



# **Community Health Needs Assessment**

Carroll County, IA

On Behalf Manning Regional Healthcare Center



**May 2022**

VVV Consultants LLC  
Olathe, KS

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# I. Executive Summary

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# I. Executive Summary

## Manning Regional Healthcare Center an affiliate of Mercy One: Carroll County, IA - 2022 Community Health Needs Assessment (CHNA)

The previous CHNA for Carroll County was completed in 2019. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Carroll County, IA CHNA assessment began in December of 2021 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

## County Health Area of Future Focus on Unmet Needs

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

MRHC - Carroll County, IA				
2022 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - March 24, 2022				
Primary Service Area (15 Attendees / 60 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health Services (Diagnosis, Treatment, Aftercare, Providers)	12	20.0%	20%
2	Ambulance Staffing	8	13.3%	33%
3	Lack of Rural Health Reimbursement	7	11.7%	45%
4	Obesity (Nutrition / Exercise)	5	8.3%	53%
5	Senior Care (Staffing / Reimbursement)	5	8.3%	62%
6	Chronic Disease Management	4	6.7%	68%
7	Drug / Substance Abuse	4	6.7%	75%
8	Suicide	4	6.7%	82%
Total Votes		60	100%	
Other needs receiving votes: Dental Services taking Medicaid, Alcohol Abuse, Transportation, Available/Affordable Housing, Domestic Violence, Tracking PC Utilization, Under and Utilized Senior Center.				

## Town Hall CHNA Findings: Areas of Strengths

MRHC (Carroll County, IA) - Community Health Strengths			
#	Topic	#	Topic
1	Quality of Providers	6	Community Garden
2	Manning Reg. HC Rehab Center	7	School Health
3	Scope of Services (Local)	8	Economic Development
4	Pharmacy	9	Senior Facilities
5	Access to Healthy Foods	10	Hospital Facility

## Key CHNA Wave #4 Secondary Research Conclusions found:

**IOWA HEALTH RANKINGS:** According to the 2021 Robert Woods Health Rankings, Carroll County, IA was ranked 14<sup>th</sup> in Health Outcomes, 13<sup>th</sup> in Health Factors, and 77<sup>th</sup> in Physical Environmental Quality out of the 99 Counties.

**TAB 1.** Carroll County's population is 20,165 (based on 2019). About six percent (6.4%) of the population is under the age of 5, while the population that is over 65 years old is 20.7%. There are 2.4% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 16.6% compared to the rural norm of 18.2%, and 89.5% are living in the same house as one year ago.

**TAB 2.** In Carroll County, the average per capita income is \$31,648 while 7.0% of the population is in poverty. The severe housing problem was recorded at 8.5% compared to the rural norm of 10.9%. Those with food insecurity in Carroll County is 7.8%, and those having limited access to healthy foods (store) is 1.2%. Individuals recorded as having a long commute while driving alone is 13.1% compared to the norm of 25.4%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Carroll County is 41.9%. Roughly ninety-four percent (93.5%) of students graduated high school compared to the rural norm of 90.3%, and 22.4% have a bachelor's degree or higher.

**TAB 4.** The number of births where prenatal care started in the first trimester (per 1,000) is 826.1 and 58.7 of births in Carroll County have a low birth weight. The number of births occurring to teens (15-19) per population of 1,000 females is 28.3 compared to the rural norm of 45.2. The number of births where the mother smoked during pregnancy (per 1,000) was recorded as 119.6 compared to the rural norm of 216.9.

**TAB 5.** The Carroll County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,120 residents. The rate of preventable hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees is 3,021 compared to the rural norm of 3,536. The average (median) time patients spend in the emergency department before leaving was 134 minutes compared to the rural norm of 85 minutes.

**TAB 6.** In Carroll County, 17.9% of the Medicare population has depression. The recorded age-adjusted suicide mortality rate per 100k is 12.5 (as of 2019). The age-adjusted poor mental health days per week for Carroll County is 3.5 compared to the rural norm of also 3.8.

**TAB 7a – 7b.** Carroll County has an obesity percentage of 37.3% and a physical inactivity percentage is 23.5%. The percentage of adults who smoke is 18.7%, while the excessive drinking percentage is 25.7%. The Medicare hypertension percentage is 58.8%, while their heart failure percentage is 12.4%. Those with chronic kidney disease amongst the Medicare population is 24.7% compared to the rural norm of 21.0%. The percentage of individuals who were recorded with COPD was 9.7%. Carroll County recorded 3.5% of individuals who have had a stroke and 8.4% of the population having cancer.

**TAB 8.** The adult uninsured rate for Carroll County is 4.6% (based on 2019) compared to the rural norm of only 6.2%.

**TAB 9.** The life expectancy rate in Carroll County for both females and males is roughly 80 years of age (80.1). The age-adjusted Cancer Mortality rate per 100,000 is 180.1, while the age-adjusted heart disease mortality rate per 100,000 is at 147.8. The alcohol impaired driving deaths percentage is 33.3% compared to the rural norm of 29.3%.

**TAB 10.** A recorded 76.2% of Carroll County has access to exercise opportunities. Those reported having diabetes is 9.7%. Continually, 53.0% of women in Carroll County seek annual mammography screenings compared to the rural norm of 48.3%.

## Key CHNA Wave #4 Primary Research Conclusions found:

Community feedback from residents, community leaders and providers (N=125) provided the following community insights through an online perception survey:

- Using a Likert scale, average between MRHC (Carroll Co, IA) stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 87.2%.
- Carroll County stakeholders are satisfied with some of the following services: Ambulance Services, Dentists, Emergency Room, Home Health, Hospice, Outpatient Services, Pharmacy, Primary Care, School Health, and Visiting Specialists.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health, Obesity (Nutrition / Exercise), Ambulance Staffing / Training, Transportation, Suicide, Providers, Drugs / Substance Abuse, and Awareness of Healthcare Services.

Carroll Co IA - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	60	16.3%		1
2	Obesity (Nutrition / Exercise)	40	10.9%		2
3	Ambulance Staffing / Training	38	10.4%		3
4	Providers	33	9.0%		6
5	Transportation	25	6.8%		4
6	Awareness of Healthcare Services	23	6.3%		8
7	Drugs / Substance Abuse	23	6.3%		7
8	Rural Healthcare Policy / Advocacy	21	5.7%		10
9	Suicide	21	5.7%		5
10	Cancer Care	16	4.4%		12
11	Chronic Diseases	16	4.4%		14
12	Senior Care	16	4.4%		9
13	Smoking / Vaping	15	4.1%		11
14	Access to Health Services / Education	14	3.8%		13
15	Dentists	6	1.6%		15
Totals		367	100.0%		

## II. Methodology

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## II. Methodology

### a) CHNA Scope and Purpose

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

#### **JOB #1: Meet/Report IRS 990 Required Documentation**

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

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

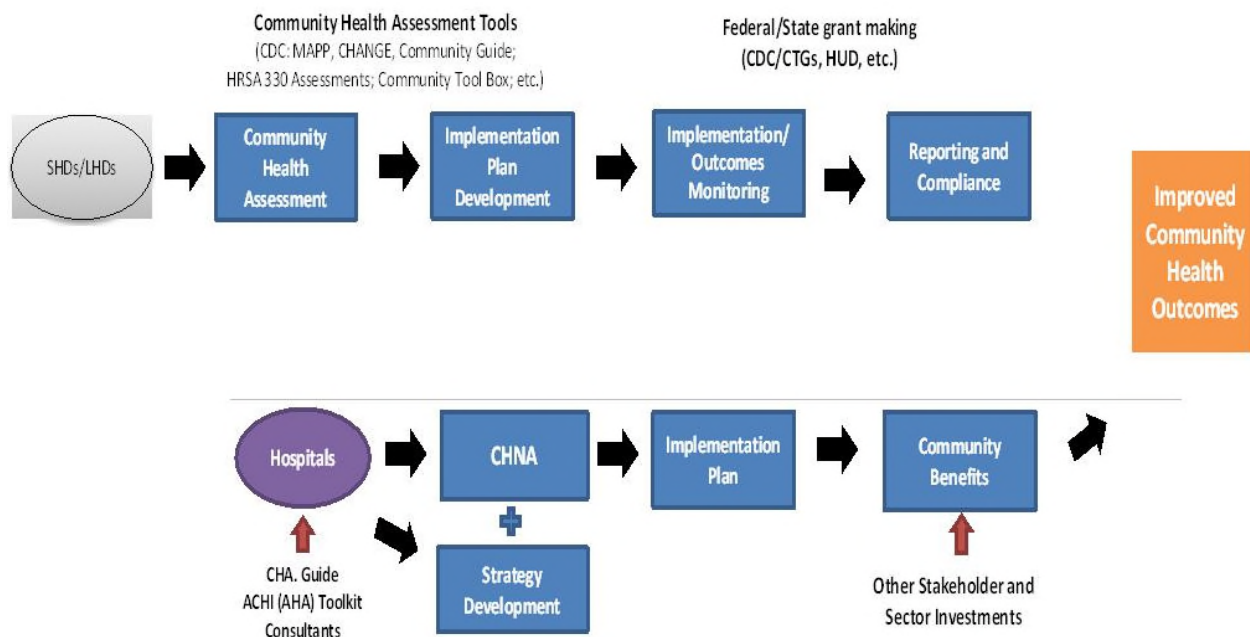
#### **JOB #2: Making a CHNA Widely Available to the Public**

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

### **JOB #3: Adopt an Implementation Strategy by Hospital**

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

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



## IRS Requirements Overview (Notice 2011-52)

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

#### Applicability of CHNA Requirements to “Hospital Organizations”

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

#### How and When to Conduct a CHNA

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

#### Determining the Community Served

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

#### Persons Representing the Community Served

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

#### Required Documentation

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

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

## **Making a CHNA Widely Available to the Public**

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

## **How and When to Adopt an Implementation Strategy**

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

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

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

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

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

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

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

### **Additional Sources of Input**

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

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

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

### **Collaboration on CHNA Reports**

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

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

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

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

### **Joint Implementation Strategies**

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

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

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

### **Adoption of Implementation Strategy**

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

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

### **New Hospital Organizations**

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

### **New Hospital Facilities**

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

### **Transferred/Terminated Facilities**

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

## **Public Health Criteria:**

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

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

#### **DOMAIN 1 includes 4 STANDARDS:**

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

#### **Required CHNA Planning Process Requirements:**

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

#### **Seven Steps of Public Health Department Accreditation (PHAB):**

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

## **MAPP Process Overview**

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

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

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





## Drivers of Health Assessment & Improvement Planning

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

### National Voluntary Accreditation Requirements

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

### CDC Grant Requirements

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

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

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

# Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

## **II. Methodology**

### **b) Collaborating CHNA Parties**

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

#### **Manning Regional Healthcare Center**

**1550 6th Street**

**Manning, Iowa 51455**

**(712) 655-2072**

**CEO: Linn Block**

**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
- Acute Care Services
- ENT
- Comfort Care
- Dermatology
- Emergency Room
- Wound Care
- Mental Health Services
- Counseling
- Oncology
- Orthopedic / Sports Medicine
- Hospitality Care
- Pain Clinic
- Rehab Therapy (Physical, Occupational, & Speech)
- Podiatry
- Radiology
- Respiratory Therapy
- Skilled Care
- Surgery
- Urology
- Senior Life Solutions Program
- Manning Recovery Center (Substance Abuse & Treatment)

**Carroll County Public Health**

**608 N Court St Suite A**

**Carroll, Iowa 51401**

**(712) 775-2660**

**Directors: Megan Owen and Carey Kersey**

**Services:**

- Immunization – New Opportunities
- Bioterrorism and Emergency Preparedness
- Blood Pressure Checks
- TB Testing
- Home Care Aid Visits
- Community and Prevention Education

## II. Methodology

### b) Collaborating CHNA Parties Continued

#### Consultant Qualifications:

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

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



**Vince Vandehaar, MBA – Principal**

**VVV Consultants LLC – start 1/1/09 \***

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

**Cassandra Kahl, BHS MHA – Director, Project Management**

**VVV Consultants LLC – Nov 2020**

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



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

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

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

#### Our Values :

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

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

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

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

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

## II. Methodology

### c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in December of 2021 for Manning Regional Healthcare Center an affiliate of Mercy One (MRHC) located in Carroll County, IA to meet Federal IRS CHNA requirements.

