

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 7,157. 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 \$47,197.

 - a. How it was determined
 - i. Census 2018
 - b. Demographic information (not required by Notice 2011-52 but requested in a question on 990)
 - i. Population: 7,157
 - ii. Persons under 5 years of age 6.0%, Person under 18 years of age 22.9%, Person 65 years and older 21.3%.
 - iii. Median household income County \$47,197 compared to state \$56,570
 - iv. Uninsured individuals- 8% with a state rate of 6%. (County Health Ranking 2015).
 - v. Medicaid beneficiaries 1,539
 - vi. HAWK-I Insurance 149 children (Dec. 2018)
 1. Dental only- 3 Children
 2. Medicaid Expansion- 59 Children
 - vii. 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- 2017)
 - 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. 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
 - 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. Local Community Meetings
 - ii. Van Buren Community Schools
 - iii. Survey Monkey Link (sent via email and Facebook)
 - iv. Paper Surveys
 - v. Articles in the local newspapers with a link to Survey Monkey
 - vi. Drop boxes and hard copies at the
 1. Keosauqua Public Library
 2. Van Buren County Hospital
 3. 1st Iowa State Bank
 4. Libertyville Savings Bank
 5. Douds Kwik Stop
 6. 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 Community School
 - iii. 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
 - c. Carry Holtkamp - Children Health- Van Buren Community School Nurse

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 – Decrease number of poor mental health days reported on the County Health Rankings from 3.3 days to 3 days by June 2021
 - ii. Transportation - Decrease the number of residents reporting transportation as an issue on the Community Health Needs Assessment survey from 10.5% in 2018 to 8% in 2021.
 - iii. Providers- Increase specialties in clinic by two additional needed services
 - b. Chronic Disease
 - i. Overall Wellness – Increase wellness visits at VBCH Clinic by 3% in 2021 from 571 visits in 2018
 - ii. Diabetes – Increase the number of patients attending the Diabetic Management Classes from an average of 10 people in 2018 to an average of 12 people in 2021
 - iii. Cancer Detection – Increase the number of early detection screenings by 3% each in 2021. There were 337 mammograms and 92 colonoscopies completed in 2018 at VBCH
 - c. Healthy Weight
 - i. Increase the percentage of 2nd graders with a normal weight BMI from 22% in 2018 to 50% in 2021
 - ii. Reduce the number of overweight/obese adults in VBC from 35% in 2018 to 33% in 2021 reported by the County Health Rankings

- d. Alcohol, Tobacco, & Drug Services (getting people to services)
 - i. Nicotine use in Van Buren County- decrease the percentage of 11th graders who state they have smoked one or more cigarettes in the past 30 days from 12% in 2018 to 10% in 2021 based on the Iowa Youth Survey. Decrease the percentage of 11th graders who state they have used e-cigarettes in the past 30 days from 30% in 2018 to 25% in 2021 based on the Iowa Youth Survey. Decrease adult smoking rates from 15% in 2018 to 13% in 2021 based on the County Health Rankings.
 - ii. Substance Abuse- Decrease percentage of 11th graders who state they have had one or more drinks in the past 30 days from 18% in 2018 to 15% in 2021 based on the Iowa Youth Survey.
 - iii. Prescription Drugs- Decrease the number of opioid prescriptions per 100 people from 91.3-111.9 in 2016 to 69.3-76.9 in 2021 reported by Iowa Department of Public Health Bureau of Substance Abuse.
- e. Early Childhood Intervention
 - i. Maintain number of well-child visits at VBCH Rural Health Clinics.
 - ii. Lead Levels- Increase the number of children 6 years of age and younger tested for blood lead levels from 67% in 2018 to 75% in 2021. Based on VBC School Kindergarten lead Level report.
 - iii. Immunizations- Increase the number of 2 year olds that are up to date on their immunizations from 61% in 2017 to 63% in 2021 as reported by the Iowa Immunization Programs Annual Report.

