UnityPoint Health – Grinnell 2026-2028 Implementation Strategy in Response to the 2025 Community Health Needs Assessment

EXECUTIVE SUMMARY

This document describes the work we will do during 2026 through 2028 to address the health needs of the residents of Poweshiek County. It is UnityPoint Health—Grinnell's 2026-2028 **implementation strategy** in response to the 2025 **Community Health Needs Assessment** (CHNA). The CHNA and this implementation strategy are intended to meet the mandate set forth in the Affordable Care Act (ACA), which requires not-for-profit hospitals to perform these activities every three years.

The health needs were determined in 2025 by surveys and comparisons of local health indicators with national benchmarks. The CHNA was created in collaboration with the hospital and public health department. It is up to UPH-Grinnell Regional Medical Center (GRMC) and Public Health to develop their own implementation strategy. The CHNA belongs to the community; the implementation strategy to UPH-GRMC.

The health needs that emerged, in rank order, were:

Community Health Needs

1. Mental Health	5. Nutrition, Physical Activity & Weight
2. Cancer	6. Substance Abuse
3. Social Determinants of Health (Including Housing)	7. Heart Disease & Stroke
4. Diabetes	8. Tobacco Use

To reduce the list to a manageable number of priorities and to sharpen our focus, we first channeled areas that are squarely addressed by plans already in place, into those existing plans. (e.g. heart disease and stroke, are addressed by existing cardiovascular plans) Then, we combined related categories.

This produced the following list of priorities:

UPH-Grinnell's Priorities
Mental Health and Substance Abuse
Diabetes
Cancer

These three priorities for which UPH-GRMC has created initiatives and an implementation strategy. A total of seven initiatives will be described later in this document.

To summarize:

- The community has **one 2025 CHNA**, identifying **11 health needs**.
- The Hospital combined with Public Health will develop a shared **2026-2029 implementation strategy.**
- UPH-GRMC's implementation strategy has **three priorities** with **7 initiatives**.

BACKGROUND

The Patient Protection and Affordable Care Act, signed into law in March 2010, requires that not-for-profit hospitals conduct a **Community Health Needs Assessment** at least once every three years beginning in March 2012. The Iowa Department of Public Health requires local public health agencies to conduct a CHNA at least every five years.

These requirements present the opportunity for local community health leaders to join forces and identify priorities that can serve as a guide for programs, policies, and investments. Working together often creates efficiencies, new partnerships, and increased collaboration. Ultimately, Central Iowans benefit when data, resources and expertise are shared to attain the common goal of a healthier community. This CHNA was conducted in full partnership with the local health departments, hospitals, and many other community health organizations.

Conducting this comprehensive CHNA involved surveying community members and leaders as well as gathering relevant health data. The choice of our priorities reflects the idea that a high quality medical/clinic system is essential to treat people who are sick, and critical to help restore people's health; but it is not where health is created. Health is created in people's homes, workplaces, neighborhoods, and communities where people make healthy or unhealthy choices and establish healthy or unhealthy habits. The framework for those choices is the social, economic, and built environments we create. These are the Social Determinants of Health (SDoH).

The ACA also requires nonprofit hospitals to complete an **implementation strategy** in response to each CHNA. A hospital's implementation strategy must be a written plan that, for each significant health need identified, describes how the hospital facility plans to address the health need. In describing how a hospital plans to address a significant health need identified through the CHNA, the implementation strategy must:

• Describe the actions the hospital facility intends to take to address the health need and the anticipated impact of these actions.

• Identify the resources the hospital plans to commit to address the health need.

• Describe any planned collaboration between the hospital and other facilities or organizations in addressing the health need.