In early November 2021, a meeting was called amongst the MRHC leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to MRHC requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

#### VVV CHNA Deliverables:

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

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

Manning Regional - Define PSA					Inpatients			Emergency			Outpatients		
Source: KHA - FFY 2019 - 2021	19,510	Totals - IP/OP			157	141	140	1,034	901	1,110	5,150	4,734	6,143
Patient Zip Code	County	3YR TOT	%	Accum	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21
51455 - Manning	CARROLL	9,692	49.7%	49.7%	89	79	71	493	493	596	2,620	2,132	3,119
51454 - Manilla	CRAWFORD	2,742	14.1%	63.7%	17	25	21	179	143	157	701	697	802
50025 - Audubon	AUDUBON	699	3.6%	67.3%	3	1	3	46	30	33	176	224	183
50058 - Coon Rapids	CARROLL	687	3.5%	70.8%		2	3	45	38	62	193	170	174
51463 - Templeton	CARROLL	682	3.5%	74.3%	5	3	2	32	21	31	170	181	237
51401 - Carroll	CARROLL	667	3.4%	77.7%	5	5	4	22	15	22	145	221	228
51442 - Denison	CRAWFORD	453	2.3%	80.1%	1	4	5	25	15	19	99	120	165
51446 - Red Line	SHELBY	383	2.0%	82.0%	2	1	3	26	22	20	102	92	115
51467 - Westside	CRAWFORD	366	1.9%	83.9%	5		5	26	10	9	110	110	91

**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 kick-off conference call for the CHNA with the hospital clients. Review / confirm CHNA calendar of events, explain / coach clients to complete required participant database and schedule / organize all Phase II activities.

**Phase II—Qualify Community Need:**

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use valid health indicator sources cited to document current state of county health organized as follows:

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

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

**Phase III—Quantify Community Need:**

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

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

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



**Detail CHNA Development Steps Include:**

<b>Development Steps to Create Comprehensive Community Health Needs Assessment</b>	
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 &amp; 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 &amp; Primary Data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health). &lt; Note: Formal report will follow IRS Notice 2011-52 regs &amp; PHAB requirements. &gt;</i>
V V V Consultants, LLC Olathe, KS 913 302-7264	



## Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

## Sources of community-health level indicators:

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

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

Manning Regional Healthcare Center - Carroll Co, IA VVV CHNA Wave #4 Work Plan - Year 2022			
Project Timeline & Roles - Working Draft as of 11/3/21			
Step	Timeframe	Lead	Task
1	10/4/2021	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	10/7/2021	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	12/1/2021	VVV	Send out <b>REQCommInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	12/15/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send IHA PO reports for FFY 19, 20 and 21. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use <b>ZipPSA_3yrPOrigin.xls</b> )
5	1/3/2022	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan - Feb 2022	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	By 1/24/2022	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	1/24/2022	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	2/3/2022	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 3/03/2022 for Online Survey</b>
10	By 3/1/2022	Hosp	Prepare/send out PR#2 story / E Mail#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	3/3/2022	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	3/17/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	3/24/2022	VVV	Conduct virtual CHNA Town Hall for a working <b>Dinner from 5:00 pm- 7:30 pm at TBD. Review &amp; Discuss Basic health data plus RANK Health Needs.</b>
14	On or Before 4/29/22	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 5/15/22	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	5/25/2022	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	5/25/2022	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

## Community Health Needs Assessment Town Hall Meeting – Carroll Co. (IA) on behalf of MercyOne Manning Regional Healthcare Center



**VVV Consultants LLC**

Olathe, Kansas 66061

VandehaarMarketing.com  
913-302-7264

## Table Assignments

Carroll County, IA 2022 CHNA Town Hall (Manning)						
#	Table	Lead	Last	First	Organization	Title
1	A	##	Hodne	Julie	MRHC	RN - CHNA chairperson
2	A		Muhlbauer	Dave		
3	A		Hudson	Erin	Manning Senior Living	Director
4	A		Spies	Paula	New Opportunities, Inc.	Health Services Director
5	B	##	Voege	Jean	MRHC Board of Directors	
6	B		LAMP	JULIE	MRHC	PARENT
7	B		Kusel	Pam	Manning News Journal	
8	B		Block	Linn	MRHC	CEO
9	C	##	Vollstedt	Kimberly	Manning Pharmacy	Pharmacy
10	C		Folk	Larry	Manning Senior Living	Portfolio CRC
11	C		hagedorn	larry	MRHC	board member
12	C		Schwering	Nicole	St Anthony Hospital	

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

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

## I. Introduction: Who We Are Background and Experience



VVV Consultants LLC

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



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

**Cassandra Kahl, BHS – Lead Consultant**  
VVV Consultants LLC – Nov 2020



- University of Kansas – Health Sciences
  - Park University MHA (May 2021)
- Pharmacy Management – 2 ½ years
- Hometown: Maple, WI
- Mayo Clinic: PT Department (Internship)

\*NOTE: Vince started VVV Consultants LLC on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003.

## Town Hall Participation (You)

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

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## II. Review of a CHNA

- **A Community Health Needs Assessment (CHNA) is a....**
  - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- **A CHNA's role is to....**
  - Identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.
- **Purpose of a CHNA – Why Conduct One?**
  - Determine health-related trends and issues of the community
  - Understand / evaluate health delivery programs in place.
  - Meet Federal requirements – both local hospital and health department
  - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

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## I. Introductions: A Conversation with the Community & Stakeholders

*Community members and organizations invited to CHNA Town Hall*

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

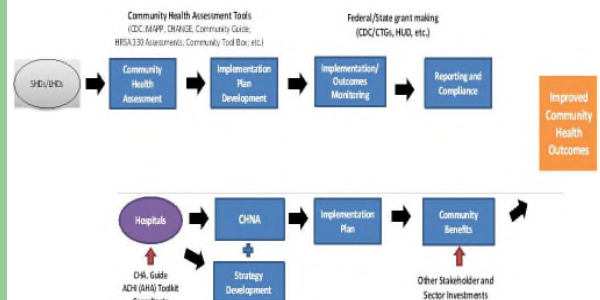
**Community leaders and groups:** The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses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

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

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

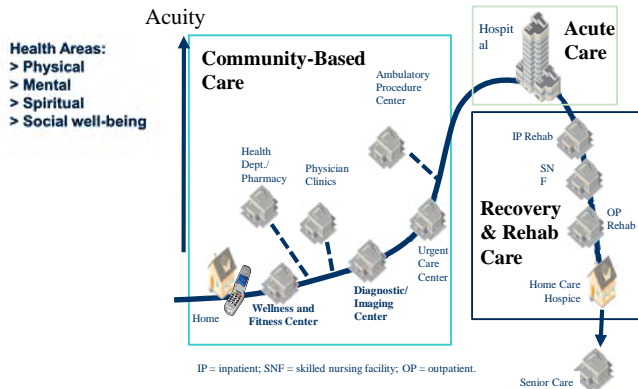
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## Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



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## Future System of Care—Sg2



9

## Triple Aim Focus



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

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

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

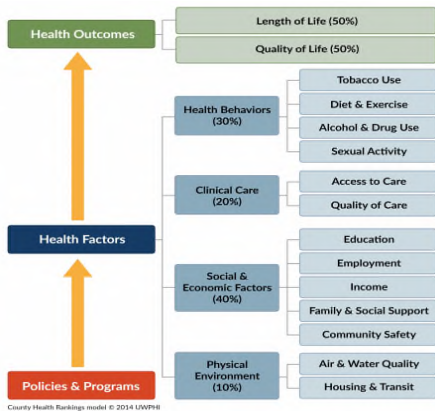
Trends: Good Same Poor

### Health Indicators - Secondary Research

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

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



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Focus Area	Measure	Description	Focus Area	Measure	Description
1. Environment (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	2b. Social and Economic Environment (40%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water violation	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
	Severe housing problem	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	3. Health Outcomes (10%)		
	Driving alone to work	Percent of the workforce that drives alone to work	1a. Health Behaviors		
	Long commutes - driving alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes			
2. Clinical Care (20%)	Measure	Description	Focus Area	Measure	Description
2a. Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	Tobacco use	Adult smoking	Percent of adults that report smoking >= 100
	Primary care physicians	Ratio of population to primary care physicians	Diet and exercise (10%)	Adult obesity	Percent of adults that report a BMI >= 30
	Dentists	Ratio of population to dentists	Food environment index		Index of factors that contribute to a healthy food environment
	Mental health providers	Ratio of population to mental health providers	Physical inactivity		Percent of adults aged 20 and over reporting
Quality of care (10%)	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	Alcohol and drug use (5%)	Excessive drinking	Percent of the population with adequate access to locations for physical activity
	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening		Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Sexual activity (5%)	Sexually transmitted infections	Chlamydia rate per 100,000 population
2b. Social and Economic Environment (40%)	Measure	Description	Teen births	Teen birth rate per 1,000 female population, ages 15-19	
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	3b / 3c. Mortality / Morbidity		
	Some college	Percent of adults aged 25-44 years with some post-secondary education	Quality of life (30%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)
	Unemployment	Percent of population age 16+ unemployed but seeking work		Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Income (10%)	Children in poverty	Percent of children under age 18 in poverty		Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
	Inadequate social support	Percent of adults without social/emotional support		Low birthweight	Percent of live births with low birthweight (< 5.5 lb) (age-adjusted)
	Children in single-parent households	Percent of children that live in household headed by single parent	Length of life (30%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)

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## IV. Collect Community Health Perspectives Thoughts/Opinions?

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

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## Community Health Needs Assessment



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601 N Mahaffie  
Olathe, KS 66061

## Questions? Next Steps?

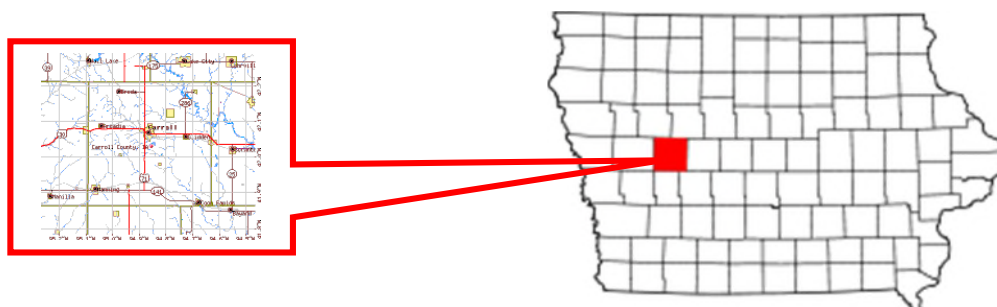
VVV@VandehaarMarketing.com  
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(913) 302-7264

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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 20,722 citizens in 2021 and a population density of 36 persons per square mile. The major cities in Carroll County are Carroll, Manning, Coon Rapids, Glidden, and Arcadia.

