		14
15	Walk-in Clinics	24	14.55%		15
16	Community Healthcare Directory	17	10.30%		16
17	FTE Nurses	11	6.67%		17

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

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Appanoose Co IA N=224	Trend	Rural Norms 21 Co N=3648
Poverty / Finance	20.1%	Red	8.5%
Lack of awareness of existing local programs, providers, and services	14.1%	Red	20.0%
Limited access to mental health assistance	21.9%	Red	17.6%
Elder assistance programs	6.9%	Yellow	10.5%
Lack of health & wellness education	10.3%	Red	12.3%
Family assistance programs	5.8%	Yellow	8.0%
Chronic disease prevention	8.7%	Yellow	10.1%
Case management assistance	5.8%	Yellow	6.8%
Other (please specify)	6.5%	Yellow	6.2%

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

(Improving and Declining efforts were marked comparing to 2016 ratings)

CHNA Wave #3	Appanoose Co IA N=224		Trend	Rural Norms 21 Co N=3,648	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	72.8%	6.6%	Yellow	86.0%	2.7%
Child Care	58.7%	8.0%	Yellow	51.0%	12.0%
Chiropractors	81.9%	4.0%	Green	76.9%	4.9%
Dentists ***Improving	52.0%	9.9%	Yellow	59.7%	17.0%
Emergency Room	55.3%	13.8%	Red	70.1%	9.6%
Eye/Optomtrist ***Improving	52.3%	12.4%	Red	73.9%	8.0%
Family Planning *** Declining	14.9%	40.5%	Red	39.2%	18.3%
Home Health *** Declining	44.0%	18.7%	Red	56.4%	10.6%
Hospice	79.7%	6.8%	Yellow	67.6%	7.7%
Inpatient Services	64.7%	10.7%	Red	74.9%	5.9%
Mental Health *** Declining	9.5%	57.1%	Red	24.5%	36.2%
Nursing Home *** Declining	39.6%	18.1%	Red	47.3%	17.1%
Outpatient Services	59.7%	8.1%	Yellow	75.3%	4.4%
Pharmacy	92.8%	1.3%	Green	88.5%	2.4%
Physician Clinics	71.5%	7.3%	Yellow	79.0%	4.5%
Public Health	50.0%	12.2%	Red	63.1%	6.7%
School Nurse	49.7%	14.7%	Red	61.3%	9.4%
Specialists	47.4%	21.1%	Red	56.9%	13.2%

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)	Appanoose Co IA N=224	Trend	Rural Norms 21 Co N=3,648
Early Childhood Development Programs	12.8%	Yellow	11.5%
Emergency Preparedness	10.5%	Yellow	8.9%
Food and Nutrition Services/Education	17.1%	Yellow	13.9%
Health Screenings (asthma, hearing, vision, scoliosis)	15.9%	Yellow	13.1%
Immunization Programs	6.9%	Yellow	6.7%
Obesity Prevention & Treatment	33.1%	Red	31.6%
Prenatal / Child Health Programs	14.5%	Yellow	11.4%
Sexually Transmitted Disease Testing	24.3%	Red	15.4%
Spiritual Health Support	25.5%	Red	12.0%
Substance Use Treatment & Education	50.0%	Red	32.3%
Tobacco Prevention & Cessation Programs	34.0%	Red	27.5%
Violence Prevention	42.4%	Red	31.5%
Women's Wellness Programs	28.3%	Red	16.4%
WIC Nutrition Program	13.3%	Yellow	6.7%

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?	Appanoose Co IA N=224	Trend	Rural Norms 21 N=3,648
Yes	85.8%	Red	80.8%
No	8.1%	Yellow	14.2%
I don't know	6.1%	Yellow	5.0%

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

Specialties:

Community Health Needs Assessment Wave #3				SPS	CTS
Are we actively working together to address community health?	Appanoose Co IA N=224	Trend	Rural Norms 21 N=3,648		
Yes	52.7%	Green	48.2%	TRAV	23
No	13.0%	Yellow	11.1%	OBG	23
I don't know	34.2%	Yellow	40.0%	ORTH	18
				SURG	12
				SPEC	12
				EYE	11
				DENT	9
				BH	8

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

Community Health Needs Assessment Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	Appanoose Co IA N=224	Trend	Rural Norms 21 N=3,648
Abuse/Violence	6.0%	Red	7.2%
Alcohol	4.3%	Yellow	6.9%
Breast Feeding Friendly Workplace	1.3%	White	2.3%
Cancer	3.0%	Yellow	5.4%
Diabetes	3.8%	Yellow	5.7%
Drugs/Substance Abuse	9.4%	Red	12.3%
Family Planning	6.2%	Red	3.9%
Heart Disease	2.2%	White	4.1%
Lead Exposure	0.8%	White	1.2%
Mental Illness	11.4%	Red	14.6%
Nutrition	4.1%	Yellow	6.2%
Obesity	7.2%	Red	10.9%
Environmental Health	1.9%	White	1.0%
Physical Exercise	4.9%	Yellow	8.2%
Poverty	6.9%	Red	9.5%
Lung Disease	1.0%	White	2.6%
Sexually Transmitted Diseases	2.6%	White	3.1%
Smoke-Free Workplace	0.9%	White	2.0%
Suicide	4.6%	White	9.6%
Teen Pregnancy	3.1%	Yellow	4.3%
Tobacco Use	3.6%	Yellow	4.8%
Vaccinations	2.7%	White	3.4%
Water Quality	2.3%	White	4.5%
Wellness Education	4.3%	Yellow	8.3%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - Appanoose County IA

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

Inventory of Health Services - Appanoose County IA

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

Providers Delivering Care in Appanoose County, IA			
Mercy Medical Center-Centerville Primary Service Area - YR 2019			
FTE Providers Working in County	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visting DRs*	PSA Based PA / NP
Primary Care:			
Family Practice	7.0		4.0
Internal Medicine/Geriatrician	1.0		
Obstetrics/Gynecology			
Pediatrics	1.0		
Medicine Specialists:			
Allergy/Immunology			
Audiology		2.0	
Cardiology		2.0	
Dermatology		1.0	
Endocrinology			
ENT		1.0	
Gastroenterology			
Oncology/Radiology		2.0	
Infectious Diseases			
Nephrology		1.0	
Neurology			
Psychiatry			
Pulmonary			1.0
Rheumatology		1.0	
Podiatry		2.0	
Surgery Specialists:			
General Surgery/Colon/Oral	2.0		
Neurosurgery			
Ophthalmology	1.0		
Orthopedics			1.0
Otolaryngology (ENT)	1.0		
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vascular			
Urology	1.0		
Hospital Based:			
Anesthesia/Pain			
Emergency	7.0		
Radiology	2.0		
Pathology	1.0		
Hospitalist			2.0
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occupational Medicine			
Podiatry			
Chiropractor			
Optometrist			
Dentist			
TOTALS	24.0	12.0	8.0

*Total FTE Specialists serving community with offices outside PSA.

Visiting Specialists to MercyOne - Centerville - YR 2019

Specialty	Physician Name/Group	Office Location (City/State)	Annual Days	Schedule
Audiology	Doug Leonard	Atlantic, IA	12	3rd Monday
Audiology	Greg Moore	Ottumwa, IA	12	3rd Tuesday
Cardiology	Thomas Brown, MD	Des Moines, IA	36	2nd, 3rd, & 4th Thursday
Cardiology	Beth Chia, ARNP	Des Moines, IA	24	2nd & 4th Thursday
Dermatology	Linda Schilling, ARNP	Des Moines, IA	36	1st, 2nd, 4th Wednesday
ENT	Kelly Burchett, DO	Kirkville, MO	24	2nd Tuesday & 4th Friday
Oncology	Angela Sandre, DO	Des Moines, IA	36	1st, 3rd, and 5th Wednesday
Oncology	Tara Graff, DO	Des Moines, IA	24	2nd & 4th Wednesday
Nephrology	Jobinson Thomas, MD	Des Moines, IA	24	1st Thursday and Friday
Ophthalmology	Senthil Krishnasama, M.D.	Des Moines, IA	12	4th Wednesday
Podiatry	Susan Warner, DPM	Drakesville, IA	24	1st & 3rd Friday
Podiatry	Gary Gansen, DPM	Ottumwa, IA	100	Every Monday & 1st, 3rd, 4th, and 5th Tuesday
Rheumatology	Shayla Sanders, ARNP	Pollock, MO	24	1st & 3rd Thursday
Urology	Fawad Zafar, MD	Des Moines, IA	52	Every Tuesday

Appanoose County, Iowa Healthcare Area Service Directory

Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

Appanoose County Sheriff (641) 437-7100

Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
Centerville	(641) 437-7100	(641) 856-2314
Unionville	(660) 947-3200	(641) 000-1111

General Online Healthcare Resources

Doctors and Dentists--General

[AMA Physician Select: Online Doctor Finder](#) (American Medical Association) [DocFinder](#) (Administrators in Medicine) [Find a Dentist](#) (Academy of General Dentistry) [Find a Dentist: ADA Member Directory](#) (American Dental Association) [Physician Compare](#) (Centers for Medicare & Medicaid Services)

Hospitals and Clinics--General

[Find a Health Center](#) (Health Resources and Services Administration) [Find a Provider: TRICARE Provider Directories](#) (TRICARE Management Activity) [Hospital Quality Compare](#) (Centers for Medicare & Medicaid Services)

Doctors and Dentists--Specialists

[ACOG's Physician Directory](#) (American College of Obstetricians and Gynecologists) [ACR: Geographic Membership Directory](#) (American College of Rheumatology) [American College of Surgeons Membership Directory](#) (American College of Surgeons) [American Osteopathic Association D.O. Database](#) (American Osteopathic Association) [ASGE: Find a Doctor](#) (American Society for Gastrointestinal Endoscopy) [Cancer Genetics Services Directory](#) (National Cancer Institute) [Child and Adolescent Psychiatrist Finder](#) (American Academy of Child and Adolescent Psychiatry) [Dystonia: Find a Health Care Professional](#) (Dystonia Medical Research Foundation) [Expert Locator: Immunologists](#) (Jeffrey Modell Foundation) [Find a Dermatologic Surgeon](#) (American Society for Dermatologic Surgery) [Find a Dermatologist](#) (American Academy of Dermatology) [Find a Gastroenterologist](#) (American College of Gastroenterology) [Find a Gynecologic Oncologist](#) (Society of Gynecologic Oncologists) [Find a Hand Surgeon](#) (American Society for Surgery of the Hand) [Find a Hematologist](#) (American Society of Hematology) [Find a Neurologist](#) (American Academy of Neurology) [Find a Pediatric Dentist](#) (American Academy of Pediatric Dentistry) [Find a Pediatrician or Pediatric Specialist](#) (American Academy of Pediatrics) [Find a Periodontist](#) (American Academy of Periodontology) [Find a Physical Medicine & Rehabilitation Physician](#) (American Academy of Physical Medicine and Rehabilitation) [Find a Plastic Surgeon](#) (American Society of Plastic Surgeons) [Find a Podiatrist](#) (American Podiatric Medical Association) [Find a Thyroid Specialist](#) (American Thyroid Association) [Find a Urologist](#) (American Urological Association) [Find an ACFAS Physician](#) (American College of Foot and Ankle Surgeons) [Find an Allergist/Immunologist: Search](#) (American Academy of Allergy, Asthma, and Immunology) [Find an Endocrinologist](#) (Hormone Health Network) [Find an Eye M.D.](#) (American Academy of Ophthalmology) [Find an Interventional Radiologist](#) (Society of Interventional Radiology) [Find an Oncologist](#) (American Society of Clinical Oncology) [Find an Oral and Maxillofacial Surgeon](#) (American Association of Oral and Maxillofacial Surgeons) [Find an Orthopaedic Foot and Ankle MD](#) (American Orthopaedic Foot and Ankle Society) [Find an Otolaryngologist \(ENT\)](#) (American Academy of Otolaryngology--Head and Neck Surgery) [Finding an Eye Care Professional](#) (National Eye Institute) [GI Locator Service](#) (American Gastroenterological Association)

Other Healthcare Providers

[AMTA's Find a Massage Therapist](#) (American Massage Therapy Association) [Cancer Genetics Services Directory](#) (National Cancer Institute) [Find a Diabetes Educator](#) (American Association of Diabetes Educators) [Find a Genetic Counselor](#) (National Society of Genetic Counselors) [Find a Midwife](#) (American College of Nurse-Midwives) [Find a Nurse Practitioner](#) (American Academy of Nurse Practitioners) [Find a Physical Therapist](#) (American Physical Therapy Association) [Find a Professional: Online Directory of Audiology and Speech-Language Pathology Programs](#) (American Speech-Language-Hearing Association) [Find a Registered Dietitian](#) (Academy of Nutrition and Dietetics) [Find a Therapist](#) (Anxiety Disorders Association of America) [Find an Audiologist](#) (American Academy of Audiology) [Manual Lymphatic Drainage Therapists](#) (National Lymphedema Network) [National Register of Health Service Providers in Psychology](#) (National Register of Health Service Providers in Psychology) [NCCAOM: Find Nationally Certified Practitioners](#) (National Certification Commission for Acupuncture and Oriental Medicine) [Search for an Emergency Contraception Provider in the United States](#) (Princeton University, Office of Population Research)

