Boone County Hospital
Boone County, Iowa

2013 Community Health Needs Assessment and Implementation Plan

Adopted by Board Resolution (June 27, 2013)[1]

QHR | Consulting Services

[1] Response to Schedule H (Form 990) Part V B 2 and section 501(r)1

QHR | Consulting Services

Dear Community Resident:

Boone County Hospital (BCH) welcomes you to review this document as we strive to meet the health and medical needs in our community. All not-for-profit hospitals are required to develop this report in compliance with the Affordable Care Act.

The "2013 Community Health Needs Assessment" identifies local health and medical needs and provides a plan to indicate how BCH will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we at BCH, are meeting our obligations to efficiently deliver medical services.

BCH will conduct this effort at least once every three years. As you review this plan, please see if, in your opinion, we have identified the primary needs and if our intended response should make appropriate needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other organizations and agencies, can collaborate to bring the best each has to offer to address the more pressing, identified needs.

The report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit it provides in responding to documented community need. Footnotes are provided to answer specific tax form questions. For most purposes, they may be ignored. Of greater importance, however, is the potential for this report to guide our actions and the efforts of others to make needed health and medical improvements.

Please think about how to help us improve the health and medical services our area needs. I invite your response to this report. We all live and work in this community together and our collective efforts can make living here more enjoyable and healthier.

Thank You

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Table of Contents

EXECUTIVE SUMMARY

Executive Summary

Boone County Hospital (the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures the Hospital identifies and responds to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital[2]. Tax reporting citations in this report are superseded by the most recent 990 H filings made by the hospital.

In addition to completing a CHNA, and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care;
- Billing and collections; and
- Charges for medical care.

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury[3].

Project Objectives

The Hospital partnered with Quorum Health Resources (QHR) for the following[4]:

- Complete a CHNA report, compliant with Treasury – IRS;
- Provide the Hospital with information required to complete the IRS – 990h schedule; and
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response.

Brief Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 3 of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate without means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

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[2] Part 3 Treasury/IRS – 2011 – 52 Notice … Community Health Needs Assessment Requirements… and https://www.federalregister.gov/articles/2013/04/05/2013-07959/community-health-needs-assessments-for-charitable-hospitals

[3] As of the date of this report Notice of proposed rulemaking was published 6/26/2012 and available at http://federalregister.gov/a/2012-15537

[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Emergency room open to all, regardless of ability to pay;
- Surplus funds used to improve patient care, expand facilities, train, etc.;
- Controlled by independent civic leaders; and
- All available and qualified physicians are privileged.

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c) (3) hospital facility is required to conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations;
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment, and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources);
- Each hospital facility is required to make the assessment widely available and ideally downloadable from the hospital web site;
- Failure to complete a CHNA in any applicable three-year period results in a penalty to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four);
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties[5]; and

[5] Section 6652

- This report was developed under the guidance of IRS/Treasury 2011-52 as modified by the Draft Federal Regulations published in the April 5, 2013 Federal Register.

APPROACH

Approach

To complete a CHNA, the hospital must:

- Describe the processes and methods used to conduct the assessment;
  - Sources of data and dates retrieved;
  - Analytical methods applied;
  - Information gaps impacting ability to assess the needs; and
  - Identification of with whom the Hospital collaborated.
- The proposed regulations provide that a hospital facility's CHNA report will be considered to describe how the hospital facility took into account input if the CHNA report:
  1) Summarizes, in general terms, the input provided and how and over what time period such input was provided;
  2) Provides the names of organizations providing input and summarizes the nature and extent of the organization's input; and
  3) Describes the medically underserved, low income, or minority populations being represented by organizations or individuals providing input.
- Describe the process and criteria used in prioritizing health needs;
- Describe existing resources available to meet the community health needs; and
- Identify the programs and resources the hospital facility plans to commit to meeting each identified need, and the anticipated impact of those programs and resources on the health need.

QHR takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with local survey data, and resolve any data inconsistency or discrepancies from the combined opinions formed from local experts. We rely on secondary source data, and most secondary sources use the county as the smallest unit of analysis. We asked our local expert area residents to note if they perceived the problems or needs identified by secondary sources to exist in their portion of the county[6].

Most data used in the analysis is available from public internet sources. Critical data needed to address specific regulations or developed by the individuals cooperating with us in this study is displayed in the report of the appendix. Data sources include[7]:

[6] Response to Schedule H (Form 990) Part V B 1 i
[7] Response to Schedule H (Form 990) Part V B 1 d

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Boone County compared to all Iowa counties	April 18, 2013	2002 to 2010
www.communityhealth.hhs.gov	Assessment of health needs of Boone County compared to its national set of "peer counties"	April 18, 2013	1996 to 2009
Truven (formerly known as Thomson) Market Planner	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the contribution each group makes to the entire area; and, to access population size, trends, and socio-economic characteristics	April 16, 2013	2012
www.capc.org and www.getpalliativecare.org	To identify the availability of Palliative Care programs and services in the area	April 17, 2013	2012
www.caringinfo.org and iweb.nhpco.org	To identify the availability of hospice programs in the county	April 17, 2013	2012
www.healthmetricsandevaluation.org	To examine the prevalence of diabetic conditions and change in life expectancy	April 18, 2013	1989 through 2009
www.dataplace.org	To determine availability of specific health resources	April 18, 2013	2005
www.cdc.gov	To examine area trends for heart disease and stroke	April 17, 2013	2007 to 2009
www.CHNA.org	To identify potential needs among a variety of resource and health need metrics	April 16, 2013	2003 to 2010
www.datawarehouse.hrsa.gov	To identify applicable manpower shortage designations	April 18, 2013	2013

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	April 17,2013	2010 published 11/29/12

- In addition, we deployed a CHNA "Round 1" survey to our local expert advisors to gain local input as to local health needs and the needs of priority populations. Local expert advisors were local individuals selected to conform to the input required by the Federal guidelines and regulations[8];
- We received community input from 15 local expert advisors. Survey responses started Monday, April 1, 2013 and ended with the last response on Tuesday, April 30, 2013; and
- Information analysis augmented by local opinions showed how Boone County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on if they believe certain population groups (or people with certain situations) need help to improve their condition, and if so, who needs to do what[9].

When the analysis was complete, we put the information and summary conclusions before our local group of experts[10], who were asked to agree or disagree with the summary conclusions. They were free to augment potential conclusions with additional statements of need; no new needs emerged from this exchange[11]. Consultation with 14 local experts occurred again via an internet-based survey (explained below) during the period beginning Monday, May 1, 2013 and ending Wednesday, May 13, 2013.

With the prior steps identifying potential community needs, the local experts participated in a structured communication technique called a Delphi method, originally developed as a systematic, interactive forecasting method that relies on a panel of experts. Experts answer questionnaires in a series of rounds. We contemplated and implemented one round as referenced during the above dates. After each round, we provided an anonymous summary of the experts' forecasts from the previous round, as well as reasons provided for their judgments. The process encouraged experts to revise their earlier answers in light of the replies of other members of their panel. Typically, this process decreases the range of answers and moves the expert opinions toward a consensus "correct" answer. The process stops when we identify the most pressing, highest priority, community needs.

In the Hospital process, each local expert allocated 100 points among all identified needs, having the opportunity to introduce needs previously unidentified and challenge conclusions developed from

[8] Response to Schedule H (Form 990) Part V B 1 h; complies with 501(r)(3)(B)(i)
[9] Response to Schedule H (Form 990) Part V B 1 f
[10] Part response to Schedule H (Form 990) Part V B 3
[11] Response to Schedule H (Form 990) Part V B 1 e

the data analysis. A rank order of priorities emerged, with some needs receiving none or virtually no support, and other needs receiving identical point allocations.

We dichotomized the rank order into two groups: high priority needs and low priority needs. The determination of the break point – high as opposed to low – was a qualitative interpretation by QHR and the Hospital executive team, where a reasonable break point in rank occurred, indicated by the amount of points each potential need received and the number of local experts allocating any points to the need. When presented to the Hospital executive team, the divided need rank order identified which needs the Hospital considered high responsibility to respond vs. low responsibility to respond. The result provided a matrix of needs and guided the Hospital in developing its implementation response[12].

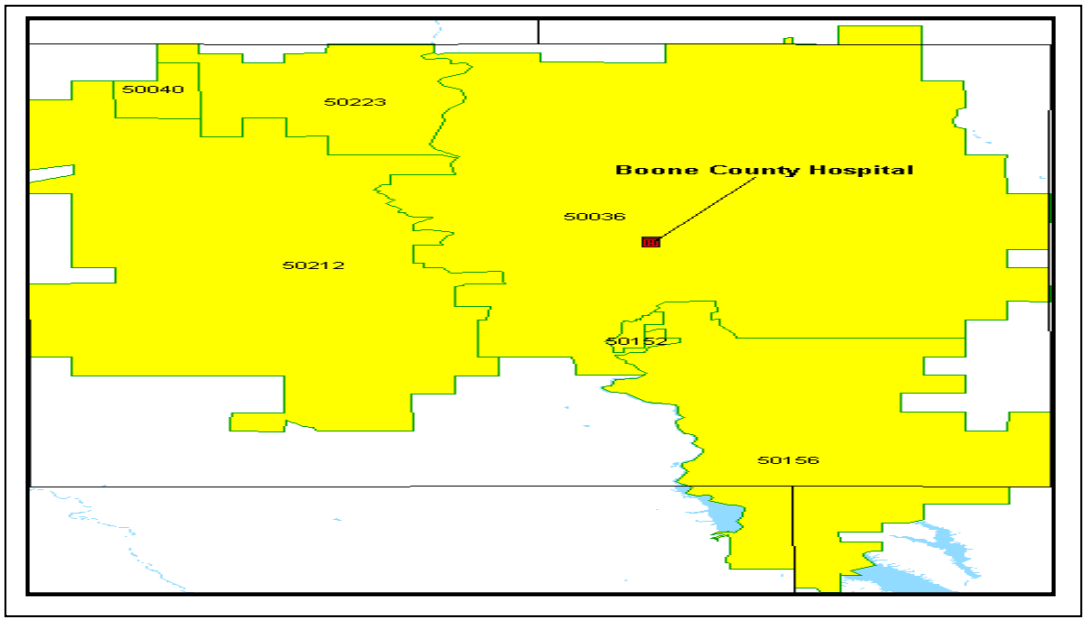
The proposed regulations provide that, in order to assess the community it serves, a hospital facility must identify significant health needs of the community, prioritize them, and then identify potential measures and resources available to address them, such as programs, organizations, and facilities in the community[13]. The proposed regulations clarify a CHNA need only identify significant health needs, and need only prioritize, and otherwise assess, those significant identified health needs. A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves[14]. By definition, the high priority needs are deemed "significant" needs as defined by the regulations.

[12] Response to Schedule H (Form 990) Part V Section B 6 g, h and Part V B 1 g
[13] Draft regulations page 30
[14] Draft regulations page 32

FINDINGS

Findings

Definition of Area Served by the Hospital Facility[15]



The Hospital, in conjunction with QHR, defines its service area as Boone County in Iowa, which includes the following ZIP codes:

50036 – Boone	50156 – Madrid
50040 – Boxholm	50212 – Ogden
50152 – Luther	50223 – Pilot Mound

In 2011, the Hospital received 86.1% of its patients from this area[16].

Demographic of the Community[17]

The 2012 population for Boone County is estimated to be 24,700[18] and expected to increase at a rate of 0.5%. This is in contrast to the 3.9% national rate of growth and the Iowa growth rate of 2.2%. Boone County anticipates a population of 24,834 by 2017.

According to the population estimates utilized by Truven, provided by The Nielsen Company, the 2012 median age for the service area is 40.1 years, which is older than the State median age (38.1 years), and the national median age (36.8 years). The 2012 Median Household Income for the area is $47,382, which is higher than the State median income of $46,817 but lower than the national median income of $49,559. Median Household Wealth value is above both the National and the State values. However, Median Home Values are lower than both the State and National values.

