Community Health Needs Assessment Report

Approved by Board of Directors
September 25, 2013
Community Health Needs Assessment Report
Executive Summary

Baum Harmon Mercy Hospital is a 14 bed, not-for-profit Critical Access Hospital owned by the Mercy Health Network, Iowa Corp. and located in Primghar, Iowa. It is a 501(c)(3) corporation. The hospital programs include acute care, swing bed, respite care, twenty-four hour Emergency Room, ambulatory care, and many smaller programs that enhance the operation. Among those services are community wellness screenings, a fitness center, diabetic education, and community education. Baum Harmon Mercy Hospital operates four provider-based Rural Health Clinics located in Primghar, Sutherland, Paullina and Hartley, Iowa, a Fitness Center and Kid Kampus Daycare.

The Baum Harmon Mercy Hospital Community Health Needs Assessment was completed utilizing data obtained from the following sources:
- O’Brien County Public Health CHNA reports from the fall of 2010 and the fall of 2011,
- Iowa Department of Public Health website, Healthy Iowans Report,
- County Health Rankings & Roadmaps, 2012 Rankings Iowa, Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute,
- Baum Harmon Mercy Hospital initiated survey of randomly selected individuals and specifically selected groups of people,
- Baum Harmon Mercy Hospital initiated focus group, and
- Consulting with persons representing the community interests.

With an exhaustive list of needs and the finite resources of a Critical Access Hospital like Baum Harmon Mercy, the hospital may be able to facilitate actions toward a community need but will be unable to fully address that need. In this section, Baum Harmon Mercy describes specific actions planned to address the needs of the service area community. Some of these actions represent a commitment to continue services that are already active in addressing community health needs. In the body of this document, there is a more expansive listing of actions planned.
- Prevention, treatment and management of chronic illnesses such as cancer, diabetes, dementia, cardiovascular, pulmonary, and renal diseases
  - Maintain consistent access to healthcare services through the four primary care clinics for routine health needs. Baum Harmon Mercy Emergency Room is available for emergent needs and coordination of critical care services. Inpatient, outpatient, skilled and respite care services are available for individuals in need of those levels of care.
  - Continue low cost screenings for prostate cancer, lipids, diabetes and vascular screenings
  - Continue to utilize and increase the availability of trained healthcare coaches to assist selected patients with the management of their chronic illnesses with the goal of better outcomes for the patient and improved utilization of healthcare resources
  - Independently, and in collaboration with the O’Brien County Public Health, the hospital and clinics will offer child and adult immunizations for the prevention of disease
• The Baum Harmon Mercy website will provide links to reliable sources of healthcare information

• Prevention, treatment and management of obesity in citizens of all ages
  ○ Maintain consistent access to healthcare services through the four primary care clinics for routine health needs
  ○ Continue to provide exercise opportunities at the Baum Harmon Fitness Center for a modest membership fee

• Promotion of healthy lifestyles and increased acceptance of personal responsibility for health outcomes
  ○ Maintain consistent access to healthcare services through the four primary care clinics for urgent care and routine health needs
  ○ Continue to provide for exercise opportunities at the Baum Harmon Fitness Center for a modest membership fee

• Provision of mental health services for both acute and chronic care
  ○ Complex mental health services are beyond the capacity of Baum Harmon Mercy Hospital at this time. The hospital and clinic staff work with established mental health service providers to make appropriate referrals of persons needing complex or emergent care. Mental health evaluation and monitoring services are provided locally

• Emergency preparedness and provision of emergency response services
  ○ Baum Harmon Mercy Hospital and Clinics will facilitate medical directorships for community ambulance services requesting this assistance
  ○ Baum Harmon Mercy Hospital has and continues to collaborate with the Iowa Department of Public Health, Center for Disaster Operations and Response and utilizes the planning, training and implementation functions of the federally funded Hospital Preparedness Program

• High quality and low cost essential healthcare services available to all regardless of ability to pay for services or level of insurance coverage
  ○ Baum Harmon Mercy maintains consistent access to healthcare services through the four primary care clinics for routine health needs. Baum Harmon Mercy Emergency Room is available for emergent needs and coordination of critical care services. Inpatient, outpatient, skilled and respite care services are available for individuals in need of those levels of care.
  ○ Both the hospital and the clinics have financial assistance systems in place to help those in need who are willing to complete the forms and qualify for assistance

• Environmental health—safe water, safe communities
  ○ Baum Harmon Mercy supports a hospital staff member to serve on the O'Brien County Board of Health
  ○ Most activities associated with the environmental health of the communities are beyond the expertise of Baum Harmon Mercy

• Vibrant and safe communities with good schools, job opportunities, affordable housing, and high quality child and senior care options
  ○ By its presence, Baum Harmon Mercy Hospital and Clinics provided an economic impact of almost six million dollars to O'Brien County according to data released by the Iowa Hospital Association in January, 2013
  ○ Baum Harmon Mercy owns and operates Kid’s Kampus Daycare Center, the only state certified day care provider in Primghar
• Increased emphasis on the continuity of care with high quality, pleasant and safe options for persons unable to live independently in their own homes
  o Baum Harmon Mercy Hospital and Clinics provides medical directors for several of the area long term care facilities at the request of those facilities
  o Hospital administrative team members will collaborate with other community organizations to address described needs for independent and/or assisted senior living and nursing home care for those desiring or needing services.
• Provision of essential healthcare care services close to home—primary care clinics and pharmacy services
  o Baum Harmon Mercy maintains consistent access to healthcare services through the four primary care clinics for routine health needs. Baum Harmon Mercy Emergency Room is available for emergent needs and coordination of critical care services. Inpatient, outpatient, skilled and respite care services are available for individuals in need of those levels of care.
• Health-related education on a variety of topics
  o Flat screen TV’s have been placed in the exam rooms in the clinics and hospital outpatient department to provide patient education and information about visiting specialists, community screenings and other health-related news.
  o Baum Harmon Mercy has a booth at the O’Brien County Fair each year with health and wellness education for adults and special programming for the 4 to 14 year old kids promoting bike safety and healthy lifestyles (good food choices, exercise, staying tobacco-free) with token prizes for answering health-related questions.

Annually in the budget process, Baum Harmon Mercy Hospital and Clinics make a commitment to services, personnel and facilities designed to meet the routine and emergency needs of the community for healthcare services. Beyond this basic commitment to function as a hospital with primary care clinics, Baum Harmon makes financial and personnel commitment to:
• Support associates and administrative staff serving on local, regional and state level health-related boards and community service organizations as representatives of the hospital,
• To provide medical directors for local ambulance services and long-term care units as requested,
• To subsidize Kid’s Kampus either directly or through assistance with grant writing and other fund-raising activities,
• To subsidize the Fitness Center either directly or though assistance with administrative needs, monitoring of the center and supporting the employee-based Fitness Center Committee,
• To support community education and outreach activities with a part-time associate assignment and operating budget,
• To offer and provide financial assistance to eligible patients with their healthcare payment obligations.

At the Board of Directors meeting on September 25, 2013, the Board adopted the Community Health Needs Assessment Report and Implementation Strategy by unanimous vote. The Report was posted to the Baum Harmon Mercy Hospital website on September 26, 2013 and paper copies are available to anyone on request at the Business Office of Baum Harmon Mercy Hospital or any of the affiliated clinics.
# Community Health Needs Assessment Report

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Community Health Needs Assessment Report

Baum Harmon Mercy Hospital and Clinics

Baum Harmon Mercy Hospital is the result of over 90 years of community support and a strong commitment to having a hospital in Primghar. January 1, 2000 Baum Harmon Memorial Hospital was designated a Critical Access Hospital by the Centers for Medicare and Medicaid. In March of 2000, the hospital was purchased by the Mercy Health Network, Iowa Corp. and re-dedicated as Baum Harmon Mercy Hospital on June 4, 2000.

The hospital is a 14 bed, not-for-profit Critical Access Hospital owned by the Mercy Health Network, Iowa Corp. and located in Primghar, Iowa. It is a 501(c)(3) corporation. The hospital programs include acute care, swing bed, respite care, twenty-four hour Emergency Room, ambulatory care, and many smaller programs that enhance the operation. Among those services are community wellness screenings, a fitness center, diabetic education, and community education. Baum Harmon Mercy Hospital operates four provider-based Rural Health Clinics located in Primghar, Sutherland, Paullina and Hartley, Iowa, a Fitness Center and Kid Kampus Daycare.

The hospital is served and supported by four Provider-based Rural Health Clinics—Primghar Mercy Medical Clinic, Paullina Mercy Medical Clinic, Sutherland Mercy Medical Clinic and Hartley Mercy Medical Clinic. Shailesh Desai, MD, Jeannett Wu, MD, Soe Nyunt, MD, Anthony Peters, PA, Becky Wittrock, PA, and Sandy Muyskens, PA provide clinical services at the hospital and these clinic sites.

Baum Harmon Mercy owns and operates Kid’s Kampus Daycare Center in Primghar. Kids Kampus provides daycare services for families in the Primghar service area. They serve children ranging in age from a few weeks to twelve years and are the only state-certified daycare center in Primghar.

Baum Harmon Mercy Hospital has had a Fitness Center in the clinic basement for over twenty years. It has grown from a few pieces of equipment to a Center with a significant investment in equipment providing the opportunity for members of the community to have access to exercise opportunities for a very modest membership fee. The Fitness Center is open 24 hours per day, seven days per week via a membership card security system.
Baum Harmon Mercy Hospital

Primghar Mercy Medical Clinic

Paullina Mercy Medical Clinic
Sutherland Mercy Medical Clinic

Hartley Mercy Medical Clinic

Kid's Kampus Daycare  

Baum Harmon Mercy Fitness Center
In July 2006, the Board of Directors adopted revised Mission, Vision, Values and Guiding Behaviors statements as a result of Strategic Planning meetings early in 2006. These principles were affirmed at Strategic Planning meetings held in the fall of 2009 and the spring of 2013 and are as follows:

MISSION
The mission of Baum Harmon Mercy Hospital and Clinics is to serve our communities with the highest quality health care and provide family-focused services in the tradition of the Sisters of Mercy.

VISION
Inspired by our healing ministry, we will be recognized throughout our region for outstanding service, family-centered care, and excellence.

