



Grinnell Regional Medical Center
Primary Service Area

Community Health Needs Assessment Round #2



June 2016

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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*Shaded lines note IRS requirements

I. Executive Summary

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I. Executive Summary

Poweshiek County, IA - 2016 Community Health Needs Assessment (CHNA)

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with local residents, to research and prioritize county health needs and document community health delivery successes. This health assessment will serve as the foundation for community health improvement efforts for the next three years. The last CHNA for Poweshiek County, IA was published in June of 2013. (Note: The Patient Protection and Affordable Care Act (ACA) requires not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). This assessment was coordinated and produced by VVV Consultants LLC (Olathe, Kansas) under the direction of Vince Vandehaar, MBA.

The CHNA provides benefits to local health service organizations, the hospital, the public health department, as well as the community, in the following ways: 1) Increases knowledge of community health needs and resources 2) Creates a common understanding of the priorities of the community's health needs 3) Enhances relationships and mutual understanding between and among stakeholders 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5) Provides rationale for current and potential funders to support efforts to improve the health of the community 6) Creates opportunities for collaboration in delivery of services to the community and 7) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs.

Town Hall "Community Health Strengths" cited for Grinnell Regional Medical Center's Primary Service Area are as follows:

Poweshiek County, IA - Community Health "Strengths"			
	Topic		Topic
1	Hospital and providers working together	11	Community volunteers
2	Health education programs	12	Hospice and home health
3	Award winning OB department	13	Community relationship with Grinnell College
4	Public Health Department	14	Chemo center
5	High patient satisfaction scores	15	Emergency services
6	Access to grants	16	Strong local businesses
7	Specialists we already have at GRMC	17	Community support through philanthropy
8	High quality of life in Grinnell	18	Urgent care services
9	Recreational opportunities	19	Title 19 presence
10	Senior care (long-term care)		

Town Hall “Community Health Changes and/or Improvements Ranking” cited for Grinnell Regional Medical Center’s Primary Service Area are as follows:

Town Hall Community Health Needs - 2016				
Grinnell Regional Medical Center - Primary Service Area				
62 Town Hall Attendees, 208 Votes				
#	Health Needs to Change and/or Improve	Votes	%	Accum
1	Access to Mental Health Services (Providers and Placement)	44	21.2%	21.2%
2	Health Education Programs in Schools	20	9.6%	30.8%
3	Water / Air Quality	16	7.7%	38.5%
4	Affordable Healthcare Transportation	16	7.7%	46.2%
5	Visiting Specialists (Pain Management, Orthopedics and Dermatology)	15	7.2%	53.4%
6	Pharmaceutical Costs	14	6.7%	60.1%
7	Poverty	13	6.3%	66.3%
8	Fight Obesity (Nutrition and Exercise)	12	5.8%	72.1%
9	Insurance Coverage (Medicaid and Uninsured/Under-Insured)	12	5.8%	77.9%
Total Town Hall Votes		208	100.0%	
Other Items Noted: Corporate Wellness, Dentists taking Title 19, Smoking/Tobacco, Support for Home Bound Patients, Staffing / Retention for Healthcare Services, Breastfeeding Education, Homelessness, Resources Available for Single Parents, Affordable Housing, Sex Education (Sexually Transmitted Infections), Awareness of Healthcare Services, Falls / Injury, Health Privacy (HIPAA) and School Bullying.				

Key Community Health Needs Assessment Conclusions from secondary research for Grinnell Regional Medical Center’s Primary Service Area are as follows:

IA HEALTH RANKINGS: According to the 2015 RWJ County Health Rankings study, Poweshiek County’s highest State of Iowa rankings (of 99 counties) were in Physical Environment, Health Factors, Clinical Care and Health Behaviors.

The following summary was assembled to reflect the tables shown in Sec III. This secondary research was completed with the best data available at a point in time. As related to the Iowa Rural Norm cited, each tab summarizes common themes that could be affecting health in Poweshiek County, Iowa.

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

- TAB 1: Poweshiek County has a population of 18,668 residents as of 2014. The percent change in population in Poweshiek County from April 1, 2010 to July 1, 2014 is -1.3%. The percent of persons under 18 living in Poweshiek County is 20.4%, lower than the Iowa rural norm of 23.4%. The percent of white persons living alone in Poweshiek County is 94.8%, lower than the Iowa rural norm of 96.6%. The percent of foreign born persons in Poweshiek County is 3.1%, higher than the Iowa rural norm of 1.8%. The percent of residents living the same house for one year and over in Poweshiek County is 83.2%, lower than the Iowa rural norm of 87.5%. There are 1,296 veterans in Poweshiek County, higher than the Iowa rural norm of 1,173 (People Quick Facts, U.S. Census Bureau). There are 32.3 persons per square mile in Poweshiek County, higher than the Iowa rural norm of 25.2 (Geography Quick Facts, U.S. Census Bureau). The percent of children living in single-parent households in Poweshiek County is 29%, higher than the Iowa rural norm of 25.9% (RWJ County Health Rankings). The voter turnout in Poweshiek County is 67.3%, lower than the Iowa rural norm of 70.3% (Iowa Secretary of State).
- TAB 2: The percent of housing units in multi-unit structures in Poweshiek County is 15%, higher than the Iowa rural norm of 10.5% (People Quick Facts, U.S. Census Bureau). The percent of severe housing problems in Poweshiek County is 12%, higher than the Iowa rural norm of 10.6% (RWJ County Health Rankings). The retail sales per capita in Poweshiek County are \$12,932, higher than the Iowa rural norm of \$10,006. The total number of firms in Poweshiek County is 1,781, higher than the Iowa rural norm of 1,421 (Business Quick Facts, U.S. Census Bureau). The mean travel time to work for workers aged 16+ is 17 minutes, lower than the Iowa rural norm of 19.8 minutes (People Quick Facts, U.S. Census Bureau). The percent of persons with a long commute driving alone in Poweshiek County is 21%, lower than the Iowa rural norm of 24.9% (RWJ County Health Rankings).
- TAB 3: In Poweshiek County, 25.9% of students are eligible for free lunch, lower than the Iowa rural norm of 29.4% (U.S. Department of Agriculture, Food Environment Atlas). The 4-year high school graduation rate in Poweshiek County is 210, higher than the Iowa rural norm of 145 (Iowa Health Fact Book). The percent of persons 25+ with a bachelor's degree or higher in Poweshiek County is 24.1%, higher than the Iowa rural norm of 18.7% (People Quick Facts, U.S. Census Bureau).
- TAB 4: The number of mothers in Poweshiek County who began prenatal care in the first trimester is 306, higher than the Iowa rural norm of 253 (Iowa Health Fact Book). The percent annual birth outcomes that are preterm is 5.8%, lower than the Iowa rural norm of 8.3% (Iowa Department of Health and Environment). The number of low birth weights (less than 2500 grams) in Poweshiek County is 24, higher than the Iowa rural norm of 21. The number of mothers who smoked during pregnancy in Poweshiek County is 74, higher than the Iowa rural norm of 62. The number of mothers under age 20 in Poweshiek County is 36, higher than the Iowa rural norm of 28. The number of out-of-wedlock births in Poweshiek County is 142, higher than the Iowa rural norm of 104 (Iowa Health Fact Book).
- TAB 5: The ratio of the population in Poweshiek County to primary care physicians is 1,338, lower than the Iowa rural norm of 1,987. The number of preventable hospital stays in Poweshiek County is 40, lower than the Iowa rural norm of 65 (RWJ County Health Rankings). The percent of patients in Poweshiek County who gave their hospital

a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest) is 76%, higher than the Iowa rural norm of 74.3% (Centers for Medicare and Medicaid Services).

- TAB 6: The percent of the Medicare population in Poweshiek County with depression is 10.8%, lower than the Iowa rural norm of 14% (Centers for Medicare and Medicaid Services). The percent of alcohol-impaired driving deaths in Poweshiek County is 6%, lower than the Iowa rural norm of 22.9% (RWJ County Health Rankings).
- TAB 7: The adult obesity percent in Poweshiek County is 29%, lower than the Iowa rural norm of 31%. The percent of adult smoking in Poweshiek County is 17%, lower than the Iowa rural norm of 19%. The percent of excessive drinking in Poweshiek County is 17%, lower than the Iowa rural norm of 19.8%. The percent of physical inactivity in Poweshiek County is 22%, lower than the Iowa rural norm of 26.4%. The rate per 100,000 of sexually transmitted infections in Poweshiek County is 406, higher than the Iowa rural norm of 226 (RWJ County Health Rankings). The percent of the Medicare population in Poweshiek County with Hypertension is 43.9%, lower than the Iowa rural norm of 52.8%. The percent of the Medicare population with Hyperlipidemia in Poweshiek County is 35.8%, lower than the Iowa rural norm of 41%. The percent of the Medicare population in Poweshiek County with Heart Failure is 10.8%, lower than the Iowa rural norm of 14%. The percent of the Medicare population in Poweshiek County with Chronic Kidney Disease is 11.4%, lower than the Iowa rural norm of 13.7%. The percent of the Medicare population in Poweshiek County with COPD is 7.8%, lower than the Iowa rural norm of 11%. The percent of the Medicare population in Poweshiek County with Osteoporosis is 3.6%, lower than the Iowa rural norm of 5.9% (Centers for Medicare and Medicaid Services).
- TAB 8: The uninsured percent (under 65) in Poweshiek County is 10.1%, lower than the Iowa rural norm of 12% (Iowa Health Fact Book).
- TAB 9: The total Heart Disease mortality in Poweshiek County is 294, higher than the Iowa rural norm of 215. The total Chronic Obstructive Pulmonary Disease mortality in Poweshiek County is 74, higher than the Iowa rural norm of 46. The total suicides in Poweshiek County is 15, higher than the Iowa rural norm of 12 (Iowa Health Fact Book).
- TAB 10: The percent of two-year-old coverage of individual vaccines and selected vaccination series is 69%, higher than the Iowa rural norm of 67% (Iowa Immunization Program).

Key 2016 Community Feedback Conclusions

In February of 2016, Grinnell Regional Medical Center (GRMC) collected stakeholder feedback from their primary service area consumers, community leaders and groups, public and other organizations, and other providers. These stakeholders (N=349) provided the following community feedback insights via an online perception survey:

- 82.5% of GRMC primary service area stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good, with Very Good being the highest ranking.
- GRMC primary service area stakeholders are satisfied with the following services: Ambulance Services, Chiropractors, Dentists, Eye Doctor/Optomestrist, Home Health Hospice, Inpatient Services, Outpatient Services, Pharmacy, Primary Care and Public Health Department.
- GRMC primary service area stakeholders are not satisfied with the following services: Mental Health Services and Visiting Specialists.
- 78.8% of GRMC primary service area stakeholders have received healthcare services outside of their community over the past two years.
- GRMC primary service area stakeholders perceive the following causes of disease or disability a problem in their community: Drugs/Substance Abuse, Mental Illness, Obesity, Physical Exercise, Poverty and Suicide.

As seen below, the community still senses a health need for Increase Mental Health Services (Need More Providers and Placement), Fight Suicide/Depression, Fight Substance Abuse, Fight Obesity (Increase Fitness/Nutrition), Reduce Uninsured, Recruit Specialists (Ortho, Neuro, Derm), Offer Transportation for Healthcare, Expand Medicaid and Provide Affordable Dental Care.

Grinnell Regional Medical Center (Primary Service Area) N=349						
From our last CHNA (2013), a number of health needs were identified as priorities. Are any of these 2013 CHNA needs still an "Ongoing Problem" in our Grinnell Regional Medical Center service area?						
Answer Options	Not a Problem Anymore	Somewhat of a Problem	Major Problem	Problem %	Response Count	Most Pressing Rank
Increase Mental Health Services (Need More Providers and Placement)	9	72	190	96.7%	271	1
Fight Suicide / Depression	11	139	110	95.8%	260	3
Fight Substance Abuse	24	154	76	90.6%	254	8
Fight Obesity (Increase Fitness / Nutrition)	25	141	95	90.4%	261	4
Reduce Uninsured	26	158	66	89.6%	250	6
Recruit Specialists (Ortho, Neuro, Derm)	33	102	130	87.5%	265	2
Offer Transportation for Healthcare	39	146	67	84.5%	252	7
Expand Medicaid	42	147	58	83.0%	247	9
Provide Affordable Dental Care	46	136	71	81.8%	253	5
Provide Eating Disorders Education	57	154	33	76.6%	244	12
Provide Access to Free Care Clinic	75	123	47	69.4%	245	10
Provide Wellness Education	110	121	27	57.4%	258	11

II. Methodology

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II. Methodology

a) Scope and Purpose

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.

JOB #1: Meet/Report IRS 990 Required Documentation

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

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community 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.).

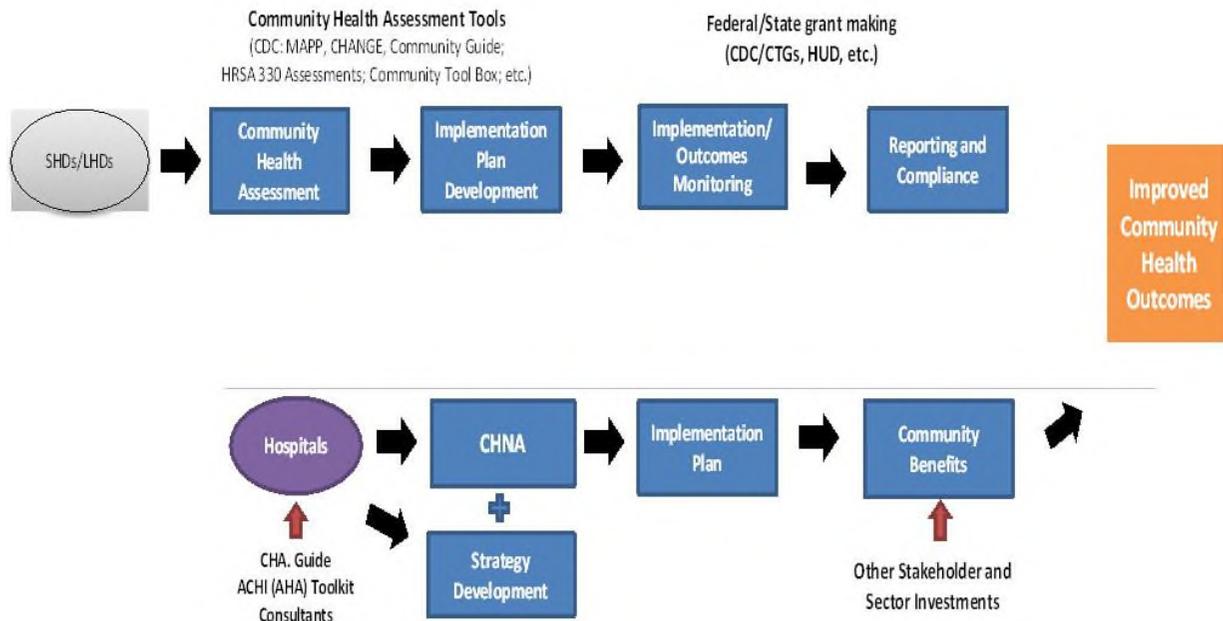
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2015 or during either of the two previous fiscal years.

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

Year 2015 - IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals

ACCOUNTING TODAY 1/2/15

The Internal Revenue Service and the Treasury Department have issued **final regulations** under the Affordable Care Act to protect patients in tax-exempt hospitals from aggressive debt collection practices and to provide other rules for charitable hospitals.

Under the **final regulations**, each Section 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis: establish written financial assistance and emergency medical care policies; limit the amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy; make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual; and conduct a community health needs assessment, or CHNA, and adopt an implementation strategy at least once every three years. The first three requirements are effective for tax years beginning after March 23, 2010 and the CHNA requirements are effective for tax years beginning after March 23, 2012.

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements. "Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a **blog post** Monday explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

She noted that as a condition of their tax-exempt status, charitable hospitals must take an active role in improving the health of the communities they serve, establish billing and collections protections for patients eligible for financial assistance, and provide patients with the information they need to apply for such assistance. "These final rules adopt the same framework of proposed regulations but simplify the compliance process for charitable hospitals, while continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

Under the new rules, hospitals cannot charge individuals eligible for financial assistance more for emergency or other medically necessary care than the amounts generally billed to patients with insurance (including Medicare, Medicaid, or private commercial insurance). In addition, every tax-exempt hospital must establish and widely publicize a financial assistance policy that clearly describes to patients the eligibility criteria for obtaining financial assistance and the method for applying for financial assistance.

Charitable hospitals are also prohibited from engaging in certain collection methods (for example, reporting a debt to a credit agency or garnishing wages) until they make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy.

In addition, each charitable hospital need to conduct and publish a community health needs assessment at least once every three years and disclose on the tax form that it files on an annual basis the steps it is taking to address the health needs identified in the assessment.

Many of the requirements have been in place since the Affordable Care Act passed in 2010, but in response to comments on the proposed regulations, the final rules also expand access to translations for patients, by lowering the threshold for having translations of financial assistance policies available from 10 percent of the community served as proposed, to five percent of the community served or population expected to be encountered by the hospital facility, or 1000 persons, whichever is less, according to McMahon. "The final rules also revise the notification requirements to maintain important protections for patients while making it easier for hospitals to comply with them," she wrote. "General notifications regarding a hospital's financial assistance policy must appear on bills and in the hospital. However, individual written and oral notifications of the hospital's financial assistance policy are now only required when a hospital plans to use extraordinary collections actions, such as reporting a debt to a credit bureau, selling the debt to a third party or garnishing wages."

While charitable hospitals must continue to make a good-faith effort to comply, the rules provide charitable hospitals with time to fully update their policies and programming to implement the changes. But if a charitable hospital fails to meet the consumer protection provisions required by the law, the hospital could have its tax-exempt status revoked. If a hospital fails to properly conduct a community health needs assessment or adopt an implementation strategy, an excise tax will apply, McMahon noted. "However, if a hospital fails to meet a requirement, but the failure is neither willful nor egregious, the hospital can correct and publicly disclose the error to have it excused, thus avoiding revocation of tax-exempt status, but the excise tax would still apply," she wrote.

II. Methodology

b) Collaborating CHNA Parties

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

Grinnell Regional Medical Center Profile

210 4th Ave, Grinnell, IA 50112

President and CEO: Todd C. Linden

About Us: Since 1919, people from across east central Iowa have relied on the healthcare professionals at Grinnell Regional Medical Center for their healthcare needs.

A private, nonprofit, non-tax supported medical center with 49 beds, GRMC serves more than 47,000 residents in portions of Poweshiek, Jasper, Benton, Iowa, Mahaska, and Tama counties. With about 50 physicians and advanced practice clinicians, 400 employees, and 200 volunteers, GRMC is the largest hospital in Iowa between Des Moines and Iowa City.

Like healthcare itself, GRMC is always changing and growing to meet the healthcare needs of area residents. From birth to end-of-life, GRMC provides big city medicine with small town hospitality...right here at home.

Our mission is dedication to "Health Care for Life" through:

- Genuine care and compassion for the health and well-being of patients, families, and the communities we are privileged to serve.
- Responsiveness to balancing community needs with available resources.
- Marvelous people making a difference through quality care and service excellence every day.
- Commitment to promoting wellness, restoring health and enhancing the quality of life for all we serve.

Our Vision: To be a national leader in patient safety, quality, and service excellence.

Our Values: We value our patients and colleagues. We strive to treat those we serve as they wish to be treated, respecting individuality, confidentiality, and dignity. We value integrity, compassion, cooperative spirit, innovation, and service.

Our Services: Grinnell Regional Medical Center offers a full spectrum of inpatient and outpatient services for wellness, acute, and chronic medical conditions. We're committed to providing excellent patient care to the communities we serve.

We blend traditional medicine and state-of-the-art technology together with an optimal healing environment for your health and wellness. GRMC developed as an acute care facility in 1969 and has expanded specialty areas to meet your needs.

GRMC provides an array of services from birth to end-of-life. Specialties include primary care in family practice and general surgery, as well as specialists in anesthesiology, bariatrics/weight loss surgery, emergency medicine, internal medicine, mental health, pain management, pathology, podiatry, psychiatry, radiology, rheumatology, and urology. Visiting specialists in 11 areas provide additional specialty care for area residents.

When your physician recommends diagnostic tests, treatments, and wellness services, turn to GRMC – your local hospital.

- Cancer Care
- Diagnostic Services
- Emergency Care
- Family Medicine
- Family Medicine with Obstetrics
- Fitness and Wellness
- Geriatrics
- Integrated Medicine
- Home Care
- Hospice
- Maternity Services
- Mental Health
- Obstetrics/Gynecology
- Pain Management
- Public Health
- Rehabilitation
- Rheumatology
- Surgery
- Urgent Care

Grinnell Regional Public Health

Grinnell Regional Public Health offers services to promote and protect the health of residents of Poweshiek County through;

- Immunization clinics
- Communicable disease control
- Child health
- Women, Infant, Children Nutrition (WIC)
- Maternal health

Immunization Clinics

Public health offers annual influenza vaccination clinics as well as child and adult immunizations.

Communicable Disease Control

Public health nurse provides investigation, follow-up, and education for communicable diseases in the community. Staff also provide TB testing and follow-up.

Child Health

The professional staff will coordinate health care services for children:

- Assist in obtaining funding for well-child care
- Assist with finding medical provider
- Assist with finding dental provider
- Provide lead screening
- Offer health education
- Perform nutrition evaluations
- Perform social evaluations, and
- Refer to other community resources as needed

Women, Infant, Children Nutrition

The WIC Nutrition service coordinated by Mid-Iowa Community Action provides vouchers for formula, milk, and nutritious food supplies for pregnant women, nursing mothers, and children to five years of age who are financially eligible.

Maternal Health Program

A staff member will coordinate health services, such as:

- Assist in obtaining a physician
- Assist in obtaining appropriate payment source
- Offer prenatal education
- Perform social assessment and guidance
- Provide nutrition and dental evaluation and education, and
- Breastfeeding support and education.

