Community Health Needs Assessment

Davis County, IA

On Behalf of Davis County Hospital & Clinics and
Davis County Public Health

January 2024

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
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I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Davis County Hospital (Primary Service Area) – Davis County, IA - 2023 Community Health Needs Assessment (CHNA)

The previous CHNA for Davis County Hospital and their primary service area, was completed in 2021. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Davis County, IA CHNA assessment began in March of 2023 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

County Health Area of Future Focus on Unmet Needs

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

2024 CHNA Priorities

Unmet Health Needs - Davis County, IA

on behalf Davis Co Hosp and Public Health

Wave #5 Town Hall 9/28/23 (22 Attendees / 19 Voters /76 Total Votes)

#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diag,Treatment, Aftercare, Provider Access) Juvenile	27	35.5%	36%
2	Primary Care Access	9	11.8%	47%
3	Substance Abuse (Drugs & Alcohol)	9	11.8%	59%
4	Visiting Specialists Access (Onc, Neu, Nep, Card, RHE, OB, Surg)	8	10.5%	70%
5	Apathy / Lack of health knowledge	4	5.3%	75%
6	Optometry / Dental Services	4	5.3%	80%
	Total Votes	76	100%	

Other needs receiving votes: Childcare (Accessible & Affordable), Housing (Safe & Affordable), Health Insurance, Poverty, Transportation, Staffing, Reimbursement and Smoking / Vaping.

Town Hall CHNA Findings: Areas of Strengths

Davis County IA PSA - Community Health Strengths			
#	**Topic**	#	**Topic**
1	Access to Healthy Foods	5	Emergency Services
2	Suicide Programs (Schools)	6	Inpatient Services
3	Public Health	7	Pharmacy
4	Ambulance Services	8	School Health

Key CHNA Wave #4 Secondary Research Conclusions found:

IOWA HEALTH RANKINGS: According to the 2022 Robert Woods Johnson County Health Rankings, Davis County, IA Average was ranked 76th in Health Outcomes, 75th in Health Factors, and 30th in Physical Environmental Quality out of the 99 Counties.

TAB 1. Davis County's population is 9,130 (based on 2022). About eight percent (8.4%) of the population is under the age of 5, while the population that is over 65 years old is 18.6%. As of 2021, 25.2% of citizens speak a language other than English in their home. Children in single parent households make up a total of 7.7% compared to the rural norm of 17.9%, and total Veterans in the county are 318.

TAB 2. In Davis County, the average per capita income is $31,784 while 10.1% of the population is in poverty. The severe housing problem was recorded at 12% compared to the rural norm of 11.2%. Those with food insecurity in Davis County is 6.8%, and those having limited access to healthy foods (store) is 3.3%. Individuals recorded as having a long commute while driving alone is 34.6% compared to the norm of 26.3%.

TAB 3. Children eligible for a free or reduced-price lunch in Davis County is 50%. Roughly eighty percent (79.5%) of students graduated high school compared to the rural norm of 90.2%, and 19.1% have a bachelor's degree or higher.

TAB 4. The rate of births where prenatal care started in the first trimester is 545.2 (per 1,000) compared to the rural norm of 743.4. Additionally, 41.9 (per 1,000) of births in Davis County have a low birth weight. The rate of all births occurring to teens (15-19) is 61.3 compared to 127.8.

TAB 5. The Davis County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 3,017 residents. There were 1,342

preventable hospital stays in 2020 compared to the Rural Norm of 2,499. The average time patients spent in the emergency department before seen was 108 minutes.

TAB 6. In Davis County, 19.2% of the Medicare population has depression. The average mentally unhealthy days last reported (2020) is 4.5 days in a one-week period, while the age-adjusted suicide mortality rate (per 100,000) is 13.3.

TAB 7a – 7b. Davis County has an obesity percentage of 37.7% and a physical inactivity percentage is 25.7%. The percentage of adults who smoke is 20.1%, while the excessive drinking percentage is 24.3%. The Medicare hypertension percentage is 51.7%, while their heart failure percentage is 16%. Those with chronic kidney disease amongst the Medicare population is 20.5% compared to the rural norm of 20.7%. The percentage of individuals who were recorded with COPD was 10%. Davis County recorded 2.9% of individuals having had a stroke.

TAB 8. The adult uninsured rate for Davis County is 10.2% (based on 2020) compared to the rural norm of only 6.8%.

TAB 9. The life expectancy rate in Davis County for males and females is seventy-eight years of age (78.1). The age-adjusted Cancer Mortality rate per 100,000 is 189.4. The age-adjusted heart disease mortality rate per 100,000 is at 209.4.

TAB 10. A recorded 41.3% of Davis County has access to exercise opportunities. Those reported having diabetes was 8.7%. Continually, thirty-nine percent (39.0%) of women in Davis County seek annual mammography screenings compared to the rural norm of 38.6%.

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=200) provided the following community insights via an online perception survey:

- Using a Likert scale, average between Davis County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 66%.
- Davis County stakeholders are satisfied with some of the following services: Ambulance Services, Emergency Room, Pharmacy and Public Health.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health, Child Care, Local Access to Specialty Care, Oncology Services, Senior Care, Local Access to Primary Care, Chronic Disease Management, Alcohol / Substance Abuse, Care Coordination for SRs, and Teen Health / Education.

Davis Co IA - CHNA YR 2023 N=200					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Provider, Treatment, Aftercare)	107	11.5%		1
2	Child Care (Options / Access)	64	6.9%		2
3	Local Access to Specialty Care	54	5.8%		3
4	Oncology Services (Expansion)	49	5.3%		4
5	Local Access to Primary Care	33	3.6%		6
6	Chronic Disease Management / Services	32	3.4%		7
7	Senior Care (Aging / Dementia Support)	30	3.2%		5
8	Alcohol / Substance Abuse	29	3.1%		8
9	Care Coordination for SRs-Significant Health Conditions	23	2.5%		14
10	Access to Healthy Foods & Nutrition	20	2.2%		9
11	Fitness & Exercise Options	20	2.2%		13
12	Healthcare Transportation	20	2.2%		11
13	Teen Health / Education	19	2.0%		10
14	Awareness / Access to HC Services	15	1.6%		2
15	HC Reimbursement / Funding	14	1.5%		15
16	Health (Apathy)	8	0.9%		16
17	Public Health	7	0.8%		17
18	Radon Levels	4	0.4%		18
	Totals	548	59.0%		

II. Methodology

II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

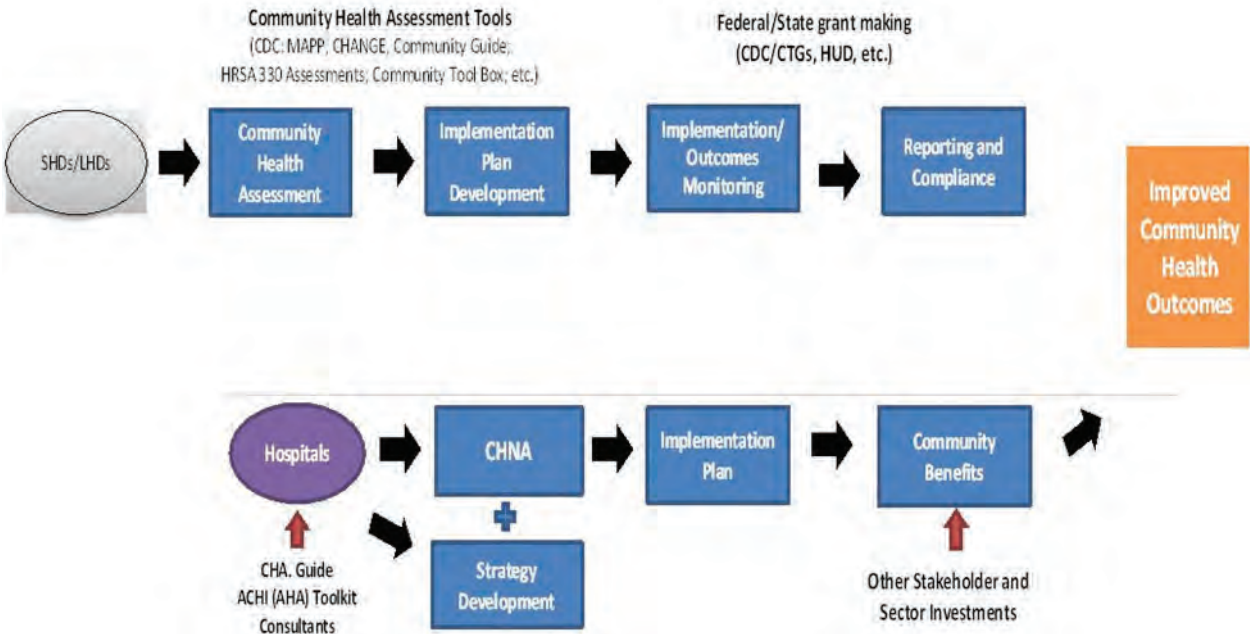
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to "Hospital Organizations"

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

MAPP Process Overview

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

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

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.

2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.

3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).

4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.

5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).

6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.

Drivers of Health Assessment & Improvement Planning

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

National Voluntary Accreditation Requirements

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

CDC Grant Requirements

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

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

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

Social Determinants of Health

What Are Social Determinants of Health?

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

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

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

II. Methodology
b) Collaborating CHNA Parties

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

Davis County Hospital & Health Clinics

Address
509 North Madison Street
Bloomfield, Iowa 52537
CEO: Veronic Fuhs

MercyOne Affiliation
Davis County Hospital & Clinics partners with MercyOne – Des Moines through both a management agreement and a Critical Access Hospital agreement. However, the Davis County Hospital & Clinics Board of Trustees, elected by the residents of Davis County, along with the Administrator, maintains complete control in all areas of Davis County Hospital & Clinics operations.

Being a MercyOne Affiliate permits Davis County Hospital & Clinics, a rural, primary-care facility, to take advantage of cost savings provided to a larger, tertiary facility such as MercyOne. In addition, the relationship affords Davis County Hospital the management expertise and educational offerings of a larger organization that would not otherwise be readily available.

As part of a larger network of rural facilities, there is a collegiality that allows for sharing of ideas and best practices throughout the network. Collaborating with MercyOne -Des Moines truly provides a level of support that is available to enhance all areas of service provided by Davis County Hospital & Clinics!

What does the agreement mean for our patients? A highly trained staff and more dollars devoted towards continually improving patient care!

Being a MercyOne DOES NOT mean that our patients must use MercyOne physicians if they need additional care or that our patients must be transferred to MercyOne for emergent care. In fact, we are required by law to give each patient a choice on where to receive care above the scope that is offered at Davis County Hospital.Our emergency department is open 24 hours, 365 days a year and is staffed by experienced physicians who can respond to any medical emergency.

Our Services Include:

- **Allergy & Immunology**
- **Allergy & Pulmonary**
- **Cardiac Rehab**
- **Dermatology**
- **Ear Nose & Throat**
- **Emergency Department**
- **Inpatient**
- **Medical Imaging**
- **Gynecology**
- **Orthopedics**
- **Rehabilitation**
- **Podiatry**
- **Pre & Post Natal**
- **Davis County Public Health**
- **Pulmonary Rehab**
- **Senior Life Solutions**
- **Skilled Care / Swing Bed**
- **Sleep Center**
- **Speech Therapy**

Davis County Public Health Department

Address
509 North Madison Street
Bloomfield, Iowa 52537
Health Department Admin: Lynn Fellinger

Davis County Public Health has been providing service to the residents of Davis County since 1967.

Our Services Include:

- Skilled Nursing visit by RN
- Fall risk assessment
- Skin assessment
- Drug Regimen Review
- Medication Management
- B/P clinics
- Patient Education
- Dressing Changes
- Injections
- Pain Management
- Blood draws & specimen collection
- Newborn baby visits
- Referral to community services

II. Methodology
b) Collaborating CHNA Parties Continued

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

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 83 unique community CHNA's in KS, MO, IA, NE, OH, and WI (references found on our website VandehaarMarketing.com

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

Our Mission: to research, facilitate, train, create processes to improve market performance, champion a turnaround, and uncover strategic "critical success" initiatives.

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

Our Values:

Engaged – we are actively involved in community relations & boards.

Reliable – we do what we say we are going to do.

Skilled – we understand business because we've been there.

Innovative – we are process-driven & think "out of the box".

Accountable – we provide clients with a return on investment.

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in July of 2023 for Davis County Hospital and Health Clinics (DCH) in Davis County, IA to meet Federal IRS CHNA requirements.