Hospitals and Clinics--Specialized

[Accredited Birth Centers](#) (Commission for the Accreditation of Birth Centers) [Alzheimer's Disease Research Centers](#) (National Institute on Aging) [Cystic Fibrosis Foundation: Find a Chapter](#) (Cystic Fibrosis Foundation) [Cystic Fibrosis Foundation: Find an Accredited Care Center](#) (Cystic Fibrosis Foundation) [Dialysis Facility Compare](#) (Centers for Medicare & Medicaid Services) [FDA Certified Mammography Facilities](#) (Food and Drug Administration) [Find a Free Clinic](#) (National Association of Free Clinics) [Find an Indian Health Service Facility](#) (Indian Health Service) [Find Treatment Centers](#) (American Cancer Society) [Genetics Clinic Directory Search](#) (University of Washington) [Locate a Sleep Center in the United States by Zip Code](#) (American Academy of Sleep Medicine) [MDA ALS Centers](#) (Muscular Dystrophy Association) [Mental Health Services Locator](#) (Substance Abuse and Mental Health Services Administration) [NCI Designated Cancer Centers](#) (National Cancer Institute) [Neurofibromatosis Specialists](#) (Children's Tumor Foundation) [Post-Polio Directory 2011: Post-Polio Clinics, Health Professionals, Support Groups](#) (Post-Polio Health International including International Ventilator Users Network) [Spina Bifida Clinic Directory](#) (Spina Bifida Association of America) [Substance Abuse Treatment Facility Locator](#) (Substance Abuse and Mental Health Services Administration) [Transplant Center Search Form](#) (BMT InfoNet) [U.S. NMDP Transplant Centers](#) (National Marrow Donor Program) [VA Health Care Facilities Locator & Directory](#) (Veterans Health Administration) [Where to Donate Blood](#) (AABB) [Where to Donate Cord Blood](#) (National Marrow Donor Program)

Other Healthcare Facilities and Services

[Alzheimer's Disease Resource Locator](#) (Fisher Center for Alzheimer's Research Foundation) [American College of Radiology Accredited Facility Search](#) (American College of Radiology) [APA District Branch / State Association Directory](#) (American Psychiatric Association) [Directory of Organizations \(Deafness and Communication Disorders\)](#) (National Institute on Deafness and Other Communication Disorders) [Dog Guide Schools in the United States](#) (American Foundation for the Blind) [Eldercare Locator](#) (Dept. of Health and Human Services) [Find a Hospice or Palliative Care Program](#) (National Hospice and Palliative Care Organization) [Find Services \(for People with Vision Loss\)](#) (American Foundation for the Blind) [Find Urgent Care Centers by State](#) (Urgent Care Association of America) [Genetic Testing Laboratory Directory](#) (University of Washington) [Home Health Compare](#) (Centers for Medicare & Medicaid Services) [Medicare: Helpful Contacts](#) (Centers for Medicare & Medicaid Services) [Muscular Dystrophy Association Clinics and Services](#) (Muscular Dystrophy Association) [National Foster Care and Adoption Directory Search](#) (Children's Bureau) [Nursing Home Compare](#) (Centers for Medicare & Medicaid Services) [Organizations That Offer Support Services](#) (National Cancer Institute) [Poison Control Centers](#) (American Association of Poison Control Centers) [Resources and Information for Parents about Braille](#) (American Foundation for the Blind) [State-Based Physical Activity Program Directory](#) (Centers for Disease Control and Prevention) [TSA Chapters in the USA](#) (Tourette Syndrome Association) [Violence against Women: Resources by State](#) (Dept. of Health and Human Services, Office on Women's Health) [Where to Find Hair Loss Accessories and Breast Cancer Products](#) (American Cancer Society)

SOURCE: MedlinePlus provides links to directories to help you find libraries, health professionals, services and facilities. NLM does not endorse or recommend the organizations that produce these directories, nor the individuals or organizations that are included in the directories.

General Health Resources

Al-Anon Hotline
1-888-425-2666

Alcoholics Anonymous
515-282-8550

Alzheimer's Disease Helpline
1-800-272-3900

American Cancer Society
1-800-227-2345

American Red Cross
1-800-733-2767

Arthritis Foundation
1-844-571-HELP

Battered Women
1-800-433-SAFE

Child Abuse Hotline
1-800-362-2178

Dependent Adult Abuse Hotline
1-800-362-2178

Dependent Adult and Child Abuse
1-800-652-9516

Domestic Abuse Hotline
1-800-770-1650

First Call for Help
(515) 246-6555

Foundation Through Crisis
1-800-332-4224

Gambling Hotline
1-800-238-7633

Iowa Arson/Crime Hotline
1-800-532-1459

Iowa Child Abuse Reporting Hotline
1-800-362-2178

Iowa State Patrol Emergency
1-800-525-5555

Medicare
1-800-MEDICARE

Mental Health Information and Referral
1-800-562-4944

National Alcohol Hotline
1-800-252-6465

National Center for Missing & Exploited
Children
1-800-THE LOST

National Institute on Drugs
1-800-729-6686

Poison Control
1-800-222-1222

Sr Health Ins Info Program (Shiip)
1-800-351-4664

Substance Abuse Information & Treatment
1-800-662-HELP

Suicide Prevention Hotline
1-800-273-TALK

Teen Line (Red Cross)
1-800-443-8336

Chiropractors

Lawrence E Heffron DC
Heffron Chiropractic Office
116 E Jackson St
Centerville, IA 52544
6414374278

W A Heffron DC
Heffron Chiropractic Office
116 E Jackson St
Centerville, IA 52544
6414374278

Jaren R Tubaugh DC
Tubaugh Family Chiropractic
1114 N Haynes Ave
Centerville, IA 52544
6414374433

Clinics

Amy Sweet
Chariton Valley Medical Center
707 S Main
Centerville, IA 52544
6414374344

Janet Peterie
Fresenius Medical Care Cline
Family Dialysis
1040 N 18th St
Centerville, IA 52544
6414373515

Melissa Belloma
Mercy Medical Clinic Centerville
19942 Saint Joseph Dr
Centerville, IA 52544
6418568684

Matt Thompson
Mercy Medical Ctr Radiology
1 Saint Joseph Dr
Centerville, IA 52544
6414373482

Katy Dykes
Mercy Rehabilitation Services
1 Saint Joseph Dr
Centerville, IA 52544
6414373454

River Hills Community Health Center
1015 N 18th St
Centerville, IA 52544
6418564400

Southern Iowa Surgical Assoc
PO Box 37
Centerville, IA 52544
6418568100

Kinetic Edge Physical
Therapy
Lake Center Mall
Centerville, IA 52544
6418562515

Dentists

Scott Davis, DDS
112 N 10th St
Centerville, IA 52544
6418568643

Nick Hindley DDS
Hindley Dental
203 W Washington St
Centerville, IA 52544
6418564103

River Hills Community
Health Center
1015 N. 18th St
Centerville, IA 52544
6418564400

Ron Harshman DDS
PO Box 728
Centerville, IA 52544
6418565352

Home Health / Hospices

Caregivers
Homestead of Centerville
19999 St. Joseph's Drive
Centerville, IA 52544
641-437-1117

Appanoose Community Care Svc
19890 Saint Joseph Dr
Centerville, IA 52544
6414373474

Brian Hargrave
EveryStep Hospice
101 E Van Buren St
Centerville, IA 52544
6418565502

Hospital

Matthew Johnson
Mercy Medical Ctr-Centerville
1 Saint Joseph Dr
Centerville, IA 52544
6414374111

Mental Health Services

Community Health Ctr-Southern
221 E State St
Centerville, IA 52544
6418566471

Jackie Sharp
Centerville Community Betterment
1111 Haynes Ave.
Centerville, IA 52544
6414371051

Appanoose County South Central
Behavioral Health Region
Stephanie Koch
209 E. Jackson
Centerville, IA 52544
6418562085 or 6418951690

Paula Gordy
641-856-2688

SIEDA Community Action
111 N. Main St.
Centerville, IA 52544
6418563112

NAMI (National Alliance Mental Health)
Local Chapter
6418563213

Community Health Centers of Southern
Iowa
221 E. State St.
Centerville, IA 52544
641-856-6471

Other

Appanoose County Environmental
PO Box 399
MORAVIA, IA 52571
6417243511

Physicians & Surgeons

Ryan Arnevik, DO
19942 Saint Joseph Dr
Centerville, IA 52544
6418568684

David B Fraser MD
19942 Saint Joseph Dr
Centerville, IA 52544
6418568684

Jennifer Haden, DO
19942 Saint Joseph Dr
Centerville, IA 52544
6418568684

Kathleen Lange MD
707 S Main
Centerville, IA 52544
6414374344

Nancy Barton MD
19942 Saint Joseph Dr
Centerville, IA 52544
6418568684

Cassie Parrish, ARNP
19942 Saint Joseph Dr
Centerville, IA 52544
6418568684

Linda McDanolds, ARNP
19942 Saint Joseph Dr.
Centerville, IA 52544
6418568684

Nakila Blessing, ARNP
19942 Saint Joseph Dr.
Centerville, IA 52544
6418568684

Jackie Stajcar, ARNP
19942 Saint Joseph Dr.
Centerville, IA 52544
6418568684

Rachel Higgins, ARNP
19942 Saint Joseph Dr.
Centerville, IA 52544
6418568684

N. Sokol, DO
19876 Saint Joseph Dr
Centerville, IA 52544
6418568684

Naren Batra, MD
707 S. Main
Centerville, IA
52544
6418568100

Rajni Batra MD
707 S Main
Centerville, IA 52544
6418566780

Richard J Burger MD
19942 Saint Joseph
Dr.
Centerville, IA 52544
6418568684

Public Health

Rhonda Tisue
Appanoose County Public Health
201 N 12th St
Centerville, IA 52544
6414374332

Senior Care

Mercy Long Term Care
One St. Joseph's Drive
Centerville, IA 52544
6414373300

Centerville Nursing & Rehab
1208 E Cross St
Centerville, IA 52544
6418568651

Golden Age Care Ctr
1915 S 18th St
Centerville, IA 52544
6418562757

Maple Grove Senior Living
1917 S. 18th
Centerville, IA 52544
6418566601

Cathy Proffitt
Proffitt's Residential Care
615 W Washington St
Centerville, IA 52544
6418568344

Homestead of Centerville
19999 St. Joseph's Drive
Centerville, IA 52544
6414371999

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

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

Appanoose

	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Albia, Monroe Co Hosp	24	2.03 %	0	0	7	5	12	103	1.91 %	0	0	25	24	54
Ames, Mary Greeley	4	0.34 %	0	2	2	0	0	36	0.67 %	0	10	26	0	0
Belmond, Iowa Specialty	2	0.17 %	0	1	1	0	0	2	0.04 %	0	1	1	0	0
Bettendorf, UnityPoint	1	0.08 %	0	0	0	0	1	6	0.11 %	0	0	0	0	6
Bloomfield, Davis Co Hosp	6	0.51 %	0	0	2	2	2	27	0.50 %	0	0	5	5	17
Carroll, St. Anthony Reg	3	0.25 %	0	2	1	0	0	22	0.41 %	0	13	9	0	0
Cedar Falls, Sartori Mem	3	0.25 %	0	0	0	3	0	45	0.84 %	0	0	0	45	0
Cedar Rapids, St Luke's	3	0.25 %	0	0	2	1	0	54	1.00 %	0	0	46	8	0
Centerville, Mercy Med	283	23.92 %	7	7	39	60	170	1069	19.85 %	17	19	134	209	690
Clinton, Mercy Medical	2	0.17 %	0	2	0	0	0	10	0.19 %	0	10	0	0	0
Corydon, Wayne Co Hosp	117	9.89 %	47	49	6	8	7	247	4.59 %	88	101	18	22	18
Council Bluffs, CHI Hlth	7	0.59 %	1	3	3	0	0	25	0.46 %	5	8	12	0	0
Council Bluffs, Jennie Ed	2	0.17 %	0	1	1	0	0	11	0.20 %	0	5	6	0	0
Davenport, Genesis	3	0.25 %	2	1	0	0	0	10	0.19 %	8	2	0	0	0
Des Moines, Broadlawns	2	0.17 %	0	0	2	0	0	3	0.06 %	0	0	3	0	0
Des Moines, IA, Lutheran	15	1.27 %	0	1	8	4	2	111	2.06 %	0	3	74	21	13
Des Moines, IMMC	88	7.44 %	25	14	18	13	18	505	9.38 %	178	55	76	92	104
Des Moines, Mercy Med	362	30.60 %	15	53	115	94	85	2071	38.46 %	82	269	667	624	439
Dubuque, Flinley	1	0.08 %	0	0	1	0	0	3	0.06 %	0	0	3	0	0
Dubuque, Mercy Medical	1	0.08 %	0	0	1	0	0	5	0.09 %	0	0	5	0	0
Grinnell, Grinnell Reg	8	0.68 %	0	5	3	0	0	33	0.61 %	0	28	5	0	0
Iowa City, Mercy	2	0.17 %	0	0	0	1	1	4	0.07 %	0	0	0	2	2
Iowa City, U of I Hosp	82	6.93 %	15	17	23	14	13	477	8.86 %	73	72	121	130	81
Knoxville, Knoxville Hosp	2	0.17 %	0	0	1	1	0	6	0.11 %	0	0	2	4	0

