

Appanoose County, Iowa

Community Health Needs Assessment Wave #4



MercyOne Centerville Medical Center Primary Service Area

May 2022

Produced by
VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

MercyOne Centerville Medical Center – Appanoose County, IA - 2022 Community Health Needs Assessment (CHNA)

The previous CHNA for Appanoose 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 Appanoose County, IA CHNA assessment began in December of 2021 and was facilitated / created by VVV Consultants, LLC (Olathe, IA) staff under the direction of Vince Vandehaar, MBA.

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

County Health Area of Future Focus on Unmet Needs

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

Appanoose County, IA				
2022 CHNA Prioritized Significant Health Needs				
CHNA Wave #4 Town Hall - March 24, 2022				
Primary Service Area (32 Attendees / 171 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Substance Abuse (Drug / Alcohol)	25	14.6%	15%
2	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	24	14.0%	29%
3	Updated / New Emergency Room	19	11.1%	40%
4	Poverty	15	8.8%	49%
5	Women's Health	13	7.6%	56%
6	Healthcare Staffing	11	6.4%	63%
7	Family Planning	9	5.3%	68%
8	Obesity (Nutrition / Exercise)	9	5.3%	73%
9	Awareness of Healthcare Services	7	4.1%	77%
10	Own Your Health (Apathy)	7	4.1%	81%
Total Votes		171	100%	
Other Needs With Votes: Preventative Health & Wellness, Transportation, Workforce Development, Uninsured/Underinsured, Affordable Housing, Clinic Hours of Operation, Water Quality and Youth Activities.				

Town Hall CHNA Findings: Areas of Strengths

Appanoose County, IA - Community Health Strengths			
#	Topic	#	Topic
1	Public Health	6	"Young Professionals" Organization
2	School Health	7	Home Health Services
3	Access to Food (Grocery Stores)	8	Community Outreach
4	Pharmacy	9	Primary Care Providers (Quality)
5	Ambulance / EMS Services	10	Food Programs (pantry, bank, etc)

Key CHNA Wave #4 Secondary Research Conclusions found:

IOWA HEALTH RANKINGS: According to the 2021 Robert Woods Health Rankings, Appanoose County, IA was ranked 98th in Health Outcomes, 96th in Health Factors, and 75th in Physical Environmental Quality out of the 99 Counties.

TAB 1. Appanoose County's population is 12,426 (based on 2019). About six percent (5.6%) of the population is under the age of 5, while the population that is over 65 years old is 22.9%. There are 2.9% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 20.7% compared to the rural norm of 18.3%, and 87.6% are living in the same house as one year ago.

TAB 2. In Appanoose County, the average per capita income is \$26,012 while 14.6% of the population is in poverty. The severe housing problem was recorded at 13.7% compared to the rural norm of 11.1%. Those with food insecurity in Appanoose County is 12.5%, and those having limited access to healthy foods (store) is 5.1%. Individuals recorded as having a long commute while driving alone is 23.5% compared to the norm of 26.1%.

TAB 3. Children eligible for a free or reduced-price lunch in Appanoose County is 61.8%. Roughly ninety percent (90.2%) of students graduated high school compared to the rural norm of 90.1%, and 16.3% 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 725.4 and 77.5 of births in Appanoose County have a low birth weight. The number of births occurring to teens (15-19) per population of 1,000 females is 52.8 compared to the rural norm of 46.6. The number of births where the mother smoked during pregnancy (per 1,000) was recorded as 218.3 compared to the rural norm of 223.

TAB 5. The Appanoose County primary care service coverage ratio is 1 provider (county based office physician who is a MD and/or DO) to 1,382 residents. Patients who reported “Yes”, they would definitely recommend the hospital was 67%. The average (median) time patients spend in the emergency department before leaving was 134 minutes compared to the rural norm of 122 minutes. The recorded preventable hospital rate per 100,000 of Medicare enrollees is 3,752.

TAB 6. In Appanoose County, 19.2% of the Medicare population has depression. The recorded age-adjusted suicide mortality rate per 100k is 14.1 (as of 2019). The age-adjusted poor mental health days per week for Appanoose County is 4.0 compared to the rural norm of also 3.8.

TAB 7a – 7b. Appanoose County has an obesity percentage of 44.6% and a physical inactivity percentage is 33.9%. The percentage of adults who smoke is 21.3%, while the excessive drinking percentage is 23%. The Medicare hypertension percentage is 60.3%, while their heart failure percentage is 16.9%. Those with chronic kidney disease amongst the Medicare population is 24.3% compared to the rural norm of 20.8%. The percentage of individuals who were recorded with COPD was 14.2%. Appanoose County recorded 2.9% of individuals who have had a stroke and 7.5% of the population having cancer.

TAB 8. The adult uninsured rate for Appanoose County is 6.1% (based on 2019) compared to the rural norm of only 6.3%.

TAB 9. The life expectancy rate in Appanoose County for both females and males is roughly 77 years of age (77.1). The age-adjusted Cancer Mortality rate per 100,000 is 176.9, while the age-adjusted heart disease mortality rate per 100,000 is at 197.6. The alcohol impaired driving deaths percentage is 41.7% compared to the rural norm of 29.1%.

TAB 10. A recorded 69.5% of Appanoose County has access to exercise opportunities. Those reported having diabetes is 15.2%. Continually, 43% of women in Appanoose 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=222) provided the following community insights through an online perception survey:

- Using a Likert scale, average between Appanoose County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 55.3%.
- Appanoose County stakeholders are satisfied with some of the following services: Ambulance Services, Chiropractors, Pharmacy, Public Health, and School Health.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health, Drug / Substance Abuse, Doctors, Poverty, Obesity (Nutrition / Exercise), Awareness of Healthcare Services, Vaccine Rates, Family Planning / Sex Education, Health Apathy, and Chronic Diseases.

Appanoose Co IA - CHNA YR 2022					
Past CHNA Prioritized Significant Health Needs		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Mental Health (Diagnosis, Treatment, Aftercar	135	84.91%		1
2	Drug / Substance Abuse	126	79.25%		2
3	Poverty	103	64.78%		4
4	Obesity (Nutrition / Exercise)	93	58.49%		5
5	Doctors (PEDS, OBGYN, ORTHO)	83	52.20%		3
6	Chronic Diseases	51	32.08%		10
7	Vaccine Rates	51	32.08%		7
8	Parenting Education	48	30.19%		11
9	Family Planning / Sex Education	48	30.19%		8
10	Health Apathy - Owing Your Health	47	29.56%		9
11	Smoking	40	25.16%		16
12	Transportation	40	25.16%		12
13	Tobacco Use	38	23.90%		15
14	Awareness of Healthcare Services	36	22.64%		6
15	Suicide	32	20.13%		13
16	School Programming	23	14.47%		14
17	School Health / Nurses	20	12.58%		18
18	Water Quality	12	7.55%		17
Totals		1026			

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) Collaborating CHNA Parties

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

MercyOne Centerville Medical Center

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

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

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

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

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

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

Thank you for allowing us to serve you.

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

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

Our Cultural Beliefs:

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

MercyOne Centerville Medical Center offers the following services:

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

Appanoose County Public Health

209 E Jackson St

Centerville, Iowa 52544

(641) 437-4332

Administrator: Kristopher Laurson

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

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

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

Our Services:

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

II. Methodology

a) 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

b) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in December of 2021 for MercyOne Centerville Medical Center (CMC) located in Appanoose County, IA to meet Federal IRS CHNA requirements.

In early November 2021, a meeting was called amongst the CMC 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 CMC requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Centerville Medical Center - Define PSA					Inpatients			Emergency			Outpatients		
Source: KHA - FFY 2018-2020	85,382	Totals - IP/OP	320	373	283	261	269	328	23,341	19,071	22,160		
Patient Zip Code	County	3YR TOT	%	Accum	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21
52544 - Centerville	Appanoose	55,886	65.5%	65.5%	235	255	166	3972	3265	3591	16,195	12,925	15,282
52571 - Moravia	Appanoose	5,649	6.6%	72.1%	21	26	22	283	265	283	1628	1406	1715
52572 - Moulton	Appanoose	5,549	6.5%	78.6%	23	27	25	333	291	342	1701	1403	1404
52574 - Mystic	Appanoose	4,617	5.4%	84.0%	14	27	21	261	266	348	1252	1168	1260
52549 - Cincinnati	Appanoose	4,122	4.8%	88.8%	15	23	25	246	222	277	1201	1006	1107

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

Sources of community-health level indicators:

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

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

MercyOne Centerville Medical Center - Centerville IA			
VVV CHNA Wave #4 Work Plan - Year 2022			
Project Timeline & Roles - Working Draft as of 11/3/21			
Step	Timeframe	Lead	Task
1	10/4/2021	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	10/7/2021	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	12/1/2021	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	12/15/2021	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	1/3/2022	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan - Feb 2022	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	By 1/24/2022	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	1/24/2022	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	2/3/2022	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 3/03/2022 for Online Survey
10	Bt 3/1/2022	Hosp	Prepare/send out PR#2 story / E Mail#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	3/3/2022	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	3/17/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	3/24/2022	VVV	Conduct CHNA Town Hall for a working Lunch from 11:30 am - 1:00 pm at TBD . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 4/29/22	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 5/15/22	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	TBD	TBD	Conduct Client Implementation Plan PSA Leadership meeting
17	TBD	TBD	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Community Health Needs Assessment Town Hall Meeting – Appanoose Co. (IA) on Behalf of MercyOne Centerville Medical Center



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Olathe, Kansas 66061

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1

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- I. **Check-In / Introductions** (Start: 11:20 – 11:35)
- II. **Review CHNA Purpose and Process** (11:35 – 11:40)
- III. **Review Current County “Health Status”**
 - Secondary Data by 10 TAB Categories
 - Review Community Feedback Research (11:40 – 12:10)
- IV. **Collect Community Health Perspectives**
 - Assigned Breakout Sessions (Lead/Reporter)
 - Uncover unmet needs/reporting back discussion (12:10 - 12:40)
- V. **Returning To Community General Session**
 - Report up / Poll & End Town Hall (12:40 – 1:00)

2

I. Introduction: Who We Are Background and Experience





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

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



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

- University of Kansas – Health Sciences
- Park University - MHA
- Pharmacy Management – 2 ½ years
- Mayo Clinic PT Dept
- Hometown: Maple, WI



Christina M. Low – Associate Consultant
VVV Consultants LLC – March 2022

- Kansas State University – Pre-Nursing
- Rasmussen College – MHA, BHS
- 10+ years of “hands on” Clinical & Admin
- Hometown: Salina, KS

*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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Breakout Room Assignments

Appanoose County, IA 2022 CHNA Town Hall (Centerville)						
#	Breakout	Lead	Last	First	Organization	Title
1	A	■	Pollock	Patrice	MercyOne Centerville	Administrative Assistant
2	A		Achubator	Dr. Way	MercyOne Centerville	Board Member
3	A		Becker	Debra	MercyOne Centerville	Director of Nutrition Services
4	A		Belton	Lucy	MercyOne Centerville	SWF
5	A		Boyle	Mike	Centerville Fire Rescue	Chief
6	A		Brown	Nicole	MercyOne Centerville	
7	A		Campbell	Gay	Psychiatric Medical Care - Senior Life Solutions	Clinical and Patient Coordinator
8	A		Chappel	Debra	MercyOne Centerville	HR Patient Services
9	A		Oppenow	Betsy	NAMI South Central IA, App Co MH Coalition	Administrator
10	A		Shoop	Jodie	Centerville Community Betterment, Inc	
11	A		Bruger	Margaret	Seneca of Mercy	
12	A		Young	John	MercyOne Centerville Medical Center	Financial Analyst
13	B	■	Lauson	Kristopher	Appanoose County Public Health	Administrator
14	B		Halls	Joel	Chariton Valley Electric Cooperative	Economic Dev. & Comm. Relations
15	B		Fraser	Nelson	City of Centerville	City Administrator
16	B		Fraser	Nelson	Morgan E. Cline Foundation	CEO
17	B		Harris	Shelley	MercyOne Centerville	RN health coach
18	B		Hewittson	Shirley	MercyOne Centerville	Clinical Manager /Pharmacist
19	B		James	Stacy	MercyOne Centerville	Performance Excellence
20	B		Johnson	Gene	State Behavioral Health & Treatment Services	Prevention specialist
21	B		Jakob	Jacobson	VanPharmcy	PharmD
22	B		Kelly	Cliff	MercyOne Centerville	Health President
23	B		Leach	Lyndy	MercyOne Centerville	Quality/RCM Manager
24	B		McConville	Dreway	NAMI South Central IA, App Co MH Coalition	President, Chair
25	C	■	Chap	Debra	MercyOne Centerville	
26	C		Brown	Barbara	MercyOne Centerville	Administrative Assistant
27	C		CLAYSON	TONYA	MercyOne Centerville	HR MANAGER
28	C		Chambliss	Christy	One Medical Clinic	SWF RN
29	C		Ockerson	Julie	MercyOne Centerville	RN CM
30	C		Moore	Nichole	Chariton Valley Planning & Development COO	Executive Director
31	C		O'Brien Day	Shawna	Trinity Health	Behavioral Director
32	C		Conroy	Elizabeth	Chariton Valley Home Health	
33	C		Stevens	Lyndsey	State	Economic Support Specialist
34	C		White	Angie	MercyOne Centerville	
35	C		Conroy	Elizabeth	Chariton Valley Home Health	
36	C		Young	Ann	State Community Action Agency	MECHM Program Manager
37	C					RCMIST

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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
 - Take Notes – Make your list of important health indicators
 - Complete unmet needs poll – Representing community
 - Chat – Log thoughts during meeting
 - Have Fun..
- Local Leads (In breakout rooms)
 - Facilitate community conversation
 - Ensure team involvement – Everyone participates

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II. Review of a CHNA

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

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I. 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.

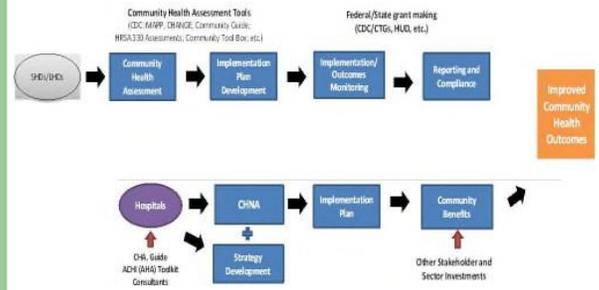
Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local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

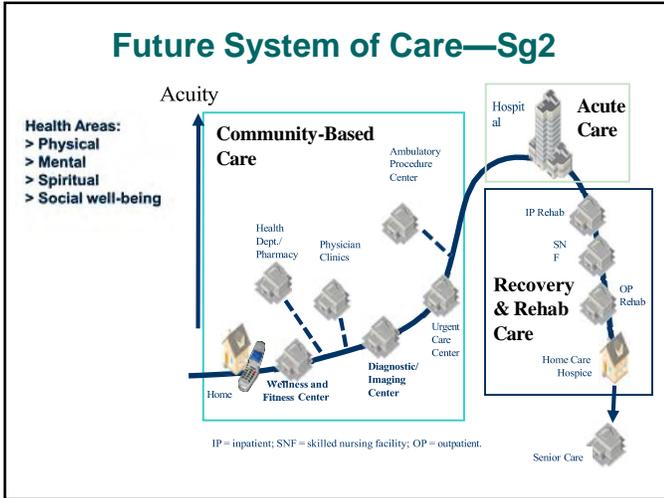
Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health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

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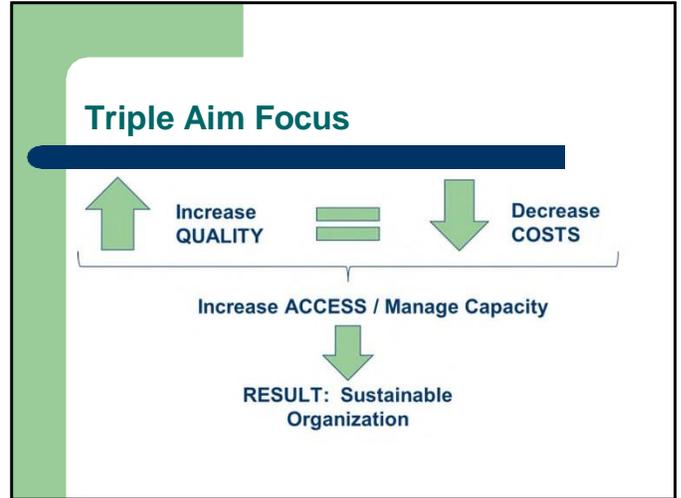
Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



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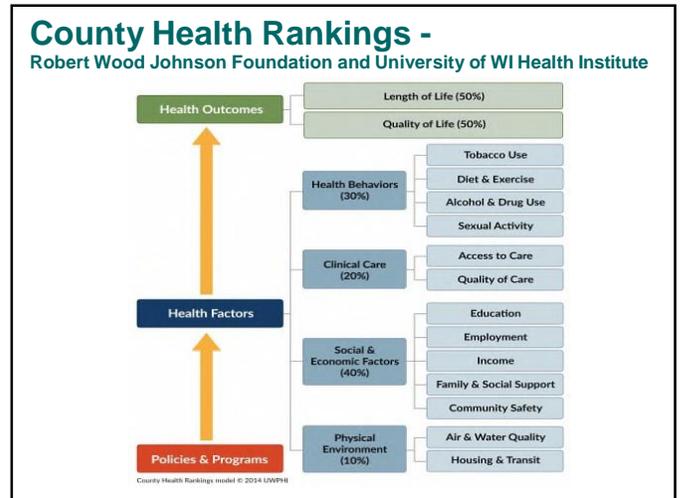
10

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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Reflecting on Unmet Needs In Breakout Rooms Adds/Deletes/Tweaks??