For more information, call us at 641-236-2385.

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Consultants LLC

Company Profile: 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VINCE VANDEHAAR, MBA

Principal Consultant and Owner of VVV Consultants LLC

VVV Consultants LLC was incorporated on May 28, 2009. With over 30 years of business and faculty experience in helping providers, payors and financial service firms obtain their strategic planning and research and development needs, Vince brings in-depth health industry knowledge, research aptitude, planning expertise and energy. VVV Consultants LLC services are organized, formal processes of listening to the voice of the customer. Vince started his consulting business after working for Saint Luke's Health System (SLHS) of Kansas City for 16 years. *(Note: Saint Luke's Hospital of Kansas City, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003. The Baldrige examiners cited Vince's department as "Best Practice" in the areas of customer satisfaction, market research and evaluation efforts <Kansas City Star 3/10/04>).*

VVV Consultants LLC consultants have in-depth experience helping hospitals work with local health departments to engage community residents and leaders to identify gaps between existing health community resources and needs and construct detailed strategies to meet those needs, while still adhering to the hospital's mission and budget. Over the past 20 years, Vandehaar has completed eight comprehensive Baldrige aligned Community Health Needs Assessments for Saint Luke's of Kansas City System facilities (3 campuses) and was contracted to conduct two additional independent department of health consulting projects (prior to IRS 990 regs). To date, VVV has completed 55 CHNA IRS-aligned assessments for Iowa, Kansas, Missouri and Nebraska hospitals and health departments.

Vince Vandehaar, MBA is actively involved in the Kansas City community. He is a member the Greater Kansas City Employee Benefits Association, the Society for Healthcare Strategy and Market Development, the American Marketing Association Kansas City Chapter and Co-Chair of the AMA Kansas City Healthcare Special Interest Group. In addition to these roles, from 2000 to 2008, Vince served as the state chairman for MHA's Data Committee and was a member of KHA's Data Taskforce.

Collaborating Consultants

Alexa Backman, MBA - VVV Consultants LLC

Associate Consultant

II. Methodology

c) CHNA and Town Hall Research Process

Grinnell Regional Medical Center's Community Health Needs Assessment (CHNA) process began in late October 2015. At that time, an inquiry was made by Todd Linden, President and CEO, to VVV Consultants LLC to explore the possibility of conducting a comprehensive IRS-aligned CHNA. VVV Consultants LLC then reviewed CHNA experience, in-depth CHNA requirements and regulations, CHNA development options to meet IRS requirements and next steps after option approval.

VVV CHNA Deliverables:

- Confirm GRMC service area meets 75/25% patient origin rule.
- Uncover/document basic secondary research and health of county, organized by 10 TABS.
- Conduct Town Hall meeting to discuss secondary data and uncover/prioritize county health needs.
- Conduct and report CHNA primary research (with valid N).
- Prepare and publish IRS-aligned CHNA report that meets requirements.

To ensure proper GRMC Town Hall representation that meets the Stark service area definition (75/25%), the following patient origin 3-year summary was generated to document the GRMC primary service area.

Source: Hospital Internal Records

Grinnell Regional Medical Center				3yr Trend		
#	ZIP	City	County	I/O/E	Accum	%
Grand Total				188,944	100%	100.0%
1	50112	GRINNELL	Poweshiek	77,606	41.1%	41.1%
2	52211	BROOKLYN	Poweshiek	13,695	48.3%	7.2%
3	50171	MALCOM	Poweshiek	13,470	55.5%	7.1%
4	52339	TAMA	Tama	12,498	62.1%	6.6%
5	52342	TOLEDO	Tama	9,918	67.3%	5.2%
6	52347	GUERNSEY	Poweshiek	6,972	71.0%	3.7%
7	50153	LYNNVILLE	Jasper	4,353	73.3%	2.3%
8	50157	MALCOM	Poweshiek	4,170	75.5%	2.2%

Grinnell Regional Medical Center - CHNA Work Plan

Project Timeline and Roles 2016

Step	Date (Start-Finish)	Lead	Task
1	10/28/2015	VVV	Sent VVV quote for review.
2	10/28/2015	Client	Select CHNA Option C. Approve to start work 1/15/16.
3	1/25/2016	VVV	Send out REQCommInvite Excel file. Hospital and health department to fill in primary service area stakeholders names, addresses and e-mails.
4	1/25/2016	VVV	Request client to send IHA PO101, 102 and PO103 reports to document service area for FFY 12, 13 and 14. In addition, request client to complete three year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or before 1/25/2016	VVV	Prepare CHNA Option C stakeholder feedback online link. Send text link for client review.
6	On or before 1/25/2016	VVV / Client	Prepare and send out PR story to local media announcing upcoming CHNA work. Client to place.
7	2/5/2016	VVV	Launch and conduct online survey to stakeholders. Client will e-mail invite to participate to all stakeholders.
8	2/5/2016	VVV / Client	Prepare and send out PR story to local media announcing online CHNA stakeholder feedback survey. Request public to participate.
9	On or before 2/19/2016	VVV	Assemble and complete secondary research. Find and populate 10 tabs. Create Town Hall PowerPoint for presentation.
10	2/19/2016	Client	Prepare and send out community Town Hall invite letter and place local ad.
11	2/19/2016	VVV / Client	Prepare and send out PR story to local media announcing upcoming Town Hall. VVV will mock up PR release to media sources.
12	On or before 2/29/2016	VVV/ Client	Conduct conference call (<i>time TBD</i>) with client and health department to review Town Hall data and flow.
13	3/16/2016	VVV	Conduct CHNA Town Hall from 11:30a.m.-1:00p.m. at the Elks Lodge. Review and discuss basic health data plus rank health needs.
14	On or before 4/30/2016	VVV	Complete analysis. Release draft one and and solicit feedback from organization leaders and the health department.
15	On or before 5/15/2016	VVV	Produce and release final CHNA report. Client will post CHNA online.
16	7/25/2016	Client	Host Community meeting to formulate health improvement plan.
17	30 days prior to end of client fiscal year	Client	Hold board meetings to discuss CHNA needs and create and adopt an Implementation Plan. Communicate CHNA plan to community.

To meet IRS CHNA requirements, a four-phase methodology was reviewed and approved as follows:

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Gather historical primary research to uncover public health needs, practices and perceptions for hospital primary service areas.

Phase III—Quantify Community Need:

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

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

Post CHNA report findings to meet IRS-aligned CHNA criteria.

After consideration of CHNA stakeholders (sponsoring hospital and local health department), the CHNA Option C was selected with the following project schedule:

Phase I: Discovery.....	January 2016
Phase II: Secondary / Primary Research.....	February 2016
Phase III: Town Hall Meeting.....	March 16, 2016
Phase IV: Prepare / Release CHNA report.....	May 2016

Detail CHNA Development Steps Include:

Steps to Conduct Community Health Needs Assessment	
	Development Steps
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept, Mental Health Centers, Schools, Churches, Physicians etc), hold community meeting.</i>
Step # 2 Planning	<i>Prepare brief Community Health Needs Assessment Plan - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect & Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.</i>
Step # 4a Primary Research	<i>Conduct Community Roundtable (Qualitative Research). Review Secondary Research (Step3) with Community Stakeholders. Gather current opinions and identify health needs.</i>
Step # 4b Primary Research <Optional>	<i>Collect Community Opinions. (Quantitative Research). Gather current opinions (Valid sample size) regarding community health needs and healthcare practices. If appropriate, conduct Physician Manpower Assessment to determine FTE Physician need by specialty.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive Community Health Needs Assessment report (to community leaders) with Recommended Actions to improve health. < Note: Formal report will follow IRS Notice 2011-52 regs ></i>

VVV Research & Development, LLC 913 302-7264

Overview of Town Hall Community Priority Setting Process

Each community has a wealth of expertise to be tapped for CHNA development. For this reason, a Town Hall is the perfect forum to gather community insight and provide an atmosphere to objectively consensus build and prioritize county health issues.

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to Town Hall: local hospital, public health community, mental health community, free clinics, community-based clinics, service providers, local residents, community leaders, opinion leaders, school leaders, business leaders, local government, faith-based organizations and persons (or organizations serving them), people with chronic conditions, uninsured community members, low income residents and minority groups.

Grinnell Regional Medical Center's Town Hall was held on Wednesday, March 16, 2016 at the Elks Lodge. Vince Vandelaar and Alexa Backman facilitated this 1 ½ hour session with sixty-one (61) attendees. (Note: a detailed roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome and introductions.
2. Review purpose for the CHNA Town Hall and roles in the process.
3. Presentation/review of historical county health indicators (10 tabs).
4. Facilitate Town Hall participant discussion of data (probe health strengths/concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (using four dots to cast votes on priority issues). Tally and rank top community health concerns cited.
6. Close meeting by reflecting on the health needs/community voting results. Inform participants on next steps.

At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital and health department leaders via e-mail or personal conversations.

(NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting of open-end comments).

Community Health Needs Assessment on behalf of Grinnell Regional Medical Center PSA

Town Hall Meeting - Poweshiek County, IA



Vince Vandehaar, MBA
VVV Consultants LLC
Owner and Adjunct Marketing Professor

Olathe, Kansas 66061
VVV@VandehaarMarketing.com

www.vandehaarmarketing.com
913-302-7264

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- I. Opening / Introductions (10 mins)
- II. Review CHNA Purpose and Process (10 mins)
- III. Review Current County "Health Status" –
 - a) Secondary Data by 10 TAB Categories
 - b) Review Community Feedback Research (35 mins)
- IV. Collect Community Health Perspectives
Hold Community Voting Activity: Determine
MOST Important Health Areas (30 mins)
- I. Close / Next Steps (5 mins)

VVV Consultants LLC

I. Introduction:

Background and Experience



Vince Vandehaar, MBA

VVV Consultants LLC, Principal Consultant

- > Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
- > Focus: Strategy, Research, Deployment
- > Over 25 years of experience with Tillinghast, BCBSKC, Saint Luke's

Adjunct Professor - Marketing / Health Admin, 26 years +

- > Webster University (1988 – present)
- > Rockhurst University (2010 – present)

Alexa Backman, MBA, Associate Consultant

Town Hall Participation (You)

- ALL attendees welcome to share.
 - Parking Lot
- There are no right or wrong answers.
- Only one person speaks at a time.
- Please give truthful responses.
- Have a little fun along the way.

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

II. Purpose: Why Conduct Community Health Needs Assessment?

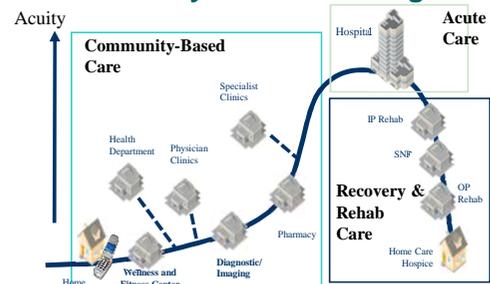
- To determine health-related trends and issues of the community.
- To understand/evaluate health delivery programs in place.
- To develop strategies to address unmet health needs.
- To meet Federal requirements -- both local hospital and health department.

II. Review CHNA Definition

A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. (NOTE: Some the data has already been published by local, state and federal public health organizations. Some data will be collected today).

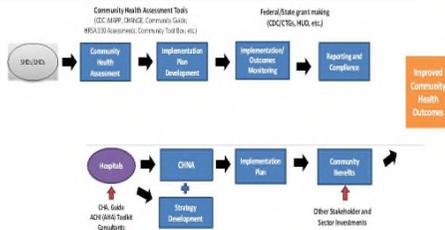
CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

Future System of Care Sg2



IP = inpatient; SNF = skilled nursing facility; OP = outpatient.

Community Health Needs Assessment Joint Process: Hospital and Health Department



II. Required Written Report IRS 990 Documentation

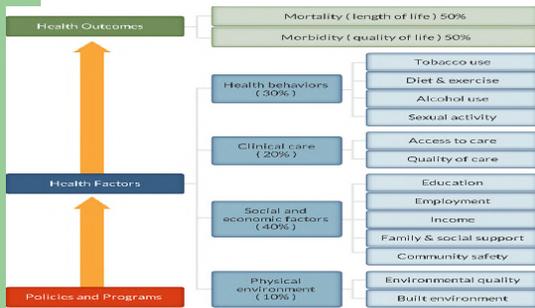
- a description of the community served
- a description of the CHNA process
- the identity of any and all organizations and third parties which collaborated to assist with the CHNA
- a description of how the organization considered the input of persons representing the community (e.g., through meetings,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

III. Review Current County "Health Status" Secondary Data by 10 TAB Categories plus IA State Rankings

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

County Health Rankings

Robert Wood Johnson Foundation and University of WI Health Institute



Focus Area	Measure	Description
Air and water quality (5%)	Air pollution particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county
	Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year
Housing and transit (5%)	Leaky housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or bathing facilities
	Transit access to work	Percent of the workforce that drives alone to work
2a	Low crime rate	Along routes who commutes to their care alone, the route that commutes more than 30 minutes
	Health Outcomes (10%)	Health Outcomes
2b	Chronic Care (20%)	Chronic Care
	Access to care (10%)	Access to care
Quality of care (10%)	Preventable hospitalizations	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees
	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c testing
2c	Mammography screening	Percent of female Medicare enrollees that receive mammography screening
	Social and Economic Environment (40%)	Social and Economic Environment
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years
	Some college	Percent of adults aged 25-44 years with some post-secondary education
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work
Dispos (10%)	Children in poverty	Percent of children under age 18 in poverty
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support
	Children in single-parent households	Percent of children that live in household headed by single parent
2d	Community safety (5%)	Community safety
	Injury deaths	Injury mortality per 100,000
2e	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2f	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2g	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2h	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2i	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2j	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2k	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2l	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2m	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2n	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2o	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2p	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2q	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2r	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2s	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2t	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2u	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2v	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2w	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2x	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2y	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes
2z	Health Outcomes (10%)	Health Outcomes
	Health Outcomes (10%)	Health Outcomes

IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

- Tomorrow:** What is occurring or might occur that would affect the "health of our community" ?
- Today:** What are the *strengths* of our community that contribute to health
- Today:** Are there healthcare services in your community / neighborhood that you feel *need to be improved and / or changed*?

V. Have we forgotten anything ?

A. Aging Services	M. Hospice
B. Chronic Pain Management	N. Hospital Services
C. Dental Care/Oral Health	O. Maternal, Infant & Child Health
D. Developmental Disabilities	P. Nutrition
E. Domestic Violence,	R. Pharmacy Services
F. Early Detection & Screening	S. Primary Health Care
G. Environmental Health	T. Public Health
H. Exercise	U. School Health
I. Family Planning	V. Social Services
J. Food Safety	W. Specialty Medical Care Clinics
K. Health Care Coverage	X. Substance Abuse
L. Health Education	Y. Transportation
M. Home Health	Z. Other _____

Community Health Needs Assessment

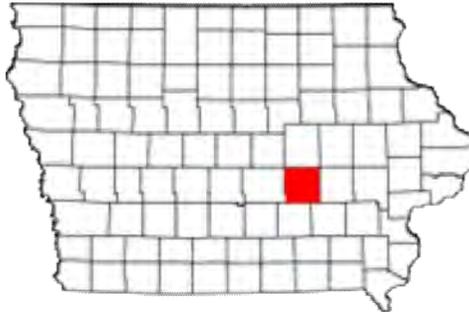
Questions Next Steps ?

VVV Research & Development, LLC
 vmlvandehaar@aol.com
 913 302-7264

II. Methodology

d) Community Profile (A Description of Community Served)

Poweshiek County, Iowa Community Profile



Demographics

The population of Poweshiek County was estimated to be 18,550 on July 1, 2015, and had a -1.9% change in population from April 1, 2010–July 1, 2015.¹ It is located along Interstate 80, between Des Moines and Iowa City. Its county seat is Montezuma, IA. According to the U.S. Census Bureau, the county has a total area of 586 square miles, of which 585 square miles is land and 1.1 square miles is water. It is drained by the north fork of Skunk River, which crosses the southwest corner, and by English River and other streams.² Poweshiek County's population density is 32 persons per square mile and its industries providing employment are Educational (health and social services) (63.3%) and Agriculture (forestry, fishing and hunting and mining) (16.2%).³

The major highway transportation is by Interstate 80, U.S. Highway 6, U.S. Highway 63, Iowa Highway 21, Iowa Highway 85 and Iowa Highway 146.⁴

¹ <http://www.census.gov/quickfacts/table/PST045215/19157>

² U.S. Census Bureau

³ http://www.city-data.com/county/Poweshiek_County-IA.html

⁴ U.S. Census Bureau

Poweshiek County Detail Demographic Profile

ZIP	NAME	County	Population			Households		HH Avg Size	Per Capita Income 14
			YR 2014	YR 2019	Chg	YR 2014	YR 2019		
50112	Grinnell	POWESHIEK	11,362	11,199	-1.4%	4,406	4,341	2.2	\$27,603
50157	Malcom	POWESHIEK	760	759	-0.1%	326	328	2.3	\$32,147
50171	Montezuma	POWESHIEK	2,955	2,945	-0.3%	1,255	1,256	2.3	\$27,761
50242	Searsboro	POWESHIEK	443	443	0.0%	188	189	2.4	\$37,524
52211	Brooklyn	POWESHIEK	2,625	2,586	-1.5%	1,094	1,083	2.4	\$24,468
52221	Guernsey	POWESHIEK	230	230	0.0%	97	98	2.4	\$25,163
52222	Deep River	POWESHIEK	709	712	0.4%	295	297	2.4	\$25,446
52232	Hartwick	POWESHIEK	223	223	0.0%	100	101	2.2	\$30,757
Totals			19,307	19,097	-3.0%	7,761	7,693	2.3	\$28,859

ZIP	NAME	County	Population				YR 2014		Females Age20_35
			YR 2014	Pop65+	Kids<18	GenY	Males	Females	
50112	Grinnell	POWESHIEK	11,362	2,230	2,821	3,566	5,488	5,874	1,261
50157	Malcom	POWESHIEK	760	141	163	193	397	363	47
50171	Montezuma	POWESHIEK	2,955	637	652	715	1,472	1,483	197
50242	Searsboro	POWESHIEK	443	74	100	116	226	217	34
52211	Brooklyn	POWESHIEK	2,625	474	642	738	1,293	1,332	227
52221	Guernsey	POWESHIEK	230	49	53	57	121	109	15
52222	Deep River	POWESHIEK	709	147	163	176	373	336	45
52232	Hartwick	POWESHIEK	223	43	43	53	114	109	13
Totals			19,307	3,795	4,637	5,614	9,484	9,823	1,839

ZIP	NAME	County	Population				Aver		HH \$50K+
			White	Black	Amer In	Hisp	HH Inc 14	YR 2014	
50112	Grinnell	POWESHIEK	10,492	201	35	369	\$68,690	4,406	2,342
50157	Malcom	POWESHIEK	743	2	3	13	\$74,562	326	200
50171	Montezuma	POWESHIEK	2,904	8	8	36	\$65,067	1,255	706
50242	Searsboro	POWESHIEK	436	1	0	3	\$88,421	188	115
52211	Brooklyn	POWESHIEK	2,522	12	6	104	\$58,440	1,094	564
52221	Guernsey	POWESHIEK	229	1	0	1	\$59,664	97	52
52222	Deep River	POWESHIEK	704	2	1	3	\$61,117	295	163
52232	Hartwick	POWESHIEK	219	0	2	2	\$68,588	100	55
Totals			18,249	227	55	531	\$68,069	7,761	4,197

Source: ERSA Demographics

III. Community Health Status

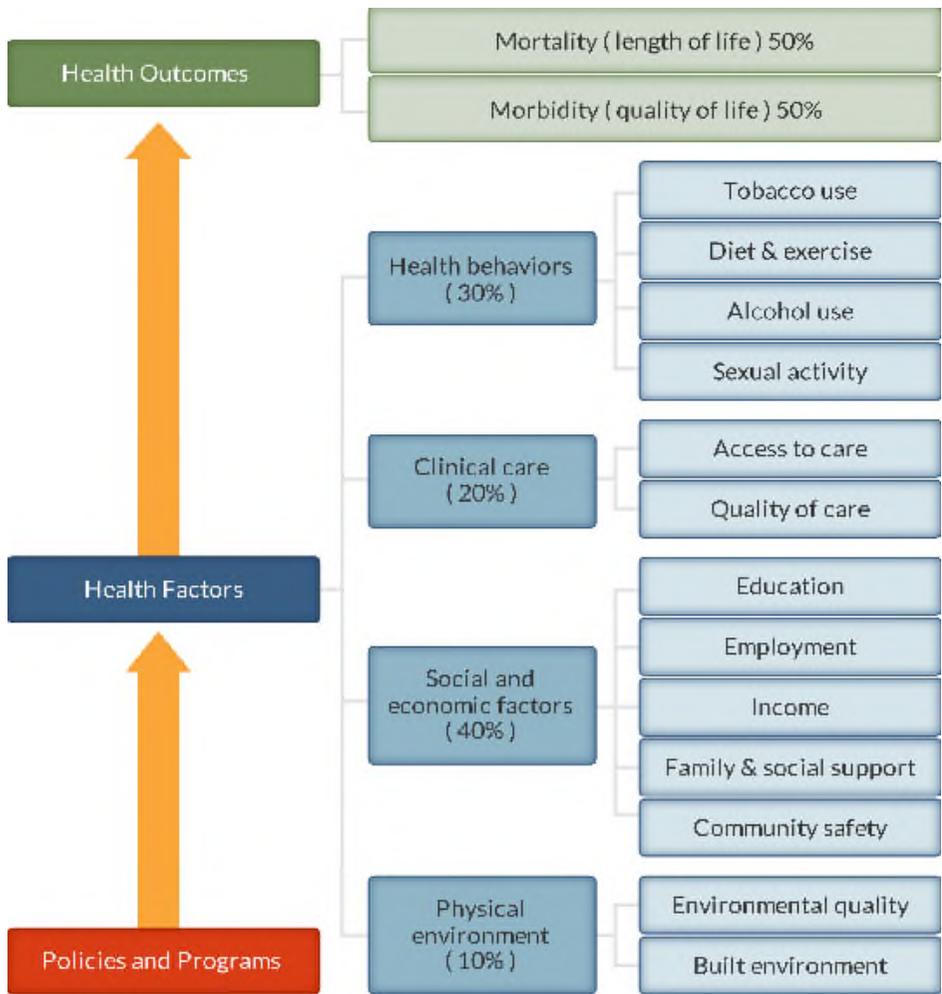
[VVV Consultants LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators and results of our recent CHNA Town Hall. To produce this profile, VVV Consultants LLC staff analyzed data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 tabs), results from the 2015 County Health Rankings and conversations from Town Hall primary research. **Each table reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.** (Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below in model, these rankings are based on a number of health factors.)