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

VVV CHNA Deliverables:

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

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

Origination of DCH patients: PSA defined Yr 2020-2022							Inpatients			ER			OP proc			Clinic MAC		
#	ZIP	City	County	TOT 3yr I/E/O	Accum	3YR %	2022	2021	2020	2022	2021	2020	2022	2021	2020	2022	2021	2020
		DCH Patient Totals		**102,496**	100.0%		**174**	**157**	**202**	**4,054**	**3942**	**3,012**	**28504**	**28688**	**18725**	**3941**	**5623**	**5474**
1	52537	Bloomfield, IA - 52537	DAVIS	60,567	59.1%	59.1%	**110**	**89**	**127**	2,137	2060	1,663	**16,960**	**17,300**	**11,302**	2312	3302	3205
2	52552	Drakesville, IA- 52552	DAVIS	4,417	4.3%	63.4%	**6**	**11**	**10**	147	168	118	**1,212**	**1,265**	**738**	195	284	263
3	52584	Pulaski, IA - 52584	DAVIS	2,726	2.7%	66.1%	**5**	**4**	**5**	96	102	85	**825**	**744**	**440**	118	160	142
4	52560	Floris, IA- 52560	DAVIS	2,694	2.6%	68.7%	**8**	**6**	**1**	91	108	92	**745**	**769**	**508**	85	138	143
5	52501	Ottumwa, IA - 52501	WAPELLO	14,141	13.8%	82.5%	**25**	**26**	**26**	978	869	601	**3,655**	**3,656**	**2,568**	451	637	649

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

Sources of community-health level indicators:

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

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

2024 CHNA Project Calendar - Davis County, IA on behalf of Davis County Hospital & Clinics and Davis Co Public Health Work Timeline & Roles - Working Draft as of 7/18/23			
Step	**Timeframe**	**Lead**	**Task**
1	Mar-23	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	7/14/2023	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	7/18/23	VVV	Send out **REQCommInvite Excel** file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	**7/20/2023**	VVV	**Hold Kick-off Meeting** Request Hospital Client to send IHA PO reports for FFY 20, 21,22 plus request client to complete 3 year historical PSA IP/OP/ER/Clinic to document patient origin file. (**ZipPSA_3yrPOrigin.xls**)
5	7/20/2023	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	July-Aug 2023	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	7/18/2023	VVV	Prepare/send out PR story / E Mail #1 announcing upcoming CHNA work. Ask CEO to review/approve.
8	7/18/2023	Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	**7/31/2023**	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. **Cut-off 8/25/2023 for Online Survey**
10	9/1/2023	Hosp	Prepare/send out Community TOWN HALL request invite Email #2 to Stakeholders
11	9/1/2023	VVV / Hosp	Prepare/send out PR #2 story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	9/26/2023	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	**Thursday, 9/28/23**	VVV	Conduct CHNA Town Hall for Dinner 5-6:30pm **at XXX.** Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 10/20/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	**1/15/2024**	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	On or before 2/15/24	Hosp	Conduct Client Implementation Plan PSA Leadership meeting.
17	March 2024	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

2024 CHNA Project Calendar - Davis County, IA

on behalf of Davis County Hospital & Clinics and Davis Co Public Health

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Community Health Needs Assessment
Davis County IA Town Hall Meeting - 2023
On behalf of Davis County Hospital & Clinics
Davis County Public Health

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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CHNA Town Hall Team Tables

RSVP's Davis Co, IA CHNA Town Hall Sept. 28th (5pm-6:30pm)						
#	Table	Lead	Last	First	Organization	Title
1	A	##	Day	Rodney	DCHC	Director Ancillary Services
2	A		Fullenkamp-Alexander	Joy	River Hills Comm Health Cntr	Dr.
3	A		Roberts	Tammy	City of Bloomfield	Comm Development Dir
4	A		Tews	Anne	Bloomfield Public Library	Director
5	B	##	Thordarson	Nikki	DCHC	CNO
6	B		Bogle	Kity	Seida	Certified Prevention Spec
7	B		Northup	Cassie	DCHC	Reception lead
8	B		Spurgeon	Karen	BLOOMFIELD, DEMOCRAT	Publisher
9	C	##	Teri	Hanna	DCHC	EMS mgr - Paramedic
10	C		Burnside	Carol	River Hills Comm Health Cntr	Health Educator/Outreach
11	C		Frymoyer	Lexis	Bloomfield Main Street	President
12	C		Young	Pam	DCHC	
13	D	##	Fellinger	Lynn	DCPH	Admin
14	D		Bottorff	Courtney	DCHC	Marketing
15	D		Floyd	Robert	DCHC	Physician
16	D		Jones	Cheryl	Child Health Specialty Clinics	ARNP
17	E	##	Hull	Megan	Davis Co Public Health	Staff RN
18	E		Chickering	Tierre	DCHC	Case manager/DP
19	E		Sargent	Sandy		Retired
20	E					
21	F	##	Barker	Wendy	Davis County Hospital	Pharmacy Manager
22	F		Brown	Carleena	DCHC/DCMA	Director of RHC
23	F		Yahnke	Alan	County Supervisor	
24	F					

2

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

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

3

Introduction: Who We Are
Background and Experience

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

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

Barb Carr MBA – Associate
VVV Consultants LLC
- University of Kansas – Business Administration
- Durham Business School – MBA
- Hometown: Overland Park, KS

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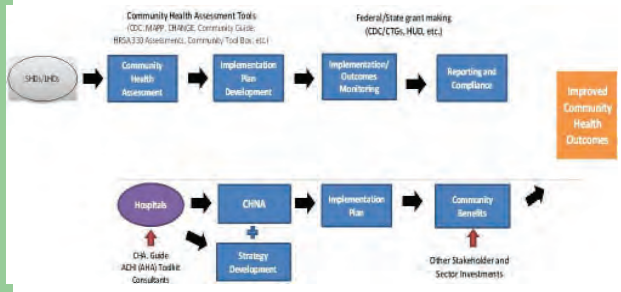
Town Hall Participation

- ALL attendees practice “Safe Engagement”, working together in teams by table.
- ALL attendees welcome to share. Engaging conversation (No right or wrong answer)
  - Parking Lot
- ALL Take Notes – Important health indicators
- Please give truthful responses – Serious community conversation.
- Purpose: Discuss / Determine unmet health needs
- Have a little fun along the way

5

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



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A Conversation with the Community & Stakeholders

Community members and organizations invited to CHNA Town Hall

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

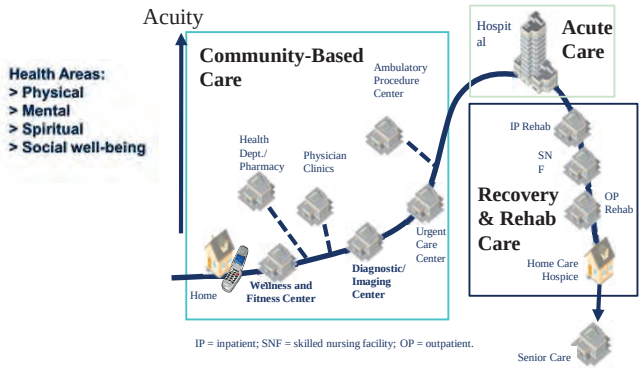
Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local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

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

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

7

Future System of Care—Sg2



8

Triple Aim Focus

9

CMS Priorities for the 2022-2023 Framework for Health Equity

1. **Priority 1**: Expand the Collection, Reporting, and Analysis of Standardized Data
2. **Priority 2**: *Assess Causes of Disparities within CMS Programs and Address Inequities in Policies and Operations to Close Gaps*
3. **Priority 3**: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities
4. **Priority 4**: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services
5. **Priority 5**: Increase All Forms of Accessibility to Health Care Services and Coverage

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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)**

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II. CHNA Written Report Documentation – Table of Contents

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

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III. Review Current County Health Status:

Secondary Data by 10 Tab Categories & State Rankings

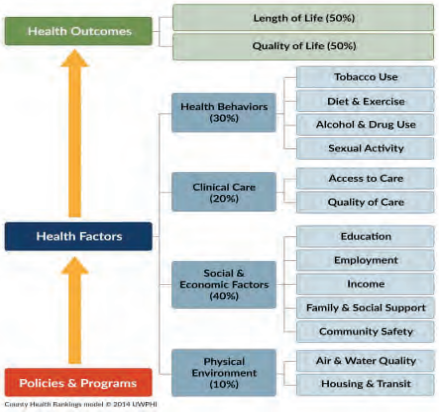
Trends: Good | Same | Poor

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

13

County Health Rankings -

Robert Wood Johnson Foundation and University of WI Health Institute



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IV. Collect Community Health Perspectives Thoughts/Opinions?

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

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Community Health Needs Assessment Wave #4

Thank You

Next Steps

VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

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

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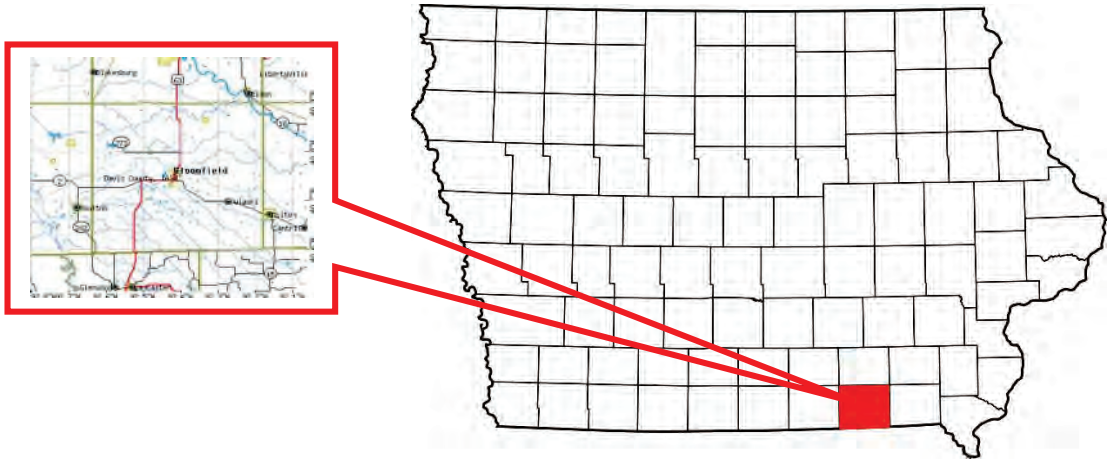
II. Methodology
d) Community Profile (A Description of Community Served)

Davis County, IA Community Profile



Davis County is a county located in the U.S. state of Iowa. As of the 2020 census, the population was 9,110.[2] The county seat is Bloomfield.[3]

Davis County is included in the Ottumwa, IA Micropolitan Statistical Area.

History[

Davis County was named in honor of Garrett Davis, a Congressman from Kentucky from March 4, 1839, until March 3, 1847, and later a US Senator from Kentucky.[4][5]

Geography[

According to the U.S. Census Bureau, the county has a total area of 505 square miles (1,310 km^2), of which 502 square miles (1,300 km^2) is land and 2.7 square miles (7.0 km^2) (0.5%) is water.[6]

Major highways

- U.S. Highway 63
- Iowa Highway 2
- Iowa Highway 202

Schools
Davis County Community School District is a public school district located in BLOOMFIELD, IA. It has 1,293 students in grades PK, K-12 with a student-teacher ratio of 14 to 1. According to state test scores, 59% of students are at least proficient in math and 63% in reading.

