

Community Health Needs Assessment Decatur County, IA

On Behalf of Decatur County Hospital



April 2025

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment Table of Contents

I. Executive Summary

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

II. Methodology

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

III. Community Health Status

- a) Historical Community Health Indicators Review - Secondary Data
- b) Current Community Health Status - Online Feedback Research

IV. Inventory of Existing County Health Resources

- a) Community Healthcare Service Offerings
- b) Provider Manpower (Local and Visiting Specialists)
- c) CHNA Inventory of PSA Services and Providers (A description of the existing healthcare facilities and other resources within the community available to meet the needs identified through the CHNA)

V. Detail Exhibits

- a) Patient Origin & Access to Care
- b) Town Hall Attendees, Notes, and Feedback
- c) Public CHNA Notice / News
- d) Primary Research Detail
- e) County Health Rankings & Roadmap Detail

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Decatur County Hospital Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Decatur County Hospital and its primary service area was completed in 2022. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Decatur County, IA CHNA began in September of 2024 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, providers, and other residents to research and prioritize county health needs while documenting 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 a 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.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's "Mission" to deliver.

County Health Area of Future Focus on Unmet Needs

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

| Decatur County Hospital IA PSA | | | | |
|--|--|-------|-----|-------|
| 2025 CHNA Unmet Needs - Town Hall 2/13/25 | | | | |
| Decatur County IA (30 Zoom Attendees with 24 Voters, 134 Total Stakeholder Votes) | | | | |
| # | Community Health Needs to Change and/or Improve | Votes | % | Accum |
| 1 | Mental Health (Dia, Placement, Aftercare, Providers) | 15 | 11% | 11% |
| 2 | Cancer & Chronic Disease Management | 14 | 10% | 22% |
| 3 | Substance Abuse (Alcohol & Drugs) | 13 | 10% | 31% |
| 4 | Lack of Optometry / Ophthalmology Services | 12 | 9% | 40% |
| 5 | Housing (Accessible, Affordable, Quality) | 12 | 9% | 49% |
| 6 | Obesity (Fitness & Nutrition) | 10 | 7% | 57% |
| 7 | Lack of Providers / Qualified Staff | 10 | 7% | 64% |
| 8 | Child Care (Accessible, Affordable, Safe) | 9 | 7% | 71% |
| 9 | Dentist | 8 | 6% | 77% |
| 10 | Home Health | 7 | 5% | 82% |
| Total Votes | | 134 | | |
| Other Items receiving votes: Awareness of Health Care Services (Preventative Health/Wellness), Abuse / Violence, Veteran Services, Senior Living Options, Food Insecurity, Water Quality | | | | |

Town Hall CHNA Findings: Areas of Strengths

| Decatur County IA - Community Health Strengths | | | |
|--|--------------------------------------|----|---------------------------|
| # | Topic | # | Topic |
| 1 | Access to health care | 6 | Pharmacy (extended hours) |
| 2 | Chronic disease management education | 7 | Primary Care |
| 3 | Collaboration | 8 | Recreation |
| 4 | Emergency Department | 9 | Telehealth |
| 5 | Hospital (Quality & Facility) | 10 | Transportation van |

Key CHNA Round #5 Secondary Research Conclusions found:

IOWA HEALTH RANKINGS: According to the 2023 Robert Wood Johnson County Health Rankings, Decatur Co, IA, on average was ranked 91st in Health Outcomes, 87th in Health Factors, and 92nd in Physical Environmental Quality out of the 99 Counties.

TAB 1. Decatur County's population is 7,665 (based on 2023 findings). About six percent (5.8%) of the population is under the age of 5, while the population that is over 65 years old is 21.4%. Children in single parent households make up a total of 8.8% compared to the rural norm of 16.9%, and 82.1% are living in the same house as one year ago.

TAB 2. In Decatur County, the average per capita income is \$26,334 while 17.9% of the population is in poverty. The severe housing problem was recorded at 12.8% compared to the rural norm of 11.8%. Those with food insecurity in Decatur County is 9.6%, and those having limited access to healthy foods (store) are 3.5%. Individuals recorded as having a long commute while driving alone is 31.8% compared to the norm of 27.1%.

TAB 3. Children eligible for a free or reduced-price lunch in Decatur County is 54.6%. Findings found that 89.1% of Decatur County ages 25 and above graduated from high school while 24.9% have a bachelor's degree or higher (2022).

TAB 4. The rate per 1,000 births where prenatal care began in the first trimester was recorded at 618 compared to the rural norm of 723.5. Additionally, the percentage of births with low birth weight was 8.6%. Decatur County recorded a rate of 36.4 per 1,000 births occurring to teens between ages 15-19. The rate of births where mother smoked during pregnancy was 187.9 compared to the rural norm of 120.6.

TAB 5. The Decatur County primary care service coverage ratio is 1 provider (county based offed physician who is a MD and/or DO) to 3,830 residents. There were 1,869 preventable hospital stays compared to the rural norm of 2,123. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 83% while patients who reported they would definitely recommend the hospital was recorded at 76%.

Secondary Research Continued

TAB 6. In Decatur County, adults diagnosed with depression as of 2021 was 19.3%. The average number of mentally unhealthy days as of 2020 was 4.8 compared to the rural norm of 4.7.

TAB 7a – 7b. Decatur County has an obesity percentage of 38.2% and a physical inactivity percentage is 26.6%. The percentage of adults who smoke is 19.3%, while the excessive drinking percentage is 19.6%. Those with kidney diseases are 2.8%. The percentage of adult individuals who were recorded with cancer was 6.4% while adults recorded with diabetes (20+) is 9.3% compared to the rural norm of 9.2%.

TAB 8. The adult uninsured rate for Decatur County is 7.7% compared to the rural norm of only 7.2%.

TAB 9. The life expectancy rate in Decatur County for males and females is roughly 78 years of age (77.7). Alcohol-impaired driving deaths for Decatur County is 15.4% while age-adjusted Cancer Mortality rate per 100,000 is 170.2. The age-adjusted heart disease mortality rate per 100,000 is at 180.5.

TAB 10. A recorded 62.6% of Decatur County has access to exercise opportunities. Continually, 39% of women have done a mammography screening compared to the rural norm of 46.9%. Adults recorded in Decatur County who have had a regular routine check-up is 72.1%.

Social Determinants Views Driving Community Health: From Town Hall conversations the Economy followed by Neighborhood and Physical Environment, Community/Social Support, and Health Care System are impacting community health, see Sec V for a detailed analysis.

Social Determinants Online Community Feedback – Decatur County IA (N=109)



Key CHNA Round #5 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=109) provided the following community insights via an online perception survey:

- Using a Likert scale, the 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 69.2%.
- Decatur County stakeholders are very satisfied with some of the following services: Ambulance Services, Emergency Room, Telehealth, Inpatient Hospital Services, Outpatient Hospital Services, and Visiting Specialists.
- When considering past CHNA needs, the following topics came up as the most pressing: Child Care (Accessible, Affordable, Safe), Lack of Optometry / Ophthalmology Services, Mental Health (Diagnosis, Placement, Aftercare, Providers), Housing (Accessible, Affordable, Safe), and Dentists.

| Decatur Co, IA - CHNA YR 2025 N=109 | | | | | |
|---|---|-----------------|------|-------|----------|
| Past CHNA Unmet Needs Identified | | Ongoing Problem | | | Pressing |
| Rank | Ongoing Problem | Votes | % | Trend | Rank |
| 1 | Child Care (Accessible, Affordable, Safe) | 47 | 9.3% | | 1 |
| 2 | Lack of Optometry / Ophthalmology Services | 39 | 7.7% | | 2 |
| 3 | Housing (Accessible, Affordable, Safe) | 25 | 5.0% | | 4 |
| 4 | Mental Health (Diagnosis, Placement, Aftercare, Providers) | 24 | 4.8% | | 3 |
| 5 | Dentists | 24 | 4.8% | | 5 |
| 6 | Food Insecurity | 20 | 4.0% | | 6 |
| 7 | Healthcare Staffing | 20 | 4.0% | | 14 |
| 8 | Obesity (Nutrition/Exercise) | 20 | 4.0% | | 9 |
| 9 | Substance Abuse (Alcohol/Drugs) | 16 | 3.2% | | 16 |
| 10 | Senior Living Options | 15 | 3.0% | | 7 |
| 11 | Water | 15 | 3.0% | | 8 |
| 12 | Primary Care | 15 | 3.0% | | 19 |
| 13 | Offer more assisted living options | 15 | 3.0% | | 11 |
| 14 | Awareness of Health Services | 14 | 2.8% | | 12 |
| 15 | Poverty | 14 | 2.8% | | 10 |
| 16 | Public Health Perception (encourage patients to seek care in Decatur) | 12 | 2.4% | | 20 |
| 17 | Collaboration and Communication of Healthcare Partners | 12 | 2.4% | | 13 |
| 18 | Healthcare Literacy | 12 | 2.4% | | 30 |
| 19 | Provide Adult Day Care Services | 12 | 2.4% | | 15 |
| Others: Local Leon DHS office, Prenatal/Postnatal Care, Senior Exercise, Open Lamoni fitness center, Economic Development/Employment Readiness, Access to DHS enrollment, Disadvantage Population, Suicide, Amish (No insurance or vaccinations), Expand Medicaid, Offer new patient health education, Healthcare Transportation, Medicaid enrollment, Meal Coordination, Visiting Specialists, Increase Amish Healthcare services/education, Improve IA works. | | | | | |

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital 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.).

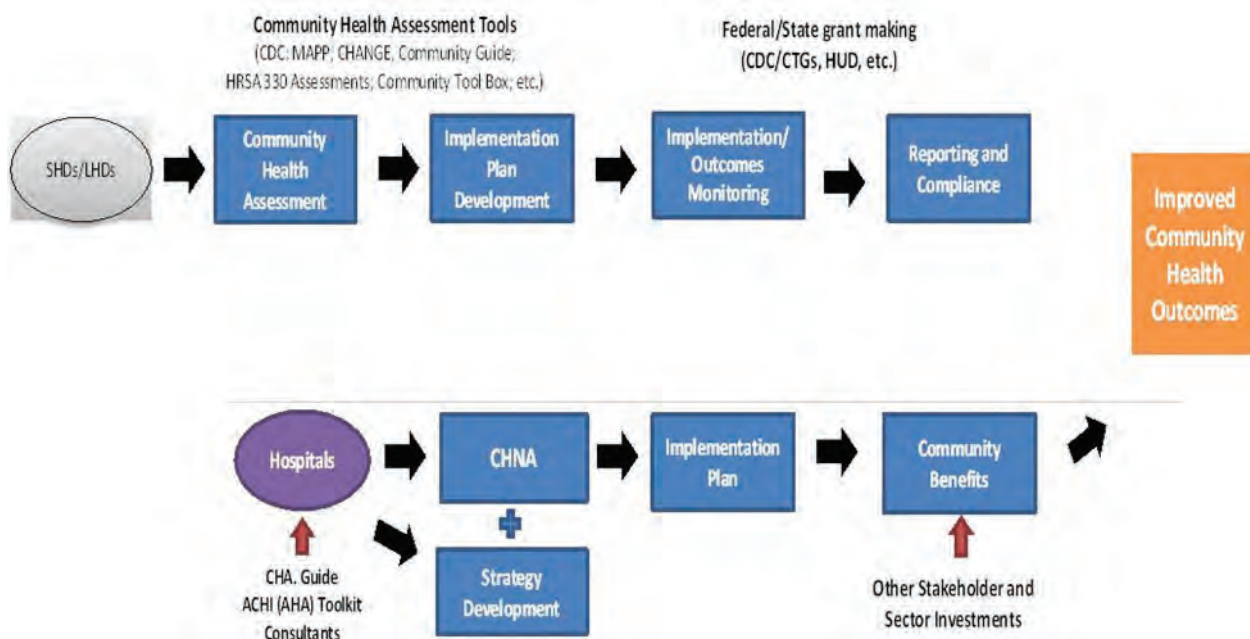
JOB #2: Making a CHNA Widely Available to the Public

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(c)(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.



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.

Round #5 CHNA focuses on Social Determinants & Health Equity.

Centers for Medicare & Medicaid Services Health Equity Domains

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02). (Although these measures will not be required until 2024, it is highly recommended that hospitals begin tracking them in 2023.)

Domain 1: Equity as a Strategic Priority

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

Domain 2: Data Collection

The hospital is engaging in the following three key data collection activities.

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients
- Training staff in the culturally sensitive collection of demographics and SDOH information
- Inputting patient demographic and/ or SDOH information into structured interoperable data elements using a certified electronic health record technology.

Domain 3: Data Analysis

The hospital stratifies key performance indicators by demographic and/ or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement

The hospital participates in local, regional and or national quality improvement activities that are focused on reducing health disparities.

Domain 5: Leadership Engagement

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

- Annual reviews of the hospital's strategic plan for achieving health equity
- Annual reviews of key performance indicators stratified by demographic and/ or social factors.

Sources:

The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf

Health Equity Innovation Network. (2022, August 29). Quick Start Guide: Hospital Commitment to Health Equity Measure. Retrieved from <https://hqin.org/wp-content/uploads/2022/08/Quick-Start-Guide-Hospital-Commitment-to-Health-Equity-Measure.pdf>

The Joint Commission (TJC) Elements of Performance - Regulatory and Accreditation Requirements Related to Health Equity and Social Determinants of Health

New and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Below are the six elements of performance.

Element of Performance 1:

The organization designates an individual to lead activities aimed at reducing healthcare disparities. **(Hospital Responsibility)**

Element of Performance 2:

The organization assesses the patient's health-related social needs and provides information about community resources and support services. **(CHNA full report- Section I and III)**

Examples of health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills.
- Education and literacy
- Food insecurity
- Housing insecurity

Element of Performance 3:

The organization identifies healthcare disparities in its patient population by stratifying quality and safety data. **(CHNA Town Hall)** Examples of sociodemographic characteristics may include but are not limited to the following: Age, Gender, Preferred Language, Race, and ethnicity.

Element of Performance 4:

The organization develops a written action plan that describes how it will address at least one of the healthcare disparities identified. **(CHNA IMPL Development Plan)**

Element of Performance 5:

The organization acts when it does not achieve or sustain goal(s) in its action plan to reduce health care disparities.

Element of Performance 6:

At least annually, the organization informs key stakeholders, identifying leaders, licensed practitioners, and staff, about its progress in reducing identified healthcare disparities. **(Hospital Responsibility)**

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
(641) 446-4871
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.

Our Mission: To deliver exceptional care, close to home.

Our Vision: To enhance lives and improve health.