#### **Carroll County Pubic Airports<sup>1</sup>**

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

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



## Schools in Carroll County: Public Schools<sup>2</sup>

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
IKM-Manning Jr & Sr High	209 10th St Manning, IA 51455	712-655-3781	4-12

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

## Carroll Co, IA - Detail Demographic Profile

#	ZIP	NAME	County	Population			Households		HH	Per Capita
				Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	50058	Coon Rapids	CARROLL	1,890	1,877	-0.7%	797	793	2.3	\$30,042
2	51401	Carroll	CARROLL	12,062	11,958	-0.9%	5,088	5,047	2.3	\$29,447
3	51430	Arcadia	CARROLL	819	825	0.7%	312	315	2.6	\$28,985
4	51436	Breda	CARROLL	917	916	-0.1%	368	369	2.5	\$33,504
5	51440	Dedham	CARROLL	416	414	-0.5%	154	153	2.7	\$33,431
6	51443	Glidden	CARROLL	1,767	1,745	-1.2%	742	733	2.4	\$34,867
7	51444	Halbur	CARROLL	253	257	1.6%	100	101	2.5	\$31,246
8	51451	Lanesboro	CARROLL	98	96	-2.0%	52	51	1.9	\$47,582
9	51452	Lidderdale	CARROLL	169	164	-3.0%	76	74	2.2	\$40,134
10	51455	Manning	CARROLL	2,313	2,302	-0.5%	986	983	2.3	\$31,373
11	51459	Ralston	CARROLL	84	86	2.4%	39	40	2.2	\$45,036
12	51463	Templeton	CARROLL	519	507	-2.3%	219	213	2.4	\$46,948
Totals				21,307	21,147	-0.8%	8,933	8,872	2.4	\$36,050

#	ZIP	NAME	County	Population				Year 2020		Females
				Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	50058	Coon Rapids	CARROLL	1,890	464	559	207	44	962	187
2	51401	Carroll	CARROLL	12,062	2,550	3,652	1,296	43	6,211	1,290
3	51430	Arcadia	CARROLL	819	118	299	90	37	394	77
4	51436	Breda	CARROLL	917	162	269	108	42	437	91
5	51440	Dedham	CARROLL	416	76	133	49	41	201	43
6	51443	Glidden	CARROLL	1,767	349	465	204	46	865	174
7	51444	Halbur	CARROLL	253	41	83	22	43	125	20
8	51451	Lanesboro	CARROLL	98	20	28	11	45	47	9
9	51452	Lidderdale	CARROLL	169	34	47	19	45	80	17
10	51455	Manning	CARROLL	2,313	648	611	244	49	1,188	206
11	51459	Ralston	CARROLL	84	14	23	8	46	40	7
12	51463	Templeton	CARROLL	519	100	137	66	47	256	57
Totals				21,307	4,576	6,306	2,324	527	10,806	2,178

#	ZIP	NAME	County	Population 2020				Average Households 2020		
				Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med \$ HH	HH \$50K+
1	50058	Coon Rapids	CARROLL	96.9%	0.1%	0.2%	4.3%	797	\$55,942.0	2178
2	51401	Carroll	CARROLL	94.6%	0.5%	0.2%	3.5%	5088	\$53,889.0	2712
3	51430	Arcadia	CARROLL	97.7%	0.0%	0.5%	0.9%	312	\$61,902.0	232
4	51436	Breda	CARROLL	98.3%	0.2%	0.0%	0.5%	368	\$61,482.0	241
5	51440	Dedham	CARROLL	99.3%	0.2%	0.0%	0.2%	154	\$76,030.0	111
6	51443	Glidden	CARROLL	98.2%	0.1%	0.7%	1.0%	742	\$64,705.0	491
7	51444	Halbur	CARROLL	97.6%	0.4%	0.0%	1.6%	100	\$75,000.0	75
8	51451	Lanesboro	CARROLL	99.0%	0.0%	0.0%	0.0%	52	\$75,000.0	35
9	51452	Lidderdale	CARROLL	98.2%	0.0%	0.0%	0.6%	76	\$77,027.0	51
10	51455	Manning	CARROLL	97.6%	0.6%	0.4%	1.9%	986	\$53,343.0	558
11	51459	Ralston	CARROLL	98.8%	0.0%	0.0%	1.2%	39	\$71,694.0	26
12	51463	Templeton	CARROLL	99.0%	0.6%	0.0%	0.2%	219	\$75,567.0	151
Totals				97.9%	0.2%	0.2%	1.3%	8933	\$66,798.4	6861

Source: ERSI Demographics

## III. Community Health Status

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[VVV Consultants LLC]

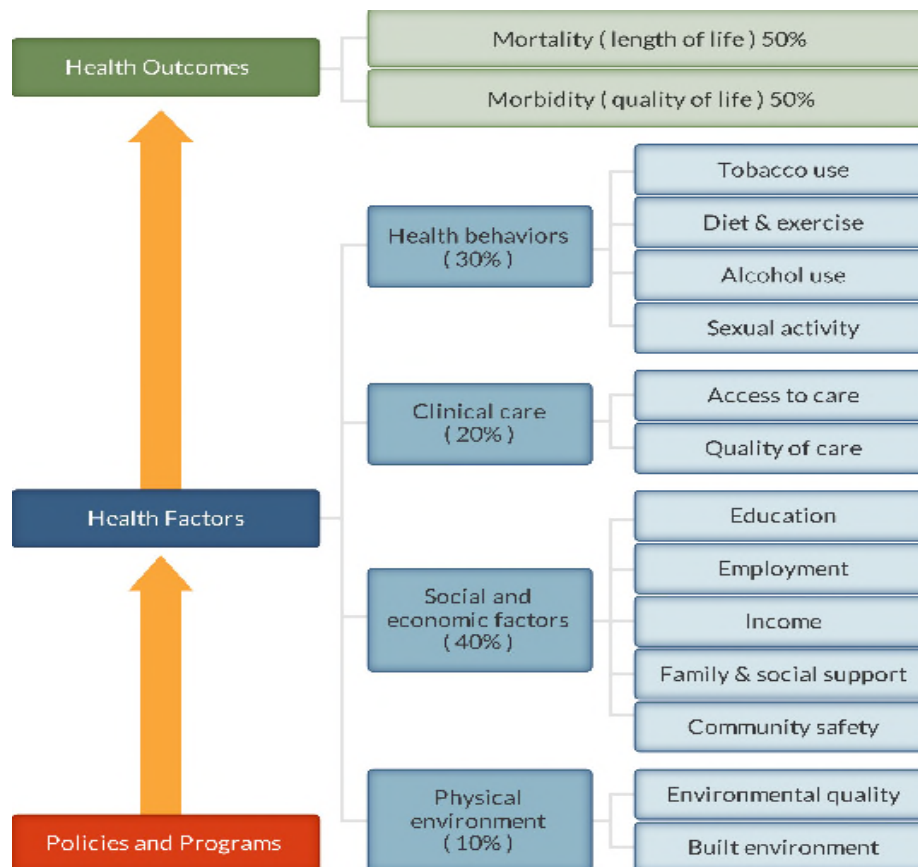
### III. Community Health Status

#### a) Historical Health Statistics- Secondary Research

##### Health Status Profile

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

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



County Health Rankings model ©2012 UWPHI

## National Research – Year 2021 RWJ Health Rankings:

#	IA Rankings - 99 Counties	Definitions	Carroll Co.	Trend	Rural IA Co Norm N=16
1	<b>Health Outcomes</b>		14		63
	Mortality	Length of Life	39		63
	Morbidity	Quality of Life	6		63
2	<b>Health Factors</b>		13		66
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	38		64
	Clinical Care	Access to care / Quality of Care	6		57
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	6		67
3	<b>Physical Environment</b>	Environmental quality	77		48
Rural IA Norm (N=16) includes the following counties: Appanoose, Carroll, Marion, Fremont, Decatur, Cherokee, Mahaska, Poweshiek, Marshall, Davis, Monroe, Ringgold, Clarke, Wayne, Lucas, Jasper.					

## PSA Secondary Research:

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

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

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

### Tab 1: Demographic Profile

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

Tab		Health Indicators	Carroll Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
1	a	Population estimates, 2019	20,165		3,193,079	15,627	County Health Rankings
	b	Persons under 5 years, percent, July 1, 2021, (V2021)	6.4%		6.2%	6.0%	People Quick Facts
	c	Persons 65 years and over, percent, July 1, 2021, (V2021)	20.7%		17.5%	21.4%	People Quick Facts
	d	Female persons, percent, July 1, 2021, (V2021)	50.5%		50.2%	49.7%	People Quick Facts
	e	White alone, percent, July 1, 2021, (V2021)	96.8%		90.6%	96.0%	People Quick Facts
	f	Black or African American alone, percent, July 1, 2021, (V2021)	1.4%		4.1%	1.3%	People Quick Facts
	g	Hispanic or Latino, percent, July 1, 2021, (V2021)	2.9%		6.3%	4.6%	People Quick Facts
	h	Foreign born persons, percent, 2015-2019	1.5%		5.3%	2.8%	People Quick Facts
	i	Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	2.4%		8.3%	6.7%	People Quick Facts
	j	Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	89.5%		85.2%	87.1%	People Quick Facts
	k	Children in single-parent households, %, 2015-2019	16.6%		21.0%	18.2%	County Health Rankings
	l	Total Veterans, 2015-2019	1,201		185,671	1,135	People Quick Facts

### Tab 2: Economic Profile

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

Tab		Health Indicators	Carroll Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
2	a	Per capita income in past 12 months (in 2018 dollars), 2015-2019	\$31,648		\$30,063	\$28,706	People Quick Facts
	b	Persons in poverty, percent, 2021	7.0%		10.2%	11.3%	People Quick Facts
	c	Total Housing units, July 1, 2019, (V2019)	9,564		1,418,626	7,323	People Quick Facts
	d	Total Persons per household, 2015-2019	2.3		2.4	2.3	People Quick Facts
	e	Severe housing problems, percent, 2013-2017	8.5%		11.9%	10.9%	County Health Rankings
	f	Total of All firms, 2012	2,457		259,121	1,402	People Quick Facts
	g	Unemployment, percent, 2019	1.9%		2.7%	2.8%	County Health Rankings
	h	Food insecurity, percent, 2018	7.8%		9.7%	9.6%	County Health Rankings
	i	Limited access to healthy foods, percent, 2015	1.2%		5.6%	6.5%	County Health Rankings
	j	Long commute - driving alone, percent, 2015-2019	13.1%		20.6%	25.4%	County Health Rankings

**Tab 3: Educational Profile**

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

Tab	Health Indicators	Carroll Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
3	a Children eligible for free or reduced price lunch, percent, 2018-2019 (ALL Schools)	41.9%		42.5%	47.0%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	93.5%		92.1%	90.3%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	22.4%		28.6%	20.0%	People Quick Facts

#	Health Indicators- Local Schools	Carroll CSD	Carroll - Adams	Carroll - MS	Coon Rapids-Bayard	IKM-Manning	Glidden-Ralston
1	Total # Public School Nurses	1.5	1	1	1	2	1
2	School Nurse is part of the IEP team	Yes	Yes	Yes	Yes, when needed	Yes, when needed	Yes, when needed
3	School Wellness Plan in place (Active)	Yes	Yes	Yes	Yes	Not known	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional		106/17/8	127/30/5	57/1/unknown	65/6 ref./1 Dr./unknown: 71	230/16/unknown
5	HEARING: # Screened / Referred to Prof / Seen by Professional		None d/t Covid	127/5/2	149/7/unknown	358/8 ref./13 Dr./unknown	168/4/unknown
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional		21 seen by smile coordinator	1 - 7th grader ref. & seen by Dr.	47/14/unknown	172/3 ref./ unknown	21/unknown/unknown
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	N/A	N/A	N/A	N/A	208 sports exams none at school	NA
8	# of Students served with no identified chronic health concerns		124 no/228 total	135 no/527 total	384	554 no/714 total	311
9	School has a suicide prevention program		Unsure	Yes	Yes	No	Yes
10	Compliance on required vaccinations (%)		100.0%	100.0%	100.0%	99.4%	100.0%

**Tab 4: Maternal / Infant Profile**

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

Tab	Health Indicators	Carroll Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2018-2019, Rate per 1k	82.6%		78.7%	68.0%	Iowa Health Fact Book
	b Percent Premature Births by County, 2020	7.8%		8.1%	7.9%	idph.iowa.gov
	c 2 Year Old Immunizations for the 4-3-1-3-3-1-4 by IRIS Population, 2020	72.9%		72.4%	67.3%	idph.iowa.gov
	d Percent of Births with Low Birth Weight, 2018-2019, Rate per 1k	5.9%		6.8%	6.1%	Iowa Health Fact Book
	e Percent of all Births Occurring to Teens (15-19), 2018-2019, Rate per 1k	2.8%		4.1%	4.5%	Iowa Health Fact Book
	g Percent of births Where Mother Smoked During Pregnancy, 2018-2019, Rate per 1k	12.0%		11.3%	21.7%	Iowa Health Fact Book

#	Criteria - Vital Statistics (Rate per 1,000)	Carroll Co.	Trend	Iowa	Rural IA Norm (16)
a	Total Live Births, 2016	13.0		12.5	12.5
b	Total Live Births, 2017	12.4		12.2	12.0
c	Total Live Births, 2018	11.3		11.9	11.4
d	Total Live Births, 2019	11.5		11.9	11.6
e	Total Live Births, 2020	11.5		11.4	11.3

**Tab 5: Hospitalization and Provider Profile**

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

Tab	Health Indicators	Carroll Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
5	a Primary Care (MDs / DOs only) Ratio of population to primary care physicians, 2018	1120:1		1390:01:00	2252:1	County Health Rankings
	b Rate of preventable hospital stays for ambulatory-care sensitive conditions per 100k Medicare enrollees (lower the better), 2018	3,021		3,536	3,453	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	NA		NA	79.5%	CMS Hospital Compare
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	NA		NA	74.4%	CMS Hospital Compare
	e Average Time Patients Spent in the Emergency Dept. Before Seen by a Healthcare Professional (Mins)	85		NA	120	CMS Hospital Compare