Davis County, IA - Detail Demographic Profile

				Population				Households		HH	Per Capita
	ZIP	NAME	ST	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	52537	Bloomfield	IA	DAVIS	7,484	7,543	0.79%	2,779	2,804	2.7	$24,900
2	52552	Drakesville	IA	DAVIS	883	898	1.70%	308	314	2.8	$25,942
3	52560	Floris	IA	DAVIS	353	354	0.28%	147	149	2.4	$25,533
4	52584	Pulaski	IA	DAVIS	438	442	0.91%	154	157	2.8	$29,502
Totals					9,158	9,237	0.86%	3,388	3,424	2.7	$26,469

					Population				Year 2020		Females
	ZIP	NAME	ST	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	52537	Bloomfield	IA	DAVIS	7,484	1,578	2,469	827	41	3,754	783
2	52552	Drakesville	IA	DAVIS	883	186	314	96	39	455	90
3	52560	Floris	IA	DAVIS	353	77	99	29	47	161	27
4	52584	Pulaski	IA	DAVIS	438	73	151	61	36	215	53
Totals					9,158	1,914	3,033	1,013	163	4,585	953

					Population 2020				Average Households 2020		
	ZIP	NAME	ST	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH $50K+
1	52537	Bloomfield	IA	DAVIS	97.70%	0.08%	0.24%	1.76%	$2,779	50,683	1,481
2	52552	Drakesville	IA	DAVIS	97.40%	0.11%	0.11%	1.36%	$308	53,669	176
3	52560	Floris	IA	DAVIS	98.30%	0.00%	0.28%	0.85%	$147	49,121	74
4	52584	Pulaski	IA	DAVIS	98.63%	0.00%	0.23%	0.91%	$154	55,862	94
Totals					98.01%	0.05%	0.22%	1.22%	$847	209,335	1,825

Source: ERSI Demographics

III. Community Health Status

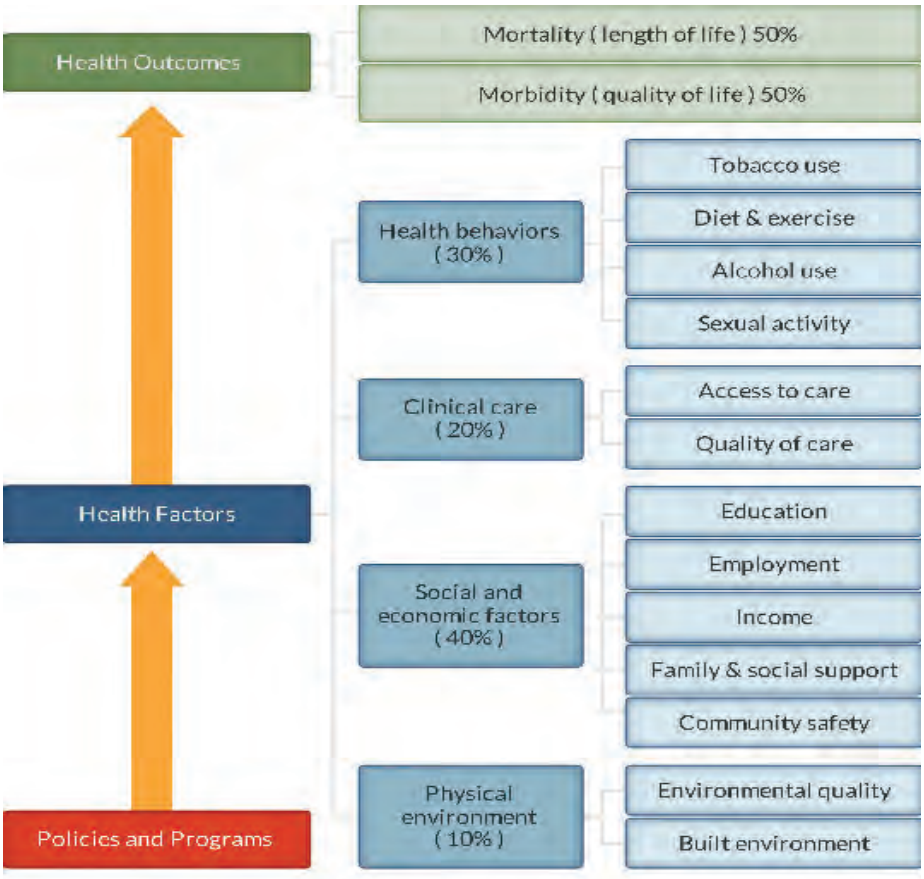
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

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

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2022 RWJ Health Rankings:

#	2023 IA Rankings - 99 Counties	Definitions	Davis County	Trend	Rural SE IA Norm N=15
1	Health Outcomes		76		68
	Mortality	Length of Life	72		65
	Morbidity	Quality of Life	74		69
2	Health Factors		75		77
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	68		70
	Clinical Care	Access to care / Quality of Care	94		74
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	65		74
3	Physical Environment	Environmental quality	30		61

Rural SE IA Norm (N=15) includes the following counties: Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Monroe, Taylor, Van Buren, Wapello, Washington, Wayne

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

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

Tab		Health Indicators	Davis Co IA	Trend	State of IA	Rural SE IA Norm N=15	Source
1	a	Population Estimates, July 1, 2022, (V2022)	9,130		3,200,517	16,151	People Quick Facts
	b	Population, percent change - 2020-2022, (V2022)	0.2%		0.3%	-0.7%	
	c	Persons under 5 years, percent, 2022	8.4%		5.8%	5.9%	People Quick Facts
	d	Persons 65 years and over, percent, 2022	18.6%		18.3%	21.8%	People Quick Facts
	e	Female persons, percent, 2022	49.1%		49.8%	49.2%	People Quick Facts
	f	White alone, percent, 2022	97.8%		89.8%	94.3%	People Quick Facts
	g	Black or African American alone, percent, 2022	0.2%		4.4%	1.8%	People Quick Facts
	h	Hispanic or Latino, percent, 2022	2.0%		6.9%	5.3%	People Quick Facts
	i	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	93.1%		86.0%	88.9%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	25.2%		8.6%	8.4%	People Quick Facts
	k	Children in single-parent households, %, 2017-2021	7.7%		20.7%	17.9%	County Health Rankings
	l	Total Veterans, 2017-2021	318		174,514	1,018	People Quick Facts

Tab 2: Economic Profile

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

Tab		Health Indicators	Davis Co IA	Trend	State of IA	Rural SE IA Norm N=15	Source
2	a	Per capita income in past 12 months (in 2021 dollars), 2017-2021	$31,784		$30,063	$30,161	People Quick Facts
	b	Persons in poverty, percent, 2022	10.1%		11.1%	12.6%	People Quick Facts
	c	Total Housing units, 2022	3,633		1,438,565	7,509	People Quick Facts
	d	Total Persons per household, 2017-2021	2.9		2.4	2.5	People Quick Facts
	e	Severe housing problems, percent, 2015-2019	12.0%		11.7%	11.2%	County Health Rankings
	f	Total employer establishments, 2021	171		82,997	407	People Quick Facts
	g	Unemployment, percent, 2021	3.3%		4.2%	4.2%	County Health Rankings
	h	Food insecurity, percent, 2020	6.8%		7.3%	9.3%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019	3.3%		5.7%	7.9%	County Health Rankings
	j	Long commute - driving alone, percent, 2017-2021	34.6%		21.1%	26.3%	County Health Rankings

Tab 3: Educational Profile

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

Tab		Health Indicators	Davis Co IA	Trend	State of IA	Rural SE IA Norm N=15	Source
3	a	Children eligible for free or reduced price lunch, percent, 2020-2021 (ALL Schools)	50.0%		41.2%	45.7%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	79.5%		92.8%	90.2%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	19.1%		29.7%	19.8%	People Quick Facts

#	School Health Indictors	Davis Co Community USD
1	Total Public School Nurses	2
2	School Nurse Part of IEP Team	yes
3	Active School Wellness Plan	yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	122 / 10 / NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	340 / 8 / NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	Kindergarten-32/5/NA Sealant Program-57/3/NA 9th Grade-33/0/NA Total-122/8/NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	NA
8	Students Served with No Identified Chronic Health Concerns	58.9% (772 of 1,224) Total
9	School has Suicide Prevention Program	yes
10	Compliance on Required Vaccinations	98-99%%

Tab 4: Maternal / Infant Profile

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

Tab		Health Indicators	Davis Co IA	Trend	State of IA	Rural SE IA Norm N=15	Source
4	a	Number of Births Where Prenatal Care began in First Trimester, 2020-2021, Rate per 1,000	545.2		787.2	743.4	Iowa Health Fact Book
	b	Percent Premature Births by County, 2021	6.5%		8.1%	8.3%	idph.iowa.gov
	c	2 Year Old Immunizations rate by IRIS Population, 2022	40.3%		72.4%	59.0%	idph.iowa.gov
	d	Number of Births with Low Birth Weight, 2020-2021, Rate per 1k	41.9		68.4	63.3	Iowa Health Fact Book
	e	Number of all Births Occurring to Teens (15-19), 2020-2021, Rate per 1k	NA		40.8	47.1	Iowa Health Fact Book
	f	Number of births Where Mother Smoked During Pregnancy, 2020-2021, Rate per 1,000	61.3		112.6	127.8	Iowa Health Fact Book

Total Number of Births - Iowa (Per 1,000)						
County / State	2017	2018	2019	2020	2021	Trend
Davis Co	16.4	18.1	17.4	16.6	17.3	
Van Buren Co	11.5	14.5	12.5	13.6	14.0	
Iowa	12.2	11.9	11.9	11.3	11.6	

Tab 5: Hospitalization and Provider Profile

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

Tab		Health Indicators	Davis Co IA	Trend	State of IA	Rural SE IA Norm N=15	Source
5	a	Primary Care Ratio of Population to primary care physicians (MDs / DOs only), 2020	3017:1		1357:1	2222:1	County Health Rankings
	b	Rate of preventable hospital stays for ambulatory-care sensitive conditions per 100k Medicare enrollees (lower the better), 2020	1,342		2,400	2,499	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	N Too Small		73.0%	70.8%	CMS Hospital Compare
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	N Too Small		72.0%	64.0%	CMS Hospital Compare
	e	Average Time Patients Spent in the Emergency Dept. Before Seen by a Healthcare Professional (Mins)	108		122	123	CMS Hospital Compare

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicators	Davis Co IA	Trend	State of IA	Rural SE IA Norm N=15	Source
6	a	Depression: Medicare Population, percent, 2018	19.2%		19.3%	17.6%	Centers for Medicare and Medicaid Services
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2017-2021 (lower is better)	13.3		14.6	20.4	Iowa Health Fact Book
	c	Poor mental health days, 2020	4.5		4.4	4.4	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab		Health Indicators	Davis Co IA	Trend	State of IA	Rural SE IA Norm N=15	Source
7a	a	Adult obesity, percent, 2020	37.7%		37.2%	37.7%	County Health Rankings
	b	Adult smoking, percent, 2020	20.1%		16.8%	19.5%	County Health Rankings
	c	Excessive drinking, percent, 2020	24.3%		24.7%	23.6%	County Health Rankings
	d	Physical inactivity, percent, 2020	25.7%		22.7%	25.3%	County Health Rankings
	e	Poor physical health days, 2020	3.1		2.8	3.1	County Health Rankings
	f	Sexually transmitted infections (chlamydia), rate per 100,000, 2020	166.7		479	353.1	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab		Health Indicators	Davis Co IA	Trend	State of IA	Rural SE IA Norm N=15	Source
7b	a	Hypertension: Medicare Population, 2018	51.7%		54.2%	54.0%	Centers for Medicare and Medicaid Services
	b	Hyperlipidemia: Medicare Population, 2018	38.4%		44.6%	39.8%	Centers for Medicare and Medicaid Services
	c	Heart Failure: Medicare Population, 2018	16.0%		13.0%	13.1%	Centers for Medicare and Medicaid Services
	d	Chronic Kidney Disease: Medicare Pop, 2018	20.5%		21.6%	20.7%	Centers for Medicare and Medicaid Services
	e	COPD: Medicare Population, 2018	10.0%		10.9%	11.6%	Centers for Medicare and Medicaid Services
	f	Atrial Fibrillation: Medicare Population, 2018	8.5%		9.1%	8.4%	Centers for Medicare and Medicaid Services
	g	Cancer: Medicare Population, 2018	6.5%		7.7%	6.7%	Centers for Medicare and Medicaid Services
	h	Osteoporosis: Medicare Population, 2018	4.7%		6.3%	4.7%	Centers for Medicare and Medicaid Services
	i	Asthma: Medicare Population, 2018	2.9%		3.9%	3.2%	Centers for Medicare and Medicaid Services
	j	Stroke: Medicare Population, 2018	2.9%		2.8%	2.9%	Centers for Medicare and Medicaid Services
	k	Alzheimer's Disease/Dementia: Medical Pop, 2018	11.3%		9.6%	11.5%	Centers for Medicare and Medicaid Services

Tab 8: Uninsured Profile and *Community Benefit*

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

Tab		Health Indicators	Davis Co IA	Trend	State of IA	Rural SE IA Norm N=15	Source
8	a	Uninsured, percent, 2020	10.2%		5.7%	6.8%	County Health Rankings

Source: Internal Hospital Records, P&L

	Davis County Hospital	YR 2022	YR 2021	YR 2020
1	Charity Care (Free Care Given)	$87,545	$34,855	$70,299
2	Bad Debt Writeoffs	$10,741,323	$691,794	$1,128,703

Tab 9: Mortality Profile

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

Tab		Health Indicators	Davis Co IA	Trend	State of IA	Rural SE IA Norm N=15	Source
9	a	Life Expectancy (Male and Females), 2018-2020	78.1		78.7	77.7	County Health Rankings
	b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2020 (lower is better)	189.4		160.7	252.0	Iowa Health Fact Book
	c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2020 (lower is better)	209.4		162.3	305.3	Iowa Health Fact Book
	d	Age-adjusted Chronic Obstructive Pulmonary Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	78.0		47.3	78.8	Iowa Health Fact Book
	e	Alcohol-impaired driving deaths, percent, 2016-2020	NA		26.8%	26.5%	County Health Rankings

Total IOWA by Selected Causes of Death - 2016-2020 (per 100k)	Davis Co	Trend	State of IA
Total Deaths	763.3		752.3
Cancer	144.2		154.2
Diseases of the Heart	143.4		167.9
Chronic Obstructive Pulmonary Disease	54.4		44.5
Accidents and Adverse Effects	51.8		43.4
Stroke	40.2		32.4
Diabetes Mellitus	29.1		22.1
Alzheimer's Disease	28.6		31.8

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.