Our Values: Dedication. Compassion. Honesty

Decatur County Hospital offers many services including:

- 15 Outpatient Specialist Clinics: Cardiology; Endocrinology; General/Vascular Surgery; Gynecology and Uro-Gynecology; Hand to Shoulder Orthopedic Surgery; Interventional Pain Services; Neurology; Obesity Management; Oncology/Hematology; Orthopedic Surgery; Podiatry; Pulmonology; Rheumatology; Urology; Wound Care
- Surgery (general, vascular, total joint replacements, podiatry, women's health)
- Rehab (physical, occupational, speech, lymphedema care)
- Infusion
- Radiology
- Inpatient/Acute Care
- Skilled Care (Swing Bed)
- Decatur County Healthcare Courtesy Van
- Cardiopulmonary
- Emergency Services
- Laboratory

Decatur County Public Health

207 NE Idaho St.
Leon, IA 50144
(641) 446-6518

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 Profile

(641) 446-2383

CEO: Kyle Ahlenstorf

Infinity Health is a federally qualified health center that provides primary, preventive health care services to those living in southern Iowa and northern Missouri regardless of their ability to pay. They provide comprehensive, high-quality services including medical, behavioral, dental, substance use counseling, mammography and an in-house pharmacy. Infinity Health offers a sliding fee scale available based on family size and income and a 340B Drug Discount program to assist those who qualify. Infinity Health was founded in 2005 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. Infinity Health operates 12 locations providing a variety of primary care, behavioral health, substance use disorder, oral health and pharmacy services. The organization is also a member of the IowaHealth+ network.

Mission: Infinity Health is committed to serving the uninsured and underinsured in and around our service area. The mission statement of the organization is:

“Infinity Health will make high quality health care accessible to everyone in our region.”

Vision: “Our vision is to provide exceptional health care services for our patients and unparalleled work life balance for our team, serving as both a provider of choice and an employer of choice.”

Values:

- **Innovative** – We will strive to remain on the forefront of health care services and delivery.
- **Nurturing** – We will care for and encourage the growth of both patients and team members.
- **Family** – We will treat both patients and team members like family.
- **Inviting** – We will ensure all patients, visitors, and team members feel welcome within our facilities and by our team.
- **Necessary** – We are an essential piece of the health care landscape in and around our service area.
- **Invested** – We are fully committed to our patients, partners, and communities.
- **Timeless** – Our dedication to excellence is unwavering.
- **Yes** – We are committed to addressing the identified services needs of our patients and communities.

II. Methodology

c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in September of 2024 for Decatur County Hospital, Decatur County Public Health, and Infinity Health in Decatur County, IA to meet Federal IRS CHNA requirements.

In early September 2024, a meeting was called amongst the Decatur County Hospital leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to the Hays Medical Center to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80% 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% Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

| Define PSA for DCH FY 22-24 IHA (6/30) | | | | Overall Utilization (IP/OP/ER) | | |
|--|-------|--------------|-------------|--------------------------------|------------------|-------|
| | | | Grand Total | 37,131 | FY24, FY23, FY22 | |
| # | ZIP | City | County | 3Yr TOT | % | Accum |
| 1 | 50144 | Leon | Decatur | 13,376 | 36.0% | 36.0% |
| 2 | 50140 | Lamoni | Decatur | 7,490 | 20.2% | 56.2% |
| 3 | 50065 | Davis City | Decatur | 1,789 | 4.8% | 61.0% |
| 4 | 50067 | Decatur | Decatur | 1,311 | 3.5% | 64.5% |
| 5 | 50262 | Van Wert | Decatur | 1,256 | 3.4% | 67.9% |
| 6 | 50108 | Grand River | Decatur | 1,251 | 3.4% | 71.3% |
| 7 | 50103 | Garden Grove | Decatur | 1,035 | 2.8% | 74.1% |
| 8 | 50147 | Lineville | Wayne | 998 | 2.7% | 76.8% |
| 9 | 50213 | Osceola | Clarke | 912 | 2.5% | 79.2% |
| 10 | 50264 | Weldon | Decatur | 836 | 2.3% | 81.5% |

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 the CHNA calendar of events, explain / coach clients to complete the required participant database, and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. 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 |

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

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

| Decatur County Hospital - Decatur Co, IA. VVV CHNA Round #5 Work Plan - Year 2025 | | | |
|--|------------------------|------------|---|
| Project Timeline & Roles - Working Draft as of 11/5/24 | | | |
| Step | Timeframe | Lead | Task |
| 1 | 6/15/2024 | VVV / Hosp | Meeting Leadership information regarding CHNA Round #5 for review. |
| 2 | 9/25/2024 | Hosp | Select/approve CHNA Round #5 Option B - VVV quote—work to start 10/1/24. |
| 3 | 10/1/2024 | VVV | Hold Client Kick-off Meeting. Review CHNA process / timeline with leadership. Request IHA PO reports for FFY 21, 22 and 23 and hospital client to complete PSA IP/OP/ER/Clinic patient origin counts file (Use ZipPSA_3yrPOrigin.xls) |
| 4 | 10/1/2024 | VVV | Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email |
| 5 | 10/1/2024 | VVV | Prepare CHNA Wave#5 Stakeholder Feedback "online link". Send link for hospital review. |
| 6 | Oct. - Nov. 2024 | VVV | Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation. |
| 7 | 10/2/2024 | VVV / Hosp | Prepare/send out PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve. |
| 8 | On or before 11/1/2024 | Hosp | Place PR story to local media CHNA survey announcing "online CHNA Wave #5 feedback". Request public to participate. Send E Mail request to local stakeholders |
| 9 | 11/1/2024 | VVV | Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 12/6/2024 for Online Survey |
| 10 | On or before 11/29/24 | VVV / Hosp | Prepare/send out PR #2 story / E Mail (E#2) Request announcing upcoming Town Hall. VVV will send to CEO to review/approve. |
| 11 | 12/6/2024 | Hosp | Place PR #2 story to local media announcing upcoming town Hall. Send E Mail (E#2) request to local stakeholders |
| 12 | 2/11/2025 | ALL | Conduct conference call with Hospital / Public HLTH to review Town Hall data / flow |
| 13 | Feb, 13 2025 | VVV | Conduct CHNA Town Hall. Dinner 5-6:30pm virtual . Review & Discuss Basic health data plus RANK Health Needs. |
| 14 | On or Before 5/16/25 | VVV | Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.) |
| 15 | On or Before 5/30/25 | VVV | Produce & Release final CHNA report. Hospital will post CHNA online (website). |
| 16 | 4/9/2025 | Both | Conduct Client Implementation Plan PSA Leadership meeting |
| 17 | On or Before 6/30/2025 | Hosp | Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community. |



2025 Community Health Needs Assessment Virtual Town Hall Meeting: Decatur County IA

Decatur County Hospital, Infinity Health, and Decatur County Health Department
Feb 13, 2025

VVV Consultants LLC

Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

Decatur Co IA CHNA Town Hall Team Breakout room Discussion

| # | TEAM | Lead | Lead | First | Organization |
|----|------|------|-------------|-----------|--|
| 1 | A | XX | Ed | Shannon | DCH |
| 2 | A | | Vicki | Alysha | American State Bank |
| 3 | A | | Tuan | Amber | Decatur County Public Health |
| 4 | A | | JAC | Cheryl | COBY COOP |
| 5 | A | | Christina | Christina | Lending Group |
| 6 | A | | Mark | Carrie | Decatur Hospital Auxiliary |
| 7 | A | | Heath | Holly | Decatur County Public Health |
| 8 | A | | Paterson | James | Public Health |
| 9 | A | | Scott | JaBeth | Public Health |
| 10 | A | | Sherry | Jess | Graceland Community |
| 11 | A | | Alar | Michelle | Decatur County Public Health |
| 12 | A | | Maile Jones | Patricia | |
| 13 | A | | Cummings | Peggy | Decatur County Public Health |
| 14 | A | | Marcus | Sandy | Infinity Health |
| 15 | A | | Arbit | Shari | DCH |
| 16 | A | | Janita | Tara | DCH |
| 17 | B | XX | Wendell | Kyle | Infinity Health |
| 18 | B | | Deborah | Ashley | |
| 19 | B | | Patterson | Ashlea | Infinity Health |
| 20 | B | | Carlton | Chris | Superintendent at Central Decatur and James Schools |
| 21 | B | | Dawn | Danna | Dor Co Rotary |
| 22 | B | | Schmidt | Elizabeth | St. Louis Resources for Families |
| 23 | B | | Dawn | Gail | Dor Co Rotary |
| 24 | B | | Arnold | Holly | Infinity Health |
| 25 | B | | MARKER | JOHN | |
| 26 | B | | Stephens | Marcus | Leon Chamber |
| 27 | B | | Johnson | Mia | Decatur County Hospital |
| 28 | B | | Morgan | Phil | National community member from Lapeer, former pharmacist |
| 29 | B | | Emmerson | Sherry | Friends of Decatur Co Hospital |
| 30 | B | | Reiser | Tam | Decatur County Hospital |
| 31 | B | | Houston | Tara | Health and Management Alliance |
| 32 | B | | | | |
| 33 | B | | | | |

5

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

- I. Check-In / Introductions**
- II. Review CHNA Purpose and Process**
- III. Review Current County "Health Status"**
 - Secondary Data by 10 TAB Categories
 - Review Community Feedback Research
- IV. Collect Community Health Perspectives**
 - Assigned Breakout Sessions (Lead/Reporter)
 - Uncover unmet needs/reporting back discussion
- v. Returning To Community General Session**
 - Report up / Poll & End Town Hall

2

Introduction: Who We Are

Background and Experience



Vince Vandehaar, MBA – Principal
VVV Consultants LLC (Olathe, KS) – *start 1/1/09* *

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



Olivia G Hewitt BA – Associate Consultant
VVV Consultants LLC – May 2024

- Emporia University – BS Marketing
- Hometown: Olathe, KS



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

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



3

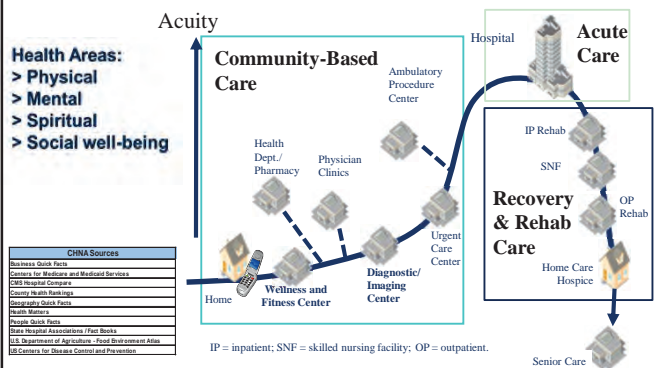
Town Hall Participation / Purpose & Parking Lot

- Attendees
 - Have Engaging Conversation (Be specific on your point)
 - No right or wrong answer / Give truthful responses
 - Take Notes – Make your list of Important Health Indicators
 - USE Chat – Log thoughts / answers during meeting
 - Complete Unmet Needs Poll – Representing Community
- Local Leads (During Breakout Rooms)
 - Facilitate Community Conversation
 - Ensure Team Involvement – ALL speak up

Have a little fun too

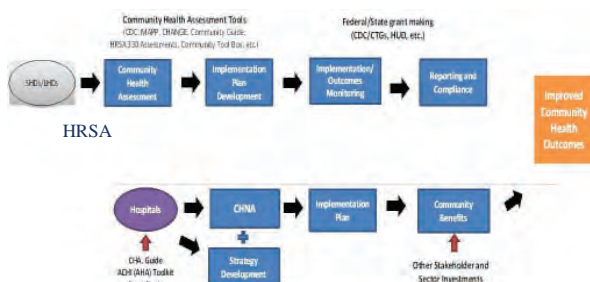
4

System of Care Delivery Birth to Grave (SG2)



10

Community Health Needs Assessment Joint Process: Hospital, DOH, and FQHC



7

A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

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

9

II. Review of a CHNA

- What is a Community Health Needs Assessment (CHNA)..?
 - 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)

6

Social Determinants of Health



Social determinants of health are the conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes.

Health equity is when everyone has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

TASK A: Your Initial Thoughts on SDoH? (CHAT)

11

IV. Review Current County Health Status: Secondary Data by 10 Tab Categories with a focus on Social Determinants with a Local Norm & 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

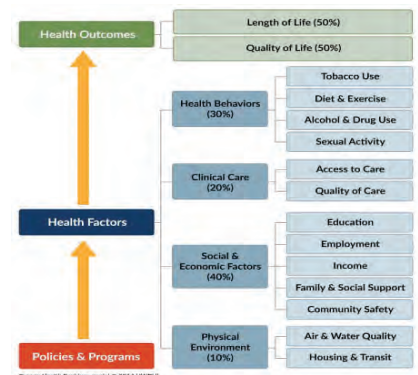
12

County Health Rankings Scoring

Robert Wood Johnson Foundation and University of WI Health Institute

Users of the 2024 RWJ report will find representation of county health has changed significantly.

Rather than a numerical ranking, each county in a state is represented by a dot, shaded a certain color and placed on a scale from least healthy to healthiest in the nation. The new visual tool then shows where one county falls on a "continuum" of health nationally, compared to the least healthy and most healthy counties, which are unnamed in the visualization.



13

IV. Community Health Conversation: Your Perspectives / Suggestions !

Tomorrow:

What is occurring or might occur that would affect the “health of our community”? **CHAT comment / Zoom Discussion**

Today:

- 1) What are the **Healthcare Strengths of our community** that contribute to health? **CHAT: Top 3 Strengths per attendee**
- 2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed?** (*Review next Slide Confirm in Breakout Rooms*)

31

Reflecting on Unmet Needs In Breakout Rooms Any to add or delete... 16 max for Virtual Wall??

| 2025 CHNA Research Conclusions Uncovered | | | |
|---|---|---|--|
| Potential CHNA Unmet Needs - Zoom Vote (Pick 3 each List) | | | |
| # | List #1 VOTE | # | List #2 VOTE |
| a | Awareness of Health Services | a | Abuse/Violence |
| b | Cancer | b | Dentists |
| c | Child Care (Accessible, Affordable, Safe) | c | Lack of Optometry / Ophthalmology Services |
| d | Drugs/Substance Abuse | d | Lack of Providers/Qualified Staff |
| e | Food Insecurity | e | Mental Health (Diagnosis, Placement, Aftercare, Providers) |
| f | Housing (Accessible, Affordable, Safe) | f | Poverty |
| g | Obesity (Nutrition/Exercise) | g | Preventative Health/Wellness |
| h | Water Quality | h | Senior Living Options |
| | | | |
| | | | |

32

Breakout Room Discussions

- LEADS: Share Themes from Breakout Sessions
- TWEAK Unmet Needs List #1 / List #2
- Administer Poll... All vote for 3 per LIST
- Close – Next Steps Moving Forward

After Meeting Thoughts: EMAIL

VVV@VandehaarMarketing.com

OGH@VandehaarMarketing.com

33

Community Health Needs Assessment Round #5 Year 2025



VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

Thank You
Next Steps

VVV@VandehaarMarketing.com

OGH@VandehaarMarketing.com

(913) 302-7264

34

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 |

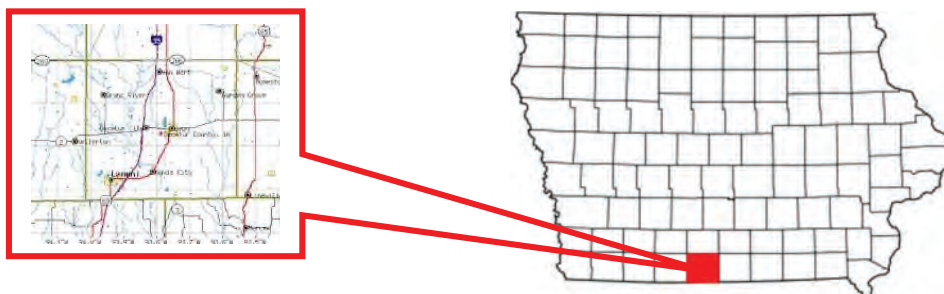
Sources of community-health level indicators:

- [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 is 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 are 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.

