

Key Factors in the CHNA:

1. Description of the community served
Van Buren County, a rural remote county. Located in southeast Iowa, has a population of 7,243. The county has a high rate of poverty. Of the state's 99 counties, Van Buren County consistently ranks in the bottom ten in terms of per capita income. The median income for a family in Van Buren County is \$49,898.
 - a. How it was determined
 - i. Census 2021
 - b. Demographic information (not required by Notice 2011-52 but requested in a question on 990)
 - i. Population: 7,243 (2021)
 - ii. Persons under 5 years of age 6.6%, Person under 18 years of age 23.5%, Person 65 years and older 22.2%.
 - iii. Median household income County \$49,898 (2016-2020) compared to state \$61,836
 - iv. Uninsured individuals- 7.5% with a state rate of 5.8%.
2. Description of the process used to conduct the assessment: In rural communities, residents often are part of multiple groups and committees and wear many different hats as they relate to their communities. Our community coalition was no different. Our coalition engaged other groups and individuals in the community in discussion. Members spread the word of our work and brought back responses from community members. The committee, through formal presentations, presented the data and proposed plan to key stakeholder groups to receive their feedback.
 - a. Sources of data
 - i. Iowa Youth Survey
 - ii. County Health Rankings & Roadmaps
 - iii. Van Buren County Public Health
 - iv. U.S. Census Bureau
 - b. Analytical methods used
 - i. For our workshops, data gathering methods we used included the Technology of Participation (ToP), focused conversations, and consensus workshops (brainstorming).
3. Who collaborated with (if applicable):
 - a. Public Health
 - b. Van Buren County Hospital
 - c. Van Buren County School District
 - d. SAFE Coalition
 - e. Business owners/managers
 - f. Community members
 - g. Elderly Residents
 - h. Parents
4. How community input was obtained (meetings, survey, etc): Multiple processes were used to gather input, hold conversations, and agree on priorities.
 - a. A Community Health Needs Questionnaire was created and distributed through
 - i. Survey Monkey Link (sent via email and Facebook)
 - ii. Paper Surveys
 - iii. Drop boxes and hard copies at the
 1. Van Buren County Hospital
 2. Keosauqua Public Library
 3. Cantril Public Library
 4. Milton Public Library

5. Stockport Public Library
6. Bonaparte Public Library
7. Van Buren County Courthouse

5. Who provided specific information on health of community
 - a. Ideally include federal, state or local health department
 - i. Public Health
 - ii. Van Buren County Hospital
 - iii. Van Buren County School
 - iv. SAFE Coalition- Iowa Youth Surveys (Iowa Department of Public Health)

6. Any individuals with specialized knowledge (by name)
 - a. Kris Rankin- SAFE Coalition Director
 - b. Lindee Thomas- Public Health Director

7. Health needs identified and prioritized in order

Process for prioritizing: Through group discussion, the steering committee reviewed all the data for each priority and aligned it with our county's highest area of need. Members of the committee then ranked the priority issues based on the information that was shared.

Implementation Strategy:

1. Address all needs identified
 - a. Access to Care
 - i. Mental Health
 1. Continue attending SEIL meetings
 2. Increase the awareness of the services available in VBC
 3. Increase early interventions
 4. Improve education on mental health
 5. Support Children's Mental Health and Wellbeing Collaborative
 6. Attend Van Buren County Veteran's Affairs breakfast
 - ii. Transportation
 1. Make the services better known.
 2. Develop understanding of how to use the transportation services available.
 - iii. Services
 1. Evaluate needed services and sources of available providers
 - b. Chronic Disease
 - i. Overall Wellness
 1. Promote wellness visits at VBCH to residents
 2. Increase awareness of fitness opportunities
 3. Increase awareness of MyChart
 - ii. Diabetes
 1. Promote the Diabetes Population Health program available through VBCH
 2. A minimum of quarterly follow-up appointments with patients who are in the Diabetes Population Health Program
 - iii. Cancer Detection
 1. VBCH send out reminders to patients for well visits

- c. Healthy Weight
 - i. Childhood obesity
 - 1. Increase awareness of well child visits
 - 2. Promote youth physical activity opportunities
 - 3. Create a tracking system of BMI for youth
 - ii. Adult obesity
 - 1. Promote adult physical activity opportunities
- d. Early Childhood Intervention
 - i. Well-Child Visits
 - 1. Send reminders of well-child visits
 - ii. Lead Levels
 - 1. Lead reminder/follow-up system
 - iii. Immunizations
 - 1. Increase awareness of well-child visits
 - 2. Send reminders of well-child visits
 - 3. Continue vaccination clinics
- e. Teen Health
 - i. Teen Birth
 - 1. Promote preventative methods
 - 2. Educate teens on health related topics
 - ii. Mental Health
 - 1. Ensure that all K-12 students receive evidence-based and high-impacting SEL instruction.
 - iii. Tobacco
 - 1. Continue YLC program and Van Buren Schools
 - 2. Create nicotine and tobacco free park policies
 - 3. Increase referrals to nicotine intervention
 - iv. Alcohol
 - 1. Continue YLC programs at Van Buren Schools

1. Specific steps hospital will take to address need

- f. Access to Care
 - i. Mental Health
 - 1. Report updates to those pertinent to information
 - 2. Educate VBCH providers, nurses and staff about available services
 - 3. Provide postpartum depression screenings during well baby visits
 - 4. Provide information at Kid's Fair
 - 5. Provide Mental Health Educational Fair
 - ii. Transportation
 - 1. Add how to access transportation information to local websites
 - 2. Provide information at Kid's Fair
 - 3. Promote ambulance availability for skilled patients to appointments
 - iii. Services
 - 1. Promote providers and services to VA clients
- g. Chronic Disease
 - i. Overall Wellness
 - 1. Create promotional materials about wellness visits

2. Increase promotion for free fitness centers
 3. Educate residents on walking trails through Healthy Villages
 4. Promote access to care through MyChart. Schedule appointment, view health information and more.
- ii. Diabetes
 1. Screen patients who have not had a recent A1c or A1c less than 7.0%
 2. Mail DM questionnaire to patients who were screened
 - iii. Cancer Detection
 1. Update system to send out wellness screening reminders
- h. Healthy Weight
- i. Childhood Obesity
 1. Promote at Kid's Fair
 2. VBC youth sports, swimming lessons, dance classes, and walking trails
 3. Work with school to create a program that tracks 2nd graders BMI
 - ii. Adult obesity
 1. VBC Trails, exercise class and fitness centers
- i. Early Childhood Intervention
- i. Well-Child Visits
 1. Promote at Kid's Fair
 2. Promote during sports physicals
 3. System for reminders
 - ii. Lead Levels
 1. Promote at Kid's Fair
 - iii. Immunizations
 1. Promote at Kid's Fair
 2. System for reminders
 3. Promote vaccination clinics
- j. Teen Health
- i. Teen Birth
 1. Promote free condoms at Public Health
 2. Promote birth control options
 3. Classroom education in 5th grade and high school
 - ii. Mental Health
 1. Implement Satchel Pulse at all grade levels
 - iii. Tobacco
 1. Hold monthly YLC meetings at middle school and high school
 2. Educate city councils on nicotine and alcohol policies
 3. Train med staff and providers on how to talk to youth and adult patients about quitting and making referrals
 - iv. Alcohol
 1. Hold monthly YLC meetings at the middle and high school