



Community Health Needs Assessment

Fremont County, IA

On Behalf of George C. Grape Community Hospital



March 2022

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

George C. Grape Community Hospital – Fremont County, IA - 2022 Community Health Needs Assessment (CHNA)

The previous CHNA for Fremont County was completed in 2019. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Fremont County, IA CHNA assessment began in November of 2021 and was facilitated / created by VVV Consultants, LLC (Olathe, IA) staff under the direction of Vince Vandelaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years. **Important community CHNA Benefits** for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates common understanding of the priorities of the community’s health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8.) fulfills Hospital “Mission” to deliver.

County Health Area of Future Focus on Unmet Needs

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

Fremont County, IA				
2022 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - Feb 17, 2022				
Primary Service Area (18 Attendees / 51 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Aftercare)	10	19.6%	20%
2	Primary Care	7	13.7%	33%
3	Food Insecurity	6	11.8%	45%
4	Visiting Specialists (ENT, PUL, DERM, PSYCH)	6	11.8%	57%
5	Senior Activities	5	9.8%	67%
6	Adequate Healthcare Staffing	4	7.8%	75%
7	Substance Abuse (Drugs)	4	7.8%	82%
Total Votes		51	100%	
Other needs receiving votes: HC Transportation, Walk-in Clinic, Child Care and Poverty.				

Town Hall CHNA Findings: Areas of Strengths

Fremont County, IA - Community Health Strengths			
#	Topic	#	Topic
1	Public Health	6	School Health
2	Senior Health	7	Access to Exercise / Fitness
3	Community Support	8	Close Proximity to Services
4	Qualified Nurses / Providers	9	Personalized Delivery of Care
5	Access to Services for Rural Area	10	Health Literacy

Key CHNA Wave #4 Secondary Research Conclusions found:

IOWA HEALTH RANKINGS: According to the 2021 Robert Woods Health Rankings, Fremont County, IA was ranked 89th in Health Outcomes, 50th in Health Factors, and 43rd in Physical Environmental Quality out of the 99 Counties.

TAB 1. Fremont County's population is 6,960 (based on 2019). About six percent (5.8%) of the population is under the age of 5, while the population that is over 65 years old is 23.4%. There are 3.1% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 21.8% compared to the rural norm of 18.3%, and 88.9% are living in the same house as one year ago.

TAB 2. In Fremont County, the average per capita income is \$29,261 while 9.1% of the population is in poverty. The severe housing problem was recorded at 8.8% compared to the rural norm of 11.1%. Those with food insecurity in Fremont County is 8.4%, and those having limited access to healthy foods (store) is 22.2%. Individuals recorded as having a long commute while driving alone is 29.8% compared to the norm of 26.1%.

TAB 3. Children eligible for a free or reduced-price lunch in Fremont County is 47.6%. Roughly ninety-two percent (92.1%) of students graduated high school compared to the rural norm of 90.1%, and 18.9% have a bachelor's degree or higher.

TAB 4. The number of births where prenatal care started in the first trimester (per 1,000) is 335.8 and 82.1 of births in Fremont County have a low birth weight. The number of births occurring to teens (15-19) per population of 1,000 females is 44.8 compared to the rural norm of 46.6. The number of births where the mother smoked during pregnancy (per 1,000) was recorded as 216.4 compared to the rural norm of 223.

TAB 5. The Fremont County primary care service coverage ratio is 1 provider (county based office physician who is a MD and/or DO) to 6,993 residents. The average (median) time patients spend in the emergency department before leaving was 95 minutes compared to the rural norm of 122 minutes. The recorded preventable hospital rate per 100,000 of Medicare enrollees is 3,633.

TAB 6. In Fremont County, 13.9% of the Medicare population has depression. The age-adjusted poor mental health days per week for Fremont County is 3.8 compared to the rural norm of also 3.8.

TAB 7a – 7b. Fremont County has an obesity percentage of 36.1% and a physical inactivity percentage is 23.6%. The percentage of adults who smoke is 20.7%, while the excessive drinking percentage is 26.8%. The Medicare hypertension percentage is 58.5%, while their heart failure percentage is 15.3%. Those with chronic kidney disease amongst the Medicare population is 19.4% compared to the rural norm of 20.8%. The percentage of individuals who were recorded with COPD was 14%. Fremont County recorded 3.3% of individuals who have had a stroke and 7% of the population having cancer.

TAB 8. The adult uninsured rate for Fremont County is 4.9% (based on 2019) compared to the rural norm of only 6.3%.

TAB 9. The life expectancy rate in Fremont County for both females and males is roughly 77 years of age. The age-adjusted Cancer Mortality rate per 100,000 is 167, while the age-adjusted heart disease mortality rate per 100,000 is at 152.6. The alcohol impaired driving deaths percentage is 36.4% compared to the rural norm of 29.1%.

TAB 10. A recorded 45.1% of Fremont County has access to exercise opportunities. Those reported having diabetes is 9.8%. Continually, 39% of women in Fremont County seek annual mammography screenings compared to the rural norm of 48%.

Key CHNA Wave #4 Primary Research Conclusions found:

Community feedback from residents, community leaders and providers (N=106) provided the following community insights through an online perception survey:

- Using a Likert scale, average between Fremont County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 63.2%.
- Fremont County stakeholders are satisfied with some of the following services: Pharmacy and Public Health.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health, Drug / Substance Abuse, Senior Care / Support, Poverty, Obesity, Nutrition (Healthy Food Options), Awareness of Healthcare Services, and Exercise / Fitness Options.

Fremont Co IA - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Mental Health	51	73.9%		1
2	Drug / Substance Abuse	47	68.1%		2
3	Obesity	44	63.8%		5
4	Senior Care / Support	43	62.3%		3
5	Poverty	41	59.4%		4
6	Nutrition - Healthy Food Options	33	47.8%		6
7	Exercise / Fitness Options	31	44.9%		10
8	Awareness of Healthcare Services	31	44.9%		7
9	Wellness Education	27	39.1%		9
10	Insurance Options	20	29.0%		11
11	Water Quality	19	27.5%		8
12	Prenatal Care	15	21.7%		12
13	Smoking (Mothers)	13	18.8%		14
14	STD Screenings	10	14.5%		13
Totals					

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

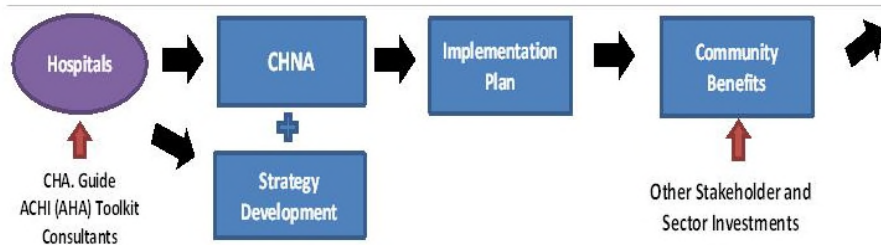
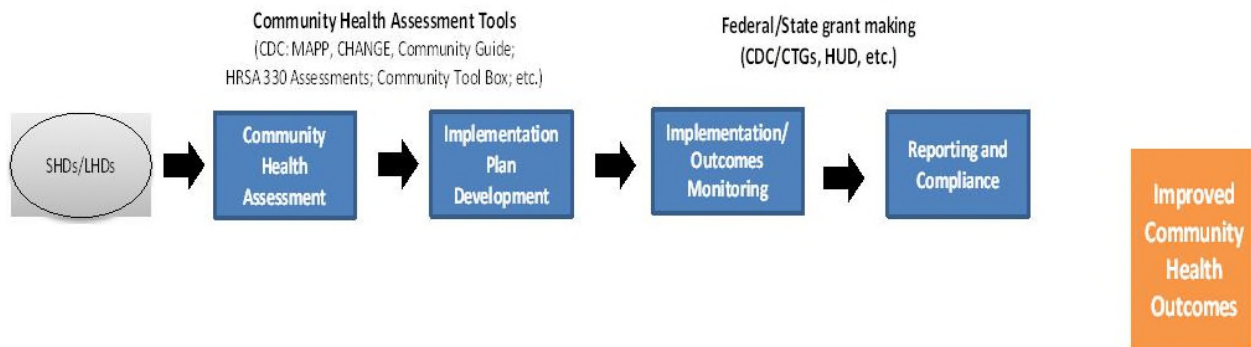
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

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

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

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

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

Additional Sources of Input

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

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

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

Collaboration on CHNA Reports

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

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

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

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

Joint Implementation Strategies

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

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

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

Adoption of Implementation Strategy

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

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

New Hospital Organizations

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

New Hospital Facilities

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

Transferred/Terminated Facilities

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

MAPP Process Overview

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

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

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



Drivers of Health Assessment & Improvement Planning

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

National Voluntary Accreditation Requirements

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

CDC Grant Requirements

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

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

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

Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

II. Methodology

b) Collaborating CHNA Parties

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

George C. Grape Community Hospital
2959 US HWY 275, Hamburg, IA 51640
Phone: (712) 382-1515
CEO: Cristin Hendrickson

At George C. Grape Community Hospital, we understand that healthcare is evolving. Advancements in medicine and strides in technology are providing local communities access to better healthcare. It is our desire to provide the best care in our region. Our staff will be here to help you and your loved ones when the need arises. The comfort and care of our patients is our major goal.

Services are provided without regard to race, color, national origin, handicap, age, gender, religious affiliation, or socio-economic status.

Our Mission: George C. Grape Community Hospital's well trained Medical Staff and Health Care Team will strive to exceed patients' expectations by providing continuity of care through easy access to services.

Our Vision: George C. Grape Community Hospital will work to promote the health of our region by being the leader of high quality, compassionate healthcare close to home.

Our Values:

Teamwork—We will work together to achieve our mission, vision, and goals.

Respect—We will treat everyone with dignity and respect.

Integrity—We will do what is right through sincere honesty and trust.

Fun!—We will recognize we are at our best when we enjoy our work.

Excellence—We will provide high quality healthcare through growth and innovation and be the best in all that we do.

Attitude—We will make a difference in people's lives through our compassion, positive words and positive actions.

George C. Grape Community Hospital provides general medical and surgical care for inpatient, outpatient, and emergency room patients, and participates in the Medicare and Medicaid programs. Physician specialists from the region provide services at the facility each week.

Services and specialties offered at George C. Grape Community Hospital include:

Hospital - Main Services

- Acute / Skilled / Swing Bed
- Emergency / Observation
- Extended Care
- Surgical Services

Clinics - Outpatient Services

- Cancer Care/Oncology Services
- Cardiology
- ENT - Otolaryngology
- OB/GYN
- Orthopedic Specialist
- Pain Clinic
- Physical and Occupational Therapy
- Podiatry
- Pulmonary Rehabilitation
- Saturday Clinic
- Urology Services

Departments - Medical Support Services

- Care Management / Social Services
- Diagnostic Imaging
- Laboratory Services
- Nutritional Counseling
- Pathology
- Pharmacy
- Respiratory Therapy
- Sleep Study
- Rehabilitation Gym
- Cardiac Rehabilitation
- Echo
- Stress-Tests

Community - Home and Public Services

- Home Health
- Public Health

Fremont County Public Health

Agency Director: Holly Logan

301 Main Street, PO Box 357 Sidney, IA 51652

Phone Number: (712) 374-2685

Office Hours: Monday – Friday, 8:00am to 4:30pm. 24-hour on-call.

Fremont County Public Health is a Public Health Agency offering education regarding Lead, Hawk-I, Oral Health, Maternal and Child Health and Immunizations.

Available Services:

- Child Health
- Community Resources
- Emergency Preparedness
- Home Care Aides
- In-Home Nursing
- In-Home Therapy
- Immunizations
- Maternal Health
- Screenings

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

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

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



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

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

Cassandra Kahl, BHS MHA – Director, Project Management

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences (BHS)
 - Park University - Masters of Health Administration (MHA)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



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

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

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

Our Values :

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

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

"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.

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

"Growth" – Process-driven; ongoing innovational delivery.

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in March of 2021 for Holton Community Hospital (HCH) located in Jackson County, KS to meet Federal IRS CHNA requirements.

In late July 2021, a meeting was called amongst the Holton Community Hospital leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to the Holton Community Hospital to request 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:

IHA Hamburg - George C Grape ER Visits - Define PSA (Fremont Co)								
Source: IHA - FFY 2018-2021		3,349	Totals - IP/OP		1,003	930	829	587
Patient Zip Code	County	3YR TOT	%	Accum	2018CY	2019CY	2020CY	2021 6M
51640	Fremont	1,519	45.4%	45.4%	533	416	326	244
51652	Fremont	1,008	30.1%	75.5%	261	292	278	177
51650	Fremont	246	7.3%	82.8%	56	65	76	49
51639	Fremont	230	6.9%	89.7%	66	66	58	40

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use valid health indicator sources cited to document current state of county health organized as follows:

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

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

Phase III—Quantify Community Need:

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

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

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

Detail CHNA Development Steps Include:

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 & 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/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	

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

CHNA Detail Sources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Kansas Health Matters
Kansas Hospital Association (KHA)
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention


Sources of community-health level indicators:

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

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

George C Grape Community Hospital - Fremont Co. IA VVV CHNA Wave #4 Work Plan - Year 2022			
Project Timeline & Roles - Working Draft as of 10/06/21			
Step	Timeframe	Lead	Task
1	6/17/21	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	8/3/2021	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	11/1/2021	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	11/1/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send IHA PO reports for FFY 19, 20 and 21. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	On or before 11/18/2021	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Nov. - Dec. 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	On or before 11/15/2021	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	By 11/17/2021	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	11/22/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 12/20/21 for Online Survey
10	On or before 1/07/2022	Hosp	Prepare/send out PR#2 story / E Mail#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	On or before 1/10/2022	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	2/15/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Thursday 2/17/2022	VVV	Conduct virtual CHNA Town Hall for a working Dinner 5:30 pm - 7:00 pm at the Rehab Building, Suite 3 . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 3/14/2022	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 3/31/2022	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	On or before 5/30/2022	TBD	Conduct Client Implementation Plan PSA Leadership meeting
17	30 days prior to end of hospital fiscal year	TBD	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Community Health Needs Assessment Town Hall Meeting – Fremont Co. (IA) on behalf of George C. Grape Community Hospital



VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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Community Health Needs Assessment (CHNA) Onsite 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 Unmet Needs (30 mins)
- V. Close / Next Steps (5 mins)

2


Table Seating Assignments

Fremont Co, IA 2022 CHNA Town Hall- Feb. 17th: 5-6:30pm					
#	Table	Lead	Last	First	Organization
1	A	##	Ettleman	Angle	Penn Drug Co
2	A		Smith	Connie	
3	A		Hendrickson	Cristin	GCGCH
4	B	##	Lowthorp	Heidi	ISU Extension / GSF
5	B		Shearer	Staci	Corner Counties Early Childhood
6	B		Hayes	Tanya	GCGCH
7	C	##	Moore	Terri	FCPH
8	C		Whitehead	Terri	GCGCH
9	C		Meek	Gayle	
10	D	##	Wells	Craig	GCGCH
11	D		Terri	Moore	SWIHHS
12	D		Watson	Suzanne	Southwest Iowa MHDS Region
13	E	##	Hunter	Halley	GCGCH
14	E		Ourada	Michael	GCGCH
15	E		Kelley	Ingrid	Southwest Iowa Home Health
16	F	##	Logan	Holly	Southwest Iowa Home Health
17	F		West	Shellie	West Central Community Action
18	F		Largen	Thomas	GCGCH
19	F		Hendrickson	Troy	Conagra

3

I. Introduction: Who We Are

Background and Experience




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

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



Cassandra Kahl, BHS – Lead Consultant
VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
 - Park University MHA (May 2021)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI
- May Clinic PT Dept.