Tab		Health Indicators	Davis Co IA	Trend	State of IA	Rural SE IA Norm N=15	Source
10	a	Access to exercise opportunities, percent, 2022	41.3%		79.3%	58.6%	County Health Rankings
	b	Diabetes prevalence, percent, 2020, adults aged 20+ with diagnosed diabetes	8.7%		8.9%	9.2%	County Health Rankings
	c	Mammography screening, percent, 2020	39.0%		47.0%	38.6%	County Health Rankings

PSA Primary Research:

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

Chart #1 – Davis County, IA PSA Online Feedback Response (N=200)

Davis Co IA - CHNA YR 2023			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Davis Co IA N=200	Trend	Wave 4 Norms N=10,812
Business / Merchant	6.4%		8.7%
Community Board Member	4.3%		7.6%
Case Manager / Discharge Planner	0.0%		0.8%
Clergy	0.5%		1.3%
College / University	1.1%		2.6%
Consumer Advocate	1.6%		1.4%
Dentist / Eye Doctor / Chiropractor	0.0%		0.7%
Elected Official - City/County	1.1%		1.7%
EMS / Emergency	3.7%		2.3%
Farmer / Rancher	7.4%		5.8%
Hospital / Health Dept	24.5%		15.5%
Housing / Builder	1.1%		0.8%
Insurance	0.5%		1.0%
Labor	2.1%		2.5%
Law Enforcement	0.5%		1.0%
Mental Health	1.1%		1.9%
Other Health Professional	9.0%		9.4%
Parent / Caregiver	14.9%		13.9%
Pharmacy / Clinic	2.1%		2.3%
Media (Paper/TV/Radio)	0.5%		0.6%
Senior Care	1.1%		3.0%
Teacher / School Admin	10.1%		5.7%
Veteran	1.6%		2.7%
Other (please specify)	4.8%		6.7%
TOTAL	298		9990

Norms: **KS Counties:** Atchinson, Brown, Cheyenne, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Davis, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton, Van Buren; **NE Counties**: Custer, Gage, Furnis; **OH County**: Holmes; **WI County:** Rock

Chart #2 - Quality of Healthcare Delivery Community Rating

Davis Co IA - CHNA YR 2023			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Davis Co IA N= 200	Trend	Wave 4 Norms N=10,812
Top Box %	20.0%		24.2%
Top 2 Boxes %	66.0%		66.1%
Very Good	20.0%		24.2%
Good	46.0%		42.0%
Average	27.5%		26.1%
Poor	6.0%		6.1%
Very Poor	0.5%		1.7%
Valid N	200		10,739

Norms: **KS Counties:** Atchinson, Brown, Cheyenne, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Davis, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton, Van Buren; **NE Counties**: Custer, Gage, Furnis; **OH County**: Holmes; **WI County:** Rock

Chart #3 – Overall Community Health Quality Trend

Davis Co IA - CHNA YR 2023			
When considering "overall community health quality", is it...	Davis Co IA N=200	Trend	Wave 4 Norms N=10,812
Increasing - moving up	24.0%		41.3%
Not really changing much	47.9%		45.8%
Decreasing - slipping	28.1%		12.9%
Valid N	200		9,673

Norms: **KS Counties:** Atchinson, Brown, Cheyenne, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Davis, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton, Van Buren; **NE Counties**: Custer, Gage, Furnis; **OH County**: Holmes; **WI County:** Rock

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

Davis Co IA - CHNA YR 2023 N=200					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Provider, Treatment, Aftercare)	107	11.5%		1
2	Child Care (Options / Access)	64	6.9%		2
3	Local Access to Specialty Care	54	5.8%		3
4	Oncology Services (Expansion)	49	5.3%		4
5	Local Access to Primary Care	33	3.6%		6
6	Chronic Disease Management / Services	32	3.4%		7
7	Senior Care (Aging / Dementia Support)	30	3.2%		5
8	Alcohol / Substance Abuse	29	3.1%		8
9	Care Coordination for SRs-Significant Health Conditions	23	2.5%		14
10	Access to Healthy Foods & Nutrition	20	2.2%		9
11	Fitness & Exercise Options	20	2.2%		13
12	Healthcare Transportation	20	2.2%		11
13	Teen Health / Education	19	2.0%		10
14	Awareness / Access to HC Services	15	1.6%		2
15	HC Reimbursement / Funding	14	1.5%		15
16	Health (Apathy)	8	0.9%		16
17	Public Health	7	0.8%		17
18	Radon Levels	4	0.4%		18
	Totals	548	59.0%		

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

Davis Co IA - CHNA YR 2023			
In your opinion, what are the root causes of "poor health" in our community?	Davis Co IA N=200	Trend	Wave 4 Norms N=10,812
Chronic disease prevention	12.6%		11.3%
Lack of health & Wellness Education	12.9%		13.7%
Lack of Nutrition / Exercise Services	12.6%		10.7%
Limited Access to Primary Care	8.5%		7.3%
Limited Access to Specialty Care	12.1%		8.8%
Limited Access to Mental Health Assistance	22.3%		17.7%
Family assistance programs	2.5%		5.6%
Lack of health insurance	8.5%		13.8%
Neglect	8.0%		10.9%
Total Votes	200		17,845

Norms: **KS Counties:** Atchinson, Brown, Cheyenne, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Davis, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton, Van Buren; **NE Counties**: Custer, Gage, Furnis; **OH County**: Holmes; **WI County:** Rock

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

Davis Co IA - CHNA YR 2023	Davis Co IA N=200			Wave 4 Norms N=10,812	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	95.2%	0.8%		80.1%	5.4%
Child Care	41.3%	23.1%		40.2%	17.8%
Chiropractors	68.3%	13.3%		68.6%	6.5%
Dentists	19.8%	61.2%		65.3%	12.2%
Emergency Room	87.6%	2.5%		68.9%	10.9%
Eye Doctor/Optometrist	50.8%	26.7%		69.3%	9.8%
Family Planning Services	28.3%	44.3%		36.0%	20.4%
Home Health	53.0%	15.7%		52.0%	12.0%
Hospice	58.9%	11.6%		62.3%	9.1%
Telehealth	43.4%	21.7%		45.8%	14.6%
Inpatient Services	77.3%	5.0%		72.2%	7.9%
Mental Health	12.8%	63.2%		25.0%	37.4%
Nursing Home/Senior Living	38.5%	26.5%		47.8%	16.4%
Outpatient Services	73.9%	5.9%		70.8%	5.8%
Pharmacy	96.0%	0.8%		83.1%	3.1%
Primary Care	71.7%	6.7%		72.3%	7.1%
Public Health	77.3%	2.5%		55.9%	10.0%
School Health	68.5%	5.6%		56.7%	9.1%
Visiting Specialists	44.4%	23.9%		60.8%	11.2%

Chart #7 – Community Health Readiness

Davis Co IA - CHNA YR 2023	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Davis Co IA N=200	Trend	Wave 4 Norms N=10,812
Behavioral / Mental Health	59.3%		36.9%
Emergency Preparedness	9.6%		10.5%
Food and Nutrition Services/Education	21.9%		18.1%
Health Screenings (asthma, hearing, vision, scoliosis)	10.5%		12.5%
Prenatal/Child Health Programs	32.1%		14.4%
Substance Use/Prevention	45.0%		37.3%
Suicide Prevention	49.5%		38.8%
Violence Prevention	48.6%		36.8%
Women's Wellness Programs	31.8%		20.1%

Norms: **KS Counties:** Atchinson, Brown, Cheyenne, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Davis, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton, Van Buren; **NE Counties**: Custer, Gage, Furnis; **OH County**: Holmes; **WI County:** Rock

Chart #8a – Healthcare Delivery "Outside our Community"

Davis Co IA - CHNA YR 2023			
In the past 2 years, did you or someone you know receive HC outside of our community?	Davis Co IA N=200	Trend	Wave 4 Norms N=10,812
Yes	79.4%		69.9%
No	20.6%		30.1%

Norms: **KS Counties:** Atchinson, Brown, Cheyenne, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Davis, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton, Van Buren; **NE Counties**: Custer, Gage, Furnis; **OH County**: Holmes; **WI County:** Rock

Specialties:

Specialty	Counts
FP	8
ORTH	7
CARD	6
EMER	6
SUR	6
SPEC	5
DENT	4
OBG	4
RHE	4

Chart #8b – Healthcare Delivery "Outside our Community"

Davis Co IA - CHNA YR 2023			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Davis Co IA N=200	Trend	Wave 4 Norms N=10,812
Yes	33.3%		53.6%
No	66.7%		46.4%

Norms: **KS Counties:** Atchinson, Brown, Cheyenne, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion , Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Davis, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton, Van Buren; **NE Counties**: Custer, Gage, Furnis; **OH County**: Holmes; **WI County:** Rock

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

Davis Co IA - CHNA YR 2023			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Davis Co IA N=200	Trend	Wave 4 Norms N=10,812
Abuse/Violence	3.6%		4.1%
Access to Health Education	2.3%		0.1%
Alcohol	3.0%		3.6%
Alternative Medicine	2.3%		3.1%
Breast Feeding Friendly Workplace	2.1%		2.0%
Cancer	5.0%		5.3%
Care Coordination	2.3%		2.1%
Diabetes	3.5%		2.6%
Drugs/Substance Abuse	5.3%		4.7%
Family Planning	3.0%		2.5%
Heart Disease	2.3%		3.9%
Housing	2.6%		0.0%
Lack of Providers/Qualified Staff	7.1%		3.4%
Lead Exposure	0.2%		1.6%
Behavioral/ Mental Health	11.6%		5.7%
Neglect	1.5%		3.1%
Nutrition	3.3%		4.7%
Obesity	5.1%		3.2%
Occupational Medicine	0.8%		1.2%
Ozone (Air)	0.0%		2.0%
Physical Exercise	3.5%		4.5%
Poverty	3.6%		2.8%
Preventative Health / Wellness	4.6%		2.8%
Respiratory Disease	0.0%		1.9%
Sexually Transmitted Diseases	1.7%		2.8%
Smoke-Free Workplace	0.0%		2.3%
Suicide	5.8%		4.0%
Teen Pregnancy	1.8%		3.8%
Telehealth	1.8%		2.4%
Tobacco Use	1.5%		2.2%
Transporation	3.0%		2.4%
Vaccinations	1.7%		3.1%
Water Quality	1.0%		2.0%
Health Literacy	2.1%		2.7%
Other (please specify)	1.0%		1.3%
TOTAL Votes	605		34,603

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services Davis County IA

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

Inventory of Health Services Davis County IA

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

Providers Delivering Care in Davis County IA 2023
Davis County Hospital Primary Service Area

# of FTE Providers working in county	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visting DRs *	PSA Based PA / NP
Primary Care:			
Family Practice	0.4		3.0
Internal Medicine / Geriatrician	2.0		
Obstetrics/Gynecology			
Pediatrics	0.4		1.0
Medicine Specialists:			
Allergy/Immunology	0.4	0.1	0.8
Cardiology			
Dermatology		0.1	
Endocrinology			
Gastroenterology			
Oncology/RADO			
Infectious Diseases			
Nephrology			
Neurology			
Psychiatry			
Pulmonary			
Rheumatology			
Surgery Specialists:			
General Surgery / Colon / Oral		0.1	
Neurosurgery			
Ophthalmology			
Orthopedics		0.2	0.1
Otolaryngology (ENT)		0.2	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology		0.1	
Hospital Based:			
Anesthesia/Pain		0.4	
Emergency	2.0		2.2
Radiology			
Pathology			
Hospitalist			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occ Medicine			
Podiatry	1.0	0.1	
Chiropractor			
Optometrist OD	1.0		
Dentists			
TOTALS	7.2	1.2	7.1

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

Visiting Specialists to Davis County IA

Specialty	*Physician Name*	*Group Name*	*Schedule*	*Annual Days*	*FTE*
Allergy / Immunology	Lary Ciesemier, D.O.	Kirksville Allergy &Asthma	2nd and 4th Friday	24	0.10
Cardiology -	TBD	Iowa Heart	unable to send provider	0	0.00
Dermatology -	Linda Shilling, ARNP		2nd Monday	12	0.05
Pain Clinic	Matt Bednarchik CRNA	Bloomfield Anesthesia Group	Monday and Tuesday	104	0.43
Orthopedic -	Shehada Homedan, M.D.	inReach	Wednesday except 2nd Wednesday	36	0.15
Orthopedic -	Bradley Hill PA	inReach	2nd Wednesday	12	0.05
General Surgery	James Pitt DO	Wayne Co. Hosp	Thursdays	12	0.05
General Surgery	David Kermode DO	Wayne Co. Hosp	Thursdays	12	0.05
Ear, Nose & Throat	Joseph Whitman DO	Whitman ENT, PLC	1st,3rd, 4th Fridays	36	0.15
Urology	Robert Remis DO	Premier Specialty Network	2nd and 4th Thursday	24	0.1

