

# Floyd Valley Hospital dba/Floyd Valley Healthcare

## Community Health Needs Assessment and Health Implementation Plan Summary FY 2022-23

*(Utilizing 2019-2021 Data)*

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### COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

Floyd Valley Healthcare, working together with the Plymouth County Health Planning Committee, conducted and completed a Community Health Needs Assessment (CHNA) to adopt an implementation strategy to meet the community health needs identified through the assessment. A summary of the assessment follows. The complete Floyd Valley Community Health Needs Assessment can be found at [www.floydvalley.org](http://www.floydvalley.org).

### PURPOSE OF COMMUNITY HEALTH NEEDS ASSESSMENT

To provide information from local residents regarding:

- Demographics of Respondents
- Utilization of Local Health Services
- Factors that were important for health and well-being of Plymouth County Residents
- Although, exempt from IRS Requirement for 990 Charitable Status, Floyd Valley voluntarily completes due to best practice to increase our understanding and focus on needs in our community.

### KEY COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

- Promote healthy living through increased awareness of mental health illness and resources.
- Promote healthy living through increased awareness of chronic disease such as diabetes and cardiac disease.
- Promote the spread of epidemics through child and adult immunization/vaccination rates and surveillance.

### COMMUNITY NEEDS

- Increase access to mental health resources.
- Increase education and resources for healthy living focusing on education and resources for chronic disease.
- Reminder systems and strategies for increasing Childhood and Adult vaccination rates.

## IMPLEMENTATION PLAN

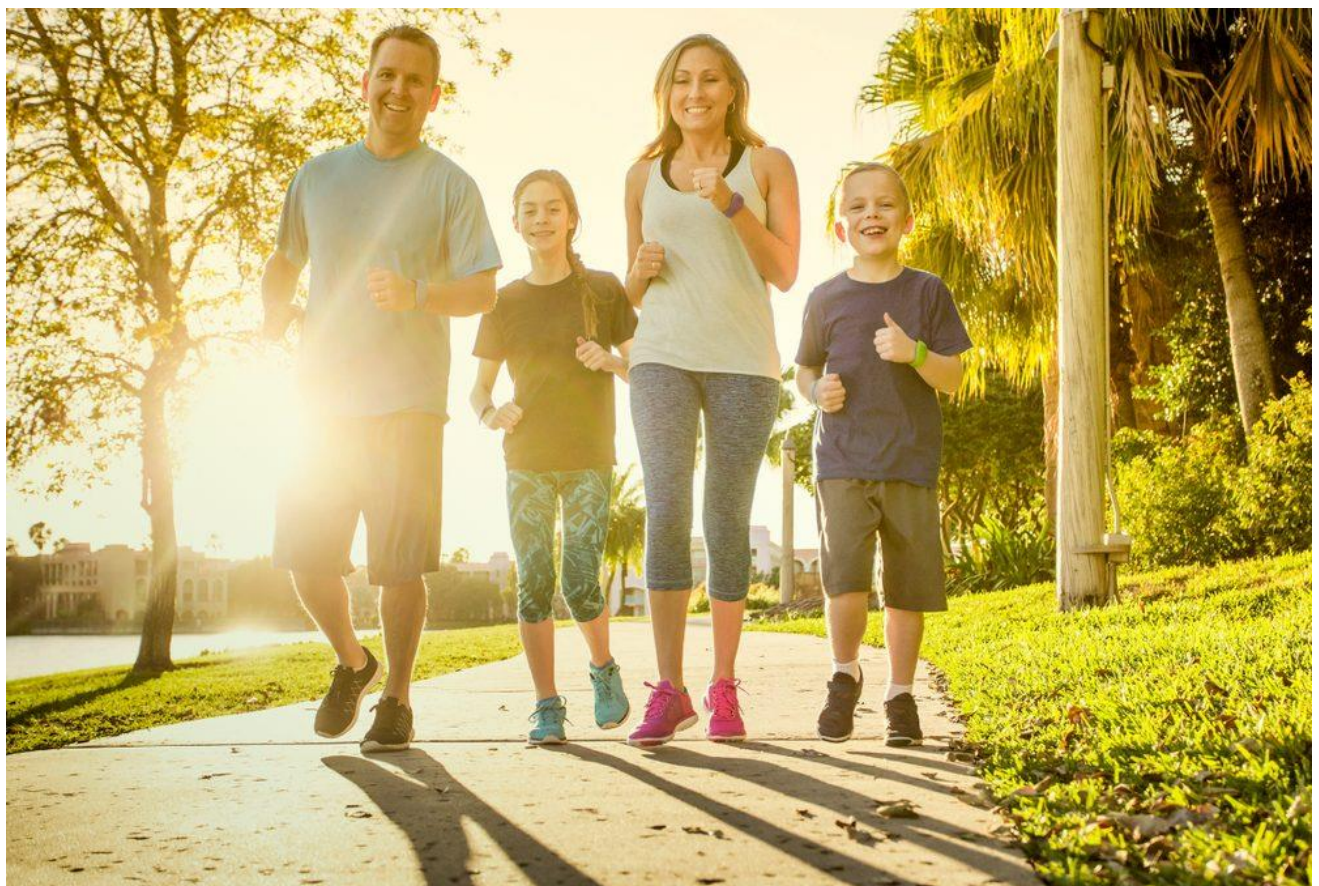
- 1. Promote Healthy Living through increased awareness of Mental Health illness and resources.** Aligning with our community partners in health promotion strategies, to include implementing health-enhancing public policy, creating supportive environments (parenting interventions), strengthening community action (participatory research, media campaigns), developing personal skills (resilience), and reorienting health services (postpartum depression screening) to enhance health.
  1. Continue partnership with Senior Life Solutions to provide services and support for seniors with mental health illness.
  2. Continue partnership with Plains Area Mental Health to provide Mental Health Services with open access appointments and expansion with telemedicine platform.
  3. Screen all Floyd Valley Healthcare patients, 12 years and older, through initial self-harm assessment.
  4. Align with Avel e- Emergency services for support in mental health evaluations and treatment plans.
  5. Collaborate with Integrated Health Services to offer community support and resources for patients with mental health illness.
  6. Implementation of perinatal/postnatal depression scale (EPDS) to screen for depression risk.
- 2. Promote Healthy Living through increased awareness of chronic disease including diabetes and cardiac disease.**
  1. Continue collaboration with community partners to promote healthy physical activities. (I.e. YMCA, Heart Walk, etc.)
  2. Coordinated education programs with diabetic education and clinic physicians.
  3. Promote health resource navigation home visits to patients at a high risk for complications from chronic medical conditions.
- 3. Promote Immunizations: Stop the Spread of Epidemics through child and adult immunization/vaccination rates and surveillance.**
  1. Increase community demand for vaccinations through education available at health fairs, community education programs and Floyd Valley Healthcare internet site.
  2. Increase use of Patient Portal using this feature to send e-mails to patients or parents prompting them to check their patient portal, which will remind them of vaccinations that are due.
  3. Continue to support access to vaccination services. ( i.e. vaccine clinics)  
Collaboration with community schools to provide education and resources to families related to childhood immunizations.

# Floyd Valley Healthcare

## Community Health Needs Assessment and Health Implementation Plan Summary FY 2022-2023

*(Utilizing 2019-2021 Data)*

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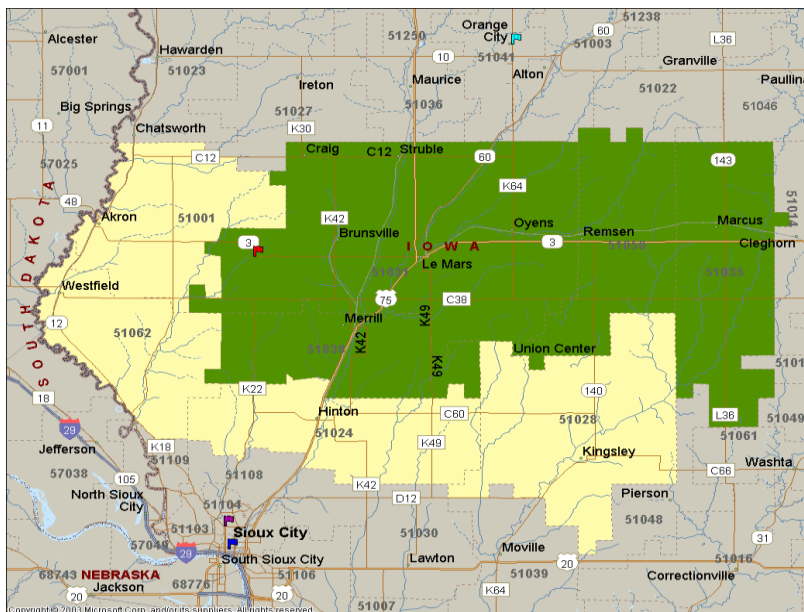
EXHIBIT A . . . .	Plymouth County Health Needs Assessment Survey 2021
EXHIBIT B.1 . . .	U.S. Census Bureau 2016-2020 Quick Facts
EXHIBIT B.2 . . .	2017 Census of Agriculture – County Profile
EXHIBIT C . . . .	Floyd Valley Healthcare/Services Provided per 2021 AHA Annual Survey
EXHIBIT D . . . .	Plymouth County Health Planning Committee
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## SECTION A – INTRODUCTION & DEFINITION OF COMMUNITY SERVED – PRIMARY SERVICE AREA

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During 2021, a Community Health Needs Assessment (CHNA) was conducted by Floyd Valley Healthcare for the estimated 25,500 residents of Plymouth County, Iowa. Plymouth County includes its county seat, Le Mars, a town of 9,935 residents located in the Northwest corner of Iowa. Floyd Valley Healthcare is a municipally-owned, state licensed, full-service general acute care, critical access 25-bed hospital located in Le Mars, Iowa.



During the late summer and early fall of 2021 a Community Health Needs Assessment Survey was conducted in Plymouth County. The survey was distributed among Floyd Valley Healthcare Employees and family members, the Plymouth County Health Planning Committee, Floyd Valley Healthcare Board of Trustees and the Plymouth County Board of Health. The survey questions were based on six factors that were recognized as being important for the health and well-being of everyone in the community. A copy of the survey instrument and responses are included at the end of this report.

EXHIBIT A – Plymouth County Health Needs Assessment Survey - 2021.

## SECTION B – DEMOGRAPHICS IN THE COMMUNITY

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### Plymouth County, Iowa Population, Demographics and Statistics

- The total area of the land in Plymouth County is 863.56 square miles. There are on average 28.8 people living within each square mile of the county.
  - In 2000 there were 24,849 people living in the county within 9,372 households (averaging 2.61 people in each household) but by 2009 the population had decreased to 24,210 with an estimated -2.6% change.
  - In 2010-2014 there were 9,900 households in Plymouth County, Iowa with the average household size of 2.5 people.
  - In 2013-2017 there were 10,818 households in Plymouth County, Iowa with the average household size of 2.45 people.
  - In 2020 the population increased to 25,698, with an estimated 0.8% change. In 2015-2019 there were 10,250 households in Plymouth County, Iowa with an average household size of 2.41 people.
  - **In 2021, the population was estimated to be 25,650 down 0.2% from 2020. There are 10,298 households with a continued size of 2.41 people.**
- The **average income per person** in 1999 for Plymouth County, IA was \$19,442.
  - By 2007 the income was \$35,562. The average income in each household was \$54,013 in 2008. The median income of households in Plymouth County, Iowa was \$57,583. An estimated 8% of households had income below \$15,000 a year and 7% had income over \$150,000 or more. The Median Earnings for full-time year-round male workers was \$46,824 and female workers was \$33,522.
  - In 2013 – 2017 the median household income was \$61,316, and
  - In 2015-2019 the median household income increased to \$67,297.
  - **In 2020-2021 the median household income increased to \$71,147 with the per capita income in past 12 month being \$35,078.**
- The percentage of **Plymouth County residents living in poverty** in 2008 was 7.3%.
  - In 2010-2014 there were 8% of people in poverty. An estimated 10 percent of related children under 18 were below the poverty level, compared with 6 percent of people 65 years old and over. An estimated 6% of all families and 24% of families with a female householder and no husband present had incomes below the poverty level.
  - In 2013-2017 there were 7.2% of people in poverty which stayed the same through the year of 2019.
  - **In 2020 persons living in poverty improved and is at 6%.**

## SECTION B – CONTINUED

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- In 2009 there were about 10,570 housing units within the county, a change of 690 from 2000 (or about 7.0%). The percentage of housing units that were occupied by the owner in 2000 was 77.5%. The median value of each house was about \$88,200 in the county in 2000. 38 building permits were issued in 2009 totaling \$7,277 (thousands of dollars) in estimated value.
  - In 2010-2014, Plymouth County, Iowa had a total of 10,600 housing units, 6% of which were vacant. Of the total housing units, 88% were in single-unit structures, 8% were in multi-unit structures, and 3 percent were mobile homes. An estimated 23 percent of the housing units were built since 1990.
  - In 2013-2017, Plymouth County, Iowa had a total of 10,818 housing units, of which 79.1% were owner-occupied. The median value of owner-occupied housing units was \$150,200. In 2019 Plymouth County had a total of 10,989 housing units, which were 77.5% owner-occupied. The median value of owner-occupied housing units in 2015-2019 was \$163,500.
  - **In 2016-2021, Plymouth County, Iowa Housing units as of July 1, 2021 was 10,877 with a median value of owner-occupied housing units in 2016-2020 is \$172,600.**
- Le Mars, home of Floyd Valley Healthcare, is a city in the county seat of Plymouth County, Iowa, United States. The population was 9,826 at the 2010 census. There were 4,013 households, and 2,593 families residing in the city. The population density was 1,096.7 inhabitants per square mile. There were 4,220 housing units at an average density of 471.0 per square mile. The racial makeup of the city was 94.2% White; 0.5% African American, 0.3% Native American; 0.7% Asian; 2.9% from other races, and 1.3% from two or more races. Hispanic or Latino of any race was 5.4% of the population.
  - In 2013-2017 there were 4,169 housing units with 2.31 persons per household. The racial makeup of Le Mars at this time was 93.7% White; 0.8% African American, 0.2% American Indian and Alaska Native; 0.6% Asian; 0.2% Native Hawaiian or other Pacific Islander; 1.9% two or more races. The population at the 2020 census was 10,571.
  - In 2015-2019 there were 4,222 households with 2.30 persons per household in 2015-2019. The racial makeup of the city at this time was 95.2% White, 0.3% Black of African American, 0.6% American Indian and Alaska Native, 0.9% Asian, 0.0% Native Hawaiian or other Pacific Islander, 0.6% two or more races, 6.4% Hispanic or Latino.

## SECTION B – CONTINUED

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- In 2007, Plymouth County, IA jobs totaled 16,607 across all industries. This was a change of 1,500 jobs from 2000. The number of Plymouth County jobs in government in 2007 was 1,576. Workers traveled an average of 19.1 minutes to work each day. In 2010-2014 Plymouth County, IA jobs totaled 13,181 across all industries. An estimated 80 % of Plymouth County, IA workers drove to work alone and 11 % carpooled. Among those who commuted to work, it took them on average 17 minutes to get to work.
- There were 2,202 businesses in Plymouth County in 2002. These include 20.8% of businesses listed as owned by women, and 0.0% of businesses listed as owned by American Indians and Alaska Natives. In 2010-2014 the Industries providing employment in Plymouth County, Iowa: Agriculture, forestry, fishing and hunting, and mining (43.5%), Educational, health and social services (18.7%). Type of workers: Private wage or salary: 40%; Government: 2%; Self-employed, not incorporated: 58%; unpaid family work: 0%.
- The amount of land in Plymouth County devoted to farming was 517,248 acres in 2007. In 2012 amount of land in Plymouth County devoted to farming was 541,817 which is a 5% increase from 2007. The average size of farms is 407 acres compared to 359 acres in 2007 which is a 13% change. As of the 2017 Census of Agriculture the amount of land devoted to farming is 503, 438 acres and the average size of farms is 413 acres.
- In 2000 3.1% of residents spoke a language other than English at home. The percent of the county's population who were born in a foreign country was 1.2%. Among people at least five years old living in Plymouth County, Iowa in 2010-2014, 5% spoke a language other than English at home. Of those speaking a language other than English at home, 80% spoke Spanish and 20% spoke some other language; 49% reported that they did not speak English “very well”. As of 2015-2019 those who are foreign born total 3.1%, and those who are above the age of five living in Plymouth County who speak a language other than English at home is at 5.4%.
- The percentage of adults in Plymouth County over the age of 25 who graduated high school as of 2000 was 87.4%. About 19.3% of county residents held at least a four-year college degree. In 2010-2014, 92% of people 25 years and over had at least graduated from high school and 20% had a bachelor’s degree or higher. An estimated 8 percent did not complete high school. As of 2015-2019, 93.1% of people are a high school graduate or higher who are 25 years or older. Also, of those 25 years or older, 23.2% have a bachelor’s degree or higher. The total school enrollment in Plymouth County, Iowa was 6,400 in 2010-2014.



Nursery school and kindergarten enrollment was 1,000 and elementary or high school enrollment was 4,400 children. College or graduate school enrollment was 935.

- The number of people in Plymouth County with a disability is 3,134. In Plymouth County, Iowa, among the civilian noninstitutionalized population in 2010-2014, 10% reported a disability. The likelihood of having a disability varied by age – from 3 percent of people under 18 years old, to 7% of people 18 to 64 years old, and to 34% of those 65 and over. In 2013-2017 persons under the age of 65 with a disability was 7.3%. This increased to 7.8% between 2015-2019.
- There were 14,461 civilians working in Plymouth County jobs in 2009. The number unemployed was 630 (or 4.4% of the workforce). In 2010-2014 civilians working in Plymouth County jobs were 28,127; unemployed was 1,373; homemakers were 3,000; and retired were 1,089. Between 2015-2019, 64.9% of people aged 16+ were working in Plymouth County.

EXHIBIT B.1: 2016-2020 Census Bureau's Quick Facts Report

EXHIBIT B.2: 2017 Census of Agriculture – County Profile

EXHIBIT B.3: IDPH Plymouth County Rankings

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## SECTION C – EXISTING HEALTHCARE FACILITY & RESOURCES

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Existing health care facilities and resources within the community available to respond to the health needs of the community.

### Medical Clinics

- Floyd Valley Clinics – Le Mars, Marcus and Remsen, Iowa
- MercyOne Akron Family Medicine – Akron, Iowa
- MercyOne Kingsley Family Medicine – Kingsley, Iowa

### Hospital

- Floyd Valley Healthcare – Le Mars, Iowa (EXHIBIT C – AHA ANNUAL SURVEY)

### COMMUNITY HEALTH DEPARTMENT

- Floyd Valley Healthcare Community Health Department – Le Mars, Iowa

### Long Term Care Facilities

- Accura of Le Mars – Le Mars, Iowa
- Akron Care Center – Akron, Iowa
- Good Samaritan Society of Le Mars – Le Mars, Iowa
- Kingsley Nursing and Rehab Care Center – Kingsley, Iowa
- Happy Siesta Nursing Home – Remsen, Iowa
- Heartland Care Center – Marcus, Iowa

### Assisted Living Centers

- Bavarian Meadows – Remsen, Iowa
- Park Place Estates – Le Mars, Iowa
- Prime Living Apartments – Le Mars, Iowa

### Mental Health Facilities

- Plains Area Mental Health Center – Le Mars, Iowa

### Other

- Mid-Sioux Opportunity – Remsen, Iowa
- Hospice of Siouxland – Sioux City, Iowa
- Care Initiatives – Sioux City, Iowa
- St. Croix Hospice – St. Croix, MN

## SECTION D – SURVEY METHODOLOGY/HOW DATA WAS OBTAINED.

During the late summer and early fall of 2021 a Community Health Needs Assessment Survey was conducted in Plymouth County. The survey was distributed among Floyd Valley Healthcare Employees and family members, the Plymouth County Health Planning Committee members, Floyd Valley Healthcare Board of Trustees and the Plymouth County Board of Health. The survey questions were based on six factors that were recognized as being important for the health and well-being of everyone in the community. A copy of the survey instrument and responses are included at the end of this report.

EXHIBIT A – Plymouth County Health Needs Assessment Survey - 2021.

### PRIMARY DATA PURPOSE

The following informational objectives were addressed:

- To access the awareness and overall perceptions of each individuals top five prevention and treatment behaviors to promote healthy living in preventing diseases.
- The idea of services each individual considered important in preventing injuries.
- Services that each individual believed that were most important for their community.

Sample Characteristics	Total Sample (n=141)
<b>GENDER</b>	
Male	18.83%
Female	81.17%
<b>AGE</b>	
18-34	22.98%
35-44	19.82%
45-54	22.07%
55-64	20.27%
65+	14.86%
<i>Median Age</i>	<i>55.9 Yrs.</i>
<b>RACE</b>	
White or Caucasian	98.2%
Black or African American	.45%

Hispanic or Latino	.45%
Asian or Asian American	.45%
American Indian or Alaska Native	.45%

## SECTION D – CONTINUED

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### SECONDARY DATA ANALYSIS

The Secondary data assessment process was initiated by Floyd Valley Healthcare. The Plymouth County Health Planning Committee was authorized by Hospital Leadership to complete this assessment. This committee consists of representatives from hospital governance, leadership, Medical Staff, Plymouth County Board of Health, area school districts, area employers, and area health professionals.

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## SECTION E – KEY FINDINGS/HEALTH NEEDS IDENTIFICATION AND PRIORITIZATION;

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At the 2021 meeting of the Plymouth County Health Planning committee there was an open discussion regarding our Plymouth County Community Needs Assessment. An overview was provided on the past community health needs assessment and the continued focus on the importance of identifying and aligning strategies to address health concerns facing the residents of Plymouth County.

The methodology for obtaining Floyd Valley Healthcare's secondary data changed to an electronic survey process with this reporting period. Using the Survey Monkey tool Floyd Valley Healthcare was able to expand the participation to include the members of the Plymouth County Health Planning committee members, all Floyd Valley Healthcare's employees and Providers and Floyd Valley Healthcare's Board of Trustees. A total of 223 participants responded to the Plymouth County Community Needs Assessment survey.

Items ranked by importance include:

1. Promote Healthy Living through increased awareness of Mental Health illness and resources.
2. Promote Healthy Living through increased awareness of chronic disease.
3. Promoting Healthy Families through ease of access to child daycare.

The health issues found by the survey were not to be limited to any one economic or demographic category. Differences in health factors align within our county and the state of Iowa. Plymouth County faces the same social and economic factors impacting our communities' ability to make healthy choices, afford medical care or housing, and even manage stress leading to serious health problems.

Plymouth County ranks 25<sup>th</sup> out of the 99 counties in Iowa under the health outcomes category and 12<sup>th</sup> under the health factors category. By using the data obtained through our primary and secondary survey process Floyd Valley Healthcare is now able to align our data, evidence and strategies to improve the three areas of focus listed above.

A key component to risk reduction is individual behavior change. This is a complex issue as individuals have unique preferences that influence their risk. One strategy to impact risk reduction occurs at the population level. These strategies focus on environmental changes that encourage healthful behaviors at a community level. There are many positive prevention programs that are available in Iowa.

EXHIBIT A- Plymouth County Health Needs Assessment Survey – 2021

## SECTION F – PROCESS FOR CONSULTING WITH PERSONS REPRESENTING THE COMMUNITY'S INTERESTS

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The Plymouth County Health Planning Committee was organized by Floyd Valley Healthcare in 1995. The mission of the Committee is to enhance and improve the health status of all the residents of Plymouth County.

Tara Geddes, Floyd Valley Healthcare, Chief Nursing Officer, chairs the Plymouth County Health Planning Committee. The Committee meets quarterly during the school year term. The Committee is a coalition of community members with representatives from the following populations: healthcare, education, non-profit organizations, businesses, law enforcement, City and County representatives, welfare, agriculture and ministry.

A total of 42 health related organizations are represented including the Boys Town, Big Brothers Big Sisters, Floyd Valley Clinic, Plains Area Mental Health Center, Northwest Iowa Tobacco Free Coalition, Jackson Recovery Centers, Plymouth County Board of Health, and multiple Floyd Valley Healthcare department representatives.

Education representatives include Northwest Iowa Area Education Agency and 5 Plymouth County schools have representatives from their school administration, counseling and student population.

EXHIBIT D – Plymouth County Health Planning Committee

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## SECTION G – INFORMATIONAL GAPS THAT LIMIT THE HOSPITAL FACILITY'S ABILITY TO ASSESS ALL OF THE COMMUNITY'S HEALTH NEEDS

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The Plymouth County Health Planning committee has a long history of coming together to improve the health needs of our community. This prioritization effort is another example of community members working together to make health improvements. Floyd Valley Healthcare appreciates all the voluntary support it has been given.

The 2022 Plymouth County Health Needs Assessment focused on obtaining information from the following categories:

- Promoting Healthy Living
- Preventing Injuries
- Preventing Epidemics
- Protecting Against Environmental Hazards
- Prepare for, Respond to and Recover from Public Health Emergencies
- Strengthen the Health Infrastructure
- Promoting Healthy Families

In discussion regarding the areas of greatest need, the Plymouth County Health Planning Committee felt that existing programs already addressed the problem or need and did not include them in this current plan.

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## SECTION H – CHNA SCOPE AND PURPOSE & MAKING COMMUNITY HEALTH NEEDS ASSESSMENT PUBLIC AND NOTIFYING PUBLIC OF FINANCIAL ASSISTANCE POLICY

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The new federal Patient Protection and Affordable Care Act 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 who 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.

### 1) Meet/Report IRS 990 Required Documentation

- a. A description of the community served by the facility and how the community was determined;
- b. A description of the process and methods used to conduct the CHNA;
- c. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
- d. 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;
- e. 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
- f. 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 that 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.



## SECTION H – CONTINUED

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- 2) The Notice provides that a Community Health Needs Assessment (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 the report itself, in a readily accessible format, or 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.

*Floyd Valley Healthcare’s Community Health Needs Assessment and Health Implementation Plan is posted on the hospital website at [www.floydvalley.org](http://www.floydvalley.org).*

- 3) Make financial assistance policies widely available, which specifies eligibility criteria for discounted care and how billed amounts are determined for patients.
- 4) Notify patients of financial assistance policies through “reasonable efforts” before initiating various collection actions or reporting accounts to a credit rating agency;
- 5) Restrict charges of uninsured, indigent patients to those amounts generally charged to insured patients.

### **FLOYD VALLEY HEALTHCARE’S PATIENT FINANCIAL ASSISTANCE PROGRAM**

(Policy updated 08/2022)

Floyd Valley Hospital dba/Floyd Valley Healthcare will apply uniform billing practices to patients who are without health insurance, or otherwise show a demonstrated inability to pay for healthcare services received and may qualify for financial assistance. Floyd Valley Healthcare is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for government programs or otherwise unable to pay for medically necessary care based on their individual financial situation.

#### **POLICY:**

1. Financial assistance is not a substitute for personal responsibility. Patients are expected to cooperate with Floyd Valley Healthcare's procedures for obtaining financial assistance and to contribute to the cost of their care based on their ability to pay. Individuals and/or families with the financial capacity to purchase health insurance are encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual and/or family assets.

## SECTION H PATIENT FINANCIAL ASSIST. POLICY CONTINUED

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2. Floyd Valley Healthcare will maintain an open door policy to provide emergency and medically necessary medical care to the community within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd) (EMTALA).
3. This policy is specifically targeted at low-income, uninsured and underinsured patients who meet certain eligibility requirements and is not intended to be applied to insured or self-insured patients who have the means to accept the responsibility for their incurred charges.
4. Financial assistance applicant shall not be denied assistance based on race, creed, sex, national origin, handicap or age. The financial assistance program is designed to meet all Federal, and State requirements.
5. Floyd Valley Healthcare has the discretion to weigh any extenuating circumstances when determining eligibility for financial assistance and when determining discount levels. Any such determinations must meet the parameters of this policy at a minimum such that eligibility may become easier for a patient to meet or discount levels are greater than prescribed in this policy.
6. Financial assistance application will be considered when all efforts to obtain 3<sup>rd</sup> party reimbursement have been exhausted.
7. Financial assistance is available to qualifying hospital patients for services that are medical necessary. This is defined as health care services that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is in accordance with generally accepted standards of medical practice. Assistance is not offered for services that are investigational or primarily for the convenience of the patient. Additionally this financial assistance will apply to services provided in physician clinics, including the Floyd Valley Clinics in Le Mars, Remsen and Marcus. Park Place Estates Assisted Living is primarily a residential living facility and as such the services provided at Park Place Estates are not eligible as covered services under this policy. Patients seeking a discount for services provided by an independent physician or non-Floyd Valley Healthcare Provider should directly contact their physician or other provider. This policy does not apply to certain groups or providers that may treat a Floyd Valley Healthcare Patient. See Attachment III (page 6 of this policy) for a listing of those groups or providers.
8. Patients with valid health care coverage through a provider network that Floyd Valley Healthcare does not participate with may be required to access their primary network before being considered for financial assistance.
9. An approved application is valid for six months following the date of initial approval, unless facility personnel have reason to believe the patient no longer meets criteria.
10. After receiving a patient's request for financial assistance and any financial information or other documentation needed to determine eligibility for financial assistance, the patient will be notified of their eligibility determination within a reasonable period of time.