IHA Inpatient Utilization	FFY20*	FFY19	FFY18
<b>Total IP- Carroll County IA</b>	<b>1,890</b>	<b>2,114</b>	<b>1,989</b>
Pediatric Age 0-17	250	288	274
Adult Medical/Surgical Age 18-44	412	431	390
Adult Medical/Surgical Age 45-64	386	394	384
Adult Medical/Surgical Age 65-74	258	283	292
Adult Medical/Surgical Age 75+	584	718	649
IHA Inpatient Utilization	FFY20*	FFY19	FFY18
<b>Manning Regional IP Only</b>	<b>96</b>	<b>108</b>	<b>87</b>
Adult Medical/Surgical Age 18-44	8	6	8
Adult Medical/Surgical Age 45-64	13	14	17
Adult Medical/Surgical Age 65-74	11	17	16
Adult Medical/Surgical Age 75+	64	70	46

**Tab 6: Behavioral / Mental Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicators	Carroll Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
6	a Depression: Medicare Population, percent, 2017	17.9%		19.3%	17.6%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2015-2019 (lower is better)	12.5		14.6	17.3	Iowa Health Fact Book
	c Poor mental health days, 2018	3.5		3.5	3.8	County Health Rankings



**Tab 7a: Risk Indicators & Factors Profile**

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

Tab	Health Indicators	Carroll Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
7a	a Adult obesity, percent, 2017	37.3%		34.3%	37.4%	County Health Rankings
	b Adult smoking, percent, 2018	18.7%		17.4%	20.2%	County Health Rankings
	c Excessive drinking, percent, 2018	25.7%		25.8%	24.0%	County Health Rankings
	d Physical inactivity, percent, 2017	23.5%		22.6%	25.9%	County Health Rankings
	e Poor physical health days, 2018	3.1		3.1	3.4	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000, 2018	52.0		14,682	42.9	County Health Rankings

**Tab 7b: Chronic Risk Profile**

Tab	Health Indicators	Carroll Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
7b	a Hypertension: Medicare Population, 2017	58.8%		54.2%	55.3%	Centers for Medicare and Medicaid Services
	b Hyperlipidemia: Medicare Population, 2017	45.3%		44.6%	42.4%	Centers for Medicare and Medicaid Services
	c Heart Failure: Medicare Population, 2017	12.4%		13.0%	13.7%	Centers for Medicare and Medicaid Services
	d Chronic Kidney Disease: Medicare Pop, 2017	24.7%		21.6%	21.0%	Centers for Medicare and Medicaid Services
	e COPD: Medicare Population, 2017	9.7%		10.9%	11.3%	Centers for Medicare and Medicaid Services
	f Atrial Fibrillation: Medicare Population, 2017	9.6%		9.1%	8.9%	Centers for Medicare and Medicaid Services
	g Cancer: Medicare Population, 2017	8.4%		7.7%	7.1%	Centers for Medicare and Medicaid Services
	h Osteoporosis: Medicare Population, 2017	7.2%		6.3%	5.9%	Centers for Medicare and Medicaid Services
	i Asthma: Medicare Population, 2017	2.7%		3.9%	3.0%	Centers for Medicare and Medicaid Services
	j Stroke: Medicare Population, 2017	3.5%		2.8%	2.8%	Centers for Medicare and Medicaid Services

**Tab 8: Uninsured Profile and Community Benefit**

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

Tab	Health Indicators	Carroll Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
8	a Uninsured, percent, 2019	4.6%		5.6%	6.2%	County Health Rankings

#	MRHC Internal Records	YR 2019	YR 2020	YR 2021
1	Bad Debt - Write off	\$298,731	\$233,669	\$251,804
2	Charity Care - Free Care Given	\$129,561	\$125,325	\$74,970

**Tab 8: Uninsured Profile and Community Benefit (Continued)**

Source: Internal Records - Carroll County IA				
#	Community Tax Dollars - Local Health Dept Operations	YR 2019	YR 2020	YR 2021
1	Core Community Public Health	\$70,000	\$70,000	\$70,000
2	Child Care Inspections	N/A	N/A	N/A
3	Environmental Services	\$42,656	\$64,638	\$53,720
4	Healthy Families America/HOPES ECI funding	\$112,766	\$105,352	\$110,494
5	Home Care Aid Services	\$277,606	\$248,676	\$165,790
6	Immunizations/Vaccine	\$11,489	\$9,471	\$16,700
7	Local BOH Functions	\$11,807	\$13,070	\$8,332
7	Mental Health	\$1,400	\$1,183	\$1,163
9	Screenings: Blood pressure / STD / Foot clinics	\$7,093	\$5,960	\$1,014
10	Vaccine - received from State	?	?	\$103,656
11	WIC Administration	\$83,924	\$90,143	\$90,310

**Tab 9: Mortality Profile**

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

Tab	Health Indicators	Carroll Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
9	a Life Expectancy (Male and Females), 2017-2019	80.1		79.4	78.5	County Health Rankings
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2018 (lower is better)	180.1		160.7	175.8	Iowa Health Fact Book
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	147.8		162.3	175.9	Iowa Health Fact Book
	e Age-adjusted Chronic Obstructive Pulmonary Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	34.1		47.3	52.9	Iowa Health Fact Book
	f Alcohol-impaired driving deaths, percent, 2013-2017	33.3%		26.8%	29.3%	County Health Rankings

Total IOWA by Selected Causes of Death - 2020 (per 10k)	Carroll Co.	Mix %	Trend	State of IA 2017	%
Total Deaths	286			35,659	100.0%
Cancer	45.0	15.7%		6,205	17.4%
Diseases of the Heart	70.0	24.5%		7,446	20.9%
Diabetes	6.0	2.1%		1,045	2.9%
Ischemic Heart Disease	41.0	14.3%		4,455	12.5%
Chronic Lower Respiratory Diseases	19.0	6.6%		1,682	4.7%
Unintentional Injuries (Accidents)	13.0	4.5%		1,618	4.5%
Suicide (Intentional Harm)	6.0	2.1%		557	1.6%
Alzheimer's Disease	12.0	4.2%		1,453	4.1%

**Tab 10: Preventive Quality Measures Profile**

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

Tab	Health Indicators	Carroll Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
10	a Access to exercise opportunities, percent, 2019	76.2%		82.9%	70.0%	County Health Rankings
	b Diabetes prevalence, percent, 2017, adults aged 20+ with diagnosed diabetes	9.7%		9.9%	12.2%	County Health Rankings
	c Mammography screening, percent, 2018	53.0%		52.0%	48.3%	County Health Rankings

## PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for MRHC Primary Service Area (Carroll Co. IA).

**Chart #1 –MRHC Primary Service Area (PSA): Carroll County, IA Online Feedback Response (N=125)**

<b>MRHC (Carroll Co IA) - CHNA YR 2022</b>			
For reporting purposes, are you involved in or are you a ...?	MRHC PSA (N=125)	Trend	Wave 4 Norms N=5550
Business / Merchant	11.1%		8.7%
Community Board Member	10.3%		7.5%
Case Manager / Discharge Planner	3.2%		0.8%
Clergy	3.2%		1.2%
College / University	0.8%		2.5%
Consumer Advocate	0.8%		1.4%
Dentist / Eye Doctor / Chiropractor	0.8%		0.7%
Elected Official - City/County	0.0%		1.9%
EMS / Emergency	3.2%		2.1%
Farmer / Rancher	3.2%		5.9%
Hospital / Health Dept	12.7%		16.3%
Housing / Builder	0.0%		0.7%
Insurance	1.6%		1.0%
Labor	3.2%		2.0%
Law Enforcement	0.8%		1.1%
Mental Health	2.4%		1.6%
Other Health Professional	17.5%		9.8%
Parent / Caregiver	11.1%		14.0%
Pharmacy / Clinic	0.8%		1.9%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	4.0%		3.2%
Teacher / School Admin	3.2%		6.4%
Veteran	1.6%		2.8%
Other (please specify)	4.8%		7.1%
<b>TOTAL</b>	<b>126</b>		<b>5144</b>
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

**Chart #2 - Quality of Healthcare Delivery Community Rating**

MRHC (Carroll Co IA) - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	MRHC PSA (N=125)	Trend	Wave 4 Norms N=5550
Top Box %	41.6%		28.9%
Top 2 Boxes %	87.2%		72.1%
Very Good	41.6%		28.9%
Good	45.6%		43.3%
Average	12.8%		22.3%
Poor	0.0%		4.4%
Very Poor	0.0%		1.1%
Valid N	125		5,518
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

**Chart #3 – Overall Community Health Quality Trend**

MRHC (Carroll Co IA) - CHNA YR 2022			
When considering "overall community health quality", is it...	MRHC PSA (N=125)	Trend	Wave 4 Norms N=5550
Increasing - moving up	61.4%		46.5%
Not really changing much	37.7%		44.3%
Decreasing - slipping	0.9%		9.2%
Valid N	114		4,962
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

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

MRHC (Carroll Co IA) - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	60	16.3%		1
2	Obesity (Nutrition / Exercise)	40	10.9%		2
3	Ambulance Staffing / Training	38	10.4%		3
4	Providers	33	9.0%		6
5	Transportation	25	6.8%		4
6	Awareness of Healthcare Services	23	6.3%		8
7	Drugs / Substance Abuse	23	6.3%		7
8	Rural Healthcare Policy / Advocacy	21	5.7%		10
9	Suicide	21	5.7%		5
10	Cancer Care	16	4.4%		12
11	Chronic Diseases	16	4.4%		14
12	Senior Care	16	4.4%		9
13	Smoking / Vaping	15	4.1%		11
14	Access to Health Services / Education	14	3.8%		13
15	Dentists	6	1.6%		15
Totals		367	100.0%		

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

<b>MRHC (Carroll Co IA) - CHNA YR 2022</b>			
In your opinion, what are the root causes of "poor health" in our community?	MRHC PSA (N=125)	Trend	Wave 4 Norms N=5550
Lack of health insurance	11.2%		14.1%
Limited Access to Mental Health Assistance	23.4%		19.0%
Neglect	9.8%		11.5%
Lack of health & Wellness Education	14.5%		13.7%
Chronic disease prevention	14.0%		11.1%
Family assistance programs	6.1%		6.0%
Lack of Nutrition / Exercise Services	12.6%		10.6%
Limited Access to Specialty Care	6.5%		8.2%
Limited Access to Primary Care	1.9%		5.8%
<b>Total Votes</b>	<b>214</b>		<b>8,876</b>
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

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

<b>MRHC (Carroll Co IA) - CHNA YR 2022</b>	<b>MRHC PSA (N=125)</b>			<b>Wave 4 Norms N=5550</b>	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	82.5%	2.5%		80.5%	5.8%
Child Care	69.2%	9.0%		44.3%	15.8%
Chiropractors	84.2%	5.3%		70.5%	5.8%
Dentists	85.9%	3.8%		71.8%	10.1%
Emergency Room	88.8%	1.3%		74.2%	8.2%
Eye Doctor/Optometrist	85.7%	5.2%		75.5%	7.1%
Family Planning Services	42.0%	13.0%		39.3%	18.3%
Home Health	79.5%	2.7%		54.5%	10.4%
Hospice	76.1%	2.8%		62.4%	9.1%
Telehealth	63.2%	7.4%		51.8%	11.0%
Inpatient Services	89.9%	1.3%		77.8%	5.7%
Mental Health	38.2%	19.7%		28.0%	35.4%
Nursing Home/Senior Living	59.0%	14.1%		57.6%	12.3%
Outpatient Services	87.3%	1.3%		75.9%	4.4%
Pharmacy	92.4%	1.3%		87.8%	2.3%
Primary Care	91.3%	0.0%		78.9%	5.4%
Public Health	61.8%	7.9%		62.6%	7.2%
School Health	74.0%	4.1%		64.1%	6.7%
Visiting Specialists	82.1%	2.6%		66.1%	9.1%
Walk- In Clinic	55.1%	9.0%		58.5%	17.1%

**Chart #7 – Community Health Readiness**

MRHC (Carroll Co IA) - CHNA YR 2022		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	MRHC PSA (N=125)	Trend	Wave 4 Norms N=5550
Behavioral / Mental Health	20.0%		34.5%
Emergency Preparedness	4.2%		9.0%
Food and Nutrition Services/Education	10.1%		15.8%
Health Screenings (as asthma, hearing, vision, scoliosis)	5.7%		11.1%
Prenatal/Child Health Programs	8.8%		12.2%
Substance Use/Prevention	2.9%		35.0%
Suicide Prevention	17.6%		37.3%
Violence Prevention	22.1%		34.9%
Women's Wellness Programs	10.1%		17.9%
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Fumas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

