



Community Health Needs Assessment Sac County, IA

On Behalf of Loring Hospital



May 2025

VVV Consultants LLC
Olathe, KS

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I. Executive Summary

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I. Executive Summary

Loring Hospital (Primary Service Area) – Sac County, IA - 2025 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Loring Hospital and its primary service area was completed in 2022. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Sac County, IA CHNA began in November of 2024 and was facilitated/created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandelaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders, providers, and other residents to research and prioritize county health needs while documenting community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Important community CHNA Benefits for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates a common understanding of the priorities of the community's health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's "Mission" to deliver.

County Health Area of Future Focus on Unmet Needs

Area Stakeholders held a community conversation to review, discuss, and prioritize health delivery. Below are two tables reflecting community views and findings:

Loring Hospital PSA				
2025 CHNA Unmet Needs - Town Hall 4/3/25				
Sac County IA Town Hall: (20 Attendees, 78 Total Stakeholder Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Treatment, Placement, Aftercare with a focus on Geriatric, Parenting, and Digital Impact.	19	24%	24%
2	Chronic Disease (Cancer & Heart)	11	14%	38%
3	Preventative Health/ Health Education	10	13%	51%
4	Obesity (Nutrition & Exercise)	9	12%	63%
5	Food Insecurity	6	8%	71%
6	Awareness of Healthcare Services	5	6%	77%
7	Health Insurance (Coverage & Education	4	5%	82%
Total Votes		78		
Other Items receiving votes: Communication, Drinking, Transportation, Eye Provider, Suicide, Substance Abuse (Drugs), Veterans' Health, Childcare (Affordable & Accessible)				

Town Hall CHNA Findings: Areas of Strengths

Loring Hospital PSA - Community Health Strengths			
#	Topic	#	Topic
1	Ambulance	7	Outpatient clinic (Orthopedics, Dermatology, Cardiology, Podiatry)
2	Emergency care	8	Positive community perception of healthcare
3	Emergency preparedness	9	PT services
4	Health partner collaboration (School, DOH, Hospital)	10	Quality and long-standing providers
5	Hospital expansion project	11	School System
6	Local hospital and clinics		

Key CHNA Round #5 Secondary Research Conclusions found:

IOWA HEALTH RANKINGS: According to the 2023 Robert Wood Johnson County Health Rankings, Sac Co, KS, on average was ranked 37th in Health Outcomes, 37th in Health Factors, and 35th in Physical Environmental Quality out of the 99 Counties.

TAB 1. Sac County's population is 6,686 (based on 2023 findings). About 6% of the population is under the age of 5, while the population that is over 65 years old is 24.7%. Children in single parent households make up a total of 18.7% compared to the rural norm of 19.4%, and 91.3% are living in the same house as one year ago.

TAB 2. In Sac County, the average per capita income is \$38,596 while 9.5% of the population is in poverty. The severe housing problem was recorded at 8.7% compared to the rural norm of 9.5%. Those with food insecurity in Sac County is 6.3%, and those having limited access to healthy foods (store) is 3.8%. Individuals recorded as having a long commute while driving alone is 23.1% compared to the norm of 25.4%.

TAB 3. Children eligible for a free or reduced-price lunch in Sac County is 43.1%. Findings found that 93.7% of Sac County ages 25 and above graduated from high school while 21.6% has a bachelor's degree or higher (2022).

TAB 4. The rate of births where prenatal care began in the first trimester was recorded at 847.6 (per 1k) compared to the rural norm of 689.5. Additionally, the rate of births with low birth weight is 76.2. The rate of births where mother smoked during pregnancy is 104.8 compared to the rural norm of 126.6 (per 1k).

TAB 5. The Sac County primary care service coverage ratio is 1 provider (county based offed physician who is a MD and/or DO) to 1,625 residents. There were 1,157 preventable hospital stays in compared to the rural norm of 2,320. The average time patients spent in the emergency room before seen by a healthcare professional was recorded at 122 minutes.

Secondary Research Continued

TAB 6. In Sac County, adults ever diagnosed with depression as of 2021 was 18.5%. The age-adjusted suicide mortality rate per 100,000 population was recorded at 14.3. The average mentally unhealthy days recorded 4.4 days in 2021 out of 7 days a week.

TAB 7a – 7b. Sac County has an obesity percentage of 38.9% and a physical inactivity percentage is 24.7%. The percentage of adults who smoke is 17.5%, while the excessive drinking percentage is 19.1%. The percentage of adults reported with diabetes in 2021 is 8.4% while the recorded percentage of COPD is 6.4%. The prevalence of coronary heart disease among adults in 2021 is 5.1%. Additionally, the percentage of prevalence of cancer among adults was recorded as 6.5%.

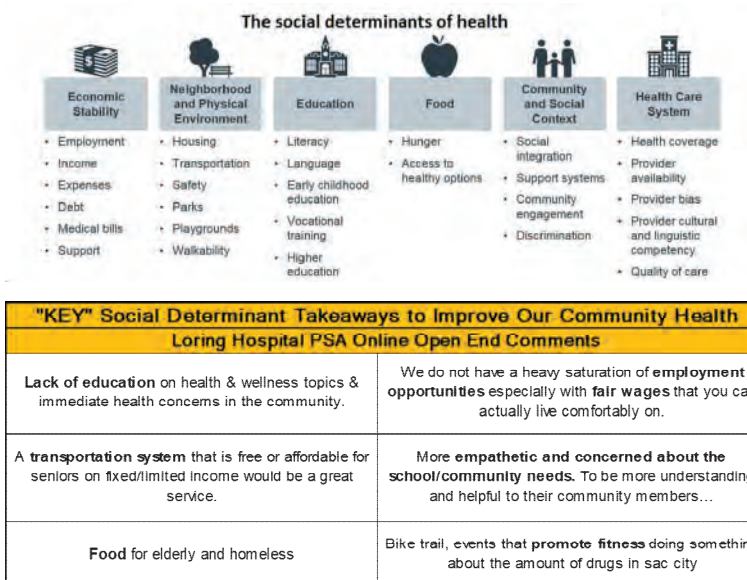
TAB 8. The adult uninsured rate for Sac County is 6.3% compared to the rural norm of only 6.6%.

TAB 9. The life expectancy rate in Sac County for males and females is roughly 78 years of age (78.4). Alcohol-impaired driving deaths for Sac County is 10% while age-adjusted Cancer Mortality rate per 100,000 is 288.3. The age-adjusted heart disease mortality rate per 100,000 is at 379.

TAB 10. A recorded 61.5% of Sac County has access to exercise opportunities. Continually, 50% of women have done a mammography screening compared to the rural norm of 49.3%. Adults recorded in Sac County who have had a regular routine check-up is 71.6%. Lastly, the age-adjusted prevalence of high blood pressure among adults in 2021 recorded is 26.4%.

Social Determinants Views Driving Community Health: From Town Hall conversations, Economic Stability, Health Care System, Community/Social, and Support Neighborhood are impacting community health, see Sec V for a detailed analysis.

Social Determinants Online Community Feedback – Loring Hospital PSA, IA



Key CHNA Round #5 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=182) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Sac County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 84.1%.
- Sac County stakeholders are very satisfied with some of the following services: Ambulance Services, Chiropractors, Dentists, Emergency Room, Hospice / Palliative, Inpatient Services, Outpatient Services, Pharmacy, Primary Care, Public Health, and Visiting Specialists
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health Services, Drug / Alcohol Abuse, Obesity / Nutrition, Cancer, Childcare, Senior Health, Transportation, Disease Prevention / Wellness, Housing, and Awareness of Healthcare Services.

Sac County, IA - CHNA YR 2025 N=182					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health	82	15.8%		1
2	Substance Abuse (Drugs & Alcohol)	59	11.4%		2
3	Obesity & Nutrition	56	10.8%		3
4	Cancer	45	8.7%		4
5	Childcare	43	8.3%		5
6	Disease Prevention / Wellness	39	7.5%		8
7	Transportation	39	7.5%		7
8	Housing	31	6.0%		9
9	Senior Health	30	5.8%		6
10	Awareness of Healthcare Services	30	5.8%		10
11	Diabetes	19	3.7%		13
12	Economic Development	18	3.5%		11
13	Heart Disease	14	2.7%		12
14	Primary Care	14	2.7%		14
Totals		505	100.0%		

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital that has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

1. A description of the community served by the facility and how the community was determined;
2. A description of the process and methods used to conduct the CHNA;
3. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A description of how the organization considered the input of persons representing the community (e.g., *through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications;
5. A prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community who are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

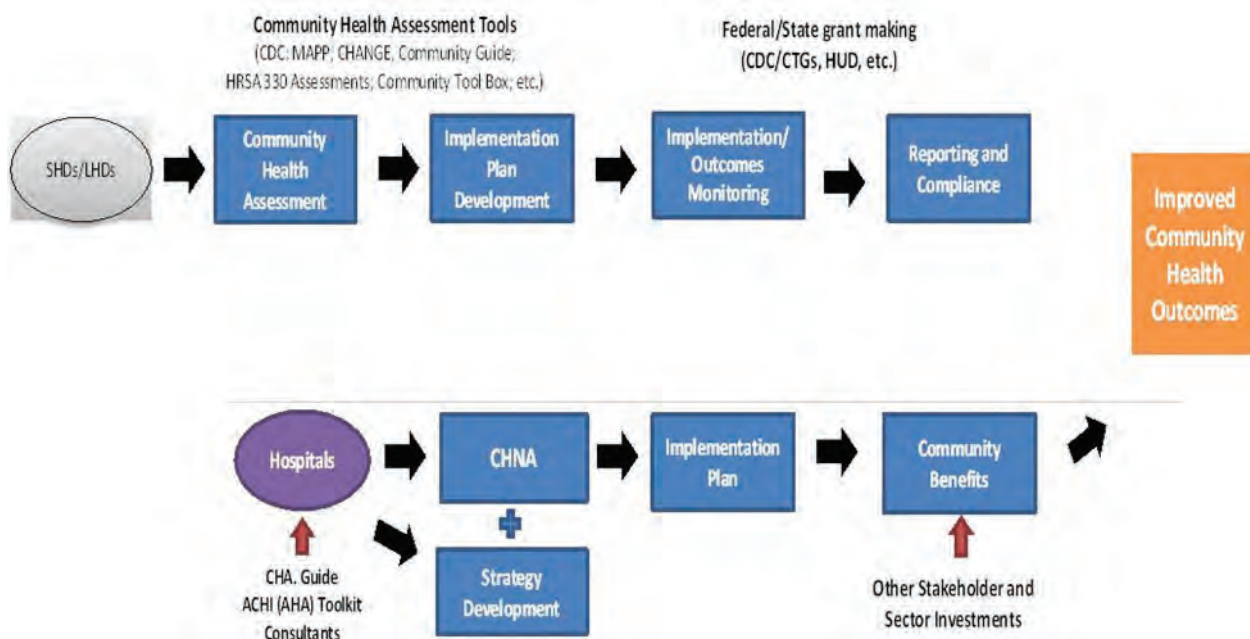
JOB #2: Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

JOB #3: Adopt an Implementation Strategy by Hospital

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.



IRS Requirements Overview (Notice 2011-52)

Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

Applicability of CHNA Requirements to “Hospital Organizations”

The CHNA requirements apply to “hospital organizations,” which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility's principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized

description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be “**conducted**” in the taxable year that the written report of the CHNA findings is made **widely available to the public**. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA “widely available to the public” after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility’s written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization’s website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

How and When to Adopt an Implementation Strategy

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it.** A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be “**adopted**” on the date the strategy is approved by the organization’s board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0)(3) Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545, hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Additional Sources of Input

In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Collaboration on CHNA Reports

A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

Joint Implementation Strategies

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and

nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Adoption of Implementation Strategy

An authorized body of the hospital facility must adopt the implementation strategy. This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

Acquired Facilities A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

New Hospital Organizations

An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3). The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

New Hospital Facilities

A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

Transferred/Terminated Facilities

A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

Public Health Criteria:

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

DOMAIN 1 includes 4 STANDARDS:

- **Standard 1.1** - Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2** - Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3** - Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4** - Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

Required CHNA Planning Process Requirements:

- a. Participation by a wide range of community partners.
- b. Data / information provided to participants in CHNA planning process.
- c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
- d. Community assets & resources identified.
- e. A description of CHNA process used to set priority health issues.

Seven Steps of Public Health Department Accreditation (PHAB):

1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

MAPP Process Overview

Mobilizing for Action through Planning and Partnerships (MAPP) is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

The MAPP process includes the following six phases. It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.
3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).
4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.
5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).
6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.



Social Determinants of Health

What Are Social Determinants of Health?



[Social determinants of health \(SDOH\)external icon](#) are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

[Healthy People 2030external icon](#) includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the [10 Essential Public Health Services](#), public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Round #5 CHNA focuses on Social Determinants & Health Equity.

Centers for Medicare & Medicaid Services Health Equity Domains

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02).

Domain 1: Equity as a Strategic Priority

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

Domain 2: Data Collection

The hospital is engaging in the following three key data collection activities.

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients
- Training staff in the culturally sensitive collection of demographics and SDOH information
- Inputting patient demographic and/ or SDOH information into structured interoperable data elements using a certified electronic health record technology.

Domain 3: Data Analysis

The hospital stratifies key performance indicators by demographic and/ or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement

The hospital participates in local, regional and or national quality improvement activities that are focused on reducing health disparities.

Domain 5: Leadership Engagement

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

- Annual reviews of the hospital's strategic plan for achieving health equity
- Annual reviews of key performance indicators stratified by demographic and/ or social factors.

Sources:

The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf

Health Equity Innovation Network. (2022, August 29). Quick Start Guide: Hospital Commitment to Health Equity Measure. Retrieved from <https://hqin.org/wp-content/uploads/2022/08/Quick-Start-Guide-Hospital-Commitment-to-Health-Equity-Measure.pdf>

The Joint Commission (TJC) Elements of Performance - Regulatory and Accreditation Requirements Related to Health Equity and Social Determinants of Health

New and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Below are the six elements of performance.

Element of Performance 1:

The organization designates an individual to lead activities aimed at reducing healthcare disparities. **(Hospital Responsibility)**

Element of Performance 2:

The organization assesses the patient's health-related social needs and provides information about community resources and support services. **(CHNA full report- Section I and III)**

Examples of health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills.
- Education and literacy
- Food insecurity
- Housing insecurity

Element of Performance 3:

The organization identifies healthcare disparities in its patient population by stratifying quality and safety data. **(CHNA Town Hall)** Examples of sociodemographic characteristics may include but are not limited to the following: Age, Gender, Preferred Language, Race, and ethnicity.

Element of Performance 4:

The organization develops a written action plan that describes how it will address at least one of the healthcare disparities identified. **(CHNA IMPL Development Plan)**

Element of Performance 5:

The organization acts when it does not achieve or sustain goal(s) in its action plan to reduce health care disparities.

Element of Performance 6:

At least annually, the organization informs key stakeholders, identifying leaders, licensed practitioners, and staff, about its progress in reducing identified healthcare disparities. **(Hospital Responsibility)**

II. Methodology

b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospital and Health Department CHNA partners:

Loring Hospital Profile

211 Highland Avenue Sac City, Iowa 50583

CEO: Matt Johnson

About: Loring Hospital, located at 211 Highland Avenue in Sac City, Iowa, has long had a reputation for providing quality care with caring staff. The hospital is located one block off old 2-lane U.S. Highway 20, or 2 miles off new 4-lane Highway 20. Easy access, convenient parking and an easy to find entrance make Loring Hospital accessible for patients and visitors.

Loring Hospital is a 25-bed, full-service primary care critical access hospital providing service to the communities in Sac County and beyond - Sac City, Lake View, Wall Lake, Odebolt, Lytton, Early, Schaller and Fonda. Loring is a non-profit company. The hospital's medical staff consists of a variety of physicians and allied health professionals, along with a staff of more than 100 caring and professional individuals. From 24/7 emergency services to physical therapy; an independent living facility to minor and major surgeries, Loring Hospital is dedicated to providing top-notch service and exceptional patient care

Mission Statement: Loring Hospital is committed to providing exceptional healthcare in an environment of trust and compassion.

Loring Hospital offers the following services to its community:

- 3D Mammography
- Cardiac Rehab
- Cardiology
- Community Health Education
- Dermatology
- Diabetes Education
- Emergency Services
- Food Services
- General Surgery
- Inpatient Services - Acute & Skilled Care
- Laboratory
- LifeLine
- Nursing Services
- Nutrition Services
- Orthopedics
- Outpatient Center
- Pain Clinic
- Pharmacy
- Podiatry
- Pulmonary Rehabilitation
- Radiology Services
- Rehabilitation Department
- Respiratory Therapy
- Sleep Studies
- Surgical Services
- Urology
- Wound Care

Sac County Health Department Profile

116 S State St. Suite A Sac City, IA 50583-2350

Administrator: Shelley Vauble

Phone: (712) 662-4785

About: Sac County Health Services is committed to Promote, Preserve, and Protect the health of our communities. Sac County Health Services has been providing public health services to residents of Sac County since 1975. With a team of dedicated professionals, we continually seek innovative ways to improve healthcare access and quality. Our holistic approach to community well-being encompasses preventative measures, education, and responsive care, making them a pillar of strength for the residents we serve.