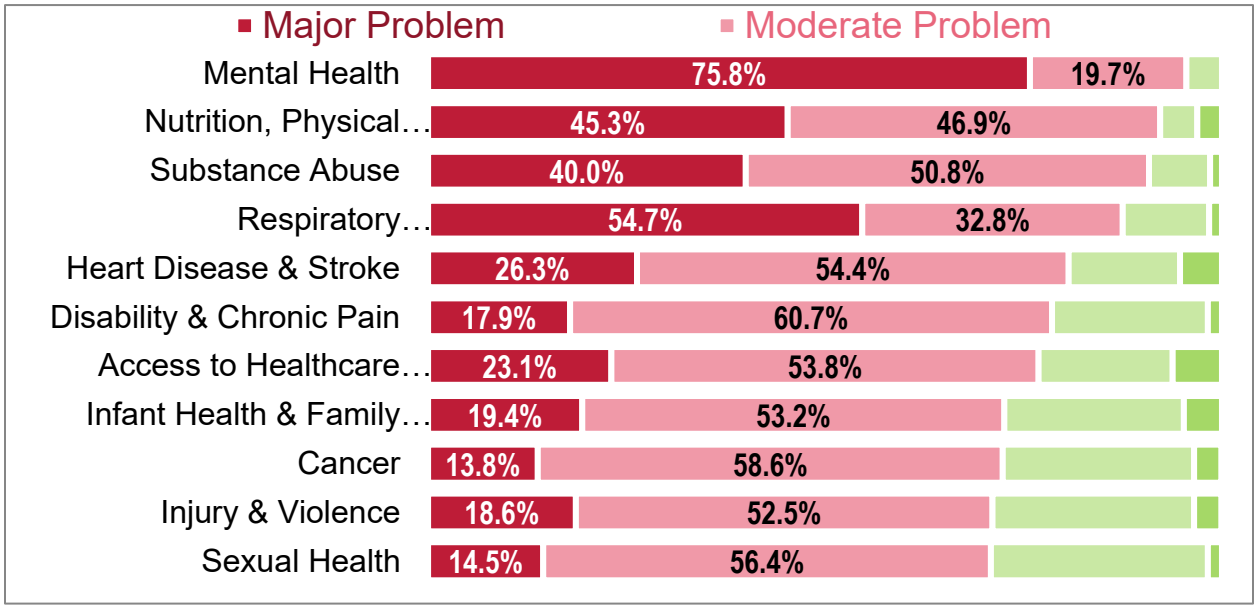
• Be adopted by an authorized body of the hospital facility.

Eleven COMMUNITY HEALTH NEEDS

Eleven community health needs emerged from telephone and online surveys of residents representing diverse demographic groups in the community, and comparison of community health indicators with national benchmarks. The needs were then shared with individuals in the community identified as having insight into community needs. These key informants then prioritized the needs to identify the most pressing health needs.

Priority rankings of community health need by key informants:

Key Informants: Relative Position of Health Topics as Problems in the Community



THREE PRIORITIES

To identify the specific priorities that UPH-GRMC will focus on, the following steps were what determined our consideration:

- Considered key informants' priority rankings of the needs.
- Focused on needs that showed 75% combined classification of major problem or moderate problem.
- Combined needs that may be associated or have similar response efforts.
- Focused on broader community-based impact.

This resulted in identifying three priorities for UPH-Grinnell. These are as follows:

1) Mental health and substance abuse
2) Diabetes
3) Cancer

The CHNA also identified several other areas of need regarding respiratory disease, heart disease and stroke and potentially disabling conditions. In our consideration of priorities, these were seen as needs that UPH-GRMC continuously addressed through service lines within the hospital. Services through the hospital are continuously engaged in process improvement to best address these priorities clinically.

Social Determinants of Health, Nutrition, Physical Activity and Weight, Access to Health Care Services, Disabling Conditions and Heart Disease and Stroke.

INITIATIVES

A committee of stakeholders reviewed existing initiatives that supported the priorities, and crafted new initiatives. The process produced seven initiatives to support the three priorities.

2026-2029 Initiatives to Address Community Health Needs			
Initiative	**Mental Health**	**Cancer**	**Diabetes**
1). Increase awareness of community/ county wide resources	X	X	X
2). Increase access to services	X	X	X
3). Increase coordination of services	X	X	X
4). Education and Awareness	X	X	X
5). Prevention and Early Detection		X	X
6). Diabetes Management and Support			X
7). Increase Cancer Screening Rates		X	

IMPLEMENTATION

To facilitate the implementation strategy, the following work plan template will be used as a guide to identify the initiatives, actions, anticipated impact, partners, and resources for each priority. These templates will serve as a working document as we carry out this plan over the next three years. The initial development of these templates started with identifying existing tactics UPH-GRMC and other organizations have in place to address each priority.

The Community Health Implementation Team consists of Hospital team leaders from administration, public health, social services, and clinics. Along with key stakeholders in the community representing mental health services, Grinnell Food Coalition, school leadership, nursing and counseling, Police and Sherriff departments, Grinnell College, Quick Visit, and the Empowerment Command Center. This group serves to help advise and carry out the implementation strategy.

The Community Health Implementation Team will convene at least quarterly to:

1). Identify new tactics that may have been implemented that align with the work.

2). Identify progress and measures that align with the identified initiatives.

3). Consider changes or additions that may need to be made within the initiatives.

4). Consider new opportunities for tactics, partners, or resources.

Coordination and follow-up will be the responsibility of the Community Health Implementation Team. In many cases various partners working in collaboration will be needed to meet more often to move the work forward. It is anticipated that would include community partners such as business employers, healthcare, public health, and local government. To carry out some of these tactics, it will require a vigorous approach as some of them respond to issues that can be fluid within the changing environment of healthcare and communities.

