



# **Community Health Needs Assessment**

## Jasper County, IA

On Behalf MercyOne Newton Medical Center in Partnership with  
Jasper County Public Health Department



**May 2022**

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 in partnership with the Jasper County Public Health Department – Jasper County, IA - 2022 Community Health Needs Assessment (CHNA)

The previous CHNA/CHA and Health Implementation Plan for Jasper County was completed in 2019 collaboratively by the hospital and Jasper County Public Health Department. (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). In addition, Public Health departments are required to complete CHA/CHIP every five years. Wave #4 Jasper County, IA CHNA assessment began in December of 2021 and was facilitated / created by VVV Consultants, LLC (Olathe, IA) staff under the direction of Vince Vandehaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the 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. **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.

## County Health Area of Future Focus on Unmet Needs

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

Jasper County, IA				
2022 CHNA Prioritized Significant Health Needs				
CHNA Wave #4 Town Hall - March 31, 2022				
Primary Service Area (52 Attendees / 268 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Treatment, Aftercare, Providers, Education)	36	13.4%	13%
2	Substance Abuse (Drug )	33	12.3%	26%
3	Own Your Health / Preventive & Wellness	30	11.2%	37%
4	Homelessness	18	6.7%	44%
5	Child Care	15	5.6%	49%
6	Healthcare Staffing	14	5.2%	54%
7	New Emergency Room	14	5.2%	60%
8	HC Transportation	13	4.9%	65%
9	Access to Primary Care	11	4.1%	69%
10	Obesity (Nutrition / Exercise)	11	4.1%	73%
11	Affordable Housing	10	3.7%	76%
12	Poverty	10	3.7%	80%
<b>Total Votes</b>		<b>268</b>	<b>100%</b>	
<small>Other Needs With Votes: Food Insecurity, Visiting Specialist, Chronic Disease Management, Dental Services, Taking Medicaid, Senior Health, Awareness of Services, Domestic Violence, Peds, Women Health, Suicide, Home Health and Teen Births.</small>				

## Town Hall CHNA Findings: Areas of Strengths

Jasper County, IA - Community Health Strengths			
#	Topic	#	Topic
1	Pharmacy	6	Connection Center
2	Eye Care (Optometry)	7	School Health
3	EMS / Ambulance	8	Public Health
4	Quality of Specialists	9	Food Programs (All Ages)
5	Mobile Crisis Unit	10	Long-term Care / Nursing Home (Access)

### Key CHNA Wave #4 Secondary Research Conclusions found:

**IOWA HEALTH RANKINGS:** According to the 2021 Robert Woods Health Rankings, Jasper County, IA was ranked 69<sup>th</sup> in Health Outcomes, 45<sup>th</sup> in Health Factors, and 70<sup>th</sup> in Physical Environmental Quality out of the 99 Counties.

**TAB 1.** Jasper County's population is 37,185 (based on 2019). About six percent (5.7%) of the population is under the age of 5, while the population that is over 65 years old is 19.5%. There are 3.2% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 20.1% compared to the rural norm of 18.2%, and 86.0% are living in the same house as one year ago.

**TAB 2.** In Jasper County, the average per capita income is \$28,604 while 8.5% of the population is in poverty. The severe housing problem was recorded at 10.1% compared to the rural norm of 10.9%. Those with food insecurity in Jasper County is 9.3%, and those having limited access to healthy foods (store) is 3.9%. Individuals recorded as having a long commute while driving alone is 36.0% compared to the norm of 25.4%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Jasper County is 43.6%. Roughly ninety-four percent (93.9%) of students graduated high school compared to the rural norm of 90.3%, and 18.8% have a bachelor's degree or higher.

**TAB 4.** The number of births where prenatal care started in the first trimester (per 1,000) is 873.4 and 65.8 of births in Jasper County have a low birth weight. The number of births occurring to teens (15-19) per population of 1,000 females is 50.9 compared to the rural norm of 45.2. The number of births where the mother smoked during pregnancy (per 1,000) was recorded as 163.8 compared to the rural norm of 216.9.

**TAB 5.** The Jasper County primary care service coverage ratio is 1 provider (county based office physician who is a MD and/or DO) to 2,476 residents. Patients who reported “Yes”, they would definitely recommend the hospital was 69.0%. The average (median) time patients spend in the emergency department before leaving was 134 minutes compared to the rural norm of 114 minutes. The recorded preventable hospital rate per 100,000 of Medicare enrollees is 2,959.

**TAB 6.** In Jasper County, 18.1% of the Medicare population has depression. The recorded age-adjusted suicide mortality rate per 100k is 18.3 (as of 2019). The age-adjusted poor mental health days per week for Jasper County is 3.7 compared to the rural norm of also 3.8.

**TAB 7a – 7b.** Jasper County has an obesity percentage of 37.9% and a physical inactivity percentage is 25.0%. The percentage of adults who smoke is 19.8%, while the excessive drinking percentage is 25.0%. The Medicare hypertension percentage is 54.2%, while their heart failure percentage is 11.7%. Those with chronic kidney disease amongst the Medicare population is 18.8% compared to the rural norm of 21.0%. The percentage of individuals who were recorded with COPD was 10.0%. Jasper County recorded 3.2% of individuals who have had a stroke and 7.1% of the population having cancer.

**TAB 8.** The adult uninsured rate for Jasper County is 4.3% (based on 2019) compared to the rural norm of only 6.2%.

**TAB 9.** The life expectancy rate in Jasper County for both females and males is roughly 79 years of age (79.2). The age-adjusted Cancer Mortality rate per 100,000 is 163.1, while the age-adjusted heart disease mortality rate per 100,000 is at 144.8. The alcohol impaired driving deaths percentage is 21.7% compared to the rural norm of 29.3%.

**TAB 10.** A recorded 78.5% of Jasper County has access to exercise opportunities. Those reported having diabetes is 14.4%. Continually, 51.0% of women in Jasper County seek annual mammography screenings compared to the rural norm of 48.3%.

## Key CHNA Wave #4 Primary Research Conclusions Found:

Community feedback from residents, community leaders and providers (N=341) provided the following community insights through an online perception survey:

- Using a Likert scale, average between Jasper County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 59.4%.
- Jasper County stakeholders are satisfied with some of the following services: Ambulance Services, Eye Doctor, and Pharmacy.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health, Drug / Substance Abuse, Homeless (Shelters), Obesity (Nutrition / Exercise), Emergency Room, Primary Care, Child Care Services, Visiting Specialists, Healthcare Transportation, and Senior Living / Care.

Jasper Co IA - CHNA YR 2022					
Past CHNA Prioritized Significant Health Needs		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Mental Health	213	13.9%		1
2	Drug / Substance Abuse	167	10.9%		2
3	Homeless (Shelters)	151	9.9%		3
4	Obesity (Nutrition / Exercise)	106	6.9%		5
5	Emergency Room	78	5.1%		4
6	Dental Care	78	5.1%		12
7	Child Care Services	74	4.8%		7
8	Healthcare Transportation	69	4.5%		9
9	Primary Care	68	4.4%		6
10	Visiting Specialists	63	4.1%		8
11	Suicide	59	3.9%		13
12	Healthcare Insurance	58	3.8%		11
13	Women's Health	56	3.7%		16
14	Domestic Violence / Sexual Assault	54	3.5%		14
15	Senior Living / Care	53	3.5%		10
16	Recreation / Wellness Activities	47	3.1%		17
17	Family Planning	39	2.5%		15
18	Single Parent Support	39	2.5%		18
19	Tobacco Use	33	2.2%		19
20	Health Engagement	27	1.8%		20
Total		1532			

## II. Methodology

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## II. Methodology

### a) Collaborating CHNA Parties

#### **MercyOne Newton Medical Center**

204 N. 4th Ave E.

Newton, Iowa 50208

Phone: (641) 792-1273

President: Laurie Conner

#### **ABOUT:**

MercyOne Newton Medical Center is a fully owned hospital of MercyOne Des Moines Medical Center and a member of MercyOne 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 which has a population in excess of 400,000.

MercyOne Newton'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 and other clinics. With 200-plus employees, MercyOne Newton is one of the largest employers in Jasper County, along with the local school system and the county government.

**MISSION:** MercyOne serves with fidelity to the Gospel as a compassionate, healing ministry of Jesus Christ to transform the health of our communities

**VISION:** MercyOne will set the standard for a personalized and radically convenient system of health services.

#### **CORE VALUES:**

- **Integrity:** We are faithful to who we say we are
- **Commitment to the Poor:** We stand with and serve those who are poor, especially the most vulnerable.
- **Compassion:** Solidarity with one another, capacity to enter into another's joy and sorrow.
- **Excellence:** Preeminent performance, becoming the benchmark, putting forth our personal and professional best.
- **Justice:** We foster right relationships to promote the common good, including sustainability of the Earth.
- **Stewardship:** We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- **Reverence:** We honor the sacredness and dignity of every person.

## **OUR CULTURAL BELIEFS:**

- **Be ONE:** I benefit from and strengthen MercyOne.
- **Personalize Care:** Your experience. My responsibility.
- **Own It!:** I own my actions to deliver our key results.
- **Improve Daily:** I make improvements every day for those we serve including each other.
- **Innovate:** I imagine and embrace bold new ideas to revolutionize health.

MercyOne Newton 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 MercyOne Newton Specialty Clinic.

- Audiology Care
  - Cancer and Infusion Care
  - Cardiac Rehab
  - Care Coordination
  - Clinics
  - Diabetes Education
  - Emergency Care
  - Nutrition & Wellness
  - Imaging and Radiology
  - Laboratory Services
  - Obstetrics and Maternity Care
- 
- Occupational Therapy
  - Occupational Health Services
  - Orthopedics Care
  - Physical Medicine & Rehabilitation
  - Physical Therapy
  - Special Care Unit
  - Specialty Clinic
  - Surgery
  - Speech Therapy
  - Swing Bed Program

**Jasper County Department of Health**

**116 W 4<sup>th</sup> St S**

**Newton, Iowa 50208**

**Phone Number: 641-787-9224**

**Director: Becky Pryor**

**Office Hours: Monday – Friday 8:00am – 4:00pm**

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:**

- Children’s Immunization
- 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

## Consultant Qualifications:

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

VVW Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 70 unique community CHNA's in KS, MO, IA and NE (references found on our website [VandehaarMarketing.com](http://VandehaarMarketing.com))



**Vince Vandehaar, MBA – Principal**  
**VVW Consultants LLC – start 1/1/09 \***

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

**Cassandra Kahl, BHS MHA – Director, Project Management**  
**VVW Consultants LLC – Nov 2020**

- University of Kansas – Health Sciences (BHS)
  - Park University - Masters of Health Administration (MHA)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



VVW Consultants LLC (EIN 27-0253774) began as "VVW Research & Development INC" in early 2009 and converted to an LLC on 12/24/12. Web: [VandehaarMarketing.com](http://VandehaarMarketing.com)

**Our Mission:** to research, facilitate, train, and create processes to improve healthcare delivery and uncover strategic "critical success" initiatives.

**Our Vision:** meeting today's challenges with the voice of the market.

### Our Values :

"Community" – Industry engagement...membership AMA KC, ACHE, EPBA, Forum and SHSMD.

"Stewardship" – Fair fees based on client, project scope, turnaround time, etc.

"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.

"Experience" – Skilled consulting; Marketing careers. We understand business because we have been there!

"Growth" – Process-driven; ongoing innovational delivery.

## II. Methodology

### b) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in December of 2021 for MercyOne Newton Medical Center (NMC) located in Jasper County, IA to meet Federal IRS CHNA requirements.

In early November 2021, a meeting was called amongst the NMC leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to NMC 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 two-year summary was generated documenting patient draw by zips as seen below:

Newton Medical Center - Define PSA					Inpatients			Emergency			Outpatients		
Source: KHA - FFY 2018-2020	122,913	Totals - IP/OP			1,015	902	864	9,419	8,267	8,492	31,848	29,060	31,283
Patient Zip Code	County	3YR TOT	%	Accum	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21
50208 - Newton	JASPER	91,645	74.6%	74.6%	769	659	701	7192	6367	6680	23,055	21,176	23,950
50054 - Colfax	JASPER	4,737	3.9%	78.4%	33	24	23	391	361	355	1282	1095	1122
50135 - Kellogg	JASPER	3,909	3.2%	81.6%	36	22	17	268	237	208	1062	971	1018
50028 - Baxter	JASPER	3,494	2.8%	84.4%	20	10	22	229	184	190	1041	742	1015
50170 - Monroe	JASPER	2,817	2.3%	86.7%	21	11	12	160	126	108	781	715	851

**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 valid health indicator sources cited to document current state of county health organized as follows:

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

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

**Phase III—Quantify Community Need:**

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

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

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

**Detail CHNA Development Steps Include:**

<p align="center"><b>Development Steps to Create Comprehensive Community Health Needs Assessment</b></p>	
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 &amp; 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 &amp; Primary Data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health). &lt; Note: Formal report will follow IRS Notice 2011-52 regs &amp; PHAB requirements. &gt;</i>
<p>VVV Consultants, LLC Olathe, KS 913 302-7264</p>	

## Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

<b>CHNA Detail Resources</b>
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention



## Sources of community-health level indicators:

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

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

MercyOne Newton Medical Center - Newton, IA			
VVV CHNA Wave #4 Work Plan - Year 2022			
Project Timeline & Roles - Working Draft as of 11/3/21			
Step	Timeframe	Lead	Task
1	10/4/2021	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	10/7/2021	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	12/1/2021	VVV	Send out <b>REQCommInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	12/15/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send IHA PO reports for FFY 19, 20 and 21. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use <b>ZipPSA_3yrPOrigin.xls</b> )
5	1/3/2022	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan - Feb 2022	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	By 1/24/2022	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	1/24/2022	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	<b>2/3/2022</b>	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 3/03/2022 for Online Survey</b>
10	Bt 3/1/2022	Hosp	Prepare/send out to leaders the PR#2 story / E Mail#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	3/3/2022	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	3/28/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	<b>3/31/2022</b>	VVV	Conduct virtual CHNA Town Hall for a working <b>Lunch from 11:30 am - 1:00 pm at TBD</b> . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 4/29/22	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 5/15/22	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	TBD	TBD	Conduct Client Implementation Plan PSA Leadership meeting
17	TBD	TBD	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

# Community Health Needs Assessment Town Hall Meeting – Jasper Co. (IA) on Behalf of MercyOne Newton Medical Center



**VVV Consultants LLC**  
Olathe, Kansas 66061

VandehaarMarketing.com  
913-302-7264

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## Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- I. **Check-In / Introductions** (Start: 11:20 – 11:35)
- II. **Review CHNA Purpose and Process** (11:35 – 11:40)
- III. **Review Current County “Health Status”**
  - Secondary data by 10 Tab categories
  - Review community feedback research (11:40 – 12:10)
- IV. **Collect Community Health Perspectives**
  - Assigned breakout room sessions (Lead/Reporter)
  - Uncover unmet needs/reporting back discussion (12:10 - 12:40)
- V. **Returning To Community General Session**
  - Report up / distribute poll. End town hall (12:40 – 1:00)

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### I. Introduction: Who We Are Background and Experience (BIOs Available)





**Vince V. Vandehaar, MBA – Principal**  
VVV Consultants LLC – start 1/1/09 \*

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



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

- University of Kansas – Health Sciences
- Park University - MHA
- Pharmacy Management – 2 ½ years
- Mayo Clinic PT Dept
- Hometown: Maple, WI



**Christina M. Low – Associate Consultant**  
VVV Consultants LLC – March 2022

- Kansas State University – Pre-Nursing
- Rasmussen College – MHA, BHS
- 10+ years of “hands on” Clinical & Administrative experience
- Hometown: Salina, KS

\*NOTE: Vince started VVV Consultants LLC on 1/1/2009, after working for Saint Luke’s Health System of Kansas City for 16 years, Saint Luke’s Hospital of KC, SLHS’s largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003.

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### Breakout Room Assignments: Session 1

Jasper County, IA CHNA Town Hall Event: Session 1 (Thursday, March 31st 8:30 - 10:00)					
Breakout	Lead	Last Name	First Name	Organization	Title
A	##	Pryor	Becky	Jasper County Health Department	Board of Health Administrator, RN
A		Bailey	Jasmine	GDH	Intern
A		Chabot	Free	Self	Self
A		DePhillips	Alyssa	American Lung Association	Health Promotion Manager
A		Engbers	Hilary	MercyOne Newton Medical Center	Manager of Surgical Services
A		Fairbanks	Tami	MercyOne Newton Medical Center	RN
A		Haas	Stacy	Marion County Public Health	1st Five Site Coordinator
A		King	Jeffrey	MercyOne Newton Medical Center	Board Member
A		Norman	Tiffany	MercyOne Newton Medical Center	Administrative Assistant
A		Pederson Hundley	Haley	CFR	
A		Rogers	Danielle	City of Newton	Community Marketing Manager
A		Streeter	Bobbi	Pella Regional Health Center	Nurse Supervisor
A		Wolf	Heather	MercyOne Newton Medical Center	
A		Van Marlen	Kim	Jasper County Elderly Nutrition	
B	##	Vesley	Chad	MercyOne Newton Medical Center	Director of Operations
B		Britton	Julie	Newton Police Department	CEO
B		Burdess	Rob	Newton Police Department	Chief of Police
B		Ferguson	Rachel	Accura	Area Administrator
B		Figland	Lauren	MercyOne Newton Medical Center	Radiology Manager
B		Gunn	Nichole	Employee and Family Resources	Prevention Specialist
B		Hauber	Julie	MercyOne Newton Medical Center	WRT Technologist
B		Kovars	Tiffiney	Accura HealthCare of Newton	Regional Director of Business Development
B		Mancieri	Lauren	QuickVisit Urgent Care	Nurse Practitioner
B		Raines	Stacy	MercyOne Newton Medical Center	Finance Manager
B		Seals	Jenna	Des Moines Area Community College	Nursing Faculty
B		Seidenkrantz	Penny	Employee and Family Resources	Prevention Specialist
B		Smith	Julie	Caspone Behavioral Healthcare Inc.	Director

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## Breakout Room Assignments: Session 2

Jasper County, IA CHNA Town Hall Event: Session 2 (Thursday, March 31st 11:30 - 1:00)					
Breakout	Lead	Last Name	First Name	Organization	Title
A	##	Kelley	Chad	MercyOne Newton Medical Center	Director of Operations
A		Adam	Angela	Newton Village	Executive Director/Administrator
A		Akins	Donna	Jasper Co Public Health Board	Board Member
A		Blanchard	Amy	JMP ED	Early Childhood Iowa Director
A		Dunwell	Jon	Iowa State Representative District 29	State Representative
A		Ellis	Kathy	Jasper County EMA	Admin Assistant
A		Fouts	Catherine	Lamb's Grove	City Council
A		Garreis	Cheryl	MercyOne Newton Medical Center	Community Health Worker
A		George	Evelyn	Newton city council	Council at large
A		Mackay	Carol	FIRST Christian Church	Board Chair
A		Monroe	Judith	Neighbors Helping Neighbors	Volunteer coordinator
A		Pence	Debby	MercyOne Newton Medical Center	Trustee
A		Wisneski	Jeff	Home Instead	Owner
B	##	Conner	Laurie	MercyOne Newton Medical Center	President
B		Adam	Otto	MercyOne Newton Medical Center	Board Member
B		Friedman	Robyn	MercyOne Newton Medical Center	Rehabilitation Manager
B		Hansen	Matthew	Lauri UWC	Pastor
B		Yuhn	Katie	Newton Healthcare Center	Community Liaison Director
B		Lahn	Pete	Iowa Judicial Branch	Magistrate
B		Landgrebe	Kimberly	Newton Clinic PC	nursing supervisor
B		Messinger	Tom	Newton CSD	Superintendent
B		Rhoads	Kristi	Eye Care Center of Newton	Optometrist
B		Schippers	Ken	MercyOne Newton Medical Center	Inpatient Manager
B		Thompson	Stacy	Progress Industries	Program Supervisor
B		Wimfield	Kristina	Jasper County Health Department	Public Health Coordinator
B		Gunn	Nichole	Employee and Family Resources	
B		Forentin	Lisa	Pella Regional Prairie City Clinic	Clinic Manager

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## II. Review CHNA Focus and Process Town Hall Roles / Duties

- Attendees
  - Have engaging conversation (Be specific)
  - No right or wrong answer
  - Truthful responses
  - Take Notes – Make your list of important health indicators
  - Complete unmet needs poll – Representing community
  - Chat – Log thoughts during meeting
  - Have Fun..
- Local Leads (Breakout Rooms)
  - Facilitate community conversation
  - Ensure team involvement – Everyone participates

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## II. Review of a CHNA

- A Community Health Needs Assessment (CHNA) is 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.
- Purpose of a CHNA – Why Conduct One?
  - Determine health-related trends and issues of the community
  - Understand / evaluate health delivery programs in place.
  - Meet Federal requirements – both local hospital and health department
  - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

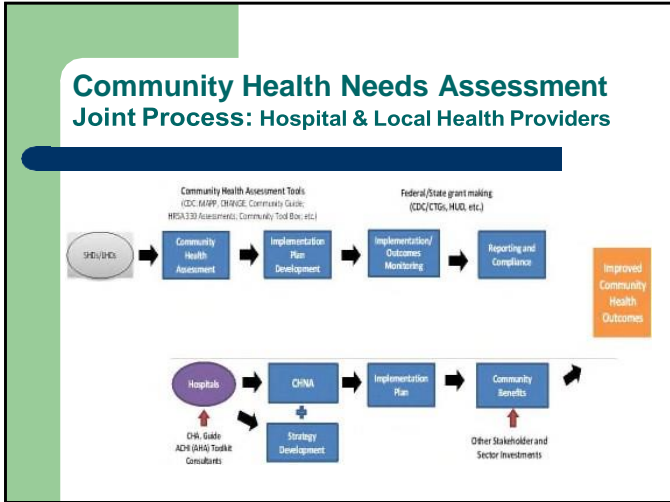
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## I. Introductions: A Conversation with the Community & Stakeholders

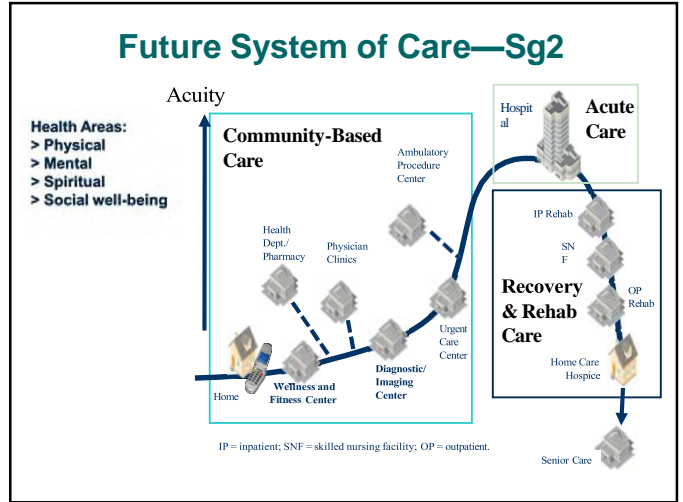
*Community members and organizations invited to CHNA Town Hall*

- 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

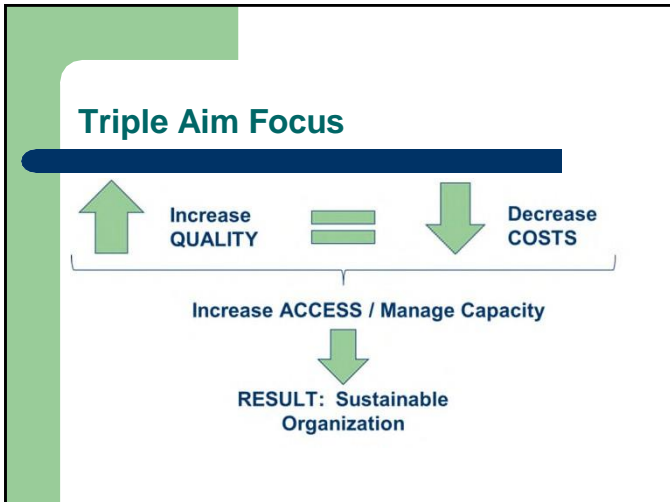
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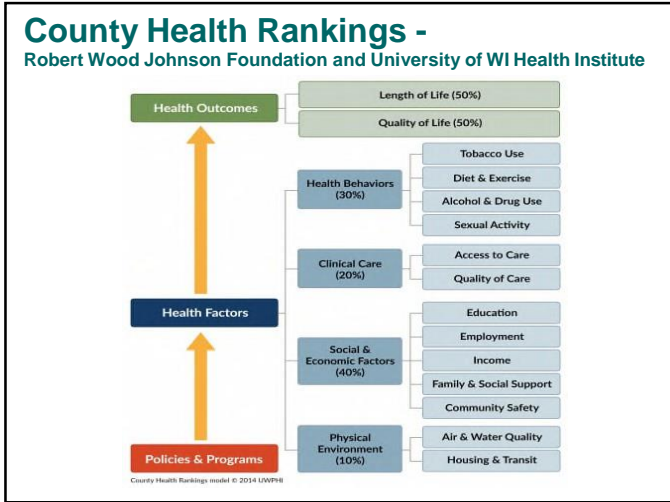
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### III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

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

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### Collaborate Breakout Room Discussions

- TEAMS: Share Themes From Breakout Sessions
- Unmet Needs - Consensus
- Administer Poll
- Close – Next Steps Moving Forward

After Meeting Thoughts: Email VVV Team  
[VVV@VandelaarMarketing.com](mailto:VVV@VandelaarMarketing.com)  
[CJK@VandelaarMarketing.com](mailto:CJK@VandelaarMarketing.com)

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### IV. Collect Community Health Perspectives

Opinions / Thoughts?

- 1) Are there healthcare services in your community/neighborhood that you feel need to be improved and/or changed? **ASK: Top 3 unmet health needs per attendee – rapid fire** (20 mins)
- 2) What are the strengths of our community that contribute to health? **ASK: Top 3 Strengths per attendee – rapid fire** (10 mins)

ROLES: Local LEAD – Guide discussion  
 VVV Staff – Take notes

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### Community Health Needs Assessment

Questions?  
 Next Steps?