[15] Responds to IRS Form 990 (h) Part V B 1 a
[16] Truven MEDPAR patient origin data for the hospital; Responds to IRS Form 990 (h) Part V B 1 a
[17] Responds to IRS Form 990 (h) Part V B 1 b
[18] All population information, unless otherwise cited, sourced from Truven (formally Thomson) Market Planner

Boone's unemployment rate as of December 2012 was 4.3%[19], which is better than the 5.0% statewide and the national civilian unemployment rates.

The portion of the population in the county over 65 is 15.2%, slightly above the State average. The portion of the population of women of childbearing age is 18.4%, below the State (19.1%) and national average (20.1%). Ninety-six percent of the population is White non-Hispanic and 0.6% is Black non-Hispanic. The Hispanic population comprises 1.9% of the total.

Demographics Expert 2.7
2012 Demographic Snapshot
Area: Boone County, IA
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA
2000 Total Population	24,513	281,421,906
2012 Total Population	24,700	313,095,504
2017 Total Population	24,834	325,256,835
% Change 2012 - 2017	0.5%	3.9%
Average Household Income	$56,921	$67,315

	2012	2017	% Change
Total Male Population	12,143	12,214	0.6%
Total Female Population	12,557	12,620	0.5%
Females, Child Bearing Age (15-44)	4,536	4,452	-1.9%

POPULATION DISTRIBUTION

	Age Distribution				
Age Group	2012	% of Total	2017	% of Total	USA 2012 % of Total
0-14	4,773	19.3%	4,683	18.9%	20.2%
15-17	1,001	4.1%	980	3.9%	4.3%
18-24	1,927	7.8%	2,189	8.8%	9.7%
25-34	3,187	12.9%	2,979	12.0%	13.5%
35-54	6,881	27.9%	6,329	25.5%	28.1%
55-64	3,166	12.8%	3,567	14.4%	11.4%
65+	3,765	15.2%	4,107	16.5%	12.9%
Total	24,700	100.0%	24,834	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2012 Household Income	HH Count	% of Total	USA % of Total
<$15K	1,146	11.2%	13.0%
$15-25K	1,149	11.2%	10.8%
$25-50K	3,159	30.8%	26.7%
$50-75K	2,504	24.4%	19.5%
$75-100K	1,229	12.0%	11.9%
Over $100K	1,068	10.4%	18.2%
Total	10,255	100.0%	100.0%

EDUCATION LEVEL

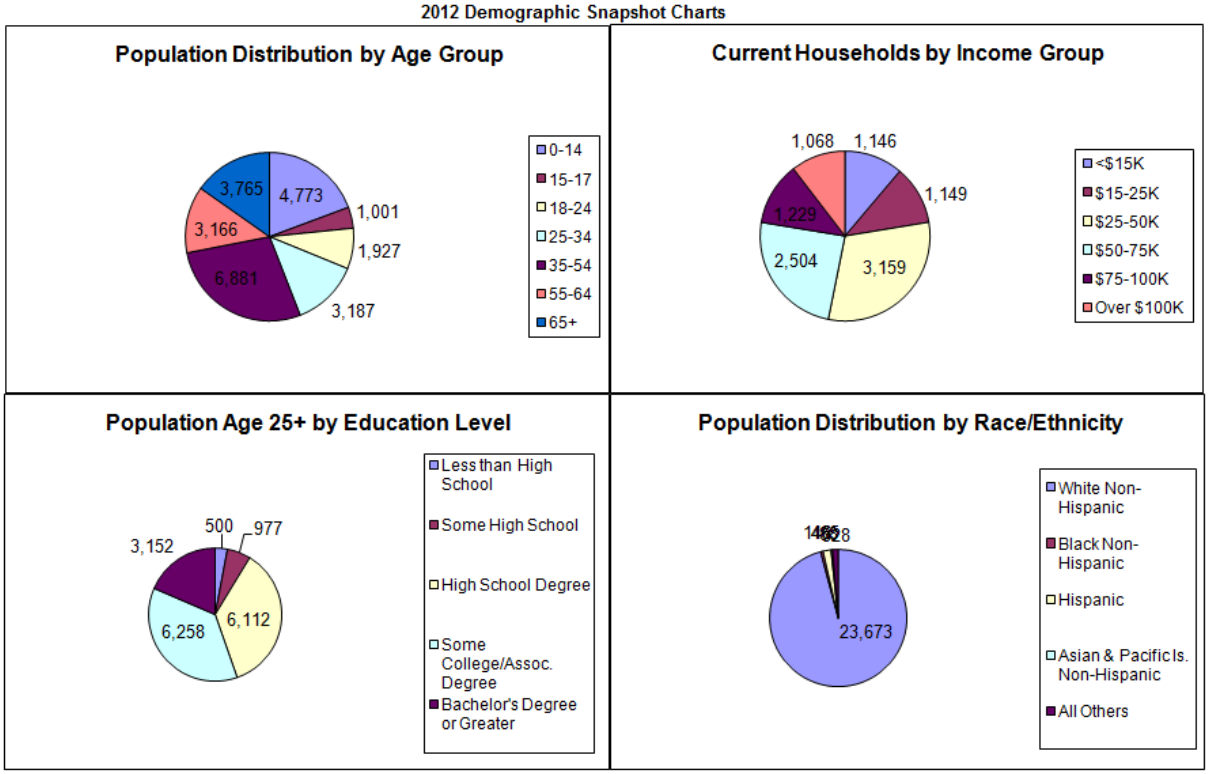
	Education Level Distribution		
2012 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	500	2.9%	6.3%
Some High School	977	5.7%	8.6%
High School Degree	6,112	36.0%	28.7%
Some College/Assoc. Degree	6,258	36.8%	28.5%
Bachelor's Degree or Greater	3,152	18.5%	27.8%
Total	16,999	100.0%	100.0%

RACE/ETHNICITY

	Race/Ethnicity Distribution		
Race/Ethnicity	2012 Pop	% of Total	USA % of Total
White Non-Hispanic	23,673	95.8%	62.8%
Black Non-Hispanic	146	0.6%	12.3%
Hispanic	465	1.9%	17.0%
Asian & Pacific Is. Non-Hispanic	88	0.4%	5.0%
All Others	328	1.3%	2.9%
Total	24,700	100.0%	100.0%

[19]http://research.stlouisfed.org/fred2/series/IABOON5URN; http://research.stlouisfed.org/fred2/series/IAUR; http://research.stlouisfed.org/fred2/series/UNRATE

2012 Demographic Snapshot Charts



2012 Benchmarks
Area: Boone County, IA
Level of Geography: ZIP Code

Area	2012-2017 % Population Change	Median Age	Population 65+ % of Total Population	Population 65+ % Change 2012-2017	Females 15-44 % of Total Population	Females 15-44 % Change 2012-2017	Median Household Income	Median Household Wealth	Median Home Value
USA	3.9%	36.8	12.9%	15.5%	20.1%	-0.9%	$49,559	$54,682	$167,021
Iowa	2.2%	38.1	14.7%	10.9%	19.1%	-0.8%	$46,817	$65,541	$119,523
Selected Area	0.5%	40.1	15.2%	9.1%	18.4%	-1.9%	$47,382	$68,319	$114,365

Demographics Expert 2.7
DEMO0003.SQP

The population also was examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group, based on annual survey data, is documented as exhibiting specific health behaviors. The makeup of the service area, according to the mix of Prizm segments and its characteristics, is contrasted to the national population averages to discern the following table of probable lifestyle and medical conditions present in the population. Items with red text are viewed as statistically important, potentially adverse findings. Items with blue text are viewed as statistically important, potential beneficial findings. Items with black text are viewed as either not statistically different from the national normal situation, or not considered either favorable or unfavorable in our use of the information.

Healthcare Demand and Utilization

Health Service Topic	Demand as % of National	% of Population Effected
Weight / Lifestyle		
BMI: Morbid/Obese	107.4%	27.4%
Vigorous Exercise	98.9%	50.3%
Chronic Diabetes	99.0%	10.3%
Healthy Eating Habits	94.4%	28.0%
Very Unhealthy Eating Habits	100.0%	2.7%
Behavior		
I Will Travel to Obtain Medical Care	99.0%	31.8%
I Follow Treatment Recommendations	95.6%	38.6%
I am Responsible for My Health	95.0%	59.9%
Pulmonary		
Chronic COPD	113.7%	5.9%
Tobacco Use: Cigarettes	110.2%	28.6%
Chronic Allergies	103.1%	22.0%
Cancer		
Mammography in Past Yr	98.5%	44.7%
Cancer Screen: Colorectal 2 yr	98.8%	24.5%
Cancer Screen: Pap/Cerv Test 2 yr	94.9%	57.2%
Routine Screen: Prostate 2 yr	100.4%	32.0%
Orthopedic		
Chronic Lower Back Pain	98.7%	22.3%
Chronic Osteoporosis	98.6%	9.6%

Health Service Topic	Demand as % of National	% of Population Effected
Heart		
Routine Screen: Cardiac Stress 2yr	90.0%	14.0%
Chronic High Cholesterol	95.7%	21.3%
Routine Cholesterol Screening	99.5%	50.6%
Chronic High Blood Pressure	110.0%	28.9%
Chronic Heart Disease	110.7%	9.2%
Routine Services		
FP/GP: 1+ Visit	102.8%	90.7%
Used Midlevel in last 6 Months	103.5%	43.9%
OB/Gyn 1+ Visit	92.7%	42.6%
Ambulatory Surgery last 12 Months	102.3%	19.7%
Internet Usage		
Use Internet to Talk to MD	74.5%	10.8%
Facebook Opinions	90.5%	9.3%
Looked for Provider Rating	88.7%	12.7%
Misc		
Charitable Contrib: Hosp/Hosp Sys	98.1%	23.4%
Charitable Contrib: Other Health Org	98.5%	38.5%
HSA/FSA: Employer Offers	101.4%	52.0%
Emergency Service		
Emergency Room Use	99.8%	33.9%
Urgent Care Use	96.1%	22.7%

Leading Causes of Death

Cause of Death			Rank among all counties in IA	Rate of Death per 100,000 age adjusted		
IA Rank	Boone Co. Rank	Condition	(#1 rank = worst in state)	IA	Boone Co.	Observation
1	1	Heart Disease	25 of 99	175.9	208.4	As expected
2,8,11,12,20,27, 28,29,30,31,32, 34,37,44	2	Cancer	31 of 99	172.4	190.8	As expected
4	3	Stroke	36 of 99	41.0	49.0	As expected
14,15,24	4	Accidents	31 of 99	37.1	44.0	As expected
2	5	Lung	40 of 99	49.1	43.6	As expected
10	6	Flu - Pneumonia	24 of 99	16.5	26.6	Higher than expected
7	7	Diabetes	34 of 99	18.9	23.2	As expected
5	8	Alzheimers	50 of 99	29.5	22.4	As expected
17	9	Kidney	10 of 97	7.6	9.9	Lower than expected
16	10	Suicide	72 of 99	11.9	9.1	As expected
22	11	Liver	16 of 98	7.6	8.0	As expected
25	12	Blood Poisoning	31 of 98	6.4	7.1	Lower than expected
18	13	Parkinsons	42 of 98	8.0	7.0	As expected
9	14	Hypertension	84 of 97	7.2	3.8	Lower than expected
Not Ranked	15	Homicide	54 of 62	1.5	0.8	Lower than expected

Primary and Chronic Disease Needs and Health Issues of Uninsured Persons, Low-Income Persons, and Minority Groups

Some information is available to describe the size and composition of various uninsured persons, low income persons, minority groups, and other vulnerable population segments. Specific studies identifying needs of such groups, distinct from the general population at a county unit of analysis, are not readily available from secondary sources.