County Health Rankings model ©2012 UWPHI

Secondary Research

As mentioned in the Executive Summary in Sec I, the tables below were assembled through secondary research with the best data available at a point in time. As related to the Iowa Rural Norm cited, each table reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

2015 State Health Rankings for Poweshiek County, IA

#	IA Rank of 99 Counties	Definitions	Poweshiek County	TREND	IA Rural NORM N=14
1	Physical Environment	Environmental quality	14	GREEN	35
2	Health Factors		20	GREEN	54
2a	Clinical Care	Access to care / Quality of Care	13	GREEN	63
2b	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	39	YELLOW	51
3	Health Outcomes		55	YELLOW	61
3a	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	21	GREEN	51
3b	Morbidity	Quality of life	47	YELLOW	50
3c	Mortality	Length of life	61	YELLOW	64
http://www.countyhealthrankings.org , released 2015					
Iowa Rural Norm N=14 includes the following counties: Page, Fremont, Ida, Sac, Davis, Appanoose, Marion, Poweshiek, Tama, Madison, Ringgold, Carroll, Lucas and Clayton.					

When considering the state of community health, it's important to review published health data by topic area. Below is a summary of key tabs of information collected:

Tab 1 Demographic Profile

Tab		Health Indicator	Poweshiek County	Trend	State of Iowa	Iowa Rural Norm (14)	Source
1a	a	Population, 2014 Estimate	18,668		3,107,126	14,153	People Quick Facts
1a	b	Population, % Change - April 1, 2010 to July 1, 2014	-1.3%		2.0%	-1.7%	People Quick Facts
1a	c	Population, 2010	18,914		3,046,355	14,364	People Quick Facts
1a	d	Persons Under 5 years, Percent, 2014	5.2%		6.3%	6.0%	People Quick Facts
1a	e	Persons Under 18 years, Percent, 2014	20.4%		23.4%	23.4%	People Quick Facts
1a	f	Persons 65 Years and Over, Percent, 2014	19.2%		15.8%	20.2%	People Quick Facts
1a	g	Female Persons, Percent, 2014	51.1%		50.3%	50.3%	People Quick Facts
1a	h	White Alone, Percent, 2014	94.8%		92.1%	96.6%	People Quick Facts
1a	i	Black or African American Alone, Percent, 2014	1.4%		3.4%	0.7%	People Quick Facts
1a	j	Hispanic or Latino, Percent, 2014	3.0%		5.6%	2.5%	People Quick Facts
1a	k	Foreign Born Persons, Percent, 2009-2013	3.1%		4.5%	1.8%	People Quick Facts
1a	l	Language Other than English Spoken at Home, Pct Age 5+, 2009-2013	4.6%		7.2%	5.2%	People Quick Facts
1a	m	Living in Same House 1 Year & Over, Percent, 2009-2013	83.2%		84.8%	87.5%	People Quick Facts

Tab 1 Demographic Profile

Tab		Health Indicator	Poweshiek County	Trend	State of Iowa	Iowa Rural Norm (14)	Source
1b	a	Veterans, 2009-2013	1,296		226,175	1,173	People Quick Facts
1b	b	Persons per Square Mile, 2010	32.3		54.5	25.5	Geography Quick Facts
1b	c	Children in Single-Parent Households, 2009-2013	29.0%		29.0%	25.9%	County Health Rankings
1b	d	Poverty Levels, 2011	11.5%		12.7%	12.7%	Iowa Health Fact Book
1b	e	Limited Access to Healthy Foods, 2010	5.0%		6.0%	5.9%	County Health Rankings
1b	f	People 65+ with Low Access to a Grocery Store, 2010	3.6%		3.6%	3.3%	U.S. Department of Agriculture - Food Environment Atlas
1b	g	Voter Turnout, 2012	67.3%		73.3%	70.3%	Iowa Secretary of State

Tab 2 Economic/Business Profile

Tab	Health Indicator	Poweshiek County	Trend	State of Iowa	Iowa Rural Norm (14)	Source
2	a Per Capita Money Income in Past 12 Months (2013 dollars), 2009-2013	\$25,318		\$27,027	\$24,657	People Quick Facts
2	b Housing Units in Multi-Unit Structures, Percent, 2009-2013	15.0%		18.4%	10.5%	People Quick Facts
2	c Persons per Household, 2009-2013	2.3		2.4	2.4	People Quick Facts
2	d Severe Housing Problems, 2007-2011	12.0%		12.0%	10.6%	County Health Rankings
2	e Retail Sales per Capita, 2007	\$12,932		\$13,172	\$10,006	Business Quick Facts
2	f Total Number of Firms, 2007	1,781		259,931	1,421	Business Quick Facts
2	g Unemployment, 2013	4.6%		4.6%	4.8%	County Health Rankings
2	h Child Food Insecurity Rate, 2013	12.6%		12.6%	12.4%	Feeding America
2	i Grocery stores / 1,000 pop, 2012	0.3		0.3	0.3	U.S. Department of Agriculture - Food Environment Atlas
2	j Low-Income and Low Access to a Grocery Store, 2010	3.6%		3.6%	3.3%	U.S. Department of Agriculture - Food Environment Atlas
2	k SNAP participants (% eligible pop), 2010*	88.0%		88.0%	88.0%	U.S. Department of Agriculture - Food Environment Atlas
2	l Mean Travel Time to Work (Minutes), Workers Age 16+, 2009-2013	17.0		18.8	19.8	People Quick Facts
2	m Long Commute - Driving Alone, 2009-2013	21.0%		19.0%	24.9%	County Health Rankings

Tab 3 Educational Profile

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

Tab	Health Indicator	Poweshiek County	Trend	State of Iowa	Iowa Rural Norm (14)	Source
3	a Students Eligible for Free Lunch (%), 2010	25.9%		30.0%	29.4%	U.S. Department of Agriculture - Food Environment Atlas
3	b 4-Year High School Graduation Rates, 2011-2012	210		30,357	145	Iowa Health Fact Book
3	c Bachelor's Degree or Higher, Percent of Persons Age 25+, 2009-2013	24.1%		25.7%	18.7%	People Quick Facts

Tab 3 Educational Profile

#	Health Indicator - Local Schools, 2015	Grinnell	Montezuma	Brooklyn	South Tama
1	Total Public School Nurses	1.7 FTE	1	0.2	3
2	School Nurse is Part of the IEP Team	Yes	Yes	Yes	Yes
3	Active School Wellness Plan	Yes	Yes	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	387/21/NA	14/0/0	407/NA/NA	229/18/13
5	HEARING: # Screened / Referred to Prof / Seen by Professional	643/11/NA	136/16/0	229/NA/NA	547/20/9
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	261/34/NA	85/10/NA	71/14/NA	139/6/51
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	0	0	0	0
8	Students Served with No Identified Chronic Health Concerns	1,371	457	480	1,429
9	School has a Suicide Prevention Program	Yes	No	Yes	No
10	Compliance on Required Vaccinations	99%	97%	98%	99%

TAB 4 Maternal and Infant Health Profile

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

Tab		Vital Statistics, Iowa Health Fact Book	Poweshiek County	Trend	State of Iowa
4	a	Total Live Births, 2010-2011	390		76,718
4	a	Total Live Births, 2012-2013	348		77,699

Tab		Health Indicator	Poweshiek County	Trend	State of Iowa	Iowa Rural Norm (14)	Source
4	a	Mothers Who Began Prenatal Care in First Trimester, 2010-2011	306		62,857	253	Iowa Health Fact Book
4	b	Annual Birth Outcome % Preterm, 2014	5.8%		7.3%	8.3%	Iowa Department of Health and Environment
4	c	Low Birth Weight (<2500 Grams), 2010-2011	24		NA	21	Iowa Health Fact Book
4	d	Mothers Who Smoked During Pregnancy, 2010-2011	74		12,398	62	Iowa Health Fact Book
4	e	Mothers under Age 20, 2010-2011	36		5,763	28	Iowa Health Fact Book
4	f	Out-of-Wedlock Births, 2010-2011	142		26,106	104	Iowa Health Fact Book
4	g	Average Monthly WIC Participation 2015	274		2,318	NA	American Home Finding Association

TAB 5 Hospitalization/Provider Profile

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

#	IA Hospital Association PO103	Poweshiek County			TREND
		FFY2013	FFY2014	FFY2015p	
1	Total Discharges	1,862	1,858	1,808	
2	Total IP Discharges-Age 0-17 Ped	209	258	221	
3	Total IP Discharges-Age 18-44	353	375	356	
4	Total IP Discharges-Age 45-64	484	454	440	
5	Total IP Discharges-Age 65-74	302	265	288	
6	Total IP Discharges-Age 75+	514	506	503	
#	IA Hospital Association PO103	Grinnell Regional Medical Center			TREND
		FFY2013	FFY2014	FFY2015p	
1	Total Discharges	914	860	821	
2	Total IP Discharges-Age 0-17 Ped	93	104	95	
3	Total IP Discharges-Age 18-44	169	182	148	
4	Total IP Discharges-Age 45-64	178	153	164	
5	Total IP Discharges-Age 65-74	143	119	124	
6	Total IP Discharges-Age 75+	331	302	291	

*FFY 2015 has been prorated based on 3Q of data

Source: Hospital Internal Records

Grinnell Regional Medical Center				3-Year Trend (2013-15)		
#	ZIP	City	County	IP/OP/ER	Accum	%
Grand Total				188,944	100%	100.0%
1	50112	GRINNELL	Poweshiek	77,606	41.1%	41.1%
2	52211	BROOKLYN	Poweshiek	13,695	48.3%	7.2%
3	50171	MALCOM	Poweshiek	13,470	55.5%	7.1%
4	52339	TAMA	Tama	12,498	62.1%	6.6%
5	52342	TOLEDO	Tama	9,918	67.3%	5.2%
6	52347	GUERNSEY	Poweshiek	6,972	71.0%	3.7%
7	50153	LYNNVILLE	Jasper	4,353	73.3%	2.3%
8	50157	MALCOM	Poweshiek	4,170	75.5%	2.2%

Tab		Health Indicator	Poweshiek County	Trend	State of Iowa	Iowa Rural Norm (14)	Source
5	a	Primary Care Physicians, 2012	1,338:1		1,375:1	1,987:1	County Health Rankings
5	b	Preventable Hospital Stays, 2012	40		56	65	County Health Rankings
5	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	76.0%		76.0%	74.3%	CMS Hospital Compare, 1/1/14-12/31/14
5	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	72.0%		75.0%	72.6%	CMS Hospital Compare, 1/1/14-12/31/14
5	e	Average Time Patients Spent in the Emergency Department Before They Were Seen by a Healthcare Professional	29		26	29	CMS Hospital Compare, 1/1/14-12/31/14

TAB 6 Behavioral Health Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicator	Poweshiek County	Trend	State of Iowa	Iowa Rural Norm (14)	Source
6	a	Depression: Medicare Population, 2012	10.8%		14.9%	14.0%	Centers for Medicare and Medicaid Services
6	b	Alcohol-Impaired Driving Deaths, 2009-2013	6.0%		23.0%	22.9%	County Health Rankings
6	c	Poor Mental Health Days, 2006-2012	2.9		2.6	2.7	County Health Rankings

TAB 7 Risk Indicators and Factors Profile

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health. Being overweight / obese; smoking, drinking in excess, not exercising, etc. can lead to poor health.

Tab		Health Indicator	Poweshiek County	Trend	State of Iowa	Iowa Rural Norm (14)	Source
7a	a	Adult Obesity, 2011	29.0%		30.0%	31.0%	County Health Rankings
7a	b	Adult Smoking, 2006-2012	17.0%		18.0%	19.0%	County Health Rankings
7a	c	Excessive Drinking, 2006-2012	17.0%		20.0%	19.8%	County Health Rankings
7a	d	Physical Inactivity, 2011	22.0%		24.0%	26.4%	County Health Rankings
7a	e	Poor Physical Health Days, 2006-2012	2.7		2.8	2.9	County Health Rankings
7a	f	Sexually Transmitted Infections, 2012	406		370	226	County Health Rankings

Tab		Health Indicator	Poweshiek County	Trend	State of Iowa	Iowa Rural Norm (14)	Source
7b	a	Hypertension: Medicare Population, 2012	43.9%		51.2%	52.8%	Centers for Medicare and Medicaid Services
7b	b	Hyperlipidemia: Medicare Population, 2012	35.8%		40.2%	41.0%	Centers for Medicare and Medicaid Services
7b	c	Heart Failure: Medicare Population, 2012	10.8%		12.8%	14.0%	Centers for Medicare and Medicaid Services
7b	d	Chronic Kidney Disease: Medicare Population, 2012	11.4%		13.4%	13.7%	Centers for Medicare and Medicaid Services
7b	e	COPD: Medicare Population, 2012	7.8%		10.5%	11.0%	Centers for Medicare and Medicaid Services
7b	f	Atrial Fibrillation: Medicare Population, 2012	8.1%		8.6%	8.8%	Centers for Medicare and Medicaid Services
7b	g	Cancer: Medicare Population, 2012	6.0%		7.3%	7.4%	Centers for Medicare and Medicaid Services
7b	h	Osteoporosis: Medicare Population, 2012	3.6%		5.4%	5.9%	Centers for Medicare and Medicaid Services
7b	i	Asthma: Medicare Population, 2012	1.7%		3.5%	2.7%	Centers for Medicare and Medicaid Services
7b	j	Stroke: Medicare Population, 2012	2.2%		2.6%	2.6%	Centers for Medicare and Medicaid Services

TAB 8 Uninsured Profile

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

#	Grinnel Regional Medical Center	YR13	YR14	YR15	TREND
1	Bad Debt - Write off	\$1,608,816	\$1,237,205	\$1,586,068	
2	Charity Care - Free Care Given	\$724,843	\$625,433	\$531,563	
Source: Hospital internal records					

Tab	Health Indicator	Poweshiek County	Trend	State of Iowa	Iowa Rural Norm (14)	Source
8	a Uninsured (Under 65), 2010	10.1%		10.7%	12.0%	Iowa Health Fact Book

TAB 9 Mortality Profile

The leading causes of county deaths are listed below. Areas of higher than expected are so noted.

#	Causes of Death by County of Residence, Iowa Health Fact Book, 2006-2011	Trend	Poweshiek County	%	State of Iowa	%
	All Causes		1,069	100.0%	138,412	100.0%
1	Heart Disease	2.1%	294	27.5%	35,154	25.4%
2	All Cancer	-2.3%	221	20.7%	31,766	23.0%
3	Stroke	8.0%	97	9.1%	1,422	1.0%
4	Chronic Obstructive Pulmonary Disease	5.6%	74	6.9%	1,824	1.3%
5	Lung Cancer	-2.0%	47	4.4%	8,838	6.4%
6	Alzheimer's Disease	-0.6%	43	4.0%	6,331	4.6%
7	Accidents and Adverse Effects	-0.9%	38	3.6%	6,233	4.5%
8	Colorectal Cancer	1.2%	38	3.6%	3,234	2.3%
9	Diabetes Mellitus	0.5%	34	3.2%	3,770	2.7%
10	Pneumonia/Influenza	-0.1%	27	2.5%	3,569	2.6%

Tab	Health Indicator	Poweshiek County	Trend	State of Iowa	Iowa Rural Norm (14)	Source
9	a Life Expectancy for Females, 2009	81.4		82.0	81.3	Institute for Health Metrics and Evaluation
9	b Life Expectancy for Males, 2009	77.7		77.3	76.4	Institute for Health Metrics and Evaluation
9	c Heart Disease Mortality, 2006-2010	294		35154	215	Iowa Health Fact Book
9	d Chronic Obstructive Pulmonary Disease Mortality, 2006-2010	74		NA	46	Iowa Health Fact Book
9	e Suicides, 2007-2011	15		1843	12	Iowa Health Fact Book

TAB 10 Preventive Health Profile

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

Tab		Health Indicator	Poweshiek County	Trend	State of Iowa	Iowa Rural Norm (14)	Source
10	a	Access to Exercise Opportunities, 2010 & 2013	69.0%		79.0%	69.9%	County Health Rankings
10	b	2-Year-Old Coverage of Individual Vaccines and Selected Vaccination Series, 2012	69.0%		71.0%	67.0%	Iowa Immunization Program
10	c	Diabetic Monitoring, 2012	87.0%		89.0%	88.4%	County Health Rankings
10	d	Mammography Screening, 2012	63.5%		66.4%	62.9%	County Health Rankings
10	e	Limited Access to Healthy Food, 2010	5.0%		6.0%	5.9%	County Health Rankings
10	f	Percent Annual Check-Up Visit with Primary Care Provider	NA		NA	NA	TBD
10	g	Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
10	h	Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

Community Feedback Research

For a CHNA, it is also important to gather community perspective from key stakeholders on their views of progress to address the baseline CHNA needs documented three years ago. Below are findings of this online community primary research:

Question 1—Overall Quality of Healthcare Delivery

Grinnell Regional Medical Center (Primary Service Area) N=349						
1. Three years ago, a Community Health Needs Assessment was completed. This assessment identified a number of health needs for our community. Today, we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community?						
Answer Options	Very Good	Good	Fair	Poor	Very Poor	Valid N
Poweshiek County N=349	101	187	54	6	1	349
Top 2 Boxes (Very Good / Good)	82.5%					
Option C Stakeholders Round #2	713	1,524	567	72	15	2,891
Top 2 Boxes (Very Good / Good)	77.4%					

Question 5—Rating of Healthcare Services

Grinnell Regional Medical Center (Primary Service Area) N=349			
5. How would our community rate each of the following ?	Option C Stakeholders Round #2 Bottom 2 Boxes	Poweshiek Co N=349	TREND
Ambulance Services	3.7%	4.9%	
Child Care	14.9%	9.1%	
Chiropractors	4.9%	0.5%	
Dentists	13.4%	2.8%	
Emergency Room	5.8%	6.2%	
Eye Doctor / Optometrist	7.7%	1.6%	
Family Planning Services	15.9%	8.6%	
Home Health	10.9%	2.6%	
Hospice	6.8%	3.0%	
Inpatient Services	3.6%	1.6%	
Mental Health Services	33.6%	44.6%	
Nursing Home	11.7%	5.5%	
Outpatient Services	2.9%	2.0%	
Pharmacy	2.5%	2.6%	
Primary Care	4.5%	2.0%	
Public Health Department	4.1%	3.2%	
School Nurse	7.4%	6.9%	
Visiting Specialists	8.2%	10.6%	

Question 7—Healthcare Services Outside of PSA

Grinnell Regional Medical Center (Primary Service Area) N=349			
7. Over the past 2 years, did you or do you know someone who received health care services outside of our community?	Option C Stakeholders Round #2 Bottom 2 Boxes	Poweshiek Co N=349	TREND
Yes	79.3%	78.8%	
No	13.4%	15.3%	
Don't know	7.3%	5.8%	
TOTALS	100.0%	100.0%	

Question 8—Requested Discussion Items for Town Hall Agenda

Grinnell Regional Medical Center (Primary Service Area) N=349			
8. Are there any other health needs that we need to discuss at our upcoming CHNA Town Hall meeting?	Option C Stakeholders Round #2 Bottom 2 Boxes	Poweshiek Co N=349	TREND
Abuse / Violence	4.7%	3.6%	
Alcohol	5.0%	4.7%	
Cancer	5.1%	4.2%	
Diabetes	4.8%	4.4%	
Drugs / Substance Abuse	7.8%	7.0%	
Family Planning	2.9%	2.5%	
Heart Disease	3.7%	3.8%	
Lead Exposure	0.7%	0.8%	
Mental Illness	8.9%	16.0%	
Nutrition	5.0%	4.9%	
Obesity	7.8%	7.1%	
Ozone	0.7%	0.6%	
Physical Exercise	5.8%	5.0%	
Poverty	5.2%	6.3%	
Respiratory Disease	2.3%	2.1%	
Sexual Transmitted Diseases	2.2%	1.9%	
Suicide	4.8%	5.1%	
Teen Pregnancy	3.7%	2.2%	
Tobacco Use	4.1%	3.5%	
Vaccinations	4.2%	3.2%	
Water Quality	3.3%	4.0%	
Wellness Education	5.9%	4.8%	
Some Other Need	1.3%	2.4%	
TOTAL	100.0%	100.0%	