VALUES
- **Compassion** – we will serve others with tenderness and generosity, treating them as we would like to be treated.
- **Respect** – we will recognize the dignity of the individual by promoting an atmosphere of hospitality, trust and cooperation.
- **Stewardship** – we will manage responsibly our God-given resources for the common good.
- **Excellence** – we will strive to continually improve service to patients, employees and communities working toward distinction in all we do.
- **Concern for the Poor**—we will strive to relieve misery by committing our resources to those in our communities with the greatest needs.

GUIDING BEHAVIORS
- We support each other in serving our patients and communities
- We communicate openly, honestly, respectfully and directly
- We are fully present
- We trust and assume goodness in intentions
- We are continuous learners

It is these principles that guide our Board and Staff in the provision of care to patients and the community.

Baum Harmon Mercy Hospital offers the following services either directly or by contract:

**Department of Radiology:**
Hospital provided:

1. General digital radiology services daily with 24 hour coverage with on call staff
2. Fluoroscopy
3. Ultrasound
4. Mammography—screening, diagnostic, localizations
5. CT—16 slice
6. EKG
7. Holter monitoring

Contract provided:
1. MRI scanning—Northern Shared Medical Services, Madison, WI
2. Vascular Diagnostics—Mercy Medical Center, Sioux City
3. Nuclear medicine—Diagnostic Medical Imaging (DMS), Sioux Falls, SD
4. EKG—interpretation by Mercy Medical Center, Sioux City
5. Holter Monitoring—interpretation by Mercy Medical Center, Sioux City
6. Film System Service Agreement—Source One, Inc., Sioux Falls, SD
7. Teleradiology—24/7—Consulting Radiologists, Ltd.

**Laboratory:**
Hospital provided:
1. 24 hour staffing in-house or on call
2. General chemistry including limited immunochemistry
3. Blood bank
4. Blood gases
5. Hematology
6. Microbiology—culture collection only

Reference Laboratory Services:
1. Pathologist, Sanford Health, Sioux Falls, SD
2. State Hygienic Lab, Iowa City, IA
3. Dunes Laboratory, Dakota Dunes, South Dakota
4. IBT, Lees Summit, MO

Contract provided—Blood and Blood Products:
1. LifeServe Blood Center, Sioux City, IA

**Equipment Maintenance:**
1. Dade Behring Integrated Services, Deerfield, IL.
2. Beckman Coulter, Miami, FL

**Dietary Department:**
Hospital provided meals for:
1. Inpatients, outpatients
2. Employees
3. Visitors

Contract provided:
1. Dietician services—CK Consulting, Inc.
2. Diet and Nutrition counseling—CK Consulting, Inc.

**Department of Patient Services:**
Hospital provided nursing service:
1. Emergency room—24 hour coverage
2. Operating room—24 hour coverage
3. Inpatient—acute, observation, SNF, ICF—24 hour coverage
4. Hospice and Respite care—24 hour coverage
5. Ambulatory care—specialist clinics
6. Ambulatory care—chemotherapy
7. Utilization review
8. Discharge planning
9. Central supply
10. Cardiac Rehabilitation
11. Diabetes Education
12. Quality Improvement
13. Pulmonary Function testing
14. Activities Program for SNF, ICF
15. Risk Management
16. Patient Safety Program

Contract provided:
1. Physical therapy—Therapeutic Health Services, Orange City, IA
2. Occupational therapy—Therapeutic Health Services, Orange City, IA
3. Speech therapy—Julie Jansen, Spencer Hospital, Spencer, IA
4. Enterostomal therapy—Francel Graham, Spencer Hospital, Spencer, IA.
5. Winmar Sleep Studies—Fargo, ND
6. Pharmacy—Terry Morris of Thrifty White Drug, Paulina, IA
7. Anesthesia—Sanford-Sheldon Hospital, Sheldon, IA
8. Home health and hospice—Sanford-Sheldon Home Health and Hospice, Sheldon, IA
9. Supplemental RN staffing—S-3, Mercy Medical Center, Sioux City, GrapeTree Medical Staffing, Inc., Spirit Lake, IA
10. Social Services—Cherokee Regional Medical Center, Cherokee, IA
11. Pulmonary Function testing—interpretation by Mercy Medical Center, Sioux City, IA
12. Dental Services for SNF—Dr. Jane Wachter, Primghar, IA
13. Rental equipment: Universal Hospital Services, Sioux Falls, SD
14. Bard System Service Agreement, Bard Urological Division, Covington, GA.
15. Anesthesia machine service agreement—Universal Hospital Services, Sioux Falls, SD
16. Educational services—Northwest Iowa Community College, Sheldon, IA
17. Organ and Tissue Procurement—Iowa Donor Network, Des Moines, IA
18. Blood glucose meters—Aviva/LifeScan, Johnson & Johnson, Milpitas, CA

**Environmental Services/Maintenance/Safety:**

Hospital provided:
1. Housekeeping for hospital and clinics
2. Routine plant maintenance and repair
3. Hospital safety program

Contract provided:
1. Oxygen—LINWELD, Sioux City, Iowa
2. Heating/cooling system service agreement—Honeywell, Inc., Sioux Falls, SD
3. Autoclave service agreement—Getinge/Castle, Rochester, NY.
4. General Biomedical services—Mercy Medical Center, Sioux City, IA
5. Biomedical Services—Biomedical Equipment Specialists, Sioux City, IA
6. Medical waste disposal—Stericycle
7. Laundry—Sioux Laundry, Inc. North Sioux City, SD.
8. Ordinary waste—Town and Country, Primghar, IA
10. Fire alarms—Simplex-Grinnel Fire Alarm Systems, Sioux City

**Business Office, Human Resources:**

Hospital provided:
1. Patient accounts and billing
2. Hospital financial records
3. HIPAA/Corporate Compliance
4. Mail processing services
5. Accounts payable invoice processing
Contract provided:
1. TIS—Trinity Information Systems, Mercy Medical Center, Sioux City, IA
2. Payroll—Mercy Medical Center, Sioux City, IA
3. Management of human resources/benefits program—Mercy Medical Center, Sioux City, IA
4. Assistance with hospital financial records—Mercy Medical Center, Sioux City, IA

**Hospital Administration:**
Hospital provided:
1. CEO/Administrator
2. Department directors
3. All department managers/service coordinators

Contract provided:
1. Purchasing—Lawson Supply Chain through Trinity Health

**Medical Records:**
Hospital provided:
1. Management of patient records
2. Transcription
3. Courier services
4. HIPAA/Privacy programs

Contract provided:
1. Credentialing—Mercy Medical Center, Sioux City, IA
2. Physician Peer Review—Mercy Medical Center, Sioux City
3. Physician Peer Review—Iowa Foundation for Medical Care, West Des Moines, IA

**Kid’s Kampus:**
Hospital provided:
1. Daycare services for employees
2. Daycare services for the community
3. After school program
4. Kids Klub Summer Program

**Wellness Services**
Hospital provided:
1. Fitness Center

**Infection Control/Employee Health:**
Hospital provided:
1. Infection control program
2. Employee health program

**Provider-based Rural Health Clinics:**
Hospital provided:
1. Primghar Mercy Medical Clinic
2. Sutherland Mercy Medical Clinic
3. Paullina Mercy Medical Clinic
4. Hartley Mercy Medical Clinic

Contract provided:
Clinic management services—Mercy Medical Services, Sioux City, IA

Note: Contract holders change from time to time based on needs and equipment acquisitions.
The following outpatient physician clinics are provided at the hospital. Some physicians require a doctor’s referral and others will accept appointment made by patients directly to their clinics.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Practice Group and Address</th>
<th>Clinics</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonology</td>
<td>Pulmonary Associates, Sioux City, IA</td>
<td>Monthly</td>
<td>Dr. Craig Bainbridge</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dr. Jitendra Kumar Gupta</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dr. Fadi Hammoddeh</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dr. Robert Stewart</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Cardiovascular Associates, Sioux City, IA</td>
<td>1-2 times monthly</td>
<td>Dr. Joy Taylor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dr. WieWei Li</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dr. Jeffery Sykes</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Mercy Cardiology, Sioux City, IA</td>
<td>Monthly</td>
<td>Dr. Ramin Artang</td>
</tr>
<tr>
<td>General Surgery</td>
<td>General Surgery, Sheldon, IA</td>
<td>2-3 times weekly and as needed</td>
<td>Dr. David Reinke</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dr. William Jongewaard</td>
</tr>
<tr>
<td>Podiatry</td>
<td>Art of Podiatry, Sioux Center, IA</td>
<td>Twice monthly</td>
<td>Dr. Nicola Pike</td>
</tr>
<tr>
<td>Nephrology</td>
<td>Renal Associates, Sioux City, IA</td>
<td>Monthly</td>
<td>Dr. David Chua</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>Siouxland Obstetrics and Gynecology, Sioux City, IA</td>
<td>Monthly</td>
<td>Dr. Paul Eastman</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>Northwest Iowa Bone, Joints &amp; Sports Surgeons, Spencer, IA</td>
<td>Monthly</td>
<td>Dr. Ricky Wilkerson</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>CNOS, Dakota Dunes, SD</td>
<td>Twice monthly</td>
<td>Dr. Steven Meyer</td>
</tr>
<tr>
<td>Urology</td>
<td>Northwest Iowa Urologists, Spencer, IA</td>
<td>Monthly</td>
<td>Dr. David Christ</td>
</tr>
<tr>
<td>Allergy/Asthma</td>
<td>Sioux City Allergy and Asthma Associates, Sioux City, IA</td>
<td>Every other month</td>
<td>Dr. Christopher Tumpkin</td>
</tr>
<tr>
<td>Oncology/Hematology</td>
<td>Siouxland Hematology/Oncology</td>
<td>Monthly</td>
<td>Dr. Radha Rao</td>
</tr>
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Note: Physicians coming to Baum Harmon change from time-to-time based on the availability of the various providers and their schedules.
Community Service Area Defined
For purposes of the Community needs assessment, Baum Harmon Mercy Hospital and Clinics defined the service area as the four communities where we own and operate primary care clinics and the hospital. We also included the small towns that are adjacent to these clinics and the hospital. This service area is home to over 95% of the patients served by the hospital and clinics as determined by the Iowa Hospital Association inpatient and outpatient origin and destination tables published annually by IHA.

