

# Boone County Hospital

## 2022

### *Community Health Needs Assessment*

Adopted by Board Resolution June 23<sup>rd</sup>, 2022<sup>1</sup>



<sup>1</sup>Response to Schedule H (Form 990) Part V B 4 & Part V B 9

# Table of Contents

|  |    |
|--|----|
| Executive Summary.....   | 4  |
| Overview of Community Health Needs Assessment .....                      | 5  |
| Process and Methods.....   | 6  |
| Community Representation.....  | 8  |
| Overview of Priority Populations.....                                    | 9  |
| Community Health Needs Assessment Subsequent to Initial Assessment ..... | 10 |
| Definition of Area Served by the Hospital .....                          | 11 |
| Demographics of the Community.....                                       | 11 |
| Community Health Characteristics.....                                    | 13 |
| Methods of Identifying Health Needs.....                                 | 15 |
| Ranked Health Priorities.....  | 16 |
| Evaluation & Selection Process.....                                      | 20 |
| Overview of Priorities.....  | 21 |
| Implementation Plan Framework.....                                       | 28 |
| Implementation Strategy.....   | 29 |
| Appendix.....  | 37 |
| Detailed Demographics.....   | 39 |
| Leading Causes of Death.....   | 40 |
| County Health Rankings.....  | 41 |
| Detailed Approach.....   | 42 |
| Data Sources.....  | 48 |
| Survey Results.....  | 50 |

# A Message to Our Community

Dear Community Member:

At Boone County Hospital (BCH), we have spent more than 120 years providing high-quality compassionate healthcare to the greater Boone County community. The 2022 Community Health Needs Assessment identifies local health and medical needs and provides a plan of how BCH will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs. BCH will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to 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 area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

Joe Smith

Chief Executive Officer

Boone County Hospital

# Executive Summary

Boone County Hospital (“BCH” or the “Hospital”) performed a Community Health Needs Assessment in partnership with QHR Health (“QHR”) to determine the health needs of the local community and developed an accompanying implementation plan to address the identified health needs in the community.

This CHNA report consists of the following information:

- 1) A definition of the community served by the hospital facility and a description of how the community was determined;
- 2) a description of the process and methods used to conduct the CHNA;
- 3) a description of how the hospital facility solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts
- 5) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors as well as the general community population was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs of the community.

## ***The 2022 Significant Health Needs identified for Boone County are:***

- ***Mental Health***
- ***Access to Healthcare: Affordability and Presence of Services***
- ***Prevention/Chronic Disease Management: Cancer, Heart Disease***
- ***Women’s Health***

In the Implementation Strategy section of the report, BCH addresses these areas through identified programs, resources, and services provided by BCH, collaboration with local organizations, and provides measures to track progress.

# Community Health Needs Assessment (CHNA) Overview

## CHNA Purpose

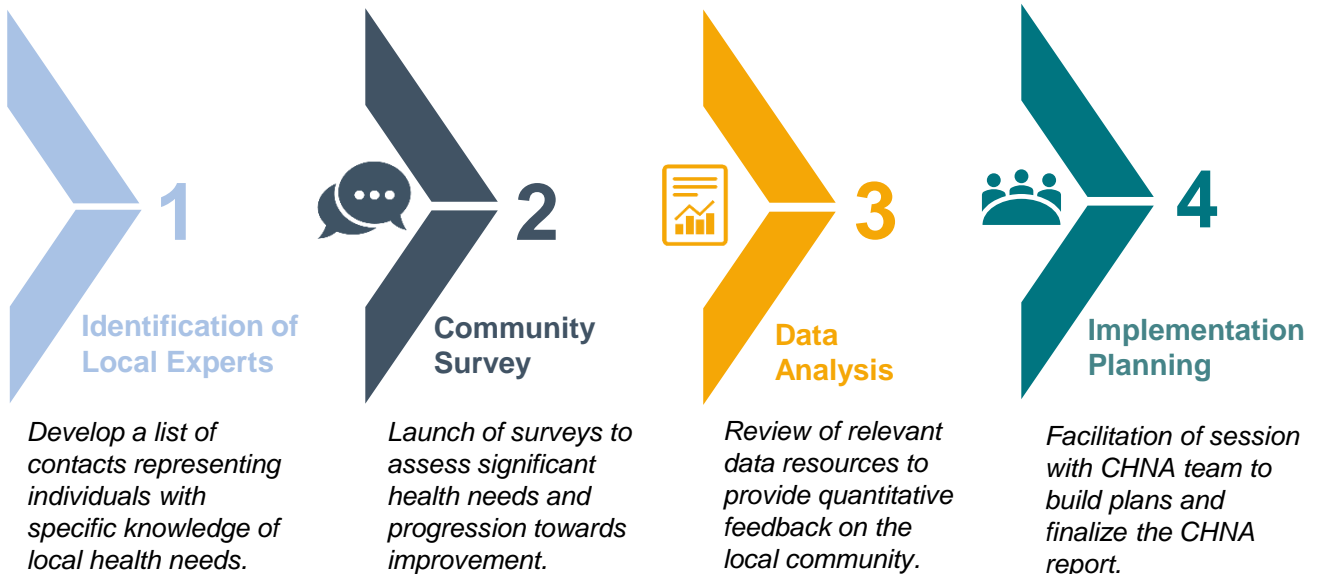
A CHNA is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community’s current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.



## Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

## The CHNA Process



# Process and Methods used to Conduct the Assessment

The methodology to conduct this assessment takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from survey respondents.

## **Data Collection and Analysis**

The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Survey respondents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations is displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- **[www.countyhealthrankings.org](http://www.countyhealthrankings.org)**
- **Stratason**
- **[www.worldlifeexpectancy.com](http://www.worldlifeexpectancy.com)**
- **Bureau of Labor Statistics**
- **NAMI**
- **Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population**
- **National Cancer Institute**
- **Kaiser Family Foundation**

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community, through the Hospital's social media and website, to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically diverse population. Community input from 25 identified Local Expert Advisors and 123 community members was received. Survey responses started in January 2022 and ended in February 2022.

## **Prioritizing Significant Health Needs**

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified from the data

The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

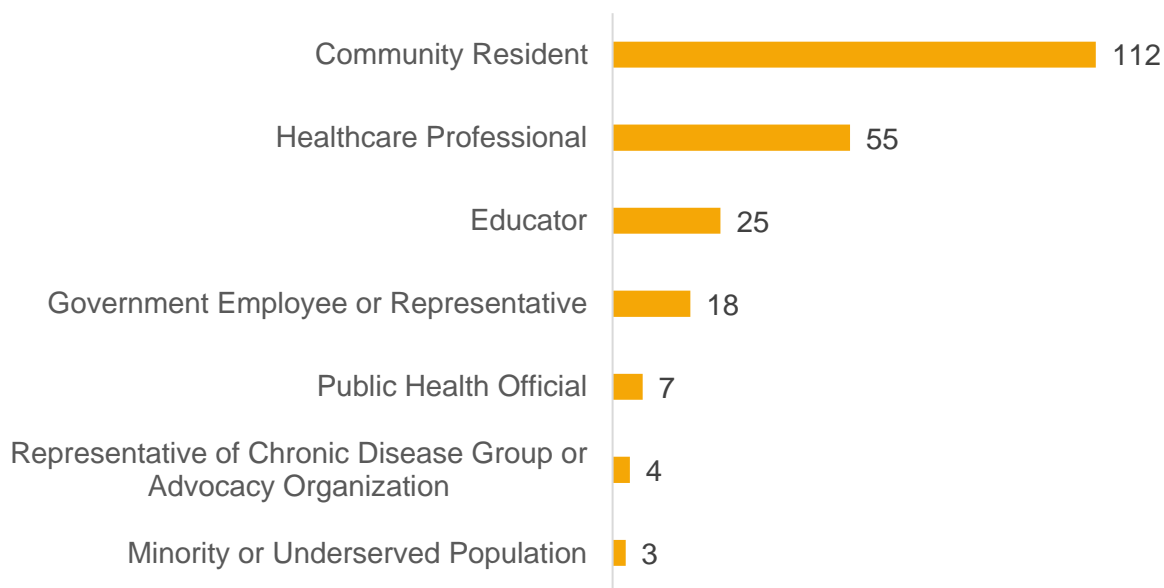
## **Input from Persons Who Represent the Broad Interests of the Community**

Input was obtained from the required three minimum sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which are detailed in an appendix to this report. Written comment participants self-identified into the following classifications:



- 1) Public Health Official
- 2) Government Employee or Representative
- 3) Minority or Underserved Population
- 4) Chronic Disease Groups
- 5) Community Resident
- 6) Educator
- 7) Healthcare Professional
- 8) Other (please specify)

**Survey Question: Please select all roles that apply to you (n=137)**

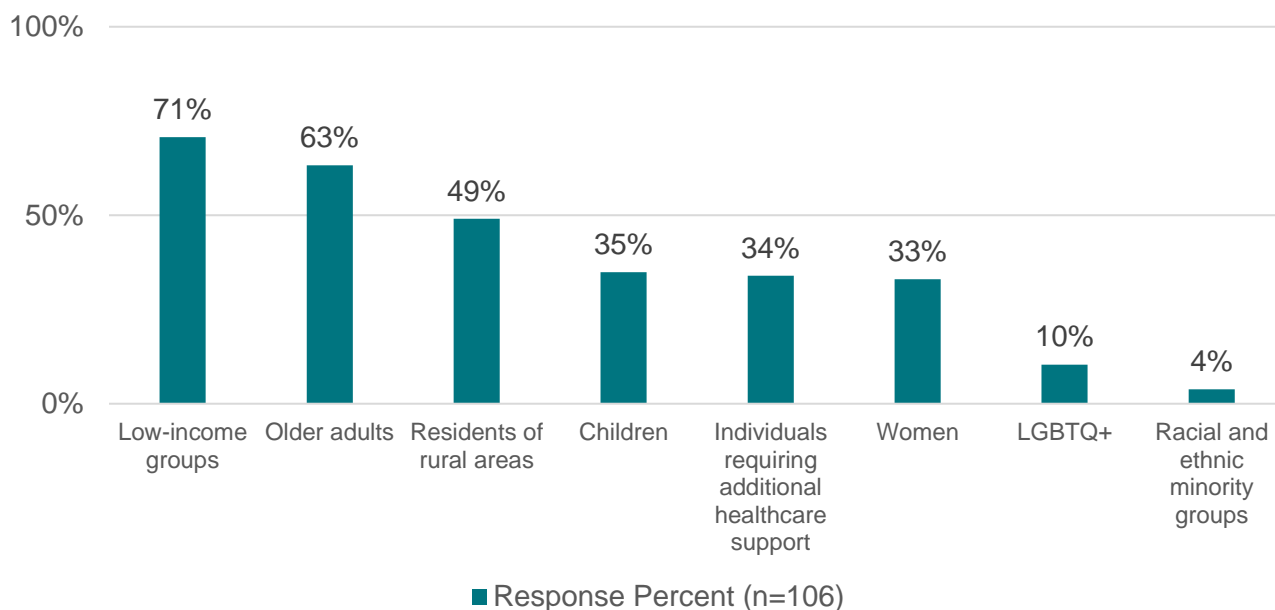




## Input on Priority Populations

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 whether they believe certain population groups (“Priority Populations”) need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.