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - GRMC Primary Service Area				
Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	X		
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers			
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/Weight Control Services	X		
Hosp	Birthing/LDR/LDRP Room	X		
Hosp	Breast Cancer	X		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	X		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	X		
Hosp	Case Management	X		
Hosp	Chaplaincy/Pastoral Care Services	X		
Hosp	Chemotherapy	X		
Hosp	Colonoscopy	X		
Hosp	Crisis Prevention	X		X
Hosp	CTScanner	X		
Hosp	Diagnostic Radioisotope Facility	X		
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	X	X	
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			X
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	X		
Hosp	Genetic Testing/Counseling (Dr. Tigges)	X		
Hosp	Geriatric Services	X	X	
Hosp	Heart			
Hosp	Hemodialysis			X
Hosp	HIV/AIDS Services	X		
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital services	X		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit	X		
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation room	X		
Hosp	Kidney	X		
Hosp	Liver	X		
Hosp	Lung	X		
Hosp	Magnetic Resonance Imaging (MRI)	X		
Hosp	Mammograms	X		
Hosp	Mobile Health Services	X		
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	X		
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)			
Hosp	Neonatal	X		
Hosp	Neurological services	X		
Hosp	Obstetrics	X		
Hosp	Occupational Health Services	X		
Hosp	Oncology Services	X		
Hosp	Orthopedic Services	X		
Hosp	Outpatient Surgery	X		
Hosp	Pain Management	X		
Hosp	Palliative Care Program	X		
Hosp	Pediatric	X	X	
Hosp	Physical Rehabilitation	X		
Hosp	Positron Emission Tomography (PET)			

Inventory of Health Services - GRMC Primary Service Area				
Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
Hosp	Positron Emission Tomography/CT (PET/CT)			X
Hosp	Psychiatric Services (Transitioning to a community provider. Currently provided tele-psych at the hospital.)	X		
Hosp	Radiology, Diagnostic	X		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health	X		
Hosp	Robotic Surgery	X		
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography			X
Hosp	Sleep Center	X		
Hosp	Social Work Services	X	X	
Hosp	Sports Medicine	X		
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	X		
Hosp	Transplant Services			
Hosp	Trauma Center - Level III	X		
Hosp	Ultrasound	X		
Hosp	Women's Health Services	X		
Hosp	Wound Care	X		
SR	Adult Day Care Program			
SR	Assisted Living			X
SR	Home Health Services	X		X
SR	Hospice	X		
SR	Long-Term Care			X
SR	Nursing Home Services			X
SR	Retirement Housing			X
SR	Skilled Nursing Care	X		X
ER	Emergency Services	X		
ER	Urgent Care Center	X		
ER	Ambulance Services			X
SERV	Alcoholism-Drug Abuse			
SERV	Blood Donor Center			
SERV	Chiropractic Services			X
SERV	Complementary Medicine Services	X		
SERV	Dental Services			X
SERV	Fitness Center	X		X
SERV	Health Education Classes	X		
SERV	Health Fair (Annual)	X		
SERV	Health Information Center			
SERV	Health Screenings	X	X	
SERV	Meals on Wheels			X
SERV	Nutrition Programs	X		
SERV	Patient Education Center	X		
SERV	Support Groups	X		
SERV	Teen Outreach Services			
SERV	Tobacco Treatment/Cessation Program	X	X	
SERV	Transportation to Health Facilities			X
SERV	Wellness Program	X		

Providers Delivering Care 2016			
Grinnell Regional Medical Center - Primary Service Area			
FTE Providers Working in County	Physicians		Allied Staff
	PSA Based DRs	Visting DRs*	PSA Based PA / NP
Primary Care:			
Family Practice	11.0	0.0	10.0
Internal Medicine/Geriatrician	4.0	0.0	
Obstetrics/Gynecology	1.0	0.0	
Pediatrics	0.0	0.0	
Medicine Specialists:			
Allergy/Immunology	0.0	1.0	
Cardiology	0.0	2.0	
Dermatology	0.0	1.0	
Endocrinology	0.0	0.0	
Gastroenterology	0.0	0.0	
Oncology/Radiology	0.0	1.0	
Infectious Diseases	0.0	0.0	
Nephrology	0.0	0.0	
Neurology	0.0	1.0	
Psychiatry	1.0	0.0	2.0
Pulmonary	0.0	1.0	
Rheumatology	0.0	0.0	
Surgery Specialists:			
General Surgery/Colon/Oral	3.0	0.0	1.0
Neurosurgery	0.0	0.0	
Ophthalmology	0.0	1.0	
Orthopedics	0.0	0.0	1.0
Otolaryngology (ENT)	0.0	1.0	
Plastic/Reconstructive	0.0	0.0	
Thoracic/Cardiovascular/Vascular	0.0	0.0	
Urology	2.0	0.0	
Hospital Based:			
Anesthesia/Pain	1.0	1.0	3.0
Emergency	2.0		
Radiology	3.0		
Pathology	0.5		
Hospitalist	3.0		
Neonatal/Perinatal	0.0	0.0	
Physical Medicine/Rehab	0.0	1.0	
Occupational Medicine	0.0	0.0	1.0
Podiatry	3.0	0.0	
Chiropractor	1.0	0.0	
Optometrist	0.0	0.0	
Dentist	1.0	0.0	
TOTALS	36.5	11.0	18.0

*Total FTE Specialists serving community who office outside PSA.

Visiting Specialists to Grinnell Regional Medical Center - 2016

Specialty	Physician Name/Group	Office Location (City/State)	Annual Days FTE	Schedule
Allergy & ENT	Dr. Vos & Dr. Reed/Otologic Medical Svc	Iowa City, IA	52	Tuesday
Cardiology	Iowa Heart-McCallister-McGaughey-McCormick	Des Moines, IA	90	Varies per MD
Dermatology	Dr. Walling/Town Square Derm	Coralville, IA	26	1st & 3rd Friday
Oncology	Dr. Heddinger/Medical Oncology	Des Moines, IA	52	Monday
Neurology	Dr. Aul/U of I Neuro	Iowa City, IA	52	Varied Thursday
Podiatry	Dr. McKnight/Foot & Ankle of Iowa	Grinnell, IA	208	Monday-Thursday

Grinnell Regional Medical Center Healthcare Source Directory

Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

Poweshiek County Sheriff	(641) 623-5679
Midwest Ambulance	(641) 236- 4080

Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
Grinnell	(641) 236-2670	(641) 236-2688
Montezuma	(641) 623-5679	(641) 623-5615
Deep River	(641) 623-5679	(641) 595-2032

QUICK REFERENCE PHONE GUIDE

Action Now	1-800-622-5168
Al-Anon "Free to Be Me"	(515) 462-4253
Alcoholics Anonymous	(515) 282-8550
Alzheimer's Disease Helpline	1-800-272-3900
American Cancer Society	1-800-227-2345
American Red Cross	1-800-887-2988
Arthritis Foundation	1-866-378-0636
Battered Women	1-800-433-SAFE
Child Abuse Hotline	1-800-795-9606
Dependent Adult Abuse Hotline	1-800-362-2178
Dependent Adult and Child Abuse	1-800-652-9516
Domestic Abuse Hotline	1-800-942-0333
First Call for Help	(515) 246-6555
Foundation Through Crisis	1-800-332-4224
Gambling Hotline	1-800-238-7633
Iowa Arson/Crime Hotline	1-800-532-1459
Iowa Child Abuse Reporting Hotline	1-800-362-2178
Iowa State Patrol Emergency	1-800-525-5555
Medicare	1-800-MEDICARE
Mental Health Information and Referral	1-800-562-4944
National Alcohol Hotline	1-800-252-6465
National Center for Missing & Exploited Children	1-800-THE LOST
National Institute on Drugs	1-800-662-4537

Poison Control	1-800-222-1222
Sr Health Ins Info Program (Shiip)	1-800-351-4664
Substance Abuse Information & Treatment	1-800-662-HELP
Suicide Prevention Hotline	1-800-SUICIDE
Teen Line (Red Cross)	1-800-443-8336

General Online Healthcare Resources

Doctors and Dentists--General

[AMA Physician Select: Online Doctor Finder](#) (American Medical Association) [DocFinder](#) (Administrators in Medicine) [Find a Dentist](#) (Academy of General Dentistry) [Find a Dentist: ADA Member Directory](#) (American Dental Association) [Physician Compare](#) (Centers for Medicare & Medicaid Services)

Hospitals and Clinics--General

[Find a Health Center](#) (Health Resources and Services Administration) [Find a Provider: TRICARE Provider Directories](#) (TRICARE Management Activity) [Hospital Quality Compare](#) (Centers for Medicare & Medicaid Services)

Doctors and Dentists--Specialists

[ACOG's Physician Directory](#) (American College of Obstetricians and Gynecologists) [ACR: Geographic Membership Directory](#) (American College of Rheumatology) [American College of Surgeons Membership Directory](#) (American College of Surgeons) [American Osteopathic Association D.O. Database](#) (American Osteopathic Association) [ASGE: Find a Doctor](#) (American Society for Gastrointestinal Endoscopy) [Cancer Genetics Services Directory](#) (National Cancer Institute) [Child and Adolescent Psychiatrist Finder](#) (American Academy of Child and Adolescent Psychiatry) [Dystonia: Find a Health Care Professional](#) (Dystonia Medical Research Foundation) [Expert Locator: Immunologists](#) (Jeffrey Modell Foundation) [Find a Dermatologic Surgeon](#) (American Society for Dermatologic Surgery) [Find a Dermatologist](#) (American Academy of Dermatology) [Find a Gastroenterologist](#) (American College of Gastroenterology) [Find a Gynecologic Oncologist](#) (Society of Gynecologic Oncologists) [Find a Hand Surgeon](#) (American Society for Surgery of the Hand) [Find a Hematologist](#) (American Society of Hematology) [Find a Neurologist](#) (American Academy of Neurology) [Find a Pediatric Dentist](#) (American Academy of Pediatric Dentistry) [Find a Pediatrician or Pediatric Specialist](#) (American Academy of Pediatrics) [Find a Periodontist](#) (American Academy of Periodontology) [Find a Physical Medicine & Rehabilitation Physician](#) (American Academy of Physical Medicine and Rehabilitation) [Find a Plastic Surgeon](#) (American Society of Plastic Surgeons) [Find a Podiatrist](#) (American Podiatric Medical Association) [Find a Thyroid Specialist](#) (American Thyroid Association) [Find a Urologist](#) (American Urological Association) [Find an ACFAS Physician](#) (American College of Foot and Ankle Surgeons) [Find an Allergist/Immunologist: Search](#) (American Academy of Allergy, Asthma, and Immunology) [Find an Endocrinologist](#) (Hormone Health Network) [Find an Eye M.D.](#) (American Academy of Ophthalmology) [Find an Interventional Radiologist](#) (Society of Interventional Radiology) [Find an Oncologist](#) (American Society of Clinical Oncology) [Find an Oral and Maxillofacial Surgeon](#) (American Association of Oral and Maxillofacial Surgeons) [Find an Orthopaedic Foot and Ankle MD](#) (American Orthopaedic Foot and Ankle Society) [Find an Otolaryngologist \(ENT\)](#) (American Academy of Otolaryngology--Head and Neck Surgery) [Finding an Eye Care Professional](#) (National Eye Institute) [GI Locator Service](#) (American Gastroenterological Association)

Other Healthcare Providers

[AMTA's Find a Massage Therapist](#) (American Massage Therapy Association) [Cancer Genetics Services Directory](#) (National Cancer Institute) [Find a Diabetes Educator](#) (American Association of Diabetes Educators) [Find a Genetic Counselor](#) (National Society of Genetic Counselors) [Find a Midwife](#) (American College of Nurse-Midwives) [Find a Nurse Practitioner](#) (American Academy of Nurse Practitioners) [Find a Physical Therapist](#) (American Physical Therapy Association) [Find a Professional: Online Directory of Audiology and Speech-Language Pathology Programs](#) (American Speech-Language-Hearing Association) [Find a Registered Dietitian](#) (Academy of Nutrition and Dietetics) [Find a Therapist](#) (Anxiety Disorders Association of America) [Find an Audiologist](#) (American Academy of Audiology) [Manual Lymphatic Drainage Therapists](#) (National Lymphedema Network) [National Register of Health Service Providers in Psychology](#) (National Register of Health Service Providers in Psychology) [NCCAOM: Find Nationally Certified Practitioners](#) (National Certification Commission for Acupuncture and Oriental Medicine) [Search for an Emergency Contraception Provider in the United States](#) (Princeton University, Office of Population Research)

Hospitals and Clinics--Specialized

[Accredited Birth Centers](#) (Commission for the Accreditation of Birth Centers) [Alzheimer's Disease Research Centers](#) (National Institute on Aging) [Cystic Fibrosis Foundation: Find a Chapter](#) (Cystic Fibrosis Foundation) [Cystic Fibrosis Foundation: Find an Accredited Care Center](#) (Cystic Fibrosis Foundation) [Dialysis Facility Compare](#) (Centers for Medicare & Medicaid Services) [FDA Certified Mammography Facilities](#) (Food and Drug Administration) [Find a Free Clinic](#) (National Association of Free Clinics) [Find an Indian Health Service Facility](#) (Indian Health Service) [Find Treatment Centers](#) (American Cancer Society) [Genetics Clinic Directory Search](#) (University of Washington) [Locate a Sleep Center in the United States by Zip Code](#) (American Academy of Sleep Medicine) [MDA ALS Centers](#) (Muscular Dystrophy Association) [Mental Health Services Locator](#) (Substance Abuse and Mental Health Services Administration) [NCI Designated Cancer Centers](#) (National Cancer Institute) [Neurofibromatosis Specialists](#) (Children's Tumor Foundation) [Post-Polio Directory 2011: Post-Polio Clinics, Health Professionals, Support Groups](#) (Post-Polio Health International including International Ventilator Users Network) [Spina Bifida Clinic Directory](#) (Spina Bifida Association of America) [Substance Abuse Treatment Facility Locator](#) (Substance Abuse and Mental Health Services Administration) [Transplant Center Search Form](#) (BMT InfoNet) [U.S. NMDP Transplant Centers](#) (National Marrow Donor Program) [VA Health Care Facilities Locator & Directory](#) (Veterans Health Administration) [Where to Donate Blood](#) (AABB) [Where to Donate Cord Blood](#) (National Marrow Donor Program)

Other Healthcare Facilities and Services

[Alzheimer's Disease Resource Locator](#) (Fisher Center for Alzheimer's Research Foundation) [American College of Radiology Accredited Facility Search](#) (American College of Radiology) [APA District Branch / State Association Directory](#) (American Psychiatric Association) [Directory of Organizations \(Deafness and Communication Disorders\)](#) (National Institute on Deafness and Other Communication Disorders) [Dog Guide Schools in the United States](#) (American Foundation for the Blind) [Eldercare Locator](#) (Dept. of Health and Human Services) [Find a Hospice or Palliative Care Program](#) (National Hospice and Palliative Care Organization) [Find Services \(for People with Vision Loss\)](#) (American Foundation for the Blind) [Find Urgent Care Centers by State](#) (Urgent Care Association of America) [Genetic Testing Laboratory Directory](#) (University of Washington) [Home Health Compare](#) (Centers for Medicare & Medicaid Services) [Medicare: Helpful Contacts](#) (Centers for Medicare & Medicaid Services) [Muscular Dystrophy Association Clinics and Services](#) (Muscular Dystrophy Association) [National Foster Care and Adoption Directory Search](#) (Children's Bureau) [Nursing Home Compare](#) (Centers for Medicare & Medicaid Services) [Organizations That Offer Support Services](#) (National Cancer Institute) [Poison Control Centers](#) (American Association of Poison Control Centers) [Resources and Information for Parents about Braille](#) (American Foundation for the Blind) [State-Based Physical Activity Program Directory](#) (Centers for Disease Control and Prevention) [TSA Chapters in the USA](#) (Tourette Syndrome Association) [Violence against Women: Resources by State](#) (Dept. of Health and Human Services, Office on Women's Health) [Where to Find Hair Loss Accessories and Breast Cancer Products](#) (American Cancer Society)

SOURCE: MedlinePlus provides links to directories to help you find libraries, health professionals, services and facilities. NLM does not endorse or recommend the organizations that produce these directories, nor the individuals or organizations that are included in the directories.

Medical

Brooklyn Clinic

Dr. Brian Heineman
128 Jackson st
Brooklyn, IA 52211
522-7221

Kenna Willey
128 Jackson st
Brooklyn, IA 52211
522-7221

Central Iowa Family Planning/ Women's Health Education

Cathy Dooley
P.O.Box 1146
Marshalltown, IA 50158
641-752-7159

Deer Creek Family Care

Dr. David C. Cranston
401 1st ave.
Toledo, IA 52342
641-484-2602

Sherry Parks, PA-C
401 1st ave.
Toledo, IA 52342
641- 484-2602

Dental

I-Smile
Gayle Moore
1200 University Ave. Suite 100
Des Moines, IA 50314

Dental Associates
Dr. Scott Baumann
902 Park St
Grinnell, IA 50112
641-236-6174

Julie Hendricks
902 Park St
Grinnell, IA 50112
641-236-6174

Family Dentistry
Dr. David Cunningham
825 Broad st
Grinnell, IA 50112
641-236-6169

Dr. Matthew Miller
825 Broad st
Grinnell, IA 50112
641-236-6169

Dr. Jefferey Millet
825 Broad st
Grinnell, IA 50112
641-236-6169

Dr. Chris Roudabush
825 Broad st
Grinnell, IA 50112
641-236-6169

Dr. David Smith
825 Broad St
Grinnell, IA 50112
641-236-6169

Family Medicine

Dr. Ryan Dahlby Albright
224 3rd
Grinnell, IA 50112
641-236-6740

Dr. Laura Ferguson
224 3rd
Grinnell, IA 50112
641-236-6740

Foot and Ankle of Iowa

Dr. Matthew McKnight
210 4th Ave.
Grinnell, IA 50112
641-236-2534

Grinnell Eye Care

Dr. Ramona Mitchell
208 West St
Grinnell, IA 50112
641-236-4002

Grinnell Family Care

Lisa James, ARNP
217 4th Ave West
Grinnell, IA 50112
641-236-7524

Dr. Jeffrey Knobloch
217 4th Ave West
Grinnell, IA 50112
641-236-7524

Dr. James R. Paulson
217 4th Ave West
Grinnell, IA 50112
641-236-7524

Dr. Marjorie M. Renfrow
217 4th Ave West
Grinnell, IA 50112
641-236-7524

GRMC Wellness

Chad Nath
210 4th Ave.
Grinnell, IA 50112
641-236-2999

Grinnell Regional Family Practice

Jacob Boyer, PA-C
210 4th Ave.
Grinnell, IA 50112
641-236-2500

Dr. Roy Doorenbos
210 4th Ave.
Grinnell, IA 50112
641-236-2500

Kristin Phelps, PA-C
210 4th Ave.
Grinnell, IA 50112
641-236-2500

Dr. Michelle Rebelsky
210 4th Ave.
Grinnell, IA 50112
641-236-2500

Grinnell Regional Internal Medicine

Dr. Ronald Collins
210 4th Ave.
Grinnell, IA 50112
641-236-2382

Dr. Todd Janicki
210 4th Ave.
Grinnell, IA 50112
641-236-2382

Dr. Lauren Graham
210 4th Ave.
Grinnell, IA 50112
641-236-2382

Dr. Jennifer R. Paisley
210 4th Ave.
Grinnell, IA 50112
641-236-2382

Grinnell Mutual Reinsurance Wellness
4215 Hwy 146
Grinnell, IA 50112
641-269-8000

GRMC Emergency Department

Dr. Patrick Cogley
210 4th Ave.
Grinnell, IA 50112
641-236-2380

Dr. Clayton Francis
210 4th Ave.
Grinnell, IA 50112
641-236-2380

Dr. Stephen Ellestad
210 4th Ave.
Grinnell, IA 50112
641-236-2380

Grinnell Regional Medical Center

Doris Rindels
210 4th Ave.
Grinnell, IA 50112
641-236-2422

**GRMC Visiting Specialty Clinic –
Oncology**

Dr. Steven P. Hedding
210 4th Ave.
Grinnell, IA 50112
641-236-2925

**GRMC Visiting Specialty Clinic - Physical
Medicine and Rehab**

Dr. Marvin M. Hurd
210 4th Ave.
Grinnell, IA 50112
641-236-2925

Grinnell Regional Occupational Health

210 4th Ave.
Grinnell, IA 50112
641-236-2032

Board of Health

Gayle Johnson
210 4th Ave.
Grinnell, IA 50112
641-236-2500

Trevor White
210 4th Ave.
Grinnell, IA 50112
641-236-2500

Dr. Brian Heineman
210 4th Ave.
Grinnell, IA 50112
641-236-2500

Mary Long
210 4th Ave.
Grinnell, IA 50112
641-236-2500

Darwin Kinne
210 4th Ave.
Grinnell, IA 50112
641-236-2500

Grinnell Regional Pain Clinic

Dr. Gene Gesser
210 4th Ave.
Grinnell, IA 50112
641-236-2338

Iowa Heart Center

Dr. David W. McAllister
411 Laurel Street, Suite 1250
Des Moines, IA 50310
888-591--9249

Dr. Matthew P. McCormick
411 Laurel Street, Suite 1250
Des Moines, IA 50310
888-591--9249

Dr. Mark D. McGaughey
411 Laurel Street, Suite 1250
Des Moines, IA 50310
888-591--9249

Iowa Radiology

Dr. William D. Heggen
12368 Stratford Dr. Suite 300
Clive, IA 50325
515-226-9810

Dr. Marvin Walker
12368 Stratford Dr. Suite 300
Clive, IA 50325
515-208-1121

Jensen Optometrics

Dr. Kara Collings
935 Broad st
Grinnell, IA 50112
641-236-7502

Dr. Scott Collings
935 Broad st
Grinnell, IA 50112
641-236-7502

Dr. Clark Jensen
935 Broad st
Grinnell, IA 50112
641-236-7502

Kayser Hearing Aid and Audiology

Dean J. Kayser
Grinnell, IA 50112
641-236-6676

Lynnville Medical Clinic

Corinne Fogle, PA-C
303 East st
Lynnville , IA 50153
641-527-2929

Grinnell Mutual Reinsurance Wellness

Kasey Herbers, PA-C
122 4th Ave.
Grinnell, IA 50112
641-236-4323

Montezuma Medical Clinic

Jacqueline Harris, ARNP
101 West Washington P.O. Box 430
Montezuma, IA 50171
641-623-5690

