

## 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 7,510. 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 mean income for a family in Van Buren County is \$49,645; this is 33% below the state average mean income.

#### a. How it was determined

##### i. Census 2014

#### b. Demographic information (not required by Notice 2011-52 but requested in a question on 990)

##### i. Population: 7,468

##### ii. Persons under 5 years of age 6.7%, Person under 18 years of age 23.3%, Person 65 years and older 20.8%.

##### iii. Mean household income County \$49,651 compared to state \$51,843

##### iv. Uninsured individuals- 14% with a state rate of 10%. (County Health Ranking 2015).

##### v. Medicare Beneficiaries Elderly (65+) 1,461 and Disabled 218

##### vi. Medicaid beneficiaries 1,058

##### vii. HAWK-I Insurance 145 children (Feb. 2013)

###### 1. Dental only- 18 Children

###### 2. Medicaid Expansion- 63 Children

##### viii. lowacare- 196 (May 2013)

### 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. We were assisted by a state consultant, who provided technical assistance and facilitated our planning meeting. 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-(IDPH 2015 baseline, 2012)

##### ii. Vital Statistics of Iowa in Brief (IDPH- 2014 baseline, 2011)

##### iii. Van Buren County Health Snapshot (IDPH- 2009)

##### iv. Van Buren Community School BMI Data (School Nurse- 2008 baseline, 2015)

##### v. Iowa Health Fact Book (IDPH& The University of Iowa- 2013)

##### vi. IDPH- Heart Disease & Stroke Prevention (2009)

##### vii. County Health Rankings & Roadmaps (Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute- 2015)

- b. Analytical methods used
  - i. MAPP's Process – MAPP is a public health community planning model developed and supported by the National Association of Community and City Health Officials- The acronym (MAPP) stands for Mobilizing for Action through Planning and Partnership.
  - ii. 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 Community Schools District
  - c. Harmony Community School District
  - d. SAFE Coalition
  - e. Business owners/managers
    - i. Industries
    - ii. Financial
  - 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. Newspaper articles
    - ii. Parent Teacher Conferences
    - iii. Local Community Meetings
    - iv. Van Buren Community Schools
    - v. Survey Monkey Link
    - vi. Paper Surveys
    - vii. Articles in the local newspapers with a link to Survey Monkey
    - viii. Drop boxes and hard copies at the
      - 1. Keosauqua public Library
      - 2. Cantril public Library
      - 3. Stockport public Library
      - 4. Milton public Library
      - 5. Bonaparte public Library
      - 6. Farmington public Library
      - 7. Van Buren County Hospital

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

6. Any individuals with specialized knowledge (by name)
  - a. Dr. Amanda Gerber, MD- Family Medicine
  - b. Heidi Bainbridge- SAFE Coalition Director
  - c. Lindee Thomas- Public Health Director
  - d. Sara Sprouse- Children Health- Van Buren Community School Nurse
  - e. Thomas Vaughn, PHD- Associate Professor & MHA Program Director University of Iowa.

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.

- a. Access to Care
  - i. Mental Health- increase mental health encounters by 10% by 2018 based on Optmae's numbers given to Van Buren County CPC. July 2015-Jan. 2016 numbers were: 5 Jail Diversions, 7 Urgent Care Visits, 1 Drop in Center, 4 ER Crisis/Evaluations and 7 Outpatient Counseling.
  - ii. Decrease the number of residents reporting transportation as an issue on the Community Health Needs Assessment survey from 10% in 2015 to 5% in 2018.
  - iii. Providers- increase the number of scheduled slots for Van Buren County Rural health Clinics by 20 per day or 4340 per year for primary care services. In 2015, an average of 66 visits per day were completed reported by the Appointment by Statics report (VBCH Clinics).
- b. Chronic Disease
  - i. Cardiovascular Disease- Decrease Heart Disease death rates from 184.67 in 2014 to 180 in 2018 reported by the IDPH Tracking Portal.
  - ii. Respiratory Difficulties- decrease the rate of hospitalization for pneumonia/influenza from 40 inpatients in 2015 to 35 inpatients in 2018 as reported by VBCH EPIC Patient Report.
  - iii. Stroke- reduce hospitalization rates for stroke from 245.44 in 2014 to 240 in 2018 reported by IDPH Tracking Portal.
  - iv. Diabetes- increase the number of patients attending the Diabetic Management Classes from an average of 12 people in 2015 to an average of 15 people in 2018.

- v. Cancer Detection- increase the number of early detection screenings by 3% each. There were 359 Mammograms completed in 2014 and 63 Colonoscopy completed in 2015 at VBCH.
- c. Obesity
  - i. Reduce the number of obese children in 2<sup>nd</sup>, 8<sup>th</sup> and 12<sup>th</sup> grades in van Buren County by 3% in each grade by 2018. Obesity rates based on fall 2015 data from the Van Buren Community School RN report are 11% of 2<sup>nd</sup> graders, 31% of 8<sup>th</sup> graders and 30% of 12<sup>th</sup> graders.
  - ii. Reduce the number of overweight/obese adults in VBC from 31% in 2015 to 29% in 2018 reported by the County health Rankings.
- d. Alcohol, Tobacco, Drug & mental Health Services (getting people to services)
  - i. Tobacco use in Van Buren County- decrease the percentage of 11<sup>th</sup> graders who state they have smoked one or more cigarettes in the past 30 days from 15% in 2014 to 13% in 2018 based on the Iowa Youth Survey. Decrease adult smoking rates from 14% in 2013 to 12% in 2018 based on the County Health Rankings.
  - ii. Substance Abuse- Decrease percentage of 11<sup>th</sup> graders who state they have had one or more drinks in the past 30 days from 27% in 2014 to 25% in 2016 based on the Iowa Youth Survey.
  - iii. Prescription Drugs- Increase the amount of prescription drugs taken back during the Drug Take Back events from 25lbs in 2015 to 30lbs in 2018.
- e. Early Childhood Intervention
  - i. Early Prenatal Care- Decrease mothers with no prenatal care in the first trimester from 28% in 2014 to 25% in 2018. Reported by the IDPH Tracking Portal.
  - ii. Increase Well Baby Visits from 0 in 2015 to 10% in 2018. Reported by VBCH.
  - iii. Lead Levels- Increase the number of children 6 years of age and younger tested for blood lead levels from 89% in 2015 to 95% in 2018. Based on VBC School Kindergarten lead Level report.
  - iv. Immunizations- Increase the number of 2 year olds that are up to date on their immunizations from 58% in 2014 to 60% in 2018 as reported by the Iowa Immunization Programs Annual Report.