Mission: To promote and preserve the health of all Sac County residents.

Values: Help our community engage and achieve long-term health by: **Educating, Assisting, Leading, Teaching, Healing.**

Service Offerings:

- Blood Pressure Screening
- Communicable Disease Follow up
- Health Education Program
- Healthy Feet program
- Immunizations
- TB Testing
- Emergency Preparedness
- Environmental Health & Zoning
- Family STEPS
- Home Health

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

VVV Consultants LLC 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based “boutique” healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 83 unique community CHNA’s in KS, MO, IA, NE and WI (references found on our website VandehaarMarketing.com)

Introduction: Who We Are Background and Experience



Vince Vandehaar, MBA – Principal
VVV Consultants LLC (Olathe, KS) – *start 1/1/09 **

- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke’s Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



Olivia G Hewitt BA – Associate Consultant
VVV Consultants LLC – May 2024

- Emporia University – BS Marketing
- Hometown: Olathe, KS



Cassandra Kahl, BHS – Director, Project Management
VVV Consultants LLC– Nov 2020

- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, WI

VVV Consultants LLC (EIN 27-0253774) began as “VVV Research & Development INC” in early 2009 and converted to an LLC on 12/24/12. Web: VandehaarMarketing.com

Our Mission: to research, facilitate, train, create processes to improve market performance, champion a turnaround, and uncover strategic “critical success” initiatives.

Our Vision: to meet today’s challenges with the voice of the market solutions.

Our Values:

- Engaged** – we are actively involved in community relations & boards.
- Reliable** – we do what we say we are going to do.
- Skilled** – we understand business because we’ve been there.
- Innovative** – we are process-driven & think “out of the box.”
- Accountable** – we provide clients with a return on their investment.

II. Methodology

c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in November of 2024 for Loring Hospital in Sac County, IA to meet Federal IRS CHNA requirements.

In October 2024, a meeting was called amongst the Loring Hospital leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to the Loring Hospital to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80% Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80% Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Loring Hospital -Defined Primary Serv Area				Overall Util (IP/ER/OP) FFY24-22		
Source = IHA Dimensions				3 Year Total = 53,051		
#	ZIP	City	County	Total 3YR	%	ACCUM
1	50583	Sac City	Sac	24,253	45.7%	45.7%
2	51450	Lake View	Sac	7,123	13.4%	59.1%
3	50568	Newell	Buena Vista	2,437	4.6%	63.7%
4	50540	Fonda	Pocahontas	2,420	4.6%	68.3%
5	50561	Lytton	Calhoun	2,419	4.6%	72.9%
6	50535	Early	Sac	2,324	4.4%	77.2%
7	51466	Wall Lake	Sac	2,303	4.3%	81.6%
8	51458	Odebolt	Sac	1,489	2.8%	84.4%
9	51053	Schaller	Sac	1,213	2.3%	86.7%
10	50567	Nemaha	Sac	741	1.4%	88.1%
11	51433	Auburn	Sac	457	0.9%	88.9%

To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm the CHNA calendar of events, explain / coach clients to complete the required participant database, and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. to document current state of county health organized as follows:

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Phase III—Quantify Community Need:


Conduct a 90-minute Town Hall meeting with required community primary service area residents. At each Town Hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur and a group ranking activity to determine the most important community unmet health needs was administered.

Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:

Complete full documentation to create each CHNA section documented in the Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on the hospital website to meet government CHNA regulation criteria.

Specific project CHNA roles, responsibilities, and timelines are documented in the following calendar.

Loring Hospital - Sac County, IA VVV CHNA Round #5 Work Plan - Year 2025			
Project Timeline & Roles - Working Draft as of 5/12/25			
Step	Timeframe	Lead	Task
1	10/18/2024	VVV / Hosp	Meeting Leadership information regarding CHNA Round #5 for review.
2	10/31/2024	Hosp	Select/approve CHNA Round #5 Option B - VVV quote—work to start 1/6/25.
3	11/12/2024	VVV	Hold Client Kick-off Meeting. Review CHNA process / timeline with leadership. Request IHA PO reports for FFY 22, 23 and 24 and hospital client to complete PSA IP/OP/ER/Clinic patient origin counts file (Use ZipPSA_3yrPOrigin.xls)
4	11/12/2024	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
5	11/7/2024	VVV	Prepare CHNA Round #5 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan - Mar. 2025	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	12/16/2025	VVV / Hosp	Prepare/send out PR #1 story / E Mail Request / Postcard announcing upcoming CHNA work to CEO to review/approve.
8	By 1/6/2025	Hosp	Place PR story to local media CHNA survey announcing "online CHNA Round #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	1/6/2025	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 2/3/2025 for Online Survey
10	1/27/2025	VVV / Hosp	Prepare/send out PR #2 story / E Mail (E#2) Request announcing upcoming Town Hall. VVV will send to CEO to review/approve.
11	by 2/3/2025	Hosp	Place PR #2 story to local media announcing upcoming town Hall. Send E Mail (E#2) request to local stakeholders
12	4/1/2025	ALL	Conduct conference call with Hospital / Public HLTH to review Town Hall data / flow
13	4/3/2025	VVV	Conduct CHNA Town Hall. Lunch 11-12:30pm (Loring Hospital Meeting Place) . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 5/15/25	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 5/30/25	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	4/29/2025	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.



2025 Community Health Needs Assessment

Loring Hospital, IA

April 3rd, 2025, 11am-12:30pm

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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CHNA Town Hall Team Tables

RVSP-Loring Hospital CHNA Town Hall Thurs April 3rd (11- 12:30 pm)					
#	Table	Lead	Last Name	First Name	Organization
1	A	XX	Toft	Trevor	Loring
2	A		Bloyer	Jamie	Loring Hospital
3	A		Hansen	Carol	United Bank of Iowa
4	A		Hemiller	Nate	East Sac Count CSD
5	A		Karen	Cerra	None
6	B	XX	Johnson	Matt	Loring Hospital
7	B		Crump	Shelly	
8	B		Geery	Keri	Sac County Public Health
9	B		Groth	Chris	CAI
10	B		MacWhorter	Mark	
11	B		Murley	Dale	
12	C	XX	Wirtgers	Teresa	Loring Hospital
13	C		Lawrence	Jamie	City of Sac City
14	C		Murley	Shirly	
15	C		Williams	Jill	Loring Hospital
16	C		Woodin	Tana	Fonda Specialty Care
17	D	XX	Vauble	Shelley	Sac Co Health Services
18	D		Brenny	Kathy	Community Member
19	D		Kroonblawd	Cory	St Paul's Lutheran Church
20	D		Olthausen	Lekenn	Loring Hospital
21	D		Presley	Fae	Loring Hospital
22	E	XX	Hoberman	Allison	East Sac County
23	E		Brenny	Bill	School nurse
24	E		Epperson	Faith	Fonda Specialty Care
25	E				Administrator

2

Community Health Needs Assessment (CHNA)

Onsite Town Hall Discussion Agenda

- Opening Welcome / Introductions / Review CHNA Purpose and Process (5 mins)
- Discuss New Focus: Social Determinants of Health (5 mins)
- Review Current Service Area "Health Status"
 - Review Secondary Health Indicator Data (10 TABs)
 - Review Community Online Feedback (30 mins)
- Collect Community Health Perspectives
 - Share Table Reflections to verify key takeaways
 - Conduct an Open Community Conversation / Stakeholder Vote to determine the Most Important Unmet Needs (45 mins)
- Close / Next Steps (5 mins)

3

Introduction: Who We Are

Background and Experience



Vince Vandehaar, MBA – Principal
VVV Consultants LLC (Olathe, KS) – start 1/1/09 *

- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
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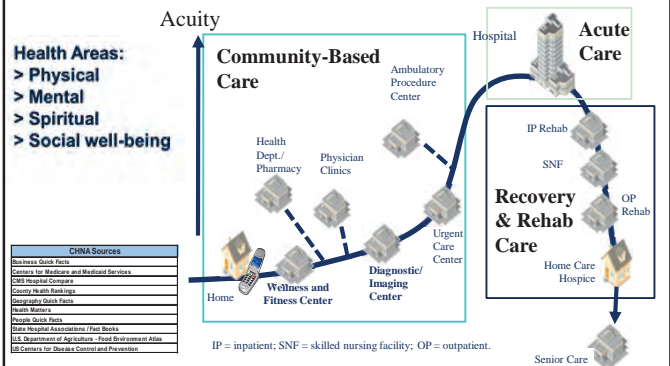
4

Town Hall Participation / Purpose & Parking Lot

- ALL attendees practice "Safe Engagement", working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak up) to uncover unmet health needs
- Have a little fun along the way

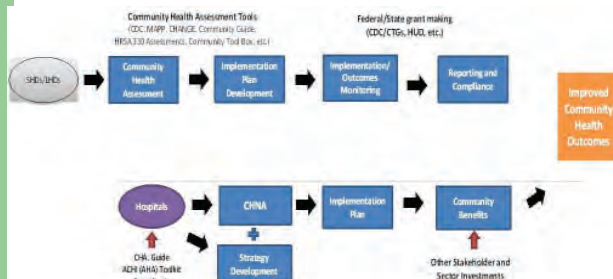
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System of Care Delivery Birth to Grave (SG2)



7

Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



8

A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local or large corporations with local branches), Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials, Foundations, United Way organizations. And other "community leaders."

Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators of housing programs: homeless shelters, low-income-family housing and senior housing, Education officials and staff - school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging, Law enforcement agencies - Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

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II. Review of a CHNA

- What is a Community Health Needs Assessment (CHNA)..?
 - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- A CHNA's role is to....
 - Identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.
- Purpose of a CHNA – Why Conduct One?
 - Determine health-related trends and issues of the community
 - Understand / evaluate health delivery programs in place.
 - Meet Federal requirements – both local hospital and health department
 - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

11

CHNA Written Report Documentation to meet IRS 990 CHNA Requirements: Table of Contents

- A description of the community served
- A description of the CHNA process
- The identity of any and all organizations and third parties which collaborated to assist with the CHNA
- A description of how the organization considered the input of persons representing the community (e.g., *through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications
- A prioritized description of all of the community needs identified by the CHNA.
- A description of the existing healthcare facilities and other resources within the community available to meet the needs identified through the CHNA

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Social Determinants of Health



Social determinants of health are the conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes.

Health equity is when everyone has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

TASK A: Your Initial Thoughts on SDoH? (Small White Card)

13

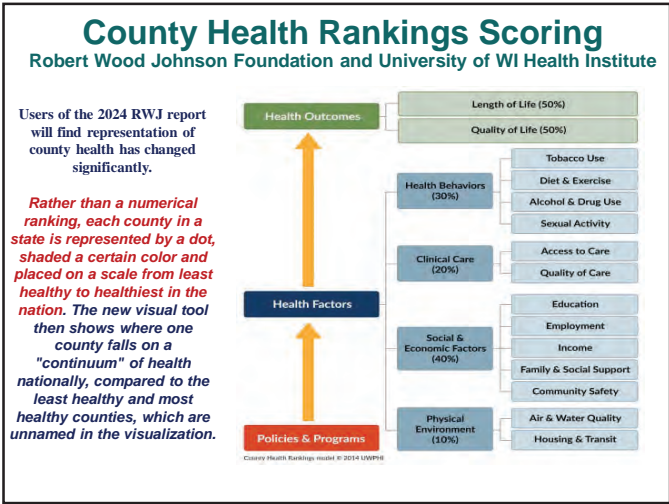
IV. Review Current County Health Status: Secondary Data by 10 Tab Categories with a focus on Social Determinants with a Local Norm & State Rankings

Trends: Good Same Poor

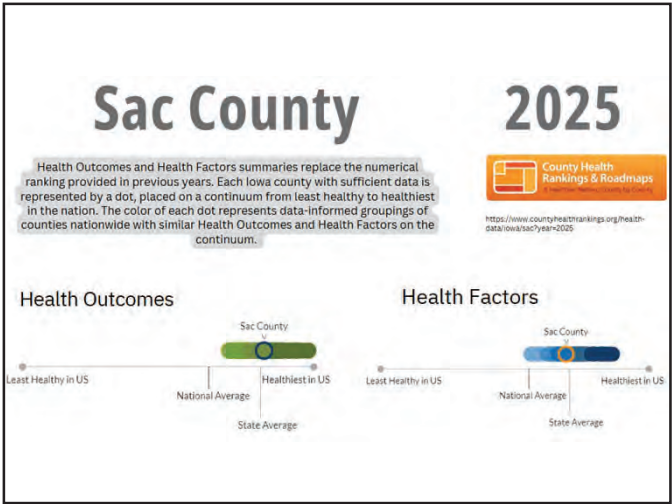
Health Indicators - Secondary Research

TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

14



15



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IV. Community Health Conversation: Your Perspectives / Suggestions !

Tomorrow:
What is occurring or might occur that would affect the "health of our community"?

Today:

- 1) What are the **Healthcare Strengths** of our community that contribute to health? (**BIG White Card**)
- 2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed**? (**Small Color Card**)
- 3) What other **Ideas** do you have **to address Social determinants**? (**Small White Card - A**)

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Community Health Needs Assessment Round #5 Year 2025

Thank You

Next Steps

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601 N Mahaffie
Olathe, KS 66061

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Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (County specific) sources of community-health level indicators:

CHNA Detail Sources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Kansas Health Matters
Kansas Hospital Association (KHA)
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention

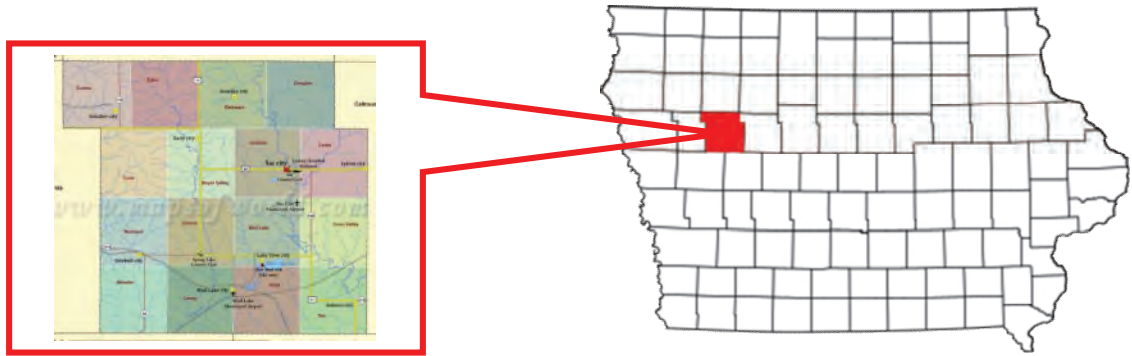
Sources of community-health level indicators:

- [County Health Rankings and Roadmaps](#)
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The [Selected Metropolitan/ Micropolitan Area Risk Trends](#) project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- [CDC Wonder](#) Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- [Center for Applied Research and Engagement Systems external icon](#)
Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- [Community Commons external icon](#)
Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- [Dartmouth Atlas of Health Care external icon](#)
Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- [Disability and Health Data System](#)
Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- [Heart Disease and Stroke Prevention's Data Trends & Maps](#)
View health indicators related to heart disease and stroke prevention by location or health indicator.
- [National Health Indicators Warehouse external icon](#)
Indicators categorized by topic, geography, and initiative.
- [US Census Bureau external icon](#)
Key source for population, housing, economic, and geographic information.
- [US Food Environment Atlas external icon](#)
Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- [Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon](#)
Research, statistics, data, and systems.
- [Environmental Public Health Tracking Network](#)
System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- [Health Research and Services Administration Data Warehouse external icon](#)
Research, statistics, data, and systems.
- [Healthy People 2030 Leading Health Indicators external icon](#)
Twenty-six leading health indicators are organized under 12 topics.
- [Kids Count external icon](#)
Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a [mobile site external icon](#).
- [National Center for Health Statistics](#)
Statistical information to guide actions and policies.
- [Pregnancy Risk Assessment and Monitoring System](#)
State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)
Interactive database system with customized reports of injury-related data.
- [Youth Risk Behavior Surveillance System](#)
Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

II. Methodology

d) Community Profile (A Description of Community Served)

Sac County (IA) Community Profile



The population of Sac County, founded in 1851, was estimated to be 9,686 citizens in 2023 with a total area of 578 square miles and a population density of 17 persons per square mile. Some major cities in Sac County include Sac City (county seat), Lake View, Odebolt, Wall Lake, Schaller, and Early.

Major highways include US Highway 20 - runs east-west, US Highway 71, Iowa Highway 39 - from its intersection with Iowa 175 at Odebolt, runs south into Crawford County, Iowa Highway 110 - from its intersection with US 20, runs north into Buena Vista County, and Iowa Highway 175 - enters west side of county at Odebolt, runs east to intersection with US 71, east of Lake View.