## SECTION H – PATIENT FINANCIAL ASSIST. POLICY CONTINUED

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11. Floyd Valley Healthcare will widely communicate the availability of financial assistance to all patients and the community served. Examples of communication include:
  - a. Posting this policy and the application for financial assistance on the hospital website
  - b. Placing a note on the health care bill and statements regarding how to request information about financial assistance.
  - c. Staff members who interact with patients will be instructed to provide patients with information regarding this financial assistance policy and an application if applicable.
  - d. Including signage or information regarding this financial assistance policy in patient waiting rooms.
  - e. A summary of this policy will be made available to patients as part of the registration process.
12. Any discounts to and write-offs due to bad debt shall not count as financial assistance.
  - a. Bad debt is defined as those amounts that are uncollectible and do not meet the financial assistance eligibility criteria. Bad debt is a result of unsuccessful collection efforts on accounts of patient unwilling to pay.
  - b. Floyd Valley Healthcare will use all methods legally available to collect on accounts of patients who have the means, yet are unwilling to pay.
  - c. Accounts will be classified as bad debt at the time they are submitted to an outside collection agency for collection efforts. At this time, the debt may be reported to a credit bureau or credit reporting agency.
  - d. Accounts will not be turned over to outside collection agencies until 120 days after the first billing statement has been sent following registration (notification period) to allow for time to determine if patient is in need of financial assistance. An application for financial assistance will be considered up to 240 days after the 1<sup>st</sup> billing statement is sent (application period), at which time collection efforts will cease until a determination is made. After the 240 day application period has expired, an application for financial assistance will no longer be considered.
  - e. Collection efforts shall not include wage garnishments or other legal process seizures without the approval of hospital administrator or CFO. Personal property (other than cash or cash equivalents) attachment or seizure will not occur. The entry of a judgment automatically attaches to real estate; however, no seizure of the patient's primary residence will occur.

## SECTION H – PATIENT FINANCIAL ASSIST. POLICY CONTINUED

13. Presumptive Eligibility includes patients who qualify and are receiving benefits from the following programs. Patients who meet presumptive eligibility criteria under this section may be considered for financial assistance without completing the financial assistance application if they are unable to complete the application.
- Homeless
  - No income
  - Eligibility for other state or local assistance programs that is un-funded such as Medicaid spend-down.
  - Low income/subsidized housing is provided as a valid address
  - Patient is deceased with no known estate
  - Patient/Guarantor is incarcerated, has no assets and is not eligible for parole with the next 18-months.
14. An applicant may be denied if the financial assistance application shows high assets in excess of liabilities and the household has sufficient resources to pay or ability to borrow funds to pay for qualifying healthcare expenses. Assets include items such as cash, savings, stocks & bonds, individual retirement accounts, trust funds, real estate and motor vehicles. This list is not intended to be inclusive.
15. Income guideline criteria:
- Financial assistance will be based on the U.S. Department of Health & Human Services Poverty Income Guidelines, which are updated annually and published in the Federal Register in February of each year.
  - Income guidelines will be based on household income. Household income may include other dependents living at the same residence such as dependent relatives and unmarried couples living together.
  - Criteria for determining the amount of assistance shall be as follows:

INCOME AS OF % OF POVERTY GUIDELINES	PERCENT OF ASSISTANCE GRANTED
Less than 150%	100%*(see asterisk below)
151% to 175%	80%
176% to 200%	60%
201% to 225%	40%
226% to 250%	20%
Greater than 250%	0%

*\*All patients will be responsible to pay a minimum of \$50.00 per visit after the determination of assistance level, or amounts generally billed (AGB), whichever is less.*



## SECTION H – PATIENT FINANCIAL ASSIST. POLICY CONTINUED

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16. Amounts charged by the hospital for emergency and other medically necessary care that is provided to individuals eligible for assistance under this policy may not be more than the amounts generally billed to individuals who have insurance covering such care. Amounts billed to those who qualify for financial assistance may be based on either the best, or an average of the three best, negotiated commercial rates, or Medicare rates. Gross charges will not be used to calculate such amounts.
- a. Floyd Valley Healthcare will establish a collection rate based on the three best commercial historically negotiated rates.
  - b. For uninsured patients who qualify for financial assistance, the total billed charges will be reduced by the applicable adjustment prior to application of any financial assistance to the bill.
  - c. The adjustment will be determined annually at the end of each fiscal year and applied to all financial assistance applications during the next fiscal year.
  - d. Uninsured patients who do not qualify for financial assistance may receive a 20% prompt pay discount for accounts paid in full.

*This policy was developed as a guide for the delivery of health services and is not intended to define the standard of care. This policy should be used as a guide for the delivery of service, although hospital personnel may deviate from this guide to provide appropriate individualized care and treatment for each patient.*

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## SECTION I – ADOPTION OF IMPLEMENTATION STRATEGY/PLAN

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- 4. Promote Healthy Living through increased awareness of Mental Health illness and resources.** Aligning with our community partners in health promotion strategies, to include implementing health-enhancing public policy, creating supportive environments (parenting interventions), strengthening community action (participatory research, media campaigns), developing personal skills (resilience), and reorienting health services (postpartum depression screening) to enhance health.
  1. Continue partnership with Senior Life Solutions to provide services and support for seniors with mental health illness.
  2. Continue partnership with Plains Area Mental Health to provide Mental Health Services with open access appointments and expansion with telemedicine platform.
  3. Screen all Floyd Valley Healthcare patients, 12 years and older, through initial self-harm assessment.
  4. Align with Avel e- Emergency services for support in mental health evaluations and treatment plans.
  5. Collaborate with Integrated Health Services to offer community support and resources for patients with mental health illness.
  6. Implementation of perinatal/postnatal depression scale (EPDS) to screen for depression risk.
- 5. Promote Healthy Living through increased awareness of chronic disease including diabetes and cardiac disease.**
  1. Continue collaboration with community partners to promote healthy physical activities. (I.e. YMCA, Heart Walk, etc.)
  2. Coordinated education programs with diabetic education and clinic physicians.
  3. Promote health resource navigation home visits to patients at a high risk for complications from chronic medical conditions.
- 6. Promote Immunizations: Stop the Spread of Epidemics through child and adult immunization/vaccination rates and surveillance.**
  1. Increase community demand for vaccinations through education available at health fairs, community education programs and Floyd Valley Healthcare internet site.
  2. Increase use of Patient Portal using this feature to send e-mails to patients or parents prompting them to check their patient portal, which will remind them of vaccinations that are due.
  3. Continue to support access to vaccination services. ( i.e. vaccine clinics)
  4. Collaboration with community schools to provide education and resources to families related to childhood immunizations.

**END**



# EXHIBIT A

## PLYMOUTH COUNTY HEALTH NEEDS ASSESSMENT SURVEY

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## Plymouth County Health Needs Assessment Survey - 2021

### Plymouth County, Iowa

Every three years in Iowa, Healthcare Providers lead a community-wide discussion about their community's health needs to decide what actions are needed to help improve their community. The following survey questions are based on six factors that have been recognized as being important for the health and well-being of everyone in the community. Please take a few minutes to complete this survey. It will help to determine what is needed in your County and to set an order for action by indicating the level of importance of these services needs.

1. What is your gender?

☐ Male

☐ Female

☐ Other (please specify)

2. What is your age?

☐ Under 18

☐ 45-54

☐ 18-24

☐ 55-64

☐ 25-34

☐ 65+

☐ 35-44

3. What is your race?

☐ White or Caucasian

☐ American Indian or Alaska Native

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ Hispanic or Latino

☐ Multi-race (two or more of the previous)

☐ Asian or Asian American

☐ Other (please specify)

**4. PROMOTING HEALTHY LIVING:** Includes such health services as the Prevention and Treatment of Addictive Behaviors (Tobacco, Alcohol, other drugs, Gambling) and Chronic Disease (Mental Health, Heart Disease and Stroke, Cancer, Asthma, Diabetes, Arthritis, etc.); Elderly Wellness; Family Planning; Infant, Child & Family Health; Nutrition; Oral Health; Physical Activity; and Pregnancy & Birth. **Mark, what you consider to be, the three most important needs.**

- |                                                   |                                                          |
|---------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Tobacco                  | <input type="checkbox"/> Arthritis                       |
| <input type="checkbox"/> Alcohol and other Drugs  | <input type="checkbox"/> Elderly Wellness                |
| <input type="checkbox"/> Gambling                 | <input type="checkbox"/> Family Planning                 |
| <input type="checkbox"/> Mental Health            | <input type="checkbox"/> Infant, Child and Family Health |
| <input type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Nutrition                       |
| <input type="checkbox"/> Cancer                   | <input type="checkbox"/> Oral Health                     |
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Physical Activity               |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Pregnancy and Birth             |
| <input type="checkbox"/> Other (please specify)   |                                                          |

**5. PREVENTING INJURIES:** Includes such services as Brain Injury Prevention, Disability, Emergency Medical Services, Intentional Injuries (Violent & Abusive Behavior, Suicide), Occupational Health & Safety, and Unintentional Injuries (Motor Vehicle Crashes, Falls, Poisoning, Drowning, etc. **Mark, what you consider to be, the three most important needs.**

- |                                                         |                                                      |
|---------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Brain Injury Prevention        | <input type="checkbox"/> Motor Vehicle Crashes       |
| <input type="checkbox"/> Disability                     | <input type="checkbox"/> Falls                       |
| <input type="checkbox"/> Emergency Medical Services     | <input type="checkbox"/> Poisoning                   |
| <input type="checkbox"/> Violent and Abusive Behavior   | <input type="checkbox"/> Drowning                    |
| <input type="checkbox"/> Suicide                        | <input type="checkbox"/> Driving Under The Influence |
| <input type="checkbox"/> Occupational Health and Safety |                                                      |
| <input type="checkbox"/> Other (please specify)         |                                                      |

**6. PREVENTING EPIDEMICS:** Includes such services as Child and Adult Immunizations/Vaccinations and Surveillance, Foodborne illnesses and Control of Infectious Diseases including: HIV/AIDS, Influenza, Sexually Transmitted Disease (STD), Tuberculosis (TB) and other reportable diseases. **Mark, what you consider to be, the three most important needs.**

- |                                                                     |                                                             |
|---------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Child and Adult Immunizations/Vaccinations | <input type="checkbox"/> Immunizations/Vaccinations         |
| <input type="checkbox"/> Disease Control & Surveillance             | <input type="checkbox"/> Foodborne Illnesses                |
| <input type="checkbox"/> HIV/AIDS                                   | <input type="checkbox"/> Sexually Transmitted Disease (STD) |
| <input type="checkbox"/> Influenza                                  | <input type="checkbox"/> Covid-19                           |
| <input type="checkbox"/> Tuberculosis (TB)                          |                                                             |
| <input type="checkbox"/> Other (please specify)                     |                                                             |

**7. PROTECTING AGAINST ENVIRONMENTAL HAZARDS:** Includes such concerns as Drinking Water Protection, Food Safety, Hazardous Materials, Hazardous Waste, Healthy Homes, Lead Poisoning, Radon, Soil Erosion, and Vector Control (disease-carrying animals and insects). **Mark, what you consider to be, the three most important needs.**

- |                                                    |                                                                                |
|----------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Drinking Water Protection | <input type="checkbox"/> Lead Poisoning                                        |
| <input type="checkbox"/> Food Safety               | <input type="checkbox"/> Soil Erosion                                          |
| <input type="checkbox"/> Hazardous Materials       | <input type="checkbox"/> Radon                                                 |
| <input type="checkbox"/> Healthy Homes             | <input type="checkbox"/> Vector Control (disease-carrying animals and insects) |
| <input type="checkbox"/> Other (please specify)    |                                                                                |

**8. PREPARE FOR, RESPOND TO & RECOVER FROM PUBLIC HEALTH**

**EMERGENCIES:** Includes such concerns as Communication Networks, Emergency Planning, Emergency Response, Individual Preparedness, Recovery Planning, Risk Communication (communication before, during, and after a crisis), and Surge Capacity (the capacity to continue normal duties during emergencies.) **Mark, what you consider to be, the three most important needs.**

- |                                                 |                                                                                                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Communication Networks | <input type="checkbox"/> Risk Communication (communication before, during, and after a crisis)            |
| <input type="checkbox"/> Emergency Planning     |                                                                                                           |
| <input type="checkbox"/> Emergency Response     | <input type="checkbox"/> Surge Capacity (the capacity to handle an emergency along with regular services) |
| <input type="checkbox"/> Recovery Planning      | <input type="checkbox"/> Individual Preparedness                                                          |
| <input type="checkbox"/> Other (please specify) |                                                                                                           |



**9. STRENGTHEN THE HEALTH INFRASTRUCTURE** (the framework to support being healthy): includes topics such as Access to Quality Health Services, Community Engagement, Evaluation, Food Security, Food Systems, Food and Nutrition Assistance (SNAP, WIC), Health Facilities, Health Insurance, Medical Care, Social Determinants (e.g., Education & Poverty Levels), Transportation, and Workforce (e.g., Primary Care, Dental, Mental Health, Public Health), Workforce Development, and an equal opportunity to live a long, healthy life regardless of income, education, or ethnic background. **Mark, what you consider to be, the three most important needs.**

- |                                                                    |                                                                                                 |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Access to quality health services         | <input type="checkbox"/> Health Insurance                                                       |
| <input type="checkbox"/> Community Engagement                      | <input type="checkbox"/> Medical Care                                                           |
| <input type="checkbox"/> Evaluation                                | <input type="checkbox"/> Transportation                                                         |
| <input type="checkbox"/> Food Security                             | <input type="checkbox"/> Workforce Development                                                  |
| <input type="checkbox"/> Food Systems                              | <input type="checkbox"/> Workforce (such as primary care, dental, mental health, public health) |
| <input type="checkbox"/> Food and Nutrition Assistance (SNAP, WIC) | <input type="checkbox"/> Education & Poverty Levels                                             |
| <input type="checkbox"/> Health Facilities                         | <input type="checkbox"/> Services for Aging Adults (Meal Preparation, Homemaker Services, etc.) |
| <input type="checkbox"/> Equal Opportunity                         | <input type="checkbox"/> Access/Availability of Childcare                                       |
| <input type="checkbox"/> Other (please specify)                    |                                                                                                 |

**10. Promoting Healthy Families:** includes such services as and/or access to: childcare, early childhood education, parenting support, parent education, family activities, playgrounds, meal planning, nutrition, sports activities, organized recreation, and an equal opportunity to have a healthy family regardless of income, education, or ethnic background. **Mark, what you consider to be, the three most important needs:**

- ☐ Childcare
- ☐ Early Childhood Education
- ☐ Parenting Support
- ☐ Parent Education
- ☐ Family Activities
- ☐ Playgrounds
- ☐ Meal Planning
- ☐ Nutrition
- ☐ Sports Activities
- ☐ Non-sports Activities
- ☐ Organized Recreation
- ☐ Other (please specify)

11. Have you or your family ever had trouble obtaining childcare?

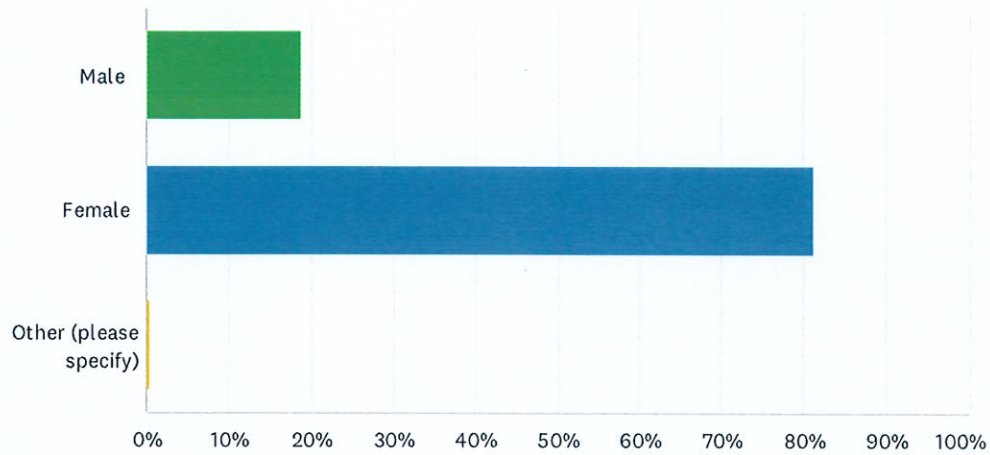
☐ Yes

☐ No

☐ Other (please specify)

## Q1 What is your gender?

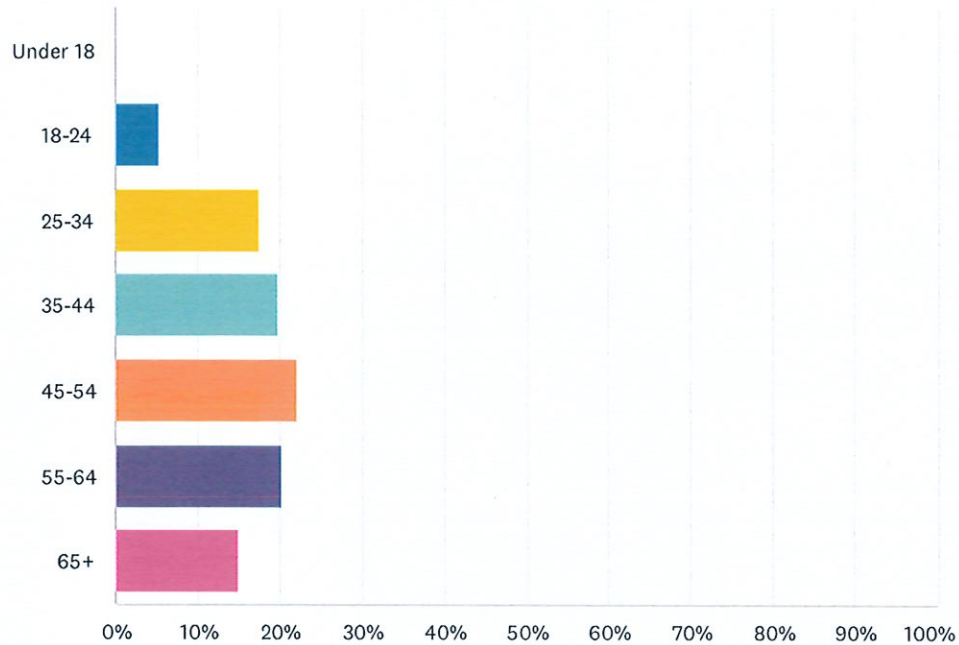
Answered: 223 Skipped: 0



ANSWER CHOICES	RESPONSES	
Male	18.83%	42
Female	81.17%	181
Other (please specify)	0.45%	1
Total Respondents: 223		

## Q2 What is your age?

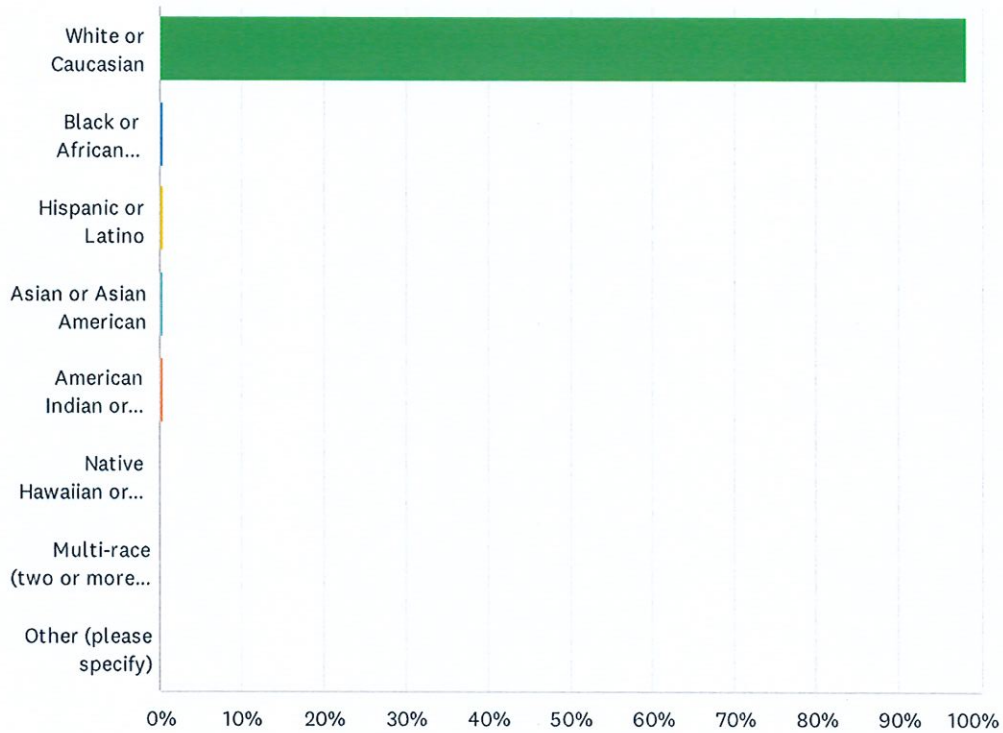
Answered: 222 Skipped: 1



ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
18-24	5.41%	12
25-34	17.57%	39
35-44	19.82%	44
45-54	22.07%	49
55-64	20.27%	45
65+	14.86%	33
Total Respondents: 222		

### Q3 What is your race?

Answered: 223 Skipped: 0

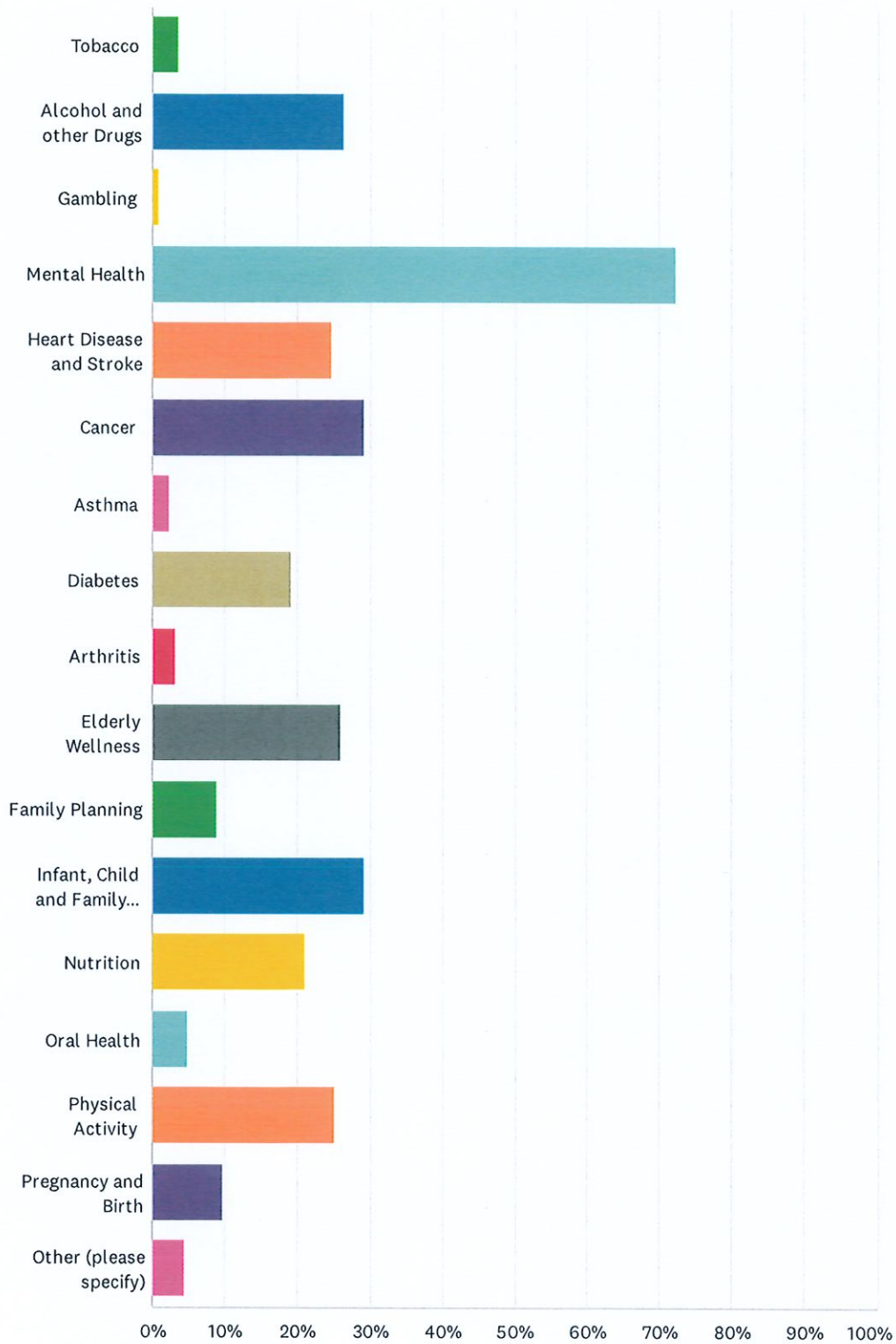


ANSWER CHOICES	RESPONSES	
White or Caucasian	98.21%	219
Black or African American	0.45%	1
Hispanic or Latino	0.45%	1
Asian or Asian American	0.45%	1
American Indian or Alaska Native	0.45%	1
Native Hawaiian or other Pacific Islander	0.00%	0
Multi-race (two or more of the previous)	0.00%	0
Other (please specify)	0.00%	0
Total Respondents: 223		

**Q4 PROMOTING HEALTHY LIVING:** Includes such health services as the Prevention and Treatment of Addictive Behaviors (Tobacco, Alcohol, other drugs, Gambling) and Chronic Disease (Mental Health, Heart Disease and Stroke, Cancer, Asthma, Diabetes, Arthritis, etc.); Elderly Wellness; Family Planning; Infant, Child & Family Health; Nutrition; Oral Health; Physical Activity; and Pregnancy & Birth. Mark, what you consider to be, the three most important needs.

Answered: 223   Skipped: 0

## Plymouth County Health Needs Assessment Survey - 2021



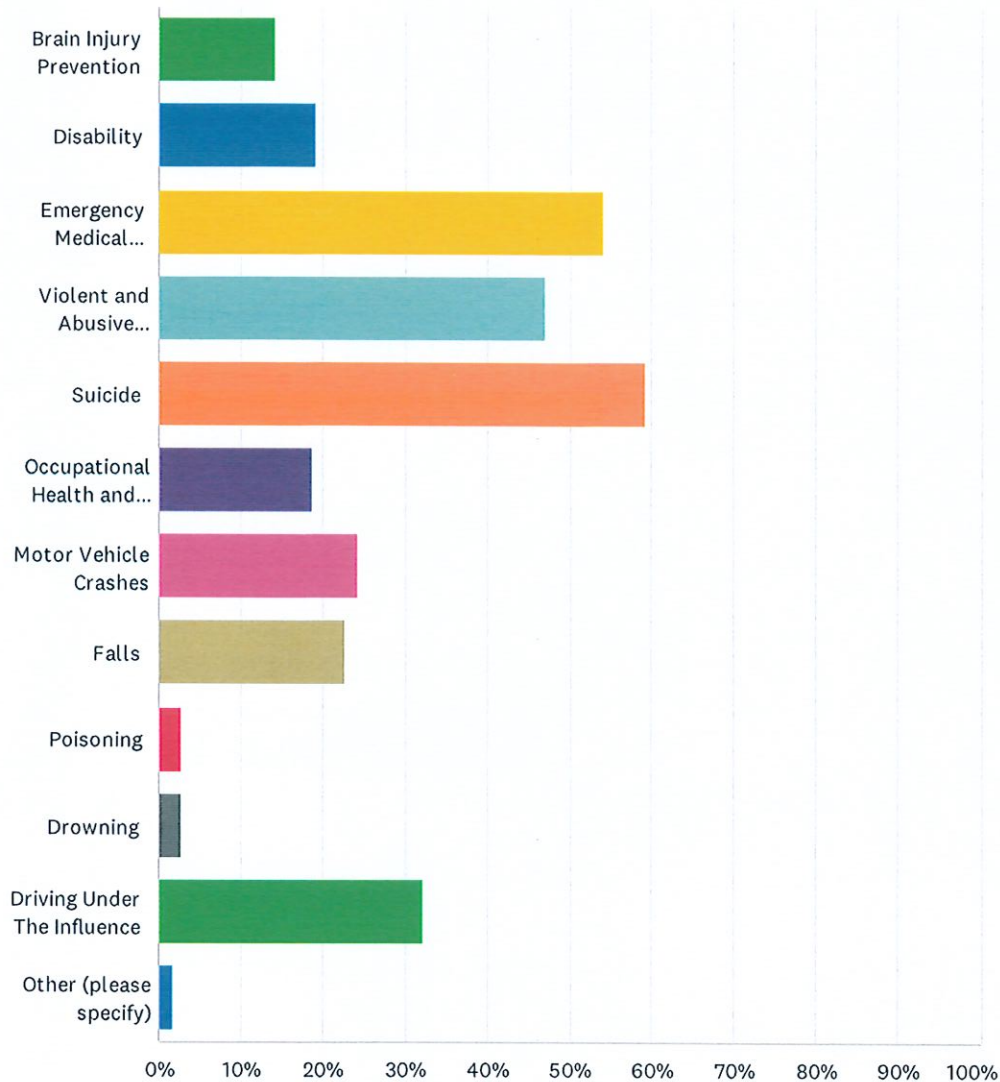


# Plymouth County Health Needs Assessment Survey - 2021

ANSWER CHOICES	RESPONSES	
Tobacco	3.59%	8
Alcohol and other Drugs	26.46%	59
Gambling	0.90%	2
Mental Health	72.20%	161
Heart Disease and Stroke	24.66%	55
Cancer	29.15%	65
Asthma	2.24%	5
Diabetes	19.28%	43
Arthritis	3.14%	7
Elderly Wellness	26.01%	58
Family Planning	8.97%	20
Infant, Child and Family Health	29.15%	65
Nutrition	21.08%	47
Oral Health	4.93%	11
Physical Activity	25.11%	56
Pregnancy and Birth	9.87%	22
Other (please specify)	4.48%	10
Total Respondents: 223		

**Q5 PREVENTING INJURIES:** Includes such services as Brain Injury Prevention, Disability, Emergency Medical Services, Intentional Injuries (Violent & Abusive Behavior, Suicide), Occupational Health & Safety, and Unintentional Injuries (Motor Vehicle Crashes, Falls, Poisoning, Drowning, etc. Mark, what you consider to be, the three most important needs.