Melinda McNaul ARNP
101 West Washington P.O. Box 430
Montezuma, IA 50171
641-623-5690

Dr. James B. Paulson
101 West Washington P.O. Box 430
Montezuma, IA 50171
641-623-5690

**Pathology Associates of Central Iowa,
PLC**

Carolyn Pease
210 4th Ave.
Grinnell, IA 50112
641-236-2392

Postels Community Health Park

Chad Nath
807 Broad St
Grinnell, IA 50112
641-236-2953

Strovers Chiropractic Care

Lance Strovers, DC
807 Broad St
Grinnell, IA 50112
641-236-9355

Surgical Associates

Dr Russell Bandstra
122 4th Ave.
Grinnell, IA 50112
641-236-4323

Dr. David Coster
122 4th Ave.
Grinnell, IA 50112
641-236-4323

Dr. Nicholas J. Kuiper
122 4th Ave.
Grinnell, IA 50112
641-236-4323

Stefanie Noun, PA-C
122 4th Ave.
Grinnell, IA 50112
641-236-4323

Dr. Matthew Severidt
122 4th Ave.
Grinnell, IA 50112
641-236-4323

Dr. Aaron Smith
122 4th Ave.
Grinnell, IA 50112
641-236-4323

Dr. Elizabeth Tigges
122 4th Ave.
Grinnell, IA 50112
641-236-4323

**University of Iowa Health Care –
Neurology**

Dr. Edward A. Aul
200 Hawkins Drive
Iowa City, IA 52242
319-356-7235

Victor Health Center

Corinne Fogle, PA-C
709 2nd St. P.O. Box 59
Victor, IA 52347
319-647-7511

Woodard Hearing Services

Dotty J. Walters
807 Broad St
Grinnell, IA 50112
800-233-4327

Mental Health Services

Davis Psychology Services, PC

Brandon Davis, PHD
821 5th Ave.
Grinnell, IA 50112
641-236-0632

Door of Hope

Kristin (Marriage and Family Counselor)
Morrison
315 4th Ave
Grinnell, IA 50112
641-236-5888

Grinnell College Mental Health Services

Harriett Dicky-Chasins
dicky@grinnell.edu
Grinnell, IA 50112
641-269-3230

Janice Grimes
grimesja@grinnell.edu
Grinnell, IA 50112
641-269-3230

Wellness Coordinator
1201 10th Ave.
Grinnell, IA 50112
641-269-3704

Chris Ralston
ralstonc@grinnell.edu
Grinnell, IA 50112
641-269-4836

Kunal Sachdev
sachdevk@grinnell.edu
Grinnell, IA 50112
641-269-3230

Deb Shill
shilldeb@grinnell.edu
Grinnell, IA 50112
641-269-3230

Lesa Smith
smithles@grinnell.edu
Grinnell, IA 50112
641-269-3230

Grinnell Regional Mental Health

Michelle Walker
210 4th Ave.
Grinnell, IA 50112
641-236-2347

Spiritual Services**Assembly of God**

Rev. Scott Collier
208 East Maple
New Sharon, IA 50207
641-637-2575

Rev. Dewey Grimes
601 State Street
Tama, IA 52339
641-484-4986

Barnes City Methodist Church

Rev. Michelle Williamson
545 Pine Street
Barnes City, IA 50027
641-623-2344

Calvary Baptist Church

Rev. Don Johnston
1625 Penrose
Grinnell, IA 50112
641-236-5525

Calvary Lutheran Church

Rev. Paul Nus
401 Church Street
Deep River, IA 52222
641-595-4265

Carlton Brethren Church

Rev. Howard Immel
1094 270th Street
Garwin, IA 50632
641-499-2358

Chelsea United Methodist Church

Rev. Charlie Johnson
501 Station Street
Chelsea, IA 52215
641-489-2989

Christ United Methodist Church

Rev. Steven Hubbell
708 15th Street
Belle Plaine, IA 52208
319-444-2410

Church Of God

Rev. Alan Hathaway
14283 Hwy 225 East
Lynnville, IA 50153
641-527-2758

Church of Jesus Christ of Latter-day Saints

Dennis Dougherty
924 Elm Street
Grinnell, IA 50112

Church of the Nazarene

Rev. Esther Brown
500 Main Street
Deep River, IA 52222
641-595-3150

Community Hope

Pastor Todd Jones
108 Circle V Ranch Rd.
Montezuma, IA 50171
641-623-4673

Community Life Church

Rev. Jim Sears
450 Cherry
Barnes City, IA 50027
641-644-5228

Faith Baptist Church

Rev. Mike Stombaugh
1168 78th Street
Belle Plaine, IA 52208
319-444-2966

Faith Christian Church

Rev. Paul Septer
830 South Third Street
Montezuma, IA 50171
641-623-3290

Fellowship Baptist Church

Rev. John Janke
211 West 13th Street
Tama, IA 52339
641-484-5248

Ferguson Bible Church

395 Second Street
Ferguson, IA 50078
641-478-3318

First Baptist

Pastor Linda Bergeon
925 East Street
Grinnell, IA 50112
641-236-4748

First Christian Church

Pastor Phil DeBoef
206 South Park Avenue
New Sharon, IA 50207
641-637-2251

First Friends Church

Rev. Todd Follette
Hwy 146 South and 400th Ave
Grinnell, IA 50112
641-236-6412

First Presbyterian Church

Rev. George Salnave
303 East Washington
Montezuma, IA 50171
641-623-3275

First Presbyterian Church Grinnell

Rev. Kirsten Klepfer
1025 5th Avenue
Grinnell, IA 50112
641-236-6059

First Presbyterian Church Toledo

Pastor Clair Hein
100 West State Street
Toledo, IA 52342
641-484-3522

First Reformed Church

Rev. Wayne Sneller
807 3rd, PO Box 208
Sully, IA 50251
641-594-3420

Gilman United Church of Christ

Rev. Jeffrey Blackman
310 West Church Street
Gilman, IA 50106
641-498-7431

Gilman United Methodist Church

Rev. Rick Jenkins
211 East Church
Gilman, IA 50116
641-498-7432

Grace Believers Church

Rev. Larry Hofman
Hwy 30 West
Toledo, IA 52342
641-484-3451

Grace Community Church

Rev. Rick Magstadt
511 Sixth Ave
Grinnell, IA 50112
641-236-1186

Grace United Methodist Church

Rev. John Dodds
603 North Clay Street
Brooklyn, IA 52211
641-522-7754

Grinnell Christian Church

Rev. Craig Smith
1331 Hobart Street
Grinnell, IA 50112
641-236-5667

Grinnell Church of the Nazarene

Rev. Harley Schull
1233 Bliss Street
Grinnell, IA 50112
641-236-4136

Grinnell College Chaplain

Rev. Deanna Shorb
1233 Park Street
Grinnell, IA 50112
641-269-4981

Grinnell Jewish Community

Rabbi Rob Cabelli
1233 Park Street
Grinnell, IA 50112
641-269-4981

Grinnell Ministerial Association

Father Nick
1002 Broad St
Grinnell, IA 50112
641-236-5289

Grinnell Seventh-Day Adventist Church

Rev. Stephen Gibson
East 7th Street North
Newton, IA 50208
641-792-8937

Grinnell United Church of Christ-Congregational

Rev. Paul Johnson
4th & Broad
Grinnell, IA 50112
641-236-3111

Grinnell United Methodist Church

Rev Dave Crow
916 Fifth Avenue
Grinnell, IA 50112
641-236-3757

Immanuel Baptist Church

Rev. Ken Van Loon
1300 N 4th Ave E
Newton, IA 50208
641-792-4470

Immanuel Lutheran Church LCMS

Rev. David Brandt
229 Eleventh Avenue West
Grinnell, IA 50112
641-236-6691

Jackson Church of Christ

Rev. Dennis Dorsheimer
106 North High
Montezuma, IA 50171
641-623-3912

Kellogg United Methodist Church

Rev. Larry Pauley
417 Second Street
Kellogg, IA 50135
641-526-3184

LeGrand Friends Church

Rev. Alan Mullikin
206 West Main
Le Grand, IA 50142
641-479-2025

Lighthouse Revival Center

Pastors Rodney and Carol Horrigan
4106 V-18 Road
Brooklyn, IA 52211
641-522-4600

Living Faith United Methodist Church

Pastor Brian Oliver
309 East 11th Street
Tama, IA 52339
641-484-2204

Lynnville Friends Church

Mark Porter
503 East Street
Lynnville, IA 50153
641-527-3371

Madison Church of Christ

Pastor Dennis Smith
3501 140th Street
Brooklyn, IA 52211
641-522-7306

Malcom-Sheridan United Methodist

Rev. Bonnie Koeppen
602 4th Street
Malcom, IA 50157
641-528-4004

Malcom/Brooklyn Presbyterian Parish

Rev. John Reynolds
503 Clay Street, Box 1
Brooklyn, IA 52211
641-522-9298

Mayflower Chaplain

Rev. John Saxton
616 Broad Street
Grinnell, IA 50112
641-236-6151

Mayflower Chaplain

Rev. Christine Tinker
616 Broad Street
Grinnell, IA 50112
641-236-6151

Montezuma Regular Baptist Church

Rev. Ricky Ferrell
104 East Madison
Montezuma, IA 50171
641-623-5428

New Covenant United Methodist

Rev. Jim Davis
305 Washington Street
Victor, IA 52347
319-647-2228

New Sharon Friends Church

Rev. Phil Does
302 South Main
New Sharon, IA 50207
641-637-2677

New Sharon United Methodist Church

Rev. Kevin Glesener
101 North Main
New Sharon, IA 50207
641-637-4246

Newburg-Chester Congregational

Rev. Walt Clausen
15212 Newcomer Ave
Newburg, IA 50112
641-498-7897

Prairie Lakes

Mack Jorth
927 4th Avenue
Grinnell, IA 50112
641-236-0168

Reasnor Methodist Church

Pastor Randall McNeer
424 Newton Street, PO Box 49
Reasnor, IA 50232
641-793-2485

Reformed Baptist Church

Pastor Paul E. Rendall
7th and State Street
Tama, IA 52339
641-484-4467

Saint Epherem & Macrina Orthodox

Father Richard Cleaver
1226 Broad Street
Grinnell, IA 50112
641-236-0936

Searsboro Community Church

Rev. Don Job
Hill Street
Searsboro, IA 50242

St. Andrews Lutheran Church

Rev. Nancy Pick
8290 HWY-62 E
Sully, IA 50251
641-798-4651

St. Bridget's Catholic Church

Tom Christoffer
907 Seigel St.
Tama, IA 52339
641-484-3039

St. Bridget's Catholic Church

Father Brian Shepley
104 1/2 Third Street
Victor, IA 52347
319-647-2220

St. James Lutheran LC-MS

Rev. Michael Kolesar
502 Washington
Victor, IA 52347
319-647-3375

St. John's Lutheran Church

Rev. Kalen Barkholtz
707 Harmon Street
Tama, IA 52339
641-750-1840

St. Johns Lutheran ELCA – Grinnell

Rev. Kathy Roys
1224 East Street
Grinnell, IA 50112
641-236-4946

St. Joseph's Catholic Church

Rev. J.C. Otto
307 Station Street
Chelsea, IA 50112
319-444-3106

St. Mary's Roman Catholic Church

Father Nick Adam
1002 Broad Street
Grinnell, IA 50112
641-236-7486

St. Patrick's Catholic Church

Rev. Mike Mescher
900 Park Street
Tama, IA 52339
641-484-3039

St. Paul's Episcopal Church

Rev. Mark Pedersen
107 Maple Street
Grinnell, IA 50112
641-236-6254

St. Paul's Episcopal Church

Rev. Wendy Abrahamson
1026 State Street
Grinnell, IA 50112
641-236-6254

St. Paul's Lutheran Church

Rev. Thomas Dowling
700 Harmon Street
Tama, IA 52339
641-484-4411

St. Paul's Lutheran Church

Rev. Nancy Pick
PO Box 420
Kellogg, IA 50135
641-798-4651

St. Paul's Lutheran Church LCMS

Rev. Michael Musick
107 Maple Street
Luzerne, IA 52257
319-444-2378

Stavenger Friends

Rev. Jim Bosner
2684 Zeller Avenue
Marshalltown, IA 50158
641-479-2694

Sully Christian Church Reformed

Pastor Brian Ochsner
103 Nineth Ave, PO Box 205
Sully, IA 50251
641-594-4440

Sully Community Church

Rev. Jerry Moringstar
12559 S. 92nd Ave East
Sully, IA 50251
641-594-4124

Taintor Community Church

Rev. David Pinkerton
111 Diagonal Street
Taintor, IA 50253
641-637-2303

Tilton Evangelical Methodist

Rev. Kenneth Lake
540th Avenue
Deep River, IA 52222

Trinity Lutheran Church

Rev. Kalen Barkholtz
3628 Hwy 63
Malcom, IA 50157
641-528-4415

Union Mills Christian Church

Rev. Kerry Lake
1405 Parkin Avenue
New Sharon, IA 50207
641-637-2339

United Church of Deep River

Rev. Michelle Williamson
3043 Third Street
Deep River, IA 52222

United Methodist Church

Rev. Kathy Kluis
P.O. Box 460 200 South Fourth Street
Montezuma, IA 50171
641-623-5410

Vining Alliance Church

Pastor Gordon
210 Second Avenue
Vining, IA 52348

West Liberty Church

Rev. Cletus Miller
690 500th Avenue
Montezuma, IA 50171

Westfield Community Church

Rev. Jan Braaksma
4164 20th Street
Grinnell, IA 50112

Education**BGM School District**

Brad Hohensee
1090 Jackson St.
Brooklyn, IA 52211
641-522-7058

**Grinnell Community Daycare and
Preschool**

Kathleen (Director) Barnes
1436 Penrose St
Grinnell, IA 50112
641-236-7214

**Grinnell Newburg Community School
District**

Superintendent
927 4th ave
Grinnell, IA 50112
641-236-2700

HLV School District

Brad Hohensee
402 5th St Box B
Victor, IA 52347
319-647-2161

Montezuma Community School District

Dave Versteeg
504 N 4th St
Montezuma, IA 50171
641-623-5733

Grinnell Newburg School Board

Barbara Brown
1225 Elm Street
Grinnell, IA 50112
641-236-5556

Nursing Facilities**Brooklyn Community Estate**

Shane Sissel
406 North St
Brooklyn, IA 52211
641-522-9263

Christina Kasal

406 North St
Brooklyn, IA 52211
641-522-9263

Carrington Place

Lori Bellinger
402 Grandview Drive
Toledo, IA 52342
641-484-5080

Candice Zesch
402 Grandview Drive
Toledo, IA 52342
641-484-5080

Grinnell Healthcare Center

Sheri Sigler
Hwy 6 West St.
Grinnell, IA 50112
641-236-6511

Troy Jay

Hwy 6 West St.
Grinnell, IA 50112
641-236-6511

Mayflower Health Center

Bob (Executive) Mann
613 Broad Street
Grinnell, IA 50112
641-236-6151

Ed Poush
613 Broad Street
Grinnell, IA 50112
641-236-6151

Kellie McGriff
613 Broad Street
Grinnell, IA 50112
641-236-6151

Tami Lai
613 Broad Street
Grinnell, IA 50112
641-236-6151

Montezuma Nursing and Rehabilitation Center

Ryan Larmore
314 Meadow Lane Drive
Montezuma, IA 50171
641-623-5497

Jeanne Alexander
314 Meadow Lane Drive
Montezuma, IA 50171
641-623-5497

Lisa Sanchez
314 Meadow Lane Drive
Montezuma, IA 50171
641-623-5497

St. Francis Manor

Dion Schrack
2019 4th Ave.
Grinnell, IA 50112
641-236-7592

Heidi Niedermann
2019 4th Ave.
Grinnell, IA 50112
641-236-7592

Lori Glosser
2019 4th Ave.
Grinnell, IA 50112
641-236-7592

Sunny Hill Care Center

Caleb Walton
1708 Harding St.
Tama, IA 52339
641-484-4061

Tara Webb
1708 Harding St.
Tama, IA 52339
641-484-4061

Windsor Manor

Lynne Popp
229 Pearl St.
Grinnell, IA 50112
641-236-8700

Brenda Ruchti
229 Pearl St.
Grinnell, IA 50112
641-236-8700

City

Ahrens Park Foundation

Julie Gosslink
1510 Penrose St.
Grinnell, IA 50112
641-236-5518

City of Grinnell

Russ Behrens
927 4th ave
Grinnell, IA 50112
641-236-2600

Angela Harrington
833 4th Ave
Grinnell, IA 50112
641-236-6555

Fire Station

JD Griffith
P.O. Box 418
Montezuma, IA 50171
641-528-4245

Dan Sicard (Chief)
120 Spring St
Grinnell, IA 50112
641-236-2655

John Deere
Ronda Vojtech
1764 Hwy T38N Lot 90
Grinnell, IA 50112
641-236-6031

Lawyers

Rebecca Petig
P.O.Box 455
Montezuma, IA 50171

Medicap Pharmacy

Kevin Stallman
320 6th Ave
Grinnell, IA 50112
641-236-3663

Parks and Rec.

Kelly Rose
927 4th ave
Grinnell, IA 50112
641-236-2620

Police Department

Thomas Kriegel (Sheriff)
4802 Barnes City Rd
Montezuma, IA 51712
641-236-2655

Theresa Peterson (Police Captain)
1020 Spring St
Grinnell, IA 50112
641-236-2655

Dennis Riley (Police Chief)
1020 Spring St
Grinnell, IA 50112
641-236-2655

Second Mile

Dianna Vogt
515 3rd Ave
Grinnell, IA 50112
641-236-7892

Board of Supervisors

County Supervisor
Lamoyne Gaard
931 Summer St
Grinnell, IA 50112
641-236-3598

County Supervisor
Trevor White
3751 V18 Rd.
Brooklyn, IA 52211
641-522-5319

County Supervisor
Larry Wilson
1512 4th Avenue
Grinnell, IA 50112
641-236-7996

V. Detail Exhibits

[VVV Consultants LLC]

Patient Origin and Access

[VVV Consultants LLC]

#	IA Hospital Association PO103	Poweshiek County			TREND
		FFY2013	FFY2014	FFY2015p	
1	Total Discharges	1,862	1,858	1,808	
2	Total IP Discharges-Age 0-17 Ped	209	258	221	
3	Total IP Discharges-Age 18-44	353	375	356	
4	Total IP Discharges-Age 45-64	484	454	440	
5	Total IP Discharges-Age 65-74	302	265	288	
6	Total IP Discharges-Age 75+	514	506	503	
#	IA Hospital Association PO103	Grinnell Regional Medical Center			TREND
		FFY2013	FFY2014	FFY2015p	
1	Total Discharges	914	860	821	
2	Total IP Discharges-Age 0-17 Ped	93	104	95	
3	Total IP Discharges-Age 18-44	169	182	148	
4	Total IP Discharges-Age 45-64	178	153	164	
5	Total IP Discharges-Age 65-74	143	119	124	
6	Total IP Discharges-Age 75+	331	302	291	
*FFY 2015 has been prorated based on 3Q of data					

Source: Hospital Internal Records

Grinnell Regional Medical Center				3yr Trend		
#	ZIP	City	County	I/O/E	Accum	%
Grand Total				188,944	100%	100.0%
1	50112	GRINNELL	Poweshiek	77,606	41.1%	41.1%
2	52211	BROOKLYN	Poweshiek	13,695	48.3%	7.2%
3	50171	MALCOM	Poweshiek	13,470	55.5%	7.1%
4	52339	TAMA	Tama	12,498	62.1%	6.6%
5	52342	TOLEDO	Tama	9,918	67.3%	5.2%
6	52347	GUERNSEY	Poweshiek	6,972	71.0%	3.7%
7	50153	LYNNVILLE	Jasper	4,353	73.3%	2.3%
8	50157	MALCOM	Poweshiek	4,170	75.5%	2.2%

Town Hall Attendees Notes and Feedback

[VVV Consultants LLC]

Community Health Needs Assessment

Poweshiek County, Iowa - Strengths (Color Cards) N=61

#	Today: What are the strengths of our community that contribute to health?
1	Resources
2	Grants
3	Hospice Care- non-profit, local staff
4	Grants- public aware- radon, tobacco, colorectal
5	Good to coordinate resources
6	Home health care
7	Diagrams in school/public health
8	Variety of resources in Poweshiek County for people- collaboration is strong in community
9	Urgent care
10	Variety of doctors/specialists
11	Home health care
12	Programs in the schools
13	Grants addressing issues- tobacco, colorectal, radon
14	Willingness of hospital to fund mental health
15	Teamwork of mental health staff going with change
16	Willingness to fund mental health this long at loss
17	Teamwork on mental health staff to continue working together through five different supervisors/managers since we opened
18	Local business
19	Access to services in this community
20	Economics level
21	Access to medical services
22	Urgent care
23	Schools- behavioral bullying, funding of programs
24	Senior care
25	PCP
26	GRMC services
27	Access to all services
28	Economics level
29	Strong local bussinesses
30	Strong school system
31	Schools
32	Hospital services
33	Good hospital
34	Good doctors
35	Flu shots available
36	Hospital and services it provides
37	Multiple fitness and wellness opportunities
38	Free dental clinics