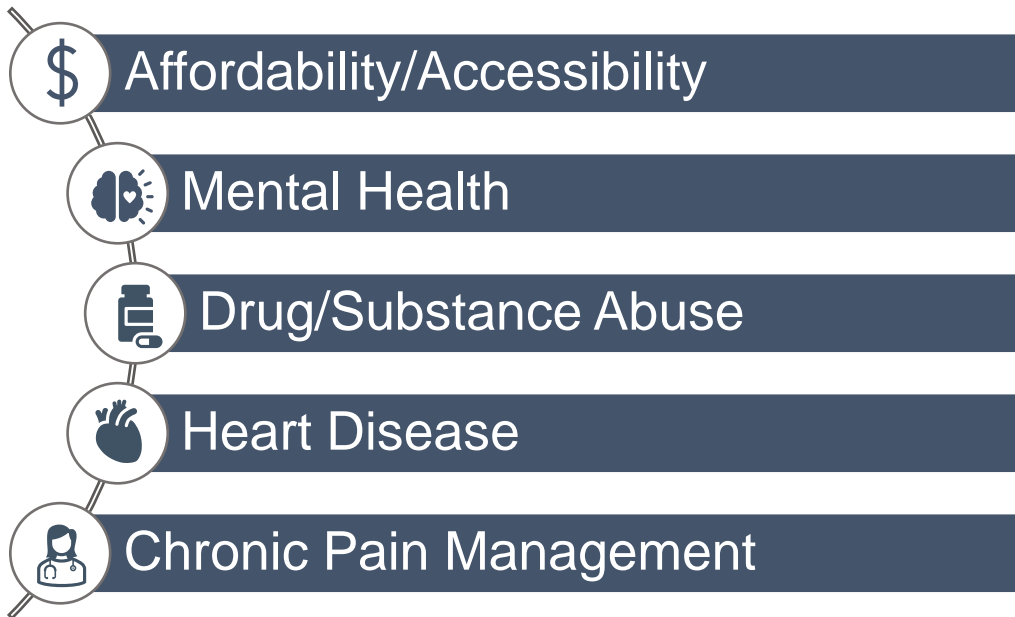
### Survey Question: Which of these populations are prevalent/most common in your community?



- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted in the following “take-away” bulleted comments:
  - The top three priority populations identified by the local experts were low-income groups, older adults, and residents of rural areas.
  - Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Affordability
    - Access to services
    - Transportation
    - Housing

## Input on 2019 CHNA

The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. Comments were solicited from community members with regard to BCH's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:



# Community Served

For the purpose of this study, Boone County Hospital defines its service area as Boone County in Iowa which includes the following zip codes:

50036 – Boone      50040 – Boxholm      50152 – Luther      50156 – Madrid

50212 – Ogden      50223 – Pilot Mound

During 2021, BCH received 87% of its Medicare inpatients from this area.

## Boone County Demographics



Current Population :

**26,182**

### Race/Ethnicity

|                          | Boone County | Iowa  |
|--------------------------|--------------|-------|
| White                    | 95.5%        | 87.5% |
| Black                    | 1.3%         | 4.2%  |
| Asian & Pacific Islander | 0.6%         | 3.0%  |
| Other                    | 2.6%         | 5.3%  |
| Hispanic*                | 2.7%         | 6.6%  |

\*Ethnicity is calculated separately from Race

Source: Stratasen, ESRI

## Age

|         | Boone County | Iowa  |
|---------|--------------|-------|
| 0 – 17  | 20.8%        | 21.9% |
| 18 – 44 | 31.6%        | 34.8% |
| 45 – 64 | 26.7%        | 24.7% |
| 65 +    | 21.0%        | 18.7% |

## Education and Income

|                                 | Boone County | Iowa     |
|---------------------------------|--------------|----------|
| Median Household Income         | \$62,327     | \$60,413 |
| Some High School or Less        | 5.6%         | 7.1%     |
| High School Diploma/GED         | 31.6%        | 31.1%    |
| Some College/ Associates Degree | 36.7%        | 32.2%    |
| Bachelor's Degree or Greater    | 26.1%        | 29.6%    |

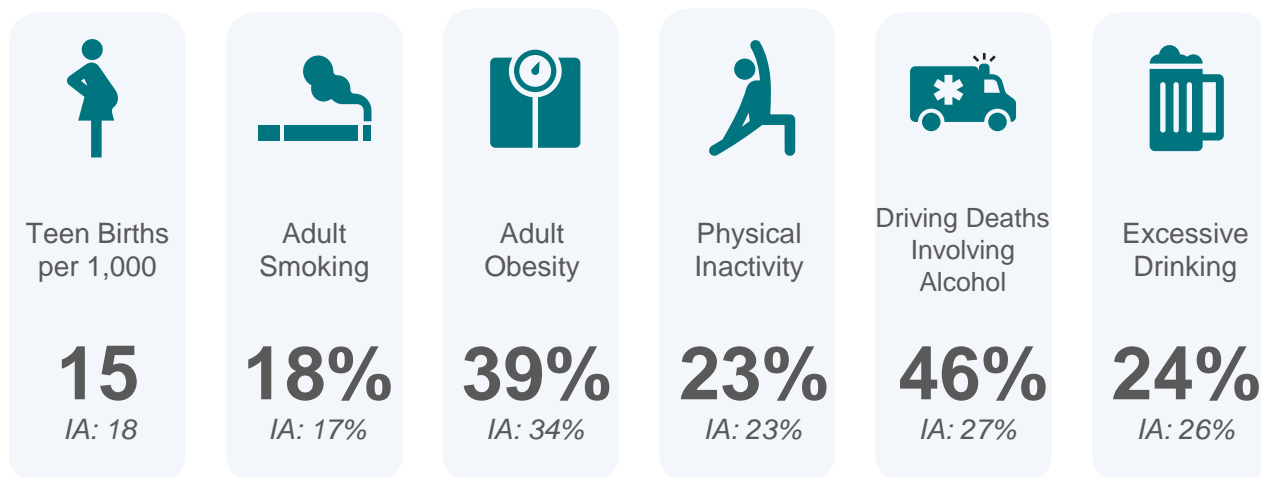
Source: Stratasan, ESRI

# Community Health Characteristics

The data below shows an overview of Boone County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment - all of which influence the health of the entire community. These statistics were used in our community and local expert survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit: <https://www.countyhealthrankings.org>

## Health Status Indicators

### Health Behaviors



### Quality of Life

**Suicide Rate: 14**

Per 100,000  
Compared to 15 in IA

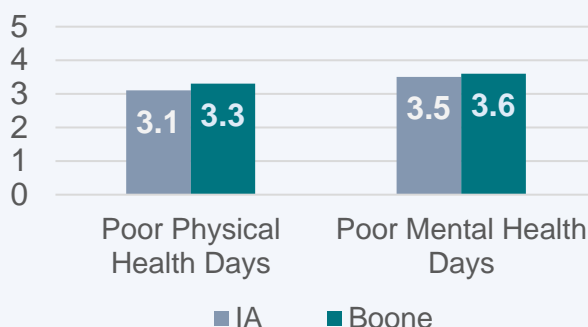
**Poor or Fair Health: 13%**

Compared to 13% in IA

**Low Birthweight: 6%**

Compared to 7% in IA

Average number of physically and mentally unhealthy days in the past 30 days



Source: County Health Rankings 2021 Report

## Socioeconomic Factors



Income  
Inequality\*

**3.7**

IA: 4.2



Unemployment

**5.1%**

IA: 5.1%



Children in  
Single Parent  
Households

**16%**

IA: 21%



Children in  
Poverty

**11%**

IA: 13%



Violent  
Crime  
per 100,000

**277**

IA: 282



Injury  
Deaths  
per 100,000

**75**

IA: 68

## Access to Health

**Uninsured: 2.7%**

Compared to 4.6% in IA

**Preventable Hospital  
Stays: 4,987**

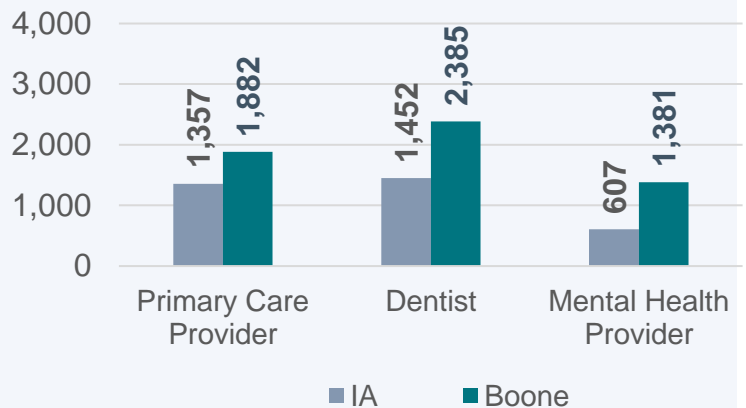
Per 100,000

Compared to 3,536 in IA

**Access to Exercise  
Opportunities: 86%**

Compared to 83% in IA

Number of people per 1 Provider



## Physical Environment



Severe Housing  
Cost Burden

**9%**

IA: 10%



Severe Housing  
Problems\*\*

**11%**

IA: 12%



Driving to Work  
Alone

**83%**

IA: 81%



Broadband  
Access

**81%**

IA: 81%

Source: County Health Rankings 2021 Report, Bureau of Labor Statistics, Stratatan, ESRI

Notes: \*Ratio of household income at the 80th percentile to income at the 20th percentile

\*\*Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

# Methods of Identifying Health Needs



## Analyze existing data and collect new data



**737** indicators collected from data sources



**148** surveys completed by community members

## Evaluate indicators based on the following factors:



## Select priority health needs for implementation plan





# Community Survey Data

When identifying the health needs of a community, health factors, community factors, and personal factors should all be evaluated, as they all impact the overall health and health outcomes of a community.

Health factors include chronic diseases, health conditions, and the physical health of the population. Community factors are the external social determinants that influence community health, while personal factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out with components of each, and respondents rated the importance of addressing each component in the community on a scale of 1 to 5. Results of the health priorities rankings are outlined below:

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

| Answer Choices           | Weighted Average of Votes<br>(out of 5) |
|--------------------------|---|
| Mental Health            | 4.51                                    |
| Cancer                   | 4.26                                    |
| Heart Disease            | 4.24                                    |
| Women's Health           | 4.21                                    |
| Diabetes                 | 4.00                                    |
| Stroke                   | 4.00                                    |
| Obesity                  | 3.97                                    |
| Alzheimer's and Dementia | 3.90                                    |
| Dental                   | 3.84                                    |
| Lung Disease             | 3.82                                    |
| Kidney Disease           | 3.69                                    |
| Liver Disease            | 3.60                                    |
| Other (please specify)   | See appendix                            |

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

| <b>Answer Choices</b>                  | <b>Weighted Average of Votes<br/>(out of 5)</b> |
|--|---|
| Healthcare Services: Affordability     | <b>4.50</b>                                     |
| Education System                       | <b>4.44</b>                                     |
| Healthcare Services: Physical Presence | <b>4.33</b>                                     |
| Healthcare Services: Prevention        | <b>4.27</b>                                     |
| Employment and Income                  | <b>4.27</b>                                     |
| Access to Exercise/Recreation          | <b>4.18</b>                                     |
| Access to Healthy Food                 | <b>4.17</b>                                     |
| Community Safety                       | <b>4.15</b>                                     |
| Social Support                         | <b>4.12</b>                                     |
| Affordable Housing                     | <b>4.08</b>                                     |
| Transportation                         | <b>3.89</b>                                     |
| Social Connections                     | <b>3.74</b>                                     |
| Other (please specify)                 | See appendix                                    |

Survey Question: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely).

| Answer Choices             | Weighted Average of Votes<br>(out of 5) |
|----------------------------|---|
| Drug/Substance Abuse       | <b>3.96</b>                             |
| Physical Inactivity        | <b>3.82</b>                             |
| Employment                 | <b>3.76</b>                             |
| Excess Drinking            | <b>3.75</b>                             |
| Diet                       | <b>3.75</b>                             |
| Smoking/Vaping/Tobacco Use | <b>3.64</b>                             |
| Risky Sexual Behavior      | <b>3.25</b>                             |
| Other (please specify)     | See appendix                            |

