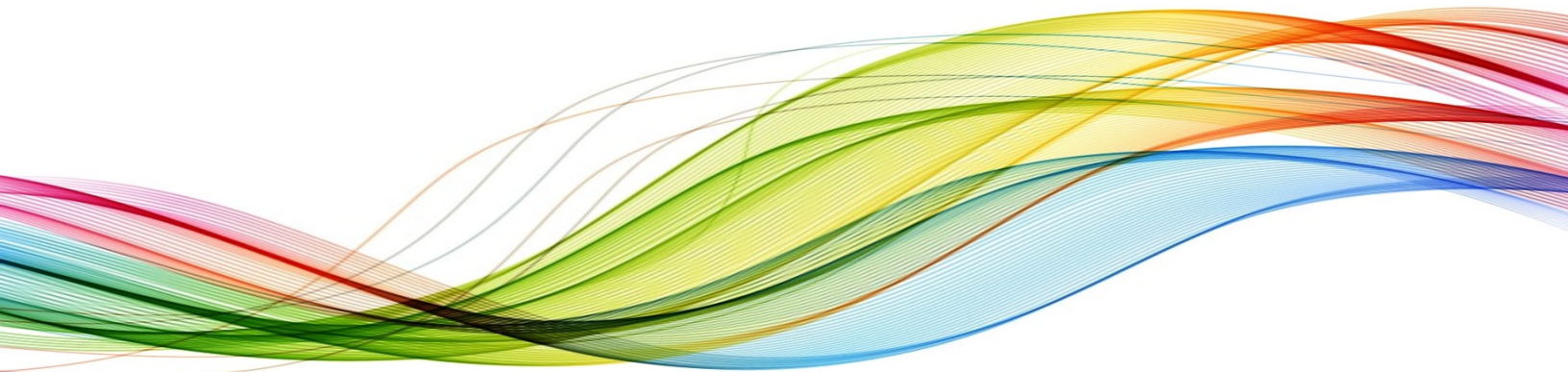




Community Health Needs Assessment Manning Regional Healthcare Center Carroll County, Iowa



May 2019

**VVV Consultants LLC
Olathe, KS**

Community Health Needs Assessment

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I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Manning Regional Healthcare Center – Carroll County, IA - 2019 Community Health Needs Assessment (CHNA) Wave #3

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 local 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.

MRHC (Carroll Co, IA) previous CHNA was completed in 2016. (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 #3 MRHC PSA CHNA assessment began January 2019 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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 quality health care.

a) County Health Area of Future Focus

MRHC PSA (Carroll Co) Town Hall - "Community Health Improvements Needs"

2019 CHNA Health Priorities - Carroll County (IA)				
CHNA Wave #3 Town Hall (14 Attendees, 56 Votes)				
Manning Regional Healthcare Center PSA				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Treatment, Aftercare)	12	21.4%	21.4%
2	Community Education - Available Health Services	11	19.6%	41.1%
3	Obesity (Nutrition / Exercise / Wellness)	8	14.3%	55.4%
4	Smoking (including Vaping)	8	14.3%	69.6%
5	Ambulance Staffing / Training	4	7.1%	76.8%
6	Rural Healthcare Policy & Advocacy	4	7.1%	83.9%
	Total Votes:	56	100.0%	
Other Items receiving votes: Providers (ENT, Derm, Cardiac Rehab), Senior Care (Elderly Wellness), Dentist, Healthcare Transportation.				

b) Town Hall CHNA Findings: Areas of Strengths

MRHC PSA (Carroll Co) CHNA Town Hall - "Community Health Areas of Strengths"

Carroll County IA "Community Health Strengths"	
#	Topic
1	Community Collaboration
2	Extended Clinic Hours
3	Food Banks
4	Hospital Facility / Technology
5	Local Grocery Store / Meal Programs
6	Recreation Center / Indoor Pool
7	Scope of Services offered
8	Walking Trails
9	Youth Programs

Key CHNA Wave#3 Secondary Research Conclusions are as follows:

IOWA HEALTH RANKINGS: According to the 2019 Robert Wood Johnson County Health Rankings, Carroll County IA was ranked 24th in Health Outcomes, 10th in Health Factors, and 35th in Physical Environmental Quality out of the 99 Counties.

TAB 1. Carroll County's population is 20,320 (based on 2017), with a population per square mile (based on 2010) of 36.6 persons. Six percent (6.5%) of the population is under the age of 5 and 19.8% is over 65 years old. Hispanic or Latinos make up 2.4% of the population and there are 1.8% of Carroll County citizens that speak a language other than English at home. In Carroll County, children in single parent households make up 28%. There are 1,272 Veterans living in Carroll County.

TAB 2. The per capita income in Carroll County is \$29,191, and 8.7% of the population is in poverty. There is a severe housing problem of 9%. There is an unemployment rate of 2.6%. Food insecurity is 11%, and limited access to a store (healthy foods) is only 1%.

TAB 3. Children eligible for a free or reduced-price lunch is at 38% and 92.6% of students graduate high school while 22.5% of students get their bachelor's degree or higher in Carroll County. There are 8.5 FTE school nurses in Carroll County.

TAB 4. The percent of births where prenatal care started in the first trimester is 82.6%. Thirty percent (30.6%) of births in Carroll County occur to unmarried women. Births where mothers have smoked during the pregnancy is at 20.8% and the percent of babies up to 2 years old that receive vaccines is 73%. 81.3% of babies were ever breastfed over time.

TAB 5. There is one primary care physician per 1,210 people in Carroll County. Patients who gave their hospital a rating of 9 or 10 out of 10 are 85% and there are 84% of patients who reported Yes, They Would Definitely Recommend the Hospital.

TAB 6. Medicare population getting treated for depression in Carroll County is 14.8%. There are 3.2 days out of the year that are poor mental health days.

TAB 7. Thirty-one percent of adults in Carroll County are obese (based on 2014), with 32% of the population physically inactive. 21% of adults drink excessively and 14% smoke. Hypertension risk (53.9%), Atrial Fibrillation (9.3%), Osteoporosis (6.1%) and Stroke (4.1%) are all higher than the comparative norm.

TAB 8. The adult uninsured rate for Carroll County is 5%.

TAB 9. The life expectancy rate in Carroll County is 77.7 for Males and 82.9 for Females. Alcohol-impaired driving deaths are high (29%).

TAB 10. 80% of Carroll County has access to exercise opportunities and as high as 92% monitor diabetes. 71% of women in Carroll County get annual mammography screenings (based on 2014).

Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=201) provided the following community insights via an online perception survey:

- Using a Likert scale, 27.9% of Carroll County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Carroll County stakeholders are satisfied with the following services: Ambulance Services, Emergency Room, Home Health, Outpatient Services, Pharmacy, and School Nurses.
- When considering past CHNA needs: Mental Health Services, Dentists / Orthodontists, After-school Programs, Obesity, Elderly Wellness / Living, and Cancer came up.

CHNA Wave #3		Carroll Co N=201			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Mental Health Services	65	57.5%		1
2	Dentists / Orthodontists	55	48.7%		4
3	After-school Programs	43	38.1%		3
4	Obesity	41	36.3%		5
5	Elderly Wellness / Living	36	31.9%		2
6	Nutrition / Wellness Programs	29	25.7%		7
7	Cancer	27	23.9%		6
8	Psychiatrist	24	21.2%		11
9	Cardiac Rehab	21	18.6%		12
10	Urgent Care / Emergency Care	20	17.7%		8
11	Diabetes	19	16.8%		10
12	Psychologist	18	15.9%		13
13	Substance Abuse	17	15.0%		14
14	Pediatrics	16	14.2%		16
15	Heart Disease	13	11.5%		15
16	Access to Healthcare	11	9.7%		9
17	Immunization Clinics	8	7.1%		17
18	Food Safety	7	6.2%		18
19	STD	6	5.3%		19

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

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

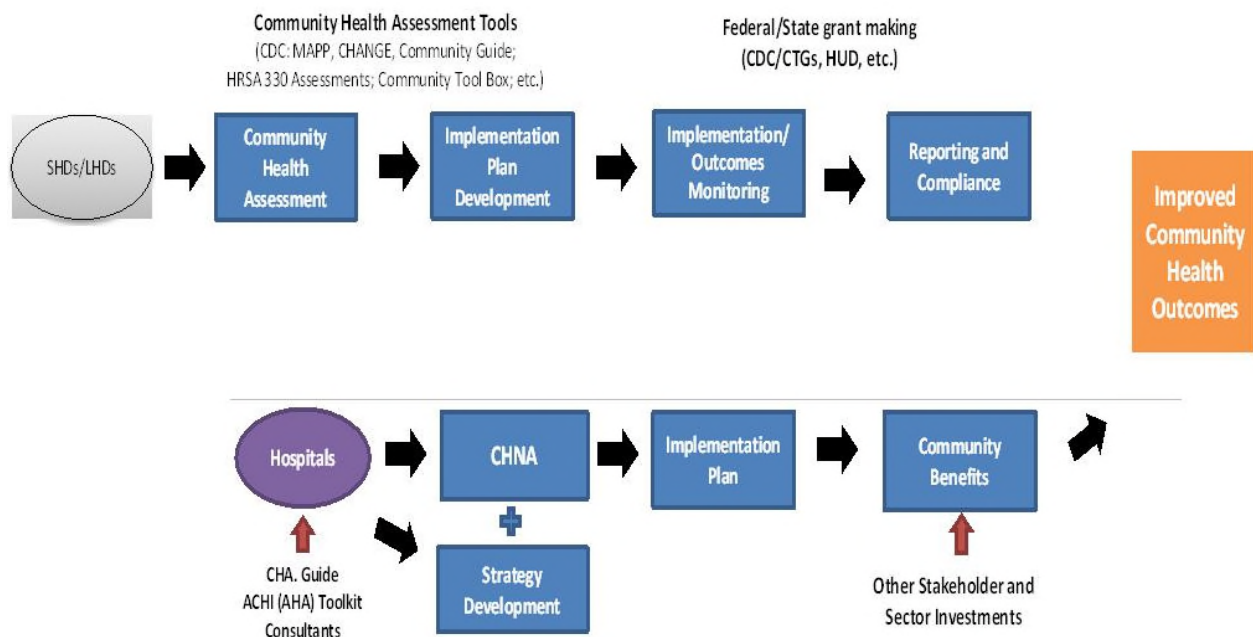
JOB #2: Making a CHNA Widely Available to the Public

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 Notice 2011-52 Overview

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 conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2013 or during either of the two previous fiscal years.

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 and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals

ACCOUNTING TODAY 1/2/15

The Internal Revenue Service and the Treasury Department have issued **final regulations** under the Affordable Care Act to protect patients in tax-exempt hospitals from aggressive debt collection practices and to provide other rules for charitable hospitals.

Under the **final regulations**, each Section 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis: establish written financial assistance and emergency medical care policies; limit the amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy; make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual; and conduct a community health needs assessment, or CHNA, and adopt an implementation strategy at least once every three years. The first three requirements are effective for tax years beginning after March 23, 2010 and the CHNA requirements are effective for tax years beginning after March 23, 2012.

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements.

"Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a blog post Monday explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

She noted that as a condition of their tax-exempt status, charitable hospitals must take an active role in improving the health of the communities they serve, establish billing and collections protections for patients eligible for financial assistance, and provide patients with the information they need to apply for such assistance. "These final rules adopt the same framework of proposed regulations but simplify the compliance process for charitable hospitals, while continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

Under the new rules, hospitals cannot charge individuals eligible for financial assistance more for emergency or other medically necessary care than the amounts generally billed to patients with insurance (including Medicare, Medicaid, or private commercial insurance). In addition, every tax-exempt hospital must establish and widely publicize a financial assistance policy that clearly describes to patients the eligibility criteria for obtaining financial assistance and the method for applying for financial assistance.

Charitable hospitals are also prohibited from engaging in certain collection methods (for example, reporting a debt to a credit agency or garnishing wages) until they make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy.

In addition, each charitable hospital needs to conduct and publish a community health needs assessment at least once every three years and disclose on the tax form that it files on an annual basis the steps it is taking to address the health needs identified in the assessment.

Many of the requirements have been in place since the Affordable Care Act passed in 2010, but in response to comments on the proposed regulations, the final rules also expand access to translations for patients, by lowering the threshold for having translations of financial assistance policies available from 10 percent of the community served as proposed, to five percent of the community served or population expected to be encountered by the hospital facility, or 1000 persons, whichever is less, according to McMahon. "The final rules also revise the notification requirements to maintain important protections for patients while making it easier for hospitals to comply with them," she wrote. "General notifications regarding a hospital's financial assistance policy must appear on bills and in the hospital. However, individual written and oral notifications of the hospital's financial assistance policy are now only required when a hospital plans to use extraordinary collections actions, such as reporting a debt to a credit bureau, selling the debt to a third party or garnishing wages."

While charitable hospitals must continue to make a good-faith effort to comply, the rules provide charitable hospitals with time to fully update their policies and programming to implement the changes. But if a charitable hospital fails to meet the consumer protection provisions required by the law, the hospital could have its tax-exempt status revoked. If a hospital fails to properly conduct a community health needs assessment or adopt an implementation strategy, an excise tax will apply, McMahon noted. "However, if a hospital fails to meet a requirement, but the failure is neither willful nor egregious, the hospital can correct and publicly disclose the error to have it excused, thus avoiding revocation of tax-exempt status, but the excise tax would still apply," she wrote.

CHNA NEWS: IRS Makes First Revocation of Hospital Not-for-Profit Status Under 501(r)

RICH DALY, HFMA SENIOR WRITER/EDITOR

Aug. 15, 2017—Charity-care reporting requirements under the healthcare reform law may have gone into effect only last October, but already one hospital has lost its not-for-profit tax status as a result. The first-time tax-status revocation under Affordable Care Act (ACA) 501(r) requirements applied to a “dual-status” 501(c)(3) hospital operated by a “local county governmental agency” and was confirmed by a redacted copy of the [tax status letter](#), which was dated Feb. 14, 2017, and posted to the IRS website in August. Neither an IRS spokeswoman nor the redacted letter identified the hospital. Loss of the 501(c)(3) exemptions eliminates the ability of hospitals to use certain employee benefit plans; likely subjects hospitals to income, property, and other taxes; bars receipt of tax-deductible contributions; and disallows use of tax-exempt bonds.

The 501(r) requirements on performing community health needs assessments (CHNAs) and offering financial assistance became effective for tax years beginning on or after Dec. 29, 2015, meaning tax-exempt hospitals operating on the calendar had to be in compliance by Jan. 1, 2016, and those with a different fiscal-year end had to be in compliance by Oct. 1, 2016.

The only enforcement information previously released by the IRS was a June 2016 letter to Sen. Charles Grassley (R-Iowa), which noted that at that point the IRS had completed 2,482 compliance reviews under 501(r). Additionally, 163 hospitals were assigned for “examination” as a result of those compliance reviews, but no further actions were identified.

The ACA requires the IRS to review the community-benefit activities of about 3,000 tax-exempt hospitals at least once every three years. This was the first time that Keith Hearle, president, Verité Healthcare Consulting, LLC, Alexandria, Va., had heard of an instance in which a hospital lost its not-for-profit status over 501(r) requirements. He has heard of several others that incurred the \$50,000 excise tax for failing to meet the CHNA requirement.

“I would be surprised if it is a one-off,” said Hearle, who has been expecting more IRS enforcement after his own reviews indicated widespread hospital vulnerability due to poor compliance.

Reasons for Revocation

Hospital 501(r) requirements include:

- Conducting a CHNA at least once every three years
- Making the CHNA publicly available on a website
- Adopting an implementation strategy to meet the needs identified in the CHNA
- Adopting a financial assistance policy and publicizing the policy, including by posting it on a website
- Limiting the amounts charged to individuals who are eligible for financial assistance
- Making individuals aware of the financial assistance policy prior to engaging in certain collection actions

Among the reasons for the IRS action against the county government hospital was its finding that the hospital did not make the CHNA widely available to the public through a website, although it had paper copies available on request. “The hospital indicated to the IRS that it might have acted on some of the recommendations included in the Implementation Strategy Report, but that a separate written implementation policy was neither drafted nor adopted,” the IRS letter stated.

Officials at the small rural hospital said they lacked the staffing to comply with 501(r) requirements. They also said they “really did not need, actually have any use for, or want their tax-exempt status under Section 501(c)(3),” according to the IRS letter. The hospital believed its tax-exempt status somehow prevented its involvement in certain payment arrangements. It had maintained 501(c)(3) status “only in case any liabilities arose relating to the prior management company that had originally obtained that status from the IRS.”

The IRS deemed the hospital’s failure “egregious” because its leaders had “neither the will, the resources, nor the staff to follow through with the” 501(r) requirements.

Widespread Vulnerability

Industry advisers worry that many hospitals could be vulnerable to IRS enforcement—if not tax-status revocation—under the new requirements. “A lot of them just assume that what they have, in terms of policy and procedure, suffices under the final regulations and have not done a lot,” said Andrew Kloeckner, a partner for Omaha-based law firm Baird Holm.