Baum Harmon Mercy Hospital

O’Brien County Demographic Summary1
- 2012 Current Total Population of 14,989
- Projected 1% decline by 2017
- Female population 7,475 and Male population 7,514
- 2,232 Females child bearing age (15 – 44)
- 20% of population is age 65 or older, National average is 13%
- Race/Ethnicity: 94% white, 4% Hispanic, and 2% other

O’Brien County Population Distribution by Community2
- Sheldon – 6,299
- Hartley* – 2,423
- Sanborn – 1,831
- Paullina* – 1,665
- Primghar* – 1,353
- Sutherland* – 997
- Archer – 251
- Calumet – 170
* MMS Clinics

Population numbers are determined by Zip code and include town and rural populations including populations outside of O’Brien County.

Baum Harmon Mercy is a member of the Mercy Siouxland Regional Network coordinated by Mercy Medical Center, Sioux City, IA. The Network includes primary care clinics, owned and managed hospitals and other organizations involved in the provision of healthcare in the region.
Demographics of County/Service Area

The 2010 population for O’Brien County is 14,398 people with a 4.7% decline from the 2000 census and consistent with the trend of previous census figures. Of the current population, 6.4% are under age 5 years, 23.6% are under age 18 years and 20.4% are age 65 years and older. Persons 65 years and older are 20.4% of the citizens of O’Brien County and are only 14.9% of the population of the state of Iowa. The table below shows the 2010 census data and contains data for O’Brien County and Iowa.

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<tr>
<th>People QuickFacts</th>
<th>O’Brien County</th>
<th>Iowa</th>
</tr>
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<tr>
<td>Population, 2012 estimate</td>
<td>14,172</td>
<td>3,074,186</td>
</tr>
<tr>
<td>Population, 2010 (April 1) estimates base</td>
<td>14,398</td>
<td>3,046,857</td>
</tr>
<tr>
<td>Population, percent change, April 1, 2010 to July 1, 2012</td>
<td>-1.6%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Population, 2010</td>
<td>14,398</td>
<td>3,046,355</td>
</tr>
<tr>
<td>Persons under 5 years, percent, 2012</td>
<td>6.0%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Persons under 18 years, percent, 2012</td>
<td>23.0%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Persons 65 years and over, percent, 2012</td>
<td>20.4%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Female persons, percent, 2012</td>
<td>50.2%</td>
<td>50.4%</td>
</tr>
<tr>
<td>White alone, percent, 2012 (a)</td>
<td>97.4%</td>
<td>92.8%</td>
</tr>
<tr>
<td>Black or African American alone, percent, 2012 (a)</td>
<td>0.9%</td>
<td>3.2%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone, percent, 2012 (a)</td>
<td>0.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Asian alone, percent, 2012 (a)</td>
<td>0.7%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)</td>
<td>Z</td>
<td>0.1%</td>
</tr>
<tr>
<td>Two or More Races, percent, 2012</td>
<td>0.8%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Hispanic or Latino, percent, 2012 (b)</td>
<td>3.9%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Category</td>
<td>O'Brien County</td>
<td>Iowa</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>White alone, not Hispanic or Latino, percent, 2012</td>
<td>94.0%</td>
<td>88.0%</td>
</tr>
<tr>
<td>Living in same house 1 year &amp; over, percent, 2007-2011</td>
<td>84.0%</td>
<td>84.3%</td>
</tr>
<tr>
<td>Foreign born persons, percent, 2007-2011</td>
<td>2.3%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Language other than English spoken at home, percent age 5+, 2007-2011</td>
<td>4.1%</td>
<td>7.0%</td>
</tr>
<tr>
<td>High school graduate or higher, percent of persons age 25+, 2007-2011</td>
<td>89.7%</td>
<td>90.3%</td>
</tr>
<tr>
<td>Bachelor's degree or higher, percent of persons age 25+, 2007-2011</td>
<td>18.6%</td>
<td>24.9%</td>
</tr>
<tr>
<td>Veterans, 2007-2011</td>
<td>1,191</td>
<td>239,229</td>
</tr>
<tr>
<td>Mean travel time to work (minutes), workers age 16+, 2007-2011</td>
<td>16.6</td>
<td>18.6</td>
</tr>
<tr>
<td>Housing units, 2011</td>
<td>6,649</td>
<td>1,340,529</td>
</tr>
<tr>
<td>Homeownership rate, 2007-2011</td>
<td>76.1%</td>
<td>73.0%</td>
</tr>
<tr>
<td>Housing units in multi-unit structures, percent, 2007-2011</td>
<td>12.0%</td>
<td>18.5%</td>
</tr>
<tr>
<td>Median value of owner-occupied housing units, 2007-2011</td>
<td>$83,900</td>
<td>$121,300</td>
</tr>
<tr>
<td>Households, 2007-2011</td>
<td>6,126</td>
<td>1,219,137</td>
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<tr>
<td>Persons per household, 2007-2011</td>
<td>2.27</td>
<td>2.41</td>
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<tr>
<td>Per capita money income in the past 12 months (2011 dollars), 2007-2011</td>
<td>$26,821</td>
<td>$26,110</td>
</tr>
<tr>
<td>Median household income, 2007-2011</td>
<td>$45,995</td>
<td>$50,451</td>
</tr>
<tr>
<td>Persons below poverty level, percent, 2007-2011</td>
<td>10.4%</td>
<td>11.9%</td>
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**Business QuickFacts**

<table>
<thead>
<tr>
<th>Category</th>
<th>O'Brien County</th>
<th>Iowa</th>
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<tbody>
<tr>
<td>Private nonfarm establishments, 2011</td>
<td>516</td>
<td>80,113</td>
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<td>Private nonfarm employment, 2011</td>
<td>5,178</td>
<td>1,263,665</td>
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<tr>
<td>Private nonfarm employment, percent change, 2010-2011</td>
<td>0.2%</td>
<td>0.8%</td>
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<tr>
<td>Nonemployer establishments, 2011</td>
<td>998</td>
<td>202,971</td>
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<tr>
<td>Total number of firms, 2007</td>
<td>1,337</td>
<td>259,931</td>
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<tr>
<td>Black-owned firms, percent, 2007</td>
<td>F</td>
<td>0.8%</td>
</tr>
<tr>
<td>American Indian- and Alaska Native-owned firms, percent, 2007</td>
<td>F</td>
<td>0.2%</td>
</tr>
<tr>
<td>Asian-owned firms, percent, 2007</td>
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<td>1.1%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007</td>
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<td>0.1%</td>
</tr>
<tr>
<td>Hispanic-owned firms, percent, 2007</td>
<td>F</td>
<td>0.9%</td>
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<tr>
<td>Women-owned firms, percent, 2007</td>
<td>21.5%</td>
<td>25.5%</td>
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<td>Manufacturers shipments, 2007 ($1000)</td>
<td>304,999</td>
<td>97,592,051</td>
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<td>Merchant wholesaler sales, 2007 ($1000)</td>
<td>322,652</td>
<td>41,068,338</td>
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<td>Retail sales, 2007 ($1000)</td>
<td>169,740</td>
<td>39,234,649</td>
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<td>Retail sales per capita, 2007</td>
<td>$12,093</td>
<td>$13,172</td>
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<td>Accommodation and food services sales, 2007 ($1000)</td>
<td>9,778</td>
<td>4,737,719</td>
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<td>Building permits, 2012</td>
<td>8</td>
<td>9,501</td>
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<td>Geography QuickFacts</td>
<td>O'Brien County</td>
<td>Iowa</td>
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<td>----------------------</td>
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<tr>
<td>Land area in square miles, 2010</td>
<td>573.04</td>
<td>55,857.13</td>
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<tr>
<td>Persons per square mile, 2010</td>
<td>25.1</td>
<td>54.5</td>
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<td>FIPS Code *</td>
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<tr>
<td>Metropolitan or Micropolitan Statistical Area</td>
<td>None</td>
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</table>

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

FN: Footnote on this item for this area in place of data
NA: Not available

D: Suppressed to avoid disclosure of confidential information
X: Not applicable

S: Suppressed: does not meet publication standards
Z: Value greater than zero but less than half unit of measure shown
F: Fewer than 100 firms

* FIPS Code—Federal Information Processing Standard

Source: US Census Bureau State & County QuickFacts

Existing healthcare facilities and resources available
The following listing of resources for O’Brien County adults was obtained from Elderbridge Agency on Aging formerly known as Northwest Aging Association. This listing was current as of April, 2013.

**Abuse (Dependent Adult, Substance, Education)**
Compass Pointe.................712-324-2196
Dept. of Human Services Abuse Hotline.....(800)362-2178
Family Crisis Center (Sioux Center).....712-722-4404 or (800)382-5603
Iowa Sexual Abuse Hotline..... (800)284-7821
Elderbridge Agency on Aging..............(800)243-0678
Seasons Center for Behavioral Health.... (800)242-5101

**Consumer Assistance/Services**
Better Business Bureau....(800)222-1600
Experience Works (Job Program).....712-662-7666
Iowa Attorney General......515-281-5164
Iowa Compass for Disabled Persons..... (800)779-2001
Iowa Dept. for the Blind..................515-281-1333
Iowa Vocational Rehab (Job Program).....712-324-4864
Legal Aid Services..........(800)352-0017
Legal Hotline for Seniors 60+.....(800)992-8161
Love In the Name of Christ.....712-324-9707
O’Brien County General Assistance.......712-957-5985
O’Brien County ISU Extension.....712-957-5045  
Senior Health Insurance Info. Program.....(800)351-4664  
SMP (Frauds & Scams)....(800)423-2449  
Upper Des Moines Opportunity.........712-957-1023

**Counseling Services**
American Red Cross ...........712-252-4081  
Bethesda Christian Counseling.....(800)269-3160  
Compass Pointe.....................712-324-2196  
Lutheran Social Services...712-262-4083  
NAMI – Iowa Concern ....(800)417-0417  
Seasons Center for Behavioral Health.....(800)242-5101

**Disaster/Emergency Assistance**
American Red Cross....................712-262-1574  
O’Brien County General Assistance.......712-957-5985  

**Home Health/Home Care Services**
Home Instead Senior Care....712-336-2740 or 712-262-0456  
O’Brien County Public Health...............712-957-0105  
Orange City Home Health.....712-737-5279  
Sanford Home Health & Hospice.....712-324-6420 or (800)745-8506  
Stay In Home Care LLC ...712-346-7019  
Ultimate Nursing........................(800)283-0303