Answered: 223 Skipped: 0

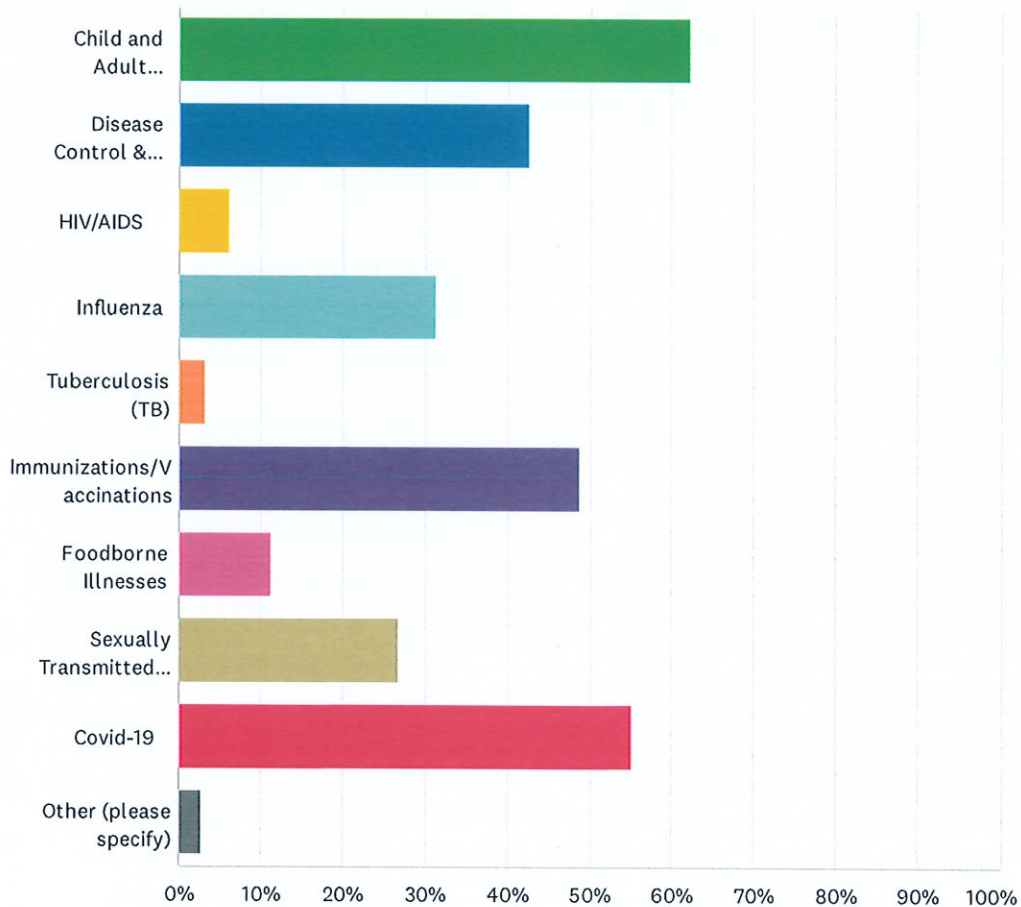


# Plymouth County Health Needs Assessment Survey - 2021

ANSWER CHOICES	RESPONSES	
Brain Injury Prevention	14.35%	32
Disability	19.28%	43
Emergency Medical Services	54.26%	121
Violent and Abusive Behavior	47.09%	105
Suicide	59.19%	132
Occupational Health and Safety	18.83%	42
Motor Vehicle Crashes	24.22%	54
Falls	22.87%	51
Poisoning	2.69%	6
Drowning	2.69%	6
Driving Under The Influence	32.29%	72
Other (please specify)	1.79%	4
Total Respondents: 223		

**Q6 PREVENTING EPIDEMICS:** Includes such services as Child and Adult Immunizations/Vaccinations and Surveillance, Foodborne illnesses and Control of Infectious Diseases including: HIV/AIDS, Influenza, Sexually Transmitted Disease (STD), Tuberculosis (TB) and other reportable diseases. Mark, what you consider to be, the three most important needs.

Answered: 223 Skipped: 0

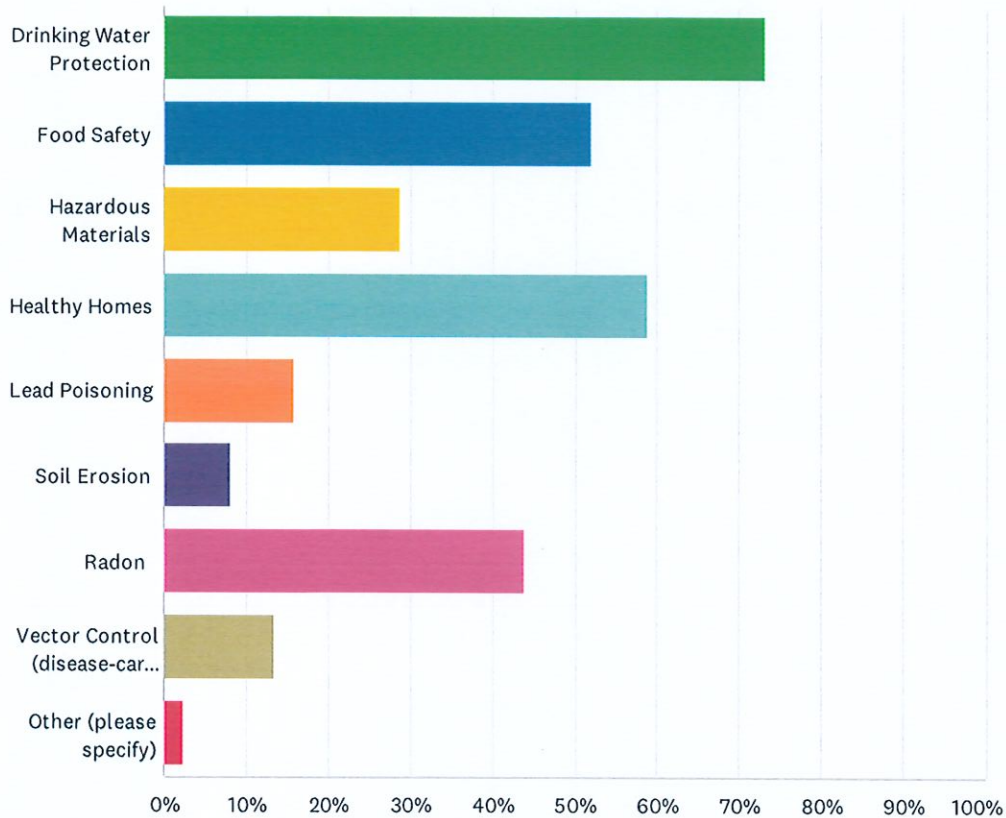


# Plymouth County Health Needs Assessment Survey - 2021

ANSWER CHOICES	RESPONSES	
Child and Adult Immunizations/Vaccinations	62.33%	139
Disease Control & Surveillance	42.60%	95
HIV/AIDS	6.28%	14
Influenza	31.39%	70
Tuberculosis (TB)	3.14%	7
Immunizations/Vaccinations	48.88%	109
Foodborne Illnesses	11.21%	25
Sexually Transmitted Disease (STD)	26.91%	60
Covid-19	55.16%	123
Other (please specify)	2.69%	6
Total Respondents: 223		

**Q7 PROTECTING AGAINST ENVIRONMENTAL HAZARDS:** Includes such concerns as Drinking Water Protection, Food Safety, Hazardous Materials, Hazardous Waste, Healthy Homes, Lead Poisoning, Radon, Soil Erosion, and Vector Control (disease-carrying animals and insects). Mark, what you consider to be, the three most important needs.

Answered: 223 Skipped: 0



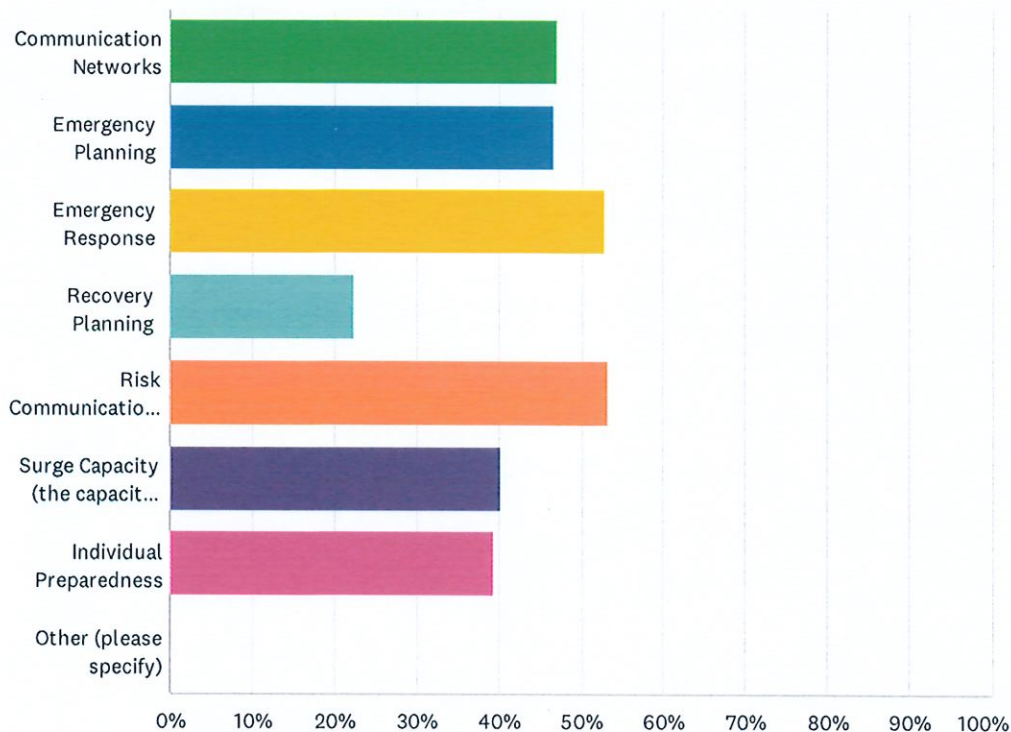
## Plymouth County Health Needs Assessment Survey - 2021

ANSWER CHOICES	RESPONSES	
Drinking Water Protection	73.09%	163
Food Safety	52.02%	116
Hazardous Materials	28.70%	64
Healthy Homes	58.74%	131
Lead Poisoning	15.70%	35
Soil Erosion	8.07%	18
Radon	43.95%	98
Vector Control (disease-carrying animals and insects)	13.45%	30
Other (please specify)	2.24%	5
Total Respondents: 223		



**Q8 PREPARE FOR, RESPOND TO & RECOVER FROM PUBLIC HEALTH EMERGENCIES:** Includes such concerns as Communication Networks, Emergency Planning, Emergency Response, Individual Preparedness, Recovery Planning, Risk Communication (communication before, during, and after a crisis), and Surge Capacity (the capacity to continue normal duties during emergencies.) Mark, what you consider to be, the three most important needs.

Answered: 223 Skipped: 0



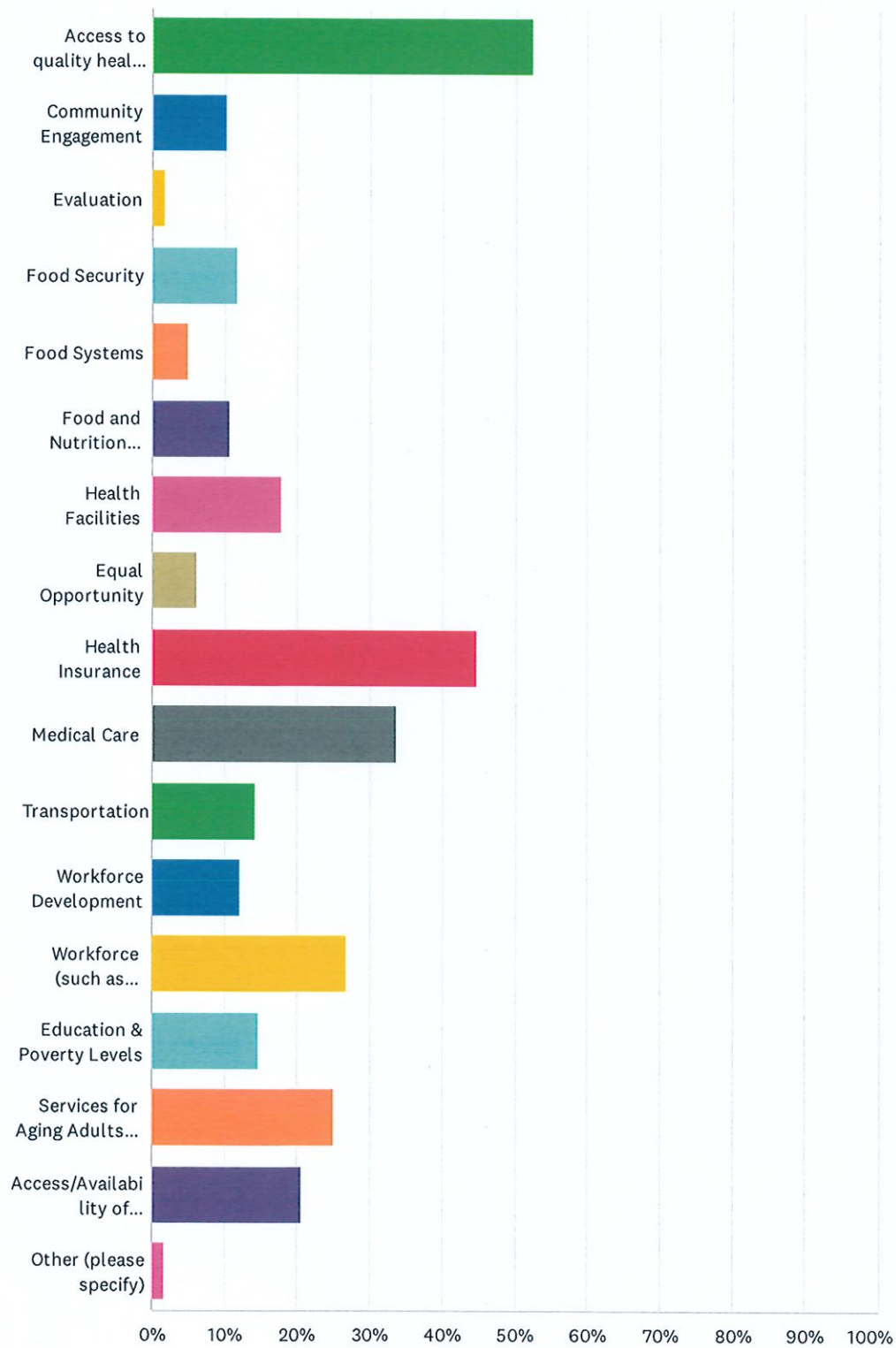
# Plymouth County Health Needs Assessment Survey - 2021

ANSWER CHOICES	RESPONSES	
Communication Networks	47.09%	105
Emergency Planning	46.64%	104
Emergency Response	52.91%	118
Recovery Planning	22.42%	50
Risk Communication (communication before, during, and after a crisis)	53.36%	119
Surge Capacity (the capacity to handle an emergency along with regular services)	40.36%	90
Individual Preparedness	39.46%	88
Other (please specify)	0.00%	0
Total Respondents: 223		

**Q9 STRENGTHEN THE HEALTH INFRASTRUCTURE** (the framework to support being healthy): includes topics such as Access to Quality Health Services, Community Engagement, Evaluation, Food Security, Food Systems, Food and Nutrition Assistance (SNAP, WIC), Health Facilities, Health Insurance, Medical Care, Social Determinants (e.g., Education & Poverty Levels), Transportation, and Workforce (e.g., Primary Care, Dental, Mental Health, Public Health), Workforce Development, and an equal opportunity to live a long, healthy life regardless of income, education, or ethnic background. Mark, what you consider to be, the three most important needs.

Answered: 223   Skipped: 0

## Plymouth County Health Needs Assessment Survey - 2021

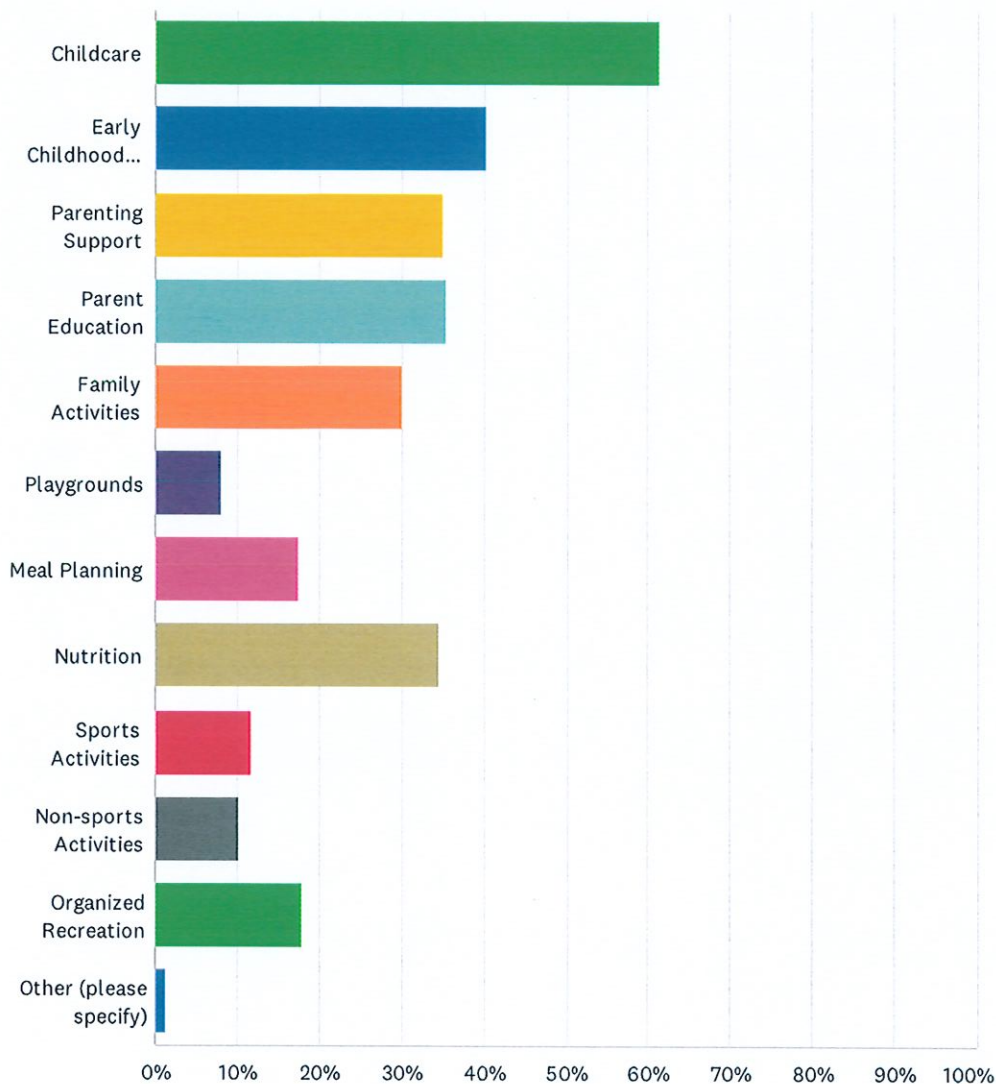


# Plymouth County Health Needs Assessment Survey - 2021

ANSWER CHOICES	PERCENTAGE	NUMBER OF RESPONSES
Access to quality health services	52.47%	117
Community Engagement	10.31%	23
Evaluation	1.79%	4
Food Security	11.66%	26
Food Systems	4.93%	11
Food and Nutrition Assistance (SNAP, WIC)	10.76%	24
Health Facilities	17.94%	40
Equal Opportunity	6.28%	14
Health Insurance	44.84%	100
Medical Care	33.63%	75
Transportation	14.35%	32
Workforce Development	12.11%	27
Workforce (such as primary care, dental, mental health, public health)	26.91%	60
Education & Poverty Levels	14.80%	33
Services for Aging Adults (Meal Preparation, Homemaker Services, etc.)	25.11%	56
Access/Availability of Childcare	20.63%	46
Other (please specify)	1.79%	4
Total Respondents: 223		

**Q10 Promoting Healthy Families:** includes such services as and/or access to: childcare, early childhood education, parenting support, parent education, family activities, playgrounds, meal planning, nutrition, sports activities, organized recreation, and an equal opportunity to have a healthy family regardless of income, education, or ethnic background. Mark, what you consider to be, the three most important needs:

Answered: 223 Skipped: 0



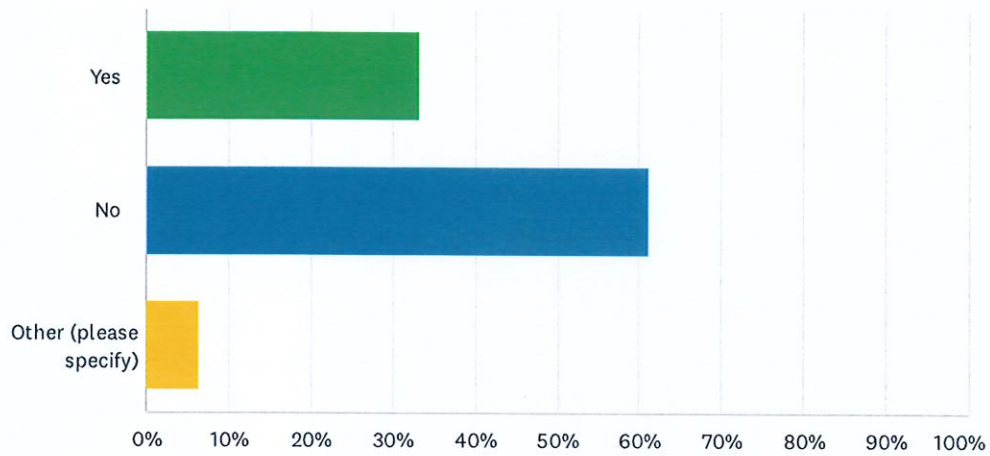
# Plymouth County Health Needs Assessment Survey - 2021

ANSWER CHOICES	RESPONSES	
Childcare	61.43%	137
Early Childhood Education	40.36%	90
Parenting Support	34.98%	78
Parent Education	35.43%	79
Family Activities	30.04%	67
Playgrounds	8.07%	18
Meal Planning	17.49%	39
Nutrition	34.53%	77
Sports Activities	11.66%	26
Non-sports Activities	10.31%	23
Organized Recreation	17.94%	40
Other (please specify)	1.35%	3
Total Respondents: 223		



## Q11 Have you or your family ever had trouble obtaining childcare?

Answered: 222 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	33.33%	74
No	61.26%	136
Other (please specify)	6.31%	14
Total Respondents: 222		



# EXHIBIT B.1

U.S. CENSUS BUREAU 2016-2020  
Quick Facts

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## QuickFacts

### Plymouth County, Iowa

QuickFacts provides statistics for all states and counties, and for cities and towns with a *population of 5,000 or more*.

## Table

PEOPLE	
<b>Population</b>	
Population Estimates, July 1 2021, (V2021)	25,650
Population estimates base, April 1, 2020, (V2021)	25,698
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	-0.2%
Population, Census, April 1, 2020	25,698
Population, Census, April 1, 2010	24,986
<b>Age and Sex</b>	
Persons under 5 years, percent	5.9%
Persons under 18 years, percent	24.9%
Persons 65 years and over, percent	19.1%
Female persons, percent	49.5%
<b>Race and Hispanic Origin</b>	
White alone, percent	94.6%
Black or African American alone, percent (a)	2.0%
American Indian and Alaska Native alone, percent (a)	1.0%
Asian alone, percent (a)	0.7%
Native Hawaiian and Other Pacific Islander alone, percent (a)	0.4%
Two or More Races, percent	1.3%
Hispanic or Latino, percent (b)	6.0%
White alone, not Hispanic or Latino, percent	89.5%
<b>Population Characteristics</b>	
Veterans, 2016-2020	1,533
Foreign born persons, percent, 2016-2020	3.6%
<b>Housing</b>	
Housing units, July 1, 2021, (V2021)	10,877
Owner-occupied housing unit rate, 2016-2020	76.7%
Median value of owner-occupied housing units, 2016-2020	\$172,600
Median selected monthly owner costs -with a mortgage, 2016-2020	\$1,235
Median selected monthly owner costs -without a mortgage, 2016-2020	\$450
Median gross rent, 2016-2020	\$714
Building permits, 2021	45
<b>Families &amp; Living Arrangements</b>	
Households, 2016-2020	10,298
Persons per household, 2016-2020	2.41
Living in same house 1 year ago, percent of persons age 1 year+, 2016-2020	89.7%
Language other than English spoken at home, percent of persons age 5 years+, 2016-2020	6.4%
<b>Computer and Internet Use</b>	
Households with a computer, percent, 2016-2020	90.9%
Households with a broadband Internet subscription, percent, 2016-2020	86.2%
<b>Education</b>	
High school graduate or higher, percent of persons age 25 years+, 2016-2020	93.6%
Bachelor's degree or higher, percent of persons age 25 years+, 2016-2020	22.3%
<b>Health</b>	
With a disability, under age 65 years, percent, 2016-2020	7.8%
Persons without health insurance, under age 65 years, percent	5.8%
<b>Economy</b>	



In civilian labor force, t	All Topics	Plymouth County, Iowa
In civilian labor force, f		
Total accommodation and food services receipts/revenue, 2017 (\$1,000) (c)	Population Estimates, July 1 2021, (V2021)	△ 25,6
Total health care and social assistance receipts/revenue, 2017 (\$1,000) (c)		78,703
Total transportation and warehousing receipts/revenue, 2017 (\$1,000) (c)		D
Total retail sales, 2017 (\$1,000) (c)		327,239
Total retail sales per capita, 2017 (c)		\$13,062
<b>Transportation</b>		
Mean travel time to work (minutes), workers age 16 years+, 2016-2020		18.3
<b>Income &amp; Poverty</b>		
Median household income (in 2020 dollars), 2016-2020		\$71,147
Per capita income in past 12 months (in 2020 dollars), 2016-2020		\$35,078
Persons in poverty, percent		△ 6.0%
<b>BUSINESSES</b>		
<b>Businesses</b>		
Total employer establishments, 2020		684
Total employment, 2020		10,702
Total annual payroll, 2020 (\$1,000)		537,012
Total employment, percent change, 2019-2020		2.1%
Total nonemployer establishments, 2019		1,842
All employer firms, Reference year 2017		750
Men-owned employer firms, Reference year 2017		427
Women-owned employer firms, Reference year 2017		124
Minority-owned employer firms, Reference year 2017		S
Nonminority-owned employer firms, Reference year 2017		640
Veteran-owned employer firms, Reference year 2017		S
Nonveteran-owned employer firms, Reference year 2017		615
<b>GEOGRAPHY</b>		
<b>Geography</b>		
Population per square mile, 2020		29.8
Population per square mile, 2010		29.0
Land area in square miles, 2020		862.83
Land area in square miles, 2010		862.89
FIPS Code		19149



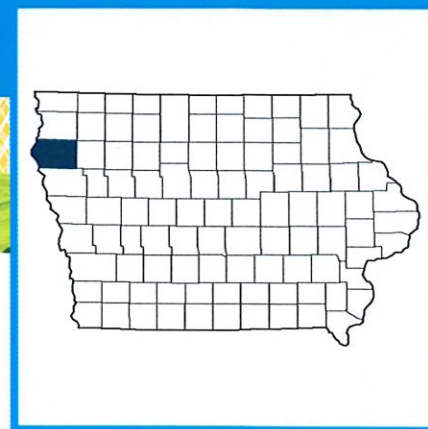
# EXHIBIT B.2

## 2017 CENSUS OF AGRICULTURE - COUNTY PROFILE

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## Plymouth County Iowa



### Total and Per Farm Overview, 2017 and change since 2012

	2017	% change since 2012
Number of farms	1,219	-8
Land in farms (acres)	503,438	-7
Average size of farm (acres)	413	+1
<b>Total</b>	<b>(\$)</b>	
Market value of products sold	738,200,000	+15
Government payments	7,240,000	-39
Farm-related income	23,269,000	-52
Total farm production expenses	602,507,000	+14
Net cash farm income	166,202,000	-6
<b>Per farm average</b>	<b>(\$)</b>	
Market value of products sold	605,579	+25
Government payments (average per farm receiving)	7,502	-32
Farm-related income	26,777	-51
Total farm production expenses	494,263	+25
Net cash farm income	136,343	+2

### 3 Percent of state agriculture sales

#### Share of Sales by Type (%)

Crops	34
Livestock, poultry, and products	66

#### Land in Farms by Use (%) <sup>a</sup>

Cropland	90
Pastureland	6
Woodland	1
Other	3

#### Acres irrigated: 2,791

1% of land in farms

#### Land Use Practices (% of farms)

No till	39
Reduced till	47
Intensive till	15
Cover crop	9

### Farms by Value of Sales

	Number	Percent of Total <sup>a</sup>
Less than \$2,500	170	14
\$2,500 to \$4,999	48	4
\$5,000 to \$9,999	26	2
\$10,000 to \$24,999	80	7
\$25,000 to \$49,999	81	7
\$50,000 to \$99,999	109	9
\$100,000 or more	705	58

### Farms by Size

	Number	Percent of Total <sup>a</sup>
1 to 9 acres	115	9
10 to 49 acres	185	15
50 to 179 acres	244	20
180 to 499 acres	339	28
500 to 999 acres	206	17
1,000 + acres	130	11





### Market Value of Agricultural Products Sold

	Sales (\$1,000)	Rank in State <sup>b</sup>	Counties Producing Item	Rank in U.S. <sup>b</sup>	Counties Producing Item
<b>Total</b>	<b>738,200</b>	<b>3</b>	<b>99</b>	<b>51</b>	<b>3,077</b>
<b>Crops</b>	<b>250,275</b>	<b>4</b>	<b>99</b>	<b>85</b>	<b>3,073</b>
Grains, oilseeds, dry beans, dry peas	249,070	4	99	26	2,916
Tobacco	-	-	-	-	323
Cotton and cottonseed	-	-	-	-	647
Vegetables, melons, potatoes, sweet potatoes	(D)	67	94	1,857	2,821
Fruits, tree nuts, berries	96	34	95	1,308	2,748
Nursery, greenhouse, floriculture, sod	94	59	89	1,429	2,601
Cultivated Christmas trees, short rotation woody crops	(D)	48	53	(D)	1,384
Other crops and hay	981	44	99	1,892	3,040
<b>Livestock, poultry, and products</b>	<b>487,925</b>	<b>4</b>	<b>99</b>	<b>52</b>	<b>3,073</b>
Poultry and eggs	16	80	99	1,643	3,007
Cattle and calves	157,338	5	99	80	3,055
Milk from cows	(D)	9	77	(D)	1,892
Hogs and pigs	294,988	5	99	9	2,856
Sheep, goats, wool, mohair, milk	(D)	8	99	(D)	2,984
Horses, ponies, mules, burros, donkeys	38	64	99	1,928	2,970
Aquaculture	-	-	27	-	1,251
Other animals and animal products	270	12	96	448	2,878

<b>Total Producers <sup>c</sup></b>	<b>1,893</b>	<b>Percent of farms that:</b>	<b>Top Crops in Acres <sup>d</sup></b>	
<b>Sex</b>				
Male	1,404	Have internet access	80	
Female	489			
<b>Age</b>		Farm organically	(Z)	
<35	206			
35 – 64	1,136			
65 and older	551			
<b>Race</b>		Sell directly to consumers	1	
American Indian/Alaska Native	-			
Asian	-			
Black or African American	-	Hire farm labor	36	
Native Hawaiian/Pacific Islander	-			
White	1,887			
More than one race	6			
<b>Other characteristics</b>		Are family farms	95	
Hispanic, Latino, Spanish origin	6			
With military service	158			
New and beginning farmers	375			
			<b>Livestock Inventory (Dec 31, 2017)</b>	
			Broilers and other meat-type chickens	229
			Cattle and calves	111,852
			Goats	541
			Hogs and pigs	924,340
			Horses and ponies	328
			Layers	1,160
			Pullets	95
			Sheep and lambs	4,197
			Turkeys	(D)

See 2017 Census of Agriculture, U.S. Summary and State Data, for complete footnotes, explanations, definitions, commodity descriptions, and methodology.