Adjacent counties

- [Buena Vista County](#) – north
- [Calhoun County](#) – east
- [Carroll County](#) – south and southeast
- [Cherokee County](#) – northwest
- [Crawford County](#) – south and southwest
- [Ida County](#) – west
- [Pocahontas County](#) - northeast

Sac County Public & Private Airports¹

Name
<u>Davis Airport</u>
<u>Sac City Municipal Airport</u>

Schools in Sac County: Public Schools²

Name	Level
<u>East Sac County Elementary</u>	Elementary
<u>East Sac County High School</u>	High
<u>Schaller-Crestland Elementary</u>	Elementary
<u>Schaller-Crestland Ridge View Middle School</u>	Middle

¹ <https://iowa.hometownlocator.com/features/cultural,class,public%20and%20private%20airports,fcode,20000,scfips,19161.cfm>

² <https://iowa.hometownlocator.com/schools/sorted-by-county,n,sac.cfm>

Sac County (IA) - Detail Demographic Profile

ZIP	CITY	ST	County	Population			Households		HH Avg Size23	Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028		
50535	Early	IA	SAC	844	827	-2.0%	358	353	2.4	\$41,030
50567	Nemaha	IA	SAC	211	202	-4.3%	99	96	2.1	\$42,353
50583	Sac City	IA	SAC	2,694	2,692	-0.1%	1,205	1,218	2.2	\$39,414
51053	Schaller	IA	SAC	1,028	998	-2.9%	436	428	2.4	\$35,678
51433	Auburn	IA	SAC	563	546	-3.0%	264	260	2.1	\$46,451
51450	Lake View	IA	SAC	1,507	1,463	-2.9%	693	680	2.1	\$42,963
51458	Odebolt	IA	SAC	1,418	1,384	-2.4%	581	571	2.4	\$39,634
51466	Wall Lake	IA	SAC	1,054	1,023	-2.9%	449	440	2.3	\$37,020
Totals				9,319	9,135	-2.6%	4,085	4,046	2.2	\$40,568

ZIP	CITY	ST	County	Population				Year 2020		Females
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
50535	Early	IA	SAC	662	189	172	207	437	407	136
50567	Nemaha	IA	SAC	174	59	36	35	102	109	37
50583	Sac City	IA	SAC	2098	694	572	583	1,314	1380	422
51053	Schaller	IA	SAC	779	243	238	241	534	494	162
51433	Auburn	IA	SAC	407	114	150	123	304	259	84
51450	Lake View	IA	SAC	1259	530	239	297	764	743	173
51458	Odebolt	IA	SAC	1064	376	348	345	700	718	182
51466	Wall Lake	IA	SAC	797	299	250	216	513	541	129
Totals				7,240	2,504	2,005	2,047	4,668	4,651	1,325

ZIP	CITY	ST	County	Population 2020				Year 2023		
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
50535	Early	IA	SAC	90.5%	1.8%	0.1%	4.3%	406	20%	52
50567	Nemaha	IA	SAC	88.2%	0.5%	3.8%	7.6%	104	14%	64
50583	Sac City	IA	SAC	94.4%	0.7%	0.2%	3.2%	1,444	21%	54
51053	Schaller	IA	SAC	83.4%	0.5%	1.3%	16.2%	486	20%	57
51433	Auburn	IA	SAC	94.5%	0.5%	0.2%	2.0%	311	13%	57
51450	Lake View	IA	SAC	97.9%	0.1%	0.0%	1.6%	1,052	10%	57
51458	Odebolt	IA	SAC	96.8%	0.4%	0.1%	1.4%	669	8%	56
51466	Wall Lake	IA	SAC	97.1%	0.1%	0.0%	1.2%	492	15%	58
Totals				92.8%	0.6%	0.7%	4.7%	4,964	15.1%	57

Source: ERSA Demographics 2023

III. Community Health Status

[VVV Consultants LLC]

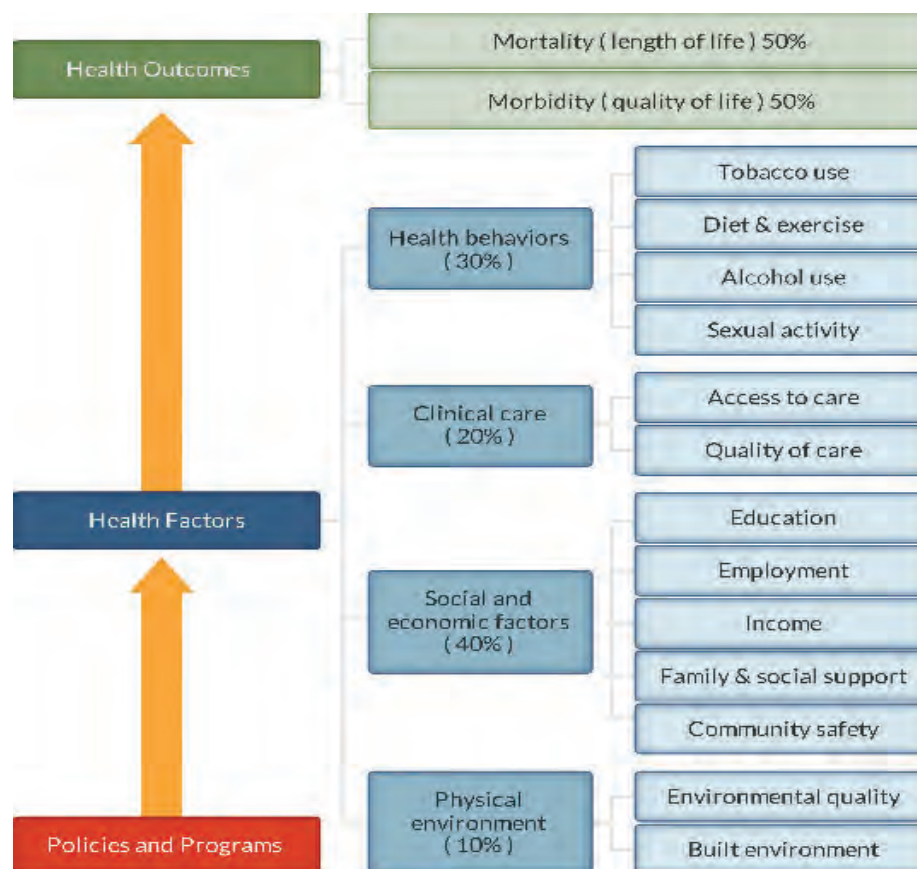
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ's model uses a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

National Research – Year 2023 RWJ Health Rankings:

#	2023 IA Rankings - 99 Counties	Definitions	Sac Co IA 2023	Trend	Rural W IA Norm N=22
1	Health Outcomes		37		56
	Mortality	Length of Life	44		54
	Morbidity	Quality of Life	38		54
2	Health Factors		37		48
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	71		56
	Clinical Care	Access to care / Quality of Care	37		59
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	29		48
3	Physical Environment	Environmental quality	35		38
Rural W Iowa Norm (22): Adams, Audubon, Buena Vista, Calhoun, Carroll, Cherokee, Clay, Crawford, Fremont, Greene, Guthrie, Harrison, Ida, Mills, Monona, Montgomery, O'Brien, Page, Sac, Shelby, and Taylor					

PSA Secondary Research:

When studying community health, it is important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

Note: Each Tab has been trended to reflect County trends to NORM.

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Tab 1: Demographic Profile

Understanding population and household make-up is vital to start CHNA evaluation.

Tab	Health Indicators	Sac Co IA 2025	Trend	State of IA	Rural WIA Norm N=22	Source
1	a Population Estimates, July 1, 2023, (V2022)	9,686		3,200,517	11,553	People Quick Facts
	b Persons under 5 years, percent, 2023	6.0%		5.8%	5.6%	People Quick Facts
	c Persons 65 years and over, percent, 2023	24.7%		18.3%	23.0%	People Quick Facts
	d Female persons, percent, 2023	49.6%		49.8%	49.6%	People Quick Facts
	e White alone, percent, 2023	96.1%		89.8%	94.9%	People Quick Facts
	f Black or African American alone, percent, 2023	0.7%		4.4%	1.4%	People Quick Facts
	g Hispanic or Latino, percent, 2023	4.7%		6.9%	6.4%	People Quick Facts
	h Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	91.3%		86.0%	88.6%	People Quick Facts
	i Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	4.9%		8.6%	5.4%	People Quick Facts
	j Children in single-parent households, %, 2018-2022	18.7%		20.3%	19.4%	County Health Rankings
	k Total Veterans, 2018-2022	655		174,514	711	People Quick Facts

Tab 2: Economic Profile

Monetary resources will (at times) drive health “access” and self-care.

Tab	Health Indicators	Sac Co IA 2025	Trend	State of IA	Rural WIA Norm N=22	Source
2	a Per capita income in past 12 months (in 2021 dollars), 2018-2022	\$38,596		\$34,817	\$35,536	People Quick Facts
	b Persons in poverty, percent, 2023	9.5%		11.1%	10.4%	People Quick Facts
	c Total Housing units, 2023	5,127		1,438,565	5,472	People Quick Facts
	d Total Persons per household, 2018-2022	2.3		2.4	2.3	People Quick Facts
	e Severe housing problems, percent, 2016-2020	8.7%		11.5%	9.5%	County Health Rankings
	f Total employer establishments, 2022	331		82,997	347	People Quick Facts
	g Unemployment, percent, 2022	2.4%		2.7%	2.4%	County Health Rankings
	h Food insecurity, percent, 2021	6.3%		7.5%	7.9%	County Health Rankings
	i Limited access to healthy foods, percent, 2019	3.8%		5.7%	5.7%	County Health Rankings
	j Long commute - driving alone, percent, 2018-2022	23.1%		21.2%	25.4%	County Health Rankings

****New Social Determinant Data Resources**

Tab 3: Educational Profile

Currently, school districts are providing on-site primary health screenings and basic care.

Tab	Health Indicators	Sac Co IA 2025	Trend	State of IA	Rural WIA Norm N=22	Source
3	a Children eligible for free or reduced price lunch, percent, 2020-2021 (ALL Schools)	43.1%		40.1%	41.5%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	93.7%		92.8%	92.1%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	21.6%		29.7%	20.8%	People Quick Facts

Tab 4: Maternal / Infant Profile

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

Tab	Health Indicators	Sac Co IA 2025	Trend	State of IA	Rural WIA Norm N=22	Source
4	a Number of Births Where Prenatal Care began in First Trimester, 2020-2021, Rate per 1,000	847.6		787.2	689.5	Iowa Health Fact Book
	b Percent Premature Births by County, 2023	NA		8.1%	10.2%	idph.iowa.gov
	c Percent of Infants up to 24 months that received full immunizations, 2024 (4-3-1-3-3-1-4)	81.2%		72.4%	69.4%	idph.iowa.gov
	d Number of Births with Low Birth Weight, 2020-2021, Rate per 1k	76.2		68.4	74.1	Iowa Health Fact Book
	e Number of all Births Occurring to Teens (15-19), 2020-2021, Rate per 1k	NA		40.8	43.2	Iowa Health Fact Book
	f Mothers Who Smoked During Pregnancy: 2020-2021 (Rate per 1,000)	104.8		112.6	126.6	Iowa Health Fact Book
	g Child Care Centers per 1,000 Children, 2010-22	10.6		8.0	8.5	County Health Rankings

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

#	Criteria - Vital Statistics (Live Births)	Sac Co Iowa	Trend	Iowa	IA Rural Norm (22)
a	Total Live Births, 2019	111		37,597	128
b	Total Live Births, 2020	87	-	36,058	123
c	Total Live Births, 2021	123	+	36,786	128
d	Total Live Births, 2022	101		36,446	129
e	Total Live Births, 2023	118		36,004	123
Source: Iowa Public Health					

Tab 5: Hospitalization and Provider Profile

Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

Tab	Health Indicators	Sac Co IA 2025	Trend	State of IA	Rural WIA Norm N=22	Source
5 a	Primary Care Ratio of Population to primary care physicians (MDs / DOs only), 2021	1625:1		1357:1	2222:1	County Health Rankings
b	Rate of preventable hospital stays for ambulatory-care sensitive conditions per 100k Medicare enrollees (lower the better), 2021	1,157		2,330	2,320	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	NA		NA	77.5%	CMS Hospital Compare
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	NA		NA	71.8%	CMS Hospital Compare
e	Average Time Patients Spent in the Emergency Dept. Before Seen by a Healthcare Professional (Mins)	122.0		NA	108	CMS Hospital Compare

Source: Sac County Public Health (IA)		
#	Community Contribution	YR 2024
1	Core Community Public Health	\$118,226
2	Environmental Services	\$36,022
3	Immunizations/Vaccine \$\$	\$6,498
4	Screenings: Blood pressure / STD **	\$0
5	Vaccine ## - received from State	
6	Other Services:	
	Tobacco Prevention (New Opportunities)	
	Emergency Preparedness	\$59,485
	Homemaker: Other funding not from State	\$8,000
	Child Burial Grant	\$0
	Medicaid \$\$	\$246,965
	Medicare Flu	\$16,664
	Immunizations Private Pay	\$5,500
	County Funding	\$379,612
	Maternal/Child Health (Maternal - New Opp)	

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicators	Sac Co IA 2025	Trend	State of IA	Rural WIA Norm N=22	Source
6 a	Age-Adjusted Prevalence of Depression Among Adults, 2021	18.5%		18.7%	18.5%	Centers for Medicare and Medicaid Services
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2022 (lower is better)	14.3		14.6	17.1	Iowa Health Fact Book
d	Poor mental health days, 2021	4.4		4.5	4.6	County Health Rankings

****New Social Determinant Data Resources**

CDC - 2023 U.S. County Opioid Dispensing			
State	County	FIPS	Opioid Dispensing Rate per 100
IA	Sac County	19161	29.2
	IA Average 2023		27.8
Source: U.S. County Opioid Dispensing Rates, 2023 Drug Overdose CDC Injury Center			

Tab 7a: Risk Indicators & Factors Profile

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health.

Tab	Health Indicators	Sac Co IA 2025	Trend	State of IA	Rural WIA Norm N=22	Source
7a	a Adult obesity, percent, 2021	38.9%		36.9%	38.5%	County Health Rankings
	b Adult smoking, percent, 2021	17.5%		15.5%	18.1%	County Health Rankings
	c Excessive drinking, percent, 2021	19.1%		23.1%	19.0%	County Health Rankings
	d Physical inactivity, percent, 2021	24.7%		23.8%	25.6%	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000, 2021	256.4		489.2	264.1	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Health Indicators	Sac Co IA 2025	Trend	State of IA	Rural WIA Norm N=22	Source
7b	a Age-Adjusted Prevalence of Arthritis Among Adults >=18 ,2021	23.2%		23.1%	23.0%	ephracking.cdc.gov
	b Age-Adjusted Prevalence of Current Asthma Among Adults >=18 ,2021	9.6%		9.5%	9.5%	ephracking.cdc.gov
	c Age-Adjusted Prevalence of Diagnosed Diabetes Among Adults >=18 ,2021	8.4%		8.7%	8.8%	ephracking.cdc.gov
	d Age-Adjusted Prevalence of Chronic Kidney Disease Among Adults >=18 ,2021	2.6%		2.7%	2.7%	ephracking.cdc.gov
	e Age-Adjusted Prevalence of COPD Among Adults >=18 ,2021	6.4%		6.4%	6.5%	ephracking.cdc.gov
	f Age-Adjusted Prevalence of Coronary Heart Disease Among Adults >=18 ,2021	5.1%		5.2%	5.2%	ephracking.cdc.gov
	g Age-Adjusted Prevalence of Cancer Among Adults >=18 ,2021	6.5%		6.4%	6.4%	ephracking.cdc.gov
	h Age-Adjusted Incidence Rate of Breast Cancer per 100k over 5 year period (Females Only - Smoothed)- 2016-2020	113.8		134.7	124.1	ephracking.cdc.gov
	i Age-Adjusted Prevalence of Stroke Among Adults >=18 ,2021	2.6%		2.7%	2.7%	ephracking.cdc.gov

***New Social Determinant Data Resources*

Tab 8: Uninsured Profile and Community Benefit

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

Tab	Health Indicators	Sac Co IA 2025	Trend	State of IA	Rural WIA Norm N=22	Source
8	a Uninsured, percent, 2021	6.3%		5.8%	6.6%	County Health Rankings

***New Social Determinant Data Resources*

#	Loring Hospital	YR24	YR23	YR22
a	Free Care - Charity	\$72,293	\$21,589	\$13,026
b	Bad Debt (No Pay)	\$311,914	\$209,724	\$459,639

Tab 9: Mortality Profile

The leading causes of county deaths from Vital Statistics are listed below.

