



Community Health Needs Assessment

Decatur County, IA

On Behalf of Decatur County Hospital with partners

Decatur County Public Health

and Infinity Health



February 2023

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Decatur County Hospital – Decatur County, IA - 2023 Community Health Needs Assessment (CHNA)

The previous CHNA for Decatur 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 Decatur County, IA CHNA assessment began in December of 2022 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) 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:

2022 CHNA Priorities - Unmet Needs				
Decatur County, IA on Behalf of DCH, DCHD and Infinity				
Wave #4 Town Hall - 2/9/23 (37 Attendees / 135 Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Collaborations & Communication of HC Partners	30	22.2%	22%
2	Awareness of HC Services	21	15.6%	38%
3	Housing (Accessible / Affordable / Safe)	18	13.3%	51%
4	Healthcare Literacy	13	9.6%	61%
5	Childcare (Accessible / Affordable / Safe)	11	8.1%	69%
6	Mental Health (Diagnosis, Placement, Aftercare, Providers)	11	8.1%	77%
7	Lack of Optometry / Ophthalmology services	8	5.9%	83%
Total Votes		135	100%	
Other needs receiving votes: HC Staffing, Access to DHS enrollment, Senior Living Options, Food Insecurity, Disadvantaged Pop, Senior Exercise and Water.				

Town Hall CHNA Findings: Areas of Strengths

Decatur Co, IA - Community Health Needs Assessment - Town Hall Strengths Reported					
#	Topic	#	Topic	#	Topic
1	Ambulance and first responders	6	Nutrition education in schools	11	Community activities
2	Service offerings community wide	7	Food pantry in both towns	12	Schools
3	Virtual care/ telehealth	8	Primary care offering behavioral health services	13	Facilities (hospital, clinics)
4	Access to care	9	Strong generational support	14	Access to wellness and trails
5	Healthcare transportation	10	Public health	15	Volunteers

Key CHNA Wave #4 Secondary Research Conclusions found:

IOWA HEALTH RANKINGS: According to the 2022 Robert Wood's County Health Rankings, Decatur County, IA Average was ranked 99th in Health Outcomes, 89th in Health Factors, and 37th in Physical Environmental Quality out of the 99 Counties.

TAB 1. Decatur County's population is 7,870 (based on 2019). About six percent (6.2%) of the population is under the age of 5, while the population that is over 65 years old is 20.3%. As of 2019, 5.9% of citizens speak a language other than English in their home. Children in single parent households make up a total of 14.6% compared to the rural norm of 18.2%, and 82.2% are living in the same house as one year ago.

TAB 2. In Decatur County, the average per capita income is \$22,875 while 16.9% of the population is in poverty. The severe housing problem was recorded at 16.7% compared to the rural norm of 10.9%. Those with food insecurity in Decatur County is 12.3%, and those having limited access to healthy foods (store) is 4.1%. Individuals recorded as having a long commute while driving alone is 30.1% compared to the norm of 25.4%.

TAB 3. Children eligible for a free or reduced-price lunch in Decatur County is 58.4%. Roughly eighty-nine percent (89.1%) of students graduated high school compared to the rural norm of 90.3%, and 25.0% have a bachelor's degree or higher.

TAB 4. The rate per 1,000 of births where prenatal care started in the first trimester is 682.1 and 61.5 of births in Decatur County have a low birth weight. The percent of all births occurring to teens (15-19) is 41.0 per 1,000.

TAB 5. The Decatur County primary care service coverage ratio is 1 provider (county based office physician who is a MD and/or DO) to 3,945 residents. There were 3,365 preventable hospital stays in 2018 compared to the Rural Norm of 3,453.

TAB 6. In Decatur County, 13.7% of the Medicare population has depression. The average mentally unhealthy days last reported (2018) is 4.2 days in a one-week period, while the age-adjusted suicide mortality rate (per 100,000) is 11.9.

TAB 7a – 7b. Decatur County has an obesity percentage of 34.5% and a physical inactivity percentage is 28.9%. The percentage of adults who smoke is 21.9%, while the excessive drinking percentage is 22.4%. The Medicare hypertension percentage is 47.1%, while their heart failure percentage is 11.7%. Those with chronic kidney disease amongst the Medicare population is 15.7% compared to the rural norm of 21.0%. The percentage of individuals who were recorded with COPD was 9.6%. Decatur County recorded as about three percent of individuals having had a stroke at 2.8%.

TAB 8. The adult uninsured rate for Decatur County is 7.7% (based on 2016) compared to the rural norm of only 6.2%.

TAB 9. The life expectancy rate in Decatur County for males and females is almost seventy-eight years of age (77.6). Alcohol-impaired driving deaths for Decatur County is 15.4% while age-adjusted Cancer Mortality rate per 100,000 is 202.0. The age-adjusted heart disease mortality rate per 100,000 is at 164.6.

TAB 10. A recorded seventy percent (69.7%) of Decatur County has access to exercise opportunities. Those reported having diabetes is 14.6%. Continually, forty-two percent (42.0%) of women in Decatur County seek annual mammography screenings compared to the rural norm of 48.3%.

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=280) provided the following community insights via an online perception survey:

- Using a Likert scale, average between Decatur County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 62.4%.
- Decatur County stakeholders are satisfied with some of the following services: Ambulance Services, Outpatient Services, Primary Care, and Public Health.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health (Diagnosis, Treatment, Aftercare, Providers), Substance Abuse (Drug / Alcohol), Housing (Access / Safe / Affordable), Poverty, Optometry, Economic Development, Obesity (Nutrition / Exercise), and Child Care Services.

Decatur Co, IA - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	100	9.0%		1
2	Poverty	100	9.0%		4
3	Housing (Access / Safe / Affordable)	93	8.4%		3
4	Optometry	85	7.7%		5
5	Child Care Services	78	7.1%		8
6	Obesity (Nutrition / Exercise)	74	6.7%		7
7	Substance Abuse (Drug / Alcohol)	74	6.7%		2
8	Economic Development	71	6.4%		6
9	Awareness of Healthcare Services	62	5.6%		11
10	Dental Care	51	4.6%		15
11	Senior Care Services	51	4.6%		12
12	Transportation (Healthcare)	48	4.3%		13
13	Visiting Specialists	47	4.3%		14
14	Access to Primary Care (Clinic Availability)	46	4.2%		9
15	Public Healthcare Perception	44	4.0%		16
16	Assisted Living	33	3.0%		12
17	Medicaid Enrollment / Expansion	31	2.8%		17
18	Access to Amish Healthcare Services / Education	17	1.5%		18
Totals		1105	100.0%		

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.*).

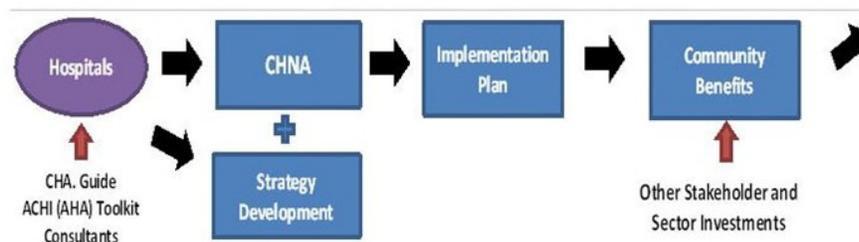
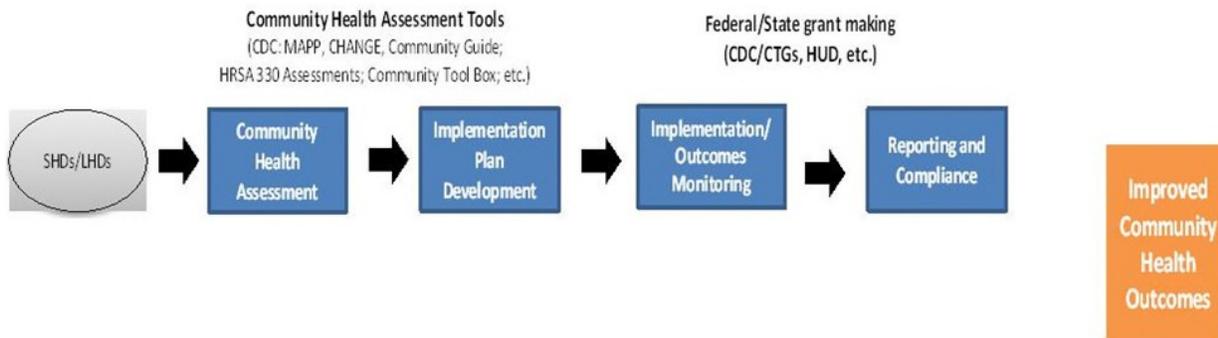
JOB #2: Making a CHNA Widely Available to the Public

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):

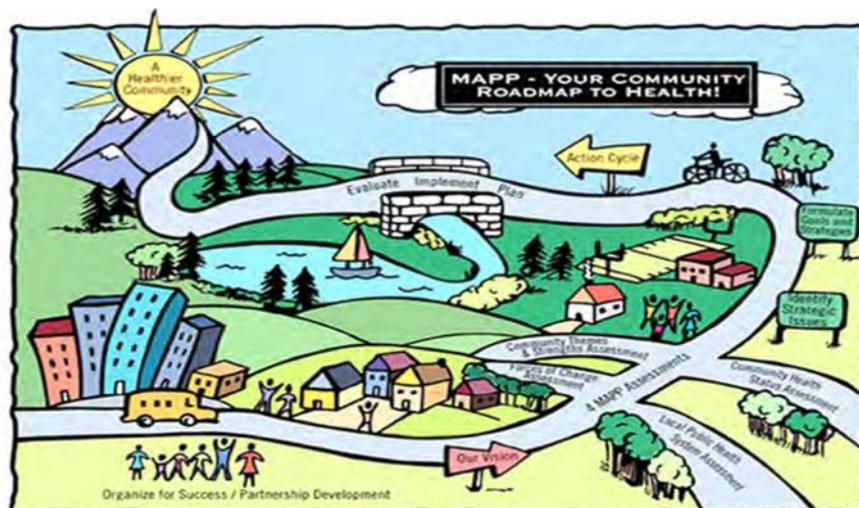
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

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 hospital and health department CHNA partners:

Decatur County Hospital

**1405 NW Church
Leon, IA 50144
CEO: Michael Johnston**

Decatur County Hospital (DCH) is an 11 bed Critical Access Hospital located in south central Iowa with 24 hour emergency services and a full range of professional services. Decatur County Hospital has proudly served Decatur County and surrounding areas since 1932. The current hospital is a newly built, state of the art, Critical Access Hospital and is located on the site of the original hospital.

We offer many services including:

- 16 Outpatient Specialist Clinics: Cardiology; Chronic Pain Management; Dermatology; Ears, Nose & Throat; Endocrinology; General/Vascular Surgery; Gynecology and Uro-Gynecology; Interventional Pain Services; Medical Weight Loss; Neurology; Oncology/Hematology; Orthopedic Surgery; Podiatry; Pulmonology; Rheumatology; and Urology
- Surgery (general, vascular, total joint replacements)
- Rehab (physical, occupational, speech, lymphedema care, and LSVT BIG & LOUD Program for Parkinson's Disease and Neurological Disorders)
- Infusion
- Radiology
- Inpatient/Acute Care
- Skilled Care (Swing Bed)
- Decatur County Healthcare Courtesy Van
- Cardiopulmonary
- Emergency Services
- Laboratory

Decatur County Public Health and Home Care

207 NE Idaho St.

Leon, IA 50144

East side of Leon square

Health Director: Holly Rash

We provide comprehensive public health, homemaker, and environmental health services for residents of Decatur County.

The agency mission is to promote individual and community wellness through programs based on community assessment and collaboration with other health and community organizations.

Our vision/purpose is dedicated to the prevention of disease and to the promotion of health and well-being.

Services Offered:

- Emergency Preparedness and Response
- Environmental Health
- Immunizations
- Nutrition Program
- Tobacco Control Program
- Wellness Center
- WIC / LEAD

Infinity Health FQHC

302 NE 14th St.

Leon, IA 50144

CEO: Samantha Cannon

Infinity Health was founded in 2005 as a Federally Qualified Health Center in Decatur County, Iowa. Formerly known as Community Health Centers of Southern Iowa (CHCSI), the health care organization rebranded as Infinity Health in 2022 to reflect the overall reach and services it provides to the communities it serves in southern Iowa and northern Missouri. Today, Infinity Health manages 11 locations, including primary care sites and centers offering behavioral health and substance abuse services. Infinity Health is part of the IowaHealth+ network.

Services Offered:

- Behavioral
- Dental
- Medical
- Pharmacy
- Access Center

II. Methodology

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- Wellness Center
- WIC / LEAD

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

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

VVW 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)

Introduction: Who We Are Background and Experience



Vince Vandehaar, MBA – Principal
VVW Consultants LLC – start 1/1/09 *
– Adjunct Full Professor @ Avila & Webster Universities
– 35+ year veteran marketer, strategist and researcher
– Saint Luke's Health System, BCBS of KC,
– Hometown: Bondurant IA



Cassandra Kahl, BHS – Director, Project Management – Nov 2020
University of Kansas – Health Sciences
Park University - MHA
Hometown: Maple, WI



Hannah Foster MBA – Associate Consultant – April 2022
MO Southern State – Joplin, MO
Avila University – MBA with HC
Hometown: Lee's Summit, MO

VVW Consultants LLC (EIN 27-0253774) began as "VVW 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 December of 2022 for Decatur County Hospital (DCH) in Leon, Iowa to meet Federal IRS CHNA requirements.

In early January 2023, a meeting was called amongst the DCH leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to the CRMC to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Define PSA for Decatur County Hospital					Yr 2019-2021 (IP_OP_ER)		
#	ZIP	City	ST	County	3Yr TOT	%	Accum
				Grand Total	35,424	100.0%	
1	50144	Leon	IA	DECATUR	12,912	36.4%	36.4%
2	50140	Lamoni	IA	DECATUR	7,119	20.1%	56.5%
3	50065	Davis City	IA	DECATUR	1,777	5.0%	61.6%
4	50067	Decatur	IA	DECATUR	1,227	3.5%	65.0%
5	50103	Garden Grove	IA	DECATUR	1,120	3.2%	68.2%
6	50213	Osceola	IA	CLARK	1,090	3.1%	71.3%
7	50262	Van Wert	IA	DECATUR	959	2.7%	74.0%
8	50108	Grand River	IA	DECATUR	931	2.6%	76.6%
9	50264	Weldon	IA	DECATUR	806	2.3%	78.9%

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:

<p align="center">Development Steps to Create Comprehensive Community Health Needs Assessment</p>	
<p>Step # 1 Commitment</p>	<p><i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, Schools, Churches, Physicians etc.), prepare project quote.</i></p>
<p>Step # 2 Planning</p>	<p><i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i></p>
<p>Step # 3 Secondary Research</p>	<p><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></p>
<p>Step # 4a Primary Research - Town Hall prep</p>	<p><i>Collect Community Opinions. (Quantitative Research). Gather Stakeholders / Community opinions regarding community health needs and healthcare practices.</i></p>
<p>Step # 4b Primary Research - Conduct Town Hall</p>	<p><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></p>
<p>Steps # 5 Reporting</p>	<p><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></p>
<p>VVV Consultants, LLC Olathe, KS 913 302-7264</p>	

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

Sources of community-health level indicators:

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

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

VVV CHNA Wave #4 Work Plan - Year 2022 Late Release			
Project Timeline & Roles - Working Draft as of 2/20/22			
Step	Timeframe	Lead	Task
1	12/2/2022	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	12/5/2022	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	12/8/2022	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	12/8/2022	VVV	Hold Kick-off Meeting & Request Hospital Client sources files: IHA PO reports for FFY 19, 20 and 21, PSA 3 year historical IP/OP/ER/Clinic patient volumes (Use ZipPSA_3yrPOrigin.xls)
5	12/8/2022	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Dec 2022 - Jan 2023	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	On or before 12/14/2022	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	By 12/14/2022	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	12/15/2022	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 1/20/23 for Online Survey
10	On or before 1/20/2023	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 1/20/2023	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	2/21/2023	ALL	Conduct conference call / zoom (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Thursday 2/9/23	VVV	Conduct onsite CHNA Town Hall (working Lunch from 11:30 am - 1:00 pm) at Leon County Club . Review & discuss PSA health data plus RANK unmet health needs.
14	On or Before 3/14/2023	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 3/31/2023	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	Tues 3/21/22	All	Conduct Client Implementation Plan PSA Leadership lunch session (11:30-1pm) via Zoom
17	On or Before 3/31/2023	TBD	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Community Health Needs Assessment Town Hall Meeting – Decatur County IA on behalf of DCH, DCHD and Infinity Health



VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

CommunityTEAM Table Assignments

Decatur County, IA CHNA Town Hall February 9th (11-1:30pm)