The National Healthcare Disparities Report results from a Congressional directive to the Agency for Healthcare Research and Quality (AHRQ). This production is an annual report to track disparities related to "racial factors and socioeconomic factors in priority populations." The emphasis is on disparities related to race, ethnicity, and socioeconomic status. The directive includes a charge to examine disparities in "priority populations," which are groups with unique healthcare needs or issues that require special attention[20].

Nationally, this report observes the following trends:

- Measures for which Blacks were worse than Whites and are getting better:
  - Diabetes – Hospital admissions for short-term complications of diabetes per 100,000 population;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over; and
  - Functional Status Preservation and Rehabilitation. Female Medicare beneficiaries age 65 and over, who reported ever being screened for osteoporosis with a bone mass or bone density measurement.
- Measures for which Blacks were worse than Whites and staying the same:
  - Cancer – Breast cancer diagnosed at advanced stage per 100,000 women age 40 and over ; breast cancer deaths per 100,000 female population per year; adults age 50 and over who ever received colorectal cancer screening; colorectal cancer diagnosed at advanced stage per 100,000 population age 50 and over; colorectal cancer deaths per 100,000 population per year;
  - Diabetes – Hospital admissions for lower extremity amputations per 1,000 population age 18 and over with diabetes;
  - Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year; Children ages 19-35 months who received all recommended vaccines;
  - Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months; people age 12 and over treated for substance abuse who completed treatment course;

[20] http://www.ahrq.gov/qual/nhdr10/Chap10.htm 2010

  - Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;
  - Supportive and Palliative Care – High-risk long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;
  - Timeliness – Adults who needed immediate care for an illness, injury, or condition in the last 12 months, who received care as soon as they wanted; emergency department visits where patients left without being seen; and
  - Access – People with a usual primary care provider; people with a specific source of ongoing care.

- Measures for which Asians were worse than Whites and getting better:
  - Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
  - Patient Safety – Adult surgery patients who received appropriate timing of antibiotics.
- Measures for which Asians were worse than Whites and staying the same:
  - Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care; and
  - Access – People with a usual primary care provider.
- Measures for which American Indians and Alaska Natives were worse than Whites for the most recent year and staying the same:
  - Heart Disease – Hospital patients with heart failure who received recommended hospital care;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;
  - Respiratory Diseases – Hospital patients with pneumonia who received recommended hospital care;
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement;
  - Supportive and Palliative Care – Hospice patients who received the right amount of medicine for pain; high-risk, long-stay nursing home residents with pressure sores; adult home healthcare patients who were admitted to the hospital; and

  - Access – People under age 65 with health insurance.

- Measures for which American Indians and Alaska Natives were worse than Whites for the most recent year and getting worse:
  - Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
  - Patient safety – Adult surgery patients who received appropriate timing of antibiotics.
- Measures for which Hispanics were worse than non-Hispanic Whites for the most recent year and getting better:
  - Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year;
  - Lifestyle Modification – Adult current smokers with a checkup in the last 12 months who received advice to quit smoking; adults with obesity who ever received advice from a health provider about healthy eating; and
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and staying the same:
  - Cancer – Women age 40 and over who received a mammogram in the last 2 years; adults age 50 and over who ever received colorectal cancer screening;
  - Diabetes – Adults age 40 and over with diagnosed diabetes who received all three recommended services for diabetes in the calendar year;
  - Heart Disease – Hospital patients with heart attack and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge; hospital patients with heart failure who received recommended hospital care;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;
  - Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months;
  - Respiratory Disease – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;
  - Lifestyle Modification – Adults with obesity who ever received advice from a health provider to exercise more;

  - Supportive and Palliative Care – Long-stay nursing home residents with physical restraints; high-risk, long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;
  - Patient Safety – Adult surgery patients who received appropriate timing of antibiotics;
  - Timeliness – Adults who needed care right away for an illness, injury, or condition in the last 12 months and got care as soon as wanted;
  - Patient Centeredness – Adults with ambulatory visits who reported poor communication with health providers; children with ambulatory visits who reported poor communication with health providers; and
  - Access – People under age 65 with health insurance; people under age 65 who were uninsured all year; people with a specific source of ongoing care; people with a usual primary care provider; people unable to get or delayed in getting needed care due to financial or insurance reasons

- Measures for which Hispanics were worse than non-Hispanic Whites for the most recent year and getting worse:
  - Maternal and Child Health – Children ages 3-6 who ever had their vision checked by a health provider.

We asked a specific question to our local expert advisors about unique needs of priority populations. We reviewed their responses to identify if any of the above trends were obvious in the service area. Accordingly, we place great reliance on the commentary received to identify unique population needs to which we should respond. Specific opinions from the local expert advisors are summarized as follows[21]:

- Affordable community health care treatment resources;
- Mental health and substance abuse services and coordinated care;
- Eldercare including psychiatric such as dementia;
- Dental care and preventative services; and
- Diabetes care and education and need for local dialysis services.

[21] All comments and the analytical framework behind developing this summary appear in Appendix A.

Statistical information about special populations follows:

Access to Care: Boone County, IA

In addition to use of services, access to care may be characterized by medical care coverage and service availability

Uninsured individuals (age under 65)[1]	**2,074**
Medicare beneficiaries[2]	
Elderly (Age 65+)	**4,178**
Disabled	**699**
Medicaid beneficiaries[2]	**3,281**
Primary care physicians per 100,000 pop[2]	**38.0**
Dentists per 100,000 pop[2]	**30.4**
Community/Migrant Health Centers[3]	**No**
Health Professional Shortage Area[3]	**No**

nda No data available.

[1] The Census Bureau. Small Area Health Insurance Estimates Program, 2006.
[2] HRSA. Area Resource File, 2008.
[3] HRSA. Geospatial Data Warehouse, 2009.

Vulnerable Populations: Boone County, IA

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management.

Vulnerable Populations Include People Who[1]	
Have no high school diploma (among adults age 25 and older)	**2,013**
Are unemployed	**556**
Are severely work disabled	**485**
Have major depression	**1,541**
Are recent drug users (within past month)	**1,119**

nda No data available.

[1] The most current estimates of prevalence, obtained from various sources (see the Data Sources, Definitions, and Notes for details), were applied to 2008 mid-year county population figures.

Findings

Upon completion of the CHNA, QHR identified several issues within the Hospital community:

Conclusions from Public Input to Community Health Needs Assessment

15 area residents participated in a survey asking opinions about their perception of local healthcare needs. Responses were first obtained to the question: "What do you believe to be the most important health or medical issue confronting the residents of your County?"In summary, we received the following commentary regarding the more important health or medical issues

- Lack of health care insurance or the affordability of care;
- Lack of access to mental health/substance abuse treatment resources;
- Obesity/Unhealthy Lifestyles and related issues such as Diabetes and Heart Disease;

- Having to travel out of town for specialty services; and
- Lack of Care Coordination among community providers.

Responses were then obtained to the question: "Do you perceive there are any primary and/or chronic disease needs, as well as potential health issues, of uninsured persons, low-income persons, minority groups and/or other population groups (i.e. people with certain situations) which need help or assistance in order to improve? If you believe any situation as described exists, please also indicate who you think needs to do what?" In summary, we received the following commentary regarding the more important health or medical issues:

- Affordable community health care treatment resources;
- Mental health and substance abuse services and coordinated care;
- Eldercare including psychiatric such as dementia;
- Dental care and preventative services; and
- Diabetes care and education and need for local dialysis services.

In descending order of opinion, four topics were identified as being of "Major Concern" or "Most Important Issue to Resolve":

- Affordability & Access – 53% listed as a major concern;
- Mental Health/Suicide – 53% listed as a major concern;
- Obesity – 27% listed as a major concern; and
- Diabetes – 20% listed as a major concern.

Summary of Observations from Boone County Compared to All Other Iowa Counties, in Terms of Community Health Needs

- In general, Boone County residents are at below average health for the State;
- In a health status classification termed "Health Outcomes," County ranks number 63 among the 99 ranked counties (best being #1). On the beneficial side of the ledger, low birth weight births among County mothers are 5.8%, a value below the state average and the national goal. Premature Death rate (death prior to age 75) in Boone County is statistically above the state and national. Self-reported health status measures show County residents poorer performing than both the Iowa average and the national goal for virtually all;
- In another health status classification "Health Factors," Boone County fares a little better, ranking 42th among the 99 counties. Health Behavior measures appear to have the greatest impact ranking 88 out of 99 in the State. Conditions where improvement remains to achieving state average rates and then national goals include:

- Adult Smoking;
- Obesity;
- Physical Inactivity;
- Excessive Drinking;
- Motor Vehicle Accidents;
- Primary Care Physicians needed; and
- Dentists needed.

Summary of Observations from Boone County Peer Comparisons

The federal government administers a process to allocate all counties into "peer" groups. County "peer" groups have similar social, economic, and demographic characteristics. Health and wellness observations when Boone County is compared to its national set of peer counties and compared to national rates make the following observations:

UNFAVORABLE – observations occurring at rates worse than national AND worse than among peers:

- CORONARY HEART DISEASE.

SOMEWHAT A CONCERN – observations because occurrence is above national average BUT within peer group average:

- NEONATAL INFANT MORTALITY;
- LUNG CANCER;
- STROKE;
- SUICIDE; and
- MOTOR VEHICLE INJURIES.

BETTER PERFORMANCE – better than peers and national rates OR better than national rates and within range of peers:

- LOW BIRTH WEIGHT (<2500g);
- VERY LOW BIRTH WEIGHT (<1500g);
- PREMATURE BIRTHS (<37 WEEKS);
- BIRTHS TO WOMEN UNDER 18;
- BIRTHS TO UNMARRIED WOMEN;

- BIRTHS TO WOMEN AGE 40-54;
- NO CARE IN FIRST TRIMESTER;
- INFANT MORTALITY;
- WHITE NON-HISPANIC INFANT MORTALITY;
- POST NEONATAL INFANT MORTALITY;
- BREAST CANCER;
- COLON CANCER; and
- UNINTENTIONAL INJURY.

Conclusions from the Demographic Analysis Comparing Boone County to National Averages

Boone County in 2012 comprises 24,700 residents. During the next five years, it is expected to see a population increase of 0.5% to achieve 24,834 residents. This growth is significantly less than projected state (2.2%) and national (3.9%) growth. The population is older and has a higher median household wealth than the state or national comparisons. 15.2% of the population is age 65 or older, a higher percentage than Iowa at 14.7%; non-Hispanics constitute 98.1% of the population; Blacks comprise 0.6% of the population; Whites 95.8%. Females ages 14 to 44 comprise 18.4% of the population, lower than the percentage in IA (19.1%) or the nation (20.1%).

The following areas were identified comparing the county to national averages. Metrics impacting more than 25% of the population and that are statistically significantly different from the national average:

- Obtained a Pap/Cervix test in last 2 years – 5.1% below average impacting 57.2% of the population (undesirable);
- Visit to OB/GYN – 7.3% below average impacting 42.6% of the population (undesirable);
- Chronic high blood pressure – 10.0% above average impacting 28.9% of the population (undesirable);
- Use Cigarettes – 10.2% above average impacting 28.6% of the population (undesirable);
- Have healthy eating habits 5.6% below average impacting 28.0% of the population (undesirable); and
- BMI = Morbid Obesity – 7.4% above average impacting 27.4% of the population (undesirable).

The following areas were identified comparing the county to national averages. Metrics impacting less than 25% of the population and that are statistically significantly different from the national average:

- Obtained a routine cardiac screening test in the last two years – 10% below average impacting 14% of the population (undesirable);
- Chronic heart disease – 10.7% above average impacting 9.2% of the population (undesirable); and
- Chronic Obstructionary Pulmonary Disease COPD – 13.7% above average impacting 5.9% of the population (undesirable).

Key Conclusions from Consideration of the Other Statistical Data Examinations

Additional observations of Boone County found:

- Palliative Care programs (programs focused not on curative actions but designed to relieve disease symptoms pain and stress arising from serious illness) do exist in the county; and
- A Hospice does not exist in the county.

