



Community Health Needs Assessment

Page County, IA

On Behalf of Shenandoah Medical Center



March 2022

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Shenandoah Medical Center – Page County, IA - 2022 Community Health Needs Assessment (CHNA)

The previous CHNA for Page 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 Page County, IA CHNA assessment began in November of 2021 and was facilitated / created by VVV Consultants, LLC (Olathe, IA) staff under the direction of Vince 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:

Page County, IA				
2022 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - Feb 17, 2022				
Primary Service Area (30 Attendees / 120 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health IP/OP Services (Diagnosis, Placement, Aftercare, Providers)	22	18.3%	18%
2	Economic Development	14	11.7%	30%
3	Senior Health	13	10.8%	41%
4	Substance Abuse (Drug & Alcohol)	12	10.0%	51%
5	Cancer Care	11	9.2%	60%
6	Dental Services Taking Medicaid	8	6.7%	67%
7	Affordable Housing	8	6.7%	73%
8	Chronic Disease Management	6	5.0%	78%
9	Obesity (Nutrition / Exercise)	6	5.0%	83%
Total Votes		120	100%	
Other needs receiving votes: Affordable/Accessible Options, Providers (Peds, PC, Derm, Neuro and Pain, Single Parent HH Below Poverty Level, Health Education/Literacy and uninsured/underinsured.				

Town Hall CHNA Findings: Areas of Strengths

Page Co. (IA) - Community Health Strengths			
#	Topic	#	Topic
1	Access to Child Care	6	School Health Resources
2	Delivery of Patient Care	7	Community Support
3	Public Health	8	Access to OB Services
4	Access to Wellness / Fitness	9	Immunization Programs
5	Communication Amongst Services	10	Updated Healthcare Facilities

Key CHNA Wave #4 Secondary Research Conclusions found:

IOWA HEALTH RANKINGS: According to the 2021 Robert Woods Health Rankings, Page County, IA was ranked 52nd in Health Outcomes, 68th in Health Factors, and 36th in Physical Environmental Quality out of the 99 Counties.

TAB 1. Page County's population is 15,107 (based on 2019). About five percent (4.9%) of the population is under the age of 5, while the population that is over 65 years old is 23.1%. There are 2.8% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 16.7% compared to the rural norm of 18.3%, and 84.5% are living in the same house as one year ago.

TAB 2. In Page County, the average per capita income is \$27,390 while 13.2% of the population is in poverty. The severe housing problem was recorded at 11.2% compared to the rural norm of 11.1%. Those with food insecurity in Page County is 10.1%, and those having limited access to healthy foods (store) is 13.1%. Individuals recorded as having a long commute while driving alone is 15.5% compared to the norm of 26.1%.

TAB 3. Children eligible for a free or reduced-price lunch in Page County is 50.7%. Roughly ninety-two percent (91.5%) of students graduated high school compared to the rural norm of 90.1%, and 20.2% 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 531.1 and 73.3 of births in Page County have a low birth weight. The number of births occurring to teens (15-19) per population of 1,000 females is 62.3 compared to the rural norm of 46.6. The number of births where the mother smoked during pregnancy (per 1,000) was recorded as 227.1 compared to the rural norm of 223.

TAB 5. The Page County primary care service coverage ratio is 1 provider (county based office physician who is a MD and/or DO) to 2,178 residents. Patients who reported “Yes”, they would definitely recommend the hospital was recorded as 64%. The average (median) time patients spend in the emergency department before leaving was 109 minutes compared to the rural norm of 122 minutes. The recorded preventable hospital rate per 100,000 of Medicare enrollees is 3,888.

TAB 6. In Page County, 21.6% of the Medicare population has depression compared to the rural norm of 17.6%. The age-adjusted suicide mortality rate per 100,000 was recorded as 8.5 compared to the rural norm of 17.7.

TAB 7a – 7b. Page County has an obesity percentage of 42.7% and a physical inactivity percentage is 24%. The percentage of adults who smoke is 19.8%, while the excessive drinking percentage is 24.6%. The Medicare hypertension percentage is 60%, while their heart failure percentage is 12.9%. Those with chronic kidney disease amongst the Medicare population is 25.5% compared to the rural norm of 20.8%. The percentage of individuals who were recorded with COPD was 14.4%. Page County recorded 2.5% of individuals who have had a stroke and 7.8% of the population having cancer.

TAB 8. The adult uninsured rate for Page County is 6% (based on 2019) compared to the rural norm of only 6.3%.

TAB 9. The life expectancy rate in Page County for both females and males is roughly 79.1 years of age. The age-adjusted Cancer Mortality rate per 100,000 is 152.7, while the age-adjusted heart disease mortality rate per 100,000 is at 180.9. The alcohol impaired driving deaths percentage is 14.3% compared to the rural norm of 29.1%.

TAB 10. A recorded 80.7% of Page County has access to exercise opportunities compared to the rural norm of 69.6%. Those reported having diabetes is 14%. Continually, 50% of women in Page 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=175) provided the following community insights through an online perception survey:

- Using a Likert scale, average between Page County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 82.8%.
- Page County stakeholders are satisfied with some of the following services: Ambulance Services, Optometry, Inpatient Services, Chiropractic Services, Outpatient Services, and Primary Care.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health, Drug / Substance Abuse, Affordable Housing, Economic Development, Affordable Health Insurance, Dentists, Visiting Specialists, and Chronic Diseases.

Page Co IA - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Mental Health	96	75.59%		1
2	Drug / Substance Abuse	91	71.65%		2
3	Affordable Housing	72	56.69%		3
4	Affordable Health Insurance	49	38.58%		5
5	Economic Development	47	37.01%		4
6	Transportation	42	33.07%		11
7	Chronic Diseases	40	31.50%		8
8	Awareness of Services	40	31.50%		9
9	Dentists (Offering Medicaid)	39	30.71%		6
10	Violence / Domestic Abuse	35	27.56%		12
11	Visiting Specialists	33	25.98%		7
12	Provider Retention	29	22.83%		10
13	Reproductive Health Education	25	19.69%		13
14	Heart Disease	19	14.96%		14
15	Dialysis Services	9	7.09%		15
Totals		666			

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

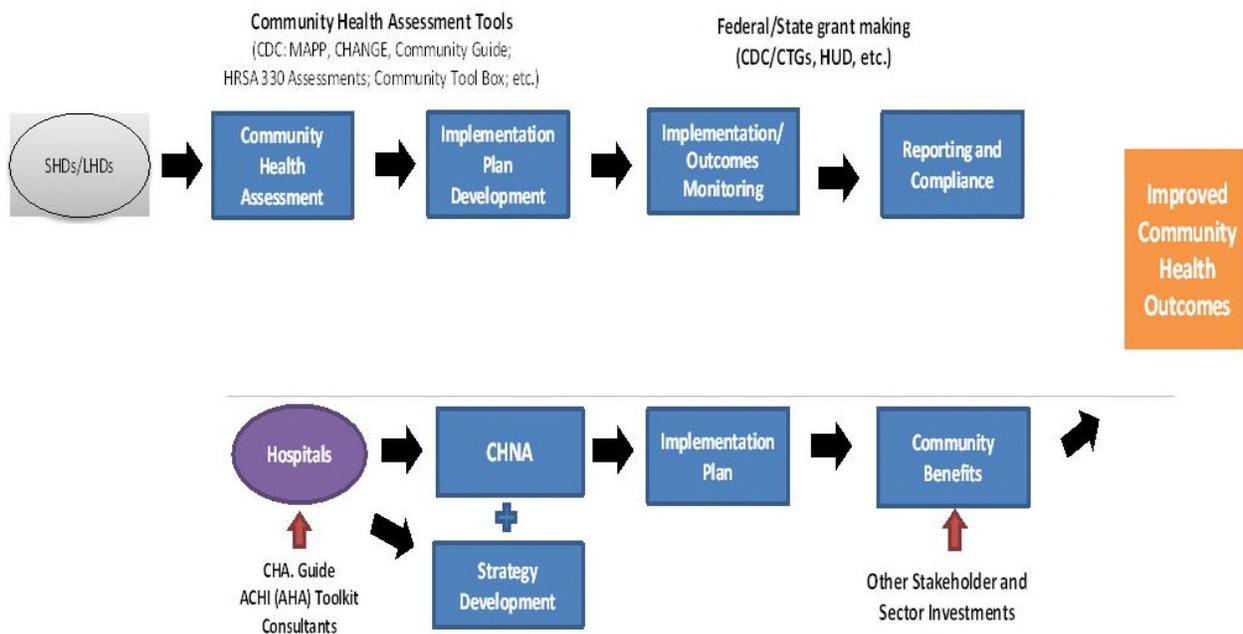
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

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

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

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

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

Additional Sources of Input

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

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

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

Collaboration on CHNA Reports

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

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

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

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

Joint Implementation Strategies

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

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

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

Adoption of Implementation Strategy

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

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

New Hospital Organizations

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

New Hospital Facilities

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

Transferred/Terminated Facilities

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

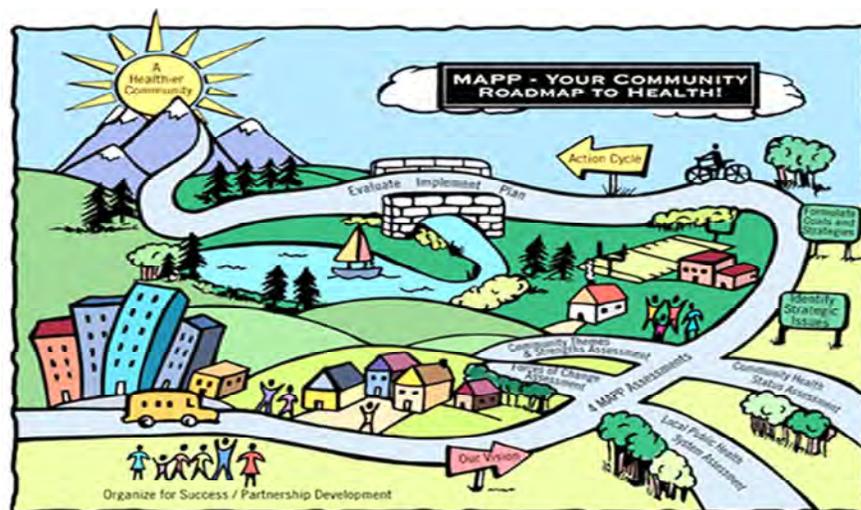
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

MAPP Process Overview

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

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

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



Drivers of Health Assessment & Improvement Planning

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

National Voluntary Accreditation Requirements

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

CDC Grant Requirements

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

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

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

Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

II. Methodology

b) Collaborating CHNA Parties

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

Shenandoah Medical Center

CEO: Matt Sells
300 Pershing Avenue, Shenandoah, IA 51601
Phone: (712) 246-1230

At the Shenandoah Medical Center, we are deeply dedicated to serving the healthcare needs of southwest Iowa. Driven by values of Integrity, Courage and Compassion, Awareness, Respect, and Enthusiasm, we are committed to the wellness of you, your family, and our community.

Our Mission: To make a difference by providing exceptional patient care.

Our Vision: To be the Southwest Iowa Regional leader in enhancing health.

Our Values: Integrity, Teamwork, and Compassion.

Our extensive medical capabilities enable us to offer you a vast array of services. From heart care and emergency services, to long-term care, orthopedics, surgery and more - we have the expertise, medical technology, and compassion you and your family deserve, close to home. For nearly 100 years, we have provided exceptional healthcare by a caring staff in a healing environment. Our goal is to enhance the health and lives of those we serve.

Services and specialties offered at SMC include:

Behavioral Health	Neurology
Cancer Care	OB-GYN and Women's Health
Cardiac Rehab	Orthopedics
Diabetes Care	Personal Training
Dialysis	Physical, Occupational, Speech Therapy
Dietetics	Physician Specialty Clinic
Ear Nose Throat	Pulmonary Rehab
Emergency Services	Radiation Oncology
Heart Care	Radiology
Infusion Services	Respiratory Therapy
Internal Medicine	Shenandoah Ambulance Service
Laboratory	Sleep Center
Lifeline	Surgery
Medical Oncology	
Medical Surgical and ICU	

Page County Public Health

Public Health Administrator: Jessica Erdman

112 E. Main, Clarinda, IA 51632

Phone Number: 712-850-1212

Office Hours: Monday – Friday, 8:00am to 4:30pm (some evening clinics)

Page County, Iowa Public Health Office offers emergency planning, child care nurse consultant, oral health screenings, disease surveillance, hawk-i outreach, health education, immunization clinics and more.

Services:

- Public Health Emergency Preparedness
- CodeRED Emergency Notification
- Oral Health Screenings
- Disease Surveillance and Investigation
- hawk-i Outreach
- Health Education
- Health Promotion visits
- Homemaker Services
- Iowa Cancer Consortium Community Assistant Program
- Immunizations
- Lead Poisoning Prevention and Testing
- Maternal Health Education
- Tobacco Use Prevention and Control
- Screenings and Assessments
 - Blood Pressure Checks
 - Blood Sugar
 - Tuberculosis

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

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

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



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

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

Cassandra Kahl, BHS MHA – Director, Project Management

VVV Consultants LLC – Nov 2020

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



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

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

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

Our Values :

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

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

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

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

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

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in November of 2021 for Shenandoah Medical Center (SMC) located in Page County, IA to meet Federal IRS CHNA requirements.

In early November 2021, a meeting was called amongst the SMC 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 SMC 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:

Shenandoah Medical Center - Define PSA					Inpatients			Outpatients		
Source: KHA - FFY 2018-2020		200,922	Totals - IP/OP		702	619	512	29,381	25,540	26,813
Patient Zip Code	County	3YR TOT	%	Accum	FFY18	FFY19	FFY20	FFY18	FFY19	FFY20
51601 - Shenandoah, IA	Page	104,353	51.9%	51.9%	339	306	258	15,051	12,980	12,654
51632 - Clarinda, IA	Page	14,889	7.4%	59.3%	72	56	53	1910	1797	1833
51638 - Essex, IA	Page	11,381	5.7%	65.0%	35	28	20	1567	1319	1393
51636 - Coin, IA	Page	3,885	1.9%	66.9%	20	10	9	658	466	426
51647 - Northboro, IA	Page	1,817	0.9%	67.8%	7	8	7	272	213	364
51639 - Farragut, IA	Fremont	9,152	4.6%	72.4%	30	17	16	1360	1342	1281
51566 - Red Oak, IA	Montgomery	6,514	3.2%	75.6%	29	28	24	781	649	1006
51652 - Sidney, IA	Fremont	7,869	3.9%	79.6%	33	18	11	1524	1415	1692
51645 - Imogene, IA	Fremont	2,529	1.3%	80.8%	5	6	5	293	197	160

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, responsibility and timelines are documented by the following calendar.