**Hospitals**
Baum Harmon Mercy Hospital, Primghar.....712-957-2300  
Sanford Sheldon Medical Center, Sheldon.....712-324-5041

**Hospice**
Iowa Hospice by Harden Health Care.......712-336-2941  
Orange City Home Health/Hospice (30 mile radius of Orange City).712-737-5279  
Sanford Home Health & Hospice.....712-324-6420 or (800)745-8506

**Housing**
**Assisted Living Facilities**
Bee Hive Homes (Sheldon).....712-324-7404  
Community Mem. Health Center (Hartley)..... 712-728-2524  
Fieldcrest Assisted Living (Sheldon).....712-324-2338  
Prairie View Inn (Sanborn).....712-930-3228

**Housing Repair/Modifications/Weatherization**
Crown Inc.................712-580-5464  
NW Iowa Planning & Development.....712-262-7225  
NW Iowa Regional Housing (HUD).....712-262-7460
Upper Des Moines Opportunity.....712-957-1023
USDA Rural Development (FMHA).....712-546-5149

Retirement/Communities/Subsidized Apt.
Autumn Park Apartments (Sheldon).....712-324-4580
Christian Retirement Comm. (Sheldon).....712-324-2861
North Star Apartments (Hartley).....712-240-0304
NW Iowa Regional Housing (HUD).....712-262-7460
Prairie Ridge Apts. (Sheldon).....712-348-4914 or 800-391-1288
Prairie View Manor (Sanborn).............712-930-5003
Valley View Apts. (Sheldon).............712-324-4580
Walstrom Apts. (Paullina)..............515-295-2927
Willow Way (Sutherland).................712-446-2599

Lifeline
Community Memorial Health.....712-728-2428
Orange City Home Health/Hospice.........712-737-5279
Philips Lifeline..........................(800)543-3546
Sanford Home Health & Hospice.....712-324-6420

Meals
GA Foods (Shelf-Ready/Frozen).....(866)516-7796
Mom’s Meals (HDM).............(866)204-6111
Northwest Aging Association.....(800)242-5033
Primghar Care Center (HDM).....712-957-3655
Primghar Dinner Date (Cong.**).....712-957-8361
Sanborn Dinner Date (Cong.).....712-930-3886
Sanborn Meals on Wheels (HDM).....712-930-3228
Sanford Home Health (HDM).....712-324-6031
Sheldon Dinner Date (Cong.).....712-324-4425
Sutherland Care Center (HDM).....712-446-3857
Sutherland Dinner Date (Cong.).....712-446-2599
* Home delivered meals
**Congregate meals

Medical Equipment/Loan Closets
American Legion Auxiliary Loan Closet.....712-928-3166
Med-Equip..............................(800)572-5482
Sanford Home Medical Equipment.......712-324-4453 or (877)470-4846
Wheelchair Dynamics....................712-324-4575

Long-Term Care/Rehabilitation/Nursing Homes
Community Memorial Health Center.....712-728-2428
Prairie View ..........................712-930-3228
Primghar Rehab and Care Center.....712-957-3655
Sanford Sheldon Senior Care.....712-324-6450
Sutherland Care Center.....712-446-3857

**Respite Services**

*In Home*
Home Instead Senior Care....712-336-2740 or 712-262-0456
Osceola Community Health Services.....712-754-4611
Sanford Home Health & Hospice.....712-324-6420
Senior Companion Program..............712-476-2628
Stay In Home Care LLC ... 712-346-7019
Ultimate Nursing..........................800-283-0303

*Out of Home Respite may be available from the above listed long-term care facilities*

**Senior Companion**
Senior Companion Program.....712-476-2628

**Other Agencies**
Alzheimer’s Association.....(800)272-3900
Department of Human Services.....712-957-5135
Elderbridge Agency on Aging....(800)242-5033 or 712-262-1775
O’Brien County Veterans Affairs.....712-757-0031
Social Security ......................712-262-5350

**Support Groups**
Alcoholics Anonymous..............212-870-3400
Alzheimer’s Support ............712-279-3228
GamblersAnonymous/CompassPointe.....712-324-2196

**Transportation**
Love In the Name of Christ.....712-324-9707
O’Brien Co. Veterans Affairs.....712-757-0031
Regional Transit Authority (RIDES)....(800)358-5037
Senior Companion Program...........712-476-2628

**How data was obtained**
Data for the Baum Harmon Mercy Hospital Community Health Needs Assessment was obtained from the following sources:
- O’Brien County Public Health CHNA reports from the fall of 2010 and the fall of 2011,
- Iowa Department of Public Health website, Healthy Iowans Report
- County Health Rankings & Roadmaps, 2012 Rankings Iowa, Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute,
- Baum Harmon Mercy Hospital initiated survey of randomly selected individuals and specifically selected groups of people,
- Baum Harmon Mercy Hospital initiated focus group, and
- Consulting with persons representing the community interests.
O’Brien County Public Health CHNA reports
In the fall of 2010, a survey team from Northwestern College, Department of Nursing Education in Orange City was commissioned by the O’Brien County Board of Health to conduct a Community Health Needs Assessment. The team did independent research and developed, distributed, and tabulated a written survey mailed to 125 randomly selected residents. This team reported their results to the Board of Health in November of 2010.

In the fall of 2011, another group of Northwestern College students completed a windshield survey of eight communities in the county observing for opportunities for exercise, pedestrian and traffic safety concerns, and asking randomly selected residents how they would rate the overall health of the community, access to exercise, safety concerns and other health related concerns in their respective communities. Their results were reported to the Board of Health in November, 2011. From these Community Health Needs Assessments, the nurse administrator has developed a health improvement plan for O’Brien County.

Iowa Department of Public Health Website
The Iowa Department of Public Health website: www.idph.state.ia.us has a wealth of information on disease prevalence in Iowa, causes of death, vital statistics, health promotion, and numerous other topics including the IDPH D@ta Warehouse. Much of the data is available for the state and can also be obtained for a specific county. Below is a screenshot of the home page of the IDPH website.
County Health Rankings & Roadmaps
Health data for individual counties anywhere in the United States can be found on the website: www.countyhealthrankings.org sponsored by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Rankings are based on health outcomes (morbidity and mortality), and health factor of clinic care, health behaviors, physical environment and social and economic factors. Individual counties are compared to national benchmarks and state averages leading to identification of areas that need improvement.

Baum Harmon Mercy Hospital initiated survey
Baum Harmon Mercy Hospital staff authored and distributed a Community Health Needs Assessment Survey to 260 randomly and specifically selected persons who reside, work, or hold public office within the seven communities that compose the hospital and clinics service area. One hundred eight residents were randomly selected from telephone listings with the number from each community being 10% of the population plus 10 residents in the larger communities and 5 residents in the smaller communities. In addition to those residents, surveys were sent to the O’Brien County Board of Health, all of the staff members of the O’Brien County Health
Department, the O'Brien County Board of Supervisors, the O'Brien County Emergency Manager, the City Councils of Primghar, Hartley, and Paullina, the Mayors of Sanborn, Sutherland, Calumet, and Archer, all of the employees and contract staff at Baum Harmon Mercy Hospital and Clinics, and the Baum Harmon Mercy Hospital Board of Directors. Surveys for employees and contract staff were distributed through internal mail systems with an anonymous return method available and all other surveys were sent by U.S. Mail with postage paid return envelopes.

**Baum Harmon Mercy Hospital initiated focus group**

Baum Harmon Mercy Hospital facilitated a focus group that reviewed internal and external trends in healthcare, local demographics and county health rankings for O'Brien County. The group discussion identified health needs in the communities and focused on the priority needs to be addressed by Baum Harmon Mercy Hospital and Clinics independently and/or in collaboration with other community groups and organizations.

**Consulting with persons from organizations representing the community interests**

As part of the Community Needs Assessment process, Baum Harmon Mercy staff have consulted with representatives of the O'Brien County Healthcare Coalition, O'Brien County Office of the Department of Human Services, Northwest Iowa Planning and Development Commission and O'Brien County Emergency Services Association.

**Information gaps**

In any process such as this, there will be some gaps in information and they are often not easily identified. This Community Health Needs Assessment was done in a manner designed to limit the gaps and to ask those participating in the survey and in the focus group to look beyond their individual needs and focus on the broader community.

**Identification of the Health Needs of the Community**

**Findings from the Public Health CHNA**

The 2010 O'Brien County Health Needs Assessment found the top resident concerns were the need to address the following issues:

- Tobacco, alcohol and other drugs
  - Some programs in place but need more and better access
  - Increased educational efforts
  - Treatment and support programs
- Emergency Medical Services—Emergency response services
  - Concern with maintaining local response team
  - Special needs of the elderly population
- Immunizations
  - Availability for all ages
  - Maintain high immunization rates
- Drinking water protection
  - Appropriate use of agricultural chemicals
- Access to quality healthcare services
  - Cost of health insurance and high deductibles, lack of coverage for some individuals because of cost and eligibility problems
- Overall healthcare costs
- High cost of many medications
- Medical services for those unable to afford them
- Increase in personal responsibility for life-style choices
- Decrease in obesity rates
- Increased opportunities for indoor and outdoor exercise

The 2011 O’Brien County Health Needs Assessment found the top resident concerns were the need to address the following issues:

- Concern for the aging population—O’Brien County residents are older than the state average
- Access to exercise opportunities—varies with the community visited
- Pedestrian and Traffic Safety Concerns—identified some specific hazards that need attention
- Improving the Safety of Communities
  - Most respondents felt very safe
  - Concern with maintaining EMS services in some communities
  - Need for more weather warning sirens in some communities
- Other concerns
  - Cancer
  - Dust at times for local cooperative elevators
  - Need for senior meals, assisted living and quality nursing home care
  - Need to increase number of physicians available to serve the population

**Iowa Department of Public Health**
The Iowa Department of Public Health in “Healthy Iowans—Iowa Health Improvement Plan 2012-2016” outlined their initiatives.
Quoting from the report: “The 39 critical health needs are grouped into nine topic areas. The topic areas are not mutually exclusive. For example, alcohol and binge drinking are listed under the Addictive Behaviors topic area, while alcohol-related fatalities are covered under Injury and Violence. The topic area list follows:

- Access to Quality Health Services and Support
- Acute Disease
- Addictive Behaviors
- Chronic Disease
- Environmental Health
- Healthy Living
- Injury and Violence
- Mental Health and Mental Disorders
- Preparedness and Response

Each topic area is comprised of two sections:
1) A measure of progress section with objectives to be achieved by a designated year. To track progress, the objectives have a baseline and date, a data source, and a target; and
2) A section on what is being done to achieve the objectives along with the responsible organizations committed to taking action. “

**County Health Rankings and Roadmaps**

Health data for individual counties anywhere in the United States can be found on the website: [www.countyhealthrankings.org](http://www.countyhealthrankings.org) sponsored by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Below is the 2012 and 2013 O’Brien County data compared to the Iowa data for 2013. Data sources table is below the rankings chart.