Ranking the causes of death in County finds the leading causes to be the following (in descending order of occurrence):

1. Heart Disease – 208.4 (rate per 100,000) – County ranks #25 out of 99 (#1 rank = worst), higher than Iowa average;
2. Cancer – 190.8 (rate per 100,000) – County ranks #31 out of 99 in IA, above IA average;
3. Stroke – 49.0 (rate per 100,000) – County ranks #36 out of 99, above IA average;
4. Accidents – 44.0 (rate per 100,000) – County ranks #31 out of 99, above IA average;
5. Lung – 43.6 (rate per 100,000) – County ranks #40 out of 99, below IA average;
6. Flu – 26.6 (rate per 100,000) – significantly higher than expected, County ranks #24 out of 99, above IA average;
7. Diabetes – 23.2 (rate per 100,000) – County ranks #34 out of 99, above IA average;
8. Alzheimer's – 22.4(rate per 100,000) – County ranks #50 out of 99, below IA average;
9. Kidney – 9.9(rate per 100,000) – County ranks #10 out of 99), lower than expected, above IA average; and
10. Suicide – 9.1(rate per 100,000) – County ranks #72 out of 99, below IA average.

- Life expectancy for Boone males in 1989 was 73.6 years, improving in 2009 to 76.1 years. Life expectancy for County females in 1989 was 79.7 years, improving in 2009 to 81.4 years.

Existing Health Care Facilities, Resources and Implementation Plan

Significant Health Needs

We used the priority ranking of area health needs by the local expert advisors to organize the search for locally available resources as well as the response to the needs by Boone County Hospital[22]. The following list includes:

- Identifies the rank order of each identified Significant Need;
- Presents the factors considered in developing the ranking;
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term;
- Identifies The Hospital's current efforts responding to the need;
- Establishes the Implementation Plan programs and resources The Hospital will devote to attempt to achieve improvements;
- Documents the Leading Indicators The Hospital will use to measure progress;
- Presents the Lagging Indicators The Hospital believes the Leading Indicators will influence in a positive fashion; and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, Boone County Hospital is the major hospital in the service area. Boone County Hospital is a 25 bed, critical access community hospital located in Boone County, IA. The next closest facilities are outside the service area and include:

- Mary Greeley Medical Center – 220 bed community hospital in Ames, IA; 15 miles from Boone County (20 minutes);
- Story County Medical Center – 102 bed community hospital in Nevada, IA; 25 miles from Boone County (30 minutes);
- Woodward Resource Center – 202 bed psychiatric hospital in Woodward, IA; 25 miles from Boone County (30 minutes);
- Greene County Medical Center – 25 bed critical access hospital in Jefferson, IA; 28 miles from Boone County (34 minutes);
- Hamilton Hospital – 25 bed critical access hospital in Webster, IA; 30 miles from Boone County (40 minutes);

[22] Response to IRS Form 990 h Part V B 1 c

- Iowa Lutheran Hospital – 224 bed community hospital in Des Moines, IA; 50 miles from Boone County (60 minutes);
- Iowa Methodist Medical Center – 370 bed community hospital in Des Moines, IA; 50 miles from Boone County (60 minutes);
- Mercy Medical Center – 802 bed tertiary hospital in Des Moines, IA; 50 miles from Boone County (60 minutes);
- VA Central Iowa Healthcare System – 226 bed veteran hospital in Des Moines, IA; 50 miles from Boone County (60 minutes);
- Marshalltown Medical and Surgical Center – 125 bed community hospital in Marshalltown, IA; 51 miles from Boone County (60 minutes);
- Trinity Regional Medical Center – 200 bed community hospital in Fort Dodge, IA; 51 miles from Boone County (60 minutes);
- Methodist West Hospital – 95 bed community hospital in West Des Moines, IA; 52 miles from Boone County (60 minutes); and
- St. Anthony Regional Hospital – 178 bed community hospital in Carroll, IA; 53 miles from Boone County (60 minutes).

All data items analyzed to determine significant needs are "Lagging Indicators", measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast the Hospital's Implementation Plan utilizes "Leading Indicators". Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application Leading Indicators also must be within the ability of the hospital to influence and measure.

Significant Needs

1. Affordability – 53.3% survey participants consider cost a barrier to care access; 33.3% cost of medicine a concern; 26.6% financial problem accessing mental health service.

Problem Statement: Efforts need to be devoted to achieve enhanced availability of affordable medical and wellness services.

Boone County Hospital's services available to respond to this need include:

- Boone County Hospital, 1015 Union St., Boone, IA 50036, 515-432-3140, provides significant discounts for basic lab panel and uninsured patients, as well as free blood pressure screenings and $25 annual physicals for students;

- The Hospital also has a grant for early detection Mammograms and Pap Smears for low income and uninsured community residents;
- The Hospital support the local Free Clinic through 4-6 hours per week of coordinator services, free radiology and lab for certain patients and subsidized pharmacy programs;
- The Hospital also provides space to the Free OB/GYN Teen Clinic; and
- The Hospital works closely with the Iowa Hospital Association at both the State and Federal level to advocate for expanded Medicaid and Insurance coverage.

Boone County Hospital Implementation Plan programmatic initiatives[23]:

- Continue to provide the above services;
- Develop a public awareness program for discounted hospital services and low cost options – utilize hospital community newsletter;
- Continue to develop financial counselor and case manager roles to screen patients to see if they qualify for Medicaid and other funded programs; and
- Implement Meaningful Use patient portal by Q1 2014.

Anticipated results from Boone County Hospital Implementation Plan:

- The focus of the implementation plan is to increase awareness of low cost and free healthcare options and services in the community.

Leading Indicator Boone County Hospital will use to measure progress:

- The number of patients utilizing discounted lab panel = 1,553; and
- The number of patients utilizing the Free Clinic = 350.

Lagging Indicator Boone County Hospital will use to identify improvement:

- 2013 Health Outcome and Factors (Boone County) – Percent Uninsured = 9%.

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:
Free Clinic of Boone County, 703 Arden Street, Boone, Iowa 50036, 515-954-7508
Department of Human Services, 126 S. Kellogg St., Ames IA, 515-292-2085

[23] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 6. a. and 6. b.

2. Mental Health/Suicide – Suicide #10 cause of death; Poor Mental Health Days is higher than IA and national average; 53.3% survey report substance abuse or other mental health concern.

Problem Statement: Access to mental health and suicide prevention resources needs to increase.

BOONE COUNTY HOSPITALS SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Boone County Hospital, 1015 Union St., Boone, IA 50036, 515-432-3140, provides an emergency room for crisis management; and
- The Hospital recently met with community mental health resources to look at opportunities to improve access.

BOONE COUNTY HOSPITAL IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Investigate the addition of an outpatient geropsych program;
- Take lead in developing a community task force that meets regularly to address access issues;
- Continue to advocate for expanded Medicaid coverage and Mental Health redesign in Iowa; and
- Investigate adding a psychiatric specialist to outreach program in specialty clinic.

ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS:

- The focus of the implementation plan is to improve access to mental health services in the community.

LEADING INDICATOR BOONE COUNTY HOSPITAL WILL USE TO MEASURE PROGRESS:

- The number of ER patients in mental health crisis = 217.

LAGGING INDICATOR BOONE COUNTY HOSPITAL WILL USE TO IDENTIFY IMPROVEMENT:

- Boone County – 2013 Suicide Death Rate per 100,000 = 9.1

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Genesis Development, 915 W 5th St Boone, IA 50036, 515-432-7288
Richmond Center, 806 7th St Boone, IA 50036, 515-232-5811
Youth and Shelter Services, 420 Kellogg Street, Ames, IA, 50010, 515-233-3141
The Wellness Connection, 416 Douglas Ave., Ames, IA 50010, 402-875-5515

3. Obesity – Rate well above IA average and national goal; PHYSICAL ACTIVITY level above IA average and national goal; ACCESS TO HEALTH FOODS and RATIO of FAST FOODS to ALL RESTAURANTS better than IA average, but above national goals; HEALTHY EATING above average 28.7% population; VERY UNHEALTHY EATING HABIT average 2.7% of population; 27% of survey respondents mention obesity as a problem.

Problem Statement: Additional obesity reduction efforts, including an emphasis on health eating are needed.

BOONE COUNTY HOSPITALS SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Boone County Hospital, 1015 Union St., Boone, IA 50036, 515-432-3140, provides numerous healthy lifestyle programs for their employees including a free. 24/7 fitness center on site, a rewards program for adopting health lifestyle changes, free smoking cessation and informative articles in the newsletter. The Hospital offer Healthy Lifestyle Lunch and Learns to the community 4-5 times per year; and
- The Hospital participates in a grant for working with the local schools to increase student physical activity.

BOONE COUNTY HOSPITAL IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continue services listed above;
- Implement Meaningful Use Patient Portal by Q1 2014 and begin to track BMI and other health indicators;
- Investigate "Blue Zone" criteria and Healthy Iowa program for possible implementation at the Hospital;
- Work with other local community organizations and businesses to develop an educational series on healthy eating; and
- Take lead in creating a community task force to focus on obesity issue.

ANTICIPATED RESULTS FROM BOONE COUNTY HOSPITAL IMPLEMENTATION PLAN:

- The focus of the implementation plan is to encourage health lifestyles and decrease the level of obesity especially among employees.

LEADING INDICATOR BOONE COUNTY HOSPITAL WILL USE TO MEASURE PROGRESS:

- The number of patients participating in the Wellness Lab program = 1,553; and
- The number of employees participating in employee wellness offerings = 135.

LAGGING INDICATOR BOONE COUNTY HOSPITAL WILL USE TO IDENTIFY IMPROVEMENT:

- 2013 Health Outcomes and Factors (Boone County) – Adult Obesity = 34%; and
- 2013 Health Outcomes and Factors (Boone County) – Limited Access to Healthy Foods = 4%

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
YMCA– 1192, 166th Dr Suite 1, Boone, IA 50036, 515-433-5927
The Wellness Connection, 416 Douglas Ave., Ames, IA 50010, 402-875-5515

4. Coronary Heart Disease – #1 cause of death, significantly higher than IA average; unfavorable to national and peer averages; no stress test 14.0% of population; CHRONIC is 10.7% above average 9.2% of population; 2007 to 2009 trend above national average, significantly high among Blacks.

Problem Statement: Increase the use of preventative measures and diagnostic screening services to lower the incidence rate for heart disease.

BOONE COUNTY HOSPITAL SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Boone County Hospital, 1015 Union St., Boone, IA 50036, 515-432-3140, has radiologic and diagnostic technology to help identify heart disease at an earlier stage and treat it. This includes nuclear medicine, stress testing and wellness lab panel;
- The Hospital recently added a cardiology group to their outreach specialty clinic one day per week;
- The Hospital collaborates with Mercy Medical Center in the STEMI program which transfers patients for diagnosis to cath lab within 90 minutes; and
- The Hospital offers CPR classes and provides AEDs throughout the community through a grant.

BOONE COUNTY HOSPITAL IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continue services listed above;
- Install new CT scanner with cardiac scanning capability – virtual angiography;
- Investigate partnerships with Des Moines Hospitals for greater community outreach;
- Investigate "Blue Zone" criteria and Healthy Iowa program for possible implementation at the Hospital; and
- Take lead in creating a community task force to focus on obesity issue.

Anticipated results from Boone County Hospital Implementation Plan:

- The focus of the implementation plan is early detection of heart disease resulting from public/patient education. Early detection will lead to earlier intervention and better clinical outcome. It is not an unreasonable result of this implementation plan to observe an increase in disease as a result of increased awareness, but this should lead to lower death rates.

Leading Indicator Boone County Hospital will use to measure progress:

- 2012 – Cardiology Outreach Clinic Visits = 535.