## Overall health priority ranking

| Answer Choices                         | Weighted Average of Votes<br>(out of 5) |
|--|---|
| Mental Health                          | 4.51                                    |
| Healthcare Services: Affordability     | 4.50                                    |
| Education System                       | 4.44                                    |
| Healthcare Services: Physical Presence | 4.33                                    |
| Healthcare Services: Prevention        | 4.27                                    |
| Employment and Income                  | 4.27                                    |
| Cancer                                 | 4.26                                    |
| Heart Disease                          | 4.24                                    |
| Women's Health                         | 4.21                                    |
| Access to Exercise/Recreation          | 4.18                                    |
| Access to Healthy Food                 | 4.17                                    |
| Community Safety                       | 4.15                                    |
| Social Support                         | 4.12                                    |
| Affordable Housing                     | 4.08                                    |
| Diabetes                               | 4.00                                    |
| Stroke                                 | 4.00                                    |
| Obesity                                | 3.97                                    |
| Drug/Substance Abuse                   | 3.96                                    |
| Alzheimer's and Dementia               | 3.90                                    |
| Transportation                         | 3.89                                    |
| Dental                                 | 3.84                                    |
| Lung Disease                           | 3.82                                    |
| Physical Inactivity                    | 3.82                                    |
| Employment                             | 3.76                                    |
| Excess Drinking                        | 3.75                                    |
| Diet                                   | 3.75                                    |
| Social Connections                     | 3.74                                    |
| Kidney Disease                         | 3.69                                    |
| Smoking/Vaping/Tobacco Use             | 3.64                                    |
| Liver Disease                          | 3.60                                    |
| Risky Sexual Behavior                  | 3.25                                    |

# Evaluation & Selection Process

| Worse than Benchmark Measure   | Identified by the Community  | Feasibility of Being Addressed   | Impact on Health Disparities   |
|--|--|--|--|
|   |             |               |                                 |
| Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US averages | Health needs expressed in the online survey and/or mentioned frequently by community members | Growing health needs where interventions by the hospital are feasible and could make an impact | Health needs that disproportionately affect vulnerable populations and can impact health equity by being addressed |

## BCH Health Need Evaluation

|  | Worse than Benchmark | Identified by the Community | Feasibility | Impact on Health Disparities |
|--|----------------------|-----------------------------|-------------|------------------------------|
| Mental Health                          |                      | ✓                           | ✓           | ✓                            |
| Healthcare Services: Affordability     | ✓                    | ✓                           | ✓           | ✓                            |
| Education System*                      | ✓                    | ✓                           |             | ✓                            |
| Healthcare Services: Physical Presence |                      | ✓                           | ✓           | ✓                            |
| Healthcare Services: Prevention        | ✓                    | ✓                           | ✓           | ✓                            |
| Employment and Income*                 |                      | ✓                           |             | ✓                            |
| Cancer                                 |                      | ✓                           | ✓           | ✓                            |
| Heart Disease                          | ✓                    | ✓                           | ✓           | ✓                            |
| Women's Health                         | ✓                    | ✓                           | ✓           | ✓                            |

\*Top Social Determinants of Health

# Overview of Priorities

## Mental Health

Mental health was the #1 community identified health priority with 46 respondents (n=67) ranking it as extremely important to be addressed in the community. Mental Health was ranked as the #2 health priority in the 2019, and #1 in 2016 CHNA reports. Suicide is the 9<sup>th</sup> leading cause of death in Boone County and Boone County ranks 74<sup>th</sup> out of 99 counties (with 1 being the worst in the state) in Iowa for suicide death rate ([World Life Expectancy](#)).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of providers and an inclusive behavioral health workforce ([NAMI](#)).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

|  | Boone Co. | Iowa |
|--|-----------|------|
| Average number of mentally unhealthy days (past 30 days) | 3.6       | 3.5  |
| Number of people per 1 mental health provider            | 1,381     | 607  |
| Suicide death rate                                       | 11.3      | 16.7 |

Source: County Health Rankings, [worldlifeexpectancy.com](#)

## Healthcare Services: Affordability

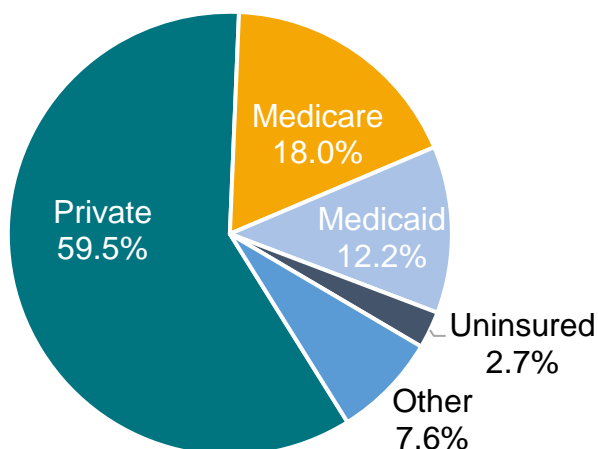
Affordability of healthcare services was the #2 identified health need in the community with 42 respondents (n=66) ranking it as extremely important to be addressed. Affordability ranked #1 in the 2019 CHNA and #2 in the 2016 CHNA report.

Iowa County is worse than the benchmark when it comes to the uninsured rate and median household income. Additionally, low-income populations were identified as the most prevalent priority population in the community making affordability of healthcare services a pressing need in the community.

|                         | Boone Co. | Iowa     |
|-------------------------|-----------|----------|
| Uninsured               | 2.7%      | 4.6%     |
| Unemployment            | 4.1%      | 5.1%     |
| Children in poverty     | 11%       | 13%      |
| Median household income | \$62,327  | \$60,413 |

Source: County Health Rankings, Bureau of Labor Statistics, Stratasan, ESRI

## Boone County Insurance Mix



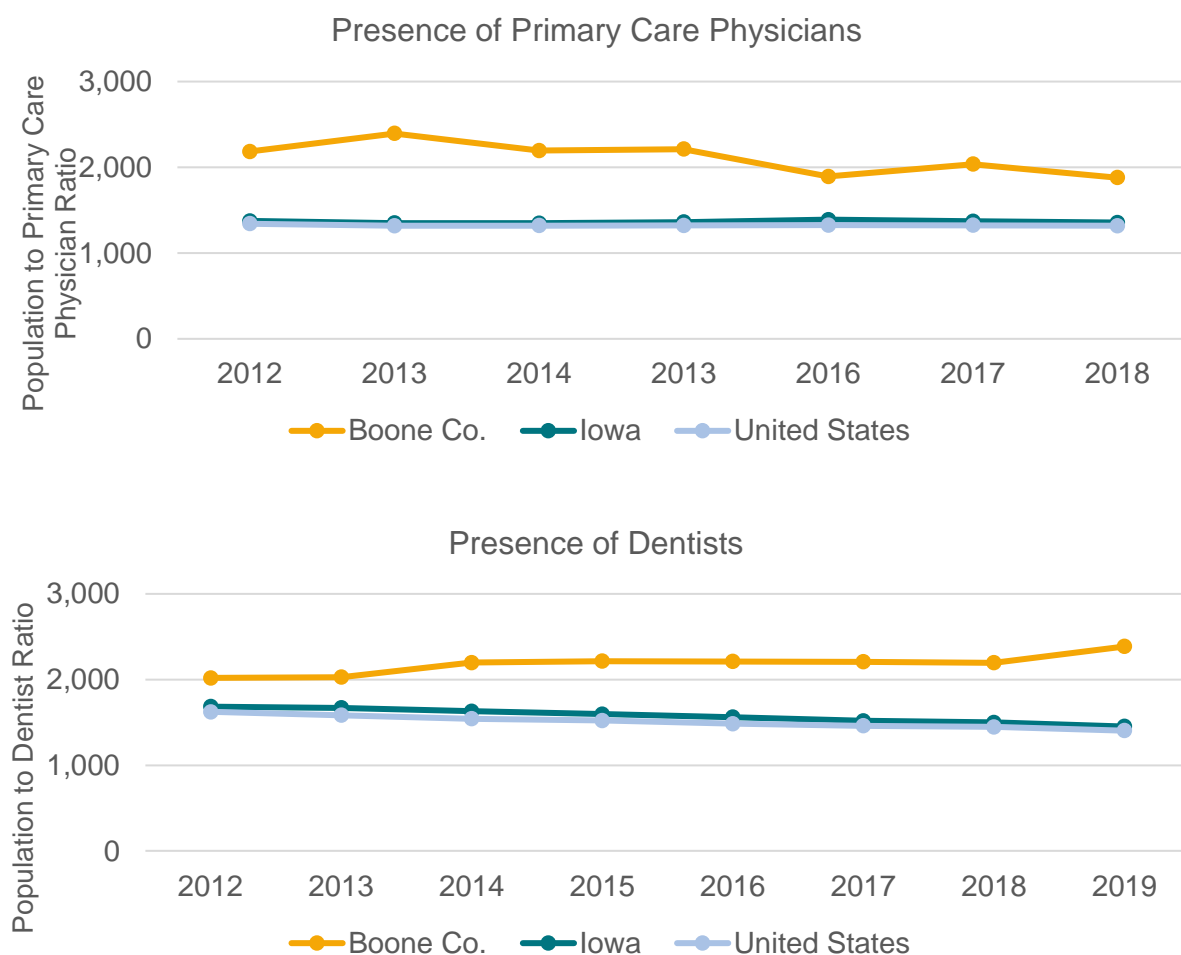
Source: Stratasan, ESRI



## Healthcare Services: Physical Presence

The physical presence of healthcare services was identified as the #4 health priority with 39 respondents (n=66) rating it as extremely important to address. BCH is the major hospital in the service area with the next closest facilities being outside of Boone County.

Boone County has a lower ratio of population per primary care provider (1,882:1) and per dentist (2,385:1) compared to the state of Iowa (1,357:1 and 1,425:1 respectively).

