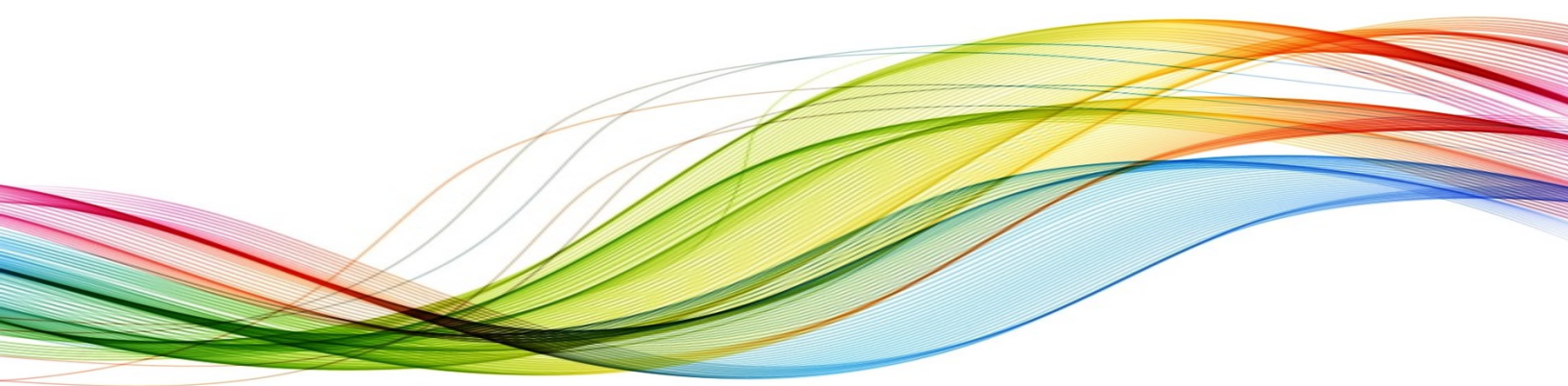




**Community Health Needs Assessment
MercyOne Newton Medical Center
Skiff Medical Center - Jasper County, Iowa**



May 2019

**VVV Consultants LLC
Olathe, KS**

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

MercyOne Newton Medical Center (Skiff Medical Center) – Jasper County, IA - 2019 Community Health Needs Assessment (CHNA) Wave #3

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 the local residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Jasper Co, IA previous CHNA was completed in 2016. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #3 Jasper County CHNA assessment began January 2019 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Important community CHNA Benefits for both the local hospital and the health department, are as follows: 1) Increases knowledge of community health needs and resources 2) Creates 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, and 8) fulfills Hospital “Mission” to deliver quality health care.

a) County Health Area of Future Focus

Jasper County CHNA Town Hall - “Community Health Improvements Needs”

2019 CHNA Health Priorities - Jasper County (IA)				
CHNA Wave #3 Town Hall (67 Attendees, 240 Votes)				
MercyOne Newton Medical Center (Skiff Medical Center) PSA				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Treatment, Aftercare)	41	17.1%	17.1%
2	Substance Abuse (Opioids/Meth/Marijuana)	28	11.7%	28.8%
3	Homeless / Available Shelters	25	10.4%	39.2%
4	Obesity (Nutrition / Exercise)	18	7.5%	46.7%
5	Primary Care / Visiting Specialists (FP/IM, Peds, Neu, Nep, GI/Liver)	17	7.1%	53.8%
6	Domestic Violence / Sexual Assault	16	6.7%	60.4%
7	Healthcare Transportation	16	6.7%	67.1%
8	Child Care Services	16	6.7%	73.8%
9	Senior Living / Care	15	6.3%	80.0%
Total Votes:		240	100.0%	
Other Items receiving votes: Emergency Room, Suicide, Family Planning/Women’s Health, Health Engagement, Free Indoor Wellness Area/Activities, Single Parent Support, Tobacco, Healthcare Insurance, Dental Care.				

b) Town Hall CHNA Findings: Areas of Strengths

Jasper County CHNA Town Hall - “Community Health Areas of Strengths”

Jasper County - Community Health Strengths			
#	Topic	#	Topic
1	Access to Hospital Speciality Clinic, Urgent Care, OP Care, Prenatal Care / OB	7	EMS - Emergency Responders
2	Available Health Resources	8	Mobile Crises Response Team
3	Community Involvement	9	Public Health Services
4	Dentists and Eye Doctors	10	School Teachers / Nurses
5	DMACC Nursing Program	11	Substance Abuse Coalition with Mental Health
6	Emergency Preparedness	12	Youth Programs (YMCA, 4H, Schools)

Key CHNA Wave#3 Secondary Research Conclusions are as follows:

IOWA HEALTH RANKINGS: According to the 2018 Robert Wood Johnson County Health Rankings, Jasper County IA was ranked 68th in Health Outcomes, 40th in Health Factors, and 75th in Physical Environmental Quality out of the 99 Counties.

TAB 1. Jasper County’s population is 36,966 (based on 2017), with a population per square mile (based on 2010) of 50.4 persons. Six percent (5.8%) of the population is under the age of 5 and 19% is over 65 years old. Forty-nine percent (48.8%) of Jasper County is Female. Hispanic or Latinos make up 2.2% of the population and there are 2.2% of Jasper County citizens that speak a language other than English at home. In Jasper County, children in single parent households make up 29%. There are 2,693 Veterans living in Jasper County.

TAB 2. The per capita income in Jasper County is \$27,214, and 9% of the population in poverty. There is a severe housing problem of 12%. There are 2,857 total firms (based on 2012) in Jasper County and an unemployment rate of 3.6%. Food insecurity is at 12%, and limited access to a store (healthy foods) at 4%. Thirty-four percent of individuals have a long commute to work.

TAB 3. Children eligible for a free or reduced-price lunch is at 40% and 93.1% of students graduate high school while 18.1% of students get their bachelor’s degree or higher in Jasper County. There is one full-time school nurse in each school district: Newton, Lynnville-Sully and Colfax-Mingo.

TAB 4. The percent of births where prenatal care started in the first trimester is 84% and 8.3% of births are premature. Thirty-three percent of births in Jasper County occur to unmarried women. Births where mothers have smoked during the pregnancy is at high at 25.6% and the percent of babies up to 2 years old that receive vaccines is 64%.

TAB 5. There is one primary care physician per 2,460 people in Jasper County. Patients who gave their hospital a rating of 9 or 10 out 10 are 76% and the average time spent in the ER is 48 minutes.

TAB 6. Medicare population getting treated for depression in Jasper County is 14%. There are 3.2 days out of the year that are poor mental health days. The age-adjusted suicide mortality rate (per 100K) is 15.6. Jasper County has a 60.2 opioid prescription rate out of 100 prescriptions written in 2017.

TAB 7. Thirty-two percent of adults in Jasper County are obese (based on 2014), with 27% of the population physically inactive. 20% of adults drink excessively and 15% smoke. Hypertension risk is at 46.7%, while Hyperlipidemia is at 39.9%. Osteoporosis is 5.1% while Heart Failure (9.8%) and Chronic Kidney Disease (12.4%) are lower than the comparative norm.

TAB 8. The adult uninsured rate for Jasper County is 5%.

TAB 9. The life expectancy rate in Jasper County is 77.7 for Males and 81.9 for Females. Heart Disease Mortality rate (per 100K) is 156.6 and the Cancer Mortality rate is at 175.8. The age-adjusted Chronic Lower Respiratory Morality rate is at 43.8, and alcohol-impaired driving deaths are lower than the norm, at 12% in Jasper County.

TAB 10. Eighty-one percent of Jasper County has access to exercise opportunities and as high as 91% monitor diabetes. 66% of women in Jasper County get annual mammography screenings (based on 2014).

Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=200) provided the following community insights via an online perception survey:

- Using a Likert scale, 60% of Jasper County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Jasper County stakeholders are satisfied with the following services: Ambulance Services, Chiropractors, Eye Doctors, Outpatient Services, Pharmacy, Public Health and School Nurses.
- When considering past CHNA needs: Mental health / behaviors, substance abuse, violent / abusive behaviors, child abuse / neglect, and child obesity came up.

CHNA Wave #3		Jasper Co N=200			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Mental Health / Behaviors	147	90.7%	Red	1
2	Substance Abuse	125	77.2%	Red	2
3	Violent / Abusive Behaviors	66	40.7%	Red	7
4	Child Abuse / Neglect	61	37.7%	Yellow	3
5	Child Obesity	59	36.4%	Yellow	5
6	Transportation	56	34.6%	Yellow	6
7	Wellness / Nutrition	54	33.3%	Yellow	8
8	Access to Healthcare	50	30.9%	Yellow	4
9	Healthy Homes	50	30.9%	Yellow	9
10	Dental Care	46	28.4%	Yellow	10
11	Tobacco Use	45	27.8%	White	11
12	Public Health	37	22.8%	White	12
13	Immunization Costs	13	8.0%	White	14
14	Radon-testing	12	7.4%	White	15
15	Fall-related Injuries	11	6.8%	White	13
16	Childhood Lead Levels	3	1.9%	White	16

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital 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.).

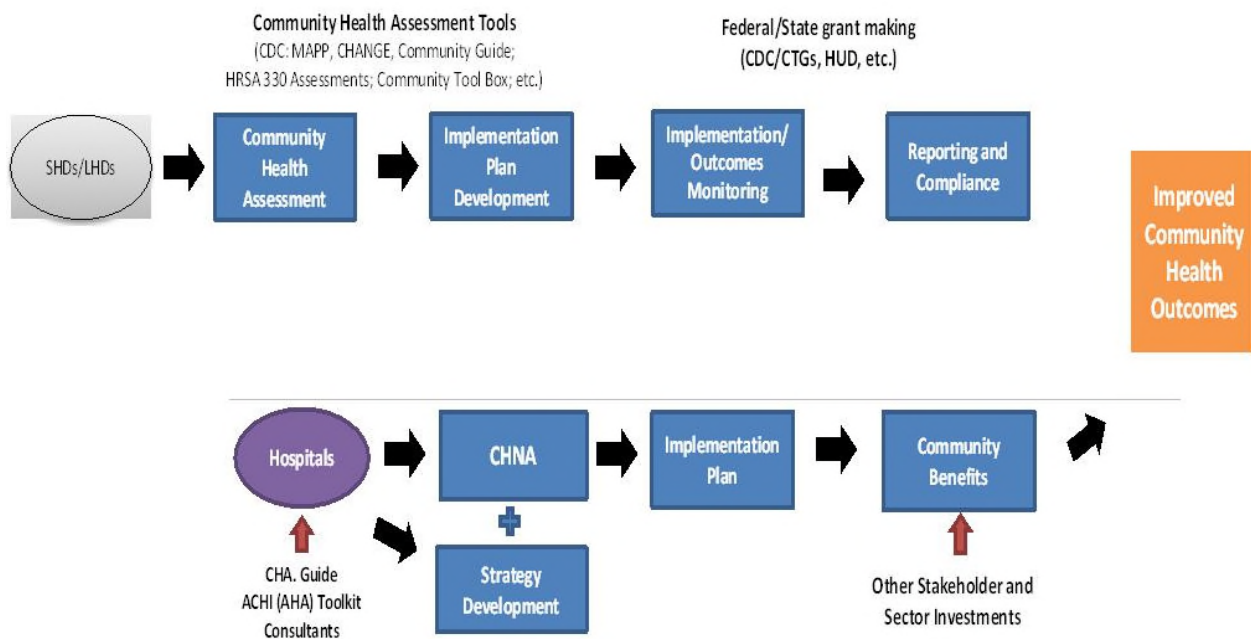
JOB #2: Making a CHNA Widely Available to the Public

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, 2013 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.*

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 needs 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.

CHNA NEWS: IRS Makes First Revocation of Hospital Not-for-Profit Status Under 501(r)

RICH DALY, HFMA SENIOR WRITER/EDITOR

Aug. 15, 2017—Charity-care reporting requirements under the healthcare reform law may have gone into effect only last October, but already one hospital has lost its not-for-profit tax status as a result. The first-time tax-status revocation under Affordable Care Act (ACA) 501(r) requirements applied to a “dual-status” 501(c)(3) hospital operated by a “local county governmental agency” and was confirmed by a redacted copy of the [tax status letter](#), which was dated Feb. 14, 2017, and posted to the IRS website in August. Neither an IRS spokeswoman nor the redacted letter identified the hospital. Loss of the 501(c)(3) exemptions eliminates the ability of hospitals to use certain employee benefit plans; likely subjects hospitals to income, property, and other taxes; bars receipt of tax-deductible contributions; and disallows use of tax-exempt bonds.

The 501(r) requirements on performing community health needs assessments (CHNAs) and offering financial assistance became effective for tax years beginning on or after Dec. 29, 2015, meaning tax-exempt hospitals operating on the calendar had to be in compliance by Jan. 1, 2016, and those with a different fiscal-year end had to be in compliance by Oct. 1, 2016.

The only enforcement information previously released by the IRS was a June 2016 letter to Sen. Charles Grassley (R-Iowa), which noted that at that point the IRS had completed 2,482 compliance reviews under 501(r). Additionally, 163 hospitals were assigned for “examination” as a result of those compliance reviews, but no further actions were identified.

The ACA requires the IRS to review the community-benefit activities of about 3,000 tax-exempt hospitals at least once every three years. This was the first time that Keith Hearle, president, Verité Healthcare Consulting, LLC, Alexandria, Va., had heard of an instance in which a hospital lost its not-for-profit status over 501(r) requirements. He has heard of several others that incurred the \$50,000 excise tax for failing to meet the CHNA requirement.

“I would be surprised if it is a one-off,” said Hearle, who has been expecting more IRS enforcement after his own reviews indicated widespread hospital vulnerability due to poor compliance.

Reasons for Revocation

Hospital 501(r) requirements include:

- Conducting a CHNA at least once every three years
- Making the CHNA publicly available on a website
- Adopting an implementation strategy to meet the needs identified in the CHNA
- Adopting a financial assistance policy and publicizing the policy, including by posting it on a website
- Limiting the amounts charged to individuals who are eligible for financial assistance
- Making individuals aware of the financial assistance policy prior to engaging in certain collection actions

Among the reasons for the IRS action against the county government hospital was its finding that the hospital did not make the CHNA widely available to the public through a website, although it had paper copies available on request. “The hospital indicated to the IRS that it might have acted on some of the recommendations included in the Implementation Strategy Report, but that a separate written implementation policy was neither drafted nor adopted,” the IRS letter stated.

Officials at the small rural hospital said they lacked the staffing to comply with 501(r) requirements. They also said they “really did not need, actually have any use for, or want their tax-exempt status under Section 501(c)(3),” according to the IRS letter. The hospital believed its tax-exempt status somehow prevented its involvement in certain payment arrangements. It had maintained 501(c)(3) status “only in case any liabilities arose relating to the prior management company that had originally obtained that status from the IRS.”

The IRS deemed the hospital’s failure “egregious” because its leaders had “neither the will, the resources, nor the staff to follow through with the” 501(r) requirements.

Widespread Vulnerability

Industry advisers worry that many hospitals could be vulnerable to IRS enforcement—if not tax-status revocation—under the new requirements. “A lot of them just assume that what they have, in terms of policy and procedure, suffices under the final regulations and have not done a lot,” said Andrew Kloeckner, a partner for Omaha-based law firm Baird Holm.

Even hospitals that have taken steps to become compliant with the requirements can face downsides, including complications with their collection efforts, which in turn can delay cash flow, Kloeckner said.

Jan Smith, a tax senior manager in Crowe Horwath’s Healthcare practice, indicated that the likelihood of a similar penalty or the likelihood of this determination setting a precedent at other hospitals may be limited. This is due to the unusual position taken by the revoked hospital’s officials that they didn’t need or want charitable status (in addition to governmental status).

“If hospitals are making a good-faith effort to comply, I would be surprised if the IRS would revoke their tax status at this stage of 501(r) examinations,” Smith said in an interview. However, she is aware of several health systems that the IRS is seeking to penalize under the CHNA tax provision.

The IRS’s 501(r) compliance reviews include the agency’s analysis of hospital websites and “other information designed to identify the hospitals with the highest likelihood of non-compliance,” IRS Commissioner John Koskinen stated in his 2016 letter to Grassley.

Justin Lowe, senior manager with the Exempt Organizations Tax Practice at Ernst & Young, underscored that hospital websites are among the publicly available information that the IRS reviews. He urged hospitals to make sure that all required documents, including the CHNA and financial assistance policy, are on the website and easily findable. Insufficient approaches to 501(r) compliance, Kloeckner said, include instances when hospitals purchase financial assistance policy templates that are provided by a consultant and not submitted for legal review, potentially leaving audit vulnerabilities. Kloeckner also urged attention on practices and procedures outside of the policies.

Small government-operated hospitals are among the most vulnerable to enforcement, Hearle said, because they may not be required to file Form 990, which provides reminders about 501(r) compliance requirements. “It’s a group of hospitals I’m concerned about,” Hearle said.

Among the financial assistance requirements with which hospitals are most likely to struggle, Hearle said, is making available lists of physicians who are associated with the hospital and who utilize the same charity care policies.

“Patients obtaining charity care from a hospital want to find physician groups through which they can get the same charity care, as opposed to some group that doesn’t offer charity care,” Hearle said.

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

II. Methodology

b) Collaborating CHNA Parties

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

MercyOne Newton Medical Center (Skiff Medical Center)

204 N. 4th Ave E.

Newton, Iowa 50208

Phone: (641) 792-1273

President: Laurie Conner

ABOUT:

Skiff Medical Center is a fully owned hospital of Mercy Medical Center -- Des Moines and a member of Mercy Health Network. It is located in the city of Newton, Iowa, county seat of Jasper County. Positioned on Interstate 80, the nation's only east/west transcontinental interstate highway, Newton is about 30 miles east of the Des Moines metropolitan area.

Skiff's main campus in Newton has 48 beds and about 200,000 square feet of space. Attached to the hospital is a 50,000-square-foot medical office building containing local physician practices and the hospital's physical medicine and rehabilitation center. With 270-plus employees, Skiff is one of the largest employers in Jasper County, along with the local school system and the county government.

MISSION: The mission of Skiff Medical Center, as a member of Catholic Health Initiatives, is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.

VISION: To provide a remarkable Skiff experience to every person we are privileged to serve.

CORE VALUES: Reverence, Integrity, Compassion, Excellence

Skiff Medical Center is proud to offer a full spectrum of services, from family health services and primary care to surgery to the skilled care provided by the visiting physicians in the Skiff Specialty Clinic.

- Audiology
- Cancer
- Cardiac Rehab
- Care Coordination
- Clinics
- Diabetes Education
- Emergency Medicine
- Home Care
- Hospice
- Nutrition & Wellness
- Obstetrics
- Occupational Therapy
- Orthopedics
- Philips Imaging Center at Skiff
- Physical Medicine & Rehabilitation
- Physical Therapy
- Radiology
- Special Care Unit
- Specialty Clinic
- Surgery
- Speech Therapy
- Swing Bed Program

Jasper County Department of Health

116 W 4th St S

Newton, IA 50208

Phone Number: 641-787-9224

Director: Becky Pryor

Office Hours: Monday- Friday 8:00 a.m. – 4:00 p.m.

After hour appointments may be made.

24 / 7 Availability Iowa Department of Public Health, Center for Acute Disease Epidemiology (CADE) Phone: 1-800-362-2736

Mission Statement: Protecting and improving the health of Jasper County.

Vision Statement: Healthy residences and communities in Jasper County.

Services:

- Home Care Aide Services
- Home Maker Services
- Children's Immunizations
- School Immunization Audits
- Daycare Immunization Audits
- Emergency Preparedness
- Communicable Disease Investigations
- Blood Pressure Screenings
- Septic Inspections
- Well Inspections
- Tattoo Establishment Inspections
- Public Pool and Spa Inspections
- Tanning Bed Inspections
- Distribute Radon Kits
- Public health outreach and community education
- Community health needs assessment collaboration and follow up

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Consultants LLC

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

Vince Vandelaar MBA, Principal Consultant & Adjunct (913) 302-7264

VVV@VandelaarMarketing.com

Vince provides professional business consulting services to help healthcare organizations with business strategy, research and development. Specifically, Vince facilitates strategic planning, creates proven marketing plans/tactics, prepares IRS aligned community health needs assessments and conducts both qualitative and quantitative market research studies.

Vince started his consulting firm (VVV Consultants LLC) on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. (Note: Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003). Prior to his experience at Saint Luke's, Vince worked in the payor and insurance industry for Blue Cross and Blue Shield of Kansas City; Tillinghast, a Tower's Perrin Actuarial Consulting Firm; and Lutheran Mutual Life Insurance Company.

Vince also is an Adjunct Professor teaching BA, MBA & MHA classes part time 20% of his time at Avila, Rockhurst and/or Webster University (Strategic Planning, Marketing, MHA Capstone, Marketing Research, Sales & Social Media classes) and consults the remainder of his time.

Vince is a Malcolm Baldrige coach and a professional focus group moderator. He is actively involved in the national Society for Healthcare Strategy & Market Development (SHSMD), KHA/MHA Marketing Associations, KC Employee Benefit Professional Association, Healthcare Executives Kansas City, the American Marketing Association KC Chapter and is a SG2 advocate.

Collaborating Support:

Tessa Taylor BBA BA - VVV Consultants LLC

Associate Consultant

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in January 2019 for Jasper County, Iowa to meet IRS CHNA requirements.

In January a meeting was called by Jasper Co IA to review possible CHNA collaborative options, partnering with Jasper County Health Department. Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps. Outcomes from discussion lead to Skiff Medical Center requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80-20 Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80-20 Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Hospital: MercyOne Newton (Skiff) Primary Service Area				I/O/E	Years 2016-18	
Zip	City	County	ST	3YR TOT	ACCUM	%
50208	NEWTON	JASPER	IA	93,960	74.6%	74.6%
50054	COLFAX	JASPER	IA	4,900	78.4%	3.9%
50028	BAXTER	JASPER	IA	4,187	81.8%	3.3%
50135	KELLOGG	JASPER	IA	3,945	84.9%	3.1%
50170	MONROE	JASPER	IA	3,174	87.4%	2.5%
50232	REASNOR	JASPER	IA	950	88.2%	0.8%
50251	SULLY	JASPER	IA	907	88.9%	0.7%
50228	PRAIRIE CITY	JASPER	IA	794	89.5%	0.6%
50168	MINGO	JASPER	IA	728	90.1%	0.6%
50153	LYNNVILLE	JASPER	IA	365	90.4%	0.3%
50127	IRA	JASPER	IA	223	90.6%	0.2%
50137	KILLDUFF	JASPER	IA	177	90.7%	0.1%

Specific CHNA roles, responsibility and project timelines are document by the following calendar.