Shenandoah Medical Center - Page Co. IA			
VVV CHNA Wave #4 Work Plan - Year 2022			
Project Timeline & Roles - Working Draft as of 10/04/21			
Step	Timeframe	Lead	Task
1	6/17/21	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	8/25/2021	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	11/1/2021	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	11/1/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send IHA PO reports for FFY 19, 20 and 21. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	On or before 11/09/2021	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Nov. - Dec. 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	On or before 11/15/2021	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	By 11/17/2021	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	11/22/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 12/20/21 for Online Survey
10	On or before 1/07/2022	Hosp	Prepare/send out PR#2 story / E Mail#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	On or before 1/10/2022	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	2/14/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Friday 2/18/22	VVV	Conduct virtual CHNA Town Hall for a working Lunch from 11:30 am - 1:00 pm at SMC Clinic Conference Room. Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 3/14/2022	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 3/31/2022	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	On or before 5/30/2022	TBD	Conduct Client Implementation Plan PSA Leadership meeting
17	30 days prior to end of hospital fiscal year	TBD	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Community Health Needs Assessment Town Hall Meeting – Page Co. (IA) on behalf of Shenandoah Medical Center



VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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Page County, IA 2021 CHNA Town Hall (SMC) Friday, Feb. 18th: 11:30-1

Table Seating Assignments

#	Table	Last	First	Organization	Title
1	A	Wright	Adam	First National Bank	Retail Manager
2	A	Arman	Cindy	Arman's Style	Owner
3	A	Crobert	Dennis	Shenandoah Medical Center	Board Member
4	A	Sobko	Jeffrey	Retired	
5	B	Erkman	Jessica	Page County Public Health	Administrator
6	B	Brantner	Jon	City of Shenandoah	City Council Member
7	B	Nelson	Kenn	Shenandoah CSD	Superintendent
8	B	Spa	Margot		
9	C	Blair	Michael	First National Bank Credit	Market President
10	C	Aspelt	Shala	Shenandoah Medical Center	
11	C	Spiegel	Tiffany	SCSD	Director
12	C	MULLON	ADWARD/MARION		
13	D	Pisford	Timothy	Don Integrated Behavior Health Services	OP Substance Clinician
14	D	Misher	Todd	Pella Corp	
15	D	Chi	Traci	Shenandoah Medical Center	Executive Director HR
16	D	Spiegel	Ryan	Shenandoah Medical Center	Marketing Director
17	E	Staylor	Rick	First Presbyterian Church	Pastor
18	E	Melzer	Shenado	SMC	
19	E	Webster	Kurt	First Heritage Bank / Shenandoah Ambulance Services	Director of Pharmacy President / Chairman
20	E	Erica	High	Southwest Iowa Families	
21	F	Orlans	Shando	Page County Public Health	
22	F	Near	Kathy	Shenandoah Medical Center	CPD
23	F	Soligat	Chris	Shenandoah Medical Center	Clinic Nurse Manager
24	F	Ernst	Courtney	Southwest Iowa Families, Inc.	Family Spk. Spec. BMS Provider
25	G	McRide	John	Bank Iowa	Regional President
26	G	Burkholder	Shelley	Family Radio (KVR 92.0 AM)	Director of Compliance
27	G	Brace	Shirley	MMA/MHS Region	
28	G	Appel	Jacob	Rep. Cindy Ann	District Representative
29	H	Sells	Matthew	Shenandoah Medical Center	CEO
30	H	Quaid	Kenneth	Shenandoah Medical Center	Clinic Manager
31	H	Blow	Shelby	Shenandoah Medical Center	
32	H	Morris	Chuck	Page County	Supervisor
33	I	Endicott	Paul	Shenandoah Medical Center	Executive Coordinator
34	I	Graham	Tom	Shenandoah City Council	Councilmember at Large
35	I	McQueen	Roger	City of Shenandoah	Mayor
36	I	Quayle	Shane		
37	J	Babe	Heather	SMC	Cmo
38	J	Zwickel	Zac		
39	J	Boak	Kim	Shenandoah Medical Center	Corporate Wellness Manager
40	J	Christensen	Kathy	SMC	HR Manager
41	K	Reas	Gibson	City Council	
42	K	Orlans	Shando	Retired	
43	K	Bowery	John	SMC	Dr.
44	K	Livengood	Kenneth	SMC	Chronic Care Nurse Coordinator

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

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

3

I. Introduction: Who We Are Background and Experience



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 – Lead Consultant
VVV Consultants LLC – Nov 2020

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



*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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Town Hall Participation (You)

- ALL attendees practice “Safe Engagement”. We will work together - Table Teams
- ALL attendees welcome to share. Engaging Conversation (No right or wrong answer)
 - Parking Lot
- ALL Take Notes – Important Health Indicators
- Please give truthful responses – Serious Community Conversation. Here to Update Unmet Needs List.
- Have a little fun along the way

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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.

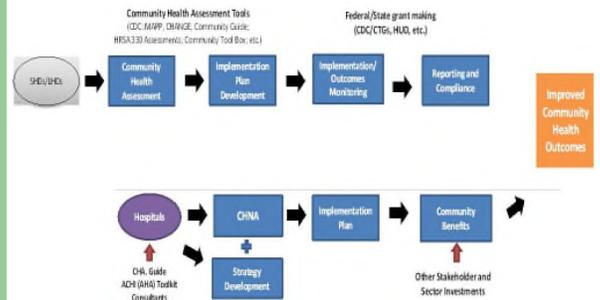
Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local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

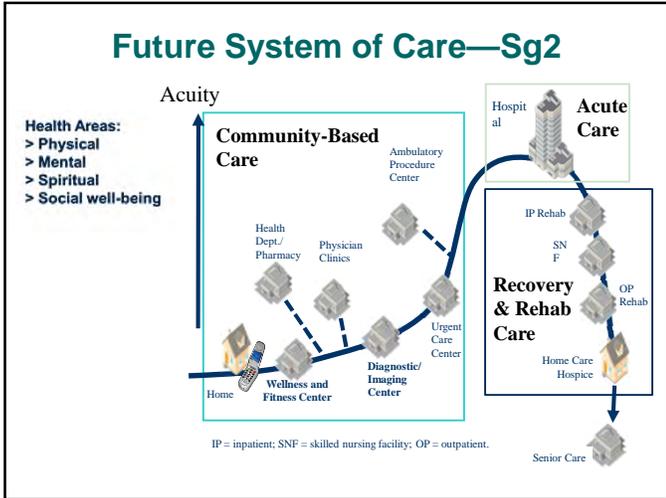
Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health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

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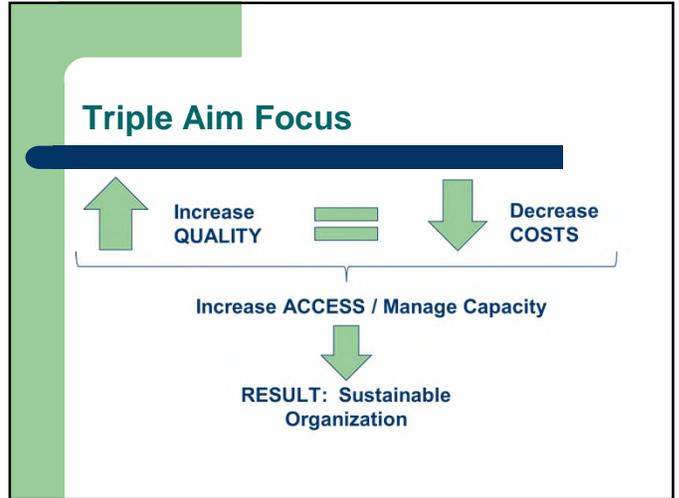
Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



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

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

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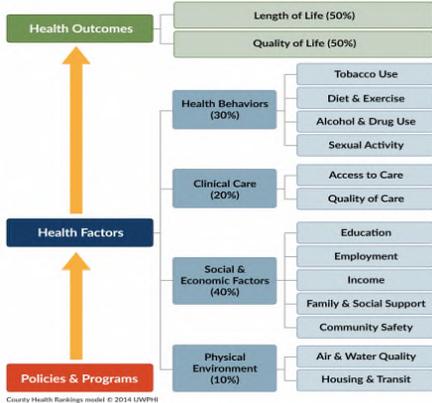
III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

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

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



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Focus Area	Measure	Description	Focus Area	Measure	Description
1 Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	2b Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water violation	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
	Housing and transit (5%)	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	3 Health Outcomes (10%)	Health Behaviors
Driving alone to work		Percent of the workforce that drives alone to work	Health Behaviors		
Long commutes - driving alone		Among workers who commute in their car alone, the percent that commute more than 30 minutes	Health Behaviors		
2c Clinical Care (20%)			4a Social and Economic Environment (40%)		
2a Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	3b / 3c Morbidity / Mortality	Quality of Life (50%)	
	Primary care physicians	Ratio of population to primary care physicians		Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)
	Dentists	Ratio of population to dentists		Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
	Mental health providers	Ratio of population to mental health providers		Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		Low birthweight	Percent of live births with low birthweight (< 5.09 pounds)
Quality of care (10%)	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening	Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening			
2b Social and Economic Environment (40%)			3b / 3c Morbidity / Mortality		
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Quality of Life (50%)		
	Some college	Percent of adults aged 25-44 years with some post-secondary education	Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	
Income (10%)	Children in poverty	Percent of children under age 18 in poverty	Low birthweight	Percent of live births with low birthweight (< 5.09 pounds)	
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
	Children in single-parent households	Percent of children that live in household headed by single parent			

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IV. Collect Community Health Perspectives Your Opinion / Thoughts?

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

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Community Health Needs Assessment



VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

Questions? Next Steps?

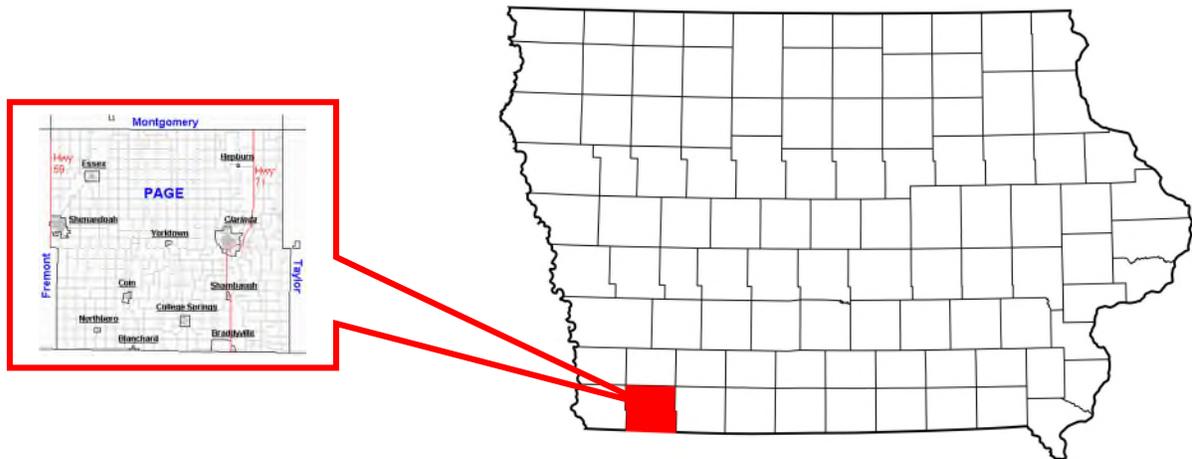
VVV@VandehaarMarketing.com
CJK@VandehaarMarketing.com
(913) 302-7264

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II. Methodology

d) Community Profile (A Description of Community Served)

Page County (IA) Community Profile



The population of Page County was estimated to be 15,691 citizens in 2018 and a population density of 29 persons per square mile. Page County covers 535 square miles and lies on the south line of Nebraska.¹

The major highway transportation access to Page County is US Highway 59, US Highway 71, Iowa Highway 2 and Iowa Highway 333.

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

Page County (IA) Community Profile

Page County Public Airports²

Name	USGS Topo Map
Henn Landing Strip	Westboro
Schenck Landing Strip	Clarinda South

Schools in Page County: Public Schools³

School	Address	Phone	Levels
Clarinda Academy	1820 N 16th Clarinda, IA 51632	712-542-3103	7-12
Clarinda High School	100 N. Cardinal Dr Clarinda, IA 51632	712-542-5167	9-12
Clarinda Middle School	305 E. Glenn Miller Dr Clarinda, IA 51632	712-542-2132	5-8
Essex Elementary School	111 Forbes St Essex, IA 51638	712-379-3114	PK-5
Essex Junior-Senior High School	111 Forbes St Essex, IA 51638	712-379-3115	6-12
Garfield Elementary School	901 S 15th Clarinda, IA 51632	712-542-4510	PK-4
Shenandoah Elementary School	601 Dr. Creighton Circle Shenandoah, IA 51601	712-246-2520	PK-4
Shenandoah High School	1000 Mustang Dr Shenandoah, IA 51601	712-246-4727	9-12
Shenandoah Middle School	601 Dr. Creighton Circle Shenandoah, IA 51601	712-246-2520	5-8
South Page Elementary School	606 Iowa Ave College Springs, IA 51637	712-582-3212	PK-6
South Page Senior High School	606 Iowa Ave College Springs, IA 51637	712-582-3211	7-12

² <https://iowa.hometownlocator.com/features/historical,class,airport,scfips,19145.cfm>

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

Page County, IA -Detail Demographic Profile

ZIP	NAME	County	Population			Households		HH	Per Capita
			Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
51601	Shenandoah	Page	5,882	5,752	-2.21%	2,600	2,537	2.2	\$29,317
51630	Blanchard	Page	161	154	-4.35%	67	64	2.4	\$26,946
51631	Braddyville	Page	325	316	-2.77%	150	146	2.2	\$29,161
51632	Clarinda	Page	7,078	6,961	-1.65%	2,524	2,473	2.3	\$25,291
51636	Coin	Page	373	354	-5.09%	162	153	2.3	\$28,217
51637	College Springs	Page	204	198	-2.94%	79	76	2.6	\$24,128
51638	Essex	Page	1,329	1,318	-0.83%	555	550	2.4	\$30,443
51647	Northboro	Page	110	104	-5.45%	49	46	2.2	\$29,127
51651	Shambaugh	Page	172	166	-3.49%	72	69	2.4	\$28,457
Totals			15,634	15,323	-1.99%	6,258	6,114	2.3	\$27,899