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<tr>
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<td><strong>Health Outcomes</strong></td>
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<tr>
<td>Mortality</td>
<td>75</td>
<td>51</td>
<td>75</td>
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<tr>
<td>Premature death</td>
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<td>6,102</td>
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<td>Morbidity</td>
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<td>10</td>
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<td>10</td>
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<td>Poor or fair health</td>
<td>8%</td>
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<tr>
<td>Poor physical health days</td>
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<td>1.8</td>
<td>2.8</td>
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<td>Poor mental health days</td>
<td>1.9</td>
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<td>2.7</td>
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<td>Low birth weight</td>
<td>4.80%</td>
<td>6.20%</td>
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<td><strong>Health Factors</strong></td>
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<td>Health Behaviors</td>
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<td>22</td>
<td>44</td>
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<td>Adult smoking</td>
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<td>Adult obesity</td>
<td>30%</td>
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<td>Physical inactivity</td>
<td>26%</td>
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<td>25%</td>
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<td>Excessive drinking</td>
<td>19%</td>
<td>19%</td>
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<tr>
<td>Motor vehicle crash death rate</td>
<td>22</td>
<td>17</td>
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<tr>
<td>Sexually transmitted infections</td>
<td>57</td>
<td>97</td>
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<tr>
<td>Teen birth rate</td>
<td>35</td>
<td>37</td>
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<td>Clinical Care</td>
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<td></td>
<td>70</td>
<td>52</td>
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<tr>
<td>Uninsured</td>
<td>11%</td>
<td>12%</td>
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<td>Primary care physicians</td>
<td>2316:1</td>
<td>1,798:1</td>
<td>1,395:1</td>
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<tr>
<td>Dentists</td>
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<td>1,884:1</td>
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<tr>
<td>Preventable hospital stays</td>
<td>67</td>
<td>65</td>
<td></td>
<td></td>
<td>60</td>
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<tr>
<td>Diabetic screening</td>
<td>82%</td>
<td>89%</td>
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<td>89%</td>
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<td>Mammography screening</td>
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<td><strong>Social &amp; Economic Factors</strong></td>
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<tr>
<td>High school graduation</td>
<td>91%</td>
<td>91%</td>
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<td>88%</td>
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<tr>
<td>Some college</td>
<td>63%</td>
<td>64%</td>
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<td>68%</td>
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<tr>
<td>Unemployment</td>
<td>4.90%</td>
<td>4.60%</td>
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<td>5.90%</td>
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<tr>
<td>Children in poverty</td>
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<tr>
<td>Inadequate social support</td>
<td>14%</td>
<td>14%</td>
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<td>16%</td>
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<td>Children in single-parent homes</td>
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<td>23%</td>
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<td>27%</td>
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<tr>
<td>Violent crime rate</td>
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<td><strong>Physical Environment</strong></td>
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<td>62</td>
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<td>Air pollution-particulate matter days</td>
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<td>Air pollution-ozone days</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily fine particulate matter</td>
<td></td>
<td>10.4</td>
<td>10.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking water safety</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>29</td>
<td>21</td>
<td></td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>6%</td>
<td>8%</td>
<td></td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Fast food restaurants</td>
<td>59%</td>
<td>50%</td>
<td></td>
<td></td>
<td>43%</td>
</tr>
</tbody>
</table>

* One is the best ranking

Note: blank values reflect unreliable or missing data or change in the metrics

The charts on the next two pages explain the measures, data sources and years of data that are used in making the determinations of individual county and state numbers, percentages and rankings.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
<th>Years of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>Premature death</td>
<td>National Center for Health Statistics</td>
</tr>
<tr>
<td>Morbidity</td>
<td>Poor or fair health</td>
<td>Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td></td>
<td>Poor physical health days</td>
<td>Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td></td>
<td>Poor mental health days</td>
<td>Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td></td>
<td>Low birthweight</td>
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</tr>
<tr>
<td>HEALTH FACTORS</td>
<td>Tobacco Use</td>
<td>Adult smoking</td>
</tr>
<tr>
<td></td>
<td>Diet and Exercise</td>
<td>Adult obesity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical inactivity</td>
</tr>
<tr>
<td></td>
<td>Alcohol Use</td>
<td>Excessive drinking</td>
</tr>
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<td>Motor vehicle crash death rate</td>
</tr>
<tr>
<td></td>
<td>Sexual Activity</td>
<td>Sexually transmitted infections</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teen birth rate</td>
</tr>
<tr>
<td>CLINICAL CARE</td>
<td>Access to Care</td>
<td>Uninsured</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Primary care physicians</td>
</tr>
<tr>
<td></td>
<td>Quality of Care</td>
<td>Preventable hospital stays</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diabetic screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mammography screening</td>
</tr>
<tr>
<td>SOCIAL AND ECONOMIC FACTORS</td>
<td>Education</td>
<td>High school graduation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some college</td>
</tr>
<tr>
<td></td>
<td>Employment</td>
<td>Unemployment</td>
</tr>
<tr>
<td></td>
<td>Income</td>
<td>Children in poverty</td>
</tr>
<tr>
<td></td>
<td>Family and Social Support</td>
<td>Inadequate social support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children in single-parent households</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT</td>
<td>Environmental Quality</td>
<td>Air pollution-particulate matter days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Air pollution-ozone days</td>
</tr>
<tr>
<td></td>
<td>Built Environment</td>
<td>Access to recreational facilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limited access to healthy foods</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fast food restaurants</td>
</tr>
</tbody>
</table>

1 NCES used for AK, AL, AR, CA, CT, FL, HI, ID, KY, MT, ND, NJ, OK, SD and TN
2 State data source for IL.
3 Not available for AK and HI.
4 Access to Healthy Foods (2009) from Census Zip Code Business Patterns for AK and HI.

9 www.countyhealthrankings/iowa
<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
<th>Years of Data</th>
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<td>Morbidity</td>
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<tr>
<td>Poor or fair health</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2005-2011</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2005-2011</td>
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<td>Poor mental health days</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2005-2011</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>National Center for Health Statistics</td>
<td>2004-2010</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
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<td><strong>HEALTH BEHAVIORS</strong></td>
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</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
<td></td>
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<tr>
<td>Adult smoking</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2005-2011</td>
</tr>
<tr>
<td>Diet and Exercise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult obesity</td>
<td>National Center for Chronic Disease Prevention and Health Promotion</td>
<td>2009</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>National Center for Chronic Disease Prevention and Health Promotion</td>
<td>2009</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2005-2011</td>
</tr>
<tr>
<td>Motor vehicle crash death rate</td>
<td>National Center for Health Statistics</td>
<td>2004-2010</td>
</tr>
<tr>
<td>Sexual Activity</td>
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<td></td>
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<tr>
<td>Sexually transmitted infections</td>
<td>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention</td>
<td>2010</td>
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<tr>
<td>Teen birth rate</td>
<td>National Center for Health Statistics</td>
<td>2004-2010</td>
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<td><strong>CLINICAL CARE</strong></td>
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<td></td>
</tr>
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<td>Access to Care</td>
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<td></td>
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<tr>
<td>Uninsured</td>
<td>Small Area Health Insurance Estimates</td>
<td>2010</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>HRSA Area Resource File</td>
<td>2011-2012</td>
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<tr>
<td>Dentists</td>
<td>HRSA Area Resource File</td>
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<td>Quality of Care</td>
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<td></td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>Medicare/Dartmouth Institute</td>
<td>2010</td>
</tr>
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<td>Diabetic screening</td>
<td>Medicare/Dartmouth Institute</td>
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<td>Mammography screening</td>
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<td><strong>SOCIAL AND ECONOMIC FACTORS</strong></td>
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</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td>Primarily state-specific sources, supplemented with National Center for Education Statistics</td>
<td>State-specific</td>
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<td>Some college</td>
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<td>Employment</td>
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<td>2011</td>
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<td>Income</td>
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<td></td>
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<td>Children in poverty</td>
<td>Small Area Income and Poverty Estimates</td>
<td>2011</td>
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<tr>
<td>Family and Social Support</td>
<td></td>
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<tr>
<td>Inadequate social support</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2005-2010</td>
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<td>Children in single-parent households</td>
<td>American Community Survey</td>
<td>2007-2011</td>
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<tr>
<td>Community Safety</td>
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<td>Violent crime rate</td>
<td>Federal Bureau of Investigation</td>
<td>2008-2010</td>
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<td>Environmental Quality</td>
<td></td>
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<tr>
<td>Daily fine particulate matter</td>
<td>CDC WONDER Environmental data</td>
<td>2008</td>
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<tr>
<td>Drinking water safety</td>
<td>Safe Drinking Water Information System</td>
<td>FY 2012</td>
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<td>Built Environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>Census County Business Patterns</td>
<td>2010</td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>USDA Food Environment Atlas</td>
<td>2012</td>
</tr>
<tr>
<td>Fast food restaurants</td>
<td>Census County Business Patterns</td>
<td>2010</td>
</tr>
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</table>

1 Not available for AK and HI.

Baum Harmon Mercy Hospital initiated focus group
The Baum Harmon Mercy Hospital initiated focus group concentrated on Baum Harmon Mercy Hospital and Clinics being responsive and responsible to the organization and to their service area community. They organized their findings around best people—spiritual workplace, excellence in the care experience, financial stewardship, the community benefit ministry of Baum Harmon and growth and collaboration. Their findings/concerns are as follows:
• Best People—Spiritual Workplace
  o The hospital and clinics have a culture of teamwork and a consistency of physicians, physician’s assistants and support staff
  o Maintenance of strong retention strategies for current staff and timely recruitment of new staff when necessary
  o Continue with the adoption and implementation of the electronic medical records in the hospital and clinics
  o Concern with the negative population growth in the service area and the aging of the current population