#	Table	Lead	Last	First	Organization	#	Table	Lead	Last	First	Organization
1	A	##	Weaver	William	Infinity Health	21	F	##	Kessel	Shirley	Infinity Health
2	A		Foster	Teri	Hospital Board Member	22	F	I	Kevin	Frost	Stoney Oak Properties
3	A		Johnston	Michael	Decatur County Hospital	23	F		Smith	JoBeth	
4	A		McCann	Marvin		24	F		Williams	Felicia	Lamoni Public Library
5	B	##	Kimmel	Heather	Decatur County Public Health	25	G	##	Kouba	Evonne	
6	B		Barth	Pam		26	G		Elefson	Denise	
7	B		Cannon	Samantha	Infinity Health	27	G		Fountain	Cierra	Decatur County Dev Corp
8	B		Frost	Sheri		28	G		Zach	Cheryl	
9	C	##	Martz	Nicole	Decatur County Public o	29	H	##	Masters	Andi	Infinity Health
10	C		Chastain	Linda		30	H		Cody	Ray	Zion Integrated BH Health
11	C		Leonard	Michelle	Infinity Health	31	H		Fry	Brenda	
12	C		Manuel	MaryAnn	Lamoni City Council	32	H		David	McGahuey	
13	D	##	Spidle	Tara	DECATUR COUNTY HOSPITAL	33	I	##	Torres	Leslie	Crisis Intervention & Advoc Ctr
14	D		Johnson	Tiffany	Infinity Health	34	I		McKinney	Jim	
15	D		Maynard	Kym		35	I		Morain	Bill	Infinity Health
16	D		Zach	Marvin	Decatur County Public Health	36	I		Erb	Shannon	Decatur County Hospital
17	E	##	Rash	Holly	Decatur County Public Health						
18	E		Bear	Jessica	Decatur County EMA						
19	E		Eddy	Janeen	Infinity Health						
20	E		Sheri	Frost	Decatur Co Golf & Country Club						

2

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

- I. Opening / Introductions (5 mins)
- II. Review CHNA Purpose and Process (5 mins)
- III. Review Current County "Health Status"
 - Secondary Data by 10 TAB Categories
 - Review Community Feedback Research (40 mins)
- IV. Collect Community Health Perspectives
 - Hold Community Voting Activity
 - Determine Most Important Unmet Needs (35 mins)
- V. Close / Next Steps (5 mins)

3

Introduction: Who We Are Background and Experience





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

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



Hannah Foster – Associate Consultant
VVV Consultants LLC – April 2022

- MO Southern State – Joplin, MO
- Avila University – MBA with HC
- Hometown: Lee's Summit, MO



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

- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, WI



McKenzie Green BS – PT Student Associate
- MBA Avila University

4

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)

5

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.

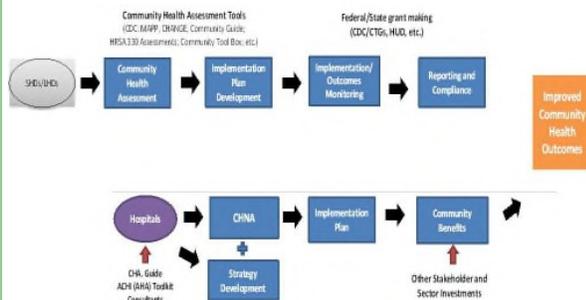
Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local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

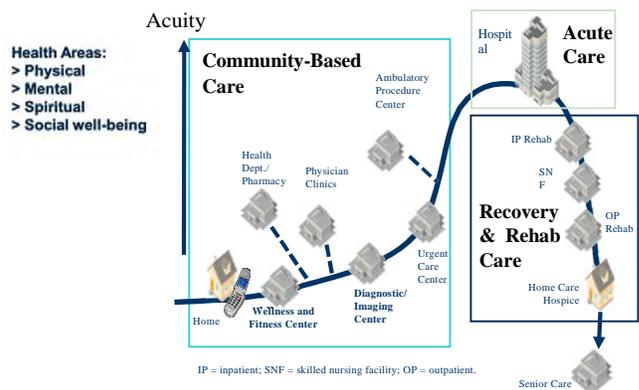
6

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



7

Future System of Care—Sg2



8

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

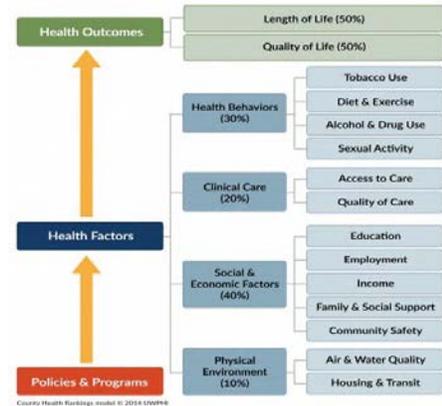
Trends: **Good** **Same** **Poor**

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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IV. Collect Community Health Perspectives Thoughts/Opinions?

- 1) **Today:** What are the *strengths* of our community that contribute to health? **(White card)**
- 2) **Today:** Are there healthcare services in your community/neighborhood that you feel *need to be improved and/or changed*? **(Color card)**
- 3) **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?

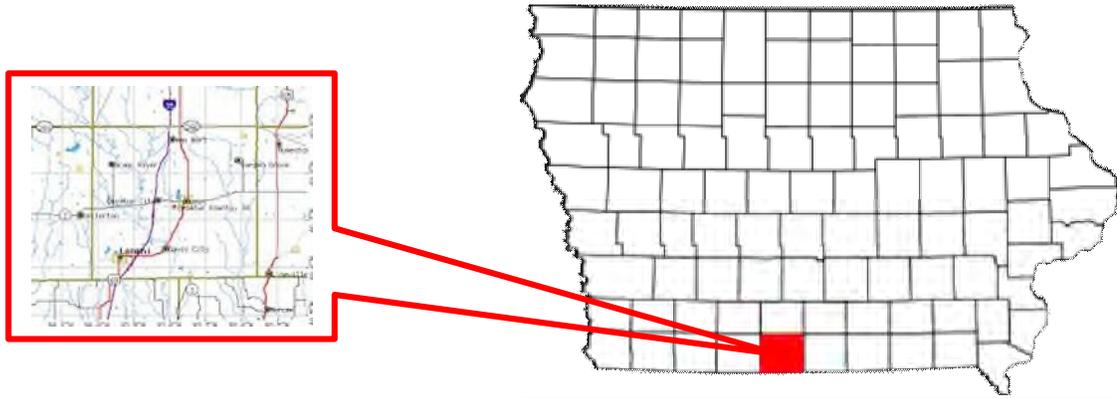
VVV@VandelaarMarketing.com
HCF@VandelaarMarketing.com
CJK@VandelaarMarketing.com
(913) 302-7264

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II. Methodology

d) Community Profile (A Description of Community Served)

Decatur County (IA) Community Profile



The population of Decatur County was estimated to be 7,501 citizens in 2022 and a population density of 14 persons per square mile. Decatur County lies on the south line of Nebraska.¹

The major highway transportation access to Decatur County is Interstate 35 and Iowa Highway 2.

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

Decatur County (IA) Community Profile

Decatur County Public Airports²

Name

[Lamoni Municipal Airport](#)

Schools in Decatur County: Public Schools³

Name	Level
<u>Central Decatur Ms/Hs High School</u>	High
<u>Lamoni Elementary School</u>	Elementary
<u>Lamoni High School</u>	High
<u>Lamoni Middle School</u>	Middle
<u>Mormon Trail Jr-Sr High School</u>	High
<u>North Elementary School</u>	Elementary
<u>South Elementary School</u>	Elementary

² <https://iowa.hometownlocator.com/features/cultural,class,public%20and%20private%20airports,fcode,20000,scfips,19053.cfm>

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

Decatur 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
1	50065	Davis City	DECATUR	618	593	-4.05%	245	236	2.5	\$24,380
2	50067	Decatur	DECATUR	282	271	-3.90%	118	114	2.4	\$26,791
3	50103	Garden Grove	DECATUR	384	365	-4.95%	155	148	2.5	\$29,834
4	50108	Grand River	DECATUR	450	435	-3.33%	195	188	2.3	\$28,418
5	50140	Lamoni	DECATUR	2,722	2,622	-3.67%	866	824	2.4	\$17,744
6	50144	Leon	DECATUR	2,611	2,489	-4.67%	1,058	1,009	2.4	\$22,831
7	50262	Van Wert	DECATUR	507	508	0.20%	227	229	2.2	\$29,689
8	50264	Weldon	DECATUR	470	470	0.00%	200	200	2.4	\$28,348
Totals				8,044	7,753	-3.62%	3,064	2,948	2.4	\$26,004

	ZIP	NAME	County	Population				Year 2020		Females
				Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	50065	Davis City	DECATUR	618	150	184	60	46	302	53
2	50067	Decatur	DECATUR	282	69	81	25	47	138	25
3	50103	Garden Grove	DECATUR	384	80	117	39	43	180	36
4	50108	Grand River	DECATUR	450	110	129	39	48	219	40
5	50140	Lamoni	DECATUR	2,722	527	1,286	270	27	1,353	448
6	50144	Leon	DECATUR	2,611	617	803	280	44	1,330	262
7	50262	Van Wert	DECATUR	507	119	129	52	49	244	45
8	50264	Weldon	DECATUR	470	105	117	48	48	226	43
Totals				8,044	1,777	2,846	813	351	3,992	952

	ZIP	NAME	County	Population 2020				Households 2020		
				Caucasian	African Amer	Amer Ind.	Hispanic	YR 2020	Med \$ HH	# HH \$50K+
1	50065	Davis City	DECATUR	94.98%	0.16%	0.81%	2.10%	245	\$43,726	113
2	50067	Decatur	DECATUR	96.81%	0.00%	0.35%	1.42%	118	\$45,417	56
3	50103	Garden Grove	DECATUR	98.70%	0.26%	0.00%	0.52%	155	\$60,446	101
4	50108	Grand River	DECATUR	97.33%	0.00%	0.22%	1.33%	195	\$46,521	97
5	50140	Lamoni	DECATUR	87.73%	5.22%	0.62%	5.66%	866	\$39,359	324
6	50144	Leon	DECATUR	97.40%	0.54%	0.31%	2.57%	1,058	\$43,915	491
7	50262	Van Wert	DECATUR	97.44%	0.20%	0.79%	1.18%	227	\$53,000	132
8	50264	Weldon	DECATUR	97.02%	0.21%	0.64%	1.49%	200	\$54,937	120
Totals				95.93%	0.82%	0.47%	2.03%	3,064	\$48,415	1,434

Source: ERSI Demographics

III. Community Health Status

[VVV Consultants LLC]

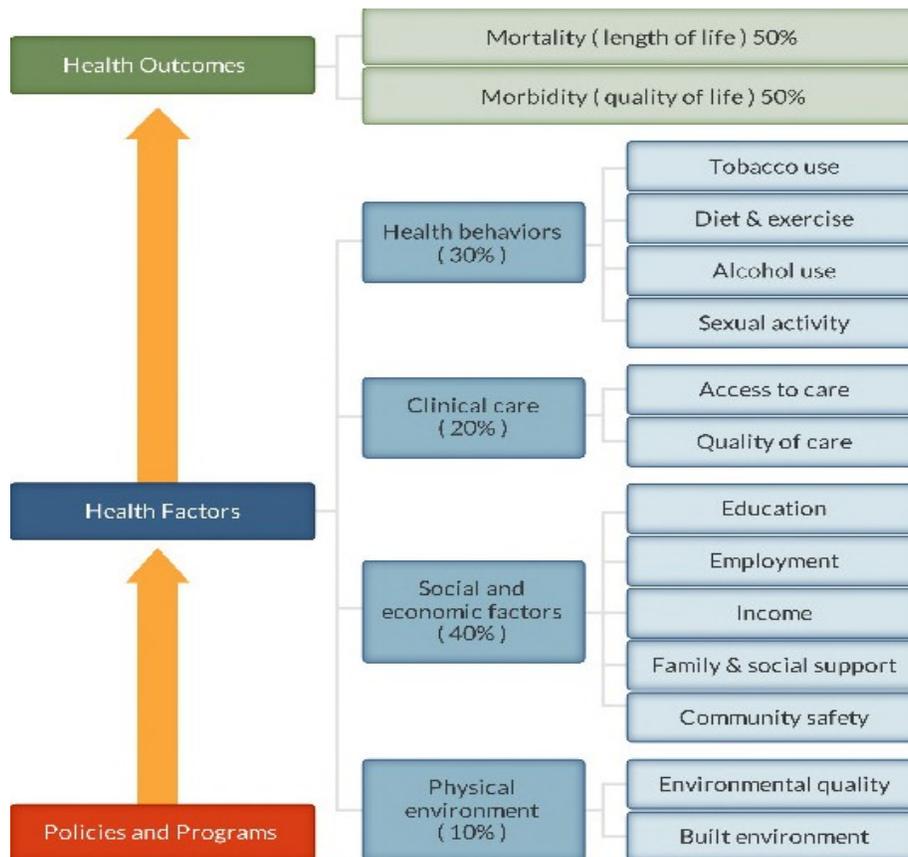
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2022 RWJ Health Rankings:

#	2022 IA Rankings - 99 Counties	Definitions	Decatur Co. IA	Trend	Rural IA Co Norm N=17
1	Health Outcomes		99		63
	Mortality	Length of Life	95		63
	Morbidity	Quality of Life	98		63
2	Health Factors		89		66
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	85		64
	Clinical Care	Access to care / Quality of Care	87		57
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	90		67
3	Physical Environment	Environmental quality	37		48

Rural IA Norm (N=17) includes the following counties: Appanoose, Carroll, Marion, Fremont, Decatur, Cherokee, Mahaska, Poweshiek, Marshall, Davis, Monroe, Ringgold, Clarke, Clayton, Wayne, Lucas, Jasper.

<http://www.countyhealthrankings.org>, released 2022

PSA Secondary Research:

When studying community health, it is 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		Decatur Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
1	a	Population estimates, 2019	7,870		3,193,079	15,627	County Health Rankings
	d	Persons under 5 years, percent, July 1, 2021, (V2021)	6.2%		6.2%	6.0%	People Quick Facts
	e	Persons 65 years and over, percent, July 1, 2021, (V2021)	20.3%		17.5%	21.4%	People Quick Facts
	f	Female persons, percent, July 1, 2021, (V2021)	49.7%		50.2%	49.7%	People Quick Facts
	g	White alone, percent, July 1, 2021, (V2021)	94.9%		90.6%	96.0%	People Quick Facts
	h	Black or African American alone, percent, July 1, 2021, (V2021)	2.1%		4.1%	1.3%	People Quick Facts
	i	Hispanic or Latino, percent, July 1, 2021, (V2021)	3.3%		6.3%	4.6%	People Quick Facts
	k	Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	5.9%		8.3%	6.7%	People Quick Facts
	l	Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	82.2%		85.2%	87.1%	People Quick Facts
	m	Children in single-parent households, %, 2015-2019	14.6%		21.0%	18.2%	County Health Rankings
	n	Total Veterans, 2015-2019	421		185,671	1,135	People Quick Facts

Tab 2: Economic Profile

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

Tab	Health Indicators		Decatur Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
2	a	Per capita income in past 12 months (in 2018 dollars), 2015-2019	\$22,875		\$30,063	\$28,706	People Quick Facts
	b	Persons in poverty, percent, 2021	16.9%		10.2%	11.3%	People Quick Facts
	c	Total Housing units, July 1, 2019, (V2019)	3,851		1,418,626	7,323	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	16.7%		11.9%	10.9%	County Health Rankings
	f	Total of All firms, 2012	762		259,121	1,402	People Quick Facts
	g	Unemployment, percent, 2019	2.2%		2.7%	2.8%	County Health Rankings
	h	Food insecurity, percent, 2018	12.3%		9.7%	9.6%	County Health Rankings
	i	Limited access to healthy foods, percent, 2015	4.1%		5.6%	6.5%	County Health Rankings
	j	Long commute - driving alone, percent, 2015-2019	30.1%		20.6%	25.4%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Health Indicators		Decatur Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
3	a	Children eligible for free or reduced price lunch, percent, 2018-2019 (ALL Schools)	58.4%		42.5%	47.0%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	89.1%		92.1%	90.3%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	25.0%		28.6%	20.0%	People Quick Facts

Con't...