Davis County, Iowa
2023 Health Care Area Service Directory

Emergency Numbers

Police / Sheriff	**911**
Fire	**911**
Ambulance	**911**

Non-Emergency Numbers

Davis County Sheriff	641-664-2385
Davis County Hospital EMS	641-664-2145

Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
Bloomfield, IA	641-664-2385	641-664-1147
Ottumwa, IA	641-684-4350	641-683-0666

QUICK REFERENCE PHONE GUIDE

Action Now	1-800-622-5168
Al-Anon “Free to Be Me”	(515) 462-4253
Alcoholics Anonymous	(515) 282-8550
Alzheimer’s Disease Helpline	1-800-272-3900
American Cancer Society	1-800-227-2345
American Red Cross	1-800-887-2988
Arthritis Foundation	1-866-378-0636
Battered Women	1-800-433-SAFE
Child Abuse Hotline	1-800-795-9606
Dependent Adult Abuse Hotline	1-800-362-2178
Dependent Adult and Child Abuse	1-800-652-9516
Domestic Abuse Hotline	1-800-942-0333
First Call for Help	(515) 246-6555
Foundation Through Crisis	1-800-332-4224
Gambling Hotline	1-800-238-7633
Iowa Arson/Crime Hotline	1-800-532-1459
Iowa Child Abuse Reporting Hotline	1-800-362-2178
Iowa State Patrol Emergency	1-800-525-5555
Medicare	1-800-MEDICARE
Mental Health Information and Referral	1-800-562-4944
National Alcohol Hotline	1-800-252-6465
National Center for Missing & Exploited Children	1-800-THE LOST
National Institute on Drugs	1-800-662-4537
Poison Control	1-800-222-1222
Sr Health Ins Info Program (Shiip)	1-800-351-4664
Substance Abuse Information & Treatment	1-800-662-HELP
Suicide Prevention Hotline	1-800-SUICIDE
Teen Line (Red Cross)	1-800-443-8336

Davis County IA – 2023

Child Development

Karen Lauer
Childcare Consultant
Childcare Resource & Referral of Central Iowa
Orchard Place
641-821-1922

Chiropractors DC

Rich Fetcho DC
Fetcho Family Chiropractic
108 E Jefferson Street
Bloomfield, IA 52537
641-664-2423

Church

Bloomfield Christian Church
107 N Davis
Bloomfield, IA 52537
641-664-2181

Darrell Zook
Bloomfield Mennonite Church
22280 Mallard Ave
Bloomfield, IA 52537
641-664-1289

Bloomfield Methodist Church
E North Street
Bloomfield, IA 52537
641-664-3206

Paster Charles Courtney
Church Of The Open Bible
206 E Chestnut
Bloomfield, IA 52537
641-664-3210

Dunville Baptist Church
15356 Nuthatch Ave
Bloomfield, IA 52537
641-459-3301

First Baptist Church
401 Crestview Circle
Bloomfield, IA 52537
641-664-2240

Good Shephard Lutheran Church
19419 Lilac Avenue
Bloomfield, IA 52537
641-664-3242

Grace Point Church of The Nazarene
20444 Hwy 2
Bloomfield, IA 52537
641-664-2585

Mark Baptist Church
16011 276th Street
Bloomfield, IA 52537
641-929-3233

Midway Calvary Baptist Church
22605 138th Street
Bloomfield, IA 52537
641-459-3324

St Mary Magdalen Catholic Church
108 Weaver Road
Bloomfield, IA 52537
641-664-2553

Kramer Smith
Stiles Christian Church
28286 Peach Ave

Bloomfield, IA 52537
641-675-3456
Tabernacle Baptist Church
106 N Buckeye
Bloomfield, IA 52537
641-664-2255

Word Of Life Fellowship
22586 195th Street
Bloomfield, IA 52537
641-664-1745

Darrell Zook
Pulaski Mennonite Church
28026 270th Street
Pulaski, IA 52584
641-675-3845

Anesthetist / Pain

Amanda McKinley
Bloomfield Anesthesiology Grp
105 E. Locust
Bloomfield, IA 52537
641-664-3602

Dustin Bozwell
Bloomfield Anesthesiology Grp
105 E. Locust
Bloomfield, IA 52537
641-664-3602

Jay R Brewer
Bloomfield Anesthesiology Grp
105 E. Locust
Bloomfield, IA 52537
641-664-6302

Jessica K Henderson
Bloomfield Anesthesiology Grp
105 E. Locust
Bloomfield, IA 52537
641-664-3602

Melissa Mahon
Bloomfield Anesthesiology Grp
105 E. Locust
Bloomfield, IA 52537
641-664-3602

Valerie K Mc Kinley
Bloomfield Anesthesiology Grp
105 E. Locust
Bloomfield, IA 52537
641-664-3602

Ashton Bulechek
Bloomfield Anesthesiology Grp
105 E. Locust
Bloomfield, IA 52537
641-664-3602

Jill Ferrell
Bloomfield Anesthesiology Grp
105 E. Locust
Bloomfield, IA 52537
641-664-3602

Mark Boswell
Bloomfield Anesthesiology Grp
105 E. Locust
Bloomfield, IA 52537
641-664-3602

Ashlyn Rosol
Bloomfield Anesthesiology Grp
105 E. Locust
Bloomfield, IA 52537
641-664-3602

Matthew Bednarchik
Bloomfield Anesthesiology Grp
105 E. Locust
Bloomfield, IA 52537
641-664-3602

Clinics-providers

Beverly Oliver, ARNP
Davis County Hospital
509 N Madison St
Bloomfield, IA 52537
641-664-2145

Mary Graeff MD
Davis County Hospital
509 N Madison St
Bloomfield, IA 52537
641-664-2145

Trina Settles DO
Davis County Hospital
509 N Madison St
Bloomfield, IA 52537
641-664-2145

Ron Graeff Md
Davis County Hospital
509 N Madison St
Bloomfield, IA 52537
641-664-2145

Robert Floyd Do
Davis County Hospital
507 N Madison St
Bloomfield, IA 52537
641-664-2145

Cathy Durflinger, ARNP
509 N Madison
Bloomfield, IA 52537
641-664-2145

Paige Helton, ARNP
509 N Madison
Bloomfield, IA 52537
641-664-2145

Sarah Brewer, DO
509 N Madison
Bloomfield, IA 52537
641-664-2145

Megan Whisler, ARNP
509 N Madison
Bloomfield, IA 52537
641-664-2145

Jessica Christen, DNP
509 N Madison
Bloomfield, IA 52537
641-664-2145

John DeLeeuw, DO
509 N Madison
Bloomfield, IA 52537
641-664-2145

Linda Schilling
Davis County Hospital
105 E Locust St
Bloomfield, IA 52537
641-664-3602

Joseph Whitman DO
509 N. Madison
Bloomfield, IA 52537
641-664-2145

Lary Ciesemier Do
509 N Madison St
Bloomfield, IA 52537
641-664-2145

Dorothy Cline-Campbell Do
Osteopathic Medical Ctr
Po Box 67
Bloomfield, IA 52537
641-664-3621

Shehada Homedan Md
509 N Madison St
Bloomfield, IA 52537
641-664-7091

Bradley Hill, PA
509 N Madison St
Bloomfield, IA 52537
641-6647091

Robert Remis, MD
509 N Madison
Bloomfield, IA 52537
641-664-2145

Deborah Holte, DPM
509 N Madison
Bloomfield, IA 52537
641-664-2145

David Kermode, DO
509 N Madison
Bloomfield, IA 52537
641-664-2145

James Pitt, DO
509 N Madison
Bloomfield, IA 52537
641-664-2145

Emergency Providers

Donald Wirtanen Do
509 N Madison St
Bloomfield, IA 52537
641-664-2145

Joseph Jeremy Kruser
509 N Madison
Bloomfield, IA 52537
641-664-2145

Ryan VanMaanen, DO
509 N Madison
Bloomfield, IA 52537
641-664-2145

Phillip Ross Hurd
509 N Madison
Bloomfield, IA 52537
641-664-2145

Fitness

Taylor Helton
Mutchler Rec Center
900 E North Street
Bloomfield, IA 52537
641-664-3939

Kelly Jackson
Indigo Roots
102 E. Jefferson
Bloomfield, IA 52537
641-664-1100

Home Health & Hospice

Cheyenne Schmitter
Rescare Homecare
712 S West St # 3
Bloomfield, IA 52537
641-664-1839

Hospital

Veronica Fuhs, CEO
Davis County Hospital
509 N Madison St
Bloomfield, IA 52537
641-664-2145

Mental Health

Staci Veatch
Coordinator of Disability Srv
712 S. West
Bloomfield, IA 52537
641-664-1993

Paula Gordy, Lisw Llc
101 E Franklin
Bloomfield, IA 52537
641-856-2688

Frankie Savage
101 E Franklin
Bloomfield, Iowa 52537
641-856-2688

Optometrists OD

Thomas G Juhl OD
116 N. Dodge
Bloomfield, IA 52537
641-664-2325

Podiatrists

Susan C Warner DPM
110 N Dodge
Bloomfield, IA 52537
641-664-3667

Public Health

Lynn Fellinger
Davis County Hospital Public Health
509 N Madison
Bloomfield, IA 52537
641-664-3629

Senior Living

Nancy Newman
Bloomfield Care Ctr
800 N Davis St
Bloomfield, IA 52537
641-664-2699

Brock Garrett
Bloomfield Senior Housing
403 E South Street
Bloomfield, IA 52537
641-664-1819

Jordan Pickering
Mulberry Place
11 Deborah Dr.
Bloomfield, IA 52537
6416642523

Nicole Behrens
Optimae Live Services
22425 Overland Ave
Bloomfield, IA 52537
6416643202

Support Services

Rhonda Northup
Lords Cupboard
107 N Davis
Bloomfield, IA 52537
6416642181

Dianna Daly- Husted
ADLM/Environmental Health
12307 Hwy. 5
Moravia, IA 525372
9747777512

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

Patient Origin History Davis County IP Only

Davis County, IA Residents					
#	Hospital IP Destination - IHA Dimensions	2020 CY	2021 CY	2022 CY	Total
	Grand Total	668	605	567	1840
1	Ottumwa - Ottumwa Regional Health Center	159	159	119	437
2	Bloomfield - Davis County Hospital and Clinics	143	110	129	382
3	Iowa City - Univ. Of Iowa Hospitals & Clinics	112	88	126	326
4	Des Moines - MercyOne Des Moines Medical Center	104	97	57	258
5	Pella - Pella Regional Health Center	36	21	37	94
6	Des Moines - UnityPoint Health - Iowa Meth Med Center	27	36	20	83
7	West Des Moines - MercyOne West DM Medical Center	9	11	10	30
8	Des Moines - UnityPoint Health - Iowa Lutheran Hosp	7	15	5	27
9	Iowa City - Mercy Iowa City	10	6	8	24
10	Oskaloosa - Mahaska Health	5	9	9	23
	Others	56	53	47	156

Patient Origin History Davis County OP Only

Davis County, IA Residents					
#	Hospital OP Destination - IHA Dimensions	2020CY	2021CY	2022CY	Total
	Grand Total	19424	27792	27312	74528
1	Bloomfield - Davis County Hospital and Clinics	12988	20078	19742	52808
2	Ottumwa - Ottumwa Regional Health Center	1850	2208	1937	5995
3	Iowa City - Univ. Of Iowa Hospitals & Clinics	1841	1948	2124	5913
4	Pella - Pella Regional Health Center	673	823	839	2335
5	Fairfield - Jefferson County Health Center	540	743	715	1998
6	Keosauqua - Van Buren County Hospital	436	509	449	1394
7	Centerville - MercyOne Centerville Medical Center	279	502	587	1368
8	Oskaloosa - Mahaska Health	188	239	265	692
9	Des Moines - MercyOne Des Moines Medical Center	179	213	155	547
10	Albia - Monroe County Hospital & Clinics	73	111	114	298
11	Des Moines - UnityPoint Health - Iowa Meth Med Center	75	92	90	257
12	Grinnell - UnityPoint Grinnell Regional Medical Center	38	43	28	109
13	Iowa City - Mercy Iowa City	34	30	38	102
14	West Des Moines - MercyOne West Des Moines Medical	22	28	47	97
15	West Burlington - Southeast Iowa Regional Medical Cent	38	24	27	89
	Others	170	201	155	526

