



CHEROKEE REGIONAL
MEDICAL CENTER

300 Sioux Valley Drive Cherokee, IA 51012
(712) 225-5101 www.cherokeermc.org

Community Health Needs Assessment Report

Adopted December 20, 2013: Board of Directors

Sioux Valley Memorial Hospital Association dba
Cherokee Regional Medical Center

Community Health Needs Assessment

I. Introduction

During 2013, Cherokee Regional Medical Center (CRMC) conducted a community health needs assessment (CHNA) to support its mission to provide high quality, patient-centered health care. The assessment was also completed to comply with the *Patient Protection and Affordable Care Act of 2010* and federal tax-exemption requirements, and to identify health needs of the community to help prioritize the allocation of hospital resources to meet those needs. CRMC also utilized the 2011 CHNA conducted by CRMC Public Health for Cherokee County. Based on current literature and other guidance from the U.S. Treasury Department and the Internal Revenue Service, the following steps were completed as part of the community health needs assessment:

- The community served by CRMC was defined utilizing data on patient origin and determined to be a 35 mile radius of Cherokee, Iowa.
- Population demographics and socioeconomic characteristics of the community were gathered and reported using various sources.
- The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by county using countyhealthrankings.org/iowa; the Multi-County Health Snapshot from IDPH; Cherokee County QuickFacts from the US Census Bureau and Iowa Prenatal Care Barriers Project Data from 2012 Surveys. Health factors with opportunity for improvement were noted.
- An inventory of health care facilities and resources was utilized.
- Through a collaborative process the major agencies serving at-risk populations in the service area were interviewed to collect key areas of need.
- Agencies and the community at large participated in identifying the key health needs that needed to be addressed.

Key components of the CHNA include:

- Identify key issues affecting health in the community and health problems experienced by local residents.
- Share the health needs of the community with residents and providers.
- Adopt an implementation strategy for meeting the identified community health needs.

II. Regulations

- At least once every three years – CHNA conducted in first taxable year beginning after March 23, 2012
- Adopt a written implementation strategy to address identified community needs.
- Include input from persons who represent the broad interest of the community.
- Include input from persons having public health knowledge or expertise.
- Make assessment widely available to the public.
- Failure to comply results in excise tax penalty of \$50,000 per year.

III. Community Insight Profile

CRMC is required to take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health. Additionally input from members of medically underserved, low-income and minority populations in the community or organizations who serve or represent those populations should be considered.

- Sent to 53 Community Stakeholders in 2013, 25 responded including 2 from Public Health
- In 2010-2011, 17 agencies/programs involving 75 respondents plus 5 Public Health employees participated in the Public Health CHNA.
- Example Respondents
 - Area Education Agencies (2)
 - Jackson Recovery
 - Wellness Center
 - CAASA
 - Board of Health
 - Cherokee Co. ISU Extension
 - Cherokee Co. Board of Supervisors
 - Cherokee Mental Health Institute
 - Cherokee Co. CPC
 - Cherokee Schools
 - Religious Leaders/Ministerial Assoc.
 - Financial Institutions
 - Cherokee Co. Public Health
 - Marketing/Media
 - Pride Group for Disabled
 - Dietician
 - Private Citizens from service area
 - Parish Nurse
 - Department of Human Services
 - CRMC Medical Staff
 - Community non-profits, health and welfare
 - Mid-Sioux
 - Chamber of Commerce

IV. Executive Summary

Cherokee Regional Medical Center started the community health needs assessment in collaboration with CRMC Public Health, in review of the community health needs identified and priorities established for the CHNA-HIP submitted in 2011. The implementation plan and subsequent related actions and activities were noted and evaluated. Community Stakeholders were invited to meet and provide input on community health needs from each unique perspective and to consider the CRMC Public Health CHNA-HIP Snapshot as they identified current needs. The community Stakeholders Listing included individuals of organizations working with medically-underserved, chronically ill, low-income and minority populations in our service area and the community as a whole.

In addition to primary sources of data, secondary data was compiled from demographic and socioeconomic sources as well as local sources of information. Community Stakeholders submitted their prioritized health issues by considering the following:

- Social determinants of health status in our communities
- Each entity's mission, vision, and strategic plans, and
- Current health programming offered by each partner or collectively in the community.

Subsequently, Cherokee Regional Medical Center leadership discussed the results of the evaluation over the four month period and selected health priorities. As a result of the analysis, the following areas were identified as CRMC's top priorities for the next three years:

- Acute mental health services access and treatment
- Obesity prevention and treatment with healthy lifestyles for families and individuals incorporating parenting skills.
- Transitions of care for high-risk patients.

Additional areas of need were identified. However, other local service agencies and coalitions have been working to improve these needs. CRMC will continue to support those agencies and entities through collaboration and participation where needed.

- Teen pregnancy issue
- Education caregivers
- Mentoring of youth

V. Strategies and Implementation Plan

Priority #1: Acute mental health services access and treatment

Strategy for Implementation:

- Establish collaborative discussions between CRMC Medical Staff and Administration with Cherokee Mental Health Institute (CMHI) Medical Staff and Administration.
- Sharing and problem-solving the inter-related mental health needs and physical needs of patients in both facilities utilizing social workers and medical staffs.
- Pursue efforts to obtain approval for local medical care/procedures for CMHI patients more cost-effectively vs. traveling long distances to state institutions.
- Increase knowledge of Iowa Regionalization Plan for Mental Health Services to determine how area patients can benefit in appropriate and timely referral and treatment.
- Increase knowledge of resources and contact information statewide and in neighboring states to assist with access and treatment issues.

Priority #2: Obesity prevention and treatment utilizing healthy lifestyles

Strategy for Implementation:

- Sponsor community activities/programs that promote healthy lifestyle choices through diet/nutrition; exercise; attitude and emotional health; adequate sleep.
- Emphasize and promote family involvement and education on healthy family units.
- Promote community education on appropriate and effective parenting skills; utilizing CRMC social workers with current and future families involved in Healthy Families of America program under CRMC Public Health and other identified families through interaction with Community Partners.
- Provide additional Dose #3 Period of Purple Crying education to at-risk families.

Priority #3: Transitions of care for high-risk patients

Strategy for Implementation:

- Expand collaboration with area nursing homes, home health agencies, hospice and local pharmacies to determine transition issues and potential remedies.
- Maintain involvement and use of resources available through Partnership 4 Patients.
- Study medication variances occurring during transitions of care to determine need for process changes and educational needs.
- Evaluate processes involving follow-up phone calls, the information collected and usage of information to improve transitions.
- Involve CRMC Medical Staff in findings and determining potential solutions.

VI. Availability of Community Health Needs Assessment Report to the Public

After Cherokee Regional Medical Center's Board of Directors has approved this report, the report will be made widely available to the public by posting on the CRMC website at www.cherokeermc.org. Individuals can easily access, download, view and print a hard copy of the CHNA report without fee. CRMC will provide individuals who ask how to access a copy of the CHNA report online, with the direct website address, or URL, of the web page on which the document is posted. Individuals are not required to pay a fee, create an account or provide personally identifiable information in order to access the CHNA Report.

This CHNA Report will remain on the CRMC website until two subsequent CHNA reports have been posted, so information on trends will be available to the public.

CRMC will make a paper copy of this report and subsequent reports available for public inspection without charge upon request at Administration on second floor of the hospital.

The public will also be notified of the CHNA Report posting and availability through local newspapers.