CHNA Research Conclusions Uncovered			
Potential CHNA Unmet Needs - Appanoose Co. IA			
#	#1 List	#	#2 List
a	Mental Health	a	Drug / Substance Abuse
b	Lack of Providers	b	Preventative Health / Wellness
c	Poverty	c	Chronic Diseases
d	Obesity (Nutrition / Exercise)	d	Family Planning
e	Vaccinations (Rates / Education)	e	Owning Your Health (Apathy)
f	Parenting Education	f	Awareness of Healthcare Services
g	Smoking / Vaping	g	Transportation

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Collaborate Breakout Room Discussions

- Teams: Share Themes From Breakout Sessions
- Unmet Needs - Consensus
- Administer Poll
- Close – Next Steps Moving Forward

After Meeting Thoughts: Email VVV Team

VVV@VandelaarMarketing.com
CJK@VandelaarMarketing.com
CML@VandelaarMarketing.com

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IV. Collect Community Health Perspectives Opinion/Thoughts?

- 1) Are there healthcare services in your community/neighborhood that you feel ***need to be improved and/or changed?*** **ASK: Top 3 unmet health needs per attendee** (20 mins)
- 2) What are the ***strengths*** of our community that contribute to health? **ASK: Top 3 Strengths per attendee** (10 mins)

ROLES: Local LEAD – Guide discussion
 VVV Staff – Take notes

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Community Health Needs Assessment

Questions?
 Next Steps?



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 Olathe, KS 66061

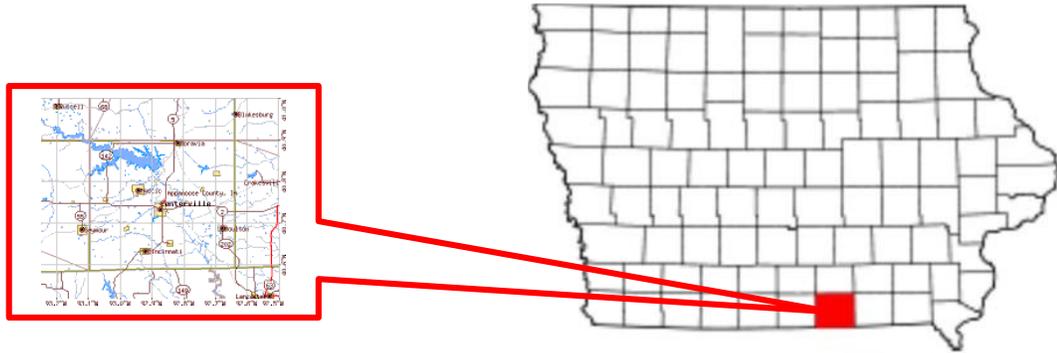
VVV@VandelaarMarketing.com
CJK@VandelaarMarketing.com
 (913) 302-7264

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II. Methodology

c) Community Profile (A Description of Community Served)

Appanoose County (IA) Community Profile



The population of Appanoose County was estimated to be 12,609 citizens as of July, 2021 with a population density of 25 persons per square mile. The major cities in Appanoose County are Centerville, Cincinnati, Exline, Moravia, Moulton, Mystic, Numa, Plano, Rathbun, Udell and Unionville.

Appanoose County Pubic Airports¹

Name	USGS Topo Map
Centerville Municipal Airport	Centerville West

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

Parks and Recreation in Appanoose County:

Name	USGS Topo Map
Bradley Park	Centerville West
Bridgeview Recreation Area	Melrose
Buck Creek Park	Hiattsville
Honey Creek State Park	Mystic
Island View Park	Mystic
Moravia Recreation Area	Moravia
Outlet Park	Hiattsville
Plano Recreation Area	Plano
Prairie Ridge Park	Mystic
Rathbun State Resort Area	Iconium
Rolling Cove Park	Mystic
Sedan Bottoms	Centerville East
Sharon Bluffs State Park	Centerville East
Sundown Lake Recreation Area	Unionville
Tubaugh Wildlife Area	Unionville

Schools in Appanoose County: Public Schools²

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

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

Appanoose Co, 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
1	52544	Centerville	Appanoose	7,572	7,395	-2.3%	3,362	3,289	2.2	\$27,285
2	52549	Cincinnati	Appanoose	713	695	-2.5%	272	265	2.6	\$20,144
3	52555	Exline	Appanoose	330	327	-0.9%	145	144	2.3	\$25,417
4	52571	Moravia	Appanoose	1,427	1,396	-2.2%	622	611	2.3	\$27,508
5	52572	Moulton	Appanoose	1,114	1,092	-2.0%	478	469	2.3	\$29,289
6	52574	Mystic	Appanoose	826	813	-1.6%	356	351	2.3	\$21,702
7	52581	Plano	Appanoose	349	349	0.0%	161	162	2.2	\$31,167
8	52593	Udell	Appanoose	159	158	-0.6%	66	66	2.4	\$48,091
9	52594	Unionville	Appanoose	402	402	0.0%	180	180	2.2	\$43,351
Totals				12,892	12,627	-2.1%	5,642	5,537	2.3	\$30,439

#	ZIP	NAME	County	Population				Year 2020		Females
				Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	52544	Centerville	Appanoose	7,572	1,527	1,580	643	46	3,926	835
2	52549	Cincinnati	Appanoose	713	1,790	2,093	876	45	343	70
3	52555	Exline	Appanoose	330	168	201	71	49	162	32
4	52571	Moravia	Appanoose	1,427	78	87	34	47	723	146
5	52572	Moulton	Appanoose	1,114	362	375	153	45	559	117
6	52574	Mystic	Appanoose	826	265	337	110	47	424	82
7	52581	Plano	Appanoose	349	189	208	83	51	172	30
8	52593	Udell	Appanoose	159	99	80	35	48	77	16
9	52594	Unionville	Appanoose	402	36	42	18	44	195	40
Totals				12,892	4,514	5,003	2,023	423	6,581	1,368

#	ZIP	NAME	County	Population 2020				Average Households 2020		
				Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med \$ HH	HH \$50K+
1	52544	Centerville	Appanoose	95.4%	1.3%	0.4%	2.7%	3362	\$ 40,642	1,425
2	52549	Cincinnati	Appanoose	97.2%	0.0%	0.6%	1.1%	272	\$ 44,136	125
3	52555	Exline	Appanoose	94.5%	0.0%	0.6%	1.8%	145	\$ 53,474	84
4	52571	Moravia	Appanoose	97.6%	0.5%	0.1%	1.8%	622	\$ 48,690	311
5	52572	Moulton	Appanoose	97.0%	0.0%	0.3%	1.3%	478	\$ 46,045	231
6	52574	Mystic	Appanoose	97.5%	1.1%	0.0%	2.2%	356	\$ 38,306	137
7	52581	Plano	Appanoose	98.0%	0.3%	0.0%	2.0%	161	\$ 51,023	89
8	52593	Udell	Appanoose	98.7%	0.0%	0.0%	1.9%	66	\$ 71,899	45
9	52594	Unionville	Appanoose	98.3%	0.0%	0.0%	1.2%	180	\$ 59,009	110
Totals				97.1%	0.4%	0.2%	1.8%	5,642	\$ 50,358	2,557

Source: ERSI Demographics

III. Community Health Status

[VVV Consultants LLC]

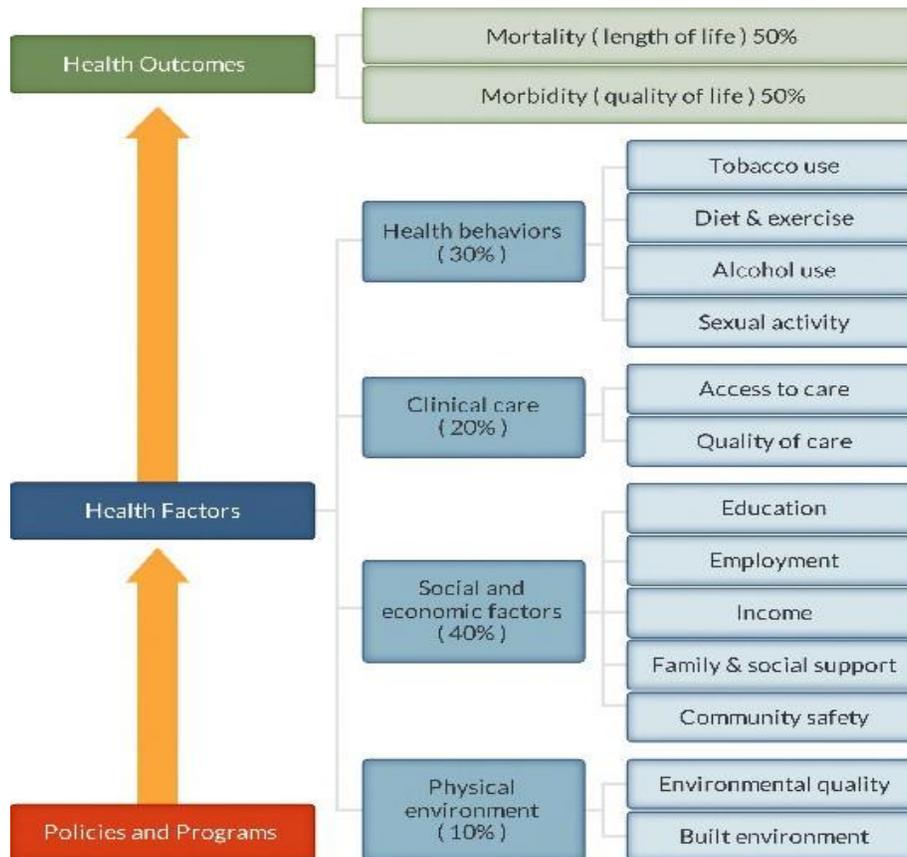
III. Community Health Status

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	Appanoose Co.	Trend	Rural IA Co Norm N=16
1	Health Outcomes		98		66
	Mortality	Length of Life	86		64
	Morbidity	Quality of Life	99		67
2	Health Factors		96		69
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	97		66
	Clinical Care	Access to care / Quality of Care	75		61
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	95		70
3	Physical Environment	Environmental quality	75		46
Rural IA Norm (N=16) includes the following counties: Appanoose, Marion, Fremont, Decatur, 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	Appanoos e Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
1	a Population estimates, 2019	12,426		3,193,079	15,343	County Health Rankings
	d Persons under 5 years, percent, July 1, 2021, (V2021)	5.6%		6.2%	6.0%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2021, (V2021)	22.9%		17.5%	21.5%	People Quick Facts
	f Female persons, percent, July 1, 2021, (V2021)	50.5%		50.2%	49.7%	People Quick Facts
	g White alone, percent, July 1, 2021, (V2021)	96.4%		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)	2.2%		6.3%	4.7%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	2.9%		8.3%	6.9%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	87.6%		85.2%	86.9%	People Quick Facts
	m Children in single-parent households, %, 2015-2019	20.7%		21.0%	18.3%	County Health Rankings
	n Total Veterans, 2015-2019	887		185,671	1,131	People Quick Facts

Tab 2: Economic Profile

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

Tab	Health Indicators	Appanoos e 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	\$26,012		\$30,063	\$28,522	People Quick Facts
	b Persons in poverty, percent, 2021	14.6%		10.2%	11.6%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	6,646		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	13.7%		11.9%	11.1%	County Health Rankings
	f Total of All firms, 2012	1,388		259,121	1,336	People Quick Facts
	g Unemployment, percent, 2019	3.6%		2.7%	2.9%	County Health Rankings
	h Food insecurity, percent, 2018	12.5%		9.7%	9.7%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	5.1%		5.6%	6.8%	County Health Rankings
	j Long commute - driving alone, percent, 2015-2019	23.5%		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	Appanoos e 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)	61.8%		42.5%	47.4%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	90.2%		92.1%	90.1%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	16.3%		28.6%	19.8%	People Quick Facts

Tab 3: Educational Profile (Continued)

#	CHNA 2022 Indicators	Centerville HS	Howar	Lakeview	Preschool	Moulton	Moravia
1	Total Public School Nurses	1 FTE	1FTE	1.5 FTE	1 hr/day	1 FTE	1 RN, 3 days/wk (1 day contract, 2 days COVID)
2	School Nurse is part of the IEP Team	Yes	Yes	Yes	Yes	Sometimes	Sometimes
3	Active School Wellness Plan	Yes	Yes	Yes	Yes	No	Unknown
4	VISION: # Screened / Referred to Prof / Seen by Professional	N/A	N/A	298/36/Unk	69 /9/Unk	Nurse or PCP	PK: 7 seen by Lion's club K: 4 seen by Lion's club, 6 seen by OD/MD 3rd: 8 seen by OD
5	HEARING: # Screened / Referred to Prof / Seen by Professional	N/A	N/A	358/Unk/Unk	73/Unk/Unk	AEA	only select students screened (Great Prairie AEA)
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	69/15/Unk	41/2/Unk	161/41/Unk	73/10/Unk	Unknown	(I-Smile) PK: K: 8 seen by I-Smile/13 seen by dentist 9th: 17 seen by I-Smile/13 see by dentist
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	Not Recommended	Not Recommended				
8	Students Served with No Identified Chronic Health Concerns	360	294	547	70	92 Elem - 72 JR/HS	NA
9	School has a Suicide Prevention Program	Yes	Yes	Yes	Yes	AEA Training	counselor on staff
10	Compliance on Required Vaccinations	95%	99%	100%	100%	PK - 12 95%	PK: 100%; K-6th: 100%; 7-12: 98.92%

Tab 4: Maternal / Infant Profile

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

Tab	Health Indicators	Appanoose Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2018-2019, Rate per 1k	725.4		787.2	670.5	Iowa Health Fact Book
	b Percent Premature Births by County, 2020	10.7%		8.1%	7.9%	idph.iowa.gov
	c 2 Year Old Immunizations for the 4-3-1-3-3-1-4 by IRIS Population, 2020	62.3%		0.7%	67.0%	idph.iowa.gov
	d Percent of Births with Low Birth Weight, 2018-2019, Rate per 1k	77.5		68.4	61.4	Iowa Health Fact Book
	e Percent of all Births Occurring to Teens (15-19), 2018-2019, Rate per 1k	52.8		40.8	46.5	Iowa Health Fact Book
	g Percent of births Where Mother Smoked During Pregnancy, 2018-2019, Rate per 1k	218.3		112.6	223.0	Iowa Health Fact Book

#	Criteria - Vital Statistics (Rate per 1,000)	Appanoose Co.	Trend	Iowa	Rural IA Norm (16)
a	Total Live Births, 2016	12.4		12.5	12.5
b	Total Live Births, 2017	10.0		12.2	12.0
c	Total Live Births, 2018	11.0		11.9	11.4
d	Total Live Births, 2019	11.8		11.9	11.6
e	Total Live Births, 2020	10.1		11.4	11.2

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	Appanoose 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	1382:1		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	3,752		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)	77.0%		NA	79.5%	CMS Hospital Compare
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	67.0%		NA	74.4%	CMS Hospital Compare
	e Average Time Patients Spent in the Emergency Dept. Before Seen by a Healthcare Professional (Mins)	134		NA	122	CMS Hospital Compare