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

Appanoose

	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Mason City, Mercy Medical	1	0.08 %	1	0	0	0	0	3	0.06 %	3	0	0	0	0
Oskaloosa, Mahaska Hlt	4	0.34 %	1	1	1	1	0	10	0.19 %	2	3	1	4	0
Ottumwa, Ottumwa Reg	96	8.11 %	25	32	19	9	11	322	5.98 %	52	88	87	27	68
Pella, Pella Reg Med Cen	10	0.85 %	3	3	1	3	0	26	0.48 %	7	7	2	10	0
Sioux City, St Luke's	1	0.08 %	0	1	0	0	0	8	0.15 %	0	8	0	0	0
Spencer, Spencer Hospital	1	0.08 %	0	1	0	0	0	3	0.06 %	0	3	0	0	0
Waterloo, Covenant	5	0.42 %	1	1	2	1	0	14	0.26 %	3	3	4	4	0
West Burlington, Grt Rrv	1	0.08 %	0	0	1	0	0	3	0.06 %	0	0	3	0	0
West Des Moines, Meth W	9	0.76 %	0	1	4	2	2	17	0.32 %	0	4	6	3	4
West Des Moines, West L	32	2.70 %	0	8	13	9	2	94	1.75 %	0	14	50	24	6
TOTAL	1183	100.00 %	143	208	277	231	326	5385	100.00 %	518	716	1391	1258	1502

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

Appanoose

	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Albia, Monroe Co Hosp	31	1.82 %	0	2	6	6	17	197	2.28 %	0	8	28	17	144
Ames, Mary Greeley	1	0.06 %	0	1	0	0	0	7	0.08 %	0	7	0	0	0
Atlantic, Cass Co Mem	1	0.06 %	1	0	0	0	0	2	0.02 %	2	0	0	0	0
Belmond, Iowa Specialty	2	0.12 %	0	1	1	0	0	2	0.02 %	0	1	1	0	0
Bloomfield, Davis Co Hosp	6	0.35 %	0	0	0	4	2	22	0.25 %	0	0	0	19	3
Carroll, St. Anthony Reg	5	0.29 %	0	3	2	0	0	29	0.34 %	0	10	19	0	0
Cedar Falls, Sartori Mem	1	0.06 %	0	0	1	0	0	22	0.25 %	0	0	22	0	0
Cedar Rapids, Mercy	1	0.06 %	0	1	0	0	0	3	0.03 %	0	3	0	0	0
Cedar Rapids, St Luke's	6	0.35 %	0	2	0	2	2	35	0.41 %	0	17	0	11	7
Centerville, Mercy Med	434	25.48 %	33	33	67	96	205	1462	16.94 %	70	144	184	327	737
Corydon, Wayne Co Hosp	139	8.16 %	52	55	11	9	12	330	3.82 %	99	108	25	25	73
Council Bluffs, CHI Hlth	2	0.12 %	0	1	1	0	0	6	0.07 %	0	2	4	0	0
Council Bluffs, Jennie Ed	5	0.29 %	0	3	2	0	0	20	0.23 %	0	10	10	0	0
Davenport, Genesis	2	0.12 %	0	1	1	0	0	13	0.15 %	0	2	11	0	0
Des Moines, Broadlawns	1	0.06 %	0	0	1	0	0	2	0.02 %	0	0	2	0	0
Des Moines, IA, Lutheran	21	1.23 %	3	2	7	5	4	124	1.44 %	13	4	39	44	24
Des Moines, IMMC	97	5.70 %	23	17	23	17	17	673	7.80 %	252	75	139	98	109
Des Moines, Mercy Med	546	32.06 %	32	85	164	140	125	3511	40.67 %	309	398	1051	1058	695
Dubuque, Finley	1	0.06 %	0	0	0	1	0	143	1.66 %	0	0	0	143	0
Dubuque, Mercy Medical	3	0.18 %	0	3	0	0	0	10	0.12 %	0	10	0	0	0
Grinnell, Grinnell Reg	20	1.17 %	0	15	5	0	0	40	0.46 %	0	30	10	0	0
Iowa City, Mercy	8	0.47 %	1	4	3	0	0	35	0.41 %	2	14	19	0	0
Iowa City, U of I Hosp	136	7.99 %	15	23	41	43	14	1051	12.18 %	140	165	249	394	103
Keokuk, Keokuk Area Hosp	1	0.06 %	0	1	0	0	0	2	0.02 %	0	2	0	0	0

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

Appanoose

	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Knoxville, Knoxville Hosp	1	0.06 %	0	0	1	0	0	5	0.08 %	0	0	5	0	0
Oskaloosa, Mahaska Hlt	8	0.47 %	2	3	0	0	3	24	0.28 %	4	8	0	0	12
Ottumwa, Ottumwa Reg	128	7.52 %	21	29	31	15	32	555	6.43 %	48	82	148	77	200
Pella, Pella Reg Med Cen	15	0.88 %	4	5	0	5	1	40	0.46 %	9	13	0	15	3
Sioux City, Mercy Med	1	0.06 %	0	1	0	0	0	2	0.02 %	0	2	0	0	0
Sioux City, St Luke's	1	0.06 %	0	1	0	0	0	3	0.03 %	0	3	0	0	0
Spencer, Spencer Hospital	4	0.23 %	0	1	3	0	0	28	0.32 %	0	3	25	0	0
Storm Lake, Buena Vista	1	0.06 %	1	0	0	0	0	2	0.02 %	2	0	0	0	0
Waterloo, Allen Hosp	4	0.23 %	0	2	1	0	1	55	0.64 %	0	13	9	0	33
Waterloo, Covenant	5	0.29 %	2	2	1	0	0	18	0.21 %	5	9	4	0	0
West Burlington, Grt Rrv	1	0.06 %	0	1	0	0	0	4	0.05 %	0	4	0	0	0
West Des Moines, Meth W	11	0.65 %	0	0	3	3	5	18	0.21 %	0	0	4	6	8
West Des Moines, West L	53	3.11 %	0	8	19	18	8	137	1.59 %	0	20	40	52	25
TOTAL	1703	100.00 %	190	306	395	364	448	8632	100.00 %	955	1167	2048	2286	2176

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

Appanoose

	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Albia, Monroe Co Hosp	43	2.38 %	0	2	10	10	21	236	2.98 %	0	9	49	54	124
Ames, Mary Greeley	2	0.11 %	0	1	1	0	0	9	0.11 %	0	5	4	0	0
Atlantic, Cass Co Mem	1	0.06 %	0	1	0	0	0	4	0.05 %	0	4	0	0	0
Belmond, Iowa Specialty	1	0.06 %	0	0	1	0	0	1	0.01 %	0	0	1	0	0
Bloomfield, Davis Co Hosp	14	0.77 %	0	1	4	3	6	55	0.69 %	0	2	15	7	31
Cedar Falls, Sartori Mem	1	0.06 %	0	0	1	0	0	3	0.04 %	0	0	3	0	0
Cedar Rapids, Mercy	4	0.22 %	0	2	1	0	1	20	0.25 %	0	3	14	0	3
Cedar Rapids, St Luke's	2	0.11 %	0	2	0	0	0	5	0.06 %	0	5	0	0	0
Centerville, Mercy Med	617	34.09 %	76	93	116	117	215	2129	26.89 %	209	228	434	428	830
Chariton, Lucas Co Hlth	6	0.33 %	2	2	0	0	2	26	0.33 %	3	3	0	0	20
Corydon, Wayne Co Hosp	125	6.91 %	52	50	6	6	11	307	3.88 %	97	109	22	20	59
Council Bluffs, CHI Hlth	5	0.28 %	2	0	3	0	0	12	0.15 %	6	0	6	0	0
Council Bluffs, Jennie Ed	1	0.06 %	0	1	0	0	0	3	0.04 %	0	3	0	0	0
Des Moines, Broadlewns	2	0.11 %	0	1	1	0	0	7	0.09 %	0	4	3	0	0
Des Moines, IA, Lutheran	16	0.88 %	2	2	6	3	3	129	1.63 %	28	6	42	8	45
Des Moines, IMMC	97	5.36 %	14	12	31	21	19	496	6.26 %	70	44	187	94	101
Des Moines, Mercy Med	514	28.40 %	29	69	158	128	130	2944	37.18 %	221	338	1011	656	718
Dubuque, Finley	1	0.06 %	0	0	0	0	1	44	0.56 %	0	0	0	0	44
Grinnell, Grinnell Reg	12	0.66 %	0	8	4	0	0	30	0.38 %	0	19	11	0	0
Iowa City, Mercy	1	0.06 %	0	1	0	0	0	3	0.04 %	0	3	0	0	0
Iowa City, U of I Hosp	101	5.58 %	15	28	33	19	6	652	8.23 %	49	139	311	128	25
Oskaloosa, Mahaska Hlt	13	0.72 %	4	6	0	2	1	46	0.58 %	7	11	0	14	14
Ottumwa, Ottumwa Reg	122	6.74 %	22	29	33	13	25	448	5.66 %	41	74	143	55	135
Pella, Pella Reg Med Cen	26	1.44 %	8	9	3	6	0	62	0.78 %	16	22	12	12	0

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

Appanoose

	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Shenandoah, Shen Med Ctr	1	0.06 %	0	0	1	0	0	1	0.01 %	0	0	1	0	0
Spencer, Spencer Hospital	1	0.06 %	0	1	0	0	0	5	0.06 %	0	5	0	0	0
Waterloo, Covenant	2	0.11 %	0	1	1	0	0	9	0.11 %	0	3	6	0	0
West Burlington, Grl Rrv	3	0.17 %	0	3	0	0	0	18	0.23 %	0	18	0	0	0
West Des Moines, Meth W	19	1.05 %	0	2	7	6	4	33	0.42 %	0	2	11	14	6
West Des Moines, West L	57	3.15 %	0	9	21	13	14	181	2.29 %	0	17	47	47	70
TOTAL	1810	100.00 %	228	336	442	347	459	7918	100.00 %	747	1076	2333	1537	2225

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

MercyOne Centerville PSA CHNA Town Hall Attendees - Appanoose Co Wave #3 2019 N=46 3/28/2019

Category	Attend	Last Name	First	Company	Title	Address	City	ST	Zip
Optometrist	x	Alletto	Danielle	International Eye Care		125 North 13th	Centerville	IA	52544
Not for profit Healthcare	x	Barker	Cheryl	MercyOne Centerville Medical Center	Community Health Worker		Centerville	IA	52544
United Way	x	Bettis	Larry	State Farm Insurance		303 West Jackson	Centerville	IA	52544
Community leader or member	x	Buss	Diane			402 E Maple	Centerville	IA	52544
Not for profit Healthcare	x	Clawson	Tonya	Mercy Centerville HR					
Physician	x	Cowan	Sammi	MercyOne Centerville Medical Center	RN		Centerville	IA	52544
Civic/Service Organization	x	Davis	Kent	Optimae LifeServices					
Clergy/congregation leader	x	Dittmer	Brad		Pastor		Centerville	IA	52544
Hospital Board Member	x	Doggett	Sherrri	MercyOne Centerville Medical Center	VP Patient Services		Centerville	IA	52544
Community leader or member	x	Dooley	Kathy	IDPH	Rural Outreach Liaison		Centerville	IA	52544
Not for profit Healthcare	x	Dykes	Katy	MercyOne Centerville Medical Center	Rehab Manager		Centerville	IA	52544
Welfare/Social Services	x	Dzak	Matthew	CHCSI	Psychologist / BH Assistant Director		Centerville	IA	52544
Not for profit Healthcare	x	Haden	Jennifer	MercyOne Centerville Medical Clinic	Physician		Centerville	IA	52544
Not for profit Healthcare	x	Hargrave	Brian	EveryStep	Team Director		Centerville	IA	52544
Education Official	x	Harvey	Elizabeth	CCSD	School Nurse	P.O. Box 370	Centerville	IA	52544
Press.	x	Hawk	Emily	Daily lowegeian/Reporter		201 N 13th St	Centerville	IA	52544
Community leader or member	x	Heffron	Justine				Centerville	IA	52544
Not for profit Healthcare	x	Heims	Molly	MercyOne Centerville	Wt Management/Dietician		Centerville	IA	52544
Nursing Home	x	Hornaday	Vichelle	Senior Life Solutions	CNA		Centerville	IA	52544
Education Official	x	Howe	Denise	Centerville School District	School Nurse	1800 So. 11th	Centerville	IA	52544
Education Official	x	Hutton	Holly	CCSD		Food Service Director	Centerville	IA	52544
Welfare/Social Services	x	Johnson	Ilene	Sieda Behavioral Health and Treatment Services		Prevention Specialist	Ottumwa	IA	52501
Community leader or member	x	Keileg	Richard				Centerville	IA	52544
Not for profit Healthcare	x	Kelly	Jacqueline	MercyOne Centerville Medical Center		RN Patient Educator	Centerville	IA	52544
Welfare/Social Services	x	Koch	Stephanie	Appanoose County PCP		402 E. Maple	Centerville	IA	52544
Business	x	Kulmatycki	Jeff	Hawk Insurance Agency		PO Box 773	Centerville	IA	52544
Welfare/Social Services	x	Laurson	Kris	Appanoose County Public Health	Administrator	209 E. Jackson	Centerville	IA	52544
Civic/Service Organization	x	Lind	Sarah	AEDC		101 West Van Buren, Suite 1	Centerville	IA	52544
Community leader or member	x	McCarthy	Claudia				Centerville	IA	52544
Community leader or member	x	McCarthy	John				Centerville	IA	52544
Community leader or member	x	McConville	Dewey		PA - Retired		Centerville	IA	52544
Physician	x	McDanolds	Linda		ARNP				
Press.	x	Ocker	Kyle	Daily lowegeian/Editor		201 N 13th St	Centerville	IA	52544
Civic/Service Organization	x	Revers	Molly	Rathbun Lake Area YMCA		708 South Main	Centerville	IA	52544
Education Official	x	Rubel	Tom	CCSD	Superintendent	P.O. Box 370	Centerville	IA	52544
Physicians.	x	Sales	Dorine	MercyOne Centerville Medical Center	RN / Diabetes Education	20347 W Terra Vista	Centerville	IA	52544
Community leader or member	x	Shirley	Julia				Centerville	IA	52544
Parents/Consumers	x	Timmens	Patty	Patty Timmens					
Community leader or member	x	Tresemmer	Patty				Centerville	IA	52544
Physician.	x	Waidlou	Debbie		ARNP	2200 Shamrock Lane	Centerville	IA	52544
Civic/Service Organization	x	Waits	Mark	Appanoose County Board of Supervisors	County Supervisor		Centerville	IA	52544
Physicians.	x	Whisler	Taren	MercyOne Centerville Medical Center	RN, Employee Health and Health Promotions Manager		Centerville	IA	52544
Hospital Board Member	x	Wilson	Lottie			716 West Maple	Centerville	IA	52544
Not for profit Healthcare	x	Young	Ann	MercyOne Centerville Medical Center		1 St. Joseph's Drive	Centerville	IA	52544
Not for profit Healthcare	x	Young	Pam	MercyOne Centerville Medical Center	Finance Manager		Centerville	IA	52544

Appanoose County, Iowa Town Hall Meeting Notes **March 28th, 2019 11:30 a.m. - 1:00 p.m. N=46**

Depression is a problem for all ages.