II. Methodology

d) Community Profile (A Description of Community Served)

Decatur County (IA) Community Profile



The population of Decatur County, organized in 1850, was estimated to be 7,665 citizens in 2023. It is 533 square miles with a population density of 14 persons per square mile. Decatur County lies on the south line of Nebraska.¹ Lamoni and Leon (county seat) are the two largest cities in Decatur County.

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

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 |

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

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 | City | ST | County | Population | | | Households | | HH Avg Size23 | Per Capita23 |
|---------------|--------------|----|---------|--------------|--------------|--------------|--------------|--------------|---------------|-----------------|
| | | | | Year 2023 | Year 2028 | 5yr CHG | Year 2023 | Year 2028 | | |
| 50065 | Davis City | IA | DECATUR | 520 | 494 | -5.0% | 209 | 204 | 2.5 | \$27,098 |
| 50067 | Decatur | IA | DECATUR | 274 | 272 | -0.7% | 108 | 108 | 2.5 | \$33,072 |
| 50103 | Garden Grove | IA | DECATUR | 394 | 373 | -5.3% | 165 | 159 | 2.4 | \$34,404 |
| 50108 | Grand River | IA | DECATUR | 480 | 467 | -2.7% | 192 | 192 | 2.5 | \$34,918 |
| 50140 | Lamoni | IA | DECATUR | 2,511 | 2,560 | 2.0% | 936 | 979 | 2.3 | \$24,390 |
| 50144 | Leon | IA | DECATUR | 2,573 | 2,478 | -3.7% | 1,037 | 1,015 | 2.4 | \$27,090 |
| 50262 | Van Wert | IA | DECATUR | 402 | 394 | -2.0% | 181 | 179 | 2.2 | \$36,351 |
| 50264 | Weldon | IA | DECATUR | 492 | 484 | -1.6% | 187 | 186 | 2.6 | \$32,079 |
| Totals | | | | 7,646 | 7,522 | -2.4% | 3,015 | 3,022 | 2.4 | \$31,175 |

| ZIP | City | ST | County | Population | | | | Year 2020 | | Females |
|---------------|--------------|----|---------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | | | | Pop 21+ | Pop. 65+ | Kids<18 | Gen Y | Males | Females | Age 20-35 |
| 50065 | Davis City | IA | DECATUR | 379 | 128 | 136 | 104 | 263 | 257 | 67 |
| 50067 | Decatur | IA | DECATUR | 209 | 61 | 64 | 74 | 138 | 136 | 41 |
| 50103 | Garden Grove | IA | DECATUR | 291 | 83 | 96 | 106 | 203 | 191 | 52 |
| 50108 | Grand River | IA | DECATUR | 366 | 112 | 111 | 95 | 246 | 234 | 77 |
| 50140 | Lamoni | IA | DECATUR | 1720 | 532 | 675 | 379 | 1,239 | 1272 | 400 |
| 50144 | Leon | IA | DECATUR | 1909 | 607 | 639 | 551 | 1,280 | 1293 | 421 |
| 50262 | Van Wert | IA | DECATUR | 322 | 106 | 79 | 86 | 217 | 185 | 51 |
| 50264 | Weldon | IA | DECATUR | 379 | 123 | 109 | 108 | 270 | 222 | 65 |
| Totals | | | | 5,575 | 1,752 | 1,909 | 1,503 | 3,856 | 3,790 | 1,174 |

| ZIP | City | ST | County | Population 2020 | | | | Year 2023 | | |
|---------------|--------------|----|---------|-----------------|-------------|-------------|-------------|---------------|--------------|----------------|
| | | | | White% | Black% | Asian% | Hispan% | Housing Units | % Rentals | Soc Econ Index |
| 50065 | Davis City | IA | DECATUR | 95.8% | 0.2% | 0.2% | 0.2% | 281 | 16% | 58 |
| 50067 | Decatur | IA | DECATUR | 95.3% | 0.4% | 0.4% | 1.8% | 141 | 24% | 48 |
| 50103 | Garden Grove | IA | DECATUR | 95.9% | 0.8% | 0.3% | 0.0% | 188 | 8% | 57 |
| 50108 | Grand River | IA | DECATUR | 95.4% | 0.0% | 0.2% | 1.7% | 264 | 18% | 49 |
| 50140 | Lamoni | IA | DECATUR | 85.1% | 3.6% | 1.2% | 6.7% | 1,164 | 32% | 48 |
| 50144 | Leon | IA | DECATUR | 95.1% | 0.5% | 0.2% | 1.6% | 1,237 | 29% | 52 |
| 50262 | Van Wert | IA | DECATUR | 94.5% | 1.5% | 0.0% | 1.2% | 222 | 10% | 57 |
| 50264 | Weldon | IA | DECATUR | 94.9% | 0.2% | 0.4% | 1.8% | 208 | 14% | 58 |
| Totals | | | | 94.0% | 0.9% | 0.4% | 1.9% | 3,705 | 18.8% | 53 |

Source: ERSA Demographics 2023

III. Community Health Status

[VVV Consultants LLC]

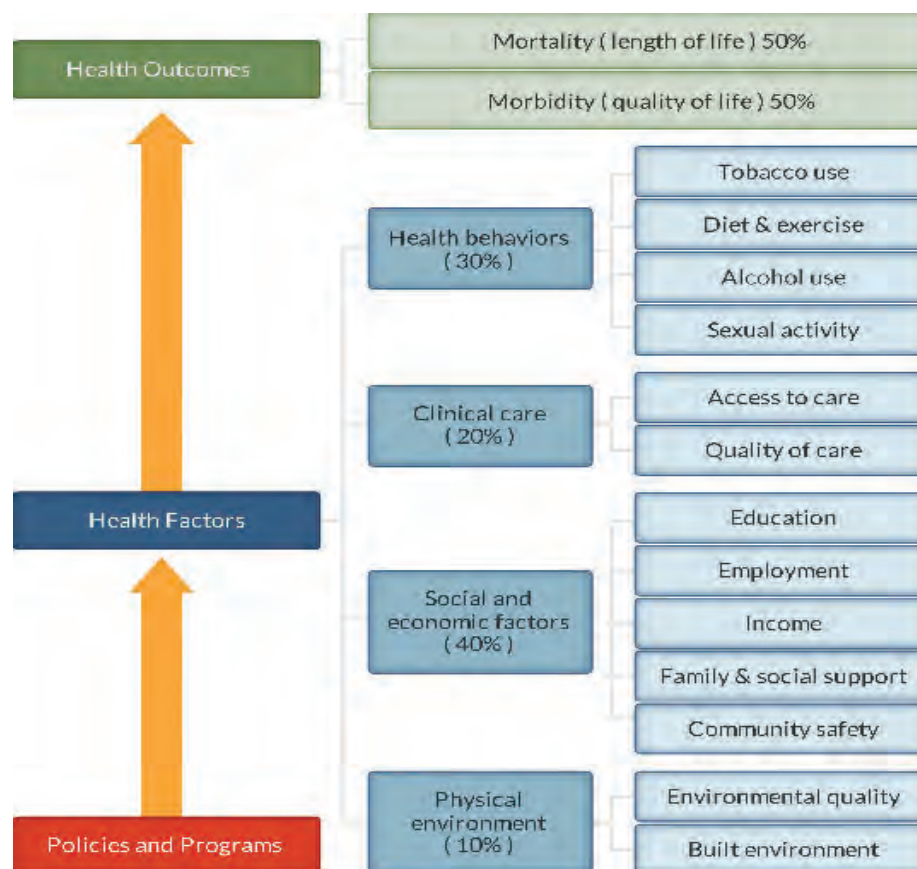
III. Community Health Status

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 2023 RWJ Health Rankings:

| # | 2023 IA Rankings - 99 Counties | Definitions | Decatur Co 2023 | Decatur Co 2022 | Trend | Rural SC IA Norm N=14 |
|--|--------------------------------|--|-----------------|-----------------|-------|-----------------------|
| 1 | Health Outcomes | | 91 | 99 | | 68 |
| | Mortality | Length of Life | 92 | 95 | | 68 |
| | Morbidity | Quality of Life | 85 | 98 | | 64 |
| 2 | Health Factors | | 87 | 89 | | 73 |
| | Health Behaviors | Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity | 80 | 85 | | 69 |
| | Clinical Care | Access to care / Quality of Care | 66 | 87 | | 63 |
| | Social & Economic Factors | Education, Employment, Income, Family/Social Support, Community Safety | 88 | 90 | | 73 |
| 3 | Physical Environment | Environmental quality | 92 | 37 | | 54 |
| Rural SC IA Norm: Appanoose Clarke, Davis, Decatur Jefferson, Lucas, Mahaska, Marion, Monroe, Ringgold, Union, Van Buren, Wapello, and Wayne | | | | | | |

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.

| 1 | Population Health Indicators | Decatur Co 2025 | Decatur Co 2022 | Trend | State of IA | Rural SC IA Norm N=14 | Source |
|---|--|-----------------|-----------------|-------|-------------|-----------------------|------------------------|
| a | Population estimates, 2023 | 7,665 | 7,659 | | 3,197,689 | 13,672 | People Quick Facts |
| b | Persons under 5 years, percent, 2020-2022 | 5.8% | 5.6% | | 5.9% | 6.0% | People Quick Facts |
| c | Persons 65 years and over, percent, 2020-2022 | 21.4% | 20.5% | | 17.7% | 21.8% | People Quick Facts |
| d | Female persons, percent, 2020-2022 | 50.2% | 49.6% | | 49.8% | 49.4% | People Quick Facts |
| e | White alone, percent, 2020-2022 | 94.4% | 94.2% | | 90.1% | 94.8% | People Quick Facts |
| f | Black or African American alone, percent, 2020-2022 | 2.1% | 2.3% | | 4.3% | 1.4% | People Quick Facts |
| g | Hispanic or Latino, percent, 2020-2022 | 3.8% | 3.4% | | 6.7% | 4.6% | People Quick Facts |
| h | Language other than English spoken at home, percent of persons age 5 years+, 2017-2021 | 5.8% | 5.3% | | 8.6% | 7.9% | People Quick Facts |
| i | Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021 | 82.1% | 82.4% | | 86.0% | 87.7% | People Quick Facts |
| j | Children in single-parent households, percent, 2018-2022 | 8.8% | 14.0% | + | 20.3% | 16.9% | County Health Rankings |
| k | Veterans, 2018-2022 | 345 | 381 | | 174,514 | 755 | People Quick Facts |

Tab 2: Economic Profile

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

| 2 | Economic - Health Indicators | Decatur Co 2025 | Decatur Co 2022 | Trend | State of IA | Rural SC IA Norm N=14 | Source |
|---|--|-----------------|-----------------|-------|-------------|-----------------------|------------------------|
| a | Per capita income in past 12 months (in 2021 dollars), 2018-2022 | \$26,334 | \$24,074 | | \$30,063 | \$32,517 | People Quick Facts |
| b | Persons in poverty, percent, 2020-2022 | 17.9% | 16.5% | - | 11.1% | 13.1% | People Quick Facts |
| c | Total Housing units, 2023 | 3,644 | 3652 | | 1,426,108 | 6,329 | People Quick Facts |
| d | Persons per household, 2018-2022 | 2.3 | 2.3 | | 2.4 | 2.4 | People Quick Facts |
| e | Severe housing problems, percent, 2016-2020 | 12.8% | 14.3% | | 11.5% | 11.8% | County Health Rankings |
| f | Total employer establishments, 2022 | 142 | 136 | | 82,440 | 330 | People Quick Facts |
| g | Unemployment, percent, 2022 | 2.5% | 3.8% | | 2.7% | 2.6% | County Health Rankings |
| h | Food insecurity, percent, 2021 | 9.6% | 11.6% | | 7.5% | 9.0% | County Health Rankings |
| i | Limited access to healthy foods, percent, 2019 | 3.5% | 3.5% | | 5.7% | 7.4% | County Health Rankings |
| j | Long commute - driving alone, percent, 2018-2022 | 31.8% | 37.3% | | 21.2% | 27.1% | County Health Rankings |
| k | Households with a broadband Internet subscription, percent, 2018-2022* | 81.7% | NA | | 82.0% | 80.0% | County Health Rankings |

****New Social Determinant Data Resources**

Tab 3: Educational Profile

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

| 3 | Education - Health Indicators | Decatur Co 2025 | Decatur Co 2022 | Trend | State of IA | Rural SC IA Norm N=14 | Source |
|---|---|-----------------|-----------------|-------|-------------|-----------------------|------------------------|
| a | Children eligible for free or reduced price lunch, percent, 2020-2021 | 54.6% | 59.7% | - | 40.1% | 45.2% | County Health Rankings |
| b | High school graduate or higher, percent of persons age 25 years+, 2018-2022 | 89.1% | 89.9% | | 92.8% | 90.2% | People Quick Facts |
| c | Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022 | 24.9% | 26.4% | | 29.7% | 22.0% | People Quick Facts |

| # | 2025 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 | 125/3 | 86 screened. |
| 4 | HEARING: # Screened / Referred to Prof / Seen by | 45/1 | 95 screened. |
| 5 | ORAL HEALTH: # Screened / Referred to Prof / Seen by | 85/6 | 77 screened. |
| 6 | SCOLIOSIS: # Screened / Referred to Prof / Seen by | NA | N/A |
| 7 | # of Students served with no identified chronic health | 336 | 334 |
| 8 | School has a suicide prevention program | yes | yes |
| 9 | Compliance on required vaccinations (%) | 100% | 100% % |

Tab 4: Maternal / Infant Profile

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

| 4 | Maternal/Infant - Health Indicators (Access/Quality) | Decatur Co 2025 | Decatur Co 2022 | Trend | State of IA | Rural SC IA Norm N=14 | Source |
|---|---|-----------------|-----------------|-------|-------------|-----------------------|------------------------|
| a | Rate of Births Where Prenatal Care began in First Trimester, 2020-2021 (Per 1,000) | 618 | 650 | - | 787.2 | 723.5 | Iowa Health Fact Book |
| b | Percentage of Premature Births, 2023 | 8.6% | NA | | 8.4% | 8.5% | idph.iowa.gov |
| c | Percent of Infants up to 24 months that received full Immunizations, 2024 (4-3-1-3-3-1-4) | 63.5% | 66.3% | | 72.4% | 64.4% | idph.iowa.gov |
| d | Percent of Births with Low Birth Weight, 2020-2021 | 60.6 | 61.5 | | NA | 58.7 | Iowa Health Fact Book |
| e | Crude Rate (Per 1k) of all Births Occurring to Teens (15-19), 2019-2021 | 36 | 44 | + | 41 | 48 | Iowa Health Fact Book |
| f | Crude Rate (Per 1K) of Mothers Smoked During Pregnancy, 2019-2021 | 188 | 219 | - | 113 | 121 | Iowa Health Fact Book |
| g | Child Care Centers per 1,000 Children, 2010-2022* | 2.0 | NA | | NA | 5.6 | County Health Rankings |