*NOTE: Vince started VVV Consultants LLC on 1/1/2009, after working for Saint Luke’s Health System of Kansas City for 16 years. Saint Luke’s Hospital of KC, SLHS’s largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003.

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II. Review CHNA Focus and Process Town Hall Roles / Duties

- Attendees
 - Have engaging conversation (Be specific)
 - No right or wrong answer
 - Truthful responses
 - **CARD A – Your Notes:** Make list of important health indicators going well or that you want to talk about with table.
 - Complete unmet needs poll – Representing community
 - Have Fun..
- Local Leads (During Table Work)
 - Facilitate community conversation
 - Ensure team involvement – Everyone participates

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CHNA Purpose

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

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Introductions: A Conversation with the Community & Stakeholders

Community members and organizations invited to CHNA Town Hall

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

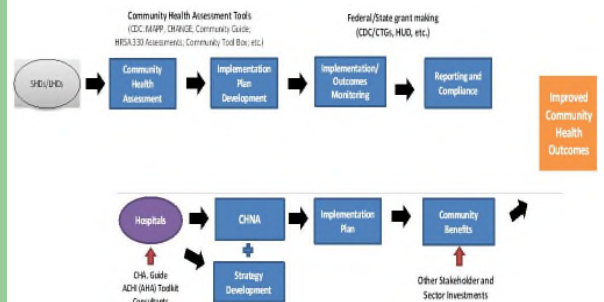
Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local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

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

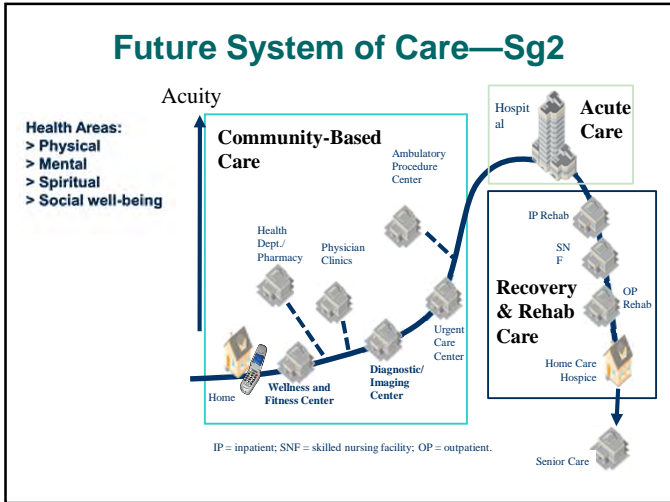
Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health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

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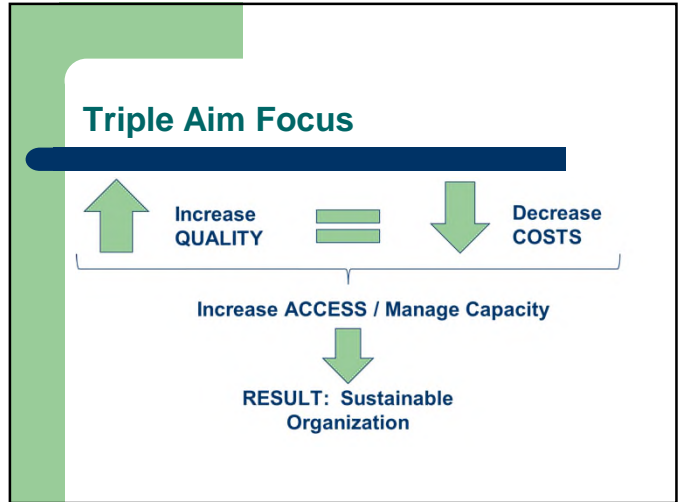
Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



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II. IRS Hospital CHNA Written Report Documentation – Table of Contents

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

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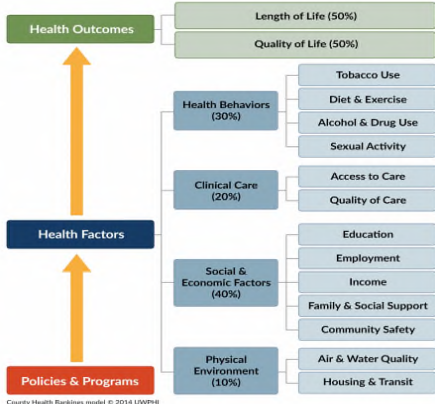
III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

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

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County Health Rankings - Robert Wood Johnson Foundation and University of WI Health Institute



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Focus Area	Measure	Description	Focus Area	Measure	Description
1 Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	2b Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water violation	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
	Housing and transit (5%)	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	3 Health Outcomes (10%)	Health Behaviors
Driving alone to work long-distance - driving alone		Percent of the workforce that drives alone to work			
Long-distance - driving alone		Among workers who commute in their car alone, the percent that commute more than 30 minutes			
2c Clinical Care (20%)			4a Social and Economic Environment (40%)		
2a Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	3b / 3c Morbidity / Mortality	Quality of Life (50%)	
	Primary care physicians	Ratio of population to primary care physicians		Poor or fair health (age-adjusted)	Percent of adults reporting fair or poor health
	Dentists	Ratio of population to dentists		Poor physical health days (age-adjusted)	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
	Mental health providers	Ratio of population to mental health providers		Poor mental health days (age-adjusted)	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
Quality of care (10%)	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	Length of life (50%)	Low birthweight (500 grams)	Percent of live births with low birthweight (< 500 grams)
	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening		Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening			
2b Social and Economic Environment (40%)			3b / 3c Morbidity / Mortality		
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Quality of life (50%)		
	Some college	Percent of adults aged 25-44 years with some post-secondary education			
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work			
Income (10%)	Children in poverty	Percent of children under age 18 in poverty			
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support			
	Children in single-parent households	Percent of children that live in household headed by single parent			

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IV. Collect Community Health Perspectives (Thoughts / Opinions)

- 1) **Today:** What are the *strengths* of our community that contribute to health? **CARD B**
- 2) **Today:** Are there healthcare services in your community/neighborhood that you feel *need to be improved and/or changed*? **CARD C**
- 3) **TEAMS (Discussion/Share Thoughts):** Share strengths and unmet needs from group discussion.
CARD D: Your TOP 3 votes for unmet NEEDS

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Community Health Needs Assessment

Questions?
Next Steps?



VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

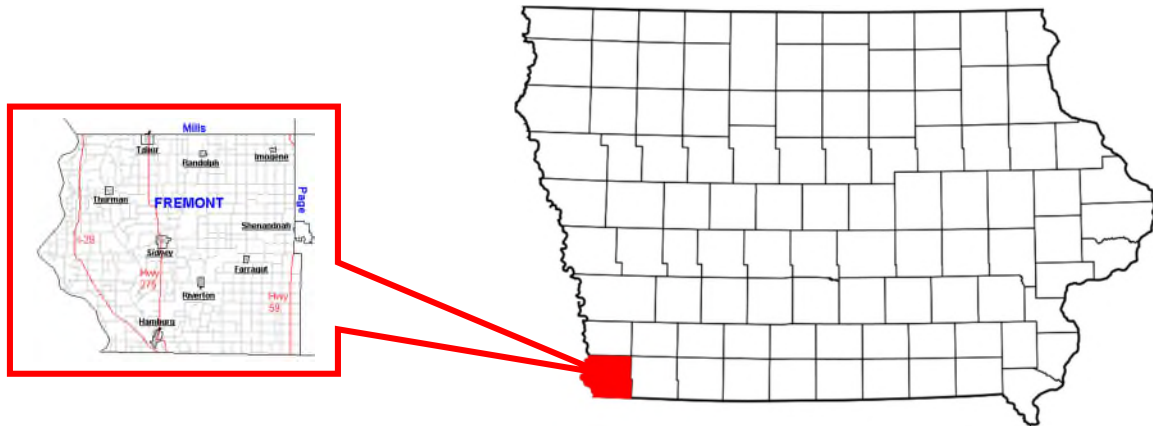
VVV@VandeHaarMarketing.com
CJK@VandeHaarMarketing.com
(913) 302-7264

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II. Methodology

d) Community Profile (A Description of Community Served)

Fremont County (IA) Community Profile



The population of Fremont County was estimated to be 7,221 citizens in 2021 and a population density of 14 persons per square mile. Fremont County covers 517 square miles and lies on the south line of Nebraska.¹

The major highway transportation access to Fremont County is Interstate 29, US Highway 59, US Highway 275, Iowa Highway 2 and Iowa Highway 333.

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

Fremont County (IA) Community Profile

Fremont County Public Airports²

Name	USGS Topo Map
Grape Community Hospital Heliport	Hamburg
Hilltop Airport	Randolph
Paradise Mountain Airport	Sidney
Shenandoah Municipal Airport	Shenandoah West

Schools in Fremont County: Public Schools³

School	Address	Phone	Levels
Fremont-Mills Elementary	114 Us Hwy 275 Tabor, IA 51653	712-629-6555	PK-6
Fremont-Mills Middle and Senior High	114 Us Hwy 275 Tabor, IA 51653	712-629-2325	7-12
Marnie Simons	309 S St Hamburg, IA 51640	712-382-2017	PK-8
Sidney Elementary	1002 Illinois St Sidney, IA 51652	712-374-2647	PK-6
Sidney High	2754 Knox Rd Sidney, IA 51652	712-374-2731	7-12

² <https://iowa.hometownlocator.com/features/cultural,class,airport,scfips,19071.cfm>

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

Fremont County, IA - Detail Demographic Profile

ZIP	NAME	County	Population			Households		HH	Per Capita
			Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
51639	Farragut	Fremont	897	905	0.9%	403	407	2.2	\$35,463
51640	Hamburg	Fremont	1,642	1,581	-3.7%	696	671	2.4	\$31,515
51645	Imogene	Fremont	291	287	-1.4%	114	112	2.6	\$38,616
51648	Percival	Fremont	259	253	-2.3%	112	110	2.3	\$35,492
51649	Randolph	Fremont	293	288	-1.7%	125	123	2.3	\$45,885
51650	Riverton	Fremont	405	411	1.5%	166	168	2.4	\$30,569
51652	Sidney	Fremont	1,714	1,704	-0.6%	678	675	2.4	\$26,399
51653	Tabor	Fremont	1,441	1,438	-0.2%	574	572	2.4	\$29,845
51654	Thurman	Fremont	573	561	-2.1%	228	224	2.5	\$31,926
Totals			7,515	7,428	-1.2%	3,096	3,062	2.4	\$33,968

ZIP	NAME	County	Population				Year 2020		Females
			Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
51639	Farragut	Fremont	897	207	222	89	451	446	85
51640	Hamburg	Fremont	1,642	407	459	179	825	817	168
51645	Imogene	Fremont	291	70	76	25	150	141	23
51648	Percival	Fremont	259	57	70	30	131	128	29
51649	Randolph	Fremont	293	71	73	24	150	143	22
51650	Riverton	Fremont	405	93	102	42	202	203	40
51652	Sidney	Fremont	1,714	417	455	209	847	867	177
51653	Tabor	Fremont	1,441	340	390	154	710	731	131
51654	Thurman	Fremont	573	125	154	66	288	285	62
Totals			7,515	1,787	2,001	818	3,754	3,761	737

ZIP	NAME	County	Population 2020				Average Households 2020		
			Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
51639	Farragut	Fremont	97.55%	0.45%	0.11%	2.23%	\$56,291	403	242
51640	Hamburg	Fremont	93.54%	1.04%	0.55%	6.09%	\$51,878	696	366
51645	Imogene	Fremont	97.25%	0.34%	0.00%	1.03%	\$69,959	114	77
51648	Percival	Fremont	93.05%	1.54%	1.16%	3.47%	\$75,000	112	78
51649	Randolph	Fremont	97.27%	0.34%	0.00%	1.02%	\$75,451	125	85
51650	Riverton	Fremont	97.78%	0.49%	0.00%	2.47%	\$54,496	166	97
51652	Sidney	Fremont	94.75%	1.11%	0.64%	1.63%	\$53,656	678	388
51653	Tabor	Fremont	96.81%	0.62%	0.14%	2.91%	\$68,203	574	371
51654	Thurman	Fremont	93.19%	1.57%	1.05%	3.32%	\$71,840	228	155
Totals			95.69%	0.83%	0.41%	2.69%	\$64,086	3,096	1,859

Source: ERSA Demographics

III. Community Health Status

[VVV Consultants LLC]