ZIP	NAME	County	Population				Year 2020		Females
			Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
51601	Shenandoah	Page	5,882	1,527	1,580	643	2,774	3,108	654
51630	Blanchard	Page	161	40	37	19	83	78	15
51631	Braddyville	Page	325	83	77	44	167	158	32
51632	Clarinda	Page	7,078	1,514	1,951	917	4,016	3,062	576
51636	Coin	Page	373	89	87	38	191	182	31
51637	College Springs	Page	204	50	48	29	104	100	20
51638	Essex	Page	1,329	323	369	137	674	655	133
51647	Northboro	Page	110	25	25	11	58	52	9
51651	Shambaugh	Page	172	43	41	19	90	82	15
Totals			15,634	3,694	4,215	1,857	8,157	7,477	1,485

ZIP	NAME	County	Population 2020				Average Households 2020		
			Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
51601	Shenandoah	Page	95.27%	0.51%	0.27%	5.07%	\$49,792	2,600	1,305
51630	Blanchard	Page	95.03%	1.86%	0.00%	2.48%	\$52,545	67	37
51631	Braddyville	Page	97.23%	0.00%	0.00%	1.54%	\$50,000	150	79
51632	Clarinda	Page	88.34%	5.64%	1.36%	3.53%	\$55,882	2,524	1,463
51636	Coin	Page	94.10%	2.41%	0.00%	2.95%	\$54,853	162	93
51637	College Springs	Page	96.57%	0.00%	0.00%	1.47%	\$48,073	79	40
51638	Essex	Page	97.07%	0.00%	0.83%	2.11%	\$55,301	555	337
51647	Northboro	Page	93.64%	2.73%	0.00%	2.73%	\$55,079	49	28
51651	Shambaugh	Page	98.84%	0.58%	0.00%	1.16%	\$59,143	72	44
Totals			95.12%	1.53%	0.27%	2.56%	\$53,408	6,258	3,426

Source: ERSA Demographics

III. Community Health Status

[VVV Consultants LLC]

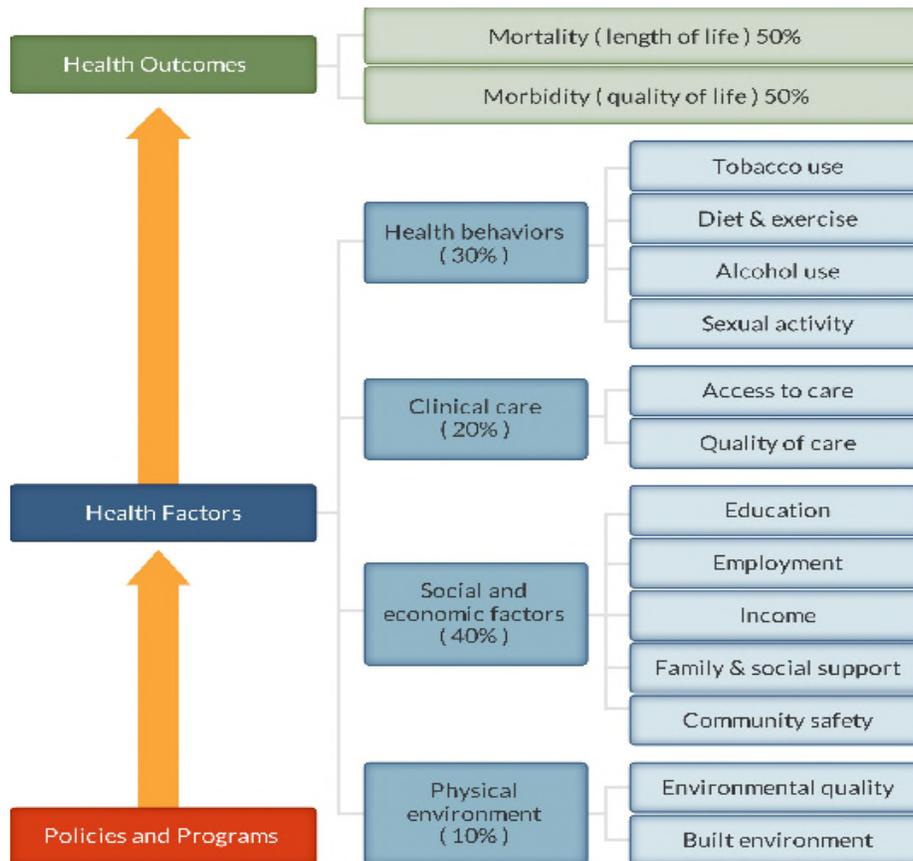
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participantes. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2021 RWJ Health Rankings:

#	IA Rankings - 99 Counties	Definitions	Page Co.	TREND	Rural IA Co Norm N=16
1	Health Outcomes		52		66
	Mortality	Length of Life	41		64
	Morbidity	Quality of Life	65		67
2	Health Factors		68		69
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	82		66
	Clinical Care	Access to care / Quality of Care	57		61
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	69		70
3	Physical Environment	Environmental quality	36		46
Rural IA Norm (N=16) includes the following counties: Appanoose, Marion, Fremont, Decatur, Clayton, Cherokee, Mahaska, Poweshiek, Marshall, Davis, Monroe, Ringgold, Clarke, Wayne, Lucas, Jasper.					
http://www.countyhealthrankings.org , released 2021					

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

Tab	Health Indicators	Page Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
1	a Population estimates, 2019	15,107		3,193,079	15,343	County Health Rankings
	b Persons under 5 years, percent, July 1, 2021, (V2021)	4.9%		6.2%	6.0%	People Quick Facts
	c Persons 65 years and over, percent, July 1, 2021, (V2021)	23.1%		17.5%	21.5%	People Quick Facts
	d Female persons, percent, July 1, 2021, (V2021)	46.9%		50.2%	49.7%	People Quick Facts
	e White alone, percent, July 1, 2021, (V2021)	93.8%		90.6%	96.0%	People Quick Facts
	f Black or African American alone, percent, July 1, 2021, (V2021)	2.9%		4.1%	1.3%	People Quick Facts
	g Hispanic or Latino, percent, July 1, 2021, (V2021)	3.7%		6.3%	4.7%	People Quick Facts
	h Foreign born persons, percent, 2015-2019	2.6%		5.3%	2.9%	People Quick Facts
	i Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	2.8%		8.3%	6.9%	People Quick Facts
	j Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	84.5%		85.2%	86.9%	People Quick Facts
	k Children in single-parent households, %, 2015-2019	16.7%		21.0%	18.3%	County Health Rankings
	l Total Veterans, 2015-2019	1,084		185671	1,131	People Quick Facts

Tab 2: Economic Profile

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

Tab	Health Indicators	Page 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	\$27,390		\$30,063	\$28,522	People Quick Facts
	b Persons in poverty, percent, 2021	13.2%		10.2%	11.6%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	7,187		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	11.2%		11.9%	11.1%	County Health Rankings
	f Total of All firms, 2012	1,358		259,121	1,336	People Quick Facts
	g Unemployment, percent, 2019	2.6%		2.7%	2.9%	County Health Rankings
	h Food insecurity, percent, 2018	10.1%		9.7%	9.7%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	13.1%		5.6%	6.8%	County Health Rankings
	j Long commute - driving alone, percent, 2015-2019	15.5%		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	Page 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)	50.7%		42.5%	47.4%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	91.5%		92.1%	90.1%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	20.2%		28.6%	19.8%	People Quick Facts

#	CHNA 2022 Schools in Page County IA	Shenandoah CSD (Preschool, Elementary/Middle School)	Shenandoah CSD (High School)
1	Total # Public School Nurses	1	1
2	School Nurse: Part of the IEP team?	Yes	*Yes
3	School Wellness Plan: Active & in Place?	Yes	*Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	Required in kindergarten and 3rd	Not required in HS
5	HEARING: # Screened / Referred to Prof / Seen by Professional	545/0/0	23/0/0
6	ORAL HEALTH: # Educated / # Screened	I-smile coming 3-21-22 to screen all 2nd and 3rd grade students whose parents sign a consent	0/10
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	Not required	Not required in HS
8	# of students served with no identified chronic health concerns	560	284
9	School has a suicide prevention program	Not required	Not required in HS
10	Compliant on required vaccinations (%)	99%	99%

Tab 4: Maternal / Infant Profile

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

Tab	Health Indicators	Page Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
4	a The Number of Births Where Prenatal Care began in First Trimester, 2018-2019, Rate per 1k	531.1		787.20	670.54	Iowa Health Fact Book
	b Percent Premature Births by County, 2020	11.5%		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	74.8%		0.7%	67.0%	idph.iowa.gov
	d The Number of Births with Low Birth Weight, 2018-2019, Rate per 1k	73.3		68.40	61.43	Iowa Health Fact Book
	e The Number of all Births Occurring to Teens (15-19), 2018-2019, Rate per 1k	62.3		40.80	46.55	Iowa Health Fact Book
	f The Number of births Where Mother Smoked During Pregnancy, 2018-2019, Rate per 1k	227.1		112.60	223.03	Iowa Health Fact Book

Tab 4: Maternal / Infant Profile (Continued)

#	Criteria - Vital Statistics (Rate per 1,000)	Page Co.	Trend	Iowa	Rural IA Norm (16)
a	Total Live Births, 2016	10.5		12.5	12
b	Total Live Births, 2017	10.1		12.2	12
c	Total Live Births, 2018	8.5		11.9	11
d	Total Live Births, 2019	9.5		11.9	12
e	Total Live Births, 2020	8.0		11.4	11

Tab 5: Hospitalization and Provider Profile

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

Tab	Health Indicators	Page 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	2178:1		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	3,888		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)	73.0%		NA	79.5%	CMS Hospital Compare
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	64.0%		NA	74.4%	CMS Hospital Compare
	e Average Time Patients Spent in the Emergency Dept. Before Seen by a Healthcare Professional (Mins)	109		NA	122	CMS Hospital Compare

#	IHA- Page & Fremont Counties (IA)	Total Market - All Providers		
		YR2018	YR2019	Yr2020
1	Total County IP Discharges	1,539	1,594	1,440
2	Total Outpatient Surgery	2,459	2,513	2,010
3	Total ER Admissions	9,280	8,830	7,407
4	Total Clinic Visits	35,243	35,294	40,805
#	IHA- Page & Fremont Counties (IA)	SMC Only		
		YR2018	YR2019	Yr2020
1	SMC IP Discharges	514	494	423
2	SMC Outpatients Surgery	921	949	767
3	SMC ER Admissions	3,547	3,626	2,928
4	SMC Clinic Visits	22,213	22,620	19,853

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicators	Page Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
6	a Depression: Medicare Population, percent, 2017	21.6%		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)	8.5		14.6	17.7	Iowa Health Fact Book
	c Poor mental health days, 2018	3.6		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	Page Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
7a	a Adult obesity, percent, 2017	42.7%		34.3%	37.4%	County Health Rankings
	b Adult smoking, percent, 2018	19.8%		17.4%	20.3%	County Health Rankings
	c Excessive drinking, percent, 2018	24.6%		25.8%	23.9%	County Health Rankings
	d Physical inactivity, percent, 2017	24.0%		22.6%	26.0%	County Health Rankings
	e Poor physical health days, 2018	3.2		3.1	3.5	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000, 2018	39.0		14682	42.3	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Health Indicators	Page Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
7b	a Hypertension: Medicare Population, 2018	60.0%		54.2%	55.1%	Centers for Medicare and Medicaid Services
	b Hyperlipidemia: Medicare Population, 2018	49.6%		44.6%	42.2%	Centers for Medicare and Medicaid Services
	c Heart Failure: Medicare Population, 2018	12.9%		13.0%	13.8%	Centers for Medicare and Medicaid Services
	d Chronic Kidney Disease: Medicare Pop, 2018	25.5%		21.6%	20.8%	Centers for Medicare and Medicaid Services
	e COPD: Medicare Population, 2018	14.4%		10.9%	11.4%	Centers for Medicare and Medicaid Services
	f Atrial Fibrillation: Medicare Population, 2018	8.2%		9.1%	8.9%	Centers for Medicare and Medicaid Services
	g Cancer: Medicare Population, 2018	7.8%		7.7%	7.1%	Centers for Medicare and Medicaid Services
	h Osteoporosis: Medicare Population, 2018	6.4%		6.3%	5.8%	Centers for Medicare and Medicaid Services
	i Asthma: Medicare Population, 2018	3.3%		3.9%	3.0%	Centers for Medicare and Medicaid Services
	j Stroke: Medicare Population, 2018	2.5%		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	Page Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
8	a Uninsured, percent, 2019	6.0%		5.6%	6.3%	County Health Rankings

#	Shendandoah Medical Center	YR19	YR20	YR21
a	Free Care	\$220,849	\$140,061	\$283,790
b	Bad Debt (No Pay)	\$1,249,506	\$2,911,224	\$3,312,263

Tab 9: Mortality Profile

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

Tab	Health Indicators	Page Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
9	a Life Expectancy (Male and Females), 2017-2019	79.1		79.4	78.4	County Health Rankings
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2018 (lower is better)	152.7		160.7	175.6	Iowa Health Fact Book
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	180.9		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)	62.5		47.3	54.1	Iowa Health Fact Book
	f Alcohol-impaired driving deaths, percent, 2013-2017	14.3%		26.8%	29.1%	County Health Rankings

Total IOWA by Selected Causes of Death - 2020 (per 10k)	Page Co IA	Mix %	Trend	State of IA 2020	%
Total Deaths	213	100.0%		35,659	100.0%
Cardiovascular Diseases	57.0	26.8%		9,586	26.9%
Cancer	42.0	19.7%		6,205	17.4%
Diseases of the Heart	43.0	20.2%		7,446	20.9%
Ischemic Heart Disease	28.0	13.1%		4,455	12.5%
Chronic Lower Respiratory Diseases	11.0	5.2%		1,682	4.7%
Unintentional Injuries (Accidents)	13.0	6.1%		1,618	4.5%
COVID - 19	15.0	7.0%		4,330	12.1%
Alzheimer's Disease	2.5	1.2%		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	Page Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
10	a Access to exercise opportunities, percent, 2019	80.7%		82.9%	69.6%	County Health Rankings
	b Diabetes prevalence, percent, 2017, adults aged 20+ with diagnosed diabetes	14.0%		9.9%	12.3%	County Health Rankings
	c Mammography screening, percent, 2018	50.0%		52.0%	48.0%	County Health Rankings
	e Percent Annual Check-Up Visit with PCP	NA		NA	NA	TBD
	f Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
	g Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

PSA Primary Research:

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

Chart #1 – Page County, IA Online Feedback Response (N=175)