VVV Consultants LLC  
 601 N Mahaffie  
 Olathe, KS 66061

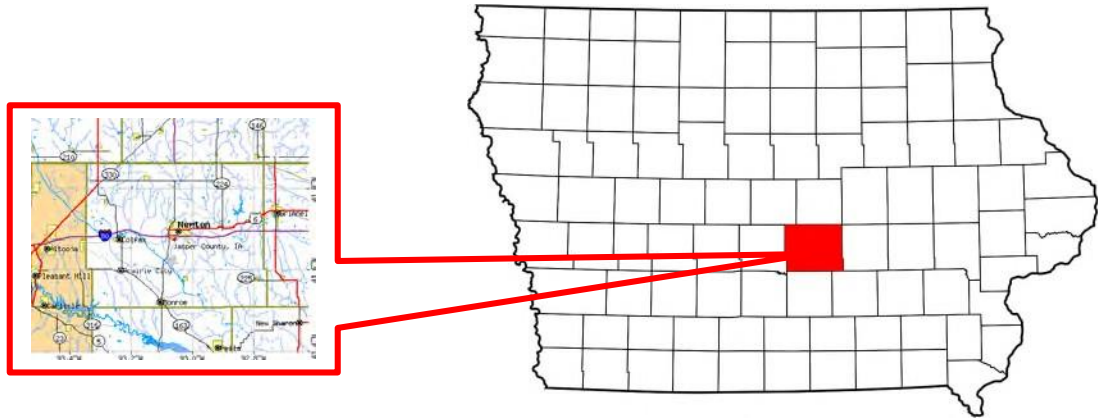
[VVV@VandelaarMarketing.com](mailto:VVV@VandelaarMarketing.com)  
[CJK@VandelaarMarketing.com](mailto:CJK@VandelaarMarketing.com)  
 (913) 302-7264

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## II. Methodology

### c) Community Profile (A Description of Community Served)

#### Jasper County (IA) Community Profile



**The population of Jasper County was estimated to be 37,699 citizens in 2021 and a population density of 52 persons per square mile.**

MercyOne Newton 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 Airports<sup>1</sup>

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

### Schools in Jasper County: Public Schools<sup>2</sup>

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

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

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



## Jasper Co, IA - Detail Demographic Profile

#	ZIP	NAME	County	Population			Households		HH	Per Capita
				Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	50028	Baxter	JASPER	1,719	1,742	1.3%	664	673	2.6	\$30,083
2	50054	Colfax	JASPER	3,403	3,426	0.7%	1,358	1,369	2.5	\$30,743
3	50127	Ira	JASPER	62	63	1.6%	21	22	2.9	\$29,645
4	50135	Kellogg	JASPER	1,689	1,712	1.4%	727	738	2.3	\$31,999
5	50137	Killduff	JASPER	58	59	1.7%	23	23	2.4	\$30,636
6	50153	Lynnville	JASPER	742	753	1.5%	293	297	2.5	\$32,387
7	50168	Mingo	JASPER	853	867	1.6%	345	351	2.5	\$36,381
8	50170	Monroe	JASPER	2,799	2,809	0.4%	1,160	1,166	2.4	\$31,068
9	50208	Newton	JASPER	20,579	20,703	0.6%	8,279	8,339	2.3	\$26,129
10	50228	Prairie City	JASPER	2,673	2,744	2.7%	1,011	1,036	2.6	\$31,327
11	50232	Reasnor	JASPER	577	584	1.2%	221	225	1.9	\$31,436
12	50251	Sully	JASPER	1,387	1,424	2.7%	553	568	2.5	\$29,123
<b>Totals</b>				<b>36,541</b>	<b>36,886</b>	<b>0.9%</b>	<b>14,655</b>	<b>14,807</b>	<b>2.4</b>	<b>\$30,913</b>

#	ZIP	NAME	County	Population				Year 2020		Females
				Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	50028	Baxter	JASPER	1,719	312	546	205	41	874	187
2	50054	Colfax	JASPER	3,403	634	973	392	43	1,710	384
3	50127	Ira	JASPER	62	14	17	6	46	31	6
4	50135	Kellogg	JASPER	1,689	386	402	174	49	819	155
5	50137	Killduff	JASPER	58	11	19	6	40	26	5
6	50153	Lynnville	JASPER	742	162	204	75	46	357	66
7	50168	Mingo	JASPER	853	178	225	83	47	436	77
8	50170	Monroe	JASPER	2,799	510	810	348	42	1,366	321
9	50208	Newton	JASPER	20,579	4,231	5,593	2,588	43	9,936	2,206
10	50228	Prairie City	JASPER	2,673	457	834	389	38	1,370	348
11	50232	Reasnor	JASPER	577	92	145	86	41	219	42
12	50251	Sully	JASPER	1,387	280	374	157	45	671	141
<b>Totals</b>				<b>36,541</b>	<b>7,267</b>	<b>10,142</b>	<b>4,509</b>	<b>520</b>	<b>17,815</b>	<b>3,938</b>

#	ZIP	NAME	County	Population 2020				Average Households 2020		
				Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med \$ HH	HH \$50K+
1	50028	Baxter	JASPER	96.4%	0.5%	0.3%	2.2%	664.0	\$61,582	430
2	50054	Colfax	JASPER	97.1%	0.6%	0.4%	1.6%	1358.0	\$58,807	846
3	50127	Ira	JASPER	96.8%	0.0%	0.0%	1.6%	21.0	\$70,718	15
4	50135	Kellogg	JASPER	97.0%	0.6%	0.2%	2.6%	727.0	\$58,386	447
5	50137	Killduff	JASPER	96.6%	1.7%	0.0%	0.0%	23.0	\$63,375	16
6	50153	Lynnville	JASPER	99.3%	0.4%	0.0%	1.5%	293.0	\$68,285	217
7	50168	Mingo	JASPER	96.0%	0.8%	0.4%	2.2%	345.0	\$74,122	244
8	50170	Monroe	JASPER	97.2%	0.5%	0.1%	1.1%	1160.0	\$63,199	723
9	50208	Newton	JASPER	92.0%	3.9%	0.3%	3.3%	8279.0	\$51,050	4,405
10	50228	Prairie City	JASPER	94.7%	0.9%	0.2%	2.5%	1011.0	\$74,666	696
11	50232	Reasnor	JASPER	85.6%	11.8%	0.3%	2.3%	221.0	\$73,485	148
12	50251	Sully	JASPER	99.1%	0.4%	0.1%	0.6%	553.0	\$61,152	390
<b>Totals</b>				<b>95.7%</b>	<b>1.8%</b>	<b>0.2%</b>	<b>1.8%</b>	<b>14,655</b>	<b>\$64,902</b>	<b>8,577</b>

Source: ERSI Demographics

# III. Community Health Status

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[VVV Consultants LLC]

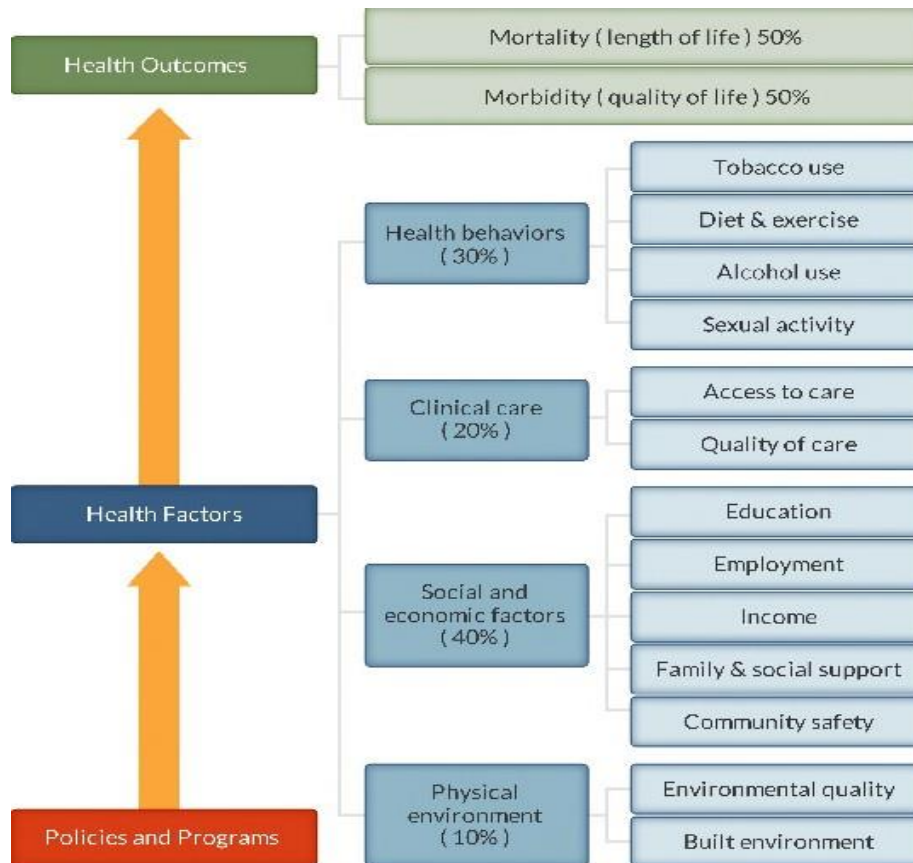
### III. Community Health Status

#### a) Historical Health Statistics- Secondary Research

##### Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participantes. 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 2021 RWJ Health Rankings:

#	IA Rankings - 99 Counties	Definitions	Jasper Co.	Trend	Rural IA Co Norm N=16
1	<b>Health Outcomes</b>		69		63
	Mortality	Length of Life	62		63
	Morbidity	Quality of Life	74		63
2	<b>Health Factors</b>		45		66
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	61		64
	Clinical Care	Access to care / Quality of Care	20		57
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	49		67
3	<b>Physical Environment</b>	Environmental quality	70		48
Rural IA Norm (N=16) includes the following counties: Appanoose, Carroll, Marion, Fremont, Decatur, Cherokee, Mahaska, Poweshiek, Marshall, Davis, Monroe, Ringgold, Clarke, Wayne, Lucas, Jasper.					
<a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a> , released 2021					

## 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.

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

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

**Tab 1: Demographic Profile**

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

Tab	Health Indicators	Jasper Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
1	a Population estimates, 2019	37,185		3,193,079	15,627	County Health Rankings
	d Persons under 5 years, percent, July 1, 2021, (V2021)	5.7%		6.2%	6.0%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2021, (V2021)	19.5%		17.5%	21.4%	People Quick Facts
	f Female persons, percent, July 1, 2021, (V2021)	48.9%		50.2%	49.7%	People Quick Facts
	g White alone, percent, July 1, 2021, (V2021)	95.3%		90.6%	96.0%	People Quick Facts
	h Black or African American alone, percent, July 1, 2021, (V2021)	2.3%		4.1%	1.3%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2021, (V2021)	2.8%		6.3%	4.6%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	3.2%		8.3%	6.7%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	86.0%		85.2%	87.1%	People Quick Facts
	m Children in single-parent households, %, 2015-2019	20.1%		21.0%	18.2%	County Health Rankings
	n Total Veterans, 2015-2019	2,387		185,671	1,135	People Quick Facts

**Tab 2: Economic Profile**

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

Tab	Health Indicators	Jasper Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
2	a Per capita income in past 12 months (in 2018 dollars), 2015-2019	\$28,604		\$30,063	\$28,706	People Quick Facts
	b Persons in poverty, percent, 2021	8.5%		10.2%	11.3%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	16,391		1,418,626	7,323	People Quick Facts
	d Total Persons per household, 2015-2019	2.4		2.4	2.3	People Quick Facts
	e Severe housing problems, percent, 2013-2017	10.1%		11.9%	10.9%	County Health Rankings
	f Total of All firms, 2012	2,857		259,121	1,402	People Quick Facts
	g Unemployment, percent, 2019	2.9%		2.7%	2.8%	County Health Rankings
	h Food insecurity, percent, 2018	9.3%		9.7%	9.6%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	3.9%		5.6%	6.5%	County Health Rankings
	j Long commute - driving alone, percent, 2015-2019	36.0%		20.6%	25.4%	County Health Rankings

**Tab 3: Educational Profile**

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

Tab	Health Indicators	Jasper Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
3	a Children eligible for free or reduced price lunch, percent, 2018-2019 (ALL Schools)	43.6%		42.5%	47.0%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	93.9%		92.1%	90.3%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	18.8%		28.6%	20.0%	People Quick Facts

**Tab 3: Educational Profile (Continued)**

#	Jasper County IA Schools	Newton USD	Lynnville-Sully USD	Coffax-Mingo USD	Baxter USD	Prairie City-Monroe (PCM) USD
1	<b>Total # Public School Nurses</b>	4 FT RNs	1 FT RN	1 FT RN	1 FT RN	3 FT RN
3	<b>School Wellness Plan in place (Active)</b>	Yes	Yes	Yes	Yes	Yes
4	<b>VISION: # Screened / Referred to Prof / Seen by Professional</b>	K & 3rd Grade are screened. All others as referred by staff	Prek and 2nd - done by local optometrist who comes to the school. All others as referred by staff.	K & 6rd Grade are screened. 40 students referred and all others referred as needed by staff.	K & 3rd Grade are screened. All others as referred by staff	K & 3rd Grade are screened. All others as referred by staff
5	<b>HEARING: # Screened / Referred to Prof / Seen by Professional</b>	PreK, 2nd and 5th grade are screened by AEA	PreK, 2nd and 5th grade are screened by AEA	PreK, & 9th AEA screens. Referrals as needed	PreK, 2nd and 5th grade are screened by AEA	PreK, 2nd and 5th grade are screened by AEA
6	<b>ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional</b>	K is screened if not previously screened by Dentist	PreK screened	K & 9th I-Smiles screens. Referrals as needed	K is screened if not previously screened by Dentist	PreK screened by I-Smiles, K screened by school nurse/provider
7	<b>SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional</b>	None - unless reported as having issues, then refer to doctor	None	None	None	None
8	<b># of Students served with no identified chronic health concerns</b>	71/2986 have individualized health plans. K-12	340/527 students are without a chronic condition K-12	12/750 students have individualized health plans K-12	4/451 have individualized health care plans K-12	99/786 have individualized health plans. K-12
9	<b>School has a suicide prevention program</b>	Yes - protocol and plan is in place for students. Guidance counselor assists with any needs.	No specific program - Counselor is able to perform suicide assessments and refer as needed. Resources are made available.	Currently in the process of developing a specific plan. There is a process in place that is followed if a student is suicidal. Assistance provided by guidance counselor as needed.	Yes - protocol and plan is in place for students. Guidance counselor assists with any needs.	Yes - plan in place and counselor assists with needs.
10	<b>Compliance on required vaccinations (%)</b>	100% compliance as required by public health	100% compliance after a great deal of chasing down parents/doctors.	100% compliance as required by public health	100% compliance as required by public health	100% compliance as required by public health

**Tab 4: Maternal / Infant Profile**

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

Tab	Health Indicators	Jasper Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
4 a	The number of Births Where Prenatal Care began in First Trimester, 2018-2019, Rate per 1k	873.4		787.2	679.7	Iowa Health Fact Book
b	Percent Premature Births by County, 2020	10.7%		8.1%	7.9%	idph.iowa.gov
c	2 Year Old Immunizations for the 4-3-1-3-3-1-4 by IRIS Population, 2020	69.6%		72.4%	67.3%	idph.iowa.gov
d	Number of Births with Low Birth Weight, 2018-2019, Rate per 1k	65.8		68.4	61.3	Iowa Health Fact Book
e	Number of all Births Occurring to Teens (15-19), 2018-2019, Rate per 1k	50.9		40.8	45.2	Iowa Health Fact Book
g	Percent of births Where Mother Smoked During Pregnancy, 2018-2019, Rate per 1k	163.8		112.6	216.9	Iowa Health Fact Book

#	Criteria - Vital Statistics (Rate per 1,000)	Jasper Co.	Trend	Iowa	Rural IA Norm (16)
a	<b>Total Live Births, 2016</b>	11.6		12.5	12.5
b	<b>Total Live Births, 2017</b>	10.6		12.2	12.0
c	<b>Total Live Births, 2018</b>	10.9		11.9	11.4
d	<b>Total Live Births, 2019</b>	10.8		11.9	11.6
e	<b>Total Live Births, 2020</b>	11.1		11.4	11.3

**Tab 5: Hospitalization and Provider Profile**

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

Tab	Health Indicators	Jasper Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
5	a Primary Care (MDs / DOs only) Ratio of population to primary care physicians, 2018	2476:1		1,390:1	2252:1	County Health Rankings
	b Rate of preventable hospital stays for ambulatory-care sensitive conditions per 100k Medicare enrollees (lower the better), 2018	2,959		3,536	3,453	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%		NA	79.5%	CMS Hospital Compare
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	69.0%		NA	74.4%	CMS Hospital Compare
	e Average Time Patients Spent in the Emergency Dept. Before Seen by a Healthcare Professional (Mins)	114		NA	120	CMS Hospital Compare

IHA Inpatient Utilization	FFY21#	FFY20*	FFY19	FFY18
<b>Total IP- Jasper County IA</b>	<b>2438</b>	<b>3,383</b>	<b>3,777</b>	<b>3,637</b>
Pediatric Age 0-17	419	568	567	569
Adult Medical/Surgical Age 18-44	555	766	845	821
Adult Medical/Surgical Age 45-64	542	717	843	789
Adult Medical/Surgical Age 65-74	451	548	655	629
Adult Medical/Surgical Age 75+	471	784	867	829
IHA Inpatient Utilization	FFY21#	FFY20*	FFY19	FFY18
<b>MercyOne Newton IP Only</b>	<b>542</b>	<b>728</b>	<b>859</b>	<b>879</b>
Pediatric Age 0-17	83	121	135	136
Adult Medical/Surgical Age 18-44	118	142	184	167
Adult Medical/Surgical Age 45-64	105	116	135	123
Adult Medical/Surgical Age 65-74	86	98	131	138
Adult Medical/Surgical Age 75+	150	251	274	315

**Tab 6: Behavioral / Mental Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicators	Jasper Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
6	a Depression: Medicare Population, percent, 2017	18.1%		19.3%	17.6%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2015-2019 (lower is better)	18.3		14.6	17.3	Iowa Health Fact Book
	c Poor mental health days, 2018	3.7		3.5	3.8	County Health Rankings



**Tab 7a: Risk Indicators & Factors Profile**

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

Tab	Health Indicators	Jasper Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
7a	a Adult obesity, percent, 2017	37.9%		34.3%	37.4%	County Health Rankings
	b Adult smoking, percent, 2018	19.8%		17.4%	20.2%	County Health Rankings
	c Excessive drinking, percent, 2018	25.0%		25.8%	24.0%	County Health Rankings
	d Physical inactivity, percent, 2017	25.0%		22.6%	25.9%	County Health Rankings
	e Poor physical health days, 2018	3.4		3.1	3.4	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000, 2018	98.0		14,682	42.9	County Health Rankings

**Tab 7b: Chronic Risk Profile**

Tab	Health Indicators	Jasper Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
7b	a Hypertension: Medicare Population, 2017	54.2%		54.2%	55.3%	Centers for Medicare and Medicaid Services
	b Hyperlipidemia: Medicare Population, 2017	43.6%		44.6%	42.4%	Centers for Medicare and Medicaid Services
	c Heart Failure: Medicare Population, 2017	11.7%		13.0%	13.7%	Centers for Medicare and Medicaid Services
	d Chronic Kidney Disease: Medicare Pop, 2017	18.8%		21.6%	21.0%	Centers for Medicare and Medicaid Services
	e COPD: Medicare Population, 2017	10.0%		10.9%	11.3%	Centers for Medicare and Medicaid Services
	f Atrial Fibrillation: Medicare Population, 2017	9.5%		9.1%	8.9%	Centers for Medicare and Medicaid Services
	g Cancer: Medicare Population, 2017	7.1%		7.7%	7.1%	Centers for Medicare and Medicaid Services
	h Osteoporosis: Medicare Population, 2017	6.8%		6.3%	5.9%	Centers for Medicare and Medicaid Services
	i Asthma: Medicare Population, 2017	3.8%		3.9%	3.0%	Centers for Medicare and Medicaid Services
	j Stroke: Medicare Population, 2017	3.2%		2.8%	2.8%	Centers for Medicare and Medicaid Services

**Tab 8: Uninsured Profile and Community Benefit**

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

Tab	Health Indicators	Jasper Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
8	a Uninsured, percent, 2016	4.3%		5.6%	6.2%	County Health Rankings

#	Skiff Medical Center - Jasper Co IA	YR 2019	YR 2020	YR 2021
1	Bad Debt - Write off	\$400,990	\$726,914	\$4,390,284
2	Charity Care - Free Care Given	\$296,931	\$282,419	\$327,778



**Tab 8: Uninsured Profile and Community Benefit (Continued)**

#	Community Tax Dollars - Jasper Co IA Health Dept. Operations Estimates	YR 2019	YR 2020	YR 2021
1	Core Community Public Health	\$220,000	\$240,000	\$290,000
2	Child Care Inspections	\$0	\$0	\$0
3	Environmental Services	\$192,000	\$160,000	\$40,000
4	Home Health	\$475,000	\$550,000	\$113,000
5	Screenings: Blood pressure / STD	see 1	see 1	see 1
6	Vaccine - received from State	\$11,000	\$11,000	\$11,000
7	WIC Administration	MICA	MICA	MICA

**Tab 9: Mortality Profile**

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

Tab	Health Indicators	Jasper Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
9	a Life Expectancy (Male and Females), 2017-2019	79.2		79.4	78.5	County Health Rankings
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2018 (lower is better)	163.1		160.7	175.8	Iowa Health Fact Book
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	144.8		162.3	175.9	Iowa Health Fact Book
	e Age-adjusted Chronic Obstructive Pulmonary Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	45.1		47.3	52.9	Iowa Health Fact Book
	f Alcohol-impaired driving deaths, percent, 2013-2017	21.7%		26.8%	29.3%	County Health Rankings

Total IOWA by Selected Causes of Death - 2020 (per 10k)	Jasper Co.	Mix %	Trend	State of IA 2017	%
<b>Total Deaths</b>	474			35,659	100.0%
Cancer	90.0	19.0%		6,205	17.4%
Diseases of the Heart	88.0	18.6%		7,446	20.9%
Diabetes	19.0	4.0%		1,045	2.9%
Ischemic Heart Disease	52.0	11.0%		4,455	12.5%
Chronic Lower Respiratory Diseases	21.0	4.4%		1,682	4.7%
Unintentional Injuries (Accidents)	22.0	4.6%		1,618	4.5%
COVID-19	59.0	12.4%		557	1.6%
Alzheimer's Disease	8.0	1.7%		1,453	4.1%

**Tab 10: Preventive Quality Measures Profile**

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

Tab	Health Indicators	Jasper Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
10	a Access to exercise opportunities, percent, 2019	78.5%		82.9%	70.0%	County Health Rankings
	b Diabetes prevalence, percent, 2017, adults aged 20+ with diagnosed diabetes	14.4%		9.9%	12.2%	County Health Rankings
	c Mammography screening, percent, 2018	51.0%		52.0%	48.3%	County Health Rankings

**PSA Primary Research:**

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Jasper Co. IA.