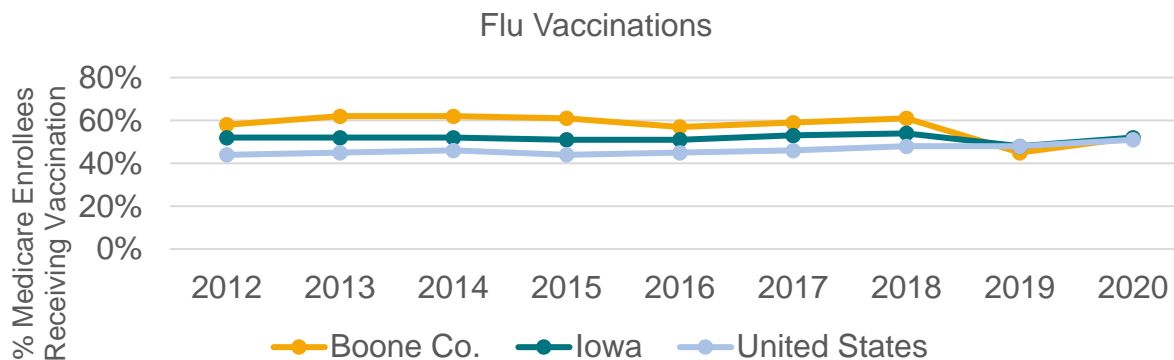
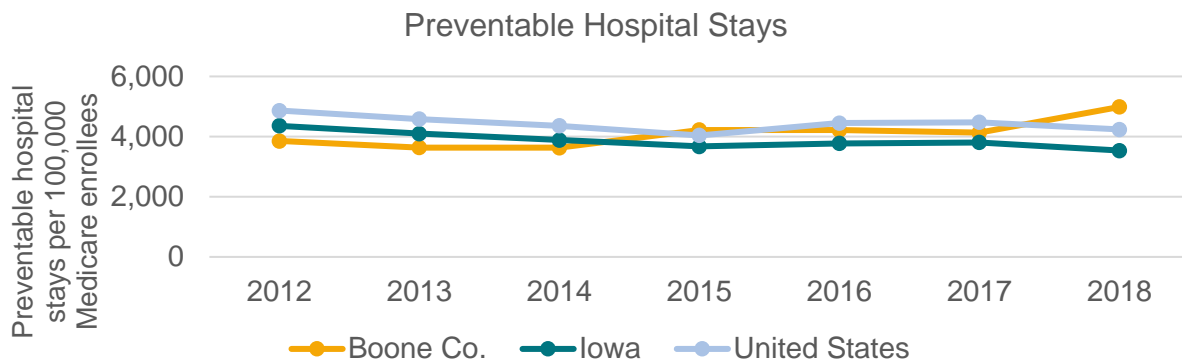


Source: County Health Rankings

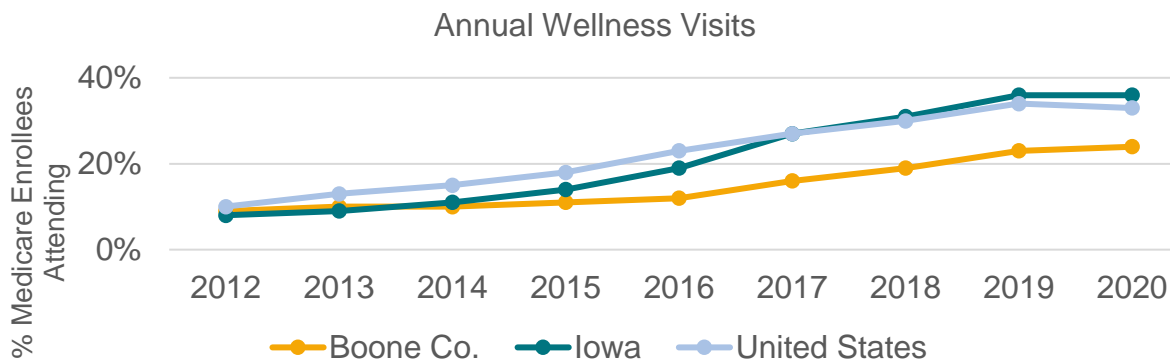
## Healthcare Services: Prevention

Preventative healthcare services was identified as the #5 health priority with 33 respondents (n=66) ranking it as extremely important to address in the community. Prevention was not identified as a health priority in the 2019 or 2016 CHNA reports.

Among Medicare enrollees, Boone County has higher rates of preventable hospital stays and flu vaccinations than Iowa but has less percent of the Medicare population attending annual wellness visits.



Source: County Health Rankings



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

## Cancer

Cancer was identified as the #7 health priority with 36 respondents (n=66) rating it as extremely important to be addressed in the community. Cancer was not identified as a health priority in the 2019 or 2016 CHNA reports.

Cancer is the 2<sup>nd</sup> leading cause of death in Boone County. Additionally, priority populations like racial and ethnic minority groups, women, low-income communities, and residents of rural communities suffer more from cancer and its effects ([NIH](#)).

|   | Boone Co.    | Iowa         |
|---|--------------|--------------|
| Cancer Incidence – All Sites<br>(per 100,000) | <b>520.3</b> | <b>484.1</b> |
| Cancer Mortality – All Sites<br>(per 100,000) | <b>170.5</b> | <b>150.9</b> |

*Source: National Cancer Institute, worldlifeexpectancy.com*

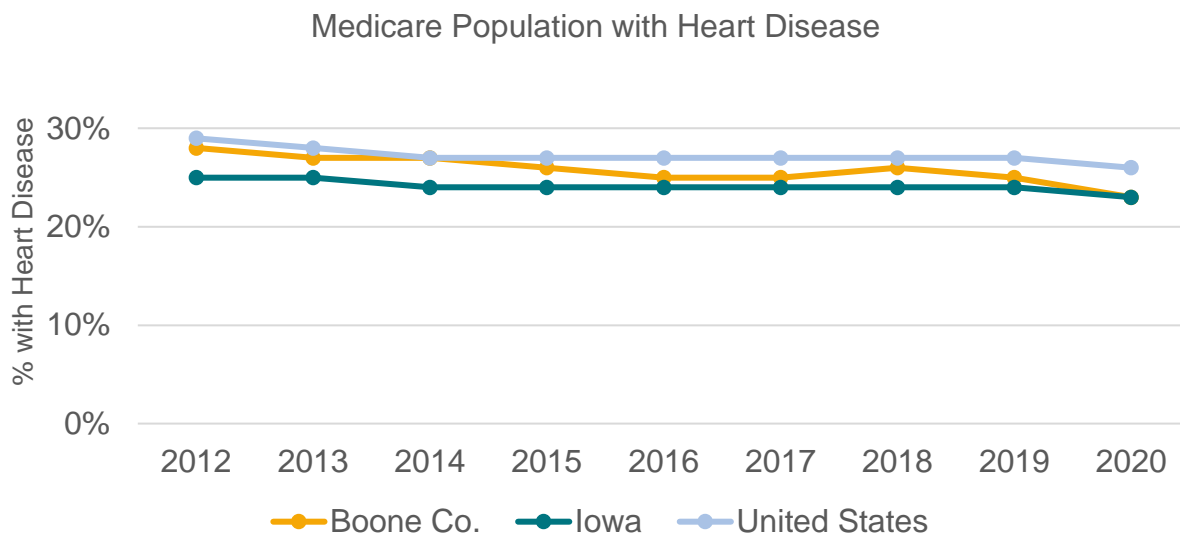
## Heart Disease

In the community survey, heart disease was identified as the #8 health priority with 31 respondents (n=67) rating it as extremely important to address. Heart disease was identified as the #5 health priority in 2019 and was not identified as a top priority in the 2016 CHNA report.

Boone County has a higher death rate from heart disease than both Iowa and the United States. In the Medicare population, Boone County fares similarly to Iowa and the US when it comes to the prevalence of heart disease. When it comes to health disparities, racial and ethnic minority groups are more likely to die of heart disease than their white counterparts ([CDC](#)).

|  | Boone Co.    | Iowa         | United States |
|--|--------------|--------------|---------------|
| Heart Disease Death Rate (per 100,000) | <b>207.7</b> | <b>162.0</b> | <b>161.5</b>  |

Source: [worldlifeexpectancy.com](#)



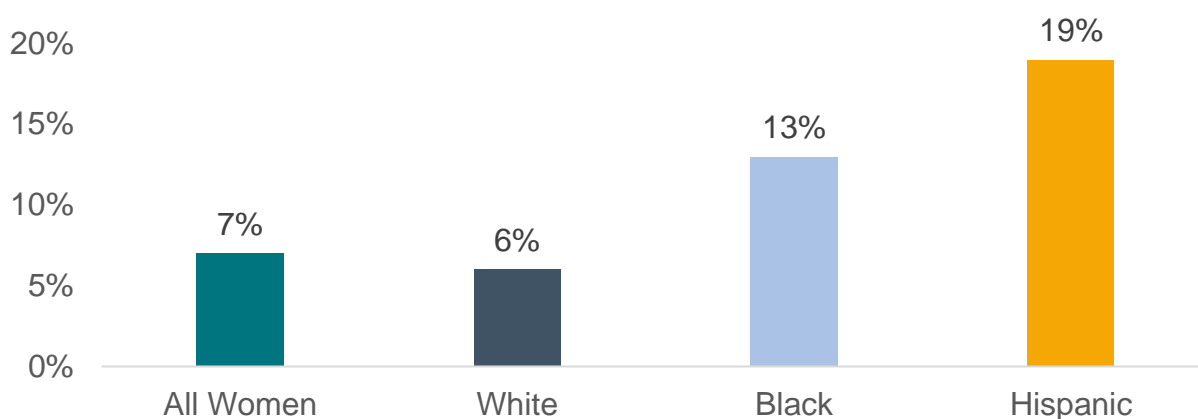
Source: Centers for Medicare & Medicaid Services: *Mapping Medicare Disparities by Population*

## Women's Health

Women's health was identified as the #9 health priority with 29 respondents (n=66) rating it as extremely important to address in the community. Women's health was not identified as a top health priority in 2019 or 2016.

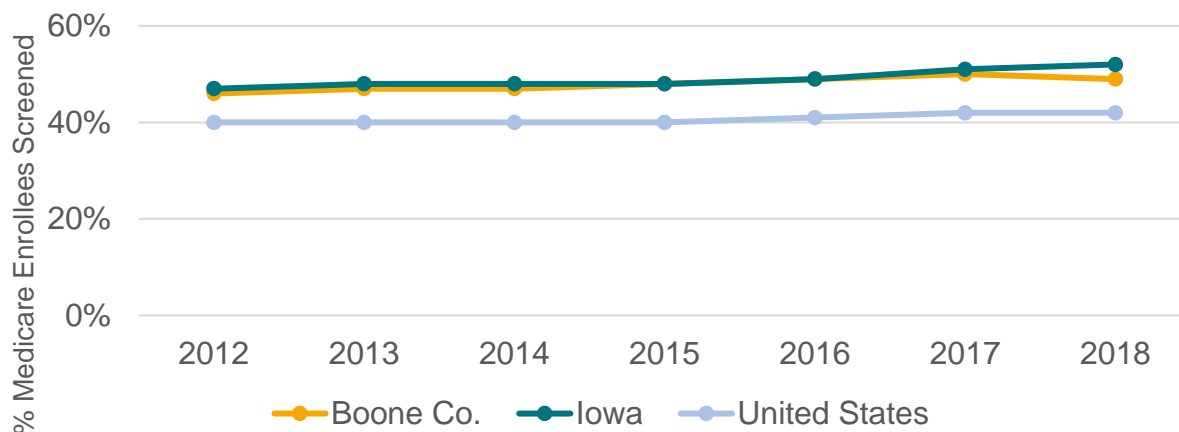
Boone County has similar mammography screening rates as Iowa rates have slightly increased between 2012 and 2018. Additionally, in Iowa, there are disparities between Race/Ethnicity in the affordability of healthcare among women ([KFF](#)).