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

| # | Criteria - Vital Statistics (Live Births) | Decatur Co Iowa | Trend | Iowa | IA Rural Norm (14) |
|---|---|-----------------|-------|--------|--------------------|
| a | Total Live Births, 2018 | 108 | | 37,709 | 160 |
| b | Total Live Births, 2019 | 87 | | 37,597 | 167 |
| c | Total Live Births, 2020 | 73 | | 36,058 | 158 |
| d | Total Live Births, 2021 | 92 | | 36,786 | 158 |
| e | Total Live Births, 2022 | 76 | | 36,446 | 152 |

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.

| s | Hospital/Provider - Health Indicators (Access/Quality) | Decatur Co 2025 | Decatur Co 2022 | Trend | State of IA | Rural SC IA Norm N=14 | Source |
|---|--|-----------------|-----------------|-------|-------------|-----------------------|------------------------|
| a | Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2021 | 3830:1 | 3935:1 | | 1357:1 | 2222:1 | County Health Rankings |
| b | Preventable hospital rate per 100,000, 2021 (lower the better) | 1,869 | 2554 | + | 2,330 | 2,123 | 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% | 83.0% | | 73.0% | 78.9% | CMS Hospital Compare |
| d | Patients Who Reported Yes, They Would Definitely Recommend the Hospital | 76.0% | 76.0% | | 72.0% | 73.7% | CMS Hospital Compare |
| e | Average (Median) time patients spent in the emergency department, before leaving from the visit (mins) | 122 | 122 | | 122 | 124 | CMS Hospital Compare |

| Source: Internal Records - | | | | |
|----------------------------|--|----------|----------|----------|
| | Decatur Co IA - Health Dept Operations | YR 2022 | YR 2023 | YR 2024 |
| 1 | Core Community Public Health | \$34,445 | \$34,126 | \$32,621 |
| 2 | Environmental Services* | No data | \$21,985 | \$34,067 |
| 3 | Home Health ** | \$18,880 | N/A | N/A |
| 4 | Immunizations/Vaccine | \$12,373 | \$9,751 | \$10,412 |
| 7 | Tobacco Cessation | \$82,946 | \$98,212 | \$81,214 |
| 8 | Nutrition Education | \$29,098 | \$23,773 | \$21,904 |

*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. Home Health services discontinued in FY22. WIC/Maternal Child Health/Smile/1st Five is provided by MATURA, they are funded by State and Federal Grants. All other funds come from grants from the State of Iowa

| Infinity Health FQHC IA - Historical Utilization | | YEARS | | |
|--|--|-------|-------|-------|
| Services 11 County Service Area* | Definition | 2024 | 2023 | 2022 |
| Early Entry into Prenatal Care | Patients Having First Visit with Health Center (1st-3rd Trimester) | 30 | 17 | 4 |
| Childhood Immunization Status | Total # of children 2 years of age who received age appropriate vaccines by their 2nd birthday | 35 | 64 | 11 |
| Cervical and Breast Cancer Screening | Total # of women 24-64 years of age who were screened for cervical cancer | 274 | 304 | 321 |
| | Total # of women 51-73 years of age who had a mammogram to screen for breast cancer | 378 | 319 | 384 |
| Weight Assessment and Counseling for Nutrition and Physical Activity | Total Patients Aged 3 - 17 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | 793 | 608 | 507 |
| | Total Patients Aged 18+ Preventive Care and Screening: Body Mass Index (BMI) | 2,517 | 2,995 | 2,860 |
| HIV Screening | Total Patients Aged 15 through 65 who were tested for HIV when within age range | 285 | 120 | 71 |
| Depression Measures | Total Patients Aged 12+ who were (1) screened for depression and, if screening was positive, (2) had a follow-up plan documented | 2,846 | 2,323 | 1,762 |
| | Total Patients Aged 12+ with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event | 25 | 10 | 14 |
| Dental Services | Total Patients Visits | 6,916 | 6,716 | 4,382 |
| | Total Number of Patients | 4,049 | 3,410 | 1,935 |
| Dental Sealants for Children between 6-9 Years | Total Patients Aged 6-9 at moderate to high risk of caries who received a sealant on a first permanent molar. | 11 | 43 | 17 |

* Infinity Health services 9 IA counties: Decatur, Ringgold, Union,, Clarke, Lucas, Wayne, Appanoose, Monroe, Marion and 2 MO counties: Hamilton and Mercer.

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

| 6 | Mental - Health Indicators | Decatur Co 2025 | Decatur Co 2022 | Trend | State of IA | Rural SC IA Norm N=14 | Source |
|---|---|-----------------|-----------------|-------|-------------|-----------------------|------------------------|
| a | Age-Adjusted Prevalence of Depression Among Adults, 2021* | 19.3% | NA | | 18.7% | 19.2% | epitracking.cdc.gov |
| b | Age-adjusted Suicide Mortality Rate per 100,000 population, 2017-2021 | NA | 12 | | 18.5 | 22.3 | Iowa Health Fact Book |
| c | Average Number of mentally unhealthy days, 2020 | 4.8 | 4.4 | | 4.5 | 4.7 | County Health Rankings |

**New Social Determinant Data Resources

| CDC - 2023 U.S. County Opiod Dispensing | | | |
|---|-----------------|-------|--------------------------------|
| State | County | FIPS | Opioid Dispensing Rate per 100 |
| IA | Decatur County | 19053 | 22.0 |
| | IA Average 2023 | | 27.8 |
| Source: U.S. County Opioid Dispensing Rates, 2023 Drug Overdose CDC Injury Center | | | |

Tab 7a: Risk Indicators & Factors Profile

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

| 7a | High-Risk - Health Indicators | Decatur Co 2025 | Decatur Co 2022 | Trend | State of IA | Rural SC IA Norm N=14 | Source |
|----|--|-----------------|-----------------|-------|-------------|-----------------------|------------------------|
| a | Adult obesity, percent, 2021 | 38.2% | 35.3% | | 36.8% | 38.7% | County Health Rankings |
| b | Adult smoking, percent, 2021 | 19.3% | 20.2% | | 15.5% | 19.3% | County Health Rankings |
| c | Excessive drinking, percent, 2021 | 19.6% | 21.7% | | 23.1% | 18.8% | County Health Rankings |
| d | Physical Inactivity, percent, 2021 | 26.6% | 29.8% | | 23.8% | 26.9% | County Health Rankings |
| e | Age-Adjusted Prevalence of Sleeping less than 7 Hours Among Adults* | 32.7% | NA | | 31.4% | 32.5% | epitracking.cdc.gov |
| f | Sexually transmitted infections (chlamydia), rate per 100,000 - 2021 | 235 | NA | | 489.2 | 343.8 | County Health Rankings |

Tab 7b: Chronic Risk Profile

| 7b | Chronic - Health Indicators (Adults) | Decatur Co 2025 | Decatur Co 2022 | Trend | State of IA | Rural SC IA Norm N=14 | Source |
|----|--|-----------------|-----------------|-------|-------------|-----------------------|---------------------|
| a | Age-Adjusted Prevalence of Arthritis Among Adults >=18 ,2021* | 24.2% | NA | | 23.1% | 23.8% | epitracking.cdc.gov |
| b | Age-Adjusted Prevalence of Current Asthma Among Adults >=18 ,2021* | 9.9% | NA | | 9.5% | 9.7% | epitracking.cdc.gov |
| c | Age-Adjusted Prevalence of Diagnosed Diabetes Among Adults >=18 ,2021* | 9.3% | NA | | 8.7% | 9.2% | epitracking.cdc.gov |
| d | Age-Adjusted Prevalence of Chronic Kidney Disease Among Adults >=18 ,2021* | 2.8% | NA | | 2.7% | 2.8% | epitracking.cdc.gov |
| e | Age-Adjusted Prevalence of COPD Among Adults >=18 ,2021* | 7.1% | NA | | 6.4% | 7.0% | epitracking.cdc.gov |
| f | Age-Adjusted Prevalence of Coronary Heart Disease Among Adults >=18 ,2021* | 5.6% | NA | | 5.2% | 5.5% | epitracking.cdc.gov |
| g | Age-Adjusted Prevalence of Cancer Among Adults >=18 ,2021* | 6.4% | NA | | 6.4% | 6.4% | epitracking.cdc.gov |
| h | Age-Adjusted Incidence Rate of Breast Cancer per 100k over 5 year period (Females Only - Smoothed)- 2016-2020* | 125.4 | NA | | 134.7 | 130.1 | epitracking.cdc.gov |
| i | Age-Adjusted Prevalence of Stroke Among Adults >=18 ,2021* | 2.9% | NA | | 2.7% | 2.8% | epitracking.cdc.gov |

**New Social Determinant Data Resources

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.

| 8 | Insurance Coverage - Health Indicators | Decatur Co 2025 | Decatur Co 2022 | Trend | State of IA | Rural SC IA Norm N=14 | Source |
|---|--|-----------------|-----------------|-------|-------------|-----------------------|------------------------|
| a | Uninsured, percent, 2021 | 7.7% | 7.1% | - | 5.8% | 7.2% | County Health Rankings |

***New Social Determinant Data Resources*

| # | Decatur County Hospital - Leon, IA | YR 2022 | YR 2023 | YR 2024 |
|---|------------------------------------|-----------|-----------|-----------|
| 1 | Bad Debt - Write off | \$762,456 | \$571,089 | \$805,313 |
| 2 | Charity Care - Free Care Given | \$126,052 | \$220,063 | \$177,765 |

Tab 9: Mortality Profile

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

| 9 | Mortality - Health Indicators | Decatur Co 2025 | Decatur Co 2022 | Trend | State of IA | Rural SC IA Norm N=14 | Source |
|---|---|-----------------|-----------------|-------|-------------|-----------------------|------------------------|
| a | Life Expectancy, 2019 - 2021 | 77.7 | 77.9 | | 78.1 | 76.8 | County Health Rankings |
| b | Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2020 (lower is better) | 170.2 | 186.7 | | 154.2 | 177.2 | Iowa Health Fact Book |
| c | Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2020 (lower is better) | 180.5 | 174.1 | | 167.9 | 199.8 | Iowa Health Fact Book |
| d | Alcohol-impaired driving deaths, percent, 2016-2020 | 15.4% | 14.3% | - | 26.3% | 25.9% | County Health Rankings |

| Iowa Death Statistics by Selected Causes of Death (2018-2022) Per 100k | Decatur Co IA | Mix % | Trend | State of Iowa | % |
|--|---------------|-------|-------|---------------|-------|
| Total Deaths (Per 100k) | 830.3 | | | 785.1 | |
| Heart Disease | 210.3 | 25.3% | | 173.3 | 22.1% |
| Cerebrovascular Disease | 36 | 4.3% | | 32.4 | 4.1% |
| Diabetes | 37.7 | 4.5% | | 23.1 | 2.9% |
| Cancer | 168.3 | 20.3% | | 151.3 | 19.3% |
| Chronic Lower Respiratory Disease | 26.9 | 3.2% | | 41.2 | 5.2% |
| Accidents & Adverse Events | 73.7 | 8.9% | | 45.3 | 5.8% |

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.

| 10 | Preventative - Health Indicators | Decatur Co 2025 | Decatur Co 2022 | Trend | State of IA | Rural SC IA Norm N=14 | Source |
|----|--|-----------------|-----------------|-------|-------------|-----------------------|------------------------|
| a | Access to exercise opportunities, percent, 2022 | 62.6% | 61.0% | + | 79.4% | 60.1% | County Health Rankings |
| b | Age-Adjusted Prevalence of Hearing Disability Among Adults >=18, 2021* | 6.5% | NA | | 6.1% | 6.5% | ephtracking.cdc.gov |
| c | Age-Adjusted Prevalence of High Cholesterol Among Adults >=18, 2021(Screened in the last 5 years)* | 30.8% | NA | | 29.9% | 30.3% | ephtracking.cdc.gov |
| d | Age-Adjusted Prevalence of High Blood Pressure Among Adults >=18, 2021* | 28.8% | NA | | 27.9% | 28.7% | ephtracking.cdc.gov |
| e | Mammography annual screening, percent, 2020 | 39.0% | 40.0% | | 53.0% | 46.9% | County Health Rankings |
| f | Age-Adjusted Prevalence of Visits to Doctor for Routine Check-Up Among Adults >=18, 2021* | 72.1% | NA | | 72.7% | 72.5% | ephtracking.cdc.gov |
| g | Age-Adjusted Prevalence of Visits to the Dentist Among Adults >=18, 2022* | 61.7% | NA | | 65.4% | 62.9% | ephtracking.cdc.gov |
| h | Percent Annual Check-Up Visit with Eye Doctor* | TBD | TBD | | TBD | TBD | ephtracking.cdc.gov |

***New Social Determinant Data Resources*

PSA Primary Research:

For each CHNA Round #5 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Decatur County, Iowa.