IHA Inpatient Utilization	FFY21	FFY20*	FFY19	FFY18
Total IP- Appanoose Co IA	934	1,397	1,519	1,541
Pediatric Age 0-17	108	173	193	185
Adult Medical/Surgical Age 18-44	179	239	286	275
Adult Medical/Surgical Age 45-64	212	292	315	357
Adult Medical/Surgical Age 65-74	143	290	303	290
Adult Medical/Surgical Age 75+	292	403	422	434
IHA Inpatient Utilization	FFY21	FFY20*	FFY19	FFY18
MercyOne CVille IP Only	288	417	483	499
Pediatric Age 0-17	18	31	37	27
Adult Medical/Surgical Age 18-44	42	50	78	68
Adult Medical/Surgical Age 45-64	78	126	130	162
Adult Medical/Surgical Age 65-74	55	89	115	122
Adult Medical/Surgical Age 75+	95	121	123	120

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicators	Appanoose Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
6	a Depression: Medicare Population, percent, 2017	19.2%		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)	14.1		14.6	17.7	Iowa Health Fact Book
	c Poor mental health days, 2018	4.0		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	Appanoose Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
7a	a Adult obesity, percent, 2017	44.6%		34.3%	37.4%	County Health Rankings
	b Adult smoking, percent, 2018	21.3%		17.4%	20.3%	County Health Rankings
	c Excessive drinking, percent, 2018	23.0%		25.8%	23.9%	County Health Rankings
	d Physical inactivity, percent, 2017	33.9%		22.6%	26.0%	County Health Rankings
	e Poor physical health days, 2018	3.6		3.1	3.5	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000, 2018	36.0		14,682	42.3	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Health Indicators	Appanoose Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
7b	a Hypertension: Medicare Population, 2017	60.3%		54.2%	55.1%	Centers for Medicare and Medicaid Services
	b Hyperlipidemia: Medicare Population, 2017	46.6%		44.6%	42.2%	Centers for Medicare and Medicaid Services
	c Heart Failure: Medicare Population, 2017	16.9%		13.0%	13.8%	Centers for Medicare and Medicaid Services
	d Chronic Kidney Disease: Medicare Pop, 2017	24.3%		21.6%	20.8%	Centers for Medicare and Medicaid Services
	e COPD: Medicare Population, 2017	14.2%		10.9%	11.4%	Centers for Medicare and Medicaid Services
	f Atrial Fibrillation: Medicare Population, 2017	8.1%		9.1%	8.9%	Centers for Medicare and Medicaid Services
	g Cancer: Medicare Population, 2017	7.5%		7.7%	7.1%	Centers for Medicare and Medicaid Services
	h Osteoporosis: Medicare Population, 2017	4.5%		6.3%	5.8%	Centers for Medicare and Medicaid Services
	i Asthma: Medicare Population, 2017	4.0%		3.9%	3.0%	Centers for Medicare and Medicaid Services
	j Stroke: Medicare Population, 2017	2.9%		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	Appanoose Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
8	a Uninsured, percent, 2016	6.1%		5.6%	6.3%	County Health Rankings

#	Mercy Medical Center - Centerville	2019	2020	2021
1	Bad Debt - Write off	\$897,462	\$842,875	\$816,365
2	Charity Care - Free Care Given	\$373,375	\$435,121	\$295,695

Tab 8: Uninsured Profile and Community Benefit (Continued)

Source: Internal Records - Appanoose County, IA				
#	Community Tax Dollars - Local Health Dept Operations	YR 2019	YR 2020	YR 2021
1	Core Community Public Health	\$165,329	\$165,329	\$179,619
3	Environmental Services	\$45,000	\$45,000	\$45,000
5	Home Health	\$26,000	\$26,000	\$21,000
6	Immunizations/Vaccine	\$10,260	\$11,930	\$8,375
8	Screenings: Blood pressure / STD	\$924	\$431	\$0
9	Vaccine - received from State	\$5,814	\$7,809	\$11,658
10	WIC Administration *	\$55,000	\$55,000	\$55,000

Tab 9: Mortality Profile

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

Tab	Health Indicators	Appanoose Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
9 a	Life Expectancy (Male and Females), 2017-2019	77.1		79.4	78.4	County Health Rankings
c	Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2018 (lower is better)	176.9		160.7	175.6	Iowa Health Fact Book
d	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	197.6		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)	42.8		47.3	54.1	Iowa Health Fact Book
f	Alcohol-impaired driving deaths, percent, 2013-2017	41.7%		26.8%	29.1%	County Health Rankings

Total IOWA by Selected Causes of Death - 2020 (per 10k)	Appanoose Co.	Mix %	Trend	State of IA 2017	%
Total Deaths	210			35,659	100.0%
Cancer	28.0	13.3%		6,205	17.4%
Diseases of the Heart	39.0	18.6%		7,446	20.9%
Ischemic Heart Disease	36.0	17.1%		4,455	12.5%
Chronic Lower Respiratory Diseases	10.0	4.8%		1,682	4.7%
Unintentional Injuries (Accidents)	8.0	3.8%		1,618	4.5%
COVID - 19	40.0	19.0%		4,330	12.1%
Alzheimer's Disease	9.0	4.3%		1,453	4.1%

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	Appanoose Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
10 a	Access to exercise opportunities, percent, 2019	69.5%		82.9%	69.6%	County Health Rankings
b	Diabetes prevalence, percent, 2017, adults aged 20+ with diagnosed diabetes	15.2%		9.9%	12.3%	County Health Rankings
c	Mammography screening, percent, 2018	43.0%		52.0%	48.0%	County Health Rankings

PSA Primary Research:

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

Chart #1 – Appanoose County, IA Online Feedback Response (N=222)

Appanoose Co IA - CHNA YR 2022			
For reporting purposes, are you involved in or are you a ...?	Appanoose Co IA N=222	Trend	Wave 4 Norms N=5547
Business / Merchant	11.2%	Green	8.7%
Community Board Member	6.3%	Red	7.5%
Case Manager / Discharge Planner	0.5%	Yellow	0.8%
Clergy	3.4%	Green	1.2%
College / University	1.9%	Yellow	2.5%
Consumer Advocate	0.5%	Red	1.4%
Dentist / Eye Doctor / Chiropractor	1.0%	Yellow	0.7%
Elected Official - City/County	1.0%	Red	1.9%
EMS / Emergency	2.9%	Green	2.1%
Farmer / Rancher	1.9%	Red	5.9%
Hospital / Health Dept	19.9%	Green	16.3%
Housing / Builder	0.5%	Green	0.7%
Insurance	1.9%	Green	1.0%
Labor	1.9%	Green	2.0%
Law Enforcement	0.0%	Red	1.1%
Mental Health	2.4%	Green	1.6%
Other Health Professional	11.7%	Green	9.8%
Parent / Caregiver	15.5%	Green	14.0%
Pharmacy / Clinic	3.9%	Green	1.9%
Media (Paper/TV/Radio)	0.5%	Green	0.4%
Senior Care	1.0%	Red	3.2%
Teacher / School Admin	1.9%	Red	6.4%
Veteran	1.5%	Red	2.8%
Other (please specify)	6.8%	Green	7.1%
TOTAL	206		5144
<small>Norms: KS Counties: Jackson, Marion, Cowley, Russell, Tre go, Ha rpe r, Mia mi, Johnson, Ne ma ha, Ellis, Pa wne e, Gove, She rida n, Kiowa, Pra tt; Furna s Co (NE), Ca rroll Co (MO); Iowa Counties: Fre mont, Pa ge, Appa noose, Ca rroll, Ja spe r, Clayton;</small>			

Chart #2 - Quality of Healthcare Delivery Community Rating

Appanoose Co IA - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Appanoose Co IA N=222	Trend	Wave 4 Norms N=5547
Top Box %	14.2%		28.9%
Top 2 Boxes %	55.3%		72.1%
Very Good	14.2%		28.9%
Good	41.1%		43.3%
Average	33.3%		22.3%
Poor	10.0%		4.4%
Very Poor	1.4%		1.1%
Valid N	219		5,518
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Fumas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

Chart #3 – Overall Community Health Quality Trend

Appanoose Co IA - CHNA YR 2022			
When considering "overall community health quality", is it...	Appanoose Co IA N=222	Trend	Wave 4 Norms N=5547
Increasing - moving up	30.8%		46.5%
Not really changing much	47.7%		44.3%
Decreasing - slipping	21.5%		9.2%
Valid N	195		4,962
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Fumas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

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

Appanoose Co IA - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Mental Health (Diagnosis, Treatment, Aftercar	135	84.91%		1
2	Drug / Substance Abuse	126	79.25%		2
3	Poverty	103	64.78%		4
4	Obesity (Nutrition / Exercise)	93	58.49%		5
5	Doctors (PEDS, OBGYN, ORTHO)	83	52.20%		3
6	Chronic Diseases	51	32.08%		10
7	Vaccine Rates	51	32.08%		7
8	Parenting Education	48	30.19%		11
9	Family Planning / Sex Education	48	30.19%		8
10	Health Apathy - Owning Your Health	47	29.56%		9
11	Smoking	40	25.16%		16
12	Transportation	40	25.16%		12
13	Tobacco Use	38	23.90%		15
14	Awareness of Healthcare Services	36	22.64%		6
15	Suicide	32	20.13%		13
16	School Programming	23	14.47%		14
17	School Health / Nurses	20	12.58%		18
18	Water Quality	12	7.55%		17
Totals		1026			

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

Appanoose Co IA - CHNA YR 2022			
In your opinion, what are the root causes of "poor health" in our community?	Appanoose Co IA N=222	Trend	Wave 4 Norms N=5547
Lack of health insurance	6.8%		14.1%
Limited Access to Mental Health Assista	21.7%		19.0%
Neglect	14.7%		11.5%
Lack of health & Wellness Education	16.1%		13.7%
Chronic disease prevention	12.0%		11.1%
Family assistance programs	3.8%		6.0%
Lack of Nutrition / Exercise Services	7.2%		10.6%
Limited Access to Specialty Care	8.6%		8.2%
Limited Access to Primary Care	9.0%		5.8%
Total Votes	442		8,876
<small>Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;</small>			

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

Appanoose Co IA - CHNA YR 2022	Appanoose Co IA N=222		Trend	Wave 4 Norms N=5547	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
Ambulance Services	87.7%	1.3%		80.5%	5.8%
Child Care	44.9%	18.4%		44.3%	15.8%
Chiropractors	73.5%	2.6%		70.5%	5.8%
Dentists	53.6%	12.6%		71.8%	10.1%
Emergency Room	63.6%	12.3%		74.2%	8.2%
Eye Doctor/Optomtrist	46.7%	13.3%		75.5%	7.1%
Family Planning Services	19.2%	37.0%		39.3%	18.3%
Home Health	45.0%	11.3%		54.5%	10.4%
Hospice	70.9%	5.3%		62.4%	9.1%
Telehealth	42.4%	21.5%		51.8%	11.0%
Inpatient Services	60.0%	16.7%		77.8%	5.7%
Mental Health	12.4%	56.9%		28.0%	35.4%
Nursing Home/Senior Living	38.8%	18.4%		57.6%	12.3%
Outpatient Services	61.8%	13.2%		75.9%	4.4%
Pharmacy	86.4%	2.6%		87.8%	2.3%
Primary Care	68.2%	10.4%		78.9%	5.4%
Public Health	60.5%	3.3%		62.6%	7.2%
School Health	52.0%	4.7%		64.1%	6.7%
Visiting Specialists	53.9%	15.8%		66.1%	9.1%
Walk- In Clinic	66.0%	17.0%		58.5%	17.1%

Chart #7 – Community Health Readiness

Appanoose Co IA - CHNA YR 2022		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Appanoose Co IA N=222	Trend	Wave 4 Norms N=5547
Behavioral / Mental Health	55.9%		34.5%
Emergency Preparedness	18.5%		9.0%
Food and Nutrition Services/Education	25.5%		15.8%
Health Screenings (as asthma, hearing, vision, scoliosis)	19.3%		11.1%
Prenatal/Child Health Programs	34.9%		12.2%
Substance Use/Prevention	44.9%		35.0%
Suicide Prevention	40.4%		37.3%
Violence Prevention	43.8%		34.9%
Women's Wellness Programs	41.2%		17.9%

Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;

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

Appanoose Co IA - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Appanoose Co IA N=222	Trend	Wave 4 Norms N=5547
Yes	73.9%		72.6%
No	26.1%		27.4%
Valid N	153		3,439

Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;

Specialties:

Specialty	Counts
OBG	10
ORTH	8
DENT	6
CARD	5
FEM	5
ENT	4
PRIM	4
CLIN	3
SCAN	3
SURG	3

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

Appanoose 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?	Appanoose Co IA N=222	Trend	Wave 4 Norms N=5547
Yes	45.9%		61.7%
No	54.1%		38.3%
Valid N	148		3265

Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;

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

Appanoose Co IA - CHNA YR 2022			
What needs to be discussed further at our CHNA Town Hall meeting?	Appanoose Co IA N=222	Trend	Wave 4 Norms N=5547
Abuse/Violence	4.2%		4.3%
Alcohol	3.0%		4.0%
Alternative Medicine	1.6%		3.2%
Breast Feeding Friendly Workplace	0.4%		1.1%
Cancer	1.9%		2.3%
Care Coordination	3.0%		2.7%
Diabetes	2.7%		2.8%
Drugs/Substance Abuse	8.1%		6.7%
Family Planning	4.7%		2.1%
Heart Disease	1.4%		1.8%
Lack of Providers/Qualified Staff	6.3%		4.3%
Lead Exposure	0.3%		0.4%
Mental Illness	10.3%		9.2%
Neglect	2.3%		2.4%
Nutrition	1.9%		3.8%
Obesity	4.7%		5.8%
Occupational Medicine	0.6%		0.6%
Ozone (Air)	0.1%		0.5%
Physical Exercise	3.3%		4.0%
Poverty	6.5%		5.0%
Preventative Health / Wellness	5.6%		5.0%
Respiratory Disease	0.0%		0.1%
Sexually Transmitted Diseases	3.2%		1.4%
Smoke-Free Workplace	0.0%		0.0%
Suicide	3.0%		6.5%
Teen Pregnancy	2.8%		2.1%
Telehealth	2.4%		2.4%
Tobacco Use	1.1%		2.1%
Transporation	3.3%		2.9%
Vaccinations	4.9%		3.7%
Water Quality	1.5%		2.0%
Health Literacy	3.0%		3.2%
Other (Please Specify)	1.6%		1.6%
TOTAL Votes	788		15,890

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

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

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

Providers Delivering Care in Appanoose County, IA			
Mercy Medical Center - Centerville Primary Service Area: YR 2022			
FTE Providers Working in County	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visting DRs*	PSA Based PA / NP
Primary Care:			
Family Practice	5.0		6.0
Internal Medicine/Geriatrician			
Obstetrics/Gynecology			
Pediatrics	1.0		
Medicine Specialists:			
Allergy/Immunology			
Audiology	2.0		
Cardiology	1.0		1.0
Dermatology			2.0
Endocrinology			
ENT	1.0		
Gastroenterology			
Oncology/Radiology	2.0		
Infectious Diseases			
Nephrology	1.0		
Neurology			
Psychiatry			
Pulmonary			
Rheumatology	1.0		
Podiatry	2		
Surgery Specialists:			
General Surgery/Colon/Oral	2.0		
Neurosurgery			
Ophthalmology			
Orthopedics	2.0		
Otolaryngology (ENT)	1.0		
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vascular			
Urology	1.0		
Hospital Based:			
Anesthesia/Pain			4.0
Emergency	4.0		
Radiology	1.0		
Pathology	1.0		
Hospitalist			2.5
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occupational Medicine			
Podiatry	2.0		
Chiropractor	3.0		
Optometrist	1.0		
Dentist	3.0		
TOTALS	37.0	0.0	15.5

*Total FTE Specialists serving community with offices outside PSA.