Page Co IA - CHNA YR 2022			
For reporting purposes, are you involved in or are you a ...?	Page Co IA N=175	Trend	2021 Norms N=4,758
Business / Merchant	20.4%		13.5%
Community Board Member	27.8%		11.6%
Case Manager / Discharge Planner	1.9%		1.1%
Clergy	1.9%		1.6%
College / University	1.9%		4.1%
Consumer Advocate	3.7%		2.1%
Dentist / Eye Doctor / Chiropractor	0.9%		1.0%
Elected Official - City/County	11.1%		3.2%
EMS / Emergency	5.6%		2.9%
Farmer / Rancher	6.5%		9.8%
Hospital / Health Dept	30.6%		25.5%
Housing / Builder	1.9%		1.1%
Insurance	5.6%		1.5%
Labor	1.9%		3.0%
Law Enforcement	0.9%		1.5%
Mental Health	6.5%		2.2%
Other Health Professional	17.6%		14.5%
Parent / Caregiver	24.1%		22.1%
Pharmacy / Clinic	4.6%		2.9%
Media (Paper/TV/Radio)	5.6%		0.7%
Senior Care	1.9%		4.9%
Teacher / School Admin	9.3%		10.6%
Veteran	4.6%		4.6%
Other (please specify)	10.2%		10.9%
TOTAL			2,801

Chart #2 - Quality of Healthcare Delivery Community Rating

Page Co IA - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Page Co IA N=175	Trend	2021 Norms N=4,758
Top Box %	32.2%		30.3%
Top 2 Boxes %	82.8%		73.6%
Very Good	32.2%		30.3%
Good	50.6%		43.3%
Average	16.1%		21.2%
Poor	1.1%		4.1%
Very Poor	0.0%		1.1%
Valid N	174		4,730
County Norms: Furnas Co (NE), Fremont Co (IA), Page Co (IA), Jackson Co (KS), Marion Co (KS), Cowley Co (KS), Carroll Co (MO), Russell Co (KS), Marion Co (KS), Trego Co (KS), Harper Co (KS), Miami Co (KS), Johnson Co (KS), Nemaha Co (KS), Ellis Co (KS), Pawnee Co (KS), Gove Co (KS), Sheridan Co (KS), Kiowa Co (KS), Pratt Co (KS)			

Chart #3 – Overall Community Health Quality Trend

Page Co IA - CHNA YR 2022			
When considering "overall community health quality", is it...	Page Co IA N=175	Trend	2021 Norms N=4,758
Increasing - moving up	58.5%		48.2%
Not really changing much	37.1%		43.8%
Decreasing - slipping	4.4%		8.0%
Valid N	159		4,245
County Norms: Furnas Co (NE), Fremont Co (IA), Page Co (IA), Jackson Co (KS), Marion Co (KS), Cowley Co (KS), Carroll Co (MO), Russell Co (KS), Marion Co (KS), Trego Co (KS), Harper Co (KS), Miami Co (KS), Johnson Co (KS), Nemaha Co (KS), Ellis Co (KS), Pawnee Co (KS), Gove Co (KS), Sheridan Co (KS), Kiowa Co (KS), Pratt Co (KS)			

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

Page Co IA - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Mental Health	96	75.59%		1
2	Drug / Substance Abuse	91	71.65%		2
3	Affordable Housing	72	56.69%		3
4	Affordable Health Insurance	49	38.58%		5
5	Economic Development	47	37.01%		4
6	Transportation	42	33.07%		11
7	Chronic Diseases	40	31.50%		8
8	Awareness of Services	40	31.50%		9
9	Dentists (Offering Medicaid)	39	30.71%		6
10	Violence / Domestic Abuse	35	27.56%		12
11	Visiting Specialists	33	25.98%		7
12	Provider Retention	29	22.83%		10
13	Reproductive Health Education	25	19.69%		13
14	Heart Disease	19	14.96%		14
15	Dialysis Services	9	7.09%		15
Totals		666			

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

Page Co IA - CHNA YR 2022			
In your opinion, what are the root causes of "poor health" in our community?	Page Co IA N=175	Trend	2021 Norms N=4,758
Lack of health insurance	13.4%		17.0%
Limited Access to Mental Health Assistance	18.5%		20.6%
Neglect	14.6%		13.4%
Lack of health & Wellness Education	19.1%		15.7%
Chronic disease prevention	12.5%		12.2%
Family assistance programs	4.2%		7.2%
Lack of Nutrition / Exercise Services	10.1%		12.6%
Limited Access to Specialty Care	4.5%		9.3%
Limited Access to Primary Care	3.0%		6.5%
Total Votes	335		7,134
County Norms: Furnas Co (NE), Fremont Co (IA), Page Co (IA), Jackson Co (KS), Marion Co (KS), Cowley Co (KS), Carroll Co (MO), Russell Co (KS), Marion Co (KS), Trego Co (KS), Harper Co (KS), Miami Co (KS), Johnson Co (KS), Nemaha Co (KS), Ellis Co (KS), Pawnee Co (KS), Gove Co (KS), Sheridan Co (KS), Kiowa Co (KS), Pratt Co (KS)			

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

Page Co IA - CHNA YR 2022	Page Co IA N=175		Trend	2021 Norms N=4,758	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	96.9%	0.0%		79.4%	6.5%
Child Care	69.8%	4.0%		43.5%	16.1%
Chiropractors	72.6%	1.6%		69.1%	6.0%
Dentists	81.9%	2.4%		72.8%	9.8%
Emergency Room	83.6%	3.1%		76.0%	7.5%
Eye Doctor/Optomtrist	88.4%	0.8%		76.6%	7.0%
Family Planning Services	51.7%	10.2%		40.8%	16.8%
Home Health	55.8%	8.3%		56.0%	9.5%
Hospice	62.5%	6.7%		62.7%	8.9%
Telehealth	71.0%	4.8%		53.2%	10.2%
Inpatient Services	84.8%	0.8%		79.5%	5.0%
Mental Health	39.2%	21.7%		29.9%	32.8%
Nursing Home/Senior Living	29.8%	25.6%		59.4%	11.9%
Outpatient Services	85.7%	0.8%		77.2%	4.0%
Pharmacy	80.6%	4.0%		88.4%	2.2%
Primary Care	89.7%	0.8%		80.1%	4.9%
Public Health	58.9%	8.9%		64.3%	7.0%
School Health	64.1%	3.4%		65.5%	6.6%
Visiting Specialists	79.7%	3.3%		67.3%	8.4%
Walk- In Clinic	83.3%	4.0%		59.2%	17.2%

Chart #7 – Community Health Readiness

Page Co IA - CHNA YR 2022		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Page Co IA N=175	Trend	2021 Norms N=4,758
Behavioral / Mental Health	25.2%		31.6%
Emergency Preparedness	9.9%		9.1%
Food and Nutrition Services/Education	10.1%		16.8%
Health Screenings (asthma, hearing, vision, scoliosis)	8.9%		11.4%
Prenatal/Child Health Programs	5.1%		12.1%
Substance Use/Prevention	31.9%		38.1%
Suicide Prevention	29.3%		41.0%
Violence Prevention	29.5%		37.7%
Women's Wellness Programs	3.4%		17.9%
County Norms: Furnas Co (NE), Fremont Co (IA), Page Co (IA), Jackson Co (KS), Marion Co (KS), Cowley Co (KS), Carroll Co (MO), Russell Co (KS), Marion Co (KS), Trego Co (KS), Harper Co (KS), Miami Co (KS), Johnson Co (KS), Nemaha Co (KS), Ellis Co (KS), Pawnee Co (KS), Gove Co (KS), Sheridan Co (KS), Kiowa Co (KS), Pratt Co (KS)			

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

Specialties:

Page Co IA - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Page Co IA N=175	Trend	2021 Norms N=4,758
Yes	71.0%		73.4%
No	29.0%		26.6%
Valid N	124		2,923
County Norms: Furnas Co (NE), Fremont Co (IA), Page Co (IA), Jackson Co (KS), Marion Co (KS), Cowley Co (KS), Carroll Co (MO), Russell Co (KS), Marion Co (KS), Trego Co (KS), Harper Co (KS), Miami Co (KS), Johnson Co (KS), Nemaha Co (KS), Ellis Co (KS), Pawnee Co (KS), Gove Co (KS), Sheridan Co (KS), Kiowa Co (KS), Pratt Co (KS)			

Specialties	Count
PEDS	7
ORTHO	6
DERM	4
OPHT	4
SURG	4
NEU	3
PRIM	3
CANC	2
DENT	2
ENDO	2
FP	2
OBG	2
ONC	2

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

Page 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?	Page Co IA N=175	Trend	2021 Norms N=4,758
Yes	75.2%		63.8%
No	24.8%		36.2%
Valid N	121		2757
County Norms: Furnas Co (NE), Fremont Co (IA), Page Co (IA), Jackson Co (KS), Marion Co (KS), Cowley Co (KS), Carroll Co (MO), Russell Co (KS), Marion Co (KS), Trego Co (KS), Harper Co (KS), Miami Co (KS), Johnson Co (KS), Nemaha Co (KS), Ellis Co (KS), Pawnee Co (KS), Gove Co (KS), Sheridan Co (KS), Kiowa Co (KS), Pratt Co (KS)			

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

Page Co IA - CHNA YR 2022			
What needs to be discussed further at our CHNA Town Hall meeting?	Page Co IA N=175	Trend	2021 Norms N=4,758
Abuse/Violence	3.9%		4.3%
Alcohol	3.4%		4.2%
Alternative Medicine	2.4%		3.3%
Breast Feeding Friendly Workplace	1.8%		1.2%
Cancer	1.6%		2.5%
Care Coordination	2.2%		2.5%
Diabetes	1.8%		2.9%
Drugs/Substance Abuse	7.5%		6.5%
Family Planning	2.2%		2.0%
Heart Disease	1.3%		1.9%
Lack of Providers/Qualified Staff	2.1%		3.8%
Lead Exposure	0.6%		0.4%
Mental Illness	7.9%		8.8%
Neglect	2.9%		2.5%
Nutrition	5.3%		4.0%
Obesity	7.1%		6.0%
Occupational Medicine	0.5%		0.6%
Ozone (Air)	0.3%		0.5%
Physical Exercise	4.0%		4.1%
Poverty	5.5%		4.9%
Preventative Health / Wellness	6.4%		4.9%
Respiratory Disease	0.0%		0.1%
Sexually Transmitted Diseases	1.9%		1.4%
Smoke-Free Workplace	0.0%		0.0%
Suicide	5.5%		7.0%
Teen Pregnancy	3.5%		2.1%
Telehealth	1.8%		2.3%
Tobacco Use	3.2%		2.2%
Transporation	3.5%		2.7%
Vaccinations	4.2%		3.5%
Water Quality	1.0%		2.2%
Health Literacy	4.0%		3.3%
Other (please specify)	0.8%		1.6%
TOTAL Votes	623		13,533

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

2022 Inventory of Health Services - Page County, IA				
Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
Clinic	Primary Care	YES		
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers	YES		
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/weight control services	YES		
Hosp	Birthing/LDR/LDRP Room	YES		
Hosp	Breast Cancer	YES		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	YES		
Hosp	Cardiac Surgery			
Hosp	Cardiology services	YES		
Hosp	Case Management	YES		
Hosp	Chaplaincy/pastoral care services	YES		
Hosp	Chemotherapy	YES		
Hosp	Colonoscopy	YES		
Hosp	Crisis Prevention			
Hosp	CTScanner	YES		
Hosp	Diagnostic Radioisotope Facility			
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	YES		
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	YES		
Hosp	Genetic Testing/Counseling	YES		
Hosp	Geriatric Services	YES		
Hosp	Heart	YES		
Hosp	Hemodialysis			
Hosp	HIV/AIDS Services			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital services	YES		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit	YES		
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation room			
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung	YES		
Hosp	Magnetic Resonance Imaging (MRI)	YES		
Hosp	Mammograms	YES		
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<128+ slice CT)	YES		
Hosp	Neonatal			
Hosp	Neurological services			
Hosp	Obstetrics	YES		
Hosp	Occupational Health Services	YES		
Hosp	Oncology Services	YES		
Hosp	Orthopedic services	YES		
Hosp	Outpatient Surgery	YES		
Hosp	Pain Management	YES		
Hosp	Palliative Care Program			
Hosp	Pediatric	YES		
Hosp	Physical Rehabilitation	YES		
Hosp	Positron Emission Tomography (PET)	YES		
Hosp	Positron Emission Tomography/CT (PET/CT)	YES		
Hosp	Psychiatric Services	YES		YES
Hosp	Radiology, Diagnostic	YES		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health			
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography (SPECT)			
Hosp	Sleep Center	YES		
Hosp	Social Work Services	YES		

2022 Inventory of Health Services - Page County, IA				
Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
Hosp	Sports Medicine	YES		
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	YES		
Hosp	Transplant Services			
Hosp	Trauma Center			
Hosp	Ultrasound	YES		
Hosp	Women's Health Services	YES		
Hosp	Wound Care	YES	YES	
SR	Adult Day Care Program			
SR	Assisted Living			YES
SR	Home Health Services		YES	YES
SR	Hospice			YES
SR	LongTerm Care			YES
SR	Nursing Home Services			YES
SR	Retirement Housing			YES
SR	Skilled Nursing Care	YES	YES	YES
ER	Emergency Services	YES	YES	
ER	Urgent Care Center	YES		
ER	Ambulance Services	YES		YES
SERV	Alcoholism-Drug Abuse			
SERV	Blood Donor Center			
SERV	Chiropractic Services			YES
SERV	Complementary Medicine Services			
SERV	Dental Services			YES
SERV	Fitness Center	YES		
SERV	Health Education Classes	YES	YES	
SERV	Health Fair (Annual)	YES	YES	
SERV	Health Information Center			
SERV	Health Screenings	YES	YES	
SERV	Meals on Wheels	YES		YES
SERV	Nutrition Programs			YES
SERV	Patient Education Center			
SERV	Support Groups			
SERV	Teen Outreach Services		YES	
SERV	Tobacco Treatment/Cessation Program		YES	
SERV	Transportation to Health Facilities			YES
SERV	Wellness Program	YES		