Even hospitals that have taken steps to become compliant with the requirements can face downsides, including complications with their collection efforts, which in turn can delay cash flow, Kloeckner said.

Jan Smith, a tax senior manager in Crowe Horwath’s Healthcare practice, indicated that the likelihood of a similar penalty or the likelihood of this determination setting a precedent at other hospitals may be limited. This is due to the unusual position taken by the revoked hospital’s officials that they didn’t need or want charitable status (in addition to governmental status).

“If hospitals are making a good-faith effort to comply, I would be surprised if the IRS would revoke their tax status at this stage of 501(r) examinations,” Smith said in an interview. However, she is aware of several health systems that the IRS is seeking to penalize under the CHNA tax provision.

The IRS’s 501(r) compliance reviews include the agency’s analysis of hospital websites and “other information designed to identify the hospitals with the highest likelihood of non-compliance,” IRS Commissioner John Koskinen stated in his 2016 letter to Grassley.

Justin Lowe, senior manager with the Exempt Organizations Tax Practice at Ernst & Young, underscored that hospital websites are among the publicly available information that the IRS reviews. He urged hospitals to make sure that all required documents, including the CHNA and financial assistance policy, are on the website and easily findable. Insufficient approaches to 501(r) compliance, Kloeckner said, include instances when hospitals purchase financial assistance policy templates that are provided by a consultant and not submitted for legal review, potentially leaving audit vulnerabilities. Kloeckner also urged attention on practices and procedures outside of the policies.

Small government-operated hospitals are among the most vulnerable to enforcement, Hearle said, because they may not be required to file Form 990, which provides reminders about 501(r) compliance requirements. “It’s a group of hospitals I’m concerned about,” Hearle said.

Among the financial assistance requirements with which hospitals are most likely to struggle, Hearle said, is making available lists of physicians who are associated with the hospital and who utilize the same charity care policies.

“Patients obtaining charity care from a hospital want to find physician groups through which they can get the same charity care, as opposed to some group that doesn’t offer charity care,” Hearle said.

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

II. Methodology

b) Collaborating CHNA Parties

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

Manning Regional Healthcare Center

1550 6th Street

Manning, Iowa 51455

(712) 655-2072

CEO: John O'Brien

About: For almost 80 years, the community of Manning has maintained a quality hospital, providing local residents with some of the best health care services in West Central Iowa. While our hospital has undergone many makeovers and some name changes throughout its history, the overall goal of providing you and your family with the highest quality of medical care available has never changed. As part of the Manning Regional Healthcare Center's comprehensive total health care system, the Hospital has state-of-the-art diagnostic radiology equipment, emergency department care, inpatient medical and surgical treatment and skilled nursing services. All of this and much more allows us to care for the majority of your medical needs right here in Manning.

Our 17-bed facility has been federally designated as a critical access hospital (CAH). To be designated a CAH, our rural hospital must meet defined criteria that were outlined in the Conditions of Participation 42CFR485 and subsequent legislative refinements to the program through the BBRA, BIPA and Medicare Modernization Act.

MRHC Services:

- Cardiology
- Comfort Care
- Dermatology
- Emergency Room
- General Surgery
- Hand Surgery
- Oncology
- Orthopaedic
- Pain Clinic
- Physical Therapy
- Podiatry
- Radiology
- Respiratory Therapy
- Skilled Care
- Surgery
- Urology
- Sports Medicine
- Senior Life Solutions Program
- Manning Nursing Home

Carroll County Public Health**318 S. Maple St, Suite #3****Carroll, Iowa 51401****(712) 794-5408****Director: Marcia Schaefer, RN****Services:**

- Immunization Clinics – Adult and Children
- Bioterrorism and Emergency Preparedness
- Blood Pressure Clinics
- Medical Exams – Women's Health
- Daycare Provider Resource
- HOPES (Healthy opportunities for Pares to Experience Success)
- Carroll County Nest – WIC
- TB Testing
- Skilled Nursing Visits and Health Promotion

II. Methodology

b) Collaborating CHNA Parties Continued Consultant Qualifications



VVV Consultants LLC

Company Profile: 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

Vince Vandelaar MBA, Principal Consultant & Adjunct (913) 302-7264

VVV@VandelaarMarketing.com

Vince provides professional business consulting services to help healthcare organizations with business strategy, research and development. Specifically, Vince facilitates strategic planning, creates proven marketing plans/tactics, prepares IRS aligned community health needs assessments and conducts both qualitative and quantitative market research studies.

Vince started his consulting firm (VVV Consultants LLC) on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. (Note: Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003). Prior to his experience at Saint Luke's, Vince worked in the payor and insurance industry for Blue Cross and Blue Shield of Kansas City; Tillinghast, a Tower's Perrin Actuarial Consulting Firm; and Lutheran Mutual Life Insurance Company.

Vince also is an Adjunct Professor teaching BA, MBA & MHA classes part time 20% of his time at Avila, Rockhurst and/or Webster University (Strategic Planning, Marketing, MHA Capstone, Marketing Research, Sales & Social Media classes) and consults the remainder of his time.

Vince is a Malcolm Baldrige coach and a professional focus group moderator. He is actively involved in the national Society for Healthcare Strategy & Market Development (SHSMD), KHA/MHA Marketing Associations, KC Employee Benefit Professional Association, Healthcare Executives Kansas City, the American Marketing Association KC Chapter and is a SG2 advocate.

Collaborating Support:

Tessa Taylor BBA BA - VVV Consultants LLC
Associate Consultant

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in January 2019 for MRHC PSA (Carroll Co, IA) to meet IRS CHNA requirements.

In January a meeting was called by MRHC (Carroll Co, IA) to review possible CHNA collaborative options, in collaboration with Carroll County Public Health. 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 lead to Manning Regional Healthcare Center requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Hospital: Manning Regional - Define Primary Service Area Yr 16-18							
#	ZIP	City	ST	County	I/O/E/C	%	Accum
1	51455	Manning	IA	CARROLL	23,927	52.5%	52.5%
2	51463	Templeton	IA	CARROLL	1,952	4.3%	56.8%
3	51401	Carroll	IA	CARROLL	1,368	3.0%	59.8%
4	50058	Coon Rapids	IA	CARROLL	1,097	2.4%	62.2%
5	51430	Arcadia	IA	CARROLL	343	0.8%	63.0%
6	51440	Dedham	IA	CARROLL	207	0.5%	63.4%
7	51436	Breda	IA	CARROLL	173	0.4%	63.8%
8	51444	Halbur	IA	CARROLL	173	0.4%	64.2%
9	51443	Lidderdale	IA	CARROLL	79	0.2%	64.4%
10	51454	Manilla	IA	CRAWFORD	6,697	14.7%	79.1%
11	50025	Audubon	IA	AUDUBON	1,741	3.8%	82.9%

Specific CHNA roles, responsibility and project timelines are document by the following calendar.

Manning Regional Healthcare Center - Carroll Co IA - CHNA Work Plan

Wave #3 Project Timeline & Roles 2019

Step	Date	Lead	Task
1	12/1/2018	VVV	Presented CHNA Wave #3 options to MRHC.
2	12/5/2018	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	12/17/2018	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	on or before 1/3/2019	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	on or before 1/3/2019	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	on or before 1/3/2019	VVV	Request hospital client to send IHA Patient Origin reports for hospital to document service area for FFY 16, 17, 18.
7	on or before 1/3/2019	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	On or before 1/11/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	1/18/2019	VVV	Launch online survey to stakeholders - Due Friday 2/22/19 . Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
10	Feb - March, 2019	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
11	3/1/2019	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	3/1/2019	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	TBD 1 week before TH	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow.
14	Thursday, March 28, 2019	VVV	Conduct CHNA Town dinner session from 6:00 pm - 7:30 pm at MRHC - Conference rooms 1 & 2 (1550 6th Street in Manning IA) Review & discuss basic health data, online feedback and rank health needs.
15	Before 5/30/2019	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	By 6/14/2019	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	TBD	All	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm CHNA calendar of events, explain / coach clients to complete required participant database and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson Foundation: County Health Rankings, etc. to document current state of county health organized as follows:

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Gather primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

Phase III—Quantify Community Need:

Conduct a 90-minute town hall meeting with required community primary service area residents. At each town hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur and a group ranking activity to determine the most important community health needs was administered.

Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:

Post CHNA report findings to meet both PHAB and IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring county health department and hospital), the CHNA Option C was selected with the following project schedule:

Phase I: Discovery.....	Jan 2019
Phase II: Secondary / Primary Research.....	Jan – Feb 2019
Phase III: Town Hall Meeting.....	Mar 28, 2019
Phase IV: Prepare / Release CHNA report.....	Apr – May 2019

Detail CHNA Development Steps Include:

Development Steps to Create Comprehensive Community Health Needs Assessment	
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, schools, churches, physicians etc.), prepare project quote.</i>
Step # 2 Planning	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold community kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect and report community health published facts. Gather data health practice data from published secondary research sources (i.e. census, county health records, behavioral risk factors surveillance, etc.)</i>
Step # 4a Primary Research - Town Hall prep	<i>Collect community opinions. (quantitative research). Gather stakeholders / community opinions regarding community health needs and healthcare practices.</i>
Step # 4b Primary Research - Conduct Town Hall	<i>Conduct "Conversation with Community" Town Hall (qualitative research). Review secondary & primary data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
Steps # 5 Reporting	<i>Prepare and present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (actions to improve health) . (Note: formal report will follow IRS Notice 2011-52 regs & PHAB requirements.)</i>
VVV Consultants, LLC Olathe, KS (913) 302-7264	

Overview of Town Hall Community Priority Setting Process

Each community has a wealth of expertise to be tapped for CHNA development. For this reason, a town hall is the perfect forum to gather community insight and provide an atmosphere to objectively consensus build and prioritize county health issues.

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to Town Hall: local hospital, public health community, mental health community, free clinics, community-based clinics, service providers, local residents, community leaders, opinion leaders, school leaders, business leaders, local government, faith-based organizations and persons (or organizations serving them), people with chronic conditions, uninsured community members, low income residents and minority groups.


Manning Regional Healthcare Center (Carroll Co) in collaboration with Carroll County Public Health town hall meeting was held on Thursday, March 28th, 2019 from 6:00 p.m. to 7:30 p.m. at Manning Regional Healthcare Center – Conference Rooms 1 and 2. Vince Vandehaar facilitated this 1 ½ hour session with fourteen (14) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome & Introductions
2. Review Purpose for the CHNA Town Hall & Process Roles
3. Present / Review of Historical County Health Indicators (10 TABS)
4. Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (using 4 dots to cast votes on priority issues). Tally & rank top community health concerns cited.
6. Close meeting by reflecting on the health needs / community voting results. Inform participants on “next steps.”

At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail or personal conversations. NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting strengths & items to change or improve.

**Community Health Needs Assessment
Town Hall Meeting - Carroll County IA**
on behalf of Manning Regional Healthcare Center



Vince Vandelaar, MBA
VVV Consultants LLC
Principal / Adjunct Professor

Olathe, Kansas 66061
VVV@VandelaarMarketing.com
913-302-7264


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

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

2

I. Introduction:
Background and Experience



Vince Vandelaar, MBA
VVV Consultants LLC - Principal Consultant
Olathe, KS 913 302-7264

- Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
- Focus: Strategy, Research, Deployment
- 25+ years of experience with Tillinghast, BCBSKC, Saint Luke's

Adjunct Full Professor - Marketing & MHA 31+ years

- Avila University
- Webster University
- Rockhurst University

Tessa Taylor, BBA BA - Associate Consultant

- University of Wisconsin Whitewater
- AMA Chapter President (2 years)

3

Town Hall Participation (You)

- ALL attendees welcome to share
 - Parking Lot
- There are no right or wrong answers
- Only one person speaks at a time
- Please give truthful responses
- Have a little fun along the way

4

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

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II. Review CHNA Definition

- A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. (NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.)
- 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.

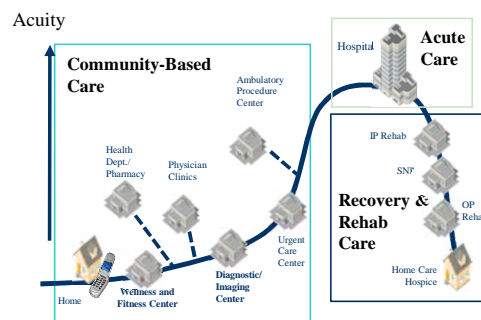
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Purpose—Why Conduct a CHNA?

- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements -- both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

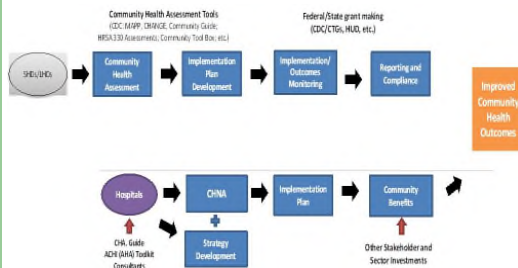
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Future System of Care—Sg2



8

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



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II. IRS Hospital CHNA Written Report Documentation

- 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 and
- 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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A description of the community served Primary Service Area (PSA) Manning Regional Healthcare Center

Hospital: Manning Regional - Define Primary Service Area Yr 18-16							
#	ZIP	City	ST	County	I/O/E/C	%	Accum
1	51455	Manning	IA	CARROLL	23,927	52.5%	52.5%
2	51463	Templeton	IA	CARROLL	1,952	4.3%	56.8%
3	51401	Carroll	IA	CARROLL	1,368	3.0%	59.8%
4	50058	Coon Rapids	IA	CARROLL	1,097	2.4%	62.2%
5	51430	Arcadia	IA	CARROLL	343	0.8%	63.0%
6	51440	Dedham	IA	CARROLL	207	0.5%	63.4%
7	51436	Breda	IA	CARROLL	173	0.4%	63.8%
8	51444	Halbur	IA	CARROLL	173	0.4%	64.2%
9	51443	Lidderdale	IA	CARROLL	79	0.2%	64.4%
10	51454	Manilla	IA	CRAWFORD	6,697	14.7%	79.1%
11	50025	Audubon	IA	AUDUBON	1,741	3.8%	82.9%

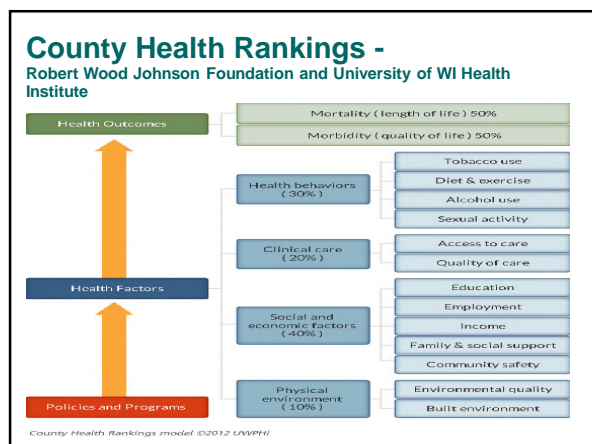
11

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

Trends: Good Same Poor

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

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IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

- 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?"

14

Have We Forgotten Anything?

A. Aging Services	M. Hospice
B. Chronic Pain Management	N. Hospital Services
C. Dental Care/Oral Health	O. Maternal, Infant & Child Health
D. Developmental Disabilities	P. Nutrition
E. Domestic Violence,	R. Pharmacy Services
F. Early Detection & Screening	S. Primary Health Care
G. Environmental Health	T. Public Health
H. Exercise	U. School Health
I. Family Planning	V. Social Services
J. Food Safety	W. Specialty Medical Care Clinics
K. Health Care Coverage	X. Substance Abuse
L. Health Education	Y. Transportation
M. Home Health	Z. Other _____

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Community Health Needs Assessment

Questions; Next Steps?

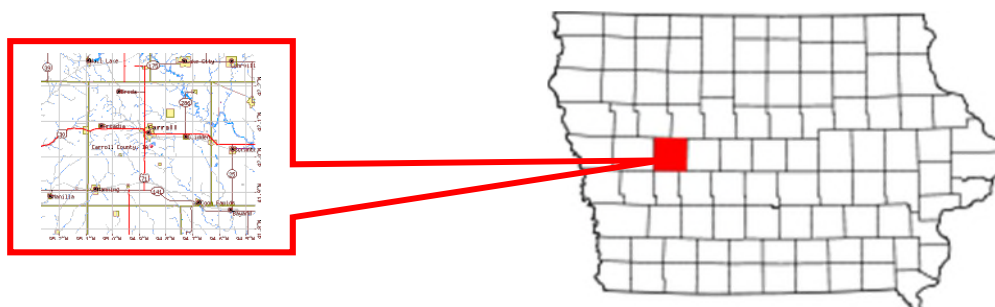
VVV Consultants LLC
VVV@VandehaarMarketing.com
(913) 302-7264

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II. Methodology

d) Community Profile (A Description of Community Served)

Carroll County (IA) Community Profile



The population of Carroll County was estimated to be 20,903 citizens in 2018 and a population density of 37 persons per square mile. The major cities in Carroll County are Carroll, Manning, Coon Rapids, Glidden, and Arcadia.