Skiff Medical Center / Jasper County IA - CHNA Work Plan

Wave #3 Project Timeline & Roles 2019

Step	Date	Lead	Task
1	Dec 2018	VVV	Presented CHNA Wave #3 options to IA Alliance Network.
2	12/5/2018	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	1/8/2019	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	1/8/2019	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	1/8/2019	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	1/8/2019	VVV	Request hospital client to send IHA Patient Origin reports for hospital to document service area for FFY 16, 17, 18 (IHA key).
7	1/15/2019	VVV	Prepare CHNA stakeholder feedback online link. Send test link for hospital client to review. Prepare / release PR #1 and e-mail #1 drafts.
8	1/25/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	1/25/2019	VVV	Launch online survey to stakeholders - Due Date Friday 2/25/19 . Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
10	Jan-Feb 2019	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
11	on or before 3/1/2019	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	3/1/2019	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	3/15/2019	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow.
14	Tuesday March 19, 2019 (11:30 am-1:00pm)	VVV	Conduct CHNA Town lunch session 11:30-1:00pm at Newton DMACC Conference Center- room 210 (600 North 2nd Ave West, Newton). Review & discuss basic health data, online feedback and rank health needs.
15	Before 5/30/2019	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	on or before June 1, 2019	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	TBD	TBD	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

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

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm CHNA calendar of events, explain / coach clients 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 Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson Foundation: 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 primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

Phase III—Quantify Community Need:

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

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

Post CHNA report findings to meet both PHAB and IRS CHNA criteria.

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

Phase I: Discovery.....	Jan 2019
Phase II: Secondary / Primary Research.....	Jan – Feb 2019
Phase III: Town Hall Meeting.....	Mar 19, 2019
Phase IV: Prepare / Release CHNA report.....	Apr – May 2019

Detail CHNA Development Steps Include:

Development Steps to Create Comprehensive Community Health Needs Assessment	
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, schools, churches, physicians etc.), prepare project quote.</i>
Step # 2 Planning	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold community kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect and 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 - Town Hall prep	<i>Collect community opinions. (quantitative research). Gather stakeholders / community opinions regarding community health needs and healthcare practices.</i>
Step # 4b Primary Research - Conduct Town Hall	<i>Conduct "Conversation with Community" Town Hall (qualitative research). Review secondary & primary data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
Steps # 5 Reporting	<i>Prepare and present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (actions to improve health). (Note: formal report will follow IRS Notice 2011-52 regs & PHAB requirements.)</i>
VVV Consultants, LLC Olathe, KS (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.

Jasper County, Iowa (Skiff Medical Center and Jasper County Health Department) town hall meeting was held on Tuesday, March 19th, 2019 from 11:30-1:00pm at Newton DMACC Conference Center- room 210 (600 North 2nd Ave West, Newton). Vince Vandehaar facilitated this 1 ½ hour session with sixty-seven (67) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome & Introductions
2. Review Purpose for the CHNA Town Hall & Process Roles
3. Present / 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 4 dots to cast votes on priority issues). Tally & 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 / 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 strengths & items to change or improve.

**Community Health Needs Assessment
Town Hall Meeting – Jasper County IA
on behalf of MercyOne Newton Medical Center
(Skiff Medical Center)**



Vince Vandelaar, MBA
VVV Consultants LLC
Principal / Adjunct Professor

Olathe, Kansas 66061
VVV@VandelaarMarketing.com
913-302-7264

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**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”
 - Secondary Data by 10 TAB Categories
 - Review Community Feedback Research (35 mins)
- IV. Collect Community Health Perspectives
 - Hold Community Voting Activity
 - Determine Most Important Health Areas (30 mins)
- v. Close / Next Steps (5 mins)

2

I. Introduction:

Background and Experience

Vince Vandelaar, MBA
VVV Consultants LLC - Principal Consultant
Olathe, KS 913 302-7264


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

Adjunct Full Professor - Marketing & MHA 31+ years

- > Avila University
- > Webster University
- > Rockhurst University

Tessa Taylor, BBA BA - Associate Consultant

- > University of Wisconsin Whitewater
- > AMA Chapter President (2 years)



3

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

4

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/CEO's of large businesses (local or large corporations with local branches.), Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials, Foundations, United Way organizations. And other "community leaders."

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

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

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II. Review CHNA Definition

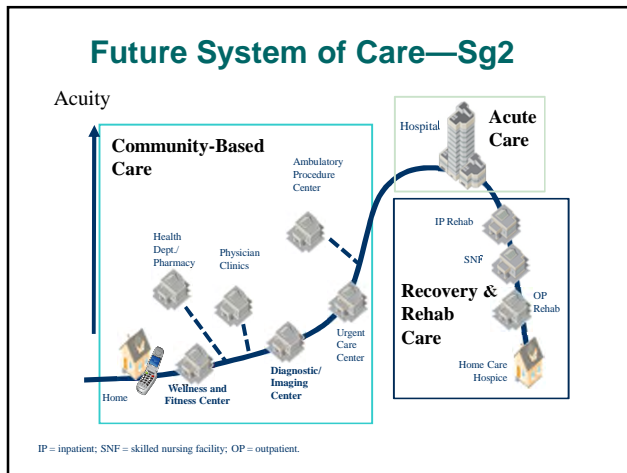
- A Community Health Needs Assessment (CHNA) is a **systematic collection, assembly, analysis, and dissemination of information about the health of the community.** (NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.)
- A CHNA's role is to identify **factors** that affect the health of a population and **determine the availability of resources** to adequately address those factors.

6

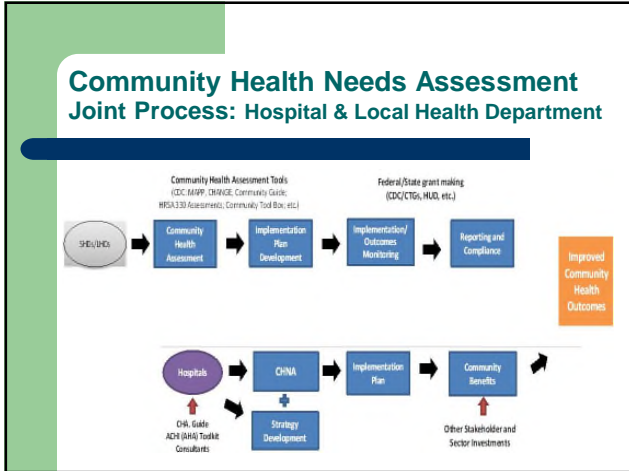
Purpose—Why Conduct a CHNA?

- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements – both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

7



8



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II. IRS Hospital CHNA Written Report 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

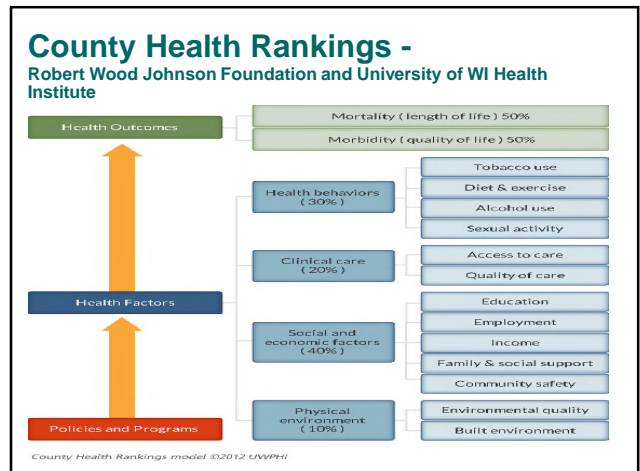
10

III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: **Good** **Same** **Poor**

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

11



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1	Physical Environment (10%)	2b	Social and Economic Environment (40%)
Focus Area	Measure	Description	Focus Area
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	Community safety (5%)
	Drinking water arsenic	Percent of population potentially exposed to water exceeding a violation limit during the past year	Violent crime
			Injury deaths
			Injury mortality per 100,000
Housing and transit (5%)	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	
	Driving alone to work	Percent of the workforce that drives alone to work	
	Low commuter-riding alone	Among workers who commute in their car alone, the percent that commutes more than 30 minutes	
2a	Clinical Care (20%)		3
Focus Area	Measure	Description	Focus Area
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	Health Outcomes (30%)
	Primary care physicians	Ratio of population to primary care physicians	Health Behaviors
	Dentists	Ratio of population to dentists	Tobacco use
	Mental health providers	Ratio of population to mental health providers	Adult smoking
Quality of care (10%)	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	Diet and exercise (10%)
	Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening	Adult obesity
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Food environment index
2b	Social and Economic Environment (40%)		Physical inactivity index
Focus Area	Measure	Description	Focus Area
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Access to exercise opportunities
	Some college	Percent of adults aged 25-44 years with some post-secondary education	Excessive drinking
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work	Alcohol-impaired driving deaths
	Children in poverty	Percent of children under age 18 in poverty	Sexually transmitted infections
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Teen births
	Children in single-parent households	Percent of children that live in households headed by single parent	Morbidity / Mortality
			Quality of life (50%)
			Poor or fair health (age-adjusted)
			Poor physical health days reported in past 30 days (age-adjusted)
			Poor mental health days reported in past 30 days (age-adjusted)
			Low birthweight
			Premature death
			Length of life (50%)
			Premature death (age-adjusted)

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IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

14

Have We Forgotten Anything?

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

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Community Health Needs Assessment

Questions; Next Steps?

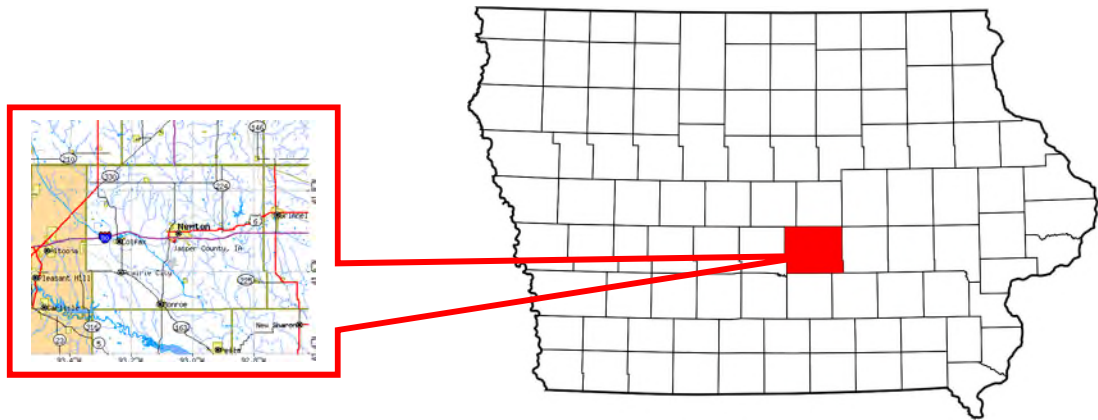
VVV Consultants LLC
VVV@VandelaarMarketing.com
(913) 302-7264

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II. Methodology

d) Community Profile (A Description of Community Served)

Jasper County (IA) Community Profile



The population of Jasper County was estimated to be 37,097 citizens in 2018 and a population density of 51 persons per square mile.

Skiff Medical Center is located in the city of Newton, Iowa, county seat of Jasper County. Positioned on Interstate 80, the nation's only east/west transcontinental interstate highway, Newton is about 30 miles east of the Des Moines metropolitan area, which has a population in excess of 400,000.

Jasper County (IA) Community Profile

Jasper County Pubic Airports¹

Name	USGS Topo Map
Newton Municipal Airport-Earl Johnson Field	Newton
Sully Municipal Airport	Sully

Schools in Jasper County: Public Schools²

School	Address	Phone	Levels
Baxter Elementary	202 E State, 202 E State Baxter, IA 50028	(641) 227-3102	PK-5
Baxter High	202 E State, 202 E State Baxter, IA 50028	(641) 227-3103	6-12
Berg Middle	1900 N 5th Ave East Newton, IA 50208	(641) 792-7741	7-8
Colfax-Mingo Elementary	20 West Broadway Colfax, IA 50054	(515) 674-3465	PK-6
Colfax-Mingo High	204 N League Rd Colfax, IA 50054	(515) 674-4111	7-12
Lynnville-Sully Elementary	12476 Hwy F62 E, Sully, IA 50251	(641) 594-4445	K-5
Lynnville-Sully Middle	12476 Hwy F62 E, Sully, IA 50251	(641) 594-4445	6-8
Lynnville-Sully High	12476 Hwy F62 E, Sully, IA 50251	(641) 594-4445	9-12
Monroe Elementary	400 N Jasper Monroe, IA 50170	(641) 259-2314	PK-5
Newton Senior High	800 E 4th St. So Newton, IA 50208	(641) 792-5797	9-12
Pcm High	400 East Highway 163, Monroe, IA 50170	(641) 259-2315	9-12
Pcm Middle	407 Plainsmen Rd Prairie City, IA 50228	(515) 994-2686	6-8
Prairie City Elementary	309 East Plainsmen Road Prairie City, IA 50228	(515) 994-2377	PK-5

¹ <https://iowa.hometownlocator.com/features/historical,class,airport,scfips,19099.cfm>

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

Demographics - Jasper Co (IA)

Demographics - Jasper Co (IA)										
Zip	Name	ST	County	Population			Households			Per Capita
				YR 2018	YR 2023	Chg.	YR 2018	YR 2023	Size	Inc 18
50028	Baxter	IA	JASPER	1680	1695	0.9%	647	651	3	\$27,963
50054	Colfax	IA	JASPER	3430	3443	0.4%	1368	1376	2	\$27,999
50127	Ira	IA	JASPER	90	92	2.2%	32	33	3	\$27,680
50135	Kellogg	IA	JASPER	1700	1717	1.0%	731	738	2	\$32,073
50137	Killduff	IA	JASPER	57	58	1.8%	23	23	2	\$32,388
50153	Lynnville	IA	JASPER	755	766	1.5%	296	301	3	\$32,355
50168	Mingo	IA	JASPER	748	756	1.1%	303	307	2	\$31,894
50170	Monroe	IA	JASPER	2685	2693	0.3%	1112	1116	2	\$28,900
50208	Newton	IA	JASPER	20288	20318	0.1%	8137	8145	2	\$26,196
50228	Prairie City	IA	JASPER	2627	2704	2.9%	991	1021	3	\$28,407
50232	Reasnor	IA	JASPER	565	570	0.9%	214	218	2	\$33,468
50251	Sully	IA	JASPER	1351	1387	2.7%	534	549	3	\$28,123
Totals				35,976	36,199	0.6%	14,388	14,478	2	\$29,787
Zip	Name	ST	County	Pop18 65+	Pop18 <=18	Females	White	Black	Am Ind.	Hisp.
50028	Baxter	IA	JASPER	300	436	852	1625	8	9	30
50054	Colfax	IA	JASPER	612	814	1717	3340	18	16	50
50127	Ira	IA	JASPER	21	19	45	87	1	0	1
50135	Kellogg	IA	JASPER	366	337	821	1655	8	4	38
50137	Killduff	IA	JASPER	8	16	27	55	1	0	0
50153	Lynnville	IA	JASPER	156	190	360	751	2	0	9
50168	Mingo	IA	JASPER	148	169	379	722	6	3	15
50170	Monroe	IA	JASPER	481	657	1313	2615	14	3	27
50208	Newton	IA	JASPER	4075	4449	9807	18847	689	96	572
50228	Prairie City	IA	JASPER	375	820	1344	2498	19	6	61
50232	Reasnor	IA	JASPER	83	108	211	490	60	3	12
50251	Sully	IA	JASPER	264	314	650	1340	5	1	6
Totals				6,889	8,329	17,526	34,025	831	141	821
Percentages				19.1%	23.2%	48.7%	94.6%	2.3%	0.4%	2.3%

III. Community Health Status

[VVV Consultants LLC]

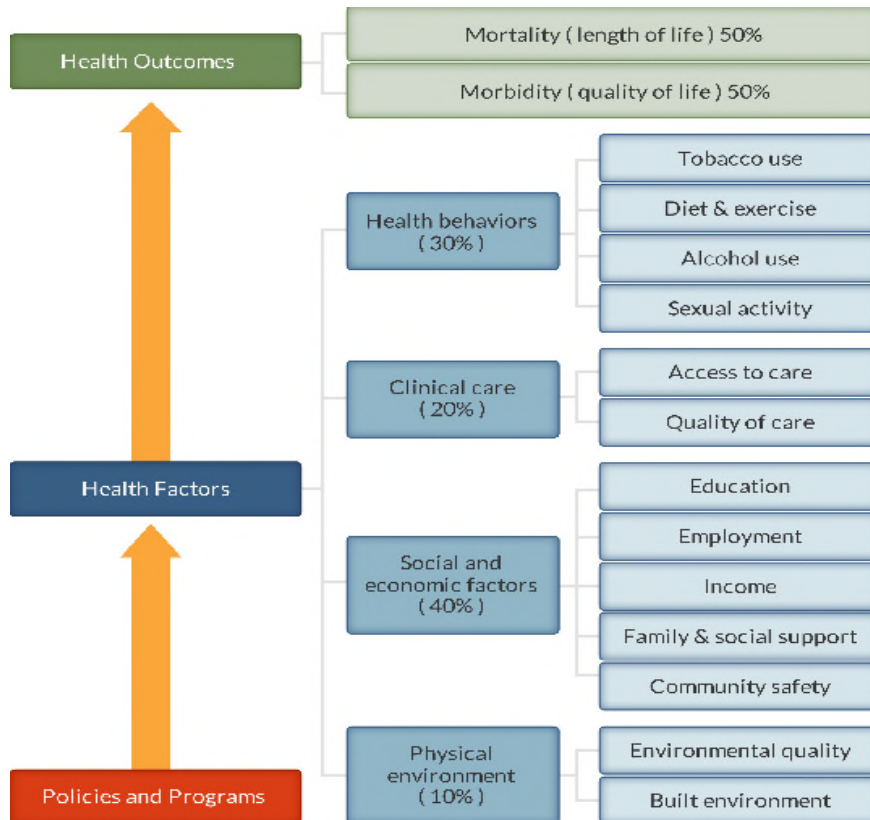
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2018 RWJ County Health Rankings and conversations from Town Hall participants. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2019 RWJ Health Rankings:

#	IA Rankings - 99 Counties	Definitions	Jasper Co IA	TREND	Rural SC IA Norm N=12
1	Health Outcomes		71		67
	Mortality	Length of Life	71		64
	Morbidity	Quality of Life	70		68
2	Health Factors		42		64
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	35		60
	Clinical Care	Access to care / Quality of Care	25		58
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	50		67
3	Physical Environment	Environmental quality	75		41
Rural SC IA Norm (N=12) includes the following counties: Appanoose, Marion, Decatur, Poweshiek, Marshall, Davis, Monroe, Ringgold, Clarke, Wayne, Lucas, Jasper.					
http://www.countyhealthrankings.org , released 2019					

National Research – Year 2018 RWJ Health Rankings:

#	IA Rankings - 99 Counties	Definitions	Jasper Co IA	TREND	Rural SC IA Norm N=12
1	Health Outcomes		68		67
	Mortality	Length of Life	66		64
	Morbidity	Quality of Life	68		68
2	Health Factors		40		64
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	38		60
	Clinical Care	Access to care / Quality of Care	35		58
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	41		67
3	Physical Environment	Environmental quality	75		41
Rural SC IA Norm (N=12) includes the following counties: Appanoose, Marion, Decatur, Poweshiek, Marshall, Davis, Monroe, Ringgold, Clarke, Wayne, Lucas, Jasper.					
http://www.countyhealthrankings.org , released 2018					

PSA Secondary Research:

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

Tab 1 Demographic Profile

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

Tab	Health Indicator	Jasper Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
1a	a Population estimates, July 1, 2017, (V2017)	36,966		3,145,711	16,267	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	0.3%		3.2%	-1.5%	People Quick Facts
	c Population per square mile, 2010	50.4		54.5	29.6	People Quick Facts
	d Persons under 5 years, percent, July 1, 2017, (V2017)	5.8%		6.3%	6.3%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2017, (V2017)	19.0%		16.7%	19.9%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	48.8%		50.3%	50.1%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	95.5%		91.1%	96.1%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017, (V2017)	2.2%		3.8%	1.1%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	2.2%		6.0%	5.0%	People Quick Facts
	j Foreign born persons, percent, 2013-2017	1.2%		5.0%	3.0%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	2.2%		7.6%	7.5%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	83.8%		84.7%	86.2%	People Quick Facts
	m Children in single-parent households, percent, 2012-2016	29.0%		29.0%	27.1%	County Health Rankings
	n Total Veterans, 2013-2017	2,693		193,451	1,084	People Quick Facts

Tab 2 Economic Profile

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

Tab	Health Indicator	Jasper Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
2	a Per capita income in past 12 months (in 2016 dollars), 2013-2017	\$27,214		\$30,063	\$25,903	People Quick Facts
	b Persons in poverty, percent, 2015	9.0%		12.1%	12.8%	Iowa Health Fact Book
	c Total Housing units, July 1, 2017, (V2017)	16,283		1,398,016	7,399	People Quick Facts
	d Total Persons per household, 2013-2017	2.4		2.4	2.4	People Quick Facts
	e Severe housing problems, percent, 2010-2014	12.0%		12.0%	12.3%	County Health Rankings
	f Total of All firms, 2012	2,857		259,121	1,393	People Quick Facts
	g Unemployment, percent, 2016	3.6%		3.7%	3.9%	County Health Rankings
	h Food insecurity, percent, 2015	12.0%		12.0%	12.1%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	4.0%		6.0%	5.8%	County Health Rankings
	j Long commute - driving alone, percent, 2012-2016	34.0%		20.0%	25.8%	County Health Rankings

Tab 3 Schools Health Delivery Profile

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

#	Jasper County IA Schools	Newton USD	Lynnville-Sully USD	Colfax-Mingo USD
1	Total # Public School Nurses	1 FT RN	1 MSN/RN	1 FT RN
2	School Wellness Plan in place (Active)	Yes	Yes	Yes, in process of updating
3	VISION: # Screened / Referred to Prof / Seen by Professional	All students PK & K are screened	Onsite screenings for all of the preschoolers and 2nd graders each year. 2018: 48 PK, 43 2nd graders 11 referrals total. 2019: 55 PK and 41 2nd graders +7 others with concerns, 12 referrals.	The entire elementary had their vision screened (including preschool). I personally screened K-6 and made approximately 40 referrals. 402 students
4	HEARING: # Screened / Referred to Prof / Seen by Professional	PK-5 / AEA	243 K-5 plus 52 PK and 11 with accommodations and referrals. Preschools are done each year as well	K-5 was screened for hearing through the AEA. They are going to screen the preschool but haven't yet. 294 students
5	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	K (I-Smile)	I-Smiles: PK 52 and __ K-6. __ Referrals.	Only Kdg and 9th grade are screened for oral health. That made a total of 113 students. 11 of those students required dental care.
6	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	None	None	None
7	# of Students served with no identified chronic health concerns	29/1167 with individualized health care plans	319/515 students are without a chronic condition.	Some children with asthma (inhaler) Approx 5-8% of students have chronic health issues.
8	School has a suicide prevention program	NA	No. Our counselor is able to perform suicide assessments and refer from there.	I don't know that we have a suicide prevention program. I do know we have a process that is followed when a student is suicidal.
9	Compliance on required vaccinations (%)	100% Compliance (1060 Elementary School students and 107 PreK kids)	All students are compliant on immunizations after hours of time chasing parents/doctors. Without a RN, this would never be accomplished!!	Our compliance with vaccinations is 100%. HOWEVER, I have several students with a religious exemption and a few with a medical exemption.