2022 Physician Manpower Assessment

Page County, IA - Shenandoah Medical Center

Specialties	DR Offices	Visiting DRs	PAs and NPs
Primary Care:			
Family Practice	4.0	0.0	6.0
Internal Medicine	1.0	0.0	1.0
Obstetrics/Gynecology	2.0	0.0	1.0
Pediatrics	0.0	0.0	0.0
Medicine Specialists:			
Allergy/Immunology	0.0	1.0	0.0
Cardiology	0.0	3.0	0.0
Dermatology	0.0	0.0	1.0
Endocrinology	0.0	0.0	0.0
Gastroenterology	0.0	1.0	0.0
Medical Oncology	1.0	0.0	1.0
Radiation Oncology	0.0	2.0	1.0
Infectious Diseases	0.0	0.0	0.0
Nephrology	0.0	2.0	0.0
Neurology	0.0	1.0	0.0
Psychiatry	0.0	1.0	1.0
Pulmonary	0.0	1.0	0.0
Rheumatology	0.0	0.0	0.0
Surgery Specialists:			
General Surgery	1.0	0.0	0.0
Neurosurgery	0.0	0.0	0.0
Ophthalmology	0.0	1.0	0.0
Orthopedics	1.0	0.0	0.0
Otolaryngology (ENT)	0.0	2.0	0.0
Plastic/Reconstructive	0.0	0.0	0.0
Thoracic/Cardiovascular/Vascular	0.0	1.0	0.0
Urology	0.0	1.0	0.0
Hospital Based:			
Anesthesia/Pain	0.0	0.0	3.0
Emergency	2.0	0.0	1.0
Radiology (Telemedicine)	0.0	11.0	0.0
Pathology	0.0	16.0	0.0
Hospitalist	0.0	0.0	2.0
Neonatal/Perinatal	0.0	1.0	0.0
Physical Medicine/Rehab	0.0	0.0	0.0
Podiatry	0.0	2.0	0.0
Chiropractor	0.0	0.0	0.0
Eye (Primary Care)	0.0	0.0	0.0
Dentist	0.0	0.0	0.0
TOTALS	12.0	47.0	18.0

Visiting Specialists to SMC (Page Co, IA) - 2022

Specialty	Doctor (FN/LN)	Group Name	Office City	Phone	Clinics	YR Days
Allergy	Brett Kettlehut	Allergy Asthma & Immunology	Omaha	(402) 391-1800	Monthly	12
Cardiovascular	Thomas Brandt	MPC Council Bluffs Heart Center	Council Bluffs	(712) 396-7787	Weekly	48
Cardiovascular	Scott Lundgren	Nebraska Medicine	Omaha	(402) 559-8888	Monthly	12
Cardiovascular	Haysam Akkad	Clarkson Heart Center	Omaha	(402) 552-2320	Weekly	48
Child & Adolescent Psych	Jennifer McWilliams	Children's Hospital	Omaha	(402) 955-3900	2x Monthly	24
Dermatology	Stephanie Lee, ARNP	College Park Specialty Center	Overland Park	(913) 469-6447	Monthly	12
Endocrinology	Padmaja Akkireddy	Nebraska Medicine	Omaha	(402) 559-9500	2x Monthly	24
ENT	Paul Sherrerd	Family ENT	Omaha	(402) 572 3165	Monthly	12
ENT	Matthew Brown	Shenandoah Medical Center	Shenandoah	(712) 246-7400	3x Monthly	36
GAS	Tyron Alli	Gastrointestinal Associates	Omaha	(402) 397-7057	1x Monthly	12
IR	Robert Forbes	Diagnostic Radiology PC	Omaha	(402) 397-7100	Weekly	48
MFM	Teresa Berg/Heather Said	Nebraska Medicine	Omaha	(402) 559-6150	Monthly	12
Nephrology	David Goldner	Omaha Nephrology	Omaha	(402) 354-2070	3 x Monthly	36
Nephrology	Felipe Naranjo	Nebraska Medicine	Omaha	(402) 559-9227	3rd Fri	12
Neurology	Scott Goodman	Nebraska Medicine	Omaha	(402) 552-2650	Monthly	12
Neurosurgery	Keith Lodhia	Midwest Neurosurgery	Omaha	(402) 398-9243	Monthly	12
Podiatry	Andrew Stanislav	Southwest Iowa Foot and Ankle	Council Bluffs	(712) 623-5178	Weekly	48
Podiatry	Jef Kiley	Southwest Iowa Foot and Ankle	Council Bluffs	(712) 623-5178	Weekly	48
Pulmonology	Gary Koenig	Methodist Physicians Clinic	Omaha	(402) 354-0120	2x Monthly	24
Urology	Anthony Oberle	The Urology Center PC	Omaha	(402) 397-9800	3x Monthly	36
VAS	David Vogel	Nebraska Medicine	Omaha	(402) 552-3015	2x Monthly	24

Page Co, Iowa - Healthcare Resource Directory

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

Page County Sheriff (712) 542-5193

Municipal Non-Emergency Numbers

	Police	Fire
Clarinda	(712) 542-2194	(712) 542-2194
Shenandoah	(712) 246-3512	(712) 246-2300
Shenandoah (part)	(712) 246-3512	(712) 246-2300
Sidney	(712) 374-2365	(712) 374-2274
Tabor	(712) 629-2295	(712) 629-2295
Hamburg	(712) 382-1313	(712) 382-1303

Abuse – Adult and Child

Adult and Child Abuse Hotline (24 hrs.)
1-800-362-2178

Boystown Hotline Number
1-800-448-3000

Catholic Charities Family Crisis Hotline (24 hrs.)
712-328-0266 or 1-888-612-0266

Child Protective/CINA
1-877-683-0323

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

Domestic Abuse Hotline
1-800-942-0333

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

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

Iowa Concern Hotline
1-800-447-1985

Rural Iowa Crisis Center (24 hrs. Taylor)
641-782-2706

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

Advocacy Groups

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

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

Commission of Veterans Affairs
1-800-827-1000

Division of Latino Affairs
515-281-4080

Elder Affairs Department
515-725-3333

Hispanic Center, Shenandoah
712-246-2153

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

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

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

Iowa Department Human Rights
515-281-5655

Iowa Department on Aging
515-725-3326

Iowa Division of Labor
515-242-5870

Iowa Ombudsman
1-888-426-6283

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

Latino Resource Center – Southwest Iowa
712-623-3591

League of Human Dignity
1-712-323-6863

Long-term Care Ombudsman
1-866-236-1430

National Catholic Rural Life (farm issues)
515-270-2634

National Eldercare Locator
1-800-677-1116

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

Clothing

Clarinda Community Center Thrift Shop
712-542-3161

West Page Improvement Center
712-246-4564

Sheppards Frock – Sidney
712-374-2023

Disability Services

Child Health Specialty Clinics
1-866-652-0041

Children at Home
800-993-4345

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

Easter Seals Rural Solutions
515-309-1783

Glenwood Resource Center
712-527-4811

Iowa AgrAbility Project
515-294-8520

Iowa Client Assistance Program
1-800-652-4298

Iowa Compass
1-800-779-2001

Iowa Protection and Advocacy
515-278-2502

Iowa Vocational Rehabilitation Services
712-542-5414

Iowa Western Job Placement
712-325-3282

League of Human Dignity
1-800-843-5774

Loess Hills AEA 13
800-432-5804

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

Lutheran Social Service of Iowa – children's respite
1-866-409-2352

Nishna Productions
712-246-1242

Nishna Productions Inc.
712-246-1269

Pacific Place
712-622-8144

Southwest Iowa Case Management
712-542-3584

Specialized Support Services
1-800-440-7129

Speech to Speech
1-877-735-1007

Veterans Administration Outpatient Clinic
712-246-0092

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

West Central Development
712-624-8172

Drug and Alcohol Abuse

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

Alcoholics Anonymous - Council Bluffs
712-328-9979

Alcoholics Anonymous – Millard, NE
402-895-9911

Clarinda Police Department – non emergency
712-542-2194

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

Mercy Hospital - Council Bluffs, Family Service
712-328-5000

Page County Drug Enforcement Officer
712-246-3512

Page County General Relief
712-542-2983

Quitline Iowa – Free, confidential way to quit smoking
1-800-784-8669

River Bluffs - Alcohol Treatment
712-322-5540

Shenandoah Police Department
712-246-3512

Southwest Iowa Families, Inc
712-542-3501

Zion Recovery Services, Clarinda
712-542-3720

Zion Recovery Services, Shenandoah
712-246-4832

Education

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

Clarinda Academy
712-542-3103

Clarinda Lied Public Library
712-542-2416

Coin Public Library
712-583-3684

Denison Job Corps
712-263-4192 ext.119

Early Headstart
800-698-5886

Essex Lied Public Library
712-379-3355

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

Fostering Literacy (local call for Clarinda)
712-850-1050

Green Hills Area Education Association
712-623-2559

Growing Strong Families: Fremont
712-374-2351

Growing Strong Families: Page
712-542-5171

Iowa College Student Aid Commission
515-281-3501

Iowa Compass
1-800-779-2001

Iowa Compass (Iowan/Disabilities)
800-779-2001

Iowa Concern Hotline
800-447-1985

Iowa Exceptional Parent Center
515-782-4453

Iowa Western Community College
800-432-5852

Iowa Workforce Development
515-281-3747

ISU/Mills County Extension Service
712-624-8616

League of Human Dignity
1-800-843-5774

Loess Hills AEA 13
800-432-5804

M.A.Y. Mentoring Program
712-246-2520

Nishna Productions
712-246-1242

Planned Parenthood of Mid Iowa
712-623-5522

Promise Jobs
712-246-3735

Shenandoah Public Library
712-246-2315

Specialized Support Services
1-800-440-7129

The Nest
712-542-3501

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

Vocational Rehabilitation
712-542-5414

Work Incentive Act
712-246-5649

Workforce Development: Clarinda
712-542-6563

Workforce Development: Shenandoah
712-246-4470

Emergency Shelters and Disaster Services

Catholic Charities
712-328-3086

Civil Defense Disaster Services
712-246-4254

Clarinda Youth Shelter
712-542-3103

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

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

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

Family Crisis Support Network
1-800-696-5123

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

Micah House
712-323-4416

Page County Emergency Management (Rod Riley)
712-246-4254 or 1-877-899-0007

Page County Veterans Affairs (Rod Riley)
712-246-4254 or 1-877-899-0007

Phoenix House – (24 Crisis call 712-328-0266)
712-256-2059

Red Cross
712-246-3230

Rural Iowa Crisis Center (Taylor County)
1-641-782-2706

Salvation Army
712-542-2987

Turning Pointe – Clarinda
712-542-2388

West Central Development
712-374-3367

Employment

Experience Work: Clarinda
712-542-6563

Experience Work: Shenandoah
712-246-4470

Iowa Concern Hotline
1-800-447-1985

League of Human Dignity
1-800-843-5774

Promise Jobs
712-246-3735

Proteus (agricultural workers)
1-800-372-6031

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

Specialized Support Services
712-623-5940

Vocational Rehabilitation
712-542-5414

Work Incentive Act
712-246-5649

Workforce Development: Clarinda
712-542-6563

Workforce Development: Shenandoah
712-246-4470

Economic Development

Better Business Bureau
515-243-8137

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

Easter Seals for Disabled Farmers
515-289-1933

Employee Assistant Hotline
800-EAP-IOWA

FREDCO (Fremont County Econ. Development Corp)
712-374-3268

Hamburg Area Community Development
712-382-1462

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

Iowa Western Community College Job Placement
712-325-3394

Iowa Workforce Development Center
712-527-5214

ISU Outreach
712-624-8616

Nishna Productions, Inc.
712-624-8638

Proteus
800-372-6031

RC&D Golden Hills
712-482-3029

Rural Development Resource Center
712-623-5521

SCORE (Service Corp of Retired Executives)
712-325-1000

Small Business Development Center
800-373-7232

Vocational Rehabilitation
712-243-5346

Environmental

Iowa Department of Natural Resources
712-243-1934

Fremont County Sanitarian
712-374-3355

Financial

Consumer Credit Counseling
515-287-6428

County General Relief Assistance
712-542-2983

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

Farm Service Agency
712-542-5137

Iowa State University
712-542-5171
S.W. Regional Extension Office
712-769-2600

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

Social Security Administration: Teleservice Center
1-800-772-1213

Southwest Iowa Case Management
712-542-3584

Veterans Affairs (Rod Riley)
712-246-4254 or 1-877-899-0007

West Central Development
712-624-8172

Food

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

Child Care Food Program
918-274-0123

Clarinda Community Center Thrift Shop
712-542-3161

Congregate Meal
712-542-2932

Congregate Meal Site - Shenandoah
712-246-5200

County General Relief Assistance
712-542-2983

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

FaDSS (Family Development Program)
712-246-2585

Fremont Co. Veterans Affairs
712-374-2275

Fremont County General Assistance
712-374-6409

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

Meals on Wheels (Shenandoah Hospital)
712-246-7129

Page County Veterans Affairs (Rod Riley)
712 246-4254 or 1-877-899-0007

Share Iowa Program
800-344-1107

Shenandoah Food Pantry
712-246-3190

West Central Community Action
712-374-3367

West Page Improvement Center
712-246-4564

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

Fuel Assistance

Department of Human Services
712-527-4803

General Relief
712-527-5621

Page County Veterans Affairs (Rod Riley)
712-246-4254

Southwest Iowa Planning Council
1-866-279-4720

West Central Community Action
712-246-2585

Health Care

Alegent Health Mercy Hospital of Corning
641-322-3121

Alegent Health Psychiatric Associates
712-246-1901

American Cancer Society
1-800-227-2345

Angels Care Home Health
712-246-2454

Child Health Specialty Clinic
1-866-652-0041

Clarinda Regional Health Center
712-542-2176

Bone Density: 712-542-8221

Cardiac Rehab: 712-542-8299

Medical Associates: 712-542-8330

Diabetes Education: 712-542-8263

Dietitian Services: 712-542-8323

Digital Mammography: 712-542-8221
Physical, Occ, Speech Therapy: 712-542-8224
Respiratory Therapy: 712-542-8275
Specialty Clinics: 712-542-8216
Surgery Center: 712-542-8349