• Excellence in the care experience
  o Enhance services across the continuum of care with emphasis on the medical home program development, healthcare coaching and population health
  o Consider and plan for facilities improvements that enhance the care experience
  o Work with community partners to maintain and enhance emergency medical services
  o Continue to contract with an external organization to measure patient satisfaction with healthcare services received

• Financial Stewardship
  o Internally, deliver on budget expectations
  o Partner with others on new healthcare initiatives—insurance exchanges, accountable care organizations, etc.
  o Explore and apply for grant funding to support specific projects and/or equipment purchases

• Community benefit ministry of Baum Harmon Mercy
  o Collaborate with others to support and/or provide senior services responsive to various levels of need
  o Maintain Kid’s Kampus Daycare Center to meet the needs of families for safe, stimulating and affordable child care
  o Support healthcare education scholarships through the Baum Harmon Mercy Hospital Foundation
  o Maintain the Baum Harmon Fitness Center and encourage public and employee memberships
  o Participate in activities that enhance emergency preparedness and response capabilities

• Growth and collaboration
  o Consider and plan for and make facilities improvements that enhance the care experience for patients and workplace for associates
  o Expand outpatient clinics to include additional medical specialties with more physicians and surgeons
  o Explore, plan for and implement technologies that will facilitate offering telemedicine services where beneficial to patients and staff
  o Upgrade to digital mammography as soon as it is feasible
Baum Harmon Mercy Hospital initiated survey
The results of the Baum Harmon Mercy Hospital initiated survey are tabulated on the survey form below along with the hard written comments.

Baum-Harmon
MERCY HOSPITAL and CLINICS
*Pringle - Paulina - Sutherland - Hurley
A partner with Mercy Medical Center-Savus City

Community Health Needs Assessment Survey

Part I: Evaluation of Available Health Services
In general, how would you rate the overall quality of healthcare delivered in your area/community?  
Very good 37  Good 34  Fair 7  Poor 1  Very poor

How satisfied are you with each of the following? (Check one per service)

<table>
<thead>
<tr>
<th>Service</th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Very poor</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance service</td>
<td>45</td>
<td>24</td>
<td>5</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Child care</td>
<td>25</td>
<td>29</td>
<td>5</td>
<td></td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>29</td>
<td>34</td>
<td>7</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Dentists</td>
<td>34</td>
<td>37</td>
<td>7</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>44</td>
<td>26</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Eye doctor/optometrist</td>
<td>23</td>
<td>35</td>
<td>8</td>
<td>3</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Family planning services</td>
<td>2</td>
<td>12</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>49</td>
</tr>
<tr>
<td>Home Health</td>
<td>22</td>
<td>27</td>
<td>5</td>
<td></td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>Hospice</td>
<td>27</td>
<td>25</td>
<td>4</td>
<td></td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>Inpatient hospital services</td>
<td>38</td>
<td>31</td>
<td>3</td>
<td>1</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Mental health services</td>
<td>5</td>
<td>9</td>
<td>15</td>
<td>8</td>
<td>15</td>
<td>28</td>
</tr>
<tr>
<td>Nursing home care</td>
<td>13</td>
<td>19</td>
<td>23</td>
<td>9</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Outpatient services</td>
<td>39</td>
<td>31</td>
<td>5</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>26</td>
<td>34</td>
<td>10</td>
<td>6</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Primary care clinics</td>
<td>39</td>
<td>35</td>
<td>4</td>
<td>1</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Public Health Department</td>
<td>18</td>
<td>33</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>20</td>
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<tr>
<td>School nurse</td>
<td>12</td>
<td>24</td>
<td>7</td>
<td>1</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>Specialist physician care</td>
<td>24</td>
<td>33</td>
<td>6</td>
<td></td>
<td>1</td>
<td>15</td>
</tr>
</tbody>
</table>

Do you have a primary healthcare provider?  
Yes 86  No 2

Do you choose primary care with one of the Baum Harmon Mercy Hospital affiliated Mercy Clinics?  
Yes 65  No 21

Over the past 2 years, did you or your household receive health care services outside of your community?  
Yes 64  No 23

30
What services did you seek outside of your community? (Check all that apply)

- 21 Routine medical care
- 14 Outpatient treatment
- 17 Hospitalization
- 10 Routine dental services
- 22 Laboratory or other tests
- 14 Radiology tests
- 9 Did not travel for medical care
- 18 Other

What was the primary reason for traveling for medical services? (Check all that apply)

- 43 Service not available locally
- 13 Better quality
- 8 No local appt. available
- 1 Local doctor not on health plan
- 6 Closer to place of work
- 11 Did not travel for medical care

What healthcare services need to be added in your community/county?

What type of healthcare insurance do you have? (Check all that apply)

- 62 Employer provided
- 13 Individual policy
- 22 Medicare
- 2 Health Savings account
- 4 Other
- 1 Do not have any health insurance

Part II: Your Healthcare Practices

In general, how would you best describe your health? (Respondent, please answer these questions for yourself only)

- 20 Very good
- 59 Good
- 6 Fair
- 1 Poor
- 1 Very poor

Compared to a year ago, how would you rate your overall health in general now?

- 5 Much better than a year ago
- 81 About the same
- 1 Much worse than a year ago

Have you had a physical in the past 12 months? 71 Yes 16 No

Over the past 4 weeks, have your activities been reduced due to mental or emotional problems?

- 6 Yes
- 82 No

Questions about your health and wellness practices:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>If over 50, have you had a colonoscopy?</td>
<td>43</td>
<td>14</td>
<td>29</td>
</tr>
<tr>
<td>If male and over 50, do you have an annual prostate exam?</td>
<td>11</td>
<td>2</td>
<td>55</td>
</tr>
<tr>
<td>If female and over 40, do you have annual mammograms?</td>
<td>44</td>
<td>15</td>
<td>24</td>
</tr>
<tr>
<td>If female, do you have a pap smear every other year?</td>
<td>46</td>
<td>23</td>
<td>13</td>
</tr>
<tr>
<td>If over 50, have you had a pneumonia shot?</td>
<td>22</td>
<td>32</td>
<td>30</td>
</tr>
<tr>
<td>Have you seen a dentist in the past year?</td>
<td>78</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Have you had an eye exam/glaucma test in the past year?</td>
<td>67</td>
<td>20</td>
<td></td>
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<tr>
<td>Have you had a diabetes screening in past year?</td>
<td>58</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Have you had a cholesterol screening in the past year?</td>
<td>66</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Have you had an osteoporosis screening in the past year?</td>
<td>40</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Have you had a vascular screening in the past year?</td>
<td>17</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>Have you had a skin cancer screening in the past year?</td>
<td>20</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Often</td>
<td>Sometimes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------</td>
<td>-----------</td>
<td>-----</td>
</tr>
<tr>
<td>Did you have a flu shot in the past year?</td>
<td>80</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Do you eat a well-balanced diet with fruits and vegetables?</td>
<td>68</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Do you get 2.5 hours a week of moderately intense physical activity?</td>
<td>46</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Do you use tobacco products of any type?</td>
<td>5</td>
<td>83</td>
<td></td>
</tr>
<tr>
<td>Do you consume more than 3 alcoholic drinks per day?</td>
<td>2</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td>Do you wear your seatbelt when driving/riding in vehicles?</td>
<td>84</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Do you talk on your cell phone while driving?</td>
<td>8</td>
<td>57</td>
<td>23</td>
</tr>
<tr>
<td>Do you text while driving?</td>
<td>1</td>
<td>15</td>
<td>72</td>
</tr>
</tbody>
</table>

**What are your sources for most health information?** (Check all that apply)

- **28** Family and friends (telephone)
- **3** Health Department
- **13** Newspaper/magazines/television/radio
- **38** Internet
- **29** Doctor, nurse, pharmacist
- **79** Health help line
- **3** Church
- **25** Public library

**Part III: Community/Area Needs Assessment**

In your opinion, how much of a problem are the following diseases or disabilities in your area/community? (Check one box per disease or disability)

<table>
<thead>
<tr>
<th>Disease/Disability</th>
<th>Not a problem</th>
<th>Somewhat of a problem</th>
<th>Major problem</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer’s disease/dementia</td>
<td>3</td>
<td>50</td>
<td>22</td>
<td>11</td>
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<tr>
<td>Cancer</td>
<td>3</td>
<td>23</td>
<td>55</td>
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<td>Child and/or dependent adult abuse</td>
<td>10</td>
<td>31</td>
<td>3</td>
<td>42</td>
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<tr>
<td>Diabetes</td>
<td>4</td>
<td>42</td>
<td>26</td>
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<tr>
<td>Drugs/Alcohol abuse</td>
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<td>41</td>
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<td>Heart disease/congestive heart failure</td>
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<td>44</td>
<td>27</td>
<td>14</td>
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<tr>
<td>HIV/AIDS</td>
<td>30</td>
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<tr>
<td>Mental disorders/illness</td>
<td>5</td>
<td>36</td>
<td>19</td>
<td>26</td>
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<tr>
<td>Obesity</td>
<td>3</td>
<td>46</td>
<td>32</td>
<td>6</td>
</tr>
<tr>
<td>Pneumonia/influenza</td>
<td>14</td>
<td>42</td>
<td>5</td>
<td>25</td>
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<tr>
<td>Respiratory disease</td>
<td>12</td>
<td>44</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Sexually Transmitted diseases</td>
<td>18</td>
<td>12</td>
<td>2</td>
<td>55</td>
</tr>
<tr>
<td>Stroke</td>
<td>6</td>
<td>50</td>
<td>9</td>
<td>21</td>
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<tr>
<td>Suicide</td>
<td>8</td>
<td>41</td>
<td>4</td>
<td>32</td>
</tr>
<tr>
<td>Trauma</td>
<td>8</td>
<td>39</td>
<td>6</td>
<td>32</td>
</tr>
</tbody>
</table>

In your opinion, what areas need additional education or attention in your area/community?