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

MRHC (Carroll Co IA) - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	MRHC PSA (N=125)	Trend	Wave 4 Norms N=5550
Yes	55.3%		72.6%
No	44.7%		27.4%
Valid N	76		3,439
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Fumas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

**Specialties:**

Specialty	Counts
ORTHO	3
GI	2
PEDS	2
POD	2
SURG	2
BH	1

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

MRHC (Carroll Co IA) - CHNA YR 2022			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	MRHC PSA (N=125)	Trend	Wave 4 Norms N=5550
Yes	72.4%		61.7%
No	27.6%		38.3%
Valid N	76		3265
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Fumas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

**Chart #9 – What healthcare topics need to be discussed in future town hall meeting?**

<b>MRHC (Carroll Co IA) - CHNA YR 2022</b>			
What needs to be discussed further at our CHNA Town Hall meeting?	MRHC PSA (N=125)	Trend	Wave 4 Norms N=5550
Abuse/Violence	3.1%		4.3%
Alcohol	2.1%		4.0%
Alternative Medicine	2.1%		3.2%
Breast Feeding Friendly Workplace	2.1%		1.1%
Cancer	1.7%		2.3%
Care Coordination	2.4%		2.7%
Diabetes	3.4%		2.8%
Drugs/Substance Abuse	4.8%		6.7%
Family Planning	2.1%		2.1%
Heart Disease	1.0%		1.8%
Lack of Providers/Qualified Staff	6.6%		4.3%
Lead Exposure	0.3%		0.4%
Mental Illness	10.0%		9.2%
Neglect	2.1%		2.4%
Nutrition	4.5%		3.8%
Obesity	5.9%		5.8%
Occupational Medicine	0.7%		0.6%
Ozone (Air)	0.7%		0.5%
Physical Exercise	5.9%		4.0%
Poverty	2.1%		5.0%
Preventative Health / Wellness	7.2%		5.0%
Respiratory Disease	0.0%		0.1%
Sexually Transmitted Diseases	2.1%		1.4%
Smoke-Free Workplace	0.0%		0.0%
Suicide	6.2%		6.5%
Teen Pregnancy	1.7%		2.1%
Telehealth	2.8%		2.4%
Tobacco Use	3.1%		2.1%
Transporation	4.1%		2.9%
Vaccinations	3.4%		3.7%
Water Quality	1.4%		2.0%
Health Literacy	3.1%		3.2%
Other (please specify)	1.4%		1.6%
<b>TOTAL Votes</b>	<b>290</b>		<b>15,890</b>

## IV. Inventory of Community Health Resources

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[VVV Consultants LLC]



# Inventory of Health Services 2022 - Carroll County, IA (Manning Regional Health Center)

Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	Yes		Yes
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers	Yes		
Hosp	Arthritis Treatment Center			
Hosp	Weight Control Services	Yes		
Hosp	Birthing / LDR / LDRP Room	Yes		
Hosp	Breast Cancer	Yes		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	Yes		
Hosp	Case Management	Yes		
Hosp	Chaplaincy / Pastoral Care Services	Yes		
Hosp	Chemotherapy	Yes		
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention	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		Yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	Yes		
Hosp	Genetic Testing / Counseling			
Hosp	Geriatric Services	Yes		
Hosp	Heart	Yes		
Hosp	Hemodialysis	Yes		
Hosp	HIV / AIDS Services			
Hosp	Image-Guided Radiation Therapy (IGRT)	Yes		
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		
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes		
Hosp	Multislice Spiral Computed Tomography (<128+ slice CT)			
Hosp	Neonatal			
Hosp	Neurological services	Yes		
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		

## Inventory of Health Services 2022 - Carroll County, IA (Manning Regional Health Center)

Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
Hosp	Psychiatric Services	Yes		Yes
Hosp	Radiology, Diagnostic	Yes		Yes
Hosp	Radiology, Therapeutic	Yes		
Hosp	Reproductive Health	Yes		
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	Yes		
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	Yes	Yes	Yes
Hosp	Wound Care	Yes		
SR	Adult Day Care Program / Respite programs / Private Pay	Yes		Yes
SR	Assisted Living			Yes
SR	Home Health Services	Yes		Yes
SR	Hospice	Yes		Yes
SR	Long-Term Care			Yes
SR	Nursing Home Services			Yes
SR	Retirement Housing			Yes
SR	Skilled Nursing Care	Yes		Yes
ER	Emergency Services	Yes		Yes
ER	Urgent Care Center	Yes		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	Yes
SERV	Health Fair (Annual)		Yes	Yes
SERV	Health Information Center	Yes	Yes	Yes
SERV	Health Screenings	Yes	Yes	Yes
SERV	Meals on Wheels			Yes
SERV	Nutrition Programs	Yes	Yes	Yes
SERV	Patient Education Center	Yes		Yes
SERV	Support Groups	Yes		Yes
SERV	Teen Outreach Services			Yes
SERV	Tobacco Treatment / Cessation Program			Yes
SERV	Transportation to Health Facilities		Yes	Yes
SERV	Wellness Program	Yes	Yes	Yes

Providers Delivering Care in Carroll County IA MRHC Primary Service Area			
# of FTE Providers Working in County	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visting DRs*	PSA Based PA / NP
<b>Primary Care:</b>			
Family Practice	16.0		8
Internal Medicine / Geriatrician	1.0		1
Obstetrics/Gynecology	12.0	1.25	
Pediatrics	1.0		
<b>Medicine Specialists:</b>			
Allergy/Immunology		0.25	
Cardiology	2.0		
Chronic Care	1.0		1
Dermatology	1.0		
Endocrinology			
ENT	0.5	0.25	
Gastroenterology			
Oncology/RADO	3.0		
Infectious Diseases			
Nephrology	1.0	0.25	
Neurology	1.0	0.25	
Psychiatry / Mental Health	1.0	0.25	1.25
Pulmonary			
Rheumatology			
<b>Surgery Specialists:</b>			
General Surgery / Colon / Oral	2.5		
Neurosurgery			
Ophthalmology	1.0	0.5	
Orthopedics	1.0	1	
Otolaryngology (ENT)	0.5		
Plastic/Reconstructive		0.25	
Thoracic/Cardiovascular			
Urology		0.75	
Vascular	0.5	0.25	
<b>Hospital Based:</b>			
Anesthesia/Pain	1.0		1.5
Emergency	1.0	0.5	1
Radiology		0.25	
Pathology/Laboratory	1.0		
Hospitalist			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occ Medicine			
Podiatry	2.0		
Chiropractor			
Optometrist OD			
Dentists			
<b>TOTALS</b>	<b>51</b>	<b>6</b>	<b>13.75</b>
* Total # of FTE Specialists serving community whose office outside PSA.			

2022 Visiting Specialists - Manning Regional Healthcare Center					
SPECIALTY	Physician Name/Group	Office Location (City/State)	Schedule	Annual Days	Location of Outreach Clinic
Cardiology	Dr. Ulveling, Iowa Heart Center	Carroll, Iowa	1st & 3rd Thurs	24	MRHC Specialty Clinics
Dermatology	Abby Behrens, ARNP Radiant Complexions Dermatology	Carroll, Iowa	1st Wed	12	MRHC Specialty Clinics
General Surgeon	Dr. Smith	Lake City, Iowa	Every Monday	52	MRHC Specialty Clinics
OB-Gynecology	Dr. Woods Shenandoah Med Center	Shenandoah, Iowa	2nd Wed	12	MRHC Specialty Clinics
Mental Health	Mikala Landon, ARNP SARH Mental Health Clinic	Carroll, Iowa	2nd & 4th Wed	12	MRHC Specialty Clinics
Orthopedic	Dr. Stokesbary, CNOS	Dakota Dunes, SD	2nd & 4th Tues	24	MRHC Specialty Clinics
ENT	Dr. Denman, ENT Specialists	Omaha, NE	1st Wed	12	MRHC Specialty Clinics
Pain	Brian Jacobs, ARNP Midwest Pain Center	Des Moines, IA	2nd & 4th Wed	24	MRHC Specialty Clinics
Podiatry	Dr. Jensen, McFarland	Carroll, Iowa	Tuesdays	36	MRHC Specialty Clinics
Urology	Dr. Bourne, Siouxland Urology Associates	Dakota Dunes, SD	Every other Friday	26	MRHC Specialty Clinics
Wound Care	Dr. Luong, Restorix	Manning, Iowa	Every Thurs	52	MRHC Specialty Clinics

# **MRHC Primary Service Area 2022 Healthcare Services Directory Carroll County, Iowa**

## **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



# **CARROLL COUNTY DIRECTORY OF HUMAN SERVICES**

Updated June 2020



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## CHILDREN, JUVENILES, & FAMILIES

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

406 N. 3<sup>rd</sup>, 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. 7<sup>th</sup> 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, child-oriented 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. 7<sup>th</sup> 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 Ill & 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**

PO 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)

**Communities 4 Children Decategorization Project .....712-792-4391 ext. 239**

Decategorization/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 (CCCPCA) .....712-792-6440**

502 W. 7<sup>th</sup> Street .....800-999-5101

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

#### **Waivers and Programs**

Brain Injury, Ill & 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 –

1<sup>st</sup> 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 Est.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](http://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.....Children and Families of Iowa Coordinator 515-577-8929**

[emmaleeb@cfiowa.org](mailto:emmaleeb@cfiowa.org)

Mentor families currently involved with Department of Human Services.

Parent Partner Activities

- Work with families to promote engagement in case plan activities.
- Help maintain connections between parents and children while in out of home care.
- Share insight and understanding about their own personal experiences that may help parents be successful in their reunification efforts.
- Assist in the goal of reunification and/or the development of appropriate alternative permanent plans.
- Provide a sense of hope and inspiration to parents in the “system”.
- Connect parents with resources.
- Provide encouragement, outreach and support.
- Work with Parent Partner team (Parent Partner Coordinator, child welfare case worker, planning committees, etc.).

**Quakerdale .....712-655-2012**

1500 W. 3<sup>rd</sup> 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. 7<sup>th</sup> 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 are provided. Children from 2 weeks to 12 years.

## **SENIORS**

**Alzheimer's Association Big Sioux Chapter .....**

522 4<sup>th</sup> 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 .....1-800-543-3265**

- 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 .....712-292-5293**

514 N. Court Street, Carroll, IA 51401

Email: cfgpp@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/Assisted Livings

**Accura Healthcare.....641-227-3602**

**Regency Park.....712-792-9281**

**Thomas Rest Haven.....712-999-2253**

**Garden View.....712-794-5050**

**Orchard View.....712-792-2042**

**Park View/assisted living.....712-999-2253**

**Manning Senior Living/assisted living.....712-655-4893**

**Journeys.....712-775-2313**

**Sunny Brook.....712-792-8995**

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

**Swan Place.....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. 4<sup>th</sup> Street, Carroll, IA 51401

- Provides assistance for problem pregnancies
- Free pregnancy testing
- Confidential and practical assistance

**Catholic Charities** .....712-792-9597

409 ½ W. 7<sup>th</sup> 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. 7<sup>th</sup> 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

- Weekend Counseling services available – call for evaluation and information for all services
- De-tox, inpatient, residential, outpatient, intervention, co-dependency services, aftercare and EAP services.