Chart #1 – Decatur County, IA PSA Online Feedback Response (N=109)

| Decatur Co, IA - CHNA YR 2025 N=109 | | | |
|--|---------------------|-------|-------------------------|
| For reporting purposes, are you involved in or are you a ...? (Check all that apply) | Decatur Co IA N=109 | Trend | *Round #5 Norms N=4,917 |
| Business/Merchant | 11.2% | | 10.7% |
| Community Board Member | 16.3% | | 10.1% |
| Case Manager/Discharge Planner | 4.1% | | 1.1% |
| Clergy | 0.0% | | 1.3% |
| College/University | 5.1% | | 2.7% |
| Consumer Advocate | 4.1% | | 2.5% |
| Dentist/Eye Doctor/Chiropractor | 0.0% | | 0.6% |
| Elected Official - City/County | 3.1% | | 2.2% |
| EMS/Emergency | 0.0% | | 2.6% |
| Farmer/Rancher | 10.2% | | 9.4% |
| Hospital | 22.4% | | 23.7% |
| Health Department | 0.0% | | 1.3% |
| Housing/Builder | 0.0% | | 0.9% |
| Insurance | 3.1% | | 1.3% |
| Labor | 5.1% | | 4.0% |
| Law Enforcement | 1.0% | | 1.0% |
| Mental Health | 5.1% | | 2.6% |
| Other Health Professional | 20.4% | | 13.5% |
| Parent/Caregiver | 22.4% | | 19.0% |
| Pharmacy/Clinic | 3.1% | | 2.9% |
| Media (Paper/TV/Radio) | 2.0% | | 0.4% |
| Senior Care | 2.0% | | 4.3% |
| Teacher/School Admin | 21.4% | | 7.9% |
| Veteran | 5.1% | | 2.8% |
| TOTAL | 98 | | 3547 |
| *Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur. | | | |

| Typical Sample Sizes Research Studies | | |
|--|------------|-----------|
| Number of Subgroup Analyses | Households | Firms |
| | Regional | Regional |
| None / Few (1-2) | 200-500 | 50-200 |
| Average (3-4). | 500-1,000 | 200-1,000 |
| Many (5+) | 1,000+ | 1,000+ |
| Sudman. <i>Applied Sampling</i> . (Academic Press, 1976), 87. Ibid., 30. | | |

Quality of Healthcare Delivery Community Rating

| Decatur Co, IA - CHNA YR 2025 N=109 | | | |
|--|---------------------|-------|-------------------------|
| How would you rate the "Overall Quality" of healthcare delivery in our community? | Decatur Co IA N=109 | Trend | *Round #5 Norms N=4,917 |
| Top Box % | 20.6% | | 27.5% |
| Top 2 Boxes % | 69.2% | | 70.2% |
| Very Good | 20.6% | | 27.5% |
| Good | 48.6% | | 42.7% |
| Average | 23.4% | | 23.3% |
| Poor | 5.6% | | 5.2% |
| Very Poor | 1.9% | | 1.2% |
| Valid N | 107 | | 4,897 |
| *Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur. | | | |

Re-evaluate Past Community Health Needs Assessment Needs

| Decatur Co, IA - CHNA YR 2025 N=109 | | | | | |
|---|---|-------|-----------------|-------|----------|
| Past CHNA Unmet Needs Identified | | | Ongoing Problem | | Pressing |
| Rank | Ongoing Problem | Votes | % | Trend | Rank |
| 1 | Child Care (Accessible, Affordable, Safe) | 47 | 9.3% | | 1 |
| 2 | Lack of Optometry / Ophthalmology Services | 39 | 7.7% | | 2 |
| 3 | Housing (Accessible, Affordable, Safe) | 25 | 5.0% | | 4 |
| 4 | Mental Health (Diagnosis, Placement, Aftercare, Providers) | 24 | 4.8% | | 3 |
| 5 | Dentists | 24 | 4.8% | | 5 |
| 6 | Food Insecurity | 20 | 4.0% | | 6 |
| 7 | Healthcare Staffing | 20 | 4.0% | | 14 |
| 8 | Obesity (Nutrition/Exercise) | 20 | 4.0% | | 9 |
| 9 | Substance Abuse (Alcohol/Drugs) | 16 | 3.2% | | 16 |
| 10 | Senior Living Options | 15 | 3.0% | | 7 |
| 11 | Water | 15 | 3.0% | | 8 |
| 12 | Primary Care | 15 | 3.0% | | 19 |
| 13 | Offer more assisted living options | 15 | 3.0% | | 11 |
| 14 | Awareness of Health Services | 14 | 2.8% | | 12 |
| 15 | Poverty | 14 | 2.8% | | 10 |
| 16 | Public Health Perception (encourage patients to seek care in Decatur) | 12 | 2.4% | | 20 |
| 17 | Collaboration and Communication of Healthcare Partners | 12 | 2.4% | | 13 |
| 18 | Healthcare Literacy | 12 | 2.4% | | 30 |
| 19 | Provide Adult Day Care Services | 12 | 2.4% | | 15 |
| Others: Local Leon DHS office, Prenatal/Postnatal Care, Senior Exercise, Open Lamoni fitness center, Economic Development/Employment Readiness, Access to DHS enrollment, Disadvantage Population, Suicide, Amish (No insurance or vaccinations), Expand Medicaid, Offer new patient health education, Healthcare Transportation, Medicaid enrollment, Meal Coordination, Visiting Specialists, Increase Amish Healthcare services/education, Improve IA works. | | | | | |

Community Health Needs Assessment “Causes of Poor Health”

| Decatur Co, IA - CHNA YR 2025 N=109 | | | |
|---|---------------------|-------|-------------------------|
| In your opinion, what are the root causes of "poor health" in our community? Please select top three. | Decatur Co IA N=109 | Trend | *Round #5 Norms N=4,917 |
| Chronic Disease Management | 10.2% | | 8.6% |
| Lack of Health & Wellness | 12.4% | | 11.3% |
| Lack of Nutrition / Access to Healthy Foods | 8.4% | | 10.3% |
| Lack of Exercise | 15.5% | | 14.0% |
| Limited Access to Primary Care | 6.6% | | 5.1% |
| Limited Access to Specialty Care | 5.8% | | 6.5% |
| Limited Access to Mental Health | 10.6% | | 15.0% |
| Family Assistance Programs | 5.3% | | 5.0% |
| Lack of Health Insurance | 12.8% | | 12.4% |
| Neglect | 8.8% | | 9.1% |
| Lack of Transportation | 3.5% | | 4.8% |
| Total Votes | 226 | | 9,288 |
| *Norms: Mo Counties: Atchison, Holt. KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson | | | |

Community Rating of HC Delivery Services (Perceptions)

| Decatur Co, IA - CHNA YR 2025 N=109 | Decatur Co IA N=109 | | | *Round #5 Norms N=4,917 | |
|---|---------------------|----------------|-------|-------------------------|----------------|
| How would our community rate each of the following? | Top 2 boxes | Bottom 2 boxes | Trend | Top 2 boxes | Bottom 2 boxes |
| Ambulance Services | 88% | 0.0% | | 82.6% | 3.6% |
| Child Care | 33% | 37.5% | | 39.2% | 23.4% |
| Chiropractors | 77% | 5.6% | | 71.4% | 7.6% |
| Dentists | 34% | 21.8% | | 60.6% | 17.5% |
| Emergency Room | 84% | 0.0% | | 75.0% | 7.5% |
| Eye Doctor/Optomtrist | 16% | 69.5% | | 71.9% | 9.3% |
| Family Planning Services | 29% | 32.9% | | 46.9% | 16.0% |
| Home Health | 49% | 19.3% | | 57.1% | 10.6% |
| Hospice/Palliative | 72% | 8.9% | | 64.9% | 8.4% |
| Telehealth | 63% | 4.9% | | 52.8% | 11.5% |
| Inpatient Hospital Services | 88% | 2.2% | | 75.4% | 6.2% |
| Mental Health Services | 49% | 18.8% | | 34.7% | 28.7% |
| Nursing Home/Senior Living | 37% | 18.3% | | 52.4% | 15.9% |
| Outpatient Hospital Services | 83% | 1.1% | | 74.6% | 5.4% |
| Pharmacy | 72% | 6.4% | | 83.9% | 2.7% |
| Primary Care | 66% | 9.9% | | 76.9% | 6.1% |
| Public Health | 61% | 8.3% | | 63.2% | 8.9% |
| School Health | 51% | 6.2% | | 59.5% | 7.6% |
| Visiting Specialists | 88% | 1.1% | | 67.8% | 7.4% |
| *Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur. | | | | | |

Community Health Readiness

| Decatur Co, IA - CHNA YR 2025 N=109 | % Bottom 2 Boxes (Lower is better) | | |
|--|---------------------------------------|-------|-------------------------|
| Community Health Readiness is vital. How would you rate each? (% Poor / Very Poor) | Decatur Co, IA N=109 | Trend | *Round #5 Norms N=4,917 |
| Behavioral/Mental Health | 20.5% | | 31.0% |
| Emergency Preparedness | 10.5% | | 7.1% |
| Food and Nutrition Services/Education | 24.0% | | 16.0% |
| Health Wellness Screenings/Education | 16.7% | | 9.8% |
| Prenatal/Child Health Programs | 30.0% | | 13.4% |
| Substance Use/Prevention | 37.5% | | 32.9% |
| Suicide Prevention | 35.3% | | 34.2% |
| Violence/Abuse Prevention | 44.3% | | 32.0% |
| Women's Wellness Programs | 33.8% | | 17.2% |
| Exercise Facilities / Walking Trails etc. | 14.5% | | 14.7% |
| *Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur. | | | |

Healthcare Delivery “Outside our Community”

Specialties:

| Decatur Co, IA - CHNA YR 2025 N=109 | | | |
|---|---------------------|-------|-------------------------|
| In the past 2 years, did you or someone you know receive HC outside of our community? | Decatur Co IA N=109 | Trend | *Round #5 Norms N=4,917 |
| Yes | 81.6% | | 71.5% |
| No | 18.4% | | 28.5% |

| Specialty | Counts |
|-----------|--------|
| OPHTH | 11 |
| PRIM | 8 |
| DENT | 4 |
| OBG | 4 |

Access to Providers / Staff in our Community

| Decatur Co, IA - CHNA YR 2025 N=109 | | | |
|--|---------------------|-------|-------------------------|
| 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=109 | Trend | *Round #5 Norms N=4,917 |
| Yes | 49.3% | | 57.1% |
| No | 50.7% | | 42.9% |
| *Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur. | | | |

What healthcare topics need to be discussed further at our Town Hall?

| Decatur Co, IA - CHNA YR 2025 N=109 | | | |
|--|---------------------|-------|-------------------------|
| What needs to be discussed further at our CHNA Town Hall meeting? Top 3 | Decatur Co IA N=109 | Trend | *Round #5 Norms N=4,917 |
| Abuse/Violence | 21.4% | | 4.1% |
| Access to Health Education | 10.0% | | 3.5% |
| Alcohol | 17.1% | | 4.2% |
| Alternative Medicine | 17.1% | | 3.8% |
| Behavioral/Mental Health | 34.3% | | 9.9% |
| Breastfeeding Friendly Workplace | 5.7% | | 1.2% |
| Cancer | 22.9% | | 3.0% |
| Care Coordination | 15.7% | | 3.3% |
| Diabetes | 14.3% | | 2.9% |
| Drugs/Substance Abuse | 31.4% | | 7.5% |
| Family Planning | 17.1% | | 2.1% |
| Health Literacy | 18.6% | | 3.3% |
| Heart Disease | 10.0% | | 1.8% |
| Housing | 24.3% | | 7.0% |
| Lack of Providers/Qualified Staff | 22.9% | | 5.6% |
| Lead Exposure | 7.1% | | 0.6% |
| Neglect | 12.9% | | 2.1% |
| Nutrition | 22.9% | | 4.6% |
| Obesity | 31.4% | | 5.9% |
| Occupational Medicine | 2.9% | | 0.6% |
| Ozone (Air) | 4.3% | | 0.5% |
| Physical Exercise | 27.1% | | 5.2% |
| Poverty | 31.4% | | 5.2% |
| Preventative Health/Wellness | 20.0% | | 5.8% |
| Sexually Transmitted Diseases | 12.9% | | 1.5% |
| Suicide | 18.6% | | 6.1% |
| Teen Pregnancy | 10.0% | | 1.8% |
| Telehealth | 7.1% | | 2.3% |
| Tobacco Use | 12.9% | | 2.3% |
| Transportation | 14.3% | | 3.2% |
| Vaccinations | 8.6% | | 2.1% |
| Water Quality | 31.4% | | 2.9% |
| TOTAL Votes | 70 | | 12,547 |
| *Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur. | | | |

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

| Inventory of Health Services in Decatur County IA - 2025 | | | | |
|--|--|----------|-----------|-------|
| 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 | YES | | |
| Hosp | Cardiology services | YES | | |
| Hosp | Case Management | YES | | 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) | | | |
| Hosp | Electron Beam Computed Tomography (EBCT) | | | |
| Hosp | Endocrinology Services | YES | | |
| Hosp | Enrollment Assistance Services | YES | | 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/AIDSServices | | | |
| Hosp | Image-Guided Radiation Therapy (IGRT) | | | |
| Hosp | Inpatient Acute Care - Hospital services | YES | | |
| Hosp | Intensity-Modulated Radiation Therapy (IMRT) 161 | | | |
| Hosp | Intensive Care Unit | | | |
| Hosp | Intermediate Care Unit | | | |
| Hosp | Interventional Cardiac Catheterization | | | |
| Hosp | Isolation room | YES | | |
| Hosp | Kidney | | | |
| Hosp | Liver | | | |
| Hosp | Lung | YES | | |
| Hosp | MagneticResonance Imaging (MRI) | YES | | |
| Hosp | Mammograms | | | YES |
| Hosp | Mobile Health Services | 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 - 2025 | | | | |
|--|--|----------|-----------|-------|
| 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 | | 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 | | | YES |
| SR | Assisted Living | | | YES |
| SR | Home Health Services | | | 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 | | YES |
| SERV | Nutrition Programs | YES | YES | YES |
| SERV | Patient Education Center | YES | 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 Co IA - 2025 | | | |
|---|----------------|----------------|------------------|
| 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 | 5.00 |
| Internal Medicine / Geriatrician | | | |
| Pediatrics | | | |
| Medicine Specialists: | | | |
| Allergy/Immunology | | | |
| Cardiology | | 0.50 | |
| Dermatology | | 0.25 | |
| Endocrinology | | 0.25 | |
| Gastroenterology | | | |
| Oncology/RADO | | 0.25 | |
| Obstetrics/Gynecology | | 0.15 | |
| Infectious Diseases | | | |
| Medical Weight Loss | | 1.00 | |
| Nephrology | | | |
| Neurology | | 0.75 | |
| Psychiatry | | | |
| Pulmonary | | 0.10 | |
| Rheumatology | | 1.00 | |
| Surgery Specialists: | | | |
| General Surgery / Colon / Oral | 0.40 | | |
| Gynecology | | 0.15 | |
| Neurosurgery | | | |
| Ophthalmology | | | |
| Orthopedics | | 0.25 | |
| Otolaryngology (ENT) | | | |
| Plastic/Reconstructive | | | |
| Vascular | 0.40 | | |
| Urology | | 0.10 | |
| Podiatry | | 0.20 | |
| Hospital Based: | | | |
| Anesthesia/Pain | | | 0.15 |
| Emergency | 1.00 | 0.00 | 2.00 |
| Radiology | | | |
| Pathology | | | |
| Hospitalist | | | |
| Neonatal/Perinatal | | | |
| Physical Medicine/Rehab | | | |
| Occ Medicine | | | |
| Audiology | | | |
| TOTALS | 2.80 | 4.95 | 7.15 |

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

2025 Visiting Specialists to Decatur Co Hospital IA

| SPECIALTY | Physician Name/Group | Office Location (City/State) | SCHEDULE | Days per YR |
|---------------------|--|---|--|------------------------|
| Cardiology | Steven Mehta, MD Ernesto Cruz, MD | Phoenix, Arizona California | 8 x monthly | 96 |
| Dermatology | Oben Ojong, DO | The Woodlands, TX | 4x Monthly | 48 |
| Endocrinology | Haytham Kawji, MD | Baton Rouge, LA | 4x Monthly | 48 |
| ENT | | | | |
| General Surgeon | Edwin Wehling, MD | Mt Ayr, IA | 8x Monthly | 96 |
| Gynecology | Denniz Zolnoun, MD | Chapel Hill, NC | 3x Monthly | 36 |
| Medical Weight Loss | Elizabeth Allen, ARNP | Leon, IA | 18x Monthly | 216 |
| Neurology | Maher Loutfi, MD Basil Holoyda, MD | Woodbridge, VA Macon, GA | 10x Monthly 5x monthly | 120 60 |
| Oncology/Hemo | Zeeshan Jawa MD | Des Moines, IA | 1x weekly | 52 |
| Orthopedic Surgery | Shehada Homedan, MD (General) Tyson Cobb, MD (Hand-to-Shoulder) Rebecca Kuo, MD (Cervical/Spine) | InReach Health | 2x Monthly 2x Monthly 2x Monthly | 24 each |
| Pain Clinic | Keith Barnhill, CRNA, ARNP | Portland Pain Management | 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 | 18x Monthly | 216 |
| Urology | Brian Gallagher, MD Vilma Bramasco, NP | Des Moines, IA | 2x Monthly | 24 |