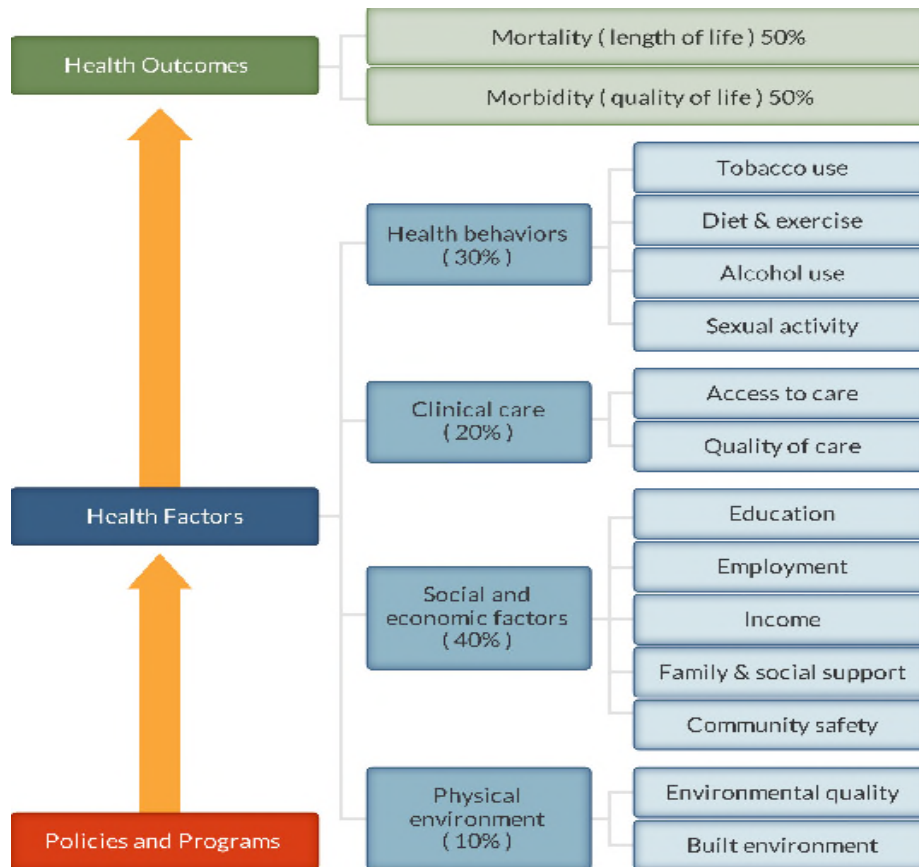
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participantes. 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 2021 RWJ Health Rankings:

#	IA Rankings - 99 Counties	Definitions	Fremont Co.	TREND	Rural IA Co Norm N=16
1	Health Outcomes		89		66
	Mortality	Length of Life	96		64
	Morbidity	Quality of Life	56		67
2	Health Factors		83		69
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	94		66
	Clinical Care	Access to care / Quality of Care	89		61
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	67		70
3	Physical Environment	Environmental quality	43		46
Rural IA Norm (N=16) includes the following counties: Appanoose, Marion, Fremont, Decatur, Clayton, Cherokee, Mahaska, Poweshiek, Marshall, Davis, Monroe, Ringgold, Clarke, Wayne, Lucas, Jasper.					
http://www.countyhealthrankings.org , released 2021					

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.

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

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

Tab 1: Demographic Profile

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

Tab	Health Indicators	Fremont Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
1	a Population estimates, 2019	6,960		3,193,079	15,343	County Health Rankings
	d Persons under 5 years, percent, July 1, 2021, (V2021)	5.8%		6.2%	6.0%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2021, (V2021)	23.4%		17.5%	21.5%	People Quick Facts
	f Female persons, percent, July 1, 2021, (V2021)	49.7%		50.2%	49.7%	People Quick Facts
	g White alone, percent, July 1, 2021, (V2021)	97.1%		90.6%	96.0%	People Quick Facts
	h Black or African American alone, percent, July 1, 2021, (V2021)	0.9%		4.1%	1.3%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2021, (V2021)	3.0%		6.3%	4.7%	People Quick Facts
	j Foreign born persons, percent, 2015-2019	2.4%		5.3%	2.9%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	3.1%		8.3%	6.9%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	88.9%		85.2%	86.9%	People Quick Facts
	m Children in single-parent households, %, 2015-2019	21.8%		21.0%	18.3%	County Health Rankings
	n Total Veterans, 2015-2019	541		185671	1,131	People Quick Facts

Tab 2: Economic Profile

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

Tab	Health Indicators	Fremont Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
2	a Per capita income in past 12 months (in 2018 dollars), 2015-2019	\$29,261		\$30,063	\$28,522	People Quick Facts
	b Persons in poverty, percent, 2021	9.1%		10.2%	11.6%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	3,436		1,418,626	7,183	People Quick Facts
	d Total Persons per household, 2015-2019	2.3		2.4	2.3	People Quick Facts
	e Severe housing problems, percent, 2013-2017	8.8%		11.9%	11.1%	County Health Rankings
	f Total of All firms, 2012	386		259,121	1,336	People Quick Facts
	g Unemployment, percent, 2019	2.8%		2.7%	2.9%	County Health Rankings
	h Food insecurity, percent, 2018	8.4%		9.7%	9.7%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	22.2%		5.6%	6.8%	County Health Rankings
	j Long commute - driving alone, percent, 2015-2019	29.8%		20.6%	26.1%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Health Indicators	Fremont Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
3	a Children eligible for free or reduced price lunch, percent, 2018-2019 (ALL Schools)	47.6%		42.5%	47.4%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	92.1%		92.1%	90.1%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	18.9%		28.6%	19.8%	People Quick Facts

#	Schools - Fremont County, IA 2019	Sidney	Fremont Mills
1	Total # Public School Nurses	0.5	0.5
2	School Nurse is part of the IEP team	Yes	Yes
3	School Wellness Plan in place (Active)	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	Vision-Iowa KidSight: PreK screenings/ new student screenings are in Spring, 75% of 3rd Graders were screened.	Vision-Iowa KidSight: PreK screenings/ new student screenings are in Spring, 75% of 3rd Graders were screened.
5	HEARING: # Screened / Referred to Prof / Seen by Professional	All K-5th and new students are screened every Fall. PreK, re-screens and new students in Spring.	All K-5th and new students are screened every Fall. PreK, re-screens and new students in Spring.
6	ORAL HEALTH: # Educated / # Screened	I-Smile: PreK, KG- screened & 1st Grade-educated	I-Smile: PreK, KG- screened & 1st Grade-educated
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	No longer needed by school nurses.	No longer needed by school nurses.
8	# of Students served with no identified chronic health concerns	Sidney= 496 PreK-12th Grade without CH concern.	FM= 505 PreK-12th Grade without CH concern.
9	School has a suicide prevention program	Unknown	Unknown
10	Compliance on required vaccinations (%)	Unknown	Unknown

Tab 4: Maternal / Infant Profile

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

Tab	Health Indicators	Fremont Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
4	a The Number of Births Where Prenatal Care began in First Trimester, 2018-2019, Rate per 1k	335.8		787.2	670.5	Iowa Health Fact Book
	b Percent Premature Births by County, 2020	NA		8.1%	7.9%	idph.iowa.gov
	c 2 Year Old Immunizations for the 4-3-1-3-3-1-4 by IRIS Population, 2020	54.0%		0.7%	67.0%	idph.iowa.gov
	d The Number of Births with Low Birth Weight, 2018-2019, Rate per 1k	82.1		68.4	61.4	Iowa Health Fact Book
	e The Number of all Births Occurring to Teens (15-19), 2018-2019, Rate per 1k	44.8		40.8	46.5	Iowa Health Fact Book
	g The Number of Births Where Mother Smoked During Pregnancy, 2018-2019, Rate per 1k	216.4		112.6	223.0	Iowa Health Fact Book

Tab 4: Maternal / Infant Profile (Continued)

#	Criteria - Vital Statistics (Rate per 1,000)	Fremont Co.	Trend	Iowa	IA Rural Norm (16)
a	Total Live Births, 2016	11.4		12.5	12
b	Total Live Births, 2017	13.2		12.2	12
c	Total Live Births, 2018	9.6		11.9	11
d	Total Live Births, 2019	9.6		11.9	12
e	Total Live Births, 2020	9.2		11.4	11

Tab 5: Hospitalization and Provider Profile

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

Tab	Health Indicators	Fremont Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
5	a Primary Care (MDs / DOs only) Ratio of population to primary care physicians, 2018	6993:1		1,390 : 1	2252:1	County Health Rankings
	b Rate of preventable hospital stays for ambulatory-care sensitive conditions per 100k Medicare enrollees (lower the better), 2018	3,633		3,536	3,480	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	NA		NA	79.5%	CMS Hospital Compare
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	NA		NA	74.4%	CMS Hospital Compare
	e Average Time Patients Spent in the Emergency Dept. Before Seen by a Healthcare Professional (Mins)	95		NA	122	CMS Hospital Compare

#	IHA PO - Fremont County IA	Total Market - All Providers		
		FFY2018	FFY2019	FFY2020
1	Total IP Discharges	407	374	390
2	Total IP Discharges-Age 0-17	31	35	34
3	Total IP Discharges-Age 18-44	61	56	61
4	Total IP Discharges-Age 45-64	85	66	72
5	Total IP Discharges-Age 65-74	76	64	85
6	Total IP Discharges-Age 75+	154	153	138
#	IHA PO - Fremont County IA	GCGCH Only		
		FFY2018	FFY2019	FFY2020
1	Total IP Discharges	105	84	110
2	Total IP Discharges-Age 0-17	0	0	0
3	Total IP Discharges-Age 18-44	4	1	3
4	Total IP Discharges-Age 45-64	8	10	12
5	Total IP Discharges-Age 65-74	22	13	21
6	Total IP Discharges-Age 75+	71	60	74
#	IHA PO - Fremont County IA	Grape Only		
		FFY2018	FFY2019	FFY2020
1	Emergency Visits	1003	930	829
2	Total OP Visits	7,364	6,708	5,543

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicators	Fremont Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
6	a Depression: Medicare Population, percent, 2017	13.9%		19.3%	17.6%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2015-2019 (lower is better)	NA		14.6	17.7	Iowa Health Fact Book
	c Poor mental health days, 2018	3.8		3.5	3.8	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab	Health Indicators	Fremont Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
7a	a Adult obesity, percent, 2017	36.1%		34.3%	37.4%	County Health Rankings
	b Adult smoking, percent, 2018	20.7%		17.4%	20.3%	County Health Rankings
	c Excessive drinking, percent, 2018	26.8%		25.8%	23.9%	County Health Rankings
	d Physical inactivity, percent, 2017	23.6%		22.6%	26.0%	County Health Rankings
	e Poor physical health days, 2018	3.4		3.1	3.5	County Health Rankings
	f Sexually transmitted infections, rate per 100,000, 2018	14.0		14682	42.3	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Health Indicators	Fremont Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
7b	a Hypertension: Medicare Population, 2018	58.5%		54.2%	55.1%	Centers for Medicare and Medicaid Services
	b Hyperlipidemia: Medicare Population, 2018	41.3%		44.6%	42.2%	Centers for Medicare and Medicaid Services
	c Heart Failure: Medicare Population, 2018	15.3%		13.0%	13.8%	Centers for Medicare and Medicaid Services
	d Chronic Kidney Disease: Medicare Pop, 2018	19.4%		21.6%	20.8%	Centers for Medicare and Medicaid Services
	e COPD: Medicare Population, 2018	14.0%		10.9%	11.4%	Centers for Medicare and Medicaid Services
	f Atrial Fibrillation: Medicare Population, 2018	8.8%		9.1%	8.9%	Centers for Medicare and Medicaid Services
	g Cancer: Medicare Population, 2018	7.0%		7.7%	7.1%	Centers for Medicare and Medicaid Services
	h Osteoporosis: Medicare Population, 2018	7.4%		6.3%	5.8%	Centers for Medicare and Medicaid Services
	i Asthma: Medicare Population, 2018	4.6%		3.9%	3.0%	Centers for Medicare and Medicaid Services
	j Stroke: Medicare Population, 2018	3.3%		2.8%	2.7%	Centers for Medicare and Medicaid Services

Tab 8: Uninsured Profile and Community Benefit

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

Tab	Health Indicators	Fremont Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
8	a Uninsured, percent, 2018	4.9%		5.6%	6.3%	County Health Rankings

#	Charity Care \$\$ - George C. Grape Memorial Hospital	YR 2019	YR 2020	YR 2021
1	Free Care	\$74,375	\$131,915	\$111,940
2	Bad Debt (No Pay)	\$285,351	\$207,174	\$208,066

Tab 9: Mortality Profile

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

Tab	Health Indicators	Fremont Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
9	a Life Expectancy (Male and Females), 2017-2019	77.0		79.4	78.4	County Health Rankings
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2018 (lower is better)	167.0		160.7	175.6	Iowa Health Fact Book
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	152.6		162.3	177.6	Iowa Health Fact Book
	e Age-adjusted Chronic Obstructive Pulmonary Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	56.3		47.3	54.1	Iowa Health Fact Book
	f Alcohol-impaired driving deaths, percent, 2013-2017	36.4%		26.8%	29.1%	County Health Rankings

Total IOWA by Selected Causes of Death - 2020	Fremont Co IA	Mix %	Trend	State of IA 2017	%
Total Deaths	88	100.0%		35,659	100.0%
Cancer	13.0	14.8%		6,205	17.4%
Ischemic Heart Disease	11.0	12.5%		4,455	12.5%
Influenza and Pneumonia	5.1	5.8%		536	1.5%

Tab 10: Preventive Quality Measures Profile

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

Tab	Health Indicators	Fremont Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
10	a Access to exercise opportunities, percent, 2019	45.1%		82.9%	69.6%	County Health Rankings
	b Diabetes prevalence, percent, 2017, adults aged 20+ with diagnosed diabetes	9.8%		9.9%	12.3%	County Health Rankings
	c Mammography screening, percent, 2018	39.0%		52.0%	48.0%	County Health Rankings
	e Percent Annual Check-Up Visit with PCP	NA		NA	NA	TBD
	f Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
	g Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

PSA Primary Research:

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

Chart #1 – Fremont County, IA Online Feedback Response (N=106)