Drug Problems: Opioids, Meth, Marijuana.

Obesity is a big problem, and there are places to go to work out that are affordable.

Public Health and School Nurses need more accreditation.

County things changing: ACA changing, Recession, Healthy Home Town Program is starting March 2019, Mental Health Mental Crisis, Home Care at Mercy starting April 2019, Medicaid Manage Care at Mercy.

Strengths:

- New Weight loss Clinic
- Diabetes Prevention Program
- Local NAMI Group
- Community Collaboration
- New Walk-In Clinic
- Senior Life Solutions
- Recreational Areas (YMCA)
- Disabled Care (TenCo, Optima)
- EMT and Ambulance
- Every Step Hospice
- College Nursing Program
- Local Newspaper
- Young Professionals
- Park Systems (walking trails)
- Mental Health Collation

Things to Improve:

- Poverty
- Wellness Education
- Chronic Diseases (heart)
- Doctors: Peds, Ortho, OBGYN
- Vaccines
- Available HC Services
- Drugs
- Mental Health (Diagnosis, Treatment, Aftercare)
- School Nurses
- Community Perception/ Apathy
- Alternative Healthcare Options (Holistic Health)
- Obesity
- Parent Education
- Sex Education/ Family Planning
- Water Quality
- Suicide
- Transportation
- School programming
- Smoking

Wave #3 CHNA - MercyOne Centerville PSA

Town Hall Conversation - Strengths (White Cards) N= 46

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
2	ACC	Most care accessible in county	13	DOCS	Young professionals
4	ACC	Wellness committee working to improve availability	28	DOCS	Adequate number of primary care providers
5	ACC	Health screenings available	30	DOCS	Lots of providers who care
8	ACC	Access to wellness programs	31	DOCS	Family care physicians
9	ACC	Access to healthcare-quick care	11	DOH	Public health
9	ACC	Access to wellness programs	12	DOH	Public health
10	ACC	Wellness program	28	DOH	Public Health Department
10	ACC	Quick care and hours	31	DOH	Public Health Department
10	ACC	Tremendous medical services available	34	DOH	Public Health Hospital
11	ACC	Wellness program	37	DOH	Public Health coalition
12	ACC	Medical center -local services	21	ECON	Employment opportunities
12	ACC	River Hills- services offered	24	ECON	Business
14	ACC	Better access to health specialist	30	ECON	Employment opportunities are great
19	ACC	Access to medical services	33	ECON	Young people professionals
22	ACC	Programs to help are available	20	EDU	School
26	ACC	Quick care services	24	EDU	Schools and community college
29	ACC	Lots of programs available in our county	25	EDU	College
35	ACC	Quick care access	29	EDU	Community college
38	ACC	Opening of quick care	30	EDU	Excellent schools
39	ACC	Increased access to specialty providers	33	EDU	IHCC college nursing
24	AGE	Senior life solutions	36	EMER	Ability to treat/transfer in ER
27	AGE	Senior life solutions	11	EMS	Improved EMS
33	AGE	Senior life solutions	31	EYE	Eye doctors
40	AGE	SLS	32	EYE	Optometry
2	ALC	Alcohol not as big a problem	13	FAC	Pristine environment
6	ALL	Progress has been made	30	FAC	Excellent medical facilities
13	AMB	EMT/Ambulance	39	FAC	New facility- providers choice
16	AMB	Ambulance has improved	19	FAM	Access to parenting education
21	AMB	New local ambulance services	11	FIT	Free fitness facilities
24	AMB	Quality care service/ambulance	15	FIT	Access to exercise facilities
27	AMB	New ambulance service	15	FIT	Affordability to exercise
31	AMB	EMS/Ambulance	18	FIT	Access to exercise
33	AMB	EMT and ambulance	19	FIT	Multiple exercise/fitness facilities
40	AMB	Ambulance services	30	FIT	Facilities to have physical fitness exist
41	AMB	New ambulance and transfer service	31	FIT	Gyms<- wellness areas
4	BH	CHCSI offering mental health services	34	FIT	Access workout facilities
13	BH	NAMI group	5	HOSP	Hospital services
13	BH	Alliance Mental	13	HOSP	Hospital/clinic
14	BH	NAMI	16	HOSP	Community has a hospital
16	BH	Have some mental health providers	18	HOSP	Hospital/Available care
19	BH	Mental Health	24	HOSP	Hospital
28	BH	Increase interest in mental health	25	HOSP	Strong Hospital
33	BH	NAMI	41	HOSP	PH and Hospital
33	BH	MH coalition	13	HSP	Hospice
40	BH	NAMI	27	HSP	Hospice
15	BRST	Breastfeeding evaluation	28	HSP	Adequate number of home healthcare and hospice providers
2	CANC	Cancer rates not as high as I thought	32	HSP	Hospice programs
3	CANC	Cancer rate not as high	33	HSP	Every Step Hospice
26	CHIRO	Chiropractors	40	KID	Child Care
31	CHRO	Chiropractors	36	MAN	Key leaders that care about community

Wave #3 CHNA - MercyOne Centerville PSA

Town Hall Conversation - Strengths (White Cards) N= 46

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	CLIN	Walk in clinic	13	MRKT	Newspaper
7	CLIN	Walk in clinic	40	MRKT	Local newspaper
8	CLIN	Walk in clinic	4	NUTR	Grocery stores offer a variety of produce/health foods
10	CLIN	New after hours health care	9	NUTR	Pick a better snack in schools
14	CLIN	Walk in clinic with hospital access	13	NUTR	Fresh produce
25	CLIN	Quick care services	21	NUTR	Several grocery stores to buy healthy foods
27	CLIN	Quick care services	41	NUTR	Grocery diabetic education
34	CLIN	MercyOne- walk in clinic	10	OBES	New obesity clinic
36	CLIN	Walk in Clinic	33	OBES	New weight loss clinic
37	CLIN	Quick care	34	OBES	New weight loss program
40	CLIN	Quick care	37	OBES	Wt loss program
41	CLIN	Walk in Clinic	38	OBES	New weight loss program
17	COMM	Co-operation between agencies	40	OBES	Wt loss clinic
17	COMM	Communication	41	OBES	New weight loss clinic
17	COMM	Great input	10	OP	New otpt clinic
35	COMM	Public health and hospital have great relationship	26	OP	Outpatient services
1	CORP	Close knit community , people look out for one another	17	OTHR	Charity
2	CORP	Community works well together to tackle problems	26	PHAR	Pharmacies
3	CORP	Community pride	2	PNEO	Premature births not as high
6	CORP	Groups/agencies work together	13	POV	Food pantries
6	CORP	There is great community pride	14	POV	Food pantry
6	CORP	More persons are becoming aware of the need to pay attention to health and wellness	35	PUL	Pulmonary screening
7	CORP	Work together as a community	38	PUL	New start up of pulmonary screening
8	CORP	Working together	41	PUL	Pulmonary specialty
8	CORP	Young people getting involved	11	QUAL	Inc quality care available
8	CORP	Great community pride	19	QUAL	Care of disabled
8	CORP	More persons paying attention to health	21	QUAL	A good hospital
11	CORP	Work well with other health partners	22	QUAL	Disabled assistance
13	CORP	Coming together	23	QUAL	Adequate providers
15	CORP	Community efforts	23	QUAL	Good resources and programs
16	CORP	Community wants to change	40	QUAL	Care of disabled population
17	CORP	Community togetherness	4	REC	Snap Fitness,YMCA, school indoor track available
19	CORP	Cooperation b/w agencies	5	REC	YMCA
20	CORP	Community cooperation	5	REC	Outdoor Recreation
22	CORP	Good amount of people giving effort to make a difference	7	REC	YMCA
24	CORP	Good volunteers	13	REC	YMCA
24	CORP	Willingness and desire for community	13	REC	Trails
25	CORP	People who care and want to make a difference	21	REC	Recreation for wellness
26	CORP	# of people invested	22	REC	Outdoor rec available
28	CORP	Working together-collaborative effort	23	REC	Good outdoor parks
30	CORP	Opportunities for community development	24	REC	Parks system
31	CORP	Community involvement	27	REC	Parks and pool
31	CORP	Willingness of groups wanting a change	29	REC	Lots of parks/lake to get outside and exercise

Wave #3 CHNA - MercyOne Centerville PSA

Town Hall Conversation - Strengths (White Cards) N= 46

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?
30	CORP	Cooperate healthcare b/w organizations	33	REC	Recreation
33	CORP	Pride in community	33	REC	YMCA
34	CORP	Community support to improve	33	REC	Park system paved walking
36	CORP	Ability to work together for solutions	35	REC	YMCA
37	CORP	Working to improve	37	REC	Opportunities for physical activity
39	CORP	Partnership w/ Wellmark Healthy Hometown	38	REC	YMCA
40	CORP	Collaboration of community	40	REC	YMCA/snap
41	CORP	Community improvement programs	41	REC	YMCA
32	DENT	Dental care	1	SNUR	School nurses in the districts
35	DENT	Dentist for children	7	SPEC	Specialists brought to our community
27	DIAB	Weight management/diabetes program	11	SPEC	Lots of medical specialties
33	DIAB	Diabetes prev program	16	SPEC	Have some dentists,chiro,ophthalmologist
34	DIAB	Access Diab Ed	40	SPEC	Specialty clinics
35	DIAB	Great access to diabetic education	41	SPEC	Increase specialty provider services
38	DIAB	Diabetic education availability	30	STFF	Incentive programs for new providers
39	DIAB	Diabetic education program	35	STFF	Increase providers
40	DIAB	Diabetes program	36	STFF	Providers
6	DOCS	Have a new care group of young persons dedicated to solving our problems	38	STFF	Hospitalists caring for hosp patients
10	DOCS	Return of some doctors	41	STFF	Hospitalist Program
13	DOCS	Doctors that we do have are great	15	URG	Urgent Care
			5	WELL	Wellness education services

Wave #3 CHNA - MercyOne Centerville PSA

Town Hall Conversation - Weakness (Color Cards) N= 46

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
2	ACC	Increase patient screenings	27	GOV	Medicaid/Managed care
8	ACC	Health Screening	28	GOV	Medicaid/Managed care
18	ACC	Access to home care services more locally	31	GOV	Medicaid
27	ACC	Alternative health options	39	GOV	Too many handouts create dependency
28	ALC	Alcohol	42	GOV	Medical managed care
37	ALC	Alcohol	27	H2O	Water quality
42	ALC	Alcohol	20	HH	Healthcare-home care
34	ALL	Personal health	24	HH	Home health programs
1	BH	Access to mental health	34	HH	Home health care
2	BH	Mental health access locally	25	HRT	Heart disease
2	BH	Depression Assistance	19	INSU	# of uninsured/unemployed
3	BH	Mental health access locally	22	INSU	Uninsured
4	BH	Mental health access locally	23	INSU	Underinsured
6	BH	Lack of mental health	27	INSU	Uninsured
8	BH	Mental health	1	KID	Lack of food for children
11	BH	# of mental health providers	15	KID	Children in unhealthy homes
15	BH	Access to inpatient mental health services	33	KID	Educate healthy living in early education
16	BH	Mental health education	33	MAMO	Improve mammography screen
17	BH	# Mental health for children	5	MRKT	Public awareness
18	BH	Access to mental health	10	MRKT	Awareness of programs
19	BH	Mental health services	14	MRKT	Community awareness of programs
20	BH	Mental health	17	MRKT	Need to promote locally
21	BH	Mental health assessment	28	MRKT	Publicity-reach people where they are
22	BH	Mental health access to services	28	MRKT	Resources-printed list
23	BH	Mental health stigma	29	MRKT	Marketing services
24	BH	Mental health stigma	34	MRKT	Lack of awareness
25	BH	Mental health accessibility	35	MRKT	Providers need to advertise services
26	BH	Mental health	4	NUTR	School lunch
27	BH	Mental health availability	15	NUTR	Access to healthy food
28	BH	Mental health	1	OBES	Obesity
29	BH	Appanoose based stabilization house for MH	3	OBES	Obesity
30	BH	Mental health access	5	OBES	Chronic conditions related to obesity
31	BH	Mental health	6	OBES	Obesity rate
32	BH	Mental health	8	OBES	Obesity
35	BH	Better mental health access	9	OBES	Obesity
36	BH	Mental health- youth prevention	9	OBES	HBP way high in our county
36	BH	Mental health- need access to providers	10	OBES	Obesity
37	BH	Mental health	12	OBES	Obesity
38	BH	Mental health	13	OBES	Obesity
39	BH	High prevalence of mental illness	14	OBES	Obesity
39	BH	Youth that are lost, hopeless and stuck	19	OBES	Obesity
39	BH	Mental health in ER	22	OBES	Obesity
40	BH	Mental health services	26	OBES	Adult obesity
41	BH	Mental health	27	OBES	Childhood obesity
42	BH	Mental health	28	OBES	Obesity
42	BH	Community needs more help in MH	30	OBES	Obesity to other chronic disease
7	CHRON	Care of chronic disease	31	OBES	Obesity
33	CHRON	Manage chronic diseases	32	OBES	Obesity
41	CHRON	Chronic disease	34	OBES	Obesity
17	COMM	Communication	36	OBES	Obesity and all effects