Tab 3 Schools Health Delivery Profile (Continued)

Tab	Health Indicator	Jasper Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
3	a Children eligible for free or reduced price lunch, percent, 2015-2016	40.0%		41.0%	46.8%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2013-2017	93.1%		91.8%	90.0%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	18.1%		27.7%	19.0%	People Quick Facts

Tab 4 Maternal and Infant Health Profile

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

#	Criteria - Vital Statistics	Jasper Co IA	Trend	State of IA	Rural SC IA 12 Norm
a	Total Live Births, 2013	404		39,013	197
b	Total Live Births, 2014	424		39,685	201
c	Total Live Births, 2015	395		39,467	191
d	Total Live Births, 2016	429		39,223	208
e	Total Live Births, 2017	390		38,408	189
f	Change 2013 to 2017	-14		-605	-8
http://www.healthdata.org/us-county-profiles					

Tab 4 Maternal and Infant Health Profile (Continued)

Tab	Health Indicator	Jasper Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
4 a	Percent of Births Where Prenatal Care began in First Trimester, 2015-2016	84.0%		78.6%	74.4%	Iowa Health Fact Book
b	Percent Premature Births by County, 2017	8.3%		7.4%	7.9%	idph.iowa.gov
c	2 Year-Old Coverage of Individual Vaccines, 2015	64.0%		67.0%	68.3%	idph.iowa.gov
d	Percent of Births with Low Birth Weight, 2015-2016	4.7%		6.8%	6.9%	Iowa Health Fact Book
e	Percent Ever Breastfed Over Time, 2017	76.9%		81.5%	80.4%	idph.iowa.gov
f	Percent of all Births Occurring to Teens (15-19), 2015-2016	3.9%		4.4%	5.2%	Iowa Health Fact Book
g	Percent of Births Occurring to Unmarried Women, 2015-2016	33.0%		35.1%	32.0%	Iowa Health Fact Book
h	Percent of births Where Mother Smoked During Pregnancy, 2015-2016	25.6%		18.0%	21.3%	Iowa Health Fact Book

Tab 5 Hospitalization/Provider Profile

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

Tab	Health Indicator	Jasper Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
5 a	PCP (MDs / DOs only) (Pop Coverage per) , 2015	2460 / 1		1360 / 1	1779 / 1	County Health Rankings
b	Preventable hospital stays, 2015 (lower the better)	51		49	49	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	76.0%		78.0%	76.6%	CMS Hospital Compare, 10/1/2015-9/30/2016
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	71.0%		76.0%	71.7%	CMS Hospital Compare, 10/1/2015-9/30/2016
e	Average Time Patients Spent in the Emergency Dept. Before they Were Seen by a Healthcare Professional (in Minutes)	48		42	47	CMS Hospital Compare, 10/1/2015-9/30/2016

Tab 5 Hospitalization/Provider Profile (Continued)

IHA Inpatient Utilization	Inpatient			Emergency		
	YR16	YR17	YR18 3Q	YR16	YR17	YR18 3Q
Total - Jasper Co IA	3,843	3,804	3,589	13,259	13,375	10,242
Pediatric Age 0-17	616	569	548	2,872	2,888	2,009
Adult Medical/Surgical Age 18-44	831	848	799	5,234	4,970	3,821
Adult Medical/Surgical Age 45-64	879	855	797	2,786	2,949	2,306
Adult Medical/Surgical Age 65-74	612	617	599	1,017	1,036	924
Adult Medical/Surgical Age 75+	905	915	847	1,350	1,532	1,182
IHA Inpatient Utilization	YR16	YR17	YR18 3Q	YR16	YR17	YR18 3Q
MercyOne Skiff (only)	1,199	1,063	844	9,032	8,893	7,025
% MercyOne Newton	31%	28%	24%	68%	66%	69%
Pediatric Age 0-17	152	153	124	1,757	1,720	1,251
Adult Medical/Surgical Age 18-44	200	207	151	3,666	3,337	2,649
Adult Medical/Surgical Age 45-64	168	158	125	1,882	1,955	1,565
Adult Medical/Surgical Age 65-74	186	159	131	708	731	662
Adult Medical/Surgical Age 75+	493	386	313	1,019	1,150	898

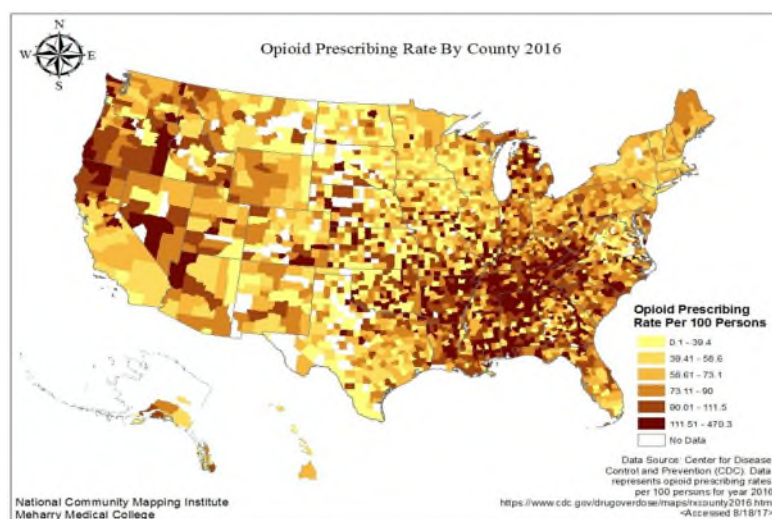
Tab 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Jasper Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
6 a	Depression: Medicare Population, percent, 2015	14.0%		16.7%	15.6%	Centers for Medicare and Medicaid Services
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2012-2016 (lower is better)	15.6		13.3	16.0	Iowa Health Fact Book
c	Poor mental health days, 2016	3.3		3.3	3.4	County Health Rankings

Tab 6 Social & Rehab Services Profile (Continued)

Opioid Prescription Rate per 100, 2017. Jasper County = 60.2 Iowa = 56.4



Tab 7a Health Risk Profiles

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

Tab	Health Indicator	Jasper Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
7a	a Adult obesity, percent, 2014	32.0%		32.0%	34.0%	County Health Rankings
	b Adult smoking, percent, 2016	15.0%		17.0%	15.4%	County Health Rankings
	c Excessive drinking, percent, 2016	20.0%		22.0%	19.3%	County Health Rankings
	d Physical inactivity, percent, 2014	27.0%		25.0%	28.3%	County Health Rankings
	e Poor physical health days, 2016	2.8		2.9	3.1	County Health Rankings
	f Sexually transmitted infections, rate per 100000, 2015	284.8		388.9	261.4	County Health Rankings

Tab 7b Health Risk Profiles (Continued)

Tab	Health Indicator	Jasper Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
7b	a Hypertension: Medicare Population, 2015	46.7%		51.0%	50.4%	Centers for Medicare and Medicaid Services
	b Hyperlipidemia: Medicare Population, 2015	34.9%		40.1%	37.8%	Centers for Medicare and Medicaid Services
	c Heart Failure: Medicare Population, 2015	9.8%		12.2%	12.9%	Centers for Medicare and Medicaid Services
	d Chronic Kidney Disease: Medicare Pop, 2015	12.4%		15.5%	14.3%	Centers for Medicare and Medicaid Services
	e COPD: Medicare Population, 2015	9.2%		10.7%	10.2%	Centers for Medicare and Medicaid Services
	f Atrial Fibrillation: Medicare Population, 2015	8.7%		8.8%	8.7%	Centers for Medicare and Medicaid Services
	g Cancer: Medicare Population, 2015	6.6%		7.0%	6.3%	Centers for Medicare and Medicaid Services
	h Osteoporosis: Medicare Population, 2015	5.1%		5.3%	5.1%	Centers for Medicare and Medicaid Services
	i Asthma: Medicare Population, 2015	5.7%		6.5%	5.9%	Centers for Medicare and Medicaid Services
	j Stroke: Medicare Population, 2015	2.8%		3.1%	3.0%	Centers for Medicare and Medicaid Services

Tab 8 Uninsured Profiles / Community Invest

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

Tab	Health Indicator	Jasper Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
8	a Uninsured, percent, 2015	5.0%		6.0%	7.3%	County Health Rankings

#	Skiff Medical Center- Jasper Co IA	YR16	YR17	YR18
1	Bad Debt - Write off	\$597,478	\$589,173	\$648,794
2	Charity Care - Free Care Given	\$202,139	\$341,991	\$323,140

The local Health Department provides the following community resources:

Source: Internal Records - Jasper County Health Department						
	Community Tax Dollars- Jasper Co IA Health Dept Operations	YR 2016	YR 2017	YR 2018	Trend	About
1	Core Community Public Health	\$92,000	\$88,000	\$85,312	↓	LPHS grant
2	Child Care Inspections	N/A	N/A	N/A	N/A	Done at State Level
3	Environmental Services	\$26,530	\$26,530	\$26,530	→	1 employee
4	Home Health	\$500,000	\$600,000	\$600,000	↑	Home Care Aide only- mostly County funded
5	Screenings: Blood pressure / STD	\$2,500	\$2,500	\$2,500	→	No STD in Jasper County
6	Vaccine - received from State	\$16,000	\$15,000	\$14,060	↓	VFC program
7	WIC Administration	N/A	N/A	N/A	N/A	MICA has grant in Marhsaltown

Tab 9 Mortality Profile

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

Tab	Health Indicator	Jasper Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
9 a	Life Expectancy for Males, 2014	77.7		77.5	76.2	Institute for Health Metrics and Evaluation
b	Life Expectancy for Females, 2014	81.9		81.9	81.6	Institute for Health Metrics and Evaluation
c	Age-adjusted Cancer Mortality Rate per 100,000 population, 2010-2014 (lower is better)	175.8		168.9	182.5	Iowa Health Fact Book
d	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2010-2014 (lower is better)	156.6		166.0	186.5	Iowa Health Fact Book
e	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 population, 2010-2014 (lower is better)	43.8		46.8	46.9	Iowa Health Fact Book
f	Alcohol-impaired driving deaths, percent, 2012-2016	12.0%		27.0%	20.2%	County Health Rankings

Tab 9 Mortality Profile (Continued)

Total IOWA by Selected Causes of Death - 2017	Jasper Co IA	%	Trend	State of IA 2017	%
Total Deaths	196	100.0%		30246	100.0%
Major Cardiovascular Diseases	69	35.2%		9,208	30.4%
All Other Diseases	34	17.3%		5,284	17.5%
Malignant Neoplasms	30	15.3%		6,418	21.2%
Unintentional Injuries	23	11.7%		1,488	4.9%
Chronic Lower Respiratory Diseases	18	9.2%		1,934	6.4%
Diabetes Mellitus	10	5.1%		911	3.0%
Alzheimer's Disease	6	3.1%		1,602	5.3%
Other External Causes	6	3.1%		3,401	11.2%

<https://tracking.idph.iowa.gov/People-Community/Deaths/Select-Causes/Suicide>

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	Jasper Co IA	Trend	State of IA	Rural SC IA Norm N=12	Source
10	a Access to exercise opportunities, percent, 2016	81.0%		83.0%	70.9%	County Health Rankings
	b Diabetes monitoring, percent, 2014	91.0%		90.0%	90.4%	County Health Rankings
	c Mammography screening, percent, 2014	66.0%		69.0%	62.3%	County Health Rankings
	e Percent Annual Check-Up Visit with PCP	NA		NA	NA	TBD
	f Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
	g Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

b) Online Research- Health Status

PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for PSA. Response for Jasper County online survey equals 200 residents. Below are two charts review survey demographics.

Chart #1 – Jasper Co IA PSA Online Feedback Response N=200

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	Jasper Co N=200	Trend	Rural Norms 21 N=3,648
Business / Merchant	5.5%		9.0%
Community Board Member	11.3%		7.8%
Case Manager / Discharge Planner	2.5%		1.1%
Clergy	2.9%		1.1%
College / University	2.9%		1.9%
Consumer Advocate	1.7%		1.6%
Dentist / Eye Doctor / Chiropractor	0.8%		0.5%
Elected Official - City/County	3.8%		1.9%
EMS / Emergency	5.9%		2.3%
Farmer / Rancher	2.9%		5.7%
Hospital / Health Dept	7.1%		16.9%
Housing / Builder	0.0%		0.6%
Insurance	1.3%		1.1%
Labor	0.8%		2.2%
Law Enforcement	7.6%		1.5%
Mental Health	3.8%		2.1%
Other Health Professional	11.8%		9.4%
Parent / Caregiver	11.8%		14.8%
Pharmacy / Clinic	0.4%		2.3%
Media (Paper/TV/Radio)	0.4%		0.5%
Senior Care	5.5%		2.5%
Teacher / School Admin	6.3%		5.3%
Veteran	2.5%		2.7%
Unemployed / Other	0.4%		5.3%

Rural 21 Norms Include the following 17 counties: Appanoose IA, Barton, Carroll IA, Cowley, Decatur IA, Edwards, Fremont IA, Furnas NE, Hays, Sheriton, Jasper IA, Kiowa, Linn MO, Miami, Nemaha, Osborne, Page IA, Pawnee, Russell, Smith, Trego.

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Jasper Co IA N=200	Trend	Rural Norms 21 Co N=3,648
Top Box %	8.5%	Red	23.3%
Top 2 Boxes %	60.0%	Yellow	68.5%
Very Poor	0.0%	Green	1.2%
Poor	8.0%	Yellow	5.0%
Average	32.0%	Red	25.0%
Good	51.5%	Green	45.2%
Very Good	8.5%	Red	23.3%

Chart #3 – Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Jasper Co IA N=200	Trend	Rural Norms 21 Co N=3,648
Increasing - moving up	27.5%	Red	42.7%
Not really changing much	53.0%	Green	39.7%
Decreasing - slipping	16.0%	Red	9.6%

Chart #4 – Re-evaluate Past Community Health Needs Assessment Needs

CHNA Wave #3		Jasper Co N=200		
Past CHNAs health needs identified		Ongoing Problem		Pressing
#	Topic	Votes	%	Trend
1	Mental Health / Behaviors	147	90.7%	Red
2	Substance Abuse	125	77.2%	Red
3	Violent / Abusive Behaviors	66	40.7%	Red
4	Child Abuse / Neglect	61	37.7%	Yellow
5	Child Obesity	59	36.4%	Yellow
6	Transportation	56	34.6%	Yellow
7	Wellness / Nutrition	54	33.3%	Yellow
8	Access to Healthcare	50	30.9%	Yellow
9	Healthy Homes	50	30.9%	Yellow
10	Dental Care	46	28.4%	Yellow
11	Tobacco Use	45	27.8%	
12	Public Health	37	22.8%	
13	Immunization Costs	13	8.0%	
14	Radon-testing	12	7.4%	
15	Fall-related Injuries	11	6.8%	
16	Childhood Lead Levels	3	1.9%	

Chart #5 - Community Health Needs Assessment "Causes of Poor Health"

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Jasper Co IA N=200	Trend	Rural Norms 21 Co N=3648
Poverty / Finance	22.4%		8.5%
Lack of awareness of existing local programs, providers, and services	17.0%		20.0%
Limited access to mental health assistance	25.4%		17.6%
Elder assistance programs	2.8%		10.5%
Lack of health & wellness education	7.3%		12.3%
Family assistance programs	8.2%		8.0%
Chronic disease prevention	5.6%		10.1%
Case management assistance	6.9%		6.8%
Other (please specify)	4.3%		6.2%

Chart #6 – Community Rating of HC Delivery Services (Perceptions)

CHNA Wave #3	Jasper Co IA N=200		Trend	Rural Norms 21 Co N=3,648	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	86.7%	2.5%		86.0%	2.7%
Child Care	48.1%	9.1%		51.0%	12.0%
Chiropractors	85.0%	2.5%		76.9%	4.9%
Dentists	76.9%	8.8%		59.7%	17.0%
Emergency Room	51.6%	22.0%		70.1%	9.6%
Eye Doctor/Optomtrist	82.8%	3.2%		73.9%	8.0%
Family Planning Services	40.7%	17.3%		39.2%	18.3%
Home Health	52.7%	6.7%		56.4%	10.6%
Hospice	67.3%	8.0%		67.6%	7.7%
Inpatient Services	60.5%	11.8%		74.9%	5.9%
Mental Health	12.7%	52.5%		24.5%	36.2%
Nursing Home	53.3%	13.2%		47.3%	17.1%
Outpatient Services	65.8%	3.2%		75.3%	4.4%
Pharmacy	85.9%	2.6%		88.5%	2.4%
Physician Clinics	62.3%	6.3%		79.0%	4.5%
Public Health	58.2%	4.6%		63.1%	6.7%
School Nurse	73.0%	2.0%		61.3%	9.4%
Specialists	55.8%	8.4%		56.9%	13.2%

Chart #7 – Community Health Readiness

Community Health Needs Assessment Wave #3		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Jasper Co IA N=200	Trend	Rural Norms 21 Co N=3,648
Early Childhood Development Programs	5.4%		11.5%
Emergency Preparedness	7.2%		8.9%
Food and Nutrition Services/Education	9.2%		13.9%
Health Screenings (asthma, hearing, vision, scoliosis)	13.2%		13.1%
Immunization Programs	4.8%		6.7%
Obesity Prevention & Treatment	35.1%		31.6%
Prenatal / Child Health Programs	7.7%		11.4%
Sexually Transmitted Disease Testing	16.7%		15.4%
Spiritual Health Support	7.7%		12.0%
Substance Use Treatment & Education	32.4%		32.3%
Tobacco Prevention & Cessation Programs	28.9%		27.5%
Violence Prevention	38.0%		31.5%
Women's Wellness Programs	15.3%		16.4%
WIC Nutrition Program	2.9%		6.7%

Chart #8 – Healthcare Delivery “Outside our Community”

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Jasper Co IA N=200	Trend	Rural Norms 21 Co N=3,648
Yes	83.1%		80.8%
No	11.7%		14.2%
I don't know	5.2%		5.0%

Chart #8 – Healthcare Delivery “Outside our Community” (Continued)

Specialties:

Community Health Needs Assessment Wave #3				SPS	CTS
Are we actively working together to address community health?	Jasper Co IA N=200	Trend	Rural Norms 21 Co N=3,648		
Yes	46.8%		48.2%	ORTH	18
No	13.6%		11.1%	SURG	12
I don't know	39.6%		40.0%	OBG	11
				SPEC	10
				CANC	7
				HOSP	7
				BACK	6
				BH	6

Chart #9 – What HC topics need to be discussed in future Town Hall Meeting

Community Health Needs Assessment Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	Jasper Co N=200	Trend	Rural Norms 21 N=3,648
Abuse/Violence	5.5%	Red	7.2%
Alcohol	4.8%	Yellow	6.9%
Breast Feeding Friendly Workplace	2.0%	White	2.3%
Cancer	1.6%	White	5.4%
Diabetes	3.0%	Yellow	5.7%
Drugs/Substance Abuse	11.0%	Red	12.3%
Family Planning	3.2%	Yellow	3.9%
Heart Disease	1.6%	White	4.1%
Lead Exposure	0.4%	White	1.2%
Mental Illness	14.5%	Red	14.6%
Nutrition	5.2%	White	6.2%
Obesity	6.1%	Red	10.9%
Environmental Health	1.7%	White	1.0%
Physical Exercise	5.0%	Yellow	8.2%
Poverty	7.0%	Red	9.5%
Lung Disease	1.1%	White	2.6%
Sexually Transmitted Diseases	2.4%	White	3.1%
Smoke-Free Workplace	0.9%	White	2.0%
Suicide	6.6%	Red	9.6%
Teen Pregnancy	2.9%	White	4.3%
Tobacco Use	3.7%	Yellow	4.8%
Vaccinations	1.6%	White	3.4%
Water Quality	1.5%	White	4.5%
Wellness Education	4.6%	Yellow	8.3%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services in Jasper County IA 2019

Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
Clinic	Primary Care	YES		YES
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers	YES		
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/weight control services	YES		
Hosp	Birthing/LDR/LDRP Room			
Hosp	Breast Cancer	YES		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	YES		
Hosp	Cardiac Surgery			
Hosp	Cardiology services	YES		
Hosp	Case Management	YES		
Hosp	Chaplaincy/pastoral care services	YES		
Hosp	Chemotherapy	YES		
Hosp	Colonoscopy	YES		
Hosp	Crisis Prevention			
Hosp	CTScanner	YES		
Hosp	Diagnostic Radioisotope Facility			
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	YES		
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	YES		
Hosp	Genetic Testing/Counseling	YES		
Hosp	Geriatric Services	YES		
Hosp	Heart	YES		
Hosp	Hemodialysis	YES		
Hosp	HIV/AIDS Services			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital services	YES		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit	YES		
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation room			
Hosp	Kidney	YES		
Hosp	Liver			
Hosp	Lung	YES		
Hosp	Magnetic Resonance Imaging (MRI)	YES		
Hosp	Mammograms	YES		
Hosp	Mobile Health Services	YES		
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<128+ slice CT)			
Hosp	Neonatal			
Hosp	Neurological services	YES		
Hosp	Obstetrics	YES		