Community Health Needs Assessment

Poweshiek County, Iowa - Strengths (Color Cards) N=61

#	Today: What are the strengths of our community that contribute to health?
39	Hospital (inpatient)
40	College (resources)
41	Good doctors
42	Quality care at hospital (GRMC)
43	Building better relations between community and college
44	Managed Medicaid
45	Pretty stable economically
46	Free dental
47	Better relationship between college
48	Recreation
49	Long-term care
50	Public health
51	Pre-hospital (EMS) care
52	Emergency department at GRMC
53	Establishment of support group for survivors of suicide (lose left behind after a suicide)
54	Chemotherapy at GRMC
55	Strong base to build on
56	Community is willing to share financially
57	People are visionary
58	Bariatric program at GRMC
59	GRMC
60	GRMC foundation
61	Postels
62	GRMC encourages the use of nontraditional holistic medicine- massage therapy, essential oils, sound chair, water bed
63	Chemo/infusion center
64	Good EMS department
65	Good ambulance
66	Good hospital
67	A lot of doctors
68	Physical activity- recreation, bike, hike, disc, fish
69	Collaboration between health agencies
70	High level of commitment and caring
71	Strong community network
72	Interest in walkability
73	School interest in wellness
74	Concern with environmental issues
75	Poweshiek County Healthy Choice Committee
76	Recreation opportunities

Community Health Needs Assessment

Poweshiek County, Iowa - Strengths (Color Cards) N=61

#	Today: What are the strengths of our community that contribute to health?
77	Grinnell Junior High annual Health Fair
78	Youth Safety Training for rural areas (FFA, 4-H and others)
79	Good communication among service agencies (continuing)
80	Education
81	Primary care providers
82	Public health services
83	Chiropractic services
84	Access to primary care physicians
85	Interagency cooperation
86	Community activities to promote active lifestyles
87	Dedication of healthcare providers
88	Urgent care clinic, "Free Care" clinic
89	Caring community
90	Location
91	Provide free general diabetes monitoring education classes at GRMC monthly; pre diabetes nutrition classes are free at GRMC every other month
92	Community health clinic
93	We have a variety of organizations/interested groups. Example for wellness: GRMC, fitness centers, Hy-Vee dietician, businesses (yoga studio), college, etc.
94	Good collaboration can happen
95	Community perception seems to be pretty positive
96	Hospital is community-focused
97	Primary providers- quality
98	Great hospital
99	Good dentists
100	Good physicians
101	Public health programs- elderly, home health
102	Mental health working hospital
103	Hospice/home health services
104	Number of primary healthcare providers
105	Urgent health clinic
106	New ER facilities
107	New assisted living facilities
108	Several fitness center and exercise opportunities
109	Community is active in its welfare
110	Joint efforts between GRMC and Grinnell College
111	Wellness center/Ahrens- more available to all
112	SEED programs- bucket courses
113	Urgent care clinic- hours
114	High quality hospital

Community Health Needs Assessment

Poweshiek County, Iowa - Strengths (Color Cards) N=61

#	Today: What are the strengths of our community that contribute to health?
115	Planned ER facilities
116	Hospice and home health programs
117	Quality hospital
118	Access to p.e. opportunities- Ahrens center
119	Present healthcare facilities
120	Volunteerism
121	School system
122	Wellness center at GRMC
123	Coordination of healthcare through public health
124	Volunteerism in community
125	Maternal/child health
126	Local healthcare services
127	Wellness center
128	Tremendous community support
129	Socially conscious volunteers
130	Family providers
131	Fitness
132	Schools, partners
133	Volunteers
134	Socially conscious
135	Hospital/present providers
136	Available resources
137	GRMC facilities
138	School system
139	Health education/wellness
140	Access to providers and quality of care
141	Access to amenities (recreational and wellness, i.e. PWA)
142	Primary care providers
143	ER services
144	Excellent hospital
145	Family (general) practitioners- especially Grinnell Family Care
146	Our hospital- the care and services that are locally available
147	The kindness and compassion that exist in our community
148	Recreation options
149	Quality of medical staff
150	Breadth of service offerings
151	Diversity of economy/business and industry
152	Overall, we have a good quality of life- people are happy
153	Low unemployment- diverse, stable economy
154	Families have access to integrated health home services

Community Health Needs Assessment

Poweshiek County, Iowa - Strengths (Color Cards) N=61

#	Today: What are the strengths of our community that contribute to health?
155	Families have access to medical care
156	Emergency services
157	Outpatient care
158	Inpatient care for many services
159	OB (obstetrics)
160	Providers
161	Great specialists
162	Public health
163	Surgery
164	Resources
165	Screenings
166	Agencies working together
167	Preventive healthcare
168	Home healthcare services
169	School nursing/care at schools- vision, hearing screens
170	WIC program, Stork's Nest, maternal health
171	Specialists we do have- surgeons, urology, rheum, cardiology, pain, podiatry, internal medicine, ENT
172	Preventive healthcare
173	Urgent care clinic
174	Hospital
175	OB department
176	Public health
177	Health education- schools
178	Quality of life
179	Recreational
180	Senior care
181	Community involvement
182	Emergency services- urgent care
183	Economic
184	Clean, well kept facilities
185	Chemo treatment
186	Maternity care- Blue Distinction and center
187	Cleanliness
188	Welcoming/friendly staff
189	Collaboration among services
190	Quality of current providers
191	Access to medical/healthcare
192	Quality of services provided by staff
193	Community support- ER renovation donations

Community Health Needs Assessment

Poweshiek County, Iowa - Strengths (Color Cards) N=61

#	Today: What are the strengths of our community that contribute to health?
194	Strong hospital
195	Dedicated hospital and employees
196	Good community involvement

Community Health Needs Assessment

Poweshiek County, Iowa - Weakness (White Cards) N=61

#	Today: What are the weaknesses of our community that contribute to health?
1	Mental health is horrible
2	Adequate funding for Medicare/Medicaid/mental health
3	Schools- improve eating, exercise, mental health
4	More specialty providers
5	Providers who accept Medicaid
6	Corporate wellness
7	Resources for average income families
8	Bring ortho
9	Obesity in adults (corporate wellness)
10	Mental health
11	Transportation for medically needy
12	Expand mother/child wellness to capture smoking moms
13	The amount of charity care given
14	Transportation for medically needy
15	Mental health- length of wait, lack of providers
16	Housing- lack of affordable, barriers to accessing
17	Orthopedic providers
18	OBGYN that will stay
19	Other specialty care
20	Providers accepting Medicaid
21	Corporate wellness
22	Poverty
23	Need access to mental health providers
24	Medical providers that accept XIX and dental
25	Need resources and access to things for average income families- not just XIX
26	Mental health services
27	Obesity/education
28	Schools
29	Education- nutrition
30	Poverty levels
31	Mental health- need providers
32	Case management of chronic mental health
33	Knowledge of services available
34	Filling the gap left from underfunding Medicare/Medicaid services
35	Collaboration partnership with healthcare providers in community
36	Public transportation
37	Mental health
38	Transportation
39	Specialists

Community Health Needs Assessment

Poweshiek County, Iowa - Weakness (White Cards) N=61

#	Today: What are the weaknesses of our community that contribute to health?
40	Affordable assistance
41	Consistent mental health providers
42	Poverty levels- young families
43	Bullying problem in schools
44	Better collaboration among healthcare providers in community
45	Better awareness of existing services
46	Access for those outside of Grinnell but in County to health, mental health and dental care
47	Access to interpreters at GRMC
48	Visiting specialists (people are leaving the community for ortho, cardiology, OBGYN and staying at other hospitals)
49	Mental health
50	Mental health at Grinnell College
51	Staffing of healthcare providers in all healthcare settings
52	Help for people getting services that they need- insurance, temporary assistance
53	Transportation for low income and disabled (affordable)
54	More mental health providers
55	More school nurses and counselors
56	Reduce the number of depressed college students
57	Homeless- in particular high school kids
58	Hunger of young people
59	School nurses duties and benefits
60	Need mental health providers
61	Providers- OB, heart, family practice and Medicare
62	Mental health
63	Transportation to medical services
64	Access to visting specialists- can be more frequently in Grinnell?
65	Access to mental healthcare
66	Mental health services and support- depression, substance abuse, etc.
67	Obesity- education, health and wellness, heart disease, diabetes, etc.
68	Transportation
69	Maternity- smoking support, etc.
70	Nutrition awareness
71	More dentists who accept T-19
72	Mental health availability, especially beds
73	Address nutrition for cardiac by GRMC for the public
74	Develop program to help address obesity for those without insurance
75	Mental health

Community Health Needs Assessment

Poweshiek County, Iowa - Weakness (White Cards) N=61

#	Today: What are the weaknesses of our community that contribute to health?
76	Obesity education/trend
77	Non-judgemental access to mental health services/depression in seniors and students
78	Keep doctors- "swinging door"
79	Mental health
80	Education of healthy living
81	Access of poor to healthcare
82	Measurement of water purity due
83	Health transportation
84	Pharmaceutical costs
85	More wellness opportunities- throughout GRMC service area to include other counties (i.e. youth, parents, mental health)
86	Awareness of environmental hazards
87	Mental health
88	Access to more specialists
89	Crisis care
90	Substance abuse counseling
91	Nutrition
92	Awareness of resources
93	Affordable/quality housing
94	Schools
95	Mental health system
96	Providers for orthopedics
97	Wellness for youth- fitness/eating/mental health
98	Awareness of environmental hazards
99	Greater commitment to environmental issues
100	Nutrition provided and education in hospital and schools
101	Physical recreation opportunities
102	Concern with environmental and wellness issues
103	Strong network
104	Need long-term pain management
105	Availability of mental health providers (youth and family)
106	Find more ways to exchange info that matters
107	Need "Plan B" when ambulance is in use
108	Information/education is not sufficient to change behaviors
109	New emergency room at hospital
110	Access to mental health services
111	Sponsored health fundraisers- runs
112	Mental health- Strength County and hospital working together

Community Health Needs Assessment

Poweshiek County, Iowa - Weakness (White Cards) N=61

#	Today: What are the weaknesses of our community that contribute to health?
113	Health transportation
114	Obesity
115	Tobacco use
116	Sexually transmitted infections
117	More urgent care hours
118	More services in small towns (rural areas)
119	Poverty- young moms pregnant, underinsured, obesity, STI's
120	Mental health services
121	More specialist doctors
122	Diabetes training
123	Physician referrals
124	Keeping kitchen help
125	Mental health
126	Poor environmental quality
127	Poverty
128	Physicians
129	Family planning- education
130	Education- public health
131	Mental health- therapists, places to go
132	Access to psychiatrists
133	Transportation to psych appointments
134	Mental health services linked to jail diversion
135	Mental health outpatient clinic access
136	Alternatives to inpatient stays for mental health
137	Transporation
138	Mental health- why is everything else specific but mental health is lumped together? Missing the point
139	Heat at the Elks
140	Funding for education
141	sex education)
142	Provide wellness education
143	Maternal health education
144	Child health education
145	Breastfeeding education
146	Air quality
147	Water quality
148	Poverty level- food for children
149	Transportation
150	Dental not accepting T-19

Community Health Needs Assessment

Poweshiek County, Iowa - Weakness (White Cards) N=61

#	Today: What are the weaknesses of our community that contribute to health?
151	Access to care, especially for Medicare, Medicaid, uninsured
152	but not nursing home elderly, transportation to out of town specialist visits, respite care/adult daycare, money for patient medications, specialists to see uninsured/underinsured patients
153	Mental health support- therapists, providers, social workers
154	Funding for education
155	Air and water quality- hog confinements
156	Child poverty levels- 40% free/reduced lunch
157	Physical environment
158	Young moms- single and smoking
159	Mental health providers
160	Suicide
161	Increase mental health providers
162	Fight suicide/depression
163	Recruite specialists
164	Decrease obesity
165	Mental health
166	Mental health- go with capstone
167	Increase number of providers
168	Consistency with staff, policies, providers for patients
169	Mental health issues
170	Poverty
171	Mental health services- we need psychiatrists, counselors, a mental health center, mental health education
172	We need a women's healthcare provider- an OBGYN
173	Address alcohol abuse with educational programs in schools, etc.
174	Bring down the number of unwanted pregnancies- unwed mothers, very young and unprepared mothers
175	Mental health
176	Uninsured/underinsured
177	Electronic hospital records
178	Physicians
179	Access to more mental health services
180	School nursing
181	Orthopedic coverage
182	Need to strengthen mental health
183	Need higher mimimum wages
184	Better food education

Community Health Needs Assessment

Poweshiek County, Iowa - Weakness (White Cards) N=61

#	Today: What are the weaknesses of our community that contribute to health?
185	Access to mental health providers/facilities- professionals to assist front lines, mental health in minors (not okay to give up rights in order to get help)
186	How we positively affect poverty?- reduce free/reduced lunch rate
187	Increase access to healthy foods
188	Transportation access
189	College mental health
190	CAFO and pollution
191	Affordable health transportation
192	Chicken and pig ranches- airborne toxins
193	Access to grocery shopping- good store downtown, walmart too far away
194	Single parent families (mother)- poor nutrition, child obesity, access to alcohol and drugs, second hand smoke, help with school work
195	Difficulty of targeted physician recruitment and retainment (reimbursement issue)
196	MD's- Ortho, Derm, Neuro
197	Mental health- depression
198	Obesity
199	Mental health services
200	Obesity reduction
201	Behavioral health- poor reimbursement from Medicare/Medicaid
202	Recruiting specialists
203	Education
204	Caregiver support for those who care for seniors not in supported living communities
205	Access to chronic disease self-management
206	Fall/injury prevention
207	Mental health facilities
208	Air and water quality
209	Percent of free and reduced lunch students
210	Maternity services- VBAC
211	Mental health services
212	Familiarity with the facility- signage
213	Accessibility to community members- transportation opportunities
214	Sidewalks for those without vehicles
215	Education on young mothers
216	Ortho doctors
217	More family practice providers (female)
218	Keep OB in the county
219	Bring healthcare to the consumer

Community Health Needs Assessment

Poweshiek County, Iowa - Weakness (White Cards) N=61

#	Today: What are the weaknesses of our community that contribute to health?
220	Dental care for Medicaid and underinsured
221	Incentives for young people to improve their health behaviors
222	Providers accepting new patients
223	Transportation for medical needs (elderly/poor)
224	Childhood obesity programs
225	Community classes (prevention, disease management)
226	Access to mental health providers
227	Increasing rate of adult obesity
228	STI rates
229	Smoking during pregnancy
230	Young age at pregnancy
231	High mortality rates with heart disease and stroke
232	Mental health- access to providers
233	Providers in general
234	Adult obesity
235	Suicide
236	Managed care/Medicaid
237	Aggressively seeking physicians to meet specialty needs today- not years from now (i.e. ortho)
238	Public trails/walking paths
239	Education on nutrition
240	Visiting specialists (ortho, derm)
241	Sex education
242	Local housing- multiple people commuting from external community to work locally
243	Mental health- lack of providers is serious issue
244	Over use of surgeries
245	Too many unnecessary procedures
246	Low morale in hospital employees- very high
247	Turnover at all levels- too many people let go without a good reason at hospital
248	Too much turnover in providers
249	Dentists that accept title XIX
250	Providers for therapy and psychiatric med management
251	Providers for waiver services
252	Public transportation- affordable
253	Providers utilizing integrated health home services

Poweshiek County Community Health Needs Assessment Meeting
3.16.16
N=62

Community Members Present:

- Parents
- Senior Caregivers
- Seniors
- Business Owners
- Farmers
- Elected Officials
- Providers

TAB 1: Demographic Profile

- Veterans are going to Iowa City or Marshalltown

TAB 3: Educational Profile

- Students eligible for free lunch should be around 40%

TAB 6: Behavioral Profile

- The college students may not have cars
- They also tend to be depressed

TAB 8: Uninsured Profile

- People in our county are signing up for Obamacare
- Our uninsured percentage should be down to 7-8% now

Recent Happenings in the Community:

- Not sure what is going to happen with managed Medicaid
- Anxiety about closing a few streets until next fall
- Concerned about what kind of people are going to fill the new apartment complex going up
- Continued under-funding of Medicare and Medicaid

STRENGTHS:

- Hospital and providers working together
- Health education programs (Seed Program, Bucket Courses and Babies Room)
- Award winning OB department
- Public health department
- High patient satisfaction scores
- Access to grants
- Specialists that we already have
- High quality of life in Grinnell
- Recreational opportunities

- Senior care (Long-term care)
- Community volunteers
- Hospice and home health
- Community's relationship with Grinnell College
- Chemo center
- Emergency services
- Strong local businesses
- Community support through philanthropy
- Urgent care services
- Title 19 presence

WEAKNESSES:

- Access to Mental Health Services (Providers and Placement)
- Health Education Programs in Schools
- Water / Air Quality
- Affordable Healthcare Transportation
- Visiting Specialists Clinics (Pain Management, Orthopedics and Dermatology)
- Pharmaceutical Costs - Too Expensive
- Poverty
- Fight Obesity (Nutrition & Exercise)
- Insurance coverage (Medicaid & Uninsured/Under-Insured)
- Corporate Wellness
- Dentists taking Title 19
- Smoking/Tobacco
- Support for Home Bound Patients
- Staffing / Retention for Healthcare Services
- Breastfeeding Education
- Homelessness
- Resources Available for Single Parents
- Affordable Housing
- Sex Education (Sexually Transmitted Infections)
- Awareness of Healthcare Services
- Falls / Injury
- Health Privacy (HIPAA)
- School Bullying

Public Notice and Invitation

[VWV Consultants LLC]

News Release



April 16, 2013

For immediate release

For more information contact: Jeanette Budding, 641-236-2590

Town Hall on Health Set for March 16th

The public is invited to attend a Town Hall meeting to discuss experiences and share updates on healthcare delivery within Poweshiek County. The town hall meeting will be Wednesday, March 16th at 11:30 a.m., beginning with a free light lunch at the Elks Lodge, 720 3rd Ave., Grinnell.

The goal of the Community Health Needs Assessment (CHNA) is to update and report progress in addressing community health needs cited in the 2013 CHNA report and to collect up-to-date community health perceptions in 2016.

Grinnell Regional Medical Center and Grinnell Regional Public Health have collected survey results from more than 200 residents. The deadline is March 1st, 2016 for the survey. To complete the survey, go to <http://bit.ly/2016CHNASurvey>.

“We hope that the community and health and human services professionals will take advantage of this opportunity to provide input into the future of healthcare delivery in our county,” says Todd Linden, GRMC President and CEO.

VVV Consultants LLC has been retained to conduct this countywide research. Vince Vandelaar, MBA, Principal Consultant, will compile the survey results and facilitate the Town Hall meeting. The purpose is to look at healthcare services, delivery and opportunities for improvement. If you have any questions about CHNA activities, please call 913-924-2327.

Please call Grinnell Regional Public Health for a reservation to the Town Hall meeting at 641-236-2385.

###

Share your views

It's time for your input about the community's health needs.

Grinnell Regional Medical Center will be assessing the current health needs in the service area and updating progress of the 2013 community health needs assessment (CHNA) and improvement plan. Please click on the link to begin taking the 2016 online survey.

https://www.surveymonkey.com/r/GRMC_CHNA2016

Please complete the survey by **Tuesday, March 1, 2016**. All responses are confidential.

Your feedback and suggests regarding community health delivery are very important. Information collected will be used to complete the 2016 CHNA and healthcare implementation plan.

Thank you in advance for your time and support in participating in this important request.

This assessment update is a follow up to meet final IRS regulations released on 1/2/2015, requiring all hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years.

YOUR Logo

Date: Feb 19, 2016

Dear Community Member,

You may have heard that Grinnell Regional Medical Center is partnering with other healthcare providers to perform a Community Health Needs Assessment. We need your input on the current state of health delivery in our community and your thoughts on the most important health needs that our community needs to address.

On Wednesday, March 16th, you are invited to attend a Poweshiek County Town Hall meeting. We have retained the services Vince Vandehaar and VVV Consultants LLC from Olathe, KS, to facilitate this meeting and prepare our report.

Your input is valuable, and will be incorporated into our final report. **Please join us on Wednesday, March 16th, from 11:30-1:00 p.m. at the Elks Lodge.** A light lunch will be served starting at 11:00 a.m.

We look forward to seeing you at the Town Hall meeting, and appreciate your input.

Sincerely,

Doris Rindels
Vice President



Your Health.

You

Grinnell Regional Medical Center and Grinnell Regional Public Health will host a Town Hall Meeting on

Wednesday, March 16

from 11:30 a.m. to 1:00 p.m.

Elks Lodge, 720 Third Ave.,
Grinnell, IA

A light lunch will begin at 11 a.m.

Public is invited to attend.

Please join us for this opportunity to share your opinions and suggestions to improve healthcare delivery in Poweshiek County, Iowa.

*Please RSVP to 641-236-2385.*⁸⁷

Detail Primary Research Primary Service Area

[VVV Consultants LLC]

Community Health Needs Assessment Round #2 Community Feedback

Methodology

A community feedback survey was created on behalf of the CHNA client to gather primary service area stakeholder feedback on health perception and progress in addressing previous CHNA community needs. All community residents were encouraged to take the survey online by entering the following address into their personal browser:

https://www.surveymonkey.com/r/GRMC_CHNA2016.

In addition, an invite letter was sent to all primary service area stakeholders (i.e. Schools, County, City, Clergy, Public Health Leaders).