Wave #3 CHNA - MercyOne Centerville PSA

Town Hall Conversation - Weakness (Color Cards) N= 46

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?
1	CORP	Motivation	37	OBES	Obesity
5	CORP	Tactics to motivate	38	OBES	Obesity
10	CORP	Perception of our community- attitudes	40	OBES	Obesity
12	CORP	Perception of community	36	OBG	OBGYN care
17	CORP	Need to instill self-worth and community pride	40	OBG	Providers-OB birthing
20	CORP	Community wellness	6	OTHR	Spirituality services
42	CORP	People need to believe in themselves	39	OTHR	Integrity of the family unit
3	DOCS	More doctors	15	PEDS	Pediatric providers
4	DOCS	Need more primary care doctors	11	PNEO	Prenatal education and wellness
26	DOCS	Medical doctors	2	POV	Reduce child food insecurity
38	DOCS	# of primary care physicians	3	POV	Poverty
3	DRUG	Substance abuse	8	POV	Poverty/Finance
6	DRUG	Drug abuse	9	POV	Poverty
8	DRUG	Substance abuse	10	POV	Homelessness
9	DRUG	Substance abuse	12	POV	Homeless
9	DRUG	Opiod addiction needs to go down	18	POV	Somehow address cycle of poverty
10	DRUG	Substance abuse	21	POV	Break cycle of poverty
12	DRUG	Substance abuse/vaping in schools	26	POV	Poverty
14	DRUG	Drug use	28	POV	Poverty
16	DRUG	Substance abuse	32	POV	Poverty levels
19	DRUG	Substance abuse treatment	35	POV	Combat povert/drugs/alcohol
20	DRUG	Drugs	37	POV	Cycle of poverty
21	DRUG	Substance Abuse	41	POV	Poverty
22	DRUG	Substance abuse	30	PREV	Prevention education
23	DRUG	Substance abuse	31	PREV	Health care education-prevention
24	DRUG	Drug abuse and education programs	1	QUAL	Thoughts about MercyOne (quality)
25	DRUG	Substance abuse	4	QUAL	Improve health screenings
25	DRUG	Opiod prescriptions too high	28	QUAL	Apathy
26	DRUG	Substance abuse	3	REC	Hours at YMCA
27	DRUG	Opiod Crisis	8	REC	Activities for children
28	DRUG	Drugs/opioids	17	REC	Activities
29	DRUG	Appanoose based inpt TX for substance abuse	40	REC	YMCA funding
30	DRUG	High rate recreational drug use	4	SMOK	Smoking Cessation
32	DRUG	Drug use	7	SMOK	Smoking Cessation
36	DRUG	Drug abuse	14	SMOK	Vaping in schools
37	DRUG	Opiods	15	SMOK	Smoking and drinking during pregnancy
37	DRUG	Meth	25	SMOK	Smoking while pregnant
38	DRUG	Substance abuse	40	SMOK	Mothers that smoke
41	DRUG	Substance abuse	3	SNUR	School health
42	DRUG	Drugs are a problem	20	SNUR	School nurses
3	ECON	Lack of employable people	29	SNUR	FT school nurse
15	ECON	Economic development	42	SNUR	School nurses should be on duty full time
16	ECON	Economic development	11	STFF	# of health care providers
18	ECON	Wages-economic development	17	STFF	More providers
20	ECON	Economic development	30	STFF	Recruit surgeons/pediatrician
29	ECON	New business to area	35	STFF	Need more providers
30	ECON	More economic development	1	SUIC	Suicide prevention program
37	ECON	Economic development	3	SUIC	Suicide prevention program
42	ECON	Trades in HS	8	SUIC	Suicide prevention program
42	ECON	Economic development	11	SUIC	Suicide prevention effort in schools

Wave #3 CHNA - MercyOne Centerville PSA

Town Hall Conversation - Weakness (Color Cards) N= 46

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?
6	EMER	Expand emergency facilities	12	SUIC	Suicide prevention
33	EMER	New emergency rooms	37	SUIC	Suicide prevention
35	EMER	Need local ER providers	1	TOB	Tobacco cessation
32	FAC	Physical structures	3	TOB	Tobacco cessation
3	FAM	Family planning	8	TOB	Tobacco cessation
8	FAM	Family planning	3	TRAN	Transportation
12	FAM	Single parent households	21	TRAN	Transportation
19	FAM	Parental education	7	TRAV	Keeping patients here for healthcare
21	FAM	Parental education	2	VACC	Increase vaccines
22	FAM	Parental education	3	VACC	Vaccines
23	FAM	Lack of parenting classes	4	VACC	Vaccines
27	FAM	Family planning	8	VACC	Education on vaccinations
28	FAM	Family planning	40	VACC	Vaccinations
37	FAM	Family planning	42	VACC	Vaccine rate increase
38	FAM	Family planning	8	VIO	Domestic Violence
40	FAM	Family planning	22	VIO	Abuse/Violence
41	FAM	Family planning	23	VIO	Abuse/violence
33	FEM	Comprehensive womens health services	29	VIO	Appanoose domestic violence education
1	FIT	Need for involvement in exercise	37	VIO	Domestic violence
5	FIT	Physical inactivity	37	VIO	Bullying education
6	FIT	Access to personal trainers	16	WAIT	ER wait time
6	FIT	Overall physical inactivity	35	WAIT	Shorter waits
21	FIT	Access to physical activity	3	WELL	Health/Wellness
33	FIT	Increase physical activity	7	WELL	Health education in schools
34	FIT	Exercise/motivation	16	WELL	Improve risk behaviors
36	FIT	Motivation to exercise/health	18	WELL	Education in schools
37	FIT	People need to exercise	20	WELL	Educate parents
8	GOV	DHS workers state of Iowa	21	WELL	Health/Wellness education
18	GOV	Medicaid managed care	23	WELL	School health/wellness
			39	WELL	Education enviornment needs to improve

c) Public Notice & Requests

[VVV Consultants LLC]



To: All Appanoose County Residents

From: Ann Young, Interim President

Mercy Medical Center-Centerville is conducting an update to the 2016 Community Health Needs Assessment.

Your feedback and suggestions regarding community health delivery are very important to collect in order to complete the 2019 Community Health Needs Assessment and implementation plan updates.

We invite you to take a short online survey that has been developed at the following link:

https://www.surveymonkey.com/r/AppanooseCoIA_CHNA_2019

Please feel free to share this link with anyone who would like to participate. **Due date for survey completion is February 22.** All responses are confidential.

Thank you in advance for your time and support in participating with this important request.



To: All Appanoose County Residents
From: Ann Young, Interim President
Date: January 23, 2019

Mercy Medical Center-Centerville *and* Appanoose County Public Health are conducting an update to the 2016 Community Health Needs Assessment.

Your feedback and suggestions regarding community health delivery is very important to us as we complete the 2019 Community Health Needs Assessment and implementation plan updates.

We invite you to take a short online survey that has been developed at the following link:

https://www.surveymonkey.com/r/AppanooseCoIA_CHNA_2019

Please feel free to share this link with anyone who would like to participate. The link is also available at www.mercycenterville.org and www.appanooseph.wixsite.com.

Due date for survey completion is March 1. All responses are confidential.

Thank you in advance for your time and support in participating with this important request.

Memo

To: Appanoose County Residents
From: Ann E. Young, Interim President
Date: March 1, 2019
Subject: Town Hall Meeting for Community Health Needs Assessment

MercyOne Centerville Medical Center and Appanoose County Public Health have partnered together to update the past (2016) Appanoose County Community Health Needs Assessment (CHNA). Your feedback and suggestions regarding current community health are very important to collect in order to complete our comprehensive 2019 Community Health Needs Assessment and Implementation Plan.

Please join us at the community-wide Town Hall meeting on Thursday, March 28th from 11:30 a.m. to 1:00 p.m. at Manhattan Restaurant on Hwy 5 in South Centerville, Iowa. A light lunch will be served.

RSVP for the Town Hall here: <https://www.surveymonkey.com/r/AppanooseCo> **RSVP**

VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this community-wide research. Vince Vandehaar MBA, Principal will lead CHNA work.

If you have any questions about CHNA activities, please call Denise Sebolt at 641-437-3441.



Centerville Medical Center
& Appanoose County Public Health

The public is invited to attend
Community Health Needs Assessment
TOWN HALL Meeting

March 28th

11:30 - 1:30 PM

Vermillion Acres 1857

(Formerly Manhattan Restaurant - Hwy. 5 South)

Light Lunch will be served

*Please RSVP to Denise Sebolt at
dsebolt@mercydesmoines.org or 641-437-3441*



Centerville Medical Center

Implementation Plan Invitation Community Health Needs Assessment Appanoose Co IA

On March 28th, Appanoose County community leaders attended MercyOne Centerville Medical Center’s (MCMC) CHNA Wave #3 Town Hall. From this community discussions, the following eight (8) health priorities were determined (see below):

2019 CHNA Health Priorities - Appanoose County (IA)				
CHNA Wave #3 Town Hall (46 Attendees, 164 Votes)				
MercyOne Centerville Medical Center PSA				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Care, Aftercare)	28	17.1%	17.1%
2	Poverty (Employment Readiness)	21	12.8%	29.9%
3	Obesity (Nutrition / Exercise)	19	11.6%	41.5%
4	Community Knowledge of Healthcare Services	15	9.1%	50.6%
5	Parenting Education	14	8.5%	59.1%
6	Drugs (Opioids, Meth, Marijuana)	14	8.5%	67.7%
7	School Programming	12	7.3%	75.0%
8	Poor Community Perception / Health Apathy	10	6.1%	81.1%
Total Votes:		164	100.0%	
Other Items receiving votes: Chronic Diseases (Heart), School Nurses, Smoking, Sex Education / Family Planning, Doctors (Peds, Ortho, Obgyn), Water Quality, Vaccine Rates, Suicides, Transportation.				

To fulfill MCMC IRS Community Health Needs Assessment requirements, you are invited to attend our brainstorm sessions to create “ideas & suggestions” to address our eight (8) CHNA health priorities.

**Tuesday April 30th
11 AM to 12:30 PM
Conference Room A
MercyOne Centerville
Light lunch will be served**

Please RSVP to dsebolt@mercydesmoines.org by Friday April 26th.

Thank you for your continued support. We truly need your participation and ideas to improve the health of our community.


Best regards,

Ann

CHNA Facebook Posts

MERCY ONE **MercyOne Centerville Medical Center**
 Published by Ann Young · January 28 ·

Mercy Medical Center - Centerville is collaborating with Appanoose County Public Health to update the 2016 Community Health Needs Assessment. We are interested in your input about the community health needs in Appanoose County. Please help us by taking this online survey at the link below and share with your friends. The survey is being conducted by an outside consultant & all responses are confidential.
https://www.surveymonkey.com/r/AppanooseCoIA_CHNA_2019



SURVEYMONKEY.COM
Community Health Needs Assessment 2019 - Appanoose County IA

2,598 People Reached **205** Engagements


Learn More **Boost Again**

Boosted on Feb 12, 2019 By Ann Young	Completed	Boosted on Jan 28, 2019 By Ann Young
People Reached: 1.1K	Link Clicks: 23	People Reached: 1.1K
View Results		

Carolyn Padavich, Mariah Clawson and 17 others 1 Comment 35 Shares

MERCY ONE **MercyOne Centerville Medical Center**
 Published by Ann Young · February 12 ·

How is health in our community? What health problems affect our children, teenagers and adults? What areas need attention to benefit the overall health of our community? Please help us by taking this online survey at the link below and share with your friends. The survey is being conducted by an outside consultant & all responses are confidential.
https://www.surveymonkey.com/r/AppanooseCoIA_CHNA_2019



SURVEYMONKEY.COM
Community Health Needs Assessment 2019 - Appanoose County IA

2,175 People Reached **62** Engagements

Learn More **Boost Again**

Boosted on Feb 12, 2019 By Ann Young	Completed
People Reached: 1.7K	Link Clicks: 35
View Results	

Etta Smith, Cheri Dicks and 6 others 4 Shares

Tomorrow! Thursday, March 28th, Town Hall Meeting -Appanoose County Community Health Needs Assessment. 11:30-1:30, Vermillion Acres (old Manhattan Restaurant). Help us identify our community's top health issues & develop plans to address. Thanks to our partner Appanoose County Public Health for your partnership, support & promotion of this important initiative.



953
People Reached

Valentine Music Productions
54 Engagements

Boost Post

Sarah Revers Lind, Molly Revers and 1 other
English (US) · Español · Português (Brasil) · Français (France) · Deutsch
5 Shares

Write a comment...

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Facebook © 2019



Centerville Medical Center
& Appanoose County Public Health

The public is invited to attend
Community Health Needs Assessment
TOWN HALL Meeting

March 28th
11:30 - 1:30 PM

Vermillion Acres 1857

(Formerly Manhattan Restaurant - Hwy. 5 South)

Light Lunch will be served

Please RSVP to Denise Sebolt at
dsebolt@mercycdesmoines.org or 641-437-3441

3,023
People Reached

133
Engagements

Boost Again

Boosted on Mar 6, 2019
By Ann Young

People Reached **1.1K** Post Engagement **57**

View Results

Bethelle Duffy, Connie Lippert and 32 others

29 Shares

Facebook © 2019

https://www.dailyowegian.com/.../article_c05bc7b1-df9a-54c8-...