Inventory of Health Services in Jasper County IA 2019

Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
Hosp	Occupational Health Services	YES		
Hosp	Oncology Services	YES		
Hosp	Orthopedic services	YES		
Hosp	Outpatient Surgery	YES		
Hosp	Pain Management	YES		
Hosp	Palliative Care Program			
Hosp	Pediatric			
Hosp	Physical Rehabilitation	YES		YES
Hosp	Positron Emission Tomography (PET)	YES		
Hosp	Positron Emission Tomography/CT (PET/CT)	YES		
Hosp	Psychiatric Services			YES
Hosp	Radiology, Diagnostic	YES		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health			
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography (SPECT)			
Hosp	Sleep Center	YES		
Hosp	Social Work Services	YES		
Hosp	Sports Medicine	YES		
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	YES		
Hosp	Transplant Services			
Hosp	Trauma Center			
Hosp	Ultrasound	YES		
Hosp	Women's Health Services	YES		
Hosp	Wound Care	YES		
SR	Adult Day Care Program			
SR	Assisted Living			YES
SR	Home Health Services		YES	
SR	Hospice	YES		
SR	LongTerm Care			YES
SR	Nursing Home Services			YES
SR	Retirement Housing			YES
SR	Skilled Nursing Care	YES		YES
ER	Emergency Services	YES		
ER	Urgent Care Center	YES		
ER	Ambulance Services			YES
SERV	Alcoholism-Drug Abuse			
SERV	Blood Donor Center			
SERV	Chiropractic Services			YES
SERV	Complementary Medicine Services			
SERV	Dental Services			YES
SERV	Fitness Center	YES		YES
SERV	Health Education Classes	YES	YES	
SERV	Health Fair (Annual)	YES		
SERV	Health Information Center		YES	
SERV	Health Screenings	YES	YES	
SERV	Meals on Wheels			YES
SERV	Nutrition Programs		YES	YES

Inventory of Health Services in Jasper County IA 2019

Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
SERV	Patient Education Center		YES	
SERV	Support Groups		YES	
SERV	Teen Outreach Services			
SERV	Tobacco Treatment/Cessation Program			
SERV	Transportation to Health Facilities			YES
SERV	Wellness Program	YES	YES	

Providers Delivering Care in Jasper County IA 2019

# of FTE Providers by Specialty	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visting DRs *	PSA Based PA / NP
Primary Care:			
Family Practice	10.00	0.00	7.00
Internal Medicine / Geriatrician	1.00	0.00	
Obstetrics/Gynecology	1.00	0.00	
Pediatrics	0.00	0.00	
Medicine Specialists:			
Allergy/Immunology	0.00	0.80	
Cardiology	0.00	0.95	0.35
Dermatology	0.00	0.67	
Endocrinology	0.00	0.00	
Gastroenterology	0.00	0.00	
Oncology/RADO	0.00	0.40	
Infectious Diseases	0.00	0.00	
Nephrology	0.00	0.15	
Neurology	0.00	0.05	
Psychiatry	0.00	0.50	3.50
Pulmonary	0.00	0.15	0.15
Rheumatology	0.00	0.00	
Podiatry	1.50	0.00	
Pain		0.20	
Surgery Specialists:			
General Surgery / Colon / Oral	0.00	0.60	
Neurosurgery	0.00	0.00	
Ophthalmology	0.00	0.10	
Orthopedics	0.00	1.10	
Otolaryngology (ENT)	0.00	0.20	
Plastic/Reconstructive	0.00	0.05	
Thoracic/Cardiovascular/Vasc	0.00	0.00	
Urology	0.00	0.15	
Hospital Based:			
Anesthesia/Pain	0.00	0.00	2.50
Emergency	2.20	0.00	0.00
Radiology	0.00	0.20	
Pathology	0.00	0.00	
Hospitalist	0.00	0.00	2.00
Neonatal/Perinatal	0.00	0.00	
Physical Medicine/Rehab	0.00	0.00	
Occ Medicine	0.00	0.00	
Podiatry	0.00	0.00	
Other:			
Chiropractor	6.00	0.00	
Optometrist OD	5.00	0.00	
Dentists	6.00	0.00	
TOTALS	32.70	6.27	15.50

* Total # of FTE Specialists serving community whose office is outside PSA.

Visiting Specialists serving Jasper County IA 2019

SPEC	Doctor (FN/LN)	Group Name	Office City	Phone	Clinics	YR Days
ALL	Ravinder Agarwal	Allergy, Asthma & Sinus Center	West Des Moines	515-226-9559	1x Month	12
ALL	Laura Jetter	Allergy Institute	West Des Moines	641-791-4800	1x Monthly	12
AUDIO	Kylee McFarlin	The Iowa Ear Center	Clive	515-418-9960	1x Weekly	52
CARD	Jon Fudge	The Iowa Clinic	West Des Moines	515-875-9090	6x Monthly	72
CARD	Luke Groben	The Iowa Clinic	West Des Moines	515-875-9090	1x Monthly	12
CARD	Casey Fitz	The Iowa Clinic	West Des Moines	515-875-9090	1x Monthly	12
CARD	Cynthia Marske	The Iowa Clinic	West Des Moines	515-875-9090	1x Weekly	52
CARD	Philip Bear	Iowa Heart Center	Clive	641-841-1400	4x Monthly	48
CARD	Joseph Cookman	Iowa Heart Center	Clive	641-841-1400	2x Monthly	24
CARD	Michael Frazier	Iowa Heart Center	Clive	641-841-1400	4x Monthly	48
CARD	Mary Hackbarth	Iowa Heart Center	Clive	641-841-1400	2x Monthly	24
CARD	Laurie Kuestner	Iowa Heart Center	Clive	641-841-1400	1x Quarter	4
CARD	Jason Meyers	Iowa Heart Center	Clive	641-841-1400	2x Monthly	24
DERM	Vincent Angeloni	Heartland Dermatology & Sinus Center	Clive	641-791-4800	2x Month	24
DERM	Steven Harlan	Dermatology & Dermatology Surgery	Clive	641-791-4800	1x Month	12
DERM	Linda Schilling	Skin Care Clinic	Des Moines	641-791-4800	5x Monthly	60
DERM	Gloria Thielking	Heartland Dermatology & Sinus Center	Clive	641-791-4800	2x Month	24
DERM	Rosa Stocker	Independent	Ankeny	641-791-4800	1x Weekly	52
ENT	Mark Zlab	The Iowa Clinic	Des Moines	800-248-4443	1x Weekly	52
NEPH	Mark Belz	Iowa Kidney Physicians	Des Moines	515-241-5710	2x Month	24
NEPH	Prem Chandran	Independent	Des Moines	641-791-4800	1x Monthly	12
NEURO	Steven Adelman	Mercy Ruan Neurology	Des Moines	641-791-4800	1x Monthly	12
ONC	Daniel Buroker	Medical Oncology and Hematology Associates	Des Moines	641-787-5444	1x Week	52
ONC	Thomas Buroker	Medical Oncology and Hematology Associates	Des Moines	641-787-5444	2x Monthly	24
ONC	Tara Graff	Medical Oncology and Hematology Associates	Des Moines	641-787-5444	2x Monthly	24
OPHTH	Steven Johnson	Wolfe Eye Clinic	West Des Moines	641-787-5433	2x Monthly	24
ORTHO	Mark Matthes	Iowa Orthopedic Center	Des Moines	641-787-9276	2x Monthly	24
ORTHO	Eric Dolash	Iowa Orthopedic Center	Des Moines	641-787-9276	1x Week	52
ORTHO	Michael Gainer	Iowa Orthopedic Center	Des Moines	641-787-9276	2x Monthly	24
ORTHO	Robey Orewiler	Iowa Orthopedic Center	Des Moines	641-787-9276	1x Week	52
ORTHO	Benjamin Paulson	Iowa Orthopedic Center	Des Moines	641-787-9276	2x Monthly	24
ORTHO	Trevor Schmitz	Iowa Orthopedic Center	Des Moines	641-787-9276	2x Monthly	24
ORTHO	Christopher Vincent	Iowa Orthopedic Center	Des Moines	641-787-9276	1x Week	52
ORTHO	Dudley Phipps	Iowa Orthopedic Center	Des Moines	641-787-9276	2x Monthly	24
PAIN	Daniel Moyse	Pain Specialists of Iowa	Clive	641-791-4800	2x Monthly	24
PAIN	Jolene Smith	Pain Specialists of Iowa	Clive	641-791-4800	2x Monthly	24
PHYS	Marvin Hurd	Independent	Des Moines	641-791-4800	2x Monthly	24
PLASTIC	Bryan Folkers	Bergman & Folkers	Des Moines	641-791-4800	1x Monthly	12
PULM	Samantha Danielson	The Iowa Clinic	West Des Moines	515-875-9550	1x Monthly	12

Visiting Specialists serving Jasper County IA 2019

SPEC	Doctor (FN/LN)	Group Name	Office City	Phone	Clinics	YR Days
PULM	Gregory Hicklin	The Iowa Clinic	West Des Moines	515-875-9550	2x Monthly	24
PULM	Erin Tracy	The Iowa Clinic	West Des Moines	515-875-9550	3x Monthly	36
RAD	Thomas Mallisee	Diagnostic Imaging Associates	Des Moines	641-791-4310	1x Monthly	12
RAD	George Brown	Diagnostic Imaging Associates	Des Moines	641-791-4310	1x Monthly	12
RAD	Karl Digman	Diagnostic Imaging Associates	Des Moines	641-791-4310	1x Monthly	12
RAD	Michael Disbro	Diagnostic Imaging Associates	Des Moines	641-791-4310	1x Monthly	12
RAD	Mitchell Erickson	Diagnostic Imaging Associates	Des Moines	641-791-4310	1x Monthly	12
RAD	Terry Falk	Diagnostic Imaging Associates	Des Moines	641-791-4310	1x Monthly	12
RAD	Indunil Karunasekera	Diagnostic Imaging Associates	Des Moines	641-791-4310	1x Monthly	12
RAD	Kraig Kirkpatrick	Diagnostic Imaging Associates	Des Moines	641-791-4310	1x Monthly	12
RAD	Sandra Ruhs	Diagnostic Imaging Associates	Des Moines	641-791-4310	1x Monthly	12
SURG	Paul Conte	Iowa Specialty Surgeons	Des Moines	641-787-3161	6x Monthly	72
SURG	Timothy Mayfield	Iowa Specialty Surgeons	Des Moines	641-787-3161	6x Monthly	72
URO	Russel Bandstra	Surgical Associates	Grinnell	641-236-4323	1x Monthly	12
URO	Kalee Gerdes	The Iowa Clinic	West Des Moines	641-875-9800	1x Month	12
URO	Steven Rosenberg	The Iowa Clinic	West Des Moines	641-875-9800	1x Month	12
VASC	Dennis Fry	The Iowa Clinic	West Des Moines	515-875-9090	2x Monthly	24
VASC	David Chew	Iowa Heart Center	Clive	641-841-1400	1x Quarter	4
VASC	Moses Kim	Iowa Heart Center	Clive	641-841-1400	1x Quarter	4

Jasper County, Iowa Healthcare Services Directory

Emergency Numbers

Police/Sheriff **911**

Fire **911**

Ambulance **911**

Non-Emergency Numbers

County Sheriff (641) 792-5912

County Ambulance (999) 999-9999

Municipal Non-Emergency Numbers

	Police	Fire
Newton	(641) 791-0850	(641) 792-3347
Newton EMS		(641) 792-3347

ABUSE & PREVENTION**Capstone Behavioral Healthcare**

1123 1st Ave E Ste 200
Newton, IA 50208
Website: www.capstonebh.com
Phone: 641-792-4012
24/7 Crisis Line: 800-332-4224

Child Abuse 24 Hour Reporting Hotline

Phone: 800-362-2178
Website: www.dhs.state.ia.us

Clearview Recovery, Inc.

501 North Sherman
Prairie City, IA 50228
Website: www.clearviewrecoveryinc.org
Phone: 515-994-3562 (24/7 line)

Crisis Intervention Services

312 1st Ave. W
Newton, IA 50208
Domestic Violence: 800-464-8340
Emergency Housing: 844-673-5499
Phone: 641-670-1505 (24/7 Line)
Sexual Assault: 800-270-1620

Discover Hope 5:17 Ministry

733 1st Ave
East Newton, IA 50208
Phone: 641-831-0927

Domestic Violence – Iowa Hotline

Phone: 800-942-0333
Website: www.cfiowa.org

Employee and Family Resources (EFR)

505 5th Ave Suite 600
Des Moines, IA 50309
Website: www.efr.org
Phone: 515-288-9020
24/7 Help Line: 515-244-6090 or 800-327-4692

House of Mercy – Newton Center

200 N 8th Ave East
Newton, IA 50208
Website: www.houseofmercydesmoines.org
Phone: 641-792-0717

Family Crisis Center

1014 N. Elm St.
PO Box 446
Ottumwa, IA 52501
Website: ottumwacrisiscenter.org
Phone: 641-683-1750 or 800-464-8340

Integrated Treatment Services

303 S. 2nd Ave. West
Newton, IA 50208
Phone: 641-792-0045

Teen Challenge of the Midlands

900 N League Rd.
Colfax, IA 50054
Website: www.tcmid.org
Phone: 515-674-3713

**ASSISTANCE – Financial
IMPACT Community Action**

115 N 2nd Ave. East Suite
Fax: 641-792-3512
Newton, IA 50208
Website: <https://www.impactcap.org/>
Phone: 641-792-3008
Email: jasper@impactcap.org

United Way of Jasper County

312 1st Ave. West
Newton, IA 50208
Website: www.unitedwayofjaspercounty.org
Phone: 641-792-1684

**ASSISTANCE –
General (Utility, Food, Clothing, Financial, Etc)
Department of Human Services (DHS)**

115 N. 2nd Ave. E Suite H
Newton, IA 50208
Fax: 641-792-5830
Website: www.dhs.state.ia.us
Phone: 641-792-1955

Jasper County Community Services – General Assistance

115 North 2nd Ave. East
Newton, IA 50208
Website: www.co.jasper.ia.us
Phone: 641-791-2609
Email: ga@co.jasper.ia.us

Care for Yourself

Phone: 515-286-2095

First Step

120 1st St. N Suite 305
Newton, IA 50208
Phone: 641-792-7084

Mid-Iowa Community Action, Inc. (MICA)

1001 S 18th Ave.
Marshalltown, IA 50158
Website: www.micaonline.org
Phone: 641-752-7162

Salvation Army
301 N 2nd Ave. East
Newton, IA 50208
Phone: 641-792-6131

United Way's 211 Service
Phone: 211
Website: 211iowa.org
Text their Zipcode to 898211

CHILD CARE – After School Care & Summer Programs
Baxter Early Learning Center
110 N. High St.
Baxter, IA 50028
Website: www.baxterearlylearningcenter.com
Phone: 641-227-3811

Campfire USA
5615 Hickman Rd.
Des Moines, IA 50310
Website: www.campfireusaia.org
Phone: 515-274-1501

CHILD CARE – Respite
Lutheran Services in Iowa
1714 N 4th Ave. East Suite B
Newton, IA 50208
Website: www.lsiowa.org
Phone: 641-792-1541

**CHILD CARE – Assist Families in Finding Care, Resources,
& Trainings for Providers**
Child Care Resource & Referral of Central Iowa
Local Contact: Sue Gienger, 641-820-1923
Website: <https://iowaccr.org>
Agency Phone: 800-722-7619

CHILD CARE – Child Care Centers
Diamond Trail Children's Center
301 East St.
PO Box 146
Lynnville, IA 50153
Website: www.diamondtrailcc.weebly.com
Email: diamondtrail@netins.net
Phone: 641-527-2200

Inspirations Child Care and Preschool
1005 2nd St.
Sully, IA 50251
Email: inspirationsully@gmail.com
Phone: 641-594-3355

Peck Child Development Center
513 E 5th St. North
Newton, IA 50208
Website: www.peckchilddevctr.com
Phone: 641-792-7228

YMCA Child Care Center & Preschool
1701 S 8th Ave. East
Newton, IA 50208
Website: www.newtonymca.org
Phone: 641-792-7021

Young Heart Children's Center
31 East State St.
Colfax, IA 50054
Email: younghearts@qwestoffice.net
Phone: 515-674-9225

Baxter Early Learning Center
110 N. High St
Baxter, IA 50028
Phone: 641-227-3811

Gingerbread House
601 W. 12th St. South
Newton, IA 50208
Phone: 641-787-2002

The Crayon Box
1422 1st Ave. East
Newton, IA 50208
Phone: 641-787-0312

CHILD CARE – Preschools
Colfax Community Preschool, Inc.
20 W Broadway St.
Colfax, IA 50054
Email: colfaxcompreschool@aol.com
Phone: 515-674-3465

Drake University Head Start
112 Thomas Jefferson Dr.
Newton, IA 50208
Website: www.drakeheadstart.org
Phone: 641-792-1394
*Preschool services contact number is 515-271-1854 or
1-800-443-7253 ext. 1854

Noah's Ark Preschool
902 E 15th St. South
Newton, IA 50208
Email: noahsarkorg@aol.com
Phone: 641-792-2083

SHARE Preschool
115 S. 8th Ave. East
Newton, IA 50208
Website: www.sharepreschool.com
Phone: 641-792-8639

CHILD CARE – Resources and Education for Child Care Providers

Iowa State University Extension Outreach (ISUEO) Early Care and Education

550 N 2nd Ave West
Newton, IA 50208
Website: www.extension.iastate.edu/jasper
Phone: 641-792-5437

CHIROPRACTIC

Hunter Clinic of Chiropractic

207 S 2nd Ave. East
Newton, IA 50208
Phone: 641-791-2224

Fikse Chiropractic

612 4th St.
Sully, IA 50251
Website: www.fiksechiropractic.com
Phone: 641-594-4299

Koenen Chiropractic

200 N 2nd Ave. West
Newton, IA 50208
Website: www.koenenchiropractic.com
Phone: 641-787-1710

Mattes Family & Sports Chiropractic PC

119 1st Ave. West
Website: www.matteschiropractic.com
Newton, IA 50208
Phone: 641-787-0311

Midwest Wellness Chiropractic Clinic

206 E Marion St.
Monroe, IA 50170
Website: www.midwestwell.com
Phone: 641-259-3044

Mitchellville Family Chiropractic

301 Center Ave. South
Mitchellville, IA 50169
Website: www.mitchellvillechiro.com
Phone: 515-967-2700

Parsons Chiropractic

222 1st St. North
Newton, IA 50208
Phone: 641-792-2344

Spinal Solutions

101 1st Ave. East
Phone: 641-791-2323
Newton, IA 50208
Website: <http://spinalolutionsclinic.com>

Trier Family Chiropractic

9 N Walnut St.
Colfax, IA 50054
Phone: 515-674-3272

COMMUNITY GROUPS

Boy Scouts of America, Mid-Iowa Council

6123 Scout Trail
Des Moines, IA 50321
Website: www.midiowacouncilbsa.org
Phone: 515-266-2135

Girl Scouts of Greater Iowa

10715 Hickman Rd.
Des Moines, IA 50322
Website: www.girlscoutsiowa.org
Phone: 800-342-8389

Greater Newton Area Chamber of Commerce

113 W 1st Ave.
Newton, IA 50208
Website: <http://experiencenewton.com>
Phone: 641-792-5545

Jasper/Poweshiek/Tama Decategorization

115 N 2nd Ave. East
Newton, IA 50208
Phone: 641-791-2632

Jasper County 4H (ISU Extension and Outreach)

550 N. 2nd Ave. West
Newton, IA 50208
Phone: 641-792-6433

COUNSELING & CONSULTATION SERVICES

Capstone Behavioral Healthcare, Inc..

1123 1st Ave E Ste 200
Newton, IA 50208
Phone: 641-792-4012

Jasper County Community Services

115 N 2nd Ave. East
Newton, IA 50208
Website: www.co.jasper.ia.us
Phone: 641-791-2304
Email: cpc@co.jasper.ia.us

CareMore

Phone: 515-989-6001

Community Support Advocates Integrated Health Program

6000 Aurora Ave. Suite B
Des Moines, IA 50322
Website: www.teamcsa.org
Phone: 515-883-1776

Optimae Life Services, Inc.