#	2022 School Indicators	Central Decatur	Lamoni Community
1	Total # Public School Nurses	2	1
2	School Wellness Plan in place (Active)	Yes	Yes
3	VISION: # Screened / Referred to Prof / Seen by Professional	150	315 /8 /NA
4	HEARING: # Screened / Referred to Prof / Seen by Professional	262	180 /4 /1
5	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	113	41 /8 /3
6	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	NA	NA
7	# of Students served with no identified chronic health concerns	528	364
8	School has a suicide prevention program	Yes	Yes
9	Compliance 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	Decatur Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
4	a Number of Births Where Prenatal Care began in First Trimester, 2018-2019, Rate per 1,000	682.1		787.2	679.7	Iowa Health Fact Book
	b Percent Premature Births by County, 2020	NA		8.1%	7.9%	idph.iowa.gov
	c 2 Year Old Immunizations for the 4-3-1-3-3-1-4 by IRIS Population, 2020	66.3%		72.4%	67.3%	idph.iowa.gov
	d Number of Births with Low Birth Weight, 2018-2019, Rate per 1k	61.5		68.4	61.3	Iowa Health Fact Book
	e Number of all Births Occurring to Teens (15-19), 2018-2019, Rate per 1k	41.0		40.8	45.2	Iowa Health Fact Book
	g Number of births Where Mother Smoked During Pregnancy, 2018-2019, Rate per 1,000	169.2		112.6	216.9	Iowa Health Fact Book

#	Criteria - Vital Statistics (Rate per 1,000)	Decatur Co.	Trend	Iowa	IA Rural Norm (17)
a	Total Live Births, 2016	11.3		12.5	12.5
b	Total Live Births, 2017	12.5		12.2	12.0
c	Total Live Births, 2018	13.7		11.9	11.4
d	Total Live Births, 2019	11.1		11.9	11.6
e	Total Live Births, 2020	9.5		11.4	11.3

Source: Iowa Public Health

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	Decatur Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
5	a Primary Care (MDs / DOs only) Ratio of population to primary care physicians, 2018	3945:1		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	3,365		3,536	3,453	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	83.0%		73.0%	79.5%	CMS Hospital Compare
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	76.0%		72.0%	74.4%	CMS Hospital Compare
	e Average Time Patients Spent in the Emergency Dept. Before Seen by a Healthcare Professional (Mins)	122		122	120	CMS Hospital Compare

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicators	Decatur Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
6	a Depression: Medicare Population, percent, 2017	13.7%		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)	11.9		14.6	17.3	Iowa Health Fact Book
	c Poor mental health days, 2018	4.2		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	Decatur Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
7a	a Adult obesity, percent, 2017	34.5%		34.3%	37.4%	County Health Rankings
	b Adult smoking, percent, 2018	21.9%		17.4%	20.2%	County Health Rankings
	c Excessive drinking, percent, 2018	22.4%		25.8%	24.0%	County Health Rankings
	d Physical inactivity, percent, 2017	28.9%		22.6%	25.9%	County Health Rankings
	e Poor physical health days, 2018	3.8		3.1	3.4	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000, 2018	35.0		14,682	42.9	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Health Indicators	Decatur Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
7b	a Hypertension: Medicare Population, 2017	47.1%		54.2%	55.3%	Centers for Medicare and Medicaid Services
	b Hyperlipidemia: Medicare Population, 2017	26.4%		44.6%	42.4%	Centers for Medicare and Medicaid Services
	c Heart Failure: Medicare Population, 2017	11.7%		13.0%	13.7%	Centers for Medicare and Medicaid Services
	d Chronic Kidney Disease: Medicare Pop, 2017	15.7%		21.6%	21.0%	Centers for Medicare and Medicaid Services
	e COPD: Medicare Population, 2017	9.6%		10.9%	11.3%	Centers for Medicare and Medicaid Services
	f Atrial Fibrillation: Medicare Population, 2017	8.4%		9.1%	8.9%	Centers for Medicare and Medicaid Services
	g Cancer: Medicare Population, 2017	6.7%		7.7%	7.1%	Centers for Medicare and Medicaid Services
	h Osteoporosis: Medicare Population, 2017	5.0%		6.3%	5.9%	Centers for Medicare and Medicaid Services
	i Asthma: Medicare Population, 2017	2.4%		3.9%	3.0%	Centers for Medicare and Medicaid Services
	j Stroke: Medicare Population, 2017	2.8%		2.8%	2.8%	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	Decatur Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
8	a Uninsured, percent, 2016	7.7%		5.6%	6.2%	County Health Rankings

#	Decatur County Hospital - Decatur County IA	YR20	YR21	YR22
1	Bad Debt - Write off	\$494,723	\$429,396	\$689,902
2	Charity Care - Free Care Given	\$186,087	\$208,582	\$126,052

Source: Internal Records -				
	Decatur Co IA - Health Dept Operations	YR 2020	YR 2021	YR 2022
1	Core Community Public Health	\$34,751	\$37,200	\$34,000
2	Environmental Services*	\$8,000	\$8,000	\$12,000
3	Home Health **	\$204,218	\$140,359	\$43,500
4	Immunizations/Vaccine	\$7,774	\$8,724	\$7,500
7	Tobacco Cessation	\$46,899	\$41,036	\$87,933
8	Nutrition Education	\$11,611	\$15,207	\$21,869

*Environmental Services is the only category funded by Decatur County dollars.
 ** Home Health funds come from reimbursement of Medicare, Medicaid, VA, Private Insurance, and Private pay.
 WIC/Maternal Child Health/ smile/1st Five is provided by MATURA. All other funds come from grants from the State of Iowa

Tab 9: Mortality Profile

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

Tab	Health Indicators	Decatur Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
9	a Life Expectancy (Male and Females), 2017-2019	77.6		79.4	78.5	County Health Rankings
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2018 (lower is better)	202.0		160.7	175.8	Iowa Health Fact Book
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	164.6		162.3	175.9	Iowa Health Fact Book
	e Age-adjusted Chronic Obstructive Pulmonary Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	46.0		47.3	52.9	Iowa Health Fact Book
	f Alcohol-impaired driving deaths, percent, 2013-2017	15.4%		26.8%	29.3%	County Health Rankings

Con't...

Total IOWA by Selected Causes of Death - 2020 (per 10k)	Decatur Co IA	Mix %	Trend	State of IA 2020	%
Total Deaths	95			35,659	
Major Cardiovascular Diseases	31	32.6%		9,586	26.9%
All other diseases	19	20.0%		6,116	17.2%
Malignant neoplasms (cancer)	17	17.9%		6,205	17.4%
Unintentional injuries	7	7.4%		1,618	4.5%
Covid-19	5	5.3%		4,330	12.1%

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	Decatur Co. IA	Trend	State of IA	Rural IA Co Norm N=17	Source
10	a Access to exercise opportunities, percent, 2019	69.7%		82.9%	70.0%	County Health Rankings
	b Diabetes prevalence, percent, 2017, adults aged 20+ with diagnosed diabetes	14.6%		9.9%	12.2%	County Health Rankings
	c Mammography screening, percent, 2018	42.0%		52.0%	48.3%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	NA		NA	NA	TBD
	e Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
	f 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 Decatur County, IA.

Chart #1 – Decatur County, IA Online Feedback Response (N=280)

Decatur Co, IA - CHNA YR 2022			
For reporting purposes, are you involved in or are you a ...? (Multiple)	Decatur Co IA N=280	Trend	Wave 4 Norms N=9312
Business / Merchant	5.0%		14.7%
Community Board Member	7.8%		13.1%
Case Manager / Discharge Planner	0.0%		1.4%
Clergy	3.7%		2.3%
College / University	5.0%		4.8%
Consumer Advocate	3.7%		2.4%
Dentist / Eye Doctor / Chiropractor	0.0%		1.2%
Elected Official - City/County	1.4%		3.0%
EMS / Emergency	1.8%		3.6%
Farmer / Rancher	6.0%		9.9%
Hospital / Health Dept	2.8%		25.4%
Housing / Builder	0.5%		1.3%
Insurance	0.5%		1.8%
Labor	1.8%		4.3%
Law Enforcement	0.5%		1.7%
Mental Health	8.7%		3.3%
Other Health Professional	14.2%		16.1%
Parent / Caregiver	11.0%		23.4%
Pharmacy / Clinic	4.1%		3.4%
Media (Paper/TV/Radio)	0.5%		1.0%
Senior Care	4.6%		5.1%
Teacher / School Admin	2.8%		9.9%
Veteran	4.1%		4.6%
Other (please specify)	9.6%		11.6%
TOTAL	280		8639
Norms: KS Counties: Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Decatur Co, IA - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Decatur Co IA N=280	Trend	Wave 4 Norms N=9312
Top Box %	19.3%		24.8%
Top 2 Boxes %	62.4%		67.7%
Very Good	19.3%		24.8%
Good	43.1%		42.9%
Average	31.0%		26.7%
Poor	5.8%		6.7%
Very Poor	0.7%		2.0%
Valid N	280		8,971
Norms: KS Counties: Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

Chart #3 – Overall Community Health Quality Trend

Decatur Co, IA - CHNA YR 2022			
When considering "overall community health quality", is it...	Decatur Co IA N=280	Trend	Wave 4 Norms N=9312
Increasing - moving up	49.6%		41.2%
Not really changing much	36.8%		46.0%
Decreasing - slipping	13.6%		12.8%
Valid N	250		8,326
Norms: KS Counties: Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

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

Decatur Co, IA - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	100	9.0%		1
2	Poverty	100	9.0%		4
3	Housing (Access / Safe / Affordable)	93	8.4%		3
4	Optometry	85	7.7%		5
5	Child Care Services	78	7.1%		8
6	Obesity (Nutrition / Exercise)	74	6.7%		7
7	Substance Abuse (Drug / Alcohol)	74	6.7%		2
8	Economic Development	71	6.4%		6
9	Awareness of Healthcare Services	62	5.6%		11
10	Dental Care	51	4.6%		15
11	Senior Care Services	51	4.6%		12
12	Transportation (Healthcare)	48	4.3%		13
13	Visiting Specialists	47	4.3%		14
14	Access to Primary Care (Clinic Availability)	46	4.2%		9
15	Public Healthcare Perception	44	4.0%		16
16	Assisted Living	33	3.0%		12
17	Medicaid Enrollment / Expansion	31	2.8%		17
18	Access to Amish Healthcare Services / Education	17	1.5%		18
Totals		1105	100.0%		

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

Decatur Co, IA - CHNA YR 2022			
In your opinion, what are the root causes of "poor health" in our community?	Decatur Co IA N=280	Trend	Wave 4 Norms N=9312
Chronic disease prevention	14.2%		11.4%
Lack of health & Wellness Education	15.0%		14.3%
Lack of Nutrition / Exercise Services	12.6%		11.1%
Limited Access to Primary Care	5.0%		7.6%
Limited Access to Specialty Care	4.8%		9.0%
Limited Access to Mental Health Assistance	12.0%		18.4%
Family assistance programs	6.4%		6.0%
Lack of health insurance	13.8%		14.9%
Neglect	16.0%		11.5%
Total Votes	280		15,159
<small>Norms: KS Counties: Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.</small>			

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

Decatur Co, IA - CHNA YR 2022	Decatur Co IA N=280		Trend	Wave 4 Norms N=9,312	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	84.7%	2.3%		78.9%	5.9%
Child Care	37.9%	16.0%		39.3%	18.4%
Chiropractors	72.6%	6.3%		67.2%	6.9%
Dentists	50.6%	15.5%		65.6%	11.8%
Emergency Room	70.1%	5.7%		67.7%	11.6%
Eye Doctor/Optomtrist	25.3%	50.6%		70.5%	8.9%
Family Planning Services	34.8%	33.5%		36.0%	20.2%
Home Health	42.7%	17.1%		52.4%	11.7%
Hospice	66.9%	6.6%		61.8%	9.5%
Telehealth	62.0%	8.0%		46.4%	14.4%
Inpatient Services	66.7%	8.0%		71.0%	8.7%
Mental Health	47.1%	16.3%		25.3%	37.1%
Nursing Home/Senior Living	40.0%	14.7%		48.1%	15.9%
Outpatient Services	75.3%	2.3%		70.5%	5.9%
Pharmacy	73.0%	5.2%		82.8%	3.3%
Primary Care	69.5%	4.6%		71.8%	7.6%
Public Health	72.4%	4.7%		55.5%	10.4%
School Health	62.2%	6.4%		57.3%	9.0%
Visiting Specialists	72.4%	6.5%		61.4%	10.9%

Chart #7 – Community Health Readiness

Decatur Co, IA - CHNA YR 2022		Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Decatur Co IA N=280	Trend	Wave 4 Norms N=9312	
Behavioral / Mental Health	15.0%		36.9%	
Emergency Preparedness	9.4%		11.0%	
Food and Nutrition Services/Education	19.3%		18.3%	
Health Screenings (as asthma, hearing, vision, scoliosis)	11.6%		12.9%	
Prenatal/Child Health Programs	16.2%		14.6%	
Substance Use/Prevention	28.8%		37.4%	
Suicide Prevention	25.2%		38.9%	
Violence Prevention	35.3%		36.9%	
Women's Wellness Programs	18.0%		20.3%	
Norms: KS Counties: Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.				

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

Decatur Co, IA - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Decatur Co IA N=280	Trend	Wave 4 Norms N=9312
Yes	72.7%		70.1%
No	27.3%		29.9%
Norms: KS Counties: Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

Specialties:

Spec	Cts
OPHT	21
DENT	12
PRIM	11
FEM	9
SPEC	9
ORTH	7
SCAN	6
SURG	6
DERM	5
GAS	5
CARD	4
OBG	4

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

Decatur 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?	Decatur Co IA N=280	Trend	Wave 4 Norms N=9312
Yes	51.4%		54.6%
No	48.6%		45.4%
Norms: KS Counties: Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

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

Decatur Co, IA - CHNA YR 2022			
What needs to be discussed further at our CHNA Town Hall meeting?	Decatur Co IA N=280	Trend	Wave 4 Norms N=9312
Abuse/Violence	4.8%	Red	4.1%
Alcohol	2.8%	White	3.6%
Alternative Medicine	3.5%	White	3.0%
Breast Feeding Friendly Workplace	2.6%	White	1.9%
Cancer	5.3%	Red	5.0%
Care Coordination	1.5%	White	2.2%
Diabetes	2.0%	White	2.6%
Drugs/Substance Abuse	3.2%	White	4.9%
Family Planning	2.6%	White	2.5%
Heart Disease	4.8%	Red	3.7%
Lack of Providers/Qualified Staff	2.7%	White	3.4%
Lead Exposure	3.3%	White	1.5%
Mental Illness	1.7%	White	5.8%
Neglect	4.4%	Red	3.1%
Nutrition	4.9%	Red	4.7%
Obesity	0.6%	White	3.3%
Occupational Medicine	2.9%	White	1.2%
Ozone (Air)	3.5%	White	1.9%
Physical Exercise	4.4%	Red	4.4%
Poverty	0.9%	White	3.0%
Preventative Health / Wellness	0.3%	White	2.9%
Respiratory Disease	4.4%	Red	1.8%
Sexually Transmitted Diseases	5.5%	Red	2.8%
Smoke-Free Workplace	4.2%	Red	2.1%
Suicide	2.6%	White	4.3%
Teen Pregnancy	3.8%	White	3.7%
Telehealth	2.8%	White	2.5%
Tobacco Use	2.1%	White	2.2%
Transporation	2.4%	White	2.4%
Vaccinations	1.6%	White	3.2%
Water Quality	2.3%	White	2.1%
Health Literacy	4.1%	Red	2.7%
Other (please specify)	1.2%	White	1.4%
TOTAL Votes	280		29,809

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

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

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

Providers Delivering Care in Decatur County IA - 2022

Decatur County Hospital Primary Service Area

# of FTE Providers working in county	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visiting DRs *	PA / NP
Primary Care:			
Family Practice	1.00	0.0	3.00
Internal Medicine / Geriatrician	0.00	0.0	
Pediatrics	0.00	0.0	
Medicine Specialists:			
Allergy/Immunology	0.00	0.00	
Cardiology	0.00	0.09	0.05
Dermatology	0.00	0.00	0.20
Endocrinology	0.00	0.20	
Gastroenterology	0.00	0.00	
Oncology/RADO	0.00	0.14	0.18
Obstetrics/Gynecology	0.00	0.10	
Infectious Diseases	0.00	0.00	
Medical Weight Loss	0.00	0.00	0.70
Nephrology	0.00	0.00	
Neurology	0.00	0.40	
Psychiatry	0.00	0.00	
Pulmonary	0.00	0.07	
Rheumatology	0.00	0.00	0.70
Surgery Specialists:			
General Surgery / Colon / Oral	0.40	0.00	
Gynecology	0.10	0.00	
Neurosurgery	0.00	0.00	
Ophthalmology	0.00	0.00	
Orthopedics	0.00	0.10	
Otolaryngology (ENT)	0.00	0.05	
Plastic/Reconstructive	0.00	0.00	
Vascular	0.40	0.00	
Urology	0.00	0.10	
Podiatry	0.00	0.20	
Hospital Based:			
Anesthesia/Pain	0.00	0.00	0.15
Emergency	0.00	3.10	1.20
Radiology	0.00	0.00	
Pathology	0.00	0.00	
Hospitalist	0.00	0.00	
Neonatal/Perinatal	0.00	0.00	
Physical Medicine/Rehab	0.00	0.00	
Occ Medicine	0.00	0.00	
Audiology	0.00	0.00	
TOTALS	1.90	4.55	6.18