DAILYOWEGIAN.COM

Community health needs outlined

Of more than 200 surveyed by the Community Health Needs Assessment,...

1,038
People Reached

116
Engagements

Boost Post

Marti Mefferd, Mary Wells and 13 others

5 Shares

Email Request #2:

Appanoose County (IA) Community Health Needs -Town Hall

--In a message dated 3/1/2019 from ayoung@mercydesmoines.org –

Mercy Medical Center and **Appanoose County Public Health** have partnered together to update the past (2016) Appanoose County Community Health Needs Assessment (CHNA). Your feedback and suggestions regarding current community health are very important to collect in order to complete our comprehensive 2019 Community Health Needs Assessment and Implementation Plan.

Please join us at the community-wide Town Hall meeting on Thursday, March 28th from 11:30 a.m. to 1:00 p.m. at Manhattan Restaurant on Hwy 5 in South Centerville, Iowa.

RSVP for the Town Hall here: https://www.surveymonkey.com/r/AppanooseCo_RSVP

VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this community-wide research. Vince Vandelaar MBA, Principal will lead CHNA work.

If you have any questions about CHNA activities, please call Denise Sebolt at 641-437-3441.

Sincerely,

Ann Young, Interim President, Mercy Medical Center

NEWSPAPER:

Iowegian

VOLUME:

NO.

DATE:

1-29-19

Local residents requested for health survey

Responses due by March 1

Over the next three months, Mercy Medical Center and Appanoose County Public Health will be working to update the Appanoose County Community Health Needs Assessment (CHNA). The goal of this CHNA project is to understand progress in addressing community health needs cited in the 2016 CHNA report and to collect up-to-date com-

munity health perceptions. In addition, current ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years.

According to Mercy Interim President Ann Young, the hospital made significant progress in addressing the top issues arising from the last assessment completed 3 years ago. "Examples of our progress include opening a walk in Quick Care to address the number one community need of after-hours or urgent care

availability," Young said. She also cited the development of a certified pre-diabetic prevention program to prevent or delay onset of diabetes in those with the most risk of developing the disease to address another top priority of increasing individual health accountability.

To accomplish this work, a short online survey has been developed. (Note: you can also find CHNA feedback link on the MMC and/or the Appanoose County Public Health website

and/or Facebook page.) VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this community-wide research. Vince Vandelaar MBA, Principal will lead CHNA work.

All community residents are encouraged to complete the CHNA online survey at https://www.surveymonkey.com/r/AppanooseCOIA_CHNA_2019 by March 1, 2019. The link is also available on www.mercy-centerville.org and [\[appanooseph.wixsite.com/appanooseph\]\(http://appanooseph.wixsite.com/appanooseph\).](http://</p></div>
<div data-bbox=)

"By participating in the Community Health Needs Assessment process, Appanoose County citizens can gain a more comprehensive understanding of their community, including the health issues it faces, the causes of those issues and the availability of resources to address them," said Kris Laurson, Appanoose County Public Health Director.

Young and Laurson encourage community members and health profession-

als to take advantage of this opportunity to provide input into the future of healthcare in Appanoose County.

In addition, a community-wide town hall meeting will be held on Tuesday, March 28 from 11:30 a.m.-1:30 p.m. at the former Manhattan Restaurant located south of Centerville. If you have any questions about Community Health Needs Assessment activities, please contact Denise Sebolt at 641-437-3341 or by email at dsebolt@mercydesmoines.org.

NEWSPAPER: Iaweglan

VOLUME: _____ NO. _____

DATE: 3-7-19

Health assessment town hall meeting

Citizens are invited to a meeting later this month that parts of an update to the area's community health needs assessment.

The town hall is scheduled at Manhattan Restaurant on Thursday,

March 28 from 11:30 a.m. to 1 p.m. Lunch will be provided. An RSVP is requested in advance by visiting www.surveymonkey.com/r/AppanooseCo_RSVP Mercy One Centerville

Medical Center and Appanoose County Public Health partnered together to update the health assessment, which was last updated in 2016.

VVV Consultants LLC, an independent research

firm from Olathe, Kansas, has been retained to conduct the community-wide research.

Questions about the assessment can be directed to Denise Sebolt at 641-437-3441.

NEWSPAPER: Jawegian
DATE: 3-13-19

VOLUME: _____ NO. _____

MERCYONE

Centralia Medical Center
& Appanoose County Public Health

The public is invited to attend
Community Health Needs Assessment

TOWN HALL Meeting

March 28th

11:30 - 1:30 PM

Vermilion Acres 1857

(Formerly Manhattan Restaurant - Hwy. 5 South)

Light Lunch will be served

Please RSVP to Denise Sebott at
dsebott@mercydesmoines.org or 641-437-3441

Community health needs outlined

Survey, town hall conclude mental health is pressing need

By Emily Root
3/29/19

Of more than 200 surveyed by the Community Health Needs Assessment, mental health was voted the top priority for improvement in Applegate County.

The meeting was held Thursday afternoon on behalf of MercyOne Centerville Medical Center at Vernil-Ann Acres.

CHNA is a collection and analysis of information about the health of a community taken from consumers, community leaders and groups, public organizations, and other providers. The assessment's role is to identify factors that affect the health of a specific population.

Vince Vandelaar, a consultant at VVF Consultants, LLC, presented the results of the analyzed data.

More on SURVEY, Page 2



Photo by Eric Skelton for Oregonian. **Meridyne Centerville Medical Center interim president Jon Young speaks at the start of Thursday's town hall regarding the Community Health Needs Assessment.**

SURVEY: Community health needs outlined

Continued from Page 1

There were 224 participants in an online survey. Participants graded Applegate County's health quality as a "C" rating, generally.

Mental health, substance abuse and obesity were listed as the top three ongoing problems. Access to Primary Care Physicians ranked sixth as an ongoing problem but ranked third on what consumers found

"most pressing."

Community members were encouraged to discuss the data presented. They were given index cards to take notes during the presentation. Members shared strengths and areas of improvement in Applegate County based on results and their own experiences.

Hospice care, walk-in clinics, the Diabetes Preventives program, access to recreational areas, Indian Hills Community College,

the Daily Oregonian, and the community's willingness to work together were mentioned as strengths of Applegate County.

Attendees voted on the top issues facing Applegate County at the conclusion of the meeting. Mental health, obesity, poverty and substance abuse were among concerns for improvement.

An additional meeting will be held in the future to discuss what comes next.

d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

CHNA 2019 Community Feedback - Appanoose Co IA N=224

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1181	52544	Average	Not really changing much	ACC	BH		Weekend care for all services, esp mental health.
							I have a friend who recently had an accident and broke her right wrist. She has no family and no friends to "step up" to help except for myself. She is 71 and has Medicare and a supplement. I have talked with at least 6 medical professionals about getting her some home health care for her personal needs. The only answer I have gotten is "no". I do not understand why there is no help available for someone in this situation. I have successfully obtained "meal on Wheels" for her. They were great to work with. She will be having surgery on her wrist this week and I am the only help she has and I can only do so much
1166	52544	Poor	Not really changing much	ACC	POV		We need more visiting Dr.s to the area for pts. Pulmonology and pain management.
1193	52544	Average	Decreasing - slipping downward	ACC	PUL	PAIN	
1062		Good	Increasing - moving up	ALL			Well nothing is perfect, there is always room for improvement.
1088		Average	Decreasing - slipping downward	AMB			Ambulance Service
1210	52590	Very Good	Increasing - moving up	BH	DOCS	HH	Mental health care for all ages Physician recruitment Home care services Transportation services
1075	52544	Good	Increasing - moving up	BH	DRUG	FEM	Mental Health and substance abuse, Women's Health Service in Centerville. Quick Care Clinic weekend hours need to be longer.
1007	52545	Good	Increasing - moving up	BH	FEM		Mental Health Women's health services
1211	52544	Average	Not really changing much	BH	FEM		Mental health care Woman's health care
1186	52544	Average	Increasing - moving up	BH	KID		We need more mental health care options and supports, especially for children.
1169	52544	Average	Increasing - moving up	BH	MRKT		Mental Health Services-such as access to or just knowledge of them.
1126	52544	Average	Decreasing - slipping downward	BH	NH	FAC	Better mental health care More nursing homes like LTC at Mercy Better facilities in Centerville without having to be taken elsewhere
1172	52544	Good	Increasing - moving up	BH	OBG		We need some mental health services and we really need to get an o.b. doctor here in centerville
1178	52544	Poor	Decreasing - slipping downward	BH	PEDS	FP	Mental health. Pediatrics. OB. More family physicians.
1004	52544	Average	Not really changing much	BH	WAIT		Very little mental health services. Months to see a psychiatrist.
1012	52544	Average	Not really changing much	BH			mental health
1013	52544	Good	Not really changing much	BH			Mental Health training and services for our community to bring services to respond to needs as well as some proactive programs to address changing the demand for mental health related services.
1020		Average	Increasing - moving up	BH			Need more mental help such as a place that they can be admitted and recover in.
1027	52544	Average	Not really changing much	BH			Yes mental health. We have optima which is great, and we have cbs which is great. Cbs can only see you for an hour at a time and sometimes that's on the computer. We need some kind of one on one day program
1060	52544	Poor	Not really changing much	BH			Basic mental health services need to be available locally for uncomplicated cases, preferably through or by a primary care provider. Initial diagnosis and treatment should be available here, or stabilize and transport when appropriate. Not all people with mental health issues should require transfers. If the all are being transferred out, we should be asking what do we need to be able to provide to keep them close to home & family. How can we achieve that?
1070	52549	Average	Not really changing much	BH			Mental health services need attention. And while Community Betterment provides great services for our community members with disabilities, the funding cuts to these services are not good.
1097	52544	Good	Increasing - moving up	BH			mental health
1109	52544	Average	Decreasing - slipping downward	BH			Added mental health care.
1138	52544	Good	Decreasing - slipping downward	BH			Mental health service has decreased since the closing of the oak street home.
1148	52544	Good	Not really changing much	BH			The Mental Health Region closed the stabilization mental health home and individuals that need mental health stabilization now have to travel to Ottumwa. The region also closed or stopped providing mental health evaluations in the emergency room.
1150		Good	Not really changing much	BH			The SCBH Region closed a stabilization mental health house last year and are critical individuals in our community now have to travel to Ottumwa to receive stabilization mental health services. The region also stopped doing emergency room mental health evaluations in Appanoose as well.
1151		Average	Not really changing much	BH			Need more mental health care services
1165		Good	Increasing - moving up	BH			Access to mental healthcare.
1123	52572	Average	Increasing - moving up	BILL			Lower the cost for Medical care
1093		Good	Not really changing much	CANC			Cancer care
1121		Good	Not really changing much	CLIN			continue to grow quick care
1203	52544	Good	Not really changing much	CLIN			No - I feel like there is great access for those who seek it. The recent addition of Quick Care is a great blessing to our Community.