Community Hospital of Fairfax, MO
660-686-2211

County General Relief Assistance
712-542-2983

Dental for Disabled Children
319-356-1517

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

Elm Heights – Shenandoah
712-246-4627

Fremont County Medical Center
712-374-6005

Fair Oaks – Shenandoah
712-264-2055

Fremont County Public Health
712-374-2685

George C. Grape Community Hospital
712-382-1515

Goldenrod Manor Care Center (skilled nursing facility)
712-542-5621

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

Hamburg Medical Clinic
712-382-2626

Hawk-I (children's health insurance)
800-257-8563

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

Healthy Families
800-369-2229

Heartland Hospice
712-623-7194

Home Sweet Home, Inc. (home care)
712-542-4181 or 1-800-362-1600

Hospice with Heart – Glenwood
712-527-4660

Hospice Education Institute
1-800-331-1620

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

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

Iowa Compass
1-800-779-2001
Iowa Concern Hotline
1-800-447-1985

Iowa Department for the Blind
515-281-1333

Iowa Department of Elder Affairs
515-242-3333

Iowa Tobacco Quit Line
800-784-8669

League of Human Dignity
712-323-6863

Long-term Care Ombudsman
515-725-3308

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

Mercy Mental Health
402-328-5311

Methodist Health System Senior Services
402-331-1111

Methodist Physician Clinic-Tabor
712-629-2022

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

National Eldercare Locator
1-800-677-1116

National Poison Control Center
1-800-222-1222

Nodaway Valley Free Clinic
712-542-3719

Nurses on Call
712-542-5068

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

Southwest Iowa Dental – Takes Medicaid
712-246-2180

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

Planned Parenthood of Mid Iowa
712-623-5522

Poison Prevention Center
800-955-9119

Prime Home Care and Compassionate Care
712-542-1504

Respite Care
800-432-9209

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

Shenandoah Medical Center
712-246-1230
Aquatic Therapy: 712-246-7000
Cardiac/Pulmonary Rehab: 712-246-7104
Diabetic/Diet Education: 712-246-7278
Home Health and Hospice: 712-246-7317
Message Therapy: 712-246-7000
Occupational Health: 712-246-7415
Training/Performance Enhancement: 712-246-7325
Physical/Occu/Speech Therapy: 712-246-7000
Wellness Program: 712-246-7325
Outpatient Clinic: 712-246-7400

Sidney Medical Clinic
712-374-2649

SMC Clinic Sidney IA
712-374-6005

Southwest 8 Senior Services
1-800-432-9209

Southwest Iowa Families, Inc
712-542-3501

Southwest Iowa Home Health
712-374-2685

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

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

Tabor Medical Clinic
712-629-2975

Teen Health
1-800-443-8336

Veterans Administration Outpatient Clinic
712-246-0092

Windsor Manor
712-246-2194

Housing

West Central Community Action
712-374-3367

Low Rent Housing-Sidney
712-374-2644

Low Rent Housing-Hamburg
712-382-1557
Low Rent Housing-Tabor
712-629-1645

Department of Human Services
712-527-4803

General Relief
712-527-5621

Low Rent Housing-Malvern
712-624-8561

Rural Development
712-243-2107

Southern IA Regional Housing Authority
641-782-8585

Low Income Apartments

Admiral Manor-Farragut
712-385-8113

Autumn Park
712-246-4898

Clarinda Low Rent Housing
712-542-2912

Clarinda West Apartments
712-542-2249

Hodges Ridge Apartments-Sidney
712-374-2322

Timber Creek Apartments
712-542-4075

Forest Park Manor
712-246-3213

Meadow Run Apartments
712-542-2249

Shenwood Apartments
712-246-2340

Southwest Iowa Habitat for Humanity
712-246-1821

Valley View Apartments
712-246-2044

Waubonsie Apartments-Sidney
712-374-2322

Legal

Child Support Recovery Unit
1-888-229-9223

Clarinda Correctional Facility
712-542-5634

Fremont County Attorney
712-374-2751

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

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

Iowa Mediation Service
712-262-7007

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

Juvenile Court Services
712-623-4886

Lawyer Referral Service
800-532-1108

Legal Services Corp. of Iowa
800-432-9229

Page County Attorney
712-542-2514

Prairie Fire
515-244-5671

University of Iowa Law Clinic
319-335-9023

Women Resource and Action Center
319-335-1486

Youth Law Hotline
800-728-1172

Mental Health and Emotional Support

Alegent Behavioral Health
712-246-1901

Alegent Psychiatric Association
712-328-2609

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

Area Education Association Support
712-623-2559

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

Clarinda Mental Health Institute
712-542-2161

Clarinda Regional Health Center
712-542-2176

Displaced Homemaker IWCC
800-432-5852

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

Family Service Treatment Services
712-527-3429

Gambling Bets-Off
800-BET-SOFF

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

H.O.P.E. Center (Tues. – Thurs. 10 a.m. to 4 p.m.)
712-542-2122

Heartland Family Services
800-422-1407

Immanuel Family Counseling Center
712-623-7000

International Gamblers Anonymous
1-213-386-8789

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

Iowa Concern Hotline
1-800-447-1985

Iowa Gambling Treatment Program
1-800-Bets-Off

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

Lutheran Social Services
712-323-1558

Mental Health Case Management
712-542-3584

National Runaway Switchboard
1-800-621-4000

Nishna Productions
712-246-1242

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

Rehabilitation Treatment Services
712-527-9699

S.W. 8 Senior Service
800-432-9209

Shenandoah Medical Center
712-246-1230

Shenandoah Medical Center Mental Health Service
712-246-7390

Southwest 8 Senior Services
1-800-432-9209

Southwest IA Families
888-486-959

Southwest Iowa Case Management
712-542-3584

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

Specialized Support Services
1-800-440-7129

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

Terrace View Residential
712-542-3530

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

Lasting Hope (Mercy Hospital Inpt Psych Placement)
844-6734469

Veterans Administration Outpatient Clinic,
712-246-0092

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

Refugee Services

Bureau of Refugee Services
800-362-2780

Senior Citizen Services

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

Adult Daycare (Goldenrod Manor)
712-542-5621

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

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

Goldenrod Manor Care Center (skilled nursing facility)
712-542-5621

First Presbyterian Church
712-246-3592

Iowa Department of Elder Affairs
515-242-3333

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

Iowa Legal Aid (hotline for Iowans 60 and over)
1-800-992-8161

Long-term Care Ombudsman
515-249-7424

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

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

National Eldercare Locator
1-800-677-1116

Page County Homemaker Services
712-246-2332

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

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

Social Security Administration
1-800-772-1213

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

Southwest 8 Senior Services
1-800-432-9209

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

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

Transportation

Faith-In Action
712-313-0131

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

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

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

Southwest Iowa Planning Council
712-243-4196

Southwest Iowa Transit Agency
1-800-842-8065

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]



We care about Iowa's health



Patient Type: Inpatient
Template Name: Trending Market and Facility for 3 Years
Report Name: Acute IP Discharges for 3 Years 2018-2020
Facility: Shenandoah Medical Center
Market Area: Page/Fremont

Facility	Page/Fremont			
	18-Q1	19-Q1	20-Q1	Count
	18-Q4	19-Q4	20-Q4	
Ames - Mary Greeley Medical Center	3	3		
Atlantic - Cass Health	6	8		
Carroll - St. Anthony Regional Hospital	7	4	6	
Cedar Rapids - UnityPoint Health - St. Luke's Hospital	2	1		
Clarinda - Clarinda Regional Health Center	305	328	334	
Clive - MercyOne Clive Rehabilitation Hospital		1		
Coming - CHI Health Mercy Coming	3	2	1	
Council Bluffs - CHI Health Mercy Council Bluffs	150	135	125	
Council Bluffs - Methodist Jennie Edmundson Hospital	305	358	296	
Creston - Greater Regional Health	2	4	4	
Davenport - Genesis Medical Center	2			
Des Moines - Broadlawns Medical Center			1	
Des Moines - MercyOne Des Moines Medical Center	7	7	13	
Des Moines - UnityPoint Health - Iowa Lutheran Hosp	2	2	2	
Des Moines - UnityPoint Health - Iowa Meth Med Center	5	2	4	
Grinnell - UnityPoint Health Grinnell Regional Medical Center	1			
Hamburg - George C Grape Community Hospital	116	105	127	
Iowa City - Mercy Iowa City	2			
Iowa City - Univ. Of Iowa Hospitals & Clinics	16	15	13	
Manning - Manning Regional Healthcare Center		1	1	
Orange City - Orange City Health System	1			
Ottumwa - Ottumwa Regional Health Center		1		
Red Oak - Montgomery Co. Memorial Hospital	80	115	88	
Shenandoah - Shenandoah Medical Center	514	494	423	
Sioux City - MercyOne Siouxland Medical Center	1			
Sioux City - UnityPoint Health - St. Luke's	2	1		
Spencer - Spencer Hospital	4	2		
Storm Lake - Buena Vista Regional Medical Center		2		
Waterloo - MercyOne Waterloo Medical Center	1		1	
West Burlington - Great River Health System		1	1	
West Des Moines - MercyOne West Des Moines Medical Center	1	1		
West Des Moines - UnityPoint Health - Methodist West Hosp	1	1		
Report Totals:	1,539	1,594	1,440	



We care about Iowa's health



Patient Type:
Place of Service:
Template Name:
Report Name:
Facility:
Market Area:

Outpatient
Emergency
 Trending Market and Facility for 3 Years
 ER 2018-2020 Trends
 Shenandoah Medical Center
 Page/Fremont

Facility	Page/Fremont		
	18-Q1	19-Q1	20-Q1
	18-Q4	19-Q4	20-Q4
Ames - Mary Greeley Medical Center	8	8	11
Atlantic - Cass Health	14	12	5
Clarinda - Clarinda Regional Health Center	3,672	3,210	2,821
Corning - CHI Health Mercy Corning	27	16	22
Council Bluffs - CHI Health Mercy Council Bluffs	166	184	123
Council Bluffs - Methodist Jennie Edmundson Hospital	320	334	251
Creston - Greater Regional Health	10	7	7
Denison - Crawford County Memorial Hospital	1	4	2
Des Moines - MercyOne Des Moines Medical Center	2	4	2
Des Moines - UnityPoint Health - Iowa Lutheran Hosp	3	3	0
Des Moines - UnityPoint Health - Iowa Meth Med Center	3	4	3
Dubuque - UnityPoint Health - Finley Hospital		5	1
Hamburg - George C Grape Community Hospital	1,080	998	877
Iowa City - Univ. Of Iowa Hospitals & Clinics	21	12	16
Manning - Manning Regional Healthcare Center	1	4	0
Mount Ayr - Ringgold County Hospital	2	3	6
Red Oak - Montgomery Co. Memorial Hospital	350	359	298
Shenandoah - Shenandoah Medical Center	3,547	3,626	2,928
Sioux City - UnityPoint Health - St. Luke's	3	3	1
West Des Moines - MercyOne West Des Moines Medical	6	1	4
West Des Moines - UnityPoint Health - Methodist West Hosp	2	4	2
Others	42	29	27
Report Totals:	9,280	8,830	7,407

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Page County, IA 2022 CHNA Town Hall (SMC) Friday, Feb. 18th: 11:30am - 1pm

#	Table	Attend	Lead	Last	First	Organization	Title
1	A	X	##	Wright	Adam	First National Bank	Retail Manager
2	A	X		Arman	Cindy	Armanini Style	Owner
3	A	X		Grebert	Dennis	Shenandoah Medical Center	Board Member
4	B	X	##	Erdman	Jessica	Page County Public Health	Administrator
5	B	X		Brantner	Jon	City of Shenandoah	City Council Member
6	B	X		Carpenter	Melissa		
7	B	X		Hobbi	Melissa		
8	C	X	##	Bruce	Danelle	SWIA MHDS Region	
9	C	X		Holste	Eric	Shenandoah Medical Center	
10	C	X		Spiegel	Tiffany	SCSD	Director
11	D	X	##	Pafford	Timothy	Zion Integrated Behavior Health Services	OP Substance Clinician
12	D	X		Dias	Traci	Shenandoah Medical Center	Executive Director HR
13	D	X		Woods	Michael		
14	E	X	##	Sleyster	Rick	First Presbyterian Church	Pastor
15	E	X		Hash	Erica	Southwest Iowa Families	
16	E	X		Mather	Amanda	SMC	Director of Pharmacy
17	F	X		Grebert	Rhonda	Page County Public Health	
18	F	X		Neal	Kaley	Shenandoah Medical Center	CFO
19	F	X		Young	Cortney	Southwest Iowa Families, Inc.	Family Supp. Spec., BHIS Provider
20	H	X	##	Sells	Matthew	Shenandoah Medical Center	CEO
21	H	X		Oswald	Amanda	Shenandoah Medical Center	Clinic Manager
22	H	X		Lindquist	Sam	Shenandoah Medical Center	
23	I	X	##	Babe	Heather	Smc	Cmo
24	I	X		Christiansen	Haley	SMC	HR Manager
25	I	X		Zona	Amy	Shenandoah Medical Center	Corporate Wellness Manager
26	I	X		Zwickel	Zac		
27	J	X		Bowery	John	SMC	Dr.
28	J	X		Ditmars	Bill	Retired	
29	J	X		Gibson	Rita	City Council	
30	J	X		Livengood	Kimmie	SMC	Chronic Care Nurse Coordinator

Page County Town Hall Event Notes

Attendance: N=30

Date: 2/18/2022 – 11:30 a.m. to 1:00 p.m.