Lagging Indicator Boone County Hospital will use to identify improvement:

- Boone County – 2012 Coronary Heart Disease Death Rate per 100,000 = 208.4.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
None

5. Compliance Behavior – 59.9% of pop NOT RESPONSIBLE FOR HEALTH; 57.2% no PAP/CERVIX TEST; 50.3% below VIGOROUS EXERCISE; 38.6% NOT FOLLOWING TREATMENT RECOMMENDATIONS.

Problem Statement: Increased educational programs to encourage and foster compliance.

Boone County Hospitals services available to respond to this need include:

- Boone County Hospital, 1015 Union St., Boone, IA 50036, 515-432-3140, provides nurse follow-up calls, well baby checks, Diabetes education and support groups, detailed discharge planning, new medication education and smoking cessation education for inpatients;
- The Hospital participates in the Wellmark COQ program which includes compliance behavior measurements;
- The Hospital recently developed a magnet to send home with patients that identifies when they need to be concerned about symptoms and when they need to contact someone; and
- The Hospital recently implemented a health coaching pilot in the outpatient clinic.

Boone County Hospital Implementation Plan programmatic initiatives:

- Continue services listed above;
- Expand health coaching in the outpatient clinic and possibly other areas of the Hospital;

- Implement Meaningful Use Patient Portal by Q1 2014 and improve access to prescriptions, the doctor and suggested health education opportunities;
- Pilot "Brown Bag Medication" program where a nurse reviews all medication ,over the counter drugs and supplements an individual is taking and assess their knowledge and provides education on what they are taking and appropriate use; and
- Assist medical staff members in understanding what low cost prescription programs are available to their patients.

Anticipated results from Implementation Plan of others

- The focus of this implementation plan is to provide education and awareness of disease/health and medication management for patients.

Leading Indicator Boone County Hospital will use to measure progress:

- 2012 Wellmark CoQ Primary Care Indicators:
  - Diabetes Outcome – Sugar Levels = Level not Met
  - Hypertension – Blood Pressure = Level not Met

Lagging Indicator Boone County Hospital will use to identify improvement

- 2012 Prizm Cluster for Boone County – I am responsible for my own health = 5% below average representing 59.9% of the population.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
None

6. Alcohol Abuse – It is indicated that 20% of the population drinks excessively which is the same as the state average but almost 3 times the national benchmark.

Problem Statement: Alcohol and substance abuse resources need to increase.

Boone County Hospitals services available to respond to this need include:

- Boone County Hospital, 1015 Union St., Boone, IA 50036, 515-432-3140, provides crisis management for patients presenting in the emergency room.

Boone County Hospital does not intend to develop an implementation plan for this need:

- Public health and health organizations, such as the Boone County Recovery Center and Youth and Shelter Services have programmatic responses to address this need, allowing Boone County Hospital resources to be devoted to address other needs;
- Responding to Alcohol Abuse is most effectively executed by direct patient physician interactions rather than application of institutional services; and
- Area physicians respond to this need.

ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS:

- Through active support of local physicians and community organizations that address this issue, will allow them strengthen and hopefully expand their programs and efforts.

LEADING INDICATOR BOONE COUNTY HOSPITAL WILL USE TO MEASURE PROGRESS:

- None

LAGGING INDICATOR BOONE COUNTY HOSPITAL WILL USE TO IDENTIFY IMPROVEMENT:

- 2013 Health Outcome and Factors (Boone County) – Excessive Drinking = 20%.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Youth and Shelter Services, 420 Kellogg Street, Ames, IA, 50010, 515-233-3141
Community and Family Resources, 823 Keeler St. Boone, IA 50036, 515-473-0800
Boone County Recovery Center, 1015 Union St, Boone, IA 50036, 515-432-1519

7. Dental – dentist to population ratio exceeds both the IA and national ratios indicating a significant need for dentists.

Problem Statement: Increase awareness of dental health and the availability of local diagnostic and treatment resources.

BOONE COUNTY HOSPITALS SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Boone County Hospital, 1015 Union St., Boone, IA 50036, 515-432-3140, provides oral care education to new mothers through "I Smile Iowa" program.

BOONE COUNTY HOSPITAL DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:

- There are seven area dentists who are currently responding to this need;

- Boone County Hospital does not have the expertise or financial resources to develop a dental program at this time; and
- It is not usually the purview of critical access hospital to provide dental services.

Anticipated results from Implementation Plan of others:

- Through active support of local physicians and community organizations that address this issue, will allow them strengthen and hopefully expand their programs and efforts.

Leading Indicator Boone County Hospital will use to measure progress:

- None.

Lagging Indicator Boone County Hospital will use to identify improvement:

- 2013 Health Outcome and Factors (Boone County) – Dentist to Population Ratio = 2,705:1.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
WIC, 226 S.E. 16th St, Ames, IA 50010, 515-232-9020
Robert Booth, DDS,1515 S. Marshall Street , Boone, IA 50036
Jaimee Mowrer, DDS, 703 8th Street, Boone, IA 50036
Rachel Reis, DDS, 227 S. State Street, Madrid, IA 50156
Jeffrey Gragg, DDS, 237 W. Mulberry, Ogden, IA 50212
Matthew Platt, DDS, 227 S. State Street, Madrid, IA 50156
Jon Sunstrom, DDS, 708 8th Street, Boone, IA 50036
Jennifer Grove, DDS, 227 S. State Street, Madrid, IA 50156

8. Healthy Food – Access is lower than IA average, but 4 times national benchmark.

Problem Statement: Since a lack of health eating is a precursor to several disease conditions, efforts need to be identified to improve health eating habits.

Boone County Hospitals services available to respond to this need include:

- Boone County Hospital, 1015 Union St., Boone, IA 50036, 515-432-3140, provides dietician services for some inpatients and the hospital cafeteria.

Boone County Hospital does not intend to develop an implementation plan for this need:

- Community organizations and local businesses, such as the Hy-Vee Grocery and Fareway Grocery, have programmatic responses to address this need, allowing Boone County Hospital resources to be devoted to address other needs; and
- Responding to Healthy Eating is most effectively executed by direct one on one counseling and education interactions rather than application of institutional services.

Anticipated results from Implementation Plan of others:

- Through active support of local community organizations and businesses that address this issue, will allow them strengthen and hopefully expand their programs and efforts.

Leading Indicator Boone County Hospital will use to measure progress:

- None.

Lagging Indicator Boone County Hospital will use to identify improvement:

- 2013 Health Outcomes and Factors (Boone County) – Limited Access to Healthy Foods = 4%.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Hy-Vee Grocery, 1111 8th Street, Boone, IA 50036, 515-432-6065
Fareway Grocery, 715 8th Street, Boone, Iowa 50036, , 515-432-2623
The Wellness Connection, 416 Douglas Ave., Ames, IA 50010, 402-875-5515

9. Preventable Hospitalizations – Rate above IA and national goal.

Problem Statement: Increased education and programs to support appropriate hospitalization.

Boone County Hospitals services available to respond to this need include:

- Boone County Hospital, 1015 Union St., Boone, IA 50036, 515-432-3140, provides nurse follow-up calls, detailed discharge planning, with magnets describing expected and problematic symptoms;
- The Hospital participates in the Wellmark COQ program which includes compliance behavior measurements;
- The medical staff reviews all re-admissions for appropriateness; and
- The Hospital provides homecare services.

Boone County Hospital Implementation Plan programmatic initiatives:

- Continue services listed above;
- Expand health coaching in the outpatient clinic and possibly other areas of the Hospital;
- Continue to work with and educate the medical staff on preventable hospitalizations and re-admissions; and
- Continue to improve one on one patient education on admission and discharge.

Anticipated results from Implementation Plan of others:

- The focus of this implementation plan is to reduce inappropriate hospitalizations and re-admissions.

Leading Indicator Boone County Hospital will use to measure progress:

- Re-admission rate = 6.61%.

Lagging Indicator Boone County Hospital will use to identify improvement:

- 2013 Health Outcomes and Factors (Boone County) – Preventable Hospital Stays = 64.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Boone County Medical Staff, 1015 Union St., Boone, IA 50036, 515-432-3140

10. Diabetes – #7 cause of death, higher than IA average; CHRONIC at national average for 10.3% of population.

Problem Statement: Diabetic education and treatment resources should be expanded to enhance education and continue to reduce the impact of the disease.

Boone County Hospital services available to respond to this need include:

- Boone County Hospital, 1015 Union St., Boone, IA 50036, 515-432-3140, provides a certified diabetic education program with a diabetic education nurse and dietician; and
- The Hospital holds regular Lunch and Learns on this topic, as well as "Empowering You" sessions.

Boone County Hospital Implementation Plan programmatic initiatives:

- Continue services listed above;
- Improve coordination between the hospital and the clinic to share expertise and programs;
- Expand awareness and coverage of diabetic education program;
- Expand availability of "Empowering You" session to increase convenience; and
- Create a diabetes support group.

Anticipated results from Boone County Hospital Implementation Plan:

- The focus of the implementation plan is to increase awareness and education of diabetes services and support available.

Leading Indicator Boone County Hospital will use to measure progress:

- The number of people attending diabetes education sessions = 126.

Lagging Indicator Boone County Hospital will use to identify improvement:

- Boone County – 2013 Diabetes Death Rate per 100,000 = 23.2.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
American Diabetes Association, 1701 N, Beauregard St., Alexandria, VA 22311, 800-342-2383

11. Smoking and Tobacco Use – Rate significantly above IA average and national goal; above average 28.6% of population.

Problem Statement: The number of local residents who smoke or otherwise use tobacco products needs to decline.

Boone County Hospitals services available to respond to this need include:

- Boone County Hospital, 1015 Union St., Boone, IA 50036, 515-432-3140, is a non-smoking campus including the clinic;
- The Hospital provides free smoking cessation services to all staff and smoking cessation education to inpatients as appropriate; and
- All patients are screened for smoking and tobacco use.

Boone County Hospital Implementation Plan programmatic initiatives:

- Continue services listed above; and
- Increase referrals to community resources.

Anticipated results from Boone County Hospital Implementation Plan

- The focus of the implementation plan is to increase awareness and education of smoking cessation services and support available.

Leading Indicator Boone County Hospital will use to measure progress

- The number of employees who take advantage of free cessation services = 3.

Lagging Indicator Boone County Hospital will use to identify improvement

- 2013 Health Outcomes and Factors (Boone County) – Adult Smoking = 21%.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Iowa Department of Public Health, 321 E. 12th Street, Des Moines, Iowa, 50319, 515-281-6225

Other Identified Needs

12. Cancer

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
American Cancer Society Relay for Life, 500 7th Avenue, Boone, IA 50036, 800-227-2345
The John Stoddard Treatment Center, 1221 Pleasant Street, Des Moines, IA, 50319, 515-241-4141
Bliss Cancer Center, 1111 Duff Ave., Ames, IA 50010, 515-239-4401

13. High Blood Pressure

14. Chronic COPD and Lung Disease

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
McFarland Clinic, 1015 Union Street, Boone, IA 50036, 515-239-4422

15. Kidney

16. Stroke

17. Sexually Transmitted Diseases

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Iowa Department of Public Health, 321 E. 12th Street, Des Moines, Iowa, 50319, 515-281-4936
Planned Parenthood, 2530 Chamberlin St., Ames, Iowa, 50010, 515-292-5340

18. Long Term Care Services

19. Accidents

20. Alzheimer's

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Alzheimer's Support Group, Westhaven, Boone, Iowa, 50036, 515-432-2275

21. Flu

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Iowa Department of Public Health, 321 E. 12th Street, Des Moines, Iowa, 50319, 515-242-5935
Boone County Public Health, 105 S. Marshall St., Boone, Iowa, 50036, 515-432-1127

22. High Cholesterol

23. Life Expectancy/Premature Death

24. Maternal/Infant Health

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Planned Parenthood, 2530 Chamberlin St., Ames, Iowa, 50010, 515-292-5340

25. Physician Need

26. Chronic Osteoporosis

27. Low Back Pain

28. Palliative Care and Hospice

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Iowa Hospice, 5650 NW Johnston Drive, Johnston, IA 50131, 800-467-7423
Care Initiatives Hospice, 7055 Vista Drive, West Des Moines, IA 50266, 515-223-3813

29. Physical Environment

Overall Community Need Statement and Priority Ranking Score

Significant Needs Where Hospital Has Implementation Responsibility

1. Affordability;
2. Mental Health/Suicide;
3. Obesity;
4. Coronary Heart Disease;
5. Compliance Behavior;
9. Preventable Hospitalizations,
10. Diabetes; and
11. Smoking and Tobacco Use.