CHNA 2019 Community Feedback - Appanoose Co IA N=224

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1103	52544	Good	Increasing - moving up	COMM	MRKT	SPEC	Better communication regarding specialty services offered in the area. More specialty options. Communication with local physician offices and services that are offered at the hospital. How do you get providers on board with everything that is offered in the community so they are not looking for services elsewhere? Physicians/clinics should work together for the benefit of the patients. Keeping people in our community for their health care services - maybe more marketing of services offered locally. Match pay for health care workers with the surrounding communities. It must be hard to keep good employees when they can drive a few miles and have better pay.
1085	52544	Good	Not really changing much	CONF			Concerns with confidentiality with Mercy staff.
1223	52544	Average	Increasing - moving up	DENT	PEDS		Dental for pediatrics
1156		Very Poor	Decreasing - slipping downward	DOCS	EMER		Quick care staffed with actual doctors. Emergency room doctor staffing skills.
1001	52581	Average	Not really changing much	DOCS	MDLV		More Drs and PACs.
1037	52544	Poor	Not really changing much	DOCS	MDLV		More MD's or DO's instead of ARNP's.
1029	52544	Very Poor	Not really changing much	DOCS	OBG		There needs to be more actual doctors and not just nurse practitioners. There is no ob or labor and delivery anymore, which needs to be brought back in case of pregnancy emergencies like premature births.
1034	52544	Poor	Decreasing - slipping downward	DOCS	QUAL		Doctor's not doctoring, seems like they want U to do their job for them.
1015	52544	Average	Increasing - moving up	DOCS	SPEC		More doctors, specialist
1055		Average	Not really changing much	DOCS	WAIT		Need more doctors, at times unable to get into dr on same day or next day when REALLY needing to.
1065	52544	Average	Not really changing much	DOCS			More doctors and less aides...
1098	52544	Average	Increasing - moving up	DOCS			Still need more Doctors!
1099	52544	Average	Not really changing much	DOCS			More physicians.
1216	52544	Good	Increasing - moving up	DOH	HH		Public Health and home care needs to be improved
1108		Poor	Not really changing much	DRUG	ACC		Quick and easy access to substance abuse treatment with qualified and dedicated counselors. Additional supports in the community for current or past users of illegal substances, specifically methamphetamine.
1082	52544	Good	Not really changing much	DRUG	OBES		Drug abuse an obesity problem!
1014		Good	Increasing - moving up	DRUG			Not treating everyone as if they are drug Seekers.
1173	52544	Average	Increasing - moving up	DRUG			SIEDA's substance abuse does not begin to meet the needs of their clients in quality or quantity. Southern Health Centers cannot begin to shoulder all the burden.
1142	52594	Good	Increasing - moving up	EMER	CLIN	WAIT	Needs a bigger ER and 24 hr walk on clinic.
1066	52544	Poor	Not really changing much	EMER	DOCS		ER staff at the hospital. Doctor ms that actually come to work and not cancel all the time.
1005		Average	Increasing - moving up	EMER	FAC		Need ER with more room and updated.
1189	52544	Good	Increasing - moving up	EMER	FAC		Expand the ER - too small.
1078	52544	Average	Not really changing much	EMER	QUAL	DOCS	How about local people in our healthcare offices. In the ER at the local hospital we have doctors from Des Moines. Don't really feel like they are invested in our community. Surrounding towns seem to be thriving in their hospitals. I know they use local people and treat / pay their staff better than the hospital in Appanoose county. Lots of improvements could be made
1185	52544	Average	Not really changing much	EMER	TRAV		Feedback from ER visits is not positive, many people seek hospital care outside of Appanoose county whenever possible.
1204		Good	Increasing - moving up	EMER			ER
1059	52544	Average	Increasing - moving up	EMS	AMB		EMS - ambulance services should be considered and FUNDED AS "ESSENTIAL SERVICES". This is a no-brainer. When will this become a continuous reality??
1058	52581	Good	Increasing - moving up	EMS			consistent ems coverage
1021	52544	Good	Not really changing much	FAC	DERM	NEU	MRIs offered more than twice a week, dermatology an neurology, nephrology an more specialists to come more often.
1176	52544	Very Good	Not really changing much	FEM	BH	ORTH	Women's health Child Mental Health Orthopedics
1016	52544	Good	Increasing - moving up	FEM	OBG		Maternity
1063		Average	Not really changing much	FEM	OBG		Need more women's health services
1081	52544	Average	Not really changing much	FEM			Women's care issues.
1207	52572	Good	Increasing - moving up	FINA	BILL		I feel that the registration process needs to be improved. I have heard from several patients about the amount of paperwork that they have to fill out. I feel if there is a way to minimize some of this it would leave patients with a better experience. Considering registration is the first stop for that experience.
1177		Good	Increasing - moving up	FIT	AGE		Would love to see someone in Centerville offer Tai Chai classes. Especially for the elderly. Have seen tremendous results in balance of older people.
1140	52544	Good	Not really changing much	FP	SPEC		More family practice docs and specialty services.

CHNA 2019 Community Feedback - Appanoose Co IA N=224

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1159	52544	Good	Increasing - moving up	HH	BH		Shortage of home care services. Shortage of mental health services.
1048	52544	Good	Increasing - moving up	HH	DOH		Home Care Nurses are coming in from out of town. We need local people that we know taking care of our family members. Public Health no longer offers home care. This service is greatly missed.
1043	52544	Very Good	Not really changing much	HH	TRAN		Need more agencies to offer home health care. Cheap transportation services available to elderly and disabled with more hours or flexibility
1171		Average	Decreasing - slipping downward	IM			Need internal medicine specialist MD
1182	52544	Very Poor	Decreasing - slipping downward	INSU			Affordable access to people with no insurance that do not qualify for low income or sliding scales
1002	52544	Average	Not really changing much	KID	VACC	EYE	Child health services need improvement: immunizations given according to schedule, developmental screenings as recommended, lead blood tests as recommended, professional vision exams, and dental checks, fluoride, and treatments, plus screening for ACEs and mental illness or behavior issues. These should be ongoing and not put on the schools to play catch up when entering preK or kindergarten.
1157	52544	Very Good	Not really changing much	MRKT	WELL		Education to the community with regard to the services offered in our community. It seems like many people don't know all of the services offered by our hospital and area clinics.
1137	52544	Good	Increasing - moving up	OBG	ACC		I wish we were able to deliver babies at the hospital. Dr. Collins was a wonderful doctor but no one is willing to replace the services she provided.
1130	52544	Average	Decreasing - slipping downward	OBG	DERM		OB in Centerville. To be a county seat have a hospital but not be able to have an OB in our own county is sad. Derm on site would be great as well.
1050	52544	Very Poor	Decreasing - slipping downward	OBG	DOCS	EMER	There is no obstetrician. Doctors don't actually see their patients, they send you to a nurse, and its a different one everytime so you always have to explain your entire medical history. The emergency room is nothing more then a band aid station. if you require more then stiches, staples or an IV of fluid they send you on to a bigger hospital.
1030	52544	Good	Decreasing - slipping downward	OBG	DRUG	PSY	Ob. Substance abuse, psych.
1077	52544	Good	Not really changing much	OBG	EMER	FEM	Maternity ER - the physical layout needs improvement, staff communication on patients could be better
1139	52544	Average	Not really changing much	OBG	EMER		OB and emergency room
1212	52544	Good	Increasing - moving up	OBG	ENDO	DIAB	Need an Ob provider and an endocrinologist for diabetes patients
1199	52544	Average	Decreasing - slipping downward	OBG	FAC	TRAV	No maternity doctors or facilities in town. Expectant parents have to go to Albia or Corydon to get care. No endocrinologists in town. With the diabetic problems of the nation, that seems to be a necessary specialty
1164	52544	Very Good	Increasing - moving up	OBG	FEM		Reproductive health care options are no longer available here. We need it.
1200	52581	Good	Not really changing much	OBG	ORTH	PUL	obstetrics and gynological access. Ortho access, pulmonology, internal medicine, occupational health
1114	52544	Good	Increasing - moving up	OBG	PEDS		Could use gynecology services and more pediatric
1179		Average	Increasing - moving up	OBG	PEDS		We need obstetrical care and more pediatric providers.
1214	52544	Average	Increasing - moving up	OBG	PEDS		Need more providers for Women's Health (Gyno) and Pediatrics
1163	63565	Good	Increasing - moving up	OBG	POV		OB-more services or assistance for low income and developmentally challenged individuals
1125	52544	Good	Not really changing much	OBG	PUL		It would be nice to have obstetrics in Centerville, as well as a pulmonologist that rotates down to specialty clinic.
1184	52544	Average	Increasing - moving up	OBG	SPEC	ACC	OB/GYN is needed More access to specialists, more often is needed
1183	52544	Poor	Decreasing - slipping downward	OBG	TRAV		Yes. All OB patients must travel to another community to have babies.
1110	52544	Good	Increasing - moving up	OBG	URG		-OB/GYN to return back to Centerville would be a HUGE improvement. - Extended "urgent care" hours (esp. on weekends).
1095	52552	Good	Increasing - moving up	OBG	VAST	PAIN	obstetrics; vascular; pain clinic; home care needs
1053	52574	Good	Increasing - moving up	OBG			We desperately need OB services (the ability to deliver babies in Centerville).
1072	52555	Very Good	Increasing - moving up	OBG			need obgyn in we need to bring our babies back
1134	52544	Very Good	Increasing - moving up	OBG			OB services
1194	52544	Good	Increasing - moving up	OBG			We need Obstetrics back
1218	52544	Good	Increasing - moving up	OBG			we need an OBGYN in town
1026	63565	Very Good	Not really changing much	ORTH	AGE		I more comprehensive orthopedic center would be of major benefit-not just sports medicine, but also including older adults who suffer.
1049	52574	Average	Not really changing much	ORTH			Ortho drs
1192	52544	Good	Not really changing much	PAIN			Pain Clinics
1133	52544	Average	Decreasing - slipping downward	PREV	FEM		There should be increased access to preventative healthcare and better access to female health services
1011		Average	Not really changing much	PRIM			primary care physicians
1042	52544	Average	Not really changing much	QUAL	DOCS		Our doctors and providers' intelligence and common sense needs to be improved.

CHNA 2019 Community Feedback - Appanoose Co IA N=224

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1084	52544	Very Poor	Decreasing - slipping downward	QUAL	DOCS		Doctor's don't listen they just write prescriptions and send u on your way
1197	52544	Average	Decreasing - slipping downward	RAD	CANC	TRAV	There is so many people in Appanoose and surrounding counties that need radiation therapy for the increasing number of cancer, etc. patients. If you think about it, the closest one is Ottumwa, and that is 50 or more miles away from here. It is very costly to drive (or pay) someone to drive you to the appointments. We could be getting people from Centerville, Moravia, Albia, Corydon, Melrose etc. coming here if we had a place.
1024	52544	Very Good	Increasing - moving up	SPEC	ACC		Easier access to specialists
1180	52544	Good	Increasing - moving up	SPEC	ACC		We need more specialized Drs. In our community. Not ones that come once a month.
1090	52544	Average	Not really changing much	SPEC	AGE	TRAV	More access to specialists, for elderly needs (rheumatologist, Ortho, etc) without having to drive a long distance.
1201	52544	Good	Not really changing much	SPEC	DIAB	OBG	It would be great to see some specialists start rotating through our community. We have a lot of diabetic or macular degeneration patients that have to go to Ottumwa to be seen by a retinal specialist. It would also be great if we had an OBGYN in town. Another pediatrician would be great also
1008	53545	Good	Increasing - moving up	SPEC	FEM		More Specialists We need more health care support for women's issues
1074	63565	Average	Not really changing much	SPEC	TRAV		Local specialists. In 2018 my family had to travel to Corydon, Des Moines, Pella, and Oskaloosa for treatment. That's nuts.
1198	52572	Average	Decreasing - slipping downward	SPEC	TRAV		specialty doctor availability services limited travel to Des Moines is the option for more serious care
1006	52544	Average	Not really changing much	SPEC			More specialists that come to Centerville
1010	52544	Average	Not really changing much	SPEC			more specialists more often
1046	52544	Average	Not really changing much	SPEC			More specialty doctors.
1145	52574	Good	Increasing - moving up	SPEC			Need more specialty doctors to come locally
1213	52544	Good	Increasing - moving up	SURG			Surgeons in the community.
1195	50060	Good	Not really changing much	TRAN	INSU		Transportation for people that don't qualify for Medicaid but still live on limited income.
1102	52544	Very Good	Increasing - moving up	TRAN			Rides for patients needed to get to appointments
1071		Good	Not really changing much	TRAV			I go to river hills
1129		Average	Increasing - moving up	URG			Urgent care is improving.
1158	52544	Average	Not really changing much	URG			Urgent care should be open when the Dr offices are closed
1116	52572	Average	Not really changing much	VACC			Drive thru flu shots
1136	52544	Average	Not really changing much	WAIT	DOCS	EMER	Have more doctors or nurse practitioners on call for the emergency room in the event that there is an influx of patients .that need to be seen that ther one doctor cannot handle..... waiting almost 4 hours, sometimes in extreme pain, is ridiculous
1144		Very Poor	Not really changing much	WAIT	DOCS	TRAV	Doctors need to be available when a patient is sick, not 3 weeks later. We had to start doctoring out of town because we could never get in to see a doctor when needed.
1040	52569		Increasing - moving up	WAIT	EMER		Waiting for a ER doctor
1068		Good	Increasing - moving up	WAIT	EMER		People need to get threw the er quicker
1117	52549	Good	Increasing - moving up	WAIT	EMER		Shorter waiting times in the ER.
1022		Average	Not really changing much	WELL			Need more health educational base programs in local communities.
1080	52544	Good	Not really changing much	WELL			Teaching
1112	52549	Good	Increasing - moving up	WELL			More education for the general public. How to read their blood test results, why they should care about them. Offer enticements to participate in the health fairs, etc.
1122		Average	Decreasing - slipping downward	WELL			Educating patients, care coordination, education on importance of knowing what prescription medication they take.