**Chart #1 – Jasper County, IA Online Feedback Response (N=341)**

<b>Jasper Co IA - CHNA YR 2022</b>			
<b>For reporting purposes, are you involved in or are you a ...?</b>	<b>Jasper Co IA N=341</b>	<b>Trend</b>	<b>Wave 4 Norms N=5550</b>
Business / Merchant	5.8%		8.7%
Community Board Member	8.0%		7.5%
Case Manager / Discharge Planner	0.3%		0.8%
Clergy	1.0%		1.2%
College / University	2.2%		2.5%
Consumer Advocate	1.9%		1.4%
Dentist / Eye Doctor / Chiropractor	1.0%		0.7%
Elected Official - City/County	1.3%		1.9%
EMS / Emergency	2.2%		2.1%
Farmer / Rancher	4.2%		5.9%
Hospital / Health Dept	15.7%		16.3%
Housing / Builder	1.0%		0.7%
Insurance	0.6%		1.0%
Labor	1.9%		2.0%
Law Enforcement	2.9%		1.1%
Mental Health	2.9%		1.6%
Other Health Professional	12.1%		9.8%
Parent / Caregiver	13.7%		14.0%
Pharmacy / Clinic	1.3%		1.9%
Media (Paper/TV/Radio)	0.3%		0.4%
Senior Care	5.1%		3.2%
Teacher / School Admin	4.5%		6.4%
Veteran	2.2%		2.8%
Other (please specify)	8.0%		7.1%
<b>TOTAL</b>	<b>313</b>		<b>5144</b>

**Chart #2 - Quality of Healthcare Delivery Community Rating**

Jasper Co IA - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Jasper Co IA N=341	Trend	Wave 4 Norms N=5550
Top Box %	13.8%		28.9%
Top 2 Boxes %	59.4%		72.1%
Very Good	13.8%		28.9%
Good	45.6%		43.3%
Average	33.8%		22.3%
Poor	8.2%		4.4%
Very Poor	2.4%		1.1%
Valid N	340		5,518
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

**Chart #3 – Overall Community Health Quality Trend**

Jasper Co IA - CHNA YR 2022			
When considering "overall community health quality", is it...	Jasper Co IA N=341	Trend	Wave 4 Norms N=5550
Increasing - moving up	28.5%		46.5%
Not really changing much	52.4%		44.3%
Decreasing - slipping	19.1%		9.2%
Valid N	319		4,962
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

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

Jasper Co IA - CHNA YR 2022				
Past CHNA Unmet Needs Identified		Ongoing Problem		Pressing
Rank	Ongoing Problem Area	Votes	%	Trend
1	Mental Health	213	13.9%	
2	Drug / Substance Abuse	167	10.9%	
3	Homeless (Shelters)	151	9.9%	
4	Obesity (Nutrition / Exercise)	106	6.9%	
5	Emergency Room	78	5.1%	
6	Dental Care	78	5.1%	
7	Child Care Services	74	4.8%	
8	Healthcare Transportation	69	4.5%	
9	Primary Care	68	4.4%	
10	Visiting Specialists	63	4.1%	
11	Suicide	59	3.9%	
12	Healthcare Insurance	58	3.8%	
13	Women's Health	56	3.7%	
14	Domestic Violence / Sexual Assault	54	3.5%	
15	Senior Living / Care	53	3.5%	
16	Recreation / Wellness Activities	47	3.1%	
17	Family Planning	39	2.5%	
18	Single Parent Support	39	2.5%	
19	Tobacco Use	33	2.2%	
20	Health Engagement	27	1.8%	
	Total	1532		

**Chart #5 - Community Health Needs Assessment “Causes of Poor Health”**

<b>Jasper Co IA - CHNA YR 2022</b>			
In your opinion, what are the root causes of "poor health" in our community?	Jasper Co IA N=341	Trend	Wave 4 Norms N=5550
Lack of health insurance	13.6%		14.1%
Limited Access to Mental Health Assistance	25.4%		19.0%
Neglect	8.8%		11.5%
Lack of health & Wellness Education	12.9%		13.7%
Chronic disease prevention	12.9%		11.1%
Family assistance programs	4.3%		6.0%
Lack of Nutrition / Exercise Services	8.4%		10.6%
Limited Access to Specialty Care	7.3%		8.2%
Limited Access to Primary Care	6.5%		5.8%
<b>Total Votes</b>	<b>634</b>		<b>8,876</b>
<small>Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;</small>			

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

<b>Jasper Co IA - CHNA YR 2022</b>	<b>Jasper Co IA N=341</b>		<b>Trend</b>	<b>Wave 4 Norms N=5550</b>	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
Ambulance Services	84.7%	1.3%		80.5%	5.8%
Child Care	43.7%	12.7%		44.3%	15.8%
Chiropractors	80.5%	6.2%		70.5%	5.8%
Dentists	72.3%	6.4%		71.8%	10.1%
Emergency Room	51.3%	17.8%		74.2%	8.2%
Eye Doctor/Optomtrist	79.1%	4.3%		75.5%	7.1%
Family Planning Services	38.8%	21.9%		39.3%	18.3%
Home Health	40.9%	20.0%		54.5%	10.4%
Hospice	47.3%	15.8%		62.4%	9.1%
Telehealth	40.8%	13.6%		51.8%	11.0%
Inpatient Services	62.2%	10.2%		77.8%	5.7%
Mental Health	18.1%	54.4%		28.0%	35.4%
Nursing Home/Senior Living	47.3%	15.5%		57.6%	12.3%
Outpatient Services	64.6%	6.1%		75.9%	4.4%
Pharmacy	81.4%	3.5%		87.8%	2.3%
Primary Care	66.8%	10.0%		78.9%	5.4%
Public Health	46.8%	10.1%		62.6%	7.2%
School Health	48.4%	10.1%		64.1%	6.7%
Visiting Specialists	58.1%	13.1%		66.1%	9.1%
Walk- In Clinic	56.4%	9.7%		58.5%	17.1%

**Chart #7 – Community Health Readiness**

Jasper Co IA - CHNA YR 2022		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Jasper Co IA N=341	Trend	Wave 4 Norms N=5550
Behavioral / Mental Health	53.1%		34.5%
Emergency Preparedness	12.7%		9.0%
Food and Nutrition Services/Education	14.0%		15.8%
Health Screenings (as asthma, hearing, vision, scoliosis)	14.7%		11.1%
Prenatal/Child Health Programs	7.5%		12.2%
Substance Use/Prevention	39.6%		35.0%
Suicide Prevention	37.9%		37.3%
Violence Prevention	35.9%		34.9%
Women's Wellness Programs	21.5%		17.9%
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

**Chart #8a – Healthcare Delivery “Outside our Community”**

Jasper Co IA - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Jasper Co IA N=341	Trend	Wave 4 Norms N=5550
Yes	64.8%		72.6%
No	35.2%		27.4%
Valid N	227		3,439
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

**Specialties:**

Specialty	Counts
SURG	12
ORTH	9
PRIM	8
CARD	5
OPHT	5
EMER	4
PEDS	4
BH	3
CHIRO	3
ENDO	3
FEM	3
FP	3

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

Jasper Co IA - CHNA YR 2022			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Jasper Co IA N=341	Trend	Wave 4 Norms N=5550
Yes	46.2%		61.7%
No	53.8%		38.3%
Valid N	225		3265
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

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

<b>Jasper Co IA - CHNA YR 2022</b>			
<b>What needs to be discussed further at our CHNA Town Hall meeting?</b>	<b>Jasper Co IA N=341</b>	<b>Trend</b>	<b>Wave 4 Norms N=5550</b>
Abuse/Violence	4.1%		4.3%
Alcohol	3.0%		4.0%
Alternative Medicine	2.5%		3.2%
Breast Feeding Friendly Workplace	1.2%		1.1%
Cancer	1.5%		2.3%
Care Coordination	3.2%		2.7%
Diabetes	2.3%		2.8%
Drugs/Substance Abuse	8.9%		6.7%
Family Planning	2.5%		2.1%
Heart Disease	1.2%		1.8%
Lack of Providers/Qualified Staff	7.5%		4.3%
Lead Exposure	0.3%		0.4%
Mental Illness	12.3%		9.2%
Neglect	2.1%		2.4%
Nutrition	3.2%		3.8%
Obesity	4.7%		5.8%
Occupational Medicine	0.6%		0.6%
Ozone (Air)	0.2%		0.5%
Physical Exercise	3.5%		4.0%
Poverty	6.5%		5.0%
Preventative Health / Wellness	4.9%		5.0%
Respiratory Disease	0.0%		0.1%
Sexually Transmitted Diseases	0.8%		1.4%
Smoke-Free Workplace	0.0%		0.0%
Suicide	4.0%		6.5%
Teen Pregnancy	1.9%		2.1%
Telehealth	2.6%		2.4%
Tobacco Use	1.1%		2.1%
Transporation	3.9%		2.9%
Vaccinations	4.0%		3.7%
Water Quality	0.6%		2.0%
Health Literacy	2.9%		3.2%
Other (please specify)	2.2%		1.6%
<b>Total Votes</b>	<b>1002</b>		<b>15,890</b>

# IV. Inventory of Community Health Resources

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[VVV Consultants LLC]

<b>Inventory of Health Services in Jasper County, IA 2022</b>				
<b>Cat</b>	<b>HC Services Offered in county: Yes / No</b>	<b>Hospitals</b>	<b>Health Dept.</b>	<b>Other</b>
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	YES		
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			YES
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		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			
Hosp	Intermediate Care Unit	YES		
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation room	YES		
Hosp	Kidney	YES		
Hosp	Liver			YES
Hosp	Lung	YES		
Hosp	Magnetic Resonance Imaging (MRI)	YES		
Hosp	Mammograms	YES		
Hosp	Mobile Health Services	YES		YES
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<128+ slice CT)	YES		
Hosp	Neonatal			
Hosp	Neurological services	YES		
Hosp	Obstetrics	YES		
Hosp	Occupational Health Services	YES		
Hosp	Oncology Services	YES		
Hosp	Orthopedic services	YES		
Hosp	Outpatient Surgery	YES		



<b>Inventory of Health Services in Jasper County, IA 2022</b>				
<b>Cat</b>	<b>HC Services Offered in county: Yes / No</b>	<b>Hospitals</b>	<b>Health Dept.</b>	<b>Other</b>
Hosp	Pain Management	YES		
Hosp	Palliative Care Program	YES		
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			YES
SR	Assisted Living			YES
SR	Home Health Services			YES
SR	Hospice	YES		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		YES
ER	Ambulance Services			YES
SERV	Alcoholism-Drug Abuse			YES
SERV	Blood Donor Center			
SERV	Chiropractic Services			YES
SERV	Complementary Medicine Services			
SERV	Dental Services			YES
SERV	Fitness Center			YES
SERV	Health Education Classes	YES	YES	
SERV	Health Fair (Annual)	YES		YES
SERV	Health Information Center		YES	
SERV	Health Screenings	YES	YES	
SERV	Meals on Wheels			YES
SERV	Nutrition Programs			YES
SERV	Patient Education Center	YES		
SERV	Support Groups	YES		YES
SERV	Teen Outreach Services			
SERV	Tobacco Treatment/Cessation Program			YES
SERV	Transportation to Health Facilities			YES
SERV	Immunization		YES	
SERV	Communicable Disease Investigation		YES	
SERV	Wellness Program	YES		

## Providers Delivering Care in Jasper County, IA 2022

# of FTE Providers by Specialty	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visting DRs	PSA Based PA / NP
<b>Primary Care:</b>			
Family Practice	10.25	0.00	8.00
Internal Medicine / Geriatrician	1.00	0.00	
Obstetrics/Gynecology	2.30	0.00	
Pediatrics	0.00	0.00	
<b>Medicine Specialists:</b>			
Allergy/Immunology	0.00	0.08	
Cardiology	0.00	0.52	0.46
Dermatology	0.00	0.09	0.55
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	0.18	
Neurology	0.00	0.05	
Psychiatry	0.00	0.50	4.00
Pulmonary	0.00	0.15	0.15
Rheumatology	0.00	0.00	
Podiatry	1.50	0.00	
Pain		0.13	0.20
<b>Surgery Specialists:</b>			
General Surgery / Colon / Oral	0.00	0.60	
Neurosurgery	0.00	0.00	
Ophthalmology	0.00	0.10	
Orthopedics	0.00	0.76	0.49
Otolaryngology (ENT)	0.00	0.20	
Plastic/Reconstructive	0.00	0.05	
Thoracic/Cardiovascular/Vasc	0.00	0.14	
Urology	0.00	0.00	
<b>Hospital Based:</b>			
Anesthesia/Pain	0.00	0.00	2.50
Emergency	4.20	0.00	0.00
Radiology	0.00	0.20	
Pathology	0.00	0.00	
Hospitalist	0.00	0.00	2.10
Neonatal/Perinatal	0.00	0.00	
Physical Medicine/Rehab	0.00	0.00	
Occ Medicine	0.00	0.00	0.10
Podiatry	0.00	0.00	
<b>Other:</b>			
Chiropractor	6.00	0.00	
Optometrist OD	5.00	0.00	
Dentists	6.00	0.00	
<b>TOTALS</b>	<b>36.25</b>	<b>4.15</b>	<b>18.55</b>

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

## Visiting Specialists Serving Jasper County, IA 2022

Specialty	Doctor (FN/LN)	Group Name	Office City	Phone	Clinics	Days (Annual)
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 Bi-Monthly	6
ALL	Fadi Alkhatib	Allergy Institute	West Des Moines	641-791-4800	1x Bi-Monthly	6
AUDIO	Macenzie Rosdail-Kaus	The Iowa Ear Center	Clive	515-418-9960	1x Weekly	52
AUDIO	Elise Parr	The Iowa Ear Center	Clive	515-418-9960	1x Weekly	52
CARD	Musab Alqaswari	The Iowa Clinic	West Des Moines	515-875-9090	1x Month	12
CARD	Casey Fitz	The Iowa Clinic	West Des Moines	515-875-9090	4x Monthly	48
CARD	Cynthia Marske	The Iowa Clinic	West Des Moines	515-875-9090	4x Monthly	48
CARD	Joseph Doerer	Iowa Heart Center	Clive	641-841-1400	4x Monthly	48
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	Linda Schilling	Skin Care Clinic	Des Moines	641-791-4800	5x Monthly	60
DERM	Rachel Ford	Heartland Dermatology & Sinus Center	Clive	641-791-4800	2x Month	24
DERM	Rosa Stocker	Independent	Ankeny	641-791-4800	5x Monthly	60
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	Jennifer Thompson	Iowa Kidney Physicians	Des Moines	515-241-5710	1x Monthly	12
NEPH	A Sekar	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	Darin Larson	Iowa Orthopedic Center	Des Moines	641-787-9276	1x Weekly	52
ORTHO	Angela Nelson	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	Travis Williams	Iowa Orthopedic Center	Des Moines	641-787-9276	2x Monthly	24
ORTHO	Benjamin Paulson	Iowa Orthopedic Center	Des Moines	641-787-9276	2x Monthly	24
ORTHO	Brett Rosenthal	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	Paige Goff	Iowa Orthopedic Center	Des Moines	641-787-9276	1x Weekly	52
PALI	Charles Goldman	MercyOne Palliative Care	Des Moines	641-643-4195	1x Monthly	12
PAIN	Rebekah Rogers	Pain Specialists of Iowa	Clive	641-791-4800	1x Weekly	52
PAIN	Jolene Smith	Pain Specialists of Iowa	Clive	641-791-4800	3x Monthly	36
PLASTIC	Bryan Folkers	Broadlawns	Des Moines	641-791-4800	1x Monthly	12

## Visiting Specialists Serving Jasper County, IA 2022

Specialty	Doctor (FN/LN)	Group Name	Office City	Phone	Clinics	Days (Annual)
PULM	Samantha Danielson	The Iowa Clinic	West Des Moines	515-875-9550	2x Monthly	24
PULM	Ryan Brimeyer	The Iowa Clinic	West Des Moines	515-875-9550	1x Monthly	12
PULM	Casey Finck	The Iowa Clinic	West Des Moines	515-875-9550	3x Monthly	36
RAD	Michael Disbro	Diagnostic Imaging Associates	Des Moines	641-791-4310	1x Weekly	52
RAD	Richard Bedont	Diagnostic Imaging Associates	Des Moines	641-791-4310	1x Weekly	52
RAD	Indunil Karunasekera	Diagnostic Imaging Associates	Des Moines	641-791-4310	1x Quarterly	4
RAD	Kraig Kirkpatrick	Diagnostic Imaging Associates	Des Moines	641-791-4310	1x Quarterly	4
RAD	Sandra Ruhs	Diagnostic Imaging Associates	Des Moines	641-791-4310	1x Quarterly	4
SLEEP	Monica Hoffman	The Iowa Clinic	West Des Moines	515-875-9550	1x Monthly	12
SLEEP	Adekunle Ajisebutu	MercyOne Sleep	Clive	515-358-9600	1x Monthly	12
SURG	Paul Conte	Iowa Specialty Surgeons	Des Moines	641-787-3161	5x Monthly	60
SURG	Timothy Mayfield	Iowa Specialty Surgeons	Des Moines	641-787-3161	8x Monthly	96
VASC	Rori Mankins	The Iowa Clinic	West Des Moines	515-875-9090	1x Monthly	12
VASC	Harold Hsu	Iowa Heart Center	Clive	641-841-1400	2x Monthly	24

# Jasper County, Iowa 2022 Healthcare Services Directory

## Emergency Numbers

**Police/Sheriff            911**

**Fire                            911**

**Ambulance                911**

## **Non-Emergency Numbers**

County Sheriff                    (641) 792-5912

County Ambulance                (641) 792-3347

## **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](http://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](http://www.dhs.state.ia.us)

**Clearview Recovery, Inc.**

501 North Sherman  
Prairie City, IA 50228  
Website: [www.clearviewrecoveryinc.org](http://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](http://www.cfiowa.org)

**Employee and Family Resources (EFR)**

505 5th Ave Suite 600  
Des Moines, IA 50309  
Website: [www.efr.org](http://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](http://www.houseofmercydesmoines.org)  
Phone: 641-792-0717

**Family Crisis Center**

1014 N. Elm St.  
PO Box 446  
Ottumwa, IA 52501  
Website: [ottumwacrisiscenter.org](http://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](http://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](mailto:jasper@impactcap.org)

**United Way of Jasper County**

312 1st Ave. West  
Newton, IA 50208  
Website: [www.unitedwayofjaspercounty.org](http://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](http://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](http://www.co.jasper.ia.us)  
Phone: 641-791-2609  
Email: [ga@co.jasper.ia.us](mailto: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](http://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](http://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](http://www.baxterearlylearningcenter.com)  
Phone: 641-227-3811

**Campfire USA**  
5615 Hickman Rd.  
Des Moines, IA 50310  
Website: [www.campfireusaia.org](http://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](http://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](http://www.diamondtrailcc.weebly.com)  
Email: [diamondtrail@netins.net](mailto:diamondtrail@netins.net)  
Phone: 641-527-2200

**Inspirations Child Care and Preschool**  
1005 2nd St.  
Sully, IA 50251  
Email: [inspirationssully@gmail.com](mailto:inspirationssully@gmail.com)  
Phone: 641-594-3355

**Peck Child Development Center**  
513 E 5th St. North  
Newton, IA 50208  
Website: [www.peckchilddevctr.com](http://www.peckchilddevctr.com)  
Phone: 641-792-7228

**YMCA Child Care Center & Preschool**  
1701 S 8th Ave. East  
Newton, IA 50208  
Website: [www.newtonymca.org](http://www.newtonymca.org)  
Phone: 641-792-7021

**Young Heart Children's Center**  
31 East State St.  
Colfax, IA 50054  
Email: [younghearts@qwestoffice.net](mailto: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](mailto:colfaxcompreschool@aol.com)  
Phone: 515-674-3465

**Drake University Head Start**  
112 Thomas Jefferson Dr.  
Newton, IA 50208  
Website: [www.drakeheadstart.org](http://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](mailto:noahsarkorg@aol.com)  
Phone: 641-792-2083

**SHARE Preschool**  
115 S. 8th Ave. East  
Newton, IA 50208  
Website: [www.sharepreschool.com](http://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](http://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](http://www.fiksechiropractic.com)  
Phone: 641-594-4299

**Koenen Chiropractic**

200 N 2nd Ave. West  
Newton, IA 50208  
Website: [www.koenenchiropractic.com](http://www.koenenchiropractic.com)  
Phone: 641-787-1710

**Mattes Family & Sports Chiropractic PC**

119 1st Ave. West  
Website: [www.matteschiropractic.com](http://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](http://www.midwestwell.com)  
Phone: 641-259-3044

**Mitchellville Family Chiropractic**

301 Center Ave. South  
Mitchellville, IA 50169  
Website: [www.mitchellvillechiro.com](http://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://spinalsolutionsclinic.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](http://www.midiowacouncilbsa.org)  
Phone: 515-266-2135

**Girl Scouts of Greater Iowa**

10715 Hickman Rd.  
Des Moines, IA 50322  
Website: [www.girlscoutsiowa.org](http://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](http://www.co.jasper.ia.us)  
Phone: 641-791-2304  
Email: [cpc@co.jasper.ia.us](mailto: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](http://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](http://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](http://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](mailto: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](http://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](http://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](http://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](http://www.extension.iastate.edu/jasper)  
 Phone: 641-792-6433  
 Email: [xjasper@iastate.edu](mailto: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](http://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](http://www.newtoncsd.org)  
 Phone: 641-792-7324

**Baxter Community School**

202 E. State St.  
 Baxter, IA 50028  
 Website: [www.baxter.k12.ia.us](http://www.baxter.k12.ia.us)  
 Phone: 641-227-3102

**Berg Middle School**

1900 N. 5th Ave. E.  
 Newton, IA 50208  
 Website: [www.newtoncsd.org](http://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](http://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](http://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](http://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](http://www.newtoncsd.org)  
 Phone: 641-792-3982

**Lynnville-Sully Community School District**

12476 Hwy. F-62 East  
 Sully, IA 50251  
 Website: [www.lshawks.org](http://www.lshawks.org)  
 Phone: 641-594-4445

**Monroe Elementary School**

400 N Jasper St.  
 Monroe, IA 50170  
 Website: [www.pcmunroe.k12.ia.ua](http://www.pcmunroe.k12.ia.ua)  
 Phone: 641-259-2314

**Newton Christian School**

1710 N 11th Ave. East  
 Newton, IA 50208  
 Website: [www.newtonchristianschool.com](http://www.newtonchristianschool.com)  
 Phone: 641-792-1924

**Newton Schools Administration Offices**

1302 First Ave West  
 Newton, IA 50208  
 Website: [www.newtoncsd.org](http://www.newtoncsd.org)  
 Phone: 641-792-5809

**Newton Senior High School**

800 E 4th St. South  
 Newton, IA 50208  
 Website: [www.newtoncsd.org](http://www.newtoncsd.org)  
 Phone: 641-792-5797

**Prairie City Elementary School**

309 E Plainsmen Rd.  
 Prairie City, IA 50228  
 Website: [www.pcmmonroe.k12.ia.us](http://www.pcmmonroe.k12.ia.us)  
 Phone: 515-994-2377

**Prairie City Monroe High School**

400 E Hwy. 163  
 Monroe, IA 50170  
 Website: [www.pcmmonroe.k12.ia.us](http://www.pcmmonroe.k12.ia.us)  
 Phone: 641-259-2315

**Prairie City Monroe Middle School**

407 E Plainsmen Rd.  
 Prairie City, IA 50228  
 Website: [www.pcmmonroe.k12.ia.us](http://www.pcmmonroe.k12.ia.us)  
 Phone: 515-994-2686

**Sully Christian School**

12629 S 92nd Ave. East  
 Sully, IA 50208  
 Website: [www.sullychristian.org](http://www.sullychristian.org)  
 Phone: 641-594-4180

**Thomas Jefferson Elementary School**

112 Thomas Jefferson Dr.  
 Newton, IA 50208  
 Website: [www.newtoncsd.org](http://www.newtoncsd.org)  
 Phone: 641-792-2498

**Woodrow Wilson Elementary**

801 S 6th Ave. West  
 Newton, IA 50208  
 Website: [www.newtoncsd.org](http://www.newtoncsd.org)  
 Phone: 641-792-7311

**West Academy Alternative High School**

1302 1st Avenue W  
 Newton, IA 50208  
 Website: [www.newtoncsd.org](http://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](http://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](http://www.pcciowa.org)  
 Email: [pcciowa@pcciowa.com](mailto: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](http://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](http://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](http://www.pellahealth.org)  
 Phone: 641-259-2155

**Newton Clinic**

300 N 4th Ave. East  
 Newton, IA 50208  
 Website: [www.newtonclinic.com](http://www.newtonclinic.com)  
 Phone: 641-792-2112

**Skiff Medical Center**

204 N 4th Ave. East  
 Newton, IA 50208  
 Website: [www.skiffmed.com](http://www.skiffmed.com)  
 Phone: 641-792-1273

**Sully Medical Clinic (Pella Regional Health Center)**

704 3rd St.  
Sully, IA 50251  
Website: [www.pellahealth.org](http://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](http://www.211iowa.org)

**AIDS Information Hotline**

Phone: 800-448-0440  
Website: [www.aids.gov](http://www.aids.gov)

**Al-Anon Hotline**

Phone: 1-888-4AL-ANON (1-888-425-2666)  
Website: [www.al-anon.alateen.org](http://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](http://www.ada.gov)

**Central Iowa Crisis Line**

Toll-Free Crisis Line: 844-258-8858  
Online Chat Counseling: [www.Foundation2CrisisChat.org](http://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](http://www.glbthotline.org)

**Iowa Compass Hotline**

Phone: 800-779-2001  
Website: [www.iowacompass.org](http://www.iowacompass.org)

**Iowa Gambling Treatment Program**

Phone: 800-BETS-OFF  
Website: [www.1800betsoff.org](http://www.1800betsoff.org)

**Iowa Healthy Family Hotline**

Phone: 800-369-2229

**Lawyer Referral Services Hotline**

Phone: 800-532-1108  
Website: [www.iowafindalawyer.com](http://www.iowafindalawyer.com)

**Medline Plus**

Website: [www.medlineplus.gov](http://www.medlineplus.gov)

**National Alliance on Mental Illness Helpline**

Phone: 800-950-6264  
Website: [www.nami.org](http://www.nami.org)

**National Council on Alcoholism and Drug Dependence Hope Line**

Phone: 800-622-2255  
Website: [www.ncadd.org](http://www.ncadd.org)

**Mental Health America**

Phone: 800-969-6642  
Website: [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)

**National Life Center**

Phone: 800-848-5683  
Website: [www.nationallifecenter.com](http://www.nationallifecenter.com)

**National Runaway Switchboard**

Phone: 800-RUNAWAY or 800-786-2929  
Website: [www.1800runaway.org](http://www.1800runaway.org)

**National Suicide Prevention Lifeline**

Phone: 800-273-TALK or 800-273-8255  
Website: [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**Rape, Abuse & Incest National Hotline (RAINN)**

Phone: 800-656-HOPE or 800-656-4673  
Website: [www.rainn.org](http://www.rainn.org)

**HOUSING****USDA Rural Development**

Albia Office (Serves Jasper County)  
1709 South B St.  
Albia, IA 52531  
Website: [www.rd.usda.gov](http://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](http://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](http://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](http://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](http://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](http://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](mailto: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](http://www.wesleylife.org)  
Phone: 641-791-5000

**Skiff Home Care**

204 N 4th Ave. East  
Website: [www.skiffmed.com](http://www.skiffmed.com)  
Newton, IA 50208  
Phone: 515-643-5353

**Skiff Hospice**

204 N 4th Ave. East  
Newton, IA 50208  
Website: [www.skiffmed.com](http://www.skiffmed.com)  
Phone: 641-792-1273

**WesleyLife Home Care**

501 E 2nd St. North  
Newton, IA 50208  
Website: [www.wesleylife.org](http://www.wesleylife.org)  
Phone: 641-791-4547

**WesleyLife Home Health**

501 E 2nd St. North  
Newton, IA 50208  
Website: [www.wesleylife.org](http://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](http://www.wesleylife.org)  
Phone: 641-791-4500

**PHARMACIES****Benzer Pharmacy**

101 N. Walnut  
Colfax, IA 50054  
Website: [www.benzerpharmacy.com](http://www.benzerpharmacy.com)  
Phone: 515-674-3503

**Hy-Vee Pharmacy**

1501 1st Ave. East  
Newton, IA 50208  
Website: [www.hy-vee.com](http://www.hy-vee.com)  
Phone: 641-792-1000

**Medicine Shoppe**

212 1st St. North  
 Newton, IA 50208  
 Website: [www.medicineshoppe.com](http://www.medicineshoppe.com)  
 Phone: 641-792-3111

**Medicap Pharmacy**

400 1st Ave. West  
 Newton, IA 50208  
 Website: [www.medicap.com](http://www.medicap.com)  
 Phone: 641-792-3528

**Walgreens Pharmacy**

1204 1st Ave. East  
 Newton, IA 50208  
 Website: [www.walgreens.com](http://www.walgreens.com)  
 Phone: 641-792-7379

**Walmart Pharmacy**

300 Iowa Speedway Dr.  
 Newton, IA 50208  
 Website: [www.walmart.com](http://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](http://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](http://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](http://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](http://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](mailto:greateriowa@azl.org)  
 Website: [www.alz.org/greateriowa](http://www.alz.org/greateriowa)  
 Phone: 800-272-3900

**Elderly Nutrition**

2401 1st Ave E  
 Newton, IA 50208  
 Website: [www.co.jasper.ia.us](http://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](http://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://newtoneyclinic.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

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[VVV Consultants LLC]



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## a) Patient Origin Source Files

[VVV Consultants LLC]