2025 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 | 641-446-4111 | 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: 641-219-4265

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 HealthLeon 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: 641-446-2289

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

909 W First Street
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 Sam Wengryn**

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

AI-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

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**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

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]

Patient Origin History 2022- 2024 for IP, OP and ER – Decatur County, IA

| Inpatient Visits: Decatur County, Iowa Residents | | | | | |
|--|---|----------|----------|----------|-------|
| # | Source: IHA Dimensions | 2022 FFY | 2023 FFY | 2024 FFY | Total |
| 1 | Leon - Decatur County Hospital | 192 | 206 | 142 | 540 |
| | % of patients receiving care at home | 28.1% | 28.8% | 22.9% | 26.7% |
| 2 | Des Moines - MercyOne Des Moines Medical Center | 117 | 158 | 116 | 391 |
| 3 | Des Moines - UnityPoint Health - Iowa Meth Med Center | 124 | 106 | 133 | 363 |
| 4 | Corydon - Wayne County Hospital and Clinic System | 45 | 53 | 44 | 142 |
| 5 | Osceola - Clarke County Hospital | 41 | 33 | 33 | 107 |
| 6 | West Des Moines - UnityPoint Health - Methodist West Hosp | 39 | 40 | 27 | 106 |
| 7 | Iowa City - Univ. Of Iowa Hospitals & Clinics | 18 | 20 | 24 | 62 |
| | Total | 684 | 715 | 621 | 2,019 |

| Outpatient Visits: Decatur County, Iowa Residents | | | | | |
|---|---|----------|----------|----------|--------|
| # | Source: IHA Dimensions | 2022 FFY | 2023 FFY | 2024 FFY | Total |
| 1 | Leon - Decatur County Hospital | 6,999 | 7,434 | 6,951 | 21,384 |
| | % of patients receiving care at home | 52.9% | 53.4% | 53.2% | 53.2% |
| 2 | Osceola - Clarke County Hospital | 2,275 | 2,366 | 2,250 | 6,891 |
| 3 | Mount Ayr - Ringgold County Hospital | 801 | 851 | 883 | 2,535 |
| 4 | Creston - Greater Regional Health | 733 | 755 | 730 | 2,218 |
| 5 | Des Moines - UnityPoint Health - Iowa Meth Med Center | 632 | 639 | 671 | 1,942 |
| 6 | Corydon - Wayne County Hospital and Clinic System | 609 | 562 | 441 | 1,612 |
| 7 | Iowa City - Univ. Of Iowa Hospitals & Clinics | 352 | 347 | 353 | 1,052 |
| | Total | 13,237 | 13,923 | 13,071 | 40,231 |

| Emergency Room: Decatur County, Iowa Residents | | | | | |
|--|--|----------|----------|----------|-------|
| # | Source: IHA Dimensions | 2022 FFY | 2023 FFY | 2024 FFY | Total |
| 1 | Leon - Decatur County Hospital | 2,112 | 2,039 | 2,269 | 6,420 |
| | % of patients receiving care at home | 67.6% | 66.5% | 70.6% | 68.3% |
| 2 | Osceola - Clarke County Hospital | 504 | 436 | 450 | 1,390 |
| 3 | Mount Ayr - Ringgold County Hospital | 141 | 130 | 117 | 388 |
| 4 | Des Moines - UnityPoint - Meth Med | 98 | 132 | 115 | 345 |
| 5 | Corydon - Wayne County Hospital and Clinic | 105 | 108 | 98 | 311 |
| 6 | Des Moines - MercyOne Medical Center | 44 | 55 | 29 | 128 |
| 7 | Creston - Greater Regional Health | 25 | 26 | 37 | 88 |
| | Total | 3,125 | 3,065 | 3,212 | 9,402 |

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

| Attendance Decatur County PSA CHNA Town Hall 2/13/25 12:00-1:30pm N=30 | | | | | |
|--|-------|--------|-------------|-----------|---|
| # | Table | Attend | Last | First | Organization |
| 1 | A | x | Suazo | Amber | Decatur County Public Health |
| 2 | A | x | Rash | Holly | Decatur County Public Health |
| 3 | A | x | Patterson | Jamie | Decatur County Public Health |
| 4 | A | x | Smith | JoBeth | Retired DCH |
| 5 | A | x | Shrock | Joel | Graceland University |
| 6 | A | x | Johnston | Mike | Decatur County Hospital |
| 7 | A | x | Cummings | Peg | Decatur County Public Health |
| 8 | A | x | Metcalf | Phil | Retired community member from Leon, former pharmacist |
| 9 | A | x | Erb | Shannon | Decatur County Hospital |
| 10 | A | x | Frost | Sheri | DCH Trustee |
| 11 | A | x | Spidle | Tara | Decatur County Hospital |
| 12 | A | x | Hampton | Tina | HMA Alliance |
| 13 | B | x | Porter | Athena | Infinity Health |
| 14 | B | x | Morain | Bill | Infinity Health |
| 15 | B | x | Coffelt | Chris | Central Decatur and Lamoni Superintendent |
| 16 | B | x | Cooper | Cody | Infinity Health |
| 17 | B | x | O'Brien-Day | Danielle | Behavioral Health Director Infinity Health |
| 18 | B | x | | Dr Lisa | Graceland, Mental Health Specialist |
| 19 | B | x | Schmidt | Elizabeth | Southern Iowa Resources for Families |
| 20 | B | x | Dykes | Erin | Infinity Health |
| 21 | B | x | Boswell | Heather | Central Decatur Elementary Nurse |
| 22 | B | x | Arnold | Holly | Infinity Health |
| 23 | B | x | Buckingham | Justine | Central Decatur secondary nurse |
| 24 | B | x | Welch | Kerry | Central Decatur Schools |
| 25 | B | x | Ahlenstorf | Kyle | Infinity Health |
| 26 | B | x | Stephens | Marcia | Leon Chamber |
| 27 | B | x | Muir | Michele | Decatur County Public Health |
| 28 | B | x | Leonard | Michelle | Infinity Health |
| 29 | B | x | Magle | Pat | MD retired (Lamoni) |
| 30 | B | x | Martin | Ryan | Lamoni Schools |

Decatur County Hospital, Decatur County DOH, and Infinity Health Virtual Town Hall Event Notes

Date: 2/13/2025: 12:00-1:30 p.m. Via Zoom Attendance: N=30

INTRO: Following is a recap of the community conversation during CHNA 2025 Virtual Town Hall

- Schools actively partner with Infinity Health for on-site mental health services for students.
- Less support from the AEA for vision and hearing screenings causing a gap for all students getting screenings. It has been harder to meet student needs this year especially for low-income families that rely on PH to help meet health needs (ex. vision, dental) Public health entities are spread thinner as their coverage areas are larger.
- The community voiced concern for more mental health providers, MD/DO for primary care, dental (pediatric), and pediatrics.
- The community agreed that depression is high in Decatur County. They expressed a mental health crisis in schools and growing levels of suicidal ideation (k-12). A community member shared that "Decatur has a higher risk of suicide due to rural status with guns/firearms in the home, and high levels of substance use."
- As for drugs, in Decatur County, the community mentioned Methamphetamines, Marijuana, and Vaping prevalent, often in combination.
- Sleep has become an issue for children. "Sleep for kids is a big deal with cell phones and access to social media. This also goes with the increase of anxiety and depression."
- Access to exercise has increased with trail expansions, a new gym in Leon, and county lakes kayaking/canoeing initiatives.

What is coming/occurring that will affect health of the community:

- Behavioral Health Districts/regionalization in Iowa
- Decatur County Hospital Child Care center
- Diminished state funding for public education
- Medicaid reconstruction

Things going well for healthcare in the community:

- Access to health care
- Chronic disease management education
- Collaboration
- Emergency Department
- Hospital (Quality & Facility)
- Pharmacy (extended hours)
- Recreation
- Telehealth
- Transportation Van

Areas to improve or change in the community:

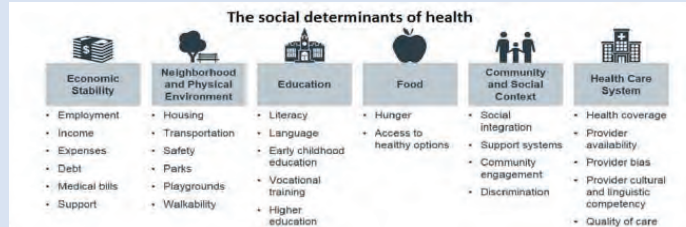
- Abuse / Violence
- Awareness of Health Services (Preventative Health/Wellness)
- Cancer and Chronic Disease Management
- Child Care
- Dentists
- Food Insecurity
- Home Health
- Housing
- Lack of Providers / Qualified Staff
- Mental Health
- Obesity
- Optometry / Ophthalmology Services
- Senior Living Options
- Substance Abuse (Drug & Alcohol)
- Veteran Services
- Water Quality

| Round #5 CHNA - Decatur Co IA PSA | | | |
|---|--|--------|--|
| Virtual Town Hall Conversation - Strengths (Big White Cards) N=30 | | | |
| Card # | What are the strengths of our community that contribute to health? | Card # | What are the strengths of our community that contribute to health? |
| 3 | Access to providers and specialists | 10 | Healthcare providers |
| 11 | Ambulance | 15 | I would agree with the access to pharmacy |
| 8 | Ambulance/ER services | 13 | Pharmacy |
| 1 | Chronic disease management education | 6 | Pharmacy available |
| 9 | Chronic disease mgmt services | 5 | Primary Care |
| 7 | Collaboration | 10 | Rec opportunities |
| 12 | Collaboration | 6 | Specialty available |
| 13 | Collaborative services | 7 | Specialty care |
| 4 | DER, hospital access | 9 | Telehealth |
| 7 | Emergency response | 13 | Telehealth |
| 14 | Emergency services are good / PHN | 6 | Transporatation |
| 2 | Emergency/Urgent Care | 16 | Transportation |
| 11 | ER | 8 | Visiting doctors |
| 10 | Health services | 12 | Visiting doctors |
| 8 | healthcare collabs | 9 | Visiting providers |
| 11 | Healthcare cooperation | | |

| Round #5 CHNA - Decatur Co IA PSA | | | |
|---|---|--------|---|
| Virtual Town Hall Conversation - Weaknesses (Color Cards) N= 30 | | | |
| Card # | What are the weaknesses of our community that contribute to health? | Card # | What are the weaknesses of our community that contribute to health? |
| 11 | Anxiety and suicide evals are up at Lamoni Schools | 19 | Need more MD/DO for primary care |
| 13 | Anxiety and depression in kids | 3 | Needs to be more MD/DO providers for primary care |
| 2 | Better access for Mental Health | 22 | Optometry |
| 1 | Dental Staff - Dentist, DH and DA | 4 | Pediatric dental |
| 8 | Depression becoming common in elementary setting | 5 | Peds |
| 14 | Elementary aged students are not getting enough sleep | 13 | Sleep for kids |
| 18 | High Deductibles | 12 | Students coming to school tired and not ready to learn |
| 17 | High health insurance premiums | 9 | Suicide in our K-12 population |
| 16 | Insurance coverage is lacking | 10 | Suicide,guns/firearms in the home, high substance use |
| 15 | Insurance providers. Medicare advantage, Wellmark | 23 | Water quality is a definite concern |
| 20 | More Dental Staff | 6 | Yes, high rates of depression |
| 21 | More Mental Health professionals | 7 | Yes, high rates of depression |

Round #5 CHNA - Community Hospital - Decatur IA PSA

Social Determinants "A" Card Themes (N = 25 with 70 Votes): E=19, N=12, ED=0, C=4, F=0 & P=3



| Card # | Code | First Impressions on Social Determinants Impacting Delivery | Card # | Code | First Impressions on Social Determinants Impacting Delivery |
|--------|------|---|--------|------|---|
| 1 | C | Social/Community Context | 16 | E | Economic stability |
| 2 | C | Family | 17 | E | Economic stability |
| 9 | C | Family | 18 | E | Economic |
| 12 | C | Family | 19 | E | Economic Stability |
| 1 | E | Economic Stability | 3 | N | Neighborhood/Built |
| 2 | E | Economic | 4 | N | Environment |
| 3 | E | Econ Stability | 5 | N | Neighborhood/Built |
| 4 | E | Economic | 6 | N | Neighborhood/Built |
| 5 | E | Econ Stability | 6 | N | Neighborhood/Built |
| 6 | E | Economic Stability | 7 | N | Neighborhood/Built |
| 6 | E | Economic Stability | 11 | N | Neighborhood |
| 7 | E | Economic Stability | 14 | N | Built |
| 8 | E | Economic Stability | 15 | N | Neighborhood and built environments |
| 9 | E | Economic Stability | 16 | N | Neighborhood |
| 10 | E | Economic Stability | 17 | N | Neighborhood and environment |
| 11 | E | Economic | 18 | N | Neighborhood and built environment |
| 13 | E | Economic Stability | 10 | P | Health Care Access and Quality |
| 14 | E | Economics | 13 | P | Health Care Access |
| 15 | E | Economic Stability | 19 | P | Healthcare Access and Quality |

EMAIL Request to CHNA Stakeholders

From: Shannon Erb

Date: 11/1/2024

To: Community Leaders, Providers, Hospital Board and Staff

Subject: CHNA Round #5 Community Online Feedback Survey – Decatur Co. IA

Decatur County Hospital in partnership with Infinity Health, and Decatur County Health Department – Decatur County, IA; will be working with other area providers over the next few months to update the 2025 Decatur County, IA Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in Decatur County in order to complete the 2025 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2013, 2016, 2019, and 2022 CHNA reports while collecting up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete this comprehensive report. To accomplish this work, a short online survey has been developed for community members to take. Please visit our hospital webpage, facebook page, or utilize the link below to complete this survey.

LINK: <https://www.surveymonkey.com/r/DecaturCoOnlineSurvey>

All community residents and business leaders are encouraged to **complete the 2025 online CHNA survey by December 9th, 2024.** All responses are confidential.

Please Hold the Date A community Town Hall is scheduled for **Thursday, February 13th, 2025, from 12:00-1:30pm via Zoom.** This meeting is to discuss the survey findings and identify unmet needs.

If you have any questions about CHNA activities, please call 641-446-2345

Thank you for your time and participation.

PR#1 News Release

Local Contact: Shannon Erb

Media Release: 11/1/2024

Community Health Needs Assessment to start – Decatur County, IA

Decatur Community Hospital in partnership with Infinity Health, and Decatur County Health Department are seeking community input on local conditions that impact health, such as the ability to eat healthy foods and stay physically active in Decatur County.

Over the next few months, Decatur Community Hospital, Infinity Health, and Decatur County Health Department will be working together with other area community leaders to update the Decatur County, IA 2025 Community Health Needs Assessment (CHNA). Today we are requesting Decatur County community members' input regarding current healthcare delivery and unmet resident needs.

The goal of this assessment update is to understand progress from past community health needs assessments conducted in 2013, 2016, 2019, and 2022 while collecting up-to-date community health perceptions and ideas. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

A brief community survey has been developed to accomplish this work. <Note: The CHNA survey link can be accessed by visiting Decatur County Hospital website and/or Facebook page. You may also utilize the QR code below for quick access.