Patient Origin History Davis County ER Only

Davis County, IA Residents					
#	Hospital ER Destination - IHA Dimensions	2020CY	2021CY	2022CY	Total
	Grand Total	2583	3144	3162	8889
1	Bloomfield - Davis County Hospital and Clinics	1958	2438	2471	6867
2	Ottumwa - Ottumwa Regional Health Center	329	336	370	1035
3	Keosauqua - Van Buren County Hospital	58	69	56	183
4	Fairfield - Jefferson County Health Center	49	76	45	170
5	Centerville - MercyOne Centerville Medical Center	40	39	65	144
6	Iowa City - Univ. Of Iowa Hospitals & Clinics	44	48	43	135
7	Pella - Pella Regional Health Center	18	29	17	64
8	Oskaloosa - Mahaska Health	6	25	24	55
9	Des Moines - MercyOne Des Moines Medical Center	18	17	15	50
10	Des Moines - UnityPoint Health - Iowa Meth Med Ctr	15	10	8	33
11	Albia - Monroe County Hospital & Clinics	3	14	10	27
	Others	45	43	38	126

b.) Town Hall Attendees, Notes, & Feedback

Davis Co, IA CHNA Town Hall Sept. 28th (N=22)						
#	Table	Lead	Attend	Last	First	Organization
1	A		x	Northup	Cassie	DCHC
2	A		x	Porter	Tara	DCHC
3	A		x	Tews	Anne	Bloomfield Public Library
4	B	##	x	Thordarson	Nikki	DCHC
5	B		x	Dunlavy	Zock	Davis Co
6	B		x	Spurgeon	Karen	BLOOMFIELD, DEMOCRAT
7	C		x	Brown	Carleena	DCHC/DCMA
8	C		x	Burnside	Carol	River Hills Comm Health Cntr
9	C		x	Garner	Gloria	
10	C		x	Young	Pam	DCHC
11	D	##	x	Fellinger	Lynn	DCPH
12	D		x	Bottorff	Courtney	DCHC
13	D		X	Carpenter	Garen	VBCH
14	E	##	x	Hull	Megan	Davis Co Public Health
15	E		x	Chickering	Tierre	DCHC
16	E		x	Hall	Daniel	
17	E		x	Marlow	Amy	DCHC
18	F	##	x	Barker	Wendy	Davis County Hospital
19	F		x	Sargent	Sandy	
20	F		x	Sinnott	Josh	Davis Co
21	F		x	Spurgeon	Bev	
22	F		x	Yahnke	Alan	County Supervisor

Davis County IA PSA Town Hall Event Notes

Date: 9/28/2023 – 5-6:30 p.m. Attendance: N=22

Drugs/Substances Occurring in Davis Co IA: opioids (someone else's Rx), marijuana, cocaine (rising # of cases), meth is the biggest (usually from Ottumwa)

Alcoholism should be treated separately – different stimuli

Languages: Dutch (Amish German), Spanish, French, Marshallese

Strengths

- Access to Healthy Foods
- Public Health Dept
- Suicide Programs (Schools)
- Ambulance Services
- Emergency Services (EMS)
- Inpatient Services
- Pharmacy

Needs

- Long Commute
- Depression Population
- Obesity
- Smoking
- Chronic Diseases
- Pulmonary Disease
- Awareness of Services (Exercise)
- Health Apathy
- Access to Providers
- Visiting Specialists

Wave #4 CHNA - Davis Co IA PSA

Town Hall Conversation - Strengths (White Cards) N=26

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	People who care	15	Registration
1	Available health info resources	15	Public Health
2	ER	16	Public Health
2	IP/ OBS	16	ER/EMS
2	Public Health	16	Friendly Staff
2	PCP	16	Chronic Disease Management
2	Community Involvement	17	ER
3	ER	17	Ambulance Staff
3	Public Health	17	Public Health providing information
3	Community Involvement	17	friendly hospital staff
3	Physical Therapy	17	Glad Hospital in our country
4	ER/ EMTs	18	Caring procedure
4	Public Health	18	Public Health
4	Inpatient Department	18	ER procedure
4	Community step up for those in need	18	Community Involvement
4	Library	19	ER
4	Local hospital that operates well	19	Public Health
4	senior solution	19	Provide good community interaction
4	Physical Therapy	19	Caring providers
4	Environmental Health	19	Great community
5	ER/ Acute/ PH has great Comm scores	20	Great community
5	Public Health	20	Community Involvement
5	EMS	20	Caring providers
5	Come together in crisis	20	ER
6	Emergency services	21	ER
6	Personable approach	21	Public Health
6	ER	21	Community collaboration
6	Community Minded	21	Law enforcement
6	Public Health	21	Chronic Disease Management
7	Public Health	21	Health resources- Local Library
7	EMS/ED	21	EMS
7	Inpatient Care	21	Inpatient Care
7	Personable approach/ Community Collaboration	21	Providers that care
7	Law enforcement	21	Hospital-local , operating , alive and well
7	Chronic Disease Management	21	Registration
7	Library	21	Senior life Solutions
7	Local hospital/ Registration	21	Therapies
7	SLS	21	Environmental Health
7	Physical / OT	24	Emergency/ Ambulance
7	Environmental Health	24	Public Health
8	PCP	24	Enviormental Quality
8	Prenatal	24	Law enforcement
8	Suicide	24	Community Collaboration
8	Depression: Young and old	24	Chronic Disease Management
10	Amish Vaccinated	24	Library
10	Food trucks/meals	24	Inpatient care
10	ER accessibility	24	SLS
11	EMS	24	Quality of care
11	Pharmacy accessibility	24	Therapies
11	Public Health	25	Public Health
12	Emergency services	25	ER
12	Pharmacies	25	Law enforcement
13	ER	25	Health care
13	EMS	25	Enviormental Health
14	Acess to food	25	Hospital
14	Exersise resources	25	EMS
14	ER staff	25	Community Collaboration
14	EMS	25	Library
14	Public Health	25	Chronic Disease Management
15	ER/EMS	25	SLS
		25	Therapies

Wave #4 CHNA - Davis Co IA PSA

Town Hall Conversation - Weaknesses (Color Cards) N= 19

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	Mental Health (depression and Suicide)	10	Optometrist
1	Dental / Eye care	11	Navigator for community
1	Transportation	11	Dentist
1	Economic Development/ Poverty	11	Health information for wellness
2	Mental Health	11	Job Opportunities
2	Specialty Care	11	Transportation
2	Child Care	12	Chronic Disease management
2	Senior care	12	Access to care: Same day appointments
2	Lack of providers or staff	12	Mental Health
3	Mental Health	12	Transportation
3	Drugs	12	Dentist
3	PCP	13	Drugs
3	Dentist	13	Alcohol
3	Exercise access	13	Mental Health
3	Daycare	13	Snore Health Care
4	Juvenile Behavioral/ Mental Health	14	Providers in Hospital
4	Substance abuse prevention	14	Need more programs for seniors
4	Narcotics enforcement	14	Need Dentist
4	Exercise opportunities	14	More surgery access
4	Dentistry	14	Exersise programs for seniors
5	Mental Health	14	More advertisment
5	Substance abuse (drugs and alcohol)	15	Diabetic Education
5	Visiting specialist	15	Mental Health (depression)
5	Access to providers when community needs/ wants	15	Housing
6	Mental Health	15	School food program
6	Behavioral Health	15	Specialty Care
6	Prenatal care	15	Eye Doctor
6	Obesity/diabetes / hypertension	15	Dentist
6	smoking, drinking, drugs	15	Nuerolgy
6	access to care	15	Child Care
7	Oncology/ Cancer	15	Suicide Prevention
7	Ophthalmology/ Cataract	16	Mental Health
7	Behavioral Health	16	PCPS access
7	Diabetes	16	Suicide Prevention
7	Drug use/abuse prevention	16	Child Care
7	Exercise	16	Visiting specialist
7	Dentist	16	Housing
7	Prenatal care	16	wellness info
7	Obesity	16	Senior care- LTC
7	Economic Development	16	Economic Development
7	Health/ behaviors	16	Transportation
7	Public transportation	16	Staff shortage
7	Post Covid knowledge and care	16	Insurance Access
7	Cardiology	17	Psych- Especially Seniors
7	Rheumatology	17	Neuro Needs
7	Access to insurance	17	Suicide Prevention
8	Dentist	17	Transportation
8	Only 1 Eye doctor	17	Past Cared Concerns
8	Staff shortage	18	Access to primary Health care
8	Mental Health beds	18	Dental
8	Health/ Wellness	18	Behavioral Health
8	Housing	18	OB/ Family planning
8	Job Opportunities	18	Transportation
9	Mental Health	18	Nuerolgy
9	Workout room	18	Funding
9	Dentist	19	Acess to PHC/ Dental/ BH/ OB/ family planning
9	Healthy food options	19	Inter-related Health care
9	Jobs	19	Substance abuse
10	primary care providers staying	19	Transportation
10	Mental Health	19	Funding
10	Specialty providers	19	Insurance Access
10	Dentist		

EMAIL #1 Request Message (Cut and Paste message bcc into lead email)

From: Veronica Fuhs / Lynn Fellinger
Date: July 27th, 2023
To: Community Leaders, Providers and Hospital Board and Staff
Subject: Update Davis County Community Health Needs Assessment

Davis County Hospital & Clinics in partnership with Davis County Public Health are working together along with other community leaders to create an update 2024 Davis County, IA Community Health Needs Assessment. Note: The goal of this assessment is to understand current health delivery and to collect up-to-date community health perceptions and ideas.

To begin this work, please find a confidential anonymous CHNA survey feedback link below. All community residents and business leaders are encouraged to take online survey by **Friday, August 25th, 2023.**

LINK: https://www.surveymonkey.com/r/CHNA2023_OnlineSurvey_DavisCoIA

In addition, please HOLD the date for the Town Hall meeting scheduled **Thursday, September 28th, 2023**, for dinner from **5p.m. – 6:30p.m**. Please stay on the lookout for more information to come soon.

Thank you in advance for your time and participation in this important survey! Have a great week!

If you have any questions regarding CHNA activities, please call 641 664-2145

PR#1 News Release

Local Contact: Veronica Fuhs / Lynn Fellinger
Media Release: 7/27/2023

Davis County IA: Community Health Needs Assessment to Begin

Over the next few months, **Davis County Hospital & Clinics & Davis County Public Health w**ill be working together along with other area community leaders to update the Davis County, IA 2024 Community Health Needs Assessment (CHNA). Today we are requesting Davis County community 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 2021, 2018 and 2015, 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 DCH 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 **August 25th, 2023**. In addition, a CHNA Town Hall meeting to discuss the survey findings and identify unmet needs will be held on **September 28th, 2023, 5-6:30** at DCH. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call 641 664-2145

EMAIL #2 Request Message (Cut & Paste)

From: Veronica Fuhs / Lynn Fellinger
Date: 9/01/2023
To: Community Leaders, Providers and Hospital Board and Staff
Subject: Davis County Community Health Needs Assessment Town Hall

Davis County Hospital & Clinics in partnership with Davis County Public Health is hosting a scheduled Town Hall Meeting for the 2023 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs for Davis County, IA. This event will be held on **Thursday, September 28th, 2023 for dinner from 5:00 p.m. - 6:30 p.m. in Cafeteria C.**

All business leaders and residents are encouraged to join us for this meeting. In order to adequately prepare for this event, it is imperative all RSVP who plan to attend this meeting.

We hope you find the time to attend this important event by following the link below to complete your RSVP for September 28th. Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event.

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

Thanks in advance for your time and support

If you have any questions regarding CHNA activities, please call 641 664-2145

Davis County Hospital to Host 2023 Community Health Needs Town Hall

Media Release: 09/01/23
Local Contact: Veronica Fuhs / Lynn Fellinger

To gauge the overall community health needs of residents in Davis County, IA, **Davis County Hospital & Clinics in partnership with Davis County Public Health**, will host an area Community Health Needs Assessment Town Hall on **Thursday, September 28th from 5 to 6:30 pm @ Davis County Hospital's** Cafeteria Room C. Note: a with light dinner will be served starting at 4:45pm.

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

To adequately prepare for this event, is vital that all RSVP their attendance by visiting DCH's hospital website / Facebook page to access a live link OR use QR code below.

Thank you in advance for your time and participation!