**Inpatient Destination Summary Report by County/State  
For January - December 2018**

Jasper														
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Ames, Mary Greeley	22	0.60 %	1	9	5	1	6	92	0.55 %	1	33	26	2	30
Atlantic, Cass Co Mem	3	0.08 %	3	0	0	0	0	10	0.06 %	10	0	0	0	0
Belmond, Iowa Specialty	6	0.16 %	0	3	3	0	0	6	0.04 %	0	3	3	0	0
Carroll, St. Anthony Reg	5	0.14 %	0	5	0	0	0	54	0.32 %	0	54	0	0	0
Cedar Rapids, Mercy	4	0.11 %	0	3	0	0	1	13	0.08 %	0	11	0	0	2
Cedar Rapids, St Luke's	8	0.22 %	0	5	2	1	0	40	0.24 %	0	19	17	4	0
Cherokee, Reg Med Center	1	0.03 %	1	0	0	0	0	2	0.01 %	2	0	0	0	0
Clarion, Iowa Specialty	1	0.03 %	0	0	0	1	0	2	0.01 %	0	0	0	2	0
Corydon, Wayne Co Hosp	1	0.03 %	0	0	0	1	0	1	0.01 %	0	0	0	1	0
Council Bluffs, CHI Hlth	18	0.49 %	6	6	6	0	0	68	0.41 %	29	18	21	0	0
Council Bluffs, Jennie Ed	21	0.58 %	0	10	11	0	0	95	0.57 %	0	51	44	0	0
Davenport, Genesis	4	0.11 %	3	0	1	0	0	17	0.10 %	6	0	11	0	0
Des Moines, Broadlawns	36	0.99 %	6	19	9	1	1	266	1.60 %	10	160	82	4	10
Des Moines, IA. Lutheran	212	5.83 %	11	36	59	45	61	966	5.81 %	38	236	236	184	272
Des Moines, IMMC	713	19.60 %	170	129	140	143	131	3695	22.22 %	720	467	895	796	817
Des Moines, Mercy Med	958	26.34 %	131	212	249	159	207	5001	30.08 %	808	918	1262	923	1090
Dubuque, Finley	1	0.03 %	0	0	1	0	0	5	0.03 %	0	0	5	0	0
Dubuque, Mercy Medical	1	0.03 %	0	1	0	0	0	2	0.01 %	0	2	0	0	0
Grinnell, Grinnell Reg	128	3.52 %	18	34	26	18	32	385	2.32 %	41	88	74	62	120
Iowa City, Mercy	1	0.03 %	0	0	0	0	1	3	0.02 %	0	0	0	0	3
Iowa City, U of I Hosp	216	5.94 %	27	64	62	48	15	1386	8.34 %	157	537	341	274	77
Knoxville, Knoxville Hosp	4	0.11 %	0	0	1	0	3	11	0.07 %	0	0	3	0	8
Marshalltown, Central	17	0.47 %	1	6	1	4	5	41	0.25 %	2	12	2	7	18
Mason City, Mercy Medical	8	0.22 %	1	4	3	0	0	45	0.27 %	5	14	26	0	0

**Inpatient Destination Summary Report by County/State  
For January - December 2018**

Jasper														
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Newton, Skiff Med Center	879	24.17 %	136	167	123	138	315	2812	16.91 %	286	416	430	475	1205
Oskaloosa, Mahaska Hlt	3	0.08 %	1	2	0	0	0	7	0.04 %	2	5	0	0	0
Ottumwa, Ottumwa Reg	9	0.25 %	0	6	3	0	0	58	0.35 %	0	26	32	0	0
Pella, Pella Reg Med Cen	135	3.71 %	39	40	18	15	23	428	2.57 %	89	104	87	44	104
Sioux City, Mercy Med	1	0.03 %	0	1	0	0	0	3	0.02 %	0	3	0	0	0
Sioux City, St Luke's	3	0.08 %	0	2	0	1	0	8	0.05 %	0	7	0	1	0
Spencer, Spencer Hospital	14	0.38 %	0	13	1	0	0	49	0.29 %	0	45	4	0	0
Spirit Lake, Lakes Reg	1	0.03 %	0	0	0	1	0	3	0.02 %	0	0	0	3	0
Waterloo, Allen Hosp	3	0.08 %	0	1	2	0	0	11	0.07 %	0	5	6	0	0
Waterloo, Covenant	17	0.47 %	3	12	2	0	0	48	0.29 %	20	21	7	0	0
West Des Moines, Meth W	97	2.67 %	11	16	27	30	13	231	1.39 %	25	43	58	57	48
West Des Moines, West L	86	2.36 %	0	15	34	22	15	763	4.59 %	0	37	76	595	55
<b>TOTAL</b>	<b>3637</b>	<b>100.00 %</b>	<b>569</b>	<b>821</b>	<b>789</b>	<b>629</b>	<b>829</b>	<b>16627</b>	<b>100.00 %</b>	<b>2251</b>	<b>3335</b>	<b>3748</b>	<b>3434</b>	<b>3859</b>

**Inpatient Destination Summary Report by County/State  
For January - December 2019**

Jasper														
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Ames, Mary Greeley	29	0.77 %	3	8	10	5	3	175	0.98 %	5	54	65	40	11
Atlantic, Cass Co Mem	4	0.11 %	1	1	1	0	1	11	0.06 %	1	2	3	0	5
Belmond, Iowa Specialty	9	0.24 %	0	3	6	0	0	9	0.05 %	0	3	6	0	0
Boone, Boone Co Hosp	2	0.05 %	1	1	0	0	0	4	0.02 %	2	2	0	0	0
Carroll, St. Anthony Reg	18	0.48 %	0	13	4	1	0	151	0.85 %	0	87	31	33	0
Cedar Rapids, Mercy	6	0.16 %	0	4	0	1	1	21	0.12 %	0	14	0	5	2
Cedar Rapids, St Luke's	8	0.21 %	1	4	3	0	0	44	0.25 %	4	19	21	0	0
Clive, MercyOne Rehab	30	0.79 %	0	1	9	14	6	338	1.90 %	0	16	108	164	50
Corydon, Wayne Co Hosp	1	0.03 %	0	0	0	0	1	1	0.01 %	0	0	0	0	1
Council Bluffs, CHI Hlth	14	0.37 %	6	7	1	0	0	57	0.32 %	27	26	4	0	0
Council Bluffs, Jennie Ed	28	0.74 %	0	18	10	0	0	103	0.58 %	0	66	37	0	0
Davenport, Genesis	4	0.11 %	1	3	0	0	0	15	0.08 %	7	8	0	0	0
Des Moines, Broadlawn	40	1.06 %	5	21	10	3	1	182	1.02 %	11	116	40	12	3
Des Moines, IA. Lutheran	213	5.64 %	27	37	61	38	50	1094	6.14 %	115	162	386	154	277
Des Moines, IMMC	685	18.14 %	144	119	141	137	144	3403	19.10 %	521	379	907	825	771
Des Moines, Mercy Med	1115	29.52 %	150	208	281	205	271	6231	34.97 %	1015	940	1688	1164	1424
Dubuque, Finley	5	0.13 %	0	0	2	2	1	70	0.39 %	0	0	33	24	13
Dubuque, Mercy Medical	2	0.05 %	2	0	0	0	0	4	0.02 %	4	0	0	0	0
Fort Dodge, Trinity	1	0.03 %	0	0	1	0	0	25	0.14 %	0	0	25	0	0
Grinnell, Grinnell Reg	137	3.63 %	22	57	18	17	23	473	2.65 %	57	170	92	63	91
Iowa City, Mercy	4	0.11 %	0	2	2	0	0	9	0.05 %	0	7	2	0	0
Iowa City, U of I Hosp	166	4.40 %	15	43	62	34	12	1150	6.45 %	52	409	341	203	145
Knoxville, Knoxville Hosp	7	0.19 %	0	1	0	0	6	26	0.15 %	0	3	0	0	23
Marengo, Marengo Mem Hosp	1	0.03 %	0	1	0	0	0	4	0.02 %	0	4	0	0	0

**Inpatient Destination Summary Report by County/State  
For January - December 2019**

Jasper														
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Marshalltown, Central	13	0.34 %	1	2	5	3	2	40	0.22 %	8	7	9	12	4
Mason City, Mercy Medical	4	0.11 %	1	3	0	0	0	12	0.07 %	5	7	0	0	0
Newton, Skiff Med Center	859	22.74 %	135	184	135	131	274	2849	15.99 %	277	442	436	566	1128
Oskaloosa, Mahaska Hlt	3	0.08 %	0	1	1	0	1	8	0.04 %	0	3	3	0	2
Ottumwa, Ottumwa Reg	7	0.19 %	0	3	4	0	0	72	0.40 %	0	12	60	0	0
Pella, Pella Reg Med Cen	144	3.81 %	42	46	12	15	29	393	2.21 %	87	113	32	58	103
Sioux City, Mercy Med	2	0.05 %	0	0	2	0	0	82	0.46 %	0	0	82	0	0
Sioux City, St Luke's	4	0.11 %	0	3	1	0	0	15	0.08 %	0	12	3	0	0
Spencer, Spencer Hospital	10	0.26 %	0	7	2	1	0	70	0.39 %	0	58	9	3	0
Storm Lake, Buena Vista	4	0.11 %	0	0	0	4	0	67	0.38 %	0	0	0	67	0
Waterloo, Allen Hosp	1	0.03 %	0	1	0	0	0	4	0.02 %	0	4	0	0	0
Waterloo, Covenant	11	0.29 %	2	6	3	0	0	56	0.31 %	7	28	21	0	0
West Des Moines, Meth W	84	2.22 %	8	13	27	20	16	187	1.05 %	18	34	51	41	43
West Des Moines, West L	102	2.70 %	0	24	29	24	25	363	2.04 %	0	72	89	81	121
<b>TOTAL</b>	<b>3777</b>	<b>100.00 %</b>	<b>567</b>	<b>845</b>	<b>843</b>	<b>655</b>	<b>867</b>	<b>17818</b>	<b>100.00 %</b>	<b>2223</b>	<b>3279</b>	<b>4584</b>	<b>3515</b>	<b>4217</b>

**Inpatient Destination Summary Report by County/State  
For January - December 2020**

Jasper														
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Ames, Mary Greeley	11	0.33 %	0	6	1	2	2	43	0.26 %	0	21	5	11	6
Atlantic, Cass Co Mem	2	0.06 %	1	1	0	0	0	5	0.03 %	2	3	0	0	0
Belmond, Iowa Specialty	2	0.06 %	0	2	0	0	0	2	0.01 %	0	2	0	0	0
Bettendorf, UnityPoint	1	0.03 %	0	0	0	1	0	8	0.05 %	0	0	0	8	0
Carroll, St. Anthony Reg	18	0.53 %	0	11	6	0	1	60	0.36 %	0	35	21	0	4
Cedar Rapids, Mercy	3	0.09 %	0	3	0	0	0	19	0.11 %	0	19	0	0	0
Cedar Rapids, St Luke's	9	0.27 %	5	3	1	0	0	44	0.26 %	18	11	15	0	0
Clive, MercyOne Rehab	29	0.86 %	0	1	11	5	12	335	2.00 %	0	12	120	69	134
Council Bluffs, CHI Hlth	14	0.41 %	5	7	2	0	0	61	0.36 %	24	28	9	0	0
Council Bluffs, Jennie Ed	14	0.41 %	0	11	3	0	0	57	0.34 %	0	42	15	0	0
Davenport, Genesis	4	0.12 %	1	3	0	0	0	9	0.05 %	3	6	0	0	0
Des Moines, Broadlawns	33	0.98 %	8	17	7	1	0	204	1.22 %	19	80	102	3	0
Des Moines, IA. Lutheran	129	3.81 %	23	21	32	28	25	1041	6.22 %	159	113	360	115	294
Des Moines, IMMC	622	18.39 %	145	120	133	92	132	3424	20.46 %	748	363	756	594	963
Des Moines, Mercy Med	1114	32.93 %	147	228	260	219	260	6268	37.45 %	750	917	1530	1475	1596
Dubuque, Mercy Medical	1	0.03 %	0	0	1	0	0	8	0.05 %	0	0	8	0	0
Fort Dodge, Trinity	1	0.03 %	0	0	0	1	0	1	0.01 %	0	0	0	1	0
Grinnell, Grinnell Reg	99	2.93 %	9	38	19	15	18	319	1.91 %	14	116	59	47	83
Iowa City, Mercy	6	0.18 %	0	1	4	0	1	23	0.14 %	0	1	21	0	1
Iowa City, U of I Hosp	152	4.49 %	28	44	46	22	12	925	5.53 %	203	220	297	119	86
Knoxville, Knoxville Hosp	5	0.15 %	0	0	0	0	5	22	0.13 %	0	0	0	0	22
Marshalltown, Central	13	0.38 %	0	2	7	0	4	59	0.35 %	0	2	41	0	16
Mason City, Mercy Medical	6	0.18 %	2	3	1	0	0	23	0.14 %	13	6	4	0	0
Newton, Skiff Med Center	728	21.52 %	121	142	116	98	251	2632	15.73 %	244	355	503	493	1037

**Inpatient Destination Summary Report by County/State  
For January - December 2020**

Jasper														
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Oskaloosa, Mahaska Hlt	2	0.06 %	1	1	0	0	0	4	0.02 %	2	2	0	0	0
Ottumwa, Ottumwa Reg	7	0.21 %	0	3	2	2	0	43	0.26 %	0	16	9	18	0
Pella, Pella Reg Med Cen	174	5.14 %	58	60	16	11	29	493	2.95 %	110	140	62	53	128
Sioux City, St Luke's	3	0.09 %	0	1	2	0	0	13	0.08 %	0	2	11	0	0
Spencer, Spencer Hospital	4	0.12 %	0	4	0	0	0	36	0.22 %	0	36	0	0	0
Waterloo, Allen Hosp	5	0.15 %	0	2	2	0	1	24	0.14 %	0	11	12	0	1
Waterloo, Covenant	6	0.18 %	2	3	0	1	0	17	0.10 %	5	6	0	6	0
West Burlington, Grt Rrv	2	0.06 %	0	0	0	2	0	8	0.05 %	0	0	0	8	0
West Des Moines, Meth W	83	2.45 %	12	19	20	17	15	169	1.01 %	25	50	34	27	33
West Des Moines, West L	81	2.39 %	0	9	25	31	16	338	2.02 %	0	31	99	132	76
<b>TOTAL</b>	<b>3383</b>	<b>100.00 %</b>	<b>568</b>	<b>766</b>	<b>717</b>	<b>548</b>	<b>784</b>	<b>16737</b>	<b>100.00 %</b>	<b>2339</b>	<b>2646</b>	<b>4093</b>	<b>3179</b>	<b>4480</b>

# Outpatient Origin Reports

IHA OP Visits by Peers for Jasper County Only (Top 10)		2019 CY					
		<18	18-44	45-64	65-74	75+	Total
#	Total	26,604	84,782	115,379	73,380	69,406	369,551
1	Newton - MercyOne Newton Medical Center	11,437	42,500	61,994	44,528	46,108	206,567
2	Pella - Pella Regional Health Center	3,423	12,937	17,213	9,048	8,795	51,416
3	Iowa City - Univ. Of Iowa Hospitals & Clinics	3,381	7,508	8,034	3,847	1,475	24,245
4	Des Moines - UnityPoint Health - Iowa Meth Med Center	3,601	4,934	7,142	3,896	2,813	22,386
5	Des Moines - MercyOne Des Moines Medical Center	2,018	3,486	5,609	3,533	3,050	17,696
6	Grinnell - UnityPoint Health Grinnell Regional Medical Center	862	4,630	4,885	2,907	2,752	16,036
7	Des Moines - UnityPoint Health - Iowa Lutheran Hosp	1,024	2,651	4,054	2,024	1,351	11,104
8	Des Moines - Broadlawns Medical Center	38	1,370	1,648	805	205	4,066
9	Knoxville - Knoxville Hospital & Clinics	306	645	1,310	375	1,218	3,854
10	Marshalltown - UnityPoint Health - Marshalltown	126	482	671	800	614	2,693

IHA OP Visits by Peers for Jasper County Only (Top 10)		2020 CY					
		<18	18-44	45-64	65-74	75+	Total
#	Total	21,357	75,544	107,105	67,468	63,871	335,345
1	Newton - MercyOne Newton Medical Center	9,279	37,658	55,196	39,442	42,864	184,439
2	Pella - Pella Regional Health Center	2,791	12,070	16,006	9,391	9,023	49,281
3	Iowa City - Univ. Of Iowa Hospitals & Clinics	2,984	5,678	8,673	3,558	1,162	22,055
4	Des Moines - MercyOne Des Moines Medical Center	1,459	4,651	6,529	4,514	2,699	19,852
5	Des Moines - UnityPoint Health - Iowa Meth Med Center	3,090	4,392	6,582	3,345	2,091	19,500
6	Grinnell - UnityPoint Health Grinnell Regional Medical Center	697	4,170	4,435	2,699	2,185	14,186
7	Des Moines - UnityPoint Health - Iowa Lutheran Hosp	368	1,675	2,687	1,556	931	7,217
8	Knoxville - Knoxville Hospital & Clinics	249	891	1,343	484	1,198	4,165
9	West Des Moines - MercyOne West Des Moines Medical Center	16	801	1,219	812	344	3,192
10	Des Moines - Broadlawns Medical Center	16	877	1,537	330	170	2,930

IHA OP Visits by Peers for Jasper County Only (Top 10)		2021 CY					
		<18	18-44	45-64	65-74	75+	Total
#	Total	17,804	61,881	92,136	62,222	49,902	283,945
1	Newton - MercyOne Newton Medical Center	7,017	28,455	45,183	35,188	29,507	145,350
2	Pella - Pella Regional Health Center	2,180	11,121	14,656	9,299	7,976	45,232
3	Iowa City - Univ. Of Iowa Hospitals & Clinics	2,447	4,326	7,602	2,978	1,339	18,692
4	Des Moines - MercyOne Des Moines Medical Center	1,708	3,457	6,531	3,715	2,526	17,937
5	Des Moines - UnityPoint Health - Iowa Meth Med Center	2,708	3,914	5,009	3,076	2,364	17,071
6	Grinnell - UnityPoint Health Grinnell Regional Medical Center	679	3,791	4,271	2,774	2,727	14,242
7	Des Moines - UnityPoint Health - Iowa Lutheran Hosp	270	1,378	1,997	1,455	956	6,056
8	West Des Moines - MercyOne West Des Moines Medical Center	40	618	1,739	1,005	460	3,862
9	Knoxville - Knoxville Hospital & Clinics	143	785	1,032	712	1,117	3,789
10	Des Moines - Broadlawns Medical Center	32	994	1,223	399	113	2,761



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## b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Jasper County, IA CHNA Town Hall Event: Session 1 (Thursday, March 31st 8:30 - 10:00)						
Brkout	Attend	Lead	Last Name	First Name	Organization	Title
A	X	##	Pryor	Becky	Jasper County Health Department	Board of Health Administrator, RN
A	X		Chabot	Fred	Self	Self
A	X		DePhillips	Alyssa	American Lung Association	Health Promotion Manager
A	X		Engbers	Hillary	MercyOne Newton Medical Center	Manager of Surgical Services
A	X		Fairbanks	Tami	MercyOne Newton Medical Center	RN
A	X		Gary	Melissa		
A	X		King	Jeffrey	MercyOne Newton Medical Center	Board Member
A	X		Norman	Tiffany	MercyOne Newton Medical Center	Administrative Assistant
A	X		Pederson Hundley	Haley	EFR	
A	X		Streeter	Bobbi	Pella Regional Health Center	Nurse Supervisor
A	X		Wolf	Heather	MercyOne Newton Medical Center	
A	X		Van Manen	Kelli	Jasper County Elderly Nutrition	
B	X	##	Kelley	Chad	MercyOne Newton Medical Center	Director of Operations
B	X		Britton	Julie	Newton Police Department	CEO
B	X		Burdess	Rob	Newton Police Department	Chief of Police
B	X		Bennett	Del	Marion County Public Health	1st Five Site Coordinator
B	X		Figland	Lauren	MercyOne Newton Medical Center	Radiology Manager
B	X		Kavars	Tiffiney	Accura HealthCare of Newton	Regional Director of Business Development
B	X		Mancieri	Lauren	QuickVisit Urgent Care	Nurse Practitioner
B	X		Raines	Stacy	MercyOne Newton Medical Center	Finance Manager
B	X		Seals	Jenna	Des Moines Area Community College	Nursing Faculty
B	X		Smith	Julie	Capstone Behavioral Healthcare Inc.	Director

Jasper County, IA CHNA Town Hall Event: Session 2 (N=30) (Thursday, March 31st 11:30 - 1:00)						
Brkout	Attend	Lead	Last Name	First Name	Organization	Title
A	X	##	Kelley	Chad	MercyOne Newton Medical Center	Director of Operations
A	X		Adam	Angela	Newton Village	Executive Director/Administrator
A	X		Adam	Otto	MercyOne Newton Medical Center	Board Member
A	X		Akins	Donna	Jasper Co Public Health Board	Board Member
A	X		Blanchard	Amy	JMP ECI	Early Childhood Iowa Director
A	X		Forst	Shawna	MercyOne Newton Medical Center	
A	X		Fouts	Catherine	Lambs Grove	City Council
A	X		Garrels	Cheryl	MercyOne Newton Medical Center	Community Health Worker
A	X		George	Evelyn	Newton city council	Council at large
A	X		Macksey	Carol	First Christian Church	Board Chair
A	X		Monroe	Judith	Neighbors Helping Neighbors	Volunteer coordinator
A	X		Pence	Debby	MercyOne Newton Medical Center	Trustee
A	X		Seidenkranz	Penny	Employee and Family Resources	Prevention Specialist
A	X		Voshell	Margot	Board of Health	Board Chain
A	X		Wisnieski	Jeff	Home Instead	Owner
B	X	##	Conner	Laurie	MercyOne Newton Medical Center	President
B	X		Fiorentin	Lisa	Pella Regional Prairie City Clinic	Clinic Manager
B	X		Friedman	Robyn	MercyOne Newton Medical Center	Rehabilitation Manager
B	X		Gunn	Nichole	Employee and Family Resources	
B	X		Jones	Brach	QuickVisit Urgent Care	ARNP
B	X		Kuhn	Katie	Newton Healthcare Center	Community Liaison Director
B	X		Messinger	Tom	Newton CSD	Superintendent
B	X		Pryor	Becky	Jasper County Health Department	Board of Health Administrator, RN
B	X		Rhoads	Kristi	Eye Care Center of Newton	Optometrist
B	X		Schippers	Keri	MercyOne Newton Medical Center	Inpatient Manager
B	X		Smith	Brenda	MercyOne Newton Medical Center	Specialty Clinics Manager
B	X		Thomas	Kim	City of Monroe	
B	X		Thompson	Stacy	Progress Industries	Program Supervisor
B	X		Winfield	Kristina	Jasper County Health Department	Public Health Coordinator
B	X				DMACC Newton Team	

# Jasper County Town Hall Event Notes

Session 1 Attendance: N=22 Session 1 Attendance: N=

Date: 3/31/2022 – Session 1: 8:30 a.m. – 10:00 a.m. Session 2: 11:30 a.m. to 1:00 p.m.

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## Needs

- Mental/Behavioral Health
- Drug/Substance Abuse
- Senior Care
- Pediatrics
- Dental (Medicaid Accepting)
- Healthcare Transportation
- Care Coordination
- Outpatient Services
- Homelessness Services
- Access to Specialists
- Child Care
- Primary Care (Providers)
- Owning Your Health
- Obesity (Exercise/Nutrition)
- Healthcare Staffing
- Women's Health
- Affordable Housing
- Awareness of Healthcare Services
- Suicide
- Chronic Disease Management
- Poverty
- New Emergency Room
- Preventative Health / Wellness
- Food Insecurity
- Home Health

## Strengths

- Dental Care
- Pharmacy
- Transportation (City)
- Eye Care
- Underinsured / Uninsured Education
- Health Education
- EMS / Ambulance Services
- Quality of Specialists
- Mobile Crisis Unit
- Residential Care for Substance Abuse
- Connection Center
- YMCA
- Food Programs (All ages)
- Pandemic Planning
- Public Health
- Collaborative / Engaged Community
- Walk-In Clinic
- ER Services
- Community Green Space
- Law Enforcement
- School Health
- Access to Primary Care
- Western Academy
- Youth Literacy / Library
- Community Events
- Parks / Recreation
- Jasper Coalition
- Long-term Care / Nursing Home Access

## EMAIL #1 Request Message

**From:** Chad Kelley, Director of Operations; Becky Pryor, Administrator Jasper County Public Health

**Date:** 1/31/2021

**To:** Community Leaders, Providers and Hospital Board and Staff

**Subject:** Jasper County Community Health Needs Assessment 2022

**MercyOne Newton Medical Center and Jasper County Public Health** are working together with other community health providers to update the Jasper County Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2019 CHNA report and to collect up-to-date community health perceptions for 2022.

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential.

To gather community feedback, a short and confidential online survey has been developed. It can be accessed through the link below

**LINK:** [https://www.surveymonkey.com/r/CHNA2022\\_MercyOneNewtonIA](https://www.surveymonkey.com/r/CHNA2022_MercyOneNewtonIA)

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **Monday, March 3<sup>rd</sup>**. In addition, please **HOLD the date** for the virtual Town Hall meeting scheduled **Thursday, March 31<sup>st</sup>**, from **11:30 p.m. - 1:00 p.m.**

*Thank you in advance for your time and support!*

Please contact the PR department at MercyOne Newton with any questions at [PR@skiffmed.com](mailto:PR@skiffmed.com)

Date: 1/25/2022 for Media Release: 1/31/22

To: All area Jasper County Media

From: Jasper County Health Department, Becky Pryor, Administrator

RE: Jasper County Community Health Needs Assessment

## **Jasper County Seeking Public Feedback on Health Needs**

MercyOne Newton Medical Center and Jasper County Public Health will be working together in the coming months with community leaders and health care providers to update the 2022 Jasper County Community Health Needs Assessment (CHNA) previously done in 2019. These partners are seeking input from the public to understand the healthcare needs of Jasper County residents.

The goal of this assessment update is to understand progress in addressing health needs cited in the 2019 CHNA report and to collect up-to-date community health perceptions. VVV Consultants LLC, an independent health care consulting firm from Olathe, Kan., has been retained to conduct countywide research. A brief community survey has been developed in order to accomplish this work.

To access the link to participate in this survey, please visit MercyOne Newton Medical Center web site, Jasper County Public Health web site, or their social media sites. Responses are confidential, and the survey takes about 5 to 10 minutes to complete.

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by Thursday, March 3. Additionally, interested participants may join a virtual town hall meeting on Thursday, March 31 from 11:30 a.m.-1 p.m.

To learn more about CHNA activities or to participate in the town hall, e-mail MercyOne Newton at [pr@skiffmed.com](mailto:pr@skiffmed.com).