Women Who Report Not Seeing a Doctor in the Past 12 Months Due to Cost in Iowa



Source: KFF: State Health Facts, 2020

Mammography Screening

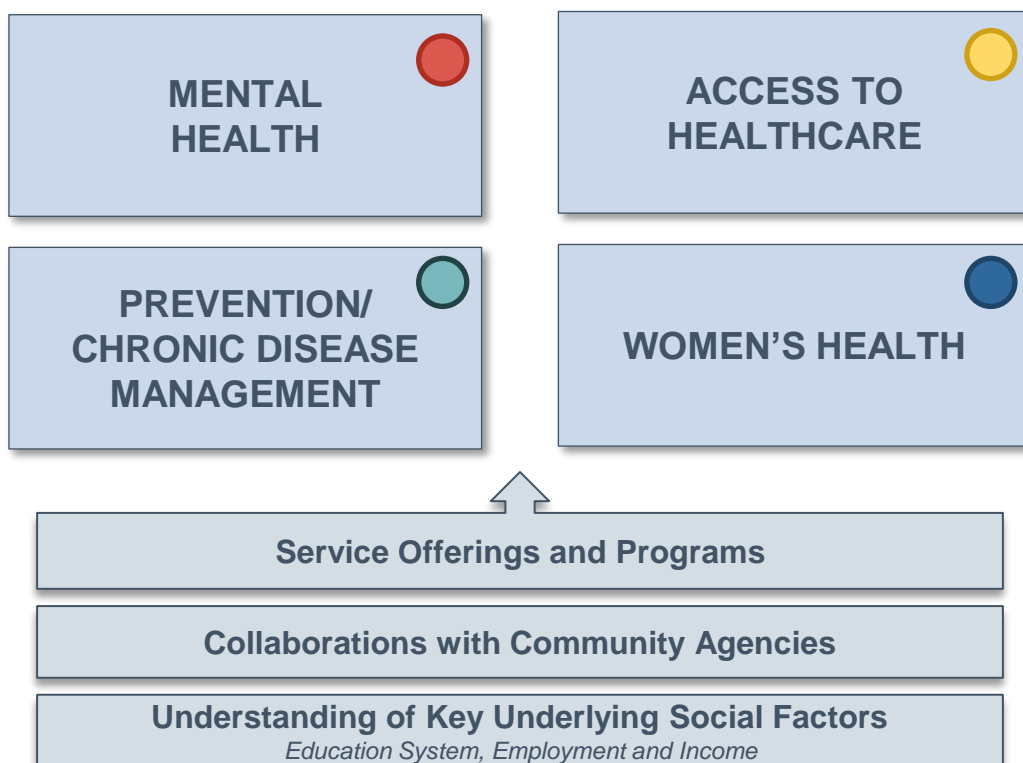


Source: County Health Rankings

Notes: Each year represents a 3- year average around the middle year

# Implementation Plan Framework

The Hospital has determined that the action plan to address the identified health priorities will be organized into subgroups in order to adequately address the health needs with available time and resources.



# Implementation Plan Strategy

## Mental Health

### County Statistics:

- Suicide is the 9th leading cause of death in Boone County
- **1,381** people per 1 mental health provider (IA: 607)
- Suicide death rate\*: **11.3** (IA: 16.7)

\*per 100,000

### Hospital services, programs, and resources available to respond to this need include:

- Psychiatry consultation available via tele-psychiatry when needed
- Safe room for mental health patients in the emergency department
- Social workers available for inpatient and outpatient services
- Multiple physicians certified to prescribe Suboxone
- BCH participates in the Substance Abuse Free Environment (SAFE) Coalition
- Nurses and paramedics are trained in de-escalation processes

### Impact of actions taken since the immediately preceding CHNA:

- Partnership with Sherriff's department on drug awareness booklets in schools
- Provide PHQ2 screening
- Availability of a mental health mobile crisis unit
- Coordinate with Youth and Shelter Services on educational events

### Additionally, The Hospital plans to take the following steps to address this need:

- Adding an additional safe room in Med/Surg by converting an inpatient room
- Exploring regional partnerships for an additional mental health provider for the outreach clinic
- Continue to build relationship with the school system in addressing adolescent mental health needs

### Identified measures and metrics to progress:

- Number of mental health screenings performed in the clinic
- Number of telehealth consults
- Behavioral health hold times



**Partnership organizations who can address this need:**

| Organization                    | Contact                | Information   |
|---------------------------------|------------------------|---|
| Youth and Shelter Services      |                        | (515)-433-2091  |
| Central Iowa Community Services |                        |   |
| Family Resources Center         |                        | (515)-432-4211  |
| Boone County Sheriff Department |                        | (515)-433-0524<br>Sheriff@Boonecounty.iowa.Gov                    |
| School District                 |                        | <a href="https://www.boonecsd.org/">https://www.boonecsd.org/</a> |
| RSVP                            | Michele Hull, Director | (515)-433-7836<br>mhull@bchmail.org                               |
| Imagine the Possibilities       |                        | <a href="https://imagineia.org/">https://imagineia.org/</a>       |
| Boone Police Department         |                        | (515) 432-3456<br>jwiebold@city.boone.ia.us                       |

## Access to Healthcare

### *Affordability and Presence of Healthcare Services*

#### **County Statistics:**

- Uninsured rate: **2.7%** (IA 4.6%)
- Children in poverty: 11% (IA: 13%)
- Median Household Income: **\$62,327** (IA: \$60,413)
- Unemployment rate: **4.1%** (IA: 5.1%)
- Primary care physician ratio: **1,882:1** (IA: 1,357:1)
- Dentist ratio: **2,385:1** (IA: 1,425:1)

#### **Hospital services, programs, and resources available to respond to this need include:**

- The Free Clinic of Boone County provides no-cost services to patients in the community; BCH physicians staff this clinic
- Financial Assistance Policy and sliding scales for fees
- Counseling for ACA exchange enrollment to help patients enroll
- Provides well child visits covered under insurance
- Free blood pressure screening at the hospital
- Provide flu shots at a reduced rate (and often free for children)
- Wellness labs provide lab tests and services at a discounted rate
- Worked closely with IHA to expand coverage for Iowa citizens
- Patient portal to allow patients to access records, lab results, communicate with physicians, etc.
- Financial counselor to help patients determine if they qualify for any sort of assistance
- Expanded clinic hours
- Health coach roles in primary care clinic
- Full-time social worker
- Expanded infusion center to centralize the service
- Financial assistance and charity care provided
- Joint Camp – class a month before joint replacement surgery to improve outcomes
- Specialty clinic
- **Impact of actions taken since the immediately preceding CHNA:**
- Continue to increase public awareness of low-cost and discount services
- Free COVID-19 tests and masks provided in clinics and to community businesses
- Expanded wellness labs – offering more testing services

**Additionally, The Hospital plans to take the following steps to address this need:**

- Explore reinstating health fairs
- Increase social worker referrals
- Look into transportation options for patients
- Exploring regional partnerships for an additional mental health provider for the outreach clinic

**Identified measures and metrics to progress:**

- Number of wellness labs completed
- Number of high utilizers in the emergency department
- After-hour clinic utilization
- Number of SDOH screenings completed

**Partnership organizations who can address this need:**

| Organization                    | Contact          | Information   |
|---------------------------------|------------------|---|
| The Free Clinic of Boone County | Jennifer Clubine | <a href="http://www.freeclinicsofiowa.org/clinics/info/freeclinic-boone-county">http://www.freeclinicsofiowa.org/clinics/info/freeclinic-boone-county</a> |
| Youth and Shelter Services      |                  | (515)-433-2091  |
| IMPACT                          |                  | <a href="https://www.impactcap.org/">https://www.impactcap.org/</a>   |
| Local Food Pantries             |                  |   |
| HIRTA/Taxi Services             |                  | <a href="https://www.ridehirta.com/">https://www.ridehirta.com/</a>   |

## Prevention/Chronic Disease Management

### *Cancer, Heart Disease*

#### County Statistics:

- Flu vaccinations: **52%** (IA: 52%)
- Annual wellness visits: **24%** (IA: 36%)
- COVID-19 mortality\*: **41** (IA: 99)
- Heart disease mortality\*: **207.7** (IA: 162.0)
- Cancer mortality\*: **170.5** (IA: 150.9)
- Cancer incidence\*: **520.3** (IA: 484.1)

\*per 100,000

#### Hospital services, programs, and resources available to respond to this need include:

- Strong cardiopulmonary rehab services available
  - 3 phases, with Phase 3 being a sustainability program
- Offer stress tests and echocardiograms
- Offers wellness labs – low-cost triglycerides and other measures
- Accessibility to a cardiologist that rotates in the BCH Specialty Clinic
- Challenges for employees: Walking challenge, Biking challenge, Sleep challenge
- Free clinic provides blood pressure and cholesterol medications as well as insulin
  - Staffed by BCH physicians and available twice per month
- Sponsor annual running/biking event in the community to promote healthy activities
- Sponsor healthy lifestyle lunch and learns for the community, providing healthy foods and education about healthy behaviors
- Hospital employs a dietitian to provide diet and weight loss counseling
- Expanded infusion center to centralize the service
- Accessibility to an oncologist that rotates in the BCH Specialty Clinic
- Oncology and chemo services available at the specialty clinic
- Chemo/infusion services
- Provides colonoscopies
- Registered diabetes educator available
- Preventative lung scans for ex-smokers
- PSA testing in the wellness clinic
- Wound Clinic services
  - Hyperbaric Therapy

**Impact of actions taken since the immediately preceding CHNA:**

- Expanded employee fitness room
- 3D mammography available
- Support groups for different chronic diseases

**Additionally, The Hospital plans to take the following steps to address this need:**

- Reinstate the Matter of Balance program
- Explore reinstating health fairs
- Explore the creation of a “Serenity Lounge/Yoga Room” for employees
- Evaluate the community need and possible coverage of urology and cardiology services

**Identified measures and metrics to progress:**

- Number of preventative screenings performed in the clinic

**Partnership organizations who can address this need:**

| Organization                    | Contact                  | Information   |
|---------------------------------|--------------------------|---|
| The Free Clinic of Boone County | Jennifer Clubine         | <a href="http://www.freeclinicsofiowa.org/clinics/info/freeclinic-boone-county">http://www.freeclinicsofiowa.org/clinics/info/freeclinic-boone-county</a> |
| Public Health                   | Debi Pestotnik, Director | (515)-432-1127<br><a href="https://www.boonehospital.com/services/public-health">https://www.boonehospital.com/services/public-health</a>                 |
| Local fitness centers           |                          |   |

## Women's Health

### County Statistics:

- Mammography screening: **49%** (IA: 52%)
- Women of childbearing age (15-44): **16%**

### Hospital services, programs, and resources available to respond to this need include:

- Family Birth Center
- Gynecology specialist in the specialty clinic
- Range of female physicians available
- 3D mammography
- Each birthing suite has jacuzzi bathtubs
- Offers nitric oxide for pain control
- Safe sleep hospital
- Lactation consultants available
- Offer complementary mother/baby follow-up appointments
- Skin to Skin Care for deliveries
- Lamaze classes

### Additionally, The Hospital plans to take the following steps to address this need:

- Establish a women's health program with current services for a holistic approach to women's care
- Market OB services to raise community awareness
- Grow volumes and services for women's health

### Identified measures and metrics to progress:

- Number of births
- Mammography screening rate
- Cervical cancer screening rate
- Utilization of class/educational offerings
- Number of gynecological surgeries performed

**Partnership organizations who can address this need:**

| Organization                        | Contact               | Information   |
|-------------------------------------|-----------------------|---|
| The Free Clinic of Boone County     | Jennifer Clubine      | <a href="http://www.freeclinicsofiowa.org/clinics/info/freeclinic-boone-county">http://www.freeclinicsofiowa.org/clinics/info/freeclinic-boone-county</a> |
| Family Birth Center                 | Dena Sytsma, Director | (515)-433-8474  |
| Boone County Family Medicine Clinic |                       | <a href="https://www.boonehospital.com/services/boone-county-family-medicine">https://www.boonehospital.com/services/boone-county-family-medicine</a>     |
| Other regional providers            |                       |   |