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

Visiting Specialists to Decatur County Hospital IA				
SPECIALTY	Physician Name/Group	Office Location (City/State)	SCHEDULE	Days per YR
Cardiology	Joel From, MD Sandy Hall, ARNP (Telehealth)	Iowa Heart	3x Monthly	36
Dermatology	Ashley Brown, ARNP	Des Moines, IA	4x Monthly	48
Endocrinology	Haytham Kawji, MD	Baton Rouge, LA	4x Monthly	48
ENT	Heidi Close, MD	Des Moines, IA	Once Monthly	12
General Surgeon	Edwin Wehling, MD	Mt Ayr, IA	8x Monthly	96
Gynecology/ Urogynecology	Earle Pescatore, DO	Corydon, IA	4x Monthly (.5 days each)	24
Medical Weight Loss	Elizabeth Allen, ARNP	Leon, IA	15x Monthly	180
Neurology	Maher Loutfi, MD	Woodbridge, VA	8x Monthly	96
Oncology/Hemo	Zeeshan Jawa MD	Des Moines, IA	4x Monthly	48
Orthopedic Surgery	Shehada Homedan, MD	InReach Health	2x Monthly	24
Pain Clinic	Jay Brewer, CRNA	Bloomfield, Iowa	2x Monthly	24
Pod (Foot)	Randy Metzger, DPM	Des Moines, IA	4x Monthly	48
Pulmonology	Daniel J. Barth, DO Matthew Trump, DO	Des Moines, IA	Every 3 Weeks	17
Rheumatology	Elizabeth Allen, ARNP	Leon, IA	15x Monthly	180
Urology	Brian Gallagher, MD	Des Moines, IA	2x Monthly	24

Decatur County Iowa Healthcare Services Directory

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

Decatur County Sheriff	641-446-4111
Decatur County Ambulance	641-446-4871

Municipal Non-Emergency Numbers

	Police	Fire
Leon	641-446-7733	641-446-6221
Lamoni	641-784-8711	641-784-6791
Garden Grove		641-443-2463
Grand River		641-773-5436
Weldon		641-445-5637

Decatur County Offices

Assessor
207 N Main St (3rd Floor)
Leon, IA 50144
Phone: 641-446-4314

Attorney
207 N Main St (3rd Floor)
Leon, IA 50144
Phone: 641-446-3773

Auditor
207 N Main St (2nd Floor)
Leon, IA 50144
Phone: 641-446-4323

Board of Supervisors
207 N Main St (2nd Floor)
Leon, IA 50144
Phone: 641-446-4382

Case Management / Waivers
& Mental Health Services
201 NE Idaho St
Leon, IA 50144
Phone: 641-446-7178

Clerk of Court
207 N Main St (2nd Floor)
Leon, IA 50144
Phone: 641-446-4331

Conservation
20485 NW Little River Rd
Leon, IA 50144
Phone: 641-446-7307

County Fair Association
1700 NW Church St
Leon, IA 50144
Phone: 641-446-4723

Economic Development
207 N Main St (2nd Floor)
Leon, IA 50144
Phone: 641-446-4991

Emergency Management
207 NE Idaho St.
Leon, IA 50144
Phone: 641-572-0665

Engineer's Office
1306 S Main St
Leon, IA 50144
Phone: 641-446-6531

Public Health & Home Care
207 NE Idaho St
Leon, IA 50144
Phone: 641-446-6518

Recorder's Office
207 N Main St (2nd Floor)
Leon, IA 50144
Phone: 641-446-4322

Sherriff's Office
203 NE Idaho St
Leon, IA 50144
Phone: 641-446-4111

Treasurer's Office
207 N Main St (2nd Floor)
Leon, IA 50144
Phone: 641-446-4321

Veterans Affairs & General
Assistance Office
207 N Main St (1st Floor)
Leon, IA 50144
Phone: 641-446-7494

ABUSE & PREVENTION

**Alcoholics Anonymous
Area 24 District 20**
Intergroup Central Office
1620 Pleasant St. Suite 228
Des Moines, IA 50314
Phone: 515-282-8550

Leon Group
Leon Community Center
203 NE 2nd St.
Leon, IA 50144

Lamoni Group
Lamoni Community Center
108 S. Locust St.
Lamoni, IA 50140

Crossroads Behavioral Health Services

405 E. McLane
Osceola, IA 50213
Phone: 641-342-4888

Zion Recovery Services, Inc.

1500 E. 10th St.
Atlantic, IA 50022
Phone: 712-243-5091

Infinity Health

Leon Location
302 NE 14th St.
Leon, IA 50144
Phone: 641-446-2383

Lamoni Location

802 E. Ackerly St.
Lamoni, IA 50140
Phone: 641-784-7911

Department of Human Services

109 S. Main St.
Osceola, IA 50213
Phone: 641-342-6516
*Child Abuse Hotline: 1-800-
362-2178*

ADVOCACY/ OUTREACH/ REFERRAL

Crisis Intervention & Advocacy Center

1510 Greene St.
Adel, IA 50003
Phone: 515-993-4095
*1-800-400-4884 24 hour
Domestic Violence and Sexual
Assault Hotline*

Iowa Protection and Advocacy Services

400 E. Court Ave. Suite 300
Des Moines, IA 50309
Phone: 515-278-2502 or 800-
779-2502

ASSISTANCE – Clothing

Lamoni Thrift Center
118 S. Linden St.
Lamoni, IA 50140
Phone: 641-784-3821

New-2-U Thrift Store
210 N. Main St.
Leon, IA 50144
Phone: 641-446-7995

ASSISTANCE – Financial

Child Support Recovery
1103 S. Sumner St.
Creston, IA 50801
Phone: 1-866-219-9120

Department of Human Services
109 S. Main St.
Osceola, IA 50213
Income Maintenance – 641-342-6516

ASSISTANCE – Food & Nutrition

Child & Adult Care Food Program
Clarke County Extension
154 W. Jefferson
Osceola, IA 50213
Phone: 641-342-3316 or 641-342-3844

Women, Infant, & Children Program (WIC)
MATURA
210 Russell St.
Creston, IA 50801
Phone: 641-202-7114

Leon Community Meal Site & Meal Delivery
203 NE 2nd St.
Leon, IA 50144
Phone: 641-446-4555

Food Pantries
Lamoni Food Pantry
416 E. Main Street
Lamoni, IA 50140
Phone: 641-784-4106

Decatur County SCICAP Outreach Center
306 N. Main St. Suite 1
Leon, IA 50144
Phone: 641-446-4454

ASSISTANCE – General

Decatur County General Assistance
207 N. Main St. (1st Floor)

Leon, IA 50144
Phone: 641-446-7494

ASSISTANCE – Utility

LIHEAP & Weatherization Assistance
Decatur County SCICAP Outreach Center
306 N. Main St. Suite 1

Leon, IA 50144
Phone: 641-446-4454

BUSINESS & ECONOMIC DEVELOPMENT

Natural Resources Conservation Service
303 SW Lorraine St.
Leon, IA 50144
Phone: 641-446-4135

USDA Farm Service Agency
Clarke-Decatur County
709 Furnas Dr.
Osceola, IA 50213
Phone: 641-342-2162

USDA Rural Development
909 E. 2nd Ave. Suite C
Indianola, IA 50125
Phone: 515-961-5365

Decatur County Development
207 N. Main St. (2nd Floor)
Leon, IA 50144
Phone: 641-442-6511

Lamoni Chamber of Commerce
190 S. Chestnut St.
Lamoni, IA 50140
Phone: 641-784-6311

Leon Chamber of Commerce
PO Box 351
Leon, IA 50144
www.leonchamber.org

Small Business Development Center (SBDC)
1501 W. Townline St.
Creston, IA 50801
Phone: 800-247-4023 Ext. 483

Southern Iowa Council of Governments
101 E. Montgomery St
PO Box 102
Creston, IA 50801
Phone: 641-782-8491

CHILD CARE – Finding Care
Child Care Resource & Referral
808 5th Ave.
Des Moines, IA 50309
Phone: 1-877-216-8481

CHILD CARE – Child Care Centers
Funshine Learning Center
423 North Walnut St.
Lamoni, IA 50140
Phone: 641-784-7505

CHILD CARE – Resources and Education for Child Care Providers Child Care Resource & Referral
808 5th Ave.
Des Moines, IA 50309
Phone: 1-877-216-8481

CHIROPRACTIC
Heffron Chiropractic Clinic
311 N. Main St.
Leon, IA 50144
Phone: 641-446-3131

Honey Tree Chiropractic
302 NW 10th Street
Leon, IA 50144
641-442-5002

Lamoni Family Care Chiropractic Health Center
303 S. Linden St.
Lamoni, IA 50140
Phone: 641-784-6677

CHURCHES
Leon Ministerial Alliance
201 W. 1st St.
Leon, IA 50144
Phone: 641-446-7343

Davis City
New Salem Baptist Church
24424 207th Ave.
Davis City, IA 50065
Phone: 641-442-2911

Community of Christ
23603 Dale Miller Rd.
Davis City, IA 50065
Phone: 641-442-3333

Decatur City
Trinity Christian Church
16773 State Hwy. 2
Decatur City, IA 50067
Phone: 641-446-8654

Lamoni
Community of Christ
531 W. Main St.
Lamoni, IA 50140
Phone: 641-784-4405

Community of Christ – Bloomington Congregation
25658 Elk Chapel Rd.
Lamoni, IA 50140
Phone: 641-784-7728

First Baptist Church
106 S. Cedar St.
Lamoni, IA 50140
Phone: 641-784-6734

Kingdom Hall of Jehovah's Witness
28871 163rd Ave.
Lamoni, IA 50140
Phone: 641-784-7878

United Methodist Church
302 N. Maple St.
Lamoni, IA 50140
Phone: 641-784-6868

Leon
Assembly of God Church
206 NE Q St.
Leon, IA 50144
Phone: 641-446-4390

Calvary Baptist Church
1302 NE Poplar St.
Leon, IA 50144
Phone: 641-446-6798

Leon Bible Church
407 SE Idaho
Leon, IA 50144
Phone: 641-446-4416

Leon Brethren Church
604 N. Main St.
Leon, IA 50144
Phone: 641-446-7576

Loving Chapel United Methodist Church
201 W. 1st St.
Leon, IA 50144
Phone: 641-446-7343

Mt. Zion Mennonite Chapel
909 W. 1st St.
Leon, IA 50144
Phone: 641-446-4897

Our Saviors Lutheran Church
709 W. 1st St.
Leon, IA 50144
Phone: 641-446-4138

Presbyterian Church
301 E. 1st St.
Leon, IA 50144
Phone: 641-446-6179

Saint Brendan's Catholic Church
1001 NW Church St.
Leon, IA 50144
Phone: 641-446-4789

Salem Mennonite Church
21033 Lineville Rd.
Leon, IA 50144
Phone: 641-446-4537

Van Wert
United Methodist Church
305 S. Washington
Van Wert, IA 50262
Phone: 641-446-7343

COMMUNITY GROUPS

Decatur County 4-H
ISU Extension Office
309 N. Main St.
Leon, IA 50144
Phone: 641-446-4723

Mid-Iowa Council Boy Scouts
6123 Scout Trail
Des Moines, IA 50321
Phone: 515-266-2135

Girls Scouts of Greater Iowa

10715 Hickman Rd.

Des Moines, IA 50322
Phone: 515-278-2881 or 800-342-8389

COUNSELING & CONSULTATION SERVICES

Children & Families of Iowa

105 E. McLane St. Suite 400
Osceola, IA 50213
Phone: 641-342-3444

DISABILITY SERVICES

CROSS Mental Health

201 NE Idaho St.
Leon, IA 50144
Phone: 641-446-7178

Child Health Specialty Clinics

904 E. Taylor St. Suite B
Creston, IA 50801
Phone: 641-782-9500

Iowa Compass

100 Hawkins Dr. Suite 295
Iowa City, IA 52242
Phone: 800-779-2001

Vocational Rehabilitation

1501 W. Townline St.
Creston, IA 50801
Phone: 641-782-8538

Specialized Support Services

119 N. Elm St.
Creston, IA 50801
Phone: 641-782-4119

Social Security Administration

906 E. Taylor St.
Creston, IA 50801
Phone: 866-613-2827
TTY: 641-782-8072

DENTAL

Terry Lesan, DDS

1330 E. Main St.
Lamoni, IA 5040
Phone: 641-784-6059

Infinity Health

Leon Location
302 NE 14th St.
Leon, IA 50144
Phone: 641-446-2383

DISASTER ASSISTANCE

American Red Cross

2116 Grand Ave.
Des Moines, IA 50312
Phone: 515-243-7681

EDUCATION – Family Services

Children in the Middle

Southwestern Community College
2520 College Dr.
Osceola, IA 50213
Phone: 641-342-3531 or 1-800-247-4023

Decatur County Parents as Teachers

Clarke County Public Health
144 W. Jefferson St.
Osceola, IA 50213
Phone: 641-342-3724

Iowa State University Extension and Outreach

309 N. Main St.
Leon, IA 50144
Phone: 641-446-4723

Early Access

Green Hills Area Education Agency
257 Swan St.
Creston, IA 50801
Phone: 844-362-0503

EDUCATION – College

Graceland University

1 University Place
Lamoni, IA 50140
Phone: 641-784-5000

Southwestern Community College

1501 W. Townline St.
Creston, IA 50801
Phone: 641-782-7081 or 1-800-247-4023

Osceola Center

2520 College Dr.
Osceola, IA 50213
Phone: 641-342-3531

EDUCATION – Preschool, Elementary, Middle, High School, & Alternative

District Offices

Central Decatur Community School District

1201 NE Poplar St.

Leon, IA 50144
Phone: 641-446-4819

Lamoni Community School District

202 N. Walnut St.
Lamoni, IA 50140
Phone: 641-784-3342

Mormon Trail Community School District

403 S. Front St.
Humeston, IA 50123
Phone: 641-877-2521

Preschool

Central Decatur Little Cards Preschool

201 SE 6th St.
Leon, IA 50144
Phone: 641-446-6521

Kids Express
202 N. Walnut St.
Lamoni, IA 50140
Phone: 641-784-3422

Elementary
**Central Decatur South
Elementary (Grades PK-2)**
201 SE 6th St.
Leon, IA 50144
Phone: 641-446-6521

**Central Decatur North
Elementary (Grades 3-6)**
1203 NE Poplar St.
Leon, IA 50140
Phone: 641-446-4452

**Lamoni Elementary
School (Grades K-5)**
202 N. Walnut St.
Lamoni, IA 50140
Phone: 641-784-3422

**Mormon Trail Elementary
(Grades K-6)**
403 S. Front St.
Humeston, IA 50123
Phone: 641-877-2521

Middle School
**Lamoni Middle School
(Grades 6-8)**
202 N. Walnut St.
Lamoni, IA 50140
Phone: 641-784-7299

High School
**Central Decatur
Community Schools
(Grades 7-12)**
1201 NE Poplar St.
Leon, IA 50144
Phone: 641-784-7299

**Lamoni High School
(Grades 9-12)**
202 N. Walnut St.
Lamoni, IA 50140
Phone: 641-784-3351

**Mormon Trail (Grades 7-
12)**
403 S. Front St.
Humeston, IA 50123
Phone: 641-877-2521

**EDUCATION – Special
Services**
**Green Hills Area
Education Agency**
257 Swan St.
Creston, IA 50801
Phone: 712-366-0503 or 1-
844-366-0503

**SWCC Educational Talent
Search**
1501 W. Townline St.
Creston, IA 50801
Phone: 641-782-1392

**SWCC Adult & Continuing
Education**
1501 W. Townline St.
Creston, IA 50801
Phone: 641-782-1441 or 1-
800-247-4023 ext 441

ELECTED OFFICIALS
City Offices
Decatur City Hall
302 NE 4th St.
Decatur, IA 50067 Phone:
641-446-6273

Davis City Hall
209 N. Bridge St.
Davis City, IA 50065 Phone:
641-442-8156

Garden Grove City Hall
PO Box 120
Garden Grove, IA 50103
Phone: 641-443-2965

Grand River City Hall
126 Broadway St.
PO Box 475
Grand River, IA 50108

Lamoni City Hall
190 S. Chestnut St. Leon, IA
50144
Phone: 641-784-6311

Leon City Hall
104 W. 1st St.
Leon, IA 50144
Phone: 641-446-6221

Van Wert City Hall
101 E. 1st St.
Van Wert, IA 50262
Phone: 641-445-5358

US Senators
Senator Joni Ernst
Des Moines Office
733 Federal Bldg
210 Walnut St.
Des Moines, IA 50309
Phone: 515-284-4574