1730 1st Ave. East
 Newton, IA 50208
 Phone: 641-787-9133
 Fax: 641-787-9135
 Website: www.optimaelifeservices.com

First Resources Corporation – BHIS

Family & Children Services
 709 1st Ave. West Suite #4
 Newton, IA 50208
 Phone: 641-787-0310

Quakerdale

2932 240th St.
 Marshalltown, IA 50158
 Website: <http://familyservicesia.org>
 Phone: 641-752-3912

Private Practices**Dr. Sally Kuhn, ARNP, DNP, PMHNP-BC**

110 W. 3rd St. South
 Newton, IA 50208
 Phone: 641-521-5557

Dr. Jim Thorpe, PsychD

Phone: 515-289-9136 ext.1314

Dr. Megan Berryhill, ARNP, PMHNP-BC

709 1st Ave. West Suite 3
 Newton, IA 50208
 Phone: 641-275-7759

Kara Dirksen

Counseling available for students of DMACC, Available
 Mondays and Thursdays
 Phone: 641-791-1747

Dr. Karen Quinn, PhD

501 W. 3rd St. North
 Newton, IA 50208
 Phone: 641-275-9276

DENTISTS**Associated Dentists**

600 E 17th St. Suite A
 Newton, IA 50208
 Website: www.associateddentistsofnewton.com
 Phone: 641-435-5572

Gregory Bruns DDS

112 1st Ave. East
 Newton, IA 50208
 Phone: 641-792-2148

Loucks Buren Orthodontics

411 E. 17th St. South
 Newton, IA 50208
 Phone: 641-792-7811

Mace Family Dentistry

108 N 2nd Ave. East
 Newton, IA 50208
 Website: www.macefamilydentistry.com
 Phone: 641-792-9600

Prairie City Dental Service

111 N Main St.
 Prairie City, IA 50228
 Phone: 515-994-2210

The Dental Practice

1919 1st Ave. East
 Website: <http://thedentalpractice.net>
 Newton, IA 50208
 Phone: 888-353-4454

Robert Benson DDS

120 1st St. North #308
 Newton, IA 50208
 Phone: 641-792-4626

Robert Kuhn DDS

320 E 3rd St. North
 Newton, IA 50208
 Phone: 641-792-4234

DISABILITY SERVICES**Central Iowa Community Services**

115 N. 2nd Ave. East
 Newton, IA 50208
 Phone: 641-791-2304

Handicapped Equipment Lending Program (HELP)

5185 W 58th St N
 Newton, IA 50208
 E-mail: wilsand96@yahoo.com
 Cell Phone: 641-521-1153
 Phone: 641-792-5220

Goodwill Industries of Central Iowa – Newton Center

1118 1st Ave. E
 Newton, IA 50208
 Website: www.dmgoodwill.org
 Phone: 641-792-7472

Salvation Army Loan Closet

424 S 2nd Ave. East
 Newton, IA 50208
 Phone: 641-792-6113

Progress Industries

Newton Headquarters
 202 N 3rd Ave W
 Newton, IA 50208
 Phone: 641-792-6119
 Website: www.progressindustries.org

Kid Assist

5158 W 58th North
 Newton, IA 50208
 Phone: 641-521-1153

DISASTER ASSISTANCE**American Red Cross – Iowa Rivers Chapter**

2116 Grand Ave.
 Des Moines, IA 50312
 Website: www.redcross.org/local/iowa
 Phone: 515-243-7681
 24 hr. Phone: 515-243-4054

EDUCATION – Family Based**Iowa State University Extension & Outreach (Jasper County Office)**

550 N. 2nd Ave. West
 Newton, IA 50208
 Website: www.extension.iastate.edu/jasper
 Phone: 641-792-6433
 Email: xjasper@iastate.edu

Marion County Public Health Department

2003 N. Lincoln, Box 152
 Knoxville, IA 50138
 Phone: (641) 828-2238
 Fax: (641) 842-3442

EDUCATION – College**DMACC – Newton Campus**

600 N. 2nd W
 Newton, IA 50208
 Website: www.dmacc.edu
 Phone: 641-791-3622 or 800-362-2127

EDUCATION – Elementary, Middle, High School,**Alternative School****Aurora Heights Elementary School**

310 E. 23rd St. S
 Newton, IA 50208
 Website: www.newtoncsd.org
 Phone: 641-792-7324

Baxter Community School

202 E. State St.
 Baxter, IA 50028
 Website: www.baxter.k12.ia.us
 Phone: 641-227-3102

Berg Middle School

1900 N. 5th Ave. E.
 Newton, IA 50208
 Website: www.newtoncsd.org
 Phone: 641-792-7741

Colfax-Mingo Elementary School

20 W Broadway St.
 Colfax, IA 50054
 Website: www.colfax-mingo.k12.ia.us
 Phone: 515-674-3465

Colfax-Mingo High School

204 N. League Rd.
 Colfax, IA 50054
 Website: www.colfax-mingo.k12.ia.us
 Phone: 515-674-4111

Colfax-Mingo Middle School

204 N. League Rd.
 Colfax, IA 50054
 Website: www.colfax-mingo.k12.ia.us
 Phone: 515-674-4111

Emerson Hough Elementary

700 N. 4th Ave E
 Newton, IA 50208
 Website: www.newtoncsd.org
 Phone: 641-792-3982

Lynnville-Sully Community School District

12476 Hwy. F-62 East
 Sully, IA 50251
 Website: www.lshawks.org
 Phone: 641-594-4445

Monroe Elementary School

400 N Jasper St.
 Monroe, IA 50170
 Website: www.pcmmonroe.k12.ia.ua
 Phone: 641-259-2314

Newton Christian School

1710 N 11th Ave. East
 Newton, IA 50208
 Website: www.newtonchristianschool.com
 Phone: 641-792-1924

Newton Schools Administration Offices

1302 First Ave West
 Newton, IA 50208
 Website: www.newtoncsd.org
 Phone: 641-792-5809

Newton Senior High School

800 E 4th St. South
 Newton, IA 50208
 Website: www.newtoncsd.org
 Phone: 641-792-5797

Prairie City Elementary School

309 E Plainsmen Rd.
 Prairie City, IA 50228
 Website: www.pcmonroe.k12.ia.us
 Phone: 515-994-2377

Prairie City Monroe High School

400 E Hwy. 163
 Monroe, IA 50170
 Website: www.pcmonroe.k12.ia.us
 Phone: 641-259-2315

Prairie City Monroe Middle School

407 E Plainsmen Rd.
 Prairie City, IA 50228
 Website: www.pcmonroe.k12.ia.us
 Phone: 515-994-2686

Sully Christian School

12629 S 92nd Ave. East
 Sully, IA 50208
 Website: www.sullychristian.org
 Phone: 641-594-4180

Thomas Jefferson Elementary School

112 Thomas Jefferson Dr.
 Newton, IA 50208
 Website: www.newtoncsd.org
 Phone: 641-792-2498

Woodrow Wilson Elementary

801 S 6th Ave. West
 Newton, IA 50208
 Website: www.newtoncsd.org
 Phone: 641-792-7311

West Academy Alternative High School

1302 1st Avenue W
 Newton, IA 50208
 Website: www.newtoncsd.org
 Phone: 641-792-0335

EDUCATION – Special Services**Heartland Area Education Agency – Region 11**

600 N. 2nd Ave. W Suite A
 Newton, IA 50208
 Website: www.heartlandaea.org
 Phone: 641-792-4870

Newton Public Library

100 N. 3rd Ave. W
 Newton, IA 50208
 Website: <http://newtongov.org/90/Library>
 Phone: 641-792-4108

HEALTHCARE SERVICES & MEDICAL ASSISTANCE**Pregnancy Center of Iowa**

709 1st Ave. West Suite 1
 Newton, IA 50208
 Website: www.pcciowa.org
 Email: pcciowa@pcciowa.com
 Phone: 641-792-3050
 Toll Free: 800-395-4357

Every Step

1111 9th St. Suite 320
 Des Moines, IA 50314
 Website: <https://www.everystep.org/>
 Phone: 515-288-1516

Marion County Public Health

2003 North Lincoln
 PO Box 152
 Knoxville, IA 50138
 Website: www.marionph.org
 Phone: 641-828-2238
 *Find us on Facebook-Marion County Public Health Department

HOSPITALS & CLINICS**Lynnville Medical Center – Grinnell Regional Medical Center**

210 4th St.
 Grinnell, IA 50112
 Website: www.grmc.us
 Phone: 641-236-7511

Monroe Medical Clinic – Pella Regional Health Center

100 E Sherman St
 Monroe, IA 50170
 Website: www.pellahealth.org
 Phone: 641-259-2155

Newton Clinic

300 N 4th Ave. East
 Newton, IA 50208
 Website: www.newtonclinic.com
 Phone: 641-792-2112

Skiff Medical Center

204 N 4th Ave. East
 Newton, IA 50208
 Website: www.skiffmed.com
 Phone: 641-792-1273

Sully Medical Clinic (Pella Regional Health Center)

704 3rd St.
Sully, IA 50251
Website: www.pellahealth.org
Phone: 641-594-3150

FREE CLINIC**Jasper County Free Medical Clinic**

300 N 4th Ave. East
Newton, IA 50208
Phone: 641-787-3157

HOTLINES & INFORMATION**2-1-1 Resources and Referral Hotline**

Phone: 2-1-1
Website: www.211iowa.org

AIDS Information Hotline

Phone: 800-448-0440
Website: www.aids.gov

Al-Anon Hotline

Phone: 1-888-4AL-ANON (1-888-425-2666)
Website: www.al-anon.alateen.org
Business Office: 757-563-1600
Fax: 757-563-1655

Americans with Disabilities (ADA) Hotline

Phone: 800-514-0301
Website: www.ada.gov

Central Iowa Crisis Line

Toll-Free Crisis Line: 844-258-8858
Online Chat Counseling: www.Foundation2CrisisChat.org
* Available Monday-Friday, 9am to 3pm
Text Support: 800-332-4224
* Available Monday-Friday, 9am to 3pm

Gay and Lesbian National Hotline

Phone: 888-THE-GLNH (888-843-4564)
Website: www.glbthotline.org

Iowa Compass Hotline

Phone: 800-779-2001
Website: www.iowacompass.org

Iowa Gambling Treatment Program

Phone: 800-BETS-OFF
Website: www.1800betsoff.org

Iowa Healthy Family Hotline

Phone: 800-369-2229

Lawyer Referral Services Hotline

Phone: 800-532-1108
Website: www.iowafindalawyer.com

Medline Plus

Website: www.medlineplus.gov

National Alliance on Mental Illness Helpline

Phone: 800-950-6264
Website: www.nami.org

National Council on Alcoholism and Drug Dependence Hope Line

Phone: 800-622-2255
Website: www.ncadd.org

Mental Health America

Phone: 800-969-6642
Website: www.mentalhealthamerica.net

National Life Center

Phone: 800-848-5683
Website: www.nationallifecenter.com

National Runaway Switchboard

Phone: 800-RUNAWAY or 800-786-2929
Website: www.1800runaway.org

National Suicide Prevention Lifeline

Phone: 800-273-TALK or 800-273-8255
Website: www.suicidepreventionlifeline.org

Rape, Abuse & Incest National Hotline (RAINN)

Phone: 800-656-HOPE or 800-656-4673
Website: www.rainn.org

HOUSING**USDA Rural Development**

Albia Office (Serves Jasper County)
1709 South B St.
Albia, IA 52531
Website: www.rd.usda.gov
Phone: 641-932-3031

LAW ENFORCEMENT & CRIME PREVENTION**Baxter Police Department**

100 E. State St.
Baxter, IA 50028
Phone: 641-227-3594

Colfax Police Department

15 E. Howard St.
Colfax, IA 50054
Phone: 515-674-9668 or 515-674-4096

Jasper County Sheriff's Department

2300 Law Center Dr.
Newton, IA 50208
Phone: 641-792-5912

Monroe Police Department

107 N Monroe St.
 Monroe, IA 50170
 Phone: 641-259-2311

Newton Police Department

101 W 4th St. South
 Newton, IA 50208
 Website: www.newtongov.org
 Phone: 641-791-0850

Prairie City Police Department

203 E Jefferson St.
 Prairie City, IA 50228
 Phone: 515-994-2649

LEGAL SERVICES**Iowa Legal Aid**

Main Office:
 1111 9th St. Suite 230
 Des Moines, IA 50314
 Website: www.iowalegalaid.org
 Phone: 800-532-1275

Jasper County Outreach:

Red Rock Area Community Action Program
 115 N 2nd Ave. East Suite A
 Newton, IA 50208
 Hours: 3rd Friday of every month (9:00AM – 11:00AM)
 Legal Hotline for Older Iowans (60 and over)
 Phone: 800-992-8161

MEDICAL SUPPLIERS**Hammer Medical Supply**

1719 1st Ave. East
 Newton, IA 50208
 Website: www.hammermedical.com
 Phone: 641-792-9339

NURSING HOMES, ASSISTED & INDEPENDENT LIVING, & HOSPICE**Comfort Keepers**

19 S. Center St. Suite #2
 Marshalltown, IA 50158
 Website: www.comfortkeepers.com
 (Marshalltown) Phone: 641-752-0715
 (Newton) Phone: 641-792-1399

Home Instead Senior Care

119 W 2nd St. N
 Newton, IA 50208
 Website: www.homeinstead.com
 Phone: 641-792-1800

Jasper County Home Care Aides

115 N. 2nd Ave. East
 Newton, IA 50208
 Email: bsteenhoek@co.jasper.ia.us
 Phone: 641-787-9224

Park Centre – A Wesley Life Community

500 1st St. North
 Newton, IA 50208
 Website: www.wesleylife.org
 Phone: 641-791-5000

Skiff Home Care

204 N 4th Ave. East
 Website: www.skiffmed.com
 Newton, IA 50208
 Phone: 515-643-5353

Skiff Hospice

204 N 4th Ave. East
 Newton, IA 50208
 Website: www.skiffmed.com
 Phone: 641-792-1273

WesleyLife Home Care

501 E 2nd St. North
 Newton, IA 50208
 Website: www.wesleylife.org
 Phone: 641-791-4547

WesleyLife Home Health

501 E 2nd St. North
 Newton, IA 50208
 Website: www.wesleylife.org
 Phone: 641-791-4547

Willowbrook, a WesleyLife Adult Day Care Center

501 E 2nd St. North
 Newton, IA 50208
 Website: www.wesleylife.org
 Phone: 641-791-4500

PHARMACIES**Benzer Pharmacy**

101 N. Walnut
 Colfax, IA 50054
 Website: www.benzerpharmacy.com
 Phone: 515-674-3503

Hy-Vee Pharmacy

1501 1st Ave. East
 Newton, IA 50208
 Website: www.hy-vee.com
 Phone: 641-792-1000

Medicine Shoppe

212 1st St. North
 Newton, IA 50208
 Website: www.medicineshoppe.com
 Phone: 641-792-3111

Medicap Pharmacy

400 1st Ave. West
 Newton, IA 50208
 Website: www.medicap.com
 Phone: 641-792-3528

Walgreens Pharmacy

1204 1st Ave. East
 Newton, IA 50208
 Website: www.walgreens.com
 Phone: 641-792-7379

Walmart Pharmacy

300 Iowa Speedway Dr.
 Newton, IA 50208
 Website: www.walmart.com
 Phone: 641-792-9237

PUBLIC HEALTH PROGRAMS**Jasper County Health Department**

115 N 2nd Ave. East Suite B1
 Newton, IA 50208
 Website: www.co.jasper.ia.us
 Phone: 641-787-9224
 Adolescent Immunizations by appointment
 Phone: 641-787-9224
 Environmental Health
 Phone: 641-792-7603

Marion County Public Health Department (Manages this program for Jasper County)

2003 N. Lincoln
 P.O. Box 152
 Knoxville, IA 50138
 Website: www.marionph.org
 Phone: 641-828-2238
 *Find us on Facebook—Marion County Public Health Department

I-Smile™

Dental services for 0-21 or pregnant women

RECREATION**Newton YMCA**

1701 S 8th Ave. East
 Newton, IA 50208
 Website: www.newtonymca.org
 Phone: 641-792-4006

SENIOR SERVICES**Aging Resources of Central Iowa**

115 North 2nd Avenue East
 Newton, IA 50208
 Website: www.agingresources.com
 Office Phone: 641-521-7521
 Toll Free: 888-792-5835

Alzheimer's Association (Greater Iowa Chapter)

1730 28th Street
 West Des Moines, IA 50266
 Email: greateriowa@azl.org
 Website: www.alz.org/greateriowa
 Phone: 800-272-3900

Elderly Nutrition

2401 1st Ave E
 Newton, IA 50208
 Website: www.co.jasper.ia.us
 Phone: 641-792-7102

Retired & Senior Volunteer Program (RSVP)**ISU Extension Office**

550 N 2nd Ave. West
 Newton, IA 50208
 Phone: 641-792-6433

SUPPORT GROUPS**AI-Anon**

Meetings on Sundays at 6pm:
 St. Stephens Episcopal Church
 223 E. 4th St. North
 Newton, IA 50208
 Phone: 515-277-5059

NA-Narcotics Anonymous**Meeting:**

St. Stephens Episcopal Church
 223 E. 4th St. North
 Newton, IA 50208
 Phone: 800-897-6242
 Sundays, Wednesdays, and Fridays at 7pm

NAMI of Central Iowa

Jasper County: for information and support call 641-417-9993
 Family Support Group
 *Meets 3rd Wednesday at 7pm
 Business Meeting
 *Meets 3rd Monday at 6:30pm

AA-Alcoholics Anonymous

Meetings:
St. Stephens Episcopal Church
223 E. 4th St. North
Newton, IA 50208
Phone: 515-282-8550
Mondays: 12pm and 7pm
Tuesdays: 12pm and 8pm
Wednesdays: 12pm and 5:30pm
Thursdays: 7pm
Fridays: 7pm
Saturdays: 10am

Newton Women's Group – Least of Saints Church

219 N. 2nd Ave. West
Newton, IA 50208
Mondays at 5:30pm
Monroe
102 S. Jasper St.
Newton, IA 50208
Tuesdays at 7:30pm
Prairie City
407 W. 2nd St.
Prairie City, IA 50228
Wednesdays at 7pm

TRANSPORTATION**HIRTA (Heart of Iowa Regional Transit Agency)**

Phone: 877-686-0029
Website: www.rideHIRTA.com

Jasper County Ride

Retired & Senior Volunteer Program
550 N. 2nd Ave. West
Newton, IA 50208
Phone: 641-787-3078

UTILITIES, RECYCLING, REDEMPTION & SANITATION**Versteegh Sanitary Service**

1004 W. 6th St. S
Newton, IA 50208
Phone: 641-792-3300

Skunk River Sanitation

18 S. Iowa St.
Colfax, IA 50054
Phone: 515-674-9058

Anderson Sanitation & Roll Offs

PO Box 38
Colfax, IA 50054
Phone: 515-202-1875

Central Iowa Water Association

1351 Iowa Speedway Dr.
Newton, IA 50208
Phone: 641-792-7011

Newton Waterworks

101 W. 4th St. S
Newton, IA 50208
Phone: 641-792-2003

Alliant Energy

Customer Service: 1-800-255-4268

VETERAN SERVICES**Jasper County Veteran Affairs**

115 N 2nd Ave. East
Newton, IA 50208
Phone: 641-792-7993

VISION CARE**Eye Care Center of Newton**

100 N 4th Ave. W
Website: <http://newtoneyecare.net>
Newton, IA 50208
Phone: 641-792-7900

Newton Eye Clinic P.C.

111 1st Ave. E
Website: <http://newtoneyeclinic.com>
Newton, IA 50208
Phone: 641-792-7375

Walmart Vision & Glasses

300 Iowa Speedway Dr.
Newton, IA 50208
Phone: 641-791-5332

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

IHA Inpatient Utilization	YR16	YR17	YR18 3Q
Total - Jasper Co IA	3,843	3,804	3,589
Pediatric Age 0-17	616	569	548
Adult Medical/Surgical Age 18-44	831	848	799
Adult Medical/Surgical Age 45-64	879	855	797
Adult Medical/Surgical Age 65-74	612	617	599
Adult Medical/Surgical Age 75+	905	915	847
IHA Inpatient Utilization	YR16	YR17	YR18 3Q
MercyOne Skiff (only)	1,199	1,063	844
% MercyOne Newton	31%	28%	24%
Pediatric Age 0-17	152	153	124
Adult Medical/Surgical Age 18-44	200	207	151
Adult Medical/Surgical Age 45-64	168	158	125
Adult Medical/Surgical Age 65-74	186	159	131
Adult Medical/Surgical Age 75+	493	386	313

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

CHNA TOWN HALL - March 19, 2019 Skiff Medical Center PSA / Jasper County IA N=67

Category	Attend	Last	First	Title	Organization	Address	City	ST	Zip
Healthcare Board members	X	Akins	Donna	BOH	Jasper County Health Department	116 W 4th St S	Newton	IA	50208
Physicians.	X	Alexander	Stephanie		MercyOne Newton Medical Center	204 N 4th Ave E	Newton	IA	50208
Directors or staff of health and human services organizations.	X	Baker	Rita	Director	Pregnancy Center of Cental Iowa	709 1st Ave W #101	Newton	IA	50208
Community member	X	Bell	Jordan	Occupational Therapist	Kinetic Edge Physical Therapy		Newton	IA	50208
Coalitions working on health or other issues.	X	Benson	Sheri	Newton Wellness Coalition					
Welfare and social service agency staff.	X	Blanchard	Amy	JuMP Board	Greater Poweshiek Community Foundation	1510 Penrose St	Grinnell	IA	50112
Law enforcement agencies-Chiefs Police.	X	Britton	Julie	Newton School Resource Officer	Newton Police Department	101 W 4th St S	Newton	IA	50208
Law enforcement agencies-Chiefs Police.	X	Burdess	Rob	Chief	Newton Police Department	401 W 4th St S	Newton	IA	50208
Parents, caregivers and other consumers of health care in the community.	X	Butler	Melissa		Progress Industries	1017 E 7th St N	Newton	IA	50208
Welfare and social service agency staff.	X	Caldwell	Miranda	Marketing Director	Newton YMCA	1701 S 8th Ave E	Newton	IA	50208
Community member	X	Cannon	Dolan		Community	315 1 St S #204	Newton	IA	50208
Political, appointed and elected officials.	X	Carpenter	Denny		Jasper County Board of Supervisors	115 N 2nd Ave E Court House	Newton	IA	50208
Physicians.	X	Clark	Cindy		Pella Regional - Monroe and Sully Clinics	704 3 St	Sully	IA	50251
Members of at-risk populations.	X	Cleaveland	Janelle	Captain	Salvation Army				
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Conner	Laurie	President	MercyOne Newton Medical Center	204 N 4th Ave E	Newton	IA	50208
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Cupples	Cindy	DON	Park Centre	500 1st St N	Newton	IA	50208
Political, appointed and elected officials.	X	Cupples	Doug	Jasper County Board of Supervisors	Jasper County		Newton	IA	50208
Directors or staff of health and human services organizations.	X	Fee	Jill	Sexual Assault Advocate	Crisis Intervention Services		Newton	IA	50208
Staff from state and area agencies on aging.	X	Fischer	Denice	Program Coordinator	Retired and Senior Volunteer Program (RSVP)	550 N 2nd Ave W	Newton	IA	50208
Community member	X	Fouts	Catherine	City Council			Lambs Grove	IA	50208
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Fratzke	Bethany	social worker	Park Centre		Newton	IA	50208
Community member	X	Fratzke	Nick	Director of Community Development	Jasper County Community Development		Newton	IA	50208
Mental health providers.	X	Gibson	Julie	Grant Coordinator	CHI Mental Health	204 N 4th Ave E	Newton	IA	50208
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Goos	Jayne	PM&R Manager	MercyOne Newton Medical Center	204 N 4th Ave E	Newton	IA	50208
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Groom	Erica	Manager - Care Coordination, Quality and Risk	MercyOne Newton Medical Center	204 N 4th Ave E	Newton	IA	50208
Uninsured/underinsured people.	X	Haas	Stacy	HAWK-I/ Medicaid/ First Five	Marion County Public Health	2003 N Lincoln ST	Knoxville	IA	50138
Directors or staff of health and human services organizations.	X	Hacl	Lexie		IDPH	705 F Ave	Grunsky Center	IA	50638
Public Safety	X	Heisdorffer	Rex	Training/EMS Officer	Newton Fire Department	410 S 2nd Ave W	Newton	IA	50208
Local colleges and universities	X	Hemann	Kari	Campus Chair/ Nursing Faculty	DMACC	600 N 2nd Ave W	Newton	IA	50208
Physicians.	X	Hutchinson	Beth	Executive Assistant	Mercy One Newton	204 N 4th Ave E	Newton	IA	50208
Community member	X	Jenkins	Janice		Community	511 E 19 St S	Newton	IA	50208
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Kelley	Chad	Director of Ancillary Services	MercyOne Newton Medical Center	204 N 4th Ave E	Newton	IA	50208
Community member	X	King	Jeffrey	Laboratory Director	Keystone Laboratories, Inc.		Newton	IA	50208
Community member	X	Kirk	Kelly						
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Kuhn	Katie	Comm. Liason	Newton Healthcare Center				
Physicians.	X	Landgrebe	Kim		Newton Clinic	300 N 4th Ave E	Newton	IA	50208