Tab	Health Indicators	Sac Co IA 2025	Trend	State of IA	Rural WIA Norm N=22	Source
9 a	Life Expectancy (Male and Females), 2018-2020	78.4		78.1	77.6	County Health Rankings
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2020 (lower is better)	288.3		160.7	257.6	Iowa Health Fact Book
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2020 (lower is better)	379.0		162.3	322.0	Iowa Health Fact Book
d	Age-adjusted Chronic Obstructive Pulmonary Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	84.4		59.6	83.9	Iowa Health Fact Book
e	Alcohol-impaired driving deaths, percent, 2018-2022	10.0%		26.3%	26.8%	County Health Rankings

Iowa Death Statistics by Selected Causes of Death (2019-2023) Per 100k	Sac Co IA	Trend	State of Iowa	Rural Norm
Total Deaths (Per 100k)	812		785	814
Heart Disease	215		173	181
Cancer	141		151	147
Chronic Lower Respiratory Disease	50		41	46
Accidents & Adverse Events	47		45	46
Cerebrovascular Disease	37		32	32
Alzheimer's Disease	23		30	33
Diabetes	22		23	30

Tab 10: Preventive Quality Measures Profile

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

Tab	Health Indicators	Sac Co IA 2025	Trend	State of IA	Rural WIA Norm N=22	Source
10 a	Access to exercise opportunities, percent, 2022	61.5%		79.4%	63.4%	County Health Rankings
b	Age-Adjusted Prevalence of Hearing Disability Among Adults >=18, 2021	6.1%		6.1%	8.9%	ephracking.cdc.gov
c	Age-Adjusted Prevalence of High Cholesterol Among Adults >=18, 2021 (Screened in the last 5 years)	29.5%		29.9%	30.1%	ephracking.cdc.gov
d	Age-Adjusted Prevalence of High Blood Pressure Among Adults >=18, 2021	26.4%		27.9%	27.9%	ephracking.cdc.gov
e	Mammography annual screening, percent, 2020	50.0%		53.0%	49.3%	County Health Rankings
f	Age-Adjusted Prevalence of Visits to Doctor for Routine Check-Up Among Adults >=18, 2021	71.6%		72.7%	72.2%	ephracking.cdc.gov
g	Age-Adjusted Prevalence of Visits to the Dentist Among Adults >=18, 2022	64.6%		65.4%	64.6%	ephracking.cdc.gov
h	Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD	TBD	TBD

****New Social Determinant Data Resources**

PSA Primary Research:

For each CHNA Round #5 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Sac County, Iowa.

Chart #1 – Sac County, IA Online Feedback Response (N=182)

Sac County, IA - CHNA YR 2025 N=182			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Sac County, IA N=182	Trend	*Round #5 Norms N=5,877
Business/Merchant	10.7%		10.2%
Community Board Member	8.2%		9.7%
Case Manager/Discharge Planner	0.6%		1.1%
Clergy	1.3%		1.3%
College/University	1.3%		2.4%
Consumer Advocate	0.6%		2.1%
Dentist/Eye Doctor/Chiropractor	0.6%		0.7%
Elected Official - City/County	1.3%		2.0%
EMS/Emergency	1.9%		2.6%
Farmer/Rancher	3.1%		8.6%
Hospital	22.0%		22.9%
Health Department	1.3%		1.4%
Housing/Builder	0.6%		0.9%
Insurance	1.3%		1.2%
Labor	3.8%		3.7%
Law Enforcement	0.6%		1.0%
Mental Health	0.6%		2.5%
Other Health Professional	6.3%		12.8%
Parent/Caregiver	15.1%		17.9%
Pharmacy/Clinic	0.6%		2.6%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	4.4%		4.0%
Teacher/School Admin	8.2%		7.9%
Veteran	6.0%		2.8%
TOTAL	159		4468
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison. KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson WI: Richland			

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households	Firms
	Regional	Regional
None / Few (1-2)	200-500	50-200
Average (3-4)	500-1,000	200-1,000
Many (5+)	1,000+	1,000+
Sudman: <i>Applied Sampling</i> . (Academic Press, 1976), 87. Ibid., 30.		

Quality of Healthcare Delivery Community Rating

Loring Hospital PSA (IA) - CHNA YR 2025 N=182			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Loring Hospital PSA (IA) N=182	Trend	*Round #5 Norms N=5,877
Top Box %	36.8%		27.6%
Top 2 Boxes %	84.1%		70.7%
Very Good	36.8%		27.6%
Good	47.3%		43.1%
Average	14.3%		23.3%
Poor	1.6%		4.9%
Very Poor	0.0%		1.1%
Valid N	182		5,857
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison. KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson WI: Richland			

Re-evaluate Past Community Health Needs Assessment Needs

Sac County, IA - CHNA YR 2025 N=182					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health	82	15.8%		1
2	Substance Abuse (Drugs & Alcohol)	59	11.4%		2
3	Obesity & Nutrition	56	10.8%		3
4	Cancer	45	8.7%		4
5	Childcare	43	8.3%		5
6	Disease Prevention / Wellness	39	7.5%		8
7	Transportation	39	7.5%		7
8	Housing	31	6.0%		9
9	Senior Health	30	5.8%		6
10	Awareness of Healthcare Services	30	5.8%		10
11	Diabetes	19	3.7%		13
12	Economic Development	18	3.5%		11
13	Heart Disease	14	2.7%		12
14	Primary Care	14	2.7%		14
Totals		505	100.0%		

Community Health Needs Assessment “Causes of Poor Health”

Sac County, IA - CHNA YR 2025 N=182			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Sac County, IA N=182	Trend	*Round #5 Norms N=5,877
Chronic Disease Management	9.6%		8.3%
Lack of Health & Wellness	13.5%		11.8%
Lack of Nutrition / Access to Healthy Foods	9.6%		10.7%
Lack of Exercise	17.6%		14.4%
Limited Access to Primary Care	0.8%		4.7%
Limited Access to Specialty Care	6.3%		6.1%
Limited Access to Mental Health	15.4%		15.0%
Family Assistance Programs	3.3%		4.9%
Lack of Health Insurance	8.3%		11.7%
Neglect	10.2%		9.2%
Lack of Transportation	5.2%		4.9%
Total Votes	313		11,445
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison. KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson WI: Richland			

Community Rating of HC Delivery Services (Perceptions)

Sac County, IA - CHNA YR 2025 N=182	Sac County, IA N=182			*Round #5 Norms N=5,877	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	58%	1.2%		82.2%	3.8%
Child Care	26%	10.0%		40.1%	22.2%
Chiropractors	77%	3.7%		71.9%	6.9%
Dentists	57%	4.3%		61.4%	16.2%
Emergency Room	58%	3.6%		75.2%	7.3%
Eye Doctor/Optomtrist	61%	12.7%		69.6%	10.4%
Family Planning Services	33%	15.2%		46.5%	16.0%
Home Health	69%	7.5%		57.8%	10.6%
Hospice/Palliative	72%	4.4%		65.4%	8.0%
Telehealth	56%	11.7%		53.1%	11.1%
Inpatient Hospital Services	54%	1.9%		76.0%	5.8%
Mental Health Services	21%	30.3%		34.9%	28.9%
Nursing Home/Senior Living	9%	9.0%		50.7%	17.9%
Outpatient Hospital Services	68%	1.3%		75.5%	5.1%
Pharmacy	65%	1.3%		82.9%	2.8%
Primary Care	81%	1.3%		78.2%	5.5%
Public Health	66%	3.9%		63.3%	8.5%
School Health	65%	10.8%		60.5%	7.5%
Visiting Specialists	68%	3.2%		69.0%	7.0%
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison. KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson WI: Richland					

Community Health Readiness

Sac County, IA - CHNA YR 2025 N=182		% Bottom 2 Boxes (Lower is better)	
Community Health Readiness is vital. How would you rate each? (%Poor / Very Poor)	Sac County, IA N=182	Trend	*Round #5 Norms N=5,877
Behavioral/Mental Health	31.0%		31.3%
Emergency Preparedness	2.4%		6.8%
Food and Nutrition Services/Education	12.0%		16.0%
Health Wellness Screenings/Education	7.3%		9.4%
Prenatal/Child Health Programs	19.2%		13.3%
Substance Use/Prevention	36.1%		32.8%
Suicide Prevention	37.4%		33.9%
Violence/Abuse Prevention	41.3%		32.2%
Women's Wellness Programs	25.4%		17.3%
Exercise Facilities / Walking Trails etc.	7.1%		14.1%
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison. KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson WI: Richland			

Healthcare Delivery "Outside our Community"

Specialties:

Sac County, IA - CHNA YR 2025 N=182			
In the past 2 years, did you or someone you know receive HC outside of our community?	Sac County, IA N=182	Trend	*Round #5 Norms N=5,877
Yes	71.1%		71.4%
No	28.9%		28.6%
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison. KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson WI: Richland			

Specialty	Counts
CARD	9
ORTH	8
SURG	7
OBG	5
SPEC	5
CANC	4
DENT	4
PEDS	4
PRIM	4
SCAN	4

Access to Providers / Staff in our Community

Sac County, IA - CHNA YR 2025 N=182			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Sac County, IA N=182	Trend	*Round #5 Norms N=5,877
Yes	66.7%		57.6%
No	33.3%		42.4%
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison. KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson WI: Richland			

What healthcare topics need to be discussed further at our Town Hall?

Sac County, IA - CHNA YR 2025 N=182			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Sac County, IA N=182	Trend	*Round #5 Norms N=5,877
Abuse/Violence	4.1%		4.0%
Access to Health Education	3.3%		3.5%
Alcohol	3.5%		4.1%
Alternative Medicine	3.8%		3.8%
Behavioral/Mental Health	10.8%		9.5%
Breastfeeding Friendly Workplace	0.5%		1.2%
Cancer	5.1%		2.9%
Care Coordination	2.5%		3.1%
Diabetes	3.0%		2.8%
Drugs/Substance Abuse	6.0%		7.2%
Family Planning	2.4%		2.0%
Health Literacy	2.5%		3.3%
Heart Disease	1.4%		1.7%
Housing	3.7%		6.4%
Lack of Providers/Qualified Staff	3.2%		5.0%
Lead Exposure	0.3%		0.6%
Neglect	1.7%		2.1%
Nutrition	5.6%		4.8%
Obesity	5.9%		5.8%
Occupational Medicine	0.3%		0.6%
Ozone (Air)	0.2%		0.4%
Physical Exercise	5.7%		5.1%
Poverty	2.5%		5.0%
Preventative Health/Wellness	5.1%		5.7%
Sexually Transmitted Diseases	1.0%		1.5%
Suicide	5.1%		6.1%
Teen Pregnancy	1.3%		1.7%
Telehealth	1.6%		2.2%
Tobacco Use	1.3%		2.3%
Transportation	3.5%		3.1%
Vaccinations	1.4%		2.1%
Water Quality	1.7%		2.7%
TOTAL Votes	630		16,363
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison. KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson WI: Richland			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

YR 2025 - Inventory of Health Services - Sac Co, IA				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	Yes	Yes (FP)	
Hosp	Alzheimer Center	No		Yes
Hosp	Ambulatory Surgery Centers	Yes		
Hosp	Arthritis Treatment Center	No		
Hosp	Bariatric/weight control services	Yes		
Hosp	Birthing/LDR/LDRP Room	No		
Hosp	Breast Cancer	No		
Hosp	Burn Care	No		
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery	No		
Hosp	Cardiology services	Yes		Yes
Hosp	Case Management	Yes	Yes DOH Clients	
Hosp	Chaplaincy/pastoral care services	Yes		Yes
Hosp	Chemotherapy	No		
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention	Yes		
Hosp	CTScanner	Yes		
Hosp	Diagnostic Radioisotope Facility	Yes		
Hosp	Diagnostic/Invasive Catheterization	No		
Hosp	Electron Beam Computed Tomography (EBCT)	No		
Hosp	Enrollment Assistance Services	Yes	Yes DOH Clients	
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No		
Hosp	Fertility Clinic	No		
Hosp	FullField Digital Mammography (FFDM)	Yes		
Hosp	Genetic Testing/Counseling	No		
Hosp	Geriatric Services	Yes		
Hosp	Heart	Yes		Yes
Hosp	Hemodialysis	No		
Hosp	HIV/AIDS Services - Testing/Education/Referral	No	Yes -	
Hosp	Image-Guided Radiation Therapy (IGRT)	No		
Hosp	Inpatient Acute Care - Hospital services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No		
Hosp	Intensive Care Unit	No		
Hosp	Intermediate Care Unit	No		Yes
Hosp	Interventional Cardiac Catheterization	No		
Hosp	Isolation room	Yes		
Hosp	Kidney	No		Yes
Hosp	Liver	No		
Hosp	Lung	No		Yes
Hosp	MagneticResonance Imaging (MRI)	Yes		
Hosp	Mammograms 3D	Yes		
Hosp	Mobile Health Services	Yes		
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	No		
Hosp	Multislice Spiral Computed Tomography (>64+ slice CT)	Yes		
Hosp	Neonatal	No		
Hosp	Neurological services	No		
Hosp	Obstetrics	No		Yes
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services	No		Yes
Hosp	Orthopedic services	Yes		Yes
Hosp	Outpatient Surgery	Yes		
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program	Yes		

YR 2025 - Inventory of Health Services - Sac Co, IA				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Pediatric	Yes		
Hosp	Physical Rehabilitation	Yes		Yes
Hosp	Positron Emission Tomography (PET)	No		
Hosp	Positron Emission Tomography/CT (PET/CT)	No		
Hosp	Psychiatric Services	Yes Clinic		Yes
Hosp	Radiology, Diagnostic	Yes		
Hosp	Radiology, Therapeutic	No		
Hosp	Reproductive Health (Pre-conception counseling/ED)	No	Yes	
Hosp	Robotic Surgery	No		
Hosp	Shaped Beam Radiation System 161	No		
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No		
Hosp	Sleep Center	Yes		
Hosp	Social Work Services	Yes	Yes DOH Clients	
Hosp	Sports Medicine	Yes		Yes
Hosp	Stereotactic Radiosurgery	No		
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services	No		
Hosp	Trauma Center	Yes		
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	Yes	Yes	Yes
Hosp	Wound Care	Yes		
SR	Adult Day Care Program	No		Yes
SR	Assisted Living	No		Yes
SR	Home Health Services	No		Yes
SR	Hospice/Respite Care	Yes		Yes
SR	LongTerm Care	No		Yes
SR	Nursing Home Services	No		Yes
SR	Retirement Housing	No		Yes
SR	Skilled Nursing Care	Yes		Yes
ER	Emergency Services	Yes		
ER	Urgent Care Center	No		
ER	Ambulance Services	No		Yes
SERV	Access to Farmworker Program and TB Control Program	No	Yes	Yes
SERV	Alcoholism-Drug Abuse	No		Yes
SERV	Annual Influenza Clinics locally and in surrounding communities	Yes	Yes	
SERV	Blood Donor Center	No		Yes
SERV	Child Care Licensing, surveys and compliance evaluation	No	Yes	
SERV	Chiropractic Services	No		Yes
SERV	Complementary Medicine Services	No		Yes
SERV	Dental Services	Yes		Yes
SERV	Developmental Screening	No	Yes	Yes
SERV	Early Infant and Childhood Screenings and intervention/services	No	Yes	Yes
SERV	Fitness Center (Rehab facilities allow people to come in for a fee)	No		Privately owned
SERV	Healthy Start Home visits for prenatal, postnatal and infants/families	No	Yes	
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair (Annual) (Partner together)	Yes	Yes	
SERV	Health Information Center	No	Yes	

YR 2025 - Inventory of Health Services - Sac Co, IA				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
SERV	Health Screenings	Yes	Yes	Yes
SERV	Immunizations and Foreign Travel	Yes	Yes	
SERV	Infant/toddler/booster car seats with law enforcement agency	No	No	Yes
SERV	Maternal and Child Health Services	No	Yes	Yes
SERV	Meals on Wheels	No		Yes
SERV	Nail Care Clinics	No	Yes	
SERV	Nursing Health Assessments	No	Yes	
SERV	Nutrition Programs (WIC)	No	Yes	
SERV	Outreach clinics at Senior Centers and Elderly Housing	No	Yes	
SERV	Parenting Classes (Just starting)	No	No	Yes
SERV	Patient Education Center	No	Yes	
SERV	Pre-conception counseling	No	Yes	
SERV	Retail Store for Breastfeeding equipment and aids	No	Yes	
SERV	Sexually Transmitted Infection Screening and Treatment	No	Yes	
SERV	Support Groups (Diabetic and BF Coalition)	No	Yes	Yes
SERV	Teen Outreach Services	No	Yes	
SERV	Tobacco Treatment/Cessation Program	No	Cessation	
SERV	Transportation to Health Facilities	No		
SERV	Tuberculosis Screening, referral and treatment	No	Yes	
SERV	Wellness Program (DOH with Extension Office)	Yes	Yes	