Needs

- Drugs / Substance Abuse
- Dentists
- Mental Health (Youth IP Treatment)
- Affordable / Access to Fitness Options
- Affordable Housing
- Chronic Disease Management
- Tobacco Usage
- Economic Development
- Cancer Care
- Health Literacy / Education
- Senior Care
- Uninsured / Underinsured
- Providers (PEDS, PC, DERM, NEURO, PAIN)
- Obesity (Nutrition / Exercise)
- Single Parents
- Poverty

Strengths

- Communication Amongst Services
- Child Care (Access)
- Delivery of Patient Care
- Services Offered (broad)
- Public Health
- Access to Wellness / Fitness
- School Health Resources (Access)
- Community Support
- Access to OB Services
- Updated Healthcare Facilities
- Workforce Commuting (none)
- Immunization Programs

Wave #4 CHNA - Page County IA

Town Hall Conversation - Strengths (White Cards) N=30

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	Good physical environment	16	ER/IP care
1	Good access to physical wellness	16	Access to services
1	Responsive emergency services	16	Access to specialists
1	Overall quality of care	17	Mental counseling Access
1	Health quality trending upward	17	Business development
1	High access to primary care	17	Access to healthcare
2	Access to care	17	Attracting speciality/primary care
2	Many preventitive programs	17	Job opportunities
2	Access to exercise equipment	17	Communication
2	# of mental health providers	17	Child care
2	More individuals open to mental health	17	OB services
3	Child care	17	Public Health
3	ER facility	17	Access to wellness center
3	Quality emergency service	17	Strong school system
3	Access to care	17	Community support
3	Broad service offerings	17	Not having to commute
3	Public health	18	Wellness programs
3	Strong schools	18	Access to services
3	Access to OB	19	Partnerships
3	More people seeking mental health	19	Health education
4	Immunizations	19	Collaboration
4	ER time	19	Strong Medical leaders
4	Access to care	19	Wellness centers/resources
4	Access to fitness facilities	20	Access to healthcare- PCP
4	Access to child care	20	OP dialysis
5	Amazing providers	20	Community leader involvement
5	Access to care	20	Options for exercise/activity
5	Schools	20	Mental health access not identified as a critical need
5	Quality of life	21	Compassionate PCP's
6	School lunch program in summer/during covid	21	Fantastic Hospital
6	Close communities in county	21	2 great options for transportation
6	School/parents- strong relationships	21	Accessible workout center in the community
6	Lots of community leaders who want to be involved	21	Generous pastoral service who help a lot of people in need
7	ER	22	Range of speciality services
7	Child care	22	Updated HC facilities
7	Ambulance	22	Fitness centers
8	Access to care	22	Quality of education
8	Higher education/graduation rates	22	Low crime
9	Access to care	22	Food pantry
9	Good provider ratio	22	Community support
9	Speciality access	22	Child care
9	Schools	23	Quality of education
9	Public Health	23	Access to activities
10	Providers/services offered	23	Low crime
10	Vaccination rate	23	Quality of healthcare
10	Community participation	23	Range of services provided
10	School system	23	Public services
10	Outdoor activities	23	Response to emergency
11	Care for patients	23	Communication between services

Wave #4 CHNA - Page County IA

Town Hall Conversation - Strengths (White Cards) N=30

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
11	School health	23	Volunteers- food pantry
11	Community involvement	24	Ambulance
11	Child care services	24	Communication between services
11	Walk-in clinic	24	Public health being on top of needs
12	Good healthcare	24	Church people in community help food pantry
12	Access to exercise opportunities	25	Child
12	Access to dentists	25	Family practice availability
12	Child care	25	Primary care access
12	Access to churches	25	Wellness access/education
13	ER	25	Strong health department
13	Relationships with PCP	25	Healthcare access
13	Workforce/jobs	25	Service offering
13	Public Health	25	Community perception
13	Relationship with hospital/employees	25	School health resources
13	Life expectancy	25	Collaborative community
13	Good schools	26	Primary care access
13	Access to specialists	26	Care quality
14	Access to specialists	26	Perception of care
14	Overall perception of health care access	26	Access to specialists
14	Women's wellness/care	26	Community support
14	Public health involvement	26	Emergency services
14	Ambulance coverage/ED	26	Child care
15	Quality of IP hospital care	26	Health/wellness options
15	EMS services	27	ED
15	Life expectancy	27	SAS
15	Low commute to work	27	Health/wellness options
15	Good schools	27	Travel for work
15	Access to specialists	27	Child care
15	Public Health	27	Perception of care
16	Patients staying in the community	27	Primary care
16	Quality of doctors/nurses	27	Public Health
16	Range of services provided		

Wave #4 CHNA - Page County IA

Town Hall Conversation - Weaknesses (Blue Cards) N=30

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	Access to mental health	18	More primary doctors
1	Obesity rates	18	More mental health providers
1	Substance abuse	18	Dentists who accept medicaid
1	Chronic care management	18	Community garden to allow healthy food options
1	Nursing home options/availability	18	Increase food stamps for those who need it
2	Mental health referrals/prevention	19	Nutrition
2	Screening for trauma- whole patient approach	19	Food insecurity
2	Communication with providers	19	Teen pregnancy
2	Work as a team as a county, not a competition	19	Prenatal care
2	Suicide prevention	19	Women's care
3	Screening for trauma	19	Mental health services
3	Suicide prevention	19	Suicide
3	Obesity rates	19	Drug/substance abuse
3	Chronic care management	19	Nursing home
3	Nursing home options/availability	19	Senior care
4	Education for smoking	20	Poverty
4	Dental access for Medicaid	20	Free/reduced lunches
4	Need more community involvement	20	Economic development
4	Activity/exercise	20	Health/wellness education
4	Mental health access	20	Obesity
5	IP mental health	20	Limited access to healthy foods
5	Affordable housing	20	Drug use
5	Day care	21	Preventative health
5	More doctors for speciality	21	Wellness education
5	Dermatology	21	How to access mental health care
5	Value based care model	21	Poverty measures
6	Education/health literacy	21	Affordable housing
6	Sexuality education	21	Coping with stress
6	Mental/behavioral health	21	Prenatal care
6	Referrals	22	Mental health
6	Lack of awareness	22	Chronic disease management
7	Mental health	22	Obesity
7	Substance abuse	22	Nutrition
7	Affordable housing	22	Health education
7	Wellness education	22	Substance abuse
7	Services available	23	Substance abuse
8	Drinking and driving	23	Obesity
8	Uninsured/underinsured	23	Smoking
8	Unemployment	23	Mental health
8	Obesity rates	23	Affordable housing
8	Affordable childcare	23	Nursing home
8	Indoor activities	23	Health insurance costs
9	Substance abuse	24	Behavioral health
9	Economic development	24	Affordable housing
9	Health education	24	Chronic care management
9	Prenatal	24	Drug/substance abuse
9	Obesity rates	24	Cancer care
10	Transportation	24	Senior care
10	Drinking and driving	24	Specialists
10	Unemployment	24	Premature births
11	Nursing home	25	Mental health
11	Senior care	25	Pediatric care

Wave #4 CHNA - Page County IA

Town Hall Conversation - Weaknesses (Blue Cards) N=30

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
12	Substance abuse	25	Obesity
12	Why so much depression?	25	Hypertension
12	Adult obesity	25	Limited access to healthy foods
12	Bad debt	25	Cancer care
12	Health insurance	25	Senior care
13	Awareness of what services are available	26	Behavioral health
13	Drug addiction	26	1st Trimester care
13	Mental health	26	Food insecurity
13	Affordable insurance	26	Premature births
13	Economic development	26	Nursing home
14	Community involvement	26	Affordable housing
14	Mental health	26	Chronic care management
14	Healthy lifestyles	26	Obesity
14	Drug use	26	Cancer care
14	Tobacco/nicotine use	26	Dentists who accept medicaid
15	Senior care	26	Economic development
15	Healthy choices	27	Wait list too long for mental health
15	Social wellbeing	27	Addiction
15	Housing	27	Poverty
16	Poverty levels	27	Housing
16	Health education	27	Price of health insurance needs to come down
16	Obesity/physical health	27	Dentists who accept medicaid
16	Mental health	27	Obesity
16	Affordable housing	28	Affordable housing
16	Economic development	28	Mental health
16	Lifestyle choices	28	Pediatric care
17	Premature births	28	Obesity
17	Lower opiod dispensing	28	Affordable insurance
17	Affordable housing	28	Drug/substance abuse
17	More peds	28	Long-term care facilities
17	Internal medicine	28	Nursing home quality

From: Matthew Sells, CEO

Date: 11/15/2021

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Page County (IA) Community Health Needs Assessment 2022

Shenandoah Medical Center (SMC) are working with other community health providers to update the 2022 Page County, IA Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2016 and 2019 CHNA reports and to collect up-to-date community health perceptions.

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential if you choose to participate in this online survey.

To gather community feedback, a short and confidential online survey has been developed. To access this survey, please utilize the link below to participate.

LINK: https://www.surveymonkey.com/r/CHNA2022_PageCo

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **Monday, December 20th**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Friday, February 18th**, for Lunch from **11:30 a.m. - 1:00 p.m.** Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (712) 246-7400

PR#1 News Release

Local Contact: Matthew Sells

Media Release: 11/15/21

Page County Seeks the Community's Input on Local Health Needs

Over the next few months, **Shenandoah Medical Center (SMC)** will be working with area providers to update the 2019 Page County, IA Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in order to complete the 2022 CHNA.

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

A brief community survey has been developed in order to accomplish this work. The survey can be accessed by visiting our website or social media sites if you would like to participate in providing this important feedback.

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **Monday, December 20th**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Friday, February 18th**, for Lunch from **11:30 a.m. - 1:00 p.m.** Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please direct your call to (712) 246-7400

From: Matthew Sells, CEO

Date: 1/15/2022

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Page County Community Health Needs Assessment 2022

Shenandoah Medical Center is hosting a scheduled Town Hall Meeting for the 2022 Page County 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 **Friday, February 18th, 2022 from 11:30 a.m. – 1:00 p.m.** located in the **Hartman Room at the Shenandoah Physicians Clinic.**

All business leaders and residents are encouraged to join us for this meeting, but it is imperative that you complete an RSVP to properly adhere to safety guidelines. With COVID still among us, we must ensure the safety of our community. We hope you find the time to attend this important event by following the link below to complete your RSVP for February 18th. Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event.

LINK: https://www.surveymonkey.com/r/CHNA2022_PageCoIA_RSVP

Thanks in advance for your time and support

If you have any questions regarding CHNA activities, please call (712) 246-7400

Join Shenandoah Medical Center as They Host the 2022 CHNA Town Hall Event

Media Release: 01/15/22

Shenandoah Medical Center (SMC) will be hosting a Town Hall meeting for the 2022 Page County Community Health Needs Assessment on **Friday, February 18th from 11:30a.m. to 1:00 p.m.** located in the **Hartman Room at the Shenandoah Physicians Clinic.**

During this meeting, we will review the community health indicators and gather feedback opinions on key community needs.

While our focus is the safety of our community in conjunction with COVID guidelines, it is vital everyone planning to attend this event RSVPs to properly adhere to guidelines for this social distanced event. Please visit our hospital website and social media sites to obtain the link to complete your RSVP! We hope that you find the time to join us for this important event on February 18th. Thanks in advance for your time and support!

Note> Those who RSVP will receive additional information via email a few days prior to the event.

If you have any questions about CHNA activities, please call (712) 246-7400

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2022 Community Feedback: Page Co IA (N=175)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1059	51601	Good	Increasing - moving up	DRUG			Drug abuse
1174	51601	Good	Increasing - moving up	EDU	AWARE		lack of education and awareness
1163	51601	Good	Increasing - moving up	EDU	OWN		I listed Health and Wellness but specifically Education in health and wellness and the ability to teach how to live healthier
1085	64431	Average	Increasing - moving up	EDU	POV		lack of education/poverty
1149	51601	Poor	Not really changing much	EDU			Lack of education
1151	51601	Good	Increasing - moving up	FAM	PART		The people need hope and they need strong families, which require church affiliated programs ad these support character development and care.
1117	51601	Good	Increasing - moving up	NH			Poor nursing home care
1140	51601	Good	Increasing - moving up	OBES	NUTR		Obesity - Too lazy to cook healthy so we will go to McDonalds
1060	51601	Good	Decreasing - slipping downward	OBES			Obesity
1065	51645	Good	Increasing - moving up	OBES			obesity
1165	51601	Very Good	Increasing - moving up	OWN	FAM		Lack of personal motivation, Family structures
1036	51601	Very Good	Increasing - moving up	OWN	FIT	NUTR	People don't take responsibility for their own health, don't exercise, eat too much, are overweight
1062	51601	Good	Increasing - moving up	OWN			a perpetuating cycle of abusing or misusing assistance programs
1125	51601	Very Good	Increasing - moving up	OWN			Individuals not taking proper care of themselves.
1014	51601	Very Good	Increasing - moving up	OWN			Lazy community members
1137	51601	Very Good	Increasing - moving up	OWN			People do not take the responsibility for their own health.
1121	51601	Average	Not really changing much	POV	ACC	ECON	Poverty is the biggest cause of poor health around the world. It creates barriers and "limited access." Our community cannot provide universal healthcare, but we should advocate for it. SMC and all other employers in our community should be paying a living wage and providing benefits to employees. The following is a few years old, but is information still stands: https://www.healthpovertyaction.org/news-events/key-facts-poverty-and-poor-health/
1032		Average	Increasing - moving up	POV			Poverty

CHNA 2022 Community Feedback: Page Co IA (N=175)

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?
1038	51601	Good	Not really changing much	ALLER	PULM	DERM	Allergy specialist, pulmonary specialist, dermatologist, heart specialist, mental health
1103	51639	Average	Increasing - moving up	ALLER			we are spoiled, so the need is always immediate and in a rural setting - sometimes that is not possible, but we do pretty darn awesome
1021	51601	Good	Not really changing much	BH	ADOL		Mental Health again, especially for children.
1010	51601	Good	Increasing - moving up	BH	DENT	CLIN	We need more mental health and dentistry availability. Clinics need to take patients later. Last patients are before 5:00 which doesn't work for everyone.
1064	51601	Good	Not really changing much	BH	DOCS		Shortage of Mental Health professionals.
1062	51601	Good	Increasing - moving up	BH	IP		This has improved with the broader Walk-In Clinic hours, but it still seems difficult to get into your PC. Access for emergency mental health access is still a concern, but that issue is broader than our county - my perception is that those who need inpatient treatment can't get it unless they attempt something drastic.
1038	51601	Good	Not really changing much	CARD	BH		Allergy specialist, pulmonary specialist, dermatologist, heart specialist, mental health
1062	51601	Good	Increasing - moving up	CLIN	PRIM	ACC	This has improved with the broader Walk-In Clinic hours, but it still seems difficult to get into your PC. Access for emergency mental health access is still a concern, but that issue is broader than our county - my perception is that those who need inpatient treatment can't get it unless they attempt something drastic.
1150	51601	Good	Not really changing much	DENT	SURG	SOEC	Dental surgeon services in town would be beneficial. More visiting specialists would also be beneficial.
1052	51601	Good	Not really changing much	DOCS	DERM		Shenandoah needs more doctor and dermatologists.
1061	51601	Average	Increasing - moving up	EMER	EMS	WAIT	The last I was taken to the ER it took 15-20 minutes before I was seen by nurse or doctor. The medics took me in and left.
1117	51601	Good	Increasing - moving up	EMER			Not enough local providers comfortable with emergency medicine in general and our ER specifically. This would be especially problematic in case of a mass casualty event.
1149	51601	Poor	Not really changing much	FP	PART		I believe general practitioners should treat generally healthy people. Maybe if you would free them up by referring individuals who are aging that have multiple health issues to internists, who work closely with specialists, it would help everyone involved.
1060	51601	Good	Decreasing - slipping downward	GERI	SURG	CARD	Geriatric, surgery, heart specialists needed on staff at SMC.
1107	51601	Average	Not really changing much	HRS			Due to working and school. a lot of people put off dr visits
1128	51601	Very Good	Not really changing much	PRIM	SCH		Difficult to have primary doctor on site 5 days a week
1166	51601	Good	Not really changing much	RET			Nobody I've seen previously, always someone different.
1005	51601	Good	Increasing - moving up	SCH	HRS		I think the number of providers feels appropriate but there are hardly any appointments in the 4 o'clock hour.
1147	51601	Very Good	Not really changing much	SCH	HRS		Hard to get in to providers who work the same hours as most employed people.
1168	51638	Average	Decreasing - slipping downward	SCH	WAIT		You wait several weeks to get an appointment
1118	51601	Average	Not really changing much	SCH	WAIT		It takes too long to be able to be seen by a dr.
1074	51601	Good	Increasing - moving up	SCH			Difficult to get in to see regular doctor when you have an acute illness
1119	51601	Average	Increasing - moving up	SPEC	WAIT		specialist wait times are long
1121	51601	Average	Not really changing much	TRAN	HRS	SCH	For me and my family, yes. I do think access is limited for others in our community, however. I have offered rides to individuals in the past - maybe a service that can pick up and drop off patients for their appointments would be helpful. It's also important to remember that not everyone can leave their jobs for appointments or that they have childcare, so some appointments must be later in the day, in evenings, or on weekends if we are to serve the entirety of the community.
1039	51601	Good	Not really changing much	WAIT	SPEC		Too long of wait to see specialist
1142	51601	Good	Increasing - moving up	YES			I believe there are yes!