## **EMAIL #2 Request Message**

**From:** Chad Kelley, Director of Operations; Becky Pryor, Administrator Jasper County Public Health

**Date:** 03/01/2022

**To:** Community Leaders, Providers and Hospital Board and Staff

**Subject:** Jasper County Community Health Needs Assessment Town Hall Event

**MercyOne Newton Medical Center and Jasper County Public Health** are hosting a scheduled virtual Town Hall Meeting for the 2022 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs. This event will be held on **Thursday, March 31<sup>st</sup>**, from **11:30 a.m. – 1:00 p.m. via Zoom.**

All business leaders and residents are encouraged to join us for this important meeting. In order to adequately prepared for this virtual meeting, it is imperative that those attending RSVP. We hope you find the time to attend this important event by following the link below to complete your RSVP before March 24<sup>th</sup>. Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event.

LINK: [https://www.surveymonkey.com/r/CHNA2022\\_JasperCoIA\\_NewtonRSVP](https://www.surveymonkey.com/r/CHNA2022_JasperCoIA_NewtonRSVP)

*Thanks in advance for your time and support*

Please contact the PR department at MercyOne Newton with any questions at  
PR@skiffmed.com

# Join Jasper County for the 2022 CHNA Town Hall Event

Media Release: 03/01/22

**MercyOne Newton Medical Center and Jasper County Public Health** will be co-hosting a virtual Town Hall meeting for the 2022 Community Health Needs Assessment on **Thursday, March 31<sup>st</sup> via Zoom** from **11:30 a.m. to 1:00 p.m.** During this meeting, we will review the community health indicators and gather feedback opinions on key community needs.

In order for us to adequately prepare for this vital virtual Town Hall event, it is imperative that all RSVP who wish to attend. Please visit our The Jasper County Public Health website, MercyOne Newton Medical Center website, or either entity's Facebook site to obtain the link to complete your RSVP! We hope that you find the time to join us for this important event on March 31<sup>st</sup>. Thanks in advance for your time and support!

Note> Those who RSVP will receive additional information via email a few days prior to the event.

*Please contact the PR department at MercyOne Newton with any questions at [PR@skiffmed.com](mailto:PR@skiffmed.com)*

## d.) Primary Research Detail

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[VVV Consultants LLC]



## CHNA 2022 Community Feedback: Jasper Co, IA (N=341)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1160	50208	Average	Increasing - moving up	ALC	SMOK		Drinking and smoking
1232		Poor		BH			mental health is not recognized by criminal justice system and therefore is criminalized rather than appropriate care
1150	50028	Good	Not really changing much	DENT	INSU	OPHT	Dental insurance coverage, vision and difficulty getting routine Dr. appointments.
1178	50054	Good	Not really changing much	DRUG	BH		Addiction and Mental Health are often hand in hand
1233	50208	Average	Decreasing - slipping downward	DRUG			Drug abuse
1111	50208	Good	Increasing - moving up	DRUG			Drugs
1214	50208	Good	Increasing - moving up	DRUG			Root causes--Poverty. Poor nutrition, smoking, substance abuse,
1098	50208	Average	Not really changing much	DRUG			Drugs. It all comes down to drugs and addiction
1040	50208	Average	Not really changing much	DRUG			Substance abuse
1052	50208	Good	Not really changing much	ECON	NUTR	EDU	Teaching people how to manage small finances and cook healthy meals for their families
1333	50208	Good	Increasing - moving up	EDU			Lack of educated residents
1149		Good	Not really changing much	FINA	INSU		cost of cost of copays and deductibles discourage people from getting care
1187	50208	Good	Increasing - moving up	HOUS	DRUG		Homelessness/drug abuse
1027	50208	Average	Not really changing much	LDRS	EDU		Weak and uninformed leadership at BOS county level
1219	50208	Good	Increasing - moving up	NUTR	CHRON		The restaurants drive disease. Horrible food dressed up to be tasty and addictive simply drive disease. Heart disease and stroke. That's the filthy dirty little truth we can't talk about because it isn't going to change. We're killing ourselves.
1169	50208	Good	Not really changing much	OBES	DRUG	BH	Obesity, substance abuse, inpatient mental health (long term)
1014	50208	Good	Decreasing - slipping downward	OWN			lack of individuals taking responsibility for themselves and there own well being
1044	50208	Very Good	Decreasing - slipping downward	OWN			neglect can be by the individual in their own care
1105	50135	Very Good	Increasing - moving up	OWN			Individuals not taking responsibility for their health.
1231	50208	Very Good	Increasing - moving up	OWN			Lack of interest in healthy living
1096	50009	Very Good	Increasing - moving up	OWN			lack of personal responsibility
1214	50208	Good	Increasing - moving up	POV	NUTR	SMOK	Root causes--Poverty. Poor nutrition, smoking, substance abuse,
1126	50009	Good	Decreasing - slipping downward	PREV			Not allot of prevention initiatives
1006	50208	Very Good	Increasing - moving up	PREV			Not a priority until a person is really ill and then they want and need assistance.
1150	50028	Good	Not really changing much	PRIM	SCH		Dental insurance coverage, vision and difficulty getting routine Dr. appointments.
1304	50208	Average	Not really changing much	SAFE	ECON		Poor farming choice of insecticides and fertilizer s.
1196	50208	Very Poor	Not really changing much	SCH	WAIT	SPEC	Excessive wait times for appointments for specialist

## CHNA 2022 Community Feedback: Jasper Co, IA (N=341)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1232		Poor		ACC	DOCS		better access to licensed professionals
1238	50208	Average	Decreasing - slipping downward	ACC	EMER		increase access to diagnostics for emergency situations
1298	50028	Poor	Decreasing - slipping downward	ACC	SCH	DOCS	Drs are not available when needed
1214	50208	Good	Increasing - moving up	ACC	SPEC	NEU	We, as well as most areas of the rural communities could use more access to specialty care-neuro/ortho/cardiology . Access to dental care for medicaid and low income residents is ongoing major issue--the state needs to address this, but poor people have little influence .
1219	50208	Good	Increasing - moving up	BH	ADOL		Mental health is lacking. Especially for minors.
1233	50208	Average	Decreasing - slipping downward	BH	CLIN	HRS	Limited mental health resources outside of normal business hours. Limited walk in availability outside of normal business hours. In all honesty, kids get sick after school and with parents that work till 5 pm that doesn't leave many options but to take the kid to the ER or wait until the next day and hope they can get in with their PCP.
1051	50208	Good	Not really changing much	BH	HRS	HOSP	There is not ample mental health care options for walk-in or after hours. If you have more than a paper cut it's best to go to a Des Moines hospital. Local hospital has limited resources to treat anything serious.
1089	50208	Average	Decreasing - slipping downward	BH	NEU	URL	Mental Health Visiting Providers- Neurology, Urology, Pediatrician, Gastroenterology, Endocrinology
1216	50208	Average	Not really changing much	BH	SPEC	DENT	mental health providers specialty providers dentist
1247	50208	Very Good	Increasing - moving up	BH			Missing available mental health therapy and services at times
1167	50170	Average	Not really changing much	BH			We need to improve our mental health care.
1004	50208	Good	Not really changing much	CHRON	BH		My needs are currently met. I think there are chronic care needs and mental health needs that cannot be met within the community.
1300	50208	Average	Not really changing much	CLIN	DOCS		More clinics and more providers are needed.
1108	50208	Poor	Decreasing - slipping downward	CLIN	HOURS	DOCS	We have a large quantity of overnight workers in Jasper County. There are no non emergency services after 8:00 PM. We dont have any providers available for family planning or OBGYN.
1165	50208	Very Poor	Decreasing - slipping downward	CLIN	HRS		Newton Clinic is not open late enough and is hard at times to get into, Urgent care is small and gets very busy as well
1157	50208	Good	Not really changing much	CLIN	HRS		Need 24/7 coverage for urgent care.
1308	50208	Poor	Not really changing much	CLIN	INSU	FINA	Clinic closes too early and insurances discourage using urgent care clinics due to increased fees for same care but outside of regular business hours
1061		Good	Decreasing - slipping downward	CLIN	SCH	WAIT	Quick Visit has been a great addition for extended hours and ability to perform more testing. It is hard to get an appointment at Capstone/Optimae. I feel if someone is requiring an initial appointment for mental health they shouldn't be delayed for an appointment.
1153	50208	Average	Not really changing much	CLIN	SCH	EMER	Need 24 hour clinic Appointments available on day needed Not so long waits at ER
1275	50208	Average	Not really changing much	CLIN	SCH		There should be a clinic in every town. PC has one from Pella so does Sully. Colfax, Lynnville, Monroe, Baxter, Mingo all have to drive somewhere for care and that is IF they can fit you in or are taking new people.
1235	50208	Poor	Not really changing much	CLIN	TRAIN	NURSE	The Newton Clinic needs new doctors who are up to date. And nursing staff who can keep track of patients and patient needs better.
1336	50208	Average	Not really changing much	CLIN			New Quick Care Clinic has helped
1027	50208	Average	Not really changing much	CLIN			There is one clinic that provides services for most of the county. They are to small to meet the community needs
1122	50208	Very Good	Increasing - moving up	COVID	STFF	APP	Due to Covid and the plethora of local residents who are anti-vaccine and do not follow CDC guidelines, the community Covid rate is higher in Iowa than most metro areas. It puts an unf'air burden on our first responders, front-line healthcare nurses and doctors and nursing homes. I think our Governor should have been firmer and allowed mandates to keep Iowa and its small communities safer.
1187	50208	Good	Increasing - moving up	COVID	STFF	NURSE	I feel here in Newton, we are okay with staff, but COVID has impacted staffing in nursing.
1131	50208	Poor	Decreasing - slipping downward	DENT	INSU		Dental care for state insurance
1237	50208	Good	Decreasing - slipping downward	DOCS	ACC		Not many doctors at the Newton Clinic are accepting patients.
1312	50135	Poor	Decreasing - slipping downward	DOCS	EMER	QUAL	New/more caring docs in the er. Not enough
1304	50208	Average	Not really changing much	DOCS	QUAL		There is room for better providers.
1005	50208	Average	Not really changing much	DOCS	SCH		cant get a doctor that you can get into on a regular basis
1261	50208	Good	Not really changing much	DOCS			More selection of providers
1303	50208	Average	Not really changing much	DOCS			We need more doctors in Jasper county.
1120	50208	Average	Decreasing - slipping downward	EMER	OUT		When health emergency always taken to Iowa city or Des Moines
1145	50028	Very Poor	Decreasing - slipping downward	EMER	PRIM	DOCS	Not enough ER doctors. Not enough primary care physicians.
1182	50208	Average	Increasing - moving up	EMER	WAIT		ER wait is way too long.
1126	50009	Good	Decreasing - slipping downward	EMER			ER
1249	50208	Good	Not really changing much	EMER			ER
1136	50054	Poor	Not really changing much	EMS	RET	OUT	Rural communities need better EMS help. Our community cannot keep an physician in our community. Residents have to travel to Des Moines area or Newton for health care.
1178	50054	Good	Not really changing much	EMS	TRAIN		At the prehospital level, additional volunteers, trained and competent to respond to EMS calls.
1108	50208	Poor	Decreasing - slipping downward	FAM	OBG		We have a large quantity of overnight workers in Jasper County. There are no non emergency services after 8:00 PM. We dont have any providers available for family planning or OBGYN.
1334	50208	Average	Not really changing much	FEM	SPEC		Would love to have women's health specialist
1268	50208	Average	Decreasing - slipping downward	FP			Family Practice
1314	50208	Poor	Decreasing - slipping downward	FP			More Family practice options besides MercyOne

## CHNA 2022 Community Feedback: Jasper Co, IA (N=341)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1116	50208	Very Good	Increasing - moving up	FP			Our gp is not always available so we must often see a different dr.
1155	50208	Average	Increasing - moving up	HH			Homecare options
1324	50208	Good	Decreasing - slipping downward	HRS			More weekend care available.
1223	5208	Poor	Decreasing - slipping downward	HRS			Need later hours to help with working people
1176	50638	Average	Not really changing much	HRS			No, not offered at the right times. Extended hours should be considered. I think this is an issue everywhere right now considering the pandemic.
1102	50208	Good	Increasing - moving up	IFD	NP		For primary care, yes. For specialty care, no. We need a hepatologist, gastroenterologist, infectious disease specialist, or nurse practitioner who focuses on liver disease for Hep C treatment.
1214	50208	Good	Increasing - moving up	INSU			We, as well as most areas of the rural communities could use more access to specialty care-neuro/ortho/cardiology . Access to dental care for medicaid and low income residents is ongoing major issue--the state needs to address this, but poor people have little influence .
1169	50208	Good	Not really changing much	IP	BH	DRUG	Inpatient mental health facilities and inpatient substance abuse facilities.
1069	50208	Poor	Not really changing much	NO			No past bad experiences multiple times
1278	50208	Very Good	Increasing - moving up	NURSE	STFF		I feel that the nurses are required to work such long hours that it can't be healthy for them or their patients. I'd like to see them get more help
1214	50208	Good	Increasing - moving up	ORTHO	CARD	DENT	We, as well as most areas of the rural communities could use more access to specialty care-neuro/ortho/cardiology . Access to dental care for medicaid and low income residents is ongoing major issue--the state needs to address this, but poor people have little influence .
1089	50208	Average	Decreasing - slipping downward	PEDS	GAS	ENDO	Mental Health Visiting Providers- Neurology, Urology, Pediatrician, Gastroenterology, Endocrinology
1331	50208	Good	Not really changing much	PEDS	WAIT	CLIN	Pediatrician desperately needed. Long waits at the clinic and the ER.
1066	50208	Average	Increasing - moving up	PEDS			We need a pediatrician!
1026	50317	Average	Increasing - moving up	PRIM	BH	DRUG	primary care, mental health care, drug treatment
1144	50054	Good	Increasing - moving up	PRIM	CLIN		Need a primary health clinic in Colfax.
1149		Good	Not really changing much	PRIM	CLIN	WAIT	It takes too long to get into a provider unless it is emergent. If I wait for urgent care ,with or without Covid, it was 1-2 hour wait for care.
1315		Good	Not really changing much	PRIM	FP		Primary care and family practice
1102	50208	Good	Increasing - moving up	PRIM	HEP	GAS	For primary care, yes. For specialty care, no. We need a hepatologist, gastroenterologist, infectious disease specialist, or nurse practitioner who focuses on liver disease for Hep C treatment.
1230	50219	Good	Increasing - moving up	PRIM	PEDS	URL	Need more primary care physicians, pediatrician, urology specialist.
1174	50208	Average	Decreasing - slipping downward	PRIM	SCH	ACC	There are days where you absolutely can't get into see your primary care provider and have to see whoever is on call
1320	50208	Average	Not really changing much	PRIM	SCH	ACC	It feels impossible to get into your primary care physician in a timely manner.
1150	50028	Good	Not really changing much	PRIM	SCH	ACC	It takes too long to get into a provider unless emergent when you have to take the on call provider that you have never seen.
1293	50208	Average	Not really changing much	PRIM	SCH	ACC	Long waits for PCP appointments.
1166	50208	Average	Decreasing - slipping downward	PRIM			More options for primary care, other than Newton Clinic
1013	50208	Average	Decreasing - slipping downward	PRIM			Need more primary care Dr's
1326	50208	Good	Not really changing much	PRIM			More primary doctors
1196	50208	Very Poor	Not really changing much	QUAL	DOCS		Its not about quantity. Its about quality. I don't trust the doctors at our local clinic. That is a problem in any rural town. Great doctors don't relocate to rural towns.
1140	50054	Poor	Decreasing - slipping downward	QUAL	TRAV		Colfax anything
1339	50702	Average	Decreasing - slipping downward	RAD	CANC		No onsite radiation services for cancer patients who require radiation.
1292	50135	Average	Not really changing much	REF			I tried to enlist the services of a particular MD and was refused. I was referred to some just licensed child who I did not trust to have the experience necessary to assist me.
1103	50208	Good	Decreasing - slipping downward	SCAN	WAIT		My husband needed an ultrasound on a Monday (not a holiday) and was told it would be Wednesday as there were no technicians at MercyOne Newton that day.
1340	50208	Good	Not really changing much	SCH	DOCS	ACC	If it takes 3 or 4 months to see a doctor, that means there aren't enough.
1243	50208	Very Good	Increasing - moving up	SCH	WAIT		When you call to schedule an appt at the doctor's office you usually have to wait approx 2 mths to get in
1246	50054	Very Poor	Not really changing much	SH			The schools need support
1078	50028	Good	Not really changing much	SPEC	SCH	WAIT	More specialist or they need to come more often. The wait for an appointment to too long.
1137	50208	Good	Decreasing - slipping downward	SPEC			We lack some specialties
1302	50208	Very Good	Increasing - moving up	SPEC			Specialists
1113	50208	Good	Not really changing much	SPEC			Specialists
1018	50208	Good	Not really changing much	SPEC			specialists
1114	50158	Average	Decreasing - slipping downward	STFF	APP		Over worked under staffed.
1008	50208	Good	Increasing - moving up	STFF	APP		Every healthcare provider is understaffed and overburdened.
1085	50208	Good	Not really changing much	STFF	APP		understaffed, overworked and UNDER paid
1058	50054	Poor	Decreasing - slipping downward	STFF	CLIN	EMER	urgent care and er are very understaffed
1327	50208	Average	Decreasing - slipping downward	STFF	HRS		We overnight is a little short handed
1148	50208	Good	Decreasing - slipping downward	STFF	NURSE		Staffing is a crisis - nurses
1256	50208	Good	Increasing - moving up	STFF	NURSE	SS	Staff shortages of nursing, social work, case management.
1041	50208	Average	Not really changing much	STFF			more staff needed
1322	50208	Good	Not really changing much	STFF			Need more staff
1040	50208	Average	Not really changing much	STFF			Seems always short staffed resulting in trips to the ER that result in hours.
1046	50208	Good	Not really changing much	STFF			The ratio of primary care physicians to patient is roughly 1-1000.
1087	50208	Very Good	Increasing - moving up	SURG			surgeon on call

## CHNA 2022 Community Feedback: Jasper Co, IA (N=341)

ID	Zip	Rating	Movement	c1	c2	c3	Outcome of care is also vitally important. Is the outcome / delivery of care fulfilling the needs for you and the community?
1150	50028	Good	Not really changing much	ACC	TELE		Limited access - would like to see satellite providers in small towns surrounding and supporting Jasper County
1275	50208	Average	Not really changing much	AGE	QUAL		There needs to be better in home care for older people and better help for parents.
1165	50208	Very Poor	Decreasing - slipping downward	ALL	QUAL		There have been enough dissatisfied residents of this community to turn a blind eye to it. There needs to be something done. Mercy One has not held up a standard of care that is expected of the name.
1004	50208	Good	Not really changing much	BH	DRUG		mental health and drug abuse
1229		Average	Not really changing much	BH	FF	COMM	mental health access and consistent response is lacking
1219	50208	Good	Increasing - moving up	BH			Mental health...
1208	50208	Average	Increasing - moving up	BH			More time for mental health
1169	50208	Good	Not really changing much	BH			Mental health
1149		Good	Not really changing much	CLIN	ACC		The loss of the rural clinics in the surrounding communities, decreased access to care.
1134	50232	Average	Increasing - moving up	CLIN			I presented to the clinic for ringing ears/dizziness and was recommended to take Mucinex. No testing or other alternatives were offered.
1238	50208	Average	Decreasing - slipping downward	COMM	FF		poor information gathering and follow thru
1184	50208	Good	Decreasing - slipping downward	COMM	FF		There are issues with communication at the Newton Clinic which makes it that outcomes are not being achieved because there is not follow through on the clinic's side.
1089	50208	Average	Decreasing - slipping downward	COMM	FF		There needs to be better communication and follow up for patients here in Newton
1044	50208	Very Good	Decreasing - slipping downward	DRUG			yes, overall, but sometimes the substance abuse creates extra demands on the outcome and delivery of care
1249	50208	Good	Not really changing much	EMER	FAC		Waiting in ER is not safe or efficient
1126	50009	Good	Decreasing - slipping downward	EMER	TRAIN	STFF	ER efficiency, knowledgeable staff. Willingness to collaborate with other providers
1120	50208	Average	Decreasing - slipping downward	EMER			Don't have the er doctors to take care of health problems
1145	50028	Very Poor	Decreasing - slipping downward	EMER			Er services
1215	50208	Average	Not really changing much	EMER			ER
1292	50135	Average	Not really changing much	EMS			EMTs are in short supply.
1043	50208	Good	Not really changing much	FEM			I do not feel I can get adequate Women's health needs locally
1174	50208	Average	Decreasing - slipping downward	HH			Home Health
1108	50208	Poor	Decreasing - slipping downward	MISD	TRAIN		The outcome of care is so bad in Jasper County that any actual resolution other, than the death of one of my family members, was provided by entities outside of Jasper county. I was seen multiple times by local physicians in ER and Clinic and was told there was no problem. I then find out I have lesions on my brain. Not sure how you fix a system of largely disconnected or incompetent doctors...Maybe tell your doctors to listen to patients and not make judgements about their character and subsiquent lifestyle.
1223	5208	Poor	Decreasing - slipping downward	MISD			if they would of checked a year ago, they would of find out what is wrong with me. Sick for a year no Covid!
1298	50028	Poor	Decreasing - slipping downward	MISD			Most times you must make repeated visits to get the proper diagnosis.
1058	50054	Poor	Decreasing - slipping downward	MISD			too many return trips for more examinations
1196	50208	Very Poor	Not really changing much	NO			Most of the time going to the doctor is a waste of time. Nothing is helped.
1304	50208	Average	Not really changing much	NO			Not always
1214	50208	Good	Increasing - moving up	OK			Not a yes/no answer. Overall care is very good--there are certainly exceptions.
1051	50208	Good	Not really changing much	OUT			Conditions that are above minor issues are typically transferred to DSM hospitals, so local outcomes are difficult to judge as local treatment is likely not occurring in a lot of cases.
1221	50208	Average	Not really changing much	OUT			We are limited and advanced care must go to DM or Iowa City
1126	50009	Good	Decreasing - slipping downward	PART			ER efficiency, knowledgeable staff. Willingness to collaborate with other providers
1158	50208	Good	Not really changing much	PRIM	SCH		health care has become fractured. (Hospitalists see all in patients, multiple specialty providers for every complaint, can't see my primary so my chronic complaint gets managed by yet another provider),
1147	50208	Average	Not really changing much	QUAL	DOCS	COMM	Better quality docs who listen to patients.
1256	50208	Good	Increasing - moving up	QUAL			People are often sent home with no other options to services.
1178	50054	Good	Not really changing much	REF	CLIN		It seems that there are a lot of people who get transferred out of a local clinic, hospital to the Des Moines area.
1320	50208	Average	Not really changing much	REF	SPEC	OUT	I often have to be referred to a specialist outside of the area.
1157	50208	Good	Not really changing much	RURAL	QUAL		Can't handle advanced care.
1303	50208	Average	Not really changing much	SCH	DOCS		It is difficult to get a doctors appointment
1061		Good	Decreasing - slipping downward	SCH	PRIM		Unsure how long it is taking to get into Newton Clinic with the addition of 2 urgent clinics. There was a problem in the past to try to get an appointment with primary Dr. A Yearly physical would need to be scheduled out 3 months.
1114	50158	Average	Decreasing - slipping downward	STFF	RUSH		We are short staffed everywhere and it's hard to make sure we are giving the 1:1 care without feeling rushed to get going to the next patient
1069	50208	Poor	Not really changing much	TRAIN	STFF		Unqualified staff