Significant Needs Where Hospital Did Not Develop Implementation Plan

6. Alcohol Abuse;

7. Dental; and

8. Healthy Foods.

Other Needs Where Hospital Developed Implementation Plan

None

Other Identified Needs Where Hospital Did Not Develop Implementation Plan

12. Cancer;

13. High Blood Pressure;

14. Chronic COPD and Lung Disease;

15. Kidney;

16. Stroke;

17. Sexually Transmitted Diseases;

18. Long Term Care Services;

19. Accidents;

20. Alzheimer's;

21. Flu;

22. High Cholesterol;

23. Life Expectancy/Premature Death;

24. Maternal/Infant Health;

25. Physician Need;

26. Chronic Osteoporosis;

27. Low Back Pain;

28. Palliative Care and Hospice; and

29. Physical Environment

APPENDICES

Appendix A – Local Expert Advisor Opinion About Significant Needs

A total of 15 local expert advisors participated in an online survey offering opinions regarding their perceptions of community health needs. The following is an analysis of their responses:

The first question was open-ended. "What do you believe to be the most important health or medical issue confronting the residents of your County?" Answers were placed in a "Word Cloud" format for analysis and generated the following image:

Word Clouds are analytical tools, which give greater visual prominence to words appearing more frequently in the source text. This information visualization establishes a portrait of the aggregate responses, presenting the more frequently used terms with greater text size and distinction in the visual depiction. Common article word (i.e., "a," "the," etc.), non-contextual verbs (i.e., "is," "are," etc.) and similar words used when writing sentences are suppressed by this application.

Specific verbatim comments received were as follows:

- The lack of psychiatric/mental health beds in hospitals or the hospitals inability to treat those with mental health disorders particular when they are in crisis and needing emergency treatment.

- Lack of access to health care due to lack of a payer source. We need the Medicaid expansion to happen! Also our hospital needs to be able to get paid to care for our population instead of caring for them for free.
- People not taking their medication correctly or using others medication. Also people having to go out of town to see their Doctors.
- Obesity is a negative health factor that influences other health problems in all ages in Boone County.
- Coordination of services. Health care reform and the impact it will have on area health care facilities. Coordinating a fully integrated EHR system that will allow hospital, clinics and retirement communities to communicate among all parties.
- The accessibility of and affordability of both Substance Abuse and Mental Health Treatment/Services. Over and over again, I've worked with adults who cannot get adequate substance abuse and mental health services in our county. They get turned away at our ER and then we as providers have to take several hours out of our already busy schedules to assist them, when they are already in crisis, in locating a bed, or a facility that can take them. We need to develop a better way to help these people.
- Obesity/overweight continues to be a major health issue for Boone County as well as the health risks associated with this – diabetes, cardiovascular issues, etc. This problem is across all age groups from our school age children to adults. Mental health services are also another area of need in our county. Access to mental health providers continues to be a problem. This is an issue for both children as well as adult and geriatric population.
- That we have a complete hospital (which we do) and that there are choices of specialty clinics that do not require travel for our citizens who do not have transportation but need special services. Adding a dialysis clinic seems like a good thing for our community.
- Obesity and its consequences
- Obesity. Unhealthy Lifestyle Habits/Inactivity. Diabetes. Mental Health. All equally important.
- I really don't know how to answer this question? I believe the most important medical issues in Boone County are: 1. Insurance: In the past year I have noticed more patients making comments about not wanting transported by ambulance because they do not have health insurance. My town is made up of a higher amount of an elderly population with the Madrid Home and Cedars both in town. Both places have great staff members and a facility that have medical staff on duty at all times. The ambulance service comes from Boone County Hospital. We have a volunteer service that responds also to all medical calls. The ambulance staff is full of great people who do a great job. Lou the ambulance director is

always available for questions and checks up with my department on a regular basis to see what, if anything could be changed for the better.

- Lack of health insurance coverage, therefore lack of access to medical care
- Like all citizens across the US, the cost of health care is foremost on the minds of our residents. Having access to specialized medical needs is also important.
- Half of the clients I work with are in need of health care that they can afford and the other half are deeply in debt due to past medical bills.
- Having easy access to healthcare and preventative care, and having affordable health insurance/ prescription drug plans for everyone.

Our second question to the local experts was, "Do you perceive there are any primary and/or chronic disease needs, as well as potential health issues, of uninsured persons, low-income persons, minority groups and/or other population groups (i.e. people with certain situations), which need help or assistance in order to improve? If you believe any situation as described exists, please also indicate who you think needs to do what."

The responses generated the following image:

Specific verbatim comments received were as follows:

- There needs to be more psych beds available for those with mental health disabilities that are in crisis and needing immediate assistance/treatment. The lack of beds across the state of

Iowa is alarming. We have had several of our clients placed at hospitals three hours from Boone County, because those were the only beds available. Also, most of the time, the issue is not resolved before the person is returned to their previous living arrangement, so the need for re-hospitalization is high. Both State and local officials need to work with hospitals to offer solutions to this population at a more local hospital or other facility, so they are not sent so far from their support network while receiving treatment and they need to receive treatment and see marked improvement before being released. Their needs to be better communication and collaboration between hospitals, service providers, and case management entities to ensure adequate treatment and care for this population.

- We need access to primary care doctors so that people can get the medicines they need for chronic diseases, especially Diabetes and Lung disease. Inhalers are too expensive!
- Lack of mental health help for all ages and all income groups.
- Geriatric pysch.
- YES MOST DEFINITELY! I think, as previously stated, mental health and substance abuse treatment/services need a lot of help and assistance in order to improve. These two areas within our county specifically. Because so many of these chronic cases show up at our ER's I think that is a place that needs to be first in addressing some of the issues. Better training, better service, better ability to work with these populations is crucial. The problem isn't going to go away. I think that the Hospital Association across Iowa could do a much better job of utilizing their resources to communicate when and where beds are available and communicating when someone is in transit somewhere that perhaps could be placed closer and quicker if technology would allow them to instantaneously see who's going where and when. For example; bed opens at Mary Greeley, patient about to be transported to Council Bluffs, instead of sending the patient all that way the hospital finds out immediately about the bed opening at MGMC. Saves time and money. Perhaps something as simple as hospitals intake departments updating a central registry 3-4'x a day for providers looking to view. Another "hold up" for this population of people is the fact that they have to "medical clearance" before they can actually be "placed" somewhere....how can we get around this "medical clearance" if it's causing something but problems and isn't in the best interest of the individual or "holding" facility? Sounds like it's become a well known issue amongst providers. We need better and more access to Crisis Response Teams. Again, this takes more time and money. I'd love to see our County Hospital be more proactive in these issues. They need to be because providers in our communities are talking and it's not very positive.
- Again I believe there is a need to improve mental health services and access. Possibly by offering education on handling mental health issues as well as how to access services would be helpful. Possible John Grush, Dr. Martin, YSS could assist with education on this.

Alzheimer's and other dementias is also an area that could use more support. I know a support group is currently being looked into for this population.

- As our population ages there will be several potential health issues which we should be able to provide care. Help in whatever capacity we can to provide the health care for uninsured persons, low-income and minority citizens. The government, national and state is working on health care programs. Make them understandable and affordable -easier said than done I'm sure. Dialysis clinic here in Boone-I'm sure the cost is a factor as to why we do not have this program here now. Make dialysis equipment affordable.
- I believe adults with mental disabilities either cannot get insurance or do not have enough coverage to allow them to receive adequate services for their diagnosis'. I believe they should have coverage but I don't have a clear, cut answer for this as we are taxed enough but I do not want services cut either. Catch 22 situation. Churches, volunteer organizations, private donations can only go so far and unfortunately we need more.
- Dental Needs
- Once again there is a high population of elderly people that are either in the Madrid Home or are in assisted living. Most problems are addressed inside the business. All areas work well together and communicate well.
- There are a lot of diabetics that could use more ongoing care. Our clinic helps by providing meds and we have a volunteer diabetic educator that sees patients, but there are many people that still cannot access their needed meds, the drug companies programs are too tightly structured to cover people that are working, but that cannot afford their meds. At the clinic, we try to pay for meds as we can, but Insulin is so expensive that we cannot pay for it on a continuing basis. I think the drug companies need to step up and provide more financial assistance to low income patients.
- Access to dialysis is one need that many local residents are trying to fundraise for, and assist the hospital in purchasing the necessary equipment.
- Many of my clients have children who due to their parents' financial situation are not accessing preventative medicine as well as needs for specific conditions or illnesses.
- We have an obesity epidemic that needs to continue to be addressed. Heart disease, diabetes, cancer, hypertension, and COPD are diagnoses I see quite frequently in persons that are low income. More education is needed, but also incentives for low income persons to change life style to reduce health risks. Medicaid reform is needed.

Appendix B – Process to Identify and Prioritize Community Need[24]

Potential Need Topic	Number or respondents that voted	Percent of respondents	Total votes	Cummulative Percent	Point Difference	Priority Level
Affordability	11	79%	249	20.8%		High
Mental Health/ Suicide	10	71%	141	32.5%	108	High
Obesity	11	79%	118	42.3%	23	High
Coronary Heart Disease	9	64%	75	48.6%	43	High
Compliance Behavior	8	57%	66	54.1%	9	High
Alcohol Abuse	9	64%	58	58.9%	8	High
Dental	8	57%	57	63.7%	1	High
Healthy Food	8	57%	53	68.1%	4	High
Preventable Hospitalizations	8	57%	50	72.3%	3	High
Diabetes	7	50%	44	75.9%	6	High
Smoking/ Tobacco Use	10	71%	38	79.1%	6	High
Cancer	7	50%	31	81.7%	7	Low
High Blood Pressure	7	50%	26	83.8%	5	Low
Chronic COPD and Lung Disease	5	36%	17	85.3%	9	Low
Kidney	6	43%	17	86.7%	0	Low
Stroke	7	50%	17	88.1%	0	Low
Sexually Transmitted Diseases	7	50%	16	89.4%	1	Low
Long Term Care Services	6	43%	14	90.6%	2	Low
Accidents	5	36%	13	91.7%	1	Low
Alzheimer's	5	36%	13	92.8%	0	Low
Flu	5	36%	11	93.7%	2	Low
High Cholesterol	5	36%	11	94.6%	0	Low
Life Expectancy/ Premature Death	5	36%	11	95.5%	0	Low
Maternal/ Infant Health	5	36%	11	96.4%	0	Low
Physician Need	6	43%	11	97.3%	0	Low
Chronic Osteoporosis	5	36%	10	98.2%	1	Low
Low Back Pain	5	36%	9	98.9%	1	Low
Palliative Care and Hospice	5	36%	7	99.5%	2	Low
Physical Environment	5	36%	6	100.0%	1	Low
Total			**1200**			

[24] Responds to IRS Schedule H (990) Part V B 1. g. and V B 1. h.