- **19** Abuse/Violence
- **43** Aging (dementia)
- **25** Alcohol
From this list, please choose the five most important factors for a Healthy Community.
(Please select only five)

- Affordable housing
- Disability services
- Healthcare
- Emergency response services (ambulance, police, fire)
- Childcare
- Healthy food sources
- Job security
- Clean and safe environment
- Emergency preparedness
- Good schools
- Job availability
- Healthy behaviors and lifestyles
- Low adult death and disease rates
- Low crime/safe neighborhoods
- Low level of child abuse
- Nursing home care/assisted living/senior housing
- Parks and recreation facilities
- Prenatal healthcare
- Low infant death rate
- Pedestrian/bicycle safety
- Public transportation
- Other:

Part IV: Demographic Information

What is your age?  
- Under 18  
- 18-44  
- 45-64  
- 65-74  
- 75 or older

Your gender?  
- Male  
- Female

How would you identify yourself?  
- Caucasian/white American  
- African/black American  
- Latino/Hispanic American  
- American Indian/Native Alaskan  
- Asian American/Pacific Islander  
- Multicultural/Multiracial

How would you describe your household?  
- Single  
- Single with children at home  
- Single with children no longer at home  
- Married  
- Married with children at home  
- Married with children no longer at home  
- Divorced  
- Other status/widowed

Our annual household income is?  
- Less than $14,999  
- $15,000—$34,999  
- $35,000—$54,999  
- $55,000—$74,999  
- $75,000—$99,999  
- Prefer to not to answer

What is your 5 digit zip code?  

Part V: Other comments or concerns:
Please return the survey in the enclosed envelope. Thank you.

Zips codes recorded on returned surveys by the respondents
50588—0
51009—1
51014—1
51022—1
51035—2
51046—13
51058—5
51201—5
51231—4
51245—33
51248—6
51346—11
Blank—7

A total of 89 of 260 surveys were returned for a 34.2% return rate. Not all respondents answered all of the questions.

Written Comments on Returned Surveys

Other Services sought outside of community
Specialty doctor care
Reasonable assisted living available for everyone
VA clinic
Eye doctor
Mental health care
Specialized therapy services
OB visits, labs, surgery at Avera in Sioux Falls
Skin doctor
Appropriate mental health services, more assisted living facilities, better quality nursing homes
Chiropractic care
Pediatrics
Happy with Sioux Center doctors, also the care we get.
Hospitalization while on vacation
Optometry, pharmacy
Hearing services
Routine eye care
Specialist
Surgery
Endocrinologist
Pediatric dental services and pediatric endocrinologist
Eye care
Emergency dept. while on vacation
What services need to be added?
Ambulance is uncertain during day because of volunteer shortfalls, Clinic should supply daytime nurse/EMT
With recent closing of Med-Equip Pharmacy and longer ago, also Sanborn and Primghar pharmacies, should contact those pharmacies to open satellite or remote pharmacy locations
Doctors that work with chiropractors and alternative medicine, less drug pushers!!!
Assisted living
We need to get a Pharmacy back.
We do not necessarily need additional services, but we do need updated equipment and improved infrastructure
Pharmacy in town—Hartley and Primghar
Coordinated mental health
Assisted living facility
Digital mammography
Mental health services
More EMT’s, easier to get EMT certification back is it was let go years ago
Volunteers to drive patients to hospitals.
Better nursing home care
Leading by example, teaching people how to be healthy, more activities to get public involved!
Eye
Improved mental health services, improved recreation/exercise opportunities and facilities
Pharmacy
Digital mammography
Assisted living
Dermatologist, ear, nose & throat, mental health counseling or therapy
Pharmacy, more mental health services
Not sure
Satisfied
OB, mental health, more assisted living
Ear, nose & throat, oral, dermatology, mental health (psychiatrist), ophthalmologist
More mental health
Need an updated/remodeled or new hospital facilities
Dermatology would be good
Assisted living facility
Assisted living facility

Healthy Communities
Never been to Baum Harmon or any clinics associated with them.
Physical fitness programs

Other comments or concerns
Clinics should take a major role in keeping ambulance service. In a few years, the clinics that participate will receive the economic benefits of patients using their services. Those clinics that don’t won’t to keep their patients. People will go where they’re best served.

Familiar with both Sanford and Baum Harmon & both lack quality doctors that take the time to care. Hear a lot of complaints and people go to neighboring counties for family physicians. Word of mouth travels & we get a bad reputation in O’Brien County.
The quality of healthcare is a problem due to inability to have continuity with your primary care provider. Mental health, abuse, violence, child neglect I feel are due to limited professionals to investigate and also cuts in funding. Our ambulance services try to provide services with declining volunteers to man the service.
Dentistry and Pharmacy are both necessary and yet to me, both are out for just money, not caring whether people can afford to see them. Especially those on low or fixed income.

Baum Harmon needs to remodel, renovate or build soon.

Primghar is very lacking on senior living from assisted living to SNF/ICF.

O’Brien County Public Health Dept. should be more actively involved in our communities. All agencies need to work together for healthy communities in O’Brien County, i.e. Schools, health dept., hospitals and clinic, city and county government, long-term care, day care, home health.

Would like to see more wellness, fitness opportunities. We have healthcare, dentistry, chiropractic and vision care that is terrific.

Community and patient education on what is the proper use for emergency room services—too many non-ER patients use ER—maybe need to see more patients at clinic or wait until next day.

I think we need to be more active on showing people a healthy lifestyle—diet/exercise/sleep and lead by example, esp. if we work in healthcare. We need to respond to problems not just with a medication but with a life long change!

A major concern is the loss of our pharmacy.

I think we have a fairly good and safe community to live in.

The over-use of antibiotic products needs to be addressed. This includes not only antibiotic medication, but also products such as dish soap, hand soap, etc. It’s proven that these products do more harm than good and are no more effective than regular soap and water. Not only the public, but ALSO health care professionals need to be educated on this important subject!

Assisted living is desperately needed

Better nursing home care and assisted living

Need better mental health services

Like to hear when people have to go to a specialist that the doctor sees patient at Sheldon or Primghar--don’t have to go to Sioux Falls, Sioux City or ever farther.

Consulting with persons from organizations representing the community interests

O’Brien County Healthcare Coalition

O’Brien County Healthcare Coalition consists of representatives of public health, environmental health, Baum Harmon Mercy Hospital, Sanford Sheldon Medical Center, O’Brien County Emergency Management and O’Brien County Emergency Services Association. This group focuses on emergency preparedness both at the individual member level and for O’Brien County as a whole. There biggest concerns include:

- Preparedness training, maintaining NIMS compliance
- Exercising community response to a natural or man-made disaster
- Maintain and enhancing emergency response services—EMS and Fire-Rescue
- Maintaining a funding stream to support the activities of the coalition

O’Brien County Office of the Department of Human Services

The O’Brien County Office of the Department of Human Services in limited to the investigation and follow-up of child and adult abuse reports. Persons needing the other services of the Department of Human Services are referred to the Spencer office of the Iowa Department of Human Services for assistance. The Department of Human Services offers to qualifying adults and families the following types of assistance: Family Investment Program (FIP), Refugee Cash Assistance, Food Assistance and/or Medical Assistance in the form of Medicaid or eligibility for the hawk-I (Healthy and Well Kids in Iowa) program. Assistance with child care is also available to qualifying low income working families.
Northwest Iowa Planning and Development Commission

The Northwest Iowa Planning and Development Commission is working with representatives of O’Brien County towns, emergency response services (fire, ambulance and law enforcement), Emergency Management, both hospitals, and public health to develop a unified Hazard Mitigation Plan for O’Brien County and all of the jurisdictions within the county. This planning process started in Aug. 2013 and is expected to take 6-10 months will develop a plan to:

- Protect public safety and prevent loss of life and injury
- Reduce harm to existing and future development
- Prevent damage to a community’s unique economic, cultural and environment assets
- Minimize operational downtime and accelerate recovery of government and business after a disaster
- Reduce the cost of disaster response and recovery and the exposure to risk for first responders
- Help accomplish other community objective, such as leveraging capital improvement, infrastructure protection, open space preservation and economic resiliency.

Consistent with the responsibilities of these planning functions, the Northwest Iowa Planning and Development Commission will be soliciting input from hospital representatives to insure their unique needs are addressed in the planning process. A current Hazard Mitigation Plan is required to access FEMA Hazard Mitigation assistance and prevention and recovery grants.

O’Brien County Emergency Management

It is the role of O’Brien County Emergency Management to coordinate and assist with the following functions for the county to meet FEMA National Preparedness Goals:

- Mitigation planning to reduce risk before an event occurs,
- Prevention activities in coordination with other units of government and business organizations avert disasters,
- Protection of county public and private assets,
- Preparedness—taking actions to plan, organize, equip, train and exercise to build and sustain the capabilities of response organizations to prevent, respond to and mitigate the harmful effects of natural and man-made disasters,
- Response—coordinating response actions to safe lives, protect property and the environment and meet basic human needs after an incident
- Recovery—coordinates actions necessary to assist communities affected by an incident to recover effectively.

Consistent with these responsibilities, the O’Brien County Emergency Manager meets regularly with hospital representatives to address functions of mutual interest—coordinated training and exercises, and response and recovery planning.

O’Brien County Emergency Services Association

O’Brien County Emergency Services Association membership consists of all of the Fire Departments and Ambulance Services, Emergency Management, both hospitals, public health, law enforcement/communications center, and local government representatives. The primary purpose is to coordinate education and training, support the local entities with needed equipment and provide a forum to discuss and plan to meet common concerns. Their biggest concerns are obtaining and maintaining all of the required education and training and having a sufficient number of dedicated volunteers to staff their respective teams.
Summary of Primary and Chronic Health Needs of the Community

Blending together all of the data sources, an exhaustive list of healthcare needs can be developed for the service area of Baum Harmon Mercy Hospital. Our list would be consistent with the list of findings for almost every other rural community in Iowa and the state as a whole. Community needs include:

- Prevention, treatment and management of chronic illnesses such as cancer, diabetes, dementia, cardiovascular, pulmonary, and renal diseases
- Prevention, treatment and management of obesity in citizens of all ages
- Promotion of healthy lifestyles and increased acceptance of personal responsibility for health outcomes
- Provision of mental health services for both acute and chronic care
- Emergency preparedness and provision of emergency response services
- High quality and low cost essential healthcare services available to all regardless of ability to pay for services or level of insurance coverage
- Environmental health—safe water, safe communities
- Vibrant and safe communities with good schools, job opportunities, affordable housing, and high quality child and senior care options
- Increased emphasis on the continuity of care with high quality, pleasant and safe options for persons unable to live independently in their own homes
- Provision of essential healthcare care services close to home—primary care clinics and pharmacy services
- Health-related education on a variety of topics

Implementation Plan

Baum Harmon Mercy Hospital’s Community Health Needs Assessment and Implementation plan is available to the public on the hospital’s website: www.baumharmon.org. Printed copies are available at no change at the hospital business office, just off the lobby at the front entrance to the hospital, and at each of the clinics.