CHNA 2022 Community Feedback: Page Co IA (N=175)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1104	51601	Average	Not really changing much	ACC	CLIN	HRS	A more accessible walk in clinic with extended hours available.
1138	51601	Very Good	Increasing - moving up	ALL			Doing a great job. Healthcare is always evolving -- just try to stay ahead of the curve.
1036	51601	Very Good	Increasing - moving up	ALT			Alternative physicians
1084	51601	Average	Not really changing much	BED	ALL		Evaluate your response and that should give you a better understanding of what is needed. I think there is room for improvement in a lot of areas.
1086	51601	Good	Not really changing much	BH	ACC		Mental Healthcare access
1061	51601	Average	Increasing - moving up	BH	ADOL	VIO	Children with behavior problems, Spousal abuse, Drug and/or alcohol abuse, Friendly staff, and everyone treated like human beings.
1054	51601	Good	Not really changing much	BH	ADOL	STD	Mental health based programs Adolescent/teen sexual information/resources
1018	51601	Good	Increasing - moving up	BH	DRUG		Mental Health Drug Addiction
1142	51601	Good	Increasing - moving up	BH	EDU	AWARE	Mental health education and awareness.
1163	51601	Good	Increasing - moving up	BH	FAM		mental health and marriage support group
1010	51601	Good	Increasing - moving up	BH	PEDS		mental health program, especially for pediatrics
1098	51601	Good	Increasing - moving up	BH			mental health support
1040	51601	Average	Not really changing much	BH			Anything for mental health
1091	51632	Average	Not really changing much	BH			Mental Health services
1153	51503	Very Good	Increasing - moving up	CHRON			Chronic disease management
1121	51601	Average	Not really changing much	COMM	EDU	COMM	We need comprehensive sexuality education taught in our school district, and that includes information about consent, healthy relationships, sexual orientation and gender identity, as well as STIs, pregnancy prevention, and anatomy, and it shouldn't be fear-based. This community health needs assessment should be provided on paper, taken around door-to-door, and filled out at events and different spaces. By using Survey Monkey, we are missing members of the community and their input. While it is not a program, our community desperately needs a center for children and people to come together. I have great ideas of how we can utilize the Old Armory or a different space (maker space, tutoring, games, puzzles, video games, cooking classes, etc.) that I would love to see happen. We need to find a way to educate the community about vaccines - it's absurd that individuals are doing a Google search and life-saving science isn't good enough for them. We need police officers and first responders who are trained in domestic violence so they can identify it and help keep survivors or victims safe. I would like to see SMC sharing more information with the community and patients about local resources such as family support programs, Nest, early childhood programs, SIRHA, LIHEAP, general assistance, WIC, etc. Utilize local social workers more.
1157	51601	Very Good	Not really changing much	COVID	VACC		I would appreciate more community education on diabetes and obesity prevention, as well as the importance of regular screenings for diabetes. I would also appreciate a program that shows people the statistics associated with the total number of deaths and cases of critical illness among those who have and have not been vaccinated against COVID-19, and how small the total number of complications from the vaccines is in comparison to the impact that the actual infection has had on the community.
1162	51601	Very Good	Increasing - moving up	DERM			dermatologist
1167	51632	Very Good	Not really changing much	DRUG	ADOL	SH	Substance abuse programs for area youth. We have a definite substance abuse problem from basic tobacco to drug use in our schools.
1061	51601	Average	Increasing - moving up	DRUG	ALC	STFF	Children with behavior problems, Spousal abuse, Drug and/or alcohol abuse, Friendly staff, and everyone treated like human beings.
1125	51601	Very Good	Increasing - moving up	DRUG			Education and reinforcement on personal health care responsibilities and needs -- countering obesity and substance abuse.
1157	51601	Very Good	Not really changing much	EDU	DIAB	OBES	I would appreciate more community education on diabetes and obesity prevention, as well as the importance of regular screenings for diabetes. I would also appreciate a program that shows people the statistics associated with the total number of deaths and cases of critical illness among those who have and have not been vaccinated against COVID-19, and how small the total number of complications from the vaccines is in comparison to the impact that the actual infection has had on the community.
1125	51601	Very Good	Increasing - moving up	EDU	OWN	OBES	Education and reinforcement on personal health care responsibilities and needs -- countering obesity and substance abuse.
1160	66544	Good	Not really changing much	EDU			Wellness
1121	51601	Average	Not really changing much	EMS	TRAIN	VIO	We need comprehensive sexuality education taught in our school district, and that includes information about consent, healthy relationships, sexual orientation and gender identity, as well as STIs, pregnancy prevention, and anatomy, and it shouldn't be fear-based. This community health needs assessment should be provided on paper, taken around door-to-door, and filled out at events and different spaces. By using Survey Monkey, we are missing members of the community and their input. While it is not a program, our community desperately needs a center for children and people to come together. I have great ideas of how we can utilize the Old Armory or a different space (maker space, tutoring, games, puzzles, video games, cooking classes, etc.) that I would love to see happen. We need to find a way to educate the community about vaccines - it's absurd that individuals are doing a Google search and life-saving science isn't good enough for them. We need police officers and first responders who are trained in domestic violence so they can identify it and help keep survivors or victims safe. I would like to see SMC sharing more information with the community and patients about local resources such as family support programs, Nest, early childhood programs, SIRHA, LIHEAP, general assistance, WIC, etc. Utilize local social workers more.
1149	51601	Poor	Not really changing much	FIT	ADOL	NH	Programs to keep all ages of our aging citizens active and engaged during all stages of life.
1174	51601	Good	Increasing - moving up	FIT	REC		A new community wellness center
1042	51601	Average	Increasing - moving up	FIT			Expand the wellness center.
1051	51601	Good	Not really changing much	HH	EDU	TRAN	In-home health Aides/assistants; more classes on how disease spreads; and more home delivery options.
1026	68144	Good	Not really changing much	HOSP	DIAL		In hospital emergent Dialysis. In hospital not 3rd party
1003	51566	Average	Not really changing much	IP	BH	DRUG	more inpatient mental health and substance abuse

CHNA 2022 Community Feedback: Page Co IA (N=175)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1121	51601	Average	Not really changing much	MKRT	AWARE	SS	We need comprehensive sexuality education taught in our school district, and that includes information about consent, healthy relationships, sexual orientation and gender identity, as well as STIs, pregnancy prevention, and anatomy, and it shouldn't be fear-based. This community health needs assessment should be provided on paper, taken around door-to-door, and filled out at events and different spaces. By using Survey Monkey, we are missing members of the community and their input. While it is not a program, our community desperately needs a center for children and people to come together. I have great ideas of how we can utilize the Old Armory or a different space (maker space, tutoring, games, puzzles, video games, cooking classes, etc.) that I would love to see happen. We need to find a way to educate the community about vaccines - it's absurd that individuals are doing a Google search and life-saving science isn't good enough for them. We need police officers and first responders who are trained in domestic violence so they can identify it and help keep survivors or victims safe. I would like to see SMC sharing more information with the community and patients about local resources such as family support programs, Nest, early childhood programs, SIRHA, LIHEAP, general assistance, WIC, etc. Utilize local social workers more.
1106	51601	Good	Not really changing much	NH	PEDS		aging population- pediatrics
1064	51601	Good	Not really changing much	NUTR	EDU	BH	Not sure. Nutritional assistance/education maybe? Mental health assistance.
1105	51601	Very Good	Increasing - moving up	NUTR	FIT	REC	Community Gardens to provide fresh, low cost nutritional foods. Community Rec/Wellness Center
1074	51601	Good	Increasing - moving up	NUTR	FIT	PREV	Health and wellness looking at everything diet, body condition. Hormones, exercise lifestyle, preventative care
1039	51601	Good	Not really changing much	NUTR	HOUS	DOH	Locally sourced foods, affordable quality housing, strong public health services
1020	51639	Good	Increasing - moving up	NUTR	NH	CHRON	more nutrition and wellness awareness elderly assistance programs dedicated to help families deal with certain illness such as dementia dentistry
1108	51601	Good	Increasing - moving up	NUTR	TRAN		food and necessity delivery services for those who cannot travel and have no family to help, especially out of town patients
1053		Very Good	Increasing - moving up	NUTR			More in the way of diet and nutrition for health
1124	51653	Good	Not really changing much	OBES	HH	VACC	More obesity management, more medical home availability for high risk patients, immunization improvements
1171	51601	Good	Increasing - moving up	OBES			Obesity management
1069	51601	Good	Increasing - moving up	OWN	DIAB	VACC	healthy lifestyle promotion, diabetes education, vaccination promotion, heart health education, preventative screening information
1011	51632	Very Good	Not really changing much	PALL			I'm not sure other than increased focus on palliative care
1150	51601	Good	Not really changing much	PART			An aggressive campaign to merge medical care with more holistic care, no one has all the answers and more effort should be given to seek answers to health issues that don't require long term medication if possible.
1083	51601	Average	Increasing - moving up	PEDS	SPEC		anything pediatric for specialty needs.
1101	51601	Very Good	Increasing - moving up	PREV	SERV		Additional preventative services.
1028	51601	Good	Increasing - moving up	REC			YMCA
1121	51601	Average	Not really changing much	SH	STD	CUL	We need comprehensive sexuality education taught in our school district, and that includes information about consent, healthy relationships, sexual orientation and gender identity, as well as STIs, pregnancy prevention, and anatomy, and it shouldn't be fear-based. This community health needs assessment should be provided on paper, taken around door-to-door, and filled out at events and different spaces. By using Survey Monkey, we are missing members of the community and their input. While it is not a program, our community desperately needs a center for children and people to come together. I have great ideas of how we can utilize the Old Armory or a different space (maker space, tutoring, games, puzzles, video games, cooking classes, etc.) that I would love to see happen. We need to find a way to educate the community about vaccines - it's absurd that individuals are doing a Google search and life-saving science isn't good enough for them. We need police officers and first responders who are trained in domestic violence so they can identify it and help keep survivors or victims safe. I would like to see SMC sharing more information with the community and patients about local resources such as family support programs, Nest, early childhood programs, SIRHA, LIHEAP, general assistance, WIC, etc. Utilize local social workers more.
1151	51601	Good	Increasing - moving up	SPRT	PART		The new Shenandoah Pregnancy and Resource Center is a fantastic new organization. Any support of faithbased programs would be beneficial to the community.
1060	51601	Good	Decreasing - slipping downward	SPRT			Support groups for specific health issues and concerns, and for caregivers.
1021	51601	Good	Not really changing much	SPRT			Support groups
1006	51601	Very Good	Increasing - moving up	TRAN	INSU		I would like to see better transportation available for patients on Medicare
1069	51601	Good	Increasing - moving up	VACC	EDU	PREV	healthy lifestyle promotion, diabetes education, vaccination promotion, heart health education, preventative screening information
1119	51601	Average	Increasing - moving up	VACC	OBES	ADOL	Vaccine and mask mandates but that's a political impossibility even if it would save lives. I would recommend targeting childhood obesity
1132	51601	Very Good	Increasing - moving up	VIO	POV		It would be nice if there were a safe haven for those affected by domestic violence and those who are homeless. Even if just overnight so they can be placed in a larger community the next day. Often times they are unable to get somewhere out of town until they can line up a ride.

Let Your Voice Be Heard!

In 2018, Shenandoah Medical Center surveyed the community to assess health needs. Today, we request your input again in order to create a 2021 Page County (IA) Community Health Needs Assessment (CHNA).

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

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

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

- Very Good Good Average Poor Very Poor

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

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

Please specify why.

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Affordable Housing |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Provider Retention |
| <input type="checkbox"/> Chronic Diseases | <input type="checkbox"/> Dialysis Services |
| <input type="checkbox"/> Awareness of Services | <input type="checkbox"/> Violence / Domestic Abuse |
| <input type="checkbox"/> Dentists (Offering Medicaid) | <input type="checkbox"/> Visiting Specialists |
| <input type="checkbox"/> Reproductive Health Education | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Affordable Health Insurance | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Transportation | |

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

- | | |
|--|--|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Affordable Housing |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Provider Retention |
| <input type="checkbox"/> Chronic Diseases | <input type="checkbox"/> Dialysis Services |
| <input type="checkbox"/> Awareness of Services | <input type="checkbox"/> Violence / Domestic Abuse |
| <input type="checkbox"/> Dentists (Offering Medicaid) | <input type="checkbox"/> Visiting Specialists |
| <input type="checkbox"/> Reproductive Health Education | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Affordable Health Insurance | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Transportation | |

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

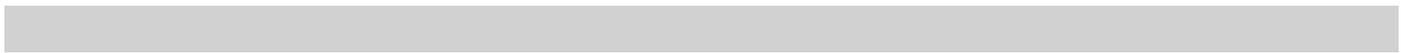
- | | |
|--|--|
| <input type="checkbox"/> Chronic Disease | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness | <input type="checkbox"/> Family Assistance programs |
| <input type="checkbox"/> Lack of Nutrition/Exercise Services | <input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

Other (Be Specific).



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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>				
Child Care	<input type="radio"/>				
Chiropractors	<input type="radio"/>				
Dentists	<input type="radio"/>				
Emergency Room	<input type="radio"/>				
Eye Doctor/Optomtrist	<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. What "new" community health programs should be created to meet current community health needs?

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

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

Other (Please specify).

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

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

Other (Please specify).

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



VWV Consultants LLC



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Vince Vandehaar, MBA

Principal & Adjunct Professor

VVV@VandehaarMarketing.com

Cassandra Kahl, BHS MHA

Director, Project Management

CJK@VandehaarMarketing.com

HQ Office:

601 N Mahaffie, Olathe, KS 66061

(913) 302-7264

<http://vandehaarmarketing.com/>

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