Carroll County Pubic Airports¹

Name	USGS Topo Map
Arthur N Neu Airport	Carroll East
Saint Anthony Regional Hospital Heliport	Carroll East
Stangl Airport	Dedham

Schools in Carroll County: Public Schools²

School	Address	Phone	Levels
Adams Elementary	1026 N Adams St Carroll, IA 51401	712-792-8040	3-4
Carroll High	2809 N Grant Rd Carroll, IA 51401	712-792-8010	9-12
Carroll Middle	3203 N Grant Rd Carroll, IA 51401	712-792-8020	5-8
Cr-B Elementary	905 N Street Coon Rapids, IA 50058	712-999-2845	PK-4
Fairview Elementary	525 E 18th St Carroll, IA 51401	712-792-8030	PK-2
Glidden-Ralston Elementary	602 Idaho Glidden, IA 51443	712-659-3863	PK-6
Glidden-Ralston Jr-Sr High	602 Idaho Glidden, IA 51443	712-659-2205	7-12
lkm-Manning Middle	209 10th St Manning, IA 51455	712-655-3781	4-8

¹ <https://iowa.hometownlocator.com/features/cultural,class,airport,scfips,19027.cfm>

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

Demographics - Carroll Co (IA)

Zip	Name	ST	County	Population			Households			Per Capita	
				YR 2018	YR 2023	Chg.	YR 2018	YR 2023	Size	Inc 18	
50058	Coon Rapids	IA	CARROLL	1932	1924	-0.4%	801	796	2	\$26,208	
51401	Carroll	IA	CARROLL	12208	12177	-0.3%	5079	5054	2	\$28,482	
51430	Arcadia	IA	CARROLL	913	926	1.4%	341	344	3	\$26,218	
51436	Breda	IA	CARROLL	870	873	0.3%	351	351	2	\$31,197	
51440	Dedham	IA	CARROLL	411	412	0.2%	151	151	3	\$27,789	
51443	Glidden	IA	CARROLL	1731	1723	-0.5%	724	717	2	\$28,316	
51444	Halbur	IA	CARROLL	272	277	1.8%	105	107	3	\$29,422	
51451	Lanesboro	IA	CARROLL	100	98	-2.0%	52	51	2	\$45,002	
51452	Lidderdale	IA	CARROLL	171	167	-2.3%	76	74	2	\$38,279	
51455	Manning	IA	CARROLL	2261	2252	-0.4%	957	953	2	\$26,985	
51459	Ralston	IA	CARROLL	81	83	2.5%	38	38	2	\$31,903	
51463	Templeton	IA	CARROLL	557	547	-1.8%	232	228	2	\$32,998	
Totals				21,507	21,459	-0.2%	8,907	8,864	2	\$31,067	
Zip	Name	ST	County	Pop18 65+	Pop18 <=18	Females	White	Black	Amer. Ind.	Hisp.	
50058	Coon Rapids	IA	CARROLL	467	490	985	1879	2	3	74	
51401	Carroll	IA	CARROLL	2475	3104	6301	11612	63	17	395	
51430	Arcadia	IA	CARROLL	136	286	438	894	1	3	8	
51436	Breda	IA	CARROLL	176	219	412	857	2	0	5	
51440	Dedham	IA	CARROLL	64	119	201	408	1	0	1	
51443	Glidden	IA	CARROLL	321	393	848	1707	1	11	15	
51444	Halbur	IA	CARROLL	46	78	133	266	1	0	4	
51451	Lanesboro	IA	CARROLL	18	23	47	99	0	0	1	
51452	Lidderdale	IA	CARROLL	32	41	81	169	0	0	1	
51455	Manning	IA	CARROLL	581	532	1148	2208	13	10	38	
51459	Ralston	IA	CARROLL	15	21	39	80	0	0	2	
51463	Templeton	IA	CARROLL	106	127	281	551	4	0	1	
Totals				4,437	5,433	10,914	20,730	88	44	545	
Percentages				20.6%	25.3%	50.7%	96.4%	0.4%	0.2%	2.5%	

III. Community Health Status

[VVV Consultants LLC]

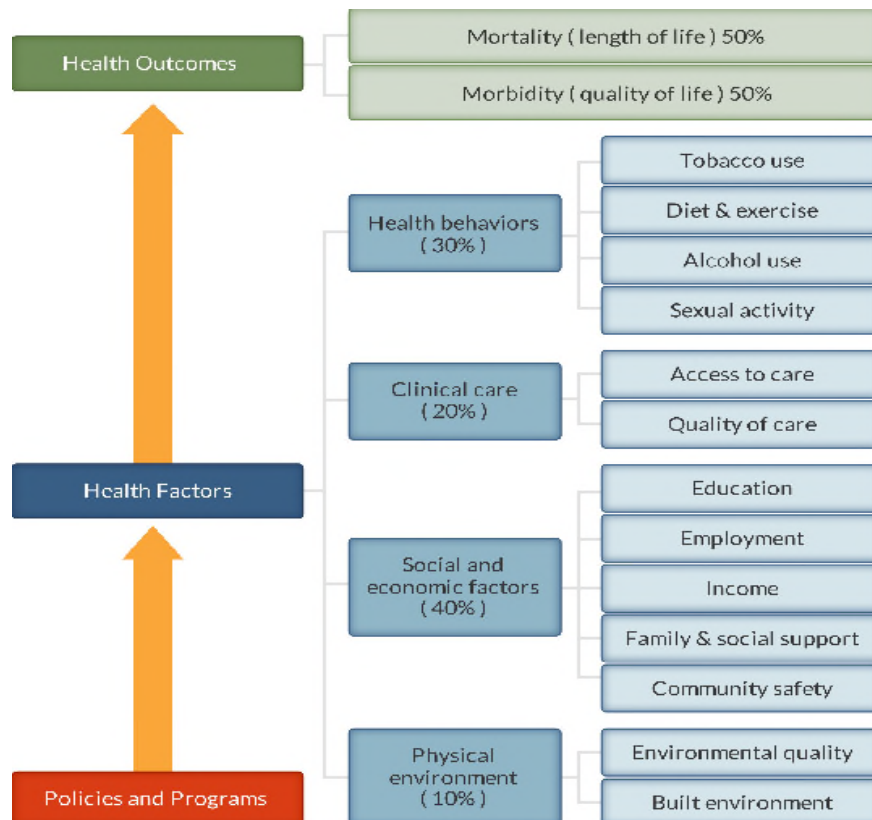
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2019 RWJ County Health Rankings and conversations from Town Hall participants. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2019 RWJ Health Rankings:

#	IA Rankings - 99 Counties	Definitions	Carroll Co IA	TREND	Rural W IA Norm N=12
1	Health Outcomes		24		62
	Mortality	Length of Life	51		61
	Morbidity	Quality of Life	5		56
2	Health Factors		10		57
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	28		59
	Clinical Care	Access to care / Quality of Care	6		66
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	12		50
3	Physical Environment	Environmental quality	35		46
Rural W IA Norm (N=12) includes the following counties: Fremont, Mills, Montgomery, Carroll, Crawford, Greene, Audubon, Calhoun, Ida, Sac, Lucas, Page.					
http://www.countyhealthrankings.org , released 2019					

PSA Secondary Research:

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

Tab 1 Demographic Profile

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

Tab	Health Indicator	Carroll Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
1a	a Population estimates, July 1, 2017, (V2017)	20,320		3,145,711	11,190	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-2.4%		3.2%	-4.0%	People Quick Facts
	c Population per square mile, 2010	36.6		54.5	22.2	People Quick Facts
	d Persons under 5 years, percent, July 1, 2017, (V2017)	6.5%		6.3%	6.0%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2017, (V2017)	19.8%		16.7%	21.3%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	50.8%		50.3%	49.8%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	96.9%		91.1%	96.6%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017, (V2017)	1.3%		3.8%	1.1%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	2.4%		6.0%	4.8%	People Quick Facts
	j Foreign born persons, percent, 2013-2017	1.2%		5.0%	2.7%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	1.8%		7.6%	4.5%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	89.5%		84.7%	86.9%	People Quick Facts
	m Children in single-parent households, percent, 2012-2016	28.0%		29.0%	28.1%	County Health Rankings
	n Total Veterans, 2013-2017	1,272		193,451	777	People Quick Facts

Tab 2 Economic Profile

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

Tab	Health Indicator	Carroll Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
2	a Per capita income in past 12 months (in 2016 dollars), 2013-2017	\$29,191		\$30,063	\$28,510	People Quick Facts
	b Persons in poverty, percent, 2015	8.7%		12.1%	10.8%	Iowa Health Fact Book
	c Total Housing units, July 1, 2017, (V2017)	9,509		1,398,016	5,362	People Quick Facts
	d Total Persons per household, 2013-2017	2.3		2.4	2.3	People Quick Facts
	e Severe housing problems, percent, 2010-2014	9.0%		12.0%	9.9%	County Health Rankings
	f Total of All firms, 2012	2,457		259,121	1,094	People Quick Facts
	g Unemployment, percent, 2016	2.6%		3.7%	3.6%	County Health Rankings
	h Food insecurity, percent, 2015	11.0%		12.0%	11.3%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	1.0%		6.0%	7.0%	County Health Rankings
	j Long commute - driving alone, percent, 2012-2016	12.0%		20.0%	22.7%	County Health Rankings

Tab 3 Schools Health Delivery Profile

Tab	Health Indicator	Carroll Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
3	a Children eligible for free or reduced price lunch, percent, 2015-2016	38.0%		41.0%	44.6%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2013-2017	92.6%		91.8%	91.0%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	22.5%		27.7%	18.8%	People Quick Facts

The following School Screening data was collected:

#	Indicators- Local Schools	CHS	Coon Rapids-Bayard	IKM-Manning	Glidden-Ralston	Adams	Fairview
1	Total # Public School Nurses	2.5	1	2	1	1	1
2	School Nurse is part of the IEP team	Yes	Yes	Yes			
3	School Wellness Plan in place (Active)	Yes	Yes	Yes			
4	VISION: # Screened / Referred to Prof / Seen by Professional	291/unknown/unknown	60/1/unknown	250/7/unknown			
5	HEARING: # Screened / Referred to Prof / Seen by Professional	140/6/unknown	240/8/unknown	411/11/unknown			
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	126/16/unknown	64/4/unknown	150/25/unknown			
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	No screening	No screening	No screening			
8	# of Students served with no identified chronic health concerns	61/483 HS, 53/562 MS	407	558/149			
9	School has a suicide prevention program	No	In process of finalizing	No			
10	Compliance on required vaccinations (%)	98.1%	100.0%	99.7%	99.0%	98.4%	99%

Tab 4 Maternal and Infant Health Profile

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

#	Criteria - Vital Statistics	Carroll Co IA	Trend	State of IA	Rural W IA 12 Norm
a	Total Live Births, 2013	263		39,013	156
b	Total Live Births, 2014	254		39,685	161
c	Total Live Births, 2015	268		39,467	165
d	Total Live Births, 2016	265		39,223	161
e	Total Live Births, 2017	251		38,408	157
f	Change 2013 to 2017	-12		-605	1
http://www.healthdata.org/us-county-profiles					

Tab 4 Maternal and Infant Health Profile (Continued)

Tab	Health Indicator	Carroll Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
4 a	Percent of Births Where Prenatal Care began in First Trimester, 2015-2016	82.6%		78.6%	66.4%	Iowa Health Fact Book
b	Percent Premature Births by County, 2017	6.8%		7.4%	6.8%	idph.iowa.gov
c	2 Year-Old Coverage of Individual Vaccines, 2015	73.0%		67.0%	65.8%	idph.iowa.gov
d	Percent of Births with Low Birth Weight, 2015-2016	5.6%		6.8%	6.2%	Iowa Health Fact Book
e	Percent Ever Breastfed Over Time, 2017	81.3%		81.5%	70.4%	idph.iowa.gov
f	Percent of all Births Occurring to Teens (15-19), 2015-2016	2.8%		4.4%	5.4%	Iowa Health Fact Book
g	Percent of Births Occurring to Unmarried Women, 2015-2016	30.6%		35.1%	36.9%	Iowa Health Fact Book
h	Percent of births Where Mother Smoked During Pregnancy, 2015-2016	20.8%		18.0%	23.5%	Iowa Health Fact Book

Tab 5 Hospitalization/Provider Profile

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

Tab	Health Indicator	Carroll Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
5 a	PCP (MDs / DOs only) (Pop Coverage per) , 2015	1,210 / 1		1360 / 1	2470 / 1	County Health Rankings
b	Preventable hospital stays, 2015 (lower the better)	44		49	62	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	85.0%		78.0%	80.0%	CMS Hospital Compare, 10/1/2015-9/30/2016
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	84.0%		76.0%	78.5%	CMS Hospital Compare, 10/1/2015-9/30/2016
e	Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	29		42	33	CMS Hospital Compare, 10/1/2015-9/30/2016

Tab 5 Hospitalization/Provider Profile (Continued)

IHA Inpatient Utilization		Trend	YR17	YR16	YR15
Total - Carroll County IA			2,265	2,258	2,244
Pediatric Age 0-17			341	338	348
Adult Medical/Surgical Age 18-44			455	491	461
Adult Medical/Surgical Age 45-64			433	456	463
Adult Medical/Surgical Age 65-74			320	279	265
Adult Medical/Surgical Age 75+			716	694	707
IHA Inpatient Utilization		Trend	YR17	YR16	YR15
Manning Regional			130	116	111
Pediatric Age 0-17			2	7	13
Adult Medical/Surgical Age 18-44			6	18	13
Adult Medical/Surgical Age 45-64			19	9	19
Adult Medical/Surgical Age 65-74			17	13	16
Adult Medical/Surgical Age 75+			86	69	50

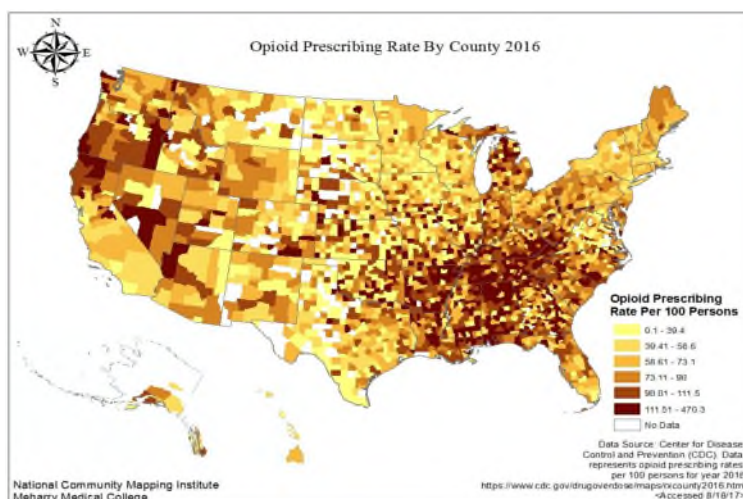
Tab 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Carroll Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
6	a Depression: Medicare Population, percent, 2015	14.8%		16.7%	14.0%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2012-2016 (lower is better)	15.7		13.3	15.5	Iowa Health Fact Book
	c Poor mental health days, 2016	3.2		3.3	3.2	County Health Rankings

Tab 6 Social & Rehab Services Profile (Continued)

Opioid Prescription Rate per 100, 2017. Carroll County = 87.8 Iowa = 56.4



Tab 7a Health Risk Profiles

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

Tab	Health Indicator	Carroll Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
7a	a Adult obesity, percent, 2014	31.0%		32.0%	34.3%	County Health Rankings
	b Adult smoking, percent, 2016	14.0%		17.0%	15.1%	County Health Rankings
	c Excessive drinking, percent, 2016	21.0%		22.0%	19.8%	County Health Rankings
	d Physical inactivity, percent, 2014	32.0%		25.0%	29.7%	County Health Rankings
	e Poor physical health days, 2016	2.7		2.9	3.0	County Health Rankings
	f Sexually transmitted infections, rate per 100,000, 2015	252.9		388.9	238.7	County Health Rankings

Tab 7b Health Risk Profiles (Continued)

Tab	Health Indicator	Carroll Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
7b	a Hypertension: Medicare Population, 2015	53.9%		51.0%	53.9%	Centers for Medicare and Medicaid Services
	b Hyperlipidemia: Medicare Population, 2015	40.6%		40.1%	40.9%	Centers for Medicare and Medicaid Services
	c Heart Failure: Medicare Population, 2015	11.8%		12.2%	13.6%	Centers for Medicare and Medicaid Services
	d Chronic Kidney Disease: Medicare Pop, 2015	15.1%		15.5%	15.6%	Centers for Medicare and Medicaid Services
	e COPD: Medicare Population, 2015	8.3%		10.7%	11.6%	Centers for Medicare and Medicaid Services
	f Atrial Fibrillation: Medicare Population, 2015	9.3%		8.8%	9.1%	Centers for Medicare and Medicaid Services
	g Cancer: Medicare Population, 2015	7.4%		7.0%	7.7%	Centers for Medicare and Medicaid Services
	h Osteoporosis: Medicare Population, 2015	6.1%		5.3%	5.7%	Centers for Medicare and Medicaid Services
	i Asthma: Medicare Population, 2015	5.0%		6.5%	6.5%	Centers for Medicare and Medicaid Services
	j Stroke: Medicare Population, 2015	4.1%		3.1%	3.4%	Centers for Medicare and Medicaid Services

Tab 8 Uninsured Profiles / Community Invest

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 Indicator	Carroll Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
8	a Uninsured, percent, 2015	5.0%		6.0%	6.6%	County Health Rankings

#	MRHC Internal Records	YR16	YR17	YR18
1	Bad Debt - Write off	\$387,879	\$269,089	\$246,775
2	Charity Care - Free Care Given	\$130,757	\$255,666	\$139,192

Local Health Department Community Support is as follows:

Source: Internal Records -				
	Community Tax Dollars- Carroll County IA Health Dept	YR 2016	YR 2017	YR 2018
a	Core Community Public Health	\$61,308	\$58,278	\$54,849
b	Immunizations/Vaccine	\$16,588	\$15,956	\$11,489

Tab 9 Mortality Profile

The leading causes of county deaths are listed below. Areas of higher than expected are so noted.