- Gambling treatment and education

**NAMI**.....712-792-1122

**New Opportunities, Inc** ..... [www.newopp.org](http://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](http://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 7<sup>th</sup>, 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 LittEAP.....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 7<sup>th</sup>

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](http://www.iowaworkforcedevelopment.gov)      [www.iowajobs.org](http://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. 8<sup>th</sup> St., Carroll, IA 51401

[www.canshomehealth.com](http://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. 7<sup>th</sup> Street .....800-999-5101

Carroll, IA 51401 .....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  
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

- Voluntary in home family support program, specializing in education on pregnancy parenting, and child Development. – Prenatal women, parents of children age 0-4
- Services offered at no cost to families residing within Carroll County
- No Income guidelines

**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. 18<sup>th</sup> 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**

**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
  - Skilled nursing and home care aide service
  - Hospice educated volunteers
  - Social workers & chaplain
  - Pharmacy
  - Physical therapy and occupational therapy
  - Nutritional counseling
  - Inpatient care and respite
  - Bereavement follow-up
  - 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:
  - Ill 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](http://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

### **Manage 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 7<sup>th</sup> 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 3<sup>rd</sup> 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 3<sup>rd</sup> 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**

<b>Carroll Community Schools &amp; Preschool .....</b>	<b>712-792-8010</b>
<b>Coon Rapids-Bayard Community Schools .....</b>	<b>712-684-2208</b>
<b>Glidden-Ralston Schools .....</b>	<b>712-659-3411</b>
<b>Happy Times Preschool.....</b>	<b>712-792-4683</b>
<b>Early Steps to Learning.....</b>	<b>712-792-1811</b>
<b>Kuemper Catholic High Schools .....</b>	<b>712-792-3596</b>
<b>Kuemper CARES before and afterschool &amp; Summer.....</b>	<b>712-830-6134</b>
<b>IKM-Manning Community Schools .....</b>	<b>712-655-3761</b>
<b>Little Lamb Preschool.....</b>	<b>712-792-4354</b>
<b>Zion Lutheran Preschool.....</b>	<b>712-655-2352</b>

**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](http://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
<b>Carroll County Emergency Management.....</b>	<b>712-775-2166</b>
Carroll County Courthouse	
<b>Carroll Co. Sheriff's Dept. ....</b>	<b>712-792-4393</b>
114 E. 6 <sup>th</sup> St., Carroll, IA 51401	
• Provides law enforcement	
<b>Richmond Center .....</b>	<b>712-792-5728</b>
<b>Family Crisis Center</b>	
24 Hr. Crisis Line .....	1-800-382-5603
<b>Emergency/Crisis Care – Crisis Line .....</b>	<b>1-800-999-5101 or 712-792-6440</b>
Family Resource Center	
<b>Manning Family Recovery Center –</b>	
24 Hour Crisis Line .....	1-800-656-6372
.....	Or 1-712-655-2300

## VETERANS

<b>VA Central Iowa Health Care System.....</b>	<b>712-794-6780</b>
<b>Community Based Outpatient Clinics.....</b>	<b>Or 1-855-794-6780</b>
Primary Care Services, Lab services, Pharmacy, Mental Health and Nutrition	
<b>Carroll County Community Assistance .....</b>	<b>712-792-1234</b>
608 N. Court Street, Suite B, Carroll, IA	
• Carroll County Veterans Assistance – Emergency assistance for qualified wartime veterans	

## HANDY 800 NUMBERS

<b>AIDS Hotline .....</b>	<b>800-342-2437</b>
<b>CAASA(Sexual Assault Services).....</b>	<b>877-362-4612</b>
<b>FCC (Domestic Violence Services).....</b>	<b>855-983-4641</b>
<b>A1-Anon, Aleteen Family Group Hotline .....</b>	<b>800-344-2666</b>
<b>Alcohol and Drug Abuse .....</b>	<b>800-252-6465</b>
<b>Alliance for the Mentally Ill of Iowa .....</b>	<b>800-417-0417</b>
<b>Alzheimer's Association .....</b>	<b>800-272-3900</b>
<b>American Cancer Society .....</b>	<b>866-227-2345</b>
<b>American Diabetic Association .....</b>	<b>800-232-3472</b>

American Red Cross .....	800-733-2767
Answer Line(Questions relating to home & family).....	800-262-3804
Association for Children for Enforcement of Support .....	888-229-9223
Attorney General (State of Iowa) .....	888-777-4590
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
Child Care Network .....	800-722-7619
Child Care Resource and Referral .....	800-945-9778
Child/Dependent Adult Abuse Hotline .....	800-362-2178
Carroll Co. Public Health .....	800-684-3020
Civil Rights Commission .....	800-457-4416
Continuing Education.....	800-262-0015
Crime Victim Assistance Program .....	800-373-5044
Department of the Blind .....	800-362-2587
Department of Human Services .....	866-937-3663
Department of Revenue .....	800-367-3388
Department of Transportation .....	800-532-1121
Elderbridge Agency on Aging.....	800-243-0678
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
Internal Revenue Service (IRS) .....	800-829-1040
Iowa Attorney Referral Service.....	800-532-1108
Iowa Concerns Hotline .....	800-447-1985
Iowa Client Assistance (Dept. of Human Rights .....	800-652-4298
Division of Disabilities	
Iowa One Call( Call before you dig).....	800-292-8989
Iowa Compass (Disability Information) .....	800-779-2001
Iowa New Choices, DMACC .....	800-362-2127
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

Elderly (Legal Hotline for Older Iowans) .....	800-992-8161
Long Term Care Ombudsman (Dept. of Elder Affairs) .....	866-236-1430
NAMI.....	515-292-9400
New Opportunities, Inc. ....	800-642-6330
PORKline.....	800-808-7675
Quit Line Iowa (quit smoking).....	800-784-8669
Radon Line .....	800-383-5992
St. Anthony Home Health Care/Hospice .....	800-684-3020
Sexual Abuse Hotline .....	877-362-4612
Senior Health Insurance Information Program (Long Term Care ins). .....	800-351-4664
Small Business Resource Office .....	800-284-4424
Social Security Administration .....	800-772-1213
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 Law Center (Under 18) .....	800-728-1172
Youth & Shelter (24 hour help).....	800-600-2330



# V. Detail Exhibits

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**[VVV Consultants LLC]**



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## a) Patient Origin Source Files

[VVV Consultants LLC]

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

Carroll														
	Discharge s	% of Discharges	Discharge s					Inpatient t Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Ames, Mary Greeley	88	3.97 %	4	44	35	24	13	400	4.18 %	8	47	138	11	93
Atlantic, Cass Co Mem	5	0.23 %	4	0	1	0	0	16	0.17 %	13	0	3	0	0
Audubon, Audubon Co	3	0.14 %	0	1	0	0	2	4	0.04 %	0	1	0	0	3
Carroll, St. Anthony Reg	1452	65.52 %	204	314	246	182	506	5895	61.59 %	437	1021	1067	906	2464
Cedar Rapids, Mercy	2	0.09 %	0	2	0	0	0	4	0.04 %	0	4	0	0	0
Cedar Rapids, St Luke's	1	0.05 %	1	0	0	0	0	14	0.15 %	14	0	0	0	0
Clinton, Mercy Medical	1	0.05 %	0	0	1	0	0	7	0.07 %	0	0	7	0	0
Council Bluffs, CHI Hlth	34	1.53 %	16	5	5	4	4	133	1.39 %	74	18	26	5	10
Council Bluffs, Jennie Ed	11	0.50 %	1	8	1	0	1	39	0.41 %	2	31	3	0	3
Denison, Crawford Co	8	0.36 %	3	3	0	0	2	19	0.20 %	8	6	0	0	5
Des Moines, Broadlawns	1	0.05 %	0	0	0	0	1	26	0.27 %	0	0	0	0	26
Des Moines, IA Lutheran	19	0.86 %	5	1	9	3	1	76	0.79 %	21	18	28	7	2
Des Moines, IMMC	134	6.05 %	37	24	43	16	14	670	7.00 %	134	88	262	92	94
Des Moines, Mercy Med	188	8.48 %	26	29	36	39	58	991	10.35 %	149	113	210	236	283
Dubuque, Mercy Medical	1	0.05 %	0	0	0	0	1	6	0.06 %	0	0	0	0	6
Dunes Surgical	4	0.18 %	0	0	0	4	0	10	0.10 %	0	0	0	10	0
Fort Dodge, Trinity	5	0.23 %	1	2	1	0	1	14	0.15 %	2	3	6	0	3
Guthrie Center,	12	0.54 %	0	0	0	2	10	49	0.51 %	0	0	0	10	39
Harlan, Myrtue Med	2	0.09 %	1	1	0	0	0	4	0.04 %	2	2	0	0	0
Iowa City, U of I Hosp	40	1.81 %	8	6	16	8	2	383	4.00 %	105	60	177	27	14
Jefferson, Greene	3	0.14 %	0	0	0	1	2	48	0.50 %	0	0	0	1	47
Lake City, Stewart Mem	28	1.26 %	13	12	0	0	3	63	0.66 %	23	25	0	0	15
Manning, Manning	87	3.93 %	0	8	17	16	46	371	3.88 %	0	18	47	66	240

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

Carroll															
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days					
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+	
Mason City, Mercy	2	0.09 %	0		1	1	0	0	5	0.05 %	0	2	3	0	0
Sac City, Loring Hosp	1	0.05 %	0		0	0	1	0	4	0.04 %	0	0	0	4	0
Sioux City, Mercy Med	2	0.09 %	0		1	0	0	1	26	0.27 %	0	5	0	0	21
Sioux City, St Luke's	4	0.18 %	1		3	0	0	0	42	0.44 %	22	20	0	0	0
Spencer, Spencer	3	0.14 %	0		2	1	0	0	20	0.21 %	0	9	11	0	0
Storm Lake, Buena Vista	5	0.23 %	0		0	0	1	4	64	0.67 %	0	0	0	12	52
Waterloo, Allen Hosp	1	0.05 %	0		0	1	0	0	1	0.01 %	0	0	1	0	0
Waterloo, Covenant	5	0.23 %	0		3	1	1	0	20	0.21 %	0	9	8	3	0
West Des	50	2.26 %	2		1	18	16	13	93	0.97 %	6	3	25	25	34
West Des Moines	14	0.63 %	0		1	5	2	6	54	0.56 %	0	1	23	3	27
TOTAL	2216	100.00 %	327	440	438	320	691		9571	100.00 %	1020	1504	2045	1521	3481

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

Carroll														
	Discharge s	% of Discharges	Discharge s					Inpatien t Days	% of Inpatien t Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Ames, Mary Greeley	53	2.28 %	3	44	15	14	13	174	1.71 %	8	19	37	42	68
Atlantic, Cass Co Mem	8	0.34 %	4	3	1	0	0	17	0.17 %	8	5	4	0	0
Audubon, Audubon Co	2	0.09 %	0	0	1	0	1	5	0.05 %	0	0	1	0	4
Boone, Boone Co Hosp	5	0.22 %	2	3	0	0	0	12	0.12 %	5	7	0	0	0
Carroll, St. Anthony Reg	1476	63.62 %	223	346	241	151	515	5776	56.75 %	471	1042	1000	700	2563
Cedar Rapids, Mercy	2	0.09 %	0	0	0	0	2	7	0.07 %	0	0	0	0	7
Cedar Rapids, St Luke's	4	0.17 %	1	3	0	0	0	14	0.14 %	2	12	0	0	0
Clive, MercyOne	10	0.43 %	0	0	2	2	6	107	1.05 %	0	0	19	15	73
Council Bluffs, CHI Hlth	40	1.72 %	8	6	6	13	7	124	1.22 %	37	16	12	33	26
Council Bluffs, Jennie Ed	13	0.56 %	0	6	6	0	1	60	0.59 %	0	23	32	0	5
Denison, Crawford Co	13	0.56 %	5	7	0	0	1	31	0.30 %	10	18	0	0	3
Des Moines, Broadlawns	2	0.09 %	0	1	1	0	0	12	0.12 %	0	3	9	0	0
Des Moines, IA Lutheran	21	0.91 %	3	0	9	3	6	122	1.20 %	12	0	62	6	42
Des Moines, IMMC	106	4.57 %	24	18	36	15	13	627	6.16 %	127	44	211	138	107
Des Moines, Mercy Med	274	11.81 %	25	35	74	50	90	1564	15.37 %	199	128	313	327	597
Dunes Surgical	2	0.09 %	0	0	0	2	0	2	0.02 %	0	0	0	2	0
Fort Dodge, Trinity	3	0.13 %	0	0	2	0	1	16	0.16 %	0	0	7	0	9
Harlan, Myrtue Med	3	0.13 %	1	1	0	0	1	6	0.06 %	2	2	0	0	2
Iowa City, U of I Hosp	41	1.77 %	12	8	9	8	4	431	4.23 %	219	35	81	71	25
Jefferson , Greene	5	0.22 %	0	0	1	0	4	22	0.22 %	0	0	3	0	19
Lake City, Stewart Mem	17	0.73 %	4	6	1	0	6	39	0.38 %	9	13	1	0	16
Manning, Manning	108	4.66 %	1	6	14	17	70	631	6.20 %	3	10	40	107	471
Mason City, Mercy	4	0.17 %	0	2	0	2	0	34	0.33 %	0	3	0	31	0