### **Implementation Strategy:**

1. Address all needs identified
  - a. Access to Care
    - i. Mental Health
      1. Increase representatives at the SIEL group
      2. Increase the awareness of the services available in VBC.
      3. Increase early interventions.
      4. Improve education on mental health.

- ii. Transportation
      1. Make the services better known.
      2. Develop understanding of how to use the transportation services available.
    - iii. Providers
      1. Evaluate current clinic schedule to gain 20 available slots per day.
  - b. Chronic Disease
    - i. Cardiovascular Disease, Respiratory Difficulties and Stroke
      1. Increase awareness of fitness opportunities.
      2. Expand the VBC Trails for exercise.
      3. Coordination of care with in home visits.
    - ii. Diabetes
      1. VBCH send out reminders to patients about classes.
    - iii. Cancer Detection
      1. VBCH send out reminder to patients when they are due for screenings.
      2. Education on importance of early detection.
  - c. Obesity
    - i. Children and adult obesity
      1. Increase healthy food options county wide.
      2. Increase awareness of fitness opportunities.
      3. Expand the VBC Trails for exercise.
  - d. Alcohol, Tobacco, & Drug services (getting people to services)
    - i. Tobacco use among youth
      1. Continue the YLC program at both Van Buren and Harmony Schools.
      2. Create Tobacco and Alcohol free park policies.
      3. Increase referrals to Tobacco Intervention.
    - ii. Substance Abuse
      1. Complete compliance checks for VBC businesses.
    - iii. Prescription Drugs
      1. Complete Drug Take Back Days.
  - e. Early Childhood Intervention
    - i. Early Prenatal Care
      1. Increase knowledge of importance of prenatal care in the first trimester.
    - ii. Increase Well-Baby Visits
      1. Look at the option for starting Well-baby Visits again.
    - iii. Lead Levels
      1. Lead Tracking System
    - iv. Immunizations
      1. Increase patient referrals.

2. Specific steps hospital will take to address need
  - a. Access to Care
    - i. Mental Health
      1. Add a VBCH staff to the Seil group or at least start meeting with the VBC CPC regularly on these meetings.
      2. Add mental health services to VBC Directory and to local websites.
      3. Educate VBCH Providers, nurses and staff about available services.
      4. VB School District training all staff in Suicide. Prevention Screening.
      5. Provide Postpartum Depression screenings during well baby visits.
      6. Offer mental health screenings and information at health fair.
    - ii. Transportation
      1. Add transportation services to the Community Directory.
      2. Add transportation to local websites.
      3. Create a Transportation Directory with steps on how to use the services.
    - iii. Providers
      1. Increasing the average number of patients per hour seen and increasing the average length of patient face to face time by providers.
  - b. Chronic Disease
    - i. Cardiovascular Disease, Respiratory Difficulties, Stroke, Diabetes, Cancer Detection
      1. Increase promotion for Free Fitness Centers.
      2. Educate residents on walking trails through community walks.
      3. Add Healthy Villages Brochure to trail heads and the Villages of Van Buren brochure boxes.
      4. Expanded the Riverfront Trail to connect to the Keo Loop Trail.
      5. Continue in home visits to help residents with reoccurring illnesses.
      6. Create a reminder system to send out notices about upcoming classes to patients.
      7. Create system to send out screening reminders.
      8. Information and resources available at health fair. Along with appointment signup.
      9. Public Health add information to intake packets.
  - c. Obesity
    - i. Reduce Children and Adult obesity rates
      1. Make Farmers Markets available.
      2. Education families about open gym and other activities available to youth and adults.
      3. Increase promotion for free fitness centers.
      4. Add Healthy Villages Brochures to more locations in the county.
      5. Expanded the Riverfront Trail to connect to the Keo Loop Trail.
  - d. Alcohol, Tobacco, and Drug Services
    - i. Tobacco and Substance Abuse
      1. Hold Monthly YLC meetings at both schools.
      2. Educate city councils on tobacco & alcohol policies.

3. Educate the VBCH Providers on the Tobacco Intervention Program.
  4. Train med staff and providers on how to talk to youth and adult patients about Quitting and making referrals.
  5. Complete compliance checks twice a year at local business.
- ii. Prescription Drugs
    1. Hold Drug Take Back Days every 6 months.
    2. 5<sup>th</sup> grade classes will be educated on the dangers of over the county medications.
- e. Early Childhood Intervention
    - i. Early Prenatal Care
      1. Work with local Chiropractic office to add information on prenatal care and prenatal care in the first trimester.
      2. Education during PAT Visits and Nest about the importance of prenatal care during the first trimester.
    - ii. Well-Baby Visits
      1. Review Well-Baby visits and cost and options to re-establish the program.
    - iii. Lead Levels
      1. Develop tracking system for lead screenings.
      2. Educate Medical Staff and Providers on the importance of lead screenings.
      3. Create a reminder notification system for lead screenings and immunizations for all children 0-6 years of age.