Tab		Health Indicator	Carroll Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
9	a	Life Expectancy for Males, 2014	77.7		77.5	77.1	Institute for Health Metrics and Evaluation
	b	Life Expectancy for Females, 2014	82.9		81.9	81.9	Institute for Health Metrics and Evaluation
	c	Age-adjusted Cancer Mortality Rate per 100,000 population, 2010-2014 (lower is better)	175.7		168.9	175.7	Iowa Health Fact Book
	d	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2010-2014 (lower is better)	157.0		166.0	163.5	Iowa Health Fact Book
	e	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 population, 2010-2014 (lower is better)	40.1		46.8	49.1	Iowa Health Fact Book
	f	Alcohol-impaired driving deaths, percent, 2012-2016	29.0%		27.0%	23.8%	County Health Rankings

Tab 9 Mortality Profile (Continued)

Total IOWA by Selected Causes of Death - 2017	Carroll Co IA	%	Trend	State of IA 2017	%
Total Deaths	265	100.0%		30246	100.0%
Major Cardiovascular Diseases	95	35.8%		9,208	30.4%
All Other Diseases	37	14.0%		5,284	17.5%
Malignant Neoplasms	48	18.1%		6,418	21.2%
Unintentional Injuries	9	3.4%		1,488	4.9%
Chronic Lower Respiratory Diseases	15	5.7%		1,934	6.4%
Diabetes Mellitus	6	2.3%		911	3.0%
Alzheimer's Disease	11	4.2%		1,602	5.3%
Other External Causes	NA			3,401	11.2%
https://tracking.idph.iowa.gov/People-Community/Deaths/Select-Causes/Suicide					

Tab 10 Preventive Health Profile

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

Tab		Health Indicator	Carroll Co IA	Trend	State of IA	Rural W IA Norm N=12	Source
10	a	Access to exercise opportunities, percent, 2016	80.0%		83.0%	71.9%	County Health Rankings
	b	Diabetes monitoring, percent, 2014	92.0%		90.0%	89.1%	County Health Rankings
	c	Mammography screening, percent, 2014	71.0%		69.0%	65.1%	County Health Rankings
	e	Percent Annual Check-Up Visit with PCP	NA		NA	NA	TBD
	f	Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
	g	Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

b) Online Research- Health Status

PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for MRHC PSA. Response for Carroll County (MRHC PSA) online survey equals 201 residents. Below are two charts review survey demographics.

Chart #1 – MRHC PSA Online Feedback Response N=201

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	Carroll Co N=201	Trend	Rural Norms 21 N=3,648
Business / Merchant	12.1%		9.0%
Community Board Member	12.1%		7.8%
Case Manager / Discharge Planner	0.0%		1.1%
Clergy	0.0%		1.1%
College / University	0.7%		1.9%
Consumer Advocate	2.0%		1.6%
Dentist / Eye Doctor / Chiropractor	0.7%		0.5%
Elected Official - City/County	0.7%		1.9%
EMS / Emergency	1.3%		2.3%
Farmer / Rancher	6.0%		5.7%
Hospital / Health Dept	13.4%		16.9%
Housing / Builder	0.0%		0.6%
Insurance	1.3%		1.1%
Labor	3.4%		2.2%
Law Enforcement	0.0%		1.5%
Mental Health	0.7%		2.1%
Other Health Professional	10.7%		9.4%
Parent / Caregiver	18.1%		14.8%
Pharmacy / Clinic	1.3%		2.3%
Media (Paper/TV/Radio)	0.7%		0.5%
Senior Care	4.0%		2.5%
Teacher / School Admin	7.4%		5.3%
Veteran	3.4%		2.7%
Unemployed / Other	0.0%		5.3%
Rural 21 Norms Include the following counties: Appanoose IA, Barton, Carroll IA, Cowley, Decatur IA, Edwards, Fremont IA, Furnas NE, Hays, Sheriton, Jasper IA, Kiowa, Linn MO, Miami, Nemaha, Osborne, Page IA, Pawnee, Russell, Smith, Trego.			

**Chart #2 – MRHC PSA Online Feedback
Quality of Healthcare Delivery Community Rating**

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Carroll Co IA N=201	Trend	Rural Norms 21 Co N=3648
Top Box %	27.9%		23.3%
Top 2 Boxes %	73.1%		68.5%
Very Poor	1.0%		1.2%
Poor	4.5%		5.0%
Average	19.4%		25.0%
Good	45.3%		45.2%
Very Good	27.9%		23.3%

**Chart #3 – MRHC PSA Online Feedback
Overall Community Health Quality Trend**

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Carroll Co IA N=201	Trend	Rural Norms 21 Co N=3648
Increasing - moving up	34.3%		42.7%
Not really changing much	37.3%		39.7%
Decreasing - slipping	12.9%		9.6%

**Chart #4 – MRHC PSA Online Feedback
Re-evaluate Past Community Health Needs Assessment Needs**

CHNA Wave #3		Carroll Co N=201		
Past CHNAs health needs identified		Ongoing Problem		Pressing
#	Topic	Votes	%	Trend RANK
1	Mental Health Services	65	57.5%	1
2	Dentists / Orthodontists	55	48.7%	4
3	After-school Programs	43	38.1%	3
4	Obesity	41	36.3%	5
5	Elderly Wellness / Living	36	31.9%	2
6	Nutrition / Wellness Programs	29	25.7%	7
7	Cancer	27	23.9%	6
8	Psychiatrist	24	21.2%	11
9	Cardiac Rehab	21	18.6%	12
10	Urgent Care / Emergency Care	20	17.7%	8
11	Diabetes	19	16.8%	10
12	Psychologist	18	15.9%	13
13	Substance Abuse	17	15.0%	14
14	Pediatrics	16	14.2%	16
15	Heart Disease	13	11.5%	15
16	Access to Healthcare	11	9.7%	9
17	Immunization Clinics	8	7.1%	17
18	Food Safety	7	6.2%	18
19	STD	6	5.3%	19

Chart #5 – MRHC PSA Online Feedback
Community Health Needs Assessment “Causes of Poor Health”

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Carroll Co IA N=201	Trend	Rural Norms 21 Co N=3648
Poverty / Finance	23.4%		8.5%
Lack of awareness of existing local programs, providers, and services	14.0%		20.0%
Limited access to mental health assistance	17.4%		17.6%
Elder assistance programs	9.4%		10.5%
Lack of health & wellness education	9.7%		12.3%
Family assistance programs	6.4%		8.0%
Chronic disease prevention	9.4%		10.1%
Case management assistance	5.4%		6.8%
Other (please specify)	5.0%		6.2%

Chart #6 – MRHC PSA Online Feedback
Community Rating of HC Delivery Services (Perceptions)
(Improving and Declining efforts were marked comparing to 2016 ratings)

CHNA Wave #3	Carroll Co IA N=200			Rural Norms 21 Co N=3,648	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	85.5%	2.6%		86.0%	2.7%
Child Care	75.4%	6.1%		51.0%	12.0%
Chiropractors	80.0%	5.2%		76.9%	4.9%
Dentists	24.8%	53.5%		59.7%	17.0%
Emergency Room	81.0%	4.3%		70.1%	9.6%
Eye Doctor/Optometrlist	71.8%	7.3%		73.9%	8.0%
Family Planning Services	37.5%	18.3%		39.2%	18.3%
Home Health	77.3%	2.7%		56.4%	10.6%
Hospice	70.4%	7.4%		67.6%	7.7%
Inpatient Services	85.0%	6.2%		74.9%	5.9%
Mental Health	12.7%	42.2%		24.5%	36.2%
Nursing Home	59.6%	10.5%		47.3%	17.1%
Outpatient Services	79.1%	3.6%		75.3%	4.4%
Pharmacy	86.6%	2.7%		88.5%	2.4%
Physician Clinics	85.1%	5.3%		79.0%	4.5%
Public Health	68.2%	5.6%		63.1%	6.7%
School Nurse	75.9%	3.7%		61.3%	9.4%
Specialists	69.4%	10.8%		56.9%	13.2%

**Chart #7 – MRHC PSA Online Feedback
Community Health Readiness**

Community Health Needs Assessment Wave #3		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Carroll Co IA N=201	Trend	Rural Norms 21 Co N=3,648
Early Childhood Development Programs	8.1%		11.5%
Emergency Preparedness	8.7%		8.9%
Food and Nutrition Services/Education	13.4%		13.9%
Health Screenings (asthma, hearing, vision, scoliosis)	10.7%		13.1%
Immunization Programs	6.6%		6.7%
Obesity Prevention & Treatment	28.2%		31.6%
Prenatal / Child Health Programs	8.7%		11.4%
Sexually Transmitted Disease Testing	13.0%		15.4%
Spiritual Health Support	11.0%		12.0%
Substance Use Treatment & Education	5.9%		32.3%
Tobacco Prevention & Cessation Programs	14.6%		27.5%
Violence Prevention	15.8%		31.5%
Women's Wellness Programs	11.5%		16.4%
WIC Nutrition Program	8.7%		6.7%

**Chart #8 – MRHC PSA Online Feedback
Healthcare Delivery “Outside our Community”**

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	Carroll Co IA N=201	Trend	Rural Norms 21 N=3,648
Yes	55.7%		48.2%
No	8.5%		11.1%
I don't know	35.8%		40.0%

**Chart #8 – MRHC PSA Online Feedback
Healthcare Delivery “Outside our Community” (Continued)**

Community Health Needs Assessment Wave #3				Specialties:	
In the past 2 years, did you or someone you know receive HC outside of our community?	Carroll Co IA N=201	Trend	Rural Norms 21 N=3,648	SPS	CTS
Yes	79.6%		80.8%	SURG	10
No	14.8%		14.2%	SPEC	9
I don't know	5.6%		5.0%	OBG	8
				DENT	8
				TRAV	8
				ORTH	7
				CARD	6
				CANC	5

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

Community Health Needs Assessment Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	Carroll Co N=201	Trend	Rural Norms 21 N=3,648
Abuse/Violence	4.7%		7.2%
Alcohol	2.1%		6.9%
Breast Feeding Friendly Workplace	2.7%		2.3%
Cancer	2.7%		5.4%
Diabetes	4.4%		5.7%
Drugs/Substance Abuse	4.1%		12.3%
Family Planning	2.4%		3.9%
Heart Disease	2.7%		4.1%
Lead Exposure	1.8%		1.2%
Mental Illness	15.0%		14.6%
Nutrition	3.2%		6.2%
Obesity	8.8%		10.9%
Environmental Health	3.2%		1.0%
Physical Exercise	5.9%		8.2%
Poverty	5.0%		9.5%
Lung Disease	0.9%		2.6%
Sexually Transmitted Diseases	1.5%		3.1%
Smoke-Free Workplace	1.5%		2.0%
Suicide	6.2%		9.6%
Teen Pregnancy	2.9%		4.3%
Tobacco Use	3.2%		4.8%
Vaccinations	3.2%		3.4%
Water Quality	2.7%		4.5%
Wellness Education	6.8%		8.3%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services 2019 - MRHC PSA (Carroll Co IA)

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

Inventory of Health Services 2019 - MRHC PSA (Carroll Co IA)

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

Providers Delivering Care in Carroll County IA MRHC Primary Service Area			
	FTE Physicians		FTE Allied Staff
# of FTE Providers working in county	PSA Based DRs	Visting DRs *	PSA Based PA / NP
Primary Care:			
Family Practice	20.0		7.0
Internal Medicine / Geriatrician	0.5		2.0
Obstetrics/Gynecology	3.0	1.8	
Pediatrics	1.0		
Medicine Specialists:			
Allergy/Immunology		1.0	
Cardiology	3.0		0.3
Dermatology			0.5
Endocrinology			
ENT	0.5		
Gastroenterology			
Oncology/RADO	3.0		
Infectious Diseases			
Nephrology	1.0		
Neurology	1.0	0.8	
Psychiatry	2.0		
Pulmonary			
Rheumatology			
Surgery Specialists:			
General Surgery / Colon / Oral	2.5		
Neurosurgery			
Ophthalmology	1.0		
Orthopedics	1.0	0.75	
Otolaryngology (ENT)	0.5		
Plastic/Reconstructive	1.0		
Thoracic/Cardiovascular/Vasc			
Urology	1.0	0.25	
Hospital Based:			
Anesthesia/Pain	1.0		1.5
Emergency	1.5		
Radiology	1.0		
Pathology/Laboratory	1.0		
Hospitalist			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occ Medicine			
Podiatry		1.0	
Chiropractor			
Optometrist OD			
Dentists			
TOTALS	46.5	5.5	11.3

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

<i>SPECIALTY</i>	<i>Physician Name/Group</i>	<i>Office Location (City/State)</i>	<i>SCHEDULE</i>	<i>Annual Days</i>	<i>LOCATION OF OUTREACH CLINIC</i>
Cardiology -	Dr. Ulveling, Iowa Heart	Carroll, Iowa	1st & 3rd Thurs	24	MRHC Specialty Clinic
Dermatology -	Anne Nelson, Bergman Cosmetic	Des Moines, Iowa	1st Wed	12	MRHC Specialty Clinic
General Surgeon -	Dr. Smith	Jefferson, Iowa	Every Monday	52	MRHC Specialty Clinic
OB-Gynecology -	Dr. Woods, Shenandoah Med Center	Shenandoah, Iowa	2nd Wed	12	MRHC Specialty Clinic
Hematology/Oncology -	Dr. Parker-Brueggemann, Heartland Oncology & Hematology	Council Bluffs, Iowa	1st Tues	12	MRHC Specialty Clinic
Sports Medicine Hand & Microvascular Orthopedic -	Dr. Thor, Dr. Huston, Dr. O'Mahony; Miller Orthopedics	Council Bluffs, Iowa	Varies per provider, each one x2/mth	72	MRHC Specialty Clinic
Pain Clinic	Dr. Rossi, Brian Jacobs, CRNA; Mid Iowa Anesthesia and Pain Services	Broadlawns, Des Moines, Iowa	1st & 3rd Wed	24	MRHC Specialty Clinic
Podiatry	Dr. Jensen, McFarland Clinic	Carroll, Iowa	Tuesdays	36	MRHC Specialty Clinic
Urology -	Dr. Bourne & Patrick Honner, PAC; Siouxland Urology Associates	North Sioux City, SD	Every other Tuesday	26	MRHC Specialty Clinic
Wound Care	Dr. Luong	Manning, Iowa	Every Thursday	52	MRHC Specialty Clinic

MRHC Primary Service Area Carroll County Iowa Healthcare Services Directory

Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

Carroll County Sheriff (712) 792-4393

Carroll County Ambulance (712) 792-1335

HANDY 800 NUMBERS

A.C.C.E.S.S (Domestic Violence Services) 855-983-4641
A.C.C.E.S.S. (Sexual Assault Services) 800-203-3488
AIDS Hotline 800-342-2437
Al-Anon, Aleteen Family Group Hotline 800-344-2666
Alcohol and Drug Abuse 800-252-6465
Alliance for the Mentally Ill of Iowa 800-417-0417
Alzheimer's Association 800-272-3900
American Cancer Society 866-227-2345
American Diabetic Association 800-232-3472
American Red Cross 800-733-2767
Answer Line(Questions relating to home & family 800-262-3804
Assoc for Children for Enforcement of Support 888-229- 9223
Attorney General (State of Iowa) 800-373-5044
Attorney General (Consumer protection) 888-777-4590
Attorney Referral Service 800-532-1108
Bets Off (Gambling Council) 800-238-7633
Better Business Bureau 800-222-1600
Carroll Co. Public Health 800-684-3020
Child Care Network 800-722-7619
Child Care Resource and Referral 800-945-9778
Child/Dependent Adult Abuse Hotline 800-362-2178
Civil Rights Commission 800-457-4416
Continuing Education 800-262-0015
Crime Victim Assistance Program 800-373-5044
Crisis Intervention and Advocacy Center
Crisis Line 800-400-4884
Department of Human Services 866-937-3663
Department of Revenue 800-367-3388
Department of the Blind 800-362-2587
Department of Transportation 800-532-1121
Division of Disabilities
Elderbridge Agency on Aging 800-543-3265
Elderly (Legal Hotline for Older Iowans) 800-992-8161
Equal Employment Opportunity 800-669-4000
Family Resource Center 800-999-5101
Federal Information Hotline 800-688-9889
HAWK-I Health Insurance 800-257-8563
Healthy Families (ISU) 800-369-2229
Heartland Area Education 800-362-2720