Washington DC Office
111 Russell Senate Office
Bldg.
Washington, DC 20510
Phone: 202-224-3254

Senator Chuck Grassley
Des Moines Office
721 Federal Bldg.
210 Walnut St.
Des Moines, IA 50309
Phone: 515-288-1145
Fax: 515-288-5097

Washington DC Office
135 Hart Senate Office Bldg.
Washington, DC 20510
Phone: 202-224-3744
Fax: 202-224-6020

US Representative
**Representative Zach
Nunn**
Washington DC Office
1232 Longworth House Office
Building
Washington, DC 20515
Phone: 202-225-5476

Creston Office
208 W Taylor Street
Creston, IA 50801
Phone: 641-220-9093

Ottumwa Office
105 E 3rd Street
Ottumwa, IA 52501
Phone: 641-220-9641

Des Moines Office
400 Locust Street
Suite 250
Des Moines, IA 50309
Phone: 515-400-8180

State Senator
Senator Amy Sinclair
1007 E. Grand Ave.
Des Moines, IA 50319
Phone: 515-281-3371
Fax: 515-242-6108

State Representative
Representative Joel Fry
1007 E. Grand Ave.
Des Moines, IA 50319
Phone: 515-281-3221
Fax: 515-281-5868

EMPLOYMENT SERVICES

**Iowa Workforce
Development**
215 N. Elm St.

Phone: 641-782-2119

**HEALTH CARE SERVICES
& MEDICAL ASSISTANCE**
Affordable Care Act
Health Insurance Marketplace
Department of Health and
Humans Services
465 Industrial Blvd.
London, KY 40750-0001
Phone: 844-368-4378
Phone: 800-318-2596

**Department of Human
Services**
109 South Main St.

Osceola, IA 50213
Income Maintenance: 641-
342-6516

**HOSPICE & HOME
HEALTH**
**Circle of Friends Home
Care**
1010 N. 7th St.
Chariton, IA 50049
Phone: 641-774-2339

Circle of Life Hospice Care
220 Northwestern Ave.
Chariton, IA 50049
Phone: 641-774-3490 or 877-
574-3490

EveryStep Hospice
107 S. Fillmore Street
Mount Ayr, IA 50854
641-464-2088
800-806-9934

HOSPITALS & CLINICS
**Child Health Specialty
Clinics**
904 E. Taylor Suite B
Creston, IA 50140
Phone: 641-782-9500

Decatur County Hospital
1405 NW Church St.
Leon, IA 50144
Phone: 641-446-4871

Infinity Health
Leon Location
302 NE 14th St.
Leon, IA 50144
Phone: 641-446-2383

Lamoni Location
802 E. Ackerly St.
Lamoni, IA 50140
Phone: 641-784-7911

**HOTLINES &
INFORMATION**
**2-1-1 Resources and
Referral Hotline**
Phone: 2-1-1

AIDS Information Hotline
Phone: 800-448-0440

Al-Anon Hotline
Phone: 1-888-4AL-ANON (1-
888-425-2666)
Business Office: 757-563-
1600

**Americans with
Disabilities (ADA) Hotline**
Phone: 800-514-0301

**Gay and Lesbian National
Hotline**
Phone: 888-THE-GLNH (888-
843-4564)

Central Iowa Crisis Line
Toll-Free Crisis Line: 844-
258-8858

Iowa Compass Hotline
Phone: 800-779-2001

**Iowa Gambling
Treatment Program**
Phone: 800-BETS-OFF

**Iowa Healthy Family
Hotline**
Phone: 800-369-2229

**Lawyer Referral Services
Hotline**
Phone: 800-532-1108

Medline Plus:
www.medlineplus.gov

**National Alliance on
Mental Illness Helpline**
Phone: 800-950-6264

**National Council on
Alcoholism and Drug
Dependence Hope Line**
Phone: 800-622-2255

Mental Health America
Phone: 800-969-6642

National Life Center
Phone: 800-848-5683

**National Runaway
Switchboard**

Phone: 800-RUNAWAY or
800-786-2929

**National Suicide
Prevention Lifeline**

Phone: 800-273-TALK or
800-273-8255

**Rape, Abuse & Incest
National Hotline (RAINN)**

Phone: 800-656-HOPE or
800-656-4673

Quitline Iowa

Phone: 800-784-8669

**HOUSING – Subsidized &
Low Income**

Westward Properties

606 N. Main St.
Leon, IA 0144
Phone: 641-344-3636

Crown Colony Housing

200 Crown Colony
Lamoni, IA 50140
Phone: 641-784-7777

**Parkview Low Rent
Housing**

401 SE Q St.
Leon, IA 50144
Phone: 641-446-4163

**Southern Iowa Regional
Housing Authority
(SIRHA)**

219 N. Pine St.
Creston, IA 50801
Phone: 641-782-8585

USDA Rural Development

909 E. 2nd Ave. Suite C
Indianola, IA 50125
Phone: 515-961-7473

**Southern Iowa Council of
Governments (SICOG)**

101 E. Montgomery St.
Creston, IA 50801
Phone: 641-782-8491

**LAW ENFORCEMENT &
FIRE DEPARTMENT**

Decatur County Sheriff

203 NE Idaho St.
Leon, IA 50003
Phone: 641-446-4111

**Garden Grove Fire
Department**

200 S. Jefferson St.
Garden Grove, IA 50103
Phone: 641-443-3135

**Grand River Fire
Department**

226 E. 3rd St.
Grand River, IA 50108
Phone: 641-783-2514

Iowa State Patrol Office

1619 Truro Pavement
Osceola, IA 50213
Phone: 641-342-2108

**Lamoni Police
Department**

135 S. Linden St.
Lamoni, IA 50140
Phone: 641-784-8711

Lamoni Fire Department

190 S. Chestnut St.
Lamoni, IA 50140
Phone: 641-784-6791

Leon Fire Department

104 W. 1st St.
Leon, IA 50144
Phone: 641-446-6221

Leon Police Department

104 W. 1st St.
Leon, IA 50144
Phone: 641-446-7733

**Van Wert Fire
Department**

202 Main St.
Van Wert, IA 50262
Phone: 641-445-6277

Weldon Fire Department

104 N. Main St.
Weldon, IA 50264
Phone: 641-445-5637

LEGAL SERVICES

Juvenile Court Services

211 N. Elm St. Suite B
Creston, IA 50801
Phone: 641-782-2519

Legal Aid of Iowa

112 E. 3rd St.
Ottumwa, IA 52501
Phone: 800-532-1275

MEDICAL SUPPLIES

Apria Healthcare

701 W. Townline St. Suite B
Creston, IA 50801
Phone: 641-782-6892

Hammer Medical Supply

609 W. Taylor St.
Creston, IA 50801
Phone: 641-782-7995

Hammer Medical Supply

914 Court Ave.
Chariton, IA 50049
Phone: 641-774-4600

NURSING HOMES,

**ASSISTED &
INDEPENDENT LIVING**

Lamoni Assisted Living

810 E. 3rd St.
Lamoni, IA 50140
Phone: 641-784-8910

Lamoni Specialty Care

215 S. Oak St.
Lamoni, IA 50140
Phone: 641-784-3388

Terrace Park Assisted Living

201 SW Lorraine St.
Leon, IA 50144
Phone: 641-446-8396

Westview Acres Care Center

203 SW Lorraine St.
Leon, IA 50144
Phone: 641-446-4165

PHARMACIES

Hy-Vee Pharmacy (Leon)

1004 W. 1st St.
Leon, IA 50144
Phone: 641-446-4136

Infinity Health

302 NE 14th St
Leon, IA 50144
Phone: 641-446-4242

Hy-Vee Pharmacy (Lamoni)

101 E. Main St.
Lamoni, IA 50140
Phone: 641-784-6322

PUBLIC HEALTH PROGRAMS

Immunization Clinic

Decatur County Public Health
207 NE Idaho St.
Leon, IA 50144
Phone: 641-446-6518

Care for Yourself Women's Health Program for Clarke, Warren, & Decatur

144 W. Jefferson
Osceola, IA 50213
Phone: 641-342-3724

I-Smile

Marion County Public Health Department
2003 N. Lincoln
Knoxville, IA 50138
Phone: 641-828-2238

Maternal, Child & Adolescent Health

Marion County Public Health Department
2003 N. Lincoln
Knoxville, IA 50138
Phone: 641-828-2238

1st Five Program

Marion County Public Health Department
2003 N. Lincoln
Knoxville, IA 50138
Phone: 641-828-2238

Hawk-I (Healthy & Well Kids in Iowa) & Hawk-I Dental Only

Marion County Public Health Department
2003 N. Lincoln
Knoxville, IA 50138
Phone: 641-828-2238

RECREATION

Indoor

Decatur County Wellness Center

(Back of Public Health Building)
207 NE Idaho St.
Leon, IA 50144
Phone: 641-446-6518

Northside Iron

300 N. Main St.
Leon, IA 50144

Doc Heff's Academy to Fitness

311 N. Main St.
Leon, IA 50144
Phone: 641-446-3131

Coliseum Movie Theater

100 N. Maple St.
Lamoni, IA 50140
Phone: 641-784-5665

Liberty Hall Historic Center

1138 W. Main St.
Lamoni, IA 50140
Phone: 641-784-6133

SCIT Theater

208 N. Main St.
Leon, IA 50144
Phone: 641-446-7444

Helene Center for the Visual Arts

Graceland University Campus
1 University Pl.
Lamoni, IA 50140
Phone: 641-784-7288

The Shaw Center

Graceland University Campus
1 University Pl.
Lamoni, IA 50140
Phone: 641-784-5296

Lamoni Public Library

301 W. Main St.
Lamoni, IA 50140
Phone: 641-784-6686

Leon Public Library

200 W. 1st St.
Leon, IA 50144
Phone: 641-446-6332

Fredrick Madison Smith Library

Graceland University
1 University Pl.
Lamoni, IA 50140
Phone: 641-784-5483

Outdoor

Decatur County Parks

Elk Creek Wildlife Area
(14265 Hwy. 2, Leon, IA 50144)

Kobville (1368 270th St.,
Garden Grove, IA 50103)

Little River Recreation Area
(20401 NW Little River Rd.,
Lamoni, IA 50140)

Slip Bluff Park (Slip Bluff Rd.,
Davis City, IA 50065)

Shewmaker Park (13818 160th
St., Grand River, IA 50108)

Springer Woods (17401 198th
St., Decatur City, IA 50067)

Trailside Park (30308
Mormon Trail Rd., Garden
Grove, IA 50103)

**Lamoni Golf & Country
Club**

932 S. Smith St.
Lamoni, IA 50140
Phone: 641-784-6022

**Leon Golf and Country
Club**

1204 W. 1st St.
Leon, IA 50144
Phone: 641-446-4529

**J&B Rolling Hills Disc Golf
Course**

US 69 & Spruce Dr.
Lamoni, IA 50140
Phone: 641-784-3193

**Colonel George Barrett
Disc Golf Course**

Graceland University Campus
1 University Pl.
Lamoni, IA 50140
Phone: 641-784-7288

Central Park

West 4th St. & South Chestnut
St.
Lamoni, IA 50140

Lamoni Parks & Rec

108 S. Chestnut St.
Lamoni, IA 50140
Phone: 641-784-6742

Lamoni Community Pool

133 S. Linden St.
Lamoni, IA 50140
Phone: 641-784-3333

Nine Eagles State Park

23678 Dale Miller Rd.
Davis City, IA 50065
Phone: 641-442-2855

**North Park (George
Foreman Park)**

N. Linden St.
Lamoni, IA 50140

Recreation Trail (Lamoni)

Starting points of Iowa
Gateway Welcome Center,
Central Park, or Liberty Hall
Lamoni, IA 50140

**Little River Scenic
Pathway (Leon)**

Starting points of Decatur
County Fairgrounds, Masonic
Park, or Lake Road
Leon, IA 50144

SENIOR SERVICES

**Senior Health Insurance
Information Program
(SHIIP)**

Decatur County Hospital
1405 NW Church St.
Leon, IA 50144
Phone: 641-446-2200

**Social Security
Administration**

906 E. Taylor St.
Creston, IA 50801
Phone: 641-782-2779 or 866-
613-2827
TTY: 641-782-8072

**Connections Area Agency
on Aging**

109 N. Elm St.
Creston, IA 50801
Phone: 800-432-9209

AARP Reset

215 N. Elm St.
Creston, IA 50801
Phone: 641-782-2119 ext. 31

Housing

Home-In-Stead, Inc.

1103 NW Church St.
Leon, IA 50144
Phone: 641-446-6720

**Country View Senior
Housing Community**

1600 NE Poplar St.
Leon, IA 50144
Phone: 641-342-0976

Senior Life Solutions

504 N. Cleveland
Mt. Ayr, IA 50854
Phone: 641-464-4468

TRANSPORTATION

Amtrak

251 N. Main St.
Osceola, IA 50213
Phone: 1-800-872-7245

**Decatur County
Healthcare Courtesy Van**

Phone: 1-844-782-5420

Osceola Cab

114 W. Logan St.
Osceola, IA 50213
Phone: 641-342-3025

Southern Iowa Trolley

215 E. Montgomery St.
Creston, IA 50801
Phone: 641-782-6571 or -
866-782-6571

Jefferson Bus Lines

Amish Country Store
109 S. Spruce Dr.
Lamoni, IA 50140
Phone: 641-784-5300

UTILITIES, WATER & SANITATION

Alliant Energy

Phone: 1-800-255-4268

Clarke Electric Cooperative

1103 North Main St.

PO Box 161

Osceola, IA 50213

Phone: 641-342-2173 or 1-

800-362-2154

Lamoni Municipal Utilities

111 S Chestnut St.

Lamoni, IA 50140

Phone: 641-784-6911

Lamoni Trash Service

City of Lamoni (City Hall)

190 S. Chestnut St.

Lamoni, IA 50140

Phone: 641-784-6311

Leon Municipal Utilities

104 W. 1st St.

Leon, IA 50144

Phone: 641-446-6221

Mid-American Energy

Customer Service: 1-888-

427-5632

Gas Leak: 1-800-595-5325

Power Outage: 1-800-799-

4443

Southern Iowa Rural Water Association (SIRWA)

1391 190th St.