Visiting Specialists to MercyOne - Centerville: YR 2022

Specialty	Physician Name/Group	Office Location (City/State)	Annual Days	Schedule
Audiology	Doug Leonard, MA	Atlantic, IA	12	Third Monday of Month
Audiology	Greg Moore, AUD	Des Moines, IA	12	Third Tuesday of Month
Cardiology	Abdelrahman Aljadi, MD	Iowa Heart	24	First & Third Wednesdays
Cardiology	Sheila Kauzlarich, ARNP	Iowa Heart	36	First Monday and Second and Fourth Tuesdays
Dermatology	Rosa Stocker	Des Moines, IA	24	First and Third Thursdays
Dermatology	Linda Schilling, MSN, ARNP	Des Moines, IA	36	First, Second, and Fourth Thursdays
Pain Management	Jay Brewer, CRNA, ARNP	Bloomfield Anesthesia	52	Every Wednesday by Doctor Referral
ENT	Kelly Burchett, DO	Kirkville, MO	24	Second Tuesday and Fourth Friday
Neurology/Sleep	Anil Dhuna, MD	Burlington, IA	24	Third and Fourth Tuesdays
Oncology	Tara Graff, DO	Des Moines, IA	48	First and Third Thursdays Second and Fourth Wednesdays
Oncology	Angela Sandre, DO	Des Moines, IA	36	First, Third and Fifth Wednesdays
Nephrology	Jobinson Thomas, MD	Des Moines, IA	24	First and Third Fridays
Podiatry	Gary Gansen,	Albia, IA	36	Monday, Wednesday, Friday
Podiatry	Susan Warner, DPM	Bloomfield, IA	24	First and Third Fridays
Rheumatology	Shayla Sanders, ARNP	Bollock, MO	48	First and Third Thursdays and Second and Fourth Mondays
Urology	Fawad Zafar, MD	Des Moines, IA	52	Every Tuesday

Appanoose County, Iowa 2022 Healthcare Area Service Directory

Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

Appanoose County Sheriff (641) 437-7100

Municipal Non-Emergency Numbers

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

General Online Healthcare Resources

Doctors and Dentists--General

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

Hospitals and Clinics--General

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

Doctors and Dentists--Specialists

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

Other Healthcare Providers

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

Hospitals and Clinics--Specialized

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

Other Healthcare Facilities and Services

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

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

General Health Resources

Al-Anon Hotline
1-888-425-2666

Alcoholics Anonymous
515-282-8550

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

American Cancer Society
1-800-227-2345

American Red Cross
1-800-733-2767

Arthritis Foundation
1-844-571-HELP

Battered Women
1-800-433-SAFE

Child Abuse Hotline
1-800-362-2178

Dependent Adult Abuse Hotline
1-800-362-2178

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

Domestic Abuse Hotline
1-800-770-1650

First Call for Help
(515) 246-6555

Foundation Through Crisis
1-800-332-4224

Gambling Hotline
1-800-238-7633

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

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

Iowa State Patrol Emergency
1-800-525-5555

Medicare
1-800-MEDICARE

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

National Alcohol Hotline
1-800-252-6465

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

National Institute on Drugs
1-800-729-6686

Poison Control
1-800-222-1222

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

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

Suicide Prevention Hotline
1-800-273-TALK

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

Chiropractors

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

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

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

Clinics

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

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

MercyOne Medical Clinic
19876 Saint Joseph Dr.
Centerville, IA 52544
641-856-8684

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

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

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

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

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

Dentists

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

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

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

Ron Harshman DDS
PO Box 728
Centerville, IA 52544
6418565352

Home Health / Hospices

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

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

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

Hospital

Chad Kelly
Mercy Medical Ctr-Centerville
1 Saint Joseph Dr
Centerville, IA 52544
6414374111

Mental Health Services

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

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

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

Paula Gordy
641-856-2688

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

NAMI (National Alliance Mental Health)
Local Chapter
6418563213

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

Other

Appanoose County Environmental
PO Box 399
MORAVIA, IA 52571
6417243511

Physicians & Surgeons

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

Jennifer Haden, DO 19876 Saint Joseph Dr.
Centerville, IA 52544
641-856-8684

Kathleen Lange MD
707 S Main
Centerville, IA 52544
6414374344

Cassie Parrish, ARNP 19876 Saint Joseph Dr.
Centerville, IA 52544
641-856-8684

Linda McDanolds, ARNP
19876 Saint Joseph Dr.
Centerville, IA 52544
641-856-8684

Nakila Blessing, ARNP
19876 Saint Joseph Dr.
Centerville, IA 52544
641-856-8684

Jackie Stajcar, ARNP
19876 Saint Joseph Dr.
Centerville, IA 52544
641-856-8684

Rachel Higgins, ARNP
19876 Saint Joseph Dr.
Centerville, IA 52544
641-856-8684

Joshua Tromblee, DO
19876 Saint Joseph Dr.
Centerville, IA 52544
641-856-8684

Kurt Klise, MD,
19876 Saint Joseph Dr.
Centerville, IA 52544
641-856-8684

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

Rajni Batra MD
707 S Main
Centerville, IA 52544
6418566780

Richard J Burger MD 19876
Saint Joseph Dr.
Centerville, IA 52544
641-856-8684

Public Health

Kristopher Laurson
Appanoose County Public Health
201 N 12th St
Centerville, IA 52544
6414374332

Senior Care

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

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

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

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

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

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

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

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

Appanoose

	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Albia, Monroe Co Hosp	27	1.75 %	0	0	7	7	13	115	1.65 %	0	0	25	32	58
Ames, Mary Greeley	4	0.26%	0	2	2	0	0	36	0.52%	0	10	26	0	0
Atlantic, Cass Co Mem		0.06%		0	0	0	0	5	0.07 %	5	0	0	0	0
Belmond, Iowa Specialty	2	0.13 %	0			0	0	2	0.03%	0			0	0
Bettendorf, UnityPoint		0.06 %	0	0	0	0		6	0.09%	0	0	0	0	6
Bloomfield, Davis Co Hosp	7	0.45 %	0	0	2	3	2	30	0.43 %	0	0	5	8	17
Carroll, St. Anthony Reg	6	0.39 %	0	5		0	0	69	0.99%	0	60	9	0	0
Cedar Falls, Sartori Mem	3	0.19 %	0	0	0	3	0	45	0.64%	0	0	0	45	0
Cedar Rapids, Mercy		0.06 %	0	0		0	0	9	0.13 %	0	0	9	0	0
Cedar Rapids, St Luke's	3	0.19 %	0	0	2		0	54	0.77%	0	0	46	8	0
Centerville, Mercy Med	362	23.49 %	7	10	48	72	225	1325	18.98 %	17	24	160	240	884
Clinton, Mercy Medical	2	0.13 %	0	2	0	0	0	10	0.14 %	0	10	0	0	0
Corydon, Wayne Co Hosp	154	9.99 %	61	63	8	9	13	345	4.94%	108	132	25	24	56
Council Bluffs, CHI Hlth	9	0.58%		5	3	0	0	31	0.44%	5	14	12	0	0
Council Bluffs, Jennie Ed	4	0.26%	0	3		0	0	17	0.24%	0	11	6	0	0
Davenport, Genesis	3	0.19 %	2		0	0	0	10	0.14 %	8	2	0	0	0
Des Moines, Broadlawn	3	0.19 %	0	0	3	0	0	16	0.23%	0	0	16	0	0
Des Moines, IA. Lutheran	19	1.23 %	0		11	5	2	118	1.69 %	0	3	80	22	13
Des Moines, IMMC	103	6.68 %	28	16	22	15	22	551	7.89%	186	64	88	95	118
Des Moines, Mercy Med	499	32.38 %	27	68	162	122	120	2832	40.57 %	161	321	929	805	616
Dubuque, Finley	3	0.19 %	0	0	2		0	20	0.29%	0	0	19		0
Dubuque, Mercy Medical		0.06 %	0	0		0	0	5	0.07%	0	0	5	0	0
Grinnell, Grinnell Reg	13	0.84 %	0	9	4	0	0	48	0.69%	0	40	8	0	0
Iowa City, Mercy	3	0.19 %	0		0			10	0.14 %	0	6	0	2	2

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

Appanoose

	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Iowa City, U of I Hosp	99	6.42 %	17	23	26	19	14	529	7.58%	79	89	132	147	82
Knoxville, Knoxville Hosp	2	0.13 %	0	0			0	6	0.09%	0	0	2	4	0
Mason City, Mercy Medical		0.06 %		0	0	0	0	3	0.04%	3	0	0	0	0
Oskaloosa, Mahaska Hit	4	0.26%					0	10	0.14 %	2	3		4	0
Ottumwa, Ottumwa Reg	123	7.98%	34	43	24	10	12	431	6.17 %	76	135	115	30	75
Pella, Pella Reg Med Gen	13	0.84 %	4	4		4	0	32	0.46 %	9	9	2	12	0
Sioux City, St Luke's		0.06 %	0		0	0	0	8	0.11 %	0	8	0	0	0
Spencer, Spencer Hospital	3	0.19 %	0	2		0	0	13	0.19 %	0	7	6	0	0
Waterloo, Covenant	5	0.32 %			2		0	14	0.20 %	3	3	4	4	0
West Burlington, Grt Rrv		0.06 %	0	0		0	0	3	0.04%	0	0	3	0	0
West Des Moines, Meth W	11	0.71 %	0		4	3	3	20	0.29%	0	4	6	4	6
West Des Moines, West L	45	2.92 %	0	12	15	12	6	203	2.91 %	0	91	62	30	20
TOTAL	1541	100.00 %	185	275	357	290	434	6981	100.00 %	662	1047	1802	1517	1953

**Inpatient Destination Summary Report by County/State
For January- December 2019**

Appanoose

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			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Albia, Monroe Co Hosp	17	1.12 %	0	0		6	10	101	1.55 %	0	0	3	30	68
Ames, Mary Greeley	4	0.26%	0			2	0	10	0.15 %	0	3		6	0
Atlantic, Cass Co Mem		0.07 %		0	0	0	0	7	0.11 %	7	0	0	0	0
Bettendorf, UnityPoint	2	0.13 %	0	0	0	0	0	4	0.06%	0	0	0	0	4
Bloomfield, Davis Co Hosp	11	0.72 %	0	2		3	5	46	0.70%	0	4	3	8	31
Carroll, St. Anthony Reg	4	0.26%	0	4	0	0	0	11	0.17 %	0	11	0	0	0
Cedar Rapids, Mercy		0.07 %	0	0	0	0		2	0.03%	0	0	0	0	2
Cedar Rapids, St Luke's	6	0.39 %	0	5	0	0		31	0.47 %	0	19	0	0	12
Centerville, Mercy Med	320	21.07 %	3	11	57	77	172	1114	17.05 %	3	31	160	282	638
Chariton, Lucas Co Hlth		0.07 %	0	0	0		0	2	0.03%	0	0	0	2	0
Clive, MercyOne Rehab	12	0.79 %	0	0	4	6	2	156	2.39%	0	0	61	75	20
Corydon, Wayne Co Hosp	194	12.77 %	77	76	17	10	14	456	6.98%	132	157	47	38	82
Council Bluffs, CHI Hlth	4	0.26 %	3	0		0	0	21	0.32%	11	0	10	0	0
Council Bluffs, Jennie Ed	11	0.72 %	0	10		0	0	46	0.70%	0	38	8	0	0
Davenport, Genesis		0.07 %	0	0		0	0	2	0.03%	0	0	2	0	0
Des Moines, Broadlawn	4	0.26%		3	0	0	0	13	0.20%		12	0	0	0
Des Moines, IA. Lutheran	16	1.05 %	3	0	4	5	4	79	1.21 %	14	0	24	19	22
Des Moines, IMMC	72	4.74 %	14	7	23	6	22	391	5.99%	103	18	116	35	119
Des Moines, Mercy Med	483	31.80 %	37	78	130	115	123	2600	39.80 %	218	278	705	656	743
Dubuque, Finley		0.07 %	0	0		0	0	62	0.95%	0	0	62	0	0
Grinnell, Grinnell Reg	10	0.66 %	0	9		0	0	22	0.34%	0	19	3	0	0
Iowa City, Mercy	4	0.26 %	0	3	0		0	23	0.35%	0	21	0	2	0
Iowa City, U of I Hosp	99	6.52 %	16	15	24	25	19	574	8.79%	99	79	168	147	81
Knoxville, Knoxville Hosp	5	0.33 %	0	0	0	5	0	25	0.38%	0	0	0	25	0

**Inpatient Destination Summary Report by County/State
For January- December 2019**

Appanoose

	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Leon, Decatur Co Hosp	2	0.13 %	0	0		0		6	0.09%	0	0	5	0	
Oskaloosa, Mahaska Hit	13	0.86 %	4	6	2	0		26	0.40%	7	13	3	0	3
Ottumwa, Ottumwa Reg	108	7.11 %	24	29	20	17	18	371	5.68%	48	70	73	89	91
Pella, Pella Reg Med Cen	32	2.11 %	10	9	2	6	5	88	1.35 %	25	22	7	12	22
Sioux City, St Luke's		0.07%	0	0		0	0	10	0.15 %	0	0	10	0	0
Spencer, Spencer Hospital	5	0.33%	0	5	0	0	0	21	0.32%	0	21	0	0	0
Waterloo, Allen Hosp		0.07 %	0		0	0	0	4	0.06%	0	4	0	0	0
West Des Moines, Meth W	16	1.05 %	0		4	5	6	41	0.63%	0		7	6	27
West Des Moines, West L	58	3.82 %	0	11	18	13	16	167	2.56%	0	24	48	39	56
TOTAL	1519	100.00 %	193	286	315	303	422	6532	100.00 %	668	845	1526	1471	2022

**Inpatient Destination Summary Report by County/State
For January - December 2020**

Appanoose

	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Albia, Monroe Co Hosp	15	1.07 %	0	0	2	7	6	66	1.00 %	0	0	8	26	32
Atlantic, Cass Co Mem		0.07 %		0	0	0	0	5	0.08%	5	0	0	0	0
Bloomfield, Davis Co Hosp	9	0.64 %	0	0	3	3	3	35	0.53%	0	0	15	6	14
Carroll, St. Anthony Reg	2	0.14 %	0		0	0		10	0.15 %	0	2	0	0	8
Cedar Rapids, Mercy	6	0.43%	0	2	0	2	2	40	0.61 %	0	3	0	19	18
Centerville, Mercy Med	373	26.70 %	7	13	69	108	176	1457	22.05 %	14	23	215	477	728
Clinton, Mercy Medical		0.07 %	0		0	0	0		0.02%	0		0	0	0
Clive, MercyOne Rehab	11	0.79 %	0	0	3	2	6	106	1.60 %	0	0	24	26	56
Corydon, Wayne Co Hosp	152	10.88 %	57	59	11	6	19	430	6.51 %	109	133	30	16	142
Council Bluffs, CHI Hlth	3	0.21 %	2		0	0	0	14	0.21 %	10	4	0	0	0
Council Bluffs, Jennie Ed	11	0.79 %	0	6	5	0	0	54	0.82%	0	26	28	0	0
Creston, Greater Reg Med	2	0.14 %			0	0	0	5	0.08%	2	3	0	0	0
Davenport, Genesis	5	0.36 %		3		0	0	41	0.62%	2	34	5	0	0
Des Moines, IA. Lutheran	11	0.79 %			5	2	2	71	1.07 %	4	11	28	8	20
Des Moines, IMMC	84	6.01 %	14	13	17	26	14	381	5.76%	43	49	108	113	68
Des Moines, Mercy Med	417	29.85 %	31	50	126	89	121	2523	38.18 %	243	170	634	644	832
Dubuque, Finley		0.07 %	0	0	0		0	8	0.12 %	0	0	0	8	0
Dubuque, Mercy Medical		0.07 %		0	0	0	0	4	0.06%	4	0	0	0	0
Elkader, Central Comm	2	0.14 %	0	0	0	0	2	30	0.45%	0	0	0	0	30
Grinnell, Grinnell Reg	6	0.43%	0	3	3	0	0	9	0.14 %	0	4	5	0	0
Iowa City, U of I Hosp	82	5.87 %	17	13	23	12	17	535	8.10 %	74	90	132	151	88
Iowa City, U of I Rehab		0.07 %	0	0		0	0	18	0.27%	0	0	18	0	0
Knoxville, Knoxville Hosp		0.07 %	0	0	0		0	3	0.05%	0	0	0	3	0
Nevada, Story Co Med Gen		0.07 %	0	0	0	0		24	0.36%	0	0	0	0	24