## CHNA 2022 Community Feedback: Jasper Co, IA (N=341)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1154	50251	Good	Not really changing much	ACC	INSU		Better access to affordable health insurance
1018	50208	Good	Not really changing much	ACC	TRAN		Homeless shelters and resources, more mental health programs, guided activity programs for all age levels, access to more medical transport
1298	50028	Poor	Decreasing - slipping downward	AGE	HH		Senior in home care. Elderly care in every town, not just Newton.
1160	50208	Average	Increasing - moving up	AGE			An online senior chat place for us seniors to interact with people our age. Things like, gardening, pets, family, health, I know not one senior here and I have been here three and a half years, and with Covid I don't go out but once or twice a month for an hour or two. There needs to be a way to get to know people our age to talk. My dog does not talk back much.
1091	50208	Good	Increasing - moving up	AGE			More options for residents suffering from Alzheimer's or other forms of dementia.
1165	50208	Very Poor	Decreasing - slipping downward	ALL	BED	QUAL	Before we create something new, we need to fix what is broke. If the broken system was working that is in place now, we could save the money and the efforts of trying to staff something else. We have systems in place now, however they are broken and not in working order. We need a much better "How can we help" mentality. We need Dr's that look at each patient as an individual, and treat them not just their age, we need Dr's in the ICU. Those are the sick of the sick, they need the best of the best, not someone that mistakes one patient for another and doesn't know your name and misdiagnoses you. We need the system in place that is meant to be in place before we go trying to build something else. Lets not just pull wool over our eyes and try to look at something pretty and new. It too will fail if our standards are not brought up to point of Great Care at a minimum.
1103	50208	Good	Decreasing - slipping downward	ALL	STFF		Just work on current areas that need attention. I think the pandemic has left a hole in the number of healthcare workers that will take time to fill.
1326	50208	Good	Not really changing much	ALT	FEM		Holistic and alternative health, women's health
1152	50208	Good	Increasing - moving up	BH	ACC	HOUS	Mental health needs to be the focus. People in need currently cannot access resources (i.e. treatment beds and counseling) and the ER should not end up holding people for multiple days due to a lack of available options. As a downtown business owner I observe some of the same people struggling with mental health on a daily basis. It seems these people are left no options but to wander aimlessly during the daytime hours. Some, but not all, also appear to be homeless. Would be wonderful if there was a safe community based shelter available.
1023	50208	Very Good	Increasing - moving up	BH	AWARE	SH	more mental health partnerships/awareness - schools more wellness and prevention focused programs that incentivize people to participate pediatric focused care
1208	50208	Average	Increasing - moving up	BH	CUL	SPEC	Mental health, lgbtq specific, more specialist
1122	50208	Very Good	Increasing - moving up	BH	DRUG	HOUS	Definitely mental health care, substance abuse and homeless issues should be high priorities.
1231	50208	Very Good	Increasing - moving up	BH	DRUG	HOUS	The issue of mental health/substance abuse as it relates to homelessness is a serious issue for our community; not sure how to address it, but that's my biggest concern at this point.
1088	50251	Good	Not really changing much	BH	DRUG		Mental Health and substance abuse programs.
1322	50208	Good	Not really changing much	BH	DRUG	ALC	More affordable mental and drug/alcohol programz
1232		Poor		BH	DRUG		Residential mental health and substance abuse facilities.
1235	50208	Poor	Not really changing much	BH	FAM		Mental health, community support for new moms/ young families
1204	50208	Good	Increasing - moving up	BH	HOUS	DRUG	mental health, homeless shelters. substance abuse.
1301	50208	Good	Not really changing much	BH	HOUS	DRUG	More substantial mental health facilities. Homeless shelters and substance abuse programs for our vulnerable citizens.
1085	50208	Good	Not really changing much	BH	HSP		Our community absolutely needs mental health services available-the old county home. We need to get hospice facility back.
1219	50208	Good	Increasing - moving up	BH	IP		Mental health facility for short and long term inpatient treatment.
1323	50208	Good	Not really changing much	BH	RET		Mental Health providers. Capstone has frequent dr turnover and has trouble scheduling. Optimae is ridiculous
1019	52211	Very Good	Increasing - moving up	BH	SPEC	PAIN	mental health programs/centers continue to bring in more specialties-pain and ortho
1233	50208	Average	Decreasing - slipping downward	BH	SPRT	HRS	Mental health programs that utilize group counseling sessions both during and after business hours. More hours where a PCP or other non-emergent care is available.
1175	50208	Very Good	Increasing - moving up	BH	SUIC		Mental health & suicide prevention
1215	50208	Average	Not really changing much	BH	UP	STFF	Mental health inpt facilities and qualified staff
1314	50208	Poor	Decreasing - slipping downward	BH			Mental health counseling and therapy.
1114	50158	Average	Decreasing - slipping downward	BH			Mental health
1089	50208	Average	Decreasing - slipping downward	BH			Mental Health resources.
1341	50208	Poor	Decreasing - slipping downward	BH			Mental Health assistance
1001	50208	Average	Increasing - moving up	BH			Behavioral health
1155	50208	Average	Increasing - moving up	BH			Getting the Mental Health Region to pay for existing and expanded services would be a start.
1119	50208	Average	Increasing - moving up	BH			Mental Health
1187	50208	Good	Increasing - moving up	BH			Mental Health
1305		Good	Increasing - moving up	BH			Mental Health
1017	50208	Very Good	Increasing - moving up	BH			More mental health services
1008	50208	Good	Increasing - moving up	BH			Psychiatrists! There are no such specialists in Newton who can treat mental disorders such as bipolar disease.
1049	50208	Good	Not really changing much	BH			Additional mental health services.
1221	50208	Average	Not really changing much	BH			Better/More mental and behavior healthcare
1015	50208	Good	Not really changing much	BH			mental health
1053	50208	Average	Not really changing much	BH			Mental health
1261	50208	Good	Not really changing much	BH			Mental health
1264	50208	Good	Not really changing much	BH			mental health
1274	50208	Good	Not really changing much	BH			mental health
1016	50208	Average	Not really changing much	BH			Mental Health
1167	50170	Average	Not really changing much	BH			Mental Health
1051	50208	Good	Not really changing much	BH			Mental health access center
1303	50208	Average	Not really changing much	BH			We need mental health services.
1243	50208	Very Good	Increasing - moving up	CC	FINA		Child care for workers at a price they can afford.
1121	50208	Very Good	Increasing - moving up	CC	MRKT		Affordable child care services for working parents. Attracting new industries by advertising our health programs that are available.
1044	50208	Very Good	Decreasing - slipping downward	CLIN	BH	DRUG	A free clinic would be great. Would also be nice to have more mental health & substance abuse services
1249	50208	Good	Not really changing much	CLIN	EMER	DOCS	Urgent care or more ER providers

## CHNA 2022 Community Feedback: Jasper Co, IA (N=341)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1058	50054	Poor	Decreasing - slipping downward	CLIN	FINA		free clinics
1308	50208	Poor	Not really changing much	CLIN	FINA	INSU	Free or reduced health clinics for low income, uninsured open 24/7
1324	50208	Good	Decreasing - slipping downward	CLIN	HRS		More walk-in options on the weekends and during evening hours.
1300	50208	Average	Not really changing much	CLIN	OPTH	HSP	A family planning/Women's health clinic. A homeless shelter. Another health clinic. Another eye care clinic. Bring back the hospice wing at the hospital.
1290	50208	Very Poor	Decreasing - slipping downward	CLIN			Pella Regional to open a clinic.
1297	50170	Poor	Not really changing much	CLIN			small town clinics
1247	50208	Very Good	Increasing - moving up	COMM	AWARE		Free dental clinics, Health and wellness initiatives for all ages, incentives to get involved in the community, opportunities to serve by volunteering, increase communication of opportunities available in the community.
1108	50208	Poor	Decreasing - slipping downward	COMM	CORD		Streamline communication between a patient and their primary care physician. Make a program so any phys can access a patients records if they are being seen by that phys. A program that rewards doctors for finding, treating, and resolving the RIGHT problem instead of the easiest and most obvious answer.
1239	50143	Average	Not really changing much	COVID	PREV		prevention of Covid
1014	50208	Good	Decreasing - slipping downward	CUL			provide sexual education and self worth to kids based on christian values
1247	50208	Very Good	Increasing - moving up	DENT	EDU	PART	Free dental clinics, Health and wellness initiatives for all ages, incentives to get involved in the community, opportunities to serve by volunteering, increase communication of opportunities available in the community.
1214	50208	Good	Increasing - moving up	DENT	INSU	ACC	Regional dental clinic to support title XIX and low income people. This would have a huge quality of life impact.
1257	50112	Average	Decreasing - slipping downward	DENT			Dental Coalition to meet the needs of those on Title XIX.
1131	50208	Poor	Decreasing - slipping downward	DENT			Find a solution to county access for dental needs
1162	50208	Very Good	Not really changing much	DENT			Affordable dental care.
1246	50054	Very Poor	Not really changing much	DOCS	BH	SH	Getting providers into the schools for mental health services
1275	50208	Average	Not really changing much	DOCS	HH	PEDS	Have more doctors available outside of Newton, have Jasper County Public Health take care of the public health needs in Jasper County, have better in-home services for the seniors, get an actual pediatrician and not just family doctors.
1120	50208	Average	Decreasing - slipping downward	DOCS	TRAIN		Not sure what you mean by programs as we need more qualified personnel to take care of patients
1136	50054	Poor	Not really changing much	DRUG	FIT	FUND	I think Jasper County is need of more services that assist people who are unhoused, need inpatient mental health care, and substance abuse help. I've had to help find emergency housing for people in my community and the police couldn't help us and there was also no shelter services in Jasper County. We had to call ministry based out of Ottumwa and local churches to help us secure temporary housing for the individual in need. Shelter and mental health services would be welcomed. I also think there is a lot of substance abuse issues in our county. My community does not have gym or recreation facilities in our town. Our residents have to drive to Altoona or Newton to work out. Funding for community wellness centers would be helpful.
1288	50228	Good	Not really changing much	EDU	ADOL	FAM	Health and wellness information for teens, new parents and all ages
1052	50208	Good	Not really changing much	EDU	FINA		Education on how to live on a limited budget.
1148	50208	Good	Decreasing - slipping downward	EDU	NURSE	PREV	Educating the community and the nursing staff shortage and pairing it with education on what individuals can do for themselves to prevent visit to the emergency room and or urgent care.
1222	50169	Good	Not really changing much	EDU	NUTR	FIT	Educating on eating healthy and exercising
1331	50208	Good	Not really changing much	EDU	NUTR	PREV	More focus on wellness and nutrition. Focus on community health and prevention. Improved pediatric services.
1339	50702	Average	Decreasing - slipping downward	EDU	TRAN		More community resource navigators, and transportation mobility managers to help people needing to find rides
1317	50208	Good	Decreasing - slipping downward	EDU			More wellness programs for anyone
1336	50208	Average	Not really changing much	EDU			Wellness programs
1300	50208	Average	Not really changing much	FAM	FEM	HOUS	A family planning/Women's health clinic. A homeless shelter. Another health clinic. Another eye care clinic. Bring back the hospice wing at the hospital.
1176	50638	Average	Not really changing much	FAM	STD	FAM	Family Planning and STI/HIV testing. There has been a huge increase in Syphilis cases not only in Iowa, but across the nation. A community health program that offered testing and family planning services would be a benefit to the community.
1186	50208	Very Good	Not really changing much	FEM	FAM	ACC	Smoking cessation, nutritional education, and women's health programs targeting access for teenagers and early twenties with limited access to healthcare.
1223	5208	Poor	Decreasing - slipping downward	FEM	PEDS	BH	Something for women health, children, and mental health
1311	50208	Average	Not really changing much	FINA			Affordable ones. Sliding fee scale.
1041	50208	Average	Not really changing much	FIT	EDU		Low cost Fitness classes that do not require a membership to a facility. Educational programs that promote wellness
1095	50208	Good	Not really changing much	FIT	REC	ADOL	New gym space/workout center/more gyms for the community and kids to be able to use and excel in all sports at!
1307	50168	Good	Not really changing much	FIT			Activity
1178	50054	Good	Not really changing much	FUND	APP		Funding- scholarships for volunteer EMS providers Incentives for medical professionals in the clinical or ER settings. Community paramedicine where appropriate.
1102	50208	Good	Increasing - moving up	HEP	GAS	IFD	We need a hepatologist, gastroenterologist, infectious disease specialist, or nurse practitioner who focuses on liver disease for Hep C treatment. I have Hep C & I've seen alot of homeless people around town. When I was homeless, I didn't know any other homeless people that weren't drug addicts. With that being said alot of drug addicts end up getting then spreading Hep C.
1174	50208	Average	Decreasing - slipping downward	HH			Home Health, I think you get my point
1149		Good	Not really changing much	HH			local home health which would aid in providing care in the rural area.
1150	50028	Good	Not really changing much	HH			Local Home health which would help with many of the issues identified
1325	50208	Poor	Decreasing - slipping downward	HOUS	BH		Homeless Shelters, Health care screening for them as well as mental health screening
1018	50208	Good	Not really changing much	HOUS	BH	FIT	Homeless shelters and resources, more mental health programs, guided activity programs for all age levels, access to more medical transport
1293	50208	Average	Not really changing much	HOUS	BH	ACC	We need a homeless shelter. Better access to mental health services. There is a severe lack in mental health providers in this county.

## CHNA 2022 Community Feedback: Jasper Co, IA (N=341)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1102	50208	Good	Increasing - moving up	HOUS	DRUG		We need a hepatologist, gastroenterologist, infectious disease specialist, or nurse practitioner who focuses on liver disease for Hep C treatment. I have Hep C & I've seen alot of homeless people around town. When I was homeless, I didn't know any other homeless people that weren't drug addicts. With that being said alot of drug addicts end up getting then spreading Hep C.
1153	50208	Average	Not really changing much	HOUS	INSU		For homeless For no insurance
1136	50054	Poor	Not really changing much	HOUS	IP	BH	I think Jasper County is need of more services that assist people who are unhoused, need inpatient mental health care, and substance abuse help. I've had to help find emergency housing for people in my community and the police couldn't help us and there was also no shelter services in Jasper County. We had to call ministry based out of Ottumwa and local churches to help us secure temporary housing for the individual in need. Shelter and mental health services would be welcomed. I also think there is a lot of substance abuse issues in our county. My community does not have gym or recreation facilities in our town. Our residents have to drive to Altoona or Newton to work out. Funding for community wellness centers would be helpful.
1084	50153	Good	Increasing - moving up	HOUS			Homeless shelter program
1318	50208	Average	Increasing - moving up	HOUS			we need something to assist with the homeless population
1258	50208	Average	Not really changing much	HOUS			A homeless shelter should be put in place for homeless people to go. A crisis center would be appropriate.
1064	50208	Good	Not really changing much	HOUS			Homeless shelter
1209	50208	Average	Not really changing much	HOUS			Homeless shelters
1202	50208	Average	Not really changing much	INSU			PCP, women's health, and dentists that accept common and state insurances.
1256	50208	Good	Increasing - moving up	NURSE	HSP	IP	Ultimately, another skilled nursing care, inpatient hospice or a hospice house, and more investment in case management and social work.
1006	50208	Very Good	Increasing - moving up	NUTR	ADOL		I wonder if we need to address hunger as the SNAP program is being cut. How can we as a community help? Will children have more health issues if they don't eat properly?
1004	50208	Good	Not really changing much	NUTR	FIT		I wonder why we have such limited fresh food vendors at our farmers market. Any why do so many parents drive their kids to school rather than have the kids walk? Is it a safety issue? A lack of sidewalks?
1066	50208	Average	Increasing - moving up	NUTR			More dietitian-based programs. There is a lot of inadequate and inappropriate "nutrition" advice and programs in town that are MLM based and just trying to make people money. They are not truly educated in nutrition and they can provide harmful information when nutritional advice and recommendations are not individualized and evidence-based.
1109	50208	Average	Decreasing - slipping downward	OBES			Really need to address the obesity problem.
1312	50135	Poor	Decreasing - slipping downward	OBES			Weight loss
1320	50208	Average	Not really changing much	OBES			Weight loss
1019	52211	Very Good	Increasing - moving up	ORTHO			mental health programs/centers continue to bring in more specialties-pain and ortho
1126	50009	Good	Decreasing - slipping downward	PART	FAM		Collaborative events with all providers Parenting classes for all ages of children through 18
1313	50208	Poor	Not really changing much	PEDS	BH		Pediatrician, more mental health services.
1134	50232	Average	Increasing - moving up	PEDS	NUTR	HOUS	Pediatrician, expanded access to nutrition services, homeless shelters
1083	50208	Good	Increasing - moving up	PEDS			Still need pediatrics
1331	50208	Good	Not really changing much	PEDS			More focus on wellness and nutrition. Focus on community health and prevention. Improved pediatric services.
1061	50208	Good	Decreasing - slipping downward	POV	HOUS	BH	Addressing/providing the needs for the poor, homeless, and mentally ill.
1026	50317	Average	Increasing - moving up	PREV	EDU		preventative care/overall health and wellness programs. more integration of preventative care into current primary care services.
1244	50208	Average	Not really changing much	PREV	FAM	BH	Crisis prevention in the home with families with behavioral children.
1023	50208	Very Good	Increasing - moving up	PREV	PEDS		more mental health partnerships/awareness - schools more wellness and prevention focused programs that incentivize people to participate pediatric focused care
1202	50208	Average	Not really changing much	PRIM	FEM	DENT	PCP, women's health, and dentists that accept common and state insurances.
1098	50208	Average	Not really changing much	SANI	HOUS		Needle drop boxes, more services for houseless individuals
1304	50208	Average	Not really changing much	SERV	BH	ADOL	Better and more choices. Better mental health care services. Especially for children.
1333	50208	Good	Increasing - moving up	SH			School based programs
1186	50208	Very Good	Not really changing much	SMOK	NUTR	EDU	Smoking cessation, nutritional education, and women's health programs targeting access for teenagers and early twenties with limited access to healthcare.
1196	50208	Very Poor	Not really changing much	SPEC	EMER	EQUIP	Have specialist in every category based here, not just traveling here. Full diagnostic suite at ER. Anything beyond a xray or Cat Scan a person has to be transported to a larger cities' hospital. This hospital should be fully equipped.
1002	50208	Average	Decreasing - slipping downward	SPRT	AGE		Support groups for family of elderly
1158	50208	Good	Not really changing much	SPRT	FEM	FAM	support systems for breastfeeding and new parents
1256	50208	Good	Increasing - moving up	SS			Ultimately, another skilled nursing care, inpatient hospice or a hospice house, and more investment in case management and social work.
1040	50208	Average	Not really changing much	STFF	RET		Recruitment and retention of trained medical personnel
1266	50208	Good	Increasing - moving up	SUIC	TPRG	BH	Suicide prevention, advocates for teen pregnancy, more mental health availability so people do not need to wait very long for help.
1294	50208	Average	Not really changing much	TELE			after care where you can call when you have a diagnose to answer questions or concerns
1157	50208	Good	Not really changing much	TRAN	AGE	DISB	Transportation out of town for senior and disabled people.
1228	50208	Average	Decreasing - slipping downward	TRAN	BH		we need better transportation and better mental health services.
1241	50208	Average	Increasing - moving up	VACC	CLIN		Drive through shot clinic
1111	50208	Good	Increasing - moving up	VIO	BH		Domestic violence shelter. Better mental health screening processes.
1059	50208	Good	Increasing - moving up	VIO	HOUS		Domestic Violence services/homeless services

Let Your Voice Be Heard!

**MercyOne Newton Medical Center is working with the Jasper County Health Department to survey the community in order to assess the health needs in Jasper County. Therefore, we need your help to complete the 2022 Jasper County, IA Community Health Needs Assessment (CHNA).**

**To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery.**

**While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! Deadline to participate is March 3rd, 2022**

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

- Very Good     Good     Average     Poor     Very Poor

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

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

Please specify why.

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



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

5. From our past CHNA, 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"/> Mental Health (Diagnosis, Treatment, Aftercare, Physicians) | <input type="checkbox"/> Emergency Room                   |
| <input type="checkbox"/> Drug / Substance Abuse                                      | <input type="checkbox"/> Suicide                          |
| <input type="checkbox"/> Homeless (Shelters)   | <input type="checkbox"/> Family Planning                  |
| <input type="checkbox"/> Obesity (Nutrition / Exercise)                              | <input type="checkbox"/> Women's Health                   |
| <input type="checkbox"/> Primary Care  | <input type="checkbox"/> Health Engagement                |
| <input type="checkbox"/> Visiting Specialists  | <input type="checkbox"/> Recreation / Wellness Activities |
| <input type="checkbox"/> Domestic Violence / Sexual Assault                          | <input type="checkbox"/> Single Parent Support            |
| <input type="checkbox"/> Healthcare Transportation                                   | <input type="checkbox"/> Tobacco Use                      |
| <input type="checkbox"/> Child Care Services   | <input type="checkbox"/> Healthcare Insurance             |
| <input type="checkbox"/> Senior Living / Care  | <input type="checkbox"/> Dental Care                      |

6. Which past CHNA needs are NOW the "most pressing" for improvement? Please select top three.

- |  |   |
|--|---|
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Physicians) | <input type="checkbox"/> Emergency Room                   |
| <input type="checkbox"/> Drug / Substance Abuse                                      | <input type="checkbox"/> Suicide                          |
| <input type="checkbox"/> Homeless (Shelters)   | <input type="checkbox"/> Family Planning                  |
| <input type="checkbox"/> Obesity (Nutrition / Exercise)                              | <input type="checkbox"/> Women's Health                   |
| <input type="checkbox"/> Primary Care  | <input type="checkbox"/> Health Engagement                |
| <input type="checkbox"/> Visiting Specialists  | <input type="checkbox"/> Recreation / Wellness Activities |
| <input type="checkbox"/> Domestic Violence / Sexual Assault                          | <input type="checkbox"/> Single Parent Support            |
| <input type="checkbox"/> Healthcare Transportation                                   | <input type="checkbox"/> Tobacco Use                      |
| <input type="checkbox"/> Child Care Services   | <input type="checkbox"/> Healthcare Insurance             |
| <input type="checkbox"/> Senior Living / Care  | <input type="checkbox"/> Dental Care                      |

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

- Chronic Disease
- Lack of Health & Wellness
- Lack of Nutrition/Exercise Services
- Limited Access to Primary Care
- Limited Access Specialty Care
- Limited Access to Mental Health
- Family Assistance programs
- Lack of Health Insurance
- Neglect
- 

Other (Be Specific).



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



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

	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 Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk-In Clinic Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

11. Do you have any Covid-19 worries and/or concerns in regards to Community Health delivery?

Yes

No

If yes, please specify your thoughts.

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

Yes

No

If yes, please specify the services received

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

Yes

No

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

14. Outcome of care is also vitally important. Is the outcome / delivery of care fulfilling the needs for you and the community?

Yes

No

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

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

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

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

Other (Please specify).



17. 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         |  |

Other (Please specify).



18. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305

## **APPENDIX A**

### **CHNA Scope and Purpose (Methodology)**

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

#### **JOB #1: Meet/Report IRS 990 Required Documentation**

- i. A description of the community served by the facility and how the community was determined;
- ii. A description of the process and methods used to conduct the CHNA;
- iii. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
- iv. 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;
  - v. 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
  - vi. A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

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

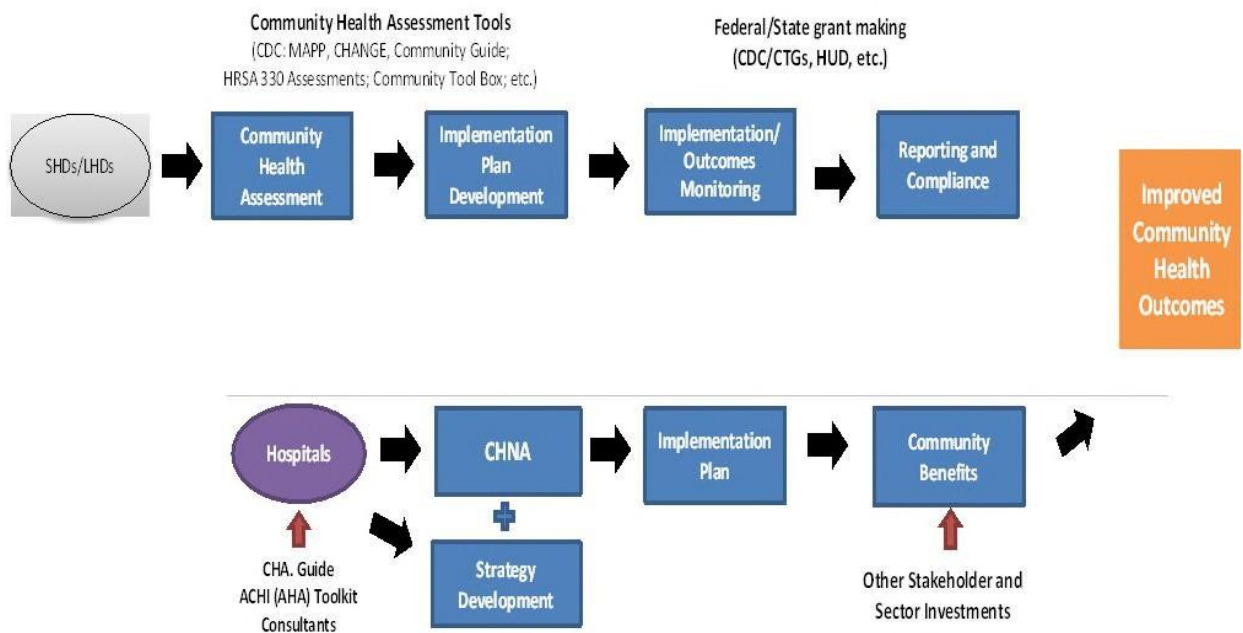
#### **JOB #2: Making a CHNA Widely Available to the Public**

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

### **JOB #3: Adopt an Implementation Strategy by Hospital**

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

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





## IRS Requirements Overview (Notice 2011-52)

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

#### Applicability of CHNA Requirements to “Hospital Organizations”

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

#### How and When to Conduct a CHNA

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

#### Determining the Community Served

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

#### Persons Representing the Community Served

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

#### Required Documentation

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

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

## **Making a CHNA Widely Available to the Public**

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

## **How and When to Adopt an Implementation Strategy**

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

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

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

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

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

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

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

### **Additional Sources of Input**

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

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

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

### **Collaboration on CHNA Reports**

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

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

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

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

### **Joint Implementation Strategies**

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

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

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

### **Adoption of Implementation Strategy**

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

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

### **New Hospital Organizations**

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

### **New Hospital Facilities**

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

### **Transferred/Terminated Facilities**

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

## **Public Health Criteria:**

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

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

#### **DOMAIN 1 includes 4 STANDARDS:**

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

#### **Required CHNA Planning Process Requirements:**

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

#### **Seven Steps of Public Health Department Accreditation (PHAB):**

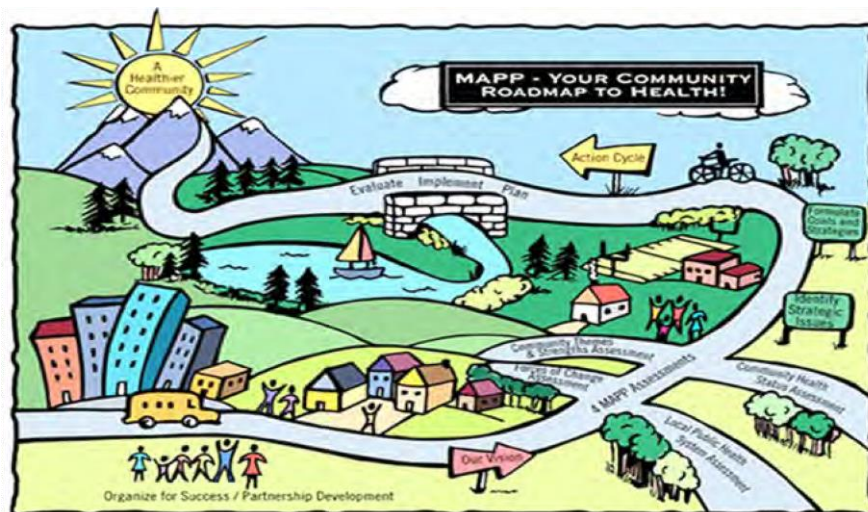
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

## MAPP Process Overview

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

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

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



## Drivers of Health Assessment & Improvement Planning

Different drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years.

### National Voluntary Accreditation Requirements

In 2011, the Public Health Accreditation Board (PHAB), in partnership with key public health organizations, launched a new national voluntary accreditation program for state, tribal, local, and territorial health departments. The standards and measures encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2). A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years. More information is available from [PHABexternal icon](#) and [CDC](#).

### CDC Grant Requirements

CDC grants often require or encourage completing a community health assessment or improvement plan. In some cases, these plans provide valuable information for identifying priority health issues or needs. Examples include ; [National Public Health Improvement Initiative \(NPHII\)](#); [Community Transformation Grants or REACH Core](#)

The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009, as adapted in [Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0 Cdc-pdf\[PDF – 536KB\]External](#), July 2011.

The Catholic Health Association defines a *community health needs assessment* as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.” Catholic Health Association, [Guide to Assessing and Addressing Community Health Needs Cdc-pdf\[PDF-1.5MB\]External](#), June 2013.

## Social Determinants of Health

What Are Social Determinants of Health?