CHNA TOWN HALL - March 19, 2019 Skiff Medical Center PSA / Jasper County IA N=67

Category	Attend	Last	First	Title	Organization	Address	City	ST	Zip
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Lehman	Dwala		Accura Baxter	407 Southeast Ave	Baxter	IA	50028
City/Community planners and development officials.	X	Liebl	Frank	Executive Director	Newton Development Corporation		Newton	IA	50208
Public health officials/board members	X	Luetters	Kevin	Environmental Health Director	Jasper County Health Department	116 W 4th St S	Newton	IA	50208
Coalitions working on health or other issues.	X	McMunn	Hannah	Spf Rx Grand Coordinator-JCSAC	EFR	505 5th Ave Ste 600	Des Moines	IA	50309
Education officials and staff - school superintendents, principals, teachers and school nurses.	X	Miller	Bret	WEST Academy Principal	Newton Community School	1302 1st Ave W	Newton	IA	50208
Physicians.	X	Mills	Deb	Employee Health	Mercy One Newton	204 N 4th Ave E	Newton	IA	50208
PRESS (Paper, TV, Radio)	X	Pierson	Jamie	Editor	Newton Daily News	200 1st Ave E	Newton	IA	50208
Public health officials/board members	X	Pryor	Becky	Administrator	Jasper County Health Department	116 W 4th St S	Newton	IA	50208
Oral health providers.	X	Rabedeaux	Steven	DDS/Owner	The Dental Practice		Newton	IA	50208
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Raines	Stacy	Finance Manager	MercyOne Newton Medical Center	204 N 4th Ave E	Newton	IA	50208
Welfare and social service agency staff.	X	Ramsey	Brooke	Business Development Manager	HIRTA				
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Rapp	Ayla		Accura	1622 22 St #200	West Des Mones	IA	50266
Community leaders	X	Rhoads Hills	Kayla		Kinetic Edge Physical Therapy	1715 1 Ave E	Newton	IA	50208
Physicians.	X	Schippers	Keri	Inpatient Manager	MercyOne Newton		Newton	IA	50208
Political, appointed and elected officials.	X	Simon	Dennis		Jasper County Board of Supervisors	115 N 2nd Ave E	Newton	IA	50208
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Smith	Andrea	Social Worker	Newton Village		Newton	IA	50112
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Smith	Brenda	Clinics Manager	MercyOne Newton Medical Center	204 N 4th Ave E	Newton	IA	50208
Directors or staff of health and human services organizations.	X	Stapp	Tammy	Vice President of Clinical Services	Everystep (VNS)	401 Railroad Place	West Des Mones	IA	50265
Public health officials/board members	X	Steenhoek	Brenda	Home Care Manager	Jasper County Health Department	116 W 4th St S	Newton	IA	50208
Local colleges and universities	X	Stiles	Jody	Academic Advisor	DMACC		Newton	IA	50208
Political, appointed and elected officials.	X	Talsma	Brandon		Jasper County Board of Supervisors	115 N 2nd Ave E	Newton	IA	50208
Community member	X	Taylor	Robyn		Community	1315 W 4 St S	Newton	IA	50208
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Terpstra	Kelsey	Director	Park Centre		Newton	IA	50208
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Trease	Leasha	ED Manager	MercyOne Newton Medical Center	204 N 4th Ave E	Newton	IA	50208
Staff from state and area agencies on aging.	X	VanManen	Kelli	Director	Jasper County Elderly Nutrition	2401 1st Ave E	Newton	IA	50208
Parents, caregivers and other consumers of health care in the community.	X	Veld	Robin	QIDP	Progress Industries		Newton	IA	50208
Public health officials/board members	X	Voshell	Margot	BOH	Jasper County Health Department	116 W 4th St S	Newton	IA	50208
Uninsured/underinsured people.	X	Walker	Terri		Caremore		Des Moines	IA	50313
Public health officials/board members	X	Winfield	Kristina	Public Health Coordinator	Jasper County Health Department	116 W 4th St S	Newton	IA	50208
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Wolf	Heather	HR Manager	MercyOne Newton Medical Center	204 N 4th Ave E	Newton	IA	50208
Members of at-risk populations.	X	Zach	Kelly	Casemanager	The Salvation Army		Newton	IA	50208

Skiff Medical Center (MercyOne Newton Medical Center)

Jasper County, IA Town Hall Tuesday 3/19/2019 11:30am -1:00pm

N= 67

Children eligible for free lunch = ~50% now

Unemployment rate = ~3% end of 2018

More nurses are seeing patients, 3 FT Doctors in town.

Drug problems: Opioids, Meth, Heroine, Marijuana (E-cigs)

Express Care with Skiff in HyVee = ~400 patients per month

What is occurring soon: 3 Physicians retiring. Medicaid challenges. New Iowa Total Care launching in June.

Strengths:

- Substance Abuse Coalition with Mental Health
- Access to hospital specialty clinic, urgent care, OP care, dentists, eye, PT ---have some specialists
- EMS, emergency responders
- Youth program – YMCA, 4H, School and churches
- Mobile crisis response team
- Public health services
- Emergency preparedness
- Community involvement
- Resources available for health
- Prenatal care and access, OB
- Schools and teachers, library
- Nursing program and DMACC
- School nurses

Things to Improve:

- Domestic Violence/ Sexual Assault
- Suicide
- Tobacco Use
- Obesity (Exercise and Nutrition)
- Emergency Room
- HC Insurance (Education and Availability)
- Free Indoor Wellness Activity Area for Public
- Senior Care
- Dentists
- HC Transportation
- Child Care
- Health Engagement
- Homeless/Shelter
- Substance Abuse
- Single Parent support
- Hospice
- Awareness of HC services
- Specialty Docs Available (Peds, Neuro, Neph, GI, Liver)
- Family Planning/ Women's Health
- Mental Health

Wave #3 CHNA - Skiff Medical Center PSA

Town Hall Conversation - Strengths (White Cards) N= 67

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
17	ACC	# who see chiropractor and eye drs	13	EMER	Emergency Services
9	ACC	Health Resources	28	EMER	Emergency preparedness
13	ACC	Agencies serving Jasper Co from DM	9	EMER	Emergency responder
14	ACC	Access to dental, eye care	45	EMER	Emergency Responders
19	ACC	Health screenings are occurring regularly	52	EMER	Good emergency preparedness group
25	ACC	Wellness availability locally	21	EMS	Mobile Crisis Team
30	ACC	Access to wellness	11	EMS	Strong Emergency Services
36	ACC	Resource base is very strong	28	EMS	EMS/FIRE/POLICE
42	ACC	Resource base is strong and plentiful	10	EMS	Mobile Crisis Team
50	ACC	Community opportunities	14	EMS	Mobile Crisis Team
53	ACC	Access and wellness	48	EMS	Mobile Crisis
39	ACC	Programs/resources in community	49	EMS	Fire/police/ambulance
35	ACC	Our county has many services available for people	56	EMS	Police force
51	ACC	Significant resources/options available	49	EMS	Mobile crisis response team
35	ACC	Wellness-access	57	EMS	Great fire/amb/police teams
43	ACC	Community resources available	30	EMS	Newton fire
31	ACC	Availability of services	46	EMS	EMS service is great- partners w/ hospital well
41	ACC	Valuable resources	24	EYE	Eye doctors
55	ACC	Wellness options	38	EYE	Vision Specialists
48	AGE	Long term care	34	EYE	Eye doctors
55	AGE	Choices of elder care options	54	EYE	Optometry Care
4	ALL	Community striving for improvements	5	FAM	Support for new parents
36	ALL	There is a wide variety of things we are doing well	5	FINA	Access to free/reduced cost services for those in need
44	ALL	Growing slightly as a county compared to others	6	FIT	Access to physical exercise
10	AMB	Ambulance Services	17	FIT	# who exercise/are active
8	AMB	Ambulance/Ems	19	FIT	Abundant opportunity to exercise
47	AMB	Ambulance services	8	FIT	Exercise Access
7	BH	Mental Health committee	18	FIT	Access to exercise
2	BH	Mental Health and Substance Abuse Coalition	31	FIT	Access to exercise
45	BH	Mental Health Coalition	54	FIT	Access to physical exercise
57	BH	Mental Health Coalition	48	FIT	Exercise
49	BH	CHI- mental healthcare access grant coalition	46	FIT	Availabilityof physical activity
45	BH	Mobile response/mental health	47	FIT	Access to fitness centers
57	BH	Active Public Health	25	GOV	Iowa total care
54	CHIR	Chiropractic Care	11	HOSP	Local Hospital
54	CHRON	Lower cardiac chronic illness	23	HOSP	Hospital availability
6	CLIN	Express Care @ Hyvee	27	HOSP	Hospital constantly seeking to improve and grow
6	CLIN	MercyOne Skiff	15	HOSP	The fact we even have a hospital in town
17	CLIN	Sp clinics and HyVee quick care	21	HOSP	Hospital/providers
27	CLIN	Express Care clinic	32	HOSP	Hospital
5	CLIN	Express care service	52	HOSP	Charity care by hospital
1	CLIN	MercyOne- Newton/Newton Clinic	53	HOSP	Hospital- stable
25	CLIN	Hyvee Care Office	57	HOSP	Hospital in town
20	CLIN	Express Care @ Hyvee	49	HOSP	Hospital
55	CLIN	Express Care partnership	31	HOSP	Hospital/specialty clinics

Wave #3 CHNA - Skiff Medical Center PSA

Town Hall Conversation - Strengths (White Cards) N= 67

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
53	CLIN	Hyvee	34	HOSP	Hospital
52	CLIN	Express Care	56	HOSP	Hospital
44	CLIN	Express Care @ Hyvee	35	HOSP	Local hospital
14	COMM	Collaboration among organizations	33	HOSP	Local hospital
7	COMM	Work well together	15	HSP	Hospice "local"
2	COMM	Collaboration among healthcare and social work	5	IP	Inpatient hospital care
4	COMM	Networking among agencies	16	KID	Preschoolers have access to I-Smile dental screens
50	COMM	Communication	16	KID	Early childhood screenings for low income family
54	COMM	Collaboration	39	LOY	70% ER staying home and not going anywhere else
55	COMM	Communication	38	MRKT	Improving awareness
11	CORP	Community Collaboration	29	NH	Amount of nursing homes / elderly care
27	CORP	Social support	31	NH	Nursing Homes
26	CORP	Participation	35	NH	Nursing homes
13	CORP	Fostering awareness	32	NH	Nursing Facilities
12	CORP	Community Collaboration	33	NH	6 nursing homes
20	CORP	CHNA coordinating Ph and Hospital	2	NURSE	Full nursing program and strong interest in it
24	CORP	Low enforcement	19	NUTR	Food availability
20	CORP	Engagement in CHNA	46	NUTR	Free reduced lunch
2	CORP	Good community partnerships	52	NUTR	Access to healthy food
22	CORP	We are getting passionate in positions to push for change	9	OBG	OB/prenatal care
24	CORP	Collaboration in the community	9	OP	Outpatient Services
29	CORP	Good participation on survey	38	OP	Outpatient Care
21	CORP	Community Involvement/Collaboration	31	PHAR	Pharmacy
28	CORP	Community involvement	19	PNEO	Prenatal care is occurring
9	CORP	Community stakeholders	52	PNEO	Prenatal Care
40	CORP	Community health and wellness promotion	38	PNEO	Prenatal Care
42	CORP	Engaged collaborative co led by hospital and PH leaders	14	POP	Population growing slightly
38	CORP	Community wellness and pediatric screens	40	POV	Homeless needs
44	CORP	Community members who care	2	PRIM	Primary healthcare system
43	CORP	Inc turnout to stakeholders mtgs	39	QUAL	Skiff/Mercy taking care of patients w/out \$ reimbursements
36	CORP	Enough agencies who have an interest in helping with health needs	50	QUAL	Training for services
48	CORP	Engagement	40	QUAL	Quality of care at hospital
39	CORP	This process and commitment to the people of Jasper County	2	REC	Youth Programming
32	CORP	Community interest	4	REC	Parks
38	CORP	Community leaders	3	REC	Hike and bike trails are being improved
41	CORP	Community leaders collaborating and working diligently to improve issues	1	REC	YMCA/4H/Youth Programs
48	CORP	Openness	4	REC	Availability of free family activities
37	CORP	Strong attendance with interested/concerned citizens/employees/departments/collaboration	26	REC	Community Programs
34	DENT	Dentists	3	REC	Great YMCA

Wave #3 CHNA - Skiff Medical Center PSA

Town Hall Conversation - Strengths (White Cards) N= 67

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
31	DIAB	Diabetic	9	REC	Youth Programs
21	DOH	Public Health Nursing Services	49	REC	Greenspace
24	DOH	Public Health	31	REC	YMCA/4H/Youth Programs
29	DOH	Strong public health dept	56	REC	Green space/recreation and exercise access
20	DOH	Public Health Nursing Services	45	REC	Youth groups
14	DOH	Increased finding for public health services	32	REC	YMCA
44	DOH	Good public health/school nurse	8	SNUR	School Nurses
34	DOH	Public Health	10	SNUR	School Nurses
35	DOH	Public health department	18	SNUR	School nursing
43	DOH	DOH	15	SNUR	School screenings by school nurses
47	DOH	Public health services	17	SNUR	School nurses
49	DOH	Active public health	24	SNUR	School Nurses
33	DOH	Health department	9	SNUR	School Nurses
32	DOH	Public Health active	54	SNUR	School nurses are essential in school system
13	DRUG	SA & MH Coalition	34	SNUR	Nurses/School Nursing
21	DRUG	Substance abuse coalition/mental health	42	SNUR	School nursing is a strong resource
9	DRUG	Substance abuse coalition/mental health	46	SNUR	School kids-school nurse
9	ECON	Economic development	47	SNUR	School nursing is a strong resource
18	ECON	Low unemployment	36	SNUR	School nurses are essential in school system
49	ECON	Improved economic development	10	SPEC	Available Specialty resources at hospital
44	ECON	Good income compared to other rural counties but not great	29	SPEC	We have the drs/spec that come
57	ECON	Improved economic development	30	SPEC	Specialty clinics
5	EDU	School screenings	40	SPEC	Access to larger system's specialties
27	EDU	Excellent schools and teachers	13	SS	SS Coalitions and cooperation
1	EDU	Schools	28	STFF	Hospitalists and express care
18	EDU	Schools	25	STFF	Hospitalist program
2	EDU	School health screenings	2	STFF	Hospitalists coming to Skiff
4	EDU	Education System/community college	6	STFF	Hospitalists at MercyOne
2	EDU	Education	48	STFF	Providers
7	EDU	School administration-support health activities	6	WELL	Education opportunities
48	EDU	School-free lunch	2	WELL	Rockefeller study on wellness in the community
53	EDU	School	3	WELL	Working with Rockefeller Foundation on health wellness study
40	EDU	School system involvement and school nurses			

Wave #3 CHNA - Skiff Medical Center PSA

Town Hall Conversation - Weakness (Color Cards) N= 67

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
3	ACC	Bed availability	43	FAM	Family planning model
10	ACC	Ease of access to services	45	FAM	Strengthen families for children
19	ACC	Access to care	59	FAM	Family programming
41	ACC	Healthcare access	30	FEM	Improve services for expectant mothers and children under 5
34	ACC	Access to doctors/specialists	6	FINA	Funding
31	ACC	Access to physicians	52	FIT	Exercise
56	ACC	Number of healthcare providers/clinics	15	GOV	MCO-medicaid
46	ADD	Options for recovering addicts	20	HOUS	Healthy housing for residents
8	AGE	Options for senior care	30	HOUS	Add quality housing projects in an effort to attract higher incomes
10	AGE	End of life care	33	HOUS	Affordable, liveable housing
13	AGE	Elder choice resources	44	HOUS	No oversight for landlords for quality of rental properties
17	AGE	Availability of elderly care	60	IM	IME Managed care
51	AGE	Senior care	60	IM	IME changes to coverages
35	ALL	Injuries	9	INSU	Uninsured
57	ALL	Lifestyles	12	INSU	Uninsured/homesless/poverty
2	BH	Mental Health	12	INSU	Insurance dictating care
3	BH	# of mental health providers	21	INSU	Uninsured higher % now
4	BH	Mental health "screening"- encouraged to discuss/disclose	50	INSU	Insurance situation
6	BH	Mental Health	51	INSU	Education insurance
7	BH	Mental health	52	IP	Inpatient services
8	BH	Mental health	51	KID	Child care
9	BH	Behavioral health	54	KID	Childcare for working parents
11	BH	Access to mental health	59	KID	Child care options
12	BH	Mental Health-education/services	46	KID	Child care
13	BH	Mental health/suicide prevention	38	KID	Early childhood development programs
14	BH	Mental health	2	MRKT	Awareness of resources
15	BH	Mental health access-do better	3	MRKT	Awareness of resources
16	BH	Behavioral health	14	MRKT	Lack of awareness of programs
16	BH	Improve support to schools for students mental health issues	16	MRKT	Improve awareness of Mobile Crisis Response Team
17	BH	Availability of Behavioral health	30	MRKT	People do not know where to access services
17	BH	Children's mental health	36	MRKT	What express care offers
18	BH	Increase mental health care	41	MRKT	Community awareness
19	BH	Finding sources for increased mental health care	43	MRKT	Ability to get information to the public
19	BH	Mental health/addiction issues	56	MRKT	Education to public
20	BH	Mental health treatment	37	NH	Insurance for nursing home care
21	BH	Mental Health Services	37	NH	Mental health providers in nursing homes
23	BH	Mental health services more available	14	NUTR	Wellness/nutrition education
23	BH	Behavioral health in kids	15	NUTR	Eating healthy and poverty
25	BH	Mental health availability	46	NUTR	Access to health food
26	BH	Community mental health - lack of	7	OBES	Obesity
27	BH	Mental health	14	OBES	Obesity problem
28	BH	Mental health	28	OBES	Obesity
29	BH	Mental health	55	OBES	Obesity
51	BH	Mental	49	OBES	Adult obesity
48	BH	Mental health services	51	OBES	Obesity
43	BH	Access to mental health	31	OBES	Obesity

Wave #3 CHNA - Skiff Medical Center PSA

Town Hall Conversation - Weakness (Color Cards) N= 67

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
47	BH	Mental health	46	OBES	Obesity
55	BH	Access to mental health treatment	47	OBES	Adult obesity
57	BH	Mental health services	41	OBES	Obesity
36	BH	More available mental health possibilities	38	OBES	Obesity rates both adult and adolescent
53	BH	Mental health resources	22	OTHR	Restorative justice
35	BH	Mental health/suicide	23	PEDS	More physicians; especially pediatrician
42	BH	Mental health available	38	PEDS	OB's @ Mercy pediatrics
54	BH	Access to mental health services	38	PNEO	Premature birth rates high
34	BH	Mental health/emergency room	1	POV	Homesless shelter
39	BH	Behavioral health access	7	POV	Homeless
52	BH	Mental health	17	POV	Poverty/uninsured/free meals
49	BH	Mental health	19	POV	Homelessness
56	BH	Access to mental health	20	POV	Education for low income families
40	BH	Mental health	20	POV	Acknowledgement of homeless population in our community
32	BH	Access to mental health	21	POV	High poverty levels in county
41	BH	Mental health	21	POV	Homeless crisis
45	BH	Mental health care	23	POV	Helping our homeless
31	BH	Mental health/emergency room	29	POV	Homelessness
46	BH	MH w/o insurance	35	POV	Poverty
50	BH	MH treatment	32	POV	Decrease homeless population
35	CANC	Cancer/obesity	51	POV	Homeless Awareness
12	CHRON	Palliative care to address chronic conditions	30	POV	Address poverty
52	CHRON	Chronic health programs	59	POV	Homelessness
6	COMM	Communication	35	PREV	Holistic care prevention
23	COMM	Follow through with referrals	9	QUAL	Discharging patients too quickly
25	COMM	Coordination of care across multiple facilities	30	REC	Walkability neighborhoods
33	COMM	Increase collaboration/communication amongst human service providers	34	REC	Indoor places for children to play and seniors to walk
22	CORP	People engaging in preventative or educational resources	53	REC	Improve physical environment
22	CORP	NCSD engaging community	18	SMOK	Decrease mother smoking/prenatal
23	CORP	Parent support programs	39	SMOK	Smoking
26	CORP	Motivation from community to make change - ohw important is it to them	55	SMOK	Ecigs
37	CORP	Single parent - help	57	SMOK	Smoking rate
36	CORP	More assist for single parent programs	53	SMOK	Education on harmful effects of vape pens
51	CORP	Health engagement	50	SMOK	Smoking
33	CORP	Single parent supports	3	SPEC	Specialty availability
60	DENT	Lack of dentist accept title 19	4	SPEC	Inc specialty availability so don't have to leave town to seek care
44	DENT	Only 1 dentist in Jasper takes Medicaid patients	6	SPEC	Specialty providers
1	DOCS	# of Doctors Available	25	SPEC	Additional Specialty services at hospital
8	DOCS	# doctors available	39	SPEC	Specialty physicians
15	DOCS	Succession planning providers- retirement	41	SPEC	MD/specialist recruitment
18	DOCS	Increase # of physicians	54	SPEC	Specialty care access
21	DOCS	Only 3 doctors taking patients	2	STFF	Not enough medical providers-access to care
25	DOCS	Local physicians work more with hospital	27	STFF	Health care personnel
26	DOCS	Address lack of doctors	29	STFF	Staffing to provide services
29	DOCS	Need more doctors	8	SUIC	School suicide
32	DOCS	More doctors/specialties	16	SUIC	Foucs on suicide prevention