Individuals Participating as Local Expert Advisors

Company or Organization:	Genesis Development
Title or Position	Boone Site Director
Area of Expertise:	Mental Health
Company or Organization:	Boone County Hospital
Title or Position	Discharge Planning/RN
Area of Expertise:	Free Clinic Manager
Organization:	The Salvation Army
Title or Position	Social Services Director
Area of Expertise:	Social services for low income
Organization:	Boone Schools
Title or Position	Nurse/Teacher
Area of Expertise:	Health Educator
Company or Organization:	Eastern Star Home
Title or Position	Administrator
Area of Expertise:	Long term Care- Senior Population
Company or Organization:	Boone County Prevention & Community Center/Boone Recovery Ct
Title or Position	Director
Area of Expertise:	Substance Abuse, Human Services
Company or Organization:	Home Care Services of Boone County
Title or Position	Director
Area of Expertise:	Public Health and Home Care
Organization:	City of Boone
Title or Position	City Councilman
Area of Expertise:	United Way and other local agencies
Organization:	Home Care Services of Boone County
Title or Position	RN
Area of Expertise:	Public Health, Home Care, Maternal Child Health
Organization:	Madrid CSD
Title or Position	Superintendent
Area of Expertise:	Education

Organization:	Madrid Police Department
Title or Position	Chief of Police
Area of Expertise:	Public Safety

Organization:	Boone Area Chamber of Commerce
Title or Position	Executive Director
Area of Expertise:	Community Information Coordinator

Organization:	Salvation Army
Title or Position	Representative Payee
Area of Expertise:	Financial

Organization:	Home Care Services of Boone County
Title or Position	Social Worker
Area of Expertise:	Social work for elderly and disabled

Organization:	Domestic Abuse Shelter
Title or Position	Shelter Coordinator
Area of Expertise:	Shelter and Hospital

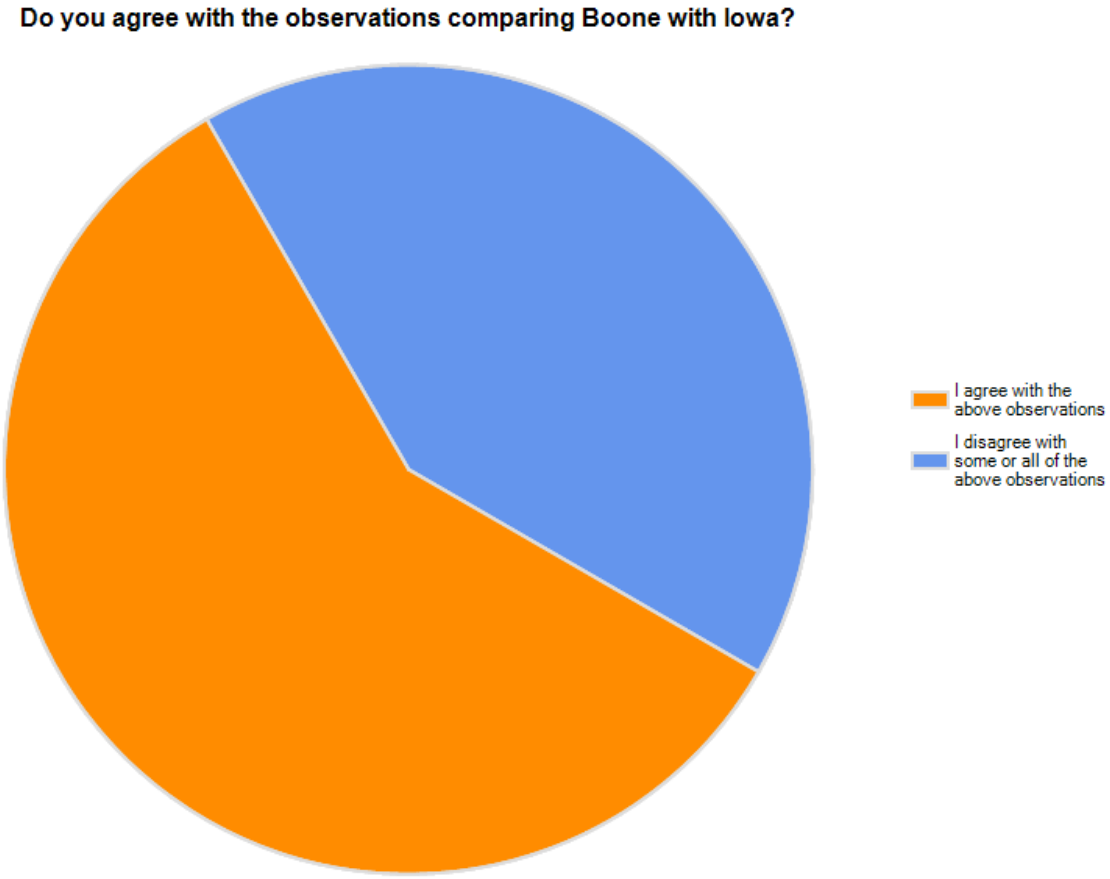
Advice Received from Local Experts

Q. Do you agree with the observations formed about the comparison of Boone County to all other State counties?

- Since I have no way of verifying the above rankings, I can only assume that these numbers were calculated by someone in the know.
- 40% of students in the Boone Schools qualify and receive free or reduced lunch plus other free/reduced rates for activities. Healthy foods are available but many are not taking advantage of their choices. Food stamps are taken at local farmer's market. Local food options have been discussed for use at school but federal regulations require bids and the seasonal availability varies thus making local choices low.
- Additional consideration for (elderly) homebound surroundings in smaller county communities where there is no grocery store or services to help. Additional consideration for homebound fulltime caregivers of adults who cannot leave the home. Identifying them to better assist with their needs. These are both nutritional and other health related situations that can lead to more serious health issues.
- Boone has a high rate of uninsured population, lack of access to diabetic screening and children in poverty. When you realize that over 75% of the children in the school district are

on reduced price or free lunch meals, that shows how many children live in poverty in Boone County

- I have no opinion one way or the other. I have no access to any figures concerning Health Outcomes so have no way of formulating an opinion
- I think these four should be included as we can always improve in all areas.
- I have never researched the areas mentioned so don't know if the inf. is accurate.



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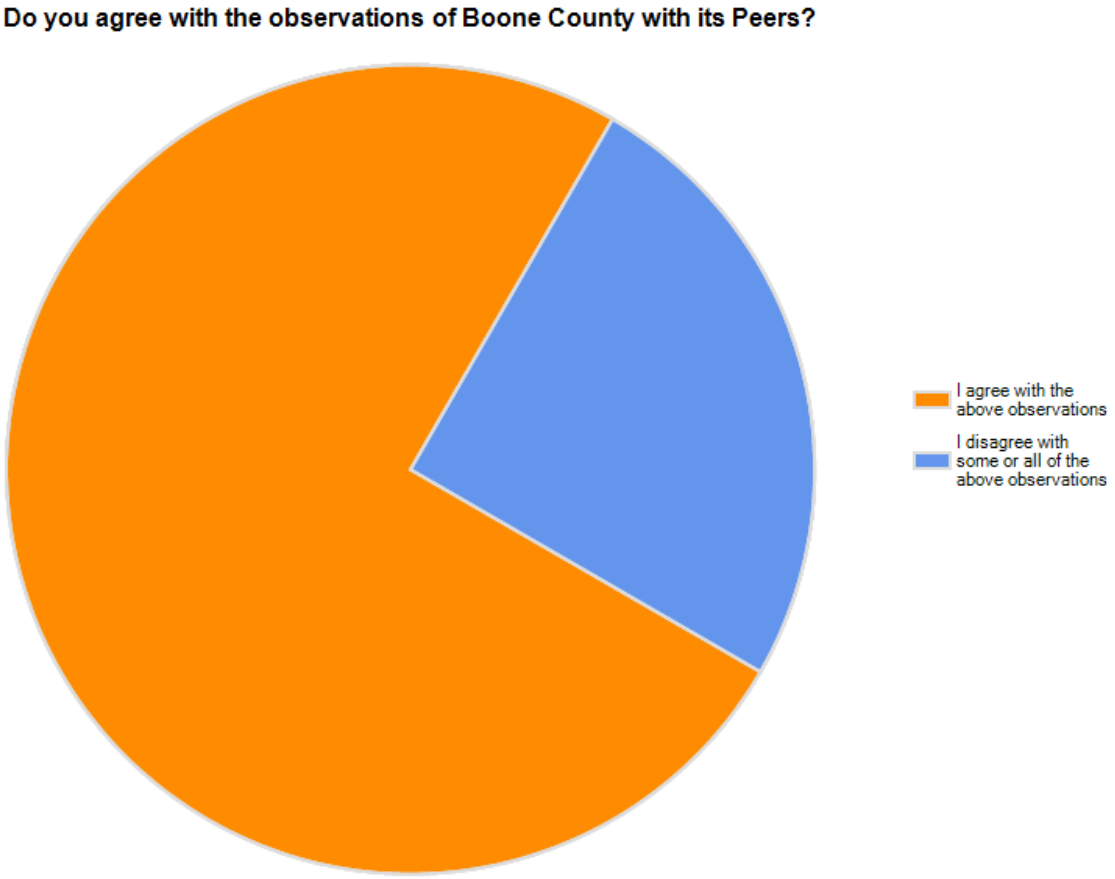
Q. Do you agree with the observations formed about the comparison of Boone County to its peer counties?

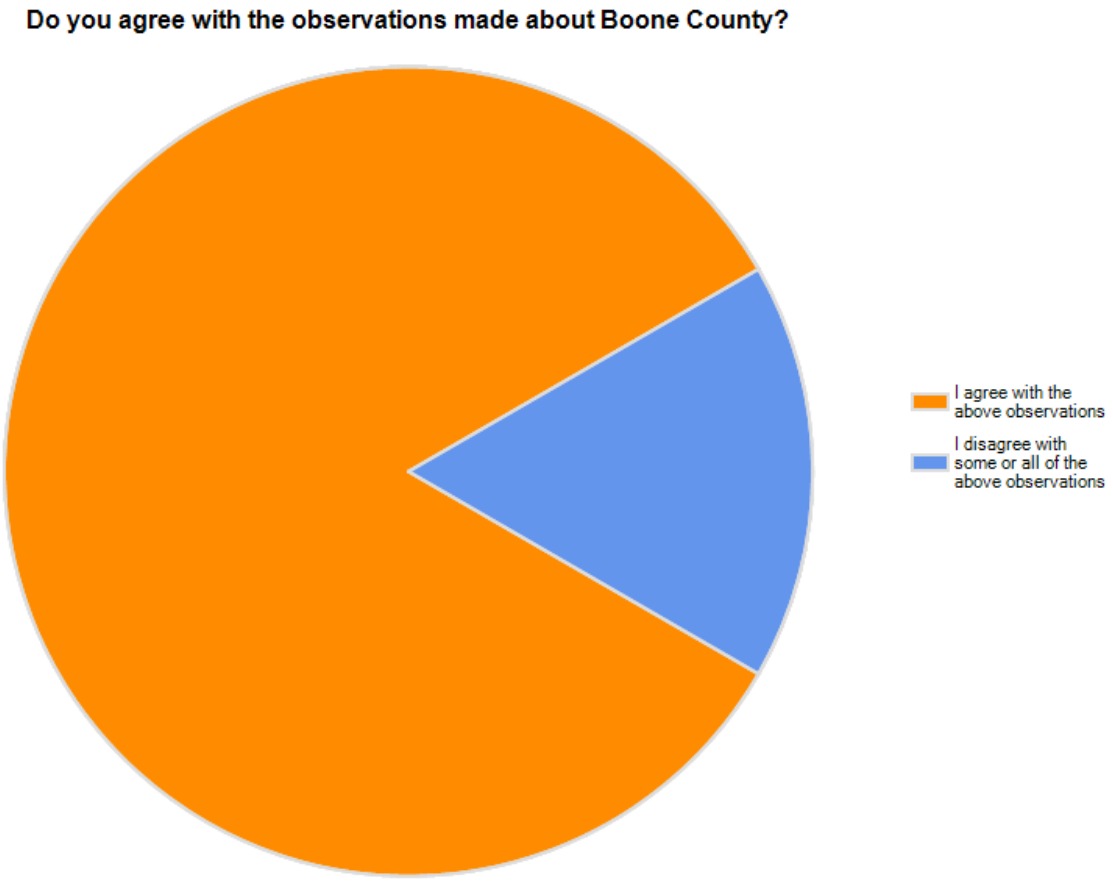
- Better performance than Peers and National rates or within range of Peers is an impressive listing however the unfavorable and somewhat a concern lists seem to be very serious problems and need attention