Fremont Co IA - CHNA YR 2022			
For reporting purposes, are you involved in or are you a ...?	Fremont Co IA N=106	Trend	2021 Norms N=4,393
Business / Merchant	9.6%	Yellow	13.5%
Community Board Member	11.5%	Green	11.6%
Case Manager / Discharge Planner	3.8%	White	1.1%
Clergy	3.8%	White	1.6%
College / University	1.9%	White	4.1%
Consumer Advocate	1.9%	White	2.1%
Dentist / Eye Doctor / Chiropractor	0.0%	Red	1.0%
Elected Official - City/County	1.9%	White	3.2%
EMS / Emergency	7.7%	Yellow	2.9%
Farmer / Rancher	7.7%	Yellow	9.8%
Hospital / Health Dept	42.3%	Green	25.5%
Housing / Builder	0.0%	Red	1.1%
Insurance	3.8%	White	1.5%
Labor	0.0%	Red	3.0%
Law Enforcement	1.9%	White	1.5%
Mental Health	3.8%	White	2.2%
Other Health Professional	23.1%	Green	14.5%
Parent / Caregiver	11.5%	Green	22.1%
Pharmacy / Clinic	7.7%	Yellow	2.9%
Media (Paper/TV/Radio)	0.0%	Red	0.7%
Senior Care	5.8%	Yellow	4.9%
Teacher / School Admin	7.7%	Yellow	10.6%
Veteran	9.6%	Yellow	4.6%
Other (please specify)	15.4%	Green	10.9%
TOTAL	52		2801
County Norms: Furnas Co (NE), Fremont Co. (IA), Page Co. (IA), Jackson Co (KS), Marion Co. (KS), Cowley Co. (KS), Carroll Co. (MO)			

Chart #2 - Quality of Healthcare Delivery Community Rating

Fremont Co IA - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Fremont Co IA N=106	Trend	2021 Norms N=4,758
Top Box %	18.9%		30.3%
Top 2 Boxes %	63.2%		73.6%
Very Good	18.9%		30.3%
Good	44.3%		43.3%
Average	31.1%		21.2%
Poor	2.8%		4.1%
Very Poor	2.8%		1.1%
Valid N	106		4,730
County Norms: Furnas Co (NE), Fremont Co. (IA), Page Co. (IA), Jackson Co (KS), Marion Co. (KS), Cowley Co. (KS), Carroll Co. (MO)			

Chart #3 – Overall Community Health Quality Trend

Fremont Co IA - CHNA YR 2022			
When considering "overall community health quality", is it...	Fremont Co IA N=106	Trend	2021 Norms N=4,393
Increasing - moving up	24.4%		48.2%
Not really changing much	60.0%		43.8%
Decreasing - slipping	15.6%		8.0%
Valid N	90		4,245
County Norms: Furnas Co (NE), Fremont Co. (IA), Page Co. (IA), Jackson Co (KS), Marion Co. (KS), Cowley Co. (KS), Carroll Co. (MO)			

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

Fremont Co IA - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Mental Health	51	73.9%		1
2	Drug / Substance Abuse	47	68.1%		2
3	Obesity	44	63.8%		5
4	Senior Care / Support	43	62.3%		3
5	Poverty	41	59.4%		4
6	Nutrition - Healthy Food Options	33	47.8%		6
7	Exercise / Fitness Options	31	44.9%		10
8	Awareness of Healthcare Services	31	44.9%		7
9	Wellness Education	27	39.1%		9
10	Insurance Options	20	29.0%		11
11	Water Quality	19	27.5%		8
12	Prenatal Care	15	21.7%		12
13	Smoking (Mothers)	13	18.8%		14
14	STD Screenings	10	14.5%		13
Totals					

Chart #5 - Community Health Needs Assessment "Causes of Poor Health"

Fremont Co IA - CHNA YR 2022			
In your opinion, what are the root causes of "poor health" in our community?	Fremont Co IA N=106	Trend	2021 Norms N=4,393
Lack of health insurance	9.7%		17.0%
Limited Access to Mental Health Assistance	16.9%		20.6%
Neglect	11.3%		13.4%
Lack of health & Wellness Education	16.9%		15.7%
Chronic disease prevention	13.8%		12.2%
Family assistance programs	3.6%		7.2%
Lack of Nutrition / Exercise Services	8.7%		12.6%
Limited Access to Specialty Care	11.3%		9.3%
Limited Access to Primary Care	7.7%		6.5%
Total Votes	195		7,134
County Norms: Furnas Co (NE), Fremont Co. (IA), Page Co. (IA), Jackson Co (KS), Marion Co. (KS), Cowley Co. (KS), Carroll Co. (MO)			

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

Fremont Co IA - CHNA YR 2022	Fremont Co IA N=106			2021 Norms N=4,393	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	52.4%	15.9%		79.4%	6.5%
Child Care	24.6%	29.5%		43.5%	16.1%
Chiropractors	27.4%	40.3%		69.1%	6.0%
Dentists	31.1%	45.9%		72.8%	9.8%
Emergency Room	65.1%	9.5%		76.0%	7.5%
Eye Doctor/Optomtrist	41.7%	40.0%		76.6%	7.0%
Family Planning Services	17.5%	47.4%		40.8%	16.8%
Home Health	59.7%	11.3%		56.0%	9.5%
Hospice	35.6%	22.0%		62.7%	8.9%
Telehealth	32.1%	21.4%		53.2%	10.2%
Inpatient Services	60.3%	7.9%		79.5%	5.0%
Mental Health	14.5%	62.9%		29.9%	32.8%
Nursing Home/Senior Living	22.2%	33.3%		59.4%	11.9%
Outpatient Services	62.9%	6.5%		77.2%	4.0%
Pharmacy	82.0%	0.0%		88.4%	2.2%
Primary Care	71.4%	6.3%		80.1%	4.9%
Public Health	63.3%	3.3%		64.3%	7.0%
School Health	50.8%	9.8%		65.5%	6.6%
Visiting Specialists	47.6%	9.5%		67.3%	8.4%
Walk- In Clinic	46.8%	19.4%		59.2%	17.2%
County Norms: Furnas Co (NE), Fremont Co. (IA), Page Co. (IA), Jackson Co (KS), Marion Co. (KS), Cowley Co. (KS), Carroll Co. (MO)					

Chart #7 – Community Health Readiness

Fremont Co IA - CHNA YR 2022		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Fremont Co IA N=106	Trend	2021 Norms N=4,393
Behavioral / Mental Health	61.3%		31.6%
Emergency Preparedness	16.4%		9.1%
Food and Nutrition Services/Education	40.0%		16.8%
Health Screenings (as asthma, hearing, vision, scoliosis)	24.6%		11.4%
Prenatal/Child Health Programs	31.1%		12.1%
Substance Use/Prevention	54.0%		38.1%
Suicide Prevention	59.0%		41.0%
Violence Prevention	61.3%		37.7%
Women's Wellness Programs	41.0%		17.9%
County Norms: Furnas Co (NE), Fremont Co. (IA), Page Co. (IA), Jackson Co (KS), Marion Co. (KS), Cowley Co. (KS), Carroll Co. (MO)			

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

Specialties:

Fremont Co IA - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Fremont Co IA N=106	Trend	2021 Norms N=4,393
Yes	71.0%		73.4%
No	29.0%		26.6%
Valid N	62		2,923
County Norms: Furnas Co (NE), Fremont Co. (IA), Page Co. (IA), Jackson Co (KS), Marion Co. (KS), Cowley Co. (KS), Carroll Co. (MO)			

Specialties	Counts
CARD	3
ENT	2
FEM	2
HOSP	2
PEDS	2
PNEO	2
PRIM	2

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

Fremont Co IA - CHNA YR 2022			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Fremont Co IA N=106	Trend	2021 Norms N=4,393
Yes	38.7%		63.8%
No	61.3%		36.2%
Valid N	62		2757
County Norms: Furnas Co (NE), Fremont Co. (IA), Page Co. (IA), Jackson Co (KS), Marion Co. (KS), Cowley Co. (KS), Carroll Co. (MO)			

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

Fremont Co IA - CHNA YR 2022			
What needs to be discussed further at our CHNA Town Hall meeting?	Fremont Co IA N=106	Trend	2021 Norms N=4,393
Abuse/Violence	5.0%	Red	4.3%
Alcohol	3.4%	Yellow	4.2%
Alternative Medicine	2.4%	White	3.3%
Breast Feeding Friendly Workplace	0.7%	White	1.2%
Cancer	4.1%	Yellow	2.5%
Care Coordination	3.6%	Yellow	2.5%
Diabetes	5.0%	Red	2.9%
Drugs/Substance Abuse	7.0%	Red	6.5%
Family Planning	1.4%	White	2.0%
Heart Disease	3.6%	Yellow	1.9%
Lack of Providers/Qualified Staff	5.0%	Red	3.8%
Lead Exposure	0.5%	White	0.4%
Mental Illness	7.7%	Red	8.8%
Neglect	3.1%	Yellow	2.5%
Nutrition	4.3%	Yellow	4.0%
Obesity	6.0%	Red	6.0%
Occupational Medicine	0.2%	White	0.6%
Ozone (Air)	0.0%	White	0.5%
Physical Exercise	4.3%	Yellow	4.1%
Poverty	5.0%	Red	4.9%
Preventative Health / Wellness	4.8%	Yellow	4.9%
Respiratory Disease	0.0%	White	0.1%
Sexually Transmitted Diseases	1.2%	White	1.4%
Smoke-Free Workplace	0.0%	White	0.0%
Suicide	4.3%	Yellow	7.0%
Teen Pregnancy	2.2%	White	2.1%
Telehealth	1.7%	White	2.3%
Tobacco Use	2.2%	White	2.2%
Transporation	3.1%	Yellow	2.7%
Vaccinations	2.6%	White	3.5%
Water Quality	2.4%	White	2.2%
Health Literacy	2.6%	White	3.3%
Other (please specify)	0.2%	White	1.6%
TOTAL Votes	416		13,533
County Norms: Furnas Co (NE), Fremont Co. (IA), Page Co. (IA), Jackson Co (KS), Marion Co. (KS), Cowley Co. (KS), Carroll Co. (MO)			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services 2022 - Fremont County, IA				
CAT	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	YES		
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers	YES		
Hosp	Arthritis Treatment Center			
Hosp	Bariatric / Weight Control Services	YES		
Hosp	Birthing / LDR / LDRP Room			
Hosp	Breast Cancer	YES		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	YES		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	YES		
Hosp	Case Management	YES		
Hosp	Chaplaincy / Pastoral Care Services	YES		
Hosp	Chemotherapy	YES		
Hosp	Colonoscopy	YES		
Hosp	Crisis Prevention			
Hosp	CT Scanner	YES		
Hosp	Diagnostic Radioisotope Facility			
Hosp	Diagnostic / Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	YES		
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	YES		
Hosp	Genetic Testing / Counseling	YES		
Hosp	Geriatric Services	YES		
Hosp	Heart	YES		
Hosp	Hemodialysis			
Hosp	HIV / AIDS Services			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital Services	YES		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit	YES		
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation room	YES		
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung	YES		
Hosp	MagneticResonance Imaging (MRI)	YES		
Hosp	Mammograms	YES		
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<128+ slice CT)	YES		
Hosp	Neonatal			
Hosp	Neurological services			
Hosp	Obstetrics			
Hosp	Occupational Health Services	YES		
Hosp	Oncology Services	YES		
Hosp	Orthopedic Services	YES		
Hosp	Outpatient Surgery	YES		
Hosp	Pain Management	YES		
Hosp	Palliative Care Program			
Hosp	Pediatric			
Hosp	Physical Rehabilitation	YES		
Hosp	Positron Emission Tomography (PET)	Yes		
Hosp	Positron Emission Tomography / CT (PET / CT)	YES		
Hosp	Psychiatric Services			YES

Inventory of Health Services 2022 - Fremont County, IA				
CAT	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
Hosp	Radiology, Diagnostic	YES		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health			
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography (SPECT)			
Hosp	Sleep Center	YES		
Hosp	Social Work Services	YES		
Hosp	Sports Medicine	YES		
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	YES		
Hosp	Transplant Services			
Hosp	Trauma Center			
Hosp	Ultrasound	YES		
Hosp	Women's Health Services	YES		
Hosp	Wound Care	YES	YES	
SR	Adult Day Care Program			
SR	Assisted Living			
SR	Home Health Services		YES	
SR	Hospice			
SR	Long-Term Care			YES
SR	Nursing Home Services			YES
SR	Retirement Housing			YES
SR	Skilled Nursing Care	YES	YES	YES
ER	Emergency Services	YES	YES	
ER	Urgent Care Center	YES		
ER	Ambulance Services	YES		YES
SERV	Alcoholism - Drug Abuse			
SERV	Blood Donor Center			
SERV	Chiropractic Services			YES
SERV	Complementary Medicine Services			
SERV	Dental Services			
SERV	Fitness Center	YES		YES
SERV	Health Education Classes	YES	YES	
SERV	Health Fair (Annual)		YES	
SERV	Health Information Center			
SERV	Health Screenings	YES	YES	
SERV	Meals on Wheels			YES
SERV	Nutrition Programs			YES
SERV	Patient Education Center			
SERV	Support Groups			
SERV	Teen Outreach Services		YES	
SERV	Tobacco Treatment / Cessation Program		YES	
SERV	Transportation to Health Facilities			YES
SERV	Wellness Program	YES		

2022 Physician Manpower Assessment Fremont County, IA

Specialties	DRs Offices	Visiting DRs	PAs & NPs
Primary Care:			
Family Practice	2.0		3.0
Internal Medicine	0.0	0.0	0.0
Obstetrics/Gynecology		1.0	
Pediatrics	0.0	0.0	0.0
Medicine Specialists:			
Allergy/Immunology	0.0	0.0	
Cardiology	0.0	3.0	
Dermatology	0.0		
Endocrinology	0.0	0.0	
Gastroenterology	0.0		
Oncology/RADO	0.0	1.0	1.0
Infectious Diseases	0.0	0.0	
Nephrology	0.0		
Neurology	0.0		
Psychiatry	0.0		
Pulmonary	0.0	0.0	
Rheumatology	0.0	0.0	
Surgery Specialists:			
General Surgery		2.0	
Neurosurgery	0.0	1.0	1.0
Ophthalmology	0.0		
Orthopedics	0.0	1.0	
Otolaryngology (ENT)	0.0	0.0	
Plastic/Reconstructive	0.0	0.0	
Thoracic/Cardiovascular/Vascular	0.0		
Urology	0.0	1.0	
Hospital Based:			
Anesthesia/Pain	0.0	0.0	1.0
Emergency	2.0		3.0
Radiology (Tele)	0.0	6.0	0.0
Pathology		1.0	
Hospitalist		0.0	
Neonatal/Perinatal	0.0	0.0	
Physical Medicine/Rehab	0.0	1.0	
Podiatry	0.0	1.0	
Chiropractors	1.0	0.0	
Optometrist	0.0	0.0	
Dentists	0.0	0.0	
TOTALS	12.0	19.0	9.0