Creston, IA 50801

Phone: 641-782-5744

Southwest Iowa REC

1502 W. South St.

Mount Ayr, IA 50854

Phone: 641-464-2369 or 1-

888-220-4869

Leon Street & Refuse Department

105 SW Church St.

Leon, IA 50144

Phone: 641-446-6232

VISION CARE

Infinity Health

302 NE 14th St.

Leon, IA 50144

Phone: 641-446-2383

VOLUNTEER SERVICES

Retired and Senior Volunteer Program

1 University Place

Lamoni, IA 50140

Phone: 641-784-5046

Americorps Youth Launch

1 University Place

Lamoni, IA 50140

Phone: 641-784-5495

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Decatur County Hospital - Patient Origin

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

Decatur														
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Atlantic, Cass Co Mem	2	0.26 %	1	1	0	0	0	10	0.27 %	7	3	0	0	0
Carroll, St. Anthony Reg	4	0.51 %	0	4	0	0	0	50	1.33 %	0	50	0	0	0
Cedar Rapids, Mercy	1	0.13 %	0	0	1	0	0	3	0.08 %	0	0	3	0	0
Cedar Rapids, St Luke's	3	0.39 %	1	1	1	0	0	35	0.93 %	7	5	23	0	0
Chariton, Lucas Co Hlth	8	1.03 %	4	3	0	0	1	18	0.48 %	9	7	0	0	2
Corydon, Wayne Co Hosp	45	5.78 %	19	20	1	1	4	85	2.26 %	28	40	2	2	13
Council Bluffs, CHI Hlth	2	0.26 %	0	2	0	0	0	12	0.32 %	0	12	0	0	0
Council Bluffs, Jennie Ed	5	0.64 %	0	3	2	0	0	19	0.51 %	0	10	9	0	0
Creston, Greater Reg Med	11	1.41 %	3	4	2	1	1	27	0.72 %	6	10	6	4	1
Des Moines, Broadlawns	2	0.26 %	0	1	0	1	0	11	0.29 %	0	7	0	4	0
Des Moines, IA, Lutheran	28	3.60 %	1	4	9	10	4	96	2.55 %	4	9	20	37	26
Des Moines, IMMC	197	25.32 %	49	49	30	37	32	1183	31.46 %	339	224	159	292	169
Des Moines, Mercy Med	202	25.96 %	27	32	48	44	51	1143	30.40 %	121	109	358	268	287
Dubuque, Mercy Medical	1	0.13 %	1	0	0	0	0	2	0.05 %	2	0	0	0	0
Iowa City, U of I Hosp	21	2.70 %	4	3	10	2	2	252	6.70 %	25	21	157	11	38
Leon, Decatur Co Hosp	140	17.99 %	0	7	24	33	76	508	13.51 %	0	19	76	135	278
Mount Ayr, Ringgold Co	7	0.90 %	0	2	1	2	2	32	0.85 %	0	4	6	12	10
Osceola, Clarke Co	19	2.44 %	0	1	5	3	10	48	1.28 %	0	1	7	12	28
Ottumwa, Ottumwa Reg	1	0.13 %	0	1	0	0	0	7	0.19 %	0	7	0	0	0
Spencer, Spencer Hospital	4	0.51 %	0	3	0	0	1	17	0.45 %	0	14	0	0	3
Waterloo, Covenant	2	0.26 %	0	2	0	0	0	4	0.11 %	0	4	0	0	0
West Des Moines, Meth W	41	5.27 %	11	15	6	6	3	117	3.11 %	22	29	18	42	6
West Des Moines, West L	32	4.11 %	0	1	15	7	9	81	2.15 %	0	1	27	23	30
TOTAL	778	100.00 %	121	159	155	147	196	3760	100.00 %	570	586	871	842	891

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

Decatur														
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Ames, Mary Greeley	1	0.13 %	0	0	0	1	0	3	0.07 %	0	0	0	3	0
Belmond, Iowa Specialty	1	0.13 %	0	1	0	0	0	1	0.02 %	0	1	0	0	0
Carroll, St. Anthony Reg	2	0.26 %	0	2	0	0	0	4	0.10 %	0	4	0	0	0
Cedar Rapids, St Luke's	1	0.13 %	1	0	0	0	0	6	0.14 %	6	0	0	0	0
Chariton, Lucas Co Hlth	1	0.13 %	0	0	1	0	0	2	0.05 %	0	0	2	0	0
Clive, MercyOne Rehab	6	0.77 %	0	0	3	2	1	73	1.74 %	0	0	33	24	16
Corydon, Wayne Co Hosp	65	8.37 %	27	30	0	2	6	142	3.39 %	42	55	0	4	41
Council Bluffs, CHI Hlth	4	0.51 %	1	3	0	0	0	20	0.48 %	6	14	0	0	0
Council Bluffs, Jennie Ed	6	0.77 %	0	4	2	0	0	29	0.69 %	0	12	17	0	0
Creston, Greater Reg Med	8	1.03 %	3	3	0	1	1	19	0.45 %	5	9	0	2	3
Davenport, Genesis	1	0.13 %	0	1	0	0	0	38	0.91 %	0	38	0	0	0
Des Moines, Broadlawns	2	0.26 %	0	1	1	0	0	3	0.07 %	0	1	2	0	0
Des Moines, IA, Lutheran	29	3.73 %	5	5	5	4	10	160	3.82 %	33	12	37	20	58
Des Moines, IMMC	174	22.39 %	45	45	22	25	37	1008	24.09 %	249	205	200	118	236
Des Moines, Mercy Med	181	23.29 %	14	45	39	43	40	1178	28.15 %	69	218	463	236	192
Dubuque, Finley	1	0.13 %	0	0	1	0	0	9	0.22 %	0	0	9	0	0
Grinnell, Grinnell Reg	1	0.13 %	0	0	1	0	0	2	0.05 %	0	0	2	0	0
Iowa City, Mercy	1	0.13 %	0	0	1	0	0	3	0.07 %	0	0	3	0	0
Iowa City, U of I Hosp	28	3.60 %	2	12	10	2	2	263	6.28 %	39	98	86	30	10
Leon, Decatur Co Hosp	160	20.59 %	1	4	39	32	84	904	21.60 %	3	15	300	199	387
Mount Ayr, Ringgold Co	4	0.51 %	0	0	1	1	2	30	0.72 %	0	0	1	22	7
Osceola, Clarke Co	23	2.96 %	0	2	3	4	14	62	1.48 %	0	3	5	17	37
Ottumwa, Ottumwa Reg	4	0.51 %	0	1	3	0	0	47	1.12 %	0	4	43	0	0
Sioux City, St Luke's	1	0.13 %	0	1	0	0	0	2	0.05 %	0	2	0	0	0

<i>Inpatient Destination Summary Report by County/State For January- December 2019</i>														
Decatur														
	Discharges	%of Discharges	Discharges					Inpatient Days	%of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Spencer, Spencer Hospital	2	0.26%	0	2	0	0	0	6	0.14%	0	6	0	0	0
Waterloo, Covenant	1	0.13%	1	0	0	0	0	2	0.05%	2	0	0	0	0
West Des Moines, Meth W	42	5.41%	13	14	5	3	7	111	2.65%	28	37	14	11	21
West Des Moines, West L	27	3.47%	0	8	9	5	5	58	1.39%	0	14	18	10	16
TOTAL	777	100.00%	113	184	146	125	209	4185	100.00%	482	748	1235	696	1024

<i>Inpatient Destination Summary Report by County/State For January- December 2020</i>														
Decatur														
	Discharges	%of Discharges	Discharges					Inpatient Days	%of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Ames, Mary Greeley	2	0.29%	1	1	0	0	0	7	0.20%	3	4	0	0	0
Belmond, Iowa Specialty	1	0.15%	0	0	1	0	0	1	0.03%	0	0	1	0	0
Carroll, St. Anthony Reg	4	0.58%	0	3	0	1	0	13	0.38%	0	9	0	4	0
Chariton, Lucas Co Hlth	1	0.15%	0	0	0	1	0	1	0.03%	0	0	0	1	0
Clive, MercyOne Rehab	11	1.60%	0	1	3	2	5	136	3.95%	0	14	45	20	57
Corydon, Wayne Co Hosp	49	7.11%	18	20	0	2	9	115	3.34%	25	37	0	9	44
Council Bluffs, Jennie Ed	6	0.87%	0	6	0	0	0	28	0.81%	0	28	0	0	0
Creston, Greater Reg Med	9	1.31%	3	3	0	1	2	26	0.75%	6	9	0	2	9
Davenport, Genesis	2	0.29%	0	1	1	0	0	9	0.26%	0	2	7	0	0
Des Moines, Broadlawns	1	0.15%	0	0	1	0	0	6	0.17%	0	0	6	0	0
Des Moines, IA, Lutheran	21	3.05%	1	0	5	5	10	109	3.16%	5	0	38	16	50
Des Moines, IMMC	140	20.32%	30	21	37	20	32	752	21.82%	116	65	269	88	214
Des Moines, Mercy Med	183	26.56%	19	37	46	48	33	1098	31.86%	89	181	352	267	209
Grinnell, Grinnell Reg	1	0.15%	0	0	0	1	0	2	0.06%	0	0	0	2	0
Iowa City, U of I Hosp	14	2.03%	3	4	3	3	1	89	2.58%	18	24	22	22	3
Iowa City, U of I Rehab	1	0.15%	0	0	1	0	0	12	0.35%	0	0	12	0	0
Leon, Decatur Co Hosp	145	21.04%	0	3	35	31	76	771	22.37%	0	8	150	135	478
Mount Ayr, Ringgold Co	10	1.45%	0	3	1	5	1	47	1.36%	0	11	5	29	2
Osceola, Clarke Co	23	3.34%	0	2	5	3	13	66	1.92%	0	4	15	4	43
Ottumwa, Ottumwa Reg	1	0.15%	0	0	0	1	0	8	0.23%	0	0	0	8	0
Sioux City, St Luke's	1	0.15%	0	1	0	0	0	6	0.17%	0	6	0	0	0
Spencer, Spencer Hospital	1	0.15%	0	1	0	0	0	4	0.12%	0	4	0	0	0
West Des Moines, Meth W	49	7.11%	12	14	10	9	4	101	2.93%	22	31	20	19	9
West Des Moines, West L	13	1.89%	0	4	3	2	4	39	1.13%	0	7	3	8	21
TOTAL	689	100.00%	87	125	152	135	190	3446	100.00%	284	444	945	634	1139

**Inpatient Destination Summary Report by County/State
For January, September 2021**

Decatur															
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days					
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+	
Ames, Mary Greeley	1	0.21%	0	1	0	0	0	8	0.34%	0	8	0	0	0	0
Cedar Rapids, St Luke	1	0.21%	1	0	0	0	0	1	0.26%	6	0	0	0	0	
Chariton, Lucas Co Hill	1	0.21%	0	0	0	1	0	3	0.13%	0	0	0	3	0	
Clive, MercyOne Rehab	2	0.42%	0	0	0	0	2	42	1.80%	0	0	0	0	42	
Corydon, Wayne Co Hosp	34	7.07%	14	15	1	0	4	70	3.00%	20	26	2	0	22	
Council Bluffs, Jennie Ed	2	0.42%	0	2	0	0	0	14	0.60%	0	14	0	0	0	
Des Moines, Greater Reg Med	3	0.62%	0	0	2	1	0	29	1.24%	0	0	0	2	0	
Des Moines, Brodtkorb Hosp	2	0.42%	0	2	0	0	0	17	0.73%	0	17	0	0	0	
Des Moines, Lutheran	9	1.87%	0	3	3	1	2	42	1.80%	0	12	10	5	15	
Des Moines, IMMC	107	22.25%	32	24	20	14	17	660	28.31%	238	57	99	150	116	
Des Moines, Mercy Med	109	22.66%	14	21	23	19	32	503	21.56%	33	51	167	86	166	
Gunnville, Grinnell Hosp	2	0.42%	0	1	1	0	0	4	0.17%	0	2	2	0	0	
Iowa City, UI Hosp	10	2.08%	2	2	2	0	0	73	3.13%	27	3	21	16	0	
Leos, Ocala Jr Co Hosp	90	18.71%	0	8	15	23	44	441	18.92%	0	32	70	149	190	
Moulton, Ringgold Co	15	3.12%	0	4	5	1	5	82	3.52%	0	22	14	3	43	
Osceola, Clarke Co	25	5.20%	0	0	3	19	0	134	5.75%	0	0	12	13	109	
Ottumwa, Ottumwa Reg	2	0.42%	0	1	0	0	0	1	0.34%	0	7	1	0	0	
Sioux City, Mercy Med	9	0.21%	0	0	0	0	0	9	0.39%	0	0	9	0	0	
Spencer, Spencer Hosp	9	0.21%	0	0	0	0	0	2	0.09%	0	2	0	0	0	
Storm Lake, Storm Lake Hosp	1	0.21%	0	0	0	0	1	8	0.34%	0	0	0	0	8	
Wate, Wate, Covenant	1	0.21%	0	1	0	0	0	21	0.90%	0	21	0	0	0	
West Des Moines, West Des Moines Hosp	46	9.56%	17	18	4	5	2	87	3.73%	33	41	6	5	2	
West Des Moines, West Des Moines Hosp	16	3.33%	1	2	3	4	6	68	2.92%	5	12	9	12	30	
TOTAL	481	100.00%	81	106	66	74	134	2331	100.00%	362	327	455	444	743	

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Decatur County, IA CHNA Town Hall February 9th (11-1:30pm) N=37

#	Table	Lead	Attend	Last	First	Organization	Title
1	H	##	1	Masters	Andi	Infinity Health	COO
2	I		1	Morain	Bill	Infinity Health	Board Secretary
3	H		1	Fry	Brenda		
4	G		1	Zach	Cheryl		
5	G		1	Fountain	Cierra	Decatur County Dev Corp	Executive Director
6	G		1	Cooper	Cody		Infinity Health
7	B		1	O'Brien Day	Danielle		Infinity Health
8	I		1	Elefson	Denise		DCH Board member
9	F		1	Kouba	Doug		
10	F		1	Kouba	Evonne		
11	D		1	Clark	Guy		Board Member
12	B	##	1	Kimmel	Heather	Decatur County Public Health	Assistant Admin
13	E	##	1	Rash	Holly	Decatur County Public Health	
14	E		1	Eddy	Janeen	Infinity Health	
15	E		1	Bear	Jessica	Decatur County EMA	Coordinator
16	I		1	McKinney	Jim		
17	I		1	McCoohery	Kavi		
18	F		1	Barker	Kelly		DCH
19	E		1	Frost	Kevin	Stoney Oak Properties	Realtor
20	G		1	Griffin	Larry		
21	A		1	McCann	Marvin		
22	C		1	Manuel	MaryAnn	Lamoni City Council	City Council
23	A		1	Johnston	Michael	Decatur County Hospital	CEO
24	C		1	Leonard	Michelle	Infinity Health	
25	C	##	1	Martz	Nicole	Decatur County Public o	
26	B		1	Cannon	Samantha	Infinity Health	CEO
27	I		1	Erb	Shannon	Decatur County Hospital	CHRMO
28	D		1	Sly	Sheila		
29	E		1	Frost	Sheri	Decatur County Golf & Country Cl	President
30	I		1	Morain	Sherry		Retired
31	F	##	1	Kessel	Shirley	Infinity Health	
32	A		1	Barlow	Sterling		Retired
33	B		1	Fulkerson	Steve		
34	D	##	1	Spidle	Tara	DECATUR COUNTY HOSPITAL	CFO
35	A		1	Foster	Teri	Hospital Board Member	
36	D		1	Johnson	Tiffany	Infinity Health	Director Grants & Dev
37	A	##	1	Weaver	William	Infinity Health	Board member

Wave #4 CHNA - Decatur County, IA

Town Hall Conversation - Strengths (White Cards) N=36

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	EMS	20	PH strong
1	Research areas	20	Growing FQHC
1	Facilities	20	Hours 7am-7pm
1	Offered services	20	Specialty clinics
2	Great healthcare options	20	340 B program
2	Community has lots to offer	20	Virtual care
2	Healthcare transportation	20	In school mental health care
2	School involved	20	Fitness centers
3	Hospital	20	Transportation
3	Quality of providers we have	21	Service offerings community wide/ growth
3	Overall healthcare in community	21	EMS- consistent staff
3	School involvement	21	Transportation van
4	Healthcare transportation	21	Hospital AR improvements
4	Quality healthcare available	21	Marketing efforts
4	Primary care providers	22	Outreach organization
4	Specialists available	23	Providing a variety of healthcare resources
4	Schools	23	Provide options/ access to uninsured
4	Facilities	23	Continued expansion of SVCs
5	Transportation to services within Decatur Co	24	Number of outpatient clinics of hospital
5	Primary care options	24	ER care at hospital
5	Nutrition information in schools	24	Transportation van
5	Free tobacco/ quitline services'	25	Outpatient
6	Primary care	25	Healthy food education in schools
6	Dentists	25	Transportation to healthcare appointments
6	Chronic care	25	Emergency response
6	Fitness	25	Community partnerships
6	Specialists	26	Adding specialists to DCH
6	Public health services	26	New outpatient building
6	BH services	26	Caring providers and staff
7	Community Action - SCICAP	26	Constantly looking for ways to improve care
7	Primary care	26	Paramedicine program
7	Fitness options	27	Good clinic in Lamoni
7	Dentist at Infinity Health	27	Great ambulance services from DCH
7	MH providers	27	Great EMS locally with Lamoni
8	Primary care access	27	PT at DCH is terrific
8	Clinics	27	Recreation trail is terrific
8	Public health	28	Dedicated staff
8	Ambulances	29	Good facilities
8	ER wait time	29	Quality leadership
8	Outpatient services at hospital	29	High volunteerism
9	Emergency medical	29	Food pantry support
9	Public health	29	Good facilities
9	Medical specialists	29	Good assortment of specialty care
9	Transportation to medical services	29	Several good providers
9	Primary care	29	Emergency response
10	Good critical care hospital	29	Food pantry
10	Access to several specialty clinics	29	Volunteerism
10	Have 2 primary care clinics in county	30	Ambulance/ first responders
10	Good road system in county	30	Primary care

Wave #4 CHNA - Decatur County, IA

Town Hall Conversation - Strengths (White Cards) N=36

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	Primary care accessibility	30	Wellness/ trails
11	ER services/ specialty services access	30	Good hospital
11	School	30	Transportation
12	Health clinics - primary care	31	Environmental quality
13	Many more specialists available since 2019	31	Access to exercise facilities/ areas
13	Transportation availability increase since community transport van	31	Primary care quality
13	Outdoor opportunities	31	Ambulance/ emergency services
13	New facilities/ modern technology, etc	31	Chronic disease management - access trending up
13	EMS Service	32	Good ambulance transportation and first responders
14	Food pantry	32	Nice new hospital
14	Bike trails	32	Local care facility, pharmacy, and elder care facility
14	Theatre/ music at both university (Lamoni and Leon)	32	Caring community and active food bank
14	Hard workers for change (charity volunteers)	32	Sites locally for vaccination volunteers
14	Teachers/ educators in public school system	33	Expansive hospital services
15	Improved transportation (Lamoni-Leon)	33	Willing to listen/ work with community
15	Expanded outpatient	33	Strong older generation support for health services
16	Communication all health department	33	Lots of opportunities to increase health collaboration between entities
16	Recruiting of medical personnel	33	Small town feel that can encourage social support
17	Expanded access hours from 7am-7pm (includes pharmacy)	34	EMS- emergency
17	MH crisis services	34	Local access
17	School screening health and wellness	34	Fitness centers
18	Strong police health department	35	Physical therapy
18	Growing FQHC	35	Access to vaccines - public health and pharmacy
18	Speciality clinics offered at hospital	35	Specialty clinics
18	340 B program	35	Transportation to hospital and clinic
18	In school counseling	36	Access to medical specialists at DC hospital
18	Virtual care	36	Hospital/ clinic
19	Health workout provided		