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

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

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



## APPENDIX B

### Previous 2019 CHNA Progress and Actions Taken

Describe how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA, and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

- KEY STAKEHOLDERS OFTEN WORK TOGETHER BY WAY OF COALITION MEETINGS AND OTHER REGULARLY SCHEDULED MEETINGS TO JOINTLY ADDRESS AND ACHIEVE GOALS FOR EACH PRIORITY.
- EVERY 6 MONTHS ALL KEY STAKEHOLDERS, PARTNERS, AND GOAL "LEADS" MEET FOR A PROGRESS REPORT WORK GROUP SESSION TO PROVIDE UPDATES AND PROGRESS TOWARDS MEETING ESTABLISHED GOALS.
- MERCYONE NEWTON MEDICAL CENTER WAS NOT IDENTIFIED AS A "LEAD" OR PARTNER WITH CHILD CARE SERVICES NEED AS THIS IS NOT PART OF THE HOSPITAL MISSION OF CRITICAL OPERATIONS.
- OTHER ITEMS THAT RECEIVED VOTES BUT WERE NOT ADDRESSED AS A TOP PRIORITY/NEED TO ADDRESS WERE EMERGENCY ROOM, SUICIDE, WOMEN'S HEALTH, SINGLE PARENT SUPPORT, TOBACCO, HEALTHCARE INSURANCE, DENTAL CARE, AND HEALTH ENGAGEMENT. THE REASON THESE ITEMS WERE NOT BEING ADDRESSED IS BECAUSE OF LACK OF AVAILABLE RESOURCES AND OTHER NEEDS WERE PRIORITIZED ABOVE THEM. THE TOP 8 ITEMS ADDRESSED WERE THE AREAS OF NEED THAT RECEIVED THE MOST VOTES DURING THE TOWN HALL SESSION.

#### AREA OF NEED #1:

##### MENTAL HEALTH (DIAGNOSIS, TREATMENT, AFTERCARE)

##### GOAL 1: INCREASE VISIBILITY AND AWARENESS OF MENTAL HEALTH SERVICES IN JASPER COUNTY.

ACTION/STRATEGY 1: INCREASE VISIBILITY AND AWARENESS OF QUALIFIED LOCAL PROVIDERS IN THE COMMUNITY FOR ASSESSMENT AND TREATING CRISIS MENTAL ILLNESS - MONTHLY MEETINGS TO PLAN AND PROMOTE.

HOSPITAL PROGRESS REPORT 3, DEC 2020: CONTINUES TO BE 'PARTIALLY MET / IN PROGRESS.' JULY 2020 - DECEMBER 2020 WAS AGAIN IMPACTED BY THE COVID-19 PANDEMIC AND NECESSARY PRECAUTIONS SUCH AS SOCIAL DISTANCING, LIMITED IN-PERSON MEETINGS, ETC. (1) SUICIDE THE RIPPLE EFFECT AT CAPITOL THEATER IN SEPTEMBER 2020 - SEE PROGRESS REPORT 3 APPENDIX, PAGE 2; (2) DURING THE DERECHO STORM THERE WERE MENTAL HEALTH RESOURCES AVAILABLE THROUGH THE STATE, INCLUDING JASPER COUNTY; (3) YOUR LIFE IOWA AND DISASTER RESPONSE TEAM WERE PROMOTED DURING THE PANDEMIC. (4) COVID RECOVERY IOWA ADVERTISEMENTS REGARDING HELP WITH MENTAL HEALTH DURING THE PANDEMIC. CONNIE MCQUESTIN REPRESENTING JASPER COUNTY IN PLACE OF JODY EATON (JODY HAS RETIRED).

HOSPITAL PROGRESS REPORT 4, DEC 2021: CONTINUES TO BE 'PARTIALLY MET/IN PROGRESS.' JANUARY 2021-JUNE 2021 WAS AGAIN IMPACTED BY THE COVID-19 PANDEMIC AND NECESSARY PRECAUTIONS SUCH AS SOCIAL DISTANCING, LIMITED IN-PERSON MEETINGS, ETC. JASPER COUNTY CARES COALITION CONTINUES TO MEET VIA ZOOM. (1) DISCOVER HOPE TO OPEN UP MENS SHELTER, TALK ABOUT OPENING WOMENS SHELTER. RECEIVED GRANT FUNDING FOR THE SHELTER. (2) NAMI CENTRAL IOWA'S 8TH ANNUAL TRIVIA NIGHT FUNDRAISER HELD MAY 27TH, 2021 - SEE PROGRESS REPORT 4 APPENDIX, PAGE 1. (3) CAPSTONE RECEIVED GRANT FOR DUAL DIAGNOSIS SUBSTANCE ABUSE AND MENTAL HEALTH THAT HAS ASSISTED IN FUNDING OF STAFF. (4) CONNIE MCQUISTON WITH CICS SHARED BREAKDOWN OF NEWTON SPECIFIC CRISIS RESPONSE CALLS FOR 2020. TOTAL NUMBER OF CALLS FOR JASPER COUNTY - 106; NEWTON SPECIFICALLY - 87. OUT OF THOSE 87 CALLS IN NEWTON THEY HAD THE FOLLOWING NUMBER OF REFERRALS: 49 (SELF), 15 (FAMILY/FRIENDS), 8 (LAW ENFORCEMENT). THE REMAINING NUMBER OF REFERRALS WERE A COMBINATION OF VARIOUS OTHER OPTIONS (SCHOOL, SHELTER, HEALTH CARE PROVIDER, RESIDENTIAL). (5) CLEARVIEW RECOVERY IS OPENING THE PHOENIX HALFWAY HOUSE IN NEWTON 2/22/2021 - SEE PROGRESS REPORT 4 APPENDIX, PAGE 2. (6) YOUR LIFE IOWA WEBSITE IS A WONDERFUL RESOURCE FOR IDENTIFYING MENTAL HEALTH/SUBSTANCE ABUSE RESOURCES BY COUNTY LOCATION. HOSPITAL COMMUNITY HEALTH WORKER AND CASE MANAGEMENT UTILIZE THIS FREQUENTLY.

ACTION/STRATEGY 2: BRING VIRTUAL REALITY TRAINING TO MERCYONE NEWTON MEDICAL CENTER ON "WHAT IS A MENTAL HEALTH CRISIS."

HOSPITAL PROGRESS REPORT: 100% MET. COMPLETED JULY 2019 AT MERCYONE NEWTON MEDICAL CENTER. TWO SESSIONS HELD AT THE HOSPITAL.

HOSPITAL PROGRESS REPORT, JAN 2022: 100% MET. REFER TO PROGRESS REPORT 1.

ACTION/STRATEGY 3: CONDUCT A PROMOTIONAL/PR/MARKETING CAMPAIGN IDENTIFYING MENTAL HEALTH TREATMENT OPTIONS - 1 PER QUARTER.

HOSPITAL PROGRESS REPORT 3, DEC 2020: THIS GOAL CONTINUES TO BE 'PARTIALLY MET / IN PROGRESS.' WITHIN THE PAST 6 MONTHS THERE HAS BEEN (1) A LOT OF PROMOTIONAL MATERIAL REGARDING YOUR LIFE IOWA, BILLBOARD, TV ADS, ETC. ALSO, IN THE PROCESS OF MAKING YARD SIGNS FOR YOUR LIFE IOWA AT THE LAST JASPER COUNTY HEALTHCARE COALITION. (2) CICS ALSO PROMOTED WORLD MENTAL HEALTH DAY ON OCT 10; (3) TRAINING AT EVERLY BALL FOR HEALTHCARE WORKERS.

HOSPITAL PROGRESS REPORT 4, DEC 2021: CONTINUES TO BE 'PARTIALLY MET/IN PROGRESS'. WITHIN THE PAST 6 MONTHS CICS HAS (1) BEEN WORKING WITH TRILIX MARKETING OUT OF DES MOINES TO CREATE PROMOTIONAL MATERIAL (SHORT VIDEOS) REGARDING CICS AND MENTAL HEALTH SERVICES AVAILABLE IN OUR COMMUNITIES INCLUDING MOBILE CRISIS RESPONSE. (2) CICS HAS RUN ADS IN LOCAL NEWS PUBLICATIONS AND ON THE RADIO, AS WELL AS, YARD SIGNS AND BANNERS DISTRIBUTED IN MEMBER COUNTIES. (3) COUNTY BOARD OF SUPERVISORS PROCLAMATION: MAY 2021 AS MENTAL HEALTH MONTH TO INCREASE AWARENESS AND ABANDON NEGATIVE STIGMATISM; AND REINFORCE ACCEPTANCE OF INDIVIDUALS SEEKING TREATMENT. (4) CICS TEAMED UP WITH MHDS REGIONS ACROSS THE STATE TO CREATE A NEW WEBSITE IOWAMHDSREGIONS.ORG WHICH PROMOTES BRAIN HEALTH AND A ONE-STOP SHOP FOR INDIVIDUALS TO THEIR LOCAL MENTAL HEALTH REGION. (5) UTILIZING THE CARES FUNDS, CICS AWARDED GRANTS TO HELP PROMOTE TELEHEALTH OPTIONS FOR INDIVIDUALS DURING THE COVID-19 PANDEMIC. ADDITIONALLY, PROVIDED DROP IN CENTERS WITH TECHNOLOGY TO BE ABLE TO REACH MORE INDIVIDUALS THAT ARE UNABLE TO ATTEND IN PERSON.

ACTION/STRATEGY 4: EDUCATE 5 NEWTON CLINIC PHYSICIANS ON MENTAL HEALTH SERVICES ON INTEGRATED CARE AND OPTIONS FOR TREATMENT AND FOLLOW UP BY 6/20/19. HOSPITAL PROGRESS REPORT: 100% MET IN APRIL 2020 DURING VIRTUAL MED STAFF MEETING. JODY EATON, CEO OF CICS, DISCUSSED ALL OF THE MENTAL HEALTH SERVICES IN JASPER COUNTY AND RESOURCES AVAILABLE. WILL EXTEND DEADLINE BY 12 MONTHS TO FURTHER EDUCATE AND EXPLORE ADVANCEMENT ON INTEGRATIVE CARE WITH NEWTON CLINIC.

## **GOAL 2: INCREASE OPTIONS FOR AFTER-HOURS SERVICE FOR MENTAL HEALTH.**

ACTION/STRATEGY 1: INVESTIGATE 23-HOUR OBSERVATION AND DEVELOP REFERRAL FORM FOR MENTAL HEALTH FOLLOW-UP CARE TO PLACE IN ED FOR PROVIDERS.

HOSPITAL PROGRESS: 100% MET. INVESTIGATION COMPLETED DURING FY20 Q1. MERCYONE NEWTON MEDICAL CENTER WOULD NOT QUALIFY BY DESIGNATION TO HAVE A 23-HOUR LICENSED OBSERVATION UNIT FOR MENTAL HEALTH. THE HOSPITAL IS NOT LICENSED TO PROVIDE MENTAL HEALTH INPATIENT OR OBSERVATION PSYCHIATRIC CARE. WE WOULD HAVE TO APPLY FOR MENTAL HEALTH DESIGNATION; HOWEVER, MERCYONE CENTRAL IOWA IS BUILDING A 100-BED MENTAL/BEHAVIORAL HEALTH FACILITY TO OPEN IN 2020-21. MERCYONE NEWTON WILL BE WORKING CLOSELY WITH THEM TO ADDRESS COLLABORATING WITHIN OUR SYSTEM TO ADDRESS THIS NEED FOR JASPER COUNTY.

ACTION/STRATEGY 2: EXPLORE TELE-PSYCH SERVICES AND UNDERSTAND REIMBURSEMENT.

HOSPITAL PROGRESS: NOT COMPLETED AT THIS TIME.

HOSPITAL PROGRESS REPORT 3, DEC 2020: CAPSTONE IS PRIMARILY DOING TELE-PSYCH DURING THE PANDEMIC; GOING WELL. THE HOSPITAL HAS STARTED A JUDICIAL-LAW ENFORCEMENT UPDATE MEETING THAT IS BEING HELD BI-MONTHLY WITH EMPHASIS ON IMPROVING COORDINATION OF CARE AND TIMELY, APPROPRIATE CARE FOR THOSE IN NEED OF CRITICAL MENTAL HEALTH SERVICES AND ARE OFTEN COURT ORDERED TO THE HOSPITAL. ITP WAS ON MEETING TO SPEAK WITH GROUP ON 12/2/2020.

HOSPITAL PROGRESS REPORT 4, DEC 2021: BEHAVIORAL HEALTH - JUDICIAL/LAW ENFORCEMENT MEETINGS STILL BEING HELD VIA ZOOM QUARTERLY. ITP REPRESENTATIVES ARE ACTIVE PARTICIPANTS IN MEETING AND WILL START PROVIDING STATISTICS ON INPATIENT PLACEMENTS.

FINANCIAL ANALYSIS DONE IN JUNE ON SAMPLE OF BEHAVIORAL HEALTH PATIENTS AT HOSPITAL TO CAPTURE ACCURATE AVERAGE PERCENT OF PAYMENT BY PRIMARY INSURANCE - SEE PROGRESS REPORT 4 APPENDIX, PAGE 3.

HOSPITAL PROGRESS REPORT 5, JAN 2022: CONTINUES TO BE PARTIALLY MET; ANALYSIS FROM PREVIOUS PROGRESS REPORT SHOWED 18.7% REIMBURSEMENT.

## **GOAL 3: INVESTIGATE SYNCHRONIZING MOBILE RESPONSE AFTER DISCHARGE FROM ED PARTICIPATION**

ACTION/STRATEGY 1: EDUCATE ED PHYSICIANS AND STAFF ON THE SERVICES OF MOBILE RESPONSE WITH APPROPRIATE EDUCATIONAL MATERIAL.

HOSPITAL PROGRESS REPORT 3, DEC 2020: GOAL MET. IN THE LAST 6 MONTHS BOTH JODY EATON, CICS CEO, AND NICOLE GUNN, EFR GRANT COORDINATOR, BOTH PRESENTED AT THE MERCYONE NEWTON MEDICAL STAFF MEETING SPEAKING AND EDUCATING PROVIDERS (INCLUDING ED PROVIDERS) ON CICS AND THE MOBILE RESPONSE UNIT IN CENTRAL IOWA, AND THE OPIOID PRESCRIPTION AND CDC PRESCRIBING GUIDELINES AND PMP WEBSITE AND TOOLS/RESOURCES, RESPECTIVELY.

## **AREA OF NEED #2:**

**SUBSTANCE ABUSE (OPIOIDS / METH / MARIJUANA) – THIS HEALTH NEED IS NOT PART OF HOSPITAL MISSION OF CRITICAL OPERATIONS. WILL PARTNER WITH OTHERS AS APPROPRIATE. REASON NOT ADDRESSED: (1) NOT PART OF HOSPITAL MISSION, (2) OTHER COMMUNITY PARTNERS TO TAKE LEAD.**

### **GOAL 1: REDUCE OVER PRESCRIPTION AND UTILIZATION OF OPIOID MEDICATIONS.**

ACTION/STRATEGY 1: CONDUCT CLASSES TO EDUCATE EMERGENCY DEPARTMENT PHYSICIANS AND NEWTON CLINIC PHYSICIANS ON CDC GUIDELINES FOR OPIOID PRESCRIPTION AND SAMSA OPIOID OVERDOSE TOOLKIT.

HOSPITAL PROGRESS REPORT 3, DEC 2020: NICOLE GUNN, EFR, WAS ABLE TO DO ONE CLASS UNDER COVID-19 RESTRICTIONS (JULY 2020). IT WAS VIRTUAL FOR PHYSICIANS. NEED TO GET MORE CLASSES PLANNED THIS YEAR BUT SIGNIFICANT BARRIERS AND CHALLENGES TO GET ACCESS TO HEALTHCARE PROVIDERS DUE TO THE COVID-19 PANDEMIC. DID DO A MAILING OVER THE SUMMER THAT TARGETED PHARMACISTS/PHARM TECHS/VETS/OPTOMETRICS/CLINICS WHICH INCLUDED THE CDC PRESCRIPTION GUIDELINES AND A FEEDBACK FORM.

HOSPITAL PROGRESS REPORT 4, DEC 2021: 100% MET. NIKKI TO SEND SURVEY RESULTS/FEEDBACK. 62 CONTACTS 28 SURVEYS BACK IN TOTAL. 61% INCREASED KNOWLEDGE IN CDC GUIDELINES. INCREASED/MAINTAINED 95%.

ACTION/STRATEGY 2: PROVIDE ED PROVIDERS ACCESS TO PMP AND DECREASING # OF PRESCRIPTIONS; EDUCATE NEW ED MANAGER ON TRACKING.

HOSPITAL PROGRESS REPORT 3, DEC 2020: THE LAW CHANGED AND PMP IS NOW REQUIRED; THUS, NOT PUSHED AS MUCH. MERCYONE NEWTON INFORMATICS TEAM WORKING ON PROMOTING INTEROPERABILITY PROJECT THAT CREATES POP-UP TO PMP WEBSITE FOR ED PHYSICIANS AND HOSPITALISTS; THIS PART OF THE PROJECT IS 100% MET.

ACTION/STRATEGY 3: HOSPITAL WILL ORCHESTRATE MEETING AND DISCUSSION BETWEEN PAIN SPECIALIST AND LOCAL NEWTON CLINIC PHYSICIANS, REGARDING ALTERNATE PAIN SERVICES AND/OR OPIOID EPIDEMIC.

HOSPITAL PROGRESS REPORT 3, DEC 2020: THE PAIN CLINIC CONTINUES TO AVERAGE APPROXIMATELY 150 VISITS PER MONTH EVEN DURING THE PANDEMIC, WITH INCREASED UTILIZATION OF TELEHEALTH AT THAT TIME. WE ARE SEEING +17% FOR PAIN SERVICE PROCEDURES VERSUS LAST YEAR.

HOSPITAL PROGRESS REPORT 4, DEC 2021: FY21 (JULY2020-JUNE2021) PAIN SPECIALISTS OF IOWA (PSI) SAW A TOTAL OF 1,484 PATIENTS AT ITS NEWTON LOCATION. PSI PERFORMED 548 PAIN PROCEDURES. THIS IS A 36% INCREASE IN OFFICE VISITS, AND 42% INCREASE IN PROCEDURES COMPARED TO FY20. KETAMINE CLINIC TREATMENTS AND REFERRALS CONTINUE TO STEADILY INCREASE. SINCE 1/1/21 WE HAVE PERFORMED 24 KETAMINE INFUSIONS WITH 4 NEW PATIENT REFERRALS. INCREASED MARKETING ON KETAMINE CLINIC WILL CONTINUE.

### **GOAL 2: PREVENTION AND EDUCATION TO COMMUNITIES AND SCHOOLS ON SUBSTANCE ABUSE**

ACTION/STRATEGY 1: HOLD LIFE SKILLS SESSIONS FOR 9TH/10TH GRADERS (10 SESSIONS OF LIFE SKILLS AND SUBSTANCE ABUSE EDUCATION, EVIDENCE-BASED).\

HOSPITAL PROGRESS REPORT 3, DEC 2020: LIFE SKILLS CANCELED BACK IN MARCH, ON HOLD DUE TO PANDEMIC. HOPING TO RESUME IN THE SPRING 2021 AND PLANS ARE LOOKING FAVORABLE. PLANS TO DO IT VIRTUALLY IF NEED TO BE. WILL BE COMPLETED DURING HEALTH CLASS.

HOSPITAL PROGRESS REPORT 4, DEC 2021: 4TH GRADE IN NEWTON HAS "TOO GOOD FOR DRUGS" PROGRAM. LIFE SKILLS THIS SPRING FOR 9TH AND 10TH GRADE. LOOKING TO OFFER TO MIDDLE SCHOOL AGED KIDS. 106 STUDENTS IN HIGH SCHOOL, 81 SURVEYED, 88% INCREASE IN KNOWLEDGE AFTER EDUCATION.

ACTION/STRATEGY 2: CARRY OUT SPECIALIZED PRESENTATION(S) TO ALL SCHOOL DISTRICTS IN THE COUNTY.

HOSPITAL PROGRESS REPORT 3, DEC 2020: JULIE BRITTON, SCHOOL RESOURCE OFFICER, PRESENTED TO THE SCHOOLS REGARDING PREVENTION ABOUT DRUGS AND ALCOHOL DURING RED RIBBON WEEK. STICKERS, GAMES, ETC. WERE UTILIZED AND PROVIDED DURING THE EVENT. ADVERTISEMENTS FOR AN ALCOHOL-FREE NEW YEAR'S EVE CELEBRATION PROMOTED - SEE PROGRESS REPORT 3 APPENDIX, PAGE 7.

HOSPITAL PROGRESS REPORT 4, DEC 2021: SPRING FOCUS ON DRUNK DRIVING WITH HANDS ON EDUCATIONAL TOOLS; "DRUNK GOGGLES". WELL RECEIVED BY THE KIDS.

ACTION/STRATEGY 3: IMPLEMENT AND CARRY OUT JASPER COUNTY SAFE KIDS PROGRAM.

HOSPITAL PROGRESS REPORT 3, DEC 2020: HAVE BEEN INSTALLING CAR SEATS, APPROXIMATELY 20 IN THE PAST 6 MONTHS, DURING THE PANDEMIC.

HOSPITAL PROGRESS REPORT 4, DEC 2021: LIMITED CAPACITY. KIDS HEALTH FAIR AT YMCA (60KIDS) CAR SEATS WITHIN THE COMMUNITY. NEWTON LIBRARY HOSTS A STORYWALK IN NEWTON -SEE PROGRESS REPORT 4 APPENDIX, PAGE 10. SCHOOL LUNCH PROGRAM TO GIVEAWAY SACK LUNCHES THROUGHOUT THE SUMMER.

**GOAL 3: MERGE THE SUBSTANCE ABUSE COALITION GROUP INTO THE MENTAL HEALTH COALITION GROUP AND CONTINUE TO HOLD JOINT MONTHLY MEETINGS BY 6/30/20.**

HOSPITAL PROGRESS: THESE COALITIONS WERE MERGED TO FORM JASPER COUNTY CARES COALITION IN JULY 2020. GOAL MET.

**AREA OF NEED #3:**

**OBESITY (NUTRITION / EXERCISE) – PARTNERED WITH OTHER COMMUNITY GROUPS AS NEEDED.**

**GOAL 1: ENCOURAGE EXERCISE PARTICIPATION IN COMMUNITY TO IMPROVE MENTAL HEALTH.**

ACTION/STRATEGY 1: IMPLEMENT (AND EDUCATE) FINANCIAL ASSISTANCE PROGRAM TO CAPSTONE, OPTIMAE, PROGRESS INDUSTRIES CLIENTS TO HELP LOWER INCOME INDIVIDUALS HAVE ACCESS TO EXERCISE OPPORTUNITIES.

HOSPITAL PROGRESS REPORT 3, DEC 2020: THE YMCS IS STILL DOING THIS PROGRAM, BUT SIGNIFICANT DECREASE IN UTILIZATION SINCE THE ONSET OF THE PANDEMIC REPORTED BY THE LOCAL YMCA.

HOSPITAL PROGRESS REPORT 4, DEC 2021: NO ADDITIONAL UPDATES AT THIS TIME.

ACTION/STRATEGY 2: PROMOTE AND PROVIDE HEALTHY FOOD AND EXERCISE PREVENTION OPTIONS AND PROGRAMS (I.E. SUMMER FOOD PROGRAM, AFTERSCHOOL ACTIVITIES, EDUCATION).

HOSPITAL PROGRESS REPORT 3, DEC 2020: (1) SCHOOLS ARE OFFERING FREE BREAKFAST/LUNCHES FOR SCHOOL AGE CHILDREN DURING THE PANDEMIC. GRAB AND GO MEALS EVEN WHEN OUT OF SESSION. (2) DURING THE DERECHO THE SALVATION ARMY OPENED A FOOD BANK FROM 10,000 DONATED MEALS FROM AMERIGROUP (FOOD SECTION); (3) HOSPITAL DONATED SOME TURKEYS TO SALVATION ARMY FROM TURKEY TOSS (FOOD INSECURITIES)

HOSPITAL PROGRESS REPORT 4, DEC 2021: LIMITED CAPACITY. KIDS HEALTH FAIR AT YMCA (60KIDS). CAR SEATS WITHIN THE COMMUNITY. NEWTON LIBRARY HOSTS A STORYWALK IN NEWTON -SEE PROGRESS REPORT 4 APPENDIX, PAGE 10. SCHOOL LUNCH PROGRAM TO GIVEAWAY SACK LUNCHES THROUGHOUT THE SUMMER. NEWTON SCHOOL DISTRICT PARTNERING WITH YMCA FOR AFTER SCHOOL PROGRAM.

ACTION/STRATEGY 3: INVESTIGATE DIABETES PREVENTION PROGRAM (DPP).

HOSPITAL PROGRESS REPORT 3, DEC 2020: GOAL MET IN REGARD TO INVESTIGATED AND CONTINUE TO EVALUATE RESOURCES, BUT UNABLE TO MOVE FORWARD AT THIS TIME. STILL ON HOLD THROUGH THE PHE, COVID-19 PANDEMIC. REVIEW OF RESOURCES AND FUNDING NEEDED TO COMPLETE THIS PROJECT HAS SHOWN TO BE LIKELY NOT FAVORABLE TOWARDS IMPLEMENTING THIS PROJECT.

HOSPITAL PROGRESS REPORT 4, DEC 2021: GOAL MET. NEWTON EXPRESS CARE CLINIC IN PARTNER WITH HYVEE HELD FREE HEALTH SCREENING DAY ON JUNE 26TH, 2021 - SEE PROGRESS REPORT 4 APPENDIX, PAGE 11.

ACTION/STRATEGY 4: INVESTIGATE A LIVE WELL CENTER.

HOSPITAL PROGRESS 1 DEC 2019: NOT MET. THE BOARD OF SUPERVISORS HAVE PURCHASED A BUILDING BUT MORE LIKELY FOR BUSINESS AND ADMINISTRATIVE SERVICES.

HOSPITAL PROGRESS REPORT 3, DEC 2020: THERE ARE NO CHANGES AT THIS TIME; NEW BUILDING PURCHASED BUT NO REMODEL OR FURTHER MOVEMENT OR DIRECTION ON WHAT ALL WILL BE LOCATED IN THE BUILDING. INITIAL PLANS ARE NOT FAVORABLE TOWARDS A LIVE WELL CENTER CONSIDERING THE ECONOMICS RESTRAINTS GIVEN DURING THE PANDEMIC.

HOSPITAL PROGRESS REPORT 4, DEC 2021: WANTING ALL SERVICES UNDER ONE LOCATION, POTENTIALLY 2023.