<sup>a</sup> May not add to 100% due to rounding. <sup>b</sup> Among counties whose rank can be displayed. <sup>c</sup> Data collected for a maximum of four producers per farm.

<sup>d</sup> Crop commodity names may be shortened; see full names at [www.nass.usda.gov/go/cropnames.pdf](http://www.nass.usda.gov/go/cropnames.pdf). <sup>e</sup> Position below the line does not indicate rank.

(D) Withheld to avoid disclosing data for individual operations. (NA) Not available. (Z) Less than half of the unit shown. (-) Represents zero.



# EXHIBIT B.3

IDPH – <https://idph.iowa.gov>  
Plymouth County Rankings

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<https://idph.iowa.gov/Portals/1/userfiles/91/CHNA%26HIP/Data%20Reports/Plymouth%20-%20County%20Health%20Rankings%202020.pdf> (Below information taken from this link. \*\*\*Orange areas are areas that can be improved. This was the only section that had any orange areas)

	Plymouth County	Error Margin	Top U.S. Performers ^	Iowa	Rank (of 99)
<b>Health Outcomes</b>					<b>35</b>
Length of Life					41
Premature death	6,100	4,900-7,300	5,500	6,200	
Quality of Life					35
Poor or fair health **	13%	12-13%	12%	14%	
Poor physical health days **	3.0	2.8-3.2	3.1	3.3	
Poor mental health days **	3.4	3.2-3.6	3.4	3.6	
Low birthweight	7%	6-8%	6%	7%	

### Additional Health Outcomes (not included in overall ranking)

Life expectancy	80.0	78.9-81.1	81.1	79.4
Premature age-adjusted mortality	290	250-330	270	320
Child mortality	40	20-80	40	50
Infant mortality			4	5
Frequent physical distress	9%	9-9%	9%	10%
Frequent mental distress	11%	10-11%	11%	11%
Diabetes prevalence	10%	7-15%	7%	10%
HIV prevalence	58		41	98

<b>Health Factors</b>					<b>12</b>
Health Behaviors					20
Adult smoking **	15%	14-16%	14%	17%	
Adult obesity	32%	26-40%	26%	33%	
Food environment index	9.0		8.6	8.2	
Physical inactivity	29%	22-36%	20%	24%	
Access to exercise opportunities	76%		91%	83%	
Excessive drinking **	21%	20-22%	13%	22%	
Alcohol-impaired driving deaths	27%	13-41%	11%	27%	
Sexually transmitted infections	206.2		161.4	441.6	
Teen births	14	11-17	13	19	

Access to Mental Health Providers	Estimated Population	25,095	6,247,325
	Number of Mental Health Providers	32	9,854
	Ratio of Mental Health Providers to Population(1 Provider per x Persons)	784.2	634
	Mental Health Care Provider Rate (Per 100,000 Population)	127.5	157.7

Plymouth County providing services to more persons per provider than statewide average. (above)

Alcohol Consumption	Population Age 18+	18,412.00	2,307,562.00
	Estimated Adults Drinking Excessively	4,750	463,820
	Excessive Drinking, Crude Percentage	25.80%	20.10%
	Excessive Drinking, Age-Adjusted Percentage	29.40%	21.40%

Plymouth County has a higher percentage as far as excessive drinking. (above)

Depression (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	3,991	462,021
	Beneficiaries with Depression	743	87,261
	Beneficiaries with Depression, Percent	18.6%	18.9%

There isn't a significant difference between the statewide and Plymouth County averages for beneficiaries with depression among the Medicare population. (above)

Physical Inactivity	Population Age 20+	18,232	2,319,511
	Adults with no Leisure Time Physical Activity	5,506	525,211
	Adults with no Leisure Time Physical Activity, Percent	29.2%	21.7%

There is a significant difference between the adults with no leisure time physical activity between Plymouth County (29.2%) and the statewide percentage (21.7%). (above)

Cancer Incidence - Colon and Rectum	Estimated Total Population	32,397	3,761,261
	New Cases (Annual Average)	15	1,670
	Cancer Incidence Rate (Per 100,000 Pop.)	46.3	44.4
Cancer Incidence - Prostate	Estimated Total Population (Male)	16,558	1,872,970
	New Cases (Annual Average)	23	1,961
	Cancer Incidence Rate (Per 100,000 Pop.)	138.9	104.7

As far as cancer rates, only colon and rectum and prostate cancer had higher rates in Plymouth County than the statewide average. (above)

Health insurance was ranked higher as a need on survey, and data does show that for children Plymouth county is above the statewide average of uninsured children, and the adult/overall population is close to statewide average. (below)

Insurance - Uninsured Adults	Total Population Age 18 - 64	14,226	1,825,275
	Population with Medical Insurance	13,374	1,701,347
	Percent Population With Medical Insurance	94.01%	93.21%
	Population Without Medical Insurance	852	123,928
	Percent Population Without Medical Insurance	5.99%	6.79%
Insurance - Uninsured Children	Total Population Under Age 19	6,516	752,877
	Population with Medical Insurance	6,332	732,463
	Percent Population With Medical Insurance	97.18%	97.29%
	Population Without Medical Insurance	184	20,414
	Percent Population Without Medical Insurance	2.82%	2.71%
Insurance - Uninsured Population	Total Population (For Whom Insurance Status is Determined)	24,760	3,088,842
	Uninsured Population	1,067	152,469
	Uninsured Population, Percent	4.31%	4.94%

Food Access - SNAP-Authorized Food Stores	Total Population (2010)	24,986	3,046,355
	Total SNAP-Authorized Retailers	17	2,952
	SNAP-Authorized Retailers, Rate per 10,000 Population	6.80	9.69
	Total Population (2011 Estimate)	24,896.00	3,069,845.00
Food Access - WIC-Authorized Food Stores	Number WIC-Authorized Food Stores	6.00	681.00
	WIC-Authorized Food Store Rate (Per 100,000 Pop.)	24.10	22.10

Food Access – SNAP Authorized Food Stores is below the statewide average for Plymouth county, but their Food Access for WIC-Authorized Food Stores is above the statewide average. (above)

Access to Primary Care	Total Population (2017)	25,091	3,143,637
	Primary Care Physicians (2017)	11	2,293
	Primary Care Physicians, Rate per 100,000 Pop.	43.84	72.9

Question 9 had access to quality health services as the highest need, and this data shows Plymouth County ranking lower than the statewide average as far as primary care physicians (rate per 100,000 population). (above)

(Below) shows that Plymouth County has a higher percentage than statewide average of adults without a regular doctor.

Lack of a Consistent Source of Primary Care	Survey Population(Adults Age 18+)	12,830	2,312,665
	Total Adults Without Any Regular Doctor	2,337	414,647
	Percent Adults Without Any Regular Doctor	18.21%	17.93%

<https://idph.iowa.gov/Portals/1/userfiles/91/CHNA%26HIP/Data%20Reports/Plymouth%20-%20CARES%20Engagement%20Network%20-%20Quick%20Facts%202020.pdf> (all above information taken from this link) Plymouth County is listed in the first column and statewide is in the second.

<https://idph.iowa.gov/Portals/1/userfiles/91/CHNA%26HIP/Data%20Reports/Plymouth%20-%20CARES%20Engagement%20Network%20-%20Full%20Report%202020.pdf> (below information taken from this link)

## Mortality - Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

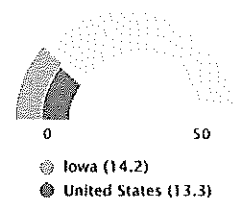
In the report area, there were 3 average annual deaths due to suicide among the total population of 25,010. The age adjusted death rate of -1 per every 100,000 people is less than the state's reported rate of 14.2.

Report Area	Total Population	Average Annual Deaths, 2013-2017	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Plymouth County, IA	25,010	3	12.8	Suppressed
Iowa	3,120,369	443	14.2	14.2
United States	321,050,281	44,061	13.7	13.3

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2013-17. Source geography: County

Suicide, Age-Adjusted Death Rate  
(Per 100,000 Pop.)



## Fruit/Vegetable Consumption

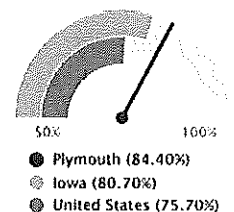
In the report area an estimated 15,176, or 84.40% of adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may cause of significant health issues, such as obesity and diabetes.

Report Area	Total Population (Age 18+)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
Plymouth County, IA	17,981.00	15,176	84.40%
Iowa	2,268,969.00	1,831,058	80.70%
United States	227,279,010.00	171,972,118	75.70%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse, 2005-09. Source geography: County

Percent Adults with Inadequate  
Fruit / Vegetable Consumption

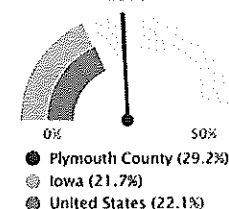


## Physical Inactivity

Within the report area, 5,506 or 29.2% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

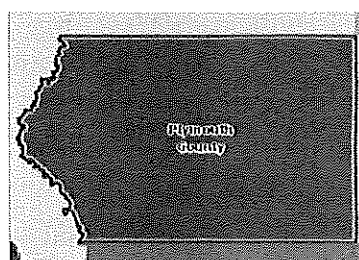
Report Area	Population Age 20+	Adults with no Leisure Time Physical Activity	Adults with no Leisure Time Physical Activity, Percent
Plymouth County, IA	18,232	5,506	29.2%
Iowa	2,319,510	525,218	21.7%
United States	243,068,284	55,261,407	22.1%

Percentage of Adults with No Leisure-Time Physical Activity, 2016



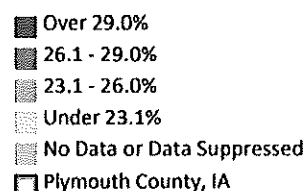
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2017. Source geography: County



[View larger map](#)

No Leisure-Time Physical Activity, Adults Age 20+, Percent by County, CDC NCCDPHP 2017

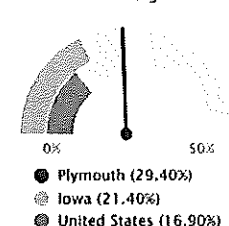


## Alcohol Consumption

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs. Within the report area, 29.40% adults drink excessively.

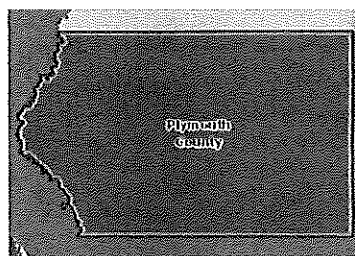
Report Area	Population Age 18+	Estimated Adults Drinking Excessively	Excessive Drinking, Crude Percentage	Excessive Drinking, Age-Adjusted Percentage
Plymouth County, IA	18,412.00	4,750	25.80%	29.40%
Iowa	2,307,562.00	463,820	20.10%	21.40%
United States	232,556,016.00	38,248,349	16.40%	16.90%

Excessive Drinking, Age-Adjusted Percentage



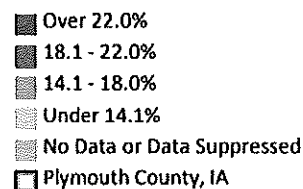
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Accessed via the Health Indicators Warehouse, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12. Source geography: County



[View larger map](#)

Excessive Drinking, Percent of Adults Age 18+ by County, BRFSS 2006-12





# EXHIBIT C

FLOYD VALLEY HEALTHCARE SERVICES  
2020 (COMPLETED IN 2021)  
AMERICAN HOSPITAL ASSOCIATION  
ANNUAL SURVEY

---

Tuesday, May 11, 2021

**AHA Annual Survey - 2020**

This printout of the survey includes all the data that has been entered so far. If no data has been entered all the fields will be empty. If you have entered some or all of the data, it will be represented here (except responses to 'write-in' or 'dropdown' questions, where only the first item will print). Please keep a copy of the most complete survey for your records. If you have any questions, please contact the Health Forum/AHA Support Team.

Thank You.

**Floyd Valley Healthcare (6620870)**

**714 Lincoln Street NE**

**Le Mars, Iowa 51031**

**Plymouth County**

**Survey Status**

Submitted

**Date Started**

MAY-05-21

**Date Last Edited**

MAY-11-21

**Date Submitted**

MAY-11-21

**Survey Administrators**

Dustin Wright



# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
Reporting Period	Completed	05/06/2021	Dustin Wright

## Section A: Question

<u>Section A: Question</u>	<u>Description</u>	<u>Answer</u>
1. Reporting Period used (beginning and ending date):	From (mm/dd/yyyy)	07/01/2019
	To (mm/dd/yyyy)	06/30/2020
2a. Were you in operation 12 full months at the end of your reporting period?		Yes
2b. Number of days open during reporting period:		366
3. Indicate the beginning of your current fiscal year	mm/dd/yyyy	07/01/2020

# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
Organizational Structure	Completed	05/06/2021	Dustin Wright

## Section B: Question

## Answer

1. Indicate the type of organization that is responsible for establishing policy for overall operation of your hospital. SELECT ONLY ONE:

14 City (Government, non-federal)

2. Indicate the ONE category that BEST describes your hospital or the type of service it provides to the MAJORITY of patients:

10 General medical and surgical

Other-specify treatment area:

OTHER

3a. Does your hospital restrict admissions primarily to children?

No

3b. Does the hospital itself operate subsidiary corporations?

No

3c. Is the hospital contract managed? If yes, please provide the name, city, and state of the organization that manages the hospital:

Yes

Name

City

State

Avera Health

Sioux Falls

SD

3d. Is your hospital owned in whole or in part by physicians or a physician group?

No

3e. If you checked 80 Acute long-term care hospital (LTCH) in the section B2 (Service), please indicate if you are a freestanding LTCH or a LTCH arranged within a general acute care hospital.

If you are arranged in a general acute care hospital, what is your host hospital's name, city and state?

Name

City

State

3f. Are any other types of hospitals co-located in your hospital?

No

3g. What type of hospital is co-located? (Check all that apply)

- ☐ 1. Cancer
- ☐ 2. Cardiac
- ☐ 3. Orthopedic
- ☐ 4. Pediatric
- ☐ 5. Psychiatric
- ☐ 6. Surgical
- ☐ 7. Other

# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

Section Title	Status	Last Edit Date	Last Edit By	
Facilities and Services	Completed	05/06/2021	Dustin Wright	
<b>Section C: Facilities and Services</b>				
	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (In my local community)	(4) Do Not Provide
1. General medical - surgical care	<input checked="" type="checkbox"/> (#Beds: 22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pediatric medical - surgical care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Obstetrics (Please specify the level of unit provided by the hospital if applicable.)	<input checked="" type="checkbox"/> (#Beds: 3) Level: 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medical-surgical intensive care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Cardiac intensive care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Neonatal intensive care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Neonatal intermediate care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Pediatric intensive care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Burn care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Other special care (Please specify the type of other special care provided by the hospital if applicable.)	<input type="checkbox"/> (#Beds: ____) (Specify: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Other intensive care (Please specify the type of other intensive care provided by the hospital if applicable.)	<input type="checkbox"/> (#Beds: ____) (Specify: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Physical rehabilitation	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Substance use disorder	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Psychiatric care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Skilled nursing care	<input checked="" type="checkbox"/> (#Beds: 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Intermediate nursing care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Acute long-term care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Other long-term care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Other care (Please specify the type of other care provided by the hospital if applicable.)	<input type="checkbox"/> (#Beds: ____) (Specify: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Adult day care program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Airborne infection isolation room (Please specify the number of rooms)	<input checked="" type="checkbox"/> # Rooms: 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Alzheimer Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Ambulance services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

## Section C: Facilities and Services

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (In my local community)	(4) Do Not Provide
24. Air Ambulance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Ambulatory surgery center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Arthritis treatment center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Auxiliary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Bariatric/weight control services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29. Birthing room - LDR room - LDRP room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Blood Donor Center	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. Breast cancer screening / mammograms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Cardiology and cardiac surgery services:				
32a. Adult cardiology services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32b. Pediatric cardiology services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32c. Adult diagnostic catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32d. Pediatric diagnostic catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32e. Adult interventional cardiac catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32f. Pediatric interventional cardiac catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32g. Adult cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32h. Pediatric cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32i. Adult cardiac electrophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32j. Pediatric cardiac electrophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32k. Cardiac rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Chaplaincy/pastoral care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Chemotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Children's wellness program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Chiropractic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Community outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Complementary and alternative medicine services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40. Computer assisted orthopedic surgery (CAOS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Floyd Valley Healthcare (6620870)

## Section C: Facilities and Services

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41. Crisis prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42. Dental services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43. Diabetes prevention program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Emergency services:				
44a. On-campus emergency department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44b. Off-campus emergency department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44c. Pediatric emergency department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44d. Trauma center (certified) [Level of unit (1-3)] (Please specify the level of unit provided by the hospital if applicable.)	<input checked="" type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Enabling services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46. Endoscopic services:				
46a. Optical colonoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46b. Endoscopic ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
46c. Ablation of Barrett's esophagus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
46d. Esophageal impedance study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
46e. Endoscopic retrograde cholangiopancreatography (ERCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47. Enrollment (insurance) assistance services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Employment support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Extracorporeal shock wave lithotripter (ESWL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50. Fertility clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
51. Fitness center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
52. Freestanding outpatient care center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Geriatric services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
54. Health fair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Community health education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Genetic testing/counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Health screenings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Health research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. HIV - AIDS services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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61. Home health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Hospice program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
63. Hospital - based outpatient care center - services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Housing services:				
64a. Assisted living	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64b. Retirement housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64c. Supportive housing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Immunization program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Indigent care clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Linguistic/translation services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Meal delivery services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Mobile health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Neurological services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
71. Nutrition programs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
72. Occupational health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
73. Oncology services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Orthopedic services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Outpatient surgery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Pain management program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
77. Palliative care program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78. Palliative care inpatient unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
79. Patient Controlled Analgesia (PCA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Patient education center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Patient representative services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Physical rehabilitation services:				
82a. Assistive technology center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
82b. Electrodiagnostic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
82c. Physical rehabilitation outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
82d. Prosthetic and orthotic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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82e. Robot-assisted walking therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
82f. Simulated rehabilitation environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83. Primary care department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84. Psychiatric services:				
84a. Psychiatric consultation - liaison services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84b. Psychiatric pediatric care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84c. Psychiatric geriatric services	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84d. Psychiatric education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84e. Psychiatric emergency services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84f. Psychiatric outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84g. Psychiatric intensive outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84h. Social and Community psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84i. Forensic psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84j. Prenatal psychiatry and Postpartum psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84k. Psychiatric partial hospitalization services - adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84l. Psychiatric partial hospitalization services - pediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84m. Psychiatric residential treatment - adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84n. Psychiatric residential treatment - pediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84o. Suicide prevention services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85. Radiology, diagnostic:				
85a. CT scanner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85b. Diagnostic radioisotope facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85c. Electron beam computed tomography (EBCT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85d. Full-field digital mammography(FFDM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85e. Magnetic resonance imaging (MRI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85f. Intraoperative magnetic resonance imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85g. Magnetoencephalography (MEG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85h. Multi-slice spiral computed tomography(<64 + slice CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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85i. Multi-slice spiral computed tomography (64+ slice CT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85j. Positron emission tomography (PET)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85k. Positron emission tomography/CT (PET/ CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85l. Single photon emission computerized tomography (SPECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85m. Ultrasound	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Radiology therapeutic:				
86a. Image-guided Radiation Therapy(IGRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86b. Intensity-Modulated Radiation Therapy (IMRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86c. Proton beam therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86d. Shaped Beam Radiation System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86e. Stereotactic radiosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86f. Basic interventional radiology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Robotic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
88. Rural health clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89. Sleep center	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
90. Social work services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Sports medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
92. Substance use disorder care Services				
92a. Substance use disorder pediatric services	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
92b. Substance use disorder outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
92c. Substance use disorder partial hospitalization services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
92d. Medication Assisted Treatment for Opioid Use Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92e. Medication Assisted Treatment for other substance use disorders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Support groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Swing bed services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Teen outreach services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
96. Tobacco treatment / cessation program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Telehealth				
97a. Consultation and office visits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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97b. eICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97c. Stroke care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
97d. Psychiatric and addiction treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97e. Remote patient monitoring:				
1. Post-discharge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Ongoing chronic care management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Other remote patient monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97f. Other telehealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98. Transplant services:				
98a. Bone marrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98b. Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98c. Kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98d. Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98e. Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98f. Tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98g. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
99. Transportation to health facilities (non-emergency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100. Urgent care center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
101. Violence Prevention Programs:				
101a. For the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
101b. For the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
102. Virtual Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
103. Volunteer services department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. Women's health center / services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
105. Wound management services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Section C: Physician Arrangements

### Answer

### Answer (History)

106a. Does your organization routinely offer psychiatric consultation & liaison services in the following care areas?

1. Emergency Services	No	
2. Primary Care Services	Yes	
3. Acute inpatient care	No	
4. Extended care	No	

106b. Does your organization routinely offer addiction/substance use disorder consultation & liaison services in the following care areas?

1. Emergency Services	No	
2. Primary Care Services	Yes	
3. Acute inpatient care	No	
4. Extended care	No	

106c. Does your organization routinely integrate behavioral health services in the following care areas?

1. Emergency Services	No	No
2. Primary Care Services	Yes	Yes
3. Acute inpatient care	Yes	Yes
4. Extended care	Yes	Yes

107a. For each of the physician-organization arrangements, please report the number of involved physicians in these arrangements.

	Number of Physicians	My Hospital	My Health System	Do Not Provide
1. Independent Practice Association		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Group practice without walls		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Open Physician - Hospital Organization (PHO)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Closed Physician - Hospital Organization (PHO)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Management Service Organization (MSO)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Integrated Salary Model		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Equity Model		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Foundation		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Other, please specify:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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107b. For those arrangements reported in 107a., please report the approximate ownership share.

	Hospital ownership share %	Physician ownership share %	Parent corporation ownership share %	Insurance ownership share %
1. Independent Practice Association (IPA)				
2. Group practice without walls				
3. Open Physician-Hospital Organization (PHO)				
4. Closed Physician-Hospital Organization (PHO)				
5. Management Service Organization (MSO)				
6. Integrated Salary Model				
7. Equity Model				
8. Foundation				
9. Other, specified above:				

107c. If the hospital owns physician practices, how are they organized?

	Percent %	Number of Physicians
107c.1 Solo practice		
107c.2 Single specialty group		
107c.3 Multi-specialty group		

	Answer	Answer (History)
107d. Of the physician practices owned by the hospital, what percentage are primary care?	0	0

107e. Of the physician practices owned by the hospital, what percentage are specialty care?		0
---------------------------------------------------------------------------------------------	--	---

108. Looking across all the relationships identified in question 107a, what is the total number of physicians (count each physician only once) that are engaged in an arrangement with your hospital that allows for joint contracting with payors or shared responsibility for financial risk or clinical performance between the hospital and physician (arrangement may be any type of ownership)?	0	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---	--

109a. Does your hospital participate in any joint venture arrangements with physicians or physician groups?	No	No
-------------------------------------------------------------------------------------------------------------	----	----

109b. If your hospital participates in any joint ventures with physicians or physician groups, please indicate which types of services are involved in those joint ventures. (Check all that apply).		
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

109b. Other		
-------------	--	--

109c. If you selected 'a'. Limited Service Hospital' please tell us what type(s) of services are provided (Check all that apply).		
-----------------------------------------------------------------------------------------------------------------------------------	--	--

109c. Other		
-------------	--	--

109d. Does your hospital participate in joint venture arrangements with organizations other than physician groups?	No	No
--------------------------------------------------------------------------------------------------------------------	----	----



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	<u>Answer</u>	<u>Answer (History)</u>
110a. Bed changes: a. Was there a permanent or significant change in the total number of beds set up and staffed for use during the reporting period?	No	

Change 1 Date  Number of beds added  Number of beds removed

Change 2 Date  Number of beds added  Number of beds removed

	<u>Answer</u>	<u>Answer (History)</u>
110b. Was there a permanent or significant change in the total number of ICU beds set up and staffed for use during the reporting period?	No	

Change 1 Date  Number of beds added  Number of beds removed

Change 2 Date  Number of beds added  Number of beds removed

## 111. Airborne isolation room:

	<u>Answer</u>	<u>Answer (History)</u>
a. Please indicate the total number of airborne isolation rooms set up at the start of the reporting period?	2	

b. Please indicate the total number of airborne isolation rooms set up at the end of the reporting period?	2	
------------------------------------------------------------------------------------------------------------	---	--

c. Please indicate how many rooms not set-up as airborne isolation rooms at the end of the reporting period can be converted to airborne isolation rooms?	18	
-----------------------------------------------------------------------------------------------------------------------------------------------------------	----	--

112. Temporary spaces: a. Please indicate if any temporary spaces such as tents or other spaces not typically used for clinical purposes were set up for using in triage, testing or treatment during the reporting period.	Yes	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----	--

## 113. Ventilators:

	<u>Answer</u>	<u>Answer (History)</u>
a. How many adult (in use and not in use) mechanical ventilators were there in your facility at the start of the reporting period?	0	

b. How many adult (in use and not in use) mechanical ventilators were there in your facility at the end of the reporting period?	0	
----------------------------------------------------------------------------------------------------------------------------------	---	--

c. How many pediatric/NICU (in use and not in use) mechanical ventilators were there in your facility at the start of the reporting period??	0	
----------------------------------------------------------------------------------------------------------------------------------------------	---	--

d. How many pediatric/NICU (in use and not in use) mechanical ventilators were there in your facility at the end of the reporting period?	0	
-------------------------------------------------------------------------------------------------------------------------------------------	---	--

# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

## 114. Emergency Departments:

	<u>Answer</u>	<u>Answer (History)</u>
a. Please indicate the number of emergency department beds set up and staffed at the start of the reporting period.	5	
b. Please indicate the number of emergency department beds set up and staffed at the end of the reporting period.	5	
c. Was there a permanent or significant change in the total number of emergency department beds set up and staffed for use during the reporting period?	No	

Change 1	Date		Number of beds added		Number of beds removed	
Change 2	Date		Number of beds added		Number of beds removed	

# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
Insurance and Alternative Payment Models	Completed	05/06/2021	Dustin Wright

## Section D: Question

1. Does your hospital own or jointly own a health plan?

Answer

No

1a. In what states? (Select all that apply)

2. Does your system own or jointly own a health plan?

No

2a. In what states? (Select all that apply)

3. Does your hospital/system have a significant partnership with an insurer on an insurance company/health plan?

No

3a. In what states? (Select all that apply)

4. Insurance

If yes, to 1, 2 and/or 3, please indicate the insurance products and the total medical enrollment (check all that apply)

<u>Insurance Product</u>	<u>Hospital</u>	<u>System</u>	<u>JV</u>	<u>Medical Enrollment</u>	<u>New Product</u>	<u>No</u>	<u>Do Not Know</u>
a. Medicare Advantage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicaid Managed Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health Insurance Marketplace ("exchange")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other Individual Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Small Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Large Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer

If yes, to 4.g. Other Please specify:

5. Does your health plan make capitated payments to physicians either within or outside of your network for specific groups or enrollees?

a. Physicians within your network

b. Physicians outside your network

c. If yes, which specialties?



# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

6. Does your health plan make bundled payments to providers in your network or to outside providers?

Answer

a. Providers within your network

b. Providers outside your network

c. If yes, which specialties?

7. Does your health plan offer shared risk contracts either to providers in your network or to outside providers? (i.e., other than capitation or bundled payment)

a. Providers within your network

b. Providers outside your network

c. If yes, which specialties?

8. Does your hospital or health system fund the health benefits for your employees?

a. If yes, does the hospital or health system also administer the benefits (as opposed to contracting with a third party administrator)?

9. What percentage of the hospital's net patient revenue is paid on a capitated basis?

9a. In total, how many enrollees do you serve under capitated contracts?

10. Does your hospital participate in any bundled payment arrangement?

10a. If yes, with which of the following types of payers does your hospital have a bundled payment arrangement? (Select all that apply)

☐

1. Traditional Medicare

☐

2. A Medicare Advantage plan

☐

3. A commercial insurance plan including ACA participants, individual, group or employer markets

☐

4. Medicaid

10b. For which of the following medical/surgical conditions does your hospital have a bundled payment arrangement? (Select all that apply)

☐

1. Cardiovascular

☐

2. Orthopedic

☐

3. Oncologic

☐

4. Neurology

☐

5. Hematology

☐

6. Gastrointestinal

☐

7. Pulmonary

☐

8. Infectious disease

☐

9. Other (please specify):

# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

Answer

10c. what percentage of the hospital's patient revenue is paid through bundled payment arrangements

0

11. Does your hospital participate in a bundled payment program involving care settings outside of the hospital (e.g. physician, outpatient, post acute)?

No

11a. If yes, does your hospital share upside or downside risk with any of those outside providers?

No

12. What percentage of your hospital's patient revenue is paid on a shared risk basis (other than capitated or bundled payment)?

0

13. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined, or shared risk basis?

No

14. Does your hospital have contracts with commercial payers where payment is tied to performance on quality/safety metrics?

Yes

15a. Has your hospital or health care system established an accountable care organization (ACO)?

2. My hospital/system currently participates in an ACO (but is not its leader)

15b. With which of the following types of payers does your hospital/system have an accountable care contract? (Select all that apply)

15c. If you selected Traditional Medicare, in which of the following Medicare programs is your hospital/system participating? (Select all that apply)

☐

1. MSSP Track 1

☐

2. MSSP Track 2

☐

3. MSSP Track 3

☐

4. MSSP Track 1+

☐

5. NextGen

☐

6. Comprehensive ESRD Care

15d. What percentage of your hospital's/system patients are covered by accountable care contracts?

15e. What percentage of your hospital's/system patient revenue came from ACO contracts in 2020?

16. Has your hospital/system ever considered participating in an ACO?



# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

17. Do any hospitals and/or physician groups within your system or the system itself, plan to participate in any of the following risk arrangements in the next three years? (Check all that apply)

- ☒ a. Shared Savings/Losses
- ☐ b. Bundled payment
- ☐ c. Capitation
- ☐ d. ACO (Ownership)
- ☐ e. ACO (Joint Venture)
- ☐ f. Health Plan (Ownership)
- ☐ g. Health Plan (Joint Venture)
- ☐ h. Primary care transformation, including direct contracting
- ☐ i. Other, please specify:
- ☐ j. None

18. Does your hospital/system have an established medical home program?

a. Hospital

b. System

Answer

No

No

# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
Total Facility Beds, Utilization, Finances & Staffing	Completed	05/06/2021	Dustin Wright

## Section E: Question

### Total Facility

### Total Facility (History)

### Nursing Home Unit/Facility

### Nursing Home Unit/Facility (History)

#### 1. BEDS AND UTILIZATION

a. Total licensed beds.

25	25		
----	----	--	--

b. Beds set up and staffed for use at the end of the reporting period (Do not report licensed beds)

25	25		
----	----	--	--

c. Bassinets set up and staffed for use at the end of the reporting period

3	3		
---	---	--	--

d. Births (exclude fetal deaths)

96	96		
----	----	--	--

e. Admissions (exclude newborns, include neonatal & swing admissions)

604	578		
-----	-----	--	--

f. Inpatient days (exclude newborns, include neonatal & swing days)

2,155	2,069		
-------	-------	--	--

g. Emergency department visits

5,408	5,529		
-------	-------	--	--

h. Total outpatient visits (include emergency department visits & outpatient surgeries)

94,509	50,130		
--------	--------	--	--

i. Inpatient surgical operations

147	150		
-----	-----	--	--

j. Number of operating rooms

2	2		
---	---	--	--

k. Outpatient surgical operations

496	2,159		
-----	-------	--	--

# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

## Section E: Question (continued)

Medicare/Medicaid

### 2. MEDICARE/MEDICAID UTILIZATION

(exclude newborns, Include neonatal & swing days &

a. 1. Total Medicare (Title XVIII) inpatient discharges (including Medicare Managed Care)

375	343		
-----	-----	--	--

a. 2. How many Medicare inpatient discharges were Medicare Managed Care?

48	37		
----	----	--	--

b. 1. Total Medicare (Title XVIII) inpatient days (including Medicare Managed Care)

1,562	1,438		
-------	-------	--	--

b. 2. How many Medicare inpatient days were Medicare Managed Care?

204	130		
-----	-----	--	--

c. 1. Total Medicaid (Title XIX) inpatient discharges (including Medicaid Managed Care)

56	55		
----	----	--	--

c. 2. How many Medicaid inpatient discharges were Medicaid Managed Care?

49	47		
----	----	--	--

d. 1. Total Medicaid (Title XIX) inpatient days (including Medicaid Managed Care)

177	135		
-----	-----	--	--

d. 2. How many Medicaid inpatient days were Medicaid Managed Care?

161	114		
-----	-----	--	--

# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

## Section E: Question (continued)

	<u>Total Facility</u>	<u>Total Facility (History)</u>	<u>Nursing Home Unit/Facility</u>	<u>Nursing Home Unit/Facility (History)</u>
<b>3. FINANCIAL</b>				
*a. Net patient revenue (treat bad debt as a deduction from revenue)	36,027,993	36,032,188		
*b. Tax appropriations	0	0		
*c. Other operating revenue	4,760,643	4,360,706		
*d. Nonoperating revenue	2,431,591	1,786,908		
*e. TOTAL REVENUE (add 3a thru 3d)	43,220,227	42,179,802		
f. Payroll expenses (only)	14,842,178	14,639,358		
g. Employee benefits	6,171,055	5,455,275		
h. Depreciation expense (for reporting period only)	2,556,794	2,476,357		
i. Interest expense	499,288	515,716		
j. Pharmacy Expense	2,036,964	2,216,025		
k. Supply expense (other than pharmacy)	2,917,841	2,244,720		
l. All other expenses	13,782,863	13,552,032		
m. TOTAL EXPENSES (Add 3f thru 3l. Exclude bad debt)	42,806,983	41,099,483		
n. Do your total expenses (E3.m) reflect full allocation from your corporate office?	No	No		
<b>*4. Revenue By type</b>				
a. Total gross inpatient revenue	9,455,897	9,004,058		
b. Total gross outpatient revenue	52,835,926	54,265,845		
c. Total gross patient revenue	62,291,823	63,269,903		
<b>*5. Uncompensated Care &amp; Provider Taxes</b>				
a. Bad debt (Revenue forgone at full established rates. Include in gross revenue)	1,297,875	1,437,766		
1. Are you able to distinguish bad debt derived from patients with or without insurance?	No			
2. If yes, how much is from patients with insurance?				
b. Financial assistance (Includes charity care) (Revenue forgone at full-established rates. Include in gross revenue.)	222,624	195,087		
c. Is your bad debt (5a.) reported on the basis of full charges?	Yes	Yes		



# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

Section E: Question (continued)

	<u>Total Facility</u>	<u>Total Facility (History)</u>	<u>Nursing Home Unit/Facility</u>	<u>Nursing Home Unit/Facility (History)</u>
d. Does your state have a provider Medicaid tax/assessment program?	<input type="text" value="No"/>	<input type="text" value="No"/>		
e. If yes, please report the total gross amount paid into the program	<input type="text"/>	<input type="text"/>		
f. Due to differing accounting standards please indicate whether the provider tax/assessment amount is included in: Total Expenses.....	<input type="text" value="No"/>	<input type="text" value="No"/>		
f. Due to differing accounting standards please indicate whether the provider tax/assessment amount is included in: Deductions from net Patient Revenue.....	<input type="text" value="No"/>	<input type="text" value="No"/>		

# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

## Section E: Question (continued)

### 6. REVENUE BY PAYOR (report total facility gross and net figures)

	<u>(1)</u> <u>Gross</u>	<u>(1)</u> <u>Gross (History)</u>	<u>(2)</u> <u>Net</u>	<u>(2)</u> <u>Net (History)</u>
<b>*6a. GOVERNMENT</b>				
6a1. Medicare				
6a1a. Fee for service patient revenue	22,037,768	21,896,546	12,294,311	11,164,649
6a1b. Managed care revenue	3,998,840	3,363,451	2,115,756	1,934,216
6a1c. Total (a + b)	26,036,608	25,259,997	14,410,067	13,098,865
6a2. Medicaid:				
6a2a. Fee for service patient revenue	449,136	727,225	75,946	371,328
6a2b. Managed care revenue	7,549,652	7,504,696	3,224,393	3,269,272
6a2c. Medicaid Graduate Medical Education (GME) payments			0	0
6a2d. Medicaid Disproportionate Share Hospital Payments (DSH)			0	0
6a2e. Medicaid supplemental payments: not including Medicaid Disproportionate Share Hospital Payments			0	0
6a2f. Other Medicaid			0	0
6a2g. Total (a+b+c+d+e+f)	7,998,788	8,231,921	3,300,339	3,640,600
6a3. Other Government:	838,371	0	534,244	0
<b>*6b. NONGOVERNMENT</b>				
6b1. Self-pay	1,109,156	1,080,719	275,000	719,052
6b2. Third-party payers:				
6b2a. Managed care (includes HMO and PPO)	23,601,504	26,840,548	15,417,370	17,185,873
6b2b. Other third - party payers	2,707,396	1,087,551	2,090,973	939,856
6b2c. Total Third - party payers (a+b)	26,308,900	27,928,099	17,508,343	18,125,729
6b3. All Other nongovernment		769,167		447,942
<b>*6c. TOTAL</b>	<b>62,291,823</b>	<b>63,269,903</b>	<b>36,027,993</b>	<b>36,032,188</b>



# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

## Section E: Question (continued)

\*6d. If you reported receiving Medicaid Supplemental Payments on line 6.a(2)e, please break the payment total into inpatient and outpatient care.

Medicaid supplemental payments

<u>Inpatient</u>	<u>Inpatient (History)</u>	<u>Outpatient</u>	<u>Outpatient (History)</u>
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

\*6e. If you are a government owned facility(control codes 12-16 section b), does your facility participate in the Medicaid intergovernmental transfer or certified public expenditure program.

<u>Answer</u>	<u>Answer (History)</u>
<input type="text" value="No"/>	<input type="text" value="No"/>

\*6f. If yes, please report gross and net revenue.

<u>Gross</u>	<u>Net</u>
<input type="text"/>	<input type="text"/>

\*6g. Are the financial data reported from your audited financial statement?

<u>Answer</u>	<u>Answer (History)</u>
<input type="text" value="Yes"/>	<input type="text" value="Yes"/>

6h. IS THERE ANY REASON WHY YOU CANNOT ENTER REVENUE BY PAYER?

<input type="text" value="No"/>	<input type="text" value="No"/>
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## \*7. FINANCIAL PERFORMANCE - MARGIN

\*a. Total Margin

<input type="text" value="2.10"/>	<input type="text" value="3"/>
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\*b. Operating Margin

<input type="text" value="-4.90"/>	<input type="text" value="-2"/>
------------------------------------	---------------------------------

\*c. EBITDA Margin

<input type="text" value="2.50"/>	<input type="text" value="10"/>
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\*d. Medicare Margin

<input type="text" value="-2"/>	<input type="text" value="2"/>
---------------------------------	--------------------------------

\*e. Medicaid Margin

<input type="text" value="-10"/>	<input type="text" value="-35"/>
----------------------------------	----------------------------------

## 8. Fixed Assets

8a. Property, plant and equipment at cost

<input type="text" value="47,933,149"/>	<input type="text" value="47,042,198"/>
-----------------------------------------	-----------------------------------------

8b. Accumulated depreciation

<input type="text" value="22,705,153"/>	<input type="text" value="20,231,713"/>
-----------------------------------------	-----------------------------------------

8c. Net property, plant and equipment (a - b)

<input type="text" value="25,227,996"/>	<input type="text" value="26,810,485"/>
-----------------------------------------	-----------------------------------------

8d. Total gross square feet of your physical plant used for or in support of your healthcare activities

<input type="text" value="100,000"/>	<input type="text" value="136,000"/>
--------------------------------------	--------------------------------------

## 9. Total Capital Expenses

Include all expenses used to acquire assets, including buildings, remodeling projects, equipment, or property.

<input type="text" value="2,556,794"/>	<input type="text" value="1,117,991"/>
----------------------------------------	----------------------------------------

## 10. INFORMATION TECHNOLOGY AND CYBERSECURITY

a. IT Operating Expense

<input type="text" value="1,136,320"/>	<input type="text" value="1,072,894"/>
----------------------------------------	----------------------------------------

b. IT Capital Expense.

<input type="text" value="0"/>	<input type="text"/>
--------------------------------	----------------------

# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

	Answer	Answer (History)
c. Number of Employed IT staff (in FTEs).	2	2
d. Number of outsourced IT staff (in FTEs).	2	2
*e. What percentage of your IT budget is spent on security?	7	0
*f. Which of the following cybersecurity measures does your hospital or health system currently deploy?	a. Annual risk assessment, b. Incident response plan, c. Intrusion detection systems, d. Mobile device encryption, e. Mobile device data wiping, f. Penetration testing to identify security vulnerabilities , g. Strong password requirements	a. Annual risk assessment, b. Incident response plan, c. Intrusion detection systems, d. Mobile device encryption, e. Mobile device data wiping, g. Strong password requirements

## CYBERSECURITY

*g. Does your hospital or health system board oversight of risk management and reduction specifically include consideration of cybersecurity risk?	No	No
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*h. Does your hospital or health system have cybersecurity insurance?	Yes	
-----------------------------------------------------------------------	-----	--

*i. Is your hospital or health system participating in cybersecurity information-sharing activities with an outside information Sharing and Analysis Organization to identify threats and vulnerabilities?	Unsure	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------	--

\*These data will be treated as confidential and not released without written permission. AHA will, however, share these data with your respective state hospital association and, if requested, with your appropriate metropolitan/regional association.

\*For members of the Catholic Health Association of the United States (CHA), AHA will also share these data with CHA unless there are objections expressed by checking this box.

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# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

## Section E: 11. Staffing

	<u>Full-Time (35 hr/wk or more) On Payroll</u>	<u>Full-Time (History)</u>	<u>Part-Time (&lt;35 hr/wk) On Payroll</u>	<u>Part-Time (History)</u>	<u>FTE</u>	<u>Vacancies</u>	<u>Vacancies (History)</u>
a. Physicians	4	3	0	0			
b. Dentists	0	0	0	0			
c. Medical residents/interns	0	0	0	0			
d. Dental residents/interns	0	0	0	0			
e. Other trainees	0	0	0	0			
f. Registered nurses	47	62	39	33			
g. Licensed practical (vocational) nurses	1	3	4	2			
h. Nursing assistive personnel	13	25	13	16			
i. Radiology technicians	14	14	6	4			
j. Laboratory technicians	12	14	3	2			
k. Pharmacists, licensed	1	1	1	1			
l. Pharmacy technicians	0	1	2	1			
m. Respiratory therapists	2	0	1	0			
n. All other personnel	103	107	62	56			
o. Total facility personnel (add 11.a through 11.n)(Total facility personnel should include hospital plus nursing home type unit/facility personnel reported in 11.p and 11.q)	197	230	131	115			
p. Nursing home type unit/facility Registered Nurses	0	0	0	0			
q. Nursing home type unit/facility personnel	7	0	3	0			

	<u>Answer</u>	<u>Answer (History)</u>
r. For your employed RNs reported above (E.11.f, column 3), please report the number of full time equivalents who are involved in direct patient care.	0	72

s. For your medical residents/interns reported above (E.11c. column 1) please indicate the number of full-time on payroll.

	<u>Answer</u>	<u>Answer (History)</u>
1. Primary care (general practitioner, general internal medicine, family practice, general pediatrics, geriatrics)	4	0
2. Other Specialties	0	0



# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

## Section E: 12. Privileged Physicians

	(1) Total Employed	(2) Total Individual	(3) Total Group Contract	(4) Not Employed or Under Contract	(5) Total Privileged
a. Primary care (general practitioner, general internal medicine, family practice, general	3	8	0	0	11
b. Obstetrics/gynecology	0	0	0	0	0
c. Emergency medicine	0	0	2	0	2
d. Hospitalist	0	0	0	0	0
e. Intensivist	0	0	0	0	0
f. Radiologist/pathologist/anesthesiologist	1	2	39	5	47
g. Other specialist	0	2	30	41	73
h. Total (add 12a-12g)	4	12	71	46	133

## 13. HOSPITALISTS

	Answer	Answer (History)
13a. Do hospitalists provide care for patients in your hospital? (if yes, please report in E.12d.)	No	No
13b. If yes, please report the total number of full-time equivalents (FTE) hospitalists. FTE		

## 14. INTENSIVISTS

	Answer	Answer (History)
a. Do intensivists provide care for patients in your hospital. (If no, please skip to question 15.) (if yes, please report in E.12e.)	No	No
b. If yes, please report the total number of FTE intensivists and assign them to the following areas. Please indicate whether the intensive care area is closed to intensivists. (Meaning that only intensivists are allowed to care for ICU patients.)		

	FTE	Closed	FTE (History)	Closed (History)
1. Medical-surgical intensive care				
2. Cardiac intensive care				
3. Neonatal intensive care				
4. Pediatric intensive care				
5. Other intensive care				
6. Total				

# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

## 15. ADVANCED PRACTICE REGISTERED NURSES / PHYSICIAN ASSISTANTS

a. Do advanced practice nurses/physician assistants provide care for patients in your hospital?(if no, please skip to 16.)

Advanced Practice Registered Nurses Full-time

Advanced Practice Registered Nurses Part-time

Advanced Practice Registered Nurses FTE

Physician Assistants Full-time

Physician Assistants Part-time

Physician Assistants FTE

c. If yes, please indicate the type of service provided. (Please check all that apply)

## 16. FOREIGN EDUCATED NURSES

a. Did your facility hire more foreign-educated nurses (including contract or agency nurses) to help fill RN vacancies in 2020 vs. 2019?

b. From which countries/continents are you recruiting foreign-educated nurses? (check all that apply)

Answer

Answer (History)

Yes	Yes
2	1
0	1
2	1
0	0
0	0
0	0
Anesthesia services	Anesthesia services

Same	Did not hire foreign nurses

# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
Addressing Patient Social Needs and Community Social Determinants of Health	Completed	05/06/2021	Dustin Wright

## Section F: Addressing Patient Social Needs and Community Social Determinants of Health

1. Which social needs of patients/social determinants of health in communities does your hospital or health system have programs or strategies to address? (Check all that apply)

- ☒ a. Housing (instability, quality, financing)
- ☒ b. Food insecurity or hunger
- ☒ c. Utility needs
- ☒ d. Interpersonal violence
- ☒ e. Transportation
- ☒ f. Employment and income
- ☒ g. Education
- ☒ h. Social isolation (lack of family and social support)
- ☒ i. Health behaviors
- ☐ j. Other, please describe

Answer

2. Does your hospital or health system screen patients for social needs?

b. Yes for some patients

2a. If yes, please indicate which social needs are assessed. Check all that apply.

- ☒ a. Housing (instability, quality, financing)
- ☒ b. Food insecurity or hunger
- ☒ c. Utility need
- ☒ d. Interpersonal violence
- ☒ e. Transportation
- ☒ f. Employment and income
- ☒ g. Education
- ☒ h. Social isolation (lack of family and social support)
- ☒ i. Health behaviors
- ☐ j. Other, please describe

Answer

2b. If yes, does your hospital or health system record the social needs screening results in your electronic health record?

Yes

3. Does your hospital or health system utilize outcome metrics (for example, cost of care or readmission rates) to assess the effectiveness of interventions to address the patients' social needs?

No



# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

4. Has your hospital or health system been able to gather data indicating that activities used to address the social determinants of health and patient social needs have resulted in any of the following (check all that apply):

- ☐ a. Better health outcomes for patients
- ☐ b. Decreased utilization of hospital or health system services
- ☐ c. Decreased health care costs
- ☐ d. Improved community health status

5. Please indicate the extent of your hospital's current partnerships with external partners for population and/or community health initiatives. Which types of organizations do you currently partner with in each of the following activities? (Check all that apply)

	<u>Not involved</u>	<u>Work together to meet patient social needs</u>	<u>Participates in our Community</u>	<u>Work together to implement community-level initiatives</u>
a. Health care providers outside of your systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Health insurance providers outside of your own system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Local or state public health departments/organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other local or state government agencies or social service organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Faith based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Local organizations addressing food insecurity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Local organizations addressing transportation needs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Local organizations addressing housing insecurity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Local organizations providing legal assistance for individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Other community non-profit organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. K - 12 Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Colleges or universities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m. Local businesses or chambers of commerce	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n. Law enforcement/safety forces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# AHA Annual Survey - 2020

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<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
Supplemental Information	Completed	05/06/2021	Dustin Wright

## Section G: Supplemental Information

	<u>Answer</u>
1a. Does your hospital provide services through satellite outpatient departments?	Yes

1b. Please indicate the clinical families of outpatient services offered along with the number of hospital outpatient sites by location.

<u>Facilities</u>	<u>Check all that apply</u>	<u>Number of On-Campus Sites</u>	<u>Number of Off-Campus Sites</u>
Airway endoscopy	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ambulatory surgery	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Blood product exchange	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Cardiac/pulmonary rehabilitation	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Diagnostic/screening test and related procedures	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Drug administration and clinical oncology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ear, nose throat (ENT)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
General surgery and related procedures	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gastrointestinal (GI)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gynecology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Laboratory	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Major imaging	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Minor imaging	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Musculoskeletal surgery	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Nervous system procedures	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ophthalmology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Pathology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Primary care	<input checked="" type="checkbox"/>	<input type="text"/>	2
Psychiatric care	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Radiation oncology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Rehabilitation	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Skilled nursing	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

1b. Please indicate the clinical families of outpatient services offered along with the number of hospital outpatient sites by location.

<u>Facilities</u>	<u>Check all that apply</u>	<u>Number of On-Campus Sites</u>	<u>Number of Off-Campus Sites</u>
Substance use disorder care	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Urgent care	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Urology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Vascular/endovascular/cardiovascular	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Visits and related services	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other, please specify:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Answer

2. Does the hospital participate in a group purchasing arrangement? If yes, please provide the name, city, and state of your primary group purchasing organization(s):

Yes

Name

City

State

Premier	San Diego	CA
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Answer

3. Does the hospital purchase medical/surgical supplies directly through a distributor?

Yes

If yes, please provide the name(s) of the primary distributor.

Name: Owens & Minor

Name:

Name:

4. If your hospital hired RNs during the reporting period, how many were new graduates from nursing schools?

1

5. Does your hospital have an established patient and family advisory council that meets regularly to actively engage the perspectives of patients and families?

No



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## 6. Utilization of telehealth/virtual care

Answer

a. Number of video visits: Synchronous visits between patient and provider that are not co-located, through the use of two-way, interactive, real-time audio and video communication.

3141

b. Number of audio visits: Synchronous visits between a patient and a provider that are not co-located, through the use of two-way, interactive, real-time audio-only communication.

c. Number of patients being monitored through remote patient monitoring (RPM):

Asynchronous or synchronous interactions between and patient and a provider that are not co-located involving the collection, transmission, evaluation, and communication of physiological data.

d. Number of patients receiving other virtual services: All other synchronous or asynchronous interactions between a provider and patient or provider and provider delivered remotely including messages, eConsults, and virtual check-ins.

## 7. Please indicate below whether or not you agree to these types of disclosure:

I hereby grant AHA permission to release my hospital's revenue data to external users that the AHA determines have a legitimate and worthwhile need to gain access to these data subject to the user's agreement with the AHA not to release hospital specific information.

Use this space for comments or to elaborate on any information supplied on this survey. Refer to the response by page, section and item name.

Thank you for your cooperation in completing this survey. If there are any questions about your responses to this survey, who should be contacted

Your Name & Title

Dustin Wright

Your Name & Title

Chief Executive Officer

Your Email Address

dustin.wright@floydvalley.org

Your Phone Number

(712) 546-3492

Your Fax Number

(712) 546-3352

# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
2020 Iowa Department of Public Health	Completed	05/11/2021	Dustin Wright

## State Supplement

	<u>Answer</u>
If you have any questions for this page please contact Rebecca Swift at Iowa Department of Public Health at (515) 281-4344 or by email at <a	
a. What changes in bed capacity or designation in beds by service occurred during the most recent fiscal years?	None
b. Were these changes temporary (expected to be effective for less than one year) or permanent?	n/a
Bed Type Numbers - Beds and Utilization by Inpatient Service	
a. General Medical/Surgical(adult, include gynecology)	22
b. General Medical/Surgical (pediatric)	
c. Obstetrics	3
d. Other Acute	
e. Medical / Surgical Intensive Care (include mixed ICU/CCU)	
f. Cardiac Intensive Care	
g. Neonatal Intensive Care (exclude normal newborn)	
h. Neonatal Intermediate Care	
i. Pediatric Intensive Care	
j. Burn Care	
k. Other Special Care (definitive observation, step down, etc.)	
l. Other Intensive Care	
m. Rehabilitation	
n. Chronic Disease	
o. Alzheimer's or other Dementia Diagnosis	
p. Hospice	
q. Psychiatric Care	
r. Substance Use Disorder	

# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

## State Supplement

### Answer

s. Developmental Disability	
t. Skilled Nursing Care	
u. Intermediate Care	
v. Residential Care/Senior Housing	
w. SubAcute Care	
x. Total Facility (Add lines a thru w.)	25
a. Private	2030
b. Semi-Private	0
c. OB	2030
d. Pediatric	2030
e. Substance Use Disorder Treatment	0
f. Detoxification	0
g. Rehabilitation	0
h. Psychiatric	0
i. Intensive Care Unit	0
a. Amount of Charity	222624
b. Amount of Hill-Burton	0
c. Bad Debt	1297875
d. Total Non-Reimbursed	1520499
5. Data Release	Yes

If you have any questions on this page contact Sari Kurimski, Director, IPOP & Data Analytics at Iowa Hospital Association (515) 283-9337 or email <a



# AHA Annual Survey - 2020

Floyd Valley Healthcare (6620870)

## State Supplement

	<u>Answer</u>
a. Total facility SWING BED Admissions	94
b. Total facility SWING BED Inpatient Days	666
a. Medicaid Gross Patient Revenue. (Total Medicaid charges)	7998788
b. Medicaid Contractual Adjustments	4684692
c. Net Medicaid Revenue (Medicaid Gross Patient Revenue less Contractual Adjustments)	3314096
d. Medicaid Cost (The cost of providing care to Medicaid recipients)	5432660
e. Medicaid Margin or Loss (Net Medicaid Revenue minus Medicaid cost)	-2118564
a. Charity Care Charge-level (should equal E.5b)	222624
b. Charity Care Cost-level	151200
9. a. How many total Auxiliary members and Volunteers (both adult and teen) did you have in your hospital?	100
9. b. How many total hours of service did the auxiliaries and volunteers give to the hospital?	1008
9. c. Total funds contributed to the hospital by the auxiliary and volunteer department?	17078

- There were 14,461 civilians working in Plymouth County jobs in 2009. The number unemployed was 630 (or 4.4% of the workforce). In 2010-2014 civilians working in Plymouth County jobs were 28,127; unemployed was 1,373; homemakers were 3,000; and retired were 1,089. Between 2015-2019, 64.9% of people aged 16+ were working in Plymouth County.