All community residents and business leaders are encouraged to complete this online survey by **December 9th, 2024**. In addition, a CHNA Town Hall meeting to discuss the survey findings and identify unmet needs will be held on **Thursday, February 13th, 2025, from 12:00pm-1:30pm via Zoom**. More info to come soon! Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call 641-446-2345

EMAIL #2 Request Message

From: Shannon Erb

Date: 12/27/24

To: Area Community Leaders, Providers and Hospital Board & Staff

Subject: Decatur County Community Health Needs Assessment Town Hall – February 13, 2025

Decatur County Hospital, Infinity Health, and Decatur County Health Department will host a Town Hall Community Health Needs Assessment (CHNA) on Thursday, February 13th. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Decatur Co, IA. **Note: This event will be held on Thursday, February 13th from 12-1:30pm via Zoom.**

We hope you find the time to attend this important event. All business leaders and residents are encouraged to join us. To adequately prepare for this event, it is imperative all RSVP who plan to attend town hall.

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



Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (641) 446-4871.

Join Decatur County Hospital, Infinity Health, and Decatur County Health Department's CHNA Town Hall Thursday, February 13, 2025.

Media Release: 12/27/24

To gauge the overall community health needs of residents, **Decatur County Hospital, Infinity Health, and Decatur County Health Department** invites the public to participate in a Community Health Needs Assessment Town Hall roundtable on **Thursday, February 13th from 12: 00p.m – 1:30p.m via Zoom.**

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, is vital everyone planning to attend this event RSVPs. Please visit our hospital website and social media sites to obtain the link to complete your RSVP OR please utilize the QR code below.



We hope that you will be able to join us for this discussion on February 13th. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (641) 446-4871).

###

d.) Primary Research Detail

[VVV Consultants LLC]

| CHNA 2025 Community Feedback: Decatur County, IA (N=109) | | | | | | |
|--|-------|-----------|--------|--------|------|---|
| ID | Zip | Rating | c1 | c2 | c3 | Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific) |
| 1086 | 50140 | Average | ACC | FUND | | Access to funding. |
| 1077 | 50144 | Very Good | ACC | TRAIN | | Having access to a stable, trained, employee base that can provide a workforce for potential employment. |
| 1014 | 50144 | Good | CC | SAFE | REC | Overall, child care, and safety are the two main things I see in Decatur County. Childcare is severely lacking, and the safety of our roads, lack of access to sidewalks, and dilapidated housing creates issues in providing quality opportunities for outdoor recreation. |
| 1016 | 50144 | Good | CLIN | DOH | HOUS | Improved coordination between the clinic, hospital and public health. A housing development for young professionals would be a great addition to help recruit new families. |
| 1005 | 50213 | Very Good | COLLAB | FF | DOCS | Collaboration with and consistent follow up with community health partners/providers. This can ensure the whole patient is being treated, including SDOH gaps. |
| 1006 | 50140 | Very Good | COLLAB | TRAN | POV | I feel that the three organizations (DCH, IH, and DCPH) are working together. The transportation van and paramedic program are both excellent ideas. The problem is the baseline poverty in our county. |
| 1019 | 50147 | Very Poor | DOCS | COLLAB | | Hire more Doctors Better collaboration between primary Dr. and specialty Dr. |
| 1109 | 50144 | Very Good | ECON | FINA | | If there were better opportunities for businesses to come in that would provide jobs, that would help economic stability. Addressing taxes on businesses would be a step forward. |
| 1072 | 50144 | Average | ECON | SPRT | NH | The economy needs be supported and community support for local businesses and restaurants as long assistance with elderly living |
| 1049 | | Good | ECON | YOUTH | | 2) Economic stability. Everywhere I look, I see help wanted signs. Beginn8ng with our youth, we need to reintroduce the work ethic. |
| 1101 | 50144 | Very Good | ECON | | | Economic stability |
| 1015 | | Very Good | ECON | | | Secure jobs |
| 1024 | 50144 | Good | EDU | PREV | FIT | Education in the areas of healthy lifestyles including physical, emotional and mental |
| 1022 | | Good | FIT | OPHT | DOCS | lack of exercise facilities. poor vision doctors |
| 1057 | 50140 | Good | FIT | REC | ACC | It would be awesome to have a community center/ exercise facility that is open to the public, possibly free or put the cost of the facility into yearly taxes. Pool, weights, treadmills, Zumba etc. |
| 1023 | 50140 | Very Good | GOV | EDU | NUTR | Decrease of state and federal assistance moneys in healthcare and public education. Need senior living options. Need better nutrition education and assistance. |
| 1048 | 50140 | Average | GOV | EDU | SERV | Politics and information silos have seriously hurt trust in science-based healthcare. There is a massive need for education that is compelling and effective, but that will be difficult in the current climate. Trust in science and services (often provided by govt) is at a low and that needs to change. |
| 1017 | 50140 | Average | GOV | INSU | | Stop electing MAGA Republicans Join other industrialized countries and have a nationwide health insurance program |
| 1090 | 50144 | Good | HH | DOH | SPRT | Home health needs to step up and help more. Be a more active roll in this community. If they want us to support and pay for their wages, they should earn it! |
| 1043 | 50144 | Very Good | HOUS | ACC | SPRT | Incentives for individuals to build housing for themselves or aging parents to allow them to stay in their homes longer. |
| 1021 | 50262 | Poor | HOUS | ECON | SH | Yes need more housing. Need more business in the area for jobs. So much closed down. Really nothing opened to replace. More affordable childcare is needed for under school age. I think there's one center in the whole county? |
| 1033 | 50140 | Very Good | MRKT | SPIR | SPRT | A newspaper article might be helpful. Church groups. Social clubs, etc. |
| 1081 | 50144 | Very Good | NH | HOUSE | | More Senior Housing |
| 1040 | 50140 | Average | NH | SCH | TRAN | working with elderly/disabled sometimes they can't get ride to doctor appointments |
| 1096 | 50065 | Good | NUTR | ACC | | Access to cheaper food. Bring in an aldis |
| 1080 | 50833 | Good | NUTR | ACC | | Food choices are very low in this town. We have one grocery store that is sky high. DG has few items. No restrutans except Mexican at night and gas station food |
| 1097 | 50144 | Average | NUTR | FINA | DRUG | Meals on wheels more affordable. More housing for low income. Control drug population. Need for more senior services, daytime/nighttime care |
| 1001 | 50144 | Average | NUTR | FINA | REF | The people who want/need to eat healthy can't afford to purchase healthy foods. People who are referred to a specialist in DesMoines by a local health care provider don't have transportation to get to Des Moines. |
| 1031 | 50144 | Very Good | NUTR | PREV | EDU | Additional health and nutrition outreach to improve education. |
| 1054 | 50144 | Very Good | NUTR | PREV | SPRT | The most unhealthy population are those that seem to be noncompliant with services that are available or have no motivation to improve themselves. I am not convinced that we have a "support availability" issue. |
| 1004 | 52544 | Average | NUTR | WAG | ECON | Limited availability for quality food in these areas leading to poor health. Vegetables and fruits and such are more expensive than what food stamps is allowing. Also wages are not supportable for the living economy today. And lack of education regarding health as well. |
| 1018 | 50144 | Average | OWN | | | Nope, you can only help people that want to be helped and people have to want to change, you can't do it for them. |
| 1066 | 50144 | Good | QUAL | | | ???1-good 2-needs work 3- |
| 1002 | 50144 | Good | QUAL | | | There are generations of people who know nothing more than assistance, and seem not to care. |

| CHNA 2025 Community Feedback: Decatur County, IA (N=109) | | | | | | |
|--|-------|---------|-------|------|------|--|
| ID | Zip | Rating | c1 | c2 | c3 | Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific) |
| 1027 | 50144 | Good | SPRT | DOH | | Having a central contact that can point people to the correct people/departments that they need to see for their needs/issues. |
| 1042 | 50144 | Good | SPRT | SERV | | Lots of unfounded bad mouthing of local health care—don't know the solution. I always SUPPORT local services. Sometimes, I think it's a prestige "thing" to bad mouth!! SAD!! |
| 1046 | 50144 | Good | STROK | EDU | RESO | we offer alot here at the hospital but again i see nothing for stroke survivors. We have a parkinsons group that comes in every month for a free meal and education on their disease. Why can't that be done for others? Strokes affect so many different people of ALL ages. It would be nice for the care givers to get some extra resources as far as learning different techniques for maybe therapy at home, dealing with finances, offering assistance in medication management, ect. If you offer all of this for one group, i feel other groups need to be offered the same opportunity. |
| 1026 | 50144 | Poor | TRAN | EMER | | Transportation for people who need a higher level of care. Not including Emergency transport. |
| 1070 | | Average | WAG | ECON | OBG | Increase opportunities for higher than minimum wage employment. Start access to maternal and pregnancy care. |

| CHNA 2025 Community Feedback: Decatur County, IA (N=109) | | | | | | |
|--|-------|-----------|-------|------|----|---|
| ID | Zip | Rating | c1 | c2 | c3 | Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific) |
| 1056 | | Very Good | CANC | H2O | | We seem to have a higher incidence of cancer in this county, and I am curious if it is something to do with the Content of our water from runoff from fields??? Also, I think lack of education/ Knowledge is part of it. |
| 1002 | 50144 | Good | CHRON | OWN | | chronic low functioning people, poor choices, lack of abition |
| 1107 | | Very Good | EDU | OWN | | stupid people that don't care |
| 1016 | 50144 | Good | EDU | | | Health Literacy |
| 1050 | 50140 | Good | INSU | | | Senior programs. |
| 1001 | 50144 | Average | NUTR | FINA | | Shopping for healthy foods is expensive. |
| 1096 | 50065 | Good | NUTR | FINA | | The healthy foods cost to much for families to purchase in our area. |
| 1097 | 50144 | Average | OWN | | | Laziness |
| 1020 | 50213 | Very Good | OWN | | | Motivation to be healthy |
| 1054 | 50144 | Very Good | OWN | | | No self accountability due to safety nets and hand outs |
| 1066 | 50144 | Good | OWN | | | We lazy |
| 1006 | 50140 | Very Good | POV | | | Poverty |
| 1095 | 50065 | Average | POV | | | poverty |
| 1017 | 50140 | Average | POV | | | rural poverty and lack of nationwide health care insurance ("Medicare for All") |
| 1070 | | Average | STD | DIAG | | No effort to use state funded STI surveillance, diagnosis, and treatment. |

| CHNA 2025 Community Feedback: Decatur County, IA (N=109) | | | | | | |
|--|-------|-----------|-------|-------|-------|--|
| ID | Zip | Rating | c1 | c2 | c3 | Q13. What "new" community health programs should be created to meet current community health needs? |
| 1048 | 50140 | Average | AWARE | MRKT | | Weekly articles in the paper by local health care professional that are short and informative. We are more likely to read it if it is written by someone we know rather than a canned piece. Repost the article on Lamoni Exchange |
| 1006 | 50140 | Very Good | CC | FEM | | I am retired, but I feel that there should be a focus on child care and well-woman care for those with young families. |
| 1100 | 50144 | Poor | CC | FINA | MH | Help securing affordable health care child care mental care drug programs |
| 1109 | 50144 | Very Good | CC | SERV | | childcare services |
| 1069 | | Average | DENT | OPHTH | DERM | Local Dentist, Eye Doctor and Dermatologist |
| 1081 | 50144 | Very Good | DOCS | ACC | NURSE | Better accessibility to Doctor's and Nurse's when necessary for questions to be answered. |
| 1005 | 50213 | Very Good | DRUG | EDU | SPRT | Substance use programs, more NA & AA meetings. More educational events. |
| 1004 | 52544 | Average | DRUG | OPHTH | AUD | Substance use programs or all in one day stop shops. So getting an eye screening, hearing screen, general health, mental health, sub use eval all in one day. |
| 1024 | 50144 | Good | FIT | AWARE | DOM | Exercise incentives, healthy relationship awareness, domestic abuse awareness |
| 1019 | 50147 | Very Poor | FIT | NH | FINA | Exercise facility other than what public health offers. Should be free for seniors and tv Hose on fixed income |
| 1030 | 50140 | Poor | FIT | NUTR | COUN | A fitness center would be great in Lamoni. If it could have a place for nutrition also and possibly a place for them to be seen by a counselor. |
| 1033 | 50140 | Very Good | FIT | NUTR | EDU | Exercise programs that include information on healthy eating. |
| 1089 | 50144 | Very Good | FIT | OPHTH | CC | Community Gym, Vision Clinic, More daycare providers |
| 1057 | 50140 | Good | FIT | | | A fitness center |
| 1001 | 50144 | Average | HH | SERV | | Home Health services |
| 1090 | 50144 | Good | HH | SERV | | Home health visits |
| 1075 | 50144 | Good | MH | DRUG | | More mental health/substance abuse services |
| 1037 | 50140 | Good | MH | SERV | | Mental health services. |
| 1094 | 50144 | Good | MH | SPRT | | Mental health is a huge concern in this county with more and more people needing help and being unable to get the assistance they need. |
| 1096 | 50065 | Good | MH | YOUTH | | Mental health in children. |
| 1018 | 50144 | Average | MH | | | Mental Health is extremely underserved. |
| 1097 | 50144 | Average | NH | FIT | | Senior exercise-nursing home and assisted living |
| 1023 | 50140 | Very Good | NH | HOME | FIT | Senior living, homelessness, exercise facilities |
| 1050 | 50140 | Good | NH | RESO | | Senior health programs. |
| 1070 | | Average | NH | RESO | | Senior meal site with education and screening available. (Leon and Lamoni) |
| 1040 | 50140 | Average | NH | | | presentations at Senior Living locations |
| 1088 | 50108 | Good | NUTR | MH | | Bring back the meal site. They actually get out of the house. It will help them with depression and them being lonely. |
| 1072 | 50144 | Average | NUTR | NH | | Free meals for elderly |
| 1101 | 50144 | Very Good | OPHTH | CC | | Eye care, child care |
| 1022 | | Good | OPHTH | FIT | | optomologist service. exercise facility |
| 1083 | 50140 | Average | OPHTH | FIT | | Vision and access to exercise equipment for those who can't be outside |
| 1066 | 50144 | Good | OPHTH | | | Vision optimally |
| 1021 | 50262 | Poor | PEDS | DENT | OBG | Pediatric dentistry. Obgyn. More oncology options. Just get rid of inconsistent walk in clinic and allow a separate urgent care to be available during clinic afterhours. |
| 1026 | 50144 | Poor | PRIM | | | Family doctors that give a shit and are willing to do anything besides shuffle you in and back out as quick as possible. |
| 1086 | 50140 | Average | PRIM | | | More PCPs with greater experience. |
| 1054 | 50144 | Very Good | QUAL | SPRT | | We need to put more emphasis on what we already have. We do not need to reinvent the wheel. |
| 1049 | | Good | QUAL | | | Just more of what we have would be good. |
| 1017 | 50140 | Average | QUAL | | | start with the basics and build out |
| 1014 | 50144 | Good | RET | CLIN | DOCS | Joint recruiting between the hospital and clinic for MD/DO level providers, and optometry/ophthalmolgy. |
| 1016 | 50144 | Good | SPRT | CC | | Additional access and support of childcare would be a huge help for business development and reengagement of workforce. |
| 1046 | 50144 | Good | STROK | OPHTH | PRIM | I would love to see a stroke caregivers group started or a stroke survivor group started. Also a local optometrist would be nice to have. But mostly getting another primary care provider would help alot. |

Decatur Community Hospital, Infinity Health, & Decatur County Health Department along with area providers have begun the process of updating a comprehensive community-wide 2025 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2025 online feedback deadline is set for December 27th, 2024.