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

Carroll															
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days					
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+	
Mount Ayr, Ringgold	1	0.04 %	0		0	0	1	0	10	0.10 %	0	0	0	10	0
Sac City, Loring	2	0.09 %	0		0	0	0	2	7	0.07 %	0	0	0	0	7
Sioux City, Mercy	5	0.22 %	0		2	0	2	1	31	0.30 %	0	7	0	17	7
Sioux City, St Luke's	4	0.17 %	1		1	2	0	0	21	0.21 %	5	4	12	0	0
Spencer, Spencer	4	0.17 %	0		3	1	0	0	18	0.18 %	0	17	1	0	0
Spirit Lake	4	0.17 %	0		0	2	2	0	7	0.07 %	0	0	4	3	0
Storm Lake	6	0.26 %	1		1	1	1	2	38	0.37 %	2	2	2	7	25
West Burlington	2	0.09 %	0		2	0	0	0	13	0.13 %	0	13	0	0	0
West Des	58	2.50 %	3		3	19	25	8	120	1.18 %	6	6	37	47	24
West Des Moines	22	0.95 %	0		2	8	5	7	80	0.79 %	0	7	40	19	14
TOTAL	2320	100.00 %	321	473	452	313	761	10178	100.00 %	1125	1436	1928	1575	4114	

# ***Inpatient Destination Summary Report by County/State For January - December 2020***

Carroll														
	Discharge s	% of Discharges	Discharge s					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Ames, Mary Greeley	48	2.29 %	3	44	15	12	9	203	2.08 %	14	35	53	57	44
Atlantic, Cass Co Mem	2	0.10 %	2	0	0	0	0	14	0.14 %	14	0	0	0	0
Audubon, Audubon Co	1	0.05 %	0	0	0	0	1	23	0.24 %	0	0	0	0	23
Bettendorf, UnityPoint	1	0.05 %	0	0	1	0	0	6	0.06 %	0	0	6	0	0
Boone, Boone Co Hosp	2	0.10 %	1	1	0	0	0	5	0.05 %	2	3	0	0	0
Carroll, St. Anthony Reg	1337	63.73 %	197	329	237	158	416	5594	57.32 %	425	1008	1223	753	2185
Cedar Rapids, St Luke's	1	0.05 %	1	0	0	0	0	5	0.05 %	5	0	0	0	0
Clive, MercyOne	13	0.62 %	0	2	2	6	3	165	1.69 %	0	13	20	75	57
Council Bluffs, CHI Hlth	17	0.81 %	8	5	0	1	3	80	0.82 %	46	17	0	3	14
Council Bluffs, Jennie Ed	21	1.00 %	2	6	3	4	6	73	0.75 %	4	20	10	15	24
Davenport, Genesis	1	0.05 %	0	0	1	0	0	4	0.04 %	0	0	4	0	0
Denison, Crawford Co	6	0.29 %	2	2	1	0	1	14	0.14 %	4	5	4	0	1
Des Moines, Broadlawns	2	0.10 %	0	0	1	1	0	2	0.02 %	0	0	1	1	0
Des Moines, IA Lutheran	14	0.67 %	4	0	5	3	2	110	1.13 %	16	0	45	34	15
Des Moines, IMMC	98	4.67 %	13	17	21	24	23	756	7.75 %	68	90	134	284	180
Des Moines, Mercy Med	251	11.96 %	23	41	79	46	62	1448	14.84 %	152	155	425	309	407
Dunes, Surgical	1	0.05 %	0	0	0	1	0	1	0.01 %	0	0	0	1	0
Fort Dodge, Trinity	5	0.24 %	0	0	2	2	1	21	0.22 %	0	0	7	8	6
Grinnell, Grinnell Reg	1	0.05 %	0	0	0	0	1	2	0.02 %	0	0	0	0	2
Guthrie Center,	2	0.10 %	0	0	0	0	2	5	0.05 %	0	0	0	0	5
Harlan, Myrtue Med	2	0.10 %	1	1	0	0	0	8	0.08 %	4	4	0	0	0
Iowa City, U of I Hosp	35	1.67 %	5	9	15	3	3	247	2.53 %	119	27	45	16	40
Jefferson, Greene	5	0.24 %	0	1	1	2	1	15	0.15 %	0	3	4	5	3

**Inpatient Destination Summary Report by County/State For January - December 2020**

Carroll															
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days					
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+	
Knoxville, Knoxville	1	0.05 %	0		0	0	1	0	1	0.01 %	0	0	0	1	0
Lake City, Stewart	28	1.33 %	8	9	3	0	8	73	0.75 %	15	22	5	0	31	
Manning, Manning	96	4.58 %	0	8	13	11	64	476	4.88 %	0	23	70	44	339	
Mason City, Mercy	3	0.14 %	0	1	1	0	1	16	0.16 %	0	3	4	0	9	
Ottumwa, Ottumwa	1	0.05 %	0	1	0	0	0	3	0.03 %	0	3	0	0	0	
Perry, Dallas Co	1	0.05 %	0	0	0	1	0	2	0.02 %	0	0	0	2	0	
Sac City, Loring Hosp	1	0.05 %	0	0	1	0	0	7	0.07 %	0	0	7	0	0	
Sioux Center, Sx	2	0.10 %	0	0	2	0	0	26	0.27 %	0	0	26	0	0	
Sioux City, Mercy Med	6	0.29 %	0	1	0	1	4	19	0.19 %	0	2	0	1	16	
Sioux City, St Luke's	10	0.48 %	1	5	3	0	1	64	0.66 %	2	24	24	0	14	
Spencer, Spencer	2	0.10 %	0	2	0	0	0	10	0.10 %	0	10	0	0	0	
Storm Lake, Buena Vista	4	0.19 %	0	0	0	1	3	46	0.47 %	0	0	0	10	36	
Waterloo, Allen Hosp	3	0.14 %	0	0	3	0	0	20	0.20 %	0	0	20	0	0	
Waterloo, Covenant	4	0.19 %	1	1	0	2	0	29	0.30 %	2	8	0	19	0	
West Des	54	2.57 %	3	1	18	19	13	109	1.12 %	6	2	34	32	35	
West Des Moines	16	0.76 %	0	5	6	3	2	58	0.59 %	0	19	15	10	14	
TOTAL	2098	100.00 %	275	457	434	302	630	9760	100.00 %	898	1496	2186	1680	3500	

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## b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]



# MRHC 2022 CHNA Town Hall Attendees March 24th 5:30 - 7:00

#	Table	Attend.	Lead	Last	First	Organization	Title
1	A	X	##	Hodne	Julie	MRHC	RN - CHNA chairperson
2	A	X		Zack	Sarah	DHS	SW Supervisor
3	A	X		Hudson	Erin	Manning Senior Living	Director
4	A	X		Spies	Paula	New Opportunities, Inc.	Health Services Director
5	B	X	##	Voege	Jean	MRHC Board of Directors	
6	B	X		Lamp	Julie	MRHC	PARENT
7	B	X		Kusel	Pam	Manning News Journal	
8	B	X		Block	Linn	MRHC	CEO
9	C	X	##	Vollstedt	Kimberly	Manning Pharmacy	Pharmacist
10	C	X		Folk	Larry	Manning Senior Living	Portfolio CRC
11	C	X		Hagedorn	Larry	MRHC	board member
13	D	X		Vonnahme	Becky	Board of Health	President
14	D	X		Nuzback	Kari	Puck Enterprises	HR
15	D	X		Braddy	Dawn	Community Member	
16	D	X		Hodne	Scott	Community Member	

# MRHC Town Hall Event Notes – Carroll County, IA

Attendance: N=16

Date: 3/24/2022 – 5:30 p.m. to 7:00 p.m.

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## **Needs**

- Mental/Behavioral Health
- Drug/Substance Abuse
- Alcohol Abuse
- Ambulance Services Staffing
- Tracking Preventative Care
- Rural HC Sustainability
- Lack of Reimbursements
- Child Care (Access / Staff)
- Obesity (Nutrition / Exercise)
- Underinsured / Uninsured
- Underutilized Senior Center
- Available / Affordable Housing
- Chronic Diseases
- Public Health
- Medicaid (Dental)
- Senior Care (Staff / Reimbursement)
- Suicide
- Transportation
- Domestic Violence

## **Strengths**

- Quality Providers
- Manning Reg. HC Rehab Center
- Scope of Local Services
- Access to Healthy Foods
- Pharmacy
- Community Garden
- School Health
- Economic Development
- Senior Facilities
- Hospital Facilities

## EMAIL #1 Request Message

**From:** Julie Hodne

**Date:** 1/31/2022

**To:** Community Leaders, Providers and Hospital Board and Staff

**Subject:** Carroll County Community Health Needs Assessment 2022

**MercyOne Manning Regional Healthcare Center (MRHC)** is partnering with other community health providers to update the 2019 Carroll County Community Health Needs Assessment. Therefore, MRHC is seeking input from the community regarding healthcare needs in order to complete the 2022 CHNA assessment update.

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

To gather community feedback, a short and confidential online survey has been developed. Please utilize the link below to complete this request.

**LINK:** [https://www.surveymonkey.com/r/CHNA2022\\_ManningReg\\_CarrollCoIA](https://www.surveymonkey.com/r/CHNA2022_ManningReg_CarrollCoIA)

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **Thursday, March 3<sup>rd</sup>**. In addition, please **HOLD the date** for the Town Hall meeting scheduled for Dinner on **Thursday, March 24<sup>th</sup>**. Please stay on the lookout for more information to come soon regarding the RSVP and Town Hall location.

*Thank you in advance for your time and support!*

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

## **PR#1 News Release**

Local Contact: Julie Hodne

**Media Release: 1/15/22**

# **Carroll County Seeks Community Input on Local Health Needs**

Over the next few months, **MercyOne Manning Regional Healthcare Center** (MRHC) will be working with area providers to update the 2019 Carroll County Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in order to complete the 2022 CHNA.

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

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

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **Thursday, March 3<sup>rd</sup>, 2021**. In addition, please **HOLD the date** for the Town Hall meeting scheduled for Dinner on **Thursday, March 24<sup>th</sup>, 2022**. Please, stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call Julie Hodne (712)655-8179.

## EMAIL #2 Request Message

**From:** Julie Hodne

**Date:** 03/01/2022

**To:** Community Leaders, Consumers, Providers and Hospital Board and Staff

**Subject:** MRHC of Carroll County - Community Health Needs Assessment  
Town Hall Event

**MercyOne Manning Regional Healthcare Center** is hosting a scheduled Town Hall Meeting for the 2022 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators from the survey and gather feedback opinions on key community needs. This event will be held on **Thursday, March 24<sup>th</sup>**, from **5:30 p.m. – 7:00 p.m. at MRHC in Conference rooms 1 & 2.**

All business leaders and residents are encouraged to join us for this important meeting. With COVID still among us, we must ensure the safety of our community first and foremost. Therefore, it is imperative that you complete an RSVP in order for us to adhere to proper safety guidelines. We hope you find the time to attend this important event by following the link below to complete your RSVP for March 24<sup>th</sup>. Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event.

LINK: [https://www.surveymonkey.com/r/CHNA2022\\_CarrollCoIA\\_ManningRSVP](https://www.surveymonkey.com/r/CHNA2022_CarrollCoIA_ManningRSVP)

*Thanks in advance for your time and support*

*If you have any questions regarding CHNA activities, please call Julie Hodne at (712) 655-8179*

# MRHC of Carroll County Schedules Local Town Hall Event.

Media Release: 03/01/22

**MercyOne Manning Regional Healthcare Center of** Carroll County has scheduled the Town Hall meeting for the 2022 Community Health Needs Assessment on **Thursday March 24<sup>th</sup>, from 5:30 p.m. – 7:00 p.m.** at **MRHC in Conference rooms 1 & 2.** During this event, we will review the community health indicators from the survey and gather feedback opinions on key community health needs for MRHC of Carroll County, IA.

Due to Covid and state-wide guidelines, we must ensure the safety of our community members during this on-site event. Therefore, those who wish to attend must RSVP to adequately prepare for this social distanced gathering.

You may do this by visiting the MercyOne Manning Regional Healthcare Center website and/or Facebook to obtain the link to complete your RSVP or see link below.

Link: [https://www.surveymonkey.com/r/CHNA2022\\_CarrollCoIA\\_ManningRSVP](https://www.surveymonkey.com/r/CHNA2022_CarrollCoIA_ManningRSVP)

We hope you can find the time to join us for this important event on March 24<sup>th</sup>, 2022.

Note> If you RSVP, additional information will be released to you via email a few days prior to the event.