EXHIBIT B.1: 2015-2020 Census Bureau's Quick Facts Report

EXHIBIT B.2: 2017 Census of Agriculture – County Profile

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# EXHIBIT D

## PLYMOUTH COUNTY HEALTH PLANNING COMMITTEE

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## Plymouth County Health Planning Committee Representation

AmeriCorps -- Prevent Child Abuse
Bothany Christian Services
Big Brothers Big Sisters
Boys Town
CAASA
Center for Financial Education
Child Care Resource
Community Health Partners
CSADV
Decategorization Coordinator
Farm Bureau Financial
FVH, Community Health Manager
FVH, Education Coordinator
FVH, Family Medicine Clinic Mgr
FVH, Nursing Service Manager
Head Start Family Advocate
Hospice of Siouxland
IA Dept. of Public Health- Rural Outreach Liaison
Iowa State Extension Services
Jackson Recovery Center
Joan Andres Therapy Services
LeMars Area Family YMCA
LeMars Police Department
Love & Logic
Lutheran Services of Iowa
Mid-Sioux Opportunity, Inc.
New Leaf Therapy Services
NW Iowa Early Childhood
NW Iowa AEA
Parent Partner
Plains Area Mental Health Center
Ply. Co. Emergency Coordinator
Ply Co. Human Services
Ply. Co. Sheriff
Ply. Co. Supervisor
Season's Center
SIMPCO
Siouxland Community Health
Siouxland Regional Transit
Siouxland Regional Health Center
Sioux Rivers
United Healthcare
WHY? Coalition
Gehlen Catholic students/counselor
Hinton Community students/counselor
LeMars Community students/counselor
MMCRU students/counselor
Remsen St. Mary's students/counselor

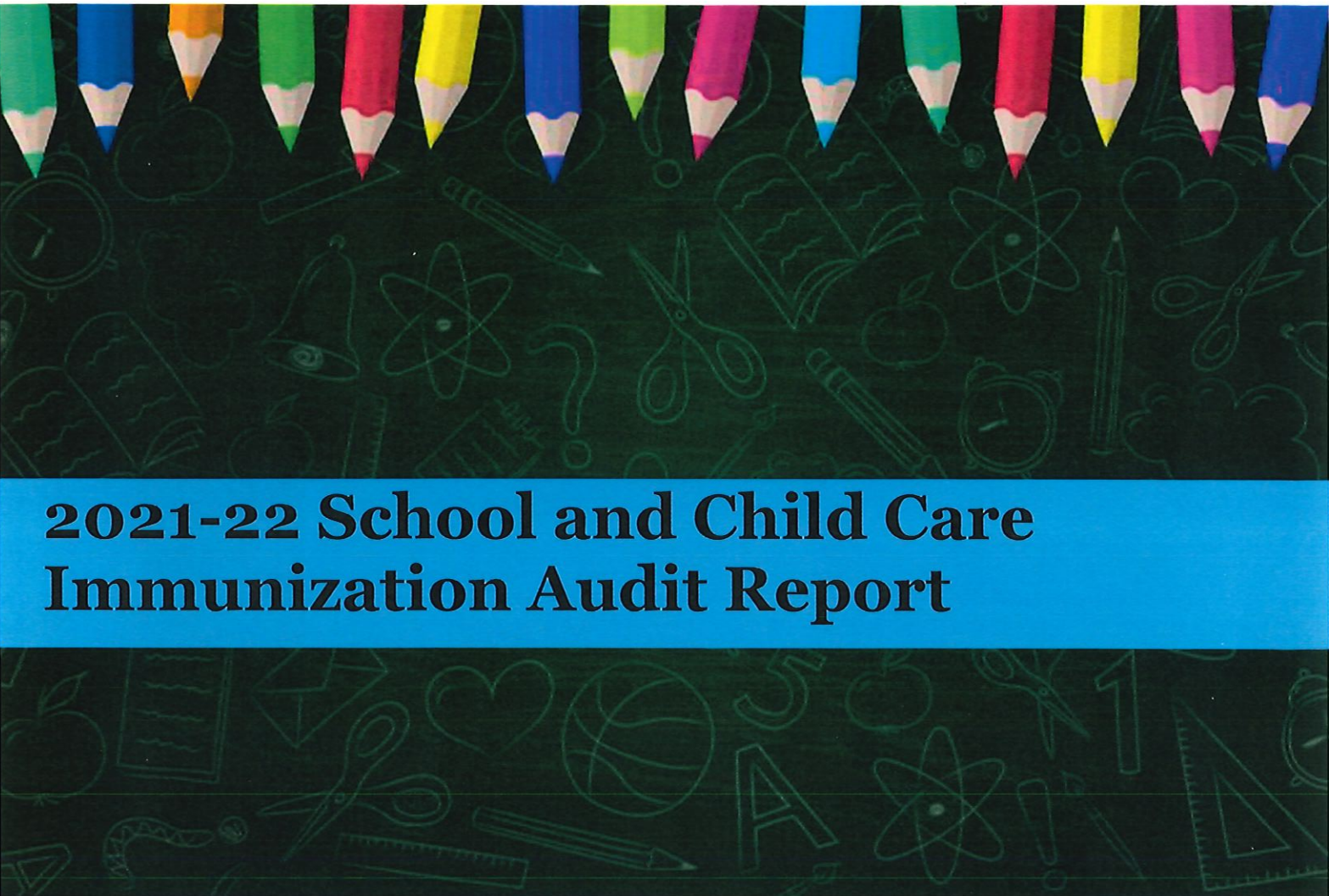


# EXHIBIT E

## IDPH SCHOOL AND CHILDCARE AUDIT REPORT

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The header features a row of colorful pencils (green, blue, orange, green, red, yellow, blue, green, pink, blue, green, red, yellow, pink, blue) at the top. Below them is a dark green background filled with faint, light green line drawings of various school and science items, including a clock, a pencil, a ruler, a pair of scissors, a heart, a globe, a lightbulb, a question mark, a book, a microscope, a test tube, a beaker, a flower, a leaf, a triangle, a square, a circle, and a hexagon.

# **2021-22 School and Child Care Immunization Audit Report**

**Iowa Department of Public Health**

Protecting and Improving the Health of Iowans



**Bureau of Immunization and TB**

**Division of Acute Disease Prevention, Emergency Response, and  
Environmental Health (ADPER and EH)**

**April 25, 2022**



## Acknowledgements

### Suggested Citation:

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<https://idph.iowa.gov/immtnb/immunization/audits>. Access date – day month year.

Gov. Kim Reynolds

Lt. Gov. Adam Gregg

IDPH Interim Director Kelly Garcia

### Report Contact Information:

Bethany Kintigh, Immunization Program Manager

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1-800-831-6293

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## EXECUTIVE SUMMARY

Each year, the Iowa Department of Public Health Immunization Program releases school and child care immunization audit reports. Local Public Health Agencies conduct audits of immunization records for students enrolled in licensed child care centers and public, private and parochial students in kindergarten through 12<sup>th</sup> grade each year. Assessments are conducted to ensure attendees receive required immunizations and have a valid Iowa Department of Public Health Certificate of Immunization, Certificate of Immunization Exemption, or Provisional Certificate of Immunization.

### Child Care Immunization Audit Highlights - 2021-22 School Year

- **Total Enrollment:** Records from 90,345 children enrolled in child care were analyzed to calculate statewide vaccination coverage levels, which is a 12.3% increase from the previous year.
- **Valid Immunization Certificates:** 96.4% of children attending licensed child care centers had valid immunization certificates, indicating 87,126 children had IDPH Certificates of Immunization, Certificates of Immunization Exemption, or Provisional Certificates of Immunization in compliance with Iowa law.
  - **Certificates of Immunization:** 93.3% of children attending licensed child care centers had valid Certificates of Immunization, indicating 84,300 children met age-appropriate immunization requirements.
  - **Provisional Certificates of Immunization:** 1.4% of children attending licensed child care centers had Provisional Certificates of Immunization, indicating 1,253 children received at least one dose of each of the required vaccines but did not complete all required immunizations.
  - **Certificates of Immunization Exemption – Medical:** 0.1% of children attending licensed child care centers had a medical Certificates of Immunization Exemption, representing 77 children.
  - **Certificates of Immunization Exemption – Religious:** 1.7% of children attending licensed child care centers had a religious Certificates of Immunization Exemption, representing 1,496 children.
- **Invalid or No Immunization Certificates:** 3.6% of children attending licensed child care centers had invalid or no immunization certificates, representing 3,219 children.
- **Under or Un-immunized:** 6.7% of children attending licensed child care centers were under or un-immunized, representing 6,045 children with a Provisional Certificate of Immunization, Certificate of Immunization Exemption, or an invalid or no certificate.

### School Immunization Audit Highlights - 2021-22 School Year

- **Total Enrollment:** Records from 522,476 students attending Iowa schools were analyzed to calculate statewide vaccination coverage levels, which is a 0.6% increase from the previous year.
- **Valid Immunization Certificates:** 98.8% of students attending Iowa schools had valid immunization certificates, indicating 516,311 records of IDPH Certificates of Immunization, Certificates of Immunization Exemption, or Provisional Certificates of Immunization complied with Iowa law.
  - By grade, the percent of students with valid immunization certificates ranged from 97.1% to 99.5%.
  - The percent of students with valid immunization certificates decreased from 99.1% in the 2020-21 school year to 98.8% in the 2021-22 school year.
- **Certificates of Immunization:** 94.3% of students attending Iowa schools had valid Certificates of Immunization, indicating 492,826 records met age-appropriate immunization requirements.

- By grade, the percent of students with Certificates of Immunization ranged from 86.0% to 99.5%.
  - The percent of students with Certificates of Immunization decreased from 95.6% in the 2020-21 school year to 94.3% in the 2021-22 school year, which is a decrease of 3,420 records.
- **Provisional Certificates of Immunization:** 1.9% of students attending Iowa schools had Provisional Certificates of Immunization, indicating 10,078 students received at least one dose of each of the required vaccines but did not complete all required immunizations or have transferred from another U.S. school system.
  - By grade, the percent of students with Provisional Certificates ranged from 0.6% to 8.5%.
  - The percent of students with Provisional Certificate increased from 1.2% in the 2020-21 school year to 1.9% in the 2021-22 school year, which is an increase of 3,941 records.
- **Certificates of Immunization Exemption – Medical:** 0.3% of students attending Iowa schools had medical Certificates of Immunization Exemption, representing 1,425 students.
  - By grade, the percent of students with medical Certificates of Immunization Exemption ranged from 0.1% to 0.5%.
  - The percent of students with medical Certificates of Immunization Exemption remained constant from the previous school year.
- **Certificates of Immunization Exemption – Religious:** 2.3% of students attending Iowa schools had religious Certificates of Immunization Exemption, representing 11,982 students.
  - By grade, the percent of students with religious Certificates of Immunization Exemption ranged from 1.9% to 2.7%.
  - The percent of students with religious Certificates of Immunization increased from 2.0% in the 2020-21 school year to 2.3% in the 2021-22 school year, which is an increase of 1,389 records.
- **Invalid or No immunization Certificates:** 1.2% of students attending Iowa schools had invalid or no immunization certificates, representing 6,165 students.
  - By grade, the percent of students with invalid or no certificates ranged from 0.5% to 2.9%.
  - The percent of students with invalid or no certificate increased from 0.9% in the 2020-21 school year to 1.2% in the 2021-22 school year, which is an increase of 1,552 records.
- **Under or Un-immunized:** 5.7% of students attending Iowa schools were under or un-immunized, representing 29,650 students with a Provisional Certificate of Immunization, Certificate of Immunization Exemption, or an invalid or no certificate.
  - By grade, the percent of under or un-immunized students ranged from 3.4% to 14.0%.
  - The percent of students with invalid or no certificate increased from 4.4% in the 2020-21 school year to 5.7% in the 2021-22 school year, which is an increase of 6,737 records.



## BACKGROUND

Annually, the Iowa Department of Public Health Immunization Program releases school and child care audit reports. Local Public Health Agencies (LPHAs) conduct audits of immunization records for children enrolled in licensed child care centers and public, private and parochial students in kindergarten through 12<sup>th</sup> grade each year. Assessments are conducted to ensure attendees receive the required immunizations and have a valid Iowa Department of Public Health Certificate of Immunization, Certificate of Immunization Exemption, or Provisional Certificate of Immunization. Iowa Code, Chapter 139a.8(6) and Iowa Administrative Code, 641-7.7(139) outline immunization requirements to attend licensed child care centers and elementary or secondary schools. To attend school or licensed child care, the child needs to present a valid Certificate of Immunization, Provisional Certificate of Immunization, or Certificate of Immunization Exemption (Medical or Religious) to the admitting official. A brief explanation of each certificate is included below.

- **Certificate of Immunization** - Issued when the applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.
- **Provisional Certificate of Immunization** - Issued when the applicant has received at least one dose of each of the required vaccines but has not completed all required immunizations or is a transfer student from another U.S. school system.
- **Certificate of Immunization Exemption-Medical** - Iowa law allows for medical exemption to immunization when the required immunizations would be injurious to the health and well-being of the applicant or any member of the applicant's family or household or the required vaccine would violate minimum interval spacing.
- **Certificate of Immunization Exemption-Religious** - Iowa law allows for religious exemption to immunization when immunizations conflict with a genuine and sincere religious belief, and is not based merely on philosophical, scientific, moral, personal or medical opposition to immunizations.

Data files contained in this report are available on the Immunization Program webpage at <http://idph.iowa.gov/immmtb/immunization/audits>. In 2019, the Immunization Program began to collaborate with the Iowa Public Health Tracking Program to include immunization data for childhood, adolescent, human papillomavirus (HPV), influenza and school and child care audits on the IDPH Tracking Portal. These data are available at <https://tracking.idph.iowa.gov/Health/Immunization>.

## SCHOOL IMMUNIZATION AUDIT DATA – CHILD CARE

Local Public Health Agencies conducted audits of immunization records for 90,345 children enrolled in Iowa's licensed child care centers during the 2021-22 school year, which is a 12.3% increase in audited records from the previous year. For children enrolled in licensed child care centers in 2021-22:

- 96.4% of children had valid Certificates of Immunization, Certificates of Immunization Exemption, or Provisional Certificates of Immunization and were compliant with Iowa law (87,126 records).
- 93.3% of children had valid Certificates of Immunization and received all required vaccines to attend child care (84,300 records).
- 6.7% of children were under or un-immunized (6,045 records).
- 3.6% of children had invalid or no certificates (3,219 records) (Figure 1 and Table 1).

Figure 1 Percent of Immunization Certificates by Type, Child Care, Iowa, 2011-12 to 2021-22

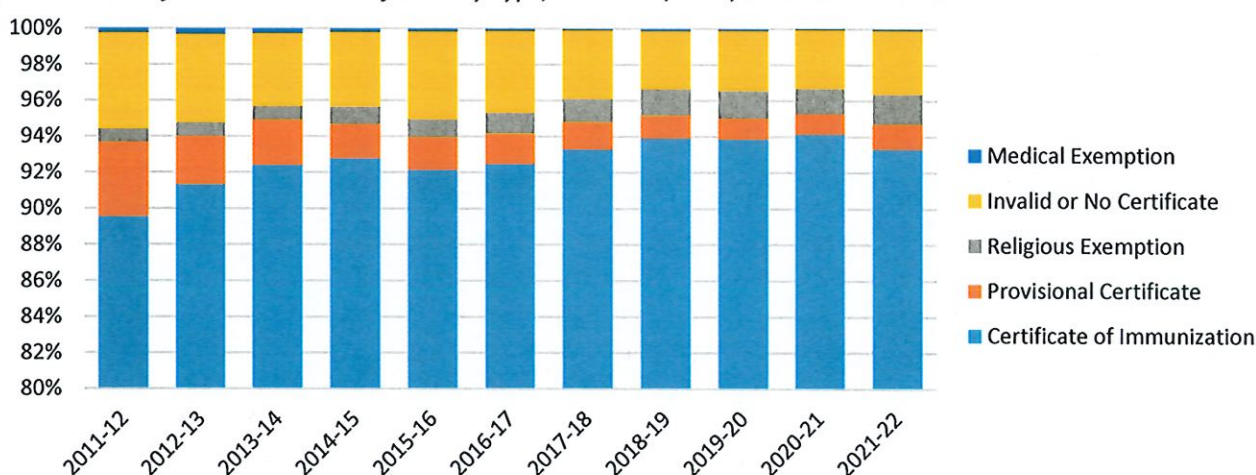


Figure Note: Vertical axis begins at 80%

Table 1 State Immunization Summary by Year, Child Care, Iowa, 2011-12 to 2021-22

Year	Immunization Certificates		Provisional Certificates		Exemptions				Invalid / No Certificates		Total Enrolled	Total Valid Certificates		Under and Un-Immunized	
	Total	%	Total	%	Total	%	Total	%	Total	%		Total	%	Total	%
2011-12	68,830	89.6	3,158	4.1	285	0.4	571	0.7	4,118	5.4	76,854	72,844	94.8	8,132	10.6
2012-13	75,983	91.3	2,235	2.7	269	0.3	636	0.8	4,089	4.9	83,212	79,123	95.1	7,229	8.7
2013-14	74,659	92.4	2,048	2.5	219	0.3	599	0.7	3,286	4.1	80,811	77,525	95.9	6,152	7.6
2014-15	79,415	92.8	1,631	1.9	169	0.2	826	1.0	3,576	4.2	85,617	82,041	95.8	6,202	7.2
2015-16	78,272	92.1	1,551	1.8	140	0.2	845	1.0	4,163	4.9	84,971	80,808	95.1	6,699	7.9
2016-17	86,048	92.5	1,561	1.7	112	0.1	1,067	1.2	4,266	4.6	93,054	88,788	95.4	7,006	7.5
2017-18	89,720	93.3	1,476	1.5	93	0.1	1,231	1.3	3,662	3.8	96,182	92,520	96.2	6,462	6.7
2018-19	91,354	93.9	1,258	1.3	109	0.1	1,415	1.5	3,156	3.2	97,292	94,136	96.8	5,938	6.1
2019-20	91,569	93.8	1,150	1.2	104	0.1	1,486	1.5	3,265	3.3	97,574	94,309	96.7	6,005	6.2
2020-21	75,699	94.1	905	1.1	57	0.1	1,125	1.4	2,628	3.3	80,414	77,786	96.7	4,715	5.9
2021-22	84,300	93.3	1,253	1.4	77	0.1	1,496	1.7	3,219	3.6	90,345	87,126	96.4	6,045	6.7



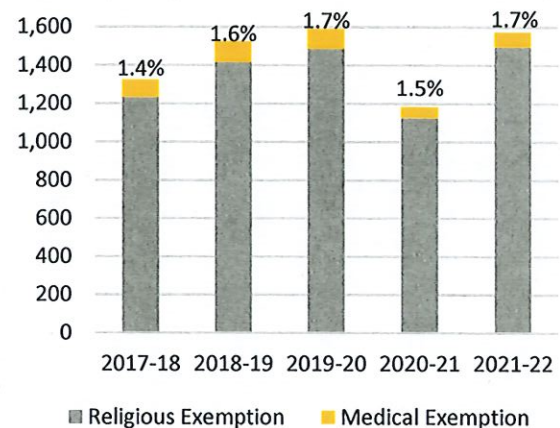
### Provisional Certificate of Immunization

- During the 2021-22 school year, 1.4% of children in child care had a Provisional Certificate of Immunization, representing 1,253 children.
- The number of Provisional Certificates of Immunization increased 38.5% from the previous year, but has decreased 15.1% since the 2017-18 school year.

### Certificates of Immunization Exemption

- During the 2021-22 school year, 1.7% of children in child care had a Certificate of Immunization Exemption (1,573 records) (Figure 2).
- Of the 1,573 exemptions, 95.1% (1,496 records) were categorized as religious and 4.9% (77 records) were categorized as medical.
- The number of Certificates of Immunization Exemptions increased 33.1% (391 records) from the previous year and 18.8% (249 records) since the 2017-18 school year.

Figure 2 Number and Percent of Exemptions by Type, Child Care, Iowa, 2017-18 to 2021-22



#### Medical Exemptions:

- During the 2021-22 school year, 0.1% of children enrolled in licensed child care had a medical Certificate of Immunization Exemption, representing 77 children.
- The number of medical Certificates of Immunization Exemption increased 35.1% (20 records) from the previous year and decreased 17.2% (16 records) since the 2017-18 school year.

#### Religious Exemptions:

- During the 2021-22 school year, 1.7% of children enrolled in licensed child care had a religious Certificate of Immunization Exemption, representing 1,496 children.
- The number of religious Certificates of Immunization Exemptions increased 33.0% (371 records) from the previous year and 21.5% (256 records) since the 2017-18 school year.

### Under and Un-Immunized

- During the 2021-22 school year, 6.7% of children enrolled in licensed child care were under immunized (6,045 records). During the previous year, 5.9% of children were under immunized.
- The number of under and un-immunized children increased 28.2% from the previous school year. There was a 12.3% increase in records audited compared to the previous year (Table 2).

Table 2 Under-Immunized Children in Child Care, Iowa, 2017-18 to 2021-22

	2017-18	2018-19	2019-20	2020-21	2021-22
Total Enrollment	96,182	97,292	97,574	80,414	90,345
Percent change in total enrollment	3.4%	1.2%	0.3%	-17.6%	12.3%
Certificate of Immunization Exemption-Medical	93	109	104	57	77
Percent change in number of Medical Exemptions from previous year	-17.0%	17.2%	-4.6%	-45.2%	35.1%
Certificate of Immunization Exemption-Religious	1,231	1,415	1,486	1,125	1,496
Percent change in number of Religious Exemptions from previous year	15.4%	14.9%	5.0%	-24.3%	33.0%
Provisional Certificate	1,476	1,258	1,150	905	1,253
Percent change in number of Provisional Exemptions from previous year	-5.4%	-14.8%	-8.6%	-21.3%	38.5%
Invalid or No Certificate	3,662	3,156	3,265	2,628	3,219
Percent change in number of Invalid or No Certificate from previous year	-14.2%	-13.8%	3.5%	-19.5%	22.5%
Total Under/Un-immunized	6,462	5,938	6,005	4,715	6,045
Percent of Under/Un-immunized Students	6.7%	6.1%	6.2%	5.9%	6.7%
Percent change in number of Under/ Un-immunized from previous year	-7.8%	-8.1%	1.1%	-21.5%	28.2%

## SCHOOL IMMUNIZATION AUDIT DATA - KINDERGARTEN THROUGH 12<sup>TH</sup> GRADE

Local Public Health Agencies conducted audits of immunization records for 522,476 students enrolled in 1,650 of Iowa's public, private and parochial schools during the 2021-22 school year. The audit data were analyzed to calculate statewide vaccination coverage levels.

For students in kindergarten through 12<sup>th</sup> grade during the 2021-22 school year:

- 98.8% of students had valid Certificates of Immunization, Certificates of Immunization Exemption, or Provisional Certificates of Immunization and were compliant with Iowa law (516,311 records).
- 94.3% of students had valid Certificates of Immunization and received all required vaccines (492,826 records).
- 5.7% of students were under or un-immunized (29,650 records).
- 1.9% of students had Provisional Certificates of Immunization (10,078 records).
- 1.2% of students had invalid or no certificates (6,165 records) (Figure 3 and Table 3).

Figure 3 Percent of Immunization Certificates by Type, Kindergarten - 12th Grade, Iowa, 2006-07 to 2021-22

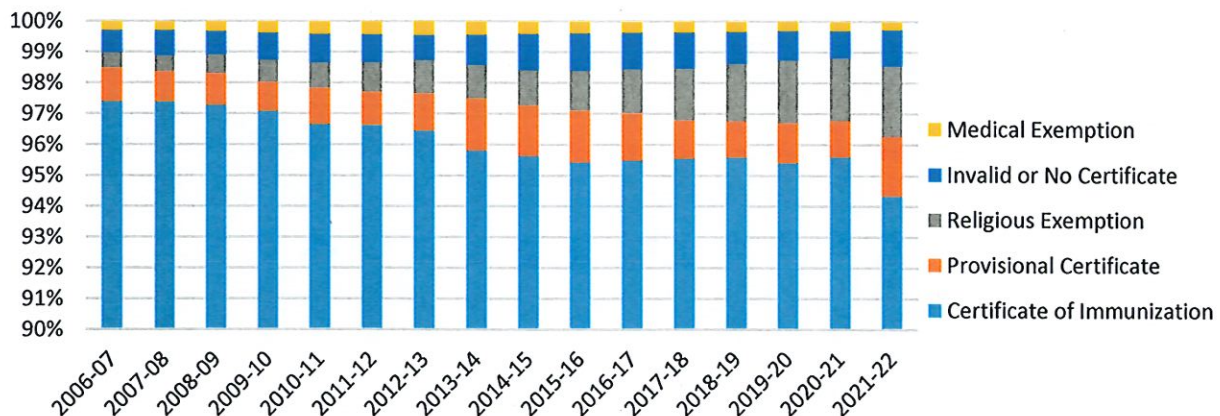


Figure Note: Vertical axis begins at 90%



**Table 3 State Immunization Summary by Year, Kindergarten - 12th Grade, Iowa, 2006-07 to 2021-22**

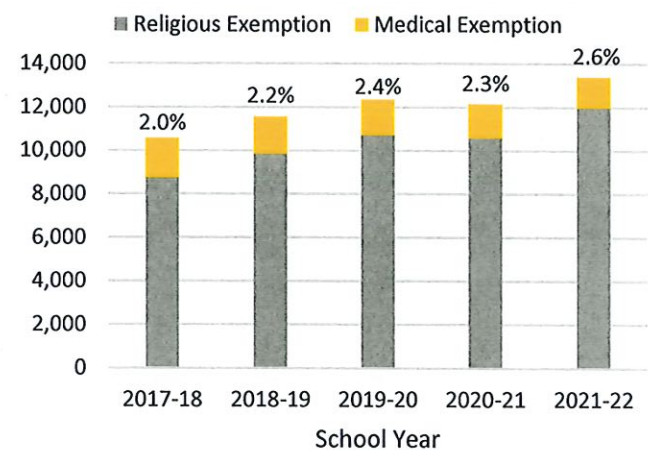
Year	Immunization Certificates		Provisional Certificates		Exemptions				Invalid / No Certificates		Total Enrolled	Total Valid Certificates		Under and Un-Immunized	
					Medical		Religious								
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	Total	%	Total	%
2006-07	496,646	97.4	5,543	1.1	1,461	0.3	2,572	0.5	3,733	0.7	509,955	506,222	99.3	13,309	2.6
2007-08	498,918	97.4	5,045	1.0	1,443	0.3	2,706	0.5	4,226	0.8	512,338	508,112	99.2	13,420	2.6
2008-09	489,493	97.3	5,109	1.0	1,604	0.3	3,133	0.6	3,817	0.8	503,156	499,339	99.2	13,663	2.7
2009-10	490,783	97.1	4,740	0.9	1,852	0.4	3,662	0.7	4,499	0.9	505,536	501,037	99.1	14,753	2.9
2010-11	489,069	96.7	5,959	1.2	2,113	0.4	4,206	0.8	4,655	0.9	506,002	501,347	99.1	16,933	3.3
2011-12	492,952	96.6	5,512	1.1	2,184	0.4	4,958	1.0	4,580	0.9	510,186	505,606	99.1	17,234	3.4
2012-13	496,460	96.5	6,168	1.2	2,355	0.5	5,612	1.1	4,151	0.8	514,746	510,595	99.2	18,286	3.6
2013-14	493,432	95.8	8,700	1.7	2,251	0.4	5,628	1.1	5,072	1.0	515,083	510,011	99.0	21,651	4.2
2014-15	492,611	95.6	8,501	1.7	2,096	0.4	5,941	1.2	6,019	1.2	515,168	509,149	98.8	22,557	4.4
2015-16	495,792	95.4	8,746	1.7	1,996	0.4	6,737	1.3	6,325	1.2	519,596	513,172	98.8	23,804	4.6
2016-17	497,812	95.5	7,951	1.5	1,891	0.4	7,465	1.4	6,218	1.2	521,337	515,119	98.8	23,525	4.5
2017-18	497,864	95.6	6,439	1.2	1,852	0.4	8,740	1.7	6,134	1.2	521,029	514,895	98.8	23,165	4.4
2018-19	502,286	95.6	6,136	1.2	1,723	0.3	9,851	1.9	5,519	1.1	525,515	519,996	98.9	23,229	4.4
2019-20	501,828	95.4	6,843	1.3	1,662	0.3	10,713	2.0	5,083	1.0	526,129	521,046	99.0	24,301	4.6
2020-21	496,246	95.6	6,137	1.2	1,570	0.3	10,593	2.0	4,613	0.9	519,159	514,546	99.1	22,913	4.4
2021-22	492,826	94.3	10,078	1.9	1,425	0.3	11,982	2.3	6,165	1.2	522,476	516,311	98.8	29,650	5.7

**Kindergarten - 12<sup>th</sup> Grade - Provisional Certificate of Immunization**

- During the 2021-22 school year, 1.9% of students in kindergarten through 12<sup>th</sup> grade had a Provisional Certificate of Immunization, representing 10,078 students.
- Provisional Certificates of Immunization increased from 1.2% (6,137 records) during the 2020-21 school year to 1.9% (10,078 records) during the 2021-22 school year (Table 3 and Figure 3).