HANDY 800 NUMBERS

Internal Revenue Service (IRS) 800-829-3676
Iowa Attorney Referral Service 800-532-1108
Iowa Client Assistance (Dept. of Human Rights) 800-652-4298
Iowa Compass (Disability Information) 800-779-2001
Iowa Concerns Hotline 800-447-1985
Iowa New Choices, DMACC 800-362-2127
Iowa One Call(Call before you dig) 800-292-8989
Iowa Plains Area Mental Health 800-325-1192
Iowa Poison Center 800-222-1222
Iowa Protection and Advocacy for the Disabled 800-779-2502
Legal Services of Iowa (IA Legal Aid) 800-532-1275
Long Term Care Ombudsman (Dept. of Elder Affairs) 800-532-3213
New Opportunities, Inc. 800-642-6330
PORKline 800-808-7675
Quit Line Iowa (quit smoking) 800-784-8669
Radon Line 800-383-5992
Senior Health Insurance Information Program (LTC ins). 800-351-4664
Sexual Abuse Hotline 800-203-3488
Small Business Resource Office 800-532-1216
Social Security Administration 800-772-1213
Spanish Line 800-550-0004
St. Anthony Home Health Care/Hospice 800-684-3020
State Highway Patrol 800-525-5555
Teen Line 800-443-8336
United Network Organ Sharing 888-894-6361
Veterans Suicide Hotline 800-321-7772
West Central Mental Health 800-321-7772
Youth & Shelter (24 hour help) 800-600-2330
Youth Law Center (Under 18) 800-728-1172

CHILDREN, JUVENILES, & FAMILIES

Breda Day Care Center, Inc. 712-673-5437

406 N. 3rd, Breda, IA 51436

7:00 a.m. — 6:30 p.m. Mon. — Fri.

•Pre-School

•Professionally trained early childhood staff provides warm, loving atmosphere and creative play experience for children. Serve 6 weeks through school age.

Carroll Area Child Care Center & Preschool 712-792-1375

113 W. 7th St., Carroll, IA 51401

6:00 a.m. — 6:00 p.m., 5 days/week

•Quality daycare for children ages 2 weeks to 10 years with age appropriate activities.

Carroll County Home Care Aide Service 712-792-9517

17436 Mahogany P O Box 966 Carroll, IA 51401

E-mail: CCHCA@win-4-u.net

Board of Health and Home Care Aids 712-792-9517

Carroll County ISU Extension and Outreach 712-792-2364

1205 W. Hwy 30, Carroll, IA 51401

Carroll County Public Health Services 712-794-5408

H.O.P.E.S. 800-684-3020

318 S. Maple St. Ste. 3 Carroll, IA 51401

Carroll County Nest Immunizations

See listing under Health & Disabilities

CASA — Court Appointed Special Advocates for Children 866-923-1083

•Trained Volunteers are appointed to cases of children under the jurisdiction of Juvenile Court who have been abused or neglected

Centers Against Abuse and Sexual Assault 712-792-6722

P.O Box 784 Carroll, IA 51401

Advocacy for victims of sexual assault 24hrs. Crisis line 1-877-362-4612

Child Health Specialty Clinic 712-792-5530

Fax 712-792-4825

204 W. 7th St., Carroll, IA 51401

8:00 a.m. — 4:30 p.m. Mon. — Thur.

•We assure a system of care for children and youth who have special health care needs.

•We provide care coordination for children with special health care needs. We also assist families of children enrolling in the III & Handicapped Waiver.

•We provide Early ACCESS Service Coordination and Early ACCESS nutrition services.

•We have a parent consultant network available to assist families.

*Regional Autism Assistance Program (RAP)

Child Support Recovery Unit 712-792-5691

P.O. Box 937, Carroll, IA 51401

•Recovery of Child support, medical support and establishment of paternity and child support orders. Audubon, Carroll, Crawford, Greene, Guthrie, Sac and Shelby Counties.

Choices Counseling 712-328-3700

•BHIS (Behavioral Health Services)
appropriate, child-oriented

Communities 4 Children DE categorization Project 712-792-4391 ext. 239

DE categorization/Community Partnerships for Protecting Children Coordinator

Depts. Of Human Services

603 N. Court St., Ste C

Carroll, IA 51401

•Community based service addressing the needs of children and families in Audubon, Carroll, Greene, and Guthrie Counties. Parents are encouraged to participate at monthly local meetings.

Call for more information.

Department of Human Services 712-792-4391

Toll Free 1-866-202-5968

Child Abuse Hotline & Dependent Adult Hotline 1-800-362-2178

608 N. Court Street, Carroll, IA 51401

8:00 a.m. — 4:30 p.m. Mon. — Fri.

•Economic Programs — Cash Welfare Payments, Food Stamps, Medical Assistance (Medicaid),

Medicare Reimbursement, State Supplemental Assistance, Nursing/Residential Facility

Benefits, and Information and Referral.

•Service Programs—Adoption, Child Day Care, Child Protective Assessments, Dependent Adult

Protective Investigations, Family Centered Services, Family Preservation Services, Foster Care,

Foster Home Licensing, In-Home Health-Related Care, Waiver Services, and Information and Referral.

Child Support Recovery 712-792-5838

Toll Free 1-888-229-9223

625 NW Street, Carroll IA 51401

Family Crisis Center 712-792-6722

P.O. Box 784 Carroll, IA 51401

8:00 a.m.-4:00 p.m. Mon.-Fri.

Counseling and advocacy services for victims of domestic violence.

Services are free and confidential.

24 Hour Crisis Line 1-800-382-5603

Family Resource Center (CCCPA) 712-792-6440

502 W. 7th Street 800-999-5101

Carroll, IA 51401 www.carrollfrc.org

Child Care Project —technical assistance to child care providers.

Parent-Time-Out — provides a break from Challenges of parenting.

FaDSS (Family Development and Self-Sufficiency Program) — helps participants to become more self-sufficient.

•Crisis Child Care — community-based emergency child care to families.

•Stewards of Children is a curriculum for sexual abuse prevention, nurturing healthy sexual development.

Waivers and Programs

Brain Injury, III & Handicapped, Children's Mental Health, Intellectual Disability, Elderly, Physical Disability and Habilitation

Services

SCL (Supported Community Living) focuses skill development.

Respite is a temporary break for the parent or guardian.

CDAC (Consumer Directed Attendant Care) — doing tasks for individuals with disabilities.

Home-Based Habilitation — skill retention or improvement for individuals with psychiatric illnesses.

•Emergency/Crisis Care — Crisis Line 1-800-999-5101 or 712-792-6440

Iowa New Choices (DMACC Carroll) 712-792-8304

or 1-800-622-3334 ext. 8304

•Assists single parents and displaced homemakers by helping them prepare for work so they can support their families

•Offers career counseling, academic, pre-enrollment and financial aid counseling, pre-employment counseling, referral to appropriate supportive agencies, personal/career development workshops, financial assistance for child care and transportation for eligible clients

Juvenile Court Services 712-792-5666

P.O. Box 722, Carroll, IA 51401

Manning Child Care Center 712-655-5437

Serving children 6 weeks to 12 years, in a quality early childhood environment.

New Opportunities, Inc.

Operator/Receptionist **712-792-9266 Ext. 0**

23751 Hwy 30 **1-800-642-6330**

P.O. Box 427, Carroll, IA 51401 www.newopp.org

8:00 a.m.-4:00 p.m. Mon. - Fri.

CENTRAL ADMINISTRATIVE OFFICE —

1st Five Healthy Mental Development **Ext. 213**

Child and Adult Care Food Program (CACFP) **Ext. 303**

Child/Adolescent Health Program **Ext. 201**

Childhood Lead **Ext. 203**

Women's Health (WHP) **Ext. 209**

Breast exams and pap smears, counseling and education, pregnancy testing, prenatal education, birth control methods, STD testing & education for men and women.

Maternal Health **Ext. 209**

WIC **Ext. 208**

hawk-i **Ext. 203**

Head Start/Early Head Start **Ext. 403**

Weatherization **Ext. 502**

Carroll Mentoring Program **Ext. 602**

Mentoring **Ext. 602**

Financial Literacy **Ext. 806**

New Opportunities Carroll County Family Development Center

23751 Hwy 30 East,

Carroll, IA 51401 **712-792-9266 Ext. 720**

•Food Pantry, Share Iowa, Chore services

•Low-Income Energy Assistance/Weatherization, Utility Crisis Assistance
•Homelessness Prevention Rapid Rehousing Program (HPRP) **Est. 720**

Partnership 4 Families p4fchildren@gmail.com

P.O. Box 672, Carroll, IA 51401 www.partnerships4families.org

Early Childhood Iowa Area for Audubon, Carroll, Greene & Guthrie

Provides funding for preschool assistance, child care project and home visitation

Early Childhood Task Force meetings held quarterly

Parent Partners 515-971-6730

Mentor families currently involved with DHS for child protection issues and work directly with child welfare

workers, providers, and policy makers to influence helpful change in child protection and service.

Quakerdale 712-655-2012

1500 W. 3rd St.

P.O. Box 366, Manning, IA 51455

•Family Centered Services: Therapist works closely with individual families in their homes

•Family Foster Care: Youth receive counseling while living in a licensed foster home
(treatment and basic)

Foster Care Home Studies: Initial & Relicensing of Foster Homes

Residential Treatment: Youth, ages 11 to 17 are provided individual & group counseling

Family therapy is also available

Fun Family Program: Residents have an opportunity to spend time in a family setting with a volunteer "Fun Family." •

In office counseling: Family, couple and individual.

Insurance, EAP and/or Self-Pay

•Youth Shelter Care — Ages 11-17

Season Center for Behavioral Health 800-242-5101

Behavioral Health Services

524 E. 7th St

Carroll, IA

Trauma Therapy Services

Psychological Testing

Outpatient Counseling and Therapy Services

•Parenting Programs

•Care Coordination

•**24/7 Crisis Line at 800-242-5101**

Tracey's Tots Day Care Center 712-792-3288

Children will enjoy daily crafts, music, story time, recess, nutritious snacks and hot meals and

transportation is provided. Children from 2 weeks to 12 years.

SENIORS

Alzheimer's Association Big Sioux Chapter

522 4th St. Lower Level, PO Box 3716

Sioux City, IA 51102-3716

Carroll Branch:

AdvantaGE One Credit Union

206 N. Grant Road, Suite 1 PO Box 955

Carroll, IA 51401

•To educate the public concerning Alzheimer's Disease and to aid and support Alzheimer's patients and their families.

Congregate Meals

Rec. Ctr. Activity Room, Carroll, IA 51401

11:45 a.m. Mon.-Fri. 712-792-3058

Municipal Bldg. Basement

Coon Rapids, IA 50058

12:00 p.m. Mon-Fri. 712-999-5514

Senior Ctr., Manning, IA 51455

12:00 p.m. Mon. — Fri. 712-655-3417

•Nutritious meals offered to senior citizens over age 60, providing a social environment.

Elderbridge Agency on Aging 712-792-3512

603 N. West St., Carroll, IA 51401 800-243-0678

elderbridge@elderbridge.org

7:45 a.m. — 4:15 p.m., 5 days/week www.elderbridge.org

Informational & Referral 1-800-243-0678

- Planning, funding and coordinating agency.

- Provides services for persons 60+. Also serving as a source of information and advocacy for older persons and their families.

- Adult Disabilities

Foster Grandparent Program 712-792-4212

514 N. Court Street, Carroll, IA 51401

Email: cfgrp@hotmail.com

- This program offers seniors sixty and over an opportunity to volunteer serving children in need

The volunteers receive a small tax-free stipend, travel and meal reimbursement, the unconditional love of a child, and much, much more

New Opportunities, Inc. 712-792-9266

See listing under Children, Juveniles, and Families
www.newopp.org

R.S.V.P. (Retired and Senior Volunteer Program) 712-792-4212

514 N Court, Carroll, IA 51401 E-mail: crsvp@hotmail.com

8:00 am — 4:30 p.m. 5 days/week

RSVP matches the interests and talents of people aged 55 and better with volunteer opportunities throughout Carroll County.

St. Anthony Home Health/Hospice 712-794-5279

Carroll County Public Health Nursing

See listing under Health & Disabilities

Senior Housing

St. Anthony's Nursing Home 712-794-5291

Swan Park 712-792-6974

COUNSELING SUBSTANCE ABUSE & MENTAL HEALTH

Birthright 712-792-6592

Toll free number — 24-hour Crisis Line 1-800-550-4900

207 W. 4th Street, Carroll, IA 51401

- Provides assistance for problem pregnancies

- Free pregnancy testing

- Confidential and practical assistance

Catholic Charities 712-792-9597

409 th W. 7th St., Carroll, IA 51401

8:30 a.m. — 5:00 p.m., Mon., Tues., Wed. & Fri.

1 p.m. — 8 p.m., Thurs.

- Provides family, individual, marital/couple, therapy; maternity services concerning unplanned pregnancies; and adoption services.

Howard Center Inc.

See listing under Health and Disabilities.

Iowa New Choices (DMACC Carroll) 712-792-1755

906 N. Grant Road 1-800-622-3334

See listing under Children, Juveniles and Families

Lutheran Services in Iowa 712-263-9341

205 S. 7th St., Denison, IA 51442

8:00 a.m. — 4:30 p.m., Mon-Fri.

- Foster care placement and supervision and individual and family counseling

- Family-centered services

Manning Family Recovery Center

24 Hour Crisis Line 1-800-656-6372

410 Main St., Manning, IA 51455

New Opportunities, Inc www.newopp.org 800-642-6330

Behavioral Health Services for Treatment and Prevention of Substance Abuse

23751 Hwy 30 E 712-792-9266

Carroll, IA 51401 Fax 712-792-1457

8:00 a.m. —4:30 p.m., M- F or by appt.

- OWI evaluations
- Substance Abuse Evaluations/Assessments
- Intensive Outpatient Treatment
- Extended Outpatient Treatment
- Continuing Care services
- Inpatient referral service
- Alcohol and drug testing
- OWI Classes
- Juvenile Alcohol Drug Education (JADE)
- Prevention Education
- Quitline

Plains Area Mental Health, Inc.
www.plainsareamentalhealth.org 712-792-2991

318 South Maple St., Suite 1 Fax: 712-792-3067

Monday through Thursday 8:00 a.m. — 5:00 p.m. Friday 8:00 a.m. to 4:30 p.m.

24 Hour Crisis Line: 888-546-0730

Outpatient Therapy Psychiatric Services Outreach Services

- Individual *Psychiatric Evaluations *Community Support Services
 - Marital/Couple *Psychiatric Medication *Support Community Living
 - Parent/Child *Treatment/Assessment for *Integrated Health Services
 - Group Attention Deficit Hyperactivity *Day Habilitation, Socialization
- Techniques used: Play Therapy, Parent Child Interactive Therapy (PCIT), Eye Movement
Desensitization and Reprocessing (EMDR), Interpersonal Therapy (IPT), Lifespan Integration,
Cognitive Behavioral, Solution Focused Brief Technique (SFBT),
Critical Incident Stress
Management (CISM) and Yoga

Seasons Center for Behavioral Health 800-242-5101

524 East 7th, Carroll, IA 51401

- Screening & Assessments
- Evidence-Based Therapies
- Care Coordination Services
- Therapeutic Respite Care
- Cross-System Trainings

St. Anthony Mental Health Services 712-794-5270

(St. Anthony Regional Hospital), S. Clark St., Carroll, IA 51401

Crisis Line 1-800-562-6060

Outpatient Services 712-794-5435

Individual & Marital Therapy

- Behavioral services for headaches, hypertension and chronic pain
- Attention Deficit Disorder treatment
- School-related problem treatment
- Treatment for Depression and Anxiety
- Partial hospitalization Program for individuals with mental health issues.
- Intensive Outpatient Program

FOOD, HOUSING, FINANCIAL & TRANSIT

American Red Cross 1-800-887-2988

Carroll County Community Assistance 712-792-1234

608 N. Court Street, Suite B, Carroll, IA

- Emergency assistance for eligible applicants
 - Carroll County Veterans Assistance — Emergency assistance for qualified wartime veterans
 - Iowa City quota papers — Provide medical care at Iowa City for eligible applicants
- Carroll County ISU Extension and Outreach 712-792-2364
- 1205 W. U.S. Hwy 30, Carroll, IA 51401
- Financial education

Community of Concern Food Pantry 712-792-5150

•Provides groceries for eligible applicants who have an emergency need for food.