# Appendix

# Community Data

# Community Demographics

Demographic Profile

|                                 | Boone County |           |          |            | Iowa      |           |          |            | US Avg.                     |            |
|---------------------------------|--------------|-----------|----------|------------|-----------|-----------|----------|------------|-----------------------------|------------|
|                                 | 2021         | 2026      | % Change | % of Total | 2021      | 2026      | % Change | % of Total | % Change                    | % of Total |
| Population                      |              |           |          |            |           |           |          |            |                             |            |
| Total Population                | 26,182       | 26,340    | 0.6%     | 100.0%     | 3,215,590 | 3,299,250 | 2.6%     | 100.0%     | 3.6%                        | 100.0%     |
| By Age                          |              |           |          |            |           |           |          |            |                             |            |
| 00 - 17                         | 5,441        | 5,427     | -0.3%    | 20.8%      | 703,177   | 726,312   | 3.3%     | 21.9%      | 2.4%                        | 21.7%      |
| 18 - 44                         | 8,263        | 7,999     | -3.2%    | 31.6%      | 1,117,597 | 1,131,120 | 1.2%     | 34.8%      | 2.7%                        | 36.0%      |
| 45 - 64                         | 6,986        | 6,580     | -5.8%    | 26.7%      | 793,214   | 760,228   | -4.2%    | 24.7%      | -2.2%                       | 25.0%      |
| 65+                             | 5,492        | 6,334     | 15.3%    | 21.0%      | 601,602   | 681,590   | 13.3%    | 18.7%      | 15.2%                       | 17.3%      |
| Female Childbearing Age (15-44) | 4,464        | 4,266     | -4.4%    | 17.0%      | 600,993   | 610,410   | 1.6%     | 18.7%      | 2.5%                        | 19.5%      |
| By Race/Ethnicity               |              |           |          |            |           |           |          |            |                             |            |
| White                           | 25,004       | 24,876    | -0.5%    | 95.5%      | 2,813,816 | 2,821,392 | 0.3%     | 87.5%      | 1.4%                        | 69.2%      |
| Black                           | 341          | 446       | 30.8%    | 1.3%       | 135,178   | 161,056   | 19.1%    | 4.2%       | 4.9%                        | 13.0%      |
| Asian & Pacific Islander        | 146          | 181       | 24.0%    | 0.6%       | 96,100    | 118,604   | 23.4%    | 3.0%       | 13.6%                       | 6.1%       |
| Other                           | 691          | 837       | 21.1%    | 2.6%       | 170,496   | 198,198   | 16.2%    | 5.3%       | 10.0%                       | 11.7%      |
| Hispanic*                       | 708          | 838       | 18.4%    | 2.7%       | 212,821   | 248,869   | 16.9%    | 6.6%       | 10.9%                       | 18.9%      |
| Households                      |              |           |          |            |           |           |          |            |                             |            |
| Total Households                | 10,819       | 10,922    | 1.0%     |            | 1,297,823 | 1,333,602 | 2.8%     |            |                             |            |
| Median Household Income         | \$ 62,327    | \$ 67,000 |          |            | \$ 60,413 | \$ 65,307 |          |            | US Avg. \$64,730   \$72,932 |            |
| Education Distribution          |              |           |          |            |           |           |          |            |                             |            |
| Some High School or Less        |              |           |          | 5.6%       |           |           |          | 7.1%       |                             | 11.1%      |
| High School Diploma/GED         |              |           |          | 31.6%      |           |           |          | 31.1%      |                             | 26.8%      |
| Some College/Associates Degree  |              |           |          | 36.7%      |           |           |          | 32.2%      |                             | 28.5%      |
| Bachelor's Degree or Greater    |              |           |          | 26.1%      |           |           |          | 29.6%      |                             | 33.6%      |

\*Ethnicity is calculated separately from Race

Source: Stratasan

# Leading Cause of Death


































The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. Iowa's Top 15 Leading Causes of Death are listed in the tables below in Boone County's rank order. Boone County was compared to all other Iowa counties, Iowa state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

| Cause of Death |            |                 | Rank among all counties in IA<br>(#1 rank = worst in state) | Rate of Death per 100,000 age adjusted |       | Observation<br>(Boone County Compared to U.S.) |
|----------------|------------|-----------------|---|--|-------|--|
| IA Rank        | Boone Rank | Condition       |   | IA                                     | Boone |  |
| 1              | 1          | Heart Disease   | 18 of 99  | 172.9                                  | 210.3 | <i>Higher than expected</i>                    |
| 2              | 2          | Cancer          | 50 of 99  | 150.9                                  | 170.5 | <i>Higher than expected</i>                    |
| 3              | 3          | Lung            | 28 of 99  | 43.8                                   | 46.9  | <i>Higher than expected</i>                    |
| 4              | 4          | Accidents       | 35 of 99  | 42.3                                   | 45.2  | <i>As expected</i>                             |
| 5              | 5          | Stroke          | 43 of 99  | 32.1                                   | 43.3  | <i>Higher than expected</i>                    |
| 6              | 6          | Alzheimer's     | 15 of 99  | 29.2                                   | 35.0  | <i>Higher than expected</i>                    |
| 7              | 7          | Diabetes        | 10 of 99  | 20.2                                   | 28.9  | <i>Higher than expected</i>                    |
| 9              | 8          | Flu - Pneumonia | 16 of 99  | 13.5                                   | 24.5  | <i>Higher than expected</i>                    |
| 8              | 9          | Suicide         | 74 of 99  | 16.7                                   | 11.3  | <i>As expected</i>                             |
| 10             | 10         | Kidney          | 34 of 99  | 10.1                                   | 8.3   | <i>As expected</i>                             |
| 11             | 11         | Liver           | 30 of 99  | 9.5                                    | 7.3   | <i>As expected</i>                             |
| 14             | 12         | Blood Poisoning | 32 of 99  | 9.0                                    | 6.9   | <i>As expected</i>                             |
| 12             | 13         | Hypertension    | 51 of 99  | 9.4                                    | 6.4   | <i>As expected</i>                             |
| 13             | 14         | Parkinson's     | 81 of 99  | 9.1                                    | 5.6   | <i>As expected</i>                             |
| 15             | 15         | Homicide        | 34 of 99  | 2.7                                    | 2.1   | <i>As expected</i>                             |

\*County Death Rate Observation: *Higher than expected* = 5 or more deaths per 100,000 compared to the US; *Lower than expect* = 5 or more less deaths per 100,000 compared to the US

Source: [worldlifeexpectancy.com](http://worldlifeexpectancy.com)

# County Health Rankings




|  | Boone   | Iowa     | U.S. Median | Top U.S. Performers |
|--|---|----------|-------------|---------------------|
| <b>Length of Life</b>                                  |   |          |             |                     |
| Overall Rank (best being #1)                           | <b>10/99</b>  |          |             |                     |
| - Premature Death*                                     |  <b>4,714</b>      | 6,232    | 8,200       | 5,400               |
| <b>Quality of Life</b>                                 |   |          |             |                     |
| Overall Rank (best being #1)                           | <b>27/99</b>  |          |             |                     |
| - Poor or Fair Health                                  |  <b>13%</b>        | 13%      | 17%         | 12%                 |
| - Poor Physical Health Days                            |  <b>3.3</b>        | 3.1      | 3.9         | 3.1                 |
| - Poor Mental Health Days                              |  <b>3.6</b>        | 3.5      | 4.2         | 3.4                 |
| - Low Birthweight                                      |  <b>6%</b>         | 7%       | 8%          | 6%                  |
| <b>Health Behaviors</b>                                |   |          |             |                     |
| Overall Rank (best being #1)                           | <b>35/99</b>  |          |             |                     |
| - Adult Smoking  |  <b>18%</b>        | 17%      | 17%         | 14%                 |
| - Adult Obesity  |  <b>39%</b>        | 34%      | 33%         | 26%                 |
| - Physical Inactivity                                  |  <b>23%</b>        | 23%      | 27%         | 20%                 |
| - Access to Exercise Opportunities                     |  <b>86%</b>        | 83%      | 66%         | 91%                 |
| - Excessive Drinking                                   |  <b>24%</b>        | 26%      | 18%         | 13%                 |
| - Alcohol-Impaired Driving Deaths                      |  <b>46%</b>        | 27%      | 28%         | 11%                 |
| - Sexually Transmitted Infections*                     |  <b>320.9</b>      | 466.7    | 327.4       | 161.4               |
| - Teen Births (per 1,000 female population ages 15-19) |  <b>15</b>         | 18       | 28          | 13                  |
| <b>Clinical Care</b>                                   |   |          |             |                     |
| Overall Rank (best being #1)                           | <b>59/99</b>  |          |             |                     |
| - Uninsured  |  <b>5%</b>         | 6%       | 11%         | 6%                  |
| - Population per Primary Care Provider                 |  <b>1,882</b>      | 1,357    | 2,070       | 1,030               |
| - Population per Dentist                               |  <b>2,385</b>      | 1,452    | 2,410       | 1,240               |
| - Population per Mental Health Provider                |  <b>1,381</b>      | 607      | 890         | 290                 |
| - Preventable Hospital Stays                           |  <b>4,987</b>      | 3,536    | 4,710       | 2,761               |
| - Mammography Screening                                |  <b>49%</b>       | 52%      | 41%         | 50%                 |
| - Flu vaccinations                                     |  <b>61%</b>      | 54%      | 43%         | 53%                 |
| <b>Social &amp; Economic Factors</b>                   |   |          |             |                     |
| Overall Rank (best being #1)                           | <b>22/99</b>  |          |             |                     |
| - High school graduation                               |  <b>94%</b>      | 92%      | 90%         | 96%                 |
| - Unemployment   |  <b>2.4%</b>     | 2.7%     | 3.9%        | 2.6%                |
| - Children in Poverty                                  |  <b>11%</b>      | 13%      | 20%         | 11%                 |
| - Income inequality**                                  |  <b>3.7</b>      | 4.2      | 4.4         | 3.7                 |
| - Children in Single-Parent Households                 |  <b>16%</b>      | 21%      | 32%         | 20%                 |
| - Violent Crime*                                       |  <b>277</b>      | 282      | 205         | 63                  |
| - Injury Deaths*                                       |  <b>75</b>       | 68       | 84          | 58                  |
| - Median household income                              |  <b>\$63,975</b> | \$61,807 | \$50,600    | \$69,000            |
| - Suicides   |  <b>14</b>       | 15       | 17          | 11                  |
| <b>Physical Environment</b>                            |   |          |             |                     |
| Overall Rank (best being #1)                           | <b>71/99</b>  |          |             |                     |
| - Air Pollution - Particulate Matter (µg/m³)           |  <b>7.7</b>      | 7.5      | 9.4         | 6.1                 |
| - Severe Housing Problems***                           |  <b>11%</b>      | 12%      | 14%         | 9%                  |
| - Driving to work alone                                |  <b>83%</b>      | 81%      | 81%         | 72%                 |
| - Long commute - driving alone                         |  <b>30%</b>      | 21%      | 31%         | 16%                 |

\*Per 100,000 Population

\*\*Ratio of household income at the 80th percentile to income at the 20th percentile

\*\*\*Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

## Key (Legend)

-  Better than IA
-  Same as IA
-  Worse than IA

Source: County Health Rankings 2021 Report

# Detailed Approach

Boone County Hospital ("BCH" or 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 helps the hospital identify and respond to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit 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
- 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.

### **Project Objectives**

BCH partnered with QHR Health to:

- Complete a CHNA report, compliant with IRS Guidelines
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

### **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 for those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

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:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the 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 downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax 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.

### **Community Health Needs Assessment Subsequent to Initial Assessment**

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:



*“The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*

- 1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
- 2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
- 3) written comments received on the hospital facility’s most recently conducted CHNA and most recently adopted implementation strategy.*

*...the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must “solicit” input from these categories and take into account the input “received.” The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts.”*

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

*“... the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:*

- 1) A definition of the community served by the hospital facility and a description of how the community was determined;*

- 2) *a description of the process and methods used to conduct the CHNA;*
- 3) *a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
- 4) *a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
- 5) *a description of resources potentially available to address the significant health needs identified through the CHNA.*

*... final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA.”*

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by

*“...the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments.”*

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
- 2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
- 3) **Minority or Underserved Population** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition
- 4) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 5) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 6) **Educator** – Persons whose profession is to instruct individuals on subject matter or broad topics
- 7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

**Other** (please specify)

The methodology also takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor and community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Community residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the survey respondents cooperating in this study are displayed in this appendix.