**Kindergarten - 12<sup>th</sup> Grade - Certificate of Immunization Exemption**

- During the 2021-22 school year, 2.6% of students in kindergarten through 12<sup>th</sup> grade were reported to have a Certificate of Immunization Exemption, representing 13,407 students (Figure 4).
- Of the 13,407 exemptions, 89.4% (11,982 records) were categorized as religious and 10.6% (1,425 records) were categorized as medical.
- The number of Certificates of Immunization Exemptions increased 10.2% (1,244 records) from the previous year and 26.6% (2,815 records) since the 2017-18 school year.

**Figure 4 Number and Percent of Exemptions by Type, Kindergarten - 12th Grade, Iowa, 2017-18 to 2021-22****Medical Exemptions:**

- During the 2021-22 school year, 0.3% of students in kindergarten through 12<sup>th</sup> grade had a medical Certificate of Immunization Exemption, representing 1,425 students and a slight decrease from the previous year.
- While the number of medical exemptions decreased from the previous school year, the percent of students with this exemption remained constant.
- The number of medical Certificates of Immunization Exemptions decreased 23.1% (427 records) since the 2017-18 school year.



**Religious Exemptions:**

- During the 2021-22 school year, 2.3% of students in kindergarten through 12<sup>th</sup> grade had a religious Certificate of Immunization Exemption, representing 11,982 students and an increase from the previous year.
- The number of religious Certificates of Immunization Exemptions increased 13.1% (1,389 records) from the previous year and 37.1% (3,242 records) since the 2017-18 school year.

**Kindergarten - 12th Grade - Under and Un-Immunized**

- During the 2021-22 school year, 5.7% of students in kindergarten through 12<sup>th</sup> grade were under immunized and includes children who have an invalid or no certificate, Provisional Certificate of Immunization, Certificate of Immunization Exemption (29,650 records) (Table 4).
- The number of under and un-immunized students increased 29.4% from the previous assessment year, which is an increase of 6,737 records.
- The largest percent increase in under immunized students was observed in the number of Provisional Certificates (64.2%), followed by invalid or no certificate (33.6%) and religious Certificates of Immunization Exemption (13.1%).

**Table 4 Under-Immunized Students, Kindergarten - 12th Grade, Iowa, 2017-18 to 2021-22**

	2017-18	2018-19	2019-20	2020-21	2021-22
Total Enrollment	521,029	525,515	526,129	519,159	522,476
Percent change in total enrollment	-0.1%	0.9%	0.1%	-1.3%	0.6%
Certificate of Immunization Exemption-Medical	1,852	1,723	1,662	1,570	1,425
Percent change in number of Medical Exemptions from previous year	-2.1%	-7.0%	-3.5%	-5.5%	-9.2%
Certificate of Immunization Exemption-Religious	8,740	9,851	10,713	10,593	11,982
Percent change in number of Religious Exemptions from previous year	17.1%	12.7%	8.8%	-1.1%	13.1%
Provisional Certificate	6,439	6,163	6,843	6,137	10,078
Percent change in number of Provisional Exemptions from previous year	-19.0%	-4.7%	11.5%	-10.3%	64.2%
Invalid or No Certificate	6,134	5,519	5,083	4,613	6,165
Percent change in number of Invalid or No Certificate from previous year	-1.4%	-10.0%	-7.9%	-9.2%	33.6%
Total Under/Un-immunized	23,165	23,229	24,301	22,913	29,650
Percent of Under/Un-immunized Students	4.4%	4.4%	4.6%	4.4%	5.7%
Percent change in number of Under/ Un-immunized from previous year	-1.5%	0.3%	4.6%	-5.7%	29.4%

**Kindergarten - 12th Grade - Individual Grades**

The percent of each certificate type varied by grade level and home school classification during the 2021-22 school year (Tables 5 and 6).

**Table 5 High and Low Percent of Certificate Type by Grade, Kindergarten - 12th Grade, Iowa, 2021-22**

Certificate type	Lowest Percent		Highest Percent	
	Grade	Percent	Grade	Percent
Valid Immunization Certificates	12 <sup>th</sup> grade	97.1%	4 <sup>th</sup> grade	99.5%
Certificates of Immunization	12 <sup>th</sup> grade	86.0%	4 <sup>th</sup> grade	96.6%
Provisional Certificate of Immunization	5 <sup>th</sup> grade	0.6%	12 <sup>th</sup> grade	8.5%
Medical Certificates of Immunization Exemption	Kindergarten	0.1%	12 <sup>th</sup> grade	0.5%
Religious Certificates of Immunization Exemption	10 <sup>th</sup> grade	1.9%	7 <sup>th</sup> grade	2.7%
Invalid or no Certificate	4 <sup>th</sup> grade	0.5%	12 <sup>th</sup> grade	2.9%
Under or un-immunized students	4 <sup>th</sup> grade	3.4%	12 <sup>th</sup> grade	14.0%

Table Note: Aggregated Home School student records excluded from table due to representing multiple grades.



Table 6 State Immunization Summary by Grade, Kindergarten - 12th Grade, Iowa, 2021-22

Grade	Immunization Certificates		Provisional Certificates		Exemptions				Invalid / No Certificates		Total Enrolled	Total Valid Certificates		Under and Un-Immunized	
	Total	%	Total	%	Medical		Religious		Total	%	Total	Total	%	Total	%
HS	2,199	68.0	167	5.2	39	1.2	583	18.0	244	7.6	3,232	2,988	92.5	1,033	32.0
K	36,337	90.6	2,146	5.4	49	0.1	913	2.3	666	1.7	40,111	39,445	98.3	3,774	9.4
1	37,280	95.2	526	1.3	52	0.1	977	2.5	340	0.9	39,175	38,835	99.1	1,895	4.8
2	37,720	95.9	333	0.9	67	0.2	921	2.3	287	0.7	39,328	39,041	99.3	1,608	4.1
3	37,486	95.8	288	0.7	60	0.2	927	2.4	385	1.0	39,146	38,761	99.0	1,660	4.2
4	37,155	96.6	245	0.6	78	0.2	779	2.0	190	0.5	38,447	38,257	99.5	1,292	3.4
5	37,114	96.6	229	0.6	77	0.2	770	2.0	219	0.6	38,409	38,190	99.4	1,295	3.4
6	38,178	96.5	258	0.7	94	0.2	789	2.0	252	0.6	39,571	39,319	99.4	1,393	3.5
7	37,169	92.1	954	2.4	107	0.3	1,104	2.7	1,047	2.6	40,381	39,334	97.4	3,212	8.0
8	39,763	95.2	408	1.0	137	0.3	1,005	2.4	453	1.1	41,766	41,313	98.9	2,003	4.8
9	40,583	95.8	485	1.1	141	0.3	851	2.0	324	0.8	42,384	42,060	99.2	1,801	4.2
10	39,651	96.2	360	0.9	154	0.4	763	1.9	312	0.8	41,240	40,928	99.2	1,589	3.9
11	38,243	96.1	344	0.9	159	0.4	756	1.9	300	0.8	39,802	39,502	99.3	1,559	3.9
12	33,948	86.0	3,335	8.5	211	0.5	844	2.1	1,146	2.9	39,484	38,338	97.1	5,536	14.0
K-12	492,826	94.3	10,078	1.9	1,425	0.3	11,982	2.3	6,165	1.2	522,476	516,311	98.8	29,650	5.7

Table Note: HS indicates aggregated Home School student records representing multiple grades and K indicates Kindergarten

## SCHOOL IMMUNIZATION AUDIT DATA - KINDERGARTEN STUDENTS

During the 2021-22 school year:

- 98.3% of Iowa kindergarten students had valid Certificates of Immunization, Certificates of Immunization Exemption, or Provisional Certificates of Immunization and were compliant with Iowa law (39,445 records).
- 90.6% of Iowa kindergarten students had valid Certificates of Immunization and received all required vaccines (36,337 records).
- 9.4% of kindergarten students were under or un-immunized (3,774 records).
- 1.7% of enrolled kindergarten students had invalid or no certificates (666 records) (Figure 5 and Table 7).

Figure 5 Percent of Immunization Certificates by Type, Kindergarten, Iowa, 2011-12 to 2021-22

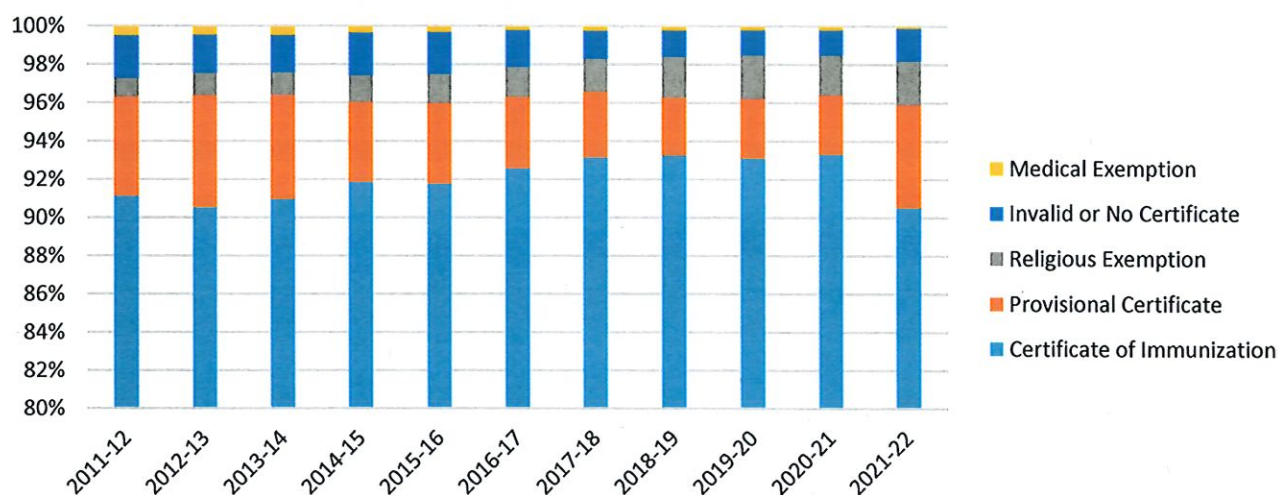


Figure Note: Vertical axis begins at 80%



Table 7 State Immunization Summary by Year, Kindergarten, Iowa, 2011-12 to 2021-22

Year	Immunization Certificates		Provisional Certificates		Exemptions				Invalid / No Certificates		Total Enrolled	Total Valid Certificates		Under and Un-Immunized	
					Medical		Religious								
	Total	%	Total	%	Total	%	%	%	Total	%	Total	Total	%	Total	%
2011-12	36,500	91.1	2,076	5.2	193	0.5	398	1.0	886	2.2	40,053	39,167	97.8	3,553	8.9
2012-13	37,713	90.5	2,438	5.9	188	0.5	499	1.2	825	2.0	41,663	40,838	98.0	3,950	9.5
2013-14	37,587	91.0	2,246	5.4	193	0.5	498	1.2	801	1.9	41,325	40,524	98.1	3,738	9.0
2014-15	38,261	91.9	1,737	4.2	138	0.3	597	1.4	923	2.2	41,656	40,733	97.8	3,395	8.2
2015-16	37,824	91.8	1,730	4.2	119	0.3	635	1.5	907	2.2	41,215	40,308	97.8	3,391	8.2
2016-17	36,649	92.6	1,478	3.7	79	0.2	622	1.6	759	1.9	39,587	38,828	98.1	2,938	7.4
2017-18	36,917	93.2	1,356	3.4	93	0.2	694	1.8	572	1.4	39,632	39,060	98.6	2,715	6.9
2018-19	37,884	93.3	1,228	3.0	87	0.2	873	2.2	552	1.4	40,624	40,072	98.6	2,740	6.7
2019-20	38,022	93.2	1,255	3.1	68	0.2	936	2.3	531	1.3	40,812	40,281	98.7	2,790	6.8
2020-21	36,555	93.4	1,221	3.1	64	0.2	803	2.1	498	1.3	39,141	38,643	98.7	2,586	6.6
2021-22	36,337	90.6	2,146	5.4	49	0.1	913	2.3	666	1.7	40,111	39,445	98.3	3,774	9.4

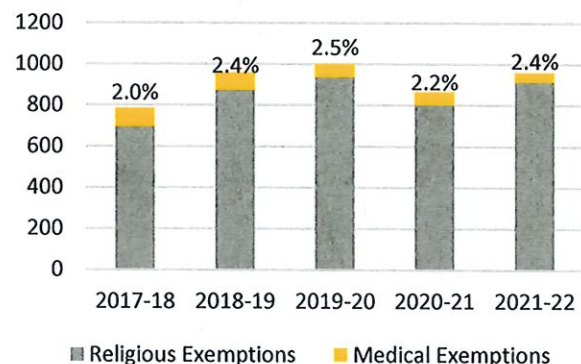
### Kindergarten Students - Provisional Certificate of Immunization

- During the 2021-22 school year, 5.4% of kindergarten students had a Provisional Certificate of Immunization, representing 2,146 students.
- The number of Provisional certificates increased 75.8% (925 records) from the previous year and 58.3% (790 records) since the 2017-18 school year.

### Kindergarten Students - Certificate of Immunization Exemption

- During the 2021-22 school year, 2.4% of kindergartners were reported to have an exemption, representing 962 students (Figure 6).
- Of the 962 exemptions, 913 (94.9%) were categorized as religious and 49 (5.1%) as medical.
- The number of Certificates of Immunization Exemptions increased 11.0% (95 records) from the previous year and 22.2% (175 records) since the 2017-18 school year.

Figure 6 Number and Percent of Exemptions by Type, Kindergarten, Iowa, 2017-18 to 2021-22



#### Medical Exemptions:

- During the 2021-22 school year, 0.1% of kindergarten students were reported to have a medical Certificate of Immunization Exemption, representing 49 students.
- The number of medical Certificates of Immunization Exemptions decreased 23.4% (15 records) from the previous year and 47.3% (44 records) since the 2017-18 school year.

#### Religious Exemptions:

- During the 2021-22 school year, 2.3% of kindergarten students were reported to have a religious Certificate of Immunization Exemption, representing 913 students.
- The number of religious Certificates of Immunization Exemptions increased 13.7% (110 records) from the previous year and 31.6% (219 records) since the 2017-18 school year.

### Kindergarten Student - Vaccination Coverage by School Type

- During the 2021-22 school year, kindergartners enrolled in public schools had a higher percentage of Certificates of Immunization and Provisional Certificates of Immunization, and



lower percentage of invalid or no certificates and Certificates of Immunization Exemption compared to their peers enrolled in private schools.

- The statewide coverage levels for all vaccinations required at school entry in private and public schools was 86.0% and 91.0%, respectively, as represented by valid Certificates of Immunization.
- During the 2021-22 school year, 5.4% of kindergarten students enrolled in private schools reported an exemption, compared to 2.1% enrolled in public schools.
- During the 2021-22 school year, 14.0% of kindergarten students enrolled in private schools were under or un-immunized, compared to 9.0% enrolled in public schools (Table 8).

*Table 8 Kindergarten Immunization Summary by School Type, Iowa, 2021-22*

Year	Immunization Certificates		Provisional Certificates		Exemptions				Invalid / No Certificates		Total Enrolled	Total Valid Certificates		Under and Un-Immunized	
					Medical		Religious								
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	Total	%	Total	%
Private	2,766	86.0	101	3.1	3	0.1	172	5.4	175	5.4	3,217	3,042	94.6	451	14.0
Public	33,571	91.0	2,045	5.5	46	0.1	741	2.0	491	1.3	36,894	36,403	98.7	3,323	9.0
Total	36,337	90.6	2,146	5.4	49	0.1	913	2.3	666	1.7	40,111	39,445	98.3	3,774	9.4

### Kindergarten Students Under and Un-Immunized

- During the 2020-21 school year, 9.4% of kindergarten students were under or un-immunized and includes students with a Provisional Certificate of Immunization, Certificate of Immunization Exemption, or an invalid or no certificate, representing 3,774 students.
- The number of under/un-immunized students increased by 45.9% from the previous year (1,188 records) and 39.0% (1,059 records) since the 2017-18 school year.
- The largest percent increase in under immunized students was observed in the number of Provisional Certificates (75.8%), followed by invalid or no certificate (33.7%) and religious Certificates of Immunization Exemption (13.7%) (Table 9).

*Table 9 Under-Immunized Students, Kindergarten, Iowa, 2017-18 to 2021-22*

	2017-18	2018-19	2019-20	2020-21	2021-22
Total Enrollment	39,632	40,624	40,812	39,141	40,111
Percent change in total enrollment	0.1%	2.5%	0.5%	-4.1%	2.5%
Certificate of Immunization Exemption-Medical	93	87	68	64	49
Percent change in number of Medical Exemptions from previous year	17.7%	-6.5%	-21.8%	-5.9%	-23.4%
Certificate of Immunization Exemption-Religious	694	873	936	803	913
Percent change in number of Religious Exemptions from previous year	11.6%	25.8%	7.2%	-14.2%	13.7%
Provisional Certificate	1,356	1,228	1,255	1,221	2,146
Percent change in number of Provisional Certificate from previous year	-8.3%	-9.4%	2.2%	-2.7%	75.8%
Invalid or No Certificate	572	552	531	498	666
Percent change in number of Invalid or No Certificate from previous year	-24.6%	-3.5%	-3.8%	-6.2%	33.7%
Total Under/Un-immunized	2,715	2,740	2,790	2,586	3,774
Percent of Under/Un-immunized Students	6.9%	6.7%	6.8%	6.6%	9.4%
Percent change in number of Under/ Un-immunized from previous year	-7.6%	0.9%	1.8%	-7.3%	45.9%



## SCHOOL IMMUNIZATION AUDIT DATA - 7<sup>TH</sup> GRADE STUDENTS

Iowa currently has two additional immunization requirements for all students entering, advancing or transferring into 7<sup>th</sup> grade, which may affect vaccination coverage:

- Beginning with the 2013-2014 school year, all students entering, advancing or transferring into 7<sup>th</sup> grade require proof of an adolescent tetanus, diphtheria and pertussis (whooping cough) booster immunization (Tdap) for school enrollment.
- Beginning with the 2017-2018 school year, all students entering, advancing or transferring into 7<sup>th</sup> grade and born after September 15, 2004, require proof of one dose of meningococcal conjugate vaccine (MenACWY).

During the 2021-22 school year:

- 97.4% of 7<sup>th</sup> grade students had valid Certificates of Immunization, Certificates of Immunization Exemption, or Provisional Certificates of Immunization and were compliant with Iowa law (39,334 records).
- 92.0% of 7<sup>th</sup> grade students had Certificates of Immunization, which is the statewide coverage level for all vaccinations required at child care entry (37,169 records).
- 8.0% of children were under or un-immunized (3,212 records).
- 2.6% of 7<sup>th</sup> grade students had invalid or no immunization certificates (1,047 records) (Figure 7 and Table 10).

Figure 7 Percent of Immunization Certificates by Type 7th Grade, Iowa, 2017-18 to 2021-22

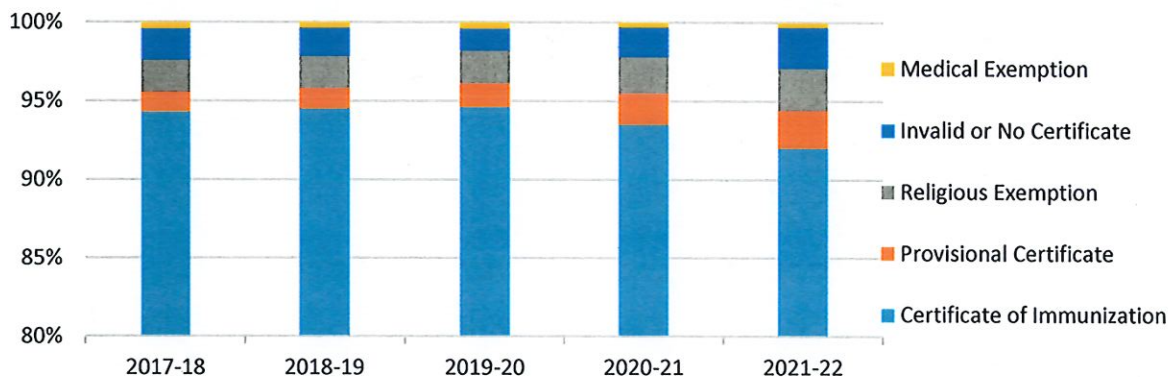


Figure Note: Vertical axis begins at 80%

Table 10 Immunization Certificates by Type 7th Grade, Iowa, 2017-18 to 2021-22

Grade	Immunization Certificates		Provisional Certificates		Exemptions				Invalid / No Certificates		Total Enrolled	Total Valid Certificates		Under and Un-Immunized	
	Total	%	Total	%	Total	%	Medical	Religious	Total	%		Total	%	Total	%
2017-18	37,760	94.3	502	1.3	166	0.4	820	2.1	796	2.0	40,044	39,248	98.0	2,284	5.7
2018-19	39,262	94.5	537	1.3	152	0.4	850	2.1	749	1.8	41,550	40,801	98.2	2,288	5.5
2019-20	39,782	94.6	621	1.5	151	0.4	896	2.1	607	1.4	42,057	41,450	98.6	2,275	5.4
2020-21	38,997	93.5	825	2.0	150	0.4	957	2.3	789	1.9	41,718	40,929	98.1	2,721	6.5
2021-22	37,169	92.0	954	2.4	107	0.3	1,104	2.7	1,047	2.6	40,381	39,334	97.4	3,212	8.0

### 7th Grade Students - Provisional Certificate of Immunization

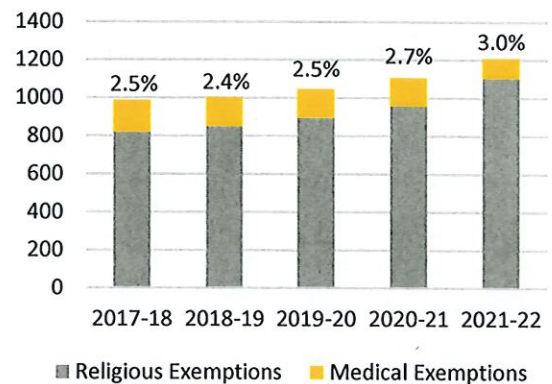
- During the 2021-22 school year, 2.4% of 7<sup>th</sup> grade students had a Provisional Certificate of Immunization (954 records).
- The number of Provisional Certificates increased from 2.0% (825 records) during the 2020-21 school year to 2.4% (954 records), which is a 15.6% increase (Figure 8 and Table 10).



### 7th Grade Students - Certificate of Immunization Exemption

- During the 2021-22 school year, 3.0% of 7<sup>th</sup> grade students were reported to have an exemption, representing 1,211 students (Figure 8).
- Of the 1,211 exemptions, 1,104 (91.2%) were categorized as religious and 107 (8.8%) as medical.
- The number of Certificates of Immunization Exemptions increased 9.4% (104 records) from the previous year and 22.8% (225 records) since the 2017-18 school year.

Figure 8 Number and Percent of Exemptions by Type, 7th Grade, Iowa, 2017-18 to 2021-22



#### Medical Exemptions:

- During the 2021-22 school year, 0.3% of 7<sup>th</sup> grade students were reported to have a medical Certificate of Immunization Exemption, representing 107 students.

#### Religious Exemptions:

- During the 2021-22 school year, 2.7% of 7<sup>th</sup> grade students were reported to have a religious Certificate of Immunization Exemption, representing 1,104 students.

### 7th Grade Students - Under and Un-Immunized

- During the 2021-22 school year, 8.0% of 7<sup>th</sup> grade students were under or un-immunized (3,212 records), as indicated by a Provisional Certificate of Immunization, Certificate of Immunization Exemption, or an invalid or no certificate.
- The number of under and un-immunized students increased 18.0% from the previous year and 40.6% since 2017-18 school year.
- The largest percent increase in under immunized students was observed in the number of invalid or no certificate (32.7%), followed by Provisional Certificates (15.6%), and religious Certificates of Immunization Exemption (15.4%) (Table 11).

Table 11 Under-Immunized Students, 7th Grade, Iowa, 2017-18 to 2021-22

	2017-18	2018-19	2019-20	2020-21	2021-22
Total Enrollment	40,044	41,550	42,057	41,718	40,381
Percent Change in total enrollment	1.5%	3.8%	1.2%	-0.8%	-3.2%
Certificate of Immunization Exemption-Medical	166	152	151	150	107
Percent Change in Number of Medical Exemptions from previous year	-13.5%	-8.4%	-0.7%	-0.7%	-28.7%
Certificate of Immunization Exemption-Religious	820	850	896	957	1,104
Percent Change in Number of Religious Exemptions from previous year	28.5%	3.7%	5.4%	6.8%	15.4%
Provisional Certificate	502	537	621	825	954
Percent Change in Number of Provisional Certificates from previous year	-76.8%	7.0%	15.6%	32.9%	15.6%
Invalid or No Certificate	796	749	607	789	1,047
Percent Change in Number of Invalid or No Certificates from previous year	-29.7%	-5.9%	-19.0%	30.0%	32.7%
Total Under/Un-immunized	2,284	2,288	2,275	2,721	3,212
Percent of Under/Un-immunized Students	5.7%	5.5%	5.4%	6.5%	8.0%
Percent change in number of Under/Un-immunized from previous year	-44.7%	2.0%	-0.6%	19.6%	18.0%



## SCHOOL IMMUNIZATION AUDIT DATA - 12<sup>TH</sup> GRADE STUDENTS

Iowa has an additional vaccine requirement for students enrolling in 12<sup>th</sup> grade. Beginning with the 2017-18 school year, all students entering, advancing or transferring into 12<sup>th</sup> grade and born after September 15, 1999 need proof of two doses of meningococcal (A, C W, Y) vaccine (one dose received on or after 16 years of age); or one dose if received when the student was 16 years of age or older. This vaccine requirement has directly affected the immunization audits for 12<sup>th</sup> grade students.

Compared to other grades in the 2021-22 school year, 12<sup>th</sup> grade students were reported to have:

- Lowest percent of valid immunization certificates at 97.1% (38,338 records)
- Lowest percent of Certificates of Immunization at 86.0% (33,948 records)
- Highest percent of Provisional Certificates of Immunization at 8.4% (3,335 records)
- Highest percent of invalid or no certificates at 2.9% (1,146 records)
- Highest percent of medical Certificates of Immunization Exemption at 0.5% (211 records)
- Highest percent of under and un-immunized students at 14.0%, (5,536 records)

The decrease in the number of Certificates of Immunization during the 2021-22 school year resulted in a 59.7% increase in the number of under and un-immunized students compared to the previous school year (Figure 9 and Table 12).

Figure 9 Percent of Immunization Certificates by Type, 12th Grade, Iowa, 2017-18 to 2021-22

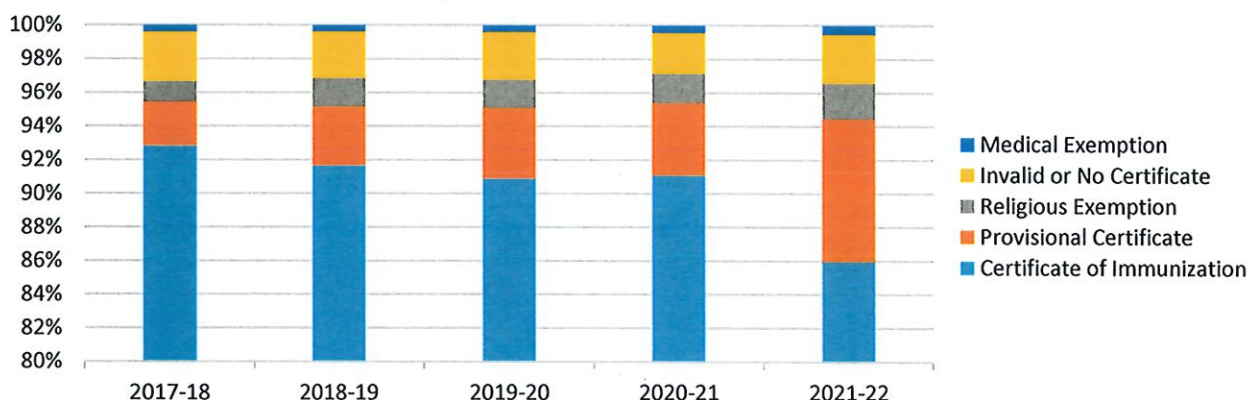


Figure Note: Vertical axis begins at 80%

Table 12 State Immunization Summary, 12th Grade, Iowa, 2017-2018 to 2021-22

Year	Immunization Certificates		Provisional Certificates		Exemptions				Invalid / No Certificates		Total Enrolled	Total Valid Certificates		Under and Un-Immunized	
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	Total	%	Total	%
2017-18	36,066	92.8	1,013	2.6	156	0.4	485	1.3	1,140	2.9	38,860	37,720	97.1	2,794	7.2
2018-19	35,540	91.7	1,355	3.5	148	0.4	660	1.7	1,076	2.8	38,779	37,703	97.2	3,239	8.4
2019-20	35,435	90.9	1,627	4.2	156	0.4	655	1.7	1,111	2.8	38,984	37,873	97.2	3,549	9.1
2020-21	35,415	91.1	1,671	4.3	165	0.4	683	1.8	948	2.4	38,882	37,934	97.6	3,467	8.9
2021-22	33,948	86.0	3,335	8.4	211	0.5	844	2.1	1,146	2.9	39,484	38,338	97.1	5,536	14.0

### 12<sup>th</sup> Grade Students - Provisional Certificate of Immunization

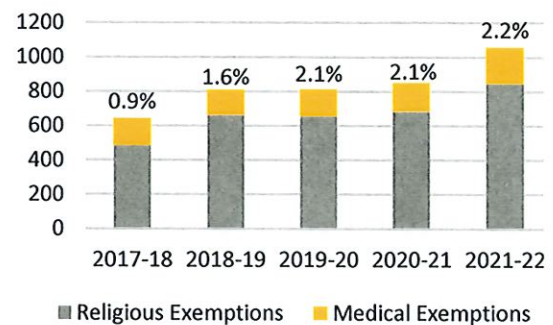
- During the 2021-22 school year, 8.4% of 12<sup>th</sup> grade students had a Provisional Certificate of Immunization (3,335 records).
- The number of Provisional Certificates increased from 4.3% (1,671 records) during the 2020-21 school year to 8.4%, which is a 99.6% increase (Figure 10 and Table 12).
- Twelfth grade accounted for 33.1% of all Provisional Certificates issued to K-12 students.