**Inpatient Destination Summary Report by County/State
For January - December 2020**

Appanoose

	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Newton, Skiff Med Center		0.07 %	0	0	0		0	11	0.17 %	0	0	0	11	0
Osceola, Clarke Co		0.07 %	0	0	0		0	11	0.17 %	0	0	0	11	0
Oskaloosa, Mahaska Hit	13	0.93%	5	5	2	0		30	0.45%	9	11	8	0	2
Ottumwa, Ottumwa Reg	102	7.30%	26	41	7	13	15	416	6.29%	54	135	31	115	81
Pella, Pella Reg Med Gen	23	1.65 %	9	10	2			56	0.85%	17	27	5	3	4
Sioux City, Mercy Med		0.07 %	0		0	0	0	4	0.06%	0	4	0	0	0
Sioux City, St Luke's	3	0.21 %	0	2		0	0	19	0.29 %	0	7	12	0	0
Spencer, Spencer Hospital	3	0.21 %	0	3	0	0	0	11	0.17 %	0	11	0	0	0
Storm Lake, Buena Vista		0.07 %	0	0	0		0	12	0.18 %	0	0	0	12	0
Waterloo, Allen Hosp	4	0.29 %	0	0	0	0	4	39	0.59%	0	0	0	0	39
Waterloo, Covenant	2	0.14 %	0	2	0	0	0	6	0.09%	0	6	0	0	0
West Des Moines, Meth W	10	0.72 %	0	0	5	2	3	23	0.35%	0	0	10	4	9
West Des Moines, West L	35	2.51 %	0	8	6	12	9	101	1.53 %	0	15	16	42	28
TOTAL	1397	100.00 %	173	239	292	290	403	6609	100.00 %	590	769	1332	1695	2223

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Appanoose County, IA 2022 CHNA Town Hall (Centerville) March 24th 11:30 - 1:00

#	Brkout	Attend.	Lead	Last	First	Organization	Title
1	A	X	##	Probasco	Patricia	MercyOne Centerville	Administrative Assistant
2	A	X		Arndorfer	Sr. Vicky	MercyOne Centerville	Board Member
3	A	X		Becker	Debra	MercyOne Centerville	Director of Nutritional Services
4	A	X		Wilson	Lottie		
5	A	X		Bogle	Mike	Centerville Fire Rescue	Chief
6	A	X		Brown	Nicole	MercyOne Centerville	
7	A	X		Cooper	Amber	SS Director	
8	A	X		Doggett	Sherri	MercyOne Centerville	VP Patient Services
9	A	X		Lasley	Jerilyn	Public Health	
10	A	X		Sharp	jackie	Centerville Community Betterment, Inc.	
12	A	X		Young	Pam	MercyOne Centerville Medical Center	Financial Analyst
13	A	X		Zintz	Jill	MercyOne Centerville	RN, Med / Surg Manager
14	B	X	##	Laurson	Kristopher	Appanoose County Public Health	Administrator
15	B	X		Faris	Tod	Chariton Valley Electric Cooperative	Economic Dev. & Comm. Relations
16	B	X		Fraser	Jason	City of Centerville	City Administrator
17	B	X		Fraser	Alison	Morgan E. Cline Foundation	CEO
18	B	X		Hamm	Ashley	MercyOne Centerville	RN- health coach
19	B	X		Howington	Brenda	MercyOne Centerville	Clinical Manager/ Paramedic
20	B	X		Sales	Jamie	MercyOne Centerville	Performance Excellence
23	B	X		Kelley	Chad	MercyOne Centerville	Interim President
24	B	X		Lewis	Lynsey	MercyOne Centerville	Quality/Risk Manager
26	B	X		Kelley	Jackie	MercyOne Centerville	RN, Educator
27	C	X	##	Shull	Darren	MercyOne Centerville	
28	C	X		Brown	Barbara	MercyOne Centerville	Administrative Assistant
29	C	X		CLAWSON	TONYA	MercyOne Centerville	HR MANAGER
31	C	X		Dickerson	Kara	MercyOne Centerville	RN, CM
32	C	X		Moore	Nichole	Chariton Valley Planning & Development COG	Executive Director
33	C	X		O'Brien-Day	Danielle	Infinity Health	Behavioral Director
34	C	X		Owens	Elizabeth	Caregivers Home Health	
36	C	X		White	Angie	MercyOne Centerville	
38	C	X		Young	Ann		Retired
39	C	X		McConville	Dewey	Community Member	

Appanoose County Town Hall Event Notes

Attendance: N=32

Date: 3/24/2022 – 11:30 a.m. to 1:00 p.m.

Needs

- Mental/Behavioral Health
- Drug/Substance Abuse
- Preventative Health / Wellness
- Water Quality
- Family Planning
- Owning Your Health (Apathy)
- Awareness of Healthcare Services
- Transportation
- Underinsured/Uninsured
- Workforce Development
- Healthcare Staffing
- Lack of Providers/Specialists
- Poverty
- Obesity (Nutrition/Exercise)
- Child Care
- Youth Activities
- Updated/New ER
- Women's Health
- Hours of Operation (Clinic)
- Affordable Housing

Strengths

- City Leadership
- Public Health
- School Health
- Access to Food/Grocery Stores
- Pharmacy
- Ambulance/EMS Services
- Mobile Crisis Team
- Home Health Services
- Young Professionals Group
- Hospital Facility
- Pastoral Organizations
- PACT
- Food Programs (backpack program, pantry, etc.)
- Community Outreach
- Acute Care
- PCP Providers (Quality)
- Walk-In Clinic (Quality)
- Hospital Leadership

EMAIL #1 Request Message

From: Patricia Probasco, Administrative Assistant

Date: 1/31/2021

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Appanoose County Community Health Needs Assessment 2022

MercyOne Centerville Medical Center is working with other community health providers to update the 2022 Appanoose County Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2019 CHNA report and to collect up-to-date community health perceptions for 2022.

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

To gather community feedback, a short and confidential online survey has been developed. It can be accessed through the link below

LINK: https://www.surveymonkey.com/r/CHNA2022_MercyOneCentervilleIA

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **Monday, March 3rd**. In addition, please **HOLD the date** for the virtual Town Hall meeting scheduled **Thursday, March 24th**, from **11:30 p.m. - 1:00 p.m.**

Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (641-437-3411)

PR#1 News Release

Media Release: 1/31/22

Appanoose County Seek Community Input

Over the next few months, **MercyOne Centerville Medical Center and Appanoose County Public Health** will be working together with community leaders and healthcare providers to update the 2022 Appanoose County Community Health Needs Assessment (CHNA) previously done in 2019. These partners are seeking input from the public to understand the healthcare needs of Appanoose County residents.

The goal of this assessment update is to understand progress in addressing health needs cited, is to collect up-to-date community health perceptions from the 2019 CHNA report. VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct countywide research. A brief community survey has been developed in order to accomplish this work.

To access the link to participate in this survey, please visit MercyOne Centerville Medical Center Website, Appanoose County Public Health Website, or their social media sites to obtain it. Responses are confidential, and the survey only takes about 5 to 10 minutes to complete.

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **Thursday, March 3rd**. In addition, please **HOLD** the date for a virtual Town Hall meeting scheduled **Thursday, March 24th, 2022 from 11:30 a.m. to 1:00 p.m.**

Thank you in advance for your time and support.

If you have any questions regarding CHNA activities or would like to participate in the virtual Town Hall, please call 641-437-3411.

EMAIL #2 Request Message

From: Patricia Probasco, Administrative Assistant

Date: 03/01/2022

To: Community Leaders, Providers and Hospital Board and Staff

Subject: 2022 Community Health Needs Assessment Town Hall Event

MercyOne Centerville Medical Center is hosting a scheduled virtual Town Hall Meeting for the 2022 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs. This event will be held on **Thursday, March 24th**, from **11:30 a.m. – 1:00 p.m. via Zoom.**

All business leaders and residents are encouraged to join us for this important meeting. In order to adequately prepared for this virtual meeting, it is imperative that those attending RSVP. We hope you find the time to attend this important event by following the link below to complete your RSVP for March 24th. Note> Those who RSVP, will receive additional information a few days prior to the event, including the zoom link to attend the event.

LINK: https://www.surveymonkey.com/r/CHNA2022_AppanooseCoIA_RSVP

Thanks in advance for your time and support

If you have any questions regarding CHNA activities, please call (641-437-3411)

Centerville Medical Center Hosts Local Town Hall Event.

Media Release: 03/01/22

MercyOne Centerville Medical Center has scheduled the virtual Town Hall meeting for the 2022 Community Health Needs Assessment on **Thursday March 24th, from 11:30 a.m. – 1:00 p.m via Zoom**. During this event, we will review the community health indicators and gather feedback opinions on key community health needs for Appanoose County.

As we host this imperative meeting via Zoom to ensure the safety of the community; it is still imperative that all those who plan to attend RSVP in order for us to adequately prepare. You may do this by visiting the MercyOne Centerville Medical Center website and Facebook to obtain the link and complete your RSVP. We hope you can find the time to join us for this important event on March 24th, 2022.

Note> If you RSVP, additional information will be released to you via email 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 (641-437-3411)

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d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2022 Community Feedback: Appanoose Co, IA (N=222)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1188	52544	Good	Increasing - moving up	AWARE	COMM	MRKT	I think there are a lot of great programs our community provides. However, I do not feel like they are well known. I feel like there should be a central, WELL KNOWN place to find information that is advertised and promoted.
1037	52549	Very Good	Not really changing much	DRUG	OWN		drugs laziness
1202	52590	Good	Increasing - moving up	EDU	OWN		I'm not sure if it is possible to educate citizens who don't want to learn.
1099	52574	Average	Increasing - moving up	EDU			education
1027	52501	Average	Not really changing much	EDU			education
1105	52544	Very Good	Increasing - moving up	EMER	FAC	WAIT	ER services as the space does not work for the amount of patients, it is outdated and longer wait times
1016	52501	Good	Not really changing much	FAC	IP	DRUG	Limited facilities for inpatient substance abuse
1137	52544	Good	Increasing - moving up	FINA	FIT		It cost WAY to much for the YMCA and it is never open at convenient hours
1153	52549	Average	Decreasing - slipping downward	FINA			People can't afford to go to the doctor when they need to so they don't go.
1103		Good	Not really changing much	INSU			Cost of health insurance and limitations in benefits
1180	52544	Good	Increasing - moving up	NUTR	ECON		A lot of people eat out here. We have a real lack of healthy options for restaurants. Also, losing Aldi is going to take a huge toll in our county. People came from out town to shop there because they offered healthier options for food at a cheaper price. I, personally, am going to shop at the Ottumwa Aldi a few times a month once our Aldi is gone. I am not the only one. There goes tax dollars and revenue for our county but I have to do what's best for my family.
1217		Good	Not really changing much	OWN	PREV	EDU	People not taking responsibility in managing their own health and continuing to engage in high risk behaviors, such as smoking, poor eating, lack of exercise, not get vaccinated for Covid.
1038		Good	Decreasing - slipping downward	OWN			Lack of accountability for own health
1051		Very Good	Increasing - moving up	OWN			I honestly feel as though it is not a priority to many. The services are here and affordable, I just don't often see it being a priority for some.
1062	52544	Good	Increasing - moving up	OWN			Lack of desire to be healthy
1073	52544	Good	Not really changing much	OWN			I'm guessing it's more about not being motivated to make a healthy change, or follow through when an improvement begins.
1146		Average	Not really changing much	OWN			Lack of motivation of residents
1118	52549	Good	Not really changing much	OWN			People do not make the choice to be healthy.
1164	52544	Good	Not really changing much	OWN			Self Esteem
1050	52544	Very Good	Not really changing much	OWN			the want to be healthy
1087	52544	Average	Not really changing much	OWN			Unwilling to change their ways
1042	52544	Good	Increasing - moving up	POV	AWARE	OWN	Poverty/ unawareness/ no motivation or care about their health
1058	63565	Average	Decreasing - slipping downward	POV	EDU		Poverty, education
1173	52544	Average	Not really changing much	POV			Poverty
1191	52544	Very Good	Increasing - moving up	TRAN	SPEC		Transportation to see specialist

CHNA 2022 Community Feedback: Appanoose Co, IA (N=222)

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?
1029	52501	Average		ALL			Probably no, but community is working to improve services in my opinion
1150	52544	Poor	Not really changing much	BH	DRUG	DOH	Primary care offices are often full or have a long wait to get an appt. Emergency room is often very busy with patients who do not need that level of care. Poor availability of emergency mental health and substance abuse care. Poor engagement from public health with regard to overall community needs.
1001	52544	Good	Not really changing much	BH	OBG	FP	Mental Health, Gynecologist, Family MD's. Longer hours for Walk in clinic.
1086	52544	Good	Decreasing - slipping downward	BH			not mental health
1114	52544	Poor	Decreasing - slipping downward	CLIN	DOCS	HRS	Walk in not walk in at Mercy hard to get into other doctors after work
1001	52544	Good	Not really changing much	CLIN	HRS		Mental Health, Gynecologist, Family MD's. Longer hours for Walk in clinic.
1026	52544	Poor	Decreasing - slipping downward	CLIN	SCH	DOCS	I'm always told to come see quickcare an could not get into my doctor
1045	52544	Poor	Decreasing - slipping downward	CLIN	SCH	PRIM	Urgent care has poor providers-hard to get appointments with primary care doctors
1052	52544	Poor	Decreasing - slipping downward	CLIN	BED		Your quick care is worthless!!! The providers are lazy and don't want to see patients!! Worthless!
1061	52544	Good	Not really changing much	DOCS	CLIN		As stated earlier, more physicians at the clinic.
1138	52571	Good	Not really changing much	DOCS	HRS		We need more urgent care providers and hours they are open.
1154	52544	Good	Decreasing - slipping downward	DOCS	NURSE	APP	Nurses and Doctors are all burnt out!
1115	52544	Poor	Decreasing - slipping downward	DOCS	QUAL		Better doctors
1153	52549	Average	Decreasing - slipping downward	DOCS	SCH		I'm guessing more doctors since you can't get in to see your doctor for a month or so.
1161	52544	Average	Not really changing much	DOCS	SCH		very limited to providers and always hard to get in to Dr. Hayden, Dr. Batra, Dr. Lange, and Dr. Anevik now.
1058	63565	Average	Decreasing - slipping downward	DOCS			Doctors
1181	52572	Very Good	Decreasing - slipping downward	DOCS			Need more doctors
1120	52544	Poor	Decreasing - slipping downward	DOCS			Not enough physicians
1184	52544	Good	Not really changing much	DOCS			Need more providers
1037	52549	Very Good	Not really changing much	DOCS			Need more providers in QC.
1200	52544	Very Poor	Decreasing - slipping downward	FEM	FINA		More womens health programs that include private pay citizens! Low income receives all of the programs
1185	52544	Good	Not really changing much	FP	DOCS		We need more family care providers.
1218	52555	Poor	Decreasing - slipping downward	FP	SCH	ENT	always told to come see walk in if my family doctor never has openings for months or often rescheduled. ENT booked out 3 months, and had to do my breathing test elsewhere because Centerville has been down for over 3 months now.
1068	52544	Average	Not really changing much	HRS	SCH		extended after-hours and weekends are lacking
1173	52544	Average	Not really changing much	NURSE	SPEC	FAC	We need more nurses. Additional specialty providers are also needed given long drives to regional hubs which are prohibitive for those with limited incomes. To a certain extent, the ability to provide additional specialty providers is limited by the local hospital facilities, which don't have space to accommodate them.
1009	52544	Average	Increasing - moving up	OBG	PEDS	ENT	No Ob doctors, pediatric doctors, ENT, or just general MD's
1047	52544	Average	Decreasing - slipping downward	OBG	SCAN	SCH	OBGYN- no providers even for birth control options sent elsewhere. MRI I had to go to Bloomfield. All specialist I was told book out months so I had to have my child see ENT in Corydon and got in that next week.
1136	52544	Very Good	Decreasing - slipping downward	OBG			We don't have any OB/Gyn coverage in the county.
1046	52544	Average	Decreasing - slipping downward	OBG			we need OB drs
1102	52544	Good	Not really changing much	OBG			OBGYN
1118	52549	Good	Not really changing much	OPHTH			We need more vision car options.
1050	52544	Very Good	Not really changing much	PEDS	OBG		lack of peds / ob/gyn
1191	52544	Very Good	Increasing - moving up	PEDS	SCH	SPEC	Can hardly get in to Dr. BATRA for peds or Dr. Lange. Tried to establish a mercy an hard to see Dr. Hayden after work mostly there in mornings only. Hard to see specialist such as ENT booked out for months had to travel elsewhere.
1032	52544	Good	Not really changing much	PRIM	BH	PEDS	We need more primary care doctors, Mental health providers, pediatric
1083	52544	Good	Increasing - moving up	PRIM	FEM		We need as couple more primary care physicians and someone to provide womens health care
1139	52544	Average	Decreasing - slipping downward	PRIM	SCH	COMM	Simply put, the primary care is poor. Please try and call all the offices. Chariton Valley rarely answer phones. We have to now use urgent care or the emergency room
1150	52544	Poor	Not really changing much	PRIM	SCH	EMER	Primary care offices are often full or have a long wait to get an appt. Emergency room is often very busy with patients who do not need that level of care. Poor availability of emergency mental health and substance abuse care. Poor engagement from public health with regard to overall community needs.