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

| | Very Good | Good | Fair | Poor | Very Poor |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Ambulance Services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chiropractors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dentists | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emergency Room | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eye Doctor/Optometrlist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family Planning Services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Home Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospice/Palliative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Telehealth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. How would our community area residents rate each of the following health services?
(Continued)

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

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

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

6. 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 top three.

- | | |
|---|---|
| <input type="checkbox"/> Mental Health (Diagnosis, Placement, Aftercare, Providers) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Awareness of Health Services | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Substance Abuse (Alcohol/Drugs) | <input type="checkbox"/> Obesity (Nutrition/Exercise) |
| <input type="checkbox"/> Child Care (Accessible, Affordable, Safe) | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Economic Development/Employment Readiness | <input type="checkbox"/> Medicaid enrollment |
| <input type="checkbox"/> Food Insecurity | <input type="checkbox"/> Amish (No insurance or vaccinations) |
| <input type="checkbox"/> Healthcare Transportation | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Visiting Specialists | <input type="checkbox"/> Dentists |
| <input type="checkbox"/> Public Health Perception (encourage patients to seek care in Decatur Co) | <input type="checkbox"/> Establish local DHS office - better access |
| <input type="checkbox"/> Collaboration and Communication of Healthcare Partners | <input type="checkbox"/> Increase Amish Healthcare services/education |
| <input type="checkbox"/> Housing (Accessible, Affordable, Safe) | <input type="checkbox"/> Provide Adult Day Care Services |
| <input type="checkbox"/> Healthcare Literacy | <input type="checkbox"/> Meal Coordination |
| <input type="checkbox"/> Lack of Optometry / Ophthalmology Services | <input type="checkbox"/> Expand Medicaid |
| <input type="checkbox"/> Healthcare Staffing | <input type="checkbox"/> Provide prenatal/postnatal services |
| <input type="checkbox"/> Access to DHS enrollment | <input type="checkbox"/> Offer more assisted living options |
| <input type="checkbox"/> Senior Living Options | <input type="checkbox"/> Improve IA works |
| <input type="checkbox"/> Disadvantaged Population | <input type="checkbox"/> Offer new patient health education |
| <input type="checkbox"/> Senior Exercise | <input type="checkbox"/> Open Lamoni fitness center |

7. Which past CHNA needs are NOW the most pressing for improvement? Please select top 3.

- | | |
|---|---|
| <input type="checkbox"/> Mental Health (Diagnosis, Placement, Aftercare, Providers) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Awareness of Health Services | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Substance Abuse (Alcohol/Drugs) | <input type="checkbox"/> Obesity (Nutrition/Exercise) |
| <input type="checkbox"/> Child Care (Accessible, Affordable, Safe) | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Economic Development/Employment Readiness | <input type="checkbox"/> Medicaid enrollment |
| <input type="checkbox"/> Food Insecurity | <input type="checkbox"/> Amish (No insurance or vaccinations) |
| <input type="checkbox"/> Healthcare Transportation | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Visiting Specialists | <input type="checkbox"/> Dentists |
| <input type="checkbox"/> Public Health Perception (encourage patients to seek care in Decatur Co) | <input type="checkbox"/> Establish local DHS office - better access |
| <input type="checkbox"/> Collaboration and Communication of Healthcare Partners | <input type="checkbox"/> Increase Amish Healthcare services/education |
| <input type="checkbox"/> Housing (Accessible, Affordable, Safe) | <input type="checkbox"/> Provide Adult Day Care Services |
| <input type="checkbox"/> Healthcare Literacy | <input type="checkbox"/> Meal Coordination |
| <input type="checkbox"/> Lack of Optometry / Ophthalmology Services | <input type="checkbox"/> Expand Medicaid |
| <input type="checkbox"/> Healthcare Staffing | <input type="checkbox"/> Provide prenatal/postnatal services |
| <input type="checkbox"/> Access to DHS enrollment | <input type="checkbox"/> Offer more assisted living options |
| <input type="checkbox"/> Senior Living Options | <input type="checkbox"/> Improve IA works |
| <input type="checkbox"/> Disadvantaged Population | <input type="checkbox"/> Offer new patient health education |
| <input type="checkbox"/> Senior Exercise | <input type="checkbox"/> Open Lamoni fitness center |

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

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

Other (Be Specific).

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

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

10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? Be Specific

11. 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

12. 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.

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

14. 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).

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

Other (Please specify).

* 16. For reporting analysis, please select the county which you reside in.

- | | |
|---|---|
| <input type="checkbox"/> Decatur County, IA | <input type="checkbox"/> Ringgold County, IA |
| <input type="checkbox"/> Marion County, IA | <input type="checkbox"/> Wayne County, IA |
| <input type="checkbox"/> Union County, IA | <input type="checkbox"/> Appanoose County, IA |
| <input type="checkbox"/> Clarke County, IA | <input type="checkbox"/> Mercer County, MO |
| <input type="checkbox"/> Lucas County, IA | <input type="checkbox"/> Harrison County, MO |
| <input type="checkbox"/> Monroe County, IA | |
| <input type="checkbox"/> Other (please specify) | |

* 17. For reporting analysis, please enter your 5-digit ZIP code.

e.) County Health Rankings & Roadmap Detail

[VVV Consultants LLC]

Decatur County

2024

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years. Each Iowa county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation. The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes and Health Factors on the continuum.

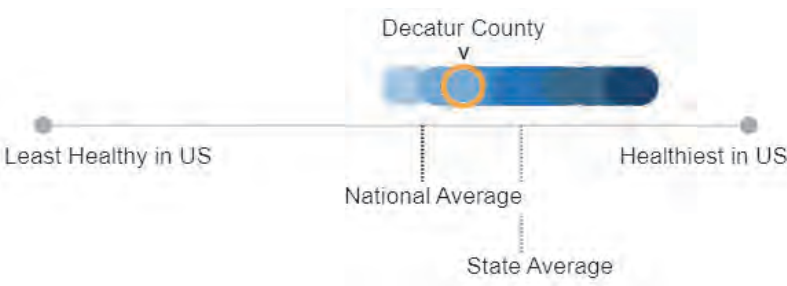


<https://www.countyhealthrankings.org/health-data/iowa/decatur?year=2024>


Health Outcomes



Health Factors



Population: 7,683



| Health Outcomes | | | | | |
|--|---|----------------|-------|---------------|---|
| Length of Life | | Decatur County | Iowa | United States | — |
| Premature Death |  | 8,200 | 6,900 | 8,000 | ▼ |
| Quality of Life | | Decatur County | Iowa | United States | — |
| Poor or Fair Health | | 15% | 13% | 14% | ▼ |
| Poor Physical Health Days | | 3.4 | 2.9 | 3.3 | ▼ |
| Poor Mental Health Days | | 4.8 | 4.5 | 4.8 | ▼ |
| Low Birthweight | | 6% | 7% | 8% | ▼ |
| Additional Health Outcomes (not included in summary) | | Decatur County | Iowa | United States | — |
| Life Expectancy | | 77.7 | 78.1 | 77.6 | ▼ |
| Premature Age-Adjusted Mortality | | 410 | 360 | 390 | ▼ |
| Child Mortality | | | 50 | 50 | ▼ |
| Infant Mortality | | | 5 | 6 | ▼ |
| Frequent Physical Distress | | 11% | 9% | 10% | ▼ |
| Frequent Mental Distress | | 16% | 14% | 15% | ▼ |
| Diabetes Prevalence | | 9% | 9% | 10% | ▼ |
| HIV Prevalence | | | 114 | 382 | ▼ |







Note: Blank values reflect unreliable or missing data.



The annual County Health Rankings & Roadmaps data release provides a snapshot of the health of each county in two summaries: Health Factors (which measure issues that can shape the health outcomes) and Health Outcomes (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the “drivers” for health of this county.


What do these drivers mean? The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

Health Factors: Drivers with the greatest impact on health, Decatur County, IA - 2024

| Health Behaviors | | Decatur County | Iowa | United States |
|----------------------------------|---|----------------|-------|---------------|
| Adult Smoking | | 19% | 16% | 15% |
| Adult Obesity | | 38% | 37% | 34% |
| Food Environment Index | | 8.5 | 8.8 | 7.7 |
| Physical Inactivity | | 27% | 24% | 23% |
| Access to Exercise Opportunities | | 63% | 79% | 84% |
| Excessive Drinking | | 20% | 23% | 18% |
| Alcohol-Impaired Driving Deaths |  | 15% | 26% | 26% |
| Sexually Transmitted Infections |  | 235.0 | 489.2 | 495.5 |
| Teen Births | | 12 | 14 | 17 |

| Clinical Care | | Decatur County | Iowa | United States |
|----------------------------|---|----------------|---------|---------------|
| Uninsured |  | 8% | 6% | 10% |
| Primary Care Physicians |  | 3,830:1 | 1,390:1 | 1,330:1 |
| Dentists |  | 1,540:1 | 1,410:1 | 1,360:1 |
| Mental Health Providers | | 370:1 | 500:1 | 320:1 |
| Preventable Hospital Stays |  | 1,869 | 2,330 | 2,681 |
| Mammography Screening |  | 39% | 53% | 43% |
| Flu Vaccinations |  | 41% | 54% | 46% |

| Social & Economic Factors | | Decatur County | Iowa | United States |
|--------------------------------------|---|----------------|------|---------------|
| High School Completion | | 89% | 93% | 89% |
| Some College | | 62% | 70% | 68% |
| Unemployment |  | 2.5% | 2.7% | 3.7% |
| Children in Poverty |  | 22% | 12% | 16% |
| Income Inequality | | 4.5 | 4.2 | 4.9 |
| Children in Single-Parent Households | | 9% | 20% | 25% |
| Social Associations | | 7.8 | 14.5 | 9.1 |
| Injury Deaths | | 89 | 71 | 80 |

| Physical Environment | | Decatur County | Iowa | United States |
|------------------------------------|---|----------------|------|---------------|
| Air Pollution - Particulate Matter |  | 7.1 | 7.4 | 7.4 |
| Drinking Water Violations | | Yes | | |
| Severe Housing Problems | | 13% | 11% | 17% |
| Driving Alone to Work | | 75% | 78% | 72% |
| Long Commute - Driving Alone | | 32% | 21% | 36% |

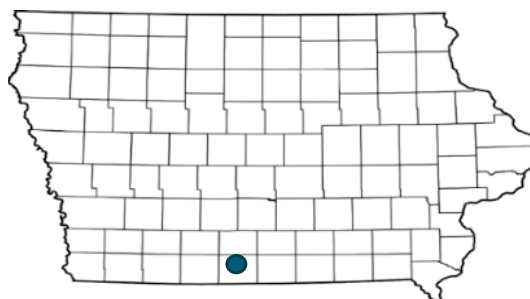
HHS SYSTEM SNAPSHOT

DECATUR COUNTY

| | |
|-----------------------|-------------------|
| Population | 7,665 |
| Life Expectancy | 77.7 years |
| County Classification | Rural |

STATE OF IOWA

| | |
|-----------------|------------|
| Population | 3,207,004 |
| Life Expectancy | 78.1 years |



ACCESS TO CARE



Decatur County is a **shortage** area for Primary Care Physicians



Decatur County is a **shortage** area for Dental Care Providers

Access to care includes the ability to navigate the health care system, find care locally, and pay for services. When someone lacks one or more of these abilities, disparities may emerge.

MENTAL HEALTH

4.8

Poor mental health days per month

4.5 days/mo.
Iowa avg

Poor mental health is linked to smoking, physical inactivity, housing and food insecurity, and poor sleep. Disorders like depression and anxiety can affect people's ability to take part in healthy behaviors.

Decatur County is a **shortage** area for Mental Health Care Providers

Iowa has fewer mental health providers than the national average. Access to mental health providers **varies widely** across the state.

ADDICTIVE DISORDERS

22.3%
of adults report excessive drinking

23.3%
Iowa avg

Alcohol is the most commonly misused substance in Iowa. Iowa's alcohol use rates for almost every demographic are among the highest in the nation.

25

Decatur County residents received substance use treatment in SFY24

16,994 total patients admitted in Iowa

Substance use disorders involve misuse of one or more substances and may lead to social, physical, mental, and public health problems. Drug use rates in Iowa are similar to the rest of the nation.

Social, Economic and Environmental Factors

ECONOMIC STABILITY & INCOME

Economic stability is the connection between the financial resources people have and their physical and mental health. People living in poverty are at greater risk for mental illness and chronic diseases.



14.5%

Live below the rate of poverty
11.1% Iowa avg



1,985

are enrolled in **Medicaid**

HOUSING & TRANSPORTATION

Cost-burden, spending more than 30% of income on housing costs, is the most common housing problem in Iowa. Unstable, unsafe, unhealthy or unaffordable housing can harm a person's health, while transportation problems can delay care, be costly, and worsen health outcomes.



23.6%

Households spend 30% or more on housing
23.0% Iowa avg



8.3%

Households do not have a vehicle
5.6% Iowa avg

Healthy Behaviors and Outcomes

ACTIVE LIVING & HEALTHY EATING

Being overweight or obese can lead to serious health issues like heart disease, diabetes, stroke, depression, and some cancers. A lack of consistent access to healthy food can lead to chronic diseases, obesity, or developmental problems.



38.1%

of adults have an unhealthy body weight (BMI of 30.0 or higher)
37.3% Iowa avg



980

Individuals experiencing food insecurity

CANCER

Many unhealthy behaviors linked to cancer can be prevented such as excessive drinking, using tobacco products, physical inactivity, poor nutrition, and ultraviolet light exposure. Cancer screening tests can detect cancer early, making treatment easier and improving survival.



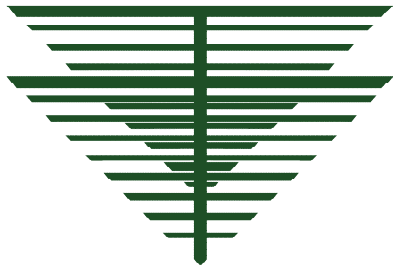
533.4

County incidence rate for cancer (*per 100,000 people)
491.8 Iowa avg



166.9

County death rate from cancer (*per 100,000 people)
149.2 Iowa avg



VVV Consultants LLC



VVV Consultants LLC

Vince Vandelaar, MBA

Principal & Adjunct Professor

VVV@VandelaarMarketing.com

Olivia Hewitt, BS

Associate Consultant

OGH@VandelaarMarketing.com

Cassandra Kahl, BHS MHA

Director, Project Management

CJK@VandelaarMarketing.com

HQ Office:

601 N Mahaffie, Olathe, KS 66061

(913) 302-7264

<http://vandelaarmarketing.com/>

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