Below is a summary of public response:

Grinnell Regional Medical Center (Primary Service Area) N=349		
10. For reporting purposes, are you involved in or are you a...	Option C Stakeholders Round #2 Bottom 2 Boxes	Poweshiek Co N=349
Board Member	4.2%	4.3%
Business / Merchant	5.4%	3.1%
Case Manager / Discharge	0.6%	0.2%
Civic Club / Chamber	4.0%	2.5%
Charitable Foundation	2.4%	1.2%
Clergy / Congregational Leader	1.2%	1.9%
College / University	1.9%	3.9%
Consumer Advocate	1.1%	1.2%
Consumers of Health Care	8.8%	11.0%
Dentist	0.2%	0.2%
Economic Development	1.1%	0.6%
Education Official / Teacher	4.2%	3.7%
Elected Official (City / County)	1.5%	1.0%
EMS / Emergency	1.6%	1.2%
Farmer / Rancher	4.0%	2.9%
Health Department	1.7%	1.9%
Hospital	12.8%	10.3%
Housing / Builder	0.4%	0.2%
Insurance	0.9%	2.3%
Labor	1.4%	1.7%
Law Enforcement	0.6%	0.6%
Low Income / Free Clinics	0.6%	0.8%
Mental Health	1.5%	1.7%
Nursing	9.0%	7.2%
Other Health Professional	6.6%	7.6%
Parent / Caregiver	11.1%	11.6%
Pharmacy	0.5%	0.8%
Physician (MD / DO)	0.6%	1.7%
Physician Clinic	1.3%	1.4%
Press (Paper, TV, Radio)	0.3%	0.4%
Senior Care / Nursing Home	1.5%	1.7%
Social Worker	0.9%	1.2%
Veteran	1.8%	1.4%
Welfare / Social Service	0.6%	1.0%
Other (please note below)	3.6%	5.4%
TOTAL	100.0%	100.0%

KEY - CHNA Open End Comments				
CODE	Physician Specialty		CODE	Physician Specialty
ALLER	Allergy/Immunology		ONC	Oncology/Radiation Oncology
AES	Anesthesia/Pain		OPHTH	Ophthalmology
CARD	Cardiology		ORTH	Orthopedics
DERM	Dermatology		ENT	Otolaryngology (ENT)
EMER	Emergency		PATA	Pathology
ENDO	Endocrinology		PEDS	Pediatrics
FP	Family Practice (General)		PHY	Physical Medicine/Rehabilitation
GAS	Gastroenterology		PLAS	Plastic/Reconstructive
SUR	General Surgery		PSY	Psychiatry
GER	Gerontology		PUL	Pulmonary
HEM	Hematology		RAD	Radiology
IFD	Infectious Diseases		RHE	Rheumatology
IM	Internal Medicine		VAST	Thoracic/Cardiovascular/Vascular
NEO	Neonatal/Perinatal		URL	Urology
NEP	Nephrology		MDLV	Mid-Level
NEU	Neurology		SURG	Surgery
NEUS	Neurosurgery		TEL	Telemedicine
OBG	Obstetrics/Gynecology (Delivery)			

KEY - CHNA Open End Comments				
Code	Healthcare Themes		Code	Healthcare Themes
VIO	Abuse/Violence		NURSE	More Nurse Availability
ACC	Access to Care		NEG	Neglect
AGE	Aging (Senior Care/Assistance)		NH	Nursing Home
AIR	Air Quality		NUTR	Nutrition
ALC	Alcohol		OBES	Obesity
ALT	Alternative Medicine		ORAL	Oral Surgery
ALZ	Alzheimers		ORTHOD	Orthodontist
AMB	Ambulance Service		OTHR	Other
ASLV	Assisted Living		OP	Outpatient Services/Surgeries
AUD	Auditory		OZON	Ozone
BACK	Back/Spine		PAIN	Pain Management
BD	Blood Drive		PARK	PARKING
BRST	Breastfeeding		PHAR	Pharmacy
CANC	Cancer		DOCS	Physicians
CHEM	Chemotherapy		FLU	Pneumonia / Flu
KID	Child Care		FOOT	Podiatrist
CHIR	Chiropractor		POD	PODIATRIST
CHRON	Chronic Diseases		POV	Poverty
CLIN	Clinics (Walk-In, etc.)		PNEO	Prenatal

KEY - CHNA Open End Comments

Code	Healthcare Themes	Code	Healthcare Themes
COMM	Communication	PREV	Preventative Healthcare
CORP	Community Lead Healthcare	PRIM	Primary Care:
CONF	Confidentiality	PROS	Prostate
DENT	Dentists	DOH	Public Health Department
DIAB	Diabetes	QUAL	Quality of care
DIAL	Dialysis	REC	Recreation
DUP	Duplication of Services	RESP	Respiratory Disease
ECON	Economic Development	NO	Response "No Changes," etc.
EMER	Emergency Room	SANI	Sanitary Facilities
EMS	EMS	SNUR	School Nurse
EYE	Eye Doctor/Optomtrist	STD	Sexually Transmitted Diseases
FAC	Facility	SMOK	Smoking
FAM	Family Planning Services	SS	Social Services
FEM	Female (OBG)	SPEC	Specialist Physician care
FINA	Financial Aid	SPEE	Speech Therapy
FIT	Fitness/Exercise	STRK	Stroke
ALL	General Healthcare Improvement	DRUG	Substance Abuse (Drugs/Rx)
GEN	General Practice	SUIC	Suicide
GOV	Government	TPRG	Teen Pregnancy
HRT	Heart Care	THY	Thyroid
HIV	HIV/AIDS	TOB	Tobacco Use
HH	Home Health	TRAN	Transportation
HSP	Hospice	TRAU	Trauma
HOSP	Hospital	TRAV	Travel
MAN	Hospital Management	ALCU	Underage Drinking
INFD	Infidelity	INSU	Uninsured/Underinsured
IP	Inpatient Services	URG	Urgent Care/After Hours Clinic
LEAD	Lead Exposure	VACC	Vaccinations
BIRT	Low Birth Weight	VETS	Veteran Care
LOY	Loyalty	WAG	Wages
MAMO	Mammogram	WAIT	Wait Times
MRKT	Marketing	H2O	Water Quality
STFF	Medical Staff	WELL	Wellness Education/Health Fair
BH	Mental Health Services	WIC	WIC Progam

CHNA Community Feedback 2016

Grinnell Regional Medical Center (Primary Service Area) N=349

ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in the Grinnell Regional Medical Center service area that you feel need to be improved and/or changed? (Please be specific.)
1063	50112	Very Good	ACC	FP	ANES	Better access to family care providers. Concerns with anesthesia department at GRMC.
1025	50122	Good	ACC	MH	PEDS	Better access to mental health services, especially for children and adults.
1108	56601	Fair	ACC	MH	SUB	Access to mental health and addiction recovery services.
1155	52211	Fair	BILL			Healthcare services are adequate for a community our size. The billing department and overall management needs a lot of improvement.
1022	50112	Fair	BOARD	QUAL		Changed. The failure to move past arrogant personal "hang ups" by the board regarding the Mercy deal leaves a cloud of uncertainty over our community's future in regards to healthcare.
1071	50112	Good	COMM	DOCS	EMER	I'd like doctors to really listen to me and ask more questions during an appt. in their office or the ER.
1041	50112	Good	COMM	PAIN	CLIN	Have been happy with services, however there was a breakdown in follow-up/communication with the pain clinic. Nothing was set up following a procedure and no calls made to check on patient. This happened more than once.
1248	50112	Good	DENT			There are no dentists in town that accept Hawk-I coverage for children.
1311	50112	Good	DERM	SPORT	ORTHO	Would like a permanent dermatologist. Would like a permanent sports medicine orthopedic.
1192	50112	Very Good	DERM			Dermatologists Laser Hair removal
1182	50112	Good	DOCS	CLIN		greater physician coverage at Toledo's Deer Creek Clinic
1168	50112	Good	DOCS	COMM		It seems to me that there is quite a turnover of docs. They come and go again quickly. Also, communication between departments/different areas of the hospital needs improvement.
1261	50112	Fair	DOCS	MH		result
1193	50112	Fair	DOCS	OBG	MH	More women MDs and gynecologist, Mental health. The hospital should be providing the ambulatory services too.
1235	52232	Poor	DOCS			The need for new doctors
1197	50112	Fair	DOH			I think our Public Health Department needs to take local health threats seriously--take a look at what the huge hog and chicken confinements are doing to our air and water.
1130	52339	Fair	EMER	ASSLT		Regarding emergency situations where someone is assaulted
1221	50112	Good	EMER	COMM	BILL	improve ER facilities. Spruce up interior - paint. More and better communication with billing procedures.
1046	50112	Good	EMER	DOCS		Better ER Dr's and care
1053	52347	Fair	EMER	INSUR		They are sometimes too quick to push people back out the door in ER. I took 2 people to the ER this last year and it shocked me on how they were not treated and pushed out the door. Both were medicare people and I wonder if that was the reason.
1126	50135	Poor	EMER	QUAL	PEDS	Emergency room is a joke you get an I don't know answer about what is going on and end up having to go to another hospital to get help and an accurate diagnosis. Also we have lots of other specialties but we need to have a pediatrician in town so I we didn't have to drive an hour for one.
1347	50112	Fair	EMER	QUAL		The care given at the hospital and in the ER could be improved
1132	50171	Good	EMER	WAIT		ER Size. always busy and waiting for rooms
1325	50171	Very Good	EMER			The Emergency Room can ALWAYS use work.
1339	50112	Fair	EMER			The ER
1269	50112	Good	EMER			Updated ER
1200	50112	Good	EXER			Yoga is good as we age. Yoga classes expanded at the fitness center would be a good need to meet.
1260	52301	Fair	FP	COST	INSUR	Many family practice physicians are closed to new patients. Many of the physicians have an attitude that they own patients. It is also very expensive to have any tests or work-up done at the hospital because of insurance reimbursement with hospital charges.

CHNA Community Feedback 2016

Grinnell Regional Medical Center (Primary Service Area) N=349

ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in the Grinnell Regional Medical Center service area that you feel need to be improved and/or changed? (Please be specific.)
1068	50112	Very Good	GER			Geriatrics.
1252	50120	Fair	HEMO	CANC		Complete blood work that includes checking the hemoglobin more often or just plain checking it. My mother had been bleeding internally for a yr had her hemoglobin been checked earlier she may not have had cancer.
1004	50112	Good	INSUR	CLIN	MH	I sense (don't have data or details) that we need a free medical clinic for the un-/underinsured, that can offer services on a timely basis. We also need better mental health services - and I know this is all tangled up in whatever the state is doing rearranging mental health funding.
1198	50112	Good	INSUR	SPEC	DERM	More obvious assistance with questions about Medicaid, particularly related to visiting specialists. It is sometimes not obvious what is covered (especially with new Iowa change) and it can be difficult to figure out who to contact and then contact them and have to wait or not get a direct answer. Or having to contact different people for every different doctor. A local one-person contact who has collected data for everybody to go to locally would be nice. Dermatologist
1323	50112	Good	INSUR	TRANS	DENT	I believe that Medicaid patients (especially children) should have access to dental care in the immediate Grinnell area. Many of these people are without reliable transportation and having to go to Marshalltown or Newton isn't possible.
1240	50112	Good	MH	ACC	INSUR	Mental Health services for all in our community Access to Health Care for all regardless of the ability to pay or type of insurance
1321	50112	Very Good	MH	CLIN	DOCS	Give the Mental Health Ctr. @ GRMC a computer system that works for the psychiatrist who runs the clinic. Dr. VanCleve told me it did not work well for her, so she refused to use it. She found an alternative way to care for her patients. Secondly, two mental health care providers have been lost in 6 months' time. When a mental health provider is doing the best she can for 600 seriously mentally ill patients, please try not to give them such a difficult time that they leave.
1086	50135	Good	MH	COST	INSUR	mental health hospital reimbursement rates
1048	50112	Poor	MH	DOCS	EMER	Mental health care is in terrible shape. We lack providers and don't do what is necessary to retain those we have had. Patients report feeling stigmatized in primary care settings and at the hospital and ER.
1121	50208	Very Good	MH	DOCS	WAIT	More mental health providers, for less wait time
1131	50171	Good	MH	DOCS		Mental Health needs more physician support
1100	50112	Very Good	MH	DOCS		mental health needs to be expanded with more providers
1113	50112	Good	MH	DOCS		Mental Health Services need a great deal of improvement. Currently, I would rate the services as "poor." A "metro" health care portal is needed for access to personal health records so that the patient does not have to access multiple portals for various providers. "Metro" health care portal should include providers in Des Moines and Iowa City, as well as local providers.
1163	50112	Good	MH	DOCS		Mental Health services need improving. We need a psychiatrist in Grinnell again.

CHNA Community Feedback 2016

Grinnell Regional Medical Center (Primary Service Area) N=349

ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in the Grinnell Regional Medical Center service area that you feel need to be improved and/or changed? (Please be specific.)
1216	50112	Good	MH	DOCS		Mental health, including psychiatric services, psychological services, and counseling are an absolute disaster....tele psychiatry is no way to serve this community. When the College pulled the plug on the Mental Health Center, they cut vital and excellent services to our community. When the hospital forced Susan Cooner out, the hospital amplified the cutting of essential services to this community to keep individuals safe. When Dr. Van Cleve left, she did so due to lack of support for mental health. This community is at sever risk due to the lack of serious and competent attention to mental services both at the hospital and at the College. I The College's actions since pulling the plug on mental health services are deplorable. The College and the community had great mental health services under the leader ship of John Daniels, Lisa Bard, Trudy Magershak, Barbara Moore, Dr. Van Cleve, Bridget Bechtel, Kris Morrison, Kun Lu Hong, Jeff Wells, and Brandon Davis. GRMC and the College should be ashamed of what they have done to mental health services in Grinnell.
1165	50112	Good	MH	DOCS		Yes, Grinnell needs more mental health doctors.
1156	50112	Fair	MH	DRUG	DOCS	Our community has alot of mental health and drug addiction problems, so our mental health needs improvement. We seem to lack strong family practitioners, I think we need more MD's other than PA's. We need more physicians who will do OB. We need RN's to fill openings in clinic and hospital to care for patients.
1265	50112	Fair	MH	EMER	ACC	Mental Health services are in desperate need of assistance. I was involved with a community member whose family learned he was addicted to opiates. He was brought into the ER by Law Enforcement because he was in terrible conditions. The family had to fight tooth and nail to keep from him being sent home that evening. I am very familiar with the process and completely understand that the hands of the hospital folks are tied and they can only do so much with the resources they have access to. I know this is a problem State wide, but I would like to see the Poweshiek County community leaders come together and make a stand and be the first in our area to start taking steps to make things better.
1074	50112	Fair	MH	EMER	STAFF	Mental Health needs to be addressed. For instance it takes entirely way too long to have a subject evaluated. Also, ER staff needs to be addressed, the lack of local doctors is not acceptable. "rent-a-doc's" simply don't have the connection in the community to appropriately be able to address local concerns.
1103	52211	Very Good	MH	FP	ORTHO	Need more psychiatric care, family medicine physicians who will take all patients, and a general orthopedic surgeon.
1102	50112	Very Good	MH	FP	ORTHO	Psychiatric care, family medicine physicians who take all patients, general orthopedic surgeon
1007	50112	Good	MH	GER		mental health geriatric
1284	50113	Good	MH	IP		Mental health access and inpatient services
1012	50112	Fair	MH	OBG		Mental Health OB/GYN
1084		Good	MH	OBG		mental health, women's health
1056	50135	Good	MH	ORTHO	EMER	Mental health. Orthopedic services A modern ER
1219	50112	Fair	MH	ORTHO	GER	Mental Health Orthopedics Geriatrics
1232	50112	Good	MH	ORTHO	NEURO	Mental health Orthopedics Neurology OB/GYN
1036	52211	Very Good	MH	ORTHO	PEDS	mental health, orthopedics, pediatrician, OB-gyn
1227	50112	Good	MH	ORTHO	SURG	Mental Health Crisis Center, Psychiatrist, Orthopedic Surgeon
1317	50112	Good	MH	ORTHO		Mental Health Ortho
1174	50112	Very Good	MH	ORTHO		mental heath care is very lacking so is orthopedics
1119	50171	Fair	MH	SUB		Yes, I think there should be group therapies for women, addictive and mental health issues. These are proven to be highly effective and valuable tools for helping patients.

CHNA Community Feedback 2016

Grinnell Regional Medical Center (Primary Service Area) N=349

ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in the Grinnell Regional Medical Center service area that you feel need to be improved and/or changed? (Please be specific.)
1117	50106	Fair	MH	TRANS		I believe GRMC's mental health care could be improved. Especially for students, there is a lack of local mental health care both on campus and at in the community. This causes great stress among students who are not able to travel to Des Moines or Iowa City.
1186	50112	Very Good	MH	WAIT	COMM	Greater access to mental health services to avoid delays and meet current need. Need a county wide collaboration.
1144	50112	Fair	MH	WAIT		Lack of mental health services; long wait list, I know they're doing the best they can though.
1228	50112	Good	MH	WAIT		Mental Health care is severely lacking. People cannot get appointments with local providers on any consistent basis
1322	50112	Good	MH	WELL	ORTHO	Mental Health Counseling Wellness education and counseling Orthopedic services
1058	50112	Very Good	MH			Continued push to extend mental health availability
1115	50112	Very Good	MH			Expansion of and emphasis on mental health services.
1075	50171	Good	MH			Improve mental health
1044	50171	Good	MH			Increase mental health services
1069	50112	Good	MH			mental health
1214	50112	Good	MH			Mental health
1222	50112	Fair	MH			Mental Health
1134	50112	Fair	MH			Mental Health Care
1196	50112	Fair	MH			Mental Health care must continue, there is a huge need for it.
1224	50251	Good	MH			Mental Health Crisis Center Established
1076	50112	Good	MH			Mental health is an area that needs attention, not just by the medical field, but my elected officials.
1190	50112	Very Good	MH			mental health needs improvement
1020	50112	Good	MH			Mental health service need to increased.
1255	50135	Good	MH			Mental health services
1111	50157	Good	MH			Mental Health services need to be improved in Grinnell.
1169	50157	Very Good	MH			Mental. Health services
1104	50112	Very Good	MH			more mental health providers
1215	50112	Very Good	MH			MORE MENTAL HEALTH SERVICES
1003	50112	Good	MH			need of mental health care providers
1094	50112	Good	MH			psychiatry/mental health counselling
1346	50112	Very Good	MH			The Grinnell Regional Mental Health Department desperately needs permanent full time psychiatric providers to handle medications for their patients.
1099	50112	Good	MH			the lack of mental health care in Poweshiek County is tragic
1318	50112	Very Good	MH			We need to provide comprehensive mental health services in our community.
1299	50112	Fair	MIDW	OBG	EMER	Midwife services, higher level trauma center for twins birth, better emergency services department, improved may clinic level Drs. from top universities
1187	50112	Good	NURS	EMER	STAFF	My mom was in the hospital a little over a year ago. She was put at the far end of a hallway with several empty rooms between the nurses station and her room. She was not supposed to get up by herself but couldn't wait for the nurse to get to her. One nurse would try to and ended up running down the hall to get to her. For both patients' and nurse's well being, rooms should be filled up from the nurses station on and shifts should be adequately staffed to take care of patients. In the ER the staff treated her as "a little old lady with a stomach ache" until they found out she had diverticulitis, then they were more professional. One ER doctor was very good with her. All patients should be treated with respect and as if they have a serious condition until it is found out otherwise.

CHNA Community Feedback 2016

Grinnell Regional Medical Center (Primary Service Area) N=349

ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in the Grinnell Regional Medical Center service area that you feel need to be improved and/or changed? (Please be specific.)
1061	50208	Good	NUT	ED	OBES	Nutrition education (obesity), raising more awareness of preventative health care including importance of childhood, adult and flu immunizations, mental health services
1152	50171	Very Good	OBG	CLIN		Was very sad to loose the women's health clinic.
1171	50112	Good	OBG	FP	MH	OBGYN, concern with lack of family physicians are many are leaving town, mental health options
1254	50112	Fair	OBG	IM		Specialist for women's health Internal medicine
1176	50112	Very Good	OBG	ORTHO	SURG	Having an OB/GYN part of the hospital and having a general orthopaedic surgeon
1298	50112	Fair	OBG	ORTHO		Consistent OB/GYN care. Orthopedics
1204	50112	Good	OBG			Breast feeding support by CLC
1335		Good	OBG			Emphasize women's reproductive care. Help maintain a ob/gyn locally.
1040	50112	Very Good	OBG			More obstetrical care
1242	50112	Good	OBG			OB
1268	50112	Good	OBG			OB Doctor
1142	52211	Good	OBG			ob dr
1291	50251	Good	OBG			Obgyn
1276	50208	Good	OBG			On gyn
1011	50112	Good	OBG			There are limited options for gynecology and obstetrics.
1013	50112	Very Good	OBG			Women's healthcare provider, because we lost Brito.
1251	50112	Good	ORTD	ORAL	SURG	Need to have more orthodontic choices and oral surgery.
1333	50112	Good	ORTHO	DOCS	COST	Need full service orthopedic doctors. It's terrible that all those high dollar healthcare dollars are going to Des Moines, Newton, and marshalltown.
1052	52211	Good	ORTHO	FP		We need orthopedics, We need more Family Practice physicians.
1212	50112	Very Good	ORTHO	MH		There are two specific areas of need where recruiting seems difficult: Orthopedics and Mental Health.
1060	52347	Good	ORTHO	OBG	MH	1) Full Orthopedic Services 2) OB/Gyn 3) Mental Health
1313	50112	Very Good	ORTHO	OBG	MH	Orthopedic, OBGYN, Mental Health, and Urgent Care
1280	50112	Good	ORTHO	OBG	MH	Orthopedics, Womens health, mental health
1183	50112	Good	ORTHO	OBG	MIDW	Orthopedics and OB?GYN plus a midwife
1189	50112-8026	Very Good	ORTHO	OBG	NEURO	We need more options for specialties including Ortho, OB/Gyn, Neurology, GI and Dermatology
1267	50112	Very Good	ORTHO	PEDS	SURG	It would be good if we had orthopedics, pediatrics and a greater variety of surgeries so so many people didn't get sent to other hospitals.
1143	52208	Very Good	ORTHO	PEDS		Orthopedic care, pediatricians
1199	50112	Very Good	ORTHO	SPEC		Need orthopedics & additional specialists
1037	50208	Very Good	ORTHO	SURG	OBG	We are in desperate need of a general orthopaedic surgeon and an OB/GYN physician. A cardiologist and dermatologist would also be nice, but now I am just dreaming.
1234	50207	Good	ORTHO	SURG	QUAL	Orthopedic surgeon: it seems we have a tough time holding a quality Orthopedic surgeon?
1300	50112	Very Good	ORTHO	SURG		orthopedic surgeries
1208	50158	Good	ORTHO	TRANS	SURG	I think gaining general orthopedist would be a definite benefit to the community. I think it's unfortunate that people have to go out of this communitiy to have those kind of procedures when the hospital is more than capable of providing them, if we just had a surgeon to do so.
1185	50112	Very Good	ORTHO			Iowa orthopedic services, specifically for foot injuries, surgery, and other problems.
1120	50112	Good	ORTHO			Need orthopedics
1283	50171	Fair	ORTHO			Orthopedic services
1262	50112	Good	ORTHO			Orthopedics