CHNA 2022 Community Feedback: Appanoose Co, IA (N=222)

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?
1204	52544	Average	Not really changing much	PRIM	SCH		Unable to get an appt with primary care in a timely fashion. Sometimes it takes a month to get in, forcing people to utilize quick care and the ER to take care of their health
1110	52544	Poor	Not really changing much	PRIM	SCH		Waiting 1-.3 weeks to see a PCP for non-emergent issues.
1144	52544	Good	Increasing - moving up	PRIM	SPEC	SCH	specific PCP as well as some Specialty doctors not available on Fri
1180	52544	Good	Increasing - moving up	PRIM			We have plenty of walk in providers but we need more primary care providers
1216	52571	Average	Not really changing much	PRIM			There are limited PCP access
1013	52572	Poor	Decreasing - slipping downward	SCH	ACC		always told to see walk in clinic, couldn't get in to see my doctor after was in the ER had to see one of the other doctors. Always have a hard time seeing the doctor I thought was my main doctor. frequently rescheduled too and my wife can't get into see Dr. Haden unless you plan 2 months out.
1220	52544	Average	Decreasing - slipping downward	SCH	ACC	PEDS	always told my provider is full and to come see walk in clinic- hard to get my kids into Batra's office too.
1016	52501	Good	Not really changing much	SCH	ACC		This has been difficult for patients due to COVID-19. Walk-In clinics now require an appointment and any patient with symptoms of possible COVID have to be seen in Urgent Care. Patients are frustrated and have difficulty understanding that they can not come in for their regular appointment while they have "cold" symptoms. Any possible symptom of COVID is deferred to UC. Sometime UC in Ottumwa is closed due to not having any providers to cover it. This is not accessible to our patients.
1059	52544	Poor	Decreasing - slipping downward	SCH	CLIN		can't get in to Dr. Batra's or Dr. Arnevik or Dr. Haden or walk in clinic sometimes
1177	52544	Average	Not really changing much	SCH	DOC		Can't see your own doctor when you need to. Have to see nurse practitioner.
1140	52574	Average	Not really changing much	SCH	DOC		Doctor availability for appointments
1132	52544	Average	Decreasing - slipping downward	SCH	DOCS	HRS	Dr. Lange never has openings, or Dr. Batra's. Also hard to now get in to Dr. Arnevik and Dr. Haden only does morning appointments.
1060	52544	Average	Decreasing - slipping downward	SCH	DOCS		I switched to Mercy from Dr. Lange's office because she was never there, then when I switched to Dr. Haden I am often times rescheduled and she isn't there in afternoons except Thursday so I switched to new Dr. Tromblee and had to be rescheduled because they told he was at the walk in .
1121	52544	Good	Decreasing - slipping downward	SCH	FEM	HOSP	You can't get into a Mercy physician. Even though you can online schedule, it's disappointing to go in and see how few appointments are available. Arnevik and Haden have zero availability and the two new ones seem to have limited availability. Quick Care is fine but we would like to see a physician for some issues beyond our 6 month checkup maintenance meds. Also womens healthcare now is non existant. We now have to leave the community for gynecological services. Frankly the hospital had more services 10 years ago than they do now. It's concerning to see the hospital lessen services.
1169	52544	Good	Not really changing much	SCH	HRS	SPEC	hard to get in to Dr. Haden, been told only works afternoons one day a week. Hard to get into peds Dr. Batra, or Dr. Lange. Hard to see specialist such as ENT, Nephrology, and had to travel to another town to get MRI.
1158	52544	Good	Increasing - moving up	SCH	PRIM	DOCS	I have not had this experience myself, but I have heard so many people speak about how long it takes to get in to see their primary doctor. I don't understand how this can happen, but it seems to me that doctors used to be more available.
1131	52544	Very Good	Increasing - moving up	SCH	PRIM	CLIN	Limited access at clinic to primary care providers. Difficult to get a scheduled appointment with your primary care provider. Referred to Quick Care when would like to see primary care provider.
1033	52544	Average	Decreasing - slipping downward	SCH			can never get into doctor told to come to walk in
1175		Average	Decreasing - slipping downward	SERV	APP		all our services are over worked
1081	52544	Good	Not really changing much	SPEC	ACC		Specialists available more often
1024	52544	Good	Increasing - moving up	SPEC	RHE	AGE	I think we need more specialists. We have more than we used to but still not enough. It took years to get someone here for rheumatology but we have a huge elderly community & think we should have more than one because she is always booked out
1188	52544	Good	Increasing - moving up	STFF	DOCS	APP	We need more recruitment for physicians and ability to hire more staff for our medical offices. They are exhausted! and burned out
1190	52544	Good	Increasing - moving up	STFF	DOH		We need to recruit more physicians to the area. It is not only a problem for the clinics and hospital but should be a priority for public health.
1017	52544	Good	Increasing - moving up	STFF	FP	SCH	Not enough staff, difficult to access family doctor at times due to her staffing. (Used walk in clinic instead of waiting)
1151	52544	Good	Not really changing much	SURG	STFF		Med/surg is short staffed regularly.

CHNA 2022 Community Feedback: Appanoose Co, IA (N=222)

ID	Zip	Rating	Movement	c1	c2	c3	Outcome of care is also vitally important. Is the outcome / delivery of care fulfilling the needs for you and the community?
1220	52544	Average	Decreasing - slipping downward	ACC	DOCS		OB, Mental health, speciality doctors are HARD to get into
1121	52544	Good	Decreasing - slipping downward	ACC	PRIM	PREV	Again - lack of access across the board. Is forcing people either out of town or having a disjointed medical experience. Need more primary care management of conditions rather than be sent to a specialist for every little thing.
1188	52544	Good	Increasing - moving up	APP	STFF		The staff we have is doing everything they can do... however recruitment is not only a specific clinic concern. It is a community concern. If there are no providers, our community health will continue to fail.
1153	52549	Average	Decreasing - slipping downward	BH	FF		I requested to be set up with a counselor on Sept./Oct. 2019, she said she would do that, and she has not done it yet.
1200	52544	Very Poor	Decreasing - slipping downward	BILL	FF		When a private pay patient is having health issues a provider should explain all areas of concern following labs and explain a plan to address the areas of concern to include follow up with patient after primary provider makes a specialty referral!! It's a joke in Centerville!!!
1059	52544	Poor	Decreasing - slipping downward	CLIN	SCH	ACC	walk in very limited and primary often reschedules me
1073	52544	Good	Not really changing much	COVID			My only concern is in regard to fighting covid as I mentioned earlier. I'm being told that local patients with covid are not being given therapeutics that can curb the extreme effects of covid. I'm being told people should go to other hospitals for this.
1181	52572	Very Good	Decreasing - slipping downward	DOCS			More doctors
1045	52544	Poor	Decreasing - slipping downward	DOCS			Need new doctors.. not nurse practitioners
1013	52572	Poor	Decreasing - slipping downward	DOCS			we need more doctors
1046	52544	Average	Decreasing - slipping downward	DRUG	EDU	SUIC	more substance abuse education and services are needed. More suicide preventions is needed
1118	52549	Good	Not really changing much	EDU			Desperately need more education for better outcome.
1086	52544	Good	Decreasing - slipping downward	FF	BH	IP	not enough followup for mental health care, not enough step down after inpatient care elsewhere
1204	52544	Average	Not really changing much	FF	EDU	RUSH	Follow up care and education is lacking. Providers do not have enough time to properly educate people
1068	52544	Average	Not really changing much	FF			lacks continuity and follow-up
1218	52555	Poor	Decreasing - slipping downward	LAB	SCH	ENT	testing availability not always available, specialist like ENT can't see for MONTHS
1173	52544	Average	Not really changing much	LDRS	ACC		Especially with COVID people have died needlessly because of the politicization of vaccination. We've also lost people who were unable to access care because of shortages of beds across the state.
1139	52544	Average	Decreasing - slipping downward	MISD	RUSH	BED	Too many repeat visits. Prescription given, doesn't work, go see them again, pay another office call for same illness just to get the prescription replicated. Then, it still doesn't work and end up at urgent care. Rushed through and the human factor is absent.
1220	52544	Average	Decreasing - slipping downward	OBG	BH	SPEC	OB, Mental health, speciality doctors are HARD to get into
1132	52544	Average	Decreasing - slipping downward	OBG	OUT		OB services no longer here, have to travel
1084	52544	Good	Not really changing much	OBG	PEDS		Birth center/pediatrician
1047	52544	Average	Decreasing - slipping downward	OBG	REF	OUT	GYN/ Birthcontrol options, providers send me elsewhere.
1033	52544	Average	Decreasing - slipping downward	OBG			OB/GYN services
1001	52544	Good	Not really changing much	OUT	SPEC		People are going out of town to doctors for specialist they have, and the doctors, You have to travel to Des Moines or Ottumwa for specialty services.
1058	63565	Average	Decreasing - slipping downward	OUT			I have to go to univ of iowa hospital for my most serious problem
1053	52544	Average	Decreasing - slipping downward	OUT			Needs being met outside of community
1191	52544	Very Good	Increasing - moving up	OUT			Had to travel elsewhere to be seen
1038		Good	Decreasing - slipping downward	OWN			Lack of accountability by patient
1097	52544	Average	Not really changing much	QUAL	DOCS		Quality providers
1174	52544	Good	Decreasing - slipping downward	REF	PRIM	SCH	Sometimes visiting Quick care is pointless, as they tend to refer you to your primary care doctor which is sometimes difficult to get scheduled in a timely manner.
1114	52544	Poor	Decreasing - slipping downward	SCAN	SPEC	SCH	MRI not able to get into had to go to Bloomfield an Ultrasound had to go to Corydon. Hard to see any specialist advertised in a timely fashion at the specialty clinic an had to to Albia to do a breathing test because Centerville hasn't worked for over 2 months, they called to go elsewhere
1169	52544	Good	Not really changing much	SCAN	ULT	WAIT	MRI available and Ultrasound was hard to get in to for stomach pain and had to wait. hard to see Dr. Haden
1026	52544	Poor	Decreasing - slipping downward	SCH	DOCS	SPEC	Hard to get in to a doctor or specialist in Centerville
1060	52544	Average	Decreasing - slipping downward	SCH			no, I frequently get rescheduled when I want an appointment they tell me to come to quickcare and I want to see my doctor.
1152	52583	Good	Not really changing much	SCH			Specialty services are unavailable here.
1081	52544	Good	Not really changing much	SERV	AGE	HH	Lack of services for seniors and homebound
1120	52544	Poor	Decreasing - slipping downward	SPEC			Have to go other places for specialist
1161	52544	Average	Not really changing much	STFF	RAD	ULT	staffing at radiology was told no ultrasounds available
1175		Average	Decreasing - slipping downward	STFF			more help
1151	52544	Good	Not really changing much	SURG	BED	CARD	Med/surg delivery of care is lacking when it comes to ACLS protocols.
1012	50049	Good	Decreasing - slipping downward	SURG	SPEC	SCH	Local availability of surgery and other specialty services
1216	52571	Average	Not really changing much	TRAN	ACC		There are many people that have no transportation to get health care
1115	52544	Poor	Decreasing - slipping downward	URG			Better urgent care
1160	52544	Average	Not really changing much	WAIT	CORD	SCH	a long wait time at the walk in and they dont know what is going on with you cause they are not your dr. And your dr cant see you cause they are full all the time
1133		Good	Not really changing much	WAIT			quicker diagnoses

CHNA 2022 Community Feedback: Appanoose Co, IA (N=222)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1121	52544	Good	Decreasing - slipping downward	ACC	PRIM	EMER	Focus on improving what we have, primary care access, New Emergency Room, modern outpatient infusion area. Overall the hospital is still operating out of an inpatient facility and needs to modernize. Womens Health - need access locally to a gynecologist on a regular basis. Ridiculous to go to Corydon or frankly any of these smaller hospitals around here to receive these services. Mercy should be providing as their flagship rural hospital is Centerville.
1132	52544	Average	Decreasing - slipping downward	ADOL	FIT		more things to do for children after school and activities. The YMCA is only open so many hours on the weekend when kids aren't in school would be nice to have more options for kids and adults when trying to be healthy.
1046	52544	Average	Decreasing - slipping downward	ADOL	REC		activity for youth to so throughout the year when not in school
1137	52544	Good	Increasing - moving up	ADOL	SH		Afterschool Programs
1188	52544	Good	Increasing - moving up	ADOL			Parent involvement in school and city growth. Getting parents involved with community events/programs/etc will impact their child and it can be a chain reaction.
1191	52544	Very Good	Increasing - moving up	AGE	HRS		Better to get in with specialist, transportation to appointments for elderly walk in open longer on Saturdays atleast.
1202	52590	Good	Increasing - moving up	ALL	SERV		Just keep improving on what we have and take advantage of new opportunities.
1014	52544	Average	Not really changing much	ALL			any
1186		Average	Increasing - moving up	ALLER	OBG	ENDO	- Allergy specialist -OB DR! why drive up to hour when in labor when I can drive 12 minutes. - thyroid specialist Offer body scan screening injections available instead of 2 trips to Des Moines in a row to get 1 injection then to drive home and back again on 3rd day for full body screening. Such a waist when i live by a mercy hospital. -Walk in clinic open nights and weekends when I need them the most... why bother the ER, plus its expensive for those of us that don't have free health care. \$500 one time to glue my sons skin that was cut with scissors that stopped bleeding along time before we even made it into the ER to be seen. I don't even take my kids for such wounds anymore, I butterfly or glue it at home for pennies.
1118	52549	Good	Not really changing much	AWARE	EDU		Awareness. Education. FACTS.
1200	52544	Very Poor	Decreasing - slipping downward	BED	OPHTH		Women's health, pediatric health, dental care that actually accepts new patients and knows how to respectfully treat patients, vision care options
1105	52544	Very Good	Increasing - moving up	BH	ACC	EMER	More focus on mental health service and access, an emergency department that has the ability to house those with behavior issues until placement can be achieved
1219	25244	Very Good	Not really changing much	BH	ACC		Improve access to mental health services.
1111	52544	Average	Not really changing much	BH	ADOL	SCH	Mental Health Programs for all age groups especially younger population, availability of providers to see patients when they need seen instead of having to wait a week or more or go to walk in clinic where the health history of patient is unknown
1110	52544	Poor	Not really changing much	BH	ADOL	INSU	There need to be more services available for all mental health but specifically for children, more providers offering in network status with insurances, and less wait times to see Dr.s
1151	52544	Good	Not really changing much	BH	AWARE	FAM	More mental health awareness and access, and access to family planning services including easier access to birth control in all forms.
1153	52549	Average	Decreasing - slipping downward	BH	DOCS		More available mental health providers.
1069	52531	Very Good	Increasing - moving up	BH	DOCS	ADOL	Health/Wellness education - more consistency in meal prep training, how to manage weight loss, motivational speakers, etc. Mental health - need more providers, more programs; help specifically for kids/teens who have suffered traumas, i.e. fostered/adopted kids
1119	52544	Average	Decreasing - slipping downward	BH	DRUG		Mental health/drug abuse
1150	52544	Poor	Not really changing much	BH	DRUG	EDU	Local emergency mental health and substance abuse services. More community education and community health screening/events.
1163	52544	Average	Not really changing much	BH	DRUG		Mental Health Substance Abuse
1143	52544	Good	Not really changing much	BH	DRUG	PREV	mental health and drug abuse prevention is needed in this community
1107	52544	Average	Not really changing much	BH	DRUG	OBG	mental health awareness, substance abuse outpatient programs, prenatal/planned parenthood
1138	52571	Good	Not really changing much	BH	DRUG	MRKT	More available programs for mental and substance abuse. Advertising of services that there are available.
1012	50049	Good	Decreasing - slipping downward	BH	EMER		Psychiatric ER
1013	52572	Very Good	Not really changing much	BH	FEM		Mental Health Women's Health
1011	52544	Good	Increasing - moving up	BH	FIT		mental health offices and overall wellness in the community to get them moving.
1079	52544	Good	Increasing - moving up	BH	HOUS		More mental health and be sure we have housing for homeless and mental ill when extra cold weather.
1220	52544	Average	Decreasing - slipping downward	BH	OBG	URL	Mental health- OB Care, specialist as ENT, NEUROLOGY, NEPHROLOGY, UROLOGY (my doctor won't use Dr. zafar) so I travel to Pella or Grinnell.
1045	52544	Poor	Decreasing - slipping downward	BH			Mental health programs not involving tele-doctors
1062	52544	Good	Increasing - moving up	BH			Focus on mental health
1197	52544-2519	Very Good	Increasing - moving up	BH			Programs on anxiety and other mental health problems . more brought on by Covid.
1024	52544	Good	Increasing - moving up	BH			We need more help for mental health, there are so many who suffer & there isn't enough help
1146		Average	Not really changing much	BH			"Mental health days" offered to employees in addition to current PTO
1158	52544	Good	Increasing - moving up	CANC	BH		I think we need a cancer center, and a mental health center. It is very upsetting to know that cancer patients that have such poor immunity have to come into the hospital with patients that have covid, influenza, pneumonia etc. They are surrounded by so much, if they could have a place to come for treatments and doctor visits without having to be around all that i feel that their health may have a better chance.
1008	52544	Very Good	Decreasing - slipping downward	CC	FUND	FAC	Daycare is a top priority. We need to have safe, dependable childcare to allow parents to work. We need subsidies to help get quality childcare workers and facilities.
1086	52544	Good	Decreasing - slipping downward	CLIN	EMER		expand local crisis stabilization services, enforce rule that our MH clinics keep emergency appointments open for those in crisis. They do NOT do so.