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NITYPOINT HEALTH-GRINNELL COMMUNITY HEALTH IMPLEMENTATION STRATEGY

Priority: MENTAL HEALTH

Initiative	Focused Tactics	Anticipated Impact	Existing or Planned Collaborations
Increase awareness of community/ county wide resources	Promote available mental health and substance use resources. Maintain and expand the Poweshiek County Resource Guide. Increase community awareness through outreach and education.	Improve awareness of available services and increase timely access to behavioral health resources.	Grinnell Area Mental Health Consortium/JPK fund UPH- Clinics UPH- Public Health Grinnell PD- Faith Grinnell College Student Services Eyerly Ball Foundation 2/CICS Empowerment Center
Increase access to services	Expand access to behavioral health services through partnerships and telehealth. Strengthen crisis response and referral pathways. Support coordination of care across healthcare and community organizations.	Increase access to behavioral health services and improve care coordination for individuals experiencing mental health or substance use concerns.	Iowa PCA Capstone Grinnell PD UPH- Clinics Quick Visit Grinnell Area Mental Health Consortium/JPK fund
Increase coordination of services	Strengthen referral pathways between healthcare and community organizations Improve care coordination for individuals experiencing behavioral health crises Expand collaboration among healthcare providers, public health, schools, law enforcement, and community organizations	Improve continuity of care, strengthen collaboration among service providers, and connect individuals to the appropriate level of behavioral health and substance use services.	Faith Capstone Iowa PCA UPH- Hospital UPH-Clinics QuickVisit SHAW Eyerly Ball Empowerment Center 988 Your Life Iowa

Priority: DIABETES

Initiative	Focused Tactics	Anticipated Impact	Existing or Planned Collaborations
Education and Awareness	Deliver community education on diabetes prevention and management. Promote Diabetes Awareness Month through outreach campaigns. Increase awareness of local diabetes resources and services.	Increase community knowledge of diabetes prevention, risk factors, and available support services.	Public Health UPH- Clinics UPH- Hospital Quick Visit Diabetic Educator SHAW American Diabetes Association
Prevention and Early Detection	Increase access to diabetes screenings and A1C testing. Promote early identification of prediabetes and diabetes. Encourage routine preventive care and healthy lifestyle changes.	Improve early detection of diabetes and connect individuals to appropriate care and prevention resources.	Quick Visit UPH- Lab Public Health Diabetic Educator
Diabetes Management and Support	Expand referrals to diabetes education and support services. Increase access to self-management resources and support groups. Connect patients with community resources to improve disease management.	Improve diabetes self-management, reduce complications, and enhance quality of life for individuals living with diabetes.	Quick Visit UPH- Clinics UPH- Hospital Diabetic Educator

Priority: CANCER

Initiative	Focused Tactics	Anticipated Impact	Existing or Planned Collaborations
Increase Cancer Screening Rates	Promote evidence-based cancer screenings through community outreach and education. Expand provider referrals and patient navigation for recommended screenings. Support Healthy Hometowns and Cancer Hub & Spoke initiatives.	Increase awareness and utilization of recommended cancer screenings throughout Poweshiek County.	UPH-GRMC UPH-GRMC PH Free Clinics of Iowa Quick Visit Marion County Public Health Iowa Cancer Consortium
Increase Education on Cancer, Cancer Prevention	Deliver community education on cancer prevention and risk reduction. Promote tobacco cessation, HPV vaccination, radon awareness, and healthy lifestyles. Utilize social media and the Poweshiek County Resource Guide.	Improve community knowledge of cancer prevention and reduce modifiable risk factors	Iowa Cancer Consortium Schools Libraries Employers Community Organizations
Improve Access to Cancer treatment and Care	Expand patient navigation and referral coordination. Increase access through Cancer Hub & Spoke and telehealth services. Connect patients with financial, transportation, and support resources.	Improve timely access to cancer treatment and supportive services while reducing barriers to care.	UPH- Grinnell UPH- Clinic Public Health 211 Iowa Quick Visit

UnityPoint Health-Grinnell Community Health Implementation Teams

- Work groups were developed for each priority: Mental Health, Diabetes, and Cancer consisting of community partners that work within the realm of the priorities listed were invited to participate in implementation planning and initiatives.
- Laura Juel- Vice President of Nursing, UPH- Grinnell, Brooke Holder- UPH- Grinnell, Poweshiek County Public Health Manager, Vicky Suiter- Director of Clinical Operations, Nikki Stout- QuickVisit, and Ilona Avery- Social Worker BSW-Social Services-Grinnell are part of all three work groups.