New Opportunities Carroll County Family Development Center

23751 Hwy 30 East,

Carroll, IA 51401 712-792-9266

Food Pantry

Clothes closet and LitEAP 712-792-9266

[See listing under Children, Juveniles, and Families.](#)
www.newopp.org

Region XII Council for Governments 712-792-9914

[1009 E. Anthony St., P.O. Box 768, Carroll, IA 51401](#)
www.region12cog.org

- Loans/grants made to income eligible homeowners for home repairs.
- Loans/grants made to income eligible applicants for down payment assistance.

Region XII Western Iowa Transit 712-792-9914

[1009 E. Anthony St. P.O. Box 768, Carroll, IA 51401](#)
www.region12cog.org

- Providing local and intercity transportation for the general public, persons with disabilities, senior citizens, and other transportation disadvantaged people.

Regional Housing Authority 712-792-5560

320 East 7th

Carroll, IA 51401

- Helps low income families, elderly, disabled, or handicapped pay rent (based on income guidelines per household).

Social Security Administration 866-572-8381

Fax 712-792-6460

818 Bella Vista Dr.

Carroll, IA 51401

- Providing income for retired and disabled persons and survivors who are participants in the Social Security program. Also, Medicare coverage and Supplemental Security Income services.

JOBS

Iowa Works 712-792-2685

619 N. Carroll St., Carroll, IA 51401

www.iowaworkforcedevelopment.gov www.iowajobs.org

Provides job placement and unemployment insurance.

Career information, labor market information, and resume preparation.

Provides information services to employers in regard to recruitment, job placement, labor market information.

New Hope Village 712-792-5500

See listing under Health and Disabilities

Promise Jobs/Workforce Innovation & Opportunity Act 712-792-9812

619 N. Carroll Street. P.O. Box 768, Carroll, IA 51401 712-792-2685

- Promise Jobs is designed to provide applicants and recipients with opportunities to move to self-sufficiency through employment and to develop vocational skills needed to become economically self-sufficient, Program is for FIP recipients.

- Employment training program for eligible adults and youth. Services include resume writing, interview techniques, on-the-job training, vocational training in a classroom setting; Remedial and Basic Skills and supportive services.

Vocational Rehabilitation Office 712-792-9351

619 N. Carroll St., Carroll, IA 51401

- Provides rehabilitation services to eligible individuals with disabilities in order that they can prepare for, enter, engage in, or retain gainful employment.

HEALTH AND DISABILITIES AGENCIES AND PROGRAMS

Carroll Area Nursing Service 712-792-1111

1-800-920-CANS

[603 W. 8th St., Carroll, IA 51401](http://603.W.8th.St.,Carroll,IA51401) www.canshomehealth.com

Available 24 hours/day, 7 days/week

- Providing quality care in your home with a personal touch
- Providing skilled nursing, physical therapy, speech pathology, occupational therapy, home care aide service, Waiver Services, and nutritional counseling.

•Other locations: Manning 712-653-2336

Coon Rapids 712-999-5664

Elk Horn 712-764-8111

Denison 712-263-3078

Carroll County ISU Extension and Outreach 712-792-2364

- Health and Nutrition Programs

Carroll County Community Services/Carroll County Case Management

Mental Health/Developmental Disabilities Services

- Case management and referral services provided to individuals who have mental retardation, Developmental disability or have a chronic and persistent mental illness
- Serving children and adults who receive services through the Home and Community Based Waiver Program

For access to mental health/developmental disabilities services through Carroll County Mental Health Services Fund Management Plan, contact any of the following access points.

•Carroll County Mental Health Coordinator

608 N. Court Street, Ste. B, Carroll, IA 51401 712-792-1234

•Carroll County Case Management

608 N. Court Street, Ste. B, Carroll, IA 51401 712-792-4845

•Department of Human Services — Social Work Dept.

608 N. Court Street, Ste. C, Carroll, IA 51401 712-792-4391

Carroll County Nest 712-794-5623

St. Anthony Home Health/Hospice, Carroll County Public Health 1-800-684-3020

318 South Maple, Suite 3, Carroll, IA 51401

- Incentive program, encourages healthy behaviors during pregnancy, earn points towards free baby items.

- Open to pregnant women, residing within Carroll County

- Membership offered at no cost to families

- No income guidelines

Enrollment encouraged during first trimester but can enroll anytime during pregnancy.

Carroll County Public Health 712-794-5408

St. Anthony Home Health/Hospice and Carroll County Board of Health

318 S. Maple St., Suite 3 Carroll, IA 51401

8:00 a.m. —4:30 p.m., Mon — Fri.

- Immunization Clinics (Children/Adult) *Outpatient Mental Health
- Communicable Disease Follow-Up *Disaster Preparedness
- Resource/Information/Referral for Service

Family Resource Center (CCCPCA) 712-792-6440

502 W. 7th Street 800-999-5101

[Carroll, IA 51401](http://Carroll,IA51401) www.carrollfrc.org

See entry under Children, Juveniles and Families

hawk-i

[•Medical Insurance for qualifying children up to age 19 www.hawk-i.org](http://www.hawk-i.org)

1-800-257-8563

Homecare Options 712-792-0322

726 N. Main St., Carroll, IA 51401

24 hours/day, 7 days/week

- Provides exterior and interior home care, along with personal, nursing, respite, and live-in care.

H.O.P.E.S. — Healthy Opportunities for Parents to Experience Success 712-794-5623

St. Anthony Home Health/Hospice/Carroll County Public Health Nursing Service.1-800-684-3020

318 South Maple, Suite 3, Carroll, IA 51401

Howard Center Inc.

1319 Early St., Sac City, IA 50583 712-662-7844

712-261-0930

Vocational and residential support services for individuals with disabilities. Serves all ages.

Manning Regional Healthcare Center 712-655-2072

410 Main St., Manning, IA 51455

- Inpatient and outpatient services
- Inpatient and outpatient and surgery
- 24-hour emergency service
- Obstetrical care
- Outpatient specialty clinics

New Hope Village 712-792-5500

1211 E. 18th St., Carroll, IA 51401

8:00 a.m. — 4:30 p.m. Monday — Friday

Residential and vocational services for adults with disabilities.

- Residential services (ICF/MR, HCBS/SCL, RCF-MR, CSALA)
- Vocational Services (Community employment services, comprehensive vocational valuations, organizational employment services)

•New Hope Enterprises 712-792-6713

•Employment Resources 712-792-6111

- Job Placement for people with disabilities

•New Hope Enterprises 712-655-3223

308 Main St., Manning, IA 51455

New Opportunities, Inc. 712-792-9266

[See listing under Children, Juveniles and Families www.newopp.org](http://www.newopp.org)

St. Anthony Regional Hospice 712-794-5279

Division of St. Anthony Home Health 1-800-684-3020

24 hours/day, 7 days/week

Provides support of terminally ill patients and families in their homes with Respect, Dignity and Love through a team approach utilizing:

- Medicare certified • Physical therapy and occupational therapy

- Skilled nursing and home care aide service • Nutritional counseling
- Hospice educated volunteers • Inpatient care and respite

- Social workers & chaplain • Bereavement follow-up

- Pharmacy • Support group

St. Anthony Home Health/Hospice 712-794-5279

1-800-684-3020

318 S. Maple St., Suite 3 Carroll, IA 51401

8:00 a.m. — 4:30 p.m., Monday — Friday

[E-mail address: mschaefer@stanthonyhospital.org](mailto:mschaefer@stanthonyhospital.org)

Nurses on call 24 hours/day, 7 days/week.

- Skilled nursing and home care aides services
- Physical therapy, speech pathology, occupational therapy
- Home infusion therapy

Public health

- Hospice

- Private duty

Resource management information and referral service for Seniors.

- Medicare Certified — "People caring for people in the comfort of their homes."
- Home and community-based waiver:

III and handicapped waiver:

AIDS waiver

Frail and elderly waiver

MR Waiver

St. Anthony Regional Hospital 712-792-3581

S. Clark St., Carroll, IA 51401

Education Services 712-794-5244

Social Services 712-794-5248

- Handles American Cancer Society loan closet equipment.

Toll Free 1-800-792-6616

www.stanthonyhospital.org

Vocational Rehabilitation Office 712-794-5428

See listing under Jobs.

HEALTH AND DENTAL CARE

Medical

Family and Specialty Medical Center 712-792-4000

515 N. Main Street, Carroll, IA 51401

McFarland Clinic 712-792-1500

405 South Clark Street, Suite 100, Carroll, IA 51401

Eastside Clinic, 1246 HWY 30 East, Carroll, IA 51401
712-792-3311

St. Anthony Family Care Physicians

405 S. Clark Street, Suite 230, Carroll, IA 51401 712-792-2222

Breda Medical Clinic, 221 Main Street, Breda, IA 51436
712-673-2301

Coon Rapids Medical Clinic, 215 Main, Coon Rapids, IA 50058 712-999-2237

Manning Medical Clinic, 221 Ann Street, Manning, IA 51455 712-653-2211

Wall Lake Medical Clinic, 311 West First Street, Wall Lake, IA 51466 **712-644-2800**

Wellendorf ENT, :PC 712-792-4368

405 South Clark Street, Carroll, IA 51401

Managed Care Organizations (MCO)

Most Iowans who get their health care from Medicaid will switch to a new managed care program called IA Health

Link on April 1, 2016. Your care will now be covered by a managed care organization (MCO), or health plan, that

you choose. Your plan will provide benefits for health care services from a network of doctors and other providers

that work with your MCO.

Amerigroup phone: 1-800-454-3730

<https://providers.amerigroup.com/IA/Pages/ia.aspx>

United Healthcare 800-464-9484

<https://www.UHCCommunityPlan.com/IA>

Dental

Ahrens, Martin, DDS 712-655-2385

215 Main Street, Manning, IA 51455

Berning, David, DDS 712-792-4776

409 West 7th Street, Carroll, IA 51401

Carroll Dental Clinic 712-792-4375

703 Simon Avenue, Carroll, IA 51401

Cochrane, R, Bruce, DDS (Periodontist) 712-792-6313

318 South Maple Street, Carroll, IA 51401

Evans, Elizabeth, DMD 712-792-6455

2008 Hwy 71 North, Carroll, IA 51401

Fangman, Nicholas, DDS 712-792-2630

818 North Main Street, Carroll, IA 51401

Halbur, Martin, DDS 712-792-2528

Eischeid, Karl, DDS

Sturm, Michelle, DDS

Carroll, IA 51401

Hillock, Justin, DDS 712-999-5130

411 Main Street, Coon Rapids, IA 50058

Langwith Hull & Roush (Orthodontists) 712-792-6057

318 South Maple Street, Carroll, IA 51401

Oral Surgery & Associates. 712-792-6086

718 Simon Avenue, Carroll, IA 51401

Wulf, Michelle (Orthodontist) 712-792-6087

718 Simon Avenue, Carroll, IA 51401

Chiropractic

Coon Rapids Chiropractic 712-999-9000

121 Fourth Avenue, Coon Rapids, IA 50058

Donovan J G DC 712-792-3716

410 W 3rd Street, Carroll, IA 51401

Family and Specialty Medical Center 712-792-4000

515 N. Main Street, Carroll, IA 51401

Healing Arts Center 712-792-4600

715 North Clark Street, Carroll, IA 51401

Lewis Chiropractic 712-999-2447

523 Main Street, Coon Rapids, IA 50058

Pudenz Family Chiropractic 712-775-2418

322 W 3rd Street, Carroll, IA 51401

Soppe Chiropractic 712-792-6026

1420 North Hwy 71, Carroll, IA 51401

Vonnahme Chiropractic 712-655-3242

714 Third Avenue, Manning, IA 51455

EDUCATION

ABCD Preschool

712-792-3117

Carroll Community Schools & Preschool

712-792-8010

Coon Rapids-Bayard Community Schools

712-684-2208

Glidden-Ralston Schools

712-659-3411

Happy Times Preschool

712-792-4683

Early Steps to Learning

712-792-1811

Kuemper Catholic High Schools

712-792-3596

Kuemper CARES before and after school & b Summer

712-830-6134

IKM-Manning Community Schools

712-655-3761

Little Lamb Preschool

712-792-4354

Zion Lutheran Preschool

712-655-2352

Heartland Area Education Agency 712-792-3102

906 N. Grant, Ste., 160, Carroll, IA 51401

•Provides educational media and special education services to public and non-public schools

Carroll County ISU Extension and Outreach Service 712-792-2364

1205 W. U.S. Hwy 30, Carroll, IA 51401

•Provides agricultural, home economics, and 4-H services to the people of the community.

New Opportunities, Inc.

Head Start/Early Head Start 712-792-9266 ext.400

www.newopp.org

Des Moines Area Community College 712-792-1755

906 N. Grant Rd., Carroll, IA 51401 1-800-622-3334

•Iowa New Choices (see Children, Juveniles and Families)

EMERGENCY & CRISIS

Child Abuse Reporting 1-800-362-2178

St Anthony Mental Health Services

Outpatient Services 712-794-5435

Crisis Line 1-800-562-6060

Fax 712-794-5475

Carroll County Ambulance Service

County-wide Emergency Services 911

Business Office 712-792-1335

City Hall of Manning 712-655-2200

Carroll County Emergency Management 712-775-2166

Carroll County Courthouse

Carroll Co. Sheriff's Dept. 712-792-4393

114 E. 6th St., Carroll, IA 51401

•Provides law enforcement

Richmond Center 712-792-5728

Family Crisis Center

24 Hr. Crisis Line 1-800-382-5603

Emergency/Crisis Care — Crisis Line 1-800-999-5101 or 712-792-6440

Family Resource Center

Manning Family Recovery Center —

24 Hour Crisis Line 1-800-656-6372

Or 1-712-655-2300

VETERANS

VA Central Iowa Health Care System... 712-794-6780

Community Based Outpatient Clinics Or 1-855-794-6780

Primary Care Services, Lab services, Pharmacy, Mental Health and Nutrition

Carroll County Community Assistance 712-792-1234

608 N. Court Street, Suite B, Carroll, IA

•Carroll County Veterans Assistance — Emergency assistance for qualified wartime veterans

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Inpatient Origin Summary Report - Carroll County Only
For January - December 2015-2017

IHA Patient Origin Reports Hospital	3YR Total	Discharges - 2015						Discharges - 2016						Discharges - 2017					
		<18	18-44	45-64	65-74	75+	TOT	<18	18-44	45-64	65-74	75+	TOT	<18	18-44	45-64	65-74	75+	TOT
Carroll, St. Anthony Regional	4,589	255	343	255	172	536	1,561	251	343	272	168	510	1,544	249	343	219	177	496	1,484
Des Moines, Mercy Medical Center	705	18	38	86	35	62	239	27	49	72	43	62	253	16	24	69	45	59	213
Des Moines, Unity Point Health	399	31	23	48	11	25	138	26	29	30	14	23	122	45	26	23	20	25	139
Manning, Manning Regional Healthcare	357	13	13	19	16	50	111	7	18	9	13	69	116	2	6	19	17	86	130
Ames, Mary Greeley	225	6	10	21	14	10	61	8	18	31	17	9	83	2	16	35	15	13	81
West Des Moines, Unity Point Health	154	2	7	14	5	16	44	1	9	14	8	8	40		2	25	28	15	70
Council Bluffs, CHI Health Mercy	124	7	5	10	4	6	32	7	10	7	6	4	34	11	12	13	10	12	58
Iowa City, University of Iowa	113	9	10	5	6	1	31	6	8	15	7	3	39	9	9	19	1	5	43
Council Bluffs, Methodist Jennie Ed	34		3	1	1		5	1	3	3	1	2	10		7	4	6	2	19
Sioux City, Mercy Medical	23		5	4		1	10			2	1	2	5		4	3	1		8
Denison, Crawford County Memorial	16	2	3				5	2	3			1	6		2	1		2	5
Atlantic, Cass County Memorial	13	4					4	1			1		2	4	1	2			7
Harlan, Myrtue Medical Center	11	1	1				2	1	1				2	3	3			1	7
Audubon, Audubon county Memorial	4				1		1			1		1	2			1			1
Total Carroll County IA	6,767	348	461	463	265	707	2,244	338	491	456	279	694	2,258	341	455	433	320	716	2,265

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Community CHNA TOWN HALL - Stakeholders & Community leaders Manning Regional (Carroll Co) 3/28/19 N=14									
Category	Attend	Lastname	First name	Title	Organization	Address	City	ST	Zip
Hospital Leaders/Supervisors	1	Boyle	Mindi	Social Services	MRHC - Plaza	410 Main Street	Manning	IA	51455
Political, appointed and elected officials.	1	Dales	Harvey	Mayor	City of Manning	1302 Nishnabotna Dr.	Manning	IA	51455
Community leader or member	1	Genzen	Cynthia	Retired					
Community	1	Greving	SHELLY		Emerge Marketing Solutions		MANNING	IA	51455
Hospital Leaders/Supervisors	1	Hodne	Julie	RN	MRHC		Manning	IA	51455
City/Community planners and development officials.	1	Meyer	Dawn	City Manager	City of Manning	321 Center Street	Manning	IA	51455
Community leader or member	1	Blum	Mike	Retired					
Consumer advocates.	1	Reischl	Ron	Business Improvement Committee Chair	Main Street Manning		Manning	IA	51455
Public health officials/board members	1	Schaefer	Marcia	RN Director of Public Health	Carroll Co. Public Health/SARH	311 S. Clark Street	Carroll	IA	51401
Public health officials/board members	1	Schaefer	Marcia	RN Director	CCPH		Carroll	IA	51401
The Foundation board members	1	Schneider	Macy	Marketing	PR - MRHC		Manning	IA	51455
Education officials and staff - school superintendents, principals, teachers and school nurses.	1	Schwarte	Anna	School Nurse	IKM-Manning CSD	209 10th Street	Manning	IA	51455
The hospital board leadership members.	1	Voegel	Jean	Retired	DMACC nurse instructor	3842 T Ave.	Manning	IA	51455
Education officials and staff - school superintendents, principals, teachers and school nurses.	1	Whitson	Sharon	Principal	IKM-Manning CSD	209 10th Street	Manning	IA	51455

Manning Regional Healthcare Center (Carroll County, IA) Town Hall Notes
March 28th, 2019 6:00 p.m. – 7:30 p.m. N=14

Children who get reduced school lunches is around 44%
Adults ages 45-64 do not seem to be seeing the Doctors every year.
Drugs: Opioids, Meth, Marijuana.
Vaping and E-cigs are a problem.
High-deductible insurance plans instead of no insurance.
After-school programs are in the works.
Radon levels are high here.