CHNA 2022 Community Feedback: Appanoose Co, IA (N=222)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1161	52544	Average	Not really changing much	CLIN	HRS		Different hours for walk in clinic open longer on Saturday. Corydon clinic open 8-8 7 days a week for walk in
1033	52544	Average	Decreasing - slipping downward	DERM	NEPH	SCH	OBGYN, better specialists- such as ENT, dermatology, nephrology and more doctors to provide care takes months to get in to my own doctor.
1110	52544	Poor	Not really changing much	DOCS	INSU	SCH	There need to be more services available for all mental health but specifically for children, more providers offering in network status with insurances, and less wait times to see Dr.s
1060	52544	Average	Decreasing - slipping downward	DOCS	STFF	APP	more doctors available and higher paid staff so they don't leave for the county owned hospitals and clinics.
1053	52544	Average	Decreasing - slipping downward	DOCS	STFF		Physicians recruitment
1181	52572	Very Good	Decreasing - slipping downward	DOCS			More doctors
1009	52544	Average	Increasing - moving up	DRUG	SMOK		More support groups for mental health, weight control, drug addiction, smoking addiction
1069	52531	Very Good	Increasing - moving up	EDU	NUTR	OBES	Health/Wellness education - more consistency in meal prep training, how to manage weight loss, motivational speakers, etc. Mental health - need more providers, more programs; help specifically for kids/teens who have suffered traumas, i.e. fostered/adopted kids
1017	52544	Good	Increasing - moving up	EDU	PREV	AGE	knowledge of education availability regarding health maintenance. Specifically mid life what do we do now to prevent senior medical issues.
1152	52583	Good	Not really changing much	EDU	PREV		More wellness and preventative health programs
1115	52544	Poor	Decreasing - slipping downward	EDU	VACC		Better teaching on vaccines
1144	52544	Good	Increasing - moving up	EDU			Free Overall education offered (webinars maybe due to covid)
1010	52544	Average	Increasing - moving up	EDU			overall wellness
1027	52501	Average	Not really changing much	EDU			education on wellness
1220	52544	Average	Decreasing - slipping downward	ENT	NEU	NEPH	Mental health- OB Care, specialist as ENT, NEUROLOGY, NEPHROLOGY, UROLOGY (my doctor won't use Dr. zafar) so I travel to Pella or Grinnell.
1126	52544	Good	Increasing - moving up	FAM	DRUG		Planned parenthood, substance abuse
1216	52571	Average	Not really changing much	FAM	EDU	SUIC	Mobile healthcare available A provider needs to go to the different towns in the large county weekly so people without transportation would have a more viable option at least weekly. Occupational health needs are not addressed in the community and there are several factories that could benefit from an outreach program Parenting and public health classes are extremely poor in the community along with working with the schools to have outreach connections for troubled students. SUICIDE PREVENTION there is NONE!
1083	52544	Good	Increasing - moving up	FEM	BH	DRUG	Womens health and wellness. Mental health services Substance Abuse programs
1049	52544	Good	Increasing - moving up	FEM	OBG		Women's Health (OBGYN),
1128	52544	Good	Not really changing much	FEM	OBG		womens health/obgyn
1200	52544	Very Poor	Decreasing - slipping downward	FEM	PEDS	DENT	Women's health, pediatric health, dental care that actually accepts new patients and knows how to respectfully treat patients, vision care options
1064	52544	Very Good	Increasing - moving up	FEM	PEDS		Women's Health Pediatric
1136	52544	Very Good	Decreasing - slipping downward	FEM	PNEO	CC	Women's healthcare, prenatal care, childcare is absolutely desperately needed. Our local childcare/preschool is wonderful, but underpaid and understaffed.
1065	52572	Good	Not really changing much	FEM			Women's Health
1154	52544	Good	Decreasing - slipping downward	FINA	EDU		Financial planning Life Skills: cooking, parenting, caring for your home
1001	52544	Good	Not really changing much	FIT	NUTR	AGE	Most people in Appanoose County do not have the money to join the YMCA or to buy exercise equipment, and if someone needs a special diet, most likely they cannot afford the food. They elderly have to choose between eating, buying a small amount of food, or paying their bills.
1173	52544	Average	Not really changing much	FUND	FAC		A dedicated campaign to fund our existing health services adequately so they're not in facilities that are in some cases literally falling apart.
1214	52544	Good	Increasing - moving up	HOUS	POV		Homeless Shelter and place to help those who need just a little help.
1212	52544	Good	Not really changing much	HOUS			A homeless Shelte
1207	52544	Good	Not really changing much	MOB	EDU		Possibly mobile unit. Education for community
1216	52571	Average	Not really changing much	MOB	TRAN	OCC	Mobile healthcare available A provider needs to go to the different towns in the large county weekly so people without transportation would have a more viable option at least weekly. Occupational health needs are not addressed in the community and there are several factories that could benefit from an outreach program Parenting and public health classes are extremely poor in the community along with working with the schools to have outreach connections for troubled students. SUICIDE PREVENTION there is NONE!
1180	52544	Good	Increasing - moving up	MRKT	COMM		What about a well advertised local community Facebook group to promote wellness, share healthy tips and recipes? Facebook is free and a ton of people use it. We have local swap groups on Facebook, why not something to promote wellness?
1204	52544	Average	Not really changing much	NUTR	FIT	BH	Healthy eating habits, exercising programs that are affordable, mental health crisis centers,
1061	52544	Good	Not really changing much	OBES	FIT	OWN	I feel there are several health programs offered now for a community our size. Obesity and lack of exercise really concerns me but I know the health community has programs for this but each individual has to be willing.
1156	52544	Very Good	Increasing - moving up	OBES			Weight management
1218	52555	Poor	Decreasing - slipping downward	OBG	DOCS	SPEC	ob care, more providers, more specialists to see local
1047	52544	Average	Decreasing - slipping downward	OBG	FEM	FAM	GYN/BIRTH CONTROL - womens health
1033	52544	Average	Decreasing - slipping downward	OBG	SPEC	ENT	OBGYN, better specialists- such as ENT, dermatology, nephrology and more doctors to provide care takes months to get in to my own doctor.
1026	52544	Poor	Decreasing - slipping downward	OBG	STFF	APP	OB an more doctors available. Better wages for staff so we aren't short.

CHNA 2022 Community Feedback: Appanoose Co, IA (N=222)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1121	52544	Good	Decreasing - slipping downward	OBG			Focus on improving what we have, primary care access, New Emergency Room, modern outpatient infusion area. Overall the hospital is still operating out of an inpatient facility and needs to modernize. Womens Health - need access locally to a gynecologist on a regular basis. Ridiculous to go to Corydon or frankly any of these smaller hospitals around here to receive these services. Mercy should be providing as their flagship rural hospital is Centerville.
1059	52544	Poor	Decreasing - slipping downward	OBG			OB SERVICES
1013	52572	Poor	Decreasing - slipping downward	OBG			OB/GYN services my wife had to go to Ottumwa, Corydon or Pella were her options, even for birthcontrol
1160	52544	Average	Not really changing much	OBG			ob dr
1102	52544	Good	Not really changing much	OBG			OBGYN
1121	52544	Good	Decreasing - slipping downward	OP	HOSP	FEM	Focus on improving what we have, primary care access, New Emergency Room, modern outpatient infusion area. Overall the hospital is still operating out of an inpatient facility and needs to modernize. Womens Health - need access locally to a gynecologist on a regular basis. Ridiculous to go to Corydon or frankly any of these smaller hospitals around here to receive these services. Mercy should be providing as their flagship rural hospital is Centerville.
1170	52544	Average	Not really changing much	OWN	INSU		Individual accountability is the greatest need. If people had to pay for their own health insurance and/or doctor visits, I think they'd be a little more accountable. "Free" government healthcare does not help this issue.
1169	52544	Good	Not really changing much	RADO	SCH	SCAN	Radiology scheduling for MRI- more specialist that are easier to get into at the hospital usually long waits.
1186		Average	Increasing - moving up	SCAN	CLIN	HRS	- Allergy specialist -OB DR! why drive up to hour when in labor when I can drive 12 minutes. - thyroid specialist Offer body scan screening injections available instead of 2 trips to Des Moines in a row to get 1 injection then to drive home and back again on 3rd day for full body screening. Such a waist when i live by a mercy hospital. -Walk in clinic open nights and weekends when I need them the most... why bother the ER, plus its expensive for those of us that don't have free health care. \$500 one time to glue my sons skin that was cut with scissors that stopped bleeding along time before we even made it into the ER to be seen. I don't even take my kids for such wounds anymore, I butterfly or glue it at home for pennies.
1191	52544	Very Good	Increasing - moving up	SCH	CLIN	TRAN	Better to get in with specialist, transportation to appointments for elderly walk in open longer on Saturdays atleast.
1099	52574	Average	Increasing - moving up	SH	ADOL		More involvement with children in elementary school
1081	52544	Good	Not really changing much	SH	ADOL		Reaching kids early to learn healthy habits - elementary age kids
1050	52544	Very Good	Not really changing much	SH	NUTR		need to assist with and help promote healthy habits in school
1016	52501	Good	Not really changing much	SPEC	AGE		I would like to see more specialists coming to Ottumwa on a regular basis as we have a large population of elderly patients who are not able to drive to Des Moines or IA City.
1114	52544	Poor	Decreasing - slipping downward	SPEC	HRS	NEPH	Specialist in kidney doctor an other specialist needed. Hours for the walk in change.
1169	52544	Good	Not really changing much	SPEC	WAIT		Radiology scheduling for MRI- more specialist that are easier to get into at the hospital usually long waits.
1120	52544	Poor	Decreasing - slipping downward	SPEC			visiting specialists
1009	52544	Average	Increasing - moving up	SPRT	BH	OBES	More support groups for mental health, weight control, drug addiction, smoking addiction
1056	52555	Good	Not really changing much	SS	BH		More social workers and mental health professionals.
1139	52544	Average	Decreasing - slipping downward	TRAIN	RUSH	MISD	Commission to study providers. Examination of the time spent with each patient, frequency of repeat office calls and missed diagnosis
1048	52544	Good	Not really changing much	VACC	EDU	BH	COVID vaccination education. Mental Health education.

Let Your Voice Be Heard!

In 2019, MercyOne Centerville Medical Center surveyed the community to assess health needs. Today, we request your input again in order to create a 2022 Centerville, 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 March 1st, 2022

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"/> Mental Health (Diagnosis, Treatment, Aftercare, Physicians) | <input type="checkbox"/> School Health / Nurses |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Poverty | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Obesity (Nutrition / Exercise) | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Awareness of Healthcare Services | <input type="checkbox"/> Doctors (PEDS, OBGYN, ORTHO) |
| <input type="checkbox"/> Parenting Education | <input type="checkbox"/> Family Planning / Sex Education |
| <input type="checkbox"/> School Programming | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Health Apathy - Owning Your Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Chronic Diseases | <input type="checkbox"/> Vaccine Rates |

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

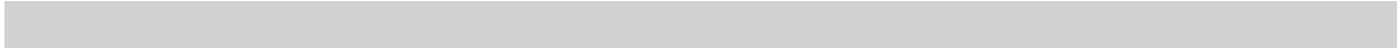
- | | |
|--|--|
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Physicians) | <input type="checkbox"/> School Health / Nurses |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Poverty | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Obesity (Nutrition / Exercise) | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Awareness of Healthcare Services | <input type="checkbox"/> Doctors (PEDS, OBGYN, ORTHO) |
| <input type="checkbox"/> Parenting Education | <input type="checkbox"/> Family Planning / Sex Education |
| <input type="checkbox"/> School Programming | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Health Apathy - Owning Your Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Chronic Diseases | <input type="checkbox"/> Vaccine Rates |



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 | <input type="checkbox"/> |

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"/>				
Child Care	<input type="radio"/>				
Chiropractors	<input type="radio"/>				
Dentists	<input type="radio"/>				
Emergency Room	<input type="radio"/>				
Eye Doctor/Optometrlist	<input type="radio"/>				
Family Planning Services	<input type="radio"/>				
Home Health	<input type="radio"/>				
Hospice/Palliative	<input type="radio"/>				
Telehealth	<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"/>				
Mental Health Services	<input type="radio"/>				
Nursing Home/Senior Living	<input type="radio"/>				
Outpatient Services	<input type="radio"/>				
Pharmacy	<input type="radio"/>				
Primary Care	<input type="radio"/>				
Public Health	<input type="radio"/>				
School Health	<input type="radio"/>				
Visiting Specialists	<input type="radio"/>				
Walk-In Clinic Access	<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"/>				
Emergency Preparedness	<input type="radio"/>				
Food and Nutrition Services/Education	<input type="radio"/>				
Health Screenings/Education	<input type="radio"/>				
Prenatal/Child Health Programs	<input type="radio"/>				
Substance Use/Prevention	<input type="radio"/>				
Suicide Prevention	<input type="radio"/>				
Violence/Abuse Prevention	<input type="radio"/>				
Women's Wellness Programs	<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.

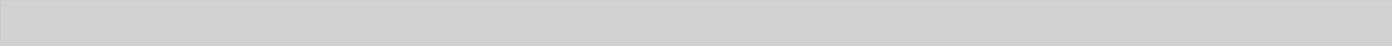


12. Over the past 2 years, did you or someone in your household receive healthcare services outside of your County?

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

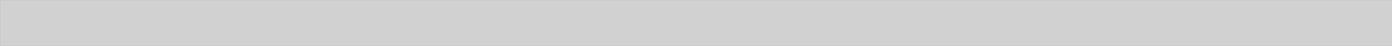
If NO, please specify what is needed where. Be specific.

14. Outcome of care is also vitally important. Is the outcome / delivery of care fulfilling the needs for you and the community?

Yes

No

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



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

16. 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).

17. 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).



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

APPENDIX A

CHNA Scope and Purpose (Methodology)

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

- i. A description of the community served by the facility and how the community was determined;
- ii. A description of the process and methods used to conduct the CHNA;
- iii. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
- iv. 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;
 - v. 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
 - vi. 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.*).