Data sources include:

| Website or Data Source   | Data Element  | Date Accessed | Data Date |
|--|---|---------------|-----------|
| www.countyhealthrankings.org   | Assessment of health needs of the county compared to all counties in the state.   | December 2021 | 2013-2019 |
| Stratasean   | Assess characteristics of the Hospital's primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics | December 2021 | 2021      |
| www.worldlifeexpectancy.com/usa-health-rankings                                      | 15 top causes of death  | December 2021 | 2019      |
| Bureau of Labor Statistics   | Unemployment rates  | January 2022  | 2020      |
| NAMI   | Statistics on mental health rates and services  | March 2022    | 2021      |
| Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population | Health outcome measures and disparities in chronic diseases   | March 2022    | 2020      |
| National Cancer Institute  | Cancer disparities  | March 2022    | 2020      |
| National Cancer Institute  | Cancer incidence rates  | March 2022    | 2014-2018 |
| Kaiser Family Foundation   | Women's health statistics   | March 2022    | 2020      |

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community through the Hospital social media page, to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 148 survey respondents was received. Survey responses started on January 13<sup>th</sup>, 2022, and ended on February 4<sup>th</sup>, 2022.
- 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 whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups. .

Having taken steps to identify potential community needs, the respondents then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the BCH process, the survey respondents had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health needs importance from not at all (1 rating) to extremely significant (5 rating). The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

The determination of the break point — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred.

# Survey Results

**Q1: I live primarily in this zip code:**

| Answers  | # of Responses |
|----------|----------------|
| 50036    | 118            |
| 50212    | 10             |
| 50156    | 7              |
| 50014    | 4              |
| 50249    | 3              |
| 50010    | 2              |
| 50021    | 1              |
| 50040    | 1              |
| 50063    | 1              |
| 50129    | 1              |
| 50247    | 1              |
| 50031    | 0              |
| 50037    | 0              |
| 50099    | 0              |
| 50152    | 0              |
| 50223    | 0              |
| Answered | 135            |
| Skipped  | 13             |

**Q2: Please select which roles apply to you.**

| Answer Choices   | Applies to Me | Does Not Apply to Me | Total |
|--|---------------|----------------------|-------|
| Community Resident   | 112           | 12                   | 124   |
| Healthcare Professional  | 55            | 67                   | 122   |
| Government Employee or Representative                            | 25            | 87                   | 112   |
| Public Health Official   | 18            | 96                   | 114   |
| Educator   | 7             | 106                  | 113   |
| Representative of Chronic Disease Group or Advocacy Organization | 4             | 108                  | 112   |
| Minority or Underserved Population                               | 3             | 105                  | 108   |
|  |               | Answered             | 137   |
|  |               | Skipped              | 11    |



#### Q4: Why do you choose Boone County Hospital for your healthcare?

| Answer Choices                                   | Responses |     |
|--|-----------|-----|
| Location/Convenience                             | 82.58%    | 109 |
| Quality of Care                                  | 37.88%    | 50  |
| Courtesy of Staff                                | 36.36%    | 48  |
| Range of Services Provided                       | 18.94%    | 25  |
| Affordability of Care                            | 17.42%    | 23  |
| I receive my healthcare somewhere other than BCH | 16.67%    | 22  |
| Expertise in Specific Illness/Treatment          | 10.61%    | 14  |
| Recommendation by Family/Friends                 | 8.33%     | 11  |
| Other (please specify)                           | 8.33%     | 11  |
| Answered   |           | 132 |
| Skipped  |           | 16  |

#### Comments:

- My PCP is in Boone and I have confidence in him overseeing my medical care.
- MGMC, I have insurance through there
- Proximity
- I'm employed there.
- My regular doctor refers me to specialists when needed and keeping it close by.
- Changed providers because BCH missed metastatic cancer
- I do not have any personal healthcare with Boone County Hospital
- I do not compare prices. I doctor in Boone and thus, go to the Boone Hospital.
- I get some services at bch and some elsewhere
- I have some care here but continue to have my primary physician in Ames that I have had for many years before moving to the Boone area.

**Q5: Which of these populations are prevalent/most common in your community, and do they have any unique or pressing needs that should be addressed?**

| Answer Choices                                      | Responses |     |
|---|-----------|-----|
| Low-income groups                                   | 70.75%    | 75  |
| Older adults  | 63.21%    | 67  |
| Residents of rural areas                            | 49.06%    | 52  |
| Children  | 34.91%    | 37  |
| Individuals requiring additional healthcare support | 33.96%    | 36  |
| Women   | 33.02%    | 35  |
| LGBTQ+  | 10.38%    | 11  |
| Racial and ethnic minority groups                   | 3.77%     | 4   |
| Answered  |           | 106 |
| Skipped   |           | 42  |

Unique or pressing needs of the above-selected groups:

- Obesity, Mental Health, availability of affordable specialty care
- Low Income seek service as need, little prevention. Children pediatric needs. Older adults continue wellness efforts and care.
- Supportive housing
- A significant population of elderly that require geriatric health care services.
- Accessibility of services
- More access to mental health services in the area especially.
- Transportation to receive adequate healthcare. Children with Medicaid have limited dental options (if any) in our community. Overall, high need for mental health services for all age groups.
- Access to affordable health care.
- Very little support for the LGBTQ population, affordable housing for single/widowed women and women with small children.
- All these groups are present and have needs that are unique—and when someone has a need it is pressing to them—which should be pressing to all of us.
- access to medical care, food insecurity
- Natural family planning offered as an option.
- Low income help with housing and medications
- Elderly. Help understand Medicare and options. Help with medication costs. LGzBTQ. Need to be more included and welcomed in community

**Q6: Please share comments or observations about the actions BCH has taken to address Affordability/Accessibility.**

**Comments:**

- I do not believe that accessibility is a large part of BCH and clinics. I've only visited a few times in the past with not great experiences.
- Walk in clinic, separate testing for COVID when needed some examples of Accessibility. Affordability harder to quantify.
- The Walk-In Clinic is an excellent resource to expand our accessibility to care so people don't have to use the ER.
- BCH has a great financial assistance program.
- Walk in clinic is nice but overwhelmed most days.
- The Free Clinic is a good service to Boone County residents. I think we need a social worker available to those needing help getting on Medicaid or ACA insurance
- Not readily apparent. Telehealth visits during pandemic were helpful, but are they still an option?
- Appreciate availability of wellness labs, financial assistance.
- Need more transportation options. HIRTA and Klinks Cab have limited hours and can be difficult to schedule. What other options can be investigated/arranged?"
- No observations but still see as a need.
- I don't think it's anymore affordable, cheaper to go to the er in Ames
- They have made it easier to contact a human
- The hospital owned clinics are now doing a SDoH survey, they are also now equipped to complete telehealth visits when necessary.
- Not sure what it's called but "charity care" for those who can't afford their deductible and there is always a payment plan. Most who avoid care because they are worried about cost don't know about these programs
- Application for charity care. Payment plans
- Not too acceptable. In this time period, I addressed the Head about blood tests cost.
- The current social worker has connected hospital/clinic patients to community resources to meet needs.
- Do not use but take people to hospital. Feel hospital services are accessible. Walk in clinic really helps
- I think BCH has been very accommodating to get people in for appointments.

- There are no mental health services offered
- Have a walk in clinic in Boone with hours that addressed that need
- Don't know enough to have an opinion
- Billing is a nightmare

**Q7: Please share comments or observations about the actions BCH has taken to address Mental Health.**

**Comments:**

- Loss of Psychologist and not replaced.
- I am not aware of any for mental health in this area.
- Safe Room project.
- I feel there needs to be more safe rooms and a crisis nurse present to do assessments
- Mental health care is a need all across Iowa. BCH will be better prepared to handle some mental health cases with the new safe room being added. A replacement for Dr Martin is critical to provide mental health care for the community.
- Sadly they only have 1 room in the ER dedicated to someone with mental health issues and they are unable to keep them there.
- I was given a list of mental health providers and have contacted several to try to get mental health help for my daughter with no return call. An on staff mental health provider that PCP's can refer the patient to would be better.
- The addition of a mental health room in the ER was nice.
- This is still a big need. The loss of Dr. Martin was devastating to his patients. We still need to recruit mental health professionals to our community and work on tele health access.
- Growing need for the community, loss of Dr Martin hurts. Need a replacement, or multiple new providers. Specialty Clinic a possibility to bring someone in? Looking forward to the MSP safe room.
- Continual need for more mental health services for all age groups. Such a limited supply of providers across the state of Iowa.
- Not sure
- Biggest challenge is finding continuing care for non-pharmacologic therapy.
- BCH is working on MH in the Emergency department and relationships with MH providers in the community

- Do more.
- The hospital is not in a position to fully address this but they now have telehealth in the ER. There are other organizations in the community that address this issue.
- Safe room. Make awareness of help and assistance for employees and community
- More local services are needed.
- I believe the ER has been good about finding mental health help for those that need it.
- I don't feel like enough has been done to address the mental health challenges in the community. There should have been a timely replacement of a clinical psychologist or similar after losing the one we had.
- Have a mental health Dr,
- Don't know enough to have an opinion

**Q8: Please share comments or observations about the actions BCH has taken to address Drug/Substance Abuse.**

**Comments:**

- I am not aware of any drug/substance abuse programs in this BCH clinics.
- We have 2 providers who do suboxone management. Our family practice providers also prescribe very little chronic pain medicine.
- Drug abuse is on the rise, increased public education might help.
- I see narcan seems to be more available at local pharmacies.
- The PMP has been an important tool in my practice.
- Again, growing need for the community.
- Unaware of any actions BCH has done for drug/substance use.
- Turning away active users with no referrals for inpatient treatment when they need it.
- I do not feel BCH helps substance abuse individuals.
- The hospital is not able to fully address this there are other organizations in the community that do address this issue.
- Unsure of any efforts made in this area
- I have not had any experience with this or with clients in this area.
- They do not have a rehab program offered nor is there a SCU for detox anymore
- There is not adequate awareness of what resources, if any, are available to the community. What steps does BCH take specifically for someone looking to detox/obtain treatment?

**Q9: Please share comments or observations about the actions BCH has taken to address Heart Disease.**

**Comments:**

- We have a Health Coach that is free to our patients to do education for patients with high cholesterol and hypertension as well as diet teaching.
- Specialist are still a county away.
- Monthly BP clinic. I think we could benefit from a Public Health sponsored Weight Management/Health Coach access using small groups based on BMI (above 50, 40-50, 30-40, etc)
- Unsure of any changes. But my spouse has a heart condition that was appropriately referred to Iowa Heart, which was very helpful.
- Cardiotherapy has been a literal lifesaver for several cardiac patients in my circle.
- We have the cardiac rehab. Education and routine exercise while monitoring so you know where to stop on your own
- Magnificent Cardiac Rehab services and the education that is provided there.
- Offer cardiac rehab at BCH
- I think the primary physicians are very good at adjusting medications and giving education with heart disease.
- Can get our EKG's done at the hospital

**Q10: Please share comments or observations about the actions BCH has taken to address Chronic Pain Management.**

**Comments:**

- Pain specialist available at BCH
- I do believe there are chronic pain management options at BCH my husband uses the services weekly for them.
- Availability of Pain Clinic
- Pain management clinic has been helpful for this segment.
- The pain clinic was a great addition to the hospital.
- Stable setup.
- I utilize the Pain Management clinic located at BCH and McFarland. I am happy with their services.
- I feel that BCH doesn't help chronic pain clients. All that is done is pumping people full of pain pills and injections.