Things changing in community: Dentist is coming.
Local Pharmacy is owned by an almost retired.
ACA changes, state and federal level.
St Anthony's announcing big Cancer Center in 2020.

Strengths:

- Community Collaboration
- Scope of Services Provided in PSA
- Walking Trails
- Extended Clinic Hours
- Up-to-date Hospital, Facility, Technology
- Rec Center with Indoor Pool
- Volunteers
- 2 Food Banks
- Local Grocery and Meal Programs
- Youth Programs – Rec Center

Things to Improve:

- Senior Care/ Meals
- HC Policy
- Ambulance Services (Volunteer Education)
- Mental health
- Obesity
- Dentist
- Availability of Education of Services
- HC Transportation
- Suicide
- Awareness of HC Services
- Smoking/Vaping
- Availability of Healthy Foods
- Specialists (ENT, Cardiac Rehab, Derm)

Wave #3 CHNA - Manning Regional PSA

Town Hall Conversation - Strengths (Color Cards) N=14

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
1	ACC	OB Services and other specialists providing clinic hours	14	FAC	Rec center with pool
1	ACC	Convenient hours in the clinic	2	HOSP	Hospital - continuing of care ind. Living, AL, Nursing Home Home Health, Hospice
3	ACC	Extended clinic hours (alternative to urgent care)	6	HOSP	Hospital
4	ACC	Access to Dr/DO per population is good per our area	8	HOSP	New hospital facility
7	ACC	Community access to exercise	13	HOSP	Hospital located in Manning
8	ACC	Healthcare availability	14	HOSP	Hospital with pool
9	ACC	Affordability	8	INSU	Insured population
11	ACC	Having so much here - hospital/clinic, ER, pharmacy, chiropractor, home health, nursing home, assisted living, dentist (soon), etc.	3	NH	Offloading the nursing home
12	ACC	Location	5	NUTR	2 Food banks
10	AGE	Age care	14	NUTR	Local grocery store
14	AGE	Senior meals	2	OTHR	Strong main street
11	ALL	Continuous effort to get better	5	OTHR	Patients from 2 other counties participate in our community's health care support
13	ALL	Desire for community to improve itself	6	OTHR	Community involvement
5	AMB	Ambulance services	6	OTHR	Local support communities
13	ASLV	Plaza and Manning senior living center	13	OTHR	Community pride
14	ASLV	Long-termcare and assisted living	13	PHAR	Local pharmacy
4	CLIN	Screenings in school and at clinics are above normal rural	14	PHAR	Local pharmacy
5	COMM	Community working together	10	POV	Programs to help poor
5	CORP	Health care supports	6	REC	Walking trail
10	CORP	Partnerships	10	REC	Exercise trails, parks, and rec center
4	DENT	We are working on several items that are in need such as dentist after school program	14	REC	Bike/walking trails
1	DOCS	familiar faces providing care	3	SPEC	Variety of special services offered
3	DOCS	Local providers (familiar)	8	SPEC	Specialists
6	DOCS	Physicians	11	STFF	Strong nursing staff
8	DOCS	Good providers	4	VACC	Vaccinations are high in our country
10	DOCS	Variety of health providers	1	WELL	Community education/involvement with kids/partnerships
2	ECON	Industry for jobs and opportunity	2	WELL	Strong school system
1	EMER	Avera Ecare in ER	3	WELL	Community wellness education
3	EMER	Emergency room and Avera Ecare	9	WELL	After-school program
4	EMER	Wait time in ER is short	10	WELL	Youth programs
7	EMS	EMS services	11	WELL	Education
3	FAC	Facility and technology			

Wave #3 CHNA - Manning Regional PSA

Town Hall Conversation - Weakness (Color Cards) N= 14

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
2	ACC	Availability and stability of providers	7	NUTR	Availability of nutrition/healthy food in Manning grocery store and restaurants
1	AGE	Medicaid aged care	9	NUTR	Food security
6	AGE	Better use of senior meal site for health education and programs for the elderly	10	NUTR	Healthy foods
14	AGE	Elderly wellness	11	NUTR	Diet and exercise
2	BH	Mental health outreach	14	NUTR	Nutrition/wellness
3	BH	Mental health access	2	OBES	Obesity - lack exercise and good food
4	BH	Mental health	4	OBES	Obesity factors
8	BH	Mental health	8	OBES	Obesity
9	BH	Mental health	9	OBES	Obesity
11	BH	Mental health services	10	OBES	Obesity
12	BH	Mental health, all ages and stages	11	OBES	Obesity
13	BH	Mental health	13	OBES	Obesity
14	BH	Mental health	3	OTHR	Unfunded mandates
14	CANC	Cancer	3	PHAR	Pharma availability
1	CARD	Hypertension, stroke, cardiac care	9	PREV	Prevention programs
8	CARD	Major cardiovascular	8	SMOK	Vaping
14	CARD	Cardiac rehab	10	SMOK	Smoking - ecigarettes
5	COMM	Communication with patients	11	SMOK	Education on Smoking/juuling
5	COMM	Transparency on pricing	13	SMOK	Teen smoking
3	DENT	Dentist	1	STRK	Hypertension, stroke, cardiac care
4	DENT	Dentist	10	STRK	Stroke
8	DENT	Dentist	11	SUIC	Education on suicide
14	DOH	Health care policy	14	TRANS	Health transportation
3	DRUG	Drug enforcement and education	2	WELL	Vaping education
7	DRUG	Reduction of illegal drug use	5	WELL	Education
1	EMER	Critical access designation not working as well anymore	6	WELL	Health education distributed at food bank
4	EMS	Ambulance personnel	6	WELL	Increase education on farm safety
1	ENT	Need ENT	6	WELL	Distribution of farm safety info
4	ENT	EENT	7	WELL	Education on nutrition/healthy food
12	ENT	ENT	7	WELL	After school program
7	FIT	Programs to encourage exercise	8	WELL	After school
10	FIT	Physical activity	12	WELL	Willingness to communicate education programs as employees
2	HRT	Stroke/Heart disease	13	WELL	Improve knowledge of services available - education
1	INSU	Medicaid aged care			

c) Public Notice & Requests

[VVV Consultants LLC]

Email Request: (copy and paste and send to yourself & BCC all emails)

Seeking Public Feedback for Manning Regional Healthcare Center Community Health Needs Assessment

--In a message dated 1/14/2019 from julie.hodne@mrhcia.com--

Over the next four months, Manning Regional Healthcare Center (MRHC) and Carroll County Public Health will be partnering together to update the past (2016) MRHC Community Health Needs Assessment (CHNA).

Your feedback / suggestions regarding current community health are very important to collect in order to complete our comprehensive 2019 Community Health Needs Assessment and Implementation Plan.

To accomplish this work, a short online feedback survey has been developed:

All responses are confidential. Thank you in advance for your time and support in participating with this important request. **Please complete CHNA online feedback survey by Friday, February 22, 2019.**

LINK: https://www.surveymonkey.com/r/MRHC_CHNA_2019

NOTE: Please hold **Thursday, March 28, 2019 from 6:00 pm- 7:30 pm** to attend a working dinner CHNA Town Hall meeting at Manning Regional Healthcare Center Conference Rooms 1 and 2. More information will be coming in the beginning of March.

Thank you!

Julie Hodne, Manning Regional Healthcare Center

Manning Area Residents Invited To Participate In Town Hall Meeting Regarding Public Health Needs

CBC Online March 9, 2019 [Audubon County](#), [Carroll County](#), [Crawford County](#), [News](#) Chantelle Grove



Residents in the Manning Regional Healthcare Center (MRHC) service area had previously been asked to participate in the MRHC and Carroll County Public Health Community Health Needs Assessment update. Now, an invitation is being extended for those community members to join in a town hall meeting to discuss the results of the online surveys. “Your participation is very important in order to complete our comprehensive 2019 Community Health Needs Assessment and Implementation Plan,” says MRHC Education Coordinator and R.N. Julie Hodne. The meeting will begin at 6 p.m. on Thursday, March 28 in MRHC conference rooms one and two. It is anticipated the meeting will adjourn at approximately 7:30 p.m. If you are planning to attend, please RSVP through the link provided below.

To RSVP: https://www.surveymonkey.com/r/CarrollCo_RSVP

FOR IMMEDIATE RELEASE

SEEKING PUBLIC FEEDBACK for Manning Regional Healthcare Center Community Health Needs Assessment

=====

Media Release: January 7, 2019

Contact: Julie Hodne, MRHC

Over the next four months, Manning Regional Healthcare Center (MRHC) and Carroll County Public Health will be working to update the MRHC Community Health Needs Assessment (CHNA).

The goal of this CHNA update is to understand progress in addressing community health needs cited in the 2016 CHNA report and to collect up-to-date community health perceptions. (Note: ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years.)

To accomplish this work, a short online survey has been developed. (Note: you can also find CHNA feedback link on the MRHC and/or the Carroll County Public Health website and/or Facebook page.)

LINK: https://www.surveymonkey.com/r/MRHC_CHNA_2019

“This work is vital to determine the health direction for our county,” said John O’Brien, Manning Regional Healthcare Center CEO.

All community residents are encouraged to complete the CHNA online survey by **Friday, February 22, 2019** and to attend the upcoming scheduled **Town Hall meeting on Thursday, March 28, 2019 from 6:00 pm- 7:30 pm** at Manning Regional Healthcare Center Conference Rooms 1 and 2.

Vince Vandelaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, KS) has been retained to conduct this community-wide research.

If you have any questions about CHNA activities, please call Julie Hodne at 712-655-8179.

Press Release

FOR IMMEDIATE RELEASE

Community Health Needs Assessment TOWN HALL Scheduled



Media Release: March 1, 2019

Contact: Julie Hodne, MRHC

Manning Regional Healthcare Center (MRHC) and Carroll County Public Health have been working together to update the 2016 MRHC Community Health Needs Assessment (CHNA).

It's now time to hold a Town Hall to review and discuss health status scores and online survey findings. "This work is vital to determine the health direction for our county," said John O'Brien, Manning Regional Healthcare Center CEO.

Carroll County Town Hall meeting: **Thursday, March 28th, 2019 from 6:00 pm- 7:30 pm at Manning Regional Healthcare Center Conference Rooms 1 and 2.** A light dinner will be provided starting at 5:45pm

If you plan on attending Town Hall, please **RSVP** using the following link:

https://www.surveymonkey.com/r/CarrollCo_RSVP

Vince Vandelaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, KS) has been retained to conduct this community-wide research.

If you have any questions about CHNA activities, please call Julie Hodne at 712-655-8179.

d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

CHNA 2019 Community Feedback - Manning Regional PSA N=201

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1001	51463	Very Good	Increasing - moving up	PEDS	DOCS		Additional Pediatric Provider
1003	51455	Poor	Not really changing much	DOCS	QUAL		Doctors will run all sorts of blood work but don't seem to want to address the issues you went to see them for.
1005	51454	Average	Increasing - moving up	BH			Mental health resources.
1006	51455	Very Poor	Decreasing - slipping downward	ALL			all
1008	51455	Very Good	Not really changing much	BH	SURG		We need mental health or counselor services. Also need a better surgery physician.
1019	51455	Very Good	Increasing - moving up	PLAZA			I am concerned about the future of the Plaza. With the assisted living facility are there too many beds for the need?
1021	51455	Average	Decreasing - slipping downward	COMM			better communication between medical employees and patients
1022	51455	Very Good	Not really changing much	OTHR			need to not give it away we all need to pay for I do
1028		Good	Increasing - moving up	QUAL	COMM		A couple things that really "bug" me! We go in for our blood work twice a year, but we never get our results. If we call in to ask about it they tell us our results are pretty good. If there are things we should be doing it would be nice to know what's good and what's not. Also, my husband received a notice that one Doctor hadn't seen him in over a year so how could he OK the renewing of a prescription. My husband sees his heart specialist, at Manning, twice a year and the Meds. are prescribed by him. Don't the doctors share the charts?
1032		Good	Not really changing much	SPEC			More specialist
1033	51455	Good	Increasing - moving up	PLAZA			Manning Plaza needs to continue and not close. Updates may be needed but because of government regulations - it becomes very expensive
1037	51455	Good	Not really changing much	CARD			There is a need for cardiac rehab after a heart attack.
1041	50025	Good	Decreasing - slipping downward	PLAZA			keep the Plaza open
1046		Very Good	Not really changing much	DOCS			It would be nice to have doctors stay longer than a year or two. We only have one doctor who has been here more than 5 years.
1050	51455	Very Good	Increasing - moving up	OBG			Deliver babies here again
1056		Good	Not really changing much	QUAL	SPEC		Seems that the quality of care in Carroll hospital is better because specialists are available and hospital stays end up being shorter there.
1057	51455	Very Good	Not really changing much	OBG			birthing rooms
1061		Very Good	Increasing - moving up	OBG			Bring OB/delivery back to Manning
1062	51455	Good	Not really changing much	ENT	SPEC		need ENT doctors and more specialty doctors to visit monthly.
1063	51455	Very Good	Increasing - moving up	OBG			Be able to deliver babies.
1066	51445	Good	Increasing - moving up	CONF			Confidentiality. Not enough awareness about the stricter 42-CFR guidelines. Does not appear many have knowledge of what it is or the importance of enforcing it.
1068	51455	Average	Not really changing much	NUTR			Nutrition and healthy food choices. Healthy food offerings in the community.
1074	51455	Good	Not really changing much	WAIT			I hear that the wait times can be long if you are there for just a doc appt and the followup from the staff is not always good. This is hearsay though
1075	51455	Average	Decreasing - slipping downward	WAIT	MAN		Efficiency
1077	51455	Average	Decreasing - slipping downward	MAN	QUAL		Follow up with yearly health and appt. visits, reminders. Have hospital personnel for survey follow up following services. Share services when low census of dept.directors/employees.
1087	51401	Good	Increasing - moving up	HOSP	QUAL		I believe MRHC strives to meet all the needs of our community to the very best of our ability and capacity. We are a rural area and many healthcare needs are provided locally.
1091		Good	Decreasing - slipping downward	OBG	AGE	NH	I think it's sad that we aren't offering OB delivery services at our facility. Certainly care for the elderly is going to be a huge concern if our nursing home can't stay open.
1093	51445	Average	Decreasing - slipping downward	MAN			leadership of Manning Plaza
1095	51455	Very Good	Increasing - moving up	LAB			Results of tests (lab/xray etc.) - the patient shouldn't have to call in for their results. Better follow through would be helpful
1097	51455	Good	Increasing - moving up	DENT	EYE	ORTHD	Dentist/Orthodontist/Oral Surgery/Eye Surgery