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
 - ii. Transportation
 1. Make the services better known.
 2. Develop understanding of how to use the transportation services available.
 - iii. Providers
 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. Expand the VBC Trails for exercise opportunities
 - ii. Diabetes
 1. VBCH send out reminders to patients about classes.
 2. Promote diabetes classes
 3. Educate patients on diabetic screenings
 - iii. Cancer Detection
 1. VBCH send out reminders to patients for well visits

- c. Healthy Weight
 - i. Childhood obesity
 - 1. Add pediatrician to clinic staff
 - 2. Increase awareness of well child visits
 - 3. Obesity program
 - 4. Promote youth physical activity opportunities
 - 5. Promote healthy eating
 - ii. Adult obesity
 - 1. Obesity program
 - 2. Promote adult physical activity opportunities
- d. Alcohol, Tobacco, & Drug services (getting people to services)
 - i. Tobacco use among youth
 - 1. Continue the YLC program at both Van Buren Schools
 - 2. Create Tobacco and Alcohol free park policies.
 - 3. Increase referrals to Nicotine Intervention.
 - ii. Substance Abuse
 - 1. Continue the YLC program at Van Buren Schools
 - iii. Prescription Drugs
 - 1. Complete Drug Take Back Days
 - 2. Pain Management program
 - 3. Community Education
- e. Early Childhood Intervention
 - i. Well-Child Visits
 - 1. Increase awareness of well-child visits
 - 2. 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

2. Specific steps hospital will take to address need

- a. Access to Care
 - i. Mental Health
 - 1. Report back to staff on SEIL meetings
 - 2. Educate VBCH providers, nurses and staff about available services
 - 3. VB School District train staff in Suicide Prevention Screening
 - 4. Provide postpartum depression screenings during well baby visits
 - 5. Provide information at Kid's Fair
 - 6. Share Children's Mental Health and Wellbeing Collaborative promotional material throughout VBC
 - ii. Transportation
 - 1. Add information on how to access services in detail in the Community Directory
 - 2. Add how to access transportation information to local websites
 - 3. Provide information at Kid's Fair
 - 4. Promote ambulance availability for home-bound patients to appointments
 - iii. Providers
 - 1. Recruit and retain providers

- b. 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. Yearly, add Healthy Villages brochure to trail heads and the Villages of Van Buren brochure boxes
 - 5. Expand the Sunset Trail to connect to the Ferguson Sports Complex
 - ii. Diabetes
 - 1. Maintain the reminder system to send out notices about upcoming classes to patients
 - 2. Promote diabetes classes through public health
 - 3. Updating system to send out wellness screening reminders
- c. Healthy Weight
 - i. Childhood Obesity
 - 1. Maintain pediatrician
 - 2. Promote at Kid's Fair
 - 3. Look at creating an obesity program at VBCH
 - 4. Live Healthy Iowa track meet, Runners club, Kids Heart Challenge, and local track meet
 - 5. Maintain salad bar at school
 - ii. Adult obesity
 - 1. Look at creating an obesity program at VBCH
 - 2. VBC Trails, exercise class and fitness centers
- d. Alcohol, Tobacco, and Drug Services
 - i. Tobacco and Substance Abuse
 - 1. Hold Monthly YLC meetings at both schools.
 - 2. Educate city councils on nicotine & alcohol policies.
 - 3. Train med staff and providers on how to talk to youth and adult patients about quitting and making referrals
 - ii. Prescription Drugs
 - 1. Hold Drug Take Back Days every 6 months.
 - 2. Promote/Educate drop box
 - 3. Promote pain management program
 - 4. Have 95% of patients in the pain management program sign a pain agreement
 - 5. Create promotional materials on opioids
- e. 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
 - 2. System for reminders
 - iii. Immunizations
 - 1. Promote at Kid's Fair
 - 2. System for reminders
 - 3. Promote vaccination clinics