YR 2025 - Physician Manpower - Sac Co, IA

# of FTE Providers	Supply Working in County		
	County Based MD or DO	Visiting DR (FTE) to County	County based PA / NP
Loring Hospital Campus Hospital Based:			
Primary Care:			
Family Practice	3	0.00	1
Internal Medicine	0	0.00	0
Obstetrics/Gynecology	0	0.00	0
Pediatrics	0	0.00	0
Medicine Specialists:			
Allergy/Immunology	0	0.00	0
Cardiology	0	0.10	0
Dermatology	0	0.10	0
Endocrinology	0	0.00	0
Gastroenterology	0	0.00	0
Infectious Diseases	0	0.00	0
Nephrology	0	0.00	0
Neurology	0	0.00	0
Oncology/RADO	0	0.00	0
Psychiatry	0	0.00	0
Pulmonary	0	0.00	0
Rheumatology	0	0.00	0
Urology	0	0.05	0
Surgery Specialists:			
General Surgery	0	0.20	0
Neurosurgery	0	0.00	0
Ophthalmology	0	0.00	0
Orthopedics	0	0.30	0
Otolaryngology (ENT)	0	0.00	0
Plastic/Reconstructive	0	0.00	0
Thoracic/Cardiovascular/Vasc	0	0.00	0
Urology	0	0.00	0
Hospital Based Specialists:			
Anesthesia/Pain	0	0.10	0
Emergency	0	0.00	0
Hospitalist *	0	0.00	0
Neonatal/Perinatal	0	0.00	0
Pathology	0	0.00	0
Physical Medicine/Rehab	0	0.00	0
Podiatry	0	0.10	0
Radiology	0	0.00	0
Wound Care	0	0.20	0
Dentistry	0	0.00	0
TOTALS	3	1.15	1

YR 2025 - Visiting Specialists to Loring Hospital

Specialty	Physician Name	Office Location	Schedule	Days per Month	FTE
Cardiology	Bella Williams, ARNP with group call coverage with group call coverage	Trinity Heart Center	1st and 3rd Thursday of each month	2	0.10
Dermatology	Abby Greenlee, MSN, ARNP, FNP-C,	Radiant Complexions Dermatology	2nd and 4th Tuesday of each month	2	0.10
Urology	Dr. Timothy Kneib	Siouxland Urology Associates	1st Tuesday of the month	1	0.05
General Surgery	Dr. Jason Dierking and Dr. John Armstrong	BVRMC	Surgery every other Tuesday and every other Thursday	4	0.20
Orthopedics	Dr. Benjamin Bissell	CNOS	1st & 3rd Monday of the month	2	0.10
Orthopedics	Dr. Steven Meyer & Dr. Benjamin Bissell	CNOS	Wednesdays	4	0.20
Pain Clinic	Austin Langel, CRNA	BVRMC	Every other Wednesday	2	0.10
Podiatry	Dr. Jeff Olson with group call coverage	Foot & Ankle Center of Iowa	2nd and 4th Tuesday of each month	2	0.10
Wound Care	Dr. Zoltan Pek	UnityPoint Clinic - Sac City	Every Friday	4	0.20

**Area Health Services Directory
Sac County Year 2025**

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

Sac County Sheriff	712-662-7127
Sac County Ambulance	712-662-4481

Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
Sac City	712-662-7127	712-662-7420
Lake View	712-657-2513	712-657-2425

Other Important Numbers

Social service Resource and Referral

211
www.211iowa.org

Suicide & Crisis Lifeline

988
OR chat 988lifeline.org

Crisis Text Line

Text HOME to 741741

Domestic Violence Hotline

1-800-382-5603

Sexual Assault Hotline

1-877-362-4612

Housing Hotline

1-800-982-7233

Human Trafficking

888-373-7888

Suicide Prevention

800-273-8255

Emergency Translation Services

515-282-8269
option 5, code 7092

Maternal Mental Health Hotline

1-833-9-HELPMOMS
(1-833-943-5746)

Statewide Child/Dependent Adult

Abuse Hotline
800-362-2178 (24 hours/day)

Iowa Concern Hotline

(For stress, financial and legal issues)
800-447-1985 (24 hours/day)

Alcohol Drug Treatment Services

Alcoholics Anonymous

Court House Annex, 115 S. State St (Sac City)
Mondays, 8:00 p.m.

Gambling Hotline

800-BETS-OFF
(800-238-7633)

New Opportunities Inc.

1708 West Main Street (Sac City)
712-662-7921 or 712-662-3236
www.newopp.org

Prevention Services

712-792-9266

Your Life Iowa

Call: 855.581.8111
Text: 855.895.8398
<https://yourlifeiowa.org/>

Plains Area Mental Health Center – Turning Point

712-662-8059
<https://plainsareamentalhealth.org/>

Rosecrance Jackson Centers

800 5th St (Sioux City)
712-234-2300
<https://rosecrancejackson.org/>
Cherokee Office:
789 1/2 N 2nd Street
712-225-2441
815-720-5080
789 1/2 N 2nd Street
Spencer Office:
1713 McNaughton Way
712-584-2030

Rolling Hills Community Services

712-297-5292 (ext 237)
<https://www.rollinghillsregion.com/>

St. Anthony Mental Health Services

405 S. Clark Street (Carroll)
800-562-6060
<https://www.stanthonyhospital.org/>

Season Center for Behavioral Health

800-242-5101
<https://seasonscenter.org/>

Sac County Government Offices

Sac County Government Office

100 N State St (Sac City)
<https://www.sacountyiowa.gov/>

Driver's License 712-662-4578

County Assessor 712-662-4492

County Attorney 712-662-4791

County Auditor 712-662-7310

County Clerk 712-662-7791

County Engineer (499 N 19th St) 712-662-7687

County Landfill-Solid Waste (2430 260th St)
712-662-4895

County Motor Vehicle Department

712-662-7273

County Recorder 712-662-7789

County Sheriff 712-662-7127

County Treasurer (taxes) 712-622-7411

Emergency Management 712-662-4789

Sac County Support Services 712-662-7998

Sanitarian (116 S State Street) 712-662-7998

Veterans Affairs 712-662-7929

Juvenile Court Services

Carroll County Court House
712-790-0406

Emergency Management/Homeland Security

1020 West Main Street (Sac City)
712-662-4789

Disability

Area Education Agency (AEA)

712-732-2257

Children at Home – Iowa Family Support Network

1111 9th St. Suite 320 (Des Moines)
515-558-9946
Fax: 515-558-9994

Child Health Specialty Clinics

204 W 7th Street (Carroll)
712-792-5530
www.chsciowa.org

Early ACCESS

824 Flindt Drive, Suite 105 (Storm Lake)
712-732-2257
<https://www.iafamilysupportnetwork.org>

Early Childhood Developmental Screenings

824 Flindt Drive, Suite 105 (Storm Lake)
866-540-3858 ext. 87005
<http://www.aea8.k12.ia.us/>

Hope Haven (formerly Faith, Hope, and Charity)

1815 W. Milwaukee
PO Box 243 (Storm Lake)
712-732-5127
<http://www.hopehaven.org/>

Howard Center, Inc.

1319 Early Street (Sac City)
712-662-7844
howrdctr@mchsi.com
<https://howardcenterinc.org>

Imagine the Possibilities Inc. (CRP) (formerly Genesis)

Corporate Office: 1710 E Maple Street
(Maquoketa)
Local: 1607 N. Lake Ave (Storm Lake)
563-652-5252
<https://imagineia.org/>

Iowa Vocational Rehabilitation Services (IVRS)

Two Triton Circle (Fort Dodge)
8:00 am - 4:30 pm Monday-Friday
515-573-8175
<http://www.ivrs.iowa.gov/>

Education

East Sac County

(Auburn, Lake View, Wall Lake, Sac City)
<https://eastsac.k12.ia.us/>

East Sac County Elementary

400 S 16th St (Sac City)
712-662-7200

East Sac County Middles – High School

801 Jackson (Lake View)
712-665-5001

OABCIG

(Odebolt, Arthur, Battle Creek, Ida Grove)
<http://www.oabcig.org/>

Odebolt-Arthur Elementary & Middle School

600 Maple St (Odebolt)
712-668-2827

BCIG Elementary & Preschool

403 Barnes St (Ida Grove)

OABCIG High School

900 John Montgomery Drive (Ida Grove)
712-364-3371

Ridgeview

(Early, Schaller, Galva, Holstein)
<http://www.rvraptors.org/Home>

Crestland Elementary

300 S Berwick (Schaller)
712-275-4266

Ridgeview Middle School

310 W Main St (Early)
712-273-5185

Ridgeview High School

519 East Maple St (Holstein)
712-368-4353

HHS Licensed Preschool/Child Care Centers

Head Start Preschool

712-662-6294
Cell: 712-830-1326

Kid's World Inc

712-662-7259

Wee Wildcats Daycare

712-275-4266

Colleges

Buena Vista University (BVU)

610 W 4th Street (Storm Lake)
712-749-2400 | 800-383-9600

<http://www.bvu.edu/>

Des Moines Area Community College

515-964-6200 OR 800-362-2127
<https://www.dmac.edu/>

Iowa Central Community College (ICCC)

330 Avenue M (Fort Dodge)
515-576-7201 or 800-362-2793
916 N Russell St (Storm Lake)

712-732-2991

<http://www.iowacentral.edu/>

Prairie Lakes Area Education Agency

2004 Expansion Blvd (Storm Lake)
712-732-2257
<https://www.plaea.org/>
Lending Library for Teachers: 800-594-9494

Public Libraries

Auburn Public Library

209 Pine
712-688-2264

Early Public Library

107 Main St
712-273-5334

Lake View Public Library

202 Main St
712-657-2310

Lytton Public Library

118 Main PO Box 136
712-466-2522

Odebolt Public Library
200 S Walnut
712-668-2718

Sac City Public Library
1001 W Main
712-662-7276

Schaller Library
103 S Main PO Box 427
712-275-4741

Wall Lake
116 Main
712-664-2983

Employment

Goodwill Connection Center
229 W. Milwaukee (Storm Lake)
712-732-0912
M – F 9:00 am – 5:00 pm

Imagine the Possibilities
1607 N. Lake Ave (Storm Lake)
563-652-5252

Iowa Vocational Rehabilitation Services
515-573-8175
<http://www.ivrs.iowa.gov/>

IowaWorks
504 N Hwy 39 (Denison)
712-792-2685
8:30 a.m. – 4:30 p.m. Hrs: M, T, Th, F
Wed 9:00 – 4:30
<https://www.iowaworks.gov/vosnet/Default.aspx>

Job Corps
National Info-Line: 800-733-JOBS
(800-733-5627)
<http://recruiting.jobcorps.gov>

Denison Job Corps Center
10 Opportunity D
P.O. Box 610 (Denison)
712-263-4192

Family Safety – Children – Youth – Families

Boys Town of Iowa
712-258-6523
<http://www.boystown.org/locations/iowa/>

Boys Town National Hotline®
800-448-3000

YourLifeYourVoice.org
<https://www.yourlifeyourvoice.org/>

Buena Vista, Crawford, Sac, Early Childhood Iowa
Home office – Breda, IA
712-673-4610
<https://bvcslearlychildhoodiowa.org/>

Preschool Tuition Scholarships
<https://hhs.iowa.gov/programs>

Centers Against Abuse & Sexual Assault (CAASA)
Main Office PO Box 996 (Spencer)
24/7 HOPEline: 877-362-4612

712-262-4612
<https://www.caasaonline.org/>

Centralized Child Care Assistance
Mailing Address: CCAU 1305 East Walnut St
(Des Moines)
866-448-4605

Child and Adult Care Food Program
800-642-6330 OR 712-792-9266
www.newopp.org

Child Care Resource and Referral (CCR&R)
418 Marion St (Remsen)
712-786-2001 OR 800-859-2025
<http://iowaccrr.org/>

Child Care Resource and Referral Parent Service Team (CCR&R)
855-244-5301 (588-CHILD-01)

Consultant Services to Early Care Environments
712-541-2432

Child Care Nurse Consultant (CCNC)
712-263-3303
<https://hhs.iowa.gov>

Decat/CPPC (Community Partnership for Protecting Children)
608 North Court Street (Carroll)
712-792-4391 (ext. 239)

Health & Human Services Child Care Assistance Program
<https://hhs.iowa.gov/programs>
Centralized Child Care Assistance (CCA) Eligibility
866-448-4605
Centralized Child Care Assistance (CCA) Payment and Registration Unit
866-448-4605

Early ACCESS
824 Flindt Drive, Suite 105 (Storm Lake)
712-732-2257

Family Crisis Centers (FCC)
800-382-5603

24 hour crisis line: 800-770-1650
or text line: iowahelp 2012.

Family Development Associates
<https://www.family-development.org/>

Child/Dependent Adult Protection
1-800-362-2178 (24 hours/day)

Family Development and Self-Sufficiency (FaDSS)
2371 Highway 30E, Box 427 (Carroll)
712-830-7294 OR 712-792-9266
<https://www.newopp.org/>

Family STEPS Program

116 South State St, Suite A (Sac City)
712-662-4785
Mon – Fri, 8:00-4:30; On-call 24/7
www.SacCountyHealthServices.com

Hope Haven (Faith, Hope, and Charity)

1815 W. Milwaukee, PO Box 243 (Storm Lake)
712-732-5127
<http://www.hopehaven.org/>

Head Start

1408 Robbins Street (Sac City)
712-662-6294
712-830-1326
www.newopp.org

Iowa Child Care Complaint Hotline

1-844-786-1296

Iowa Family Support Network, EveryStep

1111 9th St. Suite 320 (Des Moines)
515-558-9946
<https://www.iafamilysupportnetwork.org/about-us/>
Monday through Friday, 8:00 a.m. to 6:00 p.m.

Iowa State University Extension & Outreach

Sac County Office, 620 Park Ave (Sac City)
712-662-7131
<http://www.extension.iastate.edu/buenavista/>

Juvenile Court Services

Carroll County Court House
712-790-0406
Hours: Monday-Friday, 8-4:30

New Opportunities Inc.

1710 West Main Street (Sac City)
712-662-7921
<https://www.newopp.org/>

Reporting Child Abuse and Dependent Adult Abuse

800-362-2178

Youth Emergency Services (YES)

PO Box 1085 (Cherokee)
712-225-5777

Licensed Day Care Centers**Kid's World Inc.**

1408 Robbins Street (Sac City)
712-662-7259
<http://frontiernet.net/~kwsc/index.html>

Wee Wildcats Day Care

712 Hanover Street (Schaller)
712-275-4266

Financial & Income Assistance**Center for Siouxland**

Consumer Credit Counseling of Iowa
715 Douglas Street (Sioux City)
800-509-5601 OR 712-252-1861
<http://www.centerforsioxford.org>

Child Support Unit

1-888-229-9223
<https://secureapp.dhs.state.ia.us/customerweb/>

Dept. of Health & Human Services (HHS) Sac County

Mailing Address: 608 N. Court Street, Suite C (Carroll)
1-866-202-5968
<https://hhs.iowa.gov/>

Iowa Marketplace

1-800-318-2596
<https://www.healthcare.gov/>

Iowa Mediation Service (Offices around the State)

1441 29th Street, Suite 120 (West Des Moines)
515-331-8081
<http://www.iowamediationservice.com/>

ISU Extension & Outreach

Hotline 800-447-1985
<https://www.extension.iastate.edu/iowaconcern/>

Sac County General Assistance

100 N. West State Street (Courthouse, 2nd floor) (Sac City)
712-662-4552

Sac County Veterans Affairs

100 N. West State Street (Courthouse, 2nd floor) (Sac City)
712-662-4552

Supplemental Security Income (SSI)

818 Bella Vista Drive (Carroll)
866-572-8381
Hours M-T-TH-F 9:00 am – 3:00 pm
W 9:00 am-Noon
National: 800-772-1213
<http://www.socialsecurity.gov/>

New Opportunities, Inc.

1710 West Main St (Sac City)

712-662-3236

<https://www.newopp.org/>

9 a.m. -3 p.m. Mon-Fri or by appointment.

Food Resources**Congregate Meals**

Sac City Senior Center
Tourgee & Main St
712-662-7919
Wall Lake Community Center
108 Boyer St
712-664-2984
Lake View: Eilert Auen Post
310 Main St
712-665-4005 (10 am-1 pm)
Reservation 657-8547
<https://elderbridge.org/>

Home-delivered Meals

Sac City
712-662-7919
Wall Lake, Lake View
712-664-2984
Auburn City Hall
712-688-2264

Food Pantry

1710 West Main Street (Sac City)
712-662-3236
9 a.m. – 3 p.m. Mon-Fri or by appointment
<https://www.newopp.org/>

Food Pantries

Early Community Food Pantry
712-661-9417
Schaller - Blessing Box
712-749-9976
Wheatland Food Pantry
712-830-9143

Food Assistance (SNAP/Food Stamps)

712-749-2536
<https://hhs.iowa.gov/>

Summer Lunch Programs

712-830-2485.

Schaller-Crestland Elementary

712-273-5185

WIC (Women, Infants and Children)

[Health & Human Services \(iowa.gov\)](https://hhs.iowa.gov/)
New Opportunities Inc.
712-792-9266 OR 800-642-6330
<https://www.newopp.org/>

Health

hawk-i (Healthy and Well Kids in Iowa)

800-257-8563
(Mon–Fri, 8 a.m.-7 p.m.)
<https://hhs.iowa.gov/hawki>

ISU Extension & Outreach

712-662-7131

Hospitals

Buena Vista Regional Medical Center

1525 W 5th St (Storm Lake)
712-732-4030
<http://www.bvrmc.org/>

Loring Hospital

211 Highland Ave (Sac City)
712-662-7105
<https://www.loringhospital.org/>

Saint Anthony Hospital

PO Box 628 | 311 S. Clark Street (Carroll)
712-792-3581
<https://www.stanthonyhospital.org/>

The Birth Place

712-794-5260
education@stanthonyhospital.org.