*Thanks in advance for your time and support!*

*If you have any questions regarding CHNA activities, please call Julie Hodne at (712) 655-8179*

**From:** Julie Hodne

**To:** Community Leaders, Providers, Hospital Board and Staff

**Date:** 3/18/2022

**Subject:** Carroll County CHNA Town Hall Goes VIRTUAL – March 24th

**MercyOne Manning Regional Healthcare Center** leaders have made the decision to go virtual for the Carroll County CHNA Town Hall being held on **Thursday, March 24<sup>th</sup> from 5:00 p.m. – 7:30 p.m.**

We hope you find time to join us for this important event. If you have already RSVP'd your attendance, please note this change to a VIRTUAL meeting. If you have not RSVP'd, we still have room for you to participate in this important meeting.

This virtual meeting will consist of reviewing the community health indicators and gathering feedback opinions on key community health needs. It is vital that all community members RSVP if they are planning to attend by clicking link below to complete your RSVP registration. If you RSVP, the ZOOM link will be sent out to you via email for this event a few days before.

LINK: [https://www.surveymonkey.com/r/CHNA2022\\_CarrollCoIA\\_ManningRSVP](https://www.surveymonkey.com/r/CHNA2022_CarrollCoIA_ManningRSVP)

*Thank you in advance for your time and support!*

*If you have any questions regarding CHNA activities, please call Julie Hodne at (712) 655-8179*

## d.) Primary Research Detail

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[VVV Consultants LLC]



### CHNA 2022 Community Feedback: Carroll Co, IA N=125

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1060	51455	Very Good	Not really changing much	AGE	EDU	ALC	Generational health trends- poor practices passed down to next generation. Same with substance abuse- kids view binge drinking as normal if parents are doing it.
1098	51455	Average	Not really changing much	EDU	SERV		Poor education and outreach to at risk populations.
1022	50025	Very Good	Increasing - moving up	EDU			poor buy in need to change- education
1026	51455	Average	Not really changing much	FINA	INSU	PHARM	High cost of meds & doctor visits
1083	51455	Very Good	Increasing - moving up	FIT	REC		encouraging exercise, even light hobbies for movement.
1019	51455	Good	Not really changing much	INSU	FINA		High deductible healthcare
1057	51455	Very Good	Increasing - moving up	OWN	PREV	OBES	I just think there are a number of people who don't pay attention to their health until it's almost too late to do anything, for example: high blood pressure and obesity.
1047	51455	Very Good	Increasing - moving up	OWN	PREV		Neglect on the part of patients who delay seeking treatment until the problem has progress too far to treat.
1054	51455	Good	Increasing - moving up	PREV	EDU	OWN	People struggle to appreciate how little choices made regularly set a long term trajectory for their lives. So, an emphasis on positive/healthy HABITS is important. We habit our way into new thinking and living. This is different than setting goals. This is building habits and setting trajectories. We need to help people see the daily opportunity cost of their health choices.

### CHNA 2022 Community Feedback: Carroll Co, IA N=125

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1101	51455	Good	Not really changing much	AMB	EMER		Ambulance crew shortage. If a large emergency should happen (school casualty, explosion, etc.) It would take much longer to assist all injuries
1074	51455	Average	Not really changing much	ASLV			Assisted Living facility
1072	51455	Good	Increasing - moving up	BH	DOCS		Mental health Lack of MD's
1053	51455	Good		BH	STFF		Mental health staffing
1060	51455	Very Good	Not really changing much	CLIN	HRS	ACC	Many people are seeking urgent care visits (UTI for example) in Carroll on Saturday afternoons and Sundays
1030	51455	Good	Increasing - moving up	DOCS	APP		need more providers so the providers don't get burned out trying to cover all of the shifts
1054	51455	Good	Increasing - moving up	DOCS	APP	STFF	Our providers do excellent work, but they are stretched thin. Getting providers to rural Iowa is hard, but it needs to be a continual goal.
1039	51455	Good	Increasing - moving up	DOCS	APP	STFF	the providers are available however, to prevent burn out, there could be additional providers to support them
1007	51455	Very Good	Increasing - moving up	DOCS	HRS		need monday morning physicians
1102	51455	Good	Increasing - moving up	DOCS			Another medical doctor
1107	51454	Very Good	Increasing - moving up	DOCS			With the addition of a new provider, this will be improved
1119	51455	Good	Not really changing much	EMER	ACC	OUT	1 provider in town doesn't have access to the ED, if you are that provider's patient you need to travel 25 miles to be seen in ED
1120	51454	Good	Increasing - moving up	FEM			Need more women's health providers at MRHC.
1033	51455	Good	Not really changing much	NURSE	STFF	HRS	triage nurse in the clinic is always the backup for staff when gone, seems there is always someone gone or understaffed.. should consider longer ER times on Saturdays with a scheduled provider and have ER scheduled with on call physician
1082	51455	Very Good	Increasing - moving up	NURSE			Sometimes not enough nurses
1002	50025	Good	Increasing - moving up	PEDS	DIAB		Pediatric, diabetes
1089	51455	Very Good	Increasing - moving up	PRIM	STFF	EMER	We need more primary care physicians, PA's or Nurse Practitioners to cover clinic services and emergency room coverage 24/7 and we only have 2 DO's on staff
1112	51455	Good	Not really changing much	QUAL	DOCS		The quality of providers, and their speed, and efficiency is what is in question
1079	51455	Good	Increasing - moving up	SCH	HRS		Appreciate early/late appointments
1083	51455	Very Good	Increasing - moving up	STFF	EMER	DOCS	Short staffing in ER and more providers are needed.

## CHNA 2022 Community Feedback: Carroll Co, IA N=125

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1108	51463	Very Good	Increasing - moving up	ACC	NUTR	DENT	increase access to fresh produce expand farmers market access to dental services for clients with Medicaid
1096	51455	Very Good	Increasing - moving up	ADOL	FIT	EDU	Offer more youth exercise opportunities and education
1059	51455	Very Good	Not really changing much	ADOL	REC		more activities for kids - update park equipment, rock climbing wall, etc.
1034	51455	Very Good	Increasing - moving up	ADOL	SH	SMOK	I'm not sure how to go about designing programs to reach jr. high and high school students, but feel that something needs to be adresssing the vaping and alcohol abuse that is happening.
1039	51455	Good	Increasing - moving up	AGE	REC		Additional activities for Seniors for socializing activities
1072	51455	Good	Increasing - moving up	ALT	BH	OWN	Holistic approach education Mental health awareness Self care direct effects in health
1042	51455	Average	Not really changing much	ALT			holistic health opportunities
1121	51455	Very Good	Increasing - moving up	BH	ADOL		maybe something mental health related. Offer therapy for children and adults.
1033	51455	Good	Not really changing much	BH	FAM		Mental Health and better family planning services the four counties in our area are desperately underserved
1054	51455	Good	Increasing - moving up	BH	FIT	NUTR	Cognitive behavioral programs for mental health (what you believe to be true affects what you feel affects what you do) Diet and exercise programs, challenges, incentives
1030	51455	Good	Increasing - moving up	BH	SUIC	AWARE	mental health and suicide awareness / prevention
1047	51455	Very Good	Increasing - moving up	BH			Increased mental health services
1111	51455	Very Good	Increasing - moving up	BH			mental evaluations
1100	51455	Good	Increasing - moving up	BH			mental health
1118	51455	Good	Increasing - moving up	BH			Mental Health Awareness
1102	51455	Good	Increasing - moving up	CANC			Screenings for cancer
1084	51455	Good	Increasing - moving up	CHRON	PHARM	NUTR	Teaching management of chronic conditions Teaching on medications by pharmacy Teaching on a healthy diet and fighting misinformation taught on internet.
1112	51455	Good	Not really changing much	CLIN	AWARE	SPEC	Urgent care. Community awareness. More specialty services. Speed of emergency assessment and care.
1060	51455	Very Good	Not really changing much	EDU	ALC	HEMA	Continue education to our community on healthy levels of alcohol consumption and mental health. Would be nice to have hematology/oncology in town.
1120	51454	Good	Increasing - moving up	EDU	BH	SUIC	Education, mental health, suicide prevention
1082	51455	Very Good	Increasing - moving up	EDU	NUTR		education on nutrition, lots of misinformation on the internet these days.
1028	51455	Good	Not really changing much	EDU	SERV		A regular ongoing monthly topic educational program related to a health related issue/concern.
1002	50025	Good	Increasing - moving up	EDU			General health & wellness
1112	51455	Good	Not really changing much	EMER	WAIT		Urgent care. Community awareness. More specialty services. Speed of emergency assessment and care.
1101	51455	Good	Not really changing much	EMS	BH	ADOL	EMT, first responder, family counseling services, adolescent counseling
1107	51454	Very Good	Increasing - moving up	FEM	NUTR	ADOL	Women's health, a nutrition program for youth.
1007	51455	Very Good	Increasing - moving up	HOUS			transitional housing for those that need it
1052	51401	Very Good	Increasing - moving up	ICU			ICU unit
1079	51455	Good	Increasing - moving up	NUTR	BH	ADOL	Healthy eating/cooking class Therapy (other than just SLS) More attention to Mental health with our teens (suicide prevention, cutting, substance abuse, etc)
1098	51455	Average	Not really changing much	NUTR	DIAB	EDU	Public education on diet habits More fresh food farmers markets Diabetes education classes mandatory for new diabetics but also available to community members.
1026	51455	Average	Not really changing much	NUTR	FIT		Healthy eating !!! and Exercise
1025	51455	Good	Not really changing much	NUTR	FIT		nutrition and exercise programs
1075	51455	Very Good	Increasing - moving up	NUTR			Nutrition
1081	51455	Good	Not really changing much	OBES	SMOK		obesity control smoking/vaping control
1060	51455	Very Good	Not really changing much	ONC			Continue education to our community on healthy levels of alcohol consumption and mental health. Would be nice to have hematology/oncology in town.
1062	51454	Good	Increasing - moving up	OTHR			there is a program that is being piloted regarding memory that I would highly suggest here at MRHC - Saving Your Brain
1022	50025	Very Good	Increasing - moving up	SH	BH	ADOL	more programs in the schools to prevent bullying, improve acceptance of diversity, positive role models in the administration and teachers, actually modeling good behaviors and not just talking about them.Counseling students who bully or degrade other students instead of seeming to accept the behavior because of who the student is and not putting a stop to the behavior.
1021	51455	Very Good	Not really changing much	TRAN			more transportation

## Let Your Voice Be Heard!

**In 2019, Manning Regional Healthcare surveyed the community to assess health needs. Today, we request your input again in order to create a 2022 Carroll County, IA Community Health Needs Assessment (CHNA).**

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

**While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! Deadline to participate is March 3rd, 2022**

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

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

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

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

Please specify why.

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

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Physicians) | <input type="checkbox"/> Rural Healthcare Policy / Advocacy |
| <input type="checkbox"/> Obesity (Nutrition / Exercise)                              | <input type="checkbox"/> Providers                          |
| <input type="checkbox"/> Transportation  | <input type="checkbox"/> Drugs / Substance Abuse            |
| <input type="checkbox"/> Senior Care   | <input type="checkbox"/> Suicide                            |
| <input type="checkbox"/> Dentists  | <input type="checkbox"/> Awareness of Healthcare Services   |
| <input type="checkbox"/> Access to Health Services / Education                       | <input type="checkbox"/> Cancer Care                        |
| <input type="checkbox"/> Smoking / Vaping  | <input type="checkbox"/> Chronic Diseases                   |
| <input type="checkbox"/> Ambulance Staffing / Training                               |   |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Physicians) | <input type="checkbox"/> Rural Healthcare Policy / Advocacy |
| <input type="checkbox"/> Obesity (Nutrition / Exercise)                              | <input type="checkbox"/> Providers                          |
| <input type="checkbox"/> Transportation  | <input type="checkbox"/> Drugs / Substance Abuse            |
| <input type="checkbox"/> Senior Care   | <input type="checkbox"/> Suicide                            |
| <input type="checkbox"/> Dentists  | <input type="checkbox"/> Awareness of Healthcare Services   |
| <input type="checkbox"/> Access to Health Services / Education                       | <input type="checkbox"/> Cancer Care                        |
| <input type="checkbox"/> Smoking / Vaping  | <input type="checkbox"/> Chronic Diseases                   |
| <input type="checkbox"/> Ambulance Staffing / Training                               |   |

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

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

Other (Be Specific).

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<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/Optometrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice/Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

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

☐ Yes

☐ No

If yes, please specify your thoughts.



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

☐ Yes

☐ No

If yes, please specify the services received



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

☐ Yes

☐ No

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



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



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

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

Other (Please specify).

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

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

Other (Please specify).



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



**VVV Consultants LLC**



## **VVV Consultants LLC**

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