CHNA 2019 Community Feedback - Appanoose Co IA N=224

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?
1171		Average	Decreasing - slipping downward	ACC			Local competitive access to medical services from second major medical provider organization.
1047	52544	Good	Not really changing much	BH	DRUG		mental health, substance abuse
1065	52544	Average	Not really changing much	BH	DRUG	OBES	Mental health, drug prevention, obesity, smoking
1039	52544	Good	Decreasing - slipping downward	BH	FAM	REC	Mental health, parental classes so schools are not always dealing with behavioral issues, more dietary classes, walking/biking trails
1069	52544	Average	Not really changing much	BH	FAM		Mental health care, family help
1178	52544	Poor	Decreasing - slipping downward	BH	MRKT	PEDS	Mental health. Public health awareness opportunities. Increased focus on pediatrics and family physicians. OB. General wellness/health activities. Affordable Healthcare options to those uninsured.
1137	52544	Good	Increasing - moving up	BH	REC		I would like to see more mental & physical health services provided to young children and families. I would like the school system work with providers so providers can come into the schools to provide services such as health screenings, counseling and family resources. If we educate/help students then families may make healthier choices. We are educating a population that healthy lifestyles are lifelong habits. School is another way for families to hear about community resources.
1026	63565	Very Good	Not really changing much	BH	SPEC		A comprehensive mental health facility would be a major plus-specifically with specialties in PTSD and re acclimating to society
1213	52544	Good	Increasing - moving up	BH	SPEC		Mental Health and providing more specialist
1172	52544	Good	Increasing - moving up	BH	TRAN		We need some mental health needs addressed, there needs to be someplace where these people can go so they can speak with someone that may be able to help them or to get to someone that can help. Then they will need to have some transportation to get the help they need. I don't know how to get this accomplished, I do not think there are any doctors out there that feel they can make enough money to take care of the mentally ill patients.
1162	52544	Good	Increasing - moving up	BH	WAIT		I know there is a shortage of mental health options available, and long waiting lists, so something to help with that.
1169	52544	Average	Increasing - moving up	BH	WELL		Definitely an increase in mental health services and education about the services we can provide in our community.
1040	52569		Increasing - moving up	BH			Mental health
1049	52574	Average	Not really changing much	BH			Mental health
1058	52581	Good	Increasing - moving up	BH			mental health. bring stabilization home back
1070	52549	Average	Not really changing much	BH			I think mental health care is our biggest deficit. To bad we can't "partner" with the state.
1072	52555	Very Good	Increasing - moving up	BH			metal health there so far away
1102	52544	Very Good	Increasing - moving up	BH			mental health
1138	52544	Good	Decreasing - slipping downward	BH			inpatient mental health. have been let down by regional services
1140	52544	Good	Not really changing much	BH			Mental Health services
1158	52544	Average	Not really changing much	BH			The mental health problem is so real. We had a great thing going with the Oak Street house and now it's gone. The wait for mental health care is terrible!
1165		Good	Increasing - moving up	BH			Again.....Mental health is a big deal everywhere across the state/Country!
1174	52544	Good	Increasing - moving up	BH			Mental health is a big issue, that is limited by funding sources. Also seems to be very political, as evidenced by Oak Place situation. It was a good program that became a political issue.
1176	52544	Very Good	Not really changing much	BH			Mental health - lost services when region discontinued an excellent program in this county only to set one up in Ottumwa creating another barrier to care for our citizens.
1180	52544	Good	Increasing - moving up	BH			We need a place where mental health patients can go when in crisis
1194	52544	Good	Increasing - moving up	BH			Mental health
1123	52572	Average	Increasing - moving up	CLIN			Free a1c screenings, free hearing screenings, free flu shots, make it free and help those in need.
1060	52544	Poor	Not really changing much	COMM	STFF		Organizations have to want to partner with others and be willing to give up some control. They have to be staffed adequately to be able to send people to meetings and participate in collaboration.
1078	52544	Average	Not really changing much	COMM			Partner with Wayne County Hospital
1013	52544	Good	Not really changing much	CORP	REC	DRUG	I think we need to find ways for our health providers to work with both county health and the school system to promote wellness. Our community needs something for people to do for recreational purposes besides become involved in substance abuse. There needs to be research based programs for substance abuse and for mental health issues that people know about and can access without the stigma of doing so.
1200	52581	Good	Not really changing much	DIAB			Diabetes Prevention Program- we are the only program within a 50-75 mile radius doing this currently. We could/should be reaching out to other facilities to provide this great education for reduction of pre-diabetics.
1015	52544	Average	Increasing - moving up	DOCS			Need more doctor

CHNA 2019 Community Feedback - Appanoose Co IA N=224

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?
1166	52544	Poor	Not really changing much	DOCS			I think if Mercy would offer new physicians payment of school loans in return for coming to Centerville for say 5 years, we could have doctors during that time and maybe some of them would decide to stay.
1108		Poor	Not really changing much	DRUG	BH		Bring in new substance abuse prevention and recovery programs, as well as additional SA counselors. Additional mental health counselors.
1173	52544	Average	Increasing - moving up	DRUG	IP	OP	Substance abuse better outpatient and inpatient treatment
1098	52544	Average	Increasing - moving up	DRUG	OBES		Drug abuse an obesity
1082	52544	Good	Not really changing much	DRUG			More programs on abuse an drugs!
1109	52544	Average	Decreasing - slipping downward	DRUG	TOB		Partner with schools to do overall wellness/drug and tobacco prevention programs more than just 1 time per year. This should be an ongoing talk
1148	52544	Good	Not really changing much	EMER	BH	DRUG	We need to bring back emergency and stabilization programs for the mentally ill and substance abusers
1126	52544	Average	Decreasing - slipping downward	EYE	SPEC		Possibly Wolfe Clinic with more optometrists here. More specialists.
1198	52572	Average	Decreasing - slipping downward	FAM	BH		teaching reproduction and related health responsibility along with self worth and esteem / mental health, child development and parenting responsibility Parents are not doing their jobs and public schools are already overloaded with state mandates
1081	52544	Average	Not really changing much	FEM	OBG		Women's health starting in the schools with Junior high age girls education.
1007	52545	Good	Increasing - moving up	FEM			Women's Health Issues
1182	52544	Very Poor	Decreasing - slipping downward	INSU	BH	DRUG	Affordable care for uninsured. Programs to reach out and help those with mental health and substance issues
1094	52544	Very Good	Increasing - moving up	NUTR			More nutritional education in our schools.
1095	52552	Good	Increasing - moving up	OBES	WELL	POV	obesity programs for prevention; community awareness of mobile crisis available in community; education on use of quick care vs. ER, awareness of services available; homelessness/shelter services, substance abuse programs/prevention
1125	52544	Good	Not really changing much	OBG	BH		Obstetrics--partnering with Corydon or Ottumwa. Mental health funding, and improvement on current care.
1037	52544	Poor	Not really changing much	OBG	FAM		It is bad that mercy health care stopped giving out birth control. Then is already to much unprotected sex what do you think is going to happen now.
1164	52544	Very Good	Increasing - moving up	OBG	FAM		OB/Gyn and Family Planning
1212	52544	Good	Increasing - moving up	OBG	FAM	ENDO	Needs of womens health for ob, family planning, birth control, Need specialists for diabetic patients-endocrinologist
1107	52544	Very Good	Increasing - moving up	OBG			OB
1133	52544	Average	Decreasing - slipping downward	OBG			OB services
1134	52544	Very Good	Increasing - moving up	OBG			OB services
1183	52544	Poor	Decreasing - slipping downward	OBG			We need OB doctors
1008	53545	Good	Increasing - moving up	PAIN	BH		Pain management Mental health Mental health for minors
1163	63565	Good	Increasing - moving up	POV	NUTR	FIT	more programs to help with low income and developmental challenged with resources, filling out Medical forms, etc. More healthy living programs.
1210	52590	Very Good	Increasing - moving up	POV	PEDS	BH	Something to address homelessness Pediatric mental health
1218	52544	Good	Increasing - moving up	POV			short/long term homeless shelters
1103	52544	Good	Increasing - moving up	PREV			More preventative programs.
1043	52544	Very Good	Not really changing much	REC	BH		Special Olympics, Events like walks for more then just cancer like kidney organ donations mental health Austism, illnesses that are rare affecting those in our community offer to sponsor some of these type of things being people to community
1193	52544	Average	Decreasing - slipping downward	REC	FIT		we need more physical activities for people, more trails, more functions to get people active.
1136	52544	Average	Not really changing much	REC	NUTR	FIT	I feel that there should be family centered events that promote healthy lifestyles more than once or twice a year.... monthly or quarterly would be better!
1139	52544	Average	Not really changing much	REC	WAIT		Yes partner with the YMCA. It is a central location and easier to get to if you are walking places. The transit service is great but you spend a lot of time waiting. Not there fault, just the situation.
1130	52544	Average	Decreasing - slipping downward	REC			Partner with YMCA
1114	52544	Good	Increasing - moving up	SMOK	DRUG		Smoking cessation center along with maybe substance abuse center. Unionville has opioid abuse center but not covered by Iowa Medicaid
1118	52544	Good	Increasing - moving up	SNUR	DRUG	BH	We need more nurses in schools (that is why I marked that category as poor). Also need help with substance abuse and mental illness issues in our county.
1124	52581	Very Good	Increasing - moving up	SNUR	DRUG		More education in schools. Consistent Substance screening in high schools.

CHNA 2019 Community Feedback - Appanoose Co IA N=224

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1112	52549	Good	Increasing - moving up	SNUR	WELL	REC	Partner with 18 - 80, the schools, teach kids how to be healthy. You cannot present a program about healthy eating to people who are poor. And we have a lot of poor people. And senior citizens need to learn how to safely exercise. Go show them where they are! They are not going to come to you. Put information in church bulletins. Visit with veterans. Post info at the grocery stores. Places that poor people go, interact with them where they are. Offer blood pressure checks at Fareway or Walmart. Visit the area town council meetings, ask them to spread your information. Do high school presentations. You do great things but people do not know they are available. A weekly article in the paper. Reaching All People does the health stuff for kids every year, partner with them. Put info into those health bags. There are many opportunities to do this but it will take a lot of work. A program at the library. Informational handouts there.
1090	52544	Average	Not really changing much	SPEC	ACC		I don't know if we need more "programs" but we need more access to specialists
1097	52544	Good	Increasing - moving up	SPEC	AGE	TRAV	need more speciality drs that could come to Centerville Mercy for appointments due to elderly population not wanting to travel to Des Moines Mercy, so they go to Corydon hospital that offers clinics.
1201	52544	Good	Not really changing much	SPEC	OBG		it would be great to get rotating specialists into the community. OBGYN would be nice as well
1117	52549	Good	Increasing - moving up	SPEC			I really don't know. I just really appreciate the Cancer Dr.'s and PA and nurses that come down from Des Moines.
1142	52594	Good	Increasing - moving up	SPEC			Bring in outside physicians for specialized surgeries etc.
1059	52544	Average	Increasing - moving up	STD	TPRG		Sex and health ed. Mandated, quality, funded sex and health ed. Yes, partner with the schools to help students learn about their bodies (all systems), disease and pregnancy prevention. Prevention is a wonderful tool that is completely underutilized.
1042	52544	Average	Not really changing much	WELL	DRUG	FAM	You should have basic health programs that actually do what they're supposed to. It doesn't take a genius to realize that you need to handle everyone who spends their lives high on meth and popping out babies once a year just to have them fostered out monthly to other drug addicts and their family members. No one here is sane, sober and stable.
1184	52544	Average	Increasing - moving up	WELL	KID		Healthy choice education for young children
1016	52544	Good	Increasing - moving up	WELL	OBES		Wellness, help with obesity
1157	52544	Very Good	Not really changing much	WELL	REC	BH	Not sure about what "new" programs could be created, as it seems like only a few people actually participate in the current programs available. I think we have developed partnerships - Wellmark and LHI, for instance. I think it's mainly bringing awareness to the community as to what is happening and how those programs impact and benefit them. It would be great to partner with the local YMCA as they have a great base and continue working on growth opportunities to enhance programs for children and families. Some type of partnership for mental health programs would be a good next step.
1002	52544	Average	Not really changing much	WELL	SNUR	SS	Health education in our school districts should be evaluated to insure that concepts are being taught to all students and not only in elective courses. Are state requirements being met? Are there enough RNs & certified school counselors to meet current needs? Do they need psychologists, social workers or nurse practitioners to address needs?
1116	52572	Average	Not really changing much	WELL	VACC		Involving Rural outreach programs. Making all of appanoose county aware of programs...example "appanoose back to school" free physicals for all little surrounding areas. Immunization clinics. Drive thru flu shot programs.

Community Health Needs Assessment 2019 - Appanoose County IA

Let Your Voice Be Heard!

Mercy Medical Center - Centerville, Iowa (in partnership with Appanoose County Public Health) requests your input in order to create a 2019-20 Appanoose County (IA) Community Health Needs Assessment (CHNA). To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery. Survey funded by Mercy Medical Center.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Thursday, February 28, 2019.

Community Health Needs Assessment 2019 - Appanoose County IA

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

- Very Poor Poor Average Good Very Good

Community Health Needs Assessment 2019 - Appanoose County IA

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

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

Why? (please specify)

Community Health Needs Assessment 2019 - Appanoose County IA

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.)

Community Health Needs Assessment 2019 - Appanoose County IA

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.)

Community Health Needs Assessment 2019 - Appanoose County IA

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"/> Community Healthcare Directory | <input type="checkbox"/> Primary Care Physicians |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Emergency Facilities | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Eye Doctors | <input type="checkbox"/> Uninsured |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Urgent Care / After-hours Care |
| <input type="checkbox"/> FTE Nurses | <input type="checkbox"/> Veteran Care |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Walk-in Clinics |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> YMCA Funding |
| <input type="checkbox"/> Personal Health / Wellness Education | |

Community Health Needs Assessment 2019 - Appanoose County IA

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

- | | |
|---|---|
| <input type="checkbox"/> Community Healthcare Directory | <input type="checkbox"/> Primary Care Physicians |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Emergency Facilities | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Eye Doctors | <input type="checkbox"/> Uninsured |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Urgent Care / After-hours Care |
| <input type="checkbox"/> FTE Nurses | <input type="checkbox"/> Veteran Care |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Walk-in Clinics |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> YMCA Funding |
| <input type="checkbox"/> Personal Health / Wellness Education | |

Community Health Needs Assessment 2019 - Appanoose County IA

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)

Community Health Needs Assessment 2019 - Appanoose County IA

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<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"/>

Community Health Needs Assessment 2019 - Appanoose County IA

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"/>

Community Health Needs Assessment 2019 - Appanoose County IA

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"/>

Community Health Needs Assessment 2019 - Appanoose County IA

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"/>

Community Health Needs Assessment 2019 - Appanoose County IA

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.

Community Health Needs Assessment 2019 - Appanoose County IA

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

Community Health Needs Assessment 2019 - Appanoose County IA

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

Community Health Needs Assessment 2019 - Appanoose County IA

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

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

Other (please specify)

Community Health Needs Assessment 2019 - Appanoose County IA

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)

Community Health Needs Assessment 2019 - Appanoose County IA

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



VVV Consultants LLC

Vince Vandelaar, MBA

Principal & Adjunct Professor

(913) 302-7264 (C)

VVV@VandelaarMarketing.com

Tessa E. Taylor, BBA BA

Associate Consultant

(920) 250-3722 (C)

TET@VandelaarMarketing.com

Office:

601 N Mahaffie, Olathe, KS 66061

<http://vandelaarmarketing.com/>

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