Visiting Specialists to GCGCH (Fremont Co, IA) 2022

Specialty	Doctor (First/Last)	Group Name	Office Location	Phone	Clinics	Annual Days
Cardiovascular	Rebecca Rundlett	Pioneer Heart Institute	Lincoln	(402) 414.4202	2xMonthly	24
Cardiovascular	Steven Martin	Pioneer Heart Institute	Lincoln	(402) 414-4202	weekly	50
Cardiovascular	Joseph Ayoub	Jennie Edmunson	Council Bluffs	(712) 328-6000	2x Monthly	24
Oncology	Sakeer Hussain	Heartland Hematology and Oncology L.L.P	Council Bluffs	(712) 322-4136	2x Monthly	24
Neo Surgeon	John Treves	MD West One	Omaha	(402) 390-4111	Monthly	12
Neo Surgeon	David Siebels	MD West One	Omaha	(402) 390-4111	Monthly	12
OBGYN	Maureen Boyle	Methodist Physicians	Council Bluffs	(712) 396-7880	Monthly	12
Orthopaedic	Brian Rowan	Shenandoah Medical Center	Shenandoah	(712) 246-7400	Monthly	12
Pain	Kip Anderson	Grape	Hamburg	(712) 382-1515	weekly	50
Surgery	James Scott	Omaha Center For Surgery	Omaha	(402) 552-3078	2x Monthly	24
Surgery	Eric Bendorf	Jennie Edmunson	Council Bluffs	(712) 328-6000	2x Monthly	24
Urology	Larry Siref	UNMC Urology	Omaha	(402) 559-4292	Monthly	12
Physical Medicine (Rehab)	Stuart Oxford	Independent	Omaha	(402) 629-2580	Monthly	12
Podiatry	Andrew Stanislav	Family Medicine Associates	Schleswig	(712) 676-3672	2x Monthly	24

Fremont Co IA - Healthcare Resource Directory

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

Fremont County Sheriff (712) 374-2673

Municipal Non-Emergency Numbers

	Police	Fire
Shenandoah (part)	(712) 246-3512	(712) 246-2300
Sidney	(712) 374-2365	(712) 374-2204
Tabor	(712) 629-2295	(712) 629-2295
Hamburg	(712) 382-1313	(712) 382-1303

Abuse – Adult and Child

Adult and Child Abuse Hotline
1-800-362-2178

Boystown Hotline Number
1-800-448-3000

Catholic Charities Family Crisis Hotline
712-328-0266
1-888-612-0266

Child Protective/CINA Services
1-877-683-0323

Department of Human Services: Montgomery County
712-623-4838
1-888-623-4838

Domestic Abuse Hotline
1-800-942-0333

Family Crisis Support Network
712-243-6615
1-800-696-5123

Family Crisis Support Network
712-623-3328
1-866-647-9596

Iowa Concern Hotline
1-800-447-1985

Rural Iowa Crisis Center
641-782-2706

Southwest Iowa Batter's Education Program
712-542-3501
1-888-486-9599

Advocacy Groups

Alliance for Mentally Ill of Iowa (NAMI)
515-254-0417

Attorney General's Consumer Protection Division
515-281-5926

Commission of Veterans Affairs
1-800-827-1000

Division of Latino Affairs
515-281-4080

Elder Affairs Department
1-800-532-3213

Hispanic Center, Shenandoah
712-246-2081

Iowa Association of Area Agencies on Aging
1-866-468-7887

Iowa Commission on Status of Women
1-800-558-4427

Iowa Compass
1-800-779-2001

Iowa Department Human Rights
515-281-7283

Iowa Department on Aging
515-242-3333

Iowa Division of Labor
515-281-3606

Iowa Ombudsman
1-888-426-6283

Iowa Protection and Advocacy
515-278-2502
1-800-779-2502

Latino Resource Center – Southwest Iowa
712-623-3591

League of Human Dignity
1-800-843-5774

Long-term Care Ombudsman
515-242-3327

National Catholic Rural Life
515-270-2634

National Eldercare Locator
1-800-677-1116

Senior Health Insurance Information Program
1-800-351-4664

Clothing

Clarinda Community Center Thrift Shop
712-542-3161

West Page Improvement Center
712-246-4564

Sheppards Frock – Sidney
712-374-2023

Disability Services

Child Health Specialty Clinics
1-866-652-0041

Children at Home
800-993-4345

Department of Human Services: Red Oak
712-623-4838

Easter Seals Rural Solutions
515-309-1783

Glenwood Resource Center
712-527-4811

Iowa AgrAbility Project
515-294-8520

Iowa Client Assistance Program
1-800-652-4298

Iowa Compass
1-800-779-2001

Iowa Protection and Advocacy
515-278-2502

Iowa Vocational Rehabilitation Services
712-542-5414

Iowa Western Job Placement
712-325-3282

League of Human Dignity
1-800-843-5774

Loess Hills AEA 13
800-432-5804

Loess Hills Glenwood Office
712-527-5261
800-886-5261

Lutheran Social Service of Iowa
1-866-409-2352

Nishna Productions
712-246-1242

Nishna Productions Inc.
712-246-1269

Pacific Place
712-622-8144

Southwest Iowa Case Management
712-542-3584

Specialized Support Services
1-800-440-7129

Speech to Speech
1-877-735-1007

Veterans Administration Outpatient Clinic,
Shenandoah
712-246-0092

Waubonsie Mental Health Center
712-542-2388
1-800-432-1143

West Central Development
712-624-8172

Drug and Alcohol Abuse

Alcohol and Drug Abuse Counseling
1-800-454-8966

Alcoholics Anonymous - Council Bluffs
712-328-9979

Alcoholics Anonymous – Millard, NE
402-895-9911

Clarinda Police Department
712-542-2194

Free People from Tobacco
712-246-2332
1-800-944-3446

Mercy Hospital - Council Bluffs,
712-328-5000

Page County Drug Enforcement Officer
712-246-3512

Page County General Relief
712-542-2983

Quitline Iowa
1-800-784-8669

River Bluffs - Alcohol Treatment
712-322-5540

Shenandoah Police Department
712-246-3512

Southwest Iowa Families, Inc
712-542-3501

Zion Recovery Services, Clarinda
712-542-4481

Zion Recovery Services, Shenandoah
712-246-4832

Education

(GED, Adult Basic Skills Literacy)
712-325-3266

Clarinda Lied Public Library
712-542-2416

Coin Public Library
712-583-3684

Denison Job Corps
712-263-4192 ext.119

Early Headstart
800-698-5886

Essex Lied Public Library
712-379-3355

Family Crisis Support Network
712-623-3328
1-866-647-9596

Fostering Literacy
712-850-1050

Green Hills Area Education Association
712-623-2559

Growing Strong Families: Fremont
712-374-2351

Growing Strong Families: Page
712-542-5171

Iowa College Student Aid Commission
515-281-3501

Iowa Compass
1-800-779-2001

Iowa Concern Hotline
800-447-1985

Iowa Exceptional Parent Center
515-782-4453

Iowa Western Community College
800-432-5852

Iowa Workforce Development
712-263-6102

ISU Answer Line
800-262-3804

ISU Extended and Continuing Education
1-800-262-0015

ISU/Mills County Extension Service
712-624-8616

League of Human Dignity
1-800-843-5774

Loess Hills AEA 13
800-432-5804

M.A.Y. Mentoring Program
712-246-1581

Nishna Productions
712-246-1242

Planned Parenthood of Mid Iowa
712-623-5522

Promise Jobs
712-246-3735

Shenandoah Alternative School
712-246-6161

Specialized Support Services
1-800-440-7129

The Nest
712-542-3501

Vocational Rehabilitation
712-243-5346
712-328-3821

Vocational Rehabilitation
712-542-5414

Work Incentive Act
712-246-5649

Workforce Development: Clarinda
712-542-6563

Workforce Development: Shenandoah
712-246-4470

Emergency Shelters and Disaster Services

Catholic Charities
712-328-3086

Civil Defense Disaster Services
712-246-4254

Clarinda Youth Shelter
712-542-3103

County General Relief Assistance
712-542-4254
1-866-630-4254

Domestic Violence Program
712-328-0266
888-612-0266

Family Crisis Support Network
1-866-647-9596
712-623-3328

Family Crisis Support Network
1-800-696-5123

Girls & Boys Town Based Service National Hotline
1-800-448-3000

Micah House
712-323-4416

Page County Emergency Management
712-246-4254
1-877-899-0007

Page County Veterans Affairs
712-246-4254
1-877-899-0007

Phoenix House
712-256-2059

Red Cross
712-246-3230

Rural Iowa Crisis Center
1-641-782-2706

Salvation Army
712-542-2987

Turning Pointe – Clarinda
712-542-2388

West Central Development
712-374-3367

Employment

Experience Work: Clarinda
712-542-6563

Experience Work: Shenandoah
712-246-4470

Iowa Concern Hotline
1-800-447-1985

League of Human Dignity
1-800-843-5774

Promise Jobs
712-246-3735

Proteus
1-800-372-6031

Senior Aids (West Central Community Action)
712-246-2585

Specialized Support Services
712-623-5940

Vocational Rehabilitation
712-542-5414

Work Incentive Act
712-246-5649

Workforce Development: Clarinda
712-542-6563

Workforce Development: Shenandoah
712-246-4470

Economic Development

Better Business Bureau
515-284-4525

Displaced Homemaker Program
712-623-9505
800-432-5852

Easter Seals for Disabled Farmers
515-274-1529

Employee Assistant Hotline
800-EAP-IOWA

FREDCO
712-374-3268

Hamburg Area Community Development
712-382-1462

Iowa State Center. For Industrial Research & Service
515-290-1134

Iowa Western Community College Job Placement
712-325-3394

Iowa Workforce Development Center
712-527-5214

ISU Outreach
712-624-8616

Nishna Productions, Inc.
712-624-8638

Proteus
800-372-6031

RC&D Golden Hills
712-482-3029

Rural Development Resource Center
712-623-5521

SCORE
712-325-1000

Small Business Development Center
800-373-7232

Vocational Rehabilitation
712-243-5346

Environmental

Iowa Department of Natural Resources
712-243-1934

Fremont County Sanitarian
712-374-3355

Financial

Consumer Credit Counseling
515-287-6428

County General Relief Assistance
712-542-2983

Department of Human Services: Clarinda
712-623-4838
1-888-623-4838

Farm Service Agency
712-542-5137

Iowa State University
712-542-5171

S.W. Regional Extension Office
712-769-2600

Social Security Administration
District Office
641-782-2114
1-866-613-2827

Social Security Administration
1-800-772-1213

Southwest Iowa Case Management
712-542-3584

Veterans Affairs
712-246-4254
1-877-899-0007

West Central Development
712-624-8172

Alissa McGuinness – ObamaCare
712-246-4200

Food

Angel Food Program
712-583-3334
712-215-2941

Child Care Food Program
918-274-0123

Clarinda Community Center Thrift Shop
712-542-3161

Congregate Meal Site - Clarinda Senior Center
712-542-2932

Congregate Meal Site - Shenandoah
712-246-5200

County General Relief Assistance
712-542-2983

Dept of Human Service (DHS)
712-527-4803

FaDSS (Family Development Program)
712-246-2585

Faith, Food, and Fellowship
712-542-3719

First United Methodist Church
712-542-3719

Fremont Co. Veterans Affairs
712-374-2275

Fremont County General Assistance
712-374-6409

Meals on Wheels (Clarinda Hospital)
712-542-2176

Meals on Wheels (Shenandoah Hospital)
712-246-1230

Share Iowa Program
800-344-1107

Shenandoah Food
712-246-3190

West Central Community Action
712-374-3367

West Page Improvement Center
712-246-4564

Women, Infant, and Children (WIC)
641-782-8431
WIC

Fuel Assistance

Department of Human Services
712-527-4803

General Relief
712-527-5621

Page County Veterans Affairs
712-246-4254

Southwest Iowa Planning Council
1-866-279-4720

West Central Community Action
712-246-2585

Health Care

Alegent Health Mercy Hospital of Corning
641-322-3121

Alegent Health Psychiatric Associates
712-246-1901

American Cancer Society
1-800-227-2345

Angels Care Home Health
712-246-2454

Child Health Specialty Clinic
1-866-652-0041

Child Health Specialty Clinic
866-652-0041

Clarinda Regional Health Center
712-542-2176
Bone Density: 712-542-8221
Cardiac Rehab: 712-542-8299
Medical Associates: 712-542-8330
Diabetes Education: 712-542-8263
Dietitian Services: 712-542-8323
Digital Mammography: 712-542-8221
Phys, Occ, Speech Therapy: 712-542-8224
Respiratory Therapy: 712-542-8275
Specialty Clinics: 712-542-8216
Surgery Center: 712-542-8349