Stewart Memorial Hospital

1301 W Main St (Lake City)
712-464-7907 OR 712-464-3171
<https://www.stewartmemorial.org/>

Crawford County Community Health

105 N Main (Denison)
<https://www.crawfordcountyhealth.com/>

I-Smile™ Program

712-263-3303
Cell Phone: 712-267-0512

Child Health Nursing Visits

712-263-3303

New Opportunities Inc.

2371 Highway 30E, Box 427 (Carroll)
800-642-6330 OR 712-792-7921
Main office 712-792-1344
www.newopp.org
Five Health Mental Development Initiative
Extension: 1118
Health Pregnancy Program
Extension: 1100
Women's, Infant and Children Food Programs
Extension: 1116

Sac County 911 Zoning & Environmental Health Department

Courthouse Annex, 116 South State Street
Suite A (Sac City)
712-662-7929

Sac County Health Services (Public Health)

Courthouse Annex, 116 South State St
Suite A (Sac City)
712-662-4785
Office Hours: Mon – Fri, 8:00-4:30; On-call 24/7
<http://www.saccounty.org/health-services>

Care for Yourself/Breast and Cervical Cancer Early Detection (BCCEDP) Program

712-749-2548

United Community Health Center

715 W. Milwaukee Ave (Storm Lake)
712-213-0109 OR 855-871-0109
<http://www.uchcsl.com/>

Housing Assistance

Buena Vista County USDA

Rural Development | Area 9
1619 North Lake Ave (Storm Lake)
712-732-1851 (Ext 4)
Mon-Fri, 8:00 - 4:30
<http://www.rd.usda.gov/>

Region XII Regional Housing Authority

PO Box 663, 320 E 7th Street (Carroll)
712-792-5560
<https://www.regionxiiha.org/>

Region XII Council of Governments

1009 East Anthony St, PO Box 768 (Carroll)
712-792-9914
www.region12cog.org

Weatherization

New Opportunities Inc.
Sac County Family Development Center
1710 West Main Street (Sac City)
712-662-3236
<https://www.newopp.org/county-offices>

Senior Housing

Meadowlane Apartments
214 So. 21st Street (Sac City)
712-660-7821

Brookridge Apartments
South 16th Street (Sac City)
712-792-7800

Westview Apartments
South 16th & Gishwiller (Sac City)
712-662-7827

Law Enforcement Services

Sac County Sheriff
712 W State Street (Sac City)
712-662-7127
911 for EMERGENCIES

Local Police Departments
Lake View Police
712-657-2513
Sac City Police
712-662-7772

Legal

Iowa Legal Aid
Northwest Iowa Regional Office
520 Nebraska Ave (Sioux City)
800-532-1275
800-342-9229
<http://www.iowalegalaid.org/>

**Legal Hotline for Older Iowans
& Pension Rights Project**
800-992-8161
Hours: 9:00 – 4:30 M – F
<http://www.iowalegalaid.org/>

Iowa Concern Hotline
800-447-1985
www.extension.iastate.edu/iowaconcern/

Office of Ombudsman
515-281-3592
888-IA-OMBUD (888-426-6283)
ombudsman@legis.iowa.gov
<https://www.legis.iowa.gov/Ombudsman/>

**Iowa Attorney General
Consumer Protection Office**
515-281-5926
888-777-4590
consumer@iowa.gov
<http://www.iowaattorneygeneral.gov/>

Mental Health/Counseling

Boys Town of Iowa
712-258-6523
<http://www.boystown.org/locations/iowa/>

Boys Town National Hotline®
800-448-3000

YourLifeYourVoice.org
<https://www.yourlifeyourvoice.org/>

Catholic Charities
Sioux City Office
712-252-4547
<https://catholiccharitiesusa.org/>

Community Services Department (CDC)
605 Cayuga St. Court House Annex (Storm Lake)
712-749-2556
Monday – Friday, 8:00 – 4:30

**Cherokee Mental Health Institute & Civil
Commitment Unit for Sexual Offenders**
1251 West Cedar Loop (Cherokee)
712-225-2594
24 hours a day
<https://hhs.iowa.gov/programs/mental-health/inpatient-facilities/cherokee>

Counseling Services, LLC
322 South 13th Street (Sac City)
712-662-3222
<https://www.tapartnership.org/locations/Sac-City-IA.htm>

**Hope Harbor Unit - Buena Vista Regional
Medical Center**
1525 West 5th Street, PO Box 309 (Storm Lake)
712-213-8656
<https://www.bvrmc.org/>

Lutheran Services in Iowa (LSI)
205 S 7th St (Denison)
712-263-9341
1614 West 5th St (Storm Lake)
<http://lsiowa.org/>

Plains Area Mental Health Center
728 Erie St (Storm Lake)
712-213-8402
<https://plainsareamentalhealth.org/>

MCAT Mobile
712-546-4624

Turning Point
900 Early Street (Sac City)

712-662-8055
712-661-8000

**Rolling Hills Community Services Region
(RHCS)**
605 Cayuga – PO Box 253 (Storm Lake)
712-749-2556
<https://www.rollinghillsregion.com/resources>
<https://www.rollinghillsregion.com/>

St. Anthony Mental Health Services

St. Anthony Regional Hospital
 405 S. Clark Street (Carroll)
 800-562-6060
<https://www.stanthonyhospital.org/>

Season Center for Behavioral Health

Central Office: 201 East 11th Street (Spencer)
 800-242-5101

Carroll Office: 524 E 7th St. (Carroll)
 Storm Lake Office: 824 Flindt Drive, Ste. 104
 (Storm Lake)
 24/7 Crisis Line 1-800-242-5101
<https://seasonscenter.org/>

Older Adults**Elderbridge Agency on Aging**

603 N. West Street (Carroll)
 800-243-0678
<https://www.elderbridge.org/>

Iowa Department on Aging

Department of Elder Affairs
800-532-3213
515-725-3333
[Aging Services | Health & Human Services \(iowa.gov\)](#)

Proteus

107 North 7th Street (Fort Dodge)
 800-798-8225
<http://www.proteusinc.net/>

Workforce GPS

<http://www.workforcegps.org/>

Senior Health Insurance Information Program (SHIIP)

1-800-351-4664
<https://shiip.iowa.gov/>

Transportation**Iowa Department of Transportation – Iowa**

DOT Public Transit
 800 Lincoln Way (Ames)
 515-239-7870
<https://iowadot.gov/>

Western Iowa Transit System

Region XII Council of Governments
 712-792-9914
www.region12cog.org
 Sac City
 712-830-0806
 712-830-6441
 Auburn
 712-688-2203

Service Organizations**Chamber- Main Street**

712-662-7316
 4-H
 Community Education/Recreation
 Friends of Library
 Kids World Volunteer Board
 Loring Hospital Volunteer Services
 PEO (philosophical organization promotes education)
 PTO- Parent Teachers Organization
 Red Hat Society
 Sac Community Center
 Sac County Child Abuse Prevention Council
 Sac County Fair Board
 Sac County Hometown Pride
 Sac Fit
 WaTanYe

National Websites for organizations

American Legion National website
<http://www.legion.org/>
 Boy Scouts National website
<http://www.scouting.org/>
 Girls' Scouts National website
<https://www.girlscouts.org/>

Sac City Churches**Church of Christ**

South 15th St and Audubon
 712-662-7714

First Christian Church

521 Park Avenue
 712-662-7996

First Presbyterian Church

812 Audubon Street
 712-662 4304

St. Mary's Catholic Church

South 12th Street
 712-662-4371

St. Paul's Lutheran Church

1112 Bailey Street
 712-662-7029

St. Peter's Lutheran Church

3541 300th Street
 712-662-7392

United Methodist Church

900 Main Street
 712-662-7436

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin History 2022- 2024 for IP, OP and ER – Sac County, IA

Sac County, Iowa Residents					
#	Inpatients - IHA Dimensions	2022 FY	2023 FY	2024 FY	Total
1	Storm Lake - Buena Vista Regional Medical Center	125	131	127	383
2	Carroll - St. Anthony Regional Hospital	117	125	104	346
3	Sac City - Loring Hospital	109	90	78	277
	% of patients staying home for care	12.7%	10.5%	10.7%	11.4%
4	Sioux City - MercyOne Siouxland Medical Center	100	83	65	248
5	Lake City - Stewart Memorial Comm. Hospital	78	95	59	232
6	Sioux City - UnityPoint Health - St. Luke's	57	46	60	163
7	Fort Dodge - UnityPoint Health - Trinity	37	51	53	141
8	Ida Grove - Horn Memorial Hospital	46	45	14	105
	Others	186	190	167	543
	Total	855	856	727	2,438

Sac County, Iowa Residents					
#	Outpatients - IHA Dimensions	2022 FY	2023 FY	2024 FY	Total
1	Sac City - Loring Hospital	11,412	11,755	11,419	34,586
	% of patients staying home for care	45.1%	45.0%	43.8%	44.6%
2	Lake City - Stewart Memorial Comm. Hospital	3,633	3,706	3,730	11,069
3	Storm Lake - Buena Vista Regional Medical Center	3,715	3,605	3,547	10,867
4	Carroll - St. Anthony Regional Hospital	2,034	2,033	2,101	6,168
5	Ida Grove - Horn Memorial Hospital	1,638	1,592	1,789	5,019
6	Fort Dodge - UnityPoint Health - Trinity	463	733	829	2,025
7	Denison - Crawford County Memorial Hospital	418	367	360	1,145
8	Sioux City - UnityPoint Health - St. Luke's	315	371	368	1,054
	Others	1,683	1,939	1,920	5,542
	Total	25,311	26,101	26,063	77,475

Sac County, Iowa Residents					
#	Emergency - IHA Dimensions	2022 FY	2023 FY	2024 FY	Total
1	Sac City - Loring Hospital	1,656	1,680	1,704	5,040
	% of patients staying home for care	49.0%	48.4%	50.9%	49.4%
2	Storm Lake - Buena Vista Regional Medical Center	546	565	547	1,658
3	Ida Grove - Horn Memorial Hospital	353	326	286	965
4	Lake City - Stewart Memorial Comm. Hospital	308	312	297	917
5	Carroll - St. Anthony Regional Hospital	272	280	251	803
6	Denison - Crawford County Memorial Hospital	58	61	49	168
7	Fort Dodge - UnityPoint Health - Trinity	34	44	36	114
8	Sioux City - UnityPoint Health - St. Luke's	22	31	12	65
	Others	133	169	168	470
	Total	3,382	3,468	3,350	10,200

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Attendance Loring Hospital PSA CHNA Town Hall 4/3/25 11:00-12:30pm N=20						
#	Table	Lead	Attend	Last	First	Organization
1	A	XX	x	Bloyer	Jamie	Loring Hospital
2	A		x	Hansen	Carol	United Bank of Iowa
3	A		x	Hemiller	Nate	East Sac Count CSD
4	A		x	Pullen	Jan	Community Member
5	B	XX	x	Johnson	Matt	Loring Hospital
6	B		x	Crump	Shelly	
7	B		x	Geery	Keri	Sac County Public Health
8	B		x	MacWhorter	Mark	First Christian Church of Sac City
9	C	XX	x	Wirtjers	Teresa	Loring Hospital
10	C		x	Murley	Shirly	
11	C		x	Williams	Jill	Loring Hospital
12	C		x	Wegner	Dale	Sac Sun
13	D	XX	x	Larson	Andrea	Sac Co Health Services
14	D		x	Olhausen	LeAnn	Loring Hospital
15	D		x	Presley	Fae	Loring Hospital
16	E	XX	x	Hoberman	Allison	East Sac County
17	E		x	Dettmann	Michele	
18	E		x	Vauble	Shelley	Public Health
19	E		x	Freier	Sophie	Loring Hospital
20	E		x	Hecht	Caitlyn	Community Member

Loring Hospital Town Hall Event Notes

Date: 4/3/2025 – 11:00-12:30 p.m. @ The Loring Hospital Meeting Place

Attendance: N=20

INTRO: Following is a recap of the community conversation during CHNA 2025 Town Hall

- Other than receiving care at Loring Hospital, the community is receiving care in Des Moines, Omaha, Sioux City, Fort Dodge, Waterloo, and Iowa City.
- There are 3 nursing homes in town, but availability is limited.
- Veterans go to Carrol Co VA or Des Moines.
- Moms deliver in Storm Lake and Carroll. Prenatal care is going well.
- Childcare is needed in Sac City (safe, affordable, accessible)
- The ED number is incorrect. Patients are seen within minutes upon entering the Emergency Department.
- The DOH has various programs available to the community.
- Depression is a concern for the community and higher than reported.
- As far as drugs in the community, Meth, Alcohol, Marijuana, Fentanyl, and Vaping are a concern. The community discussed combining both drugs and alcohol in substance abuse.
- STDs are a concern.
- There are exercise opportunities available, but the community is not using them.
- There are no Optometrists in the area.
- There is a lack of mental health providers in the community
- Heart disease is a problem and ongoing.

What is coming/occurring that will affect the health of the community:

- Covid
- Measles
- New Administration impacting funding
- New strands of flu

Things going well for healthcare in the community:

- Ambulance
- Emergency care
- Emergency preparedness
- Health partner collaboration (School, DOH, Hospital)
- Hospital expansion project
- Local hospital and clinics
- Outpatient clinic (Visiting Spec – Orthopedics, Dermatology, Cardiology, Podiatry)
- Positive community perception of healthcare
- PT services
- Quality and long-standing providers
- School System

Areas to improve or change in the community:

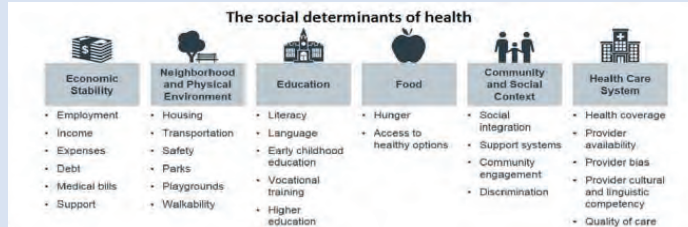
- Awareness of Healthcare Services
- Childcare (Affordable & Accessible)
- Chronic Disease (Cancer & Heart)
- Communication
- Digital Impact (Phones, Social Media)
- Domestic Violence
- Drinking
- Eye Provider
- Food Insecurity
- Health Education
- Health Insurance (Coverage & Education)
- Mental Health (Geriatric Psych, Diagnosis, Providers, Placement, Aftercare)
- Obesity (Nutrition & Exercise)
- Parenting
- Physician Recruitment (Aging providers)
- Preventative Health
- Substance Abuse (Drugs)
- Suicide
- Transportation
- Veterans' Health
- Women's Health Services

Round #5 CHNA - Loring Hospital PSA			
Town Hall Conversation - Strengths (Big White Cards) N=21			
Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
12	Ability to quickly gain access to care providers	6	Job opportunities
19	Access to care close to home (24 hour ER services)	18	Knowledgeable professionals
5	Access to ER	12	Level of care given
14	Access to exercise	9	Local ambulance
6	Access to healthcare - PCP	10	Local ambulance/EMS
15	Access to healthcare/emergency care	7	Location/building improvements
9	Access to hospital and clinic locally	10	Longterm health placement
7	Access to physicians	16	Offer recreation center
5	Availability of fitness centers & trails	8	Our hospitals
5	Availability to providers	8	Our PA's
2	Available specialists	3	Outpatient clinics
8	Close health care	9	Outpatient clinics
11	Collaborative network system	19	Partnerships with community
13	Communication	11	Patient care
12	Communication between doctors and specialists	3	People satisfied with inpatient services
18	Community cooperation	17	Perception of care/services is good
16	Cooperation of agencies	1	Places to workout & trails to walk
14	Doctor availability	19	Primary care providers
14	Emergency care	2	Providers
17	Emergency care	3	Providers
15	Emergency preparedness	10	Providers currently
4	EMS	7	PT services
2	ER & ambulance	15	Public health
15	Exercise facility	17	Public health & hospital relationship
5	Expansion of current hospital	6	Public health system
5	Experience of hospital	9	Public health system
20	Good doctors & clinics	12	Relationships with healthcare providers & patients
3	Good emergency services	2	School system
18	Good facilities	6	School system
1	Good people	8	Schools
16	Good practitioners	17	Screenings at school/school system
4	Good primary health services	8	Small community
1	Great doctor	13	Specialist that come
20	Great hospitals - staff, caring	20	Specialist that come
17	Have a good pool of primary providers	19	Specialty providers
3	Healthcare coalition	13	Stability of providers (longevity)
14	Hospital ER	4	Strong hospital
2	Hospital presence	9	Strong collaboration
6	Hospital system	10	Therapy - PT/OT
16	Hospital/P.H.	15	Transportation
12	Improvements/investment of healthcare	4	Variety of specialists
14	Infant immunizations		