If you have any questions about CHNA activities, please call 641 664-2145

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2023 Feedback: Davis County IA N=200

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1006	52584	Average	Not really changing much	ALC	DRUG		alcohol and substance abuse
1143	52537	Very Good	Not really changing much	AWARE	ACC		Lack of awareness of what is available in the community.
1113	52537	Average	Not really changing much	EDU			Lack of education for parents/caregivers
1004	52537	Good	Not really changing much	FIN	NUTR	ACC	Healthy options are too expensive for families. They can buy more 'unhealthy' food than they can buy healthy items for the same amount of money.
1180	52537	Very Good	Not really changing much	NUTR	OWN		The general population think fried foods and gravy are good for you. Do not want to listen to advice given on health.
1060	52537	Very Good	Decreasing - slipping downward	OBE	NUTR		Honestly it's obesity and sedentary lifestyles
1149		Very Good	Increasing - moving up	OBE			obesity
1033	52537	Average	Not really changing much	OTHR	ECON		Not enough hard labor
1150	52537	Very Good	Not really changing much	POV			Low income/poverty
1076	52537	Good	Not really changing much	RESO	OWN		Laziness in getting help when needed

CHNA 2023 Feedback: Davis County IA N=200

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1136	63546	Good	Not really changing much	ACC	SPEC	SERV	Much less access to specialty services now
1183	52537	Average	Decreasing - slipping downward	CLIN	ACC		Need a Quick Care
1099	52537	Good	Not really changing much	CLIN	HRS		Clinic hours not available for a working man. Need to be open after 5p or a weekend. Or get to working before 8a!
1059	52537	Average	Decreasing - slipping downward	CLIN	HRS		Need to have a walk-in clinc later in evening and weekends
1016	52537	Average	Decreasing - slipping downward	CLIN	SCH	HRS	Clinic doesn't see patients from primary care standpoint between 8-4. To not schedule after 4 PM doesn't work for any working adult or family
1125	52537	Very Good	Not really changing much	DENT	DOCS	SPEC	No dentist, not enough medical doctors and specialists
1031	52537	Poor	Decreasing - slipping downward	DOCS	ACC		We need a dr on duty 24/7
1188	52552	Good	Increasing - moving up	DOCS	CLIN	FP	more doctors in the clinic for primary care
1035	52537	Average	Not really changing much	DOCS	EMER		Drs that can take care of more than just minor emergencies
1018	52537	Average	Decreasing - slipping downward	DOCS	SCH	CLIN	COULD NEVER GET IN TO SEE PROVIDER ON A SAME DAY APPOINTMENT. NO WALK IN CLINIC AVAILABLE
1159	52560	Very Good	Not really changing much	DOCS	SCH		loosing two providers is going to affect our patients getting appointments
1077	52537	Good	Decreasing - slipping downward	DOCS	STFF	SCH	Not enough providers to staff scheduled appointments.
1085		Good	Increasing - moving up	DOCS	WAIT		Doctor office wait can be long
1041	52560	Good	Not really changing much	DOCS			could use more providers
1177	52537	Average	Decreasing - slipping downward	DOCS			This hospital is bleeding providers and patients.
1171	52537	Good	Decreasing - slipping downward	DOCS	HRS	CLIN	Need to be able to see a doctor on weekends.
1132	52537	Average	Decreasing - slipping downward	EMS	SCH		Insufficiently staffed EMTs to get a family member to St. Luke's in a timely manner
1049	52552	Poor	Decreasing - slipping downward	ENT	SERV	SCH	Months to see ENT at hospital. no other services really available but walk in type clinic appointments for my cold
1169	52537	Average	Not really changing much	FP	DOCS	SCH	Primary care physicians that patients can see in a timely manner, meaning it not take 3 weeks to see a provider.
1036	52560	Average	Decreasing - slipping downward	FP	SCH		Hard to get into primary care person . Sometimes can't get in for a few days when sick and need appointment quickly .
1150	52537	Very Good	Not really changing much	FP	SERV	SPEC	Primary care is good, There is a need to expand specialty services offered
1057	52537	Good	Not really changing much	FP	SPEC	DOCS	Need more primary care providers and specialists available.
1091	52537	Good	Decreasing - slipping downward	FP	WAIT	SCH	Need more access to primary care providers. Have to wait too long for an appointment.
1178	52537	Good	Decreasing - slipping downward	HRS	ACC	CLIN	NO I GET OFF WORK AT 5 AND ALL OFFICES CLOSE AT 5
1062	52537	Good	Decreasing - slipping downward	HRS	CLIN	EMER	need longer clinic hours and a walk in clinic to alleviate the ER being used as a clinic, need rheumatologist, general surgeon, and more primary care physicians
1075		Very Good	Not really changing much	HRS	CLIN	EMER	need to have more after hours or a walk in clinic on saturday mornings for those who need care, but not emergency care
1011	52537	Poor	Decreasing - slipping downward	HRS	CLIN		not open late enough or have walk in clinic hours
1012	52537	Good	Increasing - moving up	HRS	SCH	EMER	It's only during business hours, there are no evening or weekend hours available for appointments or walk-ins. You have to go to the emergency room which costs too much.
1069	52560	Average	Decreasing - slipping downward	HRS	TRAV	EMER	Weekend clinics would be beneficial along with actual walk in clinics, many travel to other communities when the need arises, or present to the ER when issues isn't an emergent issue due to the lack of care after your typical work day or on weekends
1113	52537	Average	Not really changing much	MH	DOCS		Mental health providers
1079	52537	Very Good	Decreasing - slipping downward	MH	SUR	OBG	There is limited availability of mental health services, and limited surgery options, no obstetrics available
1148		Average	Decreasing - slipping downward	MH	SUR		We need mental health services. We need a general surgeon.
1101	52537	Good	Not really changing much	MRKT	AWARE		Since there was no area for comments, I am using this section. I think there should be more direct advertising of services instead of TV ads. Mail box literature. Not everyone reads the newspaper or Shopper.
1039	52552	Good		NO			Don't know
1106	52537	Average	Decreasing - slipping downward	NURSE	SPEC	TRAN	Nurse shortage, access to medical specialists, transportation if having to travel outside community for care
1103	52537	Very Good	Not really changing much	QUAL	STFF	RET	It seems even if we are short of help at times our healthcare teams strive to do their best to accommodate the community, it can be a challenge and stressful at times. Also to find healthcare workers to hire at times.
1118	52537	Good	Increasing - moving up	QUAL			as far as I know
1033	52537	Average	Not really changing much	REF	RURAL		I guess I am just referring to the limitations small hospitals have
1112	52537	Average	Decreasing - slipping downward	RET	ADMIN	APP	We can't keep healthcare workers. We spend more money remodeling our hospital than paying our healthcare employees who deserved it.
1102	52537	Good	Decreasing - slipping downward	RHE			Rheumatologist
1157	52537	Good	Not really changing much	SCH	ACC		More times than not there are not same day appts available anymore.
1143	52537	Very Good	Not really changing much	SCH	CLIN		sometimes hard to get a clinic appointment
1147	52537	Good	Not really changing much	SCH	CLIN		Very difficult to get an appointment in clinic
1092	52537	Good	Decreasing - slipping downward	SCH	DOCS	FP	I have had difficulty scheduling an appointment with a provider in a timely fashion. There seem to los of providers only working part time. We have plenty of patients seeking primary care and find themselves having to wait because of all this part time care.
1200	52537	Very Good	Decreasing - slipping downward	SCH	EMER	ACC	There are still times that people are being told that there is no available appointments for the day leaving them to have to make an ER visit just to get treatment
1094	52537	Good	Decreasing - slipping downward	SCH	HRS	CLIN	When I called for an appointment early in the day and was informed there were no openings with anyone that day and only 1 available opening the next day with ANYONE (not even who I consider to be my dr.) I found that disturbing!!
1044	52537	Good	Not really changing much	SCH	WALK	HRS	need more same day appointments, extended hours, or walk in clinic
1064	52537	Average	Decreasing - slipping downward	SCH			Can never get same day appointments.

CHNA 2023 Feedback: Davis County IA N=200							
ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1184	52552	Average	Decreasing - slipping downward	SCH			Hard to get a day of appointments
1004	52537	Good	Not really changing much	SCH			Hard to get an appointment.
1142	52537	Good	Decreasing - slipping downward	SPEC	DOCS	STFF	Specialty providers are leaving the community and the providers staying do not have the appropriate support staff.
1149		Very Good	Increasing - moving up	STFF	RET		there is always room for more workers.
1056	52584	Good	Not really changing much	SUR	RHE	OBG	Surgeon, Rheumatologist, OB/Gyn, Mental Health, Substance Abuse, Care Giver health/ support, Dental, Cardiology, Chronic Condition wellness planning, Nutrional health for Diabetes, Sports Medicine, Dermatolgy,
1126	52537	Average	Decreasing - slipping downward	WAIT	SCH	ACC	NO, this is the main reason why we go elsewhere for care most of the time. I called for my daughters injured arm and was told 2 weeks before we could be seen. Another time I was sick and was told 4 weeks to get in.
1172		Average	Decreasing - slipping downward	WAIT	SCH	CLIN	Long wait times for appointments. I go to wallk in clinic in ottumwa if needed since i could not get into see provider in clinic

#REF!							
ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1094	52537	Good	Decreasing - slipping downward	ACC	FP		New community health care programs sound nice, but in my opinion these should be established AFTER there is no problem being able to access general daily primary health care.
1149		Very Good	Increasing - moving up	ACC	SERV		We are losing one of our community home delivered meals options and not many are able to get to the meal site to eat. Its a concern.
1079	52537	Very Good	Decreasing - slipping downward	AWARE	COMM		I don't know everything that's currently available, so maybe communication is an issue
1082	52572	Average	Not really changing much	CLIN	ACC	HRS	Davis Co. needs a walk-in. I can rarely be seen at a clinic the same day I call with a need to be seen.
1178	52537	Good	Decreasing - slipping downward	CLIN	EDU		FREE CLINICS INFORMATIVE CLINCS TO HELP TEACH PEOPLE HEALTH TIPS LIFE COACHING
1012	52537	Good	Increasing - moving up	CLIN	HRS		a walk-in clinic for weekends and evenings
1034	52552	Good	Not really changing much	CLIN	PHAR		Walk in clinic option for minor problems needing a prescription
1142	52537	Good	Decreasing - slipping downward	DENT	CARD	ONC	Dental services, cardiology services and oncology services.
1009	52537	Average	Not really changing much	DOH	ACC		This is a written response on a paper survey in regards to #8&9. "Public Health Service is OUTSTANDING! Thank-you for always being available and willing to help".
1172		Average	Decreasing - slipping downward	DRUG	MH		Need to focus on addiction and mental health
1031	52537	Poor	Decreasing - slipping downward	EDU	NUTR		Education about nutritionally dense food
1054	50123	Very Good	Increasing - moving up	EDU	POV	SPRT	EDUCATION PROGRAMS FOR LOW INCOME FAMILIES
1018	52537	Average	Decreasing - slipping downward	FAM			NEED FAMILY PLANNING WHICH IS MORE THAN JUST BIRTH CONTROL
1069	52560	Average	Decreasing - slipping downward	FEM	FP	MH	Women, men and children health programs, along with mental health programs for all ages.
1074	52537	Very Good	Not really changing much	FIT	NUTR		Exercise programs, nutrition programs
1159	52560	Very Good	Not really changing much	FIT	PREV	NUTR	Heath/Wellness - exercise area
1045	52537	Average	Not really changing much	FIT	REC	EQUIP	Exercise, physical activity center where you can walk in and learn about the equipment and how to use it.
1150	52537	Very Good	Not really changing much	HRS	ACC		After hours access to fitness centers. Have a wonderful facility but has slightly limited hours. Would be great to have available 24/7
1052	52537	Very Good	Not really changing much	MH	COUN	FINA	Mental health counseling. Affordability and availability.
1148		Average	Decreasing - slipping downward	MH	COUN	PREV	Mental health and counseling services. Disease prevention. Healthy eating and exercise education and programs.
1002		Good	Not really changing much	MH	DENT	OPTH	Mental Health, Dental, Vision.
1056	52584	Good	Not really changing much	MH	DIAB	NUTR	MENTAL HEALTH SERVICES that are accessible, Diabetic Education, Nutritional planning for young families, New Mothers support or family assistance (how to be good parent, meal planning, education for youth before school age)
1125	52537	Very Good	Not really changing much	MH	DIAB	ONC	Access to mental health services. Diabetes program that insurance covers, oncology services like Centerville.
1027	52537	Good	Not really changing much	MH	DRUG	RESO	Easier access to mental health and substance abuse treatment. There should be more resources for women/ children dealing with abuse
1008	52537	Good	Not really changing much	MH	FEM	DRUG	mental health focus area, women's health, teen health, substance abuse.
1041	52560	Good	Not really changing much	MH	OBG	SERV	more mental health services and ob/gyn services
1109	52537	Good	Not really changing much	MH	PEDS	SERV	mental health specialist, pediatric
1147	52537	Good	Not really changing much	MH	PEDS		More Mental Health for adults and pediatrics
1113	52537	Average	Not really changing much	MH	PSY		Mental health and psychology
1112	52537	Average	Decreasing - slipping downward	MH	RESO	SPRT	Mental Health is huge and we need to find solutions
1167		Good	Increasing - moving up	MH	SPRT	DRUG	Mental health support addiction support
1184	52552	Average	Decreasing - slipping downward	MH			Behavior health
1124		Average	Not really changing much	MH			Mental Health
1044	52537	Good	Not really changing much	MH			Mental Health
1140	52501	Very Good	Increasing - moving up	MH			Mental health
1177	52537	Average	Decreasing - slipping downward	MH			mental health
1043	52537	Very Good	Not really changing much	MH			Mental Health
1188	52552	Good	Increasing - moving up	MH			mental health
1091	52537	Good	Decreasing - slipping downward	MH			Mental health care
1092	52537	Good	Decreasing - slipping downward	MH			Mental health care
1057	52537	Good	Not really changing much	MH			Mental health care.
1133	52537	Average	Decreasing - slipping downward	MH			mental health for all ages
1143	52537	Very Good	Not really changing much	MH			Mental health is a major problem that continues to cause issues in health care
1121	52537	Average	Not really changing much	MH			More with mental health
1039	52552	Good		NO			Don't know
1068	52570	Very Good	Not really changing much	NO			none that I can think of.
1077	52537	Good	Decreasing - slipping downward	NUTR	EDU		Good nutrition classes.
1162	52552	Good	Not really changing much	NUTR	FIT	EDU	Healthier food options; exercise programs
1103	52537	Very Good	Not really changing much	NUTR	SEN	MH	Nutritional meals and delivery for our senior population. Easy Home excercise programs for them as well. Mental health for all ages not just elderly. State C-dak workers for low income individuals seem to be almost be non existent in our community.
1136	63546	Good	Not really changing much	OBE			We don't need a program, people just need to lose weight.
1132	52537	Average	Decreasing - slipping downward	OBG			OB/GYN
1033	52537	Average	Not really changing much	OTHR			People should sweat more
1183	52537	Average	Decreasing - slipping downward	OTHR			Quick Care
1095	52537	Good	Increasing - moving up	PEDS	RESO	AWARE	Pediatric mental health resources Reducing cost for healthcare services (labs, X-rays, and overall visit charges) Increase awareness of adolescent health need and significance of continuing wellness visits and vaccinations past early childhood
1157	52537	Good	Not really changing much	PREV	FIT	NUTR	Health/Fitness/Diet/Exercise/Wellness
1169	52537	Average	Not really changing much	PREV			Wellness program
1152	52544	Very Good	Decreasing - slipping downward	QUAL			No new ones need created, we need to improve the current ones.
1035	52537	Average	Not really changing much	REF			The Bloomfield Community would be glad to not need to be sent to other hospitals for health care.
1102	52537	Good	Decreasing - slipping downward	RHE			Rheumatologist