Community Hospital of Fairfax, MO
660-686-2211

County General Relief Assistance
712-542-2983

Dental for Disabled Children
319-356-1517

Department of Human Services: Clarinda
712-623-4838
1-888-623-4838

Elm Heights – Shenandoah
712-246-4627

Fremont County Medical Center
712-374-6005

Fair Oaks – Shenandoah
712-264-2055

Fremont County Public Health
712-374-2685

George C. Grape Community Hospital
712-382-1515

Goldenrod Manor Care Center

712-542-5621

Grape Community Hospital – Hamburg, IA
712-382-1515

Hamburg Medical Clinic
712-382-2626

Hawk-I
800-257-8563

Hawk-I Healthy Kids of Iowa
1-800-257-8563

Healthy Families
800-369-2229

Heartland Hospice
712-623-7194

Home Sweet Home, Inc.
712-542-4181
1-800-362-1600

Hospice with Heart – Glenwood
712-527-4660

Hospice Education Institute
1-800-331-1620

Iowa Association of Area Agencies on Aging
1-866-468-7887

Iowa Commission for the Blind
1-800-362-2587

Iowa Compass
1-800-779-2001

Iowa Concern Hotline
1-800-447-1985

Iowa Department for the Blind
515-281-1333

Iowa Department of Elder Affairs
515-242-3333

Iowa Tobacco Quit Line
800-784-8669

League of Human Dignity
712-323-6863

Long-term Care Ombudsman
515-725-3308

Maternal and Child Health Center of Southwest Iowa
1-800-369-2229

Mercy Mental Health
402-328-5311

Methodist Health System Senior Services
402-331-1111

Methodist Physician Clinic-Tabor
712-629-2022

Montgomery County Memorial Hospital – Red Oak, IA
712-623-7000

National Eldercare Locator
1-800-677-1116

National Poison Control Center
1-800-222-1222

Nodaway Valley Free Clinic
712-542-3719

Nurses on Call
712-542-5068

Page County Public Health
712-246-2332
1-800-944-3446

Southwest Iowa Dental – Takes Medicaid
712-246-2180

Dr. Lathrope – Glenwood – Takes Medicaid
712-527-4854

Planned Parenthood of Mid Iowa
712-623-5522

Poison Prevention Center
800-955-9119

Prime Home Care and Compassionate Care
(hospice)
712-542-1504

Respite Care
800-432-9209

Senior Health Insurance Information Program
1-800-351-4664

Sexually Transmitted Diseases Hotline
1-800-227-8922

Shenandoah Medical Center
712-246-1230
Aquatic Therapy: 712-246-7000
Cardiac/Pulmonary Rehab: 712-246-7104
Diabetic/Diet Education: 712-246-7278
Home Health and Hospice: 712-246-7317
Message Therapy: 712-246-7000
Occupational Health: 712-246-7415
Training/Performance: 712-246-7325
Wellness Program: 712-246-7325

Shenandoah Outpatient Clinic
712-246-7400

Sidney Medical Clinic
712-374-2649

SMC Clinic Sidney IA
712-374-6005

Southwest 8 Senior Services
1-800-432-9209

Southwest Iowa Families, Inc
712-542-3501

Southwest Iowa Home Health
712-374-2685

St. Francis Hospital and Health Services
660-562-2600

St. Mary's Hospital—Nebraska City
402-873-3321

Tabor Medical Clinic
712-629-2975

Teen Health Line
1-800-443-8336

Veterans Administration Outpatient Clinic,
Shenandoah
712-246-0092

Windsor Manor
712-246-2194

Housing

West Central Community Action
712-374-3367

Low Rent Housing-Sidney
712-374-2644

Low Rent Housing-Hamburg
712-382-1557

Low Rent Housing-Tabor
712-629-1645

Department of Human Services
712-527-4803

General Relief
712-527-5621

Low Rent Housing-Malvern
712-624-8561

Rural Development
712-243-2107

Southern IA Regional Housing Authority
641-782-8585

Low Income Apartments

Admiral Manor-Farragut
712-385-8113

Autumn Park
712-246-4898

Clarinda Low Rent Housing
712-542-2912

Clarinda West Apartments
712-542-2249

Hodges Ridge Apartments-Sidney
712-374-2322

Timber Creek Apartments
712-542-4075

Forest Park Manor
712-246-3213

Meadow Run Apartments
712-542-2249

Shenwood Apartments
712-246-2340

Southwest Iowa Habitat for Humanity
712-246-1821

Valley View Apartments
712-246-2044

Waubonsie Apartments-Sidney
712-374-2322

Legal

Child Support Recovery Unit
1-888-229-9223

Clarinda Correctional Facility
712-542-5634

Fremont County Attorney
712-374-2751

Iowa Concern Hotline, Attorney
1-800-447-1985

Iowa Legal Aid, Southwest Iowa Regional office
1-800-432-9229

Iowa Mediation Service
712-262-7007

Iowa Public Employees' Retirement System
1-800-622-3849

Juvenile Court Services
712-623-4886

Lawyer Referral Service
800-532-1108

Legal Services Corp. of Iowa
800-432-9229

Page County Attorney
712-542-2514

Prairie Fire
515-244-5671

University of Iowa Law Clinic
319-335-9023

Women Resource and Action
319-335-1486

Youth Law Hotline
800-728-1172

Mental Health and Emotional Support

Alegent Behavioral Health
712-246-1901

Alegent Psychiatric Association
712-328-2609

Alzheimer's Greater Chapter of IA – Creston
1-800-272-3900

Area Education Association Support Groups
712-623-2559

Catholic Charities
712-328-3086 or 1-800-227-3002

Clarinda Mental Health Institute
712-542-2161

Clarinda Regional Health Center
712-542-2176

Displaced Homemaker IWCC
800-432-5852

Families and Friends of Children with Autism
712-322-7354

Family Service Treatment Services
712-527-3429

Gambling Bets-Off
800-BET-SOFF

Girls & Boys Town Based Services National Hotline
800-448-3000

H.O.P.E. Center
712-542-2122

Heartland Family Services
800-422-1407

Immanuel Family Counseling Center
712-623-7000

International Gamblers Anonymous
1-213-386-8789

Iowa Compass (disabilities)
1-800-779-2001

Iowa Concern Hotline
1-800-447-1985

Iowa Gambling Treatment Program
1-800-Bets-Off

Lutheran Social Service of Iowa
1-866-409-2352

Lutheran Social Services
712-323-1558

Mental Health Case Management
712-542-3584

National Runaway Switchboard
1-800-621-4000

Nishna Productions
712-246-1242

Parkinson's Disease/Alzheimer's Support Group
712-542-5161

Rehabilitation Treatment Services
712-527-9699

Shenandoah Medical Center Mental Health Service
712-246-7390

Southwest 8 Senior Services
1-800-432-9209

Southwest IA Families
888-486-959

Southwest Iowa Case Management
712-542-3584

Southwest Iowa Families, Inc
712-542-3501 or 1-888-486-9599

Specialized Support Services
1-800-440-7129

Teen Line (24 hrs.)
1-800-443-8336

Teenline
800-443-8336

Terrace View Residential
712-542-3530

Hope 4 Iowa (Crisis Call/24hr)
844-673-4469

Lasting Hope
844-6734469

Veterans Administration Outpatient Clinic
712-246-0092

Waubonsie Mental Health Center
712-542-2388 or 1-800-432-1143

Refugee Services

Bureau of Refugee Services
800-362-2780

Senior Citizen Services

Aging Information and Referral and Alzheimer's
Disease
1-800-235-5503

Adult Daycare (Goldenrod Manor)
712-542-5621

Clarinda Senior Center (Lied Center)
712-542-2932

Clarinda Area Volunteers
712-542-2161, ext 13329#

Goldenrod Manor Care Center
712-542-5621

First Presbyterian Church
712-246-3592

Iowa Department of Elder Affairs
515-242-3333

Iowa Association of Area Agencies on Aging
1-866-468-7887

Iowa Legal Aid
1-800-992-8161

Long-term Care Ombudsman
515-249-7424

Meals on Wheels (Shenandoah Medical Center)
712-246-1230

Meals on Wheels (Clarinda Hospital)
712-542-2176

National Eldercare Locator
1-800-677-1116

Page County Homemaker Services
712-246-2332

Senior Aids (West Central Community Action)
712-246-2585

Senior Health Insurance Information Program
1-800-351-4664

Social Security Administration
1-800-772-1213

Social Security Administration - Creston
641-782-7263
1-866-613-2827

Southwest 8 Senior Services
1-800-432-9209

State of Iowa Elder Abuse (24 hrs.)
1-800-362-2178

Seniors Helping Seniors
712-326-3064
888-773-0605

Transportation

Faith-In Action
712-313-0131

Greyhound Bus Lines (info.)
1-800-231-2222

Iowa Compass (disabilities)
1-800-779-2001

Page County Passengers and Clarinda RIDE taxi
712-542-7950

Southwest Iowa Planning Council
712-243-4196

Southwest Iowa Transit Agency
1-800-842-8065

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

IP Discharge Days Ages - Residents of Fremont Co IA							
Source: IHA		2018CY		2019CY		2020CY	
Age Ranges	Hospital	Discharges	Days	Discharges	Days	Discharges	Days
<18	Clarinda- Clarinda Regional						
	Council Bluffs-CHI Health	9	30	15	41	14	45
	Council Bluffs-Methodist	6	10	10	22	8	16
	Hamburg - George C Grape						
	Red Oak- Montgomery Cty					2	4
	Shenandoah-SMC	16	27	10	16	10	15
	Total		31	67	35	79	34
18-44	Clarinda- Clarinda Regional						
	Council Bluffs-CHI Health	18	52	21	75	14	47
	Council Bluffs-Methodist	23	56	21	59	24	96
	Hamburg - George C Grape	4	16	1	1	3	8
	Red Oak- Montgomery Cty					3	5
	Shenandoah-SMC	16	29	13	35	17	41
	Total		61	153	56	170	61
45-64	Clarinda- Clarinda Regional	1	2	1	3	1	2
	Council Bluffs-CHI Health	16	50	6	26	16	60
	Council Bluffs-Methodist	43	131	38	140	33	146
	Hamburg - George C Grape	8	74	10	50	12	112
	Red Oak- Montgomery Cty	1	2	2	6	2	7
	Shenandoah-SMC	16	38	9	22	8	29
	Total		85	297	66	247	72
65-74	Clarinda- Clarinda Regional			1	17		
	Council Bluffs-CHI Health	11	56	5	15	8	40
	Council Bluffs-Methodist	32	158	34	112	39	153
	Hamburg - George C Grape	22	176	13	61	21	111
	Red Oak- Montgomery Cty	1	6	1	2	6	21
	Shenandoah-SMC	10	32	10	35	11	34
	Total		76	428	64	242	85
75+	Clarinda- Clarinda Regional			1	20	1	6
	Council Bluffs-CHI Health	9	34	7	26	7	30
	Council Bluffs-Methodist	45	173	58	255	37	152
	Hamburg - George C Grape	71	431	60	367	74	576
	Red Oak- Montgomery Cty	6	26	4	18	6	31
	Shenandoah-SMC	23	95	23	96	13	94
	Total		154	759	153	782	138
Total		407	1704	374	1520	390	1881

IHA OP by Place of Service - Fremont Co IA				
POS	SITE	2018CY	2019CY	2020CY
	Clarinda - Clarinda Regional	27	25	28
	Council Bluffs - CHI Health	125	143	95
	Council Bluffs - Methodist	267	269	208
	<i>Hamburg - George C Grape</i>	<i>1,003</i>	<i>930</i>	<i>829</i>
	Red Oak - Montgomery Cty	27	33	38
	Shenandoah - SMC	537	631	452
Emergency room	Total	1,986	2,031	1,650
	Clarinda - Clarinda Regional	63	82	199
	Council Bluffs - CHI Health	10	8	9
	Council Bluffs - Methodist	55	100	78
	<i>Hamburg - George C Grape</i>	<i>1,504</i>	<i>1,518</i>	<i>1,063</i>
	Red Oak - Montgomery Cty	100	121	79
	Shenandoah - SMC	3,392	3,646	3,515
Other outpatient	Total	5,124	5,475	4,943
	Clarinda - Clarinda Regional	113	129	145
	Council Bluffs - CHI Health	201	212	192
	Council Bluffs - Methodist	657	683	587
	<i>Hamburg - George C Grape</i>	<i>3,925</i>	<i>3,359</i>	<i>2,992</i>
	Red Oak - Montgomery Cty	194	299	376
	Shenandoah - SMC	3,917	3,873	4,003
Outpatient (Lab/Radiation)	Total	9,007	8,555	8,295
	Clarinda - Clarinda Regional	5	9	4
	Council Bluffs - CHI Health	47	54	30
	Council Bluffs - Methodist	166	169	130
	<i>Hamburg - George C Grape</i>	<i>187</i>	<i>181</i>	<i>139</i>
	Red Oak - Montgomery Cty	17	30	21
	Shenandoah - SMC	178	201	163
Outpatient surgery	Total	600	644	487
	Clarinda - Clarinda Regional	15	13	15
	Council Bluffs - CHI Health	47	46	57
	Council Bluffs - Methodist	292	289	159
	<i>Hamburg - George C Grape</i>	<i>731</i>	<i>711</i>	<i>516</i>
	Red Oak - Montgomery Cty	27	47	22
	Shenandoah - SMC	295	380	327
Therapy only (PT/OT)	Total	1,407	1,486	1,096
TOTAL	ALL POS	18,147	18,208	16,485

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Fremont County, IA 2021 CHNA Town Hall (GCGCH) Thursday, Feb. 17th: 5:00-6:30pm

#	Attend	Last	First	Organization	Title
1	X	Smith	Connie		
2	X	Hendrickson	Cristin	GCGCH	CEO
3	X	Lowthorp	Heidi	ISU Extension / GSF	Parent Educator
4	X	Hayes	Tanya	GCGCH	BSN/RN
5	X	Moore	Terri	FCPH	RN Public Health Nurse
6	X	Holliman	Judy	GCGCH	Auxiliary President
7	X	Whitehead	Terri	GCGCH	SW, RN
8	X	Wells	Craig	George C. Grape Community Hospital	CIO
9	X	Fichter	Michele	GCGCH	ADON
10	X	Sawyer	Kathleen	West Central Community Action	Family Development Specialist
11	X	Watson	Suzanne	Southwest Iowa MHDS Region	CEO
12	X	Hunter	Halley	George C. Grape Community Hospital	Director of Community Engagement
13	X	Ourada	Michael	George C. Grape Community Hospital	Provider
14	X	Kelley	Ingrid	Southwest Iowa Home Health Services, G	Clinical Coordinator
15	X	Logan	Holly	Southwest Iowa Home Health	Director
16	X	West	Shellie	West Central Community Action	Family Development Specialist
17	X	Largen	Thomas	George C. Grape Community Hospital	Board of Directors President
18	X	Hendrickson	Troy		

Fremont County Town Hall Event Notes

Attendance: N=18

Date: 2/17/2022 – 5:00 p.m. to 6:30 p.m.

Drugs of Concern: Meth, Fentanyl, Opioids

Covid Update: There were 23 recorded deaths this past month. Seems to be a lack of concern about Covid amongst the community. Over 4,000 are fully vaccinated currently.

Walk-In Clinic: Hours of operation needs to be extended further. Not enough availability.