Wave #3 CHNA - Skiff Medical Center PSA

Town Hall Conversation - Weakness (Color Cards) N= 67

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
37	DOCS	Higher activity residents vs # of staff	19	SUIC	Suicidal education
47	DOCS	Increase # of doctors	27	SUIC	Depression/suicide
55	DOCS	Need docs	47	SUIC	Suicide
59	DOCS	Local medical services- more doctors	51	SUIC	Suicide
60	DOCS	Qualified physicians	40	TOB	Tobacco use
37	DOCS	Doctors awareness of any needs outside of medications	41	TOB	Tobacco Use
58	DOCS	More doctors	51	TOB	Tobacco use
49	DOCS	Need more physicians	9	TRAN	Transportation to smaller outskirt towns
39	DOCS	MD-DO Recruitment	11	TRAN	Transportation
40	DOCS	# of Doctors	12	TRAN	Transportation
36	DOCS	3 MD's reitring- how to attract physicians	24	TRAN	Transportation
1	DRUG	Violent patients (substance abuse)	44	TRAN	Transportation
2	DRUG	Substance abuse	48	TRAN	Transportation for elderly and disabled
3	DRUG	SA Provider inc	51	TRAN	Transportation
4	DRUG	Substance abuse treatment/placement options	32	TRAN	Local transportation
5	DRUG	Drug treatment	36	TRAN	Transportation available
7	DRUG	Opiod/prescription drugs	1	TRAV	Decrease # of people leaving town for specialty services
11	DRUG	Access to substance abuse center	2	VIO	Violence
12	DRUG	Drug issue	3	VIO	Reduce violent behaviors
13	DRUG	Drug problems in community	3	VIO	Child Abuse prevention
15	DRUG	Substance abuse treatment	7	VIO	Childhood neglect/Abuse
17	DRUG	Availability of drug cessation/detox	13	VIO	Violence
20	DRUG	Substance abuse treatment	14	VIO	Abuse problem
24	DRUG	Get rid of all illegal drugs	15	VIO	Caregiver violence
25	DRUG	Substance abuse mitigation	15	VIO	Domestic violence
27	DRUG	Substance abuse	18	VIO	Decrease patient/aggressive/violent behaviors
28	DRUG	Substance abuse	19	VIO	Violence behaviors w/in employment
29	DRUG	Substance abuse	22	VIO	Violence and abusive prevention
31	DRUG	Substance abuse	27	VIO	Violence/abuse
40	DRUG	Substance abuse	29	VIO	Violence
49	DRUG	Opiod, meth, marijuana abuse	29	VIO	Child Abuse
53	DRUG	Substance abuse resources	33	VIO	Law enforcement's responses to domestic violence and sexual assault
54	DRUG	Resources for substance abuse	40	VIO	Child abuse/violent behavior
35	DRUG	Substance abuse	51	VIO	Domestic Violence
48	DRUG	Substance abuse	54	VIO	Services for victims of violence
51	DRUG	Substance abuse	33	VIO	County AHYS prosecuting more sexual assault cases
53	DRUG	Lower opiod population rate	31	VIO	Child abuse/neglect
47	DRUG	Substance abuse	50	VIO	DV/SA
50	DRUG	SA	1	WAIT	ED perceptiom/wait time/pt flow
59	DRUG	Substance abuse and crime	4	WAIT	ED wait times/perception
39	DRUG	Opiod scripts	8	WAIT	ED perceptiom/wait time/pt flow
34	DRUG	Substance abuse	12	WAIT	ED- wait time
45	ECON	Continue to recruit employers w/ strong income	15	WAIT	Cardiovascular deaths and ER wait
3	EMER	ER improvement/turn over	28	WAIT	ER wait time/care
5	EMER	ER	52	WAIT	ER Wait
23	EMER	ER services	6	WELL	Education on services

Wave #3 CHNA - Skiff Medical Center PSA

Town Hall Conversation - Weakness (Color Cards) N= 67

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
51	EMER	ER	19	WELL	Education and change description of awareness
34	EMER	Perception of emergency department	45	WELL	Explore what's happening after high school
52	FAC	Skilled nursing facilities	55	WELL	Community education
2	FAM	STDs/Family Planning	57	WELL	Wellness Services
3	FAM	Access to family planning and women's health	49	WELL	Environmental Health

c) Public Notice & Requests

[VVV Consultants LLC]

Email Request: **Cut & Paste Blind CC**

Subject: Seek Feedback -Community Health Needs Assessment

Date 1/18/2019

Over the next three months, Skiff Medical Center (soon to be known as MercyOne Newton Medical Center) and the Jasper County Health Department will be partnering together to update the Community Health Needs Assessment (CHNA).

To accomplish this work, a short online feedback survey has been developed:

LINK: https://www.surveymonkey.com/r/JasperCoIA_CHNA_2019

First, please complete the CHNA online feedback survey by Friday, Feb. 22. All responses are confidential. Your feedback and suggestions regarding current community health needs are very important to collect, so that we may complete our comprehensive 2019 Community Health Needs Assessment and Implementation Plan. Vince Vandehaar, MBA, with VVV Consultants LLC, has been retained to conduct this community-wide research.

Second, please hold the date: Please plan on attending the Jasper County CHNA Town Hall working lunch meeting on **Tuesday, March 19 from 11:30 a.m.- 1 p.m.** at the Newton DMACC Conference Center, Room 210. DMACC is located at 600 N. 2nd Ave. W. in Newton. At this meeting, we will discuss the initial online survey results and set priorities. More meeting information will be released at the beginning of March.

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

Chad Kelley, Skiff Medical Center

Becky Pryor, Jasper County Health Department



FOR IMMEDIATE RELEASE
Jan. 18, 2019

Contact: Stephanie Alexander
(641) 791-4339
salexander@skiffmed.com

Feedback sought for community health needs

During the next three months, Skiff Medical Center (soon to be known as MercyOne Newton Medical Center) and the Jasper County Health Department will be partnering to prepare a 2019 Jasper County Community Health Needs Assessment (CHNA). The goal of this CHNA project is to understand progress in addressing community health needs cited in the 2016 CHNA report and to collect up-to-date community health perceptions. In addition, ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years.

To accomplish this work, a short online survey has been developed. The survey link (https://www.surveymonkey.com/r/JasperCoIA_CHNA_2019) is available at www.skiffmed.com and www.facebook.com/skiffmed, as well as the Jasper County Health Department website. VVV Consultants LLC, an independent research firm from Olathe, Kan., has been retained to conduct this community-wide research.

According to Chad Kelley, Ancillary Services Director at Skiff, CHNA is a valuable tool for hospital leaders. “It is an excellent way to plan, assess and respond to health-care needs for those we are privileged to serve,” he said.

All community residents are encouraged to complete the CHNA online survey by **Friday, Feb. 22.**

“We hope that the community and health professionals will take advantage of this opportunity to provide input into the future of health-care delivery in our county,” said Jasper County representative Becky Pryor.

In association with ongoing health-needs assessment, a community-wide town hall meeting will be held on **Tuesday, March 19, from 11:30 a.m.-1 p.m. at the Newton DMACC Conference Center, Room 210. DMACC is located at 600 N. 2nd Ave. W. in Newton.** If you have any questions about CHNA activities, please e-mail Skiff at pr@skiffmed.com.

My Iowa Radio – CHNA 2019

#1 Featurescope March 16th with Becky Pryor

<http://www.myiowainfo.com/2019/03/18/featurescope-march-16th/>

Featurescope March 16th

📅 March 18, 2019 🎙️ radioinfo 📄 Featurescope

Jasper County Public Health Department Administrator Becky Pryor talks about the 2019 Jasper County Community Health Needs Assessment and a community-wide lunch meeting that's open to the public Tuesday March 19th at the Newton DMACC Conference Center.



#2

http://www.myiowainfo.com/2019/03/18/county-residents-encouraged-to-share-health-related-needs-and-concerns-at-an-open-to-the-public-meeting-in-newton-tuesday/?fbclid=IwAR31IKlrhLmg0ik1tT3XTm1fQ5a3mkog4cM_MgCSSzyJGsgwuBkzl-mVI3k

County Residents Encouraged to Share Health Related Needs and Concerns at an Open to the Public Meeting in Newton Tuesday

📅 March 18, 2019 🎙️ radioinfo 📄 Jasper County/News

The Jasper County Health Department and MercyOne Newton Medical Center are asking for the public's help in assessing and prioritizing the health needs of the County. Residents are encouraged to attend a working lunch meeting tomorrow (Tuesday) from 11:30a.m. to 1p.m. at the Newton DMACC Conference Center, and share their health related needs and concerns.



That's Becky Pryor, the Administrator of the Jasper County Public Health Department. This Jasper County needs assessment is a requirement of Public Health Departments and Hospitals.



Pryor says the local hospital and the County Public Health Department partner together on the Community Health Needs Assessment so they can be working on the same Health Improvement Plan, and thereby addressing the same local health issues and concerns.



FOR IMMEDIATE RELEASE
March 1, 2019

Contact: Stephanie Alexander
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Community-wide townhall to discuss local health needs

MercyOne Newton Medical Center (formerly known as Skiff Medical Center) and the Jasper County Health Department have partnered together to prepare a 2019 Jasper County (IA) Community Health Needs Assessment (CHNA). The goal of this project is to understand progress in addressing community health needs and to collect up-to-date community health perceptions. In addition, ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years. Vince Vandelaar, MBA, with VVV Consultants LLC, has been retained to conduct this community-wide research.

A community-wide Jasper County CHNA townhall working lunch meeting will be held Tuesday, March 19 from 11:30 a.m. to 1 p.m. in room 210 at the Newton DMACC Conference Center, 600 N. 2nd Ave. W. in Newton, Iowa. At this meeting, initial online survey results will be discussed and priorities established.

If you are interested in attending and sharing your community insight, please RSVP online at https://www.surveymonkey.com/r/JasperCo_RSVP.

The RSVP link is also available at MercyOne Newton Medical Center's website (www.skiffmed.com) and Facebook page (www.facebook.com/mercyonenewton).

MercyOne Newton and Public Health wish to extend their appreciation to everyone participating in this important community feedback assessment. If you have any questions regarding CHNA activities, please e-mail MercyOne Newton Medical Center at pr@skiffmed.com.

NEWTON DAILY NEWS

ISU INDOOR MEET

Jasper County track athletes compete in Ames / 9A



HIGH
53
LOW
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Mental health care tops issues at Community Health Needs Assessment meeting

By Jamee A. Pierson
Newton Daily News

Mental health care, including diagnostic, treatment and after care, was the runaway issue that needs to be addressed for those who attended Tuesday's Community Health Needs Assessment (CHNA) town hall meeting. The issue re-



Vandehaar

ceived 40 votes, 14 more than the next highest rated issue, substance abuse, from the more than 70 community and county members at the meeting at Newton DMACC.

"This is your town hall," facilitator Vince Vandehaar said. "We want to hear everyone's opinions."

Hosted by MercyOne Newton Medical Center and the Jasper County Health Department, the town hall meeting is a part of the process to update the 2016 CHNA,

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Health

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a systematic collection, assembly, analysis and dissemination of information about the health of the community. A CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

"Our three top needs last time (the CHNA was completed) were mental health, child abuse prevention and fall prevention," JCHD Administrator Becky Pryor said.

Those in attendance answered two main questions — Are there health care services in your community neighborhood that you feel need to be improved and/or changed and what are the strengths of our community that

contribute to health?

Beyond mental health care and substance abuse, the group named transportation to health-care, lack of childcare, homelessness, domestic violence, lack of specialty doctors and obesity as the top issues in the county.

On the positive side, areas including emergency services, youth programming, availability of resources, the school system and the amount of providers in the county were strengths listed. The substance abuse coalition, mobile crisis response team and appearance of strong community interest also were rated high for the area.

The answers provided by those at the town hall corresponded with data already collected by an online survey for CHNA. Mental health was once again a top concern rat-

ing red, or negative, for the county by the survey takers, along with the emergency room, family planning services, inpatient services and nursing homes. Rated green, or positive, are the county's ambulance services, school nurses, public health, pharmacy, outpatient services, eye doctors and chiropractors.

A comment from one survey taker said, "I believe we need more hours for specialty clinic, some doctors only come once a month." Another commented that a "detox unit is desperately needed" and another simply put "homeless population."

The survey also showed 83 percent go outside of Jasper County for care and while 46 percent believe officials are actively working together to address community health, 13



Jamee A. Pierson/Daily News
Business and community leaders attending the Community Health Needs Assessment town hall Tuesday at DMACC work in small groups to determine the strength of the community and areas that need to be worked on.

percent said no and 40 percent said they didn't know.

Of those surveyed, 60 percent rated the overall quality of healthcare delivery as good or very good. Thirty-two percent

rated it as average, 8 percent as poor and no one gave a very poor rating.

As for what is causing poor health in the area, limited access to mental health ranked highest at 25 percent with poverty second at 22 percent and lack of awareness of existing local programs or providers at 17 percent. The county received

high rankings in opportunity to exercise at 81 percent and a low uninsured rate. Adult obesity has seen a 12 percent increase from 20 years ago along with a higher than average opioid prescription rate.

Contact Jamee A. Pierson at 641.702.3121 ext. 6534 or pierson@newtondailynews.com

d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

CHNA 2019 Community Feedback - Jasper Co IA N=200

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1160	50309	Poor	Decreasing	ACC	EMER	VIO	Resources are so low. Your city needs to be more proactive in providing not only quality medication providers, therapists; but only people who can provide services in the home. The ER staff need to be taught how to respond to parents in distress due to violent behavior by children. The ER staff routinely try to shame the parents or blame them for their kids' behaviors.
1060		Good	Increasing	ACC	SPEC	URG	Still lack of access to specialties, limited days/options for patients. Limited urgent care options
1145	50009	Poor	Not really changing	ACC			Limited access for members of the community to go to the only full time clinic in Newton--Newton Clinic
1133	50208	Good	Decreasing	ACC			More choices
1097		Average	Not really changing	ACC			There are no health care providers in my community. This is a problem.
1096	50054	Very Good	Increasing	ACC			support for rural medical services
1022	50313	Good	Decreasing	ACC			Ability for individuals with an outstanding bill to access primary care services in town.
1066	50208	Good	Not really changing	AGE			Senior programs seem to be limited.
1062	50208	Good	Increasing	BH	AGE		Mental health care is an ongoing need, as well as more access for those on Medicaid and the elderly to stay in their homes.
1033	50208	Good	Increasing	BH	AGE		Mental health services, Elderly services (nursing homes).
1144	50208	Average	Increasing	BH	DRUG		Mental Health Services In-patient substance abuse treatment services
1143	50208	Average	Not really changing	BH	DRUG		need more beds for people with mental health and substance abuse issues
1073	50208	Good	Not really changing	BH	DRUG		Skiff's ability to properly fill out Iowa Code Chapter 125/229 assessment reports to the court regarding mental health/substance abuse.
1186	50219	Good	Increasing	BH	IP		Mental health services, inpatient beds.
1045	50208	Average	Not really changing	BH	KID	POV	mental health- delivery of care, and recognition and provision of care for children's needs- to prevent long term mental health needs. food security- we have a large population that is food insecure
1193	50208	Good	Increasing	BH	KID		Mental health awareness..immediate need for kids
1173	50208	Good	Increasing	BH	KID		We need more mental health services for children and adolescents.
1168	50316	Average	Not really changing	BH	KID		there needs to be more focus on mental health. More specifically children's mental health.
1025	50112	Good	Increasing	BH	POV		mental health an homeless services
1165		Poor	Not really changing	BH	SPEC		Mental health and specialty providers.
1007	50208	Good	Increasing	BH	TOB		Mental health adequate funding is always on my mind. Healthcare and education for youth on tobacco use (vaping).
1189	50208	Good	Not really changing	BH			increase the availability of mental health services for all residents regardless of insurance.
1188	50208	Good	Increasing	BH			mental health
1171	50112	Average	Not really changing	BH			Mental health services that are easily accessible by parents for young people of all ages.
1164	50208	Good	Not really changing	BH			We need more places for our community who have mental health needs, this is a huge concern for this community
1154	50208	Good	Not really changing	BH			We need a sub acute 23 hour hold mental health facility. Also , mental health professionals need to recognize the value of peer support.
1152	50170	Good	Not really changing	BH			Mental health for children and adults
1147	50054	Good	Not really changing	BH			I would like to see more outreach with mental health. I believe this to be a growing issue and I know the resources are slim.
1138	50208	Good	Increasing	BH			Mental health issues.
1137		Average	Not really changing	BH			there is no place for mental health in the community hospital,,it takes 3 weeks to get into see my Dr.
1134	50208	Good	Increasing	BH			Mental Health counseling
1132	50208	Good	Not really changing	BH			Mental Health
1127	50208	Very Good	Increasing	BH			Mental health offerings
1114	50208	Average	Not really changing	BH			Mental health
1113	50208	Average	Not really changing	BH			Mental health.
1112	50208	Poor	Not really changing	BH			Mental Health, because there basically is nothing in the area to address this issue.
1110	50208	Average	Not really changing	BH			I'd like to see mental healthcare services worked on. I'd like to see more options that are located locally.
1107	50228	Average	Decreasing	BH			Mental health facilities. More of them and access to treatment. Not just go to ER and may or may not get committed.
1105	50208	Poor	Not really changing	BH			Mental health care services need increased. Needs to be night time options for people as well.

CHNA 2019 Community Feedback - Jasper Co IA N=200

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1104	50135	Good	Not really changing	BH			We could use a few Mental Health beds for those instances as shipping them to Council Bluffs is not a great solution to the patient as they are stuck finding their own way home.
1103	50208	Good	Not really changing	BH			mental health is a huge challenge but has improved some due to cooperation and partnering with resources
1095	50208	Good	Increasing	BH			mental health inpatient
1087	50208	Good	Not really changing	BH			Mental health
1079	50251	Average	Not really changing	BH			Mental health services are poor with few choices.
1074	50208	Good	Not really changing	BH			Mental health
1058	50208	Good	Decreasing	BH			Mental Health is a growing concern.
1051	50208	Average	Decreasing	BH			We need more help for the mentally ill
1047	50208	Average	Not really changing	BH			Access to mental health
1038	50214	Good	Not really changing	BH			Mental Health
1032	50208	Good	Decreasing	BH			Mental health - I know this is very challenging and there has been a lot of work on this topic. Please continue to work on this.
1030	50208	Very Good	Increasing	BH			Access to mental health
1024		Good	Increasing	BH			Mental Health services
1019		Average	Not really changing	BH			Mental Health related services
1011	50208	Average	Not really changing	BH			Mental health for children and adults
1039	50208	Average	Not really changing	CLIN	FEM	OBG	I feel that , altho we can not have a planned parenthood, we need at least some sort of walk in clinic to help women and men to have private examinations and education on stis, unplanned pegnsncies, checks for ovarian cancer and other gynecology needs. Many peoplevwant anonymity during these times and many times confidentiality is breached thrunourvproviders now.
1099	50208	Good	Not really changing	CLIN	HOSP		Better working relationship between clinic and hospital
1036	50208	Average	Not really changing	CLIN	WAIT		I believe we need more hours for the Specialty Clinic.. Some doctors only come once a moth and it is hard to have to wait 2-3 months for an appointment.
1003	50228	Very Good	Increasing	CLIN			a larger clinic would help
1001	50208	Average	Decreasing	CLIN			Skiff Clinic
1178	50138	Average	Not really changing	COMM			Collaboration with medical services and community resources.
1175	50112	Good	Increasing	COMM			Sharing of information among different providers at the hospital is a challenge. Often, you must wait and check in (provide insurance and personal information) multiple times if you need several services that are contracted. It can make a long day even longer.
1100	50170	Good	Increasing	COMM			I think that providers need to continue to work together to coordinate care with common patients.
1093	50009	Good	Not really changing	COMM			Communication between healthcare providers
1064	50170	Average	Not really changing	DENT	BH	RAD	Need a dentist that accepts Medicaid patients. Increased mental health services Radiology at Skiff - need an ultrasound tech on call 24/7 to assist ED
1067	50208	Good	Decreasing	DOCS			Lack of qualified actual doctors and not just providers
1004	50208	Good	Not really changing	DOCS			Restore the privileges for Newton Clinic doctors to provide health care services to their patients once they are admitted to Skiff Medical Center.
1063	50208	Poor	Not really changing	DOH	HOSP		Public health needs to be more involved in the community. The hospital needs to improve how they meet the public. Friendlier.
1200		Good	Increasing	DRUG	BH	HOUS	opioid overuse mental health crisis housing
1194		Poor	Not really changing	DRUG			Doctors need to stop prescribe ing narcotic medicines to people who have just you abused a bottle of the same drug the day prior. Metal health and substance abuse are lacking as well
1010	50208	Good	Not really changing	DURG	ORTH		Community would benefit from a resident general surgeon as well as orthopedist.
1169	50208	Average	Not really changing	EMER	BH	CLIN	ER services, mental health services, walk-in clinic services (after normal business hours) are lacking.
1195	50251	Poor	Not really changing	EMER			The ER at Skiff
1009	50208	Very Good	Increasing	EMER			The only concern I've heard is the quality of Emergency Department care.
1157	50228	Average	Decreasing	EMS			Volunteer EMS is dying, older members are retiring and younger people aren't replacing them. Which isn't sustainable.
1109	50170	Good	Decreasing	EMS			EMS
1159	50028	Average	Decreasing	FAC			We need to try to have all of the services together in one building if possible.
1116	50208	Average	Decreasing	FINA	STFF		Billing at Skiff is nightmare. Service is usually pretty good but many good employees are leaving due to being underappreciated. Too bad. We have a great workforce here but keeps are driving elsewhere.