With such an exhaustive list and the finite resources of a Critical Access Hospital like Baum Harmon Mercy, we needed to develop a process for identifying and prioritizing community health needs—what does the hospital have the resources to address either alone or in collaboration with community partners, and what needs are beyond our capacity to address. In many cases, Baum Harmon may be able to facilitate actions toward a community need but will be unable to fully address that need. In this section, Baum Harmon Mercy will describe specific actions planned to address the needs of the service area community. Some of these actions represent a commitment to continue services that are already active in addressing community health needs.

- Prevention, treatment and management of chronic illnesses such as cancer, diabetes, dementia, cardiovascular, pulmonary, and renal diseases
  - Maintain consistent access to healthcare services through the four primary care clinics for urgent and routine health needs. Baum Harmon Mercy Emergency Room is available for emergent needs and coordination of critical care services. Inpatient, outpatient, skilled and respite care services are available for individuals in need of those levels of care.
• Baum Harmon Mercy provides access to care within its capacity, without regard to race, color, creed, national origin, diagnosis, age, sex, handicap or ability to pay.
• Continue low cost screenings for prostate cancer in Primghar and Hartley clinics annually in the fall.
• Continue low cost lipid screenings at each of the four clinics annually in February.
• Continue low cost vascular screenings at least annually at the hospital.
• Continue to utilize and increase the availability of trained healthcare coaches to assist selected patients with the management of their chronic illnesses with the goal of better outcomes for the patient and improved utilization of healthcare resources.
• Through the Baum Harmon CHNA, an opportunity has been identified to increase the number of participants in low cost vascular screenings by scheduling more events and increasing publicity of these events.
• Another opportunity has been identified to establish a screening clinic for skin cancer.
• Independently and in collaboration with the O'Brien County Public Health, the hospital and clinics will offer child and adult immunizations for the prevention of disease.
• Consider resources and opportunities available to replace current analog mammography with digital mammography.
• Care for Yourself Program provides free services for the early detection of breast and cervical cancer for women who meet the income guidelines and inclusion criteria for the program.
• Smoking cessation information and interventions are available through the clinics and in collaboration with Quitline Iowa.
• The Baum Harmon Mercy website will provide links to reliable sources of healthcare information.

• Prevention, treatment and management of obesity in citizens of all ages.
  • Maintain consistent access to healthcare services through the four primary care clinics for urgent and routine health needs.
  • Continue to provide exercise opportunities at the Baum Harmon Mercy Fitness Center for a modest membership fee.
  • Provide access to nutritional counseling services by a registered dietician with an established fee schedule.

• Promotion of healthy lifestyles and increased acceptance of personal responsibility for health outcomes.
  • Maintain consistent access to healthcare services through the four primary care clinics for urgent and routine health needs.
  • Continue to provide exercise opportunities at the Baum Harmon Mercy Fitness Center for a modest membership fee.

• Provision of mental health services for both acute and chronic care.
  • Complex mental health services are beyond the capacity of Baum Harmon Mercy Hospital at this time. The hospital and clinic staff work with established mental health service providers to make appropriate referrals of persons needing complex or emergent care. Mental health evaluation and monitoring services are provided locally.
  • Baum Harmon’s Emergency Room is available for emergent/crisis needs and provides initial evaluation and coordination of care services.
- An opportunity for development—research the development of telemedicine capabilities for outpatient mental health care through Mercy Health Network and grant funding for necessary equipment
- Emergency preparedness and provision of emergency response services
  - Baum Harmon Mercy Hospital and Clinics will facilitate medical directorships for community ambulance services requesting this assistance
  - Baum Harmon Mercy Hospital has and continues to collaborate with the Iowa Department of Public Health, Center for Disaster Operations and Response and utilizes the planning, training and implementation functions of the federally funded Hospital Preparedness Program
  - Baum Harmon Mercy supports hospital staff members to plan, train, exercise and evaluate hospital preparedness plans
  - Baum Harmon Mercy supports a hospital staff member to participate on the Board of the O'Brien County Emergency Services Association
  - Baum Harmon Mercy supports a hospital staff member to participate in the O'Brien County Healthcare Coalition on behalf of the hospital
  - Baum Harmon Mercy supports a hospital staff member to serve as a member of the committee to develop the O'Brien County Hazard Mitigation Plan
  - Baum Harmon Mercy supports a hospital staff member to serve on the O'Brien County Board of Health
- High quality and low cost essential healthcare services available to all regardless of ability to pay for services or level of insurance coverage
  - Baum Harmon Mercy maintains consistent access to healthcare services through the four primary care clinics for urgent and routine health needs. Baum Harmon Mercy Emergency Room is available for emergent needs and coordination of critical care services. Inpatient, outpatient, skilled and respite care services are available for individuals in need of these levels of care.
  - Baum Harmon Mercy provides access to care within its capacity, without regard to race, color, creed, national origin, diagnosis, age, sex, handicap or ability to pay.
  - Both the hospital and the clinics have financial assistance systems in place to help those in need who are willing to complete the forms and qualify for assistance.
  - Both the hospital and clinics accept Medicare and Medicaid as well as commercial insurance plans for coverage of healthcare services subject to the specific benefits associated with each type of plan
- Environmental health—safe water, safe communities
  - Baum Harmon Mercy supports a hospital staff member to serve on the O'Brien County Board of Health
  - Most activities associated with the environmental health of the communities are beyond the expertise of Baum Harmon Mercy
- Vibrant and safe communities with good schools, job opportunities, affordable housing, and high quality child and senior care options
  - Baum Harmon Mercy supports administrative and other associates to be active members of the local Chamber or similar service organizations in each of the towns that have clinics
By its presence, Baum Harmon Mercy Hospital and Clinics provided an economic impact of almost six million dollars to O’Brien County according to data released by the Iowa Hospital Association in January, 2013.

Baum Harmon Mercy owns and operates Kid’s Kampus Daycare Center, the only state certified day care provider in Primghar.

- Increased emphasis on the continuity of care with high quality, pleasant and safe options for persons unable to live independently in their own homes.
  - Baum Harmon Mercy Hospital and Clinics provides medical directors for several of the area long term care facilities at the request of those facilities.
  - Hospital administrative team members will collaborate with other community organizations to address described needs for independent and/or assisted senior living and nursing home care for those desiring or needing services.

- Provision of essential healthcare care services close to home—primary care clinics and pharmacy services.
  - Baum Harmon Mercy maintains consistent access to healthcare services through the four primary care clinics for urgent and routine health needs. Baum Harmon Mercy Emergency Room is available for emergent needs and coordination of critical care services. Inpatient, outpatient, skilled and respite care services are available for individuals in need of those levels of care.
  - Baum Harmon Mercy provides access to care within its capacity, without regard to race, color, creed, national origin, diagnosis, age, sex, handicap or ability to pay.
  - Hospital administrative team members will collaborate with other community organizations to address the need for additional pharmacy services with the fairly recent closing of the retail pharmacies in two of the services area communities.

- Health-related education on a variety of topics.
  - Flat screen TV’s have been placed in the exam rooms in the clinics and hospital outpatient department to provide patient education and information about visiting specialists, community screenings and other health-related news.
  - Baum Harmon Mercy has a booth at the O’Brien County Fair each year with health and wellness education for adults and special programming for the 4 to 14 year old kids promoting bike safety and healthy lifestyles (good food choices, exercise, staying tobacco-free) with token prizes for answering health-related questions.
  - Baum Harmon Mercy, working in collaboration with another hospital and several organizations, offers a biannual End of Life conference.

**Commitment of Resources**

As this 2013 Community Needs Assessment Report is being written, Baum Harmon Mercy Hospital’s Board of Directors is in the process of revising and updating the Strategic Plan for the organization. Pillars of that plan are: People, Best People, Spiritual Workplace; Quality, Excellence in the Care Experience; Stewardship, Financial Accountability; Mission, Community Benefit Ministry; and Growth, Growth and Collaboration. As the plan continues to develop, there will be goals and action steps added to the five pillars to carry out the work associated with that pillar.
Annually in the budget process, Baum Harmon Mercy Hospital and Clinics make a commitment to services, personnel and facilities designed to meet the routine and emergency needs of the community for healthcare services.

Beyond this basic commitment to function as a hospital with primary care clinics, Baum Harmon Mercy makes financial and personnel commitment to:

- Support associates and administrative staff serving on local, regional and state level health-related boards and community service organizations as representatives of the hospital.
- To provide medical directors for local ambulance services and long-term care facilities as requested.
- To provide subsidized screening clinics—diabetes, cholesterol, prostate and vascular.
- To collaborate with other community organizations and units of government in emergency preparedness planning, exercise and education.
- To subsidize Kid's Kampus either directly or through assistance with grant writing and other fund-raisin activities.
- To subsidize the Fitness Center either directly or through assistance with administrative needs, monitoring of the center and supporting the employee-based Fitness Center Committee.
- To support community education and outreach activities with a part-time associate assignment and operating budget.
- To offer and provide financial assistance to eligible patients with meeting their healthcare payment obligations.

**Adoption of CHNA Report and Implementation Strategy by the Baum Harmon Board of Directors**

At the Board of Directors meeting on September 25, 2013, The Board adopted the Community Health Needs Assessment Report and Implementation Strategy by unanimous vote. The Report will be posted to the Baum Harmon Mercy Hospital website following approval and paper copies made available to anyone on request at the Business Office of Baum Harmon Mercy Hospital or any of the affiliated clinics.

**Signature and Date:**

David Liebsack, CEO, Baum Harmon Mercy Hospital  
9/25/13

Brian Monsma, VP Network Development, Mercy Medical Center, Sioux City, IA  
9/25/13

Martin Weber, Chairperson, Baum Harmon Mercy Hospital Board of Directors  
9/25/13