Exercise / Fitness: There are opportunities available for the community to take advantage of. Cost, awareness, and apathy appear to be the barriers in this area potentially contributing to the high levels of obesity and low levels of participation.

Needs

- Mental / Behavioral Health
- Primary Care Providers
- Specialists (ENT, DERM, PUL, PSYCH)
- Senior Solutions (Activities)
- Drugs / Substance Abuse
- Affordable Child Care
- Walk-In Clinic (Expanded Hours)
- Poverty
- Adequate Staffing
- Food Insecurity (Youth/Seniors)
- Suicide / Depression (Youth)
- Owning Your Health (Apathy)
- Transportation

Strengths

- Public Health
- Senior Health
- Community Support
- Qualified Nurses / Providers
- Personalized Care Delivery
- Close Proximity to Services
- Access to Exercise / Fitness
- School Health
- Health Literacy

Wave #4 CHNA - Fremont County IA

Town Hall Conversation - Strengths (White Cards) N=18

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	Compassion	9	Local providers/staff
1	Rural	10	IP senior care
1	Long-Term Members	10	24/7 ambulance
1	Long-Term Relationships	10	High enough income level
1	Senior Health	10	Cardiac Specialty Doctors
2	Care Community	10	New hospital plans
2	Good Providers/Nurses	11	Cardiology clinic
3	Community working together	11	GR services
3	Providers/Nurses care and go the extra mile	11	Increasing EMS services
3	Low STD rates	11	Offering services due to increasing needs
3	Free/Reduced lunch	12	Close-knit community
3	Food Access	13	Talented nursing staff
4	High % high school or higher education graduates	13	Dedication to community growth
4	Low average ER times	13	Knowledgeable staff for healthcare
4	Low STD rates	13	Hospital
4	Low number of uninsured	13	Clinic providers
5	Education system	14	Per Capita Income
5	Activities for youth	14	Ambulance
5	Parks/Outdoor venues	14	ER time to be seen
5	Caring community people/organizations	14	Access to care for rural city
5	Nearness to other services	14	Staff- experienced and talented
6	Access to hospital	14	% of uninsured
6	Access to clinics	15	Air quality
6	Transportation services	15	Per Capita Income
7	Emergency room	15	Fairly high vaccination rate
7	Hospital	15	ER time to be seen
7	Community ready/available to help	15	"Community"
7	A lot of activities in community	16	Public health available
7	Good schools/education	16	Community support
7	Job opportunities	16	ER response time
8	Hospital in county	16	Good pharmacy response
8	ER close	16	Long time nurses
8	People willing to help when needed	17	Long time nurses
9	Having a hospital	17	ER times
9	Increasing speciality clinics	17	Covid vaccines
9	Hospital based ambulance	17	Low poverty

Wave #4 CHNA - Fremont County IA

Town Hall Conversation - Weaknesses (Blue Cards) N=18

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	Mental health references	8	Providers
1	Providers needed	8	ENT specialist
1	Speciality services	9	Obesity health issues
1	Senior Care	9	Improve on follow-up
1	Home health services	9	Consistency
1	Staffing needs	9	Need more providers
2	Communication of services	9	Better senior care
2	Clinic/Hospital merge	10	Transportation to health facility
2	Mental health providers	11	Parents willing to be involved
2	Senior solutions	11	Birthing hospital
2	Senior Care	11	More providers
2	We have talented staff- but not enough to care for everyone	11	Willing to travel mental health providers
2	Everything costs more	11	More smoking cessation programs
3	More providers	12	Add more mental health providers that individuals can make appointments to see in person
3	Senior health	12	Open childcare centers that are affordable
3	Mental health	12	Offer more transportation options to assist individuals to get to appointments/work/exercise
3	New facility- attract	12	Offer more than Saturday's for clinics to give more opportunities to see doctor
3	EMS- communities outside of hamburg	12	Add more eye doctors/dentists in community so we don't have to travel or go without care
4	Staffing	13	Mental health
4	More providers	13	Senior Care
4	Inability to obtain IP Mental health	13	Drug/substance abuse
4	Need to encourage self care	13	Obesity
5	Staffing availability	13	Chronic disease prevention
5	More providers	13	Access to healthy foods
5	Drug abuse	14	Communication
5	Mental health	14	More staff
5	Obesity	14	Behavioral health
5	Senior Support	14	ENT specialist
6	Ambulance	14	Obesity
6	Walk-in clinic	15	Mental health treatment
6	Mental health	15	Drug/substance abuse
6	Drug/substance abuse	15	Senior Care
6	More providers	15	Poverty
6	Transportation	15	Food insecurities
6	Poverty	15	Nutrition
6	More specialists	15	Exercise
6	Updating facility	16	Community awareness
6	Summer food program	16	Need more providers
7	Access to mental health	16	ENT
7	Access to providers/specialists	16	Drug abuse
7	Drug abuse programs	16	Obesity
7	Access to healthy foods	16	Need more walk-in clinics
7	Education about health/wellness	16	Need more staff
8	Mental health	16	Under-insured arent seeking medical attention
8	Drug/substance abuse- youth	17	More doctors
8	Poverty	17	More services
8	Senior Support	17	Outreach clinics
8	Nutrition	17	Psych services
8	Rural area	17	Upgrade facilities
8	Transportation		

From: Halley Hunter, Director of Community Engagement

Date: 11/15/2021

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Fremont County Community Health Needs Assessment 2022

George C. Grape Community Hospital is partnering with other community health providers over the next few months, to update the Fremont County Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2016 and 2019 CHNA reports as well as collect up-to-date community health perceptions and meet federal regulations .

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research.

Your feedback and suggestions regarding community health delivery are imperative to collect to be able to complete the 2022 CHNA and implementation plan updates. To gather this feedback, a short and confidential online survey has been developed and can be accessed through the link below.

LINK: https://www.surveymonkey.com/r/CHNA2022_FremontCo

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Monday, December 20th**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, February 17th**, for Dinner from **5:30 p.m. - 7:00 p.m.** Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (712) 382-1515

Fremont County begins 2022 Community Health Needs Assessment.

Media Release: 11/15/21

Over the next few months, **George C. Grape Community Hospital** will be working with area providers to update the 2019 Fremont County, IA Community Health Needs Assessment. Therefore, they are seeking input from the community regarding healthcare needs in order to complete the 2022 CHNA update.

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

A brief community survey has been developed in order to gather feedback and accomplish this work. Please visit our website and social media sites to access the link to complete the online survey for the 2022 CHNA.

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **Monday, December 20th**. In addition, please **HOLD the date** for the Town Hall meeting potentially scheduled for **Thursday, February 17th** from **5:30 to 7:00 p.m.** More information will be coming soon regarding the dates and the RSVP. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (712) 382-1515

###

From: Halley Hunter, Director of Community Engagement

Date: 01/15/22

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

Subject: Please join our CHNA Town Hall Event

Please join us for a Town Hall meeting on Thursday February 17th, from 5:00 – 7:30 PM at the Rehabilitation Center (Suite 3). The Hospital will review key health indicators for Fremont County and gather your feedback for our 2022 Community Health Needs Assessment (CHNA) programs.

Healthcare leaders, social service providers, community-based organizations, and county residents are all invited to this event – *please spread the word.*

To adequately prepare for this socially distanced gathering, we need your RSVP by February 15th. You may also visit www.grapehospital.com or the [Hospital's FaceBook page](#) to submit your reservation or click the link below:

RSVP Now: https://www.surveymonkey.com/r/CHNA2022_FremontCoIA_RSVP

If you have any questions regarding CHNA activities, please call me at (712) 382-1515. The town hall event will be hosted at this address:

George C. Grape Community Hospital
Rehabilitation Center (Suite3)
2967 US HWY 275
Hamburg, IA 51640

George C. Grape Community Hospital Hosts Local Town Hall Event.

Media Release: 01/15/22

George C. Grape Community Hospital has scheduled the Town Hall meeting for the 2022 Community Health Needs Assessment on **Thursday February 17th, from 5:00 p.m. – 7:30 p.m.** located at the **Rehabilitation Center, Suite 3**. During this event, we will review the community health indicators and gather feedback opinions on key community health needs for Fremont County.

Due to Covid and state-wide guidelines, we must ensure the safety of our community members during the on-site meeting. Therefore, those who wish to attend must RSVP to adequately prepare for this social distanced gathering. You may do this by visiting the hospitals' website and social media sites to obtain the link and complete your RSVP. We hope you can find the time to join us for this important event on February 17th, 2022.

Note> If you RSVP, additional information will be released to you a few days prior to the event.

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (712) 382-1515

###

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2022 Community Feedback: Fremont Co IA (N=106)

ID	Zip	Rating	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1016		Average	Decreasing - slipping downward	ACC	SCH		Can't always get in to see a Dr if you are sick.
1048	51639	Very Good	Not really changing much	ADM			To much politics
1105		Good	Decreasing - slipping downward	AGE	COVD		Age of people and CoVID
1040	51652	Good		BED			personable and compassion
1031		Very Good	Increasing - moving up	CLIN	FAC	EMS	More clinics. Physically expanding. In-house paramedics
1084		Very Good	Increasing - moving up	COVD	MAN		Excellent Covid management
1004	51601	Very Good	Increasing - moving up	DOCS	CLIN		new doctors and clinics coming
1025	51653	Good	Decreasing - slipping downward	DOCS	FINA	INSU	Lack of new providers, money crunch as reimbursements continue to decline, insurance requirements limiting providers ability to practice effective medicine.
1027	51652	Good	Not really changing much	DOCS	RET		We have not attracted many new providers.
1096	51640	Very Good	Not really changing much	DOCS	SERV	FAC	No new providers, services, facilities or equipment.
1103	51640	Very Good	Not really changing much	DOCS			Need to add more Providers
1092		Good	Decreasing - slipping downward	EDU	BH		there are no opportunities for education on health, no mental health needs are big met, and there is not a focus on or education on wellness
1030	51601	Average	Not really changing much	EMS	AMB		Lack of EMTs/paramedics, in return makes it difficult for our community get an ambulance to respond.
1007	51640	Good	Increasing - moving up	FAC	DOCS		The hospital's building project and Medical Clinic PC has hired Alisha Thompson to add to the providers in the community
1054	51640	Good	Not really changing much	HOUS			A lot of the population with poor health quality have moved due to flooding in 2019 and were unable to come back due to lack of housing for them.
1008	51640	Very Poor	Decreasing - slipping downward	MAN	ADM		Ceo.
1017	51632	Average	Increasing - moving up	MAN	DOCS		we are changing leardership and trying to get staffing to addequate ratios.
1086	51652	Good	Not really changing much	MRKT	SERV		I don't see anything being done to compete with bigger city hospitals.
1061	51650	Good	Not really changing much	NO			not much new innovation
1097	51652	Average	Not really changing much	QUAL	NO	HOSP	Some things are decreasing, others are staying the same - quality of hospitals is questionable
1028	51652	Good	Increasing - moving up	SPEC	ACC		constantly reaching out to new doctors and clinics to come to hospital to see pts so they don't have to drive out of town
1059		Good	Not really changing much	SPEC	ACC	EMS	Need to offer more specialty clinics at the hospital. Volunteer EMS and FT EMS, in more need of as this is important for our community as well.
1045	51649	Average	Not really changing much	SPEC	ACC	COMM	Not enough speciality doctors. Communication needs to be better
1006	51640	Good	Decreasing - slipping downward	STFF	BED		Healthcare providers don't seem to have the kindness and compassion they used to.
1047	51640	Average	Not really changing much	STFF	DOCS	QUAL	Given hospitals are now working on a skeleton shift it becomes harder and harder to give excellent patient care

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ID	Zip	Rating	Movement	c1	c2	c3	In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.
1007	51640	Good	Increasing - moving up	ACC	CLIN	URG	access to healthcare is really at our finger tips. We have three medical clinics and a hospital with ER and saturday clinic. It would be nice to have an urgent care office so you did not have to go to the ER for anything after clinic hours.
1028	51652	Good	Increasing - moving up	ACC	DOCS	CLIN	I think everyone appreciates the awesome doctors and clinics that are available in town without having to travel.
1086	51652	Good	Not really changing much	ACC	SPEC	TRAV	I think that people come here for emergencies or quick work to be done. We don't offer a lot of specialty doctors that people will need to go to the city for.
1016		Average	Decreasing - slipping downward	ACC			We are lucky to have what we have .
1090	51639	Good	Increasing - moving up	ACC			Right care. Right here.
1043	51640	Good	Not really changing much	ACC			Healthcare is available when really needed
1061	51650	Good	Not really changing much	ACC			very lucky to have them in the community
1044	51640	Average	Decreasing - slipping downward	ADOL	NH	HH	I think someone needs to take charge of this and make sure that the young patients are staying here for there health care and the elderly are getting their health needs are being met. Even if go into their homes to meet their needs
1034	51639	Good	Not really changing much	AMB	ACC	WAIT	The biggest issue that I see is lack of ambulance service and the wait time to receive assistance in the rural communities.
1045	51649	Average	Not really changing much	AMB	EMS		Sometimes questionable. Call for an ambulance and no response.
1068	51652	Average	Not really changing much	BED	COMM	FF	they need to actually care, listions & follow up.
1006	51640	Good	Decreasing - slipping downward	BED	DOCS		I honestly believe people are turning outside our community because they have been made to feel like they are an inconvenience and a bother or the medical person just has no interest in what they have to say
1004	51601	Very Good	Increasing - moving up	BED	QUAL	DOH	doctors care about the person as a whole. they take time to discuss problems and find right person to solve it. hospital provides good care to patients. public health offering numerous vaccination clinics.
1101	51640	Poor	Decreasing - slipping downward	BED			You don't care about the patient
1046	51640	Average	Not really changing much	CLIN	PHARM	WAIT	There seems to be a problem between the medical clinic and the local drug store in getting med orders from one to the other in a timely fashion. Wish they could work on this.
1096	51640	Very Good	Not really changing much	DOCS	HOSP		Not many in our community use our local providers and therefore do not use our hospital.
1040	51652	Good		DOCS	OP	CLIN	we would like more Drs and out patient clinics.
1054	51640	Good	Not really changing much	DOCS	PRIM	BED	People feel there is a definite need for more general practice physicians as well as more specialty providers who could provide services such as minor procedures so that patients won't have to travel so far. There is also a need for after hours hospital staff to be more "welcoming" to people who seek our services.
1027	51652	Good	Not really changing much	DOCS	QUAL		I love my doctor-Krista Wilson. I am very happy with Shenandoah Medical Center. I don't have much experience with Grape. The one experience I had was many years ago, and it was not positive.
1048	51639	Very Good	Not really changing much	DOCS			Doctors
1081	51652	Average	Not really changing much	EMS			Improve your EMS department. Have a full crew on all of the time.
1025	51653	Good	Decreasing - slipping downward	FAC	SPEC	APP	Good but could be improved with new facilities, adding providers and outreach specialists and improving moral
1070	51650	Good	Not really changing much	FINA	QUAL		It is cheaper and better care in big hospitals
1059		Good	Not really changing much	HH	DOH	CLIN	Inpatient and Outpatient services, ER services, Home Health and Public Health, Medical Clinic PC, Specialty clinic services and OP surgeries, lab and radiology services, Therapy services, EMS services.
1047	51640	Average	Not really changing much	HOSP	MAN		tainted, there are doctors and public health reps who continue to exploit money from patients who do not need the extensive assist, some kept for a long while, far longer than they should remain in the hospital, and hospitals overall are declining at alarming rates
1041	51639	Very Good	Increasing - moving up	HOSP	OP		Hospitals - more outpatient Doctors coming down to our hospital
1066	51640	Good	Increasing - moving up	HOSP	QUAL		I hear nothing but good coming from the people in town here. They know that this isn't a big fancy hospital but they realize that you come here first to see if you need to go to a larger facility.
1083	51650	Good	Not really changing much	HOSP	REF		glad we have a hospital but HH is not doing well and it is hard to transfer to higher level of care
1088	51640	Poor	Decreasing - slipping downward	INSU			Insurance Companies and Government Regulations make it hard for doctors to be doctors and to deliver the healthcare to the people in the community.
1059		Good	Not really changing much	IP	OP	EMER	Inpatient and Outpatient services, ER services, Home Health and Public Health, Medical Clinic PC, Specialty clinic services and OP surgeries, lab and radiology services, Therapy services, EMS services.
1012	51640	Very Good	Not really changing much	MRKT	OP	BED	The county's health care is very good. Although I tend to ask to see one doctor, I feel good about seeing any of the others at Medical Clinic PC. We've used public health for recent vaccines, but found it difficult to always know when clinics were available. Is there a location where they share information? Highly appreciative of the outpatient services available at Grape. Thankful not to have to deal with Omaha traffic (Lincoln not so bad!) Always hear compliments about the PT dept. Employees in the hospital office are always friendly and helpful.
1057	51653	Good	Not really changing much	NO			unchanged.