CHNA Community Feedback 2016						
Grinnell Regional Medical Center (Primary Service Area) N=349						
ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in the Grinnell Regional Medical Center service area that you feel need to be improved and/or changed? (Please be specific.)
1203	50112	Very Good	ORTHO			We need first-rate orthopedics. We have gone without for far too long.
1105	50112		PALL	IP	OP	Add a Palliative Care In-Patient Unit and Outpatient Palliative Care Services
1220	50112	Fair	PEDS			I think it would be wonderful to have a pediatrician in the community. I do, however, realize the difficulty in finding providers.
1030	52211	Fair	PEDS			Need pediatrician
1026	50112	Fair	PEDS			pediatric care
1178	52211	Good	PREV			It would be amazing if preventive care was more emphasized and accessible to the population.
1097	50112	Fair	PT	INSUR		Availability of Physical Therapy and providers that are willing to take the individuals without insurance.
1107	52211	Good	QUAL	DOCS		Continue to seek out qualified health care providers
1195	50153	Very Good	QUAL	TRANS		I understand that you are a small hospital, but I would hope that you continue adding services so that no matter the test I need or the disease I have, I do not have to travel to Des Moines for it!
1021	50112	Good	QUAL			Thank goodness I have not needed the GRMC services for quite some time now. However, I will comment that when I have needed their help it has been satisfactory.
1039	50632	Fair	REF	HOSP		Referral to hospice services
1247	50112	Very Good	SPEC	CLIN		The visiting specialty clinics are such a wonderful addition. I would like to see this continue and perhaps grow in specialists.
1258	50112	Fair	SPEC	MH	IM	Specialist in women's health Internal medicine
1241	50112	Good	SPEC	MH		More specialties, increased Mental Health services
1194	50106	Good	SPEC	OPHTH		Availability of all specializations. For example, I don't think we have an ophthalmologist that comes to town.
1343	50112	Good	SPEC			I have no way to measure this. Sure, it would be nice to have our own specialists who live in Grinnell, but economics probably work against this philosophy.
1098	50112	Good	SPEC			More onsite specialists
1065	50171	Good	STAFF	QUAL		Customer service at GRMC needs work. The last three times I was there, I left thinking, "I'm never coming back here again." I did not feel that the patient was put first, but instead an interruption in their day.
1070	50112	Fair	STAFF			Health care people who actually want to be a part of the health care community they work for. When people aren't happy in the jobs or their work environment isn't pleasant, it transfers over into their "customer service".
1148	50112	Very Good	STAFF			It could use better management of the admitting area. Staff is doing busy work behind the desk and is therefore slow to call the customers up for admittance.
1002	50171	Good	SURG	GAST	QUAL	I am fed up with the surgeons at Surgical Associates recommending unneeded surgeries like the fundoplication they were ready to give me. I went to a different area to see a gastroenterologist and he said that they quit doing those surgeries 10 years before due to poor outcomes.
1231	50112	Good	TRANS	MH		transportation Mental health
1106	50112	Good	TRANS			Too often the hospital is on diversion and patients that could be treated at GRMC must be transferred out of town.
1031	50112	Good	TRANS			Transportation to the hospital from the outlying communities is an issue.
1088	50112	Good	URG			Extended urgent care hours
1166	50208	Very Good	URG			More urgent care hours

CHNA Community Feedback 2016

Grinnell Regional Medical Center (Primary Service Area) N=349

ID	Zip	Overall HC Rating	c1	c2	c3	Throughout the past two years, did you or someone you know receive healthcare services outside of Grinnell Regional Medical Center's service area? If Yes, what service?
1319	50112	Very Good	ALL			Asthma/allergy
1322	50112	Good	AUD	OPTOM	SURG	Hearing exam, retina surgery, cataract surgery
1240	50112	Good	CANC	ORTHO		Cancer Care, Orthopedic
1194	50106	Good	CANC	SURG		Cancer surgery
1191	50112	Good	CARD	DERM		biannual heart checkup, annual derm check
1200	50112	Good	CARD	DM		Heart issues address at Iowa Methodist Des Moines
1147	50112	Good	CARD	IAHRT	DM	cardiology - Iowa Heart/Mercy Hospital
1041	50112	Good	CARD	OBG		Cardiologist and ob/gyn
1058	50112	Very Good	CARD	ORTHO	SURG	cardiovascular and orthopedic surgery
1098	50112	Good	CARD	SURG		Carotid surgery
1155	52211	Fair	CARD			Angiogram
1052	52211	Good	CARD			Cardiac services
1045	50171	Good	CARD			Cardiology
1183	50112	Good	CHEMO	RAD	CANC	chemo and radiation for cancer, cataract removal
1256	50106	Good	CLIN	OBES	MH	Health Matters Clinic Visits - Weight Mgmt/Depression
1174	50112	Very Good	COLON			colonoscopy
1248	50112	Good	CRIT			Critical care
1228	50112	Good	DENT	MH	DERM	Dental ; mental health ; dermatology; podiatrist; neurology
1071	50112	Good	DENT			dental
1132	50171	Good	DENT			Dental
1166	50208	Very Good	DENT			Dental
1004	50112	Good	DERM	ORAL	SURG	dermatology, oral surgery
1311	50112	Good	DERM	PLAS	SURG	dermatologist, facial plastic surgery, sports medicine
1075	50171	Good	DERM			Dermatology
1099	50112	Good	DERM			dermatology
1187	50112	Good	DERM			Dermatology
1347	50112	Fair	DERM			Dermatology
1190	50112	Very Good	DM			mercy Des Moines
1259	50112	Good	DM			Methodist Hospital, Des Moines
1168	50112	Good	EMER	AMB		ER, Ambulance
1040	50112	Very Good	EMER	CARD		Emergency room for cardiac issue
1156	50112	Fair	ENDO	UI		Endocrinologist at Uof I.
1076	50112	Good	ENDO			Endocrinology
1083	50112	Good	ENDO			Endocronogolist
1284	50113	Good	ENT	UI		ENT University of Iowa
1088	50112	Good	ENT			Ear tubes
1298	50112	Fair	FERT	CLIN	DERM	Fertility clinic, dermatology, ortho
1011	50112	Good	FERT	SPEC		Fertility specialist
1127	50112	Very Good	FERT	SPEC		fertilization specialist
1260	52301	Fair	FP	NEURO	IACTY	We left our local family physician and have a new one oitosde of Grinnell. Neurology work-up Iowa City
1029	50112	Very Good	FP	POD		Family care, podiatry
1297	52211	Good	IACTY			Methodist hospital in Iowa City, IA
1252	50120	Fair	IM	CANC	SURG	Detection of bleeding internally, found cancer had surgery to remove cancer.
1039	50632	Fair	IMAG	LAB		xray and lab
1306	50112	Good	IP	SKIFF		hospitalization at skiff medical center
1106	50112	Good	IP			Hospitalization-GRMC on diversion
1044	50171	Good	MAMM	DERM	ORTHO	Mammogram . Derm. Orthopedic
1097	50112	Fair	MAMM	ORTHO		mammogram, orthopedics

CHNA Community Feedback 2016

Grinnell Regional Medical Center (Primary Service Area) N=349

ID	Zip	Overall HC Rating	c1	c2	c3	Throughout the past two years, did you or someone you know receive healthcare services outside of Grinnell Regional Medical Center's service area? If Yes, what service?
1312	50112	Very Good	MAMM			Mammogram
1261	50112	Fair	MAMM			Mamogram
1220	50112	Fair	MAYO	PEDS	CARD	Mayo Clinic - pediatric specialty and cardiology
1321	50112	Very Good	MH	NEWT		My counselor and my psychiatrist are now at Capstone in Newton
1026	50112	Fair	MH	ORTHO		mental health, Ortho
1023	52211	Very Good	MH			counseling (but did it because I didn't want to see someone local)
1055	50112	Good	MH			Mental health
1069	50112	Good	MH			mental health
1120	50112	Good	MH			mental health
1268	50112	Good	NEO			Nicu care
1283	50171	Fair	NEURO	ORTHO		Neurology. Orthopedics
1223	50135	Very Good	NEURO	SURG	ALL	neurologist surgery on back, allergy testing
1024	50112	Very Good	NEURO	SURG	DENT	neurosurgical,neuroophthalmology,dentistry,optometric
1186	50112	Very Good	NEURO			neurologist
1291	50251	Good	NEWT			Newton hospital
1121	50208	Very Good	OBG	MARSH		I had to go to the Marshalltown OB/GYN
1112	50112	Good	OBG	NEO		High rick OB care and neonatal care
1320	50112	Good	OBG	ORTHO		OB, Ortho
1177	50112	Very Good	OBG	PT		gynecologist and pelvic physical therapist
1115	50112	Very Good	OBG	PULM	ALL	OB/labor & delivery; pulmonologist; allergist; physical therapy
1196	50112	Fair	OBG	SLEEP		OB/GYN, sleep disorder
1199	50112	Very Good	OBG	SURG		gynocoloty surgery
1207	50112	Very Good	OBG	SURG		Hysterectomy
1131	50171	Good	OBG	SURG		hysterectomy for complicated case
1212	50112	Very Good	OBG	SURG		ob/gyn surgery
1037	50208	Very Good	OBG			OB/GYN
1178	52211	Good	OBG			Obstetrics
1165	50112	Good	ONC			oncology
1182	50112	Good	ONC			oncology
1065	50171	Good	OP	SURG		Outpatient surgery
1216	50112	Good	OPTOM	DENT	URG	optical, dental, urgent care, gynecology
1148	50112	Very Good	OPTOM	ENT	CARD	eye surgery, ear tube placement, angiogram
1318	50112	Very Good	OPTOM	SURG	CARD	Cataract surgery and Hand surgery Heart tests
1251	50112	Good	ORAL	SURG	DERM	Oral Surgery, Dermatology, C-PAP equipment
1048	50112	Poor	ORTHO	MH	DERM	Orthopedics, mental health, dermatology, primary care
1053	52347	Fair	ORTHO	MH	IACTY	My back. my sons mental health. My brother also went to Iowa City for his back. My grand daughters seizures.
1025	50122	Good	ORTHO	MH		For orthopedic care, mental health services
1163	50112	Good	ORTHO	OBG	MH	Joint replacement, gynecology services, mental health services
1012	50112	Fair	ORTHO	OBG	MH	ortho, OB, Mental Health
1094	50112	Good	ORTHO	OBG	MH	orthopedics, gynecology, psychiatry, dental
1036	52211	Very Good	ORTHO	OBG	PEDS	Orthopedic, OB-gyn, pediatrician
1219	50112	Fair	ORTHO	OBG		orthodpedics obstetrics
1185	50112	Very Good	ORTHO	OPTOM	ONC	Orthopedic for foot injury, eye oncology, eye retinologist, gall bladder surgery, heart attack
1103	52211	Very Good	ORTHO	SURG	NEURO	Orthopedic surgery, neurology
1303	50112	Good	ORTHO	SURG	UI	orthopoedic surgery - U of I
1265	50112	Fair	ORTHO	SURG		Back injury and minor surgery
1031	50112	Good	ORTHO	SURG		carpar tunnel surgery, back surgery
1068	50112	Very Good	ORTHO	SURG		hand surgery

CHNA Community Feedback 2016

Grinnell Regional Medical Center (Primary Service Area) N=349

ID	Zip	Overall HC Rating	c1	c2	c3	Throughout the past two years, did you or someone you know receive healthcare services outside of Grinnell Regional Medical Center's service area? If Yes, what service?
1170	50112	Fair	ORTHO	SURG		Orthopedic surgeon
1056	50135	Good	ORTHO	SURG		orthopedic surgery
1111	50157	Good	ORTHO	SURG		Orthopedic surgery
1224	50251	Good	ORTHO	SURG		Orthopedic Surgery
1227	50112	Good	ORTHO	SURG		Orthopedic Surgery
1234	50207	Good	ORTHO	SURG		Orthopedic Surgery
1300	50112	Very Good	ORTHO	SURG		orthopedic surgery
1020	50112	Good	ORTHO	SURG		Orthopedic surgery
1242	50112	Good	ORTHO			ACL repair
1333	50112	Good	ORTHO			Hip replacement
1133	50208	Good	ORTHO			knee replacement
1188	50112	Very Good	ORTHO			Ortho
1334	50112	Good	ORTHO			Ortho
1051	50112	Good	ORTHO			Orthopaedic care
1267	50112	Very Good	ORTHO			orthopedic
1047	50208	Good	ORTHO			Orthopedics
1100	50112	Very Good	ORTHO			orthopedics
1057	50112	Very Good	ORTHO			total knee
1046	50112	Good	PAIN	IM	DM	pain services and IM Dr's in Des Moines at Mercy
1007	50112	Good	PALL			palliative
1126	50135	Poor	PEDS	PRIM	DENT	Pediatrics, primary Care physician, dental, pediatric specialty (colonoscopy), allergy and asthma,
1269	50112	Good	PLAS	SURG		Plastic surgery
1128	50112	Good	POD	SURG		foot surgery
1118	50112	Very Good	POD			podiatry dr. specializing in neuropathy
1035	52211	Good	PRIM	CHEMO		Dr. & Chemo
1203	50112	Very Good	PRIM	CO		Primary care in Colorado where we have a cabin.
1213	50112	Very Good	PRIM	SPEC		FOR SERVICE THAT ARE NOT PROVIDED HERE
1108	56601	Fair	PRIM	SURG	CARD	Med/Surg care. GRMC was on diversion. Cardiac services.
1134	50112	Fair	PRIM			I am a pastor, so many go to other care services
1299	50112	Fair	PULM	SPEC		lung specialist
1197	50112	Fair	PULM	UI		Pulmonologist-UofI Hospital
1255	50135	Good	PULM			pulmonologist
1323	50112	Good	RAD	ORTHO	CARD	radiation therapy, hip & knee surgery, pacemaker, severe heart/stroke issues, macular degeneration therapy,
1307	50106	Very Good	RHEU			rheumatology
1247	50112	Very Good	SPEC	CARD	DM	specialist care in Des Moines for heart
1104	50112	Very Good	SPEC	CARD	ORTHO	specialty care for cardiac or orthopedic services
1063	50112	Very Good	SPEC	SURG		Many people are being sent out of town for specialty services/surgery that are provided at GRMC.
1164	50112	Very Good	SURG	NEURO		I had surgery from a neurosurgeon
1070	50112	Fair	SURG	OBG		surgery and gynecological care
1262	50112	Good	SURG			Surgery
1235	52232	Poor	SURG			Surgery
1171	50112	Good	SURG			Surgical
1061	50208	Good	TRANS	SPEC	IACTY	transferred for specialist in iowa city
1119	50171	Fair	UI	CLIN	DENT	University of Iowa Metabolic Clinic and Family of Dentistry in Marshalltown
1107	52211	Good	UI	CLIN	ONC	University of Iowa Hospitals and Clinics/oncology

CHNA Community Feedback 2016

Grinnell Regional Medical Center (Primary Service Area) N=349

ID	Zip	Overall HC Rating	c1	c2	c3	Throughout the past two years, did you or someone you know receive healthcare services outside of Grinnell Regional Medical Center's service area? If Yes, what service?
1002	50171	Good	UI	FP	GAST	We go to Uihc for all services other than my family doctor. Kidney, gastro, Gyn, ortho, urology, cataract and other eye care. I would not have any of these things done in Grinnell.
1215	50112	Very Good	UI	SPEC	CLIN	U OF I MED SPECIALITY CLINIC
1144	50112	Fair	URG			Urgent Care
1010	50112	Very Good	WOLF	CLIN		Wolf Eye Clinic

CHNA Round #2 Feedback 2016 - Grinnell Regional Medical Center

Let Your Voice Be Heard!

Grinnell Regional Medical Center is updating its Community Health Needs Assessment (CHNA) in partnership with other area health providers. Feedback from this survey will identify current health issues in our community. Participation is voluntary and all answers will be kept confidential.

All CHNA Round #2 feedback is due by Tuesday, March 1st, 2016. Thank you for your participation.

CHNA Round #2 Feedback 2016 - Grinnell Regional Medical Center

Part I: Introduction

1. Three years ago, Grinnell Regional Medical Center completed a Community Health Needs Assessment. This assessment identified a number of health needs for our community. Today, we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community?

	Very Good	Good	Fair	Poor	Very Poor
Health Rating:	<input type="radio"/>				

CHNA Round #2 Feedback 2016 - Grinnell Regional Medical Center

2. Are there healthcare services in the Grinnell Regional Medical Center service area that you feel need to be improved and/or changed? (Please be specific.)

CHNA Round #2 Feedback 2016 - Grinnell Regional Medical Center

3. From our last CHNA (2013), a number of health needs were identified as priorities. Are any of these 2013 CHNA needs still an "Ongoing Problem" in our Grinnell Regional Medical Center service area?

	Not a Problem Anymore	Somewhat of a Problem	Major Problem
Increase mental health services (need more providers and placement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expand Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce uninsured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fight obesity (increase fitness / nutrition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer transportation for health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fight suicide / depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide affordable dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruit Specialists (Ortho, Neuro, Derm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide wellness education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fight substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide access to free care clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide eating disorders education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHNA Round #2 Feedback 2016 - Grinnell Regional Medical Center

4. Which 2013 CHNA health needs are most pressing today for improvement? (Please select top three needs.)

- | | |
|--|---|
| <input type="checkbox"/> Increase mental health services (need more providers and placement) | <input type="checkbox"/> Provide affordable dental care |
| <input type="checkbox"/> Expand Medicaid | <input type="checkbox"/> Recruit Specialists (Ortho, Neuro, Derm) |
| <input type="checkbox"/> Reduce uninsured | <input type="checkbox"/> Provide wellness education |
| <input type="checkbox"/> Fight obesity (increase fitness / nutrition) | <input type="checkbox"/> Fight substance abuse |
| <input type="checkbox"/> Offer transportation for health care | <input type="checkbox"/> Provide access to free care clinic |
| <input type="checkbox"/> Fight suicide / depression | <input type="checkbox"/> Provide eating disorders education |

CHNA Round #2 Feedback 2016 - Grinnell Regional Medical Center

5. How would Grinnell Regional Medical Center service-area members rate each of the following services? (Please select one box per row.)

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

CHNA Round #2 Feedback 2016 - Grinnell Regional Medical Center

<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					

7. Throughout the past two years, did you or someone you know receive healthcare services outside of Grinnell Regional Medical Center's service area?

- Yes
- Don't know
- No

If yes, please specify the healthcare services received.

[Redacted area]

CHNA Round #2 Feedback 2016 - Grinnell Regional Medical Center

8. Are there any other health needs from the list below that need to be discussed at our upcoming CHNA Town Hall meeting? (Please select all that need to be on our agenda.)

- | | | |
|-------------------------|-------------------------------|--------------------|
| Abuse / Violence | Mental Illness | Suicide |
| Alcohol | Nutrition | Teen Pregnancy |
| Cancer | Obesity | Tobacco Use |
| Diabetes | Ozone (Air) | Vaccinations |
| Drugs / Substance Abuse | Physical Exercise | Water Quality |
| Family Planning | Poverty | Wellness Education |
| Heart Disease | Respiratory Disease | |
| Lead Exposure | Sexually Transmitted Diseases | |
| Other (please specify) | | |

CHNA Round #2 Feedback 2016 - Grinnell Regional Medical Center

9. What is your home zip code?

CHNA Round #2 Feedback 2016 - Grinnell Regional Medical Center

Demographics

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Elected Official - City / County | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Business / Merchant | <input type="checkbox"/> EMS / Emergency | <input type="checkbox"/> Parent / Caregiver |
| <input type="checkbox"/> Case Manager / Discharge Planner | <input type="checkbox"/> Farmer / Rancher | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Civic Club / Chamber | <input type="checkbox"/> Health Department | <input type="checkbox"/> Physician (MD / DO) |
| <input type="checkbox"/> Charitable Foundation | <input type="checkbox"/> Hospital | <input type="checkbox"/> Physician Clinic |
| <input type="checkbox"/> Clergy / Congregational Leader | <input type="checkbox"/> Housing / Builder | <input type="checkbox"/> Media (Paper, TV, Radio) |
| <input type="checkbox"/> College / University | <input type="checkbox"/> Insurance | <input type="checkbox"/> Senior Care / Nursing Home |
| <input type="checkbox"/> Consumer Advocate | <input type="checkbox"/> Labor | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Consumers of Healthcare | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Low Income / Free Clinics | <input type="checkbox"/> Welfare / Social Service |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> Education Official / Teacher | <input type="checkbox"/> Nursing | |
| <input type="checkbox"/> Other (please specify) | | |

CHNA Round #2 Feedback 2016 - Grinnell Regional Medical Center

You have just completed the Community Health Needs Assessment Survey. Thank you for your participation. By hitting "Next," you are submitting your responses and giving others an opportunity to complete the same survey.

Again, thank you for your participation.

CHNA Report Contact :



Vince Vandelaar, MBA
VVV Consultants LLC
Adjunct Professor / Professional Healthcare
Marketing and Strategic Planning Consulting
Services

601 N Mahaffie, Olathe, KS 66061
(913) 302-7264 (C)
VVV@VandelaarMarketing.com

LinkedIn: [vandehaar](#)
Website: [VandelaarMarketing.com](#)