CHNA 2019 Community Feedback - Manning Regional PSA N=201							
ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1099	51455	Good	Increasing - moving up	ACC	QUAL		right now things are going well- I have seen many improvements and offering new services
1102	51463	Good		OTHR			Hang on to what we have will be a challenge.
1106	51401	Good	Decreasing - slipping downward	ORTHO			Orthopedic Surgery
1108	51455	Very Good	Increasing - moving up	SPEC			Happy to see so many specialists that come to our hospital.
1109	51401	Good	Not really changing much	LAB			too much time bewen test and report from doctor
1110		Very Good	Not really changing much	NH			Need to support nursing homes better
1112	51444	Good	Increasing - moving up	URG			Another urgent care clinic
1116	51401	Good	Not really changing much	INSUR			I think there's always room for improvement (i.e. healthcare costs, and insurance)
1119	51455	Good	Decreasing - slipping downward	OBG	DOCS	AMB	Add OB delivery back. I know it is hard to keep providers but it would be nice to maintain 2-3 doctors and 3 PAs. Again, need to keep ambulance service.
1122		Very Good	Decreasing - slipping downward	SURG	QUAL		Surgeons (Dr Smith) who have lawsuits against them shouldn't be at our hospitals. Surgeons who have lawsuits against them and are supposed to have a superior watching over their surgeries and the superior isn't there should not be doing surgeries.
1123	51454	Good	Increasing - moving up	SURG			Surgeons that don't have lawsuits against them.
1124	51455	Average	Decreasing - slipping downward	PLAZA			Plaza needs focused in immediately. Should have been the focus for the past decade.
1125	51454	Good	Increasing - moving up	TRANS			Transitions of Care
1127		Good	Decreasing - slipping downward	STFF			Take care of the employees.
1128	51455	Good	Not really changing much	BH	CARD	DIAB	more mental health options cardiac rehab in town more robust diabetic education program
1130	51455	Good	Increasing - moving up	BH			More services for mental health.
1133		Good	Not really changing much	LAB	WAIT		call backs could be better- some things are not done in a timely manner
1134	51455	Good	Increasing - moving up	EDUPRO			We need an after school program for school age children. Also need an orthodontist.
1135		Poor	Increasing - moving up	DOC	PART		We need an MD!! They always get DO's or PA's. We really need one internal med MD to handle complicated and chronic health conditions. Also, There needs to be better cooperation with Carroll Co Public Health. It seems MRHC doesn't want public health in Manning. For example, they will not allow a public health flu clinic in Manning so we have to drive 25+ miles to Carroll. Why do they have flu clinics in all the towns closer to Carroll but Manning is the SECOND largest town in Carroll County but NO public health services or flu clinics??
1136	51455	Good	Not really changing much	AGE	WELL		There are so many more services for senior citizens that could be offered at the Senior Center. Presentations on health care topics that affect the elderly, administering flu vaccinations at the center, exercise activities etc.
1138		Very Poor	Decreasing - slipping downward	ALL			ALL
1139	51455	Very Good	Increasing - moving up	NO			I am not aware of gaps in service.
1142		Poor	Not really changing much	QUAL			Representatives need to be more helpful and smile on face.
1143		Good	Increasing - moving up	QUAL			I feel healthcare services in Manning meet the expectations of a community this size- in many ways it goes above
1144	51455	Average	Not really changing much	DRUG	WELL		Possibly starting a group of some kind for kids under 18 for substance abuse. My child is over 18 now but this would have been beneficial and still could be for other kids in our town of Manning.
1146	51455	Good	Not really changing much	DOCS			Availability to see a doctor and not have to go to the ER because a doctor wasn't available.
1147	51455	Good	Not really changing much	TRANS			more transitional care - it is very drastic change for the growing elderly population between staying in their own home vs nursing home care. It would be great to have day care which could be part time to full time with health care delivery.
1148	51455	Poor	Decreasing - slipping downward	STFF	QUAL		Staff needs to actually listen to patient needs to determine best action of care. Emergency room times need to decrease.
1151	51455	Good	Not really changing much	DOCS			more doctors
1153	51455		Not really changing much	LAB	INSU		questioning the expense of a labor/delivery area in the hospital when all births are at St. Anthony's.
1157	51455	Good	Increasing - moving up	LAB			More frequent MRI

CHNA 2019 Community Feedback - Manning Regional PSA N=201							
ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1159	51455	Average	Decreasing - slipping downward	DOCS	QUAL		We used to have physicians who lived in and had children in our community. They had been here long term and knew our health histories without having to look at a chart.
1162	51455	Very Good	Not really changing much	ENT			Better ENT providers
1166	51455	Average	Decreasing - slipping downward	PLAZA			Long term care concerns. Keeping Plaza open.
1169	51455	Good	Increasing - moving up	MRKT	NH	OBG	Keep advertising what is already here. Skilled care in the nursing home. Bring back labor and delivery. Dentist coming soon, but orthodontist visits would be great. Keep Nursing Home active!!!
1170	51401	Average	Not really changing much	BH	DRUG		mental health services substance abuse services
1174	51449	Very Good	Increasing - moving up	CORP			Working together more cohesively as a healthcare community with other agencies.
1177	51455	Average		DOCS	QUAL		provider needs to listen to what the patient is saying and check compliant out.
1178	51401	Poor	Not really changing much	PART			better relationship with St Anthony
1190	51446	Very Good	Increasing - moving up	CARD	ONC		Cardiac rehab in Manning. Chemotherapy in Manning.
1192	51455	Average	Not really changing much	BH			Mental illness
1196	51467	Good	Increasing - moving up	WELL	NUTR	REC	Would like to see if a wellness program could be implemented through hospital.....incorporating use of rec center, meetings, nutritionist, etc.
1197	51455	Good	Not really changing much	AGE			To improve that ability of seniors to live at home, could MRHC provide a monitoring service? For example, seniors (or anyone) could wear a monitoring device (such as Fitbit or Apple Watch, or something similar with more advanced capabilities). MRHC would provide a service that watches/records any/all activity that is abnormal and provide a response/service activity that is appropriate for the abnormal activity. This would help people live longer at home and provide a level of certainty to family members that their loved ones are ok.

CHNA 2019 Community Feedback - Manning Regional PSA N=201

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1001	51463	Very Good	Increasing - moving up	OTHR			Promotion of 5-2-1-0
1003	51455	Poor	Not really changing much	DOCS			It's not about programs, it's about doctors that that can do the job.
1005	51454	Average	Increasing - moving up	KID	PEDS		Adequate daycare options, pediatric services
1006	51455	Very Poor	Decreasing - slipping downward	NH			close the nursing home and solicit better staff
1008	51455	Very Good	Not really changing much	PART	KID	EDU	Need to partner with the school, daycare, and churches more to help educate the community and rebuild trust
1014	50022	Good	Increasing - moving up	NUTR	OBES	BH	nutrition programs, obesity prevention, mental health programs
1019	51455	Very Good	Increasing - moving up	PLAZA			If possible, keep the Plaza in operation
1021	51455	Average	Decreasing - slipping downward	NH	HOSP		resolve the nursing home situation the hospital drained the nursing home funds
1033	51455	Good	Increasing - moving up	OTHR			First take care of what we have now and make sure the existing programs don't disappear - then down the road consider some new programs.
1041	50025	Good	Decreasing - slipping downward	PLAZA			fine a way to fund the Plaza
1050	51455	Very Good	Increasing - moving up	KID			Affordable child care,
1053	51455	Very Good	Increasing - moving up	OBES			OBESITY
1062	51455	Good	Not really changing much	HOSP			yes with larger hospitals
1063	51455	Very Good	Increasing - moving up	NUTR	FIT	OBES	Education on healthy eating and exercise. Obesity awareness and what to do to help.
1068	51455	Average	Not really changing much	FIT	NUTR	REC	weight loss, better food choices, increased exercise in winter. Restaurants, Hospital Nutrition, Rec Center
1075	51455	Average	Decreasing - slipping downward	PLAZA	NH		Plaza--Nursing Home
1076	51454	Very Good	Increasing - moving up	BH			Mental health
1077	51455	Average	Decreasing - slipping downward	PART			More partnerships within county, community, stakeholders, etc.
1087	51401	Good	Increasing - moving up	BH	NUTR	PART	Mental Health Awareness/Education/Treatment Nutrition Programs For All Ages Yes, we should definitely partner with others who can provide us with the best resources.
1093	51445	Average	Decreasing - slipping downward	PLAZA			Manning Plaza is vital to our aging community and needs to remain an operating entity which may require separation from the MRHC organization with new leadership and direction in order to support the caregivers, residents and families of the Plaza, past, present and future
1095	51455	Very Good	Increasing - moving up	BH			Mental health is a big issue and only getting bigger. I feel we need something to address this in town.
1097	51455	Good	Increasing - moving up	WELL	REC	AGE	After school programs for older children, including wellness education, at the rec center or legion hall. Involve the senior citizens group to help.
1099	51455	Good	Increasing - moving up	BH	PEDS	DIAB	mental health- especially for pediatrics which I know is a hurdle for everyone if we could partner with another facility to provide this community diabetic education classes would be a huge benefit
1102	51463	Good		PART			Partnering is an important option for cost control
1106	51401	Good	Decreasing - slipping downward	DRUG	ALC		Substance abuse prevention (specifically alcohol)
1107	51455	Average	Not really changing much	OBES	FIT		Preventing obesity, community wide emphasis on exercise
1115	51455	Good	Not really changing much	AGE	REC	PART	maybe more elderly exercise programs could be offered at our REC Center. maybe partner with the Carroll REC center?
1116	51401	Good	Not really changing much	BH	WELL		I'm not sure what health programs specifically, but I do feel there should be more health programs pertaining to the disabled, as well as those coping with mental issues.
1119	51455	Good	Decreasing - slipping downward	NUTR	OBES		Nutrition/obesity counseling
1123	51454	Good	Increasing - moving up	DOCS	SPEC	QUAL	Bring in surgeons that don't have lawsuits against them or need to have a superior to supervise them. I heard Dr Zafar is leaving, bring someone better then him, he was not good.
1125	51454	Good	Increasing - moving up	INSU			Insurance Advocates for Community Members
1126	50058	Very Good	Increasing - moving up	CARD	DIAB		Cardiac rehab or Diabetic Education

CHNA 2019 Community Feedback - Manning Regional PSA N=201

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1128	51455	Good	Not really changing much	DIAB	OBES		Diabetic classes, weight watchers group in town
1129	51454	Very Good	Increasing - moving up	EDU			Parent education-with the school.
1130	51455	Good	Increasing - moving up	URG			Urgent Care
1134	51455	Good	Increasing - moving up	ORTHOD	DENT		Orthodontis/Dentist
1136	51455	Good	Not really changing much	PART			As mentioned, I would like to see a partnership of some sort between Main St Manning and MRHC. Same would be true of partnership between the Rec Center and MRHC as well as the Senior Center and MRHC.
1139	51455	Very Good	Increasing - moving up	MRKT			I feel that there are programs out there that some are not aware of. Creation may not be the concern, but rather publication and awareness.
1141	51455	Good	Increasing - moving up	EDUPRO	PART		I would recommend partnering with schools and churches to improve after school programs, I would work with the schools to address healthcare career options for our young people as well as working to get them back in the community once they have completed them, working to educate the community on how healthcare has changed
1143		Good	Increasing - moving up	EDUPRO	PART	WELL	Working with churches and the school for after school programs, partnering with the school to provide options in healthcare careers and working to retain those young people to come back, working with the pharmacy, outpatient doctors such as Iowa heart to provide community education rather it be in a newsletter or a group forum
1144	51455	Average	Not really changing much	DRUG	BH		Substance abuse/mental health for kids under 18.
1146	51455	Good	Not really changing much	BH			Manning could use a mental health psychologist/psychiatrist. If they have one already for kids under 18, I've never known about it.
1147	51455	Good	Not really changing much	AGE	ACC	INSU	expand and provide more day services for the elderly population and their families. When a person is on medicaid, no costs for services to a private pay person being charged \$135 for a nurse visiting the home, a bath assist either being free or \$75 to \$135 in the home private pay. The huge gap of being a resident vs living outside the city boundary. Services shouldn't stop at the city limits or county line.
1148	51455	Poor	Decreasing - slipping downward	EDUPRO			After school programs.
1151	51455	Good	Not really changing much	OTHR			live healthy iowa
1153	51455		Not really changing much	BH			mental health emphasis
1161	51455	Average	Not really changing much	DENT			Dental
1164	51455	Very Good	Not really changing much	PART			Any amount of partnership is good for a town our size.
1166	51455	Average	Decreasing - slipping downward	NH			Lots of rumors about the nursing home. Such an important service in our community - we need to work together to make sure this service remains.
1169	51455	Good	Increasing - moving up	ORTHOD	OBG	FIT	Orthodontist. Full OB. More exercise programs.
1171	51455	Very Good	Increasing - moving up	EDUPRO	NUTR		after school programs more healthy options for lunches at school
1174	51449	Very Good	Increasing - moving up	PART	MRKT		Partnering together with local aging network providers to get the word out there. So many agencies are not working together because they want the money that it is only hurting the clients.
1180	51455	Very Good	Not really changing much	EDUPRO	KID		families struggle with finding daycare providers especially for infants and toddlers and if the school aged children could have an after school, play, homework, crafting sessions for a small fee a lot of families could save a lot of money and it would free up daycare spots for preschool aged children.
1192	51455	Average	Not really changing much	EDUPRO			After school programs
1196	51467	Good	Increasing - moving up	PART	REC	INSU	Partner with Rec Centers in Manning and Manilla to start a Wellness Program, might need to be privately-paid vs. insurance
1197	51455	Good	Not really changing much	NUTR	PART		encourage healthy eating, partner with restaurants to add additional healthy food to their menu

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

Let Your Voice Be Heard!

Manning Regional Healthcare Center (in partnership with Carroll County Public Health) requests your input in order to create a 2019-20 MRHC Community Health Needs Assessment (CHNA). To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery. Survey funded by Manning Regional Healthcare Center.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Friday, February 22, 2019.

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

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

☐ Very Poor ☐ Poor ☐ Average ☐ Good ☐ Very Good

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

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

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

Why? (please specify)

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

3. In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and/or changed? (Please be specific.)

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

4. In your own words, what is the general community perception of healthcare providers (i.e. hospitals, doctors, public health, etc.) serving our community? (Please be specific.)

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

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

- | | |
|--|--|
| <input type="checkbox"/> Access to Healthcare | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> After-school Programs | <input type="checkbox"/> Nutrition / Wellness Programs |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Cardiac Rehab | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Dentists / Orthodontists | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Elderly Wellness / Living | <input type="checkbox"/> STD |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Urgent Care / Emergency Care |
| <input type="checkbox"/> Immunization Clinics | |

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

6. Which past health assessment of our community need is NOW the "most pressing" for improvement?
Please select top THREE.

- | | |
|--|--|
| <input type="checkbox"/> Access to Healthcare | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> After-school Programs | <input type="checkbox"/> Nutrition / Wellness Programs |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Cardiac Rehab | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Dentists / Orthodontists | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Elderly Wellness / Living | <input type="checkbox"/> STD |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Urgent Care / Emergency Care |
| <input type="checkbox"/> Immunization Clinics | |

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

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

- | | |
|---|--|
| <input type="checkbox"/> Health & Wellness Education | <input type="checkbox"/> Elder Assistance Programs |
| <input type="checkbox"/> Chronic Disease Prevention | <input type="checkbox"/> Family Assistance Programs |
| <input type="checkbox"/> Limited Access to Mental Health Assistance | <input type="checkbox"/> Awareness of Existing Local Programs, Providers, and Services |
| <input type="checkbox"/> Case Management Assistance | <input type="checkbox"/> Finance / Insurance Coverage |

Other (please specify)

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

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

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

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialists/Medical Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

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

	Very Good	Good	Fair	Poor	Very Poor
Early Childhood Development Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty/Financial Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, wellness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

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

	Very Good	Good	Fair	Poor	Very Poor
Spiritual Health Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal / Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Disease Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment & Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Prevention & Cessation Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

12. In the past 2 years, did you or someone you know receive healthcare services outside of our community?

☐ Yes

☐ I don't know

☐ No

If YES, please specify the healthcare services received.

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

13. Are our healthcare organizations, providers and community members actively working together to address/improve health in our community?

☐ Yes

☐ I don't know

☐ No

Please explain

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

14. What "new" community health programs should be created to meet current community health needs?
Can we partner somehow with others?

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Nutrition/Access to Food | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Breast Feeding Friendly Workplace | <input type="checkbox"/> Obesity | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Environmental health | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical Exercise | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Drugs/Substance Abuse | <input type="checkbox"/> Poverty | <input type="checkbox"/> Wellness Education |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sexually Transmitted Diseases | <input type="checkbox"/> Infant Deaths |
| <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Smoke-Free Workplace | <input type="checkbox"/> Traffic Safety |

Other (please specify)

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

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

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

Other (please specify)

Community Health Needs Assessment 2019- Manning Regional Healthcare Center

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 00544 or 95305



VVV Consultants LLC

Vince Vandehaar, MBA

Principal & Adjunct Professor

(913) 302-7264 (C)

VVV@VandehaarMarketing.com

Tessa E. Taylor, BBA BA

Associate Consultant

(920) 250-3722 (C)

TET@VandehaarMarketing.com

Office:

601 N Mahaffie, Olathe, KS 66061

<http://vandehaarmarketing.com/>

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