- Better performance in pre-natal care may be attributed to the specialists available and female OB/GYN physicians. Consultation with these physicians has been positive. Also, the follow up visits by public health. Stroke correlates with Coronary Heart Disease increase of rates. Motor Vehicle injures is always a concern for people of all ages. Seat belt enforcement has helped.
- No opinion
- I would add diabetes to unfavorable as I see quite a few diabetics in this county
- Have never researched the areas so don't know if the inf. is accurate



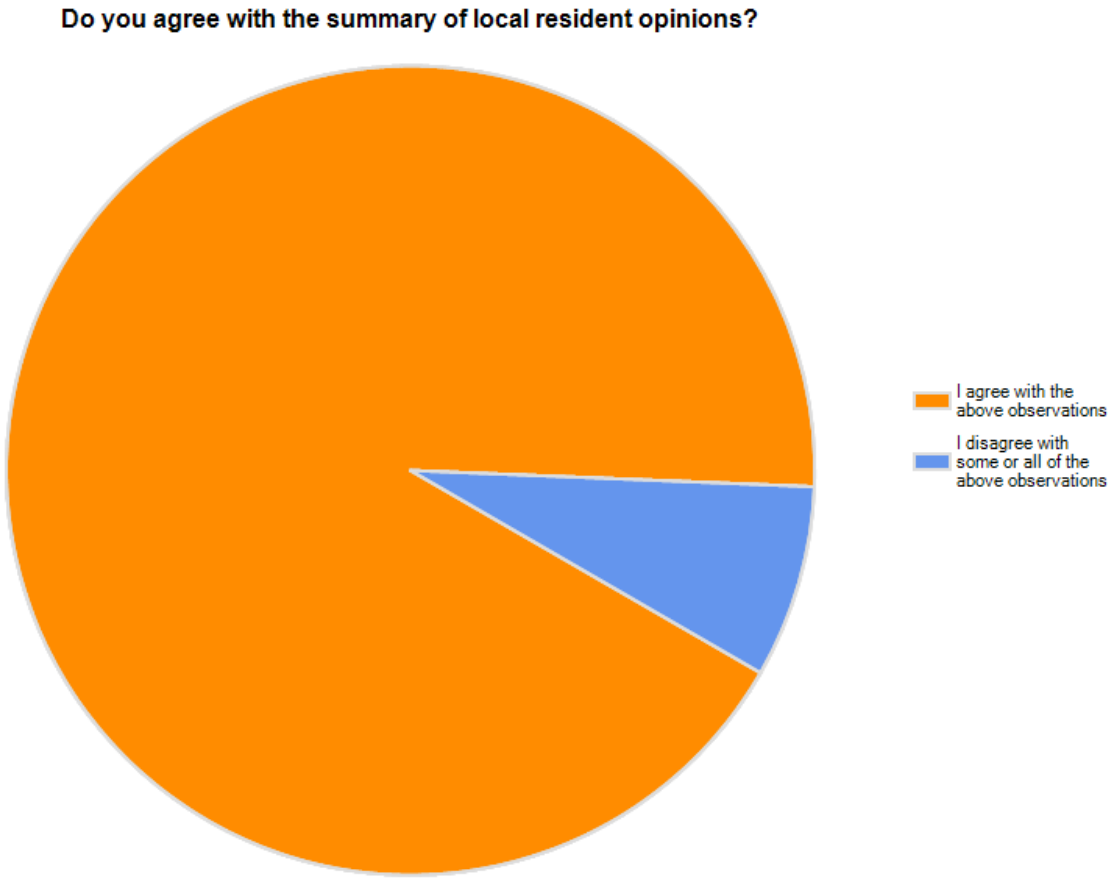
Q. Do you agree with the observations formed about the population characteristics of Boone County?

- It doesn't seem to make any difference if the numbers are below average or above average since all are undesirable, I do not understand how the percentages where figured.
- Healthy eating habits, chronic blood pressure and cigarette use all seem to have an effect on each other, impacting in an above average negative health aspect
- Is there a way to determine some of the metrics above by age groups? I would think it could be beneficial to determine how to address the need.
- Don't know if inf. accurate.



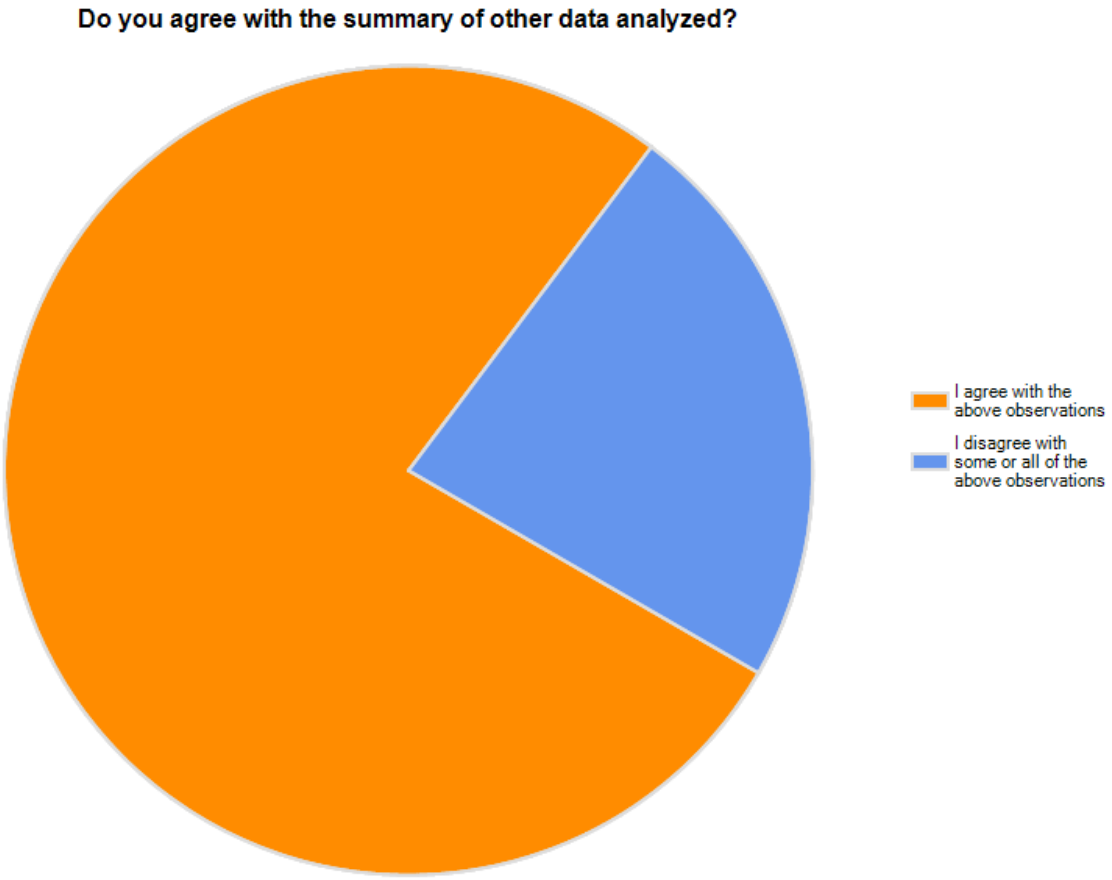
Q. Do you agree with the observations formed about the opinions from local residents?

- I believe that we already have some of these services available to our residents. Perhaps we need to have a way to let the population know where to find these services.
- Dental care and preventative services is lacking but could be coordinated better with the I-Smile IDPH program for school aged children. Mental health and substance abuse services is lacking for many age groups in the local area. Many do not have the resources to go out of town for mental health services. Family services for these patients is also lacking locally.



Q. Do you agree with the observations formed about the additional data analyzed about Boone County?

- Do they take into consideration the age groups in the leading causes of death in this county? I was under the impression that children living in poverty in this county were higher. Is that 13% figured by the federal government?
- It is stated there is no hospice care in Boone County but other counties serve Boone County. HCI of Central Iowa (formally Hospice of Central Iowa) does include Boone County in its service area and has a local advisory council. HCI initiated the hospice rooms in BCH.
- I agree with all the observations except for the percent of children living in poverty. As I stated before, a good assessment tool is the number of children receiving free or reduced price meals and that is very high in the Boone school district.
- Don't know if inf. is accurate.



Appendix C – Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule H Part V Section B (form 990)[25]

Community Health Needs Assessment Answers

1. *During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9*

   Illustrative Answer – Yes

   If "Yes," indicate what the Needs Assessment describes (check all that apply):

   a. *A definition of the community served by the hospital facility*
   b. *Demographics of the community*
   c. *Existing healthcare facilities and resources within the community that are available to respond to the health needs of the community*
   d. *How the data was obtained*
   e. *The health needs of the community*
   f. *Primary and chronic disease needs and health issues of uninsured persons, low-income persons, and minority groups*
   g. *The process for identifying and prioritizing community health needs and services to meet the community health needs*
   h. *The process for consulting with persons representing the community's interests*
   i. *Information gaps that limit the hospital facility's ability to assess the community's health needs*
   j. *Other (describe in Part VI)*

   Illustrative Answer – check a. through i. Answers available in this report are found as follows:

   1. a. – See Footnotes #15 (page 11) & #16 (page 11)

   1. b. – See Footnotes #17 (page 11)

   1. c. – See Footnote #22 (page 27)

[25] Questions are drawn from 2012 f990sh.pdf Forms and may change when the hospital is to make its 990 h filing

1. d. – See Footnotes #7 (page 6)

1. e. – See Footnotes #11 (page 8)

1. f. – See Footnotes #9 (page 8)

1. g. – See Footnote #12 (page 9) & #24 (page 49)

1. h. – See Footnote #8 (page 8) & #24 (page 49)

1. i. – See Footnote #6 (page 6)

1. j. – No response needed

2. *Indicate the tax year the hospital facility last conducted a CHNA: 20 _ _*

Illustrative Answer – 2013
See Footnote #1 (Title page)

3. *In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted*

Illustrative Answer – Yes
See Footnotes #10 (page 8)

4. *Was the hospital facility's Need Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI.*

Illustrative Answer – No

5. *Did the hospital facility make its CHNA widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)*

    a. *Hospital facility's website*
    b. *Available upon request from the hospital facility*

Illustrative Answer –
The hospital will need to obtain Board approval of this report, document the date of approval, and then take action to make the report available as a download from its web site. It may also be prudent to place a notice in a paper of general circulation within the service area noting the report is available free upon request.

6. *If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):*
    a. *Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA*
    b. *Execution of an implementation strategy*
    c. *Participation in the development of a community-wide plan*
    d. *Participation in the execution of a community-wide plan*
    e. *Inclusion of a community benefit section in operational plans*
    f. *Adoption of a budget for provision of services that address the needs identified in the CHNA*
    g. *Prioritization of health needs in its community*
    h. *Prioritization of services that the hospital facility will undertake to meet health needs in its community*
    i. *Other (describe in Part VI)*

    Illustrative Answer – Check a, b, g and h

    6.a. – See footnote #23 (page 29)

    6.b. – See footnote #23 (page 29)

    6. g. – See footnote #12 (page 9)

    6. h. – See footnote #12 (page 9)

7. *Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs?*

    Illustrative Answer – Yes
    Part VI suggested documentation See footnote #24 (page 49)

8. *a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?*
    b. If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?
    c. If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

Illustrative Answers – 8. a, 8 b, 8 c – No