**GOAL 2: INCREASE HEALTHY FOOD SELECTION AND EXERCISE PREVENTION OPTIONS/PROGRAMS TO INDIVIDUALS OF ALL AGES, BUT ESPECIALLY THE YOUTH.**

ACTION/STRATEGY 1: HOSPITAL WILL PARTICIPATE IN MEETINGS AROUND NEWTON COMMUNITY HEALTH PARTNERSHIP - QUARTERLY

## MEETINGS

HOSPITAL PROGRESS REPORT 3, DEC 2020: SEE PROGRESS REPORT 2 WITH COMMENTS FROM FRANK LEIBL: "IN ALL REALITY RECEIVING FUNDING FROM THE ROCKEFELLER FOUNDATION NOW SEEMS UNLIKELY BECAUSE OF THE RESOURCES THEY ARE POURING IN TO HELP THOSE AFFECTED BY COVID-19, BUT NEVER SAY NEVER."

HOSPITAL PROGRESS REPORT 4, DEC 2021: (1) MELISSA DOEHRMANN, DIRECTOR OF PATIENT CARE SERVICES WITH MERCYONE NEWTON, ED MANAGER TAMI FAIRBANKS, AND COMMUNITY HEALTH WORKER CHERYL GARRLES HAVE BEEN ATTENDING JCCC MEETINGS. (2) MERCYONE NEWTON MEDICAL CENTER CONTINUES TO HOST THE NURSING HOME COMMUNITY COALITION MEETINGS LEAD BY CARE COORDINATION TEAM WITH LOCAL NURSING HOMES AND HOSPITAL REPRESENTATIVES.

### AREA OF NEED #4:

#### PRIMARY CARE / VISITING SPECIALISTS (FP/IM, PEDS, NEU, NEP, GI/LIVER)

##### GOAL 1: INCREASE PRIMARY CARE AVAILABILITY, AND ULTIMATELY ACCESS FOR NEW PATIENTS SEEKING TO ESTABLISH CARE.

ACTION/STRATEGY 1: MERCYONE NEWTON WILL COLLABORATE TO JOINTLY RECRUIT FAMILY PRACTICE/INTERNAL MEDICINE PHYSICIANS TO NEWTON (ALONG WITH NEWTON CLINIC).

HOSPITAL PROGRESS REPORT 3, DEC 2020: 1) HIRED NICOLE FERGUSON, FP WITH NEWTON CLINIC. 2) CONTINUING WITH JOINT RECRUITMENT EFFORTS WITH NEWTON CLINIC TO FIND MORE FP AND OB PHYSICIANS.

HOSPITAL PROGRESS REPORT 4, DEC 2021: GOAL MET. 1) HIRED DR. LUKE PERRIN, FP WITH NEWTON CLINIC; 2) CONTINUING JOINT RECRUITMENT EFFORTS WITH NEWTON CLINIC TO FIND MORE FP AND OB PHYSICIANS. INTERVIEWS SCHEDULED WITH POTENTIAL CANDIDATES.

ACTION/STRATEGY 2: MERCYONE NEWTON WILL DEVELOP AND OPEN AN OCCUPATIONAL MEDICINE CLINIC WITH BOARD CERTIFIED PHYSICIANS IN OCCUPATIONAL HEALTH AND MEDICINE TO SERVE LOCAL EMPLOYERS/STAFF; WILL HOLD MONTHLY MEETINGS FOR PLANNING AND OPERATIONS MANAGEMENT.

HOSPITAL PROGRESS REPORT 3, DEC 2020: 1) OPENED NOV 3RD, 2020, WITH JOANNE HARBERT, ARNP, AND SHE IS HERE TWO MORNINGS PER WEEK; THE CLINIC OPEN M-F 8A-4:30P; 2) EXPLORING TELEHEALTH OPTIONS TO EXPAND PROVIDER COVERAGE AND AVAILABILITIES; 3) 43 DRUGS TESTS IN OCTOBER, WE HAVE AUDIOGRAMS AND RESPIRATOR FIT TESTS SCHEDULE IN DECEMBER 2020.

HOSPITAL PROGRESS REPORT 4, DEC 2021: 1) OCCUPATIONAL HEALTH CLINIC SEEING 200 PROVIDER VISITS ; 700 DRUG SCREENS; 25 HEARING TESTS; 40 IMAGING; PROJECTED TO HAVE 1,400VISITS/YEAR. 2) THE 2020 COUNTY HEALTH RANKINGS & ROADMAPS DISCUSSED POPULATION, HEALTH OUTCOMES, HEALTH FACTORS, CLINICAL CARE, SOCIAL & ECONOMIC FACTORS, AND PHYSICIAN ENVIRONMENT - SEE PROGRESS REPORT 4 APPENDIX, PAGE 24 TO SEE HOW JASPER COUNTY RATED ALONG WITH IOWA REPORT. 3) MERCYONE NEWTON IMPLEMENTED INPATIENT PULMONARY TELEHEALTH CONSULTS IN FEBRUARY 2021. THE HOSPITAL CONTINUES TO EXPLORE TELEHEALTH OPTIONS TO EXPAND PROVIDER COVERAGE AND SPECIALTY AVAILABILITY.

ACTION/STRATEGY 3: EXPAND FREQUENCY OF NEUROLOGY SPECIALTY COVERAGE IN NEWTON; HOLD BIMONTHLY MEETINGS FOR PLANNING AND ADMINISTRATIVE FOLLOW UP AFTER IMPLEMENTED.

HOSPITAL PROGRESS REPORT 3, DEC 2020: 1) DR ADELMAN FROM RUAN NEUROLOGY NOW COMING TO NEWTON IN PLACE OF DR. HURD. HAS PERFORMED 16 EMGS OVER LAST TWO MONTHS. ACTION/STRATEGY 4: EXPAND FREQUENCY OF PAIN SPECIALTY COVERAGE IN NEWTON BY ADDING APC PROVIDER; HOLD MONTHLY MEETINGS FOR PLANNING AND ADMINISTRATIVE FOLLOW UP AFTER IMPLEMENTED.

HOSPITAL PROGRESS, DEC 2019: 100% MET. (1) THE HOSPITAL HAS EXPANDED OPERATING ROOM BLOCK TIME FOR THE PAIN SPECIALIST PROVIDERS. (2) HIRED ARNP, REBEKAH ROGERS, AND SHE IS COMING MONDAY AND WEDNESDAY WEEKLY AND THE PAIN SPECIALIST OF IOWA GROUP HAVE THEREBY INCREASED OFFICE VISITS FROM 75/MONTH TO 200/MONTH AS OF FY20 Q2.

HOSPITAL PROGRESS, DEC 2020: GOAL MET. REFER TO PROGRESS REPORT 1. FURTHER EXPLORATION ON EXPANDING MORE, I.E. BRINGING NP ON FRIDAYS IF CONTINUED GROWTH IN VOLUMES FOR THE PAIN CLINIC.

ACTION/STRATEGY 5: INVEST IN HOSPITALIST PROGRAM STAFFING MATRIX AT THE HOSPITAL TO HELP CREATE DOWNSTREAM AVAILABILITY OF LOCAL FAMILY PRACTICE/INTERNAL MED CLINICS TO IMPROVE ACCESS TO FP/IM (I.E. REDUCES FP/IM PHYSICIAN ROUNDING COMMITMENTS AND COVERAGE TO INPATIENTS WHICH PROVIDES GREATER CLINIC AVAILABILITY FOR APPOINTMENTS AND ALSO IMPROVES RECRUITMENT POTENTIAL OF NEW PHYSICIANS HAVING LESS ON-CALL); HOLD MONTHLY MEETINGS FOR PLANNING AND OPERATIONS.

HOSPITAL PROGRESS REPORT 3, DEC 2020: CURRENTLY TWO ADDITIONAL NPS HAVE BEEN ADDED TO HELP WITH INCREASED CENSUS, THEY ARE PRN. WORKING WITH MERCYONE DSM HOSPITALIST GROUP TO GET A BACK UP SCHEDULE TO HAVE A SCHEDULED BACKUP EVERYDAY TO BE SURE THERE IS ADEQUATE BACKUP; ALSO LOOKING AT OPPORTUNITIES WITH CHI ALEGENT HEALTH FOR BACKUP COVERAGE. GOAL IS TO NOT USE NEWTON CLINIC SO THEY CAN FOCUS ON PATIENT ACCESS FOR FP/IM.

HOSPITAL PROGRESS REPORT 4, DEC 2021: GOAL MET. REFER TO PREVIOUS PROGRESS REPORTS. WE CONTINUE TO EXPLORE BACK UP HOSPITALISTS COVERAGE DURING THE DAY IF DES MOINES IS UNABLE TO ASSIST WITH PRN HOSPITALISTS. WORKING WITH CHI ALEGENT HEALTH IN ESTABLISHING AMENDMENT TO CURRENT CONTRACT TO ALLOW FOR DAYTIME COVERAGE.

**GOAL 2: INCREASE SPECIALTY SERVICE OPTIONS AND FREQUENCY OF VISITING PROVIDERS.**

ACTION/STRATEGY: INVESTIGATE ADDING PALLIATIVE CARE PROVIDERS TO THE SPECIALTY CLINIC; HOLD QUARTERLY MEETINGS FOR PLANNING AND IMPLEMENTATION.

HOSPITAL PROGRESS REPORT 3, DEC 2020: PALLIATIVE CARE WENT LIVE JULY 10TH; DR. GOLDMAN. COMES 1X/MONTH. DR. GOLDMAN IS VERY THOROUGH AND SPENDS OVER 1 HR WITH EACH PATIENT AND POSITIVE FEEDBACK FROM THEM; FEEDBACK IS GIVEN TO THE HOSPITALIST. 11 REFERRALS SEEN AS OF MID-OCTOBER 2020.

HOSPITAL PROGRESS REPORT 4, DEC 2021: DR. GOLDMAN CONTINUES TO COME 1X/MONTH FOR INPATIENT OR OUTPATIENT CONSULTS. SINCE JANUARY 2021-JUNE 2021 HE HAS CONSULTED WITH 19 PATIENTS.

**AREA OF NEED #5:**

**DOMESTIC VIOLENCE / SEXUAL ASSAULT – THIS HEALTH NEED IS NOT PART OF HOSPITAL MISSION OF CRITICAL OPERATIONS. WILL PARTNER WITH OTHERS AS APPROPRIATE. REASON HOSPITAL DID NOT ADDRESS: (1) NOT PART OF MISSION, (2) OTHER COMMUNITY PARTNERS TO TAKE LEAD, (3) OTHER TOP PRIORITIES.**

**GOAL 1: INCREASE AWARENESS OF RESOURCES FOR HELP.**

ACTION/STRATEGY 1: PROMOTE AWARENESS OF DOMESTIC ABUSE/SEXUAL ASSAULT HOTLINE TELEPHONE NUMBER.

HOSPITAL PROGRESS REPORT 3, DEC 2020: NO UPDATE. NEED TO FIND WHO THE MOST CURRENT STAFF MEMBER IS. STOPDVA.ORG AND MOBILE APP PROMOTION.

HOSPITAL PROGRESS REPORT 4, DEC 2021: NO UPDATE. LAST CONTACT WITH CIS WAS KATIE BLANCHARD, HOWEVER, HER LAST DAY WAS IN DECEMBER. NEED TO FIND APPROPRIATE CONTACT FOR CIS.

ACTION/STRATEGY 2: PROVIDE DOMESTIC ABUSE/SEXUAL ASSAULT PROMOTION AND RESOURCE MATERIALS IN WAITING ROOMS.

HOSPITAL PROGRESS REPORT 3, DEC 2020: NO UPDATE. NEED TO FIND WHO THE MOST CURRENT STAFF MEMBER IS. STOPDVA.ORG AND MOBILE APP PROMOTION.

HOSPITAL PROGRESS REPORT 4, DEC 2021: NO UPDATE. LAST CONTACT WITH CIS WAS KATIE BLANCHARD, HOWEVER, HER LAST DAY WAS IN DECEMBER. NEED TO FIND APPROPRIATE CONTACT FOR CIS.

ACTION/STRATEGY 3: MERCYONE NEWTON WILL CREATE A DESIGNATED OFFICE SPACE FOR VISITING CIS LEADER TO INCREASE PRESENCE IN JASPER COUNTY (TO HELP WORK WITH ED SERT TEAM)

HOSPITAL PROGRESS REPORT 3, DEC 2020: NO UPDATE. NEED TO FIND WHO THE MOST CURRENT STAFF MEMBER IS. STOPDVA.ORG AND MOBILE APP PROMOTION.

HOSPITAL PROGRESS REPORT 4, DEC 2021: NO UPDATE. LAST CONTACT WITH CIS WAS KATIE BLANCHARD, HOWEVER, HER LAST DAY WAS IN DECEMBER. NEED TO FIND APPROPRIATE CONTACT FOR CIS.

**AREA OF NEED #6:**

**HEALTHCARE TRANSPORTATION – THIS HEALTH NEED IS NOT PART OF HOSPITAL MISSION OF CRITICAL OPERATIONS. WILL PARTNER WITH OTHERS AS APPROPRIATE. REASON HOSPITAL DID NOT ADDRESS: (1) NOT PART OF MISSION, (2) OTHER COMMUNITY PARTNERS TO TAKE LEAD, (3) OTHER TOP PRIORITIES.**

**GOAL 1: INCREASE AWARENESS OF RESOURCES FOR HELP.**

ACTION/STRATEGY 1: EVALUATE AVAILABLE HEALTHCARE TRANSPORTATION SERVICES.

HOSPITAL PROGRESS REPORT 3, DEC 2020: THIS IS GOING TO BE ON THE COMMUNITY HEALTH WORKER PRIORITY LIST FOR TRANSPORTATION. MERCYONE NEWTON HAS RECEIVED A GRANT FOR 3 YEARS FOR A COMMUNITY HEALTH WORKER - NEWTON, KNOXVILLE AND DALLAS COUNTY. HER NAME IS CHERYL GERRELS AND SHE JUST STARTED 6 WEEKS AGO. SHE WAS A CHW IN CENTERVILLE, IA. SHE IS POSITIONED IN THE ED, HOWEVER THEY ARE TYPICALLY PLACED IN A CLINIC SETTING SO NEWTON IS USING AN INNOVATIVE APPROACH TO POSITION ONE IN THEIR ED. THIS IS A PILOT WITH THIS PERSON IN THE ED DEPARTMENT. SHE IS STARTING TO SCREEN ED PATIENTS M-F, 8-4:30 FOR SOCIAL DETERMINANTS (MEDICATION, TRAVEL, PRIMARY CARE PROVIDER, FOOD, ETC.); STARTED

SCREENING ON 11/17. SO FAR, HAS IDENTIFIED 7 INDIVIDUALS WHO NEED RESOURCES SHE COULD HELP THEM WITH. GOAL IS FOR CHW TO SCREEN EVERY PATIENT THAT COMES TO THE ED.

HOSPITAL PROGRESS REPORT 4, DEC 2021: 1) SURVEY SENT OUT IN MAY TO CONTINUE WITH EFFORTS TO POSITIVELY IMPACT PUBLIC TRANSPORTATION IN OUR AREA. INFORMATION IS CRITICAL TO PROVIDE FEEDBACK TO ASSIST WITH NEXT STEPS PLANNING PHASE - SEE PROGRESS REPORT 4 APPENDIX, PAGE 29. 2) HIRTA PROVIDED VIRTUAL LUNCH AND LEARN ON "DO YOU HAVE TRANSPORTATION" MAY 26TH, 2021. OVERALL GOAL IS FOR PEOPLE TO HAVE THE FORETHOUGHT OF IF THEY HAVE TRANSPORTATION. AVERAGE NO-SHOW RATE FOR THE UNITED STATES HEALTHCARE INDUSTRY IS 18.8%, \$150B IS HOW MUCH THE U.S. HEALTHCARE INDUSTRY IS LOSING PER YEAR ON MISSED APPOINTMENTS. CONTINUING TO PROVIDE EDUCATION ON TRANSPORTATION OPPORTUNITIES IS CRUCIAL - SEE PROGRESS 4 REPORT APPENDIX, PAGE 32. 3) COMMUNITY HEALTH WORKER, CHERYL GARRELS, CONTINUES TO SCREEN EVERY ELIGIBLE PATIENT WHO IS ADMITTED TO THE EMERGENCY DEPARTMENT. TO DATE, CHERLY HAS SCREENED A TOTAL OF 1,905 PATIENTS FOR SOCIAL DETERMINANTS OF HEALTH. 1166 SOCIAL NEEDS WERE IDENTIFIED AND FROM THAT, 13% WERE RELATED TO LACK OF TRANSPORTATION. CHERYL CONTINUES TO CONNECT PATIENTS WITH TRANSPORTATION WHEN AVAILABLE, HOWEVER, HAS IDENTIFIED THERE IS STILL A NEED FOR ADDITIONAL SERVICES IN THE COMMUNITY.

**ACTION/STRATEGY 2:** BUDGET FOR CAB VOUCHER PROGRAM FROM ED DEPARTMENT.

HOSPITAL PROGRESS: MET. CAB VOUCHER PROGRAM THROUGH ED CONTINUES TO BE IMPLEMENTED. ALSO, CICS HAS HELPED WITH VOLUNTARY TRANSPORTATION FROM ED TO OTHER INPATIENT UNITS, CRISIS STABILIZATION, SUBACUTE.

HOSPITAL PROGRESS REPORT 5, JAN 2022: MET 100% MERCYONE NEWTON PAID HOMETOWN CAB \$835.00 LAST YEAR FOR VOUCHERS. APPROVAL FROM THE HOUSE SUPERVISOR IS NEEDED TO HAND OUT TO PATIENTS.

**ACTION/STRATEGY 3:** UTILIZE VOLUNTEER SERVICES TO OFFER HEALTHCARE TRANSPORTATION PROGRAM

HOSPITAL PROGRESS: PROGRAM RSVP IS CURRENTLY STILL BEING UTILIZED. MERCYONE NEWTON MEDICAL CENTER DOES COLLABORATE AND DONATES TO THIS PROGRAM ANNUALLY.

**AREA OF NEED #7:**

**CHILD CARE SERVICES – THIS HEALTH NEED IS NOT PART OF HOSPITAL MISSION OF CRITICAL OPERATIONS. WILL PARTNER WITH OTHERS AS APPROPRIATE. REASON NOT ADDRESSED: (1) NOT PART OF HOSPITAL MISSION, (2) OTHER COMMUNITY PARTNERS TO TAKE LEAD, (3) OTHER TOP PRIORITIES.**

**GOAL 1: EXPLORE AVAILABLE RESOURCES AND CHILD CARE SERVICE NEEDS.**

**ACTION/STRATEGY 1:** COLLABORATE WITH CHILD CARE RESOURCE AND REFERRAL (JASPER COUNTY) MONTHLY AT PROVIDER MEETING TO EVALUATE AVAILABLE RESOURCES.

HOSPITAL PROGRESS REPORT 3, DEC 2020: OFFERING TRAINING AND ADVERTISING SERVICES ON FACEBOOK. CHILDCARE HAS CONTINUED TO BE A STRUGGLE IN THE COMMUNITY AND KEEPING CENTERS OPEN DURING COVID-19 PANDEMIC FOR ESSENTIAL WORKERS. THE LOCAL YMCA OFFERED PARTNERSHIP WITH MERCYONE NEWTON ESSENTIAL EMPLOYEES TO HELP PROVIDE CHILDCARE SERVICES DURING THE COVID-19 PANDEMIC.

HOSPITAL PROGRESS REPORT 4, DEC 2021: GOVERNOR REYNOLDS ANNOUNCED ADDITIONAL SUPPORT FOR CHILD CARE PROVIDERS ACROSS THE STATE OF IOWA. THE GOVERNOR'S CHILD CARE TASK FORCE CONTINUES TO REVIEW AND DEVELOP POLICY RECOMMENDATIONS IN ADVANCE OF THE 2022 LEGISLATIVE SESSION - SEE PROGRESS REPORT 4 APPENDIX, PAGE 34. MID-IOWA COMMUNITY ACTION (MICA) SENT OUT THEIR JUNE 2021 BOARD OF HEALTH NEWSLETTER. NEWSLETTER INCLUDED ADDITIONAL RESOURCES AND PROGRAM UPDATES ON: CHILD CARE NURSE CONSULTANT PROGRAM, CHILD HEALTH, 1ST FIVE, MATERNAL HEALTH, AND PICK A BETTER SNACK -SEE PROGRESS REPORT 4 APPENDIX, PAGE 38.

**ACTION/STRATEGY 2:** ESTABLISH A LIST OF CHILD CARE PROVIDERS AND THEIR HOURS OF OPERATIONS.

HOSPITAL PROGRESS: GOAL MET. A GLOBAL LIST OF CHILD CARE SERVICE HIGHLIGHTS PROVIDED BY CCR&R.

**AREA OF NEED #8:**

**SENIOR LIVING / CARE – THIS HEALTH NEED IS NOT PART OF HOSPITAL MISSION OF CRITICAL OPERATIONS. WILL PARTNER WITH OTHERS AS APPROPRIATE. REASON NOT ADDRESSED: (1) NOT PART OF HOSPITAL MISSION, (2) OTHER COMMUNITY PARTNERS TO TAKE LEAD, (3) OTHER TOP PRIORITIES.**

**GOAL 1: BRING AWARENESS TO AFFORDABLE HOUSING NEED FOR SENIORS IN COMMUNITY.**

**ACTION/STRATEGY 2:** EXPLORE AFFORDABLE HOUSING OPTIONS FOR SENIORS AND DISCUSS AT MONTHLY MEETINGS (NEWTON COMMUNITY HEALTH COALITION MEETINGS).

HOSPITAL PROGRESS REPORT 3, DEC 2020: LTC HAS BEEN CHALLENGING WITH THE COVID-19 PANDEMIC. JUST IN GENERAL, GETTING PEOPLE TO LEAVE THEIR HOMES TO GO TO ASSISTED LIVING PLACES HAS BEEN VERY CHALLENGING DUE TO FEAR OF COVID-19. HOSPITAL HAS ALSO NOTICED INDIVIDUALS ARE REFUSING TO GO TO A FACILITY FOR DISCHARGE PLACEMENT BECAUSE OF RELUCTANCE AND FEAR OF THE PANDEMIC; THEY ARE FEARFUL OF CONTRACTING COVID-19. THE HOSPITAL MODIFIED THE NURSING HOME MEETINGS TO INVOLVE THE ADMINISTRATORS AND DONS (ATTENDANCE WAS NOT WELL ATTENDED AT THE ORIGINAL NURSING HOME COALITION MEETINGS). THE MEETINGS WITH NURSING HOMES IN THE COMMUNITY CONTINUES TO EVOLVE WITH GOALS OF IMPROVEMENT IN COLLABORATION AND COMMUNICATION.

HOSPITAL PROGRESS REPORT 4, DEC 2021: CONTINUE TO SEE CHALLENGES ASSOCIATED WITH LTC PLACEMENT DUE TO LACK OF BED AVAILABILITY AND RELUCTANCY FROM PATIENT AND FAMILIES DUE TO THE COVID-19 PANDEMIC. WHAT HAS ASSISTED THE HOSPITAL WITH PLACEMENT IS THE COVID CMS WAIVERS IN PLACE, SPECIFICALLY RELATING TO THE 3 DAY WAIVER THAT THE PATIENT DOES NOT HAVE TO HAVE THREE OVERNIGHT STAYS IN THE HOSPITAL TO QUALIFY FOR SKILLED LEVEL OF CARE. THIS HAS ASSISTED US WITH PLACEMENTS OUT OF OUR EMERGENCY DEPARTMENT ALONG WITH INPATIENT BED FLOW AS WELL. WE CONTINUE TO MEET QUARTERLY WITH OUR NURSING HOME AND COMMUNITY COALITION MEETINGS.

THE CHRISTIAN REFORM CENTER WAS OPENED FOR THOSE WITHOUT HOUSING DURING THE DERECHO IN AUG 2020.

THERE HAVE BEEN A FEW BUILDERS/DEVELOPERS LOOKING TO CREATE HOUSING FOR SENIORS AND LOW TO MODERATE INCOME FAMILIES. (1) LABORERS IS WORKING ON A PROJECT FOR LOW TO MODERATE INCOME THAT WILL LIKELY GET STARTED IN 2021 THAT WILL CREATE 42 UNITS ON A LARGE LOTS IN THE CENTER OF TOWN. (2) FRONT PORCH DEVELOPMENT IS ALSO LOOKING AT CREATING SENIOR OR LOW TO MODERATE INCOME HOUSING IN THE FORMER COUNTY ANNEX BUILDING DOWNTOWN. THEIR PLANS CALL FOR 25 UNITS. (3) ABOUT A YEAR AGO THE MCCANN VILLAGE (HUD, LOW INCOME SENIOR HOUSING) WAS PURCHASED BY A COMPANY OUT EAST WHO IMMEDIATELY STARTED A FULL RENOVATION OF THESE 80 UNITS. THIS PROJECT IS 80% COMPLETE. DURING THE REMODEL THEY HAVE BEEN ABLE TO KEEP NEARLY ALL THE 80 UNITS OCCUPIED. (4) THERE ALSO HAS BEEN A COUPLE OF DEVELOPERS LOOKING TO BUILD "AFFORDABLE" HOUSING IN NEWTON - \$175,000 - \$190,000 THREE BEDROOM HOMES).

**GOAL 2: PROVIDE QUALITY SENIOR HEALTH CARE CLOSER TO HOME FOR SNF/SKILLED SERVICES.**

*ACTION/STRATEGY 1:* INCREASE SWING BED/SNF BED UTILIZATION AT LOCAL HOSPITAL (AND NURSING HOMES) BY STRENGTHENING RELATIONSHIP AND ALIGNMENT WITH MERCYONE CONNECT; GOAL >36.

HOSPITAL PROGRESS REPORT 3, DEC 2020: IN FY20, MERCYONE NEWTON MEDICAL CENTER FINISHED WITH 48 SKILLED PATIENTS. IN FY21 YTD, WE HAVE HAD 21 SKILLED PATIENTS, ANNUALIZED ESTIMATE 50 TOTAL.

HOSPITAL PROGRESS REPORT 4, DEC 2021: IN FY21, WE HAD 34 SKILLED PATIENTS. WE CONTINUE TO WORK CLOSELY WITH DES MOINES TO INCREASE OUR SWING BED NUMBERS ALONG WITH ACCEPTING RURAL FACILITY TRANSFERS DURING THE PANDEMIC.





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**VWV 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