CHNA 2019 Community Feedback - Jasper Co IA N=200

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1180	50208	Average	Not really changing	FINA			The hospital and clinic need to provide more affordable services. For example, a routine injection in the Metro is a \$25.00 copay. In Newton, it is considered outpatient with \$1,000.00+ out of pocket.
1052	50315	Good	Increasing	GOV			Jasper Co is on the right path, but Gov. Reynolds needs to open up the treatment centers that Past Gov. shut down
1031	50638	Average	Increasing	HOSP			Culture at the hospital.
1128	50028	Very Good	Increasing	HSP	HOSP		Hospice care. Reopen the monarch wing of hospital.
1123	50208	Good	Increasing	HSP	WAIT	POV	Hospice care is something that I feel is lacking. Having to wait three hours for a hospice nurse to be available is along time for a family in need. Also a detox unit is desperately needed. Detoxing patients in the ed or in the special care unit is not appropriate care. There are other patients that need those beds. Once stable these patients need access to therapy and care appropriate for their needs. As a county need we need help with the homeless population. A place when extreme weather hits, that those that need shelter can go. A church, a room, somewhere to offer a safe place, with a simple meal, shower facilities, and community. Instead they are often found trying to hide in the hospital, or other buildings to have shelter.
1086		Average	Not really changing	IM	PEDS		access to primary care providers such as internal medicine and pediatricians
1098	50208	Average	Not really changing	INSU	DENT		My husband has dental insurance through his Newton employer, yet there is only one dentist in town to choose from that offers that insurance coverage.
1017	50208	Good	Not really changing	INSU	FEM		Non-insured accessibility and midwifery services.
1179	50251	Average	Decreasing	INSU	QUAL	ACC	It starts with the admit staff (clinics & hospitals), public health, and emergency services. Costs continue to rise yet 'we' the people do see comparable compensation. People are not motivated or driven to care and provide quality cares. Our society is 'all about me.' Unfortunately when people 'need' help medically, the staff are not ready personally or professionally to provide the cares needed. When providers are mediocre, cares reflect as well. Resources are limited all around. I do not see a magic fix. EMS workers, outside of Newton, volunteer 100++% of their time and are expected to 'do' more and more to keep current with the demands of the certification, as is the service provider. Humanity as a whole needs help!!
1185	50153	Good	Increasing	INSU			Inclusion in all insurance companies plans so there is no worry if a doctor or hospital is covered.
1034	50251	Good	Not really changing	INSU			Billing practices are very confusing sometimes, what is paid by insurance, what isn't and why, and what is actually owed when.
1088	50028	Good	Not really changing	KID	BH		we need additional child mental health providers, accessible to parents at a convenient time and location, willing to work with the schools to provide services and suggestions
1090	50208	Average	Not really changing	MRKT	BH		Education about what services are available along with when, where, and by whom. As well as Access to mental health services for outpatients and inpatients.
1015	50208	Good	Increasing	NEU	DURG		More Neuro General Surgery
1016	50054	Average	Increasing	NEU	GAS		Add Neurology and GI services to the services offered in the Specialty Clinic.
1101	50208	Average	Decreasing	NEU			Need to work on Dementia education and services for those who do not have resources.
1084	50208	Good	Not really changing	NEU			Neurologist and Integrative doctor availability
1044	50009	Good	Not really changing	NH	CLIN		The clinic doctors need to be more involved with their geriatric patients in nursing homes. Some patients only interaction with their doctor is a written order.
1191	50208	Good	Increasing	OBES	FIT	DRUG	Numerous organizations and locations Obesity and lack of exercise Substance issues
1020	50208	Very Good	Increasing	OBES			Continued Effort toward decreasing obesity
1150	50208	Good	Not really changing	ORTH			Better orthopedic services
1094	50208	Good	Not really changing	PEDS	EMER		Emergency room services Children Services, desperately need a pediatrician
1013	50208	Good	Increasing	PEDS	PRIM		Need a pediatrician. Need more PC drs.
1071	50251	Very Good	Not really changing	PHAR			Would like to see a better option for citizens to receive prescription medicines locally.
1008	50208	Average	Not really changing	POV			Homeless population
1174	50208	Good	Not really changing	QUAL			Doctors attitudes towards patients
1122	50208	Average	Decreasing	QUAL			Healthcare is a vital component in any community. Since Mercy bought Skiff medical center I personally and as a law enforcement officer hoped and looked forward to an improvement in most importantly quality of care.

CHNA 2019 Community Feedback - Jasper Co IA N=200

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1131	50208	Good	Not really changing	RHE			Personally, it would be FANTASTIC to have Rheumatology included in available health care.
1072		Good	Decreasing	SPEC	TRAV		More speciality people needed to come to Newton from DM to provide services on an every other week basis. I should not have to drive to DM to get my bi-yearly shots, as an example.
1177	50170	Poor	Not really changing	STFF			Continuity of care could be better- changeover of staff seems to be frequent and it is difficult for families to really get "plugged in" with a provider that is easily accessible.
1080	50327	Average	Increasing	STFF			Increase providers for hard to place people--goes beyond Managed Care--current providers need to accept people.
1005	50208	Average	Decreasing	STFF			Doctors in the ER are always changing and there is no constant in treatment.
1043	50208	Good	Decreasing	TOB	FIT	NUTR	Vigorous education in schools about tobacco use, exercise, and good eating habits.
1085		Very Good	Increasing	TRAN			be able to get some transportation from the jail to town or a safe place for folks who have nobody
1076	50208	Good	Not really changing	TRAV	SPEC		Knowing when to transfer someone to Des Moines for additional services we don't have rather than waiting until the next time a specialist is here.
1048		Good	Increasing	TRAV			My concern is that, because of the Mercy connection, services are going to be "outsourced" to Des Moines, which is an inconvenience for Newton residents.
1187	50208	Average	Not really changing	URG	CLIN		I think the Express Care at HyVee is a great benefit. The community needs to be educated on what types of illnesses can be seen at that clinic versus the ED / Newton Clinic.
1136	50208	Average	Increasing	URG	FEM	SPEC	Urgent clinic, women's specialist/clinic we have no specialist for women's needs beyond a general provider for a pap smear
1126	50208	Average	Increasing	WAIT	EMER		ER wait times
1037	50208	Good	Increasing	WAIT	EMER		A person shouldn't have to wait more than 15 minutes for an appointment, unless there is an emergency.
1184	50208	Average	Decreasing	WAIT	SPEC		Wait times for appointment with some specialties
1198	50208	Poor	Not really changing	WAIT			Be able to get into your doctor without it being a month out. i can't bring my daughter in for being sick to see our primary doctor. I've been burnt way too many times going to the walk in clinic come out with unanswered questions and wasted time. I've tried going to our new quick Care and it took almost 3 hours to get in and out when there was 3 people ahead of me. When they open at 11 and you see the dr getting lunch obviously we all know what she was doing! I used the quick care yesterday and we were the only patient and took 10 mins for someone to come to the desk. They need a bell or something if someone is not going to be at the desk.
1197	50208	Good	Not really changing	WAIT			wait times to see providers (either in waiting rooms and to get appointments)

CHNA 2019 Community Feedback - Jasper Co IA N=200

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1143	50208	Average	Not really changing	BH	DRUG		beds for mental health and substance abuse clients- co-occurring disorders
1169	50208	Average	Not really changing	BH	DRUG		Improving the current healthcare options would be a strong start. Mental health and substance abuse facilities need to be a priority.
1170	50208	Good	Not really changing	BH	DRUG		Mental Health/Substance Abuse programs
1076	50208	Good	Not really changing	BH	DRUG		Partner with public schools to get help for parents. I feel lots of kids are neglected because their parents have mental health or substance abuse issues.
1073	50208	Good	Not really changing	BH	EYE		*mental health/substance abuse treatment beds *recruiting a lower cost eyeglass/frame store not necessarily affiliated with an eye doctor
1197	50208	Good	Not really changing	BH	IP		Need more access to mental health, including in patient.
1010	50208	Good	Not really changing	BH	OBES	FIT	continued need to clarify mental health access-this is improving. Many youth are getting lost in the physical health/obesity world-loss of opportunity for youth and financial/social obstacles for young parents to access physical activities for kids
1008	50208	Average	Not really changing	BH	POV		Mental health Homeless health
1072		Good	Decreasing	BH	SS		Mental Health. Social health workers have too large case loads - same for probation officers.
1105	50208	Poor	Not really changing	BH	TRAN		Mental health issues, housing, and transportation assistance.
1168	50316	Average	Not really changing	BH			Acute Mental health
1164	50208	Good	Not really changing	BH			Again more mental health support
1022	50313	Good	Decreasing	BH			Drop-in center for individuals with mental illness, sub-acute mental health beds, etc.
1028	50054	Good	Not really changing	BH			Huge need for mental health services and family counseling.
1009	50208	Very Good	Increasing	BH			I love the collaboration to address mental health needs and reduce the burden on law enforcement. Keep up the great work.
1012	50208	Good	Increasing	BH			Mental Health
1096	50054	Very Good	Increasing	BH			mental health
1066	50208	Good	Not really changing	BH			Mental Health
1067	50208	Good	Decreasing	BH			Mental health
1038	50214	Good	Not really changing	BH			Mental Health
1147	50054	Good	Not really changing	BH			Mental health clinics. I know everyone is trying to make these improvements, but there still needs to be more.
1034	50251	Good	Not really changing	BH			Mental health is a huge problem but so often people don't want to deal with it and think it should be a secret and the stigma needs to be removed by educating the public.
1014	50208	Very Good	Not really changing	BH			Mental health issues are getting worse so doing more to make the community know what is offered. More involvement in community
1114	50208	Average	Not really changing	BH			Mental health needs to be addressed
1104	50135	Good	Not really changing	BH			Mental Health should remain a priority with availability of local mental health beds to prevent shipping our citizens hundreds of miles without any way home. We also need to find some way of helping newly released inmates from our jail to return to their homes instead of just putting them back on the street without any idea how to get to their home.
1173	50208	Good	Increasing	BH			More mental health services.
1110	50208	Average	Not really changing	BH			More services/programs for grief. (grief support groups)
1001	50208	Average	Decreasing	BH			Need more mental health services
1138	50208	Good	Increasing	BH			Temporary "holding" area for those going through a mental health crisis.
1127	50208	Very Good	Increasing	BH			We need mental health options in the county.
1047	50208	Average	Not really changing	CHRON	AIR		Many chronic ailments and serious conditions can be traced back to airway issues and sleep disordered breathing. We need increased awareness and screening/ sleep testing. When patients breath correctly and get proper sleep, lots of other problems self correct.
1180	50208	Average	Not really changing	COMM	WELL		Partnering would be welcomed. Educating the community is key. Residents may not have the knowledge and/or the desire to improve their health and wellbeing. Need to focus on why it is important to live a healthier lifestyle.
1178	50138	Average	Not really changing	COMM			Collaborations
1161	50208	Good	Not really changing	COMM			more activities/groups for new families to discuss resources and assistance
1159	50028	Average	Decreasing	COMM			We need a coordinated center for all of the needed programs for easy accessibility

CHNA 2019 Community Feedback - Jasper Co IA N=200

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1084	50208	Good	Not really changing	CORP			"Buynothingproject.org" to foster a sense of community. Give, receive, lend, share, and express gratitude. Iowa City has a local group.
1160	50309	Poor	Decreasing	CORP			Jasper County needs to partner with people that are working at the ground level with your residents. Doctors, nurses, and therapists do not see what your in - home service providers are seeing.
1005	50208	Average	Decreasing	CORP			Let's focus on the current programs and make them better first!!!
1098	50208	Average	Not really changing	CORP			not sure. I do think doctors, nurses, clinics, etc. need to get more involved in the group that are already formed. Wellness Coalition, Substance Abuse Coalition, etc.
1080	50327	Average	Increasing	CORP			Partner more with managed care.
1031	50638	Average	Increasing	CORP			We all need to partner to improve efficiency.
1074	50208	Good	Not really changing	DENT			Dental care for people with Medicaid.
1018	50208	Good	Not really changing	DENT			no cost dental clinic days
1083	50170	Good	Decreasing	DOCS	PHAR		More Doctors and pharmacies in the area
1116	50208	Average	Decreasing	DRUG	BH		Work with Discover Hope on substance abuse recovery. Work with mental health providers on coping techniques and programs.
1184	50208	Average	Decreasing	DRUG			Access to Substance use disorder treatment Substance Abuse provider and coalition
1107	50228	Average	Decreasing	DRUG			Drug court
1144	50208	Average	Increasing	DRUG			Drug Court? In-patient treatment facilities
1140	50028	Average	Not really changing	DRUG			substance abuse - NA or AA meetings are great if people can get to them. Does anyone think about people who have no car? need better coordination for transportation
1062	50208	Good	Increasing	ECON			I feel one area that is not acknowledged is the toll it takes on both individuals and families to work more than one job in order to support one's family.
1095	50208	Good	Increasing	ECON			The bigger issue is getting the information to the economically challenged in the community.
1040	50208	Average	Not really changing	ENDO	TRAV		Have an endocrine specialist come to Newton a few times a week so we don't have to travel to Des Moines especially if the weather is bad.
1087	50208	Good	Not really changing	FAM			Family planning
1136	50208	Average	Increasing	FEM	BH		Women health and mental health programs
1118	50208	Poor	Decreasing	FINA	CLIN		Financial assistance. Clinic refuses to see patients if they owe even a small balance
1052	50315	Good	Increasing	GOV			State Capital & Gov. Reynolds
1039	50208	Average	Not really changing	INSU	CLIN	WELL	As a community, we still have people who have no medical insurance. We need to strive to assist this population with a walk in free clinic, people to help fill out medical insurance applications as there are so many barriers to do the applications. We truly need educational programs on health needs for our homeless populations
1090	50208	Average	Not really changing	INSU			partner with insurance companies so that individuals and families can make healthy changes to get lower rates on policies
1195	50251	Poor	Not really changing	KID	FEM		Better maternal and child health programs More support groups for care takers
1017	50208	Good	Not really changing	KID			Possibly looking into a teen health program that covers comprehensive education on multiple topics
1004	50208	Good	Not really changing	MRKT			If current community health initiatives were adequately explained in the local newspaper and in social media, there may not be a need for "new" community health programs.
1045	50208	Average	Not really changing	NUTR	MRKT		Need to be creative with food support. Need to include the faith community so they are aware of the supports for social determinants of health. Need to have a clear understanding of all health care providers, and our social support systems of what is available. We don't need to reinvent the wheel- but we do need to know where all the parts of the wheel are.
1152	50170	Good	Not really changing	NUTR	OBES		Childhood nutrition and activity to fight obesity Inservice for adults w/ health problems-work to teach diabetic shopping, cooking and eating; heart or low salt diets ; partner w adjoining county
1189	50208	Good	Not really changing	NUTR	OBES		Need to partner nutrition education with schools and the general public to get a hold on the obesity in our society.
1030	50208	Very Good	Increasing	NUTR	POV		Providing healthy food options for low income families. Parenting education
1134	50208	Good	Increasing	NUTR			Parents as Teachers was once a very active agency in Jasper County. Haven't heard anything about it recently. Also provide more education on healthy eating.
1186	50219	Good	Increasing	OCC			Occupational medicine clinic for local businesses, partner with Mercy Des Moines

CHNA 2019 Community Feedback - Jasper Co IA N=200

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1020	50208	Very Good	Increasing	ORTH	SPEC		Local orthopedic specialist
1094	50208	Good	Not really changing	PEDS	SPEC		Pediatric specialists
1191	50208	Good	Increasing	PNEO	HH	DENT	A Live Well Center that houses lots of devices under one roof. More prenatal and young children home visiting programs More dental for Medicaid Homeless program
1145	50009	Poor	Not really changing	POV	BH		Homeless shelter with medical and mental health services.
1016	50054	Average	Increasing	POV			a growing population of homelessness is arising in Jasper county yet there are no sheltering services accessible to the population.
1187	50208	Average	Not really changing	POV			I see a lot of children who have poor home lives. Whether it is not having a bed to sleep on or no food in the pantry.
1123	50208	Good	Increasing	PSY	DRUG		We desperately need more readily available psychiatric care, and detox programs, substance abuse programs.
1171	50112	Average	Not really changing	QUAL			Unsure. I feel a lot of these things are ongoing.
1174	50208	Good	Not really changing	REC			More free community recreation activities.
1131	50208	Good	Not really changing	RHE			Again, Rheumatology would be fantastic!!
1013	50208	Good	Increasing	TELE			Telehealth programs. Partner with Mercy or other telehealth providers.
1007	50208	Good	Increasing	TOB	ALCU	NUTR	Continued youth education programs- tobacco and alcohol use, diet and exercise. Partner with YMCA and schools
1086		Average	Not really changing	TOB	NUTR	DENT	Tobacco cessation, harms of second hand smoke Nutrition education Dental health
1015	50208	Good	Increasing	TRAN	WELL	NH	We need better transportation. HIRTA only runs M-F and they are terrible to work with. We need more education and support for our patients to get another level of care when needed- nursing home coverage. Insurance education in general- People don't understand. We need palliative care and Hospice education with residents and patients of Jasper County. We have a high mortality rate and not good end-of-life care. Our healthcare providers are "afraid" to discuss this plan of care with their patients.
1011	50208	Average	Not really changing	TRAU	KID		Trauma informed care for children and adults
1179	50251	Average	Decreasing	TRAV			The communities are far a part....Sully, Baxter, Newton. It would take some creativity.
1157	50228	Average	Decreasing	WAG	STFF	EMS	Money and Staffing to have EMS Services work properly.
1063	50208	Poor	Not really changing	WELL			More educational programs that are health related.
1037	50208	Good	Increasing	WELL			Work with schools and other entities to promote health and wellness.
1036	50208	Average	Not really changing	WIC			We need a WIC office here in Newton. NOT one that only comes once a month.

Community Health Needs Assessment 2019 -Jasper County IA

Let Your Voice Be Heard!

Jasper County Health Department (in partnership with Skiff Medical Center - Newton, Iowa) requests your input in order to create a 2019-20 Jasper County (IA) Community Health Needs Assessment (CHNA). To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery. Survey funded by Jasper County, Iowa.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Friday, February 22, 2019.

Community Health Needs Assessment 2019 -Jasper County IA

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

Very Poor Poor Average Good Very Good

Community Health Needs Assessment 2019 -Jasper County IA

2. When considering "overall community health quality", is it ...

Increasing - moving up Decreasing - slipping downward
 Not really changing much

Why? (please specify)

Community Health Needs Assessment 2019 -Jasper County IA

3. In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and/or changed? (Please be specific.)

Community Health Needs Assessment 2019 -Jasper County IA

4. In your own words, what is the general community perception of healthcare providers (i.e. hospitals, doctors, public health, etc.) serving our community? (Please be specific.)

Community Health Needs Assessment 2019 -Jasper County IA

5. From past health assessments of our community, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Access to Healthcare | <input type="checkbox"/> Mental Health / Behaviors |
| <input type="checkbox"/> Child Abuse / Neglect | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Child Obesity | <input type="checkbox"/> Radon-testing |
| <input type="checkbox"/> Childhood Lead Levels | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Fall-related Injuries | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Healthy Homes | <input type="checkbox"/> Violent / Abusive Behaviors |
| <input type="checkbox"/> Immunization Costs | <input type="checkbox"/> Wellness / Nutrition |

Community Health Needs Assessment 2019 -Jasper County IA

6. Which past health assessment of our community need is NOW the "most pressing" for improvement? Please select top THREE.

- | | |
|--|--|
| <input type="checkbox"/> Access to Healthcare | <input type="checkbox"/> Mental Health / Behaviors |
| <input type="checkbox"/> Child Abuse / Neglect | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Child Obesity | <input type="checkbox"/> Radon-testing |
| <input type="checkbox"/> Childhood Lead Levels | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Fall-related Injuries | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Healthy Homes | <input type="checkbox"/> Violent / Abusive Behaviors |
| <input type="checkbox"/> Immunization Costs | <input type="checkbox"/> Wellness / Nutrition |

Community Health Needs Assessment 2019 -Jasper County IA

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

- | | |
|---|--|
| <input type="checkbox"/> Health & Wellness Education | <input type="checkbox"/> Elder Assistance Programs |
| <input type="checkbox"/> Chronic Disease Prevention | <input type="checkbox"/> Family Assistance Programs |
| <input type="checkbox"/> Limited Access to Mental Health Assistance | <input type="checkbox"/> Awareness of Existing Local Programs, Providers, and Services |
| <input type="checkbox"/> Case Management Assistance | <input type="checkbox"/> Finance / Insurance Coverage |

Other (please specify)

Community Health Needs Assessment 2019 -Jasper County IA

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

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

Community Health Needs Assessment 2019 -Jasper County IA

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialists/Medical Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community Health Needs Assessment 2019 -Jasper County IA

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

	Very Good	Good	Fair	Poor	Very Poor
Early Childhood Development Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty/Financial Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, wellness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Spiritual Health Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal / Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Disease Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment & Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Prevention & Cessation Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community Health Needs Assessment 2019 -Jasper County IA

12. In the past 2 years, did you or someone you know receive healthcare services outside of our community?

- Yes
- I don't know
- No

If YES, please specify the healthcare services received.

Community Health Needs Assessment 2019 -Jasper County IA

13. Are our healthcare organizations, providers and community members actively working together to address/improve health in our community?

Yes

I don't know

No

Please explain

Community Health Needs Assessment 2019 -Jasper County IA

14. What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?

Community Health Needs Assessment 2019 -Jasper County IA

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

Abuse/Violence

Mental Illness

Suicide

Alcohol

Nutrition/Access to Food

Teen Pregnancy

Breast Feeding Friendly Workplace

Obesity

Tobacco Use

Cancer

Environmental health

Vaccinations

Diabetes

Physical Exercise

Water Quality

Drugs/Substance Abuse

Poverty

Wellness Education

Family Planning

Lung Disease

N/A

Heart Disease

Sexually Transmitted Diseases

Infant Deaths

Lead Exposure

Smoke-Free Workplace

Traffic Safety

Other (please specify)

Community Health Needs Assessment 2019 -Jasper County IA

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Business / Merchant | <input type="checkbox"/> EMS / Emergency | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Community Board Member | <input type="checkbox"/> Farmer / Rancher | <input type="checkbox"/> Parent / Caregiver |
| <input type="checkbox"/> Case Manager / Discharge Planner | <input type="checkbox"/> Hospital / Health Dept | <input type="checkbox"/> Pharmacy / Clinic |
| <input type="checkbox"/> Clergy | <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 |
| <input type="checkbox"/> Consumer Advocate | <input type="checkbox"/> Labor | <input type="checkbox"/> Teacher / School Admin |
| <input type="checkbox"/> Dentist / Eye Doctor / Chiropractor | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Elected Official - City/County | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Unemployed |

Other (please specify)

Community Health Needs Assessment 2019 -Jasper County IA

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 00544 or 95305



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