Round #5 CHNA - Loring Hospital PSA			
Town Hall Conversation - Weaknesses (Color Cards) N= 21			
Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
16	Access to exercise	4	Helping mental health problems
11	Access to higher level of care	7	Housing
11	Access to mental health	9	Insurance
13	Access to specialty	11	Insurance
19	Access to wellness/health education	6	Mental health
8	Addressing food insecurity	7	Mental health
14	Affordable & accessible healthy food	9	Mental health
15	Affordable & accessible healthy food	10	Mental health
11	Aging providers	14	Mental health
13	Alcohol	17	Mental health
1	Awareness healthcare services/mental health availability	19	Mental health
7	Cancer	2	Mental health education
13	Cancer	12	Mental health education
17	Cancer	15	Mental health providers & education
5	Cancer prevention & doctor	3	Mental health services
2	Cancer rates	1	Obesity
18	Care for children	7	Obesity
10	Child care	8	Obesity
1	Childcare centers - affordable & accessible	10	Obesity
13	Communication	17	Obesity
3	Decrease cancer risks	14	Opportunities to support parents (single parents)
18	Depression/suicide	6	Overweight
19	Disease prevention	7	Physician/provider recruitment
5	Domestic violence	2	Preventative care
12	Domestic violence	15	Preventative care * heart disease
4	Drugs & alcohol problems	6	Price of meds
3	Drugs/alcohol use	1	Recruitment/replacement PCP & eye doctors
8	Drugs/alcohol use	10	Secondary services - eye
15	Drugs/alcohol use	18	Smoking
13	Education	10	Substance abuse
8	Education on violence/abuse prevention	17	Substance abuse
12	Exercise	6	Suicide
18	Exercise - decrease obesity	8	Transportation
2	Eye doctor	10	Transportation
3	Focus on nutrition/weight loss	11	Transportation
6	Food for kids & seniors	10	Vet services
12	Food insecurity	17	Veterans health
9	Food/eating habits	1	Violence
8	Get another family practice MD/DO	15	Violence/abuse
12	Health & education - insurance	5	Wellness program
18	Health education - resources	12	Women's health
13	Health insurance	3	Women's health services
2	Heart disease		

Round #5 CHNA - Loring Hospital PSA

Social Determinants "A" Card Themes (N = 21 with 43 Votes): E=15, N=3, ED=2, C=7, F=2 & P=14



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
8	C	Community & social context	11	ED	Education
13	C	Community & social context	16	ED	Education
15	C	Community & social context	13	F	Food
2	C	Social	18	F	Food
4	C	Social	2	N	Environment
5	C	Social	18	N	Neighborhood
14	C	Social	4	N	Neighborhood environment
2	E	Economic	21	P	Access & quality
10	E	Economic	8	P	Health care
21	E	Economic	14	P	Health care
3	E	Economic stability	20	P	Health care
6	E	Economic stability	1	P	Health care access
9	E	Economic stability	5	P	Health care access
15	E	Economic stability	10	P	Health care access
16	E	Economic stability	17	P	Health care access
17	E	Economic stability	3	P	Health care access & quality
19	E	Economic stability	6	P	Health care access & quality
20	E	Economic stability	9	P	Health care access & quality
1	E	Economy	19	P	Health care access & quality
7	E	Economy	12	P	Mental health
11	E	Economy	7	P	Providers - mental health
12	E	Economy			

EMAIL Request to CHNA Stakeholders

From: Matt Johnson

Date: 1/6/2025

To: Community Leaders, Providers, Hospital Board and Staff

Subject: CHNA Round #5 Community Online Feedback Survey – Loring Hospital

Loring Hospital will be working to update the 2022 Loring Hospital Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in order to complete the 2025 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2016, 2019, and 2022 CHNA reports while collecting up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete this comprehensive report. To accomplish this work, a short online survey has been developed for community members to take. Please visit our hospital webpage, facebook page, or utilize the link below to complete this survey.

LINK: <https://www.surveymonkey.com/r/LoringHospCHNA25>

All community residents and business leaders are encouraged to **complete the 2025 online CHNA survey by February 3rd, 2025**. All responses are confidential.

Please Hold the Date A community Town Hall is scheduled for **Thursday, April 3rd, 2025, for lunch 11am – 12:30pm at the Loring Hospital Meeting Place**. This meeting is to discuss the survey findings and identify unmet needs.

If you have any questions about CHNA activities, please call (712) 662-7105

Thank you for your time and participation.

PR#1 News Release

Local Contact: Teresa Wirtjers, PR & Foundation Director

Media Release: 1/6/2025

2025 Community Health Needs Assessment to be Hosted by Loring Hospital

Over the next few months, **Loring Hospital** will be working together with other area community leaders to update the Loring Hospital 2022 Community Health Needs Assessment (CHNA). Today we are requesting community members' input regarding current healthcare delivery and unmet resident needs.

The goal of this assessment update is to understand progress from past community health needs assessments conducted in 2022, 2019 and 2016, while collecting up-to-date community health perceptions and ideas. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

A brief community survey has been developed to accomplish this work. <Note: The CHNA survey link can be accessed by visiting the Loring Hospital website and/or Facebook page. You may also utilize the QR code below for quick access.



All community residents and business leaders are encouraged to complete this online survey by **February 3rd, 2025**. In addition, a CHNA Town Hall meeting to discuss the survey findings and identify unmet needs will be held on **Thursday, April 3rd, 2025, for lunch from 11am-12:30pm**. More info to come soon! Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (712) 662-7105

EMAIL #2 Request Message

From: Theresa Wirtjers, PR & Foundation Director

Date: 2/3/25

To: Area Community Leaders, Providers and Hospital Board & Staff

Subject: Loring Hospital Community Health Needs Assessment Town Hall lunch— April 3rd, 2025

Loring Hospital will host a Town Hall Community Health Needs Assessment (CHNA) luncheon on Thursday, April 3rd, 2025. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Sac Co, IA.

Note: This event will be held on Thursday, April 3rd from 11:00 a.m. - 12:30 p.m. at the Loring Hospital Meeting Place with check-in starting at 10:30am.

We hope you find the time to attend this important event. All business leaders and residents are encouraged to join us. To adequately prepare for this event, it is imperative all RSVP who plan to attend town hall.

LINK: https://www.surveymonkey.com/r/LoringHospital_TownHallRSVP



Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (712) 662-7105.

Join Loring Hospital's CHNA Town Hall Thursday, April 3rd, 2025.

Media Release: 2/3/25

To gauge the overall community health needs of residents, **Loring Hospital** invites the public to participate in a Community Health Needs Assessment Town Hall roundtable on **Thursday, April 3rd for lunch from 11:00 a.m. to 12:30 p.m.** located at the **Loring Hospital Meeting Place**.

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, is vital everyone planning to attend this event RSVPs. Please visit our hospital website and social media sites to obtain the link to complete your RSVP OR please utilize the QR code below.



We hope that you will be able to join us for this discussion on April 3rd. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (712) 662-7105.

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d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2025 Community Feedback: Loring Hospital PSA (IA) (N=182)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1117		Very Good	ADMIN			Positive and progressive leadership to set the "bar" higher.
1058	50583	Very Good	AWARE			I'm actually unaware of these things as they do not affect me.
1057	50583	Very Good	CARD	TRAN	SCH	Need heart doctor. Transportation to medical appointments
1043	50583	Good	DIAB	TRAN	ECON	hiring more help to complete diabetes trainings one on one regularly. Bringing back and keeping transportation by the nursing home. (This was very helpful) Utilizing more agencies and non-profits for food drives. Most people want to help but don't know what is needed. Posting a wanted/needed poster at the local grocery stores/dollar general for donations that could benefit local community members. Starting a local job openings website page to support economic growth. Printing local company highlights monthly. Explaining what each one does and what they have to offer our community. Taking a closer look into our Emergency Department and improvements that could be made when using on-call staff from outside our area.
1014	51450	Good	DOCS	SH	NUTR	Health providers need to work with the schools to create a curriculum that addresses the problems of poor nutrition, poor exercise and alcohol abuse.
1047	50583	Very Good	DOH	EDU		Organize more community-based activities that are aimed to educate others about the importance of health.
1163	51450	Good	DOH	NUTR	HOUS	It starts with an overall plan from county/city to address these issues. Planning would involve key institutions including- hospital, school district, and community organizations, and business leaders related to health benefits. Without data it is difficult to be specific. But for the sake of argument, consider: Improve access to quality foods at reasonable prices -tough ask but necessary. Establish housing development plans that encourage cross generational interactions. Engage senior citizens to provide needed transportation to those in community by organizing a central contact point where those needed a ride can go (possibly county wide). Increase exposure between school and community regarding health care, career possibilities and other.
1062	50583	Good	DOH	REC	NUTR	Hospital professionals offer classes to improve community health or partner with the community rec center. Offer balance classes, strength training, nutrition classes - make food for older adults, heart healthy exercises, alternative medicine - aromatherapy...
1048	50583	Poor	DRUG			LE being more aggressive on drug busting in the community and surrounding areas.
1175	50583	Good	ECON	NUTR	FINA	There needs to be a stronger focus within the community as a whole on economic development. New job opportunities. Along with that, there needs to be reasonable housing opportunities for those individuals as well. There are multitudes of grant opportunities at the state and federal level, but we live in a black hole in the Western part of the state for receiving those grants. The only standing assumption is that they aren't being applied for. Some form of transportation would be great in the area, but not likely to happen due to current economic conditions. There are grocery stores which are vitally important to thriving and continuance of a community. Has effort been made to work with those stores to help educate the community on nutrition? There's a fair number of walking trails and idle time locations(park and pocket parks), but what opportunities exist in the broader community to draw more people in? Tech and computer access may be hindered in the current hours of the library. It may be beneficial to create a space with this tech and internet access and offer educational courses through area colleges at a reduced price or no cost. The local employers and hospital could work with colleges to bring in students for hands on training to determine their interest in work and find a scope of study that is right for them.
1080	51450	Good	EDU	NUTR	YOUTH	Attach health and wellness classes to the government handouts. People need to get educated about proper nutrition and the health of children. Maybe partner with the school some how to educate parents.
1112	50583	Very Good	EDU	PREV	FIT	I believe Sac County does reasonably well in these areas. More education on the importance of good diet and exercise is needed. Sometimes it take people hearing a message more than once for it to sink in.
1120	50583	Good	EDU	PREV	OP	Lack of education - or corrections of misinformation - on health & wellness topics & immediate health concerns in the community. All the outpatient doctors & MRI, ultrasound etc equipment options are good but hopefully will improve/increase with new clinic/hospital addition.
1027	50583	Very Good	FAC	QUAL		Everything is great in our hospital!
1097	50583	Good	FINA	NUTR	TRAN	the cost of food, houseing, transportation, are expensive, if available at all. cost of living is high.
1026	50583	Very Good	HOUS	HRS	NUTR	Our communities are growing and housing is minimal to rent or buy, let people build the type of home they want to live in, such as shouse, tiny homes or barndaminiums. Extend hours for clinics for all services, groceries that aren't expired or moldy
1071	50583	Average	HOUS	MH	NUTR	maybe fix up some of the older homes rent them,have more drives for the hungry,have mental helpers to homes so people don't have to find rides
1118	50583	Good	INSU	PREV	FINA	Insurance coverage needs to expand to truly cover more preventative wellness services. Cost can drive people away from participating in available programs currently available. Does anybody in our local community currently advocate for this?
1172	50583	Good	INSU			National Health Insurance

CHNA 2025 Community Feedback: Loring Hospital PSA (IA) (N=182)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1042	50583	Good	MH	ACC	DRUG	improved and available access to mental health and substance abuse for prevention and assistance.
1148	50583	Good	MH	EDU	AMB	Fix the mental health issues to start, education for life line use. Don't have ambulance listed as first ph call out. Family should ck on person before ems is paiged out. Some for a transport service to aid in getting people to Apts. More pt education programs
1022	50583	Average	MH	EMER		Mental health services, er services without bias
1138	51433	Good	MRKT			Use social media to advertise services
1011	50583	Very Good	NH	TRAN	HOUS	Many elderly have no transportation to appointments. Also affordable housing is hard to find. We keep building new houses but most families can not afford these. Rent is extremely high.
1059	50583	Good	NH			Transportation for elderly.
1082	51450	Very Good	NO			I don't have any ideas
1128	50583	Good	NUTR	EDU	SH	nutrition and wellness education starting at a young age--preschool, elementary school especially.
1004	50583	Very Good	NUTR	HOUS		Food, housing, social differences
1173	50583	Very Good	NUTR	NH	INSU	Food for elderly and homeless and health coverages.
1008	50583	Good	POV	FINA		Help the lower income people that don't get help cauce government says they make to much
1038		Good	REC	DRUG		bike trail, events that promote fitness doing something about the amount of drugs in sac city
1065	50583	Average	RESO	FINA	MH	A community garden/green house would help offer healthy options at a much lower cost to community members who are struggling financially. Looking for ways to get more behavioral/mental health professionals to our area.
1012	50568	Very Good	SERV	FINA		There needs to be services that are free to the public. Many do not seek help to improve their lives because they do not have the extra money to do so.
1084	50583	Good	SH	MH		Our school is going upwards which is amazing and will be very helpful. We need more mental health help. We need more mental health esp in our high school. Our police need to be more or a presence and stronger on laws.
1102	50575	Very Good	SH	SPRT		i wish people were more empathetic and concerned about the school/community needs. To be more understanding and helpful to their community members and not to be judgemental of the needs.
1036	50583	Good	SPRT	DOH	REC	Establish support for entity (Sac County Public Health or Sac County Healthcare Coalition) funding to provide community education and programs, continue to improve wellness opportunities (trails, outdoors, events and safety of those areas), Wellness program for our employees here at Loring to focus on preventative care and giving a resource and initiative for wellness practices.
1164	50583	Good	TRAN	NH		A transportation system that is free or affordable for seniors on fixed/limited income would be a great service. Many members of our community receive care in Dakota Dunes which is an hour and half drive. Many elderly rely on family or friends for this transportation. Thus, having to miss work, etc.
1069	50535	Average	TRAN	NUTR	ACC	More transportation for students that don't have access to transportation. Better access to food such as food pantries.
1091	50583	Very Good	TRAN	SCH		There needs to be transportation for people who don't have family/friends available to transport them to appointments either while they are recovering from a health incident or when they no longer drive
1075	50561	Very Good	TRAN			Maybe a taxi service in our small towns
1010	50583	Average	TRAN			Sac City needs a transportation service, whether it be a bus or taxi service.
1081	50583	Good	WAG	HOUS	FINA	We do not have a heavy saturation of employment opportunities especially with fair wages that you can actually live comfortably on. Housing is unaffordable and hard to find.
1061	51450	Average	WAG	RESO		Need good paying jobs. Not only newly created jobs, but increase in wages for many who have been a dedicated employee for many years at their positions. If you can't make a decent wage, other things in life become hard, being able to maintain you vehicle, home, resourcing food. If you can't do that, it becomes a domino effect on your life and health in a negative way.