#REF!							
ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1118	52537	Good	Increasing - moving up	SEN	STFF	TRAN	more options for meal delivery for our senior population. there seems to be a shortage of c-dak workers that qualify for help from the state. transportation to nearby communitys are expensive for our elderly as well.
1049	52552	Poor	Decreasing - slipping downward	SPEC	HRS	ACC	Specialty Clinics Bring back school physicals that were free only can see a doc 830-4 M-F not very easy to access
1155	52537	Good	Increasing - moving up	SPRT	RESO	COMM	a dedicated navigator to help everyone in the community understand what is available locally or regionally and help them connect with services/programs.
1016	52537	Average	Decreasing - slipping downward	SPRT	RESO	QUAL	improvement in current health programs
1006	52584	Average	Not really changing much	SPRT	TEEN		AA, AL-ANON AND AL-ATEEN WEEKLY MEETINGS
1030	52537	Very Good	Increasing - moving up	SUR	ACC		surgeon in hospital or access to one quickly
1075		Very Good	Not really changing much	TRAN			healthcare taxi
1062	52537	Good	Decreasing - slipping downward	URL	RHE	DIAL	urology, rheumatology, dialysis

Let Your Voice Be Heard!

Davis County Hospital and Clinics (DCHC) and Davis County Public Health have begun an update of the 2024 Davis County, IA Community Health Needs Assessment (CHNA). To begin this work, a short online survey has been created to evaluate community health unmet 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 encouraged and valued. Thank you for your immediate attention! Cut-off for CHNA survey is set for Thursday Noon 8/31/23.

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

- ◯ Very Good
- ◯ Good
- ◯ Average
- ◯ Poor
- ◯ Very Poor

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

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

Please specify why.

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

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

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

- [ ] Mental Health (Provider, Treatment, Aftercare)
- [ ] Child Care (Options / Access)
- [ ] Senior Care (Aging / Dementia Support)
- [ ] Alcohol / Substance Abuse
- [ ] Chronic Disease Management / Services
- [ ] Teen Health / Education
- [ ] Awareness / Access to HC Services
- [ ] HC Reimbursement / Funding
- [ ] Healthcare Transportation
- [ ] Oncology Services (Expansion)
- [ ] Public Health
- [ ] Local Access to Specialty Care
- [ ] Radon Levels
- [ ] Access to Healthy Foods & Nutrition
- [ ] Local Access to Primary Care
- [ ] Health (Apathy)
- [ ] Fitness & Exercise Options
- [ ] Care Coordination for Seniors with Significant Health Conditions

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

- [ ] Mental Health (Provider, Treatment, Aftercare)
- [ ] Child Care (Options / Access)
- [ ] Senior Care (Aging / Dementia Support)
- [ ] Alcohol / Substance Abuse
- [ ] Chronic Disease Management / Services
- [ ] Teen Health / Education
- [ ] Awareness / Access of HC Services
- [ ] HC Reimbursement / Funding
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- [ ] Access to Healthy Foods & Nutrition
- [ ] Local Access to Primary Care
- [ ] Health (Apathy)
- [ ] Fitness & Exercise Options
- [ ] Care Coordination for Seniors with Significant Health Issues

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

- [ ] Chronic Disease
- [ ] Lack of Health & Wellness
- [ ] Lack of Nutrition/Exercise Services
- [ ] Limited Access to Primary Care
- [ ] Limited Access to Specialty Care
- [ ] Limited Access to Mental Health
- [ ] Family Assistance programs
- [ ] Lack of Health Insurance
- [ ] Neglect
- [ ] Lack of Transportation

Other (Be Specific).

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	○	○	○	○	○
Child Care	○	○	○	○	○
Chiropractors	○	○	○	○	○
Dentists	○	○	○	○	○
Emergency Room	○	○	○	○	○
Eye Doctor/Optometrist	○	○	○	○	○
Family Planning Services	○	○	○	○	○
Home Health	○	○	○	○	○
Hospice/Palliative	○	○	○	○	○
Telehealth	○	○	○	○	○

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	◯	◯	◯	◯	◯
Mental Health Services	◯	◯	◯	◯	◯
Nursing Home/Senior Living	◯	◯	◯	◯	◯
Outpatient Hospital Services	◯	◯	◯	◯	◯
Pharmacy	◯	◯	◯	◯	◯
Primary Care	◯	◯	◯	◯	◯
Public Health	◯	◯	◯	◯	◯
School Health	◯	◯	◯	◯	◯
Visiting Specialists	◯	◯	◯	◯	◯

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	◯	◯	◯	◯	◯
Emergency Preparedness	◯	◯	◯	◯	◯
Food and Nutrition Services/Education	◯	◯	◯	◯	◯
Health Wellness Screenings/Education	◯	◯	◯	◯	◯
Prenatal/Child Health Programs	◯	◯	◯	◯	◯
Substance Use/Prevention	◯	◯	◯	◯	◯
Suicide Prevention	◯	◯	◯	◯	◯
Violence/Abuse Prevention	◯	◯	◯	◯	◯
Women's Wellness Programs	◯	◯	◯	◯	◯
Exercise Facilities / Walking Trails etc.	◯	◯	◯	◯	◯

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

◯ Yes ◯ No

If yes, please specify your thoughts.

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

◯ Yes ◯ No

If yes, please specify the services received

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

◯ Yes ◯ No

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

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

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

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

Other (Please specify).

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

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

Other (Please specify).

17. Your Age for analysis reporting?

- ◯ Under Age 17
- ◯ Age 18-29
- ◯ Age 30-44
- ◯ Age 45-64
- ◯ Age 65 plus

18. Your Home ZIP code for analysis reporting? Please enter 5-digit ZIP code only

2024 Davis County IA Community Health Needs Assessment

***Davis County Hospital and Clinics (DCHC)** and **Davis County Public Health** have begun an update of the 2024 Davis County, IA Community Health Needs Assessment (CHNA). To begin this work, a short online survey has been created to evaluate community health unmet 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 encouraged and valued. Thank you for your immediate attention! Cut-off for CHNA survey is set for Friday 8/25/2023.

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

Very Good	Good	Average	Poor	Very Poor
○	○	○	○	○

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

Increasing – moving up Not really changing much Decreasing – slipping downward.

Please specify why ?

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

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

5. From our past CHNA, a number of health needs were identified as priorities. Are there any of these an "ongoing problem" for our community? (Check select top three.)

- ☐ **Mental Health (Diagnosis, Treatment, Aftercare)**
- ☐ **Childcare (Options/ Access)**
- ☐ **Senior Care (Aging/ Dementia Support)**
- ☐ **Alcohol/ Substance Abuse**
- ☐ **Chronic Disease Management/ Services**
- ☐ **Teen Health/ Education**
- ☐ **Awareness/ Access to HC Services**
- ☐ **HC Reimbursement/ Funding**
- ☐ **Healthcare Transportation**
- ☐ **Oncology Services (Expansion)**
- ☐ **Public Health**
- ☐ **Local Access to Specialty Care**
- ☐ **Radon Levels**
- ☐ **Access to Healthy Foods & Nutrition**
- ☐ **Local Access to Primary Care**
- ☐ **Health (Apathy)**
- ☐ **Fitness & Exercise Options**
- ☐ **Care Coordination for Seniors with Significant Health Conditions**

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

- ☐ Mental Health (Diagnosis, Treatment, Aftercare)
- ☐ Childcare (Options/ Access)
- ☐ Senior Care (Aging/ Dementia Support)
- ☐ Alcohol/ Substance Abuse
- ☐ Chronic Disease Management/ Services
- ☐ Teen Health/ Education
- ☐ Awareness/ Access to HC Services
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- ☐ Local Access to Specialty Care
- ☐ Radon Levels
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- ☐ Local Access to Primary Care
- ☐ Health (Apathy)
- ☐ Fitness & Exercise Options
- ☐ Care Coordination for Seniors with Significant Health Conditions

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

- ☐ Chronic Disease
- ☐ Lack of Health & Wellness
- ☐ Lack of Nutrition/ Exercise Services
- ☐ Limited Access to Primary Care
- ☐ Limited Access to Specialty Care
- ☐ Limited Access to Mental Health
- ☐ Family Assistance Programs
- ☐ Lack of Health Insurance
- ☐ Neglect
- ☐ Lack of Transportation
- < Other

8 & 9 . How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Service	○	○	○	○	○
Child Care	○	○	○	○	○
Chiropractors	○	○	○	○	○
Dentists	○	○	○	○	○
Emergency Room	○	○	○	○	○
Eye Doctor / Optometrist	○	○	○	○	○
Family Planning Services	○	○	○	○	○
Home Health	○	○	○	○	○
Hospice / Palliative	○	○	○	○	○
Telehealth	○	○	○	○	○
Inpatient Hospital Services	○	○	○	○	○
Mental Health Services	○	○	○	○	○
Nursing Home / Senior Living	○	○	○	○	○
Outpatient Hospital Services	○	○	○	○	○
Pharmacy	○	○	○	○	○
Primary Care	○	○	○	○	○
Public Health	○	○	○	○	○
School Health	○	○	○	○	○
Visiting Specialists	○	○	○	○	○

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/ Mental Health	◯	◯	◯	◯	◯
Emergency Preparedness	◯	◯	◯	◯	◯
Food and Nutrition Services	◯	◯	◯	◯	◯
Health Screenings/ Education	◯	◯	◯	◯	◯
Prenatal/ Child Health Programs	◯	◯	◯	◯	◯
Substance Use/ Prevention	◯	◯	◯	◯	◯
Suicide Prevention	◯	◯	◯	◯	◯
Violence/ Abuse Prevention	◯	◯	◯	◯	◯
Woman's Wellness Programs	◯	◯	◯	◯	◯
Exercise Facilities/ Walking Trails etc.	◯	◯	◯	◯	◯

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

◯ **Yes** ◯ **No** **If Yes, please share your thoughts. Be specific.**

12. Over the past 2 years, did you or someone in your household receive healthcare services outside of our county? ◯ **Yes** ◯ **No** **If YES, please specify the healthcare services you received.**

13. Access to care is vital. Are there enough providers/ staff available at the right times to care for you and our community? ◯ **Yes** ◯ **No** **If NO, please specify what is needed. Be specific:**

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

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

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

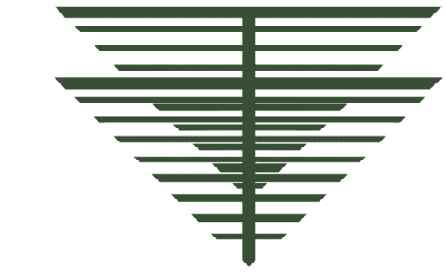
16. For reporting purposes, are you involved in or are you a...? Please select all that apply.

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

17. Your Age for analysis reporting? < > Under 17 < > 18-29 < > 30-44 < > 45-64 < > 65 plus

18. Your home ZIP code for analysis reporting? (Please enter 5-digit ZIP code only)

THANK YOU



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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