- The hospital has a pain clinic already established i don't believe anything further has been established.
- Pain clinic available inside the walls of BCH
- The pain clinic, along with the therapy unit are doing a good job.
- None observed other than limiting narcotics. People go to hospital to be admitted for more narcotics.
- Never see or hear anything about the pain doc. don't know if he's still here
- Inquire about level of pain when doing assessments on outpatient and inpatient areas
- I think in collaboration between the pain clinic and the primary physician have been very helpful to many of my clients.
- Treat pain management patients like drug seekers and criminals
- The pain clinic is very expensive. More resources and options should be available to the community.
- Great pain clinic

**Q11: Do you believe the above data accurately reflects your community today?** (Data presented in this report)

| Answer Choices                                       |        | Responses |
|--|--------|-----------|
| Yes, the data accurately reflects my community today | 82.86% | 58        |
| No, the data does not reflect my community today     | 17.14% | 12        |
| Answered   |        | <b>70</b> |
| Skipped  |        | <b>78</b> |

**Comments:**

- Fairly reasonable data at this time.
- Drinking and driving deaths appear high. Numbers speak, no seat belt use most likely kills more. Combat vehicle deaths as a whole.
- It is amazing that alcohol doesn't get the attention it deserves based on the stats.
- It also shows how short we are on mental health providers
- Need additional health care providers to open more same day appointments. Patients want to see their providers. Will also ease the burden on the walk in clinic, and the ER. Also highlights need for more mental health care.
- Poor physical and mental health days are likely underreported.
- Don't believe that 46% driving deaths due to alcohol
- I believe the poverty rate is likely higher it depends on whether child tax credit is factored in
- Social and economic factors appear low for our county
- I would like driving deaths statistics to be explained.
- Local dentists fail to accept state insurance
- I don't feel that dental needs are provided well because dentist are not paid well thru Medicaid reimbursements. Therefore, those on Medicaid find it difficult to access a dentist or receive care.
- No, I wonder if the poverty data is not accurate. Might be higher but people are not reporting due to C19.
- We have many dentists for a town our size and waiting lists for mental health care unless you do telehealth
- Great job
- Underreported



**Q12: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)**

|                          | 1 | 2 | 3  | 4  | 5  | Total    | Weighted Average |
|--------------------------|---|---|----|----|----|----------|------------------|
| Mental Health            | 1 | 2 | 5  | 13 | 46 | 67       | 4.51             |
| Cancer                   | 2 | 2 | 9  | 17 | 36 | 66       | 4.26             |
| Heart Disease            | 0 | 2 | 11 | 23 | 31 | 67       | 4.24             |
| Women's Health           | 0 | 1 | 13 | 23 | 29 | 66       | 4.21             |
| Diabetes                 | 1 | 2 | 16 | 24 | 23 | 66       | 4                |
| Stroke                   | 0 | 2 | 18 | 25 | 22 | 67       | 4                |
| Obesity                  | 3 | 3 | 16 | 16 | 29 | 67       | 3.97             |
| Alzheimer's and Dementia | 1 | 4 | 18 | 22 | 22 | 67       | 3.9              |
| Dental                   | 2 | 2 | 22 | 20 | 21 | 67       | 3.84             |
| Lung Disease             | 0 | 3 | 25 | 20 | 19 | 67       | 3.82             |
| Kidney Disease           | 1 | 5 | 25 | 19 | 17 | 67       | 3.69             |
| Liver Disease            | 1 | 7 | 26 | 17 | 16 | 67       | 3.6              |
| Other (please specify)   | 0 |   |    |    |    |          |                  |
|                          |   |   |    |    |    | Answered | 67               |
|                          |   |   |    |    |    | Skipped  | 81               |

**Q13: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)**

|  | 1 | 2 | 3  | 4  | 5  | Total    | Weighted Average |
|--|---|---|----|----|----|----------|------------------|
| Healthcare Services: Affordability     | 0 | 1 | 7  | 16 | 42 | 66       | 4.5              |
| Education System                       | 1 | 1 | 5  | 19 | 38 | 64       | 4.44             |
| Healthcare Services: Physical Presence | 1 | 2 | 10 | 14 | 39 | 66       | 4.33             |
| Healthcare Services: Prevention        | 0 | 2 | 11 | 20 | 33 | 66       | 4.27             |
| Employment and Income                  | 0 | 3 | 9  | 21 | 33 | 66       | 4.27             |
| Access to Exercise/Recreation          | 1 | 2 | 13 | 18 | 32 | 66       | 4.18             |
| Access to Healthy Food                 | 1 | 4 | 11 | 17 | 33 | 66       | 4.17             |
| Community Safety                       | 1 | 1 | 12 | 25 | 27 | 66       | 4.15             |
| Social Support                         | 1 | 4 | 8  | 26 | 27 | 66       | 4.12             |
| Affordable Housing                     | 1 | 3 | 15 | 18 | 29 | 66       | 4.08             |
| Transportation                         | 2 | 3 | 21 | 14 | 26 | 66       | 3.89             |
| Social Connections                     | 2 | 3 | 22 | 22 | 17 | 66       | 3.74             |
| Other (please specify)                 | 0 |   |    |    |    |          |                  |
|  |   |   |    |    |    | Answered | 66               |
|  |   |   |    |    |    | Skipped  | 82               |

**Q14: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)**

|                            | 1  | 2 | 3  | 4  | 5  | Total    | Weighted Average |
|----------------------------|----|---|----|----|----|----------|------------------|
| Drug/Substance Abuse       | 4  | 4 | 12 | 18 | 29 | 67       | 3.96             |
| Physical Inactivity        | 3  | 4 | 19 | 17 | 24 | 67       | 3.82             |
| Employment                 | 4  | 4 | 21 | 12 | 25 | 66       | 3.76             |
| Excess Drinking            | 3  | 6 | 20 | 14 | 24 | 67       | 3.75             |
| Diet                       | 0  | 9 | 19 | 19 | 20 | 67       | 3.75             |
| Smoking/Vaping/Tobacco Use | 5  | 7 | 18 | 13 | 23 | 66       | 3.64             |
| Risky Sexual Behavior      | 10 | 9 | 18 | 14 | 16 | 67       | 3.25             |
| Other (please specify)     | 0  |   |    |    |    |          |                  |
|                            |    |   |    |    |    | Answered | 67               |
|                            |    |   |    |    |    | Skipped  | 81               |

**Q15: Overall, how much has the COVID-19 pandemic affected you and your household?**

| Answer Choices  | Responses |    |
|---|-----------|----|
| Noticeable impact, planning for changes to daily behavior | 40.63%    | 26 |
| Some impact, does not change daily behavior               | 39.06%    | 25 |
| Significant daily disruption, reduced access              | 9.38%     | 6  |
| Severe daily disruption, immediate needs unmet            | 6.25%     | 4  |
| No impact, no change                                      | 4.69%     | 3  |
| Answered  |           | 64 |
| Skipped   |           | 84 |

**Q16: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social determinants that have been negatively impacted by the COVID-19 pandemic in your community. (please select all that apply):**

| Answer Choices                  | Responses |    |
|---------------------------------|-----------|----|
| Access to healthcare services   | 66.13%    | 41 |
| Social support systems          | 58.06%    | 36 |
| Childcare                       | 58.06%    | 36 |
| Education                       | 54.84%    | 34 |
| Employment                      | 50.00%    | 31 |
| Food security                   | 40.32%    | 25 |
| Transportation                  | 27.42%    | 17 |
| Poverty                         | 25.81%    | 16 |
| Public safety                   | 25.81%    | 16 |
| Nutrition                       | 25.81%    | 16 |
| Housing                         | 19.35%    | 12 |
| Racial and cultural disparities | 8.06%     | 5  |
| Other (please specify)          | 3.23%     | 2  |
| Answered                        |           | 62 |
| Skipped                         |           | 86 |

Comments:

- Working in healthcare means added demands while still being paid little to none with high inflation occurring
- None of the above

**Q17: During the COVID-19 pandemic, what healthcare services, if any, have you or your family delayed accessing? (please select all that apply)**

| Answer Choices  | Responses |    |
|---|-----------|----|
| Primary care (routine visits, preventative visits, screenings)  | 44.44%    | 28 |
| None of the above   | 33.33%    | 21 |
| Elective care (planned in advance opposed to emergency treatment)                                     | 26.98%    | 17 |
| Urgent care/Walk-in clinics   | 26.98%    | 17 |
| Specialty care (care and treatment of a specific health condition that require a specialist)          | 17.46%    | 11 |
| All types of healthcare services  | 9.52%     | 6  |
| Emergency care (medical services required for immediate diagnosis and treatment of medical condition) | 9.52%     | 6  |
| Inpatient hospital care (care of patients whose condition requires admission to a hospital)           | 4.76%     | 3  |
| Other (please specify)  | 3.17%     | 2  |
| Answered  |           | 63 |
| Skipped   |           | 85 |

Comments:

- Dental
- Vision check

**Q18: How can healthcare providers, including Boone County Hospital, continue to support the community through the challenges of COVID-19? (please select all that apply)**

| Answer Choices   | Responses |    |
|--|-----------|----|
| Serving as a trusted source of information and education   | 77.97%    | 46 |
| Offering alternatives to in-person healthcare visits   | 67.80%    | 40 |
| Posting enhanced safety measures and process changes to prepare for your upcoming appointment              | 62.71%    | 37 |
| Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.) | 55.93%    | 33 |
| Sharing local patient and healthcare providers stories and successes with the community                    | 37.29%    | 22 |
| Other (please specify)   | 10.17%    | 6  |
| Answered   |           | 59 |
| Skipped  |           | 89 |

**Comments:**

- All citizens do not have access to WiFi or computers. Others are unable to navigate the digital portals
- Stop the doomsday messaging - COVID is bad, but the doctor keeps pushing fear.
- Be supportive of patients that choose not to be vaccinated
- Have urgent care be separate from covid testing so people with minor injuries ect can get care without a 3 hour wait and a covid exposure
- Work on retaining health care employees

**Q19: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)**

| Answer Choices                         | Responses |    |
|--|-----------|----|
| Urgent care/Walk-in clinics            | 84.38%    | 54 |
| Primary care                           | 71.88%    | 46 |
| Mental health                          | 70.31%    | 45 |
| Elder/senior care                      | 57.81%    | 37 |
| Emergency care                         | 53.13%    | 34 |
| Substance abuse services               | 45.31%    | 29 |
| Specialty care                         | 40.63%    | 26 |
| Pediatrics/children's health           | 37.50%    | 24 |
| Women's health                         | 34.38%    | 22 |
| Chronic disease management programming | 32.81%    | 21 |
| Other (please specify)                 | 4.69%     | 3  |
| Answered                               |           | 64 |
| Skipped                                |           | 84 |

**Comments:**

- More diligent Public Health community service information and access of times and places for Covid immunizations
- Educate your doctors on seeing cancer
- Eliminating Politicians



**Q20: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)**

| Answer Choices  | Responses |    |
|---|-----------|----|
| Video visits with a healthcare provider   | 61.29%    | 38 |
| Virtual triage/screening option before coming to clinic/hospital  | 58.06%    | 36 |
| Telephone visits with a healthcare provider   | 56.45%    | 35 |
| Patient portal feature of your electronic medical record to communicate with a healthcare provider                              | 50.00%    | 31 |
| Smartphone app to communicate with a healthcare provider  | 48.39%    | 30 |
| Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.) | 45.16%    | 28 |
| Other (please specify)  | 6.45%     | 4  |
| Answered  |           | 62 |
| Skipped   |           | 86 |

Comments:

- Technology can be available as an option but not all people can access
- I feel that digital meetings with the doctor are not beneficial.
- None of the above
- In person is still best

**Q21: Please share resources and solutions that would help you and the community get through the COVID-19 crisis.**

Comments:

- All citizens do not have access to WiFi or computers. Others are unable to navigate the digital portals
- Stop the doomsday messaging - COVID is bad, but the doctor keeps pushing fear.
- Be supportive of patients that choose not to be vaccinated
- Have urgent care be separate from covid testing so people with minor injuries ect can get care without a 3 hour wait and a covid exposure
- Work on retaining health care employees