### 12th Grade Students - Certificate of Immunization Exemption

- During the 2021-22 school year, 2.7% (1,055 records) of 12<sup>th</sup> graders were reported to have an exemption.
- Of the 1,055 exemptions, 844 (80.0%) were categorized as religious and 211 (20.0%) as medical (Table 11 and Figure 11).
- The number of Certificates of Immunization Exemptions increased 24.4% (207 records) from the previous year and 64.6% (414 records) since the 2017-18 school year.

Figure 10 Number and Percentage of Exemptions by Type, 12th Grade, Iowa, 2017-18 to 2021-22



#### Medical Exemptions:

- During the 2021-22 school year, 0.5% of 12<sup>th</sup> grade students were reported to have a medical Certificate of Immunization Exemption, representing 211 students.

#### Religious Exemptions:

- During the 2021-22 school year, 2.1% of 12<sup>th</sup> grade students were reported to have a religious Certificate of Immunization Exemption, representing 844 students.

### 12th Grade Students - Under and Un-Immunized

- During the 2021-22 school year, 14.0% of 12<sup>th</sup> grade students were under or un-immunized (5,536 records), as indicated by a Provisional Certificate of Immunization, Certificate of Immunization Exemption, or an invalid or no certificate.
- The number of under and un-immunized students increased 59.7% from the previous year and 98.1% since 2017-18 school year.
- The largest percent increase in under immunized students was observed in the number of Provisional Certificates (99.6%), followed by medical Certificates of Immunization Exemption (27.9%), religious Certificates of Immunization Exemption (23.6%), and invalid or no certificate (20.9%) (Table 13).

Table 13 Under-Immunized Students, 12th Grade, Iowa, 2017-18 to 2021-22

	2017-18	2018-19	2019-20	2020-21	2021-22
Total Enrollment	38,860	38,779	38,984	38,882	39,484
Percent change in total enrollment	0.2%	-0.2%	0.5%	-0.3%	1.5%
Certificate of Immunization Exemption-Medical	156	148	156	165	211
Percent change in number of Medical Exemptions from previous year	41.8%	-5.1%	5.4%	5.8%	27.9%
Certificate of Immunization Exemption-Religious	485	660	655	683	844
Percent change in number of Religious Exemptions from previous year	102.9%	36.1%	-0.8%	4.3%	23.6%
Provisional Certificate	1,013	1,355	1,627	1,671	3,335
Percent change in number of Provisional Certificates from previous year	259.2%	33.8%	20.1%	2.7%	99.6%
Invalid or No Certificate	1,140	1,076	1,111	948	1,146
Percent change in number of Invalid or No Certificates from previous year	245.5%	-5.6%	3.3%	-14.7%	20.9%
Total Under/Un-immunized	2,794	3,239	3,549	3,467	5,536
Percent of Under/Un-immunized Students	7.2%	8.4%	9.1%	8.9%	14.0%
Percent change in number of Under/ Un-immunized from previous year	190.7%	15.9%	9.6%	-2.3%	59.7%

## SUMMARY

State vaccination requirements for child care and school entry are important tools for maintaining high vaccination coverage rates and in turn, lower rates of vaccine-preventable diseases. While immunization rates in Iowa are consistent with or exceed national averages, pockets of under and un-immunized children leave themselves and their communities vulnerable to vaccine-preventable diseases. While the data in this report demonstrate trends, school audit data do not provide a full picture of all children's immunization history. Vaccination and exemption status reflects the child's status at the time of the audit. Some children may be in the process of receiving required vaccines and final vaccination or exemption status may change after completion of the audit (Provisional Certificates, Medical Exemptions and invalid records). In addition, some students with Religious Exemptions may have received some of the required vaccines.

All states allow for medical exemptions, eight states do not allow religious exemptions and six (Connecticut, California, Maine, Mississippi, New York and West Virginia) do not allow exemptions for religious or philosophical reasons. Iowa law allows for medical and religious exemptions. Iowa's 2021-22 exemption rates are comparable to available national data from the 2020-21 school year (Table 14).

*Table 14 Immunization Summary and Exemptions in Iowa and United States, 2020-21 and 2021-22*

	Iowa Child Care	Iowa Kindergarten	Iowa Kindergarten - 12th grade	National 2020-2021 (Kindergarten only)
Percent Valid Certificates	96.4%	98.3%	98.8%	
Certificate of Immunization	93.3%	90.6%	94.3%	
Provisional Certificates	1.4%	5.4%	1.9%	2.0% (Range 0.1 – 10.0%)
Certificate of Immunization Exemption-Medical	0.1%	0.1%	0.3%	0.2% (Range <0.1 – 0.8%)
Certificate of Immunization Exemption-Religious	1.7%	2.3%	2.3%	1.9% (Non-medical Exemptions Range 0.3– 7.9%)
Invalid or No Certificate	3.6%	1.7%	1.2%	3.4%

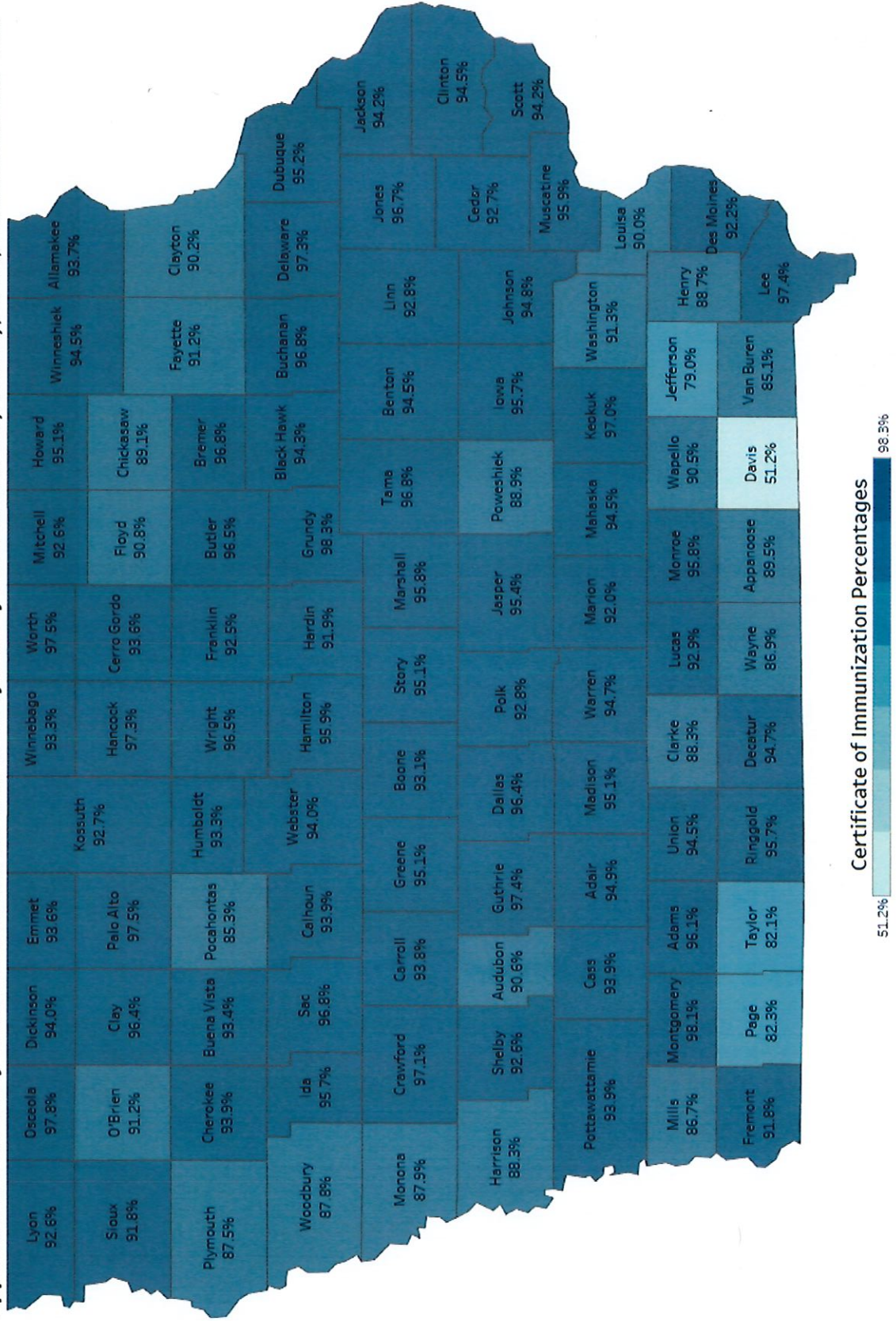
Data Note: Source of national kindergarten data available at <https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/pubs-resources.html>.

Studies have found individuals claiming exemptions from immunization are at a greater risk of contracting vaccine-preventable diseases. States with lower immunization rates have higher rates of vaccine-preventable diseases. The IDPH Immunization Program continues to monitor immunization exemption rates, identify clusters of un-immunized children and provide education and information to address vaccine safety concerns. Vaccines prevent diseases and save lives. Immunize for a better life.



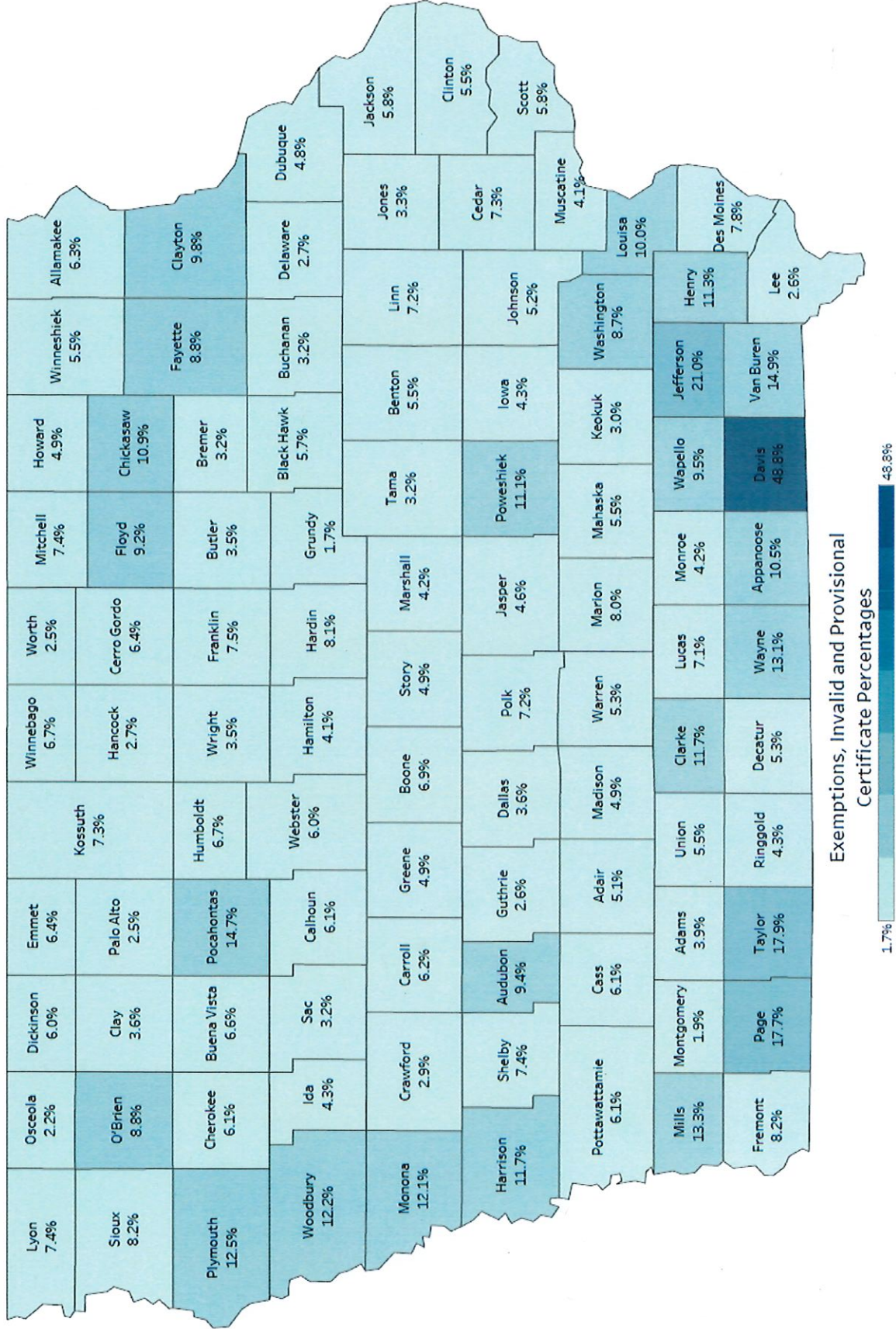
## Appendix A - Supplemental Maps

*Appendix 1. Percent of Child Care Attendees with a Certificate of Immunization by County, Iowa, 2021-22 School Year*





**Appendix 2. Percent of Child Care Attendees who are Under or Un-immunized by County, Iowa, 2021-22 School Year**  
Attendees with a Certificate of Religious or Medical Exemption, Provisional Certificate, or Invalid/No Certificate

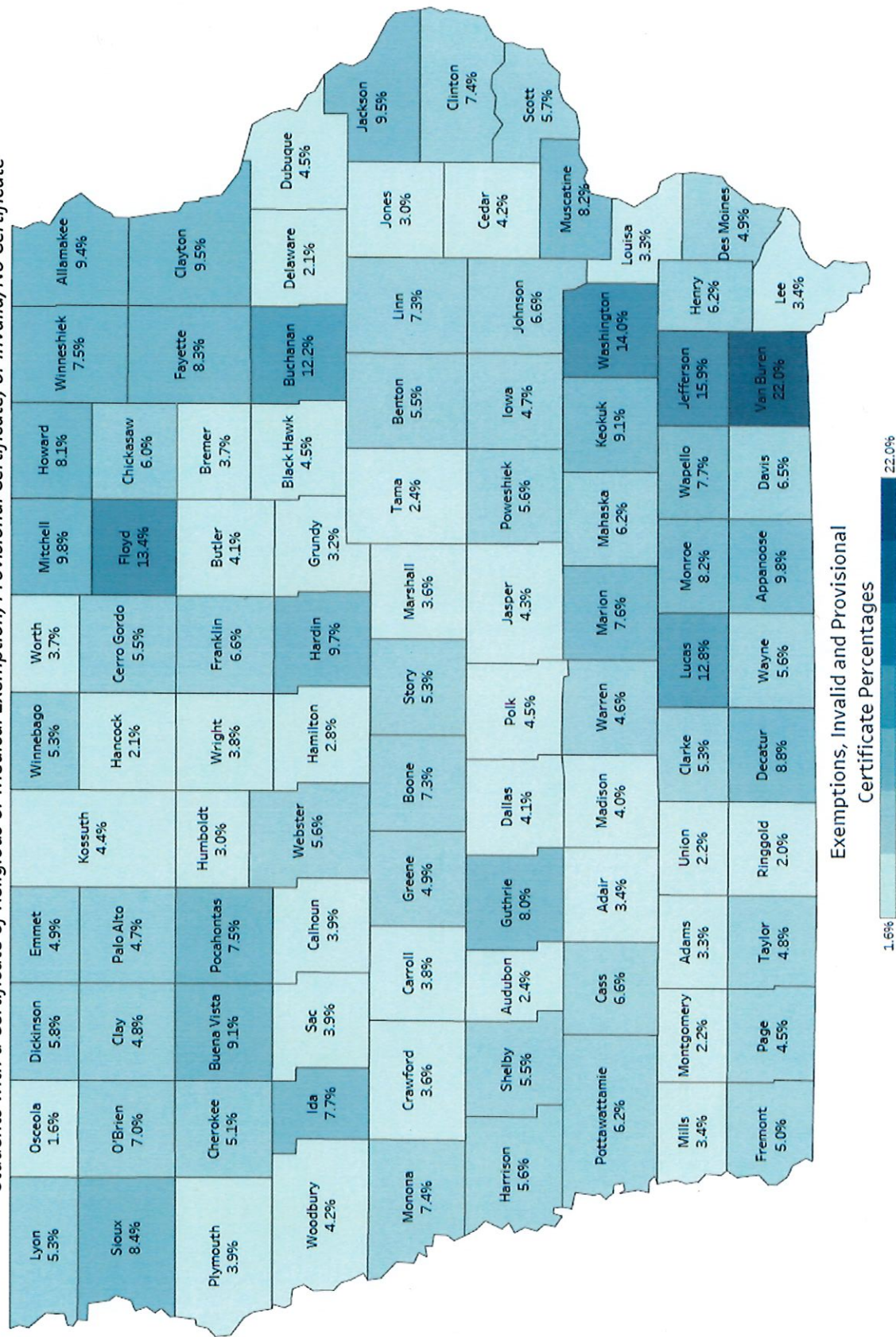




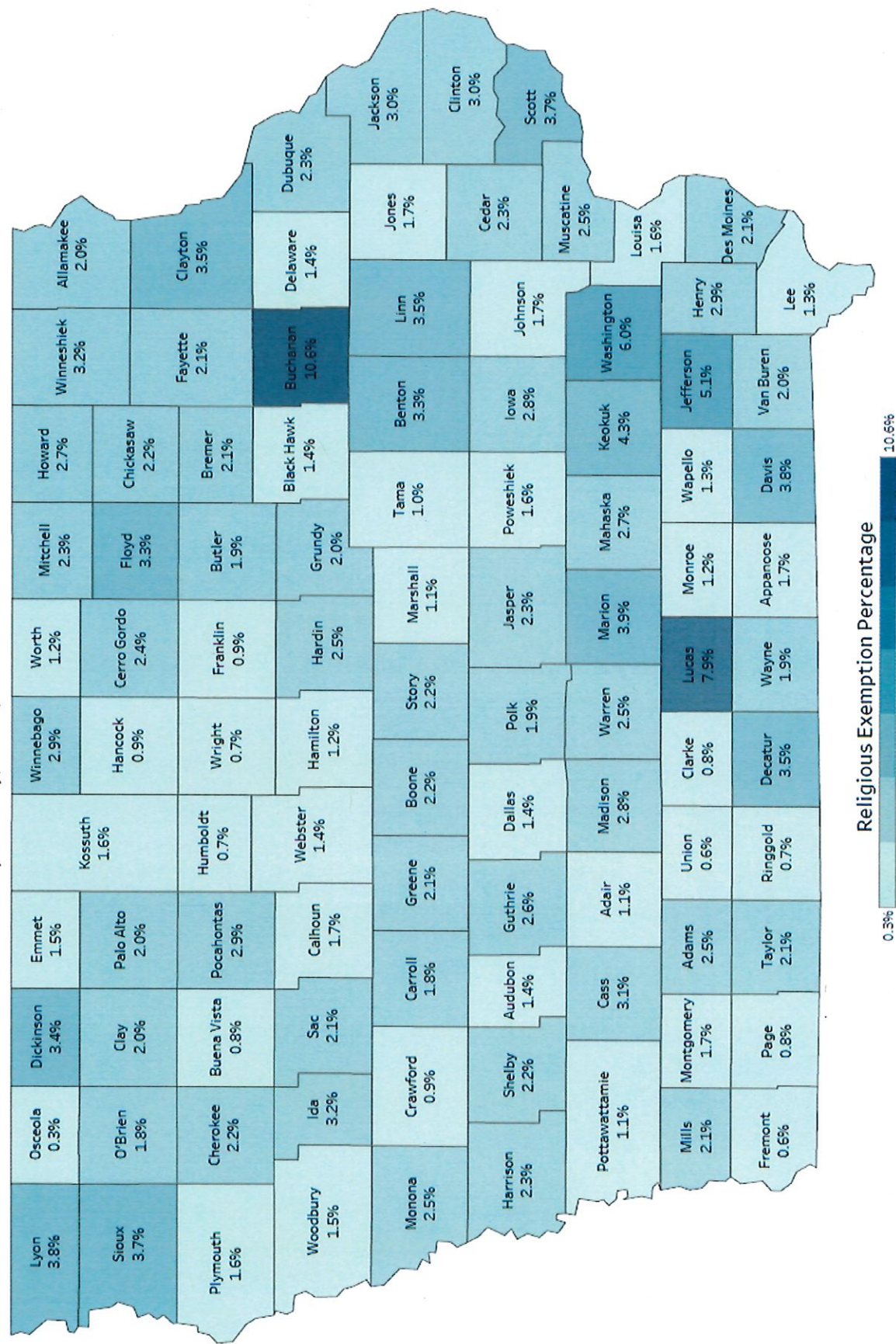




*Students with a Certificate of Religious or Medical Exemption, Provisional Certificate, or Invalid/No Certificate*



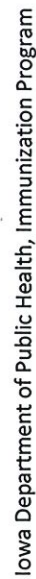




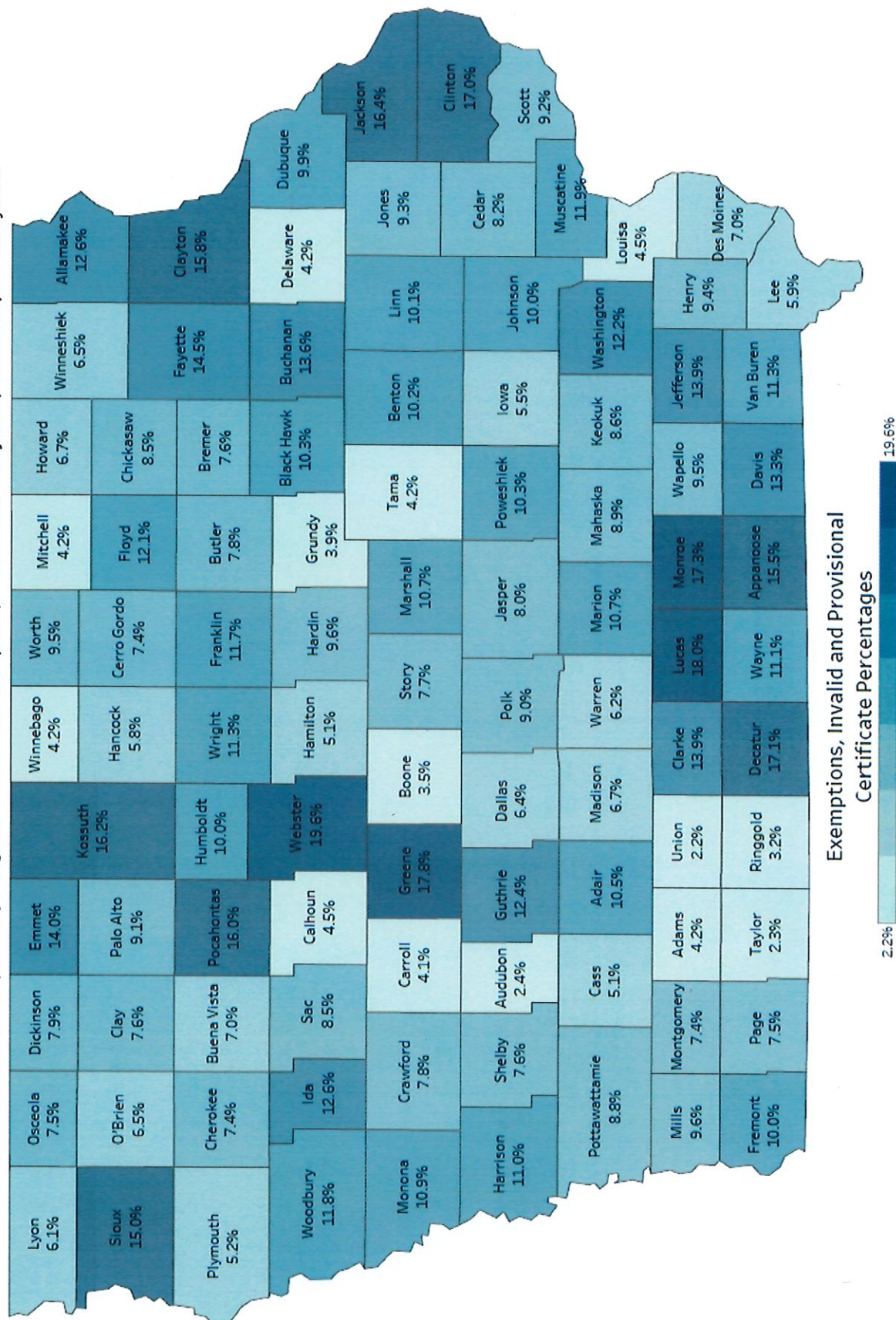








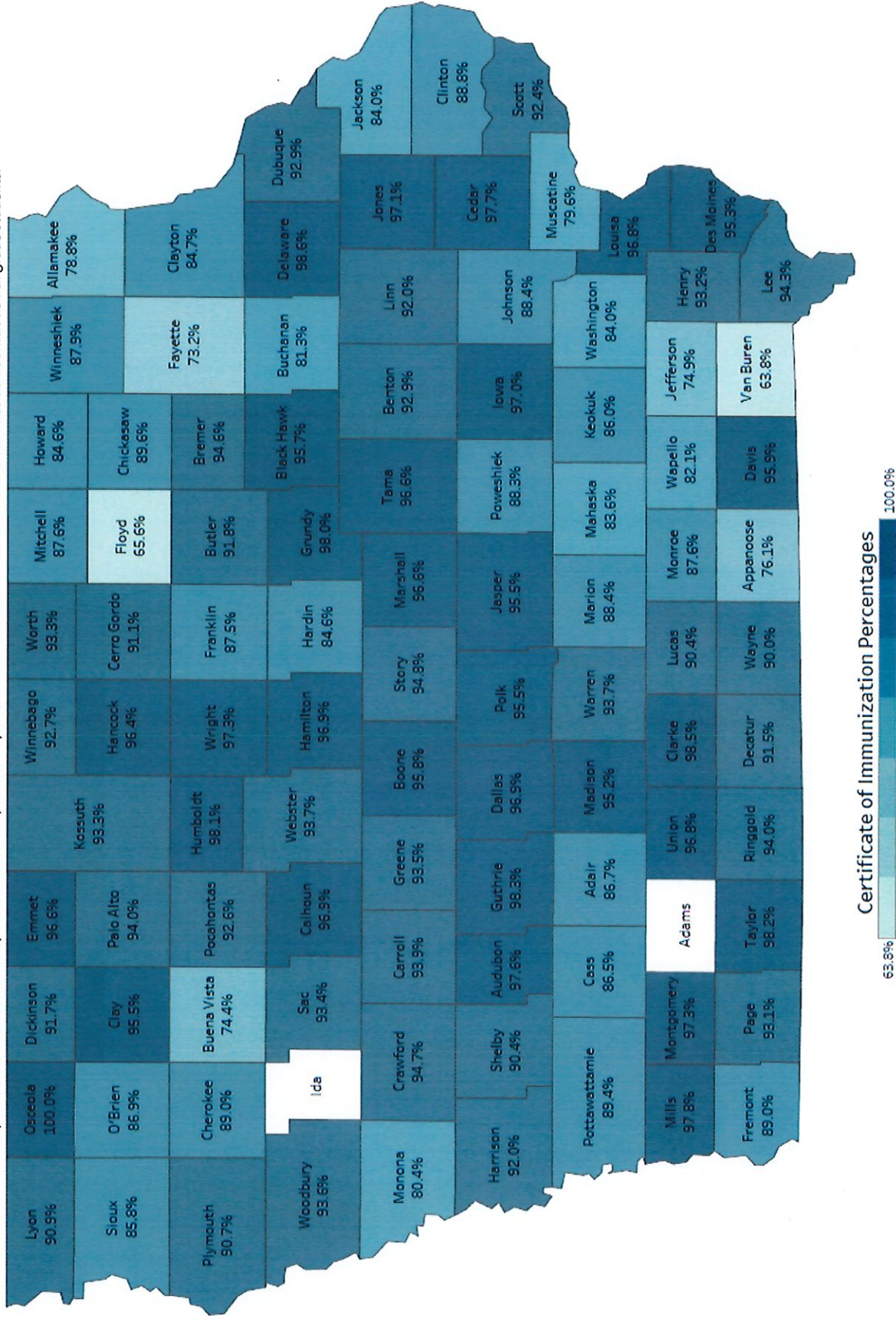






# Appendix 9. Percent of Seventh Grade Students with a Certificate of Immunization by County, Iowa, 2021-2022 School Year

Map Note: Data are collected by location of school, not county of residence of students. Ida and Adams counties do not include 7th grade students.





# **Appendix 10. Percent of Seventh Grade Students who are Under or Un-immunized by County, Iowa, 2021-2022 School Year**

Students with a Certificate of Religious or Medical Exemption, Provisional Certificate, or Invalid/No Certificate

Map Note: Data are collected by location of school, not county of residence of students. Ida and Adams counties do not include 7th grade students.