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ID	Zip	Rating	Movement	c1	c2	c3	In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.
1017	51632	Average	Increasing - moving up	QUAL	ACC		Most Of the General population are Grateful that we are here and able to provide care for them in their time of need. However some have expressed doubt in us as an organization.
1020	51640	Good	Increasing - moving up	QUAL	BED		Quality of Healthcare is exceptional, there is a lack of compassion in some of our health care providers
1077	51640	Good	Not really changing much	QUAL	DOCS	NURSE	GCH is above average for ER care in local area. Doctors are knowledgeable. Nurses are caring.
1011	51640	Very Good	Not really changing much	QUAL	DOCS	REF	Very good for diagnosis and sending you to an appropriate facility for your needs.
1097	51652	Average	Not really changing much	QUAL	NO		Overall perception - negative; some individuals are looked upon favorably, but overall a negative perception
1079	51652	Good	Not really changing much	QUAL	SPEC	DOH	I think it is great for the size of our county. Some of the specialist needs are met in larger communities. Having worked with public health in the past, I don't see as much involvement from them as personnel changes.
1003	51640	Good	Increasing - moving up	QUAL			APPRICIATED BY THE COMMUNITY
1031		Very Good	Increasing - moving up	QUAL			Doing well for a rural community
1084		Very Good	Increasing - moving up	QUAL			Smart hard working compassionate
1036	51640	Very Good	Increasing - moving up	QUAL			Very good for this community
1051	51601	Good	Not really changing much	QUAL			Good care
1100	51640	Good	Not really changing much	QUAL			Good, small town healthcare in my opinion is more personal
1059		Good	Not really changing much	RADO	EMS		Inpatient and Outpatient services, ER services, Home Health and Public Health, Medical Clinic PC, Specialty clinic services and OP surgeries, lab and radiology services, Therapy services, EMS services.
1075	51654	Good	Not really changing much	SPEC	OBG		Not very good. Need more specialist!! Labor and Delivery would be huge!!
1059		Good	Not really changing much	SPEC	SURG	LAB	Inpatient and Outpatient services, ER services, Home Health and Public Health, Medical Clinic PC, Specialty clinic services and OP surgeries, lab and radiology services, Therapy services, EMS services.
1026	51653	Average	Decreasing - slipping downward	TRAV			I think it is slowing dying and people are going to a bigger place

CHNA 2022 Community Feedback: Fremont Co IA (N=106)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1007	51640	Good	Increasing - moving up	NH			Senior care
1012	51640	Very Good	Not really changing much	POV			Families struggling to meet needs.

CHNA 2022 Community Feedback: Fremont Co IA (N=106)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1088	51640	Poor	Decreasing - slipping downward	ACC	SCH	WAIT	It is difficult to see a doctor when needed. Sometimes you have to wait several days.
1012	51640	Very Good	Not really changing much	ACC			I said no, because I really don't know. We have not had a health emergency to test the system. When we've needed health care we have received it within a day.
1103	51640	Very Good	Not really changing much	CLIN	STFF		Clinic seems to be short-staffed
1079	51652	Good	Not really changing much	CLIN	HES	ACC	Some of the special clinics are only available during work hours. For those who work outside of the community and longer hours, they don't have access to clinics without missing work.
1059		Good	Not really changing much	DOCS	CLIN		Would like to see more doctors hired by clinics.
1104	51650	Good	Not really changing much	DOCS	HRS		More GP providers will longer hours. Maybe some weekend or evening hours?
1048	51639	Very Good	Not really changing much	DOCS	OP		Need more doctors, out patient doctors you need be able to pay these doctors to come to small town area
1025	51653	Good	Decreasing - slipping downward	DOCS	PRIM		More providers means more options for patients. More primary care providers would help us as a system
1041	51639	Very Good	Increasing - moving up	DOCS			Need more providers in Fremont County
1096	51640	Very Good	Not really changing much	DOCS			Need another physician that lives in the county.
1046	51640	Average	Not really changing much	DOCS			Need more doctors.
1094	51640	Average	Increasing - moving up	EMER	AMB	EMS	Emergency Services - lack of consistent ambulance & EMT response. Specific diagnostic testing is only available at certain times - delays treatment.
1011	51640	Very Good	Not really changing much	EMS	AMB		Rescue squad response is very slow at times.
1054	51640	Good	Not really changing much	EMS	NURSE	STFF	EMS and Nursing staff are needed.
1081	51652	Average	Not really changing much	HOSP	STFF		Have them at the hospital and not call them in every time
1029	51640	Good	Not really changing much	HRS	CLIN	ACC	Illness can happen on a weekend when less help is provided.
1024	51640	Average	Not really changing much	HRS	URG		monday thur friday 9/5 is not enough only other choice is Emergency department. Urgent care needs to be available
1094	51640	Average	Increasing - moving up	LAB	SCH		Emergency Services - lack of consistent ambulance & EMT response. Specific diagnostic testing is only available at certain times - delays treatment.
1017	51632	Average	Increasing - moving up	NURSE	STFF		More nurses are Needed vitally at our facility
1060	51653	Average	Not really changing much	PNEO	OBG		we need more prenatal care options closer to the community. we live in tabor. the closest OBGYN clinic is around 30 min. not very convenient.
1066	51640	Good	Increasing - moving up	RESP	STFF		We need another respiratory therapist. You can't run a department with just two people.
1100	51640	Good	Not really changing much	SCH	CLIN	ACC	Hard to get an appointment for the clinic, need to have availability for serious medical needs
1027	51652	Good	Not really changing much	SCH	LAB	WAIT	It often takes a while to get an appointment for tests. My doctor will get me right in if I need something.
1097	51652	Average	Not really changing much	SP			Need more specialists in the area
1077	51640	Good	Not really changing much	SPEC	ACC		Specialists are usually only available once a week to once a month.
1002	51640	Good	Decreasing - slipping downward	SPEC			Specialty need

CHNA 2022 Community Feedback: Fremont Co IA (N=106)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1096	51640	Very Good	Not really changing much	ADOL	BH		More support for our youth, mental, wellness, opportunities.
1094	51640	Average	Increasing - moving up	AMB	STFF	SERV	Full time Ambulance services for consistent emergency response. Wellness events & screenings. Outreach & support groups for chronic conditions and mental health.
1027	51652	Good	Not really changing much	BH	ADOL		More mental health providers-particularly a psychiatrist for both children and adults.
1041	51639	Very Good	Increasing - moving up	BH	DRUG		Mental Health Drug Abuse
1088	51640	Poor	Decreasing - slipping downward	BH	FINA		affordable mental health
1012	51640	Very Good	Not really changing much	BH	SPEC		Maybe this exists and I'm not aware, but the need for mental health specialists seems a current need. From farmers dealing with the economy, children and families dealing with the changes in family dynamics and associations related to Covid, and families who don't have strong parental roles.
1020	51640	Good	Increasing - moving up	BH			Mental Health
1070	51650	Good	Not really changing much	BH			mental health
1029	51640	Good	Not really changing much	CLIN	HRS		Additional open clinic hours.
1104	51650	Good	Not really changing much	CLIN	HRS		Evening clinics Weekend clinics
1006	51640	Good	Decreasing - slipping downward	DIAB	NUTR	FIT	Diabetic Teaching Classes Weight Reduction Program/Groups Exercise Program/Groups
1101	51640	Poor	Decreasing - slipping downward	DOCS	PRIM		More providers for family practice. Not nurse practitioners
1048	51639	Very Good	Not really changing much	DOCS			More health care providers
1044	51640	Average	Decreasing - slipping downward	DRUG	ALC	BH	Drug and alcohol services,mental health meetings,and overall for the elderly
1011	51640	Very Good	Not really changing much	DRUG	ALC	NUTR	Drug/alcohol addiction Nutrition information for low income
1004	51601	Very Good	Increasing - moving up	DRUG	BH	ALT	wellness/fitness programs to teach proper nutrition, people dealing with addicted family members, stress management, alternative medical management
1054	51640	Good	Not really changing much	DRUG	CHRON	BH	Substance abuse, chronic illness management, mental health services
1004	51601	Very Good	Increasing - moving up	EDU	FIT	NUTR	wellness/fitness programs to teach proper nutrition, people dealing with addicted family members, stress management, alternative medical management
1046	51640	Average	Not really changing much	EDU	FIT	NUTR	Education on wellness, fitness & nutrition. Exercise classes for seniors.
1081	51652	Average	Not really changing much	EMS			Better EMS department
1103	51640	Very Good	Not really changing much	FINA	FIT		Free/Greatly discounted wellness center
1043	51640	Good	Not really changing much	FIT			Exercise & wellness options
1059		Good	Not really changing much	MRKT	COMM		Hard to answer as we are unaware of all community health programs.
1007	51640	Good	Increasing - moving up	NH	FEM	PEDS	Senior Wellness/Community Women's Health Pediatrics
1034	51639	Good	Not really changing much	NH	TRAN	ACC	I think seniors need more access to transportation in order to access doctor appointments.
1046	51640	Average	Not really changing much	NH			Education on wellness, fitness & nutrition. Exercise classes for seniors.
1047	51640	Average	Not really changing much	NURSE	STFF		Get more nurses into hospitals, stop working with skeleton shifts
1083	51650	Good	Not really changing much	PEDS	ADOL		children
1090	51639	Good	Increasing - moving up	PNEO			Prenatal care
1057	51653	Good	Not really changing much	PREV			Wellness, keep people from getting sick. Wellness coaches.
1094	51640	Average	Increasing - moving up	SPRT	CHRON	BH	Full time Ambulance services for consistent emergency response. Wellness events & screenings. Outreach & support groups for chronic conditions and mental health.
1044	51640	Average	Decreasing - slipping downward	SPRT	NH		Drug and alcohol services,mental health meetings,and overall for the elderly

Let Your Voice Be Heard!

In 2018, George C Grape Community Hospital surveyed the community to assess health needs. Today, we request your input again in order to create a 2021 Fremont County (IA) Community Health Needs Assessment (CHNA).

To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! Deadline to participate is December 20th, 2021

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

- Very Good Good Average Poor Very Poor

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

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

Please specify why.

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Nutrition - Healthy Food Options | <input type="checkbox"/> STD Screenings |
| <input type="checkbox"/> Exercise / Fitness Options | <input type="checkbox"/> Prenatal Care |
| <input type="checkbox"/> Wellness Education | <input type="checkbox"/> Smoking (Mothers) |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Senior Care / Support |
| <input type="checkbox"/> Poverty | <input type="checkbox"/> Awareness of Healthcare Services |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Insurance Options |

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

- | | |
|---|---|
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Nutrition - Healthy Food Options | <input type="checkbox"/> STD Screenings |
| <input type="checkbox"/> Exercise / Fitness Options | <input type="checkbox"/> Prenatal Care |
| <input type="checkbox"/> Wellness Education | <input type="checkbox"/> Smoking (Mothers) |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Senior Care / Support |
| <input type="checkbox"/> Poverty | <input type="checkbox"/> Awareness of Healthcare Services |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Insurance Options |

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

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

Other (Be Specific).

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/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/Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk-In Clinic Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Yes

No

If yes, please specify your thoughts.

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

Yes

No

If yes, please specify the services received

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

Yes

No

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

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

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

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

Other (Please specify).

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

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

Other (Please specify).

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305



VWV Consultants LLC



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Vince Vandehaar, MBA

Principal & Adjunct Professor

VVV@VandehaarMarketing.com

Cassandra Kahl, BHS MHA

Director, Project Management

CJK@VandehaarMarketing.com

HQ Office:

601 N Mahaffie, Olathe, KS 66061

(913) 302-7264

<http://vandehaarmarketing.com/>

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