CHNA 2025 Community Feedback: Loring Hospital, IA (N=182)						
ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1075	50561	Very Good	ACC			Not enough time in the day
1051		Very Good	DRUG			high illegal drug use area
1141	51450	Very Good	DRUG			Substance abuse
1137	50583	Good	EDU	OWN		Looking at the sickest people of the community, it is a lack of knowledge or lack of self care
1014	51450	Good	EDU			GENERAL HEALTH EDUCATION
1176	50583	Very Good	EDU			lack of education on health services in the area
1085	51450	Average	FINA			The cost of everything
1044	51450	Good	INSU	SERV	ACC	Medicare replacement plans are limiting services that can be offered
1065	50583	Average	NUTR	FINA	ECON	It's not that there isn't healthy foods available. It's the fact that they are more expensive and do not go as far when people are struggling with a tight budget but do not qualify for EBT or WIC.
1092		Very Good	NUTR	OWN	PREV	Poor eating habits in general!
1089	50583	Average	OBG	ACC		Lack of Obstetrics in Sac County.
1163	51450	Good	PREV	NUTR	INSU	Wellness would cover nutrition and exercise. I cannot comment on some without data, ie lac,k of insurance and family assistance. Not sure what neglect means.
1036	50583	Good	PRIM	CULT	VACC	Increased immigration where primary care is not a cultural norm, including prenatal care and immunizations
1162		Average	WAG			Lack of good paying jobs

CHNA 2025 Community Feedback: Loring Hospital PSA (IA) (N=182)						
ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1125	51450	Very Good	AWARE	SERV		Awareness of services
1090	50583	Very Good	CANC	AWARE	FIT	Cancer awareness programs Exercise classes
1177	51458	Good	CLIN	DRUG	NH	Urgent care clinic, substance abuse facilities - nursing homes are not the appropriate placement for these individuals,
1089	50583	Average	CLIN	OBG		Walk in clinics. Urgent care. OB care
1141	51450	Very Good	CLIN	TRAN		Urgent care. Local health transportation
1058	50583	Very Good	CLIN			Nearly every medical need I have is met at the Unity Point Clinic or at Loring Hospital.
1043	50583	Good	DIAB	TRAN	NH	Expanding the Hospitals Diabetic Education Programs. Transportation Program to help with local Elderly Community Members needing rides to doctor apt.
1084	50583	Good	DOCS	OPHT	MH	New physicians. Eye Dr's, dentist that isn't ching, mental health.
1069	50535	Average	DOH	NUTR	DENT	Community outreach which includes medical, dental, and nutrition
1024	50583	Very Good	DOH			continued community involvement
1175	50583	Good	DOH			Rotating community health outreach from the hospital with various topics each month.
1101	50583	Average	DRUG	COUN		Substance Abuse counseling like NA groups
1042	50583	Good	DRUG	EDU	MH	substance abuse education/ mental health assistance.
1148	50583	Good	EDU	AWARE		Educational classes awareness classes.
1015	50583	Average	EDU	RESO		Classes or programs where we can focus on supplements and whole foods instead of just western medicine to help with "problems" we bandaid and not fix
1107	51466	Very Good	FEM	OBG		womans health, obgyn
1008	50583	Good	FINA	NUTR		More affordable health an nutrition
1057	50583	Very Good	FIT			Exercise classes
1075	50561	Very Good	FIT			Large group workouts free of charge
1020	50535	Very Good	MH	ACC	FIT	Mental health, access to health/fitness
1136	50583	Very Good	MH	AWARE	CHRON	More mental health awareness and programs to help those in need. Chronic illness and how to manage (Diabetes, Heart Disease, COPD, etc)
1011	50583	Very Good	MH	DRUG		Mental Health and Substance Abuse
1112	50583	Very Good	MH	EDU	CC	More access to mental health support. More educational programs on the need for a good diet and more exercise. More day care -- what we have is good -- there is just not enough of it.
1164	50583	Good	MH	EDU	REC	Mental health education/services for youth and adults. Is human trafficking awareness a health need? I think having several community walks/activities that get you moving throughout the year would be good. Not just once on the National day. You could focus them on different healthy eating habits/food.
1065	50583	Average	MH	NEU	GAS	Mental/behavioral health, a rotation of specialties like neurology, gastroenterology, ect. Also drug and alcohol treatment options.
1073	50583	Very Good	MH	RESO		more mental health care programs
1081	50583	Good	MH	SERV	SH	Mental and behavioral health services, better mental health teaching within the school system.
1169	50583	Good	MH	SPRT		mental health support
1045	50583	Good	MH	SPRT		Mental health, family planning
1138	51433	Good	MH	THER	CLIN	Mental health therapist linked to the clinic
1146	50583	Good	MH	YOUTH	SH	child behavior mental health services to assist families and school. AEA limited or absent to assist school
1124	50583	Very Good	MH	YOUTH		The State of Iowa needs to enhance mental health services in rural communities especially providing access to adolescent mental health care.
1031	50583	Good	MH			focus on mental health
1059	50583	Good	MH			Juvenile mental health addressed.
1181	50535	Good	MH			mental health
1028	50583	Good	MH			Mental health
1098	51053	Good	MH			mental health programs
1012	50568	Very Good	MH			Mental health services
1022	50583	Average	MH			Mental health stigma
1056	50583	Very Good	NH	PEDS		senior wellness pediatric services
1159	50583	Good	NH	TRAN	RESO	Senior activity/exercise with transportation to and from
1027	50583	Very Good	NO			We already have a lot here at Loring Hospital!
1082	51450	Very Good	NURSE	DOCS		We need more nurses and doctors to help get these programs going
1120	50583	Good	NUTR	DIAB	EDU	Need more dietician support of seniors. Good programs for kids & diabetics but not as well with older population who have special nutritional requirements. Or with the programs that serve older adults.
1128	50583	Good	NUTR	EDU	ACC	nutrition education and access to nutritious food, especially premade food
1172	50583	Good	NUTR	FIT		nutrition, exercise
1165	50583	Very Good	NUTR	FIT		Wellness and nutrition classes. Balance and strength training classes.
1001	50583	Very Good	OBES	NUTR	FIT	weight loss
1171	50583	Good	OBES	NUTR		weight management/nutrition
1096	50583	Good	OBG			Opportunities for ob/prenatal care
1110	51450	Good	OPHT	SURG		Specialized eye care. IE: cataract surgery
1063	50583	Very Good	PHAR	HRS	DOCS	Increase pharmacy hours Week ends or on call Doctors too
1004	50583	Very Good	PHY	MH		Physical and mental health
1026	50583	Very Good	PREV	CHRON	SPRT	Wellness programs, chronic health educators, support groups, stop bullying in schools, social media, work, etc. Education on raising children to become healthy adults
1163	51450	Good	PREV	DIAB	MH	Wellness (not just walk day....truly intergrated wellness initiative). The University of Northern Iowa developed one for Sac City years ago. It is my understanding that it was largely ignored. Diabetes/obesity (may exist already) Encourage intergenerational interactions. Programs to address mental health.
1118	50583	Good	PREV	INSU	EDU	Preventative health programs. Need to teach people about how to know what benefits they have - insurance is so confusing. Weight loss services. More education for general health.
1036	50583	Good	PREV	SCREE	EDU	General preventative care and wellness (care, screenings, education, counseling)
1102	50575	Very Good	SH	MH		healthy activities for students. mental health
1010	50583	Average	SPRT			Support groups
1055	50583	Good	YOUTH	EDU		Start young with education
1123	50583	Very Good	YOUTH	SPRT	NUTR	Children's cooking classes & access to healthy food.

Year 2025 - Let Your Voice Be Heard!

Loring Hospital along with area providers have begun the process of updating a comprehensive community-wide 2025 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery.

NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2025 online feedback deadline is set for February 3rd, 2025.

1. In your opinion, how would you rate the "Overall Quality" of healthcare delivery in our community?

☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ Very Poor

2. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optometrst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice/Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How would our community area residents rate each of the following health services?
(Continued)

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Hospital Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.

5. In your opinion, are there healthcare services in our community/your neighborhood that you feel need to be improved, worked on and/or changed? (Please be specific)

6. From our past CHNA and other rural communities, a number of health needs have been identified as priorities. Are any of these an ongoing problem for our community? Please select top three.

- | | |
|--|---|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Substance Abuse (Drugs & Alcohol) | <input type="checkbox"/> Senior Health |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Obesity & Nutrition | <input type="checkbox"/> Disease Prevention / Wellness |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Awareness of Healthcare Services |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Primary Care |

7. Which past CHNA needs are NOW the most pressing for improvement? Please select top 3.

- | | |
|--|---|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Substance Abuse (Drugs & Alcohol) | <input type="checkbox"/> Senior Health |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Obesity & Nutrition | <input type="checkbox"/> Disease Prevention / Wellness |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Awareness of Healthcare Services |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Primary Care |

8. In your opinion, what are the root causes of "poor health" in our community? Please select top three.

- | | |
|--|--|
| <input type="checkbox"/> Chronic Disease Management | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness | <input type="checkbox"/> Family Assistance Programs |
| <input type="checkbox"/> Lack of Nutrition / Access to Healthy Foods | <input type="checkbox"/> Lack of Health Insurance |
| <input type="checkbox"/> Lack of Exercise | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Limited Access to Primary Care | <input type="checkbox"/> Lack of Transportation |
| <input type="checkbox"/> Limited Access to Specialty Care | |

Other (Be Specific).

9. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Wellness Screenings/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise Facilities / Walking Trails etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? Be Specific

11. Over the past 2 years, did you or someone in your household receive healthcare services outside of your county?

☐ Yes

☐ No

If yes, please specify the services received

12. Access to care is vital. Are there enough providers/staff available at the right times to care for you and your community?

☐ Yes ☐ No

If NO, please specify what is needed where. Be specific.

13. What "new" community health programs should be created to meet current community health needs?

14. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? Please select all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Access to Health Education | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Preventative Health/Wellness |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Housing | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Behavioral/Mental Health | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Breastfeeding Friendly Workplace | <input type="checkbox"/> Neglect | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Care Coordination | <input type="checkbox"/> Obesity | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drugs/Substance Abuse | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Exercise | |

Other (Please specify).

15. For reporting purposes, are you involved in or are you a....? Please select all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Business/Merchant | <input type="checkbox"/> EMS/Emergency | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Community Board Member | <input type="checkbox"/> Farmer/Rancher | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Case Manager/Discharge Planner | <input type="checkbox"/> Hospital | <input type="checkbox"/> Parent/Caregiver |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Health Department | <input type="checkbox"/> Pharmacy/Clinic |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Housing/Builder | <input type="checkbox"/> Media (Paper/TV/Radio) |
| <input type="checkbox"/> Consumer Advocate | <input type="checkbox"/> Insurance | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Dentist/Eye Doctor/Chiropractor | <input type="checkbox"/> Labor | <input type="checkbox"/> Teacher/School Admin |
| | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Elected Official - City/County | | |

Other (Please specify).



* 16. For reporting analysis, please enter your home 5-digit ZIP code.

e.) County Health Rankings & Roadmap Detail

[VVV Consultants LLC]

Sac County

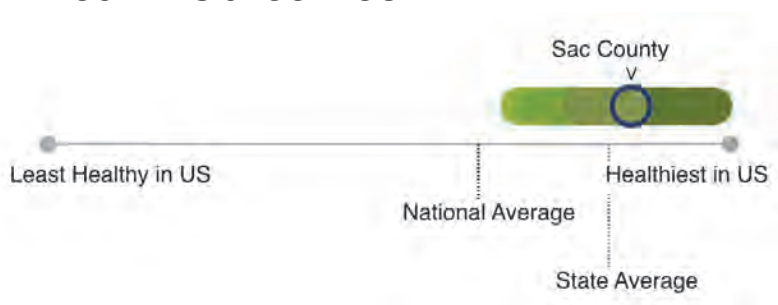
2024

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years. Each Iowa county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation. The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes and Health Factors on the continuum.

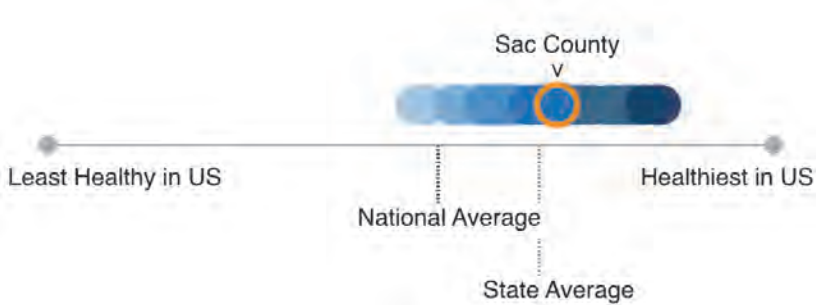


<https://www.countyhealthrankings.org/health-data/iowa/sac?year=2024>

Health Outcomes



Health Factors



Population: 9,673












Length of Life				
	Sac County	Iowa	United States	
Premature Death	6,700	6,900	8,000	✓
Quality of Life				
	Sac County	Iowa	United States	
Poor or Fair Health	13%	13%	14%	✓
Poor Physical Health Days	3.1	2.9	3.3	✓
Poor Mental Health Days	4.4	4.5	4.8	✓
Low Birthweight	6%	7%	8%	✓
Additional Health Outcomes (not included in summary)				
	Sac County	Iowa	United States	
Life Expectancy	78.4	78.1	77.6	✓
Premature Age-Adjusted Mortality	370	360	390	✓
Child Mortality		50	50	✓
Infant Mortality		5	6	✓
Frequent Physical Distress	10%	9%	10%	✓
Frequent Mental Distress	16%	14%	15%	✓
Diabetes Prevalence	8%	9%	10%	✓
HIV Prevalence		114	382	✓

Note: Blank values reflect unreliable or missing data.

The annual County Health Rankings & Roadmaps data release provides a snapshot of the health of each county in two summaries: Health Factors (which measure issues that can shape the health outcomes) and Health Outcomes (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the “drivers” for health of this county.

What do these drivers mean? The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

Health Factors: Drivers with the greatest impact on health, Sac County, IA - 2024

Health Behaviors		Sac County	Iowa	United States
Adult Smoking		18%	16%	15%
Adult Obesity		39%	37%	34%
Food Environment Index		9.2	8.8	7.7
Physical Inactivity		25%	24%	23%
Access to Exercise Opportunities		62%	79%	84%
Excessive Drinking		19%	23%	18%
Alcohol-Impaired Driving Deaths		10%	26%	26%
Sexually Transmitted Infections		256.4	489.2	495.5
Teen Births		12	14	17
Clinical Care		Sac County	Iowa	United States
Uninsured		6%	6%	10%
Primary Care Physicians		1,630:1	1,390:1	1,330:1
Dentists		3,220:1	1,410:1	1,360:1
Mental Health Providers		1,380:1	500:1	320:1
Preventable Hospital Stays		1,157	2,330	2,681
Mammography Screening		50%	53%	43%
Flu Vaccinations		38%	54%	46%
Social & Economic Factors		Sac County	Iowa	United States
High School Completion		94%	93%	89%
Some College		71%	70%	68%
Unemployment		2.4%	2.7%	3.7%
Children in Poverty		13%	12%	16%
Income Inequality		4.4	4.2	4.9
Children in Single-Parent Households		19%	20%	25%
Social Associations		19.5	14.5	9.1
Injury Deaths		74	71	80
Physical Environment		Sac County	Iowa	United States
Air Pollution - Particulate Matter		6.9	7.4	7.4
Drinking Water Violations		Yes		
Severe Housing Problems		9%	11%	17%
Driving Alone to Work		86%	78%	72%
Long Commute - Driving Alone		23%	21%	36%

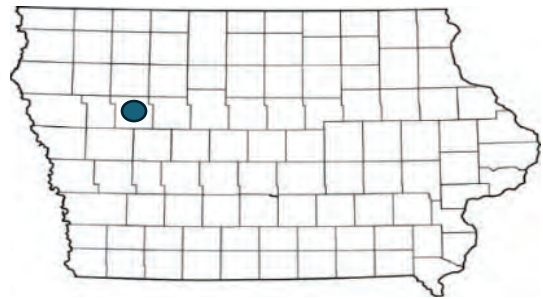
HHS SYSTEM SNAPSHOT

SAC COUNTY

Population	9,686
Life Expectancy	78.4 years
County Classification	Rural

STATE OF IOWA

Population	3,207,004
Life Expectancy	78.1 years



ACCESS TO CARE



Sac County is a **shortage** area for Primary Care Physicians



Sac County is not a **shortage** area for Dental Care Providers

Access to care includes the ability to navigate the health care system, find care locally, and pay for services. When someone lacks one or more of these abilities, disparities may emerge.

MENTAL HEALTH

4.4

Poor mental health days per month

4.5 days/mo.
Iowa avg

Poor mental health is linked to smoking, physical inactivity, housing and food insecurity, and poor sleep. Disorders like depression and anxiety can affect people's ability to take part in healthy behaviors.

Sac County is a **shortage** area for Mental Health Care Providers

Iowa has fewer mental health providers than the national average. Access to mental health providers **varies widely** across the state.

ADDICTIVE DISORDERS

25.4%

of adults report excessive drinking

23.3%
Iowa avg

Alcohol is the most commonly misused substance in Iowa. Iowa's alcohol use rates for almost every demographic are among the highest in the nation.

42

Sac County residents received substance use treatment in SFY24

16,994 total patients admitted in Iowa

Substance use disorders involve misuse of one or more substances and may lead to social, physical, mental, and public health problems. Drug use rates in Iowa are similar to the rest of the nation.

Social, Economic and Environmental Factors

ECONOMIC STABILITY & INCOME

Economic stability is the connection between the financial resources people have and their physical and mental health. People living in poverty are at greater risk for mental illness and chronic diseases.



8.7%

Live below the rate of poverty
11.1% Iowa avg



1,984

are enrolled in **Medicaid**

HOUSING & TRANSPORTATION

Cost-burden, spending more than 30% of income on housing costs, is the most common housing problem in Iowa. Unstable, unsafe, unhealthy or unaffordable housing can harm a person's health, while transportation problems can delay care, be costly, and worsen health outcomes.



16.8%

Households spend 30% or more on housing
23.0% Iowa avg



4.2%

Households do not have a vehicle
5.6% Iowa avg

Healthy Behaviors and Outcomes

ACTIVE LIVING & HEALTHY EATING

Being overweight or obese can lead to serious health issues like heart disease, diabetes, stroke, depression, and some cancers. A lack of consistent access to healthy food can lead to chronic diseases, obesity, or developmental problems.



41.1%

of adults have an unhealthy body weight (BMI of 30.0 or higher)
37.3% Iowa avg



940

Individuals experiencing food insecurity

CANCER

Many unhealthy behaviors linked to cancer can be prevented such as excessive drinking, using tobacco products, physical inactivity, poor nutrition, and ultraviolet light exposure. Cancer screening tests can detect cancer early, making treatment easier and improving survival.



479.9

County incidence rate for cancer (*per 100,000 people)
491.8 Iowa avg



140.5

County death rate from cancer (*per 100,000 people)
149.2 Iowa avg



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VVV Consultants LLC is an Olathe, KS-based “boutique” healthcare consulting firm specializing in Strategy; Research, and Business Development services. We partner with clients. Plan the Work; Work the Plan