Wave #4 CHNA - Decatur County, IA

Town Hall Conversation - Weaknesses (Color Cards) N= 36

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	Ambulance services	18	Children/ dependent adults access to food
1	Obesity	18	Transportation
1	Depression	19	Housing
1	Drugs and alcohol	19	Water
2	Child care	19	Food insecurity
2	Ophthalmology	19	Child care
2	Education of available services	19	Dentists, eye doctors
2	Health literacy	20	Quality child care
2	Health equity	20	Ophthalmologist services
2	Collaboration	20	Health education
2	Housing	20	Awareness/ availability of programs offered
3	Vision services	20	Communication/ collaboration of providers
3	Increased awareness of existing services	21	Chronic care
3	Increased collaboration/ commitment of healthcare partners	21	Care coordination
3	Increased health equity	21	Eye care - both ophthalmology and optometry
3	Enhanced coordination with patients (referrals, testing, following)	21	Community education - health related
4	Awareness of available MA/ SUD sources	21	Child care
4	Housing availability - affordable and safe	22	Food insecurity
4	Increase number of child care providers	22	Low income, safe housing
4	Increase health literacy/ patient education	22	Increase employment opportunities
4	Increase access to DHS programs	22	Increase health education
5	Relationship between DCA and clinic	22	Housing for seniors
5	Community involvement from DCH	23	Communication with health people
5	Lack of community commitment from perpetuating growth age groups	23	Need more health care workforce
5	Poor Medicare education between purchasing	24	More specialists - ophthalmology
5	Poor mentality/ commitment to keeping Decatur Co economic growth involvement	24	More and better PCP (primary care)
6	Poverty	24	Coordination between PCP and specialists
6	Drugs and alcohol	24	Elderly services
6	Smoking mothers	24	Financial aid
6	Housing	24	Mental health
6	Tracking doctors/ dental visits/ neglecting personal care	24	Improved data collection
7	Food pantry	24	Environmental efforts of factory farming
7	Access to directed exercise activities	25	Housing and food insecurity
7	Mental health	25	Child care
7	Nutritional foods available at restaurants/ convenience stores	25	Mental health access (awareness of access)
7	Community wide education on a variety of topics	25	Drug usage
7	Finding who needs help	25	Access to dental and eye care
7	Reminders for follow up visit	26	Help those who need medicare (fill out the forms)
8	Collaboration of partners	26	More doctors locally - less travel for care
8	Drugs and alcohol	26	Need more affordable housing

Wave #4 CHNA - Decatur County, IA

Town Hall Conversation - Weaknesses (Color Cards) N= 36

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
8	Obesity	26	Need more jobs available in town
8	Mental health	26	Communication about what services are available
8	Food insecurity	27	Awareness of services
9	Water quality	27	Communication - letting people know
9	Access to child care	27	Mental health
9	Depression	27	Food insecurity - nutrition
9	Health equity	27	Child care
9	Increase awareness of programs offered	27	Affordable housing
10	More doctors	27	Drug usage
10	Water quality	27	Smoking - adults - pregnant mothers
10	Affordable housing	27	Poverty - income
10	Cooperation	27	Nutrition education - food insecurity
10	Adult activities	27	Child care
10	Awareness of services	27	Domestic violence
11	Eye care	28	Chronic disease management
11	Mental health - length of time	28	Access to child care
11	Collaboration	28	Quality affordable housing
11	Economic development	28	More MD/ DO level doctors for primary care
11	Listen to community comments	28	Access to healthy foods
12	Collaboration between DCH and IH	29	Dental care
12	Stop competing against each other	29	Eye care
12	Child care	29	Mental health
12	Access to DHS enrollment	29	More MD/ DO in clinic
12	Ophthalmology	29	Shortened wait times for specialists
12	Education of existing programs	30	Focus on quality patient care
12	Improving physical activity	30	Cost impact
12	Obesity	30	More primary care providers allowed to take time to diagnose
13	Access to optamology	30	More collaboration between care entities
13	Access to public child care	31	Communication between IH and DCH
13	Affordable and available housing	31	Medicaid reimbursement
13	Awareness of services offered	31	Eye care
13	Increased options for elderly and unaware of mental health treatment options	31	Women's health
14	Vision services	31	Obesity
14	Audiology	32	Medicaid
14	Pain speciality	32	Mental health
14	Improve collaboration	32	Health care literacy
14	Improve community awareness of MH options	32	Senior living - housing
14	Child care	32	Quality of water
15	Health literacy	33	Awareness of public health resources and access
15	Child care	33	Enhance awareness of MH services available
15	Optometry	33	Provide education for substance use
15	Housing	33	Bring more doctors in
15	Water quality	33	Provide optometry services
15	Depression	34	Optometry options
16	Awareness of services	34	Housing options
16	Depression	34	Primary care doctors
16	Domestic violence	35	Housing shortages

Wave #4 CHNA - Decatur County, IA

Town Hall Conversation - Weaknesses (Color Cards) N= 36

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
16	Food insecurity	35	Child care
16	Overall health - obesity	35	Obesity - inactivity
17	Need more provider in clinics	35	Primary care - more MD/DO
17	More mental health workers	35	Awareness - making community aware of services
17	Better food pantries	35	Optometry
17	More people in healthcare (clinics, nursing homes, hospital)	36	Food insecurity
18	Jobs/ employment/ unemployment	36	School health
18	Drug issues	36	Uninsured/ underinsured
18	Optometry	36	Specialty care

EMAIL #1 Request Message

From: Administration Office

Date: 12/15/2022

To: Community Leaders, Providers and Hospital Board and Staff

Subject: 2022 Decatur County Community Health Needs Assessment

Decatur County Hospital (DCH) along with partners Decatur County Public Health and Infinity Health located in Leon, Iowa is working with other community health providers to update the 2022 Decatur 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/CHNA2023_DecaturCoIA_OnlineSurvey

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **Friday, January 20th, 2023**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, February 9th, 2023**, 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 (xxx) xxx-xxxx

PR#1 News Release

Local Contact: Michael Johnston

Media Release: 12/15/22

Decatur County Conducts 2022 Community Health Needs Assessment

Over the next few months, **Decatur County Hospital (DCH) along with partners Decatur County Public Health and Infinity Health** will be working with area providers to update the Decatur County, MO Community Health Needs Assessment (CHNA) for 2022. We strive to seek input from the community members regarding the healthcare needs in order to complete the 2022 Community Health Needs Assessment update.

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

A brief community survey has been developed in order to accomplish this work. The survey link can be accessed by visiting the hospitals' website or their Facebook page if you would like to participate in this important work. You may also utilize the QR code below for quick access.



All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **Friday, January 20th, 2032**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, February 9th, 2032** 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 (xxx) xxx-xxxx

EMAIL #2 Request Message

From: XXX

Date: 1/20/2023

To: Community Leaders, Providers and Hospital Board and Staff

Subject: DCH with DCPH and Infinity Health 2023 Community Health Needs Assessment Town Hall Event – Feb 9th

Decatur County Hospital (DCH) along with partners Decatur County Public Health and Infinity Health are hosting a community town hall event for the 2023 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 for Decatur County. This event will be held on **Thursday, February 9th, 2023** from **11:30 a.m. – 1:00 p.m. at Leon County Club** (1204 W 1st Street, Leon, IA, 50144).

All business leaders and residents are encouraged to join us for this important meeting. In order to adequately prepare for this town hall meeting, it is imperative that those attending, RSVP. We hope you find the time to attend this important event by following the link below to complete your RSVP for **February 9th**.

LINK: https://www.surveymonkey.com/r/DecaturCo_TH_RSVP2023



Thanks in advance for your time and support

If you have questions regarding these CHNA activities, please call (xxx) xxx-xxxx

Decatur County IA area providers to host 2023 CHNA Town Hall Event

Media Release: 1/20/23

Decatur County Hospital (DCH) along with partners Decatur County Public Health (DCPH) and Infinity Health are hosting a town hall meeting for the 2023 Community Health Needs Assessment on **February 9th at Leon County Club** (1204 W 1st Street, Leon, IA 50144) from **11:30 a.m. to 1:00 p.m.** During this meeting, we will review the community health indicators and gather feedback opinions on key community needs for Decatur County.

In order for us to adequately prepare for this Town Hall event, it is imperative that all those who wish to attend, please RSVP. Please visit the DCH website, or social media sites (Facebook) to obtain the link to complete your RSVP! For convenience, you may also utilize the QR code below that will take you directly to the RSVP site. We hope that you find the time to join us for this important event on February 9th. Thanks in advance for your time and support!



If you have questions regarding these CHNA activities, please call (xxx) xxx-xxxx

DCH Facebook Page post 12/09/22



Decatur County Hospital
2h · 🌐

Over the next three (3) months, Decatur County Hospital (DCH), Decatur County Public Health (DCPH), and Infinity Health - Iowa and Missouri will partner to complete the 2022-2023 Community Health Needs Assessment (CHNA). The goal of this assessment is to understand progress in addressing community health needs identified in the 2019 CHNA report and to collect up-to-date community health perceptions.

To accomplish this task, we need your help! To provide your feedback, please click the link below to take a short online survey.

**2022-2023
COMMUNITY
HEALTH NEEDS
ASSESSMENT**

 **DCH**
Decatur County Hospital

 **DCPH**
Decatur County Public Health

 **INFINITY
HEALTH**
Iowa and Missouri

City of Lamoni
1.1

In 2019, Decatur County Hospital and our community partners, Infinity Health and Decatur County Public Health, conducted a survey to assess the status of healthcare and identify related needs within our community. Today, we request your input again in order to create the 2022-23 Decatur 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. The survey deadline will be Friday, January 20th, 2023. Here is a link to complete the survey.



[SURVEYMONKEY.COM](https://www.surveymonkey.com)

CHNA Wave #4 Community Feedback 2022 - Decatur County Hospital with partners Infinity Health and Decatur_

0 Likes

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2022-2023 COMMUNITY HEALTH NEEDS ASSESSMENT

Over the next three (3) months, Decatur County Hospital (OCH), Decatur County Public Health (DCPH), and Infinity Health will partner to complete the 2022-2023 Community Health Needs Assessment (CHNA). The goal of this assessment is to understand progress in addressing community health needs identified in the 2019 CHNA report and to collect up-to-date community health perceptions.

To accomplish this task, we need *your* help/ To provide your feedback, please visit our survey using the website below, or scan the QR code below to take the short questionnaire

www.surveymonkey.com/r/Decatur-County-CHNA-2023



How to Use This QR Code

1. Open the camera app on your phone or tablet
2. Focus the camera on the QR code by gently tapping the code
3. Follow the instructions on the screen to complete the action



..... MERCYONE



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an iowalu.a.flk partner

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2022 Community Feedback: Decatur County IA (N=280)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1151		Very Good	Increasing - moving up	EDUC			Poor education
1224	50108	Good	Increasing - moving up	EDUC			Education
1038	50140	Poor		EMER			Emergency services in Lamoni
1257	64632	Poor	Decreasing - slipping downward	FF	PHONE		Eight weeks ago I left a message on the phone that I needed to set up a mental health appointment. I still have yet to be called back.
1190	50854	Good	Increasing - moving up	FINA	INS		Lack of financial ability to pay copays, deductibles, Out of pocket. Even with discounts or payment plans... the cost of health care is too high.
1187	50144	Average	Increasing - moving up	FINA	POV		Costs and poverty
1030	50140	Average	Decreasing - slipping downward	FINA			Cost of care in a poverty area
1040	50140	Average	Decreasing - slipping downward	FINA			Financial
1046	50144	Average	Not really changing much	FINA			Lack of job opportunities in our area so Families can provide basic needs
1060	50140	Very Good	Increasing - moving up	INS			I have private healthcare I pay out of pocket for, I know several that are on state funded healthcare and abuse it, take away resources from others becaae they go to much for very minor things, or skip appointments
1150	52544	Good	Increasing - moving up	OWN			Lack of self care, apathy about ones health that is passed on generationally
1180	50144	Very Good	Increasing - moving up	OWN			people are unmotivated
1243	50144	Good	Increasing - moving up	OWN			I have heard people just refusing to address issues they are having until it's too late. Several have died of cancer because they ignored their symptoms.
1234	50144	Poor	Not really changing much	PHARM			Rx prices
1086	50140	Average	Not really changing much	POV	EDUC	FINA	poverty, lack of decent paying jobs, lack of community resources, lower educational level of residents on average
1009	50144	Good	Increasing - moving up	POV			generational poverty
1177	50144	Very Good	Increasing - moving up	POV			Poverty
1178	50854	Good	Increasing - moving up	POV			poverty
1183	50854	Very Good	Not really changing much	POV			poverty in the communities
1184	52531	Average	Increasing - moving up	POV			poverty
1195	50213	Average	Not really changing much	POV			Low income families
1043	50140	Average	Not really changing much	PREV			Moving from a repair of damage to prevention model
1181	50144	Good	Not really changing much	PREV			Trauma and lack of preventative care for families
1236	50108	Poor	Increasing - moving up	SPEC			When seeing a traveling specialist locally ones always gets referred on to another in Des Moines so what is the point

CHNA 2022 Community Feedback: Decatur County IA (N=280)