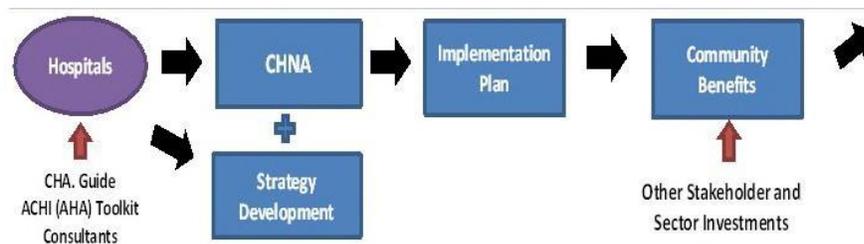
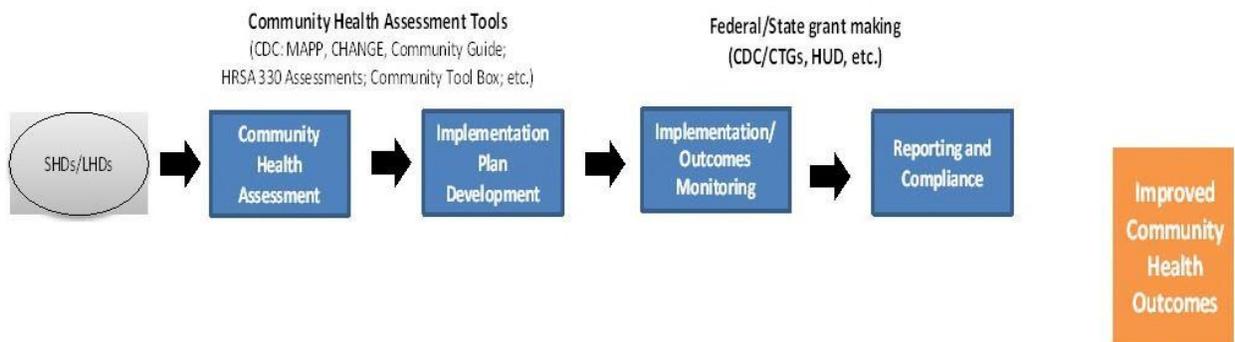
JOB #2: Making a CHNA Widely Available to the Public

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):

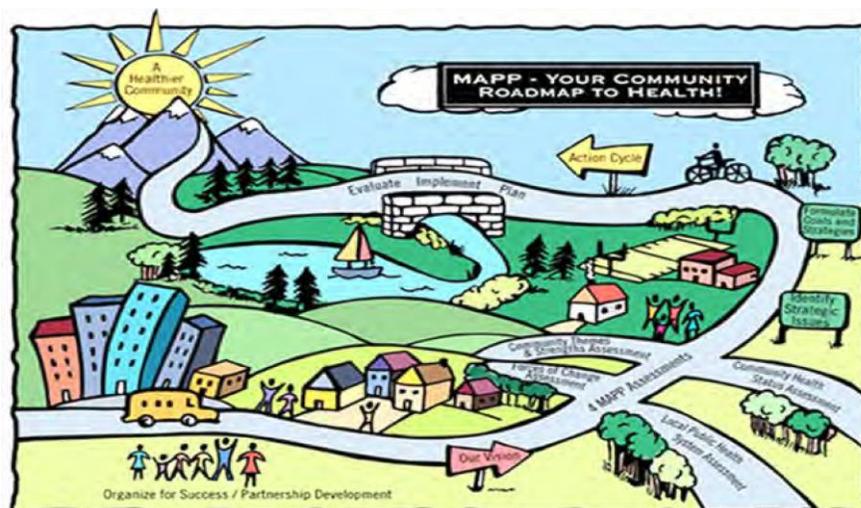
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

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.

APPENDIX B

Previous 2019 CHNA Progress and Actions Taken

THE FOLLOWING INITIATIVES WERE IDENTIFIED AS THE RESULT OF NEEDS FOUND IN THE MOST RECENTLY CONDUCTED CHNA:

- *PROMOTE EXISTING MENTAL HEALTH SERVICES, FACILITIES AND PROVIDERS. EDUCATE COMMUNITY ON PLACEMENT PROCESS AND OPTIONS. USE ALL MENTAL HEALTH ORGANIZATIONS TO MARKET SERVICE OFFERINGS AND ASSISTANCE PROGRAMS IN PSA.
- *EDUCATE ER STAFF REGARDING MENTAL HEALTH DELIVERY ISSUES AND HOW TO ADDRESS THEM. PROVIDE CONTINUING EDUCATION COURSES, LUNCH AND LEARN PRESENTATIONS, ETC. TO KEEP THEM CURRENT IN TERMS OF TREATING MENTAL HEALTH ISSUES.
- *PROVIDE MOBILE CRISIS MATERIALS TO PATIENT AND FAMILIES IN ER.
- *PROVIDE MONTHLY MEETING ROOM FOR APPANOOSE COUNTY MENTAL HEALTH COALITION
- *SPONSOR A COMMUNITY-WIDE "FITNESS CHALLENGE" INITIATIVE FOCUSING ON FITNESS, NUTRITION, AND PHYSICAL ACTIVITY FOR COMMUNITY MEMBERS OF ALL AGES. (LIVE HEALTHY IOWA)
- *EDUCATE LOCAL BUSINESSES AND INDUSTRIES ON THE BENEFITS OF OFFERING WELLNESS PROGRAMS FOR THEIR EMPLOYEES.
- *CREATE COMMUNITY EDUCATIONAL SERIES FOCUSING ON COOKING DEMOS, FOOD LABELS, GROCERY STORE TOURS, RESTAURANTS HEALTHY MEALS / PORTIONS OPTIONS, CLASSES, SPEAKERS ETC. COLLABORATE W/ LOCAL SCHOOLS TO COOK "HEALTHY MEALS"
- *EXPAND CITY / COUNTY WELLNESS COALITION. PROVIDE EDUCATION AND FITNESS ACTIVITIES FOR COMMUNITY MEMBERS. (ACWC).
- *SPONSOR COMMUNITY ACTIVITIES THAT PROMOTE PHYSICAL FITNESS/EXERCISE FOR THE ENTIRE FAMILY SUCH AS A 5K OR FUN RUN.
- *START "AWARENESS PROGRAM" TO EDUCATE ELEMENTARY/MIDDLE SCHOOL CHILDREN AND THEIR FAMILIES ABOUT OBESITY
- *PROMOTE MERCYONE WEIGHT MANAGEMENT PROGRAM AND DIABETES PREVENTION PROGRAM.
- *COORDINATE A COMMUNITY HEALTH FAIR WITH INCENTIVES TO ATTEND. CONDUCT IN-DEPTH IMAGE STUDY (AT EVENT) TO IDENTIFY DRIVERS OF POOR COMMUNITY IMAGE / APATHY.
- *CONTINUE DEVELOPING HEALTHY KIDS' EVENTS AND ACTIVITIES TO ENGAGE KIDS WITH HOSPITAL AND STAFF.
- *CREATE A COMMUNITY RESOURCE GUIDE / DIRECTORY THROUGH DIGITAL AND TRADITIONAL RESOURCES AND HAVE IT AVAILABLE TO COMMUNITY MEMBERS IN NUMEROUS LOCATIONS.
- *CREATE AN APP THAT ALLOWS PATIENTS TO SEE ALL HEALTHCARE SERVICES IN THEIR SURROUNDING AREA INCLUDING PHONE NUMBERS TO MAKE APPOINTMENTS.
- *CREATE STAFF AND COMMUNITY EDUCATION RESOURCES IN CENTERVILLE PSA WITH IN-HOUSE TRAINING OF RESOURCES AND WHERE TO FIND THEM. DEVELOP A HOSPITAL SERVICES MENU BOOK AND DISTRIBUTE TO ALL PROVIDERS AND STAFF.
- *DEVELOP A MAP/MENU OF WALKING TRAILS AND HEALTHY ACTIVITIES IN PSA AND MAKE AVAILABLE IN LOCAL AREAS.
- *DEVELOP A SPEAKERS BUREAU ON HEALTHCARE TOPICS/ COMMUNITY HEALTH AND MAKE PRESENTATIONS AVAILABLE TO LOCAL COMMUNITY.
- *DEVELOP SOCIAL MEDIA CAMPAIGN AND NEWSPAPER, RADIO AND TV ADVERTISEMENTS TO ADVERTISE HEALTHCARE SERVICES OFFERED IN THE COMMUNITY.
- *HOST LUNCH OR BREAKFAST & LEARNS (MONTHLY) TO EDUCATE COMMUNITY ON HEALTH & WELLNESS PRACTICES, LOCAL HC SERVICE OFFERINGS AND SOCIAL SERVICE PROGRAMS.
- *PROMOTE CLINIC INCENTIVES SUCH AS RAFFLES AND DRAWINGS TO WIN PRIZES FOR PATIENTS WHO COME IN FOR PHYSICAL EXAMS AND ADDITIONAL ENTRIES IF LAB WORK AND TEST RESULTS ARE GOOD.
- *PROMOTE LAB WELLNESS SCREENINGS AND UTILIZE THE PITCH TO HIGHLIGHT COMMUNITY HEALTH RESOURCES.
- *SEND LOCAL HEALTHCARE PROVIDERS AND HEALTHCARE ADMINISTRATORS IN TO SCHOOLS AND BUSINESS TO PROMOTE THE VARIETY OF HEALTHCARE SERVICES OFFERED IN COMMUNITY.
- *PROVIDE MEETING ROOM ONCE A WEEK TO LOCAL GROUPS FOR PARENTING CLASSES
- *CONTINUE TO MONITOR PRESCRIPTION DRUG ABUSE. SUPPORT AREA PHYSICIANS IN DISCOURAGING PRESCRIPTION DRUG ABUSE. CREATE ALERT SYSTEM BETWEEN PHYSICIANS AND PHARMACIES FOR DRUG ABUSE.
- *CONTINUE TRAINING SUBSTANCE ABUSE - LAW ENFORCEMENTS. ADMINISTER ER NARCAN POLICY / PROMOTE COMMUNITY EDUCATION SERIES.
- *CONTINUE / PROMOTE "DISCARDING OLD PRESCRIPTIONS" SERVICE AT LOCAL POLICE DEPARTMENTS, FOCUSING ON OPIOIDS. EXPAND TAKE BACK DAYS (YEARLY) TO QUARTERLY AT LAW CENTER
- *CONTINUE TO PROVIDE MEETING SPACE TWICE A WEEK FOR NARCOTICS ANONYMOUS NEEDS IDENTIFIED NOT BEING ADDRESSED AT THIS TIME ARE ECONOMIC DEVELOPMENT/POVERTY BECAUSE IT IS A BROADER COMMUNITY ISSUE THE HOSPITAL CAN'T ADDRESS AND SCHOOL PROGRAMMING THAT IS THE RESPONSIBILITY OF THE SCHOOL DISTRICT, ALTHOUGH THE HOSPITAL IS WILLING TO LEND RESOURCES ONCE THE SCHOOL IDENTIFIES PROGRAMMING NEEDS.

THE ORGANIZATION'S HOSPITAL FACILITY(IES) PROMOTE HEALTH FOR THE BENEFIT OF THE COMMUNITY. MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA, CONSISTENT WITH THE SIZE AND NATURE OF ITS FACILITIES. THE ORGANIZATION'S HOSPITAL FACILITY(IES) HAVE AN OPEN MEDICAL STAFF. ITS BOARD OF TRUSTEES IS COMPOSED OF PROMINENT CITIZENS IN THE COMMUNITY. EXCESS FUNDS ARE GENERALLY APPLIED TO EXPANSION AND REPLACEMENT OF EXISTING FACILITIES AND EQUIPMENT, AMORTIZATION OF INDEBTEDNESS, IMPROVEMENT IN PATIENT CARE, AND MEDICAL TRAINING, EDUCATION, AND RESEARCH. THE FACILITY(IES) TREAT PERSONS PAYING THEIR BILLS

WITH THE AID OF PUBLIC PROGRAMS LIKE MEDICARE AND MEDICAID. ALL PATIENTS PRESENTING AT THE HOSPITAL FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE ARE TREATED REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH TREATMENT.

MERCY MEDICAL CENTER HAS PROVIDED CENTERVILLE AND THE PEOPLE OF APPANOOSE COUNTY WITH MANY ONGOING COMMUNITY BENEFITS SINCE ITS BEGINNING. FOREMOST, AS A PRIVATE HOSPITAL, IT HAS SAVED THE COMMUNITY OVER ONE MILLION DOLLARS ANNUALLY IN PROPERTY TAXES COMPARED TO SURROUNDING COUNTIES WHO SUPPORT PUBLIC HOSPITALS. TRUE TO ITS MISSION, MERCY-CENTERVILLE HAS MADE A COMMITMENT TO IMPROVING THE HEALTH OF THE COMMUNITY BEFORE THEY BECOME ILL. THE HOSPITAL HAS FINANCIAL ASSISTANCE POLICIES AND PROGRAMS FOR LOW-INCOME PERSONS LIKE THE UNINSURED/UNDERINSURED PATIENT DISCOUNT POLICY AND THE SELF-PAY AND THIRD-PARTY DISCOUNTS POLICY.

QUANTITATIVE DESCRIPTION OF COMMUNITY BENEFIT:

THE HOSPITAL SERVED 2,176 PERSONS IN FY19 WITH A COST OF COMMUNITY BENEFIT OF \$225,932.

QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT

I.COMMUNITY OUTREACH FOR THE POOR

SENIOR TRANSPORTATION

THE HOSPITAL SPONSORS A COMMUNITY BUS 5 DAYS PER WEEK WHICH PROVIDES FREE TRANSPORTATION TO MEDICAL APPOINTMENTS OR GENERAL ERRANDS FOR THE ELDERLY AND OTHERS WITH LOW INCOME WHO ARE UNABLE TO DRIVE OR HAVE NO ONE TO TRANSPORT THEM.

MEDICAL ELIGIBILITY & COUNSELING SERVICES

PROVIDE DEDICATED PERSON TO ASSIST UNINSURED AND UNDERINSURED PATIENT'S WITH LINKS TO HEALTH CARE SERVICES AND GOVERNMENT PROGRAMS.

OPERATION SANTA HOTLINE

PROVIDE AND MAINTAIN A HOTLINE FOR OPERATION SANTA, A NON-PROFIT COMMUNITY GROUP WHO GIVES FOOD AND PRESENTS TO LOCAL FAMILIES LIVING IN POVERTY.

II.COMMUNITY OUTREACH FOR THE BROADER COMMUNITY

ALZHEIMER'S SUPPORT GROUP

MERCY HOLDS A MONTHLY ALZHEIMER'S SUPPORT GROUP TO MEET THE GROWING NEEDS OF THE ELDERLY FACING ALZHEIMER'S AND THOSE WHO ARE PROVIDING CARE TO THEM IN THE HOME. THE GROUP HAS BOTH A MORNING AND EVENING SESSION FOR THE CONVENIENCE OF CAREGIVERS.

NARCOTICS ANONYMOUS

THE HOSPITAL PROVIDED FACILITIES ONCE A WEEK THROUGHOUT THE YEAR TO NARCOTICS ANONYMOUS, ALLOWING THE GROUP A SAFE AND CONFIDENTIAL ENVIRONMENT TO ASSIST AND SUPPORT THEIR RECOVERY.

KIDS HEALTH FAIR

MERCY WAS A LEAD SPONSOR AND PARTICIPANT IN THE APPANOOSE COUNTY HEALTHY KIDS FAIR. THE KIDS FAIR TARGETED YOUTH AND FAMILIES PROMOTING GOOD HEALTH HABITS, HYGIENE, NUTRITION AND EXERCISE FOR KIDS.

ATHLETIC COVERAGE

MERCY PROVIDED FREE ATHLETIC COVERAGE AT COMMUNITY SCHOOL SPONSORED ATHLETIC EVENTS - FOOTBALL AND BASEBALL. INCLUDES SCREENING, EVALUATING AND TREATING INJURIES.

PARKINSON'S SUPPORT GROUP

MERCY HOLDS A MONTHLY SUPPORT GROUP FOR AREA RESIDENTS SUFFERING FROM PARKINSON'S. LED BY A HOSPITAL PHYSICAL THERAPIST, THE PROGRAM HELPED TO EDUCATE THOSE WITH PARKINSON'S AND THEIR CAREGIVERS ABOUT LIVING WITH PARKINSON'S AND THE RESOURCES AVAILABLE TO ASSIST THEM IN THEIR EVERYDAY LIFE LIVING WITH THE DISEASE.

CANCER SUPPORT GROUP

MERCY PROVIDED A MONTHLY SUPPORT GROUP FOR CANCER PATIENTS AND FAMILIES. THE PROGRAM PROVIDES A FORUM FOR DISCUSSION, PROBLEMS, RESOURCES AND OVERALL SUPPORT FOR THESE PEOPLE WHO ARE LIVING WITH THE DISEASE.

BREASTFEEDING SUPPORT GROUP

MERCY PROVIDED THE AREAS ONLY BREASTFEEDING SUPPORT GROUP WITHIN A ONE HOURS DRIVE. SPECIALLY TRAINED REGISTERED NURSES MANAGED THE PROGRAM AND PROVIDED SUPPORT AND EDUCATION TO NEW MOTHERS, PROMOTING THE BENEFITS OF BREASTFEEDING THROUGH ASSISTIVE

TECHNIQUES AND RESOURCES.

HEART HEALTHY EATING & LIVING

MERCY PROVIDED A MONTHLY PROGRAM TO PEOPLE WITH CARDIAC DISEASE ON THE BENEFITS OF EATING HEALTHY AND REGULAR EXERCISE TO MANAGE OR PREVENT FURTHER CARDIAC EVENTS. ATHLETIC PHYSICALS

MERCY PROVIDED GREATLY REDUCED ATHLETIC PHYSICALS TO THE LOCAL CENTERVILLE SCHOOL DISTRICT FAMILIES



VWV Consultants LLC



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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