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?
1043	50140	Average	Not really changing much	ACC	INS	EDUC	Better access, greater depth of skill, Medicaid program availability, better education....
1046	50144	Average	Not really changing much	ACC			When having heart attack or stroke must be transported to Des Moines for treatment
1022	50140	Very Good	Decreasing - slipping downward	ALL	DOCS	RET	Need more of everything. We are going to lose our best docs because they are treated poorly.
1181	50144	Good	Not really changing much	BH	CLIN	PRIM	Mental health, walk in/urgent care, PCP.
1241	50140	Good	Not really changing much	BH	FF	PHARM	Difficult to access non-emergent mental health. Difficult to get calls back from clinic and hospital. Lack of communication regard results, have to call and call to get them. Difficult to contact provider for non-urgent concerns. Delay in medication refills. Changes in 340b in 2023 are scary. Will we still be able to get our medications?
1054	50140	Average	Increasing - moving up	BH			We tried for 6 months to get an appointment for a family member for mental health eval and meds.
1215		Very Good	Increasing - moving up	CLIN	DOCS		Clinic need another Doctor
1073	50309	Average	Increasing - moving up	CLIN	HRS		It is harder to access same day appointments when you are sick. There are also now less providers for mental health.
1025	50140	Good	Not really changing much	CLIN			I don't know about others but there are enough available at the right time to meet my needs!
1090	50854	Very Good	Increasing - moving up	DENT			More dentist
1114		Average	Decreasing - slipping downward	DOCFS	SPEC	BH	Need more Doctors, Less Nurse Practitioners. Specialist need to be Doctors, more Mental Health Doctors
1219		Very Good	Increasing - moving up	DOCS	CLIN		Need more Doctors at clinic
1227	50108	Very Good	Increasing - moving up	DOCS	HRS	EMER	At times there are no doctors available just nurse practitioners, at evenings and weekends the only place is the er.
1189	50144	Good	Not really changing much	DOCS	OPHT		MD and DO, Optometrist
1020	50140	Poor	Decreasing - slipping downward	DOCS	RUSH	FEM	However, I would like to be able to discuss more than one issue with my provider at a time. And I would like to see more female providers.
1014	50140	Average	Decreasing - slipping downward	DOCS	SCH		The provider I want to see is not always available.
1135	50140	Good	Increasing - moving up	DOCS			Only one physician at Infinity Health.
1154	52544	Average	Decreasing - slipping downward	DOCS			No enough providers
1183	50854	Very Good	Not really changing much	DOCS			there will never be enough for the need.
1259	50144	Good	Decreasing - slipping downward	DOCS			Desperately need more physicians!!
1038	50140	Poor		EMER	PHARM		We need emergency services in Lamoni, and a pharmacy that's open at least 5 days a week.
1026	50140	Poor	Not really changing much	HRS			More outside of normal hours availability.
1064	50140	Average	Not really changing much	HRS			The days and times available for families is way too limited.
1243	50144	Good	Increasing - moving up	NURSE	RET		I would like to see a couple more permanent nurse practitioners in the Leon clinic.
1248	50833	Good	Increasing - moving up	OPHT	AUD		Vision and hearing aids nothing locally
1051	50140	Very Good	Increasing - moving up	OPHT			Optometry
1053		Very Good	Decreasing - slipping downward	OPHT			optometry
1184	52531	Average	Increasing - moving up	OPHT			vision
1238	50140	Very Good	Increasing - moving up	OPHT			Optometrist
1003	50140	Average	Decreasing - slipping downward	PART			balanced care between Leon and Lamoni
1059	50140	Average	Decreasing - slipping downward	PRIM	OBG		Lack of physicians in primary health care. Local community health center only has one. Primary health care given almost exclusively by mid-level practitioners. Reproductive health care is non-existent and has been for years
1082	50144	Very Good	Increasing - moving up	PRIM	OPHT	PAIN	Infinity Health has several primary care providers and an urgent care provider. Decatur County Hospital has several specialists available. We do need ophthalmology and pain specialist.
1018	50140	Good	Not really changing much	PRIM			Be wary not to overload local primary care personnel.
1041	50140	Average	Decreasing - slipping downward	PRIM			Primary care & time to do it
1109	50065	Average	Not really changing much	PRIM			More primary care doctors are needed
1137		Very Good	Decreasing - slipping downward	PRIM			More PCP's - infinity health is not an option.
1015		Average	Decreasing - slipping downward	QUAL			The answer would be yes but I like to stay with my preferred provider since she knows me, my history and underlying health conditions. I don't want to start over every visit.
1037	50140	Poor	Not really changing much	QUAL			I haven't been to the doctor's office in Lamoni for several years but it used to be very poorly managed.
1094	50140	Good	Decreasing - slipping downward	QUAL			I would say most of the time.
1257	64632	Poor	Decreasing - slipping downward	QUAL			I can't tell if it's improper training or a lack in staff, but the delays in getting things set up are ridiculously slow
1264	50065	Good	Increasing - moving up	RED	LAB		DCH needs a clinic that is ran by DCH & connected to the hospital so accessible to radiology, infusion, blood draws & all other services are on site.
1021		Poor	Decreasing - slipping downward	SCH			My daughter tried to make an appointment several times, and there were no openings. She had to go to Osceola.
1205	50144	Average	Increasing - moving up	SPEC	CLIN		Specialists only being there once a week isn't always helpful depending on a person's situation. For awhile the clinic's availability seemed low like you couldn't get in when you needed but that is improving a bit I think.
1036	50140	Average	Not really changing much	SPEC			Not enough Specialty Services easily available
1102	50144	Very Good	Increasing - moving up	SPEC			Hospital could use more specialists in same field. Specialists who do come are needed more often than they come.
1104	50133	Good	Increasing - moving up	STFF	CLIN		Ringgold always seems to be in need of more staff. NEVER have I been to a clinic where every doctor has Friday off...MT Ayr Medical Clinic
1236	50108	Poor	Increasing - moving up	STFF	QUAL		There seems to be enough people just not knowledgeable enough to treat
1085	50254	Good	Increasing - moving up	STFF	RET		staff cutbacks
1234	50144	Poor	Not really changing much	STFF	RET		Everyone is always short of help. The ones that do stay are not appreciated.
1216	50144	Very Good	Increasing - moving up	WAIT	SCH		Sometimes there is a longer wait than people like for appointments.

CHNA 2022 Community Feedback: Decatur County IA (N=280)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1150	52544	Good	Increasing - moving up	ACC			Access the ones that are in place, underutilization is a problem.
1026	50140	Poor	Not really changing much	ADMIN			Too many to list. How about a complete assessment followed by a new plan?
1022	50140	Very Good	Decreasing - slipping downward	AMB			Take better care of what we have. Like fix broken ambulances!
1248	50833	Good	Increasing - moving up	AUD			Audiologist that accepts Medicaid
1085	50254	Good	Increasing - moving up	BH	DRUG		more mental health/substance abuse programs
1130	50144	Very Good	Not really changing much	BH	NUTR		More mental health awareness/acceptance Nutritional education/accessibility
1054	50140	Average	Increasing - moving up	BH	VETS	NH	mental wellness and resilience groups coming out of COVID, veteran support groups, elder mental health support groups in Lamoni, swimming for adults indoor
1043	50140	Average	Not really changing much	BH			preventative behavioral health, mental/emotional healthcare, programs to meet needs of lower economic groups....
1074	50140	Good	Not really changing much	BH			More availability of mental health therapists
1079	50140	Good	Decreasing - slipping downward	BH			mental health after care
1104	50133	Good	Increasing - moving up	BH			More mental health!
1181	50144	Good	Not really changing much	BH			Increase in mental health access and availability.
1199	50008	Good	Increasing - moving up	BH			I don't know about new, but improvements need to be made to mental health care.
1062	50140	Good	Not really changing much	CLIN	DOCS		Larger clinic with more doctors, urgent care and other services available. All of the college athletes have to go to Des Moines, why not somewhere local?
1227	50108	Very Good	Increasing - moving up	CLIN	HRS		Clinics that are open on weekends
1008	52544	Good	Increasing - moving up	CLIN			free clinic
1011	52544	Average	Increasing - moving up	CLIN			a free clinic
1077	50074	Very Good	Increasing - moving up	DENT			Increase oral health awareness
1059	50140	Average	Decreasing - slipping downward	DOCS	COMM		If you can't get physicians to come here, at least have better communications with the physicians that our residents need to see in the city
1048	50140	Average	Not really changing much	DOCS	NH		Strong and committed general physician and geriatric focused physician resident
1067	50210	Average	Increasing - moving up	DOCS			eye dr
1257	64632	Poor	Decreasing - slipping downward	DRUG	SPRT	PT	Drug prevention. Teenage birth prevention, anger, management for teenagers. Kids are actually taking knives and threatening each other at school. The schools won't take care of the problem so maybe healthcare can help. An open MRI and bigger Physical Therapy.
1099	50144	Good	Increasing - moving up	DRUG			Drug and alcohol doctors and therapy people that answered the phone
1159	52571	Good	Increasing - moving up	DRUG			I think that we need to have a more organized Substance Use program and make it known that it is a judgment free zone. I think that people that are looking to seek help don't want to be judged by other people in the community whether it be consciously or subconsciously.
1254	50144	Good	Not really changing much	DRUG			Drug and substance abuse programs.
1206		Good	Not really changing much	EDUC	PREV		A program to reach the community that could educate and inform us of preventative programs.
1013	50140	Average	Increasing - moving up	FAC	CLIN	HRS	double size and times of clinic hours/days
1091	50144	Average	Not really changing much	FAM	NUTR		family planning nutrition services
1086	50140	Average	Not really changing much	FEM	SS	INS	clinic or hospital should start participating in title 10 program to be able to provide free / low cost sexual health care including long acting forms of birth control. social work / case management service for those with high needs. Someone to get people enrolled in medicaid and other public assistance programs. More access to food pantry - currently residents can only go once per month and there are many in decatur county struggling with food insecurity.
1006	50213	Good	Increasing - moving up	FEM			Women's wellness education programs
1209	50140	Very Good	Increasing - moving up	FEM			Violence against women; mental health - esp a range of support groups
1090	50854	Very Good	Increasing - moving up	FIT	CC		Exercise programs and more daycares
1137		Very Good	Decreasing - slipping downward	FIT	NUTR		Exercise and nutrition classes.
1108	50140	Good	Increasing - moving up	FIT			Community space to be active indoors including indoor swimming pool, gym, etc. Membership fees would be okay if reasonable. Meals on wheels, or something similar would be huge.
1109	50065	Average	Not really changing much	FIT			A place for people to go to work out get exercise
1190	50854	Good	Increasing - moving up	FIT			An inexpensive area to exercise indoors - (i.e. YMCA)
1239	50144	Very Good	Increasing - moving up	FIT			Being able use exercise equipment lose weight
1255	50144	Poor	Not really changing much	FIT			Access to 24/7 gym/pool
1276	50144	Very Good	Increasing - moving up	HH			Home health care
1064	50140	Average	Not really changing much	HRS	CLIN		Extended hours and weekend health at the Lamoni clinic.
1258	50144	Very Good	Increasing - moving up	NEP			it would be nice if we had a visiting kidney specialist.
1131	50144	Good	Not really changing much	NUTR	AWARE	DRUG	health and nutrition awareness, drug abuse
1123		Average	Not really changing much	NUTR	BH	PEDS	Nutritional, mental health, mental health for children
1124	50213	Good	Increasing - moving up	NUTR	BH	SPRT	Nutritional, mental health in children, support groups
1164	64673	Good	Not really changing much	NUTR	FIT	DRUG	Nutrition and Exercise. Drug Prevention
1097	50140	Good	Not really changing much	NUTR	FIT		Nutrition and exercise
1009	50144	Good	Increasing - moving up	NUTR			a focus on physical/nutritional wellness in schools to help create responsible adults in our community
1087	50147	Good	Increasing - moving up	NUTR			I think our community needs nutritional education
1141	50144	Good	Increasing - moving up	OBES			Obesity
1189	50144	Good	Not really changing much	OBG			OB
1205	50144	Average	Increasing - moving up	OPHTH	BH	DRUG	Vision down here might be nice. If it is I wasn't aware. Mental health services. Kids getting into drugs/alcohol/vaping is becoming a huge issue but it always has. It's a small boring town with little fun to offer so they do things they shouldn't maybe more often. Maybe something for that?
1093	50144	Good	Increasing - moving up	OPHTH	DENT	NH	eye care, dental services, senior socialization
1102	50144	Very Good	Increasing - moving up	OPHTH	DENT	TRANS	Eye doctor/More dental care Diabetic shoe access/As stated before, a 2nd transportation van is needed, but I am very grateful for the one we have now.

CHNA 2022 Community Feedback: Decatur County IA (N=280)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1030	50140	Average	Decreasing - slipping downward	OPHTH	DENT		We need an eye doctor and dentist here.
1180	50144	Very Good	Increasing - moving up	OPHTH	PRIM		optometry would be great --- the addition of primary care is not needed.
1025	50140	Good	Not really changing much	OPHTH			would be nice to have an optometrist;
1083	50144	Very Good	Increasing - moving up	OPHTH			ophthalmology
1128	50144	Good	Increasing - moving up	OPHTH			Eye care
1157	50140	Average	Not really changing much	OPHTH			Eye care center
1177	50144	Very Good	Increasing - moving up	OPHTH			Vision
1082	50144	Very Good	Increasing - moving up	PAIN	OPHTH		Pain specialist and ophthalmology
1175		Good	Increasing - moving up	PART			none -- just work together on what's already offered.
1222		Good	Increasing - moving up	PEDS			Pediatrician
1238	50140	Very Good	Increasing - moving up	PEDS			Pediatrics
1231	50140	Very Good	Increasing - moving up	PHARM	CLIN		Lamoni needs a new pharmacy...maybe one in the clinic like Leon has
1015		Average	Decreasing - slipping downward	PHARM			A drug store open at least 6 days a week.
1060	50140	Very Good	Increasing - moving up	PHARM			Pharmacy access
1114		Average	Decreasing - slipping downward	POV			Programs to get welfare participants working on their own instead of welfare checks. Helping out their community and helping themselves and pride.
1178	50854	Good	Increasing - moving up	POV			poverty programs
1183	50854	Very Good	Not really changing much	POV			addressing issues of poverty, and how it effects people and family
1070	52544	Good	Increasing - moving up	PREV	AWARE	DRUG	Prevention and awareness of early signs of substance use disorder. It is not always the drug off the street but in the medicine cabinet or at the store.
1158	50060	Good	Increasing - moving up	PREV	NUTR		More wellness programs. Nutrition programs
1004	50213	Good	Increasing - moving up	PREV	SUIC		Health and wellness programs, suicide education for all ages
1088	50144	Good	Increasing - moving up	PREV			more focus on health, wellness, and prevention
1196	50140	Average	Increasing - moving up	PRIM	FIT		More PCP, wellness facilities including swimming and indoor workout equipment
1237	50144	Good	Increasing - moving up	PRIM			Primary care
1003	50140	Average	Decreasing - slipping downward	QUAL			back to basic patient-oriented healthcare
1072	52544	Good	Increasing - moving up	QUAL			Always room for improvement.
1149	50213	Good	Increasing - moving up	RET			More incentives for families to relocate to this community so all facilities can be staffed properly.
1036	50140	Average	Not really changing much	SPEC			Increased Specialty Services
1202	50140	Good	Not really changing much	SPEC			More specialists available
1253	50144	Average	Not really changing much	SPEC			Better hours for specialists
1274		Average	Increasing - moving up	SPEC			Not sure. It seems the hospital is continually adding visiting specialists. Speaking for myself I'm not aware of any health program that could be added that would benefit me.
1047		Good	Increasing - moving up	SPRT			Rape kit and training in a College Community
1154	52544	Average	Decreasing - slipping downward	SPRT			More therapist. Also, think they need a place to go when members or anyone is feeling like they are having as melt down
1172	50213	Very Good	Not really changing much	SPRT			I feel there are sufficient programs to address the healthcare needs of the communities.
1264	50065	Good	Increasing - moving up	SPRT			AA meetings/Alanon would be a great start. We need resources for the people who struggle & actually want to make a change.
1016	50140	Good	Increasing - moving up	SUIC			More visible suicide prevention information. More visible drug addiction information.
1094	50140	Good	Decreasing - slipping downward	TECH			Providing and supporting wearable medical devices so that each person can have access to important information. A pilot program could be started to support one area of health concern. ex. active levels--pedometer. Smart devices...iPads....I know it is a stretch. I do believe that wearable medical devices are an important part of health care. At the current time the devices are only available to those who can afford them.
1167	50213	Good	Not really changing much	TELE	DOCS		More access to telehealth services and providers

Let Your Voice Be Heard!

In 2019, Decatur County Hospital and our community partners, Infinity Health and Decatur County Public Health, conducted a survey to assess the status of healthcare and identify related needs within our community. Today, we request your input again in order to create the 2022 Decatur 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. The survey deadline will be Friday, January 20th, 2023.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention!

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

- Very Good Good Average Poor Very Poor

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

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

Please specify why.

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Providers) | <input type="checkbox"/> Transportation (Healthcare) |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Substance Abuse (Drug / Alcohol) |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Child Care Services |
| <input type="checkbox"/> Access to Primary Care (Clinic Availability) | <input type="checkbox"/> Public Healthcare Perception |
| <input type="checkbox"/> Access to Amish Healthcare Services / Education | <input type="checkbox"/> Housing (Access / Safe / Affordable) |
| <input type="checkbox"/> Senior Care Services | <input type="checkbox"/> Medicaid Enrollment / Expansion |
| <input type="checkbox"/> Awareness of Healthcare Services | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Dental Care |
| <input type="checkbox"/> Obesity (Nutrition / Exercise) | <input type="checkbox"/> Visiting Specialists |

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

- | | |
|---|---|
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Providers) | <input type="checkbox"/> Transportation (Healthcare) |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Substance Abuse (Drug / Alcohol) |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Child Care Services |
| <input type="checkbox"/> Access to Primary Care (Clinic Availability) | <input type="checkbox"/> Public Healthcare Perception |
| <input type="checkbox"/> Access to Amish Healthcare Services / Education | <input type="checkbox"/> Housing (Access / Safe / Affordable) |
| <input type="checkbox"/> Senior Care Services | <input type="checkbox"/> Medicaid Enrollment / Expansion |
| <input type="checkbox"/> Awareness of Healthcare Services | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Dental Care |
| <input type="checkbox"/> Obesity (Nutrition / Exercise) | <input type="checkbox"/> Visiting Specialists |

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

- Chronic Disease
- Limited Access to Mental Health
- Lack of Health & Wellness
- Family Assistance programs
- Lack of Nutrition/Exercise Services
- Lack of Health Insurance
- Limited Access to Primary Care
- Neglect
- 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"/>				

Other (please specify)

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.

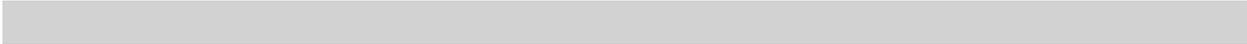


12. Over the past 2 years, did you or someone in your household receive healthcare services outside of your county?

Yes

No

If yes, please specify the services received

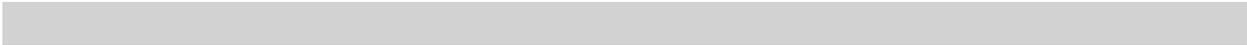


13. Access to care is vital. Are there enough providers/staff available at the right times to care for you and your community?

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



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